

By: Delisi

H.B. No. 2472

A BILL TO BE ENTITLED

AN ACT

relating to disease management services under Medicaid managed care

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The heading to Section 533.009, Government Code, is amended to read as follows:

Sec. 533.009. [~~SPECIAL~~] DISEASE MANAGEMENT.

SECTION 2. Section 533.009(a), Government Code, is amended to read as follows:

(a) The commission shall ensure that managed care organizations under contract with the commission to provide health care services to recipients develop and implement [~~special~~] disease management programs to manage a disease or other chronic health conditions, such as heart disease, respiratory illness, including asthma, diabetes, end-stage renal disease, HIV infection, or AIDS, [~~and~~] with respect to which the commission identifies populations for which disease management would be cost-effective.

SECTION 3. Section 32.059(c), Human Resources Code, as added by Chapter 208, Acts of the 78th Legislature, Regular Session, 2003, is amended to read as follows:

(c) The executive commissioner of the Health and Human Services Commission [~~department,~~] by rule[~~7~~] shall prescribe the minimum requirements managed care organizations under contract with the commission to provide health care services to recipients must meet to be eligible to receive a contract under this section.

1 The provider must, at a minimum, be required to:

2 (1) use disease management approaches that are based
3 on evidence-supported models, ~~[minimum]~~ standards of care in the
4 medical community, and clinical outcomes; ~~[and]~~

5 (2) ensure that a recipient's primary care physician
6 and other appropriate specialty physicians, or registered nurses,
7 advanced practice nurses, or physician assistants specified and
8 directed or supervised in accordance with applicable law by the
9 recipient's primary care physician or other appropriate specialty
10 physicians, become directly involved in the disease management
11 program through which the recipient receives services;

12 (3) provide disease management services that have
13 comparable performance measures for particular diseases as a
14 provider of disease management programs under Chapter 32, Section
15 32.059 Human Resources Code; and

16 (4) show evidence of managing complex diseases in the
17 Medicaid and Medicare populations.

18 (d) A managed care health plan that develops and implements
19 a disease management program shall coordinate care with the
20 provider of disease management programs under Chapter 32, Section
21 32.059 Human Resources Code.

22 SECTION 4. The executive commissioner of the Health and
23 Human Services Commission shall, where it is determined to be more
24 cost effective to the Medicaid program, utilize the services of a
25 provider of disease management programs under Chapter 32, Section
26 32.059 Human Resources Code. A recipient currently in a disease
27 management program under Chapter 32, Section 32.059 Human Resources

1 Code, that is in service area subject to a Medicaid managed care
2 expansion has the option to remain enrolled in their current
3 disease management program.

4 SECTION 5. If before implementing any provision of this Act
5 a state agency determines that a waiver or authorization from a
6 federal agency is necessary for implementation of that provision,
7 the agency affected by the provision shall request the waiver or
8 authorization and may delay implementing that provision until the
9 waiver or authorization is granted.

10 SECTION 6. This Act takes effect September 1, 2005.