

By: Nelson

S.B. No. 873

Substitute the following for S.B. No. 873:

By: McReynolds

C.S.S.B. No. 873

A BILL TO BE ENTITLED

AN ACT

1
2 relating to a medical information telephone hotline pilot program
3 under the state Medicaid program.

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

5 SECTION 1. Subchapter B, Chapter 531, Government Code, is
6 amended by adding Section 531.02131 to read as follows:

7 Sec. 531.02131. MEDICAID MEDICAL INFORMATION TELEPHONE
8 HOTLINE PILOT PROGRAM. (a) In this section, "net cost-savings"
9 means the total projected cost of Medicaid benefits for an area
10 served under the pilot program minus the actual cost of Medicaid
11 benefits for the area.

12 (b) The commission shall evaluate the cost-effectiveness,
13 in regard to preventing unnecessary emergency room visits and
14 ensuring that Medicaid recipients seek medical treatment in the
15 most medically appropriate and cost-effective setting, of
16 developing a Medicaid medical information telephone hotline pilot
17 program under which physicians are available by telephone to answer
18 medical questions and provide medical information for recipients.
19 If the commission determines that the pilot program is likely to
20 result in net cost-savings, the commission shall develop the pilot
21 program.

22 (c) The commission shall select the area in which to
23 implement the pilot program. The selected area must include:

24 (1) at least two counties; and

1 (2) not more than 100,000 Medicaid recipients, with
2 approximately 50 percent of the recipients enrolled in a managed
3 care program in which the recipients receive services from a health
4 maintenance organization.

5 (d) The commission shall request proposals from private
6 vendors for the operation of a telephone hotline under the pilot
7 program. The commission may not award a contract to a vendor unless
8 the vendor agrees to contractual terms:

9 (1) requiring the vendor to answer medical questions
10 and provide medical information by telephone to recipients using
11 only physicians;

12 (2) providing that the value of the contract is
13 contingent on achievement of net cost-savings in the area served by
14 the vendor; and

15 (3) permitting the commission to terminate the
16 contract after a reasonable period if the vendor's services do not
17 result in net cost-savings in the area served by the vendor.

18 (e) The commission shall periodically determine whether the
19 pilot program is resulting in net cost-savings. The commission
20 shall discontinue the pilot program if the commission determines
21 that the pilot program is not resulting in net cost-savings after a
22 reasonable period.

23 (f) Notwithstanding any other provision of this section,
24 including Subsection (b), the commission is not required to develop
25 the pilot program if suitable private vendors are not available to
26 operate the telephone hotline.

27 (g) The executive commissioner shall adopt rules necessary

1 for implementation of this section.

2 SECTION 2. (a) Not later than December 1, 2005, the Health
3 and Human Services Commission shall determine whether the pilot
4 program described by Section 531.02131, Government Code, as added
5 by this Act, is likely to result in net cost-savings. If the
6 determination indicates that net cost-savings are likely, the
7 commission shall take the action required by Subsections (b), (c),
8 and (d) of this section.

9 (b) Not later than January 1, 2006, the Health and Human
10 Services Commission shall select the counties in which the pilot
11 program will be implemented.

12 (c) Not later than February 1, 2006, the Health and Human
13 Services Commission shall request proposals from private vendors
14 for the operation of a medical information telephone hotline. The
15 commission shall evaluate the proposals and choose one or more
16 vendors as soon as possible after the receipt of the proposals.

17 (d) Not later than January 1, 2007, the Health and Human
18 Services Commission shall report to the governor, the lieutenant
19 governor, and the speaker of the house of representatives regarding
20 the pilot program. The report must include:

21 (1) a description of the status of the pilot program,
22 including whether the commission was unable to contract with a
23 suitable vendor;

24 (2) if the pilot program has been implemented:

25 (A) an evaluation of the effects of the pilot
26 program on emergency room visits by program participants; and

27 (B) a description of cost savings in the area

1 included in the pilot program; and

2 (3) recommendations regarding expanding or revising
3 the pilot program.

4 SECTION 3. 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 4. This Act takes effect September 1, 2005.