

By: Shapleigh

S.B. No. 1914

A BILL TO BE ENTITLED

AN ACT

relating to certain state health care programs for children.

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

SECTION 1. Subchapter C, Chapter 62, Health and Safety Code, is amended by adding Section 62.1021 to read as follows:

Sec. 62.1021. ALTERNATING STREAMLINED RENEWAL PROCESS.

(a) If the period of eligibility for coverage under the child health plan is less than 12 months, the commission shall develop a system by which the renewal process alternates at the end of each eligibility period between a formal review and a modified streamlined review.

(b) The commission shall adopt rules to administer the streamlined review under this section. An individual applying for renewal is not required to submit documentation of income as part of the streamlined review process. The process must include:

(1) sending a prepopulated renewal form to the individual applying for renewal of eligibility;

(2) requiring that the individual update any incorrect information contained on the prepopulated form; and

(3) requiring that the individual affirm that all information contained in the form is correct.

SECTION 2. Section 62.104, Health and Safety Code, is amended by amending Subsections (a), (c), (d), and (f) and adding Subsections (h) and (i) to read as follows:

(a) The commission~~[, or the Texas Department of Human Services at the direction of and in consultation with the commission,]~~ shall develop eligibility screening~~, [and]~~ enrollment, and renewal procedures for children that comply with the requirements of 42 U.S.C. Section 1397bb, as amended, and any other applicable law or regulations. The procedures shall ensure that during the initial application or renewal process, Medicaid-eligible children are identified and enrolled in ~~[referred to]~~ the Medicaid program without delay. During the renewal process, the commission shall ensure that an eligible child continues to receive benefits under the appropriate program without a gap in coverage between the two programs.

(c) The eligibility screening and enrollment procedures shall ensure that children are:

(1) screened simultaneously for eligibility under this chapter and for eligibility for the Medicaid program, using the consolidated application under Section 62.103(b); and

(2) [who appear to be Medicaid-eligible are identified and that their families are assisted in applying for Medicaid coverage.

~~[(d) A child who applies for enrollment in the child health plan, who is denied Medicaid coverage after completion of a Medicaid application under Subsection (c), but who is eligible for enrollment in the child health plan, shall be]~~ enrolled in the appropriate program [child health plan] without further application or qualification.

(f) A determination of whether a child is eligible for child

health plan coverage under the program and the enrollment of an eligible child with a health plan provider must be completed, and information on the family's available choice of health plan providers must be provided, in a timely manner, as determined by the commission. The commission must require that the determination be made and the information be provided not later than the 30th day after the date a complete application is submitted on behalf of the child, unless the child is enrolled in the ~~[referred for]~~ Medicaid program ~~[application under this section]~~.

(h) The commission shall attempt to contact an applicant by mail, telephone, electronic mail, or other practicable method of communication to process an application for enrollment or renewal as quickly as possible. The commission may communicate with an applicant's health plan provider to obtain an applicant's contact information.

(i) If the commission is unable to determine eligibility because the application or renewal form is missing information or contains a discrepancy compared to information in a database maintained by a third party described by Section 32.026(g), Human Resources Code, the commission may not deny or terminate coverage for a child under the child health plan program or the Medicaid program until the earlier of:

(1) the date the commission determines eligibility based on:

(A) the applicant providing the missing information; or

(B) resolution of the discrepancy between the

1 information provided on the application or renewal form and the  
2 information contained in a third-party database; or

3 (2) the 90th day after the date the commission  
4 receives the application or recertification.

5 SECTION 3. Subchapter C, Chapter 62, Health and Safety  
6 Code, is amended by adding Section 62.106 to read as follows:

7 Sec. 62.106. DETERMINATION OF ELIGIBILITY FOR MEDICAID  
8 PROGRAM BEFORE TERMINATION OF CHILD HEALTH PLAN PROGRAM BENEFITS.

9 (a) If for any reason a child becomes ineligible for the child  
10 health plan program, the commission shall, before terminating the  
11 child's benefits under the program, determine whether the child is  
12 eligible for the Medicaid program, based on the information  
13 currently available to the commission. If the commission  
14 determines that the child is eligible, the commission shall enroll  
15 the child in the Medicaid program without further application or  
16 qualification, unless the child's parent objects to enrollment.

17 (b) the commission shall notify a parent of the child's  
18 eligibility for the Medicaid program and automatic enrollment in  
19 that program as soon as practicable after eligibility has been  
20 determined.

21 SECTION 4. Section 32.025, Human Resources Code, is amended  
22 by adding Subsection (d-1) to read as follows:

23 (d-1) The procedures under Subsection (d) shall ensure that  
24 children are screened simultaneously for eligibility under this  
25 chapter and for eligibility under the child health plan program  
26 under Chapter 62, Health and Safety Code, and enrolled in the  
27 appropriate program without further application or qualification.

1 This subsection applies to an initial application and any  
2 subsequent recertification review. The commission shall ensure  
3 continuous coverage for an eligible child who is transferred to a  
4 different program as a result of the recertification review with no  
5 gap in coverage between the two programs.

6 SECTION 5. Subchapter B, Chapter 32, Human Resources Code,  
7 is amended by adding Sections 32.0252 and 32.0253 to read as  
8 follows:

9 Sec. 32.0252. REDUCTION OF PROCEDURAL DENIALS FOR CERTAIN  
10 CHILDREN. (a) The department shall attempt to contact an  
11 applicant by mail, telephone, electronic mail, or other practicable  
12 method of communication to process an application for enrollment or  
13 recertification as quickly as possible. The department may  
14 communicate with an applicant's Medicaid managed care organization  
15 to obtain an applicant's contact information.

16 (b) If the department is unable to determine eligibility  
17 because the application or recertification form is missing  
18 information or contains a discrepancy compared to information in a  
19 database maintained by a third party described by Section  
20 32.026(g), the department may not deny or terminate coverage for a  
21 child under the medical assistance program until the earlier of:

22 (1) the date the department determines eligibility  
23 based on:

24 (A) the applicant providing the missing  
25 information; or

26 (B) resolution of the discrepancy between the  
27 information provided on the application or renewal form and the

1 information contained in a third-party database; or

2 (2) the 90th day after the date the department  
3 receives the application or recertification.

4 Sec. 32.0253. ALTERNATING STREAMLINED RENEWAL PROCESS.

5 (a) If the period of eligibility for coverage under the medical  
6 assistance plan is less than 12 months, the department shall  
7 develop a system by which the recertification review alternates at  
8 the end of each eligibility period between a formal review and a  
9 modified streamlined review.

10 (b) The executive commissioner of the Health and Human  
11 Services Commission shall adopt rules to administer the streamlined  
12 recertification review under this section. An individual applying  
13 for recertification is not required to submit documentation of  
14 income as part of the streamlined review process. The process must  
15 include:

16 (1) sending a prepopulated renewal form to the  
17 individual applying for recertification;

18 (2) requiring that the individual update any incorrect  
19 information contained on the prepopulated form; and

20 (3) requiring that the individual affirm that all  
21 information contained in the form is correct.

22 SECTION 6. Section 32.0262(a), Human Resources Code, is  
23 amended to read as follows:

24 (a) If, during a redetermination of eligibility under 42  
25 C.F.R. Section 435.916, the department determines that [The  
26 department shall develop procedures to ensure that all necessary  
27 information regarding] a child is ineligible for [who will be

~~denied~~] continued medical assistance under this chapter, the department shall, before terminating the child's benefits under this chapter, determine whether the child ~~[because of an increase in income, assets, or resources but who]~~ is eligible for enrollment in the child health plan under Chapter 62, Health and Safety Code, based on information currently available to the department. If the department determines the child is eligible, the department shall enroll the child in ~~[is promptly transmitted to]~~ the child health plan without further application or qualification, unless the child's parent or caretaker objects to the enrollment ~~[in accordance with the standards established under Section 62.104(d), Health and Safety Code]~~. The department shall notify the child's parent or caretaker of the child's eligibility for the child health plan program and enrollment in that program as soon as practicable after eligibility has been determined.

SECTION 7. Section 62.104(e), Health and Safety Code, is repealed.

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

SECTION 9. This Act takes effect September 1, 2007.