

BILL ANALYSIS

Senate Research Center
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S.B. 1193
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Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, (Section 533.005(c), Government Code), explicitly states several provisions that must be included in a contract between a managed care organization and the Health and Human Services Commission (HHSC) for the organization to provide health care services to recipients.

S.B. 1193 requires that the managed care organization coordinate the care of each recipient who is receiving services through the managed care organization and from a mental health and mental retardation community center. Requiring that physical health care services be coordinated with mental health services will provide for continuity of care and reduce the potential of clinical errors (e.g., prescriptions).

As proposed, S.B. 1193 amends current law relating to coordination of services provided by Medicaid managed care organizations and certain community centers.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 533.005(a), Government Code, to require that a contract between a managed care organization and the Health and Human Services Commission (HHSC) for the organization provide health care services to recipients contain certain provisions, including a requirement that the managed care organization coordinate the care of each recipient who is receiving services through the managed care organization and from a community center created under Subchapter A (Community Centers), Chapter 534 (Community Services), Health and Safety Code, with the community center. Makes nonsubstantive changes.

SECTION 2. Amends Section 534.001, Health and Safety Code, by adding Subsection (e-1), to require the executive commissioner of HHSC to require that a community center include in the center's plan a requirement that the center coordinate the care of each person who is receiving services from the center through the Medicaid managed care organization with the managed care organization.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: September 1, 2011.