

By: Schwertner, Deuell

S.B. No. 348

A BILL TO BE ENTITLED

1 AN ACT
2 relating to a utilization review process for managed care
3 organizations participating in the STAR + PLUS Medicaid managed
4 care program.

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

6 SECTION 1. Subchapter A, Chapter 533, Government Code, is
7 amended by adding Section 533.00281 to read as follows:

8 Sec. 533.00281. UTILIZATION REVIEW FOR STAR + PLUS MEDICAID
9 MANAGED CARE ORGANIZATIONS. (a) The commission's office of
10 contract management shall establish an annual utilization review
11 process for managed care organizations participating in the STAR +
12 PLUS Medicaid managed care program. The commission shall determine
13 the topics to be examined in the review process, except that the
14 review process must include a thorough investigation of each
15 managed care organization's procedures for determining whether a
16 recipient should be enrolled in the STAR + PLUS home and
17 community-based services and supports (HCBS) program, including
18 the conduct of functional assessments for that purpose and records
19 relating to those assessments.

20 (b) The office of contract management shall use the
21 utilization review process to review each fiscal year:

22 (1) every managed care organization participating in
23 the STAR + PLUS Medicaid managed care program; or

24 (2) only the managed care organizations that, using a

1 risk-based assessment process, the office determines have a higher
2 likelihood of inappropriate client placement in the STAR + PLUS
3 home and community-based services and supports (HCBS) program.

4 (c) Notwithstanding Subsection (b), during the state fiscal
5 biennium ending August 31, 2015, the office of contract management
6 shall use the utilization review process to review every managed
7 care organization participating in the STAR + PLUS Medicaid managed
8 care program. This subsection expires September 1, 2016.

9 (d) In conjunction with the commission's office of contract
10 management, the commission shall provide a report to the standing
11 committees of the senate and house of representatives with
12 jurisdiction over the Medicaid program not later than December 1 of
13 each year. The report must:

14 (1) summarize the results of the utilization reviews
15 conducted under this section during the preceding fiscal year;

16 (2) provide analysis of errors committed by each
17 reviewed managed care organization; and

18 (3) extrapolate those findings and make
19 recommendations for improving the efficiency of the program.

20 (e) If a utilization review conducted under this section
21 results in a determination to recoup money from a managed care
22 organization, a service provider who contracts with the managed
23 care organization may not be held liable for the good faith
24 provision of services based on an authorization from the managed
25 care organization.

26 SECTION 2. The Health and Human Services Commission shall
27 provide the first report required by Subsection (d), Section

1 533.00281, Government Code, as added by this Act, not later than
2 December 1, 2014.

3 SECTION 3. If before implementing any provision of this Act
4 a state agency determines that a waiver or authorization from a
5 federal agency is necessary for implementation of that provision,
6 the agency affected by the provision shall request the waiver or
7 authorization and may delay implementing that provision until the
8 waiver or authorization is granted.

9 SECTION 4. This Act takes effect immediately if it receives
10 a vote of two-thirds of all the members elected to each house, as
11 provided by Section 39, Article III, Texas Constitution. If this
12 Act does not receive the vote necessary for immediate effect, this
13 Act takes effect September 1, 2013.