

1-1 By: Muñoz, Jr., Dukes, Guillen H.B. No. 2084
 1-2 (Senate Sponsor - Hinojosa)
 1-3 (In the Senate - Received from the House May 6, 2015;
 1-4 May 11, 2015, read first time and referred to Committee on Health
 1-5 and Human Services; May 20, 2015, reported favorably by the
 1-6 following vote: Yeas 6, Nays 1; May 20, 2015, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8	X			
1-9		X		
1-10	X			
1-11			X	
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17			X	

1-18 A BILL TO BE ENTITLED
 1-19 AN ACT

1-20 relating to transparency in the rate-setting processes for the
 1-21 Medicaid managed care and child health plan programs.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Subchapter A, Chapter 533, Government Code, is
 1-24 amended by adding Section 533.01314 to read as follows:

1-25 Sec. 533.01314. TRANSPARENCY OF PREMIUM PAYMENT
 1-26 RATE-SETTING PROCESS FOR MEDICAID MANAGED CARE PROGRAM. The
 1-27 commission shall ensure the transparency of the premium payment
 1-28 rate-setting process for the Medicaid managed care program by
 1-29 publishing actuarial reports:

1-30 (1) in a format that allows for tracing data and
 1-31 formulas across attachments, exhibits, and examples; and

1-32 (2) that clearly identify and describe:

1-33 (A) the methodology by which the executive
 1-34 commissioner set the payment rates;

1-35 (B) the data sources used;

1-36 (C) the components of the process that are
 1-37 assumptions and how the assumptions are developed;

1-38 (D) multipliers and factors used throughout the
 1-39 reports, including the source and purpose of the multipliers and
 1-40 factors; and

1-41 (E) the methodology by which the executive
 1-42 commissioner determined that the rates are actuarially sound for
 1-43 the populations covered and the services provided.

1-44 SECTION 2. Subchapter B, Chapter 62, Health and Safety
 1-45 Code, is amended by adding Section 62.061 to read as follows:

1-46 Sec. 62.061. TRANSPARENCY OF PREMIUM PAYMENT RATE-SETTING
 1-47 PROCESS. The commission shall ensure the transparency of the
 1-48 premium payment rate-setting process for the child health plan
 1-49 program by publishing actuarial reports:

1-50 (1) in a format that allows for tracing data and
 1-51 formulas across attachments, exhibits, and examples; and

1-52 (2) that clearly identify and describe:

1-53 (A) the methodology by which the executive
 1-54 commissioner set the payment rates;

1-55 (B) the data sources used;

1-56 (C) the components of the process that are
 1-57 assumptions and how the assumptions are developed;

1-58 (D) multipliers and factors used throughout the
 1-59 reports, including the source and purpose of the multipliers and
 1-60 factors; and

1-61 (E) the methodology by which the executive

2-1 commissioner determined that the rates are actuarially sound for
2-2 the populations covered and the services provided.

2-3 SECTION 3. If before implementing any provision of this Act
2-4 a state agency determines that a waiver or authorization from a
2-5 federal agency is necessary for implementation of that provision,
2-6 the agency affected by the provision shall request the waiver or
2-7 authorization and may delay implementing that provision until the
2-8 waiver or authorization is granted.

2-9 SECTION 4. This Act takes effect September 1, 2015.

* * * * *

2-10