2	relating to rate-setting and data collection processes under the
3	program of all-inclusive care for the elderly.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subchapter B, Chapter 32, Human Resources Code,
6	is amended by adding Sections 32.0532, 32.0533, and 32.0534 to read
7	as follows:
8	Sec. 32.0532. PACE PROGRAM REIMBURSEMENT METHODOLOGY. (a)
9	In this section and Sections 32.0533 and 32.0534, "PACE program"
10	means the program of all-inclusive care for the elderly (PACE)
11	established under Section 32.053.
12	(b) In setting the reimbursement rates under the PACE
13	program, the executive commissioner shall ensure that:
14	(1) reimbursement rates for providers under the
15	program are adequate to sustain the program; and
16	(2) the program is cost-neutral or costs less when
17	compared to the cost to serve a population in the STAR + PLUS
18	Medicaid managed care program that is comparable in:
19	(A) age;
20	(B) eligibility factors, including:
21	(i) income level;
22	(ii) health status; and
23	(iii) impairment level;
24	(C) geographic location;

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1	(D) living environment; and
2	(E) other factors determined to be necessary.
3	(c) For purposes of Subsection (b)(2), the commission shall
4	consider data on the cost of services provided to comparable
5	recipients enrolled in the STAR + PLUS Medicaid managed care
6	program to calculate the upper payment limit component of the PACE
7	program reimbursement rates. The cost of those services includes
8	the Medicaid capitation payment per recipient and Medicaid payments
9	made on a fee-for-service basis for services not covered by the
10	capitation payment.
11	Sec. 32.0533. DATA COLLECTION: PACE AND STAR + PLUS
12	MEDICAID MANAGED CARE PROGRAMS. The commission, in collaboration
13	with the Department of Aging and Disability Services and
14	appropriate stakeholder groups, shall modify the methods by which
15	the commission and the department collect data for evaluation of
16	the PACE and STAR + PLUS Medicaid managed care programs to allow
17	comparison of recipient outcomes between the programs. The
18	<pre>modification to data collection methods must include changes to:</pre>
19	(1) survey instruments that measure recipient
20	experience;
21	(2) compilation of the same or similar complaint,
22	disenrollment, and appeals data; and
23	(3) compilation of the same or similar hospital
24	admissions and readmissions data.
25	Sec. 32.0534. EVALUATION AND REPORT COMPARING PACE AND STAR
26	+ PLUS MEDICAID MANAGED CARE PROGRAMS. (a) The commission, in
27	collaboration with the Department of Aging and Disability Services

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and appropriate stakeholder groups, shall conduct an evaluation of
 1
   the PACE program that compares Medicaid costs and client outcomes
 2
   under the PACE program to Medicaid costs and client outcomes under
 3
   the STAR + PLUS Medicaid managed care program. The commission must
4
5
   design the evaluation in a manner that:
6
               (1) compares similar recipient types between the
7
   programs in terms of recipient:
8
                     (A) <u>age;</u>
9
                     (B) eligibility factors, including:
10
                          (i) income level;
11
                          (ii) health status; and
12
                          (iii) impairment level; and
13
                     (C) living environment; and
14
               (2) accounts for differences among recipients in:
15
                    (A) geographic location;
16
                     (B) health care acuity; and
17
                     (C) other factors determined to be necessary.
          (b) The evaluation required under this section must include
18
19
    an assessment of future cost implications if the commission fails
   to establish a reimbursement methodology under the PACE program in
20
    accordance with Section 32.0532.
21
          (c) The commission shall compile a report on the findings of
22
    the evaluation under this section. Not later than December 1, 2016,
23
24
    the commission shall submit the report to the Legislative Budget
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SECTION 2. If before implementing any provision of this Act

(d) This section expires September 1, 2017.

Board and the governor.

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- 1 a state agency determines that a waiver or authorization from a
- 2 federal agency is necessary for implementation of that provision,
- 3 the agency affected by the provision shall request the waiver or
- 4 authorization and may delay implementing that provision until the
- 5 waiver or authorization is granted.
- 6 SECTION 3. This Act takes effect immediately if it receives
- 7 a vote of two-thirds of all the members elected to each house, as
- 8 provided by Section 39, Article III, Texas Constitution. If this
- 9 Act does not receive the vote necessary for immediate effect, this
- 10 Act takes effect September 1, 2015.

н.в.	No.	3823

President of the Senate	Speaker of the House				
I certify that H.B. No. 3823 was passed by the House on Apri					
27, 2015, by the following vote: Yeas 134, Nays 0, 1 present, not					
voting.					
	Chief Clerk of the House				
I certify that H.B. No. 3823 was passed by the Senate on May					
22, 2015, by the following vote: Yeas 31, Nays 0.					
	Secretary of the Senate				
APPROVED:					
Date					
Governor					