

By: Muñoz, Jr.

H.B. No. 1768

A BILL TO BE ENTITLED

AN ACT

relating to care coordination under the Medicaid managed care program.

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

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00291 to read as follows:

Sec. 533.00291. CARE COORDINATION BENEFITS. (a) In this section, "care coordination" means assisting recipients to develop a plan of care, including a service plan, that meets the recipient's needs and coordinating the provision of Medicaid benefits in a manner that is consistent with the plan of care. The term is synonymous with "case management," "service coordination," and "service management."

(b) The commission shall streamline and clarify the provision of care coordination benefits across Medicaid programs and services for recipients receiving benefits under a managed care delivery model. In streamlining and clarifying the provision of care coordination benefits under this section, the commission shall, at a minimum, include requirements in Medicaid managed care contracts that are designed to:

(1) subject to Subsection (c), establish a process for determining and designating a single entity as the primary entity responsible for a recipient's care coordination;

(2) evaluate and eliminate duplicative services

1 intended to achieve recipient care coordination, including care
2 coordination or related benefits provided:

3 (A) by a Medicaid managed care organization;

4 (B) by a recipient's medical or health home;

5 (C) through a disease management program
6 provided by a Medicaid managed care organization;

7 (D) by a provider of targeted case management and
8 psychiatric rehabilitation services; and

9 (E) through a program of case management for
10 high-risk pregnant women and high-risk children established under
11 Section 22.0031, Human Resources Code;

12 (3) evaluate and, if the commission determines it
13 appropriate, modify the capitation rate paid to Medicaid managed
14 care organizations to account for the provision of care
15 coordination benefits by a person not affiliated with the
16 organization; and

17 (4) establish and use a consistent set of terms for
18 care coordination provided under a managed care delivery model.

19 (c) In establishing a process under Subsection (b)(1), the
20 commission shall ensure that:

21 (1) for a recipient who receives targeted case
22 management and psychiatric rehabilitation services through a local
23 mental health authority, the default entity to act as the primary
24 entity responsible for the recipient's care coordination under
25 Subsection (b)(1) is the local mental health authority; and

26 (2) for recipients other than those described by
27 Subdivision (1), the process includes an evaluation process

1 designed to identify the provider that would best and most
2 cost-effectively meet the care coordination needs of a recipient.

3 SECTION 2. 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 3. 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, 2017.