

By: Kolkhorst

S.B. No. 1927

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to requiring the Health and Human Services Commission to  
3 evaluate and implement changes to the Medicaid program to make the  
4 program more cost-effective, increase competition among providers,  
5 and improve health outcomes for recipients.

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

7 SECTION 1. Subchapter A, Chapter 533, Government Code, is  
8 amended by adding Sections 533.023, 533.024, and 533.025 to read as  
9 follows:

10 Sec. 533.023. COMPETITIVE BIDS. The commission shall  
11 establish a range of rates within which a managed care organization  
12 must bid during a competitive bidding process to contract with the  
13 commission to arrange for or provide a managed care plan.

14 Sec. 533.024. ASSESSMENT OF STATEWIDE MANAGED CARE PLANS.  
15 The commission shall assess the feasibility and cost-effectiveness  
16 of contracting with managed care organizations to arrange for or  
17 provide managed care plans to recipients throughout the state  
18 instead of on a regional basis.

19 Sec. 533.025. SHARING OF MONEY RECOVERED. A managed care  
20 organization participating in Medicaid must share with the  
21 commission any money recovered by the managed care organization as  
22 a result of a fraud investigation of or a recoupment of an  
23 overpayment or debt from a network provider or recipient.

24 SECTION 2. (a) To the extent funds are appropriated to the

1 Health and Human Services Commission for that purpose, the  
2 commission shall:

3 (1) identify and evaluate barriers preventing  
4 Medicaid recipients enrolled in the STAR + PLUS Medicaid managed  
5 care program or a home and community-based services waiver program  
6 from choosing the consumer directed services option and develop  
7 recommendations for increasing the percentage of Medicaid  
8 recipients enrolled in those programs who choose the consumer  
9 directed services option; and

10 (2) study the feasibility of establishing a community  
11 attendant registry to assist Medicaid recipients enrolled in the  
12 community attendant services program in locating providers.

13 (b) Not later than December 1, 2018, the Health and Human  
14 Services Commission shall submit a report containing the  
15 commission's findings and recommendations under Subsection (a) of  
16 this section to the governor, the Legislative Budget Board, and the  
17 standing committees of the senate and the house of representatives  
18 with primary jurisdiction over health and human services.

19 SECTION 3. (a) The Health and Human Services Commission  
20 shall conduct a study of the provision of dental services to adults  
21 with disabilities under the Medicaid program, including:

22 (1) the types of dental services provided, including  
23 preventive dental care, emergency dental services, and  
24 periodontal, restorative, and prosthodontic services;

25 (2) limits or caps on the types and costs of dental  
26 services provided;

27 (3) unique considerations in providing dental care to

1 adults with disabilities, including additional services necessary  
2 for adults with particular disabilities; and

3 (4) the availability and accessibility of dentists who  
4 provide dental care to adults with disabilities, including the  
5 availability of dentists who provide additional services necessary  
6 for adults with particular disabilities.

7 (b) In conducting the study under Subsection (a) of this  
8 section, the Health and Human Services Commission shall:

9 (1) identify the number of adults with disabilities  
10 whose Medicaid benefits include limited or no dental services and  
11 who, as a result, have sought medically necessary dental services  
12 during an emergency room visit;

13 (2) estimate the number of adults with disabilities  
14 who are receiving services under the Medicaid program and who have  
15 access to alternative sources of dental care, including pro bono  
16 dental services, faith-based dental services providers, and other  
17 public health care providers; and

18 (3) collect data on the receipt of dental services  
19 during emergency rooms visits by adults with disabilities who are  
20 receiving services under the Medicaid program, including the  
21 reasons for seeking dental services during an emergency room visit  
22 and the costs of providing the dental services during an emergency  
23 room visit, as compared to the cost of providing the dental services  
24 in the community.

25 (c) Not later than December 1, 2018, the Health and Human  
26 Services Commission shall submit a report containing the results of  
27 the study conducted under Subsection (a) of this section and the

1 commission's recommendations for improving access to dental  
2 services in the community for and reducing the provision of dental  
3 services during emergency room visits to adults with disabilities  
4 receiving services under the Medicaid program to the governor, the  
5 lieutenant governor, the speaker of the house of representatives,  
6 the Senate Finance Committee, the House Appropriations Committee,  
7 the Senate Health and Human Services Committee, the House Public  
8 Health Committee, and the House Human Services Committee.

9 SECTION 4. (a) The Health and Human Services Commission  
10 shall evaluate delivery models for the provision of services under  
11 the Medicaid program based on:

- 12 (1) cost-effectiveness;
- 13 (2) competition among providers; and
- 14 (3) health outcomes for Medicaid recipients as  
15 calculated using a clinically based risk adjustment methodology.

16 (b) Not later than December 1, 2018, the Health and Human  
17 Services Commission shall submit a report to the governor, the  
18 Legislative Budget Board, and the appropriate standing committees  
19 of the senate and the house of representatives containing the  
20 results of the evaluation conducted under Subsection (a) of this  
21 section, including:

- 22 (1) a summary of previously submitted reports relating  
23 to alternative delivery models for the provision of services under  
24 the Medicaid program; and

- 25 (2) a summary of efforts undertaken by the commission  
26 to make the current delivery models as effective as possible and an  
27 assessment of any cost savings achieved by and any improved health

1 outcomes that have resulted from the current delivery models.

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

8           SECTION 6. This Act takes effect September 1, 2017.