

Amend CSSB 1140 (senate committee report) as follows:

(1) In SECTION 1 of the bill, strike added Section 533.00715(b), Government Code (page 1, lines 34-39) and substitute the following:

(b) The commission, using money appropriated for the purpose, shall contract with at least three independent, third-party arbiters to resolve an appeal of:

(1) a Medicaid managed care organization adverse benefit determination made on the basis of medical necessity;

(2) a denial by the commission of eligibility for a Medicaid program on the basis of the recipient's or applicant's medical and functional needs; and

(3) an action, as defined by 42 C.F.R. Section 431.201, by the commission based on the recipient's medical and functional needs.

(2) In SECTION 1 of the bill, in added Section 533.00715, Government Code (page 1, between lines 39 and 40), insert the following appropriately lettered subsection and reletter subsections of that section and any cross-references to those subsections accordingly:

() An appeal described by Subsection (b)(1) occurs after the Medicaid managed care organization internal appeal decision is issued and before the Medicaid fair hearing, and the appeal is granted when a recipient contests the internal appeal decision. An appeal described by Subsection (b)(2) or (3) occurs after the commission's denial is issued or action is taken and before the Medicaid fair hearing.

(3) In SECTION 1 of the bill, in added Section 533.00715(c), Government Code (page 1, line 45), between "necessary." and "The", insert "The third-party arbiter shall conduct the appeal within a period specified by the commission.".