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By:  Raymond H.B. No. 3772

A BILL TO BE ENTITLED

AN ACT

relating to a demonstration project that allows federally qualified health centers to test innovative health care delivery systems and data sharing under certain public benefits programs.

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

SECTION 1.  Subtitle I, Title 4, Government Code, is amended by adding Chapter 539A to read as follows:

CHAPTER 539A. INNOVATIVE HEALTH CARE DELIVERY SYSTEM DEMONSTRATION PROJECT

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 539A.0001.  DEFINITIONS. In this chapter:

(1)  "Demonstration project" means the demonstration project established under Section 539A.0051.

(2)  "Federally qualified health center" has the meaning assigned by 42 U.S.C. Section 1396d(l)(2)(B).

(3)  "Federally qualified health center services" has the meaning assigned by 42 U.S.C. Section 1396d(l)(2)(A).

Sec. 539A.0002.  REPORTING. Not later than December 1, 2020, the commission shall submit a report to the legislature regarding the commission's progress in establishing and operating the demonstration project and recommendations on continuing or expanding the demonstration project.

Sec. 539A.0003.  EXPIRATION. This chapter expires September 1, 2021.

SUBCHAPTER B. DEMONSTRATION PROJECT

Sec. 539A.0051.  DEMONSTRATION PROJECT TO TEST ALTERNATIVE AND INNOVATIVE HEALTH CARE DELIVERY SYSTEMS AND DATA SHARING. The commission shall develop and implement a demonstration project to test alternative and innovative health care delivery systems, including data sharing and alternative payment systems under Medicaid, the child health plan program, and other health benefits programs administered by the commission or other health and human services agencies. Under the demonstration project, the commission shall provide services covered under health benefits programs to a specific patient population under an agreed-on shared savings arrangement with federally qualified health centers.

Sec. 539A.0052.  FEDERALLY QUALIFIED HEALTH CENTERS PARTICIPATION; CREATION OF INNOVATIVE HEALTH CARE DELIVERY SYSTEMS. (a) In establishing the demonstration project, the commission shall, in consultation with federally qualified health centers, develop a request for proposals for participation in the demonstration project and formation of innovative health care delivery systems. To be eligible to participate in the demonstration project a federally qualified health center must:

(1)  be a provider under an applicable public benefits program capable of providing services that are covered by the program;

(2)  meet minimum quality standards established by the commission; and

(3)  adopt cost-effective methods of care delivery and coordination, which may include the use of allied health professionals, telemedicine providers, patient educators, care coordinators, community health care workers, and services and providers that are not covered or reimbursed under a health benefits program.

(b)  An innovative health care delivery system may be formed by federally qualified health centers in this state. A federally qualified health center may contract with a third party to provide secure transfer and administrative services under the delivery system.

(c)  The commission may require federally qualified health centers that have established innovative health care delivery systems to enter into additional contracts with third parties for risk assessment and for the purchase of stop-loss coverage or another form of risk management insurance related to the delivery system established under the demonstration project.

Sec. 539A.0053.  PATIENT PARTICIPATION. A person eligible for a public benefits program, including Medicaid and the child health plan program, is eligible for attribution to an innovative health care delivery system.

Sec. 539A.0054.  DATA SHARING PROGRAM. (a) As part of the demonstration project, the commission shall develop and implement a program to test data sharing for innovative health care delivery systems and alternative payment systems. Under the data sharing program and to the extent permitted by federal law, the commission shall securely provide federally qualified health centers participating in the demonstration project, or the centers' designee, data regarding the centers' patients eligible to participate in the demonstration project, either individually or as a group.

(b)  Under the data sharing program, a participating federally qualified health center shall provide to the commission the names of patients who are enrolled in a public benefits program to whom the center has provided services in the preceding 12-month period. After receiving the names of patients under this subsection, the commission shall immediately provide the federally qualified health centers, or the centers' designee, a claims data file that includes information relating to the claims that have been received under a public benefits program for each patient. The claims data file must include:

(1)  the claims made by or on behalf of the patient during the 36-month period preceding the date the commission received the names of patients under this subsection;

(2)  patient demographic data, including each patient's name, address, date of birth, and gender;

(3)  patient health benefits coverage information, including any unique identifier or number assigned to the patient under a public benefits program, including each patient's Medicaid number, if applicable;

(4)  attribution information of each patient, including the names of the public benefits program each patient is enrolled in, the effective date of enrollment, and if the patient is enrolled in Medicaid:

(A)  whether the patient is enrolled in a managed care program, and if so, the name of the program; and

(B)  each patient's primary care provider;

(5)  the individual provider codes associated with each provider who has provided services to the patient, including the provider's:

(A)  federal and state, if applicable, tax identification numbers;

(B)  national provider identifiers;

(C)  health care provider taxonomy codes;

(D)  professional license numbers; and

(E)  other identifiers collected with respect to the provider; and

(6)  patient claims data, including:

(A)  any benefits covered by a public benefits program when provided by an enrolled provider, including:

(i)  the names of primary care providers, urgent care providers, specialty care providers, emergency room providers, and hospital providers; and

(ii)  the type of benefits provided, including the provision of hospital observation services, hospital inpatient services, home health services, skilled nursing services, lab and radiological services, pharmacy benefits, including prescription information and drug pricing, ambulance services, care plan oversight services, spinal manipulation services, early and period screening, diagnosis, and treatment services, anesthesia services, durable medical equipment, hospice services, therapy services, and obstetric services; and

(B)  onset of illness date, dates of service, locations at which services were provided, names of service providers, diagnostic and Current Procedural Terminology codes and related cause codes, and reimbursement amounts paid.

Sec. 539A.0055.  REIMBURSEMENT SYSTEM. (a) In developing a reimbursement system for innovative health care delivery systems, the executive commissioner shall establish a reimbursement methodology that:

(1)  is based on a total cost of care benchmark adjusted for patient acuity; and

(2)  is designed to achieve determinable savings.

(b)  The reimbursement system may include incentive payments to innovative health care delivery systems that meet or exceed annual quality and performance targets.

Sec. 539A.0056.  FUNDING. The commission may apply for any available grants or federal funding that would further the purposes of or assist in the establishment of the demonstration project or innovative health care delivery systems established under the demonstration project.

SECTION 2.  As soon as possible after the effective date of this Act, the Health and Human Services Commission shall apply for and actively pursue from the federal Centers for Medicare and Medicaid Services or other appropriate federal agency any waiver or other authorization necessary to implement Chapter 539A, Government Code, as added by this Act. The commission may delay implementing this Act until the waiver or authorization is granted.

SECTION 3.  This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.