

By: Rodríguez

S.B. No. 1922

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(1)(2)(B).

(3) "Federally qualified health center services" has the meaning assigned by 42 U.S.C. Section 1396d(1)(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.

1 SUBCHAPTER B. DEMONSTRATION PROJECT

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

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

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

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

26 (3) adopt cost-effective methods of care delivery and
27 coordination, which may include the use of allied health

1 professionals, telemedicine providers, patient educators, care
2 coordinators, community health care workers, and services and
3 providers that are not covered or reimbursed under a health
4 benefits program.

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

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

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

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

1 participate in the demonstration project, either individually or as
2 a group.

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

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

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

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

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

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

1 (B) each patient's primary care provider;
2 (5) the individual provider codes associated with each
3 provider who has provided services to the patient, including the
4 provider's:

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

7 (B) national provider identifiers;

8 (C) health care provider taxonomy codes;

9 (D) professional license numbers; and

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

12 (6) patient claims data, including:

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

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

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

27 (B) onset of illness date, dates of service,

1 locations at which services were provided, names of service
2 providers, diagnostic and Current Procedural Terminology codes and
3 related cause codes, and reimbursement amounts paid.

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

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

10 (2) is designed to achieve determinable savings.

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

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

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

26 SECTION 3. This Act takes effect immediately if it receives
27 a vote of two-thirds of all the members elected to each house, as

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1 provided by Section 39, Article III, Texas Constitution. If this
2 Act does not receive the vote necessary for immediate effect, this
3 Act takes effect September 1, 2019.