

BILL ANALYSIS

Senate Research Center

S.B. 1829
By: Hinojosa
Health & Human Services
5/25/2021
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Outdated member contact information can result in less efficient care management, lower quality of care, and additional administrative expenses. Without current contact information, health plans are not able to effectively engage with members to encourage health screenings and preventative care or promote the use of the proper care setting, which can adversely affect member health and quality performance.

S.B. 1829 requires the Health and Human Services Commission (HHSC) to ensure Medicaid managed care organizations (MCOs) maintain an accurate electronic directory of contact information for Medicaid recipients enrolled in a managed care plan. MCOs are then required to send an electronic copy of the recipient directory to HHSC monthly to optimize engagement and increase efficiency.

(Original Author's / Sponsor's Statement of Intent)

S.B. 1829 amends current law relating to maintaining and distributing certain Medicaid managed care directories.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Section 533.00751, as follows:

Sec. 533.00751. RECIPIENT DIRECTORY. Requires the Health and Human Services Commission (HHSC), in accordance with a single source of truth design, to:

(1) maintain an accurate electronic directory of contact information for each recipient enrolled in a managed care plan offered by a Medicaid managed care organization under Chapter 533 (Medicaid Managed Care Program), including, to the extent feasible, each recipient's home, work, and mobile telephone numbers, email address, and home and work addresses; and

(2) ensure that each Medicaid managed care organization and enrollment broker participating in the Medicaid managed care program update the electronic directory required under Subdivision (1) in real time.

SECTION 2. Amends Section 533.0063(b), Government Code, as follows:

(b) Deletes existing text creating an exception under Subsection (c) to the requirement that a managed care organization send a paper form of the organization's provider network directory for the Medicaid managed care program only to a recipient who requests to receive the directory in paper form. Makes a nonsubstantive change.

SECTION 3. Repealer: Section 533.0063(c) (relating to requiring a managed care organization participating in the STAR + PLUS Medicaid managed care program or STAR Kids Medicaid managed care program, for a recipient in that program, to issue a provider network directory for the program in paper form unless the recipient opts out of receiving the directory in paper form), Government Code.

SECTION 4. (a) Requires HHSC, in a contract between HHSC and a managed care organization under Chapter 533, Government Code, that is entered into or renewed on or after the effective date of this Act, to require that the managed care organization comply with Section 533.00751, Government Code, as added by this Act.

(b) Requires HHSC to seek to amend contracts entered into with managed care organizations under Chapter 533, Government Code, before the effective date of this Act to require those managed care organizations to comply with Section 533.00751, Government Code, as added by this Act. Provides that, to the extent of a conflict between that section and a provision of a contract with a managed care organization entered into before the effective date of this Act, the contract provision prevails.

SECTION 5. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 6. Effective date: upon passage or September 1, 2021.