

BILL ANALYSIS

Senate Research Center

S.B. 1921
By: Lucio
Health & Human Services
6/9/2021
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

In 2013, the legislature passed S.B. 58, which allowed for managed care organizations to contract with private providers to offer behavioral and physical health services. However, due to the enrollment period, providers are not able to be reimbursed until the patient is actually enrolled in managed care. If a patient is enrolled in Medicaid, but not yet enrolled in managed care, a facility that treats them is not able to be reimbursed.

S.B. 1921 allows facilities to be billed fee-for-service until the patient is fully enrolled in managed care. These are patients who already qualify for Medicaid. Populations would include those leaving prison who are in need of mental health services, but are not yet enrolled in managed care. The people who need immediate services the most are not able to receive them due to lack of provider reimbursement.

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

S.B. 1921 amends current law relating to Medicaid reimbursement for the provision of certain behavioral health and physical health services.

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 B, Chapter 32, Human Resources Code, by adding Section 32.0246, as follows:

Sec. 32.0246. MEDICAL ASSISTANCE REIMBURSEMENT FOR CERTAIN BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES. (a) Defines "behavioral health services."

(b) Requires the Health and Human Services Commission (HHSC) to provide to a public or private provider of behavioral health services medical assistance reimbursement through a fee-for-service delivery model for behavioral health or physical health services provided to a recipient before that recipient's enrollment with and receipt of medical assistance services through a managed care organization under Chapter 533 (Medicaid Managed Care Program), Government Code.

(c) Requires HHSC to ensure that a public or private provider of behavioral health services who is reimbursed under Subsection (b) through a fee-for-service delivery model is provided medical assistance reimbursement through a managed care model for behavioral health or physical health services provided to a recipient after that recipient's enrollment with and receipt of medical assistance services through a managed care organization under Chapter 533, Government Code.

SECTION 2. Amends Section 32.024, Human Resources Code, by adding Subsection (II), as follows:

(II) Requires HHSC to provide medical assistance reimbursement to an authorized wound care education and training services provider and establish outcome measures for evaluating the physical health care outcomes of recipients who receive wound care education and training services from an authorized wound care education and training services provider.

SECTION 3. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.0285, as follows:

Sec. 32.0285. CALCULATION OF MEDICAL EDUCATION ADD-ON FOR REIMBURSEMENT OF TEACHING HOSPITALS THAT PROVIDE BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES. Requires HHSC, on request from a teaching hospital that provides behavioral health and physical health services, to update on a biannual basis the education adjustment factor used to calculate the medical education add-on using the most current Medicare education adjustment factor data available under 42 C.F.R. Section 412.105 at the time HHSC makes the update.

SECTION 4. Makes application of Section 32.0285, Human Resources Code, as added by this Act, prospective to September 1, 2022.

SECTION 5. Provides that HHSC is required to implement a provision of this Act only if the legislature appropriates money to HHSC specifically for that purpose. Provides that, if the legislature does not appropriate money specifically for that purpose, HHSC is authorized, but not required, to implement a provision of this Act using other appropriations that are available for that purpose.

SECTION 6. 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 7. Effective date: September 1, 2022.