

By: Frank

H.B. No. 2658

A BILL TO BE ENTITLED

AN ACT

relating to the operation and administration of certain health insurance programs and medical assistance program.

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

SECTION 1. Section 533.005(a)(2), Government Code, is amended to read as follows:

(2) capitation rates that include acuity and risk adjustment methodologies that consider acute care services and long-term services and supports covered by the Medicaid managed care program, including costs for private duty nursing, and that ensure the cost-effective provision of quality health care;

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

(b) A [~~Except as provided by Subsection (c), a~~] managed care organization is required to send a paper form of the organization's provider network directory for the program only to a recipient who requests to receive the directory.

SECTION 3. Section 533.0063(c), Government Code, is repealed.

SECTION 4. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.0068 as follows:

Section 533.0068. PRIMARY CARE ASSIGNMENT. (a) The commission shall honor a contract requirement to enable a managed care organization to make the initial and subsequent primary care

1 provider assignments and changes in accordance with Section
2 533.005(a)(26).

3 (b) Managed care organizations may assign Medicaid members
4 based on published criteria that seeks to preserve existing
5 provider-member relationships and considers a member's proximity
6 to providers and other criteria as established by the managed care
7 organization. An "existing provider-member relationship" is one in
8 which the provider was a main source of Medicaid services for the
9 member during the previous year.

10 SECTION 5. Section 533.0076(c), Government Code, is amended
11 to read as follows:

12 (c) The commission shall allow a recipient who is enrolled
13 in a managed care plan under this chapter to disenroll from that
14 plan and enroll in another managed care plan~~[-(1)]~~ at any time for
15 cause in accordance with federal laws and regulations governing
16 Medicaid~~[, and (2) once for any reason after the periods described~~
17 ~~by Subsections (a) and (b)]~~.

18 SECTION 6. Unless otherwise stated, this Act applies to all
19 contracts between the Health and Human Services Commission and a
20 Medicaid Managed Care organization under Chapter 533, Government
21 Code, that are entered into, renewed, or amended on or after the
22 effective date of this Act.

23 SECTION 7. This Act takes effect September 1, 2021.