

BILL ANALYSIS

Senate Research Center
88R6196 SCP-F

H.B. 3265
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Medicaid and CHIP Services (MCS) within the Health and Human Services Commission (HHSC) experienced a 60 percent increase in the number of legislative reports required between the 2020–2021 and 2022–2023 bienniums. However, this increase was not accompanied by an increase in staff resources dedicated to the time-consuming development and drafting of reports.

This bill would decrease the reporting frequency requirements for multiple reports within HHSC and combine three quality monitoring reports to help alleviate the administrative burden on MCS and improve the accuracy and substantiveness of reports.

The bill would impact reporting requirements in the following ways:

- Change reporting requirement for the Medically Dependent Children Program (MDCP) Quarterly Monitoring Report from quarterly to semiannually.
- This report currently provides quarterly updates regarding enrollment in the Medicaid Buy In for Children program (program), use of the escalation helpline, use of the external medical review process, complaints related to MDCP, and utilization of a process which was repealed by S.B. 1648 (87th Legislature, Regular Session) effective September 1, 2021.
- Due to lags in data availability and analysis, these quarterly reports are often inaccurate at the time of submission. This change would allow HHSC more time to develop reports with accurate and verified information before their submission to the legislature.
- Combine the annual report on quality measures and value-based payments, statewide initiatives to improve quality of maternal healthcare and quality monitoring early warning system for long-term care facilities into one report and change the reporting requirement from annually to biannually.
- Updates are available annually for portions of the reports. However, due to lags in data availability and analysis, not all sections of the report have significant or meaningful updates on an annual basis.
- This change allows enough time to pass between reports that the information provided to the legislature is more meaningful and pragmatic regarding quality-based outcomes and Medicaid, maternal health and long-term care processes.

By changing the frequency of these reports and combining quality monitoring reports, H.B. 3265 will ensure updates on Medicaid and CHIP Services are accurate and informative and provide HHSC more time to make meaningful progress in evaluating and implementing legislative recommendations.

H.B. 3265 amends current law relating to the submission of certain reports by the Health and Human Services Commission.

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 Section 531.06021(b), Government Code, as follows:

(b) Requires the Health and Human Services Commission (HHSC) to submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board (LBB), and each standing legislative committee with primary jurisdiction over Medicaid a semiannual report containing, for the preceding six-month period, certain information and data related to access to care for Medicaid recipients receiving benefits under the medically dependent children (MDCP) waiver program.

Deletes existing text requiring HHSC, not later than the 30th day after the last day of each state fiscal quarter, to submit to the governor, the lieutenant governor, the speaker of the house of representatives, the LBB, and each standing legislative committee with primary jurisdiction over Medicaid a report containing, for the most recent state fiscal quarter, certain information and data related to access to care for Medicaid recipients receiving benefits under the medically dependent children (MDCP) waiver program, including requests relating to interest list placements under Section 531.0601 (Long-term Care Services Waiver Program Interest Lists) and use of the Medicaid escalation help line established under Section 533.00253 (STAR Kids Medicaid Managed Care Program), if the help line was operational during the applicable state fiscal quarter. Makes nonsubstantive changes.

SECTION 2. Amends Section 536.003(g), Government Code, as follows:

(g) Requires HHSC to include aggregate, nonidentifying data collected using the quality-based outcome measure described by Subsection (f) (relating to requiring HHSC, in coordination with the Department of State Health Services (DSHS), to develop and implement a quality-based outcome measure for the child health plan program and Medicaid to annually measure the percentage of child health plan program enrollees or Medicaid recipients with HIV infection, regardless of age, whose most recent viral load test indicates a viral load of less than 200 copies per milliliter of blood) in the biennial report, rather than the annual report, required by Section 536.008 (Annual Report) and is authorized to include the data in any other report required by Chapter 536 (Medicaid and the Child Health Plan Program: Quality-based Outcomes and Payments).

SECTION 3. Amends the heading to Section 536.008, Government Code, to read as follows:

Sec. 536.008. BIENNIAL REPORT.

SECTION 4. Amends Section 536.008(a), Government Code, as follows:

(a) Requires HHSC to submit to the legislature and make available to the public a biennial report, rather than an annual report, regarding certain related information and data.

SECTION 5. Amends Sections 32.155(d) and (e), Health and Safety Code, as follows:

(d) Requires HHSC to prepare and submit to the legislature and make available to the public a biennial report, rather than an annual report, that summarizes certain related information and data.

(e) Requires HHSC, rather than authorizes HHSC, to submit the report required under Subsection (d) with the report required under Section 536.008, Government Code.

SECTION 6. Amends Section 255.005, Health and Safety Code, as follows:

Sec. 255.005. New heading: BIENNIAL REPORT. (a) Requires HHSC, rather than DSHS, to assess and evaluate the effectiveness of the quality assurance early warning

system and to report its findings biennially, rather than annually, to the governor, the lieutenant governor, and the speaker of the house of representatives.

(b) Requires HHSC to submit the report required under this section with the report required under Section 536.008, Government Code.

SECTION 7. 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 8. Effective date: September 1, 2023.