

BILL ANALYSIS

H.B. 3265
By: Manuel
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

According to information from the Health and Human Services Commission (HHSC), the legislature has recently imposed substantially more reporting mandates on Medicaid and CHIP Services (MCS). This increase in reporting requirements was not accompanied by an increase in staff resources dedicated to assisting in the development and drafting of reports. H.B. 3265 seeks to address this issue by decreasing the reporting frequency for several reports and combining three reports to help alleviate this administrative burden. Changing the frequency of reports and combining certain reports will also ensure the updates are more informative and will provide HHSC with more time to make meaningful progress in evaluating and implementing the recommendations.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 3265 amends the Government Code to change reporting requirements regarding access to care for Medicaid recipients receiving benefits under the medically dependent children (MDCP) waiver program in the following manner:

- reduces the frequency with which the Health and Human Services Commission (HHSC) must submit the report from quarterly to a semiannually; and
- removes from the information that must be included in the report requests relating to interest list placements for children enrolled in the MDCP waiver program who become ineligible for program services.

The bill reduces the frequency with which HHSC must submit its report relating to Medicaid and CHIP quality-based outcome and process measures and the implementation of quality-based payment systems and other related payment initiatives from annually to biennially.

H.B. 3265 amends the Health and Safety Code to reduce the frequency with which HHSC must prepare, submit, and make publicly available its report relating to HHSC's progress in developing or enhancing statewide initiatives to improve quality of maternal health care and each Medicaid managed care organization's (MCO) progress in incorporating required initiatives in the MCO's managed care plans from annually to biennially. The bill additionally reduces the frequency with which HHSC must report its findings following its assessment and evaluation of the effectiveness of the quality assurance early warning system for certain long-term care facilities from annually to biennially and requires HHSC to submit this report with

HHSC's biennial report regarding Medicaid and CHIP quality-based outcomes, process measures, and payments.

H.B. 3265 provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted.

EFFECTIVE DATE

September 1, 2023.