88R7613 JG-D

By:  Johnson S.B. No. 1496

A BILL TO BE ENTITLED

AN ACT

relating to authorizing certain health benefit exchanges to make eligibility determinations under Medicaid and the child health plan program.

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

SECTION 1.  Section 62.1011, Health and Safety Code, is amended to read as follows:

Sec. 62.1011.  VERIFICATION OF INCOME. (a) Except as provided by Subsection (b), the [~~The~~] commission shall continue employing methods of verifying the individual incomes of the individuals considered in the calculation of an applicant's household income. The commission shall verify income under this section unless the applicant reports a household income that exceeds the income eligibility level established under Section 62.101(b).

(b)  The commission may not verify the income of a child determined eligible for coverage under the child health plan by a health benefit exchange in accordance with Section 62.1012.

SECTION 2.  Subchapter C, Chapter 62, Health and Safety Code, is amended by adding Section 62.1012 to read as follows:

Sec. 62.1012.  DETERMINATION OF ELIGIBILITY BY HEALTH BENEFIT EXCHANGE; ENROLLMENT. (a) In this section, "health benefit exchange" means an American Health Benefit Exchange administered by the federal government or an exchange created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18031(b)).

(b)  Notwithstanding any other law and in accordance with an agreement entered into under 42 C.F.R. Section 457.348, the commission shall accept eligibility determinations for coverage under the child health plan made by a health benefit exchange.

(c)  The commission shall automatically enroll in the child health plan program a child who is determined eligible for coverage by a health benefit exchange. This subsection does not require the commission to enroll a child in the child health plan program whose eligibility for the program was not fully verified by the exchange. The commission shall take any further action necessary to verify and resolve an incomplete eligibility determination referred to the commission by the exchange.

(d)  In entering into an agreement with a health benefit exchange under 42 C.F.R. Section 457.348, the commission shall ensure that the exchange makes determinations of eligibility for the child health plan based on eligibility criteria in accordance with applicable state law.

(e)  The commission shall seek any federal money available for implementing this section, including enhanced federal financial participation made available under federal law.

SECTION 3.  Section 32.026(g), Human Resources Code, is amended to read as follows:

(g)  Notwithstanding any other provision of this code, the commission may use information obtained from a third party to verify the assets and resources of a person for purposes of determining the person's eligibility and need for medical assistance to the extent that verification is applicable under federal law. Third-party information includes information obtained from:

(1)  a consumer reporting agency, as defined by Section 20.01, Business & Commerce Code;

(2)  an appraisal district; [~~or~~]

(3)  the Texas Department of Motor Vehicles vehicle registration record database; or

(4)  a health benefit exchange, as defined by Section 32.026102.

SECTION 4.  Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.026102 to read as follows:

Sec. 32.026102.  DETERMINATION OF ELIGIBILITY BY HEALTH BENEFIT EXCHANGE; ENROLLMENT. (a) In this section, "health benefit exchange" means an American Health Benefit Exchange administered by the federal government or an exchange created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18031(b)).

(b)  Notwithstanding any other law and in accordance with an agreement entered into under 42 C.F.R. Section 431.10, the commission shall accept eligibility determinations for medical assistance made by a health benefit exchange.

(c)  The commission shall automatically enroll in the medical assistance program an individual whose eligibility for medical assistance benefits is determined by a health benefit exchange. This subsection does not require the commission to enroll an individual in the medical assistance program whose eligibility for the program was not fully verified by the exchange. The commission shall take any further action that is necessary to verify and resolve an incomplete eligibility determination referred to the commission by the exchange.

(d)  In entering into an agreement with a health benefit exchange under 42 C.F.R. Section 431.10, the commission shall ensure that the exchange makes determinations of eligibility for the medical assistance program based on eligibility criteria in accordance with applicable state law.

(e)  The commission shall seek any federal money available for implementing this section, including enhanced federal financial participation made available under 42 C.F.R. Part 433, Subpart C.

SECTION 5.  Section 32.026101, Human Resources Code, is repealed.

SECTION 6.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 7.  This Act takes effect September 1, 2023.