

BILL ANALYSIS

S.B. 1921
By: Lucio
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

In 2013, the Texas Legislature passed Senate Bill 58, which authorized 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 receive reimbursement until the patient is actually enrolled in managed care. Therefore, if a patient is enrolled in Medicaid but not yet enrolled in managed care, a facility that treats the patient does not have the option to seek reimbursement. S.B. 1921 seeks to address this issue by providing for Medicaid reimbursement for the provision of certain behavioral health and physical health services.

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

S.B. 1921 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to provide to a public or private provider of behavioral health services Medicaid reimbursement through a fee-for-service delivery model for behavioral health or physical health services provided to a Medicaid recipient before that recipient's enrollment with and receipt of services through a managed care organization (MCO). The bill defines "behavioral health services" as mental health and substance abuse disorder services, including targeted case management and psychiatric rehabilitation services.

S.B. 1921 requires HHSC to ensure that a public or private provider of behavioral health services who is reimbursed through such a fee-for-service delivery model is provided the reimbursement through a managed care model for behavioral health or physical health services provided to a Medicaid recipient after that recipient's enrollment with and receipt of services through an MCO. Implementation of a provision of this bill by HHSC is mandatory only if a specific appropriation is made for that purpose.

EFFECTIVE DATE

September 1, 2022.