

SUBJECT: Requiring managed care model for HTW and other health program

COMMITTEE: Human Services — committee substitute recommended

VOTE: 7 ayes — Frank, Hinojosa, Hull, Klick, Meza, Noble, Shaheen

0 nays

2 absent — Neave, Rose

SENATE VOTE: On final passage, May 4 — 29-1 (Hughes)

WITNESSES: For — Adriana Kohler, Texans Care for Children; Laurie Vanhooze, Texas Association of Health Plans; Erika Ramirez, Texas Women's Healthcare Coalition; (*Registered, but did not testify*: Jesse Sifuentez, Baylor Scott and White; Patricia Kolodzey, Blue Cross Blue Shield of Texas; Michael Dole, Driscoll Health System; Kay Ghahremani, Texas Association of Community Health Plans; Olivia Chriss, Texas Children's Health Plan; Thomas Parkinson)

Against — (*Registered, but did not testify*: Lorri Haden)

On — Michelle Erwin, Health and Human Services Commission

BACKGROUND: Some have called to transition case management services provided under the Children and Pregnant Women program from the Department of State Health Services to a Medicaid managed care model and to transition Healthy Texas Women program services to a managed care model. Some suggest such transitions would help ensure continuity of care for recipients.

DIGEST: CSSB 1149 would provide for the transition of case management services for Medicaid recipients under the Children and Pregnant Women program administered by the Department of State Health Services (DSHS) and for the transition of Healthy Texas Women (HTW) services to a managed care program.

**Children And Pregnant Women program.** CSSB 1149 would require the Health and Human Services Commission (HHSC) to transition to a Medicaid managed care model for case management services provided to recipients under the Children and Pregnant Women program administered by DSHS. In transitioning these services, HHSC would have to ensure a recipient was provided case management services through the managed care plan in which the recipient would be enrolled.

In implementing the transition, HHSC would have to ensure a seamless transition in case management for recipients receiving benefits under the Children and Pregnant Women program and ensure that case management services were not interrupted.

**Healthy Texas Women program services.** The bill would remove statutory provisions related to assessing the provision of HTW program services through managed care and instead require HHSC to contract with Medicaid managed care organizations (MCOs) to provide HTW program services.

In implementing this requirement, HHSC would have to:

- consult with the state Medicaid managed care advisory committee before contracting with MCOs to provide HTW program services;
- identify barriers that prevented women from obtaining HTW program services and seek opportunities to mitigate such barriers; and
- designate HTW program service providers as significant traditional providers until at least the third anniversary of the date the commission initially contracted with MCOs to provide program services.

*Eligibility notice.* The commission and each MCO participating in the HTW program would be required to provide a woman who was enrolled in the program and had a household income between 100 and 200 percent of the federal poverty level with a written notice containing information

about eligibility requirements for and enrollment in a health benefit plan for which an enrollee would receive a premium subsidy under the Affordable Care Act based on family income.

HHSC, in consultation with the Texas Department of Insurance, would have to develop the form and content of the eligibility notice. The notice would have to include:

- the latest information written in clear and easily understood language on available options for obtaining a subsidized health benefit plan based on family income; and
- resources for receiving assistance applying for and enrolling in the subsidized plan.

*Automatic enrollment.* By January 1, 2023, HHSC would have to assess the feasibility, cost-effectiveness, and benefits of automatically enrolling in managed care women who became pregnant while receiving services through HTW. The assessment would have to examine whether automatic enrollment would lead to the delivery of prenatal care and services earlier in the women's pregnancies. These provisions would expire September 1, 2023.

**Other provisions.** As soon as practicable after the effective date of the bill, the HHSC executive commissioner would be required to adopt rules necessary to implement the bill.

HHSC would be required to implement provisions of the bill only if the Legislature appropriated money specifically for that purpose. If the Legislature did not appropriate money for that purpose, HHSC could, but would not be required to, implement a provision of the bill using other available appropriations.

The bill would take effect September 1, 2021.

**NOTES:**

According to the Legislative Budget Board, the bill would have a negative impact of \$1.8 million to general revenue through fiscal 2023.

