

BILL ANALYSIS

Senate Research Center
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H.B. 3231
By: Davis, John, Guillen (Nelson)
Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The legislature first directed the Health and Human Services Commission (HHSC) to implement managed care as a pilot program in 1993. Texas began a transition to managed care that same year, moving some recipients of Medicaid services into managed care in pilot programs in Travis County and the tri-county area of Jefferson, Chambers, and Galveston Counties. Since then, Medicaid managed care has been expanded into six additional service areas: Bexar, Lubbock, Harris, Dallas, Tarrant, El Paso, and Nueces counties, bringing total enrollment to more than 2,500,000. In 1999, the 76th Legislature passed legislation directing HHSC to develop an expedited process to enroll newborns into a managed care plan and to ensure that newborn infants and their mothers received immediate access to prenatal services and newborn care. This legislation also directed HHSC to enroll newborn infants into the traditional fee-for-service model until either 60 days passed or the infant was determined eligible for Medicaid.

H.B. 3231 amends current law to clarify legislative intent regarding enrollment of newborns in Medicaid managed care plans and validate related acts and decisions.

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. CLARIFICATION OF INTENT OF LEGISLATION. Sets forth the intent of this legislation.

SECTION 2. CLARIFYING AMENDMENT. Amends Section 533.0075, Government Code, as follows:

Sec. 533.0075. RECIPIENT ENROLLMENT. Deletes existing text requiring the Health and Human Services Commission (HHSC) to temporarily assign Medicaid-eligible newborn infants to the traditional fee-for-service component of the state Medicaid program for a period not to exceed the earlier of 60 days or the date on which the Texas Department of Human Services has completed the newborn's Medicaid eligibility determination, including assignment of the newborn's Medicaid eligibility number.

SECTION 3. VALIDATION OF ACTS OR DECISIONS BY HEALTH AND HUMAN SERVICES COMMISSION. (a) Provides that a governmental act taken or a decision made by HHSC before the effective date of this Act to enroll a newborn infant in a managed care organization under the terms of a contract for managed care services authorized by Section 533.0075 (Recipient Enrollment), Government Code, is conclusively presumed, as of the date the act or decision occurred, to be valid and to have occurred in accordance with all applicable law.

(b) Provides that this section does not apply to an act or decision that was void at the time the act or decision occurred; an act or decision that violates the terms of federal law or a federal waiver; or an act or decision that, under a statute of this state or the United States, was a misdemeanor or felony at the time the act or decision occurred.

SECTION 4. EFFECTIVE DATE. Effective date: upon passage or September 1, 2009.