

## **BILL ANALYSIS**

Senate Research Center  
87R19272 JG-D

C.S.S.B. 1921  
By: Lucio  
Health & Human Services  
4/27/2021  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

In 2013, the legislature passed S.B. 58, which allowed for 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 be reimbursed until the patient is actually enrolled in managed care. If a patient is enrolled in Medicaid, but not yet enrolled in managed care, a facility that treats them is not able to be reimbursed.

S.B. 1921 allows facilities to be billed fee-for-service until the patient is fully enrolled in managed care. These are patients who already qualify for Medicaid. Populations would include those leaving prison who are in need of mental health services, but are not yet enrolled in managed care. The people who need immediate services the most are not able to receive them due to lack of provider reimbursement.

(Original Author's/Sponsor's Statement of Intent)

C.S.S.B. 1921 amends current law relating to Medicaid reimbursement for the provision of certain behavioral health and physical health services.

### **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. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.0246, as follows:

Sec. 32.0246. MEDICAL ASSISTANCE REIMBURSEMENT FOR CERTAIN BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES. (a) Defines "behavioral health services."

(b) Requires the Health and Human Services Commission (HHSC) to provide to a public or private provider of behavioral health services medical assistance reimbursement through a fee-for-service delivery model for behavioral health or physical health services provided to a recipient before that recipient's enrollment with and receipt of medical assistance services through a managed care organization under Chapter 533 (Medicaid Managed Care Program), Government Code.

(c) Requires HHSC to ensure that a public or private provider of behavioral health services who is reimbursed under Subsection (b) through a fee-for-service delivery model is provided medical assistance reimbursement through a managed care model for behavioral health or physical health services provided to a recipient after that recipient's enrollment with and receipt of medical assistance services through a managed care organization under Chapter 533, Government Code.

SECTION 2. Provides that HHSC is required to implement a provision of this Act only if the legislature appropriates money to HHSC specifically for that purpose. Authorizes, but does not require, HHSC, if the legislature does not appropriate money specifically for that purpose, to implement a provision of this Act using other appropriations that are available for that purpose.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: September 1, 2022.