SENATE FINANCE COMMITTEE ARTICLE II ADOPTED RIDERS – ART. XI

03/24/2015

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Health and Human Services Commission

Overview

Medicaid managed care organizations (MCOs) have had problems with how they are able to report costs to the Health and Human Services Commission (HHSC) associated with the provision of telemedicine, telehealth and home telemonitoring services. In some instances, these costs are inappropriately classified as administrative rather than medical costs, which disincentivizes MCOs from using these models of service delivery. Telemedicine is a critical component of improving access to providers, particularly to specialists in rural areas. This rider would ensure that Medicaid MCOs get appropriate credit in their financial statistical reports for any telemedicine, telehealth and home telemonitoring services that are legally provided under existing law.

Required Action

On page II-xx of the Health and Human Services Commission bill pattern, add the following rider:

Sec. _Provision of Telemedicine, Telehealth and Home Telemonitoring
Services in Medicaid Managed Care. It is the intent of the Legislature that
telemedicine, telehealth, and home telemonitoring, as defined by the Medicaid
program, and as provided in accordance with applicable Texas Medical Board rules,
shall be included to the fullest extent possible in Medicaid managed care
organization financial statistical reports as medical services and not as
administrative services.

Health and Human Services Commission

Statewide Hospital SDA Reimbursement Add-On

Overview

Add a new rider to the Health and Human Services Commission bill pattern that would direct HHSC to implement a new add-on to the Medicaid hospital reimbursement methodology used for calculating the statewide Standard Dollar Amount.

<u>Action</u>

| On page | of the Health and Hum | nan Services Commi | ssion bill pattern | add the followi | ng rider: |
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| | | | | | |
| Reimb | oursement Add-On t | to the Statewide I | lospital SDA. | No later than | January |

1, 2016, out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and implement an add-on to the Medicaid hospital reimbursement methodology for calculating the statewide Standard Dollar Amount (SDA) that acknowledges the functions and services of hospitals that treat a high number of Medicaid patients. Included in the appropriation above in Goal B, Medicaid, is an additional \$25,000,000 in General Revenue Funds for each year of the biennium for the implementation of an add-on to the SDA methodology for payments to hospitals that have at least 30% of their annual inpatient admissions paid by Medicaid.