

Article IX
Adopted Riders

Article IX
Proposed Rider Amendment
Veterans Services at Other State Agencies
Prepared by LBB Staff, 3/7/2019

Overview

Amend a rider in Article IX to require information to be provided to veterans seeking assistance from state agencies and institutions that receive funding for such purposes to be made available on the agency or institution's website.

Required Action

On page IX-## of the Article IX, Part 17, Miscellaneous Provisions, amend the following rider:

Sec. 17.04. Veterans Services at Other State Agencies. Out of funds appropriated elsewhere in this Act, any state agency or institution of higher education, including the Veterans Commission, Department of State Health Service, Texas Military Department, Texas Workforce Commission, General Land Office, or any other state agency or institution that receives funding in this Act and provides specific services to veterans, shall provide information to veterans seeking assistance from that state agency or institution of other state agencies or institutions that provide additional veterans specific services, as identified by the Texas Coordinating Council for Veterans Services. In addition to all modes of communication, that information shall be made available on each of the agencies' websites.

Article IX
Proposed Rider Amendment
Cross-Agency Coordination on Healthcare Strategies and Measures
Prepared by LBB Staff, 3/7/2019

Overview

Amend a rider in Article IX to require the Health and Human Services Commission (HHSC) in coordination with specified state agencies to compare healthcare data to identify outliers and improvements for efficiency and quality that can be implemented within each healthcare system. The amendment would require HHSC to expend \$5 million per year with the Center for Healthcare Data at the University of Texas Health Science Center at Houston for data analysis required for this purpose. The amendment would require HHSC and the specified state agencies to submit a report to the Legislative Budget Board and the Governor no later than September 1, 2020, describing coordination activities, efficiencies identified, individual agency policies and practices that have been improved due to the application of the data, and recommendations on future ways to reduce cost and improve quality of care in each healthcare system.

Required Action

On page IX-## of the Article IX, Part 10, Health-Related Provisions, amend the following rider:

Sec. 10.06. Analysis of Certain Healthcare Data Cross-Agency Coordination on Healthcare Strategies and Measures.

- (a) Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission shall coordinate with the Department of State Health Services, the Employees Retirement System of Texas, the Texas Department of Criminal Justice, and the Teacher Retirement System to compare healthcare data, including outcome measures, to identify outliers and improvements for efficiency and quality that can be implemented within each healthcare system. To administer the data comparison, HHSC shall expend \$5 million per year with the Center for Healthcare Data at the University of Texas Health Science Center at Houston (UT Data Center) for data analysis, including individual benchmark and progress data for each agency. As applicable, agencies shall collaborate on the development and implementation of potential value-based payment strategies, including opportunities for episode-based bundling and pay for quality initiatives, develop recommendations and a comprehensive plan for an integrated health care information system that can be used to compare data related to the healthcare systems funded by appropriations made to these agencies. The integrated system should allow the state to collect and analyze data on utilization, cost, reimbursement rates, and quality in order to identify improvements for efficiency and quality that can be implemented within each healthcare system. In the development of recommendations and comprehensive plan, the agencies shall consider differences in population, acuity, and other necessary factors between systems, potential for expansion of existing healthcare data integration initiatives, the use of existing health claims data sources, and the collection of new inpatient and outpatient claims data.
- (b) ~~The agencies shall meet at least bi-monthly to develop these recommendations and shall consult with the Department of Information Resources and the Legislative Budget Board. The agencies shall submit a report to the Legislative Budget Board and the Governor no later than May September 1, 2020~~ describing coordination activities, efficiencies identified, individual agency policies and practices that have been improved due to the application of the data, and recommendations on future ways to reduce cost and improve quality of care in each healthcare system, that includes the cost of the recommendations and comprehensive plan as well as any necessary statutory changes and potential impacts to data governance planning at each agency.