

SUBJECT: Medicaid managed care patient and provider education

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Berlanga, Hirschi, Coleman, Delisi, Glaze, Janek, Maxey,
McDonald, Rodriguez

0 nays

SENATE VOTE: On final passage, March 23 — 30-0

WITNESSES: (*On House companion, HB 1975*):

For — Roy Ray, AARP; Pamela Brown, Texas Legal Services Center, Houston Welfare Rights Organization; Lisa McGiffert, Consumers Union; Mary Jo Magruder, Texas Family Planning Council for Developmental Disabilities; Maria Tanez; Joyce Dawidczyk, United Cerebral Palsy; Nancy Epstein, Disability Policy Consortium; James Willmann, Texas Nurses Association; Barrett Markland, Advocacy, Inc.

Against — None

On — DeAnn Friedholm, Texas Health and Human Services Commission; Lynne Hudson, Susan Steeg, Texas Department of Health; Donald Gessler, M.D., Texas HMO Association.

BACKGROUND: For background on Medicaid, the state-federal health program for certain low-income persons, see analysis of SB 10 in today's *Daily Floor Report*.

DIGEST: CSSB 601 would require the Health and Human Services Commission to set guidelines for education programs for Medicaid providers and clients and to require managed care organizations to provide the programs. CSSB 601 would also require the commission to adopt a bill of rights and a bill of responsibilities for Medicaid clients and to assist clients who experience barriers to services.

A provider education program would have to include information on Medicaid policies, procedures, eligibility standards and benefits, the specific

problems of Medicaid clients and the rights and responsibilities of Medicaid clients.

A client education program would have to be presented in an easy-to-understand manner, and include information on clients' rights and responsibilities, how to access health care, how to access complaint procedures, Medicaid policies, procedures, eligibility standards and benefits and the importance of prevention and appropriate use of services.

The bill of rights would address a client's rights to respect, dignity and privacy, choice of health care plan and primary provider, consent to or refuse to treatment, ask and receive answers to medical questions, access complaint process and receive a timely response and timely access to care that does not have any communication or physical access barriers.

The bill of responsibilities would address a client's responsibility to learn and understand Medicaid client rights, abide by health plan and Medicaid policies and rules, share health information with the primary care provider and actively participate in treatment decisions.

The commission could provide support and information services to persons experiencing barriers to health care by contracting with a nonprofit organization that is not involved in providing health care. Support would include a statewide toll-free telephone number, educating clients about managed care, collecting and maintaining statistical information on problems or recurring barriers and assisting the state in identifying and correcting problems.

CSSB 601 would take effect immediately if approved by two-thirds of the membership of each house.

**SUPPORTERS
SAY:**

CSSB 601 would enhance the effectiveness of a Medicaid managed care system by clearly informing providers and clients about how the system works and of their rights and responsibilities. It would also provide a method of monitoring system effectiveness and identifying and resolving potential problems, such as language or travel barriers to appropriate care.

Successful managed care relies on patients using preventive care and on providers understanding how best to encourage patients to promote their own good health. The conversion to a managed care system will most likely bring in providers who are unfamiliar with managed care or with treating Medicaid clients. Medicaid clients who are accustomed to seeking care on an episodic basis through emergency rooms will need to learn about their responsibilities in such areas as contacting primary care providers, keeping appointments and following drug regimens.

Comprehensive patient and provider education is also necessary in the Medicaid program because state dollars are being spent. If needed services are not delivered or if unnecessary barriers interfere with access, taxpayer money is being wasted. Maximizing the effectiveness of managed care would maximize state savings and minimize expenditures on inappropriate care or expensive treatments that could have been avoided through primary or preventive care.

CSSB 601 was one of the recommendations of the Senate Health and Humans Services Committee interim study on Medicaid reform.

**OPPONENTS
SAY:**

CSSB 601 would establish a higher standard of patient and provider education in Medicaid managed care plans than available for most privately paid managed care enrollees and providers.

NOTES:

The committee substitute added to the Senate-passed version provisions specifying how the commission or the contracted nonprofit organization would assist Medicaid clients who experience barriers to service.

Also on today's calendar are five other bills related to the state's Medicaid program and allied issues: SB 10, SB 600, SB 602, SB 604 and SB 605.