

Rider 21 in Senate Bill 1 (Senate base budget bill), as filed

21. Benchmarks for Managed Care Organizations. Pursuant to Government Code §536.052(b), the Health and Human Services Commission (HHSC) shall develop quality of care and cost efficiency benchmarks for managed care organizations participating in Medicaid and the Children's Health Insurance Program (CHIP). Pursuant to Government Code §536.052(d), in awarding contracts to managed care organizations under Medicaid and CHIP, HHSC shall give preference to managed care organizations that meet the quality of care and cost-efficiency benchmarks. Appropriations in Strategy B.1.1, Medicaid Contracts & Administration, for fiscal year 2023 are contingent on HHSC developing the required benchmarks by September 1, 2022. HHSC shall report on the development of the benchmarks and plans for their use in managed care procurements to the Governor and the Legislative Budget Board by August 15, 2022.