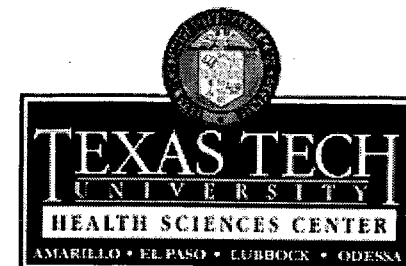


Correctional Managed Health Care Overview

***As Presented to the House Appropriations Committee
February 17, 2009***



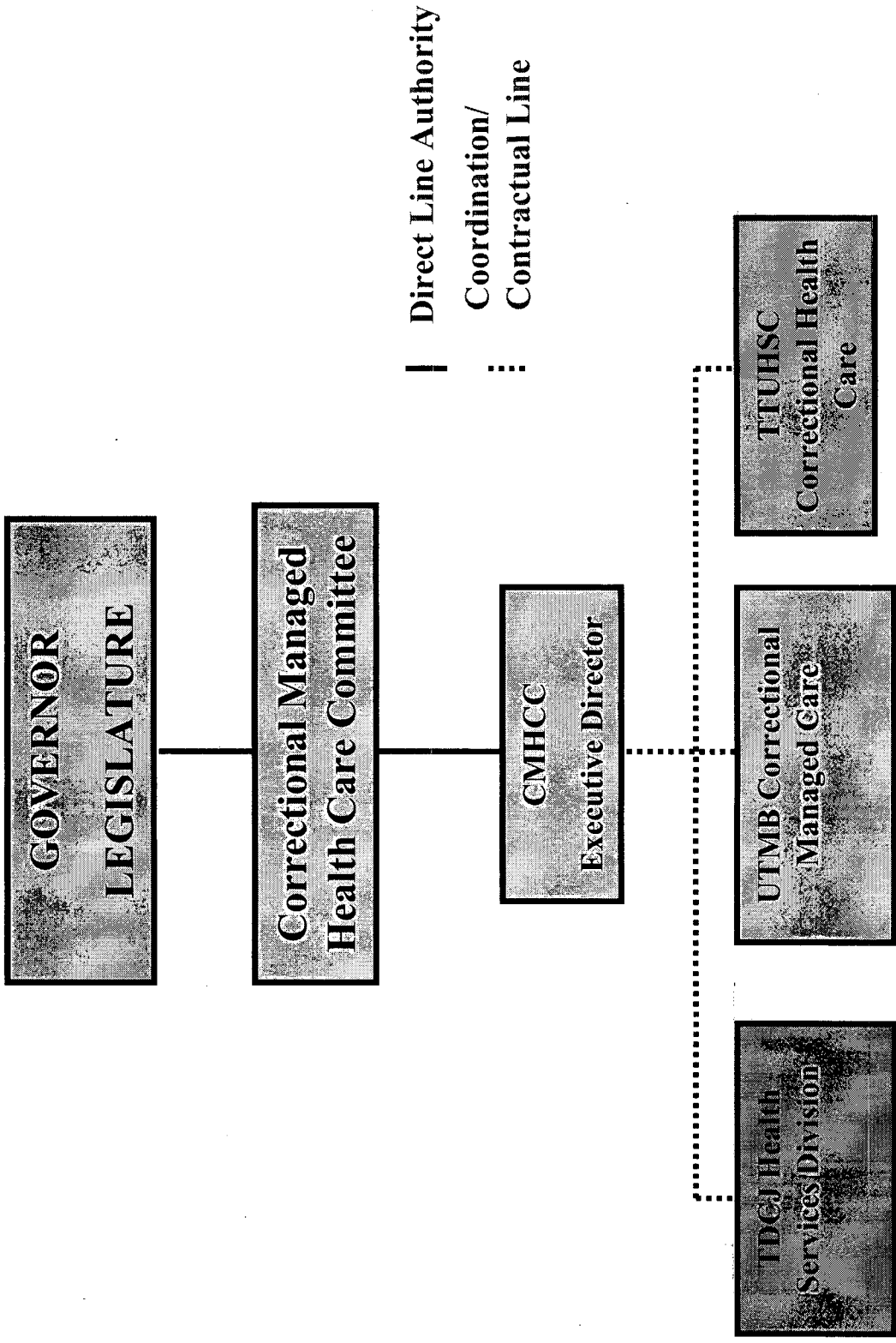
What is Correctional Managed Health Care?

- *A Strategic Partnership between:*
 - The Texas Department of Criminal Justice
 - The University of Texas Medical Branch at Galveston
 - Texas Tech University Health Sciences Center
- *Focused upon a shared Mission:*
 - To develop a statewide health care network that provides TDCJ offenders with timely access to a constitutional level of health care while also controlling costs
- *Managed by a statutorily established body:*
 - The Correctional Managed Health Care Committee

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CMHCC Organizational Relationships



| Direct Line Authority
... Coordination/
Contractual Line

Statutory Authority & History

- 1993 – SB 378 created the Managed Health Care Advisory Committee
- 1995 - HB 1567 changed the name to reflect the correctional mission of the organization, extended the authority of the CMHCC to contract with other jurisdictions and authorized the universities to report benefits to ERS in accordance with the legislative intent to protect transitioned employee benefits.
- 1997 - CMHCC was added to the Sunset Advisory Commission review cycle to coincide with review of TDCJ.
- 1999 – SB 371 substantially amends CMHCC legislation to incorporate recommendations adopted through the Sunset process. Three public members were added to the Committee's members, roles related to monitoring and review of quality of health care issues are clarified, and applicable across-the-board recommendations of the Sunset process are included. The CMHCC authorization is extended for a six-year period.

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Statutory Authority & History (cont.)

- 2001 - SB 347 authorizes the CMHCC to make all reasonable efforts to qualify for participation in the federal public health service pricing program for pharmaceuticals (commonly referred to as 340B pricing or PHS pricing).
- 2003 - HB 1735 amends the CMHCC statute to require a study of the use disease management guidelines for chronic illnesses of the offender population. Additionally, HB 2455 changed the Sunset review date for the CMHCC to 2011 to coincide with the review scheduled for TDCJ.
- 2005 - HB 1116 advances the Sunset review dates for both TDCJ and the CMHCC to 2007.

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Statutory Authority & History (Cont.)

- 2007 - SB 909 continues the Sunset review dates for both TDCJ and the CMHCC to 2011. Majority of SB 909 recommendations requires the CMHCC to make healthcare information accessible to the public through the Committee's website.
- It also requires reports to be provided to the Board of Criminal Justice at the Board meetings on policy decisions, financial status and corrective actions.

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Constitutional Level of Care

- Prisoners have a constitutional right to health care services
- *Estelle v. Gamble* (1976): A Texas case that went to the U.S. Supreme Court and set national standard for correctional health care:
 - “*Deliberate Indifference*” is standard of measure – knowing and disregarding an excessive risk to health and safety
- Three defined rights set by federal courts:
 - Right to access medical care
 - Right to professional medical judgment
 - Right to receive the medical care called for by professional medical judgment

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Health Care and Medical Necessity

- *Health Care*: Health related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the offender populations.
- *Medically Necessary*: Services, equipment or supplies furnished by a health care provider which are determined to be:
 - *Appropriate and necessary* for the symptoms, diagnosis or treatment of the medical condition; and
 - Provided for the *diagnosis or direct care and treatment* of the medical condition; and
 - Within *standards of good medical practice* within the organized medical community; and
 - *Not primarily for the convenience* of the TDCJ Offender Patient, the physician or another provider, or the TDCJ Offender Patient's legal counsel; and
 - The *most appropriate* provision or level of service which can *safely* be provided.

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Overall Roles and Responsibilities

CMHCC

- Clinical Policy Oversight
- Resource Allocation
- Legislative/Legal Coordination
- Contract Coordination
- Financial Monitoring and Reporting
- Liaison Activities
- Dispute Resolution
- Quality of Care Monitoring Oversight

University Providers

- Onsite Services
- Offsite Services
 - Specialty Clinics
 - Hospitalization
- Pharmacy Services
- Mental Health Services
- Utilization Management
- Provider Network Management
- Quality of Care Monitoring
- TDCJ Employee Health Services

TDCJ Health Services

- Monitoring
 - Access to Care
 - Operational Reviews
 - Grievances
- Preventive Medicine
- Health Services Liaison
- Professional Standards
- Administrative Functions

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Supplemental Appropriations Request

<u>FY 2008</u>	<u>FY 2009</u>	<u>TOTAL</u>
\$14,720,961	\$24,234,557	\$38,955,518

Expenses are actual for FY 2008 and are estimated for FY 2009. The university providers are posting financial losses on the correctional healthcare contracts as a result of efforts to maintain minimum required levels of care. The providers are encountering significant difficulties in recruiting professional staff necessary to provide required services. The aging of the prison population continues to exert significant upward pressure on both the level of services required and the cost of those services. To further reduce access or levels of healthcare services would create serious risks to the health of offenders and subject both the university providers and TDCJ to significant litigation risks.

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