

By: Blanco, et al.

S.B. No. 171

A BILL TO BE ENTITLED

AN ACT

relating to a report regarding Medicaid reimbursement rates,  
supplemental payment amounts, and access to care.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) In this section:

(1) "Commission" means the Health and Human Services  
Commission.

(2) "Supplemental payment amount" includes a payment  
made to a Medicaid provider under the Texas Healthcare  
Transformation and Quality Improvement Program waiver issued under  
Section 1115 of the Social Security Act (42 U.S.C. Section 1315),  
another program operating under a waiver to the state Medicaid plan  
that provides a payment in excess of the Medicaid reimbursement  
rate, or the Medicaid disproportionate share hospital payment  
program.

(b) The commission shall prepare a written report regarding  
provider reimbursement rates, supplemental payment amounts paid to  
providers, and access to care under Medicaid. The commission shall  
collaborate with the state Medicaid managed care advisory committee  
to develop and define the scope of the research for the report. The  
report must:

(1) review the provider reimbursement rates and  
supplemental payment amounts for at least 20 Medicaid-covered  
services;

1           (2) outline factors of the reimbursement rate and  
2 supplemental payment amount methodologies used by Medicaid managed  
3 care organizations;

4           (3) propose alternative reimbursement and  
5 supplemental payment amount methodologies;

6           (4) evaluate the impact of Medicaid provider  
7 reimbursement rates and supplemental payment amounts on access to  
8 care for Medicaid recipients, including specifically evaluating  
9 the impact of Medicaid provider reimbursement rates and  
10 supplemental payment amounts for mental health and substance use  
11 disorder services on that access to care;

12           (5) compare the reimbursement rates and supplemental  
13 payment amounts paid to mental health and substance use disorder  
14 providers to the rates and amounts paid to other Medicaid  
15 providers;

16           (6) compare provider participation in Medicaid by  
17 region, particularly increases or decreases in the number of  
18 participating providers per year beginning with the state fiscal  
19 year ending August 31, 2012, categorized by provider specialty and  
20 subspecialty;

21           (7) list to the extent the information is available,  
22 for each state fiscal quarter beginning with the first quarter of  
23 the state fiscal year ending August 31, 2017:

24                   (A) counties in which provider access standards  
25 relating to distance have not been met; and

26                   (B) counties in which provider access standards  
27 relating to travel time have not been met;

1           (8) examine Medicaid directed provider payments and  
2 their effect on incentivizing providers to participate or continue  
3 participating in Medicaid, including:

4                   (A) the uniform hospital rate increase program  
5 described by 1 T.A.C. Section 353.1305;

6                   (B) the quality incentive payment program  
7 (QIPP); and

8                   (C) the minimum reimbursement rate for nursing  
9 facilities described by Section 533.00251, Government Code; and

10           (9) determine the feasibility and cost of  
11 establishing:

12                   (A) a minimum fee schedule for Medicaid providers  
13 in counties where provider access standards are not being met; and

14                   (B) a different reimbursement rate or  
15 supplemental payment amount for classes of providers who provide  
16 care in a county:

17                           (i) located on an international border; or

18                           (ii) with a Medicaid population at least 10  
19 percent higher than the statewide average Medicaid population.

20           (c) Not later than December 1, 2022, the commission shall  
21 prepare and submit to the legislature the report described by  
22 Subsection (b) of this section. Notwithstanding that subsection,  
23 the commission is not required to include in the report any  
24 information the commission determines is proprietary.

25           SECTION 2. This Act takes effect September 1, 2021.