

By: Blanco

S.B. No. 171

A BILL TO BE ENTITLED

AN ACT

relating to a report regarding Medicaid reimbursement rates and access to care.

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

SECTION 1. (a) In this section, "commission" means the Health and Human Services Commission.

(b) The commission shall prepare a written report regarding provider reimbursement rates and access to care under Medicaid. The commission shall collaborate with the medical care advisory committee established under Section 32.022, Human Resources Code, to develop and define the scope of the research for the report. The report must:

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

(2) outline factors of the reimbursement rate methodologies used by Medicaid managed care organizations;

(3) propose alternative reimbursement methodologies;

(4) evaluate the impact of Medicaid provider reimbursement rates on access to care for Medicaid recipients;

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

1 (6) list to the extent the information is available,
2 for each state fiscal quarter beginning with the first quarter of
3 the state fiscal year ending August 31, 2017:

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

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

8 (7) examine Medicaid directed provider payments and
9 their effect on incentivizing providers to participate or continue
10 participating in Medicaid, including:

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

13 (B) the quality incentive payment program
14 (QIPP); and

15 (C) the minimum reimbursement rate for nursing
16 facilities described by Section [533.00251](#), Government Code; and

17 (8) determine the feasibility and cost of
18 establishing:

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

21 (B) a different reimbursement rate for classes of
22 providers who provide care in a county:

23 (i) located on an international border; or

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

26 (c) Not later than December 1, 2022, the commission shall
27 prepare and submit to the legislature the report described by

1 Subsection (b) of this section. Notwithstanding that subsection,
2 the commission is not required to include in the report any
3 information the commission determines is proprietary.

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