

By: Menéndez

S.B. No. 1155

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the continuation and operations of a health care
3 provider participation program by the Bexar County Hospital
4 District.

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

6 SECTION 1. Section 298F.001, Health and Safety Code, is
7 amended by adding Subdivision (6) to read as follows:

8 (6) "Assessment Basis" means the statistic upon which
9 the district determines a paying provider's mandatory payment
10 amount consistent with 42 U.S.C Section 1396b(w).

11 SECTION 2. Section 298F.004, Health and Safety Code, is
12 amended to read as follows:

13 Sec. 298F.004. EXPIRATION. (a) Subject to Section
14 298F.153(d), the authority of the district to administer and
15 operate a program under this chapter expires December 31, 2027
16 [~~2023~~].

17 (b) This chapter expires December 31, 2027 [~~2023~~].

18 SECTION 3. Section 298F.053, Health and Safety Code, is
19 amended to read as follows:

20 Sec.298F.053. INSTITUTIONAL HEALTH CARE PROVIDER
21 REPORTING. If the board authorizes the district to participate in a
22 program under this chapter, the board may [~~shall~~] require each
23 institutional health care provider to submit to the district a copy
24 of any financial and utilization data as reported in the provider's

1 Medicare cost report or other reasonable data source, as determined
2 by the district, submitted for the previous fiscal year or for the
3 closest subsequent fiscal year for which the provider submitted the
4 Medicare cost report or other reasonable data source.

5 SECTION 4. Section 298F.103, Health and Safety Code, is
6 amended by revising Subsection (c-4) to read as follows:

7 (c-4) refund to paying providers in proportion to each paying
8 provider's assessments paid during the twelve months preceding any
9 such refund [~~a proportionate share of~~] the money that the district:

10 SECTION 5. The heading to Section 298F.151, Health and
11 Safety Code, is amended to read as follows:

12 Sec. 298F.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER
13 ASSESSMENT BASIS. [~~NET PATIENT REVENUE~~]

14 SECTION 6. Section 298F.151, Health and Safety Code, is
15 amended by revising Subsections (a), (b) and (c) to read as follows:

16 (a) If the board authorizes a health care provider
17 participation program under this chapter, the board may require [~~a~~]
18 mandatory payments [~~payment~~] to be assessed on the Assessment Basis
19 [~~net patient revenue~~] of each institutional health care provider
20 located in the district. The board may provide for the mandatory
21 payments [~~payment~~] to be assessed periodically throughout the year.
22 The board shall provide an institutional health care provider
23 written notice of each assessment under this section [~~subsection~~],
24 and the provider has 30 calendar days following the date of receipt
25 of the notice to pay the assessment. [~~In~~] The Assessment Basis will
26 be calculated using the [~~first year in~~] Medicare cost report or
27 other reasonable data source for the most recent fiscal year for

1 which the ~~[mandatory payment is required, the mandatory payment is~~
2 ~~assessed on]~~ institutional health care provider submitted the [net
3 ~~patient revenue of]~~ report or other reasonable data source. The
4 district must use the same data source for all institutional health
5 care providers unless it is unavailable for an institutional health
6 care provider ~~[,which is the amount of that revenue as reported in~~
7 ~~the provider's Medicare cost report submitted for the previous~~
8 ~~fiscal year or for]~~ . If the Assessment Basis is unavailable for
9 any institutional health care provider under the primary data
10 source selected by the [closest subsequent fiscal year for which]
11 district, the ~~[provider submitted the Medicare cost report]~~
12 district may rely on an alternative reasonable data source for such
13 institutional health care provider. If the mandatory payment is
14 required, the district shall update the amount of the mandatory
15 payment ~~[on an annual basis]~~ periodically.

16 (b) The amount of a mandatory payment authorized under this
17 chapter must be determined in a manner that ensures the revenue
18 generated qualifies for federal matching funds under federal law,
19 consistent with ~~[uniformly proportionate with the amount of net~~
20 ~~patient revenue generated by each paying provider in the district~~
21 ~~as permitted under federal law. A health care provider~~
22 ~~participation program authorized under this chapter may not hold~~
23 ~~harmless any institutional health care provider, as required under]~~
24 42 U.S.C. Section 1396b(w).

25 (c) If the board requires a mandatory payment authorized
26 under this chapter, the board shall set the amount of the mandatory
27 payment, subject to the limitations of this chapter. The aggregate

1 amount of the mandatory payments required of all paying providers
2 in the district may not exceed six percent of the aggregate net
3 patient revenue from hospital services provided [~~by all paying~~
4 ~~providers~~] in the district.

5 SECTION 7. Section 298F.152, Health and Safety Code, is
6 amended by adding Subsection (d) to read as follows:

7 (d) A qualifying local government may impose and collect
8 interest charges and penalties on delinquent mandatory payments
9 authorized under this chapter in amounts up to the maximum
10 authorized for any other delinquent payment required to be made to
11 the district.

12 SECTION 8. This Act takes effect immediately if it receives
13 a vote of two-thirds of all the members elected to each house, as
14 provided by Section 39, Article III, Texas Constitution. If this
15 Act does not receive the vote necessary for immediate effect, this
16 Act takes effect September 1, 2023.