

By: LaMantia

S.B. No. 1239

A BILL TO BE ENTITLED

AN ACT

relating to reimbursement rates for eye health care services providers participating in the Medicaid managed care program.

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

SECTION 1. Section 533.005, Government Code, is amended by adding Subsection (i) to read as follows:

(i) In addition to the requirements specified by Subsection (a), a contract described by that subsection must contain a requirement that a managed care organization, including any subcontracted administrator, contractor, vision plan, or other entity the organization contracts with, owns, or otherwise engages to provide or arrange for the provision of eye health care services under a managed care plan, reimburse an eye health care services provider who provides services to a recipient under the organization's managed care plan at a rate that is at least equal to the Medicaid fee-for-service rate for the provision of the same or similar services.

SECTION 2. Section 533.0067, Government Code, is amended to read as follows:

Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject to Section 32.047, Human Resources Code, but notwithstanding any other law, the commission shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services

1 to recipients in a region include in the organization's provider
2 network each optometrist, therapeutic optometrist, and
3 ophthalmologist described by Section 531.021191(b)(1)(A) or (B)
4 and an institution of higher education described by Section
5 531.021191(a)(4) in the region who:

6 (1) agrees to comply with the terms and conditions of
7 the organization;

8 (2) ~~[agrees to accept the prevailing provider contract
9 rate of the organization];~~

10 ~~[(3)]~~ agrees to abide by the standards of care
11 required by the organization; and

12 (3) ~~[(4)]~~ is an enrolled provider under Medicaid.

13 SECTION 3. (a) The Health and Human Services Commission
14 shall, in a contract between the commission and a managed care
15 organization under Chapter 533, Government Code, that is entered
16 into or renewed on or after the effective date of this Act, require
17 that the managed care organization comply with Section 533.005(i),
18 Government Code, as added by this Act.

19 (b) The Health and Human Services Commission shall seek to
20 amend contracts entered into with managed care organizations under
21 Chapter 533, Government Code, before the effective date of this Act
22 to require those managed care organizations to comply with Section
23 533.005(i), Government Code, as added by this Act. To the extent of
24 a conflict between Section 533.005(i), Government Code, as added by
25 this Act, and a provision of a contract with a managed care
26 organization entered into before the effective date of this Act,
27 the contract provision prevails.

1 SECTION 4. If before implementing any provision of this Act
2 a state agency determines that a waiver or authorization from a
3 federal agency is necessary for implementation of that provision,
4 the agency affected by the provision shall request the waiver or
5 authorization and may delay implementing that provision until the
6 waiver or authorization is granted.

7 SECTION 5. This Act takes effect September 1, 2023.