

BILL ANALYSIS

H.B. 2042
By: Dukes
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Currently, there is not an easy way for patients to determine which physicians and providers participate in Medicaid or, of those who do, who is accepting new patients. Lack of such information makes it difficult for patients to select a physician or other provider, and may delay a patient obtaining the care he or she needs.

Additionally, without a central database of participating providers, it is difficult for physicians and health care providers to arrange referrals for needed specialty or dental care, often delaying needed treatment and fueling providers' frustration with Medicaid. While the individual Medicaid health plans are required to give patients a provider directory, such directories are frequently out-of-date. Moreover, each plan maintains its own list, so the list only includes those physicians and providers included within its network. Some services, such as dentistry, are not included within the health plan networks. At other times, the physician may need to refer a patient to another region of the state to obtain services not available locally.

To simplify finding a participating Medicaid provider, the bill would require the Health and Human Services Commission (HHSC) to establish and administer an electronic, searchable, web-based database of all participating Medicaid providers. The database would include physicians, dentists, pharmacists, community clinics, mental health counselors, and other types of Medicaid providers.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the Executive Commissioner of the Health and Human Services Commission in SECTION 1 (Sec. 32.105 Human Resources Code) and SECTION 2 of this bill.

ANALYSIS

HB 2042 adds Subchapter C to the Human Resources Code. The bill requires that the executive commissioner of The Health and Human Services Commission establish and administer an electronic, searchable, Internet-based database of all participating providers in the medical assistance program. The bill provides that the database include, at a minimum, the provider's: name; specialty; location; telephone number; office hours, including after hours services, and whether the provider is accepting new Medicaid recipients, including the Medicaid managed care plans under which new recipients are being accepted. Additionally, the database would include any practice limitations, such as which age ranges are accepted, which languages, other than English, are spoken, and a list of the medical assistance programs in which the physician or provider participates, including the Texas Health Steps program.

The bill requires the executive commissioner to ensure: persons are allowed to search a managed care organization by name and by participating provider within each of the managed care plans offered by that managed care organization; participating providers be allowed to update their information required by the bill electronically; and that the database is available and accessible to each participating provider and each recipient. The bill requires the executive commissioner to ensure the database is updated continually and at least once a month. The bill prohibits a fee being charged to participating providers or recipients for making information available or for accessing the database information. The bill authorizes the executive commissioner to contract for the creation, operation, and maintenance of the database. The bill provides that the executive commissioner to oversee and supervise the contractor and the database. The bill requires the

executive commissioner to adopt the rules required by section 32.105, Human Resources Code, not later than January 1, 2008.

EFFECTIVE DATE

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.