H.B. No. 2540

1 AN ACT 2 relating to implementing a pilot project to simplify, streamline, 3 and reduce costs associated with the Medicaid cost reporting and auditing process for certain providers. 4 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 6 SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02114 to read as follows: 7 8 Sec. 531.02114. PILOT PROJECT TO SIMPLIFY, STREAMLINE, AND REDUCE COSTS ASSOCIATED WITH MEDICAID COST REPORTING AND AUDITING 9 PROCESS FOR CERTAIN PROVIDERS. (a) In this section: 10 (1) "Pilot project" means the pilot project to 11 12 simplify, streamline, and reduce costs associated with the Medicaid cost reporting and auditing process for providers implemented by 13 14 the commission under this section. (2) "Provider" means a private ICF-MR facility or home 15 16 and community-based services waiver program provider. (b) The commission shall develop and implement a pilot 17 18 project to simplify, streamline, and reduce costs associated with the Medicaid cost reporting and auditing process for private ICF-MR 19 facilities and home and community-based services waiver program 20 21 providers.

assistance of the work group established under Subsection (d),

adopt cost reporting and auditing processes and guidelines similar

(c) The executive commissioner by rule shall, with the

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to standard business financial reporting processes and guidelines. 1 2 The rules must: 3 (1) require that cost report forms: 4 (A) not exceed 20 letter-size pages in length, 5 including any appendices; and 6 (B) be distributed to providers at least one 7 month before the beginning of the applicable reporting period; (2) require that a provider summarize information 8 regarding program revenue, administrative costs, central office 9 costs, facility costs, and direct-care costs, including the hourly 10 wage detail of direct-care staff; 11 (3) allow a provider to electronically submit cost 12 13 reports; 14 (4) require the filing of cost reports in alternating 15 years as follows: 16 (A) in even-numbered years, private ICF-MR 17 facility providers; and (B) in odd-numbered years, home 18 community-based services waiver program providers; 19 20 (5) allow a provider to request and receive from the 21 commission information, including reports, relating to the services provided by the provider that is maintained by the 22 commission in a database or under another program or system to 23 24 facilitate the cost reporting process; and 25 (6) require that each provider receive a full audit by 26 the commission's office of inspector general at least once during 27 the period the pilot project is in operation.

- 1 (d) In developing the pilot project, the commission shall
 2 establish a work group that reports to the executive commissioner
 3 and is responsible for:
 4 (1) developing and proposing cost report forms and
 5 processes, audit processes, and rules necessary to implement the
- 7 (2) developing:

pilot project;

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- 8 (A) a plan for monitoring the pilot project's 9 implementation; and
- 10 <u>(B) recommendations for improving and expanding</u>
 11 the pilot project to other Medicaid programs;
- 12 (3) establishing an implementation date for the pilot

 13 project that allows the commission to have sufficient information

 14 related to the pilot project for purposes of preparing the

 15 commission's legislative appropriations request for the state

 16 fiscal biennium beginning September 1, 2009;
- 17 (4) monitoring wage levels of the direct-care staff of
 18 providers to assess the value and need for minimum spending levels;
 19 and
- 20 (5) submitting a quarterly report to the lieutenant 21 governor, the speaker of the house of representatives, the senate 22 finance committee, and the house appropriations committee 23 regarding the status of the pilot project.
- 24 <u>(e) The executive commissioner shall determine the number</u>
 25 <u>of members of the work group described by Subsection (d). The</u>
 26 <u>executive commissioner shall ensure that the work group includes</u>
 27 members who represent:

(1) public and private providers of ICF-MR services 1 and home and community-based waiver program services; 2 3 (2) experienced cost report preparers who have 4 received cost report training from the commission; (3) accounting firms licensed under Chapter 901, 5 6 Occupations Code, that are familiar with the provision of program services described by Subdivision (1); 7 (4) commission staff; and 8 9 (5) other interested stakeholders, as determined by the executive commissioner. 10 (f) Not later than September 1, 2012, the commission shall 11 12 submit a report to the legislature that: (1) evaluates the operation of the pilot project; and 13 14 (2) makes recommendations regarding the continuation 15 or expansion of the pilot project. (g) This section expires September 1, 2013. 16 17 SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a 18 federal agency is necessary for implementation of that provision, 19

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the agency affected by the provision shall request the waiver or

authorization and may delay implementing that provision until the

SECTION 3. This Act takes effect September 1, 2007.

waiver or authorization is granted.

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President of the Senate	Speaker of the House
I certify that H.B. No. 254	40 was passed by the House on May
11, 2007, by the following vote:	Yeas 144, Nays O, 2 present, not
voting.	
	Chief Clerk of the House
I certify that H.B. No. 254	40 was passed by the Senate on May
23, 2007, by the following vote:	Yeas 31, Nays 0.
	Secretary of the Senate
APPROVED:	
Date	