

By: Martinez

H.B. No. 2632

A BILL TO BE ENTITLED

1 AN ACT

2 relating to reimbursement for certain ambulance services provided
3 to persons enrolled in the Medicaid managed care program and the
4 inclusion of certain ambulance service providers in the health care
5 provider networks of Medicaid managed care organizations.

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

7 SECTION 1. Subchapter A, Chapter 533, Government Code, is
8 amended by adding Section 533.0067 to read as follows:

9 Sec. 533.0067. AMBULANCE SERVICE PROVIDERS. Subject to
10 Section 32.047, Human Resources Code, and any other provision that
11 excludes a provider based on the provider's conduct that
12 constitutes fraud, waste, or abuse, but notwithstanding any other
13 law, the commission shall require that each managed care
14 organization that contracts with the commission under any Medicaid
15 managed care model or arrangement to provide health care services
16 to recipients in a region:

17 (1) include in the organization's provider network
18 each person providing ambulance services in the region who:

19 (A) agrees to comply with the terms and
20 conditions of the organization;

21 (B) agrees to abide by the standards of care
22 required by the organization; and

23 (C) has the credentials required by the
24 organization; and

1 (2) negotiate in good faith with each ambulance
2 service provider identified in Subdivision (1), including
3 negotiating in good faith to reimburse the provider at a rate that
4 is equal to at least 95 percent of the allowable rate for ambulance
5 services under Section 32.028, Human Resources Code.

6 SECTION 2. Subchapter A, Chapter 533, Government Code, is
7 amended by adding Section 533.01316 to read as follows:

8 Sec. 533.01316. REIMBURSEMENT FOR CERTAIN AMBULANCE
9 SERVICES. (a) This section applies with respect to a recipient of
10 medical assistance who is an enrollee in a managed care plan under
11 any Medicaid managed care model or arrangement.

12 (b) The commission shall ensure that a person providing
13 ambulance services to a Medicaid managed care enrollee is
14 reimbursed for nonemergency services provided to the enrollee at a
15 rate that is equal to:

16 (1) the allowable rate for those services as
17 determined under Section 32.028, Human Resources Code, if the
18 services are provided by a provider who is not in the applicable
19 Medicaid managed care plan's service area or network of providers;
20 or

21 (2) at least 95 percent of the allowable rate for those
22 services as determined under Section 32.028, Human Resources Code,
23 if the services are provided by a provider who is in the applicable
24 Medicaid managed care plan's service area but who is not in the
25 plan's network of providers.

26 (c) The commission shall ensure that a person providing
27 ambulance services to a Medicaid managed care enrollee is

1 reimbursed for emergency services provided to the enrollee at a
2 rate that is equal to the allowable rate for those services as
3 determined under Section 32.028, Human Resources Code, regardless
4 of whether the services are provided by a provider in the applicable
5 Medicaid managed care plan's area of service or network of
6 providers.

7 SECTION 3. (a) The Health and Human Services Commission
8 shall, in a contract between the commission and a Medicaid managed
9 care organization under Chapter 533, Government Code, that is
10 entered into or renewed on or after the effective date of this Act,
11 require that the managed care organization comply with Sections
12 533.0067 and 533.01316, Government Code, as added by this Act.

13 (b) The Health and Human Services Commission shall seek to
14 amend each contract entered into with a Medicaid managed care
15 organization under Chapter 533, Government Code, before the
16 effective date of this Act to require those managed care
17 organizations to comply with Sections 533.0067 and 533.01316,
18 Government Code, as added by this Act. To the extent of a conflict
19 between Sections 533.0067 and 533.01316, Government Code, as added
20 by this Act, and a provision of a contract with a managed care
21 organization entered into before the effective date of this Act,
22 the contract provision prevails.

23 SECTION 4. If before implementing any provision of this Act
24 a state agency determines that a waiver or authorization from a
25 federal agency is necessary for implementation of that provision,
26 the agency affected by the provision shall request the waiver or
27 authorization and may delay implementing that provision until the

1 waiver or authorization is granted.

2 SECTION 5. This Act takes effect September 1, 2013.