By: Hinojosa, Schwertner

24

S.B. No. 1150

A BILL TO BE ENTITLED

1	AN ACT
2	relating to a provider protection plan that ensures efficiency and
3	reduces administrative burdens on providers participating in a
4	Medicaid managed care model or arrangement.
5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
6	SECTION 1. Subchapter A, Chapter 533, Government Code, is
7	amended by adding Section 533.0055 to read as follows:
8	Sec. 533.0055. PROVIDER PROTECTION PLAN. (a) The
9	commission shall develop and implement a provider protection plan
10	that is designed to reduce administrative burdens placed on
11	providers participating in a Medicaid managed care model or
12	arrangement implemented under this chapter and to ensure efficiency
13	in provider enrollment and reimbursement. The commission shall
14	incorporate the measures identified in the plan, to the greatest
15	extent possible, into each contract between a managed care
16	organization and the commission for the provision of health care
17	services to recipients.
18	(b) The provider protection plan required under this
19	section must provide for:
20	(1) prompt payment and proper reimbursement of
21	providers by managed care organizations;
22	(2) prompt and accurate adjudication of claims
23	through:

(A) provider education on the proper submission

of clean claims and on appeals; 1 2 (B) acceptance of uniform forms, including HCFA 3 Forms 1500 and UB-92 and subsequent versions of those forms, 4 through an electronic portal; and 5 (C) the establishment of standards for claims payments in accordance with a provider's contract; 6 7 (3) adequate and clearly defined provider network standards that are specific to provider type, including physicians, 8 9 general acute care facilities, and other provider types defined in the commission's network adequacy standards in effect on January 1, 10 11 2013, and that ensure choice among multiple providers to the greatest extent possible; 12 13 (4) a prompt credentialing process for providers; (5) uniform efficiency standards and requirements for 14 managed care organizations for the submission and tracking of 15 preauthorization requests for services provided under the Medicaid 16 17 program; (6) establishment of an electronic process, including 18 the use of an Internet portal, through which providers in any 19 20 managed care organization's provider network may: 21 (A) submit electronic claims, prior authorization requests, claims appeals and reconsiderations, 22 clinical data, and other documentation that the managed care 23 organization requests for prior authorization and claims 24 25 processing; and (B) obtain electronic remittance 26 advice,

explanation of benefits statements, and other standardized

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1 reports;

- 2 (7) the measurement of the rates of retention by
- 3 managed care organizations of significant traditional providers;
- 4 (8) the creation of a work group to review and make
- 5 recommendations to the commission concerning any requirement under
- 6 this subsection for which immediate implementation is not feasible
- 7 at the time the plan is otherwise implemented, including the
- 8 required process for submission and acceptance of attachments for
- 9 claims processing and prior authorization requests through an
- 10 electronic process under Subdivision (6) and, for any requirement
- 11 that is not implemented immediately, recommendations regarding the
- 12 expected:
- 13 (A) fiscal impact of implementing the
- 14 requirement; and
- 15 (B) timeline for implementation of the
- 16 <u>requirement; and</u>
- 17 (9) any other provision that the commission determines
- 18 will ensure efficiency or reduce administrative burdens on
- 19 providers participating in a Medicaid managed care model or
- 20 <u>arrangement.</u>
- 21 SECTION 2. As soon as possible, but not later than September
- 22 1, 2014, the Health and Human Services Commission shall implement
- 23 the provider protection plan required under Section 533.0055,
- 24 Government Code, as added by this Act.
- 25 SECTION 3. If before implementing any provision of this Act
- 26 a state agency determines that a waiver or authorization from a
- 27 federal agency is necessary for implementation of that provision,

S.B. No. 1150

- 1 the agency affected by the provision shall request the waiver or
- 2 authorization and may delay implementing that provision until the
- 3 waiver or authorization is granted.
- 4 SECTION 4. This Act takes effect September 1, 2013.