

By: Raney

H.B. No. 3185

A BILL TO BE ENTITLED

AN ACT

relating to the creation and operations of health care provider participation programs in certain counties.

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

SECTION 1. Subtitle D, Title 4, Health and Safety Code, is amended by adding Chapter 296 to read as follows:

CHAPTER 296. COUNTY HEALTH CARE PROVIDER PARTICIPATION

PROGRAM IN CERTAIN COUNTIES

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 296.001. DEFINITIONS. In this chapter:

(1) "Institutional health care provider" means a nonpublic hospital that provides inpatient hospital services.

(2) "Paying hospital" means an institutional health care provider required to make a mandatory payment under this chapter.

(3) "Program" means the county health care provider participation program authorized by this chapter.

Sec. 296.002. APPLICABILITY. This chapter applies only to a county that:

(1) is not served by a hospital district or a public hospital; and

(2) has a population of less than 200,000 and contains two municipalities both with populations of 75,000 or more.

Sec. 296.003. COUNTY HEALTH CARE PROVIDER PARTICIPATION

1 PROGRAM; PARTICIPATION IN PROGRAM. (a) A county health care
2 provider participation program authorizes a county to collect a
3 mandatory payment from each institutional health care provider
4 located in the county to be deposited in a local provider
5 participation fund established by the county. Money in the fund may
6 be used by the county to fund certain intergovernmental transfers
7 and indigent care programs as provided by this chapter.

8 (b) The commissioners court may adopt an order authorizing a
9 county to participate in the program, subject to the limitations
10 provided by this chapter.

11 SUBCHAPTER B. POWERS AND DUTIES OF COMMISSIONERS COURT

12 Sec. 296.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY
13 PAYMENT. The commissioners court of a county may require a
14 mandatory payment authorized under this chapter by an institutional
15 health care provider in the county only in the manner provided by
16 this chapter.

17 Sec. 296.052. MAJORITY VOTE REQUIRED. The commissioners
18 court of a county may not authorize the county to collect a
19 mandatory payment authorized under this chapter without an
20 affirmative vote of a majority of the members of the commissioners
21 court.

22 Sec. 296.053. RULES AND PROCEDURES. After the
23 commissioners court has voted to require a mandatory payment
24 authorized under this chapter, the commissioners court may adopt
25 rules relating to the administration of the mandatory payment.

26 Sec. 296.054. INSTITUTIONAL HEALTH CARE PROVIDER
27 REPORTING; INSPECTION OF RECORDS. (a) The commissioners court of a

1 county that collects a mandatory payment authorized under this
2 chapter shall require each institutional health care provider to
3 submit to the county a copy of any financial and utilization data
4 required by and reported to the Department of State Health Services
5 under Sections 311.032 and 311.033 and any rules adopted by the
6 executive commissioner of the Health and Human Services Commission
7 to implement those sections.

8 (b) The commissioners court of a county that collects a
9 mandatory payment authorized under this chapter may inspect the
10 records of an institutional health care provider to the extent
11 necessary to ensure compliance with the requirements of Subsection
12 (a).

13 SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

14 Sec. 296.101. HEARING. (a) Each year, the commissioners
15 court of a county that collects a mandatory payment authorized
16 under this chapter shall hold a public hearing on the amounts of any
17 mandatory payments that the commissioners court intends to require
18 during the year and how the revenue derived from those payments is
19 to be spent.

20 (b) Not later than the 10th day before the date of the
21 hearing required under Subsection (a), the commissioners court of
22 the county shall publish notice of the hearing in a newspaper of
23 general circulation in the county.

24 (c) A representative of a paying hospital is entitled to
25 appear at the time and place designated in the public notice and to
26 be heard regarding any matter related to the mandatory payments
27 authorized under this chapter.

1 Sec. 296.102. DEPOSITORY. (a) The commissioners court of
2 each county that collects a mandatory payment authorized under this
3 chapter by resolution shall designate one or more banks located in
4 the county as the depository for mandatory payments received by the
5 county. A bank designated as a depository serves for two years or
6 until a successor is designated.

7 (b) All income received by a county under this chapter,
8 including the revenue from mandatory payments remaining after
9 discounts and fees for assessing and collecting the payments are
10 deducted, shall be deposited with the county depository in the
11 county's local provider participation fund and may be withdrawn
12 only as provided by this chapter.

13 (c) All funds under this chapter shall be secured in the
14 manner provided for securing county funds.

15 Sec. 296.103. LOCAL PROVIDER PARTICIPATION FUND;
16 AUTHORIZED USES OF MONEY. (a) Each county that collects a
17 mandatory payment authorized under this chapter shall create a
18 local provider participation fund.

19 (b) The local provider participation fund of a county
20 consists of:

21 (1) all revenue received by the county attributable to
22 mandatory payments authorized under this chapter, including any
23 penalties and interest attributable to delinquent payments;

24 (2) money received from the Health and Human Services
25 Commission as a refund of an intergovernmental transfer from the
26 county to the state for the purpose of providing the nonfederal
27 share of Medicaid supplemental payment program payments, provided

1 that the intergovernmental transfer does not receive a federal
2 matching payment; and

3 (3) the earnings of the fund.

4 (c) Money deposited to the local provider participation
5 fund may be used only to:

6 (1) fund intergovernmental transfers from the county
7 to the state to provide the nonfederal share of a Medicaid
8 supplemental payment program authorized under the state Medicaid
9 plan, the Texas Healthcare Transformation and Quality Improvement
10 Program waiver issued under Section 1115 of the federal Social
11 Security Act (42 U.S.C. Section 1315), or a successor waiver
12 program authorizing similar Medicaid supplemental payment
13 programs;

14 (2) subsidize indigent programs;

15 (3) pay the administrative expenses of the county
16 solely for activities under this chapter;

17 (4) refund a portion of a mandatory payment collected
18 in error from a paying hospital; and

19 (5) refund to paying hospitals the proportionate share
20 of money received by the county from the Health and Human Services
21 Commission that is not used to fund the nonfederal share of Medicaid
22 supplemental payment program payments.

23 (d) Money in the local provider participation fund may not
24 be commingled with other county funds.

25 (e) An intergovernmental transfer of funds described by
26 Subsection (c)(1) and any funds received by the county as a result
27 of an intergovernmental transfer described by that subsection may

1 not be used by the county or any other entity to expand Medicaid
2 eligibility under the Patient Protection and Affordable Care Act
3 (Pub. L. No. 111-148) as amended by the Health Care and Education
4 Reconciliation Act of 2010 (Pub. L. No. 111-152).

5 SUBCHAPTER D. MANDATORY PAYMENTS

6 Sec. 296.151. MANDATORY PAYMENTS BASED ON PAYING HOSPITAL
7 NET PATIENT REVENUE. (a) Except as provided by Subsection (e), the
8 commissioners court of a county that collects a mandatory payment
9 authorized under this chapter may require an annual mandatory
10 payment to be assessed on the net patient revenue of each
11 institutional health care provider located in the county. The
12 commissioners court may provide for the mandatory payment to be
13 assessed quarterly. In the first year in which the mandatory
14 payment is required, the mandatory payment is assessed on the net
15 patient revenue of an institutional health care provider as
16 determined by the data reported to the Department of State Health
17 Services under Sections 311.032 and 311.033 in the fiscal year
18 ending in 2013 or, if the institutional health care provider did not
19 report any data under those sections in that fiscal year, as
20 determined by the institutional health care provider's Medicare
21 cost report submitted for the 2013 fiscal year or for the closest
22 subsequent fiscal year for which the provider submitted the
23 Medicare cost report. The county shall update the amount of the
24 mandatory payment on an annual basis.

25 (b) The amount of a mandatory payment authorized under this
26 chapter must be uniformly proportionate with the amount of net
27 patient revenue generated by each paying hospital in the county. A

1 mandatory payment authorized under this chapter may not hold
2 harmless any institutional health care provider, as required under
3 42 U.S.C. Section 1396b(w).

4 (c) The commissioners court of a county that collects a
5 mandatory payment authorized under this chapter shall set the
6 amount of the mandatory payment. The amount of the mandatory
7 payment required of each paying hospital may not exceed an amount
8 that, when added to the amount of the mandatory payments required
9 from all other paying hospitals in the county, equals an amount of
10 revenue that exceeds six percent of the aggregate net patient
11 revenue of all paying hospitals in the county.

12 (d) Subject to the maximum amount prescribed by Subsection
13 (c), the commissioners court of a county that collects a mandatory
14 payment authorized under this chapter shall set the mandatory
15 payments in amounts that in the aggregate will generate sufficient
16 revenue to cover the administrative expenses of the county for
17 activities under this chapter, to fund an intergovernmental
18 transfer described by Section 296.103(c)(1), and to pay for
19 indigent programs, except that the amount of revenue from mandatory
20 payments used for administrative expenses of the county for
21 activities under this chapter in a year may not exceed the lesser of
22 four percent of the total revenue generated from the mandatory
23 payment or \$20,000.

24 (e) A paying hospital may not add a mandatory payment
25 required under this section as a surcharge to a patient.

26 Sec. 296.152. ASSESSMENT AND COLLECTION OF MANDATORY
27 PAYMENTS. (a) Except as provided by Subsection (b), the county tax

1 assessor-collector shall collect the mandatory payment authorized
2 under this chapter. The county tax assessor-collector shall charge
3 and deduct from mandatory payments collected for the county a fee
4 for collecting the mandatory payment in an amount determined by the
5 commissioners court of the county, not to exceed the county tax
6 assessor-collector's usual and customary charges.

7 (b) If determined by the commissioners court to be
8 appropriate, the commissioners court may contract for the
9 assessment and collection of mandatory payments in the manner
10 provided by Title 1, Tax Code, for the assessment and collection of
11 ad valorem taxes.

12 (c) Revenue from a fee charged by a county tax
13 assessor-collector for collecting the mandatory payment shall be
14 deposited in the county general fund and, if appropriate, shall be
15 reported as fees of the county tax assessor-collector.

16 Sec. 296.153. INTEREST, PENALTIES, AND DISCOUNTS.
17 Interest, penalties, and discounts on mandatory payments required
18 under this chapter are governed by the law applicable to county ad
19 valorem taxes.

20 Sec. 296.154. PURPOSE; CORRECTION OF INVALID PROVISION OR
21 PROCEDURE. (a) The purpose of this chapter is to generate revenue
22 by collecting from institutional health care providers a mandatory
23 payment to be used to provide the nonfederal share of a Medicaid
24 supplemental payment program.

25 (b) To the extent any provision or procedure under this
26 chapter causes a mandatory payment authorized under this chapter to
27 be ineligible for federal matching funds, the county may provide by

1 rule for an alternative provision or procedure that conforms to the
2 requirements of the federal Centers for Medicare and Medicaid
3 Services.

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

10 SECTION 3. This Act takes effect immediately if it receives
11 a vote of two-thirds of all the members elected to each house, as
12 provided by Section 39, Article III, Texas Constitution. If this
13 Act does not receive the vote necessary for immediate effect, this
14 Act takes effect September 1, 2015.