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By:  González of El Paso H.B. No. 3937

A BILL TO BE ENTITLED

AN ACT

relating to a report regarding Medicaid reimbursement rates and access to care.

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

SECTION 1.  (a)  In this section, "commission" means the Health and Human Services Commission.

(b)  The commission shall prepare a written report regarding provider reimbursement rates and access to care in the Medicaid program. The report must:

(1)  outline each factor of the reimbursement rate methodology used by Medicaid managed care organizations and that factor's weight in the methodology;

(2)  explicitly illustrate the manner in which the following affect current methodologies:

(A)  previously adopted reimbursement rates;

(B)  the cost of uncompensated care provided to uninsured persons; and

(C)  use of private insurance benefits;

(3)  propose alternative reimbursement methodologies that do not consider the items described by Subdivision (2) of this subsection;

(4)  evaluate how Medicaid provider reimbursement rates affect access to care for Medicaid recipients, measured by the number of providers each year who have stopped participating in Medicaid since the commission began offering Medicaid services through a managed care delivery model;

(5)  compare provider participation in Medicaid by region, particularly increases or decreases in the number of participating providers since the commission began offering Medicaid services through a managed care delivery model, categorized by provider specialty and subspecialty;

(6)  list, for each year since the commission began offering Medicaid services through a managed care delivery model, counties in which provider access standards have not been met;

(7)  examine Medicaid provider incentive payment programs and their effect on incentivizing providers to participate or continue participating in Medicaid; and

(8)  determine the feasibility and cost of establishing:

(A)  a minimum fee schedule for Medicaid providers in counties where provider access standards are not being met; and

(B)  a different reimbursement rate for classes of providers who provide care in a county:

(i)  located on an international border; or

(ii)  with a Medicaid population at least 10 percent higher than the statewide average Medicaid population.

(c)  Not later than December 1, 2020, the commission shall prepare and submit to the legislature the report described by Subsection (b) of this section. Notwithstanding that subsection, the commission is not required to include in the report any information the commission determines is proprietary.

SECTION 2.  This Act takes effect September 1, 2019.