

By: Martinez

H.B. No. 3212

A BILL TO BE ENTITLED

AN ACT

relating to the procedure for the payment of claims submitted by certain providers under the Medicaid managed care program.

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

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00553 to read as follows:

Sec. 533.00553. REQUIRED PROCEDURES RELATING TO PROCESSING CLAIMS BY CERTAIN PROVIDERS. (a) This section applies to a claim submitted to a managed care organization by a physician or hospital for the provision of health care services to a recipient receiving Medicaid benefits under the organization's managed care plan.

(b) A managed care organization may not change the diagnosis or treatment code or other description of a health care procedure associated with a claim subject to this section to a code or other description that will result in a lower reimbursement rate for the provider unless:

(1) the evaluation of the claim and decision to make the change is made by a physician employed by the organization for that purpose; and

(2) the organization informs the provider in detail of the specific reason for the change.

SECTION 2. Section 533.00553, Government Code, as added by this Act, applies to a claim for payment submitted to a managed care organization on or after the effective date of this Act. A claim

1 for payment submitted before the effective date of this Act is
2 governed by the law in effect on the date the claim was received,
3 and the former law is continued in effect for that purpose.

4 SECTION 3. 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 4. This Act takes effect September 1, 2019.