

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

1 Medicaid since the commission began offering Medicaid services
2 through a managed care delivery model;

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

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

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

14 (8) determine the feasibility and cost of
15 establishing:

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

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

20 (i) located on an international border; or
21 (ii) with a Medicaid population at least 10
22 percent higher than the statewide average Medicaid population.

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

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