

By: Buckingham
(Oliverson)

S.B. No. 1235

A BILL TO BE ENTITLED

AN ACT

relating to the enrollment of health care providers in Medicaid.

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

SECTION 1. Section 531.02118, Government Code, is amended by amending Subsection (c) and adding Subsections (e), (f), (g), (h), and (i) to read as follows:

(c) In streamlining the Medicaid provider credentialing process under this section, the commission may designate a centralized credentialing entity and shall require ~~may~~:

(1) that the credentialing entity and the entity serving as the state's Medicaid claims administrator share information to reduce the submission of duplicative information or documents necessary for both Medicaid enrollment and credentialing ~~[in the database established under Subchapter C, Chapter 32, Human Resources Code, with the centralized credentialing entity]~~; and

(2) ~~require~~ all managed care organizations contracting with the commission to provide health care services to Medicaid recipients under a managed care plan issued by the organization to use the centralized credentialing entity as a hub for the collection and sharing of information.

(e) Subject to Subsection (f), the commission shall enroll a provider as a Medicaid provider, without requiring the provider to separately apply for enrollment through the entity serving as the state's Medicaid claims administrator, if the provider is:

1 (1) credentialed by a managed care organization that
2 contracts with the commission under Chapter 533; or

3 (2) enrolled as a Medicare provider.

4 (f) The executive commissioner by rule may establish
5 additional enrollment requirements that are:

6 (1) necessary to enroll a provider as a Medicaid
7 provider; and

8 (2) not otherwise required by managed care
9 organization credentialing or Medicare provider enrollment.

10 (g) The commission shall track the number of providers that
11 enroll as Medicaid providers through each type of enrollment
12 process described by Subsection (e), including the enrollment
13 process through the entity serving as the state's Medicaid claims
14 administrator.

15 (h) The commission shall develop a process to streamline the
16 Medicaid enrollment of a provider who:

17 (1) provides services through a single case agreement
18 to a recipient who is also enrolled in a private group health
19 benefit plan; and

20 (2) is enrolled as a provider in that group health
21 benefit plan.

22 (i) The commission shall use a provider's national provider
23 identifier number to enroll a provider under Subsection (h). In
24 this subsection, "national provider identifier number" means the
25 national provider identifier number required under Section
26 1128J(e), Social Security Act (42 U.S.C. Section 1320a-7k(e)).

27 SECTION 2. If before implementing any provision of this Act

1 a state agency determines that a waiver or authorization from a
2 federal agency is necessary for implementation of that provision,
3 the agency affected by the provision shall request the waiver or
4 authorization and may delay implementing that provision until the
5 waiver or authorization is granted.

6 SECTION 3. The Health and Human Services Commission is
7 required to implement a provision of this Act only if the
8 legislature appropriates money specifically for that purpose. If
9 the legislature does not appropriate money specifically for that
10 purpose, the commission may, but is not required to, implement a
11 provision of this Act using other appropriations available for that
12 purpose.

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