

By: Rodríguez

S.B. No. 2039

A BILL TO BE ENTITLED

AN ACT

relating to the inclusion of certain health care providers in the provider network of a Medicaid managed care organization.

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

SECTION 1. Section 533.006, Government Code, is amended by amending Subsection (a) and adding Subsection (c) to read as follows:

(a) The commission shall require that each managed care organization that contracts with the commission to provide health care services to recipients in a region:

(1) seek participation in the organization's provider network from:

(A) each health care provider in the region who has traditionally provided care to recipients;

(B) each hospital in the region that has been designated as a disproportionate share hospital under Medicaid; and

(C) each specialized pediatric laboratory in the region, including those laboratories located in children's hospitals; ~~and~~

(2) include in its provider network for not less than three years ~~+~~

~~(A)~~ each health care provider in the region who:

(A) ~~(i)~~ previously provided care to Medicaid

1 and charity care recipients at a significant level as prescribed by
2 the commission;

3 (B) [(ii)] agrees to accept the prevailing
4 provider contract rate of the managed care organization; and

5 (C) [(iii)] has the credentials required by the
6 managed care organization, provided that lack of board
7 certification or accreditation by The Joint Commission may not be
8 the sole ground for exclusion from the provider network; and

9 (3) include in its provider network each of the
10 following that desires to be included:

11 (A) [(B)] each accredited primary care residency
12 program in the region; ~~and~~

13 (B) [(C)] each disproportionate share hospital
14 in the region; and

15 (C) each community center established in the
16 region under Chapter 534, Health and Safety Code [designated by the
17 commission as a statewide significant traditional provider].

18 (c) To the extent allowed by federal law and notwithstanding
19 any state law, the commission shall require that the terms included
20 in a provider contract between a managed care organization
21 described by Subsection (a) and a provider described by Subsection
22 (a)(3) be at least as favorable as the terms the contract would
23 include if the provider were a significant traditional provider in
24 the region in which the organization provides health care services
25 to recipients.

26 SECTION 2. If before implementing any provision of this Act
27 a state agency determines that a waiver or authorization from a

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

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