

1-1 By: Rodríguez S.B. No. 2040
 1-2 (In the Senate - Filed March 7, 2019; March 21, 2019, read
 1-3 first time and referred to Committee on Health & Human Services;
 1-4 April 16, 2019, reported favorably by the following vote: Yeas 9,
 1-5 Nays 0; April 16, 2019, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to a report regarding Medicaid reimbursement rates and
 1-20 access to care.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. (a) In this section, "commission" means the
 1-23 Health and Human Services Commission.

1-24 (b) The commission shall prepare a written report regarding
 1-25 provider reimbursement rates and access to care in the Medicaid
 1-26 program. The report must:

1-27 (1) outline each factor of the reimbursement rate
 1-28 methodology used by Medicaid managed care organizations and that
 1-29 factor's weight in the methodology;

1-30 (2) explicitly illustrate the manner in which the
 1-31 following affect current methodologies:

1-32 (A) previously adopted reimbursement rates;

1-33 (B) the cost of uncompensated care provided to
 1-34 uninsured persons; and

1-35 (C) use of private insurance benefits;

1-36 (3) propose alternative reimbursement methodologies
 1-37 that do not consider the items described by Subdivision (2) of this
 1-38 subsection;

1-39 (4) evaluate how Medicaid provider reimbursement
 1-40 rates affect access to care for Medicaid recipients, measured by
 1-41 the number of providers each year who have stopped participating in
 1-42 Medicaid since the commission began offering Medicaid services
 1-43 through a managed care delivery model;

1-44 (5) compare provider participation in Medicaid by
 1-45 region, particularly increases or decreases in the number of
 1-46 participating providers since the commission began offering
 1-47 Medicaid services through a managed care delivery model,
 1-48 categorized by provider specialty and subspecialty;

1-49 (6) list, for each year since the commission began
 1-50 offering Medicaid services through a managed care delivery model,
 1-51 counties in which provider access standards have not been met;

1-52 (7) examine Medicaid provider incentive payment
 1-53 programs and their effect on incentivizing providers to participate
 1-54 or continue participating in Medicaid; and

1-55 (8) determine the feasibility and cost of
 1-56 establishing:

1-57 (A) a minimum fee schedule for Medicaid providers
 1-58 in counties where provider access standards are not being met; and

1-59 (B) a different reimbursement rate for classes of
 1-60 providers who provide care in a county:

1-61 (i) located on an international border; or

2-1 (ii) with a Medicaid population at least 10
2-2 percent higher than the statewide average Medicaid population.

2-3 (c) Not later than December 1, 2020, the commission shall
2-4 prepare and submit to the legislature the report described by
2-5 Subsection (b) of this section. Notwithstanding that subsection,
2-6 the commission is not required to include in the report any
2-7 information the commission determines is proprietary.

2-8 SECTION 2. This Act takes effect September 1, 2019.

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