

1-1 By: Hinojosa S.B. No. 2086
 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 May 9, 2019, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 9, Nays 0; May 9, 2019, sent
 1-6 to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
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	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 2086 By: Perry

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to a single Internet portal or equivalent electronic
 1-22 system through which Medicaid providers may submit and receive
 1-23 information.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Section 533.0055, Government Code, is amended by
 1-26 amending Subsection (b) and adding Subsections (c), (d), (e), and
 1-27 (f) to read as follows:

1-28 (b) The provider protection plan required under this
 1-29 section must provide for:

1-30 (1) prompt payment and proper reimbursement of
 1-31 providers by managed care organizations;

1-32 (2) prompt and accurate adjudication of claims
 1-33 through:

1-34 (A) provider education on the proper submission
 1-35 of clean claims and on appeals;

1-36 (B) acceptance of uniform forms, including HCFA
 1-37 Forms 1500 and UB-92 and subsequent versions of those forms,
 1-38 through an interoperable electronic portal or equivalent
 1-39 electronic system; and

1-40 (C) the establishment of standards for claims
 1-41 payments in accordance with a provider's contract;

1-42 (3) adequate and clearly defined provider network
 1-43 standards that are specific to provider type, including physicians,
 1-44 general acute care facilities, and other provider types defined in
 1-45 the commission's network adequacy standards in effect on January 1,
 1-46 2013, and that ensure choice among multiple providers to the
 1-47 greatest extent possible;

1-48 (4) a prompt credentialing process for providers;

1-49 (5) uniform efficiency standards and requirements for
 1-50 managed care organizations for the submission and tracking of
 1-51 preauthorization requests for services provided under Medicaid;

1-52 (6) establishment and maintenance of an interoperable
 1-53 [electronic process, including the use of an] Internet portal or
 1-54 equivalent electronic system with real-time capabilities [7]
 1-55 through which providers in any managed care organization's provider
 1-56 network may:

1-57 (A) submit electronic claims, prior
 1-58 authorization requests, claims appeals and reconsiderations,
 1-59 clinical data, and other documentation that the managed care
 1-60 organization requests for prior authorization and claims

2-1 processing; and
 2-2 (B) obtain electronic remittance advice,
 2-3 explanation of benefits statements, and other standardized
 2-4 reports;
 2-5 (7) the measurement of the rates of retention by
 2-6 managed care organizations of significant traditional providers;
 2-7 (8) the creation of a work group to review and make
 2-8 recommendations to the commission concerning any requirement under
 2-9 this subsection for which immediate implementation is not feasible
 2-10 at the time the plan is otherwise implemented, including the
 2-11 required process for submission and acceptance of attachments for
 2-12 claims processing and prior authorization requests through the
 2-13 Internet portal or equivalent electronic system required by ~~[an~~
 2-14 ~~electronic process under]~~ Subdivision (6) and, for any requirement
 2-15 that is not implemented immediately, recommendations regarding the
 2-16 expected:

2-17 (A) fiscal impact of implementing the
 2-18 requirement; and

2-19 (B) timeline for implementation of the
 2-20 requirement; and

2-21 (9) any other provision that the commission determines
 2-22 will ensure efficiency or reduce administrative burdens on
 2-23 providers participating in a Medicaid managed care model or
 2-24 arrangement.

2-25 (c) The commission, using existing resources, shall
 2-26 consolidate each electronic or Internet portal operated or
 2-27 maintained by the commission for the commission's use, including
 2-28 through a contract with a separate entity, that is used to receive
 2-29 and deliver requests and other information from and to Medicaid
 2-30 providers, including nursing facility providers participating in
 2-31 the STAR+PLUS Medicaid managed care program, into the single
 2-32 Internet portal or equivalent electronic system required by
 2-33 Subsection (b)(6). The commission shall:

2-34 (1) ensure the single Internet portal or equivalent
 2-35 electronic system meets the requirements of a portal described by
 2-36 Sections 531.02411, 533.00251, 533.00253, and 533.0071; and

2-37 (2) implement a method that allows:

2-38 (A) each managed care organization to connect
 2-39 with the single Internet portal or equivalent electronic system;
 2-40 and

2-41 (B) a provider to access the single Internet
 2-42 portal or equivalent electronic system both directly and through a
 2-43 managed care organization's Internet website.

2-44 (d) The commission may contract with a private or nonprofit
 2-45 entity to develop, operate, and maintain the single Internet portal
 2-46 or equivalent electronic system required by Subsection (b)(6). The
 2-47 entity may not be affiliated with any specific managed care plan,
 2-48 the Texas Medicaid and Healthcare Partnership, or another entity
 2-49 serving as the state's Medicaid claims administrator.

2-50 (e) The executive commissioner by rule shall require each
 2-51 managed care organization to allow providers in the organization's
 2-52 provider network to use the single Internet portal or equivalent
 2-53 electronic system required by Subsection (b)(6).

2-54 (f) Notwithstanding any other law, a provider in a managed
 2-55 care organization's provider network may continue to use a provider
 2-56 portal made available by the managed care organization that is
 2-57 interoperable with the single Internet portal or equivalent
 2-58 electronic system, as applicable, required by Subsection (b)(6)
 2-59 instead of accessing the single Internet portal or equivalent
 2-60 electronic system directly.

2-61 SECTION 2. Not later than January 1, 2021, the Health and
 2-62 Human Services Commission, or an entity with which the commission
 2-63 contracts, shall develop and implement the single Internet portal
 2-64 or equivalent electronic system required by Section 533.0055,
 2-65 Government Code, as amended by this Act.

2-66 SECTION 3. This Act takes effect immediately if it receives
 2-67 a vote of two-thirds of all the members elected to each house, as
 2-68 provided by Section 39, Article III, Texas Constitution. If this
 2-69 Act does not receive the vote necessary for immediate effect, this

3-1 Act takes effect September 1, 2019.

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