BILL ANALYSIS

C.S.H.B. 4047
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Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Concerns have been raised regarding certain identified problems with the claims reimbursement process for health care providers under Medicaid. There have been calls to ensure that these providers receive proper reimbursement in these circumstances. C.S.H.B. 4047 seeks to address this issue by ensuring health care providers are able to enter certain claims and other information into the Medicaid electronic visit verification system.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 4047 amends the Government Code to require the Health and Human Services Commission (HHSC), in implementing the Medicaid electronic visit verification system, to ensure that a health care provider is allowed to do the following:

- enter a variable schedule into the system;
- complete system data maintenance within the 95-day period following the date of a service delivery visit; and
- submit a claim to be reimbursed for an amount of time that:
    - does not exceed the amount of authorized hours unless the additional hours are approved by HHSC or the managed care organization (MCO); and
    - is equal to or less than the appropriately verified amount of time.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 4047 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not include a requirement that appeared in the original for HHSC, in implementing the system, to ensure that a health care provider is allowed to correct claims denied by an MCO within 95 days of the denial date, but the substitute includes a requirement

not in the original to ensure a provider is allowed to complete system data maintenance within the 95-day period following the date of a service delivery visit. The substitute changes the original's requirement for HHSC, in implementing the system, to ensure that a health care provider is allowed to submit a claim to be reimbursed for an amount of time that is less than the verified amount of time by making the requirement applicable instead with respect to reimbursement for an amount of time that does not exceed the amount of authorized hours unless the additional hours are approved by HHSC or the MCO and that is equal to or less than the appropriately verified amount of time.

The substitute does not include a provision that appeared in the original prohibiting an MCO from attempting to recover certain overpayments until the office of the inspector general has issued a final determination.