87R9566 JG-D

By:  Blanco S.B. No. 2132

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

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

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

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

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

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

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

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

SECTION 2.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3.  This Act takes effect September 1, 2021.