

**HOUSE OF REPRESENTATIVES  
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Human Services  
For HB 3119

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Hearing Date: April 11, 2023 8:00 AM

Susan Burek

Self: I'm a parent and a parent advocate for people with disabilities  
Austin, TX

I OPPOSE HB 3119 relating to the requirements applicable to certain third-party health insurers in relation to Medicaid.

This bill attempts to expand the billing coordination system to process claims for services provided through HHSC or a health and human services agency, which is a laudable goal.

However, in cases where Medicaid recipients have access to third-party health insurance, Medicaid is ALWAYS the payer of last resort. Except in the case of Pay-And-Chase claims, where the third-party insurance company is unknown when the Medicaid claim is submitted, so Medicaid becomes the first payer, and the claim is then submitted to the third-party insurance to recoup payments already made by Medicaid, most claims are submitted to the third-party insurance FIRST, and then any unpaid portion of the claim is submitted to Medicaid for payment. The same process applies to Prior Authorizations (PA), where any required PA requests are submitted to the third-party insurance first, and then submitted to Medicaid, if required.

Section (b-1) assumes that PA requests are submitted in the opposite order: First to Medicaid, and then to the third-party insurance, which is BACKWARDS. Since the Medicaid PA request is submitted AFTER the third-party insurance PA request, the provider does not RESUBMIT the PA request to the third-party insurance AFTER submitting it to Medicaid.

The language in HB 3119 is confusing and does not follow the typical order in which claims and PA requests are processed by medical providers for patients with both third-party insurance and Medicaid. This bill creates an impossible loop where providers have to submit claims and PA requests first to the third-party insurance, then to Medicaid, and then RESUBMIT the PA requests to the third-party insurance, and it requires the third-party insurance to comply with the PA decision made by Medicaid instead of the PA decision made by the third-party insurance.

This confusing loop creates an IMPOSSIBLE SITUATION for the medical providers and is very likely to cause medical providers to refuse to treat patients with both third-party insurance and Medicaid, which will significantly REDUCE ACCESS TO MEDICAL CARE for patients with both third-party insurance and Medicaid.

PLEASE OPPOSE HB 3119 due to the confusing language and refusal to follow the typical order in which medical providers process claims and PA requests for people with both third-party insurance and Medicaid, as this will lead to REDUCED ACCESS TO MEDICAL CARE for patients with both third-party insurance and Medicaid, which violates the federal CMS guidelines for people with access to both third-party insurance and Medicaid.