

Amend **HB 3151** (house committee report) as follows:

(1) Strike page 1, line 6, through page 6, line 16.

(2) Add the following appropriately numbered SECTION to the bill and renumber the SECTIONS of the bill accordingly:

SECTION \_\_\_\_\_. Section 540.0656, Government Code, is amended by amending Subsections (a) and (d) to read as follows:

(a) In this section, "applicant provider" means a physician or other health care provider, including a federally qualified health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) or a health care provider for the federally qualified health center, applying for expedited credentialing.

(d) To qualify for expedited credentialing and payment under Subsection (e), an applicant provider must:

(1) have a current contract with a Medicaid managed care organization or be a member of or a health care provider for one of the following that has a current contract with a Medicaid managed care organization:

(A) an established health care provider group; or

(B) a federally qualified health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) [an established health care provider group that has a current contract with a Medicaid managed care organization];

(2) be a Medicaid-enrolled provider;

(3) agree to comply with the terms of the contract described by Subdivision (1); and

(4) submit all documentation and other information the Medicaid managed care organization requires as necessary to enable the organization to begin the credentialing process the organization requires to include a provider in the organization's provider network.