

BILL ANALYSIS

Senate Research Center

H.B. 3151
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Federally qualified health centers (FQHCs) serve 1.8 million Texans, including 600,000 Medicaid patients. An FQHC must be enrolled with Medicaid and credentialed with managed care organizations (MCOs) when adding a new provider or setting up a new clinic. FQHCs report long delays in completing the credentialing process for new providers. During this waiting period, MCOs do not reimburse FQHCs for services rendered by a provider.

However, under expedited credentialing, MCOs can offer an expedited credentialing process to certain providers. Furthermore, during the expedited credentialing process, an MCO must process provider claims as if you are an in-network provider, even if the MCO has not yet finished reviewing the provider's credentialing application.

H.B. 3151 adds FQHCs with a current contract with an MCO and FQHC providers as providers eligible for the expedited credentialing process. H.B. 3151 passed the House 139-1.

H.B. 3151 amends current law relating to expedited credentialing of certain federally qualified health center providers by Medicaid managed care organizations.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Sections 540.0656(a) and (d), Government Code, as follows:

(a) Redefines "applicant provider."

(d) Requires an applicant provider, to qualify for expedited credentialing and payment under Subsection (e) (relating to Medicaid reimbursement for health care providers applying for expedited credentialing), to meet certain criteria, including have a current contract with a Medicaid managed care organization or be a member of or a health care provider that has a current contract with a Medicaid managed care organization for an established health care provider group or a federally qualified health center as defined by 42 U.S.C. Section 1396d(l)(2)(B). Deletes existing text requiring an applicant provider, to qualify for expedited credentialing and payment under Subsection (e), to meet certain criteria, including be a member of an established health care provider group that has a current contract with a Medicaid managed care organization.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2025.