By: Wooten H.B. No. 1191

A BILL TO BE ENTITLED

AN ACT

relating to Medicaid provider enrollment revalidation.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter D, Chapter 532, Government Code, as effective April 1, 2025, is amended by adding Section 532.01511 to read as follows:

Sec. 532.01511. REVALIDATION OF PROVIDER ENROLLMENT. (a) At least 120 days before the date a Medicaid provider's Medicaid enrollment period expires, the commission shall provide to the provider written notice of the upcoming expiration. The notice must include:

(1) the date on which the provider's enrollment will expire; and

(2) information on the process for revalidating the provider's enrollment, including:

(A) the form and manner for applying for revalidation;

(B) the information and documentation the provider must submit with an application for revalidation of enrollment; and

(C) a suggested timeline for submitting the application, including the required information and documentation, to ensure timely reenrollment and avoid disenrollment for failure to revalidate enrollment before the provider's enrollment period

expires.

(b) If a Medicaid provider submits an application for revalidation of enrollment at least 90 days before the date a Medicaid provider's Medicaid enrollment period expires, the commission shall review the application to determine whether the application contains any obvious deficiencies. If the commission identifies a deficiency, the commission shall:

(1) notify the provider of the deficiency at least 60 days before the date the provider's enrollment period expires;

(2) provide the provider at least 10 days to correct the deficiency; and

(3) if the provider corrects the deficiency within the time provided under Subdivision (2), review the corrected application in a timely manner to allow for any additional deficiency to be determined and addressed before the date the provider's enrollment period expires.

(c) If a Medicaid provider in good faith submits an application for revalidation and complies with all specified deadlines for corrections, the commission must finalize the application before the provider's enrollment period expires, regardless of the number of required corrections.

SECTION 2. Section 532.01511, Government Code, as added by this Act, applies only to a Medicaid provider whose enrollment period expires on or after January 1, 2026.

SECTION 3. 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 4. This Act takes effect September 1, 2027.