

BILL ANALYSIS

S.B. 1235
By: Buckingham
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Concerns have been raised that while Texas continues to face a Medicaid provider shortage, especially in rural and underserved areas, inefficiencies in the current provider enrollment process may cause lengthy and unnecessary delays. In order to streamline the provider enrollment process, S.B. 1235 seeks to implement a “no wrong door” policy by allowing, in addition to the existing process, enrollment as a Medicare provider or being credentialed by a managed care organization to count as Medicaid provider enrollment.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

S.B. 1235 amends the Government Code to require the Health and Human Services Commission (HHSC), in exercising its authority to designate a centralized credentialing entity for purposes of streamlining the Medicaid provider credentialing process, to require that entity and the entity serving as the state's Medicaid claims administrator to share information to reduce the submission of duplicative information or documents necessary for both Medicaid enrollment and credentialing. The bill removes the specification authorizing HHSC to share information in the Medicaid provider database with the credentialing entity.

S.B. 1235 authorizes the executive commissioner of HHSC by rule to establish additional enrollment requirements that are necessary to enroll a provider as a Medicaid provider and are not otherwise required by managed care organization (MCO) credentialing or Medicare provider enrollment. The bill requires HHSC to take the following actions:

- subject to any such additional requirements, enroll as a Medicaid provider a provider that is credentialed by an MCO that contracts with HHSC under the Medicaid managed care program or is enrolled as a Medicare provider without requiring the provider to apply separately for Medicaid provider enrollment through the entity serving as the state's Medicaid claims administrator;
- track the number of providers that enroll as Medicaid providers through each type of enrollment process described by the bill;
- develop a process to streamline the Medicaid enrollment of a provider who:
 - provides services through a single case agreement to a recipient who is also enrolled in a private group health benefit plan; and

- is enrolled as a provider in that group health benefit plan; and
- use a provider's national provider identifier number for purposes of enrollment under that streamlined process.

The bill provides that HHSC is required to implement a provision of this bill only if the legislature appropriates money specifically for that purpose and, if not, that HHSC may, but is not required to, implement such a provision using other appropriations available for that purpose.

EFFECTIVE DATE

September 1, 2019.