

## **BILL ANALYSIS**

Senate Research Center  
86R10369 LED-D

S.B. 1235  
By: Buckingham  
Health & Human Services  
3/13/2019  
As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

S.B. 1235 seeks to streamline the process to become enrolled as a Medicaid provider in Texas.

Under current law, all providers participating in state healthcare programs are required to enroll in fee-for-service Medicaid at Texas Medicaid & Healthcare Partnership (TMHP), after which managed care organization (MCO) credentialing occurs. While efforts have been made in recent years to streamline the MCO credentialing process, interested parties contend that the TMHP Medicaid provider enrollment process can take months to complete. Meanwhile, the state continues to face a Medicaid provider shortage, especially in rural and underserved areas.

To address this issue, S.B. 1235 creates a "no wrong door" Medicaid application process for providers, allowing Medicare enrollment and/or the MCO credentialing process to count as Medicaid enrollment in addition to the provider enrollment process that currently exists. The bill would also direct HHSC to track the total number of providers utilizing each type of enrollment process. Finally, S.B. 1235 directs HHSC to develop and adopt processes to fast-track enrollment of non-Medicaid providers into Medicaid when Medicaid patients see a non-Medicaid-enrolled provider from their private insurance network.

As proposed, S.B. 1235 amends current law relating to the enrollment of health care providers in Medicaid.

### **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 Section 531.02118, Government Code, by adding Subsections (e), (f), and (g), as follows:

(e) Requires the Health and Human Services Commission (HHSC) to enroll a provider as a Medicaid provider, without requiring the provider to separately apply for enrollment through the entity service as the state's Medicaid claims administrator, if the provider is credentialed by a managed care organization that contracts with HHSC under Chapter 533 (Medicaid Managed Care Program) or is enrolled as a Medicare provider.

(f) Requires HHSC to track the number of providers that enroll as Medicaid providers through each type of enrollment process described by Subsection (e), including the enrollment process through the entity serving as the state's Medicaid claims administrator.

(g) Requires HHSC to develop a process to streamline the Medicaid enrollment of a provider who provides services to a recipient who is also enrolled in a private group health benefit plan and who is enrolled as a provider in that group health benefit plan.

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, 2019.