

By: Klick

H.B. No. 4192

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to claims and overpayment recoupment processes imposed on  
3 health care providers under Medicaid and other public benefits  
4 programs.

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

6 SECTION 1. Section [531.024172](#), Government Code, is amended  
7 by amending Subsection (g) and adding Subsection (g-1) to read as  
8 follows:

9 (g) The commission may recognize a health care provider's  
10 proprietary electronic visit verification system, whether  
11 purchased or developed by the provider, as complying with this  
12 section and allow the health care provider to use that system for a  
13 period determined by the commission if the commission determines  
14 that the system:

15 (1) complies with all necessary data submission,  
16 exchange, and reporting requirements established under this  
17 section; and

18 (2) meets all other standards and requirements  
19 established under this section~~, and~~

20 ~~[(3) has been in use by the health care provider since~~  
21 ~~at least June 1, 2014].~~

22 (g-1) The commission or a managed care organization shall  
23 reimburse a health care provider providing services to a Medicaid  
24 recipient at the same reimbursement rate for the same service

1 regardless of whether the provider uses the electronic visit  
2 verification system implemented under Subsection (b) or the  
3 provider's own proprietary electronic visit verification system  
4 under Subsection (g).

5 SECTION 2. Section 531.1131, Government Code, is amended by  
6 adding Subsection (f) to read as follows:

7 (f) In adopting rules establishing due process procedures  
8 under Subsection (e), the executive commissioner shall require that  
9 a managed care organization or an entity with which the managed care  
10 organization contracts under Section 531.113(a)(2) that engages in  
11 payment recovery efforts in accordance with this section provide:

12 (1) written notice to a provider of the organization's  
13 intent to recoup overpayments; and

14 (2) a provider described by Subdivision (1) at least  
15 60 days to cure any defect in a claim before the organization may  
16 begin any efforts to collect overpayments.

17 SECTION 3. Subchapter C, Chapter 531, Government Code, is  
18 amended by adding Section 531.1135 to read as follows:

19 Sec. 531.1135. MANAGED CARE ORGANIZATIONS: PROCESS TO  
20 RECOUP CERTAIN OVERPAYMENTS. (a) The executive commissioner shall  
21 adopt rules that standardize the process by which a managed care  
22 organization collects alleged overpayments that are made to a  
23 health care provider and discovered through an audit or  
24 investigation conducted by the organization secondary to missing  
25 electronic visit verification information. In adopting rules under  
26 this section, the executive commissioner shall require that the  
27 managed care organization:

1           (1) provide written notice of the organization's  
2 intent to recoup overpayments not later than the 30th day after the  
3 date an audit is complete; and

4           (2) limit the duration of audits to 24 months.

5           (b) The executive commissioner shall require that the  
6 notice required under this section inform the provider:

7           (1) of the specific claims and electronic visit  
8 verification transactions that are the basis of the overpayment;

9           (2) of the process the provider should use to  
10 communicate with the managed care organization to provide  
11 information about the electronic visit verification transactions;

12           (3) of the provider's option to seek an informal  
13 resolution of the alleged overpayment;

14           (4) of the process to appeal the determination that an  
15 overpayment was made; and

16           (5) if the provider intends to respond to the notice,  
17 that the provider must respond not later than the 30th day after the  
18 date the provider receives the notice.

19           (c) Notwithstanding any other law, a managed care  
20 organization may not attempt to recover an overpayment described by  
21 Subsection (a) until the provider has exhausted all rights to an  
22 appeal.

23           SECTION 4. If before implementing any provision of this Act  
24 a state agency determines that an additional waiver or additional  
25 authorization from a federal agency is necessary for implementation  
26 of that provision, the agency affected by the provision shall  
27 request the waiver or authorization and may delay implementing that

1 provision until the waiver or authorization is granted.

2 SECTION 5. This Act takes effect September 1, 2019.