

## **BILL ANALYSIS**

C.S.H.B. 2373  
By: Miller  
Human Services  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Interested parties contend that the deadline by which claims for certain ancillary services under Medicaid must be submitted for payment does not allow for enough time to secure the appropriate medical documentation needed to support the claims for payment. C.S.H.B. 2373 seeks to ensure that a provider of certain ancillary services provided to Medicaid recipients who are homebound or who reside in a nursing facility may file a claim for Medicaid reimbursement on or before the 270th day after the date the service is provided.

### **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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 2373 amends the Human Resources Code to require the executive commissioner of the Health and Human Services Commission (HHSC), in adopting rules governing the period for filing claims for Medicaid reimbursement, to ensure that a provider of an ancillary service to a Medicaid recipient who is homebound, as defined by rule by the executive commissioner, or who resides in a nursing facility may file a claim for reimbursement for that service with HHSC, the designee of HHSC, a managed care organization, or other person, as appropriate, on or before the 270th day after the date the service is provided. The bill requires the executive commissioner to adopt rules necessary to implement the bill's provisions not later than January 1, 2018.

### **EFFECTIVE DATE**

September 1, 2017.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 2373 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0317 to read as follows:

Sec. 32.0317. PERIOD FOR FILING REIMBURSEMENT CLAIMS BY CERTAIN ANCILLARY SERVICE PROVIDERS. (a) In this section, "ancillary service" means a health care service provided or ordered by a physician or other health care provider to supplement or support the evaluation or treatment of a patient, including a diagnostic ultrasound test, laboratory test, cardiac diagnostic test, or radiology service.

(b) In adopting rules governing the period for filing claims for reimbursement under the medical assistance program, the executive commissioner shall ensure a provider filing a claim for reimbursement for the provision of an ancillary service to a recipient who is homebound, as defined by rule by the executive commissioner, or who resides in a nursing facility is allowed a period of at least 365 days from the date the ancillary service is provided to file the claim with the commission, the commission's designee, a managed care organization, or other person, as appropriate.

SECTION 2. The executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement Section 32.0317, Human Resources Code, as added by this Act, not later than October 1, 2017.

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, 2017.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0317 to read as follows:

Sec. 32.0317. PERIOD FOR FILING REIMBURSEMENT CLAIMS BY CERTAIN ANCILLARY SERVICE PROVIDERS. (a) In this section, "ancillary service" means a health care service provided or ordered by a physician or other health care provider to supplement or support the evaluation or treatment of a patient, including a diagnostic ultrasound test, laboratory test, cardiac diagnostic test, or radiology service.

(b) In adopting rules governing the period for filing claims for reimbursement under the medical assistance program, the executive commissioner shall ensure that a provider of an ancillary service to a recipient who is homebound, as defined by rule by the executive commissioner, or who resides in a nursing facility may file a claim for reimbursement for that service with the commission, the commission's designee, a managed care organization, or other person, as appropriate, on or before the 270th day after the date the ancillary service is provided.

SECTION 2. The executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement Section 32.0317, Human Resources Code, as added by this Act, not later than January 1, 2018.

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.