The Background:

- Current Texas law states an HMO or PPO may not refuse a request made by an in-network physician and a physician assistant (PA) or advanced practice registered nurse (APRN), authorized by the physician to provide care, to identify the PA or APRN as a provider in the managed care organization’s (MCO’s) network. (§843.312 and §1301.052, Insurance Code)
- Due to a lack of providers in Medicaid, SB 406, 83rd Regular Session, amended §533.004(a)(13), Government Code, to require contracts between HHSC and MCOs to contain a requirement that, “notwithstanding any other law, including Sections 843.312 and 1301.052, Insurance Code,” MCOs would use APRNs and PAs...as primary care providers in their provider networks. In other words, the intent was to allow APRNs and PAs to be a PCP for Medicaid managed care patients even if the physician who delegates prescriptive authority to them is not in that Medicaid plan.
- This change was agreed to by HHSC and TDI staff, as well as representatives of TMA, TAFP, Texas Association of Community Health Centers, CNAP, TNP, TNA and TAPA.

The Problem:

- While Medicaid managed care plans allow APRNs to be primary care providers if their delegating physician is in network, the plans deny credentialing APRNs when the delegating physician is not an in-network provider despite the agreed upon changes found in SB 406.
- HHSC is not changing the Uniform Managed Care Contract because HHSC thinks SB 406 does not supersede the Insurance Code’s in-network requirements for APRN’s/PA’s supervising physicians.
- This leaves APRNs/PAs who are willing to serve the Medicaid population unable to do so and Texans that need care unable to find providers willing to give it. Most of these are our frail elderly, people with disabilities and children.

The Solution:

- The Insurance Code needs to be amended to require APRNs be recognized as PCPs whether the delegating physician is in-network or not.

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