

Health and Human Services Commission shall, not later than August 31 of each year, conduct a review of reimbursement rates for pediatric care center services delivered to children under Medicaid.

37. Medicaid and CHIP Residency Verification. Out of funds appropriated above in Strategy B.1.1, Medicaid and CHIP Contracts and Administration, the Health and Human Services Commission:

- (1) on at least a monthly basis shall, in accordance with applicable state and federal law, verify the residency status of clients under Medicaid and the child health plan program to ensure that only clients who are eligible residents of this state receive benefits under those programs; and
- (2) may use a private third-party vendor to identify and recover improper capitation payments made to a managed care organization with respect to individuals the commission determines were not eligible for benefits under those programs because the individuals were not residents of this state.

38. Diabetes Prevention Program.

- (a) Out of amounts appropriated above to the Health and Human Services Commission (HHSC) that are available for that purpose, the commission shall conduct a study, in consultation with the Department of State Health Services, to evaluate the cost-effectiveness and feasibility of implementing and administering a diabetes prevention program for Medicaid recipients, including alternative interventions for Medicaid recipients at risk of developing Type 2 diabetes.
- (b) Not later than November 1, 2026, HHSC shall submit to the Governor, the Legislative Budget Board, the Senate Finance Committee, the House Appropriations Committee, and each standing committee of the Legislature with jurisdiction over health and human services a written report containing the findings of the study conducted under this rider and any recommendations for legislative or other action based on those findings.

39. Medicaid Dental Reimbursement Rate Reallocation.

- (a) Out of amounts appropriated above in Strategy A.1.1, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall:
 - (1) for each procedure code under which a dental service provided to a Medicaid recipient is billed:
 - (A) other than a procedure code described by Paragraph (B) of this subdivision, reduce the reimbursement rate for the dental service to the amount in effect for the dental service on February 28, 2025; and
 - (B) if the procedure code was impacted by policy changes resulting from HHSC's biennial review of dental services reimbursement rates that took effect March 1, 2025, maintain the reimbursement rate implemented under the policy; and
 - (2) subject to Subsection (b) of this rider, after adjusting the reimbursement rates as prescribed by Subdivision (1), implement a uniform reimbursement rate increase for the following procedure codes: D0120, D0150, D0210, D0220, D0230, D0272, D0274, D0330, D1110, D1120, D1206, D1208, D1351, D1510, D1516, D1517, D2140, D2150, D2160, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2751, D2930, D3120, D3220, D3310, D3320, D3330, D7140, D7240, D9248, D2931, D7111, D7210, D7220, D7230, D2750, D2752, D2790, D2933, D2934, D2940, and D9243.
- (b) In implementing the uniform reimbursement rate increase described by Subsection (a)(2) of this rider, HHSC shall limit the percentage of the rate increases as necessary to ensure any overall increase in the amount of estimated expenditures on an annual basis is equivalent to the overall increase in amount of estimated expenditures that would have resulted from implementation of policy changes that took effect March 1, 2025, including changes in reimbursement rates, following HHSC's biennial review of dental services reimbursement rates.