

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing for certain individual health care providers providing services under a managed care plan.

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

SECTION 1. Chapter 1452, Insurance Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. EXPEDITED CREDENTIALING PROCESS FOR INDIVIDUAL HEALTH CARE PROVIDERS WHO ARE NOT PHYSICIANS

Sec. 1452.151. DEFINITIONS. (a) In this subchapter:

(1) "Applicant health care provider" means an individual who:

(A) is a health care provider described by Section 1452.101(3)(A); and

(B) is applying for expedited credentialing under this subchapter.

(2) "Established professional group" means:

(A) a single legal entity owned by two or more health care providers;

(B) a professional association composed of licensed health care providers; or

(C) any other business entity composed of licensed health care providers permitted under the Occupations Code.

(b) "Enrollee," "health care provider," "managed care

1 plan," and "participating provider" have the meanings assigned by
2 Section 1452.101.

3 Sec. 1452.152. APPLICABILITY. This subchapter applies only
4 to an individual health care provider who:

- 5 (1) is not a physician; and
6 (2) joins an established professional group of health
7 care providers that has a contract in force with a managed care plan
8 on the date the health care provider joins the group.

9 Sec. 1452.153. ELIGIBILITY REQUIREMENTS. To qualify for
10 expedited credentialing under this subchapter and payment under
11 Section 1452.154, an applicant health care provider must:

12 (1) be licensed, certified, or otherwise authorized in
13 this state by, and in good standing with, the agency of this state
14 that issues the license, certification, or other authorization
15 appropriate to the profession of the applicant health care
16 provider;

17 (2) submit all documentation and other information
18 required by the issuer of the managed care plan as necessary to
19 enable the issuer to begin the credentialing process required by
20 the issuer to include that type of health care provider in the
21 issuer's health benefit plan network; and

22 (3) agree to comply with the terms of the managed care
23 plan's participating provider contract currently in force with the
24 applicant health care provider's established professional group.

25 Sec. 1452.154. PAYMENT OF APPLICANT HEALTH CARE PROVIDER
26 DURING CREDENTIALING PROCESS. On submission by the applicant
27 health care provider of the information required by the managed

1 care plan issuer under Section 1452.153(2), and for payment
2 purposes only, the issuer shall treat the applicant health care
3 provider as if the applicant were a participating provider in the
4 health benefit plan network when the applicant health care provider
5 provides services to the managed care plan's enrollees, including:

6 (1) authorizing the applicant health care provider to
7 collect copayments from the enrollees; and

8 (2) making payments to the applicant health care
9 provider.

10 Sec. 1452.155. DIRECTORY ENTRIES. Pending the approval of
11 an application submitted under Section 1452.154, the managed care
12 plan may exclude the applicant health care provider from the
13 managed care plan's directory of participating health care
14 providers, the managed care plan's website listing of participating
15 health care providers, or any other listing of participating health
16 care providers.

17 Sec. 1452.156. EFFECT OF FAILURE TO MEET CREDENTIALING
18 REQUIREMENTS. If, on completion of the credentialing process, the
19 managed care plan issuer determines that the applicant health care
20 provider does not meet the issuer's credentialing requirements:

21 (1) the managed care plan issuer may recover from the
22 applicant health care provider or the applicant's established
23 professional group an amount equal to the difference between
24 payments for in-network benefits and out-of-network benefits; and

25 (2) the applicant health care provider or the
26 applicant's established professional group may retain any
27 copayments collected or in the process of being collected as of the

1 date of the issuer's determination.

2 Sec. 1452.157. ENROLLEE HELD HARMLESS. An enrollee in the
3 managed care plan is not responsible and shall be held harmless for
4 the difference between in-network copayments paid by the enrollee
5 to a health care provider who is determined to be ineligible under
6 Section 1452.156 and the managed care plan's charges for
7 out-of-network services. The health care provider and the
8 provider's established professional group may not charge the
9 enrollee for any portion of the provider's fee that is not paid or
10 reimbursed by the enrollee's managed care plan.

11 Sec. 1452.158. LIMITATION ON MANAGED CARE ISSUER LIABILITY.
12 A managed care plan issuer that complies with this subchapter is not
13 subject to liability for damages arising out of or in connection
14 with, directly or indirectly, the payment by the issuer of an
15 applicant health care provider as if the applicant were a
16 participating provider in the health benefit plan network.

17 SECTION 2. Subsection (c), Section 843.203, Insurance Code,
18 is amended to read as follows:

19 (c) For purposes of this subchapter, an applicant
20 physician, as defined by Subchapter C, Chapter 1452, or an
21 applicant health care provider, as defined by Subchapter D, Chapter
22 1452, may not be considered to be an available primary care
23 physician or primary care provider within the health maintenance
24 organization delivery network for selection by an enrollee.

25 SECTION 3. Section 843.304, Insurance Code, is amended by
26 adding Subsection (f) to read as follows:

27 (f) Subchapter D, Chapter 1452, does not affect the

1 authority of a health maintenance organization under Subsection
2 (c), (d), or (e).

3 SECTION 4. Section 1301.051, Insurance Code, is amended by
4 adding Subsection (f) to read as follows:

5 (f) Subchapter D, Chapter 1452, does not affect the
6 authority of an insurer under Subsection (d).

7 SECTION 5. The change in law made by this Act applies only
8 to credentialing of an individual health care provider under a
9 contract entered into or renewed by an established professional
10 group and an issuer of a managed care plan on or after the effective
11 date of this Act. A contract entered into or renewed before the
12 effective date of this Act is governed by the law in effect
13 immediately before that date, and that law is continued in effect
14 for that purpose.

15 SECTION 6. This Act takes effect September 1, 2009.