

By: Watson

S.B. No. 779

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 legal entity organized, jointly owned, and managed by individual health care providers to deliver health care services.

(b) "Enrollee," "health care provider," "managed care plan," and "participating provider" have the meanings assigned by Section 1452.101.

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

(1) is not a physician; and

1 (2) joins an established professional group of health
2 care providers that has a contract in force with a managed care plan
3 on the date the health care provider joins the group.

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

7 (1) be licensed, certified, or otherwise authorized in
8 this state by, and in good standing with, the agency of this state
9 that issues the license, certification, or other authorization
10 appropriate to the profession of the applicant health care
11 provider;

12 (2) submit all documentation and other information
13 required by the issuer of the managed care plan as necessary to
14 enable the issuer to begin the credentialing process required by
15 the issuer to include that type of health care provider in the
16 issuer's health benefit plan network; and

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

20 Sec. 1452.154. PAYMENT OF APPLICANT HEALTH CARE PROVIDER
21 DURING CREDENTIALING PROCESS. On submission by the applicant
22 health care provider of the information required by the managed
23 care plan issuer under Section 1452.153(2), and for payment
24 purposes only, the issuer shall treat the applicant health care
25 provider as if the applicant were a participating provider in the
26 health benefit plan network when the applicant health care provider
27 provides services to the managed care plan's enrollees, including:

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

3 (2) making payments to the applicant health care
4 provider.

5 Sec. 1452.155. DIRECTORY ENTRIES. Pending the approval of
6 an application submitted under Section 1452.154, the managed care
7 plan may exclude the applicant health care provider from the
8 managed care plan's directory of participating health care
9 providers, the managed care plan's website listing of participating
10 health care providers, or any other listing of participating health
11 care providers.

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

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

20 (2) the applicant health care provider or the
21 applicant's established professional group may retain any
22 copayments collected or in the process of being collected as of the
23 date of the issuer's determination.

24 Sec. 1452.157. ENROLLEE HELD HARMLESS. An enrollee in the
25 managed care plan is not responsible and shall be held harmless for
26 the difference between in-network copayments paid by the enrollee
27 to a health care provider who is determined to be ineligible under

1 Section 1452.156 and the managed care plan's charges for
2 out-of-network services. The health care provider and the
3 provider's established professional group may not charge the
4 enrollee for any portion of the provider's fee that is not paid or
5 reimbursed by the enrollee's managed care plan.

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

12 SECTION 2. Section 843.203(c), Insurance Code, is amended
13 to read as follows:

14 (c) For purposes of this subchapter, an applicant
15 physician, as defined by Subchapter C, Chapter 1452, or an
16 applicant health care provider, as defined by Subchapter D, Chapter
17 1452, may not be considered to be an available primary care
18 physician or primary care provider within the health maintenance
19 organization delivery network for selection by an enrollee.

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

22 (f) Subchapter D, Chapter 1452, does not affect the
23 authority of a health maintenance organization under Subsection
24 (c), (d), or (e).

25 SECTION 4. Section 1301.051, 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 an insurer under Subsection (d).

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

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