

By: Carona
(Parker)

S.B. No. 365

Substitute the following for S.B. No. 365:

By: Smithee

C.S.S.B. No. 365

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing for certain podiatrists and
therapeutic optometrists 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 Subchapters D and E to read as follows:

SUBCHAPTER D. EXPEDITED CREDENTIALING PROCESS

FOR CERTAIN PODIATRISTS

Sec. 1452.151. DEFINITIONS. In this subchapter:

(1) "Applicant podiatrist" means a podiatrist
applying for expedited credentialing under this subchapter.

(2) "Enrollee" means an individual who is eligible to
receive health care services under a managed care plan.

(3) "Health care provider" means:

(A) an individual who is licensed, certified, or
otherwise authorized to provide health care services in this state;
or

(B) a hospital, emergency clinic, outpatient
clinic, or other facility providing health care services.

(4) "Managed care plan" means a health benefit plan
under which health care services are provided to enrollees through
contracts with health care providers and that requires enrollees to
use participating providers or that provides a different level of

coverage for enrollees who use participating providers. The term includes a health benefit plan issued by:

- (A) a health maintenance organization;
- (B) a preferred provider benefit plan issuer; or
- (C) any other entity that issues a health benefit plan, including an insurance company.

(5) "Participating provider" means a health care provider who has contracted with a health benefit plan issuer to provide services to enrollees.

(6) "Professional practice" means a business entity that is owned by one or more podiatrists or physicians.

Sec. 1452.152. APPLICABILITY. This subchapter applies only to a podiatrist who joins an established professional practice that has a current contract in force with a managed care plan.

Sec. 1452.153. ELIGIBILITY REQUIREMENTS. To qualify for expedited credentialing under this subchapter and payment under Section 1452.154, an applicant podiatrist must:

(1) be licensed in this state by, and in good standing with, the Texas State Board of Podiatric Medical Examiners;

(2) submit all documentation and other information required by the issuer of the managed care plan as necessary to enable the issuer to begin the credentialing process required by the issuer to include a podiatrist in the issuer's health benefit plan network; and

(3) agree to comply with the terms of the managed care plan's participating provider contract currently in force with the applicant podiatrist's established professional practice.

1 Sec. 1452.154. PAYMENT OF APPLICANT PODIATRIST DURING
2 CREDENTIALING PROCESS. On submission by the applicant podiatrist
3 of the information required by the managed care plan issuer under
4 Section 1452.153(2), and for payment purposes only, the issuer
5 shall treat the applicant podiatrist as if the podiatrist were a
6 participating provider in the health benefit plan network when the
7 applicant podiatrist provides services to the managed care plan's
8 enrollees, including:

9 (1) authorizing the applicant podiatrist to collect
10 copayments from the enrollees; and

11 (2) making payments to the applicant podiatrist.

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

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

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

26 (2) the applicant podiatrist or the podiatrist's
27 professional practice may retain any copayments collected or in the

1 process of being collected as of the date of the issuer's
2 determination.

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

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

18 SUBCHAPTER E. EXPEDITED CREDENTIALING PROCESS

19 FOR CERTAIN THERAPEUTIC OPTOMETRISTS

20 Sec. 1452.201. DEFINITIONS. In this subchapter:

21 (1) "Applicant therapeutic optometrist" means a
22 therapeutic optometrist applying for expedited credentialing under
23 this subchapter.

24 (2) "Enrollee" means an individual who is eligible to
25 receive health care services under a managed care plan.

26 (3) "Health care provider" has the meaning assigned by
27 Section 1452.151.

1 (4) "Managed care plan" has the meaning assigned by
2 Section 1452.151.

3 (5) "Participating provider" means a health care
4 provider who has contracted with a health benefit plan issuer to
5 provide services to enrollees.

6 (6) "Professional practice" means a business entity
7 that is owned by one or more therapeutic optometrists or
8 physicians.

9 Sec. 1452.202. APPLICABILITY. This subchapter applies only
10 to a therapeutic optometrist who joins an established professional
11 practice that has a current contract in force with a managed care
12 plan.

13 Sec. 1452.203. ELIGIBILITY REQUIREMENTS. To qualify for
14 expedited credentialing under this subchapter and payment under
15 Section 1452.204, an applicant therapeutic optometrist must:

16 (1) be licensed in this state by, and in good standing
17 with, the Texas Optometry Board;

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

23 (3) agree to comply with the terms of the managed care
24 plan's participating provider contract currently in force with the
25 applicant therapeutic optometrist's established professional
26 practice.

27 Sec. 1452.204. PAYMENT OF APPLICANT THERAPEUTIC

OPTOMETRIST DURING CREDENTIALING PROCESS. On submission by the applicant therapeutic optometrist of the information required by the managed care plan issuer under Section 1452.203(2), and for payment purposes only, the issuer shall treat the applicant therapeutic optometrist as if the therapeutic optometrist were a participating provider in the health benefit plan network when the applicant therapeutic optometrist provides services to the managed care plan's enrollees, including:

(1) authorizing the applicant therapeutic optometrist to collect copayments from the enrollees; and

(2) making payments to the applicant therapeutic optometrist.

Sec. 1452.205. DIRECTORY ENTRIES. Pending the approval of an application submitted under Section 1452.204, the managed care plan may exclude the applicant therapeutic optometrist from the managed care plan's directory of participating therapeutic optometrists, the managed care plan's website listing of participating therapeutic optometrists, or any other listing of participating therapeutic optometrists.

Sec. 1452.206. EFFECT OF FAILURE TO MEET CREDENTIALING REQUIREMENTS. If, on completion of the credentialing process, the managed care plan issuer determines that the applicant therapeutic optometrist does not meet the issuer's credentialing requirements:

(1) the managed care plan issuer may recover from the applicant therapeutic optometrist or the therapeutic optometrist's professional practice an amount equal to the difference between payments for in-network benefits and out-of-network benefits; and

1 (2) the applicant therapeutic optometrist or the
2 therapeutic optometrist's professional practice may retain any
3 copayments collected or in the process of being collected as of the
4 date of the issuer's determination.

5 Sec. 1452.207. ENROLLEE HELD HARMLESS. An enrollee in the
6 managed care plan is not responsible and shall be held harmless for
7 the difference between in-network copayments paid by the enrollee
8 to a therapeutic optometrist who is determined to be ineligible
9 under Section 1452.206 and the managed care plan's charges for
10 out-of-network services. The therapeutic optometrist and the
11 therapeutic optometrist's professional practice may not charge the
12 enrollee for any portion of the therapeutic optometrist's fee that
13 is not paid or reimbursed by the enrollee's managed care plan.

14 Sec. 1452.208. LIMITATION ON MANAGED CARE ISSUER
15 LIABILITY. A managed care plan issuer that complies with this
16 subchapter is not subject to liability for damages arising out of or
17 in connection with, directly or indirectly, the payment by the
18 issuer of an applicant therapeutic optometrist as if the
19 therapeutic optometrist were a participating provider in the health
20 benefit plan network.

21 SECTION 2. The change in law made by this Act applies only
22 to credentialing of a podiatrist or a therapeutic optometrist under
23 a contract entered into or renewed by a professional practice and an
24 issuer of a managed care plan on or after the effective date of this
25 Act. A contract entered into or renewed before the effective date
26 of this Act is governed by the law in effect immediately before that
27 date, and that law is continued in effect for that purpose.

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1 SECTION 3. This Act takes effect September 1, 2013.