

By: Muñoz, Jr.

H.B. No. 2630

A BILL TO BE ENTITLED

AN ACT

relating to the reporting of certain claims information by certain insurers and health benefit plan issuers to the Texas Department of Insurance.

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

SECTION 1. Chapter 38, Insurance Code, is amended by adding Subchapter K to read as follows:

SUBCHAPTER K. CLAIM REPORTING BY CERTAIN INSURERS AND HEALTH
BENEFIT PLAN ISSUERS

Sec. 38.501. CLAIM REPORTING REQUIREMENTS. (a) In this section:

(1) "Health benefit plan issuer" means the issuer of a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise policy or insurance agreement, a group hospital service contract, or an evidence of coverage or similar coverage document. The term includes:

(A) a plan issued by:

(i) an insurer;

(ii) a health maintenance organization operating under Chapter 843; or

(iii) a group hospital service corporation operating under Chapter 842;

1 (B) notwithstanding any provision in Chapter
2 1551, 1575, 1579, or 1601:

3 (i) a basic coverage plan under Chapter
4 1551;

5 (ii) a basic plan under Chapter 1575;

6 (iii) a primary care coverage plan under
7 Chapter 1579; or

8 (iv) basic coverage under Chapter 1601;

9 (C) group health coverage made available by a
10 school district in accordance with Section 22.004, Education Code;

11 (D) coverage provided under the state Medicaid
12 program, including the Medicaid managed care program operated under
13 Chapter 533, Government Code; and

14 (E) coverage provided under the child health plan
15 program under Chapter 62, Health and Safety Code.

16 (2) "Insurer" means an insurance company, reciprocal
17 or interinsurance exchange, mutual insurance company, capital
18 stock company, county mutual insurance company, Lloyd's plan, or
19 other legal entity authorized to engage in the business of
20 insurance in this state.

21 (b) An insurer engaged in the business of personal
22 automobile or residential property insurance or a health benefit
23 plan issuer shall submit a quarterly report to the department
24 containing the following information organized by zip code:

25 (1) the number of claims filed with the insurer under
26 personal automobile or residential property insurance policies, as
27 applicable, or the number of health benefit claims filed with the

1 health benefit plan issuer;

2 (2) the number of claims denied; and

3 (3) for each claim denied, the reason for the denial.

4 (c) The commissioner by rule shall adopt the form of the
5 report required under Subsection (b).

6 SECTION 2. Not later than December 31, 2017, the
7 commissioner of insurance shall adopt rules as necessary to
8 implement Subchapter K, Chapter 38, Insurance Code, as added by
9 this Act. The rules must require that an insurer or health benefit
10 plan issuer subject to that subchapter make the initial submission
11 of the report under that subchapter not later than the 60th day
12 after the effective date of the rules.

13 SECTION 3. This Act takes effect September 1, 2017.