88R22856 CJD-F

By:  Guillen H.B. No. 4300

Substitute the following for H.B. No. 4300:

By:  Oliverson C.S.H.B. No. 4300

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing of certain physician assistants and advanced practice nurses by managed care plan issuers.

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

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

SUBCHAPTER F. EXPEDITED CREDENTIALING PROCESS FOR CERTAIN PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

Sec. 1452.251.  DEFINITIONS. In this subchapter:

(1)  "Advanced practice nurse" means an advanced practice registered nurse as defined by Section 301.152, Occupations Code.

(2)  "Applicant" means a physician assistant or advanced practice nurse applying for expedited credentialing under this subchapter.

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

(4)  "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.

(5)  "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.

(6)  "Medical group" means:

(A)  a single legal entity authorized to practice medicine in this state that is owned by two or more physicians; or

(B)  a professional association composed solely of physicians.

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

(8)  "Physician" means an individual licensed to practice medicine in this state.

(9)  "Physician assistant" means an individual who holds a license issued under Chapter 204, Occupations Code.

Sec. 1452.252.  APPLICABILITY. This subchapter applies only to a physician assistant or advanced practice nurse who joins, as an employee, an established medical group that has a contract with a managed care plan that already includes contracted rates for physician assistants or advanced practice nurses employed by the medical group.

Sec. 1452.253.  ELIGIBILITY REQUIREMENTS. To qualify for expedited credentialing under this subchapter and payment under Section 1452.254, a physician assistant or advanced practice nurse must:

(1)  be licensed in this state by, and in good standing with, the Texas Physician Assistant Board or Texas Board of Nursing;

(2)  submit all documentation and other information required by the managed care plan issuer to begin the credentialing process required for the issuer to include the physician assistant or advanced practice nurse in the plan's network;

(3)  agree to comply with the terms of the managed care plan's participating provider contract with the physician assistant's or advanced practice nurse's established medical group, including the rates applicable to other physician assistants or advanced practice nurses under the contract; and

(4)  have received express written consent from the physician assistant's or advanced practice nurse's established medical group to apply for expedited credentialing under this subchapter.

Sec. 1452.254.  PAYMENT FOR SERVICES OF PHYSICIAN ASSISTANT OR ADVANCED PRACTICE NURSE DURING CREDENTIALING PROCESS. After an applicant has met the eligibility requirements under Section 1452.253, the issuer shall, for payment purposes only, treat the applicant as if the applicant is a participating provider in the plan's network when the applicant provides services to the plan's enrollees as an employee of the applicant's established medical group, including:

(1)  authorizing the applicant's medical group to collect copayments from the enrollees for the applicant's services; and

(2)  making payments to the applicant's medical group for the applicant's services.

Sec. 1452.255.  DIRECTORY ENTRIES. Nothing in this subchapter may be construed as requiring the managed care plan issuer to include the applicant in the plan's directory, Internet website listing, or other listing of participating providers.

Sec. 1452.256.  EFFECT OF FAILURE TO MEET CREDENTIALING REQUIREMENTS. If, on completion of the credentialing process, the managed care plan issuer determines that the applicant does not meet the issuer's credentialing requirements:

(1)  the issuer may recover from the applicant's medical group that was paid under Section 1452.254 an amount equal to the difference between payments for in-network benefits and out-of-network benefits; and

(2)  the applicant's medical group may retain any copayments collected or in the process of being collected as of the date of the issuer's determination.

Sec. 1452.257.  ENROLLEE HELD HARMLESS. An enrollee is not responsible and shall be held harmless for the difference between in-network copayments paid under Section 1452.254 by the enrollee to an applicant's medical group for services provided by an employee applicant physician assistant or advanced practice nurse who is determined to be ineligible under Section 1452.256 and the enrollee's managed care plan's charges for out-of-network services. The physician assistant's or advanced practice nurse's medical group may not charge the enrollee for any portion of the physician assistant's or advanced practice nurse's fee that is not paid or reimbursed by the plan.

Sec. 1452.258.  LIMITATION ON MANAGED CARE ISSUER LIABILITY. A managed care plan issuer that complies with this subchapter is not subject to liability for damages arising out of or in connection with, directly or indirectly, the payment by the issuer of a physician assistant's or advanced practice nurse's medical group for services provided by the medical group's employed physician assistant or advanced practice nurse treated as if the physician assistant or advanced practice nurse is a participating provider in the plan's network under this subchapter.

SECTION 2.  This Act takes effect September 1, 2023.