

By: Johnson of Dallas

H.B. No. 3773

A BILL TO BE ENTITLED

AN ACT

relating to claims submitted and requests for verification made by a physician or health care provider to certain health benefit plan issuers and administrators.

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

SECTION 1. Section 843.3385, Insurance Code, is amended by adding Subsection (g) to read as follows:

(g) A health maintenance organization shall accept relevant clinical records submitted by a treating physician or provider with a claim related to the records or at any time after submission of the claim.

SECTION 2. Section 843.342, Insurance Code, is amended by adding Subsection (o) to read as follows:

(o) For the purposes of calculating a penalty under this section related to a claim by a physician or provider described by Section 843.351, the contracted rate for health care services provided by the physician or provider is the usual and customary rate for the service in the geographic area in which the service is provided.

SECTION 3. Section 843.351, Insurance Code, is amended to read as follows:

Sec. 843.351. SERVICES PROVIDED BY CERTAIN PHYSICIANS AND PROVIDERS. The provisions of this subchapter relating to prompt payment by a health maintenance organization of a physician or

1 provider and to verification of health care services apply to a
2 physician or provider who:

3 (1) is not included in the health maintenance
4 organization delivery network; and

5 (2) provides health care services to an enrollee[+]

6 [~~(A) care related to an emergency or its~~
7 ~~attendant episode of care as required by state or federal law; or~~

8 [~~(B) specialty or other health care services at~~
9 ~~the request of the health maintenance organization or a physician~~
10 ~~or provider who is included in the health maintenance organization~~
11 ~~delivery network because the services are not reasonably available~~
12 ~~within the network]~~.

13 SECTION 4. Section [1301.069](#), Insurance Code, is amended to
14 read as follows:

15 Sec. 1301.069. SERVICES PROVIDED BY CERTAIN PHYSICIANS AND
16 HEALTH CARE PROVIDERS. The provisions of this chapter relating to
17 prompt payment by an insurer of a physician or health care provider
18 and to verification of medical care or health care services apply to
19 a physician or provider who:

20 (1) is not a preferred provider included in the
21 preferred provider network; and

22 (2) provides health care services to an insured[+]

23 [~~(A) care related to an emergency or its~~
24 ~~attendant episode of care as required by state or federal law; or~~

25 [~~(B) specialty or other medical care or health~~
26 ~~care services at the request of the insurer or a preferred provider~~
27 ~~because the services are not reasonably available from a preferred~~

~~provider who is included in the preferred delivery network].~~

SECTION 5. Section 1301.1054, Insurance Code, is amended by adding Subsection (f) to read as follows:

(f) An insurer shall accept relevant clinical records submitted by a treating physician or provider with a claim related to the records or at any time after submission of the claim.

SECTION 6. Section 1301.137, Insurance Code, is amended by adding Subsection (m) to read as follows:

(m) For the purposes of calculating a penalty under this section related to a claim by a physician or health care provider described by Section 1301.069, the contracted rate for health care services provided by the physician or provider is the usual and customary rate for the service in the geographic area in which the service is provided.

SECTION 7. Subchapter E, Chapter 1551, Insurance Code, is amended by adding Section 1551.231 to read as follows:

Sec. 1551.231. ACCEPTANCE OF CLINICAL RECORDS. The administrator of a managed care plan provided under the group benefits program shall accept relevant clinical records submitted by a treating physician or provider with a claim related to the records or at any time after submission of the claim.

SECTION 8. Subchapter D, Chapter 1575, Insurance Code, is amended by adding Section 1575.174 to read as follows:

Sec. 1575.174. ACCEPTANCE OF CLINICAL RECORDS. The administrator of a managed care plan provided under the group program shall accept relevant clinical records submitted by a treating physician or provider with a claim related to the records

1 or at any time after submission of the claim.

2 SECTION 9. Subchapter C, Chapter 1579, Insurance Code, is
3 amended by adding Section 1579.112 to read as follows:

4 Sec. 1579.112. ACCEPTANCE OF CLINICAL RECORDS. The
5 administrator of a managed care plan provided under this chapter
6 shall accept relevant clinical records submitted by a treating
7 physician or provider with a claim related to the records or at any
8 time after submission of the claim.

9 SECTION 10. Subchapter D, Chapter 1601, Insurance Code, is
10 amended by adding Section 1601.156 to read as follows:

11 Sec. 1601.156. ACCEPTANCE OF CLINICAL RECORDS. The
12 administering carrier of a managed care plan provided under this
13 chapter shall accept relevant clinical records submitted by a
14 treating physician or provider with a claim related to the records
15 or at any time after submission of the claim.

16 SECTION 11. (a) Sections 843.342(o) and 1301.137(m),
17 Insurance Code, as added by this Act, apply only to a penalty or
18 interest on a penalty owed with respect to a claim submitted on or
19 after the effective date of this Act.

20 (b) Sections 843.351 and 1301.069, Insurance Code, as
21 amended by this Act, apply only to health care services provided and
22 verification requests made on or after the effective date of this
23 Act. Health care services provided and verification requests made
24 before the effective date of this Act are governed by the law as it
25 existed immediately before the effective date of this Act, and that
26 law is continued in effect for that purpose.

27 SECTION 12. This Act takes effect September 1, 2023.