

By: Guillen

H.B. No. 4300

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing of certain physician assistants and nurse practitioners 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 NURSE PRACTITIONERS

Sec. 1452.251. DEFINITIONS. In this subchapter:

(1) "Applicant" means a physician assistant or nurse practitioner 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) "Medical group" means:

- (A) a single legal entity owned by two or more physicians;
- (B) a professional association composed of licensed physicians;
- (C) any other business entity composed of licensed physicians as permitted under Subchapter B, Chapter 162, Occupations Code; or
- (D) two or more physicians on the medical staff of, or teaching at, a medical school, as defined by Section 61.501, Education Code, or medical and dental unit, as defined by Section 61.003, Education Code.

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

Sec. 1452.252. APPLICABILITY. This subchapter applies only to a physician assistant or nurse practitioner who joins an established medical group that has a contract with a managed care plan.

Sec. 1452.253. ELIGIBILITY REQUIREMENTS. To qualify for expedited credentialing under this subchapter and payment under

Section 1452.254, a physician assistant or nurse practitioner must:

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

(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 nurse practitioner in the plan's network; and

(3) agree to comply with the terms of the managed care plan's participating provider contract with the physician assistant's or nurse practitioner's established medical group.

Sec. 1452.254. PAYMENT OF PHYSICIAN ASSISTANT OR NURSE PRACTITIONER DURING CREDENTIALING PROCESS. After an applicant has submitted the information required by the managed care plan issuer 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, including:

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

(2) making payments to the applicant.

Sec. 1452.255. DIRECTORY ENTRIES. Pending the approval of an application submitted under Section 1452.253, the managed care plan issuer may exclude the applicant from 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

1 managed care plan issuer determines that the applicant does not
2 meet the issuer's credentialing requirements:

3 (1) the issuer may recover from the applicant or the
4 applicant's medical group an amount equal to the difference between
5 payments for in-network benefits and out-of-network benefits; and

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

9 Sec. 1452.257. ENROLLEE HELD HARMLESS. An enrollee is not
10 responsible and shall be held harmless for the difference between
11 in-network copayments paid by the enrollee to a physician assistant
12 or nurse practitioner who is determined to be ineligible under
13 Section 1452.256 and the enrollee's managed care plan's charges for
14 out-of-network services. The physician assistant or nurse
15 practitioner and the physician assistant's or nurse practitioner's
16 medical group may not charge the enrollee for any portion of the
17 physician assistant's or nurse practitioner's fee that is not paid
18 or reimbursed by the plan.

19 Sec. 1452.258. LIMITATION ON MANAGED CARE ISSUER LIABILITY.
20 A managed care plan issuer that complies with this subchapter is not
21 subject to liability for damages arising out of or in connection
22 with, directly or indirectly, the payment by the issuer of a
23 physician assistant or nurse practitioner treated as if the
24 physician assistant or nurse practitioner is a participating
25 provider in the plan's network.

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