

By: Cain

H.B. No. 1642

A BILL TO BE ENTITLED

AN ACT

relating to expedited credentialing of certain chiropractors 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 CHIROPRACTORS

Sec. 1452.251. DEFINITIONS. In this subchapter:

(1) "Applicant" means a chiropractor 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 owned by one or more chiropractors or physicians.

Sec. 1452.252. APPLICABILITY. This subchapter applies only to a chiropractor who joins an established professional practice 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 chiropractor must:

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

(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 chiropractor in the plan's network; and

(3) agree to comply with the terms of the managed care plan's participating provider contract with the chiropractor's established professional practice.

Sec. 1452.254. PAYMENT OF CHIROPRACTOR 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 managed care plan issuer determines that the applicant does not meet the issuer's credentialing requirements:

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

(2) the applicant or the applicant's professional practice 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 by the enrollee to a chiropractor who is

1 determined to be ineligible under Section 1452.256 and the
2 enrollee's managed care plan's charges for out-of-network services.
3 The chiropractor and the chiropractor's professional practice may
4 not charge the enrollee for any portion of the chiropractor's fee
5 that is not paid or reimbursed by the plan.

6 Sec. 1452.258. LIMITATION ON MANAGED CARE ISSUER LIABILITY.
7 A managed care plan issuer that complies with this subchapter is not
8 subject to liability for damages arising out of or in connection
9 with, directly or indirectly, the payment by the issuer of a
10 chiropractor treated as if the chiropractor is a participating
11 provider in the plan's network.

12 SECTION 2. This Act takes effect September 1, 2025.