

By: Parker

S.B. No. 832

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

1 includes a health benefit plan issued by:

2 (A) a health maintenance organization;

3 (B) a preferred provider benefit plan issuer; or

4 (C) any other entity that issues a health benefit
5 plan, including an insurance company.

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

9 (6) "Professional practice" means a business entity
10 owned by one or more chiropractors or physicians.

11 Sec. 1452.252. APPLICABILITY. This subchapter applies only
12 to a chiropractor who joins an established professional practice
13 that has a contract with a managed care plan.

14 Sec. 1452.253. ELIGIBILITY REQUIREMENTS. To qualify for
15 expedited credentialing under this subchapter and payment under
16 Section 1452.254, a chiropractor must:

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

19 (2) submit all documentation and other information
20 required by the managed care plan issuer to begin the credentialing
21 process required for the issuer to include the chiropractor in the
22 plan's network; and

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

26 Sec. 1452.254. PAYMENT OF CHIROPRACTOR DURING
27 CREDENTIALING PROCESS. After an applicant has submitted the

1 information required by the managed care plan issuer under Section
2 1452.253, the issuer shall, for payment purposes only, treat the
3 applicant as if the applicant is a participating provider in the
4 plan's network when the applicant provides services to the plan's
5 enrollees, including:

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

8 (2) making payments to the applicant.

9 Sec. 1452.255. DIRECTORY ENTRIES. Pending the approval of
10 an application submitted under Section 1452.253, the managed care
11 plan issuer may exclude the applicant from the plan's directory,
12 Internet website listing, or other listing of participating
13 providers.

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

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

22 (2) the applicant or the applicant's professional
23 practice may retain any copayments collected or in the process of
24 being collected as of the date of the issuer's determination.

25 Sec. 1452.257. ENROLLEE HELD HARMLESS. An enrollee is not
26 responsible and shall be held harmless for the difference between
27 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.