

## **Texas Department of Insurance**

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## HMO-PHYSICIAN/PROVIDER CONTRACT CHECKLIST

Although every effort has been made to ensure the accuracy and completeness of the information contained in this document, the reader is advised to consult the Texas Insurance Code, Title 28 of the Texas Administrative Code and other applicable laws relating to HMOs, to determine the applicability and the full extent and nature of all the requirements listed in this document.

All dealings with the Texas Department of Insurance are governed and controlled solely by the Texas Insurance Code, Title 28 of the Texas Administrative Code and/or other applicable laws, and not by this document.

Texas Insurance Code (TIC) and Texas Administrative Code (TAC)  Requirements for HMO Physician and Provider Contracts**		
HMO must file a copy of the form of any new contract or subcontracts or any substantive changes to previously	28 TAC §11.301(5)(G)	
filed copies of forms of all contracts between the HMO and any physicians or other providers		
PHYSICIAN-DEFINED		
<ul> <li>Individual licensed to practice medicine</li> <li>Medical school or medical and dental unit, as described by Section 61.003, 61.501, or 74.601, Education Code, that employs or contracts with physicians to teach or provide medical services or employs physicians and contracts with physicians in a practice plan</li> <li>Nonprofit health corporation certified under Chapter 162, Texas Occupations Code</li> <li>Person wholly owned by a physician</li> <li>Professional Association organized under the Texas Professional Association Act (Article 1528f, Vernon's Texas Civil Statutes)</li> </ul>	§843.002(22)	

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HEALTH CARE PROVIDER (	OTHER THAN A PHYSICIAN)
<ul> <li>Acupuncturist</li> <li>Advanced Practice Nurse</li> <li>Approved Nonprofit Health Corporation (ANHC)</li> <li>Chiropractor</li> <li>HMO as Provider</li> <li>Hospital</li> <li>Institution, organization or person that is <i>licensed or otherwise authorized</i> to provide a health care service</li> <li>Nurse First Assistant</li> <li>Optometrist</li> <li>Person who is wholly owned or controlled by a provider or by a group of providers who are licensed to provide the same health care service</li> <li>Person who is wholly owned or controlled by one or more hospitals and physicians, including a physician-hospital organization</li> <li>Pharmacist/Pharmacy</li> <li>Physician Assistant</li> <li>Podiatrist</li> <li>Registered Nurse</li> </ul>	<ul> <li>§843.002(24)</li> <li>§843.312</li> <li>Chapter 844</li> <li>§843.3045</li> <li>§843.101</li> <li>28 TAC §11.1604</li> </ul>
Registered Optician	
Therapeutic Optometrist  CERTIFICATE  C	OF AUTHORITY
Applicability to Physicians and Providers	• \$843.073
rippineutomy to mysterians and moviders	• §843.101
	• §843.318
PHYSICIAN & PROVIDER CONT	
□ Batched Claims-If requested, HMO must include a provision in contract that HMO clearinghouse may not refuse to process or pay an electronically submitted clean claim because the claim is submitted together with or in a batch submission with a claim that is not a clean claim	§843.323
☐ Capitation-Requirements related to Payment of Capitation (where applicable)	<ul><li> §§843.315-316</li><li> 28 TAC §11.901(9)</li></ul>
Complaints-Posting of Notice in Physician/Provider Office-HMO must require the physician or provider to post, in physician or provider's office, a notice to	• §843.283 • 28 TAC §11.901(6)
enrollees on the process for resolving complaints with the HMO and include the TDI's toll-free telephone number for filing a complaint	8042 200
with the HMO and include the TDI's toll-free	<ul> <li>§843.309</li> <li>§843.362</li> <li>28 TAC § 11.901(4)</li> <li>§843.002(7)</li> </ul>

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☐ Fee Schedules and Coding Procedures- Disclosure of	• §843.319 <sup>1</sup>
Certain Information	• 28 TAC §11.901(11)
☐ Hold-Harmless Provision-A contract or other	• \$843.361
agreement between an HMO and a physician or	• 28 TAC §11.901(1)
provider must specify that the physician or provider	
will hold an enrollee harmless for payment of the	
cost of covered health care services if the HMO	
does not pay the physician or provider for those	
services	
☐ Indemnification of HMO-A contract between an	• §843.310
HMO and a physician or provider may not contain a	• 28 TAC §11.901(7)
clause purporting to indemnify the HMO for any	
liability in tort resulting from an act or omission of	
the HMO	
☐ PCP-Selection of Primary Physician or Provider (if	• §843.315
applicable)	• 28 TAC §11.901(10)
□ Podiatrist-Requirements for Contract with	• §843.311
Podiatrist	• 28 TAC §11.901(12)
1 odiatrist	20 TAC §11.501(12)
☐ Prompt Payment of Claims & Submission of Clean	Chapter 843, Subchapter J
Claims	• 28 TAC §11.901(8)
Ciamis	• 28 TAC Chapter 21, Subchapter T
☐ Retaliatory Action-An HMO shall not take	• §843.281
retaliatory action against enrollees and physicians or	• 28 TAC §11.901(2)
providers for filings complaints or for appealing	
complaints	
☐ Termination of Physicians & Providers-	• §§843.306 to 843.309 & 843.362
Requirements relating to termination of physicians	• 28 TAC §11.901(4)
and providers, including notice to Enrollees	
regarding the termination	
☐ Waiver of Electronic Claims-HMO contract must	• Article 21.52Z, §2A
include a waiver provision for any requirement for	• 28 TAC §21.3701
electronic transactions	• 28 TAC §11.901(13)
	PROVIDER & PHYSICIAN
☐ Acupuncturist-HMO that covers acupuncture may not	§843.3041
refuse to provide reimbursement for the performance	
of a covered acupuncture service solely because the	
service is performed by an acupuncturist	
☐ Enrollee Eligibility And Payment Status-Upon	Chapter 1274
request, HMO must provide enrollee information	
telephonically, electronically, or by an Internet	
website portal; fee for accessing information	
prohibited (not applicable to a single-service	
HMO)	
☐ Equal Health Care For Women-Equal	Chapter 1454
Reimbursement Required	
☐ Exclusion of Provider-Exclusion based on type of	§843.304
license is prohibited	
☐ Financial Incentive-An HMO may not use a	§843.314
financial incentive or make a payment to a	
physician or provider if the incentive or payment	

<sup>&</sup>lt;sup>1</sup> Chapter 843 contains two (2) §843.319

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acts directly or indirectly as an inducement to limit medically necessary services	
Gag Clauses"-HMO may not limit Physician and Provider Communication with enrollees	• \$843.363 • 28 TAC \$11.903
☐ Hospitalist-A contract between an HMO and a physician may not require the physician to use a hospitalist for a hospitalized patient	§843.320
☐ Network Participation-Opportunity to Participate in Network	<ul><li> §\$843.302-305</li><li> 28 TAC §11.1402</li></ul>
☐ Nurse First Assistant-HMO may not require a physician to use the services of a nurse first assistant	Texas Occupations Code §301.1525(c)
Pharmacist Contract-Immunization and Vaccination Protocols	<ul> <li>28 TAC §11.904(b)</li> <li>Texas Occupations Code, Chapter 551 (Texas Pharmacy Act)</li> </ul>
Podiatrist-HMO may not deny a contract to a Texas- licensed podiatrist who joins the professional practice of a contracted physician or provider and who satisfies the HMO's qualification and credentialing requirements	<ul><li>§843.303(c)</li><li>§843.319</li></ul>
□ Surgical Assistant-HMO may not limit the way in which a licensed surgical assistant may be reimbursed for services. The HMO must allow a licensed surgical assistant to directly bill the HMO for covered services provided by the surgical assistant	Texas Occupations Code §206.2525
☐ Therapeutic Optometrist-HMO that provides vision or medical eye care services must allow a therapeutic optometrist to be a fully participating provider on medical panels	Chapter 1451, Subchapter D

<sup>\*\*</sup>Unless otherwise stated, all articles, sections, chapters and subchapters cited are to the Texas Insurance Code.

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