Provider Contracting Requirements

For any conflicts between the following reference materials and the rules, the rules prevail.

Topic	HB 610 - 28 TAC §11.901 and 28 TAC §3.3703	SB 418 Emergency Rules - 28 TAC §11.901 and 28 TAC §3.3703	SB 418 Final Rules - 28 TAC §11.901 and 28 TAC §3.3703
Access to information	Contracts must entitle the provider to request by any reasonable and verifiable means all information necessary to determine if compensation complies with the contract. Carriers must furnish claims payment information at a level of detail sufficient to enable a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made in accordance with the contract.	Contracts must entitle the provider to request by any reasonable and verifiable means all information necessary to determine if compensation complies with the contract. Carriers must furnish claims payment information at a level of detail sufficient to enable a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made in accordance with the contract.	Contracts must entitle the provider to request by any reasonable and verifiable means all information necessary to determine if compensation complies with the contract. Carriers must furnish claims payment information at a level of detail sufficient to enable a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made in accordance with the contract.
Provision of information	Carrier may provide information by any reasonable method through which provider can access the information, including e-mail, computer disks, paper or access to electronic database. Amendments require a 60-day advance written notice to provider but the notice requirement does not override any contractual requirements for mutual agreement of any amendments.	Carrier may provide information by any reasonable method through which provider can access the information, including e-mail, computer disks, paper or access to electronic database. Amendments require a 90-day advance written notice to provider but the notice requirement does not override any contractual requirements for mutual agreement. Carriers cannot make retroactive changes to claim payment procedures or any of the required information.	Carrier may provide information by any reasonable method through which provider can access the information, including e-mail, computer disks, paper or access to electronic database. Amendments require a 90-day advance written notice to provider but the notice requirement does not override any contractual requirements for mutual agreement. Carriers cannot make retroactive changes to claim payment procedures or any of the required information.

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Content	Must provide a physician or provider-specific summary and explanation of all payment and reimbursement methodologies used to pay provider. Minimum information must include: • fee schedule and any applicable CPT, HCPCS, ICD-9-CM codes and modifiers by which all claims for that provider will be paid or that pertains to range of services reasonably expected to be routinely delivered by the provider along with a toll free number or electronic address for requesting fee schedules for any other covered service the provider intends to furnish and any other required information that has not been previously furnished.	Must provide within 30 days after request a physician or provider-specific summary and explanation of all payment and reimbursement methodologies used to pay provider. Minimum information must include: • fee schedule and any applicable CPT, HCPCS, ICD-9-CM codes and modifiers by which all claims for that provider will be paid or that pertains to range of services reasonably expected to be routinely delivered by the provider along with a toll free number or electronic address for requesting fee schedules for any other covered service the provider intends to furnish and any other required information that has not been previously furnished.	Must provide within 30 days after request a physician or provider-specific summary and explanation of all payment and reimbursement methodologies used to pay provider. Minimum information must include: • fee schedule and any applicable CPT, CDT, HCPCS, ICD-9-CM codes and modifiers by which all claims for that provider will be paid or that pertains to range of services reasonably expected to be routinely delivered by the provider along with a toll free number or electronic address for requesting fee schedules for any other covered service the provider intends to furnish and any other required information that has not been previously furnished.

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Content (continued from previous page)	• all applicable coding methodologies • all applicable bundling processes • all applicable downcoding policies • description of any other policy or procedure the carrier may use that affects payment of specific claims including recoupment • any addenda, schedules, exhibits or policies used by the carrier to pay claims that are necessary to give a reasonable understanding of the information required to be furnished.	• all applicable coding methodologies • all applicable bundling processes which must be consistent with nationally recognized, generally accepted bundling edits and logic • all applicable downcoding policies • description of any other policy or procedure the carrier may use that affects payment of specific claims including recoupment • any addenda, schedules, exhibits or policies used by the carrier to pay claims that are necessary to give a reasonable understanding of the information required to be furnished • the publisher, product name, and version of any software the insurer uses to determine bundling and unbundling of claims.	• all applicable coding methodologies • all applicable bundling processes which must be consistent with nationally recognized, generally accepted bundling edits and logic • all applicable downcoding policies • description of any other policy or procedure the carrier may use that affects payment of specific claims including recoupment • any addenda, schedules, exhibits or policies used by the carrier to pay claims that are necessary to give a reasonable understanding of the information required to be furnished • the publisher, product name, and version of any software the insurer uses to determine bundling and unbundling of claims.

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Outside source information	If the carrier bases fee computation on an outside source that is not controlled by the carrier (such as Medicare or Medicaid fee schedules) the carrier must identify source and explain how provider may readily access the source electronically, telephonically, or as otherwise mutually agreed.	If the carrier bases fee computation on an outside source that is not controlled by the carrier (such as Medicare or Medicaid fee schedules) the carrier must identify source and explain how provider may readily access the source electronically, telephonically, or as otherwise mutually agreed.	If the carrier bases fee computation on an outside source that is not controlled by the carrier (such as Medicare or Medicaid fee schedules) the carrier must identify source and explain how provider may readily access the source electronically, telephonically, or as otherwise mutually agreed.
Copyrighted information	Carrier is not required to provide specific information that would violate copyright law or licensing agreement but must provide, in lieu of information withheld on this basis, a summary of information that will allow a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made.	Carrier is not required to provide specific information that would violate copyright law or licensing agreement but must provide, in lieu of information withheld on this basis, a summary of information that will allow a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made.	Carrier is not required to provide specific information that would violate copyright law or licensing agreement but must provide, in lieu of information withheld on this basis, a summary of information that will allow a reasonable person with sufficient training, experience and competence in claims processing to determine the payment to be made.

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Use of information	Information received under this rule may not: • be used or disclosed for any purpose other than the physician or provider's practice management or billing activities • be used to knowingly submit a claim for payment that does not accurately represent the level, type, or amount of services actually provided or to misrepresent any aspect of the services • be relied upon as a verification that an enrollee is covered for that service under the terms of the plan.	Information received under this rule may not: • be used or disclosed for any purpose other than the physician or provider's practice management, billing activities, other business operations, or communications with a governmental agency involved in the regulation of health care or insurance • be used to knowingly submit a claim for payment that does not accurately represent the level, type, or amount of services actually provided or to misrepresent any aspect of the services • be relied upon as a representation that an enrollee is covered for that service under the terms of the plan.	Information received under this rule may not: • be used or disclosed for any purpose other than the physician or provider's practice management, billing activities, other business operations, or communications with a governmental agency involved in the regulation of health care or insurance • be used to knowingly submit a claim for payment that does not accurately represent the level, type, or amount of services actually provided or to misrepresent any aspect of the services • be relied upon as a representation that an enrollee is covered for that service under the terms of the plan.

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Timeframe	These provisions apply to all contracts entered into and renewed after the October 8, 2002, effective date. For existing contracts that do not contain the terms of this rule, carrier shall provide the information by the later of: (1) the 90th day after effective date of this requirement or (2) the 30th day after the carrier receives the request. For contracts entered into or renewed after the effective date of these sections, the carrier must provide the information by the later of the 90th day after the October, 8, 2002, effective date of these requirements or contemporaneously with other contract materials.	These provisions apply to all contracts entered into and renewed after the effective date. Upon receipt of a request, the insurer must provide the required information by the 30th day following receipt of the request.	These provisions apply to all contracts entered into and renewed after the effective date. Upon receipt of a request, the insurer must provide the required information by the 30th day following receipt of the request.
Failure to comply	Failure to comply constitutes a violation of Insurance Code Chapter 843 or Insurance Code Article 21.21-2.	Failure to comply constitutes a violation of Insurance Code Chapter 843 or Insurance Code Article 21.21-2.	Failure to comply constitutes a violation of Insurance Code Chapter 843 or Insurance Code Article 21.21-2.
Termination	No provision	A provider may terminate the contract on or before the 30th day following receipt of information requested under this rule without penalty or discrimination in participation in other health care products or plans.	A provider may terminate the contract on or before the 30th day following receipt of information requested under this rule without penalty or discrimination in participation in other health care products or plans.

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Waiver	No provision	Provisions may not be waived, voided or nullified by contract.	Provisions may not be waived, voided or nullified by contract.
Other Coverage	No provision	Carrier may require provider to retain updated information in their records about patient's other health benefit plan coverage.	Carrier may require provider to retain updated information in their records about patient's other health benefit plan coverage.