By: Naishtat, Raymond H.B. No. 3672

## A BILL TO BE ENTITLED

1	AN ACT
2	relating to expedited credentialing for certain licensed clinical
3	social workers under the Medicaid managed care program.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Chapter 533, Government Code, is amended by
6	adding Subchapter G to read as follows:
7	SUBCHAPTER G. EXPEDITED CREDENTIALING PROCESS
8	FOR CERTAIN LICENSED CLINICAL SOCIAL WORKERS
9	Sec. 533.121. DEFINITIONS. In this subchapter:
10	(1) "Applicant licensed clinical social worker" means
11	a licensed clinical social worker applying for expedited
12	credentialing under this subchapter.
13	(2) "Licensed clinical social worker" means ar
14	individual licensed by the Texas State Board of Social Worker
15	Examiners as a licensed clinical social worker.
16	(3) "Social work medical group" means:
17	(A) a single legal entity owned by two or more
18	licensed clinical social workers;
19	(B) a professional association composed of
20	licensed clinical social workers; or
21	(C) any other entity composed of licensed
22	clinical social workers.
23	Sec. 533.122. APPLICABILITY. This subchapter applies only
24	to a licensed clinical social worker who joins an established

- 1 social work medical group that has a current contract in force with
- 2 a managed care organization.
- 3 Sec. 533.123. ELIGIBILITY REQUIREMENTS. To qualify for
- 4 expedited credentialing under this subchapter and payment under
- 5 Section 533.124, an applicant licensed clinical social worker must:
- 6 (1) be licensed in this state by, and in good standing
- 7 with, the Texas State Board of Social Worker Examiners;
- 8 (2) submit all necessary documentation and other
- 9 information required by the managed care organization to enable the
- 10 organization to begin the credentialing process required by the
- 11 organization to include a licensed clinical social worker as a
- 12 provider under the organization's provider network; and
- 13 (3) agree to comply with the terms of the managed care
- 14 organization's participating provider contract currently in force
- 15 with the applicant licensed clinical social worker's established
- 16 <u>social work medical group.</u>
- 17 Sec. 533.124. PAYMENT OF APPLICANT LICENSED CLINICAL SOCIAL
- 18 WORKER DURING CREDENTIALING PROCESS. On submission by the
- 19 applicant licensed clinical social worker of the information
- 20 required by the managed care organization under Section 533.123(2),
- 21 and for payment purposes only, the organization shall treat the
- 22 applicant licensed clinical social worker as if the licensed
- 23 clinical social worker were a participating provider in the
- 24 organization's provider network when the applicant licensed
- 25 clinical social worker provides services to recipients under the
- 26 managed care plan, including:
- 27 (1) authorizing the applicant licensed clinical

- 1 social worker to collect copayments from the recipients; and
- 2 (2) making payments to the applicant licensed clinical
- 3 social worker.
- 4 Sec. 533.125. DIRECTORY ENTRIES. Pending the approval of
- 5 an application submitted under Section 533.124, the managed care
- 6 plan may exclude the applicant licensed clinical social worker from
- 7 the managed care plan's directory of participating licensed
- 8 clinical social workers, the managed care plan's website listing of
- 9 participating licensed clinical social workers, or any other
- 10 listing of participating licensed clinical social workers.
- 11 Sec. 533.126. EFFECT OF FAILURE TO MEET CREDENTIALING
- 12 REQUIREMENTS. If, on completion of the credentialing process, the
- 13 managed care organization determines that the applicant licensed
- 14 <u>clinical social worker does not meet the organization's</u>
- 15 <u>credentialing requirements:</u>
- 16 <u>(1)</u> the managed care organization may recover from the
- 17 applicant licensed clinical social worker or the licensed clinical
- 18 social worker's social work medical group an amount equal to the
- 19 difference between payments for in-network benefits and
- 20 out-of-network benefits; and
- 21 (2) the applicant licensed clinical social worker or
- 22 the licensed clinical social worker's social work medical group may
- 23 retain any copayments collected or in the process of being
- 24 collected as of the date of the organization's determination.
- 25 <u>Sec. 533.127. RECIPIENT HELD HARMLESS. A recipient under a</u>
- 26 managed care plan is not responsible and shall be held harmless for
- 27 any portion of the licensed clinical social worker's fee that is not

- 1 paid or reimbursed by the recipient's managed care plan other than
- 2 any cost-sharing requirement imposed under the plan.
- 3 Sec. 533.128. LIMITATION ON MANAGED CARE ORGANIZATION
- 4 LIABILITY. A managed care organization that complies with this
- 5 subchapter is not subject to liability for damages arising out of or
- 6 in connection with, directly or indirectly, the payment by the
- 7 organization of an applicant licensed clinical social worker as if
- 8 the licensed clinical social worker were a participating provider
- 9 in the organization's provider network.
- 10 SECTION 2. The change in law made by this Act applies only
- 11 to credentialing of a licensed clinical social worker under a
- 12 contract entered into or renewed by a medical group and an issuer of
- 13 a Medicaid managed care plan on or after the effective date of this
- 14 Act. A contract entered into or renewed before the effective date
- 15 of this Act is governed by the law in effect immediately before that
- 16 date, and that law is continued in effect for that purpose.
- 17 SECTION 3. If before implementing any provision of this Act
- 18 a state agency determines that a waiver or authorization from a
- 19 federal agency is necessary for implementation of that provision,
- 20 the agency affected by the provision shall request the waiver or
- 21 authorization and may delay implementing that provision until the
- 22 waiver or authorization is granted.
- 23 SECTION 4. This Act takes effect September 1, 2015.