Subchapter KK. Health Care Reimbursement Rate Information
28 TAC §§21.4501 - 21.4507

1. INTRODUCTION. The Commissioner of Insurance (Commissioner) adopts new Subchapter KK, §§21.4501 – 21.4507, concerning the collection and submission of aggregate health care reimbursement rate information by health benefit plan issuers. The sections are adopted without changes to the proposed text published in the September 10, 2010 issue of the *Texas Register* (35 TexReg 8286). Form No. LHL616 (Health Care Claims Reimbursement Rate Report) is adopted by reference in §21.4507 with minor non-substantive changes.

2. REASONED JUSTIFICATION. This new subchapter implements SECTION 8 of Senate Bill (SB) 1731, enacted by the 80th Legislature, Regular Session, effective September 1, 2007. SECTION 8 of SB Bill 1731 adds new Insurance Code Chapter 38, Subchapter H, which authorize the Department to collect data concerning health benefit plan reimbursement rates by region. This bill authorize the Department to create a new data collection program to collect certain information related to the reimbursement rates and to organize this information in a specific fashion. The new rules apply to issuers of preferred provider benefit plans, health maintenance organization plans, and specified governmental employee plans under the Insurance Code Chapters 1551, 1575, 1579, and 1601. The Insurance Code §38.351 states that the purpose of the subchapter is to authorize the Department to collect data concerning health benefit plan reimbursement rates in a uniform format, and disseminate, on an aggregate basis for geographical regions in this state, information concerning health care reimbursement rates derived

from the data. Section 38.352 defines the term *group health benefit plan,* but it is necessary that additional terms be defined for purposes of standardization and ease of implementation of new Chapter 38, Subchapter H, of the Insurance Code. These additional definitions are specified in §21.4503. Section 38.354 authorizes the Commissioner to adopt rules to implement the subchapter. Section 38.355 requires the Department to develop data submission requirements in a manner that allows collection of reimbursement rates as a dollar amount and not by comparison to other standard reimbursement rates. Section 38.353(e) authorizes the exclusion by rule of a type of health benefit plan from the requirements of the Insurance Code Chapter 38, Subchapter H, if the Commissioner finds that data collected in relation to the health benefit plan would not be relevant to accomplishing the purposes of the subchapter. Section §38.353(e) is implemented in §§21.4501 – 21.4507 by exempting health benefit plan issuers if the total number of covered lives offered by the issuer in Texas does not exceed 10,000 persons as of December 31 of the year preceding the report. The rules prescribe the data submission requirements and form for submission of data related to health care reimbursement rates by health benefit plan issuers, specify definitions to implement the Insurance Code Chapter 38, Subchapter H, and facilitate the Department's provision of aggregate health care reimbursement rate information derived from the data collected under this subchapter to the Department of State Health Services (DSHS) for publication. The new rules also implement the data collection requirements in the Insurance Code Chapter 38, Subchapter H. Pursuant to the Insurance Code §38.355, health benefit plan issuers are required to submit data for the period specified by the Department at the time and in the form and manner required by

the Department. Section 38.355 further mandates that the data be submitted in a standardized format to permit comparison of health care reimbursement rates and that the submission requirements allow, to the extent feasible, for the collection of reimbursement rates as a dollar amount and not by comparison to other standard reimbursement rates, such as Medicare reimbursement rates. Further, the Insurance Code §38.357 requires the Department to provide aggregate health care reimbursement rate information derived from the data collected under the subchapter to DSHS for publication. The new rules will facilitate the provision of this information. The new rules also implement SECTION 19 of SB 1731. SECTION 19 mandates that the rules adopted to implement the Insurance Code Chapter 38, Subchapter H, require that each health benefit plan issuer subject to that subchapter make the initial submission of data under that subchapter not later than the 60th day after the effective date of the rules.

The Department held a preliminary stakeholder meeting February 28, 2009, to discuss concepts for implementation of Subchapter H. The Department posted an informal draft of this proposal on its website August 4, 2009, and invited further public comment. Originally set to expire August 12, the informal comment period was extended until August 17, 2009, at the request of stakeholders. The informal draft was additionally discussed at a second stakeholder meeting September 24, 2009. Using stakeholder feedback, the Department identified approximately 280 Current Procedural Terminology (CPT) codes, and 60 Medicare severity diagnosis related group (MS-DRG) codes for which data is to be collected in Form No. LHL616, entitled Health Care Claims Reimbursement Rate Report. The Department adopts Form No. LHL616 (Health Care Claims Reimbursement Rate Report) by reference in §21.4507. The codes represent

commonly used or particularly expensive procedures for some categories of professional services, as well as outpatient and inpatient services by institutional providers. In selecting procedures for purposes of the data collection, the Department considered information and recommendations provided by members and representatives of the physician and institutional provider community and health insurers. The Department also considered: (i) reimbursement claims reports by the Centers for Medicare and Medicaid Services (CMS) under the Health Care Economics Program; (ii) inpatient and outpatient reports from the CMS National Claims History database; (iii) claims data reports from the Texas Department of State Health Services Inpatient Hospital Discharge Database; and (iv) claims experience data reports provided by the Texas Health Insurance Risk Pool.

The Department has determined that non-substantive changes to proposed Form No. LHL616 (Health Care Claims Reimbursement Rate Report) are necessary. These non-substantive changes do not materially alter issues raised in the proposal, introduce new subject matter, or affect persons other than those previously on notice. The non-substantive changes include the addition of instructions to lines 1 and 12 in Section B of the proposed form, relating to the selection of only one type of plan per submission. This change is necessary for consistency with the adopted rules and for internal consistency of the form and to avoid ambiguity and confusion. Additionally, the data entry boxes for lines 8 and 9 in Section B of the proposed form have been changed in this adoption to include check boxes where “N/A” is the appropriate response. This change is necessary to provide that data entry fields are reserved for the reporting of numbers only for purposes of ensuring data integrity.

The following is a section-by-section summary of the new sections and the reasons for their adoption.

Section 21.4501 specifies the purposes of the new rules. The new rules prescribe the data collection and submission requirements and form for the submission of data related to health care reimbursement rates by health benefit plan issuers; specify the definitions necessary to implement the Insurance Code Chapter 38, Subchapter H; and facilitate the Department's provision of aggregate health care reimbursement rate information derived from the data collected under this subchapter to the DSHS for publication.

Section 21.4502 is necessary to address the applicability of the new rules, in accordance with Insurance Code §38.353. New §21.4502(a) and (b) specify the various types of issuers that are subject to the reporting requirements. New §21.4502(c) specifies the types of issuers that are not subject to the new rules. New §21.4502(d) provides issuers with the option to report data concerning reimbursement rates provided under Insurance Code Chapter 1507 in its submission of the §21.4506 report (relating to Submission of Report) for purposes of administrative convenience. This provision enables health benefit plan issuers that offer standard health benefit plans to avoid the possible expense of separating out claims data for those types of plans if such claims data is otherwise aggregated with the data that is required to be submitted.

Section 21.4503 provides definitions for terms used in the new rules, including *group health benefit plan, institutional provider, physician, provider,* and *reporting period*. *Group health benefit plan* is defined in §21.4503(1) as specified in the Insurance Code §38.352 to mean a *preferred provider benefit plan* as defined by the

Insurance Code §1301.001, or an *evidence of coverage* for a health care plan that provides basic health care services as defined by the Insurance Code §843.002. The Insurance Code §1301.001(9) defines *preferred provider benefit plan* as a benefit plan in which an insurer provides, through its *health insurance policy*, for the payment of a level of coverage that is different from the basic level of coverage provided by the health insurance policy if the insured person uses a preferred provider. Section 1301.001(2) defines *health insurance policy* as a group or individual insurance policy, certificate, or contract providing benefits for medical or surgical expenses incurred as a result of an accident or sickness. The Insurance Code §843.002, in turn, defines *evidence of coverage* to mean any certificate, agreement, or contract, including a blended contract, that: (i) is issued to an enrollee; and (ii) states the coverage to which the enrollee is entitled. The term *group health benefit plan*, therefore, includes both group and individual coverage. Section 21.4503(1) further clarifies that the term *group health benefit plan* does not include a health maintenance organization plan providing routine dental or vision services as a single health care service plan or a preferred provider benefit plan providing routine vision services as a single health care service plan. As previously discussed, the Insurance Code §38.353(e) authorizes the exclusion by rule of a type of health benefit plan from the requirements of the Insurance Code Chapter 38, Subchapter H, if the Commissioner finds that data collected in relation to the health benefit plan would not be relevant to accomplishing the purposes of the subchapter. The routine dental or vision services provided under single health care service plans are not consistent with the general reimbursement data that will be collected under new Subchapter KK at this time. *Institutional provider* is defined in §21.4503(2) as an

institution providing health care services, including but not limited to hospitals, other licensed inpatient centers, ambulatory surgical centers, skilled nursing centers and residential treatment centers. *Physician* is defined in §21.4503(3) as any individual licensed to practice medicine in this state and, with regard to a health maintenance organization, as defined in the Insurance Code §843.002(22). *Provider* is defined in §21.4503(4) as any practitioner, institutional provider, or other person or organization that furnishes health care services and that is licensed or otherwise authorized to practice in this state, other than a physician. *Reporting period* is defined in §21.4503(5) as the six-month interval of time for which a plan or health benefit plan issuer must submit data, beginning each January 1 and ending the following June 30.

Section 21.4504 designates geographic regions by ZIP Code for purposes of data collection. This designation is in accordance with the Insurance Code §38.351 and §38.355, which authorize the Department to collect and disseminate aggregated data for geographical regions in this state. The geographic regions in §21.4504 generally approximate the 11 Health Service Regions established by the Department of State Health Services for purposes not related to enactment of SB 1731 and are already familiar to most issuers. These regions include: (1) Region 1 – Panhandle, including Amarillo and Lubbock; (2) Region 2 – Northwest Texas, including Wichita Falls and Abilene; (3) Region 3 – Metroplex, including Fort Worth and Dallas; (4) Region 4 – Northeast Texas, including Tyler; (5) Region 5 – Southeast Texas, including Beaumont; (6) Region 6 – Gulf Coast, including Houston and Huntsville; (7) Region 7 – Central Texas, including Austin and Waco; (8) Region 8 – South Central Texas, including San Antonio; (9) Region 9 – West Texas, including Midland, Odessa, and San Angelo; (10)

Region 10 – Far West Texas, including El Paso; and (11) Region 11 – Rio Grande Valley, including Brownsville, Corpus Christi, and Laredo.

Section 21.4505 is necessary to address the requirements in §38.355 of the Insurance Code to collect the requested data and to specify the time periods for which the submission is to be provided. Section 21.4505(a) requires health benefit plan issuers and plans to collect the underlying data necessary for submission of all information specified in Form No. LHL616, adopted by reference in §21.4507. Section §21.4505(b) addresses the time periods for which the information and data is to be provided. It provides that: (i) the six-month reporting period for the information and data requested in Form No. LHL616 is January 1 to June 30 of the applicable calendar year; and (ii) the enrollment data required in Form No. LHL616 is for the total number of lives covered under the plans for both December 31 of the year prior to the applicable reporting period and June 30 of the applicable reporting year. Section §21.4505(c) allows a health benefit plan issuer that is exempt pursuant to §21.4506(e) to collect and report information required in Form No. LHL616, Section B, to support an exemption rather than the full data indicated in Form No. LHL616.

Section 21.4506 is necessary to address the requirements and deadlines for the submission of the requested data. Section 21.4506(a) specifies the deadlines for the submission of the required data in annual reporting subsequent to the initial filing. Section §21.4506(b) specifies that the initial reporting date for the submission of the required data is 60 days from the effective date of the rule. This reporting date complies with SECTION 19 of SB 1731. Section 21.4506(c) specifies the procedures for electronic filing of the required information and data. Section §21.4506(d) identifies the

procedure for accessing the report form, including acceptance of the End User Agreement concerning use of CPT codes. Section §21.4506(e) requires a health benefit plan issuer asserting an exemption to the reporting requirement specified in §21.4506(a) to submit an exemption statement and the data specified in Form No. LHL616 to support an exemption. Assertion of an exemption for either private market preferred provider benefit plans or health maintenance organization plans requires certification by the health benefit plan issuer that the number of covered lives in Texas in the type of plan for which an exemption is sought does not meet or exceed 10,000 persons as of December 31 of the year preceding the report. As previously discussed, the Insurance Code §38.353(e) permits the exclusion by rule of a type of health benefit plan from the requirements of Chapter 38, Subchapter H, if the Commissioner finds that the data collected in relation to the health benefit plan would not be relevant to accomplishing the purposes of the subchapter. The Department anticipates that the inclusion of reimbursement data from health benefit plan issuers with enrollment that does not exceed 10,000 persons will not markedly affect the aggregate data that the Department is required to furnish to DSHS for publication as required in the Insurance Code §38.357. For this reason, the rules permit the exemption of such plans as specified in §21.4506(e). A representation of the End User Agreement included with Form No. LHL616 is provided in Figure: 28 TAC §21.4506(f). The End User Agreement facilitates the Department's use of procedural codes and descriptions to which the American Medical Association asserts copyright rights.

Section 21.4507 adopts by reference the form to be used in reporting the data required in the new rules (Form No. LHL616, entitled Health Care Claims

Reimbursement Rate Report). Plans and health benefit plan issuers must utilize this form to submit to the Department summary company identification and contact information and to provide data to the Department on reimbursement rates for certain CPT and MS-DRG codes for each of the 11 geographic regions specified in §21.4504. Qualifying health benefit plan issuers must also use this form to certify to the Department that the health benefit plan issuer is exempt from certain of the reporting requirements. Section 21.4507 also provides a link for accessing the form on the Department's Internet website.

Form No. LHL616, adopted by reference in §21.4507, is comprised of Sections A - J. Section A of the form includes detailed instructions and definitions necessary for completion of each section of the form. Section B of the form is to be used to report company information, contact information for an individual representative of the health benefit plan, and data certification. The remaining sections of the form require the reporting of reimbursement rate data for each of several categories of claims: (i) professional services – general, in Section C; (ii) professional services – pathology, in Section D; (iii) professional services – anesthesiology, in Section E; (iv) professional services – radiology, in Section F; (v) professional services – neonatology critical care/newborn care, in Section G; (vi) professional services – outpatient health care claims, in Section H; (vii) institutional provider – outpatient health care claims, in Section I; and (viii) institutional provider – inpatient health care claims, in Section J. For each of these categories of claims, the form requires health benefit plan issuers and plans to provide aggregate reimbursement data for designated procedural and diagnostic codes for both in-network and out-of-network claims.

3. HOW THE SECTIONS WILL FUNCTION. Section 21.4501 states the purpose of the new rules.

Section 21.4502 identifies the types of health benefit plans to which the new rules do and do not apply. Section 21.4502 also addresses and reiterates the Insurance Code §38.353, relating to applicability.

Section 21.4503 provides definitions for terms that health benefit plan issuers will use in implementing the new rules, including *group health benefit plan, institutional provider, physician, provider,* and *reporting period*.

Section 21.4504 designates geographic regions by ZIP Code for purposes of data collection. The geographic regions in §21.4504 generally approximate the 11 Health Service Regions established by the Department of State Health Services for purposes not related to enactment of SB 1731 and are already familiar to most issuers.

Section 21.4505 addresses the requirements in §38.355 of the Insurance Code to collect the requested data and to specify the time periods for which the submission is to be provided. Under §21.4505(a), health benefit plan issuers and plans are required to collect the underlying data necessary for submission of all information specified in Form No. LHL616, adopted by reference in §21.4507. Section §21.4505(b) addresses the time periods for which the information and data is to be provided. It provides that: (i) the six-month reporting period for the information and data requested in Form No. LHL616 is January 1 to June 30 of the applicable calendar year; and (ii) the enrollment data required in Form No. LHL616 is for the total number of lives covered under the plans for both December 31 of the year prior to the applicable reporting period and June

30 of the applicable reporting year. Under §21.4505(c), a health benefit plan issuer that is exempt pursuant to §21.4506(e) may collect and report information required in Form No. LHL616, Section B, to support an exemption rather than the full data indicated in Form No. LHL616.

Section 21.4506 sets forth the requirements and deadlines for issuers to submit the requested data. Section 21.4506(a) specifies the deadlines for the submission of the required data in annual reporting subsequent to the initial filing. Section §21.4506(b) specifies that the initial reporting date for the submission of the required data is 60 days from the effective date of the rule. Section 21.4506(c) specifies the procedures for electronic filing of the required information and data. Section §21.4506(d) outlines the procedure for accessing the report form, including acceptance of the End User Agreement concerning use of CPT codes. Under §21.4506(e), a health benefit plan issuer asserting an exemption to the reporting requirement specified in §21.4506(a) is required to submit an exemption statement and the data required in Form No. LHL616 to support the exemption. Assertion of an exemption for either private market preferred provider benefit plans or health maintenance organization plans requires certification by the health benefit plan issuer that the number of covered lives in Texas in the type of plan for which an exemption is sought does not meet or exceed 10,000 persons as of December 31 of the year preceding the report. Figure: 28 TAC §21.4506(f) provides a representation of the End User Agreement included with Form No. LHL616. The End User Agreement facilitates the Department’s use of procedural codes and descriptions to which the American Medical Association asserts copyright rights.

Section 21.4507 adopts by reference the form to be used in reporting the data required in the new rules (Form No. LHL616, entitled Health Care Claims Reimbursement Rate Report). Plans and health benefit plan issuers must utilize this form to submit to the Department summary company identification and contact information and to provide data on reimbursement rates for certain CPT and MS-DRG codes for each of the 11 geographic regions specified in §21.4504. Qualifying health benefit plan issuers must also use this form to certify to the Department that the health benefit plan issuer is exempt from certain of the reporting requirements. Section 21.4507 also provides a link for accessing the form on the Department's Internet website. Form No. LHL616 is comprised of Sections A - J. Section A of the form includes detailed instructions and definitions necessary for completion of each section of the form. Under Section B of the form, health benefit plan issuers will report company information, contact information for an individual representative of the health benefit plan, and data certification. Under the remaining sections of the form, health benefit plan issuers must report reimbursement rate data for each of several categories of claim:: (i) professional services – general, in Section C; (ii) professional services – pathology, in Section D; (iii) professional services – anesthesiology, in Section E; (iv) professional services – radiology, in Section F; (v) professional services – neonatology critical care/newborn care, in Section G; (vi) professional services – outpatient health care claims, in Section H; (vii) institutional provider – outpatient health care claims, in Section I; and (viii) institutional provider – inpatient health care claims, in Section J. For each of these categories of claim, health benefit plan issuers and plans must provide

aggregate reimbursement data for designated procedural and diagnostic codes for both in-network and out-of-network claims.

4. SUMMARY OF COMMENTS AND AGENCY RESPONSE. The Department did not receive any comments on the published proposal.

5. STATUTORY AUTHORITY. The new sections are adopted under SECTION 19 of SB 1731, as enacted by the 80th Legislature, Regular Session, effective September 1, 2007, and the Insurance Code §§38.351, 38.352, 1301.001, 843.002, 38.353, 38.354, 38.355, 38.357, 38.358, and 36.001. SECTION 19 of SB 1731 mandates that the rules adopted to implement the Insurance Code Chapter 38, Subchapter H (hereafter Subchapter H) require that each health benefit plan issuer subject to that subchapter make the initial submission of data under that subchapter not later than the 60th day after the effective date of the rules. Section 38.351 provides that the purpose of Subchapter H, is to authorize the Department to: (i) collect data concerning health benefit plan reimbursement rates in a uniform format; and (ii) disseminate, on an aggregate basis for geographical regions in the state, information concerning health care reimbursement rates derived from the data. Section 38.352 provides that in Subchapter H, *group health benefit plan* means a preferred provider benefit plan as defined by §1301.001 or an evidence of coverage for a health care plan that provides basic health care services as defined by §843.002. Section 1301.001 provides at paragraph (9) that *preferred provider benefit plan* means a benefit plan in which an insurer provides, through its health insurance policy, for the payment of a level of

coverage that is different from the basic level of coverage provided by the health insurance policy if the insured person uses a preferred provider. Section 1301.001 provides at paragraph (2) that *health insurance policy* means a group or individual insurance policy, certificate, or contract providing benefits for medical or surgical expenses incurred as a result of an accident or sickness. Section 843.002(9) provides that *evidence of coverage* means any certificate, agreement, or contract, including a blended contract, that: (i) is issued to an enrollee; and (ii) states the coverage to which the enrollee is entitled. Section 38.353(e) permits the Commissioner to exclude a type of health benefit plan from the requirements of Subchapter H if the Commissioner finds that data collected in relation to the health benefit plan would not be relevant to accomplishing the purposes of the subchapter. Section 38.354 grants the Commissioner authority to adopt rules as provided by the Insurance Code Chapter 36, Subchapter A, to implement Subchapter H. Section 38.355(a) requires each health benefit plan issuer to submit aggregate reimbursement rates by region paid by the health benefit plan issuer for health care services identified by the Department, in the form and manner and at the time required by the Department. Section 38.355(b) requires that the Department by rule establish a standardized format for the submission of the data submitted under the section to permit comparison of health care reimbursement rates. The subsection also requires the Department, to the extent feasible, to develop the data submission requirements in a manner that allows collection of reimbursement rates as a dollar amount and not by comparison to other standard reimbursement rates. Section 38.355(c) requires the Department to specify the period for which reimbursement rates must be filed. Section 38.357 requires the Department

to provide to the Department of State Health Services for publication, for identified regions, aggregate health care reimbursement rate information derived from the data collected under Subchapter H. Section 38.357 also provides that the published information may not reveal the name of any health care provider or health benefit plan issuer and authorizes the Department to make the aggregate health care reimbursement rate information available through the Department's Internet website. Section 38.358 provides that a health benefit plan issuer that fails to submit data as required is subject to an administrative penalty under the Insurance Code Chapter 84. Further, each day the issuer fails to submit the data as required is a separate violation for purposes of penalty assessment. Section 36.001 authorizes the Commissioner to adopt any rules necessary and appropriate to implement the powers and duties of the Department under the Insurance Code and other laws of this state.

6. TEXT.

§21.4501. Purpose. The purpose of this subchapter is to:

(1) prescribe the data collection and submission requirements and form for the submission of data related to health care reimbursement rates by health benefit plan issuers;

(2) specify the definitions necessary to implement the Insurance Code Chapter 38, Subchapter H; and

(3) facilitate the department's provision of aggregate health care reimbursement rate information derived from the data collected under this subchapter to the Department of State Health Services for publication.

§21.4502. Applicability.

(a) This subchapter applies to the issuer of a group health benefit plan as defined in §21.4503 of this subchapter (relating to Definitions), including, as provided by the Insurance Code §38.353(a):

(1) an insurance company;

(2) a group hospital service corporation;

(3) a fraternal benefit society;

(4) a stipulated premium company;

(5) a reciprocal or interinsurance exchange; and

(6) a health maintenance organization.

(b) In accordance with the Insurance Code §38.353(b), and notwithstanding any provision in the Insurance Code Chapters 1551, 1575, 1579, or 1601 or any other law, this subchapter applies to:

(1) a basic coverage plan under the Insurance Code Chapter 1551;

(2) a basic plan under the Insurance Code Chapter 1575;

(3) a primary care coverage plan under the Insurance Code Chapter 1579; and

(4) basic coverage under the Insurance Code Chapter 1601.

(c) Pursuant to the Insurance Code §38.353(d), this subchapter does not apply to:

(1) standard health benefit plans provided under the Insurance Code Chapter 1507;

(2) children's health benefit plans provided under the Insurance Code Chapter 1502;

(3) health care benefits provided under a workers' compensation insurance policy;

(4) Medicaid managed care programs operated under the Government Code Chapter 533;

(5) Medicaid programs operated under the Human Resources Code Chapter 32; or

(6) the state child health plan operated under the Health and Safety Code Chapters 62 or 63.

(d) Notwithstanding subsection (c)(1) of this section, a group health benefit plan issuer is not prohibited from electively including data concerning reimbursement rates for standard health benefit plans provided under the Insurance Code Chapter 1507 in its submission of the report required in §21.4506 of this subchapter (relating to Submission of Report) for purposes of administrative convenience. Data from all other plans identified in subsection (c) of this section shall be excluded from the report.

§21.4503. Definitions. The following words and terms when used in this subchapter shall have the following meanings unless the context clearly indicates otherwise.

(1) Group health benefit plan--As specified in the Insurance Code §38.352, a preferred provider benefit plan as defined by the Insurance Code §1301.001 or an evidence of coverage for a health care plan that provides basic health care services as defined by the Insurance Code §843.002. The term does not include a

health maintenance organization plan providing routine dental or vision services as a single health care service plan or a preferred provider benefit plan providing routine vision services as a single health care service plan.

(2) Institutional provider--An institution providing health care services, including but not limited to hospitals, other licensed inpatient centers, ambulatory surgical centers, skilled nursing centers, and residential treatment centers.

(3) Physician--Any individual licensed to practice medicine in this state and, with regard to a health maintenance organization, as defined in the Insurance Code §843.002(22).

(4) Provider--Any practitioner, institutional provider, or other person or organization that furnishes health care services and that is licensed or otherwise authorized to practice in this state, other than a physician.

(5) Reporting period--The six-month interval of time for which a plan or health benefit plan issuer must submit data, beginning each January 1 and ending the following June 30.

§21.4504. Geographic Regions. For purposes of data submission pursuant to this subchapter, geographic regions for the reporting of claims are designated as follows:

(1) Region 1--Panhandle, including Amarillo and Lubbock, comprised of the following ZIP Coded areas: 79001, 79002, 79003, 79005, 79007, 79008, 79009, 79010, 79011, 79012, 79013, 79014, 79015, 79016, 79018, 79019, 79021, 79022, 79024, 79025, 79027, 79029, 79031, 79032, 79033, 79034, 79035, 79036, 79039, 79040, 79041, 79042, 79043, 79044, 79045, 79046, 79051, 79052, 79053, 79054,

79056, 79057, 79058, 79059, 79061, 79062, 79063, 79064, 79065, 79066, 79068, 79070, 79072, 79073, 79077, 79078, 79079, 79080, 79081, 79082, 79083, 79084, 79085, 79086, 79087, 79088, 79091, 79092, 79093, 79094, 79095, 79096, 79097, 79098, 79101, 79102, 79103, 79104, 79105, 79106, 79107, 79108, 79109, 79110, 79111, 79114, 79116, 79117, 79118, 79119, 79120, 79121, 79124, 79159, 79166, 79168, 79172, 79174, 79178, 79185, 79187, 79189, 79201, 79220, 79221, 79226, 79229, 79230, 79231, 79233, 79234, 79235, 79236, 79237, 79239, 79240, 79241, 79243, 79244, 79245, 79250, 79251, 79255, 79256, 79257, 79258, 79259, 79261, 79311, 79312, 79313, 79314, 79316, 79320, 79322, 79323, 79324, 79325, 79326, 79329, 79330, 79336, 79338, 79339, 79343, 79344, 79345, 79346, 79347, 79350, 79351, 79353, 79355, 79356, 79357, 79358, 79363, 79364, 79366, 79367, 79369, 79370, 79371, 79372, 79373, 79376, 79378, 79379, 79380, 79381, 79382, 79383, 79401, 79402, 79403, 79404, 79405, 79406, 79407, 79408, 79409, 79410, 79411, 79412, 79413, 79414, 79415, 79416, 79423, 79424, 79430, 79452, 79453, 79457, 79464, 79490, 79491, 79493, and 79499;

(2) Region 2--Northwest Texas, including Wichita Falls and Abilene, comprised of the following ZIP Coded areas: 76228, 76230, 76239, 76251, 76255, 76261, 76265, 76270, 76301, 76302, 76305, 76306, 76307, 76308, 76309, 76310, 76311, 76351, 76352, 76354, 76357, 76360, 76363, 76364, 76365, 76366, 76367, 76369, 76370, 76371, 76372, 76373, 76374, 76377, 76379, 76380, 76384, 76385, 76388, 76389, 76424, 76427, 76429, 76430, 76432, 76435, 76437, 76442, 76443, 76444, 76445, 76448, 76450, 76452, 76454, 76455, 76458, 76459, 76460, 76464, 76466, 76468, 76469, 76470, 76471, 76474, 76481, 76483, 76486, 76491, 76801,

76802, 76803, 76804, 76821, 76823, 76827, 76828, 76834, 76845, 76857, 76861, 76865, 76873, 76875, 76878, 76882, 76884, 76888, 76890, 79223, 79225, 79227, 79247, 79248, 79252, 79501, 79502, 79503, 79504, 79505, 79506, 79508, 79510, 79512, 79516, 79517, 79518, 79519, 79520, 79521, 79525, 79526, 79527, 79528, 79529, 79530, 79532, 79533, 79534, 79535, 79536, 79537, 79538, 79539, 79540, 79541, 79543, 79544, 79545, 79546, 79547, 79548, 79549, 79550, 79553, 79556, 79560, 79561, 79562, 79563, 79565, 79566, 79567, 79601, 79602, 79603, 79604, 79605, 79606, 79607, 79608, 79697, 79698, and 79699;

(3) Region 3--Metroplex, including Fort Worth and Dallas, comprised of the following ZIP Coded areas: 75001, 75002, 75006, 75007, 75009, 75010, 75011, 75013, 75014, 75015, 75016, 75017, 75019, 75020, 75021, 75022, 75023, 75024, 75025, 75026, 75027, 75028, 75029, 75030, 75032, 75034, 75035, 75037, 75038, 75039, 75040, 75041, 75042, 75043, 75044, 75045, 75046, 75047, 75048, 75049, 75050, 75051, 75052, 75053, 75054, 75056, 75057, 75058, 75060, 75061, 75062, 75063, 75065, 75067, 75068, 75069, 75070, 75071, 75074, 75075, 75076, 75077, 75078, 75080, 75081, 75082, 75083, 75085, 75086, 75087, 75088, 75089, 75090, 75091, 75092, 75093, 75094, 75097, 75098, 75099, 75101, 75102, 75104, 75105, 75106, 75109, 75110, 75114, 75115, 75116, 75118, 75119, 75120, 75121, 75123, 75125, 75126, 75132, 75134, 75135, 75137, 75138, 75141, 75142, 75143, 75144, 75146, 75147, 75149, 75150, 75151, 75152, 75153, 75154, 75155, 75157, 75158, 75159, 75160, 75161, 75164, 75165, 75166, 75167, 75168, 75172, 75173, 75180, 75181, 75182, 75185, 75187, 75189, 75201, 75202, 75203, 75204, 75205, 75206, 75207, 75208, 75209, 75210, 75211, 75212, 75214, 75215, 75216, 75217, 75218,

75219, 75220, 75221, 75222, 75223, 75224, 75225, 75226, 75227, 75228, 75229, 75230, 75231, 75232, 75233, 75234, 75235, 75236, 75237, 75238, 75240, 75241, 75242, 75243, 75244, 75245, 75246, 75247, 75248, 75249, 75250, 75251, 75252, 75253, 75254, 75258, 75260, 75261, 75262, 75263, 75264, 75265, 75266, 75267, 75270, 75275, 75277, 75283, 75284, 75285, 75286, 75287, 75301, 75303, 75310, 75312, 75313, 75315, 75320, 75323, 75326, 75334, 75336, 75339, 75340, 75342, 75343, 75344, 75353, 75354, 75355, 75356, 75357, 75358, 75359, 75360, 75363, 75364, 75367, 75368, 75370, 75371, 75372, 75373, 75374, 75376, 75378, 75379, 75380, 75381, 75382, 75386, 75387, 75388, 75389, 75390, 75391, 75392, 75393, 75394, 75395, 75396, 75397, 75398, 75401, 75402, 75403, 75404, 75407, 75409, 75413, 75414, 75418, 75422, 75423, 75424, 75428, 75429, 75438, 75439, 75442, 75443, 75446, 75447, 75449, 75452, 75453, 75454, 75458, 75459, 75474, 75475, 75476, 75479, 75485, 75488, 75489, 75490, 75491, 75492, 75495, 75496, 76001, 76002, 76003, 76004, 76005, 76006, 76007, 76008, 76009, 76010, 76011, 76012, 76013, 76014, 76015, 76016, 76017, 76018, 76019, 76020, 76021, 76022, 76023, 76028, 76031, 76033, 76034, 76035, 76036, 76039, 76040, 76041, 76043, 76044, 76048, 76049, 76050, 76051, 76052, 76053, 76054, 76058, 76059, 76060, 76061, 76063, 76064, 76065, 76066, 76067, 76068, 76070, 76071, 76073, 76077, 76078, 76082, 76084, 76085, 76086, 76087, 76088, 76092, 76093, 76094, 76095, 76096, 76097, 76098, 76099, 76101, 76102, 76103, 76104, 76105, 76106, 76107, 76108, 76109, 76110, 76111, 76112, 76113, 76114, 76115, 76116, 76117, 76118, 76119, 76120, 76121, 76122, 76123, 76124, 76126, 76127, 76129, 76130, 76131, 76132, 76133, 76134, 76135, 76136, 76137, 76140, 76147, 76148, 76150, 76155, 76161,

76162, 76163, 76164, 76166, 76177, 76179, 76180, 76181, 76182, 76185, 76191, 76192, 76193, 76195, 76196, 76197, 76198, 76199, 76201, 76202, 76203, 76204, 76205, 76206, 76207, 76208, 76209, 76210, 76225, 76226, 76227, 76233, 76234, 76238, 76240, 76241, 76244, 76245, 76246, 76247, 76248, 76249, 76250, 76252, 76253, 76258, 76259, 76262, 76263, 76264, 76266, 76267, 76268, 76271, 76272, 76273, 76299, 76401, 76402, 76426, 76431, 76433, 76439, 76446, 76449, 76453, 76461, 76462, 76463, 76465, 76467, 76472, 76475, 76476, 76484, 76485, 76487, 76490, 76623, 76626, 76639, 76641, 76651, 76670, 76679, and 76681;

(4) Region 4--Northeast Texas, including Tyler, comprised of the following ZIP Coded areas: 75103, 75117, 75124, 75127, 75140, 75148, 75156, 75163, 75169, 75410, 75411, 75412, 75415, 75416, 75417, 75420, 75421, 75425, 75426, 75431, 75432, 75433, 75434, 75435, 75436, 75437, 75440, 75441, 75444, 75448, 75450, 75451, 75455, 75456, 75457, 75460, 75461, 75462, 75468, 75469, 75470, 75471, 75472, 75473, 75477, 75478, 75480, 75481, 75482, 75483, 75486, 75487, 75493, 75494, 75497, 75501, 75503, 75504, 75505, 75507, 75550, 75551, 75554, 75555, 75556, 75558, 75559, 75560, 75561, 75562, 75563, 75564, 75565, 75566, 75567, 75568, 75569, 75570, 75571, 75572, 75573, 75574, 75599, 75601, 75602, 75603, 75604, 75605, 75606, 75607, 75608, 75615, 75630, 75631, 75633, 75636, 75637, 75638, 75639, 75640, 75641, 75642, 75643, 75644, 75645, 75647, 75650, 75651, 75652, 75653, 75654, 75656, 75657, 75658, 75659, 75660, 75661, 75662, 75663, 75666, 75667, 75668, 75669, 75670, 75671, 75672, 75680, 75681, 75682, 75683, 75684, 75685, 75686, 75687, 75688, 75689, 75691, 75692, 75693, 75694, 75701, 75702, 75703, 75704, 75705, 75706, 75707, 75708, 75709, 75710, 75711, 75712,

75713, 75750, 75751, 75752, 75754, 75755, 75756, 75757, 75758, 75759, 75762, 75763, 75764, 75765, 75766, 75770, 75771, 75772, 75773, 75778, 75779, 75780, 75782, 75783, 75784, 75785, 75789, 75790, 75791, 75792, 75797, 75798, 75799, 75801, 75802, 75803, 75832, 75839, 75853, 75861, 75880, 75882, 75884, 75886, 75925, and 75976;

(5) Region 5--Southeast Texas, including Beaumont, comprised of the following ZIP Coded areas: 75760, 75788, 75834, 75835, 75844, 75845, 75847, 75849, 75851, 75856, 75858, 75862, 75865, 75901, 75902, 75903, 75904, 75915, 75926, 75928, 75929, 75930, 75931, 75932, 75933, 75934, 75935, 75936, 75937, 75938, 75939, 75941, 75942, 75943, 75944, 75946, 75948, 75949, 75951, 75954, 75956, 75958, 75959, 75960, 75961, 75962, 75963, 75964, 75965, 75966, 75968, 75969, 75972, 75973, 75974, 75975, 75977, 75978, 75979, 75980, 75990, 77326, 77331, 77332, 77335, 77350, 77351, 77359, 77360, 77364, 77371, 77374, 77376, 77399, 77519, 77585, 77611, 77612, 77613, 77614, 77615, 77616, 77619, 77622, 77624, 77625, 77626, 77627, 77629, 77630, 77631, 77632, 77639, 77640, 77641, 77642, 77643, 77651, 77655, 77656, 77657, 77659, 77660, 77662, 77663, 77664, 77670, 77701, 77702, 77703, 77704, 77705, 77706, 77707, 77708, 77709, 77710, 77713, 77720, 77725, and 77726;

(6) Region 6--Gulf Coast, including Houston and Huntsville, comprised of the following ZIP Coded areas: 77001, 77002, 77003, 77004, 77005, 77006, 77007, 77008, 77009, 77010, 77011, 77012, 77013, 77014, 77015, 77016, 77017, 77018, 77019, 77020, 77021, 77022, 77023, 77024, 77025, 77026, 77027, 77028, 77029, 77030, 77031, 77032, 77033, 77034, 77035, 77036, 77037, 77038, 77039, 77040,

77041, 77042, 77043, 77044, 77045, 77046, 77047, 77048, 77049, 77050, 77051, 77052, 77053, 77054, 77055, 77056, 77057, 77058, 77059, 77060, 77061, 77062, 77063, 77064, 77065, 77066, 77067, 77068, 77069, 77070, 77071, 77072, 77073, 77074, 77075, 77076, 77077, 77078, 77079, 77080, 77081, 77082, 77083, 77084, 77085, 77086, 77087, 77088, 77089, 77090, 77091, 77092, 77093, 77094, 77095, 77096, 77097, 77098, 77099, 77201, 77202, 77203, 77204, 77205, 77206, 77207, 77208, 77209, 77210, 77212, 77213, 77215, 77216, 77217, 77218, 77219, 77220, 77221, 77222, 77223, 77224, 77225, 77226, 77227, 77228, 77229, 77230, 77231, 77233, 77234, 77235, 77236, 77237, 77238, 77240, 77241, 77242, 77243, 77244, 77245, 77246, 77247, 77248, 77249, 77250, 77251, 77252, 77253, 77254, 77255, 77256, 77257, 77258, 77259, 77260, 77261, 77262, 77263, 77265, 77266, 77267, 77268, 77269, 77270, 77271, 77272, 77273, 77274, 77275, 77276, 77277, 77278, 77279, 77280, 77282, 77284, 77285, 77286, 77287, 77288, 77289, 77290, 77291, 77292, 77293, 77294, 77296, 77297, 77298, 77299, 77301, 77302, 77303, 77304, 77305, 77306, 77315, 77316, 77318, 77320, 77325, 77327, 77328, 77333, 77334, 77336, 77337, 77338, 77339, 77340, 77341, 77342, 77343, 77344, 77345, 77346, 77347, 77348, 77349, 77353, 77354, 77355, 77356, 77357, 77358, 77362, 77365, 77367, 77368, 77369, 77372, 77373, 77375, 77377, 77378, 77379, 77380, 77381, 77382, 77383, 77384, 77385, 77386, 77387, 77388, 77389, 77391, 77393, 77396, 77401, 77402, 77404, 77406, 77410, 77411, 77412, 77413, 77414, 77415, 77417, 77418, 77419, 77420, 77422, 77423, 77428, 77429, 77430, 77431, 77432, 77433, 77434, 77435, 77436, 77437, 77440, 77441, 77442, 77443, 77444, 77445, 77446, 77447, 77448, 77449, 77450, 77451, 77452, 77453, 77454, 77455, 77456, 77457,

77458, 77459, 77460, 77461, 77463, 77464, 77465, 77466, 77467, 77468, 77469, 77470, 77471, 77473, 77474, 77475, 77476, 77477, 77478, 77479, 77480, 77481, 77482, 77483, 77484, 77485, 77486, 77487, 77488, 77489, 77491, 77492, 77493, 77494, 77496, 77497, 77501, 77502, 77503, 77504, 77505, 77506, 77507, 77508, 77510, 77511, 77512, 77514, 77515, 77516, 77517, 77518, 77520, 77521, 77522, 77530, 77531, 77532, 77533, 77534, 77535, 77536, 77538, 77539, 77541, 77542, 77545, 77546, 77547, 77549, 77550, 77551, 77552, 77553, 77554, 77555, 77560, 77561, 77562, 77563, 77564, 77565, 77566, 77568, 77571, 77572, 77573, 77574, 77575, 77577, 77578, 77580, 77581, 77582, 77583, 77584, 77586, 77587, 77588, 77590, 77591, 77592, 77597, 77598, 77617, 77623, 77650, 77661, 77665, 78931, 78933, 78934, 78935, 78943, 78944, 78950, 78951, and 78962;

(7) Region 7--Central Texas, including Austin and Waco, comprised of the following ZIP Coded areas: 73301, 73344, 75831, 75833, 75838, 75840, 75846, 75848, 75850, 75852, 75855, 75859, 75860, 76055, 76436, 76457, 76501, 76502, 76503, 76504, 76505, 76508, 76511, 76513, 76518, 76519, 76520, 76522, 76523, 76524, 76525, 76526, 76527, 76528, 76530, 76531, 76533, 76534, 76537, 76538, 76539, 76540, 76541, 76542, 76543, 76544, 76545, 76546, 76547, 76548, 76549, 76550, 76554, 76556, 76557, 76558, 76559, 76561, 76564, 76565, 76566, 76567, 76569, 76570, 76571, 76573, 76574, 76577, 76578, 76579, 76596, 76597, 76598, 76599, 76621, 76622, 76624, 76627, 76628, 76629, 76630, 76631, 76632, 76633, 76634, 76635, 76636, 76637, 76638, 76640, 76642, 76643, 76644, 76645, 76648, 76649, 76650, 76652, 76653, 76654, 76655, 76656, 76657, 76660, 76661, 76664, 76665, 76666, 76667, 76671, 76673, 76676, 76678, 76680, 76682, 76684, 76685, 76686,

76687, 76689, 76690, 76691, 76692, 76693, 76701, 76702, 76703, 76704, 76705, 76706, 76707, 76708, 76710, 76711, 76712, 76714, 76715, 76716, 76795, 76797, 76798, 76799, 76824, 76831, 76832, 76844, 76853, 76864, 76870, 76871, 76877, 76880, 76885, 77363, 77426, 77801, 77802, 77803, 77805, 77806, 77807, 77808, 77830, 77831, 77833, 77834, 77835, 77836, 77837, 77838, 77840, 77841, 77842, 77843, 77844, 77845, 77850, 77852, 77853, 77855, 77856, 77857, 77859, 77861, 77862, 77863, 77864, 77865, 77866, 77867, 77868, 77869, 77870, 77871, 77872, 77873, 77875, 77876, 77878, 77879, 77880, 77881, 77882, 78602, 78605, 78606, 78607, 78608, 78609, 78610, 78611, 78612, 78613, 78615, 78616, 78617, 78619, 78620, 78621, 78622, 78626, 78627, 78628, 78630, 78633, 78634, 78635, 78636, 78639, 78640, 78641, 78642, 78643, 78644, 78645, 78646, 78648, 78650, 78651, 78652, 78653, 78654, 78655, 78656, 78657, 78659, 78660, 78661, 78662, 78663, 78664, 78665, 78666, 78667, 78669, 78672, 78673, 78674, 78676, 78680, 78681, 78682, 78683, 78691, 78701, 78702, 78703, 78704, 78705, 78708, 78709, 78710, 78711, 78712, 78713, 78714, 78715, 78716, 78717, 78718, 78719, 78720, 78721, 78722, 78723, 78724, 78725, 78726, 78727, 78728, 78729, 78730, 78731, 78732, 78733, 78734, 78735, 78736, 78737, 78738, 78739, 78741, 78742, 78744, 78745, 78746, 78747, 78748, 78749, 78750, 78751, 78752, 78753, 78754, 78755, 78756, 78757, 78758, 78759, 78760, 78761, 78762, 78763, 78764, 78765, 78766, 78767, 78768, 78769, 78772, 78773, 78774, 78778, 78779, 78780, 78781, 78783, 78785, 78786, 78788, 78789, 78798, 78799, 78932, 78938, 78940, 78941, 78942, 78945, 78946, 78947, 78948, 78949, 78952, 78953, 78954, 78956, 78957, 78960, 78961, and 78963;

(8) Region 8--South Central Texas, including San Antonio, comprised of the following ZIP Coded areas: 76883, 77901, 77902, 77903, 77904, 77905, 77951, 77954, 77957, 77960, 77961, 77962, 77963, 77964, 77967, 77968, 77969, 77970, 77971, 77973, 77974, 77975, 77976, 77977, 77978, 77979, 77982, 77983, 77984, 77986, 77987, 77988, 77989, 77991, 77993, 77994, 77995, 78001, 78002, 78003, 78004, 78005, 78006, 78008, 78009, 78010, 78011, 78012, 78013, 78014, 78015, 78016, 78017, 78019, 78021, 78023, 78024, 78025, 78026, 78027, 78028, 78029, 78039, 78050, 78052, 78054, 78055, 78056, 78057, 78058, 78059, 78061, 78062, 78063, 78064, 78065, 78066, 78069, 78070, 78073, 78074, 78101, 78107, 78108, 78109, 78111, 78112, 78113, 78114, 78115, 78116, 78117, 78118, 78119, 78121, 78122, 78123, 78124, 78130, 78131, 78132, 78133, 78135, 78140, 78141, 78143, 78144, 78147, 78148, 78150, 78151, 78152, 78154, 78155, 78156, 78159, 78160, 78161, 78163, 78164, 78201, 78202, 78203, 78204, 78205, 78206, 78207, 78208, 78209, 78210, 78211, 78212, 78213, 78214, 78215, 78216, 78217, 78218, 78219, 78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78229, 78230, 78231, 78232, 78233, 78234, 78235, 78236, 78237, 78238, 78239, 78240, 78241, 78242, 78243, 78244, 78245, 78246, 78247, 78248, 78249, 78250, 78251, 78252, 78253, 78254, 78255, 78256, 78257, 78258, 78259, 78260, 78261, 78262, 78263, 78264, 78265, 78266, 78268, 78269, 78270, 78275, 78278, 78279, 78280, 78283, 78284, 78285, 78286, 78287, 78288, 78289, 78291, 78292, 78293, 78294, 78295, 78296, 78297, 78298, 78299, 78604, 78614, 78618, 78623, 78624, 78629, 78631, 78632, 78638, 78658, 78670, 78671, 78675, 78677, 78801, 78802, 78827, 78828, 78829, 78830, 78832, 78833, 78834, 78836, 78837, 78838, 78839, 78840, 78841,

78842, 78843, 78847, 78850, 78852, 78853, 78860, 78861, 78870, 78871, 78872, 78873, 78877, 78879, 78880, 78881, 78883, 78884, 78885, 78886, and 78959;

(9) Region 9--West Texas, including Midland, Odessa, and San Angelo comprised of the following ZIP Coded areas: 76820, 76825, 76836, 76837, 76841, 76842, 76848, 76849, 76852, 76854, 76855, 76856, 76858, 76859, 76862, 76866, 76869, 76872, 76874, 76886, 76887, 76901, 76902, 76903, 76904, 76905, 76906, 76908, 76909, 76930, 76932, 76933, 76934, 76935, 76936, 76937, 76939, 76940, 76941, 76943, 76945, 76949, 76950, 76951, 76953, 76955, 76957, 76958, 78851, 79331, 79342, 79359, 79360, 79377, 79511, 79701, 79702, 79703, 79704, 79705, 79706, 79707, 79708, 79710, 79711, 79712, 79713, 79714, 79718, 79719, 79720, 79721, 79730, 79731, 79733, 79735, 79738, 79739, 79740, 79741, 79742, 79743, 79744, 79745, 79748, 79749, 79752, 79754, 79755, 79756, 79758, 79759, 79760, 79761, 79762, 79763, 79764, 79765, 79766, 79768, 79769, 79770, 79772, 79776, 79777, 79778, 79780, 79781, 79782, 79783, 79785, 79786, 79788, 79789, and 79848;

(10) Region 10--Far West Texas, including El Paso, comprised of the following ZIP Coded areas: 79734, 79821, 79830, 79831, 79832, 79834, 79835, 79836, 79837, 79838, 79839, 79842, 79843, 79845, 79846, 79847, 79849, 79851, 79852, 79853, 79854, 79855, 79901, 79902, 79903, 79904, 79905, 79906, 79907, 79908, 79910, 79911, 79912, 79913, 79914, 79915, 79916, 79917, 79918, 79920, 79922, 79923, 79924, 79925, 79926, 79927, 79928, 79929, 79930, 79931, 79932, 79934, 79935, 79936, 79937, 79938, 79940, 79941, 79942, 79943, 79944, 79945, 79946, 79947, 79948, 79949, 79950, 79951, 79952, 79953, 79954, 79955, 79958, 79960, 79961, 79968, 79976, 79978, 79980, 79990, 79995, 79996, 79997, 79998, 79999,

88510, 88511, 88512, 88513, 88514, 88515, 88516, 88517, 88518, 88519, 88520, 88521, 88523, 88524, 88525, 88526, 88527, 88528, 88529, 88530, 88531, 88532, 88533, 88534, 88535, 88536, 88538, 88539, 88540, 88541, 88542, 88543, 88544, 88545, 88546, 88547, 88548, 88549, 88550, 88553, 88554, 88555, 88556, 88557, 88558, 88559, 88560, 88561, 88562, 88563, 88565, 88566, 88567, 88568, 88569, 88570, 88571, 88572, 88573, 88574, 88575, 88576, 88577, 88578, 88579, 88580, 88581, 88582, 88583, 88584, 88585, 88586, 88587, 88588, 88589, 88590, and 88595; and

(11) Region 11--Rio Grande Valley, including Brownsville, Corpus Christi, and Laredo, comprised of the following ZIP Coded areas: 77950, 77990, 78007, 78022, 78040, 78041, 78042, 78043, 78044, 78045, 78046, 78049, 78060, 78067, 78071, 78072, 78075, 78076, 78102, 78104, 78125, 78142, 78145, 78146, 78162, 78330, 78332, 78333, 78335, 78336, 78338, 78339, 78340, 78341, 78342, 78343, 78344, 78347, 78349, 78350, 78351, 78352, 78353, 78355, 78357, 78358, 78359, 78360, 78361, 78362, 78363, 78364, 78368, 78369, 78370, 78371, 78372, 78373, 78374, 78375, 78376, 78377, 78379, 78380, 78381, 78382, 78383, 78384, 78385, 78387, 78389, 78390, 78391, 78393, 78401, 78402, 78403, 78404, 78405, 78406, 78407, 78408, 78409, 78410, 78411, 78412, 78413, 78414, 78415, 78416, 78417, 78418, 78419, 78426, 78427, 78460, 78461, 78463, 78465, 78466, 78467, 78468, 78469, 78470, 78471, 78472, 78473, 78474, 78475, 78476, 78477, 78478, 78480, 78501, 78502, 78503, 78504, 78505, 78516, 78520, 78521, 78522, 78523, 78526, 78535, 78536, 78537, 78538, 78539, 78540, 78541, 78543, 78545, 78547, 78548, 78549, 78550, 78551, 78552, 78553, 78557, 78558, 78559, 78560, 78561, 78562, 78563,

78564, 78565, 78566, 78567, 78568, 78569, 78570, 78572, 78573, 78574, 78575, 78576, 78577, 78578, 78579, 78580, 78582, 78583, 78584, 78585, 78586, 78588, 78589, 78590, 78591, 78592, 78593, 78594, 78595, 78596, 78597, 78598, and 78599.

§21.4505. Requirement to Collect Data.

(a) Each group health benefit plan issuer and plan specified in §21.4502(a) and (b) of this subchapter (relating to Applicability) is required to collect the data specified in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) that is adopted by reference in §21.4507 of this subchapter (relating to Report Form) and is required to prepare and file data in accordance with the requirements in §21.4506 of this subchapter (relating to Submission of Report).

(b) The six-month reporting period for the data requested in Form No. LHL616 (Health Care Claims Reimbursement Rate Report), including the claims and reimbursement rate data, is January 1 to June 30 of the applicable reporting year. The enrollment data required in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) for private market plans and governmental employee plans is for the total number of lives covered under the plans as of both December 31 of the year prior to the applicable reporting period and June 30 of the applicable reporting year.

(c) Notwithstanding subsection (a) of this section, a health benefit plan issuer that is exempt from filing a full reimbursement report pursuant to §21.4506(e) of this subchapter is not required to collect the full data indicated in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) and is required to instead collect enrollment

data as necessary to comply with the applicable instructions specified in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) to support an exemption.

§21.4506. Submission of Report.

(a) Not later than September 1 of each year, each plan and health benefit plan issuer identified in §21.4502(a) and (b) of this subchapter (relating to Applicability) is required to submit to the department the data required in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) that is adopted by reference in §21.4507 of this subchapter (relating to Report Form).

(b) Notwithstanding the requirements of subsection (a) of this section, the first reporting date for the submission of data required by this subchapter is 60 days from effective date of rule for data regarding claims payments from January 1, 2010, to June 30, 2010.

(c) The data filed pursuant to this section is required to be filed electronically in Excel format by:

(1) accessing a link designated on the department's website, http://www.tdi.state.tx.us/forms/form10accident.html, to obtain Form No. LHL616 (Health Care Claims Reimbursement Rate Report);

(2) completing the report in accordance with the form's instructions; and

(3) emailing the completed report to the department at ReimbursementRates@tdi.state.tx.us.

(d) To access the report form, the user must indicate acceptance of the End User Agreement concerning use of Current Procedural Terminology. Acceptance is

indicated by clicking the button labeled “Accept.” The content of the End User Agreement is provided in Figure: 28 TAC §21.4506(f) of this subchapter.

(e) Notwithstanding subsections (a) – (d) of this section, a group health benefit plan issuer as specified in §21.4502(a) of this subchapter may submit to the department an exemption statement and the data required in Section B of Form No. LHL616 (Health Care Claims Reimbursement Rate Report) to support an exemption in place of the full report described in subsections (a) – (d) of this section. The group health benefit plan issuer asserting an exemption shall certify that the group health benefit plan issuer is exempt from the reporting requirement applicable to its health benefit plans for one of the following reasons:

(1) the total number of all covered lives in private market preferred provider benefit plans operating under the Insurance Code Chapter 1301 and offered by the health benefit plan issuer in Texas does not exceed 10,000 persons as of December 31 of the year preceding the report; or

(2) the total number of all covered lives in the private market health maintenance organization plans operating under the Insurance Code Chapter 843 and offered by the health benefit plan issuer does not exceed 10,000 persons as of December 31 of the year preceding the report.

(f) The content of the End User Agreement is as follows:

Figure: 28 TAC §21.4506(f):

End User Agreement:

LICENSE FOR USE OF *CURRENT PROCEDURAL TERMINOLOGY*, FOURTH EDITION ("CPT®")

You, your employees and agents are authorized to use CPT only as contained in *Health Care Reimbursement Rate Report and Health Care Reimbursement Rate Consumer Information* solely for use in connection with requirements for reporting data to the Texas Department of Insurance (TDI) and/or consumer healthcare education programs administered by TDI, as applicable. Requirements for reporting data to TDI as contemplated in this agreement are limited to those set forth in Form No. LHL616 (Health Care Claims Reimbursement Rate Report). You acknowledge that the American Medical Association (AMA) holds all copyright, trademark and other rights in CPT.

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Parties acknowledge that users of *Health Care Reimbursement Rate Report and Health Care Reimbursement Rate Consumer Information* may have other agreements for other authorized uses of CPT coding. This agreement governs use of CPT only as contained in *Health Care Reimbursement Rate Report and Health Care Reimbursement Rate Consumer Information*.

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Disclaimer of Warranties and Liabilities.
CPT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. **Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this product is with TDI, and no endorsement by the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this product.**

This Agreement will terminate upon notice if you violate its terms. The AMA is a third party beneficiary to this Agreement.

Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by clicking below on the button labeled "accept."

ACCEPT DO NOT ACCEPT

§21.4507. Report Form. Form No. LHL616 (Health Care Claims Reimbursement Rate Report) is adopted by reference. The form:

(1) contains instructions for completion of the report and requires submission of information and data concerning group health benefit plan issuer identification and enrollment information;

(2) requires the submission of both contracted and out-of-network claim information for general professional services; pathology services; anesthesiology services; radiology services; neonatology services; outpatient professional and institutional provider services; and inpatient institutional provider services; and

(3) is available at http://www.tdi.state.tx.us/forms/form10accident.html.

CERTIFICATION. This agency hereby certifies that the adopted sections have been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

Issued at Austin, Texas, on December 15, 2010.

Gene C. Jarmon
General Counsel and Chief Clerk
Texas Department of Insurance

IT IS THEREFORE THE ORDER of the Commissioner of Insurance that new Subchapter KK, §§21.4501 – 21.4507 specified herein, concerning the collection and submission of aggregate health care reimbursement rate information by health benefit plan issuers, is adopted.

AND IT IS SO ORDERED.

MIKE GEESLIN
COMMISSIONER OF INSURANCE

ATTEST:

Gene C. Jarmon
General Counsel and Chief Clerk

COMMISSIONER'S ORDER NO. 10-1084

DEC 15 2010