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LC000820/SUB A
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives McKiernan, O'Brien, Regunberg, Ranglin-Vassell, and Williams

Date Introduced: January 26, 2017

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:

3 **27-18-83. Health care provider credentialing.**

4 (a) For applications received on or after January 1, 2018, a health care entity or health
5 plan operating in the state shall be required to issue a decision regarding the credentialing of a
6 health care provider as soon as practicable, but no later than forty-five (45) calendar days after the
7 date of receipt of a complete credentialing application.

8 (b) For minor changes to the demographic information of an individual health care
9 provider who is already credentialed with a particular health care entity or health plan, such
10 health care entity or health plan shall complete such change within seven (7) business days of
11 receipt of the health care provider's request. Minor changes to demographic information requested
12 by individual providers shall be submitted in the timeframe, and manner required by the health
13 care entity or health plan, and shall include all supporting documentation required by the
14 particular health care entity or health plan. For purposes of this section, minor changes to the
15 information profile of a health care provider shall include, but not be limited to, changes of
16 address and changes to a health care provider's tax identification number.

17 (c) Each health care entity or health plan shall establish a written standard defining what
18 elements constitute a complete credentialing application and shall distribute this standard with the
19 written version of the credentialing application and make such standard available on the health

1 care entity's or health plan's website.

2 (d) Each health care entity or health plan shall respond to inquiries by the applicant
3 regarding the status of an application.

4 (1) Each health care entity or health plan shall provide the applicant with automated
5 application status updates, at least once every fifteen (15) calendar days, informing the applicant
6 of any missing application materials until the application is deemed complete;

7 (2) Each health care entity or health plan shall inform the applicant within five (5)
8 business days that the credentialing application is complete; and

9 (3) If the health care entity or health plan denies a credentialing application, the health
10 care entity or health plan shall notify the health care provider in writing and shall provide the
11 health care provider with any and all reasons for denying the credentialing application.

12 (e) The effective date for billing privileges for health care providers under a particular
13 health care entity or health plan shall be the next business day following the date of approval of
14 the credentialing application.

15 (f) For applications received from resident graduates on or after January 1, 2018, a health
16 care entity or health plan shall offer a transitional or conditional approval process such that a
17 resident graduate who has submitted an otherwise complete application and met all other criteria,
18 may be conditionally approved, effective upon successful graduation from the training program.

19 (g) For the purposes of this section, the following definitions apply:

20 (1) "Complete credentialing application" means all the requested material has been
21 submitted.

22 (2) "Date of receipt" means the date the health care entity or health plan receives the
23 completed credentialing application whether via electronic submission or as a paper application.

24 (3) "Health care entity" means a licensed insurance company or nonprofit hospital or
25 medical or dental service corporation or plan or health maintenance organization, or a contractor
26 as defined in §23-17.13-2 which operates a health plan.

27 (4) "Health care provider" means a health care professional.

28 (5) "Health plan" means a plan operated by a health care entity that provides for the
29 delivery of health care services to persons enrolled in those plans through:

30 (i) Arrangements with selected providers to furnish health care services; and

31 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
32 and procedures provided for by the health plan.

33 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
34 Corporations" is hereby amended by adding thereto the following section:

1 **27-19-74. Health care provider credentialing.**

2 (a) For applications received on or after January 1, 2018, a health care entity or health
3 plan operating in the state shall be required to issue a decision regarding the credentialing of a
4 health care provider as soon as practicable, but no later than forty-five (45) calendar days after the
5 date of receipt of a complete credentialing application.

6 (b) For minor changes to the demographic information of an individual health care
7 provider who is already credentialed with a particular health care entity or health plan, such
8 health care entity or health plan shall complete such change within seven (7) business days of
9 receipt of the health care provider's request. Minor changes to demographic information requested
10 by individual providers shall be submitted in the timeframe, and manner required by the health
11 care entity or health plan, and shall include all supporting documentation required by the
12 particular health care entity or health plan. For purposes of this section, minor changes to the
13 information profile of a health care provider shall include, but not be limited to, changes of
14 address and changes to a health care provider's tax identification number.

15 (c) Each health care entity or health plan shall establish a written standard defining what
16 elements constitute a complete credentialing application and shall distribute this standard with the
17 written version of the credentialing application and make such standard available on the health
18 care entity's or health plan's website.

19 (d) Each health care entity or health plan shall respond to inquiries by the applicant
20 regarding the status of an application.

21 (1) Each health care entity or health plan shall provide the applicant with automated
22 application status updates, at least once every fifteen (15) calendar days, informing the applicant
23 of any missing application materials until the application is deemed complete;

24 (2) Each health care entity or health plan shall inform the applicant within five (5)
25 business days that the credentialing application is complete; and

26 (3) If the health care entity or health plan denies a credentialing application, the health
27 care entity or health plan shall notify the health care provider in writing and shall provide the
28 health care provider with any and all reasons for denying the credentialing application.

29 (e) The effective date for billing privileges for health care providers under a particular
30 health care entity or health plan shall be the next business day following the date of approval of
31 the credentialing application.

32 (f) For applications received from resident graduates on or after January 1, 2018, a health
33 care entity or health plan shall offer a transitional or conditional approval process such that a
34 resident graduate who has submitted an otherwise complete application and met all other criteria,

1 may be conditionally approved, effective upon successful graduation from the training program.

2 (g) For the purposes of this section, the following definitions apply:

3 (1) "Complete credentialing application" means all the requested material has been
4 submitted.

5 (2) "Date of receipt" means the date the health care entity or health plan receives the
6 completed credentialing application whether via electronic submission or as a paper application.

7 (3) "Health care entity" means a licensed insurance company or nonprofit hospital or
8 medical or dental service corporation or plan or health maintenance organization, or a contractor
9 as defined in §23-17.13-2 which operates a health plan.

10 (4) "Health care provider" means a health care professional.

11 (5) "Health plan" means a plan operated by a health care entity that provides for the
12 delivery of health care services to persons enrolled in those plans through:

13 (i) Arrangements with selected providers to furnish health care services; and

14 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
15 and procedures provided for by the health plan.

16 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
17 Corporations" is hereby amended by adding thereto the following section:

18 **27-20-70. Health care provider credentialing.**

19 (a) For applications received on or after January 1, 2018, a health care entity or health
20 plan operating in the state shall be required to issue a decision regarding the credentialing of a
21 health care provider as soon as practicable, but no later than forty-five (45) calendar days after the
22 date of receipt of a complete credentialing application.

23 (b) For minor changes to the demographic information of an individual health care
24 provider who is already credentialed with a particular health care entity or health plan, such
25 health care entity or health plan shall complete such change within seven (7) business days of
26 receipt of the health care provider's request. Minor changes to demographic information requested
27 by individual providers shall be submitted in the timeframe, and manner required by the health
28 care entity or health plan, and shall include all supporting documentation required by the
29 particular health care entity or health plan. For purposes of this section, minor changes to the
30 information profile of a health care provider shall include, but not be limited to, changes of
31 address and changes to a health care provider's tax identification number.

32 (c) Each health care entity or health plan shall establish a written standard defining what
33 elements constitute a complete credentialing application and shall distribute this standard with the
34 written version of the credentialing application and make such standard available on the health

1 care entity's or health plan's website.

2 (d) Each health care entity or health plan shall respond to inquiries by the applicant
3 regarding the status of an application;

4 (1) Each health care entity or health plan shall provide the applicant with automated
5 application status updates, at least once every fifteen (15) calendar days, informing the applicant
6 of any missing application materials until the application is deemed complete;

7 (2) Each health care entity or health plan shall inform the applicant within five (5)
8 business days that the credentialing application is complete; and

9 (3) If the health care entity or health plan denies a credentialing application, the health
10 care entity or health plan shall notify the health care provider in writing and shall provide the
11 health care provider with any and all reasons for denying the credentialing application.

12 (e) The effective date for billing privileges for health care providers under a particular
13 health care entity or health plan shall be the next business day following the date of approval of
14 the credentialing application.

15 (f) For applications received from resident graduates on or after January 1, 2018, a health
16 care entity or health plan shall offer a transitional or conditional approval process such that a
17 resident graduate who has submitted an otherwise complete application and met all other criteria,
18 may be conditionally approved, effective upon successful graduation from the training program.

19 (g) For the purposes of this section, the following definitions apply:

20 (1) "Complete credentialing application" means all the requested material has been
21 submitted.

22 (2) "Date of receipt" means the date the health care entity or health plan receives the
23 completed credentialing application whether via electronic submission or as a paper application.

24 (3) "Health care entity" means a licensed insurance company or nonprofit hospital or
25 medical or dental service corporation or plan or health maintenance organization, or a contractor
26 as defined in §23-17.13-2 which operates a health plan.

27 (4) "Health care provider" means a health care professional.

28 (5) "Health plan" means a plan operated by a health care entity that provides for the
29 delivery of health care services to persons enrolled in those plans through:

30 (i) Arrangements with selected providers to furnish health care services; and

31 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
32 and procedures provided for by the health plan.

33 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
34 Organizations" is hereby amended by adding thereto the following section:

1 **27-41-87. Health care provider credentialing.**

2 (a) For applications received on or after January 1, 2018, a health care entity or health
3 plan operating in the state shall be required to issue a decision regarding the credentialing of a
4 health care provider as soon as practicable, but no later than forty-five (45) calendar days after the
5 date of receipt of a complete credentialing application.

6 (b) For minor changes to the demographic information of an individual health care
7 provider who is already credentialed with a particular health care entity or health plan, such
8 health care entity or health plan shall complete such change within seven (7) business days of
9 receipt of the health care provider's request. Minor changes to demographic information requested
10 by individual providers shall be submitted in the timeframe, and manner required by the health
11 care entity or health plan, and shall include all supporting documentation required by the
12 particular health care entity or health plan. For purposes of this section, minor changes to the
13 information profile of a health care provider shall include, but not be limited to, changes of
14 address and changes to a health care provider's tax identification number.

15 (c) Each health care entity or health plan shall establish a written standard defining what
16 elements constitute a complete credentialing application and shall distribute this standard with the
17 written version of the credentialing application and make such standard available on the health
18 care entity's or health plan's website.

19 (d) Each health care entity or health plan shall respond to inquiries by the applicant
20 regarding the status of an application.

21 (1) Each health care entity or health plan shall provide the applicant with automated
22 application status updates, at least once every fifteen (15) calendar days, informing the applicant
23 of any missing application materials until the application is deemed complete;

24 (2) Each health care entity or health plan shall inform the applicant within five (5)
25 business days that the credentialing application is complete; and

26 (3) If the health care entity or health plan denies a credentialing application, the health
27 care entity or health plan shall notify the health care provider in writing and shall provide the
28 health care provider with any and all reasons for denying the credentialing application.

29 (e) The effective date for billing privileges for health care providers under a particular
30 health care entity or health plan shall be the next business day following the date of approval of
31 the credentialing application.

32 (f) For applications received from resident graduates on or after January 1, 2018, a health
33 care entity or health plan shall offer a transitional or conditional approval process such that a
34 resident graduate who has submitted an otherwise complete application and met all other criteria,

1 may be conditionally approved, effective upon successful graduation from the training program.

2 (g) For the purposes of this section, the following definitions apply:

3 (1) "Complete credentialing application" means all the requested material has been
4 submitted.

5 (2) "Date of receipt" means the date the health care entity or health plan receives the
6 completed credentialing application whether via electronic submission or as a paper application.

7 (3) "Health care entity" means a licensed insurance company or nonprofit hospital or
8 medical or dental service corporation or plan or health maintenance organization, or a contractor
9 as defined in §23-17.13-2 which operates a health plan.

10 (4) "Health care provider" means a health care professional.

11 (5) "Health plan" means a plan operated by a health care entity that provides for the
12 delivery of health care services to persons enrolled in those plans through:

13 (i) Arrangements with selected providers to furnish health care services; and

14 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
15 and procedures provided for by the health plan.

16 SECTION 5. This act shall take effect on January 1, 2018.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require a health care entity or health plan to issue a decision regarding the
2 credentialing of a health care provider within forty-five (45) calendar days of receiving a
3 complete credentialing application. This act would require a health care entity or health plan to
4 establish a written standard defining what elements constitute a complete credentialing
5 application and provide applicants with regular status updates throughout the credentialing
6 process. It would also require that the office of the health insurance commissioner develop
7 compliance standards and enforcement provisions consistent with this section.

8 This act would take effect on January 1, 2018.

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