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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

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

8 (b) Each health care entity or health plan shall establish a written standard defining what
9 elements constitute a complete credentialing application and shall distribute this standard with the
10 written version of the credentialing application and make such standard available on the health
11 care entity's or health plan's website.

12 (c) Each health care entity or health plan shall respond to inquiries by the applicant
13 regarding the status of an application;

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

17 (2) Each health care entity or health plan shall inform the applicant within five (5)
18 business days that the credentialing application is complete.

19 (3) If the health care entity or health plan denies a credentialing application, the health

1 care entity or health plan shall notify the health care provider in writing and shall provide the
2 health care provider with any and all reasons for denying the credentialing application.

3 (d) The effective date for billing privileges for health care providers under a particular
4 health care entity or health plan shall be the next business day following the date of approval of
5 the credentialing application.

6 (e) The office of the health insurance commissioner shall develop compliance standards
7 and enforcement provisions consistent with this section.

8 (f) For the purposes of this section, the following definitions apply:

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

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

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

16 (4) "Health care provider" means a health care professional or a health care facility.

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

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

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

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

24 **27-19-74. Health care provider credentialing.** – (a) For applications received on or
25 after January 1, 2018, a health care entity or health plan operating in the state shall be required to
26 issue a decision regarding the credentialing of a health care provider as soon as practicable, but
27 no later than forty-five (45) calendar days after the date of receipt of a complete credentialing
28 application.

29 (b) Each health care entity or health plan shall establish a written standard defining what
30 elements constitute a complete credentialing application and shall distribute this standard with the
31 written version of the credentialing application and make such standard available on the health
32 care entity's or health plan's website.

33 (c) Each health care entity or health plan shall respond to inquiries by the applicant
34 regarding the status of an application;

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

4 (2) Each health care entity or health plan shall inform the applicant within five (5)
5 business days that the credentialing application is complete.

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

9 (d) The effective date for billing privileges for health care providers under a particular
10 health care entity or health plan shall be the next business day following the date of approval of
11 the credentialing application.

12 (e) The office of the health insurance commissioner shall develop compliance standards
13 and enforcement provisions consistent with this section.

14 (f) For the purposes of this section, the following definitions apply:

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

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

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

22 (4) "Health care provider" means a health care professional or a health care facility.

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

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

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

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

30 **27-20-70. Health care provider credentialing.** – (a) For applications received on or
31 after January 1, 2018, a health care entity or health plan operating in the state shall be required to
32 issue a decision regarding the credentialing of a health care provider as soon as practicable, but
33 no later than forty-five (45) calendar days after the date of receipt of a complete credentialing
34 application.

1 (b) Each health care entity or health plan shall establish a written standard defining what
2 elements constitute a complete credentialing application and shall distribute this standard with the
3 written version of the credentialing application and make such standard available on the health
4 care entity's or health plan's website.

5 (c) Each health care entity or health plan shall respond to inquiries by the applicant
6 regarding the status of an application;

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

10 (2) Each health care entity or health plan shall inform the applicant within five (5)
11 business days that the credentialing application is complete.

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

15 (d) The effective date for billing privileges for health care providers under a particular
16 health care entity or health plan shall be the next business day following the date of approval of
17 the credentialing application.

18 (e) The office of the health insurance commissioner shall develop compliance standards
19 and enforcement provisions consistent with this section.

20 (f) For the purposes of this section, the following definitions apply:

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

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

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

28 (4) "Health care provider" means a health care professional or a health care facility.

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

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

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

34 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance

1 Organizations" is hereby amended by adding thereto the following section:

2 **27-41-87. Health care provider credentialing.** – (a) For applications received on or
3 after January 1, 2018, a health care entity or health plan operating in the state shall be required to
4 issue a decision regarding the credentialing of a health care provider as soon as practicable, but
5 no later than forty-five (45) calendar days after the date of receipt of a complete credentialing
6 application.

7 (b) Each health care entity or health plan shall establish a written standard defining what
8 elements constitute a complete credentialing application and shall distribute this standard with the
9 written version of the credentialing application and make such standard available on the health
10 care entity's or health plan's website.

11 (c) Each health care entity or health plan shall respond to inquiries by the applicant
12 regarding the status of an application;

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

16 (2) Each health care entity or health plan shall inform the applicant within five (5)
17 business days that the credentialing application is complete.

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

21 (d) The effective date for billing privileges for health care providers under a particular
22 health care entity or health plan shall be the next business day following the date of approval of
23 the credentialing application.

24 (e) The office of the health insurance commissioner shall develop compliance standards
25 and enforcement provisions consistent with this section.

26 (f) For the purposes of this section, the following definitions apply:

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

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

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

34 (4) "Health care provider" means a health care professional or a health care facility.

1 (5) "Health plan" means a plan operated by a health care entity that provides for the
2 delivery of health care services to persons enrolled in those plans through:
3 (i) Arrangements with selected providers to furnish health care services; and
4 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
5 and procedures provided for by the health plan.

6 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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