

HOUSE No. 00307

The Commonwealth of Massachusetts

PRESENTED BY:

Ronald Mariano

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to streamline the physician credentialing process..

PETITION OF:

NAME:

DISTRICT/ADDRESS:

.....
Ronald Mariano

.....
3rd Norfolk

.....
Gale D. Candaras

.....
First Hampden and Hampshire

HOUSE No. 00307

By Mr. Ronald Mariano of Quincy, petition (accompanied by bill, House, No. 00307) of Gale Candaras and Ronald Mariano relative to physician credentialing by health insurance carriers. Joint Committee on Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ HOUSE
□ , NO. 978 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to streamline the physician credentialing process..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of chapter 176O of the General Laws, as appearing in the 2006 Official
2 Edition, is hereby amended by inserting after the definition of “Health care services” the
3 following new definition:--
4 “Hospital-based physician”, a pathologist, anesthesiologist, radiologist or emergency room
5 physician who practices exclusively within the inpatient or outpatient hospital setting and who
6 provides health care services to a carrier’s insured only as a result of the insured being directed
7 to the hospital inpatient or outpatient setting. This definition may be expanded, after consultation
8 with a statewide advisory committee composed of an equal number of organizations representing
9 providers and those representing health plans including but not limited to a representative from

10 the Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts
11 Association of Health Plans, the Massachusetts Association of Medical Staff Services, and Blue
12 Cross Blue Shield of Massachusetts, by regulation to include additional categories of physicians
13 who practice exclusively within the inpatient or outpatient hospital setting and who provide
14 health care services to a carrier's insured only as a result of the insured being directed to the
15 hospital inpatient or outpatient setting.

16 SECTION 2. Chapter 176O of the General Laws is hereby amended by inserting after section 2
17 the following new sections:--

18 Section 2A. (a) The bureau shall adopt the "Integrated Massachusetts Application
19 for Initial Credentialing/Appointment" and the "Integrated Massachusetts Application for Re-
20 credentialing/Re-Appointment." The bureau, after consultation with a statewide advisory
21 committee composed of an equal number of organizations representing providers and those
22 representing health plans including but not limited to a representative from the Massachusetts
23 Medical Society, the Massachusetts Hospital Association, the Massachusetts Association of
24 Health Plans, the Massachusetts Association of Medical Staff Services, and Blue Cross Blue
25 Shield of Massachusetts shall make any revisions to the statewide uniform physician
26 credentialing application forms that includes but is not limited to applicable accreditation as well
27 as federal and state regulatory changes that will impact such forms. Such forms shall not be
28 applicable in those instances where the carrier has both delegated credentialing to a provider
29 organization and does not require submission of a credentialing application.

30 (b) A carrier and a participating provider shall not use any initial physician credentialing
31 application form other than the uniform initial physician application form or a uniform electronic

32 version of said form. A carrier and a participating provider shall not use any physician re-
33 credentialing application form other than the uniform physician re-credentialing application form
34 or a uniform electronic version of said form. A carrier may require that a physician profile be
35 submitted in addition to the uniform physician recredentialing application form.

36 (c) A carrier shall act upon and complete the credentialing process for 95 percent of
37 complete initial physician credentialing applications submitted by or on behalf of a physician
38 applicant within 30 calendar days of receipt of a complete application. An application shall be
39 considered complete if it contains all of the following elements: --

40 the application form is signed and appropriately dated by the physician applicant;

41 all information on the application is submitted in a legible and complete manner and any
42 affirmative answers are accompanied by explanations satisfactory to the carrier;

43 a current curriculum vitae with appropriate required dates;

44 a signed, currently dated Applicant's Authorization to Release Information form;

45 copies of the applicant's current licenses in all states in which the physician practices;

46 a copy of the applicant's current Massachusetts controlled substances registration and a copy of
47 the applicant's current federal DEA controlled substance certificate or, if not available, a letter
48 describing prescribing arrangements;

49 a copy of the applicant's current malpractice face sheet coverage statement including amounts
50 and dates of coverage;

51 hospital letter or verification of hospital privileges or alternate pathways;

52 documentation of board certification or alternate pathways;
53 documentation of training, if not board certified;
54 there are no affirmative responses on questions related to quality or clinical competence;
55 there are no modifications to the Applicant's Authorization to Release Information Form;
56 there are no discrepancies between the information submitted by or on behalf of the physician
57 and information received from other sources; and
58 the appropriate health plan participation agreement, if applicable.

59 (d) A carrier shall report to a physician applicant or designee the status of a submitted initial
60 credentialing application within a reasonable timeframe. Said report shall include, but not be
61 limited to, the application receipt date and, if incomplete, an itemization of all missing or
62 incomplete items. A carrier may return an incomplete application to the submitter. A physician
63 applicant or designee shall be responsible for any and all missing or incomplete items.

64 (e) A carrier shall notify a physician applicant of the carrier's credentialing committee's
65 decision on an initial credentialing application within four business days of the decision. Said
66 notice shall include the committee's decision and the decision date.

67 (f) A physician, other than a primary care provider compensated on a capitated basis, who
68 has been credentialed pursuant to the terms of this section shall be allowed to treat a carrier's
69 insureds and shall be reimbursed by the carrier for covered services provided to a carrier's
70 insureds effective as of the carrier's credentialing committee's decision date. A primary care
71 physician compensated on a capitated basis who has been credentialed pursuant to the terms
72 established in this section shall be allowed to treat a carrier's insureds and shall be reimbursed by

73 the carrier for covered services provided to the carrier's insureds effective no later than the first
74 day of the month following the carrier's credentialing committee's decision date.

75 (g) This section shall not apply to the credentialing and re-credentialing by carriers of
76 psychiatrists or hospital-based physicians.

77 Section 2B. (a) The bureau's accreditation requirements related to credentialing
78 and re-credentialing shall not require a carrier to complete the credentialing or re-credentialing
79 process for hospital-based physicians.

80 (b) Except as provided in paragraph (d), a carrier shall not require a hospital-based physician
81 to complete the credentialing and recredentialing process established pursuant to the bureau's
82 accreditation requirements.

83 (c) A carrier may establish an abbreviated data submission process for hospital-based
84 physicians. Except as provided in paragraph (d) of this section, said process shall be limited to a
85 review of the data elements required to be collected and reviewed pursuant to applicable federal
86 and state regulations as well as national accreditation organization standards.

87 (d) In the event that the carrier determines that there is a need to further review a hospital-
88 based physician's credentials due to quality of care concerns, complaints from insureds,
89 applicable law or other good faith concerns, the carrier may conduct such review as is necessary
90 to make a credentialing or re-credentialing decision.

91 (e) Nothing in this section shall be construed to prohibit a carrier from requiring a physician
92 to submit information or taking other actions necessary for the carrier to comply with the
93 applicable regulations of the board of registration in medicine.

94 (f) The bureau, after consultation with a statewide advisory committee composed of an equal
95 number of organizations representing providers and those representing health plans including but
96 not limited to a representative from the Massachusetts Hospital Association, the Massachusetts
97 Medical Society, the Massachusetts Association of Health Plans, the Massachusetts Association
98 of Medical Staff Services, and Blue Cross and Blue Shield of Massachusetts, shall develop
99 standard criteria and oversight guidelines that may be used by carriers to delegate the
100 credentialing function to providers. Such criteria and oversight guidelines shall meet applicable
101 accreditation standards.

102 SECTION 3. The act shall become effective on October 1, 2010.