

HOUSE No. 938

The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

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 relative to health care consumer protection.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Kay Khan	11th Middlesex
Barbara A. L'Italien	18th Essex
Timothy J. Toomey, Jr.	26th Middlesex

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 3928 OF 2007-2008.]

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATIVE TO HEALTH CARE CONSUMER PROTECTION.

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 is hereby amended by
2 inserting after the definition of "Covered benefits" the following new definition:—

3 "Credentialing" means the process of assessing and validating the qualifications
4 of health care providers applying to be approved or reapproved by a health insurance carrier to
5 provide health care services to the health insurance carrier's insured. The process shall not allow
6 any economic criteria to be used in determining an individual's qualifications.

7 SECTION 2. Said section 1 of Chapter 176O is hereby further amended by inserting
8 after the definition of "health care services" the following new definition:—

9 "Hospital-based physician", a pathologist, anesthesiologist, radiologist or emergency room
10 physician who practices exclusively within the inpatient or outpatient hospital setting and who
11 provides health care services to a carrier's insured only as a result of insured being directed to the
12 hospital inpatient or outpatient setting. This definition may be expanded, by the division of
13 insurance upon consultation with the Massachusetts Hospital Association, Massachusetts
14 Medical Society, Massachusetts Association of Health Plans and Blue Cross and Blue Shield of
15 Massachusetts, by regulation to include additional categories of physicians who practice
16 exclusively within the inpatient or outpatient hospital setting and who provide health care
17 services to a carrier's insured only as a result of insured being directed to the hospital inpatient or
18 outpatient setting.

19 SECTION 3. Chapter 176O of the General Laws as appearing in the 2004 official edition is
20 hereby amended by inserting after section 2 the following new sections:—

21 Section 2A. (a) The bureau shall adopt the "Integrated Massachusetts Application for Initial
22 Credentialing/Appointment" and the "Integrated Massachusetts Application for Re-
23 Credentialing/Re-Appointment," so called, and any revisions thereto, as developed and updated
24 from time to time by the Massachusetts Medical Society, the Massachusetts Hospital
25 Association, the Massachusetts Association of Health Plans and Blue Cross Blue Shield of
26 Massachusetts as the statewide uniform physician credentialing application forms. Such forms

27 shall not be applicable in those instances where the carrier has both delegated credentialing to a
28 provider organization and does not require submission of a credentialing application.

29 (b) A carrier shall not use any initial physician credentialing application form other than the
30 uniform initial physician application form or a uniform electronic version of said form. A carrier
31 shall not use any physician recredentialing application form other than the uniform physician
32 recredentialing application form or a uniform electronic version of said form.

33 A carrier may require that the appropriate physician profile be submitted in addition to the
34 uniform physician recredentialing application form.

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

- 39 1. the application form is signed and appropriately dated by the physician applicant;
- 40 2. all information on the application is submitted in a legible and complete manner and any
41 affirmative answers are accompanied by explanations satisfactory to the carrier;
- 42 3. a current curriculum vitae with appropriate required dates;
- 43 4. a signed, currently dated Applicant's Authorization to Release Information form;
- 44 5. copies of the applicant's current licenses in all states in which the physician practices;
- 45 6. a copy of the applicant's current Massachusetts controlled substances registration and a
46 copy of the applicant's current federal DEA controlled substance certificate or, if not available, a
47 letter describing prescribing arrangements;
- 48 7. a copy of the applicant's current malpractice face sheet coverage statement including
49 amounts and dates of coverage;
- 50 8. hospital letter or verification of hospital privileges or alternate pathways;
- 51 9. documentation of board certification or alternate pathways;
- 52 10. documentation of training, if not board certified;
- 53 11. there are no affirmative responses on questions related to quality or clinical
54 competence;
- 55 12. there are no modifications to the Applicant's Authorization to Release Information
56 Form;
- 57 13. there are no discrepancies between the information submitted by or on behalf of the
58 physician and information received from other sources; and
- 59 14. the appropriate health plan participation agreement, if applicable.

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

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

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

73 this section shall be allowed to treat a carrier's insured and shall be reimbursed by the carrier for
74 covered services provided to the carrier's insured effective no later than the first day of the month
75 following the carrier's credentialing committee's decision date.

76 (g) The provisions of this section shall not apply to the credentialing and recredentialing by
77 carriers of psychiatrists or hospital-based physicians by carriers.

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

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

84 (c) A carrier may establish an abbreviated data submission process for hospital-based
85 physicians. Except as provided in paragraph (d) of this section, said process shall be limited to a
86 review of the data elements required to be collected and reviewed pursuant to applicable
87 regulations of the board of registration in medicine and shall not include primary source
88 verification or a carrier's credentialing committee review.

89 (d) In the event that the carrier determines that there is a need to further review a hospital-
90 based physicians credentials due to quality of care concerns, complaints from insured, applicable
91 law or other good faith concerns, the carrier may conduct such review as is necessary to make a
92 credentialing or recredentialing decision.

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

96 (f) The Massachusetts Hospital Association, the Massachusetts Medical Society, the
97 Massachusetts Association of Health Plans and Blue Cross and Blue Shield of Massachusetts
98 shall work to develop standard criteria and oversight guidelines that may be used by carriers to
99 delegate the credentialing function to providers. Such criteria and oversight guidelines shall meet
100 applicable accreditation standards.

101 (g) Notwithstanding any special or general law to the contrary, nothing in section 2A or 2B
102 shall be construed as an exemption to federal or state antitrust laws, or as authorizing carriers,
103 physicians or hospitals to engage in discrimination of health care providers; in relation to
104 completing credentialing or recredentialing application forms or satisfying credentialing
105 requirements of carriers, or of those providers the bureau has delegated credentialing functions
106 to.

107 SECTION 4. Sections 2A(a) and 2A(b) in Section 2 shall take effect January 1, 2011.