

HOUSE BILL NO. 2508

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE COLEMAN (32).

5331H.02I

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.1578, RSMo, and to enact in lieu thereof one new section relating to credentialing by health carriers.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.1578, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.1578, to read as follows:

376.1578. 1. Within two working days after receipt of a ~~faxed or mailed completed~~ **credentialing** application, the health carrier shall send a notice of receipt to the practitioner. A health carrier shall provide access to a provider web portal that allows the practitioner to receive notice of the status of an electronically submitted application.

2. **If a health carrier determines the application is not complete, the health carrier shall have ten days from the date of the notice of receipt provided under subsection 1 of this section to request any additional information from the practitioner. The application shall be considered complete upon receipt of the requested additional information. Within two working days of receipt of the requested additional information, the health carrier shall notify the practitioner that the application is complete. If the health carrier does not request additional information, the application shall be deemed complete when notice of receipt is sent, as required by subsection 1 of this section.**

3. A health carrier shall assess a health care practitioner's **completed** credentialing ~~information~~ **application** and make a decision as to whether to approve or deny the practitioner's credentialing application within sixty business days of the date of receipt of the completed application. The sixty-day deadline established in this section shall not apply if the application or subsequent verification of information indicates that the practitioner has:

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 (1) A history of behavioral disorders or other impairments affecting the practitioner's
19 ability to practice, including but not limited to substance abuse;

20 (2) Licensure disciplinary actions against the practitioner's license to practice imposed
21 by any state or territory or foreign jurisdiction;

22 (3) Had the practitioner's hospital admitting or surgical privileges or other organizational
23 credentials or authority to practice revoked, restricted, or suspended based on the practitioner's
24 clinical performance; or

25 (4) A judgment or judicial award against the practitioner arising from a medical
26 malpractice liability lawsuit.

27 ~~[3-]~~ **4. If a practitioner's application is approved, the health carrier shall provide**
28 **payments for covered health services performed by the practitioner during the**
29 **credentialing period. The practitioner shall submit to the health carrier all claims for**
30 **services provided during the credentialing period, within six months after the health**
31 **carrier approves the practitioner's credentialing application. For the purposes of this**
32 **section, "credentialing period" shall mean the time between the date the practitioner**
33 **submits a completed application to the health carrier to be credentialed and the date the**
34 **practitioner's credentialing is approved by the health carrier.**

35 **5. A health carrier shall not require a practitioner to be credentialed in order to**
36 **receive payments for covered health services if the practitioner is providing coverage for**
37 **an absent credentialed practitioner during a temporary period of time not to exceed one**
38 **hundred eight days. A health carrier may deny payments if the practitioner providing**
39 **services in lieu of the credentialed practitioner meets one of the conditions in subdivisions**
40 **(1) to (4) of subsection 3 of this section.**

41 **6. For the purposes of this section, "covered health services" shall mean any**
42 **services provided by a practitioner that would otherwise be covered if provided by a**
43 **credentialed practitioner.**

44 **7. All claims eligible for payment as described in subsections 4 and 5 of this section**
45 **shall be subject to the provisions of section 376.383.**

46 **8. The department of commerce and insurance shall establish a mechanism for reporting**
47 **alleged violations of this section to the department.**

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