

SECOND REGULAR SESSION

[P E R F E C T E D]

SENATE SUBSTITUTE FOR

SENATE BILL NO. 742

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

Offered April 10, 2012.

Senate Substitute adopted, April 10, 2012.

Taken up for Perfection April 10, 2012. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

5590S.04P

AN ACT

To amend chapter 376, RSMo, by adding thereto three new sections relating to the credentialing and payment of health care practitioners by health insurers.

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

Section A. Chapter 376, RSMo, is amended by adding thereto three new sections, to be known as sections 376.1575, 376.1578, and 376.1580, to read as follows:

376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:

(1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the health carrier's network and does not omit any information which is clearly required by the application form or the accompanying instructions;

(2) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Practitioner":

(a) A physician or physician assistant eligible to provide treatment services under chapter 334;

(b) A pharmacist eligible to provide services under chapter 338;

- 17 (c) A dentist eligible to provide services under chapter 332;
18 (d) A chiropractor eligible to provide services under chapter 331;
19 (e) An optometrist eligible to provide services under chapter 336;
20 (f) A podiatrist eligible to provide services under chapter 330;
21 (g) A psychologist or licensed clinical social worker eligible to
22 provide services under chapter 337; or
23 (h) An advanced practice nurse eligible to provide services
24 under chapter 335.

376.1578. 1. Within forty-eight hours after receipt of an
2 electronically filed credentialing application by a health carrier, the
3 carrier shall provide a practitioner with electronic access to the
4 carrier's internet webportal to verify the receipt of the practitioner's
5 application.

6 2. A health carrier shall assess a health care practitioner's
7 credentialing information and make a decision as to whether to
8 approve or deny the practitioner's credentialing application within
9 ninety calendar days of the date of receipt of the completed
10 application. The ninety-day deadline established in this section shall
11 not apply if the application or subsequent verification of information
12 indicates that the practitioner has:

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

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

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

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

25 3. The department of insurance, financial institutions and
26 professional registration shall establish a mechanism for reporting
27 alleged violations of this section to the department.

376.1580. 1. A health carrier shall permit a practitioner to bill
2 and be paid directly by the insurer for providing treatment services as

3 of the date of receipt of the credentialing application to the enrollees
4 of the health carrier while the credentialing application is under
5 review, subject to the following limitations:

6 (1) The health carrier may limit the payment rate to the fee
7 schedule or other reimbursement mechanism applicable to
8 practitioners who are not included in the health carrier's network of
9 contracted providers;

10 (2) The health carrier may refuse to allow a practitioner the
11 capacity to bill and be directly paid if the practitioner is not affiliated
12 with an entity that has a current contractual relationship with the
13 health carrier to provide treatment services to the health carrier's
14 enrollees as part of the carrier's provider network;

15 (3) The health carrier may refuse to list the practitioner in a
16 directory or other list of providers made available to the health
17 carrier's enrollees as part of the health carrier's provider network;

18 (4) The health carrier may refuse to allow the practitioner to be
19 designated as an enrollee's designated primary care or care
20 coordinating practitioner while the credentialing application is
21 pending; and

22 (5) Any obligation to allow a practitioner to bill and be directly
23 paid under this section shall cease upon the health carrier's providing
24 notice to the practitioner that the practitioner's credentialing
25 application has been denied, provided that treatment services rendered
26 prior to the date of receipt of the denial shall be eligible to be billed
27 and directly paid.

28 2. Nothing in this section shall require a health carrier to pay for
29 treatment services which are excluded from the health carrier's benefit
30 plan.

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