

SECOND REGULAR SESSION

SENATE BILL NO. 938

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ONDER.

Read 1st time January 28, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4922S.011

AN ACT

To repeal sections 376.1575 and 376.1578, RSMo, and to enact in lieu thereof two new sections relating to credentialing of health care practitioners by health carriers.

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

Section A. Sections 376.1575 and 376.1578, RSMo, are repealed and two new sections enacted in lieu thereof, to be known as sections 376.1575 and 376.1578, to read as follows:

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

(1) "Absent", when a practitioner is duly licensed and credentialed but, by choice or otherwise, is not present in person or through telehealth, as defined in section 376.1900, to deliver patient care services to the patient;

(2) "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 and the accompanying instructions;

(3) "Covered patient care services", any services provided by a practitioner which would be covered if provided by a credentialed practitioner;

[(2)] (4) "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;

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 **(5) "Credentialing period", the time between the date a**
19 **practitioner submits a completed application to the health carrier to be**
20 **credentialed and the date the practitioner's credentialing is approved**
21 **by the health carrier;**

22 [(3)] **(6) "Health carrier", the same meaning as such term is defined in**
23 **section 376.1350;**

24 [(4)] **(7) "Practitioner":**

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

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

28 (c) A dentist eligible to provide services under chapter 332;

29 (d) A chiropractor eligible to provide services under chapter 331;

30 (e) An optometrist eligible to provide services under chapter 336;

31 (f) A podiatrist eligible to provide services under chapter 330;

32 (g) A psychologist or licensed clinical social worker eligible to provide
33 services under chapter 337; or

34 (h) An advanced practice nurse eligible to provide services under chapter
35 335.

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

6 2. **If a health carrier determines the application is not a**
7 **completed application, the health carrier shall have ten days from the**
8 **date the notice of receipt was sent as required in subsection 1 of this**
9 **section to request any additional information from the**
10 **practitioner. The application shall be considered a completed**
11 **application upon receipt of the requested additional information from**
12 **the practitioner. Within two working days of receipt of the requested**
13 **additional information, the health carrier shall send a notice to the**
14 **practitioner informing him or her that he or she has submitted a**
15 **completed application. If the health carrier does not request additional**
16 **information, the application shall be deemed completed as of the date**
17 **the notice of receipt was sent as required under subsection 1 of this**
18 **section.**

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

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

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

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

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

34 **4. If a practitioner's application is approved, the health carrier**
35 **shall provide payments for covered patient care services delivered by**
36 **the practitioner during the credentialing period.**

37 **5. A health carrier shall not require a practitioner to be**
38 **credentialed in order to receive payments for covered patient care**
39 **services if the practitioner is providing patient care services on behalf**
40 **of an absent credentialed practitioner during a temporary period of**
41 **time not to exceed one hundred eighty days.**

42 **6. All claims eligible for payment under subsection 4 or 5 of this**
43 **section shall be subject to section 376.383.**

44 [3.] **7.** The department of commerce and insurance shall establish a
45 mechanism for reporting alleged violations of this section to the department.

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