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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives McKiernan, O'Brien, Almeida, Casey, and Bennett

Date Introduced: February 24, 2016

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:

3 **27-18-82. Health care provider credentialing.** – (a) A health care entity or health plan
4 operating in the state shall be required to issue a decision regarding the credentialing of a health
5 care provider within twenty (20) calendar days of the date of receipt of a complete credentialing
6 application. In all cases, the health care entity or health plan must take action on the application
7 within ninety (90) days of receipt of the application, whether or not the application is complete.

8 (1) Each health care entity or health plan shall establish a written standard defining what
9 elements constitute a complete credentialing application and shall distribute this standard with the
10 written version of the credentialing application and make such standard available on the health
11 care entity's or health plan's website.

12 (2) The health care entity or health plan shall not consider the following when
13 determining if a credentialing application is complete:

14 (i) Whether the health care provider has been granted medical staff privileges at a health
15 care facility;

16 (ii) Whether the health care entity or health plan has completed an evaluation that is
17 entirely at the discretion of the health care entity or health plan, such as a site visit or chart
18 review; or

19 (iii) Whether the health care entity or health plan has received letters of reference on

1 behalf of the health care provider.

2 (b) Each health care entity or health plan shall establish a database on its website to
3 update health care providers regarding the status of each health care provider's credentialing
4 application and listing any items required before the health care entity or health plan will deem
5 the credentialing application complete. The database shall be updated within seven (7) calendar
6 days of the date of receipt of any items related to a health care provider's credentialing application
7 and within seven (7) calendar days of any change to a health care provider's credentialing status.

8 (c)(1) If the health care entity or health plan denies a credentialing application, the health
9 care entity or health plan shall notify the health care provider in writing within twenty (20)
10 calendar days from the date of receipt of the credentialing application and shall provide the health
11 care provider with any and all reasons for denying the credentialing application and what if any
12 additional information is required to complete the credentialing application.

13 (2) If a credentialing application is denied due to a health care provider's failure to
14 provide one or more items needed for a complete credentialing application, the health care
15 provider shall have an opportunity to appeal such denial, upon written request to the health care
16 entity or health plan within twenty (20) days of denial. which request shall include any missing
17 credentialing application items or documentation establishing that such items were previously
18 delivered to the health care entity or health plan. The health care entity or health plan shall render
19 a decision on the appeal within ten (10) days of the date of receipt of the health care provider's
20 written request.

21 (d) The effective date for billing privileges for health care providers under a particular
22 health care entity or health plan shall be the later of the date of the receipt by the health care
23 entity or health plan of a complete credentialing application that was subsequently approved by
24 the health care entity or health plan, or the date the health care provider is licensed by the Rhode
25 Island department of health.

26 (e) For the purposes of this section, the following definitions apply:

27 (1) "Date of receipt" means the date the health care entity or health plan receives the
28 credentialing application whether via electronic submission or as a paper application.

29 (2) "Health care entity" means a licensed insurance company or nonprofit hospital or
30 medical or dental service corporation or plan or health maintenance organization, or a contractor
31 as defined in §23-17.13-2 which operates a health plan.

32 (3) "Health care provider" means a health care professional or a health care facility.

33 (4) "Health plan" means a plan operated by a health care entity that provides for the
34 delivery of health care services to persons enrolled in those plans through:

- 1 (i) Arrangements with selected providers to furnish health care services; and
2 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
3 and procedures provided for by the health plan.

4 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
5 Corporations" is hereby amended by adding thereto the following section:

6 **27-19-73. Health care provider credentialing.** – (a) A health care entity or health plan
7 operating in the state shall be required to issue a decision regarding the credentialing of a health
8 care provider within twenty (20) calendar days of the date of receipt of a complete credentialing
9 application. In all cases, the health care entity or health plan must take action on the application
10 within ninety (90) days of receipt of the application, whether or not the application is complete.

11 (1) Each health care entity or health plan shall establish a written standard defining what
12 elements constitute a complete credentialing application and shall distribute this standard with the
13 written version of the credentialing application and make such standard available on the health
14 care entity's or health plan's website.

15 (2) The health care entity or health plan shall not consider the following when
16 determining if a credentialing application is complete:

17 (i) Whether the health care provider has been granted medical staff privileges at a health
18 care facility;

19 (ii) Whether the health care entity or health plan has completed an evaluation that is
20 entirely at the discretion of the health care entity or health plan, such as a site visit or chart
21 review; or

22 (iii) Whether the health care entity or health plan has received letters of reference on
23 behalf of the health care provider.

24 (b) Each health care entity or health plan shall establish a database on its website to
25 update health care providers regarding the status of each health care provider's credentialing
26 application and listing any items required before the health care entity or health plan will deem
27 the credentialing application complete. The database shall be updated within seven (7) calendar
28 days of the date of receipt of any items related to a health care provider's credentialing application
29 and within seven (7) calendar days of any change to a health care provider's credentialing status.

30 (c)(l) If the health care entity or health plan denies a credentialing application, the health
31 care entity or health plan shall notify the health care provider in writing within twenty (20)
32 calendar days from the date of receipt of the credentialing application and shall provide the health
33 care provider with any and all reasons for denying the credentialing application and what, if any,
34 additional information is required to complete the credentialing application.

1 (2) If a credentialing application is denied due to a health care provider's failure to
2 provide one or more items needed for a complete credentialing application, the health care
3 provider shall have an opportunity to appeal such denial upon written request to the health care
4 entity or health plan within twenty (20) days of denial, which request shall include any missing
5 credentialing application items or documentation establishing that such items were previously
6 delivered to the health care entity or health plan. The health care entity or health plan shall render
7 a decision on the appeal within ten (10) days of the date of receipt of the health care provider's
8 written request.

9 (d) The effective date for billing privileges for health care providers under a particular
10 health care entity or health plan shall be the later of the date of the receipt by the health care
11 entity or health plan of a complete credentialing application that was subsequently approved by
12 the health care entity or health plan, or the date the health care provider is licensed by the Rhode
13 Island department of health.

14 (e) For the purposes of this section, the following definitions apply:

15 (1) "Date of receipt" means the date the health care entity or health plan receives the
16 credentialing application whether via electronic submission or as a paper application.

17 (2) "Health care entity" means a licensed insurance company or nonprofit hospital or
18 medical or dental service corporation or plan or health maintenance organization, or a contractor
19 as defined in §23-17.13-2, which operates a health plan.

20 (3) "Health care provider" means a health care professional or a health care facility.

21 (4) "Health plan" means a plan operated by a health care entity that provides for the
22 delivery of health care services to persons enrolled in those plans through:

23 (i) Arrangements with selected providers to furnish health care services; and

24 (ii) Financial incentive for persons enrolled in the plan to use the participating providers
25 and procedures provided for by the health plan.

26 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
27 Corporations" is hereby amended by adding thereto the following section:

28 **27-20-69. Health care provider credentialing.** – (a) A health care entity or health plan
29 operating in the state shall be required to issue a decision regarding the credentialing of a health
30 care provider within twenty (20) calendar days of the date of receipt of a complete credentialing
31 application. In all cases, the health care entity or health plan must take action on the application
32 within ninety (90) days of receipt of the application, whether or not the application is complete.

33 (1) Each health care entity or health plan shall establish a written standard defining what
34 elements constitute a complete credentialing application and shall distribute this standard with the

1 written version of the credentialing application and make such standard available on the health
2 care entity's or health plan's website.

3 (2) The health care entity or health plan shall not consider the following when
4 determining if a credentialing application is complete:

5 (i) Whether the health care provider has been granted medical staff privileges at a health
6 care facility;

7 (ii) Whether the health care entity or health plan has completed an evaluation that is
8 entirely at the discretion of the health care entity or health plan, such as a site visit or chart
9 review; or

10 (iii) Whether the health care entity or health plan has received letters of reference on
11 behalf of the health care provider.

12 (b) Each health care entity or health plan shall establish a database on its website to
13 update health care providers regarding the status of each health care provider's credentialing
14 application and listing any items required before the health care entity or health plan will deem
15 the credentialing application complete. The database shall be updated within seven (7) calendar
16 days of the date of receipt of any items related to a health care provider's credentialing application
17 and within seven (7) calendar days of any change to a health care provider's credentialing status.

18 (c)(1) If the health care entity or health plan denies a credentialing application, the health
19 care entity or health plan shall notify the health care provider in writing within twenty (20)
20 calendar days from the date of receipt of the credentialing application and shall provide the health
21 care provider with any and all reasons for denying the credentialing application and what, if any,
22 additional information is required to complete the credentialing application.

23 (2) If a credentialing application is denied due to a health care provider's failure to
24 provide one or more items needed for a complete credentialing application, the health care
25 provider shall have an opportunity to appeal such denial upon written request to the health care
26 entity or health plan within twenty (20) days of denial, which request shall include any missing
27 credentialing application items or documentation establishing that such items were previously
28 delivered to the health care entity or health plan. The health care entity or health plan shall render
29 a decision on the appeal within ten (10) days of the date of receipt of the health care provider's
30 written request.

31 (d) The effective date for billing privileges for health care providers under a particular
32 health care entity or health plan shall be the later of the date of the receipt by the health care
33 entity or health plan of a complete credentialing application that was subsequently approved by
34 the health care entity or health plan, or the date the health care provider is licensed by the Rhode

1 Island department of health.

2 (e) For the purposes of this section, the following definitions apply:

3 (1) "Date of receipt" means the date the health care entity or health plan receives the
4 credentialing application whether via electronic submission or as a paper application.

5 (2) "Health care entity" means a licensed insurance company or nonprofit hospital or
6 medical or dental service corporation or plan or health maintenance organization, or a contractor
7 as defined in §23-17.13-2, which operates a health plan.

8 (3) "Health care provider" means a health care professional or a health care facility.

9 (4) "Health plan" means a plan operated by a health care entity that provides for the
10 delivery of health care services to persons enrolled in those plans through:

11 (i) Arrangements with selected providers to furnish health care services; and

12 (ii) Financial incentives for persons enrolled in the plan to use the participating providers
13 and procedures provided for by the health plan.

14 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
15 Organizations" is hereby amended by adding thereto the following section:

16 **27-41-86. Health care provider credentialing.** – (a) A health care entity or health plan
17 operating in the state shall be required to issue a decision regarding the credentialing of a health
18 care provider within twenty (20) calendar days of the date of receipt of a complete credentialing
19 application. In all cases, the health care entity or health plan must take action on the application
20 within ninety (90) days of receipt of the application, whether or not the application is complete.

21 (1) Each health care entity or health plan shall establish a written standard defining what
22 elements constitute a complete credentialing application and shall distribute this standard with the
23 written version of the credentialing application and make such standard available on the health
24 care entity's or health plan's website.

25 (2) The health care entity or health plan shall not consider the following when
26 determining if a credentialing application is complete:

27 (i) Whether the health care provider has been granted medical staff privileges at a health
28 care facility;

29 (ii) Whether the health care entity or health plan has completed an evaluation that is
30 entirely at the discretion of the health care entity or health plan, such as a site visit or chart
31 review; or

32 (iii) Whether the health care entity or health plan has received letters of reference on
33 behalf of the health care provider.

34 (b) Each health care entity or health plan shall establish a database on its website to

1 update health care providers regarding the status of each health care provider's credentialing
2 application and listing any items required before the health care entity or health plan will deem
3 the credentialing application complete. The database shall be updated within seven (7) calendar
4 days of the date of receipt of any items related to a health care provider's credentialing application
5 and within seven (7) calendar days of any change to a health care provider's credentialing status.

6 (c)(1) If the health care entity or health plan denies a credentialing application, the health
7 care entity or health plan shall notify the health care provider in writing within twenty (20)
8 calendar days from the date of receipt of the credentialing application and shall provide the health
9 care provider with any and all reasons for denying the credentialing application and what, if any,
10 additional information is required to complete the credentialing application.

11 (2) If a credentialing application is denied due to a health care provider's failure to
12 provide one or more items needed for a complete credentialing application, the health care
13 provider shall have an opportunity to appeal such denial upon written request to the health care
14 entity or health plan within twenty (20) days of denial, which request shall include any missing
15 credentialing application items or documentation establishing that such items were previously
16 delivered to the health care entity or health plan. The health care entity or health plan shall render
17 a decision on the appeal within ten (10) days of the date of receipt of the health care provider's
18 written request.

19 (d) The effective date for billing privileges for health care providers under a particular
20 health care entity or health plan shall be the later of the date of the receipt by the health care
21 entity or health plan of a complete credentialing application that was subsequently approved by
22 the health care entity or health plan, or the date the health care provider is licensed by the Rhode
23 Island department of health.

24 (e) For the purposes of this section, the following definitions apply:

25 (1) "Date of receipt" means the date the health care entity or health plan receives the
26 credentialing application whether via electronic submission or as a paper application.

27 (2) "Health care entity" means a licensed insurance company or nonprofit hospital or
28 medical or dental service corporation or plan or health maintenance organization, or a contractor
29 as defined in §23-17.13-2, which operates a health plan.

30 (3) "Health care provider" means a health care professional or a health care facility.

31 (4) "Health plan" means a plan operated by a health care entity that provides for the
32 delivery of health care services to persons enrolled in those plans through:

33 (i) Arrangements with selected providers to furnish health care services; and

34 (ii) Financial incentives for persons enrolled in the plan to use the participating providers

1 [and procedures provided for by the health plan.](#)

2 SECTION 5. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require a health care entity or health plan to issue a decision regarding the
2 credentialing of a health care provider within twenty (20) days of receiving a complete
3 credentialing application and would establish the effective date for billing privileges for health
4 care providers as the later of the date of the receipt of the complete credentialing application, or
5 the date the health care provider is licensed by the Rhode Island department of health.

6 This act would take effect upon passage.

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