

HOUSE BILL 426

By Terry

AN ACT to amend Tennessee Code Annotated, Title 56;
Title 63 and Title 68, relative to credentialing.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-7-1001, is amended by deleting the section and substituting the following:

(a)

(1) A health insurance entity, as defined in § 56-7-109, regardless of status as a participating organization of the Council on Affordable Quality Healthcare (CAQH) or its successor, shall notify the healthcare provider of the results of the provider's clean CAQH credentialing application and shall notify the healthcare provider as to whether or not the health insurance entity is willing to contract with that provider within sixty (60) calendar days after receipt of the completed application.

(2) A clean CAQH application means an application that has no defect, misstatement of facts, improprieties, including a lack of any required substantiating documentation, or particular circumstance requiring special treatment that impedes prompt credentialing.

(b) Unless otherwise required by a national accrediting body, a health insurance entity shall accept and begin processing a completed credentialing application, whether a CAQH or the health insurance entity's application, as early as one hundred twenty (120) calendar days before the anticipated employment start date of the healthcare provider.

(c) Unless otherwise required by a national health insurance entity accrediting body, a health insurance entity shall not mandate, in order to process a credentialing application, whether a CAQH or the health insurance entity's application, that a healthcare provider have an active healthcare liability insurance policy and bear the unnecessary costs of the premiums before the provider's employment start date.

(d) No health insurance entity shall reflect, in either written material sent to its members or on a web site available to its members, that a healthcare provider is an in-network provider or that the provider's credentialing application is pending approval until a contract is signed by both the provider and the health insurance entity and the provider is eligible to be reimbursed as an in-network provider.

(e)

(1) Nothing in this section requires a health insurance entity to contract with a provider if the health insurance entity and the provider do not agree on the terms and conditions of the provider contract.

(2) Nothing in this section creates a private cause of action against a health insurance entity.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.