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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: Senators Goldin, and Miller

Date Introduced: February 25, 2016

Referred To: Senate Health & Human Services

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

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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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