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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES --
HEALTHCARE PROVIDER CREDENTIALING

Introduced By: Representatives Place, Hopkins, Santucci, Kislak, McNamara, Cotter,
Shanley, Stewart, Noret, and Knight

Date Introduced: March 18, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-83 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-83. Healthcare provider credentialing.**

4 (a) For applications received on or after January 1, 2018, a healthcare entity or health plan
5 operating in the state shall be required to issue a decision regarding the credentialing of a healthcare
6 provider as soon as practicable, but no later than ~~forty-five (45)~~ thirty (30) calendar days after the
7 date of receipt of a complete credentialing application. For any provider already credentialed with
8 Medicare, the timeline shall be ten (10) business days.

9 (b) For minor changes to the demographic information of an individual healthcare provider
10 who is already credentialed with a particular healthcare entity or health plan, such healthcare entity
11 or health plan shall complete such change within ~~seven (7)~~ five (5) business days of receipt of the
12 healthcare provider's request. Minor changes to demographic information requested by individual
13 providers shall be submitted in the timeframe, and manner required by the healthcare entity or
14 health plan, and shall include all supporting documentation required by the particular healthcare
15 entity or health plan. For purposes of this section, minor changes to the information profile of a
16 healthcare provider shall include, but not be limited to, changes of address and changes to a
17 healthcare provider's tax identification number.

18 (c) ~~Each healthcare entity or health plan shall establish a written standard defining what~~

1 ~~elements constitute a complete credentialing application and shall distribute this standard with the~~
2 ~~written version of the credentialing application and make such standard available on the healthcare~~
3 ~~entity's or health plan's website.~~ If the payer fails to meet the timeline in subsection (a) of this
4 section, the provider shall be deemed provisionally credentialed, and the payer shall reimburse the
5 provider retroactively for all covered services rendered from the date the completed application
6 was received.

7 (d) Each healthcare entity or health plan shall respond to inquiries by the applicant
8 regarding the status of an application.

9 (1) Each healthcare entity or health plan shall provide the applicant with automated
10 application status updates, at least once every fifteen (15) calendar days, informing the applicant of
11 any missing application materials until the application is deemed complete;

12 (2) Each healthcare entity or health plan shall inform the applicant within five (5) business
13 days that the credentialing application is complete; and

14 (3) If the healthcare entity or health plan denies a credentialing application, the healthcare
15 entity or health plan shall notify the healthcare provider in writing and shall provide the healthcare
16 provider with any and all reasons for denying the credentialing application.

17 (e) The effective date for billing privileges for healthcare providers under a particular
18 healthcare entity or health plan shall be the next business day following the date of approval of the
19 credentialing application.

20 (f) For applications received from resident graduates on or after January 1, 2018, a
21 healthcare entity or health plan shall offer a transitional or conditional approval process such that a
22 resident graduate who has submitted an otherwise complete application and met all other criteria,
23 may be conditionally approved, effective upon successful graduation from the training program.

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

25 (1) "Complete credentialing application" means all the requested material has been
26 submitted.

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

29 (3) "Healthcare 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 [repealed] that operates a health plan.

32 (4) "Healthcare provider" means a healthcare professional.

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

- 1 (i) Arrangements with selected providers to furnish healthcare 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 (h) The office of the health insurance commissioner shall enforce the provisions of this
5 chapter and may impose administrative penalties consistent with its existing authority under title
6 27. Non-compliant contract provisions are void. The commissioner shall adopt rules and
7 regulations to implement this chapter and shall require payers to submit quarterly reports on
8 credentialing timelines.

9 SECTION 2. Section 27-19-74 of the General Laws in Chapter 27-19 entitled "Nonprofit
10 Hospital Service Corporations" is hereby amended to read as follows:

11 **27-19-74. Healthcare provider credentialing.**

12 (a) For applications received on or after January 1, 2018, a healthcare entity or health plan
13 operating in the state shall be required to issue a decision regarding the credentialing of a healthcare
14 provider as soon as practicable, but no later than ~~forty five (45)~~ thirty (30) calendar days after the
15 date of receipt of a complete credentialing application. For any provider already credentialed with
16 Medicare, the timeline shall be ten (10) business days.

17 (b) For minor changes to the demographic information of an individual healthcare provider
18 who is already credentialed with a particular healthcare entity or health plan, such healthcare entity
19 or health plan shall complete such change within ~~seven (7)~~ five (5) business days of receipt of the
20 healthcare provider's request. Minor changes to demographic information requested by individual
21 providers shall be submitted in the timeframe, and manner required by the healthcare entity or
22 health plan, and shall include all supporting documentation required by the particular healthcare
23 entity or health plan. For purposes of this section, minor changes to the information profile of a
24 healthcare provider shall include, but not be limited to, changes of address and changes to a
25 healthcare provider's tax identification number.

26 (c) ~~Each healthcare entity or health plan shall establish a written standard defining what~~
27 ~~elements constitute a complete credentialing application and shall distribute this standard with the~~
28 ~~written version of the credentialing application and make such standard available on the healthcare~~
29 ~~entity's or health plan's website. If the payer fails to meet the timeline in subsection (a) of this~~
30 section, the provider shall be deemed provisionally credentialed, and the payer shall reimburse the
31 provider retroactively for all covered services rendered from the date the completed application
32 was received.

33 (d) Each healthcare entity or health plan shall respond to inquiries by the applicant
34 regarding the status of an application.

1 (1) Each healthcare entity or health plan shall provide the applicant with automated
2 application status updates, at least once every fifteen (15) calendar days, informing the applicant of
3 any missing application materials until the application is deemed complete;

4 (2) Each healthcare entity or health plan shall inform the applicant within five (5) business
5 days that the credentialing application is complete; and

6 (3) If the healthcare entity or health plan denies a credentialing application, the healthcare
7 entity or health plan shall notify the healthcare provider in writing and shall provide the healthcare
8 provider with any and all reasons for denying the credentialing application.

9 (e) The effective date for billing privileges for healthcare providers under a particular
10 healthcare entity or health plan shall be the next business day following the date of approval of the
11 credentialing application.

12 (f) For applications received from resident graduates on or after January 1, 2018, a
13 healthcare entity or health plan shall offer a transitional or conditional approval process such that a
14 resident graduate who has submitted an otherwise complete application and met all other criteria,
15 may be conditionally approved, effective upon successful graduation from the training program.

16 (g) For the purposes of this section, the following definitions apply:

17 (1) "Complete credentialing application" means all the requested material has been
18 submitted.

19 (2) "Date of receipt" means the date the healthcare entity or health plan receives the
20 completed credentialing application whether via electronic submission or as a paper application.

21 (3) "Healthcare entity" means a licensed insurance company or nonprofit hospital or
22 medical or dental service corporation or plan or health maintenance organization, or a contractor
23 as defined in § 23-17.13-2 [repealed] that operates a health plan.

24 (4) "Healthcare provider" means a healthcare professional.

25 (5) "Health plan" means a plan operated by a healthcare entity that provides for the delivery
26 of healthcare services to persons enrolled in those plans through:

27 (i) Arrangements with selected providers to furnish healthcare services; and

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

30 (h) The office of the health insurance commissioner shall enforce the provisions of this
31 chapter and may impose administrative penalties consistent with its existing authority under title
32 27. Non-compliant contract provisions are void. The commissioner shall adopt rules and
33 regulations to implement this chapter and shall require payers to submit quarterly reports on
34 credentialing timelines.

1 SECTION 3. Section 27-20-70 of the General Laws in Chapter 27-20 entitled "Nonprofit
2 Medical Service Corporations" is hereby amended to read as follows:

3 **27-20-70. Healthcare provider credentialing.**

4 (a) For applications received on or after January 1, 2018, a healthcare entity or health plan
5 operating in the state shall be required to issue a decision regarding the credentialing of a healthcare
6 provider as soon as practicable, but no later than ~~forty five (45)~~ thirty (30) calendar days after the
7 date of receipt of a complete credentialing application. For any provider already credentialed with
8 Medicare, the timeline shall be ten (10) business days.

9 (b) For minor changes to the demographic information of an individual healthcare provider
10 who is already credentialed with a particular healthcare entity or health plan, the healthcare entity
11 or health plan shall complete the change within ~~seven (7)~~ five (5) business days of receipt of the
12 healthcare provider's request. Minor changes to demographic information requested by individual
13 providers shall be submitted in the timeframe, and manner required by the healthcare entity or
14 health plan, and shall include all supporting documentation required by the particular healthcare
15 entity or health plan. For purposes of this section, minor changes to the information profile of a
16 healthcare provider shall include, but not be limited to, changes of address and changes to a
17 healthcare provider's tax identification number.

18 (c) ~~Each healthcare entity or health plan shall establish a written standard defining what~~
19 ~~elements constitute a complete credentialing application and shall distribute this standard with the~~
20 ~~written version of the credentialing application and make the standard available on the healthcare~~
21 ~~entity's or health plan's website. If the payer fails to meet the timeline in subsection (a) of this~~
22 ~~section, the provider shall be deemed provisionally credentialed, and the payer shall reimburse the~~
23 ~~provider retroactively for all covered services rendered from the date the completed application~~
24 ~~was received.~~

25 (d) Each healthcare entity or health plan shall respond to inquiries by the applicant
26 regarding the status of an application.

27 (1) Each healthcare entity or health plan shall provide the applicant with automated
28 application status updates, at least once every fifteen (15) calendar days, informing the applicant of
29 any missing application materials until the application is deemed complete;

30 (2) Each healthcare entity or health plan shall inform the applicant within five (5) business
31 days that the credentialing application is complete; and

32 (3) If the healthcare entity or health plan denies a credentialing application, the healthcare
33 entity or health plan shall notify the healthcare provider in writing and shall provide the healthcare
34 provider with any and all reasons for denying the credentialing application.

1 (e) The effective date for billing privileges for healthcare providers under a particular
2 healthcare entity or health plan shall be the next business day following the date of approval of the
3 credentialing application.

4 (f) For applications received from resident graduates on or after January 1, 2018, a
5 healthcare entity or health plan shall offer a transitional or conditional approval process such that a
6 resident graduate who has submitted an otherwise complete application and met all other criteria,
7 may be conditionally approved, effective upon successful graduation from the training program.

8 (g) For the purposes of this section, the following definitions apply:

9 (1) "Complete credentialing application" means all the requested material has been
10 submitted.

11 (2) "Date of receipt" means the date the healthcare entity or health plan receives the
12 completed credentialing application whether via electronic submission or as a paper application.

13 (3) "Healthcare entity" means a licensed insurance company or nonprofit hospital or
14 medical or dental service corporation or plan or health maintenance organization, or a contractor
15 as defined in § 23-17.13-2 [repealed] that operates a health plan.

16 (4) "Healthcare provider" means a healthcare professional.

17 (5) "Health plan" means a plan operated by a healthcare entity that provides for the delivery
18 of healthcare services to persons enrolled in those plans through:

19 (i) Arrangements with selected providers to furnish healthcare services; and

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

22 (h) The office of the health insurance commissioner shall enforce the provisions of this
23 chapter and may impose administrative penalties consistent with its existing authority under title
24 27. Non-compliant contract provisions are void. The commissioner shall adopt rules and
25 regulations to implement this chapter and shall require payers to submit quarterly reports on
26 credentialing timelines.

27 SECTION 4. Section 27-41-87 of the General Laws in Chapter 27-41 entitled "Health
28 Maintenance Organizations" is hereby amended to read as follows:

29 **27-41-87. Healthcare provider credentialing.**

30 (a) For applications received on or after January 1, 2018, a healthcare entity or health plan
31 operating in the state shall be required to issue a decision regarding the credentialing of a healthcare
32 provider as soon as practicable, but no later than ~~forty five (45)~~ thirty (30) calendar days after the
33 date of receipt of a complete credentialing application. For any provider already credentialed with
34 Medicare, the timeline shall be ten (10) business days.

1 (b) For minor changes to the demographic information of an individual healthcare provider
2 who is already credentialed with a particular healthcare entity or health plan, the healthcare entity
3 or health plan shall complete the change within ~~seven (7)~~ five (5) business days of receipt of the
4 healthcare provider's request. Minor changes to demographic information requested by individual
5 providers shall be submitted in the time frame, and manner required by the healthcare entity or
6 health plan, and shall include all supporting documentation required by the particular healthcare
7 entity or health plan. For purposes of this section, minor changes to the information profile of a
8 healthcare provider shall include, but not be limited to, changes of address and changes to a
9 healthcare provider's tax identification number.

10 (c) ~~Each healthcare entity or health plan shall establish a written standard defining what~~
11 ~~elements constitute a complete credentialing application and shall distribute this standard with the~~
12 ~~written version of the credentialing application and make the standard available on the healthcare~~
13 ~~entity's or health plan's website. If the payer fails to meet the timeline in subsection (a) of this~~
14 ~~section, the provider shall be deemed provisionally credentialed, and the payer shall reimburse the~~
15 ~~provider retroactively for all covered services rendered from the date the completed application~~
16 ~~was received.~~

17 (d) Each healthcare entity or health plan shall respond to inquiries by the applicant
18 regarding the status of an application.

19 (1) Each healthcare entity or health plan shall provide the applicant with automated
20 application status updates, at least once every fifteen (15) calendar days, informing the applicant of
21 any missing application materials until the application is deemed complete;

22 (2) Each healthcare entity or health plan shall inform the applicant within five (5) business
23 days that the credentialing application is complete; and

24 (3) If the healthcare entity or health plan denies a credentialing application, the healthcare
25 entity or health plan shall notify the healthcare provider in writing and shall provide the healthcare
26 provider with any and all reasons for denying the credentialing application.

27 (e) The effective date for billing privileges for healthcare providers under a particular
28 healthcare entity or health plan shall be the next business day following the date of approval of the
29 credentialing application.

30 (f) For applications received from resident graduates on or after January 1, 2018, a
31 healthcare entity or health plan shall offer a transitional or conditional approval process such that a
32 resident graduate who has submitted an otherwise complete application and met all other criteria,
33 may be conditionally approved, effective upon successful graduation from the training program.

34 (g) For the purposes of this section, the following definitions apply:

1 (1) "Complete credentialing application" means all the requested material has been
2 submitted.

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

5 (3) "Healthcare 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 [repealed] that operates a health plan.

8 (4) "Healthcare provider" means a healthcare professional.

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

11 (i) Arrangements with selected providers to furnish healthcare 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 [\(h\) The office of the health insurance commissioner shall enforce the provisions of this](#)
15 [chapter and may impose administrative penalties consistent with its existing authority under title](#)
16 [27. Non-compliant contract provisions are void. The commissioner shall adopt rules and](#)
17 [regulations to implement this chapter and shall require payers to submit quarterly reports on](#)
18 [credentialing timelines.](#)

19 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 --
HEALTHCARE PROVIDER CREDENTIALING

- 1 This act would amend the timelines related to healthcare provider credentialing.
- 2 This act would take effect upon passage.

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