

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Moore, Richard (SEN)

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act Requiring Standard Credentialing of Physicians by Health Insurers

PETITION OF:

NAME:

Moore, Richard (SEN)

DISTRICT/ADDRESS:

Worcester and Norfolk

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT REQUIRING STANDARD CREDENTIALING OF PHYSICIANS BY HEALTH INSURERS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of Chapter 176O of the General Laws, as appearing in the 2006
2 Official Edition, is hereby amended by inserting after the definition of “health care services” the
3 following new definition:-
4 “hospital-based physician”, a pathologist, anesthesiologist, radiologist or emergency room
5 physician who practices exclusively within the inpatient or outpatient hospital setting and who
6 provides health care services to a carrier’s insured only as a result of the insured being directed to
7 the hospital inpatient or outpatient setting. This definition may be expanded, after consultation
8 with a statewide advisory committee composed of but not limited to a representative from the
9 Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts
10 Association of Health Plans, the Massachusetts Association of Medical Staff Services, and Blue
11 Cross Blue Shield of Massachusetts, by regulation to include additional categories of physicians
12 who practice exclusively within the inpatient or outpatient hospital setting and who provide

13 health care services to a carrier's insured only as a result of the insured being directed to the
14 hospital inpatient or outpatient setting.

15 SECTION 2: Chapter 176O of the General Laws, as so appearing, is hereby amended by
16 inserting after section 2 the following new sections:-

17 Section 2A. (a) The bureau shall adopt the "Integrated Massachusetts Application
18 for Initial Credentialing/Appointment" and the "Integrated Massachusetts Application for
19 Recredentialing/Re-Appointment." The bureau, after consultation with a statewide advisory
20 committee composed of but not limited to a representative from the Massachusetts Medical
21 Society, the Massachusetts Hospital Association, the Massachusetts Association of Health Plans,
22 the Massachusetts Association of Medical Staff Services, and Blue Cross Blue Shield of
23 Massachusetts shall make any revisions to the statewide uniform physician credentialing
24 application forms. Such forms shall not be applicable in those instances where the carrier has
25 both delegated credentialing to a provider organization and does not require submission of a
26 credentialing application.

27 (b) A carrier shall not use any initial physician credentialing application form other than the
28 uniform initial physician application form or a uniform electronic version of said form. A carrier
29 shall not use any physician recredentialing application form other than the uniform physician
30 recredentialing application form or a uniform electronic version of said form. A carrier may
31 require that the appropriate physician profile be submitted in addition to the uniform physician
32 recredentialing application form.

33 (c) A carrier shall act upon and complete the credentialing process for 95% of
34 complete initial physician credentialing applications submitted by or on behalf of a physician

35 applicant within 30 calendar days of receipt of a complete application. An application shall be
36 considered complete if it contains all of the following elements:

- 37 (i) the application form is signed and appropriately dated by the physician applicant;
- 38 (ii) all information on the application is submitted in a legible and complete manner and any
39 affirmative answers are accompanied by explanations satisfactory to the carrier;
- 40 (iii) a current curriculum vitae with appropriate required dates;
- 41 (iv) a signed, currently dated Applicant's Authorization to Release Information form;
- 42 (v) copies of the applicant's current licenses in all states in which the physician practices;
- 43 (vi) a copy of the applicant's current Massachusetts controlled substances registration and a
44 copy of the applicant's current federal DEA controlled substance certificate or, if not available, a
45 letter describing prescribing arrangements;
- 46 (vii) a copy of the applicant's current malpractice face sheet coverage statement including
47 amounts and dates of coverage;
- 48 (viii) hospital letter or verification of hospital privileges or alternate pathways;
- 49 (ix) documentation of board certification or alternate pathways;
- 50 (x) documentation of training, if not board certified;
- 51 (xi) there are no affirmative responses on questions related to quality or clinical competence;
- 52 (xii) there are no modifications to the Applicant's Authorization to Release Information Form;

53 (xiii) there are no discrepancies between the information submitted by or on behalf of the
54 physician and information received from other sources; and

55 (xiv) the appropriate health plan participation agreement, if applicable.

56 (d) A carrier shall report to a physician applicant or designee the status of a submitted initial
57 credentialing application within a reasonable timeframe. Said report shall include, but not be
58 limited to, the application receipt date and, if incomplete, an itemization of all missing or
59 incomplete items. A carrier may return an incomplete application to the submitter. A physician
60 applicant or designee shall be responsible for any and all missing or incomplete items.

61 (e) A carrier shall notify a physician applicant of the carrier's credentialing committee's
62 decision on an initial credentialing application within four business days of the decision. Said
63 notice shall include the committee's decision and the decision date.

64 (f) A physician, other than a primary care provider compensated on a capitated basis, who
65 has been credentialed pursuant to the terms of this section shall be allowed to treat a carrier's
66 insured and shall be reimbursed by the carrier for covered services provided to a carrier's
67 insureds effective as of the carrier's credentialing committee's decision date. A primary care
68 physician compensated on a capitated basis who has been credentialed pursuant to the terms
69 established in this section shall be allowed to treat a carrier's insured and shall be reimbursed by
70 the carrier for covered services provided to the carrier's insured effective no later than the first
71 day of the month following the carrier's credentialing committee's decision date.

72 (g) This section shall not apply to the credentialing and recredentilaing by carriers of
73 psychiatrists or hospital-based physicians by carriers.

74 Section 2B. (a) The bureau’s accreditation requirements related to credentialing
75 and recredentialing shall not require a carrier to complete the credentialing or recredentialing
76 process for hospital-based physicians.

77 (b) Except as provided in paragraph (d), a carrier shall not require a hospital-based physician
78 to complete the credentialing and recredentialing process established pursuant to the bureau’s
79 accreditation requirements.

80 (c) A carrier may establish an abbreviated data submission process for hospital-based
81 physicians. Except as provided in paragraph (d) of this section, said process shall be limited to a
82 review of the data elements required to be collected and reviewed pursuant to applicable
83 regulations of the board of registration in medicine and shall not include primary source
84 verification or a carrier’s credentialing committee review.

85 (d) In the event that the carrier determines that there is a need to further review a hospital-
86 based physicians credentials due to quality of care concerns, complaints from insureds,
87 applicable law or other good faith concerns, the carrier may conduct such review as is necessary
88 to make a credentialing or recredentialing decision.

89 (e) Nothing in this section shall be construed to prohibit a carrier from requiring a physician
90 to submit information or taking other actions necessary for the carrier to comply with the
91 applicable regulations of the board of registration in medicine.

92 (f) The bureau, after consultation with a statewide advisory committee composed of but not
93 limited to a representative from Massachusetts Hospital Association, the Massachusetts Medical
94 Society, the Massachusetts Association of Health Plans, the Massachusetts Association of

95 Medical Staff Services, and Blue Cross and Blue Shield of Massachusetts, shall develop standard
96 criteria and oversight guidelines that may be used by carriers to delegate the credentialing
97 function to providers. Such criteria and oversight guidelines shall meet applicable accreditation
98 standards.

99 SECTION 3: Section 2 of the Act shall become effective on October 1, 2010