

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Ms. Tucker

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 streamlining the physician credentialing process.

PETITION OF:

NAME:

Ms. Tucker

DISTRICT/ADDRESS:

Second Essex and Middlesex

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. S00645 OF 2007-2008.]

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT STREAMLINING THE PHYSICIAN CREDENTIALING PROCESS.

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 is hereby amended by
2 inserting after the definition of “health care services” the following new definition:--

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

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

15 SECTION 2. Chapter 176O of the General Laws is hereby amended by inserting after section 2
16 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
28 than the uniform initial physician application form or a uniform electronic version of said form.
29 A carrier shall not use any physician recredentialing application form other than the uniform
30 physician recredentialing application form or a uniform electronic version of said form. A
31 carrier may require that the appropriate physician profile be submitted in addition to the uniform
32 physician recredentialing application form.

33 (c) A carrier shall act upon and complete the credentialing process for 95 percent 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
39 and any affirmative answers are accompanied by explanations satisfactory to the
40 carrier;
- 41 (iii) a current curriculum vitae with appropriate required dates;
- 42 (iv) a signed, currently dated Applicant's Authorization to Release Information form;
- 43 (v) copies of the applicant's current licenses in all states in which the physician
44 practices;
- 45 (vi) a copy of the applicant's current Massachusetts controlled substances registration
46 and a copy of the applicant's current federal DEA controlled substance certificate
47 or, if not available, a letter describing prescribing arrangements;
- 48 (vii) a copy of the applicant's current malpractice face sheet coverage statement
49 including amounts and dates of coverage;
- 50 (viii) hospital letter or verification of hospital privileges or alternate pathways;
- 51 (ix) documentation of board certification or alternate pathways;
- 52 (x) documentation of training, if not board certified;
- 53 (xi) there are no affirmative responses on questions related to quality or clinical
54 competence;
- 55 (xii) there are no modifications to the Applicant's Authorization to Release
56 Information Form;

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

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

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

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

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

76 (g) This section shall not apply to the credentialing and recredentialing by carriers of
77 psychiatrists or hospital-based physicians by carriers.

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

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

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

89 (d) In the event that the carrier determines that there is a need to further review a
90 hospital-based physician’s credentials due to quality of care concerns, complaints from insureds,
91 applicable law or other good faith concerns, the carrier may conduct such review as is necessary
92 to make a credentialing or recredentialing decision.

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

96 (f) The bureau, after consultation with a statewide advisory committee composed of
97 but not limited to a representative from Massachusetts Hospital Association, the Massachusetts
98 Medical Society, the Massachusetts Association of Health Plans, the Massachusetts Association
99 of Medical Staff Services, and Blue Cross and Blue Shield of Massachusetts, shall develop

100 standard criteria and oversight guidelines that may be used by carriers to delegate the
101 credentialing function to providers. Such criteria and oversight guidelines shall meet applicable
102 accreditation standards.

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