HOUSE DOCKET, NO. 1556 FILED ON: 1/20/2011

HOUSE . . . . . No. 1189

The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

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:

An Act relative to health care consumer protection.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Kay Khan	*11th Middlesex*
Carl M. Sciortino, Jr.	*34th Middlesex*
Timothy J. Toomey, Jr.	*26th Middlesex*

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HOUSE . . . . . No. 1189

By Ms. Khan of Newton, a petition (accompanied by bill, House, No. 1189) of Kay Khan, Carl M. Sciortino, Jr. and Timothy J. Toomey, Jr. relative to the protection of consumers in the purchasing and administration of health care insurance. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
HOUSE
, NO. *938* OF 2009-2010.]

The Commonwealth of Massachusetts

An Act relative to health care consumer protection.

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

SECTION 1. Section 1 of Chapter 176O of the General Laws is hereby amended by inserting after the definition of “Covered benefits” the following new definition:—

“ Credentialing” means the process of assessing and validating the qualifications of health care providers applying to be approved or reapproved by a health insurance carrier to provide health care services to the health insurance carrier’s insured. The process shall not allow any economic criteria to be used in determining an individual’s qualifications.

SECTION 2. Said section 1 of Chapter 176O is hereby further amended by inserting after the definition of "health care services" the following new definition:—

"Hospital-based physician", a pathologist, anesthesiologist, radiologist or emergency room physician who practices exclusively within the inpatient or outpatient hospital setting and who provides health care services to a carrier's insured only as a result of insured being directed to the hospital inpatient or outpatient setting. This definition may be expanded, by the division of insurance upon consultation with the Massachusetts Hospital Association, Massachusetts Medical Society, Massachusetts Association of Health Plans and Blue Cross and Blue Shield of Massachusetts, by regulation to include additional categories of physicians who practice

17 exclusively within the inpatient or outpatient hospital setting and who provide health care
18 services to a carrier's insured only as a result of insured being directed to the hospital inpatient or
19 outpatient setting.

20 SECTION 3. Chapter 176O of the General Laws as appearing in the 2004 official
21 edition is hereby amended by inserting after section 2 the following new sections:—

22 Section 2A. (a) The bureau shall adopt the "Integrated Massachusetts Application for
23 Initial Credentialing/Appointment" and the "Integrated Massachusetts Application for Re-
24 Credentialing/Re-Appointment," so called, and any revisions thereto, as developed and updated
25 from time to time by the Massachusetts Medical Society, the Massachusetts Hospital
26 Association, the Massachusetts Association of Health Plans and Blue Cross Blue Shield of
27 Massachusetts as the statewide uniform physician credentialing application forms. Such forms
28 shall not be applicable in those instances where the carrier has both delegated credentialing to a
29 provider organization and does not require submission of a credentialing application.

30 (b) A carrier shall not use any initial physician credentialing application form other
31 than the uniform initial physician application form or a uniform electronic version of said form.
32 A carrier shall not use any physician recredentialing application form other than the uniform
33 physician recredentialing application form or a uniform electronic version of said form.

34 A carrier may require that the appropriate physician profile be submitted in addition to
35 the uniform physician recedentialing application form.

36 (c) A carrier shall act upon and complete the credentialing process for

37 95% of complete initial physician credentialing applications submitted by or on behalf of
38 a physician applicant within 30 calendar days of receipt of a complete application. An
39 application shall be considered complete if it contains all of the following elements:

40 1. the application form is signed and appropriately dated by the physician applicant;

41 2. all information on the application is submitted in a legible and complete manner
42 and any affirmative answers are accompanied by explanations satisfactory to the carrier;

43 3. a current curriculum vitae with appropriate required dates;

44 4. a signed, currently dated Applicant's Authorization to Release Information form;

45 5. copies of the applicant's current licenses in all states in which the physician
46 practices;

47 6. a copy of the applicant's current Massachusetts controlled substances registration
48 and a copy of the applicant's current federal DEA controlled substance certificate or, if not
49 available, a letter describing prescribing arrangements;

50 7. a copy of the applicant's current malpractice face sheet coverage statement
51 including amounts and dates of coverage;

52 8. hospital letter or verification of hospital privileges or alternate pathways;

53 9. documentation of board certification or alternate pathways;

54 10. documentation of training, if not board certified;

55 11. there are no affirmative responses on questions related to quality or clinical
56 competence;

57 12. there are no modifications to the Applicant's Authorization to Release
58 Information Form;

59 13. there are no discrepancies between the information submitted by or on behalf of
60 the physician and information received from other sources; and

61 14. the appropriate health plan participation agreement, if applicable.

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

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

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

78 (g) The provisions of this section shall not apply to the credentialing and
79 recredentialing by carriers of psychiatrists or hospital-based physicians by carriers.

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

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

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

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

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

98 (f) The Massachusetts Hospital Association, the Massachusetts Medical Society, the
99 Massachusetts Association of Health Plans and Blue Cross and Blue Shield of Massachusetts
100 shall work to develop standard criteria and oversight guidelines that may be used by carriers to
101 delegate the credentialing function to providers. Such criteria and oversight guidelines shall meet
102 applicable accreditation standards.

103 (g) Notwithstanding any special or general law to the contrary, nothing in section
104 2A or 2B shall be construed as an exemption to federal or state antitrust laws, or as authorizing
105 carriers, physicians or hospitals to engage in discrimination of health care providers; in relation
106 to completing credentialing or recredentialing application forms or satisfying credentialing
107 requirements of carriers, or of those providers the bureau has delegated credentialing functions
108 to.

109 SECTION 4. Sections 2A(a) and 2A(b) in Section 2 shall take effect January 1,
110 2013.