

SECOND REGULAR SESSION

SENATE BILL NO. 742

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

Read 1st time February 2, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

5590S.02I

AN ACT

To amend chapter 376, RSMo, by adding thereto three new sections relating to the credentialing and payment of health care practitioners by health insurers.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto three new sections, to be known as sections 376.1575, 376.1578, and 376.1580, to read as follows:

376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:

(1) "Completed application", a practitioner's application to a health carrier that seeks the health carrier's authorization for the practitioner to provide patient care services as a member of the health carrier's network and does not omit any information which is clearly required by the application form or the accompanying instructions;

(2) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Practitioner":

(a) A physician or physician assistant eligible to provide treatment services under chapter 334;

(b) A pharmacist eligible to provide services under chapter 338;

(c) A dentist eligible to provide services under chapter 332;

(d) A chiropractor eligible to provide services under chapter 331;

(e) An optometrist eligible to provide services under chapter 336;

(f) A podiatrist eligible to provide services under chapter 330;

21 (g) A psychologist or licensed clinical social worker eligible to
22 provide services under chapter 337; or

23 (h) An advanced practice nurse eligible to provide services
24 under chapter 335.

376.1578. 1. (1) Within forty-eight hours after receipt of an
2 electronically filed credentialing application by a health carrier, the
3 carrier shall send an electronic notice of receipt to the practitioner.

4 (2) Within five calendar days after receipt of a paper
5 credentialing application by a health carrier, the carrier shall send a
6 notice of receipt to the practitioner.

7 2. A health carrier shall assess a health care practitioner's
8 credentialing information and make a decision as to whether to
9 approve or deny the practitioner's credentialing application within
10 sixty calendar days of the date of receipt of the completed
11 application. The sixty-day deadline established in this section shall not
12 apply if the application or subsequent verification of information
13 indicates that the practitioner has:

14 (1) A history of behavioral disorders or other impairments
15 affecting the practitioner's ability to practice, including but not limited
16 to substance abuse;

17 (2) Licensure disciplinary actions against the practitioner's
18 license to practice imposed by any state or territory or foreign
19 jurisdiction;

20 (3) Had the practitioner's hospital admitting or surgical
21 privileges or other organizational credentials or authority to practice
22 revoked, restricted, or suspended based on the practitioner's clinical
23 performance; or

24 (4) A judgment or judicial award against the practitioner arising
25 from a medical malpractice liability lawsuit.

26 3. The department of insurance, financial institutions and
27 professional registration shall establish a mechanism for reporting
28 alleged violations of this section to the department. Repeated
29 violations of this section by a health carrier shall constitute an unfair
30 trade practice in the business of insurance, as defined in sections
31 375.934 and 375.936, by limiting the insured's full freedom of choice in
32 the selection of licensed providers as described in paragraph (b) of
33 subdivision (11) of section 375.936.

376.1580. 1. Within ten business days of receiving a completed
2 application from a practitioner, a health carrier shall permit a
3 practitioner to bill and be paid directly by the insurer for providing
4 treatment services as of the date of receipt of the credentialing
5 application to the enrollees of the health carrier while the
6 credentialing application is under review, subject to the following
7 limitations:

8 (1) The health carrier may limit the payment rate to the fee
9 schedule or other reimbursement mechanism applicable to
10 practitioners who are not included in the health carrier's network of
11 contracted providers;

12 (2) The health carrier may refuse to allow a practitioner the
13 capacity to bill and be directly paid if the practitioner is not affiliated
14 with an entity that has a current contractual relationship with the
15 health carrier to provide treatment services to the health carrier's
16 enrollees as part of the carrier's provider network;

17 (3) The health carrier may refuse to list the practitioner in a
18 directory or other list of providers made available to the health
19 carrier's enrollees as part of the health carrier's provider network;

20 (4) The health carrier may refuse to allow the practitioner to be
21 designated as an enrollee's designated primary care or care
22 coordinating practitioner while the credentialing application is
23 pending; and

24 (5) Any obligation to allow a practitioner to bill and be directly
25 paid under this section shall cease upon the health carrier's providing
26 notice to the practitioner that the practitioner's credentialing
27 application has been denied, provided that treatment services rendered
28 prior to the date of receipt of the denial shall be eligible to be billed
29 and directly paid.

30 2. Nothing in this section shall require a health carrier to pay for
31 treatment services which are excluded from the health carrier's benefit
32 plan.

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