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2009-2010 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2009

Introduced by M. of A. GOTTFRIED, CAHILL, CANESTRARI, ENGLEBRIGHT, GALEF, ROBINSON, HOYT, LANCMAN, FIELDS -- Multi-Sponsored by -- M. of A. ABBATE, AUBRY, BRENNAN, BRODSKY, CLARK, COLTON, COOK, CYMBROWITZ, DINOWITZ, HEASTIE, JACOBS, JOHN, KELLNER, MAYERSOHN, McENENY, J. MILLER, MILLMAN, ORTIZ, PAULIN, PERRY, PHEFFER, PRETLOW, RAMOS, J. RIVERA, TITUS, TOWNS, WEISENBERG -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the insurance law, in relation to certain application and referral forms for health care plans

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Subdivision 1 of section 4406-d of the public health law,
2 as amended by chapter 551 of the laws of 2006, is amended to read as
3 follows:
4 1. (A) A health care plan shall, upon request, make available and
5 disclose to health care professionals written application procedures and
6 minimum qualification requirements which a health care professional must
7 meet in order to be considered by the health care plan. The plan shall
8 consult with appropriately qualified health care professionals in devel-
9 oping its qualification requirements. A health care plan shall complete
10 review of the health care professional's [application to participate]
11 UNIVERSAL HEALTH CARE PROFESSIONAL APPLICATION FOR PARTICIPATION in the
12 in-network portion of the health care plan's network and shall, within
13 ninety days of receiving a health care professional's completed
14 UNIVERSAL application to participate in the health care plan's network,
15 notify the health care professional as to [(a)] (I) whether he or she is
16 credentialed or [(b)] (II) whether additional time is necessary to make
17 a determination in spite of the health care plan's best efforts or
18 because of a failure of a third party to provide necessary documenta-
19 tion, or non-routine or unusual circumstances require additional time

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets [] is old law to be omitted.

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1 for review. In such instances where additional time is necessary because
2 of a lack of necessary documentation, a health plan shall make every
3 effort to obtain such information as soon as possible.

4 (B) THE COMMISSIONER, IN CONSULTATION WITH THE SUPERINTENDENT OF
5 INSURANCE, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS AND
6 HEALTH CARE PROFESSIONALS SHALL ADOPT BY REGULATION SUCH UNIVERSAL
7 HEALTH CARE PROFESSIONAL APPLICATION FOR PARTICIPATION FORM, AND A FORM
8 FOR THE RENEWAL OF CREDENTIALING WHICH SHALL BE AN ABBREVIATED VERSION
9 OF THE UNIVERSAL APPLICATION FORM, FOR USE BY HEALTH CARE PLANS WHICH
10 OFFER MANAGED CARE PRODUCTS FOR THE PURPOSE OF CREDENTIALING AND RE-CRE-
11 DENTIALING HEALTH CARE PROFESSIONALS WHO SEEK TO PARTICIPATE IN A HEALTH
12 CARE PLAN'S PROVIDER NETWORK AND FOR THE PURPOSE OF CREDENTIALING AND
13 RE-CREDENTIALING HEALTH CARE PROFESSIONALS WHO ARE EMPLOYED OR HAVE
14 STAFF PRIVILEGES AT HOSPITALS OR OTHER HEALTH CARE FACILITIES WHICH SEEK
15 TO PARTICIPATE IN A PROVIDER NETWORK.

16 (C) THE COMMISSIONER, IN CONSULTATION WITH THE SUPERINTENDENT OF
17 INSURANCE, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS AND
18 HEALTH CARE PROFESSIONALS SHALL ADOPT BY REGULATION A UNIVERSAL HEALTH
19 CARE PROFESSIONAL REFERRAL FORM FOR THE PURPOSE OF SIMPLIFYING THE PROC-
20 ESS OF REFERRAL OF PATIENTS TO OTHER HEALTH CARE PROFESSIONALS.

21 (D) THE COMMISSIONER, IN CONSULTATION WITH THE SUPERINTENDENT OF
22 INSURANCE, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS AND
23 HEALTH CARE PROFESSIONALS SHALL REVISE THE UNIVERSAL APPLICATION,
24 RE-CREDENTIALING AND UNIVERSAL HEALTH CARE PROFESSIONAL REFERRAL FORMS
25 AS NECESSARY, TO CONFORM WITH INDUSTRY-WIDE, NATIONAL STANDARDS OF
26 CREDENTIALING, RE-CREDENTIALING AND HEALTH CARE REFERRAL.

27 (E) IN DEVELOPING THE UNIVERSAL HEALTH CARE PROFESSIONAL APPLICATION
28 RE-CREDENTIALING FORMS, THE COMMISSIONER SHALL ENSURE THAT THE CREDEN-
29 TIALING AND RE-CREDENTIALING REQUIREMENTS FOR PARTICIPATION IN THE MEDI-
30 CAID PROGRAM, THE STATE CHILD HEALTH PLUS PROGRAM AND THE FAMILY HEALTH
31 PLUS PROGRAMS ARE ADEQUATELY REFLECTED ON THE HEALTH CARE PROFESSIONAL
32 APPLICATION AND RE-CREDENTIALING FORMS.

33 (F) ALL THE CREDENTIALING AND RE-CREDENTIALING FORMS REQUIRED FOR
34 DEVELOPMENT UNDER THIS SUBDIVISION SHALL BE THE ONLY FORMS THAT MAY BE
35 USED FOR CREDENTIALING AND RE-CREDENTIALING HEALTH CARE PROFESSIONALS BY
36 HEALTH CARE PLANS, HOSPITALS, AND OTHER HEALTH CARE FACILITIES.

37 (G) THE PROFESSIONAL REFERRAL FORM REQUIRED FOR DEVELOPMENT UNDER THIS
38 SUBDIVISION SHALL BE THE ONLY FORM THAT A HEALTH CARE PLAN MAY REQUIRE A
39 HEALTH CARE PROFESSIONAL TO USE FOR THE PURPOSES OF MAKING A PROFES-
40 SIONAL REFERRAL; PROVIDED, HOWEVER, THAT A HEALTH CARE PLAN MAY REQUEST
41 ADDITIONAL PATIENT INFORMATION SEPARATELY FROM THE PROFESSIONAL REFERRAL
42 FORM FOR THE PURPOSES OF REVIEWING SUCH PROFESSIONAL REFERRAL.

43 S 2. Subsection (a) of section 4803 of the insurance law, as amended
44 by chapter 551 of the laws of 2006, is amended to read as follows:

45 (a) (1) An insurer which offers a managed care product shall, upon
46 request, make available and disclose to health care professionals writ-
47 ten application procedures and minimum qualification requirements which
48 a health care professional must meet in order to be considered by the
49 insurer for participation in the in-network benefits portion of the
50 insurer's network for the managed care product. The insurer shall
51 consult with appropriately qualified health care professionals in devel-
52 oping its qualification requirements for participation in the in-network
53 benefits portion of the insurer's network for the managed care product.
54 An insurer shall complete review of the health care professional's
55 application to participate in the in-network portion of the insurer's
56 network and, within ninety days of receiving a health care profes-

1 sional's completed application to participate in the insurer's network,
2 will notify the health care professional as to (i) whether he or she is
3 credentialed or (ii) whether additional time is necessary to make a
4 determination in spite of insurer's best efforts or because of a failure
5 of a third party to provide necessary documentation, or non-routine or
6 unusual circumstances require additional time for review. In such
7 instances where additional time is necessary because of a lack of neces-
8 sary documentation, an insurer shall make every effort to obtain such
9 information as soon as possible. THE PLANS SHALL ALSO IMPLEMENT PROCE-
10 DURES TO PERMIT NEWLY LICENSED HEALTH CARE PROFESSIONALS TO RENDER CARE
11 AND RECEIVE PAYMENT FOR CARE PROVIDED TO ENROLLEES ON A PROVISIONAL
12 BASIS DURING THE PENDANCY OF THE APPLICATION PROCESS OF SUCH NEWLY
13 LICENSED HEALTH CARE PROFESSIONALS.

14 (2) THE SUPERINTENDENT, IN CONSULTATION WITH THE COMMISSIONER OF
15 HEALTH, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS, AND HEALTH
16 CARE PROFESSIONALS SHALL ADOPT BY REGULATION A UNIVERSAL HEALTH CARE
17 PROFESSIONAL APPLICATION FOR PARTICIPATION FORM, AND A FORM FOR THE
18 RENEWAL OF CREDENTIALING WHICH SHALL BE AN ABBREVIATED VERSION OF THE
19 UNIVERSAL APPLICATION FORM FOR USE BY HEALTH CARE PLANS WHICH OFFER
20 MANAGED CARE PRODUCTS FOR THE PURPOSE OF CREDENTIALING AND RE-CREDEN-
21 TIALING HEALTH CARE PROFESSIONALS WHO SEEK TO PARTICIPATE IN A HEALTH
22 CARE PLAN'S PROVIDER NETWORK AND FOR THE PURPOSE OF CREDENTIALING AND
23 RE-CREDENTIALING HEALTH CARE PROFESSIONALS WHO ARE EMPLOYED OR HAVE
24 STAFF PRIVILEGES AT HOSPITALS OR OTHER HEALTH CARE FACILITIES WHICH SEEK
25 TO PARTICIPATE IN A PROVIDER NETWORK.

26 (3) THE SUPERINTENDENT, IN CONSULTATION WITH THE COMMISSIONER OF
27 HEALTH, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS AND HEALTH
28 CARE PROFESSIONALS SHALL ADOPT BY REGULATION A UNIVERSAL HEALTH CARE
29 PROFESSIONAL REFERRAL FORM FOR THE PURPOSE OF SIMPLIFYING THE PROCESS OF
30 REFERRAL OF PATIENTS TO OTHER HEALTH CARE PROFESSIONALS.

31 (4) THE SUPERINTENDENT, IN CONSULTATION WITH THE COMMISSIONER OF
32 HEALTH, AND REPRESENTATIVES OF HEALTH CARE PLANS, HOSPITALS AND HEALTH
33 CARE PROFESSIONALS SHALL REVISE THE UNIVERSAL APPLICATION, RE-CREDEN-
34 TIALING AND UNIVERSAL HEALTH CARE PROFESSIONAL REFERRAL FORMS AS NECES-
35 SARY, TO CONFORM WITH INDUSTRY-WIDE, NATIONAL STANDARDS OF CREDENTIAL-
36 ING, RE-CREDENTIALING AND HEALTH CARE REFERRAL.

37 (5) IN DEVELOPING THE UNIVERSAL HEALTH CARE PROFESSIONAL APPLICATION
38 RE-CREDENTIALING FORMS, THE SUPERINTENDENT SHALL ENSURE THAT THE CREDEN-
39 TIALING AND RE-CREDENTIALING REQUIREMENTS FOR PARTICIPATION IN THE MEDI-
40 CAID PROGRAM, THE STATE CHILD HEALTH PLUS PROGRAM AND THE FAMILY HEALTH
41 PLUS PROGRAMS ARE ADEQUATELY REFLECTED ON THE HEALTH CARE PROFESSIONAL
42 APPLICATION AND RE-CREDENTIALING FORMS.

43 (6) THE CREDENTIALING AND RE-CREDENTIALING FORMS REQUIRED FOR DEVELOP-
44 MENT UNDER THIS SUBSECTION SHALL BE THE ONLY FORMS THAT MAY BE USED FOR
45 CREDENTIALING AND RE-CREDENTIALING HEALTH CARE PROFESSIONALS BY INSUR-
46 ERS, HOSPITALS AND OTHER HEALTH CARE FACILITIES.

47 (7) THE PROFESSIONAL REFERRAL FORM REQUIRED FOR DEVELOPMENT UNDER THIS
48 SUBSECTION SHALL BE THE ONLY FORM THAT AN INSURER MAY REQUIRE A HEALTH
49 CARE PROFESSIONAL TO USE FOR THE PURPOSES OF MAKING A PROFESSIONAL
50 REFERRAL; PROVIDED, HOWEVER, THAT AN INSURER MAY REQUEST ADDITIONAL
51 PATIENT INFORMATION SEPARATELY FROM THE PROFESSIONAL REFERRAL FORM FOR
52 THE PURPOSES OF REVIEWING SUCH PROFESSIONAL REFERRAL.

53 S 3. This act shall take effect on the one hundred eightieth day after
54 it shall have become a law.