S T A T E O F N E W Y O R K

8398

2011-2012 Regular Sessions

I N A S S E M B L Y

June 15, 2011

Introduced by M. of A. RUSSELL -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to provider credentialing

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

Section 1. Subsection (a) of section 4803 of the insurance law is amended by adding a new paragraph 3 to read as follows:

(3) A NEWLY-LICENSED HEALTH CARE PROFESSIONAL, A HEALTH CARE PROFESSIONAL WHO HAS RECENTLY RELOCATED TO THIS STATE FROM ANOTHER STATE AND HAS NOT PREVIOUSLY PRACTICED IN THIS STATE, OR A PHYSICIAN WHO HAS CHANGED THEIR CORPORATE RELATIONSHIP SUCH THAT IT RESULTS IN THE ISSUANCE OF A NEW TAX IDENTIFICATION NUMBER UNDER WHICH THEIR SERVICES ARE BILLED FOR, WHO IS EMPLOYED BY A GENERAL HOSPITAL LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW, WHOSE OTHER EMPLOYED HEALTH CARE PROFESSIONALS PARTICIPATE IN THE IN-NETWORK PORTION OF AN INSURER'S NETWORK, SHALL BE DEEMED "PROVISIONALLY CREDENTIALED" UPON THE PLAN'S RECEIPT OF THE COMPLETED APPLICATION, AND MAY PARTICIPATE IN THE IN-NETWORK PORTION OF AN INSURER'S NETWORK; PROVIDED, HOWEVER, THAT A PROVISIONALLY CREDENTIALED PHYSICIAN MAY NOT BE DESIGNATED AS AN INSURED'S PRIMARY CARE PHYSICIAN UNTIL SUCH TIME AS THE PHYSICIAN HAS BEEN FULLY CREDENTIALED BY THE PLAN. A HEALTH CARE PROFESSIONAL SHALL ONLY BE ELIGIBLE FOR PROVISIONAL CREDENTIALING IF THE GENERAL HOSPITAL LICENSED PURSUANT TO ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW WITH WHICH HE OR SHE IS EMPLOYED NOTIFIES THE INSURER IN WRITING THAT THE HEALTH CARE PROFESSIONAL HAS BEEN GRANTED HOSPITAL PRIVILEGES AFTER MEETING THE REQUIREMENTS OF SECTION TWENTY-EIGHT HUNDRED FIVE-K OF THE PUBLIC HEALTH LAW AND, SHOULD THE APPLICATION ULTIMATELY BE DENIED, THE LICENSED GENERAL HOSPITAL: (A) SHALL REFUND ANY PAYMENTS MADE BY THE INSURER FOR IN-NETWORK SERVICES PROVIDED BY THE PROVISIONALLY CREDENTIALED HEALTH CARE PROFESSIONAL THAT EXCEED ANY OUT-OF-NETWORK BENEFITS PAYABLE UNDER THE INSURED'S CONTRACT WITH THE INSURER; AND (B) SHALL NOT

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

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PURSUE REIMBURSEMENT FROM THE INSURED, EXCEPT TO COLLECT THE COPAYMENT OR COINSURANCE THAT OTHERWISE WOULD HAVE BEEN PAYABLE HAD THE INSURED RECEIVED SERVICES FROM A HEALTH CARE PROFESSIONAL PARTICIPATING IN THE IN-NETWORK PORTION OF AN INSURER'S NETWORK.

S 2. This act shall take effect on the ninetieth day after it shall have become a law, and shall apply to applications submitted after such date and shall not apply to applications submitted prior to such date if such application is resubmitted in substantially similar form on or after the effective date of this act.