

6426--B

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I N   A S S E M B L Y

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Introduced by M. of A. CUSICK -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the public health law and the insurance law, in relation to requiring health care plans and insurers to provide expedited review of applications of health care professionals who are joining a group practice and grant provisional credentials to such professionals

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 237 of the laws of 2009, 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 in  
11 the in-network portion of the health care plan's network and shall,  
12 within ninety days of receiving a health care professional's completed  
13 application to participate in the health care plan's network, notify the  
14 health care professional as to: (i) whether he or she is credentialed;  
15 or (ii) whether additional time is necessary to make a determination in  
16 spite of the health care plan's best efforts or because of a failure of  
17 a third party to provide necessary documentation, or non-routine or  
18 unusual circumstances require additional time for review. In such  
19 instances where additional time is necessary because of a lack of neces-

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

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1 sary documentation, a health plan shall make every effort to obtain such  
2 information as soon as possible. PROVIDED, HOWEVER, THAT IF THE APPLI-  
3 CANT IS A HEALTH CARE PROFESSIONAL WHO IS JOINING A GROUP PRACTICE OF  
4 HEALTH CARE PROFESSIONALS, OR NEW EMPLOYEE OF A FACILITY OPERATING UNDER  
5 ARTICLE TWENTY-EIGHT OF THIS CHAPTER OR ARTICLE THIRTY-ONE OF THE MENTAL  
6 HYGIENE LAW THAT IS A PARTICIPATING PROVIDER IN THE HEALTH PLAN, AT  
7 LEAST ONE OF WHOM PARTICIPATES IN THE IN-NETWORK PORTION OF A HEALTH  
8 CARE PLAN'S NETWORK, A HEALTH CARE PLAN SHALL, WITHIN THIRTY DAYS OF  
9 RECEIVING SUCH A HEALTH CARE PROFESSIONAL'S COMPLETE APPLICATION TO  
10 PARTICIPATE IN THE HEALTH CARE PLAN'S NETWORK, INCLUDING SUBMISSION OF  
11 ALL NECESSARY DOCUMENTATION FROM THE APPLICANT AND THIRD PARTIES,  
12 COMPLETE REVIEW AND NOTIFY THE HEALTH CARE PROFESSIONAL AS TO WHETHER HE  
13 OR SHE IS CREDENTIALLED.

14 (b) If the completed application of a newly-licensed health care  
15 professional or a health care professional who has recently relocated to  
16 this state from another state and has not previously practiced in this  
17 state, who joins a group practice of health care professionals each of  
18 whom participates in the in-network portion of a health care plan's  
19 network, is neither approved nor declined within ninety days pursuant to  
20 paragraph (a) of this subdivision, the health care professional shall be  
21 deemed "provisionally credentialed" and may participate in the in-net-  
22 work portion of the health care plan's network[; provided, however, that  
23 a provisionally credentialed physician may not be designated as an  
24 enrollee's primary care physician until such time as the physician has  
25 been fully credentialed]. The network participation for a HEALTH CARE  
26 PROFESSIONAL DEEMED provisionally credentialed [health care profes-  
27 sional] PURSUANT TO THIS PARAGRAPH shall begin on the day following the  
28 ninetieth day of receipt of the completed application and shall last  
29 until the final credentialing determination is made by the health care  
30 plan. [A health care professional shall only be eligible for provisional  
31 credentialing if the group practice of health care professionals noti-  
32 fies the health care plan in writing that, should the application ulti-  
33 mately be denied, the health care professional or the group practice:  
34 (i) shall refund any payments made by the health care plan for in-net-  
35 work services provided by the provisionally credentialed health care  
36 professional that exceed any out-of-network benefits payable under the  
37 enrollee's contract with the health care plan; and (ii)] IT SHALL BE  
38 UNDERSTOOD THAT PROVISIONALLY CREDENTIALLED PROVIDERS' REIMBURSEMENT WILL  
39 BE APPROVED BUT HELD BY THE HEALTH CARE PLAN UNTIL FINAL APPROVAL;  
40 PROVIDED, HOWEVER, THAT IF REIMBURSEMENT IS DENIED, THE PROVISIONALLY  
41 CREDENTIALLED PROVIDER shall not pursue reimbursement from the enrollee,  
42 except to collect the copayment that otherwise would have been payable  
43 had the enrollee received services from a health care professional  
44 participating in the in-network portion of a health care plan's network.  
45 Interest and penalties pursuant to section three thousand two hundred  
46 twenty-four-a of the insurance law shall not be assessed based on the  
47 denial of a claim submitted during the period when the health care  
48 professional was provisionally credentialed; provided, however, that  
49 nothing herein shall prevent a health care plan from paying a claim from  
50 a health care professional who is provisionally credentialed upon  
51 submission of such claim. A health care plan shall not deny, after  
52 appeal, a claim for services provided by a provisionally credentialed  
53 health care professional solely on the ground that the claim was not  
54 timely filed.

55 (C) IF THE APPLICANT IS A HEALTH CARE PROFESSIONAL WHO IS JOINING A  
56 GROUP PRACTICE OF HEALTH CARE PROFESSIONALS, OR NEW EMPLOYEE OF A FACIL-

1 ITY OPERATING UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER OR ARTICLE  
2 THIRTY-ONE OF THE MENTAL HYGIENE LAW THAT IS A PARTICIPATING PROVIDER IN  
3 THE HEALTH PLAN, AT LEAST ONE OF WHOM PARTICIPATES IN THE IN-NETWORK  
4 PORTION OF A HEALTH CARE PLAN'S NETWORK, UPON HIS OR HER SUBMISSION OF A  
5 COMPLETE APPLICATION TO PARTICIPATE IN THE HEALTH CARE PLAN'S NETWORK,  
6 INCLUDING SUBMISSION OF ALL NECESSARY DOCUMENTATION FROM THE APPLICANT  
7 AND THIRD PARTIES, HE OR SHE SHALL BE DEEMED "PROVISIONALLY CREDEN-  
8 TIALED" AND MAY PARTICIPATE IN THE IN-NETWORK PORTION OF THE HEALTH CARE  
9 PLAN'S NETWORK. THE NETWORK PARTICIPATION FOR A HEALTH CARE PROFESSIONAL  
10 DEEMED PROVISIONALLY CREDENTIALLED PURSUANT TO THIS PARAGRAPH SHALL BEGIN  
11 ON THE DAY FOLLOWING NOTIFICATION BY THE HEALTH CARE PLAN THAT THE  
12 COMPLETED APPLICATION WAS RECEIVED AND SHALL LAST UNTIL THE FINAL  
13 CREDENTIALING DETERMINATION IS MADE BY THE HEALTH CARE PLAN.

14 (D) IF A HEALTH CARE PROFESSIONAL IS DEEMED "PROVISIONALLY CREDEN-  
15 TIALED" PURSUANT TO PARAGRAPH (B) OR (C) OF THIS SUBDIVISION, HE OR SHE  
16 MAY NOT BE DESIGNATED AS AN ENROLLEE'S PRIMARY CARE PHYSICIAN UNTIL SUCH  
17 TIME AS THE PHYSICIAN HAS BEEN FULLY CREDENTIALLED. IT SHALL BE UNDER-  
18 STOOD THAT PROVISIONALLY CREDENTIALLED PROVIDERS' REIMBURSEMENT WILL BE  
19 APPROVED BUT HELD BY THE HEALTH CARE PLAN UNTIL FINAL APPROVAL;  
20 PROVIDED, HOWEVER, THAT IF REIMBURSEMENT IS DENIED, THE PROVISIONALLY  
21 CREDENTIALLED PROVIDER SHALL NOT PURSUE REIMBURSEMENT FROM THE ENROLLEE,  
22 EXCEPT TO COLLECT THE COPAYMENT THAT OTHERWISE WOULD HAVE BEEN PAYABLE  
23 HAD THE ENROLLEE RECEIVED SERVICES FROM A HEALTH CARE PROFESSIONAL  
24 PARTICIPATING IN THE IN-NETWORK PORTION OF A HEALTH CARE PLAN'S NETWORK.  
25 INTEREST AND PENALTIES PURSUANT TO SECTION THREE THOUSAND TWO HUNDRED  
26 TWENTY-FOUR-A OF THE INSURANCE LAW SHALL NOT BE ASSESSED BASED ON THE  
27 DENIAL OF A CLAIM SUBMITTED DURING THE PERIOD WHEN THE HEALTH CARE  
28 PROFESSIONAL WAS PROVISIONALLY CREDENTIALLED; PROVIDED, HOWEVER, THAT  
29 NOTHING HEREIN SHALL PREVENT A HEALTH CARE PLAN FROM PAYING A CLAIM FROM  
30 A HEALTH CARE PROFESSIONAL WHO IS PROVISIONALLY CREDENTIALLED UPON  
31 SUBMISSION OF SUCH CLAIM. A HEALTH CARE PLAN SHALL NOT DENY, AFTER  
32 APPEAL, A CLAIM FOR SERVICES PROVIDED BY A PROVISIONALLY CREDENTIALLED  
33 HEALTH CARE PROFESSIONAL SOLELY ON THE GROUND THAT THE CLAIM WAS NOT  
34 TIMELY FILED.

35 (E) IF A HEALTH CARE PROFESSIONAL HAS BEEN CREDENTIALLED BY A HEALTH  
36 CARE PLAN PURSUANT TO THIS SUBDIVISION, AND SUBSEQUENT THERETO BUT PRIOR  
37 TO EXPIRATION OR TERMINATION OF HIS OR HER CONTRACT WITH THE HEALTH CARE  
38 PLAN, THE HEALTH CARE PROFESSIONAL OR THE GROUP PRACTICE CHANGES THE  
39 ADDRESS OF OR ADDS AN ADDITIONAL LOCATION TO THE PRACTICE, HE OR SHE  
40 SHALL NOT BE REQUIRED TO REAPPLY FOR CERTIFICATION BUT SHALL BE REQUIRED  
41 TO FILE NOTICE OF SUCH CHANGE OR ADDITION WITH THE HEALTH CARE PLAN.

42 S 2. Subsection (a) of section 4803 of the insurance law, as amended  
43 by chapter 237 of the laws of 2009, is amended to read as follows:

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

1 will notify the health care professional as to: (A) whether he or she is  
2 credentialed; or (B) whether additional time is necessary to make a  
3 determination in spite of the insurer's best efforts or because of a  
4 failure of a third party to provide necessary documentation, or non-  
5 routine or unusual circumstances require additional time for review. In  
6 such instances where additional time is necessary because of a lack of  
7 necessary documentation, an insurer shall make every effort to obtain  
8 such information as soon as possible. PROVIDED, HOWEVER, THAT IF THE  
9 APPLICANT IS A HEALTH CARE PROFESSIONAL WHO IS JOINING A GROUP PRACTICE  
10 OF HEALTH CARE PROFESSIONALS, OR NEW EMPLOYEE OF A FACILITY OPERATING  
11 UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW OR ARTICLE  
12 THIRTY-ONE OF THE MENTAL HYGIENE LAW THAT IS A PARTICIPATING PROVIDER IN  
13 THE HEALTH PLAN, AT LEAST ONE OF WHOM PARTICIPATES IN THE IN-NETWORK  
14 PORTION OF AN INSURER'S NETWORK, AN INSURER SHALL, WITHIN THIRTY DAYS OF  
15 RECEIVING SUCH A HEALTH CARE PROFESSIONAL'S COMPLETE APPLICATION TO  
16 PARTICIPATE IN AN INSURER'S NETWORK, INCLUDING SUBMISSION OF ALL NECES-  
17 SARY DOCUMENTATION FROM THE APPLICANT AND THIRD PARTIES, COMPLETE REVIEW  
18 AND NOTIFY THE HEALTH CARE PROFESSIONAL AS TO WHETHER HE OR SHE IS  
19 CREDENTIALLED.

20 (2) If the completed application of a newly-licensed health care  
21 professional or a health care professional who has recently relocated to  
22 this state from another state and has not previously practiced in this  
23 state, who joins a group practice of health care professionals each of  
24 whom participates in the in-network portion of an insurer's network, is  
25 neither approved nor declined within ninety days pursuant to paragraph  
26 one of this subsection, such health care professional shall be deemed  
27 "provisionally credentialed" and may participate in the in-network  
28 portion of an insurer's network[; provided, however, that a provi-  
29 sionally credentialed physician may not be designated as an insured's  
30 primary care physician until such time as the physician has been fully  
31 credentialed]. The network participation for a HEALTH CARE PROFESSIONAL  
32 DEEMED provisionally credentialed [health care professional] PURSUANT TO  
33 THIS PARAGRAPH shall begin on the day following the ninetieth day of  
34 receipt of the completed application and shall last until the final  
35 credentialing determination is made by the insurer. [A health care  
36 professional shall only be eligible for provisional credentialing if the  
37 group practice of health care professionals notifies the insurer in  
38 writing that, should the application ultimately be denied, the health  
39 care professional or the group practice: (A) shall refund any payments  
40 made by the insurer for in-network services provided by the provi-  
41 sionally credentialed health care professional that exceed any out-of-  
42 network benefits payable under the insured's contract with the insurer;  
43 and (B)] IT SHALL BE UNDERSTOOD THAT PROVISIONALLY CREDENTIALLED PROVID-  
44 ERS' REIMBURSEMENT WILL BE APPROVED BUT HELD BY THE HEALTH CARE PLAN  
45 UNTIL FINAL APPROVAL; PROVIDED, HOWEVER, THAT IF REIMBURSEMENT IS  
46 DENIED, THE PROVISIONALLY CREDENTIALLED PROVIDER shall not pursue  
47 reimbursement from the insured, except to collect the copayment or coin-  
48 surance that otherwise would have been payable had the insured received  
49 services from a health care professional participating in the in-network  
50 portion of an insurer's network. Interest and penalties pursuant to  
51 section three thousand two hundred twenty-four-a of this chapter shall  
52 not be assessed based on the denial of a claim submitted during the  
53 period when the health care professional was provisionally credentialed;  
54 provided, however, that nothing herein shall prevent an insurer from  
55 paying a claim from a health care professional who is provisionally  
56 credentialed upon submission of such claim. An insurer shall not deny,

1 after appeal, a claim for services provided by a provisionally creden-  
2 tialed health care professional solely on the ground that the claim was  
3 not timely filed.

4 (3) IF THE APPLICANT IS A HEALTH CARE PROFESSIONAL WHO IS JOINING A  
5 GROUP PRACTICE OF HEALTH CARE PROFESSIONALS, OR NEW EMPLOYEE OF A FACIL-  
6 ITY OPERATING UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW OR  
7 ARTICLE THIRTY-ONE OF THE MENTAL HYGIENE LAW THAT IS A PARTICIPATING  
8 PROVIDER IN THE HEALTH PLAN, AT LEAST ONE OF WHOM PARTICIPATES IN THE  
9 IN-NETWORK PORTION OF AN INSURER'S NETWORK, UPON HIS OR HER SUBMISSION  
10 OF A COMPLETE APPLICATION TO PARTICIPATE IN THE INSURER'S NETWORK,  
11 INCLUDING SUBMISSION OF ALL NECESSARY DOCUMENTATION FROM THE APPLICANT  
12 AND THIRD PARTIES, HE OR SHE SHALL BE DEEMED "PROVISIONALLY CREDEN-  
13 TIALED" AND MAY PARTICIPATE IN THE IN-NETWORK PORTION OF THE INSURER'S  
14 NETWORK. THE NETWORK PARTICIPATION FOR A HEALTH CARE PROFESSIONAL DEEMED  
15 PROVISIONALLY CREDENTIALLED PURSUANT TO THIS PARAGRAPH SHALL BEGIN ON THE  
16 DAY FOLLOWING NOTIFICATION BY THE INSURER THAT THE COMPLETED APPLICATION  
17 WAS RECEIVED AND SHALL LAST UNTIL THE FINAL CREDENTIALING DETERMINATION  
18 IS MADE BY THE INSURER.

19 (4) IF A HEALTH CARE PROFESSIONAL IS DEEMED "PROVISIONALLY CREDEN-  
20 TIALED" PURSUANT TO PARAGRAPH TWO OR THREE OF THIS SUBSECTION, HE OR SHE  
21 MAY NOT BE DESIGNATED AS AN ENROLLEE'S PRIMARY CARE PHYSICIAN UNTIL SUCH  
22 TIME AS THE PHYSICIAN HAS BEEN FULLY CREDENTIALLED. IT SHALL BE UNDER-  
23 STOOD THAT PROVISIONALLY CREDENTIALLED PROVIDERS' REIMBURSEMENT WILL BE  
24 APPROVED BUT HELD BY THE HEALTH CARE PLAN UNTIL FINAL APPROVAL;  
25 PROVIDED, HOWEVER, THAT IF REIMBURSEMENT IS DENIED, THE PROVISIONALLY  
26 CREDENTIALLED PROVIDER SHALL NOT PURSUE REIMBURSEMENT FROM THE INSURED,  
27 EXCEPT TO COLLECT THE COPAYMENT OR COINSURANCE THAT OTHERWISE WOULD HAVE  
28 BEEN PAYABLE HAD THE INSURED RECEIVED SERVICES FROM A HEALTH CARE  
29 PROFESSIONAL PARTICIPATING IN THE IN-NETWORK PORTION OF AN INSURER'S  
30 NETWORK. INTEREST AND PENALTIES PURSUANT TO SECTION THREE THOUSAND TWO  
31 HUNDRED TWENTY-FOUR-A OF THIS CHAPTER SHALL NOT BE ASSESSED BASED ON THE  
32 DENIAL OF A CLAIM SUBMITTED DURING THE PERIOD WHEN THE HEALTH CARE  
33 PROFESSIONAL WAS PROVISIONALLY CREDENTIALLED; PROVIDED, HOWEVER, THAT  
34 NOTHING HEREIN SHALL PREVENT AN INSURER FROM PAYING A CLAIM FROM A  
35 HEALTH CARE PROFESSIONAL WHO IS PROVISIONALLY CREDENTIALLED UPON  
36 SUBMISSION OF SUCH CLAIM. AN INSURER SHALL NOT DENY, AFTER APPEAL, A  
37 CLAIM FOR SERVICES PROVIDED BY A PROVISIONALLY CREDENTIALLED HEALTH CARE  
38 PROFESSIONAL SOLELY ON THE GROUND THAT THE CLAIM WAS NOT TIMELY FILED.

39 (5) IF A HEALTH CARE PROFESSIONAL HAS BEEN CREDENTIALLED BY AN INSURER  
40 PURSUANT TO THIS SUBDIVISION, AND SUBSEQUENT THERETO BUT PRIOR TO EXPI-  
41 RATION OR TERMINATION OF HIS OR HER CONTRACT WITH THE INSURER FOR  
42 PARTICIPATION IN THE IN-NETWORK BENEFITS PORTION OF THE INSURER'S  
43 NETWORK FOR A MANAGED CARE PRODUCT, THE HEALTH CARE PROFESSIONAL OR THE  
44 GROUP PRACTICE CHANGES THE ADDRESS OF OR ADDS AN ADDITIONAL LOCATION TO  
45 THE PRACTICE, SUCH HEALTH CARE PROFESSIONAL SHALL NOT BE REQUIRED TO  
46 REAPPLY FOR CERTIFICATION BUT SHALL BE REQUIRED TO FILE NOTICE OF SUCH  
47 CHANGE OR ADDITION WITH THE INSURER.

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