

501--E

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I N A S S E M B L Y

(PREFILED)

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Introduced by M. of A. CUSICK, ABINANTI -- read once and referred to the Committee on Health -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading -- again amended on third reading, ordered reprinted, retaining its place on the order of third reading -- recommended to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading -- again amended on third reading, ordered reprinted, retaining its place on the order of third reading -- again amended on third reading, 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] SIXTY days of receiving a health care professional's

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

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1 completed application to participate in the health care plan's network,
2 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 the health care plan's best efforts or]
5 because of a failure of a third party to provide necessary documenta-
6 tion[, or non-routine or unusual circumstances require additional time
7 for review]. In such instances where additional time is necessary
8 because of a lack of necessary documentation, a health plan shall make
9 every effort to obtain such information as soon as possible AND SHALL
10 MAKE A FINAL DETERMINATION WITHIN TWENTY-ONE DAYS OF RECEIVING THE
11 NECESSARY DOCUMENTATION.

12 (b) If the completed application of a newly-licensed health care
13 professional or a health care professional who has recently relocated to
14 this state from another state and has not previously practiced in this
15 state, who joins a group practice of health care professionals each of
16 whom participates in the in-network portion of a health care plan's
17 network, is neither approved nor declined within [ninety] SIXTY days OF
18 SUBMISSION OF A COMPLETED APPLICATION pursuant to paragraph (a) of this
19 subdivision, the health care professional shall be deemed "provisionally
20 credentialed" and may participate in the in-network portion of the
21 health care plan's network; provided, however, that a provisionally
22 credentialed physician may not be designated as an enrollee's primary
23 care physician until such time as the physician has been fully creden-
24 tialed. The network participation for a provisionally credentialed
25 health care professional shall begin on the day following the [nineti-
26 eth] SIXTIETH day of receipt of the completed application and shall last
27 until the final credentialing determination is made by the health care
28 plan. A health care professional shall only be eligible for provisional
29 credentialing if the group practice of health care professionals noti-
30 fies the health care plan in writing that, should the application ulti-
31 mately be denied, the health care professional or the group practice:
32 (i) shall refund any payments made by the health care plan for in-net-
33 work services provided by the provisionally credentialed health care
34 professional that exceed any out-of-network benefits payable under the
35 enrollee's contract with the health care plan; and (ii) shall not pursue
36 reimbursement from the enrollee, except to collect the copayment that
37 otherwise would have been payable had the enrollee received services
38 from a health care professional participating in the in-network portion
39 of a health care plan's network. Interest and penalties pursuant to
40 section three thousand two hundred twenty-four-a of the insurance law
41 shall not be assessed based on the denial of a claim submitted during
42 the period when the health care professional was provisionally creden-
43 tialed; provided, however, that nothing herein shall prevent a health
44 care plan from paying a claim from a health care professional who is
45 provisionally credentialed upon submission of such claim. A health care
46 plan shall not deny, after appeal, a claim for services provided by a
47 provisionally credentialed health care professional solely on the ground
48 that the claim was not timely filed.

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

51 (a) (1) An insurer which offers a managed care product shall, upon
52 request, make available and disclose to health care professionals writ-
53 ten application procedures and minimum qualification requirements which
54 a health care professional must meet in order to be considered by the
55 insurer for participation in the in-network benefits portion of the
56 insurer's network for the managed care product. The insurer shall

1 consult with appropriately qualified health care professionals in devel-
2 oping its qualification requirements for participation in the in-network
3 benefits portion of the insurer's network for the managed care product.
4 An insurer shall complete review of the health care professional's
5 application to participate in the in-network portion of the insurer's
6 network and, within [ninety] SIXTY days of receiving a health care
7 professional's completed application to participate in the insurer's
8 network, will notify the health care professional as to: (A) whether he
9 or she is credentialed; or (B) whether additional time is necessary to
10 make a determination [in spite of the insurer's best efforts or] because
11 of a failure of a third party to provide necessary documentation[, or
12 non-routine or unusual circumstances require additional time for
13 review]. In such instances where additional time is necessary because
14 of a lack of necessary documentation, an insurer shall make every effort
15 to obtain such information as soon as possible AND SHALL MAKE A FINAL
16 DETERMINATION WITHIN TWENTY-ONE DAYS OF RECEIVING THE NECESSARY DOCUMEN-
17 TATION.

18 (2) If the completed application of a newly-licensed health care
19 professional or a health care professional who has recently relocated to
20 this state from another state and has not previously practiced in this
21 state, who joins a group practice of health care professionals each of
22 whom participates in the in-network portion of an insurer's network, is
23 neither approved nor declined within [ninety] SIXTY days OF SUBMISSION
24 OF A COMPLETED APPLICATION pursuant to paragraph one of this subsection,
25 such health care professional shall be deemed "provisionally creden-
26 tialed" and may participate in the in-network portion of an insurer's
27 network; provided, however, that a provisionally credentialed physician
28 may not be designated as an insured's primary care physician until such
29 time as the physician has been fully credentialed. The network partic-
30 ipation for a provisionally credentialed health care professional shall
31 begin on the day following the [ninetieth] SIXTIETH day of receipt of
32 the completed application and shall last until the final credentialing
33 determination is made by the insurer. A health care professional shall
34 only be eligible for provisional credentialing if the group practice of
35 health care professionals notifies the insurer in writing that, should
36 the application ultimately be denied, the health care professional or
37 the group practice: (A) shall refund any payments made by the insurer
38 for in-network services provided by the provisionally credentialed
39 health care professional that exceed any out-of-network benefits payable
40 under the insured's contract with the insurer; and (B) shall not pursue
41 reimbursement from the insured, except to collect the copayment or coin-
42 surance that otherwise would have been payable had the insured received
43 services from a health care professional participating in the in-network
44 portion of an insurer's network. Interest and penalties pursuant to
45 section three thousand two hundred twenty-four-a of this chapter shall
46 not be assessed based on the denial of a claim submitted during the
47 period when the health care professional was provisionally credentialed;
48 provided, however, that nothing herein shall prevent an insurer from
49 paying a claim from a health care professional who is provisionally
50 credentialed upon submission of such claim. An insurer shall not deny,
51 after appeal, a claim for services provided by a provisionally creden-
52 tialed health care professional solely on the ground that the claim was
53 not timely filed.

54 S 3. This act shall take effect on April 1, 2017 and shall apply to
55 all applications submitted on or after such date.