§ 4406-h. Health care facility applications. 1. A health care plan shall, upon request, make available and disclose to facilities written application procedures and minimum qualification requirements that a facility must meet in order to be considered by the health care plan for participation in the in-network benefits portion of the health care plan's network. The health care plan shall consult with appropriately qualified facilities in developing its qualification requirements. A health care plan shall complete review of the facility's application to participate in the in-network portion of the health care plan's network and shall, within sixty days of receiving a facility's completed application to participate in the health care plan's network, notify the facility as to: (a) whether the facility is credentialed; or (b) whether additional time is necessary to make a determination because of a failure of a third party to provide necessary documentation. In such instances where additional time is necessary because of a lack of necessary documentation, a health care plan shall make every effort to obtain such information as soon as possible and shall make a final determination within twenty-one days of receiving the necessary documentation.

2. For the purposes of this section, "facility" shall mean a health care provider entity or organization that is licensed or certified pursuant to article five, twenty-eight, thirty-six, forty, forty-four, or forty-seven of this chapter or article sixteen, nineteen, thirty-one, thirty-two, or thirty-six of the mental hygiene law.