

SENATE NO. 604

AN ACT TO REQUIRE STANDARD CREDENTIALING OF PHYSICIANS BY HEALTH INSURERS

*Be it enacted by the Senate and House of Representatives in General Court assembled,
And by the authority of the same, as follows:*

1 SECTION 1. Section 1 of Chapter 176O of the General Laws, as appearing in the 2004 Official
2 Edition, is hereby amended by inserting after the definition of “health care services” the following
3 new definition:--
4 “hospital-based physician”, a pathologist, anesthesiologist, radiologist or emergency room
5 physician who practices exclusively within the inpatient or outpatient hospital setting and who
6 provides health care services to a carrier’s insured only as a result of the insured being directed to
7 the hospital inpatient or outpatient setting. This definition may be expanded, after consultation with
8 a statewide advisory committee composed of but not limited to a representative from the
9 Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts
10 Association of Health Plans, the Massachusetts Association of Medical Staff Services, and Blue
11 Cross Blue Shield of Massachusetts, by regulation to include additional categories of physicians
12 who practice exclusively within the inpatient or outpatient hospital setting and who provide health
13 care services to a carrier’s insured only as a result of the insured being directed to the hospital
14 inpatient or outpatient setting.

15 SECTION 2: Chapter 176O of the General Laws, as so appearing, is hereby amended by inserting
16 after section 2 the following new sections:--

17 Section 2A. (a) The bureau shall adopt the “Integrated Massachusetts Application for
18 Initial Credentialing/Appointment” and the “Integrated Massachusetts Application for
19 Recredentialing/Re-Appointment.” The bureau, after consultation with a statewide advisory
20 committee composed of but not limited to a representative from the Massachusetts Medical Society,
21 the Massachusetts Hospital Association, the Massachusetts Association of Health Plans, the
22 Massachusetts Association of Medical Staff Services, and Blue Cross Blue Shield of Massachusetts
23 shall make any revisions to the statewide uniform physician credentialing application forms. Such
24 forms shall not be applicable in those instances where the carrier has both delegated credentialing to
25 a provider organization and does not require submission of a credentialing application.

26 (b) A carrier shall not use any initial physician credentialing application form other than
27 the uniform initial physician application form or a uniform electronic version of said form. A
28 carrier shall not use any physician recredentialing application form other than the uniform physician
29 recredentialing application form or a uniform electronic version of said form. A carrier may require
30 that the appropriate physician profile be submitted in addition to the uniform physician
31 recredentialing application form.

32 (c) A carrier shall act upon and complete the credentialing process for 95% of complete
33 initial physician credentialing applications submitted by or on behalf of a physician applicant within
34 30 calendar days of receipt of a complete application. An application shall be considered complete
35 if it contains all of the following elements:

36 (i) the application form is signed and appropriately dated by the physician applicant;

- 37 (ii) all information on the application is submitted in a legible and complete manner and
38 any affirmative answers are accompanied by explanations satisfactory to the carrier;
- 39 (iii) a current curriculum vitae with appropriate required dates;
- 40 (iv) a signed, currently dated Applicant's Authorization to Release Information form;
- 41 (v) copies of the applicant's current licenses in all states in which the physician
42 practices;
- 43 (vi) a copy of the applicant's current Massachusetts controlled substances registration
44 and a copy of the applicant's current federal DEA controlled substance certificate or,
45 if not available, a letter describing prescribing arrangements;
- 46 (vii) a copy of the applicant's current malpractice face sheet coverage statement including
47 amounts and dates of coverage;
- 48 (viii) hospital letter or verification of hospital privileges or alternate pathways;
- 49 (ix) documentation of board certification or alternate pathways;
- 50 (x) documentation of training, if not board certified;
- 51 (xi) there are no affirmative responses on questions related to quality or clinical
52 competence;
- 53 (xii) there are no modifications to the Applicant's Authorization to Release Information
54 Form;
- 55 (xiii) there are no discrepancies between the information submitted by or on behalf of the
56 physician and information received from other sources; and
- 57 (xiv) the appropriate health plan participation agreement, if applicable.
- 58 (d) A carrier shall report to a physician applicant or designee the status of a submitted
59 initial credentialing application within a reasonable timeframe. Said report shall include, but not be

60 limited to, the application receipt date and, if incomplete, an itemization of all missing or
61 incomplete items. A carrier may return an incomplete application to the submitter. A physician
62 applicant or designee shall be responsible for any and all missing or incomplete items.

63 (e) A carrier shall notify a physician applicant of the carrier's credentialing committee's
64 decision on an initial credentialing application within four business days of the decision. Said
65 notice shall include the committee's decision and the decision date.

66 (f) A physician, other than a primary care provider compensated on a capitated basis,
67 who has been credentialed pursuant to the terms of this section shall be allowed to treat a carrier's
68 insured and shall be reimbursed by the carrier for covered services provided to a carrier's insureds
69 effective as of the carrier's credentialing committee's decision date. A primary care physician
70 compensated on a capitated basis who has been credentialed pursuant to the terms established in
71 this section shall be allowed to treat a carrier's insured and shall be reimbursed by the carrier for
72 covered services provided to the carrier's insured effective no later than the first day of the month
73 following the carrier's credentialing committee's decision date.

74 (g) This section shall not apply to the credentialing and recredentilaing by carriers of
75 psychiatrists or hospital-based physicians by carriers.

76 Section 2B. (a) The bureau's accreditation requirements related to credentialing and
77 recredentiling shall not require a carrier to complete the credentialing or recredentiaing process for
78 hospital-based physicians.

79 (b) Except as provided in paragraph (d), a carrier shall not require a hospital-based
80 physician to complete the credentialing and recredentiaing process established pursuant to the
81 bureau's accreditation requirements.

82 (c) A carrier may establish an abbreviated data submission process for hospital-based
83 physicians. Except as provided in paragraph (d) of this section, said process shall be limited to a
84 review of the data elements required to be collected and reviewed pursuant to applicable regulations
85 of the board of registration in medicine and shall not include primary source verification or a
86 carrier's credentialing committee review.

87 (d) In the event that the carrier determines that there is a need to further review a
88 hospital-based physicians credentials due to quality of care concerns, complaints from insureds,
89 applicable law or other good faith concerns, the carrier may conduct such review as is necessary to
90 make a credentialing or recredentialing decision.

91 (e) Nothing in this section shall be construed to prohibit a carrier from requiring a
92 physician to submit information or taking other actions necessary for the carrier to comply with the
93 applicable regulations of the board of registration in medicine.

94 (f) The bureau, after consultation with a statewide advisory committee composed of but
95 not limited to a representative from Massachusetts Hospital Association, the Massachusetts Medical
96 Society, the Massachusetts Association of Health Plans, the Massachusetts Association of Medical
97 Staff Services, and Blue Cross and Blue Shield of Massachusetts, shall develop standard criteria
98 and oversight guidelines that may be used by carriers to delegate the credentialing function to
99 providers. Such criteria and oversight guidelines shall meet applicable accreditation standards.

100 SECTION 3: Section 2 of the Act shall become effective on October 1, 2010