

SENATE No. 521

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act streamlining the physician credentialing process..

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

14 SECTION 2. Chapter 176O of the General Laws is hereby amended by inserting after
15 section 2 the following new sections:--

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

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

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

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

37 all information on the application is submitted in a legible and complete manner and any

38 affirmative answers are accompanied by explanations satisfactory to the carrier;

39 a current curriculum vitae with appropriate required dates;

40 a signed, currently dated Applicant's Authorization to Release Information form;

41 copies of the applicant's current licenses in all states in which the physician practices;

42 a copy of the applicant's current Massachusetts controlled substances registration and a

43 copy of the applicant's current federal DEA controlled substance certificate or, if not available, a

44 letter describing prescribing arrangements;

45 a copy of the applicant's current malpractice face sheet coverage statement including

46 amounts and dates of coverage;

47 hospital letter or verification of hospital privileges or alternate pathways;

48 documentation of board certification or alternate pathways;

49 documentation of training, if not board certified;

50 there are no affirmative responses on questions related to quality or clinical competence;

51 there are no modifications to the Applicant's Authorization to Release Information Form;

52 there are no discrepancies between the information submitted by or on behalf of the

53 physician and information received from other sources; and

54 the appropriate health plan participation agreement, if applicable.

55 (d) A carrier shall report to a physician applicant or designee the status of a submitted
56 initial credentialing application within a reasonable timeframe. Said report shall include, but not
57 be limited to, the application receipt date and, if incomplete, an itemization of all missing or
58 incomplete items. A carrier may return an incomplete application to the submitter. A physician
59 applicant or designee shall be responsible for any and all missing or incomplete items.

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

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

71 (g) This section shall not apply to the credentialing and recredentialing by carriers of
72 psychiatrists or hospital-based physicians by carriers.

73 Section 2B. (a) The bureau's accreditation requirements related to credentialing
74 and recredentialing shall not require a carrier to complete the credentialing or recredentialing
75 process for hospital-based physicians.

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

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

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

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

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