

Subject Timely provider credentialing by health plan companies

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Overview

This bill establishes requirements for health plan company credentialing of health care providers. Provider credentialing is the process a health plan company uses to evaluate a provider's education, training, licensure, and any quality or safety concerns to determine whether the provider may provide services to patients.

Summary

Section	Description
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1	Requirements for timely provider credentialing.
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Adds § 62Q.097. Establishes requirements governing the process of health care provider credentialing by health plan companies.

Subd. 1. Definitions. Defines terms for this section:

- "Clean application for provider credentialing," or "clean application," means a credentialing application that is complete, is in the required format, includes all required information and substantiation, and does not require evaluation of identified potential quality or safety concerns.
- "Provider credentialing" means a process by a health plan company to evaluate a provider's education, training, licensure, and history of quality or safety concerns to approve the provider to provide services to patients at a clinic or facility.

Subd. 2. Time limit for credentialing determination. Requires a health plan company that receives an application for provider credentialing to do the following. If the application is a clean application and if the provider so requests, the health plan company must notify the provider that the application is clean and when the health plan company will make a determination on the application. If the application is not a clean application, the health plan company must notify the provider of the application's deficiencies within 3 business days after a determination that the application is not clean. A health plan company must make a determination on a clean application within 45 days after receipt, except

Section **Description**

a health plan company may take 30 additional days to investigate quality or safety concerns if the company provides notice to the provider, clinic, or facility.

This section applies to applications for provider credentialing submitted to a health plan company on or after January 1, 2022.



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