

Subject Timely provider credentialing by health plan companies

Authors Morrison and others

Analyst Elisabeth Klarqvist

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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 and,

Section **Description**

upon notice to the provider, clinic, or facility, may take 30 additional days to investigate quality or safety concerns.

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



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