

State of Minnesota

H. F. No. 1992

03/04/2019 Authored by Morrison and Acomb
The bill was read for the first time and referred to the Committee on Commerce

1.1 A bill for an act

1.2 relating to health insurance; establishing requirements for timely provider

1.3 credentialing by health plan companies; proposing coding for new law in Minnesota

1.4 Statutes, chapter 62Q.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[62Q.097] REQUIREMENTS FOR TIMELY PROVIDER**

1.7 **CREDENTIALING.**

1.8 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

1.9 (b) "Clean application for provider credentialing" or "clean application" means an

1.10 application for provider credentialing submitted by a health care provider to a health plan

1.11 company that is complete, is in the format required by the health plan company, and includes

1.12 all information and substantiation required by the health plan company.

1.13 (c) "Clean claim" has the meaning given in section 62Q.75, subdivision 1.

1.14 (d) "Provider credentialing" means the process undertaken by a health plan company to

1.15 evaluate and approve a health care provider's education, training, residency, licenses, and

1.16 certifications in order for the health care provider to provide health care services to patients

1.17 at a clinic or facility.

1.18 Subd. 2. **Time limit for credentialing determination; effect of failure to meet time**

1.19 **limit.** (a) A health plan company that receives an application for provider credentialing

1.20 must:

1.21 (1) if the application is determined to be a clean application for provider credentialing

1.22 and if the health care provider submitting the application or the clinic or facility at which

2.1 the health care provider provides services requests the information, affirm that the health
2.2 care provider's application is a clean application and notify the health care provider or clinic
2.3 or facility of the date by which the health plan company will make a determination on the
2.4 health care provider's application;

2.5 (2) if the application is determined not to be a clean application, inform the health care
2.6 provider of the application's deficiencies or missing information or substantiation within
2.7 two business days after the health plan company determines the application is not a clean
2.8 application; and

2.9 (3) make a determination on the health care provider's clean application within 30 days
2.10 after receiving the clean application.

2.11 (b) If a health plan company fails to make a determination on a clean application within
2.12 30 days after receiving the clean application, the application is deemed approved and the
2.13 health care provider is authorized to provide health care services to patients. A health plan
2.14 company shall pay clean claims submitted by or on behalf of a health care provider
2.15 credentialed under this paragraph according to section 62Q.75.

2.16 **EFFECTIVE DATE.** This section applies to applications for provider credentialing
2.17 submitted to a health plan company on or after August 1, 2019.