

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 753

(SENATE AUTHORS: ABELER, Klein, Draheim and Marty)

DATE	D-PG	OFFICIAL STATUS
02/08/2021	283	Introduction and first reading Referred to Health and Human Services Finance and Policy
02/15/2021	401	Author added Marty
02/17/2021	447	Comm report: To pass and re-referred to Commerce and Consumer Protection Finance and Policy
02/25/2021	507	Comm report: To pass
	541	Second reading
	4795	Rule 47, returned to Commerce and Consumer Protection Finance and Policy See HF2128, Art. 6, Sec. 1

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 and does not require

1.13

evaluation of any identified potential quality or safety concern.

1.14

(c) "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,

1.16

certifications, and history of significant quality or safety concerns in order to approve the

1.17

health care provider to provide health care services to patients at a clinic or facility.

1.18

Subd. 2. **Time limit for credentialing determination.** A health plan company that

1.19

receives an application for provider credentialing must:

1.20

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

1.21

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

1.22

the health care provider provides services requests the information, affirm that the health

2.1 care provider's application is a clean application and notify the health care provider or clinic
2.2 or facility of the date by which the health plan company will make a determination on the
2.3 health care provider's application;

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

2.8 (3) make a determination on the health care provider's clean application within 45 days
2.9 after receiving the clean application unless the health plan company identifies a substantive
2.10 quality or safety concern in the course of provider credentialing that requires further
2.11 investigation. Upon notice to the health care provider, clinic, or facility, the health plan
2.12 company is allowed 30 additional days to investigate any quality or safety concerns.

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