

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

Act 350 of the Regular Session

1 State of Arkansas  
2 87th General Assembly  
3 Regular Session, 2009  
4

As Engrossed: H2/27/09

A Bill

HOUSE BILL 1546

5 By: Representative Shelby  
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8 **For An Act To Be Entitled**

9 AN ACT TO AMEND ARKANSAS CODE § 23-99-411 TO  
10 DECREASE THE AMOUNT OF TIME ALLOWED FOR  
11 PROCESSING APPLICATIONS OF PROVIDERS; AND FOR  
12 OTHER PURPOSES.  
13

14 **Subtitle**

15 AN ACT TO AMEND ARKANSAS CODE § 23-99-  
16 411 TO DECREASE THE AMOUNT OF TIME  
17 ALLOWED FOR PROCESSING APPLICATIONS OF  
18 PROVIDERS.  
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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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23 SECTION 1. Arkansas Code § 23-99-411(a), concerning health care  
24 insurers' processing of health provider participation and renewal  
25 applications, is amended to read as follows:

26 (a)(1)(A) Health care insurers shall establish mechanisms to ensure  
27 timely processing of requests for participation or renewal by providers and  
28 in making decisions that affect participation status.

29 (B) These mechanisms shall include, at a minimum,  
30 provisions for the provider to receive a written statement of reasons for the  
31 health care insurer's denial of a request for initial participation or  
32 renewal.

33 (2)(A) Health care insurers shall make a decision within:

34 (i) ~~one hundred eighty (180)~~ Ninety (90) calendar  
35 days from the date of submission of a completed application as defined by



1 rule of the Insurance Commissioner for participation or a request for renewal  
2 by a physician licensed under the Arkansas Medical Practices Act, § 17-95-201  
3 et seq., § 17-95-301 et seq., and § 17-95-401 et seq.; and

4 (ii) One hundred eighty (180) calendar days from the  
5 date of submission of a completed application as defined by rule of the  
6 commissioner for participation or a request for renewal by any other  
7 provider.

8 (B) However, when a physician's credentials are verified  
9 through the Arkansas State Medical Board's Centralized Credentials  
10 Verification Service under § 17-95-107, the ninety (90) days specified under  
11 subdivision (a)(2)(A)(i) of this section is tolled from the date an order is  
12 received by the Centralized Credentials Verification Service from the health  
13 care insurer until the date the health care insurer receives notification by  
14 the Centralized Credentials Verification Service that the file is complete  
15 and available for retrieval.

16 (C)(i) If the information provided by the initial  
17 application, the health care insurer's investigation, or the Centralized  
18 Credentials Verification System requires the health care insurer to collect  
19 more detailed information from the provider to fairly and responsibly process  
20 the application, the time specified under subdivision (a)(2)(A)(i) of this  
21 section is tolled and the application is suspended from the date a written  
22 request for the information is sent to the provider until the request is  
23 fully and completely answered and sent to the health care insurer by the  
24 provider.

25 (ii) If the request is not fully answered within  
26 ninety (90) days of the date it was sent, the health care insurer, in its  
27 discretion, may treat the application as abandoned and deny it.

28 (iii) The request and response under this section  
29 shall be sent by regular mail or other means of delivery as may be allowed by  
30 rules adopted by the commissioner.

31 (3) If a physician is already credentialed by the health insurer  
32 but changes employment or changes location, the health insurer shall only  
33 require the submission of such additional information, if any, as is  
34 necessary to continue the physician's credentials based upon the changed  
35 employment or location.

36 (4) Health care insurers shall promptly notify providers:

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- (A) Of any delay in processing applications; and
- (B) The reasons for a delay in processing applications.
- (5) The commissioner may adopt rules to ensure that covered health care claims submitted by patients or their providers are not negatively affected by delays in processing participation applications.
- (6) The commissioner shall adopt rules to implement this subsection (a).

*/s/ Shelby*

**APPROVED: 3/10/2009**