

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.

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

A Bill

HOUSE BILL 1546

4
5 By: Representative Shelby
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For An Act To Be Entitled

8
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.
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Subtitle

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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)~~ Forty-five (45)
35 calendar days from the date of submission of a completed application as
36 defined by rule of the Insurance Commissioner for participation or a request



1 for renewal by a physician licensed under the Arkansas Medical Practices Act,
2 § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq.; and

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

7 (B) However, when a physician's credentials are verified
8 through the Arkansas State Medical Board's Centralized Credentials
9 Verification Service under § 17-95-107, the forty-five (45) days specified
10 under subdivision (a)(2)(A)(i) of this section is tolled from the date a
11 complete and correct Authorization and Release is received by the Centralized
12 Credentials Verification Service from the health care insurer until the date
13 the health care insurer receives notification by the Centralized Credentials
14 Verification Service that the file is complete and available for retrieval.

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

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

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

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

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

36 (A) Of any delay in processing applications; and

1 (B) The reasons for a delay in processing applications.

2 (5) The commissioner may adopt rules to ensure that covered
3 health care claims submitted by patients or their providers are not
4 negatively affected by delays in processing participation applications.

5 (6) The commissioner shall adopt rules to implement this
6 subsection (a).

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