

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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HOUSE BILL 1297
Committee Substitute Favorable 5/11/09

Short Title: Provider Credentialing/Insurers.

(Public)

Sponsors:

Referred to:

April 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT PERTAINING TO THE CREDENTIALING OF HEALTH CARE PROVIDERS
3 UNDER HEALTH BENEFIT PLANS.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.** G.S. 58-3-230 reads as rewritten:

6 "**§ 58-3-230. Uniform provider credentialing.**

7 (a) An insurer that provides a health benefit plan and that credentials providers for its
8 networks shall maintain a process to assess and verify the qualifications of a licensed health
9 care practitioner within 60 days of receipt of a completed provider credentialing application
10 form approved by the Commissioner. If the insurer has not approved or denied the provider
11 credentialing application form within 60 days of receipt of the completed application, upon
12 receipt of a written request from the applicant and within five business days of its receipt, the
13 insurer shall issue a temporary credential to the applicant if the applicant has a valid North
14 Carolina professional or occupational license to provide the health care services to which the
15 credential would apply. The insurer shall not issue a temporary credential if the applicant has
16 reported on the application a history of medical malpractice claims, a history of substance
17 abuse or mental health issues, or a history of Medical Board disciplinary action. The temporary
18 credential shall be effective upon issuance and shall remain in effect until the provider's
19 credentialing application is approved or denied by the insurer. When a health care practitioner
20 joins a practice that is under contract with an insurer to participate in a health benefit plan, the
21 effective date of the health care practitioner's participation in the health benefit plan network
22 shall be the date the insurer approves the practitioner's credentialing application.

23 (b) The Commissioner shall by rule adopt a uniform provider credentialing application
24 form that will provide health benefit plans with the information necessary to adequately assess
25 and verify the qualifications of an applicant. The Commissioner may update the uniform
26 provider credentialing application form, as necessary. No insurer that provides a health benefit
27 plan may require an applicant to submit information that is not required by the uniform
28 provider credentialing application form.

29 (c) As used in this section, the terms "health benefit plan" and "insurer" shall have the
30 meaning provided under G.S. 58-3-167."

31 **SECTION 2.** This act becomes effective January 1, 2010.

