
Health Care & Wellness Committee

HB 2335

Brief Description: Addressing health care provider credentialing.

Sponsors: Representatives Cody, Appleton and Jinkins.

Brief Summary of Bill

- Requires health care providers to submit credentialing applications to a single credentialing database and health benefit plans to accept and manage credentialing applications from the database.
- Requires health benefit plans to make a determination approving or denying a credentialing application with 15 days of receipt.

Hearing Date: 1/13/16

Staff: Ariele Landstrom (786-7190).

Background:

Provider credentialing is the process that insurance carriers use to make sure that a health care provider is qualified to provide care and treatment to their members.

Legislation enacted in 2009 required that the Office of the Insurance Commissioner (OIC) designate a lead organization to develop a uniform electronic process for collecting and transmitting the necessary provider-supplied data to support credentialing, admitting privileges, and other related processes. The electronic process was required to be designed to:

- reduce the administrative burden on health care providers;
- improve the quality and timeliness of information for hospitals and insurance carriers;
- and
- serve as the sole source of health care provider credentialing information required by hospitals and insurance carriers.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The OIC selected OneHealthPort as the lead organization, which developed the credentialing database ProviderSource. Many insurance carriers in Washington require providers to submit credentialing applications online using the database through ProviderSource. Other insurance carriers or health facilities perform their own credentialing process or use a different third-party credentialing database.

Summary of Bill:

The OIC must utilize the health care provider credentialing database selected pursuant to legislation enacted in 2009.

"Credentialing" is defined as the collection, verification, and assessment of whether a health care provider meets relevant licensing, education, and training requirements.

A health benefit plan must use the credentialing database to accept and manage credentialing applications from health care providers. A health care provider must submit a credentialing application to a health benefit plan using the credentialing database.

A health benefit plan must make a determination approving or denying a credentialing application submitted to the plan no later than 15 days after receiving a complete application from a health care provider. If a health care provider submits an incomplete credentialing application, the health benefit plan must notify the health care provider of the incomplete application in writing no later than five days after receipt of the application. The notice must indicate what is needed for the application to be considered complete.

Appropriation: None.

Fiscal Note: Requested on January 6, 2016.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.