

FINAL BILL REPORT

2SHB 2335

C 123 L 16
Synopsis as Enacted

Brief Description: Addressing health care provider credentialing.

Sponsors: House Committee on General Government & Information Technology (originally sponsored by Representatives Cody, Appleton and Jinkins).

House Committee on Health Care & Wellness
House Committee on General Government & Information Technology
Senate Committee on Health Care

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 enrollees.

The Office of the Insurance Commissioner (OIC) was required 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.

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:

Health care providers are required to submit credentialing applications to a single credentialing database and health carriers are required to accept and manage credentialing applications from the database. Effective June 1, 2018, a health carrier must make a

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determination approving or denying a credentialing application submitted to the carrier no later than 90 days after receiving a complete application from a health care provider. Effective June 1, 2020, the average response for the health carrier to make a determination regarding the approval or denial of a provider's credentialing application may not exceed 60 days.

A health carrier is neither required to approve a credentialing application that is submitted to it, nor required to place health care providers into a network.

If there is a credentialing delegation arrangement between a facility that employs health care providers and a health carrier, then the single credentialing database is not required to be used.

The OIC does not have an oversight or enforcement duty against a health carrier for the health carrier's failure to comply with provisions related to the use of the credentialing database or the timeliness of a credentialing decision.

Health care providers must update their credentialing information as necessary to provide for the purposes of recredentialing.

Votes on Final Passage:

House	97	0
Senate	48	0

Effective: June 1, 2018