

April 9, 2009

H 1297. PROVIDER CREDENTIALING/INSURERS. Filed 4/8/09. *PERTAINING TO THE CREDENTIALING OF HEALTH CARE PROVIDERS UNDER HEALTH BENEFIT PLANS.*

Amends GS 58-3-230 by requiring an insurer that provides health benefit plans and credentials providers for its networks to issue a temporary credential to a health care provider if, within 60 days of receipt of a provider credentialing application approved by the Commissioner of Insurance, the insurer has not completed the credentialing application form and if the applicant has a valid North Carolina license to provide the health care services to which the credential would apply. The temporary credential will remain in effect until the credentialing application is approved or denied by the insurer. Effective October 1, 2009.

Intro. by Stewart.

GS 58

May 11, 2009

H 1297. PROVIDER CREDENTIALING/INSURERS. Filed 4/8/09. House committee substitute makes the following changes to 1st edition. Rewrites proposed amended GS 58-3-230 to (1) clarify that it applies when an insurer has not approved or denied a provider credentialing application form within 60 days of receipt of the application; (2) condition issuance of a temporary credential on the applicant's written request and require that issuance be within 5 days of receipt of the request; (3) prohibit issuance of a temporary credential if the applicant reports a history of medical malpractice claims, substance abuse or mental health issues, or Medical Board disciplinary action; and (4) changes the effective date from October 1, 2009, to January 1, 2010. Makes a clarifying change.

July 29, 2009

H 1297. PROVIDER CREDENTIALS/INSURER/PROVIDER CONTRAC. (NEW). Filed 4/8/09. Senate committee substitute makes the following changes to 2nd edition.

If Senate Bill 877 becomes law, amends the following statutes as enacted in Section 1 of that act. Amends GS 58-50-270 to define *health care provider* as (1) an individual who is licensed, certified, or otherwise authorized under GS Chapters 90 or 90B or under the laws of another state to provide health care services in the ordinary course of business or practice of a profession or in an approved education or training program and (2) a facility that is licensed under GS Chapters 131E or 122C or is owned and operated by the state in which health care services are provided to patients. Amends GS 58-50-271(b) to provide that means for sending (was, date of receipt for) all notices provided under a contract must be *one or more of the following* calculated as (1) five business days following the date the notice is placed in the mail; (2) *on the day the notice is hand delivered*; (3) *for certified or registered mail, the date on the return receipt*; or (4) *for commercial courier service, the date of delivery*. Specifies that nothing in the statute prohibits the use of an electronic medium for communication other than an amendment if agreed to by the insurer and provider. Amends GS 58-50-272 to clarify that nothing in Part 7 of Article 50 of GS Chapter 58 prohibits a health care provider and insurer from negotiating contract terms that provide mutual consent to an amendment, a process for reaching mutual consent, or alternative notice contacts. Effective for health benefit plan contracts between providers and plans or insurers delivered, amended, or renewed on or after January 1, 2010.

Amends GS 131E-184(e), as enacted by SL 2009-145, to provide that the Department of Health and Human Services (DHHS) must exempt certain capital expenditures from a certificate of need if the entity proposing to incur the expenditure provides prior written notice to DHHS that includes documentation demonstrating that the expenditure would be used for one or more (was, only one) of the specified purposes, in addition to meeting other required conditions.

Amends GS 131E-76(3) to exclude from the definition of *hospital* any outpatient department, with specific examples listed. Provides that if a Business Occupancy outpatient location is to be operated within 30 feet of any hospital facility, or any portion thereof, which is classified as Health Care Occupancy or Ambulatory Health Care Occupancy under the Life Safety Code of the National Fire Protection Association, the hospital must provide plans and specifications to DHHS for review and approval as required for hospital construction or renovations in a manner described by DHHS.

Amends GS 131E-80(a) to specify that, except as provided under GS 131E-77(b), after the hospital's initial licensing, any location included or added to the hospital's accreditation by an approving body pursuant to Section 1865(a) of the Social Security Act is to be deemed to be part of the hospital's license, provided that all locations may be subject to inspections by DHHS deemed necessary to validate compliance with Part 2 of Article 5 of GS Chapter 131E.

Amends GS 122C-55(a1) to clarify that *facility*, as used in the statute, includes a Local Management Entity (LME).

Specifies that the act's amendment to GS 58-3-230 is effective January 1, 2010, with the remainder of the act effective when it becomes law, unless otherwise noted.

Changes the title to *AN ACT PERTAINING TO THE CREDENTIALING OF HEALTH CARE PROVIDERS UNDER HEALTH BENEFIT PLANS; ADDING A DEFINITION, AND AMENDING NOTICE AND CONTRACT NEGOTIATION PROVISIONS FOR HEALTH BENEFIT PLAN AND PROVIDER CONTRACTING; CLARIFYING A CON EXEMPTION CRITERIA; AND MODIFYING INSPECTION PRACTICES OF CERTAIN HOSPITAL OUTPATIENT LOCATIONS.*

July 30, 2009

H 1297. PROVIDER CREDENTIALS/INSURER/PROVIDER CONTRAC. Filed 4/8/09. Senate amendment makes the following changes to 3rd edition. Makes conforming changes to Section 2 of the act by replacing references to Senate Bill 877 with references to SL 2009-352.

September 1, 2009

SL 2009-487 (H 1297). PROVIDER CREDENTIALS/INSURER/PROVIDER CONTRACTING. *AN ACT PERTAINING TO THE CREDENTIALING OF HEALTH CARE PROVIDERS UNDER HEALTH BENEFIT PLANS; ADDING A DEFINITION, AND AMENDING NOTICE AND CONTRACT NEGOTIATION PROVISIONS FOR HEALTH BENEFIT PLAN AND PROVIDER CONTRACTING; CLARIFYING A CON EXEMPTION CRITERION; AND MODIFYING INSPECTION PRACTICES OF CERTAIN HOSPITAL OUTPATIENT LOCATIONS.* Summarized in *Daily Bulletin* 4/9/09, 5/11/09, 7/29/09, and 7/30/09. Enacted August 26, 2009. Sections 1 and 2(a)–(c) are effective January 1, 2010. The remainder is effective August 26, 2009.