

SENATE BILL 1717

By Overbey

AN ACT to amend Tennessee Code Annotated, Title 56,
relative to credentialing of health care providers.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-7-1009, is amended by deleting the section in its entirety and by substituting instead the following:

56-7-1009.

(a) A health insurance entity, as defined in § 56-7-109, that credentials or recredentials the providers in its networks shall accept only the credentialing and recredentialing applications promulgated by rule by the commissioner of commerce and insurance that are based on the Council on Affordable Quality Healthcare (CAQH). If the health insurance entity is a participating organization of CAQH, then the health insurance entity shall accept the application from either CAQH by electronic means or from the provider by electronic means or by a paper copy. If the health insurance entity is not a participating organization of CAQH, then the health insurance entity shall accept the application only from the provider by electronic means or by a paper copy. In either case, the provider shall complete and submit the attestation clause of the health insurance entity before an application is considered complete, if the health insurance entity requires it.

(b)(1) The department of insurance shall prescribe the credentialing application form used by the council for affordable quality healthcare (CAQH) in electronic or paper format for physicians. The department of insurance also shall prepare the standard credentialing form for all other providers and shall make the standard credentialing form as simple, straightforward, and easy to use as possible, having due regard for those

credentialing forms that are widely in use in the state by contracting entities and that best serve these goals.

(2) No contracting entity shall fail to use the applicable standard credentialing form described in subdivision (b)(1) when initially credentialing or recredentialing providers in connection with policies, health care contracts, and agreements providing basic health care services, specialty health care services, or supplemental health care services.

(3) No contracting entity shall require a provider to provide any information in addition to the information required by the applicable standard credentialing form described in subdivision (b)(1) in connection with policies, health care contracts, and agreements providing basic health care services, specialty health care services, or supplemental health care services.

(4) The credentialing process described in this section does not prohibit a contracting entity from limiting the scope of any participating provider's basic health care services, specialty health care services, or supplemental health care services.

(5) The requirement that the department of insurance prepare the standard credentialing form for all other providers does not include preparing the standard credentialing form for a hospital.

(c) Nothing in this section may be construed to require a health insurance entity to be a participating organization or pay a fee to CAQH.

SECTION 2. This act shall take effect July 1, 2009, the public welfare requiring it.