APTA State Payer Advocacy Resource Consortium (SPARC)

A joint initiative brought to you by: APTA, APTA Orthopedics, APTA Private Practice

Provider Enrollment Bill Template

Payer credentialing and enrollment continue to pose obstacles to timely claims processing and payments for services rendered due to laborious enrollment processes, payers' extended timelines, and errors when loading into their respective systems.

Recently, Wyoming and Colorado have advanced succinct legislation that reinforces the requirement to streamline this process and timelines across all payers in their states.

Below is a template of common language and format that may be beneficial to you and your state as you work with your local chapters on behalf of Physical Therapy Providers or all Health Care providers in general, given this has a negative impact across all disciplines.

If you have questions about this template or next steps, feel free to contact Robert Hall, SPARC Payment Specialist, via email at rhall@ppsapta.org.

Template Structure:

1. Define the ACT/BILL
2. Define the common language:
    - Applicant
    - Application
    - Completed Application
    - Credentialing or Credential
    - Delegated Credentialing (if applicable)
    - Designee
    - Participating Provider
    - Provider (Licensed)
    - Recredentialing or Recredential
3. Outline the timelines and required communication for each step in the process:
4. Identify when the application is considered ‘received’

(**Risk if not addressed clearly – the timeline is open to interpretation and delays in process and subsequently access to care and revenue)

5. Identify how this is communicated:
    - Application has been received (written or electronic?)
    - The process to resolve anything identified deeming the application not complete at submission
        - The resolution process should be outlined
    - Communication that the application is ‘complete by definition’
6. The Application process ‘START’ date should be clear
    - Ideally, the date the application was submitted – timeline is paused during any period of resolution – then resumes once the application is considered ‘complete’

- The provider should be considered PAR with the Carrier retrospectively to the date of the submitted application, also considered the 'effective date'.

(**Risk if not addressed clearly –Consistent precedent established to allow providers to treat within the guidelines of the enrollment process and allow access to care while the provider approval is pending)

  - Ideally, the provider should not begin providing services until the application has been submitted with communication that it has been received.
  - Ideally, the Provider is linked to the group as a whole and does not require individuals to be linked to each location separately for claims to process.
  - Claims should be held awaiting the final notification of PAR status
  - Determine expected timeline for the payer to notify of the approval (written or electronic?)
  - Carrier should be held responsible for ensuring that the credentialing process is completed so that the participating health care provider information is fully loaded into the payer system, allowing claims to process correctly as a participating provider and be fully updated in the Payer Provider Directory.

7. Identify timelines to notify carrier and update provider directories
8. Outline requirements and/if necessity to re-credential with clearly outlined time parameters for completion
9. Identify who will enforce the ACT to ensure all of the timelines are followed and result in payment if the provider has met requirements of the credentialing process i.e., the State Insurance Commissioner

- Identify Carrier guidelines for termination of participation

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Wyoming Bill

(https://www.wyoleg.gov/Legislation/2025/HB0082)

AN ACT relating to the insurance code; requiring health insurance carriers to follow specified guidelines regarding health care provider credentialing; specifying that health carriers shall not be required to violate or fail to meet requirements of a nationally recognized accrediting entity; providing definitions; specifying applicability; requiring rulemaking; and providing for effective dates.

Health Care Provider Credentialing

Definitions:

- Applicant" means a health care provider who submits an application to a health carrier to become credentialed as a participating health care provider in one (1) or more of the health carrier's provider networks;
- "Application" means an applicant's most recent application to become credentialed by a health carrier as a participating health care provider in one (1) or more of the health carrier's provider networks;
- "Completed credentialing application" means a credentialing application that is free of defects and contains all of the information that, when later supplemented by verification and documentation gathered by the health carrier during the primary source verification process, is necessary for the health carrier to make a credentialing decision;
- "Credentialing" means the process by which a health carrier or its designee collects information concerning an applicant, assesses whether the applicant satisfies the requirements to become a participating health care provider in one (1) or more of the health carrier's provider networks, verifies all information submitted by the applicant and approves or denies the applicant's application;
- "Fully Credentialed" means the health carrier has the participating health care provider information fully loaded into the payer system in such a way to allow for claims to process correctly as a participating provider and fully updated in the Payer Provider Directory.

1. Health Care Provider Credentialing Requirements
    a) Within seven (7) calendar days after a health carrier receives an application for credentialing, the health carrier shall provide the applicant

notice of receipt of the application in written or electronic form and contact information for the person reviewing the application. After receiving an application, a health carrier shall determine whether the application is complete. If the health carrier determines that the application is incomplete, the health carrier shall notify the applicant in writing or by electronic means that the application is incomplete within thirty (30) calendar days after the date the health carrier received the application. The notice shall describe the items that are required to complete the application. The health care provider shall submit a completed credentialing application within thirty (30) calendar days of receiving the notice. Failure of the health care provider to submit a completed credentialing application within thirty (30) days of receiving the notice shall restart the timelines in this subsection.

b) A health carrier shall conclude the process of credentialing an applicant within sixty (60) calendar days after the health carrier receives the applicant's application. The sixty (60) calendar day period shall pause if a health care provider receives notification that their application is incomplete and shall resume after the health carrier verifies that the health care provider has resubmitted a completed credentialing application. A health carrier shall provide each applicant with written or electronic notice of the outcome of the applicant's credentialing at the conclusion of the credentialing process.

c) If an applicant becomes credentialed as a participating health care provider in a health carrier's network and a fully executed contract between the health care provider and the health carrier is in effect prior to covered services being provided, the health carrier shall reimburse the applicant for all covered reimbursable health care services provided by the applicant beginning with the date the health carrier received a completed credentialing application from the applicant, unless otherwise preempted by federal law.

d) A health carrier shall not be required to approve any application for credentialing, except as provided by _____

2. The Department of Insurance shall promulgate rules providing for a uniform credentialing application that shall be used by applicants and health carriers.

3. Nothing in this act shall require a health carrier to violate or fail to meet a standard or requirement of a nationally recognized accrediting entity.
4. This act shall apply to applications for credentialing submitted to health carriers on or after_____.
    a. Except as otherwise provided by subsection (b) of this section, this act is effective _____

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Colorado Bill (relevant sections from https://leg.colorado.gov/bills/sb21-126)

SENATE BILL 21-126

BY SENATOR(S) Fields, Ginal, Moreno, Rodriguez;

also REPRESENTATIVE(S) Michaelson Jenet and Soper, Bernett, Bird,

Caraveo, Duran, Hooton, Lontine, McCormick, Mullica, Ricks.

CONCERNING CREDENTIALING OF PHYSICIANS AS PARTICIPATING PHYSICIANS IN HEALTH COVERAGE PLAN PROVIDER NETWORKS, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, add 10-16-705.7 as follows:

10-16-705.7. Timely credentialing of physicians by carriers - notice of receipt required - notice of incomplete applications required - delegated credentialing agreements - discrepancies - denials of claims prohibited - disclosures - recredentialing - enforcement - rules - definitions.

(1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "APPLICANT" MEANS A PHYSICIAN WHO SUBMITS AN APPLICATION TO A CARRIER TO BECOME A PARTICIPATING PHYSICIAN IN THE CARRIER'S NETWORK.

(b) "APPLICATION" MEANS AN APPLICANT'S APPLICATION TO BECOME CREDENTIALED BY A CARRIER AS A PARTICIPATING PHYSICIAN IN AT LEAST ONE OF THE CARRIER'S PROVIDER NETWORKS.

(C) "CARRIER CREDENTIALING ALLIANCE" MEANS AN ORGANIZATION OF CARRIERS THAT SHARE ACTIVITIES OR RESPONSIBILITIES PERTAINING TO CREDENTIALING.

(d) "CREDENTIALING" OR "CREDENTIAL" MEANS THE PROCESS BY WHICH A CARRIER OR ITS DESIGNEE COLLECTS INFORMATION CONCERNING AN APPLICANT; ASSESSES WHETHER THE APPLICANT SATISFIES THE RELEVANT LICENSING, EDUCATION, AND TRAINING REQUIREMENTS TO BECOME A PARTICIPATING PHYSICIAN; VERIFIES THE ASSESSMENT; AND APPROVES OR DISAPPROVES THE APPLICANT'S APPLICATION.

(e) "DELEGATED CREDENTIALING AGREEMENT" MEANS AN AGREEMENT BETWEEN A CARRIER AND A DESIGNEE BY WHICH THE CARRIER DELEGATES TO THE DESIGNEE ACTIVITIES OR RESPONSIBILITIES PERTAINING TO CREDENTIALING.

(f) "DESIGNEE" MEANS A THIRD PARTY TO WHICH A CARRIER DELEGATES ACTIVITIES OR RESPONSIBILITIES PERTAINING TO CREDENTIALING.

(g) "HEALTH CARE FACILITY" MEANS A FACILITY LICENSED OR CERTIFIED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT PURSUANT TO SECTION 25-1.5-103.

(h) "PARTICIPATING PHYSICIAN" MEANS A PHYSICIAN WHO IS CREDENTIALED BY A CARRIER OR ITS DESIGNEE TO PROVIDE HEALTH CARE ITEMS OR SERVICES TO COVERED PERSONS IN AT LEAST ONE OF THE CARRIER'S PROVIDER NETWORKS.

(i) "PHYSICIAN" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO ARTICLE 240 OF TITLE 12.

(j) "RECREDENTIALING" OR "RECREDENTIAL" MEANS THE PROCESS BY WHICH A CARRIER OR ITS DESIGNEE CONFIRMS THAT A PARTICIPATING

PHYSICIAN IS IN GOOD STANDING AND CONTINUES TO SATISFY THE CARRIER'S

REQUIREMENTS FOR PARTICIPATING PHYSICIANS.

(2) (a) WITHIN SEVEN CALENDAR DAYS AFTER A CARRIER RECEIVES

AN APPLICATION, THE CARRIER SHALL PROVIDE THE APPLICANT A RECEIPT IN WRITTEN OR ELECTRONIC FORM.

(b) UPON RECEIVING AN APPLICATION, A CARRIER SHALL PROMPTLY DETERMINE WHETHER THE APPLICATION IS COMPLETE. IF THE CARRIER DETERMINES THAT THE APPLICATION IS INCOMPLETE, THE CARRIER SHALL NOTIFY THE APPLICANT IN WRITING OR BY ELECTRONIC MEANS THAT THE APPLICATION IS INCOMPLETE WITHIN TEN CALENDAR DAYS AFTER THE DATE THE CARRIER RECEIVED THE APPLICATION. THE NOTICE MUST DESCRIBE THE ITEMS THAT ARE REQUIRED TO COMPLETE THE APPLICATION.

(c) IF A CARRIER RECEIVES A COMPLETED APPLICATION BUT FAILS TO PROVIDE THE APPLICANT A RECEIPT IN WRITTEN OR ELECTRONIC FORM WITHIN SEVEN CALENDAR DAYS AFTER RECEIVING THE APPLICATION, AS REQUIRED BY SUBSECTION (2)(a) OF THIS SECTION, THE CARRIER SHALL CONSIDER THE APPLICANT A PARTICIPATING PHYSICIAN, EFFECTIVE NO LATER THAN FIFTY-THREE CALENDAR DAYS FOLLOWING THE CARRIER'S RECEIPT OF THE APPLICATION.

(3) (a) A CARRIER SHALL CONCLUDE THE PROCESS OF CREDENTIALING AN APPLICANT WITHIN SIXTY CALENDAR DAYS AFTER THE CARRIER RECEIVES THE APPLICANT'S COMPLETED APPLICATION.

(b) A CARRIER SHALL PROVIDE EACH APPLICANT WRITTEN OR ELECTRONIC NOTICE OF THE OUTCOME OF THE APPLICANT'S CREDENTIALING WITHIN TEN CALENDAR DAYS AFTER THE CONCLUSION OF THE

CREDENTIALING PROCESS.

(c) AFTER CONCLUDING THE CREDENTIALING PROCESS FOR AN APPLICANT AND MAKING A DETERMINATION REGARDING THE APPLICANT'S APPLICATION, A CARRIER SHALL PROVIDE TO THE APPLICANT, AT THE APPLICANT'S REQUEST AND AS ALLOWED BY LAW, ALL NONPROPRIETARY INFORMATION PERTAINING TO THE APPLICATION AND TO THE FINAL DECISION REGARDING THE APPLICATION.

(4) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION:

(a) A CARRIER THAT ENTERS INTO AND COMPLIES WITH THE REQUIREMENTS OF A DELEGATED CREDENTIALING AGREEMENT WITH A HEALTH CARE FACILITY, WHICH AGREEMENT IMPOSES EQUIVALENT OR HIGHER REQUIREMENTS THAN THOSE DESCRIBED IN THIS SECTION, IS DEEMED TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION WITH REGARD TO AN APPLICANT WHO WORKS FOR THAT FACILITY.

(b) A CARRIER THAT PARTICIPATES IN AND COMPLIES WITH THE REQUIREMENTS OF A CARRIER CREDENTIALING ALLIANCE THAT IMPOSES EQUIVALENT OR HIGHER REQUIREMENTS THAN THOSE DESCRIBED IN THIS SECTION IS DEEMED TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION.

(5) A CARRIER SHALL CORRECT DISCREPANCIES IN ITS PROVIDER OR NETWORK DIRECTORY WITHIN THIRTY CALENDAR DAYS AFTER RECEIVING A REPORT OF THE DISCREPANCY FROM A PARTICIPATING PHYSICIAN. A PARTICIPATING PHYSICIAN SHALL NOTIFY A CARRIER OF ANY CHANGE IN THE PHYSICIAN'S NAME, ADDRESS, TELEPHONE NUMBER, BUSINESS STRUCTURE,

OR TAX IDENTIFICATION NUMBER WITHIN FIFTEEN BUSINESS DAYS AFTER MAKING THE CHANGE.

(6) A CARRIER MAY NOT DENY A CLAIM FOR A MEDICALLY NECESSARY COVERED SERVICE PROVIDED TO A COVERED PERSON IF THE SERVICE:

(a) IS A COVERED BENEFIT UNDER THE COVERED PERSON'S HEALTH COVERAGE PLAN; AND

(b) IS PROVIDED BY A PARTICIPATING PHYSICIAN WHO IS IN THE PROVIDER NETWORK FOR THE CARRIER'S HEALTH COVERAGE PLAN AND HAS CONCLUDED THE CARRIER'S CREDENTIALING PROCESS.

(7) A CARRIER SHALL MAKE THE FOLLOWING NONPROPRIETARY INFORMATION AVAILABLE TO ALL APPLICANTS AND SHALL POST THE INFORMATION ON ITS WEBSITE:

(a) THE CARRIER'S CREDENTIALING POLICIES AND PROCEDURES;

(b) A LIST OF THE INFORMATION REQUIRED TO BE INCLUDED IN AN APPLICATION;

(c) A CHECKLIST OF MATERIALS THAT MUST BE SUBMITTED IN THE CREDENTIALING PROCESS;

(d) DESIGNATED CONTACT INFORMATION, INCLUDING A DESIGNATED POINT OF CONTACT, AN E-MAIL ADDRESS, AND A TELEPHONE NUMBER, TO WHICH AN APPLICANT MAY ADDRESS ANY CREDENTIALING INQUIRIES; AND

(e) THE REQUIREMENTS DESCRIBED IN SUBSECTION (2) OF THIS SECTION AND THE AUTHORITY OF THE COMMISSIONER TO ENFORCE THE REQUIREMENTS AND IMPOSE PENALTIES FOR VIOLATIONS, AS DESCRIBED IN SUBSECTION (10) OF THIS SECTION.

(8) (a) A CARRIER OR ITS DESIGNEE MAY RECREDENTIAL A PARTICIPATING PHYSICIAN IF SUCH RECREDENTIALING IS:

(I) REQUIRED BY FEDERAL OR STATE LAW OR BY THE CARRIER'S ACCREDITATION STANDARDS; OR

(II) PERMITTED BY THE CARRIER'S CONTRACT WITH THE PARTICIPATING PHYSICIAN.

(b) A CARRIER SHALL NOT REQUIRE A PARTICIPATING PHYSICIAN TO SUBMIT AN APPLICATION OR PARTICIPATE IN A CONTRACTING PROCESS IN ORDER TO BE RECREDENTIALED.

(C) NOTHING IN THIS SUBSECTION (8) AFFECTS THE CONTRACT TERMINATION RIGHTS OF A CARRIER OR A PARTICIPATING PHYSICIAN.

(9) EXCEPT AS DESCRIBED IN SUBSECTION (8) OF THIS SECTION AND AS MAY BE PROVIDED IN A CONTRACT BETWEEN A CARRIER AND A PARTICIPATING PHYSICIAN, A CARRIER SHALL ALLOW A PARTICIPATING PHYSICIAN TO REMAIN CREDENTIALED AND INCLUDE THE PARTICIPATING PHYSICIAN IN THE CARRIER'S HEALTH COVERAGE PLAN PROVIDER NETWORK UNLESS THE CARRIER DISCOVERS INFORMATION INDICATING THAT THE PARTICIPATING PHYSICIAN NO LONGER SATISFIES THE CARRIER'S GUIDELINES FOR PARTICIPATION, IN WHICH CASE THE CARRIER SHALL SATISFY THE REQUIREMENTS DESCRIBED IN SECTION 10-16-705 (5) BEFORE TERMINATING THE PARTICIPATING PHYSICIAN'S PARTICIPATION IN THE PROVIDER NETWORK.

(10) THE COMMISSIONER SHALL ENFORCE THIS SECTION AND MAY PROMULGATE SUCH RULES AS ARE NECESSARY FOR THE IMPLEMENTATION OF THIS SECTION. UPON RECEIVING MORE THAN ONE COMPLAINT FROM AN APPLICANT OR A PARTICIPATING PHYSICIAN ALLEGING A VIOLATION OF THIS

SECTION BY A CARRIER, THE COMMISSIONER SHALL INVESTIGATE THE COMPLAINTS. A CARRIER THAT FAILS TO COMPLY WITH THIS SECTION OR WITH ANY RULES ADOPTED PURSUANT TO THIS SECTION IS SUBJECT TO SUCH CIVIL PENALTIES AS THE COMMISSIONER MAY ORDER PURSUANT TO SECTION 10-1-310.

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