Bill as Introduced

HB 636-FN – AS INTRODUCED

2007 SESSION

07-0810
01/05

HOUSE BILL ***636-FN***

AN ACT relative to physician credentialing under the managed care law.

SPONSORS: Rep. McLeod, Graf 2; Rep. Nordgren, Graf 9; Rep. DeStefano, Merr 13; Rep. Pantelakos, Rock 16; Rep. Rosenwald, Hills 22; Sen. Odell, Dist 8

COMMITTEE: Commerce

ANALYSIS

This bill allows the health care professional undergoing the formal credentialing process to provide services to patients during the process and to be reimbursed for such services upon verification of a clean credentialing record.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 636-FN – AS INTRODUCED

07-0810
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seven

AN ACT relative to physician credentialing under the managed care law.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Managed Care Law; Credentialing Verification. Amend RSA 420-J:4, I(b) to read as follows:

(b) Verify the credentials of a health care professional [~~before the health care professional~~] with whom the health carrier is contracting [~~provides health services to covered persons~~]. The medical director of the health carrier or other designated health care professional shall have responsibility for, and shall participate in, health care professional credentialing verification. ***Upon verification of the health care professional's credentials, the contracting health carrier shall reimburse the health care professional for services provided to covered persons on the date the health professional submitted a clean and complete credentialing application.***

2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
07-0810
01/29/07

HB 636-FN - FISCAL NOTE

AN ACT relative to physician credentialing under the managed care law.

FISCAL IMPACT:

The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill as it is awaiting information from the Department of Health and Human Services. When completed, the fiscal note will be forwarded to the House Clerk's Office.

HB 636-FN – AS AMENDED BY THE HOUSE

27Mar2007... 0798h

2007 SESSION

07-0810
01/05

HOUSE BILL ***636-FN***

AN ACT relative to physician credentialing under the managed care law.

SPONSORS: Rep. McLeod, Graf 2; Rep. Nordgren, Graf 9; Rep. DeStefano, Merr 13; Rep. Pantelakos, Rock 16; Rep. Rosenwald, Hills 22; Sen. Odell, Dist 8

COMMITTEE: Commerce

AMENDED ANALYSIS

This bill allows the health care professional undergoing the formal credentialing process to provide services to patients during the process and to be reimbursed for such services upon verification of a clean credentialing record. This bill also establishes a time period within which the credentialing process is to be completed.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 636-FN – AS AMENDED BY THE HOUSE

27Mar2007... 0798h

07-0810
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seven

AN ACT relative to physician credentialing under the managed care law.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Managed Care Law; Credentialing Verification. Amend RSA 420-J:4, I to read as follows:

I. A health carrier shall:

(a) Establish written policies and procedures for credentialing verification of all health care professionals with whom the health carrier contracts and apply these standards consistently.

(b) Verify the credentials of a health care professional [~~before the health care professional with whom the health carrier is contracting provides health services to covered persons~~]. ***Prior to completion of credentialing verification the health carrier shall:***

(1) Allow a health care provider who, at the time of application, has been licensed by the respective state licensing board and credentialed by the hospital, if appropriate, to deliver health care services to covered persons and seek reimbursement for such professional services, when covering on-call for another health care provider who is credentialed by the carrier.

(2) Allow a health care provider to deliver health care services to covered persons and seek reimbursement for such services, when that health care provider has been licensed by his or her respective state licensing board and credentialed by the hospital, if appropriate, and who at the time of application is credentialed by the health carrier in another state or is in the health carrier's New Hampshire network based on employment with a particular health care entity. When a health care provider relocates or opens an additional office and the carrier requires a site visit, documentation of the new site evaluation shall be required as part of the credentialing process. The medical director of the health carrier or other designated health care professional shall have responsibility for, and shall participate in, health care professional credentialing verification.

(c) Establish a credentialing verification committee consisting of licensed physicians and other health care professionals to review credentialing verification information and supporting documents and make decisions regarding credentialing verification.

(d) Make available for review by the applying health care professional upon written request all application and credentialing verification policies and procedures.

(e) Retain records and documents relating to a health care professional's credentialing verification process for 7 years.

(f) Keep confidential all information obtained in the credentialing verification process, except as otherwise provided by law.

(g) Notify a health care provider that a submitted credentialing application is incomplete, not later than 15 business days after receiving the credentialing application.

(h) Act upon and finalize the credentialing process within 30 calendar days for primary care physicians and 45 days for specialists of receipt of a clean and complete application. In this section, "clean and complete" means an application signed and appropriately dated by the health care provider, that includes all of the applicable information required in paragraph II and any affirmative responses on questions related to quality and clinical competence shall contain explanations satisfactory to the carrier.

2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
07-0810
Revised 03/09/07

HB 636 FISCAL NOTE

AN ACT relative to physician credentialing under the managed care law.

FISCAL IMPACT

The Department of Health and Human Services states this bill would have no fiscal impact on state, county, and local revenue or expenditures.

METHODOLOGY

The Department states this bill establishes formal credentialing of health care professionals in order to be reimbursed for services upon verification of a clean credentialing record. This bill amends RSA 420-J (Managed Care Law). Medicaid is a fee for service insurer, which is exempt from RSA 420-J, therefore this bill would result in no fiscal impact to the Department.

Amendments

Sen. Gottesman, Dist. 12
May 3, 2007
2007-1454s
01/09

Amendment to HB 636-FN

Amend RSA 420-J:4, I(b)(1) and (2) as inserted by section 1 of the bill by replacing them with the following:

(1) Allow a health care provider who, at the time of submission of a clean and complete application, has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate, to deliver health care services to covered persons when covering on-call for another health care provider who is credentialed by the carrier.

(2) Allow a health care provider to deliver health care services to covered persons when that health care provider has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate, and who at the time of submission of a clean and complete application is credentialed by the health carrier in another state or is in the health carrier's New Hampshire network based on employment with a particular health care entity. When a health care provider relocates or opens an additional office and the carrier requires a site visit, documentation of the new site evaluation shall be required as part of the credentialing process. The medical director of the health carrier or other designated health care professional shall have responsibility for, and shall participate in, health care professional credentialing verification.

Amend RSA 420-J:4, I as inserted by section 1 of the bill by inserting after subparagraph (h) the following new subparagraph:

(i) An applicant's rights under this section and under RSA 420-J:8-c shall terminate upon denial of the credentialing application by the health carrier or if the applicant decides not to contract with the health carrier.

Amend the bill by inserting after section 1 the following and renumbering the original section 2 to read as 3:

2 New Section; Reimbursement for Providers Waiting for Health Carrier Credentialing Verification. Amend RSA 420-J by inserting after section 8-b the following new section:

420-J:8-c Reimbursement for Providers Waiting for Health Carrier Credentialing Verification.

Pursuant to RSA 420-J:4, I, health carriers issuing health benefit plans subject to this chapter shall pay claims for covered services rendered to covered persons by a health care provider who, at the time of submission of a clean and complete credentialing application, has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate. The claim for covered services rendered by the provider applicant shall be paid at the same contracted rate as the credentialed provider:

I. When covering on-call for another health care provider who is credentialed by the carrier and billed using the name of the credentialed provider; or

II. Who, at the time of application, is credentialed by the health carrier in another state or is in the health carrier's New Hampshire network based on employment with a particular health care entity.

Committee Minutes

Commerce, Labor & Consumer Protection Committee

Hearing Report

To: Members of the Senate

From: Chris Kennedy, *Legislative Aide*

Re: **HB 636-FN** – *AN ACT relative to physician credentialing under the managed care law.*

Hearing Date: May 1, 2007

Members Present: Senators Gottesman, DeVries, Reynolds, Cilley, Barnes and Roberge

Members Absent:

Sponsor(s): Rep. McLeod, Graf 2; Rep. Nordgren, Graf 9; Rep. DeStefano, Merr 13; Rep. Pantelakos, Rock 16; Rep. Rosenwald, Hills 22; Sen. Odell, Dist 8

What the bill does: This bill allows the health care professional undergoing the formal credentialing process to provide services to patients during the process and to be reimbursed for such services upon verification of a clean credentialing record. This bill also establishes a time period within which the credentialing process is to be completed.

Speakers in support of the bill: Rep. Rosenwald, Janet Monahan (NH Medical Society), Leslie Melby (NH Hospital Assoc.)

Speakers in opposition of the bill: Paula Rogers (AHIP)

Summary of testimony received in support:

- Rep. Rosenwald, a co-sponsor of the bill, testified that credentialing is a tedious and costly process that requires a lot of unnecessary documentation. The process restricts access to health care by placing restrictions on the availability of doctors.
- There exists a shortage of doctors in New Hampshire at present.
- Janet Monahan, representing the NH Medical Society, provided examples of the array of materials required for credentialing. All documents must have "original source" verification causing the process to take even longer. This legislation will help to speed up the process.
- Leslie Melby, representing the NH Hospital Association, brought forward language intended for an amendment that had not been seen by the Insurance Dept.

Summary of testimony received in opposition:

- Paula Rogers, from AHIP, had concerns surrounding the re-imbursement of physicians that had not been officially credentialed. She feared that this law moved away from NCQA standards which most health care plans adhere to with regards to credentialing. She suggested removing Section 1 from the bill.

Funding: The Department of Health and Human Services states this bill would have no fiscal impact on state, count, and local revenue and expenditures.

Action: The Committee took the bill under advisement.

Date: May 1, 2007
Time: 11:05 A.M.
Room: LOB RM 102

The Senate Committee on Commerce, Labor and Consumer Protection held a hearing on the following:

HB 636-FN relative to physician credentialing under the managed care law.

Members of Committee present:
Senator Gottesman
Senator DeVries
Senator Reynolds
Senator Cilley
Senator Barnes
Senator Roberge

The Chair, Senator David M. Gottesman, opened the hearing on HB 636-FN by calling on the co-sponsor, Representative Cindy Rosenwald, to provide testimony.

Representative Cindy Rosenwald: Thank you, very much Mr. Chairman, members of the Committee. Representative Nordgren, McLeod, the prime sponsor could not be here today, so she asked me to introduce this bill, and I'm happy to do that as a sponsor.

In order for a physician or another health care practitioner to participate in a health plan, he or she must be "credentialed" by each health carrier. This involves obtaining a significant amount of original documentation about the applicant, including evidence of graduation from medical school or other professional school, the license history, malpractice history, status of hospital privileges, specialty board certification, DEA registration certificate, and much more.

This is a lot of documentation and it takes considerable time to collect; however, many times the time frame between the physician's submission of a complete application and the health plan's approval of credentials takes months. In some instances, health plans have taken more than six months to process an application, and in the meantime, that physician is unable to treat patients.

joe

This delay then affects access to health care services, particularly primary care, and throughout the state, we are experiencing a shortage of primary care providers. So patients are unable to be treated and physicians are specifically prohibited from seeing patients, and that's per RSA 420-J:4 1(b) which states that the health carrier must verify the credentials of a health care professional before the health care professional with whom health care carrier is contracting provides health services to covered persons.

This section of the law ties the hands of physicians, who would otherwise be able to provide care to these patients, and furthermore, it prohibits a physician from joining a practice to provide on-call coverage for the practice, and that's a critical requirement to serving the community's health care needs. So to solve this problem, hospitals and physicians represented by the New Hampshire Hospital Association and the New Hampshire Medical Society, met with the health plans to work out new requirements that could facilitate access to care, and payment for services.

This bill will then allow health practitioners to provide on-call services prior to the health plan's verification of the completed application, if he or she has already been licensed by the state, and credentialed by the hospital when covering for another physician who is credentialed by that same plan.

It also allows a physician to see patients and be paid for services rendered if he or she is already credentialed by the same health plan in another state, or he or she is in the health plan's New Hampshire network by virtue of employment with a health care entity.

It also requires the health plans to notify the physician with fifteen days if the application is incomplete. This will inform the physician of problems with the application of which he or she would otherwise be unaware. And, it requires health plans to complete the credentialing process within a time limit, an amount of time of receiving a clean and complete application.

I do have an amendment with me that seeks to address a concern about keeping the reimbursement language separate from the pure credentialing language, and it has some clarifying work in it as well.

Please see amendment provided by Representative Cindy Rosenwald, attached hereto and referred to as Attachment #1.

There's been a lot of work on this issue by the interested parties and I think they should be congratulated for working through their varying

interests. There are representatives here from the Insurance Department and the Medical Society who are much better able to answer questions than I am, but I hope you will pass this bill.

Please see written testimony of Representative Rosenwald, attached hereto and referred to as Attachment #2.

Senator David M. Gottesman, D. 12: Thank you. Questions for Representative Rosenwald? Thank you.

Representative Rosenwald: Thank you.

Senator David M. Gottesman, D. 12: Janet Monahan?

Janet Monahan: Good morning. For the record, I'm Janet Monahan representing New Hampshire Medical Society, and we have worked with the Hospital Association and Health Plans to try to come up with this final version that Representative Rosenwald gave to you; and we're very much in support of it.

Now what I'm handing out is, to give you a little sense of what goes in to the credentialing of physicians, is to have engaged for licensure from the Board of Medicine and from the Federation of State Medical Boards who does the verification of credentialing for the Board. In a handout, and I also have the Uniform Application for Credentialing that hospitals use. And on this one from the Board of Medicine, if you go to the second to last page there's a chart; it kind of shows you what the Board goes through for their application process. And the Board warns you on their web site, this takes like two months at least because everything has to be original source, verified so if you say you went to Dartmouth Medical School, they have to go back to Dartmouth Medical School and get original source verification for every bit of training that a physician goes through. The Board of Medicine does this for licensure and then the physician will fill out this application for hospitals and they basically do the same thing all over again.

Please see New Hampshire Board of Medicine, Application for Licensure, Instructions, Application and Forms, submitted by Janet Monahan, attached hereto and referred to as Attachment #3.

Please see Federation of State Medical Boards, attached hereto and referred to as Attachment #4.

Please see Uniform Application for Credentialing, attached hereto and referred to as Attachment #5.

And this bill addresses the third leg of this process which is what the health plans also have to do, original source, verification source three times. And we're trying to just speed up the process where a physicians already been credentialed by a licensing board and the hospital, they should be able to start seeing patients and see them on-call. It often takes a year or two years to recruit a new physician, and you'd like them to hit the ground running in seeing patients in your community. And we believe that HB 636-FN will certainly help speed that up and will help access to care. And I'd be happy to answer any questions.

Senator David M. Gottesman, D. 12: Isn't this ... is the whole idea of this bill that we're trying to find a way so that the physicians can work and eventually get paid for the work that they're doing?

Ms. Monahan: Right.

Senator David M. Gottesman, D. 12: So that even though they're not credentialed and they may not be getting paid currently, that they would eventually be paid once they get their full credentials.

Ms. Monahan: They are credentialed by the Medical Board and the hospital before they'd get to this step. So they have been credentialed two places. We're just saying, "While the third credential is going on, they should be able to take off and..." That paragraph about the credentialing of another network, we had a physician practice in New Hampshire that recruited someone from the Dartmouth system in New Hampshire, it took two months to get him credentialed with the health plans because he was in a new location, and that's kind of ridiculous.

Senator David M. Gottesman, D. 12: Okay. I didn't hear anybody say that the Insurance Department was in agreement with this.

Ms. Monahan: We met with them early on, but I think they weren't really that involved with it. I don't think they had any issues with it, that I'm aware of.

Senator David M. Gottesman, D. 12: Okay. I don't know whether they're out in the wings there.

Ms. Monahan: We didn't get a hundred percent agreement from the health plans, but I think that we (inaudible) and I'm going to try to address as many of their issues as we can, that it's reasonable.

Senator David M. Gottesman, D. 12: Okay. Any questions?

Senator Jacalyn L. Cilley, D. 6: Thank you, Mr. Chair. I'm just, the credential ... there's three stages to this credentialing, or three separate credentialing procedures?

Ms. Monahan: Exactly.

Senator Jacalyn L. Cilley, D. 6: Are they identical in nature?

Ms. Monahan: They overlap probably ninety percent.

Senator David M. Gottesman, D. 12: As I understand it ...

Senator Jacalyn L. Cilley, D. 6: Thank you.

Senator David M. Gottesman, D. 12: They overlap in ways that they all require the same original documentation, so it's over and over, and over again of the same exact stuff.

Senator Jacalyn L. Cilley, D. 6: It sounded right.

Senator David M. Gottesman, D. 12: Yes. Okay. Thank you. The Chair calls on Leslie Melby.

Leslie Melby: Thank you, Mr. Chair, members of the Committee. My name is Leslie Melby. I'm Vice President of the State Government Relations with the New Hampshire Hospital Association, representing the state's thirty-two community specialty hospitals.

The Hospital Association, as you know, supports HB 636-FN, and we ask that you consider the proposed amendment which further improves the bill.

The purpose of HB 636-FN is to streamline the process by which health care practitioners are credentialed by each health carrier. More specifically, the sooner the provider can be credentialed, the sooner he or she can see patients who are members of each health plan. Thus, the bill requires the carriers to make their determinations within thirty days for primary care and forty-five days for specialty providers.

But just as important is the issue of payment for certain limited services provided while awaiting approval by the health carrier. There are two instances in which the yet-to-be credentialed practitioner needs to be paid. As you have heard, the provider has already been through the rigor

of meeting the State's licensure requirements, as well as the hospital's credentialing and privileging requirements. At this point, the physician is practicing in a group and provides on-call coverage within the practice. And while on-call, the physician sees a patient covered by the health plan, the same plan that has already received a clean and complete application for that physician's credentialing. And, under current law, the physician is prohibited from seeing this patient.

The second instance is the provider has already been credentialed by the same health plan in another state, or is already in the carrier's New Hampshire network, but has moved to another practice. Technically, the provider is already credentialed, but any measures the plan needs to take should in no way prevent the physician from receiving payment for services rendered.

We have worked on fine tuning the bill. The proposed amendment before you, adds a new section, 420-J:8-c, to specify the conditions under which payment will be made. At the request of the health plans, we added a new section (i) under J:4 to state that if the applicant is denied by the carrier for credentialing, that his or her rights under J:8-c will be terminated.

Other housekeeping changes include clarifying that the credentialing application must be "clean and complete," and that the license is "valid."

So I urge you to pass HB 636-FN with the proposed changes before you. Thank you.

Please see written testimony of Leslie Melby, attached hereto, and referred to as Attachment #6.

Senator David M. Gottesman, D. 12: Okay. Any questions? Senator DeVries.

Senator Betsi DeVries, D. 18: Thank you. I would assume that when you typed the amendment within, at least within number (2) there's the deletion of "and seek reimbursement for such services." And I would assume that's typographically deleted, or is that by intent?

Ms. Melby: That was intended to remove any reference to reimbursement in a section that is simply devoted to credentialing verification, and that is why we created a new section 8-c in which reimbursement is addressed and further elaborated on.

Senator Betsi DeVries, D. 18: Okay. Thank you.

Ms. Melby: We made it better.

Senator David M. Gottesman, D. 12: Okay. Any other questions? Thank you. Did I see Leslie Ludtke? I asked the question, is the Insurance Department okay with these changes in the amendment?

Leslie Ludtke: I haven't seen the amendment, so I just borrowed a copy from Mark Vattes. Originally the Department basically convened a meeting in an attempt to facilitate an agreement with respect to this bill, and I think Representative McLeod was at the meeting, and then a bill emerged from that meeting. So the Department really acted as a facilitator and since the time the Department acted as a facilitator, I think that the bill has been twice changed, and the Department has had no involvement in the changes.

Senator David M. Gottesman, D. 12: Okay. Let's see, Representative Rosenwald left. Okay. I guess what I'd like to do is just have you look through it and advise me after the meeting, if you have any serious concerns, but it seems as though everybody who has an interest in this is in agreement except for Paula Rogers. Come forward please.

Paula Rogers: I will, but ...

Senator David M. Gottesman, D. 12: You have signed up to speak.

Ms. Rogers: I'll make my decision (inaudible) as possible. Thank you, Mr. Chairman, members of the Committee. For the record, my name is Paula Rogers. I'm here on behalf of America's Health Insurance Plans, who have a very discrete concern.

And I think that really hinges on the, really the whole issue with the bill, but you need to realize that prior to these proposed changes, and presently the plan ...

Senator David M. Gottesman, D. 12: The proposed changes meaning the amendment?

Ms Rogers: Yes, or the original bill.

Senator David M. Gottesman, D. 12: Or the bill? Okay.

Ms. Rogers: A plan would have to, under a state which verifies the credentials of a health care professional, before the health care professional with whom the health carrier is contracting provides health services to covered persons. And that language is being stricken in this bill. So it is ... it's not justified significant and the Plans were very

concerned about that. Plans did sit with the, initially with the Committee in the prevue fragment, and then later without the Department and worked to see if we could (inaudible) forward. And in fact, two carriers have become comfortable with the language as is, but one carrier, CIGNA, and the Health Insurance Plan Association said it's mainly concerned with one particular part of the bill, and that's the on-call provision, which in the amendment you have with the, section (1), so it's down at 1(b) ... where it talks, "allow a health care provider." And then it goes, "when covering on-call for another health care provider..."

Senator David M. Gottesman, D. 12: What does that mean in reality?

Ms. Rogers: That means that the underlying health care provider who's not available to deliver services, his services or her services are being provided by an on-call person who is not credentialed by the Plan. So it's ...

Senator David M. Gottesman, D. 12: So the bottom line there is the Plans don't feel they should have to pay for a person who is not fully credentialed to serve as an on-call physician.

Ms. Rogers: It's not so much for pay Senator, as the issue of Plans that are certified and approved under NCQA which is the National Committee on Quality Assurance, and I couldn't say for sure, but I would expect that verification of professionals and the prohibition of allowing for coverage of health care services to covered persons by uncredentialed persons was probably driven when it was first adopted by NCQA standards. And so moving away from that as this bill does, is what caused the Plans to be initially concerned. And only the Association and CIGNA itself remains concerned about this one provision because under section ... the paragraph directly below is talking about somebody who's credentialed already by the Plan, but in a different setting, and there's some lag time getting them credentialed.

So that was the concern, the liability of the NCQA accredited, or having that accreditation perhaps threatened if you are reimbursing services on a covered person with a individual who's not yet been credentialed. So that is briefly their concern, and I just wanted to go on record and say that.

Senator David M. Gottesman, D. 12: Okay. So as I read that first paragraph it says, "The doctor has a valid state license, has been credentialed by the hospital, but may be awaiting something else." What is the something else? What is the something else that they're waiting for?

Ms. Rogers: Plans credential and set up their panel of providers upon whom, or for whom they reimburse. And so it's that process that remains yet to be done, and during that lag time, what this bill would do is say, "Plans, you need to reimburse even though this person is not yet fully credentialed., and in the second paragraph, the person's credentialed, but in a different setting. Here, the person wouldn't have been credentialed at all by the Plan. And so there is a unease about that, that I was asked to bring forward to just let the Committee know that that is a concern, that there may be some NCQA issues, or some ... I mean, if a plan is affirming that it has credentialed all it's providers in all of it's literature, and then some of you have an on-call person who's not credentialed, but by state law needs reimbursement, it creates a friction that makes the Plans uncomfortable; sort of a mixed message sense of things.

Senator David M. Gottesman, D. 12: Do you see the problem being that you have a liability as a result of that?

Ms. Rogers: Well, I think there could be some liability issues there just because plaintiffs and plaintiffs' attorneys would look at literature, look at standards and say, you know, "These services were provided by an on-call person who hasn't been credentialed by you, and you reimbursed, and this person has made a mistake," which people do. So I don't know. I just ... it was a concern, it prompt up on a call yesterday, and they asked that I made sure that it was to be stated here.

Senator David M. Gottesman, D. 12: Okay. Looking at it from the other side of the coin, from the side of the coin of a hospital who may not have the staff to provide the necessary services. What happens when the person needs the services and there is no on-call doctor? Or is there **always** on-call no matter whether we have doctors or not?

Ms. Rogers: Well, I would hope there's always somebody on-call from the hospital's point of view. And whether that person is reimbursed or not is a whole separate area.

Senator David M. Gottesman, D. 12: Thank you. Any other questions? Thank you. Senator Cilley.

Senator Jacalyn L. Cilley, D. 6: Thank you, Mr. Chair. Thank you, Paula. Is there any way, and this was just naive to say on my part, is there any way for the Plan to recognize the credentialing processes that have gone before it, at least to the extent that you could cover some liability? I mean, what we heard earlier is there's so much overlap here.

Ms. Rogers: Right. And perhaps discussion was part of the House discussion and initially when we were meeting about the bill, part of the Discussion, and we kind of moved away from getting in to that because it's a whole area of complexity that has been (inaudible), I guess in a different setting we'd be aboard this bill, and people kind of threw up their hands, so we thought, well let's click it around and see what holes we can plug and where our comfort level is. And so we kind of backed in to the bill and could be provider community looked at, on-call and physicians that were credentialed, yet (inaudible) and in a different setting. And those are two areas that we felt we could get somewhere. And beyond that, you'll notice the bill cut some time frames around us. So we kind of backed away from where you are probing Senators, so we're saying we don't want to go there again. But I mean it's a good question, but it's ...

Senator Jacalyn L. Cilley, D. 6: Follow up?

Senator David M. Gottesman, D. 12: Yes, go ahead.

Senator Jacalyn L. Cilley, D. 6: Then I guess my question is what's the suggestion for your concerns?

Ms. Rogers: Well the suggestion for my concern is only to take out paragraph one.

Senator Jacalyn L. Cilley, D. 6: Thank you.

Ms. Rogers: This is very discrete. But I know that will be upsetting to providers.

Senator David M. Gottesman, D. 12: Well isn't that a very important part of this entire piece of legislation?

Ms. Rogers: Well I don't know Senator, if you look at paragraph two and the time frames around credentialing process within thirty ... that's under (h) ... paragraph (h), "Thirty calendar days for primary care, forty-five days;" that's new language. And there was concern that there were lags. And so plans said, "Look, we can certainly live with that," and that's reasonable.

Senator David M. Gottesman, D. 12: Okay. Thank you.

Ms. Rogers: Thank you.

Senator David M. Gottesman, D. 12: I have no one signed up to speak, so I'm going to close the hearing on HB 636-FN.

Hearing concluded at 11:27 A.M.

Respectfully submitted,

Deborah A. Chroniak
Senate Secretary
09/11/07

6 Attachments

ATTACHMENT #1

HB 636 Amendment

May 1, 2007

1 Managed Care Law; Credentialing Verification. Amend RSA 420-J:4,I to read as follows:

I. A health carrier shall:

(b) Verify the credentials of a health care professional. [~~before the health care professional with whom the health carrier is contracting provides health services to covered persons~~] ***Prior to completion of credentialing verification the health carrier shall:***

(1) Allow a health care provider who, at the time of submission of a clean and complete application, has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate, to deliver health care services to covered persons when covering on-call for another health care provider who is credentialed by the carrier.

(2) Allow a health care provider to deliver health care services to covered persons when that health care provider has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate, and who at the time of submission of a clean and complete application is credentialed by the health carrier in another state or is in the health carrier's New Hampshire network based on employment with a particular health care entity. When a health care provider relocates or opens an additional office and the carrier requires a site visit, documentation of the new site evaluation shall be required as part of the credentialing process. The medical director of the health carrier or other designated health care professional shall have responsibility for, and shall participate in, health care professional credentialing verification.

(g) Notify a health care provider that a submitted credentialing application is incomplete, not later than 15 business days after receiving the credentialing application.

(h) Act upon and finalize the credentialing process within 30 calendar days for primary care physicians and 45 days for specialists of receipt of a clean and complete application. In this section, "clean and complete" means an application signed and appropriately dated by the health care provider, that includes all of the applicable information required in paragraph II and any affirmative responses

on questions related to quality and clinical competence shall contain explanations satisfactory to the carrier.

(i) An applying provider's rights under this section and under RSA 420-J:8-c shall terminate upon denial of the credentialing application by the health carrier or in the event the applying provider selects not to contract with the health carrier.

2 Amend RSA 420-J, by inserting after section 8-b, the following new section:

8-c. Reimbursement for providers awaiting health carrier credentialing verification.

Pursuant to RSA 420-J:4, I., health carriers issuing health benefit plans subject to this chapter shall pay claims for covered services rendered to covered persons by a health care provider who, at the time of submission of a clean and complete credentialing application, has a valid license from the respective state licensing board and has been credentialed by the hospital, if appropriate. The claim for covered services rendered by the applying provider shall be paid at the same contracted rate as the credentialed provider:

(i) when covering on-call for another health care provider who is credentialed by the carrier and billed using the name of the credentialed provider, or

(ii) who, at the time of application is credentialed by the health carrier in another state or is in the health carrier's New Hampshire network based on employment with a particular health care entity.

3 Effective Date. This act shall take effect 60 days after its passage.

ATTACHMENT #2

HB 636
May 1, 2007
Cindy Rosenwald

In order for a physician or other healthcare practitioner to participate in a health plan, he or she must be "credentialed" by each health carrier. This involves obtaining a significant amount of original documentation about the applicant including evidence of graduation from medical school, the physician's license history, malpractice history, status of hospital privileges, specialty board certification, DEA registration certificate and much more.

This is a lot documentation which takes considerable time to collect. However, many times the timeframe between the physician's submission of a complete application and the health plan's approval of the physician's credentials takes months. In some instances, health plans have taken six months or more to process an application. And in the meantime, the physician is unable to treat patients.

This delay affects access to health care services – particularly primary care. Throughout the state, we're experiencing a shortage of primary care providers. So patients are unable to be treated. And physicians are specifically prohibited from seeing patients, per RSA 420-J:4, I(b) which states that the health carrier must "Verify the credentials of a health care professional **before the health care professional with whom the health carrier is contracting provides health services to covered persons**."

This section of the law ties the hands of physicians who would otherwise provide care to these patients. Furthermore, it prohibits a physician joining a practice to provide on-call coverage for the practice, a critical requirement to serving the community's health care needs.

To solve this problem, hospitals and physicians, represented by the NH Hospital Association and the NH Medical Society, met with the health plans to work out new requirements to facilitate access to care and payment for services.

HB 636:

- Allows a health practitioner to provide on-call services prior to the health plan's verification of the completed application if he or she has already been licensed by the state and credentialed by the hospital when covering on-call for another physician who is credentialed by that same health plan.

- It allows a physician to see patients and be paid for services rendered if he or she is already credentialed by the very same health plan in another state, or if he or she is in the health carrier's New Hampshire network by virtue of employment with a health care entity.

- It requires the health plans to notify the physician within 15 days if the application is incomplete. This informs the physician of problems with the application of which s/he is otherwise unaware.

- And it requires health plans to complete the credentialing process within 30 days (primary care providers) and 45 days (specialists) of receiving a clean and complete application.

I have a proposed amendment that seeks to address a concern about keeping reimbursement language separate from the pure credentialing language. There has been a lot of work by the interested parties on this and they should be congratulated for working through their varying interests. There are representatives here from the Insurance department and Medical Society who are able to answer questions.

We need physicians in New Hampshire. As the state's population continues to grow, particularly those 55 and older, the need for health care practitioners will outpace the supply. Recruiting physicians is difficult and time-consuming. Once they arrive, if they are prohibited from seeing patients or are not getting paid for on-call services for months and months, word gets out, making it even more difficult to recruit. New Hampshire cannot afford to lose physicians and other health care practitioners to other states. I hope you will pass HB 636.

ATTACHMENT #3

New Hampshire Board of Medicine

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520
Tel. (603) 271-1203 Fax (603) 271-6702
TDD Access: Relay NH 1-800-735-2964
WEB SITE: www.state.nh.us/medicine

APPLICATION FOR LICENSURE

INSTRUCTIONS
APPLICATION
and
FORMS

NOTICE!
To All Applicants for Licensure in New Hampshire

All applicants for licensure in New Hampshire are required to submit their background credentials to the Federation Credentials Verification Service (FCVS). FCVS is a service of the Federation of State Medical Boards and was created to help simplify the licensure process for physicians (both MD's and DO's).

FCVS provides a permanent central depository for documents which represent the core credentials of any physician. FCVS will conduct a primary source verification of those documents at the time they are submitted, and the physician will not be required to re-verify that information even if he or she moves to another state. Currently, 65 state medical boards accept FCVS documents in lieu of the applicant providing new original source documents. New Hampshire and 12 other state medical boards require all applicants to use FCVS for verification of their credentials.

The Board believes that FCVS offers a tremendous opportunity for physicians and state medical boards to improve the burdensome and duplicative process currently in place for state by state licensure. By eliminating the re-verification of documents that never change, physicians will benefit from a shortened credentialing process when they relocate or affiliate within other states. Additionally, the Board is one of the first Boards in the country to implement the new on-line application process for medical and osteopathic physicians called the "Common License Application Form" or "CLAF." The CLAF will benefit physicians by reducing redundancy in filling out multiple applications when applying for licensure in multiple states, thus increasing portability. Through the on-line CLAF process, the information provided to the FCVS will automatically populate into the CLAF, making the completion of the New Hampshire application faster and easier.

As other Boards join the on-line application system, physicians will be able to apply to multiple states by filling out the application once on the CLAF, then directing it to additional states. This will leave only the state-specific addendums of the application to be completed. Ohio has implemented the on-line CLAF. Kentucky is scheduled to implement the on-line CLAF soon after New Hampshire.

Thank you for joining us in pioneering the CLAF.

The Board reviews applications on the first Wednesday of each month. All applications must be complete before they are submitted to the Board for consideration. The agenda for Board consideration is closed at 12:00 P.M. on the day before the Board meets. Applications completed after 12:00 P.M. will be placed on the next month's agenda. Faxed materials are not acceptable.

GENERAL INFORMATION

On-line Application Process

1. You must complete the Federation Credentials Verification Service (FCVS) on-line application. You will receive an email from FCVS letting you know when you can proceed to the CLAF. If you have not yet submitted the FCVS, please go to www.fsmb.org/fcvs_physician.html.

2. Begin the process by clicking on the link at the end of these instructions. Select "Become a New User" and follow the instructions to register a Trusted Agent account. Click on "Return to CLAF" and logon, using your new Username and Password.

3. Complete the Common License Application Form (CLAF). Information that was provided in the FCVS application will automatically appear in CLAF. Those fields are shaded in gray and cannot be edited. If you need to make any changes to that information, follow the instructions on the screen to contact the FCVS. If you want a copy of your application, you must print it BEFORE you submit your application.

4. Print out the "Affidavit and Authorization For Release of Information" and "Form #1: Licensure Verification Form." These must be completed and submitted to the New Hampshire Board of Medicine.

5. Print out the "Addendum to Application" pages 1 - 2. These must be completed and submitted to the New Hampshire Board of Medicine with the application fee of $250.

6. Submit the on-line application by clicking on the "Submit Application" button.

Board Application Process

In addition to the FCVS and CLAF applications and processes, you must submit additional information directly to the Board. The Board will use this information, along with the FCVS Profile, to assess your qualifications for licensure. The Board conducts an independent background investigation. Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

The Board meets the first Wednesday of each month. Only applications that are complete, including all outside verifications, will be forwarded to the Board for review. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. **You are responsible for notifying the Board office, in writing, if your address changes in the interim.**

Temporary License Application Process

Since the FCVS application process is fairly lengthy, and unless you already have an FCVS profile, you may want to apply for a temporary license in New Hampshire. A temporary license, if issued, is valid for only 6 months and requires you to provide a completed application, with the exception of the FCVS application, and additional information as follows:

(1) Evidence of qualifications as follows:

a. Proof of a full, unrestricted medical license in another state received directly from the state licensing authority; or

b. Certified copies of medical degree diploma, proof of 2 years of postgraduate training which meet the requirements of Med 302.01, and proof that you have passed one of the licensure examinations listed under Med 303.01;

(2) Proof that you have applied to the FCVS with full intent to complete the FCVS process; and

(3) The temporary license fee of $50.00. Make check payable to TREASURER, STATE OF NEW HAMPSHIRE. **Please submit one check for the temporary license fee ($50.00) and a separate check for the full license application fee ($250.00).**

****Before applying for the temporary license, please contact the New Hampshire facility you are applying at to confirm that they accept the temporary license.**

**Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have questions about this application process, or would like to check on the status of your Board application, please call the Board at (603) 271-6935.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Licensure Requirements

Before completing the application process, please review the following requirements for licensure in New Hampshire:

- Obtained the M.D./D.O. degree or its equivalent as determined by the Board;
- Completed at least 2 years of postgraduate training in the U.S. or Canada approved by the Board, or its equivalent as determined by the Board;
- Successfully passed a national licensing examination sequence (or its acceptable hybrid combination) as approved by the Board on each examination, including:
  - National Board of Medical Examiners (NBME) Part I, II and III;
  - Pre-1985 FLEX or FLEX Component 1 and 2;
  - USMLE Step 1, 2 and 3;
  - NBOME Part I, II and III (or COMLEX);
  - Licentiate of the Medical Council of Canada (LMCC).

If you do not meet, or have questions about these requirements, please contact the Board prior to submitting your application.

General Instructions

1. All documents you submit must be originals, signed on letterhead unless notarized copies are specifically authorized.
2. You will receive an acknowledgment letter once your application has been received. This letter will advise you of what information, if any, is outstanding at that time. If you do not receive an acknowledgment letter within 30 days, please contact the Board between 8:00 A.M. and 4:00 P.M. EST.

Completing your Application

1. Complete the on-line CLAF. You must respond to all components of the application. **See "Licensure Requirements" above.**

   Make a check or postal or express money order (in U.S. funds only) for the application fee of **$250.00** payable to: Treasurer, State of New Hampshire and staple it to the upper left-hand corner of the first page of the addendum. This application fee is NON-REFUNDABLE. [NOTE: This is the Board application fee. The FCVS verification fee is an additional and separate fee paid directly to FCVS.]
   (An additional $50.00 fee is required if requesting a temporary license. Please submit one check for the temporary license fee ($50) and a separate check for the full license application fee ($250).)

2. Complete page 10, "Malpractice Liability Claims Information," if applicable. You must use this form to report all claims or suits for medical malpractice made against you **in the last ten years**. The report should be completed in its entirety. Make additional copies of this page as necessary for multiple claims.

3. Complete page 11, "Affidavit and Authorization For Release of Information." The affidavit must be signed in the presence of a notary and must have a 2"x2" recent "passport" photograph of yourself securely affixed to the form. [NOTE: The FCVS application also requires a separate Affidavit that must be notarized. You may wish to have both forms notarized at the same time. Be certain to submit the correct form to the correct agency.]

4. Obtain a total of four (4) letters of reference attesting to your moral character and professional abilities. These letters must be obtained from the following: the chief of staff (ref. 1) and hospital administrator (ref. 2) in a hospital where you presently hold staff privileges (if no staff privileges are presently held, letters of recommendation shall be submitted by 2 other practicing medical doctors who hold hospital staff privileges); and two (2) additional letters of reference from practicing physicians. **Reference letters must be originals submitted on letterhead. References may be submitted by the applicant or by the physician providing the reference.**

5. Submit a notarized copy of your American Board of Medical Specialty Certificate(s), if applicable.

6. Submit your curriculum vitae.

7. Submit a notarized copy of your current Drug Enforcement Administration (DEA) certificate.

8. Obtain verification from all states where you hold, or have ever held, a license to practice medicine. To obtain this verification, you must mail page 12, "Licensure Verification Form," to each licensing authority in which you are/were licensed. Be certain to sign and complete the identifying information on each form. **These verifications must be received directly from the licensing authority.** You may obtain the mailing address of all 70 medical licensing authorities at the Federation of State Medical Boards' website at *www.fsmb.org*, or by calling the Board in question. Most states charge a fee for verification of licensure. To save time, you should check with the state board before submitting your request. Please do not contact the New Hampshire Board for mailing addresses of other licensing authorities.

9. Print and complete the "Addendum to Application" (Addendum Pages 1-2).

10. Prepare all documents as instructed. Submit the documents listed above by mailing them to:

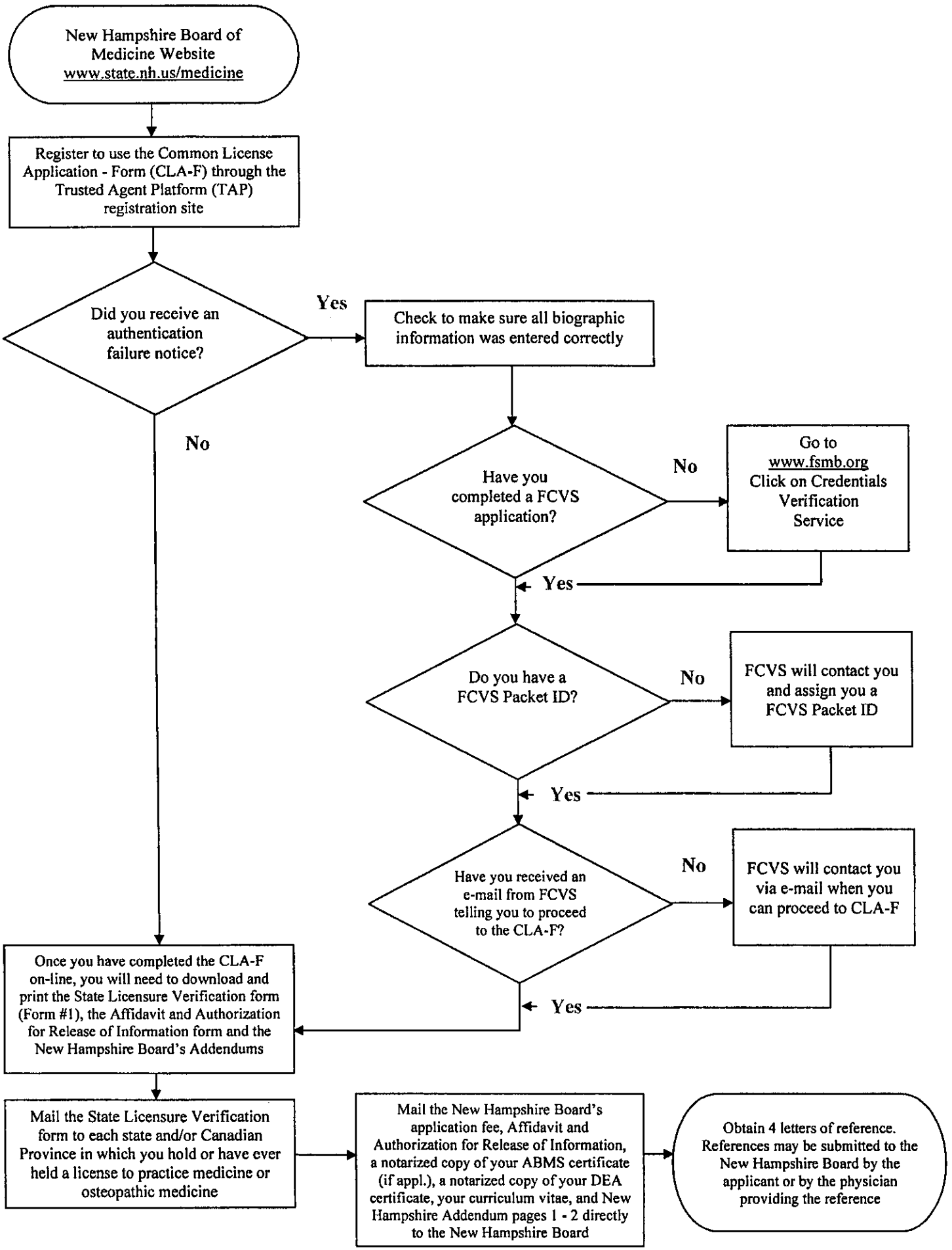
BOARD OF MEDICINE
2 INDUSTRIAL PARK DRIVE, SUITE 8
CONCORD, NEW HAMPSHIRE 03301-8520

Other Information

Your application process is not considered complete until your Board application, licensure verification(s), and FCVS Physician Information Profile are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed at the first available Board meeting. Please allow 7-10 working days following the Board meeting for your license to be mailed to you.

Note: **Do NOT make commitments to start practicing medicine in New Hampshire until you have been issued a license.**

Licensure Process Flowchart



Begin application process

If you would like a paper application, you must submit a written request to the New Hampshire Board of Medicine. Please be advised that the FCVS application must also be completed.

Federation of STATE MEDICAL BOARDS

Home

FCVS

Log out

MAIN MENU

- *FCVS Online Home*
- *Technical Assistance*
- *Become a New User*
- *Forgot Your Password*
- *Web Site Instructions*
- *Search for FCVS Established Physicians*

Federation Home

Directions/Information

From your web browser, type in the following address:

http://fcvs.fsmb.org (notice - there is no "www")

In order to Log in, users must have: **E-mail** or **User Id** and a **Password**. To obtain a Login or Password, users must select the link, **Become a new user**. After authenticating with identifying information, the page instructs users to type their E-mail address or login and their password. After entry, selecting the **Create Account** button will submit the information to FCVS, allowing future logins to the web site. Done correctly, an email is sent as a confirmation.

To gain access to general Packet status information, users must first login, then enter a Packet Identification Number (**Packet ID**) and **Date of Birth** or Social Security Number (**SSN**). Once information is entered, selecting the **Query** button will Navigate users to the Summary page, the top of which displays the applicant's Name and Packet ID.

The first of items, located at the top of the page, references the Profile Forward Designation and lists the Status, Received Date and Mailed Date.

- **Status Definitions:** Located at the bottom of the screen.
- **Received Date:** Date the application was received by FCVS.
- **Mailed Date:** Date FCVS mailed the completed Physician's Profile to the required designation requested by the applicant.

The second group of items on the page lists the Summary Information. Summary Information is divided into two main sections: **Primary Source Information** and **Applicant Provided Information**.

- **Primary Source Information:** Information retrieved from sources such as: Medical Schools, Post Graduate Medical Institutions, Fifth Pathway Institutions, ECFMG, NBME, State Medical Boards, or the Federation's Board Action Databank.
- **Applicant Provided Information:** Information obtained directly from the physician.

Each Section is divided into sub-sections and includes a Status of either **Complete/Received, Not Received/Incomplete,** or **N/A.**

- **Complete/Received:** FCVS received all necessary information to complete the section.
- **Not Received/Incomplete:** FCVS did not receive all necessary information/have not yet data entered items to complete the section at the time of login.
- **N/A:** Not applicable.

Primary Source Provided Information is divided into 6 sections: **Medical Education, Post Graduate Medical Education, Confirmation of ECFMG Certification, Exam Transcript(s), Fifth Pathway** and **FSMB's Board Action Report.**

- **Medical Education:** Lists the medical school(s) of attendance. Subset items underneath are Board requirements for verification of medical education. Each medical school is listed separately in the spread with subset items appearing underneath their respective headings.
- **Post Graduate Medical Education:** Lists the Post Graduate Institution(s) o attendance. Subset items underneath are Board requirements for verificatior of Post Graduate Training. Each Post Graduate Institution is listed separatel in the spread with subset items appearing underneath their respective headings.
- **Confirmation of ECFMG Certification:** Applicable to Foreign graduates.
- **Exam Transcripts:** Transcript information for Licensure-qualifying examinations taken by applicant.
- **Fifth Pathway:** If applicable, subset items will appear listing Board requirements for verification of Fifth Pathway training program.
- **FSMB's Board Action Report:** Report of results from query of the Federation's Board Action Databank. This report is ordered at the last step

of the verification process.

Applicant Provided Information is divided into 8 sections: **Pre-Medical Education, Medical Education, Post Graduate Education, Exam History, Recipient Designation Form, Certified Documents** and **Affidavit and Release of Applicant.**

- **Pre-Medical Education:** Not verified by FCVS. Each reported Pre-Medical Education is listed separately in the spread with subset items appearing underneath their respective headings.
- **Post Graduate Medical Education:** Lists the Post Graduate Institution(s) o attendance. Subset items underneath are Board requirements for verificatior of Post Graduate Training. Each Post Graduate Institution is listed separatel in the spread with subset items appearing underneath their respective headings.
- **Medical Education:** Lists the medical school(s) of attendance as reported by the applicant. Subset items underneath listed as on FCVS application. Each medical school is listed separately in the spread with subset items appearing underneath their respective headings.
- **Post Graduate Education:** Lists the Post Graduate Institution(s) of attendance as reported by the applicant. Subset items underneath listed as on FCVS application. Each Post Graduate Institution is listed separately in the spread with subset items appearing underneath their respective headings.
- **Exam History:** Information pertaining to licensure-qualifying examinations taken by the applicant.
- **Recipient Designation Form:** Once the verification process has been completed by FCVS, the Physician's Profile is sent to entity as listed on form by applicant.
- **Certified Documents:** Identity documents asrequired by FCVS for purpose of verification.
- **Affidavit and Release of Applicant:** Form signed by applicant and Notarized which gives FCVS the authority to request and retrieve informatio from sources named by applicant for verification purposes.

The bottom of the Summary screen includes two buttons or Links: **Enter New Packet** and **LogOut.**

- **Enter New Packet:** Navigates user back to Packet Entry Screen to allow entry of new packet information.
- **LogOut:** Navigates user back to Login screen and logs user out of Website.
- If a user is experiencing any technical difficulties or problems while Navigating through the website, selection of the **Technical Assistance** link will Navigate users to the Technical Assistance page. Here, users may type in description of problem, their corresponding contact information and submit this information by selecting the **Submit Question** button. This sends a corresponding e-mail to the online Technical customer assistance representatives. They will respond to you within 24 hours, Monday through Friday (excluding holidays) 8 AM - 5 PM, CST.

If upon Login, the user has forgotten their password, selection of the **Forgot Password** link will Navigate users to an information page. This prompts users to submit their e-mail address and select the **Send** button. A corresponding e-mail will be sent to the online Technical customer assistance representatives.

To Navigate to the Federation of State Medical Board's main website, select the Link **FSMB's Home Page** located at the top, right-hand corner of the login page.

v2.0.1.0

• Contact Us

Uniform Application for Credentialing

Prepared For: Uma M. Subramanian

ATTACHMENT #5

Instructions

nclosed is a copy of a New Hampshire Uniform Application for Professional Membership and/or Clinical Privileges. The rocess below will save you time and duplication if utilized properly.

lease scan this document for any missing items, which will be highlighted in **red**. Press the "Print" button in your web rowser to print this form. Once your application is printed, follow the instructions below to complete the application rocess.

lease mark the following checklist to ensure that all items are enclosed:

- ☐ Copies of Certifications for Specialties. (Section VII of UAC Application)
- ☐ Copies of all current license(s) held. (Section IX of UAC Application)
- ☐ Copies of all current Federal DEA Registration(s)/State Certificate(s). (Section X of UAC Application)
- ☐ A current copy of your Curriculum Vitae. (Section XI of UAC Application)

Please Complete the Following:

y signing below, you certify that statements, answers and supporting documents were supplied by you for this pplication and that they are true and complete to the best of your knowledge and belief:

Signature of Applicant

11/27/20C
Date

Name: Subramanian (Last) | Suffix | Uma (First) | M. (Middle) | MD (Degree)

Male: ____ **Female:** X **DOB:** 01/25/1968 **SSN:** 102-60-1217

Are you a U.S. Citizen? **Yes** X **No** ____ **Birthplace:** Syracuse, NY

Foreign Languages Spoken: ____

II. Home Address

Address: 6323 Lee Highway **Phone:** (555) 555-1212

City/State/ZIP: Arlington, VA 22205 **E-Mail:** ____

III. Primary Office/Anticipated Office Location

Practice/Corporation Name: Hospitalist Program

Address: One Elliot Way

City/State/ZIP: Manchester, NH 03103

Phone: (603) 663-2271 **FAX:** (603) 663-2273 **E-Mail:** ____

Type of Practice: **Solo** ____ **Group** X **Clinic** ____ **Other:** ____

Administrative Contact Person: MURIEL MONTMINY

Names of Associates in Practice: ____

IV. Other Office Locations

None

V. Covering Providers

Name: Dr. Anita Ritenour

Practice Name: Hospitalist Program

Address: One Elliot Way

City/State/ZIP: Manchester, NH 03103

Phone: (603) 663-2271 **FAX:** ____

VI. Professional Education Experience

Undergraduate School: University of USA

City/State/ZIP: Manchester, NH 03103

Phone: (603) 555-5555 **FAX:**

International Address: University of France
Rue 1012
Paris, France
(315) 470-6500 X 6657

From: 08/01/1987 **To:** 05/01/1989 **Degree:** BS

Medical or Professional School: SUNY Upstate Medical University @ Syracuse

Address: 766 Irving Ave., Rm 1257

City/State/ZIP: Syracuse, NY 13210

Phone: (315) 464-9720 **FAX:** (315) 464-8822

From: 08/01/1990 **To:** 05/15/1994

Degree: MD **Program Completed?** **Yes** X **No**

International Medical Graduate? **Yes** **No** X **ECFMG No:** **Year Issued:** 0

Internships, Residencies, Fellowships & Postgraduate Training:

Type: Internship/Residency

Program Type: Combined Internal Med and Pediatrics Program

Institution: Columbus Children's Hospital

Affiliated Institution:

Address: 700 Childrens Way

City/State/ZIP: Columbus, OH 43205

Phone: (614) 722-0417 **FAX:**

Program Director Name: Dr. Scott Holliday

From: 07/01/1994 **To:** 06/30/1998 **Program Completed?** **Yes** X **No**

VII. Specialties Practiced/Board Certifications/Other Organization(s)

Specialty: Internal Medicine **Board:** (ABMS) Internal Medicine **Certified?** **Yes** X **No**

Certifying Organization: American Board of Internal Medicine

Certification Date: 08/26/1998 **Expiration Date:** 12/31/2008 **Recertification Date:** 12/31/2008

SubSpecialty1: Pediatrics **Board:** **Certified?** **Yes** X **No**

Certification Date: 10/28/1998 **Expiration Date:** 12/31/2012 **Recertification Date:** 12/31/2012

VIII a. Institutional/Hospital Affiliations

Institution: Mercy Medical Center

Address: 1320 Mercy Drive., NW

City/State/ZIP: Canton, OH 44708

Phone: (330)489-1182 **FAX:** (330) 430-6958

Staff Category: Locum Assignment **Department:** Urgent Care

Does this include admitting privileges? **Yes** __ **No** X

If you do not have admitting privileges, please provide a detailed description of what your arrangements are for hospital admission and inpatient coverage of your patients: Attending admitted for Locum

Dates Of Appointment: **From:** 09/01/1998 **To:** 10/01/1998

If no longer affiliated, give reason: Locum assignment

Department chair/direct clinical supervisor:

Institution: Providence Everett Medical Center

Address: 1321 Colby Ave

City/State/ZIP: Everett, WA 98206

Phone: (425) 261-3092 **FAX:** (425) 261-3095

Staff Category: Active **Department:** IM/Peds

Does this include admitting privileges? **Yes** X **No** __

Dates Of Appointment: **From:** 09/01/1999 **To:** 05/30/2003

If no longer affiliated, give reason: Resigned - relocated to VA

Department chair/direct clinical supervisor: not given

Institution: Buchanan General Hospital

Address: Route 5

City/State/ZIP: Grundy, VA 24614

Phone: (276)935-1249 **FAX:** (276) 935-1354

Staff Category: Temporary **Department:** Internal Medicine

Does this include admitting privileges? **Yes** X **No** __

Dates Of Appointment: **From:** 02/01/2004 **To:** 04/01/2004

Department chair/direct clinical supervisor: n/a

Institution: Loudoun Hospital

Address: 44045 Riverside Parkway

City/State/ZIP: Leesburg, VA 20176

Phone: (703) 858-6621 **FAX:** (703) 858-6611

Staff Category: Provisional/Active **Department:** Pediatric Medicine

Does this include admitting privileges? **Yes** X **No** __

Dates Of Appointment: **From:** 04/01/2005 **To:** 12/01/2006

If no longer affiliated, give reason: Relocating to NH

Department chair/direct clinical supervisor: Dr. Schrankel

VIII b. Work History

Practice/Employer Name: Mercy Medical Center / Statcare

Address: 125 Canton Road

City/State/ZIP: Carrollton, OH 44615

Phone: (330) 627-7641 **FAX:** (330) 863-2756

Department: Urgent Care **Department Director/Supervisor:** n/a

Dates Of Appointment: **From:** 07/01/1998 **To:** 10/01/1998

If no longer employed, give reason: Locum assignment

Practice/Employer Name: Medalia Medical Group (known now as Providence Physician Group Marysville)

Address: 11603 State Avenue, Suite G

City/State/ZIP: Marysville, WA 98271

Phone: (360) 658-6800 **FAX:** (360) 658-6819

Department: IM/Peds **Department Director/Supervisor:** Dr. Albert Labib

Dates Of Appointment: **From:** 09/01/1999 **To:** 05/30/2003

If no longer employed, give reason: Resigned and relocated to VA for new position

---

Practice/Employer Name: Providence Everett Medical Center

Address: 1321 Colby Avenue, P. O. Box 1147

City/State/ZIP: Everett, WA 98206

Phone: (425) 261-3092 **FAX:** (425) 261-3095

Dates Of Appointment: **From:** 09/01/1999 **To:** 05/30/2003

If no longer employed, give reason: Relocated to VA

Practice/Employer Name: Slate Creek Family Physicians

Address: BGH Prof. Bldg, Suite 105

City/State/ZIP: Grandy, VA 24614

Phone: (276)935-1382 **FAX:** (276)935-1383

Department: Locum **Department Director/Supervisor:** n/a

Dates Of Appointment: **From:** 02/01/2004 **To:** 04/01/2004

If no longer employed, give reason: Locum assignment

Practice/Employer Name: Ashburn Sterling Internal Medicine & Pediatrics

Address: 19415 Deerfield Ave, Suite 213

City/State/ZIP: Lansdowne, VA 20176

Phone: (703) 729-9220 **FAX:**

Department: IM/Peds **Department Director/Supervisor:** Dr. Tarez Abedin

Dates Of Appointment: **From:** 08/01/2004 **To:** 11/27/2006

If no longer employed, give reason:

VIII c. Work History Gap(s)

Any time periods or gaps since graduation from professional school of greater than 1 month which are not explained in the application thus far, must be addressed here. If the application is found to have any unexplained time periods or gaps, the application may not be processed and may be returned to the applicant as incomplete. Please explain any such gaps in the space provided below.

From: 10/1/98 **To:** 9/1/99 **Explanation:** Home in NY - cared for severly ill father.

From: 5/30/03 **To:** 2/1/04 **Explanation:** Time off for marriage and cross-country travel to VA and waited for licensing requirements.

From: 4/1/04 **To:** 8/1/04 **Explanation:** Time off for move and travel to new home.

IX. License Information

License Number	License Type	State	Date Issued	Expiration Date	Status
0101235972	MD	VA	01/29/2004	01/31/2008	**Active** X **Inactive**

X. Federal DEA and controlled substance registration

Federal DEA Registration(s) Held:

Federal DEA #: BS3005211 Expiration Date: 02/28/2007

State Controlled Substance Certificate Number(s):

None

UPIN and NPI Number(s):

UPIN #: G99503 **NPI #:**

XII. References

Name: Hiwot Desta, MD **Relationship:** Colleague

Practice Name: Colon, Stomach & Liver Center

Address: 19955 Deerfield Avenue

City/State/ZIP: Lansdowne, VA 20176

Phone: (703) 723-3670 **FAX:** (703) 723-8336 **E-Mail:**

Name: Ramandeer Dulai, MD **Relationship:** Colleague

Practice Name: Lansdowne OB-GYN

Address: 19455 Deerfield Avenue

City/State/ZIP: Lansdowne, VA 20176

Phone: (703) 724-9950 **FAX:** **E-Mail:**

Name: Michael Andreoni, MD **Relationship:** Colleague

Practice Name: Providence Physician Group Marysville

Address: 11603 State Ave

City/State/ZIP: Marysville, WA 98271

Phone: (444) 444-4444 **FAX:** **E-Mail:**

Carrier Name: The Medical Protective Company

Address: 5814 Reed Road

City/State/ZIP: Fort Wayne, IN 46835

Policy #: G00161 **Date Of Coverage:** **From:** 01/01/2004 **To:** 01/01/2005

Coverage Amounts Per Occurrence: $ $1,000,000.00 **Aggregate:** $ $3,000,000.00

Class of Coverage: **Type Of Policy:** **Claims Made** __ **Occurrence** X

Carrier Name: Medical Mutual of North Carolina

Address: 2909 Polo Parkway

City/State/ZIP: Midlothian, VA 23113

Policy #: PS111248 **Date Of Coverage:** **From:** 08/01/2004 **To:** 10/14/2006

Coverage Amounts Per Occurrence: $ $2,000,000.00 **Aggregate:** $ $4,000,000.00

Class of Coverage: **Type Of Policy:** **Claims Made** __ **Occurrence** X

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1)	Has your professional liability insurance coverage ever been terminated by action of the insurance company?	**Yes** __	**No** __
2)	Have you ever been denied professional liability coverage or been rated up?	**Yes** __	**No** __
3)	Has your present professional liability insurance carrier excluded any specific procedures from your coverage?	**Yes** __	**No** __
4)	Have any professional liability claims or suits ever been filed involving you?	**Yes** __	**No** __
5)	Have any professional liability claims or suits ever been filed involving you which are presently pending?	**Yes** __	**No** __
6)	Have any judgments or settlements ever been made involving you in professional liability cases?	**Yes** __	**No** __

XIV. Required Information

1)	Have there ever been any disciplinary actions or investigations initiated and/or closed or are there any pending against you by any state licensure board, healthcare facility or health plan?	**Yes** __	**No** X
2)	Have you ever withdrawn your application for appointment, reappointment or clinical privileges or resigned voluntarily before a decision was made by the governing body of any healthcare facility or health plan?	**Yes** __	**No** X
3)	Have you ever been placed on probation, disciplined, formally reprimanded, suspended or been asked to resign during a professional educational program or is any such action or challenge currently pending?	**Yes** __	**No** X

as a student or employee in any professional educational program? Yes ___ No X

5) Have you ever been suspended, sanctioned or otherwise restricted from participating in any private insurance entity, or federal or state health insurance program (i.e., Medicare, Medicaid)? Yes ___ No X

6) Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal or state health insurance program? Yes ___ No X

7) Have you ever been denied membership or renewal thereof, including but not limited to having been the subject of disciplinary proceedings, reprimands or sanctions in any professional organization, healthcare facility or health plan? Yes ___ No X

8) Have any of your professional license(s) ever been relinquished, denied, restricted, limited, surrendered, suspended, revoked or not renewed, or otherwise disciplined either voluntarily or involuntarily or is any action or challenge currently pending? Yes X No ___

Explanation: I chose not to renew licenses in OH and WA upon moving out of state.

9) Have any of your professional certifications or registrations ever been relinquished, denied, restricted, limited, surrendered, suspended, revoked or not renewed, or otherwise disciplined either voluntarily or involuntarily or is any action or challenge currently pending? Yes ___ No X

10) Has your federal and/or state narcotics registration certificate(s) ever been relinquished, denied restricted, limited, suspended, surrendered, revoked or not renewed, or otherwise disciplined either voluntarily or involuntarily or is any action or challenge currently pending? Yes ___ No X

11) Has your professional staff appointment at any healthcare facility or health plan ever been relinquished, denied, restricted, limited, suspended, surrendered, revoked or not renewed, either voluntarily or involuntarily or is any action or challenge currently pending? Yes X No ___

Explanation: Voluntarily resigned from hospital affiliations in WA and VA upon relocating

12) Have your clinical privileges at any healthcare facility or health plan ever been relinquished, denied restricted, limited, suspended, surrendered, revoked or not renewed, eiher voluntarily or involuntarily or is any action or challenge currently pending? Yes ___ No X

13) Have you ever been convicted of, pled guilty, pled nolo contendere or been named as a defendant in a felony or in a criminal proceeding including driving while under the influence or driving while suspended, but not including traffic offenses not classified as misdemeanors? Yes ___ No X

XV. Health Status

Are you physically and mentally able to perform all the essential functions or services necessary to exercise the privileges or services applied for either with or without a reasonable accommodation? Yes X No ___

Group Practice Name: _____ **Start Date:** 11/27/2006

Billing/Payment Name: _____

Billing Address: _____

City/State/ZIP: , _____

Phone: _____ **FAX:** _____ **E-Mail:** _____

Federal Employer Tax ID Number (EIN#): _____

UPIN #: _____ **Medicare #:** _____ **Medicaid #:** _____

1) Applicant appointment hours for patients at your primary office location:

Monday	**From:**	**To:**		**Friday**	**From:**	**To:**	
Tuesday	**From:**	**To:**		**Saturday**	**From:**	**To:**	
Wednesday	**From:**	**To:**		**Sunday**	**From:**	**To:**	
Thursday	**From:**	**To:**					

1a) Applicant appointment hours for patients at your alternate office location:

Monday	**From:**	**To:**		**Friday**	**From:**	**To:**	
Tuesday	**From:**	**To:**		**Saturday**	**From:**	**To:**	
Wednesday	**From:**	**To:**		**Sunday**	**From:**	**To:**	
Thursday	**From:**	**To:**					

2) **How are you requesting to be listed in the managed care directory?**

2a) **Do you perform deliveries?** **Yes** __ **No** X

2b) **What specialty and/or sub-specialty do you wish to be listed as:**

3) **Are you accepting new patients at your primary location?** **Yes** __ **No** X

4) **Are all of your office locations handicapped accessible?** **Yes** __ **No** X

4a) **List those that are not:** _____

5) **Do you practice exclusively in a hospital setting?** **Yes** __ **No** X

6) **List any special services you provide in the office setting:**

7) **Do you provide 24-hour coverage?** **Yes** __ **No** __

ADDITIONAL HEALTH STATUS - Required information. No response may cause processing delays and require follow-up.

1) **Are you presently engaged in illegal drug use?** **Yes** __ **No** X

ATTACHMENT #6

New Hampshire Hospital Association

SENATE COMMERCE COMMITTEE

May 1, 2007

HB 636-FN, relative to physician credentialing under the managed care law

Testimony

Good morning, Mr. Chairman and members of the committee. My name is Leslie Melby, and I am the Vice President for State Government Relations of the New Hampshire Hospital Association, representing the state's 32 community hospitals and specialty hospitals.

The Hospital Association supports HB 636, and we ask that you consider the proposed amendment which further improves the bill.

The purpose of HB 636 is to streamline the process by which healthcare practitioners are "credentialed" by each health carrier. More specifically, the sooner the provider can be credentialed, the sooner s/he can see patients who are members of each health plan. Thus, the bill requires the carriers to make their determinations within 30 days for primary care providers and 45 days for specialty providers.

Just as important is the issue of payment for certain limited services provided while awaiting approval by the health carrier. There are two instances in which the yet-to-be credentialed practitioner needs to be paid:

1. The provider has already been through the rigor of meeting the State's licensure requirements, as well as the hospital's credentialing and privileging requirements. At this point, the physician is practicing in a group, and provides on-call coverage within the practice. While on-call, the physician sees a patient covered by the health plan – the same plan that has already received a clean and complete application for credentialing. Under current law, the physician is prohibited from seeing this patient.

2. The provider has already been credentialed by the same health plan in another state, or is already in the carrier's New Hampshire network, but has moved to another practice. Technically, the provider is already credentialed, but any measures the plan needs to take should in no way prevent the physician from receiving payment for services rendered.

125 Airport Road ❑ Concord, NH 03301-7300 ❑ 603.225.0900 ❑ Fax: 603.225.4346 ❑ http://www.nhha.org

The NH Hospital Association, the NH Medical Society and several health plans have recently worked together to fine tune the bill. The proposed amendment before you adds a new section (420-J:8-c) to specify the conditions under which payment will be made. At the request of the health plans, we added a new section (i) under J:4 to state that if the applicant is denied by the carrier, his/her rights under J:8-c will be terminated.

Other housekeeping changes include clarifying that the credentialing application is "clean and complete", and that the license is "valid."

I urge you to pass HB 636 with the proposed changes before you.

Thank you.

Speakers

SENATE COMMERCE, LABOR AND CONSUMER PROTECTION COMMITTEE

Date: May 1, 2007 **Time**: 11:05 am **Public Hearing on** HB 636-FN

HB 636-FN - relative to physician credentialing under the managed care law.

Please check box(es) that apply:

SPEAKING	FAVOR	OPPOSED	NAME (Please print)	REPRESENTING/TELEPHONE
☐	☐	☒	Liz Murphy	Cigna
☒	☒	☐	Janet Monahan	NH Medical Society
☒	☒	☐	Leslie Melby	NH Hospital Association
☒	☒	☐	Rep Cindy Rosenwald	Hills 22
☐	☒	☐	Rep. Sharon Nordgren	Grafton 9
☐	☐	☐		
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#2

SENATE COMMERCE, LABOR AND CONSUMER PROTECTION COMMITTEE

Date: May 1, 2007 **Time**: 11:05 am **Public Hearing on** HB 636-FN

HB 636-FN - relative to physician credentialing under the managed care law.

Please check box(es) that apply:

SPEAKING	FAVOR	OPPOSED	NAME (Please print)	REPRESENTING/TELEPHONE
☒	☐	☒ (As Amended)	PAULA ROGERS	AHLP
☐	☐	☐		
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Voting Sheets

Senate Commerce, Labor and Consumer Protection Committee

EXECUTIVE SESSION

Bill HB # 636-FN

Hearing date: May 1, 2007 Room: LOB - Room 102

Executive session date: May 3, 2007

Motion of OTP/A VOTE: 6-0

Made by Senator:			*Seconded by Senator:*		
	Gottesman	☐		Gottesman	☐
	Devries	☐		Devries	☐
	Reynolds	☑		Reynolds	☐
	Cilley	☐		Cilley	☑
	Barnes	☐		Barnes	☐
	Roberge	☐		Roberge	☐

Committee Member	*Present*	*Vote*	*Reported out by*
Senator Gottesman, Chairman	☑	Y	
Senator Devries, Vice-Chair	☑	Y	
Senator Reynolds	☑	Y	
Senator Cilley	☑	Y	✓
Senator Barnes	☑	Y	
Senator Roberge	☑	Y	

*Amendments: 1454(s)

NOTES:

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: May 3, 2007

THE COMMITTEE ON Commerce, Labor and Consumer Protection

to which was referred House Bill 636-FN

AN ACT relative to physician credentialing under the managed care law.

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 6-0

AMENDMENT # 1454s

Senator Jacalyn L. Cilley
For the Committee

Deb Chroniak 271-8631

HB636 Docket

Next|Prev|Results List|Main|Bill Status

Bill Title: relative to physician credentialing under the managed care law.

Date	Body	Description
1/4/2007	H	Introduced and ref to Commerce; HJ 14, pg.217
3/1/2007	H	Public Hearing: 3/15/2007 1:15 PM LOB 302
3/14/2007	H	Executive Session: 3/20/07 10:00 AM LOB 302
3/20/2007	H	Committee Report: Ought to Pass with Amendment {0798h} for March 27 (vote 16-1; CC); HC 23, pg.646
3/20/2007	H	Proposed Committee Amendment: #0798h; HC 22, pg.575-576
3/27/2007	H	Amendment {0798h} Adopted, VV; HJ 30, pg.959-960
3/27/2007	H	Ought to Pass with Amendment #0798h: MA VV; HJ 30, pg.959-960
4/12/2007	S	Introduced and Referred to Commerce, Labor and Consumer Protection; SJ 12, Pg.300
4/23/2007	S	Hearing; May 1, 2007, Room 102, LOB, 11:05 a.m.; SC18
5/3/2007	S	Committee Report; Ought to Pass with Amendment{1454} [05/10/07]; SC19, Pg.12-13
5/10/2007	S	Committee Amendment{1454}, AA, VV; SJ 16, Pg.341-342
5/10/2007	S	Ought to Pass with Amendment{1454}, MA, VV; OT3rdg; SJ 16, Pg.342
5/10/2007	S	Passed by Third Reading Resolution; SJ 16, Pg.366
5/16/2007	H	House Concurs with Senate AM #1454s, Rep Reardon, MA VV; HJ 41, pg.1436
5/31/2007	S	Enrolled; SJ 19, Pg.483
5/31/2007	H	Enrolled; HJ 45, pg.1642
6/12/2007	H	Signed by the Governor on 06/11/07; Eff. Date 08/10/07; Chapter 0098

Next|Prev|Results List|Main|Bill Status

Docket Abbreviations

Other Referrals

COMMITTEE REPORT FILE INVENTORY

HB636-FN ORIGINAL REFERRAL _____ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED BY THE COMMITTEE SECRETARY AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMMITTEE SECRETARY WILL CONFIRM ALL ENTRIES CHECKED AND SIGN THIS INVENTORY.
5. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

✓ **DOCKET (Submit only the latest docket found in Bill Status)**

✓ **COMMITTEE REPORT (For calendar and floor)**

✓ **HEARING REPORT (Written summary of hearing testimony, if produced)**

✓ **HEARING TRANSCRIPT (Verbatim transcript of hearing)**
List attachments (testimony and submissions which are part of the transcript) by number [1 thru 4 or 1, 2, 3, 4] here: _____

✓ **SIGN-UP SHEET**

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:
✓ - AMENDMENT # 1454(s) ____ - AMENDMENT # _____
____ - AMENDMENT # _____ ____ - AMENDMENT # _____

ALL AVAILABLE VERSIONS OF THE BILL:
✓ AS INTRODUCED ✓ AS AMENDED BY THE HOUSE
____ FINAL VERSION ____ AS AMENDED BY THE SENATE

____ **PREPARED TESTIMONY AND OTHER SUBMISSIONS (Which are not part of the transcript)**
List by letter [a thru g or a, b, c, d] here: _____

✓ **EXECUTIVE SESSION REPORT**

____ **OTHER (Anything else deemed important but not listed above):**

IF YOU HAVE A RE-REFERRED BILL, YOU ARE GOING TO MAKE UP A NEW FILE FOLDER WITH THE CHAIRMAN'S COPY OF THE BILL AND THE LATEST DOCKET AND KEEP THOSE FILES IN YOUR OFFICE. PLEASE KEEP YOUR MASTER SHEET CURRENT AS YOU CLOSE OUT YOUR FILES AND PROVIDE THE SECRETARIAL SUPERVISOR WITH A COPY WHEN COMPLETED.

DATE DELIVERED TO SENATE CLERK 9-13-07 _____
COMMITTEE SECRETARY

SENCLK 09/04 (REV 5)