

304.17A-576 Notice by managed care plan insurer of health care provider's application for credentialing -- Payments to applicant.

- (1) An insurer issuing a managed care plan shall notify an applicant of its determination regarding a properly submitted application for credentialing within ninety (90) days of receipt of an application containing all information required by the most recent version of the Council for Affordable Healthcare (CAQH) credentialing form. Nothing in this section shall prevent an insurer from requiring information beyond that contained in the credentialing form to make a determination regarding the application.
- (2) The ninety (90) day requirement set forth in subsection (1) of this section shall not apply if the failure to notify is due to or results from, in whole or in part, acts or events beyond the control of the insurer issuing a managed care plan, including but not limited to acts of God, natural disasters, epidemics, strikes or other labor disruptions, war, civil disturbances, riots, or complete or partial disruptions of facilities.
- (3) Following credentialing, the applicant and, upon the applicant's signing of a contract with the managed care plan, the insurer shall make payments to the applicant for services rendered during the credentialing process in accordance with procedures for reimbursement for participating providers.
- (4) An applicant for which an application for credentialing is denied shall be reimbursed, if the enrollee is enrolled in a plan which provides for out-of-network benefits, by the insurer issuing a managed care plan in accordance with procedures for reimbursement to nonparticipating providers.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 169, sec. 2, effective July 15, 2008.