

PROVIDER REVIEW PROCESSES, AND, IN CONNECTION THEREWITH, REQUIRING CREDENTIALING, QUALITY, AND SERVICE REVIEW AND PERFORMANCE INITIATIVE PROGRAMS TO BE TRANSPARENT, INCLUDE OBJECTIVE AND STANDARDIZED CRITERIA THAT ARE APPLIED CONSISTENTLY, AND PROVIDE MINIMUM DUE PROCESS TO PROVIDERS.

Summary of Legislation

This bill creates the Provider Review and Disclosure Act for workers' compensation insurers and health care providers. It specifies minimum standards for insurer performance initiatives that measure a provider's care. For credentialing, quality, and service reviews, the bill requires that insurers perform these consistently and based on objective criteria. Insurers must give written notice to a provider at least 45 days before publicly disclosing the result of a performance initiative, or before acting on the result of a review. If a provider appeals a result, an insurer is required to disclose the data and the process used to arrive at the provider's individual result. The provider has an opportunity to submit or have considered corrected data or other relevant information. A violation is considered an unfair or deceptive act or practice and may be enforced in a civil action against an insurer. The bill is effective July 1, 2010, and applies to performance initiatives and reviews conducted on or after that date.

Assessment

SB10-178 is assessed at no fiscal impact. It concerns the contractual relationships between workers' compensation insurers and health care providers. Other than the possibility that a provider could seek a remedy in state court, it does not involve any state agency.

Departments Contacted

Labor and Employment Judicial