



DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 08-13:
New Standard Form for Establishing Provider Credentials
ISSUED December 1, 2008

To: All Health Maintenance Organizations (HMOs)
From: Molly White, Manager, Managed Care Section
Re: New Standard Form for Establishing Provider Credentials

The Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) has amended 20 CSR 400-7.180, Standard Form To Establish Credentials. A new credentialing form, Form UCDS, will be adopted with an effective date of January 30, 2009.

Rescinded and Inoperative

The Managed Care Section understands and acknowledges the complexity of the transition process and expects all HMOs to be consistent, non-discriminatory and mindful of any potentially negative financial impact to members or providers while transitioning to the new form. HMOs are expected to engage in reasonable compliance efforts showing evidence that the HMO is shifting to the new credentialing form in a manner consistent with the HMO's normal recredentialing process.

Examples of activities the section shall consider reasonable include:

- Allowing all current participating providers in the network to continue their credentialing information on the old credentialing form last modified in February 2001, until the provider becomes due for normal recredentialing. It's the section's understanding that all HMOs are currently using a 3-year standard recredentialing cycle. Therefore, credentialing data for a current participating provider could persist on the old form for up to 3 years after the effective date of the new form;
- Instructing credentialing agents or delegates to allow all their current participating providers to continue their credentialing information on the old form until the provider becomes due for normal recredentialing;
- Maintaining all currently participating providers, when a provider is not otherwise due for recredentialing, in "normal" or "active" status. This means any status that would have the effect of assuring and maintaining timely claims payment to the provider, and which assures that the provider's services continue to be considered "in network" for purposes of determining members' financial responsibility, even if the provider has not yet filled out the new form.

The above examples are not "all inclusive", but provided as a means to clarify the section's position that unnecessary disruption must be avoided. The section will work to address any action that is deemed unreasonable. Any questions about the new form or about this bulletin should be directed to Molly White, Manager, Managed Care Section, at 573-526-4106 or molly.white@insurance.mo.gov.