

**Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

INTRODUCED

LLS NO. 26-0105.02 Chelsea Princell x4335

HOUSE BILL 26-1002

HOUSE SPONSORSHIP

Brown and Gilchrist,

SENATE SPONSORSHIP

Ball and Pelton B.,

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MEASURES TO INCREASE PATIENT ACCESS TO**
102 **BEHAVIORAL HEALTH PROVIDERS, AND, IN CONNECTION**
103 **THEREWITH, EFFORTS TO ENHANCE PROVIDER PARTICIPATION**
104 **IN HEALTH-CARE PROVIDER NETWORKS, REIMBURSEMENT OF**
105 **PRELICENSED PROVIDERS WHO PROVIDE MENTAL HEALTH**
106 **SERVICES UNDER THE SUPERVISION OF A LICENSED PROVIDER,**
107 **AND DECREASING THE CLINICAL HOURS REQUIRED TO BECOME**
108 **A LICENSED CLINICAL SOCIAL WORKER.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

<http://leg.colorado.gov>.)

If a health-care provider has not submitted a claim for a period of at least 6 months, the bill requires a commercial insurance carrier (carrier) to contact the provider to confirm the provider's participation in the carrier's provider network and to determine whether the provider is accepting new patients.

The bill includes mental health providers and substance use disorder providers as providers who may participate in a carrier's provider network and expedites the credentialing process for these providers.

The bill requires carriers to admit prelicensed providers into the carrier's network and to reimburse prelicensed providers for services rendered when provided under the supervision of a mental health provider or substance use disorder provider.

The bill requires a clinical social worker to complete 3,000 hours of post-master's supervised clinical practice over a period of between 2 and 5 years in order to be licensed.

The bill requires a managed care entity to contact providers enrolled in medicaid who have not submitted a claim for at least 6 months to confirm the provider's participation and to determine whether the provider is accepting new patients.

The bill expedites the medicaid enrollment process for mental health providers and substance use disorder providers who apply to participate in the medicaid program.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-704, **add**
3 (15.5) as follows:

4 **10-16-704. Network adequacy - required disclosures - balance**
5 **billing - rules - legislative declaration - definitions.**

6 (15.5) (a) A CARRIER SHALL CONFIRM THE NETWORK
7 PARTICIPATION OF A PROVIDER WHO HAS NOT SUBMITTED A CLAIM FOR A
8 PERIOD OF AT LEAST SIX MONTHS OR OTHERWISE COMMUNICATED WITH
9 THE CARRIER IN A MANNER EVIDENCING THE PROVIDER'S INTENT TO
10 CONTINUE PARTICIPATING IN THE CARRIER'S NETWORK AND FOR WHOM NO
11 CHANGE IN PROVIDER STATUS IS REPORTED BY A NONPROFIT

1 ORGANIZATION THAT MAINTAINS PROVIDER CREDENTIALING
2 INFORMATION.

3 (b) THE CARRIER SHALL CONTACT THE PROVIDER BY MAIL TO
4 CONFIRM THE PROVIDER'S INTENT TO CONTINUE PARTICIPATING IN THE
5 CARRIER'S PROVIDER NETWORK AND TO INQUIRE WHETHER THE PROVIDER
6 IS ACCEPTING NEW PATIENTS. THE CARRIER SHALL UPDATE ITS
7 DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER
8 CONTACTING THE PROVIDER.

9 (c) IF THE PROVIDER FAILS TO RESPOND TO A CARRIER'S INQUIRY
10 WITHIN THIRTY DAYS AFTER THE CARRIER CONTACTS OR ATTEMPTS TO
11 CONTACT THE PROVIDER, THE CARRIER SHALL MAIL A FOLLOW-UP REQUEST
12 TO THE PROVIDER BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. IF THE
13 PROVIDER FAILS TO RESPOND TO THE CARRIER'S FOLLOW-UP REQUEST
14 WITHIN THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE CARRIER MUST
15 REMOVE THE PROVIDER FROM ITS CARRIER PROVIDER NETWORK AND
16 UPDATE ITS DIRECTORIES, AS NECESSARY, WITHIN FIVE BUSINESS DAYS.

17 **SECTION 2.** In Colorado Revised Statutes, 10-16-705.7, **amend**
18 (1)(a), (1)(b), (1)(d), (1)(j), (2)(c), (3)(a), (5), (6) introductory portion,
19 (6)(b), (8)(a) introductory portion, (8)(a)(II), (8)(b), (8)(c), (9), (9.5), and
20 (10); and **add** (1)(g.5), (1)(g.9), (1)(h.2), (1)(i.5), (1)(k), and (9.7) as
21 follows:

22 **10-16-705.7. Timely credentialing of providers by carriers -**
23 **notice of receipt required - notice of incomplete applications required**
24 **- delegated credentialing agreements - discrepancies - denials of**
25 **claims prohibited - disclosures - recredentialing - enforcement - rules**
26 **- definitions.**

27 (1) As used in this section, unless the context otherwise requires:

1 (a) "Applicant" means a physician, MENTAL HEALTH PROVIDER, OR
2 SUBSTANCE USE DISORDER PROVIDER who submits an application to a
3 carrier to become a participating ~~physician~~ PROVIDER in the carrier's
4 PROVIDER network.

5 (b) "Application" means an applicant's application to become
6 credentialed by a carrier as a participating ~~physician~~ PROVIDER in at least
7 one of the carrier's provider networks.

8 (d) "Credentialing" or "credential" means the process by which a
9 carrier or its designee collects information concerning an applicant;
10 assesses whether the applicant satisfies the relevant licensing, education,
11 and training requirements to become a participating ~~physician~~ PROVIDER;
12 verifies the assessment; and approves or disapproves the applicant's
13 application.

14 (g.5) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH
15 ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR MENTAL
16 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245
17 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED
18 PURSUANT TO ARTICLE 245 OF TITLE 12.

19 (g.9) "PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE
20 USE DISORDER PROVIDER" MEANS A MENTAL HEALTH PROVIDER OR
21 SUBSTANCE USE DISORDER PROVIDER WHO IS CREDENTIALLED BY A CARRIER
22 OR ITS DESIGNEE TO PROVIDE HEALTH-CARE ITEMS OR SERVICES TO
23 COVERED PERSONS IN AT LEAST ONE OF THE CARRIER'S PROVIDER
24 NETWORKS.

25 (h.2) "PARTICIPATING PROVIDER" MEANS A PARTICIPATING
26 PHYSICIAN OR A PARTICIPATING MENTAL HEALTH PROVIDER OR
27 SUBSTANCE USE DISORDER PROVIDER.

1 (i.5) "PRELICENSED PROVIDER" MEANS A "REGISTRANT" AS
2 DEFINED IN SECTION 12-245-202.

3 (j) "Recredentialing" or "recredential" means the process by which
4 a carrier or its designee confirms that a participating ~~physician~~ PROVIDER
5 is in good standing and continues to satisfy the carrier's requirements for
6 participating ~~physicians~~ PROVIDERS.

7 (k) "SUBSTANCE USE DISORDER PROVIDER" MEANS A MENTAL
8 HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 THAT
9 SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS OR A MENTAL
10 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245
11 OF TITLE 12 WHO SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS,
12 EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO
13 ARTICLE 245 OF TITLE 12.

14 (2) (c) (I) FOR AN APPLICANT WHO IS A PHYSICIAN, if a carrier
15 receives a completed application but fails to provide the applicant a
16 receipt in written or electronic form within seven calendar days after
17 receiving the application, as required by subsection (2)(a) of this section,
18 the carrier shall consider the applicant a participating physician, effective
19 no later than fifty-three calendar days following the carrier's receipt of the
20 application.

21 (II) FOR AN APPLICANT WHO IS A MENTAL HEALTH PROVIDER OR
22 SUBSTANCE USE DISORDER PROVIDER, IF A CARRIER RECEIVES A
23 COMPLETED APPLICATION BUT FAILS TO PROVIDE THE APPLICANT A
24 RECEIPT IN WRITTEN OR ELECTRONIC FORM WITHIN SEVEN CALENDAR DAYS
25 AFTER RECEIVING THE APPLICATION, THE CARRIER MUST CONSIDER THE
26 APPLICANT A PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE
27 USE DISORDER PROVIDER, EFFECTIVE NO LATER THAN TWENTY-SIX

1 CALENDAR DAYS AFTER THE CARRIER'S RECEIPT OF THE APPLICATION.

2 (3) (a) (I) FOR AN APPLICANT WHO IS A PHYSICIAN, a carrier shall
3 conclude the process of credentialing ~~an~~ THE applicant within sixty
4 calendar days after the carrier receives the applicant's completed
5 application.

6 (II) FOR AN APPLICANT WHO IS A MENTAL HEALTH PROVIDER OR
7 SUBSTANCE USE DISORDER PROVIDER, A CARRIER SHALL CONCLUDE THE
8 PROCESS OF CREDENTIALING THE APPLICANT WITHIN THIRTY CALENDAR
9 DAYS AFTER THE CARRIER RECEIVES THE APPLICANT'S COMPLETED
10 APPLICATION.

11 (5) (a) FOR A PARTICIPATING PHYSICIAN, a carrier shall correct
12 discrepancies in its provider or network directory within thirty calendar
13 days after receiving a report of the discrepancy from ~~a~~ THE participating
14 physician. A participating physician shall notify a carrier of any change
15 in the physician's name, address, telephone number, business structure, or
16 tax identification number within fifteen business days after making the
17 change.

18 (b) FOR A PARTICIPATING MENTAL HEALTH PROVIDER OR
19 SUBSTANCE USE DISORDER PROVIDER, A CARRIER SHALL CORRECT
20 DISCREPANCIES IN ITS PROVIDER OR NETWORK DIRECTORY WITHIN FIVE
21 BUSINESS DAYS AFTER RECEIVING A REPORT OF THE DISCREPANCY FROM
22 THE PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE USE
23 DISORDER PROVIDER. A PARTICIPATING MENTAL HEALTH PROVIDER OR
24 SUBSTANCE USE DISORDER PROVIDER SHALL NOTIFY A CARRIER OF ANY
25 CHANGE IN THE PROVIDER'S NAME, ADDRESS, TELEPHONE NUMBER,
26 BUSINESS STRUCTURE, OR TAX IDENTIFICATION NUMBER WITHIN TEN
27 BUSINESS DAYS AFTER MAKING THE CHANGE.

1 (6) A carrier ~~may~~ SHALL not deny a claim for a medically
2 necessary covered service provided to a covered person if the service:

3 (b) Is provided by a participating ~~physician~~ PROVIDER who is in
4 the CARRIER'S provider network ~~for the carrier's health coverage plan~~ and
5 has concluded the carrier's credentialing process.

6 (8) (a) A carrier or its designee may recredential a participating
7 ~~physician~~ PROVIDER if ~~such~~ recredentialing is:

8 (II) Permitted by the carrier's contract with the participating
9 ~~physician~~ PROVIDER.

10 (b) A carrier shall not require a participating ~~physician~~ PROVIDER
11 to submit an application or participate in a contracting process in order to
12 be recredentialed.

13 (c) ~~Nothing in~~ This subsection (8) ~~affects~~ DOES NOT AFFECT the
14 contract termination rights of a carrier or a participating ~~physician~~
15 PROVIDER.

16 (9) Except as described in subsection (8) of this section and as
17 may be provided in a contract between a carrier and a participating
18 ~~physician~~ PROVIDER, a carrier shall allow a participating ~~physician~~
19 PROVIDER to remain credentialed and include the participating ~~physician~~
20 PROVIDER in the carrier's ~~health coverage plan~~ provider network unless
21 the carrier discovers information indicating that the participating
22 ~~physician~~ PROVIDER no longer satisfies the carrier's guidelines for
23 participation, in which case the carrier shall satisfy the requirements
24 described in section 10-16-705 (5) before terminating the participating
25 ~~physician's~~ PROVIDER'S participation in the CARRIER'S provider network.

26 (9.5) A carrier shall not refuse to credential an applicant or
27 terminate a participating ~~physician's~~ PROVIDER'S participation in a

1 CARRIER'S provider network based solely on the applicant's or
2 participating ~~physician's~~ PROVIDER'S provision of, or assistance in the
3 provision of, a legally protected health-care activity, as defined in section
4 12-30-121 (1)(d), in this state, so long as the care provided did not violate
5 Colorado law.

6 (9.7) (a) A CARRIER SHALL ADMIT INTO THE CARRIER'S PROVIDER
7 NETWORK A PRELICENSED PROVIDER THAT APPLIES FOR ADMISSION UNDER
8 THE SUPERVISION OF A PARTICIPATING MENTAL HEALTH PROVIDER OR
9 SUBSTANCE USE DISORDER PROVIDER AND MEETS REQUIREMENTS SET BY
10 THE DIVISION.

11 (b) (I) A CARRIER SHALL REIMBURSE A PRELICENSED PROVIDER
12 FOR PROVIDING MEDICALLY NECESSARY TREATMENT, AS DEFINED IN
13 SECTION 10-16-104, TO A COVERED PERSON UNDER THE SUPERVISION OF
14 A PARTICIPATING MENTAL HEALTH PROVIDER OR SUBSTANCE USE
15 DISORDER PROVIDER IN ACCORDANCE WITH THE TERMS OF COVERAGE
16 APPLICABLE TO THE PARTICIPATING MENTAL HEALTH PROVIDER OR
17 SUBSTANCE USE DISORDER PROVIDER UNDER A HEALTH BENEFIT PLAN.

18 (II) IF A HEALTH BENEFIT PLAN OFFERS OUT-OF-NETWORK
19 BENEFITS, THE CARRIER MUST REIMBURSE AN OUT-OF-NETWORK
20 PRELICENSED PROVIDER FOR MEDICALLY NECESSARY TREATMENT, AS
21 DEFINED IN SECTION 10-16-104, PROVIDED TO A COVERED PERSON UNDER
22 THE SUPERVISION OF A PARTICIPATING MENTAL HEALTH PROVIDER OR
23 SUBSTANCE USE DISORDER PROVIDER IN ACCORDANCE WITH THE TERMS OF
24 COVERAGE APPLICABLE TO NONPARTICIPATING PROVIDERS UNDER THE
25 HEALTH BENEFIT PLAN.

26 (c) THE DIVISION SHALL SET REQUIREMENTS FOR A CARRIER TO
27 ADMIT A PRELICENSED PROVIDER INTO THE CARRIER'S PROVIDER NETWORK

1 AS DESCRIBED IN THIS SUBSECTION (9.7).

2 (10) The commissioner shall enforce this section and may
3 ~~promulgate such~~ ADOPT rules as ~~are~~ necessary for the implementation of
4 TO IMPLEMENT this section. Upon receiving more than one complaint
5 from an applicant or a participating ~~physician~~ PROVIDER alleging a
6 violation of this section by a carrier, the commissioner shall investigate
7 the complaints. A carrier that fails to comply with this section or with any
8 rules adopted pursuant to this section is subject to ~~such~~ civil penalties as
9 THAT the commissioner may order pursuant to section 10-1-310.

10 **SECTION 3.** In Colorado Revised Statutes, 12-245-404, **amend**
11 (2)(c); and **add** (2)(c.5) as follows:

12 **12-245-404. Qualifications - examination - licensure and**
13 **registration - rules.**

14 (2) The board shall license as a licensed clinical social worker a
15 person who files an application, in a form and manner required by the
16 board, submits the fee required by the board pursuant to section
17 12-245-205, and submits evidence satisfactory to the board that the
18 applicant:

19 (c) Has practiced social work for at least two years under the
20 virtual or in-person supervision of a licensed clinical social worker or
21 other person with equivalent experience as determined by the board,
22 which practice includes training and work experience in the area of
23 clinical social work practice; ~~and~~

24 (c.5) HAS COMPLETED THREE THOUSAND HOURS OF POST-MASTER'S
25 SUPERVISED CLINICAL PRACTICE OVER THE COURSE OF AT LEAST TWO
26 YEARS BUT NO MORE THAN FIVE YEARS; AND

27 **SECTION 4.** In Colorado Revised Statutes, **add** 25.5-4-436 as

1 follows:

2 **25.5-4-436. Confirmation of provider participation.**

3 (1) A MANAGED CARE ENTITY SHALL CONFIRM THE PARTICIPATION
4 OF A PROVIDER ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM
5 WHO HAS NOT SUBMITTED A CLAIM FOR A PERIOD OF AT LEAST SIX MONTHS
6 OR OTHERWISE COMMUNICATED WITH THE STATE DEPARTMENT IN A
7 MANNER EVIDENCING THE PROVIDER'S INTENT TO CONTINUE
8 PARTICIPATING IN THE STATE MEDICAL ASSISTANCE PROGRAM AND FOR
9 WHOM NO CHANGE IN PROVIDER STATUS IS REPORTED BY A NONPROFIT
10 ORGANIZATION THAT MAINTAINS PROVIDER CREDENTIALING
11 INFORMATION.

12 (2) TO CONFIRM PROVIDER PARTICIPATION, A MANAGED CARE
13 ENTITY SHALL CONTACT THE PROVIDER BY MAIL, CONFIRM THE PROVIDER'S
14 INTENT TO CONTINUE PARTICIPATING IN THE STATE MEDICAL ASSISTANCE
15 PROGRAM, AND INQUIRE WHETHER THE PROVIDER IS ACCEPTING NEW
16 PATIENTS. THE MANAGED CARE ENTITY SHALL UPDATE ITS DIRECTORIES,
17 AS NECESSARY, WITHIN FIVE BUSINESS DAYS AFTER CONTACTING THE
18 PROVIDER.

19 (3) IF THE PROVIDER FAILS TO RESPOND TO A MANAGED CARE
20 ENTITY WITHIN THIRTY DAYS AFTER THE MANAGED CARE ENTITY
21 CONTACTS OR ATTEMPTS TO CONTACT THE PROVIDER, THE MANAGED CARE
22 ENTITY SHALL MAIL A FOLLOW-UP REQUEST TO THE PROVIDER BY
23 CERTIFIED MAIL, RETURN RECEIPT REQUESTED. IF THE PROVIDER FAILS TO
24 RESPOND TO THE MANAGED CARE ENTITY'S FOLLOW-UP REQUEST WITHIN
25 THIRTY DAYS AFTER RECEIPT OF THE REQUEST, THE MANAGED CARE
26 ENTITY SHALL REMOVE THE PROVIDER FROM THE STATE MEDICAL
27 ASSISTANCE PROGRAM AND UPDATE ITS PROVIDER DIRECTORIES WITHIN

1 FIVE BUSINESS DAYS.

2 **SECTION 5.** In Colorado Revised Statutes, **add** 25.5-4-437 as
3 follows:

4 **25.5-4-437. Timely enrollment of mental health and substance**
5 **use disorder providers - definitions.**

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

8 (a) "APPLICANT" MEANS A PROVIDER WHO SUBMITS AN
9 APPLICATION TO THE STATE DEPARTMENT TO BECOME AN ENROLLED
10 MENTAL HEALTH PROVIDER OR SUBSTANCE USE DISORDER PROVIDER IN
11 THE STATE MEDICAL ASSISTANCE PROGRAM.

12 (b) "APPLICATION" MEANS AN APPLICANT'S APPLICATION TO
13 BECOME AN ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE
14 DISORDER PROVIDER IN THE STATE MEDICAL ASSISTANCE PROGRAM.

15 (c) "ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE
16 DISORDER PROVIDER" MEANS A MENTAL HEALTH PROVIDER OR SUBSTANCE
17 USE DISORDER PROVIDER WHO IS ENROLLED IN THE STATE MEDICAL
18 ASSISTANCE PROGRAM TO PROVIDE HEALTH-CARE ITEMS OR SERVICES TO
19 MEMBERS.

20 (d) "MENTAL HEALTH PROVIDER" MEANS A MENTAL HEALTH
21 ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 OR A MENTAL
22 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245
23 OF TITLE 12, EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED
24 PURSUANT TO ARTICLE 245 OF TITLE 12.

25 (e) "SUBSTANCE USE DISORDER PROVIDER" MEANS A MENTAL
26 HEALTH ENTITY LICENSED PURSUANT TO ARTICLE 1.5 OF TITLE 25 THAT
27 SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS OR A MENTAL

1 HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO ARTICLE 245
2 OF TITLE 12 WHO SPECIALIZES IN TREATING SUBSTANCE USE DISORDERS,
3 EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS REGULATED PURSUANT TO
4 ARTICLE 245 OF TITLE 12.

5 (2) (a) WITHIN SEVEN CALENDAR DAYS AFTER A MANAGED CARE
6 ENTITY RECEIVES AN APPLICATION, THE MANAGED CARE ENTITY SHALL
7 PROVIDE THE APPLICANT A RECEIPT IN WRITTEN OR ELECTRONIC FORM.

8 (b) UPON RECEIVING AN APPLICATION, THE MANAGED CARE ENTITY
9 SHALL PROMPTLY DETERMINE WHETHER THE APPLICATION IS COMPLETE.
10 IF THE MANAGED CARE ENTITY DETERMINES THAT THE APPLICATION IS
11 INCOMPLETE, THE MANAGED CARE ENTITY SHALL NOTIFY THE APPLICANT
12 IN WRITING OR BY ELECTRONIC MEANS WITHIN TEN CALENDAR DAYS AFTER
13 RECEIPT OF THE APPLICATION THAT THE APPLICATION IS INCOMPLETE. THE
14 NOTICE MUST DESCRIBE THE ITEMS THAT ARE REQUIRED TO COMPLETE THE
15 APPLICATION.

16 (c) IF THE MANAGED CARE ENTITY RECEIVES A COMPLETED
17 APPLICATION BUT FAILS TO PROVIDE THE APPLICANT A RECEIPT IN WRITTEN
18 OR ELECTRONIC FORM WITHIN SEVEN CALENDAR DAYS AFTER RECEIVING
19 THE APPLICATION, AS REQUIRED BY SUBSECTION (2)(a) OF THIS SECTION,
20 THE MANAGED CARE ENTITY SHALL CONSIDER THE APPLICANT AN
21 ENROLLED MENTAL HEALTH PROVIDER OR SUBSTANCE USE DISORDER
22 PROVIDER EFFECTIVE NO LATER THAN TWENTY-SIX CALENDAR DAYS AFTER
23 THE MANAGED CARE ENTITY'S RECEIPT OF THE APPLICATION.

24 (3) (a) A MANAGED CARE ENTITY SHALL CONCLUDE THE PROCESS
25 OF ENROLLING AN APPLICANT WITHIN THIRTY CALENDAR DAYS AFTER THE
26 MANAGED CARE ENTITY RECEIVES THE APPLICANT'S COMPLETED
27 APPLICATION.

1 (b) A MANAGED CARE ENTITY SHALL PROVIDE EACH APPLICANT
2 WRITTEN OR ELECTRONIC NOTICE OF THE OUTCOME OF THE APPLICANT'S
3 APPLICATION FOR ENROLLMENT WITHIN TEN CALENDAR DAYS AFTER THE
4 CONCLUSION OF THE ENROLLMENT PROCESS.

5 (c) AFTER CONCLUDING THE ENROLLMENT PROCESS FOR AN
6 APPLICANT AND MAKING A DETERMINATION REGARDING THE APPLICANT'S
7 ENROLLMENT, A MANAGED CARE ENTITY SHALL PROVIDE THE APPLICANT,
8 AT THE APPLICANT'S REQUEST AND AS ALLOWED BY LAW, ALL
9 NONPROPRIETARY INFORMATION PERTAINING TO THE APPLICATION AND TO
10 THE FINAL DECISION REGARDING THE APPLICATION.

11 (4) A MANAGED CARE ENTITY SHALL CORRECT DISCREPANCIES IN
12 ITS PROVIDER DIRECTORY WITHIN FIVE CALENDAR DAYS AFTER RECEIVING
13 A REPORT OF THE DISCREPANCY FROM AN ENROLLED MENTAL HEALTH
14 PROVIDER OR SUBSTANCE USE DISORDER PROVIDER. AN ENROLLED
15 MENTAL HEALTH PROVIDER OR SUBSTANCE USE DISORDER PROVIDER
16 SHALL NOTIFY THE MANAGED CARE ENTITY OF ANY CHANGE IN THE
17 PROVIDER'S NAME, ADDRESS, TELEPHONE NUMBER, BUSINESS STRUCTURE,
18 OR TAX IDENTIFICATION NUMBER WITHIN TEN BUSINESS DAYS AFTER
19 MAKING THE CHANGE.

20 **SECTION 6. Act subject to petition - effective date.** This act
21 takes effect at 12:01 a.m. on the day following the expiration of the
22 ninety-day period after final adjournment of the general assembly (August
23 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
24 referendum petition is filed pursuant to section 1 (3) of article V of the
25 state constitution against this act or an item, section, or part of this act
26 within such period, then the act, item, section, or part will not take effect
27 unless approved by the people at the general election to be held in

- 1 November 2026 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.