



DEPARTMENT OF

Professional &
Financial Regulation

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Insurance Emergency Response Order

Coronavirus Public Health Emergency

Supplemental Order Regarding Credentialing

By proclamation issued March 12, 2020, Governor Janet T. Mills declared that the anticipated impact of COVID-19 in this State has created a state of insurance emergency as defined in 24-A M.R.S. § 471. She has authorized and directed the Superintendent of Insurance, for the duration of that state of emergency, to exercise the emergency powers conferred by Sections 471 through 479 of the Insurance Code as necessary to protect the interests of health insurers, insureds, beneficiaries, or the public. Therefore, shortly after the Governor's proclamation and pursuant to 24-A M.R.S. § 478 and Bureau of Insurance Rule 765, Section 5, I ordered, effective immediately, certain emergency measures for all carriers offering health plans subject to the Maine Health Plan Improvement Act, as defined at 24-A M.R.S. § 4301-A(7). Today, I hereby order the following emergency measure until further notice, for all such carriers:

Credentialing: Health care organizations with multiple locations might operate under one corporate organizational structure, but health carriers might require providers to be separately credentialed at each location where they work. The effect is that the organizations cannot send their providers where they are most needed because of emergent conditions, such as those associated with the COVID-19 emergency, and submit payable claims to health carriers for their providers' services. Therefore, for the duration of this emergency, health carriers shall not refuse, because of lack of credentials, to pay claims submitted by providers credentialed within a health care organization but not at that health care organization's location where the service was provided or at a location not in that health care organization. A carrier may establish reasonable notice requirements if a provider is reassigned to a different location in the same or another health care organization. However, there must be a reconciliation process to ensure that claims submitted by or on behalf of credentialed providers will not be denied indefinitely on the ground that the provider's credential is not valid at the location where the service was provided.

March 19, 2020

Eric A. Cioppa
Superintendent of Insurance