OHIC Professional Provider Workgroup Brief July 2008

As part of its statutory obligation, the Office of the Health Insurance Commissioner (OHIC) convened a workgroup of practice administrators and insurers to address specific administrative concerns identified by the provider community. In addition, in late 2007 the OHIC chaired a Special Legislative Commission that studied the feasibility of primary care providers to jointly negotiate with health insurers. Below are summaries of the Workgroup activities from January 2006 to May 2008 and a summary of the work of the Special Commission on Joint Negotiation. Full reports are available online at http://www.ohic.ri.gov/improvingthesystem.php.

Provider fee schedule disclosure

ISSUE: Contracted professional providers have difficulty accessing fee schedule information for the codes for the services they provide.

RESOLUTION: Improved access to fee schedule information via web look up, phone and mail.

FOLLOWUP: All insurers now have fee information available on their websites. The Office will periodically audit to ensure all parties are meeting expectations.

Standardized provider credentialing application and verification process

ISSUE: Administrative complexity of various application forms for provider network credentialing and re-credentialing.

RESOLUTION: United and Blue Cross have adopted the use of the Council on Affordable Quality Healthcare (CAQH) on line application form. Neighborhood will continue to accept the CAQH application on paper until it can budget for online access.

FOLLOWUP: Provider community will hold training sessions on the CAQH form as needed.

Uniform health insurer claim form

ISSUE: Variation in insurer requirements for various fields in the standard CMS 1500 form.

RESOLUTION: Insurers are expected to communicate their specific claims submission requirements and overview of any claims editing logic to providers on a regular basis.

FOLLOWUP: The local insurers have agreed to keep the OHIC informed of any claims system changes. In addition, OHIC will monitor insurers under prompt processing regulations.

Plan provider dispute resolution process

ISSUE: Providers expressed dissatisfaction with the level of response they receive from insurers about their complaints and administrative appeals.

RESOLUTION: Insurers agreed to distribute appeals contact information throughout the provider community. OHIC created a grid with contact information and process detail for each carrier that is available on the OHIC website.

FOLLOWUP: The Office reviews the information to ensure it is current and complete.

Real-time patient information, including co-pays and deductibles

ISSUE: Deductible and eligibility information is not always up to date on the on line systems, thereby causing some frustration in the provider community.

RESOLUTION: Local insurers will continue to provide online look up capabilities for member information. Several national health insurance carriers are obtaining CORE certification. These operating rules will be a national standard and local insurers will need to follow suit.

Office of the Health Insurance Commissioner
1511 Pontiac Avenue • Building #69, First Floor • Cranston, RI 02920
401.462.9517 • 401.462.9645 fax • TTY: 711

FOLLOWUP: Rhode Island Medical Society will introduce legislation that would prohibit retroactive denial of eligibility if the provider confirmed the member was eligible at the time of service. The Office will monitor efforts of the local insurers to implement CORE standards.

Cost and quality transparency for consumers

ISSUE: In order for consumers to make informed decisions, health insurers need to make provider cost and quality information available and accessible to consumers via their web sites.

RESOLUTION: Both Blue Cross and United provide cost information for select procedures on their web sites. Both insurers will incorporate the RI DOH provider-specific quality data with reported cost data within 6 months of such data becoming available.

FOLLOWUP: Once DOH provider quality information is available, the insurers would be required to report at the provider level. The Office will reconvene the workgroup in 2008 to review adequacy of the information reported.

Temporary credentialing of providers

ISSUE: The timeframe between when the provider submits his/her application to a health insurer and when they are approved and are paid at an in-network rate.

RESOLUTION: Insurers are required to reimburse health care providers for covered services the first day following the credentialing committee's approval. Before being credentialed, most providers in group practices are able submit claims under a participating supervising physician arrangement (incident to billing) during the credentialing timeframe.

FOLLOWUP: The provider community needs education to accurately complete, update and maintain the mandated CAQH application. A subgroup will meet on how to assist in this regard.

Contract renegotiations between insurers and the providers

ISSUE: Providers do not like being in what they feel is a "take it or leave it" contracting position with insurers. Also, the physicians want to discuss administrative changes *in advance*.

RESOLUTION: RIMS to see what legislative recommendations could address the concerns about health plan material modifications to contracts and how they are communicated.

FOLLOWUP: Recommendations for regulatory or statutory changes, if any.

Impact of silent PPOs on physician practices

ISSUE: Silent PPOs are an administrative burden the provider's offices.

RESOLUTION: RIMS will look into statutes passed in other states on this issue and will evaluate introducing legislation in Rhode Island as appropriate.

FOLLOWUP: Recommendations for regulatory or statutory changes, if any.

Special Commission on the feasibility of primary care providers to jointly negotiate with health insurers

ISSUE: Primary care physicians believe they operate in a constrained business environment with unequal market power. They believe this inequality is one of the factors that has prevented the development of a robust primary care service delivery system for Rhode Island.

RESOLUTION: The Commission agreed not to recommend State Action exemption legislation. Other policy and legislative recommendations are detailed in the January 2008 report.

FOLLOWUP: The legislature will consider recommendations.

Questions or concerns with this brief should be directed to Pat Huschle or Matt Stark at the OHIC.