

OFFICE OF THE HEALTH INSURANCE COMMISSIONER
PROFESSIONAL PROVIDER HEALTH PLAN WORKGROUP
REAL TIME PATIENT INFORMATION

February 1, 2007

Statutory expectations §42-14.5-3

“To establish and provide guidance and assistance to a subcommittee (“The Professional Provider-Health Plan Work Group”) of the advisory council created pursuant to subsection (c) above, composed of health care providers and Rhode Island licensed Health Plans. This subcommittee shall develop a plan to implement the following activities:

(i) By January 1, 2006, a method whereby health plans shall disclose to contracted providers the fee schedules used to provide payment to those providers for services rendered to covered patients;

(ii) By April 1, 2006, a standardized provider application and credentials verification process, for the purpose of verifying professional qualifications of participating health care providers;

(iii) By September 1, 2006, a uniform health plan claim form to be utilized by participating providers;

(iv) By March 15, 2007 a report to the legislature on proposed methods for health maintenance organizations, non-profit hospital or medical service corporations to make facility specific data and other medical service-specific data available in reasonably consistent formats to patients regarding quality and costs. This information would help consumers make informed choices regarding the facilities and/or clinicians or physician practices at which to seek care. Among the items considered would be the unique health services and other public goods provided by facilities and/or clinician or physician practices in establishing the most appropriate cost comparisons.

(v) By December 1, 2006, contractual disclosure to participating providers of the mechanisms for resolving health plan/provider disputes; and

(vi) By February 1, 2007, a uniform process for confirming in real time patient insurance enrollment status, benefits coverage, including co-pays and deductibles.

Overview

The Professional Provider Health Plan Workgroup composition for this task was comprised of technical representatives of the three major Rhode Island Health Plans: United Healthcare of New England, Blue Cross & Blue Shield of Rhode Island and Neighborhood Health Plan of Rhode Island. The members for this initiative were: Ken Marrocco and Dennis Kelly- BCBSRI; Robin Regine-UnitedHealthcare; Sin Mei Ko-Neighborhood Health Plan of Rhode Island, Doug Henault and Paula Giocastro-EDS/Medicaid, Judy Wright-Rhode Island Quality Institute (RIQI).

Prior to convening the OHIC- Professional Provider Health Plan workgroup on this topic, the office met with Laura Adams and Judy Wright of the Rhode Island Quality Institute (RIQI) who are charged with establishing a statewide inter-operable health information data exchange. As a result of their work with physicians on system design, it was established that physicians expect that any integrated health information system in the future will allow the provider easy access to members' insurance data along with their clinical information. It was agreed that the Office would coordinate with RIQI on this initiative.

Discussion

The Workgroup met in June and August 2006. The goal of these meetings was to review the statute language and determine how to approach this task.

The group interpreted "real time" to be "on line web access with 100% up to date eligibility and benefit information". BCBSRI and United do provide on line look up capability that provides detail on member effective dates, co-payments, deductibles, benefit coverage and other insurance information. NHPRI does post the RIticare benefit summary on line for provider review, but does not have web based member information available.

The group acknowledged that due to the dynamic nature of claims payment and enrollment processes, deductible and eligibility information is not always up to date on the on line systems, thereby causing some frustration in the provider community. The Rhode Island Medical Society is introducing legislation this upcoming session that would prohibit this retroactive denial of eligibility if the provider confirmed the member was eligible at the time of service.

Although BCBSRI and United both have on line systems, how the data is requested and returned to the provider is not "uniform" as identified in this statute. In order to address uniformity, each plan completed a HIPAA data element guide providing detail on their data requirements for eligibility transactions. The intent was to identify discrepancies among the health plans to determine if standards for data exchange could be established. This was a very detailed labor-intensive effort. Through this work it was determined that the industry itself is working to standardize transaction sets, so to do so on a local level is not practical.

National Health Insurance Industry Solutions

The insurance industry, like other industries, understands the importance in standardizing itself. The Council on Affordable Quality Healthcare (CAQH) is a nonprofit alliance of leading national health plans that is working to improve the administration of health care industry. CAQH has established the Committee on Operating Rules for Information Exchange (CORE) who is charged with establishing a set of operating rules that create administrative interoperability between health plans and providers. With these operating rules, queries of health plans could be more uniform, as would be their responses. This approaches the “uniformity” envisioned in the statutory expectation governing this groups’ work.

Several national health insurance carriers are in the process of obtaining CORE certification. Over time these operating rules will be standard across the nation and the local plans will need to follow suit in order to compete in the market.

At a national level, United is evaluating how they can proceed to obtain certification for itself and its many affiliates. The Blue Cross and Blue Shield Association nationally has been supportive of CORE efforts and BCBSRI is currently evaluating how it will proceed in this regard.

Conclusions and Findings

- Local health plans will continue to provide on line look up capabilities for member eligibility and benefit information in a HIPAA compliant manner. The plans will make every effort to insure that employer eligibility information is updated timely and that claims are processed promptly in order to display the most accurate information possible. The plans will actively promote the availability of this on line resource to the provider community.
- The national standardization effort is gaining momentum, with Aetna and Wellpoint being two national insurers who are committed to implementation of the CORE standards by March of this year. It is expected that other national plans will shortly follow suit. The Office of the Health Insurance Commissioner will monitor efforts of the local plans to implement these standards.
- The benefits of a Rhode Island inter-plan effort that would precede the local health plans implementation of the CORE standards are probably not worth the costs. However, if it is determined as a matter of public policy to adopt a Rhode Island strategy and not to wait for national standards to be implemented, two options that could be considered are:
 1. Incorporating patient administrative data into the emerging statewide health information data exchange.

2. Establishment of an independent portal that would support a single sign on outside of the health information data exchange and would then redirect the user to the Health Plan's web-site.

Both of these options have significant financial implications and would draw resources from other efforts already underway.