

OFFICE OF THE HEALTH INSURANCE COMMISSIONER
PROFESSIONAL PROVIDER HEALTH PLAN WORKGROUP
CONTRACTUAL DISCLOSURE FOR DISPUTE RESOLUTION

December 1, 2006

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

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

This report focuses on activity (iii), the uniform health plan claim form.

Overview

The Professional Provider Health Plan Workgroup is comprised of professional provider and hospital representatives, billing agents, physician group leaders and the three major Rhode Island Health Plans: United, Blue Cross and Neighborhood Health Plan. The members for this initiative are: Steve DeToy- RI Medical Society; Christopher Dooley- W&I PHO; Craig Syata-HARI; Lorraine Roberts- Lighthouse MD; Paul Carey-RI Urological Specialties; Joel Kaufman M.D.- Lifespan/Physicians PSO; Terri Tenny-RI Eye Institute; Health Plan representatives are Robert Cambio- BCBS; Toni Shola- BCBS; Tracey McCaughey-BCBS; Beverly Jane Perry- United; Mary Butler- United; Mary Evans- Neighborhood Health Plan of Rhode Island.

Discussion

The workgroup met on September 25th to discuss the language and determine legislative intent. The Health Plans reported that their appeals and dispute resolution processes are already outlined in provider contracts and administrative manuals. Plans publish their appeals processes in the provider manuals that are all available on their web sites. However the providers expressed dissatisfaction with the level of detail they get from the plans about their complaints and administrative appeals. Providers also stated that appeals might be taking longer than the timeframes specified by the plans.

The group agreed that providers need more readily accessible information about the processes that are available to them to resolve disputes or complaints when they are dissatisfied with a health plan decision. It was agreed that it would be useful to have a chart highlighting this necessary detail. Plans agreed to supply name and telephone number of local person to address appeals results if the provider is not satisfied.

Definitions

The group then discussed the types of disputes and how their resolution may vary. Disputes were broken into the following categories; complaints, administrative appeals, utilization review appeals. A complaint is defined as any expression of dissatisfaction with the health plan. Processes for complaints are not the same as formal appeals.

An appeal is a request for a reconsideration of a full or partial denial. Appeals fall into two categories- administrative appeals and utilization review appeals.

Utilization review appeals apply to pre-certification, concurrent and post service appeals. Utilization review appeals include: denial of hospital stays or days, experimental procedures, procedures that require prior approval, procedures or additional treatments that must meet medical criteria. These appeals are generally more detailed.

Administrative appeals are appeals that relate to claims payment or denial or contract disputes.

Complaint and Appeals grid

The health plans have created a grid to summarize the following: how the providers may submit an appeal or complaint (verbally or in writing), the timeframe to submit an appeal request, the timeframe for the plan to respond, the levels of review available and the company name and contact information should the provider be dissatisfied with the result. The final grid will be distributed throughout the provider community and will be posted on the Office of the Health Insurance Commissioner website.

Expectations

The Department of Health has revised its utilization review regulations effective January 1, 2007. The grid will be finalized once the plans have an opportunity to update their internal policies accordingly. Once the grid is approved by all parties in its final form it will be distributed to physician groups throughout the state and will be posted on the Office of the Health Insurance Commissioner website. This is expected to occur no later than March 1, 2007.

This office will periodically review the grid with the plans to ensure that the information included is accurate and will distribute updates as necessary.

MECHANISMS FOR RESOLVING HEALTH PLAN/PROVIDER DISPUTES

PROVIDER COMPLAINTS

A COMPLAINT is any expression of dissatisfaction with the health plan

	VEHICLE TO SUBMIT	TIMEFRAME TO SUBMIT	TIMEFRAME FOR RESPONSE	LEVELS OF REVIEW	COMPANY CONTACT IF DISSATISFIED WITH COMPLAINT/ APPEAL RESPONSE
BLUE CROSS & BLUE SHIELD OF RI (Commercial and Medicaid)	Call: Physician and Provider Service Center - 401-274-4848 Write: Grievance and Appeals Unit BCBSRI 444 Westminster Street Providence, RI 02903	No timeframe	Commercial 30 Business Days Medicaid 30 Calendar days	Up to two (2) levels of complaint, depending on issue. Response to level 1 will notify complainant if a second level is available.	Tracy McCaughey Manager, Grievance & Appeals 444 Westminster Street Providence, RI 02903 (401) 459-5580
UNITED HEALTHCARE OF NEW ENGLAND (Commercial and Medicaid)	Contract issues: Write : Network Management UnitedHealthcare 475 Kilvert Street Warwick, RI 02886 Non- contract issues: Call : Physician and Provider Service Center at 877-842-3210	No timeframe	Commercial 60 Business Days Medicaid 30 Calendar days	Up to two (2) levels of complaint, depending on issue. Initial response from Network Management. Response to level 1 will notify complainant if a second level is available. Non-contract related complaints have only one level of appeal.	<u>Phil Anderson</u> UHC- Legal and Compliance 48 Monroe Turnpike Trumbull, CT 06611 (203) 459-6121
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	Call: NHPRI Customer Service Department - (401) 459-6020	No timeframe	15 Business Days	If dissatisfied, provider may appeal the complaint resolution/outcome	Primary Care: Charles Scaletta, Manager of Primary Care: (401) 459-6098; Specialty/Ancillary: Ken Vinhateiro, Manager of Specialty Care: (401) 459-6196; Facilities: William Mancini, Manager of Hospitals/Facilities: (401) 459-6142

MECHANISMS FOR RESOLVING HEALTH PLAN/PROVIDER DISPUTES

PROVIDER ADMINISTRATIVE APPEALS

An ADMINISTRATIVE APPEAL is a request for a reconsideration of a full or partial denial of a claim that is NOT related to a utilization review determination.

	VEHICLE TO SUBMIT	TIMEFRAME TO SUBMIT	TIMEFRAME FOR RESPONSE	LEVELS OF REVIEW	COMPANY CONTACT IF DISSATISFIED WITH COMPLAINT/ APPEAL RESPONSE
BLUE CROSS & BLUE SHIELD OF RI (Commercial and Medicaid)	Call: Physician and Provider Service Center -401-274-4848 Write: Grievance and Appeals Unit BCBSRI 444 Westminster Street Providence, RI 02903	60 Calendar days from denial notification	Commercial 60 Calendar Days Medicaid 30Calendar days	One level of Appeal only	Tracy McCaughey Manager, Grievance & Appeals 444 Westminster Street Providence, RI 02903 (401) 459-5580
UNITED HEALTHCARE OF NEW ENGLAND (Commercial and Medicaid)	Level 1-three options: 1) Physician and Provider Service Line at 877-842-3210 2) UnitedHealthcareonline-Claim Adjustment Request 3) Written Request for Reconsideration Form submitted to the address on the back of the patient's card Level 2: Call Provider Central Service Unit (PCSU)- 800-521-2603 (Commercial) 800-718-5360 (Medicaid)	up to 1 year from claim payment date	Commercial 30 Business days Medicaid 15 calendar days	Two levels of Appeals available	Commercial Beverly Jane Perry Director, Network Management 475 Kilvert Street Warwick, RI 02886 (401) 732-7545 Medicaid Joan Pillsbury Director Marketing & Operations 475 Kilvert Street Warwick, RI 02886 (401) 732-7544
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	Write: Appeals Coordinator Neighborhood Health Plan of Rhode Island 299 Promenade Street Providence, RI 02908	Within 365 days from date of initial denial	Written acknowledgement within 5 business days; outcome within 30 business days Provider is notified if extension is needed.	Two levels of Appeals available	Debbie Ricci Appeals Coordinator 299 Promenade Street Providence, RI 02908 (401) 459-6167

MECHANISMS FOR RESOLVING HEALTH PLAN/PROVIDER DISPUTES

UTILIZATION REVIEW APPEALS

A UTILIZATION REVIEW APPEAL is a request for a reconsideration of a full or partial denial of the plan's prospective, concurrent or retrospective assessment of the necessity and/or appropriateness of the allocation of health care services of a provider, given or proposed to be given to a patient.

	VEHICLE TO SUBMIT	TIMEFRAME TO SUBMIT INITIAL APPEAL	TIMEFRAME FOR RESPONSE	LEVELS OF REVIEW	COMPANY CONTACT IF DISSATISFIED WITH COMPLAINT/ APPEAL RESPONSE
BLUE CROSS & BLUE SHIELD OF RI (Commercial and Medicaid)	<p>Call :Physician and Provider Service Center - 401-274-4848</p> <p>Write: Grievance and Appeals Unit BCBSRI 444 Westminster Street Providence, RI 02903</p>	<p>Commercial 180 days from notice of adverse determination</p> <p>Medicaid 90 days from notice of adverse determination</p>	Written response for precert and concurrent appeals within 15 calendar days and retro appeals within 15 business days after receiving necessary documents. Expedited appeals are available with a maximum 2 business day turnaround.	Two levels of internal appeals and one level of external appeals available	Tracy McCaughey Manager, Grievance & Appeals 444 Westminster Street Providence, RI 02903 (401) 459-5580
UNITED HEALTHCARE OF NEW ENGLAND (Commercial and Medicaid)	<p>Call: Medical Professional Line- 1-877-842-3210</p> <p>Commercial: Submit a Request for Reconsideration Form and all supporting documentation to address on the back of the members card.</p> <p>Medicaid: Submit written request and all documentation to: UHC/AC Grievance & Appeals PO Box 659780 San Antonio, TX 78265</p>	180 days from date of the adverse determination.	Written response for precert/concurrent/retro appeals within 15 business days after receiving necessary documents. Expedited appeals are available with a maximum 2 business day turnaround.	Two levels of internal appeals and one level of external appeals available.	Phil Anderson UHC- Legal and Compliance 48 Monroe Turnpike Trumbull, CT 06611 <u>(203) 459-6121</u>
NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND	<p>Call: Appeals Coordinator 401/459-6167</p> <p>Write: Appeals Coordinator NHPRI 299 Promenade Street Providence, RI 02908</p>	Within 90 days from notice of adverse determination	Written response for precert/concurrent/retro appeals within 15 business days after receiving necessary documents. Expedited appeals are available with a maximum 2 business day turnaround.	Two levels of internal appeals and one level of external appeals available.	Debbie Ricci Appeals Coordinator 299 Promenade Street Providence, RI 02908 (401) 459-6167

NOTE: Health Plans may delegate utilization review activities for certain health care services (e.g. mental health, pharmacy) to another entity.