

**OFFICE OF THE HEALTH INSURANCE COMMISSIONER**  
**PROFESSIONAL PROVIDER HEALTH PLAN WORKGROUP**  
**STATEWIDE HEALTH PLAN CREDENTIALING APPLICATION REPORT**  
**APRIL 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:**

(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;

**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: UnitedHealthcare of New England, Blue Cross Blue Shield of Rhode Island and Neighborhood Health Plan. The members are: Christopher Dooley- W&I PHO; Dan Egan/Craig Syata-HARI; Lorraine Roberts- Lighthouse MD; Paul Carey-RI Urological Specialties; Joel Kaufman M.D./Charlene Denton- Lifespan/Physicians PSO; Lois Booth- RIH Medical Staff Office, Steve Deto- RI Medical Society, Fernanda da Costa/Donna Valletta RI Department of Health, Plan representatives are Robert Cambio/Holly Vota- BCBS; Jason Martiesian/ Mary Bennett- United; Maureen Brousseau- Neighborhood Health Plan.

The Workgroup began addressing this project in January 2006. The Group membership changed slightly to include representative of hospital medical staff offices who were also interested in seeing the state move to a common provider application form.

At the initial meeting the group agreed that:

- the application process and the verification process were distinct and needed to be handled separately.
- collection of the providers’ data for credentialing and re-credentialing purposes was the primary concern for the provider’s offices.
- there is much duplication in the verification process (health plans, hospitals, medical groups all reaching out to the same entities to confirm that the application data is accurate), the verification portion of the application process is transparent to the physician’s office.

- identifying a common credentialing verification organization (CVO) is something that will be addressed at a later point.

The Workgroup quickly agreed that the Council on Affordable Quality Healthcare (CAQH) has an electronic “data collection tool” that has an established local and regional presence. CAQH is a not-for-profit alliance of health plans, networks and trade associations that was created to promote collaboration among health plans on initiatives that promote administrative simplification. It was agreed that we would adopt their form as standard rather than establishing a statewide application as Massachusetts and other states have done.

Currently, UnitedHealthcare already requires the use of the on line CAQH application. If the physician has already completed the CAQH application on line for UnitedHealthcare, the physician may print it out and both Blue Cross and Blue Shield and Neighborhood Health Plan of Rhode Island are accepting printed version. Effective January 1, 2007 Blue Cross Blue Shield of Rhode Island will be accessing the CAQH data online eliminating their need for paper application forms.

Due to the interest on the part of the hospital association from the medical staff offices we had a separate meeting with this hospital medical staff office personnel to discuss how the CAQH application may help to streamline their internal processes. Medical staff office personnel are also are faced with the challenge of obtaining complete and accurate data from the physician. The Hospital Association of Rhode Island is currently reviewing the efficiencies of working with the CAQH form. The Lifespan hospitals will be accepting the CAQH form in lieu of their own medical staff application.

The official turnover date to a statewide form is January 1, 2007. Blue Cross will be soliciting its providers complete the online application in the fall. Detailed mailings and informational sessions will take place at this time to prepare the provider community for this transition. NHPRI will continue to accept the CAQH application on paper until it can budget for on-line access.

Any questions regarding this initiative may be addressed to the health plans directly or to the Office of the Health Insurance Commissioner.