

OFFICE OF THE HEALTH INSURANCE COMMISSIONER
PROFESSIONAL PROVIDER HEALTH PLAN WORKGROUP
FEE SCHEDULE DISCLOSURE REPORT
DECEMBER 20, 2005

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;”

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 are: Christopher Dooley- W&I PHO; Dan Egan-HARI; Lorraine Roberts-Lighthouse MD; Paul Carey-RI Urological Specialties; Joel Kaufman M.D.- Lifespan/Physicians PSO; Jean Amaral- Care New England. Health Plan representatives are Stephan Katinas- BCBS; Jenny Hayhurst- United; George Brier- Neighborhood Health Plan.

This Professional Provider Health Plan Workgroup understands that each member has a different perspective and resources but has agreed to work together toward creating standardization by finding common ground. The Workgroup has agreed to the following process in order to meet the statutory expectation that fee schedule information be disclosed to contracted professional providers in a timely way.

Short Term Process

All plans have acknowledged that their contracted professional providers should have access to the reimbursement amount for the codes for the services they provide. To that end, the health plans agree to make fee schedule information available in the following ways:

1. Fee samples of the most commonly billed codes for the applicable specialty will be attached to the provider contract and/or are distributed annually via U.S. mail or by Health Plan website. Off-cycle changes to fee schedules will be communicated according to the provider contracts.

2. All health plans agree to have a provider service line that can respond to requests for a small number of codes (less than 10) directly to the requestor over the telephone.
3. If additional codes are required, providers may request in writing or via email from the health plans a list of codes.
 - This request will include a form required by the health plan for confidentiality/processing purposes. Such form will be made available in electronic format and/or on line for provider convenience.
 - Provider needs to complete the form as applicable and attach a list of codes.
 - Health Plans will subsequently provide fee schedule detail for all product lines including any site of service differentials within 30 days.
 - If the request asks for information in a spreadsheet format, the requested information will be returned in a common spreadsheet application.
 - Fee schedule information is shared with the contracted providers' office and not directly to their billing agents.
4. Full Fee schedules (all CPT and HCPC codes) are available from the local health plan with their management approval within 45 days of the date of the request.

Long Term Capabilities

In an effort to eliminate administrative burden for all parties, to increase the timely access to this information and to improve efficiency in the system as a whole, the goal is for all health plans to have an on line fee schedule look up capability.

Currently only United has on line fee schedule inquiry capability, where codes can be requested and received on line for up to ten codes at a time. This application is currently available for commercial products. United understands this Office's expectation to add the fee schedules for the Medicare and Medicaid products by December 2006.

Blue Cross and Neighborhood Health Plan have agreed to create for provider access an on line look up for all codes for the current standard fee schedules for all locally marketed products by December 2006.

Communication

All parties agree that lack of communication about how this information is accessed may be creating confusion and that a key component of this initiative's success is provider education. By the end of the first quarter of 2006, all three health plans have agreed to provide via newsletters or other communication how fee schedule information can be accessed from their organization. Additionally, the plans will co-author a one page "press release" with their logos to be distributed by the local physician organizations

which will include telephone numbers and other pertinent information which the providers offices may use as a reference guide.

Expectations

This agreement sets out mutual expectations for health plans and providers. The Office of the Health Insurance Commissioner will periodically audit to ensure expectations are being met by all parties and will provide feedback as necessary. OHIC will also ensure that on line fee schedule look up capabilities exist for all products for all plans by December 2006.