

Office of the Health Insurance Commissioner

Summary of Results from Provider Survey

December 2008

To inform a commercial rate factor filing, a survey of physicians in Rhode Island was conducted by the Office of the Health Insurance Commissioner (OHIC) for feedback regarding health insurer behavior towards providers. As such, each provider was asked to rate United Health Care (UHC) and Blue Cross Blue Shield of Rhode Island (BCBSRI) individually on the following topics:

- A. “fair treatment of providers”
- B. payment strategies that promote affordability and quality of health care, and
- C. collaboration with others to improve in Rhode Island’s health care system.¹

The survey was sent via email to all Rhode Island Medical Society (RIMS) members (N = 2611) using RIMS’ e-mail distribution system. A copy of the survey is attached (Appendix I). The survey was administered from May 2, 2008 – May 9, 2008. 179 providers responded, for a response rate of 6.9%. No data is available on the demographics of the providers who responded.

Considerable caution must be taken in drawing definitive conclusions because of the low response rate to this survey. Furthermore, the survey has no benchmarks of previous measures or identical surveys in other states. Directional findings from this survey include the general dissatisfaction of providers with both carriers related to fair treatment of providers – particularly as it relates to rate adequacy, promotion of affordability and quality of health care, and promotion of health systems improvements. BCBSRI ratings were relatively higher than UHC on all metrics.

Analysis of Results²

A. Fair Treatment of Providers

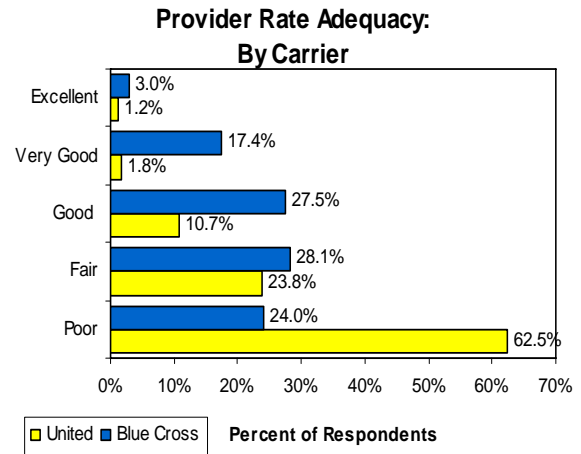
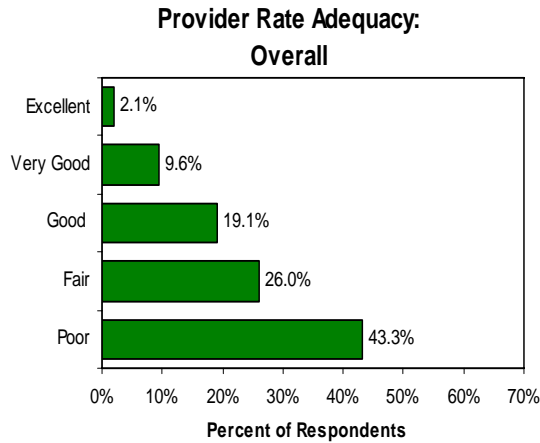
In this survey, providers were asked to assess health plans’ “fair treatment of providers” in terms of three variables: provider payment rates, claims processing, and general provider services (such as inquiries, communications, etc.). Provider feedback is summarized below:

- 1) For RI insurers, **provider rate reimbursement is considered by responding providers to be inadequate when compared to rates in neighboring states and nationally.** Overall, only 30.8% of respondents rated insurers “excellent”, “very good”, or “good” when describing provider rate adequacy. The volume of comment on the adequacy of provider rates in general was highest of any area questioned. Notably, 62.5% of providers rated United Health Care “poor” in this area.

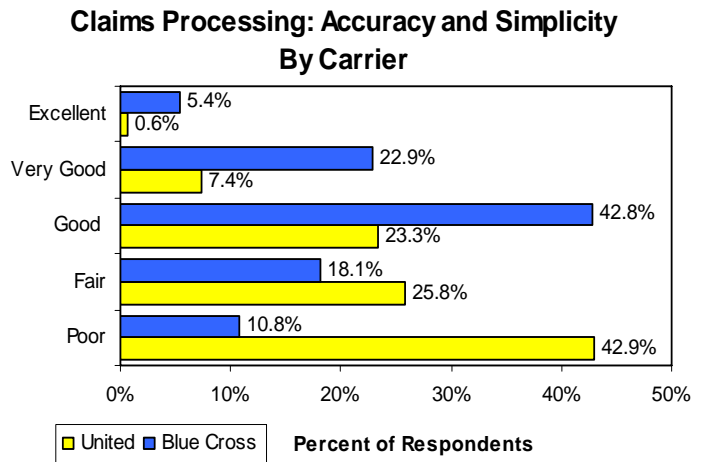
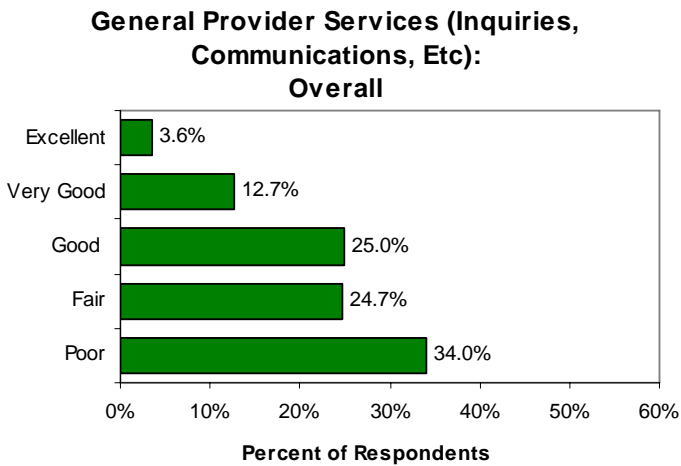
¹ These three standards are derived from General Laws (RIGL 42-14,5-2) and Regulation (OHIC Regulation 11)

² In the survey, providers were asked to rate each health plan “on a scale of 1 – 5 (1 = poor, 5 = excellent)”. The categories “very good”, “good”, and “fair” were assigned to responses 2, 3, and 4 for the purposes of analysis.

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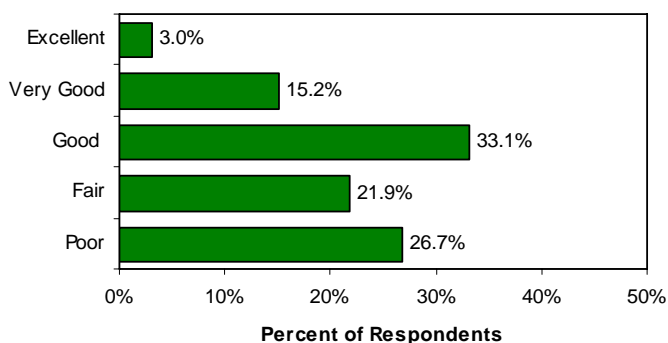


- 2) Providers reported that **BSBCRI claims processing is generally conducted more efficiently and promptly, than UHC claims processing**: 71.1% of respondents rated BCBSRI “excellent”, “very good”, or “good” regarding the accuracy and simplicity of claims processing, nearly the same percentage (68.7%) rated UHC “fair” or “poor” in the same category.

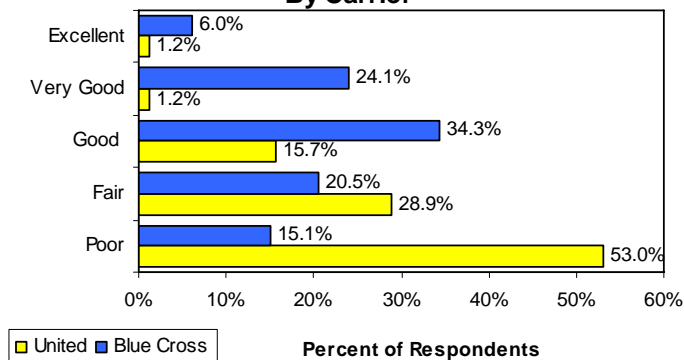


- 3) **Providers generally found BCBSRI to be significantly more responsive to inquiries than UHC.** 64.4 % of respondents rated BCBSRI “good”, “very good”, or “excellent” for inquiries and general communication, while 81.9% of respondents rated UHC “fair” or “poor” in the same category.

Claims Processing: Accuracy and Simplicity Overall



General Provider Services (Inquiries, Communications, Etc): By Carrier



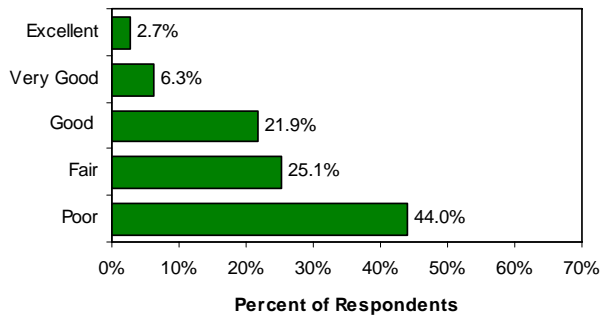
B. Promotion of Affordability and Quality of Health Care

Health Plans in Rhode Island are responsible for payment strategies (e.g. “pay for performance”, bonus programs, quality incentives, etc.) that promote overall affordability and quality of health care in Rhode Island.³ Overall, as shown in the graphs below, 30.9% of respondents rated carriers as “excellent”, “very good”, or “good” at achieving this goal. Nearly half rated BCBSRI “excellent”, “very good” or “good”, while only 13.2% rated UHC similarly. Provider feedback about efforts in this area (detailed in Appendix III) can be summarized as follows:

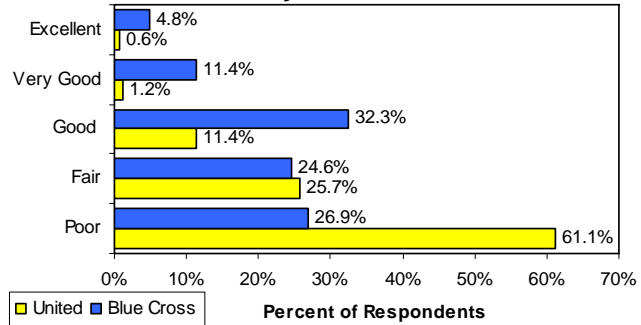
- 1) **The pay-for-performance strategy for both carriers is not well accepted by the respondents.** Comments by providers supporting this claim include “Pay-for-performance is a smoke screen”, “pay-for-performance is driving providers to avoid “problem” patients, dumping them on community health clinics”, and “The entire idea of paying for performance is specious when the amount reimbursed is insufficient to sustain a practice”.
- 2) **Many providers are unaware of the availability of any payment strategies that promote affordability and quality of health care.** 15% of providers who commented on this question directly indicated this in their qualitative feedback.
- 3) Responses related to incentive programs were mixed. **Providers were generally satisfied with BCBSRI’s incentive programs**, with comments such as “BCBSRI has been working in partnership and motivates for change,” “BCBSRI works to implement quality programs and fosters innovation”, and “There is an ongoing effort by BCBSRI to communicate and work with physicians to align incentives to keep our patients healthy.” However, **providers expressed general dissatisfaction with UHC incentive programs**, with comments such as “United is remote and rigid”, and “United is not a player in fostering novel approaches to improve health care.”

³ See OHIC Regulation 11.

**Promotion of Affordability and Quality
 Health Care:
 Overall**



**Promotion of Affordability and Quality
 Health Care:
 By Carrier**

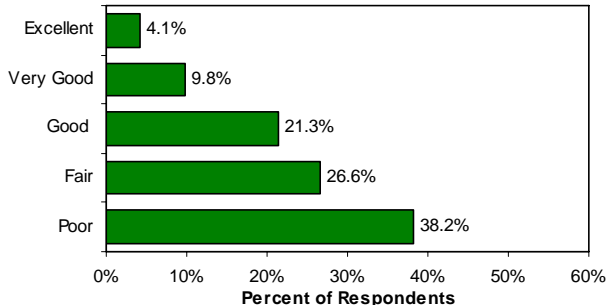


C. Promotion of Health Systems Improvements

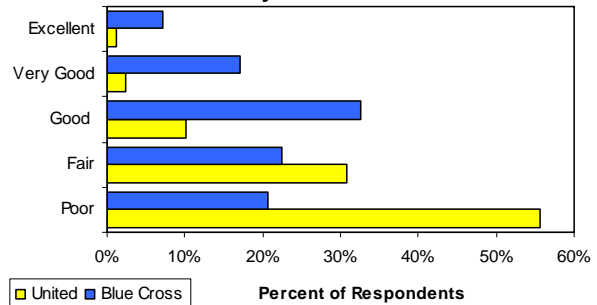
Health Plans in Rhode Island are responsible for collaborating with others and directing their own resources to promote improvements in RI's health care system (such as promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information). Provider feedback about these efforts for BCBSRI (detailed in Appendix IV) can be summarized as follows:

- 1) In general, providers expressed concern that both carriers do not adequately support the implementation of advances in health information technology and other improvements to the health care system. Overall, 64.8% of respondents rated carriers as "fair" or "poor" for their efforts in promoting the improvement of health systems, with Blue Cross again getting more credit than United. Comments from respondents include "I really feel that I, as a primary care physician, am on my own with all of this. The health care plans are not seen as a useful resource" and "Much of what I see in these areas is more in line with advertising than true promotion of health care and prevention management".

**Promotion of Health System
 Improvements:
 Overall**



**Promotion of Health System
 Improvements:
 By Carrier**



Conclusions

Considerable caution must be taken in drawing definitive conclusions because of the low response rate to this survey. Furthermore, the survey has no benchmarks of previous measures or identical surveys in other states. Finally, while providers have important and unique perspectives on the issues examined here, other perspectives must be considered in the development of public policies; for instance provider rate adequacy can directly effect health insurance affordability, and quality improvement programs could show value to purchasers and consumers.

However, directional findings can be developed and are listed below.

(1) This survey found **general dissatisfaction of providers across both carriers related to fair treatment of providers, promotion of affordability and quality of health care, and promotion of health systems improvements.** At least fifty percent of respondents ranked the plans poor or fair for every category surveyed except for processing of claims.

(2) . These results masked some significant variation between the plans in the eyes of responding providers. . Some important distinctions by carrier include:

(a) **BCBSRI ratings were higher than United on all metrics.**

Most notably, providers were generally satisfied (greater than 50% total scores of “good”, “very good” or “excellent”) with BCBSRI’s claims processing, general provider services, and collaborating to promote health systems improvement.

(b) **Providers were generally dissatisfied (greater than 50% total scores of “fair” or “poor”) with UHC on all metrics.**

The survey indicates priorities both for OHIC and the commercial health plans as they work to meet statutory expectations for health insurers to treat RI providers fairly and improve the health care system in the state.⁴ If the survey is repeated in the future, efforts to improve response rates and identify benchmarks will be important improvements.

Acknowledgements:

Thank you to the Rhode Island Medical Society for assistance in disseminating this survey and to Angela Sherwin, an intern from the Brown Program in Public Health, who compiled the analysis.

⁴http://www.ohic.ri.gov/documents/Press/PressReleases/2008BCLargeGroupApproval/9_UHCNE%20lg%20group%20approval.pdf details conditions imposed on the approval of 2008 large group rate factors on the insurers as a result of this information and OHIC analysis.

Appendix I: OHIC Provider Survey

1) Health Plans in RI are statutorily responsible for “fair treatment of providers”. For each of the listed three factors that could constitute “fair treatment of providers”, give a 1 – 5 score (one being poor, five being excellent) for United and BCBSRI for each factor.”

Provider rate adequacy—BCBSRI	1	2	3	4	5
Provider rate adequacy—UHC	1	2	3	4	5
Claims processing: accuracy and simplicity—BCBSRI	1	2	3	4	5
Claims processing: accuracy and simplicity—UHC	1	2	3	4	5
General provider services (inquiries, communications, etc.)—BCBSRI	1	2	3	4	5
General provider services (inquiries, communications, etc.)—UHC	1	2	3	4	5

2) Comments: _____

3) Health Plans in RI are responsible for payment strategies (e.g. “pay for performance”, bonus programs, quality incentives, etc.) that promote the overall affordability and quality of health care in Rhode Island. Please score both BCBSRI and United on their efforts. Give a 1-5 score (one being poor, five being excellent).

BCBSRI	1	2	3	4	5
UHC	1	2	3	4	5

4) Comments: _____

5) Health Plans in RI are responsible for collaborating with others and directing their own resources to promote improvements in RI’s health care system (such as promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.) Please score both BCBSRI and United for their efforts. Give a 1-5 score (one being poor, five being excellent).

BCBSRI	1	2	3	4	5
UHC	1	2	3	4	5

6) Comments: _____

7) Additional Comments: _____

Appendix II: “Fair Treatment of Providers”

Direct comments on the question “Health Plans in RI are statutorily responsible for “fair treatment of providers”. For each of the listed three factors that could constitute “fair treatment of providers”, give a 1-5 score (one being poor, five being excellent) for United and BCBSRI for each factor.”

Directed towards all insurers:⁵

“unfair reimbursement is preventing doctors from staying and recruiting...There is little hope to recruit when reimbursement is better 15 minutes away in Connecticut or Massachusetts.”

“There are third parties who will give figures for the regional averages for New England for reimbursement. Our insurers are paying participating health care providers less than half of these values which depresses the entire health care industry in Rhode Island.”

“Reimbursement rates across the board for primary care are far below what is required to attract and retain competent staff. Claims processing takes hours and hours of office manager time on a regular basis.”

“It is scandalous that there is not reimbursement parity with contiguous states.”

“Reimbursement rates offered for participation seem lower than surrounding states of Massachusetts and Connecticut.”

“Compared to neighboring states reimbursements are abysmal, hence doctor exodus from RI.”

“Both insurers play the cash flow game, frequently rejecting clean claims for no good reason, only to eventually accept the claim without any modifications on our behalf, but often 30-90+ days later after we’ve spent more to track it than what’s received in the claim. This results in a negative cash flow on our end.”

“It takes me longer to fill out the reimbursement paperwork than it does to treat the patient. Reimbursement hasn’t risen at the same pace as expenses.”

“The rates are so bad that I left RI to practice in CT!!!”

“All insurance responses are slow and often differ when contact a second time. RI is among the lowest in reimbursement in the country.”

“Rhode Island is the only state that I am aware of that has Medicare as it’s best payer. I don’t think that was the original concept behind Medicare but due to the complete lack of any kind of significant competition in this state the payer rates have been held artificially low.”

⁵ This is a listing of all comments on this questions not directly concerning one insurer. Assertions here have not been verified for accuracy. Nor should they be taken as representative of RI physicians as a whole or all those who responded to the survey.

“There is a substantial disparity in general and vascular surgical reimbursement for surgeons who are members of USA and those who are not—this negotiated contractual differential has impeded the ability to attract and hire new surgeons in the state, which is reaching a critical juncture with surgeons relocating and retiring.”

“Both are arbitrary, legalistic, and bureaucratically obstructive.”

“Both insurers are dismal in reimbursements to physicians in Rhode Island and essentially have a monopoly on health care.”

“They make it too difficult to prescribe for my patients. They deny medications too often, and set up complicated mechanisms whereby you cannot find and speak with the person responsible for the decision.”

“Payments are uniformly late, reimbursement in general is way below local and national averages, questions/inquiries are often not answered for weeks/months, there is no negotiation of fees, changes are made without discussion.”

“Physician reimbursement in Rhode Island should be regionalized and both United and Blue Cross should be required to match the rates of surrounding states. As part of doing business in this state, I believe the OHIC should dictate those rates based on the surrounding states.”

“Both BCBSRI and UHC reimburse physicians at or below Medicare rates. This is particularly true of UHC. Given the additional staffing expense associated with the prior authorization for MRI’s, CT’s, and higher tiered pharmaceuticals, the net reimbursement to physicians only strains the bottom line further.”

“It was not uncommon for my office manager to know more about the problem with the claim than the person working for either company. Most of the denied claims were due to errors ON THEIR PART which only leads to delays in getting payments from them.”

“We keep losing doctors to Massachusetts. I am considering moving...pay is significantly better.”

“Inadequate reimbursements resulted in my early retirement. As far as claims processing communications, these areas were sufficiently complicated to require outsourcing to Priority Management Group rather to continue in-house billing.”

Appendix III: Promotion of Affordability and Quality of Care

Direct comments on the question “Health Plans in RI are responsible for payment strategies (e.g. “pay for performance”, bonus programs, quality incentives, etc.) that promote the overall affordability and quality of health care in Rhode Island. Please score both BCBSRI and United on their efforts. Give a 1-5 score (one being poor, five being excellent).”

General Comments:⁶

“They are not actually there to promote affordable, but used to penalize physicians.”

“Health plans are not the players to be driving the performance issues in medicine.”

“Neither payer has requested any “quality” measures from us.”

“Pay for performance is very difficult to do correctly, as it relies on computer systems, coding and things that may look OK on paper but do not really relate to quality issues always. And there are always ways to tweak the system, which we all know some providers will do!”

“I think pay for performance has a lot of flaws in it, and is going to drive providers to avoid “problem” patients, and dump them on either the community health clinics, or providers who have a higher ethical standard but then will hurt themselves financially.”

“No apparent allowance for practice demographics in determining performance bonuses.”

“The entire idea of “paying for performance” is specious when the amount reimbursed is insufficient to sustain a practice.”

“There is definitely room for improvement here, though I would not pretend to have the answers. Quality of care is extremely difficult to measure, and I’m not sure that the insurance companies have the resources and abilities to do it as things currently stand. It seems to me that if we really want to move forward with measuring quality, we will need to first put in place a way to achieve the measurement more easily, i.e. electronic records from which data can be extracted.”

“Pay for performance, quality incentives, etc. have very little or nothing to do with actual quality of care and everything to do with third party efforts to reduce their expenses.”

“I’m not providing substandard care and no incentive is going to make it better. What an insult to allege that I have been dogging it and now need a program to kick me up a notch. I thought that we were supposed to do our best as part of our professional contract with our patients. These things are schemes to eliminate physicians from panels or find excuses to pay people less.”

“Both companies have turned down ideas we provided in this area.”

“Doctors cannot survive very long with the rates being dictated! I’m so glad I left!”

“These programs are directed at primary care providers and offer no chance for participation by specialists.”

“Little awareness of these programs and not certain that they are of value.”

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“Physicians prefer other methodologies. Fee for service is counter to this, and pay for performance is in its infancy, so it is difficult to expect plans to be more than marginal here.”

“Metrics are not clearly defined and often “time” spent with patients (preventive health care) is not rewarded.”

“Pay for performance is a smoke screen. I don’t think anyone will see any extra money for it. I think the performing doctors will get the benchmark payment and the under performers will be penalized—although it will not be marketed as such.”

“Both UHC and BCBSRI reimburse at a rate that is significantly lower than the regional average for the same level of service. It is difficult to sustain medical practice in this state at this level of reimbursement, when the same service by the same level of provider is reimbursed at a much higher rate in CT or MA.”

“The info systems that are in place are awful and the people making the decisions on what to use for best practices do not understand what they are talking about (i.e. when to do PAP smears and appropriate follow up).”

“I am not aware of any bonuses.”

“I have no knowledge of these programs as instituted by either insurer.”

“If the health plans are mandated to add a reasonable percentage to the E&M for the practices that use EMR will improve communication and reduce cost.”

“I know of no payment strategies for either health plan.”

“I believe that the health plans are in a position to assess and evaluate the physician qualities that really count in primary care.”

“Pay for performance programs are a bureaucratic joke, having nothing to do with either pay or performance.”

“I am not aware of any programs in Rhode Island.”

“These programs are insulting and a farce. Education should be stressed, not jumping for a piece of candy.”

“Neither one does this.”

“We have not been approached on any of these.”

“Quality incentives are generally controversial, depending on what the quality criteria are based.”

“There are none that I am aware of.”

“Nonexistent”

“Pay-for-performance is NOT about better health care. It is about putting up more road blocks to prevent or delay physicians from getting payments.”

“The overall reimbursement for RI is far too low. Costs in RI equal neighboring Massachusetts communities, but the reimbursements are less. Can’t recruit new doctors to RI with such low reimbursement.”

“I do not think that the health plans should have these responsibilities as the parameters chosen in these evaluations may be inappropriate and beyond their scope.”

“We, as a practice, keep many patients off dialysis each at a savings of \$65,000/patient/year. We are not rewarded for this enormous effort. The financial incentive is certainly to put patient on dialysis. This seems to be a poor plan. Making it cheaper and easier to get the meds and treatments that stop progression of CRF makes more sense.”

Appendix IV: Promotion of Health Systems Improvements

Direct comments on the survey question “Health Plans in RI are responsible for collaborating with others and directing their own resources to promote improvements in RI’s health care system (such as promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.) Please score both BCBSRI and United for their efforts. Give a 1-5 score (one being poor, five being excellent).”

General Comments:⁷

“There has been no move to form a united health information technological solution in RI either proposed or in any way financed. We are the smallest state and should be able to do this. The insurers have little to gain from this and it is not their place. I would like to see DOH take the lead here.”

“UHC nor BCBSRI has helped us with EMRs or chronic pain management programs. We are funding them ourselves.”

“I really feel that I (as a primary care physician) am on my own with all of this. The health care plans are not seen as a useful resource.”

“I see a looming primary care crisis just as our population ages. Medical students are not going into primary care. Why would they when the hours are long, the barriers to practicing good medicine are

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many, and the financial rewards are negligible. Its no wonder students are opting for radiology, dermatology, orthopedics, etc. What will Rhode Islanders do when we've chased away all our primary care doctors?"

"Nonsense! I am not aware of any of these initiatives. The only promotion of health information technology is the recommendation that the already underpaid physicians adopt an EMR and pay for it themselves."

"Both BCBSRI and UHC are promoting EMRs but to the exclusion of some EMRs that are good products (such as Amazing Charts), and without enough financial incentives to justify the huge costs to our practice to set up an EMR."

"Their efforts are a joke...making us pay to put in EMR doesn't constitute an effort on their part."

"Why are health insurance companies responsible for this? Why don't we make our respective colleges or professional organizations in charge of this? Who said the insurance companies should do this? And who is to say they are doing it right? They are out to make money, and withhold services."

"Poor reimbursement is one of our primary complaints. Fees are not regularly assessed. There is no mechanism for negotiating with either provider."

"EMR should be provided to us. It benefits insurers far more than physicians—why would we buy it?"

"This is the job of the providers, not the insurers."

"I have not seen IT support from either health plan. They have encouraged chronic care management, but not back it up with real financial support."

"There is no evidence that health information technology is of any benefit to patients so far. If anything, it will cost more, raise the cost of healthcare, and do nothing for anyone other than the third party payers."

"No such efforts will go anywhere unless planned collaboratively."

"Implementation of such new entities as imaging pre-authorization do nothing to assist the provider—they are all about lowering costs and making it harder for the provider to care for the patients."

"They both have good asthma management and med compliance programs."

"I'd say that the one biggest thing that each of these companies needs to do is provide the physicians with the tool needed to harness the power of the internet and modern technology. Neither seems to be promoting this."

“BCBSRI and UHC have consistently used their monopoly to grossly underpay providers (se MA Med Society study 1993). Regional parity should be mandated since there is no other way to deal with their monopoly. I would leave the state if I did not have family here. I’m still thinking about it.”

“Health plans are unable to compensate for the overall lack of services available to RI citizens. They share the blame since reimbursement rates are low and allow migration of quality medical care outside the state.”

“It appears that these companies engage in competition solely to reduce physician compensation and increate through-put. What gives insurance companies the right to dictate the economics of healthcare? Is it their role in politics? Is it their intimate knowledge of medicine? Since most hospitals are not for profit, isn’t it confusing that for-profit companies have gained control of one of the biggest pieces of this country’s economic pie and yet there is still a healthcare crisis?”

“Both give us no assistance in care management for infants and children.”

“These insurers are undermining the ability of providers in this state to attract talented practitioners and to offer top quality services by employing administrative subterfuge in a variety of ways.”

“Much of what I see in these areas is more in line with advertising than true promotion of health care prevention management. I question the bang for the buck here.”

Appendix V: Additional Comments

Provider feedback on survey not otherwise captured by the three survey questions:

General Comments:⁸

“The medical industry in RI needs leadership from the Commissioner of Health Insurance and the DOH on the above issues, with policies being driven by medical reasoning, not economic reasoning, which is what we will get with this burden being placed on the insurers.”

“These companies are in the business of health care. They work very hard to decrease our reimbursements and increase their bottome line. The patients are caught in the middle—pay high premiums and have to fight for the health care as suggested by their providers.”

“These two providers are examples of the worst that the system has to offer. They barely match Medicare rates, ignore any concept of regional parity, and try to put as many obstacles as possible between the patients and their treatments. The impact they are having upon recruitment of new physicians to community hospitals and private practice is profound and detrimental.”

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“There is a crisis in recruiting young physicians to RI based on the reimbursement schedules, highly litigious environment (lottery mentality) and limited support of the hospitals for the primary care base. If the state does not take action, RI will find itself short of primary care providers as the current generation of providers nears retirement age. The state should mandate that Brown University differentially accept RI residents into the Medical School and promote primary care in the community by gearing both students and graduates into a community based primary care pathway. Loan forgiveness for those who choose to practice primary care in RI would go a long way in encouraging the medical school to send students in this direction.”

“The insurance companies in Rhode Island rape providers AND patients. The bureaucracy they’ve created is nothing more than thinly veiled attempts to create a system so Byzantine and so complex that it is next to impossible to complete their processes “according to the guidelines”, so they claim a justification to not pay the claim. Reimbursement rates are second lowest in the nation (second only to Mississippi!) and yet there’s true befuddlement about why doctors really don’t want to practice here! I challenge any business person to have their compensation set by a third party with a vested interest in keeping their income as high as possible. SHAME on the insurance industry, and shame on the state for allowing it without any effective oversight.”

“Reimbursement and negotiation in RI is a joke...I’m planning on leaving in 2 years, once family commitments are completed.”

“Increases in premiums which are almost automatic are never passed through to providers.”

“As a primary care provider who is reimbursed at the lowest rates, I find it totally objectionable that the majority of “pay for performance” incentives (or docking of payment depending on your perspective) are aimed at primary care. What about the subspecialties? I feel the insurance companies are beating up on those who they think they can beat up on...the AMA Is totally dominated by specialists and would throw primary care to the wolves if it would keep specialists happy.”

“If the reimbursement structure is not corrected, medicine in RI will continue to suffer and good doctors will continue to consider leaving.”

“Regulations should demand that ALL carriers pay within 30 days and a create a way for physicians to report the problems. Carriers have a “timely filing” requirement. They should have the same restriction on time frame when they can decide if someone does not have coverage. Once coverage is verified, the carrier should be responsible for the cost if they determine that they were incorrect.”

“Physician retention is key. You can make 25% more in MA and 50% more in CT.”

“The insurers in RI need to step up to the plate and become par with abutting states such as CT, or else we will shortly have a physician shortage crisis in RI.”

“It is rare for either insurance company to pay interest when they have delayed a payment. We don’t have time to argue about it, so they get away with it.”

“If things don’t change soon, you can add my name to the list of exiting physicians.”

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“Reimbursement in RI is so poor, my practice went belly up. I am leaving RI—I am tired of the monopolies that exist here. Insurer, and soon-to-be hospital.”

“I find that the balance of meeting the financial goals of the insurance company takes precedent over meeting the medical needs of the community—including the uninsured. If the insurers responsibility was to provide health insurance to the community, they would have outreach and programs to recruit the uninsured, foster local delivery of medical care—including specialty medical care and encourage preventative care (in a meaningful manner). Their “obligation” as a for profit business and the limited market in RI prevents meaningful progress.”

“Rhode Island’s medical community is an amplified microcosm of a functionally damaged national crisis, only worse because of the state’s small size and fiscal crisis.”

“We need to really direct all insurance companies in the right direction when it comes to claims processing. The insurances should be focused on proper claims processing.”

“What insurers are allowed to get away with in Rhode Island is criminal. High “profits” and huge administrative costs at the expense of physician reimbursement, and quality of care. It is becoming once again clear to the people of Rhode Island that if one desires quality health care they should travel to Boston.”

“As a partner in a small, three physician practice, I watch each year as our overhead climbs and our reimbursements stay flat. Something needs to be done.”

“I for one am actively exploring practice opportunities in other regions of the country where there is more reasonable reimbursement that enables physicians to keep up with rising overhead and the state tax burden is not as onerous and burdensome as it is in Rhode Island.”

“The trend seems to be to employ more people to prevent services such as CTs and MRIs being ordered. Seems as if employing all these people to deny services just increases the cost of health care.”