The Professional Provider-Health Plan Workgroup

Office of the Health Insurance Commissioner

233 Richmond Street- Main Hearing Room

Minutes

September 24, 2007

(vii) By December 1, 2007, a report to the legislature on the temporary credentialing of providers seeking to participate in the plan's network and the impact of said activity on health plan accreditation;

1. Attendance:

Present: Lorraine Roberts, Paul Carey, Fernanda da Costa, Donna Valetta, Maureen Brousseau, Bob Cambio, Steve Detoy, Holly Vota, BJ Perry, Danielle Denis, Christopher Dooley, Charlene Denton

OHIC Staff: Patricia Huschle

2. Welcome and Introductions

Pat Huschle welcomed the group back. The members of the group introduced themselves.

3. Discussion on Temporary Credentialing language

Steve DeToy of the Rhode Island Medical Society explained that the temporary credentialing language was brought about by new physicians who receive no reimbursement while they are in the health plan credentialing process. The goal of this language is to be able to

have providers be reimbursed at the in-network rate from the date their application is received by the plan. There is companion legislation that requires health plans to reimburse the health care provider for covered services rendered to a member the first day following the credentialing committees approval. This group needs to explore the possibility of allowing the health plans to reimburse providers at an in network rate back to the date of their application, similar to the process for fee for service Medicare. The group also stated that the CAQH application process has been problematic and agreed to have a separate meeting shortly to identify and work through those issues.

Paul Carey report that provider's offices do not get paid for claims submitted while their applications are in process. He also stated that it is possible for groups of providers to work out "coverage" so the bills can be submitted under a participating providers name during this timeframe. However, he considered this cumbersome and not an option for new solo providers.

4. Health Plans discussed their "temporary" credentialing processes

BCBSRI

Does follow "provisional" credentialing allowed by NCQA that enables a medical director to "approve" an abbreviated provider application in advance of the full credentialing committee review of the complete application. This enables the provider to be paid an in

network rate prior to being credentialed by the committee, however provisional providers are not considered officially in network until the credentialing committee approves them. BCBSRI indicates that 89% of their applications are processed in 30days. Blue Cross currently does not make providers effective for payment purposes for any products back to their application date.

NHPRI

Also allows for provisional credentialing according to NCQA. They reported 75% of applications processed in 90 days. They do not currently allow any providers to become effective on the date of their application.

United

Does not allow for NCQA provisional or temporary credentialing since their process is centralized. BJ Perry did not have specifics, but stated that the credentialing turnaround is under 60 days. United, unlike the other plans, does not send the provider contract with the initial application, but it is sent to the provider after they are credentialed. Providers are reimbursed at the non- participating rate until both parties have executed the contract.

5. Identified Obstacles

Bob Cambio reported that CMS Regulations for the Medicare Advantage program only allows for temporary credentialing of those

providers who have finished training within the last 12 months. Providers who have been credentialed and have been practicing in RI or elsewhere are not eligible to be temporarily credentialed.

NCQA accreditation does allow for provisional credentialing as described above. In general, NCQA does not monitor how providers are reimbursed. If the plans wanted to set the provider up in their system to be paid at an in network level while they are waiting to be credentialed would not be a conflict with NCQA.

DOH stated they have an issue with the term " temporary credentialing" when really what is at issue here is the plans ability to pay the provider an in-network rate prior to being fully credentialed. DOH does not monitor how plans pay either and would leave this up to the plans, so long as the plans do not state that these providers are credentialed.

BCBSRI has some product lines that do not fall under NCQA or CMS jurisdiction where they could make the providers effective at any time for those products, however the plan does not think it practical to have multiple provider effective dates for its different products.

6. Next Steps

Pat Huschle will review both NCQA and CMS Advantage guidelines

and will draft a report evaluating the possibility for paying in network from the date of application. The group will review and comment. Based on the feedback a second meeting may be needed.