**HCAS Response to the Massachusetts Medical Society
and the Massachusetts Hospital Association
Regarding the HCAS Credentialing Initiative**

September 2006

HealthCare Administrative Solutions, Inc. (HCAS) is a non-profit entity founded in January 2005 by several Massachusetts health plans to collaborate on administrative simplification initiatives. Participating plans include Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health and Tufts Health Plan.

The HCAS credentialing solution offers a single point of entry for physicians and other health care practitioners to submit credentialing information. Credentialing information will be verified by one organization and used by participating health insurance plans thus reducing administrative work within the health care system. This new process is designed to reduce the redundancy associated with credentialing and recredentialing processes, saving time and administrative work for providers.

In addition to the positive response that HCAS has received at training sessions held throughout the state, we have been asked by providers to add additional insurance plans to our credentialing project and the state's Medicaid program. Attendees of our sessions understand that, with our simplified approach, any additional organizations that join our project at a later date can simply access the provider's then current information for credentialing purposes.

The remaining pages of this document address the questions raised by your organizations. We hope that you and your respective members find this informational document helpful and it assists in understanding our initiative.

Turnaround Time

HCAS participating plans have agreed to comply with the Massachusetts Statement of Principles regarding physician application processing time. As you noted in your letter, the commitment is to complete the credentialing process for 95% of completed applications within 30 days of receipt. The objective of the project is to eliminate provider rework and the submission of applications to multiple health insurance plans would be counter to that goal.

Credentialing applications are to be submitted to the Coalition for Affordable Quality Health Care (CAQH), and not to individual health plans. Once an application is complete, and all necessary information has been received by CAQH, the application and

supporting documents are automatically forwarded to Aperture where primary source verification occurs.

We also hope that the MHA will work to ensure that Massachusetts hospitals follow the Statement of Principles. At multiple training sessions physicians raised concerns that all Massachusetts health plans accept the Integrated Massachusetts Application (IMA) but some hospitals still do not. When hospitals do not use the IMA, physicians must complete one application for insurers and another application within their own hospital. We hope that hospitals can further assist in this effort by using the standardize form which was jointly designed by provider and insurance plans to be JCAHO and NCQA compliant. The application was specifically drafted in this fashion so that all Massachusetts hospitals could use one standardized application for both hospital privileging processes and credentialing by managed care plans. The IMA is available at www.hcasma.org.

Field Support

Support for the HCAS process will be provided by CAQH, Aperture and by participating health plans. Please note that health plans have and will continue to provide credentialing assistance to their network providers as they do today. In addition, CAQH and Aperture will also provide additional resources. We suggest that providers first contact CAQH directly (help desk information: 888-599-1771, e-mail: https://caqh.geoaccess.com/oas/ContactUs.srf) when they have questions regarding the transmission and receipt of credentialing application information so that providers can receive the most direct and rapid response to their inquiries.

Regarding your question on call center volume, the change in the credentialing processes may lead to a modest increase in calls during the 24 month implementation schedule as providers learn how to utilize the new system, but we do not anticipate a large and ongoing increase in call center volume. We expect calls to increase and peak after the first few months of implementation as providers become familiar with new procedures. We believe the additional resources available through CAQH and Aperture will meet our needs. Providers should continue to contact HCAS participating plans should they need additional assistance.

We also expect that provider administrative time will decrease as they work directly with one organization versus multiple health plans. In the past, providers worked with each individual health plans while the new initiative is designed to streamline procedures for network providers.

The HCAS welcome packet that is sent to all providers that are new to this process includes contact information, as does the HCAS website (www.hcasma.org). The HCAS website also includes direct links to each plan's webpage. As always, providers may contact individual health plans with their credentialing inquiries. A list of health plan contact information is attached to this document.

120-Day Attestation Notices

The 120-day attestation notice is a reminder function available through the CAQH system that asks providers to keep their credentialing information current. This function cannot be disabled. Providers that participate with national plans may already be familiar with this feature that may be mandatory with other insurers that utilize CAQH but this is not a requirement of the HCAS credentialing initiative. HCAS plans do not require providers to reattest every 120 days. Yet, this function may be beneficial to providers as updated information allows other non-HCAS plans to recredential providers immediately without asking the provider to submit updated information when the credentialing period is approaching. Without these reminders recredentialing with non-HCAS plans may be delayed. CAQH has communicated to HCAS that the reminders lead to more rapid application processing.

Some organized provider groups have communicated to HCAS that they have built workarounds to move all the CAQH e-mail reminders to an alternate e-mail address. HCAS can supply the listing of CAQH e-mail titles for distribution to the MMS and the MHA if they would like to distribute this list to their members.

Attestation Requirements

The HCAS process requires the provider to sign, date and send in an original attestation. Subsequent periods in which the provider reattests to the accuracy of his or her information may be completed on-line. A provider continues to be responsible for attesting to his or her information and must comply in accordance with state and federal rules and regulations.

Birthday Cycle

HCAS participating plans will utilize the birthday cycle for recredentialing. This means that providers will be recredentialed based on their birth-month and recredentialing will occur every other year based on the odd/even year. For example, a provider born in March of 1951, would be recredentialed in March of 2007 (both being odd numbered years.) HCAS uses this cycle so that a provider can be recredentialed at one point in time for all HCAS plans. As you may know, plans not using the birthday cycle often recredential providers based on their start date with the insurer. Providers who are credentialed in states other than Massachusetts will be transitioned to the birthday cycle and subsequent periods will be recredentialed on a three year cycle. Those providers will be recredentialed based on their birth-month and a mechanism using digits in their social security number.

HCAS intends to reach out to other health insurers in an effort to further reduce provider recredentialing administrative work. As you know, the more plans that credential based on the birthday cycle, the greater the reduction of the provider administrative burden. The MMS has advocated for use of the birthday cycle for many years and we at HCAS and its participating plans understand its benefit for providers.

Future System Enhancements

Over the last year HCAS has utilized a provider/insurer advisory group to discuss policies and procedures. That process will continue to be used, with the assistance of our "early adopter" provider groups, which will provide HCAS with on-going input regarding the HCAS credentialing process. HCAS has made several enhancements, including use of the online Integrated Massachusetts Application (IMA), and reduced the number of required elements in the online application for ease of use. HCAS recently removed the CV requirement for recredentialing, and we added two additional malpractice carriers to the CAQH system in order to reduce data entry into the on-line system. HCAS also made corrections to the on-line application based on drafting errors found in sections of the Integrated Massachusetts Application drafted by providers and plans.   One requested change, the addition of a combined internship/residency field, was not adopted. After further discussion with other hospitals, and confirmation by the MMS, it was determined that the suggested change was not in the best interest of providers using the IMA and was therefore not implemented.

We will continue to meet with our early adopter provider group as additional input is important to further streamline our processes. Regarding how future changes will be communicated, changes that directly impact providers, such as our decision to remove the requirement for CVs upon recredentialing cycles, have been, and will continue to be, included in our training materials and website documents that describe our initiative. Some of the technical system enhancements may occur behind the scenes.

The "out of country" error you raised in your letter was an error in the drafting of the provider components of the IMA, as mentioned above. We have altered our on-line system to correct for this drafting error.

Contact Information

CAQH, Aperture and health plan contact information is readily available in our training materials, HCAS welcome packet, and the HCAS and CAQH websites. We have included important contact information as an attachment to this document. Providers should also be aware that contact with individual health plans will continue as it does today.   As we have mentioned at all of our training sessions, we believe that questions regarding applications and submission of credentialing information should be sent directly to CAQH. This is the most direct and efficient manner to resolve questions at their source, but as always, plan staff will continue to be available.

As we get closer to our start date, the address and phone numbers of the provider relations, or equivalent departments, at each health plan will be included on the HCAS website.

Pre-population of Data

As a courtesy to providers HCAS pre-populated the CAQH data repository with existing provider credentialing information. This process provides a head start to providers so that they can update and correct existing information. Provider data is constantly changing, and through this process HCAS found that many providers have not updated their data when they changed practice locations and made other material changes. This is an opportunity for our plans to share with providers the data we have on file and ask them to update it accordingly. This effort should reduce the application completion time for those providers that have pre-populated data.

Curriculum Vitae (CV)

As noted earlier in this document, HCAS removed the CV submission requirement for recredentialing but CVs are required for initial credentialing purposes. HCAS heard and responded to provider concerns regarding this administrative requirement and we agree that its removal would further simplify the process for providers.

Security of Mail/Fax/On-line Transmissions

The security of provider information sent via mail/fax is consistent with the use of such methods today. The security of the on-line CAQH system can be accessed on the CAQH website at https://caqh.geoaccess.com/oas/Security.srf.

Providers will be notified via fax or e-mail (notification mode to be designated by the provider) regarding receipt of application information. Notifications will denote if an application and supporting documents have been received, and if any elements required for credentialing or recredentialing purposes are missing, so that the providers can submit any of these materials. The on-line system provides immediate feedback to the provider using an audit feature that denotes any missing credentialing data elements enabling providers to correct data and complete an application quickly and efficiently so that their application can be processed by the credentialing verification organization (CVO).

CAQH Smart Feature

The question regarding the data entry timeline was unclear and we have attempted to anticipate your underlying question and have responded herein. Providers receive

recredentialing information 30 days in advance of the birth-month but may also begin entering data at any time during the year. No information entered by a provider in the online system is eliminated by the CAQH system; the on-line system has a "smart feature" that saves all data even if the application is in an incomplete status. A provider may go back into the system at a later date to complete their data entry session.

Credentialing Coordinator Responsibilities

It continues to be the provider and/or credentialing administrator's responsibility to update contact information. Historically health insurance plans do not always receive updated contact information from providers and that results in inaccurate mailing addresses. We continue to advocate that providers and their trade associations work with their members, along with health insurance plans, to remind providers of the importance of updating their contact information. The IMA and the HCAS recredentialing profile both contain sections to be completed by providers that include their current contact information. Updating this information will ensure that an individual provider, or his or her credentialing contact, is in the CAQH system and will receive future correspondence.

Ongoing updates regarding HCAS credentialing procedures will continue to occur in several fashions including: direct mail to providers and their credentialing contacts; health plan newsletters; health plan websites; and on the HCAS website.

Notification of when a provider is due for recredentialing will come directly from CAQH and will be mailed to the provider or credentialing coordinator address, if we have that information on file. Existing CAQH users, will continue to receive e-mail notifications.

According to Massachusetts Regulation 243 CMR 3.13 (1) (a): an HMO shall request and the Massachusetts Hospital where the licensee spends the greatest proportion of his or her time shall provide credentialing information to the HMO. This regulation is the basis for our determination of primary affiliation and will determine which hospital should respond to credentialing verification procedures.

Communication

Communication regarding complete/incomplete applications will be distributed directly to the provider by fax or e-mail (as designated by the provider) from CAQH or Aperture. HCAS and individual plans may also utilize additional modes of communication such as direct mail, website and plan newsletters, as information becomes available. We appreciate your comment regarding the redundancy of communication as this initiative is aimed at reducing redundant administrative tasks by reducing seven credentialing procedures to one. If providers communicate to HCAS or individual insurance plans that we are "over communicating" we will certainly review their concerns, however to this point we have been asked to increase communications as much as possible and we are attempting to be responsive to those requests.

Start Dates

January 1, 2007: Start date for the streamlined recredentialing of Massachusetts physicians (including MDs and DOs).

February 1, 2007: Start date for the initial streamlined credentials process and the re-credentialing process for all other providers, including physicians and allied (ancillary) health professionals (including doctors of chiropractic and podiatric medicine) located in Massachusetts and other New England states.

These start dates have been communicated through: HCAS and plan websites; mail; trade associations; plan newsletters; training sessions; and additional provider outreach methods.

User Guides for Electronic Data Submission Process

Various materials are available including a booklet that demonstrates the use of the Universal Credentialing Datasource on the HCAS website (http://www.hcasma.org/solutions.html)and an on-line tutorial will be available on our website this fall.

HCAS will also be creating and posting two training videos on our website later this year. The first video will be a "how to use" the UCD, and the second training video will include the presentation HCAS has utilized at statewide training sessions. HCAS is also in the process of creating a provider manual that will be available on our website in the fall.

Methods to Send Credentialing Information Through the HCAS Credentialing Initiative

Although MHA and MMS suggest that a system failure like that anticipated for Y2K may occur, one should note that the CAQH Universal Credentialing Datasource (UCD) is used by 350,000 users across the country including seven thousand providers in Massachusetts. The system has been in existence for many years and is a proven system. Like other industries, such as banking and hospitals, CAQH computer systems have extensive back-up and disaster recovery plans in place.

With that said, the on-line system is one of three credentialing information submission options for provider use. We recommend use of the online system due to the efficiency and accuracy of the online submission process plus paper and fax options will continue to exist. The fax number and mailing addresses are included in the HCAS welcome packets that providers receive when their credentialing is due, and can be accessed by contacting

CAQH directly at 888-599-1771. The mailing and fax addresses for submissions are also included below:

Application mailing address:

    PO Box 22869, Louisville, KY 40252-0869

Application fax number:

    Fax: 866-293-0414.

Provider organizations can determine those providers that will be subject to the new process ahead of time by sorting their provider lists by month of their birth and whether they were born in an odd or even birth year.   For example, a Massachusetts provider born in March of 1951 would be recredentialed in March of 2007 as both 1951 and 2007 are odd number years.

System Security

The CAQH UCD operates under strict privacy guidelines. The CAQH UCD is designed to comply with laws, rules and regulations relating to the privacy of individually identifiable health information and pertaining to confidentiality and security in the development of the database and the data collection process. The CAQH database is housed in a secure Network Operations Center, which is controlled by biometric hand scanners, and access is limited to engineers and monitoring staff. All network traffic to and from the center is routed through redundant firewalls for complete security to the database and on-line systems. Secure Internet access to application screens, use of passwords, electronic signatures/certificates, and powerful 128-bit Secure Socket Layer (SSL) encryption are used to ensure only authenticated use of the system. Only password-authenticated users have access to their restricted data over connections that automatically encode all information exchanges. Virus detection mechanisms are used to ensure that the database and the Web sites are free of all viruses. Routine tape back-ups protect all volatile system data and are secured in an off-site storage facility. For more information related to security, privacy and confidentiality, go to
https://caqh.geoaccess.com/oas/Security.srf.

For the protection of each provider's information in the CAQH database a unique username and password is created for each individual record within the database.

HCAS and its member plans have reviewed health plan credentialing data to remove duplicate provider records. Plans used multiple identifiers including name, date of birth, license number and other unique identifiers to ensure that duplicate records have been removed from our database. In a few cases providers submitted incomplete data to HCAS plans or did not update plans during certain events such as name changes associated with marriages, divorce, etc., and in these cases HCAS chose not to delete

records that were in question, therefore a few duplicate records may exist among the tens of thousands of providers in our health plan networks. If a provider can document that his or her record is in the CAQH system more than one time, we ask the provider to contact each plan with which he/she participates to update billing and enrollment information.

Providers that Elect Not To Use Computers or E-mail

Providers that do not utilize computers or e-mail may utilize the fax or mail application processes. Information on how to submit a credentialing application can be accessed on the HCAS website (http://www.hcasma.org/solutions.html#training) and upon credentialing time providers will receive HCAS welcome packets that include all the information needed to submit an initial or recredentialing application.

Providers that do not have their credentialing performed by another party, such as a hospital, independent practice association, physician organization or medical staff office, so called "individual practitioners", may submit applications according to the same process as centrally managed provider groups as described above.

Early Adopters Program

HCAS and its participating plans have been working with a group of provider organizations including hospitals, health systems and both large and small physician organizations. This consultative group has worked with HCAS for over one year and nearly all the provider organizations in this group volunteered to participate in our early adopters program this fall and winter. The program will include processing both initial applications and recredentialed provider applications and will be used throughout the fall and winter to provide HCAS with valuable feedback regarding our new process. We are currently in the third month of the early adopter program.

As stated earlier in this document, HCAS plans are committed to processing physician applications according to the Massachusetts Statement of Principles and we ask that Massachusetts hospitals also follow these principles by supporting universal adoption of the IMA in this state.

Once again, we hope that you find this informational document helpful and it assists you and your respective members in understanding our initiative.

Attachments

1. Important Contact Information for Credentialing Inquiries
2. Glossary

Important Contact Information

1. Universal Credentialing DataSource (UCD) Support

- Providers using the Online Application System
- Practice managers using the Practice Administrator Module
- Questions regarding faxed applications and supporting documents
- Application requests
- Any general UCD questions

Provider and Practice Manager Support   888-599-1771
E-mail help@caqh.geoaccess.com

2. CVO Questions and Support

Toll-free support number 800-398-0335   Option 4
Toll-free fax 800-485-9592

3. Plan Contact Information for Credentialing Inquiries

Blue Cross and Blue Shield of Massachusetts	1- 800-316-2583
Fallon Community Health Plan	1-866-275-3247 askfchp@fchp.org
Health New England	1-800-842-4464
Harvard Pilgrim Health Care	1-800-708-4414 provider_callcenter@hphc.org
Neighborhood Health Plan	1-800-462-5449 CustomerCare@nhp.org
Network Health Attn. Credentialing Supervisor	1-888 257-1985
Tufts Health Plan	1-888-306-6307

Health Care Administrative Solutions (HCAS) Credentialing Glossary

Acronym or Term:	Full Name:	Definition:
Aperture®	Same	Provides primary source verification services to HCAS participating plans.
CAQH®	Coalition for Affordable Quality Health Care®	Designers of the Universal Credentialing DataSource, or UCD (see definition below).
CVO	Credential Verification Organization	A business that verifies credentials on behalf of health plans.
HCAS	Health Care Administrative Solutions, Inc.	An independent organization of Massachusetts health plans created to collaborate on streamlining administrative functions.
PSV	Primary Source Verification	Service to verify provider credentials based on the original source.
UCD	Universal Credentialing DataSource	A national, centralized database. Providers submit and update their credentialing data to the UCD. Participating health plans draw credentialing data from this common database.

Note:

The **Integrated Massachusetts Application (IMA)** can be found on the HCAS website at www.hcasma.org. Click on "Solutions" and a Resource section is included on that webpage.