

MdHiMA

Maryland Health Information
Management Association

An Affiliate of
AHIMA
American Health Information
Management Association®

February 28, 2006

Dennis Phelps
Associate Director, Audit and Compliance
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Mr. Phelps,

This letter is being written on behalf of the members of the Maryland Health Information Management Association and its Board, in response to the request from Maryland Hospital Association (MHA) for additional feedback regarding Health Services Cost Review Commission's (HSCRC) proposed method for collecting diagnosis present on admission, to meet the Center for Medicare and Medicaid Services (CMS) plan to begin collecting this information.

The subsequent information provided after the responses in July from HSCRC has been reviewed by our members and we would like to submit the following for your consideration:

- Is the POA required for all patients?
- Discrepancy regarding HSCRC requirement 'E' for exempt Vs the UB04 leaving blank.
- The HSCRC tape only requires 15 diagnoses, so do we only need top 15 with POA indicator?
- Physician involvement, any potential on their reimbursement?
- We should clarify the effective date 4/10/07 vs. 7/1/07 with the HSCRC.
- Idea of educating the Medical Staff on POA via MedChi.
- If we are to only flag the top 15 codes in Maryland, will 3M recognize this?

Thank you for the opportunity to present our comments and concerns. If we can be of further assistance in this process, please do not hesitate to contact me.

Sincerely,

Mona Calhoun

Mona Y. Calhoun, MS, RHIA
President, MdHIMA



P. Todd Cioni
Associate Commissioner, Compliance and Enforcement
Maryland Insurance Administration
525 St. Paul Place
Baltimore, MD 21202-2272

Dear Associate Commissioner Cioni:

We understand that in response to Maryland Senate Bill 636 you have posed three questions relating to provider credentialing applications. On behalf of the Maryland Health Information Management Association membership, we are writing to encourage the Maryland Insurance Administration (MIA) to adopt the CAQH Provider Credentialing Application in lieu of the current Maryland Uniform Credentialing Form.

CAQH is a nonprofit alliance of health plans, networks and trade associations covering more than 100 million Americans. Its Universal Credentialing Datasource® (UCD) is a uniform, electronic data-collection system that eliminates redundancy and inefficiency commonly associated with traditional paper-based credentialing processes. UCD enables physicians and other healthcare professionals to post the credentialing and demographic information required by health plans, hospitals and other healthcare organizations to a secure, national database.

The service is available to providers free of charge in all 50 states and the District of Columbia. The centralized information is controlled by the provider, who must authorize UCD-participating health plans and other healthcare organizations to use his or her data. Once authorized, those health plans and other healthcare organizations can access the information for their internal provider credentialing processes. UCD also offers them with real-time access to reliable provider information for quality assurance and support services, such as directories and claims processing. Regular provider updates to their record throughout the year ensures the quality and timeliness of the UCD information. To date, more than 380,000 providers have registered to use this system.

Before the CAQH service was available, provider practices spent countless hours and thousands of dollars annually to complete multiple credentialing applications. Since its launch in 2002, CAQH estimates that UCD has saved nearly \$50 million and eliminated more than 1.25 million legacy paper applications. The resulting dramatic reduction in paperwork is alleviating a significant source of dissatisfaction and cost among the participating providers and 280 affiliated health plans.

MdHIMA believes that replacing the current form with the CAQH form will help further streamline healthcare administration in Maryland by reducing the amount of paperwork involved in provider credentialing. In addition, we believe that the CAQH Provider Credentialing

Application can work for all types of providers who are credentialed. This is evidenced by the broad support the form has received from accreditation organizations, health plans, professional societies, providers and state officials across the country.

Accreditation Organizations	National Committee on Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Health Plans	More than 280 companies, including CareFirst BCBS, Aetna, CIGNA, Kaiser, Magellan and more than 275 others
Professional Societies	Including, but not limited to, American Medical Association (AMA), American Academy of Family Physicians (AAFP), Medical Group Management Association (MGMA), and National Association of Medical Staff Services (NAMSS)
Providers	Nearly 320,000 providers nationwide have completed the CAQH Provider Credentialing Application
State Officials	Supported by state officials in District of Columbia, Indiana, Kentucky, Louisiana, Rhode Island, Tennessee and Vermont. The form is also being considered in Kansas, Missouri, Ohio, and Texas

To achieve the maximum efficiencies with the CAQH form, MdHIMA also recommends that MIA reference the CAQH Provider Application in regulation and authorize the Commissioner to amend the reference if a new version of the CAQH application is available, or otherwise as needed. This is the approach that was employed in Indiana (please refer to Indiana Code 27-8-11-7 as well as the link toward the bottom of <http://www.in.gov/idoi/health/>), and offers the MIA the flexibility to adopt and deploy improvements quickly. Further, we think it is critical that MIA use only the CAQH form for provider credentialing in Maryland. Allowing providers the option to use multiple forms at their own discretion will undo much of the standardization that has been achieved to date.

Because MdHIMA is committed to reducing the administrative costs and complexity of healthcare, we believe the efficiencies created by this initiative offer many exciting opportunities for the State of Maryland, and urge your consideration and adoption. Additional information is available on the CAQH website at www.caqh.org/ucd.php.

Sincerely,

Mona Calhoun MS, RHIA
 President MdHIMA