



MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: FEBRUARY 23, 2009

Re: A.764 (Gottfried) – AN ACT to amend the public health law and the insurance law, in relation to certain application and referral forms for health care plans

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The proposed legislation, A.764, amends the Public Health and Insurance Laws to require the Department of Health and the Department of Insurance to create a uniform credentialing form. Today New York has a uniform form and process that makes this proposal a bill in search of a problem.

Consider the following credentialing facts:

- The Coalition for Affordable Quality Healthcare (CAQH) has established the Universal Provider Datasource (UPD) service, the industry standard for collecting provider data used in credentialing nationwide.
- Since November 2002, New York's health plans have continued to sign-on to the UPD system and today 29 health plans in New York participate with CAQH and have adopted and accept the UPD. Medicaid managed care plans are participating as well.
- Currently, 65,500 health care providers in New York are using this service and the subscribers continue to grow daily.
- There is no cost to physicians or other providers for using this service.
- In addition to health plans, the CAQH system has been endorsed by several key specialty societies in New York such as the New York State Academy of Family Physicians.
- This nationwide system facilitates intrastate and interstate credentialing. Currently Indiana, Kentucky, Kansas, Maryland, Missouri, Ohio, Rhode Island, Vermont, Tennessee, Louisiana, New Jersey and the District of Columbia have adopted the CAQH form as either the state form or as an acceptable option.

The tipping point has been reached. An electronic data system is now in place that allows physicians to complete a single data form that will be acceptable to health plans across the state and nation. While a mandate requiring physicians to join the CAQH program might make sense, HPA believes such a mandate is unnecessary and remains ready to work with provider representatives on innovative ways to gain even greater voluntary physician sign-up.

It would seem counterproductive to charge New York State agencies with creating a form for use in New York only, a costly and complex process, when it's already in place in New York and forty-nine other states. For all these reasons and more, New York Health Plan Association urges lawmakers to vote **NO** on A.764.

The New York Health Plan Association represents 25 managed care health plans that provide comprehensive health care services to nearly 7 million New Yorkers.