



# MEMORANDUM IN

**FOR IMMEDIATE RELEASE: MARCH 3, 2015**

Re: A.443-A (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.443-A, amends the Public Health and Insurance Laws to require the Department of Health and the Department of Financial Services to create a uniform credentialing form. Today New York has a uniform form and an electronic process that makes this proposal a bill in search of a problem.

Consider the following credentialing facts:

- The Council for Affordable Quality Healthcare (CAQH) has established the Universal Provider Datasource (UPD) service, the industry standard for collecting provider data used in credentialing nationwide. More than 1.3 million providers are already using the service and usage grows by more than 7,000 providers per month.
- Since November 2002, New York's health plans have used the UPD system. Today, 65 healthcare organizations in New York participate with CAQH and have adopted and accept the UPD. Medicaid managed care plans are participating as well.
- Currently, 115,000 health care providers in New York are using this service (55, 600 of which are MDs and Dos – more than 85% of the licensed and practicing physicians in the state) and provider participation continues 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. Nationally, AAFP, ACP, AHIMA, AMA and MGMA have expressed their strong support for the UPD. In addition, NCQA, URAC and the Joint Commission have approved the UPD application for provider self-reported data collection.
- This nationwide system facilitates intrastate and interstate credentialing. Currently Indiana, Kentucky, Kansas, Louisiana, Maryland, Missouri, New Jersey, New Mexico, Ohio, Rhode Island, Vermont, Tennessee and the District of Columbia have adopted the CAQH form as either the state form or as an acceptable option.
- A 2012 survey found that 91 percent of providers using UPD are satisfied. Further, nine out of ten providers would recommend their peers use UPD.

**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 is counterproductive to charge New York State agencies with creating a new form for use in New York—a costly and complex process—when there is already a widely recognized and used application form and process in place in New York and 49 other states. For all these reasons and more, New York Health Plan Association urges lawmakers to vote **NO** on A.443-A.