
Call for Participation: Validation of Health Plan Web Sites

This call for participation is an opportunity for providers to weigh in on health plan web sites.

In response to SB5346, the Admin Simp workgroups have agreed upon recommended sets of information, capabilities and practices for health plan web sites (aka Best Practice Recommendations BPRs). These best practices address the following different functionality of a health plan's web site:

- Eligibility & Benefits
- Claims Status
- Pre-Authorization & Admit Notification

The workgroups have also developed and tested structured and objective processes for validating these web site functions against the information, capabilities and practices that are called for in the BPR (aka Validation Methodology). We are looking for provider organizations to join in a collaborative process to use this methodology to validate the different functions of health plan web sites. The results of this process will be posted as 'Validation Ratings' on the OneHealthPort web site.

Why should I take time to do this?

Participating in this process:

1. Helps you and your staff become familiar with health plan web site capabilities and the efficiencies that they bring.
2. Gives you a voice in communicating what works well and what doesn't, and allows you to influence the usability of these sites
3. Allows other providers to see a "provider perspective" of the web site

A provider organization that participated in this process said:

"The way I look at this: we put a lot of hours and emotion into these BPRs, validating is a piece of the providers' responsibility in this process! We want it to be done "right", and we have a lot at stake to be sure it is accurate and easily understood. I have no problem with the length of time it took for us - we actually learned a lot more about the Premera web site than we ever knew before."

What type of people are you looking for?

Provider staff who:

- Have responsibility for requesting pre-authorization, getting eligibility/benefits, checking claim status as appropriate to the web site function being validated; and
- Have a OneHealthPort credential and who use OneHealthPort to access health plan web sites as part of their operational responsibilities

Participating provider staff can either serve as an ongoing resource for validation efforts or as a one-time resource to validate one function of a web site for one health plan.

What is the process?

1. A health plan implements a function on their web site and self reports a validation rating. This rating is posted on the OneHealthPort web site.
2. That self reported rating stands until provider staff from at least 3 organizations validate that function on the health plan's web site.
3. Interested provider staff are emailed a validation checklist that is appropriate to the function of the web site, e.g. pre-auth, eligibility/benefits. Completion of the checklist typically takes less than an hour, with a good portion of that time being the standard work of checking on pre-auth, or eligibility. Completed checklists are sent back to Bill Campbell.
4. Bill compiles a composite worksheet using the individual checklists.
5. A meeting is convened to review the validation results and assign a rating. The respective health plan is invited to participate along with the validating provider organizations. (Though face-to-face discussion is preferred, participation by phone is just fine.)
6. The rating is posted on the OneHealthPort web site.

Who should I contact to get involved?

Bill Campbell, Admin Simp Facilitator
wec3@viaconsulting.com

Bottom line: Less than 2 hours of time is required for validation of each health plan web site function. Better yet, this process will familiarize provider staff with the web sites and give valuable feedback to the health plans about how well they work.