

RESOLUTION 82-08A

Title: Medicaid Managed Care Organizations Credentialing and Non-payments of Claims

Introduced by: Mark R. Villeneuve, MD, for the Wayne County Delegation

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Referred to: Reference Committee B

House Action: Adopted

Whereas, most insurance companies such as Blue Cross/Blue Shield of Michigan, Health Alliance Plan, and Cofinity (PPOM) pay claims for care delivered while the provider is undergoing an ultimately successful credentialing process, and

Whereas, the Medicaid sponsored managed care organizations (MCOs) do not pay for claims arising during the initial credentialing process, and

Whereas, this results in financial hardship for newly-practicing physicians to care for Medicaid MCO patients for a varying period of time, potentially limiting access to care for an underserved group, and

Whereas, physicians experience unnecessary loss of revenue negatively impacting new physician practices through loss of revenue that is lost forever; therefore be it

RESOVLED: That MSMS urge the Michigan legislature to compel Medicaid managed care organizations to conform to the common practice of retrospective reimbursement for care provided in good faith during the credentialing period.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE