

MEDICAID PROVIDER CREDENTIALING PROGRAM

Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5487 as introduced

Sponsor: Rep. Edward J. Canfield, D.O.

Committee: Health Policy

Complete to 1-30-18

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 5487 would add Section 111m to the Social Welfare Act, which would require the Michigan Department of Health and Human Services (DHHS) to create, and managed care providers to comply with, a Medicaid Provider Credentialing Program. The bill would take effect 90 days after enactment. (Proposed MCL 400.111m)

The bill would require DHHS to do all of the following:

- Establish, maintain, and revise, as necessary, a Medicaid Provider Credentialing Program for providers of medical assistance. In complying with this requirement, DHHS may consult with medical services providers required to accept credentialing.
- Ensure that the Program creates uniformity, in order to streamline acceptance of medical service providers by contract health plans.
- Ensure that the Program establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan.
- Submit a report to the legislature describing the establishment of and any revisions to the Program. (The report would be submitted 6 months after HB 5487 takes effect and annually thereafter.)
- Ensure that all of its forms, processes, and contracts related to providing medical services comply with the Program.

Under the bill, a managed care provider that provides medical services to medical assistance recipients, either directly or through a contract, must comply with the Program.

Section 105 of the Act provides that, as used in Sections 105 to 112 of the Act, *provider* means an individual, sole proprietorship, partnership, association, corporation, institution, agency, or other legal entity, who has entered into an agreement of enrollment specified by the DHHS director.

FISCAL IMPACT:

House Bill 5487 would increase one-time state administrative costs by a negligible amount in order to establish and implement a uniform Medicaid credentialing program. Once implemented, the bill would not have a fiscal impact on the state or local units of government.

Legislative Analyst: Jenny McInerney
Fiscal Analyst: Kevin Koorstra

■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.