

Issues with Medishare/Christian Care Ministries which is under Multiplan/PHCS (Private Healthcare System) and meeting payment deadlines

from Jon Jantz, MD, FAAP

Beware of slippery insurance contracts

The more things change, the more they stay the same. Today it is “du ja vu all over again” to quote Babe Ruth.

Realizing that we have various degrees to which each of us reviews our insurance contracts, even with the best reviews, sometimes things slip past us. Our example today is from Medishare/Christian Care Ministries which is under Multiplan/PHCS as a network contract for insurance companies. As such, Multiplan is treating them as an insurance company on one hand and not on another.

Every other third party payer represented by Multiplan that I am aware of is an actual insurance company. When we contacted Multiplan/PHCS in July of 2016, their provider rep told us that Medishare/Christian Care Ministries was an insurance company. However, we have multiple documentation that their approach to claims is to start by having the member pay a co-pay, typically \$35. Then they take the remaining billed amount and “reprice it” and have the member pay the balance with Medishare never actually paying anything. In no instance has the final paid amount been even up to Medicaid amounts, frequently significantly lower.

Medishare consistently fails to meet reimbursement deadlines set by Multiplan/PHCS. The Accountable Care Act (ACA) sets forth a guideline for a clean claim to be paid within 30 days. Medishare typically takes 3 to 4 months or longer. When we contacted them about tardiness in payment, they indicated that they “were a medical share plan and we don’t have to comply with the clean claims rule.” We asked for remedy of this breach from their Corporate Quality Management Coordinator in September of 2016 and never received anything.

Multiplan/PHCS has done nothing to enforce payment according to its fee schedule/contract. They claim that we must abide by the Medishare rates even though we have never signed a contract with Medishare and have never agreed to accept their rates or fee schedules. Multiplan/PHCS response has consistently been that since we were participating in Multiplan/PHCS, we had to accept the contract rates set forth by Medishare/Christian Care Ministries. Multiplan/PHCS has taken the position that they can only apply the fee schedule agreed to by the provider and the third-party payer.

However, with no underlying agreement between the provider and third party payer, Multiplan/PHCS has no fee schedule to apply.

We don’t know if children on Medishare are eligible to have immunizations from either the federal Vaccines for Children (VFC) or the Children’s Health Insurance Program (CHIP) that provides free vaccines because it is undetermined whether they are under-insured or not insured. Complicating matters further, Medishare/Christian Care Ministries does not pay for commercial vaccines or the administration of immunizations.

True cost-sharing plans do qualify for CHIP vaccines and we do have other patients on true cost-sharing plans which are recognized by the State of Kansas. We have contacted the state vaccine program and Medishare is not recognized by the state for CHIP vaccines.

Furthermore, Multiplan/PHCS has not enforced payment for vaccines according to its fee schedule/contract.

This means that Medishare/Christian Care Ministries has misrepresented itself as an insurance company to Multiplan/PHCS, but sells itself as a “medical share plan” to consumer/members and short-changes their medical providers. Multiplan/PHCS is being scammed by Medishare/Christian Care Ministries and participating in the scamming of physicians.

We filed a complaint with the insurance commissioner regarding this issue and the essence of their response is that since Medishare is not an insurance company they have no authority to enforce anything. Only Multiplan/PHCS can do something.

We checked the other insurance companies in our area and the only other third party payer that uses Multiplan/PHSC in our area was Amerigroup. However, Amerigroup Medicaid is separate from their commercial account and we contract with them directly.

In this column, I cannot tell anyone to not contract with any company, but can only relate what we did in our clinic. We dropped our Multiplan contract and contract directly with Amerigroup for their Medicaid contract.

Incidentally, about 10 years ago, Preferred Health Care System (PHCS) was involved in a different arrangement that paid less than Medicaid. PHCS later was bought by/merged to become part of Multiplan/PHCS. De ja vu. . .

This is one more example of why it is important that someone in your clinic is tracking payment rates so that you are reimbursed enough to keep your doors open. In our clinic, we have decided not to accept anything less than the Medicaid rate.

This is an example of why it is important to understand the difference between insurance companies, medical sharing plans and repricing agents. Then of course, just when we think we understand the difference, we discover a different example where one company is doing both at the same time. Blue Cross of Kansas is a registered insurance company and also acts as a repricing agent for two other major insurance companies in Kansas. Does this give them access to too much information about what other companies are paying as well as other health information? At what point does that cross the line to become Anti-Trust activity?

Alas, that is a discussion for another day.