How to Contest a Drastic Reimbursement Cut by a Medicaid Managed Care Plan

Webinar Presented by Jeffrey Baird, Esq. of Brown & Forutnato
Monday, January 22, 2:30-3:30 p.m. EST

It is the proverbial “Irresistible Force Meeting the Immovable Object:” State Medicaid rolls are continuing to expand...but Medicaid programs are constrained by limited money. In an attempt to contain costs, State Medicaid programs are contracting with Medicaid Managed Care Plans (“Plans”). The State contracts with the Plan to provide health care services and products to beneficiaries under a capitation payment (fee per member per month). The Plan then contracts with providers and suppliers to provide the products and services to Medicaid beneficiaries. Plans focus on profits. In order to generate profits, Plans are (i) cutting reimbursement and (ii) contracting with a small number of providers and suppliers...and in some cases, Plans contract with only one provider/supplier. If a DME supplier is facing drastically reduced reimbursement and/or being bumped off of Plan's panel, the supplier needs to know what responsive steps to take.

This program will (i) discuss what a Plan is and how a state Medicaid program will contract with it; (ii) examples of Plans drastically reducing reimbursement and limiting the number of DME suppliers on their panels; and (iii) steps that the supplier can take to respond to the Plan's actions. These steps include (i) utilizing the Plan's appeal/grievance process; (ii) determining if the state has an applicable “any willing provider” statute; (iii) filing a complaint with the State Insurance Commission; (iv) lobbying the State Medicaid program; (v) lobbying the state legislature; and (vi) contacting Medicaid beneficiaries directly.

Price: Member $99.00  |  Non-Member $129.00

No online registration is available for this program as we change over association management systems. Please use the form below to reserve a webinar line.

Name:  
Title:  

Email:  
Phone:  

Company:  

Company Street Address:  

City, State, Zip:  

Payment:  
☐ Check (made payable to AAHomecare)  
☐ I Authorize Charging my Credit Card  
☐ VISA  ☐ MASTERCARD  ☐ AMEX

Card Number:  
Exp  
CVV  

Name on Card  
Billing  
Zip  

Address

Total Amount to be Charged  

EMAIL this form to Cherie Newell at cherien@aahomecare.org  
FAX to (202) 835-8306