

## RESOLUTION 2022-C

**SUBJECT:** Reducing the Waiting Period for Credentialing, Recredentialing and Enrollment of Health Care Professionals by Health Plans

**SUBMITTED TO:** Michigan Osteopathic Association House of Delegates

**SUBMITTED BY:** Joe Gorz, DO and Al Juocys, DO/ Oakland County Osteopathic Medical Association

**REFERRED TO:** Public Affairs Reference Committee

**RECCOMENDATION:** Approve as amended

### ACTION TAKEN AT MOA HOD:

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1 **Whereas**, credentialing and privileging are essential for healthcare quality, safety, and risk  
2 management; **AND**,

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4 **Whereas**, credentialing is required for all licensed individual health care professionals to  
5 participate with health insurance companies; **AND**,

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7 **Whereas**, physician credentialing, the process of evaluating the qualifications and practice  
8 history of a physician, can sometimes take as long as 120 days, **SUBSEQUENTLY** sidelining  
9 physicians and creating barriers to patient care; **AND**,

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11 **Whereas**, delays in the credentialing process add administrative costs that are especially  
12 damaging to physicians in rural communities and those who have recently completed graduate  
13 medical education programs; **AND**,

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15 **Whereas**, the credentialing process is prone to human error, which in turn results in missing  
16 data and delayed delivery of information, which then ultimately leads to delays in patient care;  
17 **AND**,

18  
19 **Whereas**, the credentialing process is time-consuming, costly, dangerous, and often inaccurate  
20 **WITH** 85 percent of applications ~~are~~ missing critical information that is required for processing;  
21 **AND THEREFORE BE IT**,

22  
23 ~~**Whereas**, medical practices spend, on average, \$7,000 for each provider's credentialing~~  
24 ~~application, plus 20 hours of administrative time;~~

25  
26 ~~**Whereas**, until physicians are credentialed, claims for the services they provide may go unpaid;~~

~~Whereas, real-time primary-sourced data can be centralized and automated, making provider verification easier, quicker, more accurate, and protected; and therefore be it~~

**RESOLVED**, THAT THE MICHIGAN OSTEOPATHIC ASSOCIATION (MOA) ADVOCATE FOR TRANSPARENT, UNBURDEN SOME AND COST EFFECTIVE CREDENTIALING PROCESSES, PARTICULARLY FOR INDEPENDENT PHYSICIANS, AND BE IT FURTHER,

**Resolved**, that the ~~Michigan Osteopathic Association~~ MOA request legislation be introduced **BY THE MOA COUNCIL OF GOVERNMENT AFFAIRS**, requiring the reduction of the length of time required for credentialing, re-credentialing and enrollment by any health plan to 90, days when a clean provider application is submitted to the health plan, **AND BE IT FURTHER**,

**RESOLVED**, THE MOA FORWARD THIS RESOLUTION TO THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) FOR NATIONAL ADVOCACY EFFORTS WITH THE APPROPRIATE EDITS AND CORRECTIONS NECESSARY FOR PRESENTATION TO THE AOA.

**RESOURCES:**

[“Pennsylvania Health Care Workforce Needs.”](#) Joint State Government Commission, General Assembly of the Commonwealth of Pennsylvania. Staff Study. Published 4/2019.

155 Rural Hospital Closures: January 2005–Present. The Cecil G. Sheps Center for Health Services Research, University of North Carolina.

September 2019 analysis of data from the Kaiser Family Foundation and CAQH.

Wikler E, Bausch P, Cutler DM. Reducing Administrative Costs and Improving the Health Care System.” New England Journal of Medicine 367, no. 20. 11/15/2012.

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