

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 19-15

INTRODUCED BY: Anne Arundel and Howard County Medical Society

SUBJECT: Health Insurance Carriers' Credit Card Payments

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1 Whereas, insurance carriers are claiming “if a medical practice is accepting credit cards in any fashion that they must  
2 accept the amount paid as payment”; and  
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4 Whereas, the paper “virtual” credit card expires after three months, costs loads to processes and carries monthly fees;  
5 and  
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7 Whereas, each processor must be notified for every client file to demand a check or electronic form of payment; and  
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9 Whereas, the insurance carriers will just go to a different credit card processor where the whole opt-out process needs  
10 to be done again for each claim; and  
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12 Whereas, IWIF and Chesapeake Insurance have obtained PBM coverage for WCC patient’s Rx’s and Express Scripts  
13 requires prior authorization paperwork on every prescription but will not act upon it because only the adjuster can  
14 “approve” the prescription; and  
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16 Whereas, these tactics are just a way to delay patients receiving their medications, creates useless paperwork for  
17 physicians and pushes patients into paying for their medication; and  
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19 Whereas, adjusters are not available after 4 pm on Fridays, and over the weekend and if an adjuster is on leave,  
20 vacation, been transferred, etc., this results in there being no one available who can approve the medications; and  
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22 Whereas, many adjusters will not talk to anyone other than the patient’s lawyer...”because they have a lawyer”; and  
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24 Whereas, 3<sup>rd</sup> party reviewers are automatically down coding prepayment even in instances where the services have  
25 been prior authorized; and  
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27 Whereas, denials of payment on prior authorized services, results in multiple delays and appeals only to hear “we  
28 should have paid that” and still there is a long wait time until physicians actually do get paid; and  
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30 Whereas, CareFirst is not processing monthly premium payments on patients that are high utilizers and they are also  
31 not paying because “premiums were not paid”; therefore be it  
32  
33 Resolved, that MedChi work within its appropriate means to prevent the insurance carriers from causing delays in  
34 patients receiving their medications and pushing patients into paying for their medications; and be it further  
35 Resolved, that MedChi work within its appropriate means to prevent the insurance carriers from effectively reducing  
36 payment via credit cards.

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39 As adopted by the House of Delegates at its meeting on September 19, 2015.

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