



Title: Timely Filing of Medical Claims

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1 **WHEREAS**, some medical claim payors have difficulty meeting state-mandated timely payment of clean claims,
2 which delays claims, and

3 **WHEREAS**, the proliferation and application of CPT, ICD-10, and HCC codes and modifiers have created significant
4 burden and confusion for family physicians to efficiently and appropriately file claims and get reimbursed for
5 appropriately-provided medical services in a timely manner, and has contributed to delays or non-payment of
6 services, and

7 **WHEREAS**, medical claim payors set their own arbitrary standard for timely filing of clean claims, some up to one
8 year or less for initial claims and as short as 60 days for refiled/reworked claims, and

9 **WHEREAS**, medical claim payors have created many roadblocks to submitting clean claims within their timely filing
10 time limit, including but not limited to prior authorizations, coverage denials as “unnecessary,” incomplete information
11 coding errors not clarified by the payor, coordination of benefits, bundling of services, need for refilling, insurance
12 company delays in clarifying eligibility, multiple third-party administration of claims, and third-party payor services
13 used for payment, and

14 **WHEREAS**, Medical Group Management Association indicates the cost of reworked claim is \$25 and 50%-65% of
15 rejected claims are never reworked, resulting in significant loss of income or excessive cost for family physicians, and

16 **WHEREAS**, value-based incentive payments are many times delayed and inaccurate due to claims data and payors
17 not allowing adequate time to reconcile or correct inaccurate data, and

18 **WHEREAS**, medical offices, especially independent family medicine offices, are burdened with many issues such as
19 staffing, complexity of claims, volume of work claims, and many others that interfere with or delay timely filing, and

20 **WHEREAS**, due to the cost of filing a claim as well as reworking claims and denials, family physicians lose significant
21 amount of income for appropriately-provided services provided for patients, now, therefore, be it

22 **RESOLVED**, that Michigan Academy of Family Physicians develop recommendations for an extended, if not
23 indefinite, timely filing period for medical claims; and be it further

24 **RESOLVED**, that Michigan Academy of Family propose legislative action to change or eliminate timely filing
25 deadlines that result in loss of income for family physicians when appropriate services have been provided for
26 patients; and be it further

27 **RESOLVED**, that Michigan Academy of Family Physicians propose American Academy of Family Physicians (AAFP)
28 investigate and advocate for changes to insurance/payor timely filing policies that result in loss of income for family
29 physicians when appropriate services have been provided for patients, and that AAFP advocate for improved and
30 expedited payment for family physicians.