

BLUE CROSS BLUE SHIELD OF MICHIGAN TESTIMONY
Before the Senate Health Policy Committee on HB 5090-5091
May 17, 2016

Thank you Mr. Chairman/members of the Health Policy Committee. I am Kristen Kraft, Director of State Relations for Blue Cross Blue Shield of Michigan.

I appreciate the opportunity to come before you to address our concerns relative to House Bills 5090-5091. We believe this legislation would eliminate the ability of health plans to establish their own reasonable credentialing standards to determine credentialing and physician network participation. Established and nationally recognized quality standards like Maintenance of Certification (MOC) also serve as a quality measure for our members. We believe it would be a mistake to remove this widely recognized national standard at this time.

While we believe the MOC has merit, we also acknowledge the genuine concerns communicated by the provider community that the Maintenance of Certification requirements of the American Board of Medical Specialties (ABMS) has fallen short of its goals. To that end, the ABMS has begun to re-evaluate the MOC standards to determine whether they should be modernized, made less burdensome, less costly and brought more in line with today's medical standards.

It is our understanding that the American Board of Internal Medicine (ABIM), the largest of the 24-member certifying boards of the ABMS, recently apologized for shortcomings in the design and implementation of the MOC process. The ABIM recently agreed to relax several components of MOC through 2018, allowing time for the program to be reassessed as they collaborate with state medical societies to redesign an MOC program that reflects current standards of care that are more acceptable to the provider community.

Maintenance of Certification was originally instituted as a measure to ensure physicians maintain high education standards and remain up-to-date with new medical developments and ever changing medical treatment therapies and techniques. Our members demand high standards from their medical providers and expect that the physicians they select from our network are the best in their field of specialty. We believe this one of the many benefits of choosing a Blue plan.

Until the American Board of Medical Specialties either alters the MOC process or replaces it with an alternative credentialing tool, we ask that you not remove our ability to use it. In the meantime, we remain hopeful that quick action can be taken to establish, implement and communicate consensus-derived changes to the MOC that ensures physicians remain held to high lifelong learning standards relative to the delivery of quality medical care for our members.

In closing, BCBSM believes MOC remains a valuable credentialing process and until it is re-evaluated or improved, we support its use by hospital systems and insurers as a standard quality measure. House Bills 5090-5091 are a step in the wrong directions and would remove nationally recognized certification requirements as a measure for continued clinical competence. Instead, we believe physician concerns with the MOC should be addressed directly with the credentialing boards.

Thank you for your consideration and I welcome any questions.