

Frequently Asked Questions Pertaining to OmniCare Health Plan's Rehabilitation

Provider Related Questions:

1. I'm a medical provider who was providing services to OmniCare prior to July 31, 2001. Were should I submit my bill for services?

The deadline for submission of objections to how your claims are treated under the Rehabilitation Plan is tentatively 5:00 p.m., Thursday April 11, 2002. Your written objections must be filed with the Court and the Attorney General by that date or you will have waived any objection to the Rehabilitation Plan's treatment of OmniCare's debt to you. Any claims not listed in the Plan or brought to the attention of the Court and the Attorney General by 5:00 p.m. Thursday April 11, 2002 will be discharged.

For medical services provided on or after July 31, 2001, claims should be submitted to OmniCare following the normal billing process. OmniCare is continuing to process and pay providers for all services rendered on or after all July 31, 2001.

2. What is the procedure for payment of claims for services rendered prior to the Rehabilitation of OmniCare (July 31, 2001)?

Under the Rehabilitation Plan the provider will receive a percentage of the total dollar value of his or her Pre-rehabilitation claims. The proposed plan of rehabilitation is tentatively scheduled to be approved by the Ingham

County Circuit Court on April 25, 2002. The Court will determine whether or not the proposed Plan is fair to OmniCare's creditors, members, and the public in general. When the Court approves the Rehabilitation Plan, providers will be paid for Pre-Rehabilitation claims according to the terms and conditions set forth in the approved Rehabilitation Plan.

3. How far back can a provider bill?

If the date of service is before July 31, 2001, the provider's claims are subject to the Rehabilitation Plan. If the date of service is on or after July 31, 2001, or if a provider is not receiving timely payments for services provided to OmniCare members, please contact the Provider Services Department at 313-393-4540.

4. Do medical providers have to continue to provide services to OmniCare's members?

Yes. If the provider was contractually obligated to provide services to OmniCare members on July 31, 2001 the provider must continue to provide services. The Ingham County Circuit Court's Order of Rehabilitation and Injunctive Relief prohibit any contracted provider from terminating its contractual relationship with OmniCare. This means the provider must continue to provide all medical services pursuant to the terms and conditions of its contract which was in force and in effect on

July 31, 2001, the date the court entered the Preliminary Order of Rehabilitation and Injunctive Relief.

5. What percentage of the fee screen will OmniCare be paying providers?

Please refer to the Office of Financial and Insurance Services (OFIS) website at www.cis.state.mi.us/ofis. Be prepared to provide your OmniCare Provider I.D. number.

6. If a provider disagrees with the reimbursement amount owed to them what recourse do they have?

If you disagree, the deadline for filing objections to the rehabilitation plan is by tentatively 5:00 p.m., Thursday, April 11, 2002.

4. Is OmniCare going to continue?

It is the intention of the Office of Financial and Insurance Services that OmniCare continue as an independent health care plan.

5. If the state relinquishes its overseeing of OmniCare will payments slow down again?

No, the goal of the Rehabilitation Plan is for OmniCare to be re-structured so that it becomes a viable, efficient health care plan that is responsive to its members and providers.