VERMONT MEDICAL SOCIETY  
RESOLUTION

Protection of Patients’ Access to Physicians  
(Patient Care Not Paperwork)

Adopted on October 20, 2007

WHEREAS, the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) found, based on an evaluation of 2006 insurance plan data, that some members of Vermont plans did not appear to have timely access to non-emergent, urgent, preventive and mental health and substance abuse services; and

WHEREAS, BISHCA found that the overall practitioner satisfaction rate ranged from a high of 85% to a low of 43%; and

WHEREAS, sources of practitioner dissatisfaction identified in the BISHCA practitioner satisfaction surveys included claims payment processes, prior authorization processes, pharmacy management, and ineffective communications between practitioners and insurers; and

WHEREAS, in national class action settlements, insurers including Aetna, CIGNA, United, Wellpoint and many Blue Cross Blue Shield plans were found to have engaged in a conspiracy to improperly delay, deny, and reduce payments to physicians by improper conduct including:

- Failing to disclose use of edits to “bundle,” “downcode” or reject claims for medically necessary services,
- Failing to pay for medically necessary services,
- Failing to recognize CPT® modifiers,
- Failing to disclose applicable fee schedules, and
- Failing to pay claims for covered services within required statutory or contractual time periods; and

WHEREAS, Vermont physicians are being asked to take on additional responsibilities, such as providing language interpreters, performing mandated procedures, managing care and maintaining additional records and registries without commensurate increases in reimbursement; and

WHEREAS, obstacles to timely authorization, payment, credentialing and the efforts by insurers to delay, deny or recoup reimbursement for medically necessary care create a major source of stress for physicians; and

WHEREAS, many physicians are in small practices and have virtually no bargaining power with health insurers; and

http://www.bishca.state.vt.us/HcaDiv/Data_Reports/2006_Rule10_Data_Filing_Appendix.pdf
WHEREAS, the Area Health Education Center (AHEC) network’s 2006 Vermont Primary Care report found that the need for and shortage of primary care physicians is expected to increase in Vermont; and

WHEREAS, the Health Resource Allocation Plan (HRAP) identified shortages of other specialties;

WHEREAS, in order to ensure that Vermont is able to recruit and retain an adequate supply of physicians to protect Vermont patients’ access to timely physician care now and in the future, now therefore be it

RESOLVED, that the Vermont Medical Society work with the American Medical Association (AMA), state government, insurers, the Governor and the legislature to modify policies, regulations and laws to address the following issues

• Retrospective audits of paid and approved claims,
• Consistent claims processing using recognized CPT® codes and modifiers,
• Fair, transparent and uniform contracting,
• Access to performance data, rules and procedures underlying tiered networks and pay for performance,
• Timely credentialing,
• Timely and low cost opportunities for dispute resolution,
• Transparency and consent for rental networks, and
• Adequate reimbursement for mandated procedures and services, such as interpreters and lead screening.
• Adequate reimbursement for physician and staff time required to add administrative requirements mandated by 3rd party payors including utilization management process.