

1 VERMONT MEDICAL SOCIETY
2 RESOLUTION

3
4 **Protection of Patients' Access to Physicians**
5 *(Patient Care Not Paperwork)*

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7 *Adopted on October 20, 2007*
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9 WHEREAS, the Department of Banking, Insurance, Securities, and Health Care
10 Administration (BISHCA) found, based on an evaluation of 2006 insurance plan data,
11 that some members of Vermont plans did not appear to have timely access to non-
12 emergent, urgent, preventive and mental health and substance abuse services; and¹
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14 WHEREAS, BISHCA found that the overall practitioner satisfaction rate ranged from a
15 high of 85% to a low of 43%; and

16
17 WHEREAS, sources of practitioner dissatisfaction identified in the BISHCA
18 practitioner satisfaction surveys included claims payment processes, prior authorization
19 processes, pharmacy management, and ineffective communications between
20 practitioners and insurers; and

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

- 26 • Failing to disclose use of edits to “bundle,” “downcode” or reject claims for
27 medically necessary services,
 - 28 • Failing to pay for medically necessary services,
 - 29 • Failing to recognize CPT® modifiers,
 - 30 • Failing to disclose applicable fee schedules, and
 - 31 • Failing to pay claims for covered services within required statutory or
32 contractual time periods; and
- 33

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

38
39 WHEREAS, obstacles to timely authorization, payment, credentialing and the efforts
40 by insurers to delay, deny or recoup reimbursement for medically necessary care create
41 a major source of stress for physicians; and

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

¹ http://www.bishca.state.vt.us/HcaDiv/Data_Reports/2006_Rule10_Data_Filing_Report.pdf;
http://www.bishca.state.vt.us/HcaDiv/Data_Reports/2006_Rule10_Data_Filing_Appendix.pdf

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2 WHEREAS, the Area Health Education Center (AHEC) network's 2006 Vermont
3 Primary Care report found that the need for and shortage of primary care physicians is
4 expected to increase in Vermont; and

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

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

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

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