Whereas, Onerous administrative requirements can reduce practice efficiency and contribute to physician burnout, without improving patient care; and

Whereas, Fee for service payers including Medicare and Medicaid have historically advised that clinical documentation for outpatient services should be completed in a “timely manner” (or within some other non-specific timeframe); and

Whereas, A new Alaska Medicaid regulation arbitrarily imposes a “72 hour” rule, prohibiting payment for any outpatient claim unless documentation for the provided service had been substantively completed within three days of the visit (including weekends/holidays); and

Whereas, Neither government nor private health insurers should unilaterally impose burdensome documentation requirements without at least some evidence that the new rules will improve patient outcomes; and

Whereas, Alaska’s new regulation also includes a provision that the three day requirement shall be waived if a provider’s professional body has adopted policy specifying that a longer time period for documentation is appropriate; therefore be it

RESOLVED, That our American Medical Association agree that documentation for outpatient physician services should be completed in a timely manner; and be it further

RESOLVED, That for circumstances in which more specific definitions of timeliness are required, AMA policy is that documentation for outpatient services should be completed, when possible, within 14 days of a provided service; and be it further

RESOLVED, That our AMA work with government health plans and private insurers to help them better understand the unintended consequences of imposing documentation rules with unrealistically short timeframes, and that our AMA oppose the use of such rules or regulations in determining whether submitted claims are valid and payable.

Fiscal Note: Not yet determined

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