

## **AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION (N-21)**

Report of the Private Practice Physicians Section Reference Committee

Ronnie Dowling, MD, Chair

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1 Your Reference Committee recommends the following consent calendar for acceptance:

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3 **RECOMMENDED FOR ADOPTION**

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5 1. Resolution 2 – Enforcement of Administrative Simplification Requirements

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7 **RECOMMENDED FOR ADOPTION AS AMENDED**

8

9 2. Resolution 1 – Appeals and Denials – CPT Codes for Fair Compensation

10 3. Resolution 4 – Health System Consolidation

11

12 **RECOMMENDED FOR ADOPTION IN LIEU OF**

13

14 4. Resolution 5 – Standardized Coding for Telehealth Services

15

16 **RECOMMENDED FOR REFERRAL AS AMENDED**

17

18 5. Resolution 3 – Advocacy of Private Practice Options for Healthcare Operations in

19 Large Corporations

## RECOMMENDED FOR ADOPTION

(1) RESOLUTION 2 – ENFORCEMENT OF ADMINISTRATIVE SIMPLIFICATION REQUIREMENTS

## **RECOMMENDATION A:**

## **Resolution 2 be adopted.**

## **RECOMMENDATION B:**

**Resolution 2 be transferred immediately to the House of Delegates for consideration at the November 2021 Special Meeting.**

RESOLVED, That our American Medical Association takes the position that the failure by the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction to effectively enforce the HIPAA administrative simplification requirements as required by the law and its failure to impose financial penalties for non-compliance by health plans is clearly unacceptable (New HOD Policy).

RESOLVED, That our AMA takes the position that the National Standards Group at the Centers for Medicare and Medicaid Services Office of Burden Reduction practices of closing complaints without further investigation and ignoring overwhelming evidence that contradicts health plan assertions is also unacceptable (New HOD Policy); and be it further

RESOLVED, That our American Medical Association will advocate for parity in the enforcement of the HIPAA Privacy Rule and the HIPAA Administrative Simplification requirements and that government agencies impose penalties on health plan violations of HIPAA (Directive to Take Action).

Your Reference Committee heard testimony in support of Resolution 2, which was previously held over from the June 2021 Special Meeting. During that meeting, the Private Practice Physician Section (PPPS) Reference Committee also heard supportive testimony for Resolution 2, however the Committee was not able to recommend that it be forwarded to the House of Delegates due to the restrictions for consideration of resolutions in place at that time.

Your Reference Committee re-considered Resolution 2 in light of testimony received that reflected the AMA's letter sent to the Centers for Medicare and Medicaid Services on October 14, 2021, addressing concerns the AMA and other state medical societies have about unfair business practices with respect to electronic payments in healthcare. The Committee heard testimony that this letter demonstrates that the issues raised by Resolution 2 are urgent and worthy of being addressed by the AMA at this time.

The Committee agreed with this sentiment and found that Resolution 2 meets the criteria established by the House of Delegates for a “High Priority Resolution” and that as such, Resolution 2 should be adopted and forwarded immediately to the House of Delegates for consideration at the November 2021 Special Meeting.

## **RECOMMENDED FOR ADOPTION AS AMENDED**

(2) RESOLUTION 1 – APPEALS AND DENIALS – CPT CODES FOR FAIR COMPENSATION

## **RECOMMENDATION A:**

**The first Resolve in Resolution 1 be amended by deletion:**

**RESOLVED**, That our American Medical Association support the creation of CPT codes to provide adequate compensation for administrative work involved in successfully appealing **wrongful** denials of service (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal **wrongful** denials, and to comply with insurer and legal requirements and that compensation physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

## **RECOMMENDATION B:**

**The third Resolve in Resolution 1 be amended by deletion:**

**RESOLVED**, That our American Medical Association will advocate for fair compensation based on CPT codes for appeal of **wrongfully** denied services in any model legislation and as a basis for all advocacy for prior authorization reforms (Directive to Take Action).

## **RECOMMENDATION C:**

## **Resolution 1 be adopted as amended.**

## **RECOMMENDATION D:**

**Resolution 1 be transferred immediately to the House of Delegates for consideration at the November 2021 Special Meeting.**

RESOLVED, That our American Medical Association support the creation of CPT codes to provide adequate compensation for administrative work involved in successfully appealing wrongful denials of services (visits, tests, procedures, medications, devices, and claims), whether pre- or post-service denials, that reflect the actual time expended by physicians and healthcare practices to advocate on behalf of patients, appeal wrongful denials, and to comply with insurer and legal requirements and that compensate physicians fully for the time, effort, and legal risks inherent in such work (Directive to Take Action); and be it further

1 RESOLVED, That our AMA support the creation of CPT codes for primary, secondary, and  
2 tertiary appeals to independent review organizations (IROs), state and federal regulators, and  
3 ERISA plan appeals, including codes for appeals, reconsiderations, and other forms of  
4 appeals of adverse determination (New HOD Policy); and be it further

5  
6 RESOLVED, That our American Medical Association will advocate for fair compensation  
7 based on CPT codes for appeal of wrongfully denied services in any model legislation and as  
8 a basis for all advocacy for prior authorization reforms (Directive to Take Action).

9  
10 Your Reference Committee heard testimony in support of Resolution 1, which was previously  
11 held over from the June 2021 Special Meeting. During that meeting, Resolution 1 received  
12 near universal support for the establishment of CPT coding that could better account for the  
13 day-to-day workload of physicians. Committee members at that time supported minor  
14 changes to the resolution to clarify its intent and though the Committee believed the resolution  
15 to be strong, did not feel it met the threshold for priority at the time.

16  
17 Your Reference Committee thus re-evaluated the resolution which again received universal  
18 support from online testimony. The Committee believed that removing references to  
19 "wrongfully" determined denials would improve the resolution by expanding its scope to  
20 include all denials, not just ones that a singular party, which is in any case undetermined,  
21 could deem wrong. The Committee noted that a denial is essentially a judgment call by a  
22 reviewer and that a different reviewer could be just as likely to approve a service instead. As  
23 such, removing "wrongful" and "wrongfully" would expand the possibility of any appeal made  
24 by a physician being deemed legitimate.

25  
26 It was the sense of the Reference Committee that while Resolution 1 may not have fully  
27 crossed the threshold of priority status for the House of Delegates into its highest category  
28 ("Top Priority Resolution"), however Resolution 1 easily meets the criteria for "High Priority  
29 Resolution" and thus should be forwarded on for consideration before the House of  
30 Delegates at the November 2021 Special Meeting.

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32 (3) RESOLUTION 4 – HEALTH SYSTEM CONSOLIDATION

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34 RECOMMENDATION A:

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36 **Resolution 4 be amended by addition and deletion:**

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38 RESOLVED, That our AMA should ~~direct its staff to~~ undertake an annual report assessing nationwide health  
39 system and hospital consolidation in order to assist  
40 policymakers and the federal government in combating  
41 ~~assessing~~ healthcare consolidation for the benefit of  
42 patients and physicians who face ~~an~~ similar existential  
43 threat from healthcare consolidation (Directive to Take  
44 Action).

45  
46 RECOMMENDATION B:

47  
48 **Resolution 4 be adopted as amended.**

1 RESOLVED, That our AMA should direct its staff to undertake an annual report assessing  
2 nationwide health system and hospital consolidation in order to assist policymakers and the  
3 federal government in combating healthcare consolidation for the benefit of patients and  
4 physicians who face a similar existential threat from healthcare consolidation (Directive to  
5 Take Action).

6  
7 Your Reference Committee heard testimony in support of Resolution 4. The Committee  
8 considered altering language in the resolution to present the resolution on more neutral and  
9 less biased grounds, preferring to frame the report the resolution asks for as one that  
10 evaluates the state of healthcare consolidation objectively to improve its likelihood of being  
11 used by state and federal policymakers.

12  
13 Despite hearing no dissent in testimony surrounding Resolution 4, your Committee evaluated  
14 the resolution but did not feel that it met the threshold for advancing to the House of Delegates  
15 at this time due to the priority restrictions currently in place. The Committee instead  
16 recommends Resolution 4 be adopted by the Section and held over until the Annual 2022  
17 Meeting, at which time it should be given proper consideration by the House.

## **RECOMMENDED FOR ADOPTION IN LIEU OF**

(4) RESOLUTION 5 – STANDARDIZED CODING FOR  
TELEHEALTH SERVICES

## **RECOMMENDATION:**

## **Substitute Resolution 5 be adopted in lieu of Resolution 5.**

**RESOLVED**, That the Private Practice Physician Section seek to be added as a co-sponsor of “Resolution 101 – Standardized Coding for Telehealth Services” authored by the Medical Society of Virginia.

RESOLVED, That our American Medical Association advocate by regulation and/or legislation that telehealth services are uniformly identified by using place of service (02) without any additional requirements, such as modifiers imposed by third party payors, for claim submission and reimbursement (New HOD Policy).

Resolution 5 came to the PPPS from the Medical Society of Virginia with a request that the Section formally join as a co-sponsor. Your Reference Committee heard virtual testimony in support of the PPPS officially co-sponsoring Resolution 5, known under its House of Delegates designation as Resolution 101. Testimony reflected support from private practice physicians who provide telemedicine services and a desire to see action taken immediately. The Committee recommends that Substitute Resolution 1 be adopted in lieu of Resolution 5.

## 1 RECOMMENDED FOR REFERRAL AS AMENDED 2 3

4 (5) RESOLUTION 3 – ADVOCACY OF PRIVATE PRACTICE  
5 OPTIONS FOR HEALTHCARE OPERATIONS IN LARGE  
6 CORPORATIONS  
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### 8 RECOMMENDATION A: 9

10 The first Resolve in Resolution 3 be amended by addition  
11 and deletion:

12 RESOLVED, That the AMA study ~~and then determine~~ the  
13 best method to create pilot programs ~~that which~~ advance  
14 the advocacy of private practice and small business  
15 medicine within the rapidly growing area of internal  
16 healthcare ~~among the largest within~~ Fortune 500  
17 corporations in America with a report back at Annual 2022  
18 (Directive to Take Action); and be it further  
19

### 20 RECOMMENDATION B: 21

22 The second Resolve in Resolution 3 be amended by  
23 addition and deletion:

24 RESOLVED, That our AMA prioritize advocacy efforts  
25 ~~(piloting an attention to that emphasize small private~~ practices) utilization within the investment and business  
26 efforts that ~~large major leading Fortune 500~~ corporations  
27 are currently undertaking in entering into the healthcare  
28 industry rather than the internalized models of healthcare  
29 delivery that they are currently seeking to implement  
30 (Directive to Take Action); and be it further  
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### 32 RECOMMENDATION C: 33

34 Resolution 3 be referred as amended.

35 RESOLVED, That the AMA study and then determine the best method to create pilot  
36 programs that advance the advocacy of private practice and small business medicine within  
37 the rapidly growing area of internal healthcare among the largest Fortune 500 corporations  
38 in America with a report back at Annual 2022 (Directive to Take Action); and be it further  
39

40 RESOLVED, That our AMA prioritize advocacy efforts (piloting an attention to small private  
41 practices) within the investment and business efforts that large major leading corporations  
42 are currently undertaking into the healthcare industry (Directive to Take Action); and be it  
43 further  
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1 RESOLVED, That our AMA use proposals for the advocacy of small business medicine and  
2 private practice models in healthcare as a pilot project in the development of advocacy  
3 programs within major leading corporations like Amazon and Walmart which are currently  
4 entering the healthcare service market with internalized models of healthcare in the  
5 complete absence of more diverse private practice (small business) options (Directive to  
6 Take Action).

7  
8 Your Reference Committee heard testimony in support of Resolution 3, particularly reflecting  
9 that large corporations' use of internal healthcare delivery options was fragmenting the  
10 patient-physician relationship because the likelihood of an employee patient seeing the same  
11 clinician for their healthcare needs is not well-assured under these models.

12  
13 At the same time, the Committee was unclear about the structure of the first two Resolves  
14 and unsure as to what they call for. The Committee wondered if the Resolves could be more  
15 refined and, if so, in doing so it may be easier to gain the structural and financial support that  
16 the resolution would need from the AMA to accomplish the goals of Resolution 3.

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18 In reviewing the priority criteria from the House of Delegates, the Committee did not believe  
19 that Resolution 3 met either of the top two criteria for advancement to the House and as such  
20 did not believe Resolution 3 should be adopted, but rather referred back to the Section for  
21 more development. It was the sense of the Committee that Resolution 3 raises an important  
22 issue that needs attention and that action around it is warranted and that with some thoughtful  
23 development of the Resolves, the priority for Resolution 3 would likely rise significantly higher.