Advocacy on your and your patients’ behalf is job one at AMS…it always has been and always will be. But what is AMS “advocacy” and what do you think of first?

I’m guessing most of you will initially think of legislation or litigation. These are the more “high profile” advocacy efforts because it’s a big deal when the Arkansas Legislature convenes for general session every other year, and also a big deal when we end up battling in court. Also, I suspect that these battles at the Capitol and the courthouse are more likely to be thought of first because we work extra hard at keeping you informed DURING the fight. And for legislative issues, we frequently seek your assistance through legislative alerts and specific action requests to contact your legislators. How many times have we asked for your help in contacting our Congressional delegation regarding SGR over the past decade?

In court, we led the nation, and helped win a fight for physicians against economic credentialing and for the physician-patient relationship. We took Arkansas Medicaid to court to prevent reimbursement cuts, and won. Currently, we are informally assisting the Attorney General’s office in defending one of the bills we supported in the 2013 legislative session, the Peer Review Fairness Act, which simply sets forth basic due-process for the physician-patient relationship.

Other legislative fights were successful because YOU were aware of, and engaged in the battle by contacting your legislators. Without you, no Peer Review Fairness…Tort Reform…Any Willing Provider…Clean Indoor Air…Delegation…Trauma System Establishment…Private Option.

Recently, our legislative advocacy was successful in seeing Insurance Department Rule 108 pass (or more precisely, deemed “favorably reviewed”) out of the Rules and Regulations committee on an 8 to 5 vote. The rule requires health plans on the Insurance Exchange to participate in and support the Patient Centered Medical Home (PCMH) program, including setting a minimum average of $5 per member per month paid to the qualifying clinics.

This was an important, albeit difficult, victory because APRNs fought hard to get the department to use “provider neutral” language in defining who could lead a PCMH. Neutral language would have allowed someone other than a physician to lead a PCMH.

With your help in contacting legislators, and in working together with the Arkansas Academy of Family Physicians, the Arkansas Chapter of the American Academy of Pediatrics, the Arkansas Chapter of the American College of Physicians and the Arkansas Osteopathic Medical Association, the rule will now go into effect.

But, without a previous victory, the recent win would not have happened.

The Insurance Department had initially developed Rule 108 with the “provider neutral” language back in the early summer. AMS urged the Commissioner to reconsider the rule, and change the neutral language to be physician-specific, as in Arkansas Medicaid. Again, with your help by contacting the Commissioner, he agreed to change the language and from that point we worked together to get the rule “reviewed” by legislators.

This state agency/legislative advocacy regarding the proposed rule was unique, and still a somewhat “higher” profile fight, but what about advocacy without litigation or a legislative component? Generally, it will neither fall within the “interesting” nor “sound-bite”-able categories.

So, congratulations if governmental agency advocacy even crossed your mind when I asked you to think of advocacy. It’s not “high” profile, but it is a vital piece of what we do for you and your patients. State and federal agencies enforce legislation, generally through more specific rules and regulations.

AMS advocates for strong, appropriate legal and regulatory compliance within a number of government agencies. From mid-to-late December, we worked with the Insurance Department to address problems with United Healthcare’s failure to follow a credentialing law AMS supported many years ago. The department had received numerous complaints from physicians and asked AMS to see whether others around the state had been having similar problems.

Again, with your help, AMS discovered that there clearly appeared to be significant problems with delays in their credentialing and “contract loading” (identification and payment linkage of a newly credentialed physician to his or her new practice). We found that what was supposed to take no longer than a few months had regularly been taking longer, and in some cases, MUCH longer. We found examples of delays dating back to February and March of 2014. Outrageous.

These advocacy efforts are ongoing, but as I write, United has been given until the end of January to present a plan to the Commissioner to not only address the current complaints, but to also present a systemic fix to the problem. We will keep you posted. Perhaps this issue needs a higher profile in the form of a stronger, new law. AMS.