AMA
AMERICAN MEDICAL ASSOCIATION

James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

james.madara@ama-assn.org

June 21, 2021

Richard Migliori, MD
Executive Vice President, Medical Affairs
and Chief Medical Officer
UnitedHealth Group
9900 Bren Road East
Minnetonka, MN 55343

Dear Dr. Migliori:

On behalf of the American Medical Association (AMA) and its physician and student members, I request that UnitedHealthcare (UHC) rescind a recently implemented policy that discontinues payment for services rendered by an advanced practice health care provider incident to a physician's services unless said provider is ineligible for his/her own National Provider Identifier (NPI). These advanced practice providers must now bill UHC under their own NPI, which will result in a 15% payment reduction to the physician practice. Considerable concerns regarding this policy have been raised by state medical associations and national medical specialty societies, and the AMA's House of Delegates established new policy at its 2021 Special Meeting to advocate against payer policies that eliminate incident-to billing for non-physician practitioners. **By disincentivizing a physician-led, team-based approach to treatment, this policy will negatively impact both care quality and efficiency at a time when practices still face ongoing strains from the COVID-19 public health emergency (PHE).**

The AMA values the role of advanced practice health care providers within physician-led teams to support optimal care quality, safety, and efficiency. Incident-to billing arrangements compensate physicians for their vital leadership and supervision of the health care team. Moreover, this payment structure acknowledges that the ultimate responsibility for incident-to services and the patient's treatment rest with the supervising physician, who has established the care plan, continues to direct the treatment, and regularly consults with the advanced practice health care provider delivering treatment. **UHC's elimination of incident-to billing devalues physician-supervised teams and discourages the collaboration needed for physicians to practice at the top of their license to maximize care efficiency and access.**

The policy also will increase administrative burdens and complicate billing processes for practices already struggling to stay afloat during the COVID-19 PHE. **UHC's decision to eliminate incident-to billing makes it an outlier, as many national health plans, including Medicare, support incident-to billing when care meets certain criteria related to physician supervision.** UHC's deviation from commonplace payment policy that appropriately values physician-led, team-based care will cause significant confusion for practices that must track the payment policies of many different health plans.

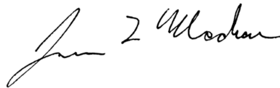
UHC has not clearly communicated the rationale for this policy change to organized medicine. The AMA fully supports appropriate incident-to billing. If UHC harbors concerns regarding inappropriate billing of incident-to services, the AMA stands ready to partner with UHC on education and outreach to physicians and advanced practice health care providers on proper billing for these services.

The AMA appreciates UHC's continued efforts to partner with the physician community during the ongoing challenges of the COVID-19 PHE. We hope that our collaboration can extend to working together to successfully resolve our members' significant concerns about UHC's incident-to payment

policy change. **We truly believe that our organizations' shared goal of advancing high-quality, safe, and efficient patient care will be best met by rescission of this policy.**

We invite further discussion on this issue with the appropriate members of your team. Please contact Robert D. Otten, Vice President, Health Policy (rob.otten@ama-assn.org or 312-464-4735), to arrange a follow-up conversation on this topic.

Sincerely,



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