

## 2010 National Health Insurer Report Card

The American Medical Association’s (AMA) National Health Insurer Report Card (NHIRC) provides physicians and the general public a reliable and defensible source of critical metrics concerning the timeliness, transparency and accuracy of claims processing by health insurance companies.<sup>1</sup> Billions of dollars in administrative waste would be eliminated each year if third-party payers sent a timely, accurate and specific response to each physician claim.

The NHIRC is for informational purposes only. Physicians and payers are encouraged to review the NHIRC results and support the AMA’s “Heal the Claims Process”<sup>TM</sup> campaign, committing to the goal of reducing the cost of claims administration to 1 percent of collections. Visit [www.ama-assn.org/go/reportcard](http://www.ama-assn.org/go/reportcard) for information.

Metric description	Aetna	Anthem BCBS	CIGNA	Coventry	HCSC	Humana	UHG	Medicare
<b>Payment timeliness</b>								
<b>Metric 1</b> Payer claim received date disclosed	95.73%	51.88%	99.53%	99.36%	93.47%	92.66%	91.69%	95.05%
<b>Metric 2</b> First remittance response time (median days) <sup>2</sup>	13	9	6	5	8	11	10	14
<b>Metric 2A</b> First remittance response time variability (Inter-Quartile Range)	6	6	6	5	6	10	5	1
<b>Metric 2B*</b> First remittance response time (median days) by state <b>Please see Appendix A.</b>								
<b>Metric 3*</b> Electronic Funds Transfer (EFT) Adoption Rate	88.89%	65.00%	52.63%	30.00%	80.95%	58.70%	88.16%	92.76%
<b>Metric 3A*</b> EFT Adopters still receiving checks	5.36%	84.62%	90.00%	66.67%	17.65%	100.00%	44.78%	6.31%

\* = New metric reported in 2010 NHIRC      BCBS = Blue Cross and Blue Shield      HCSC = Health Care Services Corporation      UHG = UnitedHealth Group  
 \*\* = May not total 100% due to rounding error      DNR = Payer did not respond      NA = Not applicable      Unused = Not reported in sample

<sup>1</sup> The NHIRC was developed in cooperation with National Healthcare Exchange Services, Inc. and the Frank Cohen Group, LLC.

<sup>2</sup> If payer did not report Payer Claim Received Date, date of service from the matching 837 was used instead.

Metric description	Aetna	Anthem BCBS	CIGNA	Coventry	HCSC	Humana	UHG	Medicare
<b>Accuracy</b>								
<b>Metric 4</b> Allowed amount disclosed	100.00%	99.73%	99.58%	97.78%	100.00%	99.94%	100.00%	100.00%
<b>Metric 5</b> Contracted fee schedule match rate	87.51%	77.77%	90.61%	91.06%	93.88%	88.63%	89.86%	98.26%
<b>Metric 5A*</b> Contracted fee schedule match rate by major CPT code categories								
E & M	90.91%	73.51%	93.71%	95.77%	98.78%	93.21%	91.97%	97.37%
Medicine	82.59%	70.04%	89.45%	78.44%	88.60%	78.14%	85.89%	97.60%
Pathology & Laboratory	88.08%	87.38%	92.10%	90.83%	97.34%	95.68%	92.06%	96.96%
Radiology & Imaging	87.75%	85.56%	88.02%	88.22%	84.38%	84.95%	88.17%	99.41%
Surgical	81.73%	78.89%	87.18%	86.93%	92.78%	92.87%	87.71%	98.24%
<b>Metric 5B*</b> Contracted fee schedule match rate by state <b>Please see Appendix B.</b>								
<b>Metric 6*</b> Electronic Remittance Advice (ERA) Accuracy	81.23%	73.98%	84.51%	88.41%	87.83%	82.92%	85.99%	96.12%
<b>Claim edit sources</b>								
<b>Metric 7</b> Source of payer disclosed claim edits <sup>3</sup>								
CPT	1.10%	3.90%	1.60%	2.20%	56.10%	3.90%	1.00%	2.70%
ASA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NCCI	2.60%	15.20%	9.40%	11.10%	18.80%	2.10%	5.00%	20.90%
CMS	29.60%	40.20%	89.00%	86.70%	24.40%	33.40%	44.60%	63.90%
Payer-specific	66.70%	40.80%	0.00%	0.00%	0.70%	60.60%	49.50%	12.50%
<b>Metric 8*</b> Total number of available payer claim edits								
CPT	19,802	20,015	19,654	19,710	20,015	20,015	19,919	20,015
ASA	1,070	1,070	1,070	1,064	1,070	1,070	1,070	1,070
NCCI	744,605	744,265	744,678	744,272	744,475	744,678	744,678	744,678
CMS	60,164	45,118	60,420	60,051	43,291	60,420	46,533	60,420
Payer-specific	210,272	64,557	442	0	194,108	5,033	247,961	387,816

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<sup>3</sup> This metric is not intended to infer a payer's compliance with a claim edit source. This metric only identifies claim edit matches to publicly available and recognized sources based on the following claim edit match hierarchy: CPT, NCCI, CMS Publication 100-04 and ASA Relative Value Guide.

Metric description	Aetna	Anthem BCBS	CIGNA	Coventry	HCSC	Humana	UHG	Medicare
<b>Claim edit frequency</b>								
<b>Metric 9</b> Percentage of total claim lines reduced to \$0 by <b>disclosed</b> claim edits	6.65%	4.07%	3.79%	1.65%	0.67%	7.62%	6.40%	0.96%
<b>Metric 10</b> Percentage of total claim lines reduced to \$0 by <b>undisclosed</b> claim edits	0.70%	0.40%	0.50%	0.10%	0.40%	0.60%	0.50%	0.30%
<b>Metric 10A</b> Percentage of total claim lines reduced to \$0 by <b>disclosed and undisclosed</b> claim edits	7.35%	4.47%	4.29%	1.75%	1.07%	8.22%	6.90%	1.26%
<b>Metric 10B</b> Percentage of edited claim lines reduced to \$0 by <b>undisclosed</b> edits	10.80%	11.90%	13.90%	10.00%	39.70%	8.90%	9.90%	26.30%
<b>Denials</b>								
<b>Metric 11</b> Percentage of claim lines denied	2.57%	4.50%	0.67%	2.67%	2.67%	2.18%	2.21%	3.82%
<b>Metric 12</b> Reason codes (Claim Adjustment Reason Codes [CARC])**	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %
	27 23.9%	16 20.4%	96 27.0%	27 45.6%	16 23.3%	96 40.8%	27 59.5%	50 21.9%
	96 21.6%	26 17.9%	B11 18.8%	227 19.9%	31 15.6%	27 26.3%	96 9.1%	109 19.5%
	49 12.5%	204 11.6%	147 12.4%	197 10.0%	96 14.9%	16 9.7%	16 6.5%	49 9.6%
	197 10.0%	27 10.9%	49 11.0%	204 6.3%	27 12.3%	197 6.4%	38 4.3%	140 7.2%
	55 8.8%	96 7.3%	109 7.6%	other 18.3%	B5 8.4%	other 16.9%	49 3.0%	B9 7.2%
	227 5.2%	31 5.5%	197 6.7%		104 8.1%		other 17.6%	16 6.1%
	other 18.0%	197 2.8%	other 16.6%		other 17.6%			31 5.8%
		17 2.3%						26 5.2%
		109 2.1%						other 17.6%
		other 19.4%						
<b>Metric 13</b> Remark codes (Remittance Advice Remark Codes [RARC])**	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %
	N130 61.0%	N179 21.9%	Unused	N179 35.0%	N130 33.2%	N115 22.9%	N115 16.3%	N115 23.0%
	N102 7.3%	N382 10.6%		N130 15.0%	N305 16.7%	N431 17.1%	N174 14.7%	M25 21.0%
	N20 6.6%	N174 10.2%		N204 13.8%	N4 15.7%	N128 9.4%	M77 14.5%	MA130 10.0%
	N56 5.6%	N155 7.1%		N59 10.0%	N179 14.5%	N4 7.2%	MA130 10.6%	M27 5.9%
	other 19.4%	M127 6.8%		N56 7.5%	other 20.0%	MA130 7.0%	N386 9.7%	N105 3.9%
		MA92 6.3%		other 18.8%		N514 6.1%	N54 8.5%	MA36 3.5%
		N29 6.2%				N56 5.7%	M86 4.9%	MA27 3.3%
		M118 5.2%				N429 4.0%	N23 4.3%	MA01 3.2%
		N30 4.9%				N130 3.4%	other 16.6%	N90 2.8%
		N390 4.2%				other 17.3%		MA61 2.6%
		other 16.6%						M15 1.9%
								other 19.0%

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<b>Denials (cont.)</b>								
<b>Metric 14</b> Percentage of reason codes (CARC) reported with a required remark code (RARC)**	CARC %	%	%	%	%	%	%	%
	16 100.0%	94.6%	0.0%	100.0%	100.0%	100.0%	97.3%	100.0%
	96 95.6%	95.4%	0.0%	100.0%	100.0%	100.0%	98.0%	82.7%
	125 Unused	92.7%	Unused	100.0%	Unused	100.0%	100.0%	99.9%
	148 Unused	100.00%	Unused	Unused	Unused	Unused	Unused	Unused
	226 100.0%	Unused	0.0%	Unused	Unused	100.0%	Unused	Unused
	227 100.0%	100.0%	Unused	100.0%	100.0%	Unused	Unused	Unused
	A1 Unused	Unused	Unused	Unused	Unused	100.0%	Unused	Unused
<b>Improvement of claims cycle workflow</b>								
<b>Metric 15</b> CORE certification	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1
	Yes	Yes	Yes	No	No	Yes	Committed	No
	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2
	Yes	Yes	Committed	No	No	Committed	Committed	No
<b>Metric 16</b> Prior-authorization	Yes	DNR	Yes	DNR	DNR	Yes	Yes	NA
<b>Metric 17</b> Claim acknowledgement	Yes	DNR	Yes	DNR	DNR	Yes	Yes	DNR

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The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim — professional transactions).

## Appendix A: Metric 2B\* (Commercial Payers)

State	Aetna		Anthem BCBS		CIGNA		Coventry		HCSC		Humana		UHG	
Metric 2B*: First remittance response time (median days) by state <sup>4</sup>														
	Median Days	N	Median Days	N	Median Days	N	Median Days	N	Median Days	N	Median Days	N	Median Days	N
CA	15	18,466	12	33,216									9	10,268
CO													10	10,947
FL	13	15,625			7	11,074					12	14,911	10	28,034
GA			12	29,291									10	47,578
IL									6	18,672				
IN			8	43,329										
KY			8	39,761							6	19,609		
MO													12	12,461
NH			7	18,758										
NY													8	20,574
OH			8	15,622										
TX	12	26,487							9	117,286			10	35,010

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<sup>4</sup> Only states reported by commercial payers that met the minimum sample size of 10,000 were reported.

## Appendix B: Metric 5B\* (Commercial Payers)

State	Aetna		Anthem BCBS		CIGNA		Coventry		HCSC		Humana		UHG	
<b>Metric 5B*: Contracted fee schedule match rate by state<sup>5</sup></b>														
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
CA	82.2%	16,427	58.6%	26,659										
FL	94.8%	13,516									97.1%	13,439	90.4%	24,584
GA			81.4%	22,632									85.6%	34,050
IL									96.9%	14,992				
IN			68.4%	33,298										
KY			88.9%	29,047							86.3%	16,900		
MO													89.5%	10,215
NH			92.4%	16,682										
NY													77.9%	17,003
OH			88.4%	12,610										
TX	84.8%	22,378							93.5%	88,346			96.1%	30,483

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<sup>5</sup> Only states reported by commercial payers that met the minimum sample size of 10,000 were reported.