



Help hold health insurers accountable to fair business practices

The American Medical Association (AMA) Practice Management Center has compiled the following set of tips to help physicians and their practice staff hold health insurers accountable to fair business practices. Under the various health insurer settlement agreements as well as state and federal laws, physicians can protect their practices from health insurer practices such as: excessive overpayment recovery efforts, “all-products” and “gag” clauses in contracts, and misleading statements on explanations of benefits.

Demonstrate your commitment to helping physicians where they need it the most by raising awareness of these protections and encouraging physicians to file health insurer complaints and compliance disputes. Let us help you help your members: Publish a tip in its entirety in your next newsletter or e-bulletin. E-mail the AMA Practice Management Center at practicemanagementcenter@ama-assn.org with any questions.

One month left: Review your Humana contract before Oct. 19

The physician protections of the Humana multi-district litigation (MDL) class action settlement agreement end Oct. 19, 2009. The termination of the Humana settlement agreement means that Humana no longer has to comply with its settlement terms.

If you are contracted with Humana, we encourage you to review your contract and contact your Humana provider representative to determine how the settlement termination will affect your business relationship with the health insurer.

Visit the American Medical Association’s (AMA) Web site at www.ama-assn.org/go/settlements to access a [checklist of some key settlement terms](#) to learn more about the settlement and how it helps you in your practice. AMA members can also [download](#) the AMA Model Managed Care contract at no cost.

Protect your practice with the Humana settlement agreement provisions

The Humana settlement agreement grants physicians a number of important protections against unfair business practices from this large health insurer. For instance, the settlement agreement requires Humana to recognize and pay services reported as CPT add-on codes and shall not be subject to the multiple procedure logic. These are protections your practice shouldn’t go without.

Visit the AMA’s Web site at www.ama-assn.org/go/settlements to learn more about the protections the Humana settlement offers your practice and how you can ensure that Humana abides by them.

Don't overlook unfair recoupment requests—keep what's rightfully yours

The Humana settlement prohibits Humana from overpayment recovery efforts initiated more than 18 months after the original payment. But Humana has continued this practice, requesting the return of thousands of dollars from physician practices. Physicians who have filed compliance disputes concerning Humana overpayment recovery efforts that extend beyond the 18-month limit have received refunds from Humana. If you receive an unfair recoupment request, consider filing a compliance dispute to protect your practice. Visit the AMA's Web site at www.ama-assn.org/go/settlements to access information on the Humana settlement, including the compliance dispute process.

Are you getting paid when you use Modifier 25?

The Humana settlement agreement states that if a bill contains a CPT® code for the performance of an evaluation and management service appended with a CPT modifier 25 and a non-evaluation and management code, both codes will be recognized and separately eligible for payment, unless previously disclosed on the Humana Web site. Physicians who receive such denials are strongly encouraged to file a compliance dispute before the Oct. 19, 2009 settlement termination date. Visit www.ama-assn.org/go/settlements to learn more about the Humana settlement, access a checklist of some key settlement items and view the compliance dispute process.

Settlement agreements with Health Net, Humana and Blue Cross Blue Shield remain in effect. For more information about physicians' rights under the settlement agreements or to report settlement violations, visit the AMA's Web site at www.ama-assn.org/go/settlements, or visit www.hmosettlements.com.

Keep on appealing

As a result of the multi-district litigation class action settlement agreements, health insurers have refunded more than \$12,500,000 to physicians who appealed claims that were previously denied. The appeals were based on add-on code denials. Physicians from 873 practices in 42 states appealed more than 43 thousand claims. To help physicians process claims efficiently, the AMA's Practice Management Center has created a Web site. Visit www.ama-assn.org/go/pmc to access a variety of materials on submitting accurate claims, reviewing and reconciling inappropriate payments, and other aspects of managing the physician practice. New resources are added frequently, so check back often for updates.

Combating inappropriate health insurer claim denials

Don't just accept claim denials—fight for fair and accurate payment. The American Medical Association (AMA) developed the educational resource "How to appeal inappropriate health insurer claim denials" to educate physicians and their practice staff about appealing erroneous payment reductions and denials.

Visit the AMA Practice Management Center Web site at www.ama-assn.org/go/pmc to download this complimentary educational resource.

Health insurer not treating you fairly? You can do something about it.

A number of health insurer settlements are currently in effect, including Health Net and Blue Cross Blue Shield. Visit the AMA's Web site at www.ama-assn.org/go/settlements to learn about the protections these settlements offer you, including the free and simple compliance dispute process. If you believe that one of these health insurers is not complying with the terms of their settlement agreements, consider filing a compliance dispute. This free, simple enforcement process ensures that the settling health insurers are held accountable to fair business practices.

Holding health insurers accountable—downcoding

A variety of enforcement mechanisms available to physicians to ensure that health insurers are held accountable to accurate, timely payment and fair business practices. For instance, under the Health Net and Blue Cross Blue Shield settlements, these insurers are not permitted to automatically downcode any evaluation and management code for covered services, except to reassign a new patient to an established patient based on AMA CPT® codes, guidelines and conventions. If you are experiencing downcoding in your practice, consider filing a compliance dispute. Visit the AMA's Web site at www.ama-assn.org/go/settlements to access checklists of some key settlement items and to learn more about the free and simple compliance dispute process.

HIPAA isn't just about privacy

In addition to ensuring privacy protections, the Health Insurance Portability and Accountability Act (HIPAA) seeks to increase efficiency through standardized use of electronic transactions. Health insurers are therefore required to abide by the HIPAA Transaction and Code Set rule standards. Help increase claims processing efficiency and cost savings by reporting any non-compliance with these standards. Visit www.ama-assn.org/go/clickandcomplain and complete the electronic form. The AMA shares information with the Centers for Medicare and Medicaid Services (CMS), the agency responsible for enforcing the new HIPAA electronic transaction and code set requirements. Additionally, the AMA may pursue compliance activities with individual plans, payers or clearinghouses where a pattern of complaints warrants. Although the AMA plans to share aggregate complaint information with CMS, please be aware that completing this form does not constitute filing a complaint with CMS. If you wish to file a complaint directly with the Centers for Medicare & Medicaid Services (CMS), you may complete the HIPAA non-privacy complaint form available on the CMS Web site.

To learn more about the HIPAA electronic standard transactions, the HIPAA Transactions and Code Set rule, and how this rule impacts the physician practice, visit the AMA's Practice Management Center at www.ama-assn.org/go/pmc and access the "Understanding the HIPAA standard transactions: The HIPAA Transactions and Code Set rule" resource.

Unhappy with health insurers in your state?

The American Medical Association (AMA) Practice Management Center has made it easy for you to register complaints about health insurers and other payers. Visit www.ama-assn.org/go/clickandcomplain to access an interactive map that provides each of the avenues through which you can submit a payer complaint in your state—through your state insurance commissioner, your state medical association or the AMA.

Stop unfair health insurer practices

Do you want to do something about an unfair health insurer business practice but haven't seen results after taking it up with the health insurer? Filing a complaint through the health insurer's internal complaint submission process isn't your only choice. Visit the American Medical Association's (AMA) Practice Management Center at www.ama-assn.org/go/pmc to access the "[Timely and accurate payment toolkit](#)" and learn about the various complaint mechanisms available to you, including your state's Department of Insurance and the health insurer settlement [compliance dispute](#) process. File a complaint. Hold health insurers accountable to fair business practices.

Know what you've agreed to: keep copies of health insurer contracts and fee schedules

Taking command of payer contracts and thoroughly understanding their implications is essential to the success of a physician practice. Protect your practice from inappropriate payer discounts by understanding the implications of contract provisions, and keep copies of all your signed health insurer contracts and contracted fee schedules. If you don't have copies of these important documents, contact the health insurer for a copy. The Health Net and Blue Cross Blue Shield settlements require these health insurers to provide physicians with copies upon written request. Request yours before the settlements expire. The Health Net settlement terminates July 1, 2010, and the Blue Cross Blue Shield settlement ends May 23, 2011.

Visit the American Medical Association's (AMA) Web site at www.ama-assn.org/go/settlements to view the complete settlement provisions. If the health insurer does not honor your request, consider filing a [compliance dispute](#).