

When to call AMA Private Sector Advocacy

The American Medical Association (AMA) Private Sector Advocacy (PSA) unit serves as your resource for information on a wide range of physician practice issues and is your partner in challenging unfair health insurer business practices. AMA-PSA works side by side with national medical specialty societies as well as state and county medical associations to help physicians navigate a challenging marketplace. To assist in our efforts, AMA-PSA collaborates with other AMA units, including the Advocacy Resource Center (ARC), Litigation Center, Current Procedural Terminology (CPT®)* Editorial and Information Services, and Health Policy. The AMA-PSA unit monitors several areas of interest, including:

Health care—consumer choice

- Flexible spending accounts (FSAs)
- Health reimbursement accounts (HRAs)
- Health savings accounts (HSAs)
- High deductible health plans (HDHPs)

Managed care marketplace

- Antitrust reform
- Contracting
- Disease management
- Mergers and competition issues
- Multi-District Litigation (MDL) settlements
- Patient registries
- Pay for performance
- Physician and hospital tiering
- Physician credentialing
- Physician profiling and report cards

* CPT is a registered trademark of the American Medical Association.

Medicare Advantage

- Health plan options: health maintenance organizations (HMOs), preferred provider organizations (PPOs), special needs plans (SNPs) and private fee for service (PFFS)
- Health insurer practices
- Physician participation and contracting

Physician practice

- Billing and coding compliance
- Bundling, downcoding and claim denials
- Materials for physician practices regarding claims preparation, submission, processing, adjudication, payment and collection
- Practice management software

Prompt payment

- Payment hassles
- State-specific physician and patient prompt payment issues
- Support state legislative activities on prompt payment

The following educational materials are available on the AMA-PSA Web site, www.ama-assn.org/go/psa.

For more information, there are three easy ways to contact the AMA-PSA unit:

- Call (800) 262-3211 and ask for AMA-PSA.
- Fax information to (312) 464-5541.
- Visit www.ama-assn.org/go/psa to access the AMA-PSA Web site.

AMA-PSA educational materials and resources

Claims processing

- Appeal that claim
- Appointment scheduling to improve your bottom line
- Claims management resource kit (letters/templates)
- Follow that claim: Claims submission, processing, adjudication and payment
- Helping your patients understand their billing and payment responsibilities
- How to appeal inappropriate health plan claim denials
- How to perform a physician practice internal billing audit
- How to prepare for a health plan retrospective audit
- Prepare that claim
- Prescription for a healthier practice: Physician claims process check-up
- The benefits of electronic claims submission—improve practice efficiencies
- The effect a payer's claim edits can have on the repricing and payment of your claim

Disease management

- Demystifying disease management: What physicians need to know for their patients and their practices
- Disease management and chronic diseases (white paper)

HIPAA and health insurer complaint forms

- Health plan complaint form
- Health Insurance Portability and Accountability Act (HIPAA) complaint form
- Understanding the HIPAA standard transactions: The HIPAA Transactions and Standards Code Set rule
- HIPAA Transaction Code Set vendor survey

Health insurer settlements

- Blue Cross Blue Shield Settlement update and map
- Highmark Settlement update
- How the Aetna Settlement Agreement helps the physician practice
- How the Blue Cross Blue Shield Settlement Agreement helps the physician practice
- How the CIGNA Settlement Agreement helps the physician practice
- How the Health Net Settlement Agreement helps the physician practice
- How the Humana Inc. Settlement Agreement helps the physician practice
- How the WellPoint Inc./Anthem Settlement Agreement helps the physician practice

Managed care contracting

- 15 questions to ask before signing a managed care contract
- A guide to working with health plan representatives
- AMA Model Managed Care Contract

Managed care markets/antitrust reform

- Competing in the Marketplace: How physicians can improve quality and increase their value in the health care market through medical practice integration
- Competition in Health Insurance: A comprehensive study of U.S. markets
- Antitrust 101 for physicians (white paper)
- Physician information sharing: Testimony to the FTC/DOJ
- Physician IPAs: Patterns and benefits of integration, and other issues: Testimony to the FTC/DOJ
- Recent FTC enforcement actions taken against physicians for joint negotiations with health plans (white paper)
- Testimony before the National Association of Insurance Commissioners (NAIC): The need for fairness and transparency in health care contracting and payment
- Testimony before the National Conference of Insurance Legislators (NCOIL): Bringing fairness and transparency to health plan payer contracting and payment processes
- What is the messenger model? (white paper)

Medicare Advantage

- 10 things you need to know about Medicare Advantage private fee-for-service plans
- Medicare Advantage: Health plan funding and physician reimbursement
- Medicare Advantage: Special needs plans
- Medicare Advantage: What it means for you and your patients
- Medicare Advantage regional PPO and PDP maps

Pay for performance

- Achieving Medical Home recognition
- AMA analyses of health insurers' physician profiling programs
- AMA principles and guidelines for pay for performance (white paper)
- Bridges to Excellence overview (white paper)
- Economic profiling of physicians: What is it? (white paper)
- Economic profiling of physicians: What is it? How is it done? What are the issues? (white paper)
- Optimizing outcomes and pay for performance: Can patient registries help?
- Pay for performance: A physician's guide to evaluating incentive plans
- Physician pay for performance initiatives (white paper)
- Physician profiling: How to prepare your practice
- Tiered and Narrow Networks: How to challenge your profile or placement
- Tiered and narrow physician networks

Physician practice management tools

- 10 steps to enhance patient satisfaction in your practice
- 15 questions to ask before signing an electronic medical record or electronic health record agreement
- 15 steps to protect your practice from unfair payment tactics
- Cash practice alternatives: Considerations for physicians
- Data ownership issues for the physician practice and medical billing service
- Fee schedule analysis: Using your complete practice cost as a guide
- Frequently asked questions regarding electronic fund transfer agreements (white paper)
- How to perform a physician practice internal billing audit
- How to prepare for a health plan retrospective audit
- How to select a billing software vendor for the physician practice
- How to select a collection service
- Information technology solutions: Consider the potential savings
- Internal collections in the physician practice
- Is your practice losing revenue through inappropriate health plan adjustments?
- Online medical consultations: Connecting physicians with patients
- Out-of-network payment challenges for the physician practice
- Read your contracts: Protected health information (PHI) (white paper)
- Shopping for a credit or debit card merchant agreement: Guidelines for physicians

Physician practice management tools (continued)

- The tangled web: The rental network PPO industry (white paper)
- Understanding your health insurance policy and payment practices
- What is a clearinghouse?
- What is a medical billing service?
- What to do about unfair payer practices: Working with state insurance regulatory agencies

Prompt payment/payment hassles

- 15 steps to protect your practice from unfair payment tactics
- AMA prompt payment information
- Payment hassles survey template and other tools

Out-of-network services

- Helping your patients understand their billing and payment responsibilities
- Holding health insurers accountable for out-of-network services
- Out-of-network payment challenges for the physician practice
- Read your contracts: Is your practice losing revenue through rental network PPOs?
- Sample letter to obtain additional information regarding UCR calculation by payer

Questions or concerns about practice management issues?

AMA members and their practice staff may e-mail the AMA Practice Management Center[†] at practicemanagementcenter@ama-assn.org for assistance.

For additional information and resources, there are three easy ways to contact the AMA Practice Management Center:

- Call (800) 262-3211 and ask for the AMA Practice Management Center.
- Fax information to (312) 464-5541.
- Visit www.ama-assn.org/go/pmc to access the AMA Practice Management Center Web site.

[†] The AMA Practice Management Center is a resource of the AMA Private Sector Advocacy unit.