



Tuesday, June 17

Healing the claims process

To help reduce the substantial administrative burden of ensuring accurate claims payments for physicians, the AMA on Monday launched the “Heal the Claims Process” campaign and unveiled its National Health Insurer Report Card on claims processing to a packed room of physicians.

The goal of the campaign is to hold health insurers accountable for making claims processing more cost-effective and transparent, and to empower physicians to create a systematic approach to claims management so they spend less time and resources on payment hassles with health insurers.

The inefficient and unpredictable system of processing claims adds unnecessary cost to the health care system, estimated as much as \$210 billion annually, without creating value. Physicians divert substantial resources, as much as 14 percent of their total revenue, to ensure accurate insurance payments for their services. Eliminating the inefficiencies of the billing-and-collection process would produce significant savings that could be used to enhance patient care and help reduce overall health care costs.

The report card demonstrates the inconsistency and confusion that results from each health insurer using different rules for processing and paying claims. Based on a random sample pulled from more than 5 million services billed on more than 3 million electronic claims submitted between June 2007 and March 2008, the report card provides an in-depth look at the claims processing performance of Medicare and seven national commercial health insurers: Aetna, Anthem Blue Cross Blue Shield, CIGNA, Coventry Health Care, Health Net, Humana and UnitedHealthcare.

The report card suggests that both physicians and health insurers can help reduce unnecessary administrative costs if electronic transactions and full transparency are widely adopted. Data was obtained from the health insurers’ Web sites and supplemented by a database maintained by National Healthcare Exchange Services, a California-based company that provides a pricing and payment audit system for physician practices.

The AMA strongly encourages all physicians to take part in the “Heal the



Mark Rieger of National Healthcare Exchange Services discusses the AMA’s National Health Insurer Report Card during Monday’s session.

Claims Process” campaign. To help, the AMA’s Practice Management Center has developed numerous online resources that can help physicians prepare claims, follow their progress and appeal them when necessary.

www.ama-assn.org/go/healthatclaim
www.ama-assn.org/go/pmc

Leave your legacy

The Ronald M. Davis, MD, Legacy Honor Fund, introduced by the AMA Foundation just yesterday, has already received more than \$120,000 in donations. Your contribution to this fund is one way to leave your mark on the future of medicine.

Tuesday’s highlights

- House of Delegates Session, 9 a.m.–3 p.m., Grand Ballroom
- AMA Alliance Officer Installation, noon, Drake Hotel, 140 East Walton Place
- Presidential Inauguration, 5 p.m., Crystal Ballroom
- Inaugural Reception, 6:30 p.m., Grand Foyer
- Inaugural Dinner/Dance (tickets and reservations required), 7:30 p.m., Grand Ballroom

Wednesday’s highlights

- House of Delegates Session, 9 a.m.–noon, Grand Ballroom

Questions raised at CEJA forum

Regency Ballroom C was packed Monday morning as the AMA Council on Ethical and Judicial Affairs (CEJA) held its biannual open forum.

An open mike kicked off the session. Former AMA President Lonnie Bristow, MD, expressed his wish for CEJA to make its opinions nationally known. The council agreed and explained that its members are always looking for means to share CEJA findings. One way they are investigating involves “refreshing” the AMA *Code of Medical Ethics*.

Another attendee explained that he had a difficult time getting physician colleagues to volunteer on ethics committees in his home state of Arizona, and asked the council to look into the ethical issues of reimbursement for ethics consults.

The council then invited attendees to share their thoughts on two different

topics: the professional obligation to take call hours and genetic testing, including “recreational genomics.”

CEJA Chair Mark Levine, MD, started the discussion of payment for on-call hours by describing the medical cases that led to the passing of the Emergency Medical Treatment and Active Labor Act. Although opinions on the topic were mixed, many brought up the issue of a hospital’s obligation to provide equipment.

“[We need] to work out something for physicians, so that they can be prepared, be available and be equipped,” said Billie Jackson, MD, an alternate delegate from Macon, Ga., who described how an ophthalmologist she knew had to use general surgery tools while performing an on-call procedure.

Physician opinions were equally varied on the topic of genetic testing. After a brief presentation on the poten-



Monique Spillman, MD, takes advantage of the open mike session at CEJA’s forum.

tial for genetic discrimination associated with the topic by Kavita Shah, the CEJA student member, some participants pointed out further risks they foresaw, while others highlighted potential benefits. Overall, a number of questions were raised that aren’t likely to be answered for years.

States advance quality agenda

On Monday during “State medical societies’ role in advancing the quality agenda,” state society panelists discussed the implementation of quality performance measurement efforts in their states. Panelists said one challenge with this task is getting everyone to agree and advised physicians to ensure every stakeholder has a “seat at the table.” According to Tennessee Medical Association’s James Bailey, MD, “consumers, businesses, insurance companies are all absolutely essential if you’re going to have success.”

The Physician Consortium for Performance Improvement will meet Sept. 24–26 in Chicago.

Advocacy in the courtroom

Delegates were reminded Monday about the powerful ally they have in the Litigation Center of the AMA and State Medical Societies, which elevates the voice of America’s medical profession in legal proceedings around the country.

Speakers at the Litigation Center’s open forum outlined recent cases that are affecting physicians and patients, including *American Medical Association v. UnitedHealthcare*, which the Litigation Center filed in 2000 with the Medical Society of the State of New York (MSSNY) and the Missouri State Medical Association.

AMA President-elect Nancy H. Nielsen, MD, PhD, and Robert Goldberg, DO, MSSNY’s past president, detailed the lawsuit, which alleges that Ingenix, a subsidiary of United and the nation’s largest provider of health care billing information, uses a database to determine “usual, customary and reasonable” charges based on unreliable or insufficient data, and that charges for certain procedures are higher than insurers allow.

“This means something to everyone in this room,” Dr. Goldberg said, “someone taking something very valuable [from] you—payment for your services.”

Earlier, AMA Speaker Jeremy A. Lazarus, MD, summarized *Consumers’ Checkbook v. U.S. Department of Health and Human Services*, which concerns whether the federal government should disclose the amounts that physicians receive from Medicare. And Steven Bergin, MD, president of the Wisconsin Medical Society (WMS), discussed a lawsuit the WMS filed to remedy the confiscation of a patient compensation fund by the state. www.ama-assn.org/go/litigationcenter