



No fees for health plan EFTs

Legislation introduced by Reps. Greg Murphy, MD (R-N.C.), Morgan Griffith (R-Va.), Mariannette Miller-Meeks, MD (R-Iowa), Ami Bera, MD (D-Calif.), Kim Schrier, MD (D-Wash.) and Derek Kilmer (D-Wash.) would bar health plans and vendors from charging physicians unnecessary fees for electronic fund transfer (EFT) payment transactions.

Why it is important: The Affordable Care Act requires health plans to offer medical practices standardized electronic payment (i.e., direct deposit), but some insurers or their vendors are imposing fees of 2% to 5% of the claim payment for practices that choose to be paid through these transactions. Physicians should not have to pay predatory fees to be paid electronically for the services they provide.

Nearly 60% of practices surveyed by the Medical Group Management Association (MGMA) said that they are forced to pay these percentage-based fees without ever having agreed to them. A third-party vendor that health plans require practices to contract with is the entity that most often assesses the fees for purported “value-added services” such as a customer-service hotline. MGMA says that 75% of practices’ annual revenue is paid via EFTs and that the fees can cost a large practice up to \$1 million annually.

Congressional asks:

- Urge your representatives to cosponsor the **No Fees for EFTs Act (H.R.6487)** to prohibit health plans from imposing fees on health care providers to get paid electronically.
- Urge your senators to introduce companion legislation in the Senate.