Whereas, Organized medicine worked hard to push for the creation of the FAIRHEALTH database, an independent database of charges; and

Whereas, Private health insurers are now pushing for legislation to create alternate databases at the state and federal levels known as an All Payer Database; and

Whereas, The All Payer Database will reflect payments from all payers and as such will be heavily weighted towards poor payments for physicians such as Medicare and Medicaid which are generally lower payments than issued by commercial and self-insured plans; and

Whereas, Much of this information is already available; and

Whereas, The private insurers interest in such a database is to use it to replace the FAIRHEALTH database and justify lower payments to physicians; and

Whereas, Much of the payment data for hospitals is not reliable because hospitals frequently pay employed physicians at a much higher rate than the professional collections; therefore be it

RESOLVED, That our American Medical Association advocate that any All Payer Database should also provide true payments that hospitals are making to their employed physicians, not just the amount of payment that the insurer is making on the physician’s behalf to the hospital.

(Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 03/22/22
RELEVANT AMA POLICY

Price Transparency D-155.987
1. Our AMA encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible.
2. Our AMA advocates that health plans provide plan enrollees or their designees with complete information regarding plan benefits and real-time cost-sharing information associated with both in-network and out-of-network provider services or other plan designs that may affect patient out-of-pocket costs.
3. Our AMA will actively engage with health plans, public and private entities, and other stakeholder groups in their efforts to facilitate price and quality transparency for patients and physicians, and help ensure that entities promoting price transparency tools have processes in place to ensure the accuracy and relevance of the information they provide.
4. Our AMA will work with states and the federal government to support and strengthen the development of all-payer claims databases.
5. Our AMA encourages electronic health records vendors to include features that assist in facilitating price transparency for physicians and patients.
6. Our AMA encourages efforts to educate patients in health economics literacy, including the development of resources that help patients understand the complexities of health care pricing and encourage them to seek information regarding the cost of health care services they receive or anticipate receiving.
7. Our AMA will request that the Centers for Medicare and Medicaid Services expand its Medicare Physician Fee Schedule Look-up Tool to include hospital outpatient payments.