ADVOCACY UPDATE

November 1, 2010

Physician Compare Town Hall

The Affordable Care Act (ACA) requires the Centers for Medicare and Medicaid Services (CMS) to develop a "Physician Compare" website similar to one already in use for hospitals and other facility providers. By 2011, the website will post information on physicians who successfully participate in Medicare's Physician Quality Reporting System (formerly PQRI). CMS hosted a town hall meeting on October 27 to discuss and solicit input on the design and format of the website. During the town hall, AMA stressed several issues that must be resolved before the ACA's public reporting provisions can be implemented. These include: accuracy of attribution, appropriate risk-adjustment, physician review of data, and the right to appeal. AMA will be submitting official comments to CMS by the November 30th deadline.

AMA hosts meeting with Specialties and CMS Program Integrity Chief

The AMA hosted a meeting on October 19 with Washington, DC specialty society staff and the new CMS Deputy Administrator for Program Integrity, Peter Budetti, MD. Dr. Budetti presented the agency's agenda for fighting fraud and abuse in the Medicare and Medicaid programs, including targeting and preventing fraud and aligning CMS efforts in Medicare and Medicaid to reduce duplication. Dr Budetti emphasized that their efforts are directed at preventing and detecting true fraud and that the Administration wants to work with physicians to detect fraud and to ensure that CMS efforts do not unnecessarily burden honest physicians. The Administration is holding high-level regional fraud summits through the end of this year in Brooklyn, NY on November 5; Detroit, MI on November 30; and Boston, MA on December 16. Dr. Budetti discussed new CMS efforts to improve the enrollment process for physicians. He also summarized a new CMS proposed rule on Medicare, Medicaid, and CHIP screening requirements and enrollment, payment suspensions, and compliance plans that has been issued to implement provisions of the ACA and urged the specialties to comment by the November 16 deadline. The AMA will submit comments and will share them with the Federation prior to submission.

Call for national testing period for ICD-10

By January 1, 2012, covered entities under the Health Insurance Portability and Accountability Act must be ready to use Version 5010 in electronic transactions. In order to meet that deadline, health care providers must rely on the compliance of multiple partners, including: practice management system vendors, clearinghouses, and health plans. The AMA and 32 national specialty societies sent a letter to Secretary Kathleen

Sebelius urging that the Department of Health and Human Services institute a national testing period approximately 6 months prior to the 2012 deadline. We also emphasized that CMS should be part of this testing effort. We are concerned that this transition will be challenging and we want to ensure that all are prepared well in advance to avoid disruptions.

New resources on strategies to address rising health care costs

The AMA has created a series of documents that highlight ways to address rising health care costs that are consistent with AMA policy. Each topic specifies actions that can help move the health care system in a direction that aligns costs and benefits in ways that make sense. The series contains the following documents: Strategies to Address Rising Health Care Costs, Access to Care, Health Care Quality, Prevention and Wellness, Physician Payment, Variation in Health Care Delivery and Utilization, Health Information Technology, Medical Liability Reform, Comparative Effectiveness Research, Administrative Costs of Health Care Coverage, Program Integrity, Shared Decision-Making, and Long-Term Care. The documents are available for download at **www.ama-assn.org/go/healthcarecosts**

New Web-based tool measures patient satisfaction to enhance care and lower practice costs

Want to measure your patients' satisfaction with your practice? The AMA and Press Ganey Associates, Inc. now offer a Web-based tool called RealTime, which collects and evaluates patient feedback and provides information to help you improve your practices and better meet the needs of your patients.

By providing patients with a proactive outlet for feedback on their office experiences in an electronic survey format, RealTime delivers instant information that your practice can use to reduce wait times, improve patient communication, enhance the appearance of your practice, and manage the courtesy and friendliness of staff. RealTime generates survey reports and helps participating physicians identify drivers of satisfaction, analyze profiles of their most satisfied patients and create blinded comparisons to other physician practices.

Visit **www.ama-assn.org/go/patientexperience** to learn more or to purchase RealTime for your practice. AMA members receive discounts and get a special introductory rate!

Show your commitment to reduce the cost of claims processing this November

Join in November's third annual "Heal that Claim"™ month. During this month, physicians are being urged to take a stand against flawed and inefficient claims processing. The AMA is supplying physicians with tools to bolster their efforts to review and appeal inaccurate claim payments.

One in five medical claims is processed inaccurately by commercial health insurers, according to the AMA's **National Health Insurer Report Card**. A 20 percent error rate represents an intolerable level of inefficiency that wastes an estimated $15.5 billion annually. To ensure proper payments from insurers, physicians incur administrative costs of up to 14 percent of the revenue they earn. The AMA's goal is to reduce the

administrative costs of processing claims to as little as one percent, and allow physicians to focus on caring for patients, instead of battling health insurers over delayed, denied or shortchanged medical claims.

To learn more about helping physicians get paid accurately by health insurers, please visit the AMA's ongoing **"Heal the Claims Process"™ campaign** Web site. **Pledge your organization's commitment** by adding your name to the online list of supporters. Encourage your members to take part in "Heal that Claim"™ month. Physicians can visit **www.ama-assn.org/go/healthatclaim** to pledge their support, access free claims processing resources, report any unfair health insurer practices, share their successes or **sign up** for the AMA's free e-mail alerts to help stay up to date on unfair payer practices.

Promoting the campaign is easy. Visit **www.ama-assn.org/go/promotehtc** for ready-made articles, fliers, ads and a series of free archived webinars. Contact Amy Farouk at **amy.farouk@ama-assn.org** for more information.

NAIC passes medical loss ratio regulation to HHS

On Oct. 21, 2010, the National Association of Insurance Commissioners (NAIC) passed a controversial but patient-friendly new medical loss ratio regulation that will require health insurers to spend increased premium dollars on medical care. The draft regulation, **http://www.naic.org/documents/committees_ex_mlr_reg_asadopted.pdf**, which will be submitted to the Department of Health and Human Services (HHS) for final approval, will require health insurers to provide consumers with rebates if they spend less than 80 percent (small and individual insurers) or 85 percent (large insurers) of premium dollars on medical care. The AMA advocated for these rigorous standards to ensure that the maximum amount of premium dollars are spent on medical care rather than administrative expenses. For more information on this issue and on other NAIC activities related to state implementation of the Patient Protection and Affordable Care Act (ACA), please see the **trip report** prepared by AMA staff regarding the NAIC's Fall Meeting.