

2012 National Health Insurer Report Card

The American Medical Association's (AMA) National Health Insurer Report Card (NHIRC) provides physicians and the general public a reliable and defensible source of critical metrics concerning the timeliness, transparency and accuracy of claims processing by health insurance companies.¹ Billions of dollars in administrative waste would be eliminated each year if third-party payers sent a timely, accurate and specific response to each physician claim.

The NHIRC is for informational purposes only. Physicians and payers are encouraged to review the NHIRC results and support the AMA's "Heal the Claims Process"TM campaign, committing to the goal of reducing the cost of claims administration to one percent of collections. Visit www.ama-assn.org/go/reportcard for information.

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare
Payment timeliness								
Metric 1 Payer claim received date disclosed	99.99%	98.69%	99.19%	99.99%	99.97%	80.73%	99.87%	99.95%
Metric 2³ First remittance response time (median days) ²	14	7	7	6	6	9	11	14
Cash flow								
Metric 2A³ Cash flow analysis								
0-15 days	63.40%	95.01%	95.32%	90.44%	94.21%	81.28%	85.79%	94.65%
16-30 days	36.20%	3.89%	3.72%	7.35%	5.19%	14.50%	13.73%	4.87%
31-45 days	0.23%	0.83%	0.57%	1.87%	0.42%	3.25%	0.38%	0.32%
46-60	0.10%	0.22%	0.31%	0.28%	0.12%	0.78%	0.08%	0.14%
Greater than 60 days	0.06%	0.06%	0.07%	0.07%	0.06%	0.19%	0.02%	0.03%

¹ The NHIRC was developed in cooperation with NHXS and the Frank Cohen Group, LLC.

² If payer did not report Payer Claim Received Date, date of service from the matching 837 was used instead.

³ Differences between payers in the reported in metrics 2 and 2A may not represent actual differences in the time taken by physicians to receive payment. More detailed information on this can be found in the document "2012 National Health Insurer Report Card: Statement of methodology, including the step-by-step guidance."

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare	
Metric 2B³ Percentage of claim lines paid \$0	20.90%	27.00%	24.90%	25.70%	14.10%	19.20%	21.70%	11.10%	
Metric 3 Electronic funds transfer (EFT) adoption rate	93.00%	79.00%	79.20%	93.50%	73.00%	80.00%	88.00%	100.00%	
Metric 3A EFT adopters still receiving checks	6.00%	43.20%	63.50%	6.50%	60.00%	60.00%	32.00%	2.00%	
Accuracy									
Metric 4 Allowed amount disclosed	100.00%	99.87%	99.10%	100.00%	100.00%	100.00%	100.00%	100.00%	
Metric 4A* Class of Contract disclosed	92.04%	42.08%	95.29%	55.07%	99.97%	80.67%	99.96%	NR	
	of all relevant claims (17.69% of total claims)	of all relevant claims (21.66% of total claims)	of all relevant claims (8.75% of total claims)	of all relevant claims (7.00% of total claims)	of all relevant claims (6.32% of total claims)	of all relevant claims (52.08% of total claims)	of all relevant claims (5.19% of total claims)		
Metric 5 Contracted fee schedule match rate									
Match Rate	96.22%	89.25%	91.71%	91.29%	88.07%	86.05%	98.79%	99.95%	
95% Confidence Half -Width	0.11%	0.11%	0.28%	0.14%	0.21%	1.08%	0.06%	0.01%	
Metric 5A⁴ Contracted fee schedule match rate by major CPT® code categories									
E & M	Match Rate	97.72%	90.18%	94.86%	91.30%	91.80%	90.46%	98.84%	99.99%
	95% Confidence Half -Width	0.14%	0.17%	0.28%	0.25%	0.37%	1.17%	0.13%	0.01%
Medicine	Match Rate	93.04%	83.59%	91.82%	88.33%	86.57%	71.43%	97.76%	99.92%
	95% Confidence Half -Width	0.30%	0.30%	0.46%	0.40%	0.69%	3.28%	0.22%	0.05%
Pathology & Laboratory	Match Rate	97.95%	95.87%	95.44%	95.95%	84.75%	NR	99.26%	99.81%
	95% Confidence Half -Width	0.19%	0.18%	0.39%	0.18%	0.62%	NR	0.11%	0.07%
Radiology & Imaging	Match Rate	95.86%	88.45%	86.40%	84.68%	86.82%	NR	99.07%	99.88%
	95% Confidence Half -Width	0.27%	0.31%	0.48%	0.43%	0.34%	NR	0.10%	0.10%
Surgical	Match Rate	95.15%	87.02%	89.42%	94.13%	92.42%	NR	98.15%	99.92%
	95% Confidence Half -Width	0.42%	0.42%	0.83%	0.39%	0.69%	NR	0.30%	0.06%

⁴ Only states reported by commercial payers that met the minimum sample size of 500 were reported.

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare
Metric 5B Contracted fee schedule match rate by state Please see Appendix A.								
Metric 6 First electronic remittance advice (ERA) accuracy	95.39%	88.59%	90.62%	87.57%	87.36%	89.02%	98.32%	99.48%
Administrative requirements – Prior authorization								
Metric 7 Prior authorization frequency	4.68%	2.29%	7.17%	4.15%	13.95%	0.78%	6.70%	0.79%
Claim edit sources								
Metric 8** Source of payer disclosed claim edits ⁵								
CPT	3.28%	2.16%	6.30%	6.66%	3.35%	7.84%	1.28%	3.16%
ASA	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%
NCCI	3.68%	4.23%	10.06%	13.78%	4.36%	5.23%	3.63%	4.08%
CMS	4.35%	16.86%	63.30%	68.40%	38.70%	85.62%	53.86%	17.60%
Payer-specific	88.69%	76.74%	20.31%	11.16%	53.59%	1.31%	41.23%	75.16%
Metric 8A Total number of available payer claim edits ⁶								
CPT	36,266	36,796	36,509	36,796	36,796	36,815	31,135	36,568
ASA	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070
NCCI	860,694	860,765	860,765	860,765	860,765	860,765	860,765	860,765
CMS	184,220	185,371	185,365	185,371	185,371	185,371	169,178	185,371
Payer-specific	62,335	76,726	1,190	123	5,033	5,000	82,868	19,683,450

⁵ This metric is not intended to infer a payer's compliance with a claim edit source. This metric only identifies claim edit matches to publicly available and recognized sources based on the following claim edit match hierarchy: CPT, NCCI, CMS Publication 100-04 and ASA Relative Value Guide.

⁶ Increased transparency by payers in edit rules resulted in a general improvement in disclosed edits in Metric 9 and a decrease in the number of undisclosed edits in Metric 10.

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare				
Claim edit frequency												
Metric 9⁷ Percentage of total claim lines reduced to \$0 by disclosed claim edits	7.97%	9.42%	4.33%	3.71%	5.78%	5.41%	6.82%	3.03%				
Metric 10^{7,8} Percentage of total claim lines reduced to \$0 by undisclosed claim edits	0.60%	0.60%	0.70%	0.60%	0.90%	0.40%	0.50%	0.10%				
Metric 10A Percentage of total claim lines reduced to \$0 by disclosed and undisclosed claim edits	8.57%	10.02%	5.03%	4.31%	6.68%	5.81%	7.32%	3.13%				
Denials												
Metric 11 Percentage of claim lines denied	4.00%	5.07%	1.39%	3.06%	1.97%	1.38%	1.71%	3.78%				
Metric 12 Reason codes (Claim Adjustment Reason Codes [CARC])** ⁹	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%		
	96	35.15 %	204	23.84%	96	41.93%	16	39.77%	96	22.09%		
	55	13.84 %	16	20.03%	95	23.03%	96	21.54%	165	20.22%		
	197	7.10%	96	10.80%	197	8.41%	49	7.68%	16	16.44%		
	226	6.34%	45	8.74%	38	7.31%	B5	6.62%	197	15.31%		
	165	6.10%	38	7.28%	50	5.24%	179	6.11%	125	5.88%		
	49	5.86%	200	5.51%	51	4.00%	227	4.40%	204	5.73%		
	227	5.83%	197	4.77%	49	3.31%	197	2.42%	B9	2.53%		
	56	5.43%	97	3.69%	other	6.77%	50	2.20%	198	2.34%		
	119	4.37%	119	3.51%			other	9.26%	15	2.22%		
other	9.98%	other	11.83%			other	7.24%			other	8.76%	
Metric 13 Remark codes (Remittance Advice Remark Codes [RARC])** ¹⁰	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%		
	N130	41.82%	N179	19.05%	Unused		N130	30.62%	N130	15.54%	N29	33.33%
	M41	11.32%	N193	11.23%			MA100	21.55%	N115	14.93%	M135	16.67%
	N179	8.78%	MA92	7.47%			M127	15.49%	N489	14.31%	N179	16.67%
	N20	8.64%	N301	5.95%			N4	9.39%	MA130	9.16%	N517	16.67%
	N54	7.65%	N174	5.56%			N225	8.46%	N431	6.65%	M80	5.56%
	N56	6.49%	M127	5.41%			N366	4.12%	N427	5.64%	MA67	5.56%
	N517	5.15%	N221	5.30%			M29	4.02%	M77	4.84%	N429	5.56%
	N204	2.29%	N30	4.09%			other	6.35%	N4	4.67%	other	-0.02%
	other	7.86%	N202	3.85%					N56	3.70%		
		N130	3.83%					M62	2.82%			
		N155	3.83%					M139	2.69%			
		other	24.43%					other	15.05%			
										N386	19.58%	
										MA130	19.27%	
										M80	8.41%	
										N174	15.42%	
										N429	9.79%	
										N115	5.95%	
										M77	4.30%	
										MA61	3.55%	
										N90	3.50%	
										N386	3.42%	
										N286	3.15%	
										M16	3.04%	
										MA36	2.75%	
										other	30.74%	

⁷ Increased transparency by payers in edit rules resulted in a general improvement in disclosed edits in Metric 9 and a decrease in the number of undisclosed edits in Metric 10.

⁸ To be considered a “disclosed edit” for the purposes of the NHIRC, the complete scope of an edit rule must be disclosed. More detailed information on this can be found in the document “2012 National Health Insurer Report Card: Statement of methodology, including the step-by-step guidance.”

⁹ Source: Blue Cross and Blue Shield Association. Visit Washington Publishing Company at www.wpc-edi.com/codes to obtain a complete listing of the Claim Adjustment Reason Codes (CARC) and to propose new or request a revision to existing CARCs.

¹⁰ Source: Centers for Medicare & Medicaid Services OIS/BSOG/DDIS. Visit Washington Publishing Company at www.wpc-edi.com/codes to obtain a complete listing of the Remittance Advice Remark Codes (RARC) and to propose new or request a revision to existing RARCs.

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare	
Denials (cont.)									
Metric 14 Percentage of reason codes (CARC) reported with a required remark code (RARC)**	CARC	%	%	%	%	%	%	%	
	16	66.67%	86.55%	0.00%	77.95%	99.77%	31.58%	75.97%	100.00%
	96	93.88%	97.74%	0.00%	69.82%	100.00%	100.00%	98.92%	100.00%
	125	Unused	84.09%	Unused	Unused	100.00%	100.00%	Unused	100.00%
	129	Unused	33.33%	0.00%	Unused	Unused	Unused	100.00%	Unused
	148	Unused	100.00%	Unused	Unused	Unused	Unused	Unused	Unused
	226	100.00%	Unused	0.00%	Unused	Unused	Unused	100.00%	100.00%
	227	96.88%	100.00%	Unused	45.23%	Unused	100.00%	100.00%	Unused
	234	Unused	Unused	Unused	Unused	Unused	Unused	Unused	Unused
	237	Unused	Unused	Unused	Unused	Unused	Unused	Unused	Unused
A1	Unused	100.00%	Unused	Unused	Unused	Unused	Unused	Unused	
Improvement of claims cycle workflow									
Metric 15 CORE certification	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	
	Yes	Yes	Yes	No	Yes	No	Yes	No	
	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	Phase 2	
	Yes	Yes	Committed	No	Committed	No	Yes	No	
Metric 16 Prior-authorization	Yes	DNR	Yes	DNR	Yes	DNR	Yes	NA	
Metric 17 Claim acknowledgement	Yes	DNR	Yes	DNR	Yes	DNR	Yes	NA	

* = New metric reported in 2012 NHIRC

DNR = Payer did not respond

NA = Not available

UHC = UnitedHealthcare

** = May not total 100% due to rounding error

HCSC = Health Care Services Corporation

NR = Not reported

Unused = Not reported in sample

BCBS = Blue Cross and Blue Shield

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic health care transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim —professional transactions).

Appendix A: Metric 5 and 5B (Commercial Payers)

Metric description	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare
Metric 5								
Contracted fee schedule match rate								
Match Rate	96.22%	89.25%	91.71%	91.29%	88.07%	86.05%	98.79%	99.95%
95% Confidence Half -Width	0.11%	0.11%	0.28%	0.14%	0.21%	1.08%	0.06%	0.01%
State	Aetna	Anthem BCBS	Cigna	HCSC	Humana	Regence	UHC	Medicare
Metric 5B: Contracted fee schedule match rate by state¹¹								
	%	95% Confidence Half-Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width
AL							100.00%	0.00%
AR	93.03%	1.92%			93.96%	2.06%		
AZ	99.73%	0.31%			94.83%	1.10%		
CA	96.86%	0.15%	91.59%	0.13%	85.36%	1.09%		
CO			92.07%	1.78%				
CT	95.16%	0.53%	58.47%	1.41%				
DC	96.40%	0.70%						
FL	98.91%	0.15%			93.13%	0.46%		
GA	98.38%	0.34%	87.45%	0.33%	96.48%	0.42%		
IA							48.01%	4.16%
IL	95.67%	0.92%			97.75%	0.85%	92.12%	0.31%
IN			89.73%	0.53%			99.09%	0.73%
KS			99.49%	0.31%	70.98%	2.88%		
KY			82.89%	0.42%				
LA	97.02%	1.23%			98.52%	0.59%		
MA					76.14%	1.54%		
MD	94.05%	0.56%			95.03%	0.60%		
ME					91.62%	2.29%		
MI							95.46%	1.59%
MN								
MO			86.13%	1.19%	83.98%	1.34%		

¹¹ Only states reported by commercial payers that met the minimum sample size of 500 were reported.

State	Aetna		Anthem BCBS		Cigna		HCSC		Humana		Regence		UHC	
MS	96.22%	1.11%							89.80%	1.73%			98.74%	0.87%
NC	95.55%	0.56%			89.73%	0.82%			92.02%	0.71%			98.85%	0.29%
NE													97.62%	0.45%
NV			86.33%	2.86%									99.44%	0.49%
NY	95.49%	1.63%	51.75%	3.74%										
OH	93.17%	1.06%	90.46%	0.39%	99.63%	0.32%			94.93%	0.85%			97.75%	0.41%
OK	93.00%	1.38%											98.36%	0.88%
OR											84.46%	1.80%		
PA									99.23%	0.56%				
SC					99.68%	0.45%								
TN	99.06%	0.47%			93.36%	0.66%			91.69%	1.05%				
TX	91.17%	0.50%			90.48%	0.48%	91.24%	0.16%	91.57%	0.51%			98.63%	0.12%
UT									95.25%	1.72%			99.37%	0.28%
VA	93.13%	1.96%			93.76%	1.39%								
WA					100.00%	0.00%					86.29%	1.47%		
WI			91.94%	1.70%										

BCBS = Blue Cross and Blue Shield HCSC = Health Care Services Corporation UHC = UnitedHealthcare

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) 621-8335 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 website.

Physicians and their practice staff can also visit www.ama-assn.org/go/pmalerts to sign up for free Practice Management Alerts from the AMA Practice Management Center.

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