

2011 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 1 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	99.97%	31.17%	99.36%	100.00%	99.98%	0.11%	99.69%	99.95%
Metric 2³ First remittance response time (median days) ²	14	9	7	6	6	15	10	14
Cash flow								
*Metric 2A³ Cash flow analysis								
0-15 days	70.82%	81.27%	94.51%	93.47%	95.32%	54.66%	83.94%	95.16%
16-30 days	28.79%	14.25%	4.52%	5.71%	3.68%	41.30%	15.69%	4.43%
31-45 days	0.30%	3.15%	0.77%	0.69%	0.90%	3.06%	0.30%	0.35%
46-60	0.07%	1.12%	0.18%	0.12%	0.09%	0.80%	0.07%	0.06%
Greater than 60 days	0.02%	0.22%	0.02%	0.02%	0.01%	0.17%	0.01%	0.01%
*Metric 2B³ Percentage of claim lines paid \$0	24.01%	25.12%	25.02%	24.05%	20.21%	17.25%	24.11%	19.88%
Metric 3 Electronic funds transfer (EFT) adoption rate	94.00%	73.00%	73.00%	92.00%	72.00%	25.00%	88.00%	95.00%
Metric 3A EFT adopters still receiving checks	4.00%	67.00%	87.00%	9.00%	92.00%	100.00%	33.00%	9.00%

¹ The NHIRC was developed in cooperation with National Healthcare Exchange Services, Inc. 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 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 "2011 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	
Accuracy									
Metric 4 Allowed amount disclosed	99.99%	99.74%	99.44%	100.00%	100.00%	100.00%	100.00%	100.00%	
Metric 5 Contracted fee schedule match rate									
Match Rate	86.27%	62.08%	86.37%	85.76%	88.51%	86.28%	92.26%	98.91%	
95% Confidence Half -Width	0.23%	0.21%	0.29%	0.21%	0.23%	0.90%	0.13%	0.02%	
Metric 5A⁴ Contracted fee schedule match rate by major CPT code categories									
E & M	Match Rate	84.26%	53.79%	82.95%	93.36%	91.11%	96.53%	94.69%	98.40%
	95% Confidence Half -Width	0.41%	0.33%	0.59%	0.27%	0.43%	0.58%	0.23%	0.04%
Medicine	Match Rate	85.80%	47.39%	83.21%	78.06%	82.46%	80.50%	83.95%	98.31%
	95% Confidence Half -Width	0.46%	0.44%	0.74%	0.61%	0.82%	3.06%	0.46%	0.06%
Pathology & Laboratory	Match Rate	90.76%	86.26%	93.61%	84.88%	82.16%	40.25%	97.36%	97.83%
	95% Confidence Half -Width	0.58%	0.50%	0.52%	0.38%	0.66%	3.39%	0.24%	0.07%
Radiology & Imaging	Match Rate	88.86%	86.54%	88.16%	73.24%	91.13%	NR	93.29%	99.69%
	95% Confidence Half -Width	0.42%	0.38%	0.51%	0.74%	0.33%	NR	0.19%	0.01%
Surgical	Match Rate	80.17%	78.28%	84.99%	94.41%	90.84%	NR	89.06%	98.76%
	95% Confidence Half -Width	1.16%	0.70%	1.16%	0.47%	0.85%	NR	0.58%	0.06%
Metric 5B Contracted fee schedule match rate by state Please see Appendix A.									
Metric 6 First electronic remittance advice (ERA) accuracy	81.08%	61.05%	83.02%	87.04%	81.99%	88.41%	90.23%	96.19%	
Administrative requirements – Prior authorization									
*Metric 7 Prior authorization frequency	3.50%	3.10%	6.15%	1.68%	5.20%	0.04%	4.92%	3.28%	
Claim edit sources									
Metric 8** Source of payer disclosed claim edits ⁵									
CPT	8.10%	5.10%	11.80%	11.00%	7.40%	14.90%	3.20%	8.90%	
ASA	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
NCCI	4.10%	15.40%	7.40%	20.30%	3.60%	1.10%	4.70%	8.80%	
CMS	6.30%	48.80%	78.10%	57.10%	32.30%	82.60%	49.40%	36.10%	
Payer-specific	81.40%	30.70%	2.70%	11.60%	56.70%	1.40%	42.70%	46.30%	
Metric 8A Total number of available payer claim edits									
CPT	20,167	20,454	19,953	20,454	20,454	20,454	20,358	20,454	
ASA	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070	
NCCI	841,833	841,904	841,904	841,904	841,904	841,904	841,904	841,904	
CMS	54,853	55,345	55,339	55,345	55,345	55,345	41,458	55,345	
Payer-specific	223,985	170,027	6,795	199,610	10,534	10,490	253,462	2,224,145	

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

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.

Metric description	Aetna	Anthem BCBS	CIGNA	HCSC	Humana	Regence	UHC	Medicare
Claim edit frequency								
Metric 9 Percentage of total claim lines reduced to \$0 by disclosed claim edits	7.70%	4.30%	3.90%	2.60%	6.60%	10.10%	6.60%	2.30%
Metric 10 Percentage of total claim lines reduced to \$0 by undisclosed claim edits	0.80%	1.00%	0.60%	0.40%	0.80%	0.40%	0.50%	0.30%
Metric 10A Percentage of total claim lines reduced to \$0 by disclosed and undisclosed claim edits	8.50%	5.30%	4.50%	3.00%	7.40%	10.50%	7.10%	2.60%
Metric 10B Percentage of edited claim lines reduced to \$0 by undisclosed edits	9.41%	18.87%	13.33%	13.33%	10.81%	3.81%	7.04%	11.54%
Denials								
Metric 11 Percentage of claim lines denied	1.38%	3.62%	0.68%	1.59%	2.33%	1.36%	1.05%	2.73%
Metric 12 Reason codes (Claim Adjustment Reason Codes [CARC])**	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %	CARC %
	96 36.74%	26 25.51%	96 29.20%	16 33.41%	96 42.47%	26 48.63%	16 43.89%	50 23.69%
	197 10.97%	204 21.63%	51 27.86%	96 22.69%	16 19.84%	16 11.64%	96 21.70%	16 13.56%
	55 9.45%	16 17.08%	49 7.06%	119 10.65%	125 10.07%	49 8.90%	49 4.96%	49 10.58%
	165 8.68%	96 11.67%	38 6.11%	B5 10.55%	197 6.30%	96 7.53%	197 4.52%	B9 9.97%
	227 6.44%	B7 4.29%	197 5.92%	49 5.88%	B9 5.73%	167 4.79%	204 2.92%	26 9.73%
	56 5.82%	119 4.03%	45 5.15%	227 3.27%	B5 4.34%	204 4.79%	56 2.88%	140 8.02%
	B7 4.72%	38 3.84%	1 4.39%	179 2.78%	40 2.74%	125 4.11%	185 2.66%	96 5.92%
	97 3.63%	197 3.29%	15 3.05%	197 2.16%	26 2.09%	38 2.74%	26 2.66%	B7 5.12%
	95 3.44%	other 8.66%	35 2.67%	104 2.05%	other 6.42%	51 2.74%	B20 2.44%	204 3.83%
	other 10.11%		other 8.59%	other 6.54%		other 4.11%	other 11.38%	other 9.58%
Metric 13 Remark codes (Remittance Advice Remark Codes [RARC])**	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %	RARC %
	N130 35.45%	N179 28.25%	Unused	N130 37.49%	N115 26.47%	N29 59.26%	MA130 21.3%	M25 20.27%
	N54 17.86%	N193 27.21%		N4 15.82%	N19 7.78%	N381 22.22%	N174 19.42%	N115 20.17%
	N20 15.19%	N202 6.35%		N179 11.48%	N4 7.50%	N429 14.81%	N115 16.91%	MA130 9.03%
	N179 7.22%	N174 5.36%		MA100 11.1%	M77 7.09%	N179 3.70%	N386 6.19%	N90 4.13%
	N56 7.17%	N29 5.32%		M127 7.56%	N22 6.91%		N54 6.19%	M27 3.95%
	N19 3.80%	M127 3.76%		N366 5.51%	N431 5.89%		M77 5.15%	M80 3.62%
	N95 3.16%	MA92 3.65%		M29 5.33%	N130 5.76%		M20 3.74%	MA36 3.06%
	M41 2.46%	N382 3.65%		N202 3.40%	MA130 5.62%		N4 3.74%	MA61 3.04%
	M144 2.35%	N30 2.92%		other 2.28%	M127 4.24%		N429 3.68%	MA27 3.01%
	other 5.35%	MA61 2.66%			M62 3.64%		M86 3.49%	MA120 2.26%
		other 10.89%			M53 3.13%		N12 2.70%	N286 2.13%
					other 15.98%		other 7.48%	other 25.33%

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	55.00%	99.79%	0.00%	100.00%	100.00%	42.18%	85.57%	99.77%
	96	100.0%	99.56%	0.00%	100.00%	99.42%	54.55%	95.51%	87.99%
	125	Unused	100.0%	Unused	Unused	100.00%	0.00%	0.00%	99.80%
	129	Unused	0.00%	Unused	Unused	Unused	Unused	Unused	Unused
	148	Unused	100.00%	Unused	Unused	Unused	Unused	Unused	Unused
	226	100.0%	Unused	0.00%	Unused	100.00%	Unused	Unused	100.00%
	227	100.0%	100.00%	Unused	100.00%	Unused	50.00%	100.00%	Unused
	234	Unused	Unused	Unused	Unused	Unused	Unused	Unused	Unused
	A1	100.0%	Unused	Unused	Unused	Unused	Unused	Unused	Unused
D3	Unused	Unused	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	Yes	Yes	DNR	Yes	DNR	Yes	NR	
Metric 17 Claim acknowledgement	Yes	No	Yes	No	Yes	Yes	Yes	No	

* = New metric reported in 2011 NHIRC

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

BCBS = Blue Cross and Blue Shield

DNR = Payer did not respond

HCSC = Health Care Services Corporation

NR = Not reported

UHC = UnitedHealthcare

Unused = Not reported in sample

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard 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		86.27%	62.08%	86.37%	85.76%	88.51%	86.28%	92.26%	98.91%					
95% Confidence Half -Width		0.23%	0.21%	0.29%	0.21%	0.23%	0.90%	0.13%	0.02%					
State	Aetna		Anthem BCBS		CIGNA		HCSC	Humana		Regence	UHC			
Metric 5B: Contracted fee schedule match rate by state⁶														
	%	95% Confidence Half-Width	%	95% Confidence Half -Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width	%	95% Confidence Half-Width
AR									99.9%	0.24%			97.9%	0.61%
AZ					90.2%	2.19%							91.6%	0.99%
CA	80.6%	0.56%	42.2%	0.30%	63.2%	1.41%							87.3%	1.03%
CO					90.9%	1.78%							97.3%	0.67%
CT	96.5%	0.61%												
FL	95.8%	0.31%			91.4%	0.57%			96.7%	0.25%			94.3%	0.27%
GA	91.2%	1.43%	83.8%	0.48%	94.9%	0.55%			96.7%	0.47%			92.4%	0.33%
IA													58.2%	3.64%
IL	89.6%	1.28%			61.6%	4.12%	95.4%	0.28%					96.0%	0.93%
IN			90.6%	0.39%					98.1%	0.49%			92.1%	0.97%
KS	97.5%	0.88%			70.4%	2.98%			18.5%	1.81%			99.6%	0.28%
KY	71.8%	3.00%	84.3%	1.14%					72.8%	0.81%				
LA	96.0%	1.16%			88.7%	1.46%			98.4%	0.34%			97.2%	0.62%
MA	87.2%	1.89%	94.0%	0.92%	78.4%	1.72%								
MD	73.6%	1.59%			85.8%	1.48%							92.9%	0.63%
ME					86.6%	2.77%								
MI	84.9%	2.08%												
MO	87.9%	1.30%	96.4%	0.74%	81.4%	1.43%			92.6%	1.02%			99.2%	0.18%
MS													92.4%	1.63%
MT									96.4%	1.36%				
NC	94.3%	0.76%			92.9%	0.71%			99.0%	0.27%			76.6%	0.85%
NE													96.1%	0.64%
NH	99.0%	0.49%			97.8%	0.44%							90.5%	1.02%
NJ	72.4%	1.47%												
NV			92.7%	1.10%										
NY	78.5%	2.39%	62.0%	3.78%										
OH	90.8%	0.61%	89.3%	0.36%	97.8%	1.06%			88.7%	0.99%			97.2%	0.28%
OK	89.1%	1.54%					70.8%	3.39%	80.5%	2.02%				
PA														
TN					83.3%	1.71%			96.2%	0.71%				
TX	78.3%	0.70%			83.1%	0.84%	83.4%	0.25%	76.0%	1.11%			89.0%	0.44%
VA			98.6%	0.64%										
WA											86.1%	0.99%		
WI			49.3%	1.02%									94.8%	0.42%

* = New metric reported in 2011 NHIRC BCBS = Blue Cross and Blue Shield HCSC = Health Care Services Corporation UHC = UnitedHealthcare

⁶ Only states reported by commercial payers that met the minimum sample size of 500 were reported.
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