



Title: Simplification and Real-Time Adjudication of Claims

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- 1 **WHEREAS**, the proliferation and application of CPT, ICD-10, HCC codes and modifiers have created a significant
 2 burden and confusion for family physicians to efficiently and appropriately file claims and get reimbursed for
 3 appropriately provided medical services in a timely manner and have contributed to delays or non-payment of
 4 services, and
- 5 **WHEREAS**, medical payor claims data is the basis for determination and allocation of many value-based incentives,
 6 and many times this data is inaccurate and not available to family physicians in a timely manner, and
- 7 **WHEREAS**, family physicians were promised enhancement in appropriate reimbursement using a value-based
 8 payment system; yet, some yearly incentives are spread out and allocated over the course of a year and some are
 9 not paid for several months into the following years, and many times family physicians are given inadequate amount
 10 of time or opportunity to review and reconcile the data, and
- 11 **WHEREAS**, family physicians are performing more work per visit with additional mandated or incentive-linked
 12 screening interventions, and many or most are not reimbursed by payors including Medicare or Medicaid, and
- 13 **WHEREAS**, payors give little, none, or insufficient descriptions of claim rejections, making it more difficult to
 14 effectively file claims, and
- 15 **WHEREAS**, no other industry or business has the complexity and confusion of billing, contracting, third party
 16 administrators, fee schedules, claims rejections, prior authorization schemes, shared responsibility payments, and
 17 billing staff needs, than found in medicine, and
- 18 **WHEREAS**, wait times to talk with provider or customer service representatives to inquire about claims are
 19 exceedingly long and time consuming for offices with limited staff and many times results in inadequate information
 20 that further delays claims processing, and
- 21 **WHEREAS**, a significant reason for the development of Direct Primary Care practice is the complexity, delays,
 22 denials, and non-payment of legitimate claims, and
- 23 **WHEREAS**, in this age of “swipe your card,” real-time, electronic and digital payment, transfer of funds, eligibility and
 24 denial of claims, there should be no reason that same modern age technology can’t be used by insurance companies
 25 to adjudicate claims at tpoint of service, now, therefore, be it
- 26 **RESOLVED**, that Michigan Academy of Family Physicians develop and propose changes to medical claims and
 27 value-based incentive processing to simplify and streamline the process; and be it further

28 **RESOLVED**, that Michigan Academy of Family Physicians propose that American Academy of Family Physicians
29 develop and propose changes to medical claims and value-based incentive processing to simplify and streamline the
30 process on a national basis; and be it further

31 **RESOLVED**, that Michigan Academy of Family Physicians along with American Academy of Family Physicians
32 propose standards that mandate real-time adjudication of medical claims and payment at point-of-service.