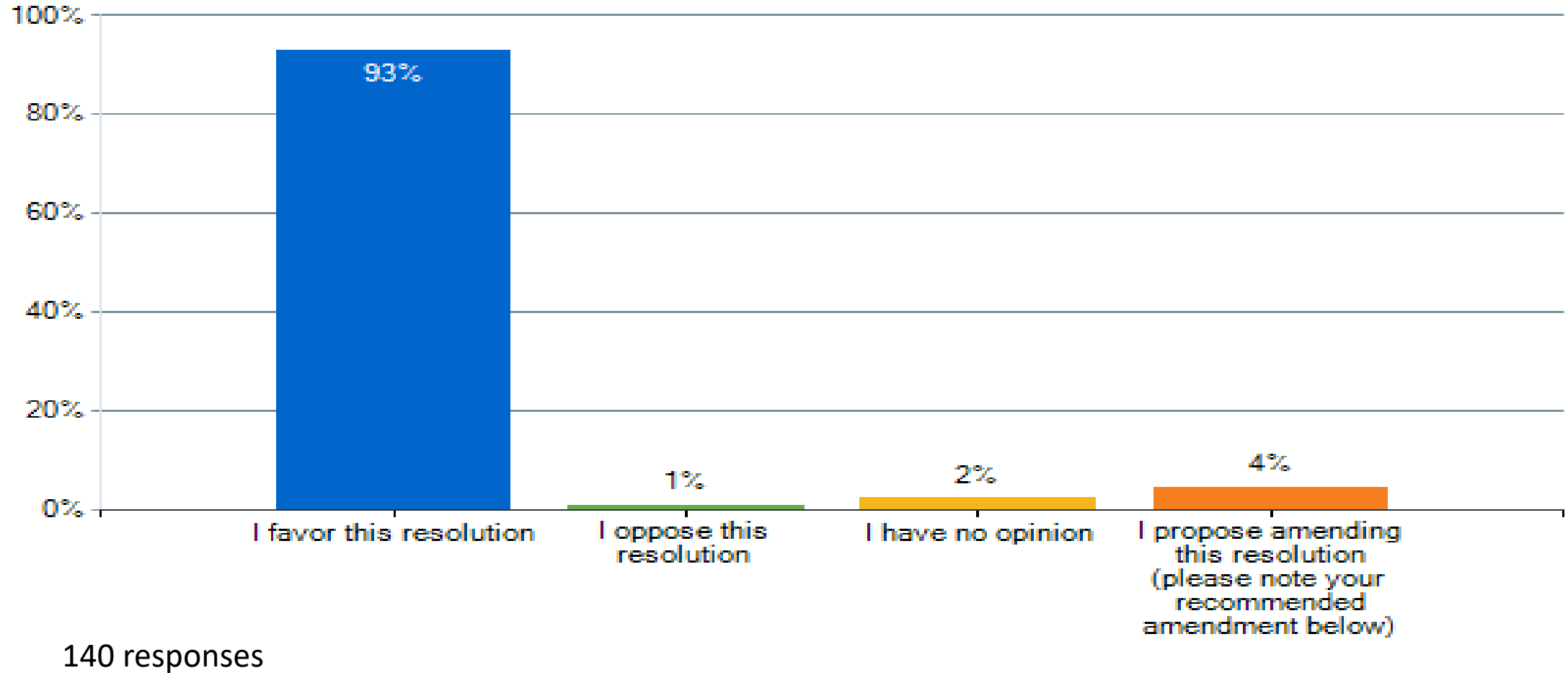
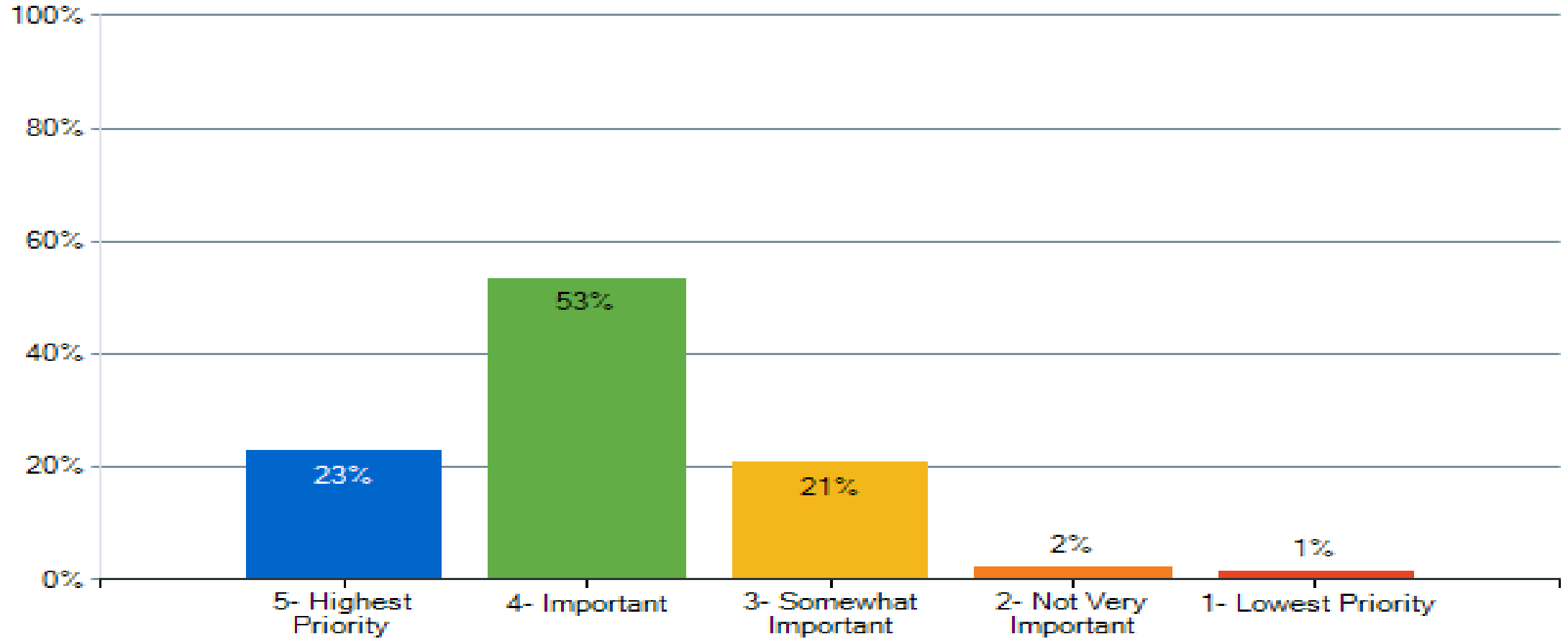


Compensation for Medical Record Requests by Third Parties



Please indicate your view of this resolution as an ISMS priority.



141 responses

Comments

Response Text

all resolutions that mention or are directed at one company or payor should be avoided

Great idea. Record requests are increasing every year. We need to get fair compensation for the time and effort if providing records to insurance companies

Most such requests are handled by the physician's staff so would modify to cover their efforts

I would also add that additional fees should be considered for repeat submission of the same records. There should be a graduated fee. It is very typical for an insurance company to request the same records repeatedly. Appeals are a great example. Even when notes, implant invoices and etc. have been provided via USPS cert mail and/or verifiable electronic submission, they will request the same, effectively making the doctor their secretary. We should not be a replacement for their own filing systems and internal record keeping.

for

Agreed

Agree with the resolution. Physicians should get compensation for providing extra information

Within reason

About time!

1. Current prices for medical record release are way too low for the cost incurred by the physician's practice - these low charges were designed to facilitate continuity of care. 2. We are currently receiving abusive requests for medical records from payers: a. Prior to processing claims at no charge b. For risk adjustment bonus payments from CMS to insurance carriers - extensive office medical records are requested with no compensation, and with significant disruption to the office. These are then used to obtain additional money from CMS for the Payer - CMS is aware of excessive payments in this regard to the Payer but has done nothing about it.

Language is argumentative. The first clause should read: Whereas current isms policy opposes.... The resolution has an excellent premise but needs more whereas clauses pertaining to evidence of need and justification. Also the current whereas clauses need more direct, less emotional language.

Definitely if the actual records are requested to accompany a bill, the actual records should be compensated in addition to the bill completion for the services that we're given.

Agree. Requiring payment would encourage some restraint on excessive demands.

Legislation should include graduated payment based on amount or number of pages to discourage capricious demands for excessive & unnecessary amounts of data. When it's free, there's no motivation for restraint.

Agree

I think it is something we should have a position on, but will likely to be a huge political ask that is unlikely to come to pass.

I support the resolution. There is no doubt there is a lot of time involved in this process that takes time away from other activities.

Many of these requests require considerable staff and physician time and are a delay tactic- esp in the case of United Health Care, deeming it difficult to continue to practice at a loss while payment is held for records that are the same as multiple other patients with

the same disease in our practice. Compensation will help our bottom line and deter from unnecessary requests as stall tactics.

Absolutely agree

I agree. This can be a very time consuming task. Dr Regina Walker

As an ophthalmologist, I empathize with this resolution based on the time and resources used to collect and process the requested data and images. The matter of the resolution is applicable to both private and institutional/academic practices.

I fully support this. This is a huge drain on staff time and should be compensated.

Favor resolution and consider it high priority.

I support this resolution

Even when I do get payment, its a mere \$25. This does not cover time, paper etc. We need to get reimbursed at a much higher fee.

Reimbursement for our time is a great challenge. The existing policies cited are aspirational. We do usually get reimbursed for our record copying, but the payor authorization challenges are evolving. I always fear when we try to regulate these abuses (like prior authorization), we entrench them more. I would thus wonder how this would jibe with the current relevant laws.

Totally agree.

Agree but should not include patients or their representatives I would suggest adding in the last sentence of the resolved "excluding patients or their representatives".

I think this is a pretty good resolution and timely. UHC certainly does this. Also the resolution does not refer to patients themselves but rather to third parties.

Agree

Compensations need to increase greatly with the advent of Electronic Medical Records which physicians have to pay fees to maintain , train self and staff . The benefits of quick data transfer again needs higher compensations.

Agree

There is no mechanism to pay for this and it should be reimbursed by all payors, all insurance for the massive amount of paperwork they require.

This is really hourly time, not pages. Way too many of these requests only accept fax replies, not encrypted email, not mail or delivery service. Heck, once we reply, if it's an attorney that receives the record copies, they themselves put it up on a secure drop box for their experts to review. The average reply in my office is in the several hundreds of pages. The printing and organization of a reply often involves going to a Fedex Store or other place to comply.

Requests for records has dramatically increased over the past decade and has truly become burdensome.