

POLICY & PRACTICE

Grassley Seeks APA Disclosures

Sen. Charles Grassley (R-Iowa) has asked the American Psychiatric Association (APA) to disclose how much financial support it receives from the pharmaceutical industry. The senator requested that the association provide an accounting of industry funding from January 2003 to the present, including, but not limited to, grants, donations, and sponsorship for meetings. The APA should also explain its conflict of interest policies, including whether the organization allows pharmaceutical companies to place restrictions on how funding is used, according to a letter the senator sent to the association last month. Senator Grassley, who is the ranking minority member of the Senate Finance Committee, has been investigating conflicts of interest, and he cited reporting in the New York Times that led him to believe that nonprofit organizations were being unduly influenced by drug and device makers.

Vt. Psychiatrists Unduly Influenced

The Vermont attorney general is alleging that psychiatrists in the state are being inappropriately influenced by pharmaceutical industry money. In a report issued last month, the AG found that drugmakers spent \$3 million in Vermont in fiscal 2007 in sales and marketing efforts directed at physicians—a 33% increase over the previous fiscal year. The money was spent by 84 companies, on fees, travel expenses, and other direct payments, according to the report. More than half the money was provided by five companies: Eli Lilly & Co., Pfizer Inc., UCB Inc., Novartis Pharmaceuticals Corp., and Merck & Co. Psychiatrists were the highest paid, with 11 psychiatrists receiving \$626,000, or 20% of the total. Five of the top 10 drugs promoted were for psychiatric conditions, including attention deficit/hyperactivity disorder and depression. The remainder were medications to treat diabetes, hypertension, and high cholesterol. Under Vermont law, manufacturers are required to report on an annual basis to the attorney general payments made to physicians, hospitals, universities, and other prescribers.

N.Y. Tobacco Ban Takes Effect

Starting July 24, all addiction treatment facilities that are certified and funded by the New York Office of Alcoholism and Substance Abuse Services must be entirely tobacco-free. The rules are the strictest in the country, but are aimed at integrating tobacco addiction treatment into programs for other dependencies, according to the state. Facilities will have a 6-month grace period to establish programs before funding and certification is revoked. The facilities themselves can determine how to eliminate tobacco on-site and establish intervention programs. But the Office of Alcoholism and Substance Abuse Services set out some minimum requirements, including that all staff are pro-

hibited from using tobacco products on-site and that visiting families are prohibited from bringing tobacco products or paraphernalia to a facility. The state also has provided an \$8 million grant that will go toward nicotine replacement products and education and training to health professionals on strategies and interventions for a tobacco-free environment.

30% Have Received Treatment

About a third of Americans have received treatment or therapy from a psychologist or other mental health professional, according to a Harris Interactive survey of 2,500 adults conducted in April. Men and women equally received treatment, but there was a big difference among age groups. Adults over age 65 years were the least likely to have received treatment, at 17%, compared with 36% of those in their 20s and 30s. The most common reason for seeking treatment was depression and anxiety, reported by 60% of those polled. Trauma and posttraumatic stress, and family and relationship issues were the next most common reasons. The main barriers to getting care were a lack of confidence in outcome of treatment, a lack of knowledge about the process, and concerns about access and the cost of therapy. More than half of those surveyed also said they had concerns about the stigma of receiving treatment or about what others might think if they found out. The survey was conducted for the American Psychological Association and was taken among people who already agree to be part of Harris polling.

Drugs Easy to Get Online

Despite a decline in the number of Web sites advertising or selling prescriptions for controlled substances, 85% of sites selling such drugs in the past year did not require a prescription, according to a new report by the National Center on Addiction and Substance Abuse at Columbia University, New York. Researchers found 365 sites advertising or selling controlled substances during searches that took place in the first 3 months of 2008, compared with 581 sites found during the same period in 2007. The decline in the number of sites offering controlled substance prescriptions might reflect federal and state efforts to crack down on Internet drug trafficking, said Joseph A. Califano Jr., the center's chairman. Only 2 of the 365 sites found online in 2008 were certified by the National Association of Boards of Pharmacy as Verified Internet Pharmacy Practice Sites, the same number found certified in 2007. Of those sites not requiring prescriptions, 42% explicitly stated that no prescription was needed, 45% offered "online consultations," which enable Internet users to get controlled substances online without a proper prescription, and 13% made no mention of a prescription.

—Alicia Ault

Aetna, Cigna Retain Best Payment Records

BY ALICIA AULT

Associate Editor, Practice Trends

Aetna has taken over from Cigna as the fastest and most accurate national insurer when it comes to paying physicians, according to the third annual ranking of payer performance by one of the nation's largest physician management companies.

Cigna achieved the top rank in 2006, and Aetna was No. 2, having moved up from the fourth spot in the 2005 survey by AthenaHealth.

The 2007 data are based on 30 million charge lines collected by AthenaHealth, and cover 137 national, regional, and government payers and 12,000 medical providers. The company, which is based in Watertown, Mass., collected almost \$3 billion for its 980 physician clients in 2007.

According to the company, several trends were apparent in the data. Payers have moved to make Web portals more available to physicians, and they've become more proactive about contacting physicians with guideline changes. This has resulted in an almost 3% drop in the number of days that claims are in accounts receivable, at least for regional payers.

Claims denial and resubmission rates increased, however, partly due to problems implementing the new National Provider Identifier number required by Medicare. The full impact of that transition may not be felt until this year, according to AthenaHealth.

After Aetna and Cigna, the top performers were Humana, Medicare Part B, UnitedHealth Group, WellPoint, Coventry Health Care, and Champus Tricare. Humana and Medicare were the top two payers in 2005; United, Wellpoint, Coventry, and Champus have more or less held steady.

Dr. William F. Jessee, who serves as president and CEO of the Medical Group Management Association, in a statement that his organization commends Aetna for its progress "in improving what should be any insurer's core competency: paying insurance claims accurately and promptly."

In a statement, Aetna CEO Ronald A. Williams acknowledged the achievement but pledged continued improvement.

"While we are pleased that the progress we have made has been recognized, we are committed to continuous improvement in this area," Mr. Williams said.

Rankings are calculated by scores given to performance in seven ar-

reas. If a payer paid quickly and fully, it tended to receive a higher ranking overall.

Fifty-eight percent of the score came from days in accounts receivable (DAR), first pass resolve rate, and percentage of billed charges deemed the patient's responsibility.

Physicians have a greater collections burden when payers ask patients to foot more of the bill. There was a 19% increase in patient liability in 2006, but it only rose 0.4% in 2007. Increased availability of real-time claims adjudication has helped cut the physician collection burden, according to AthenaHealth.

Aetna's DAR was 26.9 days, compared with 32.6 for Cigna, and 35.7 for Coventry, which holds the No. 8 overall position. Blue Cross Blue Shield of Rhode Island had the lowest DAR for the second year in a row, at 15.8 days.

Denial rate is also an important metric used in the ranking. Aetna had the lowest denial rate among national payers, at about 6%. The highest denial rate—38%—was at Health Choice Arizona. The lowest denial rate overall was 3.17%, at Blue Cross Blue Shield of Rhode Island.

The New York state Medicaid program came in for special criticism. It lagged in most of the key measures.

The program had the highest DAR of any payer—for the second year running—coming in at 137.3 days in 2007, compared with the national median of 35.4. New York Medicaid also had the lowest first pass resolve rate, at 57%, compared with 97% for Blue Cross Blue Shield of Ohio, the top performer in that category.

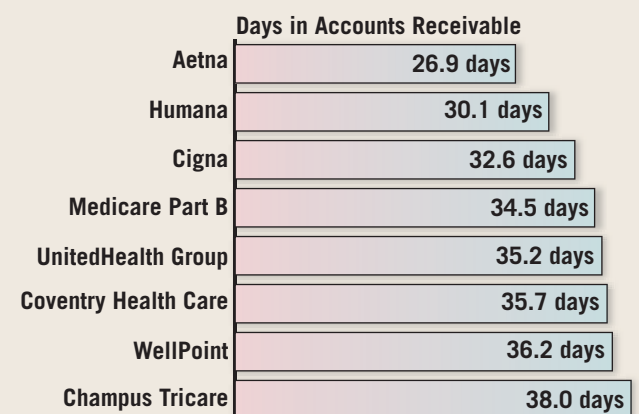
According to AthenaHealth, the New York program "ranked at the bottom on the clarity of why the program rejects a medical claim."

The best overall Medicaid program, in South Carolina, had a DAR of 40 days, and a first pass resolve rate of 92%.

The number two Medicaid performer, the North Carolina program, had similar rates.

The rankings are posted at www.athenapayerview.com.

Of National Insurers, Aetna Pays Quickest



Note: Based on 2007 data for 30 million charge lines.
Source: AthenaHealth