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## **Healthcare Billing & Management Association Presents Survey Findings to America's Health Insurance Plans**

*Outreach Part of Broader Effort to Promote  
Administrative Simplification in Healthcare*

LAGUNA BEACH, Calif. — July 1, 2009 — The Healthcare Billing & Management Association ([HBMA](#)), a non-profit educational resource and advocacy group representing third-party medical billers and billing professionals, announced today that it presented member survey findings to executives of America's Health Insurance Plans (AHIP) at Institute 2009 in San Diego, Calif. in June. Presenting on behalf of HBMA member organizations, representatives discussed ways in which billing services and commercial payers can better work together to manage claims processing and related transactions more efficiently and effectively.

"HBMA is committed to its ongoing outreach efforts and is focused on securing cost reductions that will ultimately benefit all stakeholders, including payers, providers and patients," says Brad Lund, HBMA executive director. "As part of HBMA's efforts, we will also be reaching out to individual health insurance companies to identify practical administrative simplification solutions."

In addition to identifying opportunities to drive down costs and produce administrative efficiencies, the following survey highlights were presented:

- 46 percent of member firms reported that fewer than 60 percent of insurance companies transmit denial information using HIPAA-standard codes
- 68 percent of member firms reported that 60 percent or more of all denials are ultimately paid by the insurance company after appeal or intervention
- 69 percent of member firms reported that cumbersome protocol for filing appeals is the most challenging aspect of handling claim denials

"Based on feedback from our members, HBMA has a solid understanding about what specific measures could impact administrative costs for the benefit of both providers and health plans," says Sherri Dumford, an HBMA past president and the residing chair of HBMA's Commercial Payer Relations Committee. "We appreciate the opportunity to share our findings, and we were pleased to find common ground in our efforts to enhance our nation's healthcare system."

Through the reciprocal exchange of ideas and coordinated efforts, HBMA collaborates with a broad range of leading industry associations including the American Medical Association, Blue Cross Blue Shield Association, CAQH, Cooperative Exchange, Emergency Department Practice Management Association, Medical Group Management Association, Radiology Business Management Association, Workgroup for Electronic Data Interchange and others.

### **About HBMA**

A non-profit, member-led trade association, the Healthcare Billing & Management Association (HBMA) represents more than 30,000 employees at well over 650 third-party medical billing firms. Annually, HBMA companies submit more than 350 million



initial claims on behalf of hospital-based physicians, office-based physicians and other allied healthcare providers. Founded in 1993, HBMA and its members foster personal development, advocate on the behalf of the profession, and promote cooperation through a wide range of business resources, educational events, networking opportunities, certification programs and adherence to the Medical Biller's Code of Ethics. As the only trade association representing the interests of medical billers in Washington D.C., HBMA works with legislative stakeholders and federal agencies to improve the business of medical billing and the practice of healthcare. Learn more about how HBMA is elevating the medical billing profession at [www.hbma.org](http://www.hbma.org).

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