From the Editor's Desk

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The Time Has Come for National Insurance Cards

With the summer months upon us, many will take a vacation. This generally involves booking a flight or car rental, buying items for the trip, and shopping for new summer clothes. Some will shop online and others at retail stores. At each site, we pull out a credit card and assume that the appropriate bank will bill us properly for the purchases. It is an anomaly when things do not go right. So why can't patients swipe a generic health identification card and assume that the appropriate insurer will pay the bill? Why must the system depend on the copying of paper government-issued cards, ever-changing private cards, and faded or ripped cards that must be photocopied, or worse, hand-transcribed, after which the patient charges the co-pay with a credit card? This makes no sense. The time has clearly arrived for patients and providers to demand standard health identification cards that provide reliable up-to-date demographic information, insurance verification, and accurate billing for services provided, regardless of site of service. We demand this for our retail experiences. Health care expenditures should be held to a similar standard.

In 2004, the American National Standards Institute developed the standards for a national insurance card. These were revisions of an older standard first issued in 1997. In 2007, the Workgroup for Electronic Data Interchange, in conjunction with the insurers, agreed on the fundamentals of a national health card and published the Health Identification Card Implementation Guide (www.wedi.org). So what has happened? Unfortunately, without any push from the patients or providers, the issue has stagnated. Some have called attention to it; the Medical Group Management Association, representing the practice administrators and legislation in states such as Colorado, have tried to push the issue. But without patient and physician support, this initiative is not likely to move forward.

Why should physicians be concerned? Practice efficiency is by far the major issue. In the coming years, revenue will continue to decline and practices must become more efficient to survive. Many claims are denied due to inaccurate billing information such as outdated cards, change in beneficiary status, or inaccurate copying of an insurance card. To remove the step of photocopying a card and verifying insurance would eliminate many inefficient steps for both staff and patients. Reduced manpower associated with documenting insurance verification, resubmitting codes, and appealing inappropriately billed encounters will decrease administrative costs.

Why should patients care? Accurate identification allows for accurate billing and less hassle at the front desk. Consistently, patient satisfaction surveys have identified front desk insurance issues as an area for improvement. Accurate billing prevents patients from receiving inappropriate charges, which patients may pay fearing reprisal from their doctors. Accuracy in every encounter with a provider ensures a quality experience for patients. Decreasing the overall cost of cancer care should be important to everyone.

Insurers should care because accurate claims are more efficient. Denials and appeals cannot be cost-effective for the payers. The insurers must embrace the concept of a national patient identification card before implementation, otherwise the concept becomes ineffective if some agree and others refuse. This may require legislation.

So, why the delay? It is not security of information—the credit card companies and banks have figured this out with similarly sensitive information. The technology is there. It is not about competition, my banks compete for my growing debt daily. The cards are cheap and durable, as my tired old VISA card can attest. The most likely issue is inertia. Perhaps now, as practices are focusing on greater efficiency and safety as well as quality, this simple intervention of a national insurance card has reached the point of recognition as an important step for both patients and providers. We should join with our colleagues at Medical Group Management Association and Workgroup for Electronic Data Interchange to join the push for a national insurance card. Our patients should experience the same seamless electronic interface at the front desk when visiting their oncologist as they expect at a retail store. The enhanced efficiency and improved quality of such an experience benefits both patients and providers. The time has arrived for the oncologist to embrace the electronic billing age and demand a national insurance card for their patients.

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