
Physician profiling: How to prepare your practice

1. **Review your contracts.** Have the insurers with whom you contract expressly preserved the right to profile physicians? If so, does each contract specify the appeal mechanism or other physician rights with respect to profiling?
2. **Learn the metrics of the program.** Regardless of what your contract provides, ask your insurers the following: What data will be collected? How will data be collected? What methodology will be used to evaluate the data? In other words, **learn exactly how the program works.**
 - a. Request a complete listing of the quality measures that the insurer will use to determine your quality rating based upon your specialty.
 - b. Find out which **efficiency measurement system** the insurer will use.
 - c. Raise concerns if the **quality measures** are not appropriate to your specialty or the efficiency methodology is not statistically valid. Visit www.ama-assn.org/go/pfp for more information on the problems with current efficiency measurement programs and to download “Economic profiling of physicians: What is it? How is it done? What are the issues?” (This report is available to AMA members only.)
3. **Develop the necessary infrastructure** to capture and evaluate your own data.
 - a. Use patient registries to measure your own performance. In addition to their use in pay-for-performance programs, patient registries may provide a physician with the means to measure his or her individual performance, using his or her own data as a benchmark, when comparing a practice’s data to the profiling information of health insurers. Visit www.ama-assn.org/go/pfp for more information on patient registries and to download “Optimizing outcomes and pay for performance: Can patient registries help? (This brochure is available to AMA members only.)
- b. Employ the full potential of your computer system. A medical practice with a computer system can query patient records and administrative billing data for the appropriate ICD-9-CM codes for chronic diseases to obtain a listing of patients and their associated data.
4. **Train your staff.** Careful coding is critical, as profiling systems are based on claims data. Make sure your staff properly collects and reports all the information relevant to your profiling score.
 - Ensure that all the relevant ICD-9-CM codes for each patient’s diagnosis are reported on each claim, as this information is essential for proper risk adjustment.
 - Make sure the Current Procedural Terminology (CPT®) codes that accurately identify the services or procedures performed are reported on each claim. Do not select a CPT code that merely approximates the service provided. If no CPT code exists for such procedure or service, then report the service using the appropriate unlisted procedure or service code.
 - Check that the documentation in the medical record supports the ICD-9-CM and CPT® codes selected.
 - When reporting codes for services provided, it is important to ensure the accuracy and quality of coding by verifying the intent of the code. You can do so by using the related guidelines, parenthetical instructions and coding resources—including *CPT® Assistant* and other publications resulting from collaborative efforts of the AMA with the medical specialty societies.
5. **Show your patients you care, and educate them about physician profiling schemes.** Conduct patient satisfaction surveys, and order and display the AMA poster on unfair physician measurement systems. Poster #NC424607 is free to AMA members by calling (800) 621-8335.

If you believe you have been unfairly profiled, ask for the necessary information and data from the insurer and **always file a formal appeal.** Visit www.ama-assn.org/go/pfp to download the flier “Tiered and narrow physician networks: How to challenge your profile or placement,” and contact the AMA Private Sector Advocacy unit at (312) 464-4835.