

Physician Survey: Aetna Deemed Fastest, Most Accurate Payer

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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.

"We commend Aetna for their progress in improving what should be any insurer's core competency: paying insurance claims accurately and promptly," said Dr. William F. Jessee, president and CEO of the Medical Group Management Association, in a statement.

Aetna CEO Ronald A. Williams said in a statement, "While we are pleased that the progress we have made has been recognized, we are committed to continuous improvement in this area."

Rankings are calculated by scores given to performance in seven areas. 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

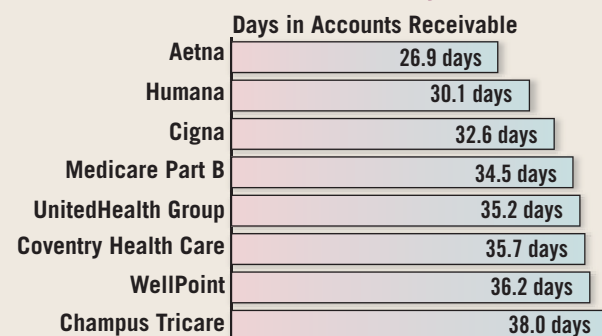
with 32.6 for Cigna, and 35.7 for Coventry, which holds the No. 8 overall position. Blue Cross Blue Shield of Rhode Island had the lowest DAR for the second year in a row, at 15.8 days.

Denial rate is also an important metric used in the ranking. Aetna had the lowest de-

nial 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 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

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References: 1. Eichenfield LF, Miller BH; Cutivate Lotion Study Group. Two randomized, double-blind, placebo-controlled studies of fluticasone propionate lotion 0.05% for the treatment of atopic dermatitis in subjects from 3 months of age. *J Am Acad Dermatol.* 2006;54:715-717. 2. Uliasz A, Lebowitz M. Dimethicone as a protective ingredient in topical medications. Poster presented at: 65th Annual Meeting of the American Academy of Dermatology; February 2-6, 2007; Washington, DC. 3. Cutivate® Lotion, 0.05% [prescribing information]. Melville, NY: PharmaDerm®, a division of Nycomed US Inc. 2008. 4. Hebert AA, Friedlander SF, Allen DB; Fluticasone Pediatrics Safety Study Group. Topical fluticasone propionate lotion does not cause HPA axis suppression. *J Pediatr.* 2006;149:378-382. 5. Data on file, PharmaDerm.

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