

Physician survey highlights time spent on insurance questions -Business First by Steve Ivey, Reporter

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Steve Ivey

For the first time, an annual survey conducted on behalf of the Greater Louisville Medical Society reveals how much time doctors' offices spend dealing with insurance payers.

An item on the survey is published in the April edition of GLMS News.

According to the publication, physician practices that accept all eight major payers represented in the survey spend more than 65 hours each week on requests for coordination of benefits, appeals, audits and other information from insurers.

The payers included in the survey were Aetna Inc., Anthem Insurance Cos. Inc., Bluegrass Family Health Inc., Cigna Corp., [Humana Inc.](#), National Government Services Inc., Passport Health Plan and United HealthCare Services Inc.

"It's something we need to address and figure out solutions to reduce the administrative time burden," said [Jessica Williams](#), GLMS compliance specialist, in the article.

The survey also found that Anthem had "significantly more calls (to customer service representatives) lasting 30-45 minutes or 45-60 minutes" than other insurers.

On a scale of 0 to 100, Humana received the highest rating of 83 on timeliness in paying claims. Anthem had the lowest score, 56, on timeliness in resolving claims that have been appealed.

The survey of 401 GLMS members was conducted in October by Louisville research firm Enalysis Survey Services.

While the April issue isn't yet posted, GLMS News is available online at www.glms.org.