

Take our survey on paper or online by March 1 to grade your health plans on their payment rates, claims processing, contracts and more.

# GRADE YOUR PAYERS

## The Final Call for Survey Responses

In October, the AAFP and *Family Practice Management* launched a nationwide survey that enables family physicians to grade how well their health plans perform when it comes to payment rates, claims processing, formularies and other key factors. Hundreds of family physicians have already taken the survey, which was initially offered online only, but we've also heard from a number of physicians that they would prefer a paper version. As requested, a paper version of the survey appears on page 42.

### How it works

There are now two ways to participate in the payer survey:

- 1) Complete the paper version of the survey on page 42 and fax or mail it to *FPM* (our contact information is at the top of the survey); or
- 2) Complete the online version of the survey at <http://www.aafp.org/fpm/payersurvey>.

The survey is open to AAFP members only; it requires a valid AAFP member ID number. Your seven-digit member ID number is printed on the mailing label on the front cover of the journal (for help in locating it, see the image on page 42), or you can look up your ID number at [https://secure.aafp.org/retrieve\\_username/member](https://secure.aafp.org/retrieve_username/member).

**The deadline for submitting your responses is March 1, 2007.**

When completing the survey, you will need to list the names of up to 10 payers that you would like to grade (Medicare, UnitedHealthcare, Aetna, etc.). If you complete the survey online, you will be presented with a list of third-party payers that do business in your area, and you can simply select from that list or add additional payers. Choose the payers you deal with most often and want to provide feedback on, both good and bad.

Once you've identified your key payers, you can then grade them on a scale of A (excellent) to F (failing) in each of the following 11 categories:

- Payment rates (whether they are adequate or too heavily discounted);
- Adherence to Current Procedural Terminology (CPT) in claims processing (whether the payer recognizes modifiers, inappropriately bundles or downcodes services, etc.);
- Timeliness of payments (whether clean claims are paid within an appropriate amount of time);
- Accessibility, knowledge and responsiveness to your practice's concerns (whether payer representatives are easy to reach, helpful, etc.);
- Member eligibility and benefits information (whether it is accurate and easy to access);
- The payer's Web site (whether it provides accurate information and smooth transactions);
- Formularies (whether the information is easy to access, how often it changes, etc.);
- Prior authorization (how often it is required, how reasonable the decisions are, etc.);
- The appeals process (whether decisions are timely, reasonable, etc.);
- Physician performance data (whether data is accurate, valid and used fairly);
- The contracting process (whether the payer is willing to negotiate, disclose its fee schedule, etc.).

### Using the report card

Your responses will help us generate a payer report card, which will be published in *FPM* in the coming months. It will demonstrate which health plans are doing well and which need to improve their performance, and it will help bolster the AAFP's advocacy efforts on behalf of family physicians. It will also provide you with a tool to use in contracting decisions.

So sharpen your red pencils, and take the survey on page 42. This is your chance to be heard. ►

Send comments to [fpmedit@aaafp.org](mailto:fpmedit@aaafp.org).

# GRADE YOUR PAYERS:

## THE AAFP/FPM SURVEY OF PHYSICIANS' EXPERIENCES WITH THIRD-PARTY PAYERS

The following survey allows physicians to grade their payers on 11 key factors. Results will be published in 2007 in *Family Practice Management*.

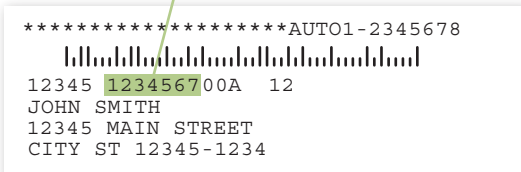
### There are two ways to take this survey:

- On paper: Fill out the survey, below. Then fax it to *FPM* at 913-906-6010 or mail it to *FPM* at 11400 Tomahawk Creek Pkwy, Leawood, KS 66211.
- Online: Go online to report your responses at: <http://www.aafp.org/fpm/payersurvey>. You may want to use this document to gather your thoughts first.

You must provide your seven-digit AAFP member ID number:

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If you do not know your AAFP member ID number, consult the mailing label on the front of the journal.



**STEP 1: PROVIDE YOUR DEMOGRAPHIC INFORMATION.**

1.1 Primary state: \_\_\_\_\_  
Secondary state (optional): \_\_\_\_\_

1.2 Practice size:  Solo  Small (2-6 physicians)  
 Medium (7-25 physicians)  
 Large (>25 physicians)

1.3 Practice type:  Family medicine  Primary care  
 Multispecialty  Other: \_\_\_\_\_

1.4 Is your practice part of a larger entity that provides help in dealing with third-party payers?  Yes  No

**STEP 2: LIST UP TO 10 PAYERS THAT YOU WOULD LIKE TO GRADE.**  
Use the payer name (e.g., Medicare, Coventry, Aetna) rather than individual product names.

EXAMPLE: ACME PAYER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**STEP 3: GRADE THE SELECTED PAYERS ON THE FOLLOWING 11 FACTORS.**  
See descriptions above, right. In grading each payer, consider all products offered by that payer (e.g., HMO, POS, PPO). Assign grades from A (excellent) to F (failing) or write "don't know."

1. Payment rates.	2. Adherence to CPT in claims processing.	3. Timeliness of payments.	4. Payer accessibility, knowledge & responsiveness.
A	B	C	D

**STEP 4: ANSWER THE FOLLOWING QUESTIONS.**

4.1. Which of the following areas are you most concerned about in your dealings with third-party payers? (Pick three.)

Payment rates.  Payer Web site.

Adherence to CPT in claims processing.  Formularies.

Timeliness of payments.  Prior authorization.

Payer accessibility, knowledge & responsiveness to your practice.  The appeals process.

Member eligibility and benefits information.  Physician performance data.

The contracting process.

4.2. If you had the choice of insuring yourself and your family by any of the health plans you have graded, which one would you choose? (optional)

\_\_\_\_\_

**DESCRIPTIONS FOR STEP 3:**

1. **Payment rates.**
2. **Adherence to Current Procedural Terminology in claims processing:** Consider whether the payer allows modifiers, inappropriately bundles or downcodes services, uses blended rates, etc.
3. **Timeliness of payments.**
4. **Payer accessibility, knowledge and responsiveness to your practice’s concerns:** Consider whether payer representatives are easy to reach and whether their responses to your inquiries are helpful and timely.
5. **Member eligibility and benefits information:** Consider whether the information is accurate and easy to access.
6. **Payer Web site:** Consider the ease of obtaining information and performing transactions via the payer’s Web site.
7. **Formularies:** Consider whether formulary information is easy to access, how often it changes and other procedural issues related to formulary compliance.
8. **Prior authorization:** Consider how often prior authorization or pre-certification is required for referrals, procedures, hospitalizations, etc., how much of your practice’s time it takes, how quickly the payer makes its decision and how reasonable the decisions are.
9. **The appeals process:** Consider how often appeals are requested, how much of your practice’s time they take, how quickly the payer makes its decision and how reasonable the decisions are.
10. **Physician performance data:** Consider whether data the payer collects about physician quality and cost-efficiency is accurate, valid and used fairly.
11. **The contracting process:** Consider the payer’s willingness to negotiate and to disclose its fee schedules, and its timeliness in responding to physicians’ questions and in executing an acceptable contract.

5. Member eligibility and benefits information.	6. Payer Web site.	7. Formularies.	8. Prior authorization.	9. The appeals process.	10. Physician performance data.	11. The contracting process.
F	don't know	A	B	C	D	F

**COMMENTS:**

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