

Anthem Accounts Receivable Survey of Hospitals in New Hampshire

September 2021

The New Hampshire Hospital Association (NHHA) surveyed Patient Financial Services at acute care hospitals in the state on their experience with Anthem. The survey included questions concerning outstanding Accounts Receivable (AR) and general experiences with the company. This survey was conducted in May and September 2021, and the same 22 acute care hospitals participated in both cycles. The information below contains summary information of the September survey and comparative information between May and September.

Outstanding Accounts Receivable:

At the time of the survey, there was a total of nearly \$301 Million in Outstanding accounts receivable (AR) among 22 Acute Care Hospitals in New Hampshire for Anthem claims. New Hampshire prompt pay laws ([RSA 420-J:8-a](#)) require payment of "clean" claims within 30 days for paper claims and 15 days for electronic claims. At the time of the survey, only about 40% of claims reported by hospitals are less than 30 days old, or within this timeframe. 37% of claims (\$112.3 Million) are currently older than 90 days, and 73% of hospitals who completed the survey reported having claims from 2019 or earlier.

September 2021 Anthem AR		
Category	Amount	Percent
1 - 30 Days	\$118,993,930	39.6%
31 - 60 Days	\$44,068,614	14.7%
61 - 90 Days	\$25,266,054	8.4%
91 - 180 Days	\$46,725,805	15.5%
181 - 365 Days	\$48,761,180	16.2%
366+ Days	\$16,799,645	5.6%
Total AR Outstanding	\$300,615,228	100.0%

Year of Oldest Outstanding Claims	
Year	Hospital Count
2016	1
2017	0
2018	8
2019	7
2020	6
Total	22

Unfortunately, in the 4 months since the last survey, an additional \$37.5 Million has accumulated in Outstanding AR. This is roughly \$9.4 Million added to the hospitals *each month*.

Anthem AR: May 2021 vs. September 2021			
Category	May	September	Increase
1-90 Days	\$175,617,170	\$188,328,598	\$12,711,428
91-180 Days	\$43,680,687	\$46,725,805	\$3,045,118
181-365 Days	\$33,325,071	\$48,761,180	\$15,436,109
366+ Days	\$9,912,279	\$16,799,645	\$6,887,366
Total AR Outstanding	\$263,135,435	\$300,615,228	\$37,479,793

Experience with Customer Service, Claims Processing, and AIM Prior Authorization Processing

Along with increasing AR, hospitals report difficulties working with Anthem’s customer service, claims processing, and prior authorization processes. The charts below display the widespread nature of multiple challenges, and the accompanying quotes highlight the roadblocks faced by hospital staff seeking information and resolution of issues.

Top Challenges Experienced by Hospitals with Anthem Customer Service		
Specified Challenge	Number of Hospitals Experiencing Issue	% of Reporting Hospitals Experiencing Issue
Long hold times during phone inquiries about claims	21	95.5%
If able to reach someone by phone, resolution of a claim takes a long time (if resolved at all)	19	86.4%
Provider rep is unresponsive to requests for assistance	19	86.4%
Provider rep not able to answer specific claims questions	18	81.8%
Phones are not answered or are disconnected before reaching a person	16	72.7%
Long hold time during phone requests for prior authorizations	15	68.2%
Chat sessions in portal are not helpful	13	59.1%
Automated messages are not helpful	12	54.5%

“Last Friday I called at 2:17 pm, I was still on hold when I left for the day 2 hours later. I left the phone on, and nobody ever answered. I was disconnected at midnight!”

“Anthem’s customer service has deteriorated tremendously over the past year.”

Top Challenges Experienced by Hospitals with Anthem Claims Processing		
Specified Challenge	Number of Hospitals Experiencing Issue	% of Reporting Hospitals Experiencing Issue
Slow response time after inquiries	20	90.9%
Incorrect denials	20	90.9%
Lengthy appeals process	18	81.8%
Unknown/unnecessary delays in claims processing	17	77.3%
Repeated requests for medical records on same claims	17	77.3%
Portal does not work for all inquiries thus requiring phone calls	16	72.7%
Billing requirements frequently change	12	54.5%
Changes to coding causing downgrades in reimbursements	12	54.5%

“There is no root cause analysis done on Anthem’s end. They continue to deny claims incorrectly and even when you finally get one overturned, you have another round of new incorrect denials/recoupments just like it.”

“The backlog never seems to end. You resolve and the more you resolve the more you add back on the list to get resolved. It’s a cycle with the root cause not being resolved to end the cycle.”

“Anthem has set up a series of roadblocks which make it extremely difficult to get claim issues resolved.”

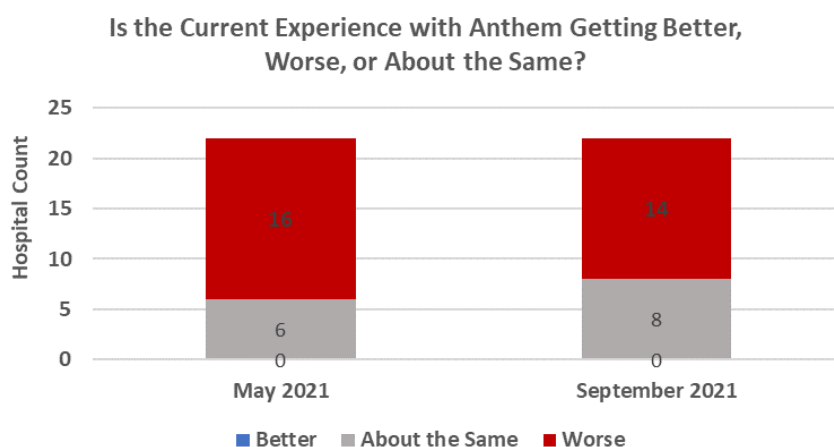
Top Challenges Experienced by Hospitals with AIM Authorization Processing

Specified Challenge	Number of Hospitals Experiencing Issue	% of Reporting Hospitals Experiencing Issue
Authorization response given by AIM is not correct according to Anthem claim processing	17	77.3%
Long hold time during phone requests for prior authorizations	16	72.7%
Phones are not answered or are disconnected before reaching a resolution	12	54.5%

“Anthem and AIM are not collaborating to get claims processed when in fact there is an auth on file.”

Overall Hospital Experience with Anthem

In May 2021, when asked if the current experience with Anthem is getting “worse”, “better”, or “about the same”, 16 (73%) responded “worse” and the remaining 6 (27%) said “about the same”. When asked the same question 4 months later, 14 (64%) responded “worse” with the remaining 8 (36%) saying “about the same”. No hospital responded “better” in either iteration of the survey, and in fact, the results indicate an overall deterioration in the hospitals’ overall experience.



“Of largest concern is that Anthem’s approach to non-collaboration continues even after receiving volumes of negative feedback. Our Aged AR continues to grow with no end in sight.”

“The amount of staff time spent on administrative work to overcome challenges is a huge drain, and staffing is critically short right now.”

“The amount of administrative time staff have to expend to conduct business with Anthem is unreasonable. There is a complete lack of accountability on Anthem's part.”

Hospitals are facing unprecedented challenges due to the COVID-19 pandemic and staffing shortages, but their number one priority is always patient care. The issues outlined above not only impact hospitals but patients – Anthem members – as well. Hospitals are spending an inordinate amount of time and effort to get payment for services rendered. These are services provided for Anthem members based on medically appropriate clinical decisions by providers. Removing barriers and reducing the AR backlog will go a long way to improve how hospitals and Anthem collaborate on behalf of the individuals they collectively serve.