

PHYSICIAN INSURANCE SURVEY REPORT

prepared for:



conducted:

2Q 2018

EXECUTIVE SUMMARY

Objectives

- St. Louis Metropolitan Medical Society (SLMMS) engaged the Prell Organization to conduct a survey of its physician members and non-members to track the changes since our first survey was conducted in September/October 2016.
- The main objective of this research is to measure the level of physician satisfaction with the performance of insurance companies in pre-certifying a variety of procedures, services, medications and equipment.

Methodology

- The Prell Organization conducted an online survey (between April 11 and June 11, 2018), sending email invitations to qualified physicians, starting with the 800 SLMMS members for whom email addresses were available. Another 13 organizations – physician groups and hospital medical staffs – also sent out invitations to their own physicians members:
 - ▶ Mercy Hospital St. Louis
 - ▶ Mercy Hospital Jefferson
 - ▶ Missouri Baptist Medical Center
 - ▶ Signature Health Group
 - ▶ SLUCare Physicians (SLU Hospital)
 - ▶ Sound Health
 - ▶ SSM Health DePaul Hospital
 - ▶ SSM Health St. Clare Hospital
 - ▶ St. Anthony's Medical Center (Mercy South)
 - ▶ St. Luke's Hospital
 - ▶ St. Charles Lincoln County Medical Society
 - ▶ St. Louis Area Business Health Coalition/Midwest Health Initiative
 - ▶ St. Louis Physician Alliance
- We received a total of 290 responses, which is about five percent of all physicians in the area and about 15 percent of those sampled. No incentive was offered other than a copy of our report and only physicians who use pre-certification were included in this sample.
- The overall margin of error on a sample of this size is plus or minus 5.8 (at a confidence interval of .95). This means that, if this survey were conducted 20 times, the results would fall within this margin 19 times.
- We have also calculated the statistical significance of the changes between our 2016 and 2018 surveys using a chi-square test of significance and a difference of means test. If any of these changes are significant at the .95 level or higher, we have highlighted that data point in a red box.

Insurance Company Relationships

- There are still major pain points for physicians when “working with insurance companies,” especially when trying to “**get new technology pre-certified.**” More than half of the respondents this year agree this is “very difficult” for them and their staff (54%) and almost all say this is at least “somewhat difficult” (93%).
- While the “**peer-review process**” is slightly easier to navigate, more than a third find it “very difficult” (35%) and most report it is at least “somewhat difficult” (90%). The same can be said for “**getting standard procedures pre-certified**” (22% “very difficult”), although nearly a third of these respondents find this to be “somewhat easy” (30%).
- “**Dealing with imaging centers**” is perceived to a little easier (52%) than difficult (48%) this year, a flip from the 2016 survey when it was 45% easier and 55% more difficult. However, this change is not statistically significant – and none of the other (very minor) changes are significant either.

Usage

- Three **insurance companies** are being used significantly less often this year for pre-certification: Aetna/Coventry (-18%), Essence (-13%) and HealthLink (-11%), while all other usage rates are basically unchanged. Physicians who have been in practice at least 20 years are more likely to use the top four insurers (United, Anthem, Aetna, Cigna).
- While authorizations are sought for **medications** most often (69%), **radiology**-related pre-certifications are not far behind: diagnostic radiology tests (67%) and radiology procedures (55%). There have been no significant changes in the need to pre-certify any type of care since this survey was last conducted in 2016.

Ratings

- These same two radiology-related types of care are also the only pre-certifications that have become slower to be provided over the past two years. And while the other types of care are also getting more difficult to get authorized (but not significantly so), **overall pre-certifications** are significantly more delayed than they were in 2016.
- Only two insurance companies have gotten significantly slower in providing prior authorizations since this survey was conducted nearly two years ago: **Essence** and **Anthem**. The former has also lost a significant amount of usage, while the latter is ranked near the bottom of all insurers when it comes to approvals, along with **Aetna**.
- These **five top-rated insurance companies** perform significantly better, responding more promptly to pre-certification requests, than the other insurers in these specific areas:
 - 1) Exclusive Choice – outpatient durable equipment and medications
 - 2) Humana – radiology procedures, cardiology tests/procedures, oncology medications
 - 3) Essence – surgical procedures, devices
 - 4) United – medications, pain management services
 - 5) HealthLink – surgical procedures and radiology procedures

Impact on Practice

- The problems that physicians face getting prior authorizations are **negatively impacting their practice**, most prominently: causing them to “alter a patient's treatment” (65% strongly agree); influencing their ability to “practice medicine appropriately” (60%); and having “outcomes negatively impacted” by insurance providers merging (58%).
- On the other hand, the concern that their “**practice** (might) be **dropped** from plans” due to the narrowing of networks (43%) is less salient than these other three. In addition, this metric has actually improved a little since the 2016 survey was conducted (+6%), although this change is not statistically significant.

Conclusions

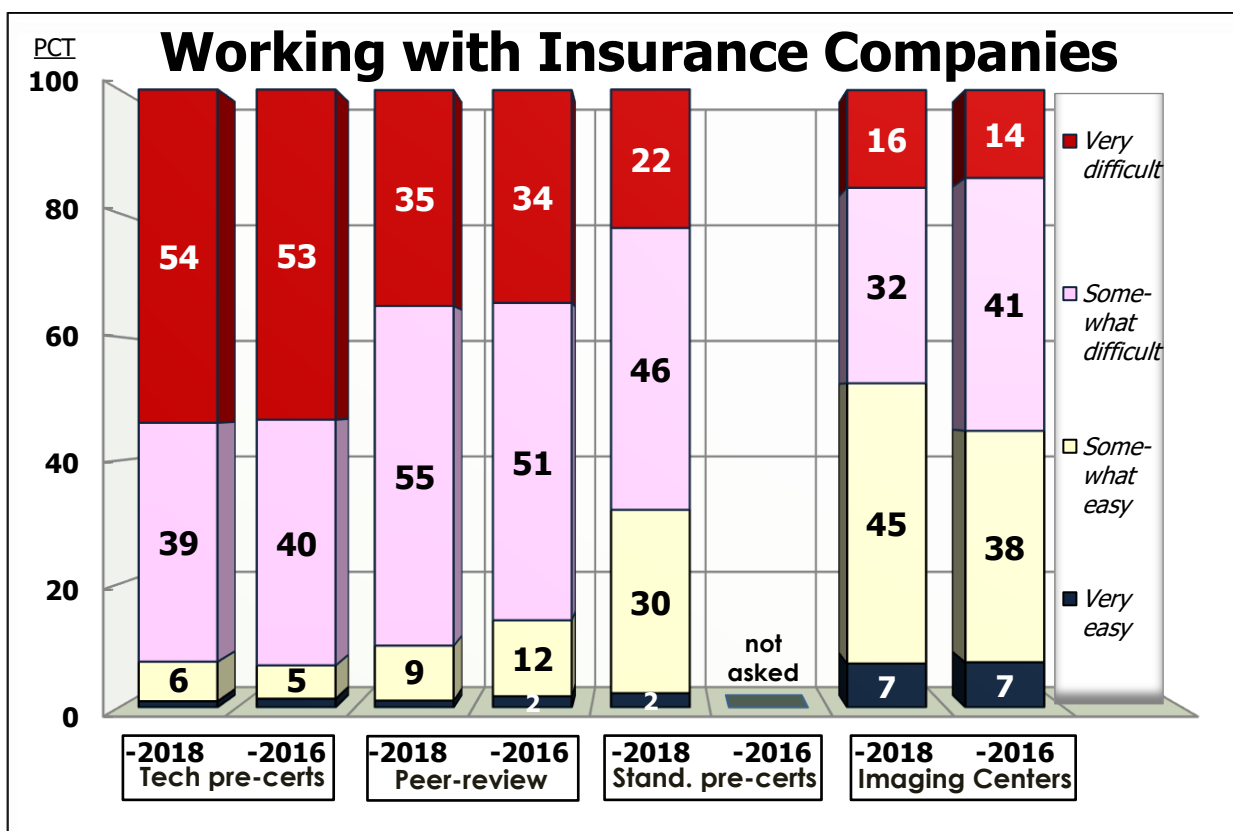
- The **trend towards consolidation** between insurance companies – that we saw in our 2016 survey – appears to be continuing, as previously strong insurers (such as Aetna), are being utilized significantly less often. The incidence of pre-certifications attributed to Essence this year, which previously was the top-rated company, has also fallen.
- Some indicators have gotten a little better (but not significantly so) over the past two years, such as dealing with imaging centers and concerns about being dropped from insurance plans. Yet **serious barriers** to providing care for their patients remain very high and the overall approval process has become less prompt.
- The best way to **communicate this message** is to emphasize the overall stability of these results (it's not getting much better or much worse), yet the situation is still dire for the future of the physicians' practice and for the health of their patients. Using articulate verbatim comments – like this – will help humanize the problem to the general population.

"Delaying treatment of patients for two weeks following the appropriate pre-certification is ridiculous and malpractice. It delays the health improvement of patients, (promotes) prolonged use of dangerous narcotics and endangers patients."

KEY FINDINGS

Q1. "Please rate the general relative ease or difficulty of working with insurance companies when it comes to ... "

- "Getting new technology pre-certified" still poses the greatest amount of difficulty when working with insurance companies, with more than half describing this process to be "very difficult" (54%) and almost all respondents finding it at least "somewhat difficult" (93%).

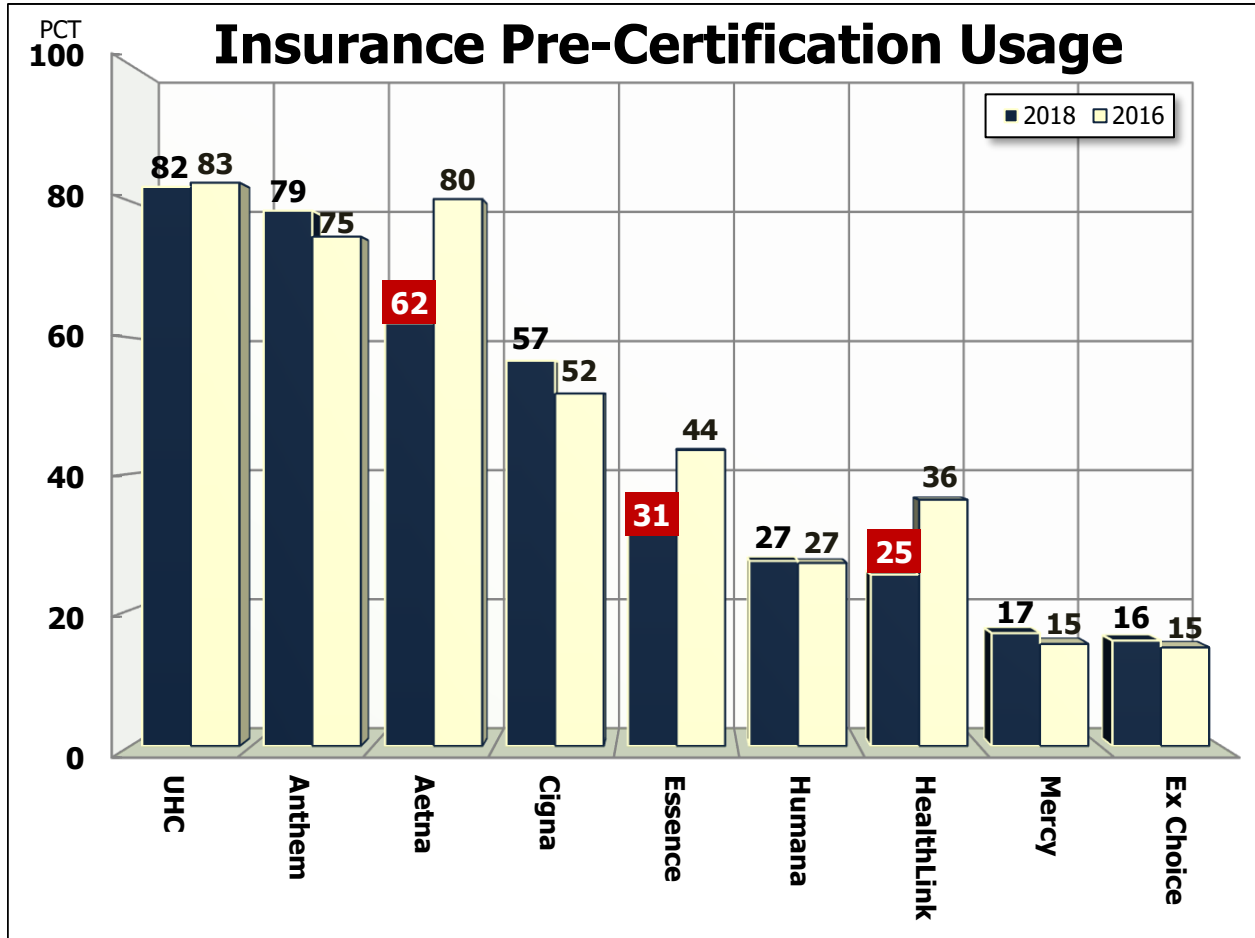


* Base: n=196-269 (2018); n=221-276 (2016); excludes those "not sure."

- Less difficult, although still presenting some barriers, is "the peer-review process" (90% at least "somewhat difficult") and "getting standard procedures pre-certified" (68%). "Dealing with imaging centers" is more easy (52%) than difficult (48%) and has gotten easier since our 2016 survey was conducted, although not to a significant degree.
- Physicians who practice at a Mercy hospital (Mercy, SAMC, Jefferson) are more likely to have difficulty with the "peer review process." In addition, primary care physicians tend to have more difficulty with "standard procedures."

Q2. "From which insurance companies do you seek pre-certification and prior authorizations most often?"

- Pre-certification usage for specific insurance companies has been relatively stable over the past two years except for three that are being sought out for pre-certification significantly less often this year: Aetna (-18%), Essence (-13%); and HealthLink (-11%).

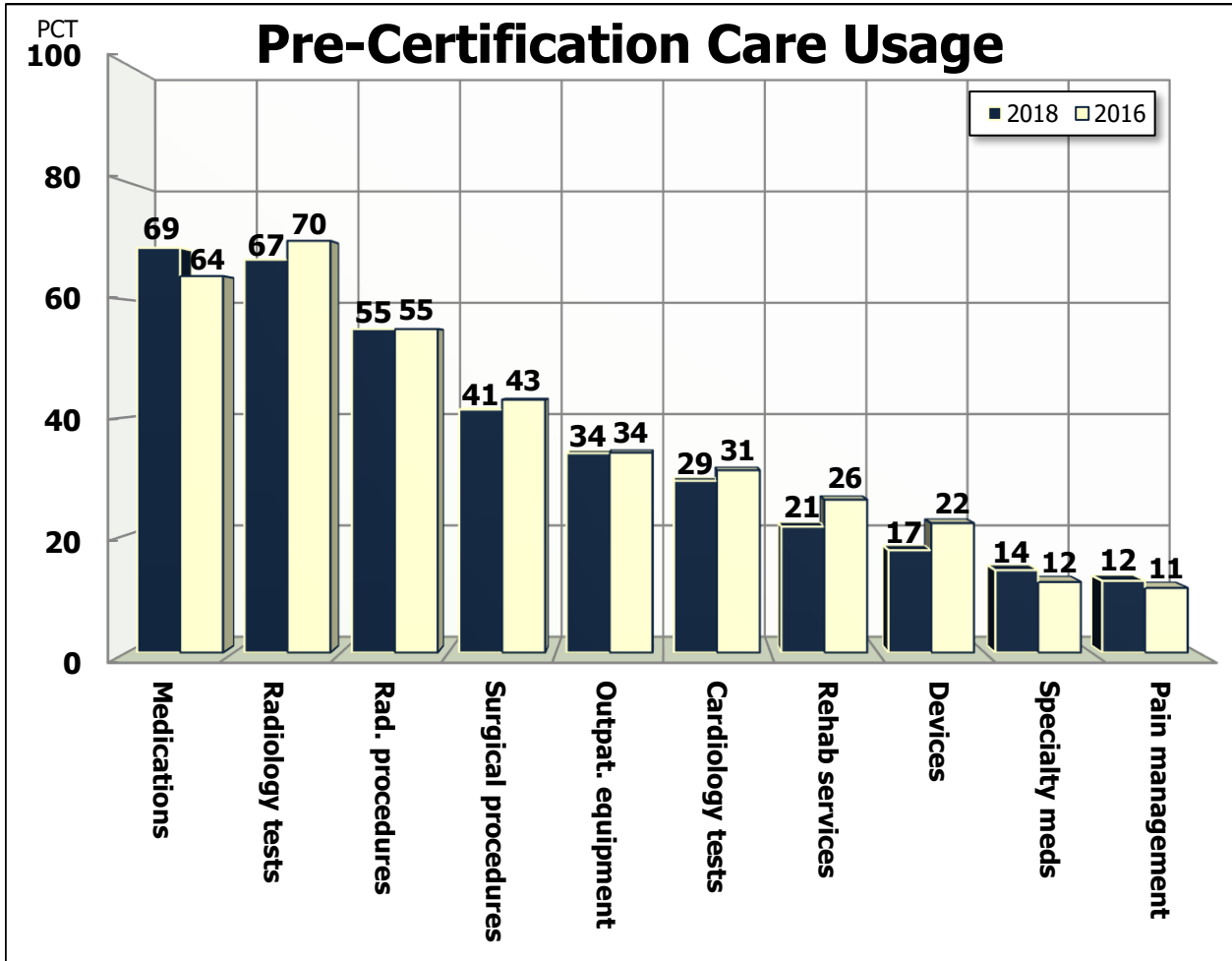


* Others: Medicaid (6%); Ambetter, Tri-Care (1%); rotated randomly.

Base: n=290 (2018); n=302 (2016); if no pre-certification needed respondent was not interviewed.

Q3. "Have you needed to pre-certify a patient for any of these types of care within the past 12 months?"

- The rank-order of pre-certifications for these types of care has not changed over the past two years and there have been no significant changes from year-to-year. Medications (69%) and diagnostic radiology tests (67%) are still most required for pre-certification.

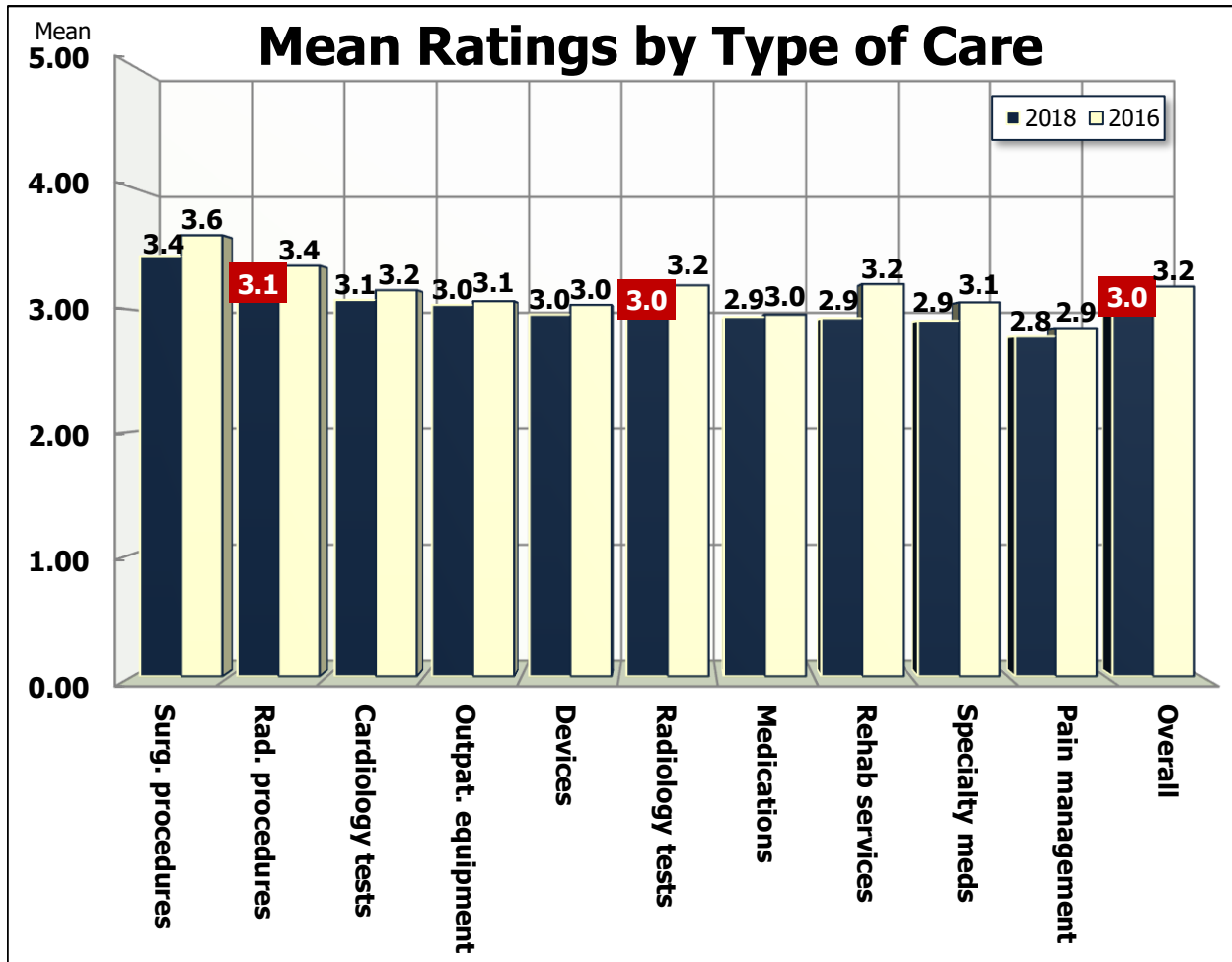


* Base: n=281 (2018); n=291 (2016); rotated randomly. Multiple responses allowed.

- Other than the physicians' medical specialties (which are closely tied to specific tests, services and procedures), there are not many significant demographic differences:
 - ▶ St. Luke's/Des Peres physicians, and those with at least 20 years in practice, are more likely to seek pre-certification for devices;
 - ▶ Hospital-based physicians tend to order cardiology tests, while independent physicians seek approval for surgical procedures; and

Q4. "Please grade each insurance company – from whom you have sought pre-certification or prior authorizations – for each type of care."

- Overall, there has been a statistically significant change in how promptly (if ever) approvals are given by insurance companies, dropping from a mean of 3.19 (in 2016) to 3.02 (in 2018). The only other significant changes are for radiology procedures and diagnostic radiology tests.



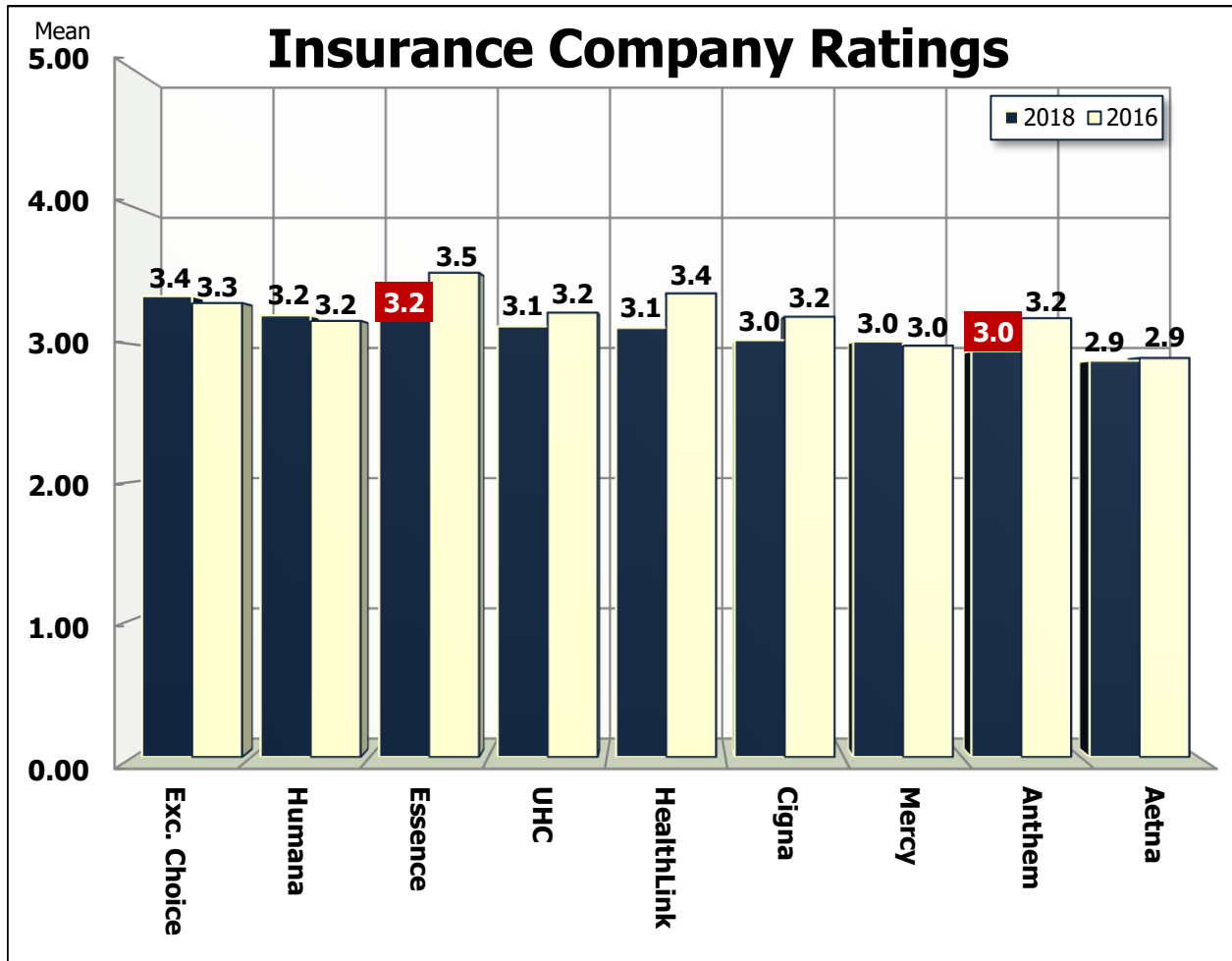
* Base (Overall): n=281 (2018); n=291 (2016); for each insurance procedure.
Mean scores converted: A=5; B=4; C=3; D=2; F=1.

- In addition, a small shift has also occurred in how promptly/eventually approvals are forthcoming, dropping from 43 percent (in 2016) to 36 percent (in 2018). However, this change is outside of the margin of error – and not statistically significant.

- A:** Promptly approves prescribed procedure, test, medication or device
- B:** Eventually approves after criteria are reviewed and met
- C:** May approve after a delay and physician involvement (peer-to-peer review)
- D:** May approve after lengthy delay with a high hassle factor (appeals)
- F:** Rarely to never approves; could result in patient injury

Q4. "Please grade each insurance company – from whom you have sought pre-certification or prior authorizations – for each type of care."

- Essence and Anthem have statistically significant lower mean scores this year, which mean that they are now slower to give approvals. HealthLink and Cigna have also declined over the past two years, although these changes are not significant.



* Base (Overall): n=281 (2018); n=291 (2016); for each insurance company.
Mean scores converted: A=5; B=4; C=3; D=2; F=1.

- A:** Promptly approves prescribed procedure, test, medication or device
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Q4. "Please grade each insurance company – from whom you have sought pre-certification or prior authorizations – for each type of care."

- The following table shows the mean score for each type of care by each insurance company for which pre-certification was sought. The lower the score, the more often approvals came after "lengthy delays" or were "never" or "rarely" approved.

Mean Insurance Company Ratings *										
	Insurance company									
	<i>Ex. Choice</i>	<i>Hu-mana</i>	<i>Es-sence</i>	<i>UHC</i>	<i>Health -Link</i>	<i>Cigna</i>	<i>Mercy</i>	<i>An-them</i>	<i>Aetna</i>	Over-all
Surgical procedures	3.65	3.52	3.70	3.44	3.63	3.34	3.85	3.33	3.22	3.44
Radiology procedures	3.29	3.41	3.30	3.24	3.45	3.09	2.96	2.98	2.90	3.13
Cardiology tests and procedures	<i>low base</i>	3.41	3.18	3.04	3.19	3.16	2.77	2.90	3.02	3.08
Outpatient durable medical equipment	3.62	3.08	3.00	3.08	3.04	3.09	3.14	2.95	2.80	3.04
Devices (<i>pacemakers, insulin pumps, etc.</i>)	3.25	2.96	3.29	3.07	2.96	2.92	2.59	2.83	2.78	2.96
Diagnostic radiology tests	<i>low base</i>	2.83	3.00	3.07	3.07	3.09	2.85	2.77	2.97	2.95
Medications	3.25	2.91	2.98	3.05	2.88	2.87	3.03	2.89	2.83	2.94
Rehabilitation services	<i>low base</i>	3.46	2.44	2.94	2.86	3.15	<i>low base</i>	2.88	2.85	2.93
Oncology or other specialty medications	<i>low base</i>	3.54	3.21	3.00	2.67	2.71	<i>low base</i>	3.00	2.58	2.91
Pain management services	3.12	2.87	2.90	3.10	2.82	2.52	<i>low base</i>	2.68	2.53	2.78
Overall	3.35	3.21	3.17	3.13	3.12	3.03	3.02	2.95	2.88	3.02
<i>Base (n=) **</i>	<i>(138)</i>	<i>(249)</i>	<i>(297)</i>	<i>(791)</i>	<i>(245)</i>	<i>(567)</i>	<i>(160)</i>	<i>(775)</i>	<i>(619)</i>	
The insurance company grade is significantly higher in that category at the 99% confidence level.					The insurance company grade is significantly higher in that category at the 95% confidence level.					

* Mean scores: A=5; B=4; C=3; D=2; F=1; the higher the more prompt. Low base: <10 cases.

- Exclusive Choice, the highest-rated insurer, excels in approvals for outpatient equipment (3.62) and meds (3.25). In addition, Humana scores much higher on radiology procedures and oncology meds, HealthLink on radiology equipment, and Mercy on surgical procedures.
- Aetna has the overall lowest score (2.88) and is rated significantly lower in all but three types of care (cardiology, radiology tests, rehabilitation services). Cigna is also rated significantly lower in pain management (2.52) and Cigna in oncology medicine (2.67).

Q5. "Please read the following statements that describe how insurance companies may or may not be impacting physicians' practice of medicine. To what extent do you agree or disagree with these each of statements?"

- There is general agreement that insurance companies are negatively impacting these "physicians' practice of medicine," with between 72-95 percent reporting that they at least "somewhat agree" with each of these four statements.

Impact on Practice of Medicine						
		<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>	<i>Mean Score*</i>
	<i>Year</i>	<i>PCT</i>	<i>PCT</i>	<i>PCT</i>	<i>PCT</i>	
I have had to alter a patient's treatment plan because of restrictions from an insurance provider	2018	65	30	4	1	3.58
	2016	57	36	5	2	3.48
When health insurance providers merge, my patients' outcomes are negatively impacted	2018	58	35	6	2	3.48
	2016	55	38	6	1	3.46
My ability to practice medicine appropriately is influenced by insurance company policies on pre-certification	2018	60	29	8	3	3.45
	2016	58	34	5	3	3.48
I have concerns about the narrowing of insurance networks causing my practice to be dropped from plans	2018	43	29	19	9	3.06
	2016	49	31	17	4	3.25

** Mean scores converted: strongly agree=4; somewhat agree=3; somewhat disagree=2; strongly disagree=1. Base: (n=202-279); excludes those "not sure."*

- However, concerns about "narrowing networks" are voiced significantly less often and there are more "strongly disagree" responses this year (9%), relative to the responses from the 2016 survey (4%). However, this year-to-year shift is not statistically significant.
- There are few significant differences by demographic group; agreement is relatively higher when it comes to networks being narrowed for BJC physicians and independent physicians.

Q12. *"If you have any extra comments that you would like to make about how insurance companies handle pre-certifications and prior authorizations, please write in below."*

- The three main responses to this question are: how much staff/physician time is spent with pre-certifications, presenting a "hardship on (their) practice"; delays in pre-authorizations are often "harmful to the patient"; and how peer-to-peer reviewers are not "familiar with our specialty."

Staff/physician time:

"Peer-to-peer reviews for MRIs are ridiculously long. Get approval 99% of the time, have to waste 30 minutes of my time to get some desk jockey to agree to the test I want to order. Need to charge for my wasted time."

"Very time-intensive and costly. If a well-trained competent and ethical physician orders something it should be done. Why waste all this time and money on pre-certs?"

Delays care:

"Not only getting prior auths for general injections or procedures is delaying treatment for patients. Patients blame physicians. Some take 15 business days to get back to you, which can be harmful to the patient."

"Delaying treatment of patients for two weeks following the appropriate pre-certification is ridiculous and malpractice. It delays the health improvement of patients, prolonged use of dangerous narcotics, and endangering patients or worsening of the condition."

Peer-to-Peer:

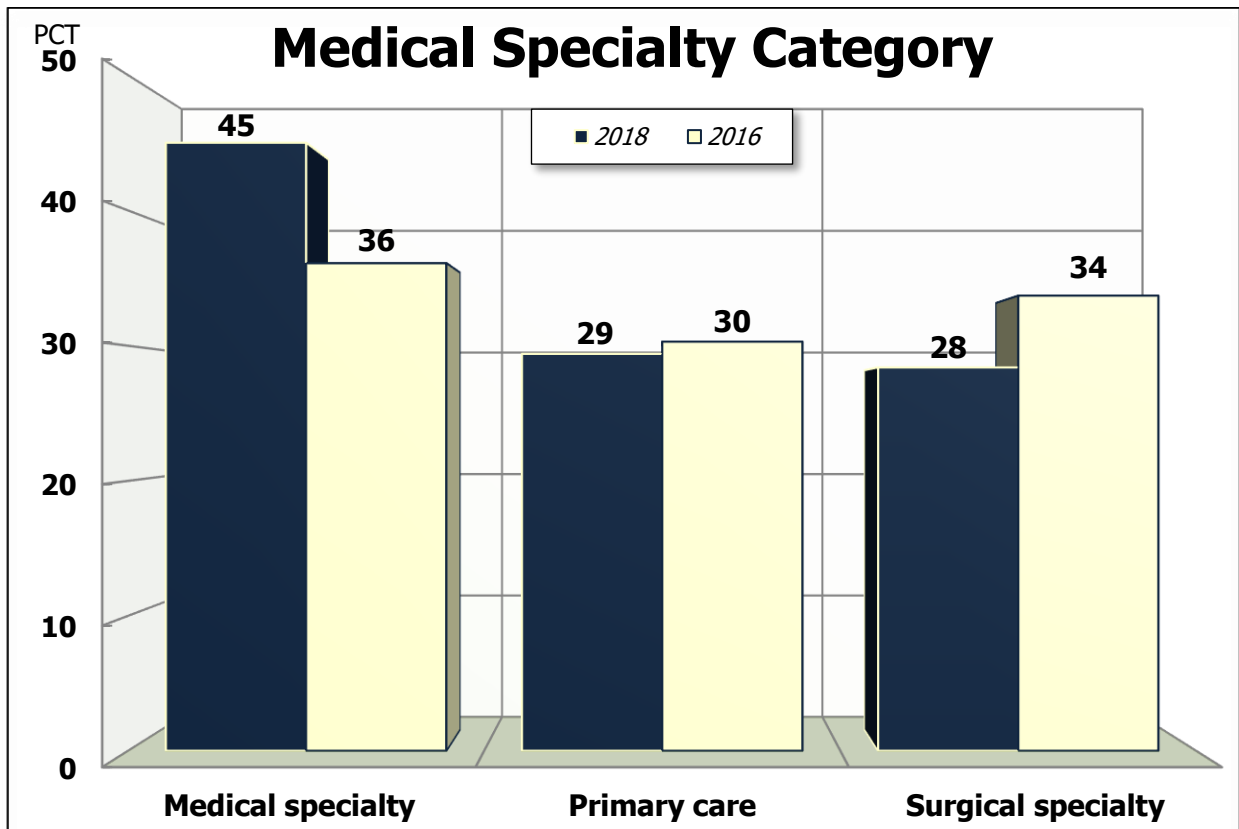
"The peer-to-peer appeal process remains very time-consuming, cumbersome and often antagonistic. The peer assigned to me is frequently not practicing in my specialty."

"Appeals are often judged by a non-physician who is unfamiliar with the specifics of the patient's disease."

DEMOGRAPHICS

Q6. "Which of the following categories describes your medical specialty?"

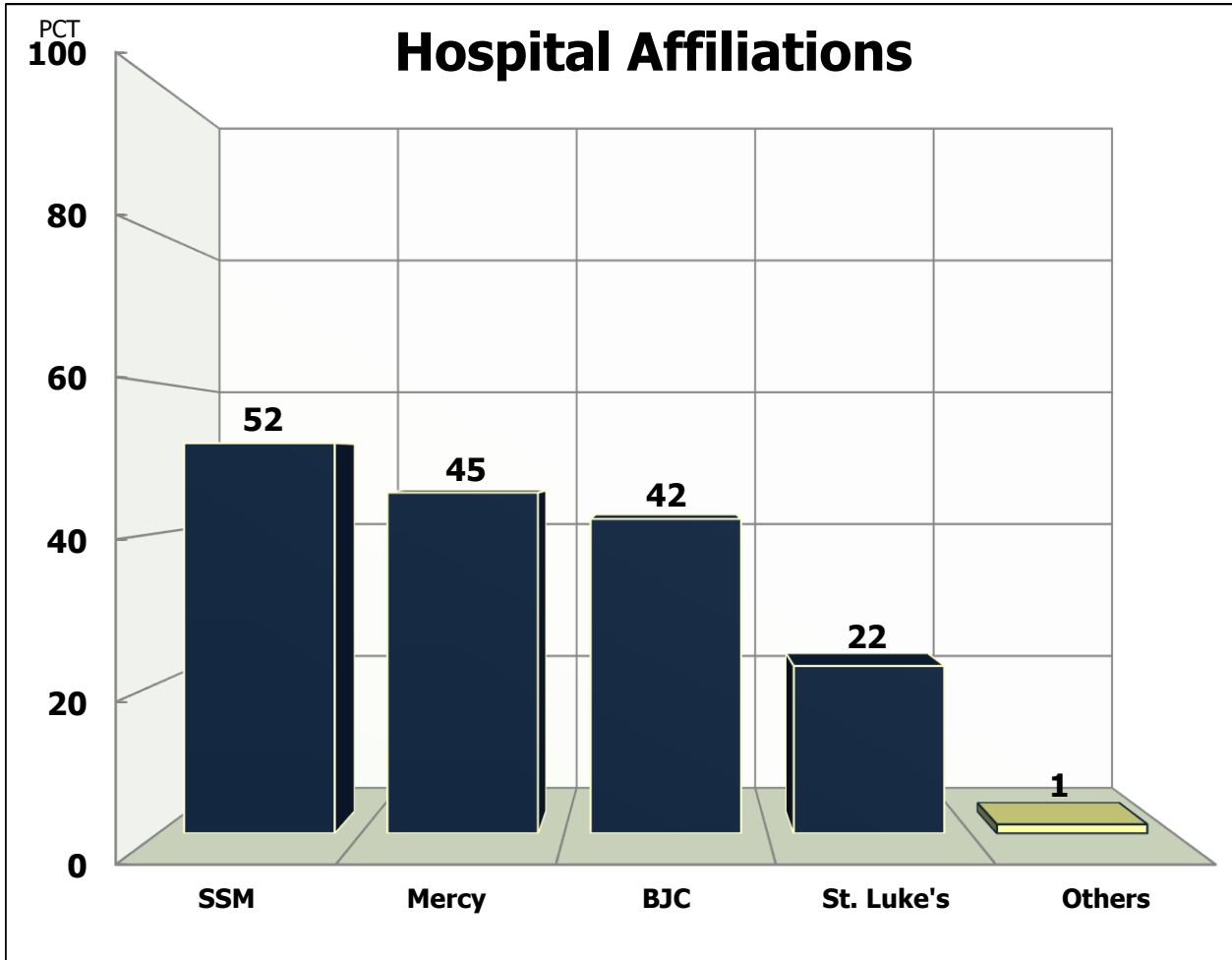
- Over the past two years there has been a shift in the respondents' specialty to medical specialists (+9%) from surgical specialists (-6%), although both of these changes are not statistically significant. Primary care physicians are more likely to be employed by a hospital or health system.



* Others: Psychiatry (2%); Radiology (1%); six others (<1% each).
Base 2018: (n=289); Base 2016 (n=294).

Q7. "At which hospital(s) do you currently practice?"

- Almost all of these respondents currently practice at one these four large hospital systems: SSM (52%); Mercy (45%); BJC HealthCare (42%); and St. Luke's (22%).

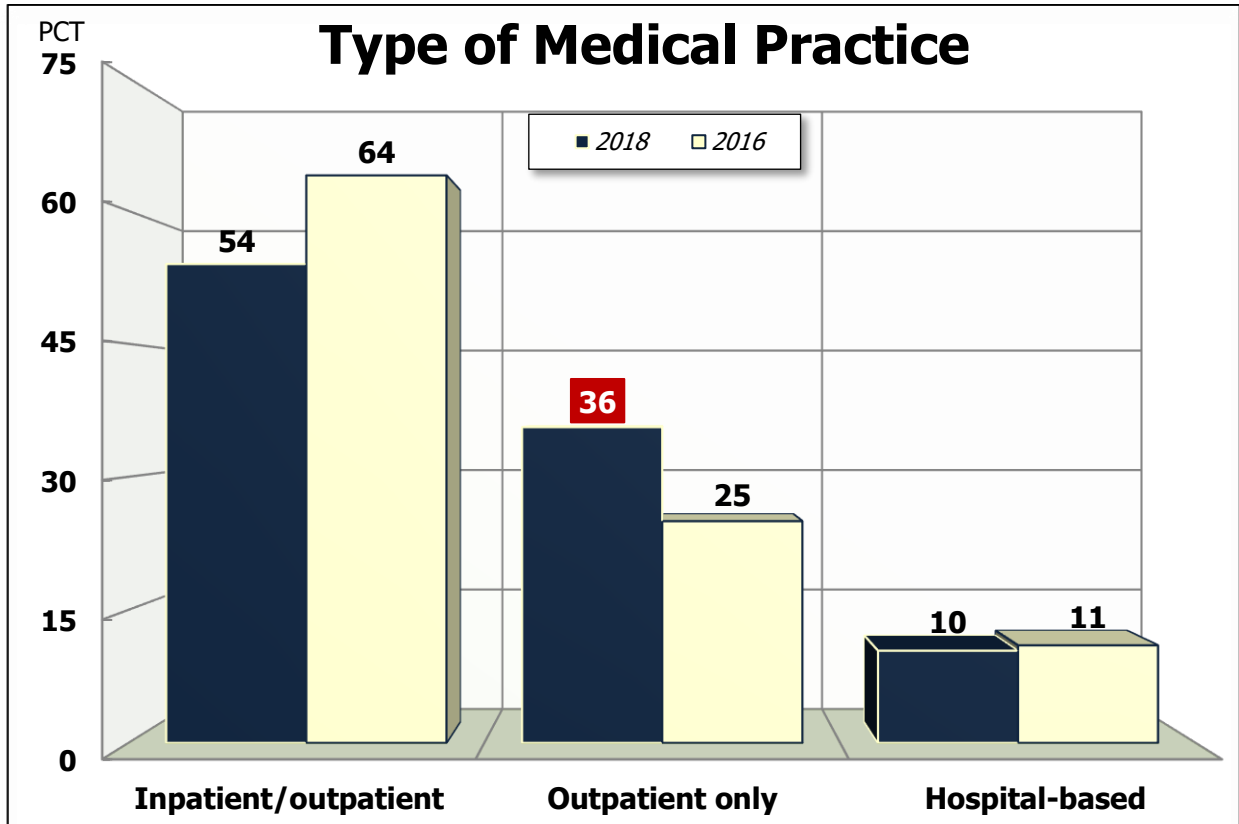


* SSM includes St. Clare (13%), DePaul (11%), St. Mary's (9%), SLU (8%), Glennon (8%), St. Jos (6%). Mercy includes Mercy St. Louis (27%), SAMC (14%), Mercy Jefferson (4%), others (1%). BJC includes: MBMC (20%), BJH (7%), BJWCH, Christian (4%), BJSPH, SLCH (3%), others (3%). St. Luke's includes St. Luke's (14%) and Des Peres (9%). Base: (n=289) – multiple responses allowed.

- SSM physicians are more likely to be surgical specialists, while St. Luke's physicians are more likely to be in an independent private practice and a current member of the Medical Society.
- The practice of BJC physicians tends to include both inpatients and outpatients and be independent of a hospital or health system. In addition, BJC physicians are more likely to have practiced medicine for 20 or more years and be a current member of SLMMS.

Q8. "Is your medical practice hospital-based, inpatient and outpatient (or) outpatient only?"

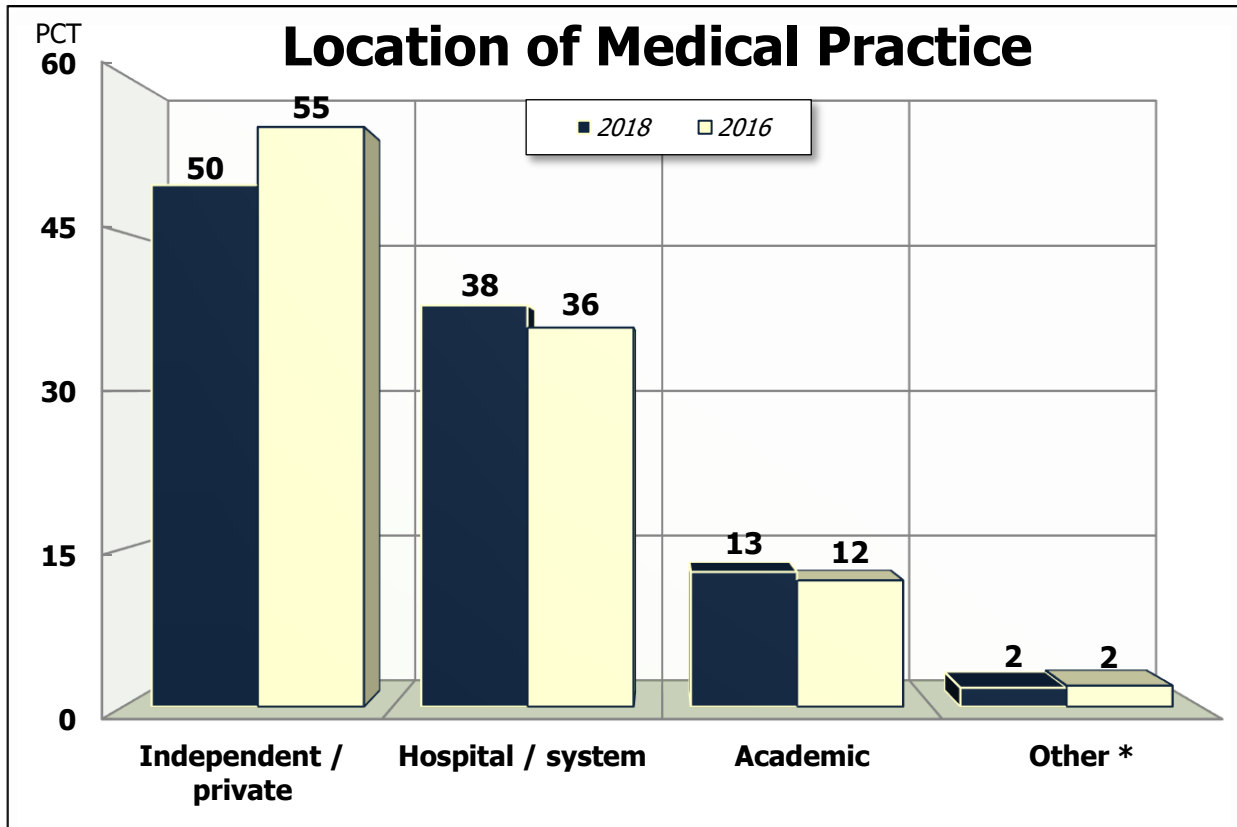
- This year's sample has significantly more physicians with outpatient practices only (36%), up from only 25 percent in 2016. On the other hand, those who see a mixture of inpatients and outpatients (54%) have declined, although not significantly.



* Base 2018: (n=289); Base 2016 (n=294).

Q9. "Are you currently an independent private practice, employed by a hospital or health system, an academic or some other?"

- Physicians who are in an independent private practice still represent half of this sample (50%), while those employed by a hospital or health system consist of about three-eighths of all physicians talking this survey (38%).

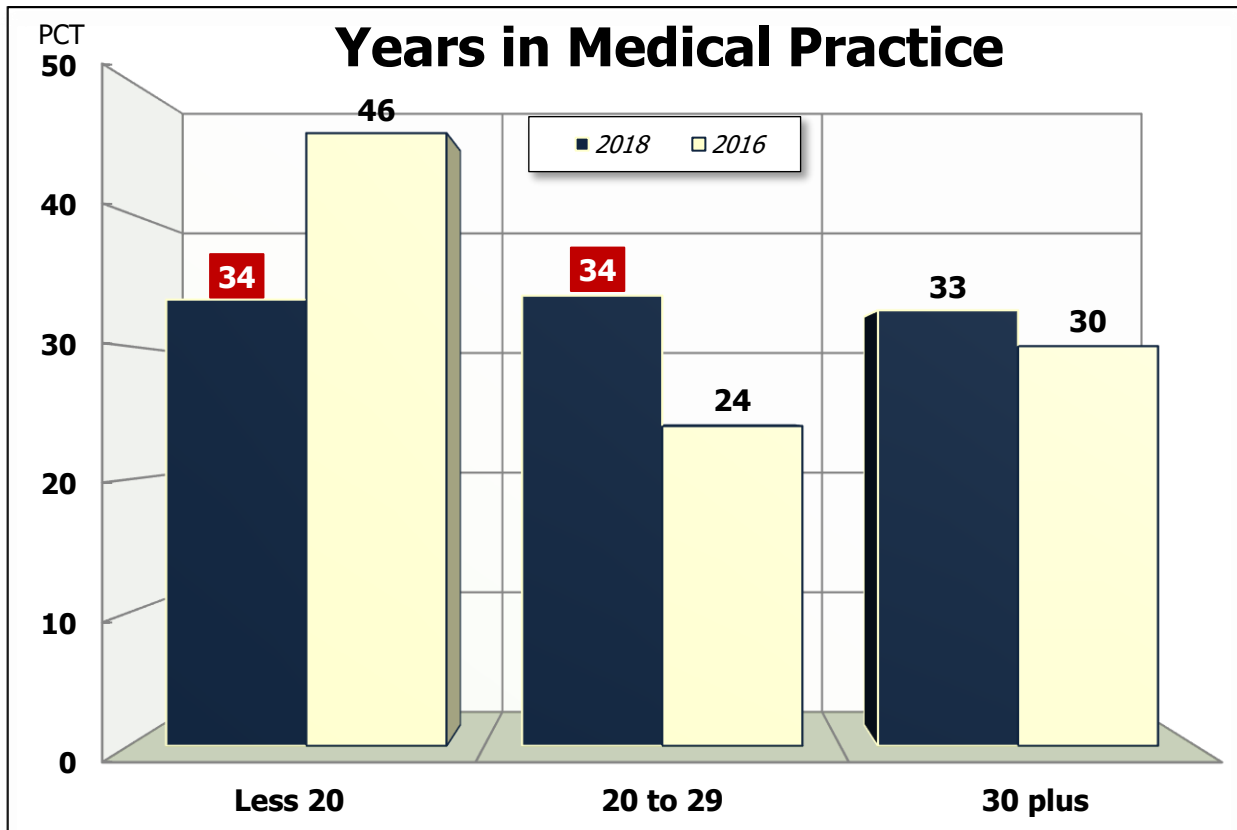


* Others: combination, outpatient FQ health center, WUSM clinical practice.
Base: (n=289). Multiple responses allowed.

- Independent physicians tend to have a surgical specialty, practice at a BJC hospital and have been in practice for 20 plus years. On the other hand, hospital/system-based physicians are more likely to be PCPs or in a medical specialty, practice at a Mercy hospital or have been in practice less than 20 years.

Q10. "About how long have you been practicing medicine?"

- There has been a shift in who responded to this year's survey, with the 2018 sample containing significantly fewer newer physicians with less than 20 years in practice (34%) and more with 20 to 29 years in practice (34%). Some of this change may have occurred as some physicians aged out of the younger cohort.



* Base 2018: (n=263); Base 2016 (n=299).

- The newer physicians (<20 years) are more likely to practice at an SSM or Mercy hospital and be employed by a hospital or health system. On the other hand, those with 20 to 29 years in practice tend to practice at a BJC hospital and have an independent practice.

APPENDIX



ST. LOUIS METROPOLITAN
MEDICAL SOCIETY

April **xx**, 2018

Dear Dr. [LASTNAME]:

When we launched our 2016 survey, there had been numerous surveys rating the performance of physicians, yet no one was rating insurance companies. Since that time, we have noticed a nationwide interest in obtaining physician-generated insurance performance reviews.

Now, the St. Louis Metropolitan Medical Society is asking you to complete a short online survey, so we can determine if the performance of local health insurance providers has changed significantly over the past two years.

So that we may obtain input from a significant number of physicians – and increase the validity of our survey – we are also reaching out to various hospitals and medical groups to survey their physicians. Because of this you may receive this survey invitation multiple times, so you only have to respond once.

Our survey should take you less than ten minutes to complete and you may wish to ask for the assistance of your referral, appeal and precertification employees to help you. We have asked an independent research firm, the Prell Organization to conduct this survey to make sure that your responses will remain completely anonymous and confidential.

While there is no way to adequately compensate you for your time spent giving us your opinions, as a way of thanking you, we will provide you with the opportunity to request a free copy of the survey report after you have completed this survey.

Please respond no later than April **xx** – to start this survey click [here](#). Thank you in advance for your help.

Sincerely,

Christopher A. Swingle, D.O.
President, Saint Louis Metropolitan Medical Society

(Partner Letter)

April 2018

Dear Doctor:

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Please respond no later than April **xx** – to start this survey click [here](#). Thank you in advance for your help.

Sincerely,

(insert email signature)

PHYSICIAN INSURANCE SURVEY (2018)
ST. LOUIS METROPOLITAN MEDICAL SOCIETY

This survey will ask you about your experience working with insurance companies and the process of getting pre-certifications and prior authorizations for your patients' procedures, tests, medications or devices. To aid in completing this survey, please feel free to ask for assistance of your referral, appeal and pre-certification employees in your office.

Q1. Please rate the general relative ease or difficulty of working with insurance companies when it comes to ...

	<i>(programmer: rotate statements)</i>	<i>Very Easy</i>	<i>Some-what Easy</i>	<i>Not Sure</i>	<i>Some-what Difficult</i>	<i>Very Difficult</i>
a.	Getting new technology pre-certified	1	2	3	4	5
b.	The peer-review process	1	2	3	4	5
c.	Dealing with imaging centers	1	2	3	4	5
d.	Getting standard procedures pre-certified	1	2	3	4	5

(programmer: rotate first 9 responses randomly- and force at least one response)

Q2. From which insurance companies do you seek pre-certification and prior authorizations most often? (please select no more than your top six companies)

1. Aetna / Coventry
2. Anthem Blue Cross / Blue Shield
3. Cigna
4. Essence
5. Exclusive Choice (SSM)
6. HealthLink
7. Humana
8. Mercy Health Plans
9. UnitedHealthCare
11. Any other? (please specify:) _____
12. Any other? (please specify:) _____
13. Any other? (please specify:) _____

xx. I rarely or never need pre-certification for my patients *(if so – thank and terminate)*

- Q3. Have you needed to pre-certify a patient for any of these types of care – within the past 12 months? (please select all that apply) *(programmer: rotate – if none skip to Q5)*
1. Cardiology tests and procedures
 2. Devices (pacemakers, insulin pumps, etc.)
 3. Diagnostic Radiology tests
 4. Medications
 5. Oncology or other specialty medications
 6. Outpatient durable medical equipment
 7. Pain management services
 8. Radiology procedures
 9. Rehabilitation services
 10. Surgical procedures

- (programmer: display only those mentioned in Q2 and Q3 – rotate in same order)*
- Q4. Please grade each insurance company – from whom you have sought pre-certification or prior authorizations – for each type of care. (please use the following scale:)

- A:** Promptly approves prescribed procedure, test, medication or device
- B:** Eventually approves after criteria are reviewed and met
- C:** May approve after a delay and physician involvement (peer to peer review)
- D:** May approve after lengthy delay with a high hassle factor (appeals)
- F:** Rarely to never approves; could result in patient injury

<i>(programmer: insert responses to Q3 here – rotated)</i>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>F</u>	<u>Not sure</u>
Insurance company 1	1	2	3	4	5	6
Insurance company 2	1	2	3	4	5	6
Insurance company 3	1	2	3	4	5	6
Insurance company 4	1	2	3	4	5	6
Insurance company 5	1	2	3	4	5	6
Insurance company 6	1	2	3	4	5	6

Q5. Please read the following statements that describe how insurance companies may or may not be impacting physicians' practice of medicine. To what extent do you agree or disagree with these each of statements?

	<i>(programmer: rotate statements)</i>	<i>Strongly Agree</i>	<i>Some-what Agree</i>	<i>Not Sure</i>	<i>Some-what Disagree</i>	<i>Strongly Disagree</i>
a.	I have had to alter a patient's treatment plan because of restrictions from an insurance provider	1	2	3	4	5
b.	I have concerns about the narrowing of insurance networks causing my practice to be dropped from plans	1	2	3	4	5
c.	My ability to practice medicine appropriately is influenced by insurance company policies on pre-certification	1	2	3	4	5
d.	When health insurance providers merge, my patients' outcomes are negatively impacted	1	2	3	4	5

Q6. These last few questions are for classification purposes only ...
Which of the following categories describes your medical specialty?
(select as many as apply)

1. Primary care
2. Medical specialty
3. Surgical specialty
4. Any other? (please write-in:) _____

Q7. At which hospital(s) do you currently practice? (select as many as apply)

- | | |
|---|-------------------------------------|
| 1. Barnes-Jewish Hospital | 10. Missouri Baptist Medical Center |
| 2. Barnes-Jewish St. Peters Hospital | 11. Saint Clare Hospital |
| 3. Barnes-Jewish West County Hospital | 12. St. Anthony's Medical Center |
| 4. Cardinal Glennon Children's Hospital | 13. St. Joseph's (St. Charles) |
| 5. Christian Hospital | 14. St. Louis Children's Hospital |
| 6. DePaul Health Center | 15. St. Louis University Hospital |
| 7. Des Peres Hospital | 16. St. Luke's Hospital |
| 8. Mercy (St. Louis County) | 17. St. Mary's Health Center |
| 9. Mercy Jefferson | 18. Any other? (please specify) |

Q8. Is your medical practice:

1. Hospital-based
2. Inpatient and outpatient
3. Outpatient only

Q9. Are you currently: (please select all that apply)

1. In an independent private practice
2. Employed by a hospital or health system
3. An academic
4. Or some other? (please specify:) _____

Q10. About how long have you been practicing medicine?

_____ years

Q11. Are you:

1. Currently a member of the St. Louis Metropolitan Medical Society
2. Formerly a member
3. Never a member
4. Not sure

Q12. If you have any extra comments that you would like to make about how insurance companies handle pre-certifications and prior authorizations, please write in below:

Thank you for your time and effort.

If you would like a copy of the survey report, please supply your e-mail address below.
Your responses will remain completely anonymous and confidential.

_____ @ _____