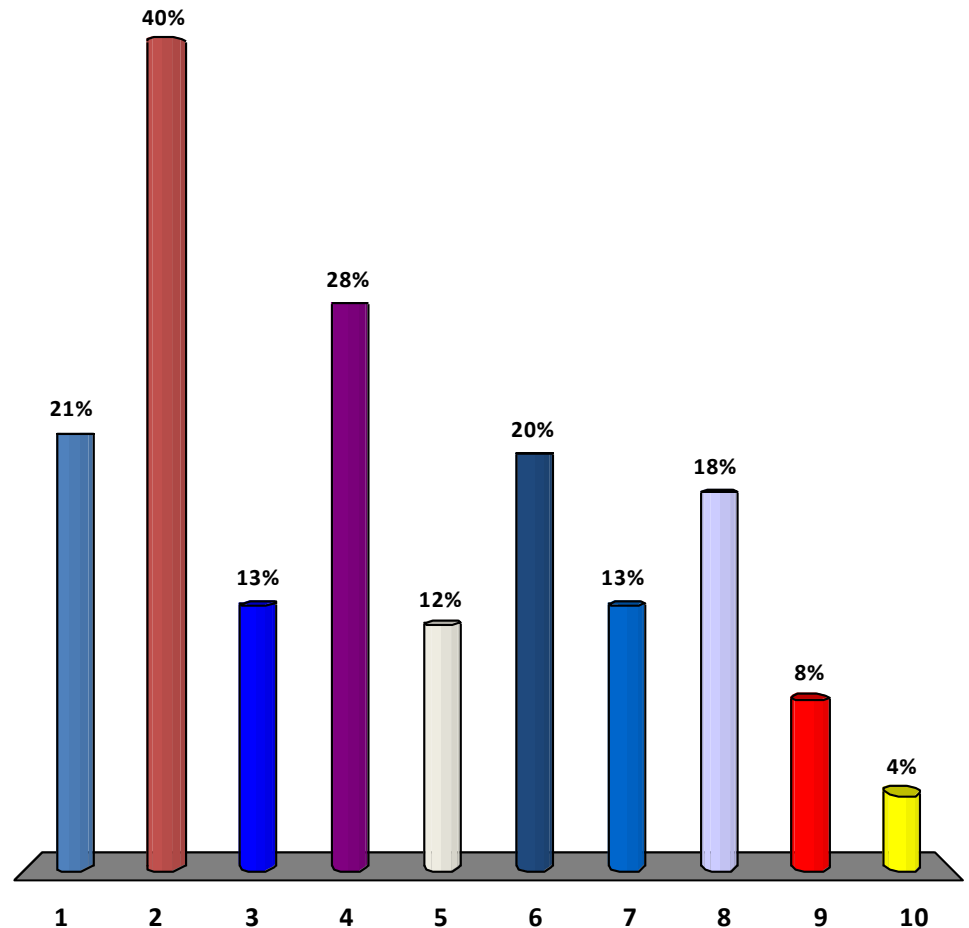


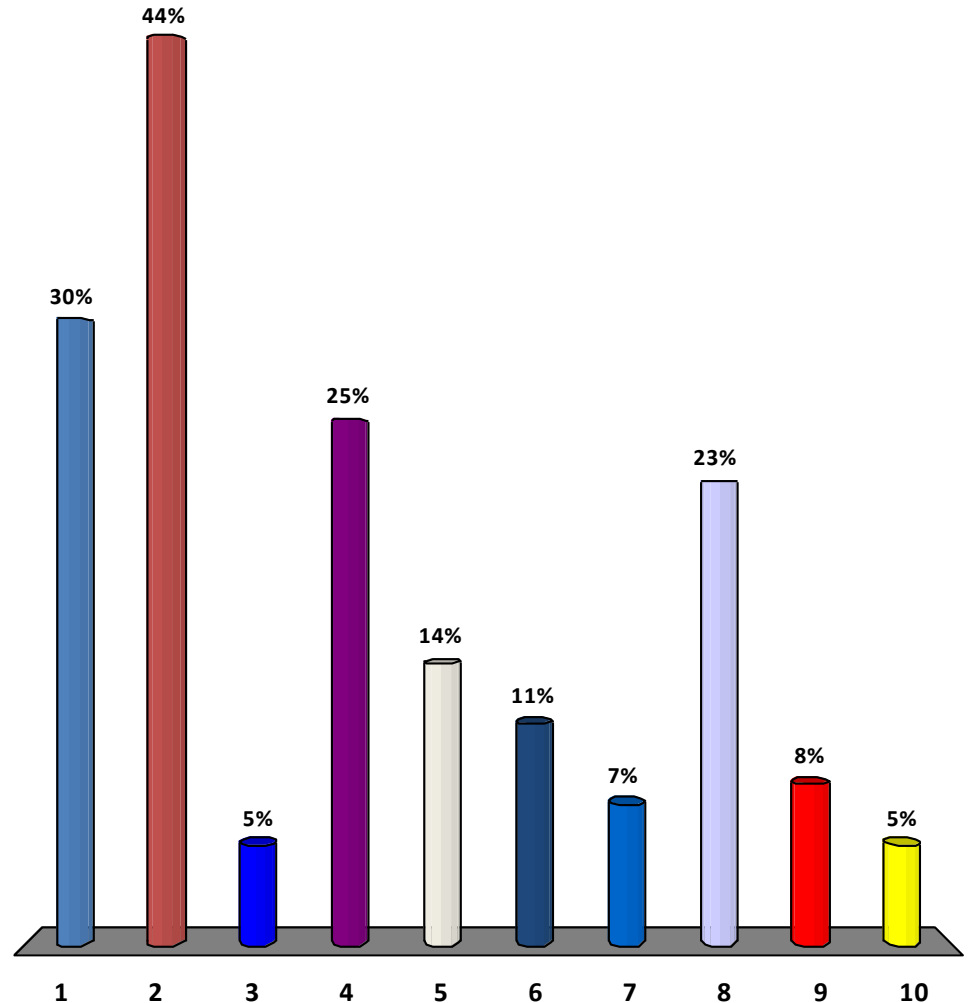
Which payers are causing you the most anguish? By volume of accounts (pick 2)

1. Medicare/MAC
2. Humana /Part C Medicare
3. Humana/commercial
4. United/part C Medicare
5. United/Commercial
6. Aetna/Part C Medicare
7. Aetna/Commercial
8. Managed Medicaid
9. Other – Part C Medicare
10. Other - Commercial



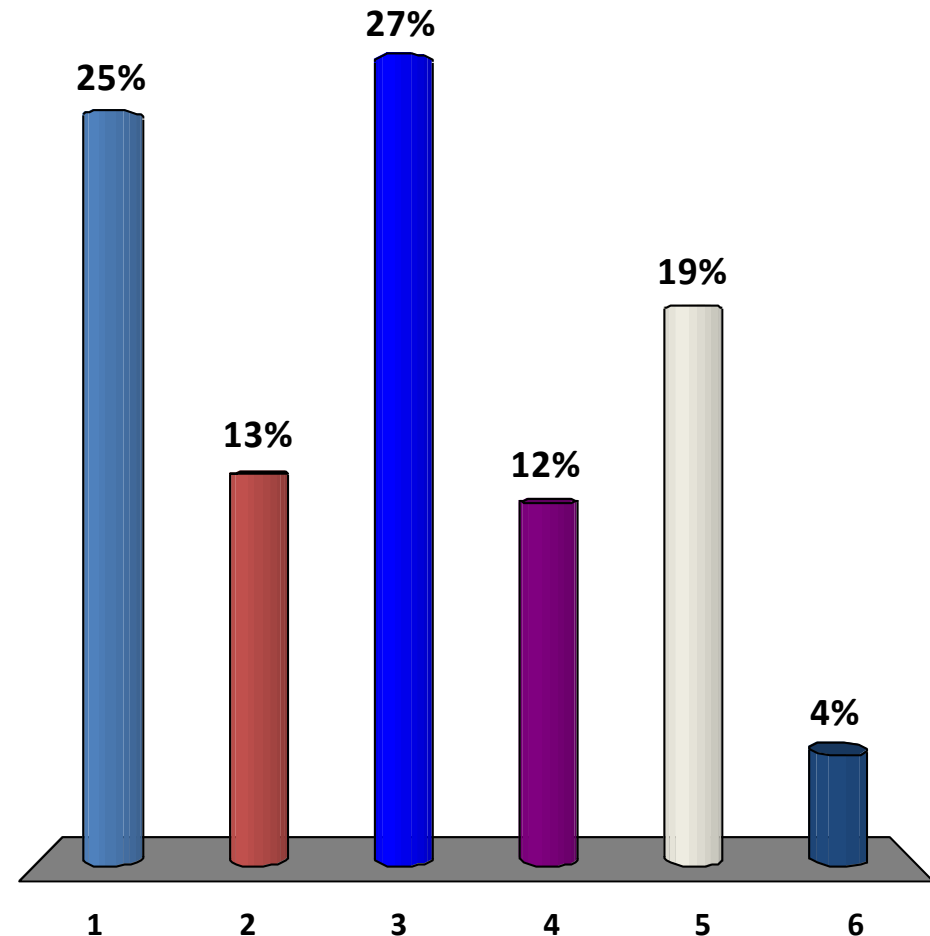
Which payers are causing you the most anguish? By dollar amount (pick 2)

1. Medicare/MAC
2. Humana /Part C Medicare
3. Humana/commercial
4. United/part C Medicare
5. United/Commercial
6. Aetna/Part C Medicare
7. Aetna/Commercial
8. Managed Medicaid
9. Other – Part C Medicare
10. Other - Commercial



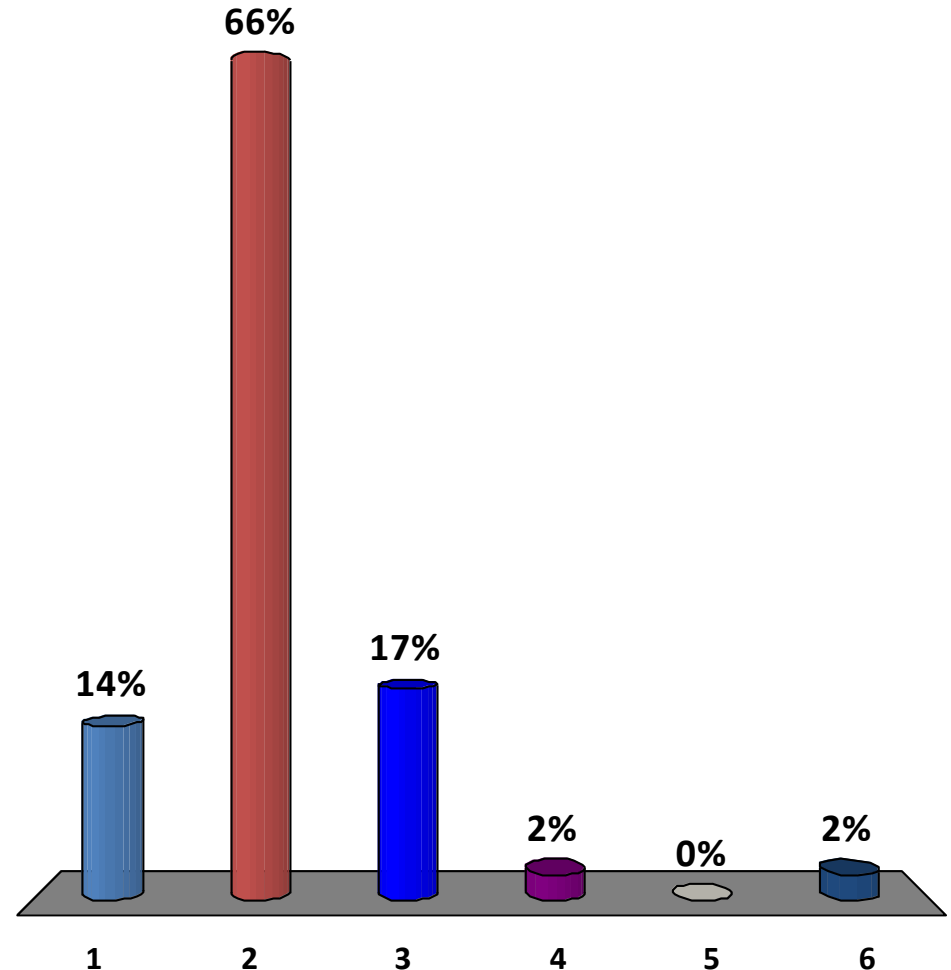
What strategy best describes your UR and PA's role with non-Traditional Medicare and Commercial disputes and denials:

1. Just fight them as they happen
2. Just fight them but give direct feedback to contracting
3. Just fight them but give direct feedback to the denial mgt team
4. Just fight them but give feedback to the CFO and BEG for help with contracting
5. Just fight them and have limited internal help
6. None of the above



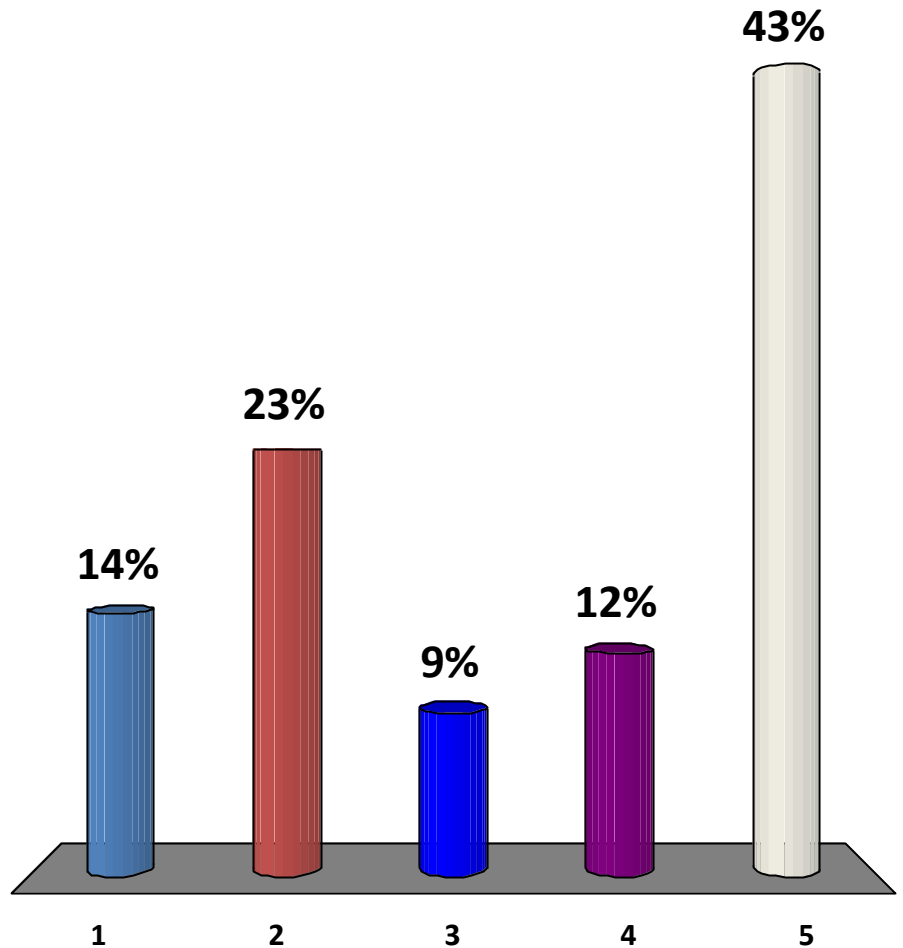
What is your current strategy for fighting denials?

1. Overwhelmed so only appeal the really strong ones
2. Appeal all
3. Only appeal based on dollars at risk
4. Appeal complex only
5. Don't appeal
6. Don't know



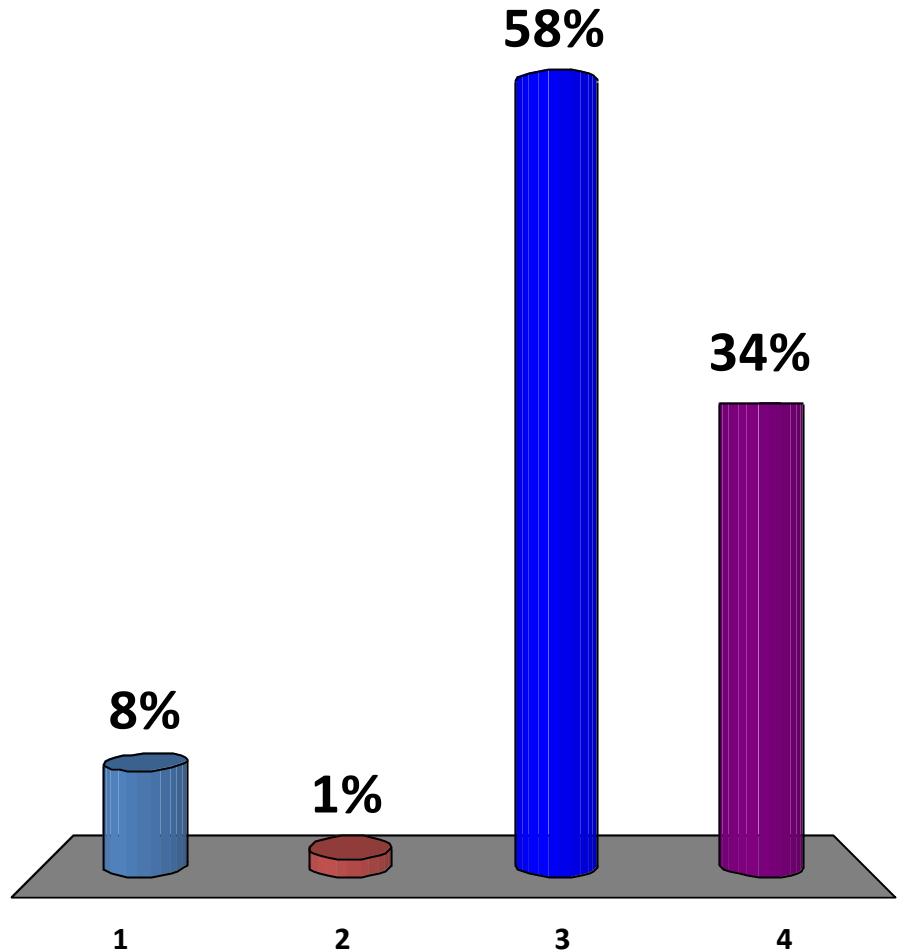
If not appealing, what % of your denials are you deciding to rebill?

1. 1-10%
2. 11-25%
3. 26-50%
4. 51-75%
5. Don't Know



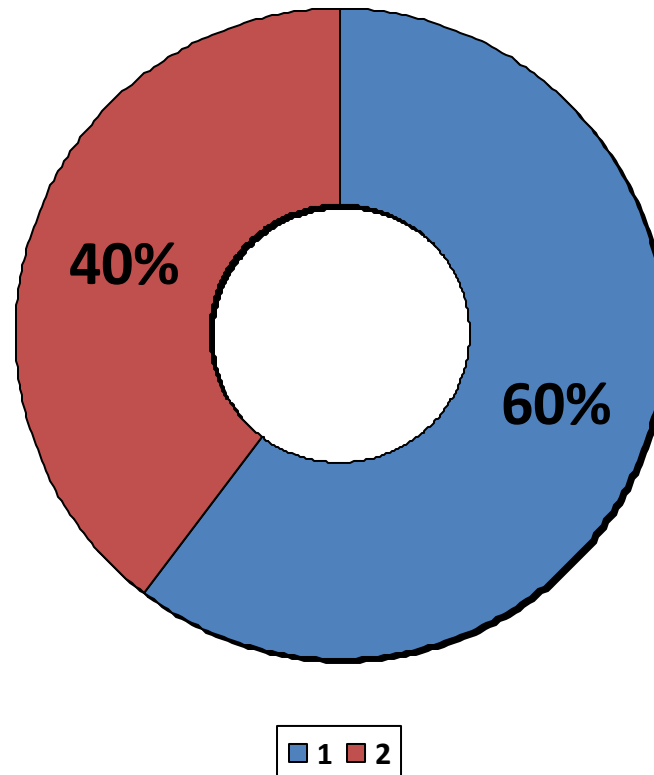
Have the delays at the ALJ level changed your appeal strategy?

1. We do more rebills
2. We don't appeal at all
3. We appeal the same as before
4. We appeal but make a decision after 1st two denials



Do you have a physician advisor designated to assist with your appeal strategy?

1. Yes
2. No



Do you use peer to peer with the payers as part of your appeal strategy?

1. Yes
2. No

