

HHFMA Medicare Advantage Managed Care Survey



Conducted: January 7, 2014 – June 9, 2014

The purpose of the survey was to identify the methods of payment and coverage variations by payor across the country by state. The results are to be provided to the membership to assist by eliminating surprises to the provider, identify most desirable payor(s) for proposals and Identify best approaches for negotiation.

Summary of Questions and page reference to survey results:

| Question | Page |
|--|------|
| 1. In which state(s) and territories does your company provide home health care? Please list only one State or territory and complete a separate survey for each state or territory where you provide MA Plan services. | 3 |
| 2. Please list the Medicare Advantage plans that you contract with. | 6 |
| 3. Please list all the Medicare Advantage plans that you provide care for, but not under a contract. | 9 |
| 4. What is the estimated number of unduplicated Medicare Advantage home health patients that your company served in 2013? | 11 |
| 5. What was the estimated volume of visits that you provided to Medicare Advantage patients in 2013? | 13 |
| 6. Describe your company (check all that apply). | 15 |
| 7. What percentage of your revenue comes from traditional Medicare and Medicare Advantage? | 17 |
| 8. What percentage of your revenue comes from Medicaid? | 19 |
| 9. The following questions relate to the top 5, by visit volume, Medicare Advantage plans that you do business with. Please list the top 5 plans. | 20 |
| 10. What is the reimbursement method that the plan uses for home health services? | 23 |
| 11. How are Non-Routine Medical Supplies reimbursed? | 24 |
| 12. If the plan exclusively reimburses with per visit payment, how do those visit rates compare with your Medicare LUPA rate? | 25 |
| 13. If the plan pays on an episode basis, what is the payment rate? | 27 |

| Question | Page |
|--|------|
| 14. Does the plan have a patient annual deductible? | 29 |
| 15. If the plan has an annual deductible, do you bill for it? | 31 |
| 16. If you answered Yes for any plan in Q15, what percentage of patients pay any portion of the deductible? | 33 |
| 17. If you answered Yes to Q15, what is the percentage amount collected of what is billed? | 34 |
| 18. Does the plan have a copay for home health services? | 34 |
| 19. If you answered Yes in Q18, what percentage of patients pay any portion of the copay? | 36 |
| 20. If you answered Yes in Q18, what is the percentage collected of what is due? | 37 |
| 21. If the plan pays episode reimbursement, what billing/claim format do you use? | 38 |
| 22. If you are billing for episode reimbursement, what claim format do you use? | 39 |
| 23. What is the billing timeliness requirement for the plan? | 40 |
| 24. Does the plan deduct the 2% Medicare sequestration from the payment amount? | 41 |
| 25. What is the average number of days from claim submission to payment receipt? | 42 |
| 26. Check the box if the plan requires the following traditional Medicare documentation. | 43 |
| 27. How do you determine patient coverage/eligibility for the plans? | 44 |
| 28. Have you had eligibility determination problems/errors with the plan? | 45 |
| 29. Does the plan require pre-authorization for services to be provided and paid? | 46 |
| 30. If the required pre-authorizations are not obtained, does the plan deny payment for services rendered? | 47 |
| 31. If the plan requires a reauthorization of care periodically, at what frequency is reauthorization required? | 48 |
| 32. Does the plan permit retroactive authorizations? | 49 |
| 33. What is the nature of the authorization process? | 50 |
| 34. As a final question, do you have any concerns about the plan that you wish to convey? | 51 |
| 35. If you would like a copy of the survey results when published by HHFMA, please include your email address below. | |

RESPONSES

Total of 202 responses received

1. In which state(s) does your company provide home health care? Please list all states where you provide home care through a Medicare Advantage plan.

| Answer Options | Response Percent | Response Count |
|----------------------|------------------|----------------|
| Alabama | 1.5% | 3 |
| Alaska | 0.5% | 1 |
| Arizona | 3.0% | 6 |
| Arkansas | 4.5% | 9 |
| California | 9.9% | 20 |
| Colorado | 1.5% | 3 |
| Connecticut | 4.0% | 8 |
| District of Columbia | 0.5% | 1 |
| Delaware | 0.0% | 0 |
| Florida | 1.5% | 3 |
| Georgia | 2.5% | 5 |
| Guam | 0.0% | 0 |
| Hawaii | 1.5% | 3 |
| Idaho | 1.0% | 2 |
| Illinois | 4.5% | 9 |
| Indiana | 8.4% | 17 |
| Iowa | 0.0% | 0 |
| Kansas | 2.0% | 4 |
| Kentucky | 3.0% | 6 |
| Louisiana | 0.0% | 0 |
| Maine | 0.5% | 1 |
| Maryland | 3.0% | 6 |
| Massachusetts | 2.5% | 5 |
| Michigan | 2.5% | 5 |
| Minnesota | 0.5% | 1 |
| Mississippi | 0.0% | 0 |
| Missouri | 9.9% | 20 |
| Montana | 0.0% | 0 |
| Nebraska | 1.0% | 2 |
| Nevada | 0.5% | 1 |
| New Hampshire | 0.5% | 1 |
| New Jersey | 0.5% | 1 |
| New Mexico | 2.0% | 4 |
| New York | 1.5% | 3 |
| North Carolina | 6.4% | 13 |
| North Dakota | 0.0% | 0 |
| Ohio | 5.4% | 11 |
| Oklahoma | 1.0% | 2 |
| Oregon | 2.0% | 4 |

| | | |
|--|------|------------|
| Pennsylvania | 5.4% | 11 |
| Puerto Rico | 0.0% | 0 |
| Rhode Island | 2.5% | 5 |
| South Carolina | 2.5% | 5 |
| South Dakota | 0.5% | 1 |
| Tennessee | 1.5% | 3 |
| Texas | 4.0% | 8 |
| Utah | 0.5% | 1 |
| Vermont | 1.0% | 2 |
| Virginia | 2.0% | 4 |
| Washington | 1.5% | 3 |
| West Virginia | 0.5% | 1 |
| Wisconsin | 1.5% | 3 |
| Wyoming | 0.0% | 0 |
| <i>answered question</i> | | 202 |
| <i>skipped question</i> | | 8 |
| <i>Number answering 2 or more States</i> | | 10 |
| <i>Total State responses</i> | | 227 |

Sorted by Response Quantity

| Answer Options | Response Percent | Response Count |
|----------------|------------------|----------------|
| California | 9.9% | 20 |
| Missouri | 9.9% | 20 |
| Indiana | 8.4% | 17 |
| North Carolina | 6.4% | 13 |
| Ohio | 5.4% | 11 |
| Pennsylvania | 5.4% | 11 |
| Arkansas | 4.5% | 9 |
| Illinois | 4.5% | 9 |
| Connecticut | 4.0% | 8 |
| Texas | 4.0% | 8 |
| Arizona | 3.0% | 6 |
| Kentucky | 3.0% | 6 |
| Maryland | 3.0% | 6 |
| Georgia | 2.5% | 5 |
| Massachusetts | 2.5% | 5 |
| Michigan | 2.5% | 5 |
| Rhode Island | 2.5% | 5 |
| South Carolina | 2.5% | 5 |
| Kansas | 2.0% | 4 |
| New Mexico | 2.0% | 4 |
| Oregon | 2.0% | 4 |
| Virginia | 2.0% | 4 |
| Alabama | 1.5% | 3 |
| Colorado | 1.5% | 3 |
| Florida | 1.5% | 3 |

| | | |
|----------------------|------|---|
| Hawaii | 1.5% | 3 |
| New York | 1.5% | 3 |
| Tennessee | 1.5% | 3 |
| Washington | 1.5% | 3 |
| Wisconsin | 1.5% | 3 |
| Idaho | 1.0% | 2 |
| Nebraska | 1.0% | 2 |
| Oklahoma | 1.0% | 2 |
| Vermont | 1.0% | 2 |
| Alaska | 0.5% | 1 |
| District of Columbia | 0.5% | 1 |
| Maine | 0.5% | 1 |
| Minnesota | 0.5% | 1 |
| Nevada | 0.5% | 1 |
| New Hampshire | 0.5% | 1 |
| New Jersey | 0.5% | 1 |
| South Dakota | 0.5% | 1 |
| Utah | 0.5% | 1 |
| West Virginia | 0.5% | 1 |
| Delaware | 0.0% | 0 |
| Guam | 0.0% | 0 |
| Iowa | 0.0% | 0 |
| Louisiana | 0.0% | 0 |
| Mississippi | 0.0% | 0 |
| Montana | 0.0% | 0 |
| North Dakota | 0.0% | 0 |
| Puerto Rico | 0.0% | 0 |
| Wyoming | 0.0% | 0 |

2. Please list the Medicare Advantage plans that you contract with.

| | <i>answered question</i> | 202 |
|---|--------------------------|------------|
| | <i>Total Answers</i> | 692 |
| Blues Cross Blue Shield, Anthem | 128 | 18.50% |
| UnitedHealthCare, Pacificare, Secure Horizons | 95 | 13.73% |
| Humana | 89 | 12.86% |
| Aetna | 56 | 8.09% |
| Care Improvement Plus | 21 | 3.03% |
| NONE, N/A | 21 | 3.03% |
| Coventry | 18 | 2.60% |
| Healthnet | 16 | 2.31% |
| Tricare, VA | 11 | 1.59% |
| Wellpath | 10 | 1.45% |
| ADVANTRA | 10 | 1.45% |
| Cigna | 9 | 1.30% |
| Today's Options | 8 | 1.16% |
| Connecticare | 7 | 1.01% |
| ESSENSE | 7 | 1.01% |
| AARP | 6 | 0.87% |
| Kaiser | 6 | 0.87% |
| Pyramid | 6 | 0.87% |
| Windsor | 6 | 0.87% |
| Universal | 6 | 0.87% |
| Bravo | 5 | 0.72% |
| Geisinger | 5 | 0.72% |
| HealthSprings | 5 | 0.72% |
| Priority Health Medicare | 5 | 0.72% |
| SCAN | 5 | 0.72% |
| UPMC For Life | 5 | 0.72% |
| Carecentrix | 4 | 0.58% |
| Molina | 4 | 0.58% |
| MVP USA | 4 | 0.58% |
| Sterling | 4 | 0.58% |
| Advantage Preferred | 3 | 0.43% |
| America's First Choice | 3 | 0.43% |
| Amerigroup | 3 | 0.43% |
| Care 1st Health Plan | 3 | 0.43% |
| Harvard Pilgrim | 3 | 0.43% |
| Improvement Plus | 3 | 0.43% |
| Tufts Medicare Preferred Replacement | 3 | 0.43% |

| | | |
|-------------------------------------|---|-------|
| Amerivantage | 2 | 0.29% |
| ATRIO | 2 | 0.29% |
| Caremore Touch | 2 | 0.29% |
| CareSource | 2 | 0.29% |
| CIP | 2 | 0.29% |
| Easy Choice | 2 | 0.29% |
| Erickson Advantage | 2 | 0.29% |
| Health Advantage | 2 | 0.29% |
| HMSA Medicare | 2 | 0.29% |
| Lovelace | 2 | 0.29% |
| Medipak Advantage | 2 | 0.29% |
| Oxford | 2 | 0.29% |
| Presbyterian Healthcare Services | 2 | 0.29% |
| Rody | 2 | 0.29% |
| Univita | 2 | 0.29% |
| 1st Choice | 1 | 0.14% |
| 4 Your Choice | 1 | 0.14% |
| Advocare | 1 | 0.14% |
| Aloha Care Medicare | 1 | 0.14% |
| Amco Arkansas Community Care | 1 | 0.14% |
| American Progressive | 1 | 0.14% |
| Americheath 65 | 1 | 0.14% |
| Americhoice Secure Plus | 1 | 0.14% |
| Arkansas Community Care | 1 | 0.14% |
| BABAS GA PPO | 1 | 0.14% |
| Bridgeway Advantage | 1 | 0.14% |
| Buckeye | 1 | 0.14% |
| Central Health | 1 | 0.14% |
| Citizens Choice | 1 | 0.14% |
| Community Health Plan Of Washington | 1 | 0.14% |
| COMMUNITY HEALTH PLANS | 1 | 0.14% |
| CrestPoint Health | 1 | 0.14% |
| EOCCO | 1 | 0.14% |
| Evercare | 1 | 0.14% |
| Fallon Community Health | 1 | 0.14% |
| First Care | 1 | 0.14% |
| Gateway Assured | 1 | 0.14% |
| Gemcare | 1 | 0.14% |
| Generations Advantage | 1 | 0.14% |
| GHI | 1 | 0.14% |
| HCP | 1 | 0.14% |
| Health Care Partners | 1 | 0.14% |
| Health Partners Senior | 1 | 0.14% |

| | | |
|---------------------------------|---|-------|
| HIP | 1 | 0.14% |
| IBC | 1 | 0.14% |
| Independent Health | 1 | 0.14% |
| Inland Empire Health Plan | 1 | 0.14% |
| Insurance Management Systems, | 1 | 0.14% |
| IU Clarion | 1 | 0.14% |
| Mail Handlers Benefit Plan | 1 | 0.14% |
| Martin's Point | 1 | 0.14% |
| MC ADV GROUP HEALTH MC ADV | 1 | 0.14% |
| Med Cost | 1 | 0.14% |
| Medigold | 1 | 0.14% |
| Mercycare | 1 | 0.14% |
| Midcoast | 1 | 0.14% |
| My Plan | 1 | 0.14% |
| Neighborhood | 1 | 0.14% |
| Ohana Medicare Advantage | 1 | 0.14% |
| Optima | 1 | 0.14% |
| PACE | 1 | 0.14% |
| PFFS | 1 | 0.14% |
| Premera | 1 | 0.14% |
| Premier Care MODA/ | 1 | 0.14% |
| Primetime | 1 | 0.14% |
| Professional Healthcare Network | 1 | 0.14% |
| Select Health, | 1 | 0.14% |
| Senior Whole Health | 1 | 0.14% |
| Spring | 1 | 0.14% |
| SummaCare | 1 | 0.14% |
| UCare for Seniors | 1 | 0.14% |
| VIP Care | 1 | 0.14% |
| VIVA Health | 1 | 0.14% |
| Workers Compensation | 1 | 0.14% |

3. Please list all the Medicare Advantage plans that you provide care for, but not under a contract.

| | <i>answered question</i> | 157 |
|-----------------------------|--------------------------|------------|
| | <i>skipped question</i> | 53 |
| | <i>Total answers</i> | 319 |
| Humana, | 52 | 16.30% |
| United Healthcare, | 52 | 16.30% |
| Aetna, | 47 | 14.73% |
| Blue Cross Blue Shield, | 26 | 8.15% |
| Care Improvement Plus, | 13 | 4.08% |
| Today's Options, | 12 | 3.76% |
| Advantra, | 11 | 3.45% |
| Pyramid Today's Option, | 9 | 2.82% |
| CIGNA, | 8 | 2.51% |
| Coventry, | 6 | 1.88% |
| Sterling | 6 | 1.88% |
| Tricare | 6 | 1.88% |
| America's First Choice | 5 | 1.57% |
| Wellcare, | 5 | 1.57% |
| Windsor, | 4 | 1.25% |
| Kaiser, | 3 | 0.94% |
| Universal Healthcare PPS | 3 | 0.94% |
| Care Centrix | 2 | 0.63% |
| CIP, | 2 | 0.63% |
| First Choice VIP | 2 | 0.63% |
| GEISINGER GOLD | 2 | 0.63% |
| Group Health (Seattle); | 2 | 0.63% |
| Health Net, | 2 | 0.63% |
| Health Springs | 2 | 0.63% |
| Medical Mutual, | 2 | 0.63% |
| MVP Health Plans | 2 | 0.63% |
| Advantage Health Solutions, | 1 | 0.31% |
| All | 1 | 0.31% |
| America's First Choice | 1 | 0.31% |
| Arcadian | 1 | 0.31% |
| Atrio | 1 | 0.31% |
| Choice PPO, | 1 | 0.31% |
| ConnectiCare, | 1 | 0.31% |
| Dual Complete | 1 | 0.31% |
| Erickson Advantage | 1 | 0.31% |

| | | |
|-------------------------------|---|-------|
| Evercare | 1 | 0.31% |
| Freedom First Health and Life | 1 | 0.31% |
| Guardian | 1 | 0.31% |
| HAP | 1 | 0.31% |
| Health Alliance | 1 | 0.31% |
| Health Market, | 1 | 0.31% |
| Health Partners, | 1 | 0.31% |
| Healthfirst | 1 | 0.31% |
| Healthne | 1 | 0.31% |
| HIPP Healthplan | 1 | 0.31% |
| HMSA Akamai Advantage | 1 | 0.31% |
| IU Health | 1 | 0.31% |
| Molina | 1 | 0.31% |
| Network Hlth, | 1 | 0.31% |
| Ohana Liberty Helath Plan | 1 | 0.31% |
| OSF Care, | 1 | 0.31% |
| PrimeTime Health | 1 | 0.31% |
| Scan and | 1 | 0.31% |
| Senior Unicare Plan | 1 | 0.31% |
| Senior Whole Health | 1 | 0.31% |
| Southeast Community Care | 1 | 0.31% |
| Tufts Medicare Preferred, | 1 | 0.31% |
| UPMC FOR LIFE | 1 | 0.31% |
| Viva | 1 | 0.31% |

4. What is the estimated number of unduplicated Medicare Advantage home health patients that your company served in 2013?

| Answer Options | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| <100 | 39.6% | 80 |
| 101-250 | 28.7% | 58 |
| 251-500 | 6.9% | 14 |
| 501-1000 | 12.9% | 26 |
| 1001-2000 | 3.5% | 7 |
| >2000 | 8.4% | 17 |
| <i>answered question</i> | | 202 |
| <i>skipped question</i> | | 8 |

The following matrix details answers by State. Where multiple State answers were provided, the assumed dominant State was used.

Volume of unduplicated Medicare Advantage home health patients served within 2013

| | <100 | 101-250 | 251-500 | 501-1000 | 1001-2000 | >2000 | Total |
|----------------|------|---------|---------|----------|-----------|-------|-------|
| Alabama | 1 | | | | 1 | | 2 |
| Alaska | 1 | | | | | | 1 |
| Arizona | | 2 | 2 | | | | 4 |
| Arkansas | 5 | 1 | 1 | 1 | 1 | | 9 |
| California | 7 | 6 | | 4 | | 3 | 20 |
| Colorado | 2 | | | 1 | | | 3 |
| Connecticut | | 4 | 1 | 1 | 1 | | 7 |
| Florida | | 2 | | | | | 2 |
| Georgia | 1 | 1 | | 1 | | | 3 |
| Hawaii | | 3 | | | | | 3 |
| Idaho | | 1 | | 1 | | | 2 |
| Illinois | 5 | 2 | 1 | | | | 8 |
| Indiana | 9 | 5 | | 1 | | | 15 |
| Kansas | 1 | | | 1 | | | 2 |
| Kentucky | 2 | 2 | 1 | | | | 5 |
| Maine | | | | 1 | | | 1 |
| Maryland | 3 | 1 | | | | | 4 |
| Massachusetts | 2 | | 1 | 1 | 1 | | 5 |
| Michigan | 1 | 1 | | 3 | | | 5 |
| Minnesota | 1 | | | | | | 1 |
| Missouri | 10 | 4 | 1 | 2 | | 1 | 18 |
| Nebraska | 2 | | | | | | 2 |
| Nevada | | 1 | | | | | 1 |
| New Hampshire | | 1 | | | | | 1 |
| New Jersey | | | | | | 1 | 1 |
| New Mexico | 1 | 2 | | | | | 3 |
| New York | | 1 | | 1 | | 1 | 3 |
| North Carolina | 5 | 3 | 1 | 1 | 1 | 1 | 12 |
| Ohio | 3 | 5 | | | | 3 | 11 |
| Oklahoma | 2 | | | | | | 2 |
| Oregon | 2 | 1 | | 1 | | | 4 |
| Pennsylvania | 2 | 3 | 1 | 1 | | 4 | 11 |
| Rhode Island | 1 | | 1 | 2 | | | 4 |
| South Carolina | | 1 | | | 1 | 1 | 3 |
| South Dakota | 1 | | | | | | 1 |
| Tennessee | | | 1 | | | 1 | 2 |
| Texas | 4 | 1 | 1 | 1 | | 1 | 8 |
| Utah | | | | 1 | | | 1 |
| Vermont | 2 | | | | | | 2 |
| Virginia | | 1 | 1 | | 1 | | 3 |
| Washington | 2 | 1 | | | | | 3 |
| West Virginia | 1 | | | | | | 1 |
| Wisconsin | 1 | 2 | | | | | 3 |
| Totals | 80 | 58 | 14 | 26 | 7 | 17 | 202 |

5. What was the estimated volume of visits that you provided to Medicare Advantage patients in 2013?

| Answer Options | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Under 500 | 30.2% | 61 |
| 500-1000 | 17.3% | 35 |
| 1000-5000 | 28.2% | 57 |
| 5000-10000 | 8.9% | 18 |
| Over 10000 | 15.3% | 31 |
| <i>answered question</i> | | 202 |
| <i>skipped question</i> | | 8 |

Responses by State

| | Under 500 | 500-1000 | 1000-5000 | 5000-10000 | Over 10000 | Total |
|----------------|-----------|----------|-----------|------------|------------|-------|
| Alabama | | 1 | | | 1 | 2 |
| Alaska | 1 | | | | | 1 |
| Arizona | | | 3 | 1 | | 4 |
| Arkansas | 4 | 2 | 2 | 1 | | 9 |
| California | 8 | 3 | 4 | 2 | 3 | 20 |
| Colorado | 2 | 1 | | | | 3 |
| Connecticut | | 1 | 3 | 1 | 2 | 7 |
| Florida | 1 | | 1 | | | 2 |
| Georgia | 1 | 1 | | 1 | 1 | 4 |
| Hawaii | | 1 | 2 | | | 3 |
| Idaho | | | 1 | 1 | | 2 |
| Illinois | 5 | 2 | 1 | | | 8 |
| Indiana | 7 | 2 | 4 | 1 | | 14 |
| Kansas | 1 | | | | 1 | 2 |
| Kentucky | 2 | | 2 | 1 | | 5 |
| Maine | | | | | 1 | 1 |
| Maryland | 2 | 1 | 1 | | | 4 |
| Massachusetts | 2 | | | 2 | 1 | 5 |
| Michigan | | 1 | 1 | 1 | 2 | 5 |
| Minnesota | | | 1 | | | 1 |
| Missouri | 8 | 3 | 4 | 2 | 1 | 18 |
| Nebraska | 2 | | | | | 2 |
| Nevada | | 1 | | | | 1 |
| New Hampshire | | | 1 | | | 1 |
| New Jersey | | | | | 1 | 1 |
| New Mexico | 1 | | 2 | | | 3 |
| New York | | | 1 | | 2 | 3 |
| North Carolina | 3 | 3 | 2 | 1 | 3 | 12 |
| Ohio | 4 | | 5 | | 2 | 11 |
| Oklahoma | 1 | 1 | | | | 2 |
| Oregon | 1 | 1 | 1 | | 1 | 4 |
| Pennsylvania | 1 | 3 | 2 | 1 | 4 | 11 |
| Rhode Island | 1 | 1 | 2 | | | 4 |
| South Carolina | | 1 | | 1 | 1 | 3 |
| South Dakota | 1 | | | | | 1 |
| Tennessee | | | 1 | | 1 | 2 |
| Texas | | 3 | 2 | 1 | 2 | 8 |
| Utah | | | | | 1 | 1 |
| Vermont | 1 | 1 | | | | 2 |
| Virginia | | 1 | 2 | | | 3 |
| Washington | 1 | | 2 | | | 3 |
| West Virginia | | | 1 | | | 1 |
| Wisconsin | | | 3 | | | 3 |
| Totals | 61 | 35 | 57 | 18 | 31 | 202 |

6. Describe your company (check all that apply).

| Answer Options | Response Percent | Response Count |
|-------------------------------------|--------------------------|----------------|
| a. Freestanding | 42.6% | 86 |
| b. Institution-based (hospital/SNF) | 19.8% | 40 |
| c. Health system affiliated | 13.4% | 27 |
| d. Government-based | 6.9% | 14 |
| e. For-profit | 29.7% | 60 |
| f. Non-profit | 40.6% | 82 |
| | <i>answered question</i> | 202 |
| | <i>skipped question</i> | 8 |
| | <i>Total answers</i> | 309 |

Responses by State

| | Freestanding | Institution-based (hospital/SNF) | Health system affiliated | Gov-based | For-profit | Non-profit | Total |
|----------------|--------------|-------------------------------------|-----------------------------|-----------|------------|------------|-------|
| Alabama | 1 | | | 1 | | 1 | 3 |
| Alaska | | | 1 | | | 1 | 2 |
| Arizona | 2 | | 1 | | 4 | | 7 |
| Arkansas | | 3 | 1 | 1 | 1 | 5 | 11 |
| California | 11 | 2 | | 1 | 10 | 4 | 28 |
| Colorado | 2 | | 1 | | 2 | 1 | 6 |
| Connecticut | 5 | 1 | 1 | | | 5 | 12 |
| Florida | 1 | | | | | 1 | 2 |
| Georgia | 3 | | | | 1 | 1 | 5 |
| Hawaii | 1 | 2 | | | | 1 | 4 |
| Idaho | 1 | | 1 | | 2 | | 4 |
| Illinois | 1 | 1 | 1 | 2 | 3 | 1 | 9 |
| Indiana | 5 | 5 | 1 | | 7 | 2 | 20 |
| Kansas | 1 | | | | 1 | 1 | 3 |
| Kentucky | | 1 | 1 | 1 | | 5 | 8 |
| Maine | 1 | | | | | 1 | 2 |
| Maryland | | 2 | 1 | | | 3 | 6 |
| Massachusetts | 3 | | 1 | | | 4 | 8 |
| Michigan | 2 | | 3 | | 1 | 3 | 9 |
| Minnesota | | | | | | 1 | 1 |
| Missouri | 10 | 4 | 1 | 1 | 5 | 9 | 30 |
| Nebraska | | | 1 | 1 | | 2 | 4 |
| Nevada | | 1 | | | | | 1 |
| New Hampshire | 1 | | 1 | | | 1 | 3 |
| New Jersey | 1 | | | | | 1 | 2 |
| New Mexico | 2 | 1 | | | 1 | 1 | 5 |
| New York | 2 | | 1 | | | 3 | 6 |
| North Carolina | 3 | 1 | 1 | 4 | 2 | 6 | 17 |
| Ohio | 4 | 3 | 3 | 1 | 3 | 2 | 16 |
| Oklahoma | 2 | | | | 2 | | 4 |
| Oregon | 2 | 2 | | | | 1 | 5 |
| Pennsylvania | 5 | 2 | 2 | 1 | 3 | 6 | 19 |
| Rhode Island | 2 | | 1 | | 3 | | 6 |
| South Carolina | | 2 | | | 1 | 1 | 4 |
| South Dakota | | | | | 1 | | 1 |
| Tennessee | 2 | | 1 | | 1 | | 4 |
| Texas | 6 | 1 | | | 5 | 1 | 13 |
| Utah | 1 | | | | | | 1 |
| Vermont | 2 | | | | | 2 | 4 |
| Virginia | 1 | 1 | | | | 1 | 3 |
| Washington | | 2 | | | 1 | 2 | 5 |
| West Virginia | | 1 | | | | 1 | 2 |
| Wisconsin | | 2 | 1 | | | 1 | 4 |
| Totals | 86 | 40 | 27 | 14 | 60 | 82 | 309 |

7. What percentage of your revenue comes from traditional Medicare and Medicare Advantage?

| Answer Options | Traditional Medicare | Medicare Advantage | Response Count |
|--------------------------|----------------------|--------------------|----------------|
| a. None | 1 | 6 | 6 |
| b. 0-20% | 9 | 126 | 130 |
| c. 21-40% | 23 | 53 | 69 |
| d. 41-60% | 49 | 9 | 56 |
| e. Above 60% | 120 | 4 | 123 |
| <i>answered question</i> | | | 202 |
| <i>skipped question</i> | | | 8 |

Responses by State

| | None - Traditional Medicare | None - Medicare Advantage | 0-20% - Traditional Medicare | 0-20% - Medicare Advantage | 21-40% - Traditional Medicare | 21-40% - Medicare Advantage | 41-60% - Traditional Medicare | 41-60% - Medicare Advantage | Above 60% - Traditional Medicare | Above 60% - Medicare Advantage |
|----------------|-----------------------------------|---------------------------------|------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|---|---|
| Alabama | | | | 2 | | | | | 2 | |
| Alaska | | 1 | | | | | 1 | | | |
| Arizona | | | | 2 | | 2 | 1 | | 3 | |
| Arkansas | | | 1 | 8 | 2 | | 1 | | 5 | |
| California | 1 | 1 | 3 | 11 | 2 | 4 | 2 | 3 | 12 | |
| Colorado | | | | 3 | | | | | 3 | |
| Connecticut | | 1 | | 6 | 1 | | 6 | | | |
| Florida | | | | 2 | | | | | 2 | |
| Georgia | | | | 3 | | 1 | 1 | | 3 | |
| Hawaii | | | | | 1 | 2 | 2 | 1 | | |
| Idaho | | | | 1 | | | 1 | 1 | 1 | |
| Illinois | | | | 8 | | | 1 | | 7 | |
| Indiana | | 2 | 1 | 7 | 1 | 5 | 6 | | 6 | |
| Kansas | | | | 1 | | 1 | 1 | | 1 | |
| Kentucky | | | | 3 | 1 | 1 | 3 | 1 | 1 | |
| Maine | | | | 1 | | | | | 1 | |
| Maryland | | | | 3 | | 1 | | | 4 | |
| Massachuset | | | | 5 | | | 2 | | 3 | |
| Michigan | | | | 3 | | 1 | 1 | | 4 | |
| Minnesota | | | | 1 | | | 1 | | | |
| Missouri | | | | 9 | 1 | 7 | 4 | | 13 | 1 |
| Nebraska | | | | 2 | | | | | 2 | |
| Nevada | | | | 1 | | | | | 1 | |
| New Hampsh | | | | 1 | | | | | 1 | |
| New Jersey | | | | 1 | | | | | 1 | |
| New Mexico | | | | 1 | 1 | 2 | 1 | | 1 | |
| New York | | | | 1 | 1 | 2 | | | 2 | |
| North Carolina | | | | 9 | 3 | 1 | 1 | 1 | 8 | 1 |
| Ohio | | | | 5 | 2 | 6 | 4 | | 5 | |
| Oklahoma | | | | 1 | | 1 | | | 2 | |
| Oregon | | | 1 | 2 | 1 | 2 | | | 2 | |
| Pennsylvania | | | 1 | 2 | 1 | 7 | 4 | 1 | 5 | 1 |
| Rhode Island | | 1 | 2 | 2 | | 1 | 2 | | | |
| South Carolin | | | | 2 | | 1 | | | 3 | |
| South Dakota | | | | 1 | | | | | 1 | |
| Tennessee | | | | 1 | | 1 | | | 2 | |
| Texas | | | | 6 | 2 | 2 | 1 | | 5 | |
| Utah | | | | | | 1 | | | 1 | |
| Vermont | | | | 2 | 1 | | 1 | | | |
| Virginia | | | | 2 | 1 | | 1 | 1 | 1 | |
| Washington | | | | 3 | | | | | 3 | |
| West Virginia | | | | | | | | | 1 | 1 |
| Wisconsin | | | | 2 | 1 | 1 | | | 2 | |
| Totals | 1 | 6 | 9 | 126 | 23 | 53 | 49 | 9 | 120 | 4 |

8. What percentage of your revenue comes from Medicaid?

| Answer Options | Traditional Medicaid | Waiver Programs | Medicaid Managed Care (HMO, etc.) | Response Count |
|--------------------------|----------------------|-----------------|-----------------------------------|----------------|
| a. None | 20 | 35 | 37 | 92 |
| b. 0-20% | 90 | 20 | 61 | 171 |
| c. 21-40% | 22 | 8 | 16 | 46 |
| d. 41-60% | 7 | 5 | 1 | 13 |
| e. Above 60% | 3 | 4 | 1 | 8 |
| <i>answered question</i> | | | | 202 |
| <i>skipped question</i> | | | | 8 |

Responses by State

| | None | | | 0-20% | | | 21-40% | | | 41-60% | | | Above 60% | | |
|----------------|----------------------|-----------------|-----------------------|----------------------|-----------------|-----------------------|----------------------|-----------------|-----------------------|----------------------|-----------------|-----------------------|----------------------|-----------------|-----------------------|
| | Traditional Medicaid | Waiver Programs | Medicaid Managed Care | Traditional Medicaid | Waiver Programs | Medicaid Managed Care | Traditional Medicaid | Waiver Programs | Medicaid Managed Care | Traditional Medicaid | Waiver Programs | Medicaid Managed Care | Traditional Medicaid | Waiver Programs | Medicaid Managed Care |
| Alabama | | | 1 | | | | | | | | | | 1 | | |
| Alaska | | | 1 | | | | 1 | | | | | | | | |
| Arizona | 2 | | 1 | 1 | | | | | | | | | | | |
| Arkansas | | | 4 | 3 | 1 | 1 | 2 | 1 | | 1 | | | | 1 | |
| California | | 11 | 1 | 6 | 1 | 13 | 2 | | 2 | | 1 | | | 1 | |
| Colorado | | | 1 | | 2 | 1 | | 1 | | | | | | | |
| Connecticut | | | 3 | 3 | 2 | 1 | 3 | | | 1 | | | | | |
| Florida | 1 | | | 1 | | | | | | | | | | | |
| Georgia | | | 1 | 3 | | 1 | | | | | | | | | |
| Hawaii | 3 | | | | 1 | 2 | | | | | | | | | |
| Idaho | | | 1 | 2 | | | | | | | | | | | |
| Illinois | 1 | 1 | 2 | 4 | 1 | 2 | | | | | | | | | |
| Indiana | 2 | 4 | 4 | 6 | 3 | 3 | 1 | 2 | 1 | 2 | | | 1 | | |
| Kansas | 1 | | | 1 | | | | | | | | | | | |
| Kentucky | | 1 | | 2 | 1 | 2 | 1 | 1 | 1 | | | 1 | 1 | | |
| Maine | | 1 | | 1 | | | | | | | | | | | |
| Maryland | | | 1 | 1 | | 2 | | | | | | | | | |
| Massachusetts | 1 | 1 | | 3 | | 1 | | | | | | | | | |
| Michigan | | 2 | | 3 | | 2 | | | | | | | | | |
| Minnesota | | | | 1 | | | | | | | | | | | |
| Missouri | 1 | 1 | 5 | 11 | | 4 | 2 | | | | | | | | |
| Nebraska | | | | 1 | | 1 | 1 | | | | | | | | |
| Nevada | | | | 1 | | | | | | | | | | | |
| New Hampshire | | | 1 | | 1 | | | | | | | | | | |
| New Jersey | | | | | | 1 | | | | | | | | | |
| New Mexico | | | | 1 | | 2 | | | | | | 1 | | | |
| New York | | | | 2 | | 1 | 1 | | 1 | | | | | | |
| North Carolina | | 1 | 5 | 7 | 1 | | 2 | | | 2 | | | 1 | | |
| Ohio | 2 | 6 | | 4 | 1 | 4 | 1 | | 2 | | | | | | |
| Oklahoma | | 1 | 1 | 1 | 1 | | | | | | | | | | |
| Oregon | 1 | | | 1 | | 3 | | | 1 | | | | | | |
| Pennsylvania | 1 | | | 5 | | 5 | 1 | 1 | 2 | 1 | | | | | 1 |
| Rhode Island | 1 | | | 2 | 1 | | | | 1 | | | | | 1 | |
| South Carolina | | | | 1 | | 2 | 2 | | | | 1 | | | | |
| South Dakota | | | | 1 | | | | | | | | | | | |
| Tennessee | | | | | 1 | 1 | 1 | | | | | | | | |
| Texas | 2 | 3 | 1 | 3 | 1 | 2 | | | 3 | | | | | | |
| Utah | 1 | | | | | 1 | 1 | | | | 1 | | | 1 | |
| Vermont | | | 1 | 1 | 1 | | | 2 | | | | | | | |
| Virginia | | | 1 | 2 | | 1 | | | 1 | | | | | | |
| Washington | | | 1 | 1 | | 2 | | | | | | | | | |
| West Virginia | | 1 | | 1 | | | | | | | | | | | |
| Wisconsin | | 1 | | 3 | | | | | 1 | | | | | | |
| Totals | 20 | 35 | 37 | 90 | 20 | 61 | 22 | 8 | 16 | 7 | 5 | 1 | 3 | 4 | 1 |

9. The following questions relate to the top 5, by visit volume, Medicare Advantage plans that you do business with. Please list the top 5 plans.

| The following questions relate to the top 5, by visit volume, Medicare Advantage plans that you do business with. Please list the top 5 plans. | | |
|--|-----------------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Plan 1 | 100.0% | 202 |
| Plan 2 | 93.1% | 188 |
| Plan 3 | 79.7% | 161 |
| Plan 4 | 59.4% | 120 |
| Plan 5 | 45.0% | 91 |
| | <i>answered question</i> | 202 |
| | <i>skipped question</i> | 8 |
| | <i>Total answers</i> | 762 |
| | <i>Edited total answers</i> | 755 |

Edited Plans Sorted by Number of Responses for Top 5

| PLAN | Plan Count | % to Total |
|-----------------------------------|------------|------------|
| Blue Cross Blue Shield, all Blues | 150 | 19.87% |
| Humana | 128 | 16.95% |
| United | 117 | 15.50% |
| Aetna | 71 | 9.40% |
| Care Improvement Plus | 34 | 4.50% |
| Coventry | 21 | 2.78% |
| Healthnet | 14 | 1.85% |
| Today's Option | 9 | 1.19% |
| AARP | 8 | 1.06% |
| ADVANTRA | 8 | 1.06% |
| Pyramid Life | 8 | 1.06% |
| Wellcare | 8 | 1.06% |
| Connecticare | 7 | 0.93% |
| Essence | 7 | 0.93% |
| Windsor | 7 | 0.93% |
| Kaiser | 6 | 0.79% |
| Tricare | 6 | 0.79% |
| Advantage Health Solutions | 5 | 0.66% |

| | | |
|--|---|-------|
| Cigna | 5 | 0.66% |
| Health Spring | 5 | 0.66% |
| Priority Health | 5 | 0.66% |
| SCAN | 5 | 0.66% |
| UPMC For Life | 5 | 0.66% |
| Bravo | 4 | 0.53% |
| Geisinger Gold | 4 | 0.53% |
| Molina | 4 | 0.53% |
| Tufts | 4 | 0.53% |
| Amerigroup | 3 | 0.40% |
| CareCentrix | 3 | 0.40% |
| CIP | 3 | 0.40% |
| HMSA Medicare | 3 | 0.40% |
| Med mutual | 3 | 0.40% |
| Medipak Advantage | 3 | 0.40% |
| MVP | 3 | 0.40% |
| Ohana | 3 | 0.40% |
| America's First Choice | 2 | 0.26% |
| Amerivantage | 2 | 0.26% |
| Atrio | 2 | 0.26% |
| Community Health Plan Of Washington | 2 | 0.26% |
| Erickson Advantage | 2 | 0.26% |
| Group Health | 2 | 0.26% |
| Harvard Pilgrim | 2 | 0.26% |
| Lovelace Senior Plan | 2 | 0.26% |
| Pacific Source | 2 | 0.26% |
| Presbyterian | 2 | 0.26% |
| Univita | 2 | 0.26% |
| VIVA Health | 2 | 0.26% |
| Wellpath MA | 2 | 0.26% |
| Willamette Valley Community Health Atrio Marion-Polk Commercial | 2 | 0.26% |
| Advocare | 1 | 0.13% |
| Aloha Care Medicare | 1 | 0.13% |
| Altius | 1 | 0.13% |
| American Progressiv | 1 | 0.13% |
| Americhoice Secure Plus | 1 | 0.13% |
| Brand New Day | 1 | 0.13% |
| Bridgeway Advantage | 1 | 0.13% |
| Caremore | 1 | 0.13% |
| Caresource | 1 | 0.13% |

| | | |
|------------------------------------|---|-------|
| Choice VNSNY | 1 | 0.13% |
| Connect Care | 1 | 0.13% |
| Evercare | 1 | 0.13% |
| Fallon Community Health Plan | 1 | 0.13% |
| Fidelis | 1 | 0.13% |
| First Advantage | 1 | 0.13% |
| Gateway Assured | 1 | 0.13% |
| Generations Advantage | 1 | 0.13% |
| GHI | 1 | 0.13% |
| Health Alliance | 1 | 0.13% |
| Health America Advantra | 1 | 0.13% |
| Health Partners Senior | 1 | 0.13% |
| Health Plan Secure | 1 | 0.13% |
| Healthcare Partners | 1 | 0.13% |
| Healthfirst | 1 | 0.13% |
| HIP | 1 | 0.13% |
| HPSM - MC Advantage | 1 | 0.13% |
| IBC | 1 | 0.13% |
| Independent Health | 1 | 0.13% |
| IU Clarion | 1 | 0.13% |
| MEDICARE COMPLETE | 1 | 0.13% |
| Medicare Replacement | 1 | 0.13% |
| MEdigold | 1 | 0.13% |
| Mercycare Advantage | 1 | 0.13% |
| MetroPlus | 1 | 0.13% |
| MODA EOCCO | 1 | 0.13% |
| Neighborhood | 1 | 0.13% |
| Oxford | 1 | 0.13% |
| PHCN | 1 | 0.13% |
| Premera | 1 | 0.13% |
| Premier Care | 1 | 0.13% |
| Rhody | 1 | 0.13% |
| RMHP (special federal FFS program) | 1 | 0.13% |
| Rocky Mt Health Plan | 1 | 0.13% |
| Select Health | 1 | 0.13% |
| Senior Whole Health | 1 | 0.13% |
| Sterling | 1 | 0.13% |

| | | |
|-----------|---|-------|
| UCare | 1 | 0.13% |
| Universal | 1 | 0.13% |

10. What is the reimbursement method that the plan uses for home health services?

| Answer Options | Episodic | Visit | Capitated | Response Count |
|--------------------------|----------|--------|-----------|----------------|
| Plan 1 | 98 | 96 | 5 | 199 |
| Plan 2 | 84 | 99 | 1 | 184 |
| Plan 3 | 76 | 79 | 2 | 157 |
| Plan 4 | 59 | 56 | 2 | 117 |
| Plan 5 | 53 | 35 | 0 | 88 |
| | 370 | 365 | 10 | 745 |
| | 49.66% | 48.99% | 1.34% | |
| <i>answered question</i> | | | | 199 |
| <i>skipped question</i> | | | | 11 |

Detail by Top 23 Carriers

| | Episodic | Visit | Capitated |
|------------------------|----------|-------|-----------|
| Blue Cross Blue Shield | 59 | 84 | 3 |
| Humana | 94 | 31 | 2 |
| United | 45 | 68 | 1 |
| Aetna | 41 | 29 | 1 |
| Care Improvement Plus | 32 | 1 | 3 |
| Coventry | 7 | 14 | |
| Healthnet | 3 | 11 | |
| Today's Option | 9 | | |
| AARP | 1 | 7 | |
| ADVANTRA | 4 | 4 | |
| Pyramid Life | 8 | | |
| Wellcare | 4 | 3 | |
| Connecticare | | 7 | |
| Essence | | 7 | |
| Windsor | 2 | 5 | |
| Kaiser | | 6 | |
| Tricare | 6 | | |
| Advantage Health Solut | 5 | | |
| Cigna | 2 | 2 | 1 |
| Health Spring | 1 | 2 | 1 |
| Priority Health | 1 | 4 | |
| SCAN | 2 | 3 | |
| UPMC For Life | | 5 | |

11. How are Non-Routine Medical Supplies reimbursed?

| How are Non-Routine Medical Supplies reimbursed? | | | | | | | |
|--|----------------------|----------------|-----------|--------------|------------------------|---------------------------|----------------|
| Answer Options | With Episode payment | Capitated rate | Fixed fee | % of charges | Plan provides supplies | Not reimbursed separately | Response Count |
| Plan 1 | 90 | 8 | 11 | 8 | 24 | 61 | 202 |
| Plan 2 | 67 | 8 | 9 | 15 | 23 | 64 | 186 |
| Plan 3 | 64 | 3 | 7 | 9 | 13 | 63 | 159 |
| Plan 4 | 50 | 3 | 6 | 2 | 11 | 46 | 118 |
| Plan 5 | 49 | 1 | 3 | 2 | 7 | 29 | 91 |
| Totals | 320 | 23 | 36 | 36 | 78 | 263 | 756 |
| | 42.33% | 3.04% | 4.76% | 4.76% | 10.32% | 34.79% | |
| <i>answered question</i> | | | | | | | 202 |
| <i>skipped question</i> | | | | | | | 11 |

Detail by Top 23 Carriers

| | With Episode payment | Capitated rate | Fixed fee | % of charges | Plan provides supplies | Not reimbursed separately |
|----------------------------|----------------------|----------------|-----------|--------------|------------------------|---------------------------|
| Blue Cross Blue Shield | 51 | 8 | 10 | 12 | 17 | 52 |
| Humana | 78 | 4 | 3 | 5 | 7 | 31 |
| United | 38 | 3 | 7 | 2 | 11 | 57 |
| Aetna | 33 | 0 | 3 | 4 | 6 | 24 |
| Care Improvement Plus | 25 | 1 | 2 | 1 | 0 | 5 |
| Coventry | 3 | 2 | 0 | 2 | 2 | 12 |
| Healthnet | 11 | 0 | 0 | 0 | 0 | 5 |
| Today's Option | 7 | 0 | 0 | 0 | 0 | 2 |
| AARP | 1 | 2 | 0 | 0 | 1 | 4 |
| ADVANTRA | 9 | 0 | 0 | 0 | 0 | 4 |
| Pyramid Life | 7 | 0 | 0 | 0 | 0 | 1 |
| Wellcare | 4 | 0 | 0 | 0 | 1 | 2 |
| Connecticare | 0 | 0 | 1 | 1 | 2 | 3 |
| Essence | 1 | 0 | 0 | 0 | 1 | 5 |
| Windsor | 4 | 0 | 0 | 2 | 1 | 1 |
| Kaiser | 0 | 0 | 0 | 0 | 3 | 3 |
| Tricare | 4 | 0 | 0 | 0 | 1 | 1 |
| Advantage Health Solutions | 4 | 0 | 0 | 0 | 0 | 1 |
| Cigna | 2 | 1 | 0 | 0 | 1 | 1 |
| Health Spring | 1 | 0 | 0 | 1 | 1 | 0 |
| Priority Health | 0 | 0 | 0 | 0 | 3 | 2 |
| SCAN | 2 | 0 | 0 | 1 | 1 | 1 |
| UPMC For Life | 0 | 0 | 0 | 0 | 1 | 4 |

12. If the plan exclusively reimburses with per visit payment, how do those visit rates compare with your Medicare LUPA rate?

| If the plan exclusively reimburses with per visit payment, how do those visit rates compare with your Medicare LUPA rate? | | | | | |
|---|------------|-------------|-------------|----------------|----------------|
| Answer Options | LUPA rates | 10+% > LUPA | 10+% < LUPA | Not applicable | Response Count |
| Plan 1 | 28 | 26 | 56 | 62 | 172 |
| Plan 2 | 24 | 20 | 60 | 52 | 156 |
| Plan 3 | 15 | 13 | 60 | 47 | 135 |
| Plan 4 | 12 | 14 | 37 | 35 | 98 |
| Plan 5 | 14 | 4 | 28 | 35 | 81 |
| | 93 | 77 | 241 | 231 | 642 |
| | 14.49% | 11.99% | 37.54% | 35.98% | |
| <i>answered question</i> | | | | | 185 |
| <i>skipped question</i> | | | | | 25 |

Detail by Top 23 Carriers

| | LUPA rates | 10+% > LUPA | 10+% < LUPA | Not applicable |
|----------------------------------|------------|----------------|----------------|-------------------|
| Blue Cross | | | | |
| Blue Shield | 17 | 17 | 56 | 37 |
| Humana | 17 | 7 | 23 | 57 |
| United | 15 | 13 | 43 | 28 |
| Aetna | 8 | 4 | 19 | 28 |
| Care Improvement Plus | 4 | 0 | 4 | 22 |
| Coventry | 0 | 4 | 11 | 4 |
| Healthnet | 11 | 2 | 2 | 7 |
| Today's Option | 4 | 0 | 1 | 3 |
| AARP | 2 | 0 | 5 | 0 |
| ADVANTRA | 2 | 0 | 4 | 4 |
| Pyramid Life | 0 | 0 | 1 | 5 |
| Wellcare | 0 | 0 | 3 | 3 |
| Connecticare | 0 | 0 | 4 | 1 |
| Essence | 0 | 1 | 6 | 0 |
| Windsor | 2 | 0 | 3 | 2 |
| Kaiser | 1 | 2 | 2 | 1 |
| Tricare | 1 | 0 | 0 | 3 |
| Advantage Health Solutions | 0 | 0 | 0 | 2 |
| Cigna | 0 | 0 | 1 | 4 |
| Health Spring | 1 | 2 | 0 | 0 |
| Priority Health | 0 | 3 | 0 | 1 |
| SCAN | 0 | 1 | 2 | 1 |
| UPMC For Life | 1 | 0 | 4 | 0 |

13. If the plan pays on an episode basis, what is the payment rate?

| If the plan pays on an episode basis, what is the payment rate? | | | | | | |
|---|--------------------|---------------------|---------------------|-------------------------|----------------|----------------|
| Answer Options | Medicare PPS rates | 10+% > Medicare PPS | 10+% < Medicare PPS | Lower of PPS or Charges | Not applicable | Response Count |
| Plan 1 | 77 | 4 | 10 | 14 | 75 | 180 |
| Plan 2 | 63 | 4 | 7 | 12 | 70 | 156 |
| Plan 3 | 62 | 1 | 5 | 11 | 58 | 137 |
| Plan 4 | 52 | 1 | 6 | 4 | 42 | 105 |
| Plan 5 | 47 | 0 | 4 | 4 | 25 | 80 |
| | 301 | 10 | 32 | 45 | 270 | 658 |
| | 45.74% | 1.52% | 4.86% | 6.84% | 41.03% | |
| <i>answered question</i> | | | | | | 188 |
| <i>skipped question</i> | | | | | | 22 |

Detail by Top 23 Carriers

| | Medicare PPS rates | 10+% > Medicare PPS | 10+% < Medicare PPS | Lower of PPS or Charges | Not applicable |
|----------------------------|--------------------|---------------------|---------------------|-------------------------|----------------|
| Blue Cross Blue Shield | 51 | 2 | 5 | 8 | 69 |
| Humana | 74 | 3 | 9 | 10 | 19 |
| United | 40 | 0 | 1 | 6 | 43 |
| Aetna | 35 | 0 | 2 | 3 | 24 |
| Care Improvement Plus | 19 | 0 | 8 | 4 | 1 |
| Coventry | 3 | 0 | 2 | 2 | 9 |
| Healthnet | 0 | 0 | 1 | 0 | 0 |
| Today's Option | 7 | 0 | 1 | 1 | 0 |
| AARP | 1 | 0 | 0 | 0 | 4 |
| ADVANTRA | 7 | 1 | 1 | 1 | 3 |
| Pyramid Life | 7 | 0 | 1 | 0 | 0 |
| Wellcare | 3 | 0 | 0 | 1 | 2 |
| Connecticare | 0 | 0 | 0 | 0 | 4 |
| Essence | 0 | 0 | 0 | 0 | 5 |
| Windsor | 3 | 0 | 0 | 0 | 2 |
| Kaiser | 1 | 0 | 0 | 0 | 4 |
| Tricare | 5 | 0 | 0 | 0 | 0 |
| Advantage Health Solutions | 3 | 0 | 1 | 1 | 0 |
| Cigna | 3 | 0 | 0 | 0 | 2 |
| Health Spring | 1 | 0 | 0 | 0 | 2 |
| Priority Health | 1 | 0 | 0 | 0 | 2 |
| SCAN | 2 | 0 | 0 | 1 | 2 |
| UPMC For Life | 0 | 0 | 0 | 0 | 5 |

14. Does the plan have a patient annual deductible?

| Does the plan have a patient annual deductible? | | | | |
|---|--------|--------|---------|----------------|
| Answer Options | Yes | No | Unknown | Response Count |
| Plan 1 | 52 | 92 | 51 | 195 |
| Plan 2 | 49 | 76 | 57 | 182 |
| Plan 3 | 46 | 61 | 46 | 153 |
| Plan 4 | 34 | 48 | 32 | 114 |
| Plan 5 | 21 | 39 | 28 | 88 |
| | 202 | 316 | 214 | 732 |
| | 27.60% | 43.17% | 29.23% | |
| <i>answered question</i> | | | | 196 |
| <i>skipped question</i> | | | | 14 |

Detail by Top 23 Carriers

| | Yes | No | Unknown |
|----------------------------|-----|----|---------|
| Blue Cross Blue Shield | 42 | 65 | 39 |
| Humana | 38 | 55 | 34 |
| United | 36 | 41 | 35 |
| Aetna | 25 | 23 | 21 |
| Care Improvement Plus | 11 | 19 | 4 |
| Coventry | 10 | 8 | 4 |
| Healthnet | 6 | 2 | 2 |
| Today's Option | 3 | 3 | 2 |
| AARP | 1 | 2 | 4 |
| ADVANTRA | 2 | 6 | 4 |
| Pyramid Life | 1 | 6 | 1 |
| Wellcare | 1 | 2 | 4 |
| Connecticare | 0 | 5 | 2 |
| Essence | 2 | 4 | 1 |
| Windsor | 2 | 5 | 0 |
| Kaiser | 0 | 4 | 1 |
| Tricare | 1 | 2 | 3 |
| Advantage Health Solutions | 0 | 2 | 2 |
| Cigna | 1 | 3 | 1 |
| Health Spring | 0 | 3 | 0 |
| Priority Health | 0 | 3 | 2 |
| SCAN | 2 | 1 | 2 |
| UPMC For Life | 2 | 1 | 2 |

15. If the plan has an annual deductible, do you bill for it?

| Answer Options | Yes | No | No deductible | Unknown | Response Count |
|--------------------------|--------|--------|---------------|---------|----------------|
| Plan 1 | 58 | 26 | 66 | 29 | 179 |
| Plan 2 | 61 | 20 | 56 | 29 | 166 |
| Plan 3 | 52 | 17 | 45 | 23 | 137 |
| Plan 4 | 41 | 11 | 35 | 20 | 107 |
| Plan 5 | 32 | 6 | 30 | 13 | 81 |
| | 244 | 80 | 232 | 114 | 670 |
| | 36.42% | 11.94% | 34.63% | 17.01% | |
| <i>answered question</i> | | | | | 187 |
| <i>skipped question</i> | | | | | 23 |

Detail by Top 23 Carriers

| | Yes | No | No deductible | Unknown |
|----------------------------|-----|----|---------------|---------|
| Blue Cross Blue Shield | 50 | 13 | 48 | 23 |
| Humana | 41 | 14 | 37 | 19 |
| United | 43 | 11 | 23 | 18 |
| Aetna | 31 | 8 | 17 | 9 |
| Care Improvement Plus | 12 | 2 | 17 | 2 |
| Coventry | 10 | 3 | 6 | 1 |
| Healthnet | 6 | 3 | 2 | 4 |
| Today's Option | 1 | 1 | 2 | 3 |
| AARP | 2 | 2 | 2 | 2 |
| ADVANTRA | 3 | 2 | 3 | 2 |
| Pyramid Life | 2 | 2 | 3 | 1 |
| Wellcare | 2 | 2 | 1 | 1 |
| Connecticare | 1 | 0 | 4 | 0 |
| Essence | 2 | 0 | 4 | 1 |
| Windsor | 2 | 0 | 5 | 0 |
| Kaiser | 0 | 1 | 3 | 2 |
| Tricare | 2 | 0 | 1 | 2 |
| Advantage Health Solutions | 0 | 2 | 0 | 1 |
| Cigna | 0 | 0 | 2 | 2 |
| Health Spring | 0 | 0 | 3 | 0 |
| Priority Health | 1 | 0 | 2 | 1 |
| SCAN | 4 | 0 | 0 | 1 |
| UPMC For Life | 2 | 0 | 1 | 2 |

16. If you answered Yes for any plan in Q15, what percentage of patients pay any portion of the deductible?

| Answer Options | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable | Response Count |
|--------------------------|--------|--------|--------|-------|---------|----------------|----------------|
| Plan 1 | 21 | 8 | 6 | 12 | 21 | 75 | 143 |
| Plan 2 | 20 | 8 | 5 | 13 | 23 | 66 | 135 |
| Plan 3 | 22 | 2 | 3 | 10 | 24 | 57 | 118 |
| Plan 4 | 13 | 5 | 5 | 5 | 23 | 42 | 93 |
| Plan 5 | 12 | 2 | 2 | 5 | 19 | 35 | 75 |
| | 88 | 25 | 21 | 45 | 110 | 275 | 564 |
| | 15.60% | 4.43% | 3.72% | 7.98% | 19.50% | 48.76% | |
| <i>answered question</i> | | | | | | | 155 |
| <i>skipped question</i> | | | | | | | 55 |

Detail by Top 23 Carriers

| | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable |
|----------------------------|------|--------|--------|------|---------|----------------|
| Blue Cross Blue Shield | 15 | 6 | 5 | 10 | 20 | 52 |
| Humana | 21 | 1 | 2 | 7 | 18 | 45 |
| United | 15 | 5 | 6 | 8 | 18 | 34 |
| Aetna | 10 | 4 | 3 | 5 | 13 | 24 |
| Care Improvement Plus | 6 | 1 | 0 | 3 | 4 | 16 |
| Coventry | 4 | 1 | 2 | 2 | 2 | 3 |
| Healthnet | 2 | 0 | 0 | 1 | 1 | 1 |
| Today's Option | 0 | 0 | 0 | 1 | 3 | 3 |
| AARP | 0 | 0 | 0 | 1 | 3 | 2 |
| ADVANTRA | 2 | 0 | 0 | 0 | 3 | 4 |
| Pyramid Life | 1 | 1 | 0 | 0 | 0 | 3 |
| Wellcare | 0 | 0 | 0 | 1 | 1 | 4 |
| Connecticare | 0 | 0 | 0 | 1 | 0 | 4 |
| Essence | 2 | 0 | 0 | 0 | 0 | 4 |
| Windsor | 2 | 0 | 0 | 0 | 0 | 3 |
| Kaiser | 0 | 0 | 0 | 0 | 0 | 4 |
| Tricare | 1 | 0 | 0 | 0 | 1 | 2 |
| Advantage Health Solutions | 0 | 0 | 0 | 0 | 2 | 0 |
| Cigna | 1 | 0 | 0 | 0 | 1 | 1 |
| Health Spring | 0 | 0 | 0 | 0 | 0 | 2 |
| Priority Health | 0 | 0 | 0 | 0 | 1 | 2 |
| SCAN | 0 | 1 | 0 | 1 | 2 | 1 |
| UPMC For Life | 0 | 1 | 0 | 0 | 1 | 2 |

17. If you answered Yes to Q15, what is the percentage amount collected of what is billed?

| Answer Options | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable | Response Count |
|--------------------------|--------|--------|--------|--------|---------|----------------|----------------|
| Plan 1 | 16 | 9 | 9 | 15 | 20 | 71 | 140 |
| Plan 2 | 17 | 9 | 7 | 15 | 20 | 64 | 132 |
| Plan 3 | 11 | 7 | 5 | 14 | 21 | 59 | 117 |
| Plan 4 | 10 | 6 | 3 | 10 | 22 | 40 | 91 |
| Plan 5 | 7 | 5 | 1 | 9 | 19 | 34 | 75 |
| | 61 | 36 | 25 | 63 | 102 | 268 | 555 |
| | 10.99% | 6.49% | 4.50% | 11.35% | 18.38% | 48.29% | |
| <i>answered question</i> | | | | | | | 151 |
| <i>skipped question</i> | | | | | | | 59 |

Detail by Top 23 Carriers

| | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable |
|----------------------------|------|--------|--------|------|---------|----------------|
| Blue Cross Blue Shield | 10 | 8 | 4 | 16 | 17 | 52 |
| Humana | 15 | 4 | 4 | 7 | 17 | 45 |
| United | 11 | 9 | 6 | 9 | 17 | 33 |
| Aetna | 7 | 4 | 2 | 7 | 13 | 25 |
| Care Improvement Plus | 5 | 1 | 1 | 2 | 5 | 16 |
| Coventry | 2 | 1 | 3 | 3 | 1 | 2 |
| Healthnet | 3 | 0 | 0 | 0 | 2 | 1 |
| Today's Option | 0 | 0 | 0 | 1 | 3 | 3 |
| AARP | 0 | 0 | 0 | 1 | 3 | 2 |
| ADVANTRA | 2 | 0 | 0 | 2 | 1 | 4 |
| Pyramid Life | 0 | 1 | 0 | 1 | 0 | 3 |
| Wellcare | 0 | 0 | 0 | 1 | 1 | 4 |
| Connecticare | 0 | 0 | 0 | 1 | 0 | 4 |
| Essence | 1 | 0 | 1 | 0 | 0 | 3 |
| Windsor | 1 | 1 | 1 | 0 | 0 | 2 |
| Kaiser | 0 | 0 | 0 | 0 | 0 | 4 |
| Tricare | 1 | 0 | 0 | 0 | 0 | 2 |
| Advantage Health Solutions | 1 | 0 | 0 | 0 | 1 | 0 |
| Cigna | 1 | 0 | 0 | 0 | 1 | 1 |
| Health Spring | 0 | 0 | 0 | 0 | 0 | 2 |
| Priority Health | 0 | 0 | 0 | 1 | 0 | 2 |
| SCAN | 0 | 0 | 0 | 2 | 2 | 1 |
| UPMC For Life | 0 | 0 | 1 | 1 | 0 | 2 |

18. Does the plan have a copay for home health services?

| Answer Options | Yes | No | Unknown | Response Count |
|--------------------------|--------|--------|---------|----------------|
| Plan 1 | 36 | 125 | 36 | 197 |
| Plan 2 | 37 | 109 | 37 | 183 |
| Plan 3 | 29 | 94 | 33 | 156 |
| Plan 4 | 20 | 68 | 29 | 117 |
| Plan 5 | 13 | 53 | 26 | 92 |
| | 135 | 449 | 161 | 745 |
| | 18.12% | 60.27% | 21.61% | |
| <i>answered question</i> | | | | 199 |
| <i>skipped question</i> | | | | 11 |

Detail by Top 23 Carriers

| Not applicable | Yes | No | Unknown |
|----------------------------|-----|----|---------|
| Blue Cross Blue Shield | 35 | 85 | 30 |
| Humana | 21 | 80 | 26 |
| United | 22 | 67 | 25 |
| Aetna | 15 | 35 | 19 |
| Care Improvement Plus | 6 | 23 | 4 |
| Coventry | 4 | 16 | 1 |
| Healthnet | 2 | 2 | 6 |
| Today's Option | 2 | 5 | 2 |
| AARP | 0 | 5 | 3 |
| ADVANTRA | 0 | 10 | 3 |
| Pyramid Life | 2 | 5 | 1 |
| Wellcare | 1 | 3 | 3 |
| Connecticare | 0 | 4 | 3 |
| Essence | 0 | 7 | 0 |
| Windsor | 0 | 6 | 1 |
| Kaiser | 0 | 4 | 1 |
| Tricare | 0 | 3 | 3 |
| Advantage Health Solutions | 0 | 3 | 2 |
| Cigna | 0 | 2 | 2 |
| Health Spring | 2 | 1 | 0 |
| Priority Health | 1 | 3 | 1 |
| SCAN | 0 | 2 | 3 |
| UPMC For Life | 0 | 5 | 0 |

19. If you answered Yes in Q18, what percentage of patients pay any portion of the copay?

| Answer Options | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable | Response Count |
|--------------------------|--------|--------|--------|-------|---------|----------------|----------------|
| Plan 1 | 16 | 6 | 6 | 9 | 15 | 91 | 143 |
| Plan 2 | 17 | 6 | 5 | 10 | 16 | 78 | 132 |
| Plan 3 | 15 | 4 | 1 | 7 | 15 | 71 | 113 |
| Plan 4 | 11 | 3 | 3 | 4 | 14 | 52 | 87 |
| Plan 5 | 7 | 1 | 2 | 4 | 11 | 46 | 71 |
| | 66 | 20 | 17 | 34 | 71 | 338 | 546 |
| | 12.09% | 3.66% | 3.11% | 6.23% | 13.00% | 61.90% | |
| <i>answered question</i> | | | | | | | 146 |
| <i>skipped question</i> | | | | | | | 64 |

Detail by Top 23 Carriers

| | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable |
|----------------------------|------|--------|--------|------|---------|----------------|
| Blue Cross Blue Shield | 17 | 7 | 4 | 8 | 13 | 61 |
| Humana | 15 | 2 | 2 | 1 | 10 | 61 |
| United | 11 | 3 | 4 | 6 | 11 | 48 |
| Aetna | 7 | 2 | 4 | 2 | 11 | 30 |
| Care Improvement Plus | 5 | 1 | 0 | 2 | 1 | 19 |
| Coventry | 1 | 1 | 0 | 2 | 0 | 7 |
| Healthnet | 3 | 0 | 0 | 0 | 2 | 0 |
| Today's Option | 0 | 0 | 0 | 1 | 1 | 5 |
| AARP | 0 | 0 | 0 | 0 | 2 | 4 |
| ADVANTRA | 1 | 0 | 0 | 0 | 1 | 5 |
| Pyramid Life | 1 | 1 | 0 | 0 | 0 | 3 |
| Wellcare | 1 | 0 | 0 | 0 | 1 | 3 |
| Connecticare | 0 | 0 | 0 | 0 | 1 | 3 |
| Essence | 0 | 0 | 0 | 0 | 0 | 6 |
| Windsor | 0 | 0 | 0 | 0 | 0 | 4 |
| Kaiser | 0 | 0 | 0 | 0 | 1 | 3 |
| Tricare | 0 | 0 | 0 | 0 | 1 | 3 |
| Advantage Health Solutions | 1 | 0 | 0 | 0 | 1 | 0 |
| Cigna | 0 | 0 | 0 | 0 | 1 | 2 |
| Health Spring | 0 | 0 | 0 | 2 | 0 | 1 |
| Priority Health | 0 | 0 | 0 | 0 | 1 | 3 |
| SCAN | 0 | 0 | 0 | 0 | 1 | 3 |
| UPMC For Life | 0 | 0 | 0 | 0 | 0 | 2 |

20. If you answered Yes in Q18, what is the percentage collected of what is due?

| Answer Options | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable | Response Count |
|--------------------------|------|--------|--------|------|---------|----------------|----------------|
| Plan 1 | 12 | 6 | 6 | 9 | 18 | 91 | 142 |
| Plan 2 | 13 | 6 | 6 | 9 | 19 | 77 | 130 |
| Plan 3 | 9 | 7 | 0 | 8 | 16 | 71 | 111 |
| Plan 4 | 8 | 4 | 1 | 6 | 15 | 53 | 87 |
| Plan 5 | 4 | 2 | 0 | 5 | 12 | 46 | 69 |
| | 46 | 25 | 13 | 37 | 80 | 338 | 539 |
| <i>answered question</i> | | | | | | | 146 |
| <i>skipped question</i> | | | | | | | 64 |

Detail by Top 23 Carriers

| | <25% | 25-50% | 51-75% | >75% | Unknown | Not applicable |
|----------------------------|------|--------|--------|------|---------|----------------|
| Blue Cross Blue Shield | 14 | 6 | 3 | 9 | 16 | 63 |
| Humana | 11 | 2 | 2 | 3 | 12 | 61 |
| United | 6 | 8 | 2 | 6 | 12 | 48 |
| Aetna | 5 | 3 | 2 | 3 | 12 | 29 |
| Care Improvement Plus | 5 | 0 | 0 | 2 | 1 | 19 |
| Coventry | 1 | 1 | 1 | 1 | 0 | 6 |
| Healthnet | 3 | 0 | 0 | 0 | 2 | 0 |
| Today's Option | 0 | 0 | 0 | 1 | 1 | 5 |
| AARP | 0 | 0 | 0 | 0 | 1 | 4 |
| ADVANTRA | 1 | 0 | 0 | 0 | 0 | 5 |
| Pyramid Life | 0 | 1 | 0 | 1 | 0 | 3 |
| Wellcare | 0 | 0 | 0 | 0 | 2 | 3 |
| Connecticare | 0 | 0 | 0 | 0 | 1 | 3 |
| Essence | 0 | 0 | 0 | 0 | 0 | 4 |
| Windsor | 0 | 0 | 0 | 0 | 0 | 4 |
| Kaiser | 0 | 0 | 0 | 0 | 1 | 3 |
| Tricare | 0 | 0 | 0 | 0 | 1 | 3 |
| Advantage Health Solutions | 1 | 0 | 0 | 0 | 0 | 0 |
| Cigna | 0 | 0 | 0 | 0 | 1 | 2 |
| Health Spring | 0 | 0 | 1 | 1 | 0 | 1 |
| Priority Health | 0 | 0 | 0 | 0 | 1 | 3 |
| SCAN | 0 | 0 | 0 | 0 | 1 | 3 |
| UPMC For Life | 0 | 0 | 0 | 0 | 0 | 4 |

21. If the plan pays episode reimbursement, what billing/claim format do you use?

| Answer Options | RAP and Final claim | Final Claim only | Unknown | Not applicable | Response Count |
|--------------------------|---------------------|------------------|---------|----------------|----------------|
| Plan 1 | 94 | 16 | 2 | 68 | 180 |
| Plan 2 | 77 | 14 | 2 | 73 | 166 |
| Plan 3 | 65 | 19 | 1 | 58 | 143 |
| Plan 4 | 52 | 12 | 1 | 43 | 108 |
| Plan 5 | 47 | 9 | 1 | 25 | 82 |
| | 335 | 70 | 7 | 267 | 679 |
| | 49.34% | 10.31% | 1.03% | 39.32% | |
| <i>answered question</i> | | | | | 190 |
| <i>skipped question</i> | | | | | 20 |

Detail by Top 23 Carriers

| | RAP and Final claim | Final Claim only | Unknown | Not applicable |
|----------------------------|---------------------|------------------|---------|----------------|
| Blue Cross Blue Shield | 55 | 12 | 0 | 66 |
| Humana | 88 | 11 | 2 | 17 |
| United | 43 | 10 | 2 | 42 |
| Aetna | 38 | 4 | 1 | 22 |
| Care Improvement Plus | 28 | 3 | 0 | 2 |
| Coventry | 5 | 3 | 0 | 12 |
| Healthnet | 3 | 1 | 0 | 0 |
| Today's Option | 9 | 0 | 0 | 0 |
| AARP | 1 | 0 | 0 | 4 |
| ADVANTRA | 8 | 1 | 0 | 3 |
| Pyramid Life | 4 | 2 | 0 | 1 |
| Wellcare | 2 | 1 | 1 | 2 |
| Connecticare | 0 | 0 | 0 | 4 |
| Essence | 0 | 0 | 0 | 6 |
| Windsor | 3 | 1 | 0 | 2 |
| Kaiser | 0 | 1 | 0 | 3 |
| Tricare | 6 | 0 | 0 | 0 |
| Advantage Health Solutions | 5 | 0 | 0 | 0 |
| Cigna | 2 | 1 | 0 | 2 |
| Health Spring | 1 | 0 | 0 | 2 |
| Priority Health | 0 | 1 | 0 | 4 |
| SCAN | 1 | 1 | 0 | 2 |
| UPMC For Life | 0 | 0 | 0 | 5 |

22. If you are billing for episode reimbursement, what claim format do you use?

| Answer Options | Traditional Medicare PPS format | Plan-specific method | Unknown | Not applicable | Response Count |
|--------------------------|---------------------------------|----------------------|---------|----------------|----------------|
| Plan 1 | 93 | 15 | 2 | 66 | 176 |
| Plan 2 | 75 | 16 | 1 | 69 | 161 |
| Plan 3 | 68 | 13 | 2 | 53 | 136 |
| Plan 4 | 53 | 11 | 1 | 42 | 107 |
| Plan 5 | 47 | 7 | 1 | 25 | 80 |
| | 336 | 62 | 7 | 255 | 660 |
| | 50.91% | 9.39% | 1.06% | 38.64% | |
| <i>answered question</i> | | | | | 187 |
| <i>skipped question</i> | | | | | 23 |

Detail by Top 23 Carriers

| | Medicare PPS format | Plan-specific method | Unknown | Not applicable |
|----------------------------|---------------------|----------------------|---------|----------------|
| Blue Cross Blue Shield | 51 | 17 | 0 | 61 |
| Humana | 88 | 9 | 2 | 15 |
| United | 42 | 10 | 1 | 39 |
| Aetna | 36 | 6 | 1 | 21 |
| Care Improvement Plus | 24 | 6 | 0 | 2 |
| Coventry | 7 | 1 | 0 | 12 |
| Healthnet | 7 | 1 | 1 | 0 |
| Today's Option | 9 | 0 | 0 | 0 |
| AARP | 1 | 0 | 0 | 4 |
| ADVANTRA | 8 | 1 | 0 | 3 |
| Pyramid Life | 5 | 1 | 0 | 1 |
| Wellcare | 3 | 0 | 1 | 2 |
| Connecticare | 0 | 0 | 0 | 4 |
| Essence | 0 | 0 | 0 | 6 |
| Windsor | 2 | 0 | 0 | 3 |
| Kaiser | 1 | 0 | 0 | 3 |
| Tricare | 5 | 1 | 0 | 0 |
| Advantage Health Solutions | 4 | 1 | 0 | 0 |
| Cigna | 3 | 0 | 0 | 2 |
| Health Spring | 1 | 0 | 0 | 2 |
| Priority Health | 0 | 1 | 0 | 3 |
| SCAN | 2 | 1 | 0 | 1 |
| UPMC For Life | 0 | 0 | 0 | 5 |

23. What is the billing timeliness requirement for the plan?

| Answer Options | 30 days or less | 3 months | 6 months | 1 year | 2 years | No limit | Other | Unknown | Response Count |
|--------------------------|-----------------|----------|----------|--------|---------|----------|-------|---------|----------------|
| Plan 1 | 13 | 53 | 27 | 68 | 0 | 1 | 9 | 24 | 195 |
| Plan 2 | 12 | 51 | 28 | 58 | 0 | 1 | 10 | 19 | 179 |
| Plan 3 | 10 | 38 | 21 | 49 | 0 | 0 | 8 | 25 | 151 |
| Plan 4 | 9 | 25 | 17 | 42 | 0 | 0 | 7 | 16 | 116 |
| Plan 5 | 9 | 21 | 13 | 35 | 0 | 0 | 4 | 10 | 92 |
| | 53 | 188 | 106 | 252 | 0 | 2 | 38 | 94 | 733 |
| | 7.23% | 25.65% | 14.46% | 34.38% | 0.00% | 0.27% | 5.18% | 12.82% | |
| answered question | | | | | | | | | 196 |
| skipped question | | | | | | | | | 14 |

Detail by Top 23 Carriers

| | 30 days or less | 3 months | 6 months | 1 year | 2 years | No limit | Other | Unknown |
|----------------------------|-----------------|----------|----------|--------|---------|----------|-------|---------|
| Blue Cross Blue Shield | 8 | 34 | 34 | 51 | 0 | 1 | 5 | 12 |
| Humana | 9 | 21 | 14 | 47 | 0 | 1 | 6 | 26 |
| United | 9 | 33 | 14 | 31 | 0 | 0 | 8 | 15 |
| Aetna | 4 | 20 | 8 | 23 | 0 | 0 | 4 | 9 |
| Care Improvement Plus | 2 | 3 | 4 | 16 | 0 | 0 | 2 | 5 |
| Coventry | 1 | 9 | 4 | 3 | 0 | 0 | 0 | 3 |
| Healthnet | 7 | 1 | 3 | 3 | 4 | 0 | 0 | 0 |
| Today's Option | 1 | 0 | 1 | 5 | 0 | 0 | 0 | 2 |
| AARP | 0 | 2 | 1 | 2 | 0 | 0 | 2 | 0 |
| ADVANTRA | 0 | 4 | 2 | 5 | 0 | 0 | 0 | 1 |
| Pyramid Life | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 1 |
| Wellcare | 1 | 0 | 1 | 3 | 0 | 0 | 1 | 1 |
| Connecticare | 1 | 3 | 2 | 1 | 0 | 0 | 0 | 0 |
| Essence | 0 | 5 | 2 | 0 | 0 | 0 | 0 | 0 |
| Windsor | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 1 |
| Kaiser | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 |
| Tricare | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 2 |
| Advantage Health Solutions | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 1 |
| Cigna | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| Health Spring | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 |
| Priority Health | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 |
| SCAN | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 0 |
| UPMC For Life | 0 | 1 | 2 | 2 | 0 | 0 | 0 | 0 |

24. Does the plan deduct the 2% Medicare sequestration from the payment amount?

| Answer Options | Yes | No | Unknown | Response Count |
|--------------------------|--------|--------|---------|----------------|
| Plan 1 | 92 | 64 | 42 | 198 |
| Plan 2 | 77 | 66 | 36 | 179 |
| Plan 3 | 64 | 55 | 33 | 152 |
| Plan 4 | 53 | 41 | 20 | 114 |
| Plan 5 | 50 | 26 | 14 | 90 |
| | 336 | 252 | 145 | 733 |
| | 45.84% | 34.38% | 19.78% | |
| answered question | | | | 198 |
| skipped question | | | | 12 |

Detail by Top 23 Carriers

| | Yes | No | Unknown |
|----------------------------|-----|----|---------|
| Blue Cross Blue Shield | 51 | 60 | 31 |
| Humana | 85 | 17 | 23 |
| United | 44 | 47 | 21 |
| Aetna | 34 | 23 | 14 |
| Care Improvement Plus | 23 | 4 | 6 |
| Coventry | 4 | 9 | 7 |
| Healthnet | 0 | 3 | 5 |
| Today's Option | 7 | 0 | 2 |
| AARP | 3 | 3 | 1 |
| ADVANTRA | 7 | 5 | 1 |
| Pyramid Life | 4 | 1 | 3 |
| Wellcare | 5 | 2 | 0 |
| Connecticare | 0 | 6 | 1 |
| Essence | 0 | 5 | 2 |
| Windsor | 4 | 1 | 2 |
| Kaiser | 1 | 4 | 1 |
| Tricare | 4 | 0 | 2 |
| Advantage Health Solutions | 4 | 1 | 0 |
| Cigna | 0 | 3 | 2 |
| Health Spring | 1 | 2 | 0 |
| Priority Health | 1 | 2 | 0 |
| SCAN | 5 | 0 | 0 |
| UPMC For Life | 5 | 0 | 0 |

25. What is the average number of days from claim submission to payment receipt?

| Answer Options | <30 days | 30-45 days | 46-60 days | 61-90 days | >90 days | Unknown | Response Count |
|--------------------------|----------|------------|------------|------------|----------|---------|----------------|
| Plan 1 | 30 | 67 | 31 | 28 | 32 | 10 | 198 |
| Plan 2 | 20 | 66 | 34 | 23 | 31 | 7 | 181 |
| Plan 3 | 13 | 54 | 26 | 25 | 28 | 6 | 152 |
| Plan 4 | 6 | 39 | 21 | 23 | 21 | 5 | 115 |
| Plan 5 | 5 | 30 | 21 | 17 | 14 | 2 | 89 |
| | 74 | 256 | 133 | 116 | 126 | 30 | 735 |
| | 10.07% | 34.83% | 18.10% | 15.78% | 17.14% | 4.08% | |
| <i>answered question</i> | | | | | | | 197 |
| <i>skipped question</i> | | | | | | | 13 |

Detail by Top 23 Carriers

| | <30 days | 30-45 days | 46-60 days | 61-90 days | >90 days | Unknown |
|----------------------------|----------|------------|------------|------------|----------|---------|
| Blue Cross Blue Shield | 20 | 53 | 26 | 18 | 24 | 5 |
| Humana | 15 | 39 | 17 | 25 | 23 | 6 |
| United | 12 | 42 | 18 | 12 | 23 | 5 |
| Aetna | 8 | 23 | 13 | 11 | 12 | 3 |
| Care Improvement Plus | 5 | 8 | 6 | 6 | 8 | 0 |
| Coventry | 2 | 7 | 4 | 1 | 4 | 2 |
| Healthnet | 3 | 0 | 3 | 3 | 1 | 4 |
| Today's Option | 0 | 1 | 4 | 3 | 0 | 0 |
| AARP | 2 | 2 | 3 | 1 | 0 | 0 |
| ADVANTRA | 0 | 2 | 4 | 3 | 4 | 0 |
| Pyramid Life | 0 | 2 | 1 | 3 | 1 | 1 |
| Wellcare | 0 | 3 | 0 | 3 | 0 | 1 |
| Connecticare | 0 | 6 | 0 | 1 | 0 | 0 |
| Essence | 0 | 3 | 1 | 1 | 1 | 0 |
| Windsor | 0 | 3 | 2 | 1 | 1 | 0 |
| Kaiser | 0 | 3 | 1 | 2 | 0 | 0 |
| Tricare | 0 | 2 | 1 | 3 | 0 | 0 |
| Advantage Health Solutions | 0 | 0 | 1 | 1 | 3 | 0 |
| Cigna | 0 | 1 | 0 | 2 | 2 | 0 |
| Health Spring | 0 | 2 | 1 | 0 | 0 | 0 |
| Priority Health | 0 | 2 | 1 | 1 | 0 | 1 |
| SCAN | 0 | 1 | 2 | 2 | 0 | 0 |
| UPMC For Life | 0 | 4 | 0 | 0 | 0 | 0 |

26. Check the box if the plan requires the following traditional Medicare documentation.

| Answer Options | Physician face-to face documentation | Additional therapy documentation | Response Count |
|--------------------------|--------------------------------------|----------------------------------|----------------|
| Plan 1 | 94 | 49 | 143 |
| Plan 2 | 82 | 43 | 125 |
| Plan 3 | 66 | 36 | 102 |
| Plan 4 | 46 | 24 | 70 |
| Plan 5 | 41 | 22 | 63 |
| | 329 | 174 | 503 |
| <i>answered question</i> | | | 128 |
| <i>skipped question</i> | | | 82 |

Detail by Top 23 Carriers

| | Physician face-to face documentation | Additional therapy documentation |
|----------------------------|--------------------------------------|----------------------------------|
| Blue Cross Blue Shield | 64 | 38 |
| Humana | 69 | 30 |
| United | 44 | 20 |
| Aetna | 27 | 16 |
| Care Improvement Plus | 28 | 7 |
| Coventry | 7 | 5 |
| Healthnet | 0 | 4 |
| Today's Option | 2 | 1 |
| AARP | 5 | 3 |
| ADVANTRA | 7 | 1 |
| Pyramid Life | 7 | 2 |
| Wellcare | 4 | 4 |
| Connecticare | 2 | 0 |
| Essence | 1 | 2 |
| Windsor | 5 | 3 |
| Kaiser | 2 | 3 |
| Tricare | 2 | 0 |
| Advantage Health Solutions | 3 | 1 |
| Cigna | 0 | 1 |
| Health Spring | 0 | 1 |
| Priority Health | 0 | 0 |
| SCAN | 2 | 2 |
| UPMC For Life | 5 | 4 |

27. How do you determine patient coverage/eligibility for the plans?

| Answer Options | Outside service | Plan website | Telephone | Other | Response Count |
|--------------------------|-----------------|--------------|-----------|-------|----------------|
| Plan 1 | 25 | 113 | 117 | 11 | 266 |
| Plan 2 | 22 | 98 | 122 | 7 | 249 |
| Plan 3 | 18 | 76 | 107 | 5 | 206 |
| Plan 4 | 18 | 55 | 75 | 6 | 154 |
| Plan 5 | 10 | 45 | 59 | 2 | 116 |
| | 93 | 387 | 480 | 31 | 991 |
| | 9.38% | 39.05% | 48.44% | 3.13% | |
| <i>answered question</i> | | | | | 197 |
| <i>skipped question</i> | | | | | 13 |

Detail by Top 23 Carriers

| | Outside service | Plan website | Telephone | Other |
|----------------------------|-----------------|--------------|-----------|-------|
| Blue Cross Blue Shield | 19 | 86 | 88 | 4 |
| Humana | 12 | 60 | 82 | 10 |
| United | 12 | 61 | 78 | 2 |
| Aetna | 10 | 32 | 48 | 2 |
| Care Improvement Plus | 5 | 14 | 26 | 5 |
| Coventry | 4 | 11 | 14 | 0 |
| Healthnet | 2 | 2 | 6 | 5 |
| Today's Option | 2 | 3 | 6 | 0 |
| AARP | 3 | 5 | 2 | 1 |
| ADVANTRA | 1 | 1 | 13 | 0 |
| Pyramid Life | 0 | 4 | 8 | 0 |
| Wellcare | 3 | 4 | 4 | 1 |
| Connecticare | 2 | 5 | 6 | 0 |
| Essence | 1 | 5 | 5 | 0 |
| Windsor | 1 | 1 | 6 | 1 |
| Kaiser | 0 | 2 | 4 | 1 |
| Tricare | 0 | 3 | 6 | 0 |
| Advantage Health Solutions | 0 | 0 | 5 | 0 |
| Cigna | 2 | 2 | 1 | 1 |
| Health Spring | 0 | 3 | 3 | 0 |
| Priority Health | 0 | 4 | 2 | 0 |
| SCAN | 0 | 5 | 3 | 0 |
| UPMC For Life | 0 | 5 | 2 | 0 |

28. Have you had eligibility determination problems/errors with the plan?

| Answer Options | Yes | No | Response Count |
|--------------------------|--------|--------|----------------|
| Plan 1 | 79 | 118 | 197 |
| Plan 2 | 81 | 102 | 183 |
| Plan 3 | 71 | 84 | 155 |
| Plan 4 | 45 | 71 | 116 |
| Plan 5 | 35 | 55 | 90 |
| | 311 | 430 | 741 |
| | 41.97% | 58.03% | |
| <i>answered question</i> | | | 198 |
| <i>skipped question</i> | | | 12 |

Detail by Top 23 Carriers

| | Yes | No |
|----------------------------|-----|----|
| Blue Cross Blue Shield | 59 | 88 |
| Humana | 54 | 70 |
| United | 51 | 61 |
| Aetna | 29 | 42 |
| Care Improvement Plus | 15 | 19 |
| Coventry | 13 | 8 |
| Healthnet | 0 | 7 |
| Today's Option | 2 | 7 |
| AARP | 3 | 5 |
| ADVANTRA | 4 | 9 |
| Pyramid Life | 2 | 6 |
| Wellcare | 3 | 4 |
| Connecticare | 3 | 4 |
| Essence | 2 | 5 |
| Windsor | 1 | 6 |
| Kaiser | 1 | 5 |
| Tricare | 1 | 4 |
| Advantage Health Solutions | 4 | 1 |
| Cigna | 3 | 1 |
| Health Spring | 2 | 1 |
| Priority Health | 0 | 5 |
| SCAN | 3 | 2 |
| UPMC For Life | 2 | 3 |

29. Does the plan require pre-authorization for services to be provided and paid?

| Answer Options | Yes | No | Unknown | Response Count |
|--------------------------|--------|--------|---------|----------------|
| Plan 1 | 152 | 41 | 5 | 198 |
| Plan 2 | 145 | 37 | 3 | 185 |
| Plan 3 | 121 | 31 | 4 | 156 |
| Plan 4 | 94 | 20 | 3 | 117 |
| Plan 5 | 70 | 16 | 1 | 87 |
| | 582 | 145 | 16 | 743 |
| | 78.33% | 19.52% | 2.15% | |
| <i>answered question</i> | | | | 199 |
| <i>skipped question</i> | | | | 11 |

Detail by Top 23 Carriers

| | Yes | No | Unknown |
|----------------------------|-----|----|---------|
| Blue Cross Blue Shield | 97 | 47 | 3 |
| Humana | 96 | 28 | 4 |
| United | 93 | 18 | 2 |
| Aetna | 61 | 8 | 1 |
| Care Improvement Plus | 28 | 3 | 1 |
| Coventry | 13 | 7 | 1 |
| Healthnet | 4 | 10 | 0 |
| Today's Option | 4 | 5 | 0 |
| AARP | 7 | 1 | 0 |
| ADVANTRA | 12 | 1 | 0 |
| Pyramid Life | 6 | 2 | 0 |
| Wellcare | 7 | 0 | 0 |
| Connecticare | 7 | 0 | 0 |
| Essence | 6 | 1 | 0 |
| Windsor | 7 | 0 | 0 |
| Kaiser | 6 | 0 | 0 |
| Tricare | 5 | 1 | 0 |
| Advantage Health Solutions | 5 | 0 | 0 |
| Cigna | 4 | 0 | 1 |
| Health Spring | 2 | 1 | 0 |
| Priority Health | 4 | 1 | 0 |
| SCAN | 4 | 1 | 0 |
| UPMC For Life | 3 | 2 | 0 |

30. If the required pre-authorizations are not obtained, does the plan deny payment for services rendered?

| Answer Options | Yes | No | Unknown | Inapplicable | Response Count |
|--------------------------|--------|-------|---------|--------------|----------------|
| Plan 1 | 130 | 17 | 13 | 34 | 194 |
| Plan 2 | 126 | 14 | 13 | 26 | 179 |
| Plan 3 | 109 | 12 | 11 | 20 | 152 |
| Plan 4 | 83 | 10 | 6 | 14 | 113 |
| Plan 5 | 65 | 4 | 3 | 15 | 87 |
| | 513 | 57 | 46 | 109 | 725 |
| | 70.76% | 7.86% | 6.34% | 15.03% | |
| <i>answered question</i> | | | | | 197 |
| <i>skipped question</i> | | | | | 13 |

Detail by Top 23 Carriers

| | Yes | No | Unknown | Inapplicable |
|----------------------------|-----|----|---------|--------------|
| Blue Cross Blue Shield | 88 | 12 | 8 | 33 |
| Humana | 76 | 11 | 13 | 23 |
| United | 83 | 8 | 7 | 13 |
| Aetna | 55 | 3 | 4 | 7 |
| Care Improvement Plus | 25 | 3 | 2 | 3 |
| Coventry | 10 | 0 | 4 | 5 |
| Healthnet | 0 | 10 | 1 | 0 |
| Today's Option | 3 | 1 | 0 | 3 |
| AARP | 6 | 1 | 0 | 1 |
| ADVANTRA | 10 | 1 | 0 | 1 |
| Pyramid Life | 4 | 0 | 2 | 2 |
| Wellcare | 7 | 0 | 0 | 0 |
| Connecticare | 7 | 0 | 0 | 0 |
| Essence | 6 | 0 | 0 | 0 |
| Windsor | 6 | 1 | 0 | 1 |
| Kaiser | 4 | 2 | 0 | 0 |
| Tricare | 5 | 0 | 0 | 1 |
| Advantage Health Solutions | 4 | 0 | 0 | 0 |
| Cigna | 4 | 0 | 1 | 0 |
| Health Spring | 2 | 0 | 0 | 1 |
| Priority Health | 3 | 0 | 1 | 1 |
| SCAN | 4 | 1 | 0 | 0 |
| UPMC For Life | 3 | 0 | 0 | 2 |

31. If the plan requires a reauthorization of care periodically, at what frequency is reauthorization required?

| Answer Options | Every 10 days | Every 30 days | Every 60 days | Varies based on previous authorization | Other | Unknown | Not Applicable | Response Count |
|--------------------------|---------------|---------------|---------------|--|-------|---------|----------------|----------------|
| Plan 1 | 5 | 14 | 60 | 67 | 6 | 15 | 29 | 196 |
| Plan 2 | 6 | 10 | 50 | 68 | 4 | 14 | 27 | 179 |
| Plan 3 | 7 | 8 | 42 | 56 | 5 | 15 | 23 | 156 |
| Plan 4 | 7 | 7 | 33 | 42 | 3 | 7 | 18 | 117 |
| Plan 5 | 7 | 2 | 28 | 34 | 1 | 3 | 15 | 90 |
| | 32 | 41 | 213 | 267 | 19 | 54 | 112 | 738 |
| | 4.34% | 5.56% | 28.86% | 36.18% | 2.57% | 7.32% | 15.18% | |
| <i>answered question</i> | | | | | | | | 196 |
| <i>skipped question</i> | | | | | | | | 14 |

Detail by Top 23 Carriers

| | Every 10 days | Every 30 days | Every 60 days | Varies based on previous authorization | Other | Unknown | Not Applicable |
|----------------------------|---------------|---------------|---------------|--|-------|---------|----------------|
| Blue Cross Blue Shield | 4 | 7 | 26 | 52 | 7 | 9 | 40 |
| Humana | 1 | 7 | 56 | 30 | 1 | 9 | 20 |
| United | 5 | 11 | 32 | 41 | 1 | 11 | 10 |
| Aetna | 4 | 3 | 18 | 28 | 3 | 5 | 10 |
| Care Improvement Plus | 0 | 1 | 22 | 8 | 1 | 0 | 3 |
| Coventry | 1 | 0 | 4 | 8 | 2 | 1 | 3 |
| Healthnet | 0 | 0 | 1 | 0 | 9 | 0 | 1 |
| Today's Option | 0 | 0 | 2 | 1 | 0 | 1 | 4 |
| AARP | 0 | 0 | 1 | 5 | 0 | 0 | 2 |
| ADVANTRA | 1 | 1 | 2 | 4 | 1 | 2 | 1 |
| Pyramid Life | 0 | 0 | 6 | 0 | 0 | 1 | 1 |
| Wellcare | 1 | 0 | 1 | 4 | 0 | 1 | 0 |
| Connecticare | 0 | 2 | 1 | 4 | 0 | 0 | 0 |
| Essence | 0 | 0 | 2 | 5 | 0 | 0 | 0 |
| Windsor | 2 | 0 | 2 | 3 | 0 | 0 | 0 |
| Kaiser | 0 | 1 | 1 | 3 | 0 | 0 | 1 |
| Tricare | 0 | 0 | 1 | 4 | 0 | 1 | 0 |
| Advantage Health Solutions | 0 | 1 | 1 | 1 | 0 | 1 | 0 |
| Cigna | 0 | 0 | 1 | 3 | 0 | 1 | 0 |
| Health Spring | 0 | 0 | 0 | 2 | 0 | 0 | 1 |
| Priority Health | 0 | 0 | 1 | 2 | 1 | 0 | 1 |
| SCAN | 0 | 0 | 2 | 2 | 0 | 0 | 1 |
| UPMC For Life | 1 | 0 | 0 | 2 | 0 | 0 | 2 |

32. Does the plan permit retroactive authorizations?

| Answer Options | Yes | No | Sometimes | Unknown | Not applicable | Response Count |
|--------------------------|--------|--------|-----------|---------|----------------|----------------|
| Plan 1 | 33 | 66 | 47 | 25 | 25 | 196 |
| Plan 2 | 21 | 75 | 36 | 25 | 24 | 181 |
| Plan 3 | 20 | 62 | 29 | 24 | 19 | 154 |
| Plan 4 | 9 | 57 | 25 | 12 | 13 | 116 |
| Plan 5 | 8 | 41 | 16 | 12 | 13 | 90 |
| | 91 | 301 | 153 | 98 | 94 | 737 |
| | 12.35% | 40.84% | 20.76% | 13.30% | 12.75% | |
| <i>answered question</i> | | | | | | 199 |
| <i>skipped question</i> | | | | | | 11 |

Detail by Top 23 Carriers

| | Yes | No | Sometimes | Unknown | Not applicable |
|----------------------------|-----|----|-----------|---------|----------------|
| Blue Cross Blue Shield | 18 | 50 | 29 | 14 | 33 |
| Humana | 19 | 41 | 24 | 22 | 20 |
| United | 9 | 58 | 20 | 15 | 8 |
| Aetna | 9 | 32 | 10 | 11 | 7 |
| Care Improvement Plus | 6 | 13 | 8 | 6 | 2 |
| Coventry | 2 | 7 | 2 | 6 | 4 |
| Healthnet | 0 | 0 | 7 | 4 | 0 |
| Today's Option | 0 | 2 | 0 | 2 | 4 |
| AARP | 1 | 4 | 3 | 0 | 0 |
| ADVANTRA | 2 | 9 | 1 | 0 | 1 |
| Pyramid Life | 0 | 1 | 2 | 3 | 2 |
| Wellcare | 0 | 5 | 1 | 1 | 0 |
| Connecticare | 1 | 3 | 3 | 0 | 0 |
| Essence | 2 | 4 | 1 | 0 | 0 |
| Windsor | 0 | 3 | 3 | 0 | 1 |
| Kaiser | 2 | 3 | 1 | 0 | 0 |
| Tricare | 0 | 0 | 3 | 3 | 0 |
| Advantage Health Solutions | 1 | 3 | 1 | 0 | 0 |
| Cigna | 0 | 0 | 4 | 1 | 0 |
| Health Spring | 0 | 0 | 2 | 0 | 1 |
| Priority Health | 0 | 3 | 2 | 0 | 0 |
| SCAN | 2 | 3 | 0 | 0 | 0 |
| UPMC For Life | 0 | 2 | 1 | 0 | 2 |

33. What is the nature of the authorization process?

| Answer Options | Automated (secure web-base) | Fax | Mail | Telephone | Other | Unknown | Not applicable | Response Count |
|--------------------------|-----------------------------|--------|-------|-----------|-------|---------|----------------|----------------|
| Plan 1 | 51 | 63 | 5 | 111 | 7 | 7 | 17 | 261 |
| Plan 2 | 38 | 72 | 6 | 99 | 4 | 4 | 20 | 243 |
| Plan 3 | 27 | 62 | 5 | 86 | 4 | 4 | 16 | 204 |
| Plan 4 | 23 | 44 | 4 | 68 | 3 | 2 | 8 | 152 |
| Plan 5 | 15 | 33 | 2 | 51 | 3 | 1 | 12 | 117 |
| | 154 | 274 | 22 | 415 | 21 | 18 | 73 | 977 |
| | 15.76% | 28.05% | 2.25% | 42.48% | 2.15% | 1.84% | 7.47% | |
| <i>answered question</i> | | | | | | | | 198 |
| <i>skipped question</i> | | | | | | | | 12 |

Detail by Top 23 Carriers

| | Automated (secure web-base) | Fax | Mail | Telephone | Other | Unknown | Not applicable |
|----------------------------|-----------------------------|-----|------|-----------|-------|---------|----------------|
| Blue Cross Blue Shield | 30 | 50 | 2 | 66 | 5 | 2 | 26 |
| Humana | 24 | 23 | 3 | 80 | 3 | 5 | 12 |
| United | 35 | 37 | 5 | 65 | 3 | 2 | 9 |
| Aetna | 14 | 30 | 1 | 46 | 3 | 2 | 4 |
| Care Improvement Plus | 2 | 21 | 0 | 22 | 0 | 0 | 1 |
| Coventry | 2 | 5 | 0 | 10 | 0 | 1 | 6 |
| Healthnet | 0 | 1 | 8 | 0 | 7 | 0 | 0 |
| Today's Option | 0 | 1 | 0 | 2 | 0 | 1 | 4 |
| AARP | 1 | 2 | 2 | 4 | 2 | 0 | 0 |
| ADVANTRA | 1 | 3 | 0 | 11 | 0 | 0 | 1 |
| Pyramid Life | 0 | 2 | 0 | 4 | 0 | 0 | 2 |
| Wellcare | 2 | 5 | 0 | 5 | 0 | 0 | 0 |
| Connecticare | 2 | 2 | 1 | 6 | 0 | 0 | 0 |
| Essence | 1 | 3 | 0 | 5 | 0 | 0 | 0 |
| Windsor | 2 | 4 | 1 | 4 | 0 | 0 | 0 |
| Kaiser | 0 | 4 | 0 | 5 | 0 | 0 | 0 |
| Tricare | 0 | 3 | 0 | 4 | 0 | 0 | 0 |
| Advantage Health Solutions | 0 | 2 | 0 | 4 | 0 | 0 | 0 |
| Cigna | 3 | 3 | 0 | 1 | 1 | 1 | 0 |
| Health Spring | 1 | 2 | 1 | 1 | 0 | 0 | 0 |
| Priority Health | 1 | 3 | 0 | 2 | 0 | 0 | 0 |
| SCAN | 1 | 5 | 0 | 3 | 0 | 0 | 0 |
| UPMC For Life | 3 | 0 | 0 | 0 | 0 | 0 | 2 |

34. As a final question, do you have any concerns about the plan that you wish to convey?

| Answer Options | Response Percent | Response Count |
|----------------|--------------------------|----------------|
| Plan 1 | 80.9% | 93 |
| Plan 2 | 61.7% | 71 |
| Plan 3 | 53.0% | 61 |
| Plan 4 | 31.3% | 36 |
| Plan 5 | 31.3% | 36 |
| | | 297 |
| | <i>answered question</i> | 115 |
| | <i>skipped question</i> | 95 |

| | |
|---------------|---|
| AARP Complete | works well with our agency |
| Advantage | Payments are often not processed or errors with billing are not communicated, insurance company communicates claims have been paid; however, checks are never received and follow up is very difficult and very time consuming. |
| ADVANTRA | REQUIRES AUTH FOR HHA ONLY WHICH IS STUPID WHEN YOU BILL EPISODES |
| Aetna | 2% depends on the plan: some yes - some no, and changing July 1 to HIPPS codes for all |
| Aetna | 20% Penalty for Retro-Auth |
| Aetna | Aetna will only approve authorization for 2 weeks at a time but more importantly will not approve auth requests officially for days to a week after the initial request. This creates a major hold up in how services are delivered and can interrupt care. |
| Aetna | and ignorance of plan participants |
| Aetna | Authorization requirements |
| Aetna | decent, but slow payer |
| Aetna | Denying due to auth. but we have auth. |
| Aetna | doesn't get the payments correct a lot of times requiring a lot of phone follow-up |
| Aetna | MA Plans should allow for NO DEDUCTIBLE as against CMS regs for Home Health benefit |
| Aetna | Managed by 3rd party, authorization delays, denials for auth |
| Aetna | N/A |
| Aetna | na |
| Aetna | No |
| Aetna | No concern. |
| Aetna | none |
| Aetna | non-responsive to provider relations issues |
| Aetna | Not a PPO provider so they want us to accept a contractual discount which is below our costs to provide care |
| Aetna | Payment is extremely untimely. |
| Aetna | payment schedule, current SNV rate is approx \$9/15min increment. Doesn't begin to meet costs. |
| Aetna | Preauth cumbersome, plan rep and nurse involved |
| Aetna | Pricer they use often doesn't match our system or CMS pricer |
| Aetna | RATES ARE TOO LOW |
| Aetna | Reimbursement rates low |

| | |
|----------------------------|---|
| Aetna | Too many plans, too many inconsistent rules for payment |
| Aetna | Very time consuming |
| Aetna | Would like episodic; every plan can have a diff. co-pay |
| Americhoice Secure Plus | Too many plans, too many inconsistent rules for payment |
| Amerigroup | Authorization is extremely difficult to obtain in a timely manner |
| Amerigroup | No concern. |
| Amerivantag e | Claims pocess not clearly defined |
| Atrio | none |
| ATRIO | Timliness with Blue Cross - United Health care |
| Blue Cross Blue Shield | Annual contract rates frozen; would like episodic method |
| Blue Cross Blue Shield | Annual contract rates frozen; would like episodic method |
| Blue Cross Blue Shield | Anthem most of the time will pay RAP, but not always consistent. |
| Blue Cross Blue Shield | Authorization frequently slow process and pt. doesn't get care while waiting for it. |
| Blue Cross Blue Shield | Authorization is extremely difficult to obtain in a timely manner |
| Blue Cross Blue Shield | Bill Rapp only receive final |
| Blue Cross Blue Shield | BLUE CROSS IS VERY HARD TO GET A HOLD OF A PERSON TO SPEAK WITH TO GET THE CORRECT INFORMATION YOU NEED VERY TIME CONSUMING |
| Blue Cross Blue Shield | Claims pocess not clearly defined |
| Blue Cross Blue Shield | Conflicting stance on F2F - sometimes yes, sometimes no |
| Blue Cross Blue Shield | delays in processing auths when patient needs care |
| Blue Cross Blue Shield | Difficult to obtain auth timely |
| Blue Cross Blue Shield | Difficult to obtaiin auth timely |
| Blue Cross Blue Shield | do not like to work with this group |
| Blue Cross Blue Shield | doesn't get the payments correct a lot of times requiring a lot of phone follow-up |
| Blue Cross Blue Shield | eliminate the billing code discrepancies between local and out of state plans, it severely delays payment |
| Blue Cross Blue Shield | Extremely low rates |
| Blue Cross Blue Shield | Inconsistent RAP requirement |
| Blue Cross Blue Shield | initial denial of claims is the norm |

| | |
|---------------------------|--|
| Blue Cross Blue Shield | Low reimbursement well below costs, not willing to renegotiate rates, high proliferation in our region, patients at risk for going without care, agencies at risk, still requires Medicare OASIS, satisfaction & clinical outcomes measured but not considered in reimbursement model, acuity not considered in reimbursement model, better payment timeliness; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission |
| Blue Cross Blue Shield | MA Plans should not require burdensome PA Process |
| Blue Cross Blue Shield | multiple system issues with claims processing |
| Blue Cross Blue Shield | N/A |
| Blue Cross Blue Shield | N/A |
| Blue Cross Blue Shield | na |
| Blue Cross Blue Shield | no |
| Blue Cross Blue Shield | no |
| Blue Cross Blue Shield | no |
| Blue Cross Blue Shield | No written confirmation of authorization obtained |
| Blue Cross Blue Shield | none |
| Blue Cross Blue Shield | none |
| Blue Cross Blue Shield | none |
| Blue Cross Blue Shield | none |
| Blue Cross Blue Shield | Paying incorrect rates in 2014. Unable to fix at this time. |
| Blue Cross Blue Shield | Per visit rate is 50% below cost of providing services. |
| Blue Cross Blue Shield | post payment audit worse than medicare deny based on supply codes |
| Blue Cross Blue Shield | Rates |
| Blue Cross Blue Shield | RATES ARE TOO LOW |
| Blue Cross Blue Shield | Reimburses less than Medicare |
| Blue Cross Blue Shield | slow payer no consistency |

| | |
|------------------------------|--|
| Blue Cross Blue Shield | TERRIBLE TO WORK WITH |
| Blue Cross Blue Shield | There has been Rate issues in 2014-unresolved |
| Blue Cross Blue Shield | This plan requirements are very strict, no payment for months, although we are finally getting to that stage. |
| Blue Cross Blue Shield | Too many plans, too many inconsistent rules for payment |
| Blue Cross Blue Shield | VERY LOW REIMBURSEMENT |
| Blue Cross Blue Shield | VERY LOW REIMBURSEMENT |
| Blue Cross Blue Shield | Very time consuming |
| Blue Cross Blue Shield | Why can't we have contract if other agency has but they do not provide services in out territory? |
| Brand New Day | We've signed the contract but they hare delaying orienting us to their protocols |
| Bravo | Authorization requirements |
| Bravo Elderhealth | very minimal volume |
| Care Imp Plus | very poor service to pt and home care agency |
| Care Improvemen t | requires signed 485 and F2F before authorizing subsequent episodes |
| Care Improvemen t Plus | CIP has greatly improved over the years. |
| Care Improvemen t Plus | CIP is not accepting contracts with providers and can not tell you when they will. We have several patients that we had to transfer to another in network HHA because of their 50% CoInsurance. This is a big concern in our very competitive market. In addition when they process a claim 95% of the time it is not processed correctly and I wind up having to appeal eventhough I show them the print out the HHA pricer that CMSs put out. Why do they have so much trouble processing the claims with the right payment amount. Another concern is that when you call to follow up on anything the average time on the phone is 45 min to an hour. Considering that you have problems with most of their claims I find myself spending the majority of my time on the phone with them. |
| Care Improvemen t Plus | CIP pays 75% od episodic reimbursment; challenging prior auth process where reviewers request clinical summaries but refuse to accept OASIS because documentation is too extensive. This is labor intensive for clinical staff to duplicate documentation to meet prior auth requests to receive approval for home care |
| Care Improvemen t Plus | Customer service is very poor |
| Care Improvemen | Delayed payments |

| | |
|-----------------------|---|
| t Plus | |
| Care Improvement Plus | Difficult to work with, no return calls |
| Care Improvement Plus | doesn't get the payments correct a lot of times requiring a lot of phone follow-up |
| Care Improvement Plus | Extremely hard to work with regarding getting payment and then having payment taken back at a much later date due to no known issue with claims |
| Care Improvement Plus | Insurance case manager requests labs and doctor report determined by their own whim |
| Care Improvement Plus | Insurance Rep told patients that it is just like traditional Medicare and pays just like traditional Medicare then patient found out it has to be a preferred provider, and now pays 60/40 since we are not, patient stated it was our fault because we were told to bill like Medicare, won't contract because reimbursement is less than our costs to provide service, we are small and rural and they want us to take a 40% discount |
| Care Improvement Plus | limiting services |
| Care Improvement Plus | Low reimbursement and no coverage for medical supplies |
| Care improvement plus | no |
| Care Improvement Plus | No |
| care improvement plus | They deduct 20% off the PPS rate payment amount. |
| Care Improvement Plus | This company tends to lose claims frequently causing the provider to have to re-file numerous times |
| Care Improvement Plus | This insurance will not pay, when they did, they would turn around and take the money back. We no longer accept this insurance. We lost reimbursed. We are thinking about reporting them to the insurance commissioner. I have spoken with other health agencies, they have experienced similiar problems. |
| CareCentrix | auth process very cumbersome and confusing. Auths cancel retroactively. Most difficult we deal with. They are a 3rd party processing for CIGNA and some other smaller plans. |
| Carecentrix | low rates. Only take them to get the Medicare business. An end to the means |
| Caremore | no |
| Cigna | Annual contract rates frozen; would like episodic method |
| Cigna | Very poor claims reconsideration |

| | |
|-------------------------------------|---|
| CIP | limited in visits they cover,have to wait to get visits approved when the patient needs to get care started |
| Community Health Plan Of Washington | Time we are having to wait for prior authorization causes lapse in care for our patients. These plans follow Medicare guidelines and we have to see the patient withint 48 hours of accepting the referral but this plan can take up to 14 days to give us a determination for authorization. |
| Connect Care | Issue checks-not really-never cashed- need to wait another 45 days for payment- which is 180 days |
| Connecticare | retro auth is rare but we do get it sometimes |
| Connecticare Medicare Advantage | none |
| Coventry | Coventry continues to give us conflicting and/or incorrect information. We continually fight for payments and when payments are received they are rarely correct. |
| Coventry | Coventry pays less than medicaid, won't pay for supplies and gets angry if a patient cannot be accepted. |
| Coventry | Don't understand episodic payment system |
| Coventry | Low reimbursement and no coverage for medical supplies |
| Coventry | Payment per visit, should pay episode just like traditional |
| Coventry | RATES ARE TOO LOW |
| Coventry | Reimbursement rates low |
| Coventry | slow payer no consistency |
| Coventry | Trouble getting claim paid even with resubmission and calling for assist |
| Erickson Advantage | None at the moment |
| Essence | difficult to obtain auth, visit rates low |
| Essence | Extremely concerned about under-utilization! |
| Essence | Hard to get PCP to get auth sometime done through their office or if the PCP doesn't match the ordering home health physician |
| Essence | Our home care agency has to subsidize costs associated with MA's with margins from traditional PPS patients. As you can see, with our agency and it's payer mix, MCR reductions continue to negatively impact our agency. |
| ESSENSE | NEED TO BILL IN EPISODE, ALL ADVANTAGE PLANS NEED TO BE A LIKE |
| First Advantage | Reimburses less, too long, and scrutiny for documentation request |
| Geisinger Gold | none |
| Geisinger Gold | Rates are not updated annually |
| Generations Advantage | They seem to struggle whenever there is a change |
| Health Alliance | Insurance Customer Service Rep doesn't always understand how Homecare is billed and should be "like traditional Medicare", claims always in review or reject first time then have to resubmit |
| Health Spring | This company seems to drag out claim re-imbursments as long as possible and has a lack of communication to provider for any status updates |

| | |
|----------------------|---|
| Health Springs/Cigna | Pays well. |
| Healthnet | low rates. Only take them to get the Medicare business. An end to the means |
| Healthnet | No |
| Healthnet | no |
| Healthnet | Payment schedule very difficult for software. Pay the lesser of the PPS rate or the billed charges. |
| Healthnet | Rates |
| Healthnet | stop requiring providers to work with Care Centrix for your patients |
| Healthnet | VERY LOW REIMBURSEMENT |
| Healthnet | Visits are are difficult to get authorization |
| HealthSpring | delays in processing auths when patient needs care |
| Humana | All MA payment structures need to change - it is killing homecare agencies! |
| Humana | Awful at reimbursement - not familiar with Homecare, states incorrect info regarding Medicare Advantage Plans, say they follow Medicare guidelines but then billing issues and say different because of contract, spend hours on phone trying to resolve issues, now they tell us because we are contracted, we need to bill line item like traditional insurance, never get told the same info |
| Humana | Best plan to work with, very easy to bill for the most part and they pay like Medicare. |
| Humana | Bill Rapp only receive final |
| Humana | Claim follow up is very time consuming and most paid claims are accompanied by additional documentation request. |
| Humana | concern is with lack of consistency between plans (confusion) |
| Humana | Customer service is very poor |
| Humana | Deny Claims for various reasons to prolong payment |
| Humana | Do not understand episodic reimbursement and do not understand English |
| Humana | Doesn't understand billing like Medicare |
| Humana | Don't understand episodic payment system |
| Humana | EASY TO WORK WITH |
| Humana | Humana |
| Humana | Humana is a mess - they pay a contracted rate less than Medicare and are no longer honoring that rate by taking out a 2% sequestration on top of that |
| Humana | Humana is cancelling contracts |
| Humana | Humana is extremely slow at paying claims, never receive RAP payment, so therefore have to wait til end of episode. |
| Humana | Humana is slow to pay accurately, requiring several follow-up calls and emails to assure accurate episodic payment is received |
| Humana | Humana is the main company that continues to serve our area. LUPAS are not as easily handled as with regular Medicare as we are paid by check through Humana. We are much more pleased with Humana than with the old United Health Care or BCBS Medicare Advantage. |
| Humana | Humana medicare replacement has been the easiest to work with so far. They have paid according to the Medicare PPS rates and so far we have not had any trouble with them. |
| Humana | Humana NEVER gets the episodic payment right. They takeback RAP payments based on the Medicare final claim billing timeframes. Then the short pay the final claims the amount of the RAP. The pricer they use often doesn't match our system or CMS pricers. |

| | |
|--------|---|
| | Ensuring correct payment from Humana is very time consuming. |
| Humana | Humana's web site is easy to navigate |
| Humana | Inconsistent claim process and payment |
| Humana | Low reimbursement and no coverage for medical supplies |
| Humana | MA Plans should be required to pay Federal Levels |
| Humana | Managed by 3rd party, authorization delays, denials for auth |
| Humana | multiple system issues with claims processing |
| Humana | N/A |
| Humana | No |
| Humana | No |
| Humana | no |
| Humana | none |
| Humana | none |
| Humana | not able to determine how many visits will be reimbursed from patient to patient, sometimes they pay sometimes they do not, saying visits limited. |
| Humana | not consistent in payment methodologies- will pay full hhr amount and then mass recoupments |
| Humana | Paying incorrect rates. |
| HUMANA | PAYMENT DELAYS, TRADITIONAL MEDICARE PAYS IN 14 DAYS, WE HAVE MOST CLAIMS TAKE UP TO 90 DAYS TO PAY. NO REPRESENTATIVE AVAILABLE TO TALK WITH FOR HOMECARE CLAIMS. |
| Humana | post payment audit worse than medicare deny based on supply codes |
| Humana | Process is very time consuming |
| Humana | RAP payments are not taken back, typically the final is the net amount left to be reimbursed. Difficult to track. |
| Humana | Rates are not updated annually |
| Humana | Rates exceedingly low. Unable to renegotiate. |
| Humana | recently they began taking money back on the technicality of inaccurate coding/missing data which we are fighting |
| Humana | Reimburses less than Medicare |
| Humana | Requiring submission of a lot of charts for review, doesn't get the payments correct a lot of times requiring a lot of phone follow-up |
| Humana | slow payer no consistency |
| Humana | Slow reimbursement; many different types of MAP plans, difficult to determine which one patient uses & if we are contracted with their version of Human; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission |
| Humana | there is no consistency in what an agency is told when calling about authorization, some say don't need it, some don't know what you're talking about and can't refer you to correct person, usually told "just handle it like you would traditional medicare"., then get refused payment for documentation that is there and submitted to them, have had to submit same documentation several times then appeal denial and won appeal. If you call they say will call in 3 days which does not happen so you keep calling, very difficult to get help from |
| Humana | This company is always looking for ways to get a refund from you, even after you have obtained the necessary authorization and serviced their patients. |
| Humana | This company tends to not convey to the provider every needed item for the claim to be |

| | |
|--------------------------|--|
| | paid; therefore, it requires several submissions to get anywhere |
| Humana | This insurance is similiar to Care Improvement Plus. We are still accepting, but we have problems with reimbursement. If this continues, we will no longer accept this insurance. I have spoken to other health agencies, some no longer accept this insurance. |
| Humana | To have a more reliable way of knowing if episodic or per visit reimb |
| Humana | To have a more reliable way of knowing if the plan is episodic or per visit reimb |
| Humana | VERY LOW REIMBURSEMENT |
| Humana | Very time consuming for benefits and auth |
| Humana | We take Humana as little as possible as the overhead to collect is tremendous and they do not have customer service for providers to speak of. |
| Humana | works well with our agency |
| Humana | Yes |
| Kaiser | no |
| Kaiser | Plan gets all the money and we get paid low LUPA rates and have all the problems of getting paid! |
| KAiser | RAtes |
| Lovelace Senior Plan | Lovelace recently lost its contracting partner, so dealing with them is now on a case-to-case basis and is a hassle |
| Medical Mutual | na |
| MEDICARE COMPLETE | NEED TO BILL EPISODE, ALL ADVANTAGE PLANS NEED TO BE A LIKE |
| MEdigold | Only pays 65% of Episode rate |
| Medipak advantage | no |
| Medipak Advantage | Pays well. |
| Molina | Claims pcess not clearly defined |
| Molina | Plan gets all the money and we get paid low LUPA rates and have all the problems of getting paid! |
| Molina | Unfair Auth process designed to not pay providers by slow auth processing |
| MVP | Recently did mass system-based adjustment and recouped large sum - appears to be do to switch from episodic to visit based payment |
| Neighborhood | Pay in a timely fashion |
| PHCN | Visits are are difficult to get authorization |
| Presbyterian Senior Plan | Pres does an excellent job and web site is good |
| Priority Health | None |
| Pyramid Life | Delayed payments |
| Pyramid Life | I didn't list Humana because we stop taking there pts due to non payment of claims. They owe us back to 2010 and we have been fighting it for a year. We had authorizations and provided the service and they said they would pay us but to date we are still owed \$104,000.00. |
| Rhody | Do not switch patient plans monthly |

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| RMHP (special federal FFS program) | Yes, everything is in flux and we don't know from day to day what to expect. |
| SCAN | do not require us to Bill RAP & FC when you are paying per visit and delaying payment until the FC is submitted. |
| Today's Option | slow payer no consistency |
| Today's Option | Slow reimbursement; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission |
| Tricare | No |
| Tricare | very minimal volume |
| Tufts Medicare Preferred | Rates are too low and not episodic |
| United | Always difficult to get payment |
| United | As of Feb 1 plan does not require pre auth for 1st 60 day episode process is ver time consuming |
| United | Authorization process is different from online and telephone. Less information is needed via telephone. Do not always understand our requests for units, which is based on our contracted rates and codes used for billing. |
| United | Authorization requirements |
| United | BCBS DOES NOT PAY FAST ENOUGH-RATES ARE TOO LOW |
| United | Claims pcess not clearly defined/different from member to member |
| United | Cost reports may suggest to CMS that home care have margins in th 10% to 15% range, but when you figure in our loses from the MA's margins drop to 0.5% to 1% if that. |
| United | DEPENDS ON THE PLAN HOW THEY WORK |
| United | difficult to obtain payment if everything not perfect |
| United | Do not use every trick to not pay |
| United | doesn't get the payments correct a lot of times requiring a lot of phone follow-up |
| United | Don't understand episodic payment system |
| United | If verification of insurance systems are not updated timely; we may bill Medicare and be referred to a Medicare Advantage Plan only to find out that prior authorization is required and/or we have exceeded timely filing because they require within 60 to 90 days. This is the same for all. Why would they update their census base timely?!!! |
| United | Low reimbursement and no coverage for medical supplies |
| United | Low reimbursement well below costs, not willing to negotiate contract, high proliferation in our region, patients at risk for going without care, agency assuming unsustainable loss as a result, still requires Medicare mandated OASIS, results (satisfaction & clinical outcomes) measured but not considered in reimbursement model, acuity not considered in reimbursement model; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission |
| United | Lower of Medicare rate or charge results to 5% lower net revenue |
| United | New authorization policy is confusing. |
| United | No |

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| United | no |
| United | No concern. |
| United | payment is quite slow |
| United | Previous to 2013, they had co-payment and patients refused services |
| United | Rates are not updated annually |
| United | RATES ARE TOO LOW |
| United | Rates exceedingly low. Unable to renegotiate. |
| United | Remove the 3 to 5 advance notification requirement on some policies as this is not realistic for continuity of care from hospital to home |
| United | same as above |
| United | slow & no pay |
| United | slow payer no consistency |
| United | supplies are included in per visit rates, and are inadequate reimbursement |
| United | The time we are waiting for authorization causes lapse in care for our patients. No retro auth and claims must be submitted within 90 days of discharge. I also have problems getting accurate benefits for the plans. Often claims are denied even when billing per billing instructions given by provider rep. |
| United | They deduct for administration fees, co-pays, etc. |
| United | Timeliness of Payment Receipt/Difficult Verification Process |
| United | Timely payment, retro PAs not allowed, and per visit rate is 50% below cost of providing services. |
| United | Too many plans, too many inconsistent rules for payment |
| United | Too many plans, too many inconsistent rules for payment |
| United | too many types of plans with different deductables, patients didn't realize they were switched from Traditional to Medicare Advantage, State of IL switched everyone Feb. 2014, created increased calls and labor to dc off traditional and readmit with new payer |
| United | UHC is freezing its homecare network |
| United | United has issues with the RAP recoupment process. It is very inefficient. |
| United | United Healthcare is new to our agency. We do not have a contract with them and have just began to receive patients with their medicare replacement plan. But we are given conflicting information regarding benefits/elig every time we call them. I haven't received payments yet, so not sure how that will go. |
| United | Very difficult to work with, claim processing is not consistent |
| United | Very difficult to work with, claim processing is not consistent |
| United | Very low payment rates - well below the cost of doing the visits. |
| United | VERY LOW REIMBURSEMENT |
| United | Very time consuming |
| United | Will not negotiate rates. Rates are 8 years old & <LUPA |
| United | will only do 2 days retro regardless of the issue |
| United | works well with our agency |
| United | Yes |
| Univita | Changes auths, loses auths, deletes auths |
| UPMC Advantage | Occasional website/billing issues |
| UPMC For Life | Difficulty getting visits authorized for acutely ill patients with a chronic illness |

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|---------------|--|
| UPMC for Life | N/A |
| UPMC for Life | Occasional website/billing issues |
| Wellcare | Authorization process is slow and claims process cumbersome |
| Wellcare | Have not received a payment from this company even though we have obtained an authorization for one of their members. Have gone back and forth arguing with payments with this company. I would not recommend servicing their members if you are an out of network provider. |
| Wellcare | Managed by 3rd party, authorization delays, denials for auth |
| Wellcare | Pricer they use often doesn't match our system or CMS pricer |
| Wellcare | Wellcare is our most difficult plan we deal with. Issues with claims processing. |
| Wellpath | Low reimbursement well below costs, not willing to renegotiate rates, still requires Medicare OASIS, satisfaction & clinical outcomes measured but not considered in reimbursement model, acuity not considered in reimbursement model, better timeliness of payment; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission; they reap the benefit of an accredited agency with deemed status yet do their own payment audits which take an inordinate amount of time for document submission |
| Windsor | limited visits, poor payment system- unable to get an straight answer to correct bill |
| Windsor | Rates exceedingly low. Unable to renegotiate. |
| Windsor | request HH 10 and recert information in 5 work day window have trouble getting authorization. |
| Windsor | slow or no pay |
| Windsor | Very low volume |