



## Pre-Service Authorization

*An independent HealthLeaders Media survey supported by*





## Methodology

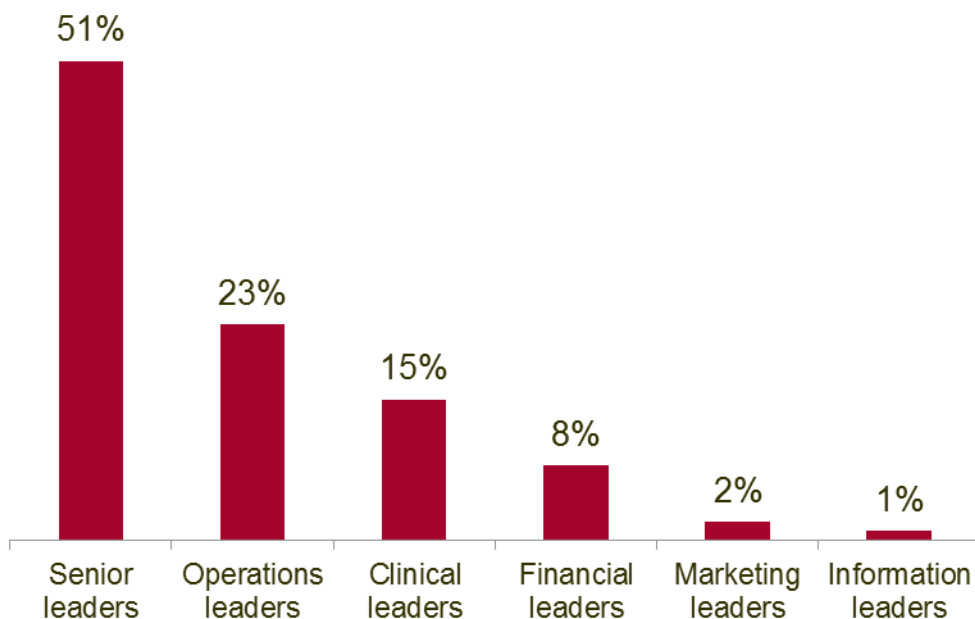
- A three-question survey on pre-service authorization was sent to members of the HealthLeaders Media Council in June 2016
- The HealthLeaders Media Council comprises executives from healthcare provider organizations who collectively deliver the most unbiased industry intelligence available
- A total of 158 completed surveys are included in the analysis.
- The margin of error for a base of 158 is +/-7.8% at the 95% confidence interval



# Respondent Profile



## Respondent Profile – Title



Base = 158

### Senior leaders

CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer, Chief Nursing Officer, Chief Medical Information Officer

### Clinical leaders

Chief of Cardiology, Chief of Neurology, Chief of Oncology, Chief of Orthopedics, Chief of Radiology, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Inpatient Services, Dir. of Intensive Care Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/Perioperative Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD), VP Nursing

### Operations leaders

Chief Compliance Officer, Chief Purchasing Officer, Asst. Administrator, Chief Counsel, Dir. of Patient Safety, Dir. of Purchasing, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/Administration, Other VP

### Financial leaders

VP/Dir. Finance, HIM Director, Director of Case Management, Director of Patient Financial Services, Director of RAC, Director of Reimbursement, Director of Revenue Cycle

### Marketing leaders

VP/Dir. Marketing/Sales, VP/Dir. Media Relations

### Information leaders

Chief Technology Officer, VP/Dir. Technology/MIS/IT



## Respondent Profile – Employment

*Which of the following best describes your place of employment?*

	Percent
Hospital	34%
Health system	28%
Physician org	20%
Health plan/insurer	6%
Long-term care/SNF	5%
Ancillary, allied provider	4%
Government, education/academic	2%

**Base = 158**



## Respondent Profile – Size of Organization

Number of beds

	Percent
1–199	51%
200–499	32%
500+	17%
Base = 53 (hospitals)	

Number of sites

	Percent
1–5	24%
6–20	27%
21–49	49%
Base = 45 (health systems)	

Number of physicians

	Percent
1–9	38%
10–49	31%
50+	31%
Base = 32 (physician orgs)	



## Respondent Profile – Type of Organization

*Which best describes your type of organization?*



Base = 158



# Survey Results



## Pain Points for Pre-Service Authorization

*Rank order the following pre-service authorization pain points for your organization, with 1 being the most painful and 5 being the least painful:*

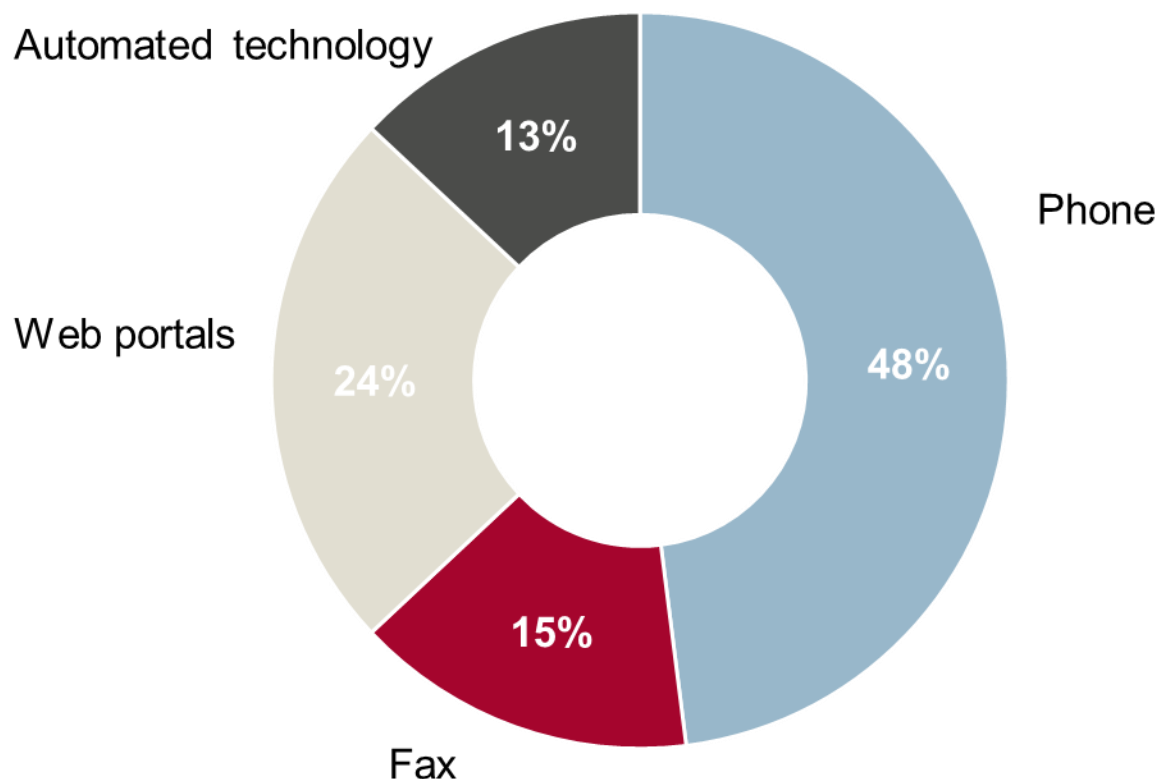
	1st ranked choice	2nd ranked choice	3rd ranked choice	4th ranked choice	5th ranked choice
Pre-service authorization cost in time and resources	38%	22%	22%	10%	10%
Care delays/risk to patients	23%	29%	21%	18%	10%
Up-to-date/complete understanding of payer-specific authorization policies	18%	21%	28%	21%	12%
Claim denial risk	17%	20%	19%	26%	17%
Loss of physician goodwill/referrals	7%	11%	13%	22%	48%

Base = 158



## Pre-Service Authorization Methods Currently Used

*Approximately what percentage of your current process for pre-service authorization screening and verification are completed by:*

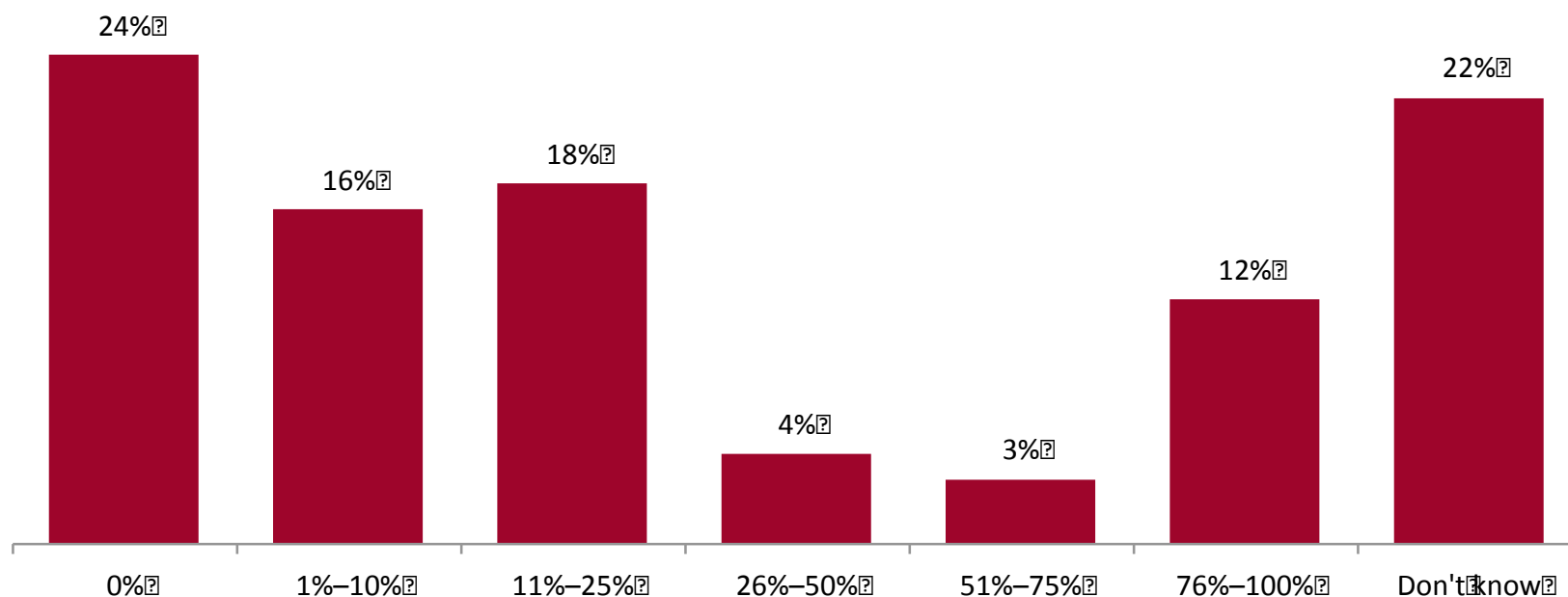


Base = 158



## Percent of Caseloads With Concierge-Style Authorization

*For approximately what percentage of your caseload are you currently doing concierge-style management of authorization submission activities for your admitting physicians?*



Base = 158