

ACEP FAIR COVERAGE POLL RESEARCH RESULTS

Prepared For:

American College of Emergency Physicians



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625 North Washington Street, Suite 450
Alexandria, VA 22314
800.644.6646 *toll free*
703.739.1000 *telephone*
703.549.6057 *fax*
www.MarketingGeneral.com

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Project Background

ACEP was interested in conducting a short polling survey with its member physicians to understand the impact the Affordable Care Act (ACA) has had on the ability of patients with medical insurance to pay out of pocket and/or out of network costs. This online survey will consist of approximately 20-25 closed-ended questions and will provide ACEP with an understanding of the impact of ACA on health care costs.

Research Methodology

Marketing General Incorporated (MGI) sent invitations to participate in the poll on April 4, 2016, to a list of 28,657 current ACEP members.

Of the 28,657 email invitations sent, 1,083 emails bounced or failed to send, resulting in a net total of 27,574 invitations sent. To boost response rates, MGI sent reminder emails to non-responders and non-completers on April 6 and April 11.

The poll officially closed on April 12 at 8 AM EDT. A total of 1,924 responses were completed, providing a response rate of approximately 7%* and a margin of error of +/- 2.2%. The margin of error, or standard of error, is a statistical term used to measure the random fluctuations inherent in samples—the smaller the standard of error, the more accurate the measurement of the population or universe.

This study's significance level of .05 carries with it a 95 percent confidence interval. The confidence interval is established as the likelihood that the same results would be achieved in a similar study, meaning that if we were to conduct this study 100 times, then the same results plus or minus the margin of error (2.2%) would occur 95 out of 100 times.

* Typically, we see an 8% response rate for ACEP polls.

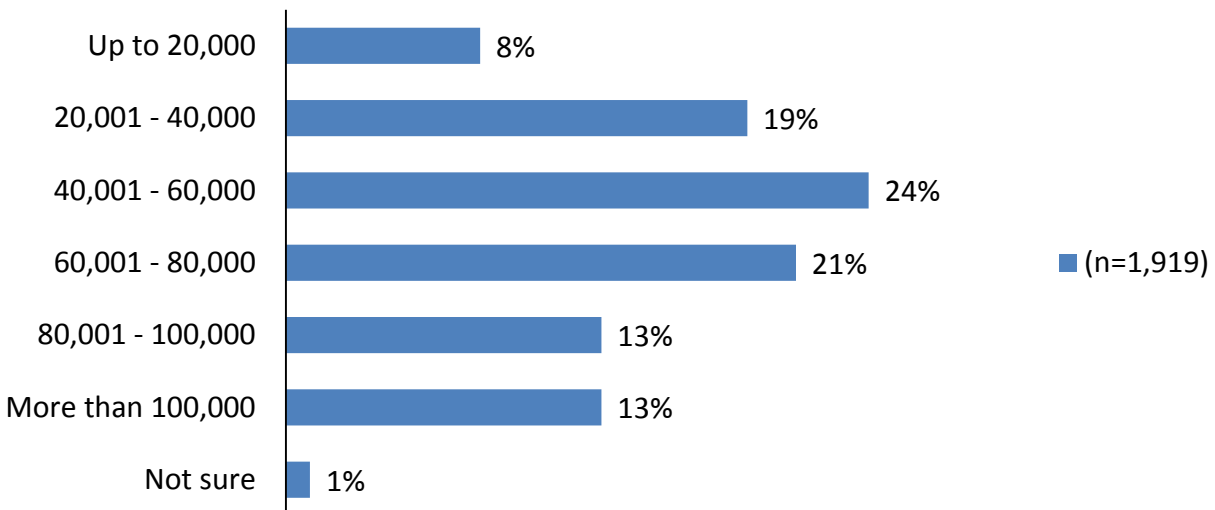
Sample Characteristics

Number of Responses per State					
STATE	COUNT	PERCENT	STATE	COUNT	PERCENT
Alabama	30	2%	Montana	3	0%
Alaska	11	1%	Nebraska	7	0%
Arizona	38	2%	Nevada	15	1%
Arkansas	6	0%	New Hampshire	10	1%
California	186	10%	New Jersey	37	2%
Colorado	51	3%	New Mexico	8	0%
Connecticut	32	2%	New York	103	5%
Delaware	13	1%	North Carolina	66	3%
District of Columbia	10	1%	North Dakota	2	0%
Florida	94	5%	Ohio	88	5%
Georgia	54	3%	Oklahoma	11	1%
Hawaii	10	1%	Oregon	37	2%
Idaho	8	0%	Pennsylvania	92	5%
Illinois	94	5%	Rhode Island	18	1%
Indiana	36	2%	South Carolina	20	1%
Iowa	16	1%	South Dakota	5	0%
Kansas	7	0%	Tennessee	29	2%
Kentucky	28	1%	Texas	156	8%
Louisiana	30	2%	Utah	24	1%
Maine	18	1%	Vermont	2	0%
Maryland	50	3%	Virginia	44	2%
Massachusetts	44	2%	Washington	65	3%
Michigan	84	4%	West Virginia	11	1%
Minnesota	36	2%	Wisconsin	25	1%
Mississippi	8	0%	Wyoming	9	0%
Missouri	40	2%	Puerto Rico	3	0%

The top 10 participating states include:

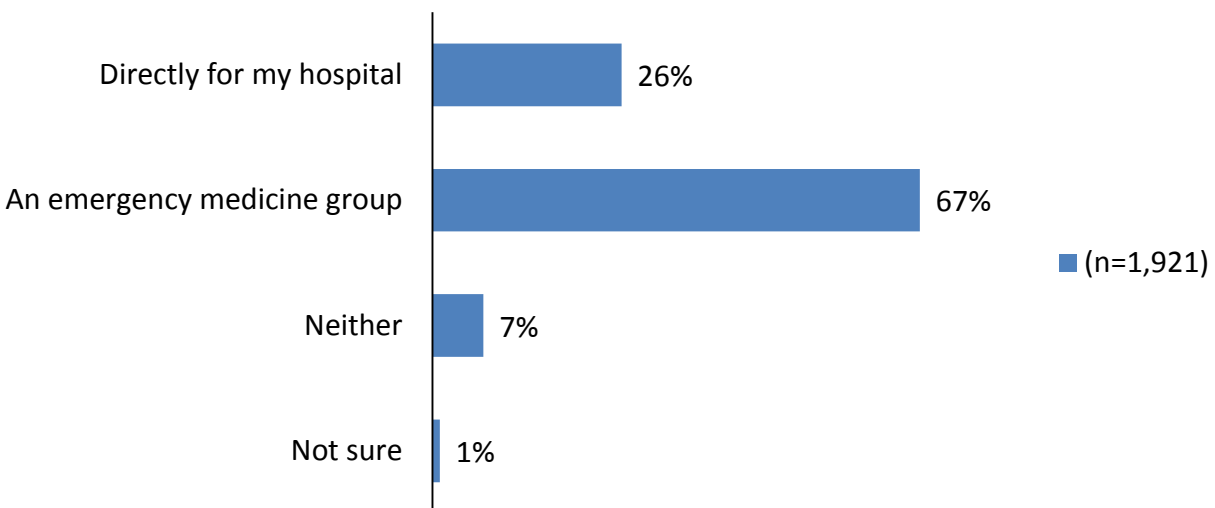
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|---------------|---------|-------------------|-------|
| 1. California | 186—10% | 6. Pennsylvania | 92—5% |
| 2. Texas | 156—8% | 7. Ohio | 88—5% |
| 3. New York | 103—5% | 8. Michigan | 84—4% |
| 4. Florida | 94—5% | 9. North Carolina | 66—3% |
| 5. Illinois | 94—5% | 10. Washington | 65—3% |

Q18. What is the emergency department patient volume where you work the majority of your time?



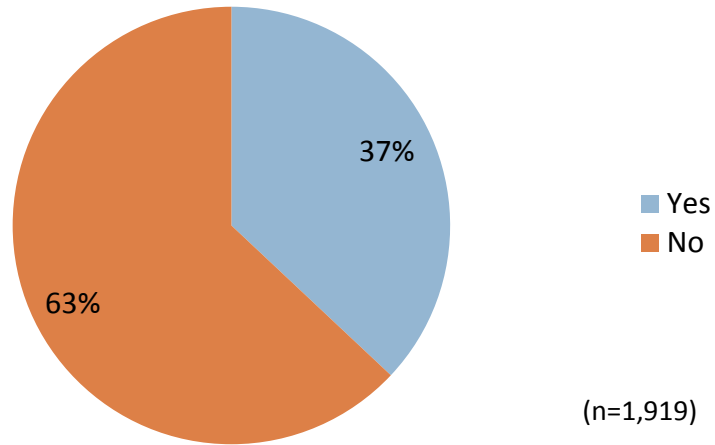
About a quarter of member physicians primarily work for emergency departments with patient volumes between 40,001 and 60,000.

Q19. As an emergency physician, do you work directly for your hospital or for a private group contracting with your hospital?



Two-thirds of member physicians work for an emergency medicine group, and about a quarter of respondents work directly for a hospital.

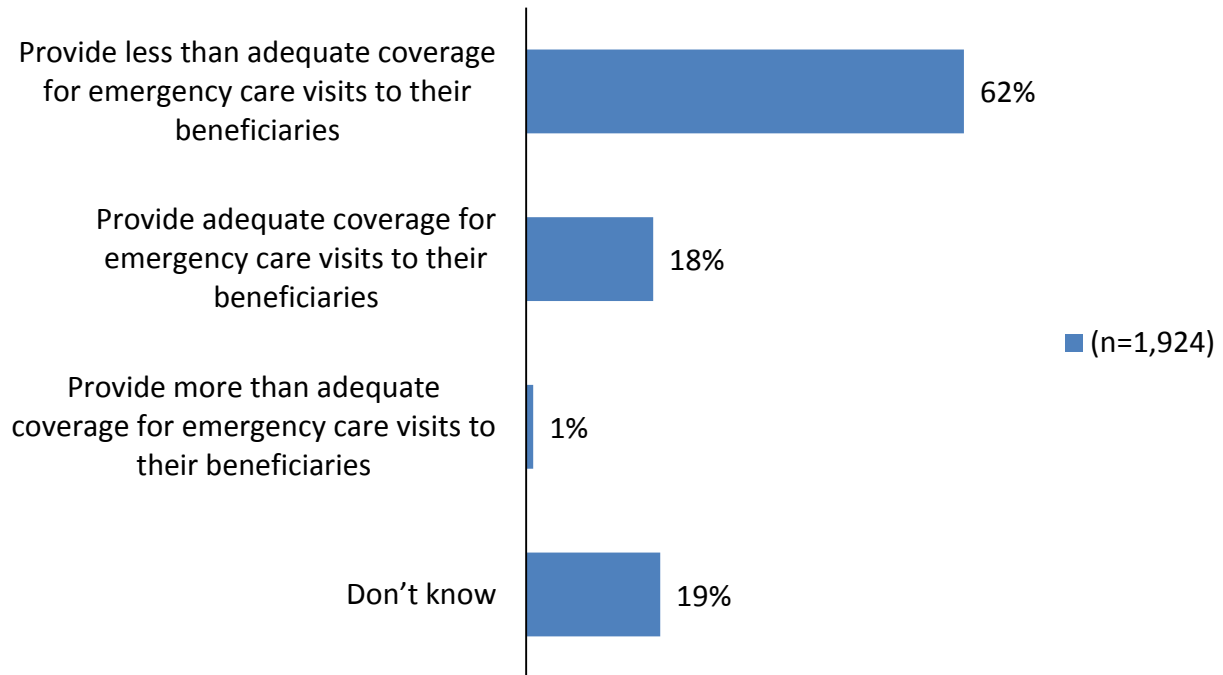
Q20. Are you an emergency department director or in any position of management within your group or hospital?



The majority of member physicians are not emergency department directors or in any position of management within their group or hospital.

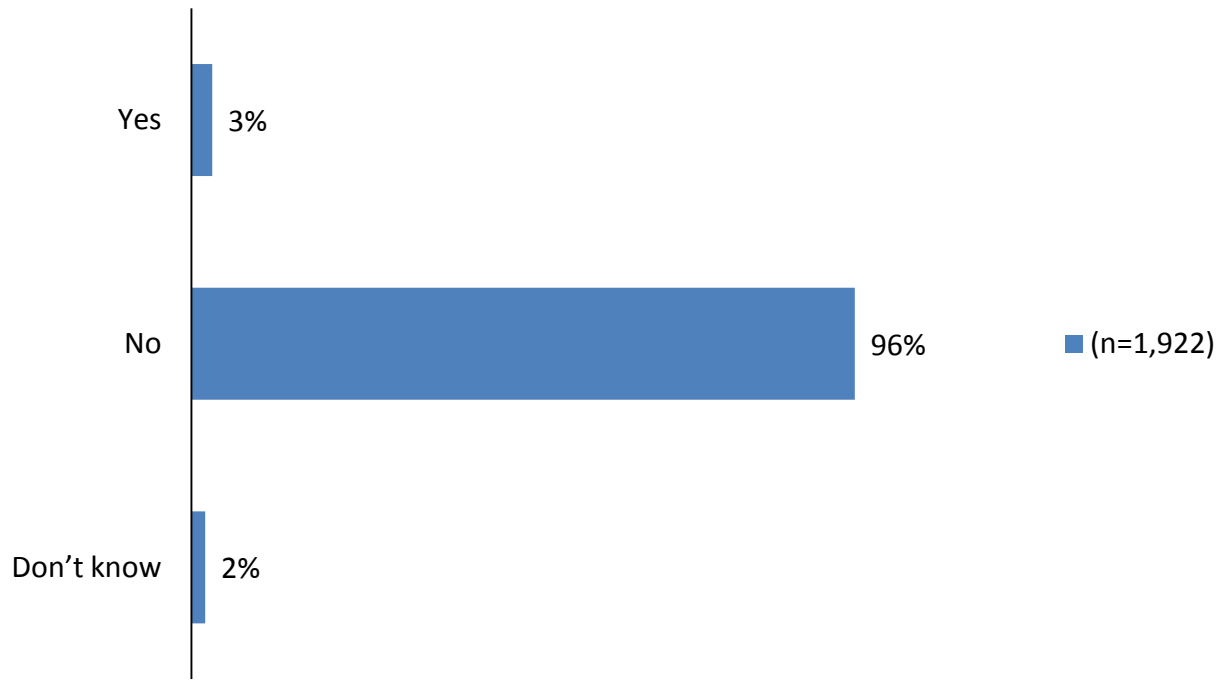
Findings

Q3. Most health insurance companies:



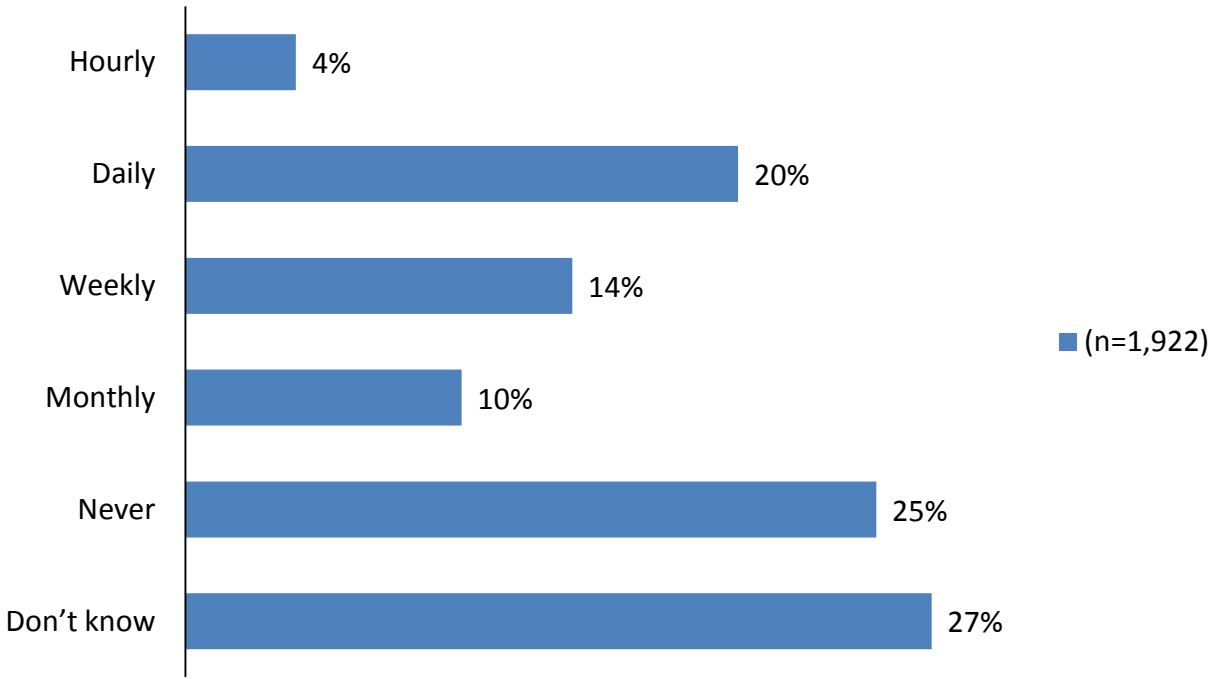
Six in ten member physicians report most health insurance companies provide less than adequate coverage for emergency care visits to their beneficiaries.

Q4. Do you think most emergency patients understand what their health insurance companies cover for emergency care?



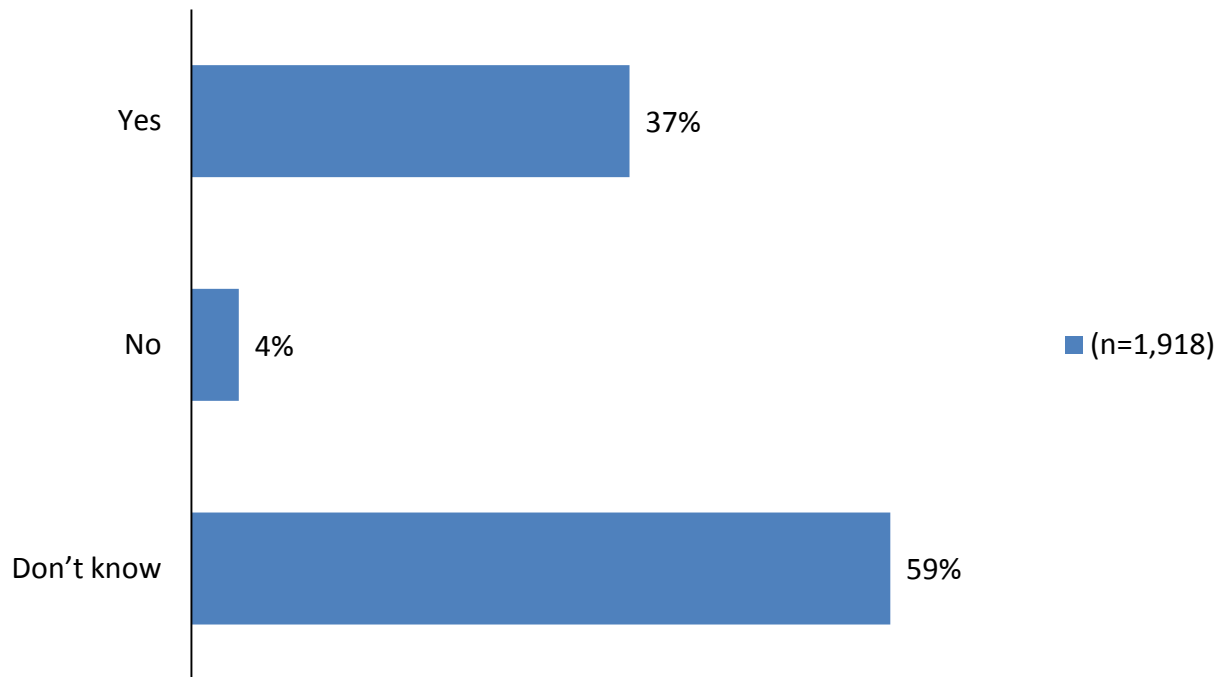
Nearly all member physicians report that they do not think their patients understand what their health insurance companies cover for emergency care.

Q5. How often are you, your group, or your hospital asked if they are in the patient's insurance network?



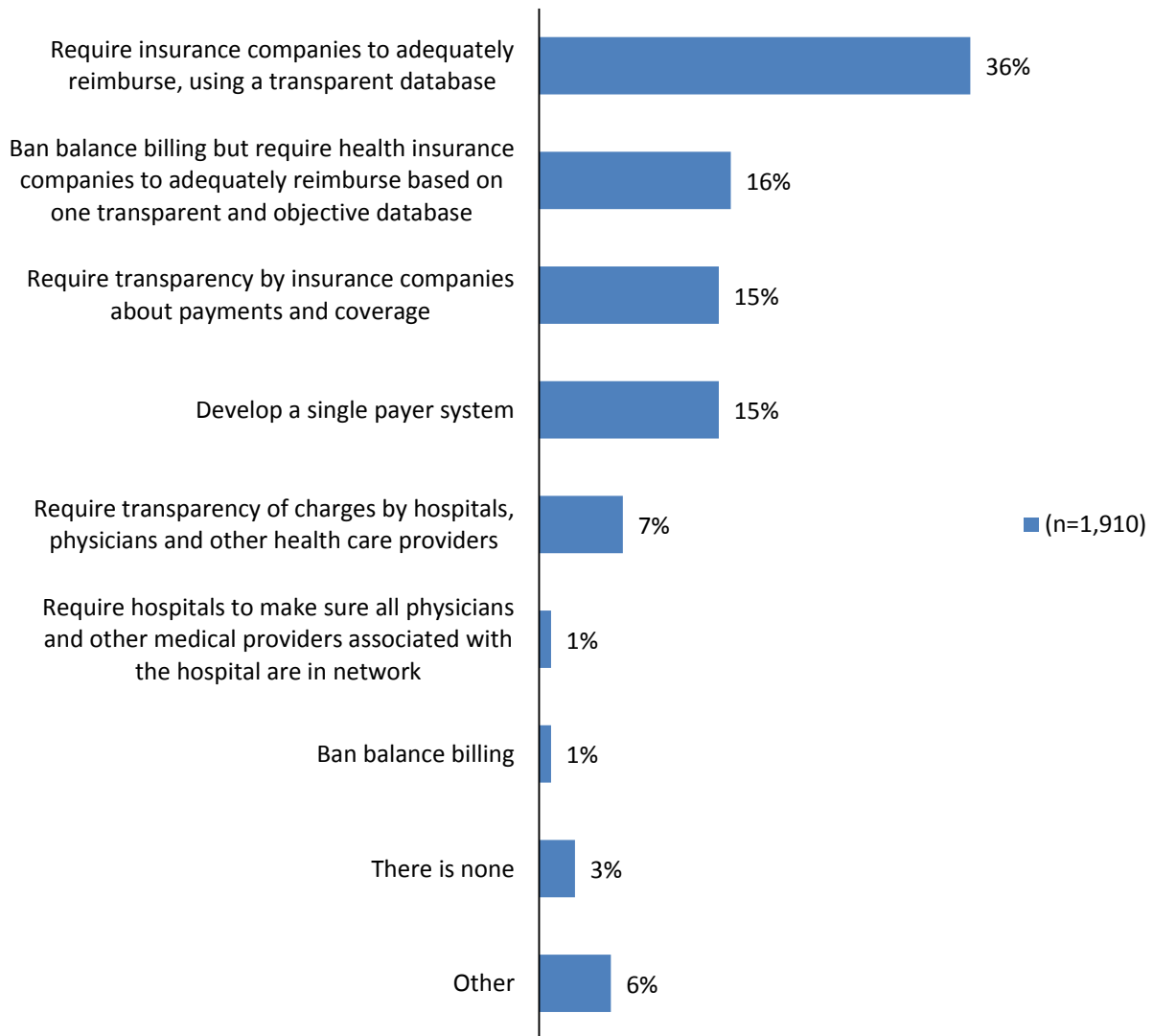
A quarter of member physicians report they are never asked if they, their group, or their hospital are in their patients' insurance network. However, 20% of respondents report they are asked daily.

Q6. Have any health insurance companies refused to negotiate (flat-out declined or negotiated in a manner not in good faith) with your hospital or group for “in-network” contracting rates?



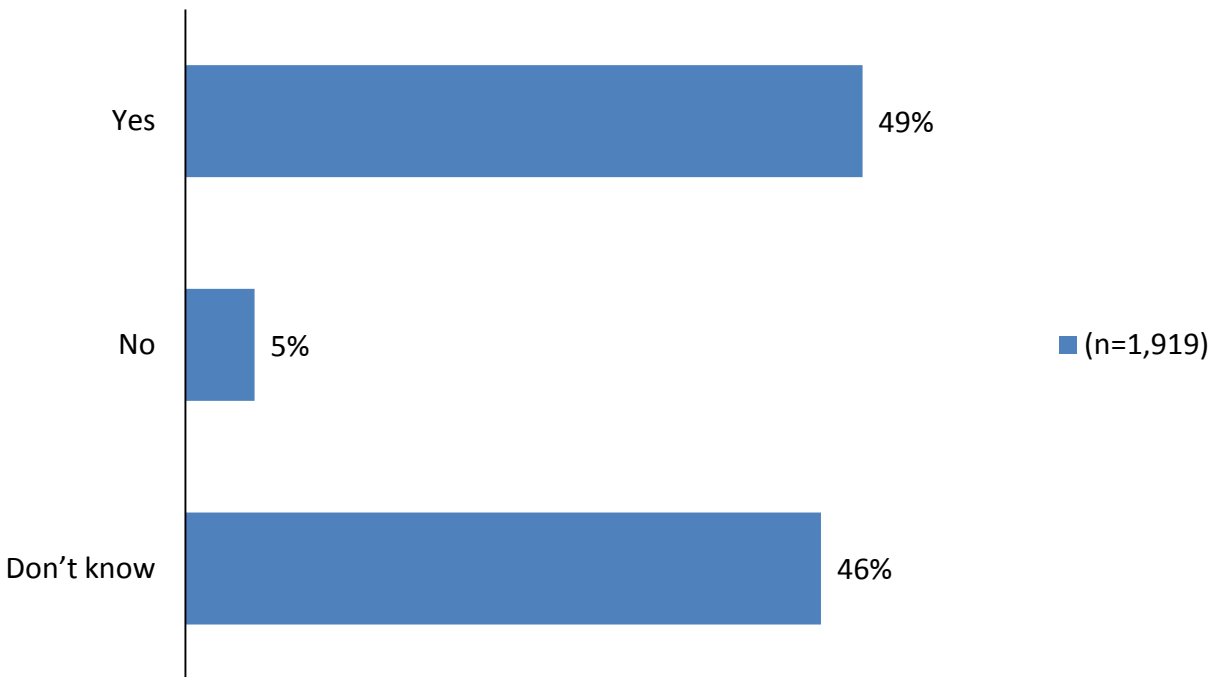
Almost 40% of member physicians report health insurance companies have refused to negotiate with their hospital or group for in-network contracting rates. Respondents who work for an emergency medicine group (45%) are more likely than those who work for a hospital (20%) to indicate that health insurance companies have declined to discuss contracting rates with their hospital. More than half of member physicians in a position of management report health insurance companies balk at negotiating contracting rates (57%).

Q7. What is the fairest way to end the practice of billing patients for the balances of what insurance companies don't cover?



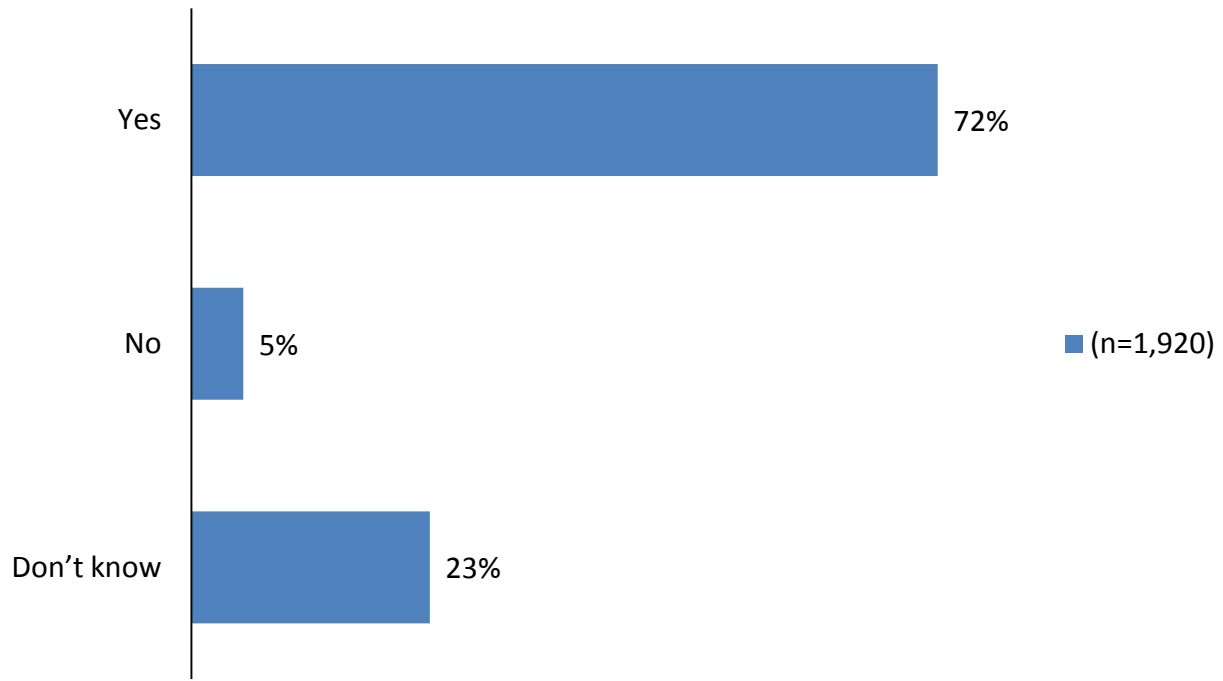
The bulk of member physicians indicate the best way to end the practice of billing patients for services their insurance does not cover is to require insurance companies to adequately reimburse using a transparent database.

Q8. As the insurance marketplace consolidates, has it had a negative impact (e.g., decreased your ability to negotiate, lowered rates, physicians dropped from networks) on your hospital or group’s “in-network” payments?



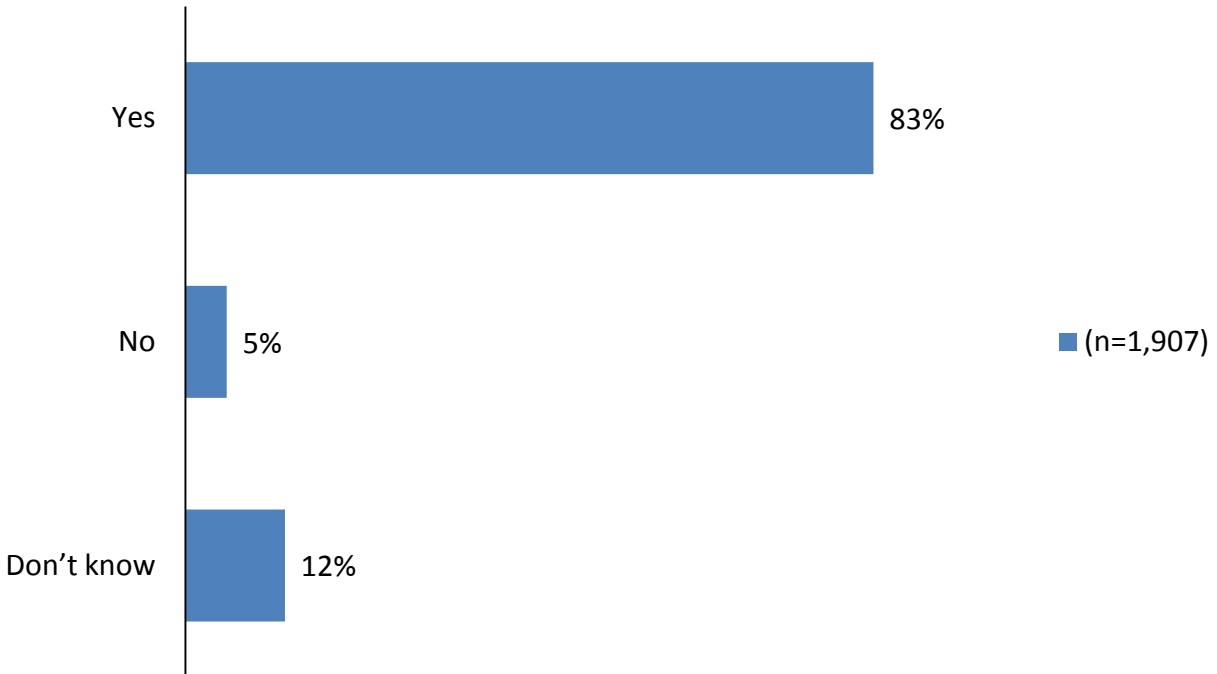
Half of member physicians report insurance marketplace consolidation has negatively affected their hospital or group’s “in-network” payments. 55% of respondents who work for a private contracting group indicate that insurance marketplace consolidations adversely affect their groups’ in-network payments. Two-thirds of member physicians in managerial positions report insurance marketplace consolidations have negatively altered their in-network payments (67%).

Q9. Are you seeing patients who have had to pay significant co-pays for emergency care (\$200 or more)?



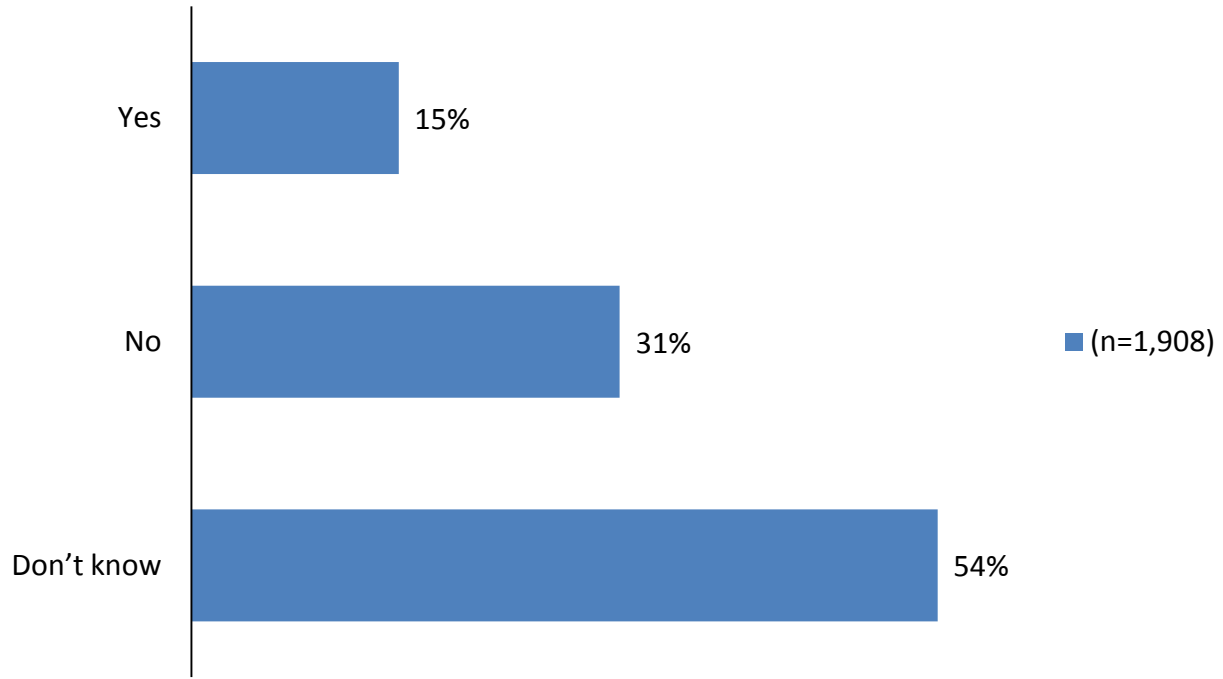
Almost three-quarters of member physicians report that they are seeing patients who have had to pay significant co-pays for emergency care.

Q10. Are you seeing patients in your emergency department who have health insurance (private and Exchange plans — not Medicare or Medicaid) but have forgone or delayed medical care because of high out-of-pocket expenses, co-insurance, or high deductibles?



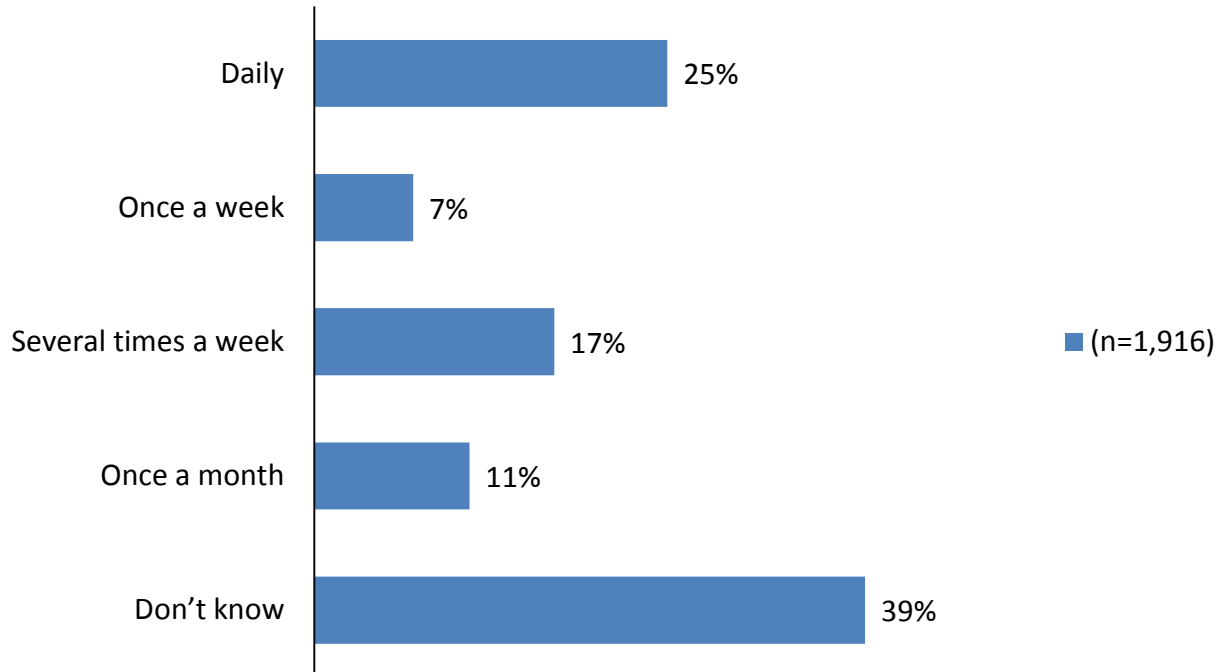
83% of member physicians have seen patients forgo or delay medical care due to cost prohibitive medical expenses, including co-insurance and high deductibles.

Q11. In the past year, has your group dropped out of a health plan network because plan reimbursements were not covering the costs of your services?



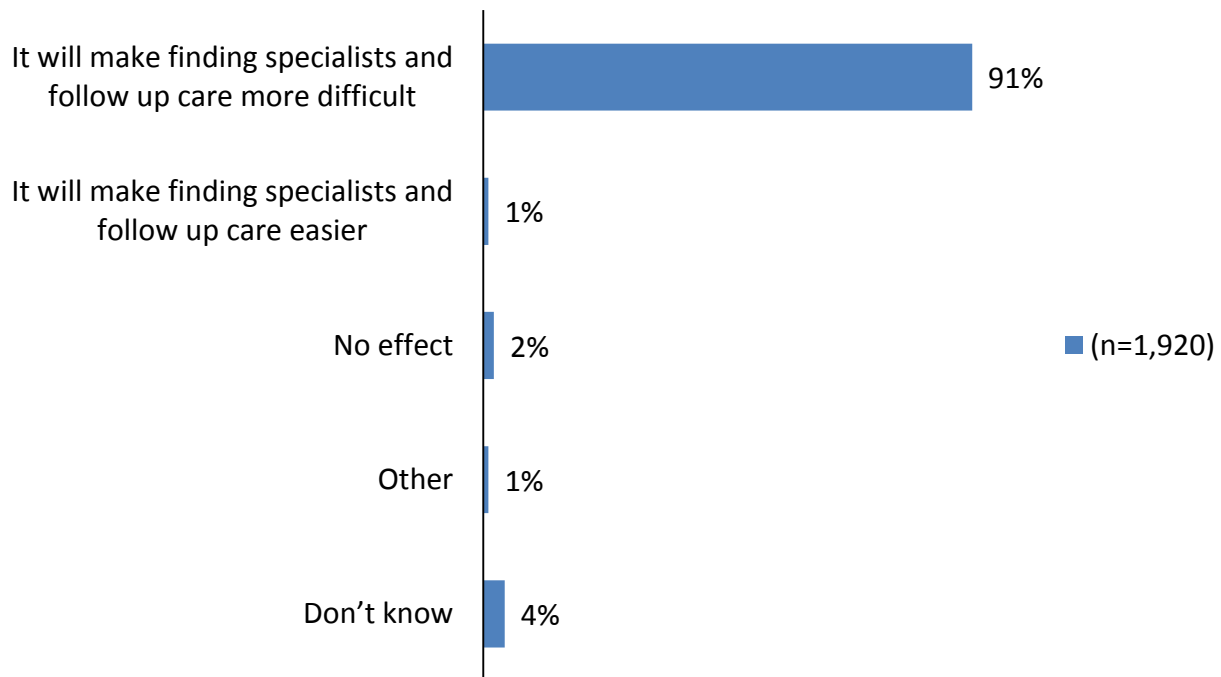
Three in ten member physicians report they have not dropped out of a health plan network because plan reimbursements were not covering the costs of their services. Member physicians in managerial positions (45%) are more likely than respondents in nonmanagerial positions (23%) to indicate that their group has not dropped out of a health plan network because reimbursements were not covering the costs of their services.

Q12. In the past year, how often have you or your hospital had difficulty finding in-network specialists to care for patients?



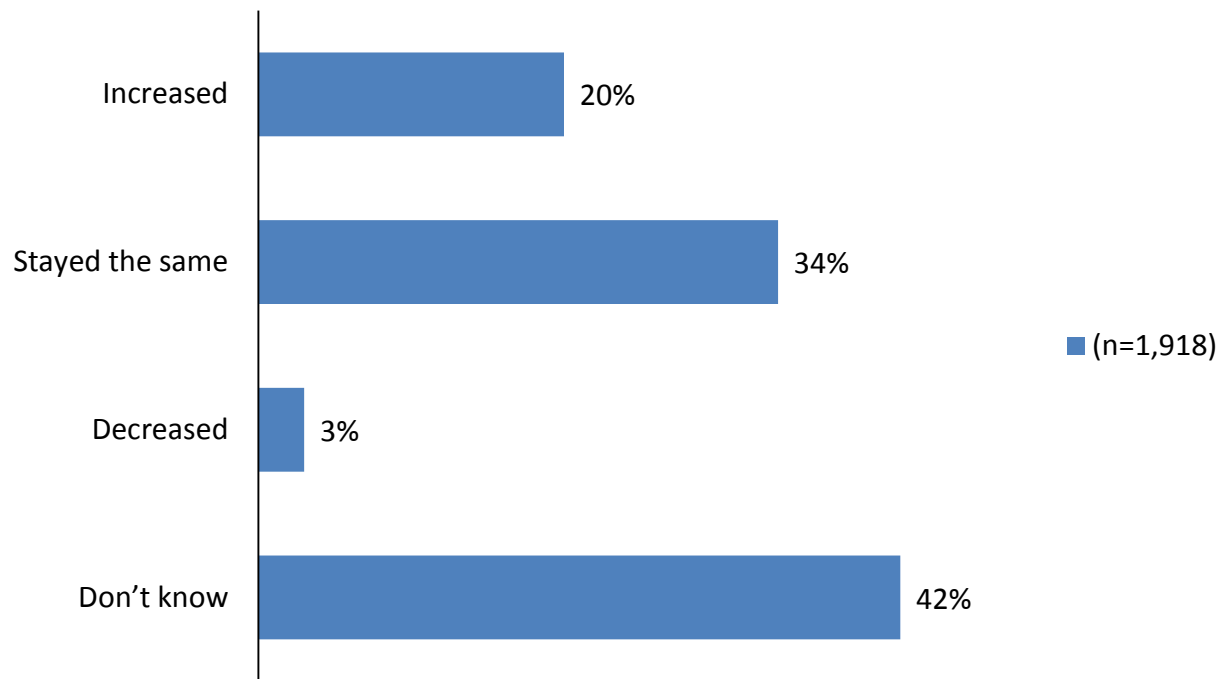
A quarter of member physicians struggle daily to find in-network specialists to care for patients. Slightly less than a quarter of member physicians face difficulties locating in-network specialists at least once a week (24%).

Q13. A few weeks ago, Centers for Medicare and Medicaid Services (CMS) issued a final ruling that exempts health insurance companies from meeting a minimum standard that would ensure adequate networks of physicians and other medical providers for their beneficiaries. If these changes result in fewer hospitals and specialists remaining in network, what effect would this have on emergency patients?



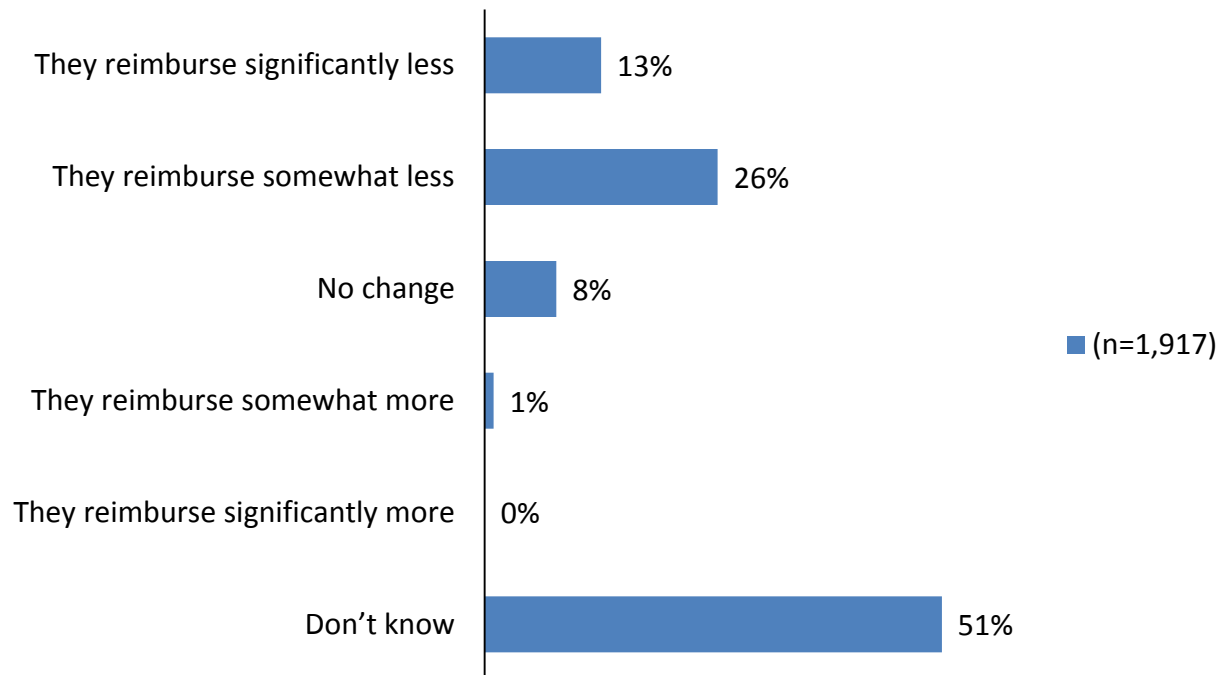
Over 90% of member physicians report that if the Center for Medicare and Medicaid Services (CMS)'s final ruling results in fewer hospitals and specialists remaining in network, it will make finding specialists and follow up care more challenging.

Q14. In the last year, your group's charges for emergency care have:



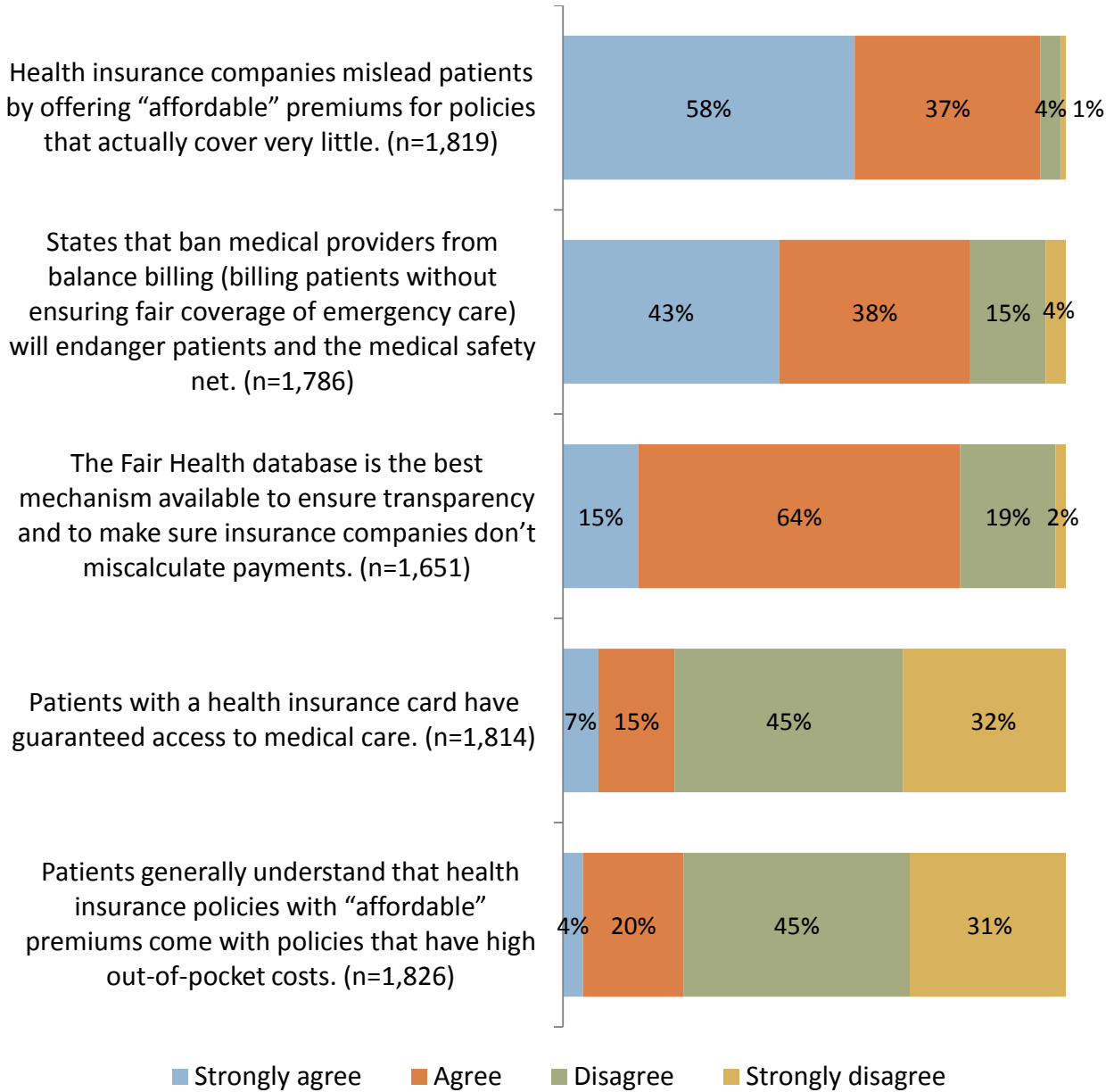
A third of member physicians report that their groups' charges for emergency care have not changed in the last year, while two in ten member physicians indicate that their groups' charges have increased. Respondents who work for emergency groups (38%) are more likely than respondents who work for hospitals (25%) to report that their groups' charges have remained the same since last year. Almost half of member physicians in managerial positions state that their groups' charges have not changed (49%). Additionally, three in ten respondents in a position of management indicate their groups' or hospitals' charges have gone up, compared to only 15% of those in nonmanagerial positions who report an increase in the past year.

Q15. In the past year, have insurance companies changed the amount they reimburse for emergency care? (For example: an insurance company reimbursed X amount for a broken leg last year, and this year they reimbursed Y amount.)



39% of member physicians report that, in the past year, insurance companies have decreased the amount of reimbursement for emergency care. Respondents who work for a group (43%) are more likely than those who work for a hospital (31%) to report reimbursements have decreased over the past year. More than half of member physicians in managerial positions report insurance companies reimburse less for emergency care (54%), compared to 31% of those in nonmanagerial positions who also report smaller reimbursements. Additionally, respondents in management positions are more likely to report reimbursements remain the same.

Q16. Please indicate your level of agreement with the following statements.



The majority of member physicians agree that health insurance companies mislead patients by offering seemingly affordable premiums for policies that actually cover very little. Furthermore, they concur that insurance companies should pay in-network rates if patients do not have access to in-network facilities or physicians.