

CRNA COMMERCIAL INSURANCE REIMBURSEMENT SURVEY

INFORMED CONSENT

The purpose of this "CRNA Commercial Insurance Reimbursement Survey" is to gather information about the national average commercial reimbursement rates that CRNAs receive when billing as non-medically directed, QZ.

This survey has been made possible because it has been formulated in compliance with the antitrust enforcement policy as set forth by the Principles of the Department of Justice and the Federal Trade Administration 1996 Statements. In order to remain compliant, data reported from this survey will be more than a year old and will only be published in the aggregate. All responses and data collected will be anonymous. The results of this survey will be reported in the aggregate and may be published or disseminated at meetings or in publications. No identifying information will be collected or shared regarding the participant or the names of the commercial payers.

Your participation in this study does not involve any risk to you beyond that of everyday life. The benefit of participating in this survey will inform us about the national average commercial reimbursement rates negotiated by CRNAs. The alternative to participation is simply not participating.

If you agree to participate, you will be asked to answer questions pertaining to your top five (5) commercial payer contracts that contribute the greatest percentage of your managed care business. If you have fewer than five contracted commercial payers, please enter information for all of your commercial payer contracts. Other questions focus on discriminatory practices associated with commercial payers. Lastly, you will have the option to enter your total collections under the QZ modifier. This data is extremely helpful to the survey but is not required for survey completion. If you don't feel comfortable entering this, you may leave these questions blank.

IMPORTANT: We have included a survey worksheet that is essential to the preparation process. It should be completed and available for use prior to beginning the survey. ***If you have not completed this step, you may exit the survey NOW and return when you have the completed Survey Worksheet available.*** This worksheet serves to improve survey accuracy and efficiency, minimize the burden on the billing companies, and improve response rates since each CRNA/CRNA group will be responsible for ensuring the survey is completed. The worksheet can be accessed by clicking this link: <https://www.eakc.net/wp-content/uploads/2021/06/Survey-Worksheet.pdf>

Preparation time (dedicated to collecting all materials) may include up to 20-30 minutes. If you have any questions about this survey, please contact: Dr. **Jean Covillo, CRNA, Managing Member, of Excel Anesthesia, LLC at email: jcovillo@eakc.net**

Preparation time (dedicated to collecting all materials) may include up to 20-30 minutes.

If you have any questions about this survey, please contact: **Jean Covillo, DNAP, APRN, CRNA, Managing Member, Excel Anesthesia, jcovillo@eakc.net**

If you have questions or concerns about your rights as a participant, contact the Missouri State University Institutional Review Board at IRB@missouristate.edu.

*** 1. By clicking on "Yes" button, you agree to participate in this survey. If you do not wish to participate in this study, please indicate "No."**

- Yes (I agree to participate in this survey)
- No (I do not wish to participate in this survey)

*** 2. Are you sure you want to exit this survey?**

- Yes
- No

CRNA COMMERCIAL INSURANCE REIMBURSEMENT SURVEY

SURVEY INSTRUCTIONS

IMPORTANT This survey is ONLY asking for reporting on cases and procedures performed without medical direction and billed under the QZ modifier. Please do not include data associated with claims billed under other modifiers.

IMPORTANT Billing Reports must be run by "*date of service*" for the 2019 calendar year. Any payments reported as received in 2020 for services provided in 2019 should be included in any calculations associated with total collections. Likewise, payments received in 2019 for services provided in any other year should not be included in the totals reported for 2019. Do not run reports by "posting dates" as these dates will not accurately reflect moneys received for those services provided in the 2019 year.

IMPORTANT You may exit an unfinished survey at any time prior to completion and come back to it. Your answers will be saved for any pages that were fully completed upon exiting as long as you are accessing the survey from the same device. You will have the option to go back and change any previously recorded answers up until the last question has been submitted.

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CRNA COMMERCIAL INSURANCE REIMBURSEMENT SURVEY
TOTAL UNITS AND TOTAL COLLECTIONS Billed under the QZ Modifier Code

Please ensure all responses provide information on:

- Fees billed under the QZ modifier, AND
- Reports run by "**date of service**" for the 2019 year.

DEFINITIONS:

- **Government Payers:** Medicare, Medicare Advantage plans, Medicaid, Medicaid replacement plans, TriCare, and all other governmental payers.
- **Commercial Insurance Payers:** Any managed care or private Payer (not governmental payers).
- **All Payers:** ALL Payers refers to any person or entity making a payment for billed services, i.e., governmental, commercial insurance, and direct payments from patients.
- **Rate:** The contracted rate (the conversion factor) per unit (not the amount paid).
- **Total Collections:** The sum of the total number of dollars received for the billed service. This includes the payer source identified in the question (governmental or commercial) plus any other payments made for remaining balances by secondary sources, including the patients themselves less any refunds returned. **When calculating total collections**, all payment amounts associated with the claim should be included as applicable, i.e., primary, secondary, as well as any payments made by patients, less any refunds returned.
- **OB:** OB includes all billable services and procedures associated with labor and delivery of a newborn, i.e., C-Sections, labor epidurals, delivery standby, etc.
- **Total Units:** The total units billed for the type of services and payer source identified in the survey question.

The next five questions refer to claims derived from ALL CASES, including OB.

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*** 3. Enter the total number of anesthesia CASES that were billed to ALL PAYERS in 2019.**

Numeric entry is required. Non-numeric characters are not allowed (1,000 should be 1000).

*** 4. How many of the CASES from the question above were submitted to each of the following payer categories:**

Numeric answer is required. Non-numeric characters are not allowed (1,000 should be 1000).

a. Commercial Payers

(enter number)

b. Governmental Payers

(enter number)

*** 5. What is the total number of anesthesia UNITS that were billed to ALL PAYERS in 2019?**

A numeric answer is required. Non-numeric characters are not allowed (1,000 should be 1000)

*** 6. How many of the UNITS from the question above were billed to:**

Numeric answer is required. Non-numeric characters are not allowed (1,000 should be 1000).

a. Commercial Payers

(enter number)

b. Governmental Payers

(enter number)

***7. Optional: What is the amount that represents the TOTAL COLLECTIONS from claims submitted for ALL CASES as received from each of the following Payers. (Any data you provide is extremely helpful but not required to complete the survey).**

a. All Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

b. Commercial Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

c. Government Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

*** 8. Does your practice participate in OB?**

- Yes
 No

*** 9. Enter the total OB CASES billed for ALL PAYERS in 2019.**

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

*** 10. Total number of OB CASES billed for each of the following payer categories: Enter the total OB CASES billed for ALL PAYERS in 2019.**

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

a. Commercial Payers

(enter number)

b. Governmental Payers

(enter number)

* 11. Total OB anesthesia UNITS billed to ALL PAYERS in 2019?

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

* 12. How many of the OB UNITS from the question above were billed to:

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

a. Commercial Payers

(enter number)

b. Governmental Payers

(enter number)

*** 13. (Optional) What is the amount that represents TOTAL COLLECTIONS from all OB CASES as received from each of the following Payers. (Any data you provide is extremely helpful but not required to complete the survey).**

a. All Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

b. Commercial Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

c. Government Payers (includes patient payments less refunds)

(enter number rounded to the closest dollar)

CRNA COMMERCIAL INSURANCE REIMBURSEMENT SURVEY

Commercial Contracts

*** 14. Do you currently contract with at least one commercial Payer?**

- Yes
- No
-

The following questions will apply to your top Commercial Contracts (up to a maximum of five). The contracts will be ranked from 1-5 according to their highest percentage of your managed care business by volume (units billed) and may not necessarily be reflective of the highest contracted rate. **Commercial Contract 1** will be the Payer in which you receive the **highest percentage** of your managed care business.

*** 15. Indicate your contracted rate per unit for Commercial Contract 1. *Commercial Contract 1 is the Payer in which you receive the greatest percentage of your managed care business (i.e., private payers, not government payers).***

*** 16. Select the number of minutes included in a single unit as defined by Commercial Contract 1.**

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

*** 17. Under Commercial Contract 1, please indicate how the Payer determines the number of time units when time is reported in actual minutes:**

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

*** 18. Please enter the percentage that Commercial Contract 1 represents of your TOTAL UNITS billed in 2019, where "total" includes ALL PAYERS (governmental and commercial insurance) under the QZ modifier.**

Please enter number between 0 and 100, where 0 represents 0% and 100-100%. Non-numeric characters such as percentage sign are not allowed.

*** 19. Does Commercial Contract 1 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?**

- Yes
 No

*** 20 recognize physical status modifiers?**

- Yes
 No

*** 21. Are anesthesiologists listed as providers under Commercial Contract 1?**

- Yes
 No

*** 22. Does this Payer obstruct your efforts to renegotiate/update contracts prior to expiration?**

- Yes
 No

***23. Does Commercial Contract 1 reimburse LESS for QZ than it reimburses for physician medical direction? For example, does this Payer reimburse the QZ modifier at 70% (or any other percentage less than 100%) of the physician medical direction rate?**

- Yes
 No
 I don't know because we don't bill for medical direction

*** 24. You indicated that Commercial Contract 1 reimburses less for QZ than physician medical direction. Enter the percent adjustment made to the QZ modifier. Example: if QZ is reimbursed at 70% of the physician fee schedule rate, enter 70.**

Please enter number between 0 and 100. Non-numeric characters such as % sign are not allowed.

CRNA COMMERCIAL INSURANCE REIMBURSEMENT SURVEY

Commercial Contract 2

* 25. Do you currently contract with at least two commercial payers?

- Yes
 No

* 26. Indicate your contracted rate per unit for Commercial Contract 2. Commercial Contract 2 is the Payer in which you receive the greatest percentage of your managed care business (i.e., private payers, not government payers).

* 27. Select the number of minutes included in a single unit as defined by Commercial Contract 2.

- 10 minutes
 12 minutes
 15 minutes
 Other (please specify)

* 28. Under Commercial Contract 2, please indicate how the Payer determines the number of time units when time is reported in actual minutes:

- Rounds up to the next whole unit
 Rounds down to the nearest whole unit
 Payment determined by actual time with fractional units
 Other (please specify)

* 29. Please enter the percentage that Commercial Contract 2 represents of your TOTAL UNITS billed in 2019, where "total" includes ALL PAYERS (governmental and commercial insurance) under the QZ modifier.

Please enter number between 0 and 100, where 0 represents 0% and 100-100%. Non-numeric characters such as percentage sign are not allowed.

* 30. Does Commercial Contract 2 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes

No

*** 31. Does Commercial Contract 2 recognize physical status modifiers?**

Yes

No

*** 32. Are anesthesiologists listed as providers under Commercial Contract 2?**

Yes

No

*** 33. Does this Payer obstruct your efforts to renegotiate/update contracts prior to expiration?**

Yes

No

*** 34. Does Commercial Contract 2 reimburse LESS for QZ than it reimburses for physician medical direction? For example, does this Payer reimburse the QZ modifier at 70% (or any other percentage less than 100%) of the physician medical direction rate?**

Yes

No

I don't know because we don't bill for medical direction

*** 35. You indicated that Commercial Contract 2 reimburses less for QZ than physician medical direction. Enter the percent adjustment made to the QZ modifier. Example: if QZ is reimbursed at 70% of the physician fee schedule rate, enter 70.**

Please enter number between 0 and 100. Non-numeric characters such as % sign are not allowed.

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Commercial Contract 3

*** 36. Do you currently contract with at least three commercial payers?**

- Yes
 No

*** 37. Indicate your contracted rate per unit for Commercial Contract 3. Commercial Contract 3 is the Payer in which you receive the greatest percentage of your managed care business (i.e., private payers, not government payers).**

38. Select the number of minutes included in a single unit as defined by Commercial Contract 3.

- 10 minutes
 12 minutes
 15 minutes
 Other (please specify)

*** 39. Under Commercial Contract 3, please indicate how the Payer determines the number of time units when time is reported in actual minutes:**

- Rounds up to the next whole unit
 Rounds down to the nearest whole unit
 Payment determined by actual time with fractional units
 Other (please specify)

*** 40. Please enter the percentage that Commercial Contract 3 represents of your TOTAL UNITS billed in 2019, where "total" includes ALL PAYERS (governmental and commercial insurance) under the QZ modifier.**

Please enter number between 0 and 100, where 0 represents 0% and 100-100%. Non-numeric characters such as percentage sign are not allowed.

*** 41. Does Commercial Contract 3 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?**

- Yes
- No

*** 42. Does Commercial Contract 3 recognize physical status modifiers?**

- Yes
- No

*** 43. Are anesthesiologists listed as providers under Commercial Contract 3?**

- Yes
- No

*** 44. Does this Payer obstruct your efforts to renegotiate/update contracts prior to expiration?**

- Yes
- No

45. Does Commercial Contract 3 reimburse LESS for QZ than it reimburses for physician medical direction? For example, does this Payer reimburse the QZ modifier at 70% (or any other percentage less than 100%) of the physician medical direction rate?

- Yes
- No
- I don't know because we don't bill for medical direction

*** 46. You indicated that Commercial Contract 3 reimburses less for QZ than physician medical direction. Enter the percent adjustment made to the QZ modifier. Example: if QZ is reimbursed at 70% of the physician fee schedule rate, enter 70.**

Please enter number between 0 and 100. Non-numeric characters such as % sign are not allowed.

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Commercial Contract 4

* 47. Do you currently contract with at least three commercial payers?

- Yes
 No

* 48. Indicate your contracted rate per unit for Commercial Contract 4. Commercial Contract 4 is the Payer in which you receive the greatest percentage of your managed care business (i.e., private payers, not government payers).

* 49. Select the number of minutes included in a single unit as defined by Commercial Contract 4.

- 10 minutes
 12 minutes
 15 minutes
 Other (please specify)

* 50. Under Commercial Contract 4, please indicate how the Payer determines the number of time units when time is reported in actual minutes:

- Rounds up to the next whole unit
 Rounds down to the nearest whole unit
 Payment determined by actual time with fractional units
 Other (please specify)

* 51. Please enter the percentage that Commercial Contract 4 represents of your TOTAL UNITS billed in 2019, where "total" includes ALL PAYERS (governmental and commercial insurance) under the QZ modifier.

Please enter number between 0 and 100, where 0 represents 0% and 100-100%. Non-numeric characters such as percentage sign are not allowed.

* 52. Does Commercial Contract 4 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No

*** 53. Does Commercial Contract 4 recognize physical status modifiers?**

- Yes
- No

*** 54. Are anesthesiologists listed as providers under Commercial Contract 4?**

- Yes
- No

*** 55. Does this Payer obstruct your efforts to renegotiate/update contracts prior to expiration?**

- Yes
- No

*** 56. Does Commercial Contract 4 reimburse LESS for QZ than it reimburses for physician medical direction? For example, does this Payer reimburse the QZ modifier at 70% (or any other percentage less than 100%) of the physician medical direction rate?**

- Yes
- No

I don't know because we don't bill for medical direction

*** 57. You indicated that Commercial Contract 4 reimburses less for QZ than physician medical direction. Enter the percent adjustment made to the QZ modifier. Example: if QZ is reimbursed at 70% of the physician fee schedule rate, enter 70.**

Please enter number between 0 and 100. Non-numeric characters such as % sign are not allowed.

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Commercial Contract 5

* 58. Do you currently contract with at least three commercial payers?

- Yes
 No

* 59. Indicate your contracted rate per unit for Commercial Contract 5. Commercial Contract 5 is the Payer in which you receive the greatest percentage of your managed care business (i.e., private payers, not government payers).

* 60. Select the number of minutes included in a single unit as defined by Commercial Contract 5.

- 10 minutes
 12 minutes
 15 minutes
 Other (please specify)

* 61. Under Commercial Contract 5, please indicate how the Payer determines the number of time units when time is reported in actual minutes:

- Rounds up to the next whole unit
 Rounds down to the nearest whole unit
 Payment determined by actual time with fractional units
 Other (please specify)

* 62. Please enter the percentage that Commercial Contract 5 represents of your TOTAL UNITS billed in 2019, where "total" includes ALL PAYERS (governmental and commercial insurance) under the QZ modifier.

Please enter number between 0 and 100, where 0 represents 0% and 100-100%. Non-numeric characters such as percentage sign are not allowed.

* 63. Does Commercial Contract 5 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No

*** 64. Does Commercial Contract 5 recognize physical status modifiers?**

- Yes
- No

*** 65. Are anesthesiologists listed as providers under Commercial Contract 5?**

- Yes
- No

*** 66. Does this Payer obstruct your efforts to renegotiate/update contracts prior to expiration?**

- Yes
- No

*** 67. Does Commercial Contract 5 reimburse LESS for QZ than it reimburses for physician medical direction? For example, does this Payer reimburse the QZ modifier at 70% (or any other percentage less than 100%) of the physician medical direction rate?**

- Yes
- No
- I don't know because we don't bill for medical direction

*** 68. You indicated that Commercial Contract 5 reimburses less for QZ than physician medical direction. Enter the percent adjustment made to the QZ modifier. Example: if QZ is reimbursed at 70% of the physician fee schedule rate, enter 70.**

Please enter number between 0 and 100. Non-numeric characters such as % sign are not allowed.

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Contract Renegotiations

*** 69. Do you always update/renegeotiate your contracts prior to contract expiration? Please select the best answer as it applies to maintaining current contracts.**

- Yes
 No

*** 70. What are the most common reasons for not re-negotiating contracts (or updating) prior to contract expiration? Please indicate percentage of time when that happens (percentages across answers should add to a 100%). Numeric answer required, non-numeric characters not allowed (e.g., 20% should be entered 20).**

a. Delays in Payer response

b. Delays in negotiation by CRNA/CRNA group (e.g., forgot)

c. Other

*** 71. If "Other" selected, please specify:**

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Carve-Outs

*** 72. Do you have any contracts that specify a flat fee for specific anesthesia services?**

- Yes
- No

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Carve-Outs (continued)

*** 73. Select all of the following that apply to a flat fee arrangement:**

- OB
- Cataract
- Endoscopy
- Other (please specify)

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Practice Composition and Demographics Block

*** 74. The person completing this survey is best described as**

- A CRNA
- A Billing company representative
- A physician
- An office manager
- Other (please specify)

*** 75. Data reported in this survey is for**

- Individual CRNA
- Multiple CRNAs

*** 76. Please choose the states in which QZ services were provided for the year 2019 and the percentage of case volume each state contributed to the overall total cases reported as billed under the QZ modifier. Please list this as a number and not a percentage.**

All states listed must add up to a total of 100%.

Alabama

Alaska

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Mexico
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

*** 77. Which selection best describes the composition of ALL providers in your group practice?**

- This practice is CRNA(s) only
- This practice includes Anesthesiologist t(s)
- This practice includes both Anesthesiologist t(s), and CRNA(s)
- This practice includes Anesthesiologist t(s), CRNA(s), and AA(s)

*** 78. Enter the percentage of billing performed under the QZ modifier code. Numeric answer between 0 and 100 is required; non-numeric characters like % are not allowed.**

Numeric answer between 0 and 100 is required; non-numeric characters like % are not allowed.

a. QZ: Non-Medically Directed CRNA services

b. Medical Direction of both AAs and CRNAs by a physician anesthesiologist

c. Medical Direction of one or more CRNAs

d. Medical Direction of one or more AAs by a physician anesthesiologist

e. Medical Supervision of CRNAs by a physician anesthesiologist

f. Personally performed by a physician anesthesiologist

g. Other

*** 79. How many Anesthesiologists are included under the group billing number (partners, shareholders, subcontractors, employees)?**

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

*** 80. How many AAs are included under the group billing number (partners, shareholders, subcontractors, employees)?**

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

*** 81. How many CRNAs are included under the group billing number (partners, shareholders, subcontractors, employees)?**

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).

*** 82. How many CRNAs are included under the group billing number (partners, shareholders, subcontractors, employees)?** Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000). *Note: This question appears twice due to skip logic. Respondents who answered "This practice is CRNA(s) only" for Question 77.*

Numeric answer is required, non-numeric characters are not allowed (1,000 should be 1000).