

Simsurveys Validation Benchmark

AMA Prior Authorization Survey

Live vs Synthetic Results

Prepared for prospective Simsurveys clients

Executive Summary

This report compares published live results from the AMA Prior Authorization survey with synthetic results generated by the Simsurveys platform. Synthetic data were generated to mirror the original study design.

Targeting and quotas. Total sample: **n=1,000** practicing physicians, with quotas applied for **primary care physicians (40%)** and **specialist physicians (60%)**. Eligibility included providing **20+ hours** of direct patient care per week and completing **prior authorizations** during a typical week of practice.

Interpreting divergence metrics. KL divergence measures the difference between two response distributions. Values below **0.15** indicate **Good** alignment between synthetic and live results; values below **0.10** indicate **Excellent** agreement. Multi-select questions are evaluated using Rank-Biased Overlap (RBO), which compares how similarly the most-selected options rank between samples (1.00 = identical ranking).

Question-level divergence summary

Q1. For those patients whose treatment requires prior authorization, how often does this process delay access to necessary care?

KL Divergence: 0.060

Q2. How often do issues related to the prior authorization process lead to patients abandoning their recommended course of treatment?

KL Divergence: 0.071

Q3. For those patients whose treatment requires prior authorization, what is your perception of the overall impact of this process on patient clinical outcomes?

KL Divergence: 0.250

Q4. How has the number of prior authorization denials changed over the last five years?

KL Divergence: 0.006

Q5. How has the frequency of peer-to-peer reviews during the prior authorization process changed over the last five years?

KL Divergence: 0.011

Q6. How often does the health plan's "peer" have the appropriate qualifications to assess and make a determination regarding the prior authorization request?

KL Divergence: 0.134

Q7. Please consider how your patients' utilization of health care resources is impacted by the prior authorization process. In your experience, how often does the prior authorization process lead to higher overall utilization of health care resources?

KL Divergence: 0.086

Q8. In which of the following ways has the prior authorization process led to higher overall utilization of health care resources for patients in your care?

RBO (rank similarity): 0.900

Q9. How often does a prior authorization delay or denial lead to a patient paying out of pocket for a medication that you prescribe (i.e., the health plan does not cover the prescription and the patient pays the full cost)?

KL Divergence: 0.249

Q10. How would you describe the burden associated with prior authorization in your practice for UnitedHealthcare?

KL Divergence: 0.268

Q11. How would you describe the burden associated with prior authorization in your practice for Humana?

KL Divergence: 0.102

Q12. How would you describe the burden associated with prior authorization in your practice for Anthem/Elevance?

KL Divergence: 0.020

Q13. How would you describe the burden associated with prior authorization in your practice for Aetna?

KL Divergence: 0.009

Q14. How would you describe the burden associated with prior authorization in your practice for Blue Cross Blue Shield?

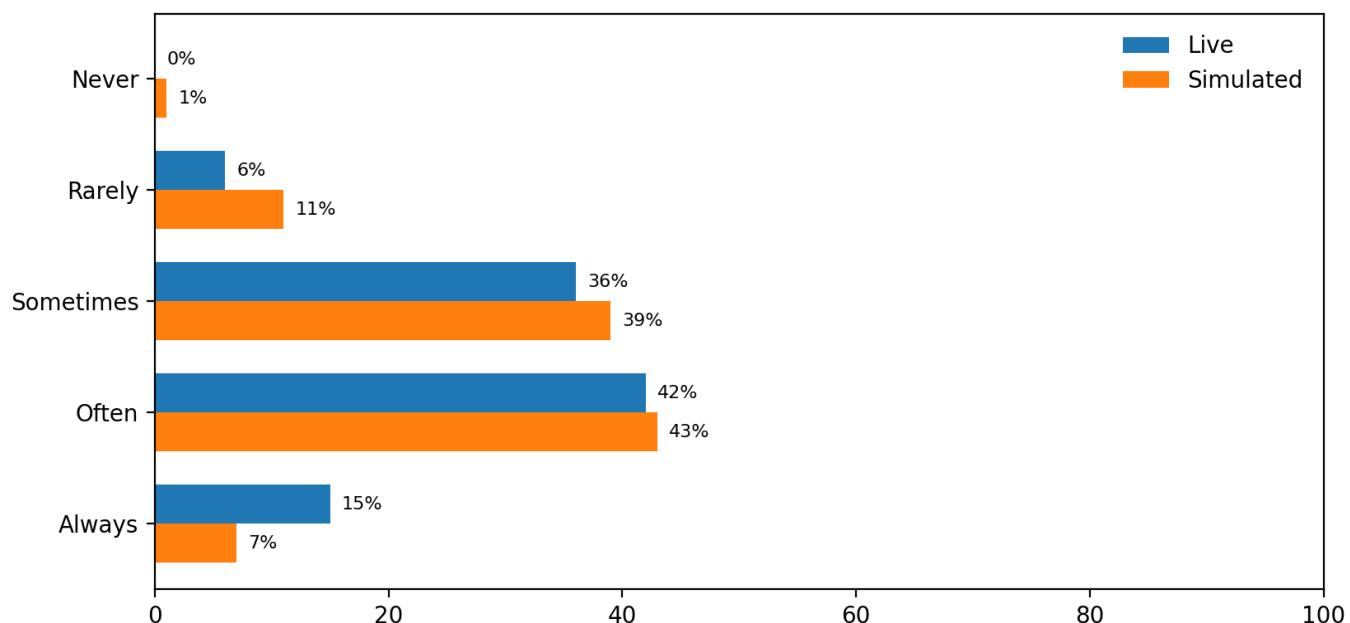
KL Divergence: 0.160

Q15. How would you describe the burden associated with prior authorization in your practice for Cigna?

KL Divergence: 0.158

Q1

For those patients whose treatment requires prior authorization, how often does this process delay access to necessary care?

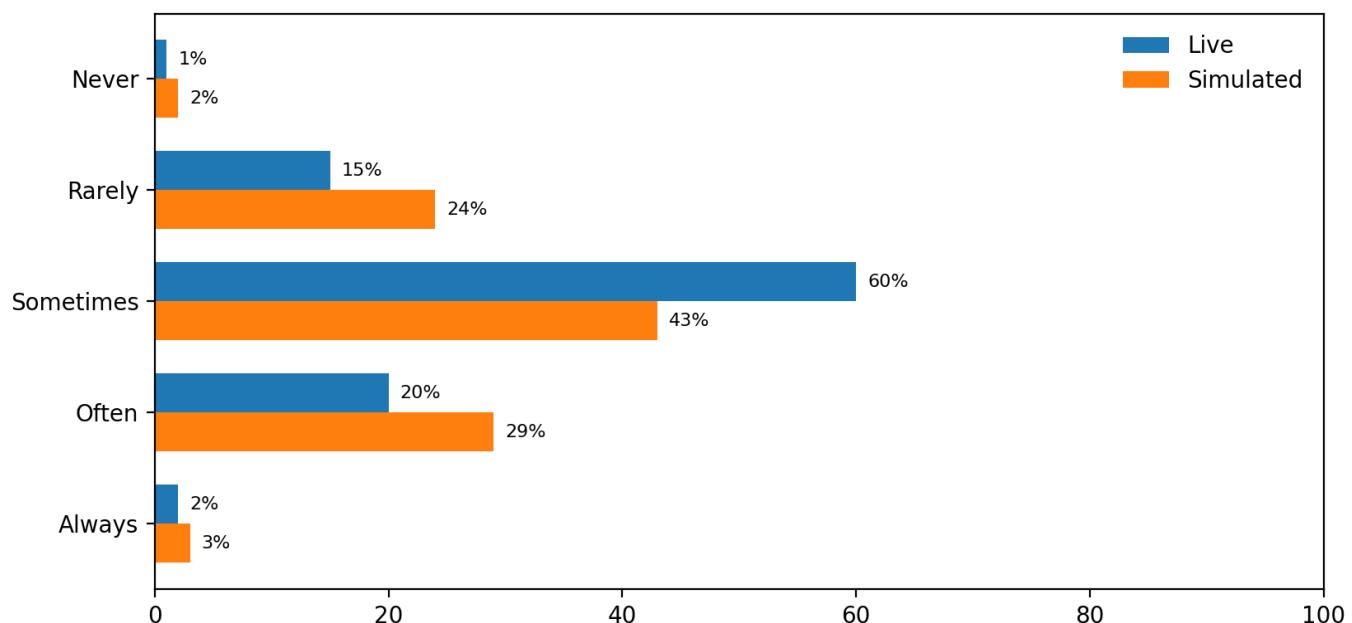


KL Divergence (Live ■ Simulated): 0.060

Sample size: Live n=1,000 | Simulated n=1,000

Q2

How often do issues related to the prior authorization process lead to patients abandoning their recommended course of treatment?

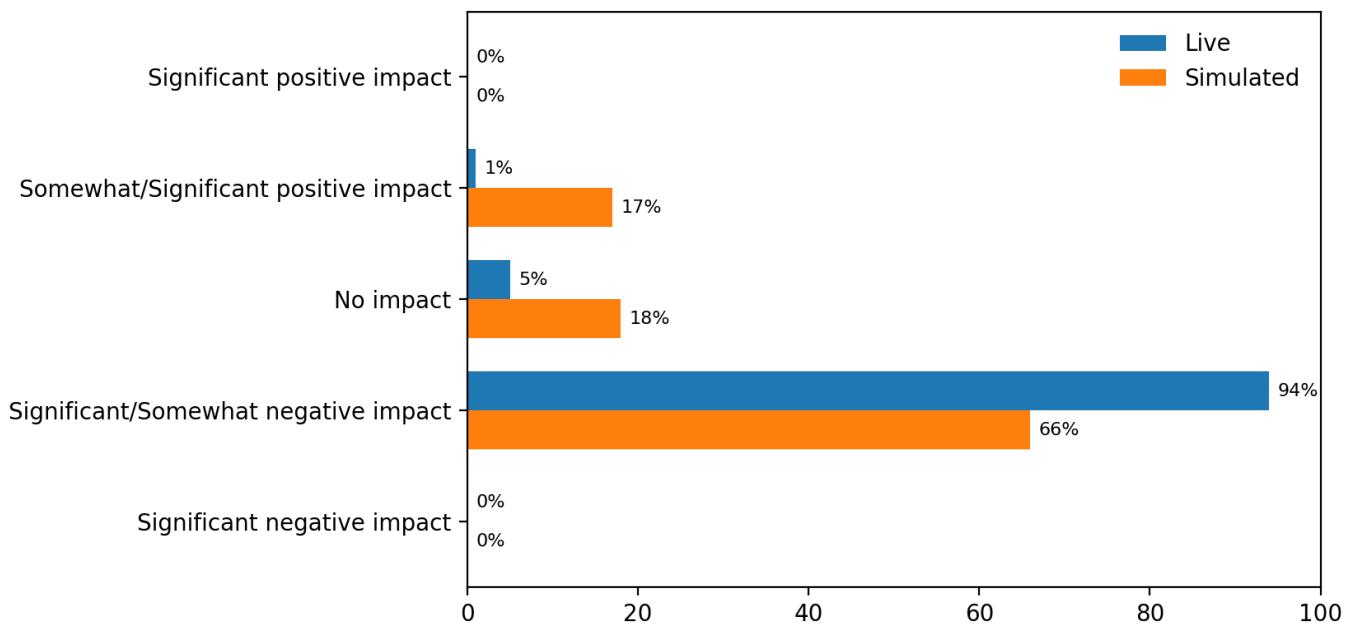


KL Divergence (Live ■ Simulated): 0.071

Sample size: Live n=1,000 | Simulated n=1,000

Q3

For those patients whose treatment requires prior authorization, what is your perception of the overall impact of this process on patient clinical outcomes?



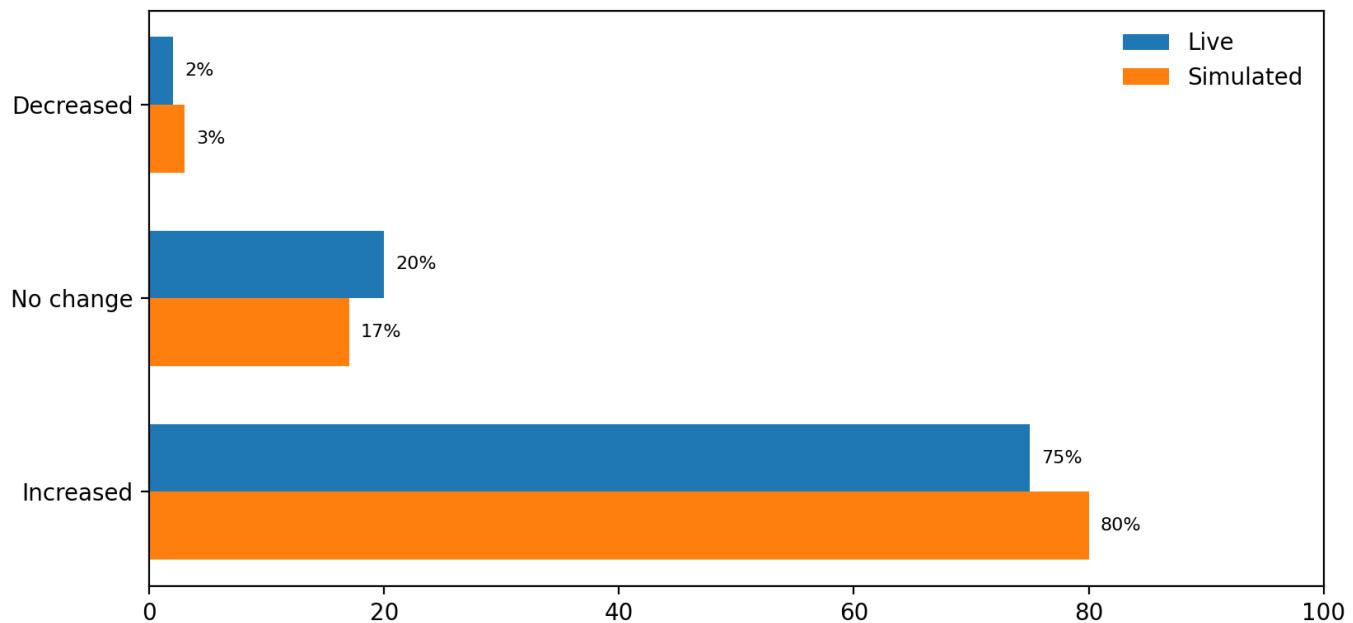
KL Divergence (Live ■ Simulated): 0.250

Sample size: Live n=1,000 | Simulated n=1,000

Note: This question shows the highest divergence in the validation set. The live survey reported 94% of physicians in a single response category. Simulated responses show greater variation across the response scale, which may reflect differences in specialty mix between the samples.

Q4

How has the number of prior authorization denials changed over the last five years?

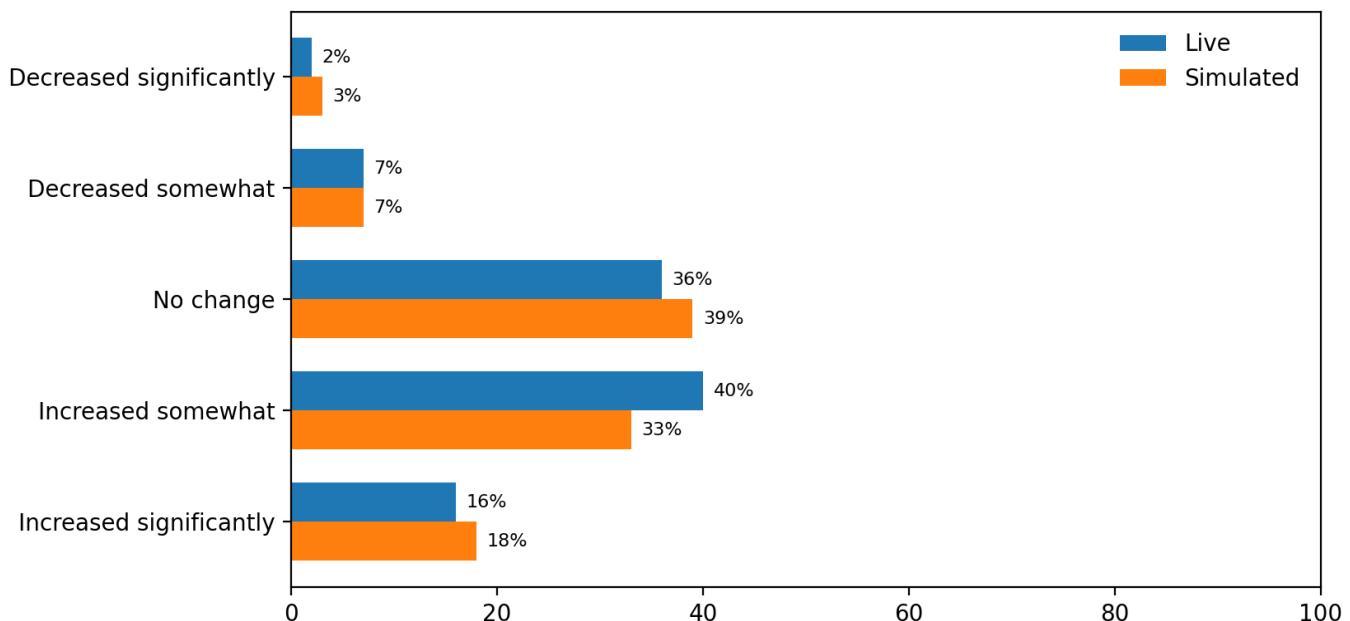


KL Divergence (Live ■ Simulated): 0.006

Sample size: Live n=1,000 | Simulated n=1,000

Q5

How has the frequency of peer-to-peer reviews during the prior authorization process changed over the last five years?

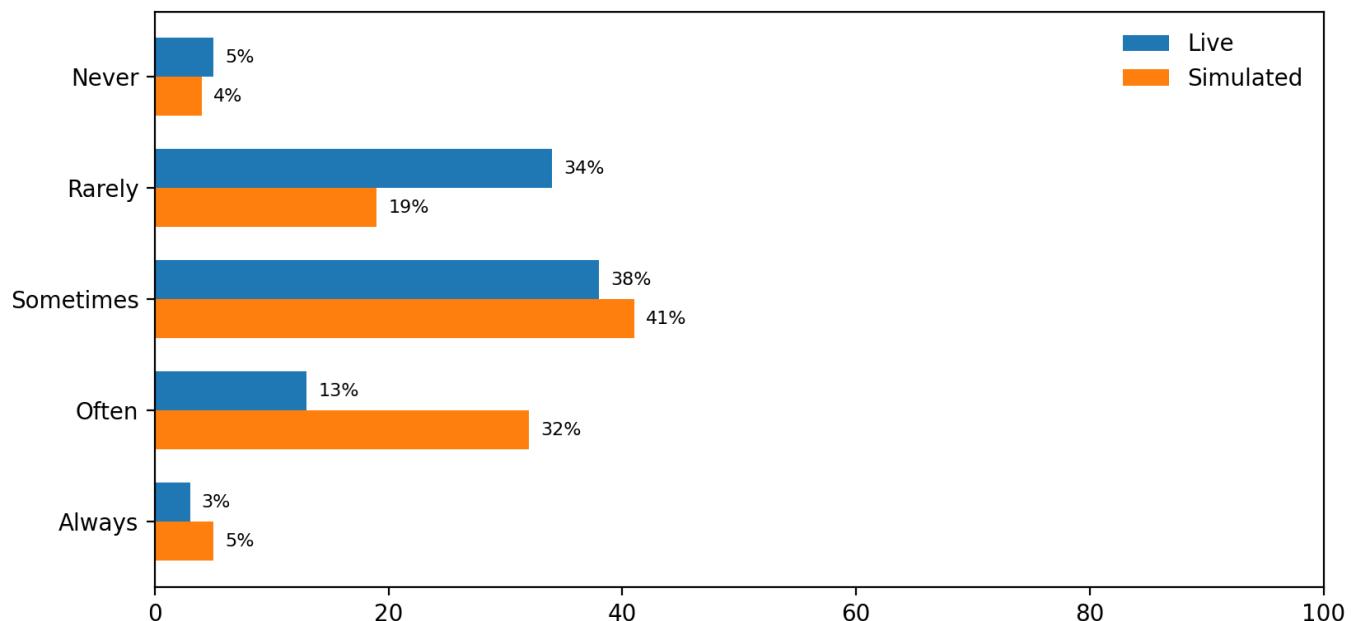


KL Divergence (Live ■ Simulated): 0.011

Sample size: Live n=1,000 | Simulated n=1,000

Q6

How often does the health plan's "peer" have the appropriate qualifications to assess and make a determination regarding the prior authorization request?

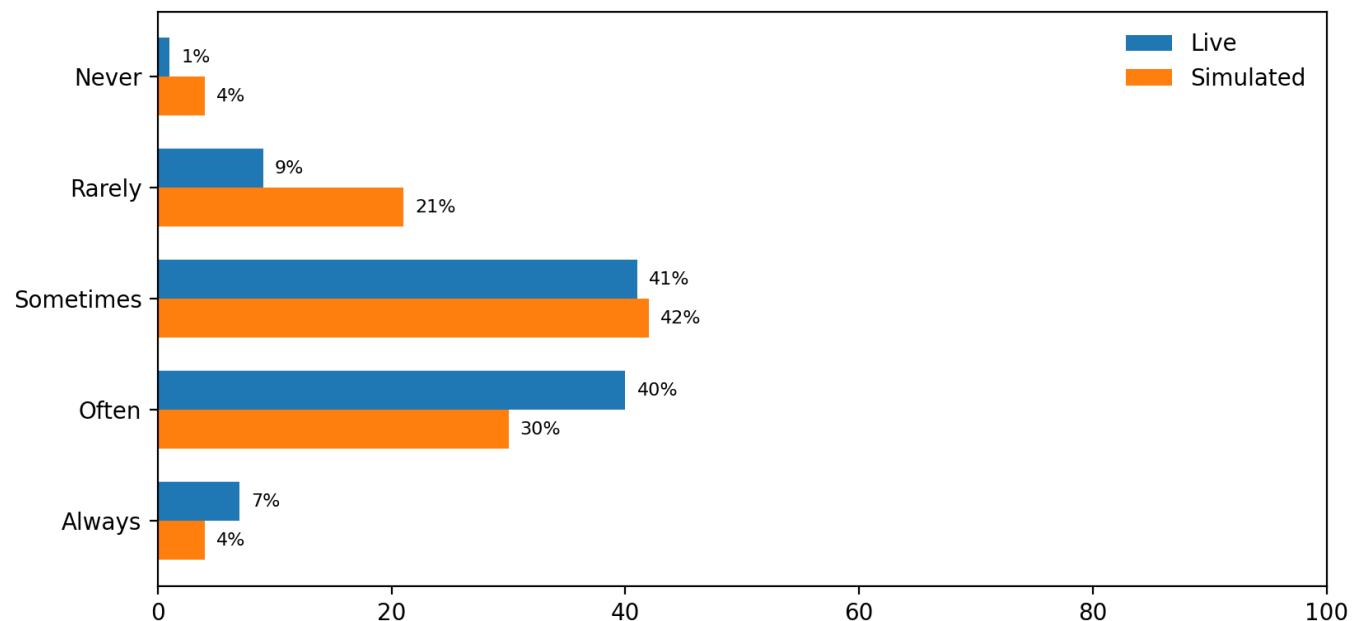


KL Divergence (Live ■ Simulated): 0.134

Sample size: Live n=1,000 | Simulated n=1,000

Q7

Please consider how your patients' utilization of health care resources is impacted by the prior authorization process. In your experience, how often does the prior authorization process lead to higher overall utilization of health care resources?

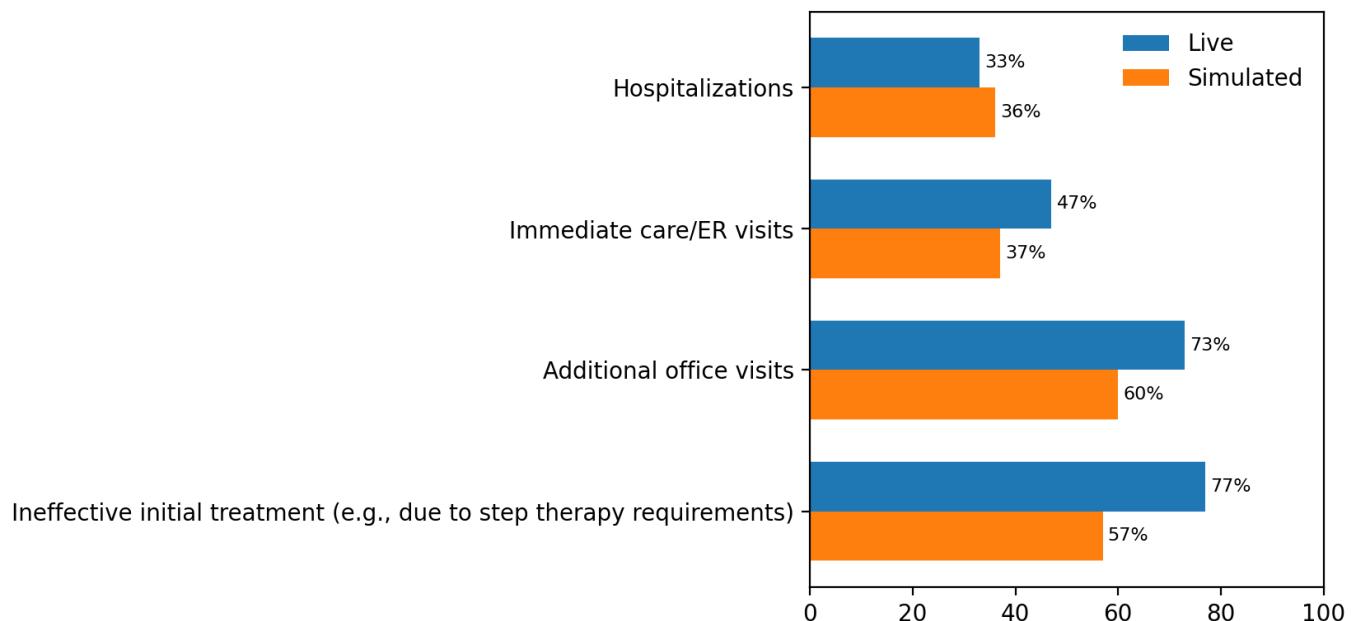


KL Divergence (Live ■ Simulated): 0.086

Sample size: Live n=1,000 | Simulated n=1,000

Q8

In which of the following ways has the prior authorization process led to higher overall utilization of health care resources for patients in your care?

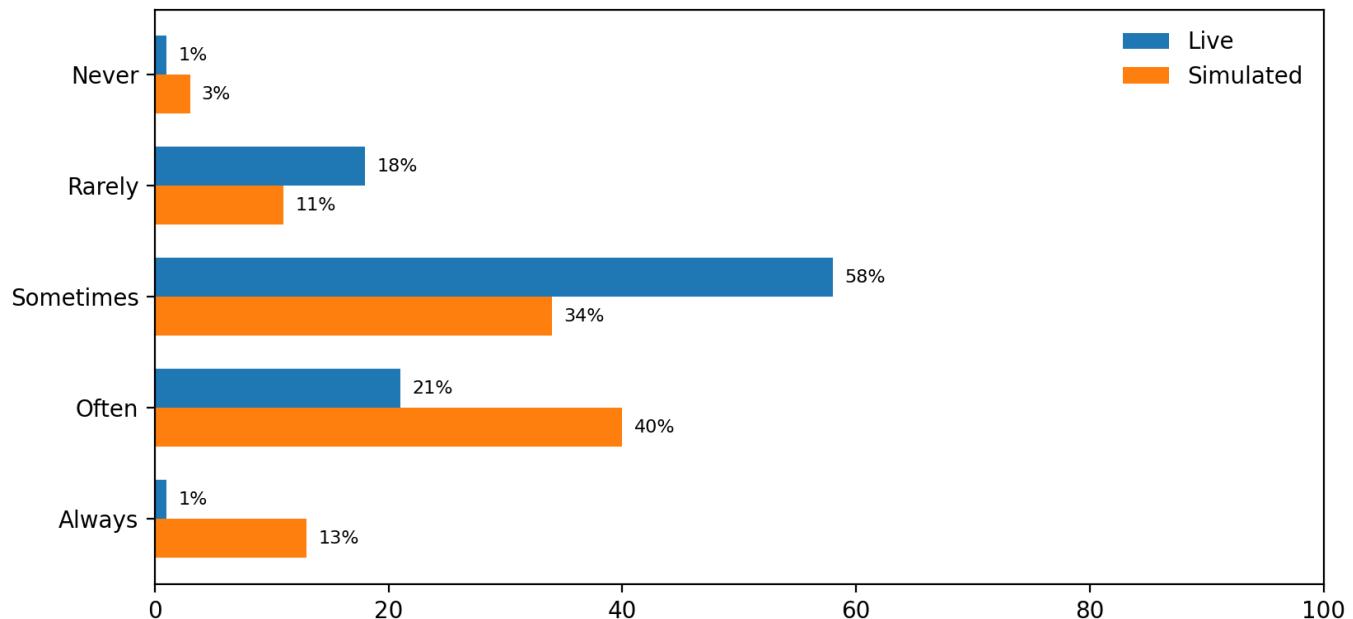


Rank-Biased Overlap (Live ■ Simulated): 0.900

Sample size: Live n=1,000 | Simulated n=1,000

Q9

How often does a prior authorization delay or denial lead to a patient paying out of pocket for a medication that you prescribe (i.e., the health plan does not cover the prescription and the patient pays the full cost)?

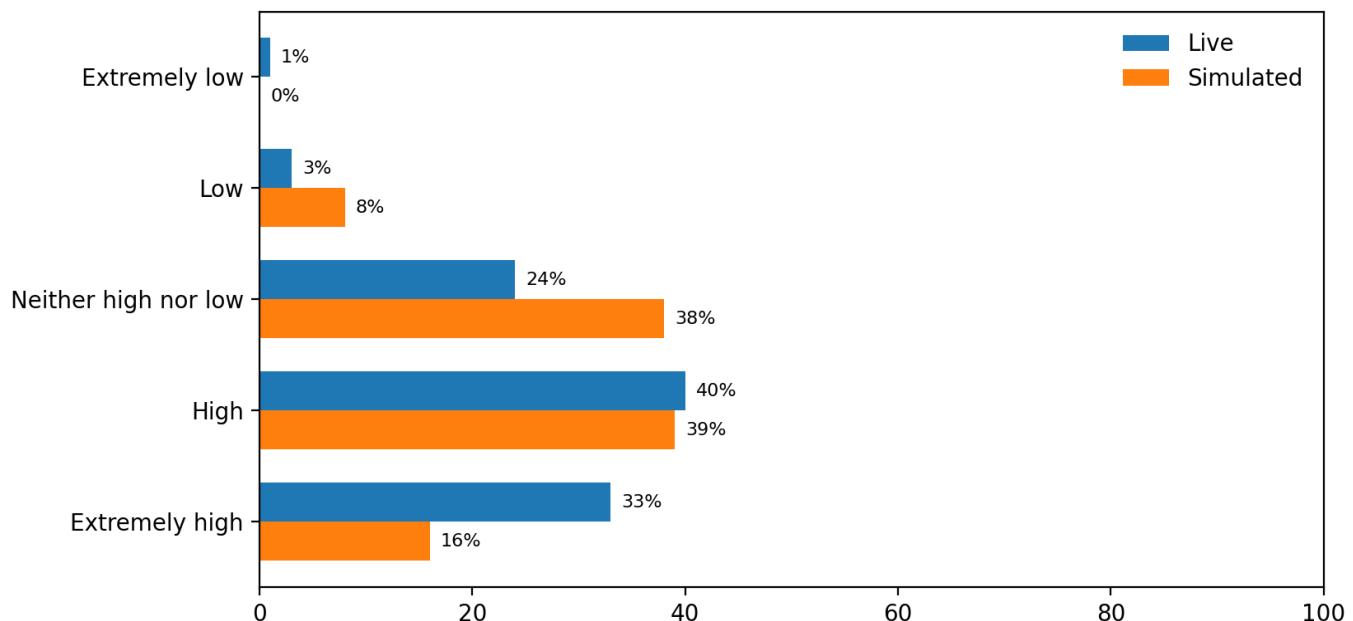


KL Divergence (Live ■ Simulated): 0.249

Sample size: Live n=1,000 | Simulated n=1,000

Q10

How would you describe the burden associated with prior authorization in your practice for UnitedHealthcare?

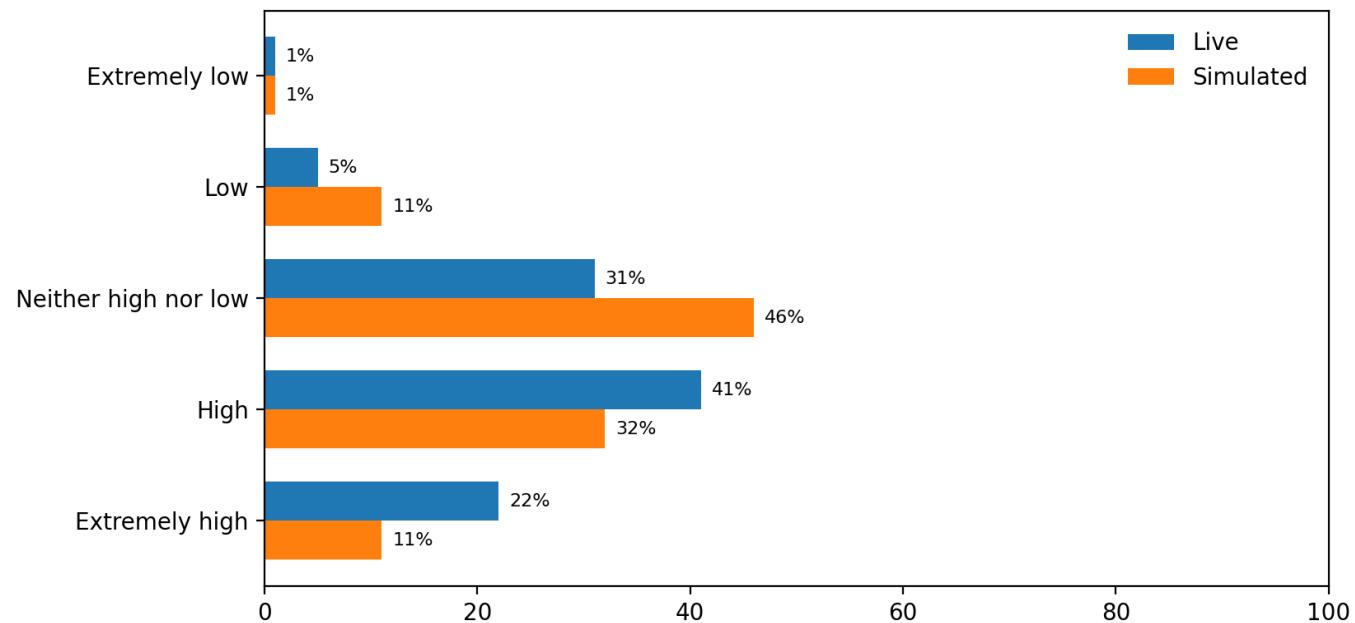


KL Divergence (Live ■ Simulated): 0.268

Sample size: Live n=1,000 | Simulated n=1,000

Q11

How would you describe the burden associated with prior authorization in your practice for Humana?

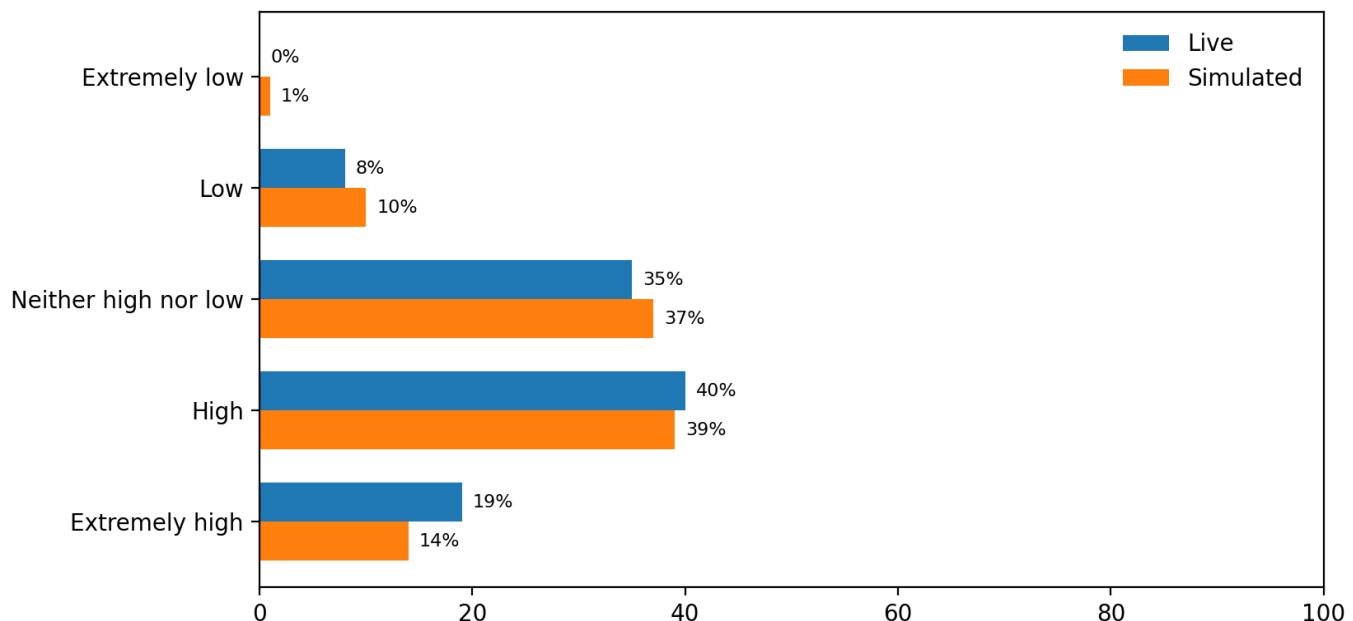


KL Divergence (Live ■ Simulated): 0.102

Sample size: Live n=1,000 | Simulated n=1,000

Q12

How would you describe the burden associated with prior authorization in your practice for Anthem/Elevance?

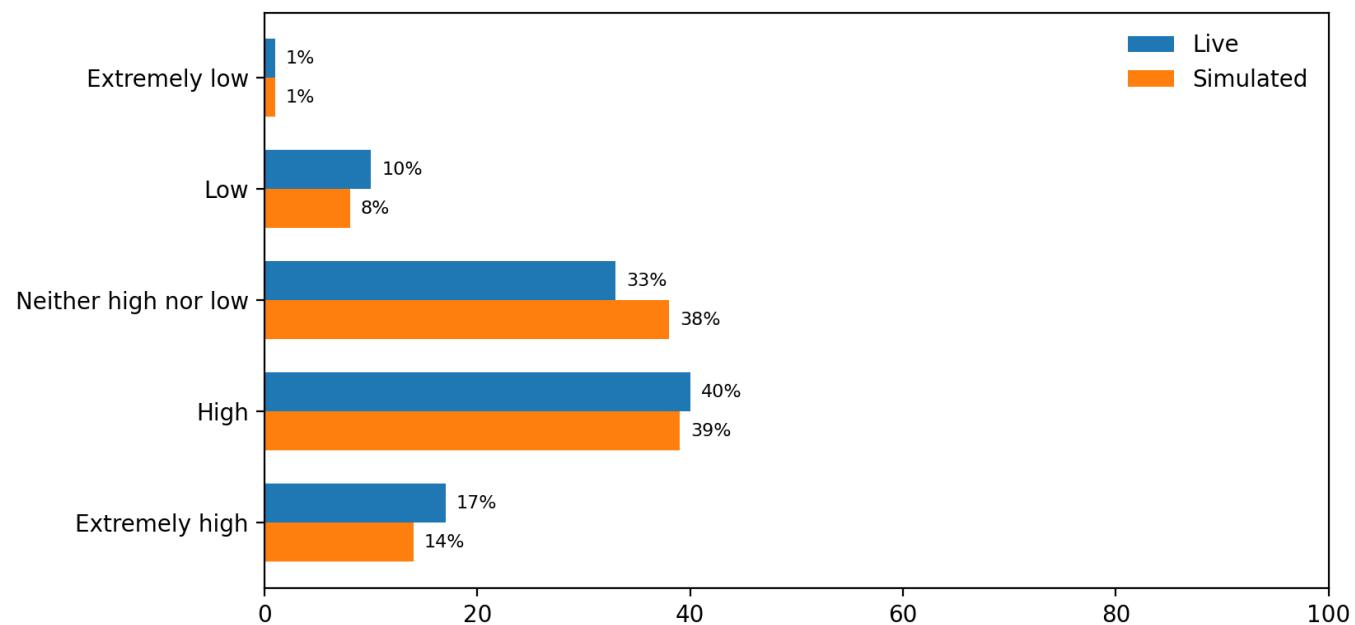


KL Divergence (Live ■ Simulated): 0.020

Sample size: Live n=1,000 | Simulated n=1,000

Q13

How would you describe the burden associated with prior authorization in your practice for Aetna?



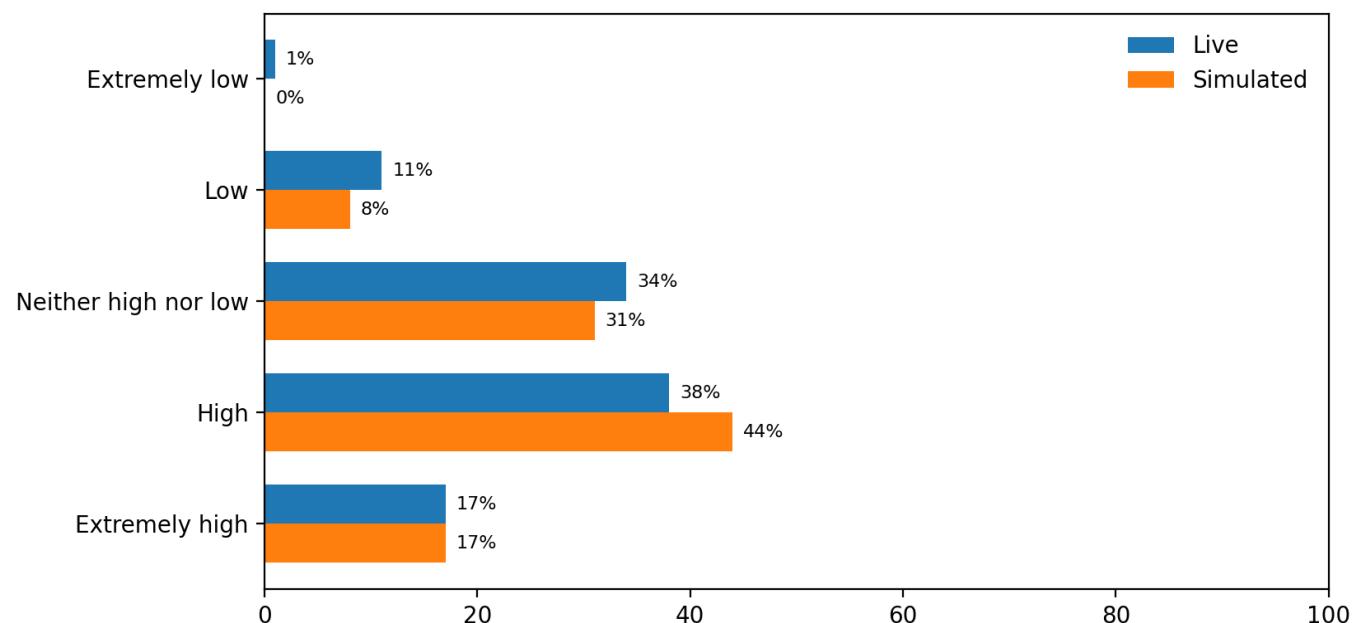
KL Divergence (Live ■ Simulated): 0.009

Sample size: Live n=1,000 | Simulated n=1,000

Simsurveys | Synthetic Survey Data Validation

Q14

How would you describe the burden associated with prior authorization in your practice for Blue Cross Blue Shield?

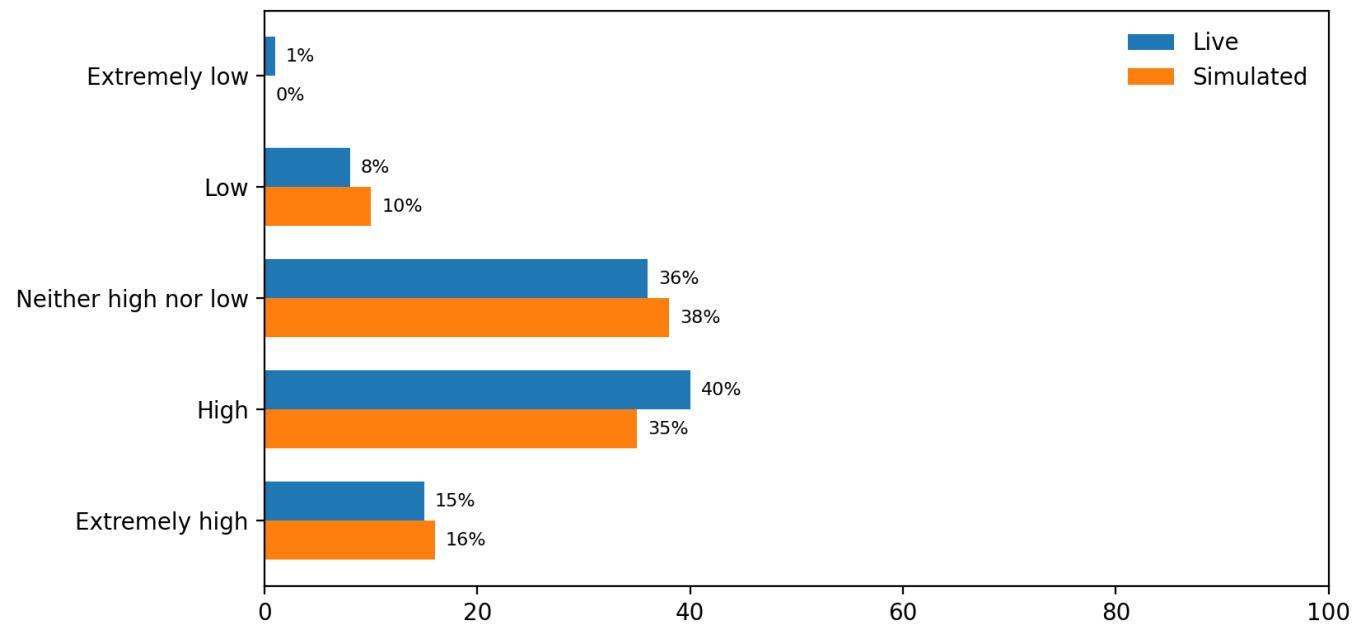


KL Divergence (Live ■ Simulated): 0.160

Sample size: Live n=1,000 | Simulated n=1,000

Q15

How would you describe the burden associated with prior authorization in your practice for Cigna?



KL Divergence (Live ■ Simulated): 0.158

Sample size: Live n=1,000 | Simulated n=1,000

Simsurveys | Synthetic Survey Data Validation

Appendix A: Targeting and Quotas (Documented)

Targeting and quota specifications used to generate the synthetic sample (mirroring the published live study design):

- Total sample: n=1,000 practicing physicians
- Quotas: 40% primary care physicians / 60% specialist physicians
- Eligibility: Provide 20+ hours of direct patient care per week
- Eligibility: Complete prior authorizations during a typical week of practice

Appendix B: AMA Prior Authorization Survey Instrument (Verbatim)

The following pages reproduce the original AMA Prior Authorization survey instrument verbatim, as administered to respondents.

AMA Prior Authorization Survey

Synthetic Test for Live vs Synth

PROJECT DATE	QUESTIONS	LANGUAGE
December 2025	18	en

Contents

Q1	For those patients whose treatment requires prior authorization, how often do issues related to the prior authorization process delay or deny the treatment?	Single Choice
Q2	How often do issues related to the prior authorization process delay or deny the treatment?	Single Choice
Q3	For those patients whose treatment requires prior authorization, how often do issues related to the prior authorization process delay or deny the treatment?	Single Choice
Q4	How has the number of prior authorization denials changed over the past year?	Single Choice
Q5	How has the frequency of peer-to-peer reviews during the prior authorization process changed over the past year?	Single Choice
Q6	How often does the health plan's "peer" have the appropriate expertise to review prior authorizations?	Single Choice
Q7	Please consider how your patients' utilization of health care services has changed over the past year.	Single Choice
Q8	In which of the following ways has the prior authorization process changed over the past year?	Multiple Choice
Q9	How often does a prior authorization delay or denial lead to patient harm?	Single Choice
Q10	How would you describe the burden associated with prior authorization?	Single Choice
Q11	How would you describe the burden associated with prior authorization?	Single Choice
Q12	How would you describe the burden associated with prior authorization?	Single Choice
Q13	How would you describe the burden associated with prior authorization?	Single Choice
Q14	How would you describe the burden associated with prior authorization?	Single Choice
Q15	How would you describe the burden associated with prior authorization?	Single Choice

Q1 Single Choice

For those patients whose treatment requires prior authorization, how often does this process delay access to necessary care?

- Always (1)
- Often (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q2 Single Choice

How often do issues related to the prior authorization process lead to patients abandoning their recommended course of treatment?

- Always (1)
- Often (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q3 Single Choice

For those patients whose treatment requires prior authorization, what is your perception of the overall impact of this process on patient clinical outcomes?

- Significant negative impact (1)
- Somewhat negative impact (2)
- No impact (3)
- Somewhat positive impact (4)
- Significant positive impact (5)

Q4 Single Choice

How has the number of prior authorization denials changed over the last five years?

- Increased significantly or somewhat (1)
- No change (2)
- Decreased somewhat or significantly (3)

Q5 Single Choice

How has the frequency of peer-to-peer reviews during the prior authorization process changed over the last five years?

- Increased significantly (1)
- Increased somewhat (2)
- No change (3)
- Decreased somewhat (4)
- Decreased significantly (5)

Q6 Single Choice

How often does the health plan's "peer" have the appropriate qualifications to assess and make a determination regarding the prior authorization request?

- Always (1)
- Often (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q7 Single Choice

Please consider how your patients' utilization of health care resources is impacted by the prior authorization process. In your experience, how often does the prior authorization process lead to higher overall utilization of health care resources?

- Always (1)
- Often (2)
- Sometimes (3)

- Rarely (4)
- Never (5)

Q8 Multiple Choice

In which of the following ways has the prior authorization process led to higher overall utilization of health care resources for patients in your care?

- Ineffective initial treatment (e.g., due to step therapy requirements) (1)
- Additional office visits (2)
- Immediate care/ER visits (3)
- Hospitalizations (4)

Q9 Single Choice

How often does a prior authorization delay or denial lead to a patient paying out of pocket for a medication that you prescribe (i.e., the health plan does not cover the prescription and the patient pays the full cost)?

- Always (1)
- Often (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Q10 Single Choice

How would you describe the burden associated with prior authorization in your practice for UnitedHealthcare?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)

Q11 Single Choice

How would you describe the burden associated with prior authorization in your practice for Humana?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)

Q12 Single Choice

How would you describe the burden associated with prior authorization in your practice for Anthem/Elevance?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)

Q13 Single Choice

How would you describe the burden associated with prior authorization in your practice for Aetna?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)

Q14 Single Choice

How would you describe the burden associated with prior authorization in your practice for Blue Cross Blue Shield?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)

Q15 Single Choice

How would you describe the burden associated with prior authorization in your practice for Cigna?

- Extremely high (1)
- High (2)
- Neither high nor low (3)
- Low (4)
- Extremely low (5)