

STATE OF MARYLAND PRIMARY CARE PROVIDER POPULATION

2009 Provider Satisfaction Survey

Executive Summary

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Job Number: 09-502



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Starting in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WB&A Market Research (WB&A), a certified National Committee for Quality Assurance (NCQA) survey vendor, to conduct its Provider Satisfaction Survey. This survey was administered to primary care providers (PCPs) participating in Maryland's Medicaid managed care program, HealthChoice.

- PCPs participating with each of the seven managed care organizations (MCOs) that provide Medicaid services in the HealthChoice program participated in this research:
 - AMERIGROUP Community Care,
 - Diamond Plan,
 - Jai Medical Systems,
 - Maryland Physicians Care,
 - MedStar Family Choice,
 - Priority Partners, and
 - UnitedHealthcare.

The provider survey measures how well MCOs are meeting their PCPs' expectations and needs. From this survey, we can determine PCPs' ratings of and experiences with the MCOs with which they participate. Then, based on PCPs' experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from this provider survey will allow DHMH to determine how well participating MCOs are taking appropriate and timely actions in processing claims, assisting provider offices through accessible and helpful representatives, maintaining an adequate network of specialists and providing timely authorizations.
- The results from the provider survey summarize satisfaction through ratings, composites and question Summary Rates. In general, question Summary Rates represent the percentage of respondents who chose the most positive response categories.

WB&A administered a mixed-methodology which involved mail with telephone follow-up.

- Specifically, two questionnaire packages and follow-up postcards were sent to samples of eligible PCPs from each of the seven MCOs with “Return Service Requested” and WB&A’s toll-free number included. The mail materials also included a toll-free number for Spanish-speaking PCPs to complete the survey over the telephone. Those who did not respond by mail were contacted via telephone to complete the survey. During the telephone follow-up, PCPs had the option to complete the survey in either English or Spanish.
- WB&A received an electronic sample file of participating PCPs from each of the seven MCOs. WB&A then combined the sample files and sorted the list by the PCP’s license number and de-duplicated so that a PCP only received one survey from a specified MCO regardless of the number of MCOs with which they participate. The remaining unique PCPs were surveyed.

Between February and May 2009, WB&A collected 769 valid surveys from the eligible PCP population.

- Ineligible PCPs included those who were deceased, did not meet eligible population criteria or had a language barrier. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number or were unable to be contacted during the survey time period.
- Ineligible surveys were subtracted from the sample size when computing a response rate.

Table 1 shows the total number of PCPs in the sample that fell into each disposition category.

Table 1: Sample Dispositions

Disposition Group	Disposition Category	Number
Ineligible	Deceased (M20/T20)	0
	Does not meet eligibility criteria (M21/T21)	18
	Language barrier (M22/T22)	1
	Mentally/Physically incapacitated (M24/T24)	1
	Total Ineligible	20
Non-Response	Bad address/phone (M23/T23)	365
	Refusal (M32/T32)	357
	Maximum attempts made* (M33/T33)	2,644
	Total Non-Response	3,366

*Maximum attempts made include two survey mailings and an average of three to four call attempts.

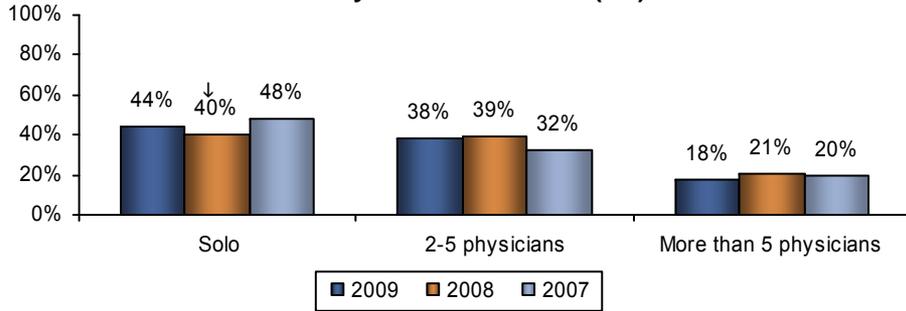
Table 2 illustrates the number of PCP surveys mailed, the number of completed surveys (mail and phone) and the response rate for each MCO.

Table 2: Provider Survey

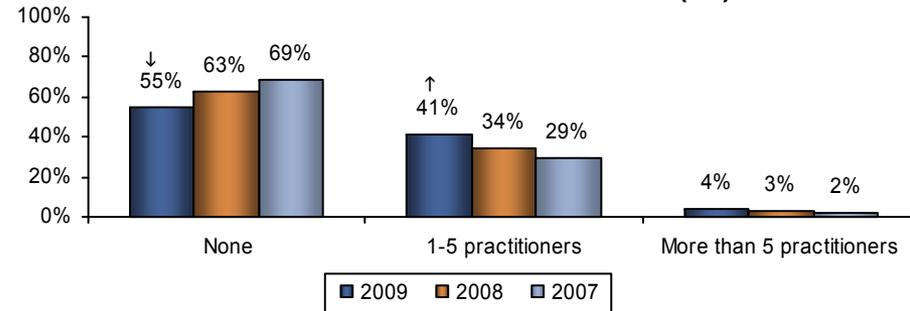
MCO	Surveys Mailed	Mail and Phone Completes	Response Rate
AMERIGROUP Community Care	1,497	287	19%
Diamond Plan	194	25	13%
Jai Medical Systems	22	15	68%
Maryland Physicians Care	275	67	24%
MedStar Family Choice	83	28	34%
Priority Partners	924	162	18%
UnitedHealthcare	1,160	185	16%
Total HealthChoice	4,155	769	19%

↑ significant increase from previous year
↓ significant decrease from previous year

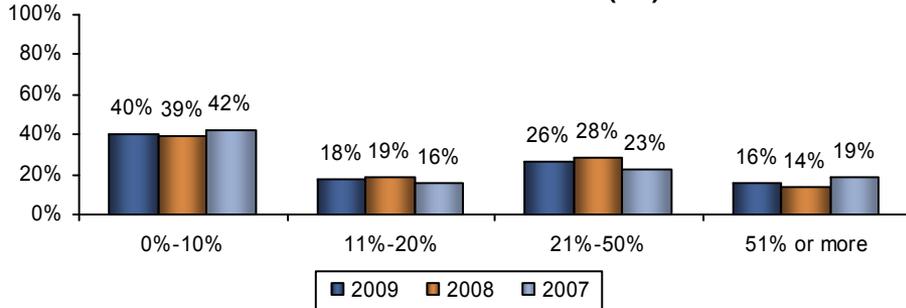
Physician in Practice (Q1)



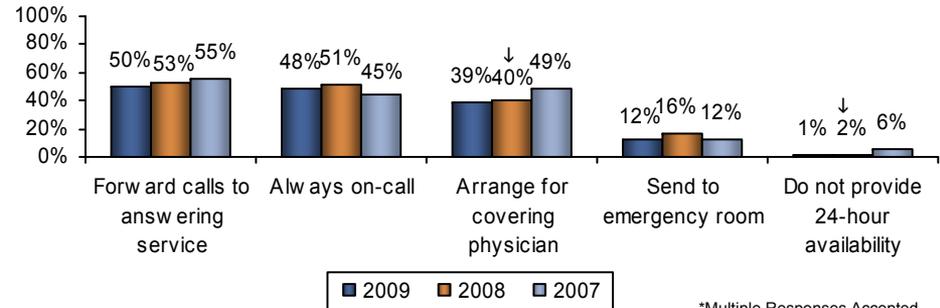
Mid-Level Practitioners in Practice (Q2)



HealthChoice Patient Volume (Q3)

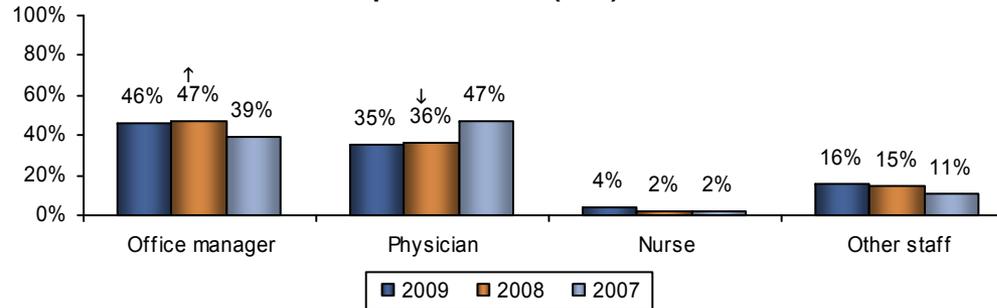


How 24-Hour Availability Provided (Q5)*



*Multiple Responses Accepted

Respondent Role (Q32)



Base=Those answering

A loyal primary care provider (PCP) can be defined as someone who is both very satisfied with the MCO and willing to recommend that MCO to patients and other physicians.

- From the survey, a “loyalty” analysis was conducted by combining the responses to overall satisfaction with HealthChoice MCOs (Q25), likelihood of recommending HealthChoice MCOs to patients (Q27) and likelihood of recommending HealthChoice MCOs to other physicians (Q28). This analysis produced three categories which are used to describe PCP loyalty – *Loyal, Not Loyal and Indifferent*.
- Table 3 shows PCPs’ ratings of the HealthChoice MCO about which they were surveyed (as well as All Other HealthChoice MCOs with which they participate) on the measures that comprise the loyalty analysis.

Table 3: Overall Ratings

	Overall Satisfaction			Would Recommend to Patients			Would Recommend to Other Physicians		
	Summary Rate – <i>Very or Somewhat Satisfied</i>			Summary Rate – <i>Definitely or Probably Yes</i>			Summary Rate – <i>Definitely or Probably Yes</i>		
	2009	2008	2007	2009	2008	2007	2009	2008	2007
Specified HealthChoice MCO (Aggregate)	65%	64%	60%	75%	73%	74%	72%	68%	70%
AMERIGROUP Community Care	71%	66%	41%	81%	78%	78%	76%	72%	56%
Diamond Plan	67%	70%	62%	80%	82%	84%	85%	77%	83%
Jai Medical Systems	93%	93%	91%	93%	93%	92%	93%	93%	88%
Maryland Physicians Care	75%	72%↑	52%	79%	79%	67%	76%	80%	65%
MedStar Family Choice	82%	90%	88%	85%	90%	90%	85%	93%	92%
Priority Partners	63%	72%	58%	77%	86%	81%	73%	74%	70%
UnitedHealthcare	51%	43%	34%	60%	50%	41%	57%	46%	42%
All Other HealthChoice MCOs (Aggregate)	64%	63%	55%	N/A	N/A	N/A	N/A	N/A	N/A

N/A=These questions were not asked of All Other HealthChoice MCOs.

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

Note: Caution should be taken when comparing results between MCOs as a small sample size (n<35) can lead to results that do not accurately represent the MCO population as a whole.

Table 4 shows PCPs' ratings of the specific HealthChoice MCO about which they were surveyed with regard to Primary Care Provider Loyalty, as defined on page 6.

- Given that the PCPs were not asked to rate their likelihood of recommending All Other HealthChoice MCOs with which they participate, this measure is not available for All Other HealthChoice MCOs.

Table 4: Primary Care Provider Loyalty

	Loyal			Indifferent			Not Loyal		
	2009	2008	2007	2009	2008	2007	2009	2008	2007
Specified HealthChoice MCO (Aggregate)	25%	22%	27%	70%	71%	65%	5%	8%	8%
AMERIGROUP Community Care	30%	21%↑	6%	66%	70%	81%	3%↓	9%	12%
Diamond Plan	11%	27%	7%	89%	73%	80%	0%	0%	13%
Jai Medical Services	93%	73%	73%	7%	27%	23%	0%	0%	5%
Maryland Physicians Care	23%	26%	18%	75%	71%	78%	2%	3%	4%
MedStar Family Choice	46%	54%	53%	54%	46%	47%	0%	0%	0%
Priority Partners	20%	25%	22%	80%	70%	76%	1%	5%	3%
UnitedHealthcare	13%↑	5%	10%	74%	81%	67%	13%	14%	23%

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

Note: Caution should be taken when comparing results between MCOs as a small sample size (n<35) can lead to results that do not accurately represent the MCO population as a whole.

Composite Measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions. The Provider Satisfaction Survey includes six composite measures, defined in Table 5:

Table 5: Composite Measure Definitions

Composite Measure	Survey Question Number	What is Measured	Summary Rate
Finance Issues	6-8	Measures PCPs' experiences with the accuracy of claims processing, the timeliness of initial claims processing and the timeliness of adjustment/appeal claims processing	% of PCPs who responded "Excellent or Very Good"
Customer Service/ Provider Relations	9-16	Measures PCPs' experiences with the process of obtaining member eligibility information, the PCP's interaction with Customer Service/Provider Relations, the quality of written communications as well as the adequacy of the specialist network	% of PCPs who responded "Excellent or Very Good"
Coordination of Care/ Case Management	19	Asks PCPs to rate their experience with coordination of care and case management	% of PCPs who responded "Excellent or Very Good"
No-Show Appointments	20	Asks PCPs to give the percentage of no-show appointments each week	% of PCPs who responded "None or 1%-25%"
Utilization Management	21-24	Measures PCPs' experiences with the timeliness of the authorization process	% of PCPs who responded "Excellent or Very Good"
Overall Satisfaction	25, 27 and 28	Measures overall satisfaction with plan, likelihood of recommending plan to patients as well as to other physicians	% of PCPs who responded "Very Satisfied or Somewhat Satisfied" or "Definitely Yes or Probably Yes"

Table 6 shows PCPs' composite measure ratings of the specified MCO about which they were surveyed (as well as All Other HealthChoice MCOs with which they participate).

Table 6: Composite Measures

Composite Measures																		
	No-Show Appointments			Overall Satisfaction			Finance Issues			Customer Service/ Provider Relations			Coordination of Care/Case Management			Utilization Management		
	Summary Rate – 0%-25%			Summary Rate – Very or Somewhat Satisfied/ Definitely or Probably Yes			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good		
	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007	2009	2008	2007
Specified HealthChoice MCO (Aggregate)	82%	81%	80%	71%	68%	68%	35%▲	29%↓	41%	33%▲	29%↓▲	39%	29%	25%↓	32%	24%▲	22%↓▲	38%
All Other HealthChoice MCOs (Aggregate)	N/A	N/A	N/A	N/A	N/A	N/A	23%	21%	32%	22%	20%	29%	N/A	N/A	N/A	18%	12%	30%

N/A=Not all of the questions that comprise the particular composite were asked of All Other HealthChoice MCOs.

Arrows (↑,↓) indicate that the particular composite measure is performing statistically better or worse than it did in the previous year.

Arrows (▲,▼) indicate that the specified HealthChoice MCO is performing statistically better or worse than All Other HealthChoice MCOs.

The individual questions (attributes) that comprised the composite measures where HealthChoice MCOs continue to receive lower ratings in 2009 are illustrated in Table 7. Beside each attribute is the corresponding composite measure.

Table 7: Composite Measure Attributes Showing Low Ratings

Attributes	2009 (Summary Rate – Excellent or Very Good)	2008 (Summary Rate – Excellent or Very Good)	2007 (Summary Rate – Excellent or Very Good)
Accuracy of claims processing [Finance Issues]	40%↑	34%↓	45%
Timeliness of initial claims processing [Finance Issues]	40%↑	31%↓	46%
Timeliness of adjustment/appeal claims processing [Finance Issues]	24%	21%↓	33%
Process for obtaining member eligibility information [Customer Service/Provider Relations]	46%	43%	47%
Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative [Customer Service/Provider Relations]	42%	37%	44%
Customer Service/Provider Relations overall [Customer Service/Provider Relations]	37%	32%↓	43%
Quality of written communications, policy bulletins and manuals [Customer Service/Provider Relations]	34%	29%↓	42%
Timeliness to answer questions and/or resolve problems [Customer Service/Provider Relations]	33%↑	27%↓	37%
Accuracy and accessibility of drug formulary and formulary updates [Customer Service/Provider Relations]	27%	24%	N/A
Telephone system overall [Customer Service/Provider Relations]	27%	24%↓	33%
Specialist network has an adequate number of specialists to whom I can refer patients [Customer Service/Provider Relations]	20%	19%↓	27%
Timeliness of obtaining authorization for inpatient services [Utilization Management]	29%	25%↓	42%
Timeliness of obtaining authorization for outpatient services [Utilization Management]	27%	24%↓	35%
Timeliness of obtaining authorization for medication [Utilization Management]	21%	20%↓	36%
Overall experience in obtaining prior authorization for medications [Utilization Management]	21%	19%	N/A

N/A=This question was not asked in the 2007 survey.

Arrows (↑,↓) indicate that the particular measure is performing statistically better or worse than it did in the previous year.

Note: Caution should be taken when comparing results between MCOs as a small sample size (n<35) can lead to results that do not accurately represent the MCO population as a whole.

Overall, the 2009 findings show that HealthChoice MCOs are performing at a lower level (Summary Rate is less than 80%) on each of the attributes comprising the various composite measures. In an effort to increase satisfaction, some attention should be given to each of these areas.

In an effort to identify the underlying components of PCPs' ratings of their overall satisfaction with HealthChoice MCOs, advanced statistical techniques were employed.

- Specifically, correlation analyses were conducted between each composite measure attribute and overall satisfaction with HealthChoice MCOs in order to ascertain which attributes have the greatest impact.

Overall, the attributes listed below are identified as **unmet needs**¹ and should be considered priority areas for HealthChoice MCOs. If performance on these attributes is increased, it could have a positive impact on PCPs' overall satisfaction.

- **Customer Service/Provider Relations overall**
- **Coordination of Care/Case Management**

¹**Unmet needs** are key drivers that are of high importance to PCPs where they perceive the HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

- **Attributes** are the questions that relate to a specific service area or composite as specified by NCQA.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10=Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall satisfaction (Q25) among MCO PCPs.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (e.g., *Excellent and Very Good; Definitely Yes and Probably Yes; Very Satisfied and Somewhat Satisfied*). Keep in mind that a Summary Rate is not assigned to every question.
- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.