

STATE OF MARYLAND PRIMARY CARE PROVIDER POPULATION

2012 Provider Satisfaction Survey

Executive Summary

Date: November 2012

Job Number: 12-202



2191 Defense Highway, Suite 401
Crofton, MD 21114
Phone: 410.721.0500
Fax: 410.721.7571
www.WBandA.com

Beginning 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. WB&A administered this survey 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 survey:
 - AMERIGROUP Community Care
 - Diamond Plan
 - Jai Medical Systems
 - Maryland Physicians Care
 - MedStar Family Choice
 - Priority Partners
 - 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. Based on the responses 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 with accessible and helpful representatives, maintaining an adequate network of specialists and providing timely authorizations.
- 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.

The Maryland Department of Health and Mental Hygiene (DHMH) made the following changes to the Provider satisfaction survey in 2012:

- Revised Question 33 to include the “Topic of Concern” option, allowing the Provider to write-in a particular topic with which they have a concern. A list of those indicating they would like to be contacted by an MCO representative in this question are provided to DHMH for review and/or follow up by the MCO.
- Added Question 34 to the survey: “May we forward your survey responses and provider information to DHMH so they can work to improve the service they offer you?” Providers answering “yes” to this question have their provider information appended to a file including their survey responses that is sent to DHMH for review and/or follow up.

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

- Specifically, two questionnaire packages were sent to 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 file of all participating PCPs from each of the seven MCOs. WB&A then combined the files and sorted the list by the PCP’s license number and de-duplicated so that a PCP received a survey from only one MCO regardless of the number of MCOs with which they participate.

Between March and June 2012, WB&A collected 1,010 valid surveys from the eligible PCP population. Specifically, 580 were returned by mail and 430 were conducted over the telephone (none of which were conducted in Spanish). The overall response rate for 2012 was 21%.

- Ineligible PCPs included those who were deceased, did not meet eligible population criteria (indicated non-participation in the selected MCO) 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)	3
	Does not meet eligibility criteria (M21/T21)	194
	Language barrier (M22/T22)	2
	Mentally/Physically incapacitated (M24/T24)	0
	Total Ineligible	199
Non-Response	Bad address/phone (M23/T23)	408
	Refusal (M32/T32)	522
	Maximum attempts made* (M33/T33)	2,942
	Total Non-Response	3,872

*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.

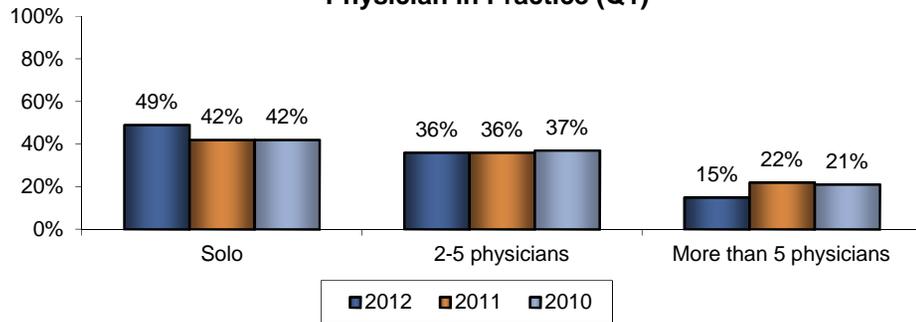
Table 2: Provider Survey

MCO	Surveys Mailed	Mail and Phone Completes*	Response Rate
AMERIGROUP Community Care	1,375	312	24%
Diamond Plan	371	58	17%
Jai Medical Systems	66	31	48%
Maryland Physicians Care	585	140	24%
MedStar Family Choice	288	68	24%
Priority Partners	1,097	203	20%
UnitedHealthcare	1,299	198	16%
Total HealthChoice MCOs	5,081	1,010	21%

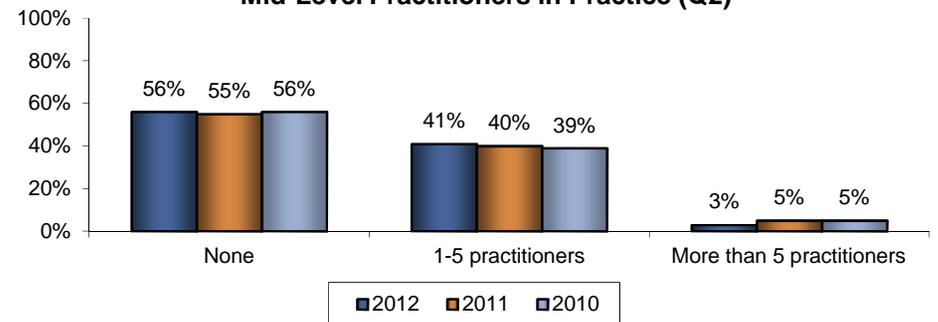
*During the telephone follow-up, PCPs had the option to complete the survey in either English or Spanish.

Profile of PCPs Surveyed

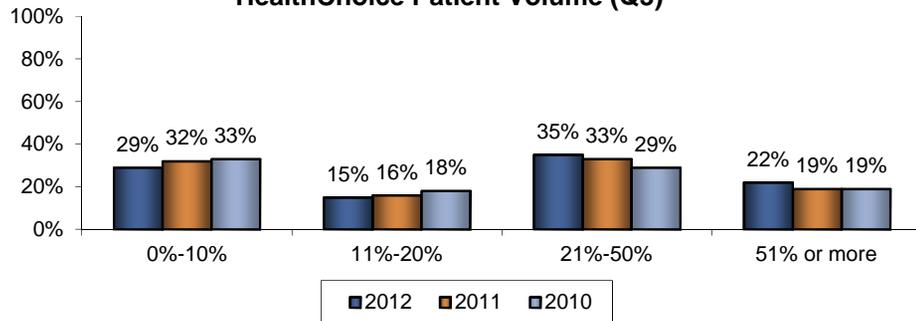
Physician in Practice (Q1)



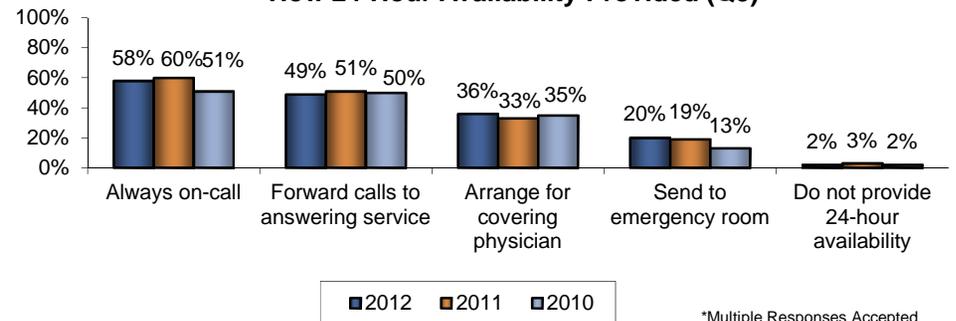
Mid-Level Practitioners in Practice (Q2)



HealthChoice Patient Volume (Q3)

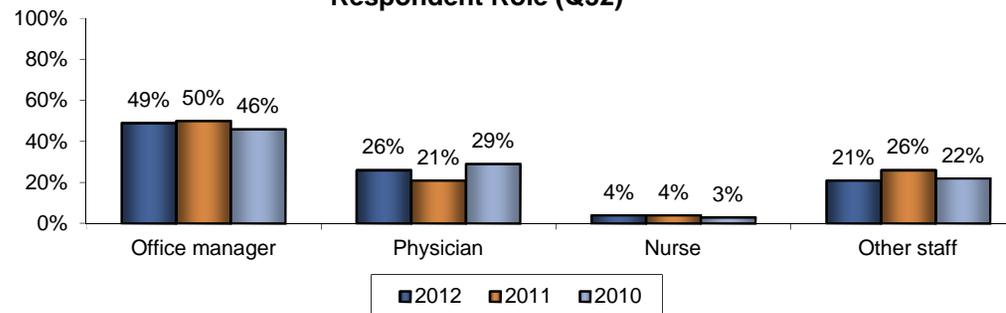


How 24-Hour Availability Provided (Q5)*



*Multiple Responses Accepted

Respondent Role (Q32)



Base=Those answering

Overall Ratings/Loyalty Analysis

A loyal 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>		
	2012	2011	2010	2012	2011	2010	2012	2011	2010
Specified HealthChoice MCO (Aggregate)	76%	75%	69%	85%	84%	79%	82%	82%	76%
AMERIGROUP Community Care	79%	77%	72%	88%	84%	79%	85%	83%	78%
Diamond Plan	73%	64%	71%	76%	82%	85%	74%	78%	85%
Jai Medical Systems	81%	83%	92%	87%	90%	100%	87%	87%	100%
Maryland Physicians Care	76%	81%	68%	83%	86%	84%	81%	86%	81%
MedStar Family Choice	88%	90%	89%	95%	97%	92%	95%	97%	92%
Priority Partners	77%	74%	73%	90%	87%	84%	85%	83%	82%
UnitedHealthcare	65%	66%	55%	75%	75%	63%	71%	73%	57%
All Other HealthChoice MCOs (Aggregate)	72%	72%	66%	N/A	N/A	N/A	N/A	N/A	N/A

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

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		
	2012	2011	2010	2012	2011	2010	2012	2011	2010
Specified HealthChoice MCO (Aggregate)	32%	27%	23%	65%	70%	73%	3%	3%	4%
AMERIGROUP Community Care	30%	30%	22%	68%	67%	74%	2%	3%	4%
Diamond Plan	30%	17%	18%	62%	79%	82%	8%	4%	0%
Jai Medical Services	60%	48%	60%	37%	52%	40%	3%	0%	0%
Maryland Physicians Care	35%	31%	29%	64%	66%	68%	1%	3%	4%
MedStar Family Choice	51%	40%	42%	46%	59%	57%	3%	1%	1%
Priority Partners	36%	29%	23%	62%	69%	76%	2%	3%	1%
UnitedHealthcare	19%	14%	12%	76%	80%	78%	5%	6%	10%

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 (*note: two composite scores are comprised of only one question*). 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 ¹
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"

¹Summary Rates most often represent the most favorable responses for that question.

Composite Measures (continued)

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		
	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Specified HealthChoice MCO (Aggregate)	82%	84%	82%	81%	80%	75%	44%	38%	34%	41%	37%	36%	38%	34%	32%	32%	26%	25%
AMERIGROUP Community Care	82%	85%	81%	84%	81%	76%	50%	42%	37%	44%	36%	36%	41%	39%	32%	32%	25%	26%
Diamond Plan	89%	86%	91%	74%	75%	80%	38%	42%	35%	31%	32%	33%	27%	32%	32%	28%	15%	26%
Jai Medical Services	45%	83%	88%	85%	87%	97%	73%	68%	67%	68%	66%	67%	77%	62%	77%	72%	70%	63%
Maryland Physicians Care	80%	80%	80%	80%	84%	78%	47%	43%	40%	41%	39%	38%	35%	33%	32%	29%	22%	20%
MedStar Family Choice	85%	83%	80%	93%	95%	91%	54%	50%	43%	60%	52%	48%	66%	55%	51%	51%	42%	38%
Priority Partners	81%	81%	83%	84%	82%	80%	43%	38%	35%	39%	40%	39%	35%	34%	33%	31%	27%	24%
UnitedHealthcare	87%	87%	82%	70%	71%	58%	29%	23%	22%	30%	27%	24%	23%	21%	20%	25%	20%	18%
All Other HealthChoice MCOs (Aggregate)	N/A	N/A	N/A	N/A	N/A	N/A	32%	27%	24%	29%	26%	24%	N/A	N/A	N/A	21%	18%	13%

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

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 (continued)

The individual questions (attributes) that comprised the composite measures where HealthChoice MCOs continue to receive lower ratings in 2012 are illustrated in Table 7. Beside each attribute is the corresponding composite measure.

Table 7: Composite Measure Attributes Showing Low Ratings

Attributes	2012 (Summary Rate – Excellent or Very Good)	2011 (Summary Rate – Excellent or Very Good)	2010 (Summary Rate – Excellent or Very Good)
Timeliness of initial claims processing [Finance Issues]	50%	44%	39%
Accuracy of claims processing [Finance Issues]	50%	43%	39%
Timeliness of adjustment/appeal claims processing [Finance Issues]	33%	26%	24%
Process for obtaining member eligibility information [Customer Service/Provider Relations]	54%	51%	49%
Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative [Customer Service/Provider Relations]	49%	46%	45%
Customer Service/Provider Relations overall [Customer Service/Provider Relations]	46%	43%	40%
Timeliness to answer questions and/or resolve problems [Customer Service/Provider Relations]	40%	37%	35%
Quality of written communications, policy bulletins and manuals [Customer Service/Provider Relations]	40%	36%	36%
Telephone system overall [Customer Service/Provider Relations]	36%	32%	29%
Accuracy and accessibility of drug formulary and formulary updates [Customer Service/Provider Relations]	35%	31%	29%
Specialist network has an adequate number of specialists to whom I can refer patients [Customer Service/Provider Relations]	27%	21%	21%
Timeliness of obtaining authorization for inpatient services [Utilization Management]	36%	28%	28%
Timeliness of obtaining authorization for outpatient services [Utilization Management]	34%	28%	29%
Timeliness of obtaining authorization for medication [Utilization Management]	31%	24%	21%
Overall experience in obtaining prior authorization for medications [Utilization Management]	30%	24%	21%

Overall, the 2012 findings show that HealthChoice MCOs are performing at a moderate to lower level 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 improved, it could have a positive impact on PCPs' overall satisfaction.

- **Coordination of Care/Case Management**
- **Timeliness of obtaining authorization for inpatient services**
- **Timeliness of obtaining authorization for outpatient services**
- **Overall experience in obtaining prior authorization for medications**

¹**Unmet needs** are key drivers that are of high importance to PCPs where they perceive HealthChoice MCOs to be performing at a lower level.

- **Attributes** are the questions that relate to a specific service area or composite.
- **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 Provider 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.