

2005 Maryland Medicaid Managed Care

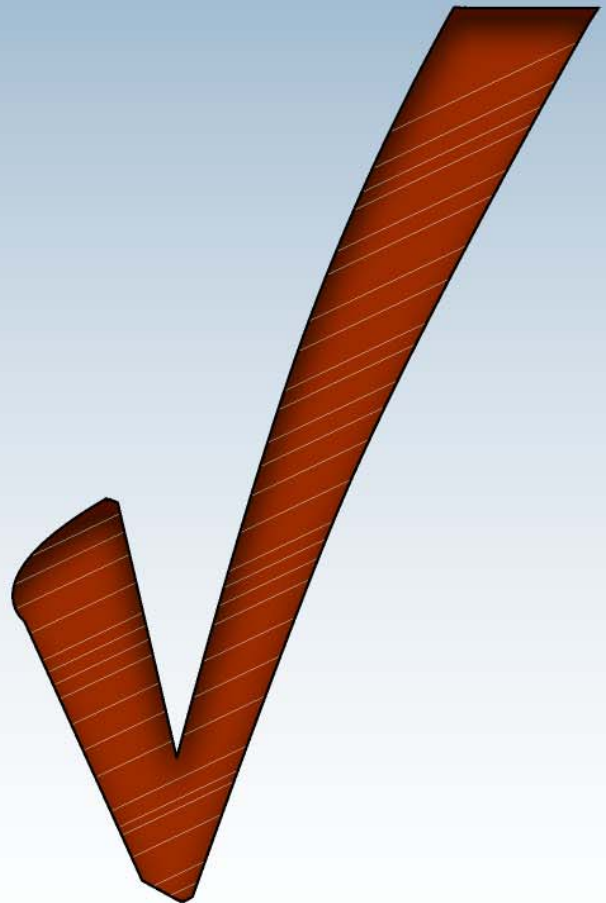


Provider Satisfaction Survey Executive Summary

Prepared for:

DHMH

*Maryland Department of
Health and Mental Hygiene*





Background

As part of the quality-monitoring plan, the State of Maryland Department of Health and Mental Hygiene (DHMH) conducts annual provider surveys to measure the Primary Care Provider (PCP) satisfaction with the managed care organizations (MCO) administration of the HealthChoice program.

DHMH selected The Myers Group, an NCQA-Certified HEDIS Survey Vendor to conduct the 2005 Provider Satisfaction Survey.

The comprehensive provider satisfaction survey tool was developed jointly by DHMH and The Myers Group to assess provider's experience with the MCOs they participate with. The survey contains question sets covering topics such as:

- Access to staff when seeking information;
- Utilization review and decision making process;
- Case and disease management activities;
- Specialty provider networks;
- Dissemination of information; and
- Claims processing.

The following seven MCOs participated in this survey:

- AMERIGROUP Maryland, Inc.
- Diamond Plan
- Helix Family Choice, Inc.
- Jai Medical Systems MCO, Inc.
- Maryland Physicians Care
- Priority Partners
- UnitedHealthcare



Methodology

For 2005, a mail-only survey administration methodology was utilized to survey a random sample of Primary Care Providers (PCPs) from each of the seven MCOs from January 18, 2006 through March 30, 2006. From a total aggregate sample of 7,472 providers, The Myers Group (TMG) collected 349 responses yielding a total aggregate response rate of 6.3%¹. The seven MCOs that participated in this questionnaire, along with the sample size, and the number of completed surveys for each plan are listed below.

MCO	2005	
	Sample Size	Returned Surveys
AMERIGROUP Maryland, Inc.	1098	49
Diamond Plan	933	39
Helix Family Choice, Inc.	1046	46
Jai Medical Systems MCO, Inc.	1100	16
Maryland Physicians Care	1100	55
Priority Partners	1099	62
UnitedHealthcare	1096	82
Aggregate	7472	349

Presentation of Results

- Attributes are the individual questions within each composite.
- Composites are calculated by taking the average of the Summary Rate Scores of the attributes in the specified section.
- All Other MCO Comparison – On the survey tool, respondents are asked to rate the HealthChoice MCO and also to rate all other MCOs in which they participate.
- Summary Rate Scores represent the percentage of respondents who select one of the top two positive answer choices. For most questions, the Summary Rate Score is the sum of the percentage of respondents who answered “Excellent” or “Very Good” from a five-point scale ranging from “Excellent” to “Poor.”

¹ The equation used to calculate the response rate subtracts ineligible surveys from the sample size when computing the denominator. Ineligible surveys include surveys returned for the following reasons: bad address, deceased, mentally/physically incapable, language barrier, or not eligible.



Composite Categories

The State of Maryland Provider survey includes eight composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. The composite score is the average of the Summary Rate Scores of the questions comprising a composite. Topics in the 2005 Provider Satisfaction Survey include:

- Customer Service/Provider Relations
 - The Customer Service/Provider Relations composite measures the experiences providers had when attempting to get member benefit information and their interaction with representatives from Customer Service/Provider Relations. It also includes providers' observations of members' knowledge of their benefits. The Summary Rate Score represents the percentage of respondents who answered "Excellent" or "Very Good."

- Specialty Provider Network
 - The Specialty Provider Network measures the adequacy of the specialty provider network. It also measures the timeliness of appointments and appropriateness of return of patient from specialist's to provider's care. The Summary Rate Score represents the percentage of respondents who answered "Excellent" or "Very Good."

- Coordination of Care
 - The Coordination of Care composite measures the coordination of care between the patient's provider and specialists, hospital admissions, emergency room and local health department. The Summary Rate Score represents the percentage of respondents who answered "Excellent" or "Very Good."

- Utilization Management
 - The Utilization Management composite measures the timeliness of obtaining authorization of outpatient and inpatient services, pharmacy and medical authorization. It also includes the volume of services requiring prior authorization, the level of information required and the administrative ease of facilitating care for patients. Summary Rate Score represents the percentage of respondents who answered "Excellent" or "Very Good."

- Case Management
 - The Case Management composite measures the health plan's administration of specialty referrals, facilitation of clinical care for patients, the plan's commitment to chronic disease management programs, and the degree to which the plan covers and encourages preventive care and health wellness. The Summary Rate Score represents the percentage of respondents who answered "Excellent" or "Very Good."



- Finance Issues
 - The Finance Issues composite measures the accuracy and timeliness of claims processing along with reimbursement rates and timeliness of claims appeals. The Summary Rate Score represents the percentage of respondents who answered “Excellent” or “Very Good.”

- Pharmacy and Drug Benefits
 - The Pharmacy and Drug Benefits composite measures the ease of using the MCO’s formulary, the timeliness of pharmacy prior authorization, and the sufficiency of information when formulary alternatives are suggested. The Summary Rate Score represents the percentage of respondents who answered “Excellent” or “Very Good.”

- Credentialing
 - The Credentialing composite measures the responsiveness and courtesy of credentialing staff in processing applications and the timeliness to complete the credentialing process. The Summary Rate Score represents the percentage of respondents who answered “Excellent” or “Very Good.”

- Overall MCO and service ratings
 - There are four questions with responses scaled Excellent to Poor which measure the following service areas: Overall Rating of Customer Service/Provider Relations, Overall Rating of the plan’s telephone system, Overall Rating of plan’s Coordination of Care, and Overall Rating of the credentialing process. Summary Rate Score represents the percentage of respondent who answered “Excellent” or “Very Good.”
 - There is also an Overall Satisfaction with Health Plan, scaled Very Satisfied to Very Dissatisfied. The Summary Rate Score for Overall Satisfaction is the percentage of respondents who answered “Very Satisfied” or “Somewhat Satisfied.”



All Other MCOs Comparison

Providers were asked to rate the HealthChoice MCOs listed on the survey along with all the other MCOs in which they participate. Results are presented as Summary Rate Scores, which represent the percentage of respondents who select one of the top two positive answer choices. The Summary Rate Scores for the items listed in the chart below are the sum of the proportion of respondents who selected “Excellent” or “Very Good” from a five-point scale of “Excellent,” “Very Good,” “Good,” “Fair,” or “Poor.” The chart below provides the 2005 composites as well as the overall satisfaction attribute Summary Rate Scores for the HealthChoice aggregate results and all other MCOs.

Composites/Ratings	Summary Rate Score Definition	Providers' Experience with HealthChoice MCOs' 2005 Summary Rate ²	Providers' Experience with All Other MCOs' 2005 Summary Rate
Customer Service/Provider Relations	Excellent or Very Good	24.5%	13.7%
Specialty Provider Network		24.3%	NA ³
Coordination of Care		20.9%	NA
Utilization Management		18.3%	8.0%
Case Management		24.8%	13.9%
Finance Issues		17.8%	9.4%
Pharmacy and Drug Benefits		18.7%	NA
Credentialing		42.5%	NA
Overall Satisfaction Attributes			
Customer Service/ Provider Relations	Excellent or Very Good	27.1%	14.6%
MCO's telephone system		21.8%	11.3%
Coordination of Care		23.5%	NA
Credentialing process		44.1%	NA

Providers were also asked to rate their overall satisfaction with the MCOs administration of the HealthChoice program on a five-point scale with response options consisting of “Very satisfied,” “Somewhat satisfied,” “Neither satisfied nor dissatisfied,” “Somewhat dissatisfied,” and “Very dissatisfied.” The Summary Rate Score is the sum of the proportion of respondents who selected “Very satisfied” and “Somewhat satisfied.”

	Summary Rate Score Definition	Providers' Experience with Specific HealthChoice MCOs' 2005 Summary Rate	Providers' Experience with All Other MCOs' 2005 Summary Rate
Overall Satisfaction	Very Satisfied or Somewhat Satisfied	66.5%	54.3%

³ NA indicates question did not offer an “all other MCOs” response option.



Trend Comparison

The chart below outlines 2005 and 2004 HealthChoice Summary Rate Scores for each composite. The Summary Rate Score is the sum of the proportion of respondents who selected “Excellent” or “Very good.” Significance testing, which determines if differences between percentages are attributed to real variations and not to chance, is also shown in the table below. Attention should be paid to those attributes that show significant changes in scores.

Composite	2005	2004	Significant Difference
Customer Service/ Provider Relations	24.5%	25.4%	Not Significant
Specialty Provider Network	24.3%	20.1%	Not Significant
Coordination of Care	20.9%	25.8%	Not Significant
Utilization Management	18.3%	20.3%	Not Significant
Case Management	24.8%	26.2%	Not Significant
Finance Issues	17.8%	18.3%	Not Significant
Pharmacy/ Drug Benefits	18.7%	15.1%	Not Significant
Credentialing	42.5%	30.1%	Significant Increase

The next table outlines the 2005 and 2004 percentages for the overall satisfaction with the MCOs administration of the HealthChoice program. The Summary Rate Score, which represents the percentage of respondents who selected one of the top two positive answer choices, is the sum of the proportion of respondents who selected “Very satisfied” and “Somewhat satisfied.” Summary Rate Scores are provided in the table below for each MCO and the aggregate.

MCO	2005		2004	
	Number of respondents	Overall Satisfaction	Number of respondents	Overall Satisfaction
Aggregate	313	66.5%	558	64.2%
AMERIGROUP Maryland, Inc.	43	69.8%	170	68.2%
Diamond Plan	36	66.7%	NA	NA
Helix Family Choice, Inc.	40	77.5%	32	59.4%
Jai Medical Systems MCO, Inc.	16	92.9%	34	41.2%
Maryland Physicians Care	51	54.9%	76	56.6%
Priority Partners	55	60.0%	80	63.8%
UnitedHealthcare	74	66.2%	166	69.3%

*Note: Small sample sizes can lead to results that do not accurately represent the population they are meant to represent.



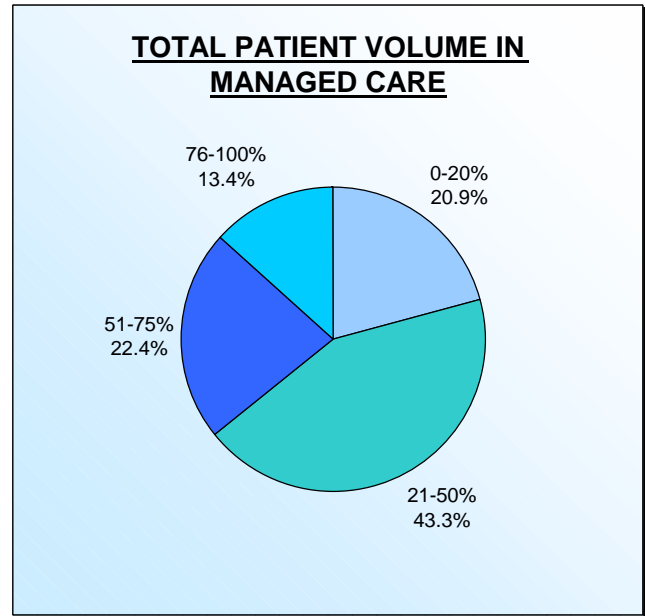
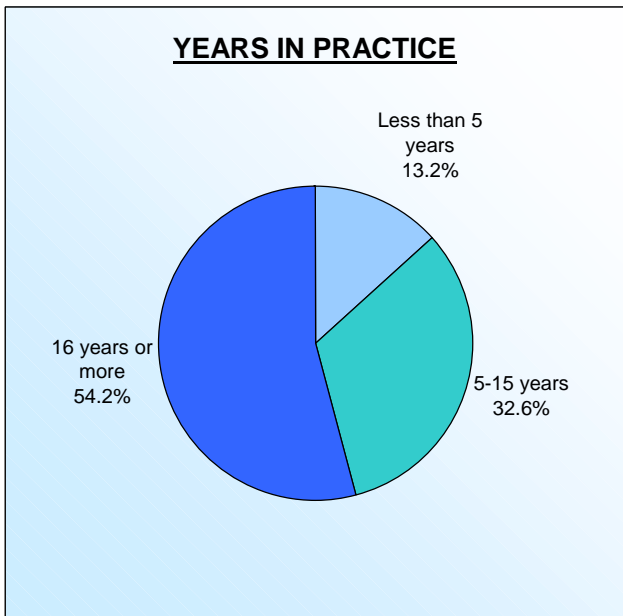
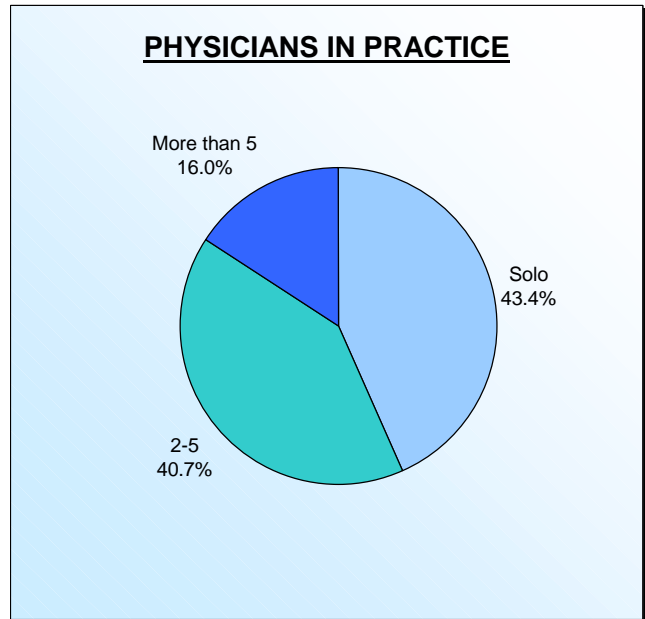
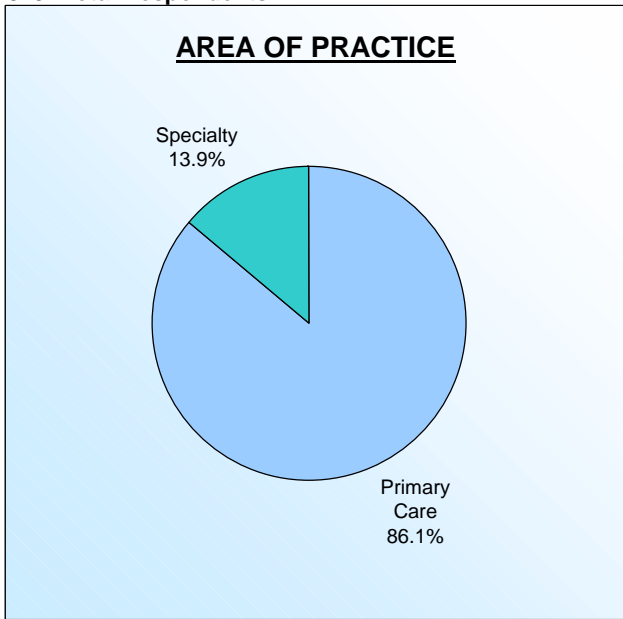
Profile of Survey Respondents

The characteristics of respondents surveyed should be representative of your provider population. The graphic representations on the following pages show the percentage of respondents by the following practice demographics:

- Area of Practice
- Physicians in Practice
- Years in Practice
- Total Patient Volume in Managed Care
- Managed Care Volume Represented by Plan
- Practices with Physician Extenders
- 24-Hour Availability
- Survey Respondent

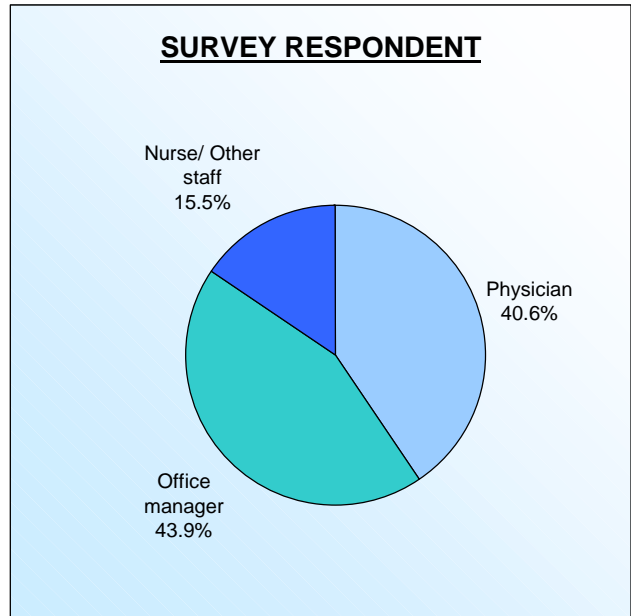
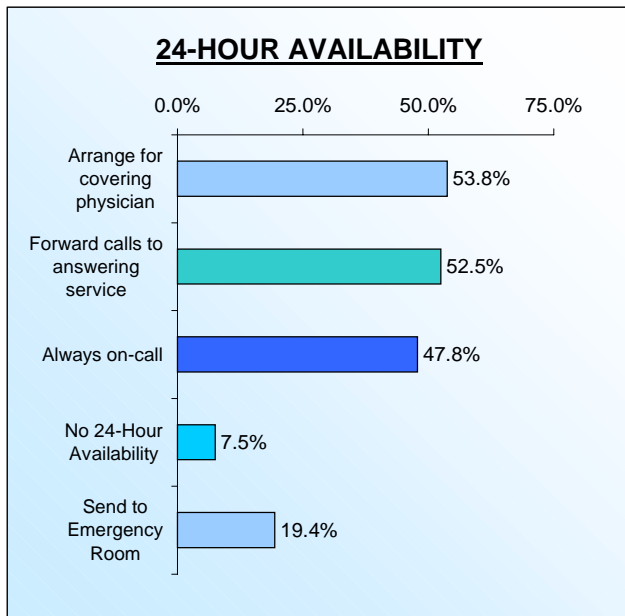
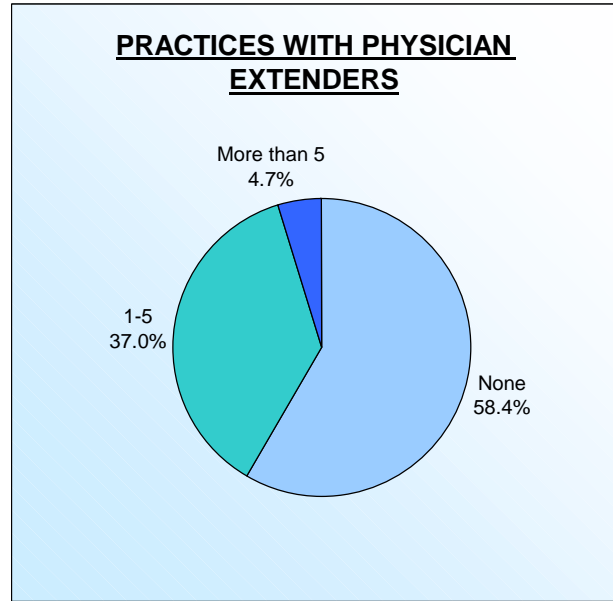
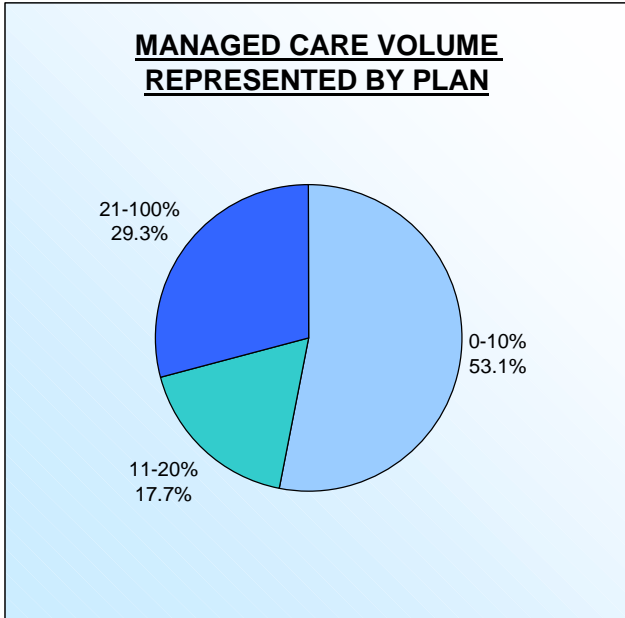
Profile of Survey Respondents

349 Total Respondents



Profile of Survey Respondents (continued)

349 Total Respondents



The sum of responses for 24-Hour Availability may be greater than 100% due to respondents marking multiple response options.



Conclusions/Recommendations

Information obtained from Provider Satisfaction Surveys provides the State with an overview of HealthChoice MCOs' strengths and weaknesses in meeting their PCPs expectations and needs.

- The 2005 aggregate data is consistent with 2004 results.
 - The Credentialing composite is the only composite score that **increased significantly** when compared to 2004.
 - All other composites did **not** score significantly different when compared to 2004 results.

- When asked about the adequacy of the specialist provider network, the networks that **most** providers rated as Excellent or Very Good were as follows:
 - Cardiology (29.7%)
 - Ophthalmology (26.5%)

- The following networks received the **lowest** satisfaction rating and therefore have the most opportunity to improve:
 - Neurology (20.2%)
 - Obstetrics (23.3%)
 - Gastroenterology (23.4%)
 - Surgery (23.8%)

- Key drivers are specific attributes that significantly predict overall satisfaction. It may be helpful to focus resources in these service areas in order to increase provider satisfaction.
 - Q7. Process of obtaining member information.
 - Q9. Responsiveness and courtesy of the health plan's provider relations representative/ customer service representative.
 - Q10. Timeliness to answer questions and/or resolve problem.
 - Q11. Quality of provider orientation process.
 - Q13. Overall, how would you rate the plan on Customer Service/Provider Relations?
 - Q39. Timeliness of obtaining authorization of outpatient services
 - Q45. General administrative ease of facilitating care for patients
 - Q47. The health plan's facilitation of clinical care for patients
 - Q57. Responsiveness and courtesy of credentialing staff in processing your application.