

STATE OF MARYLAND PRIMARY CARE PROVIDER POPULATION

2017 Provider Satisfaction Survey

Final Executive Summary

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Starting in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WBA Research (WBA), a certified National Committee for Quality Assurance (NCQA) survey vendor, to conduct its Provider Satisfaction Survey. WBA administered this survey to primary care providers (PCPs) participating in Maryland's Medicaid managed care program, HealthChoice, via a mixed methodology (mail with telephone follow-up and an online survey option).

- PCPs participating with each of the eight managed care organizations (MCOs) that provide Medicaid services in the HealthChoice Program participated in this survey:
 - AMERIGROUP Community Care
 - Jai Medical Systems
 - Kaiser Permanente
 - Maryland Physicians Care
 - MedStar Family Choice
 - Priority Partners
 - University of Maryland Health Partners
 - UnitedHealthcare

The provider survey measures how well HealthChoice MCOs are meeting their PCPs' expectations and health care needs. From this survey, we can determine PCPs' ratings of and experiences with the HealthChoice 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 HealthChoice 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.
- Results from the provider survey summarize satisfaction through ratings, composite measures and question Summary Rates. In general, Summary Rates represent the percentage of respondents who chose the most positive response categories.

The Maryland Department of Health and Mental Hygiene (DHMH) made one change to the Provider Satisfaction Survey reporting in 2017.

- Disposition codes were changed from the alphanumeric system signifying survey administration method and status of the Provider record (e.g., M21=Mail, Ineligible; T10=Phone, Complete) to a more simplified numeric system focusing on the status of the record (0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List)
- Additionally, Riverside Health changed its name to University of Maryland Health Partners which was reflected in all survey materials used for this MCO.

WBA administered a mixed-methodology survey which involved mail with telephone follow-up and an online survey option.

- Specifically, two survey questionnaire packages and follow-up reminder postcards were sent to random samples of eligible PCPs from each of the eight MCOs with “Return Service Requested” and WBA’s toll-free telephone number included. The mail materials also included a toll-free number to give Spanish-speaking PCPs the option to complete the survey over the telephone. Additionally, the materials included a web address providers could visit to complete the survey online, if desired. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, PCPs had the option to complete the survey in either English or Spanish.
- WBA received an electronic file of participating PCPs from each of the eight HealthChoice MCOs. WBA then combined the 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 HealthChoice MCO regardless of the number of HealthChoice MCOs with which they participate.

Between March and June 2017, WBA collected 1,129 valid surveys from the eligible PCP population. Specifically, 637 were returned by mail, 431 were conducted via telephone and 61 were completed online. None of the surveys were completed in Spanish. The overall response rate for 2017 was 19%, compared to 22% in 2016.

- 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-English or Spanish). Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, did not complete the survey 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 code.

Table 1: Sample Dispositions

Disposition Group	Disposition Code ¹	Number
Ineligible	Deceased (5)	7
	Does not meet eligibility criteria (1)	270
	Language barrier (3)	0
	Mentally/Physically incapacitated (4)	0
	Total Ineligible	277
Non-Response	Incomplete but eligible (2)	15
	Refusal (6)	615
	Maximum attempts made* (7)	4,199
	Added to Do Not Call List (8)	0
	Total Non-Response	4,829

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

¹Disposition code is the final status given to each Provider record within the sample surveyed.

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

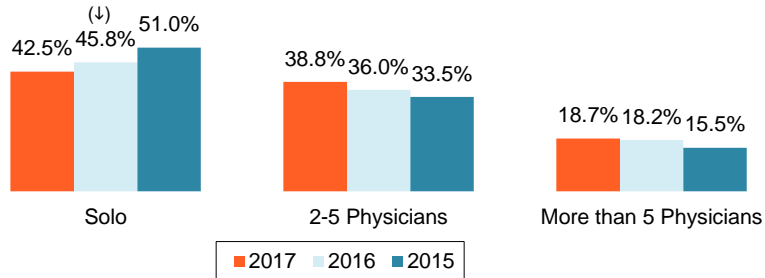
Table 2: Provider Survey

MCO	Surveys Mailed	Mail, Phone and Online Completes*	Response Rate
AMERIGROUP Community Care	954	173	19%
Jai Medical Systems	319	60	19%
Kaiser Permanente	244	24	10%
Maryland Physicians Care	991	237	25%
MedStar Family Choice	822	120	16%
Priority Partners	1,150	201	18%
University of MD Health Partners	481	109	23%
UnitedHealthcare	1,274	205	17%
Total HealthChoice MCOs	6,235	1,129	19%

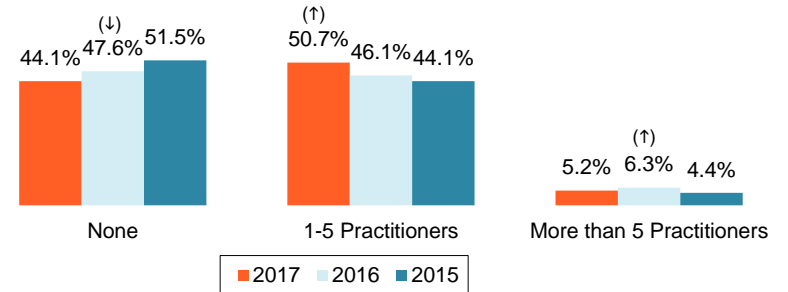
*During the telephone follow-up, PCPs had the option to complete the survey in either English or Spanish.

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

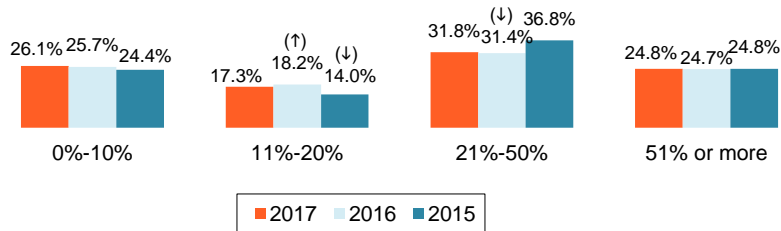
Physicians in Practice (Q1)



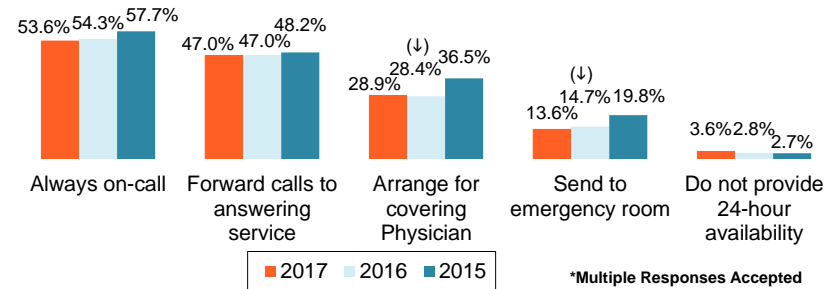
Mid-Level Practitioners in Practice (Q2)



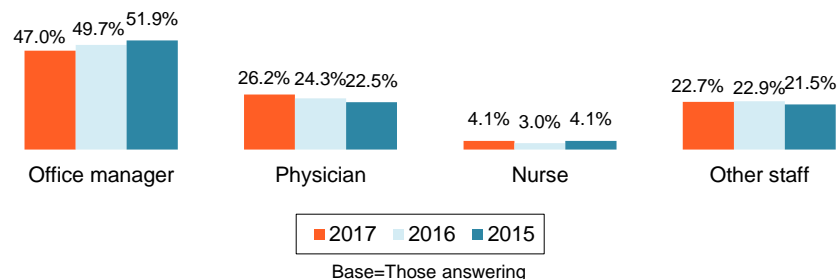
HealthChoice Patient Volume (Q3)



How 24-Hour Availability Provided (Q5)*



Respondent Role (Q32)



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>		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
Specified HealthChoice MCO (Aggregate)	75.7%	77.6%	78.4%	84.9%	86.0%	86.5%	84.6%	84.1%	86.4%
AMERIGROUP Community Care	69.6%	81.5%	73.8%	81.6%	89.0%	84.3%	80.1%	87.7%	84.8%
Jai Medical Systems	74.6%	73.3%	75.0%	83.9%	86.7%	80.0%	85.5%	84.4%	82.4%
Kaiser Permanente	87.0%	91.9%		90.9%	91.4%		86.4%	85.3%	
Maryland Physicians Care	86.4%	86.9%	82.1%	91.9%	93.4%	91.2%	92.3%	93.0%	90.7%
MedStar Family Choice	83.2%	78.4%	84.7%	94.7%	90.0%	90.3%	93.0%	90.4%	91.7%
Priority Partners	73.7%	74.3%	82.4%	82.4%	88.4%	90.8%	85.5%	83.8%	89.3%
University of MD Health Partners	86.1%	86.8%	86.7%	95.1%	95.0%	93.1%	96.2%	94.9%	92.5%
UnitedHealthcare	59.5%	60.2%	67.9%	69.7%	65.8%	74.1%	66.5%	62.1%	74.4%
All Other HealthChoice MCOs (Aggregate)	71.0%	73.9%	75.4%	N/A	N/A	N/A	N/A	N/A	N/A

○ HealthChoice MCO with the highest Summary Rate in 2017.

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		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
Specified HealthChoice MCO (Aggregate)	33.7%	31.2%	35.3%	63.5%	66.3%	62.2%	2.9%	2.4%	2.5%
AMERIGROUP Community Care	27.9%	33.9%	35.5%	68.8%	65.0%	60.9%	3.2%	1.1%	3.6%
Jai Medical Services	50.9%	50.0%	44.1%	43.6%	50.0%	44.1%	5.5%	0.0%	11.8%
Kaiser Permanente	59.1%	67.6%		36.4%	32.4%		4.5%	0.0%	
Maryland Physicians Care	44.6%	36.3%	39.6%	54.1%	63.3%	59.9%	1.3%	0.4%	0.5%
MedStar Family Choice	41.4%	29.8%	42.0%	58.6%	69.4%	58.0%	0.0%	0.8%	0.0%
Priority Partners	29.2%	26.7%	35.7%	69.1%	73.3%	63.6%	1.7%	0.0%	0.7%
University of MD Health Partners	38.6%	39.1%	41.4%	60.4%	60.0%	58.6%	1.0%	0.9%	0.0%
UnitedHealthcare	13.8%	14.3%	21.4%	78.7%	75.7%	72.1%	7.4%	10.0%	6.5%

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 of the composite measures 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/Rating Item	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 HealthChoice 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.

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																		
	Overall Satisfaction			No-Show HealthChoice Appointments			Finance Issues			Customer Service/ Provider Relations			Coordination of Care/Case Management			Utilization Management		
	Summary Rate – Very or Somewhat Satisfied/ Definitely or Probably Yes			Summary Rate – 0%-25%			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good			Summary Rate – Excellent/Very Good		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Specified HealthChoice MCO (Aggregate)	81.7%	82.6%	83.7%	80.0%	82.8%	82.3%	46.3%	44.8%	47.8%	44.3%	41.7%	46.0%	40.6%	38.2%	41.8%	33.5%	31.3%	34.3%
AMERIGROUP Community Care	77.1%	86.1%	81.0%	78.3%	77.7%	81.4%	42.2%	46.2%	43.4%	42.3%	44.3%	46.9%	37.0%	41.4%	46.0%	29.6%	30.3%	35.6%
Jai Medical Services	81.3%	81.5%	79.1%	49.1%	40.9%	55.9%	65.2%	68.8%	66.7%	59.2%	63.1%	58.5%	64.2%	61.9%	60.6%	62.3%	59.9%	56.6%
Kaiser Permanente	88.1%	89.5%		95.2%	93.3%		76.7%	77.1%		74.0%	71.9%		80.0%	80.0%		74.3%	73.7%	
Maryland Physicians Care	90.2%	91.1%	88.0%	80.1%	85.6%	85.6%	54.5%	48.3%	54.9%	49.4%	44.0%	46.0%	42.6%	41.2%	41.5%	35.7%	33.3%	36.9%
MedStar Family Choice	90.3%	86.3%	88.9%	81.2%	88.4%	83.0%	52.2%	45.9%	52.5%	53.5%	44.8%	54.6%	49.5%	38.8%	54.0%	43.0%	35.3%	38.8%
Priority Partners	80.5%	82.2%	87.5%	80.0%	78.9%	78.6%	45.1%	34.5%	47.5%	44.5%	33.5%	45.7%	38.1%	31.6%	35.6%	33.2%	27.3%	30.6%
University of MD Health Partners	92.5%	92.2%	90.8%	85.4%	89.1%	88.9%	48.8%	59.5%	62.8%	44.2%	45.5%	49.8%	47.1%	46.0%	48.6%	29.8%	32.3%	37.3%
UnitedHealthcare	65.2%	62.7%	72.1%	85.3%	87.0%	85.0%	28.5%	29.8%	33.5%	27.3%	30.5%	36.2%	22.8%	21.8%	30.3%	17.5%	17.2%	26.4%
All Other HealthChoice MCOs (Aggregate)	N/A	N/A	N/A	N/A	N/A	N/A	31.9%	30.7%	33.7%	30.6%	28.7%	32.1%	N/A	N/A	N/A	22.1%	19.4%	23.5%

○ Healthchoice MCO with the highest Summary Rate in 2017.

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.

The individual questions (attributes) that comprised the composite measures where HealthChoice MCOs continue to receive lower ratings in 2017 are illustrated in Table 7. Beside each attribute is the corresponding composite measure.

Table 7: Composite Measure Attributes Showing Low Ratings

Attributes	2017 (Summary Rate – Excellent or Very Good)	2016 (Summary Rate – Excellent or Very Good)	2015 (Summary Rate – Excellent or Very Good)
Finance Issues:			
Accuracy of claims processing	51.6%	49.9%	53.5%
Timeliness of initial claims processing	50.7%	48.7%	52.5%
Timeliness of adjustment/appeal claims processing	36.7%	35.9%	37.5%
Customer Service/Provider Relations:			
Process for obtaining member eligibility information	56.9%	54.1% (↓)	59.7%
Responsiveness and courtesy of the health plan's Provider Relations/Customer Service Representative	52.8%	50.5% (↓)	56.0%
Customer Service/Provider Relations overall	48.7%	47.2% (↓)	51.9%
Timeliness to answer questions and/or resolve problems	45.1%	41.5% (↓)	45.4%
Quality of written communications, policy bulletins and manuals	44.3%	40.4% (↓)	44.6%
Telephone system overall	38.6%	36.5% (↓)	42.2%
Accuracy and accessibility of drug formulary and formulary updates	36.8%	34.5%	36.5%
Specialist network has an adequate number of specialists to whom I can refer patients	31.4%	28.7%	31.6%
Utilization Management:			
Timeliness of obtaining authorization for outpatient services	37.1% (↑)	32.9%	36.2%
Timeliness of obtaining authorization for inpatient services	37.0%	35.4%	36.2%
Timeliness of obtaining authorization for medication	30.4%	29.0%	32.3%
Overall experience in obtaining prior authorization for medications	29.6%	27.9% (↓)	32.4%

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

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 2017 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.

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**
- **Customer Service/Provider Relations overall**

The following attributes are identified as being of moderate importance and on which HealthChoice MCOs perform at a comparatively lower level. These attributes should be considered secondary priorities for HealthChoice MCOs.

- Timeliness of obtaining authorization for outpatient services
- Telephone system overall
- Timeliness to answer questions and/or resolve problems
- Overall experience in obtaining prior authorization for medications
- Timeliness of adjustment/appeal claims processing
- Timeliness of obtaining authorization for medication
- Timeliness of obtaining authorization for inpatient services
- Specialist network has an adequate number of specialists to whom I can refer patients
- Quality of written communications, policy bulletins and manuals

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

- **Attributes** are the questions that relate to a specific service area or composite measure.
- **Complete and Valid Survey** is determined by indication that the member meets the eligible population criteria (the Provider participates in the specific MCO) and completion of the survey.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of health plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite measure.
- **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 Code** is the final status given to a Provider record within the sample surveyed. 0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List.
- **Driving strengths** are areas that, based on correlation analysis, are of high importance to Providers where HealthChoice MCOs perform well.
- **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.
- **Unmet Needs** are key drivers that are of high importance to PCPs where they perceive HealthChoice MCOs to be performing at a comparatively lower level.