

# *2007 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 Organization's (MCO) administration of the HealthChoice program. DHMH selected The Myers Group (TMG), an NCQA-Certified HEDIS Survey Vendor to conduct the 2007 Provider Satisfaction Survey.

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

- Taking appropriate and timely actions in processing claims;
- Assisting provider offices through accessible and helpful representatives;
- Maintaining an adequate network of specialist providers; and
- Providing timely authorizations.

The following seven MCOs participated in this survey:

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



## Methodology

For the 2007 survey, a mail-only survey administration methodology was utilized to survey a random sample of PCPs from each of the seven MCOs from May through June 2007. From a total aggregate sample of 5,309 providers, TMG collected 248 responses yielding a total aggregate response rate of 6.1%<sup>1</sup>. The chart below lists the sample size and the number of completed surveys for each MCO for 2007, 2006 and 2005 results.

MCO	2007		2006		2005	
	Sample Size	Returned Surveys	Sample Size	Returned Surveys	Sample Size	Returned Surveys
AMERIGROUP Community Care	1,000	20	1,000	81	1,098	49
Diamond Plan	505	22	579	33	933	39
Helix Family Choice, Inc.	640	43	505	63	1,046	46
Jai Medical Systems MCO, Inc.	164	25	119	34	1,100	16
Maryland Physicians Care	1,000	55	1,000	97	1,100	55
Priority Partners	1,000	39	1,000	82	1,099	62
UnitedHealthcare	1,000	44	1,000	76	1,096	82
<b>Aggregate</b>	<b>5,309</b>	<b>248</b>	<b>5,203</b>	<b>466</b>	<b>7,472</b>	<b>349</b>

## 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 HealthChoice MCO Comparison – On the survey tool, respondents are asked to rate the HealthChoice MCO indicated on the survey tool and also to rate all other HealthChoice 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.”

<sup>1</sup> The equation used to calculate the response rate subtracts ineligible surveys (mail surveys returned with no forwarding address, and providers who are deceased, have a language barrier or no longer participate with the MCO) from the sample size when computing the denominator.



## ***Composite Categories***

Minor changes were made to the HealthChoice Provider Survey Tool for the 2007 administration. In Questions 3 and 4, the word “Medicaid” was changed to read “HealthChoice,” and in Question 19, “No-Show” HC appointments were specified. In addition, an open-end question was added which asks respondents what they like least about HealthChoice.

The 2007 HealthChoice Provider Survey Tool consists of seven composites. Each composite category represents an overall aspect of plan quality and is composed of similar questions. A Summary Rate Score is assigned to each composite and is calculated as the average of the Summary Rate Scores of the questions within the composite. The composites, a description of the attributes within the composite, and the Summary Rate Scores are provided below.

### Finance Issues

The Finance Issues composite measures the accuracy of claims processing, and the timeliness of both initial claims processing and adjustment/appeal claims processing. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### Customer Service/Provider Relations

The Customer Service/Provider Relations composite measures the process of obtaining member eligibility information, the respondent’s interaction with representatives from Customer Service/Provider Relations, the quality of communications, and the adequacy of the specialist network. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### Coordination of Care/Case Management

This composite includes only one attribute, which asks the provider to rate HealthChoice on overall coordination of care and case management. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### No-Show HC Appointments

This composite also includes only one attribute, which asks respondents to give the number of scheduled HC appointments that do not show each week. The Summary Rate represents the percentage of respondents who answered “None” or “1-25%.”



**Utilization Management**

The Utilization Management composite measures the providers’ experiences with the timeliness of authorization processes. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

**Overall Satisfaction**

Respondents are asked to rate their overall satisfaction with the specified HealthChoice MCO and all other HealthChoice MCOs in which they participate. The Summary Rate represents the percentage of respondents who answered “Very satisfied” or “Somewhat satisfied.” Providers are also asked whether they are likely to recommend HealthChoice to other physicians and patients. The Summary Rate represents the percentage of respondents who answered “Definitely yes” or “Probably yes.”

**All Other HealthChoice MCOs Composite Comparison**

Providers were asked to rate the HealthChoice MCO listed on the survey, as well as, all other HealthChoice MCOs in which they participate. Results are presented as Summary Rate Scores, which represent the percentage of respondents who selected one of the top two positive answer choices. The Summary Rate Scores for the majority of the items listed in the chart below are the sum of the proportion of respondents who selected “Excellent” or “Very Good” on a five-point scale of “Excellent,” “Very Good,” “Good,” “Fair,” or “Poor”. The Summary Rate Score for the HealthChoice No-Show Appointments category is the sum of the proportion of respondents who selected “None” or “1-25%”. This chart provides the 2007 Summary Rate composite and overall satisfaction attribute scores for the HealthChoice MCO results and all other HealthChoice MCOs.

Composites	Summary Rate Definition	2007 Summary Rate Scores	
		HealthChoice	All Other HC MCOs
Finance Issues	Excellent/ Very good	41.2%	32.4%
Customer Service/Provider Relations		38.9%	29.4%
Coordination of Care/Case Management		32.1%	NA <sup>2</sup>
No-Show HC Appointments	Up to 25%	80.3%	NA
Utilization Management	Excellent/ Very Good	37.7%	29.5%

<sup>2</sup> NA indicates the question was not asked.



**All Other HealthChoice MCOs Overall Satisfaction Comparison**

Respondents were asked to rate their overall satisfaction with HealthChoice as well as their overall satisfaction with all other HealthChoice MCOs. The attribute is based 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” or “Somewhat satisfied.” The chart below shows the overall satisfaction Summary Rate Scores for HealthChoice (60.2%) compared to the Summary Rate Score for all other HC MCOs (55.3%).

The Overall Satisfaction Composite consists of the overall satisfaction attribute, plus two additional attributes, which ask respondents if they would recommend HealthChoice to patients and other physicians. The recommendation attributes are based on a four-point scale consisting of the following response options: “Definitely yes,” “Probably yes,” “Probably not,” and “Definitely not.” The Summary Rate Score is the sum of the proportion of respondents who selected “Definitely yes” or “Probably yes.” Respondents were only asked to rate the HealthChoice MCO on the recommendation attributes, therefore, Summary Rate Scores are not available for all other HC MCOs for these two attributes.

Composite/Attribute	Summary Rate Definition	2007 Summary Rate Scores	
		HealthChoice	All Other HealthChoice MCOs
<b>Overall Satisfaction Composite</b>		<b>68.0%</b>	<b>NA</b>
Recommend to patients	Definitely/ Probably yes	73.7%	NA <sup>3</sup>
Recommend to other physicians		70.0%	NA
<b>Overall Satisfaction</b>	<b>Very/ Somewhat satisfied</b>	<b>60.2%</b>	<b>55.3%</b>

<sup>3</sup> NA indicates the question was not asked.



## Significant Differences

To be significant, differences must be attributed to real changes or variations and not to chance. Because of the nature of random sampling, it is possible to obtain a sample that may not represent the population of interest. In general, the larger the sample, the more likely the sample will represent the population.

However, even with large samples the estimated value (e.g. Summary Rate Score) might still not represent the population. TMG uses a mathematical procedure to judge whether differences are due to true differences in the populations or simply attributed to chance. When a difference is determined to be significant, the chance that it is not truly different is set to be 5% (or 1 in 20).

## Composite Trend Comparison

The charts below outline 2007, 2006, 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” for the Finance Issues, Customer Service/Provider Relations, Coordination of Care/Case Management and Utilization Management composites. The Summary Rate Score for the No-Show HC Appointments composite is the sum of the proportion of respondents who selected “None” or “1-25%”.

Significant differences to previous results are also provided. Focus should be given to those attributes that show significant changes in scores.

Composite	2007	2006	2005	2004	Significant Difference		
					2007 vs. 2006	2007 vs. 2005	2007 vs. 2004
Finance Issues	41.2%	37.7%	18.7%	19.8%	Not Significant	Sig. Increase	Sig. Increase
Customer Service/Provider Relations	38.9%	38.2%	NA <sup>4</sup>	NA	Not Significant	NA	NA
Coordination of Care/Case Management	32.1%	33.0%	23.5%	26.0%	Not Significant	Sig. Increase	Not Significant
No-Show HC Appointments	80.3%	89.0%	89.1%	94.5%	Sig. Decrease	Sig. Decrease	Sig. Decrease
Utilization Management	37.7%	35.0%	20.1%	22.3%	Not Significant	Sig. Increase	Sig. Increase
<b>Overall Satisfaction (composite)</b>	<b>68.0%</b>	<b>75.8%</b>	<b>72.9%</b>	<b>71.9%</b>	<b>Sig. Decrease</b>	<b>Not Significant</b>	<b>Not Significant</b>

<sup>4</sup> Due to an additional attribute in the 2006 survey tool (Q15), the Customer Service/Provider Relations composite is not applicable for comparison.



## Overall Satisfaction Attribute Trend Comparison by MCO

Providers were 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, which represents the percentage of respondents who select one of the top two positive answer choices, is the sum of the proportion of respondents who selected “Very satisfied” or “Somewhat satisfied.” Current Summary Rate Scores are provided in the table below for each MCO and the aggregate with a comparison to 2006 and 2005 results.

MCO	2007		2006		2005	
	Number of respondents <sup>5</sup>	Overall Satisfaction (Q25)	Number of respondents	Overall Satisfaction	Number of respondents	Overall Satisfaction
<b>Aggregate</b>	<b>226</b>	<b>60.2%</b>	<b>430</b>	<b>69.5%</b>	<b>313</b>	<b>66.5%</b>
AMERIGROUP Community Care	17	41.2%	79	77.2%	43	69.8%
Diamond Plan	16	62.5%	30	66.7%	36	66.7%
Helix Family Choice, Inc.	41	87.8%	59	83.1%	40	77.5%
Jai Medical Systems MCO, Inc.	23	91.3%	33	78.8%	16	92.9%
Maryland Physicians Care	50	52.0%	89	56.2%	51	54.9%
Priority Partners	38	57.9%	72	69.4%	55	60.0%
UnitedHealthcare	41	34.1%	68	63.2%	74	66.2%

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

<sup>5</sup> Total number of respondents.





## ***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.

- In an effort to increase provider satisfaction with HealthChoice, attention should be given to the ***Customer Service/Provider Relations composite***. TMG analysis shows this area is most closely related to providers' overall satisfaction. The key drivers, as determined by correlation analysis, were mostly concentrated in this area.
- When compared to 2005 and 2004, Summary Rate Scores *increased significantly* in almost every applicable attribute except the HC no-show appointment, overall satisfaction, and loyalty measures. When compared to 2006, Summary Rate Scores for most attributes did not change significantly. However, the overall satisfaction composite decreased significantly when compared to 2006. While scores steadily increased from 2004 and 2005, scores remained constant when compared to 2006.