



Louisiana Department of Health Healthy Louisiana

Medicaid Managed Care Provider Satisfaction Survey 2018

FINAL

December 2018

IPRO
Corporate Headquarters
Managed Care Department
1979 Marcus Avenue, First Floor
Lake Success, NY 11042-1002
516-326-7767 • 516-326-6177



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Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org



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I. Introduction

This report describes the results of the Healthy Louisiana survey of providers who serve members in the Healthy Louisiana mandatory Medicaid managed care program (MMC). The target population of the Healthy Louisiana survey was comprised of providers currently in the network of at least one of the five Medicaid Managed Care Organizations (MCOs) serving Medicaid members in Louisiana. Primary Care Providers (PCPs), behavioral health providers, and physical health specialist physicians were surveyed.

The Louisiana Department of Health (LDH) is the state agency with respect to state policy and oversight of the Medicaid program in Louisiana. In its contract with the five Medicaid MCOs, LDH requires that each MCO conduct a provider survey annually to assess providers' satisfaction with the managed care program and to evaluate their experience with the MCOs. The proprietary nature of these MCO surveys makes it difficult to compare provider responses among MCOs and to gain an overall provider perspective of the Healthy Louisiana program. The MCO survey items, protocols, and modes of delivery vary among the five MCOs. In order to provide LDH with the capability of making direct comparisons among the MCOs, IPRO was tasked with designing and conducting a provider satisfaction survey that contains standard items and follows the same protocol and survey mode of delivery.

The five MCOs that IPRO surveyed for the Healthy Louisiana survey were:

- Aetna Better Health
- AmeriHealth Caritas
- Healthy Blue
- Louisiana Healthcare Connections
- United Health Care Community

The objectives of the Healthy Louisiana survey were: (1) to assess providers' experience in interacting with a specific MCO and (2) to obtain descriptive information about the practice being surveyed in order to assess potential differences among practice types.

II. Methodology

Development of the Survey Items

IPRO reviewed each of the five MCO survey instruments in use by the five MCOs and identified similar domains included in each of the MCO surveys. In consultation with LDH, two domains were added to the Healthy Louisiana survey, one to assess providers' experience with members who fail to show for appointments and one to evaluate providers' satisfaction with the MCOs' Call Centers.

The domains included in the Healthy Louisiana survey are:

- Descriptive information about the practice
- The provider enrollment process
- Education and Training
- Claims Processing
- Network Coordination/Case Management
- No-Show Appointments
- Customer Service/Provider Relations
- Utilization Management
- The Call Center
- Overall Satisfaction

For each of the domains listed above, IPRO staff distilled similar items from each of the five MCO provider surveys and constructed standard items for the Healthy Louisiana provider survey. For domains and items that did not appear on one of the MCO surveys, IPRO conducted an online landscape review to identify items of interest and modified the content of the items for the Healthy Louisiana survey.

In order to facilitate completing the Healthy Louisiana survey, scaled 5-point, Likert-type items were developed whenever possible. To maintain consistency throughout the survey, the two poles of each scale ranged from the most positive response to the most negative response (either "excellent" to "poor" or "very satisfied" to "very dissatisfied"). When appropriate, an "NA" was added to the scale to allow providers to indicate that the item was not relevant to their experience or practice.

Once a draft survey was developed, it was sent to LDH staff for their review. A final survey was then prepared by IPRO staff incorporating LDH input. A copy of the final Healthy Louisiana survey is attached to this report in Attachment 1.

Sampling

To allow for a sufficient number of responses per MCO and to allow for meaningful comparisons among the five MCOs, a sample size of 1,200 providers per MCO was selected, stratified as 600 Primary Care Providers (PCPs), 300 behavioral health providers, and 300 physical health specialist physicians. To be eligible for selection, providers had to be currently contracted with at least one of the five Medicaid MCOs in the state. Providers were drawn from the MCOs' most current provider databases. To minimize provider burden and help to encourage responses, provider names were de-duplicated across MCOs to ensure that they received only one Healthy Louisiana survey to complete.

Survey Protocol

Prior to developing the Healthy Louisiana survey protocol, IPRO surveyed each of the five MCOs to better understand their survey process, including the domains surveyed, the survey mode, survey timeframe, and the observed response rates. To avoid overlapping with the MCO provider surveys, it was decided to field the state survey in the summer of 2018.

Historically, the mode of MCO provider surveys varied across MCOs; some conducted mail-only and others supplemented mail with phone calls. Generally, response rates were low with a pure mail model protocol, yielding an 8-11% response rate. When MCOs supplemented mailings with phone calls or internet outreach, the response rates increased to 20-28%.

For the current Healthy Louisiana survey, providers were instructed to respond to the survey considering their recent experience with one MCO only. The name of the MCO they were asked to rate was prepopulated on the survey in the instructions and also on the cover letter. Ideally, to draw comparisons among MCOs, providers would respond to each survey item for each MCO; however, this approach would lengthen the survey to a point where response rates would be severely impacted. Instead, an item was added that asked providers to rate the MCO surveyed when compared to other MCOs in the state with which they contract.

Providers were assured that their responses would be kept confidential and each survey was assigned a code number for tracking purposes only that was independent of the physician's name and other identifying information. This tracking number was used solely to monitor responses and ensure that the second mailing was sent only to providers that failed to respond to the first mailing.

Surveys were professionally prepared in a scannable format. Prior to scanning, surveys were visually reviewed for any issues that would impact scanning (e.g. torn surveys were recopied; comments were reviewed; double responses were either corrected, when possible, or converted to missing).

In discussion with the LDH, it was determined that the survey protocol would consist of a two-wave mailing, with the second mailing occurring about four weeks after the first. To increase recognition of the Healthy Louisiana survey package, the envelopes were pre-printed with the LDH's return address. A cover letter explaining the importance of the survey and IPROs' role was prepared and signed by the state's Medicaid Director and Assistant Secretary of the Office of Behavioral Health. A toll-free number was included for providers to call if they had questions or concerns.

The first mail wave was fielded in June 2018, followed by a second mailing in August. The field component of the survey was closed in September 2018.

Data Analysis

The Results section incorporates 11 sections to address the domains included in the survey:

1. Demographic practice information
2. Provider Enrollment
3. Access to Linguistic Assistance
4. Provider Education and Training
5. Claims Processing
6. Network and Coordination of Care

7. No-Show Appointments
8. Customer Service/Provider Relations
9. Utilization Management
10. Call Center
11. Overall Satisfaction

Attachment 2, appended to the end of this report, contains charts depicting survey results across three domains. Section A of the Attachment displays dichotomized statewide results for each survey item. The charts included in Section B depict rates of “positive” responses for selected survey items by MCO, as well as the statewide rates. “Positive” responses include “Excellent”, “Very Good”, or “Good”; “Very Satisfied” or “Somewhat Satisfied”; and “Much Better” or “Better”. Section C of this attachment displays survey results for selected survey items for physical health providers (PCPs and specialists) versus behavioral health providers.

Methodological Considerations

For ease of interpreting the findings, many survey items were dichotomized for comparison in the narrative. Items asking respondents to rate their experience were dichotomized as “Excellent”, “Very Good”, or “Good” versus “Fair” or “Poor”. Items asking respondents to rate their level of satisfaction were dichotomized as “Very Satisfied” or “Somewhat Satisfied” versus “Somewhat Dissatisfied” or “Very Dissatisfied”. The response “Neither” was excluded from the dichotomized results. Additionally, numerically higher rates are highlighted in each of the tables presented in this report.

Note that some items have a higher number of missing responses. The primary reason for missing responses is the presence of skip patterns within the survey instrument. Respondents reporting that they were unaware of the MCOs’ language assistance services (item 15) were instructed to skip to item 18, as were respondents who reported they do not use the MCOs’ language assistance services (item 16). Additionally, respondents who stated they do not remind members of appointments (item 32) were instructed to skip to item 34 and respondents who did not report having a Provider Relations representative (item 34) were asked to skip to item 36.

In addition, the “NA” option for several items attributed to missing responses. The “NA” response was included in many of the survey items in order to give respondents an option if the specific survey item did not apply to them or their practice.

There were also several instances in the survey tool in which respondents were given the option to complete an open-ended response. The process for classifying these open-ended responses is described below.

For item 7, which asks for the role of the person completing the survey, respondents who selected “Other” were then given the opportunity to provide an open-ended response. These responses, in conjunction with the options to the item, were used to classify respondents who completed the open-ended portion. This resulted in the following additional categories: Nurse Practitioner, Billing/Credentialing, Care Management, Dental Professional, Medical Assistant, and Quality Management.

For item 14 about the use of interpreter services, responses of “Other” were recoded and included in the existing survey response items. For items 20, 21, 33, and 43, an open-ended

response option was also available. These responses were categorized based on general topic and classified into unique options for each question.

III. Results

A. Response Rates

Of the 6,000 surveys mailed, a total of 626 (10.4%) were undeliverable, yielding an adjusted population of 5,374 (refer to Table 1a). A total of 578 completed surveys were returned, resulting in an overall response rate of 10.8%.

Overall, about 15% of surveyed behavioral health providers completed the survey, followed by approximately 11% of Primary Care Providers (PCPs) and 7% of physical health specialist physicians. Of the total number of respondents (n=578), 284 were PCPs (49%), 93 were physical health specialists (16%), and 201 were behavioral health providers (35%).

Table 1a: Surveys Collected by Provider Type

	PCPs	Specialists	BH Providers	Total
Surveys Mailed (Total Population)	3,000	1,500	1,500	6,000
Undeliverable	323	150	153	626
Adjusted Population	2,677	1,350	1,347	5,374
Completed and Returned Surveys	284 (10.6%)	93 (6.9%)	201 (14.9%)	578 (10.8%)
Provider not at Location	6	8	5	19
Declined	8	1	1	10

PCPs: Primary Care Providers

BH: Behavioral Health

Table 1b provides a breakdown of responses across the five MCOs in the state. AmeriHealth Caritas yielded the highest response rate of 11.7%, while Aetna's response rate was the lowest at 8.4%.

Table 1b: Response Rates by MCO

MCO	Initial Sample Size	Undeliverable Surveys	Adjusted Sample Size	Returns	Response Rate
Aetna Better Health	1,200	173	1,027	86	8.4%
AmeriHealth Caritas	1,200	40	1,160	136	11.7%
Healthy Blue	1,200	90	1,110	127	11.4%
Louisiana Healthcare Connections	1,200	134	1,066	112	10.5%
UnitedHealthcare Community	1,200	189	1,011	117	11.6%
TOTAL	6,000	626	5,374	578	10.8%

B. Demographic Information

Table 2 displays the survey items pertaining to the demographic characteristics of the providers and their practices. Results are shown for each provider type, as well as the overall rates. Due to missing responses in the survey, the number of respondents for each survey item is reported within the table.

Overall, the majority of respondents identified themselves as primary care physicians (46%). Additionally, 18% identified as Licensed Mental Health Practitioners (LMHPs) and specialists,

respectively. Thirty-two percent of respondents identified that they were in a solo practice and 37% noted that there were between 2 and 5 providers within their practice. Fifty percent of respondents stated that there were no LMHPs at their practice. Additionally, 40% of survey respondents identified themselves as an Office Administrator, 23% identified as Physicians, and 21% identified themselves as LMHPs. Other groups identified as survey respondents included Nurses (4%), Nurse Practitioners (3%), Billing/Credentialing professionals (4%) and Quality Management (3%), among other categories represented in Table 2.

Respondents were asked for the proportion of their Medicaid managed care volume that is represented by the Managed Care Organization (MCO) the survey was targeting. A total of 60% of respondents noted that between 1-25% of their managed care volume was represented by the specific MCO and 22% stated that 26-50% of their volume was represented by the MCO.

When asked about the length of time respondents were at their given practice, 45% stated that they have been at their practice for 15 years or longer. Respondents were also asked how long their facility or agency had been providing services, 61% responded 15 or more years.

Table 2: Demographic Characteristics

Item	PCPs	Specialists	BH Providers	Total
1 Area of Medicine/Service	(n=271)	(n=90)	(n=190)	(n=551)
Primary Care	87.8%	10.0%	3.2%	45.9%
OB/GYN	2.6%	3.3%	15.3%	7.1%
Specialist	6.6%	83.3%	2.6%	17.8%
LMHP	2.2%	0.0%	48.9%	18.0%
BH Residential	0.0%	1.1%	2.1%	0.9%
BH Outpatient	0.0%	0.0%	26.8%	9.3%
Hospital	0.7%	2.2%	0.5%	0.9%
Psychiatric Hospital	0.0%	0.0%	0.5%	0.2%
2 Number of Physicians	(n=282)	(n=93)	(n=200)	(n=575)
Solo	32.3%	32.3%	31.0%	31.8%
2-5 Physicians	41.8%	39.8%	28.5%	36.9%
6-10 Physicians	9.6%	14.0%	5.5%	8.9%
More than 10 Physicians	12.8%	14.0%	9.0%	11.7%
None	3.5%	0.0%	26.0%	10.8%
3 Number of LMHPs	(n=281)	(n=93)	(n=201)	(n=575)
Solo	10.7%	6.5%	36.8%	19.1%
2-5 Practitioners	16.7%	5.4%	25.9%	18.1%
6-10 Practitioners	4.3%	2.2%	17.9%	8.7%
More than 10 Practitioners	2.5%	6.5%	5.0%	4.0%
None	65.8%	79.6%	14.4%	50.1%
4 Portion of Managed Care Volume	(n=273)	(n=87)	(n=194)	(n=554)
None	2.6%	4.6%	8.2%	4.9%
1-25%	53.1%	77.0%	61.9%	59.9%
26-50%	30.4%	12.6%	15.5%	22.4%
51-75%	7.0%	4.6%	5.7%	6.1%
76-100%	7.0%	1.1%	8.8%	6.7%

Item		PCPs	Specialists	BH Providers	Total
5	Years at Practice	(n=282)	(n=92)	(n=199)	(n=573)
	Less than 3	13.1%	10.9%	11.6%	12.2%
	3-7	17.7%	12.0%	34.2%	22.5%
	8-14	21.3%	9.8%	24.1%	20.4%
	15 or more	47.9%	67.4%	30.2%	44.9%
6	Years Agency/Facility Provided Services	(n=114)	(n=32)	(n=108)	(n=254)
	Less than 3	12.3%	9.4%	12.0%	11.8%
	3-7	8.8%	12.5%	18.5%	13.4%
	8-14	10.5%	6.3%	20.4%	14.2%
	15 or more	68.4%	71.9%	49.1%	60.6%
7	Who Completed Survey	(n=279)	(n=93)	(n=198)	(n=570)
	Physician	31.2%	26.9%	9.1%	22.8%
	Nurse	6.8%	2.2%	1.5%	4.2%
	Office Administrator	43.7%	54.8%	27.3%	39.8%
	Receptionist	2.9%	4.3%	0.0%	2.1%
	LMHP	1.4%	0.0%	58.1%	20.9%
	Nurse Practitioner	5.7%	0.0%	0.5%	3.0%
	Billing/Credentialing	1.8%	10.8%	2.5%	3.5%
	Dental Professional	1.8%	0.0%	0.0%	0.9%
	Medical Assistant	0.4%	0.0%	0.5%	0.4%
	Quality Management	4.3%	1.1%	0.5%	2.5%

PCPs: Primary Care Providers

BH: Behavioral Health

LMHP: Licensed Mental Health Practitioner

C. Provider Enrollment

A section of the survey asked respondents to evaluate their experience with the MCOs' provider contracting processes. Survey items evaluated MCO materials, the MCOs' department that handles phone calls regarding this process, communication with MCO staff, and the MCOs' Provider Portal.

Table 3 displays results for providers' experience with the contracting process (item 8), as well as an evaluation of the quality and effectiveness of MCO materials (item 9) by provider type, as well as the overall rates.

Overall 79% of respondents rated their experience with the MCOs' contracting process favorably, responding "Excellent", "Very Good", or "Good". Of the MCO materials providers were asked to rate, provider newsletters were rated the most favorably, with 74% of providers responding "Excellent", "Very Good", or "Good". The provider manual was the next highest, with 73% of providers rating the manual favorably. Both general communication and the provider directory evidence approximately 70% of providers rating the quality and effectiveness of these materials favorably.

Table 3: Quality and Effectiveness of MCO Materials

Item		PCPs	Specialists	BH Providers	Total
8	Satisfaction with Provider Enrollment	(n=264)	(n=86)	(n=184)	(n=534)
	Excellent	8.0%	10.5%	14.7%	10.7%
	Very Good	29.2%	25.6%	22.3%	26.2%
	Good	41.3%	44.2%	41.3%	41.8%
	Fair	14.8%	17.4%	13.0%	14.6%
	Poor	6.8%	2.3%	8.7%	6.7%
9	Quality/Effectiveness of MCO Materials				
	Provider Manual	(n=265)	(n=87)	(n=193)	(n=545)
	Excellent	8.7%	8.0%	13.0%	10.1%
	Very Good	22.3%	12.6%	18.1%	19.3%
	Good	41.5%	55.2%	41.5%	43.7%
	Fair	20.4%	19.5%	21.2%	20.6%
	Poor	7.2%	4.6%	6.2%	6.4%
	Provider Newsletters	(n=263)	(n=87)	(n=190)	(n=540)
	Excellent	11.0%	8.0%	12.6%	11.1%
	Very Good	21.7%	13.8%	17.9%	19.1%
	Good	40.3%	54.0%	44.2%	43.9%
	Fair	20.5%	18.4%	17.9%	19.3%
	Poor	6.5%	5.7%	7.4%	6.7%
	General Communication	(n=266)	(n=87)	(n=191)	(n=544)
	Excellent	10.2%	6.9%	13.1%	10.7%
	Very Good	19.5%	13.8%	18.3%	18.2%
	Good	40.2%	52.9%	37.2%	41.2%
	Fair	20.7%	18.4%	20.9%	20.4%
	Poor	9.4%	8.0%	10.5%	9.6%
	Provider Directory	(n=261)	(n=88)	(n=190)	(n=539)
	Excellent	8.4%	9.1%	11.6%	9.6%
	Very Good	21.1%	13.6%	18.9%	19.1%
	Good	39.5%	47.7%	40.0%	41.0%
	Fair	19.5%	19.3%	17.9%	18.9%
	Poor	11.5%	10.2%	11.6%	11.3%

PCPs: Primary Care Physicians

BH: Behavioral Health

Table 4 displays the results for item 10, which asked providers to rate their experience placing phone calls to the MCOs' department which handles questions regarding MCO policies and procedures. Results are displayed by provider type, as well as the total rate. Overall 69% of providers rated staff knowledge favorably, In regard to staff accuracy and helpfulness of staff responses, 69% and 68% of providers, respectively, rated these areas favorably.

Table 4: Provider Experience with MCO Department for Contracting

Item		PCPs	Specialists	BH Providers	Total
10	Staff Knowledge	(n=267)	(n=88)	(n=189)	(n=544)
	Excellent	5.2%	6.8%	10.1%	7.2%
	Very Good	24.0%	21.6%	21.2%	22.6%
	Good	38.2%	43.2%	37.6%	38.8%
	Fair	20.2%	22.7%	19.6%	20.4%
	Poor	12.4%	5.7%	11.6%	11.0%
	Staff Accuracy	(n=266)	(n=88)	(n=189)	(n=543)
	Excellent	6.0%	6.8%	9.5%	7.4%
	Very Good	23.7%	21.6%	23.3%	23.2%
	Good	37.6%	44.3%	35.4%	37.9%
	Fair	19.2%	20.5%	19.6%	19.5%
	Poor	13.5%	6.8%	12.2%	12.0%
	Helpfulness of Responses	(n=267)	(n=88)	(n=189)	(n=544)
	Excellent	6.7%	8.0%	10.6%	8.3%
	Very Good	24.3%	21.6%	23.3%	23.5%
	Good	35.6%	42.0%	34.9%	36.4%
	Fair	21.3%	21.6%	18.5%	20.4%
	Poor	12.0%	6.8%	12.7%	11.4%

PCPs: Primary Care Providers

BH: Behavioral Health

Table 5 presents the results for item 11, which asked providers to rate their experience placing phone calls to the MCOs' department which handles questions regarding claims inquiries and payments. In regard to staff knowledge, 68% of survey respondents gave positive responses. Sixty-nine percent of providers surveyed rated staff accuracy positively, as well. A total of 70% of providers gave favorable responses in regard to the helpfulness of staff responses. In terms of timeliness, 69% of providers rated timely communication of changes in policies and procedures favorably, while 66% rated the timeliness of claims resolutions as positive.

Table 5: Provider Experience with MCO Claims Department

Item		PCPs	Specialists	BH Providers	Total
11	Staff Knowledge	(n=257)	(n=86)	(n=187)	(n=530)
	Excellent	7.0%	5.8%	11.2%	8.3%
	Very Good	23.0%	26.7%	19.3%	22.3%
	Good	37.7%	43.0%	35.3%	37.7%
	Fair	23.3%	19.8%	24.1%	23.0%
	Poor	8.9%	4.7%	10.2%	8.7%
	Staff Accuracy	(n=258)	(n=86)	(n=187)	(n=531)
	Excellent	6.2%	3.5%	10.7%	7.3%
	Very Good	22.5%	27.9%	20.9%	22.8%
	Good	39.9%	43.0%	36.4%	39.2%
	Fair	21.3%	20.9%	20.9%	21.1%
	Poor	10.1%	4.7%	11.2%	9.6%

Item		PCPs	Specialists	BH Providers	Total
	Helpfulness of Responses	(n=258)	(n=86)	(n=185)	(n=529)
	Excellent	7.4%	4.7%	11.4%	8.3%
	Very Good	22.9%	26.7%	21.1%	22.9%
	Good	38.8%	46.5%	36.2%	39.1%
	Fair	20.2%	17.4%	21.1%	20.0%
	Poor	10.9%	4.7%	10.3%	9.6%
	Timeliness of Resolutions	(n=258)	(n=85)	(n=186)	(n=529)
	Excellent	7.4%	4.7%	10.8%	8.1%
	Very Good	19.0%	25.9%	20.4%	20.6%
	Good	38.8%	36.5%	34.9%	37.1%
	Fair	21.7%	22.4%	21.0%	21.6%
	Poor	13.2%	10.6%	12.9%	12.7%
	Timely Communication of Changes in Policy	(n=258)	(n=85)	(n=186)	(n=529)
	Excellent	6.2%	3.5%	10.2%	7.2%
	Very Good	24.4%	29.4%	19.4%	23.4%
	Good	38.4%	43.5%	37.6%	38.9%
	Fair	19.0%	14.1%	18.8%	18.1%
	Poor	12.0%	9.4%	14.0%	12.3%

PCPs: Primary Care Providers

BH: Behavioral Health

The next series of items asked providers to rate their experience with the MCOs' Provider Portal, as well as providers' overall satisfaction with the communication they receive from the MCOs. Table 6 displays the results for these survey items by provider type, as well as the total rate.

A total of 73% of providers rated their overall experience with the Provider Portal in a positive manner. Additionally, 84% rated the ability to find information on member eligibility favorably and 81% rated the ability to find information on claims and invoices favorably. Seventy-nine percent of providers rated the ability to find information needed on members' Gap in Care reports on the portal positively, as well. Regarding specific functions of the Provider Portal, namely prior authorizations and reporting functions, 71% of providers rated their experience with these functions in a positive light. When asked to rate their overall satisfaction with the communication they received from the MCOs (item 13), 66% provided positive responses (either "Very Satisfied" or "Somewhat Satisfied").

Table 6: Provider Experience with the Provider Portal and Communication

Item		PCPs	Specialists	BH Providers	Total
12	Finding info on member eligibility	(n=199)	(n=63)	(n=125)	(n=387)
	Excellent	15.1%	14.3%	21.6%	17.1%
	Very Good	33.2%	28.6%	19.2%	27.9%
	Good	38.7%	41.3%	36.8%	38.5%
	Fair	9.5%	12.7%	15.2%	11.9%
	Poor	3.5%	3.2%	7.2%	4.7%

Item		PCPs	Specialists	BH Providers	Total
	Finding info on claims payments or invoices	(n=196)	(n=60)	(n=120)	(n=376)
	Excellent	10.7%	13.3%	16.7%	13.0%
	Very Good	32.1%	25.0%	21.7%	27.7%
	Good	41.3%	46.7%	35.0%	40.2%
	Fair	9.7%	8.3%	16.7%	11.7%
	Poor	6.1%	6.7%	10.0%	7.4%
	Finding member Gaps in Care reports	(n=185)	(n=48)	(n=91)	(n=324)
	Excellent	10.8%	4.2%	18.7%	12.0%
	Very Good	31.9%	31.3%	19.8%	28.4%
	Good	36.2%	47.9%	37.4%	38.3%
	Fair	16.2%	10.4%	16.5%	15.4%
	Poor	4.9%	6.3%	7.7%	5.9%
	Prior authorization functions	(n=180)	(n=59)	(n=107)	(n=346)
	Excellent	7.8%	10.2%	18.7%	11.6%
	Very Good	31.1%	28.8%	15.0%	25.7%
	Good	33.9%	37.3%	31.8%	33.8%
	Fair	19.4%	13.6%	19.6%	18.5%
	Poor	7.8%	10.2%	15.0%	10.4%
	Reporting functions	(n=180)	(n=52)	(n=98)	(n=330)
	Excellent	10.6%	7.7%	18.4%	12.4%
	Very Good	27.8%	25.0%	16.3%	23.9%
	Good	33.9%	46.2%	28.6%	34.2%
	Fair	18.9%	13.5%	21.4%	18.8%
	Poor	8.9%	7.7%	15.3%	10.6%
	Overall experience	(n=193)	(n=60)	(n=126)	(n=379)
	Excellent	11.9%	10.0%	15.9%	12.9%
	Very Good	26.9%	28.3%	20.6%	25.1%
	Good	36.8%	43.3%	27.8%	34.8%
	Fair	19.2%	10.0%	23.8%	19.3%
	Poor	5.2%	8.3%	11.9%	7.9%
13	Overall Satisfaction with MCO communication	(n=267)	(n=90)	(n=193)	(n=550)
	Very Satisfied	29.2%	21.1%	25.9%	26.7%
	Somewhat Satisfied	37.5%	51.1%	36.3%	39.3%
	Neither	22.8%	17.8%	21.8%	21.6%
	Somewhat Dissatisfied	4.9%	7.8%	7.8%	6.4%
	Very Dissatisfied	5.6%	2.2%	8.3%	6.0%

PCPs: Primary Care Providers
BH: Behavioral Health

D. Access to Linguistic Assistance

The next section of the survey included questions regarding providers' experience using language assistance and translation services for their patients. This section consisted of four questions. Table 7 displays the results for the items included in the section of the survey by provider type, as well as the total rate.

Overall, 62% of providers reported that they do not use interpreter services for their non-English speaking patients. Additionally, 25% reported using telephonic translation services and 18% reported use of in-person translation services. When asked whether they were aware that the MCOs offered a translation service to them, 62% of providers responded "No". Among the 38% of providers who said they were aware of the MCO-offered translation services, 81% stated they have not used the service. Further, of the 19% of providers who responded they have used the MCO-provided translation service, 80% responded that they were satisfied with the service, responding with either "Very Satisfied" or "Somewhat Satisfied".

Table 7: Access to Linguistic Assistance and Translator Services

Item	PCPs	Specialists	BH Providers	Total
14 [†] Interpreter Service Used	(n=271)	(n=89)	(n=188)	(n=548)
In-person	20.3%	13.5%	16.0%	17.7%
Telephonic	35.4%	15.7%	13.8%	24.8%
Not Used	52.0%	70.8%	73.4%	62.4%
15* Aware of service?	(n=274)	(n=89)	(n=198)	(n=561)
Yes	36.1%	34.8%	40.9%	37.6%
No	63.9%	65.2%	59.1%	62.4%
16* Have you used service?	(n=92)	(n=30)	(n=79)	(n=201)
Yes	27.2%	6.7%	15.2%	19.4%
No	72.8%	93.3%	84.8%	80.6%
17 Overall Satisfaction with MCO Language Service	(n=26)	(n=2)	(n=12)	(n=40)
Very Satisfied	23.1%	0.0%	25.0%	22.5%
Somewhat Satisfied	57.7%	100.0%	50.0%	57.5%
Neither	7.7%	0.0%	25.0%	12.5%
Somewhat Dissatisfied	3.8%	0.0%	0.0%	2.5%
Very Dissatisfied	7.7%	0.0%	0.0%	5.0%

PCPs: Primary Care Providers

BH: Behavioral Health

[†]Respondents can choose more than one option

*Item based on skip pattern

E. Provider Education and Training

The next section of the survey queried providers on their satisfaction with trainings and education provided by the MCOs. Table 8 displays the results for items 18-21 by provider type, as well as the total rate.

Providers were surveyed on seven areas of education and training (item 18). Providers were most highly satisfied with the web-based provider portal, with 59% of respondents stating they were "Very Satisfied" or "Somewhat Satisfied". Additionally, 55% of providers stated they were

“Very Satisfied” or “Somewhat Satisfied” with the information in the provider manual. For the remaining five items, less than half of the respondents stated high rates of satisfaction. Forty-nine percent of providers were satisfied with the educational trainings provided by the MCOs, cultural competency training materials and sessions, and the provision of Clinical Guidelines and Disease Management Protocols. Additionally, 48% of providers were satisfied with the accessibility of state-required behavioral health training and 46% were satisfied with provider orientation and training processes. Providers were also asked to rate the education they received from the MCOs regarding data collection and reporting for HEDIS® measures. Overall, 64% of providers rated the education they received regarding HEDIS® favorably (“Excellent”, “Very Good”, or “Good”).

Providers were then asked whether they would like to attend future educational meetings or webinars offered by the MCOs (item 20). Sixty-five percent of providers indicated that they would like to attend further educational sessions, with the remaining 35% indicating they would not. Behavioral health providers were most likely to indicate that they would like to attend future educational sessions, with 72% of providers responding “Yes”. Specialists were least likely, with a corresponding rate of 48%. Additionally, about 66% of PCPs indicated they would like to attend future sessions.

Providers who responded “No” were then given the option of providing an open-ended response as to why they would not like to attend these sessions. Open-ended responses were grouped into four general categories: lack of time, not interested, not helpful/needed, and MCO competence. Lack of time was the most common response, with 64% of providers stating this as the reason for not wanting to attend educational sessions provided by the MCO.

Providers were also asked about topics they would want to receive more information on (item 21). Note that providers were instructed on the survey instrument to mark all options that applied to them. The top five topics providers indicated they would like more information on included the following: requests for prior authorization (40%), member benefits and eligibility verification (37%), claims status (37%), member care gap reports (26%), and referral submission or inquiry (25%).

Respondents were also offered an “Other” option and an open-ended response to highlight topics that were not listed as options. These open-ended responses ranged across several topics, and included areas such as HEDIS® measurement, claims processes, and general MCO information (such as specific phone numbers and MCO policies and procedures). The top two categories identified by PCPs included member care gap reports (39%) and prior authorization (37%). For specialists, 56% noted they wanted further information on prior authorization and 53% indicated member benefits and eligibility. Behavioral health providers indicated they wanted further information on claims status (46%), member benefits and eligibility (38%), and prior authorization (37%).

Table 8: Provider Satisfaction with Education and Training

Item		PCPs	Specialists	BH Providers	Total
18	Provider orientation	(n=158)	(n=37)	(n=128)	(n=323)
	Very Satisfied	18.4%	24.3%	20.3%	19.8%
	Somewhat Satisfied	27.2%	18.9%	26.6%	26.0%
	Neither	35.4%	37.8%	28.9%	33.1%
	Somewhat Dissatisfied	8.2%	8.1%	17.2%	11.8%
	Very Dissatisfied	10.8%	10.8%	7.0%	9.3%
	Provider manual	(n=184)	(n=50)	(n=138)	(n=372)
	Very Satisfied	20.7%	16.0%	18.8%	19.4%
	Somewhat Satisfied	38.0%	30.0%	34.1%	35.5%
	Neither	26.1%	36.0%	21.0%	25.5%
	Somewhat Dissatisfied	8.7%	10.0%	15.2%	11.3%
	Very Dissatisfied	6.5%	8.0%	10.9%	8.3%
	Educational trainings	(n=161)	(n=42)	(n=111)	(n=314)
	Very Satisfied	18.0%	14.3%	17.1%	17.2%
	Somewhat Satisfied	33.5%	23.8%	32.4%	31.8%
	Neither	29.2%	45.2%	25.2%	29.9%
	Somewhat Dissatisfied	10.6%	7.1%	16.2%	12.1%
	Very Dissatisfied	8.7%	9.5%	9.0%	8.9%
	Provider portal	(n=174)	(n=53)	(n=124)	(n=351)
	Very Satisfied	22.4%	20.8%	19.4%	21.1%
	Somewhat Satisfied	39.1%	34.0%	37.1%	37.6%
	Neither	23.0%	32.1%	20.2%	23.4%
	Somewhat Dissatisfied	9.8%	7.5%	16.9%	12.0%
	Very Dissatisfied	5.7%	5.7%	6.5%	6.0%
	Cultural competency	(n=125)	(n=38)	(n=99)	(n=262)
	Very Satisfied	16.0%	10.5%	19.2%	16.4%
	Somewhat Satisfied	32.8%	28.9%	34.3%	32.8%
	Neither	36.0%	52.6%	28.3%	35.5%
	Somewhat Dissatisfied	8.8%	2.6%	10.1%	8.4%
	Very Dissatisfied	6.4%	5.3%	8.1%	6.9%
	Accessibility of behavioral health training	(n=128)	(n=24)	(n=104)	(n=256)
	Very Satisfied	15.6%	8.3%	22.1%	17.6%
	Somewhat Satisfied	28.9%	29.2%	31.7%	30.1%
	Neither	37.5%	41.7%	24.0%	32.4%
	Somewhat Dissatisfied	7.8%	8.3%	11.5%	9.4%
	Very Dissatisfied	10.2%	12.5%	10.6%	10.5%
	Provision of Clinical Guidelines	(n=158)	(n=37)	(n=104)	(n=299)
	Very Satisfied	15.2%	8.1%	18.3%	15.4%
	Somewhat Satisfied	34.2%	27.0%	33.7%	33.1%
	Neither	33.5%	43.2%	26.0%	32.1%
	Somewhat Dissatisfied	9.5%	10.8%	9.6%	9.7%
	Very Dissatisfied	7.6%	10.8%	12.5%	9.7%

Item		PCPs	Specialists	BH Providers	Total
19	HEDIS® education	(n=212)	(n=48)	(n=92)	(n=352)
	Excellent	8.0%	8.3%	6.5%	7.7%
	Very Good	24.1%	8.3%	20.7%	21.0%
	Good	33.0%	43.8%	35.9%	35.2%
	Fair	25.5%	27.1%	17.4%	23.6%
	Poor	9.4%	12.5%	19.6%	12.5%
20	Future education/webinars	(n=265)	(n=88)	(n=187)	(n=540)
	Yes	66.4%	47.7%	71.7%	65.2%
	No	33.6%	52.3%	28.3%	34.8%
	If No, why not?	(n=50)	(n=25)	(n=28)	(n=103)
	Lack of Time	64.0%	76.0%	53.6%	64.1%
	Not Interested	20.0%	16.0%	21.4%	19.4%
	Not Helpful/Needed	10.0%	8.0%	21.4%	12.6%
	MCO Competence	6.0%	0.0%	3.6%	3.9%
21†	More information on:	(n=230)	(n=77)	(n=162)	(n=469)
	Member benefits and eligibility	30.0%	53.2%	37.7%	36.5%
	Member Clinical Summary reports	23.5%	6.5%	22.8%	20.5%
	Panel Roster reports	28.7%	3.9%	6.2%	16.8%
	Prior Authorization	37.0%	55.8%	36.4%	39.9%
	Member Care Gap reports	39.1%	7.8%	15.4%	25.8%
	Claims status	26.1%	48.1%	45.7%	36.5%
	Referrals	26.5%	29.9%	19.1%	24.5%

PCPs: Primary Care Providers

BH: Behavioral Health

†Respondents can choose more than one option

F. Claims Processing and Complaints

The next section of the survey asked providers to rate their experience with the MCOs' performance in regard to claims processing and satisfaction with the MCOs' complaint systems, claims reimbursement, finance issues, and resolution to provider complaints. Table 9 displays the results for items 22 and 23 by provider type, as well as the total rate.

Providers rated the claims processing system positively overall, with 77% of providers rating the timeliness of claims processing as "Excellent", "Very Good", or "Good". Additionally, 73% of providers gave favorable ratings for the accuracy of claims processing, the claims reimbursement process, and the consistency of reimbursement fees with contract rates. In regard to the complaint and appeals process, 64% of providers rated the overall process favorably. Additionally, 62% of providers rated the timeliness of the claims appeals process, as well as communication of the outcomes of claims and appeals, favorably, while 61% rated the resolution of claims payment problems or disputes in a positive way. In regard to overall satisfaction with the MCOs' provider complaint system (item 23), 40% of providers indicated that they were "Very Satisfied" or "Somewhat Satisfied".

Table 9: Claims Processing and Complaint Systems

Item		PCPs	Specialists	BH Providers	Total
22	Timeliness of claims	(n=232)	(n=79)	(n=164)	(n=475)
	Excellent	13.4%	8.9%	18.3%	14.3%
	Very Good	28.4%	24.1%	21.3%	25.3%
	Good	35.8%	46.8%	34.8%	37.3%
	Fair	17.7%	12.7%	17.7%	16.8%
	Poor	4.7%	7.6%	7.9%	6.3%
	Accuracy of claims	(n=235)	(n=77)	(n=164)	(n=476)
	Excellent	11.9%	9.1%	18.9%	13.9%
	Very Good	28.9%	24.7%	16.5%	23.9%
	Good	34.0%	42.9%	33.5%	35.3%
	Fair	17.0%	14.3%	18.3%	17.0%
	Poor	8.1%	9.1%	12.8%	9.9%
	Claims reimbursement	(n=230)	(n=78)	(n=160)	(n=468)
	Excellent	12.2%	5.1%	18.8%	13.2%
	Very Good	27.8%	25.6%	17.5%	23.9%
	Good	35.7%	44.9%	33.1%	36.3%
	Fair	16.5%	14.1%	20.6%	17.5%
	Poor	7.8%	10.3%	10.0%	9.0%
	Consistency of fees	(n=234)	(n=77)	(n=159)	(n=470)
	Excellent	12.8%	7.8%	19.5%	14.3%
	Very Good	27.4%	24.7%	17.0%	23.4%
	Good	33.8%	41.6%	34.0%	35.1%
	Fair	19.7%	15.6%	15.1%	17.4%
	Poor	6.4%	10.4%	14.5%	9.8%
	Complaints and appeals	(n=207)	(n=67)	(n=125)	(n=399)
	Excellent	11.6%	3.0%	13.6%	10.8%
	Very Good	17.9%	14.9%	11.2%	15.3%
	Good	35.7%	47.8%	35.2%	37.6%
	Fair	18.8%	13.4%	17.6%	17.5%
	Poor	15.9%	20.9%	22.4%	18.8%
	Timeliness of appeals	(n=213)	(n=68)	(n=126)	(n=407)
	Excellent	10.8%	5.9%	15.9%	11.5%
	Very Good	21.1%	13.2%	12.7%	17.2%
	Good	31.9%	45.6%	28.6%	33.2%
	Fair	20.2%	16.2%	23.8%	20.6%
	Poor	16.0%	19.1%	19.0%	17.4%
	Resolution of claims disputes	(n=220)	(n=70)	(n=134)	(n=424)
	Excellent	10.5%	5.7%	15.7%	11.3%
	Very Good	20.9%	11.4%	13.4%	17.0%
	Good	31.8%	47.1%	26.1%	32.5%
	Fair	22.7%	17.1%	25.4%	22.6%
	Poor	14.1%	18.6%	19.4%	16.5%

Item		PCPs	Specialists	BH Providers	Total
	Communication of claims appeal outcomes	(n=213)	(n=68)	(n=125)	(n=406)
	Excellent	13.1%	2.9%	15.2%	12.1%
	Very Good	18.3%	13.2%	12.8%	15.8%
	Good	34.3%	42.6%	30.4%	34.5%
	Fair	19.7%	19.1%	23.2%	20.7%
	Poor	14.6%	22.1%	18.4%	17.0%
23	Satisfaction with provider complaint system	(n=264)	(n=87)	(n=187)	(n=538)
	Very Satisfied	14.8%	10.3%	14.4%	13.9%
	Somewhat Satisfied	28.0%	25.3%	22.5%	25.7%
	Neither	47.7%	51.7%	46.0%	47.8%
	Somewhat Dissatisfied	4.9%	9.2%	7.0%	6.3%
	Very Dissatisfied	4.5%	3.4%	10.2%	6.3%

PCPs: Primary Care Providers

BH: Behavioral Health

G. Network and Coordination of Care

This section of the survey contains several items (items 24-30) regarding provider networks, coordination of care, and care management services. Table 10 displays the results for item 24 by provider type, as well as the total rate.

Overall, 58% of providers indicated that the number of specialists in the MCOs' networks was "Excellent", "Very Good", or "good". PCPs were least likely to respond favorably (50%), while 67% of specialists and 72% of behavioral health providers rated the number of specialists favorably. A total of 49% of providers rated the availability of medical specialists to accommodate referrals within a reasonable number of days positively. PCPs were least likely to rate the availability of specialists within a reasonable number of days favorably (40%), compared to specialists (64%) and behavioral health providers (63%). However, when asked about the quality of the specialists in the MCOs' networks, 71% of providers rated quality positively. Eighty-two percent of specialists, 73% of behavioral health providers, and 68% of PCPs rated the quality of network specialists as "Good" or better. Additionally, regarding reports providers receive from specialists, 65% indicated that the timeliness of the reports was positive and 70% indicated that the reports were useful. Sixty percent also indicated that the timeliness of getting tests scheduled was positive.

Providers were also asked to rate their experience with the coordination of certain services and services for specific populations. In regard to the coordination of specific services, 61% rated the ability to arrange for non-emergency hospital admissions favorably, while 58% rated the coordination of step-down services favorably. In regard to the ability to coordinate rehabilitation services and to coordinate alcohol and/or substance use services, 54% and 53% of providers, respectively, rated their experience positively. In regard to the coordination of services for children with special health care needs (CSHCN), 60% indicated favorable ratings. Fifty-three percent of providers indicated that their ability to make referrals to specialists and ancillary services was "Excellent", "Very Good", or "Good", while 49% of providers positively rated their ability to prescribe medications that provide for the best possible care.

Table 10: Experience with MCO Provider Networks

Item		PCPs	Specialists	BH Providers	Total
24	Number of specialists	(n=241)	(n=54)	(n=105)	(n=400)
	Excellent	4.6%	7.4%	10.5%	6.5%
	Very Good	13.3%	13.0%	14.3%	13.5%
	Good	32.0%	46.3%	46.7%	37.8%
	Fair	19.9%	16.7%	15.2%	18.3%
	Poor	30.3%	16.7%	13.3%	24.0%
	Quality of specialists	(n=236)	(n=54)	(n=107)	(n=397)
	Excellent	8.1%	11.1%	12.1%	9.6%
	Very Good	19.1%	16.7%	16.8%	18.1%
	Good	40.3%	53.7%	43.9%	43.1%
	Fair	17.8%	13.0%	16.8%	16.9%
	Poor	14.8%	5.6%	10.3%	12.3%
	Timeliness of reports	(n=235)	(n=45)	(n=94)	(n=374)
	Excellent	5.1%	4.4%	9.6%	6.1%
	Very Good	15.3%	20.0%	17.0%	16.3%
	Good	38.7%	55.6%	47.9%	43.0%
	Fair	25.1%	17.8%	16.0%	21.9%
	Poor	15.7%	2.2%	9.6%	12.6%
	Usefulness of reports	(n=231)	(n=43)	(n=90)	(n=364)
	Excellent	10.4%	7.0%	11.1%	10.2%
	Very Good	22.1%	20.9%	18.9%	21.2%
	Good	36.4%	48.8%	41.1%	39.0%
	Fair	21.2%	18.6%	18.9%	20.3%
	Poor	10.0%	4.7%	10.0%	9.3%
	Availability of specialists	(n=242)	(n=56)	(n=96)	(n=394)
	Excellent	5.4%	5.4%	11.5%	6.9%
	Very Good	9.5%	12.5%	10.4%	10.2%
	Good	25.6%	46.4%	40.6%	32.2%
	Fair	24.0%	17.9%	22.9%	22.8%
	Poor	35.5%	17.9%	14.6%	27.9%
	Timeliness of scheduled tests	(n=246)	(n=60)	(n=77)	(n=383)
	Excellent	8.1%	3.3%	10.4%	7.8%
	Very Good	14.2%	15.0%	11.7%	13.8%
	Good	33.7%	48.3%	42.9%	37.9%
	Fair	26.0%	18.3%	23.4%	24.3%
	Poor	17.9%	15.0%	11.7%	16.2%
	Coordination of step-down	(n=158)	(n=26)	(n=65)	(n=249)
	Excellent	8.9%	3.8%	12.3%	9.2%
	Very Good	7.6%	19.2%	12.3%	10.0%
	Good	37.3%	42.3%	40.0%	38.6%
	Fair	31.0%	23.1%	21.5%	27.7%
	Poor	15.2%	11.5%	13.8%	14.5%

Item		PCPs	Specialists	BH Providers	Total
	Services for CSHCN	(n=191)	(n=31)	(n=70)	(n=292)
	Excellent	6.8%	6.5%	12.9%	8.2%
	Very Good	13.6%	12.9%	12.9%	13.4%
	Good	36.6%	58.1%	34.3%	38.4%
	Fair	24.6%	12.9%	24.3%	23.3%
	Poor	18.3%	9.7%	15.7%	16.8%
	Coordinate alcohol and/or substance abuse treatment	(n=147)	(n=22)	(n=73)	(n=242)
	Excellent	5.4%	9.1%	9.6%	7.0%
	Very Good	8.2%	9.1%	11.0%	9.1%
	Good	34.0%	45.5%	38.4%	36.4%
	Fair	26.5%	9.1%	21.9%	23.6%
	Poor	25.9%	27.3%	19.2%	24.0%
	Coordinate rehabilitation	(n=169)	(n=30)	(n=68)	(n=267)
	Excellent	6.5%	3.3%	10.3%	7.1%
	Very Good	8.9%	16.7%	10.3%	10.1%
	Good	32.5%	40.0%	44.1%	36.3%
	Fair	31.4%	23.3%	20.6%	27.7%
	Poor	20.7%	16.7%	14.7%	18.7%
	Non-emergency hospital admissions	(n=183)	(n=38)	(n=78)	(n=299)
	Excellent	7.7%	2.6%	10.3%	7.7%
	Very Good	13.7%	7.9%	14.1%	13.0%
	Good	35.0%	57.9%	42.3%	39.8%
	Fair	27.9%	13.2%	19.2%	23.7%
	Poor	15.8%	18.4%	14.1%	15.7%
	Referrals to specialists	(n=239)	(n=53)	(n=85)	(n=377)
	Excellent	8.4%	5.7%	10.6%	8.5%
	Very Good	9.2%	5.7%	10.6%	9.0%
	Good	30.5%	49.1%	41.2%	35.5%
	Fair	25.1%	13.2%	27.1%	23.9%
	Poor	26.8%	26.4%	10.6%	23.1%
	Prescribe best medications	(n=250)	(n=62)	(n=84)	(n=396)
	Excellent	7.6%	4.8%	11.9%	8.1%
	Very Good	9.2%	4.8%	9.5%	8.6%
	Good	30.0%	35.5%	35.7%	32.1%
	Fair	28.8%	29.0%	26.2%	28.3%
	Poor	24.4%	25.8%	16.7%	23.0%

PCPs: Primary Care Providers

BH: Behavioral Health

CSHCN: Children with Special Healthcare Needs

Items 25-27 of the survey asked providers to rate their experience and satisfaction with the MCOs' care coordination services. Table 11 displays the results for these survey items by provider type, as well as the total rate. For item 25, providers were asked to assess the MCOs' continuity and coordination of care as compared to other MCOs in the state. Overall, 66% of providers indicated that the MCO's care coordination was the same as the other MCOs in the state, while 21% indicated the MCO's care coordination was better than the other MCOs.

Item 26 revolved around providers' satisfaction with the MCOs' coordination of medical health services. Provider satisfaction with the timeliness, accuracy, clarity, and sufficiency of information for medical health care overall was positive, with between 55% and 57% of providers indicating they were either somewhat or very satisfied with the MCOs' coordination of care (56%, 57%, 56%, and 55%, respectively).

For item 27, providers were asked to rate their satisfaction with MCO care coordination for behavioral health care services. The same four areas in item 26 (timeliness, accuracy, clarity, and sufficiency) were assessed. Less than half of providers indicated satisfaction with the MCOs' behavioral health care coordination services, with 43% indicating satisfaction with timeliness, 46% indicating satisfaction with accuracy and clarity, and 44% indicating satisfaction with sufficiency of information.

Table 11: Experience with MCO Care Coordination Services

Item		PCPs	Specialists	BH Providers	Total
25	MCO Coordination of Care	(n=239)	(n=73)	(n=131)	(n=443)
	Much Better	6.3%	2.7%	6.1%	5.6%
	Better	11.7%	17.8%	21.4%	15.6%
	Same As	68.6%	67.1%	58.8%	65.5%
	Worse	10.5%	11.0%	6.9%	9.5%
	Much Worse	2.9%	1.4%	6.9%	3.8%
26	Medical Health Care				
	Timeliness	(n=218)	(n=63)	(n=98)	(n=379)
	Very Satisfied	11.0%	17.5%	17.3%	13.7%
	Somewhat Satisfied	44.5%	31.7%	42.9%	42.0%
	Neither	24.8%	30.2%	19.4%	24.3%
	Somewhat Dissatisfied	9.6%	9.5%	7.1%	9.0%
	Very Dissatisfied	10.1%	11.1%	13.3%	11.1%
	Accuracy	(n=216)	(n=61)	(n=98)	(n=375)
	Very Satisfied	13.0%	16.4%	16.3%	14.4%
	Somewhat Satisfied	45.4%	32.8%	41.8%	42.4%
	Neither	25.0%	37.7%	21.4%	26.1%
	Somewhat Dissatisfied	9.3%	8.2%	8.2%	8.8%
	Very Dissatisfied	7.4%	4.9%	12.2%	8.3%
	Clarity	(n=216)	(n=61)	(n=97)	(n=374)
	Very Satisfied	12.5%	14.8%	17.5%	14.2%
	Somewhat Satisfied	44.4%	36.1%	39.2%	41.7%
	Neither	25.0%	32.8%	23.7%	25.9%
	Somewhat Dissatisfied	12.0%	9.8%	8.2%	10.7%
	Very Dissatisfied	6.0%	6.6%	11.3%	7.5%

Item		PCPs	Specialists	BH Providers	Total
	Sufficient information	(n=216)	(n=59)	(n=97)	(n=372)
	Very Satisfied	12.0%	11.9%	15.5%	12.9%
	Somewhat Satisfied	43.5%	35.6%	41.2%	41.7%
	Neither	26.9%	30.5%	22.7%	26.3%
	Somewhat Dissatisfied	8.8%	11.9%	9.3%	9.4%
	Very Dissatisfied	8.8%	10.2%	11.3%	9.7%
27	Behavioral Health Care				
	Timeliness	(n=155)	(n=14)	(n=119)	(n=288)
	Very Satisfied	9.7%	21.4%	23.5%	16.0%
	Somewhat Satisfied	20.6%	28.6%	35.3%	27.1%
	Neither	34.8%	28.6%	14.3%	26.0%
	Somewhat Dissatisfied	13.5%	14.3%	10.9%	12.5%
	Very Dissatisfied	21.3%	7.1%	16.0%	18.4%
	Accuracy	(n=156)	(n=14)	(n=119)	(n=289)
	Very Satisfied	9.6%	21.4%	22.7%	15.6%
	Somewhat Satisfied	26.3%	21.4%	36.1%	30.1%
	Neither	36.5%	42.9%	15.1%	28.0%
	Somewhat Dissatisfied	9.6%	7.1%	11.8%	10.4%
	Very Dissatisfied	17.9%	7.1%	14.3%	15.9%
	Clarity	(n=156)	(n=14)	(n=116)	(n=286)
	Very Satisfied	10.3%	21.4%	20.7%	15.0%
	Somewhat Satisfied	25.0%	28.6%	39.7%	31.1%
	Neither	34.6%	35.7%	16.4%	27.3%
	Somewhat Dissatisfied	11.5%	7.1%	10.3%	10.8%
	Very Dissatisfied	18.6%	7.1%	12.9%	15.7%
	Sufficient information	(n=157)	(n=14)	(n=114)	(n=285)
	Very Satisfied	9.6%	21.4%	21.1%	14.7%
	Somewhat Satisfied	26.8%	21.4%	33.3%	29.1%
	Neither	33.8%	35.7%	20.2%	28.4%
	Somewhat Dissatisfied	10.8%	14.3%	9.6%	10.5%
	Very Dissatisfied	19.1%	7.1%	15.8%	17.2%

PCPs: Primary Care Providers

BH: Behavioral Health

Items 28-30 assess provider experience and satisfaction with the MCOs' Disease and Case Management (DM/CM) Programs. Different aspects of the MCOs' programs were evaluated, including MCO staff members and the components of the programs themselves. Table 12 displays the results for these items by provider type, as well as the total rate.

Overall, about 56% of providers felt the MCOs' care management programs were effective for members, as indicated by ratings of "Excellent", "Very Good", or "Good". Additionally, 58% of providers gave positive ratings in regard to the helpfulness of care management staff providing services. Providers rated the usefulness of written program materials positively, with 65% of providers giving a positive rating, while 62%, 61%, and 60% of providers rated the usefulness of telephonic assistance provided by staff, member interventions by staff, and communications provided by case managers in a positive manner, respectively.

In regard to quality of case management services regarding continuity and coordination of care, 60% of providers responded favorably, while 57% of providers gave favorable responses to the availability of disease management and health education programs for members. Fifty-seven percent of providers felt that the MCOs' facilitation and support for appropriate clinical care for patients was "Good" or better. Additionally, 55% of providers noted that the alternative care and community resource options offered by the case managers were "Good" or better.

When asked whether the providers would recommend the MCOs' Disease and Case Management Program to other providers, 59% stated they would. Behavioral health providers were most likely to indicate that they would recommend the MCOs' programs, with 64% answering "Yes". Additionally, when comparing the MCO's programs to those of other state MCOs, 66% stated the MCO's program was the same as the other MCOs, while 21% rated the MCO's program better than the MCOs in the rest of the state.

Table 12: Experience with MCO Disease and Case Management

Item		PCPs	Specialists	BH Providers	Total
28	Telephonic assistance	(n=143)	(n=19)	(n=51)	(n=213)
	Excellent	7.0%	10.5%	5.9%	7.0%
	Very Good	14.7%	10.5%	23.5%	16.4%
	Good	39.2%	31.6%	41.2%	39.0%
	Fair	22.4%	21.1%	15.7%	20.7%
	Poor	16.8%	26.3%	13.7%	16.9%
	Member interventions	(n=140)	(n=15)	(n=47)	(n=202)
	Excellent	7.1%	13.3%	4.3%	6.9%
	Very Good	15.0%	13.3%	19.1%	15.8%
	Good	37.1%	46.7%	40.4%	38.6%
	Fair	27.1%	13.3%	17.0%	23.8%
	Poor	13.6%	13.3%	19.1%	14.9%
	Written materials	(n=139)	(n=15)	(n=53)	(n=207)
	Excellent	6.5%	13.3%	7.5%	7.2%
	Very Good	16.5%	6.7%	18.9%	16.4%
	Good	41.0%	40.0%	41.5%	41.1%
	Fair	21.6%	26.7%	15.1%	20.3%
	Poor	14.4%	13.3%	17.0%	15.0%
	Communications by CMs	(n=149)	(n=18)	(n=54)	(n=221)
	Excellent	6.7%	11.1%	9.3%	7.7%
	Very Good	18.8%	11.1%	14.8%	17.2%
	Good	32.2%	38.9%	42.6%	35.3%
	Fair	26.2%	27.8%	20.4%	24.9%
	Poor	16.1%	11.1%	13.0%	14.9%
	Helpfulness of staff	(n=148)	(n=20)	(n=53)	(n=221)
	Excellent	6.8%	10.0%	9.4%	7.7%
	Very Good	15.5%	10.0%	20.8%	16.3%
	Good	35.8%	30.0%	32.1%	34.4%
	Fair	25.0%	35.0%	24.5%	25.8%
	Poor	16.9%	15.0%	13.2%	15.8%

Item		PCPs	Specialists	BH Providers	Total
	Effectiveness of program	(n=150)	(n=19)	(n=53)	(n=222)
	Excellent	7.3%	10.5%	11.3%	8.6%
	Very Good	15.3%	5.3%	18.9%	15.3%
	Good	31.3%	36.8%	32.1%	32.0%
	Fair	28.7%	36.8%	22.6%	27.9%
	Poor	17.3%	10.5%	15.1%	16.2%
	Quality of services	(n=147)	(n=20)	(n=54)	(n=221)
	Excellent	6.8%	10.0%	9.3%	7.7%
	Very Good	19.0%	5.0%	18.5%	17.6%
	Good	33.3%	45.0%	35.2%	34.8%
	Fair	24.5%	15.0%	22.2%	23.1%
	Poor	16.3%	25.0%	14.8%	16.7%
	Alternate resource options	(n=143)	(n=16)	(n=49)	(n=208)
	Excellent	7.0%	12.5%	8.2%	7.7%
	Very Good	15.4%	12.5%	12.2%	14.4%
	Good	32.2%	25.0%	38.8%	33.2%
	Fair	27.3%	31.3%	24.5%	26.9%
	Poor	18.2%	18.8%	16.3%	17.8%
	Availability of DM and Health Education	(n=144)	(n=15)	(n=46)	(n=205)
	Excellent	6.3%	13.3%	6.5%	6.8%
	Very Good	17.4%	6.7%	21.7%	17.6%
	Good	32.6%	40.0%	30.4%	32.7%
	Fair	28.5%	26.7%	23.9%	27.3%
	Poor	15.3%	13.3%	17.4%	15.6%
	Facilitation/Support of appropriate clinical care	(n=144)	(n=18)	(n=52)	(n=214)
	Excellent	6.9%	11.1%	7.7%	7.5%
	Very Good	12.5%	11.1%	11.5%	12.1%
	Good	36.8%	38.9%	40.4%	37.9%
	Fair	27.1%	33.3%	25.0%	27.1%
	Poor	16.7%	5.6%	15.4%	15.4%
29	Recommend DM/CM Program?	(n=125)	(n=19)	(n=47)	(n=191)
	Yes	59.2%	42.1%	63.8%	58.6%
	No	40.8%	57.9%	36.2%	41.4%
30	MCO compared to state	(n=145)	(n=21)	(n=57)	(n=223)
	Much Better	5.5%	14.3%	8.8%	7.2%
	Better	10.3%	19.0%	21.1%	13.9%
	Same As	72.4%	42.9%	59.6%	66.4%
	Worse	7.6%	23.8%	5.3%	8.5%
	Much Worse	4.1%	0.0%	5.3%	4.0%

PCPs: Primary Care Providers

BH: Behavioral Health

CMs: Case Managers

DM: Disease Management

H. No-Show Appointments

Three items within the survey queried providers on members that do not show up for their appointments. Table 13 displays the results for these items by provider type, as well as the total rate. Overall, 77% of providers answered that they have issues with members not showing up for appointments. PCPs noted the highest rate of no-show issues, with 86% indicating they experienced problems with patients not showing up for their appointments. Further, 93% of providers indicated that they remind their patients of appointments to minimize no-show appointments. The most common method of reminders reported among the respondents was phone calls, with 93% of providers indicating they utilize this method. Additionally, 37% indicated they use texts, 19% indicated e-mail, and 11% noted that they utilize the U.S. postal service for reminders.

Table 13: No-Show Appointments

Item		PCPs	Specialists	BH Providers	Total
31	Issue with no-shows?	(n=274)	(n=88)	(n=195)	(n=557)
	Yes	85.8%	70.5%	68.2%	77.2%
	No	14.2%	29.5%	31.8%	22.8%
32*	Remind members?	(n=273)	(n=90)	(n=196)	(n=559)
	Always	78.4%	85.6%	70.4%	76.7%
	Sometimes	13.9%	7.8%	22.4%	15.9%
	No	7.7%	6.7%	7.1%	7.3%
33†	Method of reminders	(n=253)	(n=83)	(n=181)	(n=517)
	Phone call	98.4%	97.6%	84.5%	93.4%
	Text	35.2%	31.3%	42.5%	37.1%
	E-mail	21.7%	14.5%	16.0%	18.6%
	U.S. mail	14.6%	8.4%	8.3%	11.4%

PCPs: Primary Care Providers

BH: Behavioral Health

*Item based on skip pattern

†Respondents can choose more than one option

I. Customer Service and Provider Relations

This section of the survey asked providers to rate their experience with MCO Customer Services and/or Provider Relations departments. Tables 14 and 15 display the results for this section of the survey by provider type, as well as the total rate.

Table 14 outlines provider experience with MCO provider relations representatives. Forty-two percent of providers indicated that they had an MCO provider relations representative assigned to their organization. Specifically, specialists had the lowest percentage (17%), while 49% of PCPs and 45% of behavioral health providers responded they had a representative, respectively.

Providers who responded that they did have a representative were asked to evaluate that representative's ability to answer questions and resolve problems and on their responsiveness and courtesy. About 80% of providers rated their representatives positively for ability to answer questions and 82% rated their representatives positively for responsiveness and courtesy.

Table 14: Experience with MCO Provider Relations Representative

Item		PCPs	Specialists	BH Providers	Total
34*	Provider Relations representative	(n=267)	(n=89)	(n=197)	(n=553)
	Yes	49.1%	16.9%	44.7%	42.3%
	No	14.6%	30.3%	17.8%	18.3%
	Not Sure	36.3%	52.8%	37.6%	39.4%
35	Ability to answer questions	(n=126)	(n=15)	(n=81)	(n=222)
	Excellent	26.2%	40.0%	23.5%	26.1%
	Very Good	19.0%	26.7%	18.5%	19.4%
	Good	37.3%	26.7%	32.1%	34.7%
	Fair	11.9%	6.7%	7.4%	9.9%
	Poor	5.6%	0.0%	18.5%	9.9%
	Responsiveness/courtesy	(n=127)	(n=14)	(n=81)	(n=222)
	Excellent	29.1%	42.9%	23.5%	27.9%
	Very Good	18.9%	28.6%	23.5%	21.2%
	Good	37.0%	21.4%	29.6%	33.3%
	Fair	10.2%	0.0%	11.1%	9.9%
	Poor	4.7%	7.1%	12.3%	7.7%

PCPs: Primary Care Providers

BH: Behavioral Health

*Item based on skip pattern

Table 15 displays the results of item 36 of the survey, which is related to providers' experience with Customer Service and Provider Relations departments of the MCOs. Several areas within these departments were evaluated, including written materials and staff overall. A total of 73% of providers rated the quality of written communications, policy bulletins, and manuals favorably, while 72% rated both the relevance and timeliness of these materials positively. About two-thirds (65%) of providers indicated that the timeliness to answer questions and/or resolve problems was "Good" or better. Seventy-two percent indicated the relevance of provider education meetings/in-services positively, while 69% rated the helpfulness of the Provider Administrative Guide/Manual as "Good" or better. When asked about the assistance provided by the toll-free Interactive Voice Response (IVR) system, 66% gave positive ratings. In regard to the department staff, 66% of providers rated the access to Provider Relations staff favorably, while 67% indicated that the helpfulness of the Provider Relations staff was "Good" or better.

Table 15: Experience with Customer Service and Provider Relations

Item		PCPs	Specialists	BH Providers	Total
36	Quality of materials	(n=219)	(n=60)	(n=161)	(n=440)
	Excellent	8.7%	11.7%	11.8%	10.2%
	Very Good	19.6%	10.0%	21.7%	19.1%
	Good	47.0%	45.0%	37.3%	43.2%
	Fair	16.9%	28.3%	17.4%	18.6%
	Poor	7.8%	5.0%	11.8%	8.9%
	Relevance of materials	(n=216)	(n=58)	(n=159)	(n=433)
	Excellent	7.4%	10.3%	11.9%	9.5%
	Very Good	21.3%	13.8%	20.8%	20.1%
	Good	47.2%	43.1%	34.6%	42.0%
	Fair	18.1%	27.6%	21.4%	20.6%
	Poor	6.0%	5.2%	11.3%	7.9%
	Timeliness of materials	(n=214)	(n=60)	(n=153)	(n=427)
	Excellent	8.4%	10.0%	11.8%	9.8%
	Very Good	20.6%	15.0%	20.9%	19.9%
	Good	46.3%	43.3%	36.6%	42.4%
	Fair	17.8%	25.0%	19.0%	19.2%
	Poor	7.0%	6.7%	11.8%	8.7%
	Timeliness of answers	(n=214)	(n=63)	(n=152)	(n=429)
	Excellent	8.9%	7.9%	12.5%	10.0%
	Very Good	18.7%	15.9%	21.1%	19.1%
	Good	38.8%	38.1%	30.3%	35.7%
	Fair	23.4%	27.0%	19.1%	22.4%
	Poor	10.3%	11.1%	17.1%	12.8%
	Relevance of education	(n=184)	(n=39)	(n=123)	(n=346)
	Excellent	10.9%	12.8%	12.2%	11.6%
	Very Good	18.5%	10.3%	19.5%	17.9%
	Good	43.5%	53.8%	37.4%	42.5%
	Fair	17.4%	15.4%	18.7%	17.6%
	Poor	9.8%	7.7%	12.2%	10.4%
	IVR assistance	(n=155)	(n=51)	(n=100)	(n=306)
	Excellent	7.7%	11.8%	14.0%	10.5%
	Very Good	18.7%	7.8%	11.0%	14.4%
	Good	42.6%	43.1%	37.0%	40.8%
	Fair	23.2%	19.6%	22.0%	22.2%
	Poor	7.7%	17.6%	16.0%	12.1%
	Helpfulness of manual	(n=191)	(n=52)	(n=135)	(n=378)
	Excellent	8.9%	11.5%	11.9%	10.3%
	Very Good	18.3%	15.4%	17.0%	17.5%
	Good	44.5%	44.2%	34.8%	41.0%
	Fair	20.9%	21.2%	19.3%	20.4%
	Poor	7.3%	7.7%	17.0%	10.8%

Item		PCPs	Specialists	BH Providers	Total
	Access to staff	(n=210)	(n=62)	(n=146)	(n=418)
	Excellent	11.4%	11.3%	14.4%	12.4%
	Very Good	16.7%	11.3%	16.4%	15.8%
	Good	41.0%	35.5%	34.2%	37.8%
	Fair	21.4%	25.8%	19.9%	21.5%
	Poor	9.5%	16.1%	15.1%	12.4%
	Helpfulness of staff	(n=209)	(n=63)	(n=148)	(n=420)
	Excellent	11.5%	12.7%	16.2%	13.3%
	Very Good	17.7%	12.7%	16.9%	16.7%
	Good	41.6%	33.3%	33.1%	37.4%
	Fair	19.6%	25.4%	20.3%	20.7%
	Poor	9.6%	15.9%	13.5%	11.9%

PCPs: Primary Care Providers

BH: Behavioral Health

IVR: Interactive Voice Response

J. Utilization Management

This section of the survey asked providers to rate their experience and satisfaction when dealing with the MCOs' Utilization Management (UM) processes and staff. Item 37, represented in Table 16, queried providers on their experience with UM processes and staff. Results are displayed by provider type, as well as the total rate.

A total of 57% of providers rated the process of obtaining pre-certification/referral/authorization information positively, while 59% rated the timeliness of obtaining this information positively. In regard to provider experience with UM staff, 60% of providers indicated that phone access to UM staff was "Good" or better, and 61% rated the knowledge and accuracy of credentialing staff responses to inquires favorably. Additionally, 58% of providers noted that the extent to which UM staff share review criteria and reasons for adverse determinations was "Good" or better.

In regard to timeliness of the UM appeals process, 52% of providers gave positive ratings. Additionally, 53% of providers overall responded favorably when asked about their experience with the timeliness of resolutions requiring MCO Medical Director intervention. Sixty-three percent of providers indicated the MCO support toward Patient-Centered Medical Home (PCMH) implementation was positive, while 57% indicated that the MCOs' UM medical record review (MRR) process was "Good" or better.

Table 16: Experience with Utilization Management Processes and Staff

Item		PCPs	Specialists	BH Providers	Total
37	Pre-authorization/referrals	(n=233)	(n=63)	(n=116)	(n=412)
	Excellent	6.4%	1.6%	10.3%	6.8%
	Very Good	13.3%	12.7%	12.1%	12.9%
	Good	34.8%	47.6%	37.1%	37.4%
	Fair	21.5%	20.6%	23.3%	21.8%
	Poor	24.0%	17.5%	17.2%	21.1%
	Timeliness of obtaining pre-authorization	(n=235)	(n=63)	(n=118)	(n=416)
	Excellent	6.4%	1.6%	10.2%	6.7%
	Very Good	12.8%	12.7%	16.1%	13.7%
	Good	36.6%	49.2%	38.1%	38.9%
	Fair	23.0%	22.2%	21.2%	22.4%
	Poor	21.3%	14.3%	14.4%	18.3%
	Phone access to staff	(n=208)	(n=48)	(n=110)	(n=366)
	Excellent	4.8%	2.1%	10.0%	6.0%
	Very Good	12.0%	14.6%	15.5%	13.4%
	Good	39.4%	47.9%	40.9%	41.0%
	Fair	28.4%	22.9%	22.7%	26.0%
	Poor	15.4%	12.5%	10.9%	13.7%
	Share review criteria	(n=208)	(n=47)	(n=103)	(n=358)
	Excellent	4.3%	2.1%	9.7%	5.6%
	Very Good	12.0%	6.4%	17.5%	12.8%
	Good	41.8%	42.6%	35.0%	39.9%
	Fair	22.6%	29.8%	19.4%	22.6%
	Poor	19.2%	19.1%	18.4%	19.0%
	Timeliness of appeals	(n=202)	(n=46)	(n=90)	(n=338)
	Excellent	4.0%	2.2%	8.9%	5.0%
	Very Good	9.9%	13.0%	10.0%	10.4%
	Good	38.1%	37.0%	31.1%	36.1%
	Fair	27.7%	23.9%	26.7%	26.9%
	Poor	20.3%	23.9%	23.3%	21.6%
	Timeliness of resolution	(n=190)	(n=39)	(n=82)	(n=311)
	Excellent	6.3%	2.6%	7.3%	6.1%
	Very Good	7.9%	7.7%	12.2%	9.0%
	Good	38.4%	48.7%	31.7%	37.9%
	Fair	26.8%	28.2%	28.0%	27.3%
	Poor	20.5%	12.8%	20.7%	19.6%
	Staff knowledge/accuracy	(n=204)	(n=51)	(n=115)	(n=370)
	Excellent	5.4%	2.0%	8.7%	5.9%
	Very Good	13.7%	7.8%	15.7%	13.5%
	Good	43.1%	52.9%	32.2%	41.1%
	Fair	23.0%	23.5%	24.3%	23.5%
	Poor	14.7%	13.7%	19.1%	15.9%

Item		PCPs	Specialists	BH Providers	Total
	Support for PCMH	(n=145)	(n=19)	(n=58)	(n=222)
	Excellent	6.2%	5.3%	10.3%	7.2%
	Very Good	13.1%	15.8%	12.1%	13.1%
	Good	42.8%	52.6%	39.7%	42.8%
	Fair	22.1%	10.5%	20.7%	20.7%
	Poor	15.9%	15.8%	17.2%	16.2%
	MRR process	(n=202)	(n=52)	(n=94)	(n=348)
	Excellent	6.4%	1.9%	7.4%	6.0%
	Very Good	9.9%	7.7%	9.6%	9.5%
	Good	39.6%	53.8%	37.2%	41.1%
	Fair	29.2%	17.3%	29.8%	27.6%
	Poor	14.9%	19.2%	16.0%	15.8%

PCPs: Primary Care Providers

BH: Behavioral Health

PCMH: Patient-Centered Medical Home

MRR: Medical Record Review

Item 38 of the survey instrument asked providers to rate their level of satisfaction with aspects of the MCOs' UM processes. Table 17 displays the results for this survey item by provider type, as well as the total rate.

Overall, 41% of providers indicated some level of satisfaction with the efficiency of the MCOs' UM process, while 25% indicated some level of dissatisfaction with the process. Specifically, 44% of PCPs and 43% of behavioral health providers indicated a degree of satisfaction, while only 25% of specialists indicated they were satisfied with the process.

In regard to the timeliness of the MCOs' Medical Directors' responses to providers' concerns, 39% of providers indicated some level of satisfaction and 24% showed some level of dissatisfaction. PCPs indicated the highest level of satisfaction in this area, with 45% responding they were "Very Satisfied" or "Somewhat Satisfied", followed by 35% of behavioral health providers and 24% of specialists.

Overall, 39% of providers indicated they were satisfied with access to knowledgeable UM staff. Again, specialists noted the lowest rate of satisfaction with this area (26%), followed by 39% of behavioral health providers and 42% of PCPs. When asked about satisfaction with the consistency of review decisions, 38% of providers indicated satisfaction and 25% indicated dissatisfaction. In regard to satisfaction with the clinical appropriateness of utilization review decisions, 29% of providers were dissatisfied, while 37% were satisfied.

A total of 41% of providers were satisfied to some degree with access to MCO Case/Care Managers (CMs), with 24% indicating a level of dissatisfaction. PCPs were most likely to report some degree of satisfaction with access to CMs, with 44% reporting some level of satisfaction, followed by 38% of behavioral health providers and 28% of specialists. Nearly half of the respondents (49%) indicated some level of satisfaction with the degree to which the MCO covers and encourages preventive care and wellness. PCPs were most satisfied in this area, with 55% reporting some degree of satisfaction, while 39% of behavioral health providers and 35% of specialists reported some level of satisfaction.

Table 17: Satisfaction with MCO Utilization Management Processes

Item		PCPs	Specialists	BH Providers	Total
38	Efficiency of UM process	(n=197)	(n=52)	(n=108)	(n=357)
	Very Satisfied	14.2%	3.8%	12.0%	12.0%
	Somewhat Satisfied	29.9%	21.2%	30.6%	28.9%
	Neither	34.0%	40.4%	30.6%	33.9%
	Somewhat Dissatisfied	12.2%	25.0%	9.3%	13.2%
	Very Dissatisfied	9.6%	9.6%	17.6%	12.0%
	Timeliness of MD responses	(n=176)	(n=41)	(n=88)	(n=305)
	Very Satisfied	17.0%	4.9%	11.4%	13.8%
	Somewhat Satisfied	27.8%	19.5%	23.9%	25.6%
	Neither	34.7%	46.3%	36.4%	36.7%
	Somewhat Dissatisfied	10.2%	14.6%	12.5%	11.5%
	Very Dissatisfied	10.2%	14.6%	15.9%	12.5%
	Knowledgeable UM staff	(n=189)	(n=51)	(n=108)	(n=348)
	Very Satisfied	13.8%	3.9%	10.2%	11.2%
	Somewhat Satisfied	28.6%	21.6%	28.7%	27.6%
	Neither	37.6%	45.1%	31.5%	36.8%
	Somewhat Dissatisfied	9.5%	17.6%	13.0%	11.8%
	Very Dissatisfied	10.6%	11.8%	16.7%	12.6%
	Consistency of decisions	(n=190)	(n=49)	(n=102)	(n=341)
	Very Satisfied	12.6%	4.1%	13.7%	11.7%
	Somewhat Satisfied	27.9%	22.4%	25.5%	26.4%
	Neither	36.8%	49.0%	30.4%	36.7%
	Somewhat Dissatisfied	7.9%	14.3%	11.8%	10.0%
	Very Dissatisfied	14.7%	10.2%	18.6%	15.2%
	Clinical appropriateness	(n=189)	(n=50)	(n=102)	(n=341)
	Very Satisfied	11.6%	6.0%	12.7%	11.1%
	Somewhat Satisfied	28.0%	22.0%	23.5%	25.8%
	Neither	34.9%	38.0%	31.4%	34.3%
	Somewhat Dissatisfied	7.9%	14.0%	11.8%	10.0%
	Very Dissatisfied	17.5%	20.0%	20.6%	18.8%
	Access to CMs	(n=185)	(n=36)	(n=99)	(n=320)
	Very Satisfied	14.1%	5.6%	13.1%	12.8%
	Somewhat Satisfied	30.3%	22.2%	25.3%	27.8%
	Neither	32.4%	44.4%	37.4%	35.3%
	Somewhat Dissatisfied	9.7%	11.1%	13.1%	10.9%
	Very Dissatisfied	13.5%	16.7%	11.1%	13.1%
	Preventive care/wellness	(n=214)	(n=34)	(n=104)	(n=352)
	Very Satisfied	22.9%	5.9%	17.3%	19.6%
	Somewhat Satisfied	32.2%	29.4%	22.1%	29.0%
	Neither	28.0%	44.1%	31.7%	30.7%
	Somewhat Dissatisfied	7.0%	11.8%	15.4%	9.9%
	Very Dissatisfied	9.8%	8.8%	13.5%	10.8%

PCPs: Primary Care Providers

BH: Behavioral Health

MD: Medical Director

CM: Care/Case Manager

K. MCO Call Center

For this section of the survey, providers were asked to compare their experience with the MCO's Call Center against other Louisiana Medicaid managed care organizations they work with. Table 18 displays the results for this section by provider type, as well as the total rate.

In regard to ease of reaching staff over the phone, 61% of providers rated the MCO's center the same as other MCOs, while 26% indicated it was better. Sixty-one percent of providers rated the process of obtaining member information from the call center the same as other MCOs, while 28% rated this process as better than other MCOs. When asked about the helpfulness of call center staff in obtaining referrals for patients, 64% of providers indicated that staff were as helpful as other MCOs, with 22% of providers rating the staff better than the other MCOs. Overall, 58% of providers indicated that their level of satisfaction with the MCO's call center was the same as their satisfaction with other MCOs' call centers, while 26% indicated that they were more satisfied with the specific MCO's call center.

Table 18: Experience with MCO Call Center

Item		PCPs	Specialists	BH Providers	Total
39	Ease of reaching center	(n=229)	(n=73)	(n=158)	(n=460)
	Much Better	6.6%	6.8%	10.8%	8.0%
	Better	16.2%	13.7%	22.8%	18.0%
	Same As	65.1%	63.0%	54.4%	61.1%
	Worse	6.1%	15.1%	7.0%	7.8%
	Much Worse	6.1%	1.4%	5.1%	5.0%
	Process of obtaining member information	(n=226)	(n=72)	(n=153)	(n=451)
	Much Better	8.8%	6.9%	13.1%	10.0%
	Better	16.8%	19.4%	19.0%	18.0%
	Same As	62.8%	59.7%	60.1%	61.4%
	Worse	6.6%	13.9%	3.3%	6.7%
	Much Worse	4.9%	0.0%	4.6%	4.0%
	Helpfulness of staff	(n=214)	(n=63)	(n=130)	(n=407)
	Much Better	5.6%	6.3%	10.8%	7.4%
	Better	14.0%	14.3%	16.2%	14.7%
	Same As	68.7%	61.9%	58.5%	64.4%
	Worse	6.5%	15.9%	6.9%	8.1%
	Much Worse	5.1%	1.6%	7.7%	5.4%
	Overall satisfaction	(n=228)	(n=74)	(n=160)	(n=462)
	Much Better	7.0%	6.8%	11.3%	8.4%
	Better	15.8%	14.9%	21.9%	17.7%
	Same As	62.7%	55.4%	51.3%	57.6%
	Worse	8.3%	20.3%	8.8%	10.4%
	Much Worse	6.1%	2.7%	6.9%	5.8%

PCPs: Primary Care Providers
BH: Behavioral Health

L. Overall Satisfaction

The final section of the survey instrument contains four items regarding the providers' overall satisfaction with the MCO. Table 19 displays the results for items 40-42 by provider type, as well as the total rate.

Overall, 60% of providers indicated some degree of satisfaction with the MCO, while 18% noted some degree of dissatisfaction. Providers were then asked to compare the specific MCO noted on their survey to the other MCOs in Louisiana that they work with. Fifty-seven percent indicated that the specific MCO was the same as the other MCOs, while 27% indicated that the specific MCO was better than the others. Finally, providers were asked if they would recommend the MCO to other practitioners, to which 73% answered "Yes".

Table 19: Overall Satisfaction with the MCO

Item		PCPs	Specialists	BH Providers	Total
40	Overall satisfaction	(n=281)	(n=89)	(n=196)	(n=566)
	Very Satisfied	22.8%	16.9%	27.6%	23.5%
	Somewhat Satisfied	39.5%	43.8%	30.1%	36.9%
	Neither	19.9%	23.6%	24.0%	21.9%
	Somewhat Dissatisfied	9.6%	11.2%	9.2%	9.7%
	Very Dissatisfied	8.2%	4.5%	9.2%	8.0%
41	MCO vs. all MCOs	(n=264)	(n=88)	(n=182)	(n=534)
	Much Better	7.6%	5.7%	12.6%	9.0%
	Better	17.4%	18.2%	19.2%	18.2%
	Same As	59.8%	62.5%	49.5%	56.7%
	Worse	8.7%	12.5%	11.0%	10.1%
	Much Worse	6.4%	1.1%	7.7%	6.0%
42	Recommend MCO?	(n=271)	(n=87)	(n=189)	(n=547)
	Yes	74.5%	70.1%	72.5%	73.1%
	No	25.5%	29.9%	27.5%	26.9%

PCPs: Primary Care Providers

BH: Behavioral Health

The final item of the survey was an open-ended response question regarding what the MCO could do to improve its services for providers or better meet the providers' needs. Approximately 180 providers gave responses to this question, which were then grouped into categories based on the information contained in the written statements. The top five topics that were noted by the providers included the following: Prior Authorizations, Specialists, Reimbursement, Formulary, and Provider Engagement and Communication. In regard to Prior Authorizations, many providers indicated that there are many tests, procedures, and medications that require prior authorization. Providers indicated that many of these are routine and cause providers to spend more time trying to obtain authorization and that they are often denied.

There were also several responses indicating that the MCOs need more specialists in their network in order to serve the Medicaid population timely and appropriately. Some providers indicated that the lack of specialists in the MCOs' networks, for both physical and behavioral health, is affecting their patients and practices. One provider noted as follows: "Provide more subspecialists to be able to refer patients...so many are not taking this insurance for new patients, which leaves the PCP and patient in a less than desirable place." Another provider

noted that “We have no orthopedists, gynecologists, neurologists, or gastroenterologists who accept this insurance.”

Many providers made comments on the reimbursement rates and processes of the MCOs, as well. One provider noted that the low rates of reimbursement affected their practice, stating “Reimbursement [is] so low I had to lay off my staff...”, while another suggested that “Reimbursement rates are very low so raising them maybe would get physicians to accept [joining the network].”

In regard to the formulary, several providers indicated that updating and expanding the MCOs’ formularies would be beneficial for both themselves and their patients. Many noted that the formulary is limited and that necessary medications are denied or not covered. Additionally, many providers noted that changes in the formulary are not always communicated in a timely manner. In regard to communication with the providers, several providers noted that provider representatives are not always readily accessible and that they would like “more direct contact between a knowledgeable rep. and the physician.” Providers also noted that general communication could be improved, with one provider stating that one way to improve services for providers is to “Work with providers as collaborators and not adversaries.” Another provider also noted they should “Show some respect for clinical providers” and “Act as if you care about client needs.”

M. Comparison of MCOs across Key Indicators

This section of the report provides a comparison of results on specific items related to overall satisfaction with the MCOs. The survey items included in this section are as follows:

- Item 8: Please rate your satisfaction with the provider enrollment contracting process.
- Item 13: Overall, how satisfied are you with the communication you receive from [PLAN]?
- Item 18: How satisfied are you with the following: (Provider Education and Training)
- Item 22: Please rate your experience with [PLAN]’s performance in the following areas: (Claims Processes)
- Item 23: Please rate your satisfaction with the provider complaint system.
- Item 24: Please rate [PLAN] in the following service areas when compared to your experience with Louisiana Medicaid managed care organizations you work with.
- Item 25: How does [PLAN]’s continuity of care and coordination of care compare to Louisiana Medicaid managed care organizations?
- Item 29: Would you recommend the [PLAN] Disease/Case Management Programs to other providers?
- Item 31: Do you have an issue with members not showing up for their appointments?
- Item 32: Do you remind members prior to their appointments to minimize no-show appointments?
- Item 33: What method do you use to remind members of their appointments?
- Item 34: Do you have a Provider Relations representative from [PLAN] assigned to your organization?
- Item 35: Please rate your experience with the following: (Provider Relations representative)
- Item 37: Please rate your experience with the following: (Utilization Management)
- Item 38: Please rate your satisfaction with the following: (Utilization Management)

- Item 39: Please rate [PLAN] in the following services areas when compared to your experience with Louisiana Medicaid managed care organizations you work with. (Call Center)
- Item 40: Please rate your overall satisfaction with [PLAN].
- Item 41: How would you rate [PLAN] compared to all Louisiana Medicaid managed care organizations you contract with?
- Item 42: Would you recommend [PLAN] to other practitioners?

Tables 20-1 through 20-9 display the results for these survey items by MCO, as well as the total rates. Table 20-1 presents the results for items 8, 13, and 18. In regard to item 8, which asked providers to rate their satisfaction with the MCO's provider contracting process, 86% of Aetna providers gave ratings of "Good" or better, the highest rates across the five MCOs, followed by AmeriHealth Caritas (83%), Louisiana Healthcare Connections (77%), UnitedHealthcare Community (74%), and Healthy Blue (74%).

Item 13 of the survey asked providers to rate their level of satisfaction with the communication they receive from the MCO. AmeriHealth, Healthy Blue, and UnitedHealthcare Community each reported 68% of providers who indicated some level of satisfaction with MCO communication, and 67% of Aetna providers indicated the same. Louisiana Healthcare Connections providers reported the lowest rate of satisfaction in this area, with 60% of providers indicating some degree of satisfaction.

Item 18 queried providers regarding their satisfaction with various aspects of MCO-provided education and training. Aetna providers reported the highest rates of satisfaction for three areas of education and training; 58% reported satisfaction with provider orientation, 59% reported satisfaction with the provider manual, and 53% reported satisfaction with access to state-mandated behavioral health training. For provider orientation and access to behavioral health training, Healthy Blue reported the lowest rates of satisfaction (41% and 42%, respectively), while Louisiana Healthcare Connections reported the lowest rate for the provider manual (52%). Louisiana Healthcare Connections providers reported the highest rate of satisfaction for the educational trainings (56%) and provision of Clinical Guidelines (54%).

In regard to trainings, UnitedHealthcare Community reported the lowest rate of satisfied providers (44%) and Healthy Blue reported the lowest rate for the provision of Clinical Guidelines (44%). Healthy Blue providers were the most satisfied with the Provider Portal, with 68% of providers indicating some level of satisfaction, while Aetna providers were least likely to report satisfaction with the Provider Portal (52%). Aetna providers were also least likely to report satisfaction with cultural competency education (43%) and UnitedHealthcare Community providers were most likely (54%). Aetna providers also reported a higher rate of dissatisfaction in regard to cultural competency compared to the other MCOs with a rate of 31%.

Table 20-1: MCO Comparison of Communication, Education, and Training

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
8	Provider enrollment	(n=80)	(n=125)	(n=111)	(n=105)	(n=113)	(n=534)
	Excellent	15.0%	10.4%	7.2%	12.4%	9.7%	10.7%
	Very Good	26.3%	25.6%	19.8%	25.7%	33.6%	26.2%
	Good	45.0%	47.2%	46.8%	39.0%	31.0%	41.8%
	Fair	7.5%	11.2%	18.9%	14.3%	19.5%	14.6%
	Poor	6.3%	5.6%	7.2%	8.6%	6.2%	6.7%
13	Communication	(n=81)	(n=131)	(n=117)	(n=107)	(n=114)	(n=550)
	Very Satisfied	30.9%	24.4%	20.5%	31.8%	28.1%	26.7%
	Somewhat Satisfied	35.8%	43.5%	47.0%	28.0%	39.5%	39.3%
	Neither	18.5%	20.6%	23.1%	25.2%	20.2%	21.6%
	Somewhat Dissatisfied	8.6%	4.6%	6.8%	5.6%	7.0%	6.4%
	Very Dissatisfied	6.2%	6.9%	2.6%	9.3%	5.3%	6.0%
18	Provider Orientation	(n=45)	(n=77)	(n=74)	(n=71)	(n=56)	(n=323)
	Very Satisfied	22.2%	19.5%	14.9%	22.5%	21.4%	19.8%
	Somewhat Satisfied	35.6%	27.3%	25.7%	21.1%	23.2%	26.0%
	Neither	20.0%	32.5%	40.5%	36.6%	30.4%	33.1%
	Somewhat Dissatisfied	11.1%	11.7%	12.2%	11.3%	12.5%	11.8%
	Very Dissatisfied	11.1%	9.1%	6.8%	8.5%	12.5%	9.3%
	Provider Manual	(n=54)	(n=89)	(n=80)	(n=79)	(n=70)	(n=372)
	Very Satisfied	20.4%	14.6%	12.5%	25.3%	25.7%	19.4%
	Somewhat Satisfied	38.9%	40.4%	41.3%	26.6%	30.0%	35.5%
	Neither	20.4%	28.1%	26.3%	26.6%	24.3%	25.5%
	Somewhat Dissatisfied	9.3%	12.4%	10.0%	12.7%	11.4%	11.3%
	Very Dissatisfied	11.1%	4.5%	10.0%	8.9%	8.6%	8.3%
	Educational trainings	(n=42)	(n=77)	(n=70)	(n=64)	(n=61)	(n=314)
	Very Satisfied	16.7%	13.0%	12.9%	26.6%	18.0%	17.2%
	Somewhat Satisfied	28.6%	33.8%	38.6%	29.7%	26.2%	31.8%
	Neither	31.0%	33.8%	31.4%	21.9%	31.1%	29.9%
	Somewhat Dissatisfied	11.9%	11.7%	10.0%	15.6%	11.5%	12.1%
	Very Dissatisfied	11.9%	7.8%	7.1%	6.3%	13.1%	8.9%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Provider portal	(n=54)	(n=78)	(n=71)	(n=76)	(n=72)	(n=351)
	Very Satisfied	20.4%	20.5%	18.3%	26.3%	19.4%	21.1%
	Somewhat Satisfied	31.5%	35.9%	49.3%	31.6%	38.9%	37.6%
	Neither	25.9%	21.8%	18.3%	27.6%	23.6%	23.4%
	Somewhat Dissatisfied	13.0%	12.8%	11.3%	11.8%	11.1%	12.0%
	Very Dissatisfied	9.3%	9.0%	2.8%	2.6%	6.9%	6.0%
	Cultural competency	(n=35)	(n=64)	(n=58)	(n=59)	(n=46)	(n=262)
	Very Satisfied	22.9%	10.9%	12.1%	22.0%	17.4%	16.4%
	Somewhat Satisfied	20.0%	39.1%	32.8%	30.5%	37.0%	32.8%
	Neither	25.7%	35.9%	41.4%	35.6%	34.8%	35.5%
	Somewhat Dissatisfied	17.1%	7.8%	6.9%	6.8%	6.5%	8.4%
	Very Dissatisfied	14.3%	6.3%	6.9%	5.1%	4.3%	6.9%
	Accessibility of behavioral health training	(n=36)	(n=60)	(n=60)	(n=58)	(n=42)	(n=256)
	Very Satisfied	25.0%	11.7%	11.7%	29.3%	11.9%	17.6%
	Somewhat Satisfied	27.8%	35.0%	30.0%	24.1%	33.3%	30.1%
	Neither	22.2%	25.0%	41.7%	36.2%	33.3%	32.4%
	Somewhat Dissatisfied	8.3%	15.0%	8.3%	5.2%	9.5%	9.4%
	Very Dissatisfied	16.7%	13.3%	8.3%	5.2%	11.9%	10.5%
	Provision of Clinical Guidelines	(n=41)	(n=66)	(n=72)	(n=65)	(n=55)	(n=299)
	Very Satisfied	22.0%	13.6%	6.9%	21.5%	16.4%	15.4%
	Somewhat Satisfied	29.3%	31.8%	37.5%	32.3%	32.7%	33.1%
	Neither	31.7%	30.3%	36.1%	30.8%	30.9%	32.1%
	Somewhat Dissatisfied	4.9%	16.7%	9.7%	6.2%	9.1%	9.7%
	Very Dissatisfied	12.2%	7.6%	9.7%	9.2%	10.9%	9.7%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

Table 20-2 displays the results for items 22 and 23 by MCO, as well as the total rate. Item 22 surveyed providers on their experience with claims processes and contains eight sub-items. The first four of these refer to the MCOs' claims system. Louisiana Healthcare Connections providers were most likely to rate their experience with all four aspects of the MCO's claims systems favorably. Forty-six percent of Louisiana Healthcare Connections providers rated the timeliness of claims processing as "Good" or better. Additionally, 48% of these providers rated the accuracy of claims processing as "Good" or better and 47% of Louisiana Healthcare Connections providers rated the overall claims reimbursement process and the consistency of reimbursement fees as "Good" or better. Conversely, Healthy Blue providers were least likely to rate these areas favorably. Thirty-four percent of Healthy Blue providers rated timeliness favorably, 32% rated the accuracy and overall reimbursement process favorably, and 31% rated the consistency of reimbursement favorably.

The other four sub-items for item 22 pertain to MCO complaints and appeals processes. Overall, providers across all five MCOs reported higher rates of dissatisfaction with the MCOs' complaints and appeals processes. Healthy Blue providers were the most likely to report dissatisfaction with certain aspects of the complaints and appeals process. Forty percent of Healthy Blue providers reported that the complaint and appeals process was "Fair" or "Poor", 45% of these providers reported the timeliness of the claims appeals process was "Fair" or "Poor", and 44% of these providers rated the communication of the outcomes of claims appeals as "Fair" or "Poor". In regard to resolution of claims payment problems or disputes, Louisiana Healthcare Connections providers were most likely to report that the MCO was "Fair" or "Poor". Louisiana Healthcare Connections providers also reported 40% of providers rating the complaint and appeals process as "Fair" or "Poor". UnitedHealthcare Community providers reported the lowest rates of negative ratings for the timeliness of appeals (33%), resolution of problems or disputes (35%), and communication of appeals outcomes (29%), while Amerihealth providers reported the lowest rate of negative responses in regard to the complaint and appeals process.

Providers were asked to rate their satisfaction with the MCO's provider complaint systems in item 23 of the survey. Louisiana Healthcare Connections providers reported the highest rate of satisfaction, with 47% of providers indicating some level of satisfaction. Healthy Blue providers reported the lowest rate of satisfaction with the system, with a rate of 36%. UnitedHealthcare Community, Aetna, and AmeriHealth reported 37%, 38%, and 40% of providers, respectively, who indicated some level of satisfaction with the MCO's complaint system.

Table 20-2: MCO Comparison of Claims Processes

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
22	Timeliness of claims	(n=76)	(n=118)	(n=97)	(n=89)	(n=95)	(n=475)
	Excellent	19.7%	14.4%	9.3%	14.6%	14.7%	14.3%
	Very Good	23.7%	20.3%	24.7%	31.5%	27.4%	25.3%
	Good	34.2%	44.9%	36.1%	28.1%	40.0%	37.3%
	Fair	10.5%	16.1%	23.7%	18.0%	14.7%	16.8%
	Poor	11.8%	4.2%	6.2%	7.9%	3.2%	6.3%
	Accuracy of claims	(n=75)	(n=118)	(n=97)	(n=90)	(n=96)	(n=476)
	Excellent	18.7%	15.3%	8.2%	14.4%	13.5%	13.9%
	Very Good	22.7%	17.8%	23.7%	33.3%	24.0%	23.9%
	Good	30.7%	40.7%	38.1%	26.7%	37.5%	35.3%
	Fair	13.3%	16.9%	18.6%	14.4%	20.8%	17.0%
	Poor	14.7%	9.3%	11.3%	11.1%	4.2%	9.9%
	Claims reimbursement	(n=74)	(n=116)	(n=97)	(n=88)	(n=93)	(n=468)
	Excellent	16.2%	13.8%	8.2%	15.9%	12.9%	13.2%
	Very Good	23.0%	19.0%	23.7%	30.7%	24.7%	23.9%
	Good	35.1%	38.8%	39.2%	28.4%	38.7%	36.3%
	Fair	10.8%	21.6%	17.5%	18.2%	17.2%	17.5%
	Poor	14.9%	6.9%	11.3%	6.8%	6.5%	9.0%
	Consistency of fees	(n=74)	(n=117)	(n=96)	(n=89)	(n=94)	(n=470)
	Excellent	16.2%	14.5%	9.4%	18.0%	13.8%	14.3%
	Very Good	25.7%	17.1%	21.9%	29.2%	25.5%	23.4%
	Good	33.8%	38.5%	38.5%	25.8%	37.2%	35.1%
	Fair	13.5%	17.9%	20.8%	20.2%	13.8%	17.4%
	Poor	10.8%	12.0%	9.4%	6.7%	9.6%	9.8%
	Complaints and appeals	(n=61)	(n=96)	(n=83)	(n=77)	(n=82)	(n=399)
	Excellent	14.8%	14.6%	6.0%	9.1%	9.8%	10.8%
	Very Good	14.8%	11.5%	13.3%	19.5%	18.3%	15.3%
	Good	31.1%	43.8%	41.0%	31.2%	37.8%	37.6%
	Fair	23.0%	13.5%	19.3%	16.9%	17.1%	17.5%
	Poor	16.4%	16.7%	20.5%	23.4%	17.1%	18.8%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Timeliness of appeals	(n=67)	(n=98)	(n=86)	(n=75)	(n=81)	(n=407)
	Excellent	13.4%	15.3%	5.8%	13.3%	9.9%	11.5%
	Very Good	17.9%	12.2%	16.3%	22.7%	18.5%	17.2%
	Good	31.3%	38.8%	32.6%	22.7%	38.3%	33.2%
	Fair	20.9%	20.4%	25.6%	21.3%	14.8%	20.6%
	Poor	16.4%	13.3%	19.8%	20.0%	18.5%	17.4%
	Resolution of claims disputes	(n=68)	(n=99)	(n=92)	(n=81)	(n=84)	(n=424)
	Excellent	14.7%	15.2%	4.3%	11.1%	11.9%	11.3%
	Very Good	17.6%	8.1%	19.6%	23.5%	17.9%	17.0%
	Good	26.5%	39.4%	34.8%	23.5%	35.7%	32.5%
	Fair	22.1%	23.2%	20.7%	27.2%	20.2%	22.6%
	Poor	19.1%	14.1%	20.7%	14.8%	14.3%	16.5%
	Communication of claims appeal outcomes	(n=66)	(n=97)	(n=86)	(n=75)	(n=82)	(n=406)
	Excellent	13.6%	15.5%	5.8%	16.0%	9.8%	12.1%
	Very Good	16.7%	9.3%	17.4%	18.7%	18.3%	15.8%
	Good	27.3%	41.2%	32.6%	25.3%	42.7%	34.5%
	Fair	24.2%	20.6%	22.1%	22.7%	14.6%	20.7%
	Poor	18.2%	13.4%	22.1%	17.3%	14.6%	17.0%
23	Satisfaction with provider complaint system	(n=81)	(n=129)	(n=121)	(n=101)	(n=106)	(n=538)
	Very Satisfied	17.3%	9.3%	9.9%	20.8%	15.1%	13.9%
	Somewhat Satisfied	21.0%	31.0%	26.4%	25.7%	21.7%	25.7%
	Neither	53.1%	48.8%	50.4%	36.6%	50.0%	47.8%
	Somewhat Dissatisfied	3.7%	4.7%	7.4%	6.9%	8.5%	6.3%
	Very Dissatisfied	4.9%	6.2%	5.8%	9.9%	4.7%	6.3%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

Table 20-3 displays the results of items 24, 25, and 29 by MCO, as well as the statewide rate. Item 24 asked providers to rate the MCO compared to other Louisiana Medicaid managed care organizations they contract with in regard to the MCO's network, coordination of care, and case management. Sixty-three percent of AmeriHealth providers surveyed rated the number of specialists in the MCO's network as "Good" or better, the highest rate across the five MCOs. UnitedHealthcare Community providers reported the lowest rate of providers responding positively, with 51%. AmeriHealth providers also reported the highest rate of respondents rating the quality of the specialists in the MCO's network and the timeliness of reports from those specialists as "Good" or better, while Aetna providers reported the lowest rate for both (75% vs. 65% and 70% vs. 57%, respectively). When asked to rate the usefulness of reports from specialists, Healthy Blue providers were most likely to respond with "Good" or better (74%), while both Aetna and Louisiana Healthcare Connections providers were least likely (68%). Overall, providers rated the availability of specialists in the MCOs' networks as "Fair" or "Poor", as evidenced by the statewide average of 49% of providers responding in this manner. Healthy Blue providers were most likely to rate the availability of the MCO's specialists negatively, with 57% answering "Fair" or "Poor". AmeriHealth and Louisiana Healthcare Connections providers were least likely to respond negatively, as both MCOs reported 47% of providers answering "Fair" or "Poor".

Providers were also asked to rate the timeliness of scheduled tests for their patients. Louisiana Healthcare Connections providers were most likely to rate the timelines of scheduled tests positively, with 65% of providers giving ratings of "Good" or better. UnitedHealthcare Community providers reported the lowest rate of positive responses, a rate of 54%.

Providers were then asked to rate the MCOs' coordination of five specific services. Louisiana Healthcare Connections reported the highest rate of positive responses for coordination of step-down services and non-emergency hospital admissions (64% and 66%, respectively). UnitedHealthcare Community providers were most likely to respond positively in regard to the coordination of services for children with special healthcare needs (CSHCN) (67%) and coordination of rehabilitation (61%). In regard to coordination of alcohol and/or substance abuse treatment, AmeriHealth providers most often responded positively (67%). Aetna providers were the least likely to respond positively to four of the five areas, including coordination of step-down services (52%), services for CSHCN (49%), alcohol and/or substance abuse treatment (42%), and non-emergency hospital admissions (54%). Healthy Blue providers were least likely to respond positively in regard to coordination of step-down services (52%) and coordination of rehabilitation (47%).

The final two areas included in item 24 of the survey asked providers to rate their ability to make referrals to specialists and ancillary services and their ability to prescribe medications that provide for the best possible care. Louisiana Healthcare Connections providers were the most likely to rate both of these areas positively, with 57% and 53% of providers responding "Good" or better, respectively. Healthy Blue providers were the least likely to respond positively for both these areas, with rates of 48% and 43%, respectively.

Item 25 asked providers to compare the MCO's continuity and coordination of care against the other Louisiana Medicaid managed care organizations with which they contract. Healthy Blue reported the highest rate of providers rating the MCO's care coordination the same as the other MCOs (73%). Louisiana Healthcare Connections providers were most likely to rate the MCO higher than the others (28%), while Aetna providers were most likely to rate the MCO as worse than other MCOs (19%).

Item 29 asked providers whether they would recommend the MCO's Disease/Case Management Programs to other providers. Seventy-three percent of Louisiana Healthcare Connections respondents answered "Yes" to item 29, the highest rate across the five MCOs. Healthy Blue providers were least likely to respond "Yes" to item 29, with just 45% of respondents reporting they would recommend the MCO's programs.

Table 20-3: MCO Comparison of Provider Networks and Care Coordination

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
24	Number of specialists	(n=56)	(n=92)	(n=92)	(n=82)	(n=78)	(n=400)
	Excellent	7.1%	6.5%	4.3%	8.5%	6.4%	6.5%
	Very Good	10.7%	10.9%	13.0%	20.7%	11.5%	13.5%
	Good	39.3%	45.7%	38.0%	31.7%	33.3%	37.8%
	Fair	21.4%	12.0%	17.4%	19.5%	23.1%	18.3%
	Poor	21.4%	25.0%	27.2%	19.5%	25.6%	24.0%
	Quality of specialists	(n=54)	(n=88)	(n=90)	(n=84)	(n=81)	(n=397)
	Excellent	7.4%	8.0%	4.4%	16.7%	11.1%	9.6%
	Very Good	14.8%	12.5%	21.1%	20.2%	21.0%	18.1%
	Good	42.6%	54.5%	46.7%	35.7%	34.6%	43.1%
	Fair	22.2%	12.5%	16.7%	14.3%	21.0%	16.9%
	Poor	13.0%	12.5%	11.1%	13.1%	12.3%	12.3%
	Timeliness of reports	(n=51)	(n=83)	(n=87)	(n=78)	(n=75)	(n=374)
	Excellent	9.8%	6.0%	3.4%	7.7%	5.3%	6.1%
	Very Good	11.8%	13.3%	12.6%	21.8%	21.3%	16.3%
	Good	35.3%	50.6%	47.1%	37.2%	41.3%	43.0%
	Fair	25.5%	20.5%	25.3%	19.2%	20.0%	21.9%
	Poor	17.6%	9.6%	11.5%	14.1%	12.0%	12.6%
	Usefulness of reports	(n=50)	(n=80)	(n=85)	(n=78)	(n=71)	(n=364)
	Excellent	12.0%	7.5%	4.7%	17.9%	9.9%	10.2%
	Very Good	18.0%	16.3%	23.5%	24.4%	22.5%	21.2%
	Good	38.0%	47.5%	45.9%	25.6%	36.6%	39.0%
	Fair	24.0%	22.5%	17.6%	17.9%	21.1%	20.3%
	Poor	8.0%	6.3%	8.2%	14.1%	9.9%	9.3%
	Availability of specialists	(n=55)	(n=88)	(n=90)	(n=81)	(n=80)	(n=394)
	Excellent	7.3%	6.8%	3.3%	11.1%	6.3%	6.9%
	Very Good	7.3%	8.0%	6.7%	14.8%	13.8%	10.2%
	Good	30.9%	38.6%	33.3%	27.2%	30.0%	32.2%
	Fair	25.5%	21.6%	23.3%	22.2%	22.5%	22.8%
	Poor	29.1%	25.0%	33.3%	24.7%	27.5%	27.9%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Timeliness of scheduled tests	(n=53)	(n=83)	(n=92)	(n=79)	(n=76)	(n=383)
	Excellent	11.3%	7.2%	7.6%	10.1%	3.9%	7.8%
	Very Good	11.3%	8.4%	9.8%	20.3%	19.7%	13.8%
	Good	37.7%	42.2%	43.5%	34.2%	30.3%	37.9%
	Fair	20.8%	30.1%	22.8%	20.3%	26.3%	24.3%
	Poor	18.9%	12.0%	16.3%	15.2%	19.7%	16.2%
	Coordination of step-down	(n=33)	(n=56)	(n=60)	(n=50)	(n=50)	(n=249)
	Excellent	15.2%	7.1%	6.7%	10.0%	10.0%	9.2%
	Very Good	9.1%	3.6%	8.3%	16.0%	14.0%	10.0%
	Good	27.3%	50.0%	36.7%	38.0%	36.0%	38.6%
	Fair	30.3%	23.2%	38.3%	22.0%	24.0%	27.7%
	Poor	18.2%	16.1%	10.0%	14.0%	16.0%	14.5%
	Services for CSHCN	(n=35)	(n=66)	(n=70)	(n=66)	(n=55)	(n=292)
	Excellent	14.3%	9.1%	4.3%	6.1%	10.9%	8.2%
	Very Good	11.4%	4.5%	12.9%	24.2%	12.7%	13.4%
	Good	22.9%	51.5%	35.7%	31.8%	43.6%	38.4%
	Fair	34.3%	22.7%	24.3%	19.7%	20.0%	23.3%
	Poor	17.1%	12.1%	22.9%	18.2%	12.7%	16.8%
	Coordinate alcohol and/or substance abuse treatment	(n=36)	(n=58)	(n=54)	(n=54)	(n=40)	(n=242)
	Excellent	11.1%	6.9%	1.9%	9.3%	7.5%	7.0%
	Very Good	8.3%	6.9%	9.3%	5.6%	17.5%	9.1%
	Good	22.2%	53.4%	37.0%	31.5%	30.0%	36.4%
	Fair	38.9%	19.0%	24.1%	24.1%	15.0%	23.6%
	Poor	19.4%	13.8%	27.8%	29.6%	30.0%	24.0%
	Coordinate rehabilitation	(n=34)	(n=69)	(n=62)	(n=58)	(n=44)	(n=267)
	Excellent	11.8%	8.7%	3.2%	8.6%	4.5%	7.1%
	Very Good	8.8%	5.8%	11.3%	6.9%	20.5%	10.1%
	Good	29.4%	43.5%	32.3%	36.2%	36.4%	36.3%
	Fair	32.4%	31.9%	32.3%	22.4%	18.2%	27.7%
	Poor	17.6%	10.1%	21.0%	25.9%	20.5%	18.7%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Non-emergency hospital admissions	(n=39)	(n=71)	(n=71)	(n=64)	(n=54)	(n=299)
	Excellent	10.3%	9.9%	2.8%	7.8%	9.3%	7.7%
	Very Good	15.4%	7.0%	14.1%	12.5%	18.5%	13.0%
	Good	28.2%	46.5%	40.8%	45.3%	31.5%	39.8%
	Fair	33.3%	28.2%	28.2%	17.2%	13.0%	23.7%
	Poor	12.8%	8.5%	14.1%	17.2%	27.8%	15.7%
	Referrals to specialists	(n=50)	(n=86)	(n=87)	(n=77)	(n=77)	(n=377)
	Excellent	10.0%	8.1%	2.3%	14.3%	9.1%	8.5%
	Very Good	8.0%	5.8%	8.0%	10.4%	13.0%	9.0%
	Good	38.0%	40.7%	37.9%	32.5%	28.6%	35.5%
	Fair	24.0%	23.3%	27.6%	20.8%	23.4%	23.9%
	Poor	20.0%	22.1%	24.1%	22.1%	26.0%	23.1%
	Prescribe best medications	(n=54)	(n=90)	(n=95)	(n=80)	(n=77)	(n=396)
	Excellent	9.3%	6.7%	5.3%	12.5%	7.8%	8.1%
	Very Good	5.6%	5.6%	5.3%	12.5%	14.3%	8.6%
	Good	33.3%	40.0%	32.6%	27.5%	26.0%	32.1%
	Fair	31.5%	27.8%	29.5%	26.3%	27.3%	28.3%
	Poor	20.4%	20.0%	27.4%	21.3%	24.7%	23.0%
25	MCO Coordination of Care	(n=65)	(n=106)	(n=100)	(n=82)	(n=90)	(n=443)
	Much Better	4.6%	3.8%	2.0%	11.0%	7.8%	5.6%
	Better	16.9%	16.0%	14.0%	17.1%	14.4%	15.6%
	Same As	60.0%	68.9%	73.0%	54.9%	66.7%	65.5%
	Worse	12.3%	9.4%	9.0%	8.5%	8.9%	9.5%
	Much Worse	6.2%	1.9%	2.0%	8.5%	2.2%	3.8%
29	Recommend DM/CM Program?	(n=27)	(n=38)	(n=42)	(n=44)	(n=40)	(n=191)
	Yes	51.9%	55.3%	45.2%	72.7%	65.0%	58.6%
	No	48.1%	44.7%	54.8%	27.3%	35.0%	41.4%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

CSHCN: Children with Special Healthcare Needs

Table 20-4 displays results for items 31-33 by MCO, as well as the statewide average. Items 31-33 asked providers about their experiences with members not showing up for appointments. Item 31 asked providers if they have an issue with members not showing up for appointments. Louisiana Healthcare Connections providers reported the highest rate of issues with no-show appointments, with 83% stating they have problems in this area. Aetna reported the lowest rate at 67%. Eighty percent of Healthy Blue providers, 79% of UnitedHealthcare Community providers, and 75% of AmeriHealth providers reported issues with no-show appointments, as well. It is interesting to note that although Louisiana Healthcare Connections had the highest numerical rate of reported issues with members not showing up for appointments, the MCO also reported the lowest rate (85%) for item 32, which asked providers if they remind members of appointments to minimize no-shows. UnitedHealthcare Community reported the highest rate of providers reporting they always or sometimes remind members of appointments (96%), followed by Healthy Blue (94%), AmeriHealth (94%), and Aetna (87%).

Item 33 asked providers to indicate what method they use for reminders. Phone calls were the most often method of reminding members, with 90% or more of providers in each MCO reporting they use this method. Text messaging was the method with the second highest rates of use across MCOs, with between 32% and 41% reporting they use texts. E-mails and U.S. mail were the least reported method utilized with less than one quarter of respondents reporting use of these methods.

Table 20-4: MCO Comparison of Experience with No-Show Appointments

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
31	Issue with no-shows?	(n=82)	(n=131)	(n=123)	(n=108)	(n=113)	(n=557)
	Yes	67.1%	74.8%	79.7%	83.3%	78.8%	77.2%
	No	32.9%	25.2%	20.3%	16.7%	21.1%	22.8%
32*	Remind members?	(n=83)	(n=129)	(n=123)	(n=111)	(n=113)	(n=559)
	Always	71.1%	82.2%	81.3%	73.9%	72.6%	76.7%
	Sometimes	15.7%	11.6%	13.0%	17.1%	23.0%	15.9%
	No	13.3%	6.2%	5.7%	9.0%	4.4%	7.3%
33†	Method of reminders	(n=72)	(n=122)	(n=115)	(n=101)	(n=107)	(n=517)
	Phone call	94.4%	93.4%	96.5%	90.1%	92.5%	93.4%
	Text	40.3%	41.0%	32.2%	38.6%	34.6%	37.1%
	E-mail	18.1%	23.8%	18.3%	19.8%	12.1%	18.6%
	U.S. mail	12.5%	11.5%	8.7%	15.8%	9.3%	11.4%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

*Item based on skip pattern

†Respondents can choose more than one option

Table 20-5 shows the results of items 34 and 35, which asked providers about their experience with MCO Provider Relations representatives. Item 34 asked providers whether they had an MCO Provider Relations representative assigned to their organization. Louisiana Healthcare Connections and AmeriHealth providers reported the highest rates for item 34, with 51% and 50% of providers, respectively, reporting they had a representative assigned to them. Aetna and UnitedHealthcare Community providers were most likely to report not having a representative, with rates of 26% and 25%, respectively. Forty-eight percent of Healthy Blue providers were reported they were not sure if they had a representative assigned to them. Additionally, over two-thirds of AmeriHealth, Aetna, Louisiana Healthcare Connections, and UnitedHealthcare Community providers (36%, 37%, 38%, and 39%, respectively) reporting they were not sure if they had a representative.

Item 35 asked providers who responded “Yes” to item 34 about their Provider Relations representatives’ ability to answer questions and resolve problems, as well as the responsiveness and courtesy of the representative. AmeriHealth providers were most likely to respond positively in these two areas, with 90% of AmeriHealth providers rating the ability to answer questions as “Good” or better and 91% rating courtesy and responsiveness as “Good” or better. Aetna providers reported the lowest rates of positive responses (73% and 77%, respectively). UnitedHealthcare providers rated their representatives positively for ability to answer questions for 80% of responses and the courtesy and responsiveness of the representatives positively for 82% of responses. Louisiana Healthcare Connections and Healthy Blue reported similar rates for these two areas. Seventy-four percent of Healthy Blue providers and 77% of Louisiana Healthcare Connections providers rated their representatives positively for ability to answer questions, while both MCOs reported 79% of providers rating the courtesy and responsiveness of their representatives as “Good” or better.

Table 20-5: MCO Comparison of Experience with Provider Relations Representatives

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
34*	Provider Relations representative	(n=84)	(n=129)	(n=118)	(n=109)	(n=113)	(n=553)
	Yes	36.9%	49.6%	35.6%	51.4%	36.3%	42.3%
	No	26.2%	14.7%	16.9%	11.0%	24.8%	18.3%
	Not Sure	36.9%	35.7%	47.5%	37.6%	38.9%	39.4%
35	Ability to answer questions	(n=30)	(n=62)	(n=38)	(n=53)	(n=39)	(n=222)
	Excellent	23.3%	27.4%	10.5%	34.0%	30.8%	26.1%
	Very Good	10.0%	21.0%	23.7%	15.1%	25.6%	19.4%
	Good	40.0%	41.9%	39.5%	28.3%	23.1%	34.7%
	Fair	13.3%	4.8%	10.5%	11.3%	12.8%	9.9%
	Poor	13.3%	4.8%	15.8%	11.3%	7.7%	9.9%
	Responsiveness/courtesy	(n=30)	(n=63)	(n=38)	(n=52)	(n=39)	(n=222)
	Excellent	23.3%	28.6%	10.5%	38.5%	33.3%	27.9%
	Very Good	16.7%	23.8%	26.3%	13.5%	25.6%	21.2%
	Good	36.7%	38.1%	42.1%	26.9%	23.1%	33.3%
	Fair	10.0%	7.9%	10.5%	11.5%	10.3%	9.9%
	Poor	13.3%	1.6%	10.5%	9.6%	7.7%	7.7%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

*Item based on skip pattern

The results for item 37 of the survey instrument are displayed in Table 20-6 by MCO, as well as the statewide average. Item 37 focused on the providers' experience with MCO utilization management (UM). In regard to pre-authorizations and referrals, Louisiana Healthcare Connections providers were most likely to rate the process of obtaining pre-authorization positively (67%) and the timeliness of obtaining pre-authorization positively (63%). UnitedHealthcare Community providers were least likely to rate these areas positively, with 51% and 53% of providers, respectively, providing positive responses.

When asked about access to UM staff via phone, AmeriHealth providers were most likely to give positive responses. Sixty-five percent of AmeriHealth providers rated access to UM staff as "Good" or better. Aetna providers were least likely to rate phone access positively, with 57% of providers giving responses of "Good" or better. Providers were also asked to rate their experience with the extent to which UM staff share review criteria for adverse determinations. AmeriHealth providers were the most likely to rate their experience as "Good" or better (65%), while Aetna providers were the least likely (51%). In regard to appeals processes, AmeriHealth providers were the most likely to rate their experience with the timeliness of the process positively (62%), as well as the timeliness of UM decisions which require Medical Director intervention (63%). Aetna providers were least likely to give positive ratings for the timeliness of the appeals process (42%), while UnitedHealthcare Community providers were least likely to rate the timeliness of UM decisions requiring Medical Director intervention positively (48%). AmeriHealth and Healthy Blue providers rated the knowledge and accuracy of credentialing staff positively most often (64%) and UnitedHealthcare Community providers were least likely to give positive ratings (55%). Additionally, UnitedHealthcare Community providers were least likely to rate their experience with MCO support for Patient-Centered Medical Home (PCMH) implementation as "Good" or better, while AmeriHealth providers once again were most likely to rate PCMH support favorably. Aetna providers rated their MCO's Medical Record Review (MRR) process positively for 64% of respondents, while Louisiana Healthcare Connections providers rated the MRR process positively for 51% of respondents.

Table 20-6: MCO Comparison of Experience with Utilization Management

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
37	Pre-authorization/referrals	(n=56)	(n=91)	(n=101)	(n=84)	(n=80)	(n=412)
	Excellent	10.7%	5.5%	4.0%	8.3%	7.5%	6.8%
	Very Good	8.9%	11.0%	12.9%	14.3%	16.3%	12.9%
	Good	32.1%	44.0%	39.6%	40.5%	27.5%	37.4%
	Fair	19.6%	20.9%	23.8%	16.7%	27.5%	21.8%
	Poor	28.6%	18.7%	19.8%	20.2%	21.3%	21.1%
	Timeliness of obtaining pre-authorization	(n=57)	(n=93)	(n=101)	(n=85)	(n=80)	(n=416)
	Excellent	12.3%	5.4%	3.0%	9.4%	6.3%	6.7%
	Very Good	8.8%	10.8%	15.8%	14.1%	17.5%	13.7%
	Good	36.8%	46.2%	37.6%	43.5%	28.8%	38.9%
	Fair	14.0%	19.4%	25.7%	18.8%	31.3%	22.4%
	Poor	28.1%	18.3%	17.8%	14.1%	16.3%	18.3%
	Phone access to staff	(n=49)	(n=80)	(n=85)	(n=79)	(n=73)	(n=366)
	Excellent	10.2%	6.3%	2.4%	7.6%	5.5%	6.0%
	Very Good	10.2%	6.3%	14.1%	15.2%	20.5%	13.4%
	Good	36.7%	52.5%	42.4%	38.0%	32.9%	41.0%
	Fair	22.4%	27.5%	25.9%	25.3%	27.4%	26.0%
	Poor	20.4%	7.5%	15.3%	13.9%	13.7%	13.7%
	Share review criteria	(n=47)	(n=76)	(n=82)	(n=80)	(n=73)	(n=358)
	Excellent	10.6%	6.6%	1.2%	6.3%	5.5%	5.6%
	Very Good	10.6%	5.3%	13.4%	17.5%	16.4%	12.8%
	Good	29.8%	52.6%	43.9%	32.5%	37.0%	39.9%
	Fair	19.1%	28.9%	20.7%	18.8%	24.7%	22.6%
	Poor	29.8%	6.6%	20.7%	25.0%	16.4%	19.0%
	Timeliness of appeals	(n=45)	(n=73)	(n=75)	(n=78)	(n=67)	(n=338)
	Excellent	11.1%	6.8%	1.3%	5.1%	3.0%	5.0%
	Very Good	2.2%	5.5%	13.3%	14.1%	13.4%	10.4%
	Good	28.9%	49.3%	37.3%	29.5%	32.8%	36.1%
	Fair	28.9%	26.0%	20.0%	30.8%	29.9%	26.9%
	Poor	28.9%	12.3%	28.0%	20.5%	20.9%	21.6%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Timeliness of resolution	(n=37)	(n=68)	(n=74)	(n=71)	(n=61)	(n=311)
	Excellent	18.9%	5.9%	1.4%	5.6%	4.9%	6.1%
	Very Good	0.0%	4.4%	12.2%	14.1%	9.8%	9.0%
	Good	32.4%	52.9%	39.2%	29.6%	32.8%	37.9%
	Fair	29.7%	26.5%	23.0%	25.4%	34.4%	27.3%
	Poor	18.9%	10.3%	24.3%	25.4%	18.0%	19.6%
	Staff knowledge/accuracy	(n=51)	(n=80)	(n=83)	(n=80)	(n=76)	(n=370)
	Excellent	13.7%	6.3%	2.4%	5.0%	5.3%	5.9%
	Very Good	3.9%	6.3%	14.5%	23.8%	15.8%	13.5%
	Good	43.1%	51.3%	47.0%	30.0%	34.2%	41.1%
	Fair	23.5%	22.5%	20.5%	20.0%	31.6%	23.5%
	Poor	15.7%	13.8%	15.7%	21.3%	13.2%	15.9%
	Support for PCMH	(n=31)	(n=53)	(n=54)	(n=44)	(n=40)	(n=222)
	Excellent	16.1%	7.5%	1.9%	6.8%	7.5%	7.2%
	Very Good	0.0%	9.4%	16.7%	22.7%	12.5%	13.1%
	Good	41.9%	56.6%	44.4%	31.8%	35.0%	42.8%
	Fair	25.8%	17.0%	16.7%	18.2%	30.0%	20.7%
	Poor	16.1%	9.4%	20.4%	20.5%	15.0%	16.2%
	MRR process	(n=47)	(n=77)	(n=78)	(n=72)	(n=74)	(n=348)
	Excellent	12.8%	6.5%	1.3%	2.8%	9.5%	6.0%
	Very Good	8.5%	5.2%	11.5%	13.9%	8.1%	9.5%
	Good	42.6%	44.2%	48.7%	34.7%	35.1%	41.1%
	Fair	23.4%	32.5%	20.5%	33.3%	27.0%	27.6%
	Poor	12.8%	11.7%	17.9%	15.3%	20.3%	15.8%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

PCMH: Patient-Centered Medical Home

MRR: Medical Record Review

Table 20-7 displays the rates for item 38 by MCO, as well as the statewide average. Item 38 asked providers to rate their level of satisfaction with various elements of the MCOs' Utilization Management (UM) departments. It is interesting to note that Louisiana Healthcare Connections reported the highest rate of "Very Dissatisfied" responses for six of the seven areas examined in item 38. Aetna providers reported the highest rate of satisfaction ("Very Satisfied" or "Somewhat Satisfied") in regard to the efficiency of the UM process overall (49%), while AmeriHealth and UnitedHealthcare Community providers reported the lowest rate of satisfaction (35%). Louisiana Healthcare Connections providers reported the highest rate of dissatisfaction with the overall process, with 31% of providers responding "Somewhat Dissatisfied" or "Very Dissatisfied".

Louisiana Healthcare Connections providers reported the highest rate of satisfaction with the timeliness of Medical Director responses to concerns (43%), while UnitedHealthcare Community providers reported the lowest rate (32%). UnitedHealthcare Community providers also reported the highest rate of dissatisfaction in this area, with 31% reporting some level of dissatisfaction. When asked about access to knowledgeable UM staff, 44% of Healthy Blue providers indicated some level of satisfaction, while Louisiana Healthcare Connections reported 33% indicating satisfaction. UnitedHealthcare Community reported the highest rate of dissatisfaction in this area (31%).

Healthy Blue providers were also the most likely to report some level of satisfaction with the consistency of review decisions (43%), access to Case/Care Managers (CMs) (48%), and the degree to which the MCO covers and encourages preventive care and wellness (57%). Aetna reported the highest levels of satisfaction with the clinical appropriateness of UM decisions (43%). In all four of these areas, UnitedHealthcare providers reported the lowest rates of satisfaction; 33% were satisfied with the consistency of decisions, 30% reported satisfaction with clinical appropriateness of decisions, 36% indicated they were satisfied to some degree with access to CMs, and 42% reported satisfaction with preventive care and wellness. For both consistency of review decisions and clinical appropriateness of decisions, Louisiana Healthcare Connections reported the highest rates of dissatisfaction, with 36% of providers responding "Somewhat Dissatisfied" or "Very Dissatisfied". UnitedHealthcare Community reported the highest rate of dissatisfaction with access to CMs (29%), while both UnitedHealthcare Community and AmeriHealth providers reported the highest rate of dissatisfaction with preventive care and wellness (25%).

Table 20-7: MCO Comparison of Satisfaction with Utilization Management

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
38	Efficiency of UM process	(n=53)	(n=81)	(n=79)	(n=75)	(n=69)	(n=357)
	Very Satisfied	18.9%	13.6%	10.1%	10.7%	8.7%	12.0%
	Somewhat Satisfied	30.2%	21.0%	32.9%	34.7%	26.1%	28.9%
	Neither	28.3%	44.4%	34.2%	24.0%	36.2%	33.9%
	Somewhat Dissatisfied	11.3%	13.6%	8.9%	9.3%	23.2%	13.2%
	Very Dissatisfied	11.3%	7.4%	13.9%	21.3%	5.8%	12.0%
	Timeliness of MD responses	(n=41)	(n=72)	(n=65)	(n=65)	(n=62)	(n=305)
	Very Satisfied	19.5%	18.1%	9.2%	13.8%	9.7%	13.8%
	Somewhat Satisfied	19.5%	22.2%	32.3%	29.2%	22.6%	25.6%
	Neither	39.0%	43.1%	36.9%	27.7%	37.1%	36.7%
	Somewhat Dissatisfied	9.8%	11.1%	9.2%	9.2%	17.7%	11.5%
	Very Dissatisfied	12.2%	5.6%	12.3%	20.0%	12.9%	12.5%
	Knowledgeable UM staff	(n=49)	(n=80)	(n=72)	(n=73)	(n=74)	(n=348)
	Very Satisfied	14.3%	15.0%	6.9%	9.6%	10.8%	11.2%
	Somewhat Satisfied	28.6%	20.0%	37.5%	23.3%	29.7%	27.6%
	Neither	38.8%	43.8%	36.1%	37.0%	28.4%	36.8%
	Somewhat Dissatisfied	6.1%	13.8%	9.7%	8.2%	18.9%	11.8%
	Very Dissatisfied	12.2%	7.5%	9.7%	21.9%	12.2%	12.6%
	Consistency of decisions	(n=49)	(n=77)	(n=75)	(n=70)	(n=70)	(n=341)
	Very Satisfied	18.4%	14.3%	10.7%	11.4%	5.7%	11.7%
	Somewhat Satisfied	20.4%	24.7%	32.0%	25.7%	27.1%	26.4%
	Neither	36.7%	42.9%	38.7%	27.1%	37.1%	36.7%
	Somewhat Dissatisfied	6.1%	11.7%	6.7%	10.0%	14.3%	10.0%
	Very Dissatisfied	18.4%	6.5%	12.0%	25.7%	15.7%	15.2%
	Clinical appropriateness	(n=49)	(n=77)	(n=74)	(n=70)	(n=71)	(n=341)
	Very Satisfied	18.4%	13.0%	9.5%	11.4%	5.6%	11.1%
	Somewhat Satisfied	24.5%	24.7%	32.4%	22.9%	23.9%	25.8%
	Neither	32.7%	39.0%	32.4%	30.0%	36.6%	34.3%
	Somewhat Dissatisfied	6.1%	10.4%	8.1%	8.6%	15.5%	10.0%
	Very Dissatisfied	18.4%	13.0%	17.6%	27.1%	18.3%	18.8%

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
	Access to CMs	(n=43)	(n=70)	(n=65)	(n=72)	(n=70)	(n=320)
	Very Satisfied	20.9%	15.7%	10.8%	11.1%	8.6%	12.8%
	Somewhat Satisfied	18.6%	24.3%	36.9%	29.2%	27.1%	27.8%
	Neither	41.9%	37.1%	29.2%	34.7%	35.7%	35.3%
	Somewhat Dissatisfied	7.0%	15.7%	7.7%	8.3%	14.3%	10.9%
	Very Dissatisfied	11.6%	7.1%	15.4%	16.7%	14.3%	13.1%
	Preventive care/wellness	(n=50)	(n=75)	(n=79)	(n=72)	(n=76)	(n=352)
	Very Satisfied	18.0%	16.0%	20.3%	25.0%	18.4%	19.6%
	Somewhat Satisfied	26.0%	26.7%	36.7%	30.6%	23.7%	29.0%
	Neither	36.0%	32.0%	29.1%	25.0%	32.9%	30.7%
	Somewhat Dissatisfied	10.0%	17.3%	6.3%	5.6%	10.5%	9.9%
	Very Dissatisfied	10.0%	8.0%	7.6%	13.9%	14.5%	10.8%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

MD: Medical Director

CM: Care/Case Manager

Table 20-8 displays results for item 39 of the survey by MCO, as well as the statewide average. Item 39 queried providers on their experience with the MCO's Call Center as compared to other MCOs in the state of Louisiana with which they contract. Healthy Blue providers were least likely to rate the MCO as better than the others in the state for all four aspects included in item 39; 20% rated the MCO as better in regard to ease of reaching the center over the phone, 21% reported the process of obtaining member information was better, 15% indicated the helpfulness of the staff in obtaining referrals was better, and 20% reported their overall satisfaction with the MCO's call center services was better than others in the state. It is interesting to note here that Healthy Blue providers were also the most likely to report that the MCO was the same as the others in the state for all four aspects.

Louisiana Healthcare Connections providers were the most likely to report that the ease of reaching staff over the phone was better than other MCOs, with 35% indicating the MCO was "Better" or "Much Better". Additionally, Louisiana Healthcare Connections providers were most likely to rate the MCO better than others in regard to obtaining member information (37%) and overall satisfaction with the call center (34%). Aetna providers most often indicated the MCO was better than the others in the state when asked about the helpfulness of staff in obtaining referrals (31%).

Table 20-8: MCO Comparison of Experience with MCO Call Center

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
39	Ease of reaching center	(n=70)	(n=106)	(n=102)	(n=86)	(n=96)	(n=460)
	Much Better	12.9%	9.4%	3.9%	10.5%	5.2%	8.0%
	Better	17.1%	14.2%	15.7%	24.4%	19.8%	18.0%
	Same As	51.4%	66.0%	66.7%	53.5%	63.5%	61.1%
	Worse	11.4%	7.5%	6.9%	3.5%	10.4%	7.8%
	Much Worse	7.1%	2.8%	6.9%	8.1%	1.0%	5.0%
	Process of obtaining member information	(n=64)	(n=105)	(n=104)	(n=82)	(n=96)	(n=451)
	Much Better	15.6%	10.5%	4.8%	13.4%	8.3%	10.0%
	Better	12.5%	17.1%	16.3%	23.2%	19.8%	18.0%
	Same As	54.7%	65.7%	66.3%	53.7%	62.5%	61.4%
	Worse	12.5%	4.8%	5.8%	2.4%	9.4%	6.7%
	Much Worse	4.7%	1.9%	6.7%	7.3%	0.0%	4.0%
	Helpfulness of staff	(n=58)	(n=95)	(n=95)	(n=73)	(n=86)	(n=407)
	Much Better	15.5%	11.6%	3.2%	8.2%	1.2%	7.4%
	Better	15.5%	10.5%	11.6%	17.8%	19.8%	14.7%
	Same As	53.4%	67.4%	72.6%	58.9%	64.0%	64.4%
	Worse	10.3%	7.4%	7.4%	4.1%	11.6%	8.1%
	Much Worse	5.2%	3.2%	5.3%	11.0%	3.5%	5.4%
	Overall satisfaction	(n=69)	(n=108)	(n=106)	(n=82)	(n=97)	(n=462)
	Much Better	14.5%	10.2%	3.8%	9.8%	6.2%	8.4%
	Better	17.4%	14.8%	16.0%	24.4%	17.5%	17.7%
	Same As	47.8%	62.0%	65.1%	48.8%	58.8%	57.6%
	Worse	14.5%	7.4%	9.4%	6.1%	15.5%	10.4%
	Much Worse	5.8%	5.6%	5.7%	11.0%	2.1%	5.8%

LHC: Louisiana Healthcare Connections

UHC: UnitedHealthcare Community

The final section of the survey included three questions regarding overall satisfaction with the MCO. Item 40 of the survey asked providers to rate their overall satisfaction with the MCO. AmeriHealth providers reported the highest levels of satisfaction, with 66% indicating they were “Very Satisfied” or “Somewhat Satisfied” with the MCO. Conversely, Aetna providers reported the lowest levels of satisfaction with the MCO, with 56% of providers indicating some level of satisfaction. UnitedHealthcare Community’s rate of 57% was similar to Aetna’s rate. Healthy Blue and Louisiana Healthcare Connections had similar rates of satisfaction; 61% and 60% of providers, respectively, indicated some level of satisfaction with the MCO.

Item 41 asked providers to rate the MCO compared to all Louisiana Medicaid managed care organizations they contract with. Thirty-four percent of Louisiana Healthcare Connections providers rated the MCO better than all Louisiana Medicaid MCOs, which was the highest rate across the five MCOs. Healthy Blue providers were least likely to rate the MCO better than the others in the state, with 22% rating the MCO better. AmeriHealth providers were the most likely to rate the MCO the same as the others in Louisiana (64%).

Providers were asked if they would recommend the MCO to other practitioners in item 42 of the survey instrument. It is notable that AmeriHealth providers reported the highest rate of satisfaction with the MCO, as well as the highest rate of providers indicating they would recommend the MCO to other practitioners with 80% of providers responding “Yes” to item 42. The MCO with the second highest rate of providers indicating they would recommend the MCO to others was Aetna, with 76% of providers responding “Yes”. This is interesting to note, as Aetna providers were least likely to indicate satisfaction with the MCO overall (item 40). Louisiana Healthcare Connections had the lowest rate of providers responding “Yes”, with 68% of providers indicating they would recommend the MCO. Additionally, both Healthy Blue and UnitedHealthcare Community reported 70% of providers recommending the MCO.

Table 20-9: MCO Comparison of Overall Satisfaction

Item		Aetna	AmeriHealth	Healthy Blue	LHC	UHC	Statewide Average
40	Overall satisfaction	(n=85)	(n=135)	(n=124)	(n=106)	(n=116)	(n=566)
	Very Satisfied	23.5%	26.7%	12.9%	30.2%	25.0%	23.5%
	Somewhat Satisfied	32.9%	39.3%	47.6%	30.2%	31.9%	36.9%
	Neither	24.7%	17.8%	21.8%	21.7%	25.0%	21.9%
	Somewhat Dissatisfied	9.4%	11.1%	8.9%	6.6%	12.1%	9.7%
	Very Dissatisfied	9.4%	5.2%	8.9%	11.3%	6.0%	8.0%
41	MCO vs. all MCOs	(n=83)	(n=130)	(n=120)	(n=94)	(n=107)	(n=534)
	Much Better	8.4%	11.5%	4.2%	11.7%	9.3%	9.0%
	Better	18.1%	13.8%	17.5%	22.3%	20.6%	18.2%
	Same As	50.6%	63.8%	60.0%	46.8%	57.9%	56.7%
	Worse	15.7%	7.7%	12.5%	8.5%	7.5%	10.1%
	Much Worse	7.2%	3.1%	5.8%	10.6%	4.7%	6.0%
42	Recommend MCO?	(n=82)	(n=132)	(n=118)	(n=104)	(n=111)	(n=547)
	Yes	75.6%	80.3%	70.3%	68.3%	70.3%	73.1%
	No	24.4%	19.7%	29.7%	31.7%	29.7%	26.9%

N. Comparison of Physical Health and Behavioral Health Providers

This section of the report provides a comparison of results on selected items related to satisfaction with the MCOs. The survey items included in this section are the same items as were included in Section M of this report (please see page 33-34 for the full list of items). Tables 21-1 through 21-9 display the results for these survey items by provider type: physical health versus behavioral health. For these tables, results for PCPs and physical health specialists physicians combined are compared with the results for behavioral health providers.

Table 21-1 displays results for items 8, 13, and 18. In regard to satisfaction with the provider enrollment contracting process, physical health and behavioral health providers reported similar rates of positive responses (79% and 78%, respectively). When asked about overall satisfaction with the communication received from the MCOs (item 13), physical health providers reported a rate four percentage points higher than behavioral health providers, 68% versus 62%, of responses of “Very Satisfied” or “Somewhat Satisfied”.

Item 18 asked providers about satisfaction with various elements of education and training provided by the MCOs. Overall, rates for physical health and behavioral health providers were similar for many of the aspects of education and training. For example, 45% of physical health providers and 47% of behavioral health providers indicated they were satisfied with the provider orientation and training process, 56% of physical health providers and 53% of behavioral health providers were satisfied with the information in the provider manual, and 49% of physical health providers and 50% of behavioral health providers were satisfied with the educational trainings provided by the MCOs. Additionally, 60% of physical health providers and 57% of behavioral health providers indicated some level of satisfaction with the provider portal. In regard to cultural competency training, behavioral health providers were more satisfied than physical health providers, as evidenced by the 54% versus 47% differential. Additionally, behavioral health providers were more satisfied with the accessibility of state-required behavioral health training than physical health providers (54% versus 43%). In regard to the provision of current Clinical Guidelines, 47% of physical health providers indicated satisfaction, while 52% of behavioral health providers reported some level of satisfaction.

Table 21-1: Comparison of Communication, Education, and Training by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
8	Provider enrollment	(n=350)	(n=184)	(n=534)
	Excellent	8.6%	14.7%	10.7%
	Very Good	28.3%	22.3%	26.2%
	Good	42.0%	41.3%	41.8%
	Fair	15.4%	13.0%	14.6%
	Poor	5.7%	8.7%	6.7%
13	Communication	(n=357)	(n=193)	(n=550)
	Very Satisfied	27.2%	25.9%	26.7%
	Somewhat Satisfied	40.9%	36.3%	39.3%
	Neither	21.6%	21.8%	21.6%
	Somewhat Dissatisfied	5.6%	7.8%	6.4%
	Very Dissatisfied	4.8%	8.3%	6.0%

Item		Physical Health	Behavioral Health	Statewide Average
18	Provider Orientation	(n=195)	(n=128)	(n=323)
	Very Satisfied	19.5%	20.3%	19.8%
	Somewhat Satisfied	25.6%	26.6%	26.0%
	Neither	35.9%	28.9%	33.1%
	Somewhat Dissatisfied	8.2%	17.2%	11.8%
	Very Dissatisfied	10.8%	7.0%	9.3%
	Provider manual	(n=234)	(n=138)	(n=372)
	Very Satisfied	19.7%	18.8%	19.4%
	Somewhat Satisfied	36.3%	34.1%	35.5%
	Neither	28.2%	21.0%	25.5%
	Somewhat Dissatisfied	9.0%	15.2%	11.3%
	Very Dissatisfied	6.8%	10.9%	8.3%
	Educational trainings	(n=203)	(n=111)	(n=314)
	Very Satisfied	17.2%	17.1%	17.2%
	Somewhat Satisfied	31.5%	32.4%	31.8%
	Neither	32.5%	25.2%	29.9%
	Somewhat Dissatisfied	9.9%	16.2%	12.1%
	Very Dissatisfied	8.9%	9.0%	8.9%
	Provider portal	(n=227)	(n=124)	(n=351)
	Very Satisfied	22.0%	19.4%	21.1%
	Somewhat Satisfied	37.9%	37.1%	37.6%
	Neither	25.1%	20.2%	23.4%
	Somewhat Dissatisfied	9.3%	16.9%	12.0%
	Very Dissatisfied	5.7%	6.5%	6.0%
	Cultural competency	(n=163)	(n=99)	(n=262)
	Very Satisfied	14.7%	19.2%	16.4%
	Somewhat Satisfied	31.9%	34.3%	32.8%
	Neither	39.9%	28.3%	35.5%
	Somewhat Dissatisfied	7.4%	10.1%	8.4%
	Very Dissatisfied	6.1%	8.1%	6.9%
	Accessibility of behavioral health training	(n=152)	(n=104)	(n=256)
	Very Satisfied	14.5%	22.1%	17.6%
	Somewhat Satisfied	28.9%	31.7%	30.1%
	Neither	38.2%	24.0%	32.4%
	Somewhat Dissatisfied	7.9%	11.5%	9.4%
	Very Dissatisfied	10.5%	10.6%	10.5%
	Provision of Clinical Guidelines	(n=195)	(n=104)	(n=299)
	Very Satisfied	13.8%	18.3%	15.4%
	Somewhat Satisfied	32.8%	33.7%	33.1%
	Neither	35.4%	26.0%	32.1%
	Somewhat Dissatisfied	9.7%	9.6%	9.7%
	Very Dissatisfied	8.2%	12.5%	9.7%

Table 21-2 displays results for items 22 and 23 for physical health and behavioral health providers, as well as the statewide average. Overall, physical health providers rated the various areas of the MCOs' claims processes higher than behavioral health providers. In regard to the timeliness of claims processing, 78% of physical health providers gave positive ratings, while 74% of behavioral health providers gave positive ratings. Seventy-five percent of physical health providers rated the accuracy of claims processing positively and 69% of behavioral health providers gave positive ratings for accuracy. In regard to the claims reimbursement process, the rate of positive responses for behavioral health providers was seven percentage points lower than their physical health counterparts (69% versus 76%). When asked about the consistency of reimbursement fees with contract rates, 74% of physical health providers and 71% of behavioral health providers responded positively.

Providers were also asked to rate their experience with the appeals process. Sixty percent of behavioral health providers rated the overall process positively, as compared to 65% of physical health providers. Physical health providers were more likely to rate the timeliness of appeals processes as "Good" or better (64%) as compared to behavioral health providers (57%). Behavioral health providers were less likely to rate the resolution of claims disputes positively, with just 55% giving responses of "Good" or better, while 63% of physical health providers rated this area favorably. In regard to communication of appeals outcomes, 64% of physical health providers gave favorable responses, compared with 58% of behavioral health providers.

Physical health providers were also more satisfied with the overall provider complaint system. Forty-one percent indicated some level of satisfaction, while 37% of behavioral health providers indicated some level of satisfaction.

Table 21-2: Comparison of Claims Processes by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
22	Timeliness of claims	(n=311)	(n=164)	(n=475)
	Excellent	12.2%	18.3%	14.3%
	Very Good	27.3%	21.3%	25.3%
	Good	38.6%	34.8%	37.3%
	Fair	16.4%	17.7%	16.8%
	Poor	5.5%	7.9%	6.3%
	Accuracy of claims	(n=312)	(n=164)	(n=476)
	Excellent	11.2%	18.9%	13.9%
	Very Good	27.9%	16.5%	23.9%
	Good	36.2%	33.5%	35.3%
	Fair	16.3%	18.3%	17.0%
	Poor	8.3%	12.8%	9.9%
	Claims reimbursement	(n=308)	(n=160)	(n=468)
	Excellent	10.4%	18.8%	13.2%
	Very Good	27.3%	17.5%	23.9%
	Good	38.0%	33.1%	36.3%
	Fair	15.9%	20.6%	17.5%
	Poor	8.4%	10.0%	9.0%

Item		Physical Health	Behavioral Health	Statewide Average
	Consistency of fees	(n=311)	(n=159)	(n=470)
	Excellent	11.6%	19.5%	14.3%
	Very Good	26.7%	17.0%	23.4%
	Good	35.7%	34.0%	35.1%
	Fair	18.6%	15.1%	17.4%
	Poor	7.4%	14.5%	9.8%
	Complaints and appeals	(n=274)	(n=125)	(n=399)
	Excellent	9.5%	13.6%	10.8%
	Very Good	17.2%	11.2%	15.3%
	Good	38.7%	35.2%	37.6%
	Fair	17.5%	17.6%	17.5%
	Poor	17.2%	22.4%	18.8%
	Timeliness of appeals	(n=281)	(n=126)	(n=407)
	Excellent	9.6%	15.9%	11.5%
	Very Good	19.2%	12.7%	17.2%
	Good	35.2%	28.6%	33.2%
	Fair	19.2%	23.8%	20.6%
	Poor	16.7%	19.0%	17.4%
	Resolution of claims disputes	(n=290)	(n=134)	(n=424)
	Excellent	9.3%	15.7%	11.3%
	Very Good	18.6%	13.4%	17.0%
	Good	35.5%	26.1%	32.5%
	Fair	21.4%	25.4%	22.6%
	Poor	15.2%	19.4%	16.5%
	Communication of claims appeal outcomes	(n=281)	(n=125)	(n=406)
	Excellent	10.7%	15.2%	12.1%
	Very Good	17.1%	12.8%	15.8%
	Good	36.3%	30.4%	34.5%
	Fair	19.6%	23.2%	20.7%
	Poor	16.4%	18.4%	17.0%
23	Satisfaction with provider complaint system	(n=351)	(n=187)	(n=538)
	Very Satisfied	13.7%	14.4%	13.9%
	Somewhat Satisfied	27.4%	22.5%	25.7%
	Neither	48.7%	46.0%	47.8%
	Somewhat Dissatisfied	6.0%	7.0%	6.3%
	Very Dissatisfied	4.3%	10.2%	6.3%

Table 21-3 includes results for items 24, 25, and 29 of the survey by provider type, as well as the statewide average. For many of the items included in Table 21-3, behavioral health providers were much more likely to give positive responses when compared to their physical health counterparts. Seventy-two percent of behavioral health providers rated the number of specialists in the MCOs' networks as "Good" or better, 19 percentage points higher than physical health providers (53%). However, when asked about the quality of specialists in the network, physical and behavioral health gave similar positive ratings (70% and 73%,

respectively). In regard to the reports specialists provide, 75% of behavioral health providers and 63% of physical health providers rated the timeliness of reports positively, and 71% and 70% rated the usefulness of the reports positively. Behavioral health providers were also more likely to rate the availability of specialists favorably when compared to physical health providers (63% vs. 45%), as well as the timeliness of scheduling tests (65% vs. 58%).

Providers were also asked to rate their experience with coordination of care in several areas. Again, behavioral health providers were more likely to rate coordination of care positively when compared with physical health providers in most instances. While 65% of behavioral health providers and 55% of physical health providers rated the coordination of step-down services favorably, both physical and behavioral health providers reported 60% rating the coordination of care for children with special healthcare needs (CSHCN) favorably. When asked about coordination of care for alcohol and/or substance abuse treatment and rehabilitation services, behavioral health providers gave positive ratings more often (59% vs. 50% and 65% vs. 50%, respectively). Fifty-eight percent of physical health providers rated their ability to arrange for non-emergency hospital admissions favorably, compared to 67% of behavioral health providers. In regard to making referrals, 62% of behavioral health providers gave positive ratings, compared to 50% of physical health providers, and 57% of behavioral health providers gave positive ratings when asked about prescribing the best possible medications, compared to 47% of physical health providers.

Item 25 of the survey asked providers to compare the specific MCO on their survey to other MCOs in Louisiana in terms of overall continuity and coordination of care. Twenty-eight percent of behavioral health providers rated the MCO as better than others, while 19% of physical health providers rated the MCO as better. Item 29 asked providers if they would recommend the MCOs' Disease/Care Management Programs to other providers. Behavioral health providers were much more likely to respond "Yes" (64% vs. 43%).

Table 21-3: Comparison of Provider Networks and Care Coordination by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
24	Number of specialists	(n=295)	(n=105)	(n=400)
	Excellent	5.1%	10.5%	6.5%
	Very Good	13.2%	14.3%	13.5%
	Good	34.6%	46.7%	37.8%
	Fair	19.3%	15.2%	18.3%
	Poor	27.8%	13.3%	24.0%
	Quality of specialists	(n=290)	(n=107)	(n=397)
	Excellent	8.6%	12.1%	9.6%
	Very Good	18.6%	16.8%	18.1%
	Good	42.8%	43.9%	43.1%
	Fair	16.9%	16.8%	16.9%
	Poor	13.1%	10.3%	12.3%
	Timeliness of reports	(n=280)	(n=94)	(n=374)
	Excellent	5.0%	9.6%	6.1%
	Very Good	16.1%	17.0%	16.3%
	Good	41.4%	47.9%	43.0%
	Fair	23.9%	16.0%	21.9%
	Poor	13.6%	9.6%	12.6%

Item		Physical Health	Behavioral Health	Statewide Average
	Usefulness of reports	(n=274)	(n=90)	(n=364)
	Excellent	9.9%	11.1%	10.2%
	Very Good	21.9%	18.9%	21.2%
	Good	38.3%	41.1%	39.0%
	Fair	20.8%	18.9%	20.3%
	Poor	9.1%	10.0%	9.3%
	Availability of specialists	(n=298)	(n=96)	(n=394)
	Excellent	5.4%	11.5%	6.9%
	Very Good	10.1%	10.4%	10.2%
	Good	29.5%	40.6%	32.2%
	Fair	22.8%	22.9%	22.8%
	Poor	32.2%	14.6%	27.9%
	Timeliness of scheduled tests	(n=306)	(n=77)	(n=383)
	Excellent	7.2%	10.4%	7.8%
	Very Good	14.4%	11.7%	13.8%
	Good	36.6%	42.9%	37.9%
	Fair	24.5%	23.4%	24.3%
	Poor	17.3%	11.7%	16.2%
	Coordination of step-down	(n=184)	(n=65)	(n=249)
	Excellent	8.2%	12.3%	9.2%
	Very Good	9.2%	12.3%	10.0%
	Good	38.0%	40.0%	38.6%
	Fair	29.9%	21.5%	27.7%
	Poor	14.7%	13.8%	14.5%
	Services for CSHCN	(n=222)	(n=70)	(n=292)
	Excellent	6.8%	12.9%	8.2%
	Very Good	13.5%	12.9%	13.4%
	Good	39.6%	34.3%	38.4%
	Fair	23.0%	24.3%	23.3%
	Poor	17.1%	15.7%	16.8%
	Coordinate alcohol and/or substance abuse treatment	(n=169)	(n=73)	(n=242)
	Excellent	5.9%	9.6%	7.0%
	Very Good	8.3%	11.0%	9.1%
	Good	35.5%	38.4%	36.4%
	Fair	24.3%	21.9%	23.6%
	Poor	26.0%	19.2%	24.0%
	Coordinate rehabilitation	(n=199)	(n=68)	(n=267)
	Excellent	6.0%	10.3%	7.1%
	Very Good	10.1%	10.3%	10.1%
	Good	33.7%	44.1%	36.3%
	Fair	30.2%	20.6%	27.7%
	Poor	20.1%	14.7%	18.7%

Item		Physical Health	Behavioral Health	Statewide Average
	Non-emergency hospital admissions	(n=221)	(n=78)	(n=299)
	Excellent	6.8%	10.3%	7.7%
	Very Good	12.7%	14.1%	13.0%
	Good	38.9%	42.3%	39.8%
	Fair	25.3%	19.2%	23.7%
	Poor	16.3%	14.1%	15.7%
	Referrals to specialists	(n=292)	(n=85)	(n=377)
	Excellent	7.9%	10.6%	8.5%
	Very Good	8.6%	10.6%	9.0%
	Good	33.9%	41.2%	35.5%
	Fair	22.9%	27.1%	23.9%
	Poor	26.7%	10.6%	23.1%
	Prescribe best medications	(n=312)	(n=84)	(n=396)
	Excellent	7.1%	11.9%	8.1%
	Very Good	8.3%	9.5%	8.6%
	Good	31.1%	35.7%	32.1%
	Fair	28.8%	26.2%	28.3%
	Poor	24.7%	16.7%	23.0%
25	MCO Coordination of Care	(n=312)	(n=131)	(n=443)
	Much Better	5.4%	6.1%	5.6%
	Better	13.1%	21.4%	15.6%
	Same As	68.3%	58.8%	65.5%
	Worse	10.6%	6.9%	9.5%
	Much Worse	2.6%	6.9%	3.8%
29	Recommend DM/CM Program?	(n=144)	(n=47)	(n=191)
	Yes	56.9%	63.8%	58.6%
	No	43.1%	36.2%	41.4%

CSHCN: Children with special healthcare needs

DM: Disease Management

CM: Case Management

Table 21-4 includes results for items 31-33 of the survey, which queried providers about experiences with no-show appointments. Physical health providers reported a rate 14 percentage points higher than behavioral health providers when asked about issues with members not showing up for their appointments (82% vs. 68%). Both behavioral health providers and physical health providers reported 93% indicated that they always or sometimes remind members of appointments. In regard to method of reminders providers use, phone calls were the most common; however, more physical health providers indicated using phone calls than behavioral health providers (98% vs. 85%). Forty-three percent of behavioral health providers indicated the use of texts for reminders, compared to 34% of physical health providers.

Table 21-4: Comparison of Experience with No-Show Appointments by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
31	Issue with no-shows?	(n=362)	(n=195)	(n=557)
	Yes	82.0%	68.2%	77.2%
	No	18.0%	31.8%	22.8%
32*	Remind members?	(n=363)	(n=196)	(n=559)
	Always	80.2%	70.4%	76.7%
	Sometimes	12.4%	22.4%	15.9%
	No	7.4%	7.1%	7.3%
33†	Method of reminders	(n=336)	(n=181)	(n=517)
	Phone call	98.2%	84.5%	93.4%
	Text	34.2%	42.5%	37.1%
	E-mail	19.9%	16.0%	18.6%
	U.S. mail	13.1%	8.3%	11.4%

*Item based on skip pattern

†Respondents can choose more than one option

Results for survey items 34 and 35 by provider type are displayed in Table 21-5, as well as the statewide average. Forty-one percent of physical health providers reported having a representative assigned to them, compared to 45% of behavioral health providers. Physical health providers were more likely to rate their representatives positively when compared with behavioral health providers. Eighty-four percent of physical health providers rated their representatives' ability to answer questions and resolve problems as "Good" or better, while 74% of behavioral health providers rated their representatives as "Good" or better. Additionally, 86% of physical health providers reported their representatives were responsive and courteous, compared with 77% of behavioral health providers.

Table 21-5: Comparison of Experience with Provider Relations Representatives by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
34*	Provider Relations representative	(n=356)	(n=197)	(n=553)
	Yes	41.0%	44.7%	42.3%
	No	18.5%	17.8%	18.3%
	Not Sure	40.4%	37.6%	39.4%
35	Ability to answer questions	(n=141)	(n=81)	(n=222)
	Excellent	27.7%	23.5%	26.1%
	Very Good	19.9%	18.5%	19.4%
	Good	36.2%	32.1%	34.7%
	Fair	11.3%	7.4%	9.9%
	Poor	5.0%	18.5%	9.9%
	Responsiveness/courtesy	(n=141)	(n=81)	(n=222)
	Excellent	30.5%	23.5%	27.9%
	Very Good	19.9%	23.5%	21.2%
	Good	35.5%	29.6%	33.3%
	Fair	9.2%	11.1%	9.9%
	Poor	5.0%	12.3%	7.7%

*Item based on skip pattern

Table 21-6 displays results for item 37 by provider type, as well as the statewide average. Item 37 asked providers to rate their experience with various aspects of the MCOs' Utilization Management (UM) department. In regard to pre-authorizations, behavioral health providers were more likely to rate their experience positively. Sixty percent of behavioral health providers rated their experience with the process of obtaining pre-authorizations favorably, compared to 56% of physical health providers. Additionally, 64% of behavioral health providers rated the timeliness of obtaining pre-authorization positively, compared with 57% of physical health providers. Behavioral health providers were also more likely to rate phone access to UM staff favorably (66% vs. 58%). Physical health providers were less likely than behavioral health providers to rate their experience with UM staff sharing review criteria positively, with 57% responding with "Good" or better compared to 62% of behavioral health providers.

Physical and behavioral health providers reported similar rates regarding the timeliness of the UM appeals process, with 52% of physical health providers and 50% of behavioral health providers rating their experience as "Good" or better. Additionally, 54% of physical health providers and 51% of behavioral health providers rated the timeliness of resolutions involving the MCO Medical Director favorably. When asked to rate the knowledge and accuracy of credentialing staff, physical health providers were more likely to give positive ratings (62% vs. 57%). Providers gave similar ratings when asked to rate the MCOs' support of Patient-Centered Medical Home (PCMH) implementation, with 63% of physical health providers and 62% of behavioral health providers responding with "Good" or better. Providers also gave similar positive ratings for the MCOs' Medical Record Review (MRR) process, with the rate for physical health providers being just three percentage points higher than their behavioral health counterparts (57% vs. 54%).

Table 21-6: Comparison of Experience with Utilization Management by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
37	Pre-authorization/referrals	(n=296)	(n=116)	(n=412)
	Excellent	5.4%	10.3%	6.8%
	Very Good	13.2%	12.1%	12.9%
	Good	37.5%	37.1%	37.4%
	Fair	21.3%	23.3%	21.8%
	Poor	22.6%	17.2%	21.1%
	Timeliness of obtaining pre-authorization	(n=298)	(n=118)	(n=416)
	Excellent	5.4%	10.2%	6.7%
	Very Good	12.8%	16.1%	13.7%
	Good	39.3%	38.1%	38.9%
	Fair	22.8%	21.2%	22.4%
	Poor	19.8%	14.4%	18.3%
	Phone access to staff	(n=256)	(n=110)	(n=366)
	Excellent	4.3%	10.0%	6.0%
	Very Good	12.5%	15.5%	13.4%
	Good	41.0%	40.9%	41.0%
	Fair	27.3%	22.7%	26.0%
	Poor	14.8%	10.9%	13.7%
	Share review criteria	(n=255)	(n=103)	(n=358)
	Excellent	3.9%	9.7%	5.6%
	Very Good	11.0%	17.5%	12.8%
	Good	42.0%	35.0%	39.9%
	Fair	23.9%	19.4%	22.6%
	Poor	19.2%	18.4%	19.0%
	Timeliness of appeals	(n=248)	(n=90)	(n=338)
	Excellent	3.6%	8.9%	5.0%
	Very Good	10.5%	10.0%	10.4%
	Good	37.9%	31.1%	36.1%
	Fair	27.0%	26.7%	26.9%
	Poor	21.0%	23.3%	21.6%
	Timeliness of resolution	(n=229)	(n=82)	(n=311)
	Excellent	5.7%	7.3%	6.1%
	Very Good	7.9%	12.2%	9.0%
	Good	40.2%	31.7%	37.9%
	Fair	27.1%	28.0%	27.3%
	Poor	19.2%	20.7%	19.6%
	Staff knowledge/accuracy	(n=255)	(n=115)	(n=370)
	Excellent	4.7%	8.7%	5.9%
	Very Good	12.5%	15.7%	13.5%
	Good	45.1%	32.2%	41.1%
	Fair	23.1%	24.3%	23.5%
	Poor	14.5%	19.1%	15.9%

Item		Physical Health	Behavioral Health	Statewide Average
	Support for PCMH	(n=164)	(n=58)	(n=222)
	Excellent	6.1%	10.3%	7.2%
	Very Good	13.4%	12.1%	13.1%
	Good	43.9%	39.7%	42.8%
	Fair	20.7%	20.7%	20.7%
	Poor	15.9%	17.2%	16.2%
	MRR process	(n=254)	(n=94)	(n=348)
	Excellent	5.5%	7.4%	6.0%
	Very Good	9.4%	9.6%	9.5%
	Good	42.5%	37.2%	41.1%
	Fair	26.8%	29.8%	27.6%
	Poor	15.7%	16.0%	15.8%

PCMH: Patient-Centered Medical Home

MRR: Medical Record Review

Table 21-7 shows the results of item 38, which focused on provider satisfaction with the UM process. Results are shown by provider type, and the statewide average is included, as well. Forty-three percent of behavioral health providers indicated they were satisfied with the efficiency of the UM process, compared to 40% of physical health providers. Physical health providers more often indicated satisfaction with the timeliness of Medical Director responses than behavioral health providers (41% vs. 35%). Both physical and behavioral health providers had 39% of respondents report they were satisfied with access to knowledgeable UM staff. Behavioral and physical health providers also reported similar rates of satisfied respondents in regard to the consistency of review decisions, with 39% and 38% of providers indicating some level of satisfaction, respectively. Providers in both groups reported similar rates of satisfied respondents for clinical appropriateness of decisions, with 37% of physical health providers and 36% of behavioral health providers reporting some level of satisfaction. Forty-two percent of physical health providers indicated satisfaction with access to Case/Care Managers, compared to 38% of behavioral health providers. In regard to satisfaction with the degree to which the MCOs cover and encourage preventive care and wellness, physical health providers were much more likely to indicate some level of satisfaction, with a rate 14 percentage points higher than the rate for behavioral health providers. Fifty-three percent of physical health providers reported satisfaction with the MCO in this regard, compared to just 39% of behavioral health providers.

Table 21-7: Comparison of Satisfaction with Utilization Management by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
38	Efficiency of UM process	(n=249)	(n=108)	(n=357)
	Very Satisfied	12.0%	12.0%	12.0%
	Somewhat Satisfied	28.1%	30.6%	28.9%
	Neither	35.3%	30.6%	33.9%
	Somewhat Dissatisfied	14.9%	9.3%	13.2%
	Very Dissatisfied	9.6%	17.6%	12.0%
	Timeliness of MD responses	(n=217)	(n=88)	(n=305)
	Very Satisfied	14.7%	11.4%	13.8%
	Somewhat Satisfied	26.3%	23.9%	25.6%
	Neither	36.9%	36.4%	36.7%
	Somewhat Dissatisfied	11.1%	12.5%	11.5%
	Very Dissatisfied	11.1%	15.9%	12.5%
	Knowledgeable UM staff	(n=240)	(n=108)	(n=348)
	Very Satisfied	11.7%	10.2%	11.2%
	Somewhat Satisfied	27.1%	28.7%	27.6%
	Neither	39.2%	31.5%	36.8%
	Somewhat Dissatisfied	11.3%	13.0%	11.8%
	Very Dissatisfied	10.8%	16.7%	12.6%
	Consistency of decisions	(n=239)	(n=102)	(n=341)
	Very Satisfied	10.9%	13.7%	11.7%
	Somewhat Satisfied	26.8%	25.5%	26.4%
	Neither	39.3%	30.4%	36.7%
	Somewhat Dissatisfied	9.2%	11.8%	10.0%
	Very Dissatisfied	13.8%	18.6%	15.2%
	Clinical appropriateness	(n=239)	(n=102)	(n=341)
	Very Satisfied	10.5%	12.7%	11.1%
	Somewhat Satisfied	26.8%	23.5%	25.8%
	Neither	35.6%	31.4%	34.3%
	Somewhat Dissatisfied	9.2%	11.8%	10.0%
	Very Dissatisfied	18.0%	20.6%	18.8%
	Access to CMs	(n=221)	(n=99)	(n=320)
	Very Satisfied	12.7%	13.1%	12.8%
	Somewhat Satisfied	29.0%	25.3%	27.8%
	Neither	34.4%	37.4%	35.3%
	Somewhat Dissatisfied	10.0%	13.1%	10.9%
	Very Dissatisfied	14.0%	11.1%	13.1%
	Preventive care/wellness	(n=248)	(n=104)	(n=352)
	Very Satisfied	20.6%	17.3%	19.6%
	Somewhat Satisfied	31.9%	22.1%	29.0%
	Neither	30.2%	31.7%	30.7%
	Somewhat Dissatisfied	7.7%	15.4%	9.9%
	Very Dissatisfied	9.7%	13.5%	10.8%

MD: Medical Director

CM: Care/Case Manager

Table 21-8 displays the results of the survey items querying providers on their experience with the MCOs' Call Centers. Results are displayed by provider type, and the table includes the statewide average for each item. Behavioral health providers were more likely to rate the specific MCO indicated on their surveys as better than the other MCOs in the state with which they contract. Thirty-four percent of behavioral health providers rated the MCO better than others for ease of reaching the call center, compared with just 22% of physical health providers. Physical health providers were more likely than behavioral health providers to rate the ease of reaching the call center the same as the others in the state (65% vs. 54%). In regard to the process of obtaining information on members, behavioral health providers rated the MCO better than other more often than physical health providers (32% vs. 26%). Behavioral health providers were also more likely to rate the helpfulness of call center staff better than other MCOs (27% vs. 20%), while physical health providers were more likely to rate the staff the same as the other MCOs (67% vs. 59%). In regard to overall satisfaction, this trend remains the same, with behavioral health providers more often rating the MCO better than others (33% vs. 23%) and physical health providers more often rating the MCO the same as the others (61% vs. 51%).

Table 21-8: Comparison of Experience with MCO Call Center by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
39	Ease of reaching center	(n=302)	(n=158)	(n=460)
	Much Better	6.6%	10.8%	8.0%
	Better	15.6%	22.8%	18.0%
	Same As	64.6%	54.4%	61.1%
	Worse	8.3%	7.0%	7.8%
	Much Worse	5.0%	5.1%	5.0%
	Process of obtaining member information	(n=298)	(n=153)	(n=451)
	Much Better	8.4%	13.1%	10.0%
	Better	17.4%	19.0%	18.0%
	Same As	62.1%	60.1%	61.4%
	Worse	8.4%	3.3%	6.7%
	Much Worse	3.7%	4.6%	4.0%
	Helpfulness of staff	(n=277)	(n=130)	(n=407)
	Much Better	5.8%	10.8%	7.4%
	Better	14.1%	16.2%	14.7%
	Same As	67.1%	58.5%	64.4%
	Worse	8.7%	6.9%	8.1%
	Much Worse	4.3%	7.7%	5.4%
	Overall satisfaction	(n=302)	(n=160)	(n=462)
	Much Better	7.0%	11.3%	8.4%
	Better	15.6%	21.9%	17.7%
	Same As	60.9%	51.3%	57.6%
	Worse	11.3%	8.8%	10.4%
	Much Worse	5.3%	6.9%	5.8%

For the final section of the survey, providers were asked about their overall satisfaction with the MCO. Table 21-9 displays the results for these items by provider type, as well as the statewide average. In regard to overall satisfaction with the MCO, 62% of physical health providers and 58% of behavioral health providers reported some level of satisfaction. When asked to compare the specific MCO in the providers' survey against all MCOs in the state, behavioral health providers were more likely to rate the MCO as better than the others (32% vs. 25%), while physical health providers were more likely to rate the MCO the same as the others (61% vs. 50%). Both physical and behavioral health providers reported a similar rate of respondents indicating they would recommend the MCO to other practitioners, with rates of 74% and 73%, respectively.

Table 21-9: Comparison of Overall Satisfaction by Provider Type

Item		Physical Health	Behavioral Health	Statewide Average
40	Overall satisfaction	(n=370)	(n=196)	(n=566)
	Very Satisfied	21.4%	27.6%	23.5%
	Somewhat Satisfied	40.5%	30.1%	36.9%
	Neither	20.8%	24.0%	21.9%
	Somewhat Dissatisfied	10.0%	9.2%	9.7%
	Very Dissatisfied	7.3%	9.2%	8.0%
41	MCO vs. all MCOs	(n=352)	(n=182)	(n=534)
	Much Better	7.1%	12.6%	9.0%
	Better	17.6%	19.2%	18.2%
	Same As	60.5%	49.5%	56.7%
	Worse	9.7%	11.0%	10.1%
	Much Worse	5.1%	7.7%	6.0%
42	Recommend MCO?	(n=358)	(n=189)	(n=547)
	Yes	73.5%	72.5%	73.1%
	No	26.5%	27.5%	26.9%

IV. Discussion

The overall response rate for the Healthy Louisiana Provider Satisfaction survey was low, with about 11% of surveys being returned completed. Behavioral health providers had the highest response rate of the three provider types; about 15% of behavioral health providers returned completed surveys. Specialists had the lowest response rate, with 7% of providers returning the survey. In regard to who completed the survey, the majority of surveys for PCPs and specialists were completed by an Office Administrator. For behavioral health providers, the majority of surveys were completed by Licensed Mental Health Practitioners (LMHPs). That in many instances a non-practitioner completed the survey could potentially have influenced the responses. For example, an Office Administrator may have more direct contact with MCO provider relations staff than the practitioner, and the survey responses may reflect the administrators' point of view more than the provider. Additionally, questions regarding clinical perspectives of care, such as clinical guidelines provided by the MCO, clinical appropriateness of decisions, or physicians' ability to prescribe the best possible medicines, could be affected by the position within the practice the respondent holds. Further, a non-practitioner may have responded "NA" more often because they lacked the direct experience to answer the item.

The survey findings suggest that the health plans' education and training programs are opportunities for improvement, with fewer than half of providers indicating some level of satisfaction with the materials and education provided to them in such areas as provider orientation and training processes (46%), educational trainings by the MCO (49%), cultural competency training (49%), access to behavioral health training (48%), and provision of current clinical guidelines (49%). A lack of time was cited by 64% of respondents who reported that they did not want to attend future educational sessions offered by the MCOs. Health plans can incorporate trainings and education into their site visits or prepare brief narrated presentations that providers can view at any time to compensate for their time limitation concerns.

Most respondents rated their interaction with various departments within the health plans and the materials they provide favorably, but with ample room for improvement. For example, though more than half of the respondents thought that the MCO's Case Management Programs were effective (56%) and 60% rated the quality of Case Management favorably, a sizable minority were not satisfied. Moreover, 41% would not recommend the MCO's Case Management/Disease Management programs. In regard to overall satisfaction with the MCOs' provider complaint system (item 23), just 40% of providers indicated that they were "Very Satisfied" or "Somewhat Satisfied". Additionally, providers' ratings for their experience with the health plans' utilization management processes (item 37) ranged from 52% (timeliness of appeals) to 61% (knowledgeable staff). Although 57% rated their experience with the prior authorization process favorably, when asked what the MCOs could do to improve services for providers, many noted that the prior authorizations required by MCOs were too restrictive and should be improved. Notably, only 42% indicated that they had an MCO provider relations representative assigned to their practice.

Most respondents indicated issues with no-show appointments, with 77% of all providers and 86% of PCPs indicating a problem.

Satisfaction with the MCOs' utilization management (item 38) shows opportunities to improve. Only 41% of providers indicated satisfaction with the efficiency of utilization management processes, 39% indicated satisfaction with the timeliness of MCO Medical Directors' responses, and 38% were satisfied with the consistency of review decisions.

Availability of specialists was noted as lacking by a sizable number of respondents. Half of the respondents, and 60% of PCPs, were not satisfied with the number of specialists in the health plans' networks. This finding is supported by responses to an open-ended question that asked what the health plans could do to improve services; many, especially PCPs, indicated that the MCOs should have more specialists in the network in order to better serve the members' needs.

Overall satisfaction with the MCO being evaluated was fairly high, with 60% of providers indicating some degree of satisfaction, while only 18% indicated some degree of dissatisfaction. However, there was variation across MCOs. Providers responding to AmeriHealth most often indicated some degree of satisfaction. Sixty-six percent of respondents were either "Very Satisfied" or "Somewhat Satisfied" with AmeriHealth. Additionally, respondents had the lowest rate of dissatisfaction (16%) with AmeriHealth. Respondents were also most likely to recommend AmeriHealth to other providers (80%) than the other MCOs.

Providers responding to Aetna reported the lowest rate of satisfaction, with 56% of providers responding positively. Interestingly, Amerihealth had the highest response rate across all five MCOs (12%), while Aetna had the lowest response rate (8%).

Limitations

Nationally, survey response rates have witnessed a decline in recent years. Some of this reluctance to completing surveys may be linked to privacy issues and concerns about how the information will be used, as well as time constraints. Also, the rise in internet-based surveys has resulted in "over-surveying", which has crowded out mail surveys. Therefore, any generalizations from the findings reported herein should be considered in light of the less than 11% response rate observed, though it should also be noted that the response sample was sufficiently large to conduct the analyses. In addition, it is important to address the missing data and "NA" responses throughout the survey. Due to these factors, there were some survey items that yielded small denominators, particularly for specialists. As such, rates for items with denominators of less than 20 responses should be interpreted with caution.

Moreover, allowing individual physicians to rate each of the five MCOs on key items would have provided a more direct assessment of each MCO, instead of having each respondent rate one randomly-assigned MCO. However, this approach would have lengthened the survey considerably, and would have further impaired the response rate. The fact that the sample was chosen randomly, and there were 578 responses in total, should provide some confidence in the survey findings.

Recommendations

The survey findings suggest that communication with their provider network is an area that MCOs should consider improving. That considerable numbers of respondents are not satisfied with their Case Management, Disease Management, Coordination of Services, and Utilization Management programs, and the availability of specialists, calls for more outreach to the networks to better understand the providers' perspective and a need to solicit their input for improvement. That only 42% reported that they had an MCO representative for their practice further supports the need for better communication. MCOs may want to discuss these survey findings during their onsite visits to providers' offices or via their Provider Relations Department.

If providers perceive MCOs as partners that can help them in such areas as working to ensure patients show up for appointments, case managing patients with complex needs, connecting them to specialists when needed, and making interpreter services available will go a long way to

improving provider satisfaction with the Medicaid managed care program. Engaging providers in finding solutions will help solidify their relationship as partners and both working together should lead to better care for patients.

In considering the performance of the MCOs in regard to education and training, the MCOs should consider new ways to ensure that providers obtain the information they need while not interfering with office hours. Since many providers indicated the lack of time as a barrier to attending MCO-provided educational trainings, perhaps MCOs can consider creating web-based, self-guided training tools which providers can access off-hours.

The limitations mentioned above can be mitigated somewhat by using focus groups conducted with a similar group of providers who were targeted in this survey and conducted in different regions or parishes of the state. Using the mail survey domains as the focal point, focus groups would help bolster the survey findings, allow for in-depth comparisons among participants regarding the MCOs, and allow for probing of problem areas and an exchange of ideas. However, if focus groups should be considered, it should be noted that they are costly and are time- and resource-intensive.

Another approach for future consideration would be to conduct a streamlined, online survey using SurveyMonkey, or similar software. Though there doesn't appear to be a repository of provider e-mail addresses readily available, in the future, the collection of e-mail addresses should become more commonplace, and an online survey may prove to yield a higher response rate. Online survey formats could also be shared over provider portals by providing a link for provider to easily access and complete the survey.

V. Attachment 1: Survey Instrument

IDNUMBER		
#ID >		
	<h3 style="margin: 0;">Healthy Louisiana Provider Satisfaction Survey 2018</h3>	
MARKING INSTRUCTIONS		
<ul style="list-style-type: none"> Use a No. 2 pencil or a blue or black ink pen only. Do not use pens with ink that soaks through the paper. Make solid marks that fill the response completely. Make no stray marks on this form. 		
<div style="display: flex; justify-content: space-between;"> CORRECT: ● INCORRECT: ○ ⊗ ⊖ ⊕ ⊙ </div>		

About You

1. Please indicate the area of medicine or service in which you practice.

- ① Primary care
- ② OB/GYN
- ③ Specialist
- ④ Licensed Mental Health Practitioner (LMHP) (Licensed Psychologist, APRN-CNS, LCSW, LPC, LMFT, LAC)
- ⑤ Behavioral Health Residential
- ⑥ Behavioral Health Outpatient
- ⑦ Hospital
- ⑧ Psychiatric Hospital

2. How many physicians are in your practice/agency/facility?

- ① Solo
- ② 2-5 physicians
- ③ 6-10 physicians
- ④ More than 10 physicians
- ⑤ None

3. How many Licensed Mental Health Practitioners (LMHP) (Licensed Psychologist, APRN-CNS, LCSW, LPC, LMFT, LAC) are in your practice/agency/facility?

- ① Solo
- ② 2-5 practitioners
- ③ 6-10 practitioners
- ④ More than 10 practitioners
- ⑤ None

4. What portion of your managed care volume is represented by [PLAN]?

- ① None
- ② 1-25%
- ③ 26-50%
- ④ 51-75%
- ⑤ 76-100%

5. How many years have you been in this practice?

- ① Less than 3
- ② 3-7
- ③ 8-14
- ④ 15 or more

6. If you work for an agency/facility, how many years has your agency/facility been providing services?

- ① Less than 3
- ② 3-7
- ③ 8-14
- ④ 15 or more
- ⑤ N/A

7. Please indicate who is completing this survey. (Mark only one)

- ① Physician
- ② Nurse
- ③ Office Administrator
- ④ Receptionist
- ⑤ LMHP
- ⑥ Other (please specify):

Provider Enrollment

8. Please rate your satisfaction with the provider enrollment contracting process.

- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor

9. Please rate the quality and effectiveness of the following [PLAN] materials:

Provider manuals

Provider newsletters

General provider communications

Provider directory

	1	2	3	4	5
Provider manuals					
Provider newsletters					
General provider communications					
Provider directory					

10. Thinking about [PLAN]'s department responsible for handling your phone calls regarding policy and procedure questions, please rate your experience with the following:

Knowledge of staff responses to telephone inquiries

Accuracy of staff responses to telephone inquiries

Helpfulness of staff responses to telephone inquiries

	1	2	3	4	5
Knowledge of staff responses to telephone inquiries					
Accuracy of staff responses to telephone inquiries					
Helpfulness of staff responses to telephone inquiries					

11. Thinking about [PLAN]'s department responsible for handling your phone calls regarding claims inquiries and payments, please rate your experience with the following:

Knowledge of staff responses to telephone inquiries

Accuracy of staff responses to telephone inquiries

Helpfulness of staff responses to telephone inquiries

Timeliness of staff in resolving claims payment issues

Timely communication of changes in policies/procedures

	1	2	3	4	5
Knowledge of staff responses to telephone inquiries					
Accuracy of staff responses to telephone inquiries					
Helpfulness of staff responses to telephone inquiries					
Timeliness of staff in resolving claims payment issues					
Timely communication of changes in policies/procedures					

12. These questions ask about [PLAN]'s Provider Portal. This is the secure site that you access with a username and password. Please rate [PLAN] in the following service areas when compared to your experience with Louisiana Medicaid managed care organizations you work with.

Please mark "N/A" if you've never used the service.

Finding information you need regarding member eligibility information

Finding information you need regarding claim payments or invoices

Finding information you need regarding the member Gaps in Care Report

The portal's prior authorization, requirement submissions, and confirmation functions

The portal's reporting functions

Overall experience with provider portal

	1	2	3	4	5	N/A
Finding information you need regarding member eligibility information						
Finding information you need regarding claim payments or invoices						
Finding information you need regarding the member Gaps in Care Report						
The portal's prior authorization, requirement submissions, and confirmation functions						
The portal's reporting functions						
Overall experience with provider portal						

13. Overall, how satisfied are you with the communication you receive from [PLAN]?

- ① Very Satisfied
- ② Somewhat Satisfied
- ③ Neither
- ④ Somewhat Dissatisfied
- ⑤ Very Dissatisfied

Access to Linguistic Assistance

14. Does your practice use any of the following types of interpreter services for your non-English speaking patients:

- ① In-person
- ② Telephonic
- ③ Other (please specify): _____
- ④ Not used

15. Are you aware that [PLAN] offers a language assistance / telephone interpreter service to you when caring for our members?

- ① Yes
- ② No (Skip to Question 18)

16. Have you used this service?

- ① Yes
- ② No (Skip to Question 18)

17. How satisfied are you with [PLAN]'s language assistance service?

- ① Very Satisfied
- ② Somewhat Satisfied
- ③ Neither
- ④ Somewhat Dissatisfied
- ⑤ Very Dissatisfied

Provider Education and Training (including cultural competency trainings)

18. How satisfied are you with the following:

Please mark "N/A" if you've never used the service.

	①	②	③	④	⑤	N/A
Provider orientation and training process						
Information you received in the provider manual						
Educational trainings by [PLAN]						
Web-based provider portal						
Cultural Competency training materials and sessions						
Accessibility of state-required behavioral health training						
Provision of current Clinical Guidelines and Disease Management Protocols						

19. How would you describe the education provided to you by [PLAN] on data collection and reporting to maximize your HEDIS performance?

- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor
- ⑥ N/A

20. Would you like to attend future educational meetings or webinars offered by [PLAN]?

- ① Yes
- ② No (Why not?) _____

21. Which of the following topics would you like to receive more information on? (Mark all that apply)

- ① Member benefits and eligibility verification
- ② Member Clinical Summary reports
- ③ Panel Rosters reports
- ④ Requests for prior authorization
- ⑤ Member Care Gap reports
- ⑥ Claims status
- ⑦ Referral submission or inquiry
- ⑧ Other (please specify): _____

**Claims Processing / Claims Reimbursement /
Finance Issues / Resolution to Provider
Complaints / Disputes**

22. Please rate your experience with [PLAN]'s performance in the following areas:

Please mark "N/A" if you've never used the service.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
Timeliness of claims processing	1	2	3	4	5	N/A
Accuracy of claims processing	1	2	3	4	5	N/A
Claims reimbursement process	1	2	3	4	5	N/A
Consistency of reimbursement fees with your contract rates	1	2	3	4	5	N/A
Complaint and appeals process	1	2	3	4	5	N/A
Timeliness of claims appeals process	1	2	3	4	5	N/A
Resolution of claims payment problems or disputes	1	2	3	4	5	N/A
Communication of the outcome of claims appeals	1	2	3	4	5	N/A

23. Please rate your satisfaction with the provider complaint systems.

- ① Very Satisfied
- ② Somewhat Satisfied
- ③ Neither
- ④ Somewhat Dissatisfied
- ⑤ Very Dissatisfied

Network / Coordination of Care / Case Management

24. Please rate [PLAN] in the following service areas when compared to your experience with Louisiana Medicaid managed care organizations you work with.

Please mark "N/A" if you've never used the service.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
The number of specialists in [PLAN]'s provider network	1	2	3	4	5	N/A
The quality of specialists in [PLAN]'s provider network	1	2	3	4	5	N/A
The timeliness of feedback/reports from specialists in [PLAN]'s provider network	1	2	3	4	5	N/A
The usefulness of feedback/reports from specialists in [PLAN]'s provider network	1	2	3	4	5	N/A
Availability of medical specialists to accommodate your referrals within a reasonable number of days	1	2	3	4	5	N/A
Timeliness of getting tests scheduled	1	2	3	4	5	N/A
Coordination of step-down services	1	2	3	4	5	N/A
Ability to provide services to children with special healthcare needs	1	2	3	4	5	N/A
Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient, when needed	1	2	3	4	5	N/A
Ability to coordinate rehabilitation services when needed	1	2	3	4	5	N/A
Ability to arrange for non-emergency hospital admissions when needed	1	2	3	4	5	N/A
Ability to make referrals to specialists and ancillary services when needed	1	2	3	4	5	N/A
Ability to prescribe medications that provide for the best possible care	1	2	3	4	5	N/A

25. How does [PLAN]'s continuity of care and coordination of care compare to Louisiana Medicaid managed care organizations?

- ① Much Better
- ② Better
- ③ Same As
- ④ Worse
- ⑤ Much Worse
- ⑥ N/A

26. Please rate your experience with [PLAN]'s coordination of medical health care services in the following domains:

Please mark "N/A" if you've never used the service.

	Very Dissatisfied	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Very Satisfied	N/A
Timeliness	1	2	3	4	5	N/A
Accuracy	1	2	3	4	5	N/A
Clarity	1	2	3	4	5	N/A
Sufficiency of information to coordinate care	1	2	3	4	5	N/A

27. Please rate your experience with [PLAN]'s coordination of behavioral health care services in the following domains:

Please mark "N/A" if you've never used the service.

	Very Dissatisfied	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Very Satisfied	N/A
Timeliness	1	2	3	4	5	N/A
Accuracy	1	2	3	4	5	N/A
Clarity	1	2	3	4	5	N/A
Sufficiency of information to coordinate care	1	2	3	4	5	N/A

28. Please rate your experience with [PLAN]'s Disease/Case Management Programs:

Please mark "N/A" if you've never used the service.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
Usefulness of the overall program in the following areas:						
Telephonic assistance provided by staff	1	2	3	4	5	N/A
Member interventions by staff	1	2	3	4	5	N/A
Written program materials	1	2	3	4	5	N/A
Communications provided by case managers	1	2	3	4	5	N/A
Helpfulness of care management staff providing services	1	2	3	4	5	N/A
Effectiveness of care management programs for members	1	2	3	4	5	N/A
Quality of case management services regarding continuity and coordination of care	1	2	3	4	5	N/A
Alternative care and community resource options offered by the case managers	1	2	3	4	5	N/A
Availability of disease management and health education programs for members	1	2	3	4	5	N/A
[PLAN]'s facilitation/support of appropriate clinical care for patients	1	2	3	4	5	N/A

29. Would you recommend the [PLAN] Disease/Case Management Programs to other providers?

- ① Yes
- ② No
- ③ N/A

30. How does the [PLAN] Disease/Case Management Program compare to Louisiana Medicaid managed care organizations?

- ① Much Better
- ② Better
- ③ Same As
- ④ Worse
- ⑤ Much Worse
- ⑥ N/A

No-Show Appointments

31. Do you have an issue with members not showing up for their appointments?

- ① Yes
- ② No

32. Do you remind members prior to their appointments to minimize No-show appointments?

- ① Always
- ② Sometimes
- ③ No (Skip to Question 34)

33. What method do you use to remind members of their appointments? (Mark all that apply)

- ① Phone call
- ② Text
- ③ Email
- ④ U.S. mail
- ⑤ Other (please specify):

Customer Service / Provider Relations

34. Do you have a Provider Relations representative from [PLAN] assigned to your organization?

- ① Yes
- ② No (Skip to Question 36)
- ③ Not sure (Skip to Question 36)

35. Please rate your experience with the following:

Please mark "N/A" if you've never used the service.

Provider Relations representative's ability to answer questions and resolve problems

Responsiveness and courtesy of your Provider Relations representative

36. Please rate your experience with the following:

Please mark "N/A" if you've never used the service.

Quality of written communications, policy bulletins, and manuals

Relevance of written communications, policy bulletins, and manuals

Timeliness of written communications, policy bulletins, and manuals

Timeliness to answer questions and/or resolve problems

Relevance of provider education meetings/in-services

Assistance provided by toll-free Interactive Voice Response system (IVR)

Helpfulness of the Provider Administrative Guide/Manual

Access to Provider Relations staff

Helpfulness of Provider Relations staff

Utilization Management (including medical reviews and support towards patient-centered medical home implementation)

37. Please rate your experience with the following:

Please mark "N/A" if you've never used the service.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	N/A
Process of obtaining pre-certification/referral/authorization information	1	2	3	4	5	N/A
Timeliness of obtaining pre-certification/referral/authorization information	1	2	3	4	5	N/A
Phone access to UM staff	1	2	3	4	5	N/A
Extent to which UM staff share review criteria and reasons for adverse determinations	1	2	3	4	5	N/A
Timeliness of UM appeals process	1	2	3	4	5	N/A
Timeliness of resolution requiring Medical Director intervention	1	2	3	4	5	N/A
Knowledge and accuracy of credentialing staff responses to your inquiries	1	2	3	4	5	N/A
Support towards Patient-Centered Medical Home (PCMH) implementation	1	2	3	4	5	N/A
Medical record review process	1	2	3	4	5	N/A

38. Please rate your satisfaction with the following:

Please mark "N/A" if you've never used the service.

	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied	N/A
Efficiency of [PLAN] Utilization Management process overall	1	2	3	4	5	N/A
Timeliness of the [PLAN] Medical Director's response to your concerns	1	2	3	4	5	N/A
Access to knowledgeable UM staff	1	2	3	4	5	N/A
Consistency of review decisions	1	2	3	4	5	N/A
Clinical appropriateness of utilization review decisions	1	2	3	4	5	N/A
Access to Case/Care Managers from [PLAN]	1	2	3	4	5	N/A
Degree to which [PLAN] covers and encourages preventive care and wellness	1	2	3	4	5	N/A

Call Center

39. Please rate [PLAN] in the following service areas when compared to your experience with Louisiana Medicaid managed care organizations you work with.

Please mark "N/A" if you've never used the service.

	Much Better	Better	Same As	Worse	Much Worse	N/A
Ease of reaching [PLAN] call center staff over the phone	1	2	3	4	5	N/A
Process of obtaining member information (eligibility, benefit coverage, co-pay amounts)	1	2	3	4	5	N/A
Helpfulness of [PLAN] call center staff in obtaining referrals for patients in your care	1	2	3	4	5	N/A
Overall satisfaction with [PLAN] call center service	1	2	3	4	5	N/A

Overall Satisfaction

40. Please rate your overall satisfaction with [PLAN]:

- 1 Very Satisfied
- 2 Somewhat Satisfied
- 3 Neither
- 4 Somewhat Dissatisfied
- 5 Very Dissatisfied

41. How would you rate [PLAN] compared to all Louisiana Medicaid managed care organizations you contract with?

- 1 Much Better
- 2 Better
- 3 Same As
- 4 Worse
- 5 Much Worse
- 6 N/A

42. Would you recommend [PLAN] to other practitioners?

- 1 Yes
- 2 No

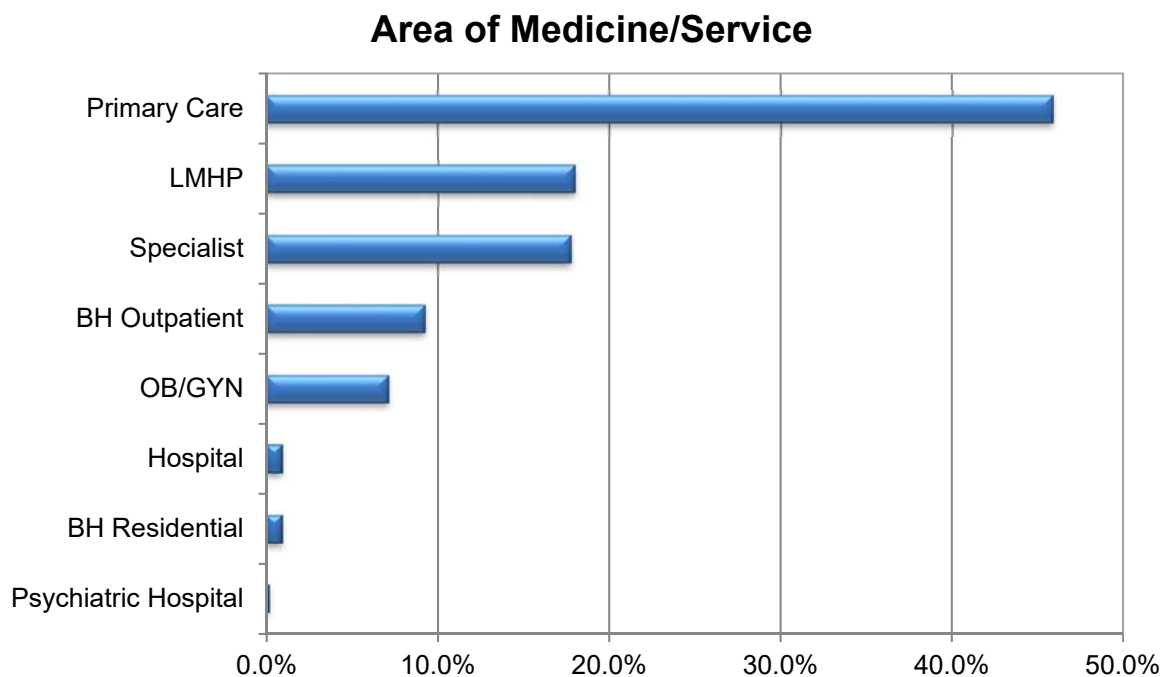
43. What can [PLAN] do to improve its service to your organization or better meet your needs? Please specify below.

Thank you for participating in this survey
 Please return the survey to IPRO in the enclosed postage-paid envelope at your earliest convenience

VI.Attachment 2: Results Dashboards

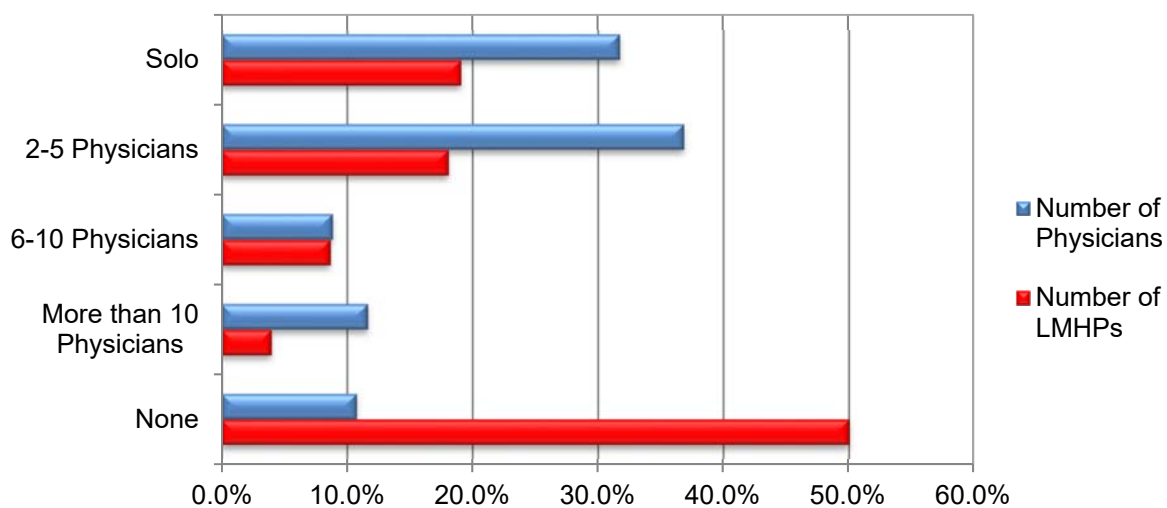
A. Statewide Results

Demographic Characteristics



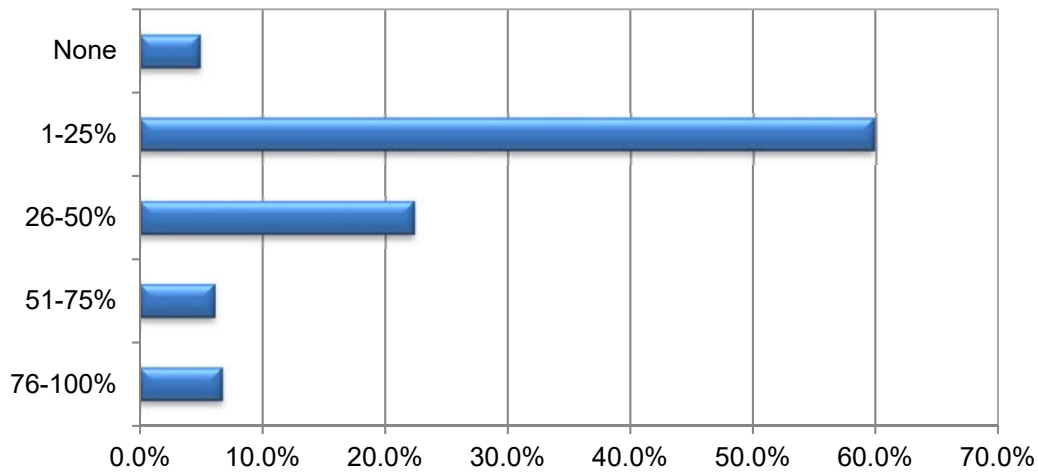
LMHP: Licensed Mental Health Practitioner; BH: Behavioral Health

Number of Physicians vs. Number of LMHPs

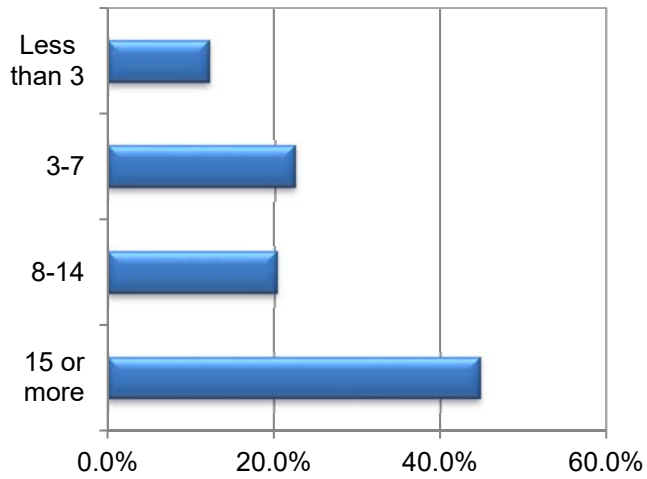


LMHPs: Licensed Mental Health Practitioners

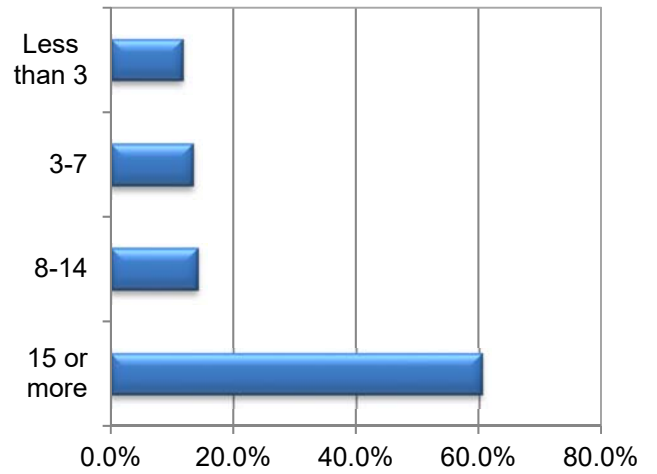
Portion of Managed Care Volume



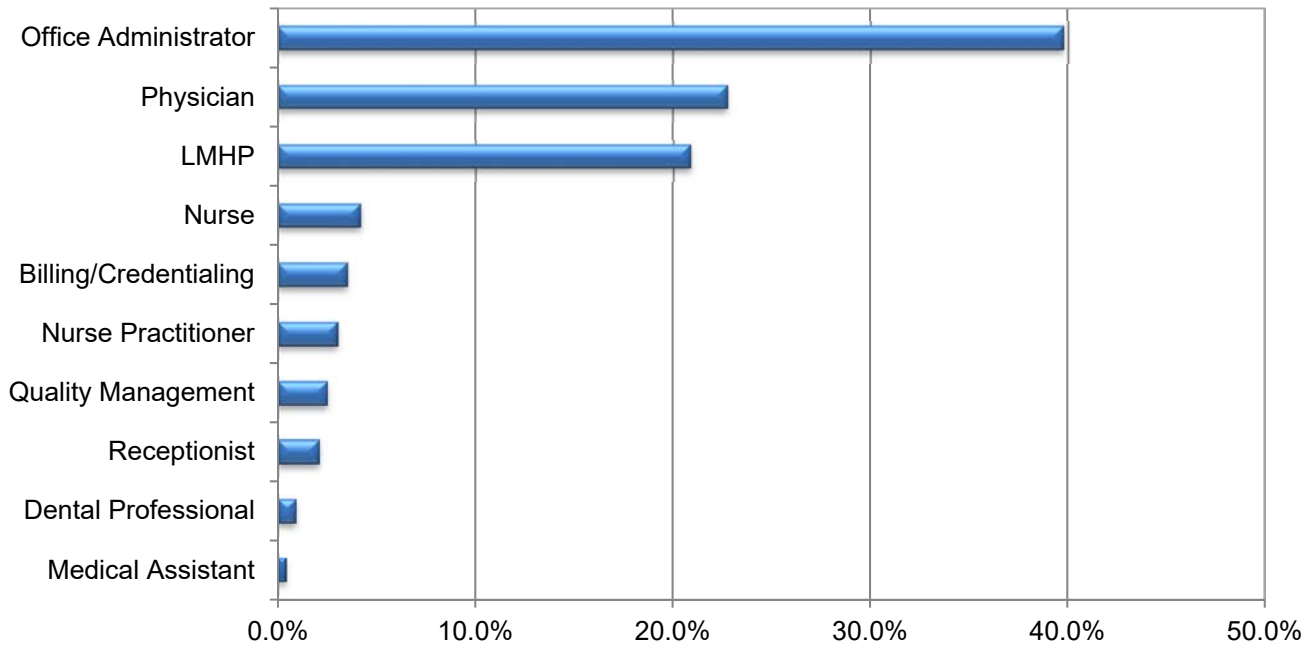
Years at Practice



Years at Facility



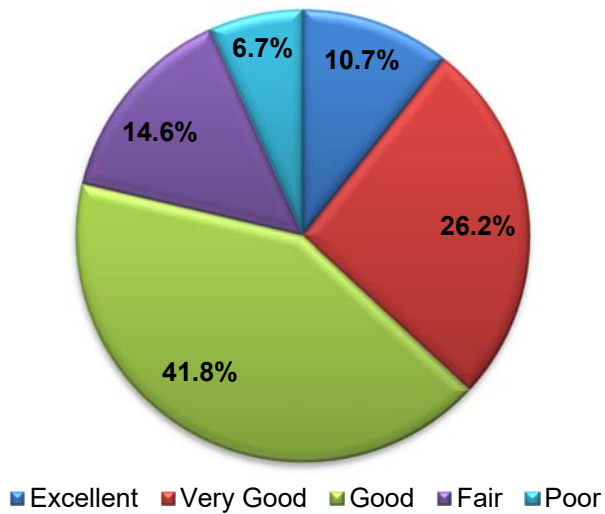
Who Completed the Survey



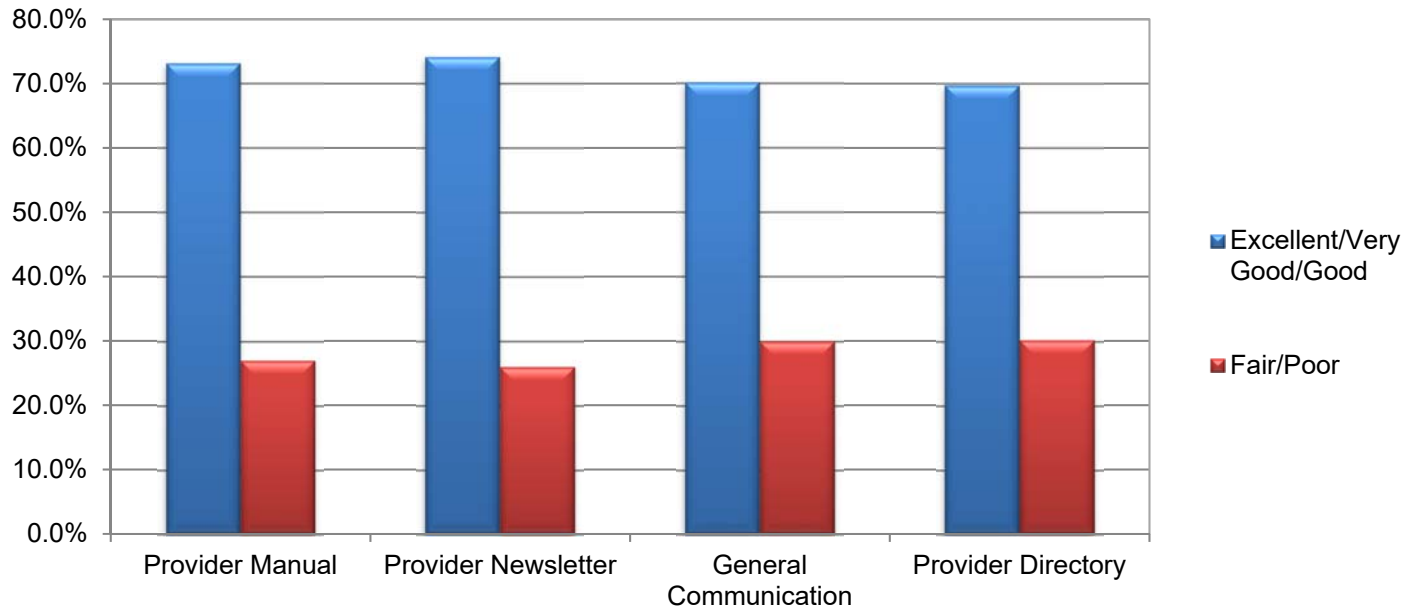
LMHP: Licensed Mental Health Practitioner

Provider Enrollment

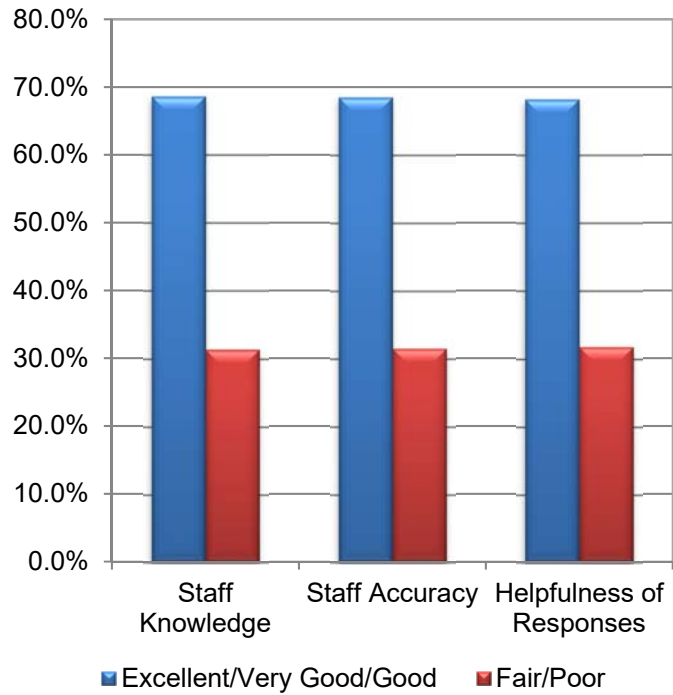
Overall Satisfaction with Provider Enrollment



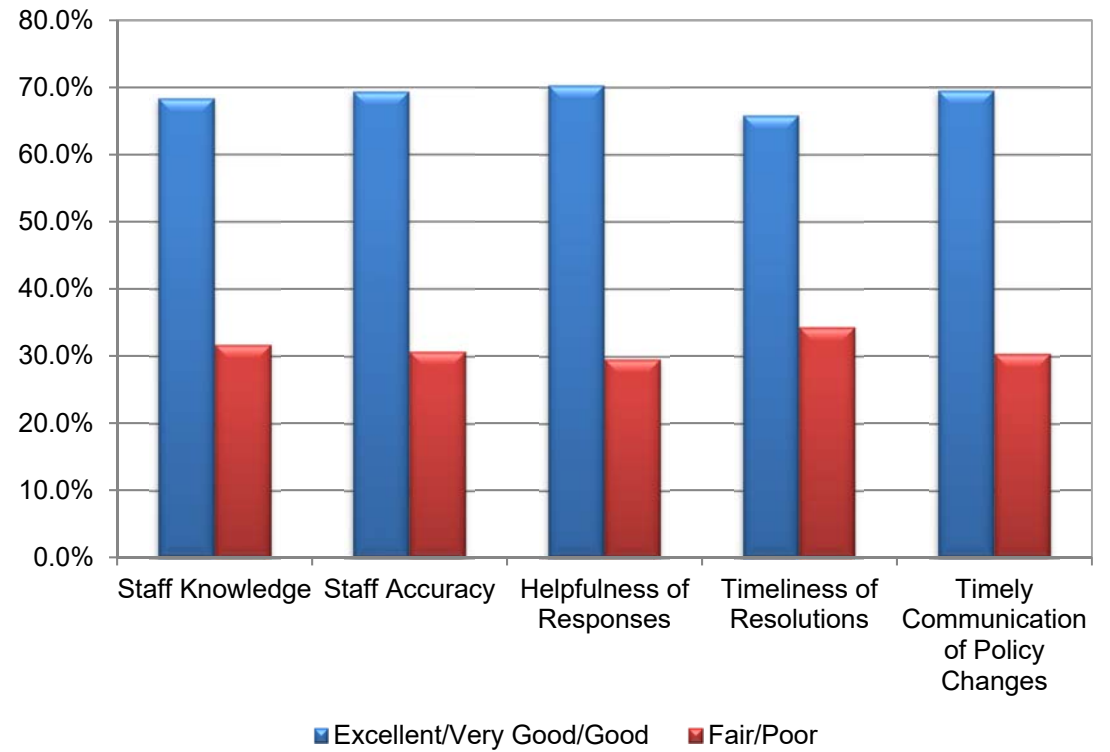
Quality/Effectiveness of MCO Materials



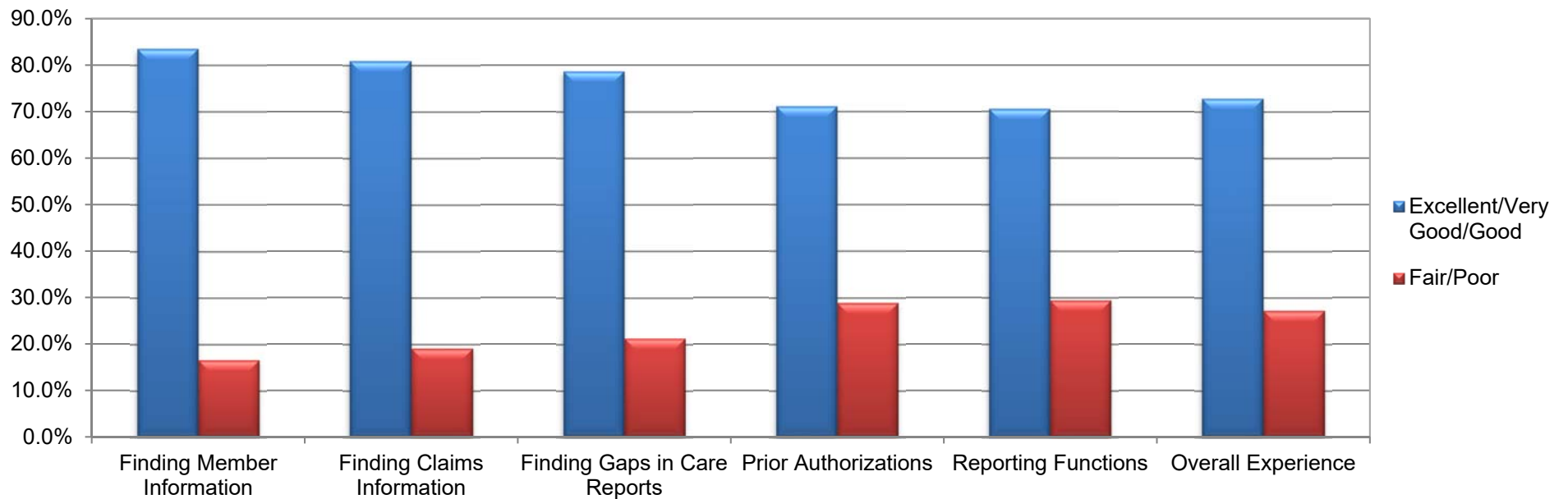
Experience with Contracting Department



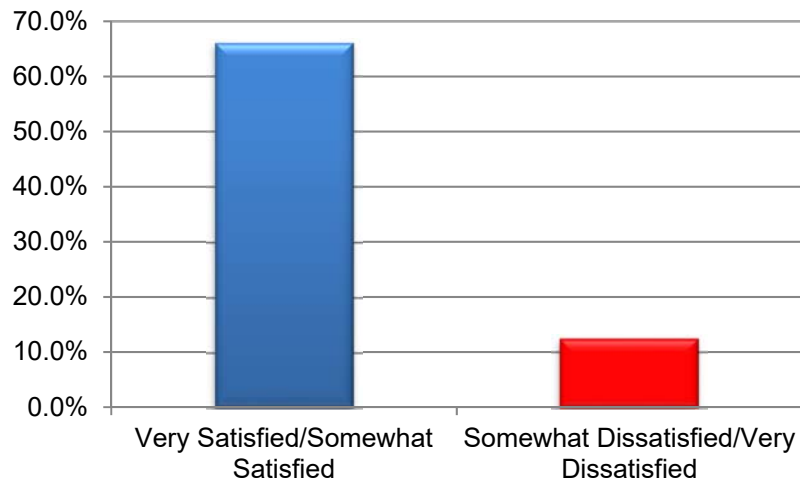
Experience with Claims Department



Experience with Provider Portal



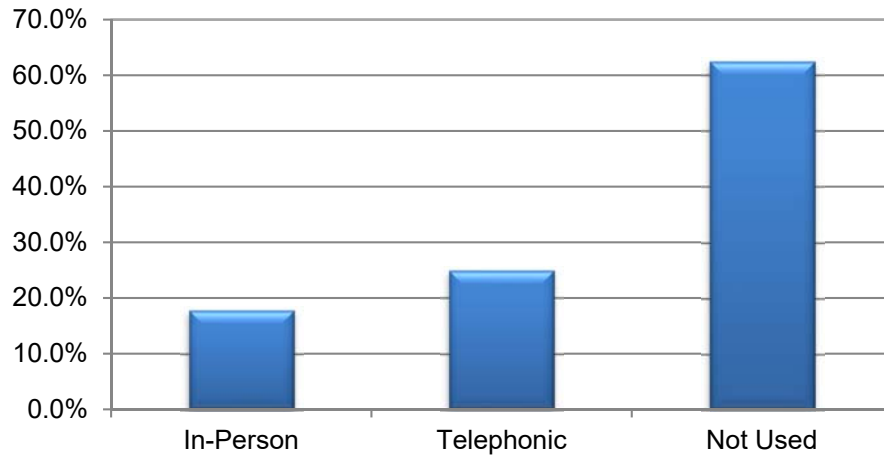
MCO Communication



Note that responses of "Neither" were not included in dichotomized results for this graph.

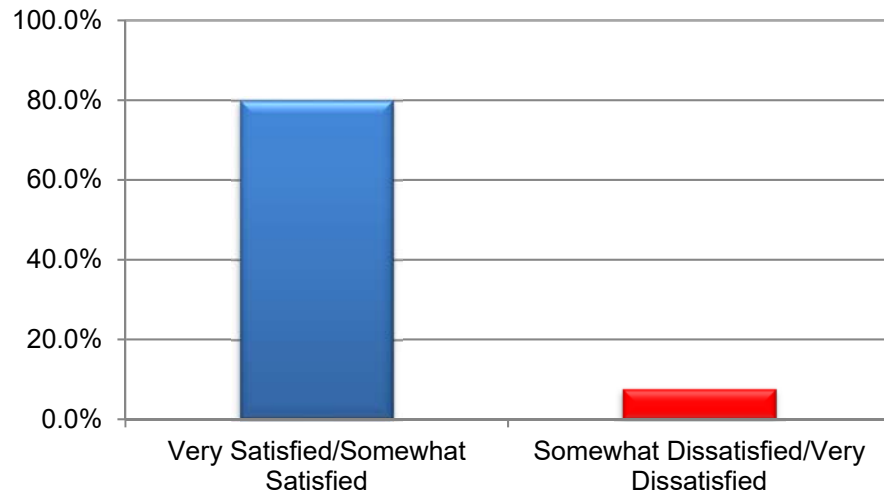
Access to Linguistic Assistance

Use of Translator Services¹



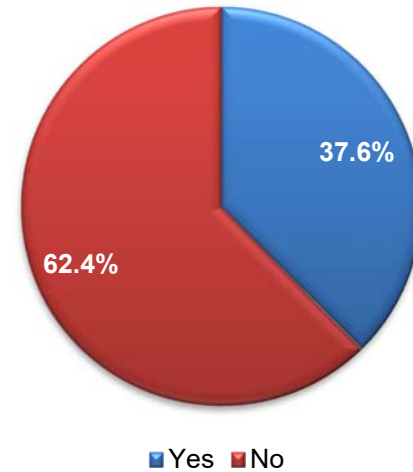
¹ Note that respondents were asked to mark all responses that applied.

Satisfaction with MCO Interpreter Service

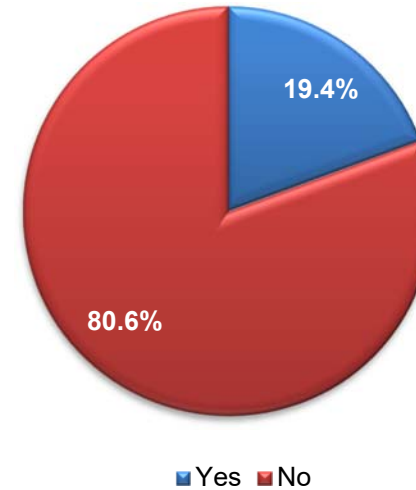


Note that responses of "Neither" were not included in dichotomized results for this graph.

Aware of MCO-Offered Interpreter Service

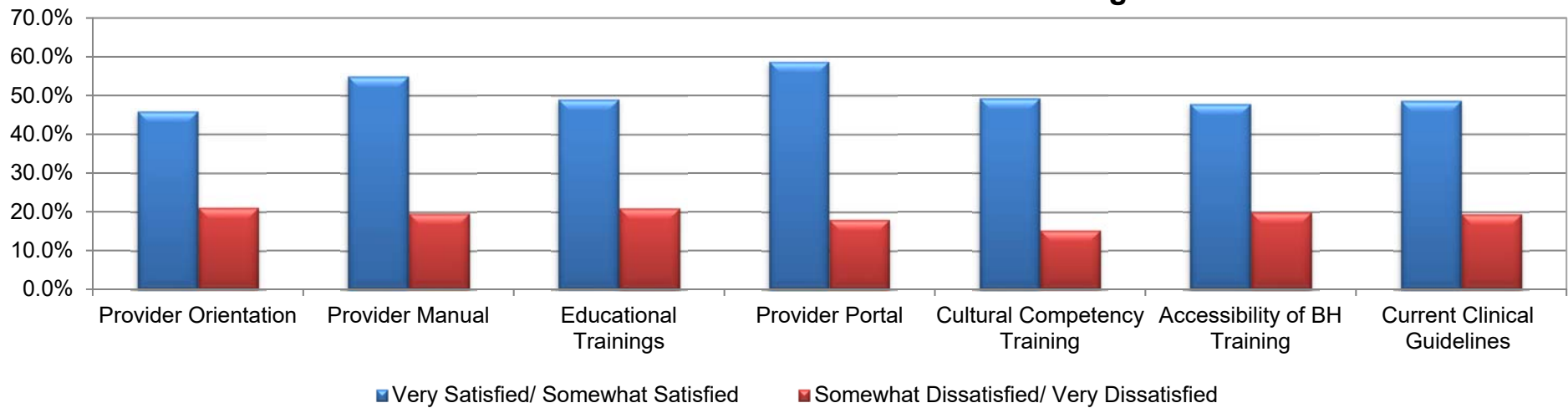


Use MCO Interpreter Service



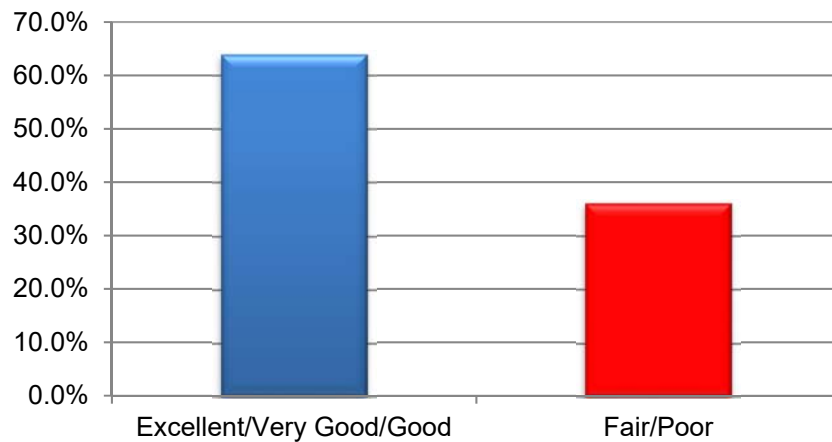
Provider Education and Training

Satisfaction with Provider Education/Training

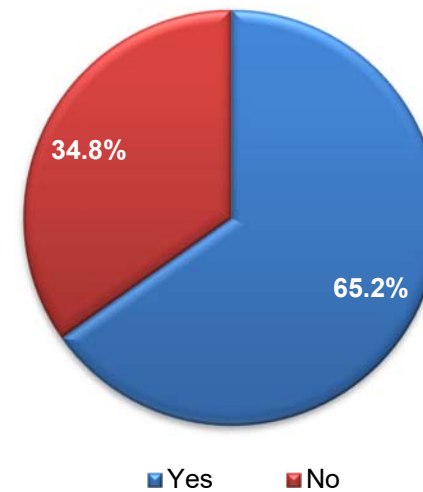


Note that responses of "Neither" were not included in dichotomized results for this graph.

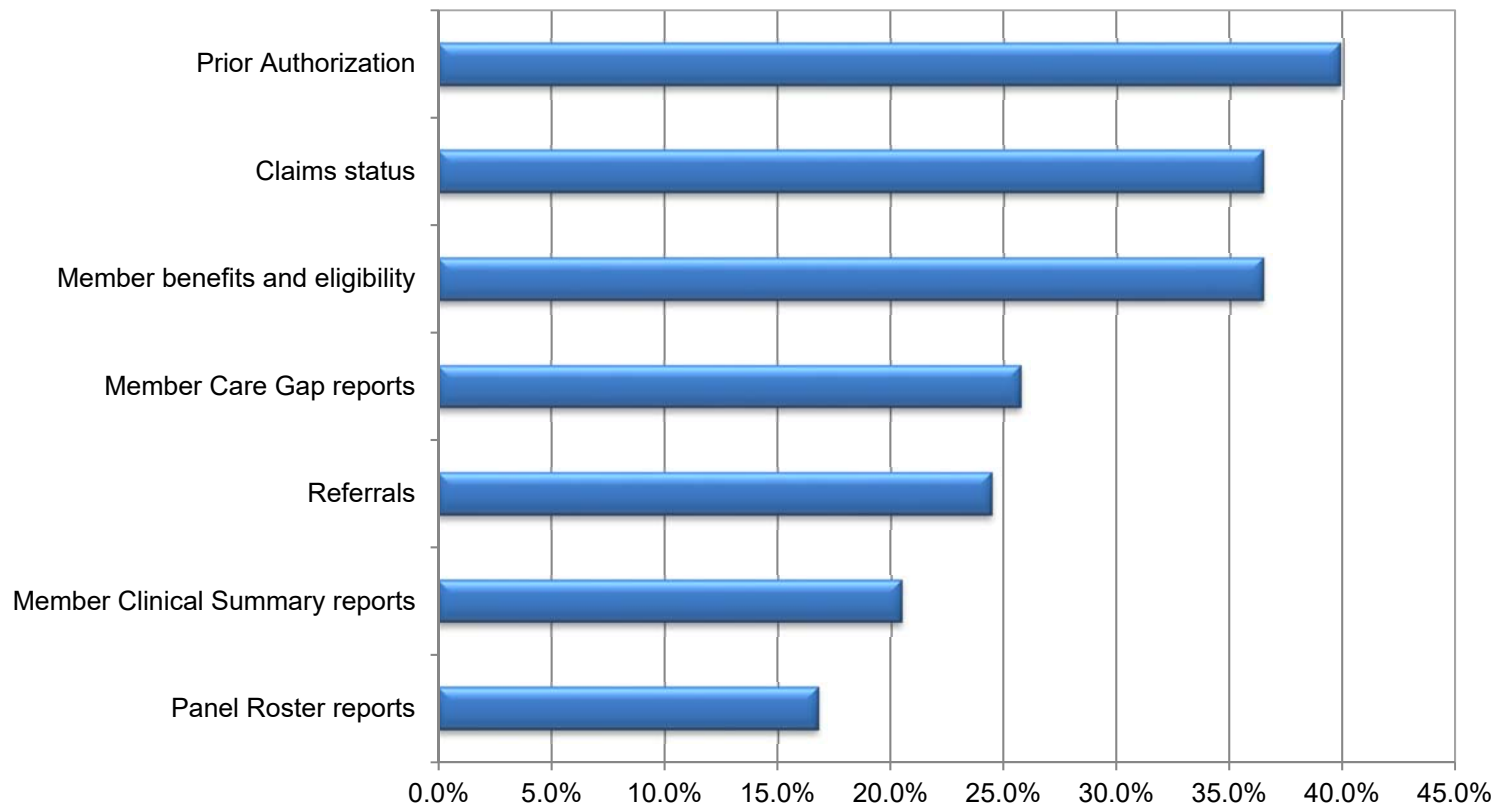
Education to Maximize HEDIS® Performance



Interest in Future Educational Sessions



Topics of Interest for Future Educational Sessions¹

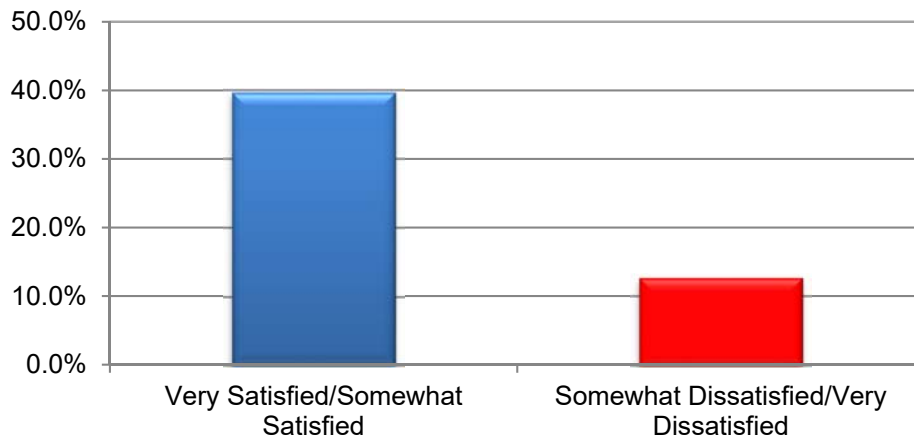


¹ Note that respondents were asked to mark all responses that applied.

Experience with MCO Claims and Appeals Processes

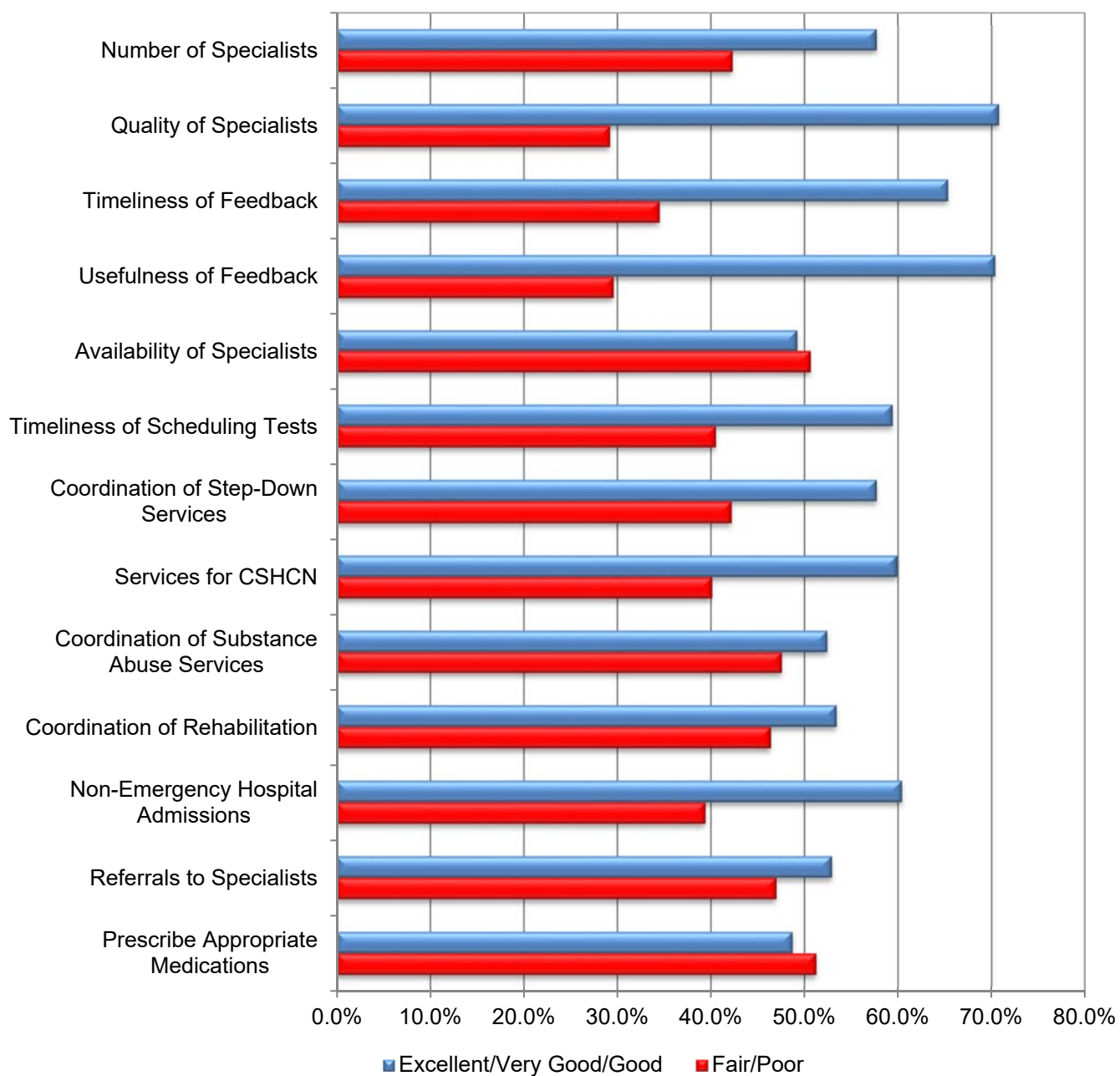


Satisfaction with Provider Complaint System



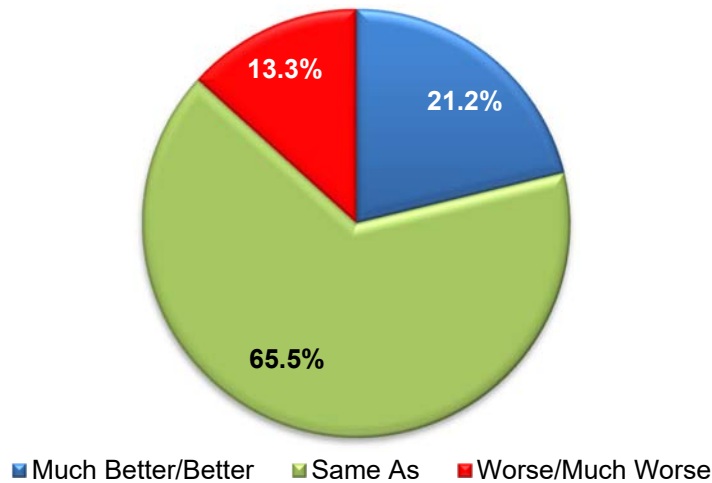
Note that responses of "Neither" were not included in dichotomized results for this graph

Experience with Provider Network

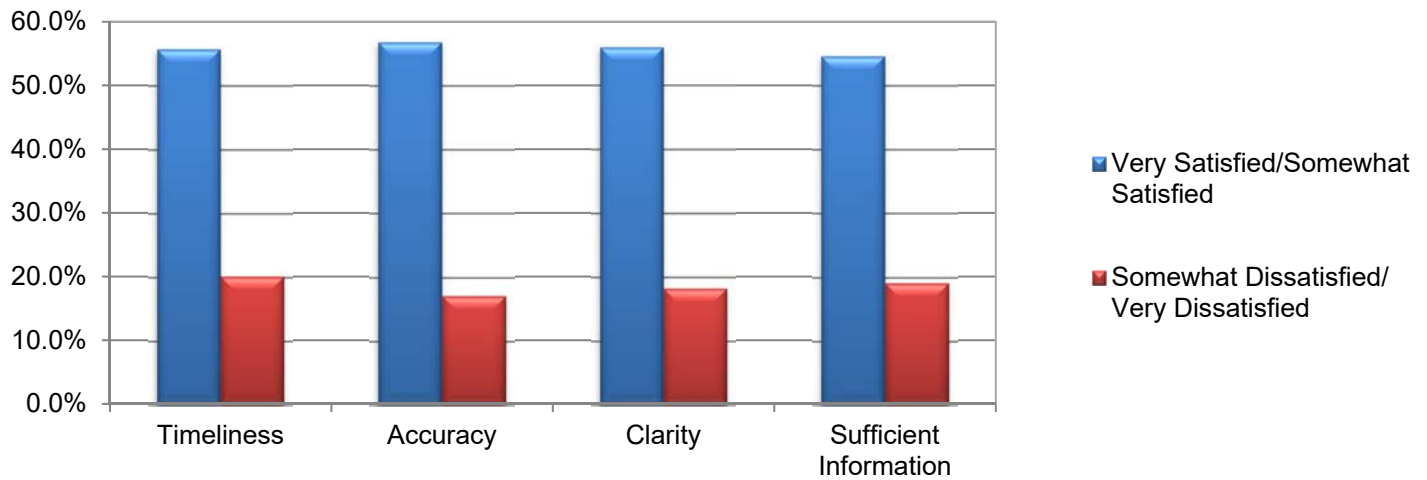


CSHCN: Children with Special Health Care Needs

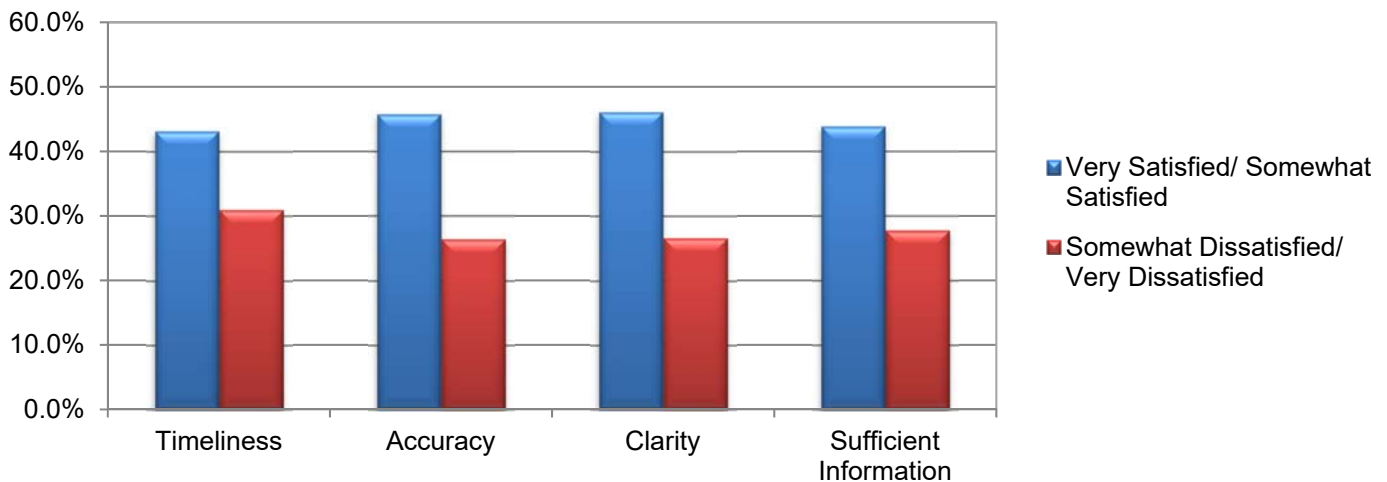
MCO Coordination of Care



Coordination of Medical Services

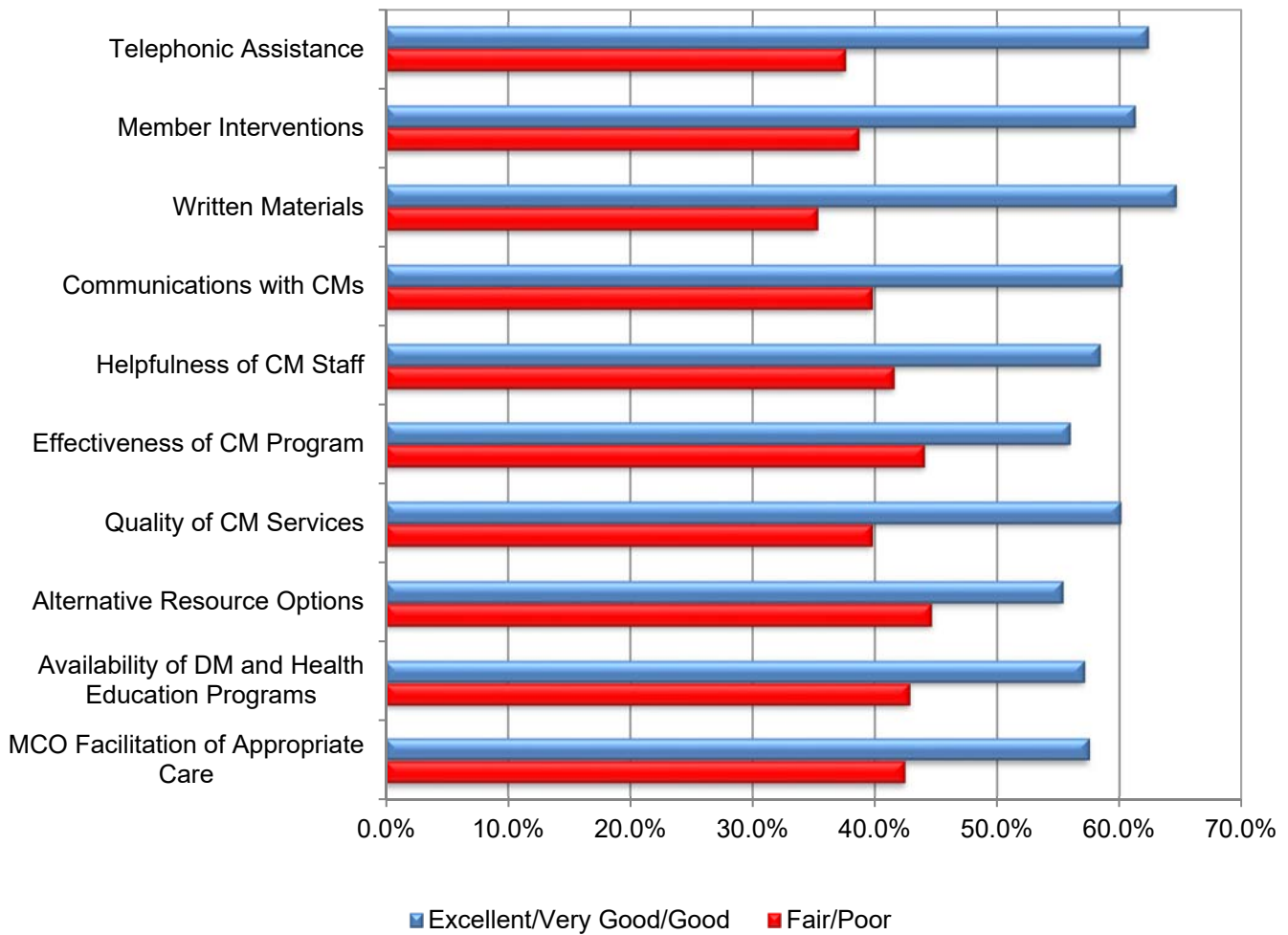


Coordination of Behavioral Health Services



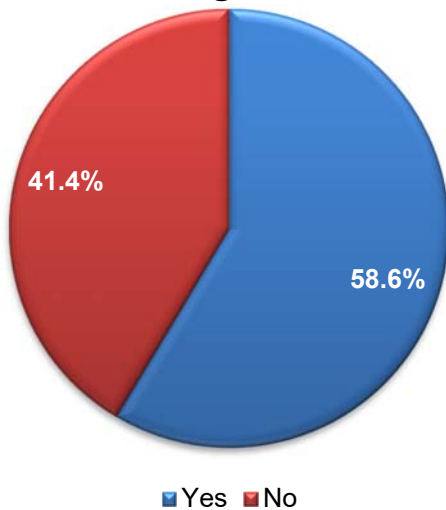
Note that responses of "Neither" were not included in dichotomized results for the two bar graphs.

Experience with Disease/Case Management Programs



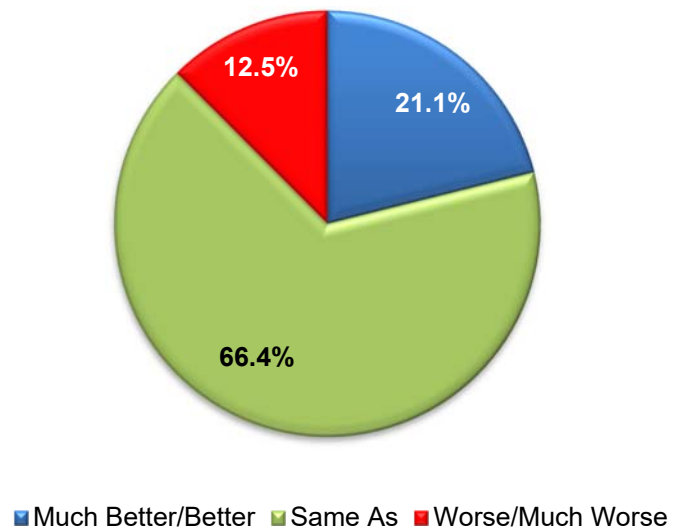
CM: Case/Care Management; DM: Disease Management

Recommend DM/CM Program



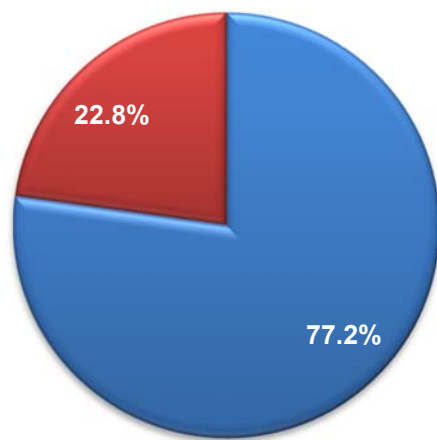
DM: Disease Management; CM: Case/Care Management

MCO Comparison



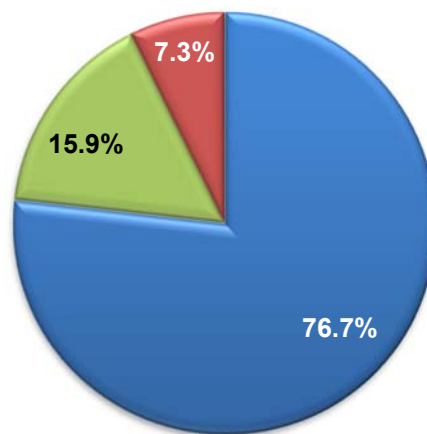
No-Show Appointments

No-Show Appointments



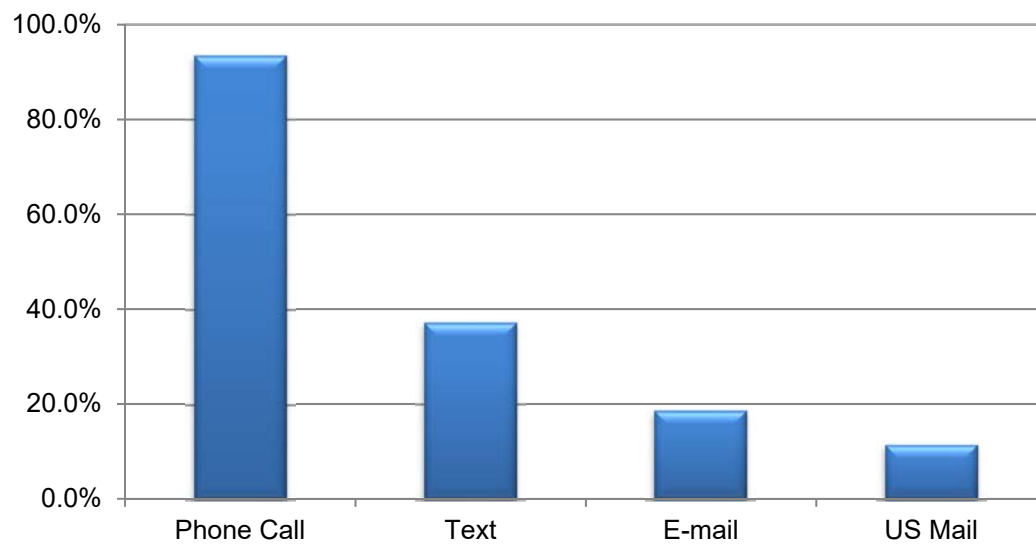
■ Yes ■ No

Remind Members of Appointments



■ Always ■ Sometimes ■ No

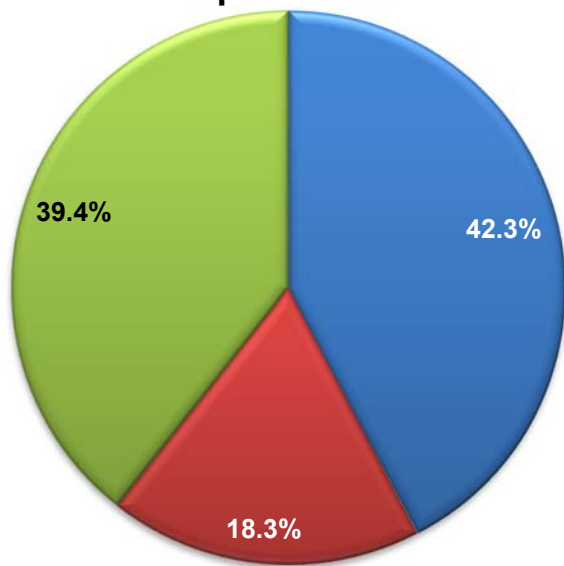
Method of Reminders¹



¹ Note that respondents were asked to mark all responses that applied.

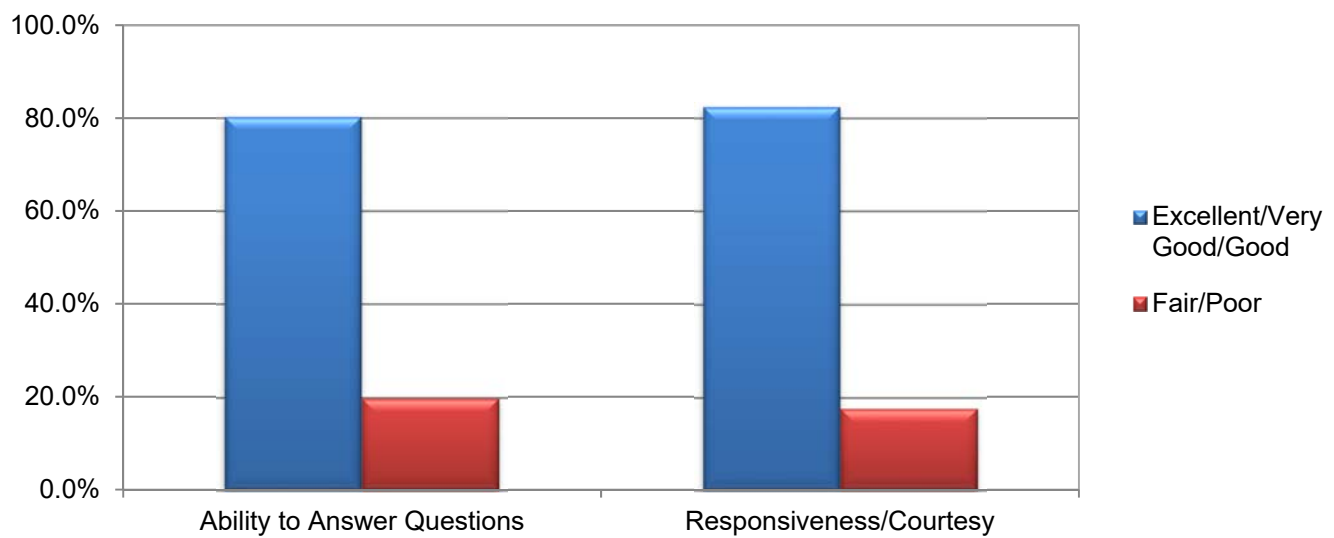
Customer Service and Provider Relations

Provider Relations Representative

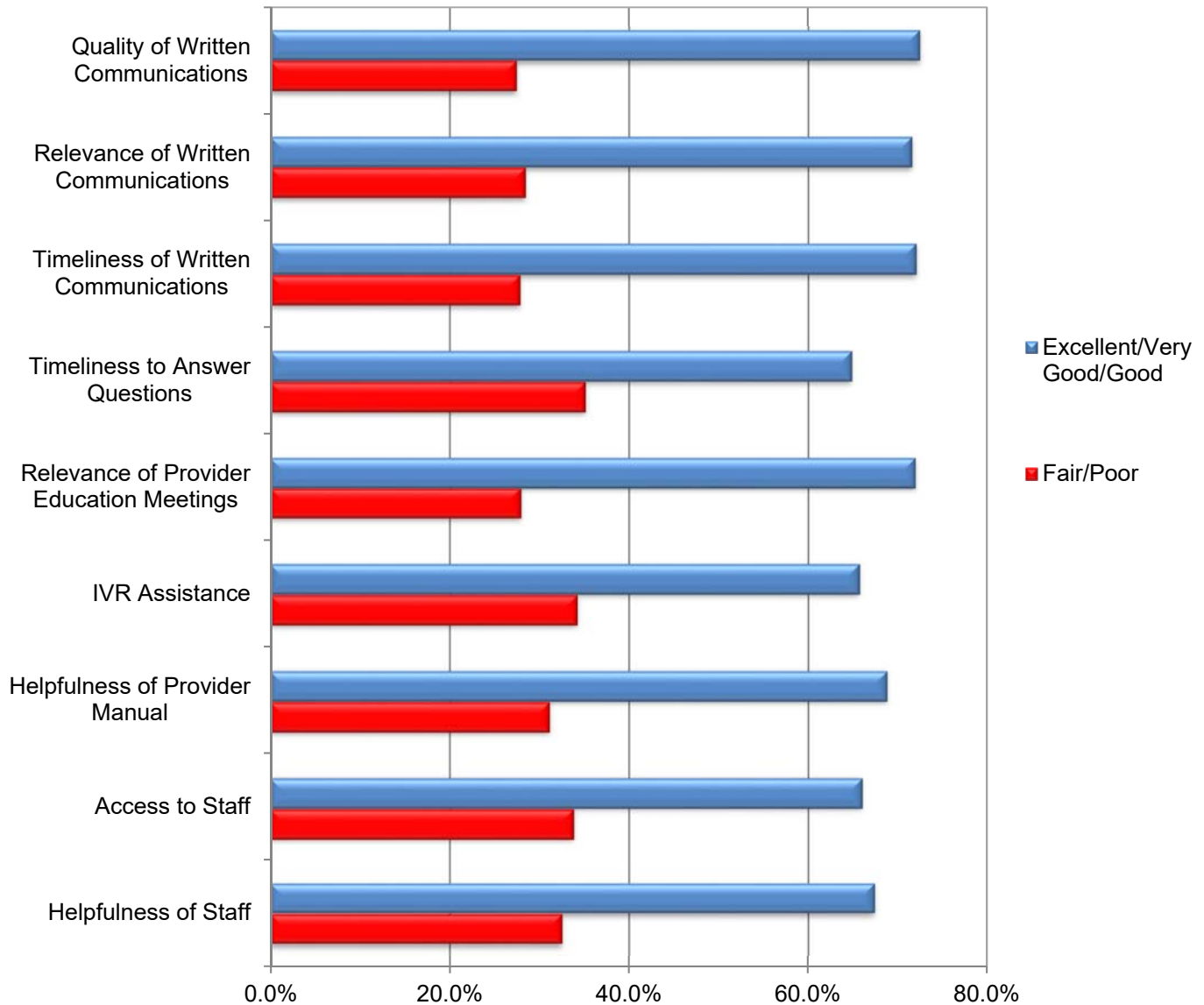


■ Yes ■ No ■ Not sure

Experience with Provider Relations Representative

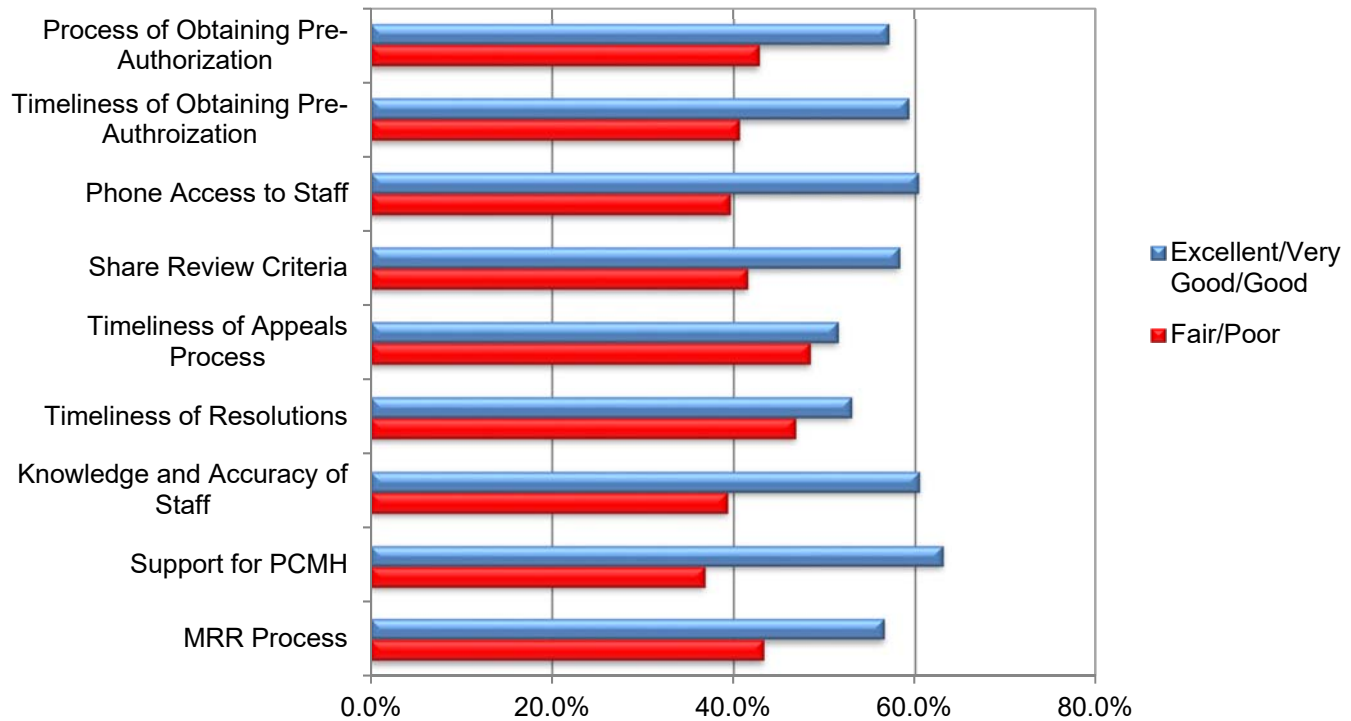


Experience with Customer Service and Provider Relations



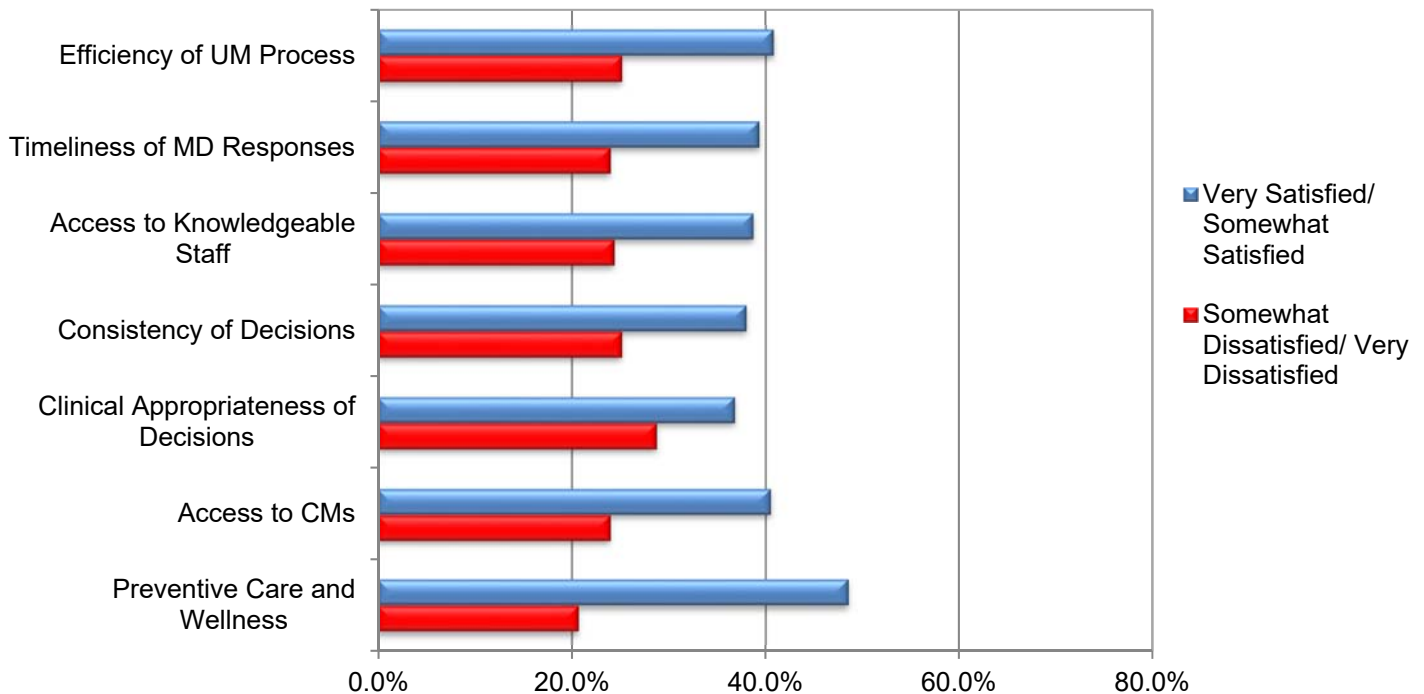
IVR: Interactive Voice Response

Experience with Utilization Management



PCMH: Patient-Centered Medical Home; MRR: Medical Record Review

Satisfaction with Utilization Management

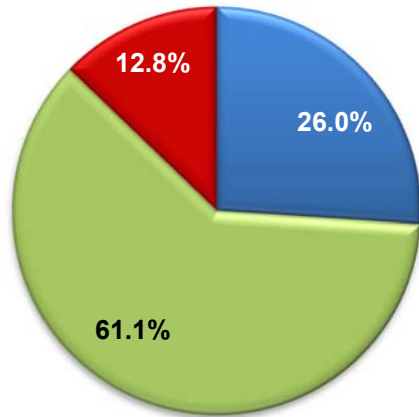


Note that responses of "Neither" were not included in dichotomized results for the two bar graphs.

UM: Utilization Management; MD: Medical Director; CMs: Case/Care Managers

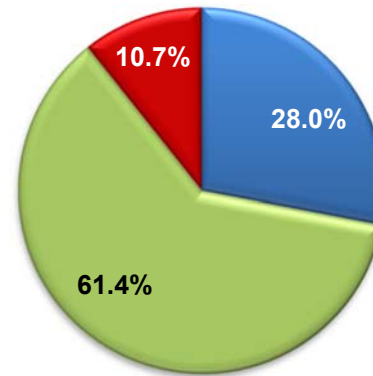
Call Center

Ease of Reaching Staff



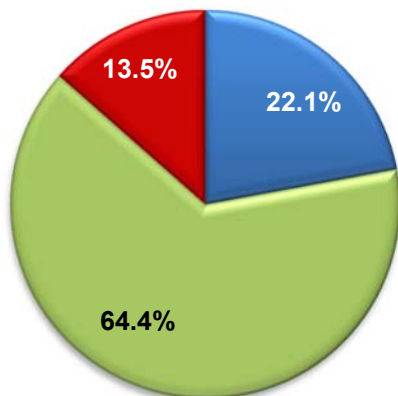
■ Much Better/Better ■ Same As ■ Worse/Much Worse

Obtaining Member Information



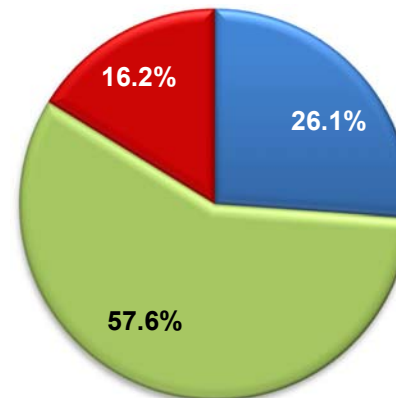
■ Much Better/Better ■ Same As ■ Worse/Much Worse

Helpfulness of Staff



■ Much Better/Better ■ Same As ■ Worse/Much Worse

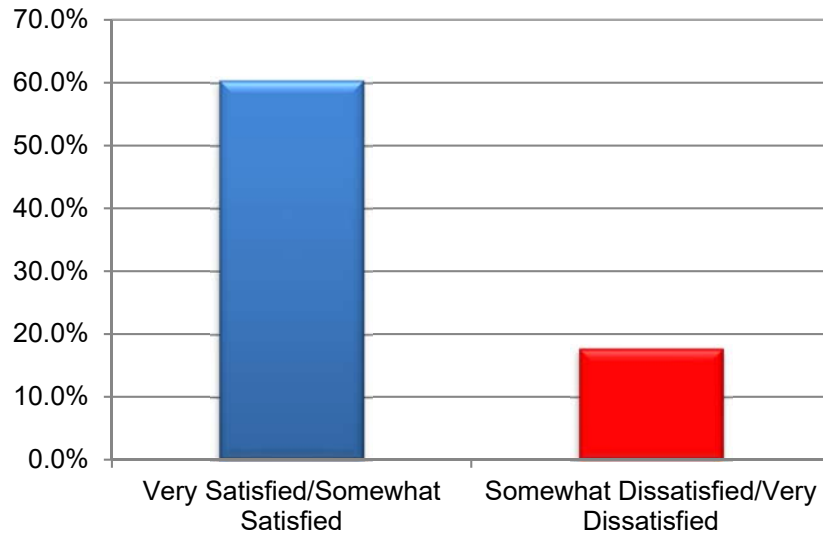
Overall Satisfaction



■ Much Better/Better ■ Same As ■ Worse/Much Worse

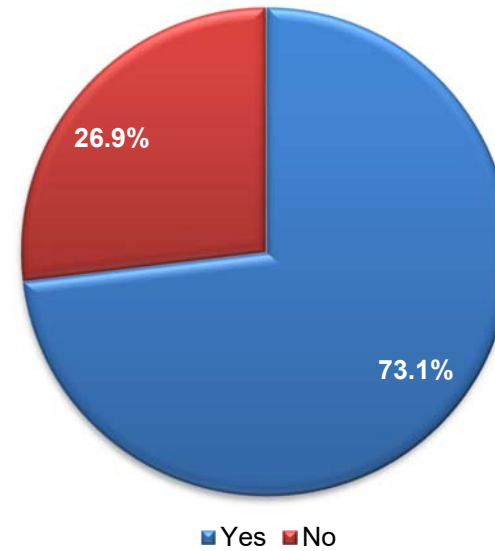
Overall Satisfaction

Overall Satisfaction with MCO

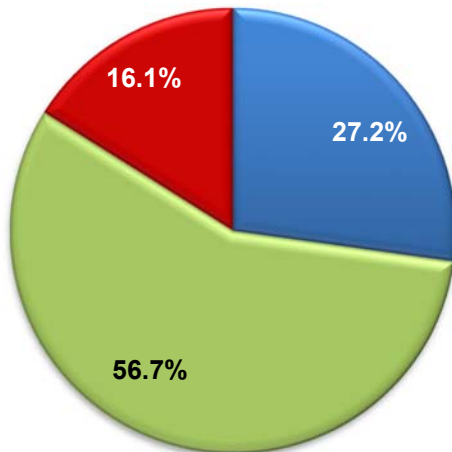


Note that responses of "Neither" were not included in dichotomized results for this graph.

Recommend MCO to Others



MCO Compared to Others

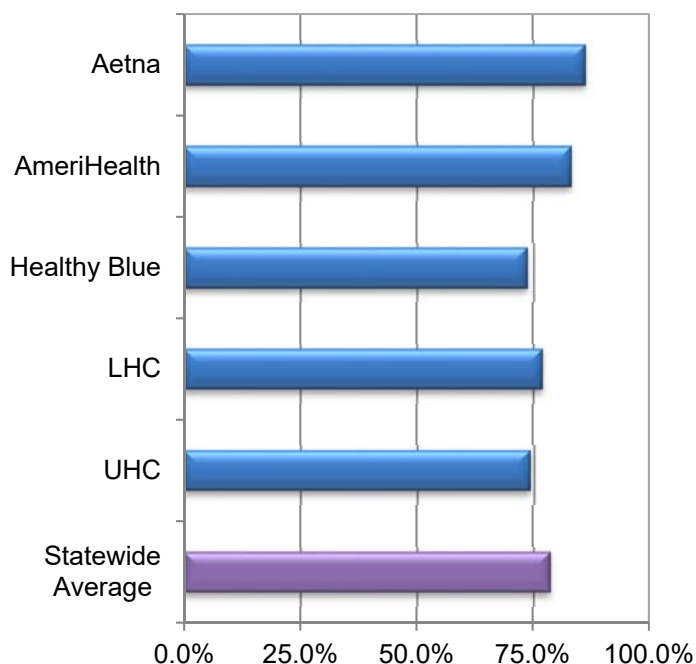


■ Much Better/Better ■ Same As ■ Worse/Much Worse

B. MCO Comparison

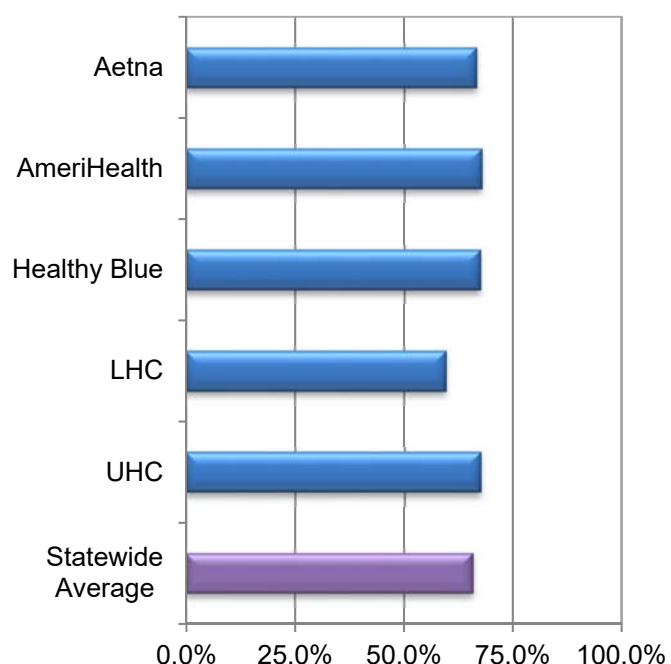
Provider Enrollment, Education, and Training

Satisfaction with Provider Enrollment Process



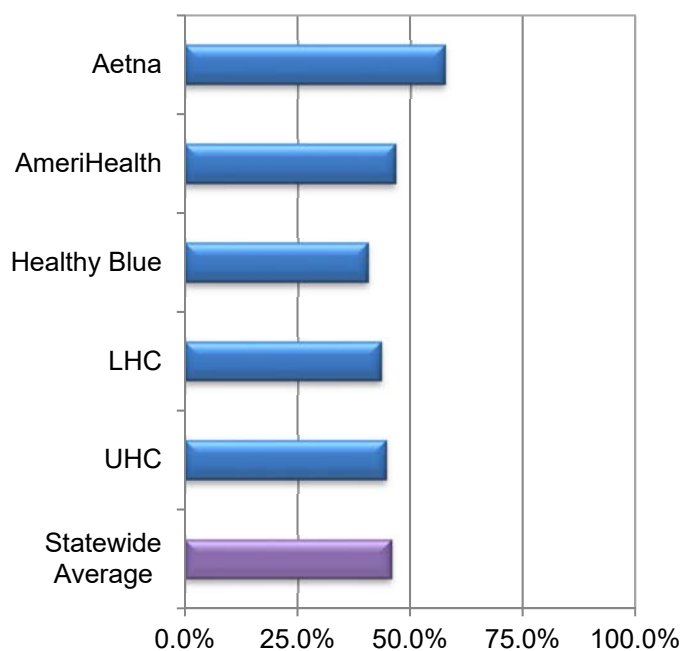
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Satisfaction with MCO Communication



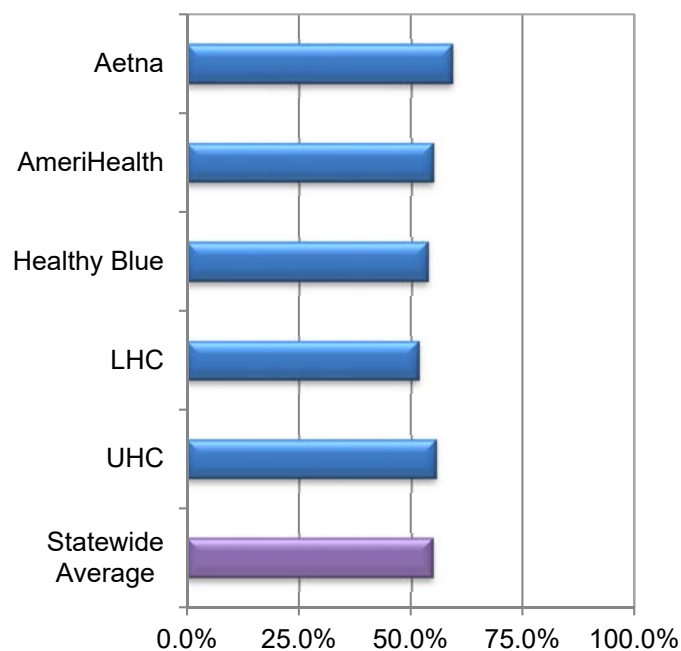
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Provider Orientation



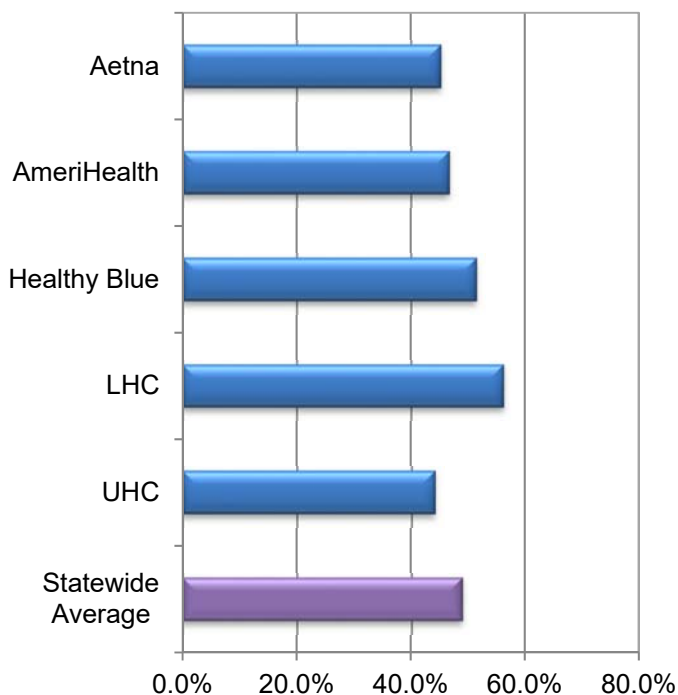
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Provider Manual



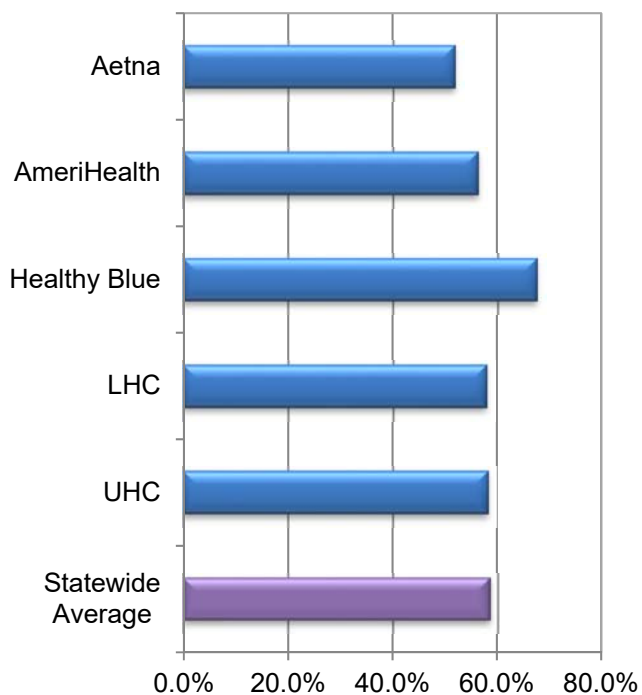
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Education/ Training



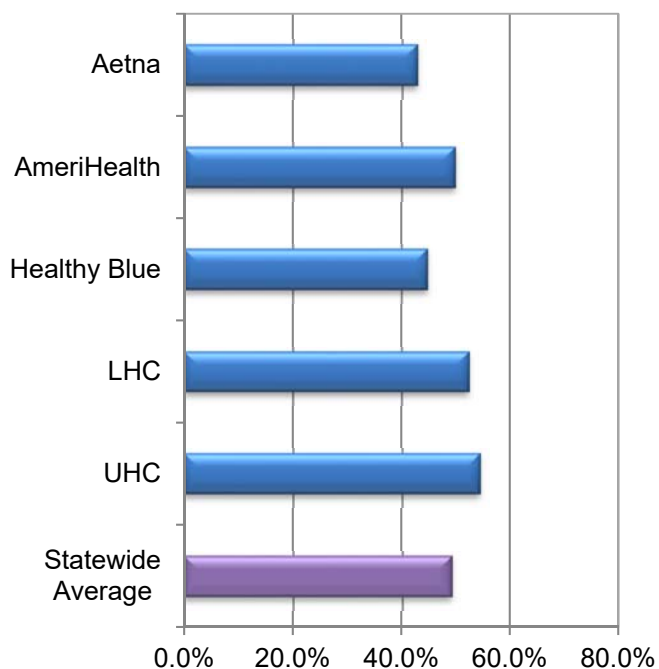
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Provider Portal



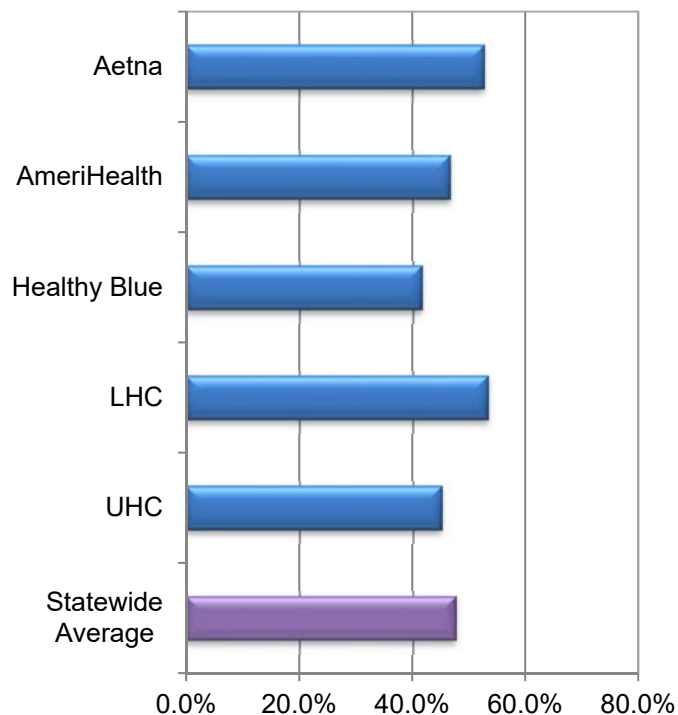
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Cultural Competency Training/ Materials



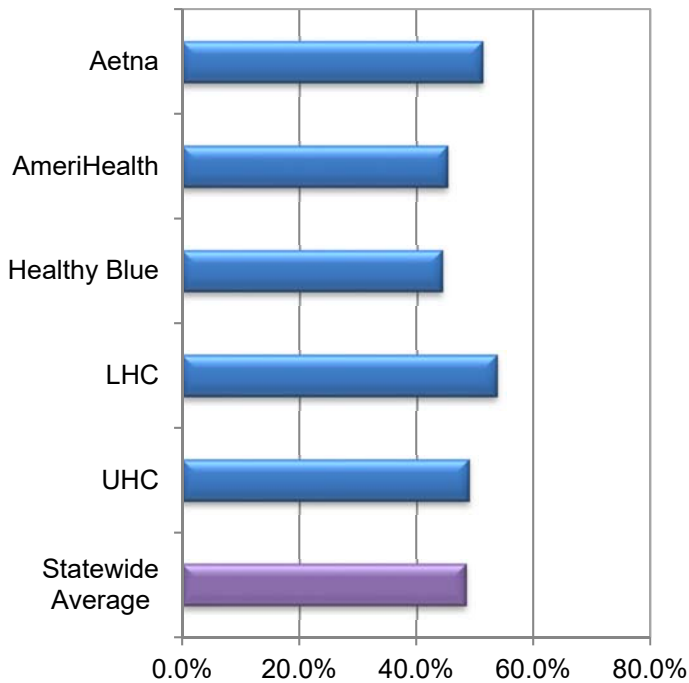
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Satisfaction with Access to Behavioral Health Training



Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

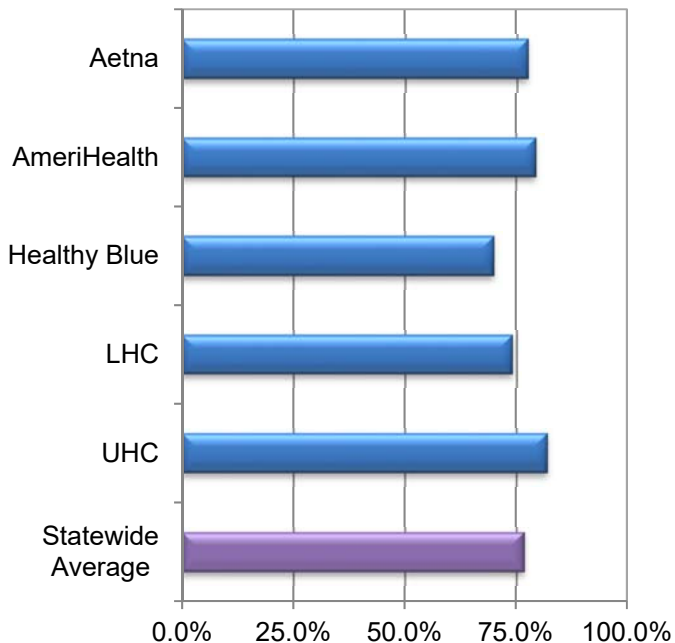
Provision of Clinical Guidelines



Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

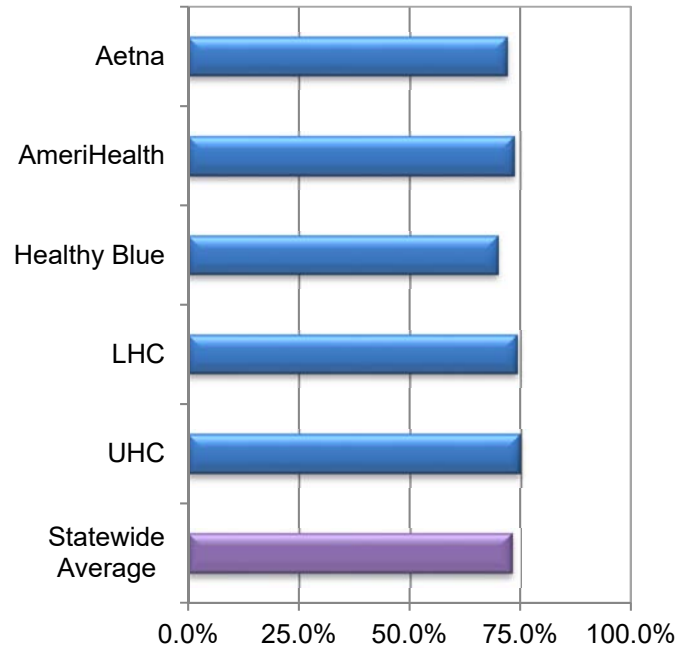
Claims Processing/Reimbursement and Provider Complaints

Timeliness of Claims Processing



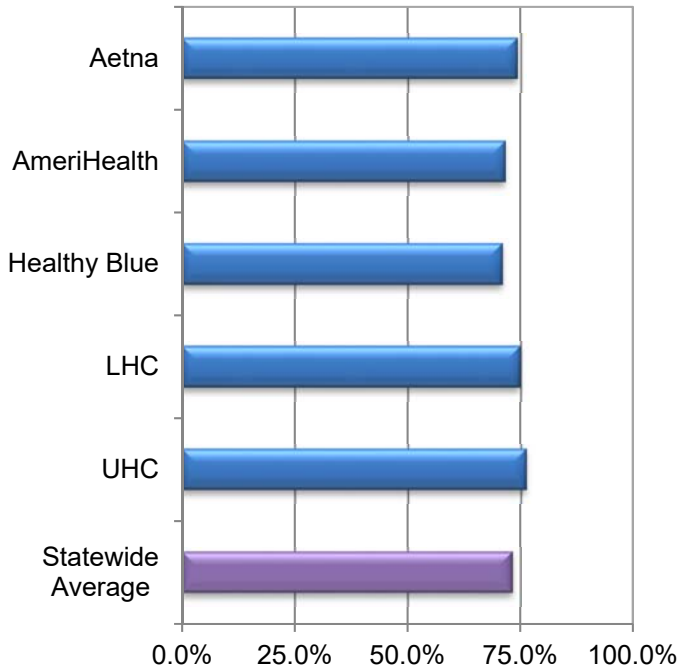
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Accuracy of Claims Processing



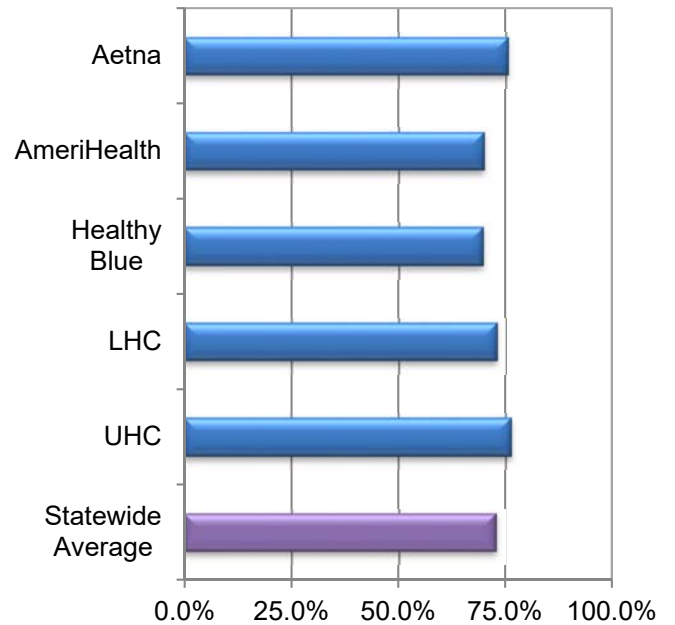
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Claims Reimbursement



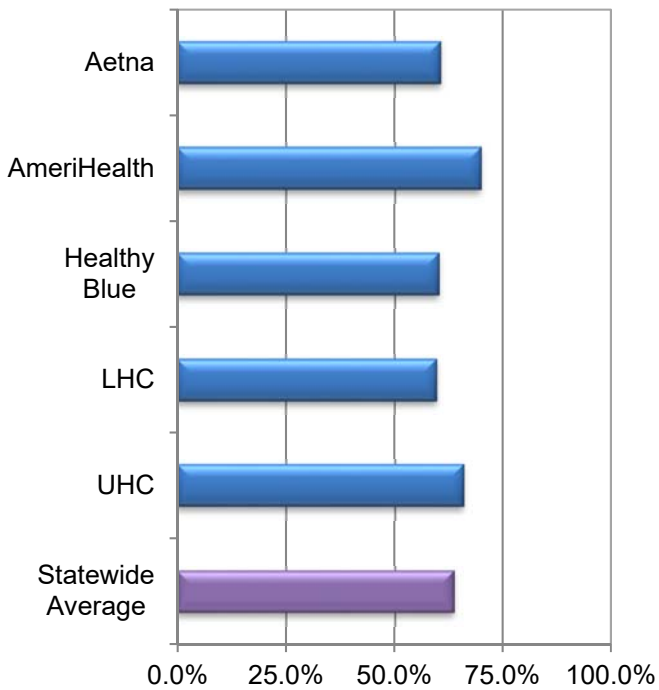
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Consistency of Reimbursement Fees



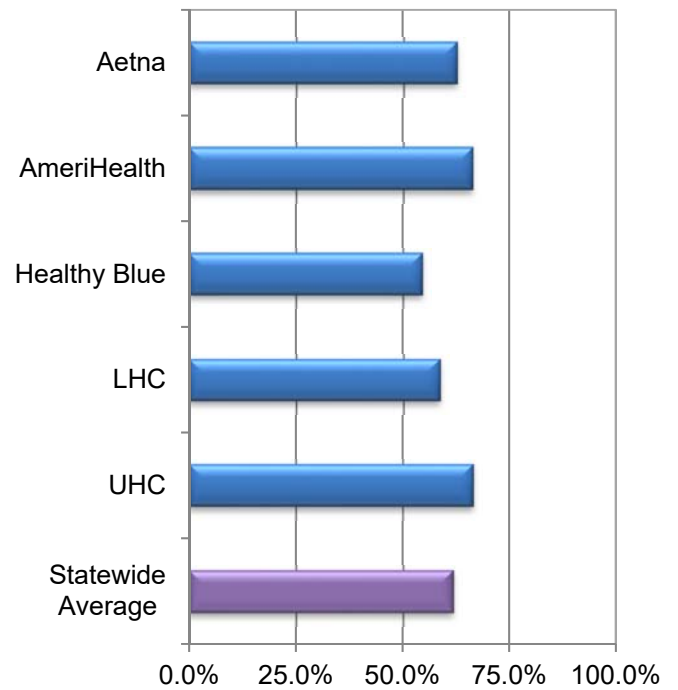
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Complaints and Appeals Process



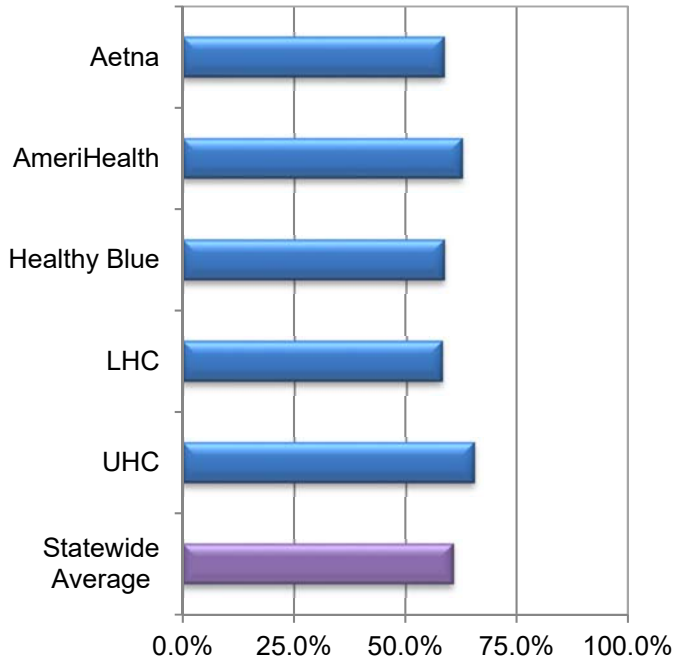
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Appeals Process



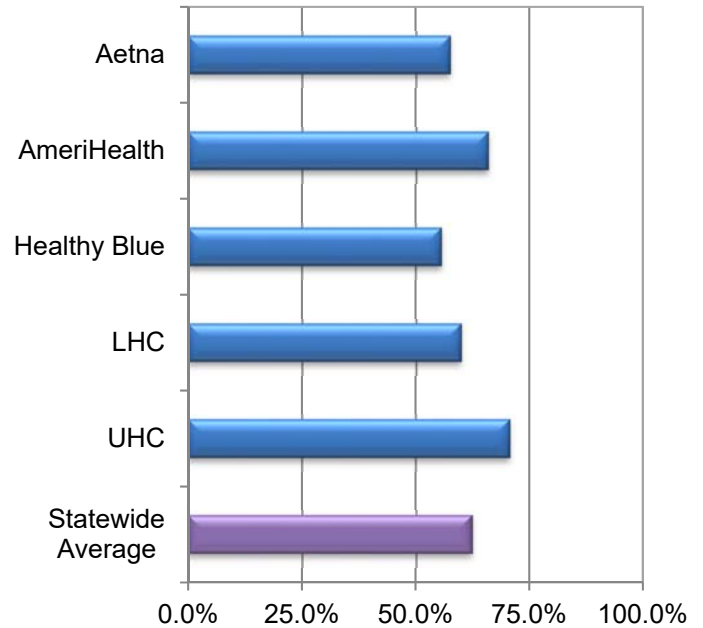
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Resolution of Claims Disputes



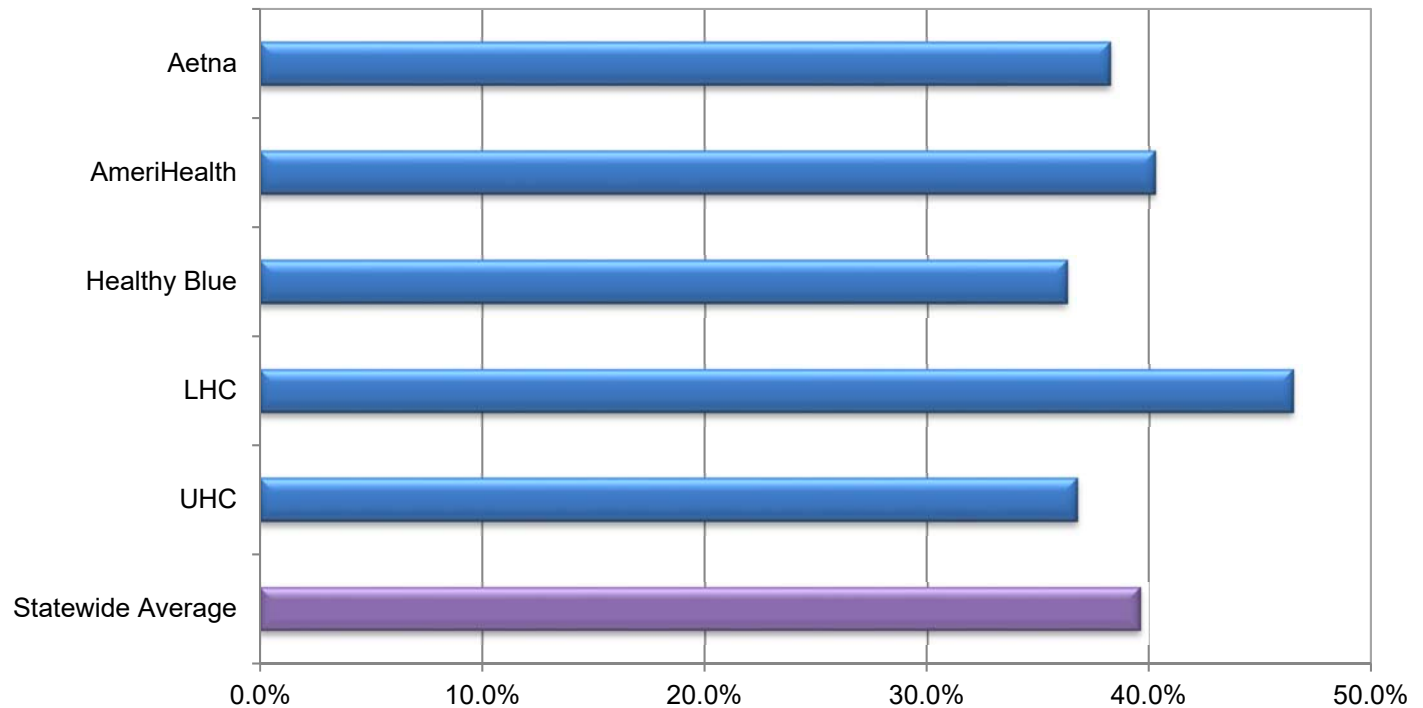
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Communication of Appeals Outcomes



Note: Results shown include responses of "Excellent", "Very Good", and "Good".

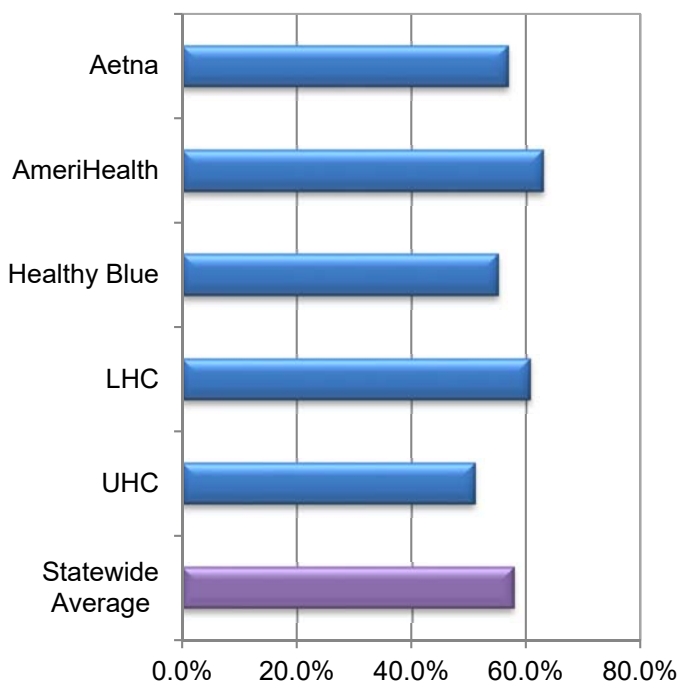
Satisfaction with Provider Complaint System



Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

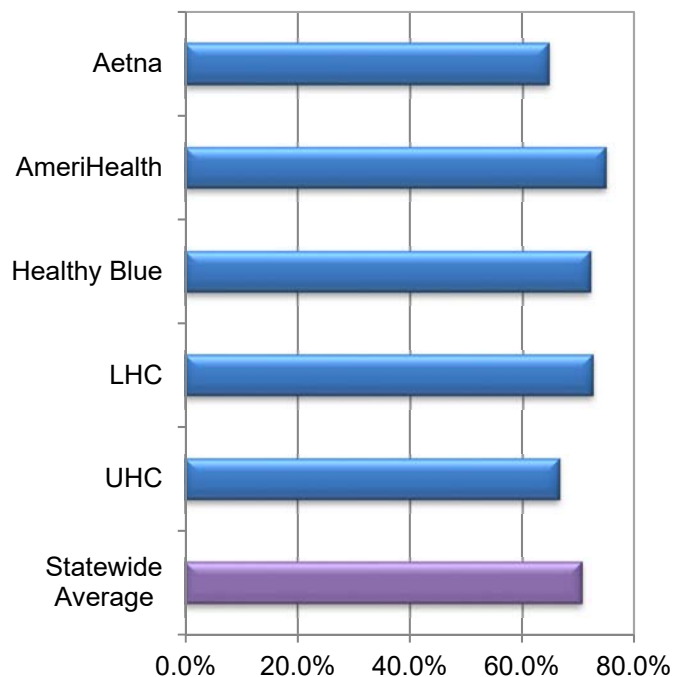
Provider Network and Coordination of Care

Number of Specialists



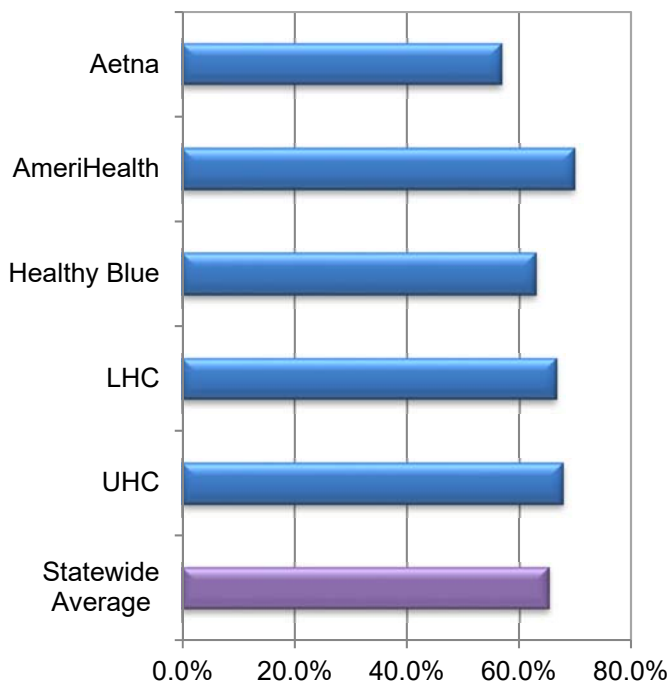
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Quality of Specialists



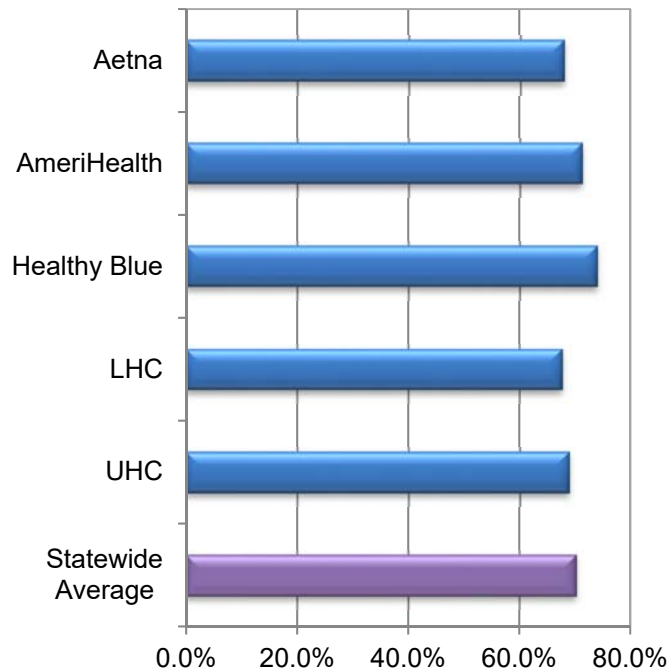
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Reports from Specialists



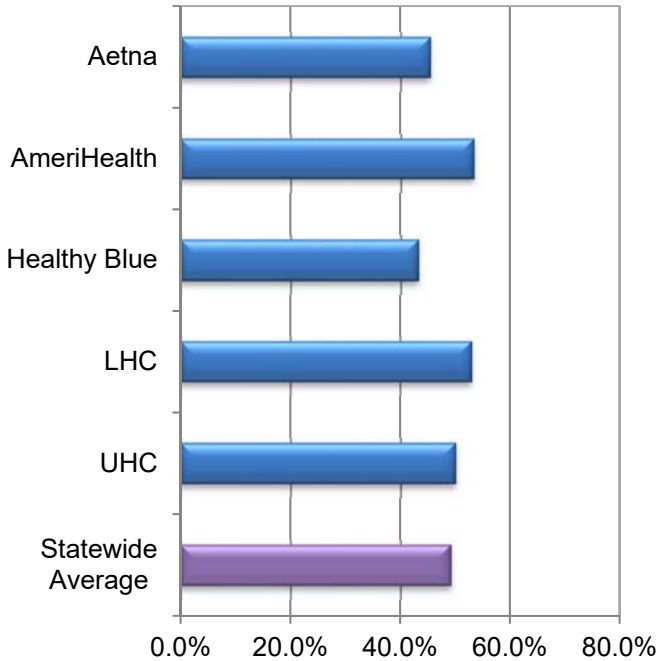
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Usefulness of Reports from Specialists



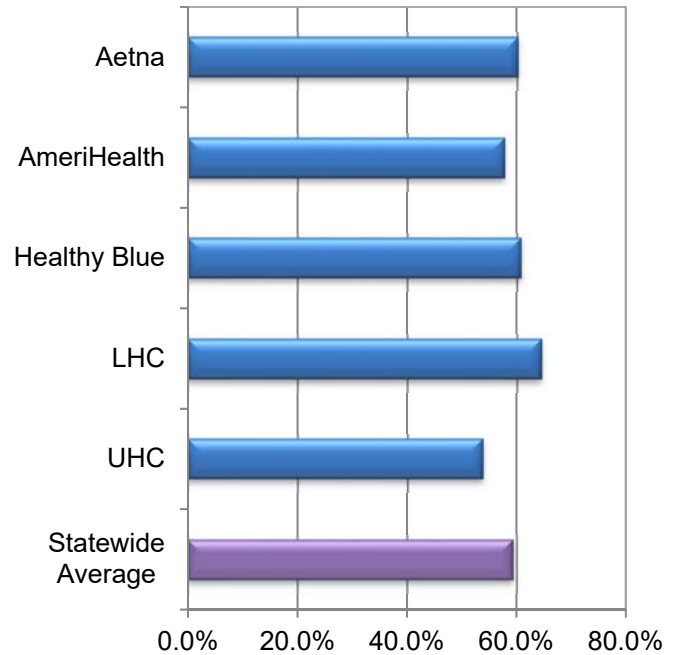
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Availability of Specialists



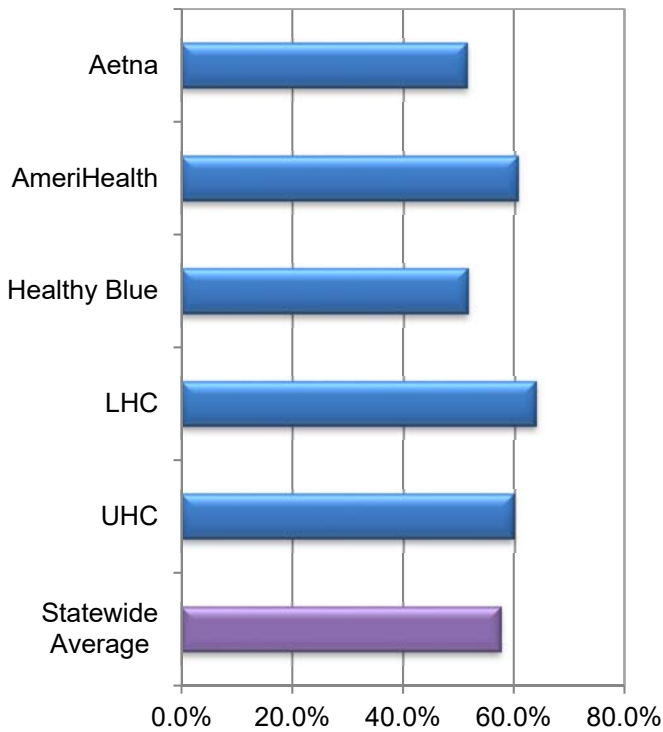
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Scheduling Tests



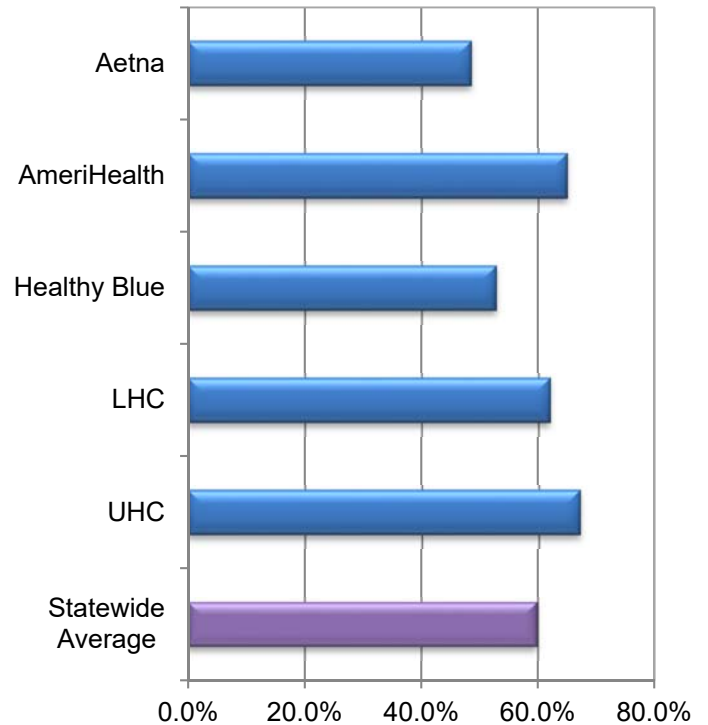
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Coordination of Step-Down Services



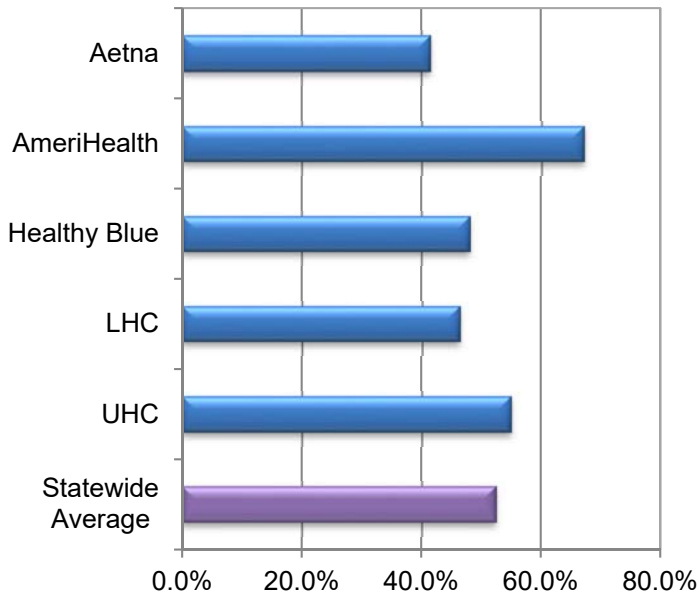
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Services for Children with Special Health Care Needs



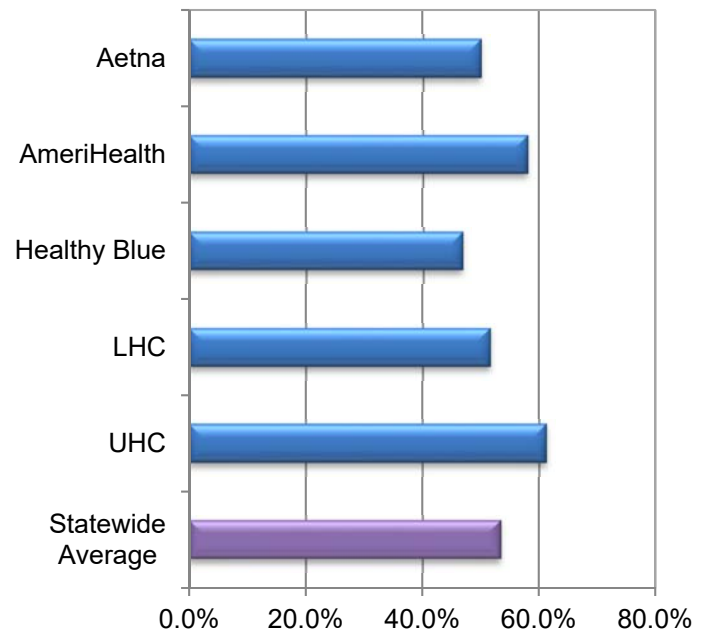
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Coordination of Alcohol/ Substance Abuse Treatment



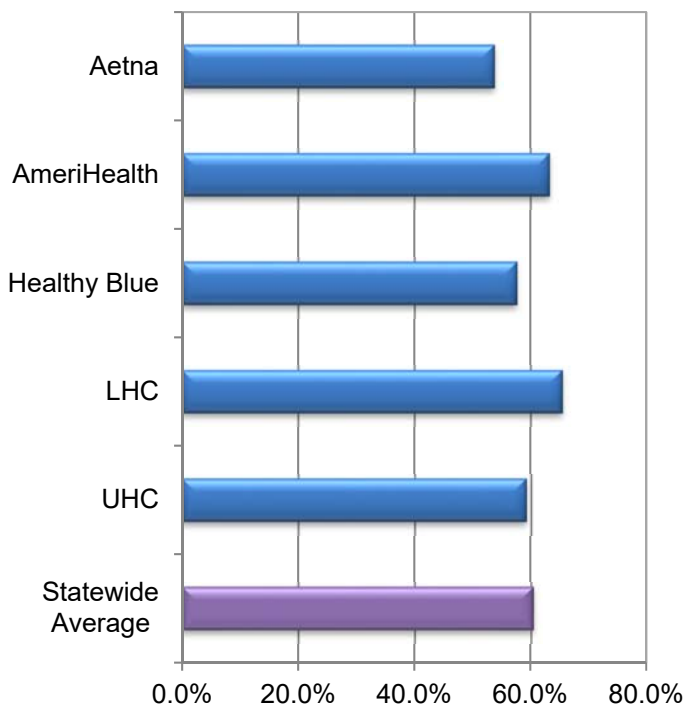
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Coordination of Rehabilitation Services



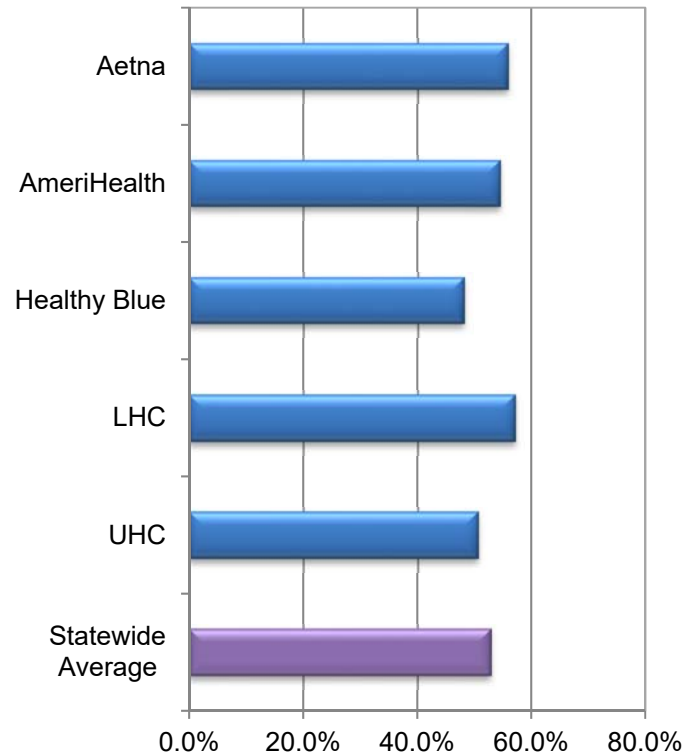
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Non-Emergency Hospital Admissions



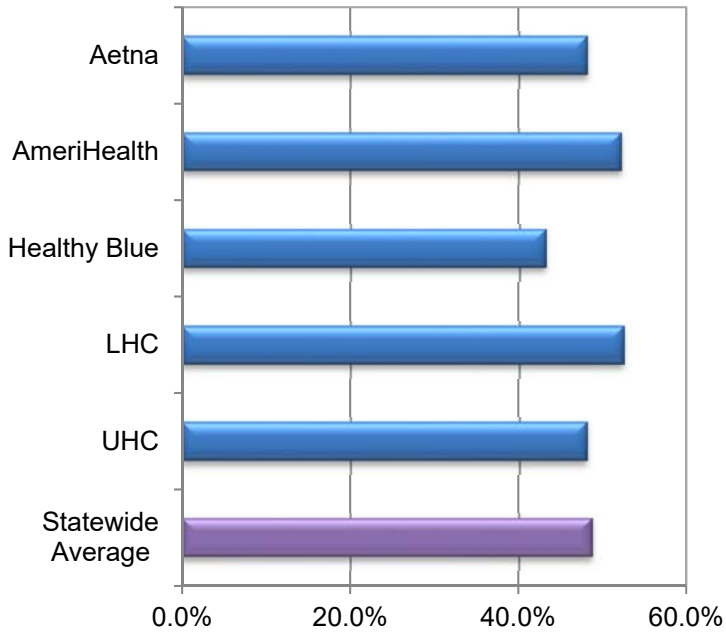
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Referrals to Specialists



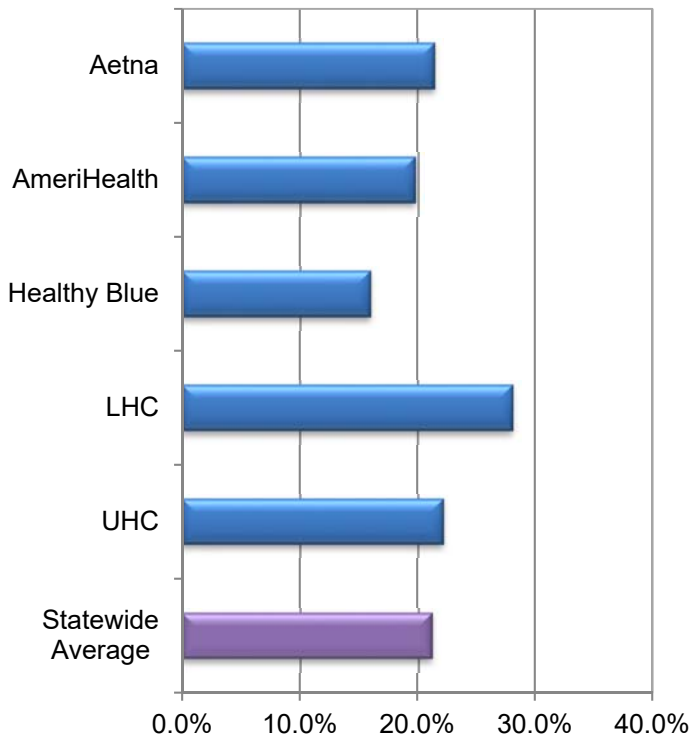
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Prescribe Best Medications



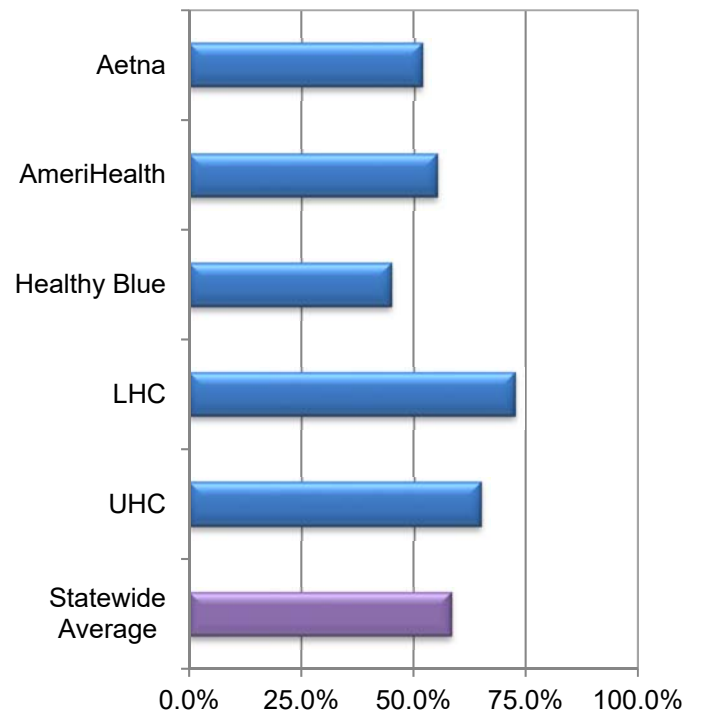
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

MCO Care Coordination



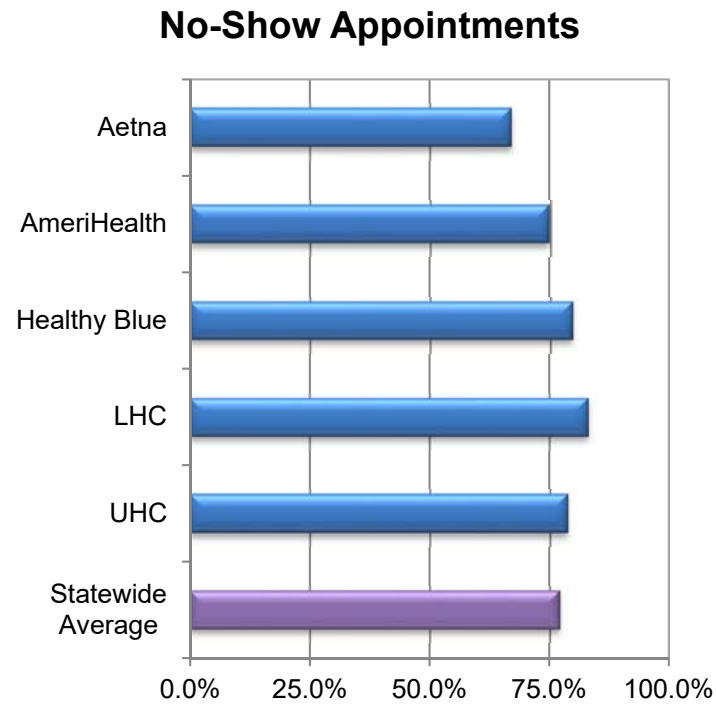
Note: Results shown include responses of "Much Better" and "Better".

Recommend DM/CM Program

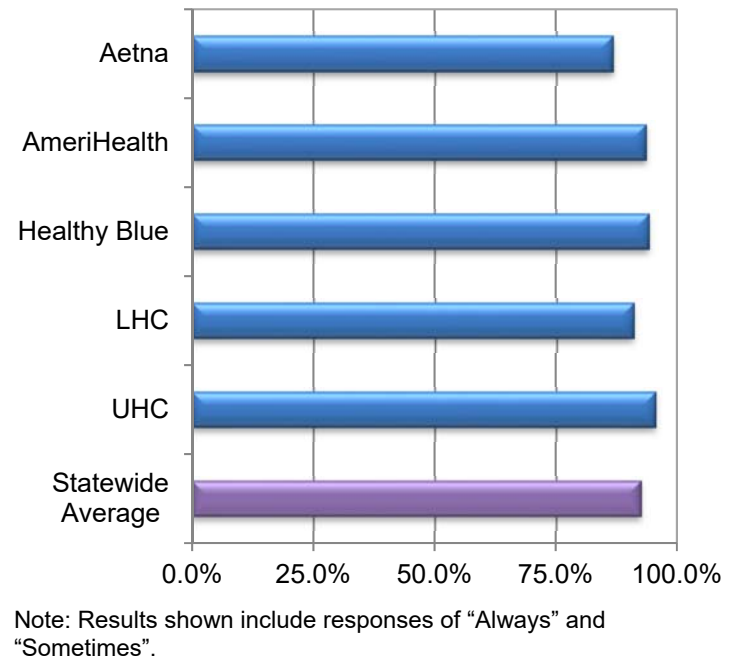


Note: Results shown include responses of "Yes".

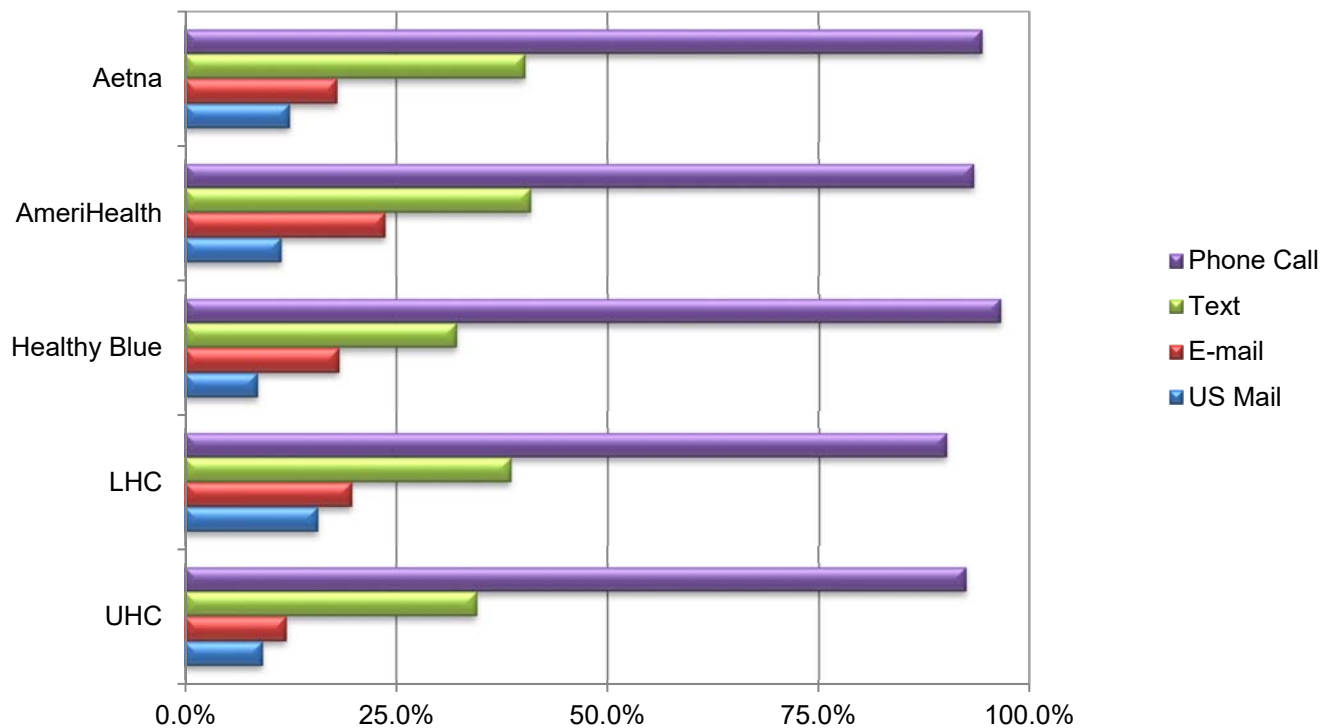
No-Show Appointments



Remind Members of Appointments



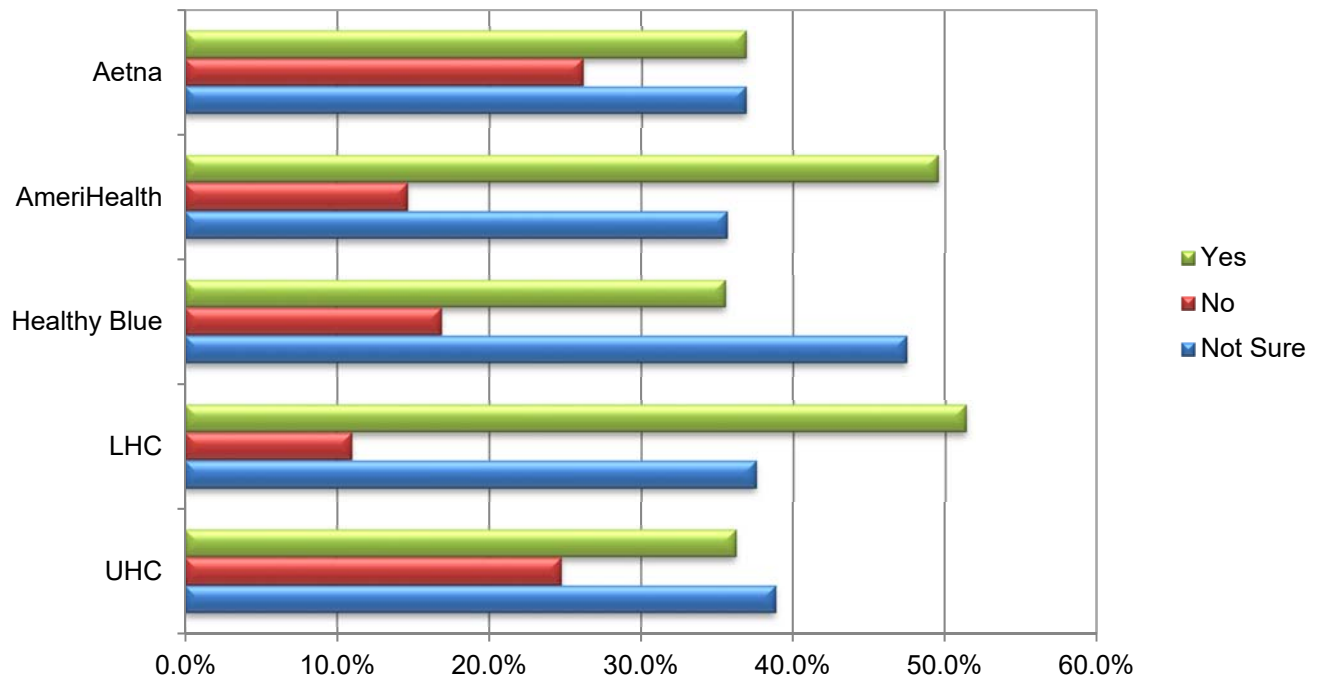
Method of Reminders¹



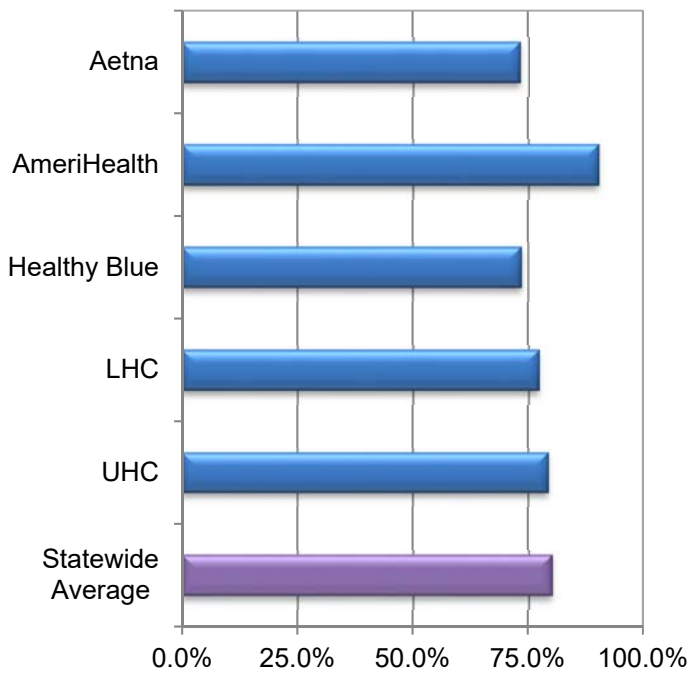
¹ Note that respondents were asked to mark all responses that applied.

Provider Relations

Provider Relations Representative

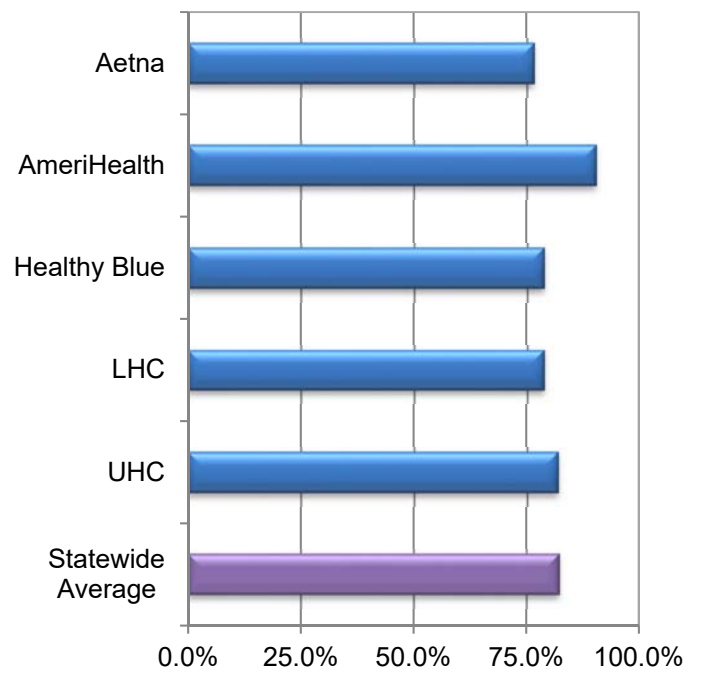


Ability to Answer Questions



Note: Results shown include responses of "Excellent", "Very Good", and "Good".

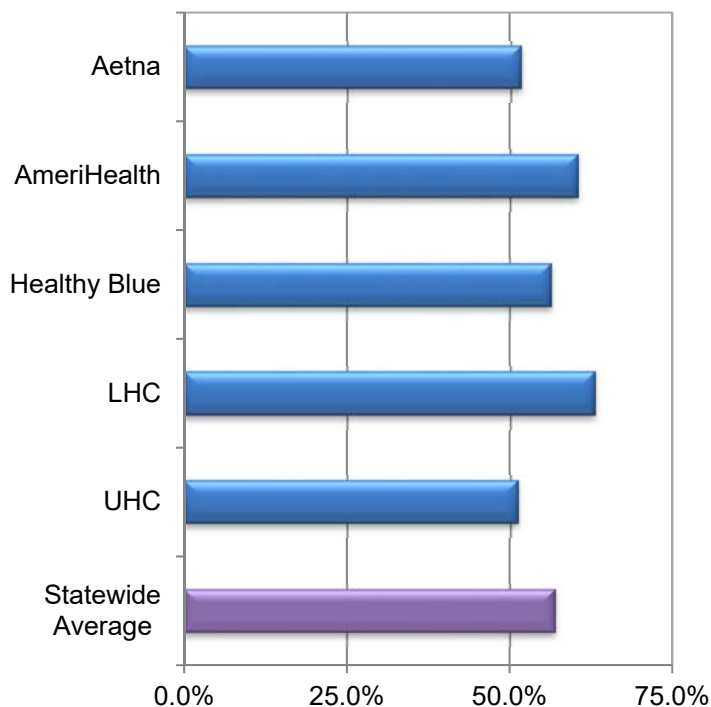
Responsiveness/Courtesy



Note: Results shown include responses of "Excellent", "Very Good", and "Good".

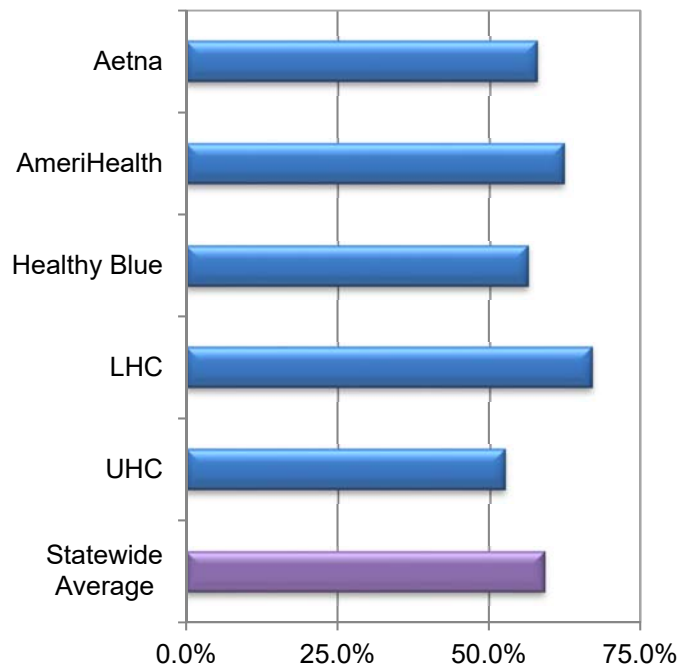
Utilization Management

Pre-Authorization Process



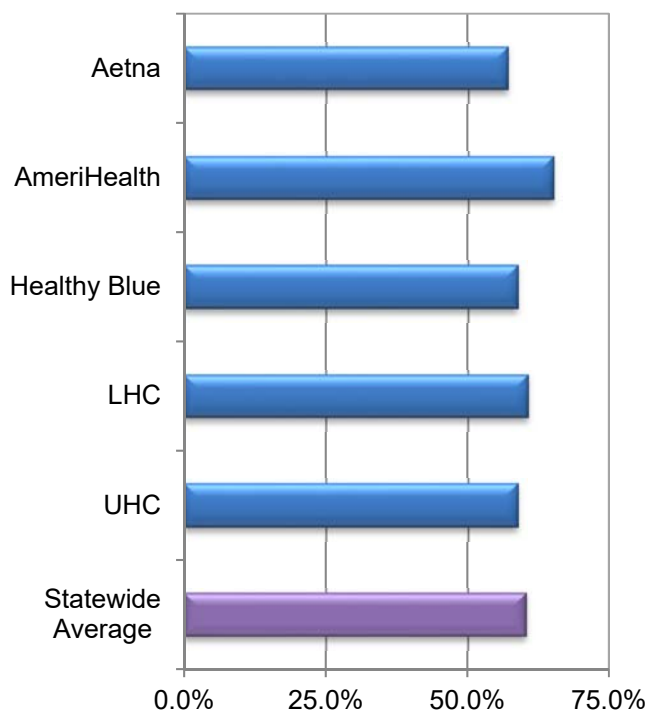
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Obtaining Pre-Authorization



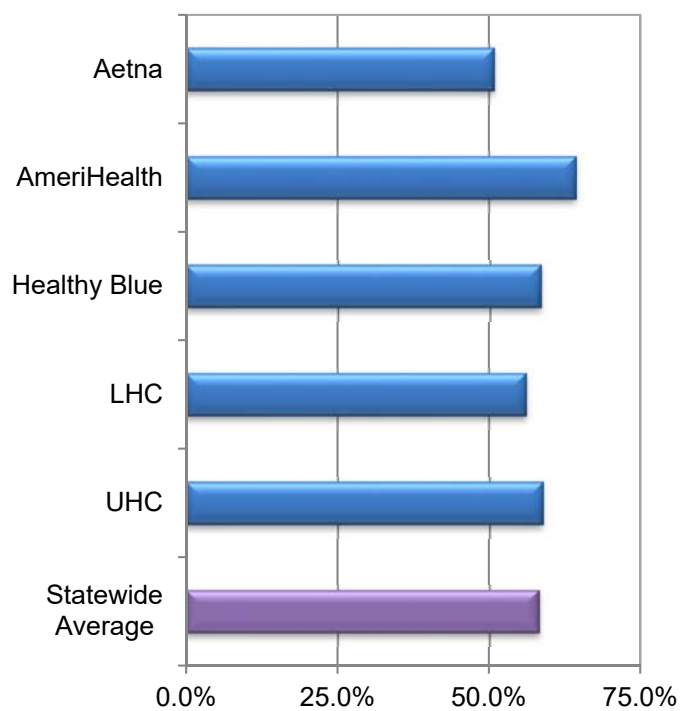
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Phone Access to Staff



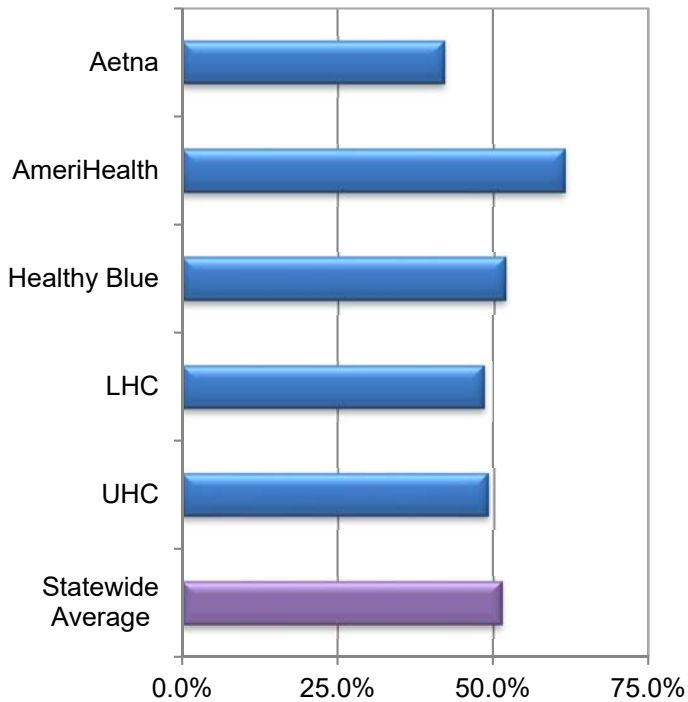
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Share Review Criteria



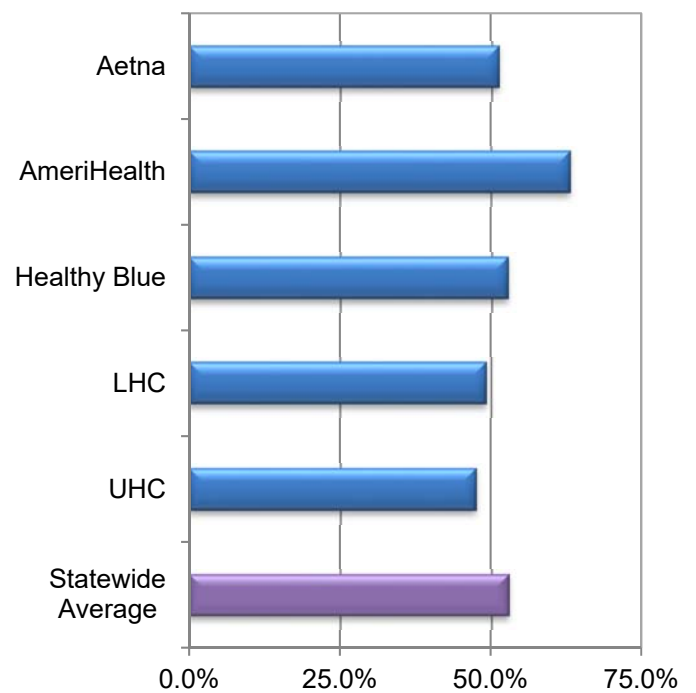
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Appeals



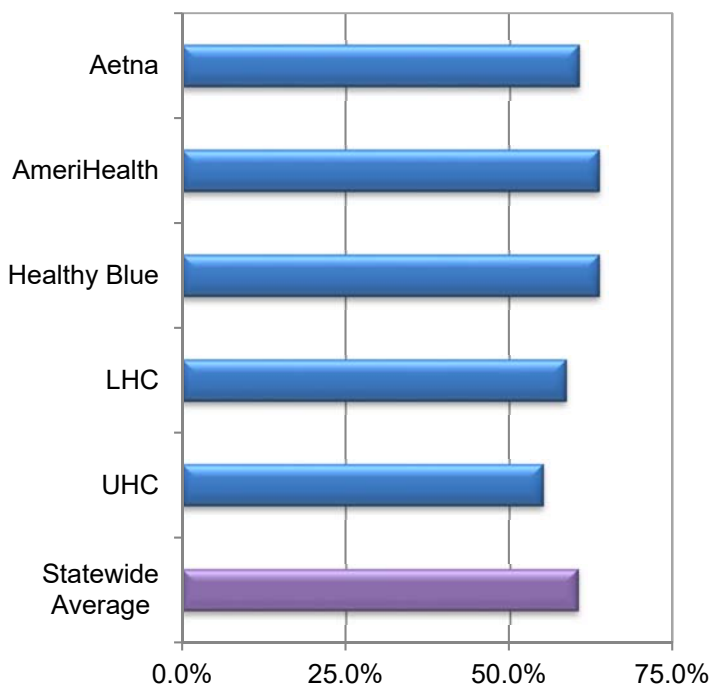
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Timeliness of Resolutions



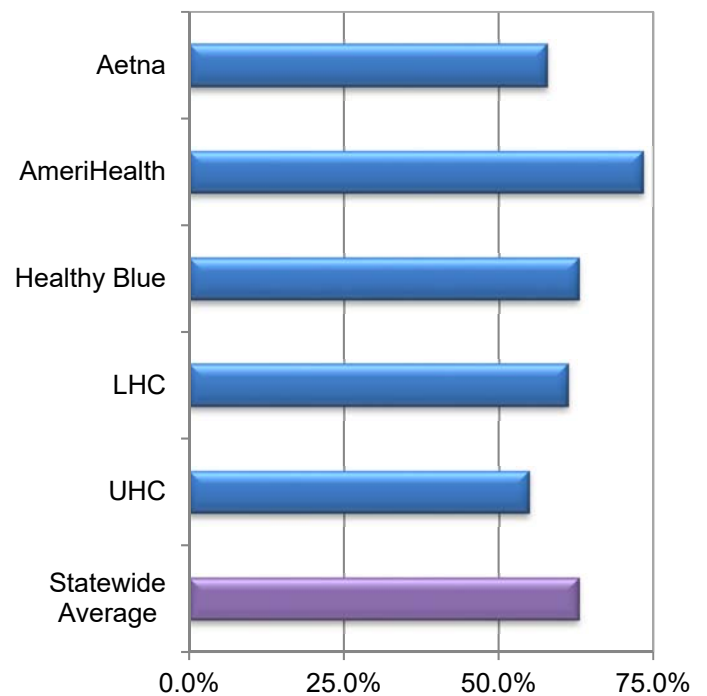
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Staff Knowledge/Accuracy



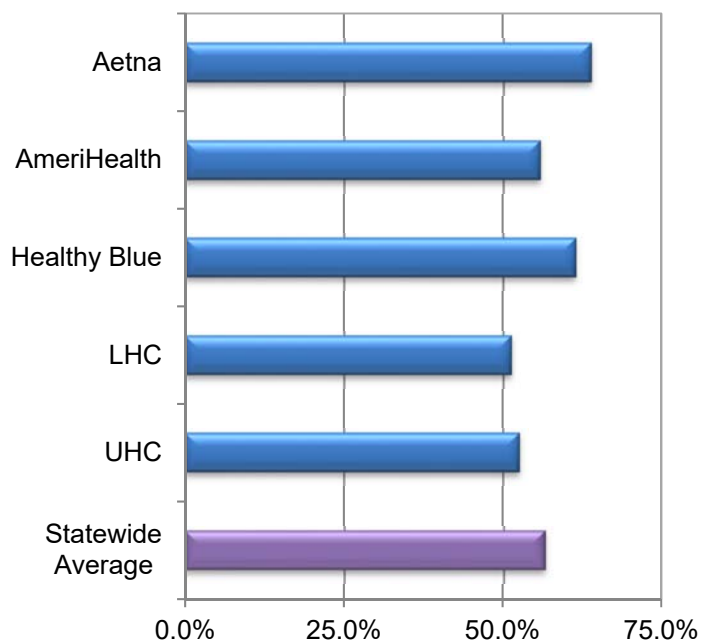
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

Support for PCMH



PCMH: Patient-Centered Medical Home
Note: Results shown include responses of "Excellent", "Very Good", and "Good".

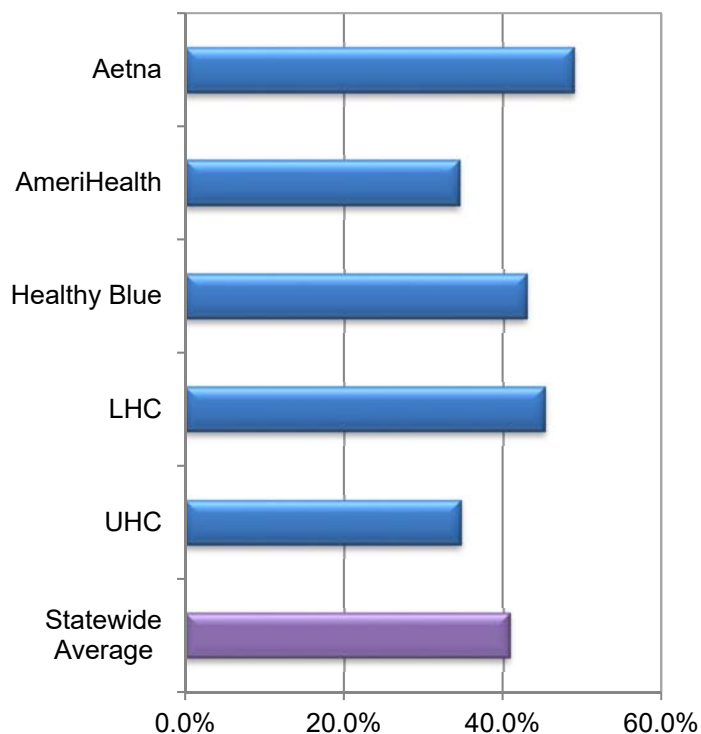
MRR Process



MRR: Medical Record Review

Note: Results shown include responses of "Excellent", "Very Good", and "Good".

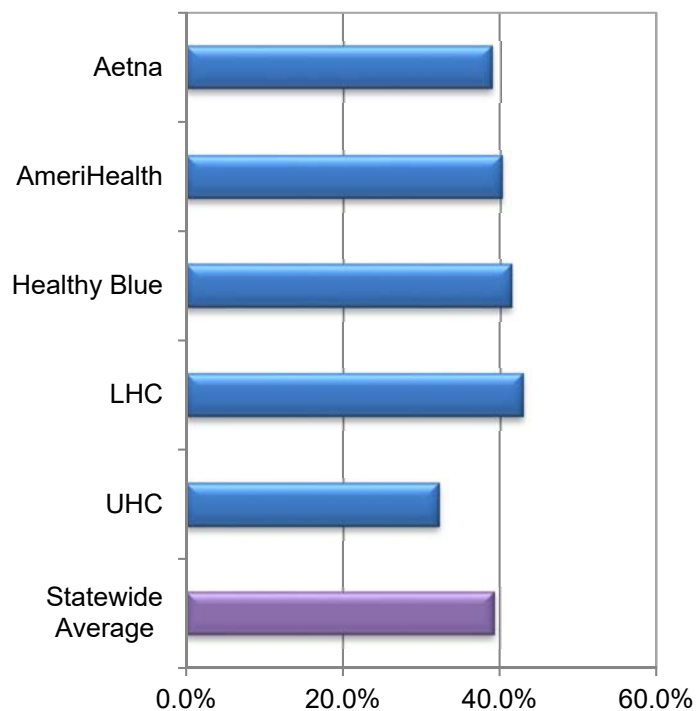
Efficiency of UM Process



UM: Utilization Management

Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

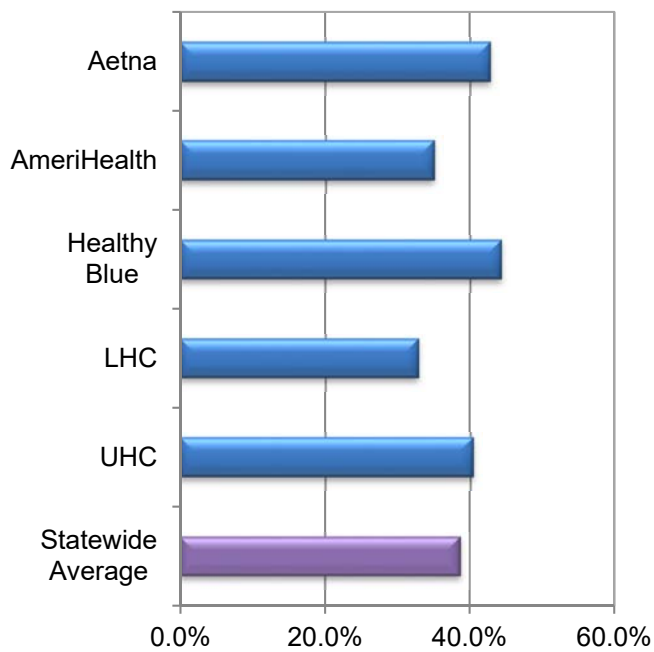
Timeliness of MD Responses



MD: Medical Director

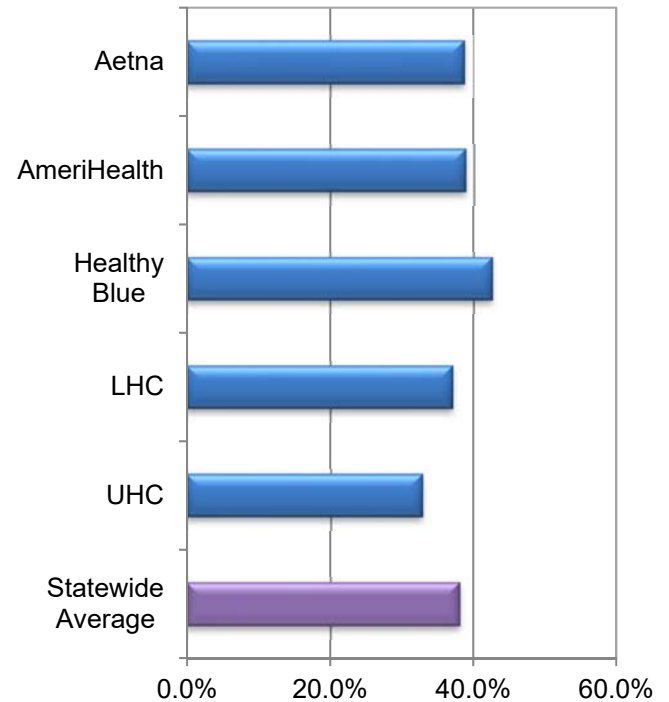
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Access to Knowledgeable Staff



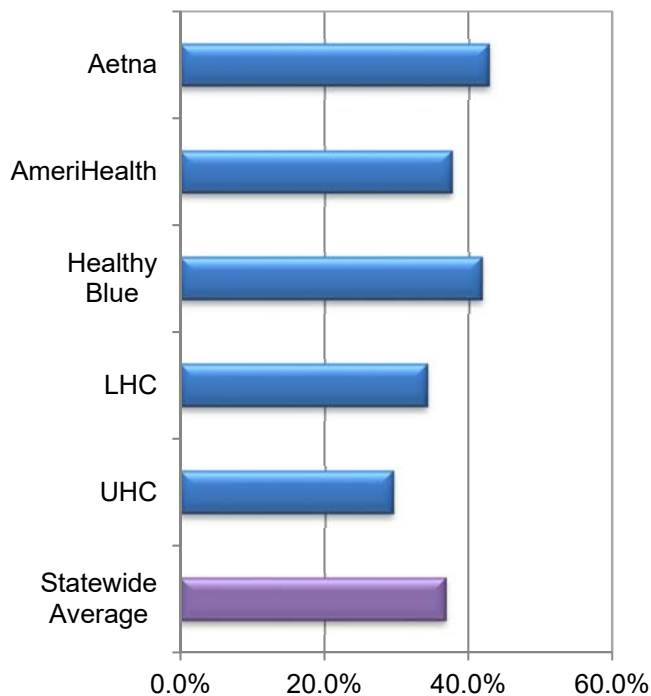
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Consistency of Decisions



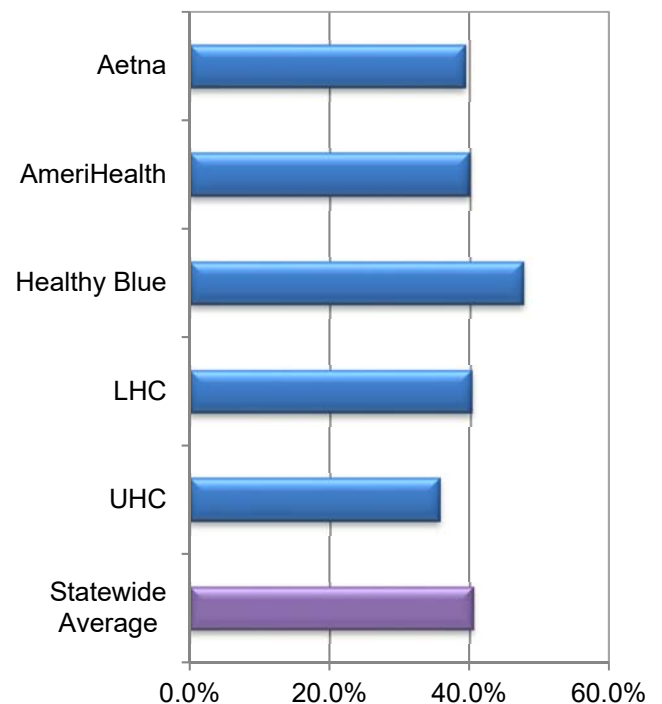
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Clinical Appropriateness of Decisions



Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

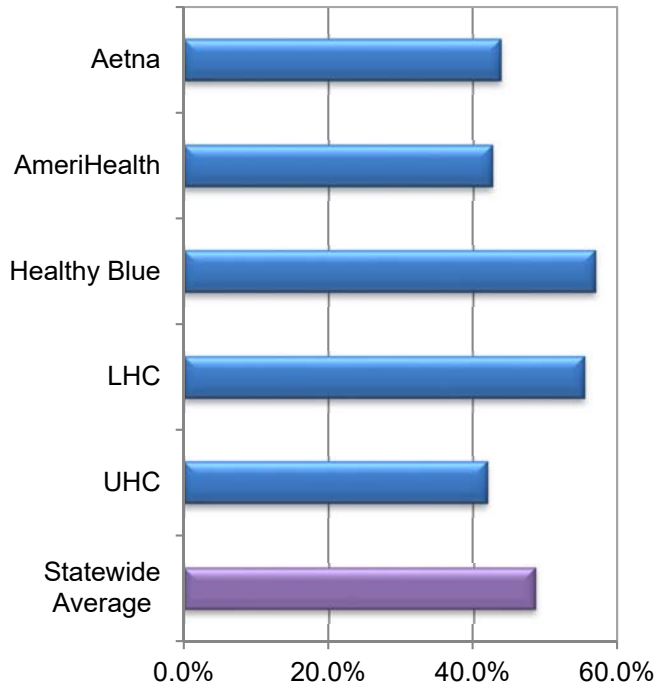
Access to CMs



CMs: Care/Case Managers

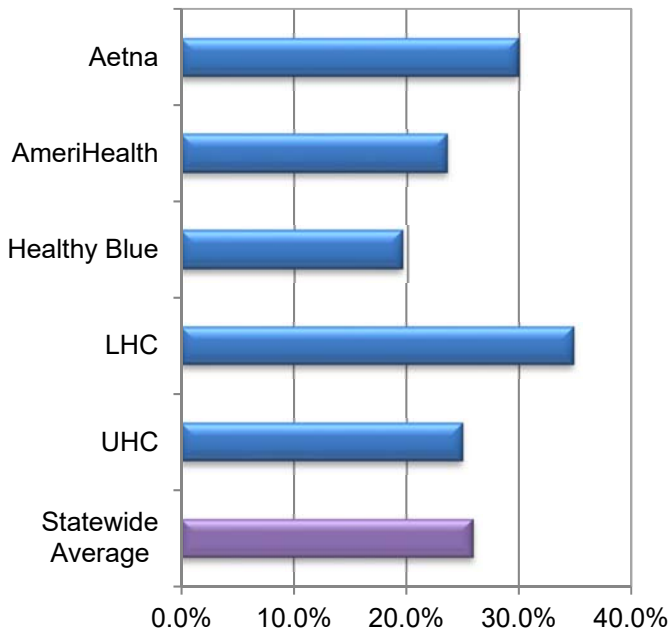
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Preventive Care/Wellness



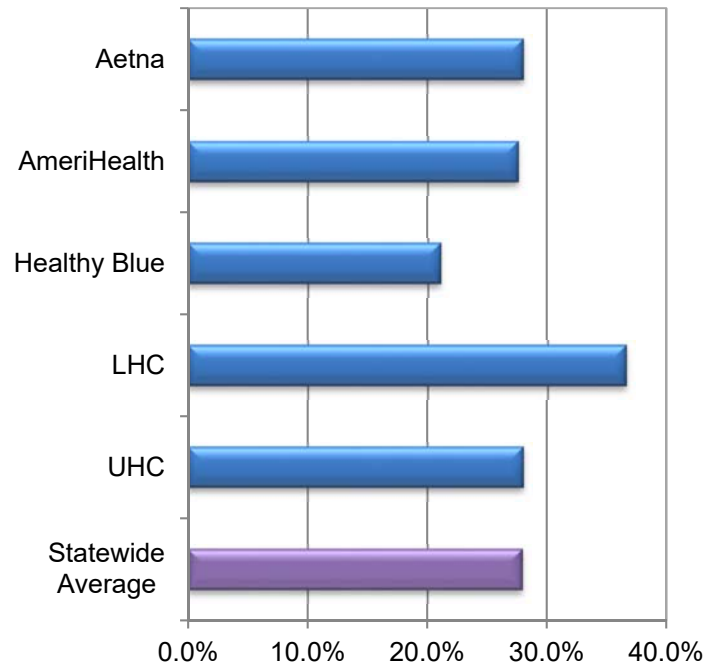
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

Ease of Reaching Call Center



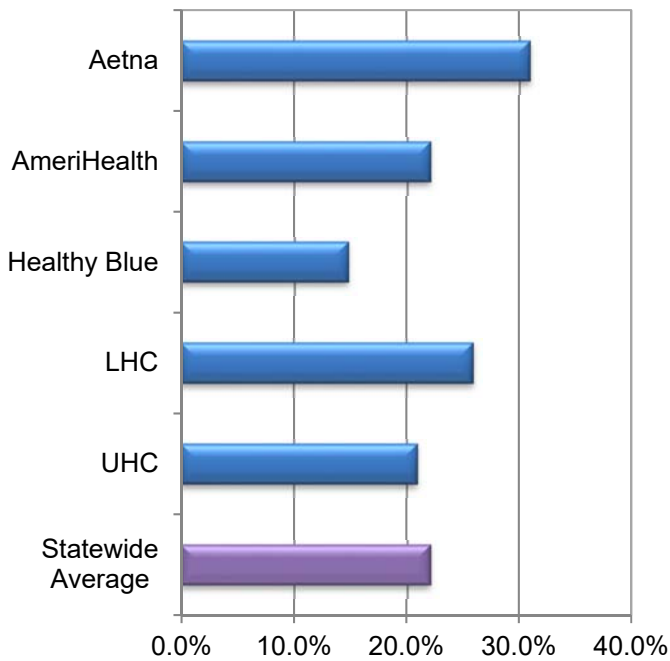
Note: Results shown include responses of "Much Better" and "Better".

Obtaining Member Information



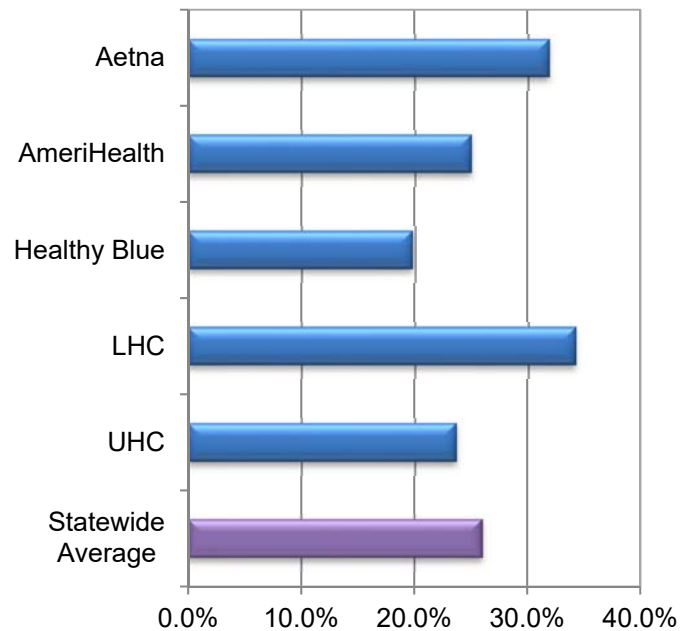
Note: Results shown include responses of "Much Better" and "Better".

Helpfulness of Staff



Note: Results shown include responses of "Much Better" and "Better".

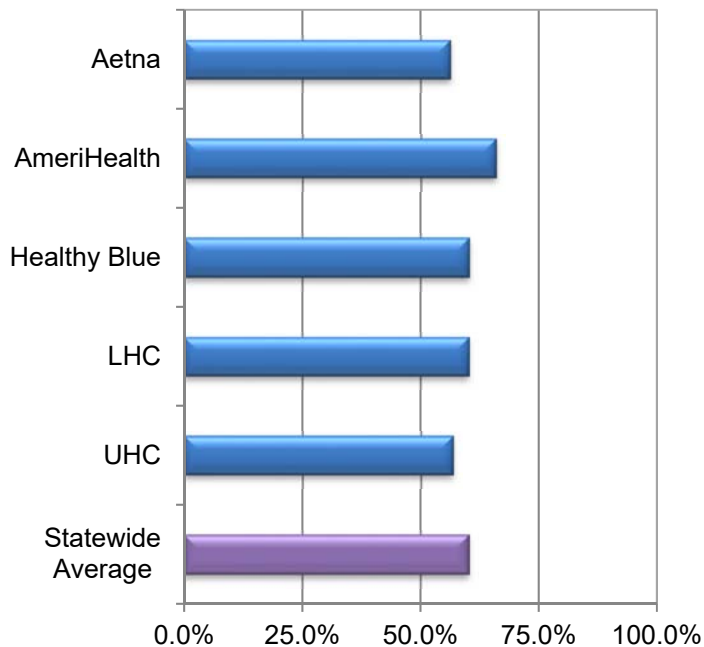
Overall Satisfaction with Call Center



Note: Results shown include responses of "Much Better" and "Better".

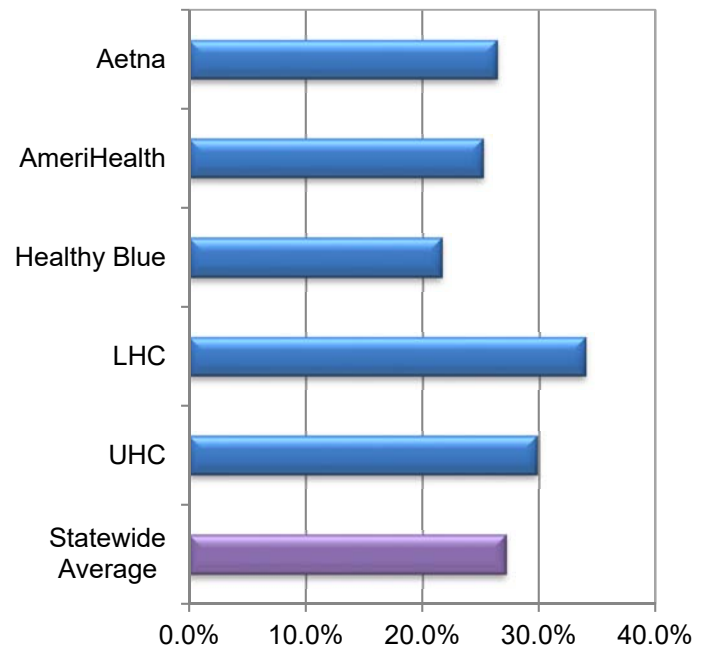
Overall Satisfaction

Overall Satisfaction with MCO



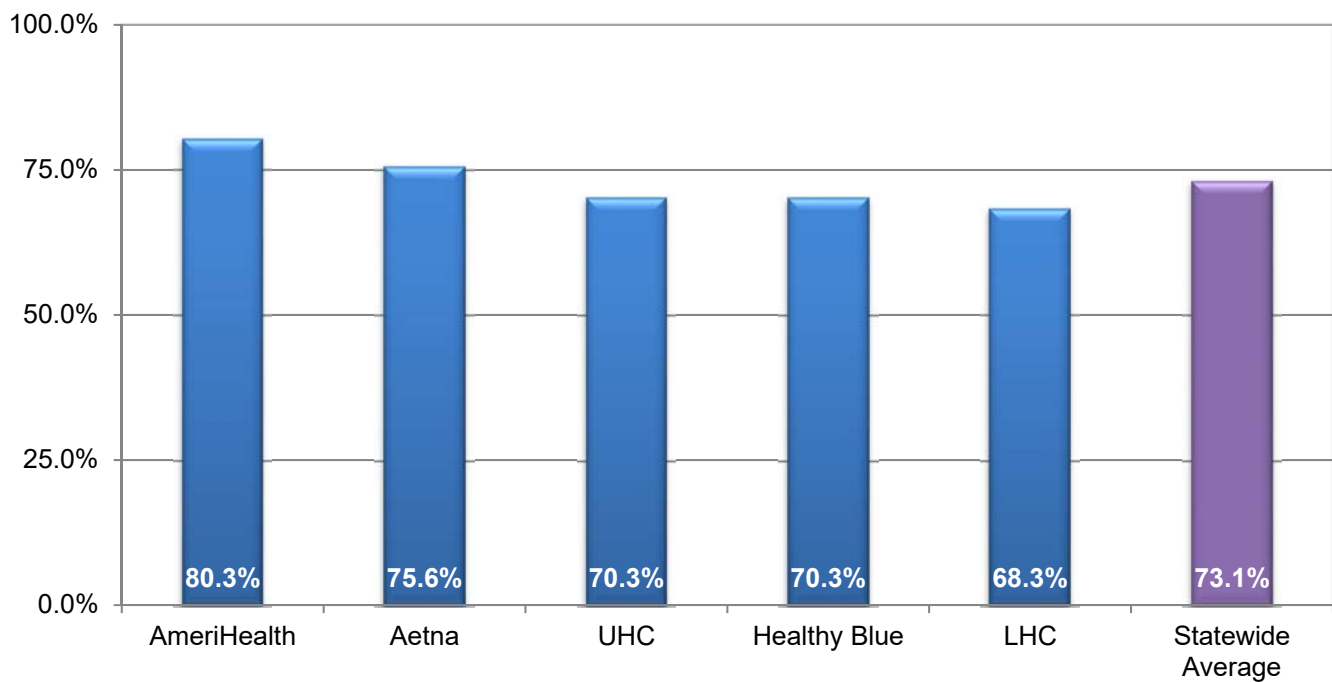
Note: Results shown include responses of "Very Satisfied" and "Somewhat Satisfied".

MCO Compared to Other MCOs



Note: Results shown include responses of "Much Better" and "Better".

Recommend MCO to Other Providers



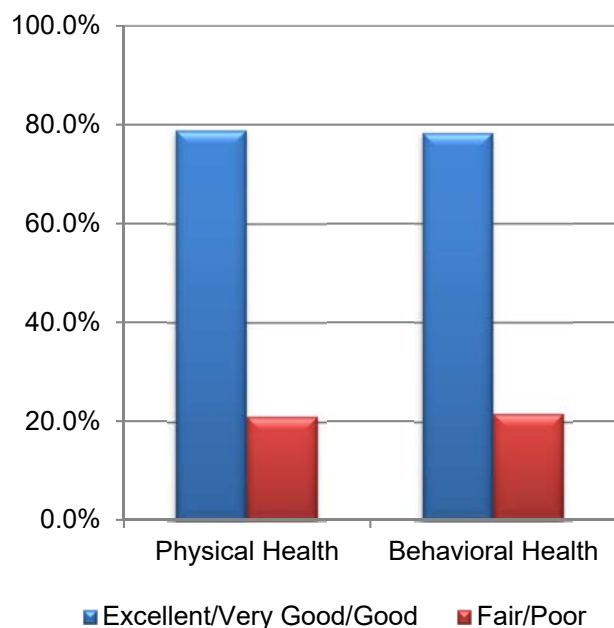
Note: Results shown include responses of "Yes".

C. Physical Health Providers versus Behavioral Health Providers

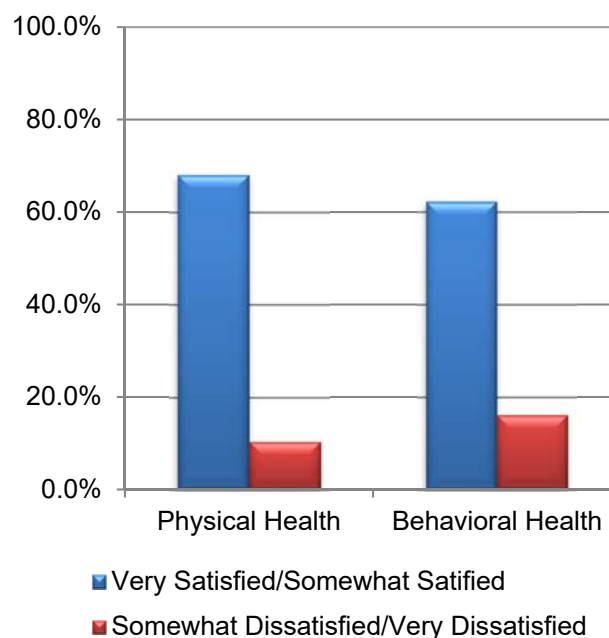
Note: Physical Health Providers include both PCPs and Specialists for all charts in this section.

Provider Enrollment, Education, and Training

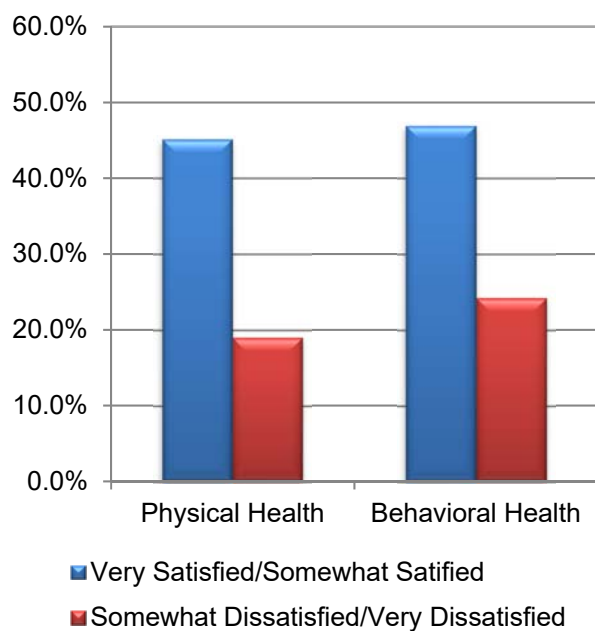
Satisfaction with Provider Enrollment Process



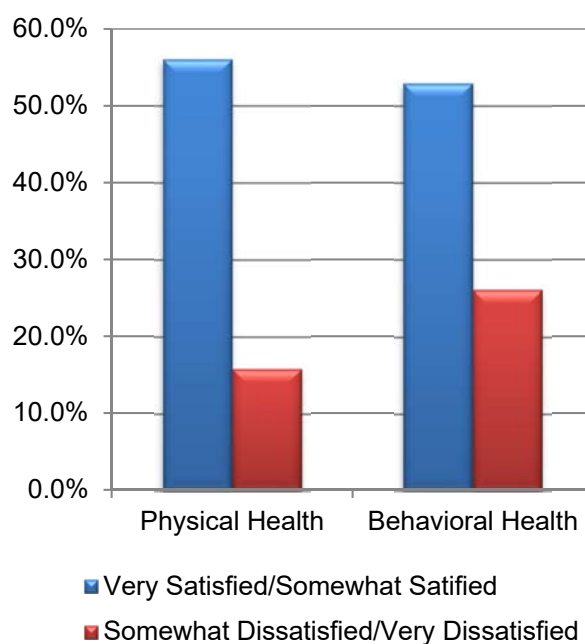
Satisfaction with MCO Communication



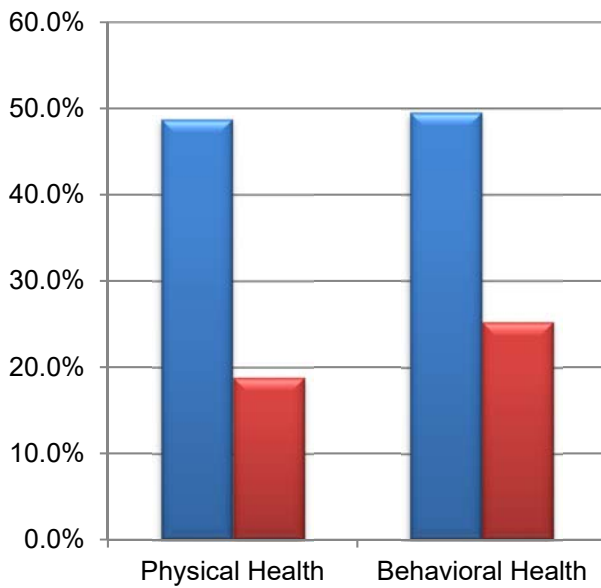
Satisfaction with Provider Orientation



Satisfaction with Provider Manual

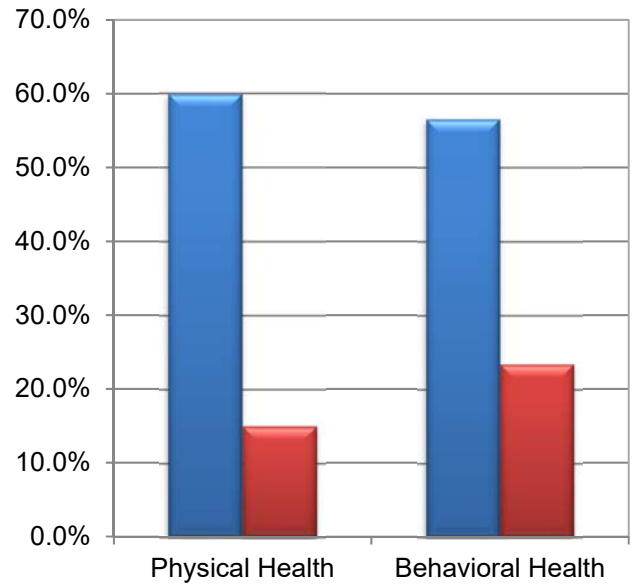


Satisfaction with Education/ Training



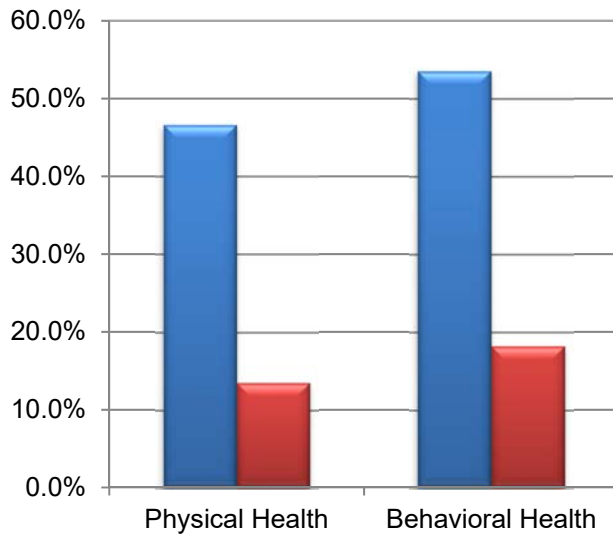
■ Very Satisfied/Somewhat Satisfied
■ Somewhat Dissatisfied/Very Dissatisfied

Satisfaction with Provider Portal



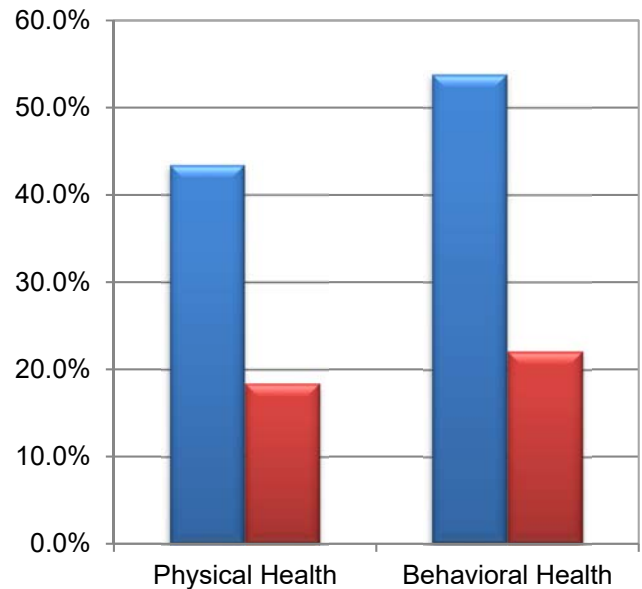
■ Very Satisfied/Somewhat Satisfied
■ Somewhat Dissatisfied/Very Dissatisfied

Satisfaction with Cultural Competency Training/ Materials



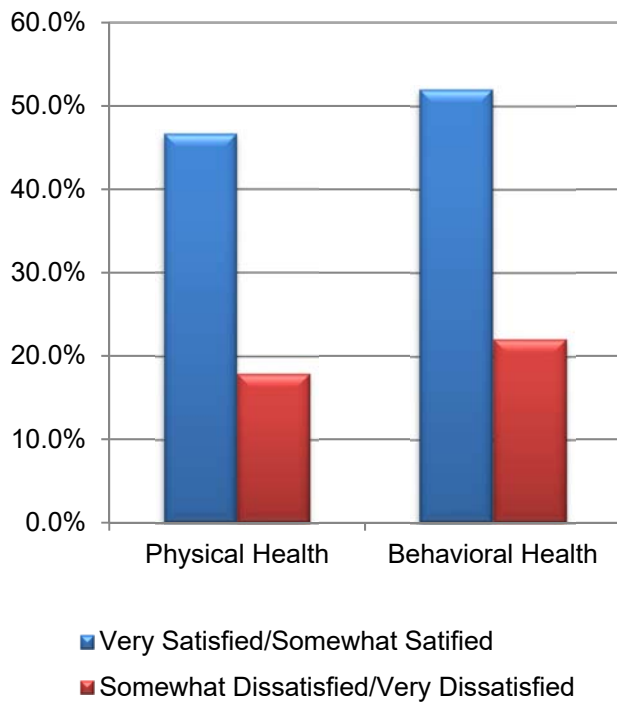
■ Very Satisfied/Somewhat Satisfied
■ Somewhat Dissatisfied/Very Dissatisfied

Satisfaction with Access to Behavioral Health Training



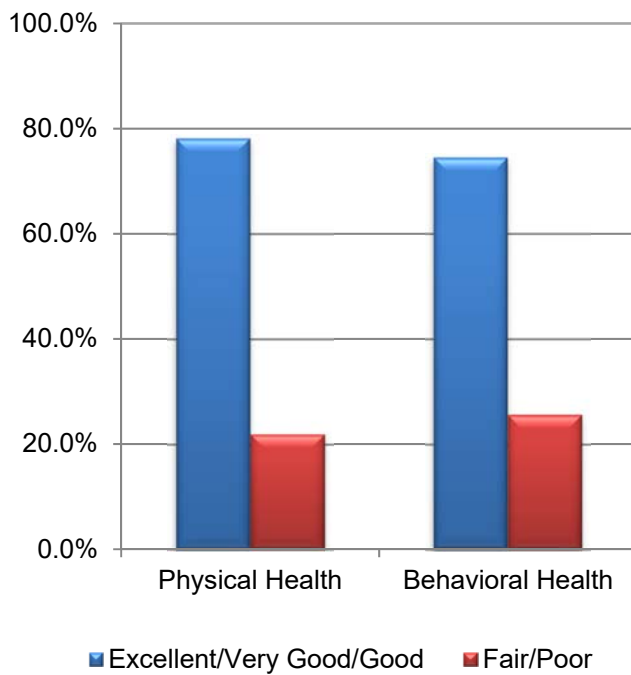
■ Very Satisfied/Somewhat Satisfied
■ Somewhat Dissatisfied/Very Dissatisfied

Provision of Clinical Guidelines

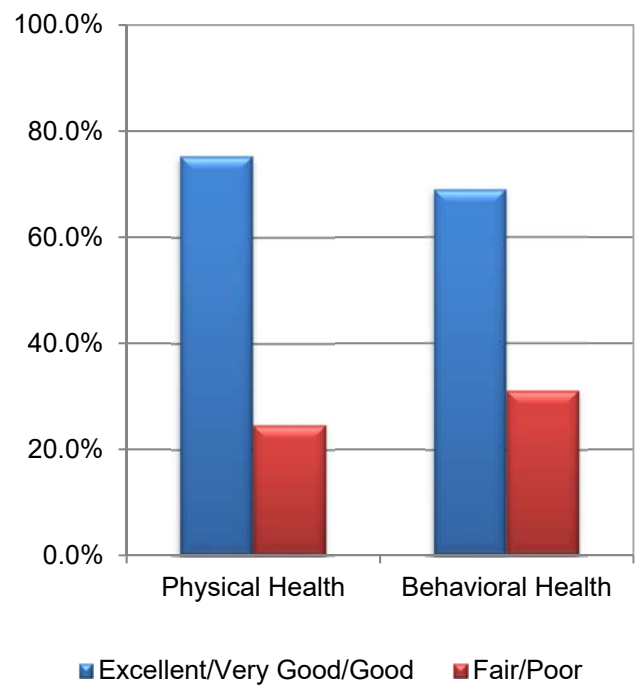


Claims Processing/Reimbursement and Provider Complaints

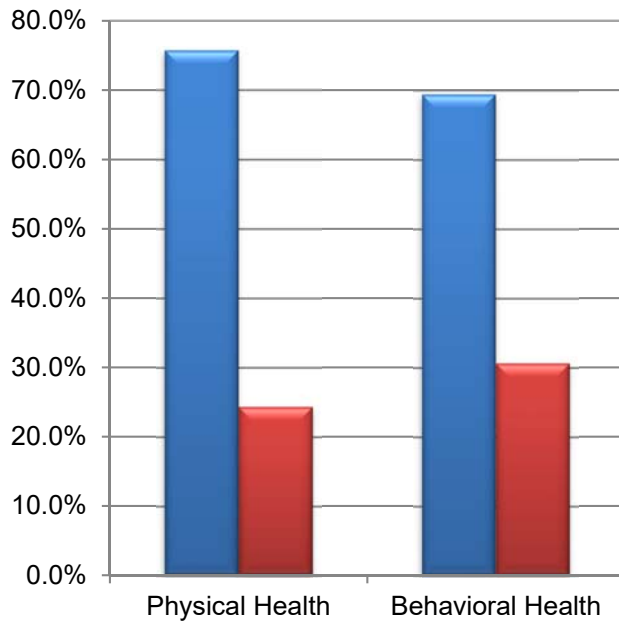
Timeliness of Claims Processing



Accuracy of Claims Processing

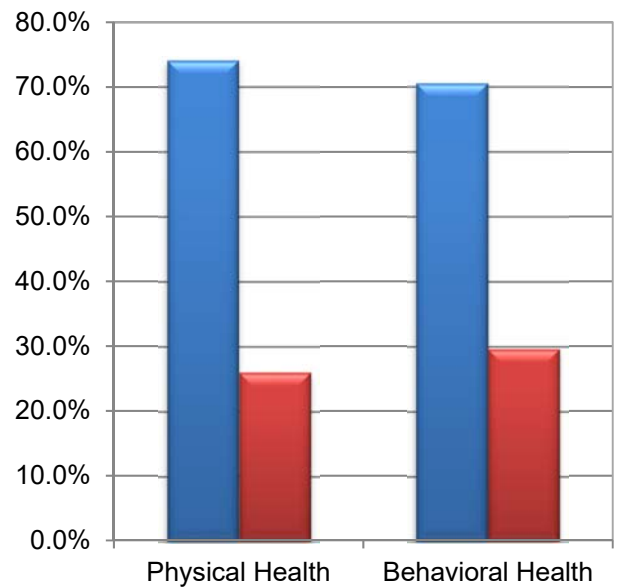


Claims Reimbursement



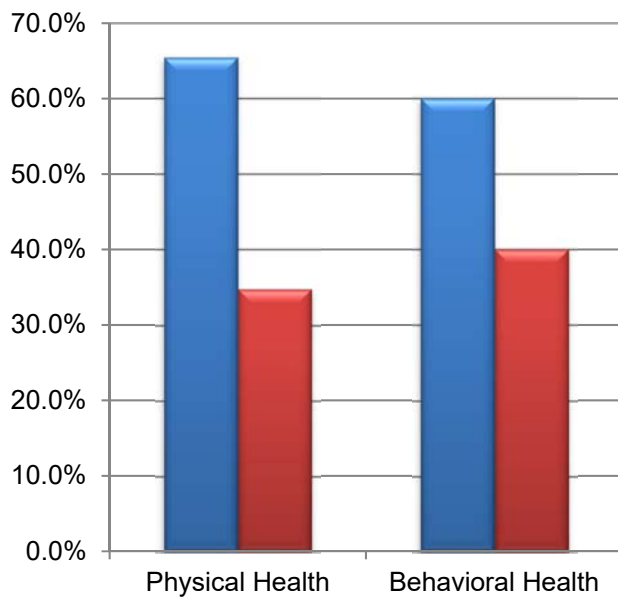
■ Excellent/Very Good/Good ■ Fair/Poor

Consistency of Reimbursement Fees



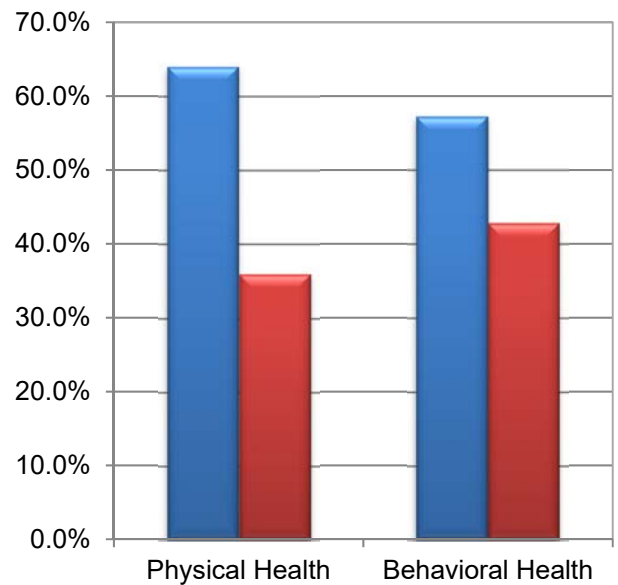
■ Excellent/Very Good/Good ■ Fair/Poor

Complaints and Appeals Process



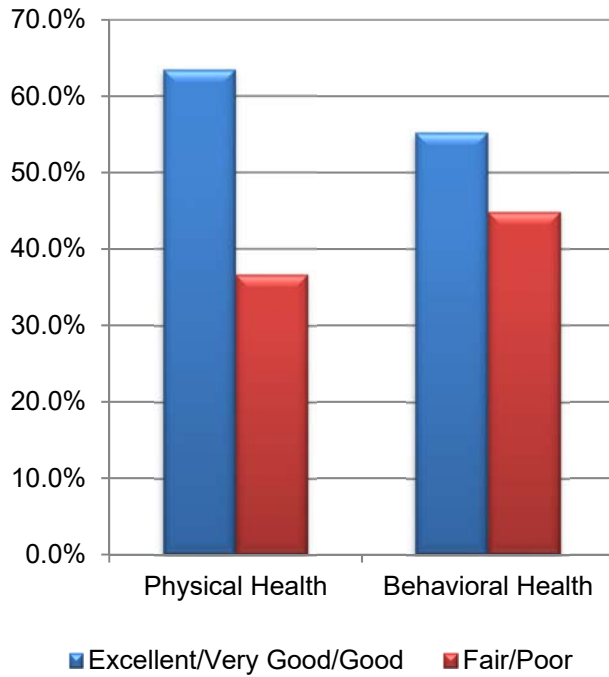
■ Excellent/Very Good/Good ■ Fair/Poor

Timeliness of Appeals Process

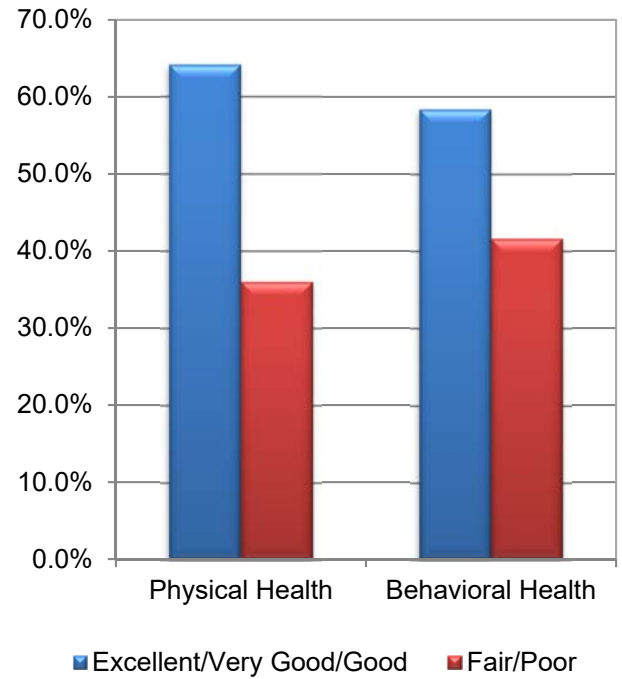


■ Excellent/Very Good/Good ■ Fair/Poor

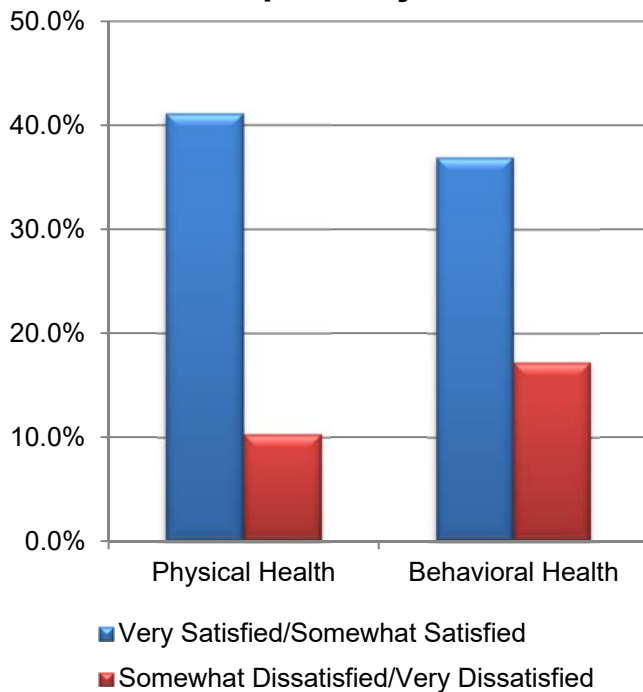
Resolution of Claims Disputes



Communication of Appeals Outcomes

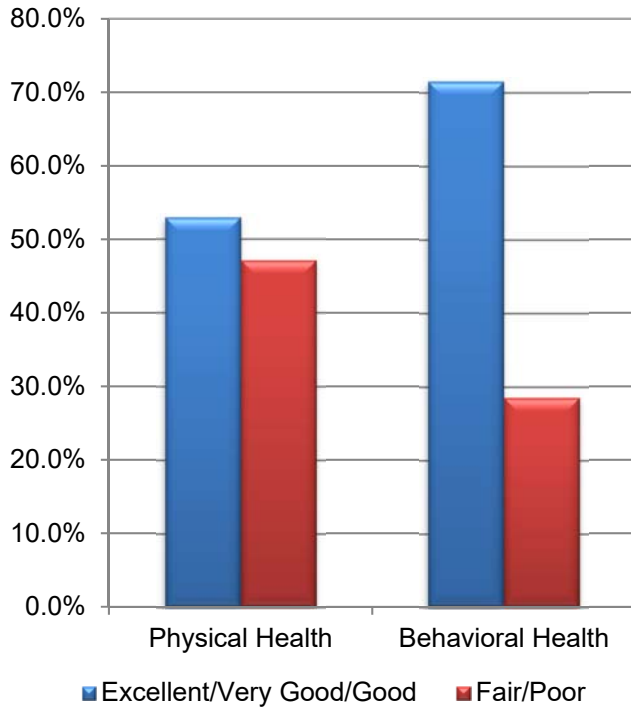


Satisfaction with Provider Complaint System

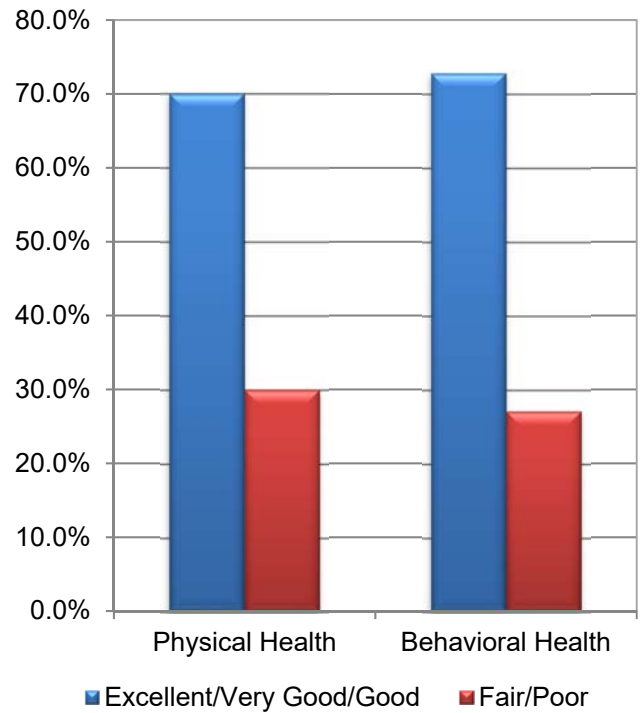


Provider Network and Coordination of Care

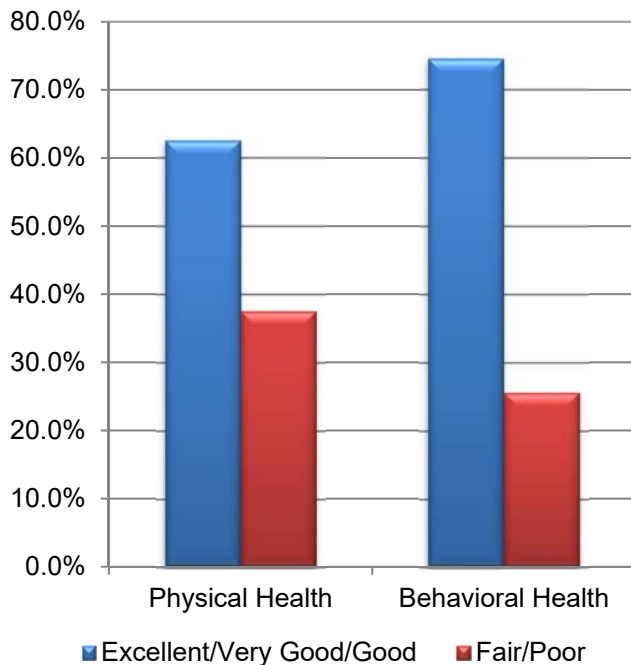
Number of Specialists



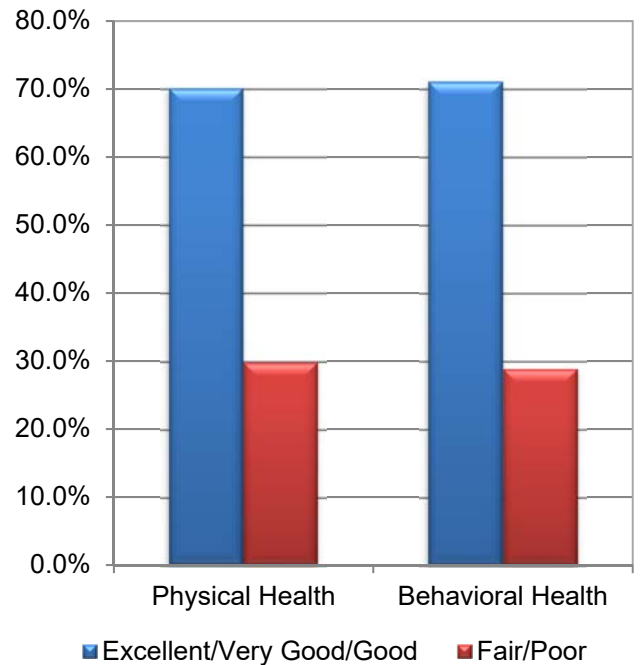
Quality of Specialists



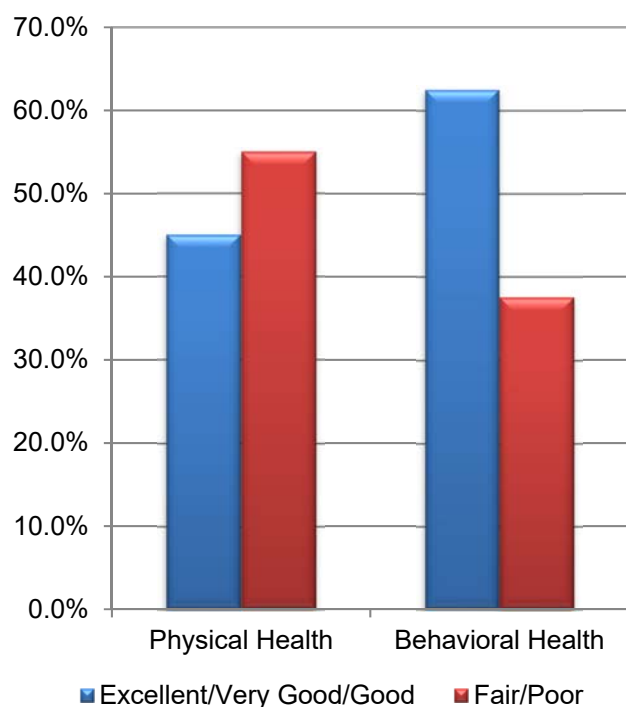
Timeliness of Reports from Specialists



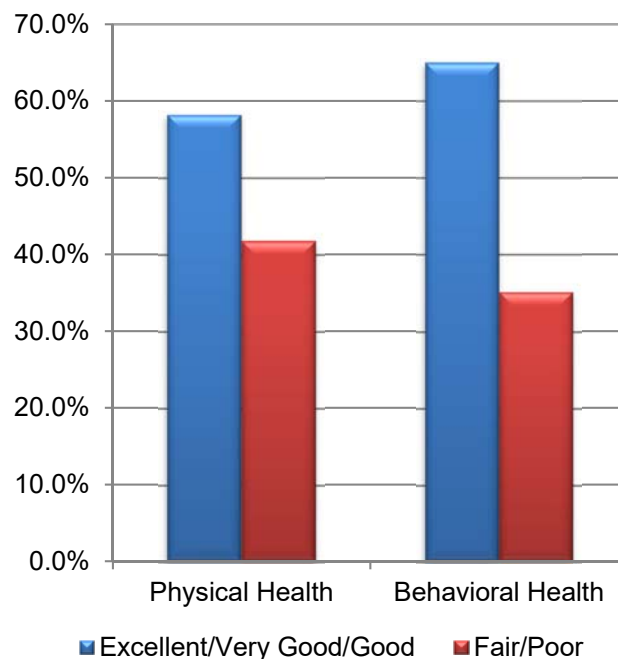
Usefulness of Reports from Specialists



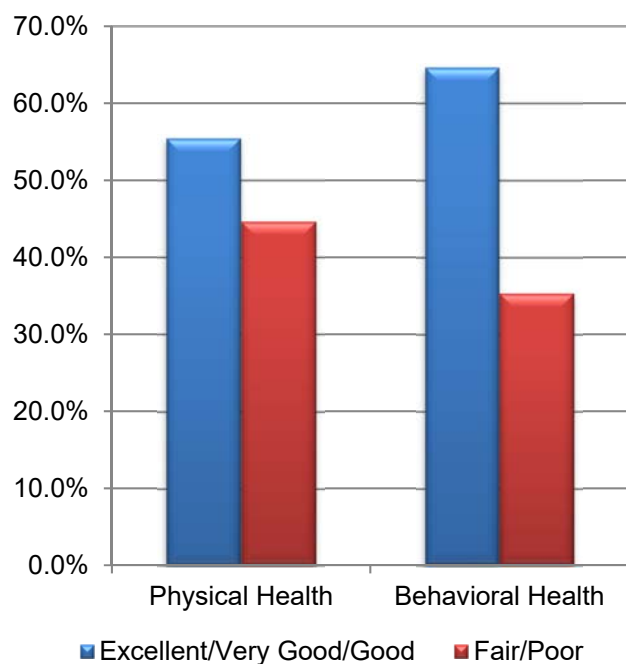
Availability of Specialists



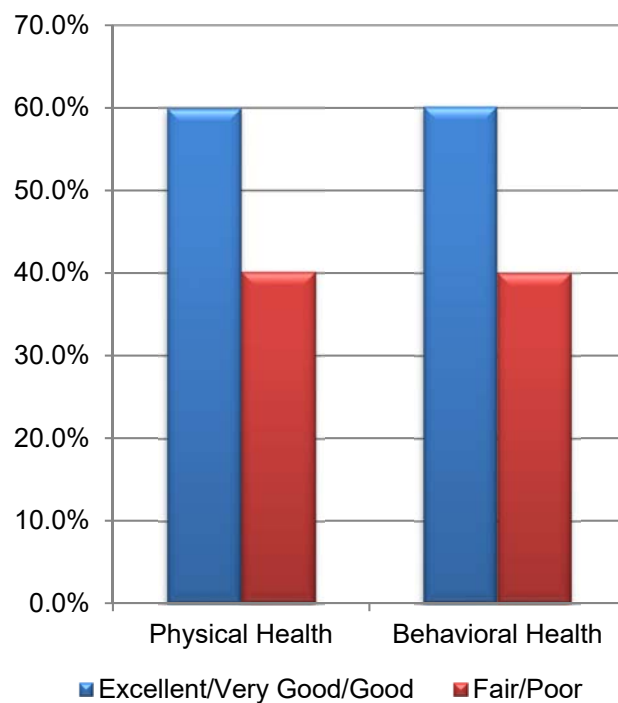
Timeliness of Scheduling Tests



Coordination of Step-Down Services

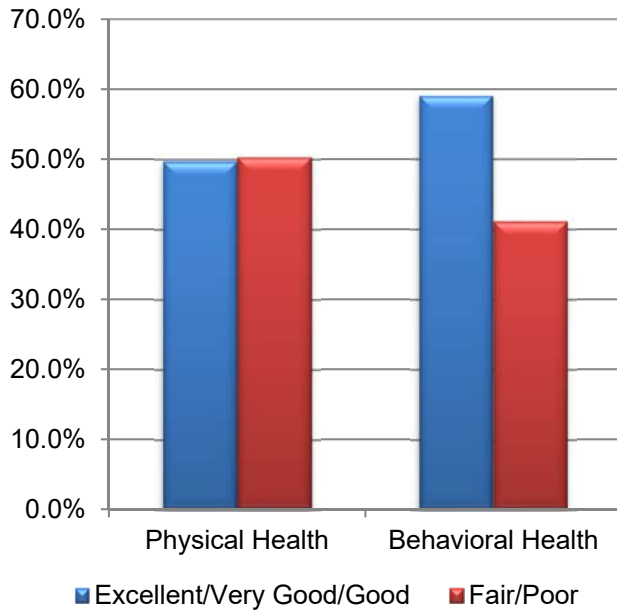


Services for CSHCN

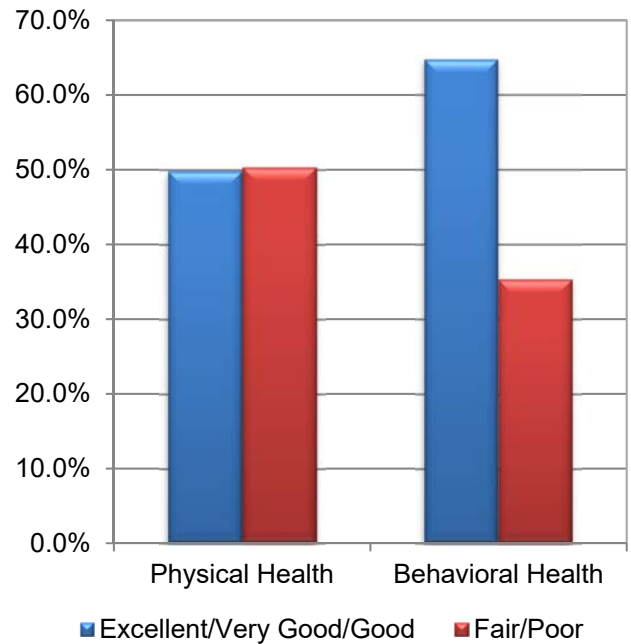


CSHCN: Children with Special Health Care Needs

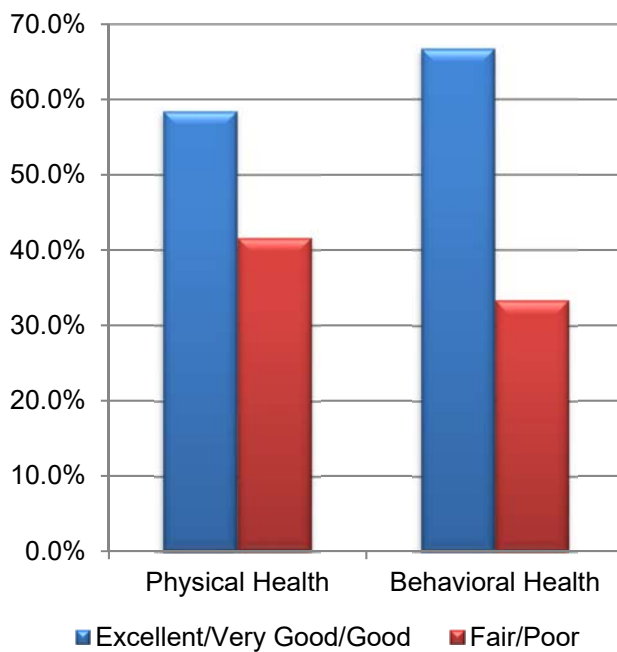
**Coordination of
Alcohol/Substance Abuse
Treatment**



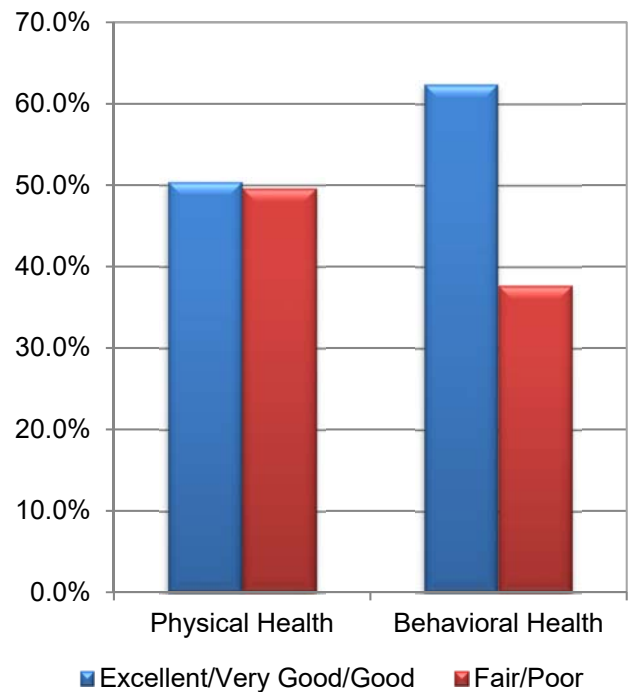
**Coordination of
Rehabilitation Services**



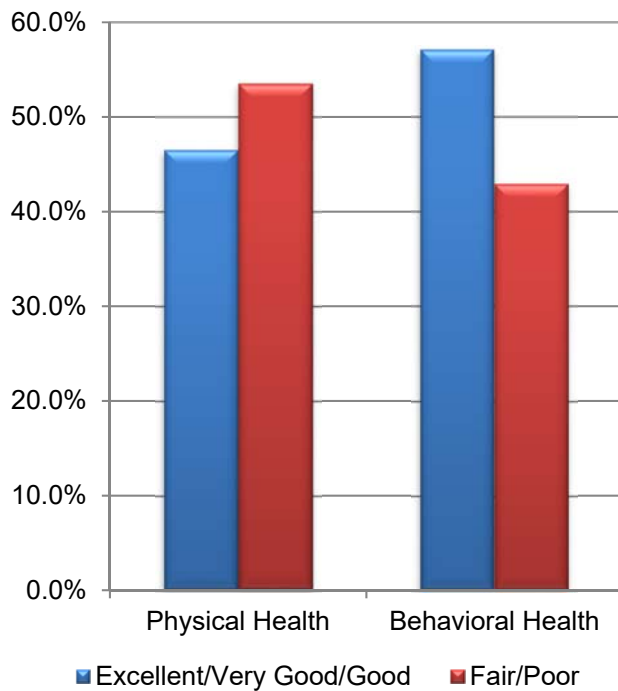
**Non-Emergency Hospital
Admissions**



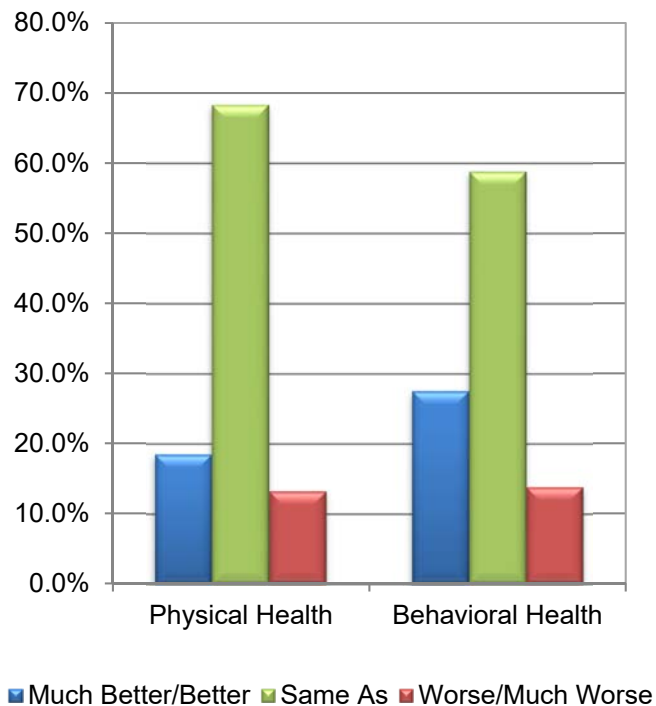
Referrals to Specialists



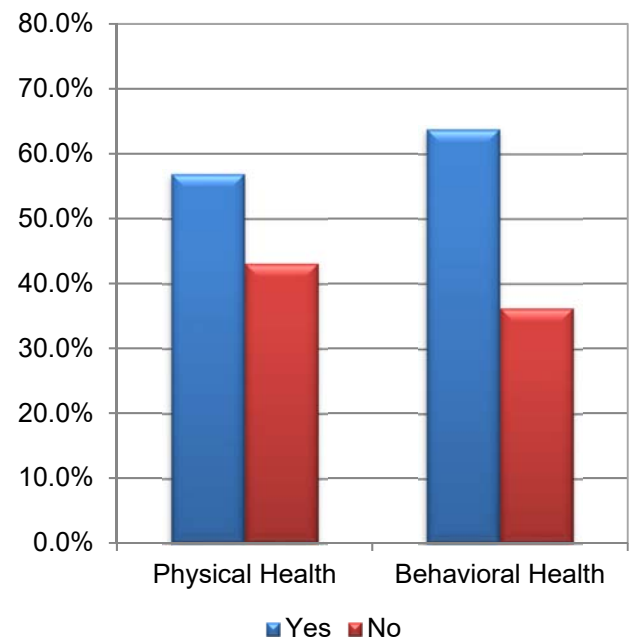
Prescribe Best Medications



MCO Care Coordination



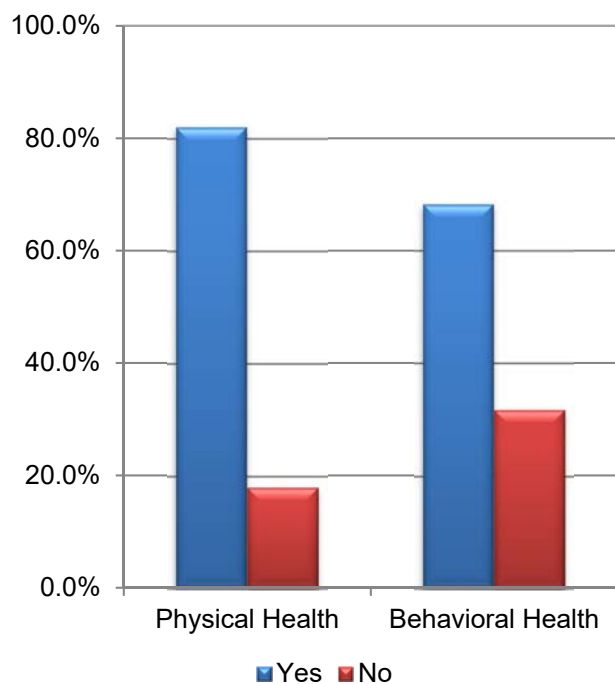
Recommend MCO DM/CM Program



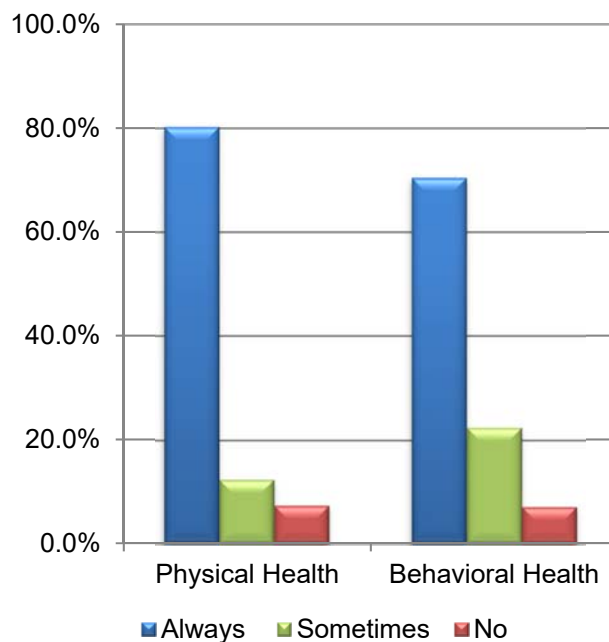
DM: Disease Management; CM: Case/Care Management

No-Show Appointments

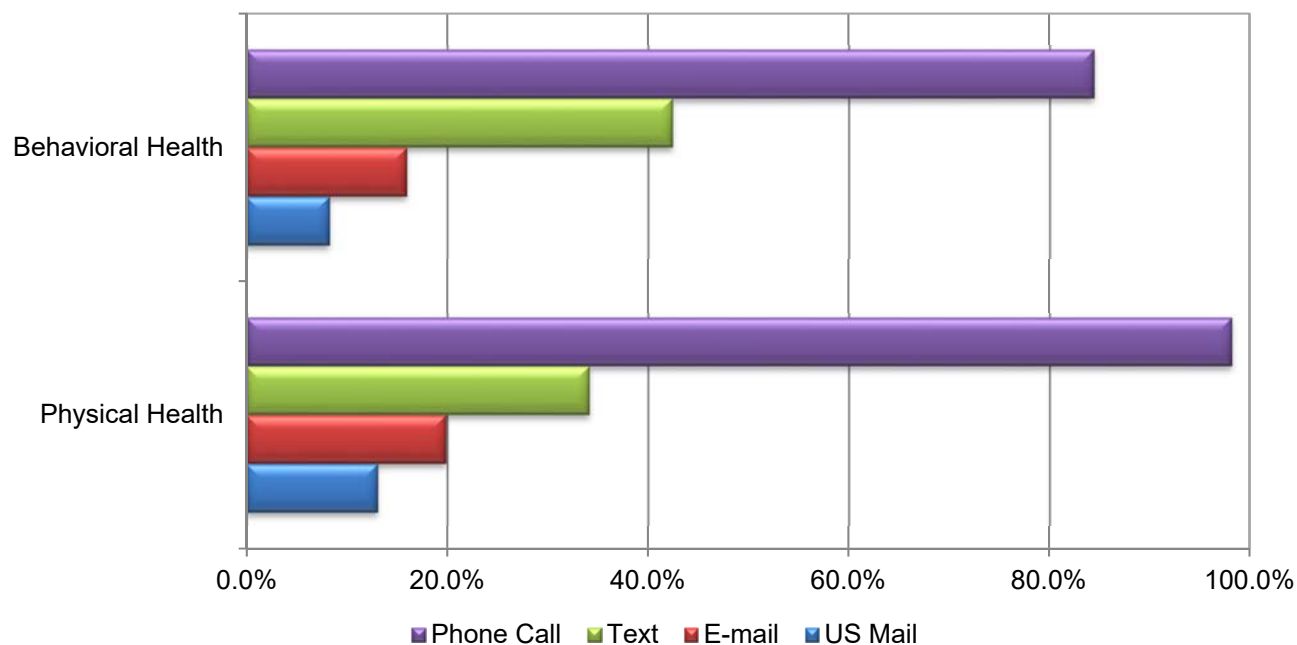
No-Show Appointments



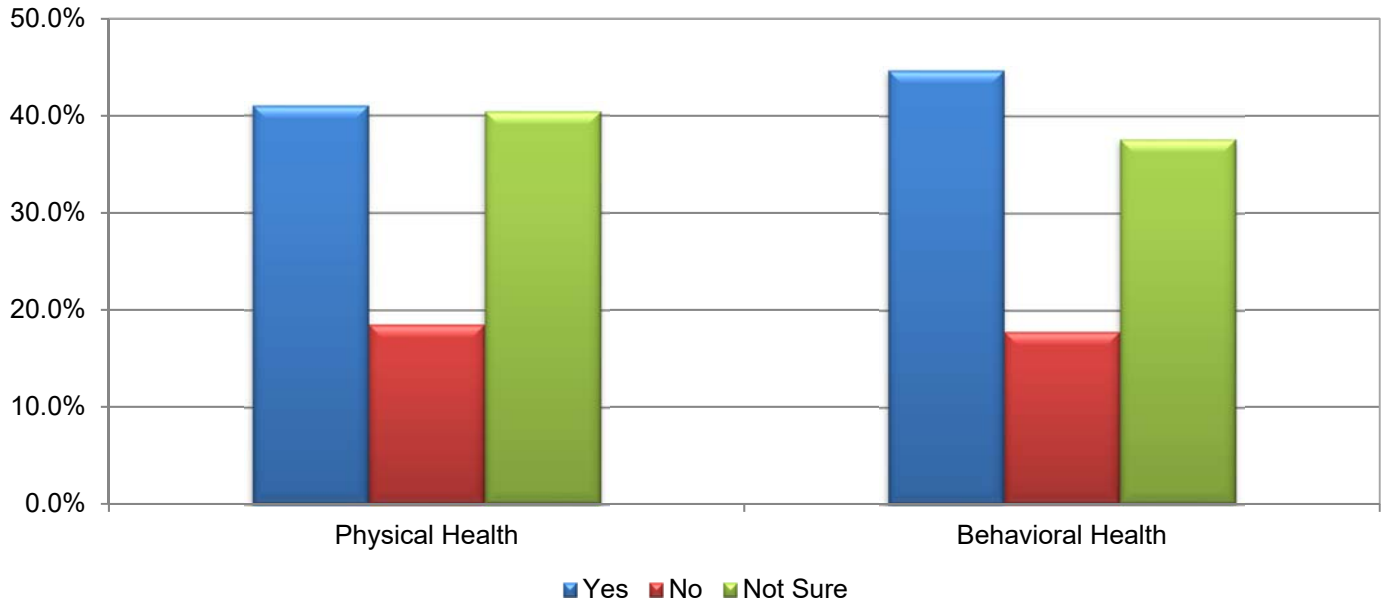
Remind Members of Appointments



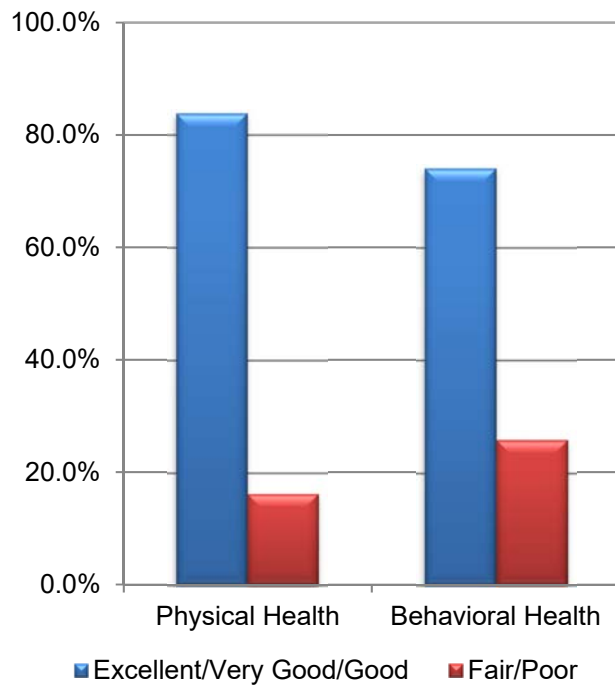
Method of Reminders



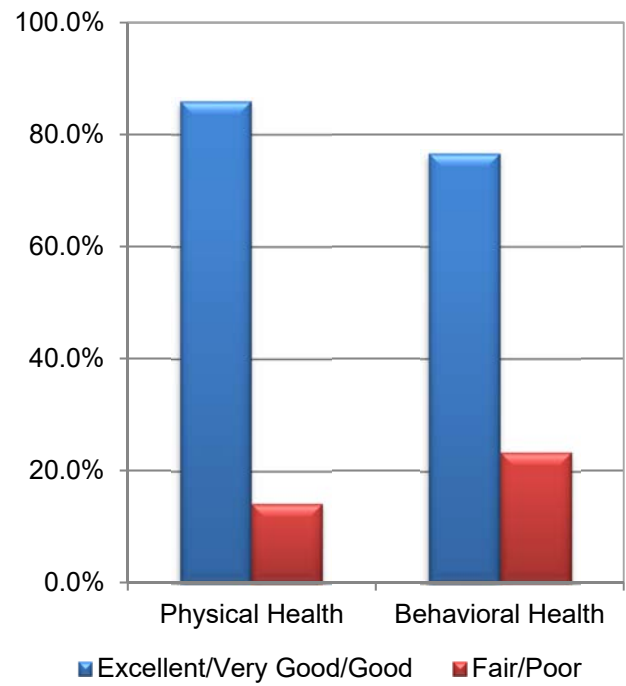
Provider Relations Representative



Ability to Answer Questions

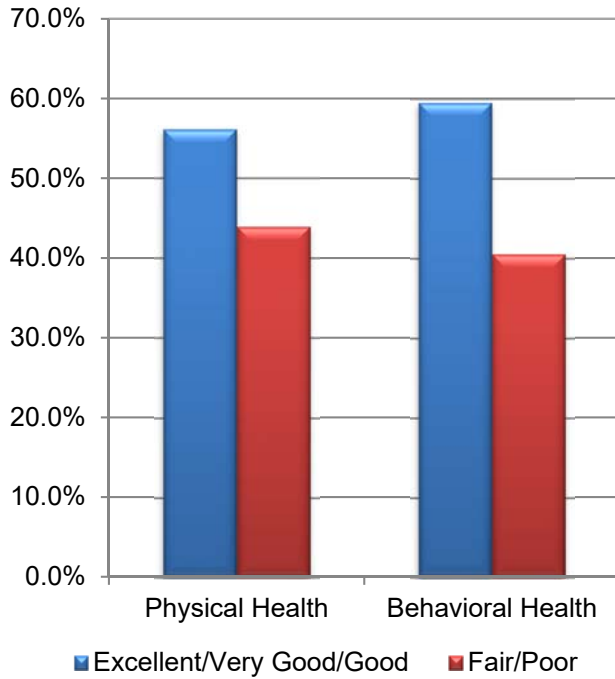


Responsiveness/Courtesy

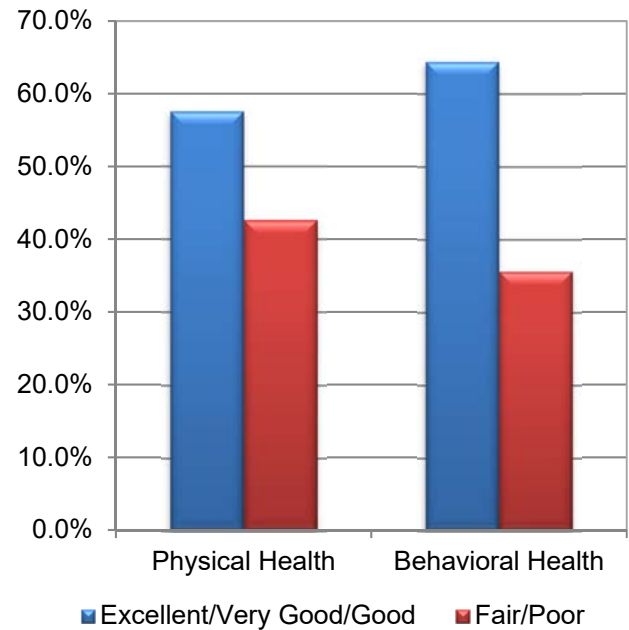


Utilization Management

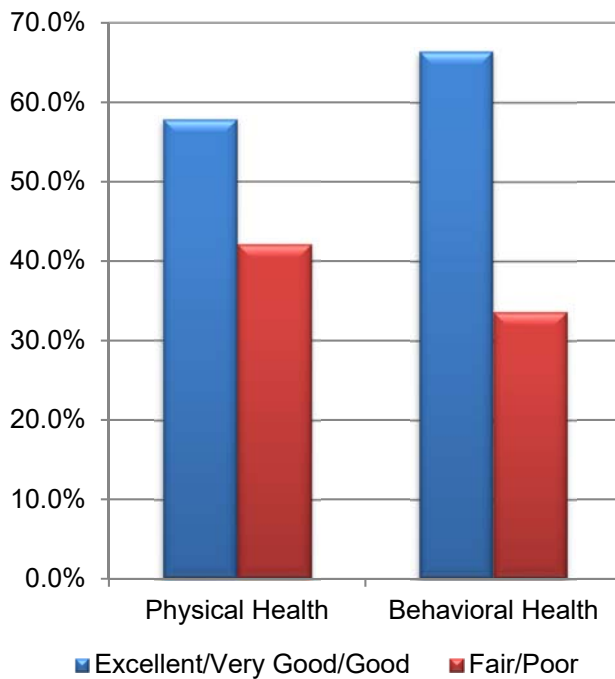
Pre-Authorization Process



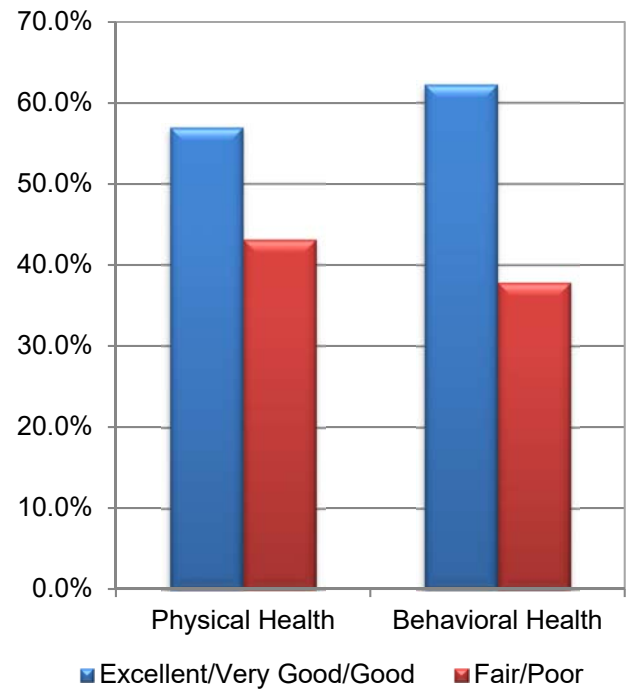
Timeliness of Pre-Authorization



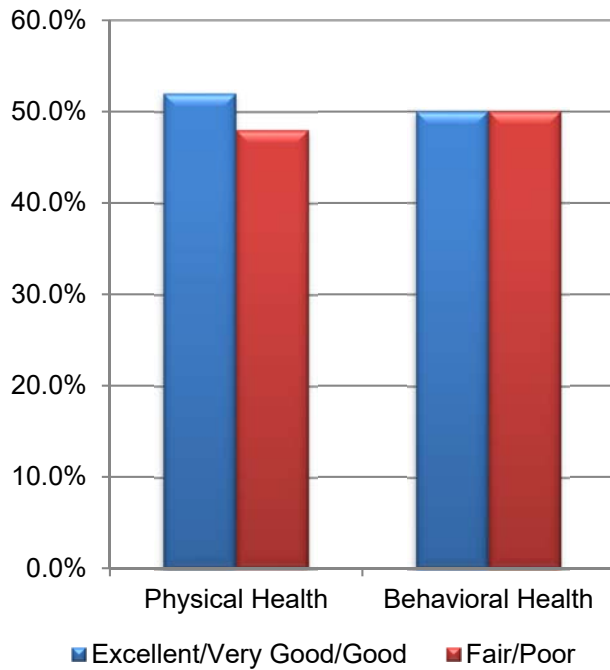
Phone Access to Staff



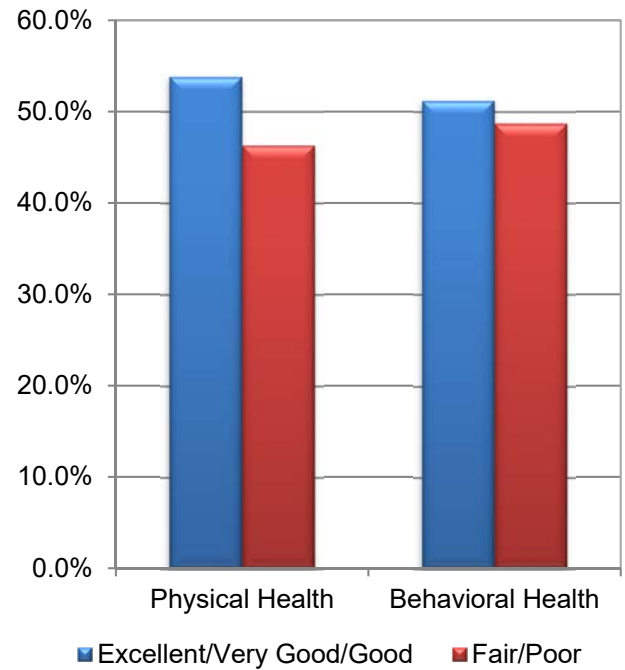
Share Review Criteria



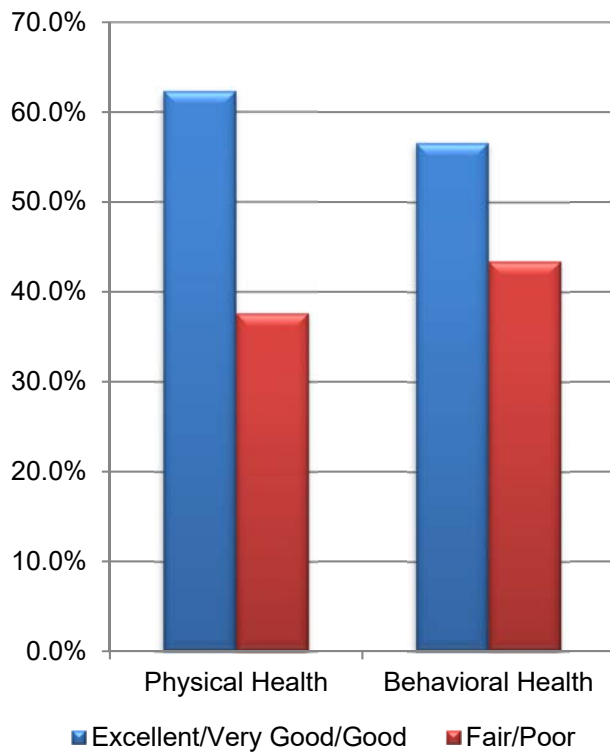
Timeliness of Appeals



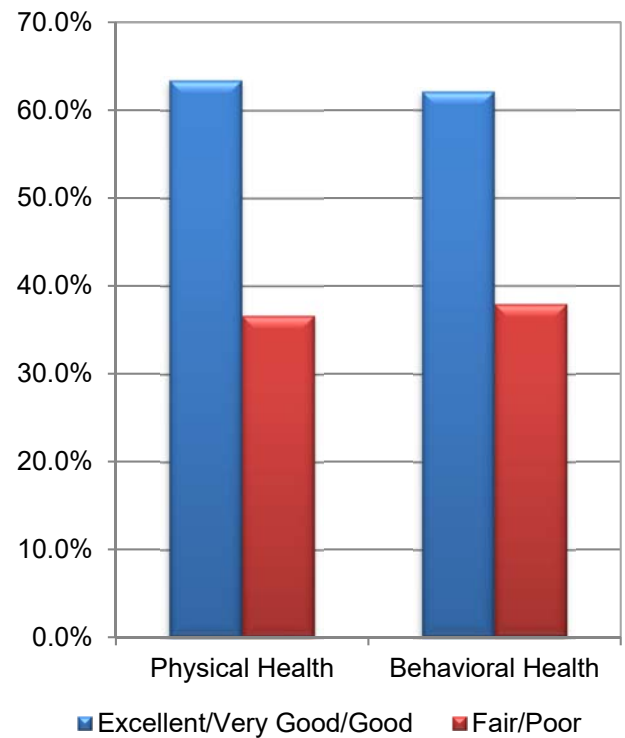
Timeliness of Resolutions



Staff Knowledge/Accuracy

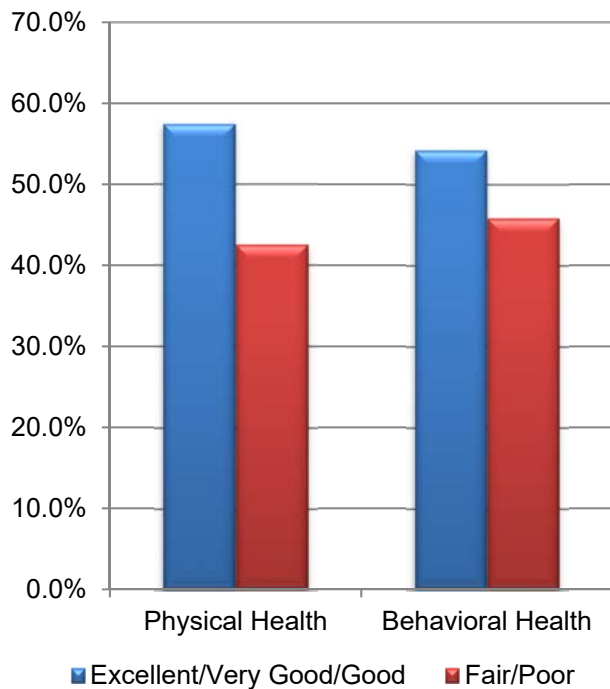


Support for PCMH



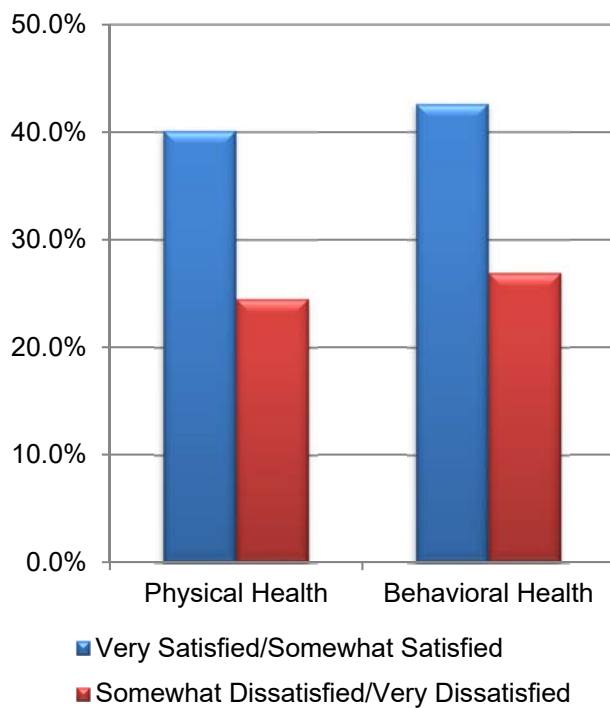
PCMH: Patient-Centered Medical Home

MRR Process



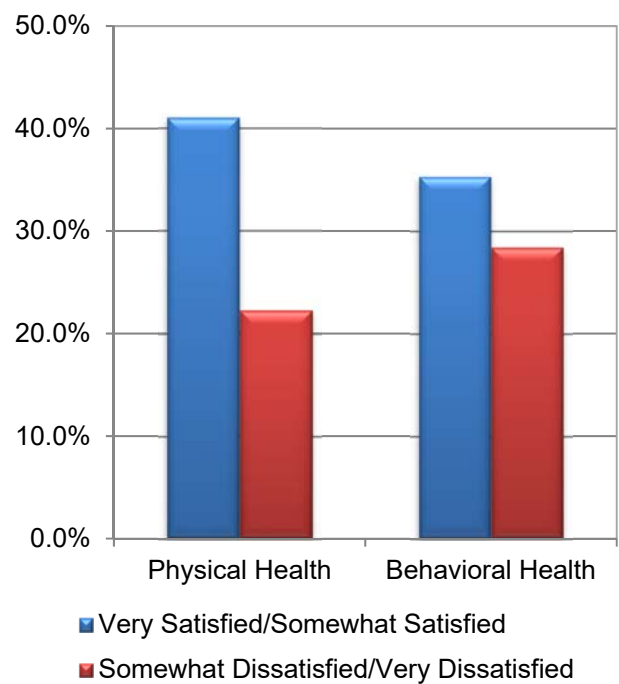
MRR: Medical Record Review

Efficiency of UM Process



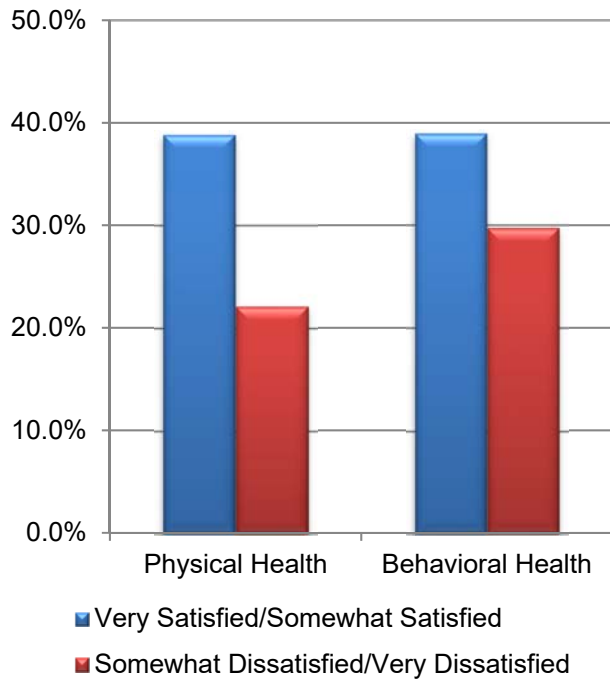
UM: Utilization Management

Timeliness of MD Responses

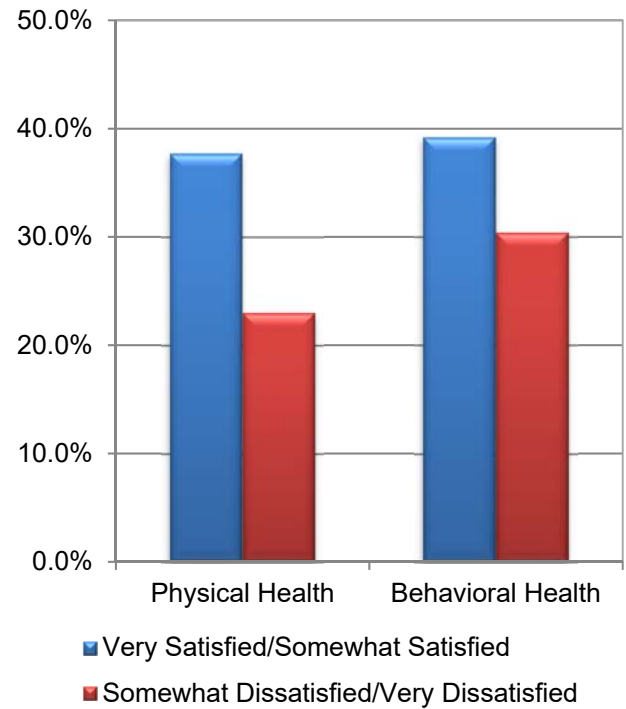


MD: Medical Director

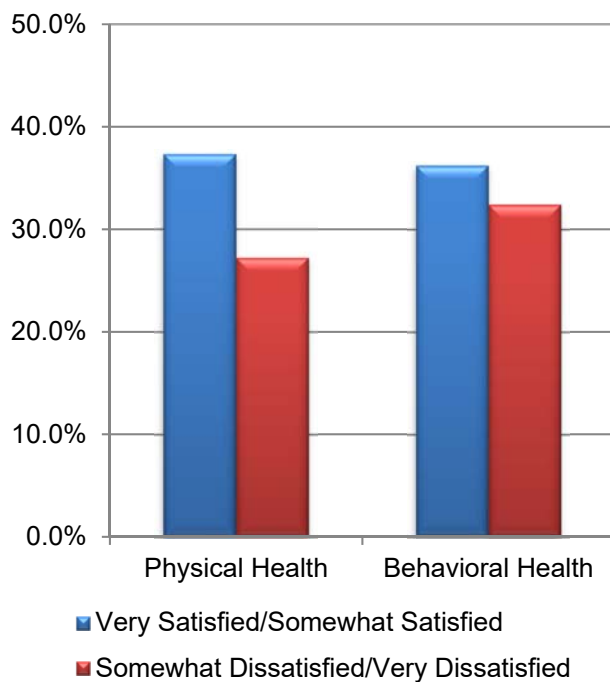
Access to Knowledgeable Staff



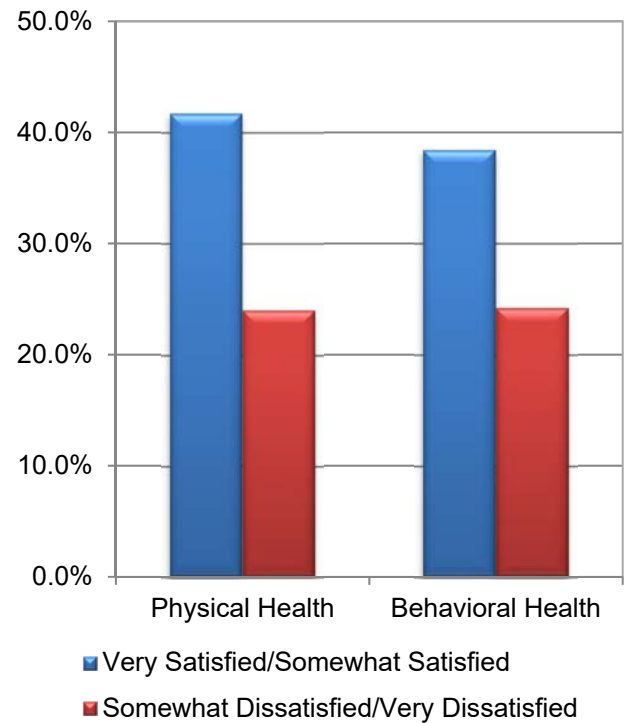
Consistency of Decisions



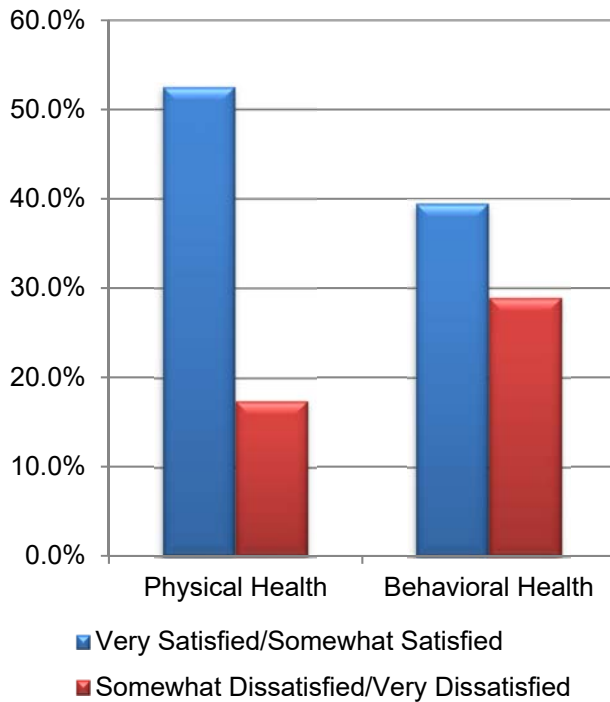
Clinical Appropriateness of Decisions



Access to CMs

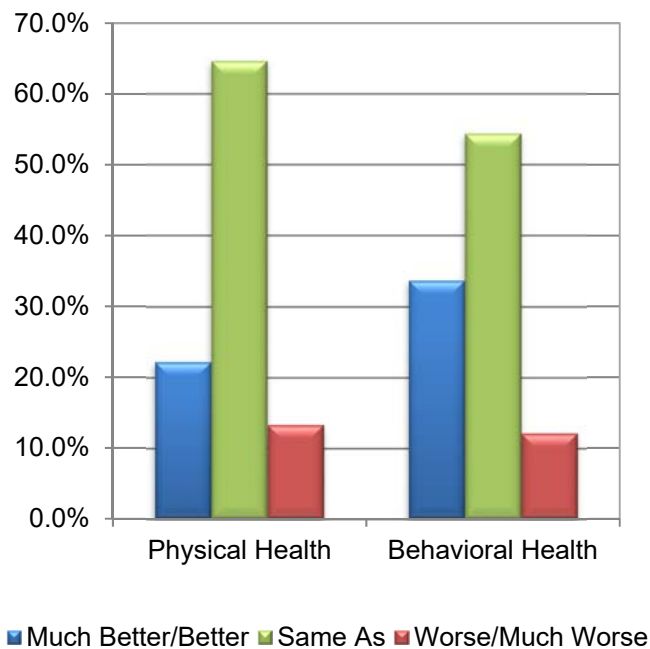


Preventive Care/Wellness

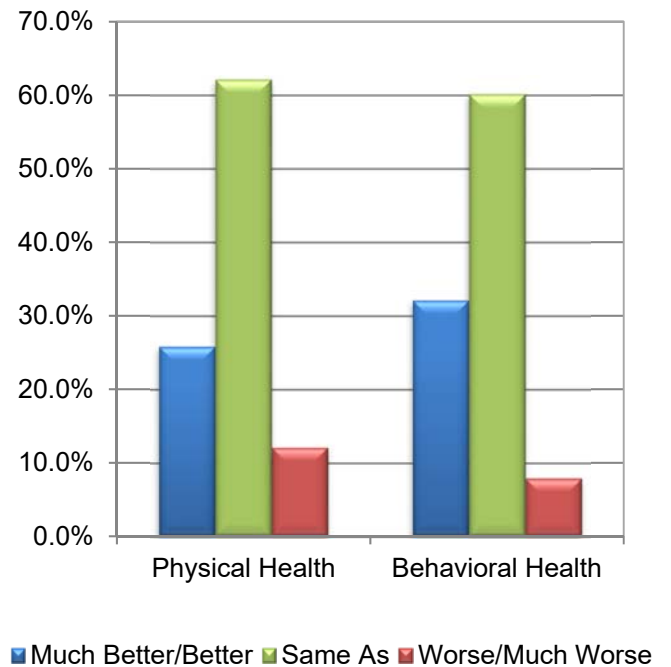


Call Center

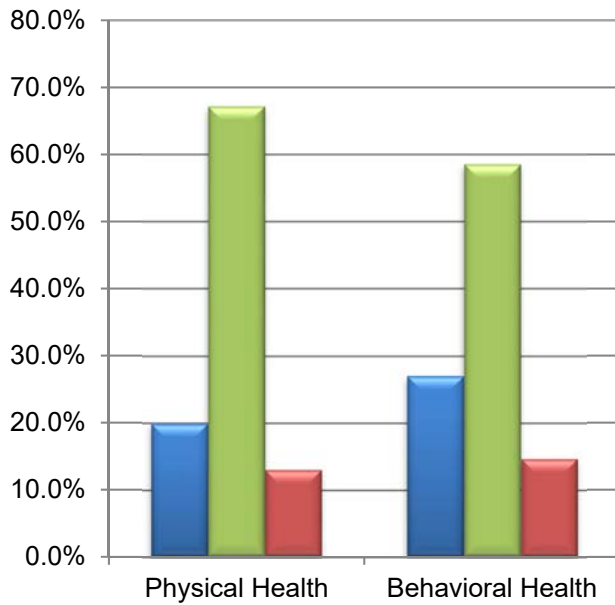
Ease of Reaching Call Center



Obtaining Member Information

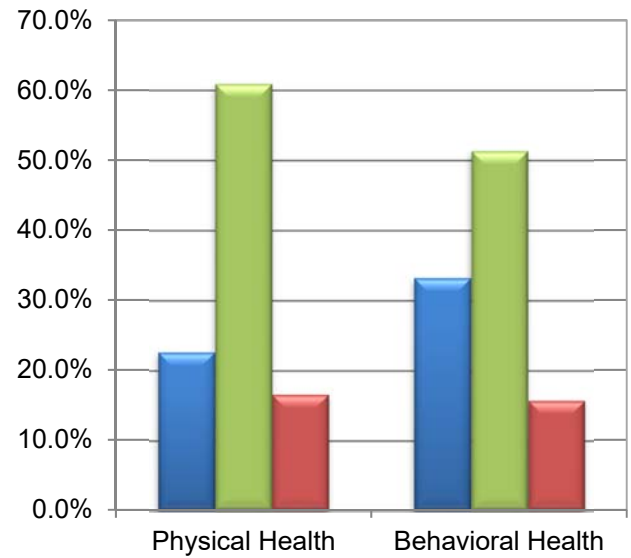


Helpfulness of Staff



■ Much Better/Better ■ Same As ■ Worse/Much Worse

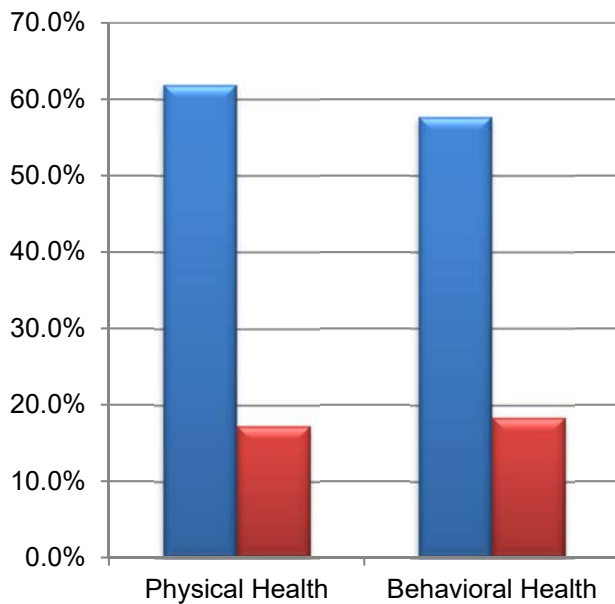
Overall Satisfaction with Call Center



■ Much Better/Better ■ Same As ■ Worse/Much Worse

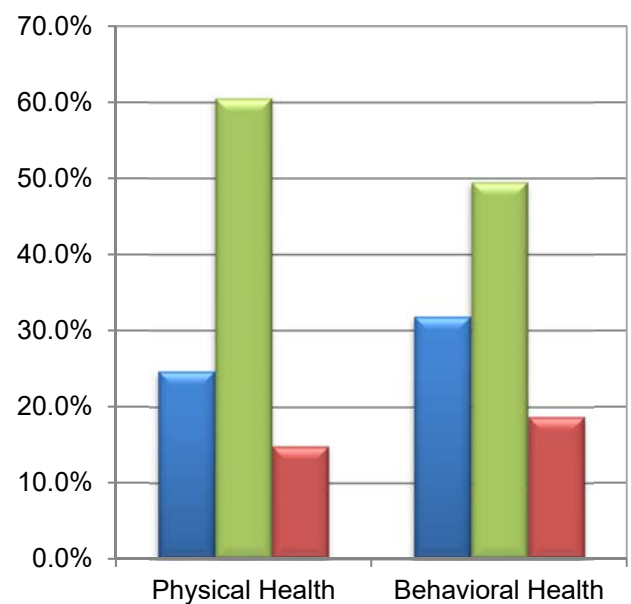
Overall Satisfaction

Overall Satisfaction with MCO



■ Very Satisfied/Somewhat Satisfied
■ Somewhat Dissatisfied/Very Dissatisfied

MCO Compared to Other MCOs



■ Much Better/Better ■ Same As ■ Worse/Much Worse

Recommend MCO to Other Providers

