

Provider Satisfaction Report

2021 Results

Prepared for: Aetna Better Health of Louisiana

January 2022



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Background and Objectives

The Provider Satisfaction Survey targets providers to measure their satisfaction with Aetna Better Health of Louisiana. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

Throughout the report, applicable sections will be split out to include all respondents, PCP and Specialist respondents only, and Behavioral Health respondents only.

Summary Rates generally represent the most favorable response percentages. For comparison purposes, results are presented by Summary Rates. Composite scores are calculated by taking the average Summary Rates of the attributes in the specified section.

Well Below Average	Somewhat Below Average	Average	Somewhat Above Average	Well Above Average
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Composites The following composites are included in the survey:

- Overall Satisfaction
- All Other Plans (Comparative Rating)
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Health Plan Call Center Service Staff
- Provider Relations

Benchmark All core measures are compared to the 2020 SPH Medicaid Book of Business (2020 SPH Medicaid), which is displayed as a light blue bar throughout the report, as well as the 2020 SPH Aggregate Book of Business, which is displayed as a light grey bar throughout the report. The SPH Medicaid Book of Business is made up of 86 plans with a total of 15,911 respondents. The SPH Aggregate Book of Business is made up of 106 plans with a total of 19,916 respondents.

NCQA HEALTH PLAN ACCREDITATION

Many organizations conduct the SPH Provider Satisfaction Survey to monitor provider satisfaction levels and to respond to one or more NCQA Health Plan Accreditation Standards. The 2021 SPH Provider Satisfaction Survey was designed to support the following NCQA standards:

- **NCQA Standard QI 3** (Continuity and Coordination of Medical Care) looks to managed care organizations to gather information, at least annually, to assess and identify opportunities to improve coordination of medical care across its delivery system. This includes conducting quantitative analysis of data and feedback.
- To enhance the value of the survey to organizations providing behavioral healthcare services, SPH developed an optional supplemental survey module (3 questions) which was implemented to address **NCQA Standard QI 4** (Continuity and Coordination Between Medical Care and Behavioral Health Care). Similar to QI 3, this standard looks to the organization to demonstrate evidence of collaboration between medical care delivery system and its behavioral healthcare network.

The Provider Satisfaction survey was administered via mail, telephone and internet between August and November 2021. Qualified respondents were providers contracted with the plan.

RESPONSE RATES

Year	Sample size	Valid surveys				Response rate
		Mail	Phone	Internet	Total	
2020	1,500	40	96	73	209	13.9%
2021	1,500	39	63	32	134	8.9%

$$\text{Response Rate} = \frac{\text{Completed surveys}}{\text{Sample size}}$$

Statistical references and notes:

- All statistical testing is performed at the 95% confidence level.
- Percentages less than 10.0% are not shown in graphs where space does not permit.
- Totals reported in graphs and tables may not be equal to the sum of the individual components due to the rounding of all figures.
- A caret (^) indicates a base size smaller than 20. Interpret with caution.

Executive Summary

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Dashboard – Key Findings

Changes from
last year



TRENDING DOWN

Measures that decreased significantly from 2020

*14h. Receive feedback/reports from BH clinicians

Measure Name	2021 Summary Rate Score	2020 SPH Medicaid BoB %tile
Would Recommend (%Yes)	85.3%	45th
All Other Plans (Comparative Rating) (%Well or Somewhat above average)	31.8%	39th
Overall satisfaction (%Completely or Somewhat Satisfied)	66.7%	34th
Finance Issues (%Well or Somewhat above average)	28.5%	35th
Utilization and Quality Management (%Well or Somewhat above average)	30.0%	38th
Network/Coordination of Care (%Well or Somewhat above average)	23.6%	26th
Health Plan Call Center Service Staff (%Well or Somewhat above average)	35.3%	41st
Provider Relations (%Well or Somewhat above average)	31.2%	34th

Net Satisfaction Score: 55.8%

Net Loyalty Score: 61.3%

SatisAction™ KEY DRIVER STATISTICAL MODEL
Key Drivers of Overall Satisfaction with Health Plan

POWER

Promote and Leverage Strengths

- 21e The portal's reporting functions
- 21b Finding information you needed regarding claim payments or remittance advices
- 21d The portal's prior authorization, requirement submissions, and confirmation functions
- 21g What number would you use to rate all your overall experience with the Provider Portal?
- 21c Finding information you needed regarding the patient (member) Gaps in Care Report
- 21a Finding information you needed regarding member eligibility
- 15e Overall satisfaction with health plan's call center service
- 13j Overall satisfaction with the plan's clinical management processes
- 15g Are you satisfied with the access to linguistic assistance provided by the health plan?
- 17f Are you satisfied with the health plan's support toward Patient Centered Medical Home implementation?
- 17g Are you satisfied with the health plan's provider enrollment process?

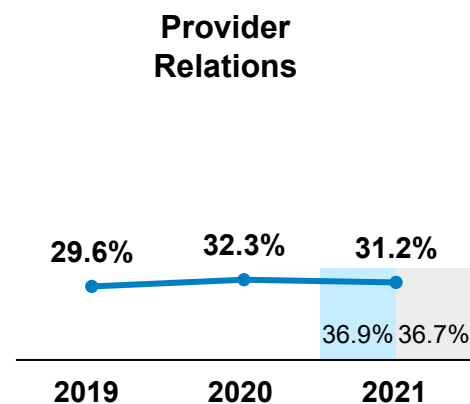
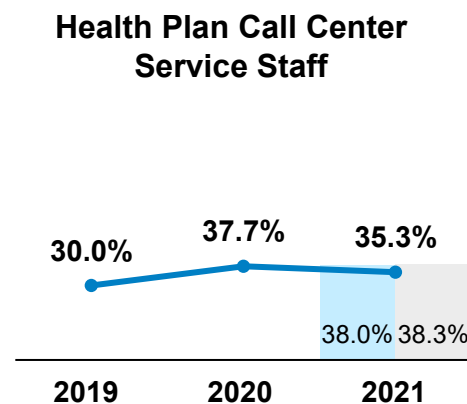
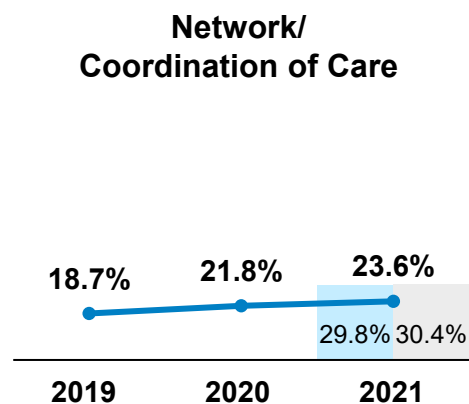
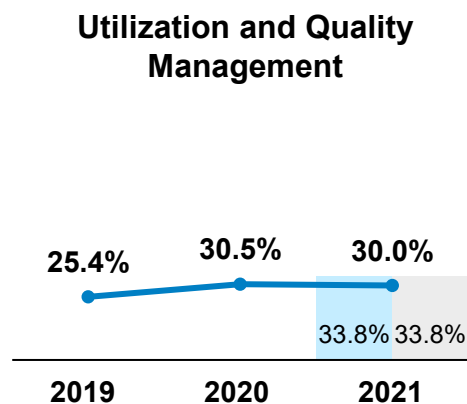
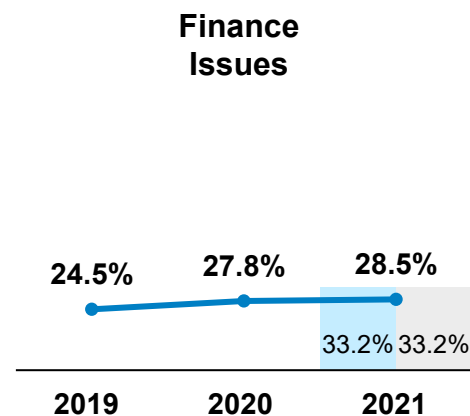
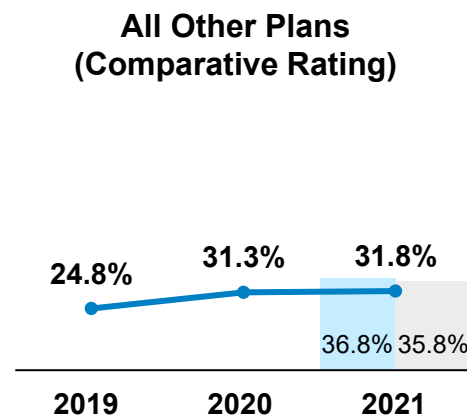
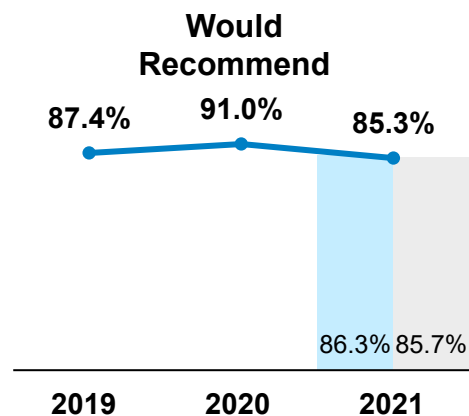
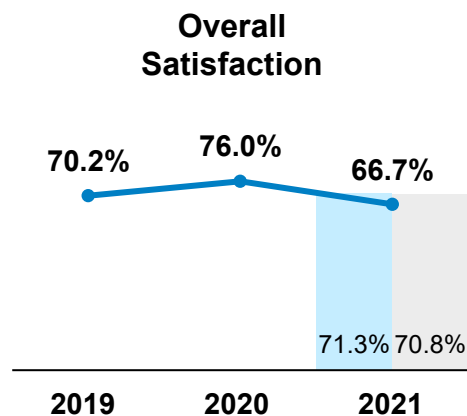
OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- 12f Overall satisfaction with plan's claim dispute resolution process
- 12e Timeliness of claims payment
- 12b Accuracy of claims processing
- 12d Resolution of claims payment problems or disputes
- 12c Timeliness of claims processing
- 13c Timeliness of obtaining pre-certification/authorization information
- 13h Consistency of review decision
- 13i Timeliness of UM appeals process
- 14c The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients
- 13b Procedures for obtaining pre-certification/authorization information
- 13g Extent to which UM staff share review criteria and reasons for adverse determinations

Composite Summary Rate Scores

—●— Your plan
 2020 SPH Medicaid BoB
 2020 SPH Aggregate BoB



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⚡ 2021 score is significantly higher or lower than the 2019 score.

POWeR™ CHART CLASSIFICATION MATRIX

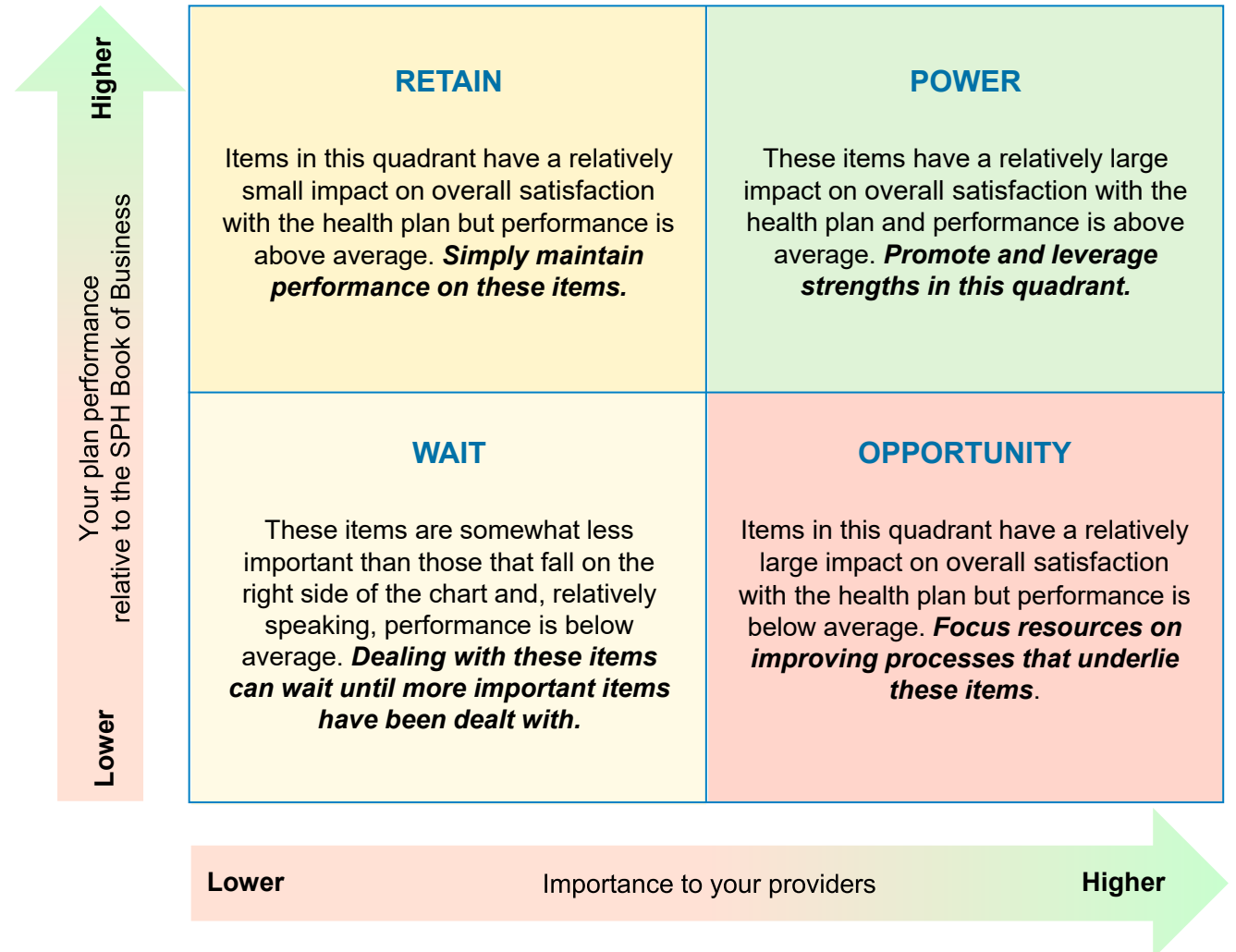
The SatisAction™ key driver statistical model was used to identify the **key drivers of overall satisfaction with the health plan** and the results are presented in the POWeR™ Chart classification matrix on the following page.

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of overall satisfaction with the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving overall satisfaction with the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well providers think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by the plan.

For a detailed discussion of the analytics behind this model, see Appendix C.



POWeR™ Chart: Your Results

SURVEY MEASURE

POWER

Q21e	The portal's reporting functions	60.9%
Q21b	Finding information you needed regarding claim payments or remittance advices	67.9%
Q21d	The portal's prior authorization, requirement submissions, and confirmation functions	57.1%
Q21g	What number would you use to rate all your overall experience with the Provider Portal?	32.1%
Q21c	Finding information you needed regarding the patient (member) Gaps in Care Report	59.5%
Q21a	Finding information you needed regarding member eligibility	75.0%
Q15e	Overall satisfaction with health plan's call center service	66.7%
Q13j	Overall satisfaction with the plan's clinical management processes	35.9%
Q15g	Are you satisfied with the access to linguistic assistance provided by the health plan?	60.0%
Q17f	Are you satisfied with the health plan's support toward Patient Centered Medical Home implementation?	62.2%
Q17g	Are you satisfied with the health plan's provider enrollment process?	66.4%

OPPORTUNITY

Q12f	Overall satisfaction with plan's claim dispute resolution process	28.5%
Q12e	Timeliness of claims payment	31.4%
Q12b	Accuracy of claims processing	31.1%
Q12d	Resolution of claims payment problems or disputes	27.0%
Q12c	Timeliness of claims processing	29.7%
Q13c	Timeliness of obtaining pre-certification/authorization information	28.8%
Q13h	Consistency of review decision	26.3%
Q13i	Timeliness of UM appeals process	26.1%
Q14c	The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients	21.2%
Q13b	Procedures for obtaining pre-certification/authorization information	27.4%
Q13g	Extent to which UM staff share review criteria and reasons for adverse determinations	27.3%

WAIT

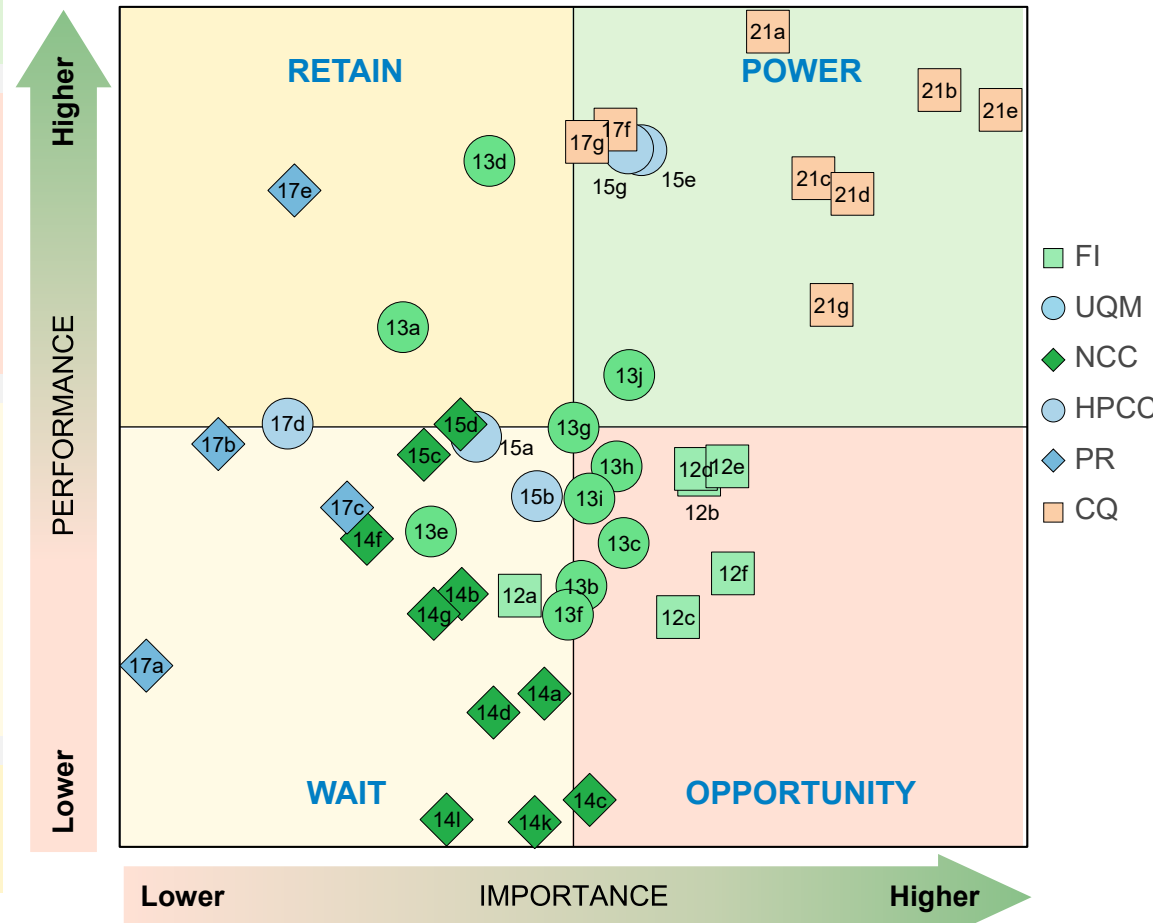
Q13f	Degree to which the plan covers and encourages preventive care and wellness	33.0%
Q14a	The overall number of specialists in this health plan's provider network to whom I can refer my patients	20.7%
Q15b	Process of obtaining member information (eligibility, benefit coverage, co-pay amounts)	37.8%
Q14k	The availability of appropriate specialty types in this health plan's network to whom I can refer my patients	21.3%
Q12a	Consistency of reimbursement fees with your contract rates and/or regulatory fee schedules	26.3%
Q14d	The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients	23.5%
Q15a	Ease of reaching health plan call center staff over the phone	32.8%
Q14b	The quality of specialists in this health plan's provider network to whom I can refer my patients	25.7%
Q14l	The availability of appropriate behavioral health clinicians to whom I can refer my patients	20.0%
Q14g	Frequency of feedback/reports from specialists for patients in your care	22.2%
Q13e	Access to Case/Care Managers from this health plan	27.9%
Q15c	Helpfulness of health plan call center staff in finding a network specialist for patients in your care	31.0%
Q14f	The timeliness of feedback/reports from specialists in this health plan's provider network	24.2%

RETAIN

Q13d	Overall satisfaction with the UM pre-certification/authorization process	62.7%
Q15d	Helpfulness of health plan call center staff in finding network behavioral health services for patients in your care	29.8%
Q13a	Phone access to knowledgeable UM staff	32.8%
Q17e	Are you satisfied with the quality of provider education and trainings (including cultural competency trainings)?	58.4%
Q17d	Overall satisfaction with health plan's provider relations	32.7%

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan.

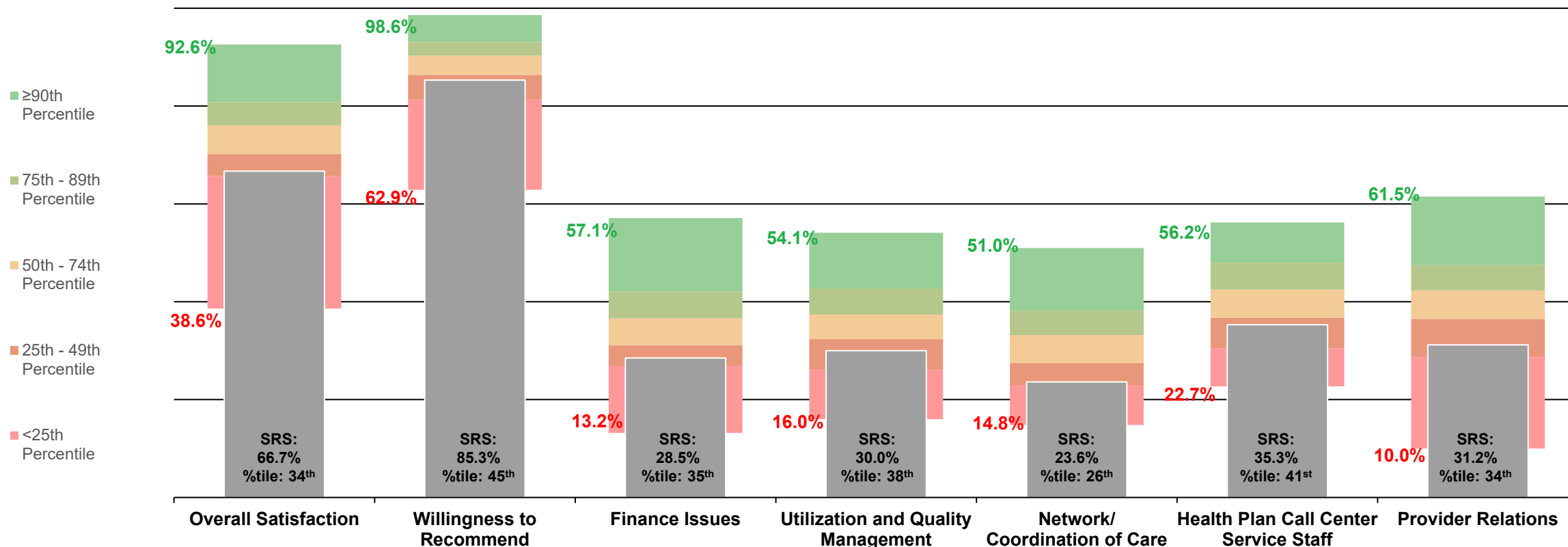


* Summary rates are top-two box scores.

Composite and Key Question Summary

COMPARISON RELATIVE TO SPH Medicaid BOOK OF BUSINESS

The graph below shows how Aetna LA scores compare to the distribution of scores in the 2020 SPH Medicaid Book of Business.



Green bar = Aetna LA performing at or above the 75th percentile

Red bar = Aetna LA performing below the 25th percentile

Composite Analyses

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Drilling Down Into Ratings and Composites

This section is designed to give plans a detailed report on the performance of global ratings (Overall Satisfaction and Likelihood to Recommend) and composite measures.

The Composite Analysis typically consists of two pages. The first page displays composite level details and frequency distributions for the attribute questions. The second displays trending and relative performance for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



Analyses presented in this section include:

- Composite Summary Rate Scores
- Comparisons to benchmarks and trending (if available)
- Frequency Distributions for Response Options
- Percentile Rankings and Relative Performance to the Benchmark

Measures Included in Analyses

- Overall Satisfaction and Recommendation
- Comparative Analysis (All other plans)
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Health Plan Call Center
- Provider Relations

Percentile Rankings

Your plan's percentile rankings compared to the SPH Book of Business were calculated and are presented throughout this section to help you better understand your relative performance to the national benchmark.

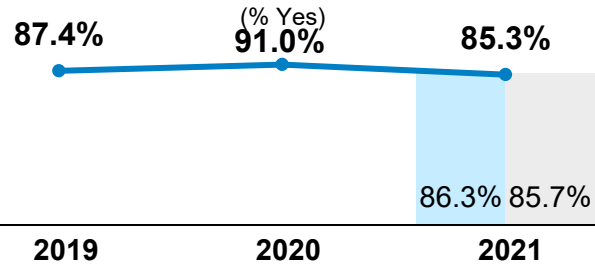


Overall Measures

Overall Measure Summary Rate Scores

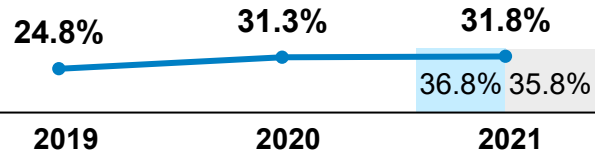
● Your plan 2020 SPH Medicaid BoB 2020 SPH Aggregate BoB

Would recommend



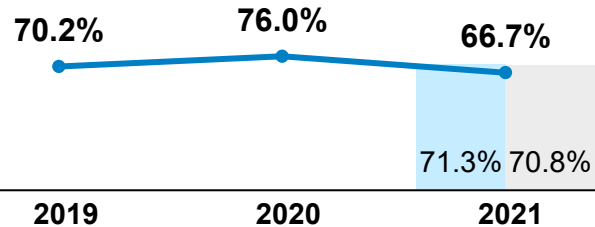
Comparative Rating

(% Well or Somewhat above average)



Overall Satisfaction

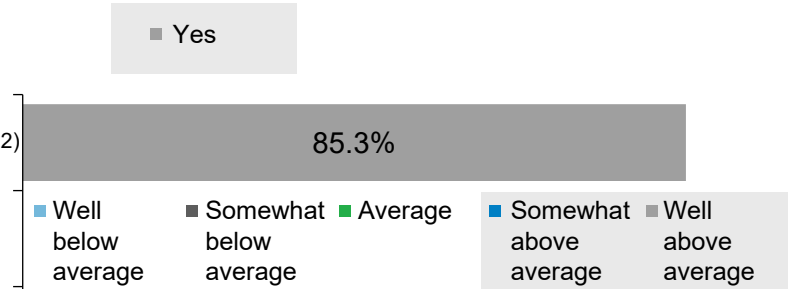
(% Completely or Somewhat satisfied)



2021 Attribute Response Distributions

2020 SPH BoB

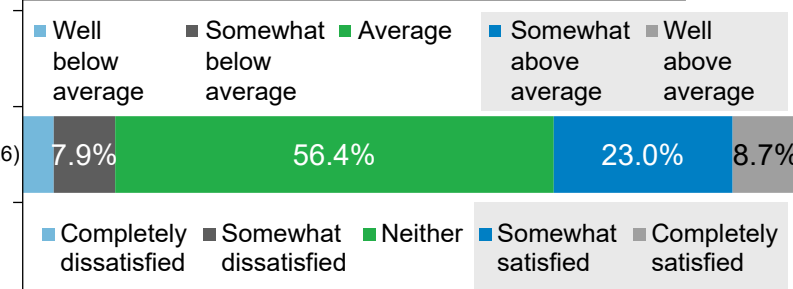
18. Would recommend Aetna LA to other physicians' practices (n=122)



SRS %tile

85.3% 45th

11. Rating of Aetna LA compared to all other contracted health plans (n=126)



31.8% 39th

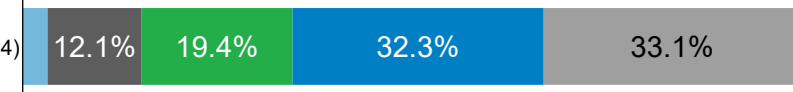
Overall Satisfaction with...

19a. Overall satisfaction: Aetna Better Health of Louisiana (OS1) (n=129)



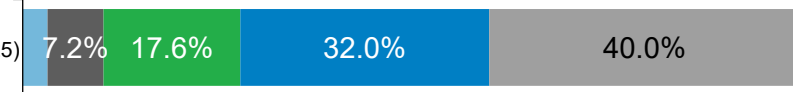
66.7% 34th

19b. Overall satisfaction: Health Blue (OS2) (n=124)



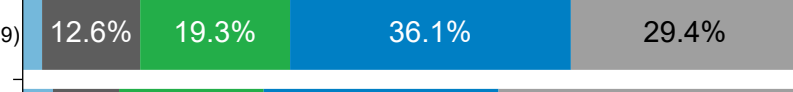
65.3%

19c. Overall satisfaction: Louisiana Health Care Connections (OS3) (n=125)



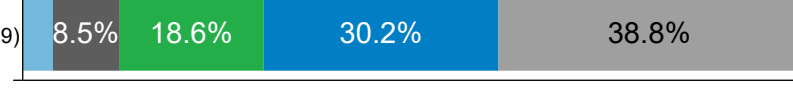
72.0%

19d. Overall satisfaction: Ameri Health Caritas (OS4) (n=119)



65.6%

19e. Overall satisfaction: United Health Care (OS5) (n=129)



69.0%

Significance Testing

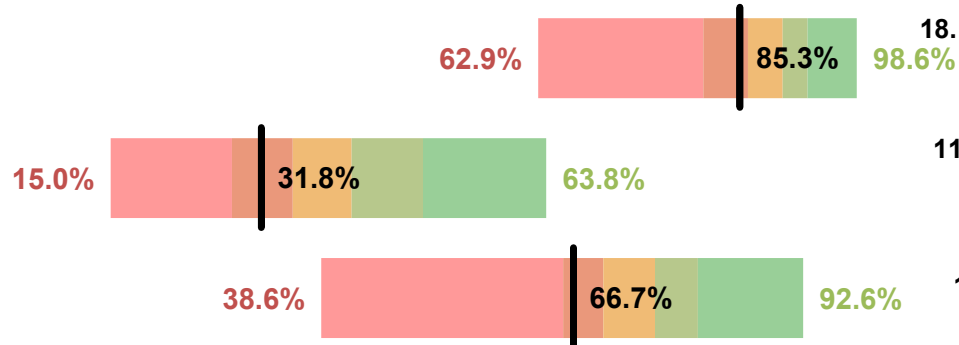
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

Overall Measures

2021 SRS Relative Performance

Percentiles represent the distribution of the SPH Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.

0% 20% 40% 60% 80% 100%



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentiles represented within each color are defined below.

<25th 25th – 49th 50th – 74th 75th – 89th >90th

Attributes

(% Completely or Somewhat satisfied)

18. Would recommend Aetna LA to other physicians' practices (% Yes)

11. Rating of Aetna LA compared to all other contracted health plans (%Well or Somewhat above average)

19a. Overall satisfaction: Aetna Better Health of Louisiana (OS1)

19b. Overall satisfaction: Health Blue (OS2)

19c. Overall satisfaction: Louisiana Health Care Connections (OS3)

19d. Overall satisfaction: Ameri Health Caritas (OS4)

19e. Overall satisfaction: United Health Care (OS5)

SRS Trending Performance

2019 2020 2021

87.4% 91.0% 85.3%

24.8% 31.3% 31.8%

70.2% 76.0% 66.7%

69.6% 65.3%

76.2% 72.0%

71.7% 65.6%

73.7% 69.0%

%tile

45th

39th

34th

2020 SPH BoB

Medicaid Aggregate

86.3% 85.7%

36.8% 35.8%

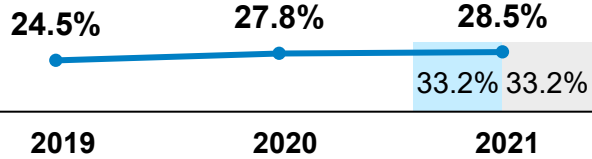
71.3% 70.8%

Significance Testing

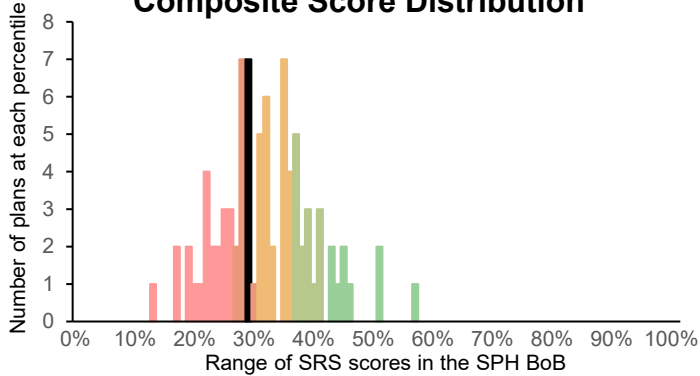
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⚡ 2021 score is significantly higher or lower than the 2019 score.

Composite Summary Rate Score

● Your plan
 2020 SPH Medicaid BoB
2020 SPH Aggregate BoB



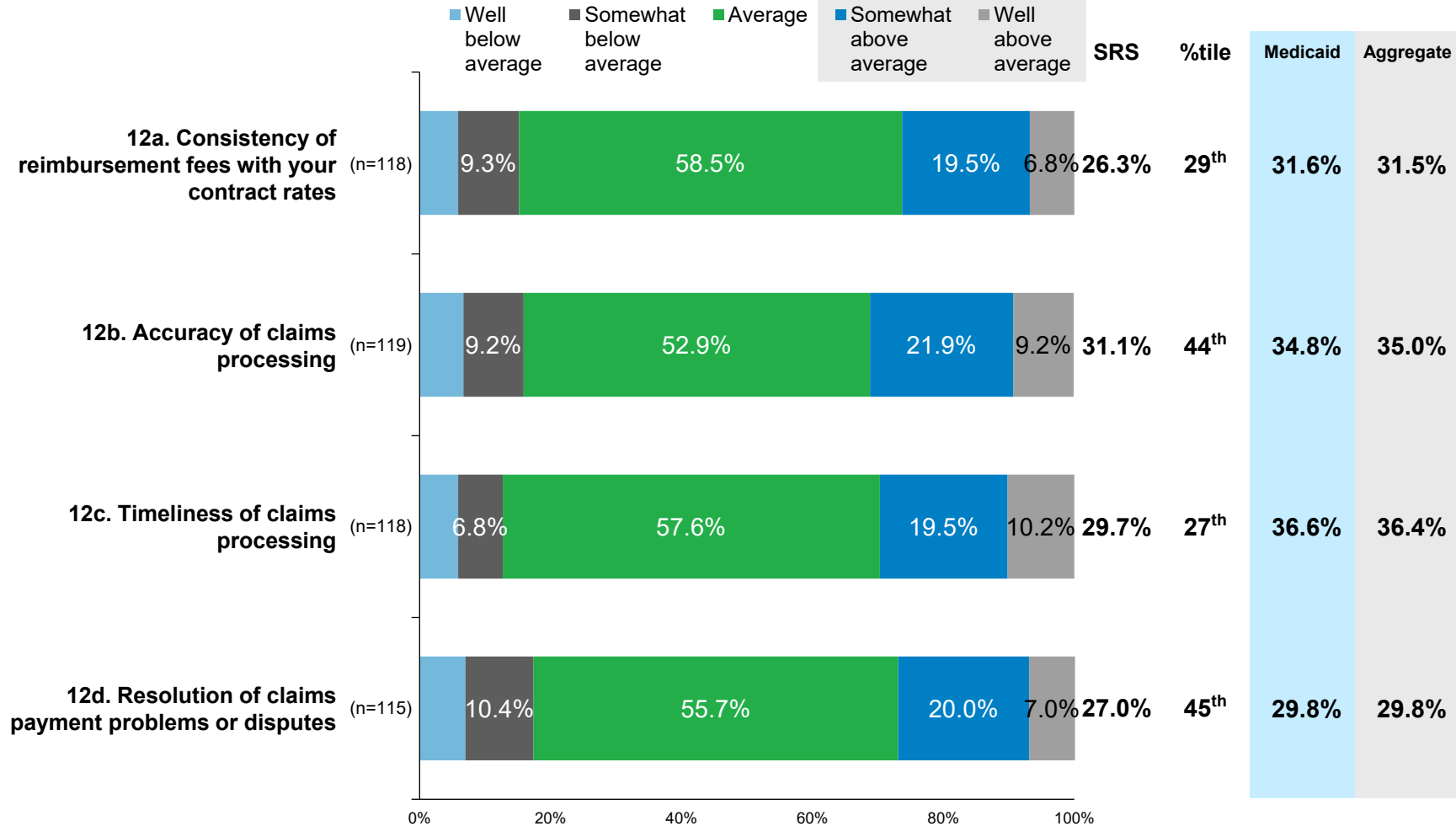
2020 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentile range represented by each color are defined below.



2021 Attribute Response Distributions



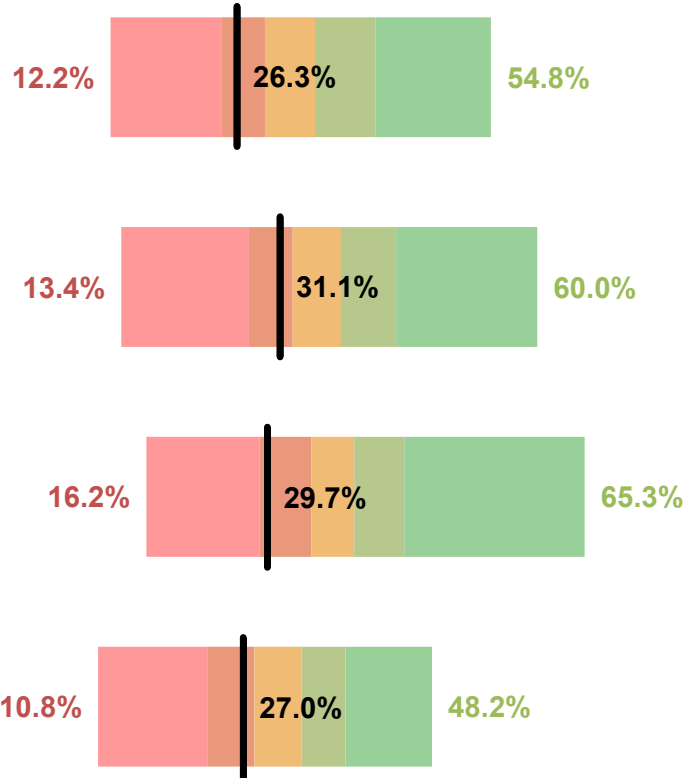
Significance Testing

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2021 SRS Relative Performance

Percentiles represent the distribution of the SPH Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.

0% 20% 40% 60% 80% 100%



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<25th 25th – 49th 50th – 74th 75th – 89th >90th

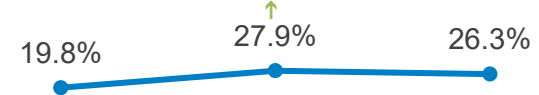
Attributes

(%Well or Somewhat above average)

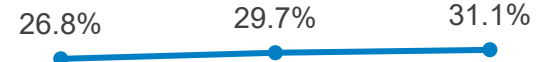
SRS Trending Performance

2019 2020 2021

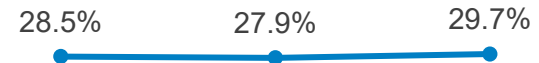
12a. Consistency of reimbursement fees with your contract rates



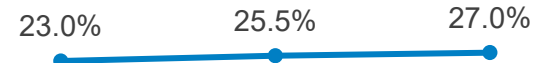
12b. Accuracy of claims processing



12c. Timeliness of claims processing



12d. Resolution of claims payment problems or disputes

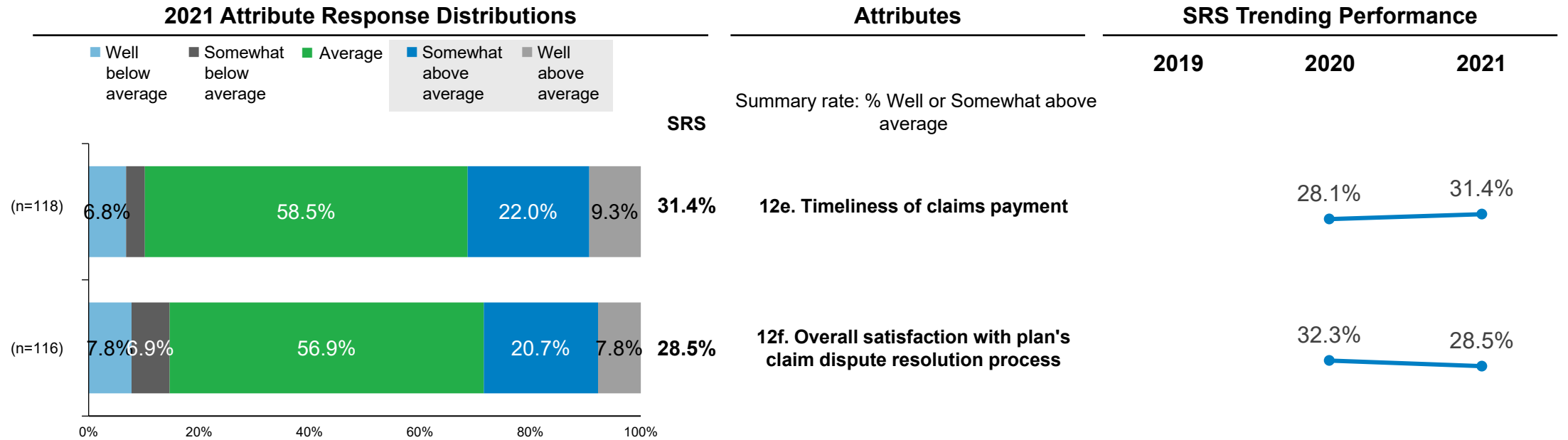


%tile Medicaid Aggregate

%tile	Medicaid	Aggregate
29 th	31.6%	31.5%
44 th	34.8%	35.0%
27 th	36.6%	36.4%
45 th	29.8%	29.8%

Significance Testing

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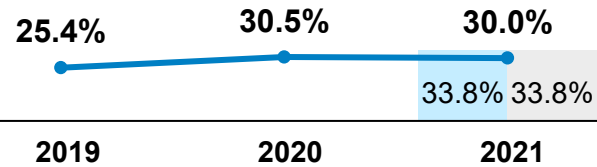
Significance Testing

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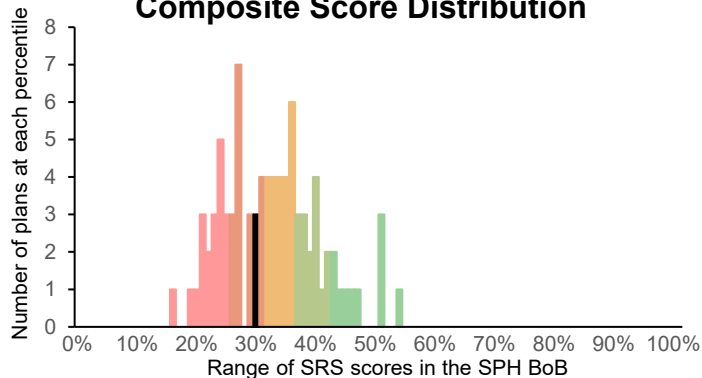
Utilization and Quality Management

Composite Summary Rate Score

● Your plan 2020 SPH Medicaid BoB 2020 SPH Aggregate BoB



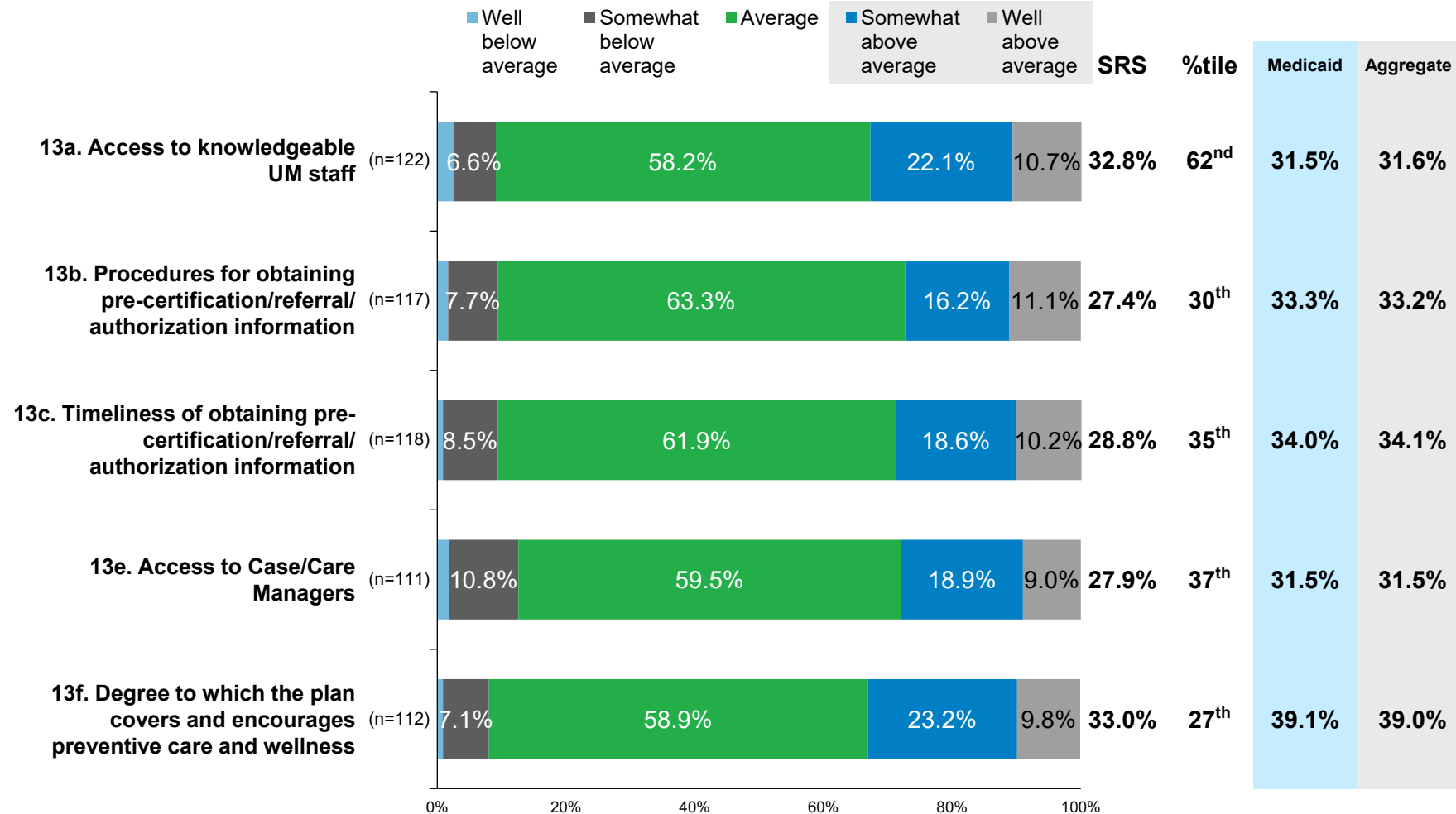
2020 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentile range represented by each color are defined below.

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2021 Attribute Response Distributions



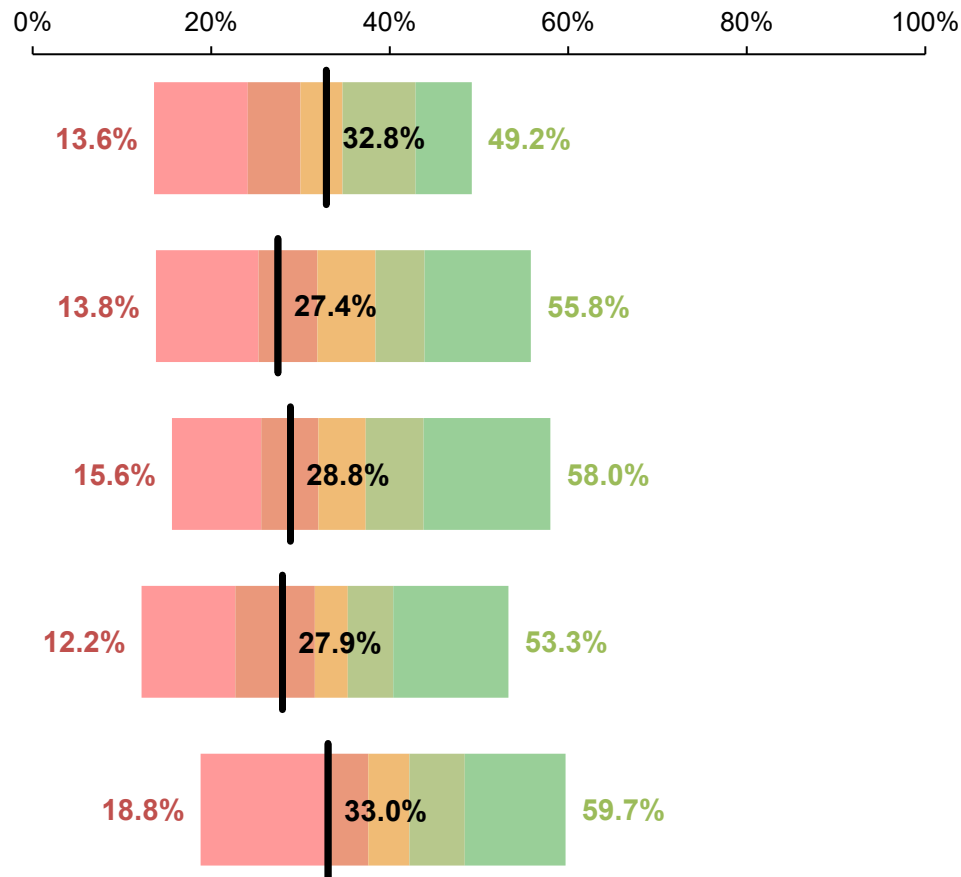
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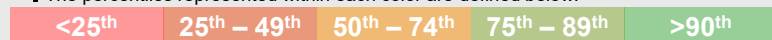
Utilization and Quality Management

2021 SRS Relative Performance

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The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

13a. Access to knowledgeable UM staff

13b. Procedures for obtaining pre-certification/referral/authorization information

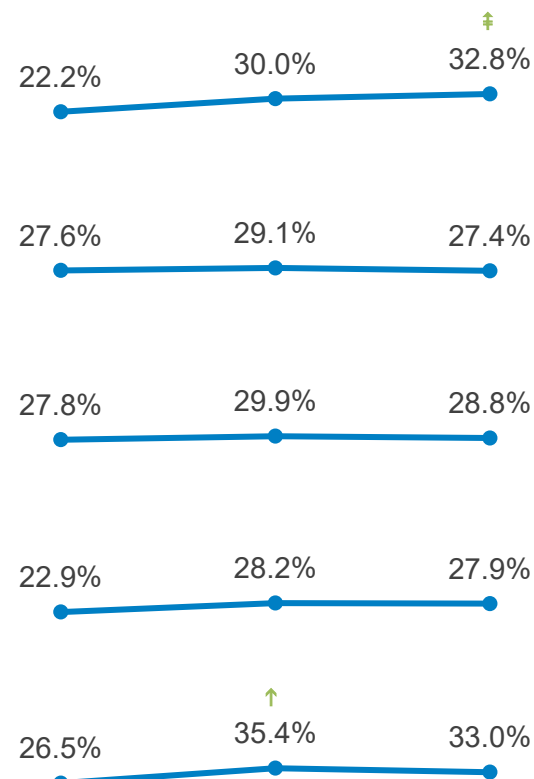
13c. Timeliness of obtaining pre-certification/referral/authorization information

13e. Access to Case/Care Managers

13f. Degree to which the plan covers and encourages preventive care and wellness

SRS Trending Performance

2019 2020 2021



%tile

62nd

30th

35th

37th

27th

2020 SPH BoB

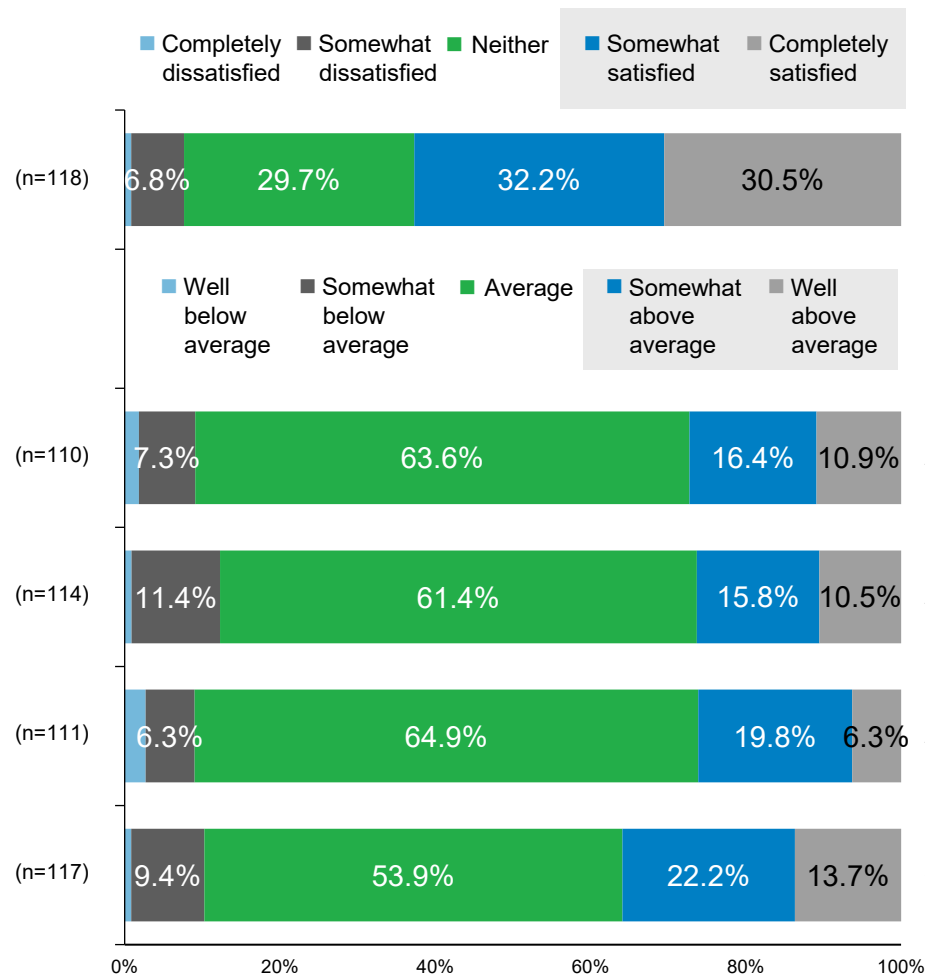
	Medicaid	Aggregate
62 nd	31.5%	31.6%
30 th	33.3%	33.2%
35 th	34.0%	34.1%
37 th	31.5%	31.5%
27 th	39.1%	39.0%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⬆⬆ 2021 score is significantly higher or lower than the 2019 score.

Utilization and Quality Management

2021 Attribute Response Distributions



Attributes

SRS

Summary rate: % Completely or Somewhat satisfied

13d. Overall satisfaction with UM pre-certification/authorization process

Summary rate: % Well or Somewhat above average

13g. Extent to which UM staff share review criteria and reasons for adverse determinations

13h. Consistency of review decisions

13i. Timeliness of UM appeals process

13j. Overall satisfaction with plan's clinical management processes

SRS Trending Performance

2019

2020

2021

68.1% 62.7%

27.1% 27.3%

28.7% 26.3%

26.3% 26.1%

34.5% 35.9%

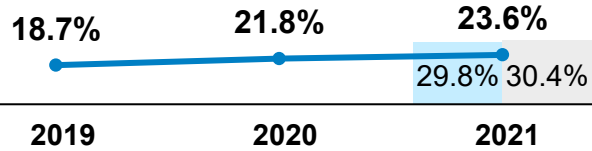
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⚡ 2021 score is significantly higher or lower than the 2019 score.

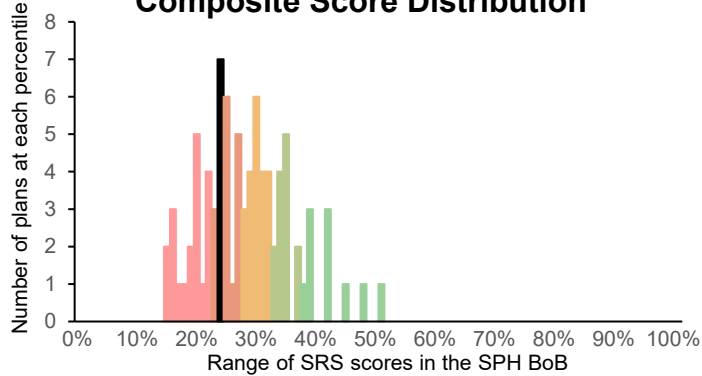
Network/Coordination of Care

Composite Summary Rate Score

● Your plan 2020 SPH Medicaid BoB 2020 SPH Aggregate BoB



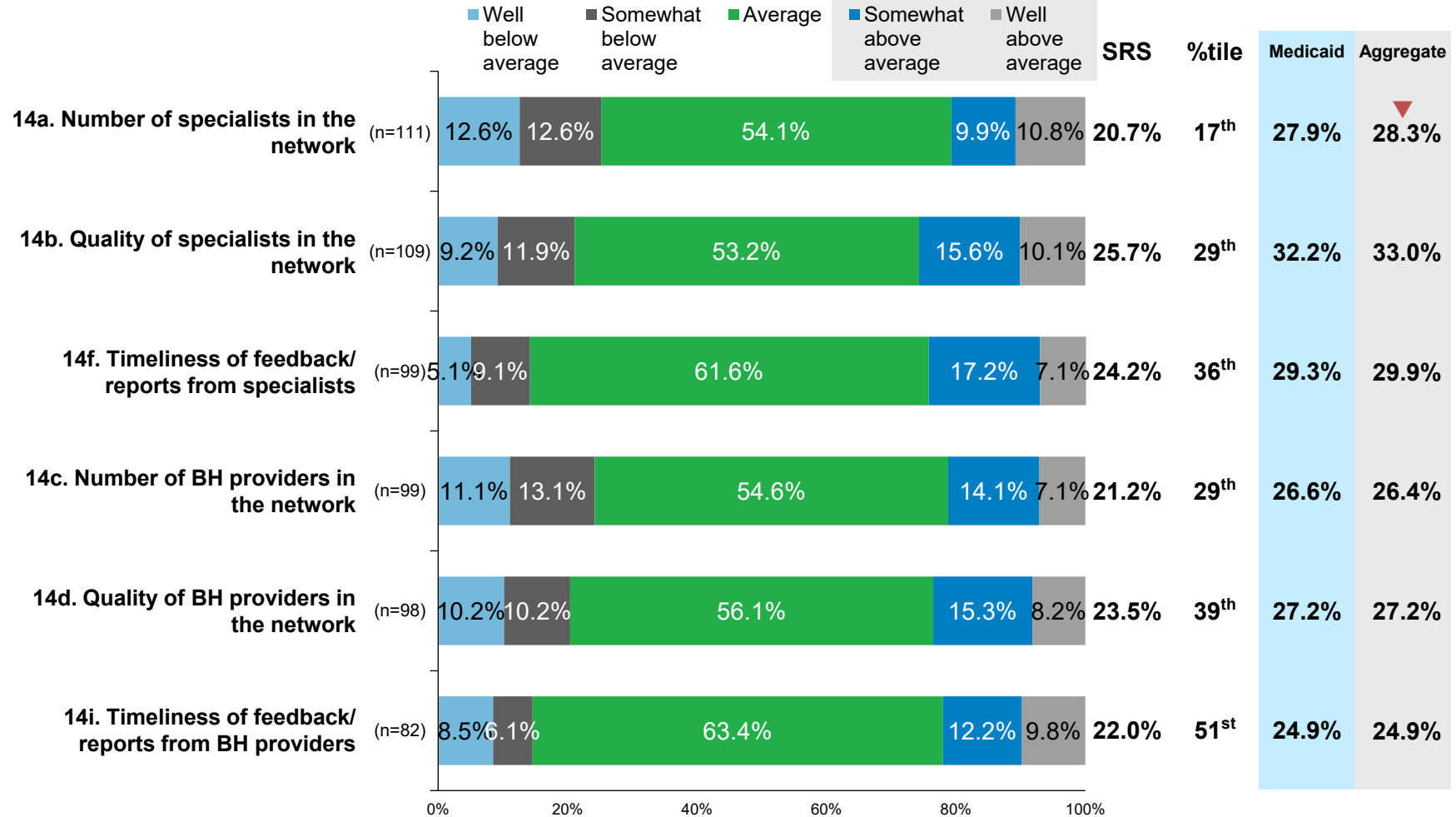
2020 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentile range represented by each color are defined below.



2021 Attribute Response Distributions



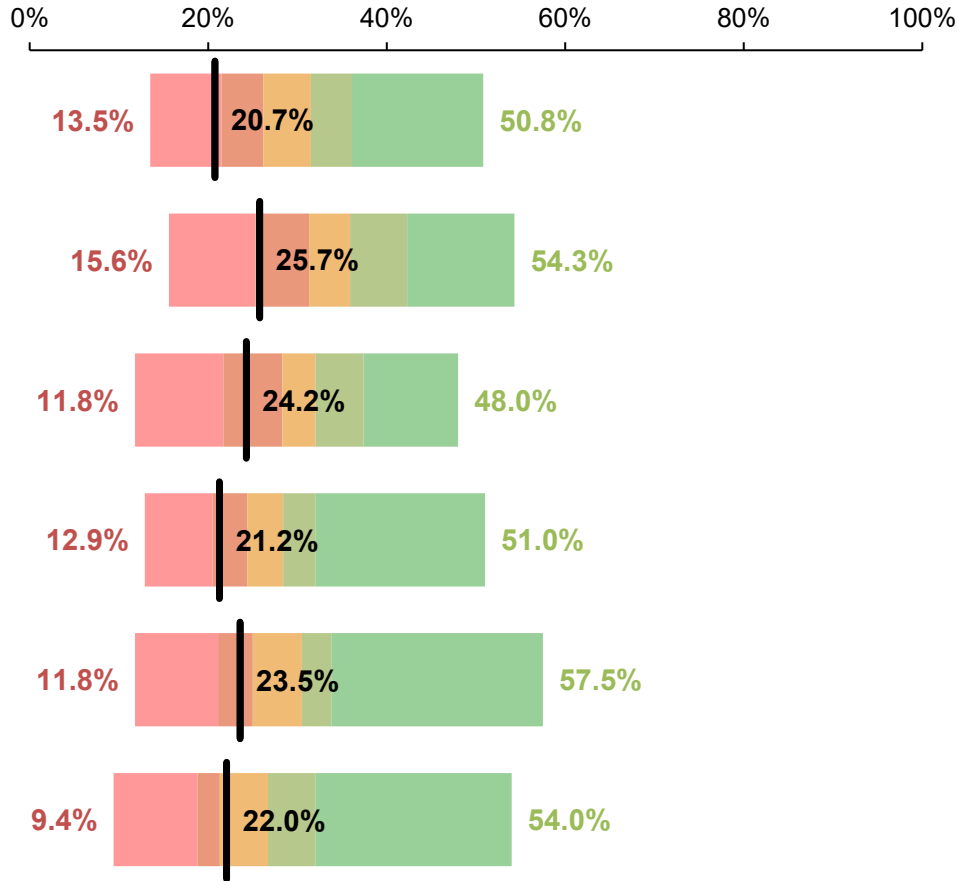
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⬆⬆ 2021 score is significantly higher or lower than the 2019 score.

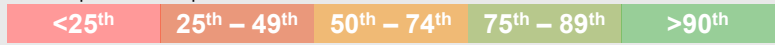
Network/Coordination of Care

2021 SRS Relative Performance

Percentiles represent the distribution of the SPH Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

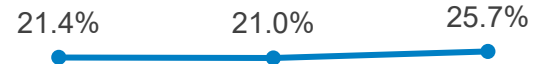
SRS Trending Performance

2019 2020 2021

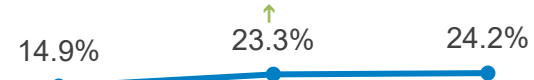
14a. Number of specialists in the network



14b. Quality of specialists in the network



14f. Timeliness of feedback/reports from specialists



14c. Number of BH providers in the network



14d. Quality of BH providers in the network



14i. Timeliness of feedback/reports from BH providers



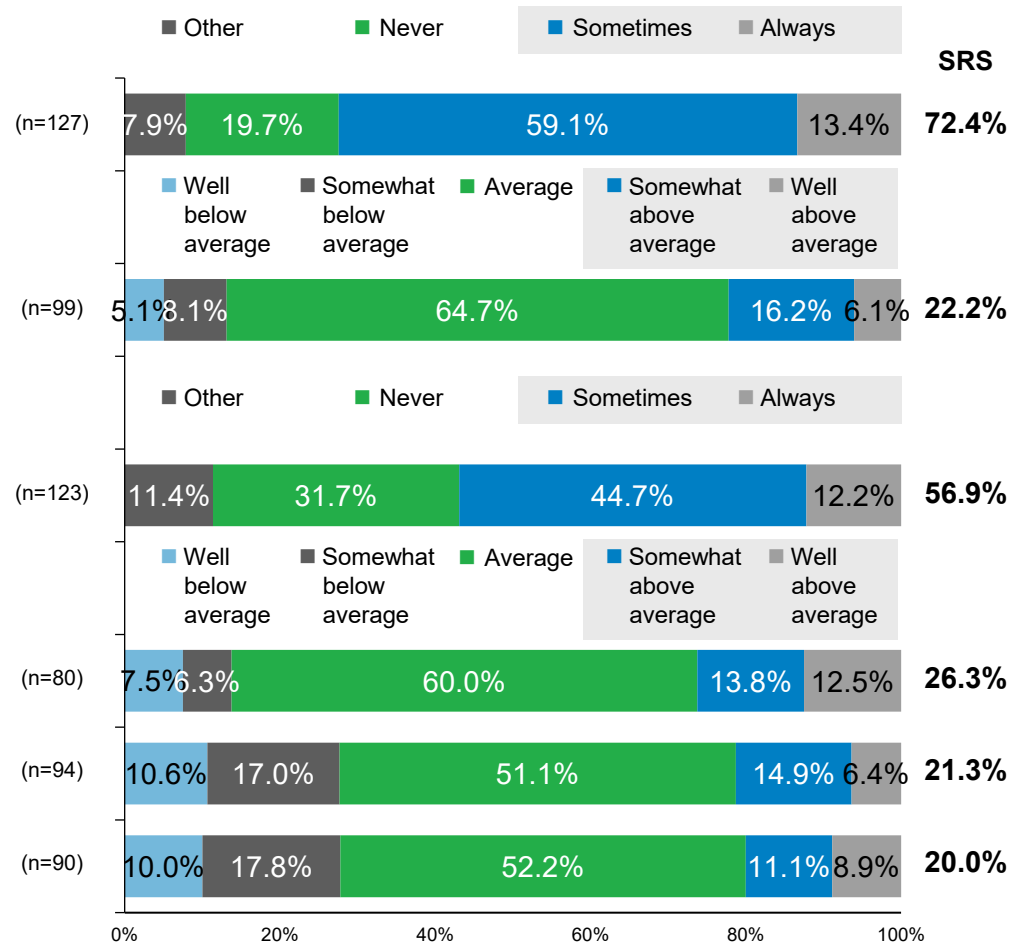
2020 SPH BoB

%tile	Medicaid	Aggregate
17 th	27.9%	28.3% ▼
29 th	32.2%	33.0%
36 th	29.3%	29.9%
29 th	26.6%	26.4%
39 th	27.2%	27.2%
51 st	24.9%	24.9%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

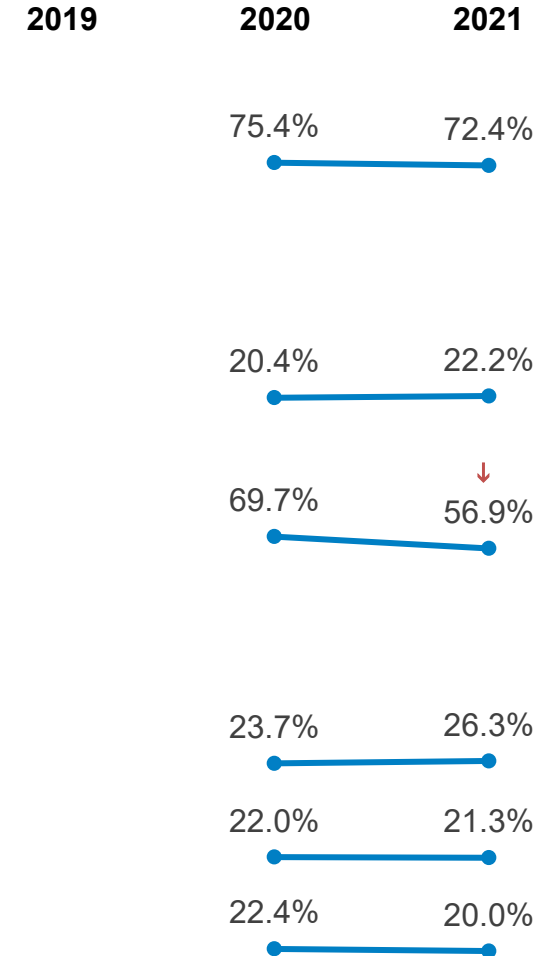
2021 Attribute Response Distributions



Attributes

- SRS** Summary rate: % Always or Sometimes
- 14e. Receive feedback/reports from specialists**
- Summary rate: % Well or Somewhat above average
- 14g. Frequency of feedback/reports from specialists**
- Summary rate: % Always or Sometimes
- 14h. Receive feedback/reports from BH clinicians**
- Summary rate: % Well or Somewhat above average
- 14j. Frequency of feedback/reports from BH clinicians**
- 14k. Availability of appropriate specialty types in the network**
- 14l. Availability of appropriate BH clinicians**

SRS Trending Performance



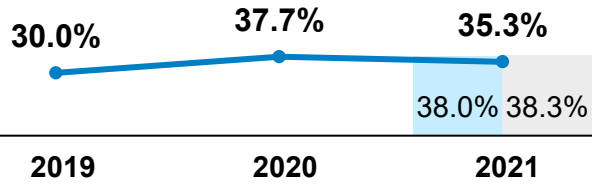
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

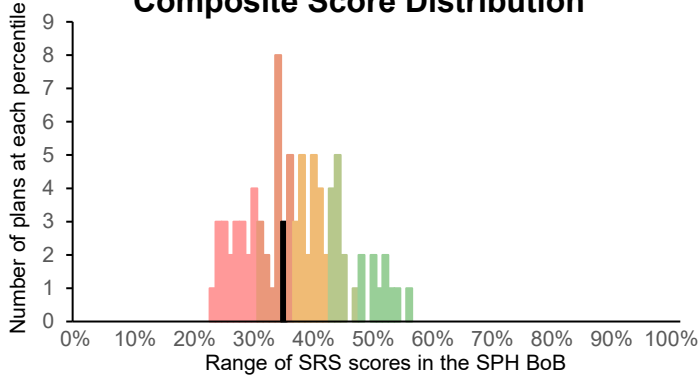
Health Plan Call Center Service Staff

Composite Summary Rate Score

● Your plan 2020 SPH Medicaid BoB 2020 SPH Aggregate BoB



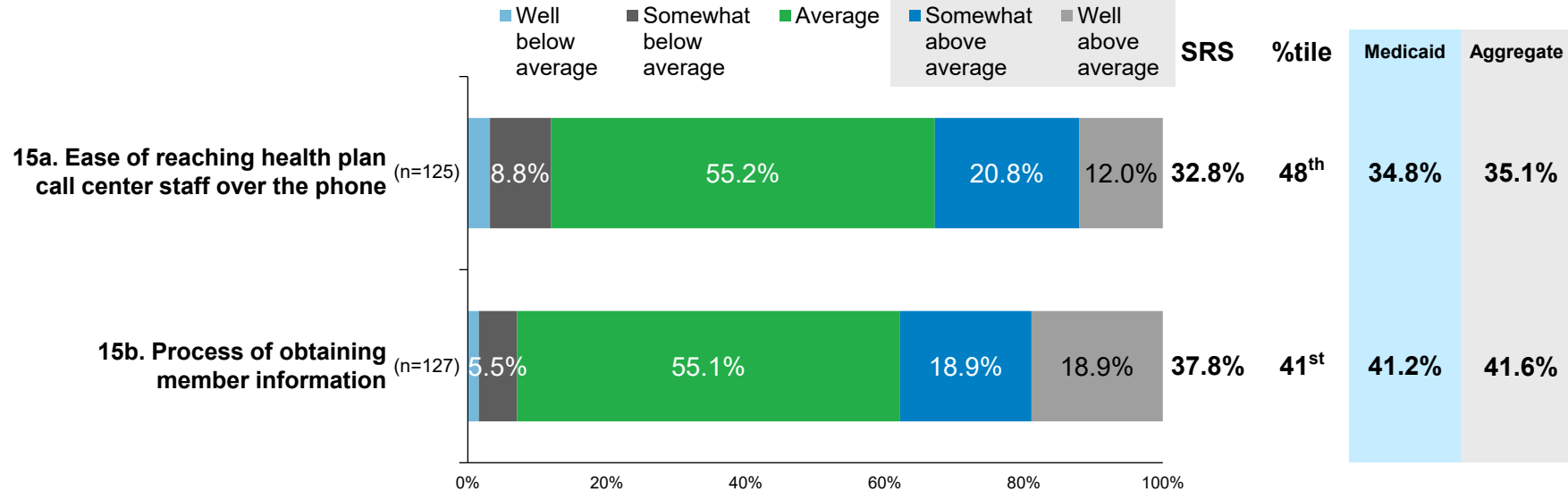
2020 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentile range represented by each color are defined below.



2021 Attribute Response Distributions



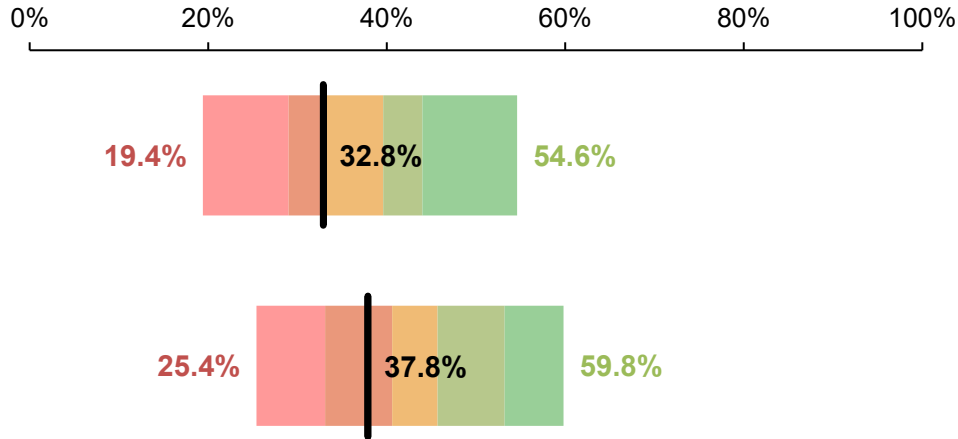
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⬆⬆ 2021 score is significantly higher or lower than the 2019 score.

Health Plan Call Center Service Staff

2021 SRS Relative Performance

Percentiles represent the distribution of the SPH Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



Attributes

(% Well or Somewhat above average)

15a. Ease of reaching health plan call center staff over the phone

15b. Process of obtaining member information

SRS Trending Performance

2019 **2020** **2021**

27.1% 34.6% 32.8%

33.0% 40.7% 37.8%

%tile

48th

41st

2020 SPH BoB

Medicaid **Aggregate**

34.8% **35.1%**

41.2% **41.6%**

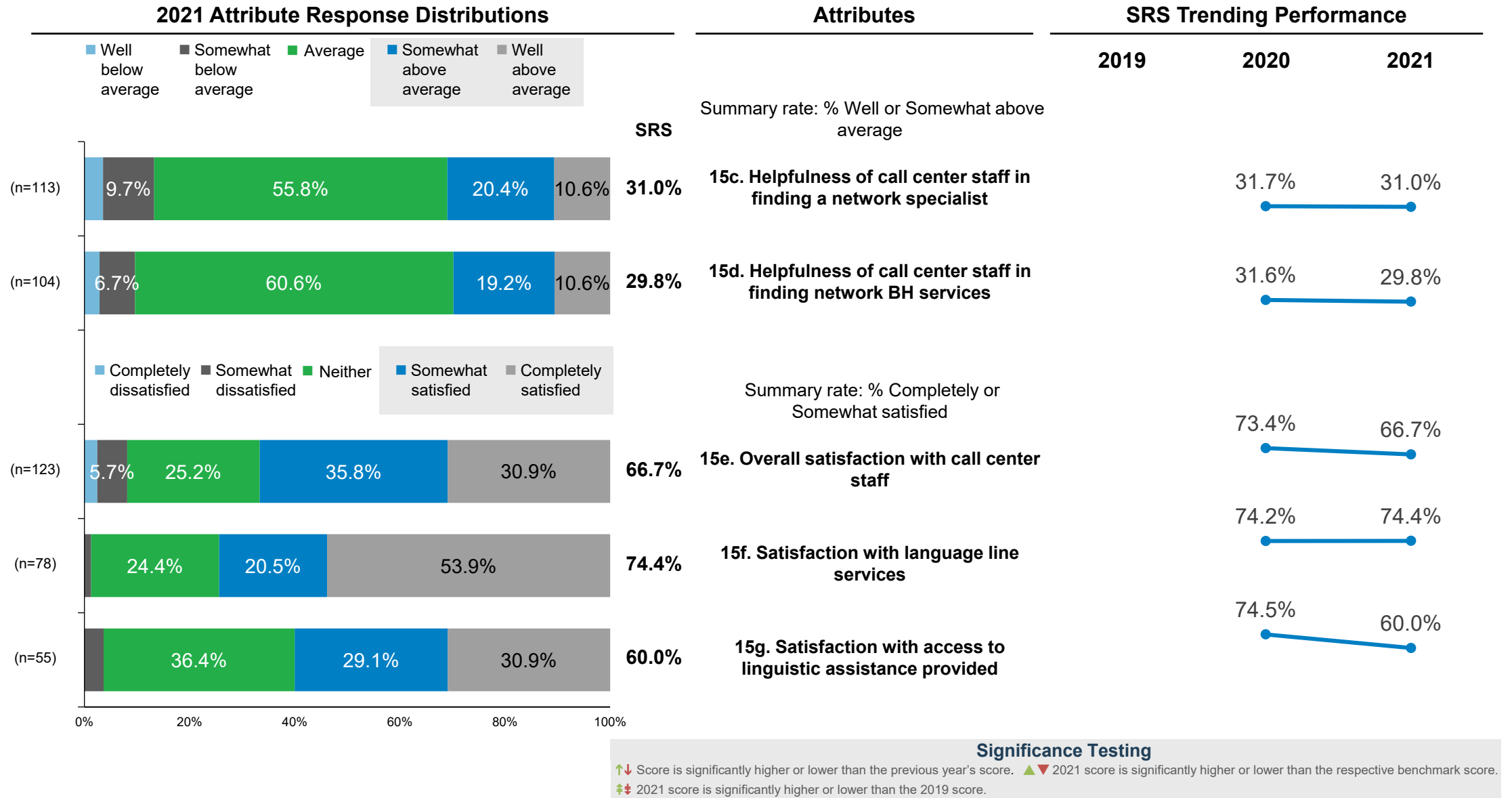
The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentiles represented within each color are defined below.

<25th **25th – 49th** **50th – 74th** **75th – 89th** **>90th**

Significance Testing

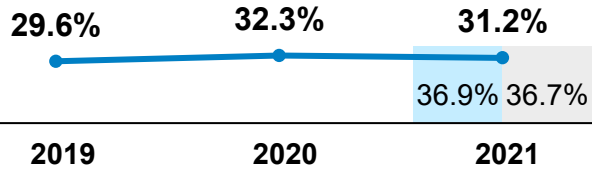
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⚡ 2021 score is significantly higher or lower than the 2019 score.

Health Plan Call Center Service Staff

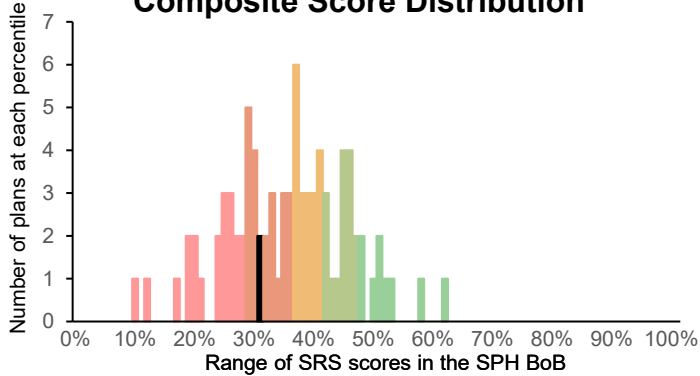


Composite Summary Rate Score

● Your plan
 2020 SPH Medicaid BoB
2020 SPH Aggregate BoB



2020 Medicaid BoB Composite Score Distribution



<25th
25th – 49th
50th – 74th
75th – 89th
>90th

2021 Attribute Response Distributions

16. Have a Provider Relations representative assigned to practice* (n=93)

■ Yes

46.2%

SRS %tile
46.2% 55th

2020 SPH BoB

Medicaid Aggregate
46.4% 42.9%

17a. Representative's ability to answer questions and resolve problems (n=41)

Well below average
Somewhat below average
Average
Somewhat above average
Well above average

(n=41)

9.8%

51.2%

19.5%

14.6%

34.2% 21st

46.4% 46.8%

17b. Quality of provider orientation process (n=101)

(n=101)

6.9%

9.9%

54.5%

17.8%

10.9%

28.7% 47th

30.4% 29.8%

17c. Quality of written communications, policy bulletins, and manuals (n=111)

(n=111)

5.4%

59.5%

17.1%

13.5%

30.6% 40th

34.0% 33.5%

*Measure not included in composite calculation.

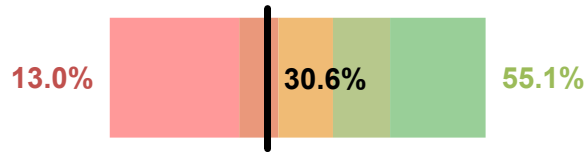
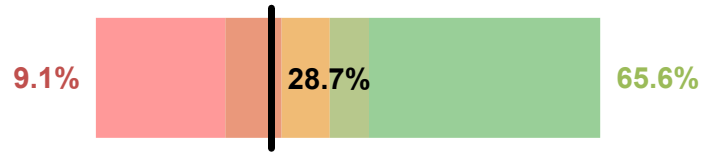
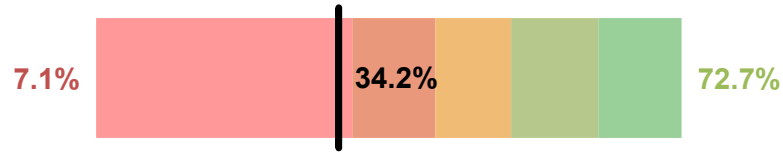
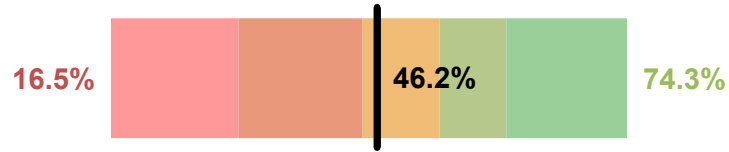
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆⬇ 2021 score is significantly higher or lower than the 2019 score.

2021 SRS Relative Performance

Percentiles represent the distribution of the SPH Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.

0% 20% 40% 60% 80% 100%



*Measure not included in composite calculation.

The black marker indicates your plan's percentile ranking within the SPH Medicaid BoB. The percentiles represented within each color are defined below.

<25th 25th – 49th 50th – 74th 75th – 89th >90th

Attributes

(%Well or Somewhat above average)

16. Have a Provider Relations representative assigned to practice*
(% Yes)

17a. Representative's ability to answer questions and resolve problems

17b. Quality of provider orientation process

17c. Quality of written communications, policy bulletins, and manuals

SRS Trending Performance

2019

2020

2021

52.8% 54.3% 46.2%

39.1% 36.0% 34.2%

25.1% 29.4% 28.7%

24.5% 31.6% 30.6%

%tile

55th

21st

47th

40th

2020 SPH BoB

Medicaid Aggregate

46.4% 42.9%

46.4% 46.8%

30.4% 29.8%

34.0% 33.5%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⚡ 2021 score is significantly higher or lower than the 2019 score.

SRS Trending Performance



2021

32.7%

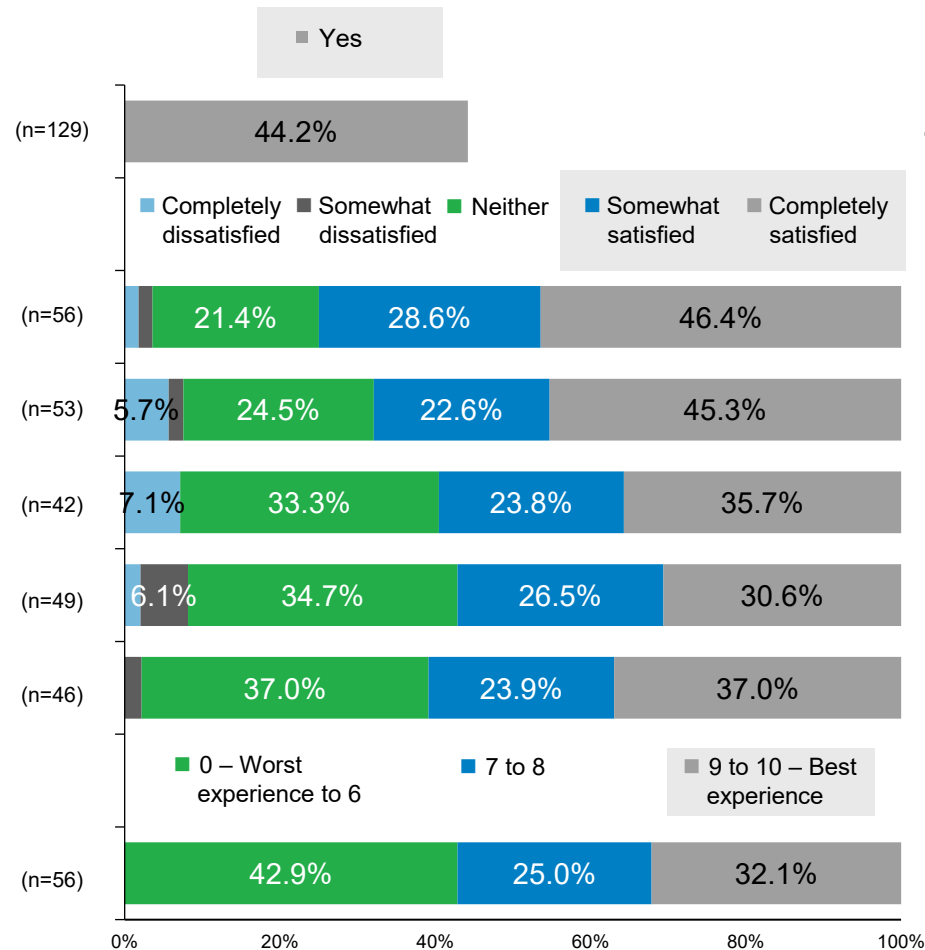
58.4%

62.2%

66.4%

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

2021 Attribute Response Distributions



SRS
44.2%

Summary rate: % Yes
20. Have logged into and used the ABH of Louisiana provider portal

75.0%

Summary rate: % Completely or Somewhat satisfied
21a. Finding needed information regarding member eligibility

67.9%

21b. Finding needed information regarding claims payments or remittance advices

59.5%

21c. Finding needed information regarding the patient member Gaps in Care report

57.1%

21d. The portal's prior authorization, requirement submissions and confirmation functions

60.9%

21e. The portal's reporting functions

32.1%

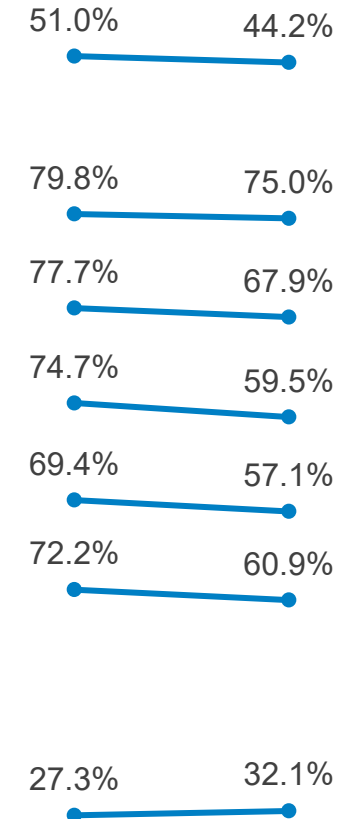
Summary rate: % 10 - Best experience or 9
21g. Rating of overall experience with the provider portal

SRS Trending Performance

2019

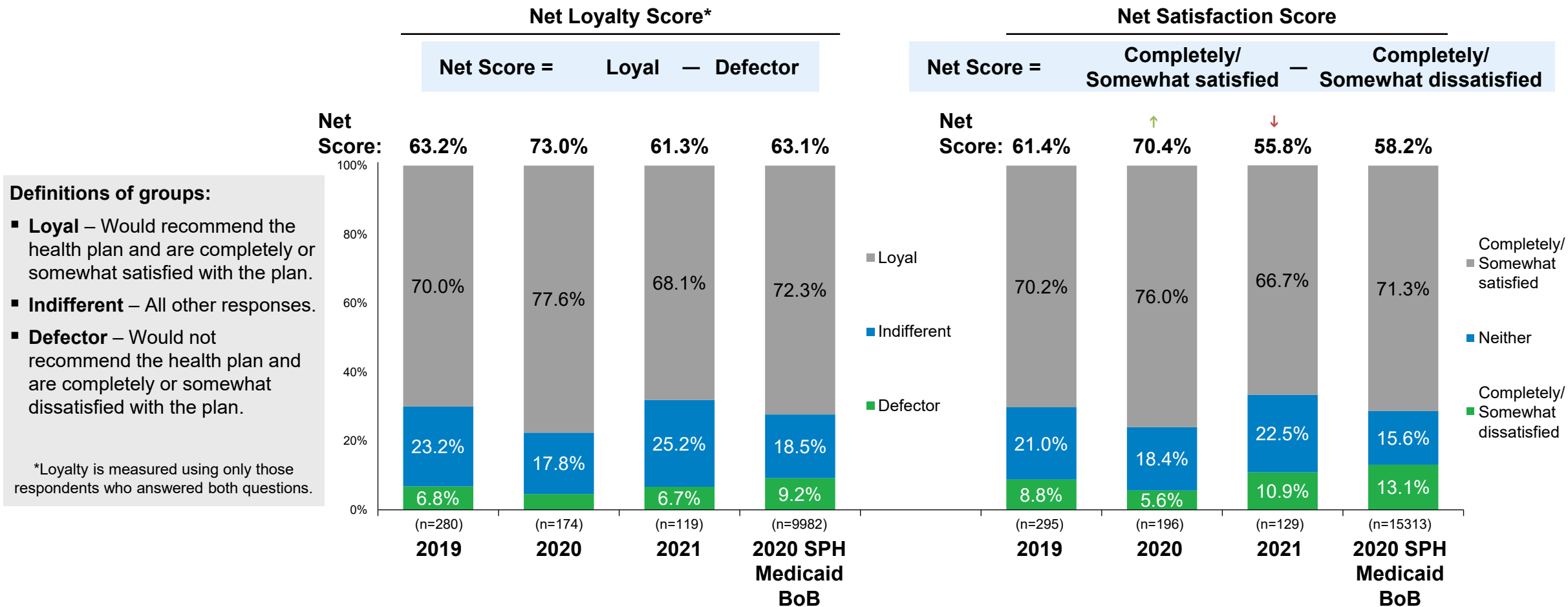
2020

2021



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.



The Net Loyalty Score (NLS) is an index ranging from -100% to 100% which measures providers' overall satisfaction with the health plan and willingness to recommend. It is calculated by subtracting the percentage of respondents in the Defector group from the percentage in the Loyal group. The Net Satisfaction Score (NSS) is also an index ranging from -100% to 100% and measures providers' overall satisfaction with the health plan by subtracting the percentage who are completely or somewhat dissatisfied from the percentage who are completely or somewhat satisfied.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.



Respondent Profile

	2019	2020	2021	2020 SPH BoB	
				Medicaid	Aggregate
	Total:	(n=419)	(n=209)	(n=15911)	(n=19916)
Area of medicine					
Primary care		35.9%	32.6%	43.1%	44.5%
Specialty		60.0%	29.0% ↓	50.4% ↑	43.3%
Behavioral health clinician		29.8%	45.3% ↑	24.4% ↓	19.5%
Hospitalist/Hospital location		NA	2.6%	6.5%	NA
Physicians in practice					
Solo		43.1%	50.8%	45.1%	45.2%
2 to 5 physicians		41.0%	35.5%	40.2%	37.8%
More than 5 physicians		16.0%	13.7%	14.8%	17.0%
Years in practice					
Less than 5 years		18.0%	27.0% ↑	15.4% ↓	18.4%
5 to 15 years		43.1%	43.0%	39.2%	34.0%
16 years or longer		38.9%	30.0% ↓	45.4% ↑	47.6%
Portion of managed care volume (represented by this health plan)					
0-10%		48.6%	55.6%	45.1%	40.2%
11-20%		29.1%	24.2%	31.0%	25.2%
21-100%		22.3%	20.2%	23.9%	34.6% ▼
Survey respondent					
Physician		5.1%	6.3%	9.9%	12.6%
Behavioral health clinician		7.5%	9.7%	6.1%	8.6%
Office manager		56.0%	57.3%	59.1%	52.6%
Nurse/other staff		31.4%	26.7%	25.0%	26.3%
Insurance participation					
3 or fewer		1.7%	3.5%	2.3%	2.0%
4 to 7		19.3%	31.5% ↑	10.9% ↓ ↓	11.3%
8 to 11		12.7%	12.0%	22.7% ↑ ↑	18.4%
12 to 15		16.6%	15.0%	14.8%	16.7%
More than 15		49.8%	38.0% ↓	49.2% ↑	51.7%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⚡⚡ 2021 score is significantly higher or lower than the 2019 score.

Appendix A: Summary Rate Scores

A horizontal bar spanning the width of the page, with a green segment on the left and a blue segment on the right.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2020 SPH Medicaid BoB</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Comparative Rating (% Well or Somewhat above average)								
11. Rating of Aetna LA compared to all other contracted health plans	395	24.8%	192	31.3%	126	31.8%	39 th	36.8%
Finance Issues (% Well or Somewhat above average)	359	24.5%	180	27.8%	120	28.5%	35th	33.2%
12a. Consistency of reimbursement fees with your contract rates	344	19.8%	172	27.9% ↑	118	26.3%	29 th	31.6%
12b. Accuracy of claims processing	343	26.8%	175	29.7%	119	31.1%	44 th	34.8%
12c. Timeliness of claims processing	340	28.5%	172	27.9%	118	29.7%	27 th	36.6%
12d. Resolution of claims payment problems or disputes	313	23.0%	165	25.5%	115	27.0%	45 th	29.8%
*12e. Timeliness of claims payment	NA	NA	171	28.1%	118	31.4%	NA	NA
*12f. Overall satisfaction with plan's claim dispute resolution process	NA	NA	164	32.3%	116	28.5%	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🟡🔴 2021 score is significantly higher or lower than the 2019 score.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2020 SPH Medicaid BoB</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Utilization and Quality Management (% Well or Somewhat above average)	359	25.4%	190	30.5%	126	30.0%	38th	33.8%
13a. Access to knowledgeable UM staff	316	22.2%	180	30.0%	122	32.8% ⬆️	62 nd	31.5%
13b. Procedures for obtaining pre-certification/referral/authorization information	323	27.6%	175	29.1%	117	27.4%	30 th	33.3%
13c. Timeliness of obtaining pre-certification/referral/authorization information	320	27.8%	174	29.9%	118	28.8%	35 th	34.0%
*13d. Overall satisfaction with UM pre-certification/authorization process (% Completely or Somewhat satisfied)	NA	NA	169	68.1%	118	62.7%	NA	NA
13e. Access to Case/Care Managers	279	22.9%	174	28.2%	111	27.9%	37 th	31.5%
13f. Degree to which the plan covers and encourages preventive care and wellness	276	26.5%	175	35.4% ⬆️	112	33.0%	27 th	39.1%
*13g. Extent to which UM staff share review criteria and reasons for adverse determinations	NA	NA	166	27.1%	110	27.3%	NA	NA
*13h. Consistency of review decisions	NA	NA	164	28.7%	114	26.3%	NA	NA
*13i. Timeliness of UM appeals process	NA	NA	160	26.3%	111	26.1%	NA	NA
*13j. Overall satisfaction with plan's clinical management processes	NA	NA	177	34.5%	117	35.9%	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

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Significance Testing

⬆️⬆️ Score is significantly higher or lower than the previous year's score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2020 SPH Medicaid BoB</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Network/Coordination of Care (<i>% Well or Somewhat above average</i>)	299	18.7%	184	21.8%	114	23.6%	26th	29.8%
14a. Number of specialists in the network	274	19.7%	171	21.1%	111	20.7%	17 th	27.9%
14b. Quality of specialists in the network	276	21.4%	176	21.0%	109	25.7%	29 th	32.2%
*14c. Number of BH clinicians in the network	NA	NA	163	25.2%	99	21.2%	29 th	26.6%
*14d. Quality of BH clinicians in the network	NA	NA	162	26.5%	98	23.5%	39 th	27.2%
*14e. Receive feedback/reports from specialists (<i>% Always or Sometimes</i>)	NA	NA	191	75.4%	127	72.4%	NA	NA
14f. Timeliness of feedback/reports from specialists	255	14.9%	172	23.3% ↑	99	24.2%	36 th	29.3%
*14g. Frequency of feedback/reports from specialists	NA	NA	167	20.4%	99	22.2%	NA	26.3%
*14h. Receive feedback/reports from BH clinicians (<i>% Always or Sometimes</i>)	NA	NA	185	69.7%	123	56.9% ↓	NA	NA
*14i. Timeliness of feedback/reports from BH Clinicians	NA	NA	155	24.5%	82	22.0%	51 st	24.9%
*14j. Frequency of feedback/reports from BH clinicians	NA	NA	156	23.7%	80	26.3%	NA	23.6%
*14k. Availability of appropriate specialty types in the network	NA	NA	164	22.0%	94	21.3%	NA	NA
*14l. Availability of appropriate BH clinicians	NA	NA	161	22.4%	90	20.0%	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

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Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🚩 2021 score is significantly higher or lower than the 2019 score.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	2019		2020		2021		2020 SPH Medicaid BoB	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Health Plan Call Center Service Staff (% Well or Somewhat above average)	303	30.0%	192	37.7%	127	35.3%	41st	38.0%
15a. Ease of reaching health plan call center staff over the phone	281	27.1%	188	34.6%	125	32.8%	48 th	34.8%
15b. Process of obtaining member information	291	33.0%	189	40.7%	127	37.8%	41 st	41.2%
*15c. Helpfulness of call center staff in finding a network specialist	NA	NA	180	31.7%	113	31.0%	NA	NA
*15d. Helpfulness of call center staff in finding network BH services	NA	NA	168	31.6%	104	29.8%	NA	NA
*15e. Overall satisfaction with call center staff (% Completely or Somewhat satisfied)	NA	NA	188	73.4%	123	66.7%	NA	NA
*15f. Satisfaction with language line services (% Completely or Somewhat satisfied)	NA	NA	132	74.2%	78	74.4%	NA	NA
*15g. Satisfaction with access to linguistic assistance provided (% Completely or Somewhat satisfied)	NA	NA	98	74.5%	55	60.0%	NA	NA
Provider Relations (% Well or Somewhat above average)	268	29.6%	181	32.3%	112	31.2%	34th	36.9%
*16. Have a Provider Relations representative assigned to practice (% Yes)	273	52.8%	164	54.3%	93	46.2%	55 th	46.4%
17a. Ability to answer questions/solve problems related to core business functions	133	39.1%	89	36.0%	41	34.2%	21 st	46.4%
17b. Quality of orientations and/or ongoing training/support from Provider Relations	199	25.1%	170	29.4%	101	28.7%	47 th	30.4%
17c. Quality of written communications, policy bulletins, and manuals	257	24.5%	177	31.6%	111	30.6%	40 th	34.0%
*17d. Overall satisfaction with provider relations	NA	NA	176	34.1%	107	32.7%	NA	NA
*17e. Satisfaction with the quality of provider education and trainings (% Completely or Somewhat satisfied)	NA	NA	161	59.0%	101	58.4%	NA	NA
*17f. Satisfaction with the health plan's support toward Patient Centered Medical Home implementation (% Completely or Somewhat satisfied)	NA	NA	145	64.8%	82	62.2%	NA	NA
*17g. Satisfaction with the health plan's provider enrollment process (% Completely or Somewhat satisfied)	NA	NA	173	66.5%	107	66.4%	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🚩 2021 score is significantly higher or lower than the 2019 score.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	<u>2019</u>		<u>2020</u>		<u>2021</u>		<u>2020 SPH Medicaid BoB</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Overall Satisfaction (% Completely or Somewhat satisfied)								
18. Would recommend Aetna LA (% Yes)	293	87.4%	178	91.0%	122	85.3%	45 th	86.3%
19a. Overall satisfaction with Aetna Better Health of Louisiana	295	70.2%	196	76.0%	129	66.7%	34 th	71.3%
19b. Overall satisfaction with Health Blue	NA	NA	184	69.6%	124	65.3%	NA	NA
19c. Overall satisfaction with Louisiana Health Care Connections	NA	NA	185	76.2%	125	72.0%	NA	NA
19d. Overall satisfaction with AmeriHealth Caritas	NA	NA	180	71.7%	119	65.6%	NA	NA
19e. Overall satisfaction with United Health Care	NA	NA	186	73.7%	129	69.0%	NA	NA
Provider Portal (% Completely or Somewhat satisfied)								
20. Have logged into and used the ABH of Louisiana provider portal (% Yes)	NA	NA	198	51.0%	129	44.2%	NA	NA
21a. Finding needed information regarding member eligibility	NA	NA	99	79.8%	56	75.0%	NA	NA
21b. Finding needed information regarding claims payments or remittance advices	NA	NA	94	77.7%	53	67.9%	NA	NA
21c. Finding needed information regarding the patient (member) Gaps in Care report	NA	NA	83	74.7%	42	59.5%	NA	NA
21d. The portal's prior authorization, requirement submissions and confirmation functions	NA	NA	85	69.4%	49	57.1%	NA	NA
21e. The portal's reporting functions	NA	NA	90	72.2%	46	60.9%	NA	NA
21g. Rating of overall experience with the provider portal (% 10 - Best experience or 9)	NA	NA	99	27.3%	56	32.1%	NA	NA

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🚩 2021 score is significantly higher or lower than the 2019 score.

Appendix B: Demographic Segment Analysis

A horizontal bar spanning the width of the page, with a green segment on the left and a blue segment on the right.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area Of Medicine				Physicians In Practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Hospitalist/ Hospital location (I)	Solo (L)	2-5 Physicians (M)	>5 Physicians (N)
Total Respondents	53	62	30	8^	55	49	18^
Comparative Rating (% Well or Somewhat above average)							
11. Rating of Aetna LA compared to all other contracted health plans	19.2%	38.6% F	43.3% F	37.5%	33.3%	28.9%	27.8%
Finance Issues (% Well or Somewhat above average)							
12a. Consistency of reimbursement fees with your contract rates	29.2%	35.2%	14.8%	60.0%	27.5%	26.7%	20.0%
12b. Accuracy of claims processing	31.3%	35.2%	25.0%	33.3%	33.3%	26.7%	31.3%
12c. Timeliness of claims processing	29.2%	34.0%	25.0%	33.3%	32.0%	24.4%	31.3%
12d. Resolution of claims payment problems or disputes	28.9%	34.0%	10.7%	33.3%	29.8%	24.4%	25.0%
*12e. Timeliness of claims payment	29.2%	35.2%	22.2%	40.0%	33.3%	26.7%	26.7%
*12f. Overall satisfaction with plan's claim dispute resolution process	31.9%	32.7%	21.4%	33.3%	29.2%	26.7%	31.3%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area Of Medicine				Physicians In Practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Hospitalist/ Hospital location (I)	Solo (L)	2-5 Physicians (M)	>5 Physicians (N)
<i>Total Respondents</i>	53	62	30	8^	55	49	18^
Utilization and Quality Management (% Well or Somewhat above average)	26.4%	34.0%	31.2%	30.7%	31.7%	27.2%	23.1%
13a. Access to knowledgeable UM staff	28.9%	32.1%	43.3%	25.0%	28.6%	32.6%	38.9%
13b. Procedures for obtaining pre-certification/referral/authorization information	20.4%	30.8%	35.7%	25.0%	28.3%	22.7%	22.2%
13c. Timeliness of obtaining pre-certification/referral/authorization information	24.0%	34.6%	32.1%	37.5%	29.8%	22.7%	27.8%
*13d. Overall satisfaction with UM pre-certification/authorization process (% Completely or Somewhat satisfied)	64.7%	64.0%	65.5%	50.0%	60.4%	57.8%	68.8%
13e. Access to Case/Care Managers	26.0%	30.6%	28.0%	37.5%	34.8%	21.4%	13.3%
13f. Degree to which the plan covers and encourages preventive care and wellness	32.7%	41.7%	16.7%	28.6%	37.0%	36.4%	13.3%
*13g. Extent to which UM staff share review criteria and reasons for adverse determinations	22.9%	32.7%	26.9%	37.5%	28.9%	26.2%	21.4%
*13h. Consistency of review decisions	24.5%	29.4%	22.2%	37.5%	32.6%	21.4%	17.7%
*13i. Timeliness of UM appeals process	24.0%	29.2%	19.2%	25.0%	31.1%	22.5%	17.7%
*13j. Overall satisfaction with plan's clinical management processes	29.4%	46.2%	33.3%	25.0%	37.5%	28.6%	38.9%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area Of Medicine				Physicians In Practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Hospitalist/ Hospital location (I)	Solo (L)	2-5 Physicians (M)	>5 Physicians (N)
Total Respondents	53	62	30	8^	55	49	18^
Network/Coordination of Care (% Well or Somewhat above average)	21.9%	31.7%	22.1%	33.3%	28.3%	21.8%	19.1%
14a. Number of specialists in the network	20.0%	27.7%	19.2%	28.6%	23.4%	15.9%	28.6%
14b. Quality of specialists in the network	24.5%	33.3%	26.9%	28.6%	28.3%	23.3%	28.6%
*14c. Number of BH clinicians in the network	23.4%	23.7%	30.8%	28.6%	19.5%	18.4%	28.6%
*14d. Quality of BH clinicians in the network	22.9%	24.3%	30.8%	28.6%	25.0%	18.4%	28.6%
*14e. Receive feedback/reports from specialists (% Always or Sometimes)	84.6% H	70.2%	56.7%	75.0%	71.7%	80.4%	70.6%
14f. Timeliness of feedback/reports from specialists	21.3%	34.1%	20.0%	42.9%	33.3%	26.3%	0.0%
*14g. Frequency of feedback/reports from specialists	19.2%	28.9%	20.0%	42.9%	27.3%	24.3%	0.0%
*14h. Receive feedback/reports from BH clinicians (% Always or Sometimes)	70.6% G	45.5%	62.1%	75.0%	65.4%	51.1%	56.3%
*14i. Timeliness of feedback/reports from BH Clinicians	20.0%	23.3%	40.0%	50.0%	24.2%	18.8%	25.0%
*14j. Frequency of feedback/reports from BH clinicians	21.7%	33.3%	52.6%	40.0%	30.3%	19.4%	27.3%
*14k. Availability of appropriate specialty types in the network	19.6%	29.0%	34.8%	16.7%	22.5%	19.4%	25.0%
*14l. Availability of appropriate BH clinicians	21.3%	26.5%	30.4%	16.7%	21.6%	14.3%	33.3%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area Of Medicine				Physicians In Practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Hospitalist/ Hospital location (I)	Solo (L)	2-5 Physicians (M)	>5 Physicians (N)
Total Respondents	53	62	30	8^	55	49	18^
Health Plan Call Center Service Staff (% Well or Somewhat above average)	29.7%	47.0%	31.0%	37.5%	41.3%	30.9%	26.5%
15a. Ease of reaching health plan call center staff over the phone	28.0%	44.8%	27.6%	37.5%	37.3%	31.9%	23.5%
15b. Process of obtaining member information	31.4%	49.2%	34.5%	37.5%	45.3%	29.8%	29.4%
*15c. Helpfulness of call center staff in finding a network specialist	30.6%	37.3%	40.0%	42.9%	30.4%	32.6%	26.7%
*15d. Helpfulness of call center staff in finding network BH services	28.3%	36.4%	36.0%	42.9%	33.3%	26.2%	28.6%
*15e. Overall satisfaction with call center staff (% Completely or Somewhat satisfied)	65.4%	69.6%	67.9%	71.4%	64.7%	66.0%	62.5%
*15f. Satisfaction with language line services (% Completely or Somewhat satisfied)	80.0%	75.0%	75.0%	85.7%	87.5%	69.2%	75.0%
*15g. Satisfaction with access to linguistic assistance provided (% Completely or Somewhat satisfied)	69.2%	60.7%	80.0%	75.0%	65.2%	57.1%	42.9%
Provider Relations (% Well or Somewhat above average)	19.7%	41.7% F	32.6%	50.0%	30.1%	25.5%	40.1%
*16. Have a Provider Relations representative assigned to practice (% Yes)	41.7%	36.6%	76.9%	40.0%	40.5%	51.4%	50.0%
17a. Ability to answer questions/solve problems related to core business functions	21.4%	46.7%	31.6%	50.0%	26.7%	23.5%	66.7%
17b. Quality of orientations and/or ongoing training/support from Provider Relations	18.6%	35.4%	37.5%	50.0%	30.2%	25.6%	25.0%
17c. Quality of written communications, policy bulletins, and manuals	19.2%	42.9% F	28.6%	50.0%	33.3%	27.3%	28.6%
*17d. Overall satisfaction with provider relations	22.2%	34.0%	35.7%	42.9%	30.2%	25.6%	42.9%
*17e. Satisfaction with the quality of provider education and trainings (% Completely or Somewhat satisfied)	50.0%	62.2%	57.7%	50.0%	56.1%	60.0%	46.2%
*17f. Satisfaction with the health plan's support toward Patient Centered Medical Home implementation (% Completely or Somewhat satisfied)	61.5%	66.7%	61.1%	50.0%	67.6%	54.6%	66.7%
*17g. Satisfaction with the health plan's provider enrollment process (% Completely or Somewhat satisfied)	67.4%	71.4%	70.4%	66.7%	72.1%	61.4%	69.2%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area Of Medicine				Physicians In Practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Hospitalist/ Hospital location (I)	Solo (L)	2-5 Physicians (M)	>5 Physicians (N)
Total Respondents	53	62	30	8^	55	49	18^
Overall Satisfaction (% Completely or Somewhat satisfied)							
18. Would recommend Aetna LA (% Yes)	78.7%	92.9% ^F	86.2%	85.7%	82.0%	80.4%	100%
19a. Overall satisfaction with Aetna Better Health of Louisiana	58.5%	74.6%	66.7%	50.0%	69.8%	66.7%	50.0%
19b. Overall satisfaction with Health Blue	60.0%	72.4%	71.4%	50.0%	67.9%	65.1%	50.0%
19c. Overall satisfaction with Louisiana Health Care Connections	74.5%	71.2%	82.1%	87.5%	75.5%	75.6%	50.0%
19d. Overall satisfaction with AmeriHealth Caritas	63.3%	69.1%	74.1%	62.5%	73.5%	58.1%	47.1%
19e. Overall satisfaction with United Health Care	64.2%	75.4%	75.0%	50.0%	75.9%	62.5%	50.0%
Provider Portal (% Completely or Somewhat satisfied)							
20. Have logged into and used the ABH of Louisiana provider portal (% Yes)	47.1%	39.3%	51.7%	42.9%	44.4%	47.9%	43.8%
21a. Finding needed information regarding member eligibility	70.8%	87.5%	64.3%	100%	75.0%	72.7%	85.7%
21b. Finding needed information regarding claims payments or remittance advices	57.1%	82.6%	60.0%	50.0%	65.0%	69.6%	71.4%
21c. Finding needed information regarding the patient (member) Gaps in Care report	47.8%	75.0%	60.0%	33.3%	57.9%	58.8%	60.0%
21d. The portal's prior authorization, requirement submissions and confirmation functions	45.5%	76.2%	58.3%	66.7%	45.5%	61.1%	85.7%
21e. The portal's reporting functions	50.0%	75.0%	58.3%	50.0%	61.1%	55.6%	71.4%
21g. Rating of overall experience with the provider portal (% 10 - Best experience or 9)	37.5%	41.7%	20.0%	33.3%	33.3%	18.2%	57.1%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Years In Practice Total			Portion Of Managed Care Volume		
	<5 Years (O)	5-15 Years (P)	16+ Years (Q)	0-10% (R)	11-20% (S)	21-100% (T)
Total Respondents	20	51	59	51	35	27
Comparative Rating (% Well or Somewhat above average)						
11. Rating of Aetna LA compared to all other contracted health plans	31.6%	38.0%	25.9%	31.9%	32.4%	33.3%
Finance Issues (% Well or Somewhat above average)						
12a. Consistency of reimbursement fees with your contract rates	15.0%	32.6%	24.0%	20.0%	36.4%	28.0%
12b. Accuracy of claims processing	15.0%	42.6%	26.0%	26.1%	39.4%	24.0%
12c. Timeliness of claims processing	10.0%	42.6%	24.5%	21.7%	42.4%	24.0%
12d. Resolution of claims payment problems or disputes	10.5%	36.2%	23.4%	15.9%	43.8% R	24.0%
*12e. Timeliness of claims payment	10.0%	42.6%	28.6%	26.7%	42.4%	24.0%
*12f. Overall satisfaction with plan's claim dispute resolution process	15.8%	38.3%	22.9%	20.0%	40.6%	28.0%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Years In Practice Total			Portion Of Managed Care Volume		
	<5 Years (O)	5-15 Years (P)	16+ Years (Q)	0-10% (R)	11-20% (S)	21-100% (T)
Total Respondents	20	51	59	51	35	27
Utilization and Quality Management (% Well or Somewhat above average)	17.4%	39.6%	25.5%	30.3%	35.8%	22.1%
13a. Access to knowledgeable UM staff	15.8%	46.9% Q	25.5%	31.8%	42.4%	19.2%
13b. Procedures for obtaining pre-certification/referral/authorization information	22.2%	37.5%	20.4%	30.2%	35.5%	16.7%
13c. Timeliness of obtaining pre-certification/referral/authorization information	27.8%	33.3%	24.0%	31.8%	32.3%	20.8%
*13d. Overall satisfaction with UM pre-certification/authorization process (% Completely or Somewhat satisfied)	63.2%	72.3%	54.0%	55.6%	67.7%	56.5%
13e. Access to Case/Care Managers	5.3%	39.1%	25.6%	27.5%	31.3%	21.7%
13f. Degree to which the plan covers and encourages preventive care and wellness	15.8%	41.3%	31.8%	30.0%	37.5%	31.8%
*13g. Extent to which UM staff share review criteria and reasons for adverse determinations	5.3%	41.3% Q	21.4%	25.6%	34.4%	22.7%
*13h. Consistency of review decisions	11.1%	35.4%	22.2%	19.5%	37.5%	21.7%
*13i. Timeliness of UM appeals process	15.8%	36.2%	20.9%	23.1%	39.4%	9.5%
*13j. Overall satisfaction with plan's clinical management processes	26.3%	47.9% Q	27.7%	28.6%	51.5% R	21.7%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Years In Practice Total			Portion Of Managed Care Volume		
	<5 Years (O)	5-15 Years (P)	16+ Years (Q)	0-10% (R)	11-20% (S)	21-100% (T)
Total Respondents	20	51	59	51	35	27
Network/Coordination of Care (% Well or Somewhat above average)	13.2%	30.4%	19.9%	21.7%	33.4%	23.4%
14a. Number of specialists in the network	11.1%	31.1% Q	13.0%	22.0%	30.0%	15.4%
14b. Quality of specialists in the network	16.7%	33.3%	20.5%	22.5%	37.9%	23.1%
*14c. Number of BH clinicians in the network	11.1%	31.0%	15.8%	22.9%	27.6%	14.3%
*14d. Quality of BH clinicians in the network	16.7%	31.0%	18.9%	22.2%	31.0%	14.3%
*14e. Receive feedback/reports from specialists (% Always or Sometimes)	73.7%	70.6%	72.2%	67.4%	73.5%	80.8%
14f. Timeliness of feedback/reports from specialists	11.8%	26.8%	26.3%	20.6%	32.1%	31.8%
*14g. Frequency of feedback/reports from specialists	5.9%	26.8%	23.7%	17.7%	27.6%	31.8%
*14h. Receive feedback/reports from BH clinicians (% Always or Sometimes)	65.0%	60.0%	52.0%	48.9%	60.6%	60.0%
*14i. Timeliness of feedback/reports from BH Clinicians	0.0%	27.8%	26.7%	20.0%	20.8%	25.0%
*14j. Frequency of feedback/reports from BH clinicians	13.3%	33.3%	25.0%	17.9%	32.0%	33.3%
*14k. Availability of appropriate specialty types in the network	5.9%	29.3%	20.0%	18.2%	24.1%	21.1%
*14l. Availability of appropriate BH clinicians	5.9%	27.5%	18.8%	15.6%	25.0%	16.7%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Years In Practice Total			Portion Of Managed Care Volume		
	<5 Years (O)	5-15 Years (P)	16+ Years (Q)	0-10% (R)	11-20% (S)	21-100% (T)
Total Respondents	20	51	59	51	35	27
Health Plan Call Center Service Staff (% Well or Somewhat above average)	28.3%	40.0%	33.6%	30.2%	43.5%	34.0%
15a. Ease of reaching health plan call center staff over the phone	31.6%	38.0%	28.3%	25.0%	44.1%	32.0%
15b. Process of obtaining member information	25.0%	42.0%	38.9%	35.4%	42.9%	36.0%
*15c. Helpfulness of call center staff in finding a network specialist	16.7%	44.7% Q	22.2%	29.3%	45.2%	29.2%
*15d. Helpfulness of call center staff in finding network BH services	17.7%	41.3%	23.1%	22.0%	46.4%	31.6%
*15e. Overall satisfaction with call center staff (% Completely or Somewhat satisfied)	70.0%	75.5%	58.8%	59.6%	76.5%	60.9%
*15f. Satisfaction with language line services (% Completely or Somewhat satisfied)	84.6%	82.4% Q	60.0%	73.3%	78.3%	72.7%
*15g. Satisfaction with access to linguistic assistance provided (% Completely or Somewhat satisfied)	71.4%	79.2%	37.5%	44.4%	70.6%	58.3%
Provider Relations (% Well or Somewhat above average)	8.7%	44.7%	28.3%	32.2%	32.1%	29.0%
*16. Have a Provider Relations representative assigned to practice (% Yes)	69.2%	58.3% Q	28.6%	35.0%	59.1%	57.1%
17a. Ability to answer questions/solve problems related to core business functions	0.0%	52.6%	33.3%	38.5%	38.5%	25.0%
17b. Quality of orientations and/or ongoing training/support from Provider Relations	11.1%	40.9%	23.7%	30.6%	26.7%	27.3%
17c. Quality of written communications, policy bulletins, and manuals	15.0%	40.4%	27.9%	27.5%	31.3%	34.8%
*17d. Overall satisfaction with provider relations	15.0%	48.9% Q	24.4%	30.8%	38.7%	22.7%
*17e. Satisfaction with the quality of provider education and trainings (% Completely or Somewhat satisfied)	70.6%	66.7% Q	43.2%	51.4%	64.3%	60.9%
*17f. Satisfaction with the health plan's support toward Patient Centered Medical Home implementation (% Completely or Somewhat satisfied)	73.3%	70.6%	48.4%	42.3%	69.2%	76.5%
*17g. Satisfaction with the health plan's provider enrollment process (% Completely or Somewhat satisfied)	68.4%	77.8% Q	54.8%	57.9%	75.9%	70.8%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Years In Practice Total			Portion Of Managed Care Volume		
	<5 Years (O)	5-15 Years (P)	16+ Years (Q)	0-10% (R)	11-20% (S)	21-100% (T)
Total Respondents	20	51	59	51	35	27
Overall Satisfaction (% Completely or Somewhat satisfied)						
18. Would recommend Aetna LA (% Yes)	89.5%	87.8%	80.8%	83.0%	87.9%	84.0%
19a. Overall satisfaction with Aetna Better Health of Louisiana	90.0%	74.0% Q	53.6%	58.3%	73.5%	66.7%
19b. Overall satisfaction with Health Blue	94.7%	68.0%	53.9%	55.3%	69.7%	65.4%
19c. Overall satisfaction with Louisiana Health Care Connections	85.0%	81.3% Q	59.3%	66.0%	78.8%	77.8%
19d. Overall satisfaction with AmeriHealth Caritas	79.0%	71.7%	54.9%	59.5%	70.6%	60.0%
19e. Overall satisfaction with United Health Care	89.5%	78.0% Q	54.4%	60.4%	82.4% R	66.7%
Provider Portal (% Completely or Somewhat satisfied)						
20. Have logged into and used the ABH of Louisiana provider portal (% Yes)	55.0%	41.2%	41.8%	32.7%	51.4%	57.7%
21a. Finding needed information regarding member eligibility	100%	76.2%	63.6%	50.0%	83.3%	85.7%
21b. Finding needed information regarding claims payments or remittance advices	77.8%	76.2%	61.9%	53.3%	75.0%	71.4%
21c. Finding needed information regarding the patient (member) Gaps in Care report	50.0%	81.3%	50.0%	40.0%	56.3%	81.8%
21d. The portal's prior authorization, requirement submissions and confirmation functions	70.0%	66.7%	42.1%	42.9%	52.9%	63.6%
21e. The portal's reporting functions	70.0%	77.8%	43.8%	50.0%	64.7%	60.0%
21g. Rating of overall experience with the provider portal (% 10 - Best experience or 9)	9.1%	47.6%	31.8%	20.0%	33.3%	33.3%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Survey Respondent				Insurance Participation					
	Physician (U)	Behavioral Health Clinician (V)	Office Manager (W)	Nurse/ Other staff (X)	<4 (Y)	4-7 (Z)	8-11 (a)	12-15 (b)	>15 (c)	
	Total Respondents	13^	8^	78	33	3^	14^	29	19^	63
Comparative Rating (% Well or Somewhat above average)										
11. Rating of Aetna LA compared to all other contracted health plans	41.7%	28.6%	29.3%	35.5%	66.7%	46.2%	34.6%	36.8%	23.3%	
Finance Issues (% Well or Somewhat above average)	50.3%	10.7%	28.6%	25.8%	8.3%	20.8%	20.3%	33.8%	31.9%	
12a. Consistency of reimbursement fees with your contract rates	45.5%	0.0%	29.0%	20.0%	0.0%	25.0%	23.1%	29.4%	28.1%	
12b. Accuracy of claims processing	54.6%	28.6%	30.0%	26.7%	33.3%	25.0%	20.0%	35.3%	34.5%	
12c. Timeliness of claims processing	45.5%	14.3%	30.4%	26.7%	0.0%	25.0%	20.8%	35.3%	32.8%	
12d. Resolution of claims payment problems or disputes	55.6%	0.0%	25.0%	30.0%	0.0%	8.3%	17.4%	35.3%	32.1%	
*12e. Timeliness of claims payment	54.6%	14.3%	30.4%	30.0%	33.3%	16.7%	28.0%	35.3%	33.3%	
*12f. Overall satisfaction with plan's claim dispute resolution process	45.5%	14.3%	27.9%	27.6%	33.3%	16.7%	20.8%	35.3%	30.4%	

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Survey Respondent				Insurance Participation				
	Physician (U)	Behavioral Health Clinician (V)	Office Manager (W)	Nurse/ Other staff (X)	<4 (Y)	4-7 (Z)	8-11 (a)	12-15 (b)	>15 (c)
	Total Respondents	13^	8^	78	33	3^	14^	29	19^
Utilization and Quality Management (% Well or Somewhat above average)	55.9%	19.1%	28.5%	26.5%	33.3%	33.5%	23.5%	43.5%	26.0%
13a. Access to knowledgeable UM staff	41.7%	28.6%	33.8%	29.0%	33.3%	50.0%	20.8%	50.0%	25.9%
13b. Procedures for obtaining pre-certification/referral/authorization information	50.0%	16.7%	25.7%	26.7%	33.3%	38.5%	23.8%	44.4%	21.1%
13c. Timeliness of obtaining pre-certification/referral/authorization information	54.6%	16.7%	24.3%	33.3%	33.3%	38.5%	22.7%	38.9%	24.6%
*13d. Overall satisfaction with UM pre-certification/authorization process (% Completely or Somewhat satisfied)	84.6%	28.6%	65.2%	57.1%	66.7%	84.6%	56.5%	70.6%	56.1%
13e. Access to Case/Care Managers	66.7%	16.7%	26.2%	18.5%	33.3%	25.0%	23.8%	31.3%	25.9%
13f. Degree to which the plan covers and encourages preventive care and wellness	66.7%	16.7%	32.3%	25.0%	33.3%	15.4%	26.3%	52.9%	32.7%
*13g. Extent to which UM staff share review criteria and reasons for adverse determinations	70.0%	16.7%	23.9%	23.1%	33.3%	23.1%	25.0%	37.5%	24.5%
*13h. Consistency of review decisions	54.6%	16.7%	25.4%	20.7%	33.3%	15.4%	23.8%	38.9%	24.1%
*13i. Timeliness of UM appeals process	54.6%	20.0%	22.7%	25.0%	33.3%	15.4%	21.1%	38.9%	24.5%
*13j. Overall satisfaction with plan's clinical management processes	54.6%	16.7%	37.1%	31.0%	33.3%	46.2%	23.8%	44.4%	35.1%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Survey Respondent				Insurance Participation				
	Physician (U)	Behavioral Health Clinician (V)	Office Manager (W)	Nurse/ Other staff (X)	<4 (Y)	4-7 (Z)	8-11 (a)	12-15 (b)	>15 (c)
Total Respondents	13^	8^	78	33	3^	14^	29	19^	63
Network/Coordination of Care (% Well or Somewhat above average)	41.7%	25.4%	20.5%	24.5%	11.1%	35.2%	26.2%	27.8%	16.8%
14a. Number of specialists in the network	25.0%	14.3%	22.1%	17.4%	33.3%	41.7%	17.4%	25.0%	13.0%
14b. Quality of specialists in the network	45.5%	28.6%	22.4%	26.1%	0.0%	41.7%	26.1%	25.0%	21.2%
*14c. Number of BH clinicians in the network	44.4%	14.3%	18.0%	23.8%	0.0%	41.7%	20.0%	21.4%	14.9%
*14d. Quality of BH clinicians in the network	44.4%	28.6%	21.7%	19.1%	0.0%	41.7%	25.0%	28.6%	15.2%
*14e. Receive feedback/reports from specialists (% Always or Sometimes)	75.0%	25.0%	76.7%	72.7%	100%	50.0%	67.9%	79.0%	75.9%
14f. Timeliness of feedback/reports from specialists	54.6%	33.3%	17.2%	30.0%	0.0%	22.2%	35.0%	33.3%	16.3%
*14g. Frequency of feedback/reports from specialists	50.0%	33.3%	15.9%	27.3%	0.0%	22.2%	25.0%	26.7%	19.2%
*14h. Receive feedback/reports from BH clinicians (% Always or Sometimes)	54.6%	25.0%	61.6%	56.7%	66.7%	69.2%	53.6%	52.6%	56.4%
*14i. Timeliness of feedback/reports from BH Clinicians	25.0%	33.3%	21.2%	22.2%	33.3%	33.3%	17.7%	25.0%	15.8%
*14j. Frequency of feedback/reports from BH clinicians	25.0%	33.3%	26.5%	26.3%	0.0%	55.6%	23.5%	27.3%	19.4%
*14k. Availability of appropriate specialty types in the network	33.3%	25.0%	18.0%	26.3%	33.3%	50.0%	9.5%	21.4%	16.7%
*14l. Availability of appropriate BH clinicians	25.0%	0.0%	19.0%	26.3%	33.3%	50.0%	10.0%	21.4%	12.8%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Survey Respondent				Insurance Participation				
	Physician (U)	Behavioral Health Clinician (V)	Office Manager (W)	Nurse/ Other staff (X)	<4 (Y)	4-7 (Z)	8-11 (a)	12-15 (b)	>15 (c)
Total Respondents	13^	8^	78	33	3^	14^	29	19^	63
Health Plan Call Center Service Staff (% Well or Somewhat above average)	70.8%	16.7%	31.7%	34.9%	0.0%	53.6%	23.5%	39.5%	36.1%
15a. Ease of reaching health plan call center staff over the phone	66.7%	16.7%	30.1%	30.3%	0.0%	50.0%	20.0%	42.1%	32.2%
15b. Process of obtaining member information	75.0%	16.7%	33.3%	39.4%	0.0%	57.1%	26.9%	36.8%	40.0%
*15c. Helpfulness of call center staff in finding a network specialist	54.6%	33.3%	28.4%	28.6%	33.3%	46.2%	16.7%	37.5%	30.8%
*15d. Helpfulness of call center staff in finding network BH services	66.7%	33.3%	24.6%	29.6%	33.3%	46.2%	14.3%	26.7%	31.9%
*15e. Overall satisfaction with call center staff (% Completely or Somewhat satisfied)	75.0%	50.0%	67.1%	64.5%	33.3%	71.4%	66.7%	66.7%	66.1%
*15f. Satisfaction with language line services (% Completely or Somewhat satisfied)	50.0%	66.7%	77.8%	68.8%	66.7%	70.0%	73.3%	63.6%	76.5%
*15g. Satisfaction with access to linguistic assistance provided (% Completely or Somewhat satisfied)	50.0%	100%	61.8%	53.3%	50.0%	83.3%	57.1%	50.0%	53.9%
Provider Relations (% Well or Somewhat above average)	44.4%	29.2%	31.0%	31.9%	22.2%	46.2%	24.9%	39.1%	29.1%
*16. Have a Provider Relations representative assigned to practice (% Yes)	25.0%	100%	43.9%	47.8%	100%	75.0%	52.4%	46.2%	33.3%
17a. Ability to answer questions/solve problems related to core business functions	50.0%	0.0%	39.1%	36.4%	0.0%	50.0%	18.2%	60.0%	35.7%
17b. Quality of orientations and/or ongoing training/support from Provider Relations	33.3%	50.0%	29.3%	22.2%	33.3%	50.0%	27.3%	28.6%	23.4%
17c. Quality of written communications, policy bulletins, and manuals	50.0%	37.5%	24.6%	37.0%	33.3%	38.5%	29.2%	28.6%	28.3%
*17d. Overall satisfaction with provider relations	60.0%	28.6%	31.3%	28.0%	66.7%	50.0%	31.8%	35.7%	25.0%
*17e. Satisfaction with the quality of provider education and trainings (% Completely or Somewhat satisfied)	55.6%	28.6%	65.5%	50.0%	66.7%	83.3%	47.4%	52.9%	56.5%
*17f. Satisfaction with the health plan's support toward Patient Centered Medical Home implementation (% Completely or Somewhat satisfied)	70.0%	50.0%	68.1%	50.0%	100%	66.7%	61.1%	61.5%	58.3%
*17g. Satisfaction with the health plan's provider enrollment process (% Completely or Somewhat satisfied)	60.0%	50.0%	68.3%	66.7%	100%	84.6%	52.2%	64.7%	64.6%

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*Indicates that the measure is not included in the composite score.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Survey Respondent				Insurance Participation					
	Physician (U)	Behavioral Health Clinician (V)	Office Manager (W)	Nurse/ Other staff (X)	<4 (Y)	4-7 (Z)	8-11 (a)	12-15 (b)	>15 (c)	
	Total Respondents	13^	8^	78	33	3^	14^	29	19^	63
Overall Satisfaction (% Completely or Somewhat satisfied)										
18. Would recommend Aetna LA (% Yes)	92.3%	50.0%	83.3%	93.6%	100%	100%	80.8%	79.0%	84.2%	
19a. Overall satisfaction with Aetna Better Health of Louisiana	76.9%	50.0%	64.5%	74.2%	66.7%	85.7%	64.3%	72.2%	62.3%	
19b. Overall satisfaction with Health Blue	54.6%	66.7%	64.9%	68.8%	50.0%	78.6%	66.7%	63.2%	63.2%	
19c. Overall satisfaction with Louisiana Health Care Connections	66.7%	57.1%	72.4%	75.0%	50.0%	76.9%	77.8%	84.2%	66.1%	
19d. Overall satisfaction with AmeriHealth Caritas	66.7%	50.0%	63.5%	72.4%	NA	76.9%	73.1%	64.7%	58.6%	
19e. Overall satisfaction with United Health Care	61.5%	42.9%	65.8%	84.4% ^w	0.0%	85.7%	78.6%	79.0%	58.1%	
Provider Portal (% Completely or Somewhat satisfied)										
20. Have logged into and used the ABH of Louisiana provider portal (% Yes)	30.8%	75.0%	44.0%	43.8%	33.3%	42.9%	41.4%	42.1%	45.8%	
21a. Finding needed information regarding member eligibility	50.0%	40.0%	84.9%	71.4%	0.0%	83.3%	72.7%	62.5%	81.5%	
21b. Finding needed information regarding claims payments or remittance advices	50.0%	33.3%	79.3%	64.3%	100%	66.7%	66.7%	57.1%	75.0%	
21c. Finding needed information regarding the patient (member) Gaps in Care report	25.0%	66.7%	72.0%	40.0%	100%	75.0%	42.9%	62.5%	63.2%	
21d. The portal's prior authorization, requirement submissions and confirmation functions	25.0%	60.0%	57.1%	66.7%	100%	80.0%	44.4%	25.0%	65.2%	
21e. The portal's reporting functions	25.0%	50.0%	70.4%	54.6%	100%	50.0%	62.5%	57.1%	66.7%	
21g. Rating of overall experience with the provider portal (% 10 - Best experience or 9)	25.0%	0.0%	40.6%	28.6%	0.0%	33.3%	25.0%	37.5%	34.6%	

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significant figure than the corresponding column.

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Appendix C: Additional Questionnaire



Additional Questionnaire

Aetna Better Health of Louisiana administered a secondary survey to obtain additional information from participating providers on services and procedures. The survey was administered via mail between November and December 2021. Qualified respondents were providers contracted with the plan.

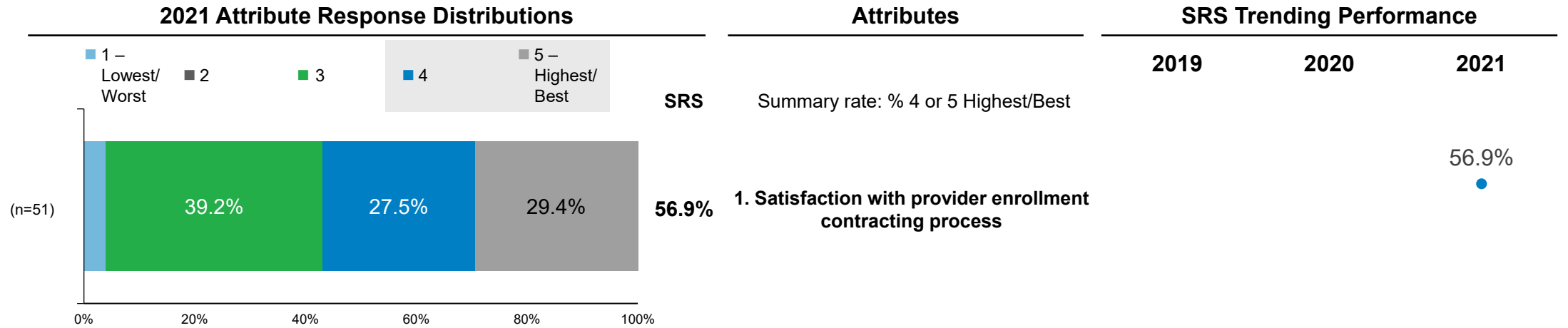
RESPONSE RATES

Year	Sample size	Valid surveys				Response rate
		Mail	Phone	Internet	Total	
2021	5,000	53	-	-	53	1.1%

$$\text{Response Rate} = \frac{\text{Completed surveys}}{\text{Sample size}}$$

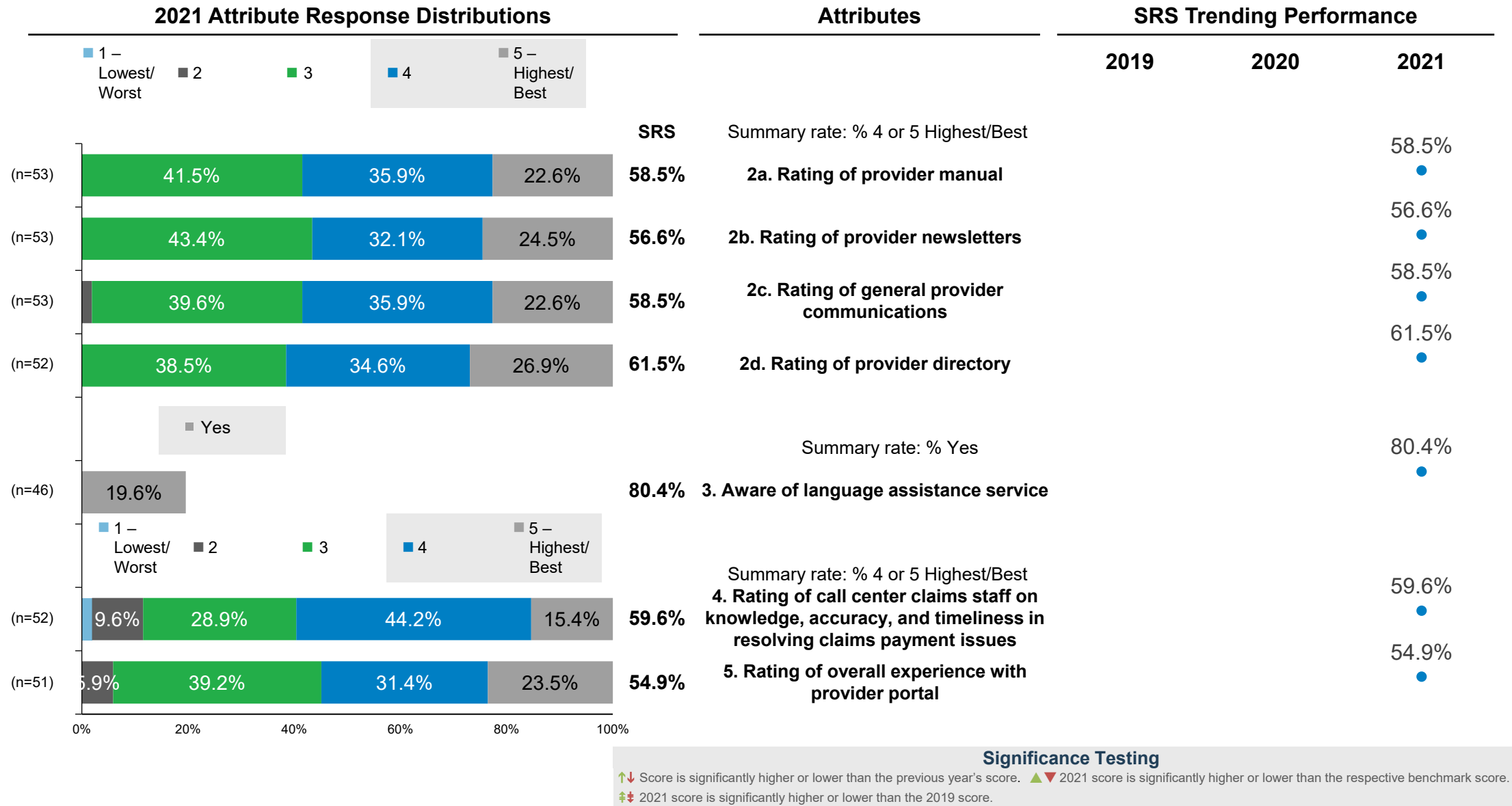
Statistical references and notes:

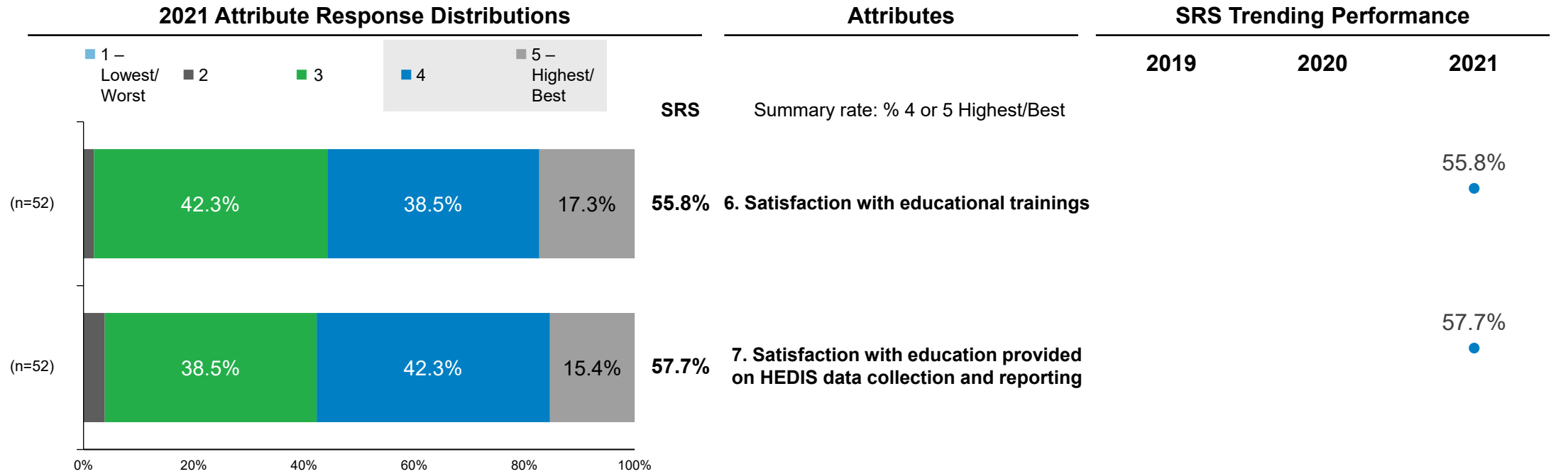
- All statistical testing is performed at the 95% confidence level.
- Percentages less than 10.0% are not shown in graphs where space does not permit.
- Totals reported in graphs and tables may not be equal to the sum of the individual components due to the rounding of all figures.
- A caret (^) indicates a base size smaller than 20. Interpret with caution.



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⚡ 2021 score is significantly higher or lower than the 2019 score.

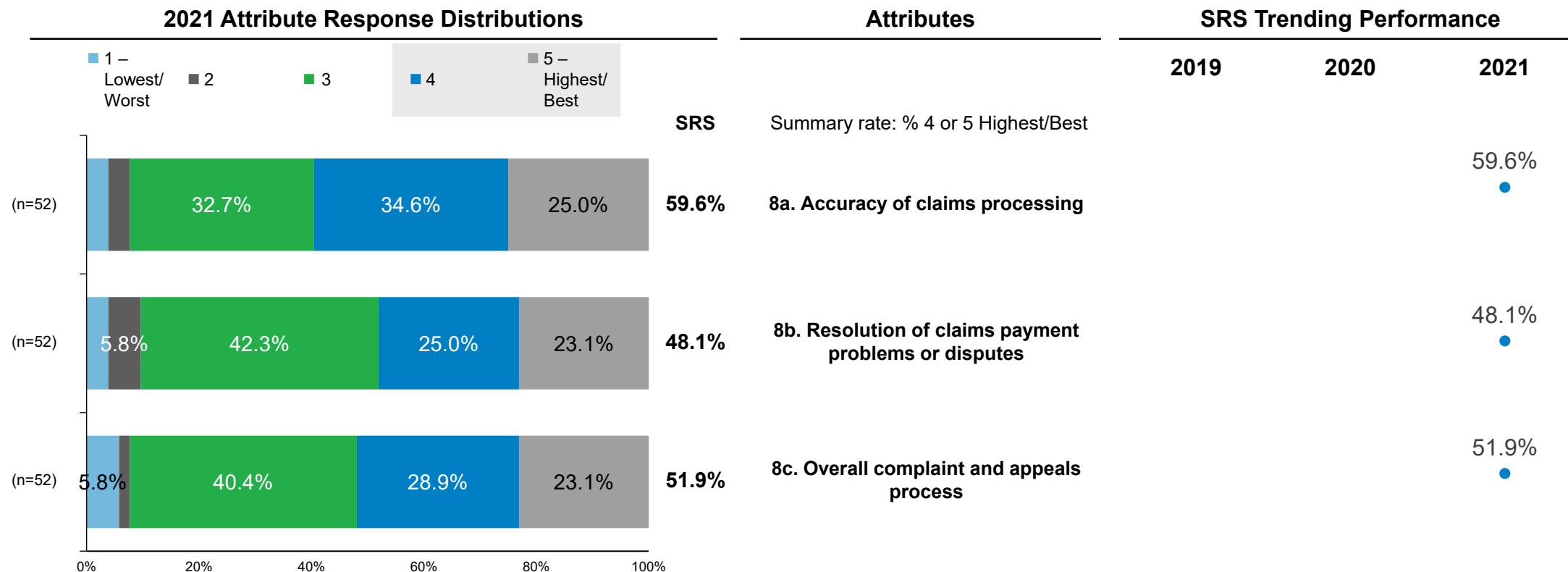




Significance Testing

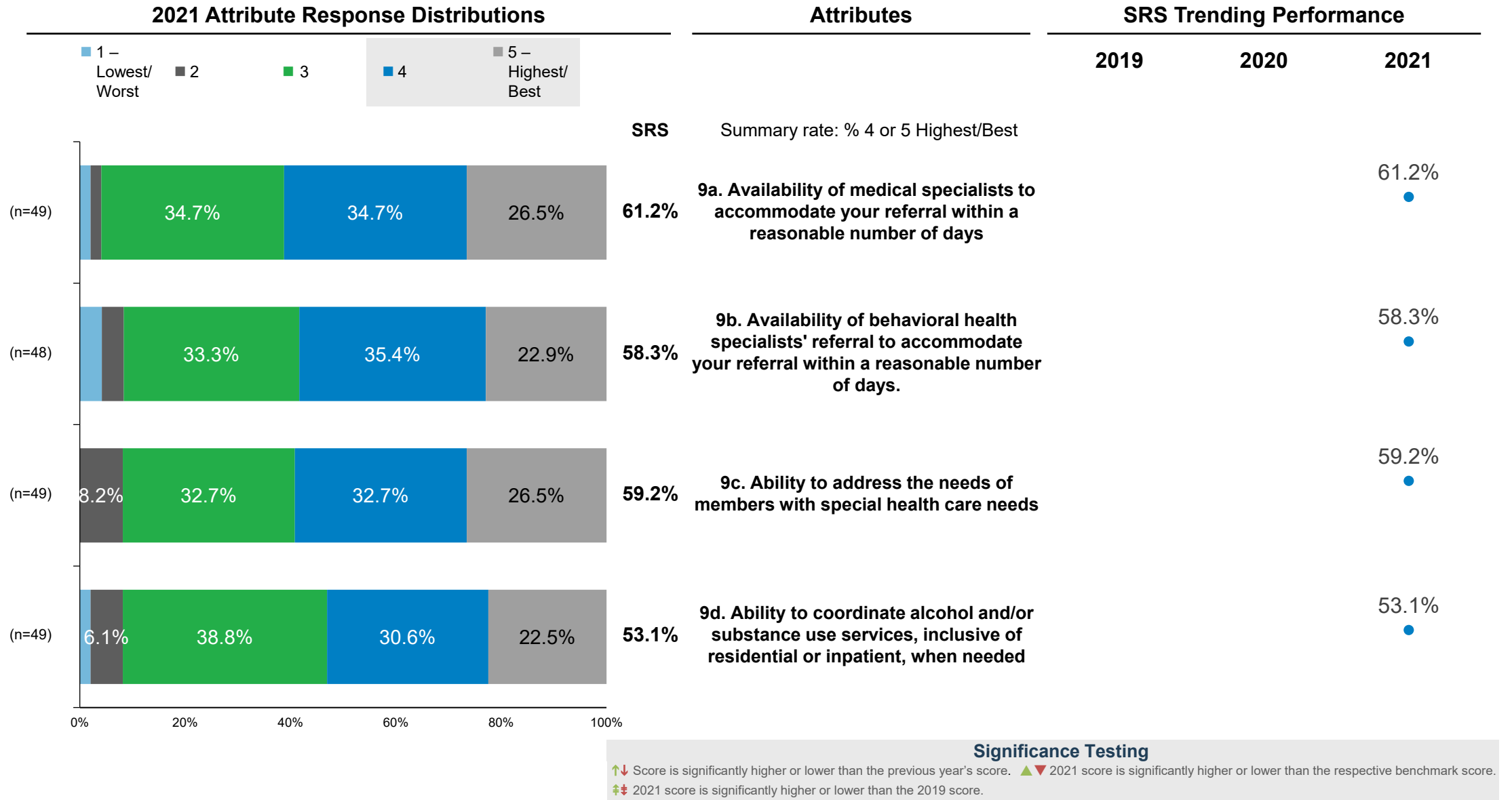
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

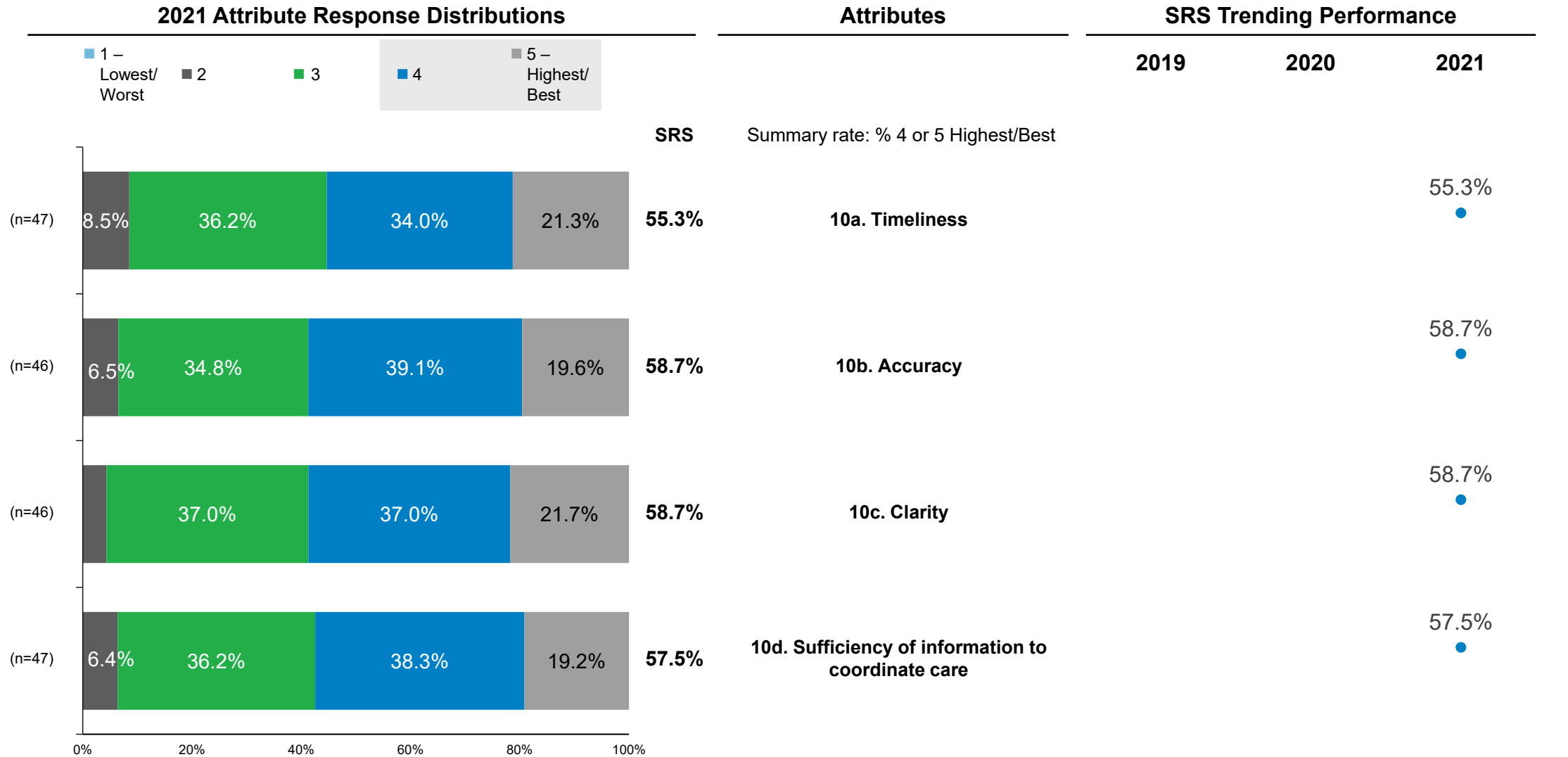
Claims Processing/Reimbursement



Significance Testing

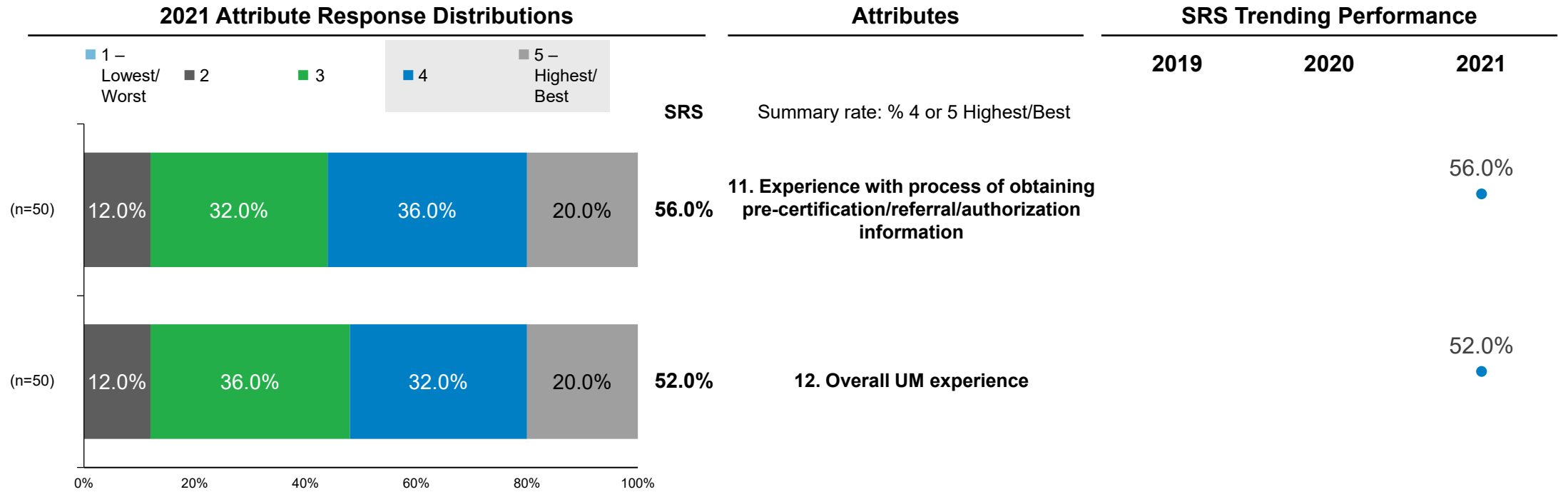
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.





Significance Testing

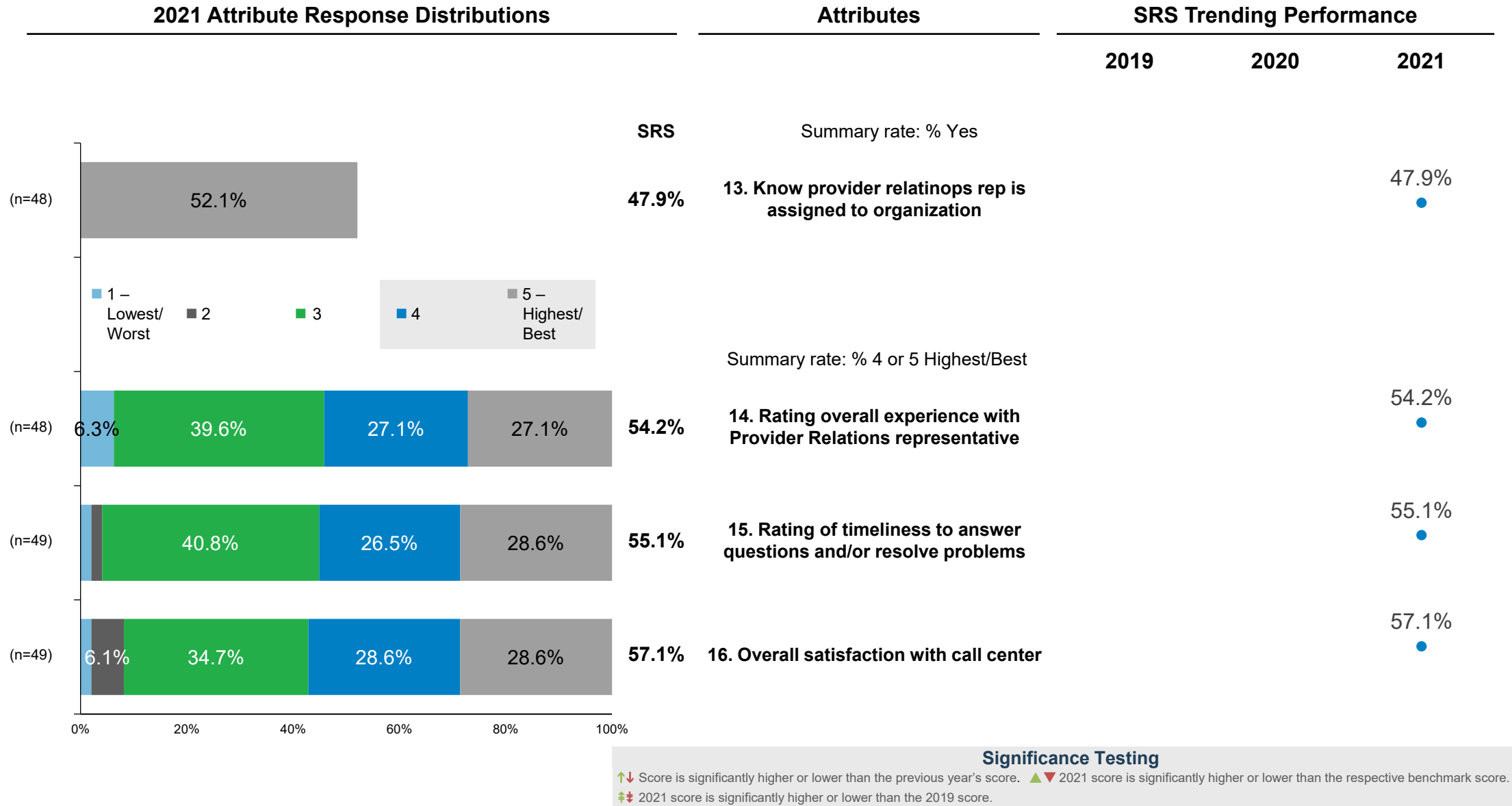
↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.



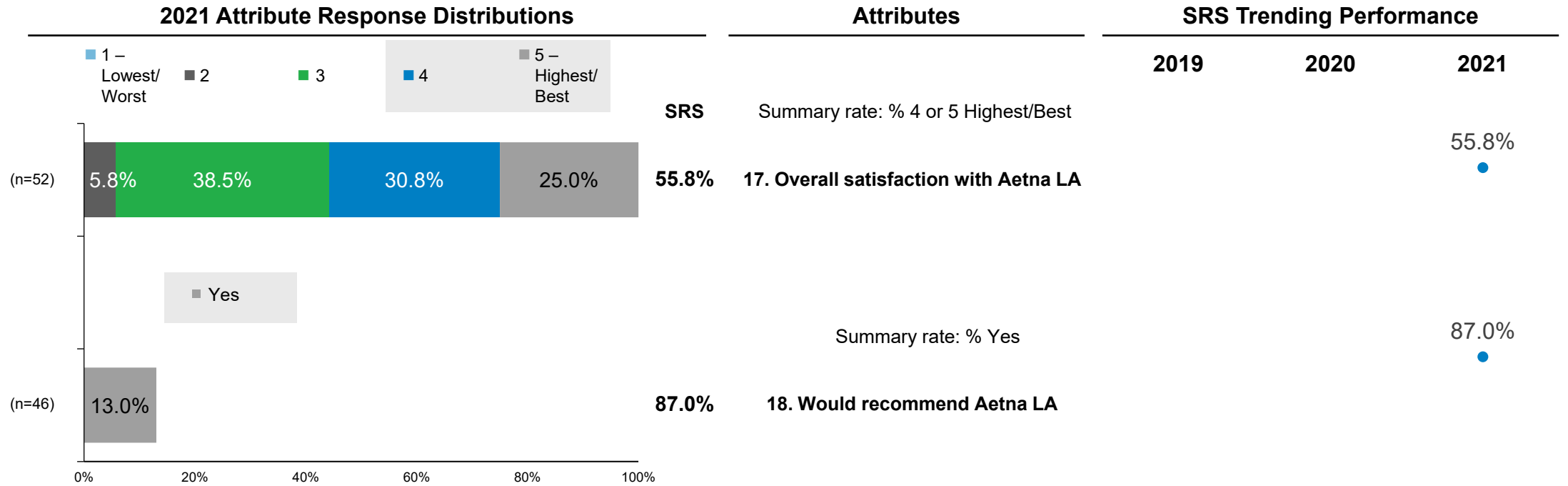
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

Customer Service/Provider Relations



Overall Satisfaction



Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⚡ 2021 score is significantly higher or lower than the 2019 score.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS

	<u>2019</u>		<u>2020</u>		<u>2021</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS
Provider Enrollment (% 4 or 5 Highest/Best)						
1. Satisfaction with provider enrollment contracting process	NA	NA	NA	NA	51	56.9%
Provider Resources (% 4 or 5 Highest/Best)						
2a. Rating of provider manual	NA	NA	NA	NA	53	58.5%
2b. Rating of provider newsletters	NA	NA	NA	NA	53	56.6%
2c. Rating of general provider communications	NA	NA	NA	NA	53	58.5%
2d. Rating of provider directory	NA	NA	NA	NA	52	61.5%
3. Aware of language assistance service (% Yes)	NA	NA	NA	NA	46	80.4%
4. Rating of call center claims staff on knowledge, accuracy, and timeliness in resolving claims payment issues	NA	NA	NA	NA	52	59.6%
5. Rating of overall experience with provider portal	NA	NA	NA	NA	51	54.9%
Provider Education (% 4 or 5 Highest/Best)						
6. Satisfaction with educational trainings	NA	NA	NA	NA	52	55.8%
7. Satisfaction with education provided on HEDIS data collection and reporting	NA	NA	NA	NA	52	57.7%
Claims Processing/Reimbursement (% 4 or 5 Highest/Best)						
8a. Accuracy of claims processing	NA	NA	NA	NA	52	59.6%
8b. Resolution of claims payment problems or disputes	NA	NA	NA	NA	52	48.1%
8c. Overall complaint and appeals process	NA	NA	NA	NA	52	51.9%

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🚩 2021 score is significantly higher or lower than the 2019 score.



Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	<u>2019</u>		<u>2020</u>		<u>2021</u>	
	Valid n	SRS	Valid n	SRS	Valid n	SRS
Network (% 4 or 5 Highest/Best)						
9a. Availability of medical specialists to accommodate your referral within a reasonable number of days	NA	NA	NA	NA	49	61.2%
9b. Availability of behavioral health specialists' referral to accommodate your referral within a reasonable number of days.	NA	NA	NA	NA	48	58.3%
9c. Ability to address the needs of members with special health care needs	NA	NA	NA	NA	49	59.2%
9d. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient, when needed	NA	NA	NA	NA	49	53.1%
<i>Please rate your experience with coordination of behavioral health care services in the following areas:</i>						
10a. Timeliness	NA	NA	NA	NA	47	55.3%
10b. Accuracy	NA	NA	NA	NA	46	58.7%
10c. Clarity	NA	NA	NA	NA	46	58.7%
10d. Sufficiency of information to coordinate care	NA	NA	NA	NA	47	57.5%
Utilization Management (% 4 or 5 Highest/Best)						
11. Experience with process of obtaining pre-certification/referral/authorization information	NA	NA	NA	NA	50	56.0%
12. Overall UM experience	NA	NA	NA	NA	50	52.0%
Customer Service/Provider Relations (% 4 or 5 Highest/Best)						
13. Know provider relatinops rep is assigned to organization (% Yes)	NA	NA	NA	NA	48	47.9%
14. Rating overall experience with Provider Relations representative	NA	NA	NA	NA	48	54.2%
15. Rating of timeliness to answer questions and/or resolve problems	NA	NA	NA	NA	49	55.1%
16. Overall satisfaction with call center	NA	NA	NA	NA	49	57.1%
Overall Satisfaction (% 4 or 5 Highest/Best)						
17. Overall satisfaction with Aetna LA	NA	NA	NA	NA	52	55.8%
18. Would recommend Aetna LA (% Yes)	NA	NA	NA	NA	46	87.0%

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

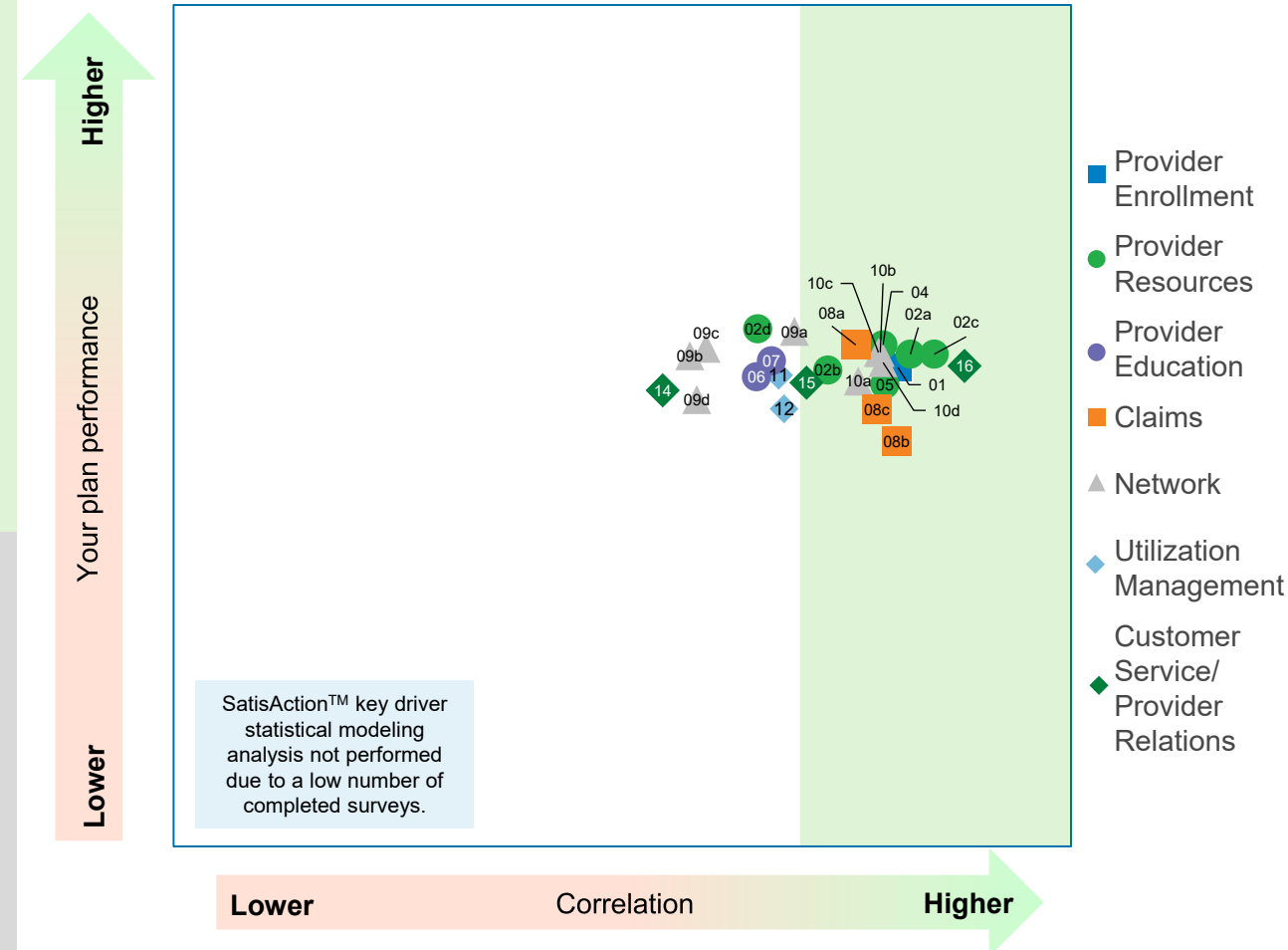
↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 🚩 2021 score is significantly higher or lower than the 2019 score.

Correlation Analysis

SURVEY MEASURE	CORRELATION	SCORE
q16 Please rate your overall satisfaction of our call center.	0.881	57.1%
q02c Please rate the quality and effectiveness of the following materials: General provider communications	0.848	58.5%
q02a Please rate the quality and effectiveness of the following materials: Provider manual	0.821	58.5%
q01 Please rate your satisfaction with the provider enrollment contracting process	0.807	56.9%
q08b Please rate your experience with our performance in the following areas: Resolution of claims payment problems or disputes	0.806	48.1%
q05 Please rate the overall experience with our provider portal.	0.793	54.9%
q10d Please rate your experience with coordination of behavioral health care services in the following areas: Sufficiency of information to coordinate care	0.791	57.5%
q04 Please rate call center claims staff on knowledge, accuracy, and timeliness in resolving claims payment issues	0.791	59.6%
q10b Please rate your experience with coordination of behavioral health care services in the following areas: Accuracy	0.788	58.7%
q10c Please rate your experience with coordination of behavioral health care services in the following areas: Clarity	0.785	58.7%
q08c Please rate your experience with our performance in the following areas: Overall complaint and appeals process	0.784	51.9%
q10a Please rate your experience with coordination of behavioral health care services in the following areas: Timeliness	0.763	55.3%
q08a Please rate your experience with our performance in the following areas: Accuracy of claims processing	0.760	59.6%
q02b Please rate the quality and effectiveness of the following materials: Provider newsletters	0.729	56.6%
q15 Please rate your experience with the timeliness to answer questions and/or resolve problems.	0.705	55.1%
q09a Availability of medical specialists to accommodate your referral within a reasonable number of days	0.692	61.2%
q12 Please rate your overall UM experience including peer to peer, UM staff sharing review of criteria and access to case/care managers.	0.680	52.0%
q11 Please rate your experience with the process of obtaining pre-certification/referral/authorization information	0.674	56.0%
q07 How satisfied are you with the education provided on HEDIS data collection and reporting?	0.666	57.7%
q02d Please rate the quality and effectiveness of the following materials: Provider directory	0.651	61.5%
q06 How satisfied are you with our educational trainings?	0.650	55.8%
q09c Ability to address the needs of members with special health care needs	0.593	59.2%
q09d Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient, when needed	0.583	53.1%
q09b Availability of behavioral health specialists' referral to accommodate your referral within a reasonable number of days.	0.575	58.3%
q14 Please rate your overall experience (knowledge, timeliness, access) with your Provider Relations representative	0.545	54.2%

CORRELATION CHART FOR OVERALL SATISFACTION WITH THE PLAN

Correlation values describe the degree of linear association between two variables in numeric terms and can range from -1 (perfect negative correlation) to +1 (perfect positive correlation). The closer the value is to +/- 1, the stronger the degree of linear association between the two variables. If the value is equal to zero, then there is no association. In general, values of .500 or higher (and -.500 or lower) suggest high correlation between the variables compared. Only variables with significant correlations (alpha < 0.05) are included in the analysis.



Appendix D: SatisAction™ Key Driver Statistical Model

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of overall satisfaction and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using member satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving satisfaction ratings.
- Measurement of the relative importance of each of these elements.
- Measurement of how well providers think your plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by your plan.

Importance analysis.

The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs, or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression analysis. Regression analysis is then used to predict overall satisfaction on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is rescaled to 100 points, the smallest value is rescaled to 0 points and the median value is rescaled to 50 points.

Performance analysis.

Relative performance (the top-two-box rating) is calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points. For measures that have a comparable measure in the SPH Book of Business (BoB), performance is shown relative to the BoB. Measures that do not have a comparable measure in the BoB are ranked based on their performance relative to other measures in this plan's survey that do not have a comparable measure in the BoB.

Classification matrix. Results of the key driver modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of the most important drivers of overall satisfaction and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- **Power.** These items have a relatively large impact on overall satisfaction and your plan performance levels on these items are high. Promote and leverage strengths in this quadrant.
- **Opportunity.** Items in this quadrant also have a relatively large impact on overall satisfaction but your plan performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the satisfaction score.
- **Wait.** Though these items still impact overall satisfaction, they are somewhat less important than those that fall on the right-hand side of the chart. Relatively speaking, your plan performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- **Retain.** Items in this quadrant also have a relatively small impact on overall satisfaction but your plan performance is above average. Simply maintain performance on these items.

