

Provider Satisfaction Report

2021 Results

Prepared for: Louisiana Healthcare Connections

January 2022



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Background and Objectives

The Provider Satisfaction Survey targets providers to measure their satisfaction with Louisiana Healthcare Connections. 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
- Pharmacy
- Health Plan Call Center Service Staff
- Provider Relations

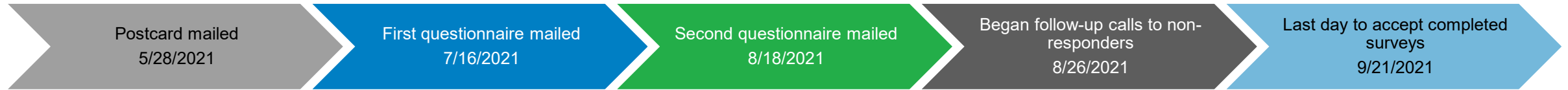
Benchmark All core measures are compared to the 2020 SPH Medicaid Book of Business (2020 SPH Medicaid), which is displayed as a light blue bar throughout the report, as well as the 2020 SPH Aggregate Book of Business, which is displayed as a light grey bar throughout the report. The SPH Medicaid Book 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. Qualified respondents were providers contracted with the plan. A synopsis of the data collection methodology is outlined below:



2021 RESPONSE RATE

Provider type	Sample size	Valid surveys				Response rate
		Mail	Phone	Internet	Total	
PCP	1,306	44	29	31	104	8.0%
Specialist	1,094	31	25	33	89	8.1%
Behavioral Health	600	7	39	17	63	10.5%
Total	3,000	82	93	81	256	8.5%

RESPONSE RATE COMPARISON

In 2020, your plan's response rate was **6.6%**.

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

Statistical references and notes:

- Beginning in 2020, for mail respondents, those who answered at least one question were included among the completed surveys. For internet and phone respondents, those who did not complete the full survey were NOT counted among the completed surveys.
- All statistical testing is performed at the 95% confidence level. Significance is calculated using the t-test. Refer to appendix E for further details.
- Percentages less than 5.0% 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

For further interpretation, see Appendix D: Commentary and Advice for Improving Provider Satisfaction.

Changes from last year



TRENDING UP

Measures that increased significantly from 2020

- 1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans
- 2B. Accuracy of claims processing
- 3F. Degree to which the plan covers and encourages preventive care and wellness



TRENDING DOWN

Measures that decreased significantly from 2020

- 10A. Overall Satisfaction with Louisiana Healthcare Connections
- 19. Information received in the provider manual on Cultural Competency
- 20. Cultural Competency training materials and sessions
- 25. Ability to coordinate rehabilitation services
- 26. Timeliness of coordination of BH care services
- 27. Accuracy of coordination of BH care services
- 29. Sufficiency of information to coordinate BH care

Measure Name	2021 Summary Rate Score	2020 SPH Medicaid BoB %tile
Likelihood to Recommend (%4 or 5 – Very likely)	75.8%	NA
All Other Plans (Comparative Rating) (%Well or Somewhat above average)	53.2%	93 rd
Overall satisfaction (%Completely or Somewhat Satisfied)	60.2%	12 th
Finance Issues (%Well or Somewhat above average)	49.8%	97 th
Utilization and Quality Management (%Well or Somewhat above average)	45.1%	NA
Network/Coordination of Care (%Well or Somewhat above average)	38.7%	NA
Pharmacy (%Well or Somewhat above average)	35.4%	93 rd
Health Plan Call Center Service Staff (%Well or Somewhat above average)	49.9%	93 rd
Provider Relations (%Well or Somewhat above average)	47.3%	NA

Net Satisfaction Score: 32.3%

Net Loyalty Score: 49.0%

Net Promoter Score: 31.8%

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

POWER

(Top 4)

Promote and Leverage Strengths

- 14 Overall experience with the provider portal
- 21 Accessibility of state required behavioral health training
- 20 Cultural Competency training materials and sessions
- 19 Information received in the provider manual on Cultural Competency

OPPORTUNITIES

(Top 5)

Focus Resources on Improving Processes That Underlie These Items

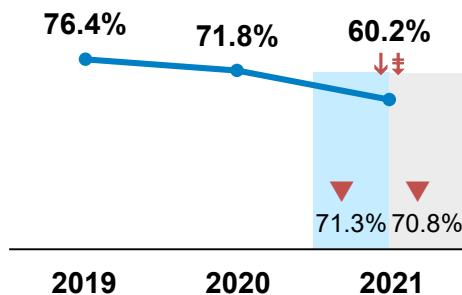
- 15 Experience with the overall complaint and appeals process
- 25 Ability to coordinate rehabilitation services
- 23 Ability to coordinate mental health services, inclusive of residential or inpatient
- 24 Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient
- 22 Ability to address the needs of members with special health care needs

Please refer to slide 8 for details.

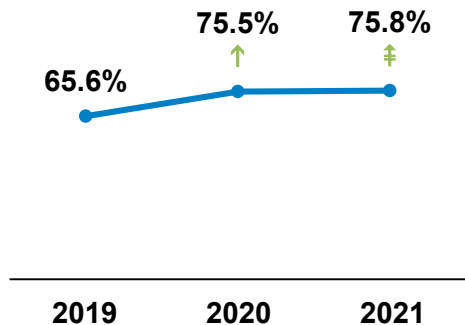
Composite Summary Rate Scores

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

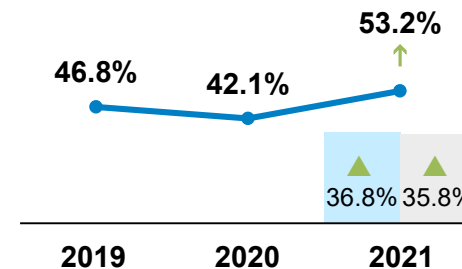
Overall Satisfaction



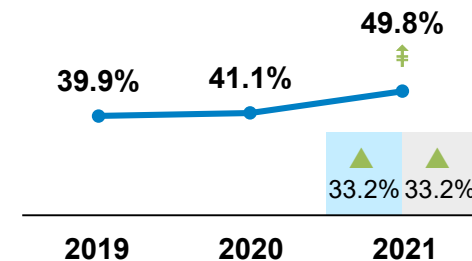
Likelihood to Recommend



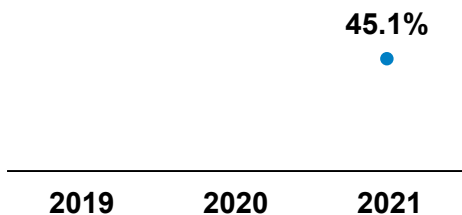
All Other Plans (Comparative Rating)



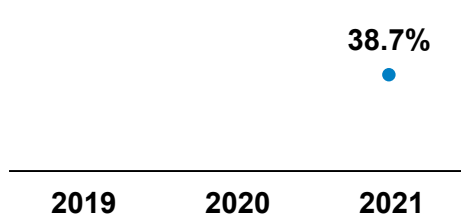
Finance Issues



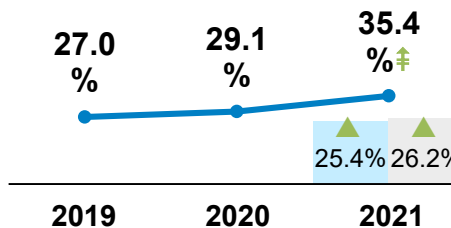
Utilization and Quality Management



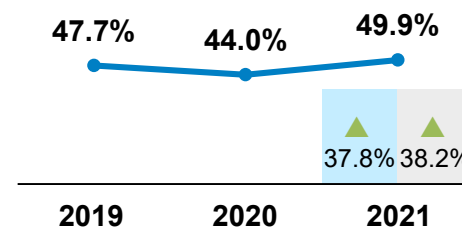
Network/Coordination of Care



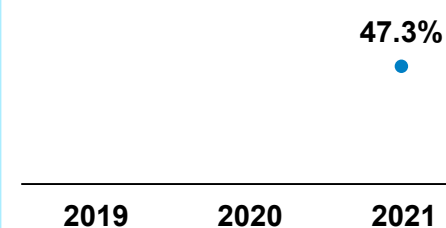
Pharmacy



Health Plan Call Center Service Staff



Provider Relations



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

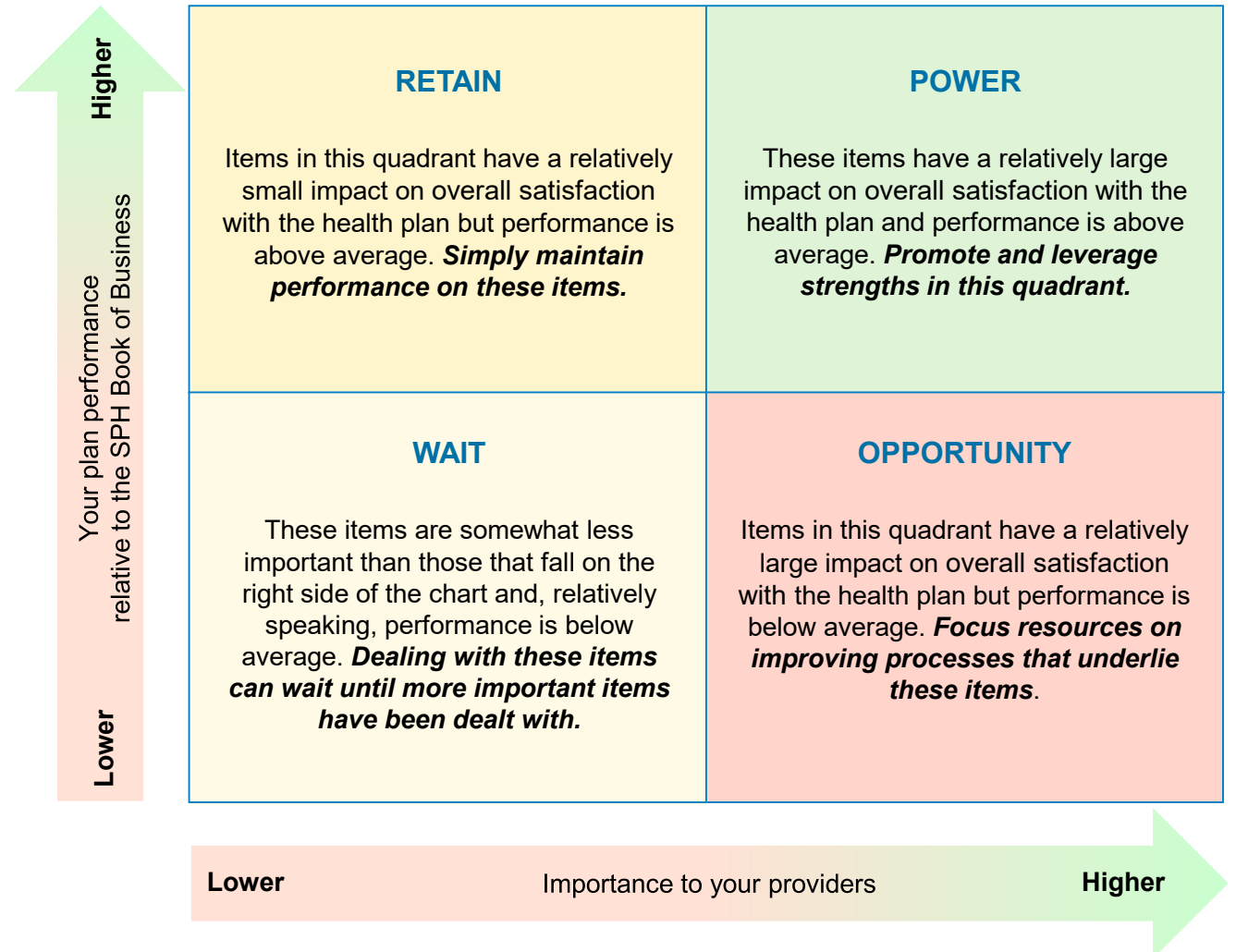
The SatisAction™ key driver statistical model was used to identify the **key drivers of overall satisfaction with the health plan** and the results are presented in the POWeR™ Chart classification matrix on the following page.

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.



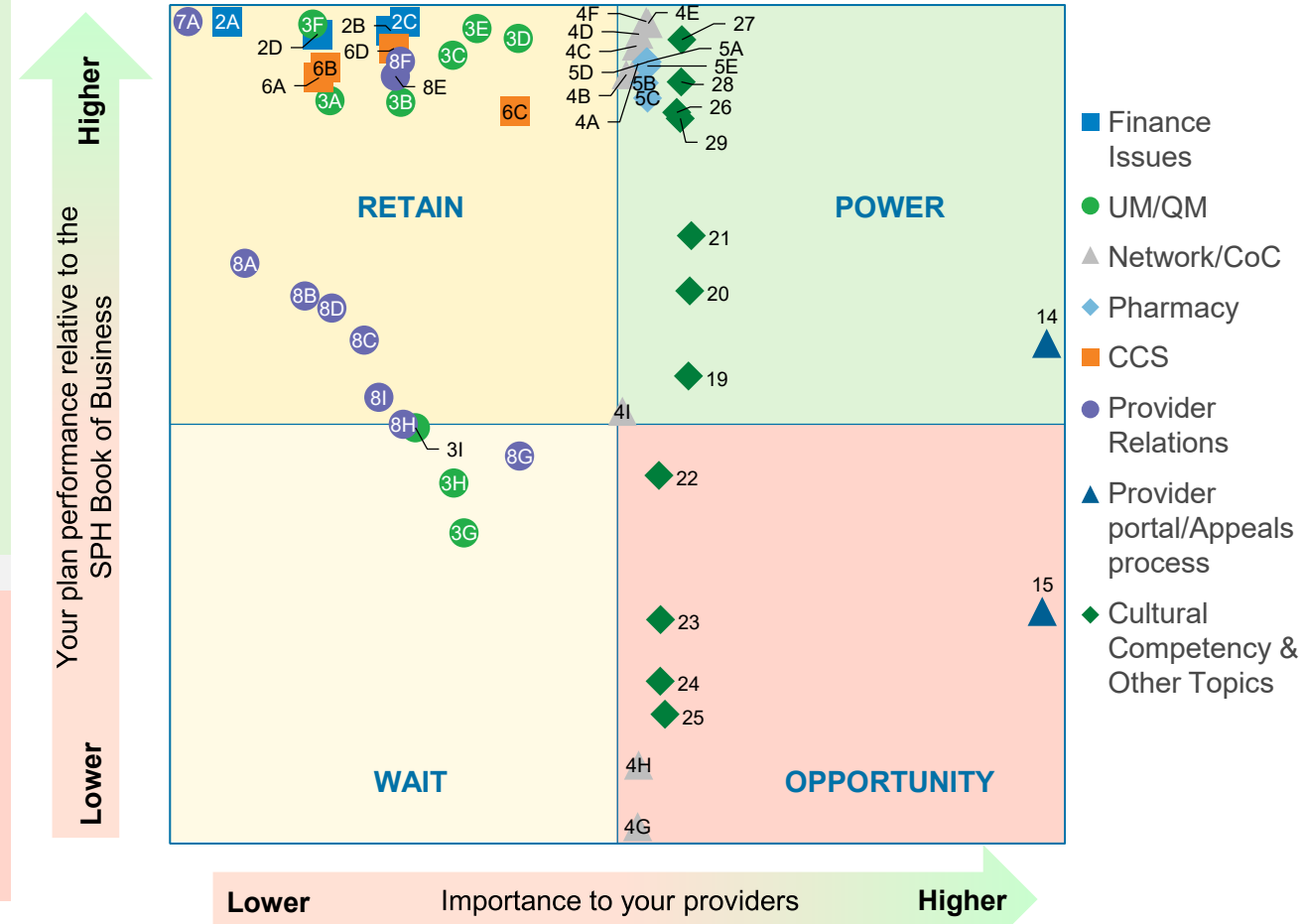
POWeR™ Chart: Your Results

SURVEY MEASURE		%TILE*	SCORE
POWER			
14	Overall experience with the provider portal	NA	60.3%
21	Accessibility of state required behavioral health training	NA	59.1%
20	Cultural Competency training materials and sessions	NA	55.9%
19	Information received in the provider manual on Cultural Competency	NA	53.4%
27	Accuracy of coordination of BH care services	NA	68.8%
28	Clarity of coordination of BH care services	NA	67.0%
29	Sufficiency of information to coordinate BH care	NA	65.2%
26	Timeliness of coordination of BH care services	NA	65.2%
4E	Timeliness of feedback/reports from BH Clinicians	97 th	38.1%
5C	Variety of branded drugs on the formulary	88 th	32.2%
5E	Availability of comparable drugs to substitute those not included in the formulary	92 nd	35.6%
5D	Ease of prescribing your preferred medications within formulary guidelines	93 rd	37.6%
5A	Consistency of the formulary over time	93 rd	36.7%
4F	Frequency of feedback/reports from BH Clinicians	100 th	37.9%
5B	Extent to which formulary reflects current standards of care	90 th	34.8%
4D	Frequency of feedback/reports from specialists	96 th	36.3%
4A	Number of specialists in the network	93 rd	36.4%
4C	Timeliness of feedback/reports from specialists	95 th	41.0%
4B	Quality of specialists in the network	91 st	42.7%
4I	Satisfaction with the provider enrollment contracting process	NA	43.8%
OPPORTUNITY			
15	Experience with the overall complaint and appeals process	NA	52.7%
25	Ability to coordinate rehabilitation services	NA	45.5%
23	Ability to coordinate mental health services, inclusive of residential or inpatient	NA	49.7%
24	Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient	NA	46.0%
22	Ability to address the needs of members with special health care needs	NA	49.8%
4H	Availability of BH specialists' referral to accommodate referrals within a reasonable number of days	NA	38.5%
4G	Availability of medical specialists to accommodate referrals within a reasonable number of days	NA	35.8%

*Percentile based on 2020 SPH Medicaid Book of Business

KEY DRIVERS, PERCENTILES, AND SCORES

The key drivers of **overall satisfaction with 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 overall satisfaction.





POWeR™ Chart: Your Results

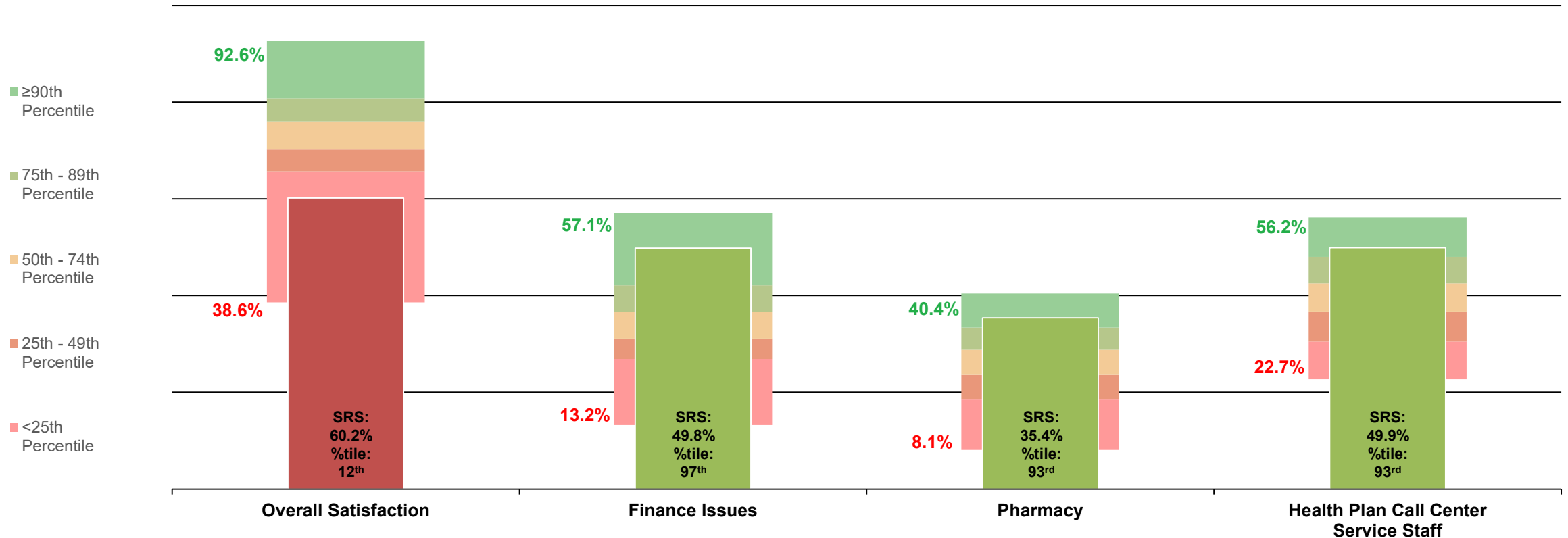
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4G	Availability of medical specialists to accommodate referrals within a reasonable number of days	NA	35.8%

*Percentile based on 2020 SPH Medicaid Book of Business

SURVEY MEASURE		%TILE*	SCORE
WAIT			
8G	Quality and effectiveness of the provider directory	NA	41.3%
3G	Extent to which UM staff share review criteria and reasons for adverse determinations	NA	40.2%
3H	Consistency of review decisions	NA	42.3%
3I	Peer-to-peer experiences	NA	43.9%
8H	Quality of education provided on HEDIS data collection and reporting	NA	42.8%
RETAIN			
3D	Health plan's facilitation/support of appropriate clinical care for patients	95 th	46.9%
6C	Helpfulness of plan call center staff in obtaining referrals for patients in your care	87 th	46.1%
3E	Access to Case/Care Managers from this health plan	97 th	46.3%
3C	Timeliness of obtaining pre-certification/referral/authorization information	94 th	45.9%
2C	Timeliness of claims processing	98 th	54.7%
3B	Procedures for obtaining pre-certification/referral/authorization information	88 th	43.5%
8F	Quality of written communications policy bulletins, and manuals	93 rd	46.8%
8E	Quality of orientations and/or ongoing training/support	91 st	40.1%
6D	Overall satisfaction with health plan's call center service	94 th	52.6%
2B	Accuracy of claims processing	96 th	51.1%
8I	Timeliness to answer questions and/or resolve problems	NA	45.2%
8C	Quality of online tools supporting the delivery of patient-centered, quality care	NA	47.9%
8D	Quality of online tools supporting core business functions	NA	50.6%
3A	Access to knowledgeable UM staff	88 th	41.8%
6B	Process of obtaining member information	92 nd	53.9%
6A	Ease of reaching health plan call center staff over the phone	91 st	47.2%
2D	Resolution of claims payment problems or disputes	96 th	43.8%
3F	Degree to which the plan covers and encourages preventive care and wellness	97 th	53.4%
8B	Ability to answer questions related to quality metrics, care gaps and value-based payment models	NA	47.1%
8A	Ability to answer questions/solve problems related to core business functions	69 th	51.5%
2A	Consistency of reimbursement fees with your contract rates	98 th	49.6%
7A	Overall experience with Provider Relations representative*	NA	64.2%

COMPARISON RELATIVE TO SPH MEDICAID BOOK OF BUSINESS

The graph below shows how Louisiana Healthcare Connections scores compare to the distribution of scores in the 2020 SPH Medicaid Book of Business. Louisiana Healthcare Connections is performing above the 75th percentile for Finance Issues, Pharmacy and Health Plan Call Center Service Staff, but performs below the 25th percentile for Overall Satisfaction.



Green bar = Louisiana Healthcare Connections performing at or above the 75th percentile

Red bar = Louisiana Healthcare Connections performing below the 25th percentile

Composite Analyses

A horizontal bar consisting of a short green segment followed by a long blue segment.

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
- Pharmacy
- 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.



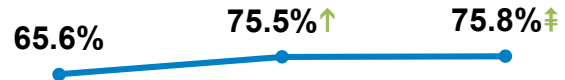
Overall Measures

Overall Measure Summary Rate Scores

— Your plan 2020 SPH Medicaid BoB 2020 SPH Aggregate BoB

Likelihood to recommend

(% 4 or 5 – Very likely)

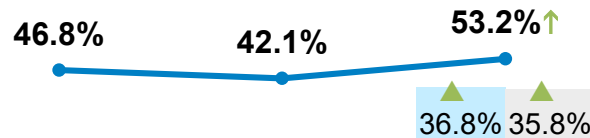


#N/A #N/A

2019 2020 2021

Comparative Rating

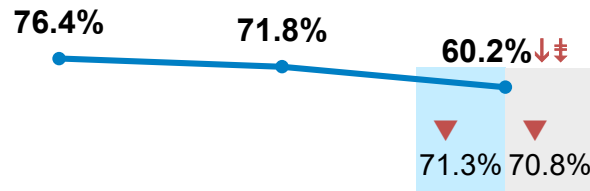
(% Well or Somewhat above average)



2019 2020 2021

Overall Satisfaction

(% Completely or Somewhat satisfied)



2019 2020 2021

2021 Attribute Response Distributions

2020 SPH BoB

9. Likelihood to recommend Louisiana Healthcare Connections to other physicians' practices (n=252)

1 – Not very likely 2 3 4 5 – Very likely



SRS %tile

75.8% NA

Medicaid Aggregate

NA NA

1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans (n=254)

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



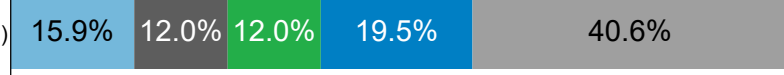
53.2% 93rd

36.8% 35.8%

Overall Satisfaction with...

Completely dissatisfied Somewhat dissatisfied Neither Somewhat satisfied Completely satisfied

10A. Louisiana Healthcare Connections (n=251)



60.2% 12th

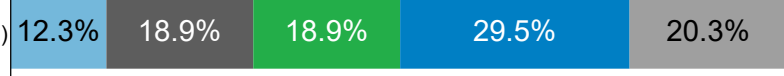
71.3% 70.8%

10B. Healthy Blue (n=235)



54.5%

10C. Aetna Better Health of Louisiana (n=227)



49.8%

10D. Aetna Health Caritas Louisiana (n=238)



54.2%

10E. UnitedHealthcare Community Plan (n=241)



57.3%

Significance Testing

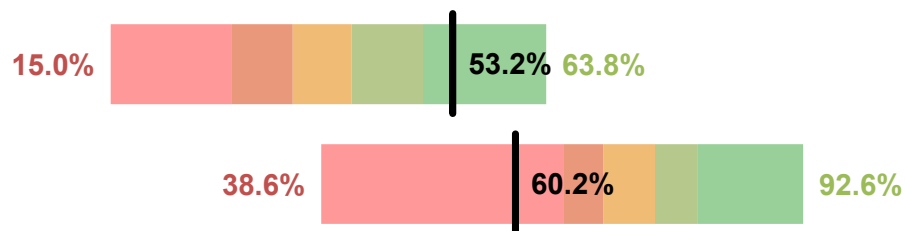
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⚡ 2021 score is significantly higher or lower than the 2019 score.

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)

9. Likelihood to recommend Louisiana Healthcare Connections to other physicians' practices
(% 4 or 5 – Very likely)

1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans
(%Well or Somewhat above average)

10A. Overall Satisfaction with Louisiana Healthcare Connections

10B. Overall Satisfaction with Healthy Blue

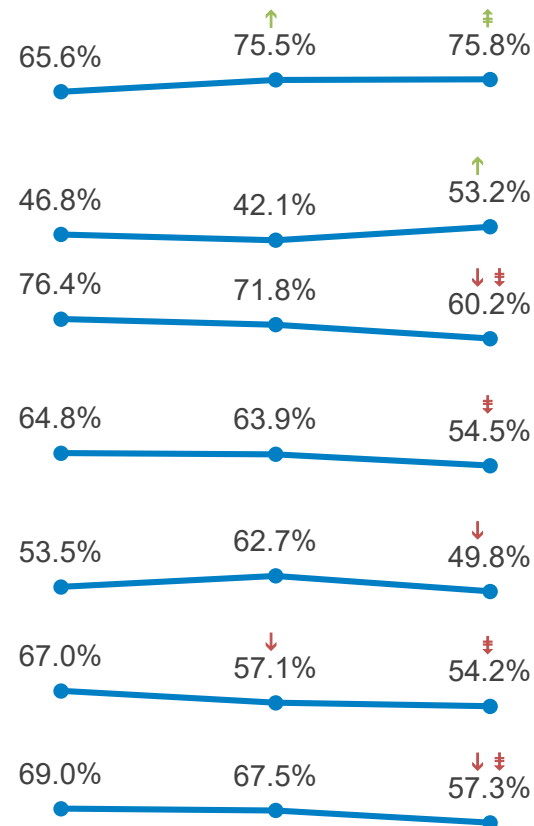
10C. Overall Satisfaction with Aetna Better Health of Louisiana

10D. Overall Satisfaction with AmeriHealth Caritas Louisiana

10E. Overall Satisfaction with UnitedHealthcare Community Plan

SRS Trending Performance

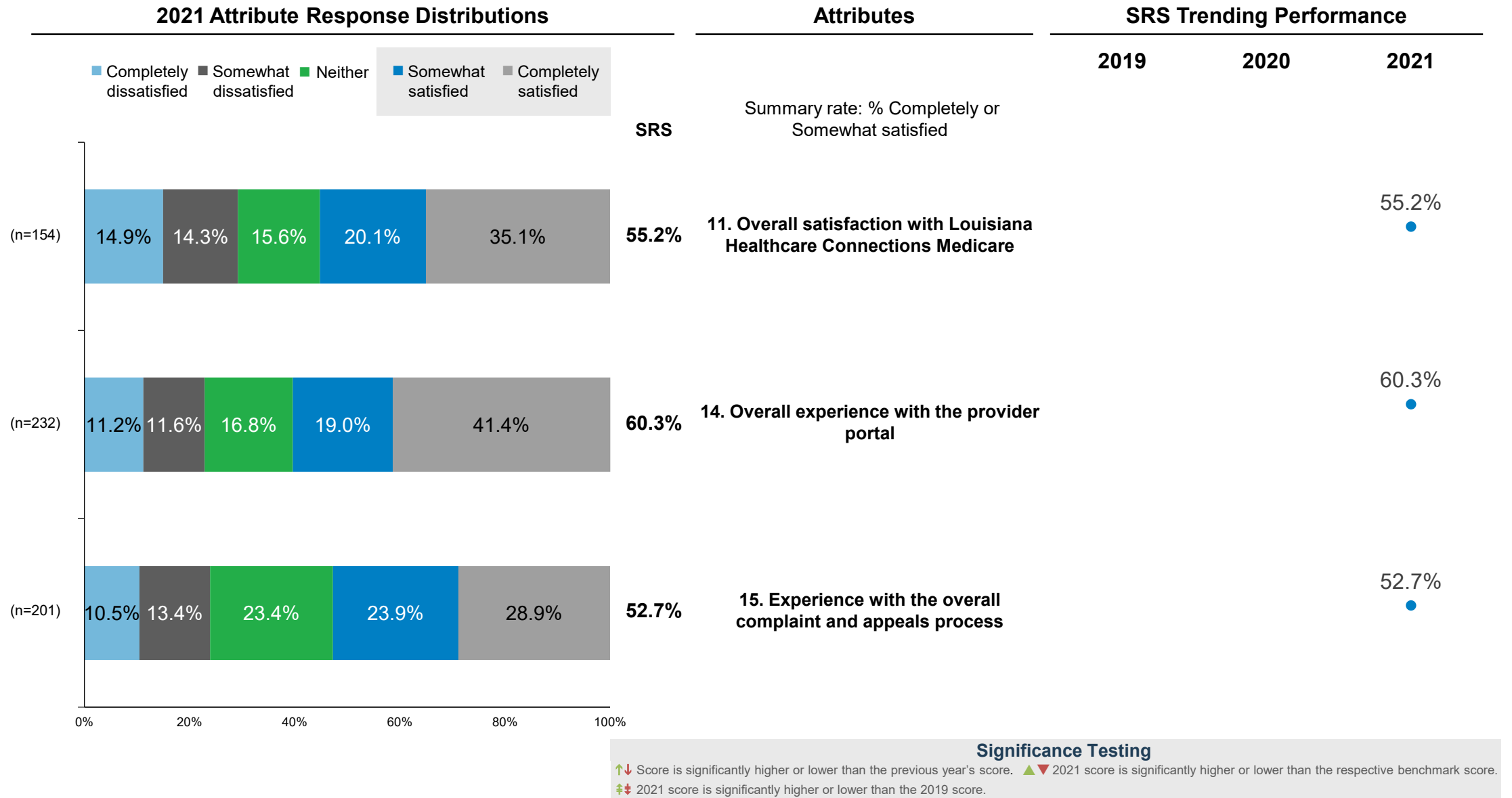
2019 2020 2021



%tile	Medicaid	Aggregate
NA	NA	NA
93 rd	36.8%	35.8%
12 th	71.3%	70.8%

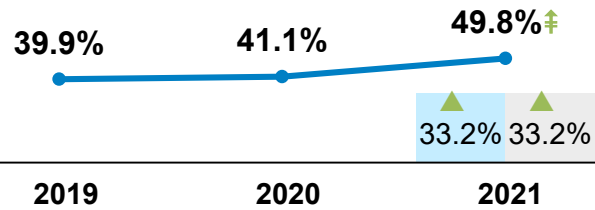
Significance Testing

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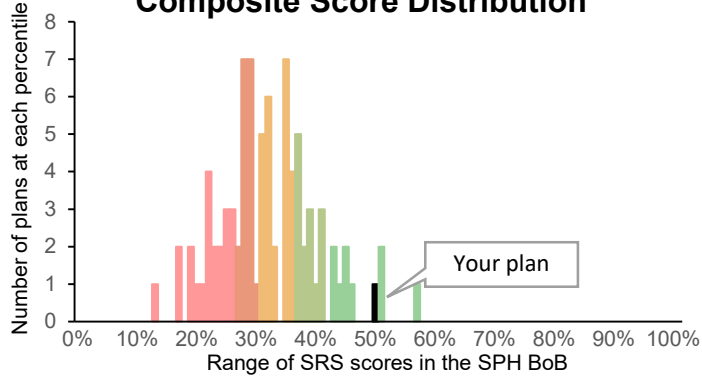


Composite Summary Rate Score

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



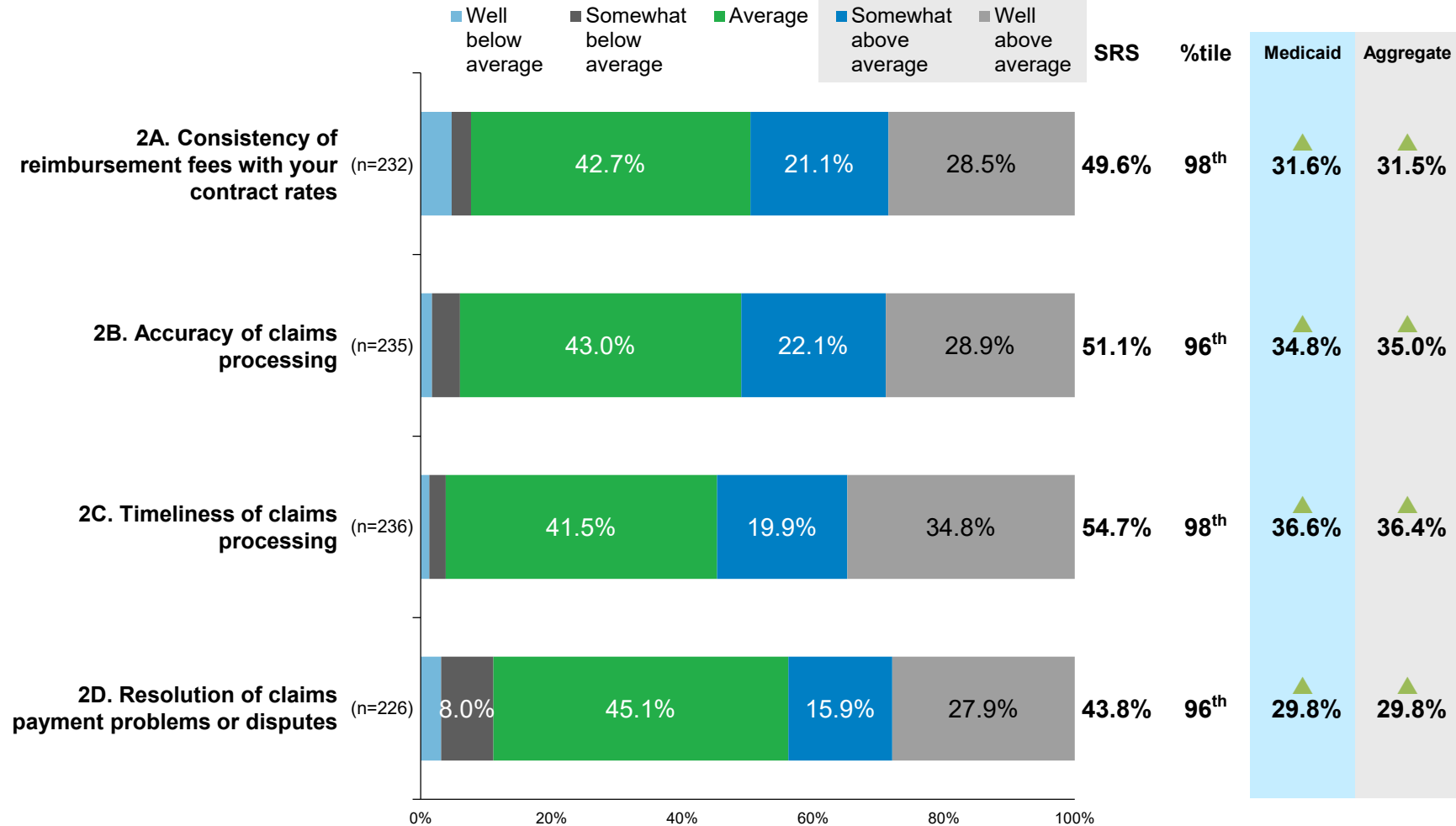
2020 Medicaid BoB Composite Score Distribution



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



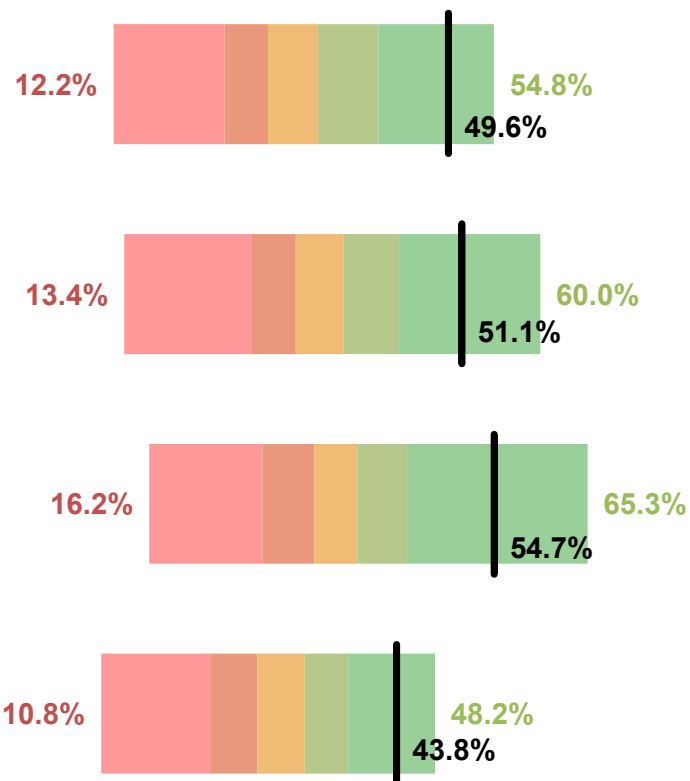
Significance Testing

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 ⬆️⬆️ 2021 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%



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

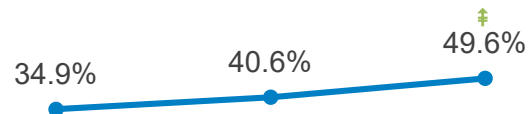
Attributes

(%Well or Somewhat above average)

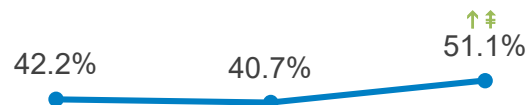
SRS Trending Performance

2019 2020 2021

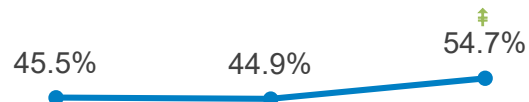
2A. Consistency of reimbursement fees with your contract rates



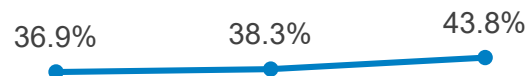
2B. Accuracy of claims processing



2C. Timeliness of claims processing



2D. Resolution of claims payment problems or disputes



2020 SPH BoB

%tile Medicaid Aggregate

98th 31.6% 31.5%

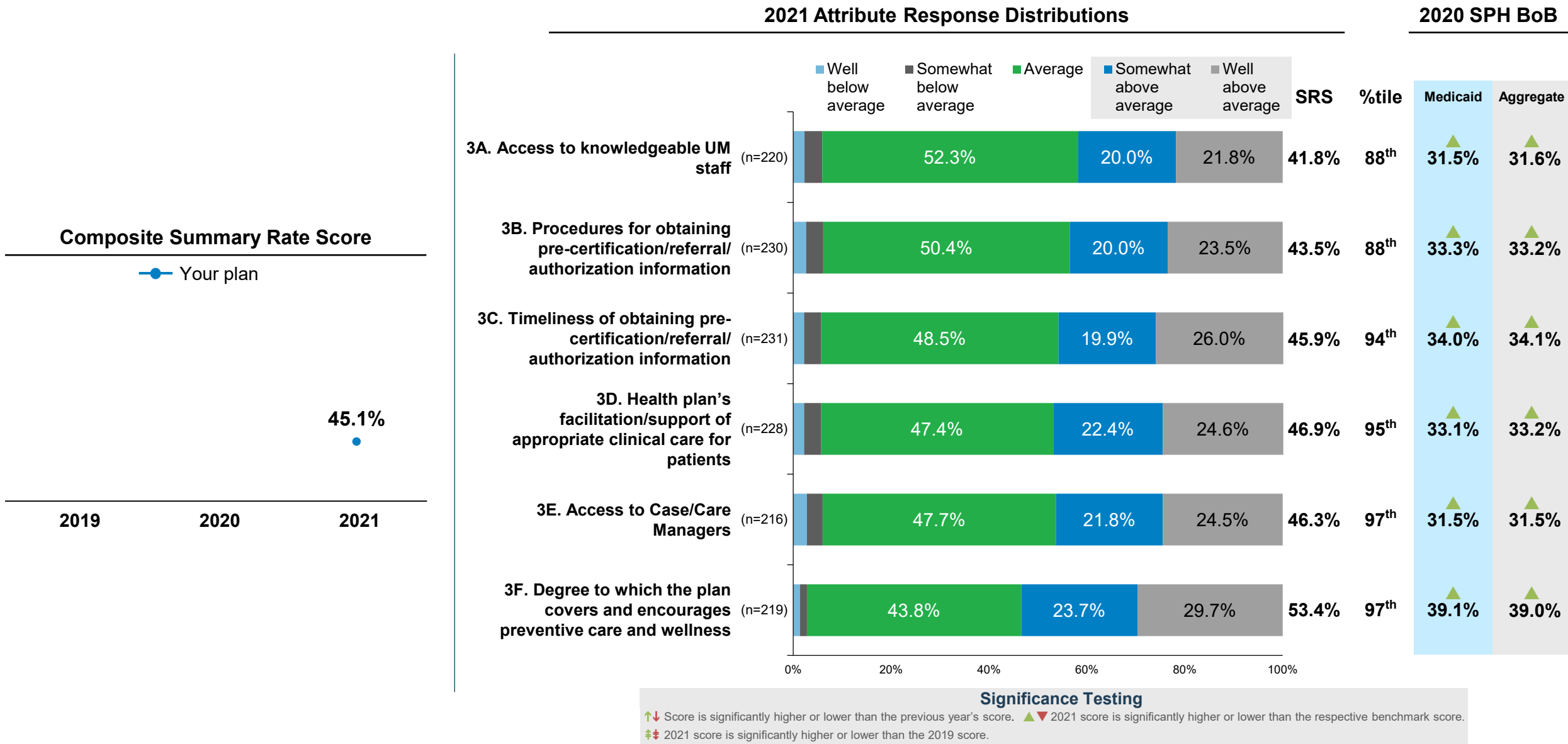
96th 34.8% 35.0%

98th 36.6% 36.4%

96th 29.8% 29.8%

Significance Testing

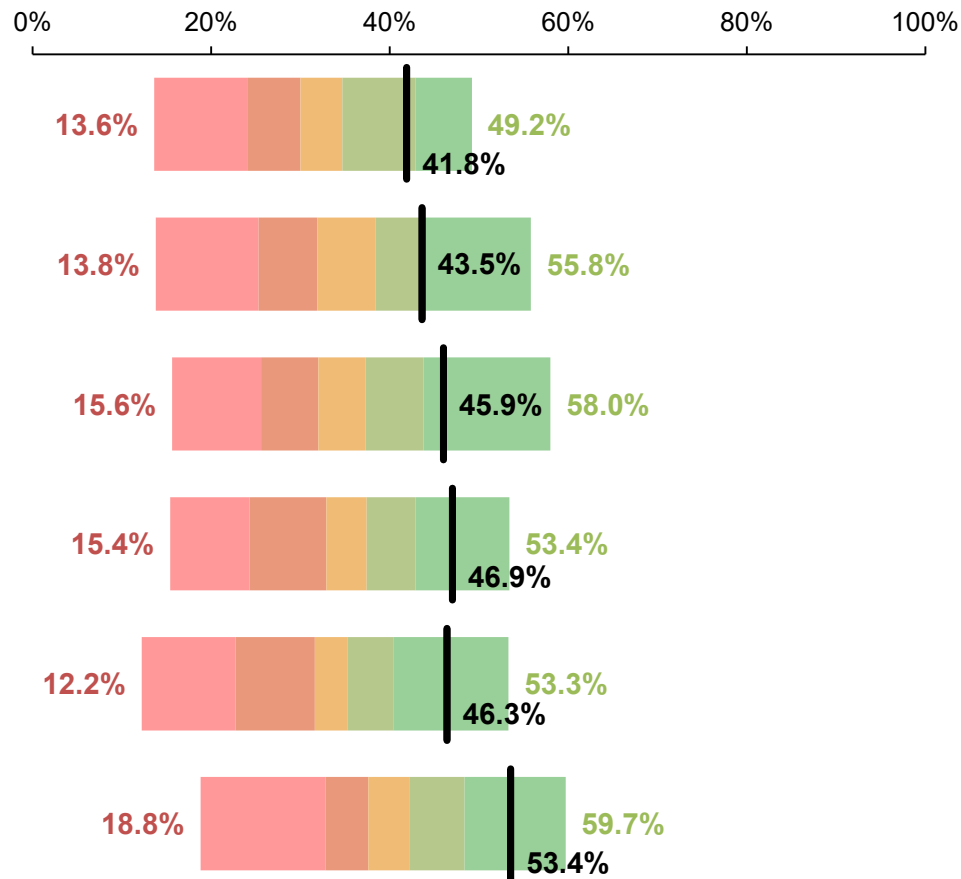
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score. ⚡ 2021 score is significantly higher or lower than the 2019 score.



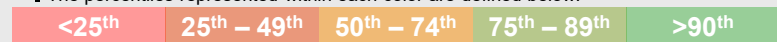
Utilization and Quality Management

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.



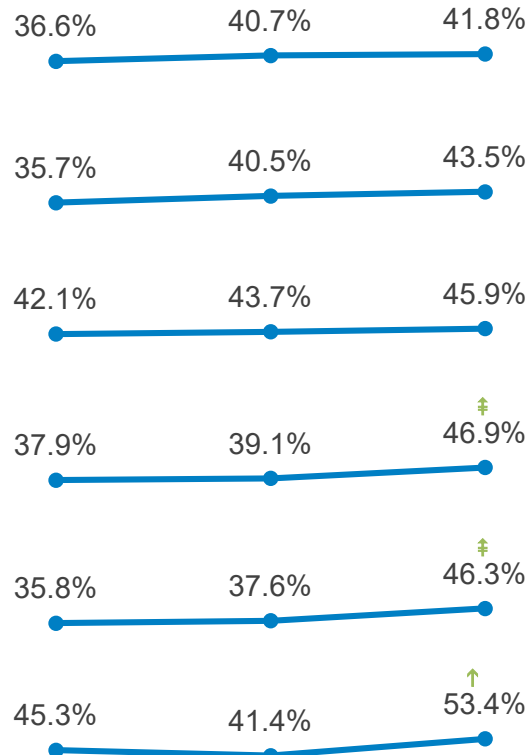
Attributes

(%Well or Somewhat above average)

SRS Trending Performance

2019 2020 2021

- 3A. Access to knowledgeable UM staff
- 3B. Procedures for obtaining pre-certification/referral/authorization information
- 3C. Timeliness of obtaining pre-certification/referral/authorization information
- 3D. Health plan's facilitation/support of appropriate clinical care for patients
- 3E. Access to Case/Care Managers
- 3F. Degree to which the plan covers and encourages preventive care and wellness



%tile

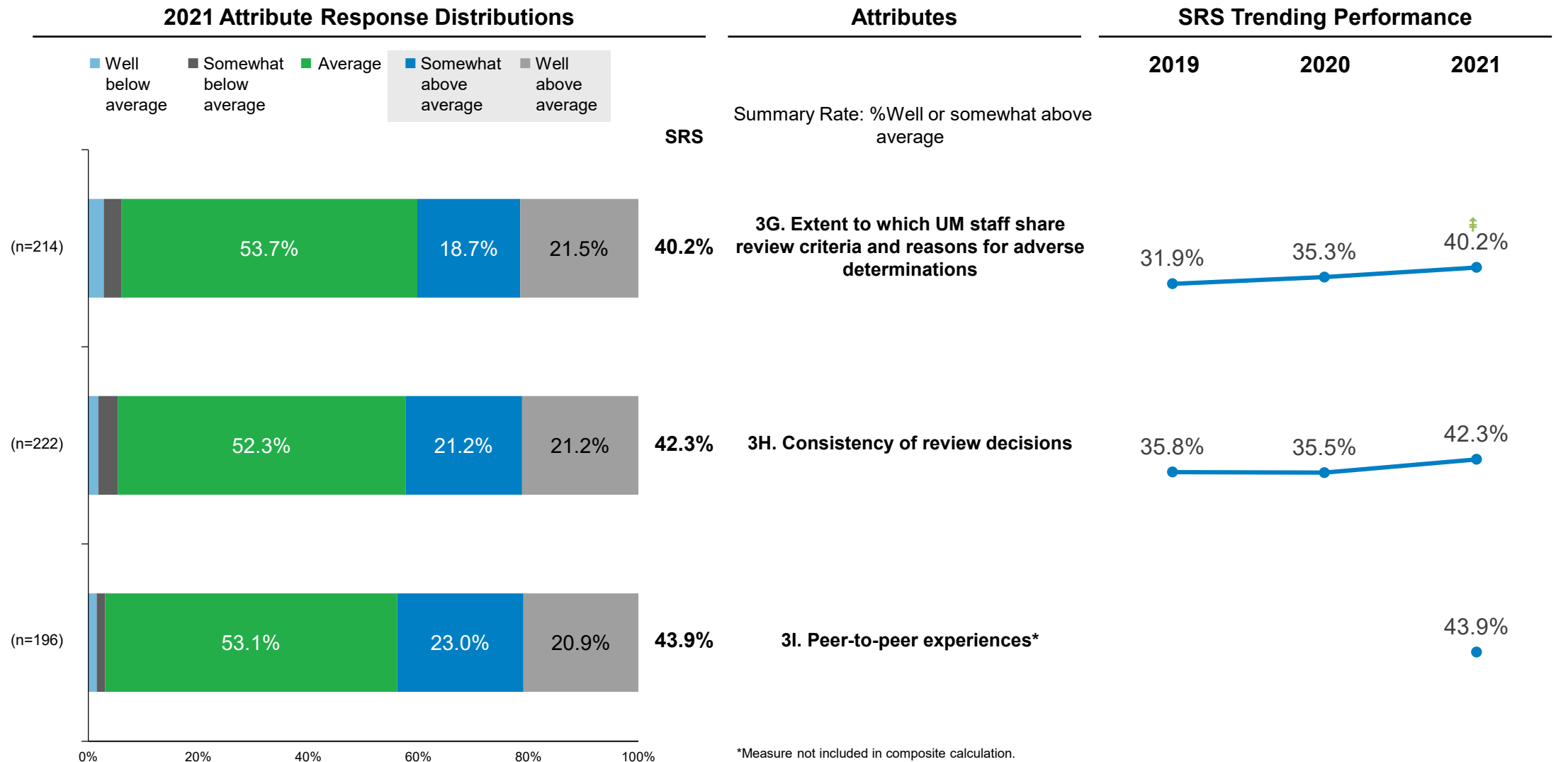
2020 SPH BoB

	Medicaid	Aggregate
3A. Access to knowledgeable UM staff	31.5%	31.6%
3B. Procedures for obtaining pre-certification/referral/authorization information	33.3%	33.2%
3C. Timeliness of obtaining pre-certification/referral/authorization information	34.0%	34.1%
3D. Health plan's facilitation/support of appropriate clinical care for patients	33.1%	33.2%
3E. Access to Case/Care Managers	31.5%	31.5%
3F. Degree to which the plan covers and encourages preventive care and wellness	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



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

38.7%

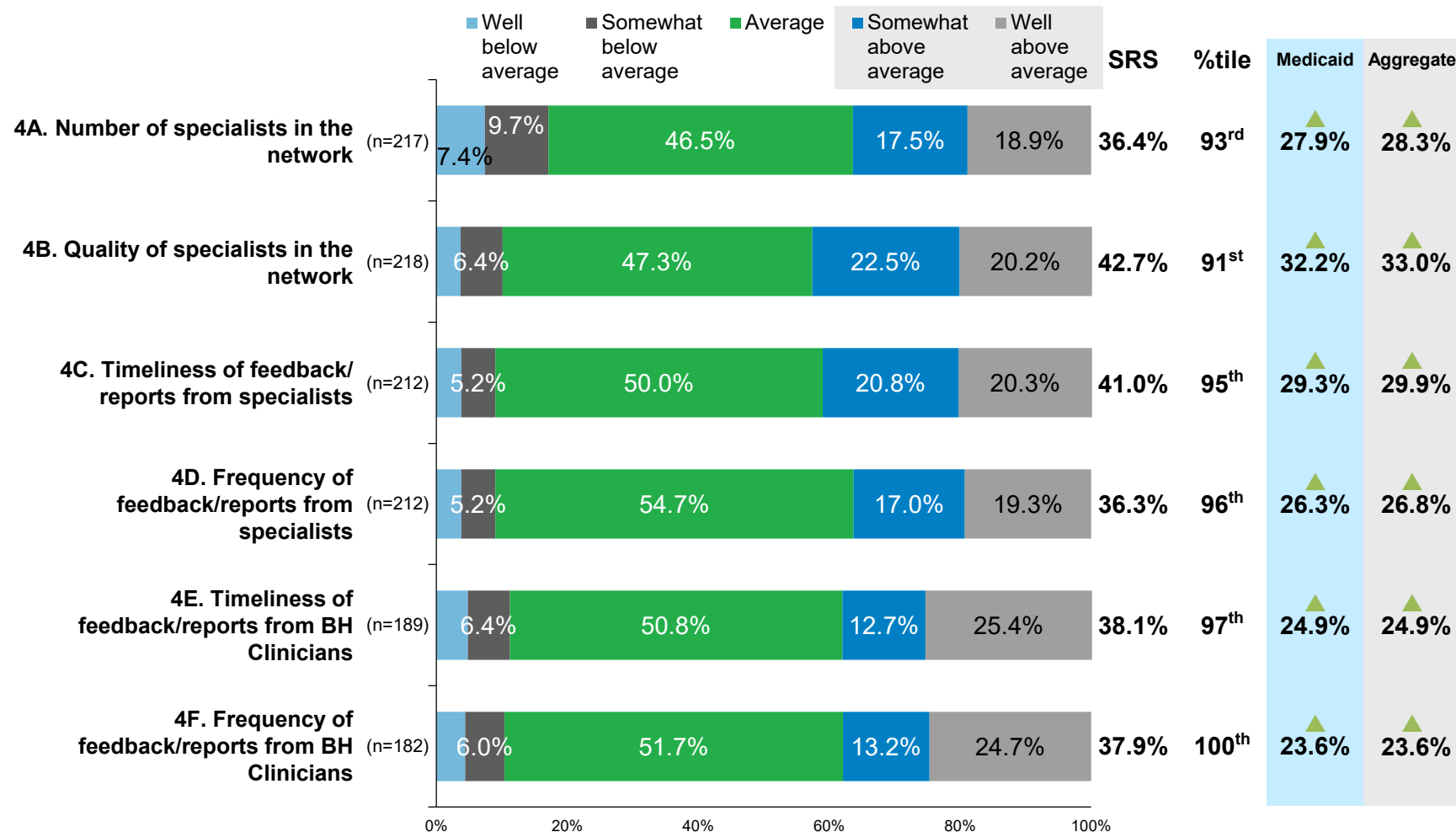
2019

2020

2021

2021 Attribute Response Distributions

2020 SPH BoB



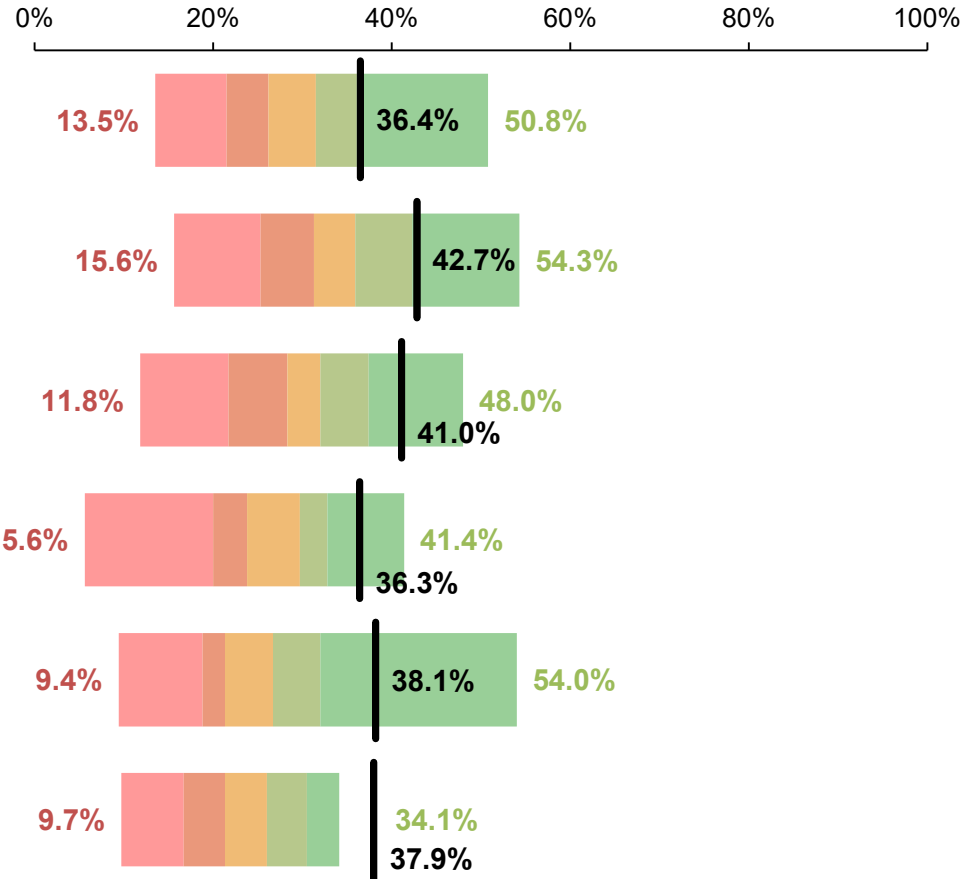
Significance Testing

↑↓ 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.

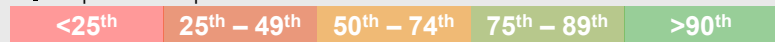
Network/Coordination of Care

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

4A. Number of specialists in the network

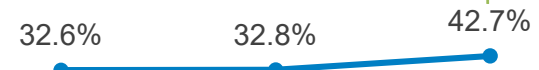


%tile

Medicaid Aggregate

27.9% 28.3%

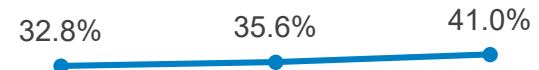
4B. Quality of specialists in the network



91st

32.2% 33.0%

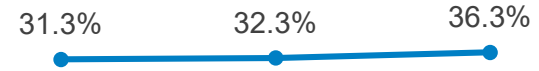
4C. Timeliness of feedback/reports from specialists



95th

29.3% 29.9%

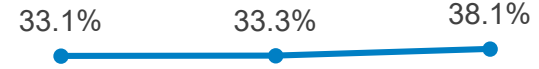
4D. Frequency of feedback/reports from specialists



96th

26.3% 26.8%

4E. Timeliness of feedback/reports from BH Clinicians



97th

24.9% 24.9%

4F. Frequency of feedback/reports from BH Clinicians

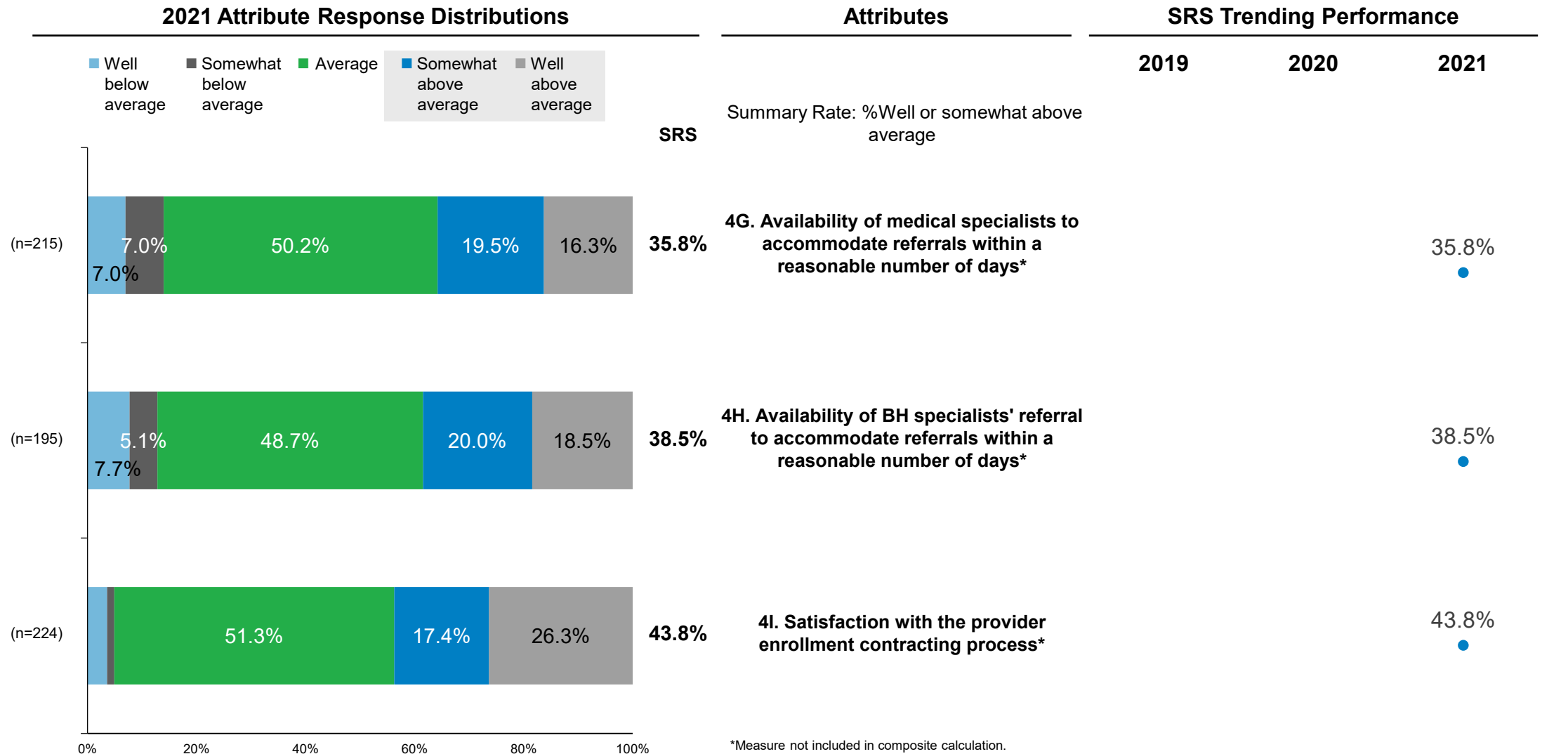


100th

23.6% 23.6%

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.

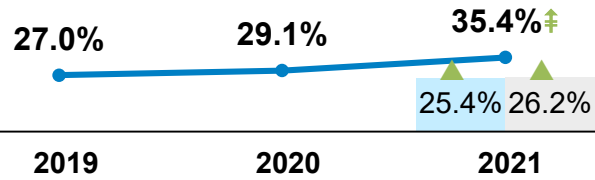


Significance Testing

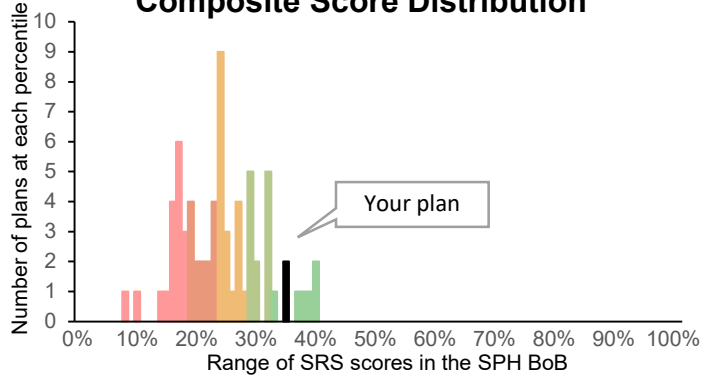
↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2021 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2021 score is significantly higher or lower than the 2019 score.

Composite Summary Rate Score

● Your plan
 2020 SPH Medicaid BoB
2020 SPH Aggregate BoB



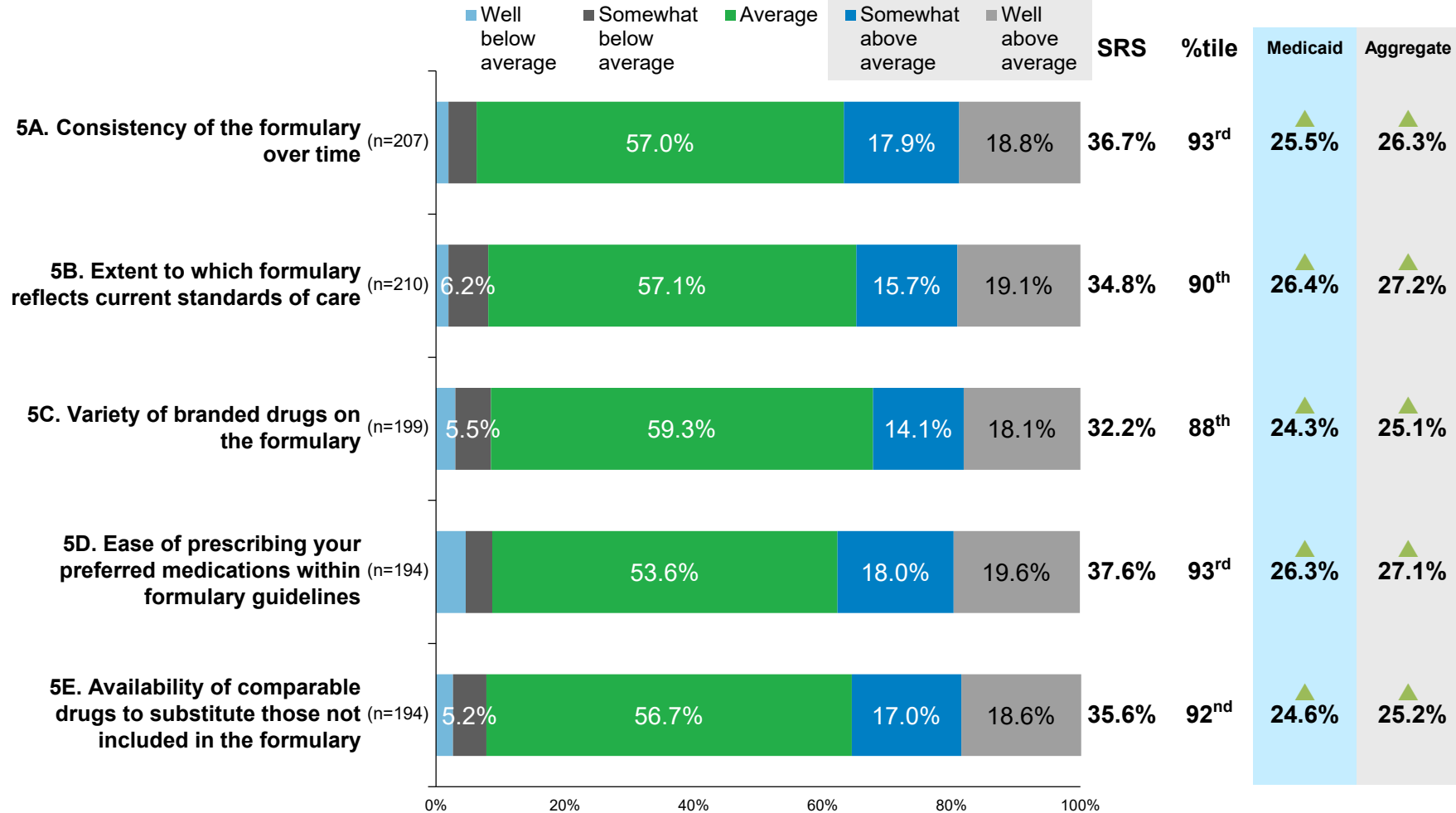
2020 Medicaid BoB Composite Score Distribution



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

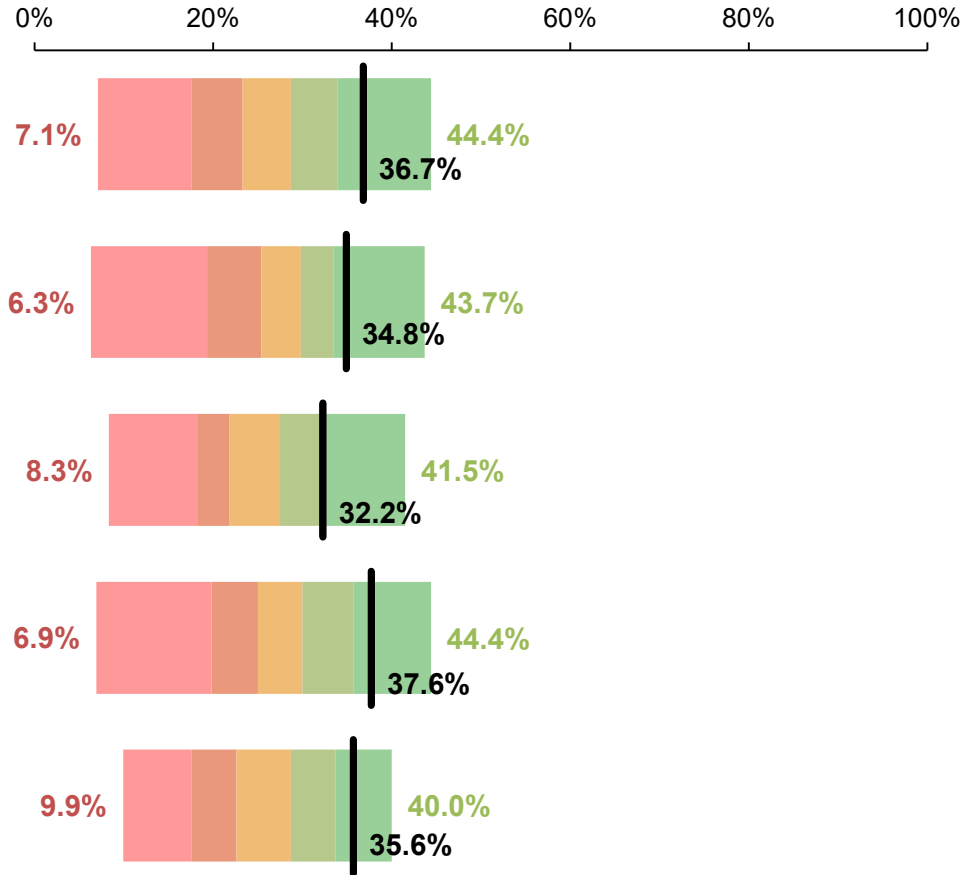


Significance Testing

↑↓ 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.

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.



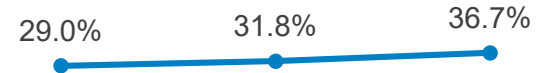
Attributes

(%Well or Somewhat above average)

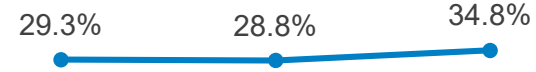
SRS Trending Performance

2019 2020 2021

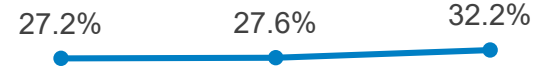
5A. Consistency of the formulary over time



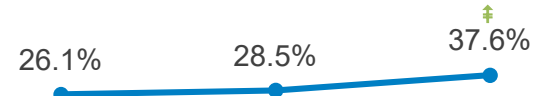
5B. Extent to which formulary reflects current standards of care



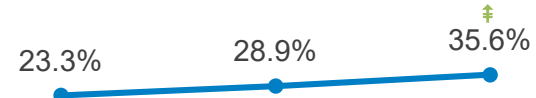
5C. Variety of branded drugs on the formulary



5D. Ease of prescribing your preferred medications within formulary guidelines



5E. Availability of comparable drugs to substitute those not included in the formulary



%tile

2020 SPH BoB

Medicaid Aggregate

25.5% 26.3%

26.4% 27.2%

24.3% 25.1%

26.3% 27.1%

24.6% 25.2%

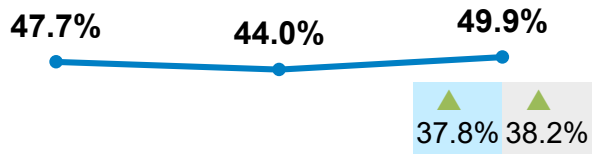
Significance Testing

↑↓ 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.

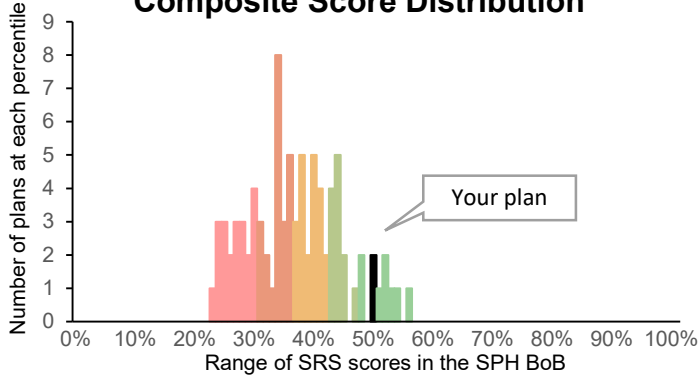
Health Plan Call Center Service Staff

Composite Summary Rate Score

● Your plan
 2020 SPH Medicaid BoB
2020 SPH Aggregate BoB



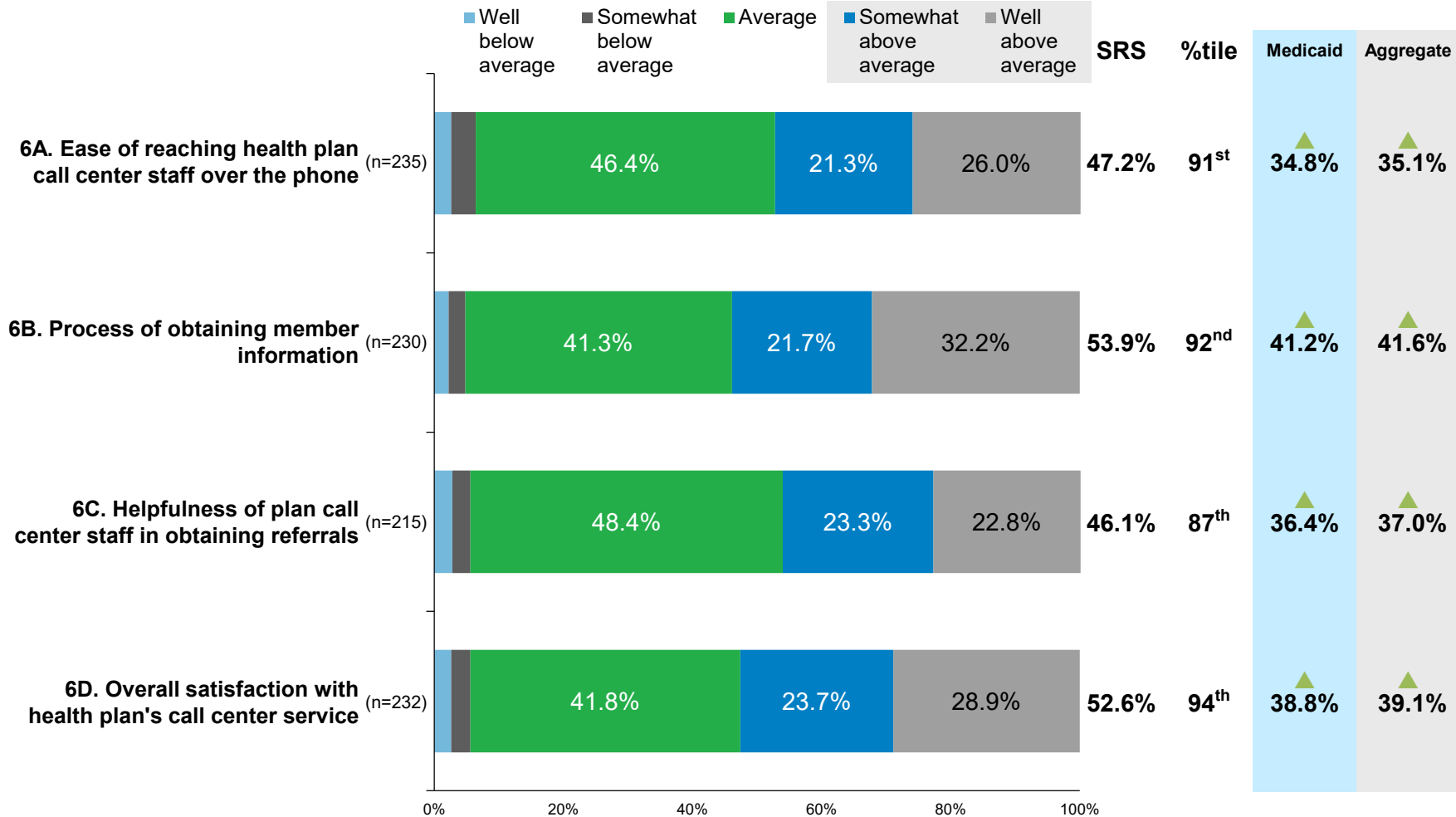
2019 2020 2021 2020 Medicaid BoB Composite Score Distribution



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

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

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.

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

(%Well or Somewhat above average)

6A. Ease of reaching health plan call center staff over the phone

6B. Process of obtaining member information

6C. Helpfulness of plan call center staff in obtaining referrals

6D. Overall satisfaction with health plan's call center service

SRS Trending Performance

2019

2020

2021

48.4% 39.6% 47.2%

54.3% 48.8% 53.9%

42.9% 42.9% 46.1%

45.3% 44.9% 52.6%

%tile

91st

92nd

87th

94th

2020 SPH BoB

Medicaid Aggregate

34.8% 35.1%

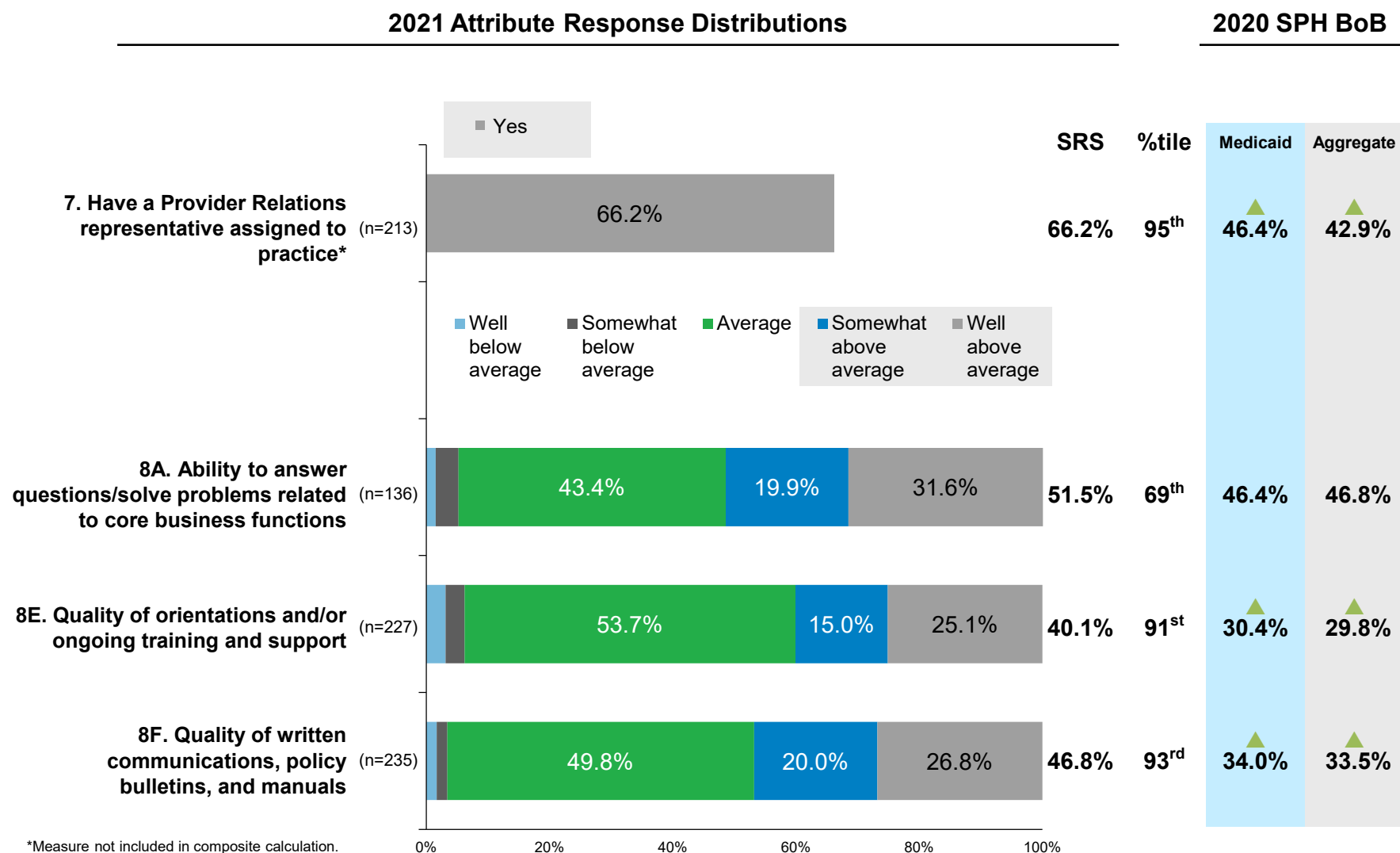
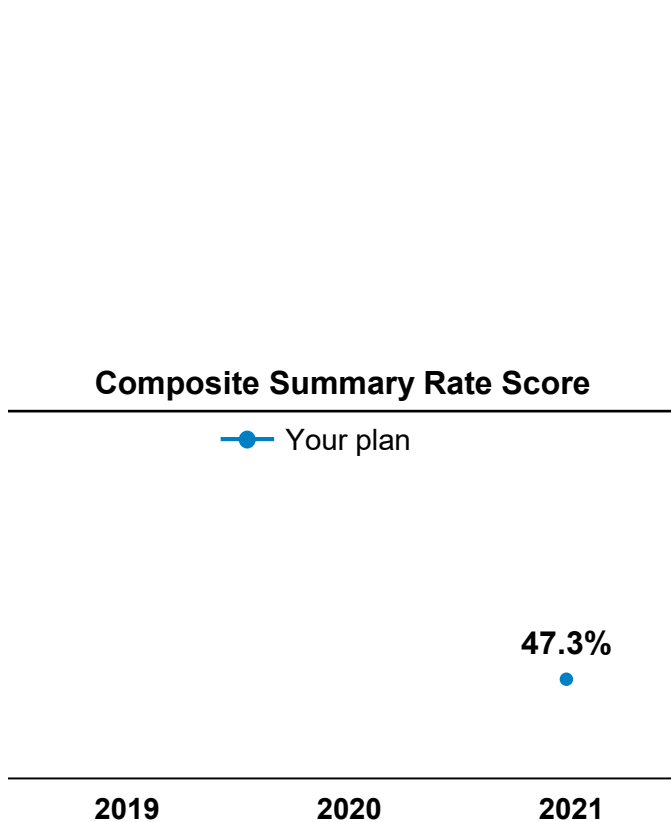
41.2% 41.6%

36.4% 37.0%

38.8% 39.1%

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.



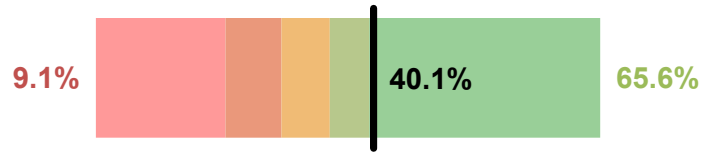
Significance Testing

↑↓ 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.

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)

SRS Trending Performance

2019 2020 2021

72.5% 74.3% 66.2%

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

%tile

95th

8A. Ability to answer questions/solve problems related to core business functions

50.6% 48.5% 51.5%

69th

8E. Quality of orientations and/or ongoing training and support

43.2% 40.2% 40.1%

91st

8F. Quality of written communications, policy bulletins, and manuals

46.8%

93rd

2020 SPH BoB

Medicaid Aggregate

46.4% 42.9%

46.4% 46.8%

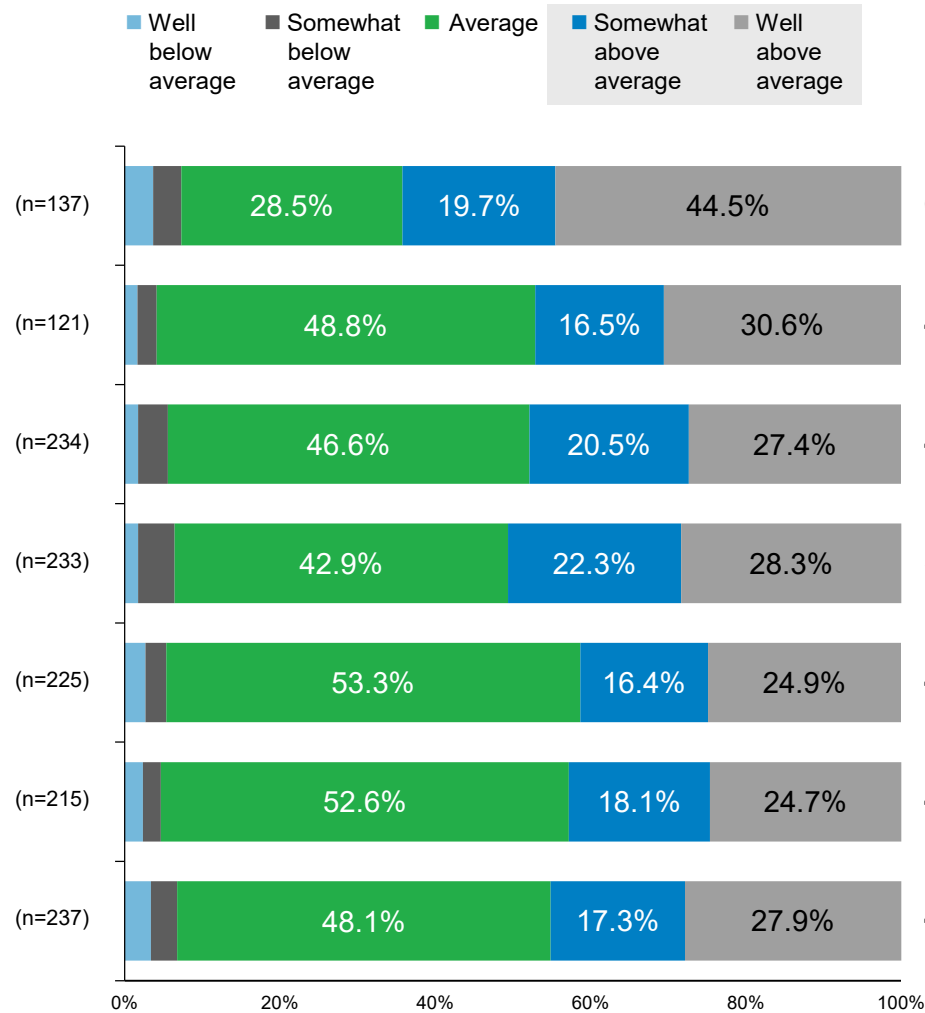
30.4% 29.8%

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.

2021 Attribute Response Distributions



Attributes

Summary Rate: %Well or somewhat above average

SRS

64.2%

7A. Overall experience with Provider Relations representative*

47.1%

8B. Ability to answer questions related to quality metrics, care gaps and value-based payment models

47.9%

8C. Quality of online tools supporting the delivery of patient-centered, quality care

50.6%

8D. Quality of online tools supporting core business functions

41.3%

8G. Quality and effectiveness of the provider directory*

42.8%

8H. Quality of education provided on HEDIS data collection and reporting*

45.2%

8I. Timeliness to answer questions and/or resolve problems*

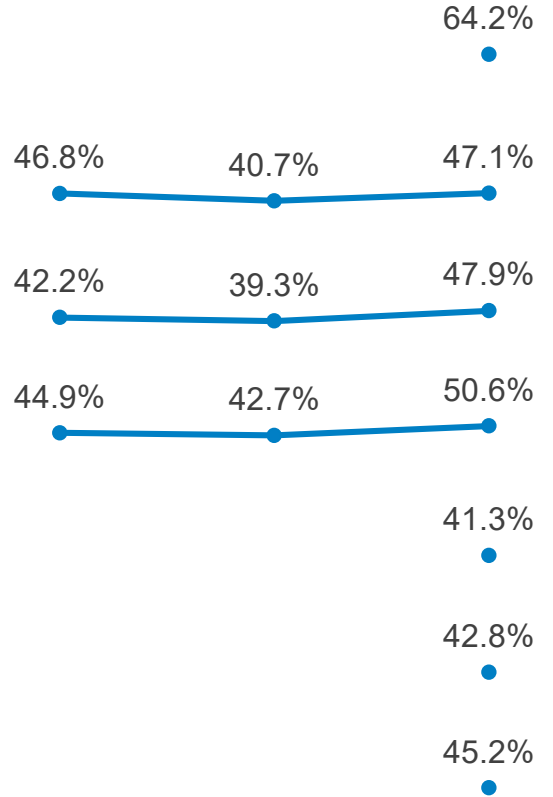
*Measure not included in composite calculation.

SRS Trending Performance

2019

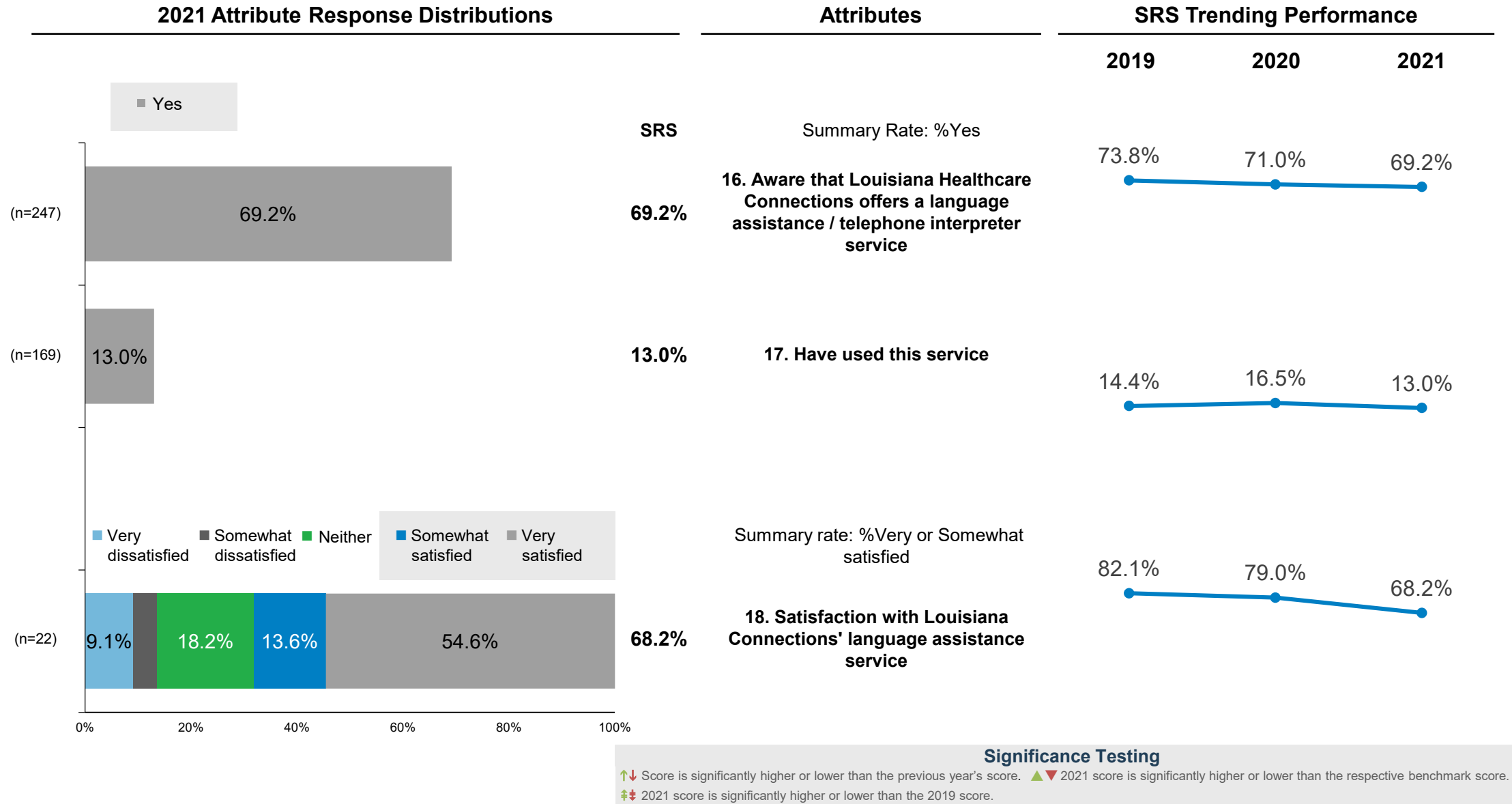
2020

2021



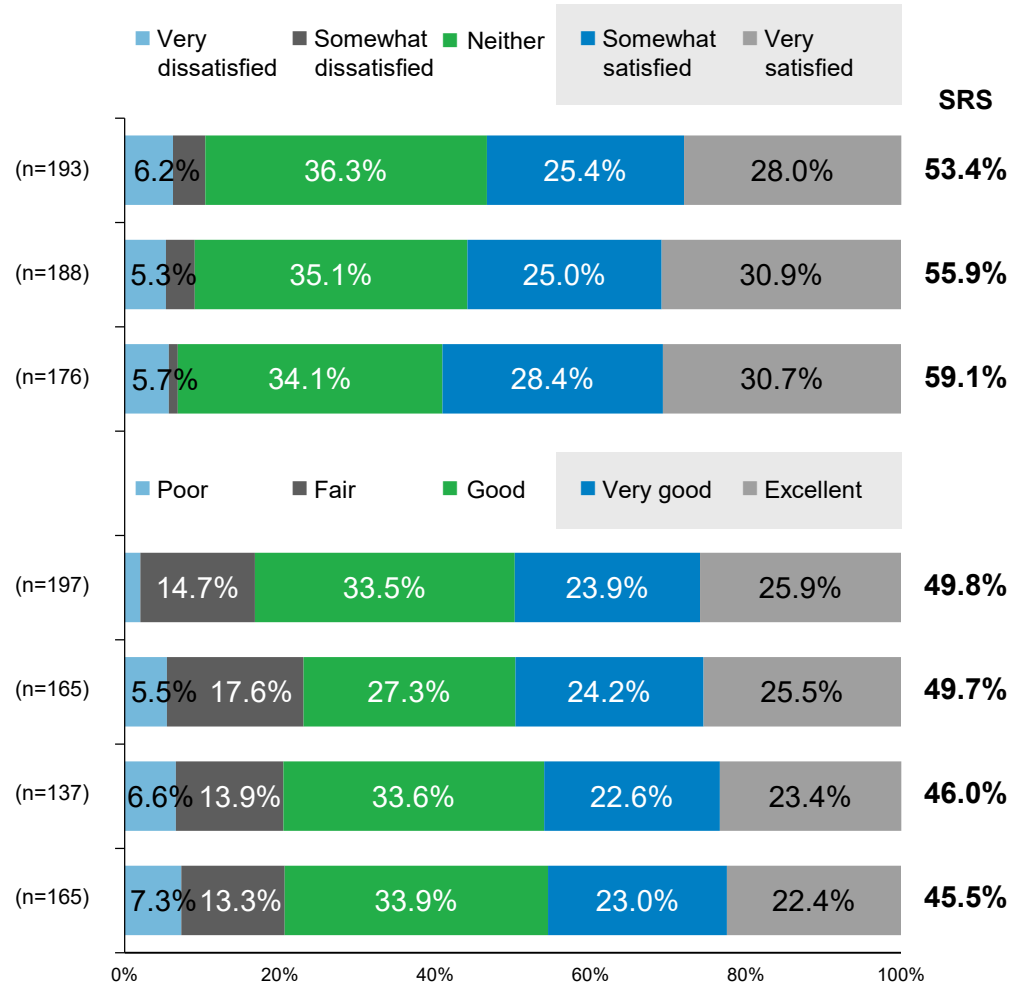
Significance Testing

↑↓ 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.



Cultural Competency & Other Topics

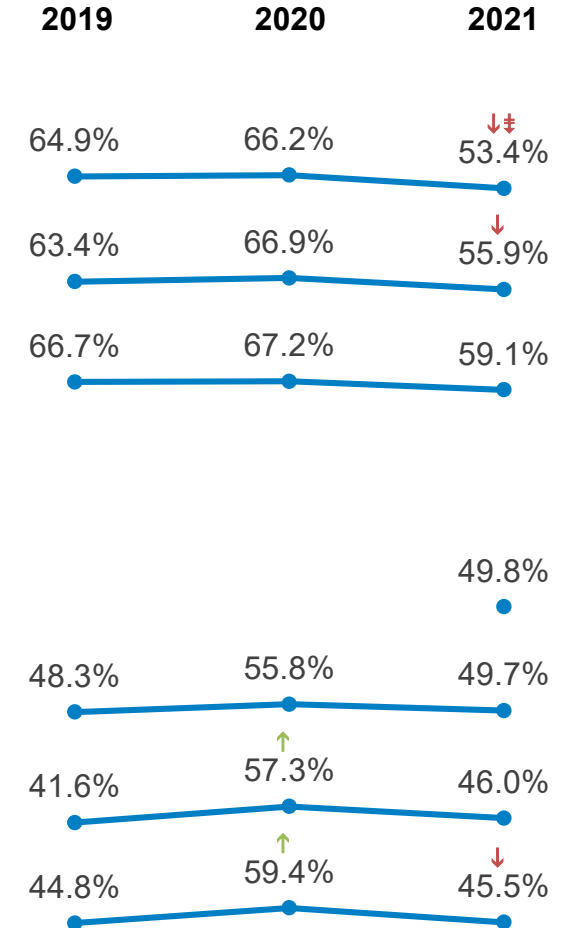
2021 Attribute Response Distributions



Attributes

- Summary rate: %Very or Somewhat satisfied
- 19. Information received in the provider manual on Cultural Competency
 - 20. Cultural Competency training materials and sessions
 - 21. Accessibility of state required behavioral health training
 - 22. Ability to address the needs of members with special health care needs
 - 23. Ability to coordinate mental health services, inclusive of residential or inpatient
 - 24. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient
 - 25. Ability to coordinate rehabilitation services
- Summary rate: %Excellent or Very Good

SRS Trending Performance

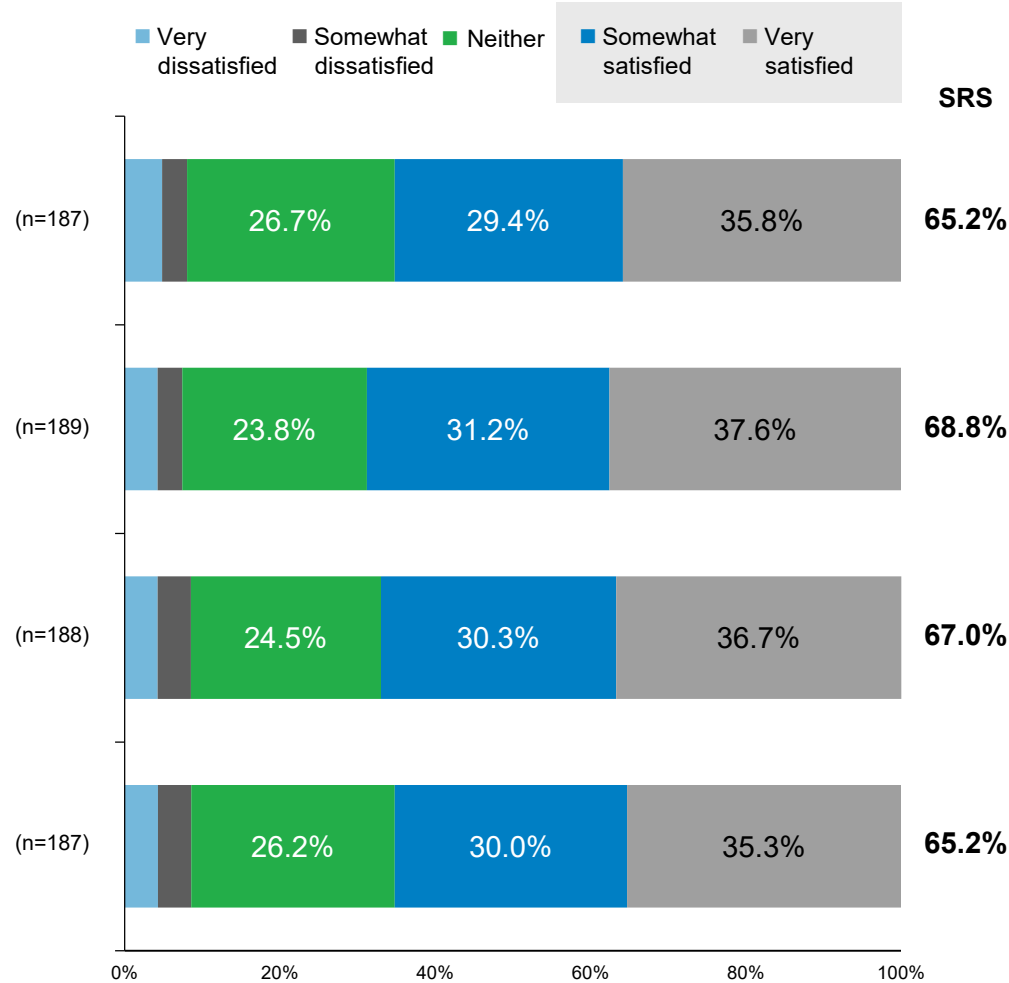


Significance Testing

↑↓ 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.

Cultural Competency & Other Topics

2021 Attribute Response Distributions



Attributes

Summary rate: %Very or Somewhat satisfied

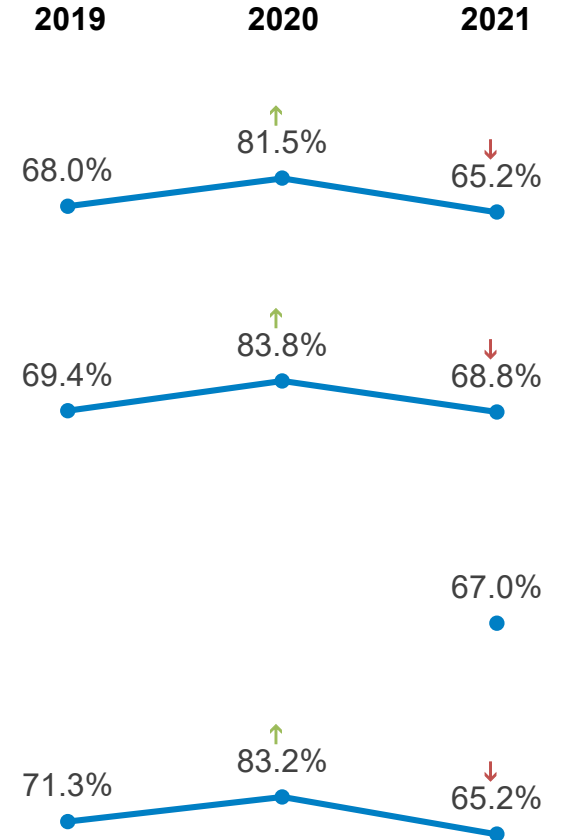
26. Timeliness of coordination of BH care services

27. Accuracy of coordination of BH care services

28. Clarity of coordination of BH care services

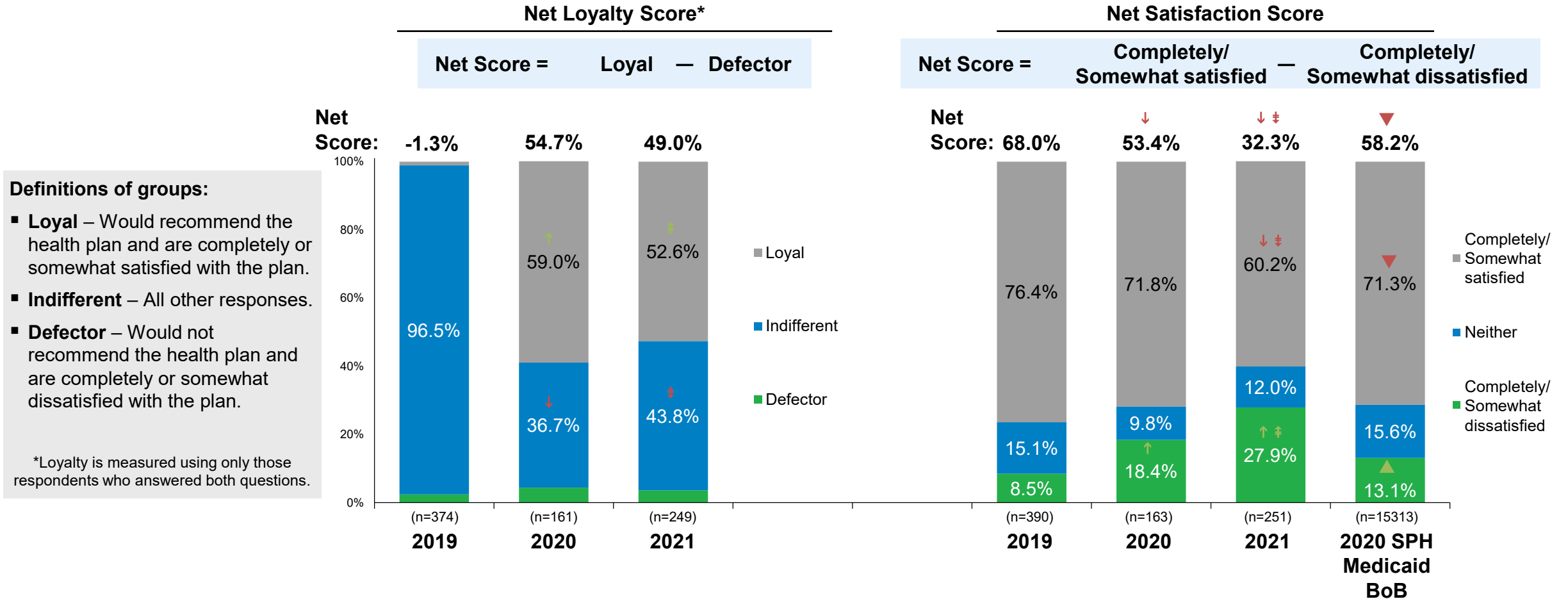
29. Sufficiency of information to coordinate BH care

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.



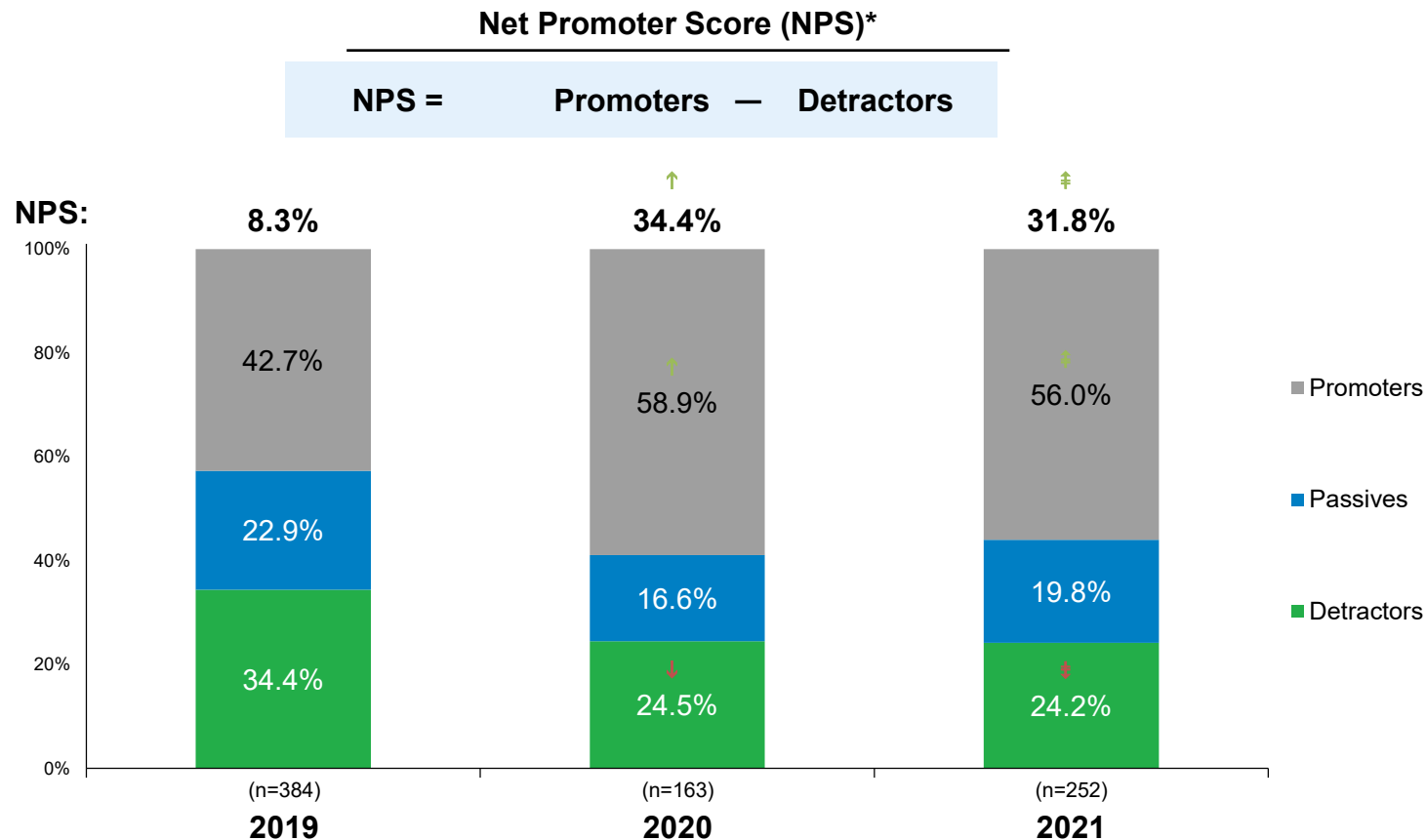
The Net Loyalty Score (NLS) is an index ranging from -100% to 100% which measures providers' overall satisfaction with the health plan and willingness to recommend. It is calculated by subtracting the percentage of respondents in the Defector group from the percentage in the Loyal group. The Net Satisfaction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

*Definitions of groups:

- **Promoters** – Respondents who gave a rating of 5.
- **Passives** – Respondents who gave a rating of 4.
- **Detractors** – Respondents who gave a rating of 0 – 3.



The Net Promoter Score (NPS) is an index ranging from -100% to 100% which measures providers' willingness to recommend the health plan. It is calculated by subtracting the percentage of respondents in the Detractors group from the percentage in the Promoters group.

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.



Suggestions For Improvement

Survey Item	Summary Rate	
	2021	2020
Q12. What can Louisiana Healthcare Connections do to improve its service to your organization? (Mentions of 5% or more)	(n=73)	(n=90)
NEGATIVE (NET)	79.5% ↑	64.4%
POOR SERVICE (SUBNET)	52.1%	42.2%
Difficult authorizations	24.7% ↑	12.2%
Poor Customer Service (SUB SUBNET)	17.8%	23.3%
Not helpful/unprofessional/ untimely customer service	5.5%	14.4%
More contact with Provider Rep/Case Manager	5.5%	7.8%
Not useful web tools	5.5% ↑	0.0%
Dissatisfied with contract/ certification/credentialing issues	5.5%	2.2%
NEGATIVE FINANCIAL (SUBNET)	17.8%	17.8%
Dissatisfied with payment amount	8.2%	7.8%
Slow claims process	5.5% ↑	0.0%
POOR COVERAGE (SUBNET)	12.3%	5.6%
Inadequate benefits/conflicts over coverage/product/plans/ care	8.2%	4.4%
POOR NETWORK (SUBNET)	11.0% ↑	2.2%
Poor/dissatisfied with network/ provider/choice of providers	9.6%	2.2%
POSITIVE (NET)	23.3%	35.6%
POSITIVE MISCELLANEOUS (SUBNET)	17.8%	27.8%
Unspecified-overall satisfaction	16.4%	13.3%

Respondent Profile

	2019	2020	2021	2020 SPH BoB	
				Medicaid	Aggregate
Total:	(n=559)	(n=166)	(n=256)	(n=15911)	(n=19916)
Area of medicine					
Primary care	46.6%	37.0% ↓	40.7%	44.5%	44.0%
Specialty	43.9%	30.9% ↓	33.9% ⚡	43.3% ▼	45.4% ▼
Behavioral health clinician	34.9%	35.8%	28.2%	19.5% ▲	17.7% ▲
Physicians in practice					
Solo	49.9%	50.0%	44.4%	45.2%	45.5%
2 to 5 physicians	37.4%	34.6%	43.2%	37.8%	37.9%
More than 5 physicians	12.7%	15.4%	12.4%	17.0% ▼	16.6% ▼
Years in practice					
Less than 5 years	29.4%	29.7%	21.0% ↓ ⚡	18.4%	18.4%
5 to 15 years	34.7%	35.8%	39.3%	34.0%	33.4%
16 years or longer	35.9%	34.6%	39.7%	47.6% ▼	48.2% ▼
Portion of managed care volume (represented by this health plan)					
0-10%	24.5%	23.3%	19.6%	40.2% ▼	43.9% ▼
11-20%	19.5%	17.8%	21.3%	25.2%	24.2%
21-100%	56.0%	58.9%	59.2%	34.6% ▲	32.0% ▲
Survey respondent					
Physician	5.5%	4.9%	10.0% ↑ ⚡	12.6%	12.2%
Behavioral health clinician	9.6%	17.0% ↑	10.8%	8.6%	7.3%
Office manager	54.9%	52.1%	57.8%	52.6%	53.5%
Nurse/other staff	30.0%	26.1%	21.5% ⚡	26.3%	26.9% ▼
Insurance participation					
3 or fewer	1.5%	3.2%	2.4%	2.0%	1.9%
4 to 7	22.5%	28.9%	25.2%	11.3% ▲	10.9% ▲
8 to 11	15.3%	12.8%	16.9%	18.4%	18.5%
12 to 15	14.9%	7.7% ↓	10.6%	16.7% ▼	16.6% ▼
More than 15	45.8%	47.4%	44.9%	51.7% ▼	52.2% ▼

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)								
1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans	494	46.8%	164	42.1%	254	53.2% ↑	93 rd	36.8% ▲
Finance Issues (% Well or somewhat above average)	438	39.9%	149	41.1%	240	49.8% ↓	97th	33.2% ▲
2A. Consistency of reimbursement fees with your contract rates	416	34.9%	143	40.6%	232	49.6% ⚡	98 th	31.6% ▲
2B. Accuracy of claims processing	419	42.2%	145	40.7%	235	51.1% ↑⚡	96 th	34.8% ▲
2C. Timeliness of claims processing	420	45.5%	147	44.9%	236	54.7% ⚡	98 th	36.6% ▲
2D. Resolution of claims payment problems or disputes	393	36.9%	141	38.3%	226	43.8%	96 th	29.8% ▲
Utilization and Quality Management (% Well or somewhat above average)	NA	NA	NA	NA	248	45.1%	NA	NA
3A. Access to knowledgeable UM staff	418	36.6%	150	40.7%	220	41.8%	88 th	31.5% ▲
3B. Procedures for obtaining pre-certification/referral/authorization information	420	35.7%	153	40.5%	230	43.5%	88 th	33.3% ▲
3C. Timeliness of obtaining pre-certification/referral/authorization information	428	42.1%	151	43.7%	231	45.9%	94 th	34.0% ▲
3D. Health plan's facilitation/support of appropriate clinical care for patients	414	37.9%	151	39.1%	228	46.9% ⚡	95 th	33.1% ▲
3E. Access to Case/Care Managers from this health plan	386	35.8%	141	37.6%	216	46.3% ⚡	97 th	31.5% ▲
3F. Degree to which the plan covers and encourages preventive care and wellness	406	45.3%	140	41.4%	219	53.4% ↑	97 th	39.1% ▲
3G. Extent to which UM staff share review criteria and reasons for adverse determinations	364	31.9%	139	35.3%	214	40.2% ⚡	NA	NA
3H. Consistency of review decisions	386	35.8%	141	35.5%	222	42.3%	NA	NA
3I. Peer-to-peer experiences*	NA	NA	NA	NA	196	43.9%	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.

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 (% Well or somewhat above average)	NA	NA	NA	NA	232	38.7%	NA	NA
4A. Number of specialists in the network	367	30.3%	138	28.3%	217	36.4%	93 rd	27.9% ▲
4B. Quality of specialists in the network	353	32.6%	134	32.8%	218	42.7% ⬆	91 st	32.2% ▲
4C. Timeliness of feedback/reports from specialists	338	32.8%	135	35.6%	212	41.0%	95 th	29.3% ▲
4D. Frequency of feedback/reports from specialists	345	31.3%	133	32.3%	212	36.3%	96 th	26.3% ▲
4E. Timeliness of feedback/reports from BH Clinicians	296	33.1%	117	33.3%	189	38.1%	97 th	24.9% ▲
4F. Frequency of feedback/reports from BH Clinicians	287	31.7%	118	29.7%	182	37.9%	100 th	23.6% ▲
4G. Availability of medical specialists to accommodate referrals within a reasonable number of days*	NA	NA	NA	NA	215	35.8%	NA	NA
4H. Availability of BH specialists' referral to accommodate referrals within a reasonable number of days*	NA	NA	NA	NA	195	38.5%	NA	NA
4I. Satisfaction with the provider enrollment contracting process*	NA	NA	NA	NA	224	43.8%	NA	NA
Pharmacy (% Well or somewhat above average)	352	27.0%	132	29.1%	210	35.4% ⬇	93rd	25.4% ▲
5A. Consistency of the formulary over time	331	29.0%	129	31.8%	207	36.7%	93 rd	25.5% ▲
5B. Extent to which formulary reflects current standards of care	331	29.3%	132	28.8%	210	34.8%	90 th	26.4% ▲
5C. Variety of branded drugs on the formulary	301	27.2%	123	27.6%	199	32.2%	88 th	24.3% ▲
5D. Ease of prescribing your preferred medications within formulary guidelines	311	26.1%	123	28.5%	194	37.6% ⬆	93 rd	26.3% ▲
5E. Availability of comparable drugs to substitute those not included in the formulary	301	23.3%	121	28.9%	194	35.6% ⬆	92 nd	24.6% ▲

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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
Health Plan Call Center Service Staff (% Well or somewhat above average)	409	47.7%	162	44.0%	241	49.9%	93rd	37.8% ▲
6A. Ease of reaching health plan call center staff over the phone	395	48.4%	154	39.6%	235	47.2%	91 st	34.8% ▲
6B. Process of obtaining member information	392	54.3%	160	48.8%	230	53.9%	92 nd	41.2% ▲
6C. Helpfulness of plan call center staff in obtaining referrals for patients in your care	364	42.9%	147	42.9%	215	46.1%	87 th	36.4% ▲
6D. Overall satisfaction with health plan's call center service	395	45.3%	156	44.9%	232	52.6%	94 th	38.8% ▲
Provider Relations (% Well or somewhat above average)	NA	NA	NA	NA	247	47.3%	NA	NA
7. Have a Provider Relations representative assigned to practice* (% Yes)	364	72.5%	140	74.3%	213	66.2%	95 th	46.4% ▲
7A. Overall experience with Provider Relations representative*	NA	NA	NA	NA	137	64.2%	NA	NA
8A. Ability to answer questions/solve problems related to core business functions	255	50.6%	101	48.5%	136	51.5%	69 th	46.4%
8B. Ability to answer questions related to quality metrics, care gaps and value-based payment models	216	46.8%	86	40.7%	121	47.1%	NA	NA
8C. Quality of online tools supporting the delivery of patient-centered, quality care	341	42.2%	140	39.3%	234	47.9%	NA	NA
8D. Quality of online tools supporting core business functions	356	44.9%	143	42.7%	233	50.6%	NA	NA
8E. Quality of orientations and/or ongoing training/support	340	43.2%	137	40.2%	227	40.1%	91 st	30.4% ▲
8F. Quality of written communications policy bulletins, and manuals	NA	NA	NA	NA	235	46.8%	93 rd	34.0% ▲
8G. Quality and effectiveness of the provider directory*	NA	NA	NA	NA	225	41.3%	NA	NA
8H. Quality of education provided on HEDIS data collection and reporting*	NA	NA	NA	NA	215	42.8%	NA	NA
8I. Timeliness to answer questions and/or resolve problems*	NA	NA	NA	NA	237	45.2%	NA	NA

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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.

Provider Satisfaction Report | Louisiana Healthcare Connections | 2021 Results

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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)								
9. Likelihood to recommend to other physicians' practices (% 4 or 5 - Very likely)	384	65.6%	163	75.5% ↑	252	75.8% ⬆️	NA	NA
10A. Overall satisfaction with Louisiana Healthcare Connections	390	76.4%	163	71.8%	251	60.2% ⬇️	12 th	71.3% ▼
10B. Overall satisfaction with Healthy Blue	358	64.8%	155	63.9%	235	54.5% ⬇️	NA	NA
10C. Overall satisfaction with Aetna Better Health of Louisiana	342	53.5%	150	62.7%	227	49.8% ⬇️	NA	NA
10D. Overall satisfaction with AmeriHealth Caritas Louisiana	354	67.0%	147	57.1% ⬇️	238	54.2% ⬇️	NA	NA
10E. Overall satisfaction with UnitedHealthcare Community Plan	361	69.0%	154	67.5%	241	57.3% ⬇️	NA	NA
11. Overall satisfaction with Louisiana Healthcare Connections (Medicare)	NA	NA	NA	NA	154	55.2%	NA	NA
14. Overall experience with the provider portal	NA	NA	NA	NA	232	60.3%	NA	NA
15. Experience with the overall complaint and appeals process	NA	NA	NA	NA	201	52.7%	NA	NA
Language Assistance (% Very or Somewhat satisfied)								
16. Aware that Louisiana Healthcare Connections offers a language assistance / telephone interpreter service (% Yes)	397	73.8%	162	71.0%	247	69.2%	NA	NA
17. Have used this service (% Yes)	285	14.4%	115	16.5%	169	13.0%	NA	NA
18. Satisfaction with Louisiana Connections' language assistance service	39	82.1%	19	79.0%	22	68.2%	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

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 ⬆️⬇️ 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
Cultural Competency & Other Topics (% Very or Somewhat satisfied)								
19. Information received in the provider manual on Cultural Competency	265	64.9%	133	66.2%	193	53.4% ↓↓	NA	NA
20. Cultural Competency training materials and sessions	243	63.4%	124	66.9%	188	55.9% ↓	NA	NA
21. Accessibility of state required behavioral health training	240	66.7%	122	67.2%	176	59.1%	NA	NA
22. Ability to address the needs of members with special health care needs (% Excellent or Very Good)	NA	NA	NA	NA	197	49.8%	NA	NA
23. Ability to coordinate mental health services, inclusive of residential or inpatient (% Excellent or Very Good)	240	48.3%	104	55.8%	165	49.7%	NA	NA
24. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient (% Excellent or Very Good)	178	41.6%	89	57.3% ↑	137	46.0%	NA	NA
25. Ability to coordinate rehabilitation services (% Excellent or Very Good)	230	44.8%	101	59.4% ↑	165	45.5% ↓	NA	NA
26. Timeliness of coordination of BH care services	278	68.0%	119	81.5% ↑	187	65.2% ↓	NA	NA
27. Accuracy of coordination of BH care services	281	69.4%	117	83.8% ↑	189	68.8% ↓	NA	NA
28. Clarity of coordination of BH care services	NA	NA	NA	NA	188	67.0%	NA	NA
29. Sufficiency of information to coordinate BH care	286	71.3%	119	83.2% ↑	187	65.2% ↓	NA	NA

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Significance Testing

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 ⚡ 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, consisting of a short green segment on the left and a long blue segment on the right.



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Solo (I)	2 to 5 physicians (J)	More than 5 physicians (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
Total Respondents	101	84	70	111	108	31	53	99	100
Comparative Rating (% Well or somewhat above average)									
1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans	55.6%	42.9%	65.7% G	56.4%	46.7%	61.3%	58.5%	61.6% N	42.9%
Finance Issues (% Well or somewhat above average)									
2A. Consistency of reimbursement fees with your contract rates	47.8%	42.3%	63.3% G	51.0%	46.0%	53.6%	63.0% N	50.0%	43.5%
2B. Accuracy of claims processing	43.6%	50.0%	64.5% F	53.5%	46.5%	55.2%	59.2%	55.0%	44.0%
2C. Timeliness of claims processing	50.0%	50.0%	68.3% FG	54.5%	53.0%	58.6%	64.0%	58.2%	47.3%
2D. Resolution of claims payment problems or disputes	45.1%	37.7%	49.1%	46.3%	41.8%	42.9%	54.4%	44.2%	38.9%
Utilization and Quality Management (% Well or somewhat above average)									
3A. Access to knowledgeable UM staff	44.8%	34.3%	49.2%	45.5%	37.6%	50.0%	43.8%	45.2%	38.1%
3B. Procedures for obtaining pre-certification/referral/authorization information	42.2%	38.2%	58.5% FG	47.5%	35.0%	58.3% J	42.0%	44.1%	44.1%
3C. Timeliness of obtaining pre-certification/referral/authorization information	40.5%	39.0%	63.1% FG	48.5%	39.2%	58.3%	46.0%	48.4%	43.7%
3D. Health plan's facilitation/support of appropriate clinical care for patients	44.0%	40.5%	65.6% FG	50.5%	39.6%	57.7%	51.0%	49.4%	42.5%
3E. Access to Case/Care Managers from this health plan	41.4%	41.2%	61.7% FG	49.0%	39.6%	59.1%	43.8%	52.4%	42.0%
3F. Degree to which the plan covers and encourages preventive care and wellness	57.9% G	41.8%	63.0% G	57.9%	48.9%	58.3%	62.0%	52.4%	50.0%
3G. Extent to which UM staff share review criteria and reasons for adverse determinations	39.8%	33.8%	51.8% G	47.8%	33.7%	40.0%	42.2%	44.7%	35.0%
3H. Consistency of review decisions	42.5%	39.2%	50.9%	45.7%	38.1%	50.0%	40.4%	46.1%	41.0%
3I. Peer-to-peer experiences*	44.2%	39.7%	51.9%	48.3%	37.2%	61.1%	45.5%	45.6%	42.3%

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			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Solo (I)	2 to 5 physicians (J)	More than 5 physicians (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
Total Respondents	101	84	70	111	108	31	53	99	100
Network/Coordination of Care (% Well or somewhat above average)	35.2%	33.3%	54.3% FG	37.6%	35.6%	53.5%	41.0%	45.9% N	30.8%
4A. Number of specialists in the network	34.4%	31.9%	49.1%	35.6%	36.1%	42.3%	41.3%	43.8% N	27.6%
4B. Quality of specialists in the network	40.9%	38.6%	57.1% G	39.1%	41.7%	57.7%	45.8%	51.3% N	33.7%
4C. Timeliness of feedback/reports from specialists	37.6%	35.9%	58.2% FG	40.5%	38.7%	52.0%	48.9%	46.3%	32.1%
4D. Frequency of feedback/reports from specialists	34.1%	29.7%	51.7% FG	35.6%	34.8%	44.0%	37.8%	42.5%	29.8%
4E. Timeliness of feedback/reports from BH Clinicians	31.8%	31.3%	56.1% FG	38.3%	30.5%	61.9% U	34.9%	46.7% N	30.4%
4F. Frequency of feedback/reports from BH Clinicians	32.5%	32.6%	53.7% FG	36.4%	32.1%	63.2% U	37.2%	45.1%	31.3%
4G. Availability of medical specialists to accommodate referrals within a reasonable number of days*	32.6%	31.9%	51.9% FG	36.3%	33.0%	44.0%	42.6%	41.5% N	26.5%
4H. Availability of BH specialists' referral to accommodate referrals within a reasonable number of days*	30.3%	36.4%	54.8% F	37.2%	36.1%	52.4%	48.9% N	42.1%	27.1%
4I. Satisfaction with the provider enrollment contracting process*	43.2%	37.1%	54.7% G	50.5%	39.0%	38.5%	58.0% N	44.6%	35.6%
Pharmacy (% Well or somewhat above average)	34.9%	28.9%	51.4% G	34.8%	33.1%	48.1%	41.9%	42.8% N	25.8%
5A. Consistency of the formulary over time	37.2%	30.8%	51.1% G	34.5%	35.5%	43.5%	36.6%	46.2% N	28.2%
5B. Extent to which formulary reflects current standards of care	35.1%	31.3%	43.8%	32.2%	35.4%	43.5%	40.9%	39.7%	27.1%
5C. Variety of branded drugs on the formulary	32.3%	27.4%	46.5% G	33.3%	29.0%	42.9%	40.5%	37.0%	23.5%
5D. Ease of prescribing your preferred medications within formulary guidelines	37.0%	29.3%	58.5% FG	36.6%	34.8%	57.9%	46.3% N	45.1% N	27.5%
5E. Availability of comparable drugs to substitute those not included in the formulary	33.0%	25.9%	57.1% FG	37.4%	30.8%	52.6%	45.0% N	45.8% N	22.5%

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			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Solo (I)	2 to 5 physicians (J)	More than 5 physicians (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
Total Respondents	101	84	70	111	108	31	53	99	100
Health Plan Call Center Service Staff (% Well or somewhat above average)	47.5%	46.3%	60.7%	53.4%	45.4%	55.3%	47.6%	57.1%	45.4%
6A. Ease of reaching health plan call center staff over the phone	41.1%	44.3%	59.4% F	51.9%	43.9%	44.4%	44.0%	55.1%	42.4%
6B. Process of obtaining member information	53.9%	47.4%	66.1% G	56.4%	50.5%	57.7%	58.0%	60.2%	46.6%
6C. Helpfulness of plan call center staff in obtaining referrals for patients in your care	44.2%	42.9%	54.2%	48.9%	39.2%	63.6% J	40.4%	55.0%	41.7%
6D. Overall satisfaction with health plan's call center service	50.6%	50.7%	63.1%	56.4%	48.0%	55.6%	48.0%	58.0%	51.1%
Provider Relations (% Well or somewhat above average)	46.5%	40.7%	59.5% G	49.8%	40.2%	61.9% J	45.2%	55.9% N	40.6%
7. Have a Provider Relations representative assigned to practice* (% Yes)	71.7% G	51.6%	75.4% G	68.4%	64.0%	69.6%	68.8%	69.1%	63.0%
7A. Overall experience with Provider Relations representative*	69.2%	59.4%	63.4%	51.6%	73.7% I	73.3%	62.5%	69.8%	60.8%
8A. Ability to answer questions/solve problems related to core business functions	48.4%	46.9%	61.0%	49.2%	45.6%	73.3% J	41.9%	64.8% LN	44.0%
8B. Ability to answer questions related to quality metrics, care gaps and value-based payment models	44.4%	40.0%	57.6%	50.0%	34.6%	76.9% J	38.5%	58.7%	41.7%
8C. Quality of online tools supporting the delivery of patient-centered, quality care	46.3%	41.8%	64.4% FG	52.9%	41.0%	51.9%	46.9%	56.0% N	41.1%
8D. Quality of online tools supporting core business functions	50.0%	44.6%	66.2% FG	52.5%	45.6%	64.0%	52.0%	59.0% N	41.9%
8E. Quality of orientations and/or ongoing training/support	43.0%	33.8%	47.6%	42.9%	33.0%	51.9%	38.0%	44.9%	36.9%
8F. Quality of written communications policy bulletins, and manuals	46.9%	37.0%	60.0% G	51.5%	41.6%	53.3%	54.0%	52.1%	37.9%
8G. Quality and effectiveness of the provider directory*	40.9%	34.3%	54.1% G	46.9%	34.7%	50.0%	42.0%	48.2%	34.5%
8H. Quality of education provided on HEDIS data collection and reporting*	42.7%	33.3%	56.4% G	49.4%	35.4%	50.0%	39.1%	54.9% N	33.7%
8I. Timeliness to answer questions and/or resolve problems*	45.8%	34.7%	60.0% G	50.0%	39.1%	48.3%	52.0%	51.6% N	35.2%

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



Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Solo (I)	2 to 5 physicians (J)	More than 5 physicians (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
Total Respondents	101	84	70	111	108	31	53	99	100
Overall Satisfaction (% Completely or Somewhat satisfied)									
9. Likelihood to recommend to other physicians' practices (% 4 or 5 - Very likely)	81.4% G	67.9%	81.4%	78.0%	74.8%	70.0%	76.5%	80.6%	71.7%
10A. Overall satisfaction with Louisiana Healthcare Connections	50.5%	58.0%	80.0% FG	59.3%	57.0%	66.7%	67.3% N	71.1% N	46.9%
10B. Overall satisfaction with Healthy Blue	52.2%	47.4%	69.2% FG	56.0%	52.9%	57.1%	64.6% N	59.1%	45.6%
10C. Overall satisfaction with Aetna Better Health of Louisiana	39.6%	53.3%	61.0% F	50.0%	49.5%	48.3%	50.0%	56.8%	43.7%
10D. Overall satisfaction with AmeriHealth Caritas Louisiana	38.5%	58.4% F	71.4% F	52.5%	54.7%	57.1%	59.6%	63.8% N	43.0%
10E. Overall satisfaction with UnitedHealthcare Community Plan	47.9%	55.7%	76.6% FG	58.4%	55.7%	58.6%	69.4% N	66.7% N	42.4%
11. Overall satisfaction with Louisiana Healthcare Connections (Medicare)	42.9%	53.5%	79.0% FG	55.6%	54.4%	52.6%	64.5% N	67.3% N	42.4%
14. Overall experience with the provider portal	55.2%	55.8%	75.4% FG	55.5%	62.4%	66.7%	68.6% N	69.6% N	46.5%
15. Experience with the overall complaint and appeals process	45.8%	46.9%	75.5% FG	51.9%	52.2%	54.2%	55.3%	65.8% N	38.2%
Language Assistance (% Very or Somewhat satisfied)									
16. Aware that Louisiana Healthcare Connections offers a language assistance / telephone interpreter service (% Yes)	80.6% GH	64.6%	62.3%	70.8%	71.7%	56.7%	64.2%	67.4%	74.2%
17. Have used this service (% Yes)	15.6%	9.8%	11.6%	13.7%	13.2%	5.9%	20.6%	12.1%	10.3%
18. Satisfaction with Louisiana Connections' language assistance service	58.3%	40.0%	100% FG	80.0%	50.0%	100% J	71.4%	75.0%	57.1%

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Clinician (H)	Solo (I)	2 to 5 physicians (J)	More than 5 physicians (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
Total Respondents	101	84	70	111	108	31	53	99	100
Cultural Competency & Other Topics (% Very or Somewhat satisfied)									
19. Information received in the provider manual on Cultural Competency	47.4%	50.9%	61.9%	49.4%	53.0%	65.0%	50.0%	61.6%	48.7%
20. Cultural Competency training materials and sessions	49.3%	50.0%	68.9% FG	53.0%	53.1%	70.0%	53.7%	66.7% N	48.0%
21. Accessibility of state required behavioral health training	49.3%	52.5%	74.6% FG	57.1%	54.3%	76.5%	59.0%	66.7%	52.4%
22. Ability to address the needs of members with special health care needs (% Excellent or Very Good)	50.6%	36.8%	61.8% G	50.6%	44.1%	62.5%	44.2%	66.3% LN	36.6%
23. Ability to coordinate mental health services, inclusive of residential or inpatient (% Excellent or Very Good)	48.1%	35.3%	60.4% G	54.6%	41.2%	62.5%	47.5%	67.7% LN	34.4%
24. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient (% Excellent or Very Good)	52.4% G	31.0%	47.7%	48.4%	41.0%	63.6%	43.8%	60.7% N	31.3%
25. Ability to coordinate rehabilitation services (% Excellent or Very Good)	48.0%	30.2%	55.3% G	52.2% J	35.5%	60.0%	40.5%	62.1% LN	31.2%
26. Timeliness of coordination of BH care services	56.8%	60.0%	76.9% F	68.2%	58.7%	68.2%	63.8%	73.6%	59.1%
27. Accuracy of coordination of BH care services	58.5%	66.7%	83.1% F	69.4%	64.9%	72.7%	66.0%	78.1% N	62.7%
28. Clarity of coordination of BH care services	54.9%	61.9%	84.4% FG	68.2%	63.6%	66.7%	63.8%	77.8% N	59.7%
29. Sufficiency of information to coordinate BH care	56.6%	53.7%	82.5% FG	68.7%	59.0%	66.7%	63.0%	75.3% N	57.6%

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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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care Volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Physician (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
Total Respondents	46	50	139	25	27	145	54
Comparative Rating (% Well or somewhat above average)							
1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans	48.9%	48.0%	58.7%	36.0%	59.3%	51.4%	60.4% ^R
Finance Issues (% Well or somewhat above average)							
2A. Consistency of reimbursement fees with your contract rates	42.9%	42.6%	58.1%	61.9%	59.1%	47.8%	45.7%
2B. Accuracy of claims processing	47.6%	53.2%	53.5%	61.9%	64.0% ^U	50.7%	39.1%
2C. Timeliness of claims processing	52.4%	48.9%	59.4%	61.9%	64.0%	56.1%	43.5%
2D. Resolution of claims payment problems or disputes	34.2%	43.5%	48.8%	59.1%	40.0%	42.5%	42.2%
Utilization and Quality Management (% Well or somewhat above average)							
3A. Access to knowledgeable UM staff	41.7%	39.1%	44.3%	47.6%	26.3%	43.0%	46.8%
3B. Procedures for obtaining pre-certification/referral/authorization information	30.0%	40.9%	50.0% ^O	52.4%	56.5%	41.4%	41.5%
3C. Timeliness of obtaining pre-certification/referral/authorization information	34.2%	46.7%	50.8%	54.6%	52.2%	43.4%	48.1%
3D. Health plan's facilitation/support of appropriate clinical care for patients	39.0%	45.5%	51.2%	54.6%	55.0%	45.3%	47.2%
3E. Access to Case/Care Managers from this health plan	41.7%	44.4%	48.3%	45.0%	52.4%	45.0%	50.0%
3F. Degree to which the plan covers and encourages preventive care and wellness	54.3%	52.2%	53.3%	71.4%	50.0%	51.2%	54.2%
3G. Extent to which UM staff share review criteria and reasons for adverse determinations	32.4%	43.2%	43.0%	42.9%	33.3%	41.0%	42.9%
3H. Consistency of review decisions	37.8%	45.5%	43.6%	50.0%	36.8%	41.1%	48.0%
3I. Peer-to-peer experiences*	38.5%	48.8%	45.3%	52.9%	43.8%	43.2%	45.8%

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care Volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Physician (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
Total Respondents	46	50	139	25	27	145	54
Network/Coordination of Care (% Well or somewhat above average)	27.8%	34.6%	44.9% O	46.5%	42.7%	35.8%	43.2%
4A. Number of specialists in the network	27.0%	29.8%	43.1%	37.5%	35.3%	35.0%	40.8%
4B. Quality of specialists in the network	30.6%	38.3%	49.2% O	45.8%	38.9%	43.6%	42.6%
4C. Timeliness of feedback/reports from specialists	33.3%	35.6%	47.1%	54.2%	50.0%	35.5%	47.8%
4D. Frequency of feedback/reports from specialists	20.6%	31.1%	44.1% O	43.5%	38.9%	34.2%	41.3%
4E. Timeliness of feedback/reports from BH Clinicians	25.9%	35.9%	43.6%	47.8%	50.0%	33.0%	43.5%
4F. Frequency of feedback/reports from BH Clinicians	29.6%	36.8%	42.5%	50.0%	42.9%	33.7%	43.2%
4G. Availability of medical specialists to accommodate referrals within a reasonable number of days*	22.9%	31.1%	43.6% O	39.1%	31.3%	33.1%	44.7%
4H. Availability of BH specialists' referral to accommodate referrals within a reasonable number of days*	31.0%	36.1%	44.7%	39.1%	27.3%	36.8%	52.5% S
4I. Satisfaction with the provider enrollment contracting process*	38.9%	44.4%	47.6%	52.4%	32.0%	42.6%	51.1%
Pharmacy (% Well or somewhat above average)	22.4%	34.0%	40.4% O	40.7%	15.0%	31.8%	47.1% S
5A. Consistency of the formulary over time	21.9%	31.1%	43.9% O	41.7%	33.3%	33.3%	45.5%
5B. Extent to which formulary reflects current standards of care	20.6%	33.3%	40.0% O	41.7% S	8.3%	32.8% S	44.4% S
5C. Variety of branded drugs on the formulary	21.9%	29.6%	37.0%	37.5% S	0.0%	28.3% S	45.5% ST
5D. Ease of prescribing your preferred medications within formulary guidelines	23.3%	39.5%	42.2% O	43.5%	16.7%	33.9%	48.8%
5E. Availability of comparable drugs to substitute those not included in the formulary	24.1%	36.4%	38.9%	39.1%	16.7%	30.5%	51.2% ST

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care Volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Physician (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
Total Respondents	46	50	139	25	27	145	54
Health Plan Call Center Service Staff (% Well or somewhat above average)	49.5%	43.3%	54.6%	60.9%	43.9%	50.2%	50.4%
6A. Ease of reaching health plan call center staff over the phone	47.5%	44.9%	51.2%	60.0%	36.4%	47.5%	49.0%
6B. Process of obtaining member information	55.3%	45.8%	58.1%	63.2%	52.4%	55.2%	51.0%
6C. Helpfulness of plan call center staff in obtaining referrals for patients in your care	40.0%	40.4%	51.3%	63.2%	38.9%	45.3%	46.7%
6D. Overall satisfaction with health plan's call center service	55.3%	42.0%	57.9%	57.1%	47.8%	53.0%	54.9%
Provider Relations (% Well or somewhat above average)	47.7%	38.9%	50.3%	48.7%	51.7%	44.8%	55.1%
7. Have a Provider Relations representative assigned to practice* (% Yes)	52.6%	70.5%	68.4%	50.0%	73.7%	68.0%	63.8%
7A. Overall experience with Provider Relations representative*	55.0%	60.0%	67.5%	40.0%	46.2%	66.7%	79.3% RS
8A. Ability to answer questions/solve problems related to core business functions	47.4%	41.9%	54.0%	50.0%	46.2%	46.9%	71.4% T
8B. Ability to answer questions related to quality metrics, care gaps and value-based payment models	40.0%	44.8%	47.8%	55.6%	50.0%	41.9%	61.5%
8C. Quality of online tools supporting the delivery of patient-centered, quality care	46.3%	36.0%	54.5% P	43.5%	68.4% T	45.7%	50.0%
8D. Quality of online tools supporting core business functions	60.5% P	39.6%	53.2%	47.6%	56.5%	49.6%	53.9%
8E. Quality of orientations and/or ongoing training/support	42.1%	36.2%	41.5%	47.6%	43.5%	38.0%	44.9%
8F. Quality of written communications policy bulletins, and manuals	50.0%	34.7%	50.8% P	48.0%	45.8%	47.0%	49.0%
8G. Quality and effectiveness of the provider directory*	41.7%	31.9%	46.3%	43.5%	45.5%	40.9%	41.7%
8H. Quality of education provided on HEDIS data collection and reporting*	48.6%	31.3%	44.8%	37.5%	52.9%	40.5%	52.3%
8I. Timeliness to answer questions and/or resolve problems*	55.0%	35.4%	47.3%	44.0%	54.6%	41.4%	53.9%

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care Volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Physician (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
Total Respondents	46	50	139	25	27	145	54
Overall Satisfaction (% Completely or Somewhat satisfied)							
9. Likelihood to recommend to other physicians' practices (% 4 or 5 - Very likely)	71.1%	69.4%	79.6%	62.5%	66.7%	78.2%	77.8%
10A. Overall satisfaction with Louisiana Healthcare Connections	59.1%	52.0%	61.3%	32.0%	59.3% R	65.0% R	64.8% R
10B. Overall satisfaction with Healthy Blue	56.8%	44.4%	57.6%	37.5%	43.5%	59.5% R	57.7%
10C. Overall satisfaction with Aetna Better Health of Louisiana	54.6%	42.6%	47.2%	36.4%	42.9%	54.2%	50.0%
10D. Overall satisfaction with AmeriHealth Caritas Louisiana	57.5%	50.0%	52.3%	33.3%	40.9%	57.4% R	64.7% R
10E. Overall satisfaction with UnitedHealthcare Community Plan	65.9%	52.1%	54.2%	37.5%	52.0%	60.0% R	65.4% R
11. Overall satisfaction with Louisiana Healthcare Connections (Medicare)	73.9% Q	50.0%	52.4%	25.0%	57.1%	61.2% R	54.1% R
14. Overall experience with the provider portal	61.5%	52.1%	63.0%	45.0%	53.9%	65.7%	60.0%
15. Experience with the overall complaint and appeals process	64.5%	47.7%	52.7%	38.9%	64.3%	54.9%	52.4%
Language Assistance (% Very or Somewhat satisfied)							
16. Aware that Louisiana Healthcare Connections offers a language assistance / telephone interpreter service (% Yes)	67.4%	75.0%	70.4%	58.3%	53.9%	73.2%	70.4%
17. Have used this service (% Yes)	7.1%	14.3%	15.8%	14.3%	7.1%	13.1%	15.8%
18. Satisfaction with Louisiana Connections' language assistance service	100% Q	80.0%	60.0%	50.0%	100% T	69.2%	66.7%

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care Volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Physician (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
Total Respondents	46	50	139	25	27	145	54
Cultural Competency & Other Topics (% Very or Somewhat satisfied)							
19. Information received in the provider manual on Cultural Competency	39.4%	53.9%	56.6%	36.8%	30.4%	60.6% ^S	55.0%
20. Cultural Competency training materials and sessions	38.7%	57.9%	59.2% ^O	36.8%	42.1%	61.0% ^R	58.1%
21. Accessibility of state required behavioral health training	42.3%	57.6%	63.1%	38.9%	50.0%	64.1% ^R	61.9%
22. Ability to address the needs of members with special health care needs (% Excellent or Very Good)	32.4%	51.4%	55.1% ^O	36.4%	38.9%	53.2%	52.2%
23. Ability to coordinate mental health services, inclusive of residential or inpatient (% Excellent or Very Good)	32.0%	55.2%	53.5% ^O	40.0%	52.9%	47.7%	57.5%
24. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient (% Excellent or Very Good)	25.0%	51.9%	50.0% ^O	37.5%	36.4%	50.7%	42.9%
25. Ability to coordinate rehabilitation services (% Excellent or Very Good)	27.6%	45.5%	52.2% ^O	36.8%	54.6%	47.4%	42.1%
26. Timeliness of coordination of BH care services	42.9%	63.6%	70.3% ^O	54.6%	65.2%	66.3%	69.1%
27. Accuracy of coordination of BH care services	46.4%	63.6%	75.0% ^O	50.0%	65.2%	70.7%	76.7% ^R
28. Clarity of coordination of BH care services	46.4%	66.7%	71.2% ^O	50.0%	63.6%	70.7%	69.8%
29. Sufficiency of information to coordinate BH care	35.7%	69.7% ^O	70.0% ^O	50.0%	61.9%	67.7%	69.8%

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.

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Insurance participation					Methodology		
	3 or fewer (V)	4 to 7 (W)	8 to 11 (X)	12 to 15 (Y)	More than 15 (Z)	Mail (a)	Phone (b)	Internet (c)
Total Respondents	6 ^A	64	43	27	114	82	93	81
Comparative Rating (% Well or somewhat above average)								
1A. Rating of Louisiana Healthcare Connections compared to all other contracted health plans	83.3% ^Z	65.6% ^Z	62.8% ^Z	55.6%	41.1%	41.5%	64.5% ^a	51.9%
Finance Issues (% Well or somewhat above average)								
2A. Consistency of reimbursement fees with your contract rates	83.3% ^{YZ}	69.6% ^{XY^Z}	48.7%	45.8%	38.9%	45.6%	57.0%	46.0%
2B. Accuracy of claims processing	66.7%	67.2% ^Z	51.4%	48.0%	42.6%	46.3%	59.5%	47.4%
2C. Timeliness of claims processing	83.3% ^Z	71.2% ^{YZ}	59.5%	48.0%	44.4%	48.8%	62.5%	52.6%
2D. Resolution of claims payment problems or disputes	60.0%	58.2% ^Z	44.1%	44.0%	35.9%	41.6%	51.3%	38.4%
Utilization and Quality Management (% Well or somewhat above average)								
3A. Access to knowledgeable UM staff	50.0%	54.2% ^Z	39.4%	39.1%	35.1%	39.2%	51.3% ^c	33.3%
3B. Procedures for obtaining pre-certification/referral/authorization information	66.7%	61.7% ^{XZ}	39.5%	39.1%	33.7%	41.6%	50.0%	37.3%
3C. Timeliness of obtaining pre-certification/referral/authorization information	83.3% ^{XY^Z}	64.4% ^Z	47.4%	45.8%	32.4%	42.3%	55.3% ^c	38.2%
3D. Health plan's facilitation/support of appropriate clinical care for patients	83.3% ^{XY^Z}	66.1% ^{XY^Z}	41.7%	33.3%	38.6%	39.2%	56.0% ^a	44.6%
3E. Access to Case/Care Managers from this health plan	83.3% ^{XY^Z}	63.2% ^{XY^Z}	36.4%	36.4%	39.6%	44.0%	58.2% ^c	33.9%
3F. Degree to which the plan covers and encourages preventive care and wellness	83.3% ^Z	62.5%	54.3%	47.8%	46.9%	45.2%	67.1% ^{ac}	46.3%
3G. Extent to which UM staff share review criteria and reasons for adverse determinations	66.7%	52.8% ^Z	38.2%	36.4%	33.0%	39.7%	46.9%	31.7%
3H. Consistency of review decisions	83.3% ^{WX^{YZ}}	48.2%	47.1%	36.4%	35.3%	42.5%	48.2%	34.4%
3I. Peer-to-peer experiences*	33.3%	53.7%	41.9%	47.4%	37.7%	39.7%	52.1%	38.2%

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.

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Insurance participation					Methodology		
	3 or fewer (V)	4 to 7 (W)	8 to 11 (X)	12 to 15 (Y)	More than 15 (Z)	Mail (a)	Phone (b)	Internet (c)
Total Respondents	6 ^A	64	43	27	114	82	93	81
Network/Coordination of Care (% Well or somewhat above average)	80.6%^{XY}_Z	59.9%^{XY}_Z	32.4%	25.3%	27.4%	32.1%	51.7%^{ac}	30.3%
4A. Number of specialists in the network	66.7% ^Z	57.4% ^{XY} _Z	29.7%	28.6%	26.8%	28.0%	50.0% ^{ac}	29.7%
4B. Quality of specialists in the network	66.7%	68.5% ^{XY} _Z	31.6%	27.3%	33.3%	35.5%	52.6% ^a	39.1%
4C. Timeliness of feedback/reports from specialists	83.3% ^{XY} _Z	61.1% ^{XY} _Z	37.1%	25.0%	30.5%	36.1%	52.6% ^{ac}	32.3%
4D. Frequency of feedback/reports from specialists	66.7% ^{YZ}	56.4% ^{XY} _Z	32.4%	18.2%	26.9%	32.4%	44.9%	30.2%
4E. Timeliness of feedback/reports from BH Clinicians	100% ^{WX} _{YZ}	57.4% ^{XY} _Z	34.4%	26.3%	23.4%	31.3%	53.5% ^{ac}	25.9%
4F. Frequency of feedback/reports from BH Clinicians	100% ^{WX} _{YZ}	58.5% ^{XY} _Z	29.0%	26.3%	23.6%	29.0%	56.7% ^{ac}	24.5%
4G. Availability of medical specialists to accommodate referrals within a reasonable number of days*	83.3% ^{XY} _Z	56.6% ^{xZ}	22.9%	36.4%	25.8%	27.4%	51.3% ^{ac}	26.6%
4H. Availability of BH specialists' referral to accommodate referrals within a reasonable number of days*	83.3% ^{XY} _Z	58.2% ^{XY} _Z	32.4%	30.0%	25.3%	30.2%	56.3% ^{ac}	26.2%
4I. Satisfaction with the provider enrollment contracting process*	83.3% ^{XY} _Z	58.9% ^Z	41.0%	45.8%	33.0%	43.4%	54.6% ^c	32.4%
Pharmacy (% Well or somewhat above average)	63.3%	58.2%^{XY}_Z	28.6%	30.9%	25.0%	25.7%	50.2%^{ac}	28.1%
5A. Consistency of the formulary over time	50.0%	62.0% ^{XY} _Z	28.1%	33.3%	26.3%	27.9%	50.0% ^{ac}	29.5%
5B. Extent to which formulary reflects current standards of care	50.0%	54.9% ^{xZ}	30.3%	38.9%	24.0%	27.9%	46.9% ^{ac}	26.2%
5C. Variety of branded drugs on the formulary	66.7% ^{YZ}	52.2% ^{YZ}	31.3%	17.7%	22.9%	23.9%	45.2% ^{ac}	25.4%
5D. Ease of prescribing your preferred medications within formulary guidelines	66.7% ^Z	63.0% ^{XY} _Z	26.7%	35.3%	26.9%	24.2%	56.5% ^{ac}	30.5%
5E. Availability of comparable drugs to substitute those not included in the formulary	83.3% ^{XY} _Z	58.7% ^{XY} _Z	26.7%	29.4%	24.7%	24.2%	52.2% ^{ac}	28.8%

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	Insurance participation					Methodology		
	3 or fewer (V)	4 to 7 (W)	8 to 11 (X)	12 to 15 (Y)	More than 15 (Z)	Mail (a)	Phone (b)	Internet (c)
Total Respondents	6 ^A	64	43	27	114	82	93	81
Health Plan Call Center Service Staff (% Well or somewhat above average)	75.0%	62.5%^Z	52.5%	44.0%	42.4%	43.2%	62.2%^{ac}	42.3%
6A. Ease of reaching health plan call center staff over the phone	83.3% ^{XY_Z}	62.1% ^{YZ}	44.7%	38.5%	40.6%	42.9%	59.8% ^{ac}	36.6%
6B. Process of obtaining member information	66.7%	66.7% ^Z	64.1% ^Z	48.0%	44.1%	44.6%	65.5% ^a	50.0%
6C. Helpfulness of plan call center staff in obtaining referrals for patients in your care	66.7%	60.4% ^Z	46.0%	37.5%	39.4%	40.3%	59.0% ^{ac}	36.9%
6D. Overall satisfaction with health plan's call center service	83.3% ^Z	61.0%	55.0%	52.0%	45.5%	45.2%	64.4% ^{ac}	45.8%
Provider Relations (% Well or somewhat above average)	93.3%^{WX_{YZ}}	64.0%^{YZ}	54.7%^Z	35.3%	34.4%	43.4%	56.9%^c	40.1%
7. Have a Provider Relations representative assigned to practice* (% Yes)	83.3%	70.9%	77.4% ^Z	73.1%	57.0%	56.6%	63.0%	83.9% ^{ab}
7A. Overall experience with Provider Relations representative*	60.0%	63.2%	60.9%	61.1%	69.2%	47.6%	73.5% ^a	69.6% ^a
8A. Ability to answer questions/solve problems related to core business functions	100% ^{WX_{YZ}}	64.9% ^Z	62.5% ^Z	47.4%	35.3%	43.9%	65.3% ^{ac}	43.5%
8B. Ability to answer questions related to quality metrics, care gaps and value-based payment models	100% ^{WX_{YZ}}	65.6% ^{YZ}	55.0%	35.3%	31.3%	44.1%	58.7% ^c	36.6%
8C. Quality of online tools supporting the delivery of patient-centered, quality care	80.0% ^{YZ}	67.8% ^{YZ}	56.8% ^Z	36.0%	34.9%	45.5%	55.8%	40.9%
8D. Quality of online tools supporting core business functions	100% ^{WX_{YZ}}	70.5% ^{YZ}	57.5% ^{YZ}	30.4%	37.9%	42.9%	62.1% ^{ac}	44.7%
8E. Quality of orientations and/or ongoing training/support	80.0% ^{YZ}	51.7% ^{YZ}	47.4%	25.0%	32.0%	37.5%	46.4%	35.2%
8F. Quality of written communications policy bulletins, and manuals	100% ^{WX_{YZ}}	63.3% ^{YZ}	48.8%	37.5%	35.0%	46.7%	52.9%	40.0%
8G. Quality and effectiveness of the provider directory*	80.0% ^{YZ}	61.4% ^{YZ}	42.1%	28.0%	30.6%	39.2%	50.6% ^c	33.3%
8H. Quality of education provided on HEDIS data collection and reporting*	80.0% ^{YZ}	61.5% ^{YZ}	46.0%	28.6%	32.7%	36.2%	55.1% ^{ac}	35.3%
8I. Timeliness to answer questions and/or resolve problems*	100% ^{WX_{YZ}}	61.7% ^{YZ}	50.0%	36.0%	33.3%	41.1%	55.1% ^c	37.3%

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	Insurance participation					Methodology		
	3 or fewer (V)	4 to 7 (W)	8 to 11 (X)	12 to 15 (Y)	More than 15 (Z)	Mail (a)	Phone (b)	Internet (c)
Total Respondents	6 ^A	64	43	27	114	82	93	81
Overall Satisfaction (% Completely or Somewhat satisfied)								
9. Likelihood to recommend to other physicians' practices (% 4 or 5 - Very likely)	83.3%	82.8%	76.2%	70.4%	73.2%	66.3%	83.7% ^a	76.3%
10A. Overall satisfaction with Louisiana Healthcare Connections	83.3% ^z	81.3% ^{xy z}	55.8%	50.0%	50.9%	8.6%	92.3% ^{ac}	76.0% ^a
10B. Overall satisfaction with Healthy Blue	80.0% ^z	74.2% ^{xz}	53.9%	52.0%	42.2%	13.3%	79.6% ^a	66.7% ^a
10C. Overall satisfaction with Aetna Better Health of Louisiana	50.0%	67.2% ^z	50.0%	45.8%	40.6%	26.0%	67.5% ^a	53.5% ^a
10D. Overall satisfaction with AmeriHealth Caritas Louisiana	0.0%	78.7% ^{vx yz}	43.9% ^v	54.2% ^v	45.8% ^v	15.8%	81.8% ^{ac}	60.8% ^a
10E. Overall satisfaction with UnitedHealthcare Community Plan	0.0%	82.0% ^{vx yz}	55.8% ^v	53.9% ^v	45.4% ^v	16.7%	82.8% ^a	69.7% ^a
11. Overall satisfaction with Louisiana Healthcare Connections (Medicare)	66.7%	80.0% ^{yz}	60.0%	43.8%	45.2%	7.3%	82.0% ^a	81.6% ^a
14. Overall experience with the provider portal	83.3%	79.4% ^{xy z}	48.7%	52.2%	53.0%	6.9%	86.9% ^a	81.6% ^a
15. Experience with the overall complaint and appeals process	66.7%	78.4% ^{xy z}	53.3%	30.0%	41.9%	11.3%	82.7% ^{ac}	57.8% ^a
Language Assistance (% Very or Somewhat satisfied)								
16. Aware that Louisiana Healthcare Connections offers a language assistance / telephone interpreter service (% Yes)	100% ^{wx yz}	61.3%	76.7%	83.3% ^{wz}	65.5%	70.9%	72.0%	64.0%
17. Have used this service (% Yes)	0.0%	21.1% ^v	15.2% ^v	5.3%	11.3% ^v	13.0%	13.4%	12.5%
18. Satisfaction with Louisiana Connections' language assistance service	NA	100% ^{yz}	100% ^{yz}	0.0%	25.0%	42.9%	100% ^{ac}	50.0%

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	Insurance participation					Methodology		
	3 or fewer (V)	4 to 7 (W)	8 to 11 (X)	12 to 15 (Y)	More than 15 (Z)	Mail (a)	Phone (b)	Internet (c)
Total Respondents	6 ^A	64	43	27	114	82	93	81
Cultural Competency & Other Topics (% Very or Somewhat satisfied)								
19. Information received in the provider manual on Cultural Competency	83.3% xz	73.7% xz	31.4%	47.1%	47.4%	35.0%	79.2% ac	41.0%
20. Cultural Competency training materials and sessions	83.3% xz	80.0% ^{XY} _Z	35.3%	47.1%	47.3%	37.5%	80.3% ac	44.3%
21. Accessibility of state required behavioral health training	100% ^{WX} _{YZ}	82.8% ^{XY} _Z	37.5%	50.0%	47.6%	37.0%	86.2% ac	49.1%
22. Ability to address the needs of members with special health care needs (% Excellent or Very Good)	83.3% xz	67.9% xz	33.3%	52.4%	40.2%	31.7%	67.1% ac	44.8%
23. Ability to coordinate mental health services, inclusive of residential or inpatient (% Excellent or Very Good)	83.3% xz	69.2% xz	23.1%	42.9%	43.1%	34.0%	62.7% a	50.9%
24. Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient (% Excellent or Very Good)	66.7%	54.6%	35.0%	33.3%	42.9%	25.0%	56.9% a	52.2% a
25. Ability to coordinate rehabilitation services (% Excellent or Very Good)	66.7%	61.7% xz	33.3%	42.9%	37.5%	29.2%	55.2% a	48.0%
26. Timeliness of coordination of BH care services	83.3%	78.3% z	60.0%	55.6%	57.8%	50.0%	83.8% ac	59.3%
27. Accuracy of coordination of BH care services	83.3%	83.3% xz	61.3%	61.1%	61.1%	50.8%	92.8% ac	59.3%
28. Clarity of coordination of BH care services	83.3%	85.0% ^{XY} _Z	56.7%	55.6%	58.3%	50.8%	91.2% ac	55.9%
29. Sufficiency of information to coordinate BH care	83.3%	81.7% ^{XY} _Z	58.6%	50.0%	56.9%	49.2%	88.2% ac	55.2%

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.

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Appendix C: 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.

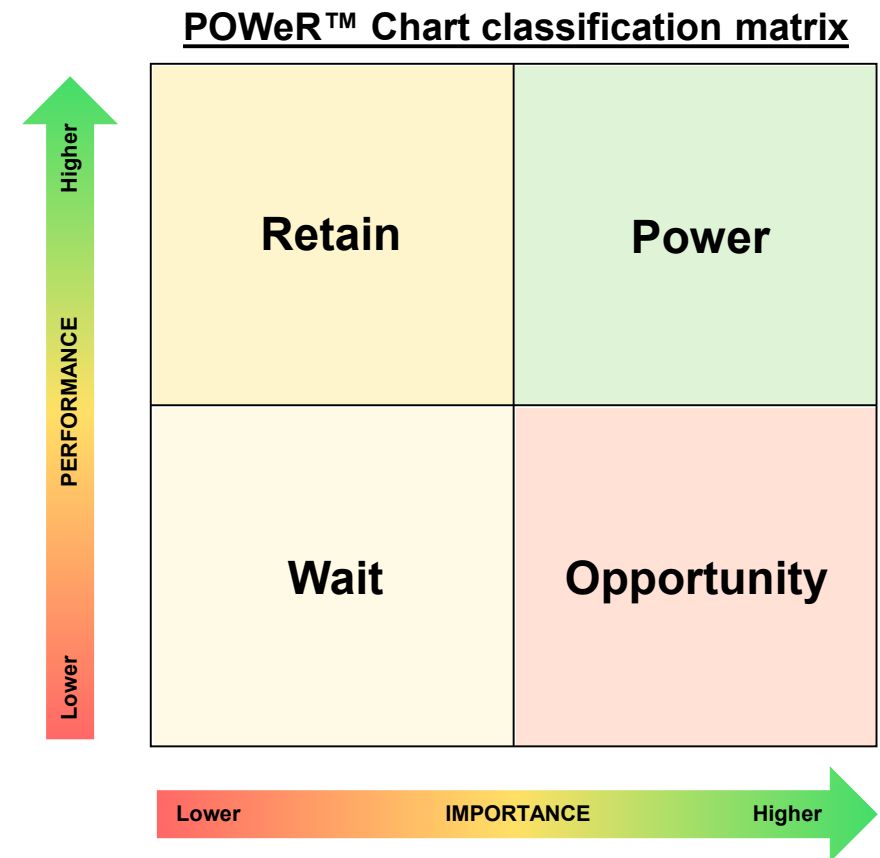
Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those 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.



Appendix D: Commentary and Advice for Improving Provider Satisfaction

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Commentary and Advice for Improving Provider Satisfaction

Do something.

- Exactly *what* a health plan acts upon in response to the results of this study is less important than doing *something*. One of the most powerful contributors to improved provider satisfaction is the clear and concerted effort by plans to improve. Plans should actively ingest study findings, recognize opportunities for improvement, identify some element that providers seek, make strides in that direction, and continually communicate the entire process – initial findings, proposed alternative solutions, and elected actions – clearly with internal leadership, informally with individual physician leaders, formally with the physician leadership group, and more broadly and succinctly to providers.
- Socialize results of this study broadly and deeply within your organization, including all internal stakeholder groups that touch the provider.
- Study your plan's key driver "Opportunities." Acknowledge existing weaknesses, critically yet constructively, and openly act to better understand and address them. Consider prioritizing those. Uncover more detail on those issues to identify potential tactical behavior changes on any topic.
 - Invite discussion and assessment via small groups or work teams, perhaps in tandem with individual interviews organized by Provider Relations staff, for qualitative deep-dives into specific opportunities identified in the survey.
- Study, identify action items, and commit to improving even one element identified in the survey and communicate plan's intention to improve that element. Then follow up with actions taken and seek feedback on results (prior to the next annual provider satisfaction survey). Work iteratively, building upon actions and momentum.
- Comb through verbatim comments, documented in providers' own words, to identify particular pain points shared when answering what the plan can do to "improve service to the provider organization." The common macro areas generating negative comments are typically Customer Service and Financial. Customer service touches on reps not being helpful, wanting more contact with the rep, authorization problems, and complaints about web tool usability, as well as general "unclear communications." Financial topics cover the amount paid, but also concerns with claims timing, accuracy, and frequency of claims denials.



Communication is King.

- Clarity, completeness, and timeliness of communication between providers and health plans is perhaps the most critical aspect to improving provider satisfaction. This is particularly true related to relieving the administration burden on providers and smoothing resolution around any denials. Clear understanding of rules and expectations, as well as fast response to issues, is paramount. Regular and open communication channels should be a health plan goal.
- Regularly give fresh review of communication in provider newsletters or online sites to assure all information, tools, and resources are consistent, mutually reinforcing, up to date and clear. When any information is updated, make a concerted effort, through multiple avenues, to communicate the change to providers.
- Engage any shared platform software partners/vendors used to process claims and/or share medical data to assure the tools are being best utilized and all parties are sufficiently educated on using the platforms.

"Instead of making work easier for physician, electronic health records are contributing to their burnout."

- Seema Verma, CMS Administrator

- Explore and assess any potential weaknesses demonstrated by call center support, particularly related to education and training. This is often a lower cost area to improve – assuring call center staff is easy to reach, has correct information at their fingertips, and has a helpful attitude.



Commentary and Advice for Improving Provider Satisfaction

Start with key drivers; seek additional insight if needed.

- The key driver elements noted as “Opportunities” on page 8 are areas/issues that are deemed important to providers but where the plan performance is relatively poor. Improving these critical areas will result in greater provider satisfaction, higher satisfaction scores, and can even improve member satisfaction.
- Of course, tactical decisions to make process changes must rely on cost/value analysis. Sometimes one or two simpler, easy steps, i.e., “quick wins” that are relatively low in capital expenditure, can be identified to be the first step forward in improvement efforts. Larger needs, such as technology changes may require longer lead time. But all changes should be paired with timely and open communication.
- Below are initial considerations for each survey topic area.

Finance Issues

- Disputes about claim accuracy can start lengthy and painful engagement between providers and the plan. Assuring a clear explanation for why a claim is disputed will provide clarity and allow the provider to comment most efficiently. Systematic issues should be assessed for opportunities to streamline, simplify and/or revise policies or procedures.

Utilization and Quality Management

- This is one of the more common areas of provider dissatisfaction. Assure UM Staff are knowledgeable. This allows faster resolution to issues. Again, clearly communicate review criteria and rationale for adverse determinations. As above, systematic issues should be assessed for opportunities to streamline, simplify and/or revise policies or procedures.

Network/Coordination of Care

- This is one of the less common areas of provider dissatisfaction across all plans, but if this is an Opportunity for your plan, assess the network vis-a-vis provider expectations to uncover specific action items. However, recognize that this domain may also offer an opportunity to build collaboration and a stronger mutual focus on strengthening and improving the overall quality of care.



Start with key drivers; seek additional Insight if needed, cont.

Pharmacy

- Assuring clarity of understanding of – and quick and easy access to – formulary and general prescribing rules is critical. This allows providers to make prescription recommendations in line with the plan's guidelines, rather than being surprised that their prescriptions may not be readily accepted. A prompt and responsive medically-based exception system is essential.

Call Center Service Staff

- Strong, consistent, knowledgeable customer services is difficult to deliver in almost every industry, but those plans that can do so consistently can distinguish themselves above the competition. This business area tends to be more easily addressable related to provider engagement, as it is often totally under the control of the plan. Listen closely, then systematically review and address reoccurring issues.

Provider Relations

- Provider Relations staff must be able to address any provider concern and act as the escalation point of inquires or issues. The representatives' level of knowledge about all business functions must be high so that issues can be addressed quickly – ideally with one-call resolution – or with self-help alternatives via the online tools. Consider user-interface testing of the online tools to assure they are intuitive and easy to use.
- Overall, carefully review these survey results with several members of your Provider Relations team, interpreting concerns or weaknesses in terms of operational or tactical improvements in procedures, processes and/or policies, and grounding your action plans with operational insight and applications.



Strong Provider Relations helps assure favorable members' experience of care.

- Or said in reverse: Provider abrasion leads to lower member satisfaction. The provider-patient relationship remains the predominant linkage in the triad of health plan – provider – patient.
- While health plans have made great strides in viewing and treating members more personally and directly, the loyalty and emotional connection consumers have with their doctor nearly always exceeds any loyalty and connection they feel to their health plan. Given that, health plans must assure to mitigate stress and difficulties that providers may face when engaging with the plan, as that negativity may translate to verbalized frustration to the consumer/patient.
- Further, every aspect that a plan can take to support and strengthen, or complement, the provider-patient relationship – upon both parties, sometimes simultaneously – can strengthen all aspects of this vital collaborative triad.

Appendix E: Technical notes

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- **Statistical significance.**

A statistically significant hypothesis testing result means that, based on the sample(s), conditions/assumptions, and level of significance, there is sufficient evidence to conclude the alternate hypothesis. For example, when testing to see if there is a difference between last year's population T2B score and this year's population T2B score, statistical significance would mean that there is sufficient evidence for the statement that the population T2B scores are different.

- **t-test.**

To test for true differences in population score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between a population and a set constant (e.g., a T2B or T3B score versus a benchmark) or between different populations (e.g., a T2B or T3B score for this year versus a T2B or T3B score for last year). The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance. The test statistic used depends on which of these types of hypothesis tests are performed.

When checking for a statistically significant difference between a T2B or T3B score for a population and a set constant score, with various conditions/assumptions, SPH uses the statistical test that follows:

$$t = \frac{p_1 - p_2}{\sqrt{\frac{p_1 q_1}{n_1} + \frac{p_2 q_2}{n_2}}}$$

Where:

p = the T2B or Yes score from the sample

$q = 1 - p$

n = sample size