



133-Provider Satisfaction Survey Report (2017)

AmeriHealth Caritas Louisiana systemically monitors its practitioners' satisfaction on an annual basis in order to assess the strength of its relationship with contracting practitioners, identify opportunities for improvement and compare its performance with other Medicaid plans.

Highlights of this report include:

- More than eight in ten providers are satisfied with ACLA (83% Excellent/Very Good/Good), on par with 2016 (82%) and slightly higher compared to all other Medicaid plans (78%). In addition, the proportion rating their satisfaction as "Excellent" (22%) is directionally higher compared to 2016 (15%) and the rating for all other Medicaid plans (9%).
- Nearly nine in ten (87%) providers would recommend ACLA to other practices/providers, and more than eight in ten (85%) providers would recommend ACLA to other patients.
- Eight-six percent (86%) of providers agree ACLA takes physician/provider input and recommendations seriously.
- ACLA is rated slightly higher than all other Medicaid plans on all composite measures with the rating of "Excellent" being about 8 percentage points higher on average.
- Case Management and Care Coordination (85% Excellent/Very Good/Good), Special Services (84% Excellent/Very Good/Good), and Provider Services Staff (83% Excellent/Very Good/Good) earn the highest composite ratings.
- Pharmacy Services is the lowest rated composite area (66% Excellent/Very Good/Good).
 - Nearly two thirds (65%) of providers surveyed say there is an adequate number of specialists in the network.
 - Eighty-eight percent (88%) of providers are aware of the services available through NaviNet. Most providers utilize the "Member benefits/eligibility verification" service (86%) followed by "Claims Status" (72%). The most commonly cited barrier preventing providers from using NaviNet services is "Don't have time" (33%) followed closely by "Prefer to call/fax" (30%).
- More than half (55%) of providers use an "in person" interpreter service for their non-English speaking patients, while (39%) use a "telephonic" service. Fewer than half (41%) of providers are aware that ACLA offers a language assistance/telephone interpreter services. One in ten (10%) providers who are aware of the services say they have actually used them (or 4% of all providers).
- When asked about the usefulness of the Office Manager training sessions, 76% indicate they find the sessions to be "useful." More than eight in ten or 83% say they feel webinars with the same type of information also would be useful.



Areas of Focus include:

1. Within the Utilization and Quality Management composite, the key elements needing to be addressed include “Timeliness of UM appeals process,” “Consistency of review decisions” and “Timeliness of UM’s pre-certification process.”
2. Within Claims Processing/Reimbursement Process, two “Call to action” key drivers were identified: “Resolution of claims payment problems/disputes” and “Accuracy of claims processing.”
3. Within the Provider Services Staff composite, changes made within “Knowledge, accuracy, timeliness, and helpfulness of telephone inquiry responses” could positively impact overall satisfaction, as this is identified as a key element needing to be addressed.
4. Within Provider Relations/Network Management, improvement is needed in “Relevance of provider education meetings/in-services”.
5. Areas in Pharmacy that have opportunities for improvement include:
 - Variety of drugs available on formulary
 - Clarity of pharmaceutical management procedures.
 - Ease of obtaining prior authorization for non-formulary drugs
6. Credentialing and Re-credentialing
 - a. Timeliness of the credentialing and/or re-credentialing process is an additional key driver impacting overall satisfaction with the highest opportunity to affect provider satisfaction.



2017 Practitioner Satisfaction Survey

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Overview

Focus

AmeriHealth Caritas Louisiana (ACLAL) conducts and analyzes a provider survey each year to assess the strength of their relationship with contracting providers, identify opportunities for improvement, and compare their performance with other Medicaid plans.

Goal

To maintain or improve overall provider satisfaction with the plan.

Annual Results

MORPACE, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct the 2017 Provider Satisfaction Survey. The information obtained allows the plan to measure how it is meeting provider expectations and needs. The report summarizes the results and provided data in order to assess the plan's strength of relationships with contracted providers, identify opportunities for improvement and compare performance with other Medicaid plans.

In the survey, respondents were asked to rate AmeriHealth Caritas Louisiana and all other Medicaid Health Plans (HPs) in the state in which the provider participates.

Methodology

MORPACE utilized a two-wave mail methodology with follow-up for the 2017 survey. Both mailings included a four-page survey accompanied by a one-page cover letter and a business reply envelope. The cover letter included an Internet website to allow providers to complete the survey online. Non-responders to both mail and Internet were dialed by phone. This methodology was more extensive than previous surveys as ACLAL was attempting to have more provider participation.

The mail survey was distributed to a sample of 1,875 providers. From this sample, 321 surveys were completed yielding a return rate of 19%. The total mailed surveys completed was 126, of the Internet Surveys completed there were 38 and 157 providers completed the phone surveys.

Figure 1 provides survey completion rates by practitioner type comparing 2017 rates to 2014 through 2016. Office managers consistently completed the survey more frequently and there was a significant increase of Practitioner participation in 2017 at a rate of 17% compared to 9% in 2016.



Completion Rates (Figure 1)

	2014 n=254	2015 n=262	2016 n=353	2017 n=303
Office Manager	69%	69%	57.2%	57%
Receptionist	17%	16%	11.0%	5%
Practitioner	7%	8%	9.1%	17%
Nurse	7%	6%	6.2%	5%
Other	0%	0%	16.4%	17%

There were 65% Specialists who participated compared to 35% Primary Care. The majority of the practices were solo practitioners who participated at 58%; 28% comprised of practices with 2-5 physicians and 14% of the providers comprised of more than 5 physicians.

Overall Results

The individual questions were pooled into categories specific to various areas within the organization in order to create composite scores. Each composite category represents an overall aspect of plan quality and was comprised of questions impacting that specific area of focus. The Plan's Practitioner Satisfaction Survey includes the following composite categories:

- Overall Satisfaction and Loyalty
- Provider Relations/Network Management
- Provider Services Staff
- Claims Processing/Reimbursement Process
- Utilization and Quality Management
- Case Management and Care Coordination
- Behavioral Health Care Services
- Pharmacy Services
- Cultural Competency
- Special Services
- Additional Topics added in 2017 included language assistance/telephone interpreter services, cultural competency information provided in provider manual and trainings, and ability to provide services to children with special healthcare needs, coordinate mental health, substance use and rehab services



Performance Among Composite Categories (Figure 2)

Composite Summary (% Positive Rating)				
	2017		2016	
	ACLA	All Others	ACLA	All Others
Provider Relations/Network Management	78%	76%	81%	78%
Provider Services Staff	83%	81%	78%	73%
Claims Reimbursement Process	81%	79%	80%	77%
Utilization and Quality Management	80%	77%	76%	73%
Case Management and Care Coordination	85%	81%	NA	NA
Behavioral Health Care Services	79%	NA	NA	NA
Pharmacy Services	66%	62% ↑	72%	19%
Cultural Competency	76%	NA	81%	79%
Special Services	84%	NA	NA	NA

○ / □ = "Plan" results significantly higher/lower than "All Others" results
 ↑ / ↓ = 2017 results significantly higher/lower than 2016 results

Loyalty Analysis

When comparing scores for ACLA to all other Medicaid Health Plans in Louisiana the following conclusions may be made:

- More than eight in ten providers are satisfied with ACLA, on par with the 2016 rating and slightly higher than the rating given for all other Medicaid plans.

Overall Loyalty Satisfaction (Figure 3)



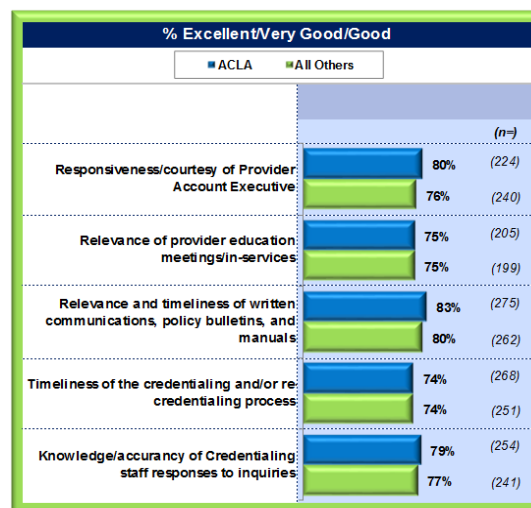


- More than 8 in 10 indicate they would recommend ACLA to other physician/providers and would also recommend ACLA to patients.
- Similarly 86% say AmeriHealth Caritas Louisiana takes physician/provider input and recommendations seriously.
- More than seven in ten providers fall into the “Loyal” category. Two in ten providers fall in the “Defection” category.

Provider Relations/Network Management

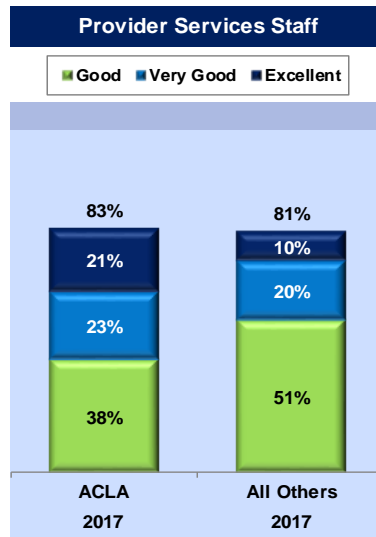
ACLA’s Provider Relations/Network Management shows a nearly eight in ten providers give a favorable rating for Provider Relations/Network Management, with the “Excellent” rating being directionally higher than the rating for “All Others.” ACLA had a 22% rating for “Excellent” as compared to 12% for other Louisiana Medicaid Health Plans.

Figure 4 shows how ACLA rates comparably to or slightly higher than “All Others” on all Provider Relations/Network Management measures.





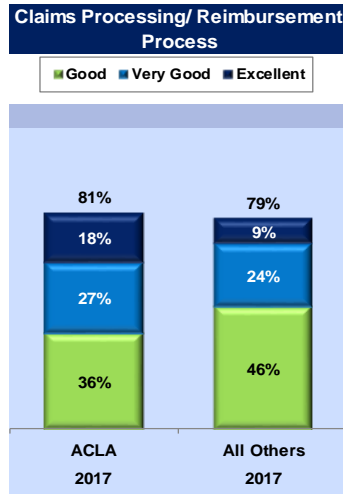
Provider Services Staff (Figure 5)



- More than eight in ten providers give a favorable rating for ACLA’s Provider Services Staff.
- Twice as many providers give an “Excellent” rating for ACLA than for “All Other Medicaid Plans.”
- Among providers, ACLA Provider Services Staff is rated on par with all other Medicaid plans for their knowledge, accuracy, timeliness and helpfulness of telephone inquiry responses.

Claims Processing/Reimbursement Process (Figure 6)

More than eight in ten providers give a favorable rating to Claims Processing/Reimbursement Process, with the “Excellent” rating being directionally higher than the rating for “All Others.”



Among providers, ACA is rated slightly higher than all other Medicaid plans for all three Claims Processing/Reimbursement Process measures.

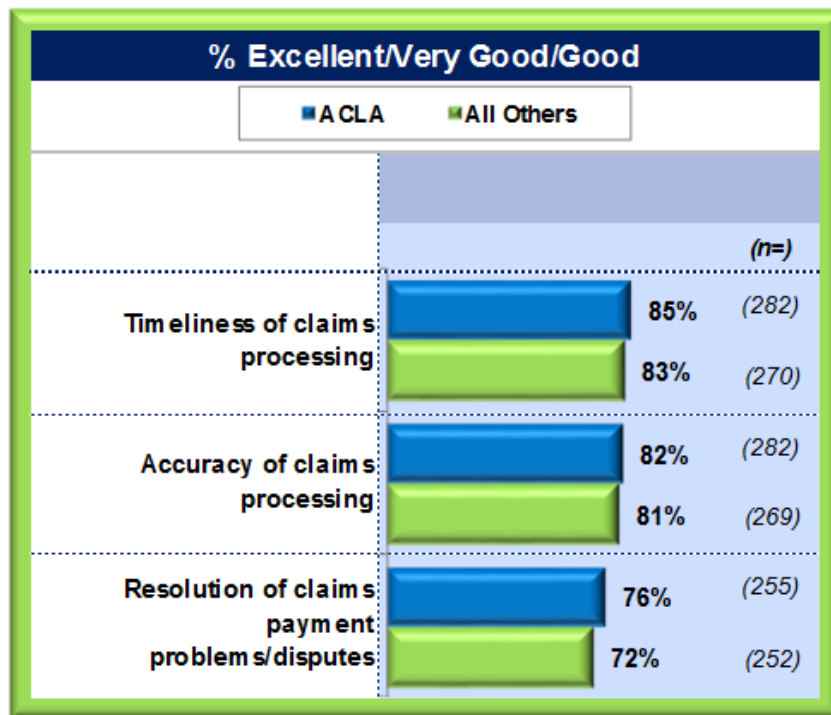
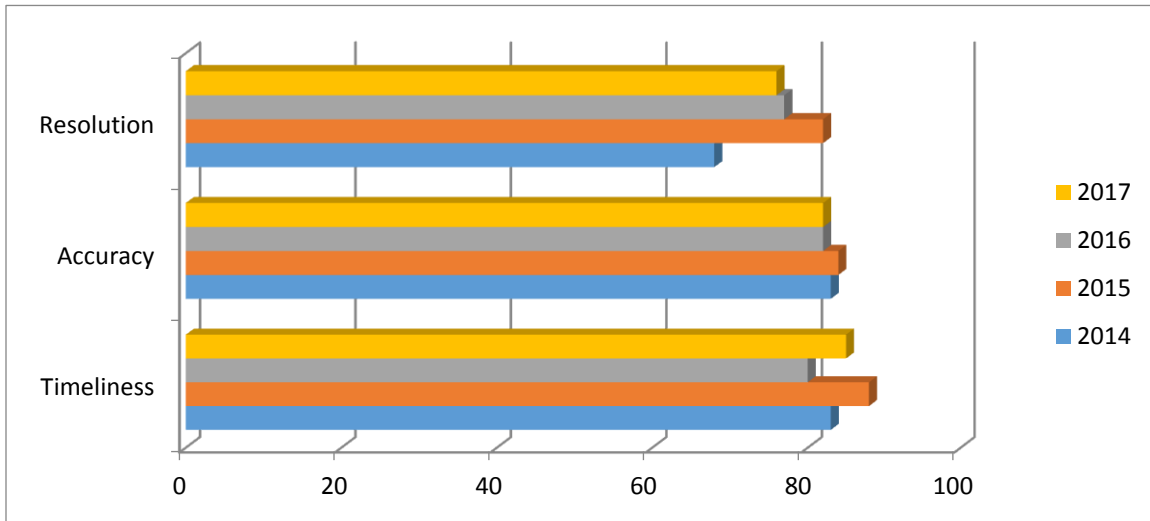




Figure 8 shows the ratings for Claims Processing/Reimbursement Process for the past 4 years. ACLA’s rating increased in all three categories since 2014. ACLA rated similarly for Accuracy in 2016 and higher for Timeliness compared to 2016 but lower compared to 2015 (in all three categories).

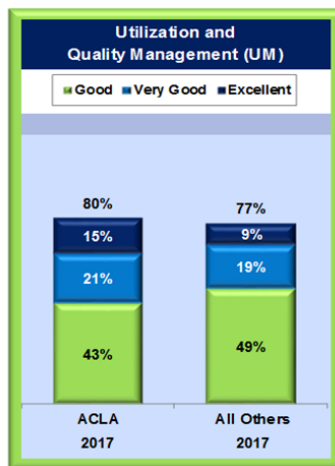
Claims Reimbursement Process (Figure 8)



Utilization and Quality Management

- ✓ Eight in ten providers give a favorable rating to ACLA for Utilization and Quality Management, slightly higher than ratings for “All Others.”
- ✓ The percent “Excellent” is directionally higher for ACLA than “All Other Medicaid Plans.”

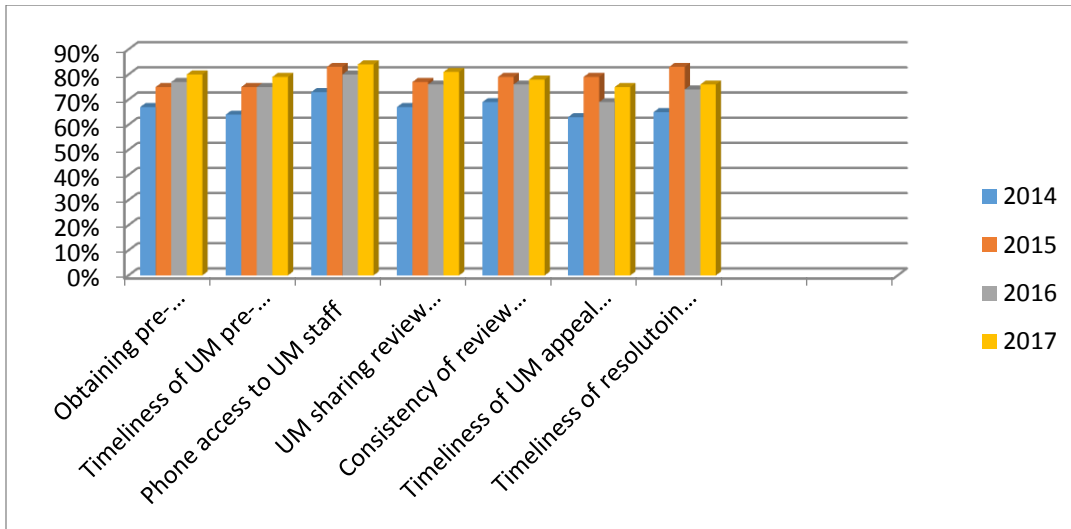
Figure 9



Utilization Management and Quality Management (UM) scores for the past 4 years are indicated in the chart below.



Utilization Management Year Comparison (Figure 10)

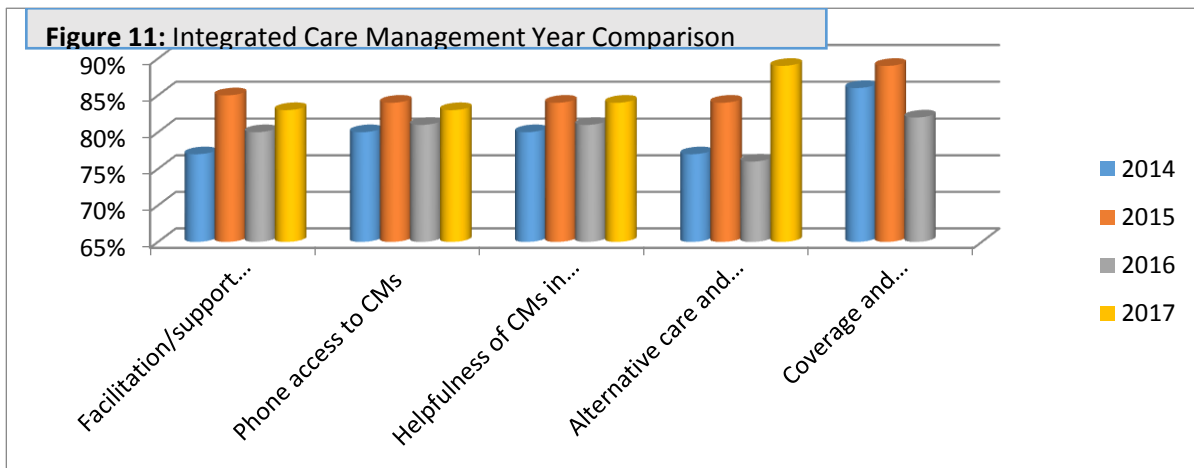


When all attributes are considered, ACLA’s scores for Utilization and Quality Management have significantly climbed from 69% in 2014 to 80% in 2017.

Case Management and Care Coordination

More than eight in ten providers give a favorable rating to Case Management for ACLA, with the “Excellent” and “Very Good” rating being directionally higher than the rating for “All Others.” ACLA scored 20% “Excellent” in 2017 as compared to all others at 12%. When comparing the ACLA scores since 2014, Case Management and Care Coordination scores have increased as indicated in **Figure 11**.

The 2017 survey renamed “Facilitation/support of appropriate clinical care” to “Helpfulness of Case/Care Managers in coordinating care.”





Special Services

This was a new composite category for the 2017 survey. More than eight in ten providers give a favorable rating to Special Services provided by ACLA, with nearly one-quarter of providers giving an “Excellent” rating. Nine in ten providers give a positive rating on ACLA’s “ability to provide services to children with special healthcare needs.”

ACLA’s performance on other services (mental health, substance use, rehabilitation) garner positive scores ranging from 80%-84%.

Figures 13 and 14



Network of Specialists

This was an additional composite category for 2017. Two in three providers or 65% (n=275) indicate the specialist network has an adequate number of specialists to whom they can refer their patients.

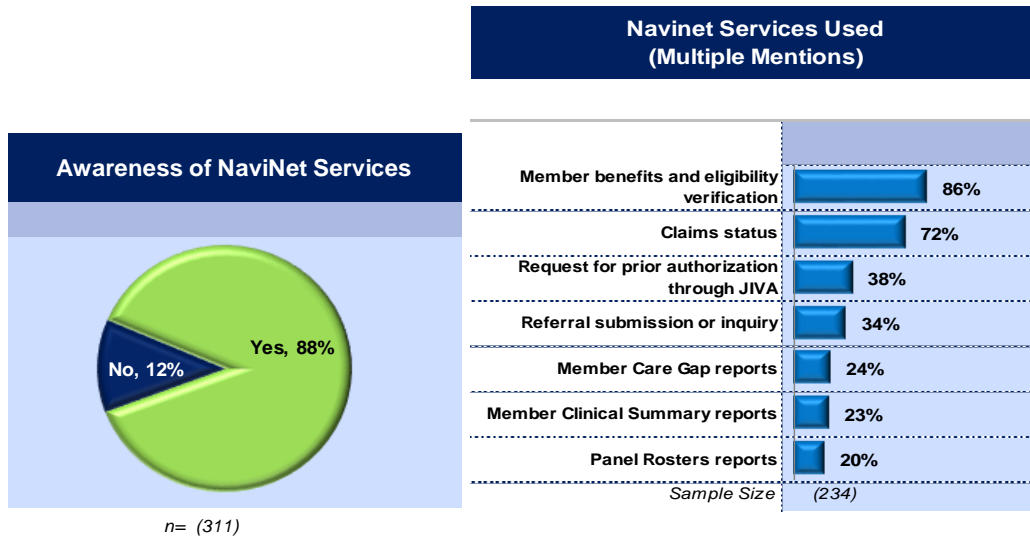
Provider Self-Service

The vast majority of providers are aware of the services available through NaviNet.

Most providers say they have used the “Member benefits/eligibility verification” service, followed by “Claims status.”



Figures 15 and 16



The greatest barrier to using the services available through NaviNet is that the providers “Don’t have time” followed closely by “Prefer to call/fax.” About 15% indicate they need additional training. Nearly 10% indicate they do not know how to use all of the services and have limited NaviNet capabilities. About 9% indicate they cannot sign in or do not have a log-in or password.

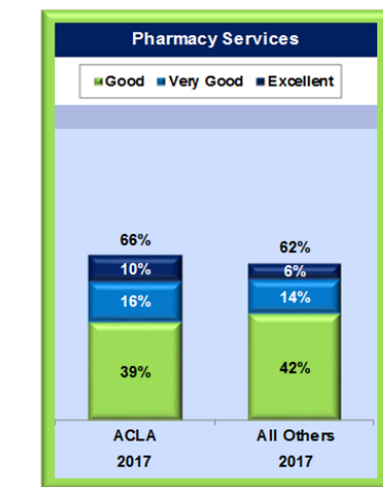
NaviNet Training and JIVA Satisfaction

Among those using JIVA services in the last 12 months, nearly nine in ten providers give a favorable rating to the JIVA process for requesting prior authorization.

Pharmacy Services

The proportion of providers giving a favorable rating for ACLA’s Pharmacy Services is the lowest across all composite measures. Nevertheless, the ACLA rating is directionally higher than the rating for “All Others.”

Figure 17

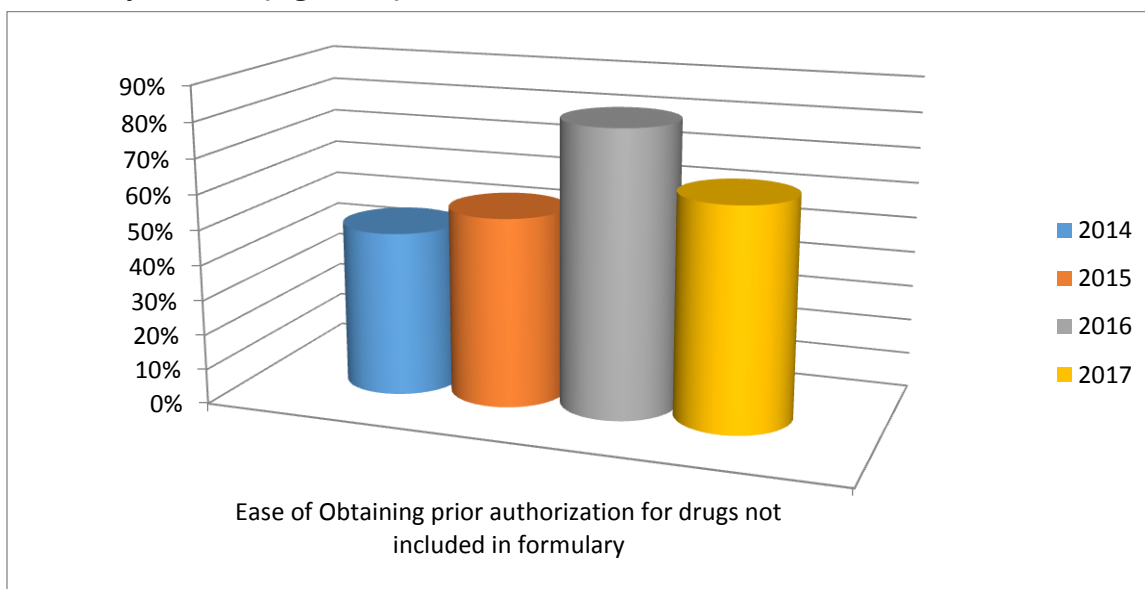




Provider ratings for Pharmacy Services in the area of “Ease of obtaining prior authorization for non-formulary drugs” dropped from 81% in 2016 to 63% in 2017. This may be due to ACLA utilizing a different vendor for this survey in 2016 which may have skewed the raw data in this area.

In 2017, Three in ten providers have used the pharmacy online prior authorization form. The most common reason for not using the authorization form is that providers say they are not aware that the form exists.

Pharmacy Services (Figure 18)



Cultural Competency

Three in four providers (76%) give a favorable rating to Cultural Competency for ACLA, with nearly half giving a “Very Satisfied” rating. Among providers, ACLA is rated on par with on all other Medicaid plans for the two Cultural Competency measures (“The telephonic interpreter services available” at 86% and “the Cultural Competency training materials and sessions offered” at 69%). Nearly 72% scored ACLA favorable for “Information received in the provider manual for Cultural Competency” with an “NA” for all others.

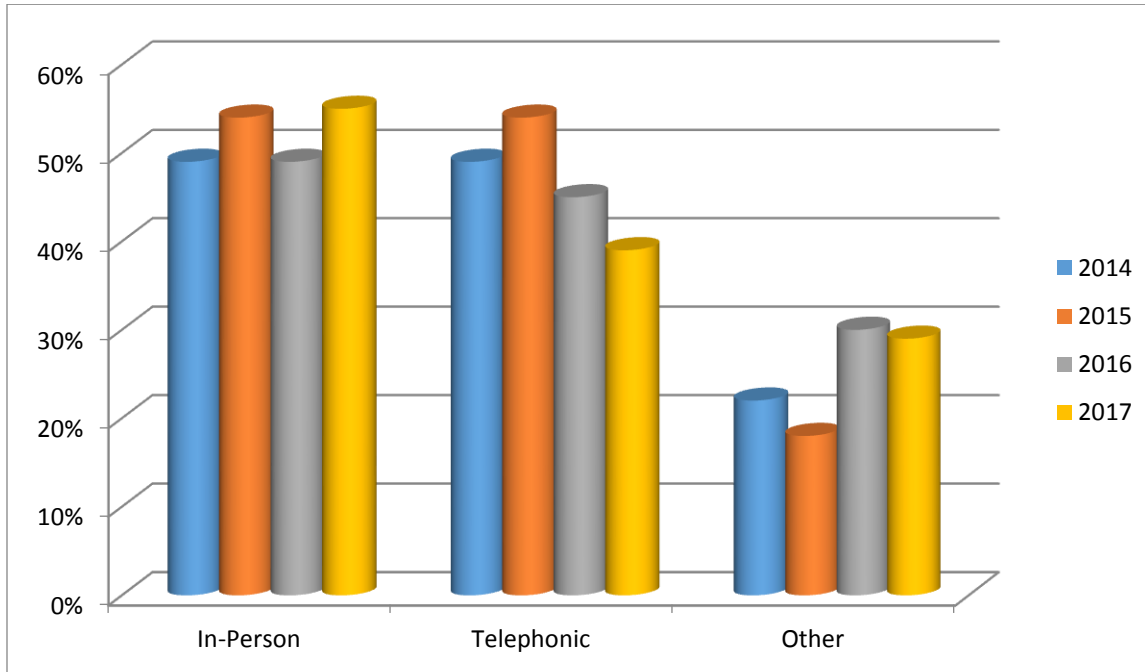
Linguistic Assistance

In-person interpreter services are preferred by providers over telephonic services by a wide margin. About 55% of the providers prefer In-Person services compared to those who prefer telephonic services at 39%. Fewer than half of providers surveyed are aware of the language assistance/telephone interpreter services offered by ACLA. Of those providers who are aware



of the language assistance/telephone interpreter services offered by ACLA, one in ten providers have used the services.

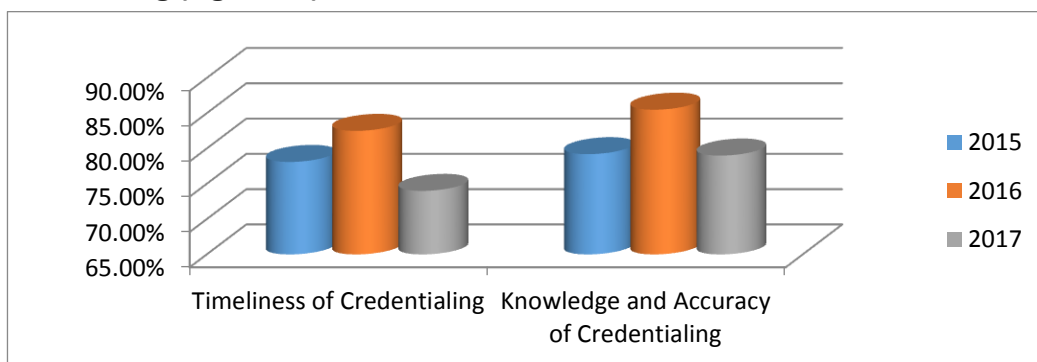
Interpreter Services Used Year Comparison (Figure 19)



Provider Training Formats

About three in four (76%) of the providers find on-site educational training opportunities useful. More than four in five providers or 83% would find educational training webinars useful.

Credentialing (Figure 20)



Although ACLA's score dropped in this area, ACLA is par with all other Louisiana Medicaid Health Plans. Regarding timeliness, ACLA and other plans rated 74% and for Knowledge/accuracy ACLA earned 79% whereas other Health Plans earned 77%.



2018 Future Opportunities

2017 Interventions

During 2016, ACLA initiated regular regional provider trainings focused on claims processes, quality, case management and other areas of interest. Provider Account Executives (AE) met with large provider groups to identify and address individual practice issues. AE's were allocated to allow coverage throughout the state including smaller geographic areas. Clinical Liaisons continued to operate with the Provider Network Management Team to collaborate with providers and capitalize on merging relationships between ACLA departments (i.e. Utilization Management, Care Management, Claims, etc.) and ACLA's Network Providers. ACLA published multiple communications to assure all providers were informed of changes and updates. ACLA increased interdepartmental trainings regarding workflows and updates.

Based on the 2017 survey results, the following are identified opportunities to foster ongoing improvement in provider satisfaction:

2018 Opportunities

Based on the 2017 survey results, the following are identified opportunities to foster ongoing improvement in provider satisfaction:

II. The following components are recognized as having high to moderate room for improvement:

A. Utilization and Quality Management

- Timeliness of UM appeals process
- UM staff sharing review criteria/reasons for adverse determinations
- Consistency of review decisions
- Timeliness of resolution requiring Medical Director intervention
- Timeliness of UM's pre-certification process

B. Claims Processing/Reimbursement Process

- Resolution of claims payment problems/disputes
- Accuracy of claims processing

C. Provider Services Staff

- Knowledge, accuracy, timeliness and helpfulness of phone inquiry responses
- Relevance of provider education meetings/in-services

D. Pharmacy

- a. Variety of drugs available on formulary



- b. Clarity of pharmaceutical management procedures.
- c. Ease of obtaining prior authorization for non-formulary drugs

E. Credentialing and Re-credentialing

- a. Timeliness of the credentialing and/or re-credentialing process is an additional key driver impacting overall satisfaction with the highest opportunity to affect provider satisfaction.

Action Plan:

1. Within the Utilization and Quality Management composite, the “Call to action” key drivers include “Timeliness of UM appeals process,” “Consistency of review decisions” and “Timeliness of UM’s pre-certification process.”
 - To address timeliness, determine if factors such as number of open positions or number of new hires could be contributing to staff effectiveness.
 - Interview providers and staff to inquire about difficulties obtaining pre-certification or appeals information and the timeliness of certification and review processes.
 - Are there particular cases that providers often inquire about without adequate response?
 - Are there obstacles with getting access to the desired information?
 - Are staffing needs met in order to keep workloads manageable?
 - Determine whether there are inconsistencies in the Quality Management review decisions and, if so, the reason for these inconsistencies. Identify policies and procedures to address any issues that are uncovered.
2. Within Claims Processing/Reimbursement Process, two “Call to action” key drivers were identified: “Resolution of claims payment problems/disputes” and “Accuracy of claims processing.”
 - Monitor recent claims to determine if they have been handled according to correct procedures. If there are discrepancies or process flow issues, develop training materials related to the most common issues to use in staff training.
 - If provider perception of the outcome is the issue, consider additional communications following the claim dispute to help providers understand the outcome. Following each claim dispute process, administer a short satisfaction survey with the provider to identify any issues that still require follow-up.
 - Determine if any other factors are contributing to staff effectiveness such as number of open positions, number of new hires, etc.
 - Continue provider trainings on proper claim filing and dispute processes. Account Executives will continue to provide hands-on claims research to potentially expedite resolution.



- Restructure Provider Network Operations team to increase claims subject matter experts in the field with AEs and to provide more direct assistance with providers related to claims.
 - Provide trainings on NaviNet to increase provider usage of the portal/Provider Demographic Information form to address directory accuracy affecting claims.
3. Within the Provider Services Staff composite, changes made within “Knowledge, accuracy, timeliness, and helpfulness of telephone inquiry responses” could positively impact overall satisfaction, as this is identified as a key driver classified as “Call to action.”
 - Monitor the phone center staff responses to inquiries and timeliness of resolving claims to assess areas for needed process improvement.
 - Continue quarterly trainings of the Provider Services Staff related to updates in Louisiana.
 4. Within Provider Relations/Network Management, improvement is needed in “Relevance of provider education meetings/in-services” as identified in key driver analysis and being listed as a “Call to action” area.
 - Review the content and presentation materials delivered in meetings, Regional Provider Trainings, etc. to determine if the audience would find it useful.
 - Seek feedback in the way of focus groups or as a separate independent study to understand what is considered “relevant” to them.
 5. Regarding Pharmacy:
 - Provide provider communications via fax, provider newsletter and information on the website to increase clarity of pharmaceutical management procedures.
 - Increase communications on how to obtain prior authorization for non-formulary drugs.
 6. Credentialing:
 - Review current workflow for credentialing and re-credentialing and identify any areas of need for improvement.
 - Review reasons for failure to comply with timelines and develop strategies to improve.
 - Send notices to providers of the importance to submit any changes to phone numbers or email addresses to ACLA in order to maintain accurate demographic information.
 - Remind providers that credentialing packets cannot be processed unless they are submitted to ACLA as thorough and complete packets.