

Amerigroup Louisiana Provider Satisfaction 2017 Results

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Looking Beyond the Expected

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Background. Anthem, Inc. contracted with DSS Research to conduct provider satisfaction surveys for its affiliate health plan, Amerigroup. This research can be used to provide rational direction for efforts to strengthen provider relationships.

Objectives. This research is designed to:

- Gauge satisfaction with Amerigroup overall and in the following areas:
 - Provider enrollment process and complaint systems.
 - Claims processing and provider reimbursement.
 - Utilization Management.
 - Quality Management.
 - Disease Management (DM).
 - Cultural competency and language assistance services.
 - Local health plan provider services.
 - Communication and technology.
 - Continuity and coordination of care.
- Compare current results to those previously recorded.

Questionnaire. Anthem, Inc. developed the survey instrument. The survey was designed for mail, telephone and Internet administration.

Data collection. Data collection information is detailed in the table below.

Data collection details	
Initial mailing	August 10, 2017
Follow-up mailing	August 31, 2017
Began follow-up phone calls to non-responders	September 21, 2017
Last day to accept completed surveys	October 12, 2017

Sample design.

- **Qualified respondents.** The population surveyed includes providers affiliated or contracted with Amerigroup.
- **Sample source.** Anthem, Inc. supplied the sample, including names and contact information for providers.
- **Sample size and response rate.**

Sample size	Total undeliverable records	Undeliverable conversions to complete	Completes	Response rate	Adjusted response rate
1,000	51	7	272	27.2%	28.7%

Data processing and tabulation. DSS processed all completed surveys and produced detailed tables that summarize the results.

Advanced analytics. Details regarding the SatisAction™ key driver statistical model are provided in the appendix.

Percentages lower than 5.0% are not labeled in charts or graphs where space does not permit.

Most Louisiana providers are satisfied overall.

- 84% are very or somewhat satisfied with Amerigroup overall.
- The overall satisfaction composite score is 75%. This is the average of the scores of three high-level satisfaction measures: Amerigroup overall (84%), the provider enrollment process (77%) and the provider complaint systems (64%).

The SatisAction™ key driver analysis (illustrated on page 7) indicates that utilization management, provider services and claims processing are the most important drivers of overall satisfaction. Additionally, communication and coordination of care are helping to drive the overall score.

- Across these areas, ratings are highest for the three claims processing measures:
 - The timeliness and accuracy of claims payments (94% and 92%, respectively).
 - The clarity of the remittance advice (92%).
- Improvements that further increase scores on these measures have the most potential to increase overall satisfaction:
 - Utilization management: The timeliness of response to concerns and obtaining support towards Patient Centered Medical Home implementation (78% and 73%, respectively).
 - Provider services:
 - The information in the provider manual and the quality of educational information (both at 78%).
 - The provider orientation and training process (71%).

Two quality care initiative measures decreased significantly. Lower percentages than in 2016 gave Amerigroup a high rating for the monthly list of members needing services and for the initiative to set aside all or part of the day to see only Amerigroup members (71% vs. 84% and 58% vs. 80%, respectively).

Enrollment and interest in information about most of the Disease Management (DM) programs decreased, some significantly so. Most notably, both enrollment and interest in additional information regarding the obesity and asthma programs decreased significantly.

Communication from providers is less common than in 2016.

- The frequency of communication from most types of providers, facilities and agencies decreased, two significantly so.
- Additionally, a significantly lower percentage of behavioral health providers indicated that they typically initiate contact with a new patient's PCP in order to coordinate care. (However, the 2016 sample size was small and results should be interpreted with caution.) Despite this decrease, most are satisfied with the accuracy, timeliness and sufficiency of information to coordinate behavioral health care.

On average, more than eight in 10 rated Amerigroup as excellent, very good or good compared to other Healthy Louisiana Managed Care Organizations.

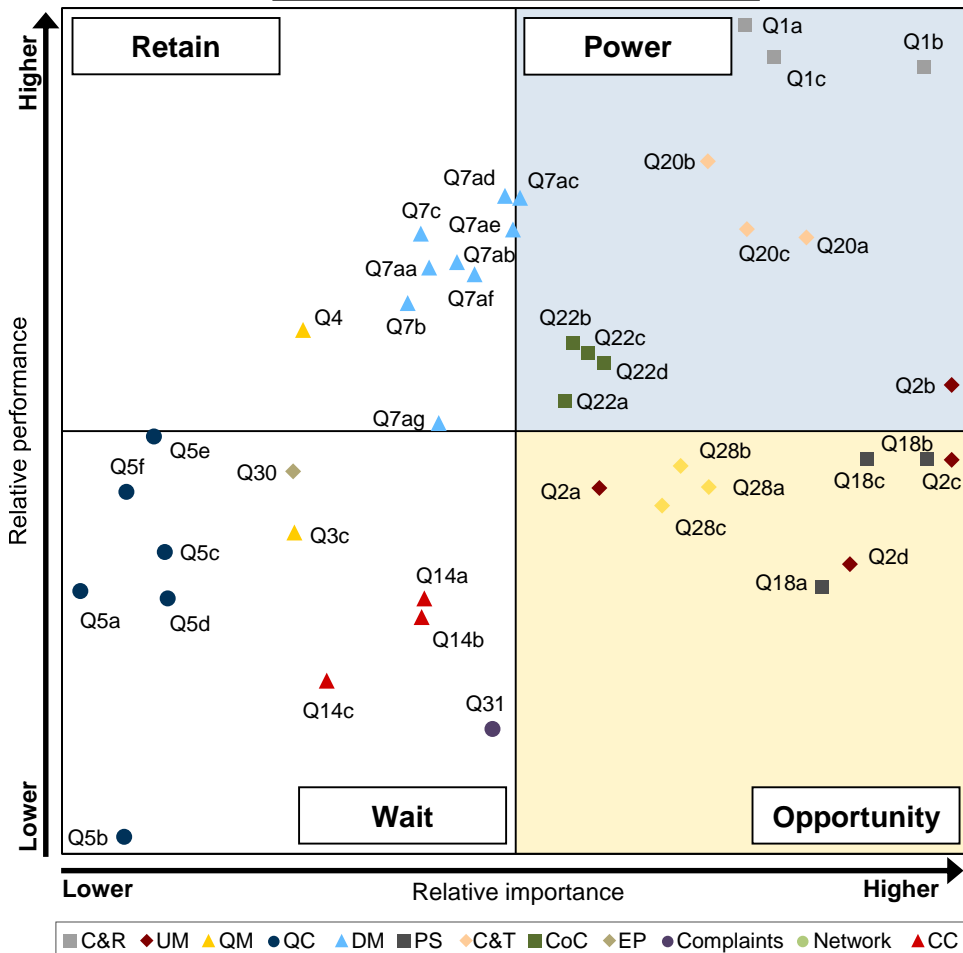
Most are satisfied with the cultural competency information and training they have received. On average, roughly seven in 10 are satisfied with the information, training and accessibility of cultural competency information and one-third have completed some kind of cultural competency training.

The majority are aware that Amerigroup offers language assistance/telephone interpreter services, but few have used this service. Among those who have, all are satisfied with it.

No other measures changed significantly.

POWeR™ Chart for overall satisfaction with Amerigroup

POWeR™ Chart classification matrix

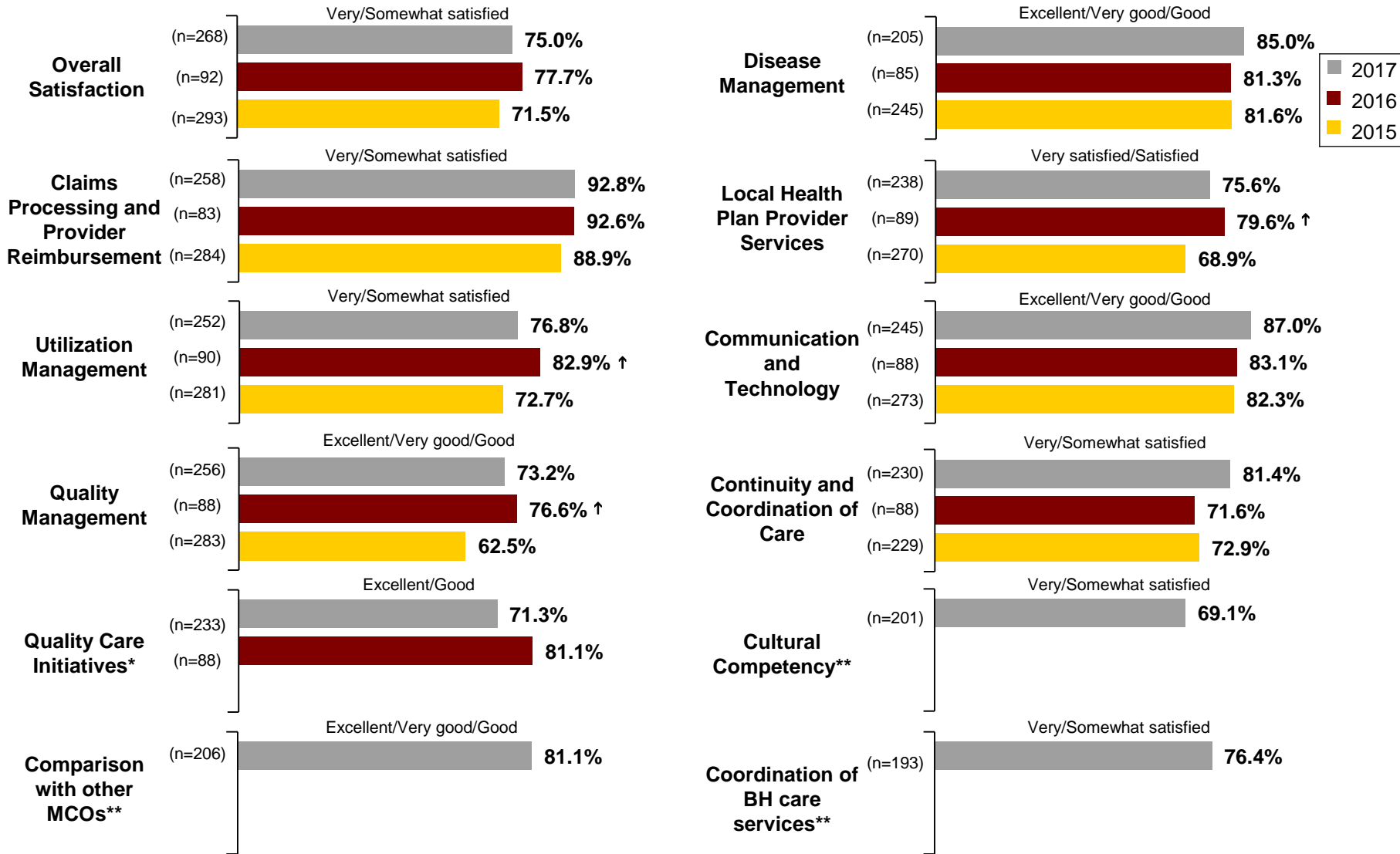


Survey Measure		Score
Power		
Q2b	Efficiency of the UM process overall	80.7%
Q1b	Accuracy of claims payment	92.0%
Q20a	Provider manuals	86.0%*
Q1c	Clarity of the remittance advice	92.3%
Q20c	General provider communications	86.3%*
Q1a	Timeliness of claims payment	94.1%
Q20b	Provider newsletters	88.7%*
Q22d	Sufficiency of information to coordinate care	81.5%
Q22c	Clarity of information exchange	81.9%
Q22b	Accuracy of information exchange	82.2%
Q22a	Timeliness of information exchange	80.2%
Q7ac	Written program materials	87.4%*
Opportunity		
Q2c	Timeliness of response to concerns	77.7%
Q18b	Information in the provider manual	77.7%
Q18c	Quality of educational information	77.7%
Q2d	Obtaining support towards PCMH implementation	72.5%
Q18a	Provider orientation and training process	71.4%
Q28a	Timeliness of coordination of behavioral health care services	76.3%
Q28b	Accuracy of coordination of behavioral health care services	77.4%
Q28c	Sufficiency of information to coordinate care from behavioral health care services	75.4%
Q2a	Obtaining precertification/authorization for members	76.3%

Note: Key drivers in the "Power" quadrant are shaded in blue, while those in the "Opportunity" quadrant are shaded in yellow. See Appendix for full listing of questions in the model.

* Denotes top-three-box scores.

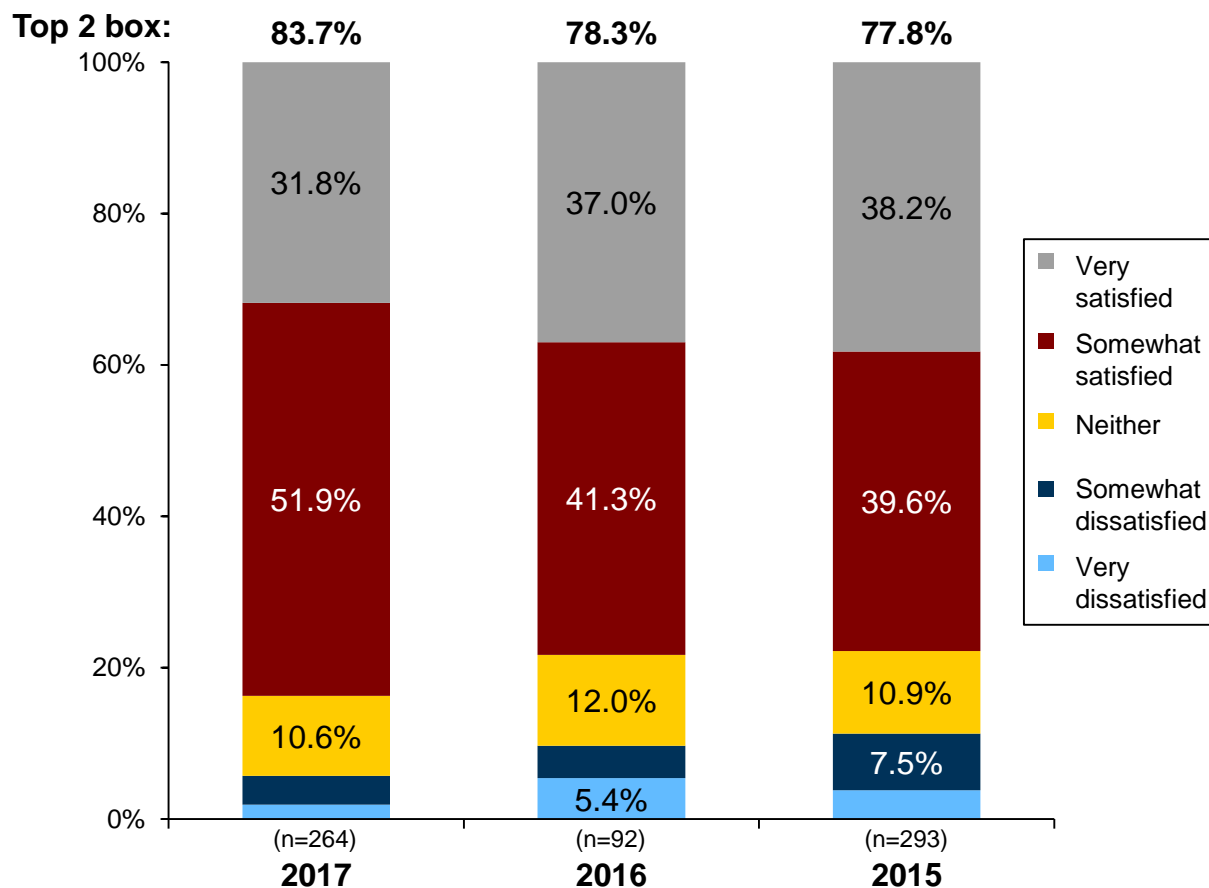
Composite summary



An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new item in 2016. A double asterisk (**) indicates a new item in 2017.

Overall satisfaction with Amerigroup increased slightly among providers in Louisiana.

Overall satisfaction with Amerigroup



Q29. Please rate your overall satisfaction with Amerigroup. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

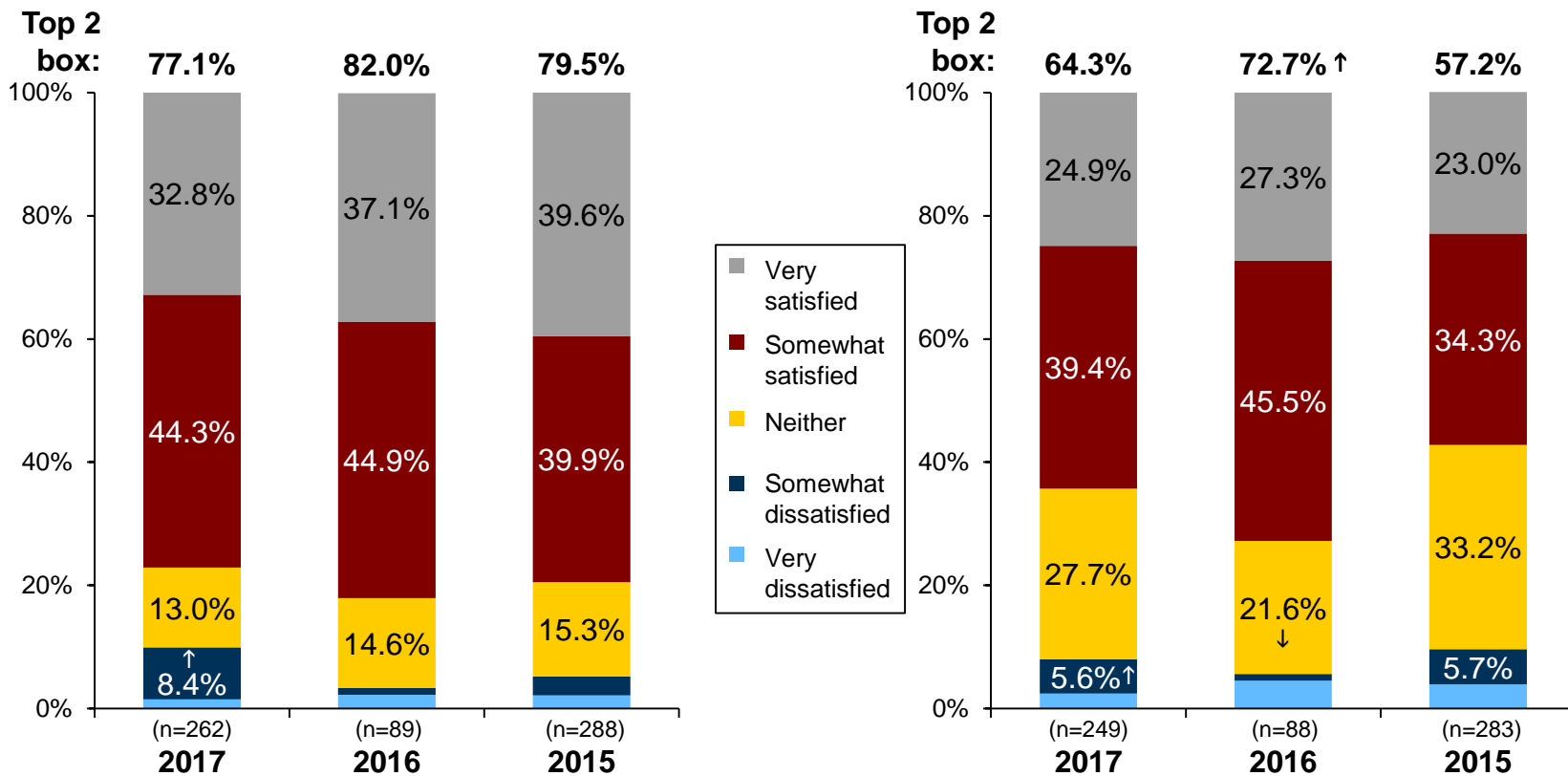
Overall satisfaction

However, satisfaction with the provider enrollment process and with the provider complaint systems decreased slightly.

Satisfaction with other provider services

Provider enrollment process

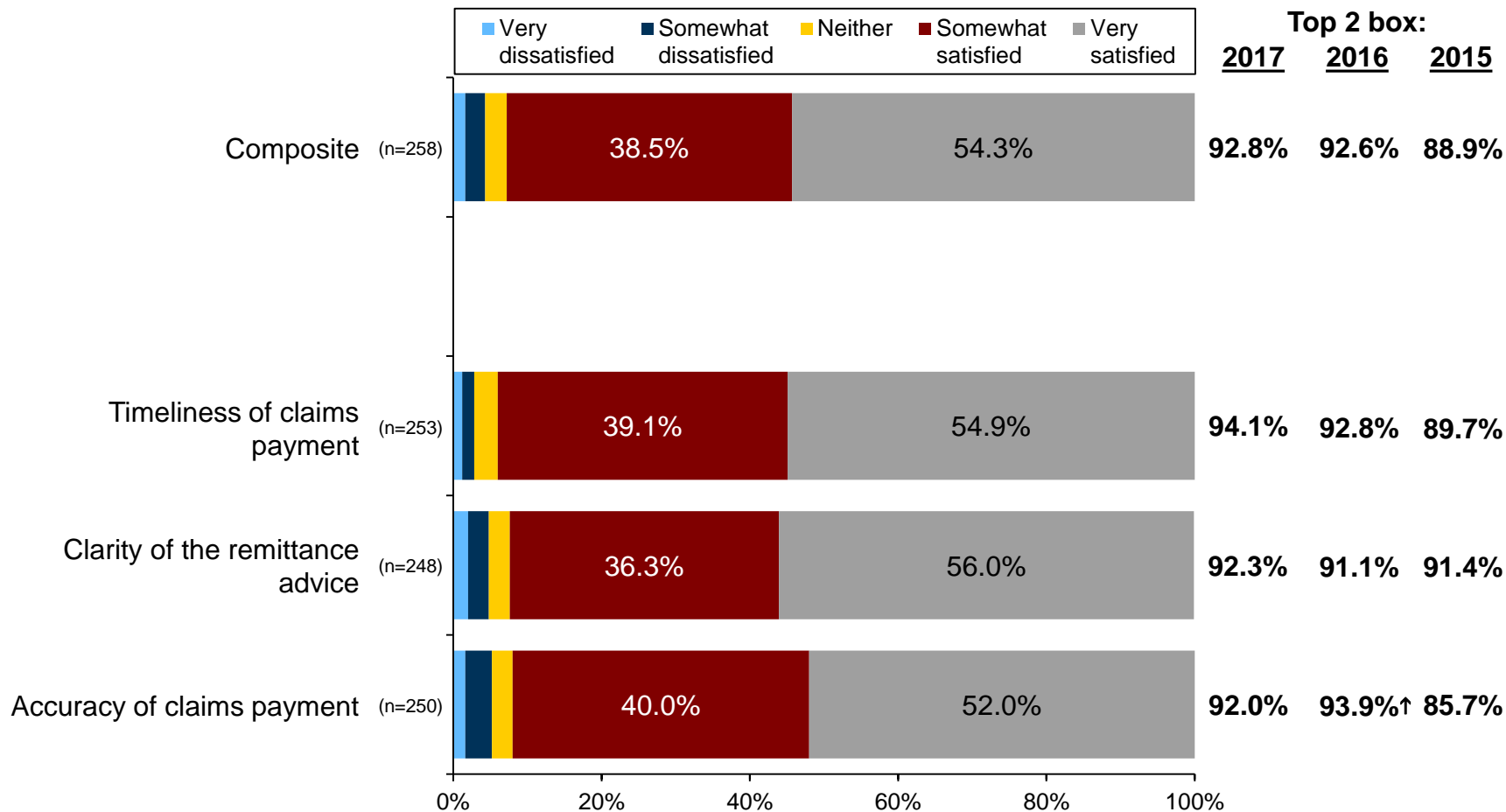
Provider complaint systems



Q30. Please rate your overall satisfaction with the provider enrollment process. Q31. Please rate your overall satisfaction with the provider complaint systems. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

These measures are similar to last year.

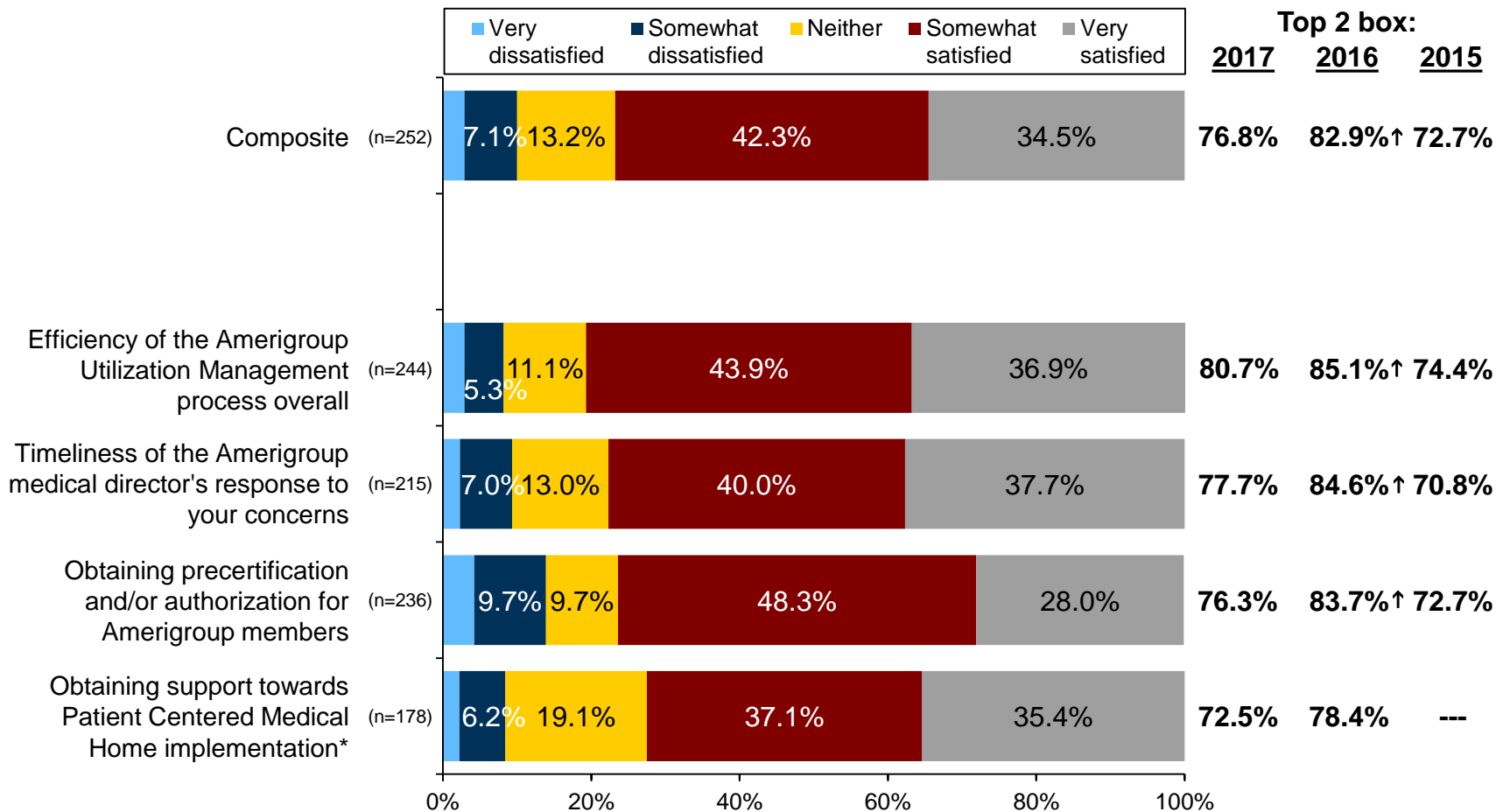
Satisfaction with claims payments and remittance advice



Q1. How satisfied are you with Amerigroup performance in these areas: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Each of these measures decreased slightly, resulting in a slight decrease in the average.

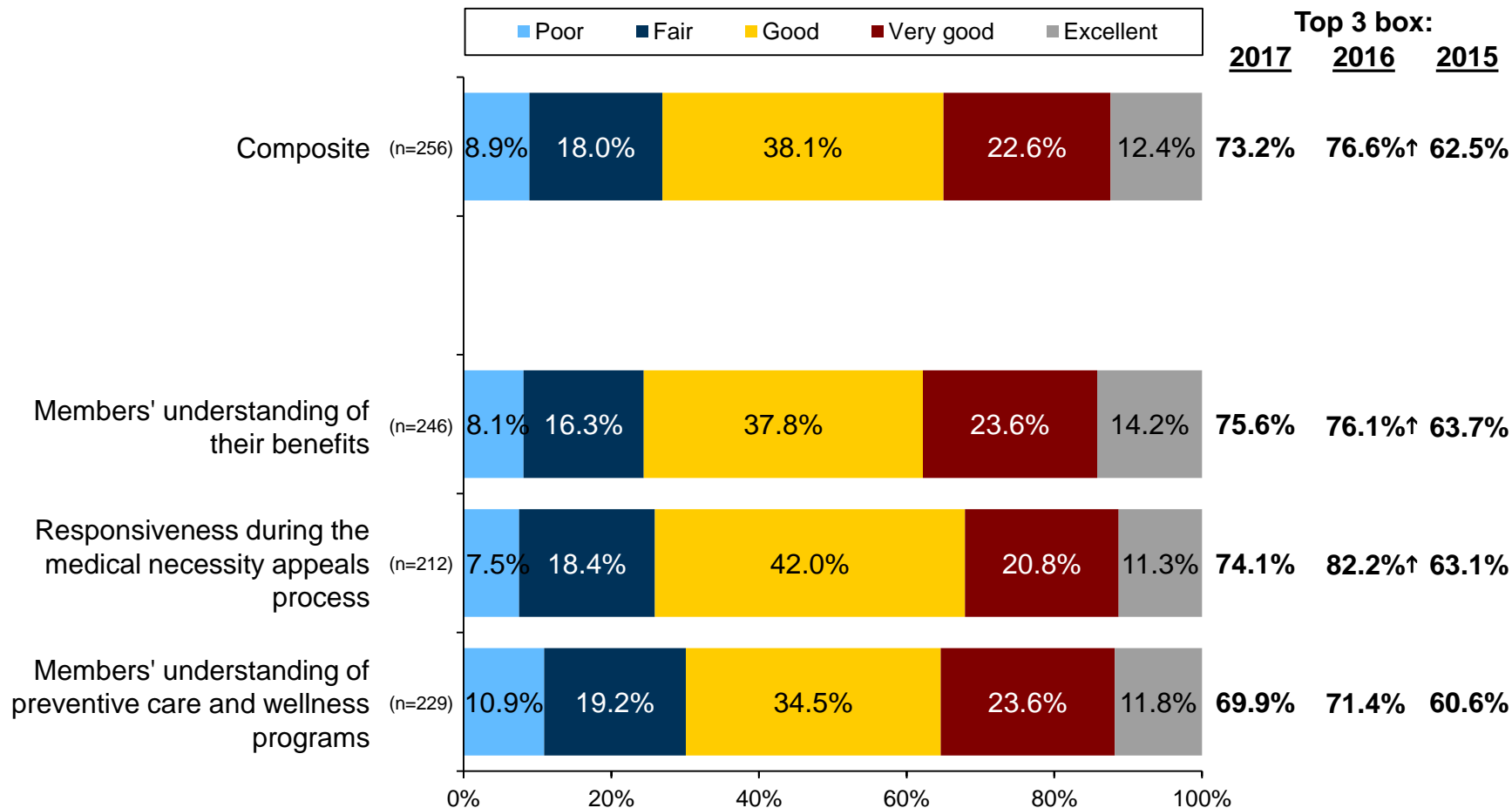
Satisfaction with Utilization Management process



Q2. Please rate your satisfaction with: An asterisk (*) indicates a new item in 2016. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

After spiking last year, the rating of Amerigroup responsiveness during the appeals process decreased slightly, resulting in a slight decrease in the average.

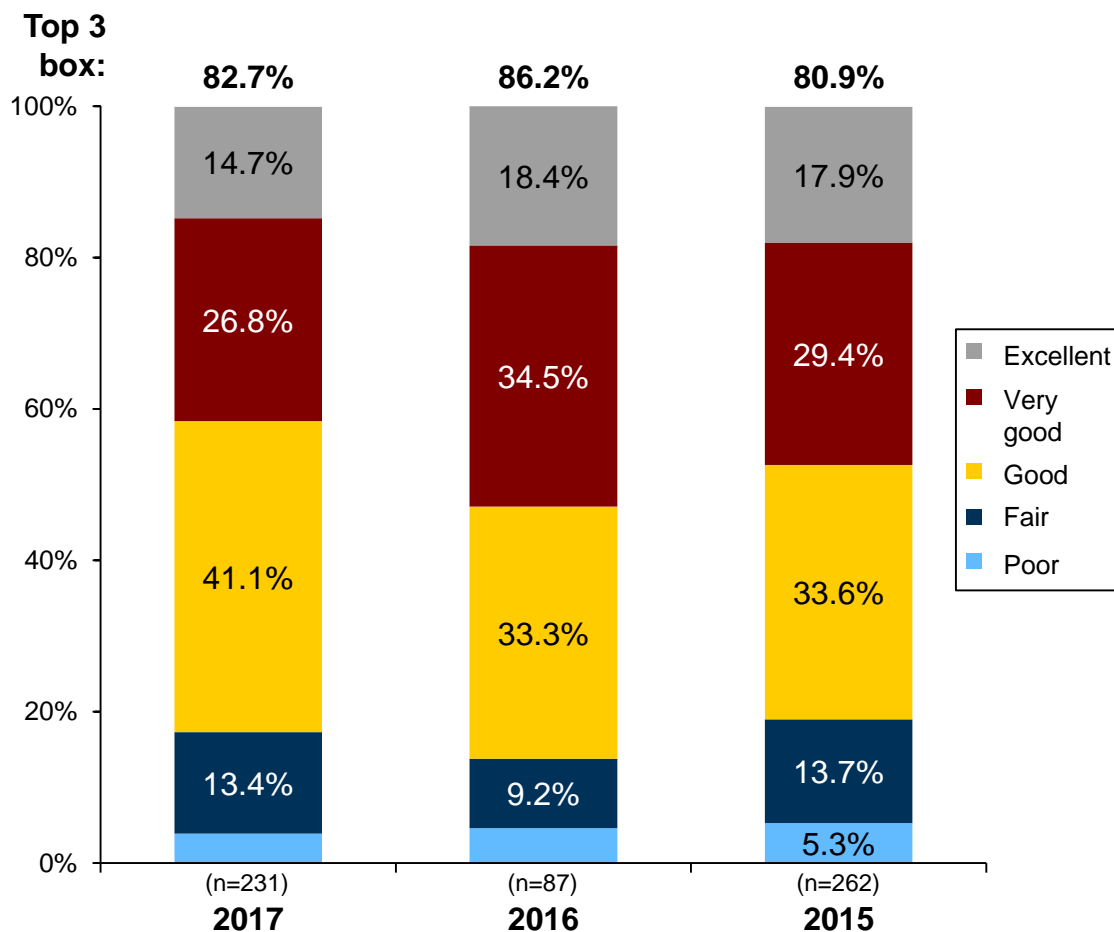
Ratings of experiences with Amerigroup



Q3. Please rate your experience with Amerigroup: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

The rating decreased slightly for the education provided by Amerigroup about how to maximize HEDIS performance.

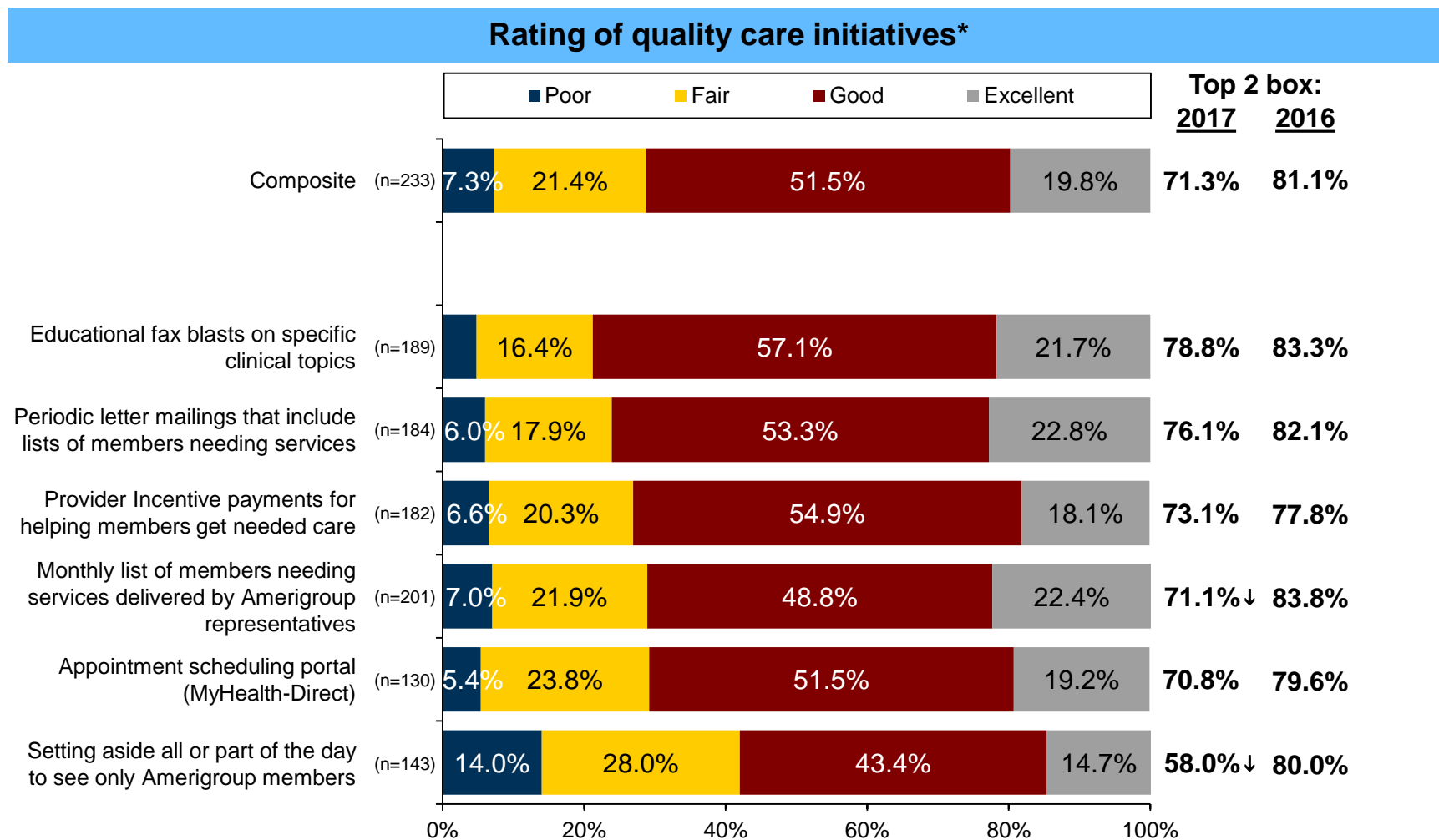
Rating of HEDIS® education



HEDIS is a registered trademark of the National Committee for Quality Assurance.

Q4. How would you describe the education provided to you by Amerigroup on data collection and reporting to maximize your HEDIS® performance? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

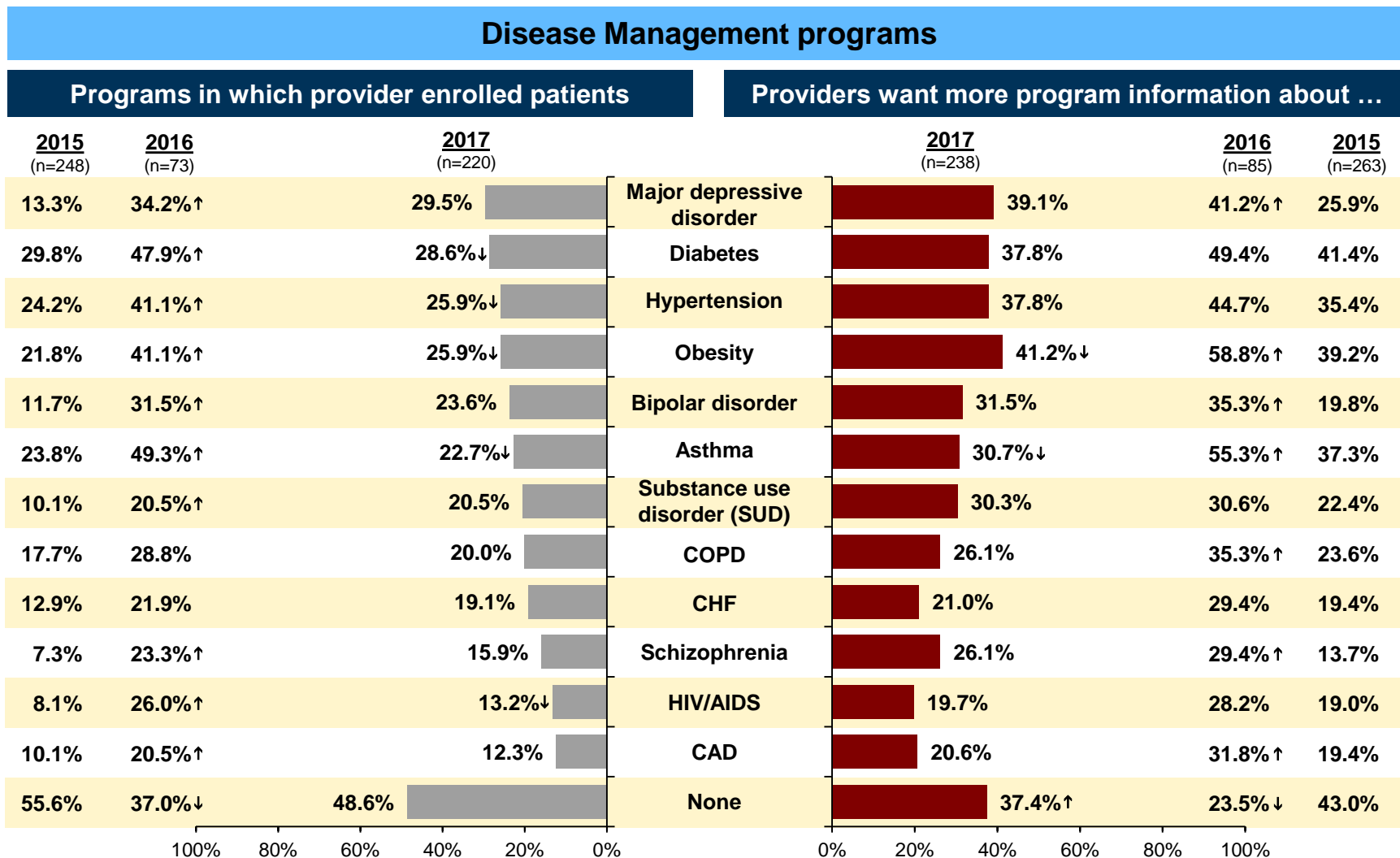
Each of these measures decreased, two significantly so, resulting in a slight decrease in the average.



Q5. We have implemented several provider-focused improvement initiatives as part of our performance improvement projects. How beneficial are these interventions in helping you provide quality care? An asterisk (*) indicates a new item in 2016. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Disease Management (DM)

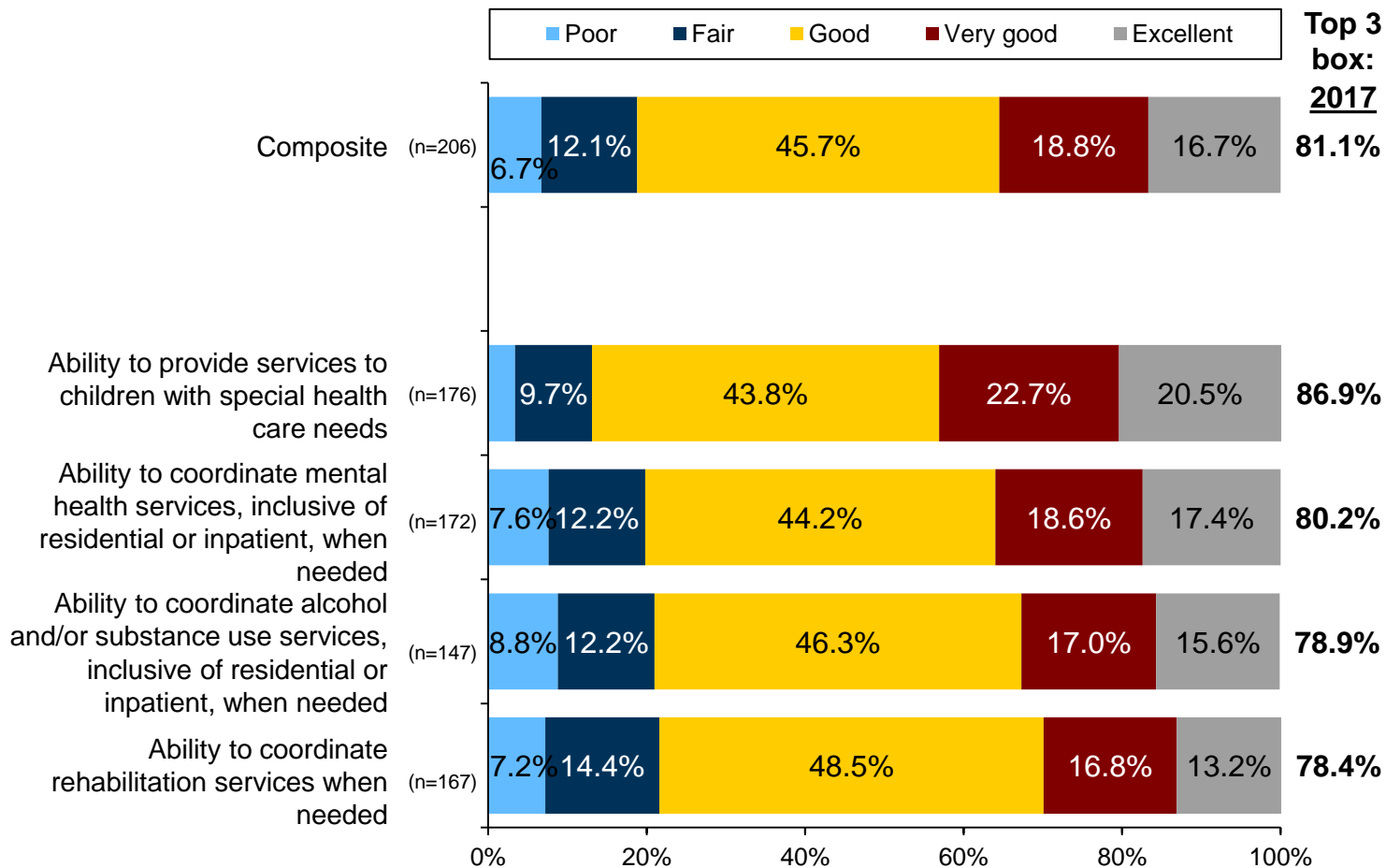
Enrollment and interest in information about most of these programs decreased, some significantly so. Most notably, both enrollment and interest in additional information regarding the obesity and asthma programs decreased significantly.



Q6. In which program(s) did you enroll your patients? Q12. Please check the DM programs you would like more information about: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

On average, more than eight in 10 rated Amerigroup as excellent, very good or good compared to other Healthy Louisiana Managed Care Organizations.

Amerigroup comparison with Other MCOs**



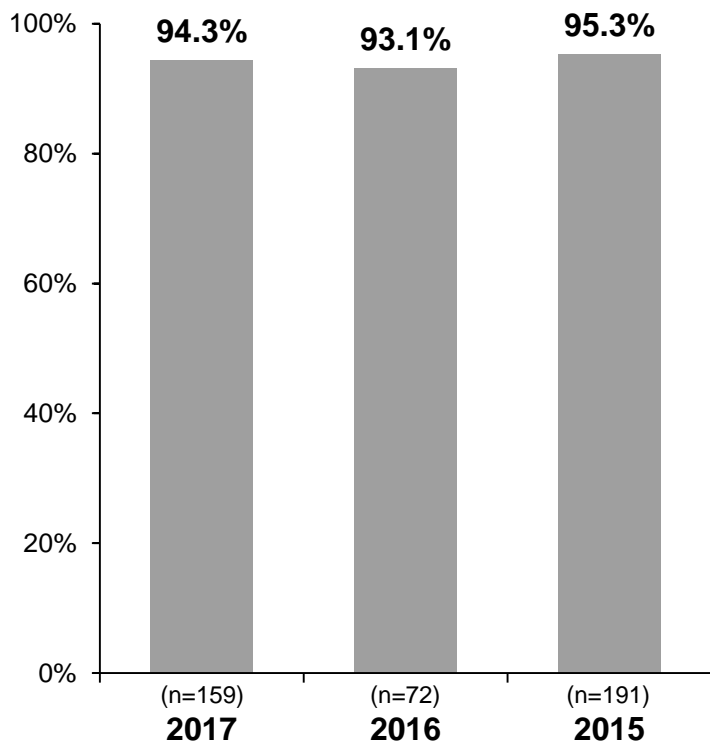
Q8. Please rate Amerigroup in the following service areas when compared to your experience with other Healthy Louisiana MCOs you work with: A double asterisk (**) indicates a new item in 2017.

The percentage who indicated that patient quality of life has improved since enrolling in an Amerigroup DM program increased slightly and is on an upward trend.

Overall ratings of DM programs

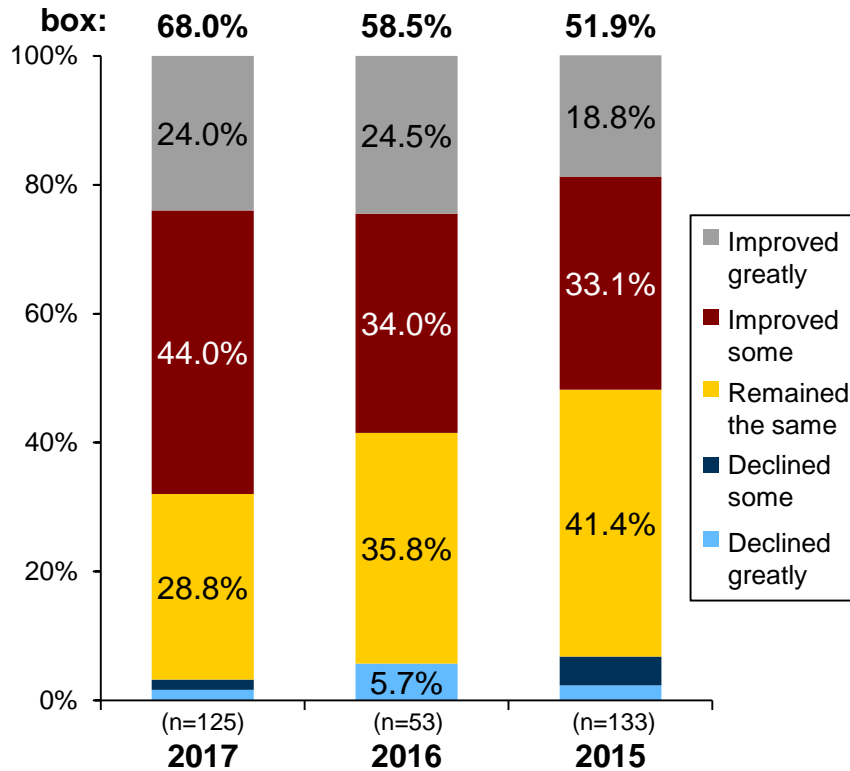
Impact of disease management programs

(% Positive)



Patient quality of life has ...

Top 2 box:



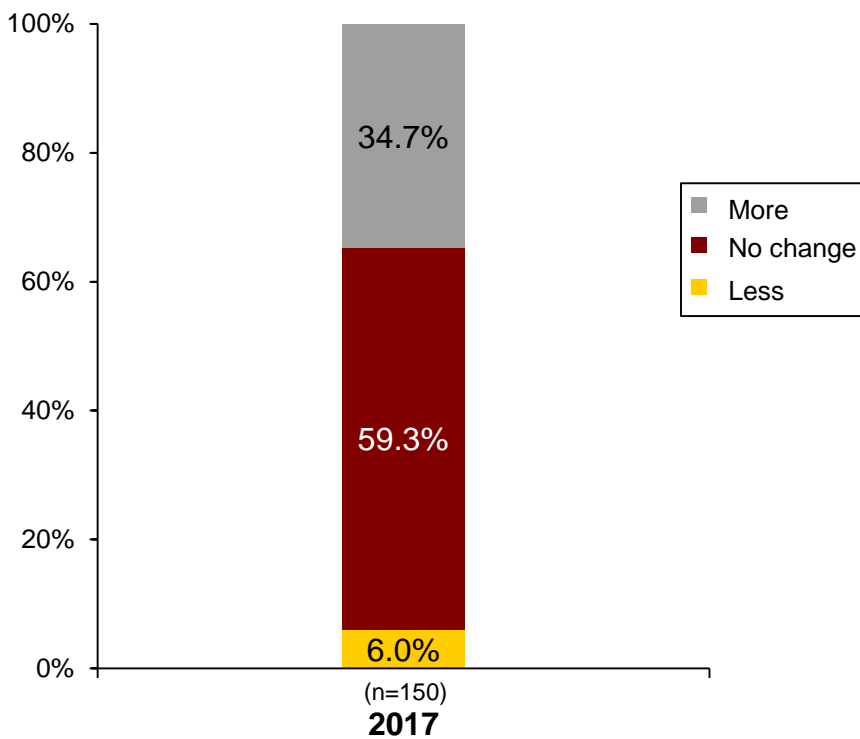
In 2017, 14.3% indicated that program exposure has not been long enough to measure changes.

Q11. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q9. In general, since enrollment in the Amerigroup DM program(s), has patient quality of life ... An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

More than one-third indicated that their patients are using more services as a result of participation in a DM program. Recommendation of the programs increased slightly and is on an upward trend.

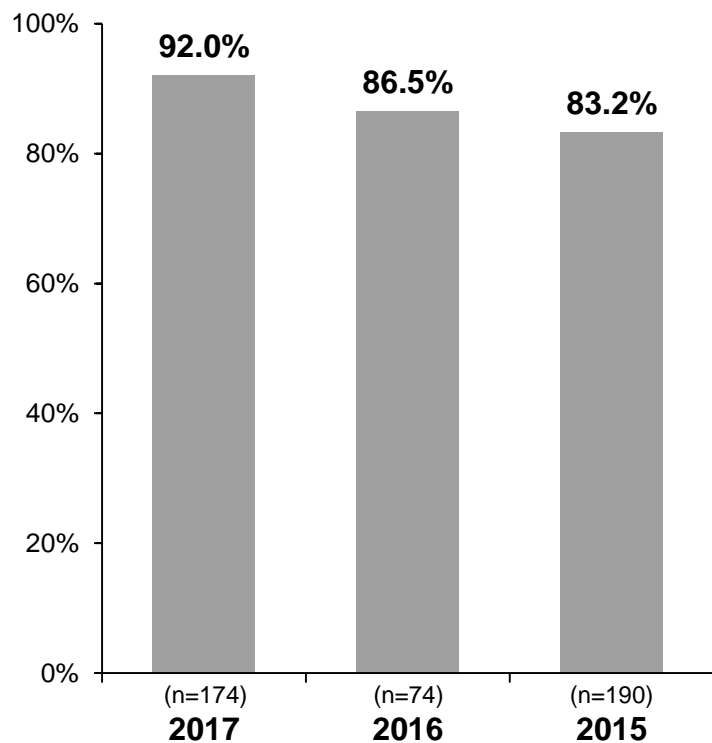
Overall ratings of DM programs (cont'd)

Patient usage of services**



Would recommend to other providers

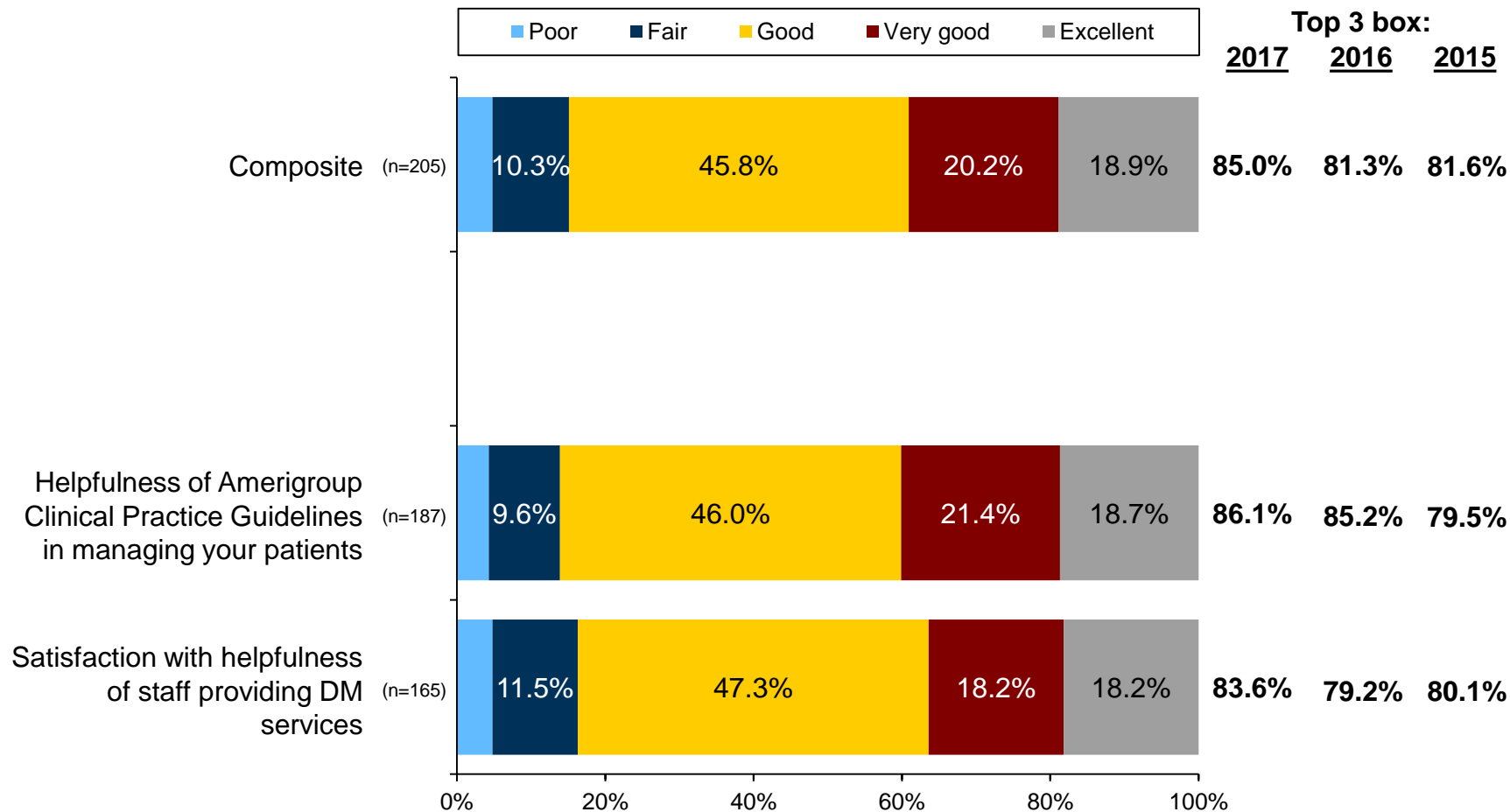
(% Yes)



Q10. Are patients using more or less of services as a result of participation in a DM program? Q13. Would you recommend the Amerigroup DM program(s) to other providers?
A double asterisk (**) indicates a new item in 2017. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

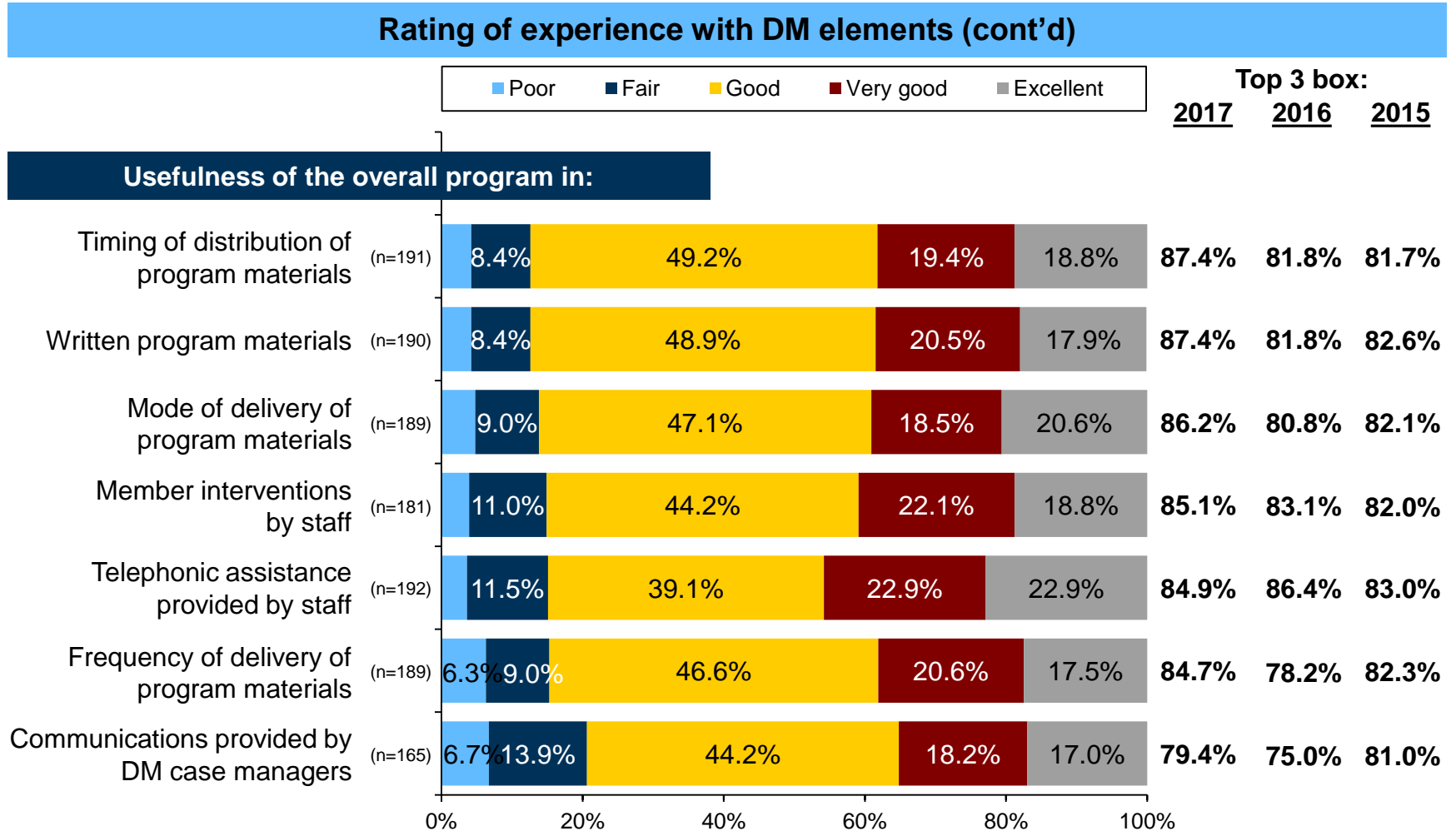
Satisfaction with the helpfulness of staff providing DM services increased slightly. This increase, along with similar changes in other measures related to the DM programs (shown on the following page), resulted in a slight increase in the average.

Rating of experience with DM elements



Q7. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Most of these measures increased slightly.

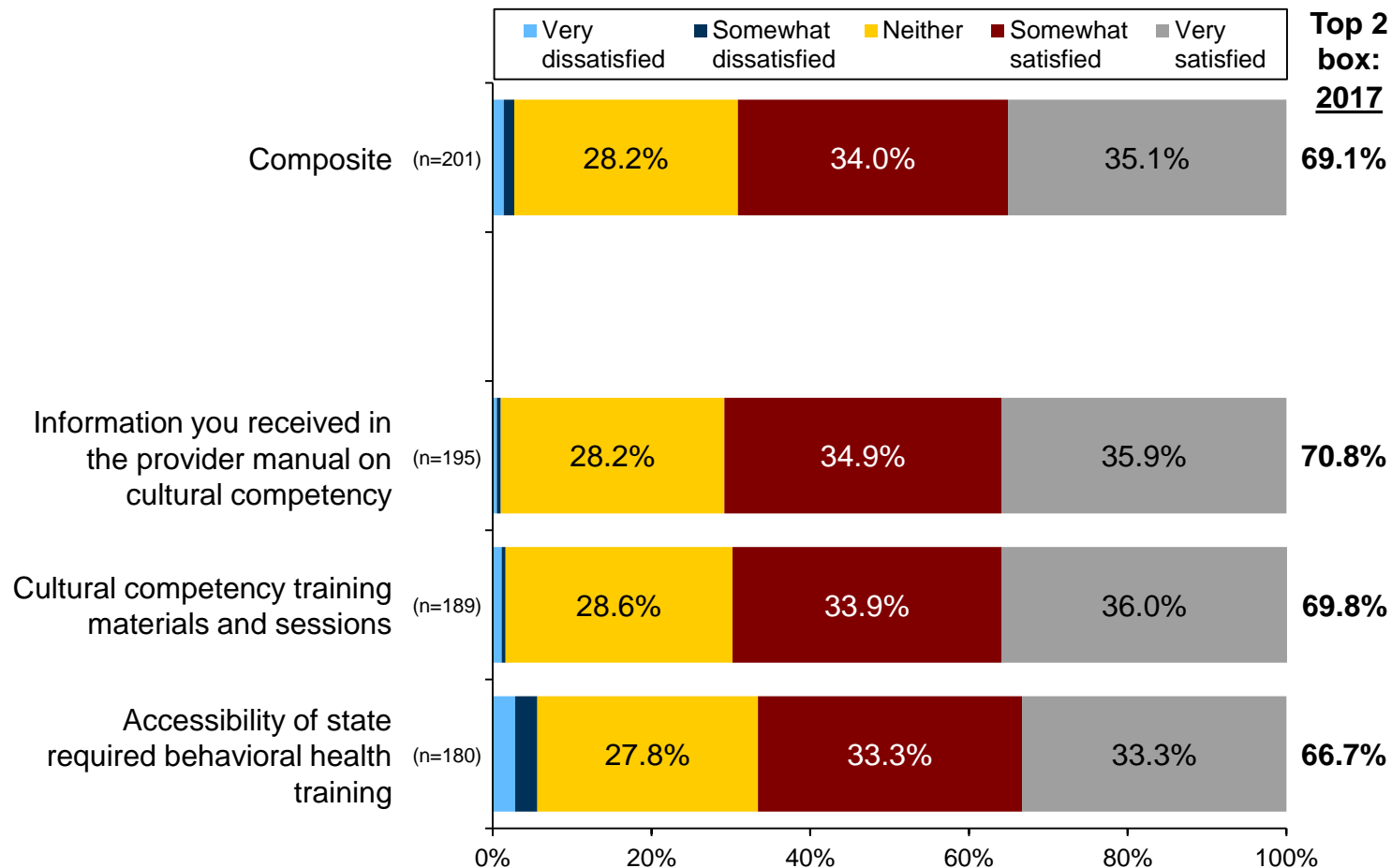


Q7. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Cultural competency

On average, roughly seven in 10 are satisfied with the cultural competency information and training they have received.

Satisfaction with cultural competency**

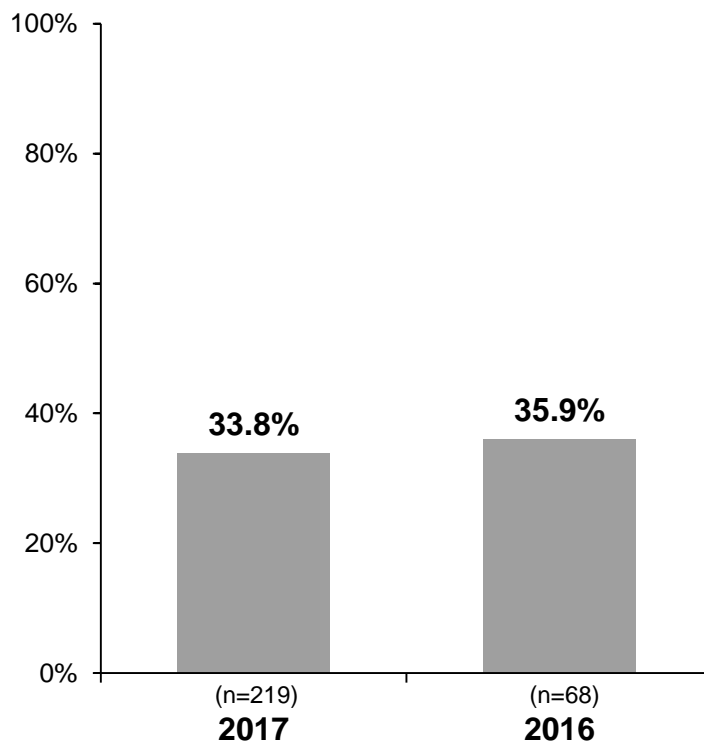


Q14. How satisfied were you with the following: A double asterisk (**) indicates a new item in 2017.

The percentage of staff who have participated in cultural competency training within the last year is stable.

Staff who participated in cultural competency training*

(Average percentage)

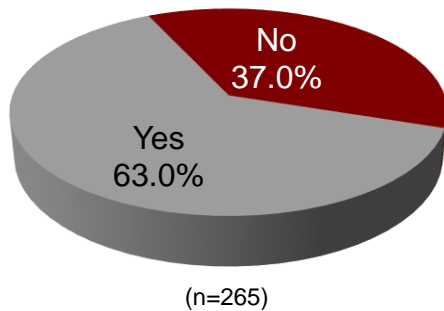


Q19. Within the last year, what percentage of office practice staff (administrative, clerical, and clinical) has participated in any type of cultural competency training? An asterisk (*) indicates a new item in 2016. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Most are aware that Amerigroup offers language assistance/telephone interpreter services, but few have used this service. Among those who have, all are satisfied with it.

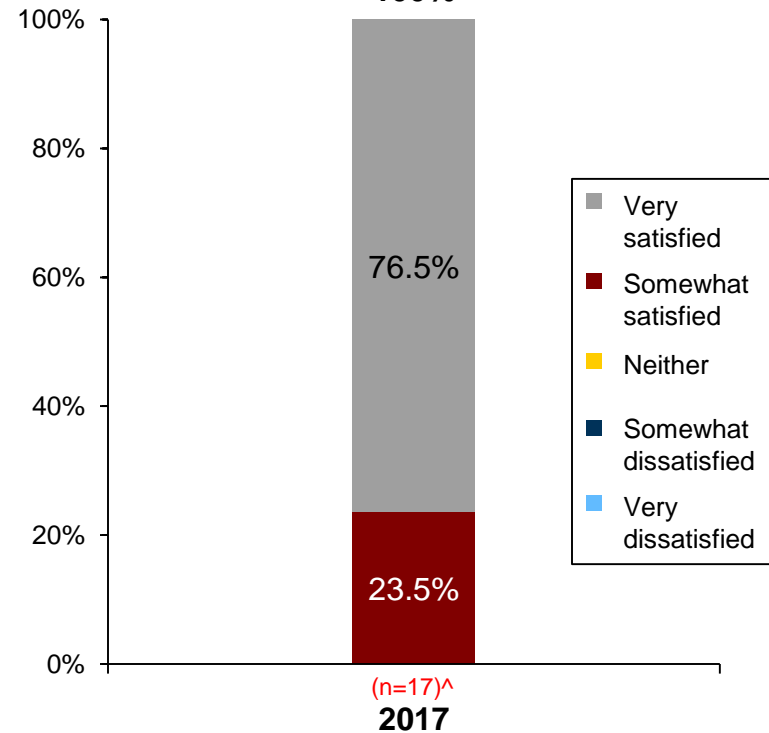
Language assistance service**

Aware of service

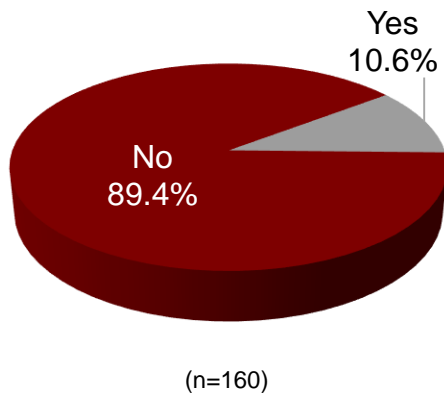


Satisfaction with service

Top 2 box:



Used service

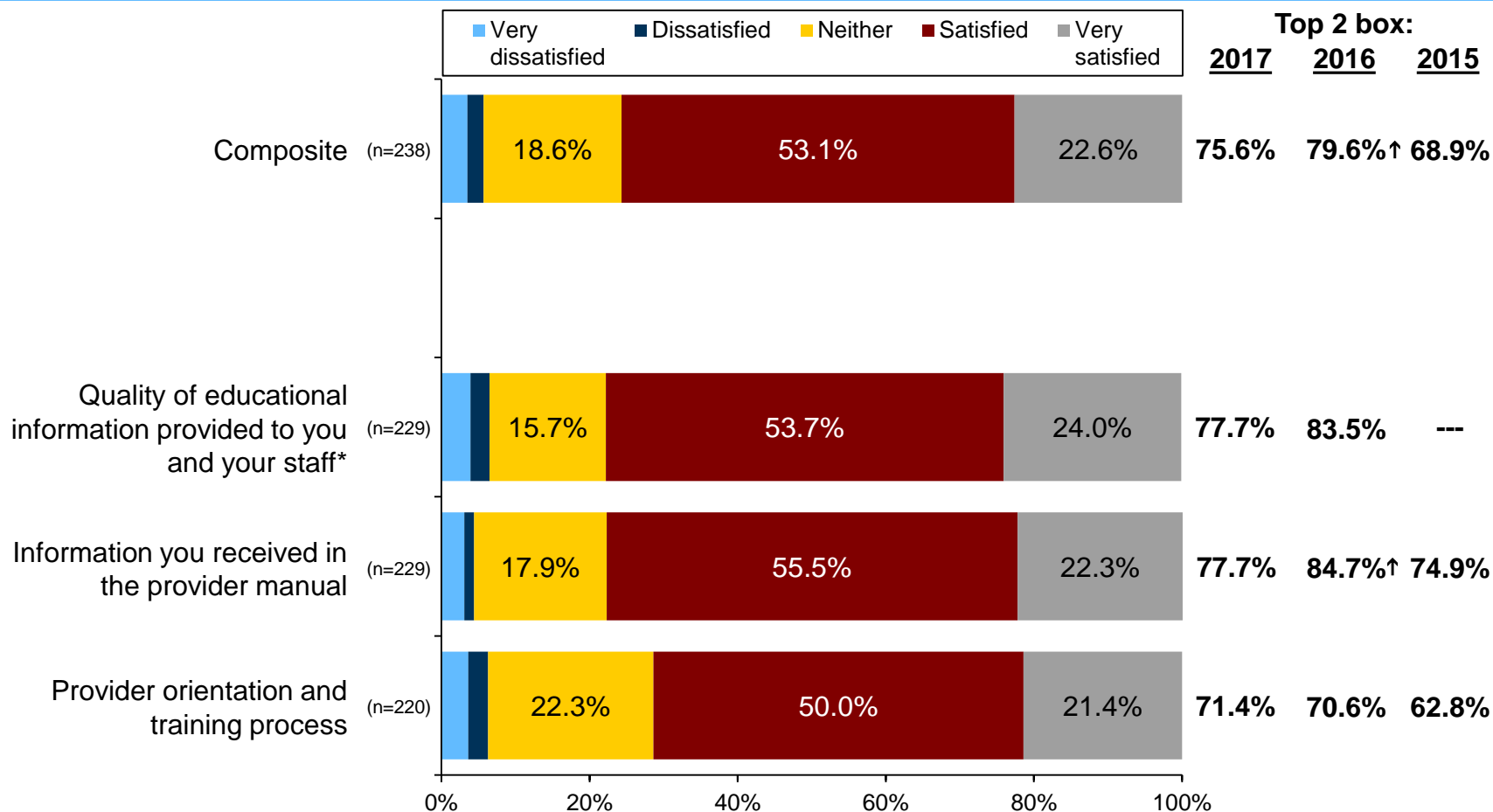


Q15. Are you aware that Amerigroup offers a language assistance/telephone interpreter service to you when caring for our members? Q16. Have you used this service? Q17. How satisfied are you with the Amerigroup language assistance service? A double asterisk (**) indicates a new item in 2017. A caret (^) indicates a base size smaller than 20. Interpret results with caution.

Local health plan provider services

After spiking last year, satisfaction with the information received in the provider manual decreased slightly. Additionally, satisfaction with the quality of educational information also decreased slightly. These shifts resulted in a slight decrease in the average.

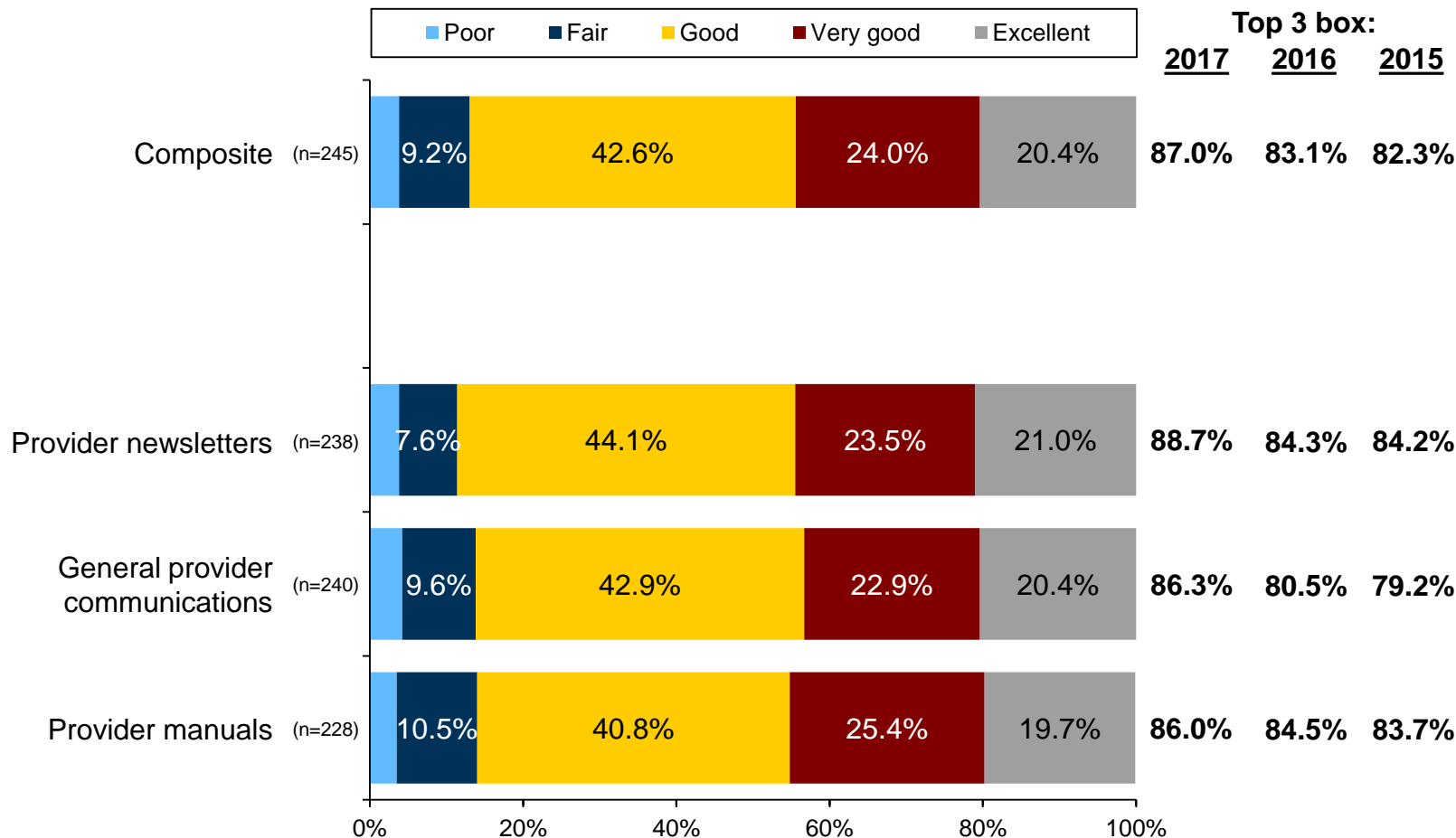
Satisfaction with services



Q18. How satisfied were you with the following: An asterisk (*) indicates a new item in 2016. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

The ratings of the provider newsletters and general provider communications increased slightly, resulting in a slight increase in the average.

Ratings of Amerigroup materials



Q20. Please rate the quality and effectiveness of the following Amerigroup materials: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Among those who would like to be contacted by a health plan representative, participation in a Quality Incentive Program and the importance of HEDIS measures remain the most common topics that providers would like to discuss.

Information providers want to discuss (All mentions)	2017	2016	2015
Base:	(n=111)	(n=48)	(n=101)
Participation in a Quality Incentive Program	72.1%	77.1% ↑	59.4%
Why HEDIS measures are important	43.2%	45.8%	38.6%
Innovative programs my practice employs	38.7%	37.5%	28.7%
Initiation of electronic claims processing	32.4%	37.5%	31.7%
Providing after-hours care in my practice	26.1%	31.3%	25.7%
Customer service/Provider Rep issues	1.8%	0.0% ↓	4.0%
Coverage/eligibility	1.8%	0.0%	2.0%
Need program information	1.8%	2.1%	0.0%
Enrollment/credentialing/contracts	1.8%	2.1%	0.0%
Coordination of care	0.9%	2.1%	0.0%
Administrative (address changes, etc.)	0.9%	0.0%	0.0%
Referral/authorization issues	0.9%	0.0% ↓	4.0%
Network mentions	0.9%	2.1%	1.0%
Other issues	0.9%	0.0%	1.0%
No need for contact/none/nothing/N/A	9.9% ↑	2.1% ↓	12.9%

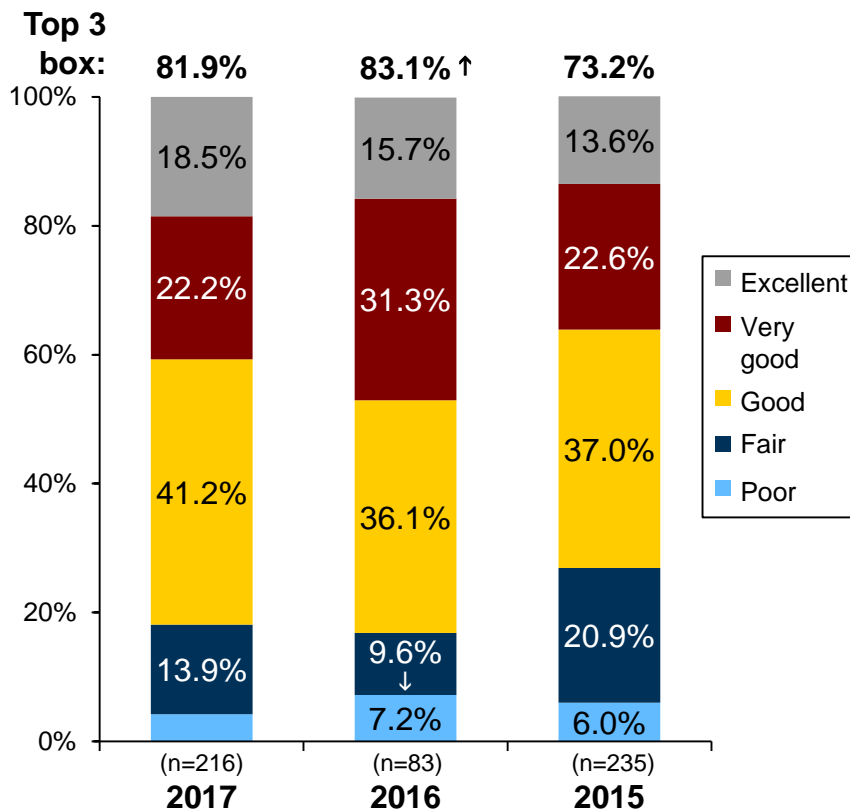
Q32. I would like to be contacted by a health plan representative to discuss: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Continuity and coordination of care

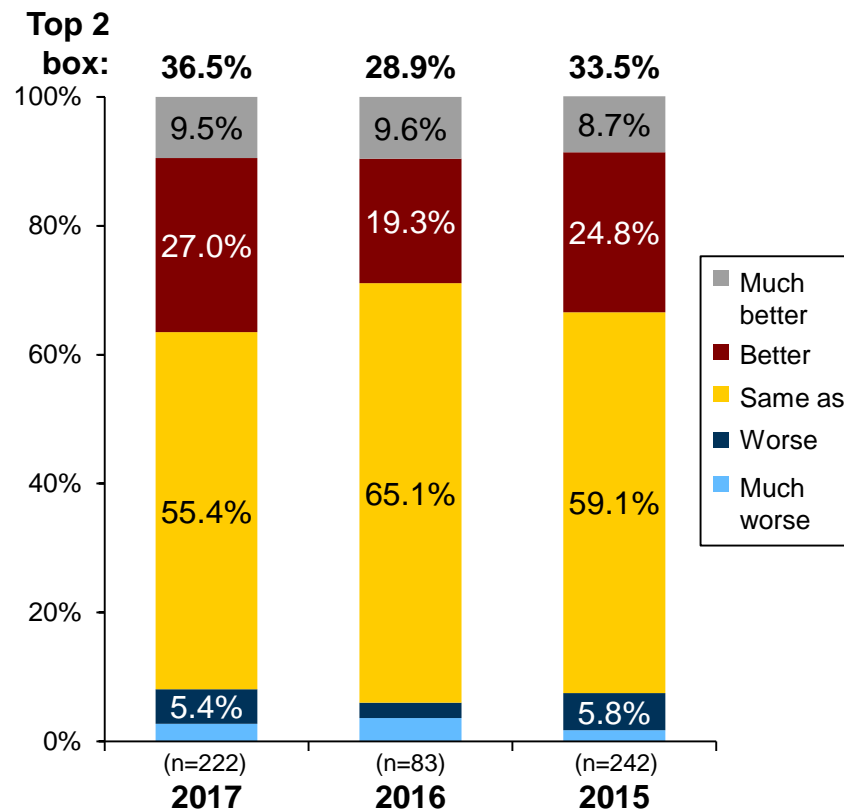
The percentage who rated Amerigroup better than other Medicaid/Medicare Advantage plans increased slightly.

Ratings of experience with continuity and coordination of care

Quality of case management services



Amerigroup comparison to other plans

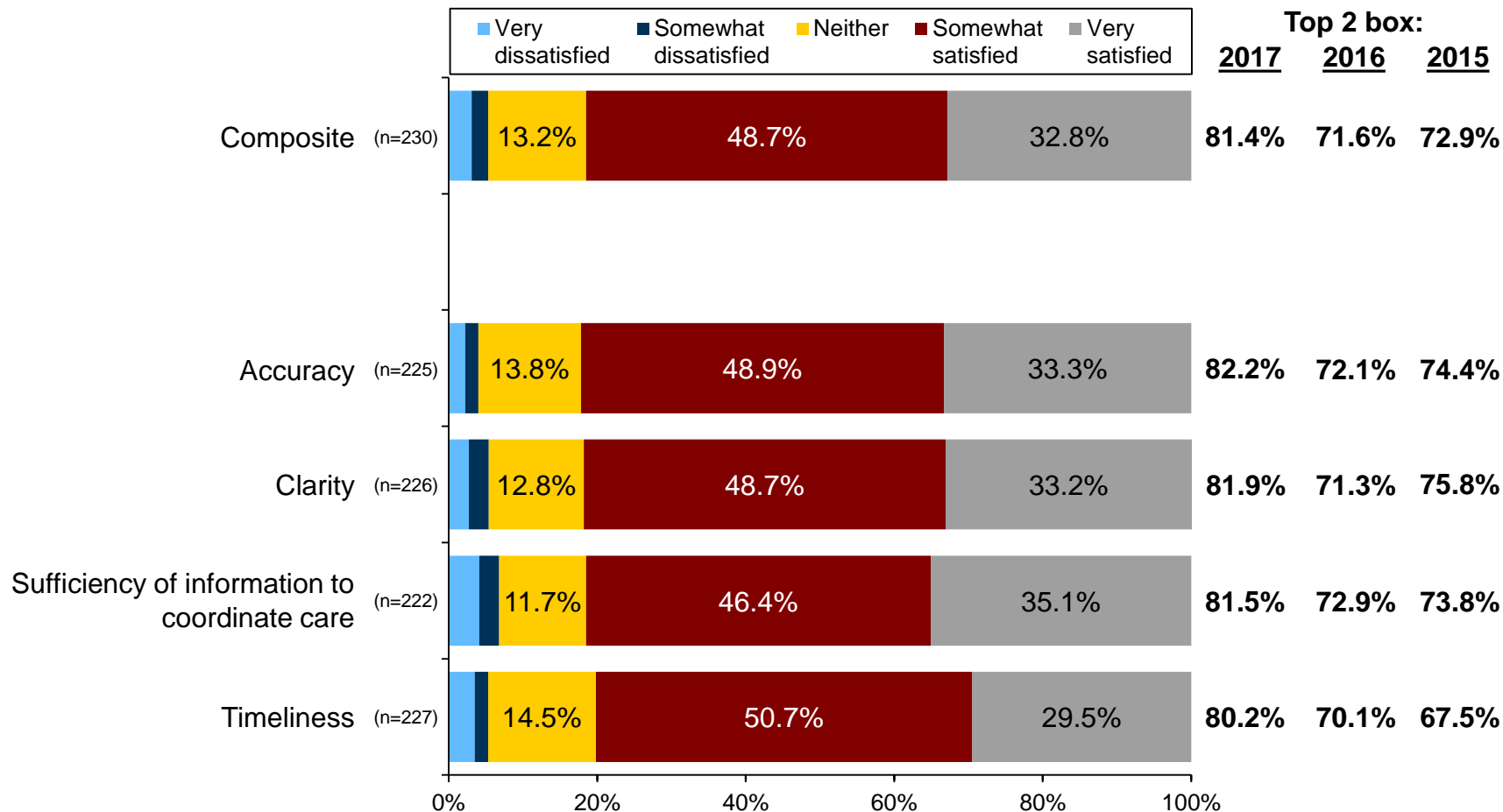


Q23. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q24. How does the Amerigroup continuity and coordination of care compare to other Medicaid/Medicare Advantage plans? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Continuity and coordination of care

Each of these measures increased, although none significantly so, resulting in a slight increase in the average.

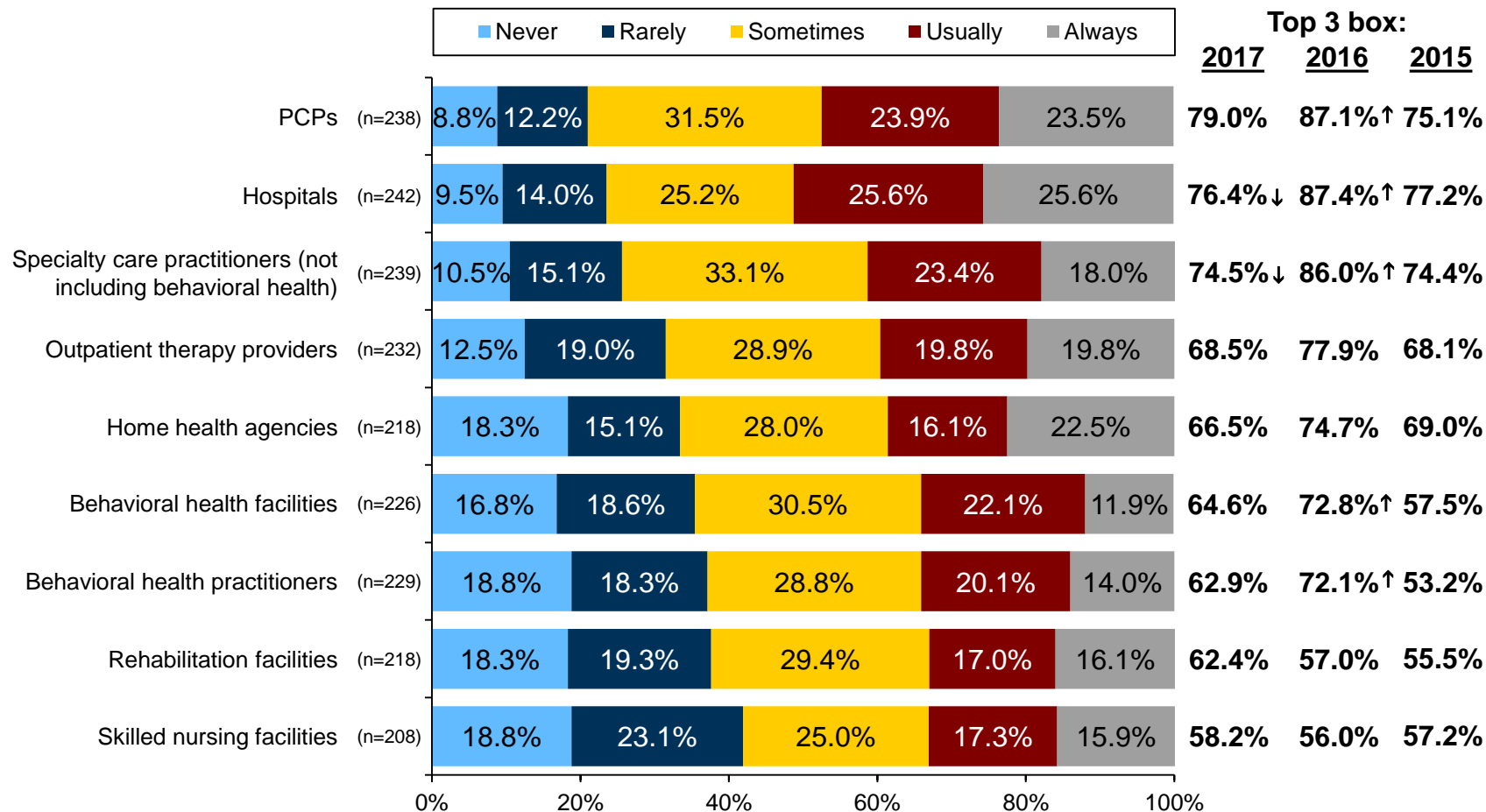
Satisfaction with information exchange



Q22. Please rate your experience with Amerigroup in the following dimensions of information exchange for the coordination of medical and behavioral health care: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Communications from most of these sources decreased, two significantly so.

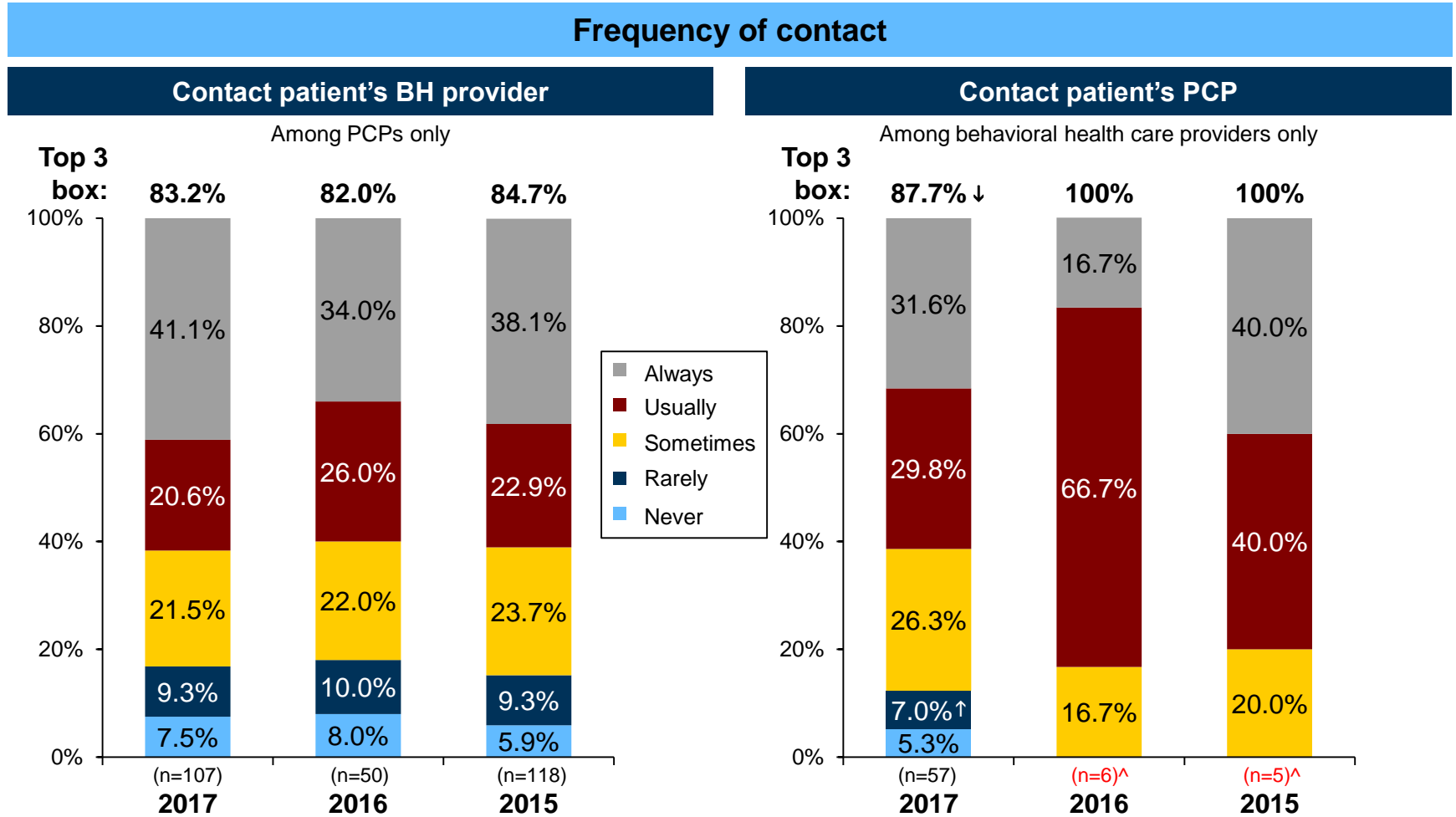
Frequency of receiving verbal/written communication from other providers



Q21. How often do you receive verbal and/or written communication from other practitioners and providers regarding your patients? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Continuity and coordination of care

A significantly lower percentage of behavioral health providers than in 2016 indicated that they typically initiate contact with a new patient's PCP in order to coordinate care. However, the 2016 sample size was small and results should be interpreted with caution.

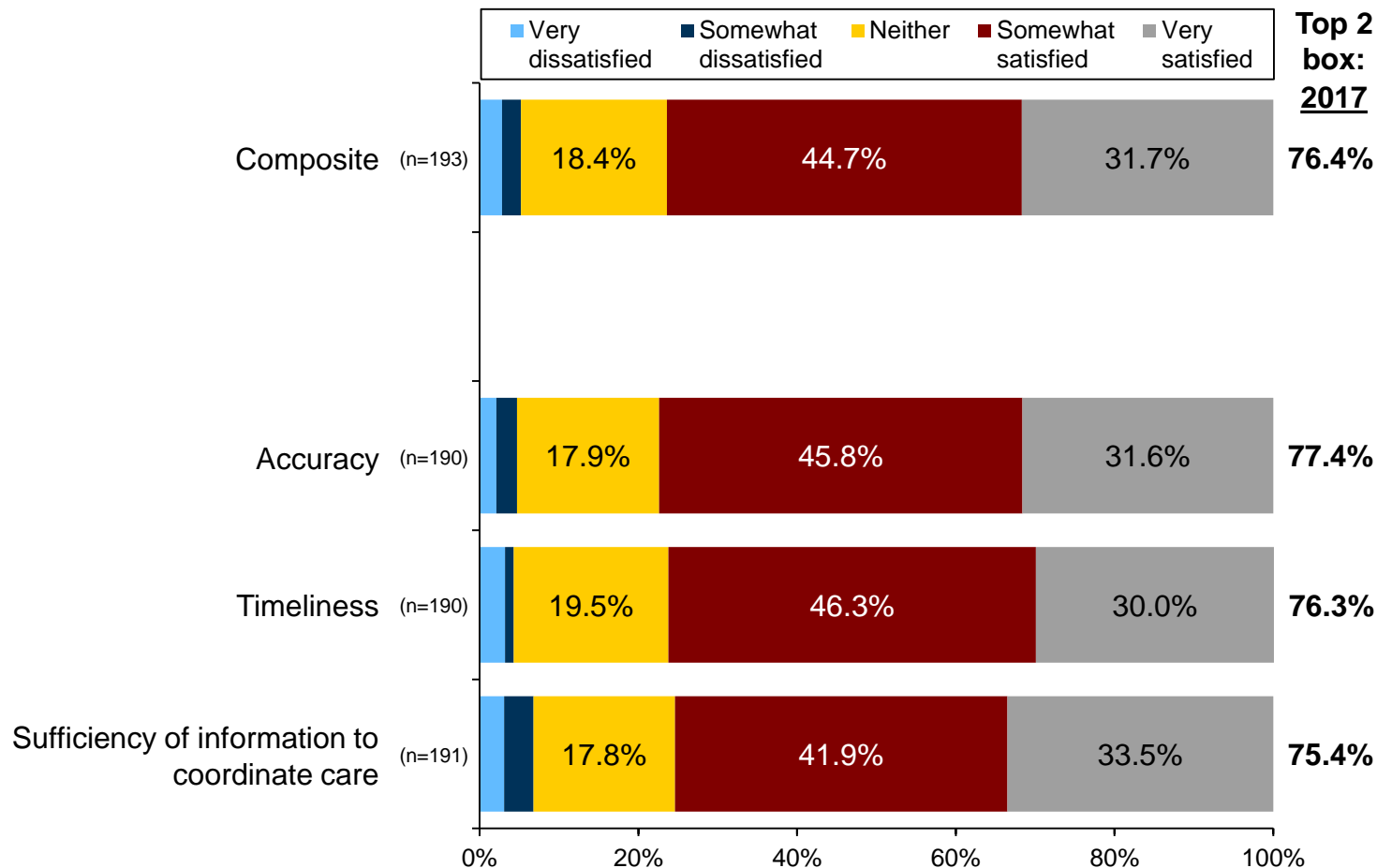


Q25. When you are informed by an Amerigroup member that he or she is actively receiving services from a behavioral health provider, how often do you contact that provider to coordinate care? Q26. When you receive an Amerigroup member as a new patient, how often do you contact the member's PCP to coordinate care? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. A caret (^) indicates a base size smaller than 20. Interpret results with caution

Continuity and coordination of care

Most are satisfied with the accuracy, timeliness and sufficiency of information to coordinate behavioral health care.

Rating of coordination of BH care services**



Q28. Please rate your experience with Amerigroup coordination of behavioral health care services in the following domains: A double asterisk (**) indicates a new item in 2017.

Respondent profile

Individual completing survey	2017	2016	2015
Base:	(n=264)	(n=90)	(n=276)
Office manager	53.8%	57.8%	47.8%
Behavioral health practitioner	11.0% ↑	1.1%	1.4%
Physician (PCP)	6.8% ↓	15.6%	12.7%
Physician (Specialist)	3.4% ↑	0.0% ↓	6.2%
Physician (OB/GYN)	0.8%	0.0% ↓	1.4%
Skilled Nursing Facility (SNF)	0.0%	1.1%	0.0%
Other staff	24.2%	24.4%	30.4%
Provider type			
Base:	(n=272)	(n=93)	(n=297)
BH	21.7% ↑	8.6% ↑	2.4%
OB/GYN	7.4%	9.7%	10.8%
PCP	46.0% ↓	63.4% ↑	49.5%
Specialist	25.0%	18.3% ↓	37.4%
Practice type			
Base:	(n=272)	(n=93)	(n=297)
Group	77.2% ↓	94.6% ↑	76.8%
Solo	22.8% ↑	5.4% ↓	23.2%

An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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

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 100 points, the smallest value to 0 points and the median value is 50 points.

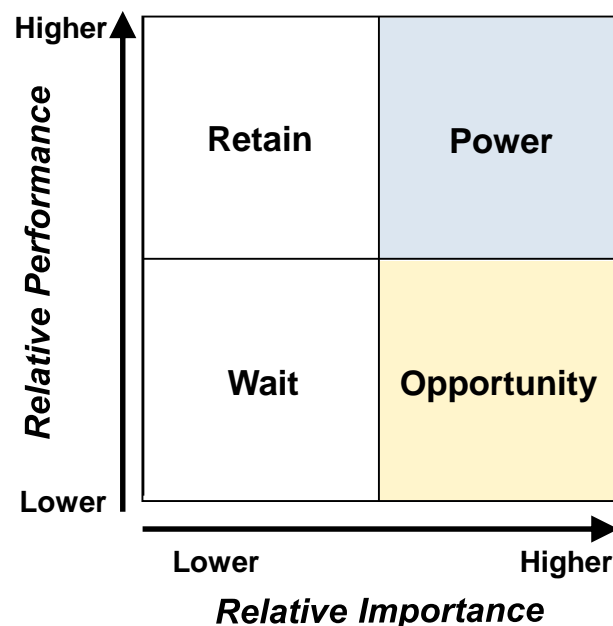
Performance analysis.

Relative performance (the top-two-/top-three-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.

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 satisfaction and how Amerigroup 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 satisfaction and Amerigroup 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 satisfaction but Amerigroup 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 satisfaction, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, Amerigroup 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 satisfaction but Amerigroup performance is above average. Simply maintain performance on these items.

POWER™ Chart classification matrix



The independent or predictor variables are:

Claims processing and provider reimbursement (C&R)

- Q1a. Timeliness of claims payment
- Q1b. Accuracy of claims payment
- Q1c. Clarity of the remittance advice

Utilization Management (UM)

- Q2a. Obtaining precertification/authorization for members
- Q2b. Efficiency of the UM process overall
- Q2c. Timeliness of response to concerns
- Q2d. Obtaining support towards PCMH implementation

Quality Management (QM)

- Q3c. Responsiveness during appeals process
- Q4. Rating of HEDIS education

Quality care initiatives (QC)

- Q5a. List of members needing services
- Q5b. Seeing only members
- Q5c. Provider incentive payments
- Q5d. Appointment scheduling portal
- Q5e. Educational fax blasts
- Q5f. Periodic mailings

Disease Management (DM)

- Q7aa. Telephonic assistance provided by staff
- Q7ab. Member interventions by staff
- Q7ac. Written program materials
- Q7ad. Timing of distribution of program materials
- Q7ae. Mode of delivery of program materials
- Q7af. Frequency of delivery of program materials
- Q7ag. Communications provided by case managers
- Q7b. Helpfulness of staff providing services
- Q7c. Helpfulness of Clinical Practice Guidelines in managing patients

Cultural competency (CC)

- Q14a. Information received on cultural competency
- Q14b. Cultural competency training materials and sessions
- Q14c. Accessibility of state required behavioral health training

Local health plan provider services (PS)

- Q18a. Provider orientation and training process
- Q18b. Information in the provider manual
- Q18c. Quality of educational information

Communication and technology (C&T)

- Q20a. Provider manuals
- Q20b. Provider newsletters
- Q20c. General provider communications

Continuity and coordination of care (CoC)

- Q22a. Timeliness of information exchange
- Q22b. Accuracy of information exchange
- Q22c. Clarity of information exchange
- Q22d. Sufficiency of information to coordinate care

Coordination of behavioral health care services (CoC-BH)

- Q28a. Timeliness of coordination of behavioral health care services
- Q28b. Accuracy of coordination of behavioral health care services
- Q28c. Sufficiency of information to coordinate care from behavioral health care services

Enrollment process (EP)

- Q30. Satisfaction with provider enrollment process

Complaint systems (Complaints)

- Q31. Satisfaction with provider complaint systems

The dependent variable is:

- Q29. Overall satisfaction with Amerigroup

Factor analysis results

Factor analysis. Factor analysis reduced the 42 highly-correlated model variables to six orthogonal (uncorrelated) factors that explain 72.1% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings.

Factor correlations with survey variables

Question	Survey Items	Factors					
		1	2	3	4	5	6
Q7af	Frequency of delivery of program materials	0.8424					
Q7ae	Mode of delivery of program materials	0.8393					
Q7ad	Timing of distribution of program materials	0.8371					
Q7ac	Written program materials	0.8090					
Q7ag	Communications provided by case managers	0.7923					
Q7b	Helpfulness of staff providing services	0.7762			0.2534		
Q7aa	Telephonic assistance provided by staff	0.7592					
Q7ab	Member interventions by staff	0.7525					
Q7c	Helpfulness of Clinical Practice Guidelines in managing patients	0.7388					
Q4	Rating of HEDIS education	0.4556	0.3124	0.2825	0.3806		
Q2b	Efficiency of the UM process overall		0.7999				
Q2c	Timeliness of response to concerns		0.7775				0.3308
Q1b	Accuracy of claims payment		0.7307	0.3207			
Q2d	Obtaining support towards PCMH implementation	0.2668	0.7223				0.2920
Q1c	Clarity of the remittance advice		0.6961	0.2948			
Q1a	Timeliness of claims payment		0.6835	0.3216			
Q2a	Obtaining precertification/authorization for members		0.6724				
Q3c	Responsiveness during appeals process	0.3229	0.4097		0.3013		0.3012
Q18b	Information in the provider manual			0.7623		0.3014	
Q18a	Provider orientation and training process			0.7396			
Q18c	Quality of educational information	0.2919		0.7282		0.3367	
Q20a	Provider manuals	0.3444		0.7101			0.3236
Q20c	General provider communications	0.3673		0.6719			0.3210
Q20b	Provider newsletters	0.3888		0.6599			0.3384
Q31	Satisfaction with provider complaint systems		0.4141	0.4397		0.3210	
Q30	Satisfaction with provider enrollment process		0.3287	0.3876		0.3279	
Q5d	Appointment scheduling portal				0.7367		
Q5b	Seeing only members				0.7272		
Q5f	Periodic mailings	0.2817			0.7110		
Q5e	Educational fax blasts				0.7005		
Q5c	Provider incentive payments		0.2531		0.6963		
Q5a	List of members needing services	0.2989			0.6224		
Q28a	Timeliness of coordination of behavioral health care services					0.8356	
Q28b	Accuracy of coordination of behavioral health care services	0.2714				0.8167	
Q28c	Sufficiency of information to coordinate care from behavioral health care services					0.7984	
Q22a	Timeliness of information exchange	0.2576	0.3156	0.3220		0.5717	0.3001
Q22d	Sufficiency of information to coordinate care		0.4236	0.3090		0.5048	0.3752
Q22c	Clarity of information exchange		0.4058	0.2989		0.4927	0.3776
Q22b	Accuracy of information exchange	0.2670	0.3832	0.3453		0.4817	0.3199
Q14b	Cultural competency training materials and sessions			0.2520			0.8249
Q14a	Information received on cultural competency			0.2817			0.7973
Q14c	Accessibility of state required behavioral health training					0.3109	0.7324

Regression analysis results

Regression analysis. The six factors identified in the previous step were used as predictors in a regression model with Q29, overall satisfaction, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of overall satisfaction. These coefficients provide estimates of the relative importance of each factor in determining overall satisfaction. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 75.2% of the variation in the dependent variable ($R^2 = 0.752$).

Regression coefficients

Variable	Unstandardized coefficients	Standardized (Beta) coefficients	Significance level
Constant	4.1628	0.0000	0.0000
Factor 1 -- Q7af, Q7ae, Q7ad, Q7ac, Q7ag, Q7b, Q7aa, Q7ab, Q7c, Q4	0.2031	0.2612	0.0000
Factor 2 -- Q2b, Q2c, Q1b, Q2d, Q1c, Q1a, Q2a, Q3c	0.4137	0.4998	0.0000
Factor 3 -- Q18b, Q18a, Q18c, Q20a, Q20c, Q20b, Q31, Q30	0.3625	0.4498	0.0000
Factor 4 -- Q5d, Q5b, Q5f, Q5e, Q5c, Q5a	0.1227	0.1607	0.0000
Factor 5 -- Q28a, Q28b, Q28c, Q22a, Q22d, Q22c, Q22b	0.2623	0.3345	0.0000
Factor 6 -- Q14b, Q14a, Q14c	0.1722	0.2158	0.0000

Importance and performance results

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 were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance. Plan performance 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.

Top-three-box scores are shaded

Question	Survey items	Importance	Performance	Top-two-box/Top-three-box scores
Q2c	Timeliness of response to concerns	100	47	77.7%
Q2b	Efficiency of the UM process overall	99	55	80.7%
Q18b	Information in the provider manual	95	47	77.7%
Q1b	Accuracy of claims payment	95	93	92.0%
Q18c	Quality of educational information	89	47	77.7%
Q2d	Obtaining support towards PCMH implementation	87	34	72.5%
Q18a	Provider orientation and training process	84	32	71.4%
Q20a	Provider manuals	82	73	86.0%
Q1c	Clarity of the remittance advice	78	94	92.3%
Q20c	General provider communications	75	74	86.3%
Q1a	Timeliness of claims payment	75	100	94.1%
Q28a	Timeliness of coordination of behavioral health care services	71	43	76.3%
Q20b	Provider newsletters	71	82	88.7%
Q28b	Accuracy of coordination of behavioral health care services	68	46	77.4%
Q28c	Sufficiency of information to coordinate care from behavioral health care services	66	41	75.4%
Q22d	Sufficiency of information to coordinate care	60	58	81.5%
Q2a	Obtaining precertification/authorization for members	59	43	76.3%
Q22c	Clarity of information exchange	58	59	81.9%
Q22b	Accuracy of information exchange	56	60	82.2%
Q22a	Timeliness of information exchange	55	54	80.2%
Q7ac	Written program materials	50	78	87.4%
Q7ae	Mode of delivery of program materials	50	74	86.2%
Q7ad	Timing of distribution of program materials	49	78	87.4%
Q31	Satisfaction with provider complaint systems	47	15	64.3%
Q7af	Frequency of delivery of program materials	45	69	84.7%
Q7ab	Member interventions by staff	44	70	85.1%
Q7ag	Communications provided by case managers	41	51	79.4%
Q7aa	Telephonic assistance provided by staff	40	69	84.9%
Q14a	Information received on cultural competency	40	30	70.8%
Q14b	Cultural competency training materials and sessions	40	28	69.8%
Q7c	Helpfulness of Clinical Practice Guidelines in managing patients	39	73	86.1%
Q7b	Helpfulness of staff providing services	38	65	83.6%
Q14c	Accessibility of state required behavioral health training	29	20	66.7%
Q4	Rating of HEDIS education	27	62	82.7%
Q3c	Responsiveness during appeals process	26	38	74.1%
Q30	Satisfaction with provider enrollment process	25	45	77.1%
Q5d	Appointment scheduling portal	12	30	70.8%
Q5c	Provider incentive payments	11	36	73.1%
Q5e	Educational fax blasts	10	49	78.8%
Q5f	Periodic mailings	7	43	76.1%
Q5b	Seeing only members	7	0	58.0%
Q5a	List of members needing services	0	31	71.1%

Opportunities for improvement

POWeR™ Chart.

Finally, the importance and performance results are summarized in the classification matrix on page 7. The biggest opportunity for improving overall satisfaction is to focus on the items in the “Opportunity” quadrant. These are items that have the largest impact on satisfaction on which Amerigroup received below average performance ratings (listed in order of importance):

- Timeliness of response to concerns.
- Information in the provider manual.
- Quality of educational information.
- Obtaining support towards PCMH implementation.
- Provider orientation and training process.
- Timeliness of coordination of behavioral health care services.
- Accuracy of coordination of behavioral health care services.
- Sufficiency of information to coordinate care from behavioral health care services.
- Obtaining precertification/authorization for members.

Focus resources on improving processes that underlie these items and look for a significant improvement in the overall satisfaction score.