

BAYOU HEALTH REPORTING

REPORT INFORMATION

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INFORMATION TO BE COMPLETED BY THE HEALTH PLAN

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(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)

Definitions and Instructions:

The Health Plan shall conduct an annual provider survey to assess satisfaction with provider enrollment, provider communication, provider education, provider complaints, claims preprocessing, and utilization management processes, including medical reviews and support toward Patient Centered Medical Home implementation.

The Health Plan shall submit an annual Provider Satisfaction Survey Report that summarizes the survey methods and findings and provides analysis of opportunities for improvement. Provider Satisfaction Survey Reports are due one-hundred and twenty (120) days after the end of the contract year.

RFP Reference: Provider Satisfaction Surveys

2013 Provider Satisfaction At-a-Glance - Overall Satisfaction with Plan
LaCare Health Plan - Practitioner



2013 Provider Satisfaction Survey	LaCare Health Plan - Practitioner			
	LaCare	Overall Satisfaction with LaCare		High/Low Diff
	Total	Excellent/ Very Good/Good	Fair/Poor	
	(n=165)	(n=81)	(n=76)	
Provider Relations/Network Management (% Excellent/Very Good/Good)	68.5	90.1	43.2	46.9
Q2 Responsiveness/courtesy of Provider Account Executive	74.4	95.5	50.0	45.5
Q3 Timeliness answering questions/resolving problems	59.0	86.1	29.4	56.7
Q4 Relevance of practitioner education meetings/in-services	68.6	92.6	37.2	55.4
Q5 Relevance of written communications, policy bulletins, and manuals	70.2	88.7	48.4	40.3
Q6 Timeliness of written communications, policy bulletins, and manuals	70.4	87.3	50.8	36.5
Provider Services Staff (% Excellent/Very Good/Good)	60.6	84.8	31.5	53.3
Q8 Knowledge, accuracy, helpfulness of telephone inquiry responses	64.9	89.6	36.8	52.8
Q9 Timeliness of resolving claims payment issues	56.3	80.0	26.2	53.8
Claims Reimbursement Process (% Excellent/Very Good/Good)	68.4	89.3	43.9	45.4
Q12 Timeliness of claims processing	77.7	90.4	62.3	28.1
Q13 Accuracy of claims processing	69.8	93.2	42.6	50.6
Q14 Resolution of claims payment problems/disputes	57.8	84.3	26.7	57.6
Utilization and Quality Management (UM) (% Excellent/Very Good/Good)	59.2	83.8	33.7	50.1
Q15 Obtaining pre-certification/referral/authorization info	59.4	84.9	31.8	53.1
Q16 Timeliness of UM's pre-certification process	55.8	82.6	29.2	53.4
Q17 Phone access to UM staff	64.9	86.8	41.3	45.5
Q18 UM staff sharing review criteria/reasons for adverse determinations	56.9	82.5	30.4	52.1
Q19 Consistency of review decisions	52.8	78.1	24.1	54.0
Q20 Timeliness of UM appeals process	52.4	79.6	25.5	54.1
Q21 Timeliness of resolution requiring Medical Director intervention	53.5	85.4	20.0	65.4
Q22 Timeliness of credentialing/re-credentialing process	68.1	84.7	52.8	31.9
Q23 Knowledge/accuracy of Credentialing staff's responses to inquiries	69.3	89.7	48.1	41.6
Case Management (% Excellent/Very Good/Good)	67.6	91.6	41.1	50.5
Q24 Facilitation/support of appropriate clinical care	67.3	93.0	37.5	55.5
Q25 Phone access to Case/Care Managers	67.9	91.2	42.3	48.9
Q26 Helpfulness of Case/Care Managers in coordinating care	66.1	91.1	39.2	51.9
Q27 Alternative care and community resource options offered	63.4	87.8	35.7	52.1
Q28 Coverage and encouragement of preventive care/health wellness	73.2	95.1	50.8	44.3
Pharmacy Services (% Excellent/Very Good/Good)	27.3	45.6	7.6	38.0
Q29 Clarity of pharmaceutical management procedures	35.6	54.4	14.8	39.6
Q30 Variety of drugs available on formulary	21.4	37.9	3.2	34.7
Q31 Ease of obtaining prior authorization for non-formulary drugs	25.0	44.6	4.7	39.9
Overall Satisfaction and Loyalty (% Excellent/Very Good/Good)	56.4	91.3	18.6	72.7
Q37 Overall satisfaction with LaCare	51.6	100.0	0.0	100.0
Q38 Overall satisfaction with other Medicaid health plans	57.8	77.5	36.5	41.0
Q35 Recommend LaCare to other physicians' practices (% Yes)	61.1	95.0	20.9	74.1
Q36 Recommend LaCare to other patients (% Yes)	55.1	92.8	16.9	75.9

"High/Low Diff" is the percentage point difference between the largest and smallest score across the Overall Satisfaction categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

2013 Provider Satisfaction At-a-Glance - Overall Satisfaction with Plan
LaCare Health Plan - Provider



2013 Provider Satisfaction Survey	LaCare Health Plan - Provider			
	LaCare	Overall Satisfaction with LaCare		High/Low Diff
	Total	Excellent/ Very Good/Good	Fair/Poor	
	(n=40)	(n=29)	(n=9)	
Provider Relations/Network Management (% Excellent/Very Good/Good)	63.7	79.8	21.9	57.9
Q2 Responsiveness/courtesy of Provider Account Executive	77.4	90.9	37.5	53.4
Q3 Timeliness answering questions/resolving problems	61.8	83.3	11.1	72.2
Q4 Relevance of provider education meetings/in-services	56.0	66.7	16.7	50.0
Q5 Relevance of written communications, policy bulletins, and manuals	55.9	75.0	11.1	63.9
Q6 Timeliness of written communications, policy bulletins, and manuals	67.6	83.3	33.3	50.0
Provider Services Staff (% Excellent/Very Good/Good)	59.0	76.2	0.0	76.2
Q8 Knowledge, accuracy, helpfulness of telephone inquiry responses	66.7	85.7	0.0	85.7
Q9 Timeliness of resolving claims payment issues	51.4	66.7	0.0	66.7
Claims Reimbursement Process (% Excellent/Very Good/Good)	67.2	84.8	12.5	72.3
Q12 Timeliness of claims processing	77.1	92.6	25.0	67.6
Q13 Accuracy of claims processing	69.7	88.0	12.5	75.5
Q14 Resolution of claims payment problems/disputes	54.8	73.9	0.0	73.9
Utilization and Quality Management (UM) (% Excellent/Very Good/Good)	78.7	92.1	24.8	67.3
Q15 Obtaining pre-certification/referral/authorization info	82.1	95.5	33.3	62.2
Q16 Timeliness of UM's pre-certification process	82.1	100.0	16.7	83.3
Q17 Phone access to UM staff	74.1	85.7	33.3	52.4
Q18 UM staff sharing review criteria/reasons for adverse determinations	77.3	88.2	40.0	48.2
Q19 Consistency of review decisions	80.0	94.7	33.3	61.4
Q20 Timeliness of UM appeals process	63.2	85.7	0.0	85.7
Q21 Timeliness of resolution requiring Medical Director intervention	81.3	86.7	0.0	86.7
Q22 Timeliness of credentialing/re-credentialing process	86.7	100.0	33.3	66.7
Q23 Knowledge/accuracy of Credentialing staff's responses to inquiries	81.3	92.3	33.3	59.0
Case Management (% Excellent/Very Good/Good)	91.5	91.3	95.0	3.7
Q24 Facilitation/support of appropriate clinical care	85.0	81.3	100.0	18.7
Q25 Phone access to Case/Care Managers	95.2	94.1	100.0	5.9
Q26 Helpfulness of Case/Care Managers in coordinating care	100.0	100.0	100.0	0.0
Q27 Alternative care and community resource options offered	93.8	100.0	75.0	25.0
Q28 Coverage and encouragement of preventive care/health wellness	83.3	81.3	100.0	18.7
Pharmacy Services (% Excellent/Very Good/Good)	74.3	67.2	100.0	32.8
Q29 Clarity of pharmaceutical management procedures	80.0	75.0	100.0	25.0
Q30 Variety of drugs available on formulary	71.4	60.0	100.0	40.0
Q31 Ease of obtaining prior authorization for non-formulary drugs	71.4	66.7	100.0	33.3
Overall Satisfaction and Loyalty (% Excellent/Very Good/Good)	75.9	91.5	26.0	65.5
Q37 Overall satisfaction with LaCare	76.3	100.0	0.0	100.0
Q38 Overall satisfaction with other Medicaid health plans	66.7	77.8	33.3	44.5
Q35 Recommend LaCare to other physicians' practices (% Yes)	81.1	96.3	33.3	63.0
Q36 Recommend LaCare to other patients (% Yes)	79.4	92.0	37.5	54.5

"High/Low Diff" is the percentage point difference between the largest and smallest score across the Overall Satisfaction categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Red font indicates a small sample size of 30 or less. Use results with caution.