

# Amerigroup Provider Satisfaction Louisiana

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**Anthem, Inc.**  
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*Looking Beyond the Expected*

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**Background.** Anthem, Inc. has contracted with DSS Research to conduct the 2015 Provider Satisfaction surveys for its affiliate health plan, Amerigroup. Amerigroup will use this research to provide rational direction for efforts to strengthen provider relationships.

**Objectives.** This research is designed to gauge satisfaction in the following areas:

- Provider enrollment process and complaint systems.
- Claims processing and provider reimbursement.
- Utilization Management.
- Quality management.
- Disease Management Centralized Care Unit (DMCCU).
- Local health plan provider services.
- Communication and technology.
- Continuity and coordination of care.

**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.

2015 Data collection details	
Initial mailing	July 24, 2015
Follow-up mailing	August 17, 2015
Follow-up phone calls to non-responders	September 8-18, 2015

## 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	Completes	Response rate	Adjusted response rate
1,000	76	297	29.7%	32.1%

**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 Amerigroup Louisiana providers are satisfied overall.**

- 78% are very or somewhat satisfied with Amerigroup.
- The overall satisfaction composite score is 72% [the average of satisfaction ratings for Amerigroup overall, the provider enrollment process (80%) and the provider complaint systems (57%)].

### **The SatisAction™ key driver analysis (illustrated on the following page) indicates that satisfaction with claims processing and provider reimbursement is driving overall satisfaction.**

- 86% are satisfied with the accuracy of claims payments.
- 90% are satisfied with the timeliness of claims payments.
- 91% are satisfied with the clarity of the remittance advice.

### **While Amerigroup performs well on Utilization Management measures, improvement in this area has the most potential to increase the overall satisfaction score.**

- 73% are satisfied with obtaining precertification and/or authorization.
- 74% are satisfied with the efficiency of the process overall.
- 71% are satisfied with the timeliness of the medical director's response to their concerns.

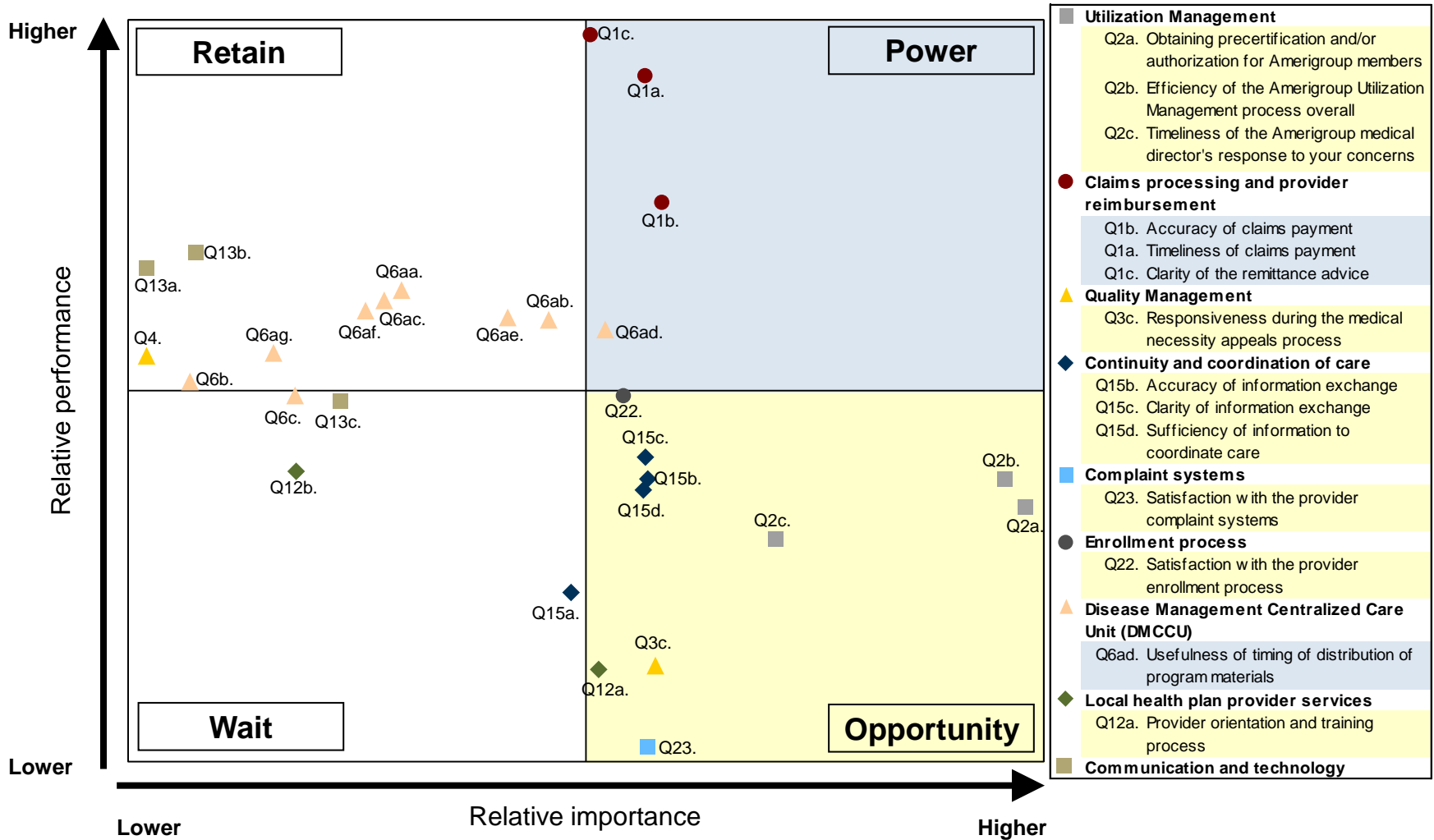
### **Three other items present additional opportunities to improve.**

- 63% are satisfied with the responsiveness during the medical necessity appeals process.
- 57% are satisfied with the provider complaint systems.
- 63% are satisfied with the provider orientation and training process.

### **Most scores for the Disease Management Centralized Care Unit (DMCCU) are high.**

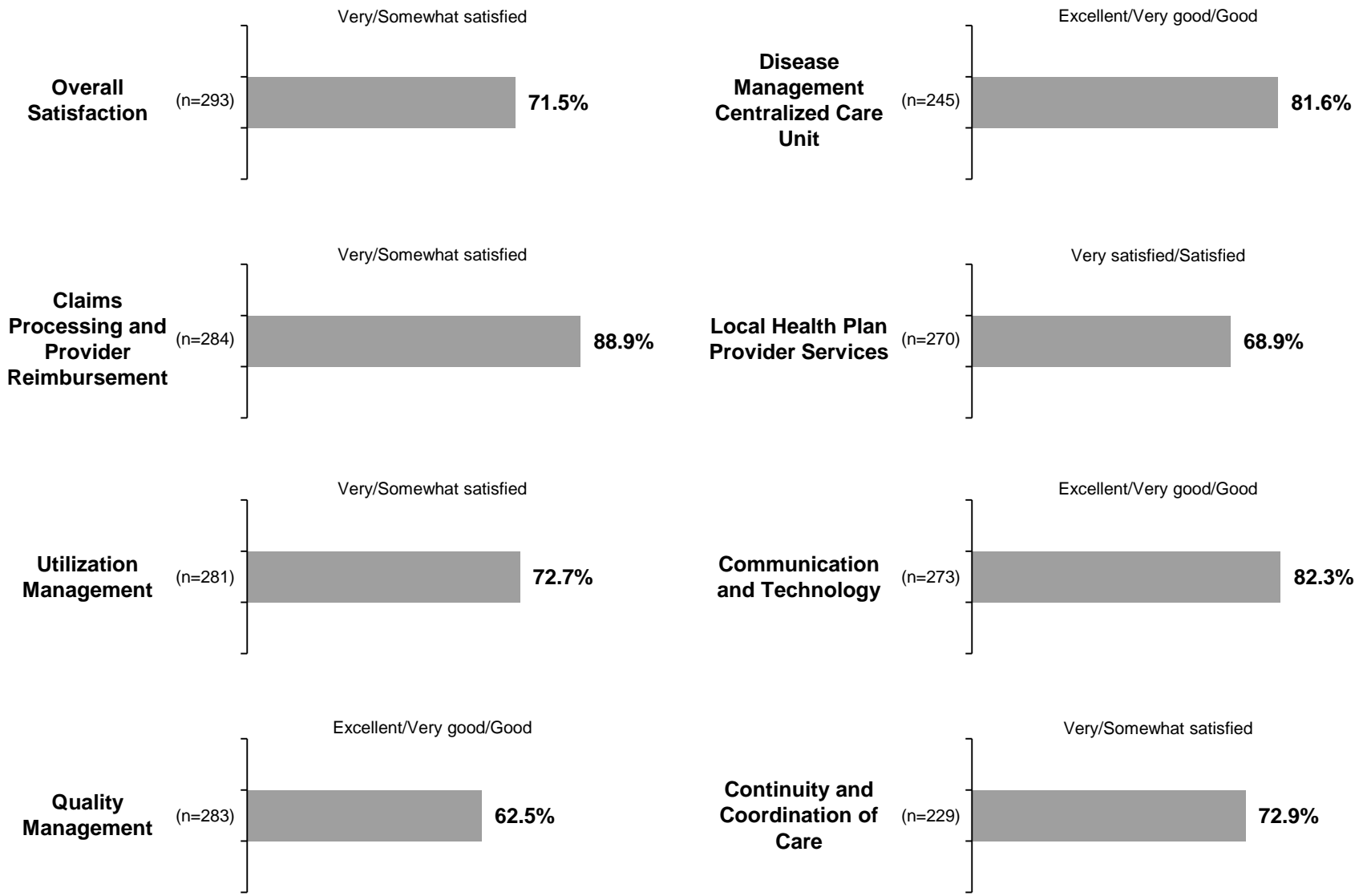
- 82%, on average, rated their experience with DMCCU as excellent, very good or good.
- 95% perceive disease management programs as having a positive impact on a patient's health status and 52% indicated that patient quality of life has improved since enrollment in an Amerigroup DMCCU program.
- 36% indicated that Amerigroup DMCCU programs are much better or better than other plan programs and 83% would recommend them to other providers.

# POWeR™ Chart for overall satisfaction with Amerigroup



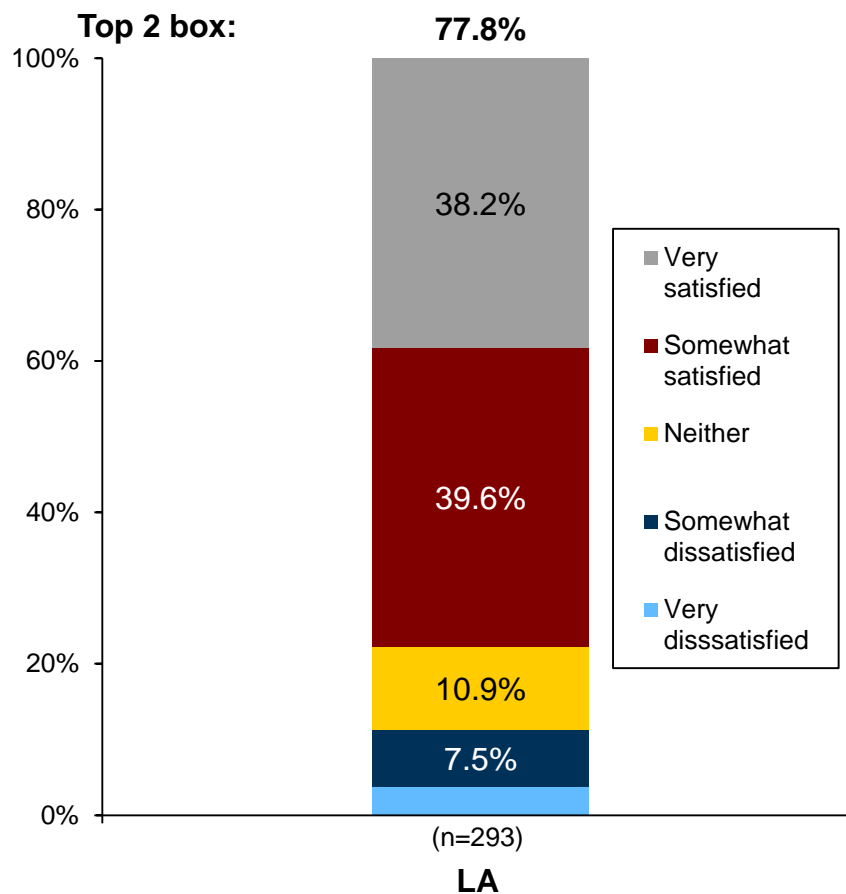
Note: Key drivers in the "Opportunity" quadrant are shaded in yellow, while those in the "Power" quadrant are shaded in blue. See Appendix for full listing of questions in the model.

Composite summary



More than three-quarters of Louisiana providers are satisfied overall with Amerigroup.

## Overall satisfaction with Amerigroup



Q21. Please rate your overall satisfaction with Amerigroup.



# Overall satisfaction

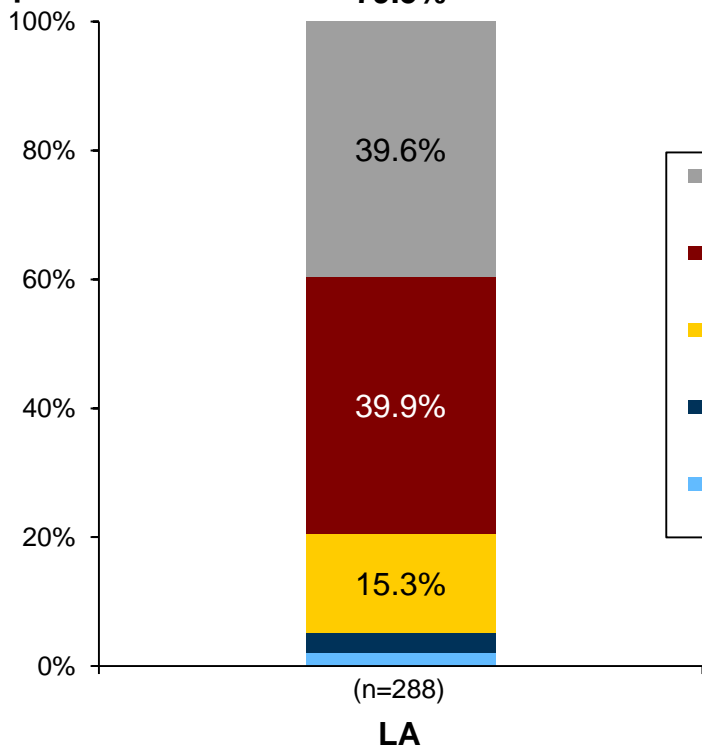
Eight in 10 are satisfied with the enrollment process, while more than half are satisfied with the provider complaint systems.

## Satisfaction with other provider services

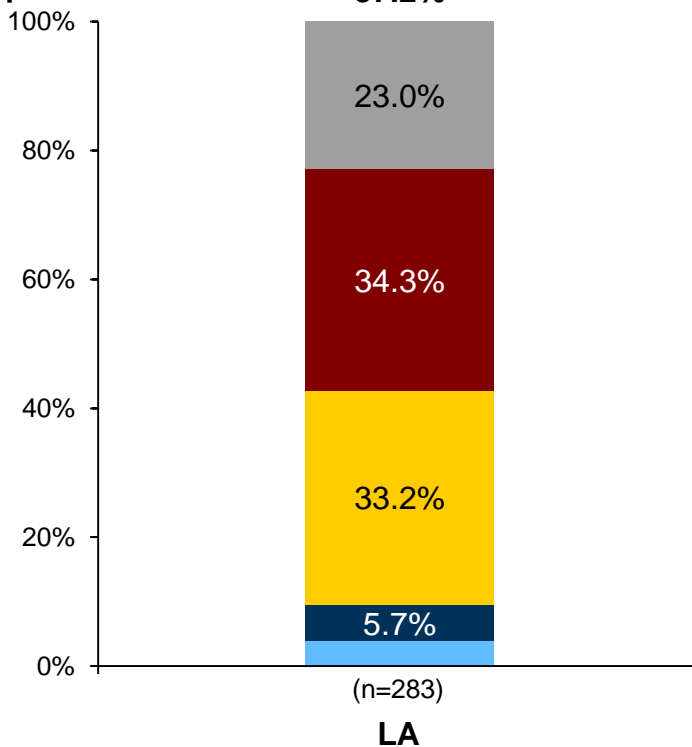
### Provider enrollment process

### Provider complaint systems

Top 2 box:



Top 2 box:

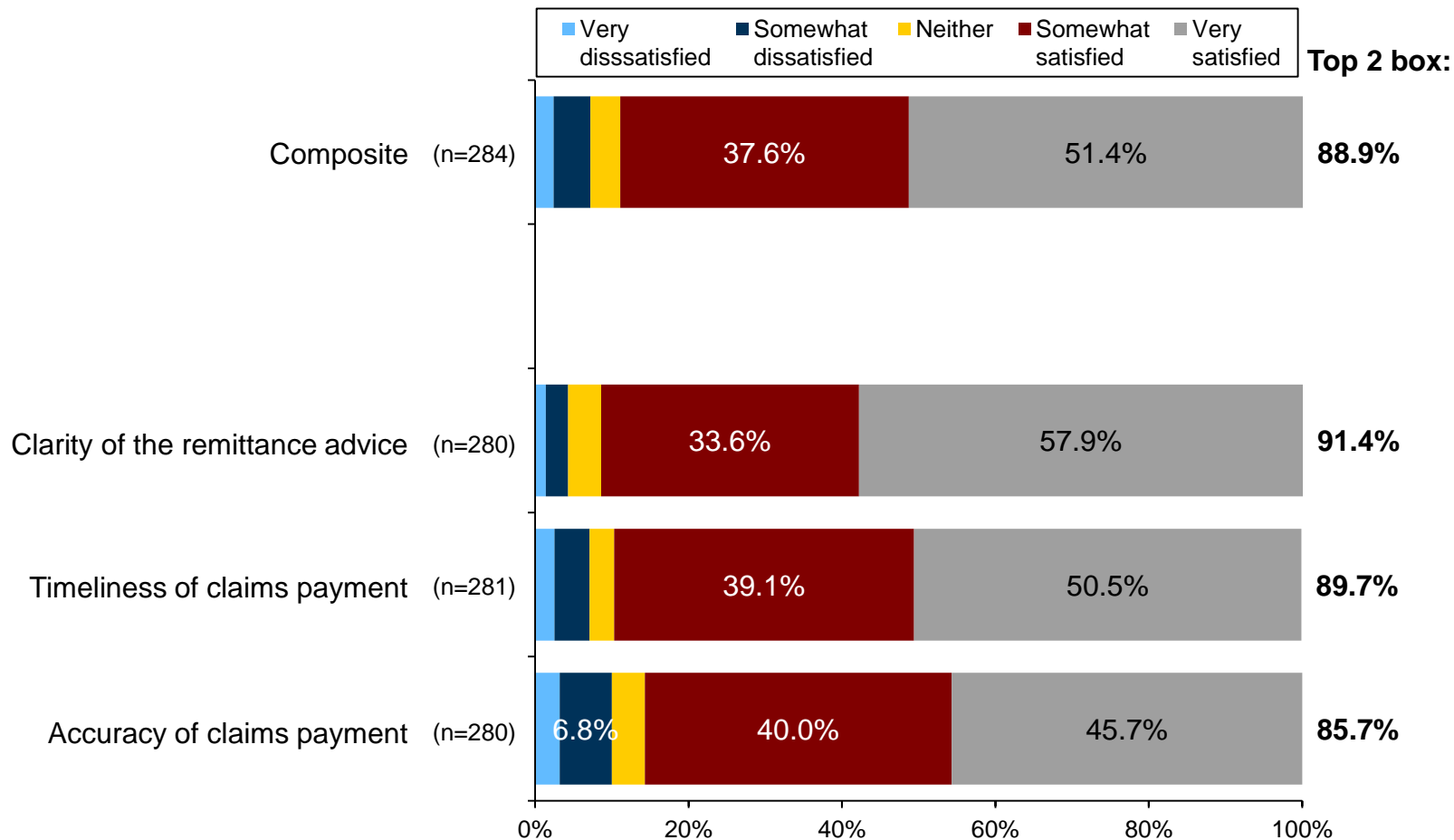


Q22. Please rate your overall satisfaction with the provider enrollment process. Q23. Please rate your overall satisfaction with the provider complaint systems.

# Claims processing and provider reimbursement

Nearly nine in 10 are satisfied with claims processing and provider reimbursement.

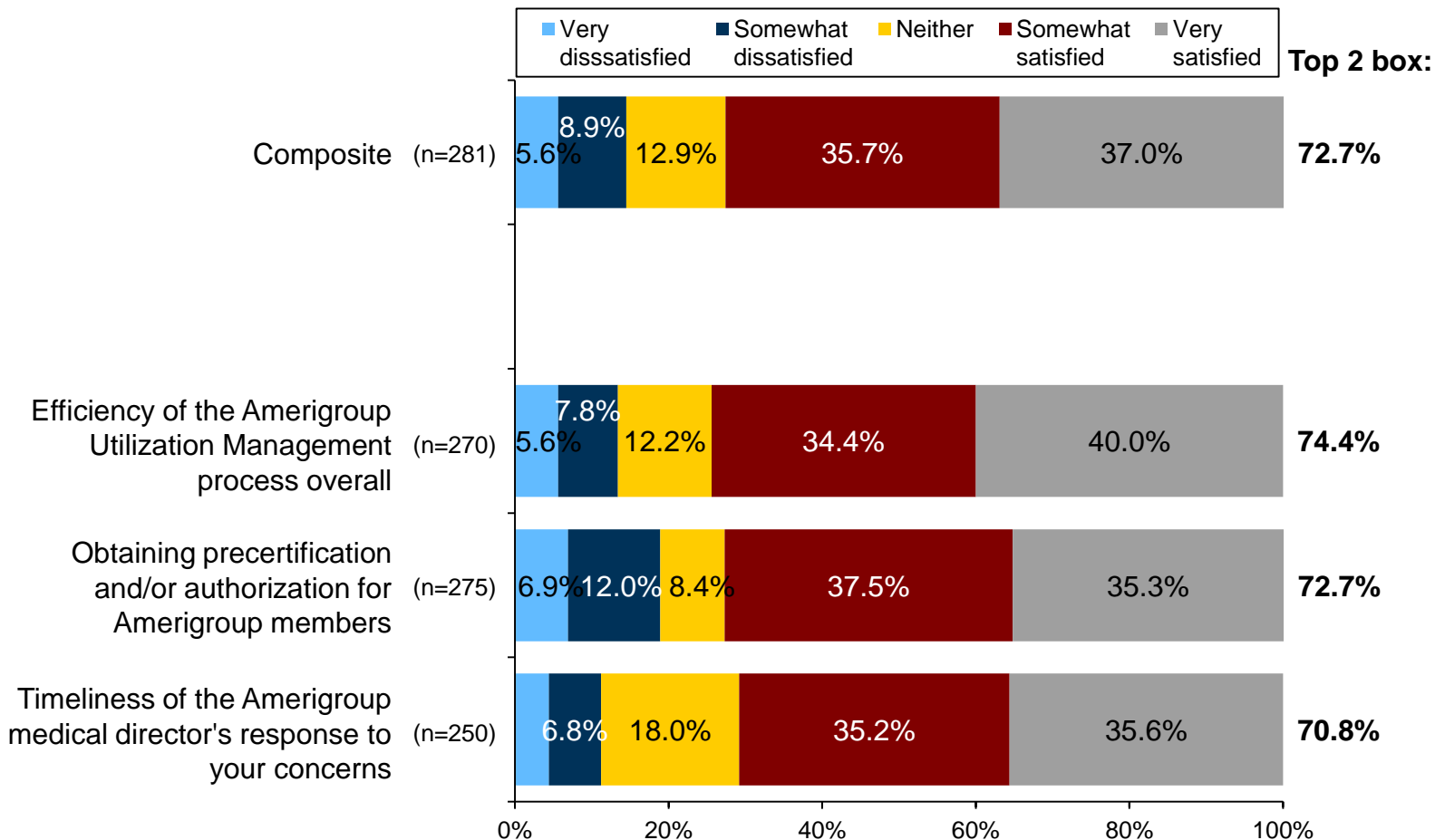
## Satisfaction with claims payments and remittance advice



Q1. How satisfied are you with Amerigroup performance in these areas?

More than seven in 10 are satisfied with the Utilization Management process.

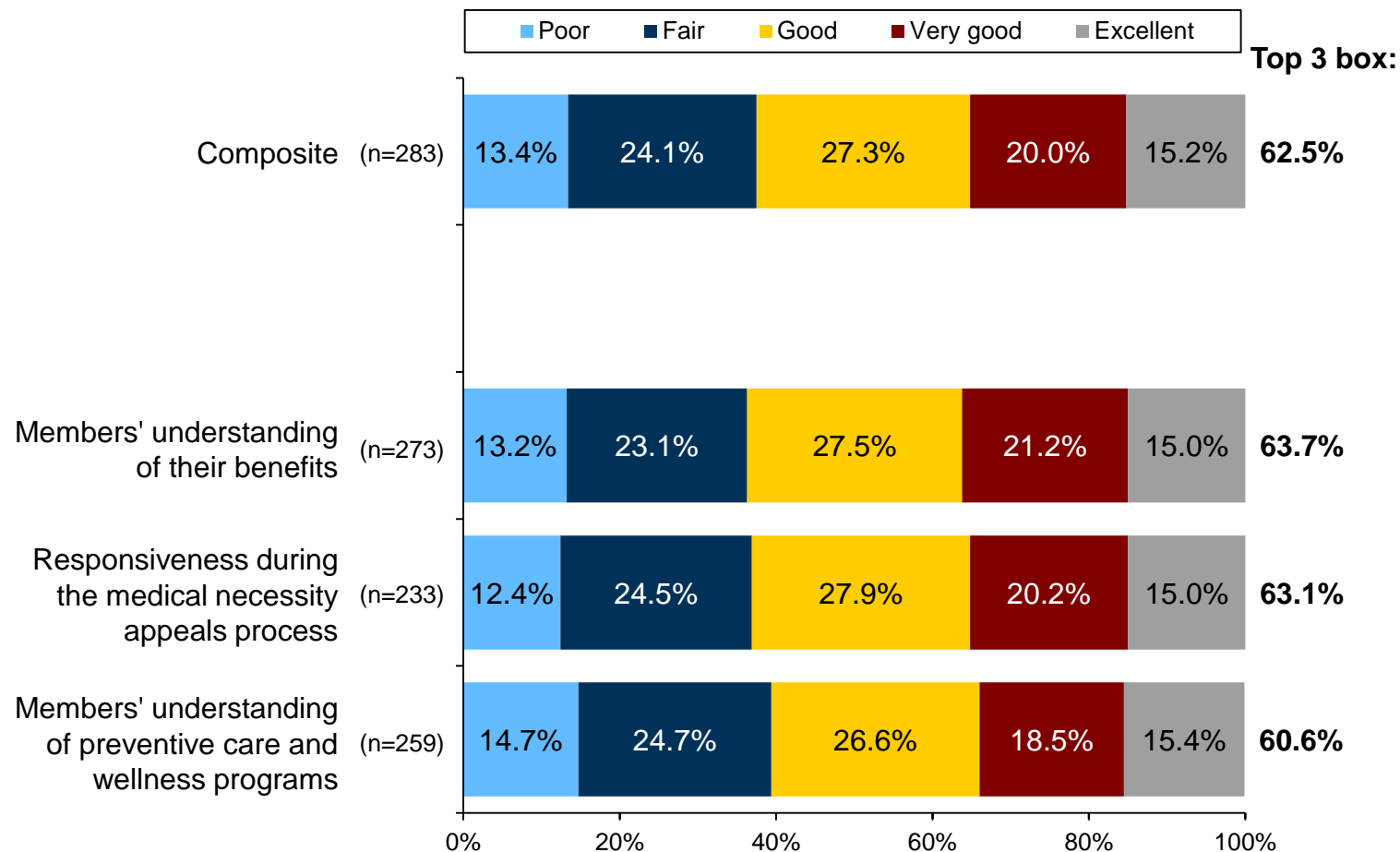
## Satisfaction with Utilization Management process



Q2. Please rate your satisfaction with:

Six in 10 rated their experience with Amerigroup Quality Management as excellent, very good or good.

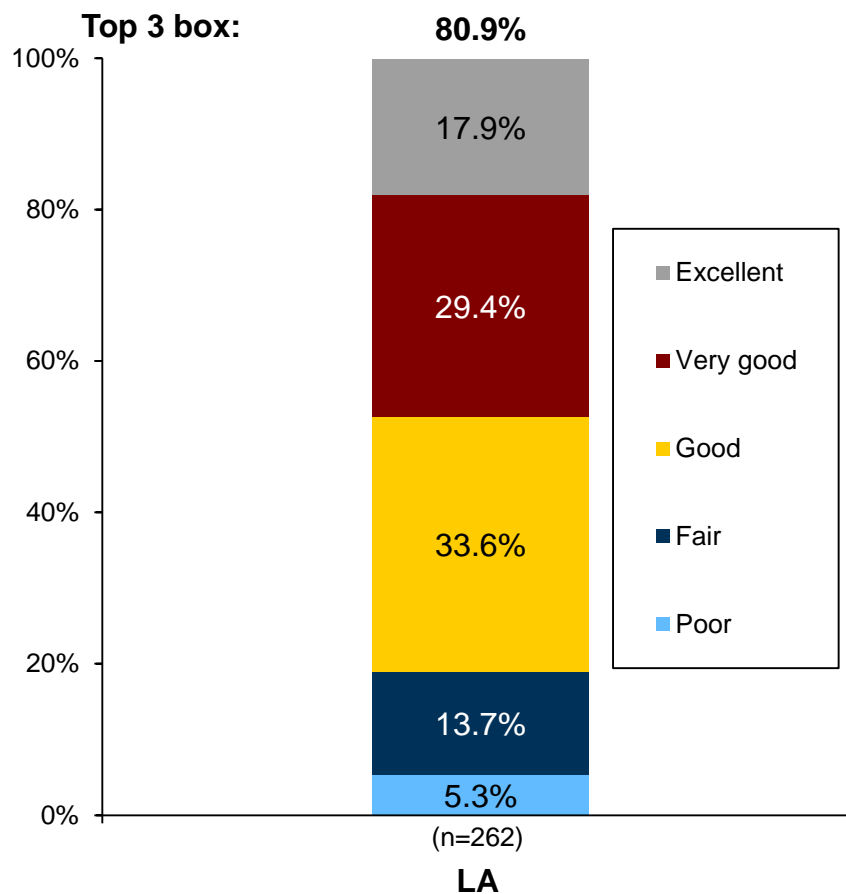
## Ratings of experiences with Amerigroup



Q3. Please rate your experience with Amerigroup:

Eight in 10 gave top-three-box ratings for the education provided about how to maximize their HEDIS performance.

## Rating of HEDIS education



Q4. How would you describe the education provided to you by Amerigroup on data collection and reporting to maximize your HEDIS performance?

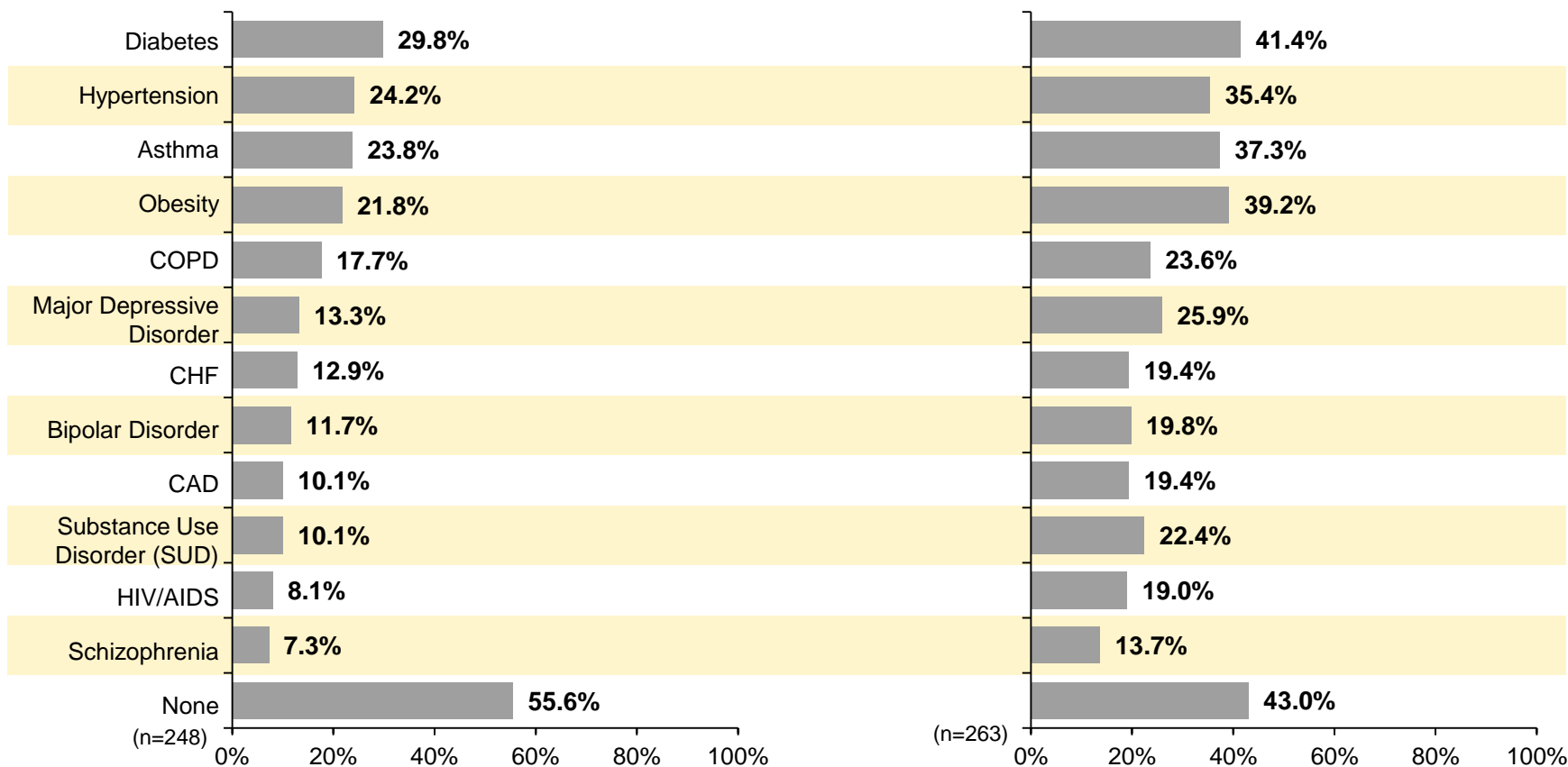
# Disease Management Centralized Care Unit (DMCCU)

More than half did not enroll patients in a DMCCU program and about four in 10 do not want more information about any of the programs. Among providers who enrolled patients, the diabetes program was the most popular. Roughly four in 10 would like more information about diabetes and obesity management.

## DMCCU programs

### Programs in which provider enrolled patients

### Providers want more program information about ...



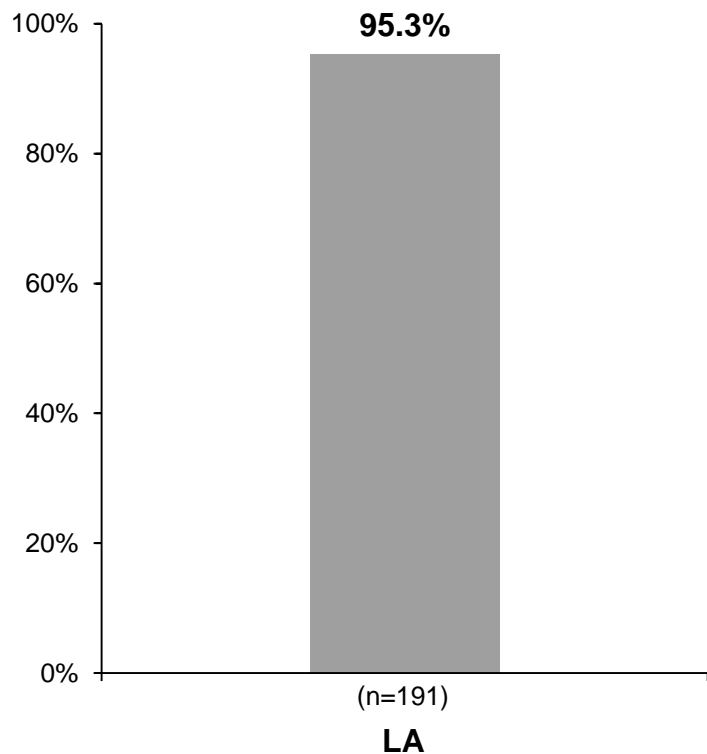
Q5. In which program(s) did you enroll your patients? Q10. Please check the DMCCU programs you would like more information about:

Nearly all perceive disease management programs to have a positive impact on a patient's health. Most indicated that patient quality of life has improved.

Overall ratings of DMCCU programs

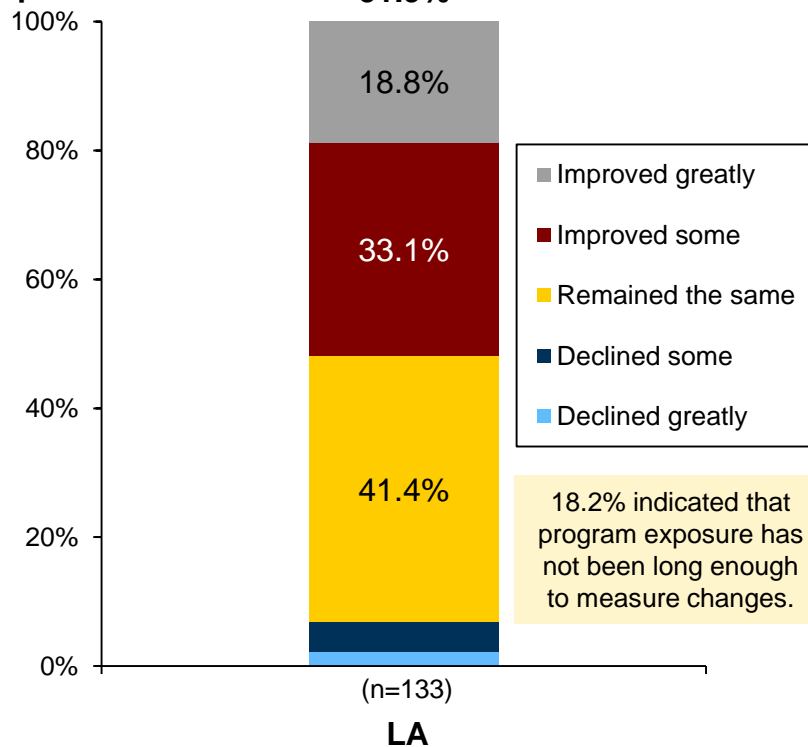
Impact of disease management programs

(% Positive)



Patient quality of life has ...

Top 2 box:



Q9. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q7. In general, since enrollment in the Amerigroup DMCCU program(s), has patient quality of life ...?

More than one-third rated Amerigroup DMCCU as better than other Medicaid/Medicare Advantage plans. Eight in 10 would recommend DMCCU programs to other providers.

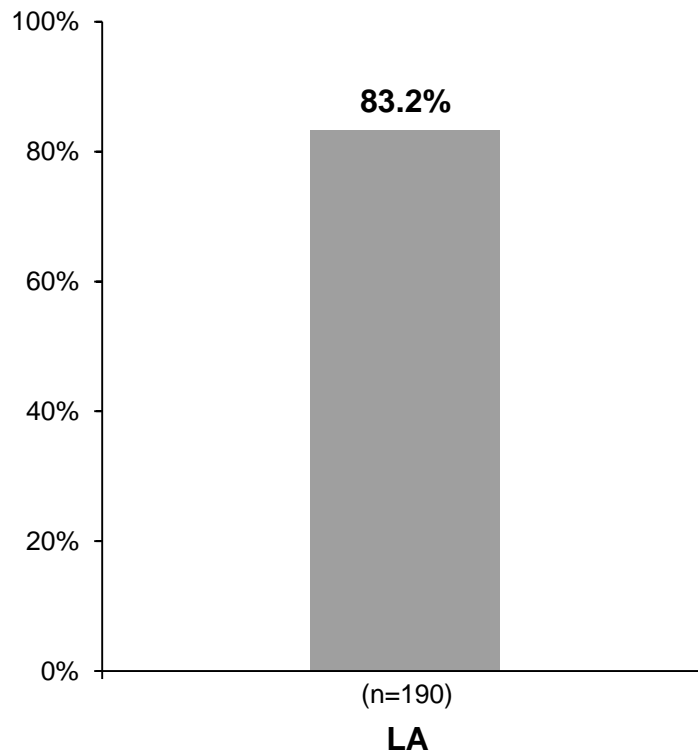
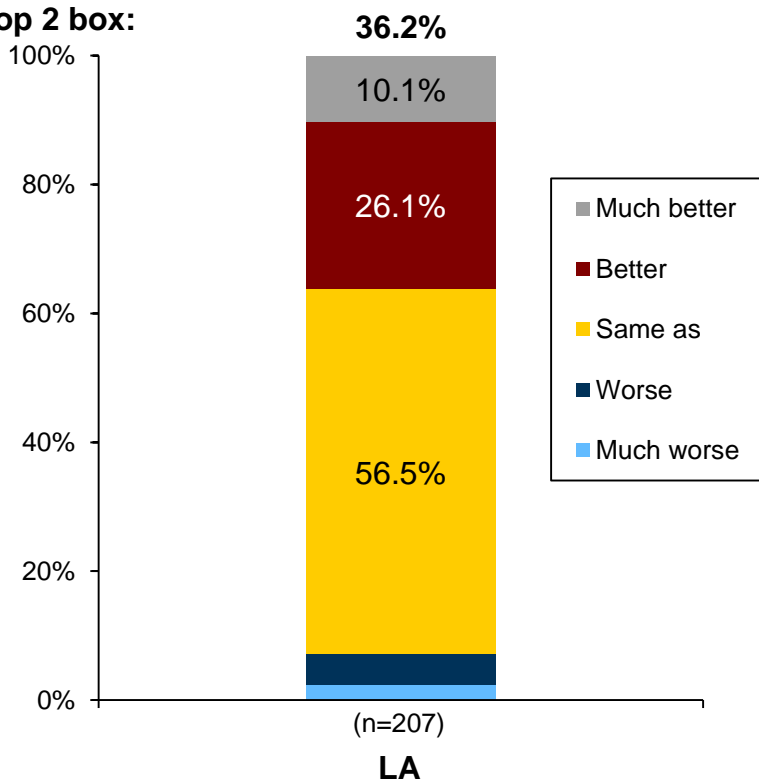
Overall ratings of DMCCU programs (cont'd)

Amerigroup comparison to other plans

Would recommend to other providers

(% Yes)

Top 2 box:

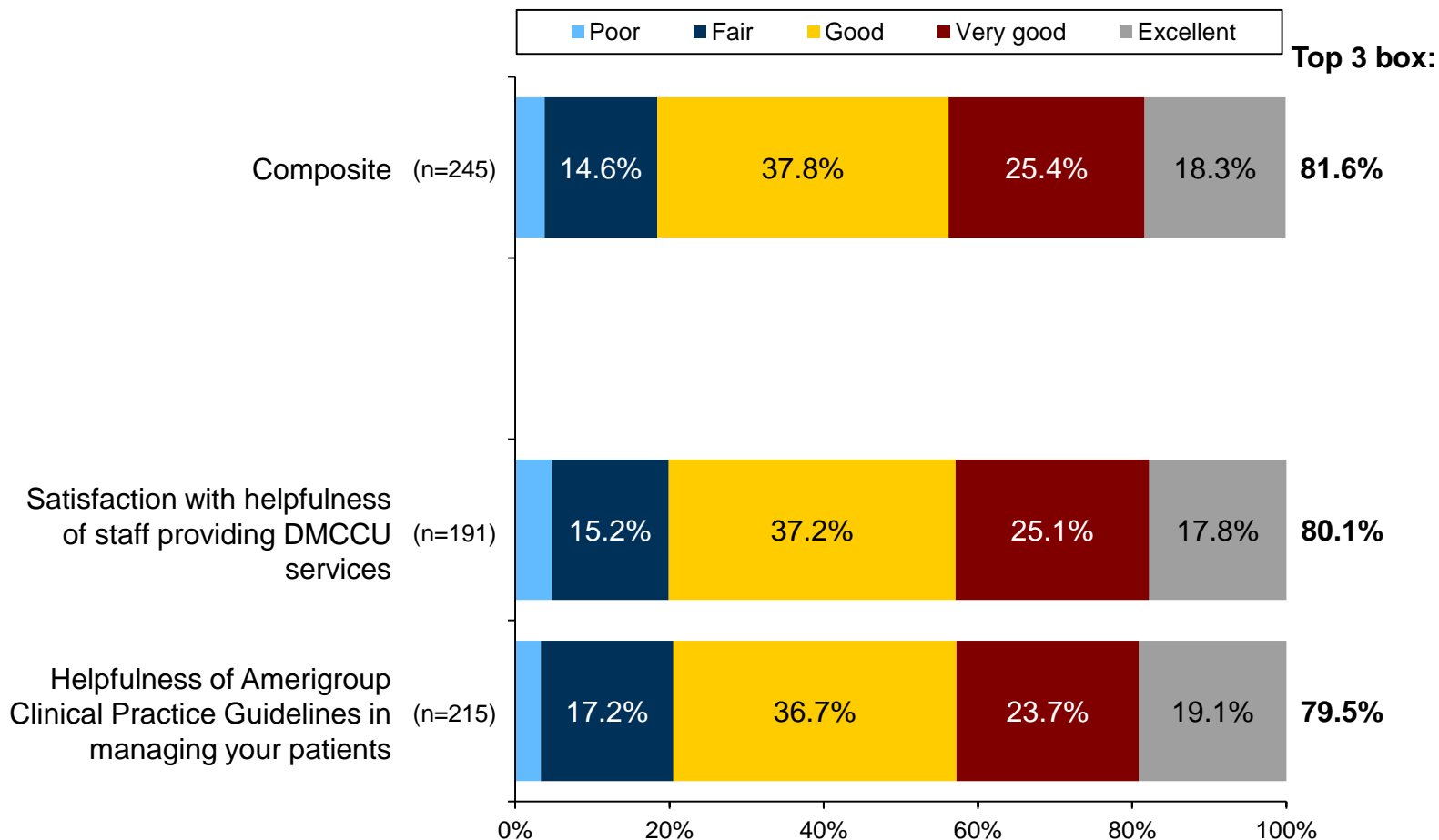


Q11. How does the Amerigroup DMCCU compare to other Medicaid/Medicare Advantage plans? Q8. Would you recommend the Amerigroup DMCCU program(s) to other providers?



Roughly eight in 10 are satisfied with the helpfulness of DMCCU staff and the Amerigroup Clinical Practice Guidelines.

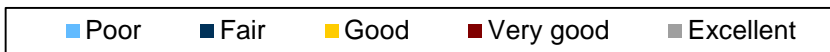
Rating of experience with DMCCU elements



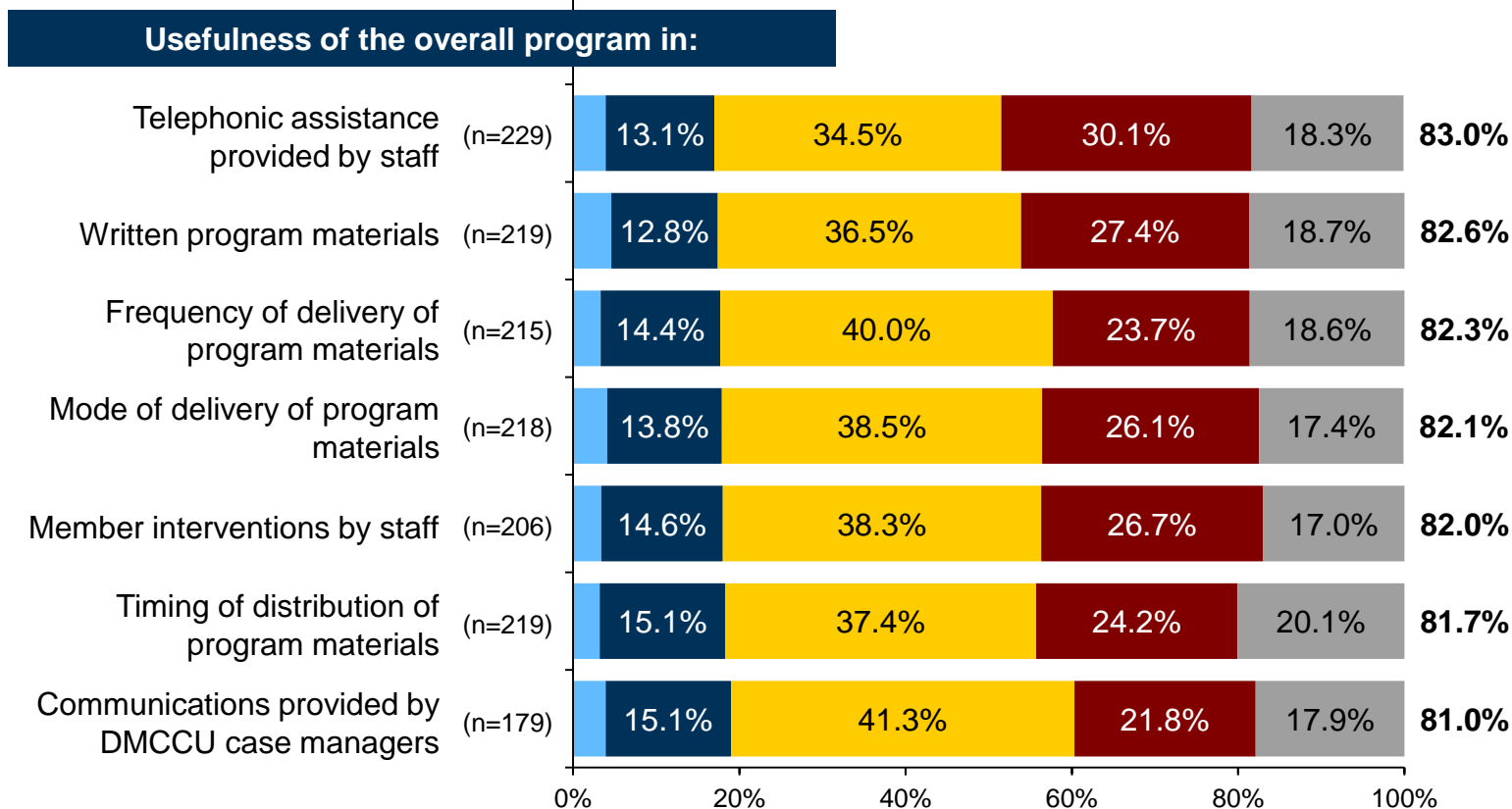
Q6. Please rate your experience with:

More than eight in 10 gave top-three-box ratings for the usefulness of these elements of DMCCU programs.

**Rating of experience with DMCCU elements (cont'd)**



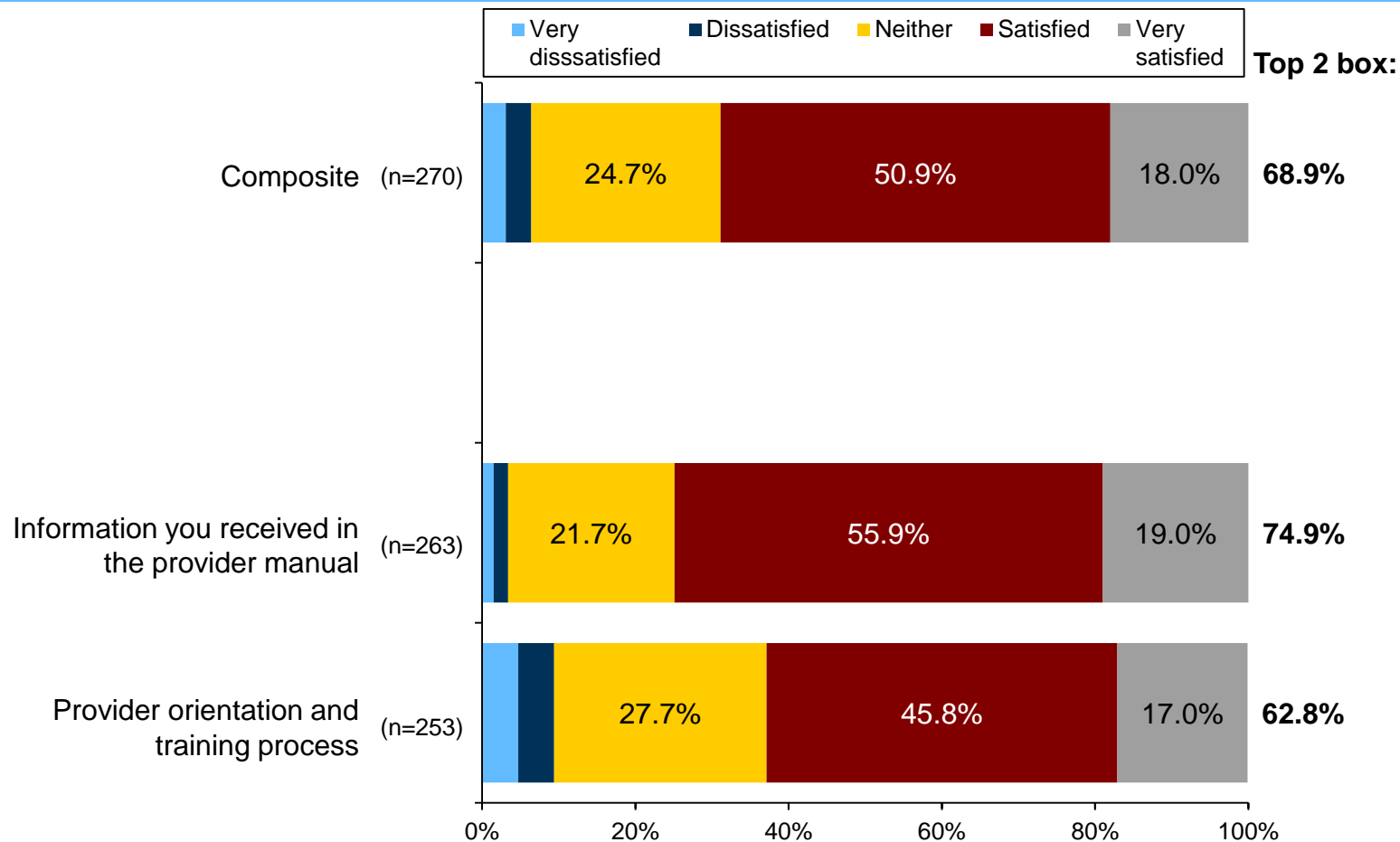
**Top 3 box:**



Q6. Please rate your experience with:

Three-quarters are satisfied with the information received in the provider manual, while about six in 10 are satisfied with the provider orientation training process.

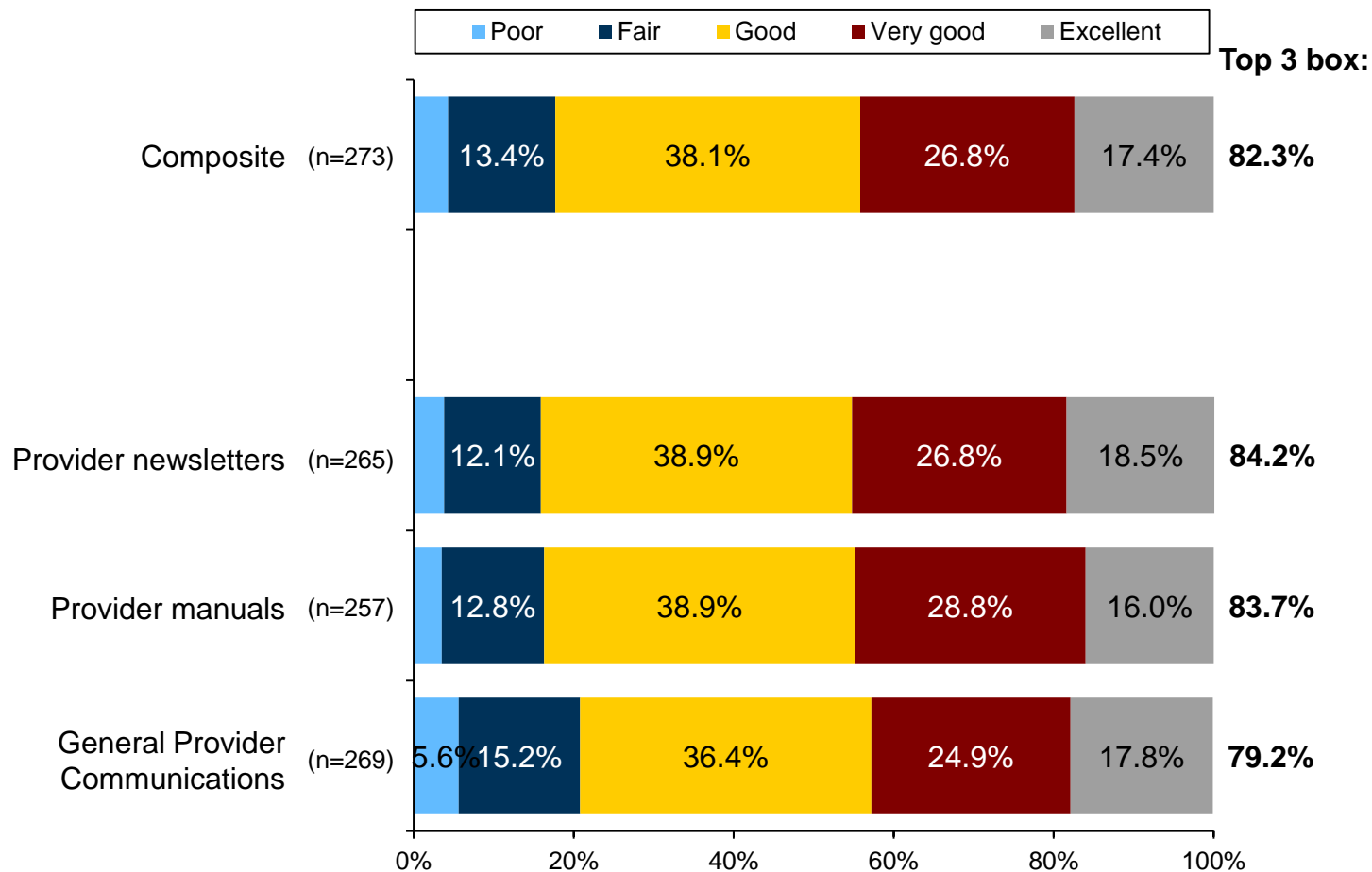
## Satisfaction with services



Q12. How satisfied were you with the following:

About eight in 10 are satisfied with the quality and effectiveness of Amerigroup materials.

## Ratings of Amerigroup materials



Q13. Please rate the quality and effectiveness of the following Amerigroup materials:

Most providers who would like to be contacted want to discuss their participation in a Quality Incentive Program. Other popular topics include HEDIS, the initiation of electronic claims, innovative programs and after-hours care.

<b>Information providers want to discuss</b>	
<b>(All mentions)</b>	
	Base: (n=101)
Participation in a Quality Incentive Program	59.4%
Why HEDIS measures are so important	38.6%
Initiation of electronic claims processing	31.7%
Innovative programs my practice employs	28.7%
Providing after-hours care in my practice	25.7%
Customer service/provider representative issues	4.0%
Referral/authorization issues	4.0%
Faxes/mail	2.0%
Coverage/eligibility	2.0%
Fee schedule/reimbursement	2.0%
Claims/denials/billing/payments (slow, inaccurate)	2.0%
Patient issues/suggestions	1.0%
Network mentions	1.0%
Medications/prescriptions/formulary	1.0%
Overall satisfied/no problems	1.0%
DMCCU	1.0%
Other issues	1.0%
No need for contact/none/nothing/N/A	12.9%

Q24. I would like to be contacted by a health plan representative to discuss:

# Continuity and coordination of care

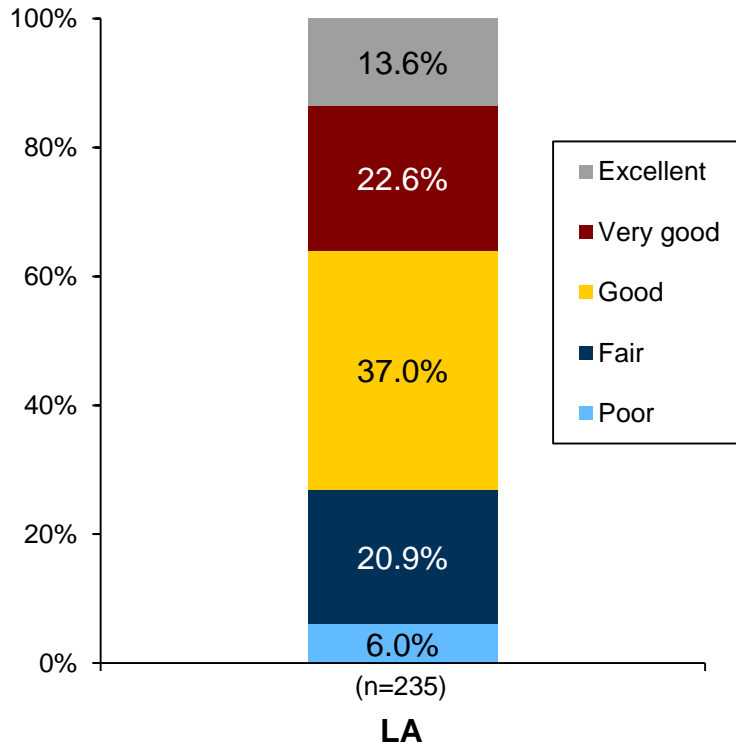
More than seven in 10 gave top-three-box ratings for their experience with case management services, while one-third said that Amerigroup is better than other plans in terms of its continuity and coordination of care.

## Ratings of experience with continuity and coordination of care

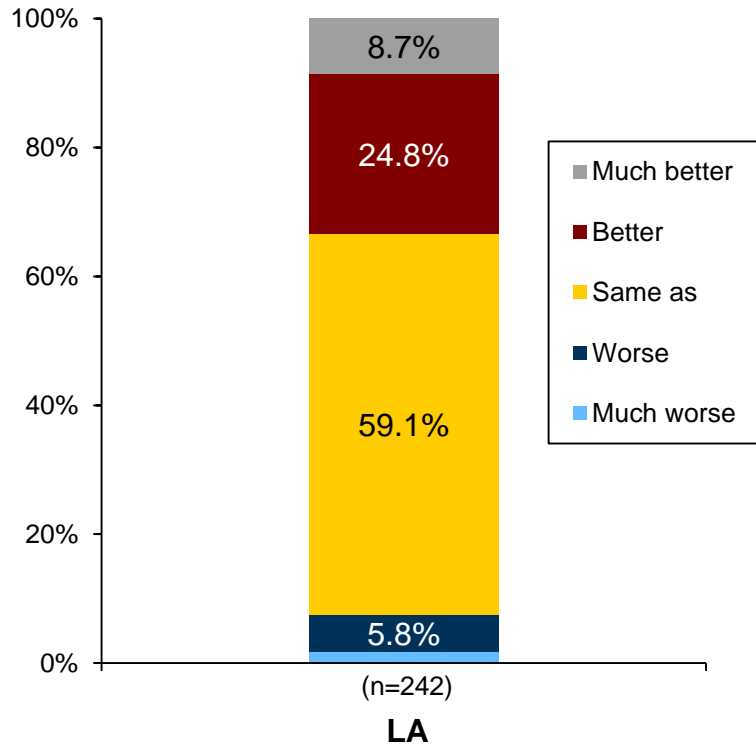
### Quality of case management services

### Amerigroup comparison to other plans

#### Top 3 box:



#### Top 2 box:

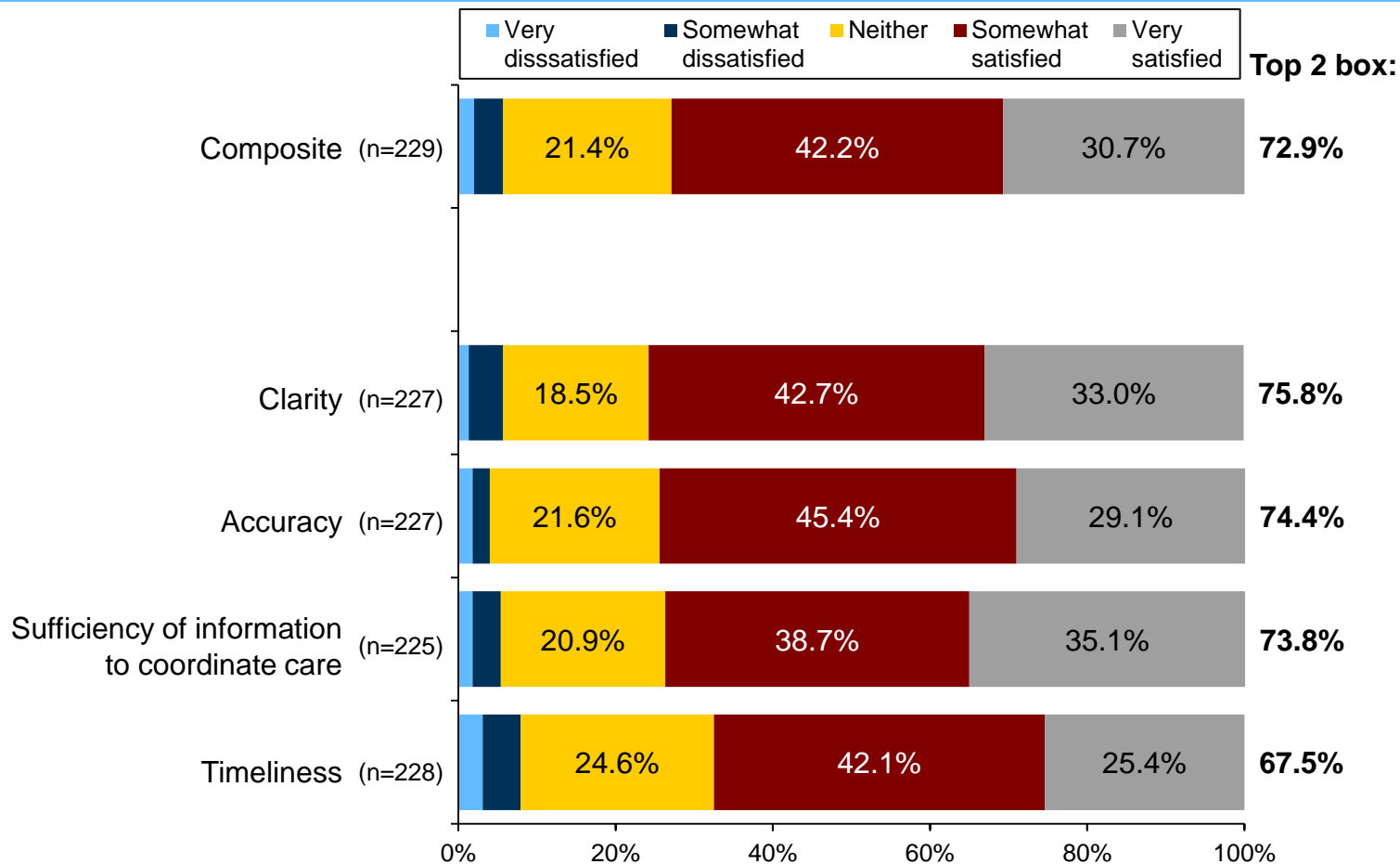


Q16. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q17. How does the Amerigroup continuity and coordination of care compare to other Medicaid/Medicare Advantage plans?

# Continuity and coordination of care

More than seven in 10 are satisfied with the information exchange for the coordination of medical and behavioral health care. Timeliness has the most room for improvement.

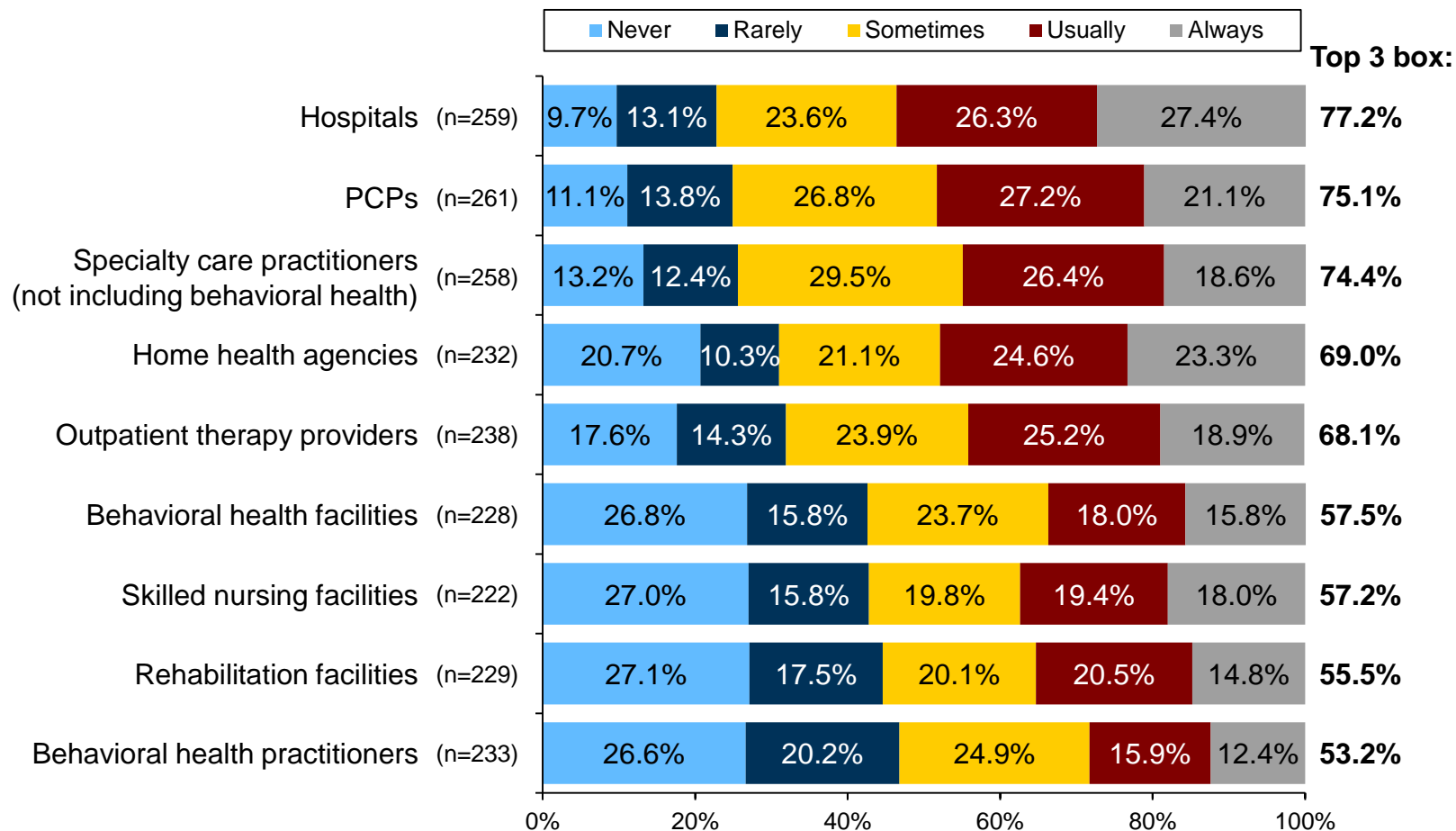
## Satisfaction with information exchange



Q15. Please rate your experience in the following dimensions of information exchange for the coordination of medical and behavioral health care:

More than one-quarter always receive communication from hospitals regarding their patients.

## Frequency of receiving verbal/written communication from other providers



Q14. How often do you receive verbal and/or written communication from other practitioners and providers regarding your patients?



# Continuity and coordination of care

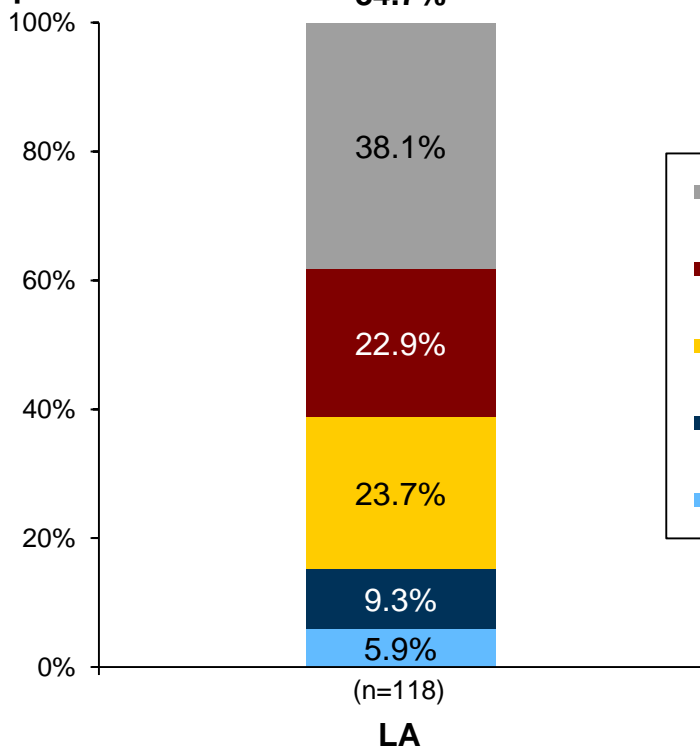
Nearly four in 10 PCPs indicated that they always contact their patient's behavioral health provider after learning that they are actively receiving services. A similar proportion of behavioral health care providers said they always contact their new patient's PCP in order to coordinate care.

## Frequency of contact

### Contact patient's BH provider

Among PCPs only

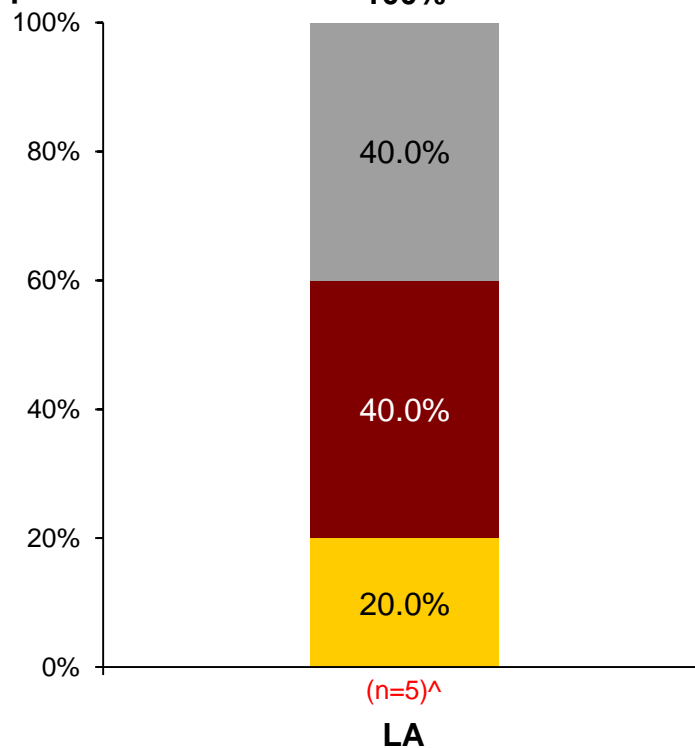
Top 3 box:



### Contact patient's PCP

Among behavioral health care providers only

Top 3 box:



A caret (^) indicates a base size smaller than 20. Interpret results with caution.

Q18. 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? Q19. When you receive an Amerigroup member as a new patient, how often do you contact the member's PCP to coordinate care?

<b>Individual completing survey</b>	
	Base: (n=276)
Office Manager	47.8%
Physician (PCP)	12.7%
Physician (Specialist)	6.2%
Physician (OB/GYN)	1.4%
Behavioral Health Practitioner	1.4%
Other Staff	30.4%
<b>Population</b>	
	Base: (n=297)
Medicaid only	100%
<b>Provider type</b>	
	Base: (n=297)
PCP	49.5%
Specialist	37.4%
OB/GYN	10.8%
BH	2.4%
<b>Practice type</b>	
	Base: (n=297)
Solo	23.2%
Group	76.8%

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

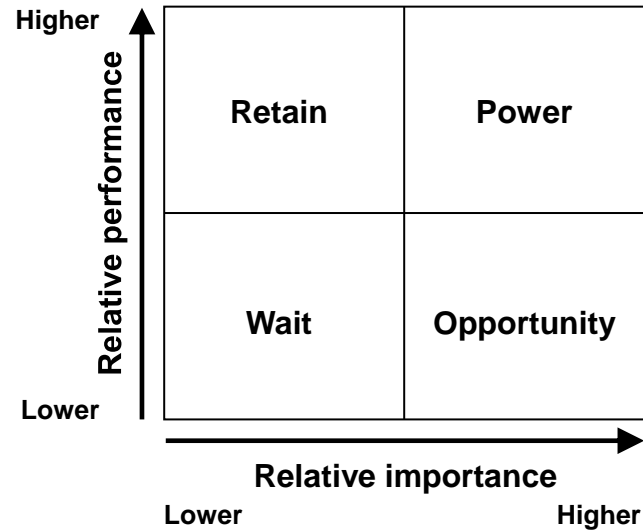
## Performance analysis.

Relative performance (the top-two-/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



# Variables in the model

## The independent or predictor variables are:

### Claims processing and provider reimbursement

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

### Utilization Management

- Q2a. Obtaining precertification and/or authorization for Amerigroup members
- Q2b. Efficiency of the Amerigroup Utilization Management process overall
- Q2c. Timeliness of the Amerigroup medical director's response to your concerns

### Quality Management

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

### Disease Management Centralized Care Unit (DMCCU)

- Q6aa. Usefulness of telephonic assistance provided by staff
- Q6ab. Usefulness of member interventions by staff
- Q6ac. Usefulness of written program materials
- Q6ad. Usefulness of timing of distribution of program materials
- Q6ae. Usefulness of mode of delivery of program materials
- Q6af. Usefulness of frequency of delivery of program materials
- Q6ag. Usefulness of communications provided by DMCCU case managers
- Q6b. Satisfaction with helpfulness of staff providing DMCCU services
- Q6c. Helpfulness of Amerigroup Clinical Practice Guidelines in managing your patients

### Local health plan provider services

- Q12a. Provider orientation and training process
- Q12b. Information in the provider manual

### Communication and technology

- Q13a. Quality and effectiveness of provider manuals
- Q13b. Quality and effectiveness of provider newsletters
- Q13c. Quality and effectiveness of general provider communications

### Continuity and coordination of care

- Q15a. Timeliness of information exchange
- Q15b. Accuracy of information exchange
- Q15c. Clarity of information exchange
- Q15d. Sufficiency of information to coordinate care

### Enrollment process

- Q22. Satisfaction with the provider enrollment process

### Complaint systems

- Q23. Satisfaction with the provider complaint systems

## The dependent variable is:

- Q21. Overall satisfaction with Amerigroup

# Factor analysis results

**Factor analysis.** Factor analysis reduced the 28 highly-correlated model variables to six orthogonal (uncorrelated) factors that explain 80.2% 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
Q6ad.	Usefulness of timing of distribution of program materials	0.8526					
Q6ae.	Usefulness of mode of delivery of program materials	0.8407					
Q6af.	Usefulness of frequency of delivery of program materials	0.8370			0.2574		
Q6ag.	Usefulness of communications provided by DMCCU case managers	0.8254					
Q6ac.	Usefulness of written program materials	0.8083					
Q6ab.	Usefulness of member interventions by staff	0.8048					
Q6b.	Satisfaction with helpfulness of staff providing DMCCU services	0.7918					
Q6aa.	Usefulness of telephonic assistance provided by staff	0.7737		0.2571			
Q6c.	Helpfulness of Amerigroup Clinical Practice Guidelines in managing your patients	0.7595					
Q4.	Rating of HEDIS education	0.4589		0.3878	0.3701	0.2654	
Q15b.	Accuracy of information exchange		0.9023				
Q15c.	Clarity of information exchange		0.8878				
Q15d.	Sufficiency of information to coordinate care		0.8838				
Q15a.	Timeliness of information exchange		0.8185				
Q2a.	Obtaining precertification and/or authorization for Amerigroup members			0.8433			
Q2b.	Efficiency of the Amerigroup Utilization Management process overall			0.7738		0.2777	
Q2c.	Timeliness of the Amerigroup medical director's response to your concerns			0.7071			
Q3c.	Responsiveness during the medical necessity appeals process	0.4245		0.6075			
Q13a.	Quality and effectiveness of provider manuals	0.5017			0.7287		
Q13b.	Quality and effectiveness of provider newsletters	0.5138			0.6998		
Q13c.	Quality and effectiveness of general provider communications	0.5253			0.6988		
Q12b.	Information you received in the provider manual	0.2716	0.2653		0.5959		0.4832
Q1a.	Timeliness of claims payment					0.8376	
Q1b.	Accuracy of claims payment			0.2871		0.8116	
Q1c.	Clarity of the remittance advice					0.7909	
Q23.	Satisfaction with the provider complaint systems	0.3378		0.3329			0.6229
Q22.	Satisfaction with the provider enrollment process	0.2794		0.3078		0.2780	0.6123
Q12a.	Provider orientation and training process	0.2668			0.5019		0.5963



## Regression analysis results

**Regression analysis.** The six factors identified in the previous step were used as predictors in a regression model with Q21, 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 74.4% of the variation in the dependent variable ( $R^2= 0.744$ ).

### Regression coefficients

Variable	Unstandardized coefficients	Standardized (Beta) coefficients	Significance level
Constant	4.1288	0.0000	0.0000
Factor 1 -- Q6ad., Q6ae., Q6af., Q6ag., Q6ac., Q6ab., Q6b., Q6aa., Q6c., Q4.	0.2629	0.2893	0.0000
Factor 2 -- Q15b., Q15c., Q15d., Q15a.	0.2767	0.2962	0.0000
Factor 3 -- Q2a., Q2b., Q2c., Q3c.	0.4680	0.5024	0.0000
Factor 4 -- Q13a., Q13b., Q13c., Q12b.	0.2042	0.2232	0.0000
Factor 5 -- Q1a., Q1b., Q1c.	0.2957	0.3187	0.0000
Factor 6 -- Q23., Q22., Q12a.	0.3779	0.4090	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 rescaled to 100 points, the smallest value is rescaled to 0 points and the median value is rescaled to 50 points.

**Amerigroup performance.** Amerigroup 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.

## Variable importance and performance

Question	Survey items	Importance	Performance	Top-two-box/ Top-three-box scores
Q2a.	Obtaining precertification and/or authorization for Amerigroup members	100	34	72.7%
Q2b.	Efficiency of the Amerigroup Utilization Management process overall	96	38	74.4%
Q2c.	Timeliness of the Amerigroup medical director's response to your concerns	71	30	70.8%
Q1b.	Accuracy of claims payment	58	75	85.7%
Q3c.	Responsiveness during the medical necessity appeals process	58	13	63.1%
Q15b.	Accuracy of information exchange	57	38	74.4%
Q23.	Satisfaction with the provider complaint systems	57	0	57.2%
Q15c.	Clarity of information exchange	57	41	75.8%
Q1a.	Timeliness of claims payment	56	92	89.7%
Q15d.	Sufficiency of information to coordinate care	56	37	73.8%
Q22.	Satisfaction with the provider enrollment process	54	49	79.5%
Q6ad.	Usefulness of timing of distribution of program materials	52	58	81.7%
Q12a.	Provider orientation and training process	51	12	62.8%
Q1c.	Clarity of the remittance advice	50	100	91.4%
Q15a.	Timeliness of information exchange	48	23	67.5%
Q6ab.	Usefulness of member interventions by staff	46	60	82.0%
Q6ae.	Usefulness of mode of delivery of program materials	41	60	82.1%
Q6aa.	Usefulness of telephonic assistance provided by staff	30	64	83.0%
Q6ac.	Usefulness of written program materials	28	62	82.6%
Q6af.	Usefulness of frequency of delivery of program materials	26	61	82.3%
Q13c.	Quality and effectiveness of general provider communications	23	49	79.2%
Q12b.	Information you received in the provider manual	18	39	74.9%
Q6c.	Helpfulness of Amerigroup Clinical Practice Guidelines in managing your patients	18	49	79.5%
Q6ag.	Usefulness of communications provided by DMCCU case managers	16	55	81.0%
Q13b.	Quality and effectiveness of provider newsletters	7	69	84.2%
Q6b.	Satisfaction with helpfulness of staff providing DMCCU services	7	51	80.1%
Q13a.	Quality and effectiveness of provider manuals	1	67	83.7%
Q4.	Rating of HEDIS education	0	55	80.9%

Top-three-box  
scores are  
shaded

## Opportunities for improvement

### POWeR™ Chart.

Finally, the importance and performance results are summarized in the classification matrix on page 6. 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):

- Obtaining precertification and/or authorization for Amerigroup members
- Efficiency of the Amerigroup Utilization Management process overall
- Timeliness of the Amerigroup medical director's response to your concerns
- Responsiveness during the medical necessity appeals process
- Accuracy of information exchange
- Satisfaction with the provider complaint systems
- Clarity of information exchange
- Sufficiency of information to coordinate care
- Satisfaction with the provider enrollment process
- Provider orientation and training process

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