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# Provider Satisfaction Survey Report

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## 2016

**AmeriHealth Caritas Louisiana  
Provider Network Management  
4/20/2017**

## 2016 Practitioner Satisfaction Survey

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April 20, 2017

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## Overview

### Focus

AmeriHealth Caritas Louisiana (ACLA) analyzes the results of the annual Provider Satisfaction Survey to identify opportunities to improve provider satisfaction related to the services and programs provided.

### Goal

To maintain or improve overall provider satisfaction with the plan.

### Annual Results

SPH Analytics (SPHA), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct the 2016 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. In addition, results from the 2013 SPHA Medicaid Book of Business Benchmark are provided for comparison. The Benchmark is comprised of Primary Care Physicians and Specialists and includes data from 38 Medicaid plans nationally encompassing 14,595 respondents.

### Methodology

SPHA utilized a one-wave mail plus Internet with phone follow-up survey methodology. A total of 359 mail, Internet, and phone surveys were completed. The mail survey was distributed to a sample of 1,875 providers with a total considered as ineligible yielding a response rate of 6.4%. At a pre-determined date, follow-up calls were made to non-respondent practices. As a result, 1,260 office managers were included in the database for the phone follow-up data collection component. From this sample, 247 surveys were completed yielding a return rate of 26.4%.

#### Mail/Internet Component

$$\frac{99 \text{ (mail)} + 13 \text{ (Internet)}}{1,875 \text{ (sample)} - 133 \text{ (ineligible)}} = 6.4\%$$

#### Phone Component

$$\frac{247 \text{ (phone)}}{1,260 \text{ (sample)} - 326 \text{ (ineligible)}} = 26.4\%$$

Figure 1 provides survey completion rates by practitioner type comparing 2016 rates to 2014 and 2015. In 2016, ACLA had an increase of completion rates by Practitioners and a decrease in completion rates by Office Managers and Receptionists.

**Figure 1 Completion Rates**

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

## 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:

- Provider Relations/Network Management
- Provider Services Staff
- Claims Reimbursement Process
- Utilization and Quality Management
- Integrated Health Care Management
- Pharmacy Services
- Cultural Competency
- Overall Satisfaction and Loyalty

**Figure 2** outlines the plan's performance among the composite categories using the top two ratings of Excellent and Very Good. There are four (4) composite scores that rated significantly higher compared to all other Medicaid HPs. ACLA significantly outperformed other La. Medicaid HPs in the following measures: Provider Relations/Network Management, Provider Services Staff, Claims Reimbursement Process, and Pharmacy Services. Provider Relations/Network Management indicates the highest Summary Rate Scores (SRS) for all Composites with a score of 43.4% compared to other La. Medicaid Plans of 32.7%. Claims Reimbursement Process (41.8%), followed by Pharmacy Services (40.9%), include the next highest SRS. ACLA scored significantly higher in Provider Services Staff with a score of 36.2% compared to 26.7% for all other La. HPs. The Pharmacy Services measure shows the most significant differential of 40.9%

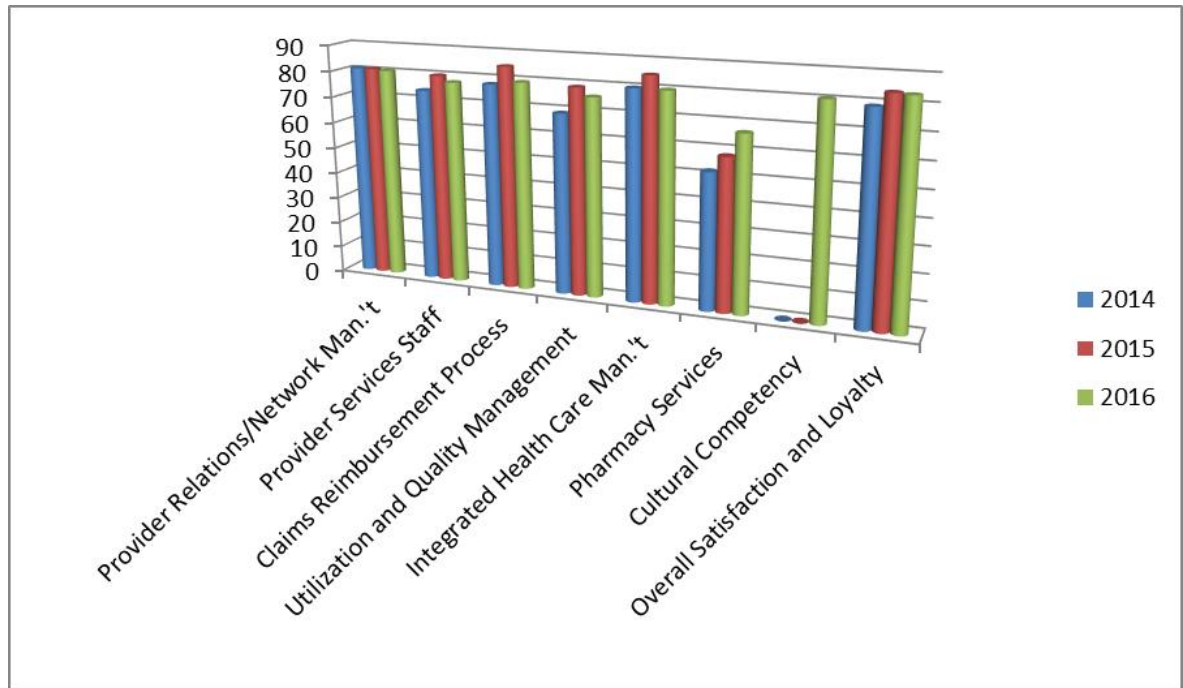
as compared to other La. Medicaid HPs with 21.8%. Furthermore, the scores for the additional four measures (Utilization and Quality Management, Integrated Health Care Management and Cultural Competency) are higher than the other Medicaid HPs. Although the scores are not numerically large enough to be determined statistically significant, this performance does indicate that ACLA is doing better in these categories than other HPs in the La. market.

When compared to the 2013 SPHA Medicaid Book of Business, ACLA clearly outperformed other Medicaid National Health Plans, which include 38 Medicaid Plans encompassing 14,595 respondents for the two areas that were comparable. ACLA's score for Claims Reimbursement Process is nearly 42% compared to the 35% for the Benchmark. ACLA is near parity for the Overall Satisfaction and Loyalty measure with 83.6% compared to 84.7%. The Provider Satisfaction Survey for ACLA included items that were not incorporated in the 2013 SPHA Medicaid Book of Business (B.o.B.), therefore certain measures could not be compared and are denoted as "NA".

**Figure 2: Performance Among Composite Categories**

Composites/Attributes	Summary Rate Definition	2016 Summary Rates		2013 SPHA Medicaid B.o.B. Summary Rate
		AmeriHealth Caritas Louisiana	All Other Medicaid Health Plans	
Provider Relations/Network Management	Excellent or Very Good	43.4%	32.7%	NA
Provider Services Staff		36.2%	26.7%	NA
Claims Reimbursement Process		41.8%	33.1%	35.3%
Utilization And Quality Management		32.7%	25.9%	NA
Integrated Health Care Management		37.5%	31.3%	NA
Pharmacy Services		40.9%	21.8%	NA
Cultural Competency		27.4%	26.7%	NA
Overall Satisfaction and Loyalty		83.6%	NA	84.7%
Recommend to other physicians' practices	Yes	88.3%	NA	85.2%
Recommend to other patients		78.9%	NA	84.2%
Overall satisfaction	Excellent or Very Good	44.5%	28.4%	75.3%

**Figure 3: Score Comparison with 2014 and 2015 Table**



**Figure 4: Attributes Most Important to ACLA Providers**

Composites	Significance Testing <sup>5</sup>		Percentile Threshold	No. Attributes Highly Correlated with Overall Sat.
	All Other Medicaid Health Plans	SPHA Medicaid BOB <sup>6</sup>	Medicaid BOB	
Provider Relations/Network Management	Sig. higher	NA	NA	1
Provider Services Staff	Sig. higher	NA	NA	0
Claims Reimbursement Process	Sig. higher	Sig. higher	75th	1
Utilization And Quality Management	Not sig.	NA	NA	4
Integrated Health Care Management	Not sig.	NA	NA	4
Pharmacy Services	Sig. higher	NA	NA	0
Overall Satisfaction and Loyalty	NA	Not sig.	25th	NA

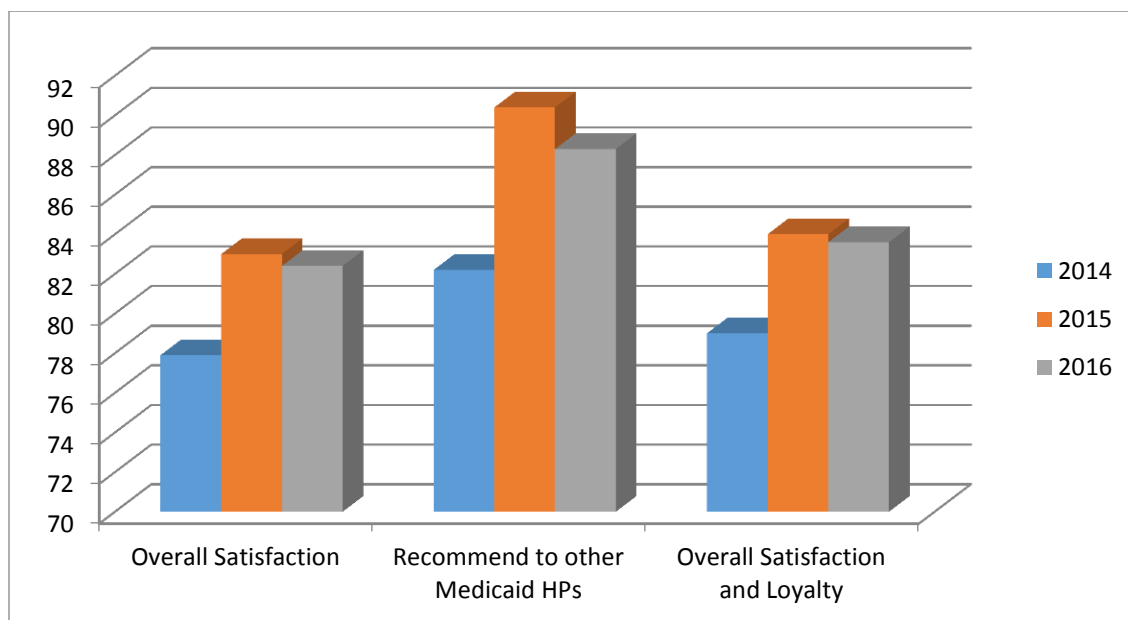


## Loyalty Analysis

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

- More than eight in ten are satisfied with AmeriHealth Caritas Louisiana when using the top three favorable responses (Excellent/Very Good/Good), which is slightly lower than 2015 but higher than ratings in 2014 at 78% (see **Figure 5**). The scores are higher for year 2016 as compared to 2014 and similar to 2015. Practitioners are more satisfied with AmeriHealth Caritas Louisiana compared to all other Medicaid plans at 77%, which is the same as 2015.

**Figure 5: Overall Loyalty**



- Nearly 9 out of 10 (88.3%) practitioners indicate they would recommend ACLA to other physician practices as compared to the 2013 SPHA Medicaid B.o.B. summary rate of 85.2%.
- More than eight in ten practitioners agree AmeriHealth Caritas Louisiana takes physician/provider input and recommendations seriously.

It is important to note that the makeup of the national providers surveyed for the 2013 Benchmark and the providers within the La. Market are different due to the maturity level of managed care in La. Due to managed care being fairly new in La., multiple variables contribute to the variances, including the number of Health Plans providing managed care within the La. market, the maturity of managed care in La., and the expected level of provider abrasion within this new market.



## Conclusions

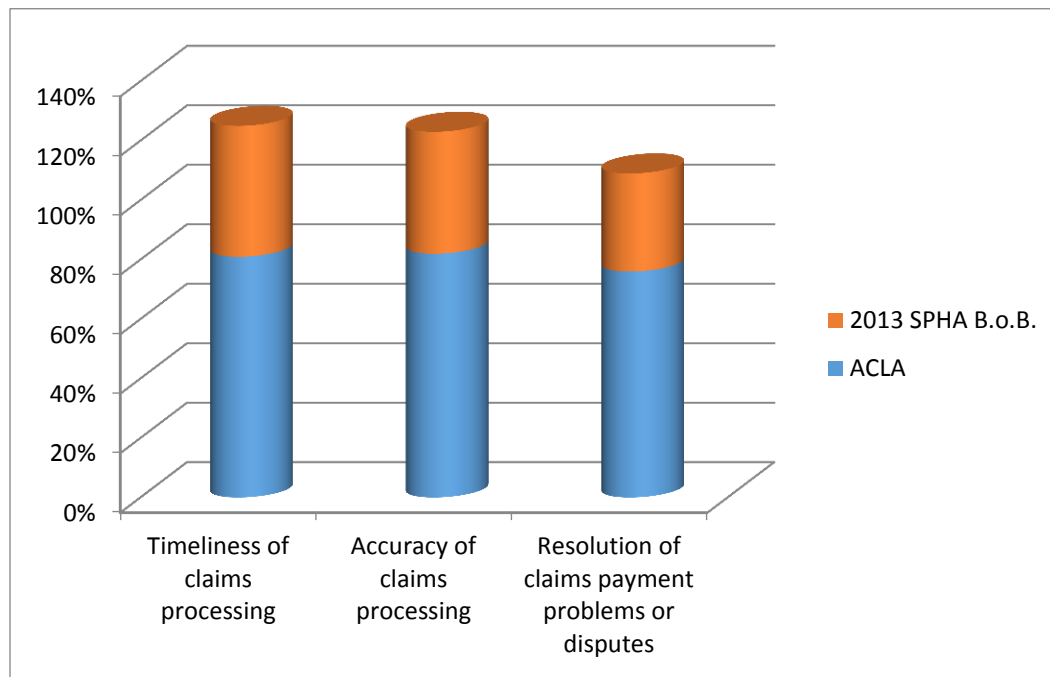
Considering total respondent scores, ACLA statistically outperformed all other La. Medicaid Health Plans in Provider Relations/Network Management, Provider Services Staff, Claims Reimbursement Process, and Pharmacy Services. In all other areas not denoted as Significantly Higher, ACLA performed better collectively than other La. Medicaid Plans. In regard to the following Composite Categories and attributes:

- ACLA's **Provider Relations/Network Management** shows a significantly higher score (43.4%) when compared to other La. HPs with a score of 32.7% when using the top two responses of Excellent and Very Good. When the top three responses of Excellent, Very Good and Good are considered, ACLA scored 80.6% compared to other La. HPs with 77.5%. The scores are practically the same when compared to ACLA scores in 2015.
  - When calculating the top two responses of Excellent and Very Good, ACLA scored significantly higher than all other HP(s) for "Relevance of written communications, policy bulletins and manuals" with a score of 42% compared to 31%. ACLA scored higher for "Timeliness of written communications, policy..." with 39% compared to 31%.
- When using the top three responses, ACLA outperformed the other La. HP(s) with a score of 77.8% compared to 73.4% for the attributes of knowledge, accuracy and helpfulness of responses to telephone inquiries and timeliness of Provider Service in resolving claims payment issues within the composite **Provider Services Staff**. This is slightly lower than 2015 which was 80%.
- **Claims Reimbursement Process** indicates an SRS of nearly 80% compared to other HPs with 77% with one attribute indicating ACLA is performing generally better than the other HPs. ACLA scored significantly higher than the 2013 SPHA B.o.B. for all three attributes under Claims Reimbursement as seen in **Figure 6**.



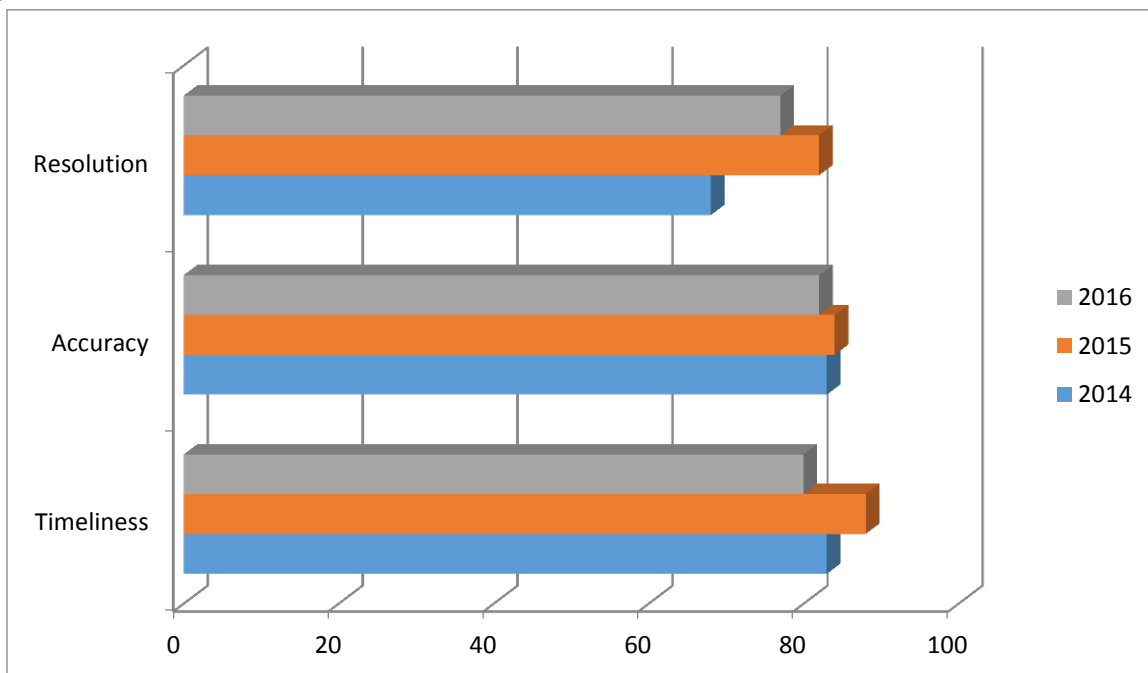


**Figure 6: Claims Reimbursement Process**



**Figure 7** indicates ACLA's scores for 2016 are slightly lower than 2014 and 2015 in this area with the exception of Resolution of claims which is significantly higher than 2014.

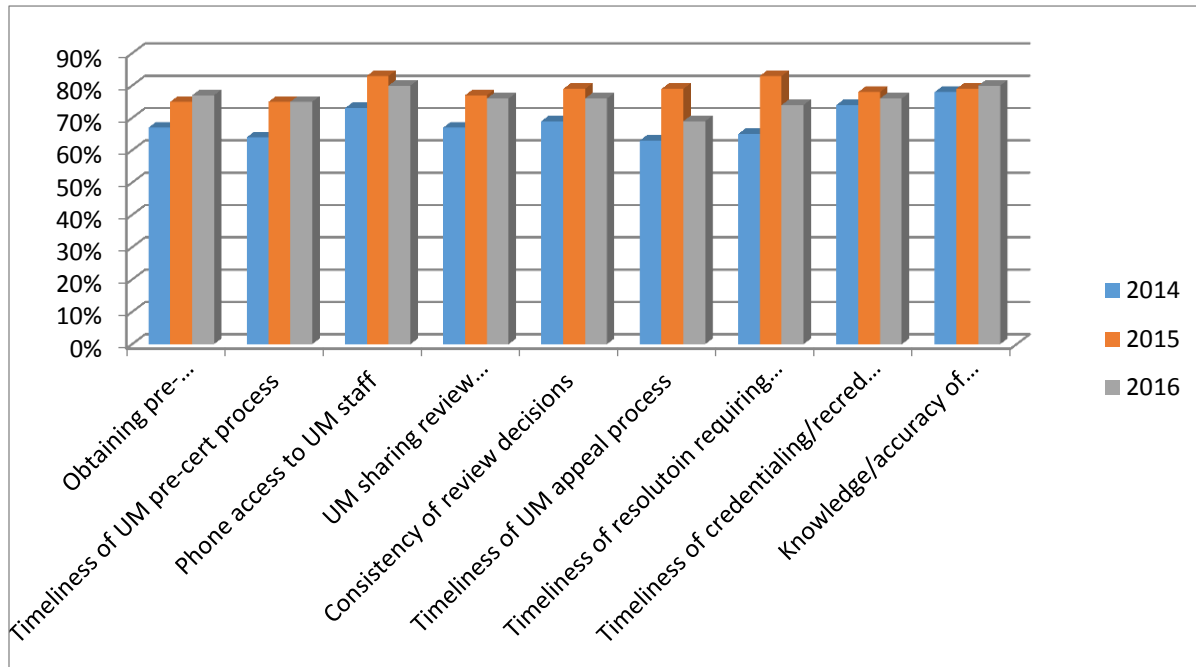
**Figure 7: Claims Reimbursement Process**





ACLA scored generally better than the other La. HPs in **Utilization and Quality Management** with 75.8% compared to 73%. **Figure 8** compares this composite to years 2014 and 2015. There were improvements for obtaining pre-certification/referral/and authorization with 77% favorable in 2016 compared to 2014 and 2015 with 67% and 75% respectively. ACLA scored above in all elements compared to 2014 and remains relatively the same compared to 2015.

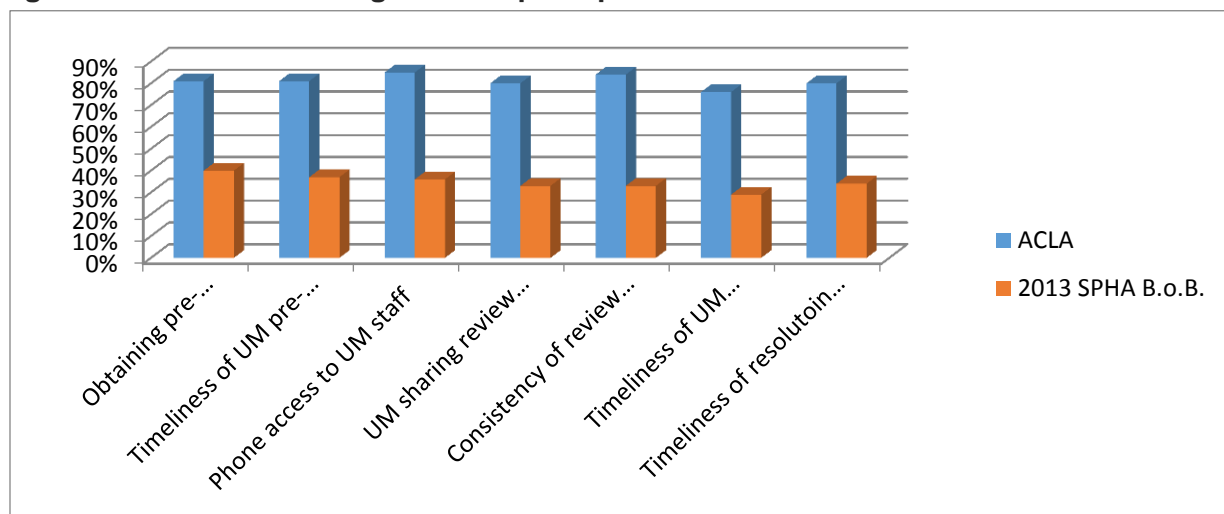
**Figure 8: Utilization Management Year Comparison**



When all attributes are considered, ACLA's scores for Utilization and Quality Management have climbed from 69% in 2014 and 79% in 2015 to 82% in 2016 which is statistically significant. When considering the top three responses, ACLA also scored significantly higher than the 2013 SPHA B.o.B. for 7 of the 9 attributes (see **Figure 9**).

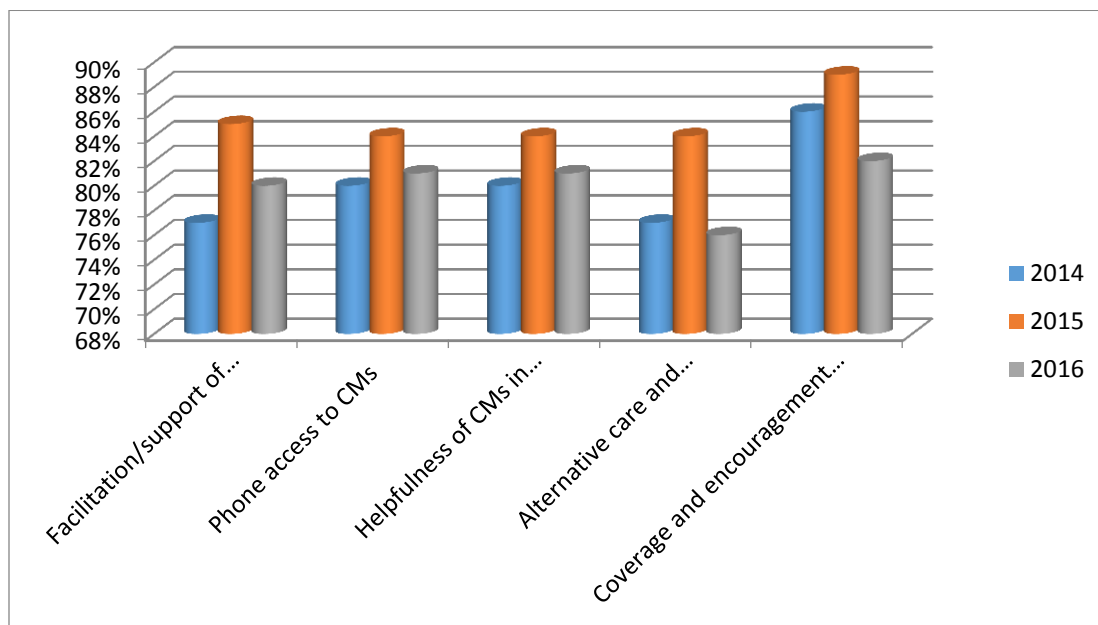


**Figure 9: Utilization Management Top Responses**



Within the composite of **Integrated Health Care Management**, ACLA scored better than other Health Plans regarding “Helpfulness of Case/Care Managers in coordinating care...” and offering “Alternative care and community Resources” with a score of 80.6% and 76.4% respectively compared to 76.3% and 73.6%. **Figure 10** indicates that scores for ACLA were lower than 2015 with scores for the last element pertaining to “Coverage and encouragement of preventive care/health wellness” lower in 2016 compared to 2014 and 2015.

**Figure 10: Integrated Care Management Year Comparison**

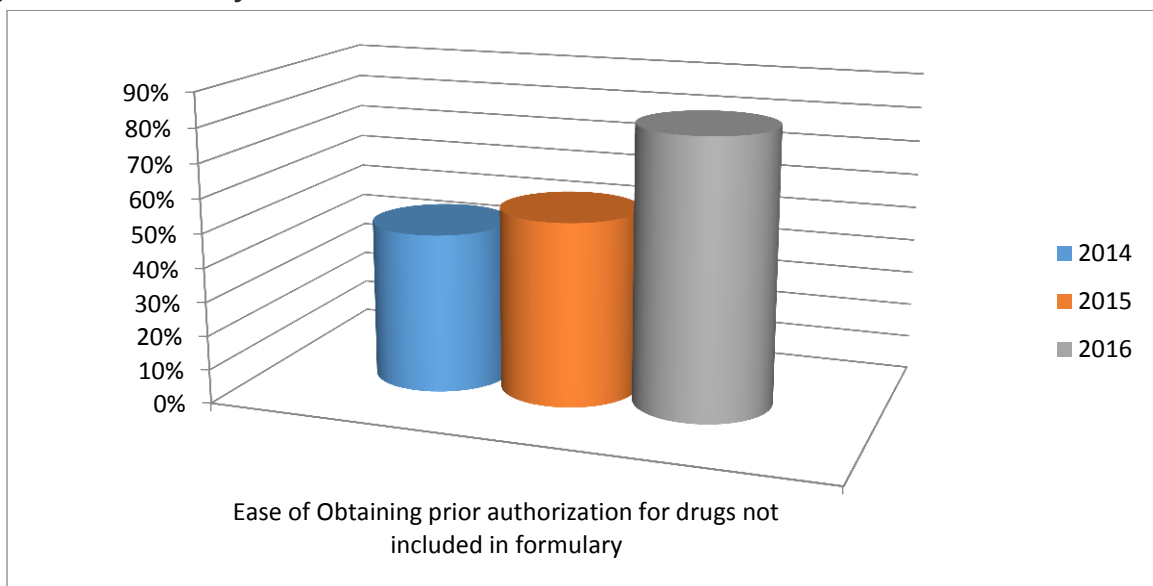


**Pharmacy Services:** ACLA significantly outperformed other Healthy Louisiana plans with an impressive gap in the scores: 71.6% compared to 19.1%. One explanation is that AmeriHealth



owns its own Pharmacy benefit manager (PBM). Having this service inside of the AmeriHealth integrated healthcare system is an advantage for ACLA which clearly accounts for the statistical outperformance in the “Ease of obtaining prior authorization for drugs not included in the formulary” as well as obtaining higher scores for “Clarity of pharmaceutical management procedures” and “Variety of drugs available on the formulary.” Note that in 2015, “Ease of obtaining prior authorization for non-formulary drugs” was a key driver needing improvement and in 2016 this is an area that ACLA clearly outperformed other Healthy Louisiana plans. **Figure 10** indicates the significant improvement ACLA made in 2016 compared to the past two years specifically with “Ease of Obtaining prior authorization for drugs not included in formulary”.

**Figure 10: Pharmacy Services**



**Figure 11a and 11b** demonstrate that in 2015 and 2016 nearly an equal proportion of Practitioners used in-person interpreter services and telephonic services. Additionally, more than eight in ten practitioners are satisfied with their experience using telephonic interpreter services in 2015 and 2016.



Figure 11a: Interpreter Services Used Year Comparison

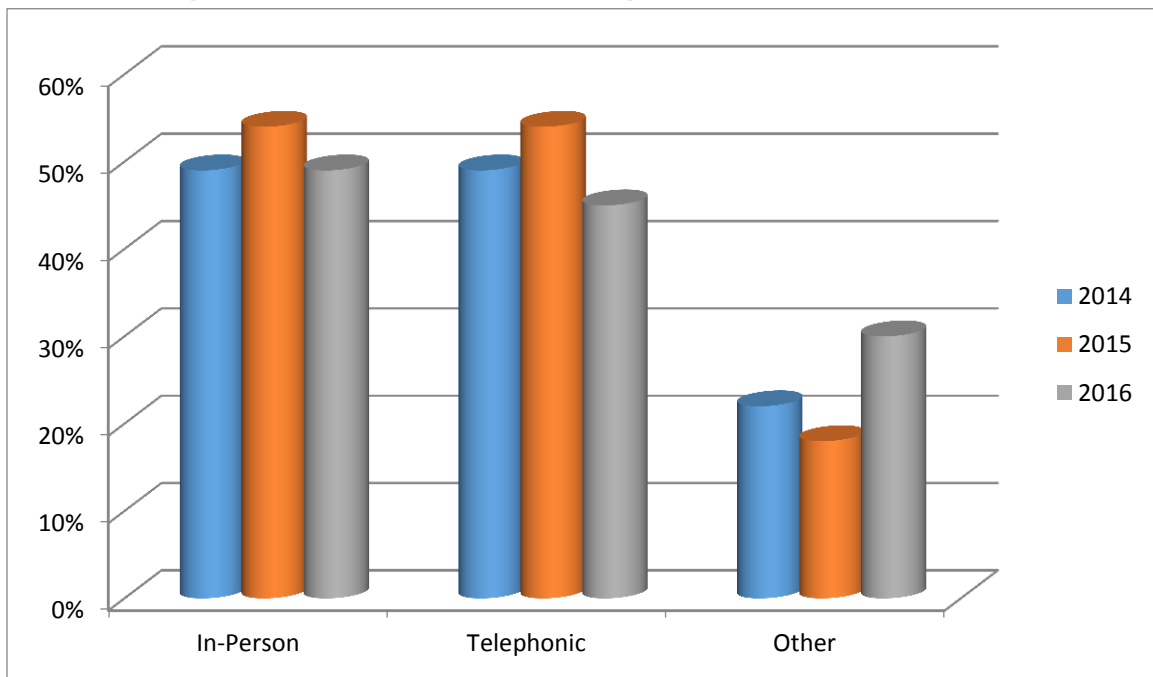
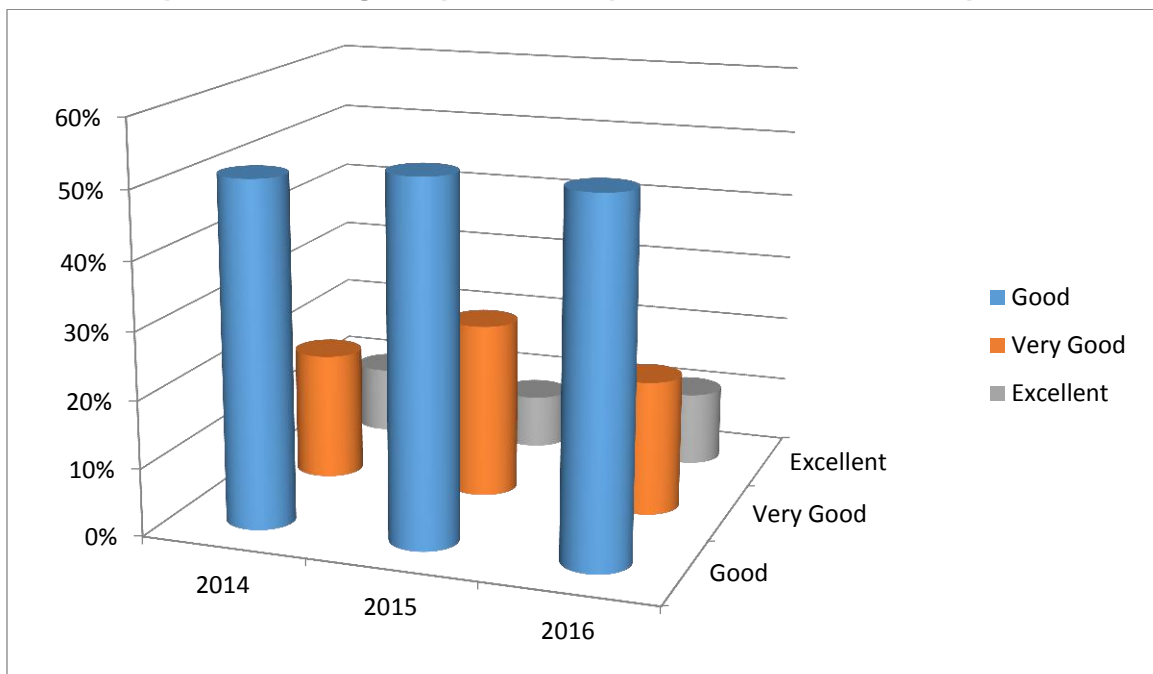


Figure 11b: Experience Using Telephonic Interpreter Services Year Comparison

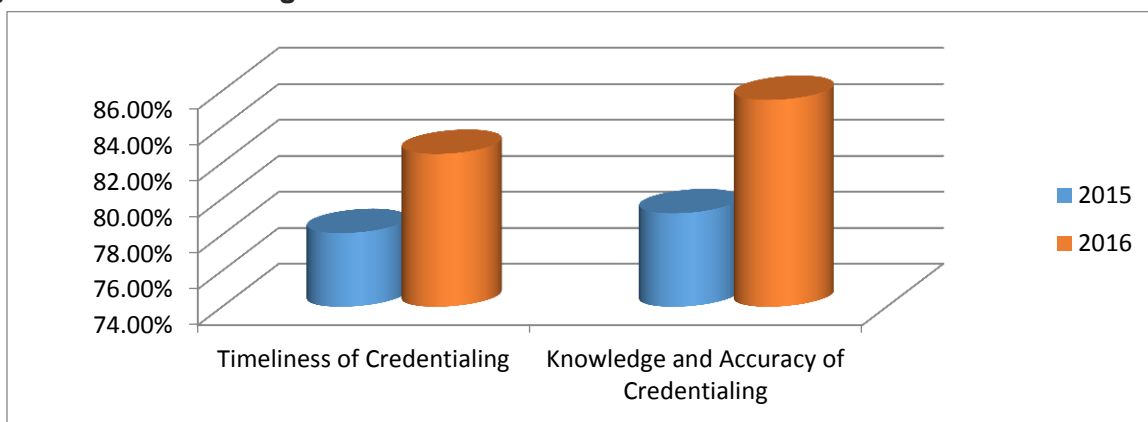


- **Cultural Competency** is another area that ACLA outperformed other La. HPs with 80.5% compared to 79.3%



- The remaining Composite Categories indicate that although the scores are not large enough numerically to be determined statistically significant when compared to other La. HPs, ACLA performed better in the market place collectively.
- Within the composite category of Utilization and Quality Management, ACLA specifically outperformed other La. HPs in “Timeliness of the credentialing and/or re-credentialing process” and “Knowledge and accuracy of Credentialing staff responses to your inquiries.” **Figure 12** shows that ACLA’s scores in 2016 improved in this area with a score of 82.5% for timeliness of credentialing and 85.5% for knowledge and accuracy of credentialing.

**Figure 12: Credentialing**



- Seven out of ten providers found Provider Training Formats useful, which is significantly higher than 2014 ratings but somewhat lower than 2015, while about the same proportion (78%) mentioned they would find similar webinars with the same type of information useful. Seventy-three percent of those surveyed reported they found on-site training useful.
- ACLA also scored significantly higher and outperformed other La. HPs in regard to overall satisfaction with ACLA - 44.5% compared to 28.4%.
- The top two methods for practitioners using interpreter services are in-person (49%) followed closely by telephonic (45%). Of those practitioners who use telephonic services, nearly 50% gave high ratings to their experience with the service.
- The vast majority of practitioners are aware of the services available through NaviNet. The score for NaviNet service is the same as 2015 with most utilization for “Member benefits/eligibility verification,” followed by “Claims Status.”
- Six out of 10 indicate the ACLA network has an adequate number of specialists to whom they can refer their patients which is greater than 2014 (a more than 5 out of 10) and at parity as 2015.



# 2017 Future Opportunities

### 2016 Interventions

During 2016, ACLA initiated regular regional provider education 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. Additional AE's were hired allowing the team to serve more providers within a smaller geographic area. Clinical Liaisons were added to 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.

Based on the 2016 survey results, the following are identified opportunities to foster ongoing improvement in provider satisfaction:

### 2017 Opportunities

Based on the 2016 survey results, the following are identified opportunities to foster ongoing improvement in provider satisfaction:

1. Within the Provider Services Staff composite, changes made in 2017 with "Knowledge, accuracy and helpfulness of responses to telephone inquiries" and "Timeliness of resolving claims payment issues" could make an impact on overall satisfaction.
  - a. Monitor the phone center staff responses to inquiries and timeliness of resolving claims to assess areas for needed process improvement.
  - b. Continue training sessions with staff on the claims payment process and combine with customer service training that will assist staff in their job.
  - c. Continue to monitor if any other factors are contributing to staff effectiveness, such as number of open positions, number of new hires, etc.
2. Within Claims Reimbursement Process, "Resolution of claims payment problems or disputes" is an area that can be improved.
  - a. Continue provider trainings on proper claim filing and dispute processes.
  - b. Increase staff trainings for Account Executives who can provide hands-on claims research and more expedient resolution.
3. Within Utilization and Quality Management, "Timeliness of UM appeals process" is an area that needs most improvement, followed by "Timeliness of UM's pre-certification process" and "Timeliness of resolution requiring Medical Director Decision".
  - a. Increase staff training, and review and improve internal work flows.



4. One attribute that the vendor identified as being most important to ACLA's providers is within Integrated Health Care Management (IHCM). "Alternative care and community resource options offered by the Case/Care Manager" received a low scoring. Suggested remediation:
  - a. Improve community resource information available to the IHCM team.
  - b. Educate IHCM on the importance of providing this information to members or providers as needed.
5. Within Pharmacy Services, "Clarity of pharmaceutical management procedures" can be improved.
  - a. Increase collaboration between Provider Communications and Pharmacy Director to ensure clarity of pharmaceutical management procedures included in provider notifications such as fax blasts and newsletters.
  - b. Timely updates to providers when changes occur.