

Amerigroup Provider Satisfaction Louisiana 2016 Results

Prepared for:

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Looking Beyond the Expected

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Background. Anthem, Inc. has contracted with DSS Research to conduct provider satisfaction surveys for each market. 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 Centralized Care Unit (DMCCU).
 - Local health plan provider services.
 - Communication and technology.
 - Continuity and coordination of care.
- Identify changes in results from 2015 to 2016.

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	July 22, 2016
Follow-up mailing	August 12, 2016
Follow-up phone calls to non-responders	September 2-23, 2016

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	77	93	9.3%	10.1%

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

Advanced analytics. Details regarding the correlation analysis are provided in the appendix.

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

Overall, the satisfaction composite score increased slightly among Louisiana providers.

- 78% are very or somewhat satisfied with Amerigroup overall and 82% are satisfied with the provider enrollment process.
- A significantly higher percentage than in 2015 are satisfied with the provider complaint systems (73% vs. 57%).
- These changes resulted in a slight increase in the overall satisfaction composite score (78% vs. 72%). The composite is the average of the scores for the three high-level satisfaction measures mentioned above.

Correlation analysis identifies several measures that are strongly associated with overall satisfaction.¹

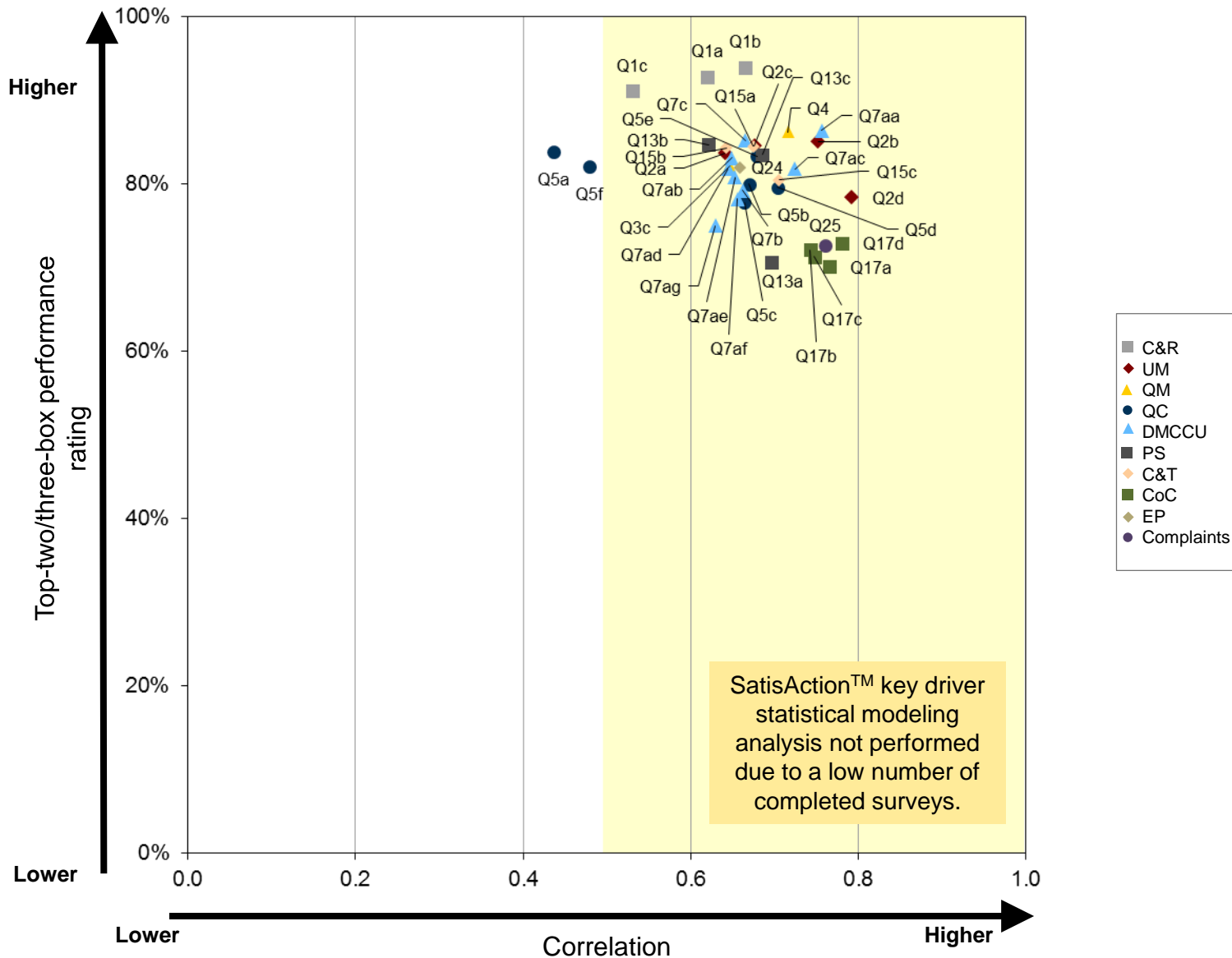
- Obtaining support towards Patient Centered Medical Home implementation has the highest correlation to overall satisfaction, but with a score of 78%, satisfaction with Amerigroup performance on this measure is lower than on many other measures.
- Among the remaining highly-correlated measures:
 - Scores are highest for satisfaction with the accuracy and timeliness of claims payments and the clarity of the remittance advice (94%, 93% and 91%, respectively).
 - Satisfaction scores on these measures have the most room to improve:
 - The provider orientation and training process (71%).
 - The timeliness, clarity and accuracy of information exchange and the sufficiency of information to coordinate care (scores range from 70% to 73%).
 - The provider complaint systems (73%).

In addition to the provider complaint systems, several other measures also increased significantly.

- The utilization management composite (83% vs. 73%), as well as three measures that make up that composite.
- The quality management composite (77% vs. 63%), as well as two measures that make up that composite.
- The local health plan provider services composite (80% vs. 69%), as well as one of the measures that make up that composite.
- The quality of case management services (83% vs. 73%).
- Satisfaction with the accuracy of claims payments (94% vs. 86%).
- Several measures of usage and interest in the DMCCU programs.
- The frequency with which providers receive communication from hospitals, behavioral health facilities and other practitioners (PCPs, specialists and behavioral health practitioners).

Note 1: See the correlation chart (illustrated on the following page). See the appendix for further explanation of correlation.

Correlation chart for overall satisfaction with Amerigroup



Note 1: See following page for legend detail.

Correlation chart legend detail

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

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 Centralized Care Unit (DMCCU)

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

Local health plan provider services (PS)

Q13a. Provider orientation and training process

Q13b. Information in the provider manual

Q13c. Quality of educational information

Communication and technology (C&T)

Q15a. Provider manuals

Q15b. Provider newsletters

Q15c. General provider communications

Continuity and coordination of care (CoC)

Q17a. Timeliness of information exchange

Q17b. Accuracy of information exchange

Q17c. Clarity of information exchange

Q17d. Sufficiency of information to coordinate care

Enrollment process (EP)

Q24. Satisfaction with provider enrollment process

Complaint systems (Complaints)

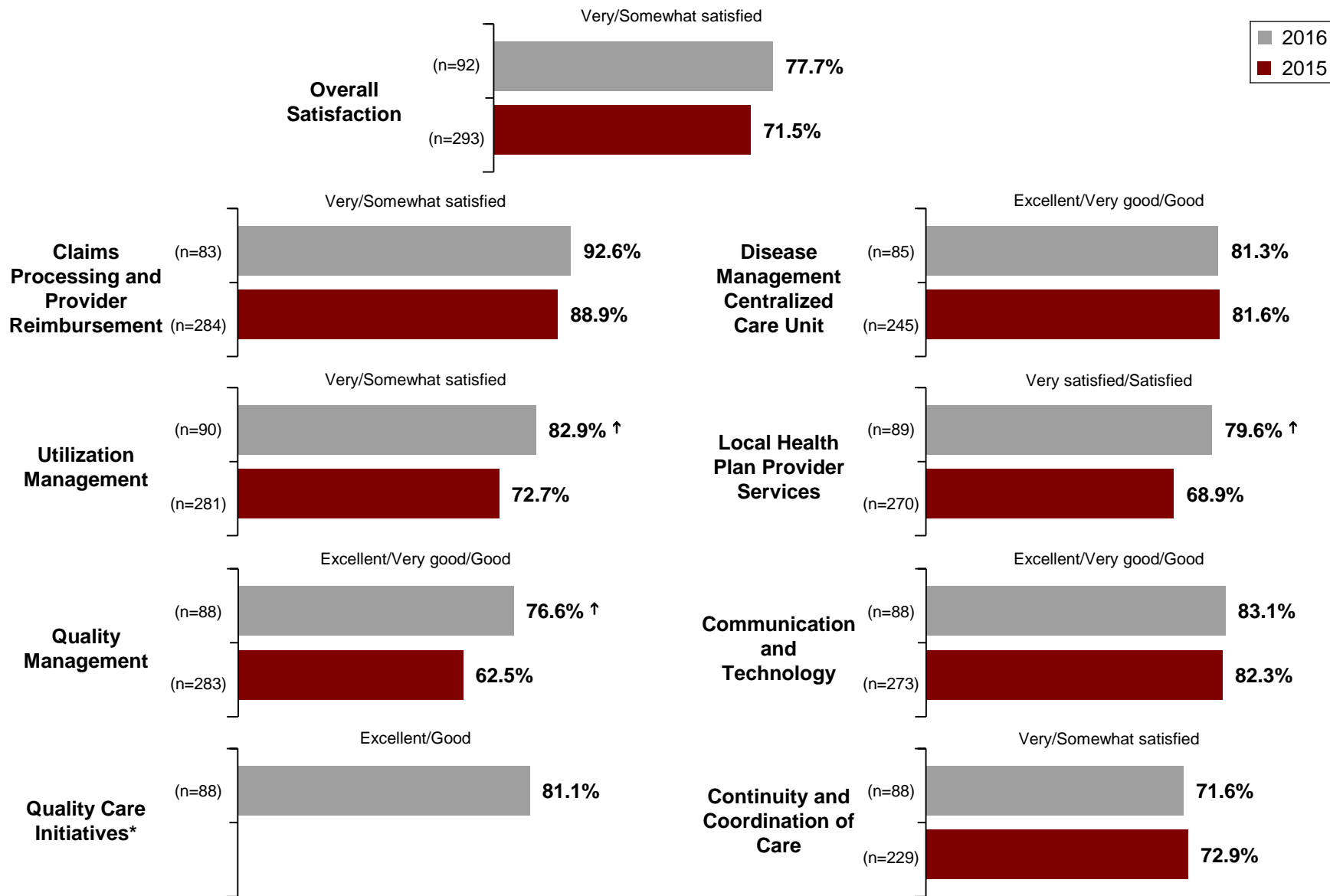
Q25. Satisfaction with provider complaint systems

The dependent variable is:

Q23. Overall satisfaction with Amerigroup

Highlighted items have a correlation of 0.500 or higher.

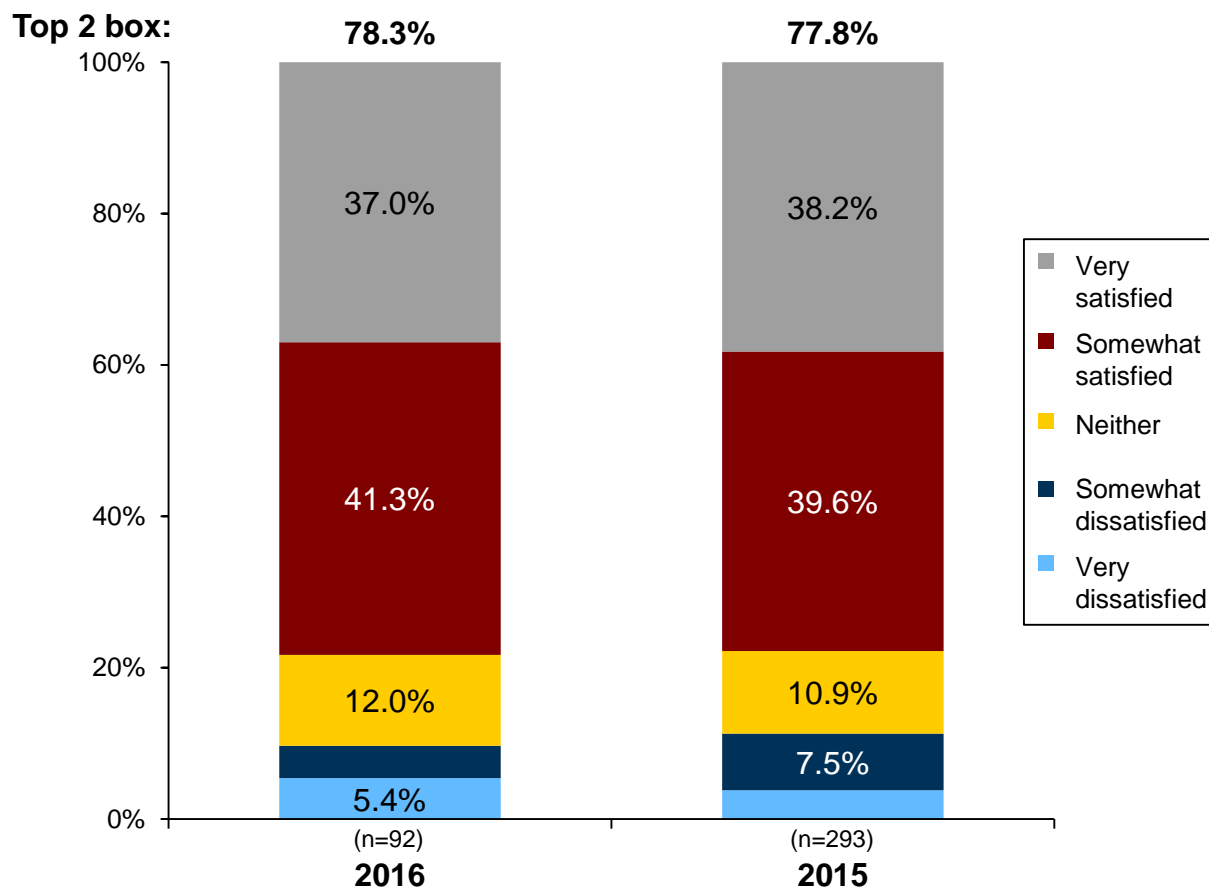
Composite summary



An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. * New in 2016.

Overall satisfaction with Amerigroup is stable among providers in Louisiana

Overall satisfaction with Amerigroup



Q23. Please rate your overall satisfaction with Amerigroup. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

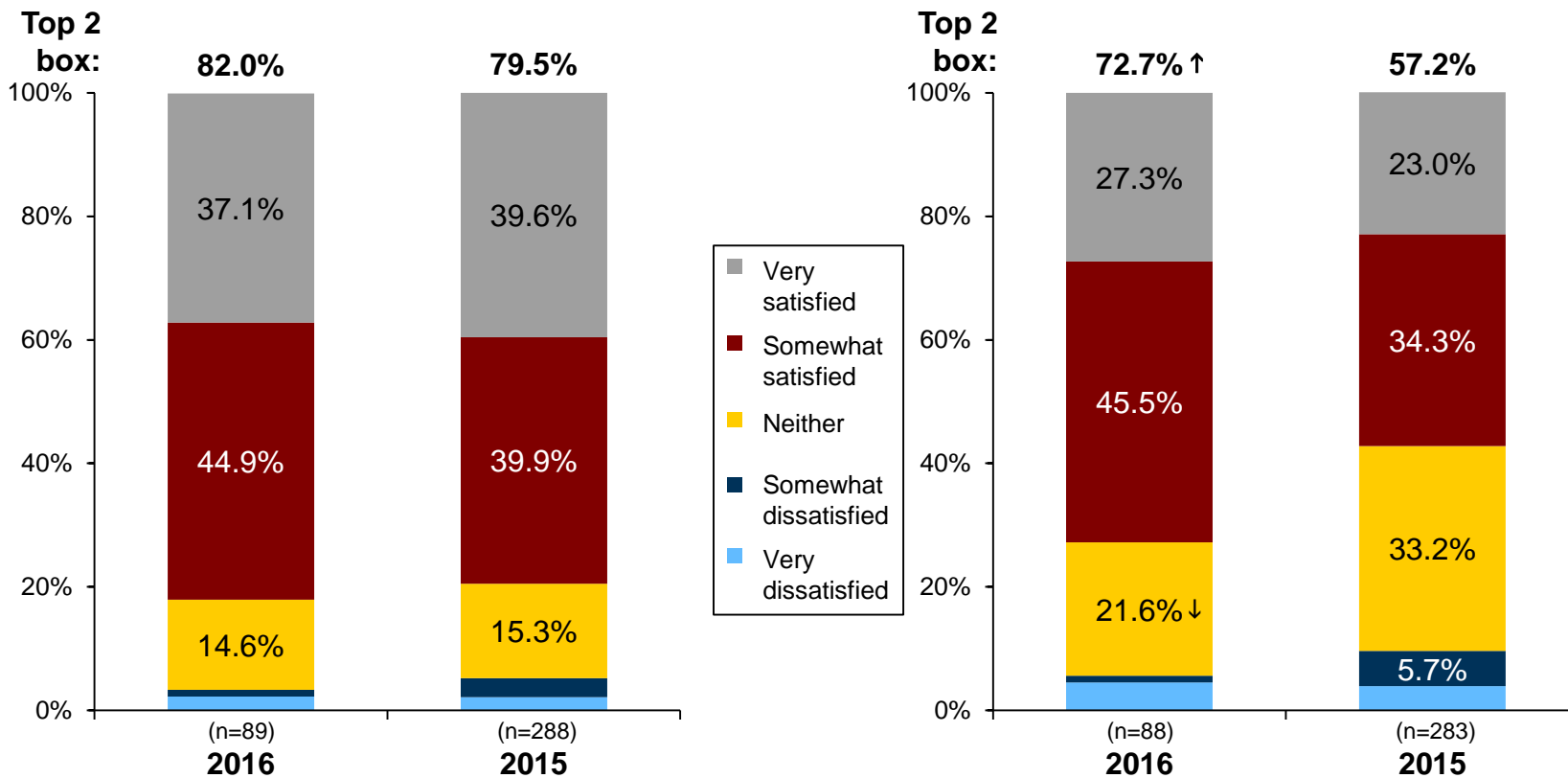
Overall satisfaction

Satisfaction with the provider enrollment process is stable, while satisfaction with the complaint systems increased significantly.

Satisfaction with other provider services

Provider enrollment process

Provider complaint systems

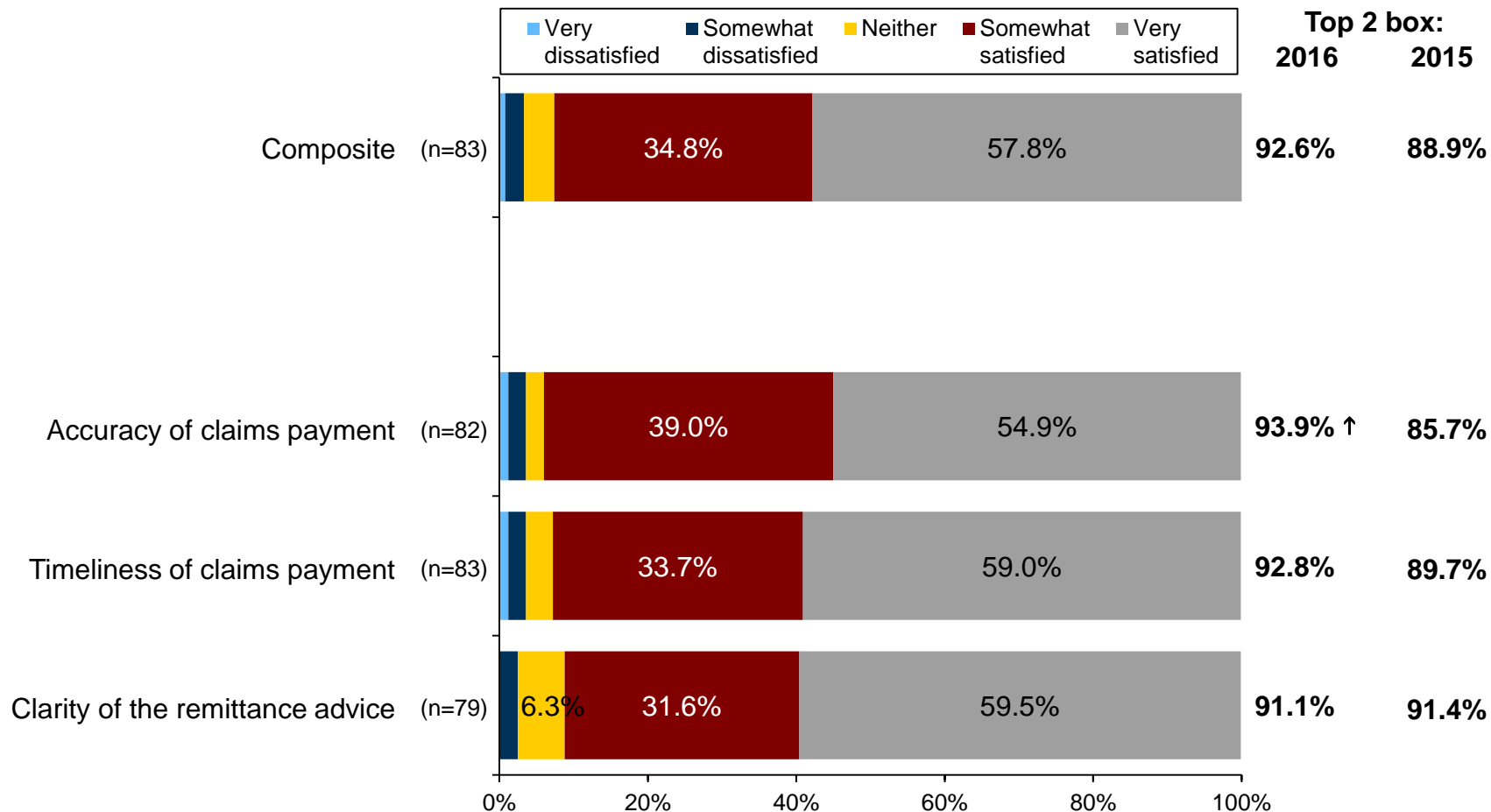


Q24. Please rate your overall satisfaction with the provider enrollment process. Q25. Please rate your overall satisfaction with the provider complaint systems. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Claims processing and provider reimbursement

Satisfaction increased significantly for the accuracy of claims payments and slightly for the timeliness of claims payments, resulting in a slight increase in the average.

Satisfaction with claims payments and remittance advice

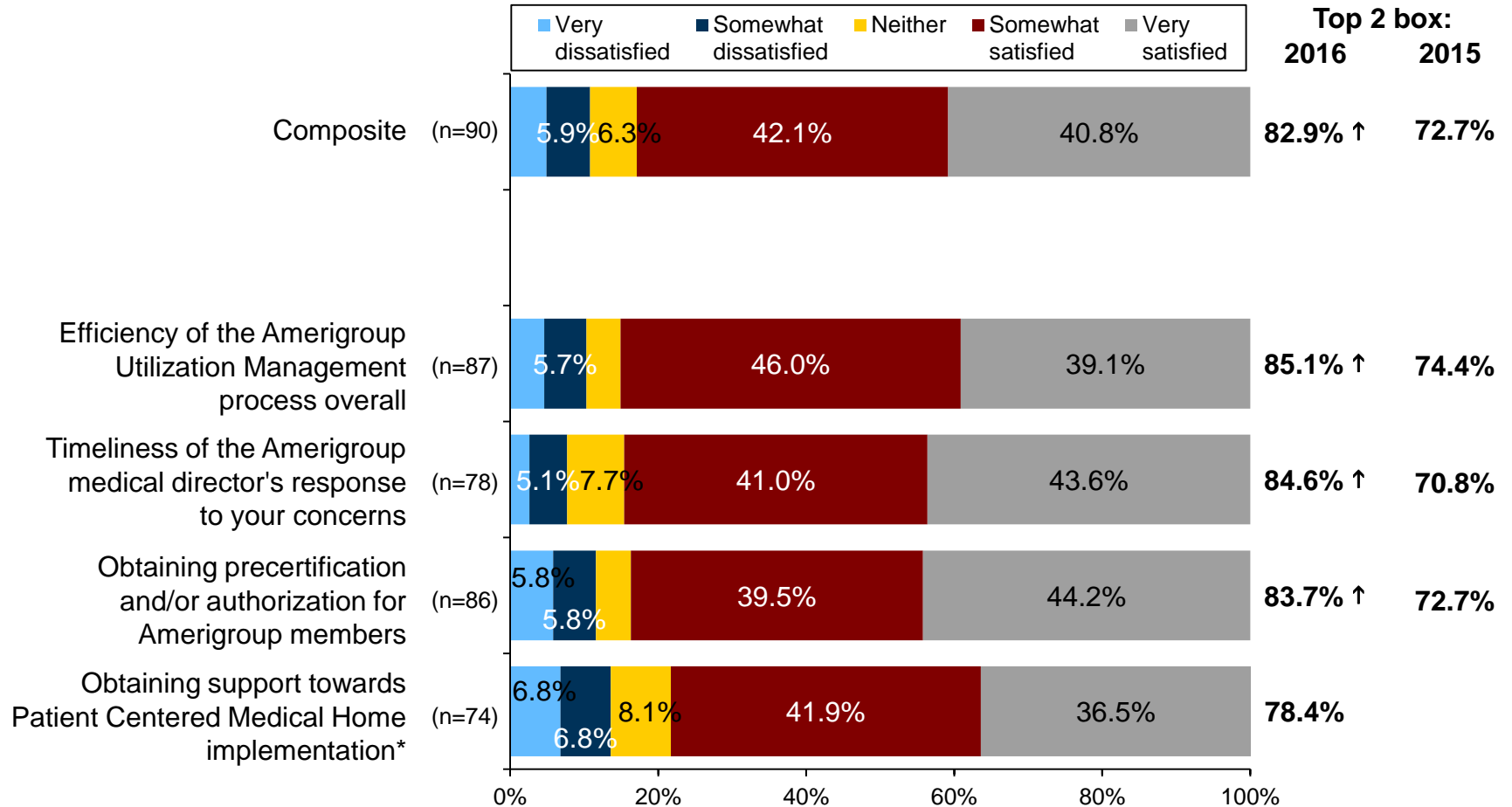


Q1. How satisfied are you with Amerigroup performance in these areas: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Utilization Management

Satisfaction with the utilization management process increased significantly. Satisfaction with obtaining support towards Patient Centered Medical Home implementation, a new measure this year, has the most room for improvement.

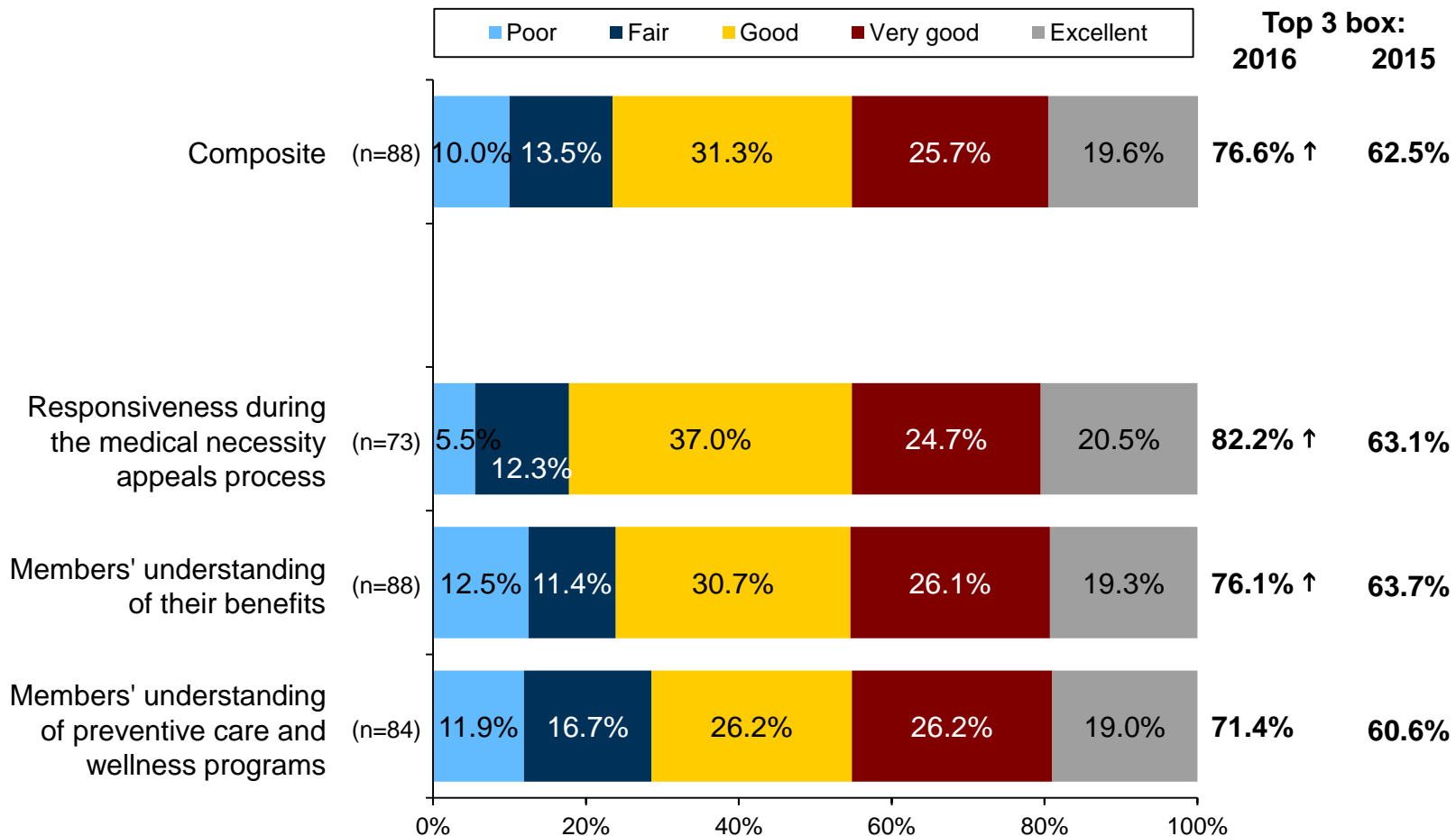
Satisfaction with Utilization Management process



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

Satisfaction with all of these measures increased, two significantly so, resulting in a significant increase in the average.

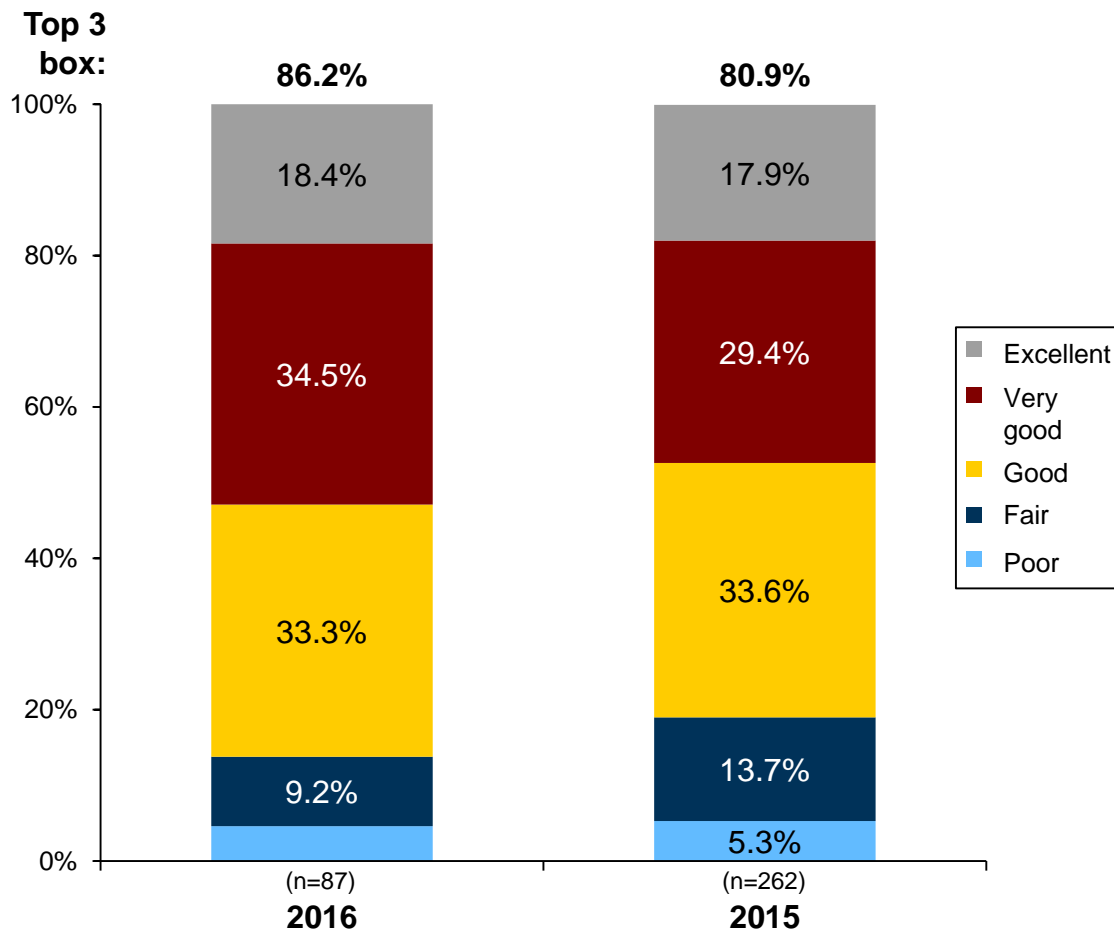
Ratings of experiences with Amerigroup



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

A slightly higher percentage than in 2015 gave Amerigroup a rating of excellent, very good or good for the education provided about how to maximize HEDIS performance.

Rating of HEDIS® education

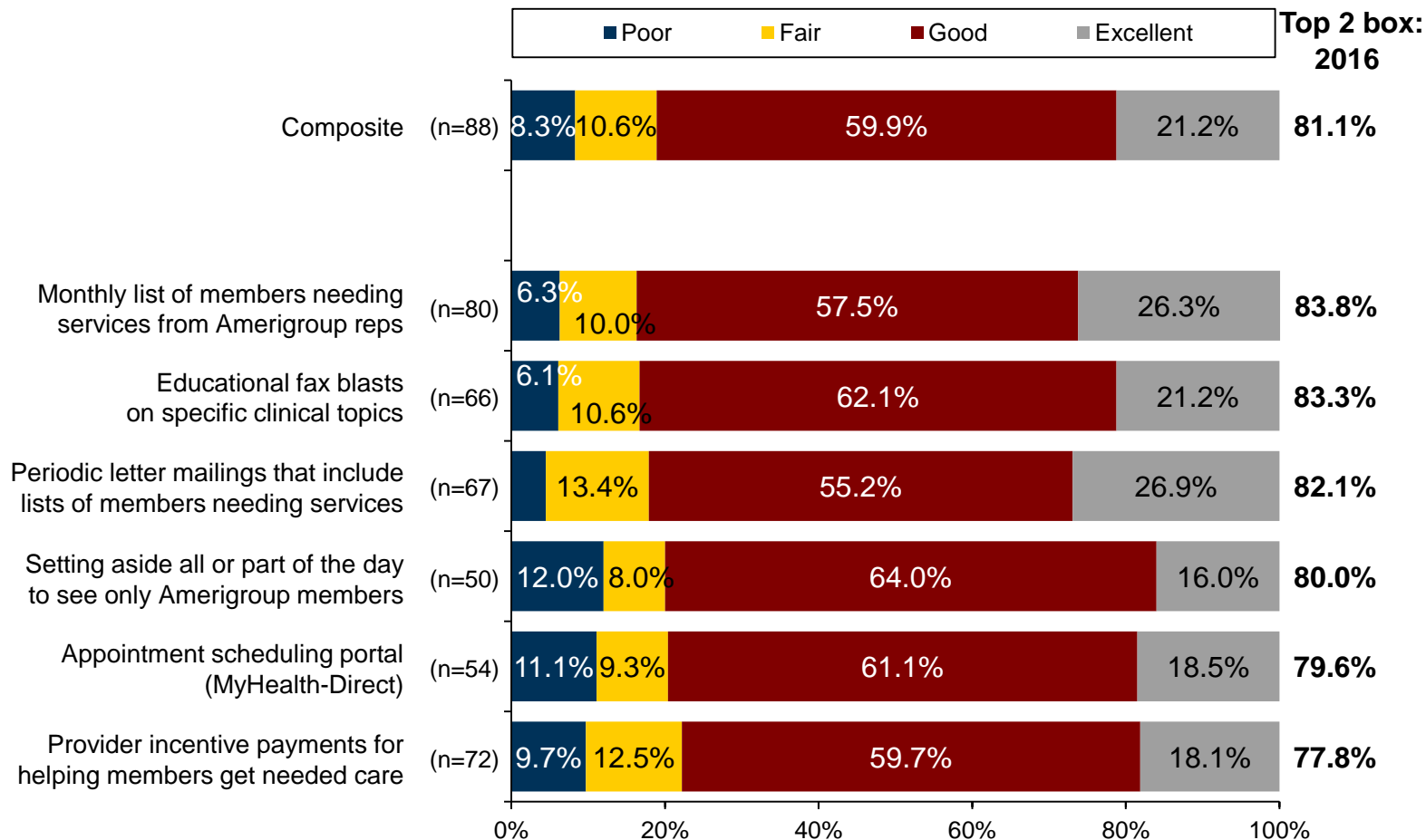


HEDIS is a registered trademark of the National Committee for Quality Assurance.

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.

Overall, more than eight in 10 rated these quality care initiatives as excellent or good.

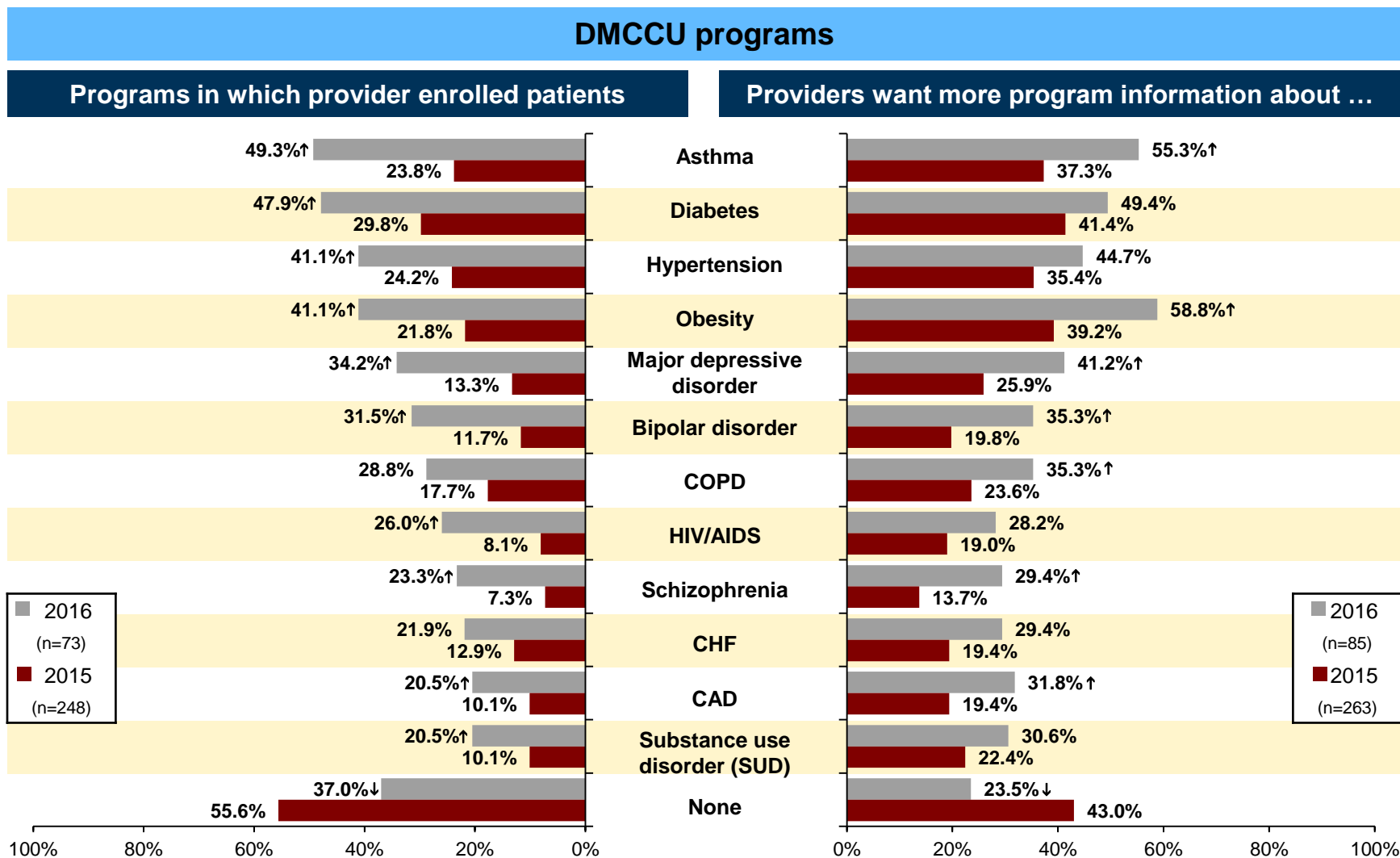
Rating of quality care initiatives*



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? * New in 2016.

Disease Management Centralized Care Unit (DMCCU)

Usage and interest in many of these programs increased significantly.



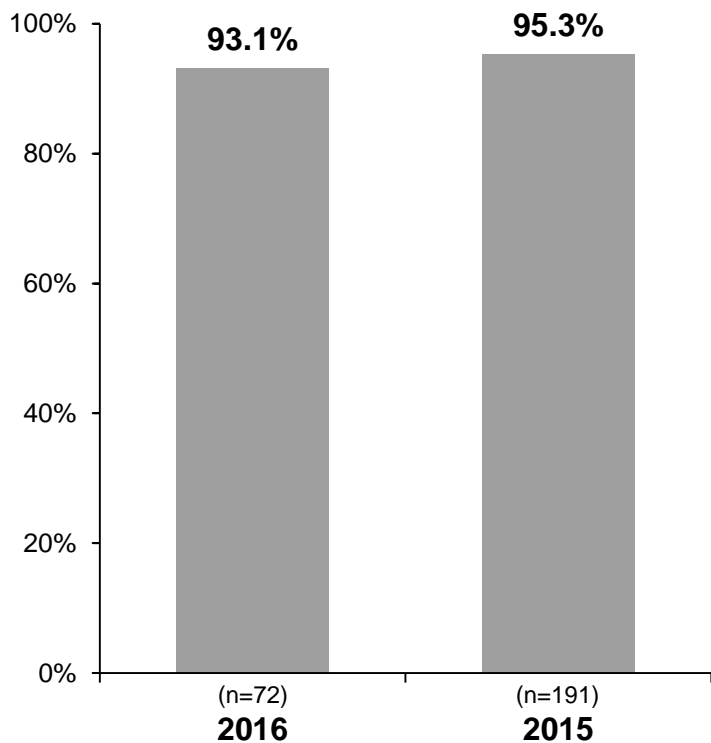
Q6. In which program(s) did you enroll your patients? Q11. Please check the DMCCU programs you would like more information about: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

A slightly higher percentage than in 2015 indicated that patient quality of life has improved since enrollment in an Amerigroup DMCCU program.

Overall ratings of DMCCU programs

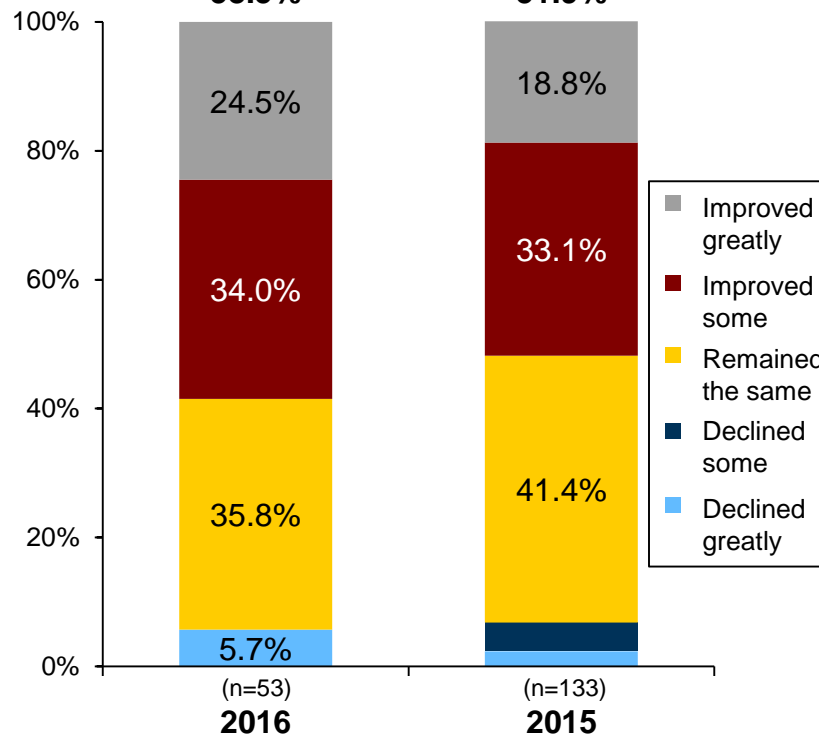
Impact of disease management programs

(% Positive)



Patient quality of life has ...

Top 2 box:



In 2016, 7.5% indicated that program exposure has not been long enough to measure changes.

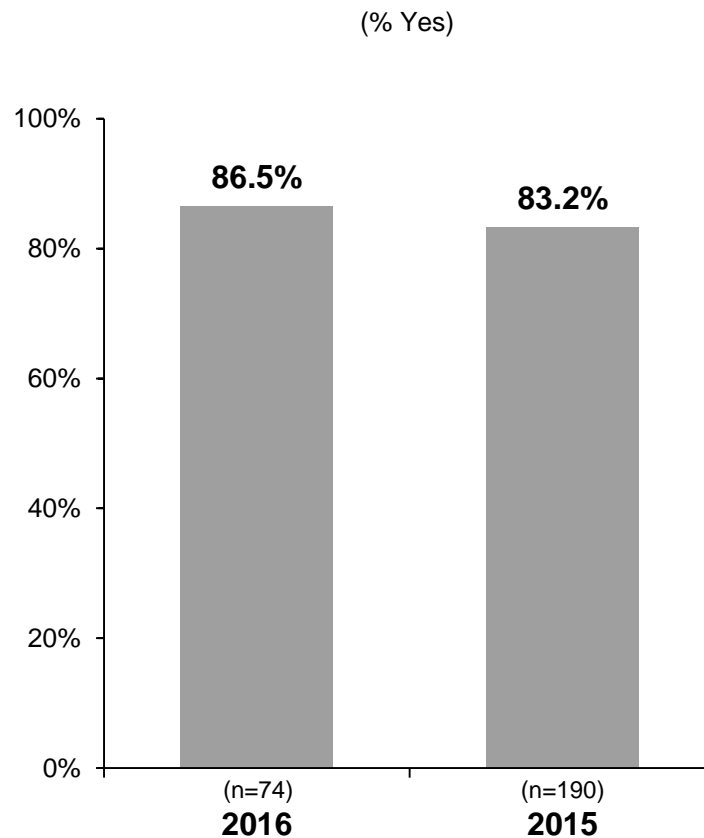
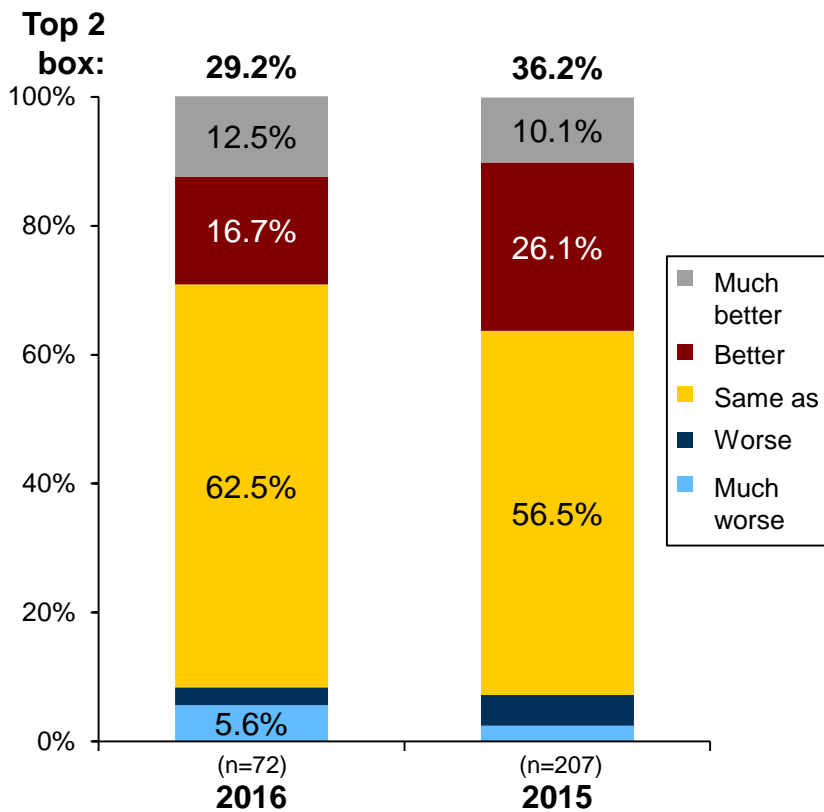
Q10. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q8. In general, since enrollment in the Amerigroup DMCCU program(s), has patient quality of life ... An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

A slightly lower percentage than in 2015 indicated that Amerigroup DMCCU programs are better than other plans, but a slightly higher percentage are likely to recommend the programs to other providers.

Overall ratings of DMCCU programs (cont'd)

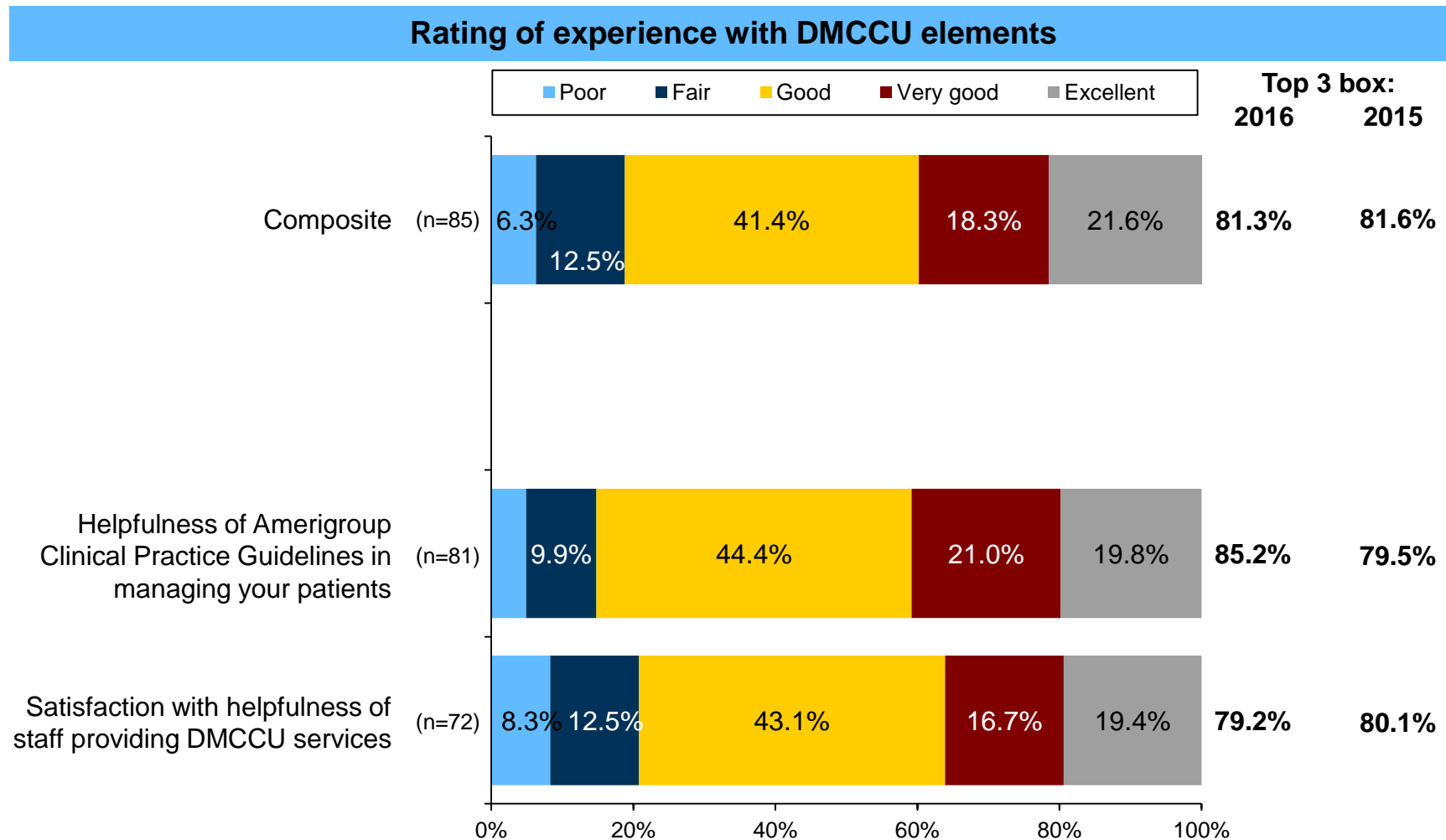
Amerigroup comparison to other plans

Would recommend to other providers



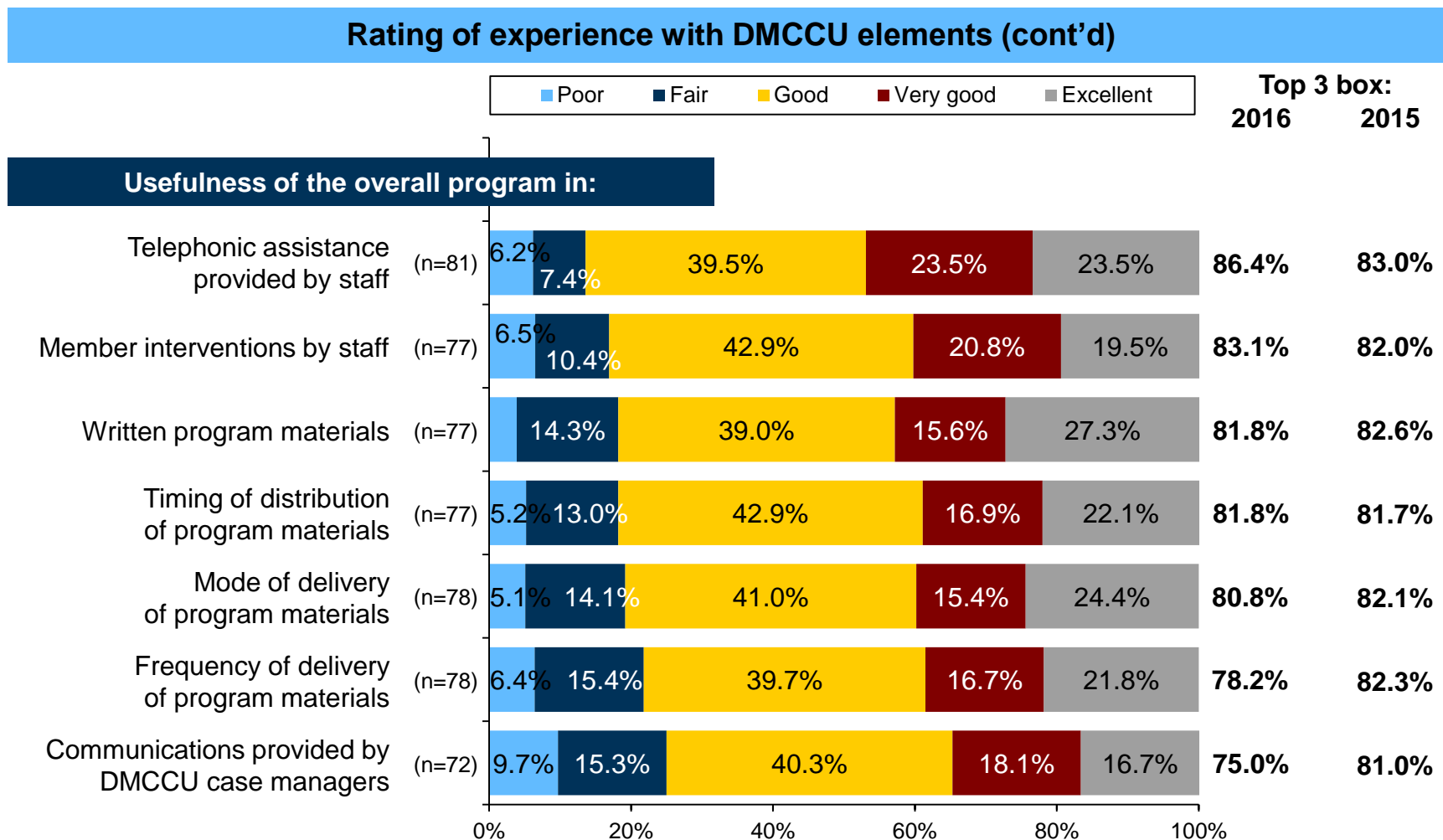
Q12. How does the Amerigroup DMCCU compare to other Medicaid/Medicare Advantage plans? Q9. Would you recommend the Amerigroup DMCCU program(s) to other providers? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

A slightly higher percentage than in 2015 rated Amerigroup highly for the helpfulness of the Clinical Practice Guidelines.



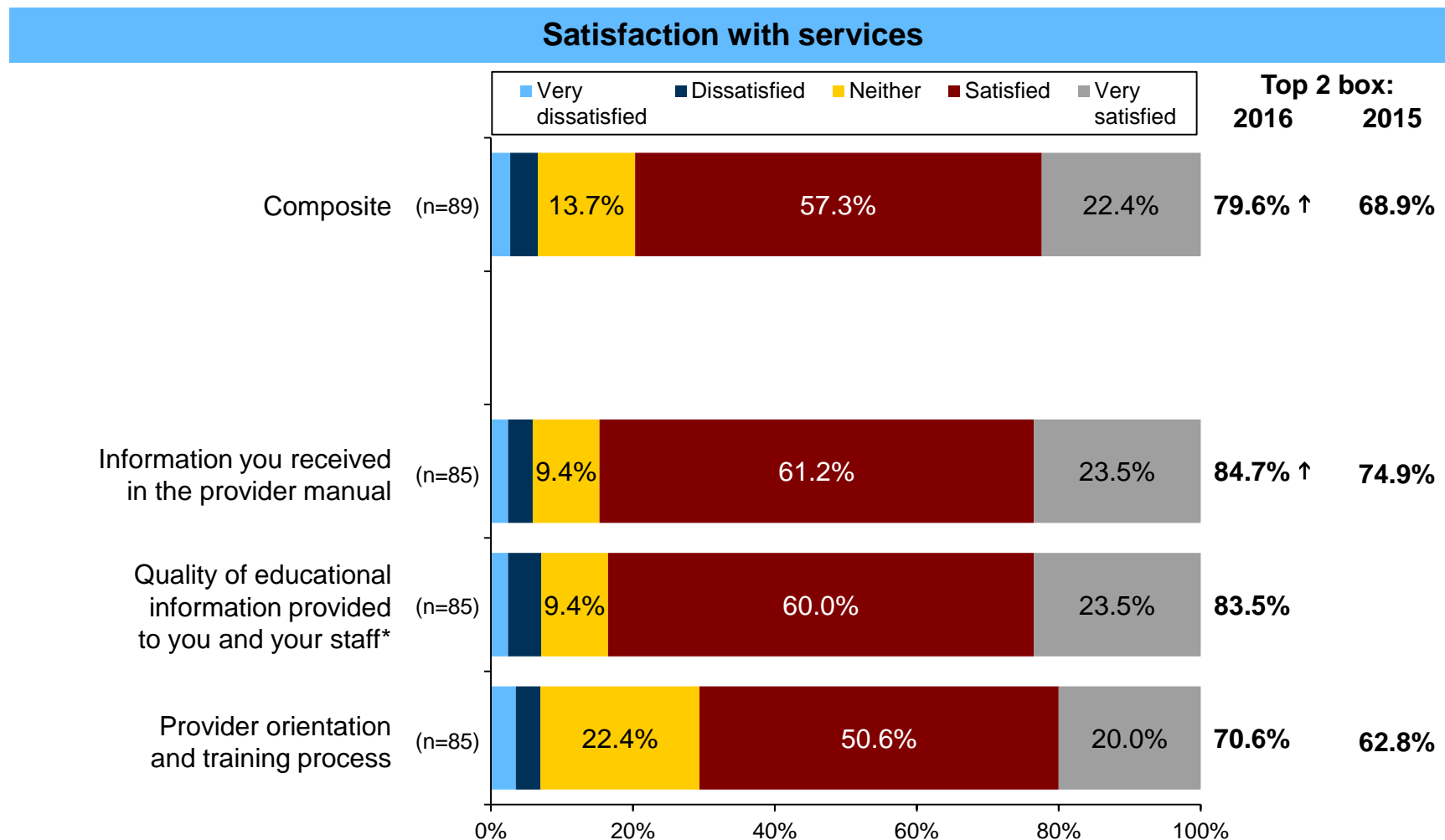
Q7. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

None of these measures shifted significantly.



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

Satisfaction increased significantly for the information received in the provider manual and slightly for the provider orientation and training process, resulting in a significant increase in the average.

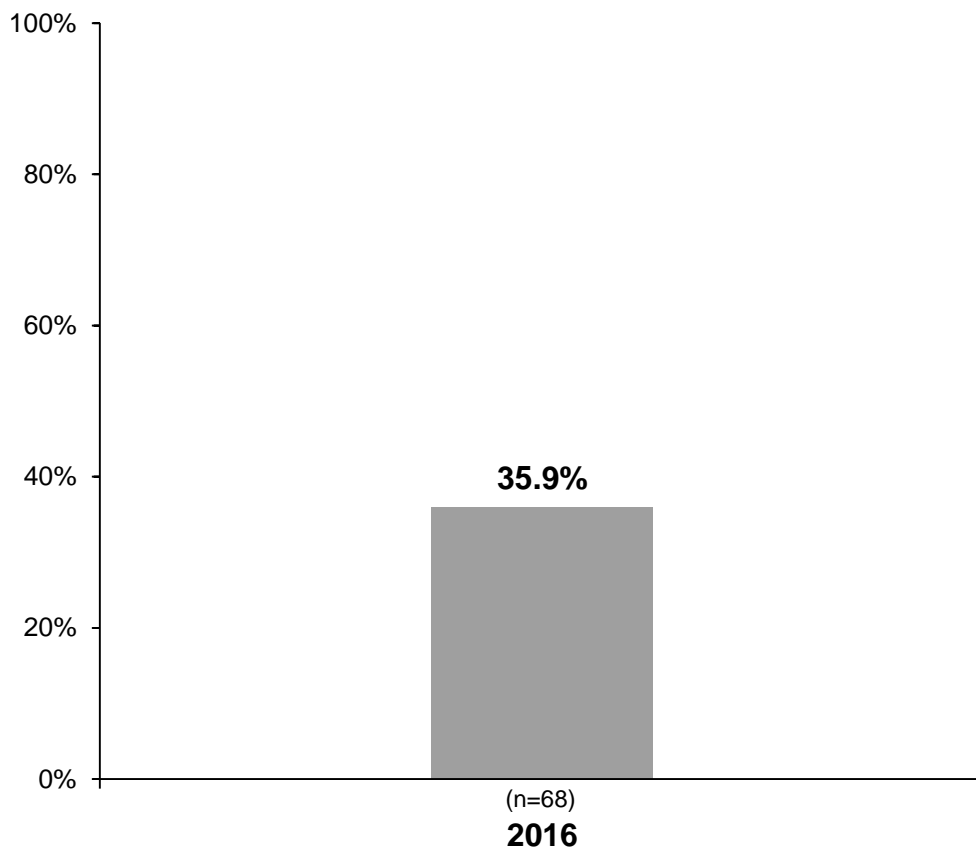


Q13. How satisfied were you with the following: An arrow (↑) indicates a significantly different result from the previous year at the 95% confidence level. * New in 2016.

On average, more than one-third of office practice staff participated in cultural competency training in the last year.

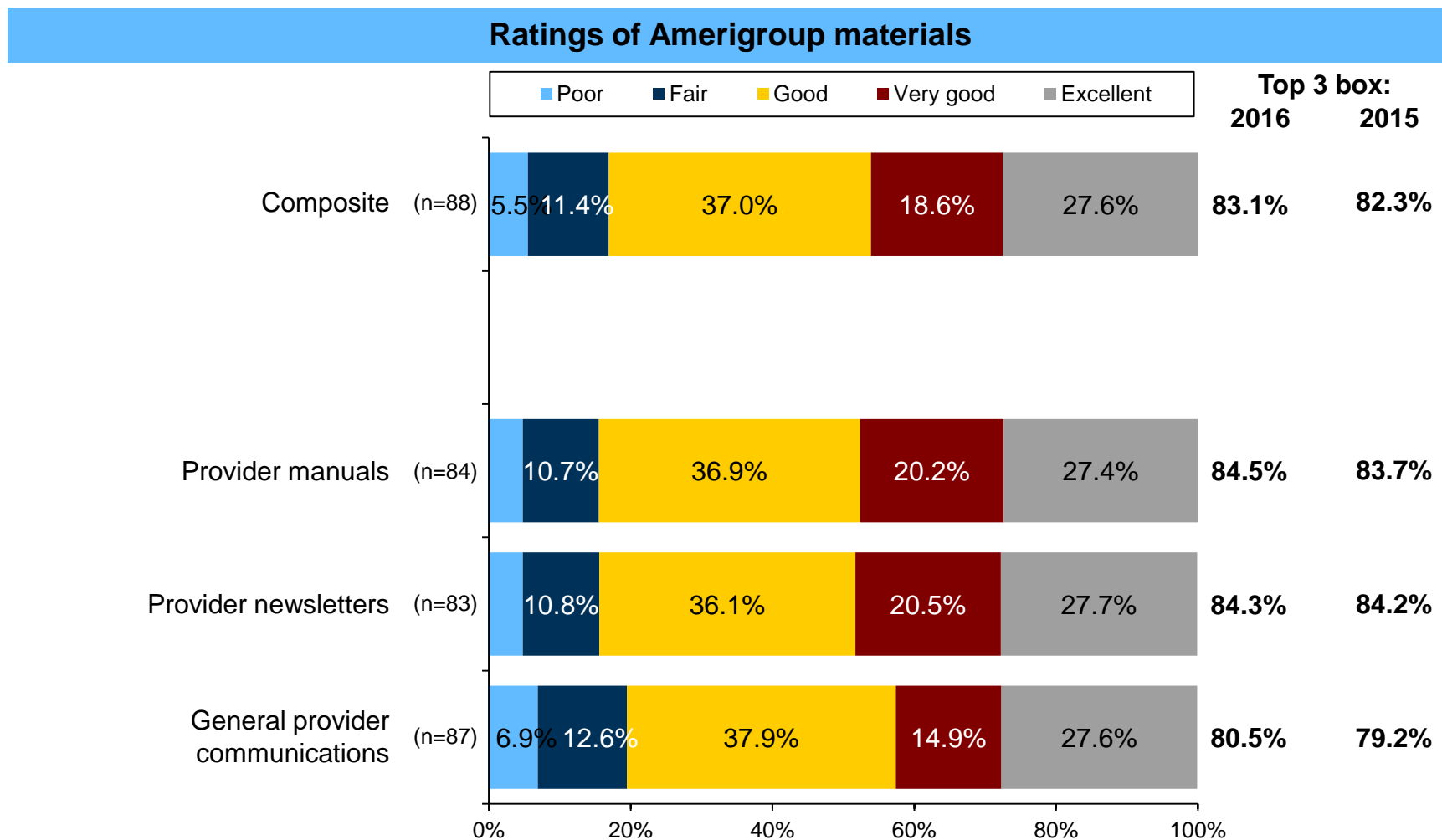
Staff who participated in cultural competency training*

(Average percentage)



Q14. Within the last year, what percentage of office practice staff (administrative, clerical, and clinical) has participated in any type of cultural competency training? * New in 2016.

Ratings of these Amerigroup materials are stable.



Q15. 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, significantly higher percentages than in 2015 would like to discuss their participation in a Quality Incentive Program. Interest in other topics also increased, but not by significant margins.

Information providers want to discuss (All mentions)	2016	2015
Base:	(n=48)	(n=101)
Participation in a Quality Incentive Program	77.1% ↑	59.4%
Why HEDIS measures are important	45.8%	38.6%
Innovative programs my practice employs	37.5%	28.7%
Initiation of electronic claims processing	37.5%	31.7%
Providing after-hours care in my practice	31.3%	25.7%
Contact's name	4.2%	0.0%
Claims/denials/billing/payments (slow, inaccurate)	4.2%	2.0%
Fee schedule/reimbursement	2.1%	2.0%
Enrollment/credentialing/contracts	2.1%	0.0%
Network mentions	2.1%	1.0%
Need program information	2.1%	0.0%
Patient health issues	2.1%	0.0%
Interpreter/language barrier	2.1%	0.0%
Coordination of care	2.1%	0.0%
No need for contact/none/nothing/N/A	2.1% ↓	12.9%

Q26. 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.

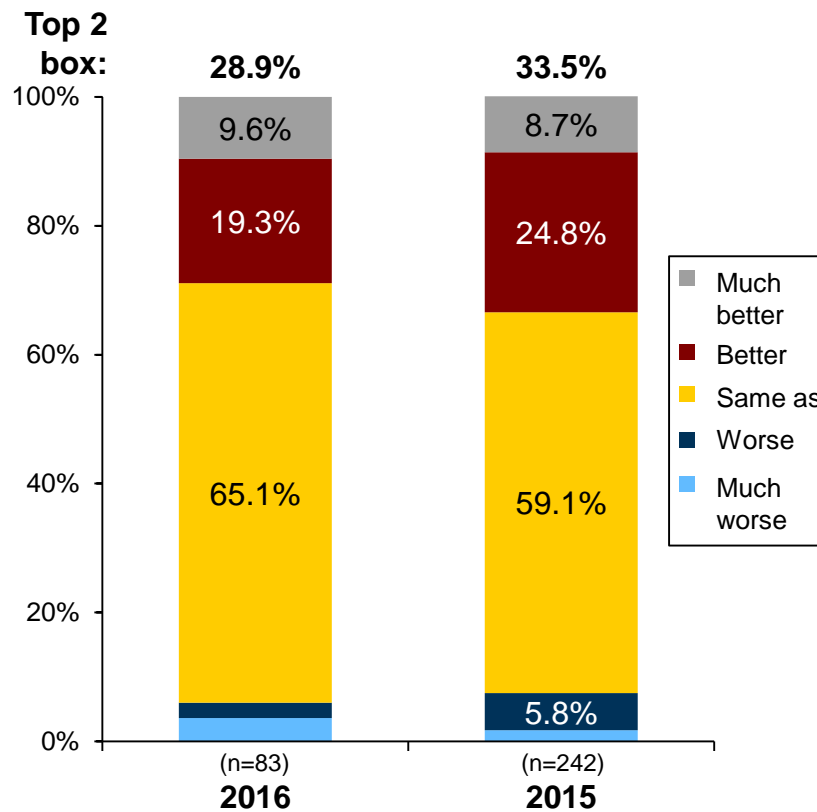
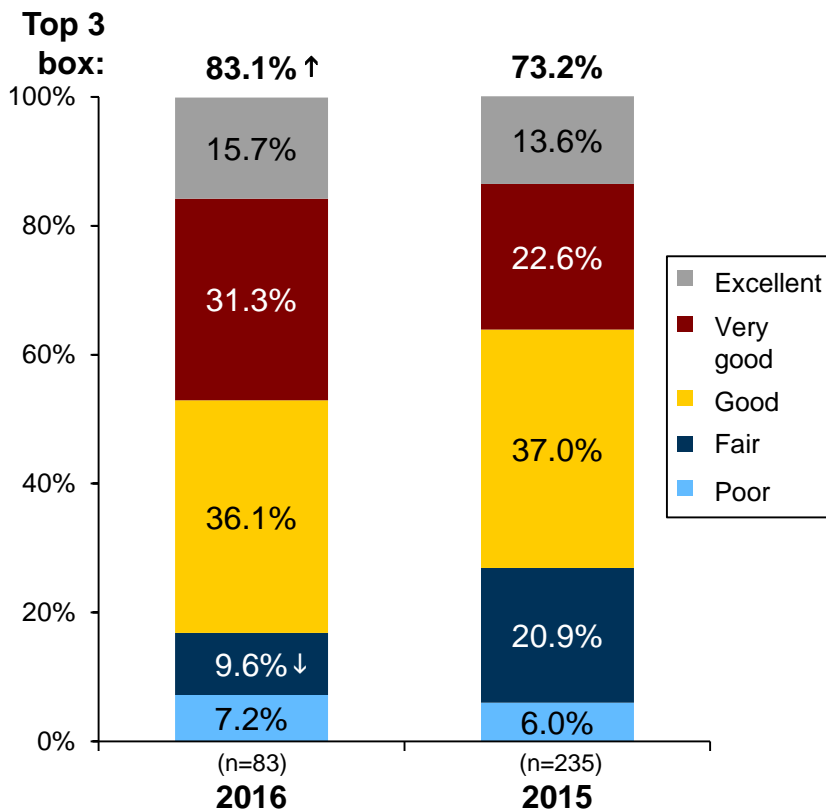
Continuity and coordination of care

The rating of the quality of Amerigroup case management services increased significantly, but a slightly lower percentage than in 2015 indicated that Amerigroup coordination of care is better than that of other plans.

Ratings of experience with continuity and coordination of care

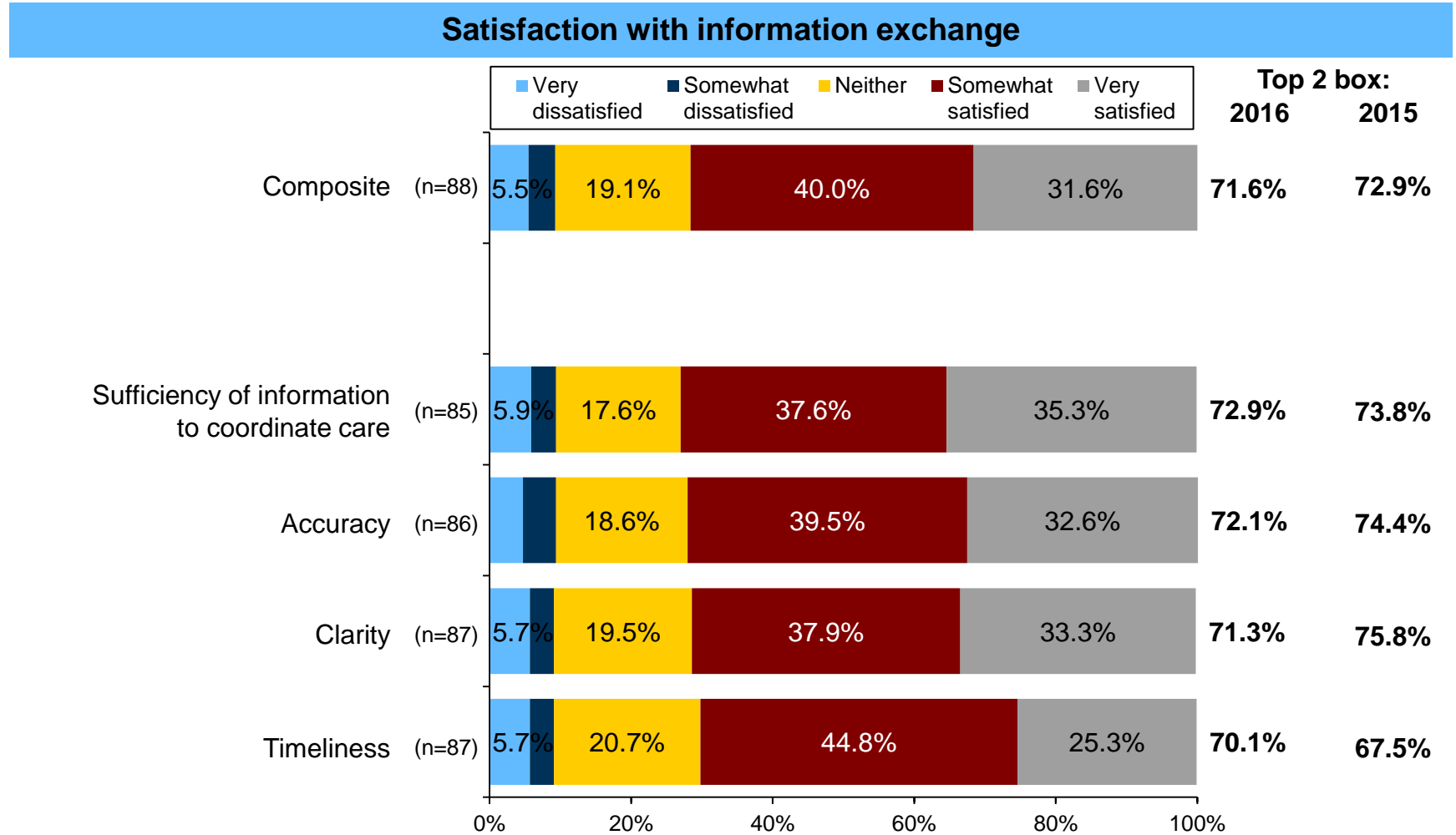
Quality of case management services

Amerigroup comparison to other plans



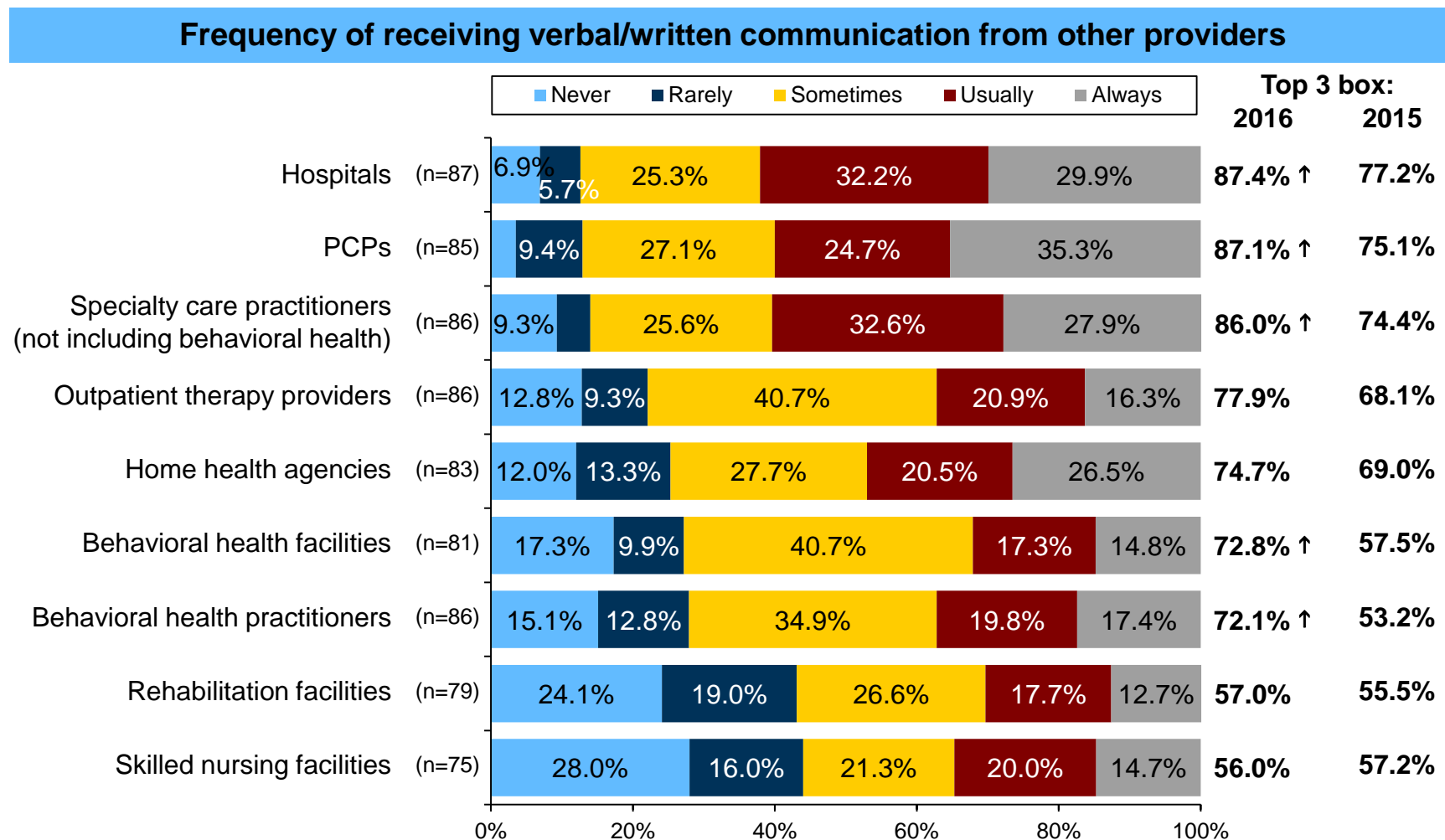
Q18. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q19. How does the Amerigroup continuity and coordination of care compare to other Medicaid/Medicare Advantage plans? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Satisfaction with the clarity of information exchange decreased slightly.



Q17. 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 increased, five significantly so.



Q16. 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.

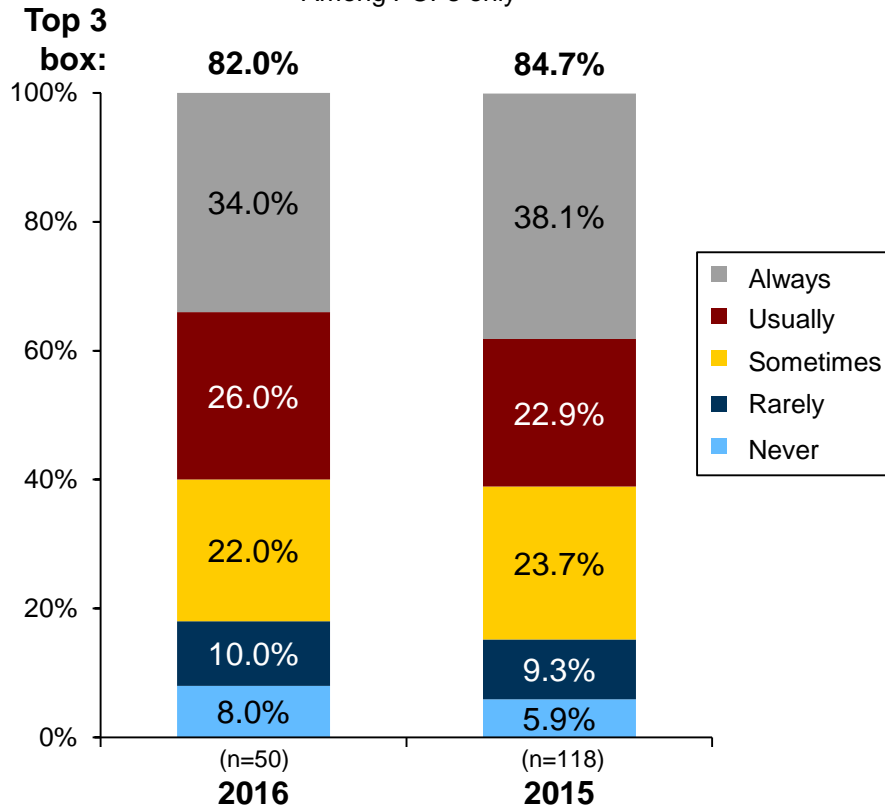
Continuity and coordination of care

More than eight in 10 PCPs indicated that they typically initiate contact with behavioral health providers to coordinate care, and all six of the behavioral health providers who responded indicated that they typically initiate contact with a patient's PCP.

Frequency of contact

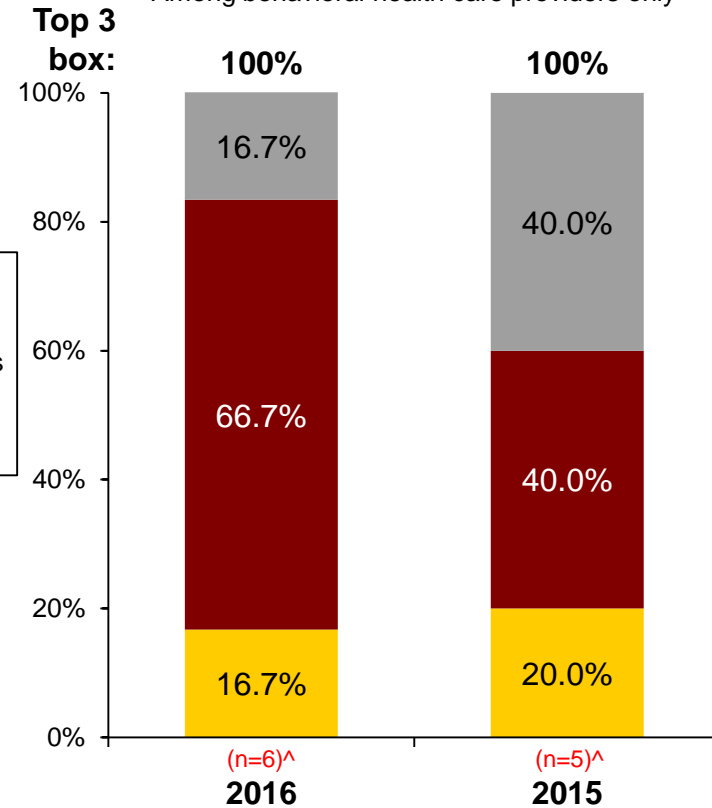
Contact patient's BH provider

Among PCPs only



Contact patient's PCP

Among behavioral health care providers only



Q20. 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? Q21. 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.

Individual completing survey		2016	2015
Base:		(n=90)	(n=276)
Office Manager		57.8%	47.8%
Physician (PCP)		15.6%	12.7%
Behavioral Health Practitioner		1.1%	1.4%
Skilled Nursing Facility (SNF)		1.1%	0.0%
Physician (Specialist)		0.0% ↓	6.2%
Physician (OB/GYN)		0.0% ↓	1.4%
Other Staff		24.4%	30.4%
Population served			
Base:		(n=93)	(n=297)
All Medicaid		100%	100%
Provider type			
Base:		(n=93)	(n=297)
BH		8.6% ↑	2.4%
OB/GYN		9.7%	10.8%
PCP		63.4% ↑	49.5%
Specialist		18.3% ↓	37.4%
Practice type			
Base:		(n=93)	(n=297)
Group		94.6% ↑	76.8%
Solo		5.4% ↓	23.2%

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

Appendix: Correlation analysis

Correlation analysis

Correlation values describe the degree of linear association between two variables in numeric terms and can range from -1 (perfect negative correlation) to +1 (perfect positive correlation). The closer the value is to +/- 1, the stronger the degree of linear association between the two variables. If the value is equal to zero, then there is no linear association. In general, values of .5000 or higher (and -.5000 or lower) suggest high correlation between the variables compared.

The table on the following page lists the significant correlation values between each of the survey attribute ratings and the overall satisfaction rating of Amerigroup, as well as their top-two or top-three-box score.

Correlation analysis

		Correlation value	Top-two-box/ Top-three-box scores
Q23. Overall satisfaction with Amerigroup			
Q2d	Obtaining support	0.792	78.4%
Q17d	Sufficiency of information to coordinate care	0.780	72.9%
Q17a	Timeliness of information exchange	0.766	70.1%
Q25	Satisfaction with provider complaint systems	0.761	72.7%
Q7aa	Telephonic assistance provided by staff	0.757	86.4%
Q2b	Efficiency of the UM process overall	0.752	85.1%
Q17c	Clarity of information exchange	0.748	71.3%
Q17b	Accuracy of information exchange	0.742	72.1%
Q7ac	Written program materials	0.724	81.8%
Q4	Rating of HEDIS education	0.716	86.2%
Q15c	General provider communications	0.706	80.5%
Q5d	Appointment scheduling portal	0.704	79.6%
Q13a	Provider orientation and training process	0.697	70.6%
Q13c	Quality of educational information	0.686	83.5%
Q5e	Educational fax blasts	0.679	83.3%
Q2c	Timeliness of response to concerns	0.676	84.6%
Q15a	Provider manuals	0.675	84.5%
Q5b	Seeing only members	0.670	80.0%
Q7c	Helpfulness of Clinical Practice Guidelines in managing patients	0.665	85.2%
Q1b	Accuracy of claims payment	0.665	93.9%
Q5c	Provider incentive payments	0.664	77.8%
Q7b	Helpfulness of staff providing services	0.662	79.2%
Q24	Satisfaction with provider enrollment process	0.659	82.0%
Q7af	Frequency of delivery of program materials	0.656	78.2%
Q7ae	Mode of delivery of program materials	0.653	80.8%
Q7ab	Member interventions by staff	0.649	83.1%
Q3c	Responsiveness during appeals process	0.647	82.2%
Q7ad	Timing of distribution of program materials	0.645	81.8%
Q15b	Provider newsletters	0.643	84.3%
Q2a	Obtaining precertification/authorization for members	0.641	83.7%
Q7ag	Communications provided by case managers	0.629	75.0%
Q13b	Information in the provider manual	0.621	84.7%
Q1a	Timeliness of claims payment	0.620	92.8%
Q1c	Clarity of the remittance advice	0.531	91.1%
Q5f	Periodic mailings	0.480	82.1%
Q5a	List of members needing services	0.436	83.8%

Highlighted items have a correlation of 0.500 or higher.

Top-three-box scores are shaded gray