2018 Provider Satisfaction Survey Results

This survey summary is being published at the request of the State of Maryland

Background
UnitedHealthcare-MidAtlantic is committed to improving provider satisfaction with the health plan. To assess our provider satisfaction, UnitedHealthcare evaluates data from the State of Maryland Provider Satisfaction report, the Division of HealthChoice Care Coordination/Complaint Resolution, and UnitedHealthcare’s Grievance Appeals and Complaint (GAC) reports to identify opportunities for improving provider satisfaction. The data is evaluated and presented to the Service Quality Improvement Subcommittee (SQIS), Provider Advisory Committee (PAC), and Quality Management Committee (QMC).

The provider survey measures how well Managed Care Organizations (MCOs) are meeting their Primary Care Providers (PCPs’) expectations and needs. From this survey, UnitedHealthcare can determine PCPs’ ratings of and experiences with the MCOs. Then, based on PCPs’ experiences, potential opportunities for improvement can be identified.

Goal
To meet or exceed the 2018 HealthChoice Aggregate benchmarks listed below:

Method
The State of Maryland Department of Health (MDH) selected the Center for the Study of Services (CSS), a National Committee for Quality Assurance (NCQA) certified vendor, to conduct its Provider Satisfaction Survey.

CCS receives an electronic sample file from each MCO. CCS then combines the file and de-dups so that a PCP only receives one survey from a specified MCO regardless of the number of MCO’s with which they participate.

CCS administered this survey to PCPs participating in Maryland’s Medicaid managed care program, HealthChoice, via a mixed methodology that included mail, web and phone modes.

Between March 2018 and June 2018, 1,937 PCPs were selected to participate in the survey. 252 PCPs completed the survey resulting in a response of 13.5% compared to 17% in 2017 with 250 PCP completing the 2017 survey.
<table>
<thead>
<tr>
<th>Composite Measures &amp; Contributing Questions</th>
<th>2018 Aggregate</th>
<th>2018 UnitedHealthcare Summary Rate</th>
<th>2017 UnitedHealthcare Summary Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finance Issues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accuracy of claims</td>
<td>53.4%</td>
<td>30.6%</td>
<td>33.2%</td>
</tr>
<tr>
<td>• Timeliness of initial processing</td>
<td>51.8%</td>
<td>30.3%</td>
<td>31.7%</td>
</tr>
<tr>
<td>• Timeliness of adjustments/appeals claims processing</td>
<td>39.7%</td>
<td>19.2%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>Customer Service/ Provider Relations</strong></td>
<td>46.5%</td>
<td>29.9%</td>
<td>27.3%</td>
</tr>
<tr>
<td>• Process for obtaining member eligibility information</td>
<td>56.3%</td>
<td>42.3%</td>
<td>43.9%</td>
</tr>
<tr>
<td>• Provider Relations/Customer Service responsiveness and courtesy</td>
<td>53.6%</td>
<td>35.0%</td>
<td>39.3%</td>
</tr>
<tr>
<td>• Timeliness to answer questions and/or resolve problems</td>
<td>45.8%</td>
<td>27.0%</td>
<td>26.9%</td>
</tr>
<tr>
<td>• Quality of written communication, policy bulletins, and manuals</td>
<td>45.0%</td>
<td>31.6%</td>
<td>24.5%</td>
</tr>
<tr>
<td>• Accuracy and accessibility of drug formulary and formulary updates</td>
<td>43.2%</td>
<td>27.6%</td>
<td>18.5%</td>
</tr>
<tr>
<td>• Customer service/provider relations overall</td>
<td>49.3%</td>
<td>30.2%</td>
<td>30.8%</td>
</tr>
<tr>
<td>• Telephone system overall</td>
<td>42.2%</td>
<td>25.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>• Number of specialist in network to refer to patients</td>
<td>36.9%</td>
<td>20.8%</td>
<td>15.5%</td>
</tr>
</tbody>
</table>
### Utilization Management

<table>
<thead>
<tr>
<th>Category</th>
<th>2018 (%)</th>
<th>2017 (%)</th>
<th>2016 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness for obtaining authorization of outpatient services</td>
<td>41.4%</td>
<td>22.8%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Timeliness for obtaining authorization of inpatient services</td>
<td>43.5%</td>
<td>25.9%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Timeliness of obtaining authorization for medications</td>
<td>37.5%</td>
<td>20.1%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Overall experience in obtaining prior authorization for medications</td>
<td>36.8%</td>
<td>20.1%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

### Overall Satisfaction

<table>
<thead>
<tr>
<th>Category</th>
<th>2018 (%)</th>
<th>2017 (%)</th>
<th>2016 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>82.2%</td>
<td>68.7%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Would you recommend to patients</td>
<td>75.8%</td>
<td>60.3%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Would recommend to physicians</td>
<td>85.5%</td>
<td>74.2%</td>
<td>69.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Rating for Coordination of Care/Case Management</th>
<th>2018 (%)</th>
<th>2017 (%)</th>
<th>2016 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>44.8%</td>
<td>23.4%</td>
<td>22.8%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No-Show HealthChoice Appointments</th>
<th>2018 (%)</th>
<th>2017 (%)</th>
<th>2016 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.8%</td>
<td>83.8%</td>
<td>85.3%</td>
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</tbody>
</table>

### Composite and Contributing Measure Findings:

**Finance Issues Composite:**
- UnitedHealthcare’s summary rate was 21.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 1.8 percentage point decrease comparing 2018 to 2017.

**Accuracy of Claims**
- UnitedHealthcare’s summary rate was 22.8 percentage points lower than the HealthChoice Aggregate.
  - There was a 2.6 percentage point decrease comparing 2018 to 2017.

**Timeliness of initial processing**
- UnitedHealthcare’s summary rate is 21.5 percentage points lower than the HealthChoice Aggregate
  - There was a 1.4 percentage point decrease comparing 2018 to 2017.
**Timeliness of adjustments/appeals claims processing**
- UnitedHealthcare’s summary rate is 25.5 percentage points lower than the HealthChoice Aggregate.
- There was a 1.7 percentage point decrease comparing 2018 to 2017.

**Customer Service/Provider Relations Composite**
- UnitedHealthcare’s summary rate was 16.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 2.6 percentage point decrease comparing 2018 to 2017.

**Process for obtaining member eligibility information**
- UnitedHealthcare’s summary rate was 14.0 percentage points lower than the HealthChoice Aggregate.
  - There was a 1.6 percentage point decrease comparing 2018 to 2017.

**Provider Relations/Customer Service responsiveness and courtesy**
- UnitedHealthcare’s summary rate was 18.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 4.3 percentage point decrease comparing 2018 to 2017.

**Timeliness to answer questions and resolve problems**
- UnitedHealthcare’s summary rate was 18.8 percentage points lower than the HealthChoice Aggregate.
  - There was a 0.1 percentage point decrease comparing 2018 to 2017.

**Quality of written communication, policy bulletins, and manuals**
- UnitedHealthcare’s summary rate was 13.4 percentage points lower than the HealthChoice Aggregate.
  - There was a 7.1 percentage point increase comparing 2018 to 2017.

**Accuracy and accessibility of drug formulary and formulary updates**
- UnitedHealthcare’s summary rate was 15.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 9.1 percentage point increase comparing 2018 to 2017.

**Customer Service/Provider Relations Overall**
- UnitedHealthcare’s summary rate was 19.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 0.6 percentage point decrease comparing 2018 to 2017.

**Telephone System Overall**
- UnitedHealthcare’s summary rate was 17.2 percentage points lower than the HealthChoice Aggregate.
  - There was a 6.0 percentage point increase comparing 2018 to 2017.

**Number of Specialist in network to refer to patients**
- UnitedHealthcare’s summary rate was 16.1 percentage points lower than the HealthChoice Aggregate.
  - There was a 5.3 percentage point increase comparing 2018 to 2017.

**Utilization Management Composite**
- UnitedHealthcare’s summary rate was 17.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 4.7 percentage point increase comparing 2018 to 2017.

**Timeliness for obtaining authorization for outpatient services**
- UnitedHealthcare’s summary rate was 18.6 percentage points lower than the HealthChoice Aggregate.
  - There was a 2.7 percentage point increase comparing 2018 to 2017.
Timeliness for obtaining authorization for inpatient services
  o UnitedHealthcare’s summary rate was 17.6 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 4.0 percentage point increase comparing 2018 to 2017.

Timeliness for obtaining authorization for medications
  o UnitedHealthcare’s summary rate was 17.4 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 6.0 percentage point increase comparing 2018 to 2017.

Overall experience in obtaining prior authorization for medications
  o UnitedHealthcare’s summary rate was 16.7 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 6.1 percentage point increase comparing 2018 to 2017.

Overall experience in obtaining prior authorization for medications
  o UnitedHealthcare’s summary rate was 16.7 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 6.1 percentage point increase comparing 2018 to 2017.

Overall Satisfaction Composite
  o UnitedHealthcare’s summary rate was 13.5 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 3.5 percentage point increase comparing 2018 to 2017.

Overall Satisfaction
  o UnitedHealthcare’s summary rate was 15.5 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 0.8 percentage point increase comparing 2018 to 2017.

Would you recommend to patients
  o UnitedHealthcare’s summary rate was 11.3 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 4.5 percentage point increase comparing 2018 to 2017.

Would you recommend to physicians
  o UnitedHealthcare’s summary rate was 12.8 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 5.1 percentage point increase comparing 2018 to 2017.

Single Items

Overall Rating for Coordination of Care/Case Management
  o UnitedHealthcare’s summary rate was 21.4 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 0.6 percentage point increase comparing 2018 to 2017.

No-show HealthChoice Appointments
  o UnitedHealthcare’s summary rate was 5.0 percentage points lower than the HealthChoice Aggregate.
  ▪ There was a 1.5 percentage point decrease comparing 2018 to 2017.
Findings:
  o The HealthChoice Aggregate benchmarks were not met in any of the composite or contributing measures.
    ▪ UnitedHealthcare did not meet or exceed the HealthChoice Aggregate benchmarks by an average of 17.1 percentage points.
  o The Health Aggregate benchmark was not met for one of the two ‘single Item’ measures.
    ▪ Overall Rating for Coordination of Care/Case Management measure was not met by 21.4 percentage points.
    ▪ No-show HealthChoice Appointments measure exceeded the HealthChoice Aggregate by 5.0 percentage points.
  o There was an increase in 15 composite or contributing measures comparing UnitedHealthcare’s 2018 Summary Rate to 2017 Summary Rate. The most notable improvements were:
    ▪ Quality of written communication, policy bulletins, and manuals by 7.1 percentage points.
    ▪ Accuracy and accessibility of drug formulary and formulary updates by 9.1 percentage points.
    ▪ Telephone system overall by 6.0 percentage points.
    ▪ Timeliness of obtaining authorization for medications by 6.0 percentage points.
    ▪ Overall experience in obtaining prior authorization for medications by 6.1 percentage points.
    ▪ Would recommend to physicians by 5.1 percentage points
### Loyalty Analysis:

<table>
<thead>
<tr>
<th>Year</th>
<th>Loyal</th>
<th>Indifferent</th>
<th>Not Loyal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>13.3%</td>
<td>79.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td>2017</td>
<td>13.8%</td>
<td>78.7%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

### Vendor Methodology Explanation:

**Loyalty Analysis**

Physician loyalty analysis is performed by examining responses to the following questions:

- Q25a. What is your overall satisfaction with Specified MCO?
- Q26. Would you recommend Specified MCO to patients?
- Q27. Would you recommend Specified MCO to other physicians?

All physicians used in this analysis need to have provided a valid response to all 3 questions.

A physician is considered loyal if they provided the following 3 combinations of responses:

<table>
<thead>
<tr>
<th>Overall Satisfaction with Specified MCO (Q25)</th>
<th>Would Recommend Specified HealthChoice MCO to Patients (Q26)</th>
<th>Would Recommend Specified HealthChoice MCO to Other Physicians (Q27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Very Satisfied</td>
<td>Definitely Yes</td>
<td>Definitely Yes</td>
</tr>
<tr>
<td>2 Very Satisfied</td>
<td>Definitely Yes</td>
<td>Probably Yes</td>
</tr>
<tr>
<td>3 Very Satisfied</td>
<td>Probably Yes</td>
<td>Definitely Yes</td>
</tr>
</tbody>
</table>

A physician is considered not loyal if they provided the following 3 combinations of responses:

<table>
<thead>
<tr>
<th>Overall Satisfaction with Specified MCO (Q25)</th>
<th>Would Recommend Specified HealthChoice MCO to Patients (Q26)</th>
<th>Would Recommend Specified HealthChoice MCO to Other Physicians (Q27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Very Dissatisfied</td>
<td>Definitely Not</td>
<td>Definitely Not</td>
</tr>
<tr>
<td>2 Very Dissatisfied</td>
<td>Definitely Not</td>
<td>Probably Not</td>
</tr>
<tr>
<td>3 Very Dissatisfied</td>
<td>Probably Not</td>
<td>Definitely Not</td>
</tr>
</tbody>
</table>

All other response combinations are categorized as indifferent.

Scores are calculated as proportion of respondents selecting the response option combinations described above.

**Loyal Results:**

When comparing UnitedHealthcare’s 2018 Summary Rate to the 2017 Summary Rate, the difference was marginal.

**Recommendation:**

- Continue the Provider Satisfaction Work Group
  - The owner for each composite measure reviews the results and identifies the area(s) for continuous improvement.
  - The owner develops interventions to address the area(s) chosen for improvement.
  - The owner submits the selected interventions including targets to the work Group facilitator.
  - The interventions and targets are used to develop the Provider Satisfaction Work Plan.
  - The Work Plan is presented quarterly to the appropriate Quality Committees.