FOR 2023 HEALTHCHOICE PCP SATISFACTION SURVEY

Prepared for: Maryland Department of Health

Prepared by: Center for the Study of Services

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PCP Satisfaction Survey

Background and Purpose

Center for the Study of Services (CSS) administered the 2023 PCP Satisfaction Survey for the Maryland Department of Health on behalf of HealthChoice Managed Care Organizations (MCOs). PCPs were asked to rate their satisfaction with a specified MCO they participate with. The survey included questions on claims, preauthorization, customer service, and provider relations. PCPs participating with each of the following nine MCOs that provide Medicaid services in the HealthChoice program participated in this study.

- Aetna Better Health of Maryland (ABH)
- CareFirst Community Health Plan (CFCHP)
- Jai Medical Systems (JMS)
- Kaiser Permanente (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare (UHC)
- Wellpoint Maryland (WPM)

The HealthChoice MCOs provided the population files of participating PCPs. Prior to sampling, any PCP with an address outside of Maryland or states bordering Maryland were marked as ineligible for the sample. The population file was deduplicated such that a PCP was only selected for one MCO. This was done in a two-step process. First, the PCPs were deduplicated using the PCP National Provider Identifier (NPI). Then, the remaining eligible PCPs were deduplicated using the PCP name and address. All eligible PCPs after the deduplication process were selected for the sample.

The final survey sample included 8,113 PCPs from the nine HealthChoice MCOs.

CSS administered the PCP Satisfaction Survey using a mixed methodology that consisted of mail, email, and fax with telephone follow-up. The survey protocol included two questionnaire mailings, each followed by a reminder postcard. PCPs with fax numbers were sent two faxes instead of the first mail survey outreach. The cover letter in the mailed questionnaire, the faxed questionnaire, and the reminder postcard contained information on how to complete the survey online. PCPs with email addresses were also contacted by email two times. Non-respondents to the mail, fax, and email outreach were contacted by telephone.

Response Rate

Among all the PCPs who met eligibility criteria, 900 completed the survey, resulting in an adjusted response rate of 11.53%. Any survey where only the PCP practice-related questions were answered (questions 28 through 33) was marked as partially complete. Additional dispositions at the end of data collection are provided in Exhibit 1.

EXHIBIT 1: 2023 PCP SATISFACTION SURVEY: DISPOSITIONS AND RESPONSE RATE

	Number	% Initial Sample
Initial Sample	8,113	
Disposition		
Complete and Eligible - Mail	217	2.67%
Complete and Eligible - Phone	275	3.39%
Complete and Eligible - Web	201	2.48%
Complete and Eligible - Fax	207	2.55%
Complete and Eligible - Total	900	11.09%
Partial Completes	5	0.06%
Does not meet Eligible criteria	79	0.97%
Deceased	3	0.04%
Language Barrier	0	0.00%
Retired, No Longer Working at Office	222	2.74%
Refusals	154	1.90%
Nonresponse after maximum attempts	6,750	83.20%
Adjusted Response Rate *		11.53%

^{*} Adjusted response rate= Complete and Eligible Surveys/[Complete and Eligible + Refusal + Nonresponse after maximum attempts]

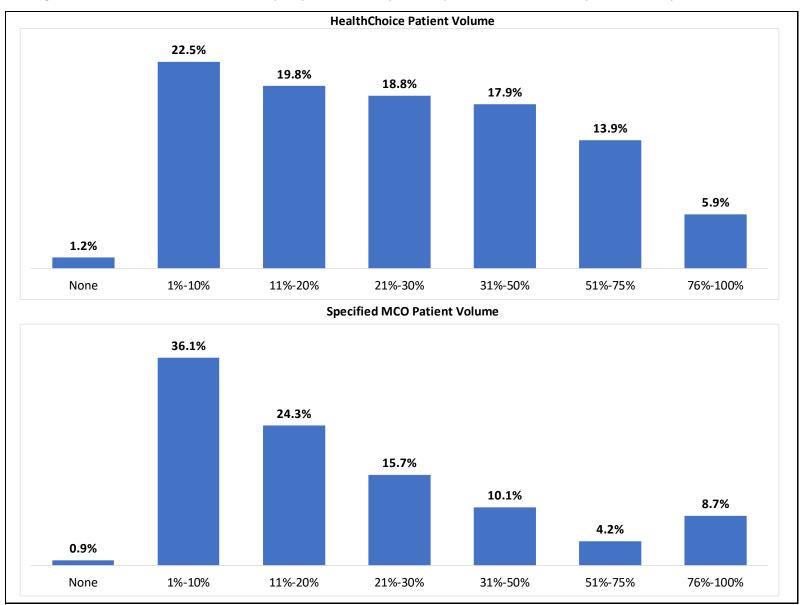
The following table shows the unadjusted response rate by MCO.

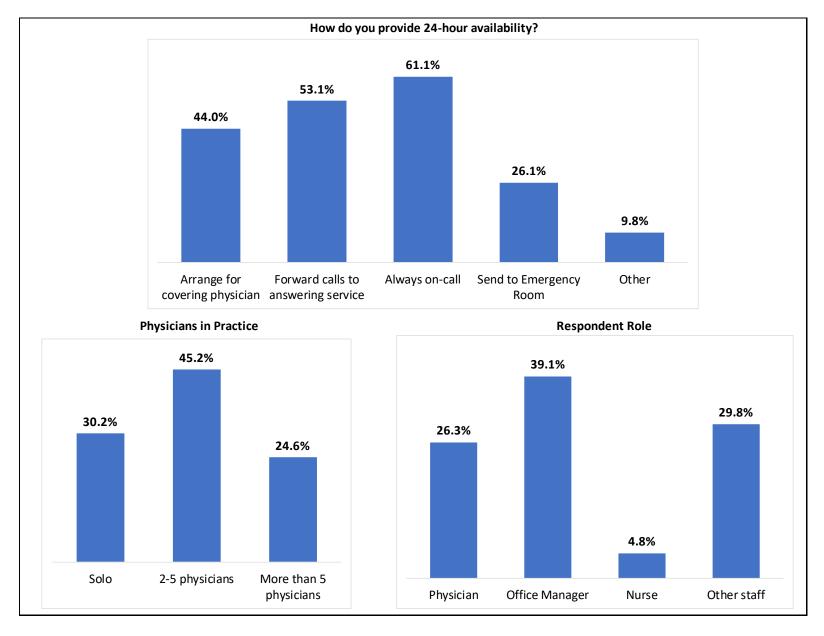
EXHIBIT 2: 2023 PCP SATISFACTION SURVEY: RESPONSE RATE BY MCO

мсо	Sample Size	Number of Completes	Unadjusted Response Rate
Aetna Better Health of Maryland	648	101	15.6%
CareFirst Community Health Plan Maryland	320	70	21.9%
Jai Medical Systems	164	35	21.3%
Kaiser Permanente	450	20	4.4%
Maryland Physicians Care	1037	124	12.0%
MedStar Family Choice	483	73	15.1%
Priority Partners	1,655	129	7.8%
UnitedHealthcare	1,733	173	10.0%
Wellpoint Maryland, Inc.	1,623	175	10.8%

Respondent Profile

The following charts show the distribution of survey responses to PCP practice, patient volume, and respondent role questions:





Survey Results and Analysis

SURVEY MEASURES

The PCP Satisfaction Survey includes four *composite measures*. Composite measures combine results from related survey questions into a single measure to summarize performance in the areas listed below.

Overall Satisfaction combines responses to 3 survey questions about overall satisfaction and recommending MCO to providers and patients:

- What is your overall satisfaction with Specified MCO?
- Would you recommend *Specified MCO* to patients?
- Would you recommend Specified MCO to other providers?

Claims combines responses to 3 survey questions about claims processing:

- Accuracy of claims processing.
- Timeliness of initial claims processing.
- Timeliness of adjustment and appeal claims processing.

Preauthorization combines responses to 6 survey questions about timeliness of the authorization process:

- Timeliness of obtaining authorization for medication.
- Overall experience in obtaining prior authorization for medications.
- Timeliness of obtaining authorization of **outpatient** services.
- Overall experience in obtaining authorization of outpatient services.
- Timeliness of obtaining authorization of inpatient services.
- Overall experience in obtaining authorization of inpatient services.

Customer Service and Provider Relations combines responses to 8 survey questions about communications from the MCO, customer service interactions, member eligibility information, and adequacy of specialist network:

- Process for obtaining member eligibility information.
- Quality of written communications, policy bulletins, and manuals.
- Ease of contacting the correct customer service representative.
- Timeliness and courtesy of the MCO's customer service and provider relations representative.
- Accuracy of responses and/or ability to resolve problems.
- Accuracy and accessibility of the drug formulary and formulary updates.
- Overall, how would you rate Customer Service/Provider Relations?
- How would you rate the number and quality of specialists in the Specified MCO network?

In addition, two single-item measures are reported:

- Overall, how would you rate Specified MCO on Coordination of Care/Case Management?
- What percentage of your scheduled Specified MCO HealthChoice appointments are "no-show" appointments each week?
- For Claims, Preauthorization, Customer Service and Provider Relations composite measures, questions that contribute to the composites and Coordination of Case/Case Management measure, results are reported as the proportion of members selecting Excellent or Very good.
- For the *Overall Satisfaction* composite and questions that contribute to the composite, results are reported as the proportion of members selecting *Very satisfied, Somewhat satisfied,* or *Definitely yes, Probably yes.*
- For No-Show Specified MCO HealthChoice Appointments, results are reported as the proportion of members selecting None or 1% 25%.

EXHIBIT 3: SUMMARY RATES OF COMPOSITES - OVERALL SATISFACTION AND CLAIMS

			СОМР	OSITES		
	Ove	rall Satisfac	tion		Claims	
	2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	83.4%	84.6%	83.8%	53.5%	52.8%	56.3%
ABH	84.6%	86.0%	86.9%	49.1%	51.8%	48.5%
CFCHP	89.1%	84.5%	79.4%	71.3% 🔺	47.1% ★	53.6%
JMS	89.9%	85.5%	88.8%	78.8% 🔺	70.8%	85.8%
KPMAS	88.3%	90.1%	92.5%	85.4% 🔺	85.6%	95.9%
MPC	90.0%	86.7%	85.5%	52.0%	46.3%	53.9%
MSFC	93.7% 🔺	87.3%	94.0%	57.7%	56.0%	60.9%
PPMCO	80.2%	84.8%	81.8%	50.2%	52.0%	46.4%
UHC	65.4% 🔻	72.7%	72.8%	37.5% 🔻	44.5%	51.8% ★
WPM	89.8% 🔺	89.7%	89.6%	56.5%	53.3%	57.9%

EXHIBIT 4: SUMMARY RATES OF COMPOSITES – PREAUTHORIZATION AND CUSTOMER SERVICE/PROVIDER RELATIONS

			СОМР	OSITES			
				Custom	er Service P	rovider	
	Pro	eauthorizati	on		Relations		
	2023	2022	2021	2021 2023 2022 20			
HealthChoice Aggregate	41.5%	46.9% 🛨	45.0%	50.2%	52.7%	53.4%	
ABH	40.0%	43.6%	38.5%	49.6%	54.0%	49.2%	
CFCHP	61.0% 🔺	45.3%	36.3% ★	59.7%	41.7%	41.7%	
JMS	82.2% 🔺	69.8%	90.8%	81.4% 🔺	73.3%	82.9%	
KPMAS	86.7% 🔺	85.0%	90.0%	82.5% 🔺	80.3%	90.6%	
MPC	40.9%	42.8%	38.3%	52.0%	48.1%	52.1%	
MSFC	47.2%	41.4%	61.7%	58.2%	57.8%	65.6%	
PPMCO	27.9% 🔻	45.7% 🛨	33.0%	47.0%	52.4%	43.6%	
UHC	24.0% 🔻	41.6% ★	32.5%	31.6% 🔻	41.7%	43.5% ★	
WPM	41.0%	43.5%	47.4%	52.5%	54.3%	59.1%	

EXHIBIT 5: SUMMARY RATE OF QUESTIONS CONTRIBUTING TO OVERALL SATISFACTION COMPOSITE

				OVER	ALL SATISFA	CTION			
							Recomr	nend MCO t	o other
	OVER	ALL SATISFA	CTION	Recomm	end MCO to	Patients		Physicians	
	2023	2022	2021	2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	77.6%	76.9%	78.3%	86.2%	88.6%	86.9%	86.5%	88.4%	86.1%
АВН	78.9%	81.4%	81.3%	87.5%	87.2%	89.7%	87.4%	89.5%	89.5%
CFCHP	83.6%	75.0%	73.1%	91.2%	90.4%	82.7%	92.6%	88.0%	82.4%
JMS	87.9%	76.5%	92.3%	90.9%	88.2%	87.2%	90.9%	91.8%	86.8%
KPMAS	85.0%	86.5%	89.8%	95.0%	94.6%	98.0%	85.0%	89.2%	89.8%
MPC	83.5%	79.3%	81.6%	93.3% 🔺	91.4%	88.7%	93.3% 🔺	89.5%	86.2%
MSFC	92.8% 🔺	82.5%	92.6%	92.8%	89.8%	93.9%	95.5% 🔺	89.7%	95.5%
PPMCO	70.0%	76.3%	71.9%	85.0%	89.2%	87.0%	85.6%	88.9%	86.6%
UHC	60.8% 🔻	65.5%	65.4%	67.5% 🔻	76.5%	76.9% 🛨	67.9% 🔻	76.3%	76.2%
WPM	83.2%	79.7%	84.8%	93.1% 🔺	94.5%	91.6%	93.1% 🔺	94.9%	92.3%

EXHIBIT 6: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO CLAIMS COMPOSITE

					CLAIMS				
				Timelin	ess of initia	l claims	Timeliness of adjustment/appeal		
	Accuracy	of claims pr	ocessing		processing		cla	ims process	ing
	2023	2022	2021	2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	56.7%	56.5%	59.2%	57.1%	57.2%	60.5%	46.6%	44.9%	49.1%
АВН	51.6%	50.0%	48.1%	52.7%	58.0%	54.5%	43.2%	47.4%	42.9%
CFCHP	74.6% 🔺	49.1% ★	60.8%	74.2% 🔺	53.7% ★	60.8%	65.1% 🔺	38.5% ★	39.1% ★
JMS	75.8% 🔺	71.7%	86.1%	81.8% 🔺	70.2%	85.7%	78.8% 🔺	70.5%	85.7%
KPMAS	89.5% 🔺	86.5%	95.9%	88.9% 🔺	86.5%	95.9%	77.8% 🔺	83.8%	95.8%
MPC	55.3%	51.5%	56.5%	59.1%	51.5%	57.9%	41.7%	35.8%	47.2%
MSFC	61.2%	63.5%	63.8%	59.7%	60.6%	62.1%	52.3%	43.8%	56.9%
PPMCO	55.7%	55.8%	49.0%	53.6%	56.1%	51.7%	41.4%	44.1%	38.5%
UHC	40.8% 🔻	48.7%	56.6% ★	39.2% 🔻	50.3%	55.7% ★	32.4% 🔻	34.5%	43.0% ★
WPM	59.5%	57.8%	61.5%	61.0%	56.4%	63.4%	49.0%	45.7%	48.7%

EXHIBIT 7: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO PREAUTHORIZATION COMPOSITE

				PRE#	AUTHORIZA1	TION			
				Overall ex	perience in	obtaining	Timel	iness of obta	aining
	Timel	iness of obt	aining	prior	authorizatio	n for	authoriz	ation of out	patient
	authoriz	ation for me	dication	ı	medications	}		services	
	2023 2022 2021			2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	40.5%	44.9%	44.1%	38.6%	42.7%	41.3%	39.1%	43.7%	43.1%
АВН	37.8%	43.8%	42.9%	40.0%	39.7%	40.0%	35.9%	42.9%	34.7%
CFCHP	51.9%	40.0%	34.1%	55.6% 🔺	40.0%	30.8% ★	52.2%	46.5%	36.4%
JMS	83.9% 🔺	70.8%	94.3%	80.6% 🔺	66.7%	91.4%	83.3% 🔺	65.3%	86.1%
KPMAS	85.0% 🔺	84.8%	90.9%	84.2% 🔺	84.4%	90.9%	90.0% 🔺	79.4%	86.7%
MPC	42.4%	42.6%	40.3%	41.0%	38.6%	38.7%	32.6%	42.4%	37.0%
MSFC	47.6%	39.2%	58.9%	50.0%	39.7%	50.9%	49.1%	43.2%	64.6%
PPMCO	32.1%	40.8%	33.1%	29.2%	41.4% 🛨	30.6%	29.5%	41.1%	32.2%
UHC	25.0% 🔻	41.0% 🛨	29.8%	20.7% 🔻	37.2% ★	27.0%	23.1% 🔻	35.3% ★	29.1%
WPM	40.3%	42.2%	47.4%	34.7%	40.0%	43.8%	40.0%	38.7%	49.2%

EXHIBIT 8: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO PREAUTHORIZATION COMPOSITE

				PRE <i>A</i>	AUTHORIZAT	TION			
	Overall ex	perience in	obtaining	Timel	iness of obt	aining	Overall ex	perience in	obtaining
	prior autho	orization of	outpatient	authori	zation of in	patient	prior auth	orization of	inpatient
		services			services			services	
	2023 2022 2021			2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	38.8%	44.2% ★	42.7%	45.7%	52.8% 🛨	49.0%	45.9%	53.1% ★	49.6%
ABH	38.8%	41.0%	36.4%	44.2%	48.8%	39.7%	43.2%	45.2%	37.5%
CFCHP	53.3%	50.0%	34.4%	73.5% 🔺	48.4% ★	38.5% ★	79.4% 🔺	46.9% ★	43.5% ★
JMS	80.0% 🔺	63.3%	86.1%	82.8% 🔺	77.5%	93.5%	82.8% 🔺	75.0%	93.5%
KPMAS	85.0% 🔺	84.8%	89.4%	88.2% 🔺	88.5%	92.3%	87.5% 🔺	88.0%	89.7%
MPC	35.1%	36.8%	37.2%	47.2%	46.6%	38.9%	47.1%	50.0%	38.0%
MSFC	49.1%	41.6%	63.3%	42.5%	43.8%	64.1%	44.7%	41.2%	68.4% ★
PPMCO	26.7% 🔻	43.4% 🛨	31.4%	25.0% 🔻	52.7% 🛨	33.9%	25.0% 🔻	54.9% 🛨	36.7%
UHC	21.7%	37.2% ★	29.2%	28.2% 🔻	48.9% 🛨	38.6%	25.0% 🔻	50.0% 🛨	41.0% 🛨
WPM	39.7%	41.2%	46.3%	45.2%	48.6%	49.5%	46.0%	50.5%	48.3%

EXHIBIT 9: SUMMARY RATES OF QUESTIONS THAT CONTRIBUTE TO CUSTOMER SERVICE/PROVIDER RELATIONS COMPOSITE

			CUS	STOMER SER	VICE/PROVI	DER RELATIO	ONS		
				Qu	ality of writt	ten			
	Process f	or obtaining	member	communica	tions, polic	y bulletins,	Ease of c	ontacting th	e correct
	eligib	ility inform	ation	í	and manuals	5	customers	service repr	esentative
	2023 2022 2021			2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	62.4%	63.8%	64.6%	55.0%	56.5%	57.3%	47.5%	50.2%	48.7%
ABH	62.9%	66.3%	58.9%	55.8%	58.1%	53.8%	45.9%	55.3%	45.3%
CFCHP	63.2%	51.8%	51.0%	65.6%	47.3% ★	35.4% ★	61.5% 🔺	33.3% ★	37.3% ★
JMS	84.8% 🔺	76.0%	79.5%	84.8% 🔺	79.2%	84.2%	84.8% 🔺	72.0%	81.6%
KPMAS	85.0% 🔺	81.6%	93.9%	95.0% 🔺	81.6%	90.0%	75.0% 🔺	71.1%	85.4%
MPC	62.8%	57.5%	66.2%	51.7%	52.8%	53.0%	49.2%	50.4%	50.7%
MSFC	65.7%	63.3%	73.8%	56.3%	63.5%	69.7%	60.0% 🔺	55.1%	66.2%
PPMCO	56.8%	68.3% 🛨	54.2%	54.3%	53.2%	48.3%	43.9%	49.7%	38.6%
UHC	50.6%	55.1%	58.7%	35.8% 🔻	43.8%	50.2% 🛨	28.0% 🔻	39.5% 🛨	33.6%
WPM	68.3%	66.8%	72.0%	60.4%	59.6%	65.5%	47.0%	50.0%	56.0%

EXHIBIT 10: SUMMARY RATES OF QUESTIONS THAT CONTRIBUTE TO CUSTOMER SERVICE/PROVIDER RELATIONS COMPOSITE

			CUS	TOMER SER	VICE/PROVI	DER RELATION	ONS		
	Timelines	s and court	esy of the				Accuracy a	nd accessib	ility of the
	MCO's c	ustomer ser	vice and	Accuracy	of response	es and/or	drug forn	nulary and f	ormulary
	provider re	lations repr	esentative	ability t	o resolve pi	roblems		updates	
	2023 2022 2021			2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	50.5%	54.1%	54.8%	47.8%	49.5%	52.0%	46.2%	48.3%	50.0%
ABH	50.5%	57.5%	48.1%	42.3%	51.2%	48.1%	46.7%	45.3%	45.6%
CFCHP	55.4%	46.4%	51.0%	63.6% 🔺	36.8% ★	42.0% ★	51.6%	39.6%	34.0%
JMS	81.8% 🔺	73.5%	81.6%	78.8% ▲	69.4%	81.6%	84.8% 🔺	75.0%	86.5%
KPMAS	90.0% 🔺	78.9%	93.9%	80.0% 🔺	78.9%	86.0%	80.0% 🔺	86.8%	90.0%
MPC	51.2%	51.4%	54.0%	49.2%	41.4%	50.3%	48.2%	41.5%	46.9%
MSFC	58.6%	62.2%	66.2%	56.3%	56.7%	67.2%	57.1%	55.1%	60.0%
PPMCO	48.7%	52.4%	42.4%	45.1%	49.4%	37.3%	44.1%	46.5%	43.7%
UHC	30.6% 🔻	40.1%	45.5% 🛨	28.4% 🔻	35.5%	43.8% ★	28.5% 🔻	38.1%	38.9% ★
WPM	54.2%	55.7%	61.7%	50.9%	54.8%	59.0%	44.4%	48.1%	54.6%

EXHIBIT 11: SUMMARY RATES OF OTHER ITEMS

		CUSTOME	R SERVICE/	PROVIDER R	ELATIONS	
	Overall,	how would	you rate	How would	d you rate th	ne number
	Custom	er Service P	rovider	and qualit	ty of special	ists in the
		Relations?		Specifi	ed MCO net	work?
	2023 2022 2021 2023 2022 202					
HealthChoice Aggregate	49.2%	55.9% 🛨	54.6% ★	43.2%	43.6%	45.2%
ABH	51.0%	61.4%	54.7%	41.3%	36.8%	38.8%
CFCHP	63.1% 🔺	42.9% ★	43.1% ★	53.2%	35.8%	40.0%
JMS	78.8% 🔺	76.0%	84.2%	72.7% 🔺	65.3%	84.2%
KPMAS	75.0% 🔺	83.8%	91.8%	80.0% 🔺	79.5%	94.0%
MPC	53.3%	46.9%	53.7%	50.0%	43.1%	42.1%
MSFC	59.7%	62.2%	64.6%	51.4%	44.6%	57.4%
PPMCO	43.9%	53.6%	43.8%	39.3%	46.3%	40.7%
UHC	27.6% 🔻	45.2% 🛨	43.9% ★	23.3% 🔻	36.2% 🛨	33.5% ★
WPM	50.9%	59.6%	60.2%	44.1%	39.9%	43.5%

EXHIBIT 12: SUMMARY RATES OF OTHER ITEMS

			OTHER	ITEMS		
	Coor	dination of	Case	No-Sh	ow Specifie	d MCO
	N	/lanagemen	t	HealthCl	noice Appoi	ntments
	2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	44.8%	49.9%	47.1%	82.0%	83.5%	83.7%
ABH	37.8%	50.8%	46.9%	90.3% 🔺	86.7%	93.9%
CFCHP	62.7% 🔺	46.3%	36.1% ★	87.7%	95.8%	87.8%
JMS	81.3% 🔺	73.9%	88.9%	27.3% 🔻	34.7%	28.2%
KPMAS	70.0% 🔺	83.3%	87.5%	95.0%	94.3%	97.8%
MPC	40.6%	46.7%	46.0%	85.2%	79.3%	83.0%
MSFC	57.4%	49.3%	65.5%	79.7%	87.4%	90.3%
PPMCO	36.0%	45.2%	36.3%	81.9%	87.0%	78.5%
UHC	34.5% 🔻	41.0%	31.1%	85.0%	86.2%	88.8%
WPM	41.9%	48.8%	46.2%	80.5%	85.1%	81.9%

Loyalty Analysis

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

- Q22. What is your overall satisfaction with *Specified MCO*?
- Q23. Would you recommend *Specified MCO* to patients?
- Q24. Would you recommend Specified MCO to other providers?

All PCPs used in this analysis provided a valid response to all three questions.

A PCP is considered **loyal** if they provided the following three combinations of responses:

	Overall Satisfaction with Specified MCO (Q22)	Would Recommend Specified HealthChoice MCO to Patients (Q23)	Would Recommend Specified HealthChoice MCO to Other Providers (Q24)			
1	Very Satisfied	Definitely Yes	Definitely Yes			
2	Very Satisfied	Definitely Yes	Probably Yes			
3	Very Satisfied	Probably Yes	Definitely Yes			

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

	Overall Satisfaction with Specified MCO (Q22)	Would Recommend Specified HealthChoice MCO to Patients (Q23)	Would Recommend Specified HealthChoice MCO to Other Providers (Q24)
1	Very Dissatisfied	Definitely Not	Definitely Not
2	Very Dissatisfied	Definitely Not	Probably Not
3	Very Dissatisfied	Probably Not	Definitely Not

All other response combinations are categorized as **indifferent**.

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

EXHIBIT 13: LOYALTY ANALYSIS RESULTS

	Loyal			Indifferent			Not Loyal		
	2023	2022	2021	2023	2022	2021	2023	2022	2021
HealthChoice Aggregate	36.1%	42.5% 🛨	39.7%	61.6%	56.1% ★	58.4%	2.3%	1.4%	2.0%
АВН	29.5%	44.7% ★	43.3% 🛨	68.4%	54.1% ★	55.8%	2.1%	1.2%	1.0%
СЕСНР	41.8%	30.0%	32.0%	56.7%	68.0%	66.0%	1.5%	2.0%	2.0%
JMS	78.8%	65.3%	84.2%	21.2%	34.7%	13.2%	0.0%	0.0%	2.6%
KPMAS	60.0%	73.0%	77.6%	40.0%	27.0%	22.4%	0.0%	0.0%	0.0%
MPC	38.7%	40.2%	37.7%	59.7%	58.9%	60.9%	1.7%	0.9%	1.3%
MSFC	52.3%	38.5%	53.0%	47.7%	61.5%	47.0%	0.0%	0.0%	0.0%
РРМСО	34.2%	39.6%	31.7%	62.4%	59.1%	68.3%	3.4%	1.3%	0.0%
UHC	19.3%	32.1% ★	21.1%	74.5%	62.9% ★	73.0%	6.2%	5.0%	5.9%
WMP	35.7%	47.5% ★	44.8%	64.3%	52.5% ★	53.9%	0.0%	0.0%	1.3%

All statistical tests are conducted at the 95% confidence level.

Statistically significant differences between current-year rate and prior year rates are marked next to the prior year rates as ★ when your current-year rate is higher or ★ when it is lower.

Correlation Analysis

Correlation analysis is a tool for identifying program attributes that are strengths and attributes in need of improvement. The attribute importance (correlation) and attribute performance (score) are plotted in a graph and the graph is divided into four quadrants to identify the attributes that are strengths and attributes that are in need of improvement. The four quadrants are:

- LEVERAGE (high importance, high performance);
- MAINTAIN (low importance, high performance);
- MONITOR (low importance, low performance);
- IMPROVE (high importance, low performance)

Correlation analysis was performed between overall satisfaction with the specified MCO question and the program attributes.

Data Analysis and Conclusions

Analysis revealed there were five attributes in the IMPROVE quadrant and five attributes were identified in the LEVERAGE quadrant for overall satisfaction with specified MCOs at the aggregate level.

ATTRIBUTES IN THE IMPROVE AND MAINTAIN QUADRANT FOR OVERALL SATISFACTION WITH SPECIFIED MCOS

IMPROVE	LEVERAGE			
Timeliness of obtaining authorization for medication	Accuracy of claims processing			
Overall experience in obtaining prior authorization for medication	Accuracy of responses and/or ability to resolve problems.			
Timeliness of obtaining authorization of outpatient services	Overall, how would you rate Customer Service and Provider			
Overall experience in obtaining prior authorization of outpatient	Relations?			
services	Timeliness of obtaining authorization of inpatient services			
Coordination of Care/Case Management	Overall experience in obtaining prior authorization of inpatient			
	services			

Glossary of Terms

Attributes

Areas of MCO performance and PCP experience assessed with the PCP Satisfaction survey.

Confidence Level

A confidence level is associated with tests of statistical significance of observed differences in survey scores. It is expressed as a percentage and represents how often the observed difference (e.g., between the plan's current-year rate and the relevant benchmark rate) is real and not simply due to chance. A 95% confidence level associated with a statistical test means that if repeated samples were surveyed, in 95 out of 100 samples the observed measure score would be truly different from the comparison score.

Correlation

A degree of association between two variables or attributes, typically measured by the *Pearson correlation coefficient*. The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.

Denominator (*N*, or Usable Responses)

Number of valid (appropriately answered) responses available to calculate a measure result. Examples of inappropriately answered questions include ambiguously marked answers, multiple marks when a single answer choice is expected, and responses that violate survey skip patterns. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.

Disposition

The final status given to a PCP record in the survey sample at the end of the study (e.g., completed survey, refusal, non-response, etc.). See *Response Rate*.

Quadrant Map

Scatter plot graph of attribute importance and performance that is divided into four rectangular areas or quadrants. The four quadrants are defined as follows: 1. LEVERAGE (high importance, high performance); 2. MAINTAIN (low importance, high performance); 3. MONITOR (low importance, low performance); 4. IMPROVE (high importance, low performance).

Question Summary Rate Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest (typically representing the most favorable outcome(s) from a given question on the survey). Many survey items use a *Never, Sometimes, Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of PCPs selecting *Usually* or *Always*.

Response Rate

Survey response rate is calculated using the following formula:

Response Rate =

Complete and Eligible Surveys

[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

Number of PCPs selected for the survey.

Statistically
Significant
Difference

When survey results are calculated based on sample data and compared to a benchmark score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's prior-year rate), the question is whether the observed difference is real or due to chance. A difference is said to be statistically significant at a given confidence level (e.g., 95%) if it has a 95% chance of being true.