# Anthem Blue Cross and Blue Shield Medicaid of Kentucky Provider Satisfaction 2019 Results

Anthem, Inc.

December 2019

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Medicaid Managed Care Organization (MCO) - All Regions
RFP 758 2000000202

**Background.** Anthem, Inc. contracted with SPH Analytics to conduct provider satisfaction surveys for its affiliate health plan, Anthem Blue Cross and Blue Shield (BCBS) Medicaid of Kentucky. This research can be used to provide rational direction for efforts to strengthen provider relationships.

**Objectives.** This research is designed to:

- Gauge satisfaction with Anthem overall and in the following areas:
    - Provider enrollment process and complaint systems.
    - Loyalty.
    - Claims processing and provider reimbursement.
    - Utilization Management.
    - Disease Management.
    - Local health plan provider services.
    - Communication and technology.
    - Continuity and coordination of care.
    - Cultural competency.
- Compare current results to those previously recorded.

## Methodology

**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 24, 2019 |
| Follow-up mailing | August 12, 2019 |
| Began follow-up phone calls to non-responders | September 3, 2019 |
| Last day to accept completed surveys | November 11, 2019 |

**Sample design.**

- **Qualified respondents.** The population surveyed includes providers affiliated or contracted with Anthem BCBS Medicaid of Kentucky.
- **Sample source.** Anthem, Inc. supplied the sample, including names and contact information for providers.
- **Sample size and response rate.**

| Sample size | Total undeliverable records | Undeliverable conversions to complete | Completes | Response rate | Adjusted response rate* |
|---|---|---|---|---|---|
| 1,000 | 112 | 13 | 199 | 19.9% | 22.1% |

*Note: The adjusted response rate is calculated as follows: Completes ÷ (Sample size – [Undeliverable records – Conversions])

**Data processing and tabulation.** SPH 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.

**A large proportion of Anthem Kentucky providers are satisfied overall.**

- 83% are very or somewhat satisfied with Anthem, compared to 85% in the prior year.
- The overall satisfaction composite score is 77% [the average of satisfaction ratings for Anthem overall, the provider enrollment process (78%) and the provider complaint systems (71%)].

**More than six in 10 would definitely or probably recommend Anthem to their patients and other providers. However, this represents a significant decrease from last year (71% to 62%).**

**The SatisAction™ key driver analysis (illustrated on page 7) indicates that elements of Claims Processing and Provider Reimbursement, and Continuity and Coordination of Care are most likely to drive high overall satisfaction.  Claims Processing shows positive performance, while Coordination of Care falls within an area of opportunity.**  Additionally, elements of Disease Management and satisfaction with provider complaint systems are drivers of high satisfaction, but slightly less important.

- Improvements that raise the following scores have the most potential to increase overall satisfaction:
  - Provider complaint systems:  overall satisfaction (71%)
  - Continuity and Coordination of Care:  Timeliness (79%), clarity (80%) and accuracy of information exchange (80%), as well as sufficiency of information to coordinate care (81%)

**Although there are no significant differences across composite areas, slight improvements are noted for Utilization Management (5 percentage points) and Communication and Technology (3 percentage points).**

**Measures in two areas shifted significantly from 2018.**

- Loyalty:  Willingness to recommend Anthem to patients decreased (62% vs.71%).
- Disease Management:  More providers indicate that patient quality of life has improved "some" since enrollment in a DM program (57% vs. 40%).

## Executive Summary

**Scores for the Disease Management program are positive.**

- 85% of providers rate their experience with DM as excellent, very good or good.
- 97% perceive disease management programs as having a positive impact on a patient's health status and 66% indicate that patient quality of life has improved since enrollment in an Anthem DM program.
- 90% would recommend the Anthem DM program to other providers.

**Enrollment in most disease management programs has decreased slightly from last year. Of note:**

- Enrollment in programs has declined overall, including significant decreases for two programs (Diabetes: 29% vs. 39%; Asthma: 18% vs. 27%)
- Interest in additional program information is highest for Substance Use Disorder programs (42%, edging up from 34% in 2018). Additionally, more providers are seeking information related to Schizophrenia relative to last year (33% vs. 19%).

**Frequency of communication from Anthem providers shows significant decreases for Behavioral Health practitioners and Behavioral Health facilities.**

**12% used the Anthem cultural competency materials available on the website.**

# POWeR™ Chart for overall satisfaction with Anthem BCBS Medicaid of Kentucky

**POWeR™ Chart classification matrix**



| Survey measure | | Top-2/3-box score |
|---|---|---|
| **Power** | | |
| Q1c | Clarity of the remittance advice | 91% |
| Q1b | Accuracy of claims payment | 89% |
| Q1a | Timeliness of claims payment | 89% |
| Q4ae | Mode of delivery of program materials | 89% |
| Q4ad | Timing of distribution of program materials | 87% |
| Q4af | Frequency of delivery of program materials | 87% |
| Q4ac | Written program materials | 86% |
| Q4ab | Member interventions by staff | 83% |
| **Opportunity** | | |
| Q13d | Sufficiency of information to coordinate care | 81% |
| Q13b | Accuracy of information exchange | 80% |
| Q13c | Clarity of information exchange | 80% |
| Q13a | Timeliness of information exchange | 79% |
| Q25 | Satisfaction with provider complaint systems | 71% |
| **Wait** | | |
| Q4aa | Telephonic assistance provided by staff | 82% |
| Q4ag | Communications provided by case managers | 82% |
| Q2b | Efficiency of the UM process overall | 81% |
| Q2c | Timeliness of the medical director's response to concerns | 79% |
| Q24 | Satisfaction with provider enrollment process | 78% |
| Q2a | Obtaining precertification/authorization for members | 76% |
| Q10b | Information in the provider manual | 70% |
| Q10a | Provider orientation and training process | 57% |
| **Retain** | | |
| Q11b | Provider newsletters | 86% |
| Q4b | Helpfulness of staff providing services | 86% |
| Q4c | Helpfulness of Clinical Practice Guidelines in managing patients | 85% |
| Q11c | Provider portal/website | 85% |
| Q11a | Provider manuals | 84% |

Note: Key drivers in the "Power" quadrant are shaded in green, while those in the "Opportunity" quadrant are shaded in red.

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# Executive Summary

## Composite summary

**Legend:**
- ■ 2019 (gray)
- ■ 2018 (dark red)
- ■ 2017 (yellow)

**Overall Satisfaction** — Very/Somewhat satisfied
- (n=193) 2019: 77.3%
- (n=218) 2018: 75.6%
- (n=255) 2017: 76.4%

**Disease Management** — Excellent/Very good/Good
- (n=151) 2019: 85.0%
- (n=184) 2018: 87.1% ↑
- (n=220) 2017: 79.8%

**Loyalty*** — Definitely/Probably yes
- (n=197) 2019: 64.8%
- (n=216) 2018: 71.6%
- 2017: NA

**Local Health Plan Provider Services** — Very satisfied/Satisfied
- (n=150) 2019: 63.5%
- (n=189) 2018: 65.9%
- (n=223) 2017: 63.0%

**Claims Processing and Provider Reimbursement** — Very/Somewhat satisfied
- (n=170) 2019: 89.7%
- (n=207) 2018: 88.1%
- (n=233) 2017: 92.2%

**Communication and Technology**** — Excellent/Very good/Good
- (n=164) 2019: 84.9%
- (n=199) 2018: 81.8%
- (n=233) 2017: 83.4%

**Utilization Management** — Very/Somewhat satisfied
- (n=184) 2019: 78.7%
- (n=209) 2018: 73.8%
- (n=245) 2017: 81.4%

**Continuity and Coordination of Care** — Very/Somewhat satisfied
- (n=169) 2019: 79.9%
- (n=189) 2018: 79.3%
- (n=224) 2017: 76.9%

An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

**Note: A new question was included for the "Communication and Technology" composite for 2019 that was not included in 2018 and 2017.

## Overall satisfaction with Anthem

**Top 2 box:**

| | 82.8% | 85.2% | 86.5% |
|---|---|---|---|



Legend:
- Very satisfied (gray)
- Somewhat satisfied (dark red)
- Neither (yellow)
- Somewhat dissatisfied (dark blue)
- Very dissatisfied (light blue)

2019 (n=192): Very satisfied 30.7%, Somewhat satisfied 52.1%, Neither 8.3%
2018 (n=216): Very satisfied 33.8%, Somewhat satisfied 51.4%, Neither 5.6%, Very dissatisfied 5.6% ↑
2017 (n=252): Very satisfied 31.3%, Somewhat satisfied 55.2%, Neither 8.7%

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

# Overall Satisfaction

## Satisfaction with other provider services

### Provider enrollment process

Top 2 box:  **78.1%**  **80.5%**  **80.9%**

| | Very satisfied | Somewhat satisfied | Neither | Somewhat dissatisfied |
|---|---|---|---|---|
| 2019 | 32.6% | 45.5% | 14.0% | 5.1% |
| 2018 | 36.2% | 44.3% | 12.4% | |
| 2017 | 29.7% | 51.2% | 15.0% | |

(n=178) 2019  (n=210) 2018  (n=246) 2017

### Provider complaint systems

Top 2 box:  **70.9%**  **61.2%**  **61.9%**

| | Very satisfied | Somewhat satisfied | Neither | Somewhat dissatisfied | Very dissatisfied |
|---|---|---|---|---|---|
| 2019 | 25.9% | 44.9% | 20.9% | | 5.7% |
| 2018 | 25.4% | 35.8% | 27.4% | 6.0% | 5.5% |
| 2017 | 20.5% | 41.4% | 31.1% | | |

(n=158) 2019  (n=201) 2018  (n=244) 2017

Legend:
- Very satisfied
- Somewhat satisfied
- Neither
- Somewhat dissatisfied
- Very dissatisfied

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.
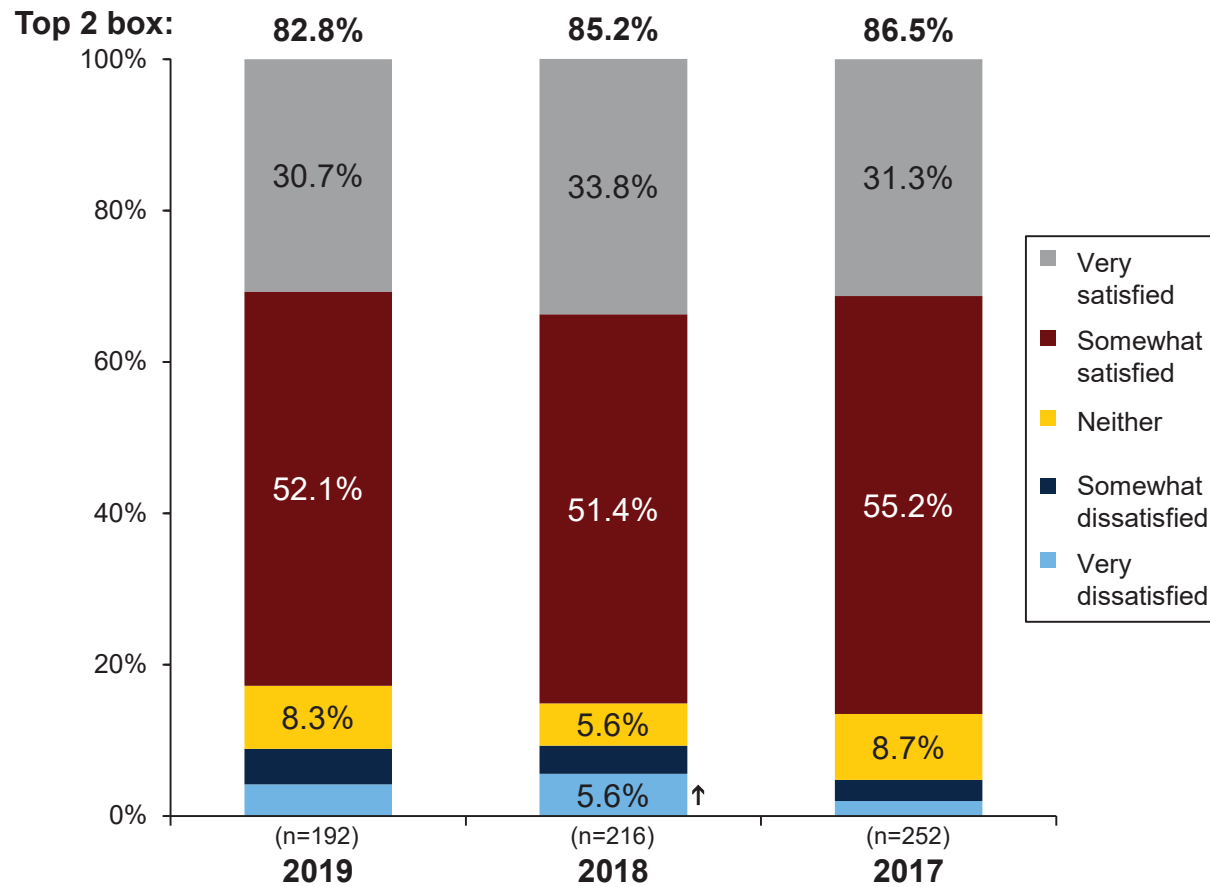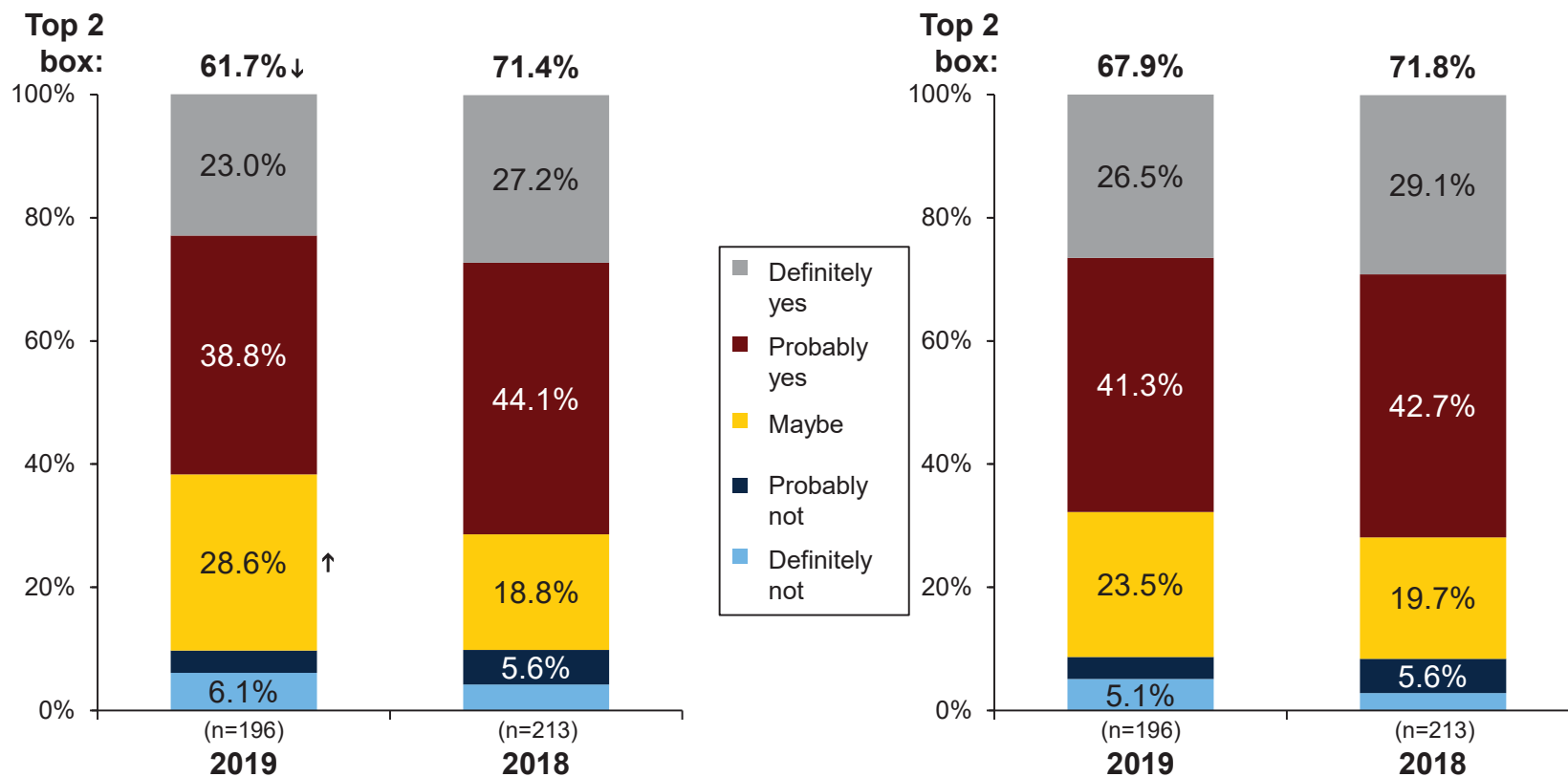
**Loyalty**

## Willingness to recommend Anthem to…

### Patients*

Top 2 box:

**61.7%↓**

**71.4%**

- Definitely yes (grey)
- Probably yes (dark red)
- Maybe (yellow)
- Probably not (dark navy)
- Definitely not (light blue)

2019 (n=196):
- 23.0%
- 38.8%
- 28.6% ↑
- 6.1%

2018 (n=213):
- 27.2%
- 44.1%
- 18.8%
- 5.6%

### Other providers*

Top 2 box:

**67.9%**

**71.8%**

2019 (n=196):
- 26.5%
- 41.3%
- 23.5%
- 5.1%

2018 (n=213):
- 29.1%
- 42.7%
- 19.7%
- 5.6%
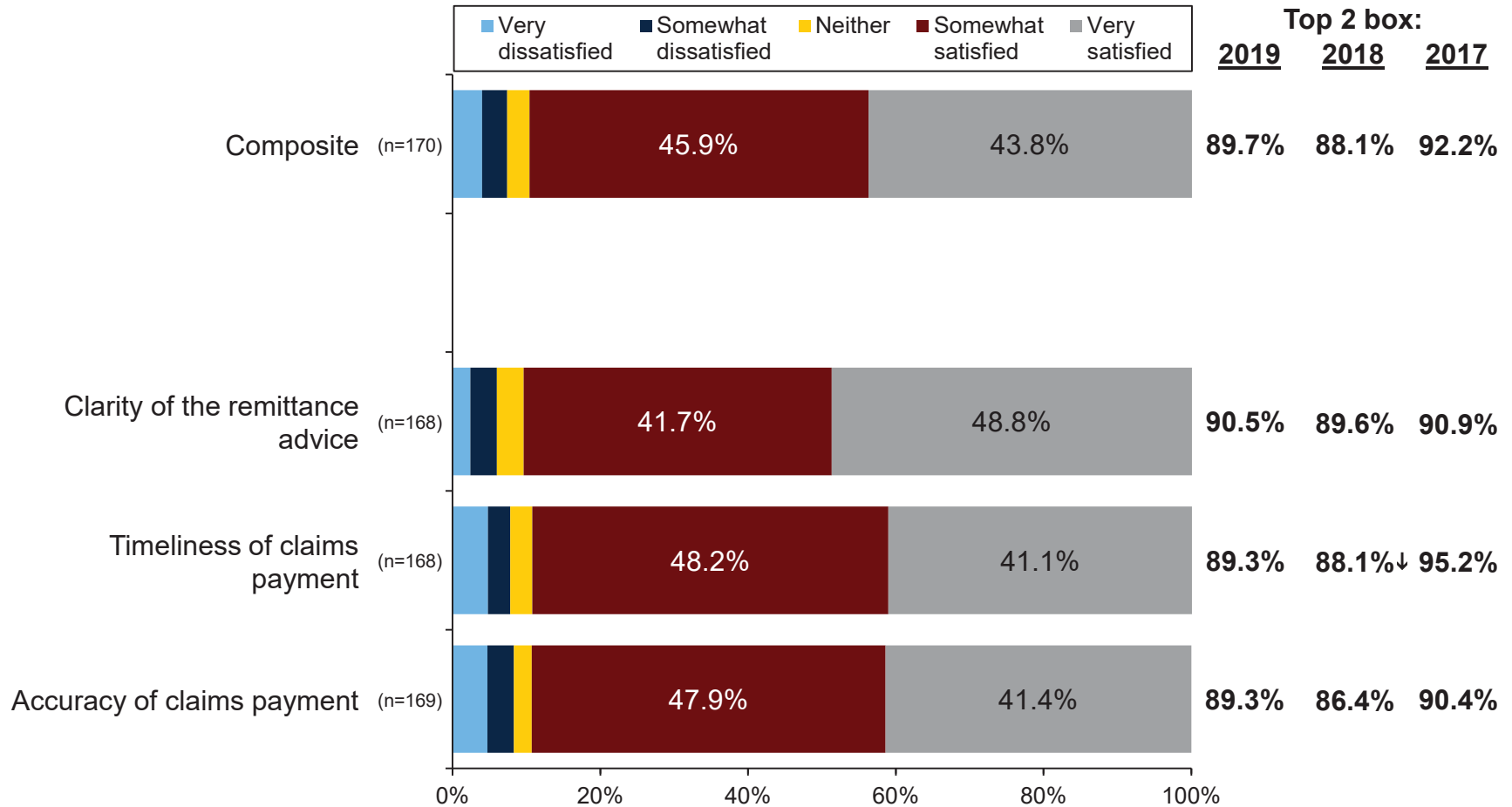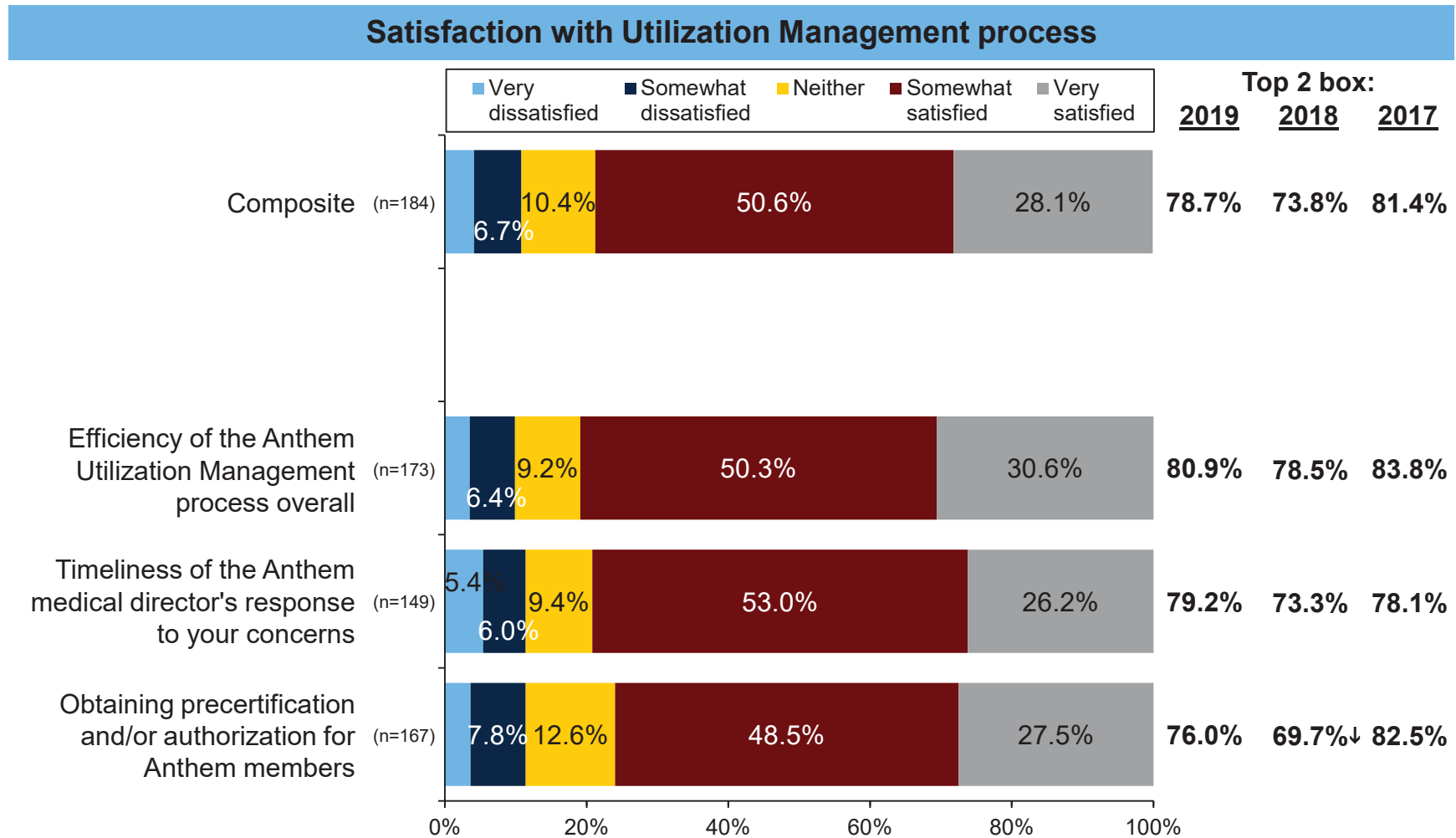
Q21. If you were able to recommend Anthem to your patients, would you? Q22. Would you recommend Anthem to other providers? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

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## Claims Processing and Provider Reimbursement

### Satisfaction with claims payments and remittance advice

| | Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied |
|---|---|---|---|---|---|

**Top 2 box:**

| | **2019** | **2018** | **2017** |
|---|---|---|---|
| Composite (n=170) — Somewhat satisfied 45.9%, Very satisfied 43.8% | **89.7%** | **88.1%** | **92.2%** |
| Clarity of the remittance advice (n=168) — Somewhat satisfied 41.7%, Very satisfied 48.8% | **90.5%** | **89.6%** | **90.9%** |
| Timeliness of claims payment (n=168) — Somewhat satisfied 48.2%, Very satisfied 41.1% | **89.3%** | **88.1%↓** | **95.2%** |
| Accuracy of claims payment (n=169) — Somewhat satisfied 47.9%, Very satisfied 41.4% | **89.3%** | **86.4%** | **90.4%** |

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

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## Utilization Management

### Satisfaction with Utilization Management process

Legend: ■ Very dissatisfied  ■ Somewhat dissatisfied  ■ Neither  ■ Somewhat satisfied  ■ Very satisfied

| | | Top 2 box: 2019 | 2018 | 2017 |
|---|---|---|---|---|
| Composite (n=184) | 6.7% / 10.4% / 50.6% / 28.1% | 78.7% | 73.8% | 81.4% |
| Efficiency of the Anthem Utilization Management process overall (n=173) | 6.4% / 9.2% / 50.3% / 30.6% | 80.9% | 78.5% | 83.8% |
| Timeliness of the Anthem medical director's response to your concerns (n=149) | 5.4% / 6.0% / 9.4% / 53.0% / 26.2% | 79.2% | 73.3% | 78.1% |
| Obtaining precertification and/or authorization for Anthem members (n=167) | 7.8% / 12.6% / 48.5% / 27.5% | 76.0% | 69.7%↓ | 82.5% |

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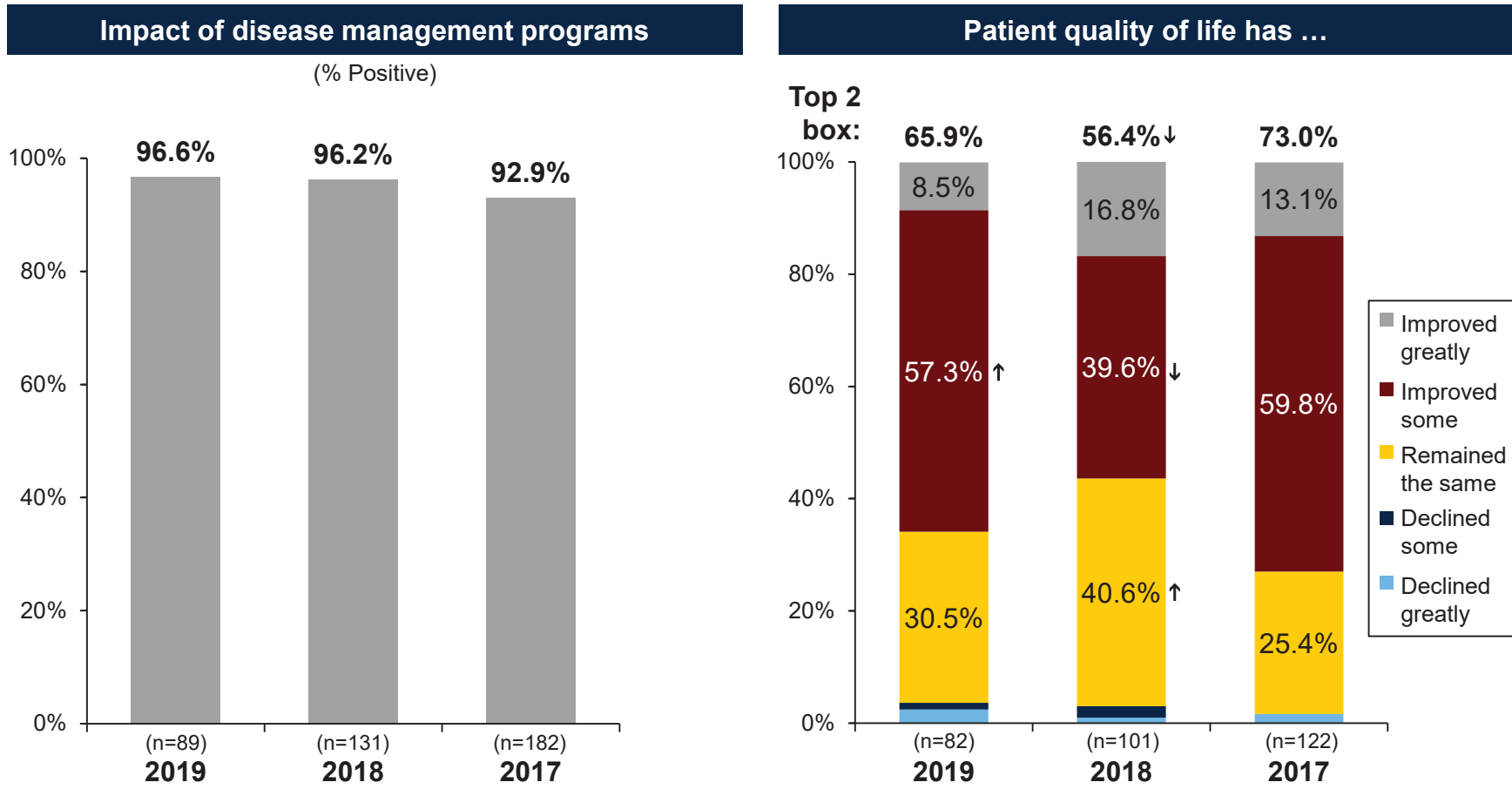
# Disease Management

## Disease Management programs

| Programs in which provider enrolled patients | | | Program | Providers want more program information about … | | |
|---|---|---|---|---|---|---|
| **2017** (n=221) | **2018** (n=180) | **2019** (n=181) | | **2019** (n=192) | **2018** (n=191) | **2017** (n=226) |
| 35.7% | 38.9% | ↓ 28.7% | Diabetes | 38.0% | 45.0% ↓ | 55.3% |
| 31.7% | 34.4% | 27.6% | Hypertension | 30.2% | 39.3% ↓ | 49.6% |
| 29.4% | 30.0% | 23.8% | COPD | 31.3% | 35.1% | 39.4% |
| 27.6% | 26.7% | 23.2% | Obesity | 35.9% | 38.2% ↓ | 50.4% |
| - | - | 21.0% | **Major depressive disorder (Adult)\*\*** | 34.4% | - | - |
| 22.2% | 21.1% | 18.8% | CHF | 27.6% | 25.7% | 31.0% |
| 24.4% | 27.2% | ↓ 18.2% | Asthma | 28.6% | 26.7% ↓ | 38.5% |
| 24.4% | 24.4% | 17.7% | Bipolar disorder | 25.5% | 28.8% | 35.8% |
| 25.3% | 19.4% | 14.9% | **Substance use disorder (SUD)** | 41.7% | 33.5% ↓ | 45.1% |
| 15.8% | 16.1% | 13.8% | CAD | 26.6% | 24.1% | 30.5% |
| - | - | 11.0% | **Major depressive disorder (Child/Adolescent)\*\*** | 18.8% | - | - |
| 15.8% | 10.6% | 9.4% | Schizophrenia | 32.8% ↑ | 19.4% ↓ | 28.8% |
| 14.9% | 6.7% ↓ | 5.5% | HIV/AIDS | 17.2% | 12.6% ↓ | 28.8% |
| 50.7% | 41.7% | ↑ 61.3% | None | 39.1% | 36.6% ↑ | 26.1% |

100%  80%  60%  40%  20%  0%           0%  20%  40%  60%  80%  100%

Q3. In which program(s) did you enroll your patients? Q8. Please check the DM programs you would like more information about: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. A double asterisk (\*\*) indicates a new question in 2019.

# Disease Management

## Overall ratings of DM programs

### Impact of disease management programs

(% Positive)



96.6% (2019, n=89)
96.2% (2018, n=131)
92.9% (2017, n=182)

### Patient quality of life has …

**Top 2 box:** 65.9% (2019), 56.4%↓ (2018), 73.0% (2017)



2019 (n=82): 8.5% Improved greatly, 57.3%↑ Improved some, 30.5% Remained the same
2018 (n=101): 16.8% Improved greatly, 39.6%↓ Improved some, 40.6%↑ Remained the same
2017 (n=122): 13.1% Improved greatly, 59.8% Improved some, 25.4% Remained the same

Legend:
- Improved greatly
- Improved some
- Remained the same
- Declined some
- Declined greatly

In 2019, 12.6% indicated that program exposure has not been long enough to measure changes.

Q7. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q5. In general, since enrollment in the Anthem DM program(s), has patient quality of life … An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

# Disease Management

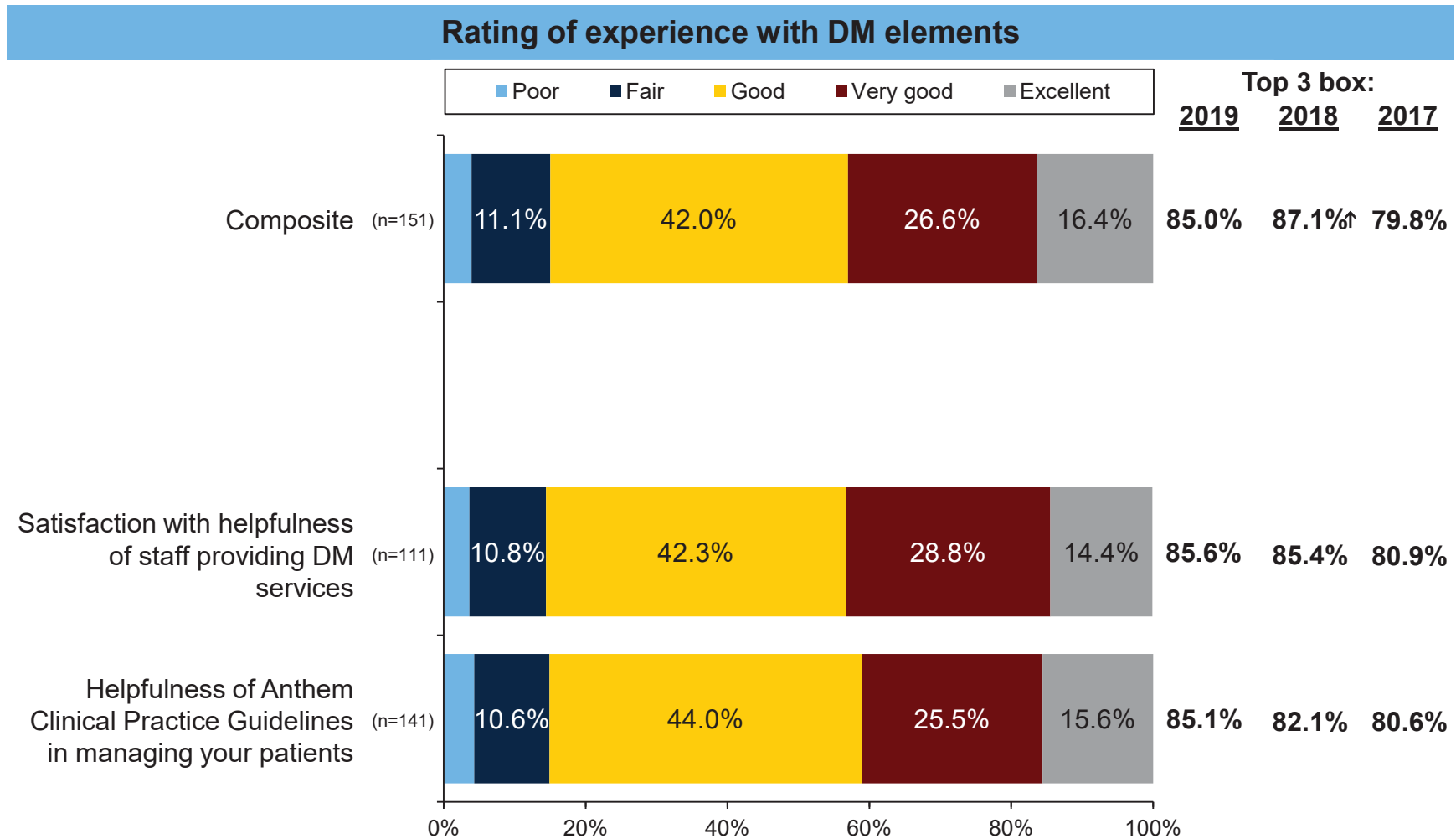## Overall ratings of DM programs (cont'd)

### Patient usage of services

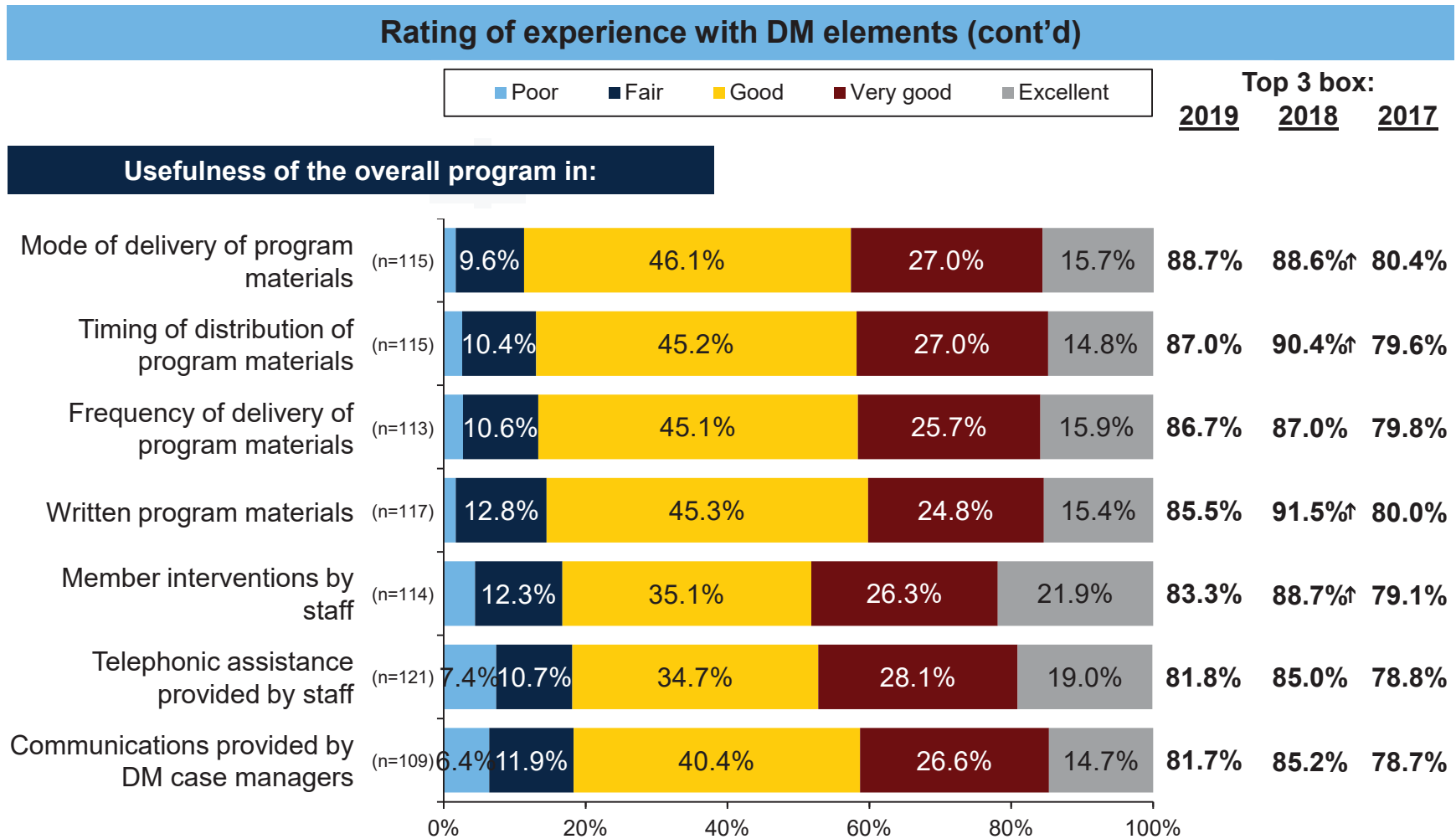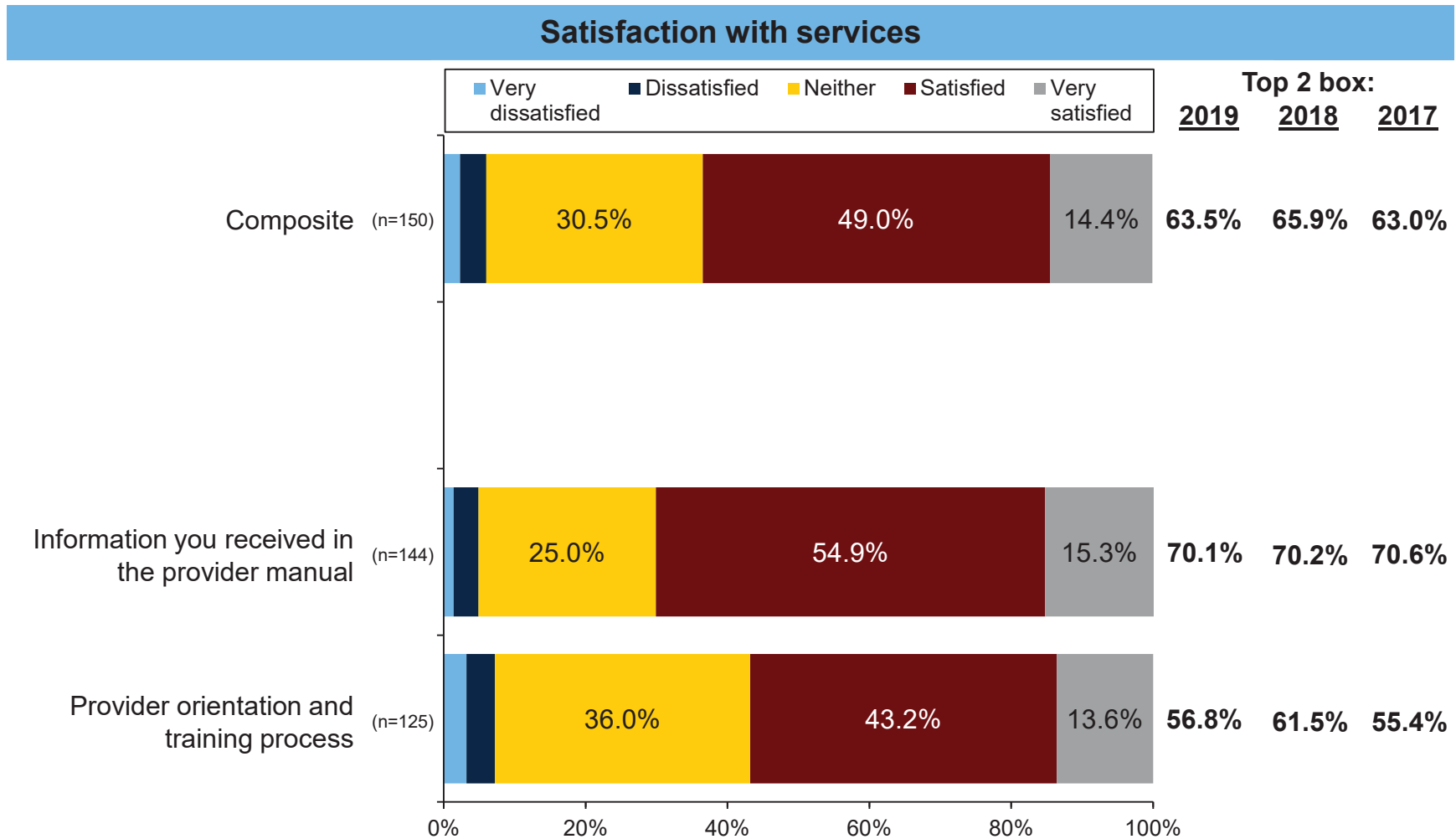### Would recommend to other providers

(% Yes)



Q6. Are patients using more or less of services as a result of participation in a DM program? Q9. Would you recommend the Anthem DM program(s) to other providers? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.
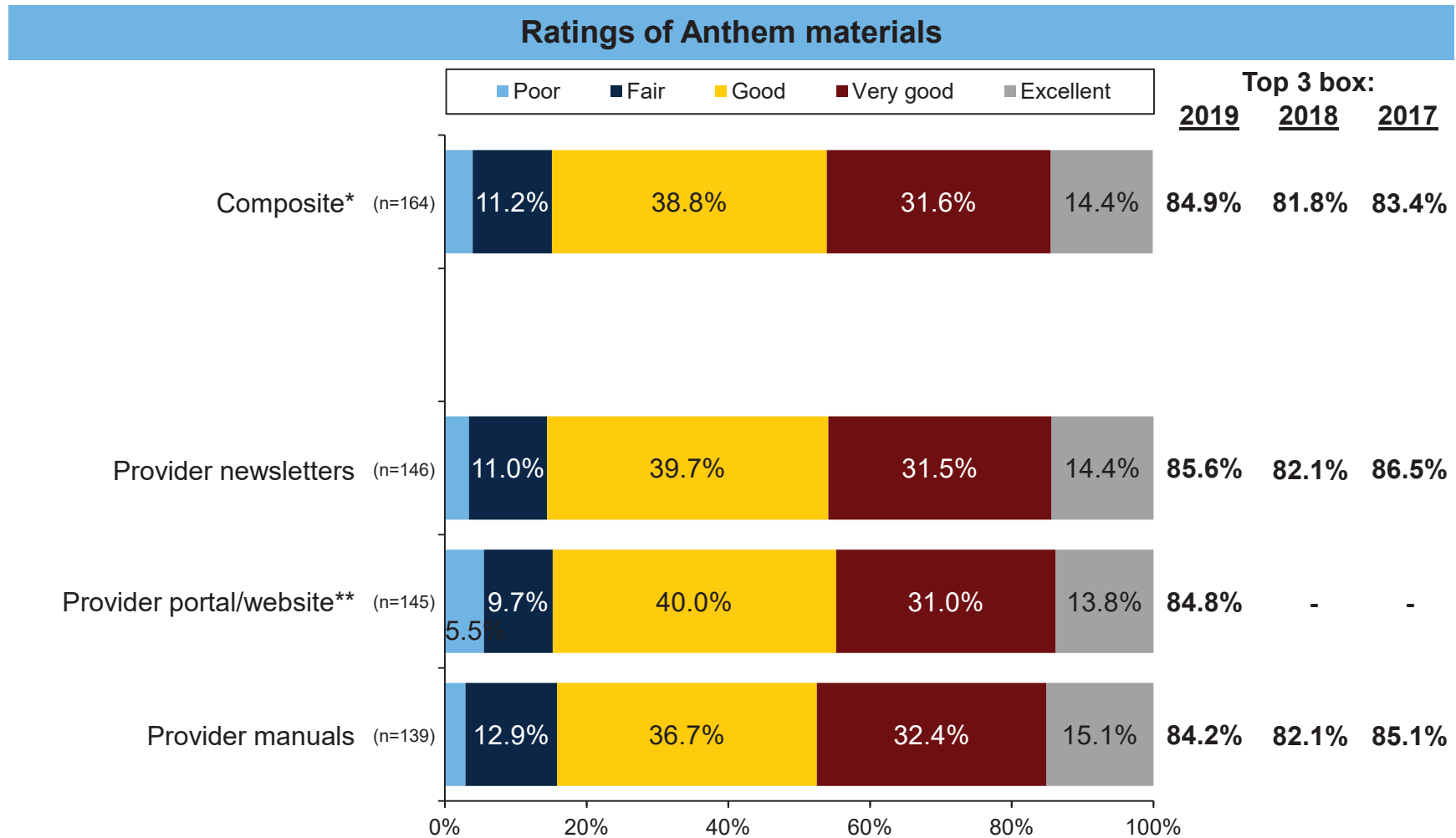
## Disease Management

### Rating of experience with DM elements

| | Poor | Fair | Good | Very good | Excellent |
|---|---|---|---|---|---|

**Top 3 box:**

| | 2019 | 2018 | 2017 |
|---|---|---|---|

**Composite** (n=151) — 11.1% | 42.0% | 26.6% | 16.4% — **85.0%** | **87.1%**↑ | **79.8%**

**Satisfaction with helpfulness of staff providing DM services** (n=111) — 10.8% | 42.3% | 28.8% | 14.4% — **85.6%** | **85.4%** | **80.9%**

**Helpfulness of Anthem Clinical Practice Guidelines in managing your patients** (n=141) — 10.6% | 44.0% | 25.5% | 15.6% — **85.1%** | **82.1%** | **80.6%**

Axis: 0% 20% 40% 60% 80% 100%

Q4. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

# Disease Management

## Rating of experience with DM elements (cont'd)

Legend: ■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

**Usefulness of the overall program in:**

|  | Poor | Fair | Good | Very good | Excellent | 2019 | 2018 | 2017 |
|---|---|---|---|---|---|---|---|---|
| Mode of delivery of program materials (n=115) | | 9.6% | 46.1% | 27.0% | 15.7% | **88.7%** | **88.6%**⇑ | **80.4%** |
| Timing of distribution of program materials (n=115) | | 10.4% | 45.2% | 27.0% | 14.8% | **87.0%** | **90.4%**⇑ | **79.6%** |
| Frequency of delivery of program materials (n=113) | | 10.6% | 45.1% | 25.7% | 15.9% | **86.7%** | **87.0%** | **79.8%** |
| Written program materials (n=117) | | 12.8% | 45.3% | 24.8% | 15.4% | **85.5%** | **91.5%**⇑ | **80.0%** |
| Member interventions by staff (n=114) | | 12.3% | 35.1% | 26.3% | 21.9% | **83.3%** | **88.7%**⇑ | **79.1%** |
| Telephonic assistance provided by staff (n=121) | 7.4% | 10.7% | 34.7% | 28.1% | 19.0% | **81.8%** | **85.0%** | **78.8%** |
| Communications provided by DM case managers (n=109) | 6.4% | 11.9% | 40.4% | 26.6% | 14.7% | **81.7%** | **85.2%** | **78.7%** |

Top 3 box:

0% 20% 40% 60% 80% 100%

Q4. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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**Local Health Plan Provider Services**

## Satisfaction with services

| | Very dissatisfied | Dissatisfied | Neither | Satisfied | Very satisfied |
|---|---|---|---|---|---|

**Top 2 box:**

| | 2019 | 2018 | 2017 |
|---|---|---|---|

Composite (n=150) — 30.5% | 49.0% | 14.4% — **63.5%** **65.9%** **63.0%**

Information you received in the provider manual (n=144) — 25.0% | 54.9% | 15.3% — **70.1%** **70.2%** **70.6%**

Provider orientation and training process (n=125) — 36.0% | 43.2% | 13.6% — **56.8%** **61.5%** **55.4%**

0%   20%   40%   60%   80%   100%

Q10. How satisfied were you with the following: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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## Communication and Technology

### Ratings of Anthem materials

Legend: Poor | Fair | Good | Very good | Excellent

| | 2019 rating | Top 3 box: 2019 | 2018 | 2017 |
|---|---|---|---|---|
| **Composite*** (n=164) | Fair 11.2% / Good 38.8% / Very good 31.6% / Excellent 14.4% | **84.9%** | **81.8%** | **83.4%** |
| **Provider newsletters** (n=146) | Fair 11.0% / Good 39.7% / Very good 31.5% / Excellent 14.4% | **85.6%** | **82.1%** | **86.5%** |
| **Provider portal/website**** (n=145) | Poor 5.5% / Fair 9.7% / Good 40.0% / Very good 31.0% / Excellent 13.8% | **84.8%** | - | - |
| **Provider manuals** (n=139) | Fair 12.9% / Good 36.7% / Very good 32.4% / Excellent 15.1% | **84.2%** | **82.1%** | **85.1%** |

0%   20%   40%   60%   80%   100%

Q11. Please rate the quality and effectiveness of the following Anthem materials: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. A double asterisk (**) indicates a new question in 2019.
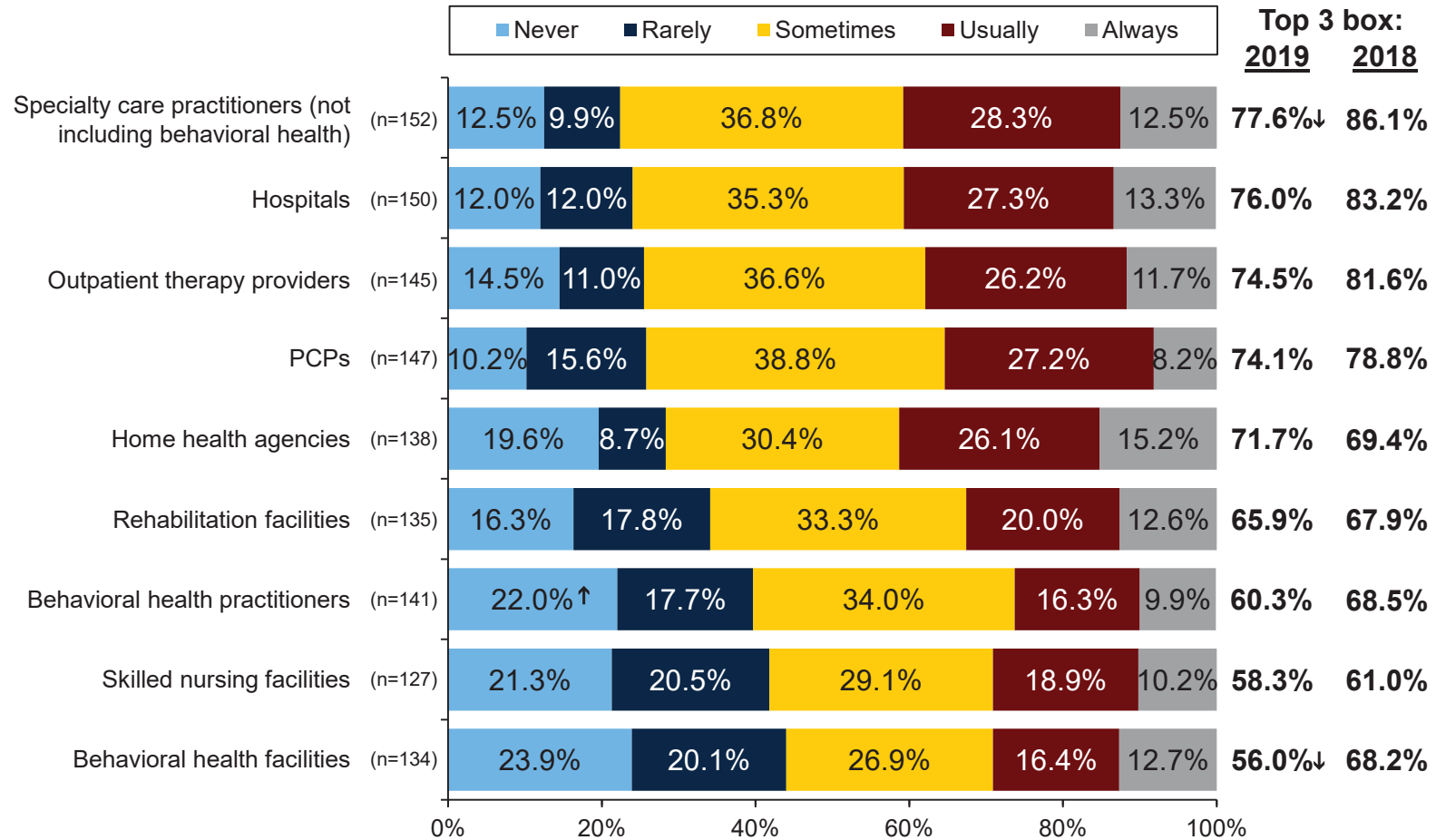*Note: A new question was included for the "Communication and Technology" composite for 2019 that was not included in 2018 and 2017.

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# Communication and Technology

| Information providers want to discuss (All mentions) | 2019 | 2018 | 2017 |
|---|---|---|---|
| Base: | (n=57) | (n=70) | (n=103) |
| Participation in a Quality Incentive Program | 71.9% | 62.9% | 68.9% |
| Innovative programs my practice employs | 36.8% | 31.4% | 39.8% |
| Why HEDIS measures are important | 36.8% | 47.1% | 44.7% |
| Initiation of electronic claims processing | 28.1% | 27.1% | 38.8% |
| Providing after-hours care in my practice | 24.6% | 25.7% | 31.1% |
| Other issues* | 28.1% | - | - |

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.
*Specifics regarding "Other issues" for 2019 were documented and provided in a separate Excel document.

# Continuity and Coordination of Care

## Ratings of experience with continuity and coordination of care

### Quality of case management services

### Anthem comparison to other plans



**Quality of case management services**

Top 3 box:
- 2019: 81.0% (n=137)
  - Excellent: 16.1%
  - Very good: 23.4%
  - Good: 41.6%
  - Fair: 11.7%
  - Poor: 7.3%
- 2018: 80.6% (n=180)
  - Excellent: 11.1%
  - Very good: 25.0%
  - Good: 44.4%
  - Fair: 13.3%
  - Poor: 6.1%
- 2017: 83.8% (n=216)
  - Excellent: 11.6%
  - Very good: 23.1%
  - Good: 49.1%
  - Fair: 12.5%

**Anthem comparison to other plans**

Top 2 box:
- 2019: 35.9% (n=156)
  - Much better: 10.3%
  - Better: 25.6%
  - Same as: 57.1%
- 2018: 34.2% (n=193)
  - Much better: 7.3%
  - Better: 26.9%
  - Same as: 59.6%
- 2017: 35.4% (n=226)
  - Much better: 7.1%
  - Better: 28.3%
  - Same as: 61.1%

Q14. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q15. How does the Anthem 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.

## Continuity and Coordination of Care

## Satisfaction with information exchange

| | Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied |
|---|---|---|---|---|---|

**Top 2 box:**

| | | Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied | 2019 | 2018 | 2017 |
|---|---|---|---|---|---|---|---|---|---|
| Composite | (n=169) | | | 15.0% | 46.8% | 33.1% | 79.9% | 79.3% | 76.9% |
| Sufficiency of information to coordinate care | (n=162) | | | 14.2% | 49.4% | 31.5% | 80.9% | 77.6% | 79.8% |
| Accuracy | (n=160) | | | 15.0% | 45.6% | 34.4% | 80.0% | 80.9% | 77.9% |
| Clarity | (n=160) | | | 15.0% | 44.4% | 35.6% | 80.0% | 80.9% | 78.8% |
| Timeliness | (n=159) | | | 15.7% | 47.8% | 30.8% | 78.6% | 78.1% | 70.9% |

Q13. Please rate your experience with Anthem 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.

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## Continuity and Coordination of Care

### Frequency of receiving verbal/written communication from Anthem providers*

Legend: Never | Rarely | Sometimes | Usually | Always

| Provider | n | Never | Rarely | Sometimes | Usually | Always | Top 3 box: 2019 | 2018 |
|---|---|---|---|---|---|---|---|---|
| Specialty care practitioners (not including behavioral health) | (n=154) | 15.6% | 11.7% | 33.1% | 26.6% | 13.0% | 72.7% | 78.7% |
| Outpatient therapy providers | (n=157) | 18.5% | 9.6% | 32.5% | 26.1% | 13.4% | 72.0% | 80.5% |
| Hospitals | (n=158) | 17.1% | 11.4% | 29.7% | 27.2% | 14.6% | 71.5% | 77.6% |
| PCPs | (n=156) | 10.3% | 19.2% | 33.3% | 28.2% | 9.0% | 70.5% | 78.2% |
| Home health agencies | (n=147) | 23.1% | 9.5% | 25.2% | 25.2% | 17.0% | 67.3% | 70.1% |
| Rehabilitation facilities | (n=147) | 20.4% | 15.0% | 31.3% | 19.7% | 13.6% | 64.6% | 71.7% |
| Behavioral health practitioners | (n=152) | 27.0% | 17.1% | 29.6% | 16.4% | 9.9% | 55.9%↓ | 68.2% |
| Skilled nursing facilities | (n=134) | 27.6% | 17.9% | 25.4% | 15.7% | 13.4% | 54.5% | 61.0% |
| Behavioral health facilities | (n=145) | 29.0% | 17.9% | 22.1% | 18.6% | 12.4% | 53.1%↓ | 68.1% |

Q12. How often do you receive verbal and/or written communication regarding your patients from: A.) Amerigroup. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

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# Continuity and Coordination of Care

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

Legend: ■ Never  ■ Rarely  ■ Sometimes  ■ Usually  ■ Always

| Provider | | Never | Rarely | Sometimes | Usually | Always | Top 3 box: 2019 | 2018 |
|---|---|---|---|---|---|---|---|---|
| Specialty care practitioners (not including behavioral health) | (n=152) | 12.5% | 9.9% | 36.8% | 28.3% | 12.5% | 77.6%↓ | 86.1% |
| Hospitals | (n=150) | 12.0% | 12.0% | 35.3% | 27.3% | 13.3% | 76.0% | 83.2% |
| Outpatient therapy providers | (n=145) | 14.5% | 11.0% | 36.6% | 26.2% | 11.7% | 74.5% | 81.6% |
| PCPs | (n=147) | 10.2% | 15.6% | 38.8% | 27.2% | 8.2% | 74.1% | 78.8% |
| Home health agencies | (n=138) | 19.6% | 8.7% | 30.4% | 26.1% | 15.2% | 71.7% | 69.4% |
| Rehabilitation facilities | (n=135) | 16.3% | 17.8% | 33.3% | 20.0% | 12.6% | 65.9% | 67.9% |
| Behavioral health practitioners | (n=141) | 22.0%↑ | 17.7% | 34.0% | 16.3% | 9.9% | 60.3% | 68.5% |
| Skilled nursing facilities | (n=127) | 21.3% | 20.5% | 29.1% | 18.9% | 10.2% | 58.3% | 61.0% |
| Behavioral health facilities | (n=134) | 23.9% | 20.1% | 26.9% | 16.4% | 12.7% | 56.0%↓ | 68.2% |

Q12. How often do you receive verbal and/or written communication regarding your patients from: B. Other Providers. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

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## Frequency of contact

### Contact patient's BH provider*

Among PCPs only

Top 3 box: **73.0%**    **83.2%**    **85.4%**

| | 2019 (n=37) | 2018 (n=107) | 2017 (n=130) |
|---|---|---|---|
| Always | 18.9% | 28.0% | 25.4% |
| Usually | 27.0% | 22.4% | 25.4% |
| Sometimes | 27.0% | 32.7% | 34.6% |
| Rarely | 16.2% | 10.3% | 10.8% |
| Never | 10.8% | 6.5% | |

### Contact patient's PCP**

Among behavioral health care providers only

Top 3 box: **75.0%**    **87.5%**    **82.1%**

| | 2019 (n=4)^ | 2018 (n=24) | 2017 (n=28) |
|---|---|---|---|
| Always | 25.0% | 29.2% | 32.1% |
| Usually | 25.0% | 16.7% | 28.6% |
| Sometimes | 25.0% | 41.7% | 21.4% |
| Rarely | | 8.3% | 10.7% |
| Never | 25.0% | | 7.1% |

Legend: Always (gray), Usually (dark red), Sometimes (yellow), Rarely (dark navy), Never (light blue)

Q16. When you are informed by an Anthem member that he or she is actively receiving services from a behavioral health provider, how often do you contact that provider to coordinate care? Q17. When you receive an Anthem 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. *Q16 was asked only to PCPs in 2019, but was asked to PCPs as well as Office Managers and Other Staff in 2018 and 2017. **Q17 was asked only to Behavioral Health (BH) Practitioners in 2019, but was asked to BH Practitioners as well as Office Managers and Other Staff in 2018 and 2017.

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

# Cultural Competency

## Anthem interpreter and/or translation services

### Have used interpreter/translation services*

(% Yes)



**2.6%**
(n=195)
**2019**

**8.2%**
(n=207)
**2018**

### Rating of interpreter/translation services*

Top 3 box:

**100.0%**
2019 (n=4)^

**93.3%**
2018 (n=15)^

- 25.0% Excellent
- 75.0% Very good
- 20.0% Excellent
- 40.0% Very good
- 33.3% Good
- 6.7% Fair

Legend:
- Excellent
- Very good
- Good
- Fair
- Poor

Q18. Have you utilized interpreter and/or translation services, offered free of charge, through the Health Plan? Q19. If you have used interpretation and/or translation services, how would you rate this service? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

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

## Cultural Competency

### Used Anthem online materials*

(% Yes)



(n=195)
**2019** — 11.8%

(n=201)
**2018** — 16.9%
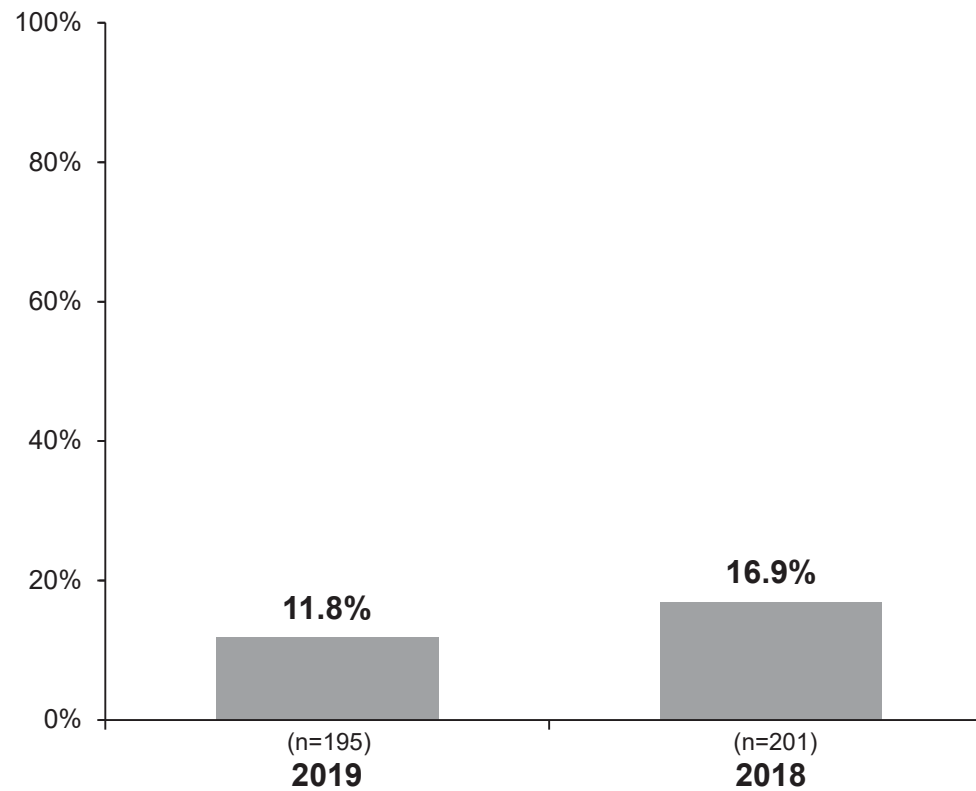
Q20. Continuing Educational Programs, tools, a cultural competency training and other materials are available on the Health Plan's website to support your practice in providing culturally competent care. Have you taken advantage of these offerings? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new question in 2018.

## Respondent Profile

| Individual completing survey | 2019 | 2018 | 2017 |
|---|---|---|---|
| Base: | (n=189) | (n=218) | (n=254) |
| Office Manager | 59.3% | 60.1% | 58.3% |
| Physician (PCP) | 7.4% | 6.0% | 4.3% |
| Physician (Specialist) | 2.6% | 0.9% | 0.8% |
| Physician (OB/GYN) | 1.6% | 1.4% | 0.0% |
| Behavioral Health Practitioner | 1.6% | 3.2% | 3.1% |
| Other Staff | 27.5% | 28.4% | 33.5% |
| **Provider type** | **2019** | **2018** | **2017** |
| Base: | (n=199) | (n=220) | (n=259) |
| BH | 7.0% | 11.4% | 11.2% |
| OB | 4.5% | 6.8% | 5.4% |
| PCP | 71.4% ↑ | 61.4% | 62.2% |
| SP | 17.1% | 20.5% | 21.2% |
| **Practice type** | **2019** | **2018** | **2017** |
| Base: | (n=199) | (n=220) | (n=259) |
| Group | 88.9% | 88.2% | 88.4% |
| Solo | 11.1% | 11.8% | 11.6% |

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

# Appendix: SatisAction™ key driver statistical model

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**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 Anthem BCBS Medicaid of Kentucky providers.

- Measurement of the relative importance of each of these elements.

- Measurement of how well providers think Anthem BCBS Medicaid of Kentucky performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by Anthem BCBS Medicaid of Kentucky.

**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 100 points, the smallest value to 0 points and the median value is 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 Anthem BCBS Medicaid of Kentucky 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 Anthem BCBS Medicaid of Kentucky 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 Anthem BCBS Medicaid of Kentucky 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, Anthem BCBS Medicaid of Kentucky 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 Anthem BCBS Medicaid of Kentucky performance is above average. Simply maintain performance on these items.

**POWeR™ Chart classification matrix**

**The independent or predictor variables are:**

**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 the medical director's response to concerns

**Disease Management (DM)**

Q4aa. Telephonic assistance provided by staff

Q4ab. Member interventions by staff

Q4ac. Written program materials

Q4ad. Timing of distribution of program materials

Q4ae. Mode of delivery of program materials

Q4af. Frequency of delivery of program materials

Q4ag. Communications provided by case managers

Q4b. Helpfulness of staff providing services

Q4c. Helpfulness of Clinical Practice Guidelines in managing patients

**Local health plan provider services (PS)**

Q10a. Provider orientation and training process

Q10b. Information in the provider manual

**Communication and technology (C&T)**

Q11a. Provider manuals

Q11b. Provider newsletters

Q11c. Provider portal/website

**Continuity and coordination of care (CoC)**

Q13a. Timeliness of information exchange

Q13b. Accuracy of information exchange

Q13c. Clarity of information exchange

Q13d. Sufficiency of information to coordinate care

**Enrollment process (EP)**

Q25. Satisfaction with provider enrollment process

**Complaint systems (Complaints)**

Q26. Satisfaction with provider complaint systems

**The dependent variable is:**

Q23. Overall satisfaction with Anthem BCBS Medicaid of Kentucky

**Factor analysis**. Factor analysis reduced the 26 highly-correlated model variables to five orthogonal (uncorrelated) factors that explain 78.8% 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 |
| Q4ad | Timing of distribution of program materials | 0.902 | | | | |
| Q4af | Frequency of delivery of program materials | 0.881 | | | | |
| Q4ac | Written program materials | 0.871 | | | | |
| Q4ae | Mode of delivery of program materials | 0.847 | 0.278 | | | |
| Q4ab | Member interventions by staff | 0.825 | | | 0.258 | |
| Q4ag | Communications provided by case managers | 0.790 | | | | |
| Q4aa | Telephonic assistance provided by staff | 0.788 | | | 0.256 | |
| Q4b | Helpfulness of staff providing services | 0.689 | 0.340 | | | |
| Q4c | Helpfulness of Clinical Practice Guidelines in managing patients | 0.680 | | 0.329 | | |
| Q13b | Accuracy of information exchange | 0.276 | 0.858 | | | |
| Q13c | Clarity of information exchange | 0.325 | 0.836 | | 0.261 | |
| Q13d | Sufficiency of information to coordinate care | | 0.815 | | | |
| Q13a | Timeliness of information exchange | | 0.786 | 0.303 | | |
| Q25 | Satisfaction with provider complaint systems | 0.270 | 0.541 | 0.266 | 0.326 | 0.254 |
| Q11b | Provider newsletters | 0.261 | | 0.822 | | |
| Q11a | Provider manuals | | | 0.808 | | |
| Q10b | Information in the provider manual | | | 0.759 | | |
| Q10a | Provider orientation and training process | | | 0.680 | | |
| Q11c | Provider portal/website | 0.313 | 0.340 | 0.621 | | |
| Q24 | Satisfaction with provider enrollment process | | 0.350 | 0.444 | 0.422 | |
| Q1a | Timeliness of claims payment | | 0.260 | | 0.835 | |
| Q1b | Accuracy of claims payment | | 0.262 | | 0.828 | |
| Q1c | Clarity of the remittance advice | | | | 0.754 | |
| Q2a | Obtaining precertification/authorization for members | | | 0.270 | | 0.828 |
| Q2b | Efficiency of the UM process overall | | 0.282 | 0.262 | 0.276 | 0.794 |
| Q2c | Timeliness of the medical director's response to concerns | 0.252 | 0.388 | | 0.363 | 0.606 |

**Regression analysis**. The five factors identified in the previous step were used as predictors in a regression model with Q23, 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 79.3% of the variation in the dependent variable ($R^2 = 0.793$).

| Regression coefficients | | | |
|---|---|---|---|
| **Variable** | **Unstandardized coefficients** | **Standardized (Beta) coefficients** | **Significance level** |
| Constant | 4.0951 | 0.0000 | 0.0000 |
| Factor 1 -- Q4ad, Q4af, Q4ac, Q4ae, Q4ab, Q4ag, Q4aa, Q4b, Q4c | 0.2716 | 0.3132 | 0.0000 |
| Factor 2 -- Q13b, Q13c, Q13d, Q13a, Q25 | 0.5114 | 0.5659 | 0.0000 |
| Factor 3 -- Q11b, Q11a, Q10b, Q10a, Q11c, Q24 | 0.2776 | 0.3130 | 0.0000 |
| Factor 4 -- Q1a, Q1b, Q1c | 0.4168 | 0.4754 | 0.0000 |
| Factor 5 -- Q2a, Q2b, Q2c | 0.1662 | 0.1895 | 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 100 points, the smallest value is 0 points and the median value is 50 points.

**Performance.** Plan 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.

| Question | Survey items | Importance | Performance | Top-two-box/Top-three-box scores |
|---|---|---|---|---|
| Q13b | Accuracy of information exchange | 100 | 45 | 80% |
| Q13c | Clarity of information exchange | 100 | 45 | 80% |
| Q13d | Sufficiency of information to coordinate care | 94 | 47 | 81% |
| Q13a | Timeliness of information exchange | 85 | 42 | 79% |
| Q1b | Accuracy of claims payment | 84 | 93 | 89% |
| Q1a | Timeliness of claims payment | 82 | 92 | 89% |
| Q1c | Clarity of the remittance advice | 63 | 100 | 91% |
| Q4ad | Timing of distribution of program materials | 61 | 78 | 87% |
| Q4af | Frequency of delivery of program materials | 58 | 76 | 87% |
| Q4ae | Mode of delivery of program materials | 57 | 89 | 89% |
| Q4ac | Written program materials | 56 | 68 | 86% |
| Q25 | Satisfaction with provider complaint systems | 54 | 27 | 71% |
| Q4ab | Member interventions by staff | 50 | 55 | 83% |
| Q11a | Provider manuals | 49 | 60 | 84% |
| Q4ag | Communications provided by case managers | 45 | 48 | 82% |
| Q11b | Provider newsletters | 44 | 69 | 86% |
| Q4aa | Telephonic assistance provided by staff | 38 | 49 | 82% |
| Q11c | Provider portal/website | 37 | 64 | 85% |
| Q2c | Timeliness of the medical director's response to concerns | 37 | 43 | 79% |
| Q4b | Helpfulness of staff providing services | 33 | 69 | 86% |
| Q2b | Efficiency of the UM process overall | 31 | 47 | 81% |
| Q24 | Satisfaction with provider enrollment process | 26 | 41 | 78% |
| Q10b | Information in the provider manual | 21 | 26 | 70% |
| Q4c | Helpfulness of Clinical Practice Guidelines in managing patients | 18 | 66 | 85% |
| Q2a | Obtaining precertification/authorization for members | 7 | 37 | 76% |
| Q10a | Provider orientation and training process | 0 | 0 | 57% |

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 7. 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 Anthem BCBS Medicaid of Kentucky received below average performance ratings (listed in order of importance):

- Accuracy of information exchange

- Clarity of information exchange

- Sufficiency of information to coordinate care

- Timeliness of information exchange

- Satisfaction with provider complaint systems

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

# Anthem Kentucky Provider Satisfaction 2018 Results

Prepared for:

**Anthem, Inc.**
November 2018

Prepared by:

DSS Research

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*Looking Beyond the Expected*

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## Background and objectives

**Background.** Anthem, Inc. 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 Anthem overall and in the following areas:

  - Provider enrollment process and complaint systems.

  - Loyalty.

  - Claims processing and provider reimbursement.

  - Utilization Management.

  - Disease Management.

  - Local health plan provider services.

  - Communication and technology.

  - Continuity and coordination of care.

  - Cultural competency.

- Compare current results to those previously recorded.

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## Methodology

**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 10, 2018 |
| Follow-up mailing | July 31, 2018 |
| Began follow-up phone calls to non-responders | August 21, 2018 |
| Last day to accept completed surveys | September 25, 2018 |
| Additional phone calls to non-responders[1] | October 29 – November 2, 2018 |

**Sample design.**

- **Qualified respondents.** The population surveyed includes providers affiliated or contracted with Anthem.
- **Sample source.** Anthem, Inc. supplied the sample, including names and contact information for providers.
- **Sample size and response rate.**

| Sample size | Total undeliverable records | Undeliverable conversions to complete | Completes | Response rate | Adjusted response rate |
|---|---|---|---|---|---|
| 1,000 | 60 | 5 | 220 | 22.0% | 23.4% |

**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.

Note[1]: In order to get additional completed interviews, this study was put back in the field for phone interviews from October 29 to November 2, 2018.

## Executive summary

**Most providers in Kentucky are satisfied with Anthem.**

- 85% are very or somewhat satisfied with Anthem overall.
- 81% are satisfied with the provider enrollment process.
- 61% are satisfied with the provider complaint systems.
- The overall satisfaction composite score is 76%. The composite is the average of the scores for the three high-level satisfaction measures mentioned above.

**More than seven in 10 would definitely or probably recommend Anthem to their patients and other providers.**

**The SatisAction™ key driver analysis (illustrated on page 7) indicates that claims processing and coordination of care are driving overall satisfaction.**

- Across these two areas, scores are highest for the three claims processing measures. Scores range from 90% to 86%, making this area a strength that should be leveraged.
- While scores are above 75%, improvements that increase satisfaction with the coordination of care measures have the most potential to increase the overall score. These measures are:
  - The accuracy, clarity and timeliness of the information exchange (81%, 81% and 78%, respectively).
  - The sufficiency of information to coordinate care (78%).
- Additionally, satisfaction with the provider complaint systems is also important and, with a score of 61%, performance on this measure is lower than on all but one other item.

**Measures in three areas shifted significantly from 2017.**

- <u>Claims processing</u>: Satisfaction with the timeliness of claims payment decreased (88% vs. 95%).
- <u>Utilization Management</u>: Satisfaction with obtaining precertification and/or authorization decreased (70% vs. 83%).
- <u>Disease Management</u>:
  - Ratings increased for:
    - The written program materials (92% vs. 80%).
    - The timing of distribution and the mode of delivery of program materials (90% vs. 80% and 89% vs. 80%, respectively).
    - Member interventions by staff (89% vs. 79%).
  - Additionally, the composite score increased (87% vs. 80%).
  - However, a lower percentage indicated that patient quality of life has improved since enrollment in a DM program (56% vs. 73%), while a higher percentage indicated that is has remained the same (41% vs. 25%).

## Executive summary

**Enrollment in most disease management programs is similar to last year, but interest in additional information about the programs decreased.**

- Enrollment in the diabetes program increased slightly, continuing a slight upward trend. However, enrollment in the HIV/AIDS program decreased significantly and enrollment in two other programs decreased slightly.
- Interest in additional information about the disease management programs decreased, significantly so for seven of the programs.

**Several other measures shifted, but not significantly so.**

**More than six in 10 indicated that they typically receive communication from providers, facilities and agencies.** Regardless of whether the communication is from Anthem providers or those contracted with other plans, communication is most common from PCPs, specialists, hospitals and outpatient therapy providers and least common from skilled nursing facilities.

**93% of those who used the interpreter and/or translation services gave it a rating of excellent, very good or good.** However, these results should be interpreted with caution, since only 8% (17 respondents) used this service and only 15 rated it.

**17% used the Anthem cultural competency materials available on the website.**

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## Executive summary

### POWeR™ Chart for overall satisfaction with Anthem

#### POWeR™ Chart classification matrix
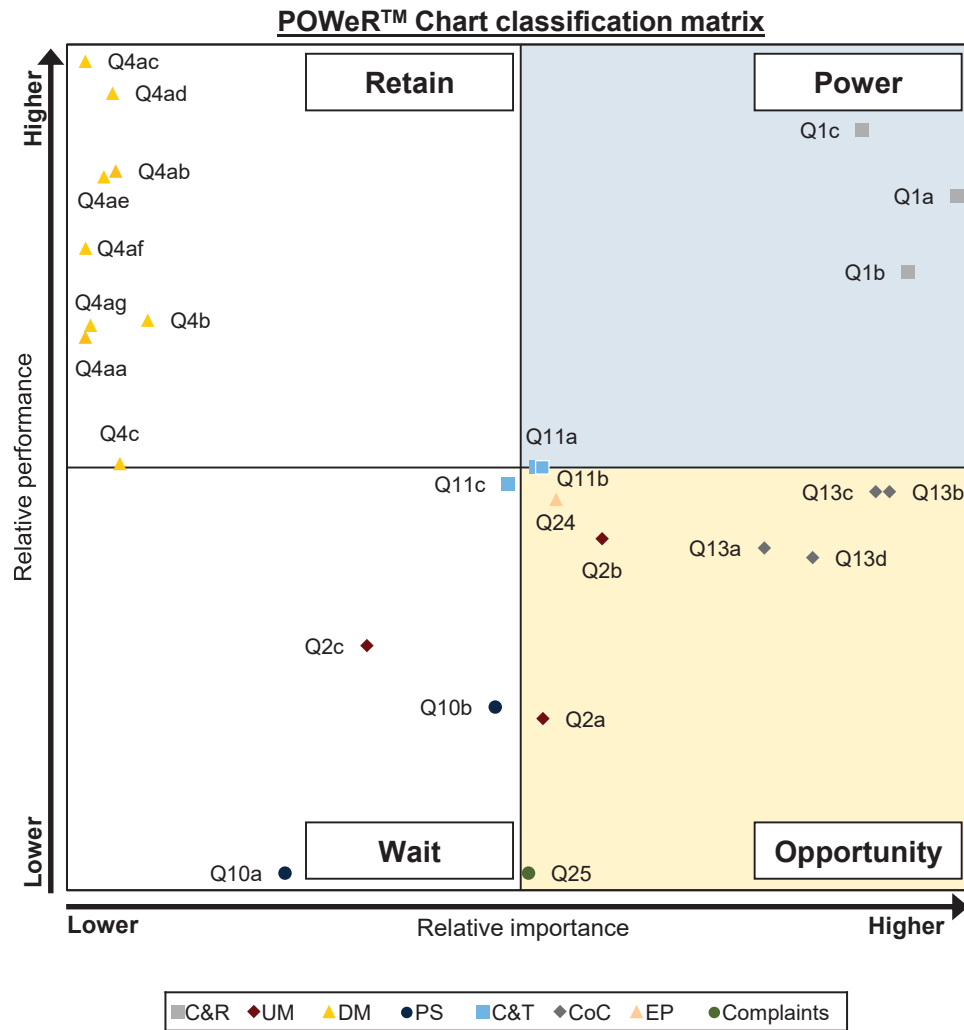


| | Survey Measure | Score |
|---|---|---|
| | **Power** | |
| Q1a | Timeliness of claims payment | 88.1% |
| Q1b | Accuracy of claims payment | 86.4% |
| Q1c | Clarity of the remittance advice | 89.6% |
| Q11a | Provider manuals | *82.1% |
| | **Opportunity** | |
| Q13b | Accuracy of information exchange | 80.9% |
| Q13c | Clarity of information exchange | 80.9% |
| Q13d | Sufficiency of information to coordinate care | 77.6% |
| Q13a | Timeliness of information exchange | 78.1% |
| Q2b | Efficiency of the UM process overall | 78.5% |
| Q24 | Satisfaction with provider enrollment process | 80.5% |
| Q2a | Obtaining precertification/authorization for members | 69.7% |
| Q11b | Provider newsletters | *82.1% |
| Q25 | Satisfaction with provider complaint systems | 61.2% |

Legend: ■ C&R  ◆ UM  ▲ DM  ● PS  ■ C&T  ◆ CoC  ▲ EP  ● Complaints

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

\* Denotes top-three-box scores.

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# Executive summary

## Composite summary



**Legend:**
- 2018 (gray)
- 2017 (dark red)
- 2016 (yellow)

**Overall Satisfaction** — Very/Somewhat satisfied
- (n=218) 75.6%
- (n=255) 76.4%
- (n=120) 72.5%

**Disease Management** — Excellent/Very good/Good
- (n=184) 87.1% ↑
- (n=220) 79.8%
- (n=102) 79.5%

**Loyalty\*\*** — Definitely/Probably yes
- (n=216) 71.6%

**Local Health Plan Provider Services** — Very satisfied/Satisfied
- (n=189) 65.9%
- (n=223) 63.0%
- (n=93) 58.1%

**Claims Processing and Provider Reimbursement** — Very/Somewhat satisfied
- (n=207) 88.1%
- (n=233) 92.2%
- (n=103) 89.1%

**Communication and Technology** — Excellent/Very good/Good
- (n=199) 81.8%
- (n=233) 83.4% ↑
- (n=103) 73.0%

**Utilization Management** — Very/Somewhat satisfied
- (n=209) 73.8%
- (n=245) 81.4%
- (n=108) 75.3%

**Continuity and Coordination of Care** — Very/Somewhat satisfied
- (n=189) 79.3%
- (n=224) 76.9%
- (n=100) 77.1%

An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. A double asterisk (\*\*) indicates a new question in 2018.

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## Overall satisfaction

Overall satisfaction with Anthem is stable among providers in Kentucky. However, the percentage who are very dissatisfied increased significantly, while the percentage who gave a neutral rating decreased slightly.

**Overall satisfaction with Anthem**



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

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## Overall satisfaction

Both of these measures are similar to last year.
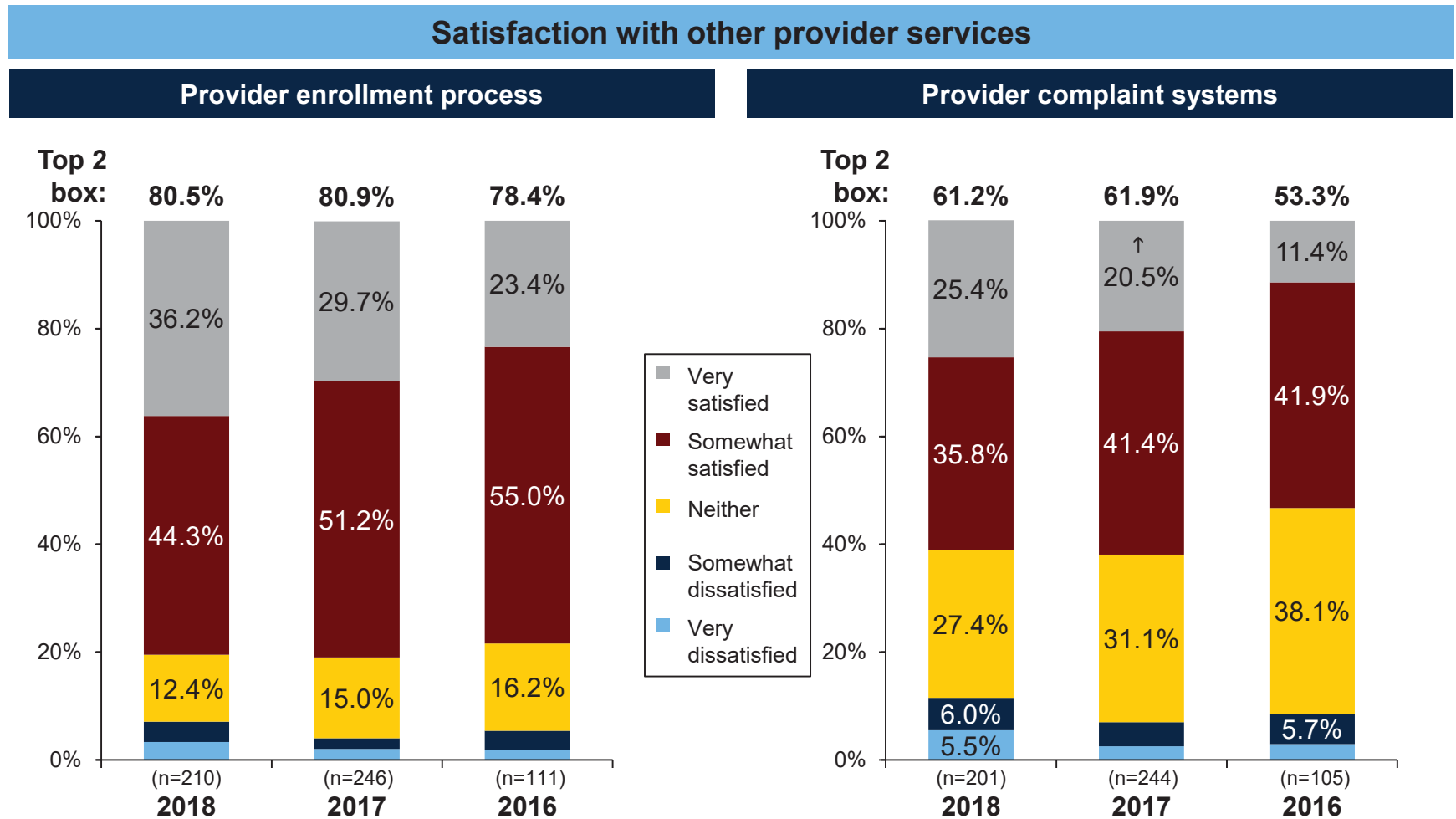


**Satisfaction with other provider services**

**Provider enrollment process** — Top 2 box:

| Year | Top 2 box | Very satisfied | Somewhat satisfied | Neither | n |
|---|---|---|---|---|---|
| 2018 | 80.5% | 36.2% | 44.3% | 12.4% | (n=210) |
| 2017 | 80.9% | 29.7% | 51.2% | 15.0% | (n=246) |
| 2016 | 78.4% | 23.4% | 55.0% | 16.2% | (n=111) |

**Provider complaint systems** — Top 2 box:

| Year | Top 2 box | Very satisfied | Somewhat satisfied | Neither | Somewhat dissatisfied | Very dissatisfied | n |
|---|---|---|---|---|---|---|---|
| 2018 | 61.2% | 25.4% | 35.8% | 27.4% | 6.0% | 5.5% | (n=201) |
| 2017 | 61.9% ↑ | 20.5% | 41.4% | 31.1% | | | (n=244) |
| 2016 | 53.3% | 11.4% | 41.9% | 38.1% | 5.7% | | (n=105) |

Legend: Very satisfied, Somewhat satisfied, Neither, Somewhat dissatisfied, Very dissatisfied

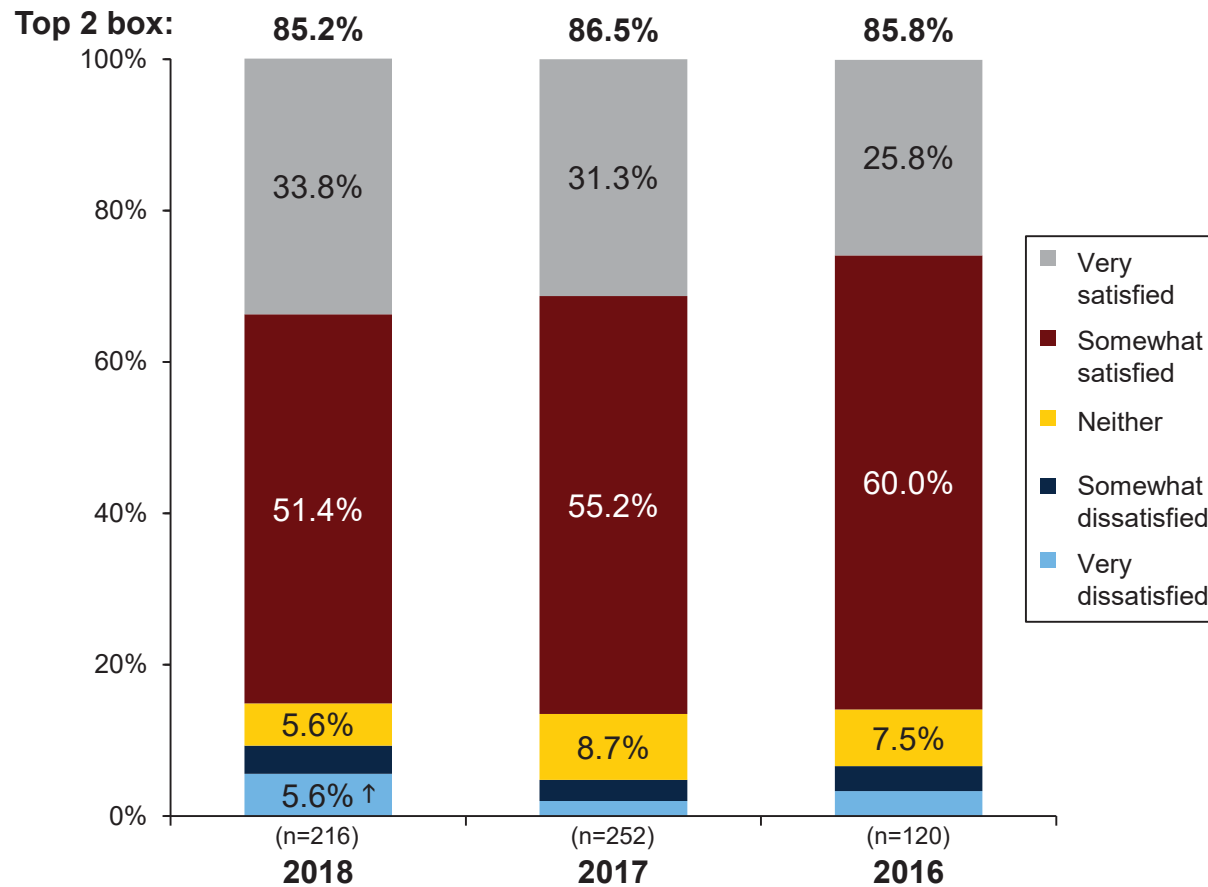Q24. Please rate your overall satisfaction with the provider enrollment process. Q25. Please rate your overall satisfaction with the provider complaint systems. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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## Loyalty

More than seven in 10 would recommend Anthem to their patients and other providers.

### Willingness to recommend Anthem to…
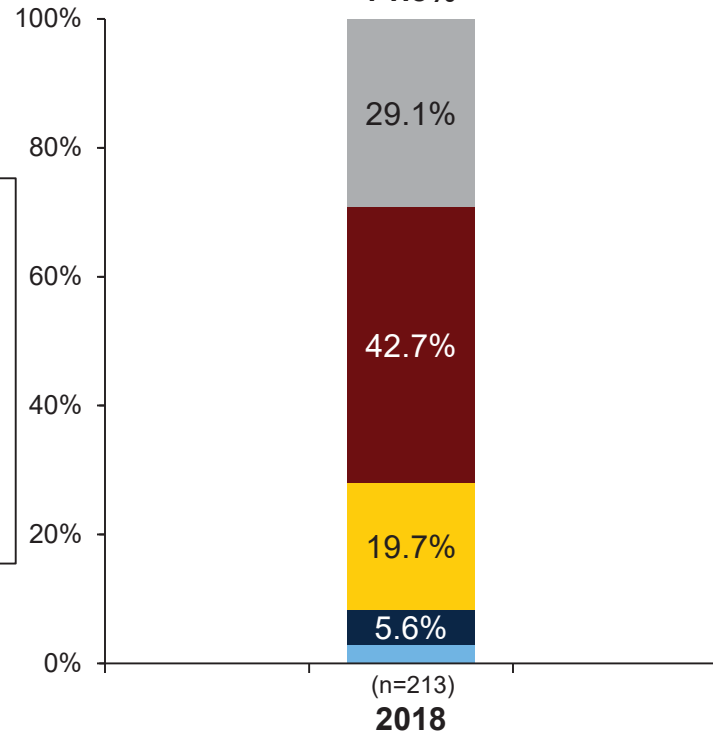
**Patients****

Top 2 box: **71.4%**

| | Patients |
|---|---|
| Definitely yes | 27.2% |
| Probably yes | 44.1% |
| Maybe | 18.8% |
| Probably not | 5.6% |

(n=213)
**2018**

**Other providers****

Top 2 box: **71.8%**

| | Other providers |
|---|---|
| Definitely yes | 29.1% |
| Probably yes | 42.7% |
| Maybe | 19.7% |
| Probably not | 5.6% |

(n=213)
**2018**

Legend:
- Definitely yes
- Probably yes
- Maybe
- Probably not
- Definitely not

Q21. If you were able to recommend Anthem to your patients, would you? Q22. Would you recommend Anthem to other providers? A double asterisk (**) indicates a new question in 2018.

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## Claims processing and provider reimbursement

Satisfaction with the timeliness of claims payment decreased significantly after spiking last year, returning to a level similar to that in 2016. This decrease, along with a slight decrease in satisfaction with the accuracy of claims payment, resulted in a slight decrease in the average.



**Satisfaction with claims payments and remittance advice**

Legend: Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied

| | Top 2 box: 2018 | 2017 | 2016 |
|---|---|---|---|
| Composite (n=207) — 5.1% / 44.3% / 43.8% | 88.1% | 92.2% | 89.1% |
| Clarity of the remittance advice (n=202) — 42.6% / 47.0% | 89.6% | 90.9% | 91.1% |
| Timeliness of claims payment (n=202) — 5.0% / 43.1% / 45.0% | 88.1%↓ | 95.2%↑ | 88.0% |
| Accuracy of claims payment (n=199) — 6.0% / 47.2% / 39.2% | 86.4% | 90.4% | 88.1% |

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

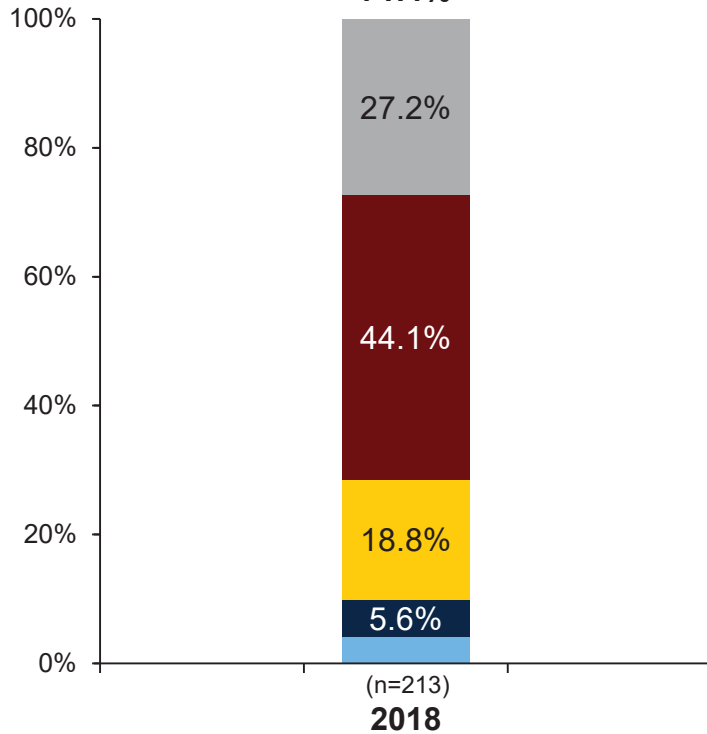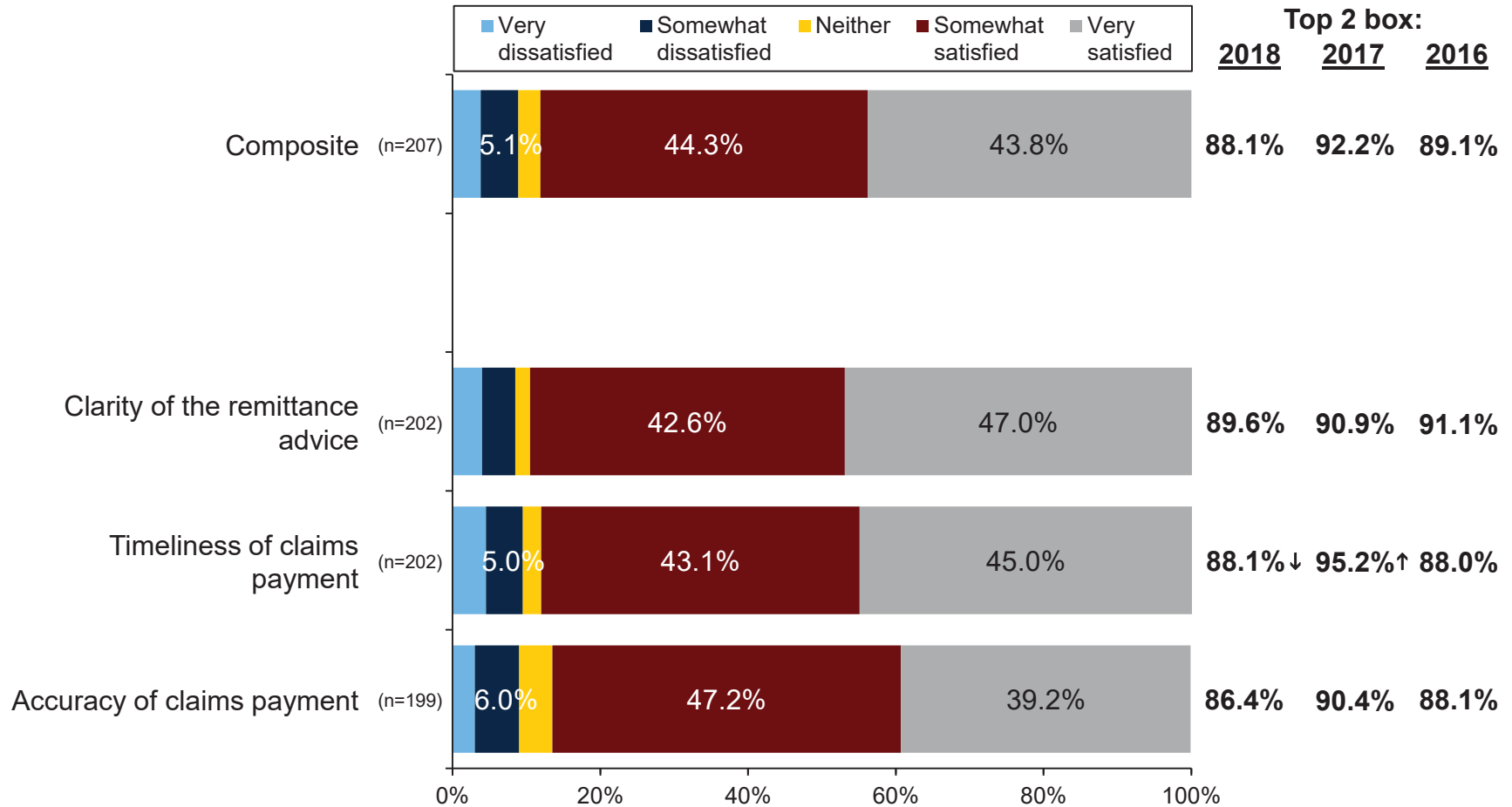Medicaid Managed Care Organization (MCO) - All Regions
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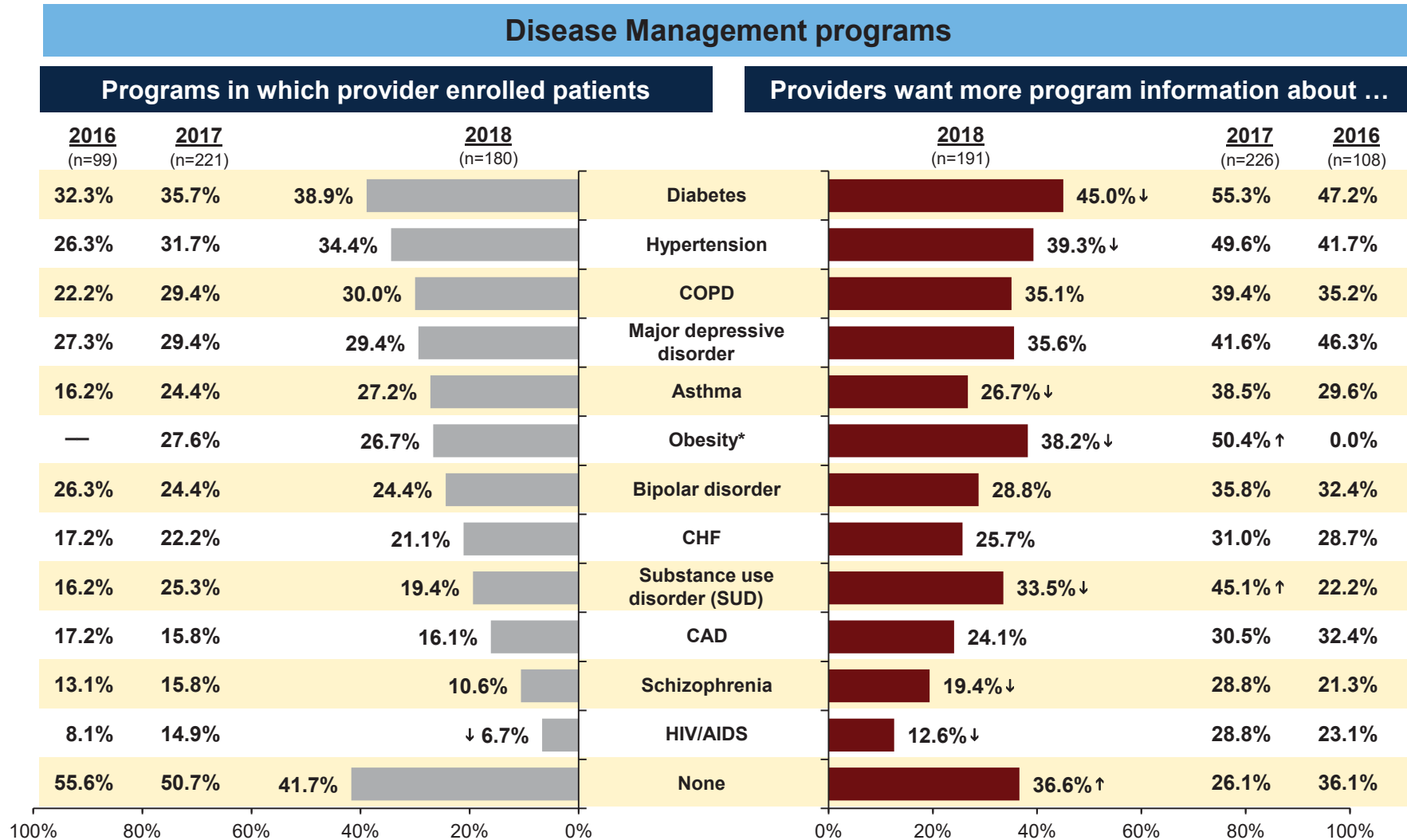
# Utilization Management

Each of these measures decreased, significantly so for satisfaction with obtaining precertification or authorization, resulting in a slight decrease in the average.

## Satisfaction with Utilization Management process

| | Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied |
|---|---|---|---|---|---|

**Top 2 box:**

| | | | | | | 2018 | 2017 | 2016 |
|---|---|---|---|---|---|---|---|---|
| Composite (n=209) | 6.1% | 8.7% | 11.4% | 47.3% | 26.5% | **73.8%** | **81.4%** | **75.3%** |
| Efficiency of the Anthem Utilization Management process overall (n=205) | 5.9% | 8.3% | 7.3% | 52.2% | 26.3% | **78.5%** | **83.8%** | **78.5%** |
| Timeliness of the Anthem medical director's response to your concerns (n=187) | 5.9% | 5.9% | 15.0% | 44.9% | 28.3% | **73.3%** | **78.1%** | **71.6%** |
| Obtaining precertification and/or authorization for Anthem members (n=201) | 6.5% | 11.9% | 11.9% | 44.8% | 24.9% | **69.7%↓** | **82.5%** | **76.0%** |

0%　20%　40%　60%　80%　100%

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

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# Disease Management

Enrollment in the HIV/AIDS program decreased significantly. However, enrollment in most of the other programs is similar to last year. Interest in additional information about each of these programs decreased, significantly so in most cases.

## Disease Management programs

| Programs in which provider enrolled patients | | | | Program | Providers want more program information about … | | |
|---|---|---|---|---|---|---|---|
| **2016** (n=99) | **2017** (n=221) | **2018** (n=180) | | | **2018** (n=191) | **2017** (n=226) | **2016** (n=108) |
| 32.3% | 35.7% | 38.9% | | Diabetes | 45.0%↓ | 55.3% | 47.2% |
| 26.3% | 31.7% | 34.4% | | Hypertension | 39.3%↓ | 49.6% | 41.7% |
| 22.2% | 29.4% | 30.0% | | COPD | 35.1% | 39.4% | 35.2% |
| 27.3% | 29.4% | 29.4% | | Major depressive disorder | 35.6% | 41.6% | 46.3% |
| 16.2% | 24.4% | 27.2% | | Asthma | 26.7%↓ | 38.5% | 29.6% |
| — | 27.6% | 26.7% | | Obesity* | 38.2%↓ | 50.4%↑ | 0.0% |
| 26.3% | 24.4% | 24.4% | | Bipolar disorder | 28.8% | 35.8% | 32.4% |
| 17.2% | 22.2% | 21.1% | | CHF | 25.7% | 31.0% | 28.7% |
| 16.2% | 25.3% | 19.4% | | Substance use disorder (SUD) | 33.5%↓ | 45.1%↑ | 22.2% |
| 17.2% | 15.8% | 16.1% | | CAD | 24.1% | 30.5% | 32.4% |
| 13.1% | 15.8% | 10.6% | | Schizophrenia | 19.4%↓ | 28.8% | 21.3% |
| 8.1% | 14.9% | ↓ 6.7% | | HIV/AIDS | 12.6%↓ | 28.8% | 23.1% |
| 55.6% | 50.7% | 41.7% | | None | 36.6%↑ | 26.1% | 36.1% |

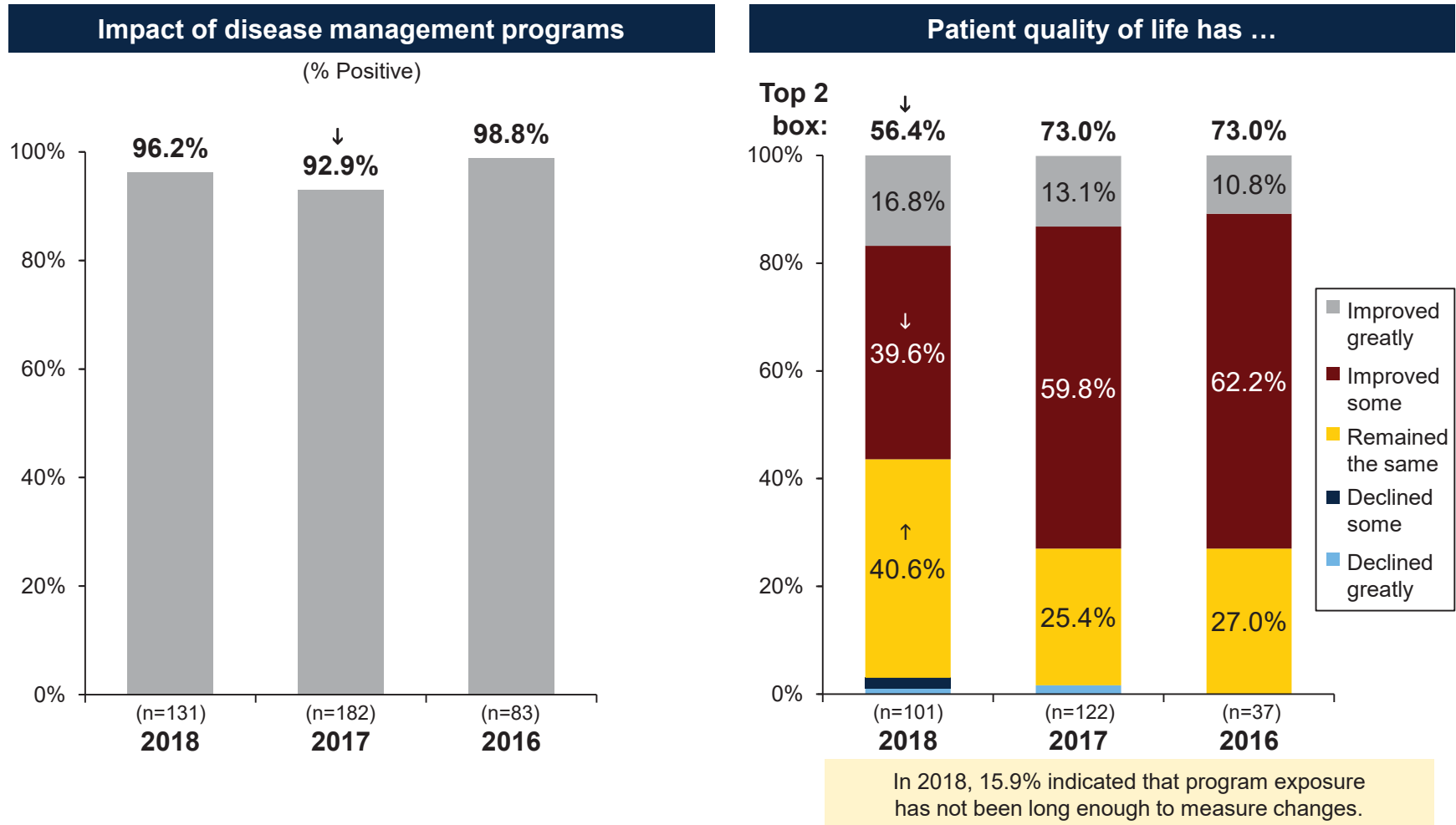100%　80%　60%　40%　20%　0%　　　　　0%　20%　40%　60%　80%　100%

Q3. In which program(s) did you enroll your patients? Q8. Please check the DM programs you would like more information about: An asterisk (*) indicates a new question in 2017. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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## Disease Management

A slightly higher percentage than in 2017 indicated that they perceive disease management programs as having a positive impact on a patient's health status. A significantly lower percentage than in 2017 indicated that patient quality of life has improved since enrollment in a DM program, while a significantly higher percentage indicated that it has remained the same.

### Overall ratings of DM programs

| Impact of disease management programs | Patient quality of life has … |
|---|---|

**Impact of disease management programs**
(% Positive)

- 96.2% (n=131) 2018
- ↓ 92.9% (n=182) 2017
- 98.8% (n=83) 2016

**Patient quality of life has …**

Top 2 box:

| | 2018 (n=101) | 2017 (n=122) | 2016 (n=37) |
|---|---|---|---|
| Top 2 box | ↓ 56.4% | 73.0% | 73.0% |
| Improved greatly | 16.8% | 13.1% | 10.8% |
| Improved some | ↓ 39.6% | 59.8% | 62.2% |
| Remained the same | ↑ 40.6% | 25.4% | 27.0% |

Legend:
- Improved greatly
- Improved some
- Remained the same
- Declined some
- Declined greatly

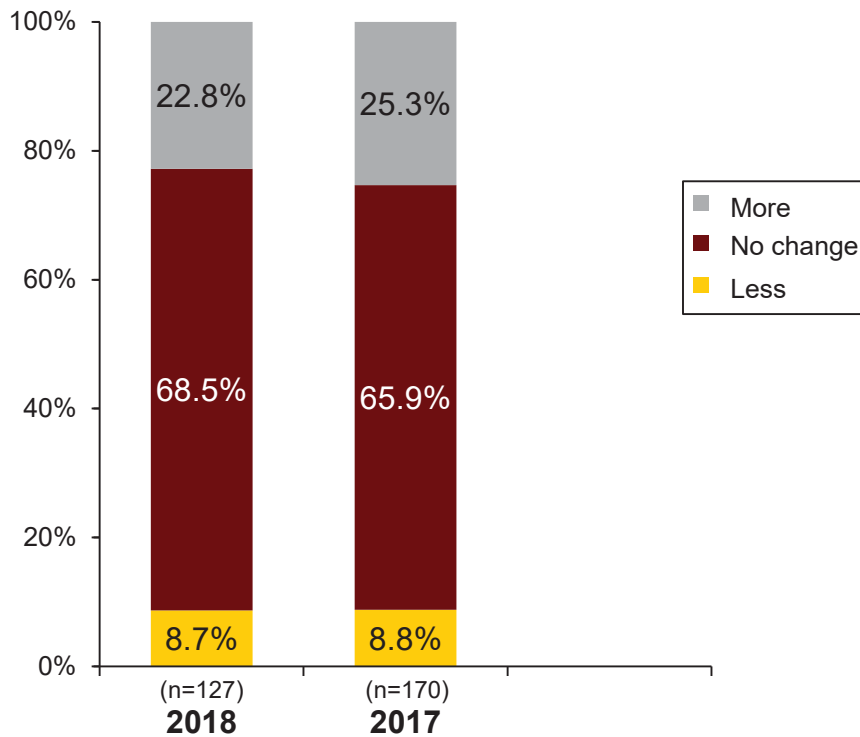In 2018, 15.9% indicated that program exposure has not been long enough to measure changes.

Q7. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q5. In general, since enrollment in the Anthem DM program(s), has patient quality of life … An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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## Disease Management

Recommendations of the DM programs increased slightly.

### Overall ratings of DM programs (cont'd)

| Patient usage of services* | Would recommend to other providers |
|---|---|
| | (% Yes) |



**Patient usage of services***

- 2018 (n=127): More 22.8%, No change 68.5%, Less 8.7%
- 2017 (n=170): More 25.3%, No change 65.9%, Less 8.8%

Legend: More (gray), No change (dark red), Less (yellow)

**Would recommend to other providers (% Yes)**

- 2018 (n=137): 90.5%
- 2017 (n=182): 86.3%
- 2016 (n=75): 93.3%
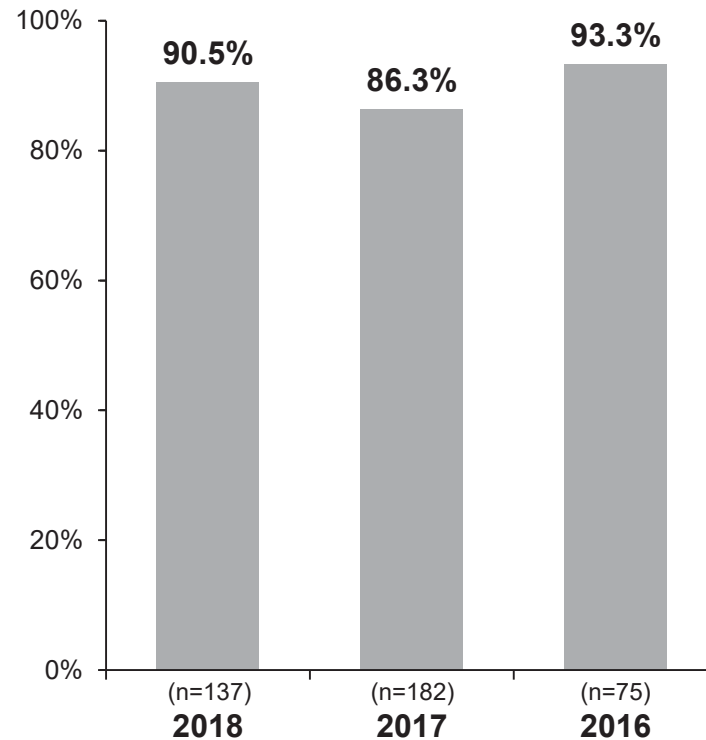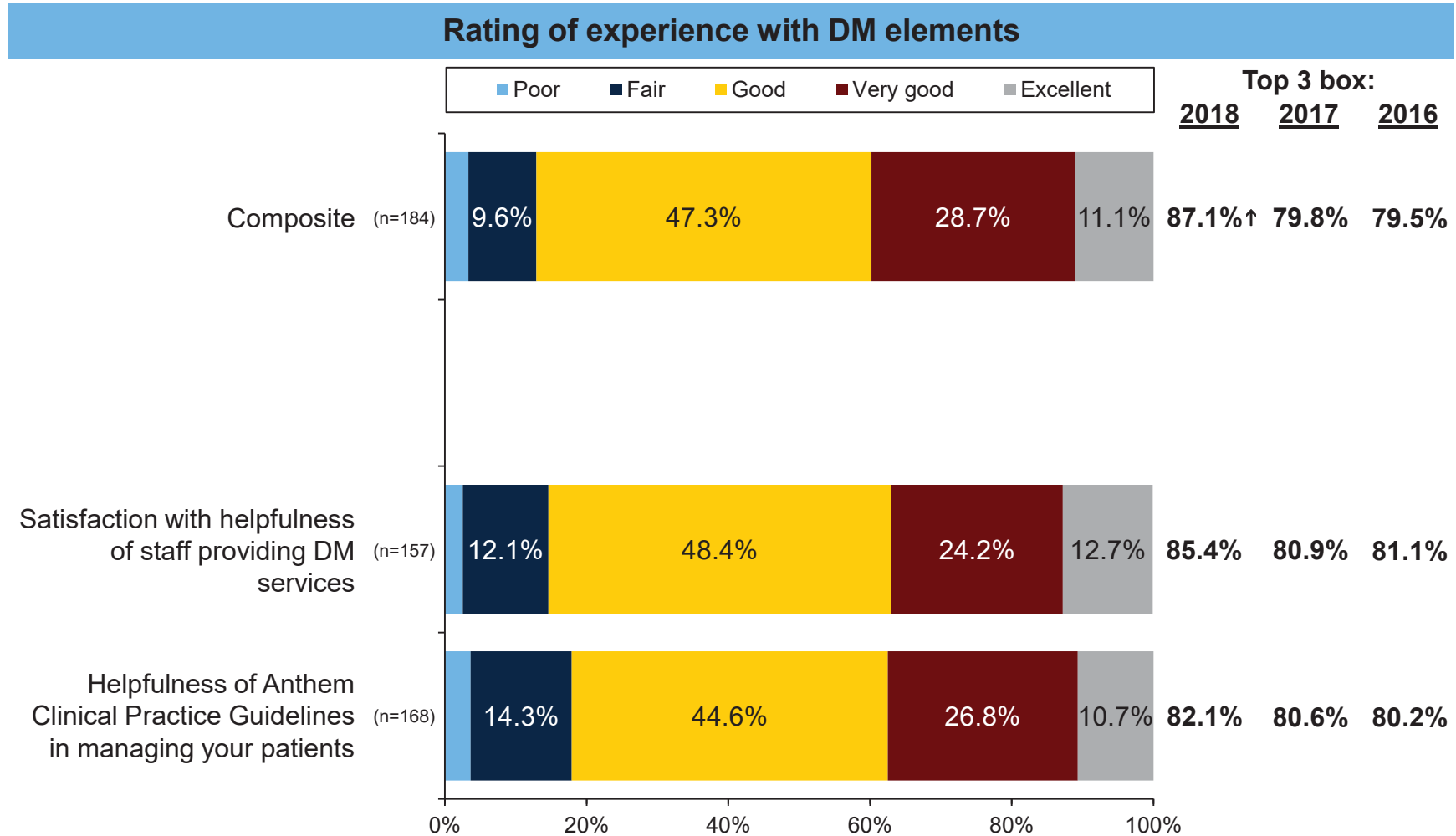
Q6. Are patients using more or less of services as a result of participation in a DM program? Q9. Would you recommend the Anthem DM program(s) to other providers? An asterisk (*) indicates a new question in 2017. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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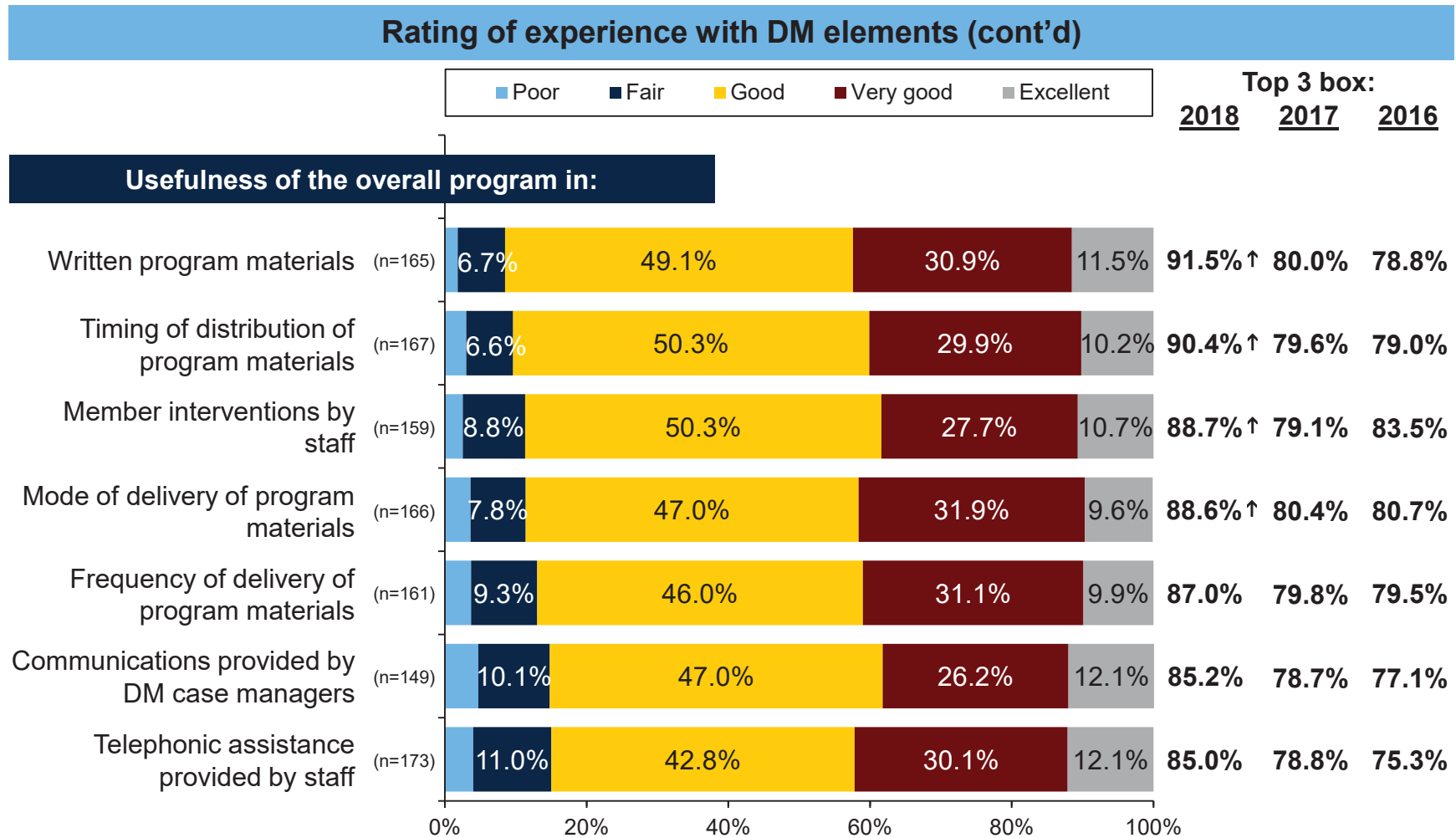RFP 758 2000000202

## Disease Management

The rating for satisfaction with the helpfulness of staff providing DM services increased slightly. This change, along with increases on other measures related to the DM programs (shown on the following page), resulted in a significant increase in the average.

### Rating of experience with DM elements

Legend: ■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

| | Poor | Fair | Good | Very good | Excellent | Top 3 box: 2018 | 2017 | 2016 |
|---|---|---|---|---|---|---|---|---|
| Composite (n=184) | | 9.6% | 47.3% | 28.7% | 11.1% | 87.1%↑ | 79.8% | 79.5% |
| Satisfaction with helpfulness of staff providing DM services (n=157) | | 12.1% | 48.4% | 24.2% | 12.7% | 85.4% | 80.9% | 81.1% |
| Helpfulness of Anthem Clinical Practice Guidelines in managing your patients (n=168) | | 14.3% | 44.6% | 26.8% | 10.7% | 82.1% | 80.6% | 80.2% |

Q4. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.
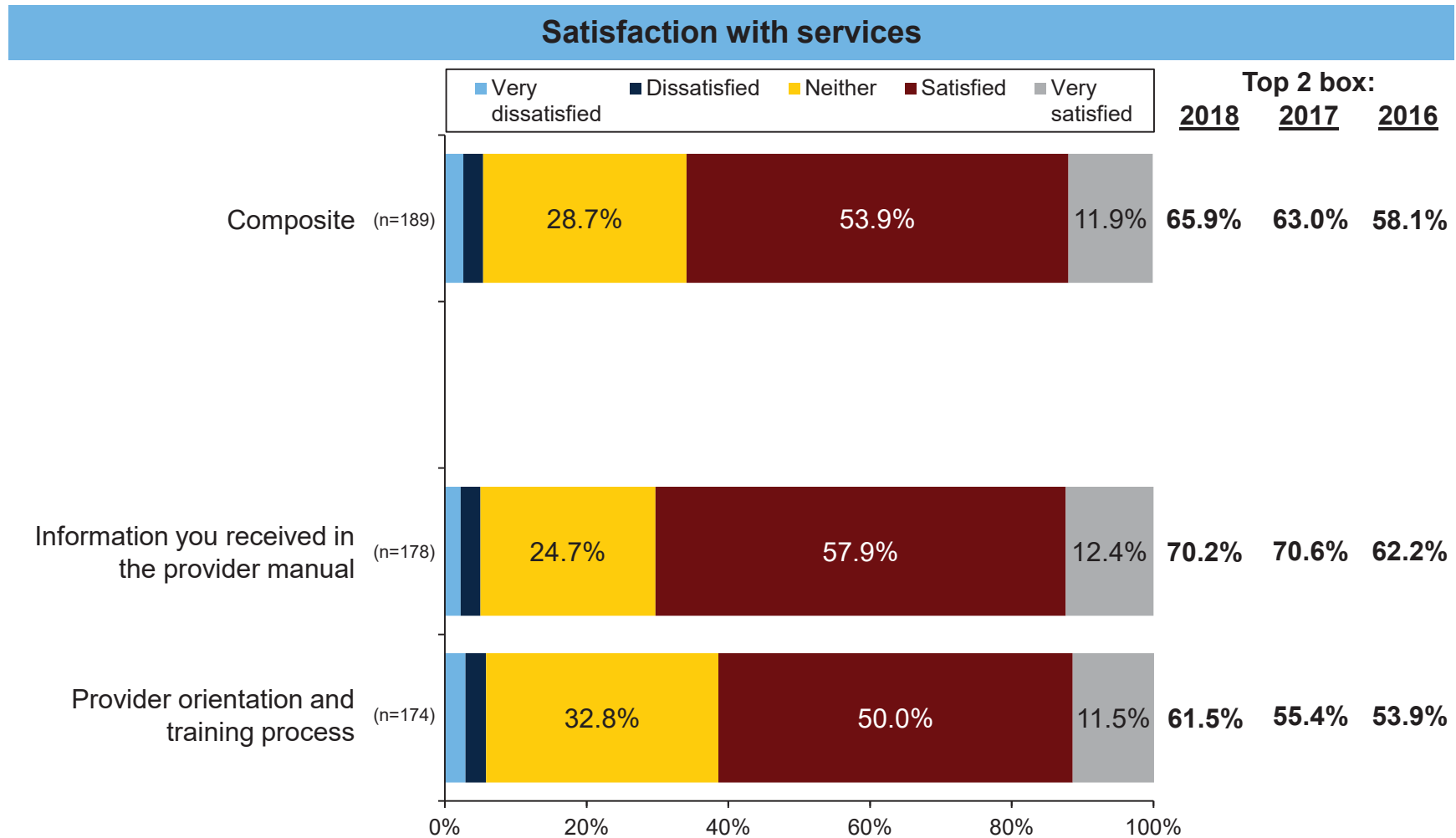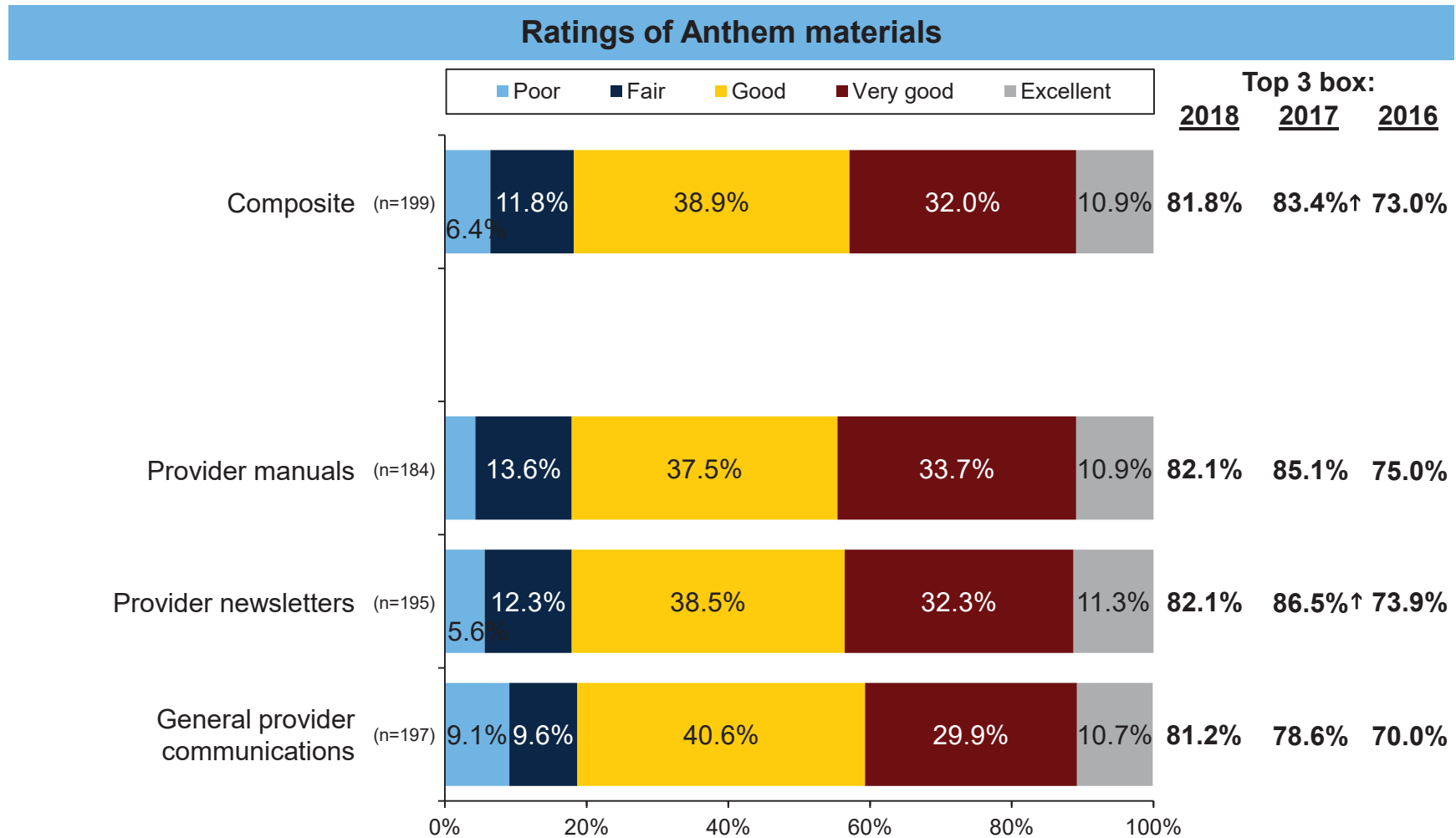
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# Disease Management

Each of these measures increased, four significantly so.

## Rating of experience with DM elements (cont'd)

Legend: ■ Poor  ■ Fair  ■ Good  ■ Very good  ■ Excellent

**Usefulness of the overall program in:**

| Element | | Poor/Fair | Good | Very good | Excellent | Top 3 box: 2018 | 2017 | 2016 |
|---|---|---|---|---|---|---|---|---|
| Written program materials | (n=165) | 6.7% | 49.1% | 30.9% | 11.5% | 91.5% ↑ | 80.0% | 78.8% |
| Timing of distribution of program materials | (n=167) | 6.6% | 50.3% | 29.9% | 10.2% | 90.4% ↑ | 79.6% | 79.0% |
| Member interventions by staff | (n=159) | 8.8% | 50.3% | 27.7% | 10.7% | 88.7% ↑ | 79.1% | 83.5% |
| Mode of delivery of program materials | (n=166) | 7.8% | 47.0% | 31.9% | 9.6% | 88.6% ↑ | 80.4% | 80.7% |
| Frequency of delivery of program materials | (n=161) | 9.3% | 46.0% | 31.1% | 9.9% | 87.0% | 79.8% | 79.5% |
| Communications provided by DM case managers | (n=149) | 10.1% | 47.0% | 26.2% | 12.1% | 85.2% | 78.7% | 77.1% |
| Telephonic assistance provided by staff | (n=173) | 11.0% | 42.8% | 30.1% | 12.1% | 85.0% | 78.8% | 75.3% |

Scale: 0% 20% 40% 60% 80% 100%

Q4. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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# Local health plan provider services

Satisfaction with the provider orientation and training process increased slightly.

## Satisfaction with services

Legend: Very dissatisfied, Dissatisfied, Neither, Satisfied, Very satisfied

| | Neither | Satisfied | Very satisfied | Top 2 box: 2018 | 2017 | 2016 |
|---|---|---|---|---|---|---|
| Composite (n=189) | 28.7% | 53.9% | 11.9% | **65.9%** | **63.0%** | **58.1%** |
| Information you received in the provider manual (n=178) | 24.7% | 57.9% | 12.4% | **70.2%** | **70.6%** | **62.2%** |
| Provider orientation and training process (n=174) | 32.8% | 50.0% | 11.5% | **61.5%** | **55.4%** | **53.9%** |

Axis: 0%　20%　40%　60%　80%　100%

Q10. How satisfied were you with the following: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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# Communication and technology

Ratings for the provider manuals and provider newsletters both decreased slightly.

## Ratings of Anthem materials

Legend: ■ Poor  ■ Fair  ■ Good  ■ Very good  ■ Excellent

| | | Top 3 box: | | |
|---|---|---|---|---|
| | | **2018** | **2017** | **2016** |
| Composite (n=199) | 6.4% / 11.8% / 38.9% / 32.0% / 10.9% | 81.8% | 83.4%↑ | 73.0% |
| Provider manuals (n=184) | 13.6% / 37.5% / 33.7% / 10.9% | 82.1% | 85.1% | 75.0% |
| Provider newsletters (n=195) | 5.6% / 12.3% / 38.5% / 32.3% / 11.3% | 82.1% | 86.5%↑ | 73.9% |
| General provider communications (n=197) | 9.1% / 9.6% / 40.6% / 29.9% / 10.7% | 81.2% | 78.6% | 70.0% |

Q11. Please rate the quality and effectiveness of the following Anthem materials: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.
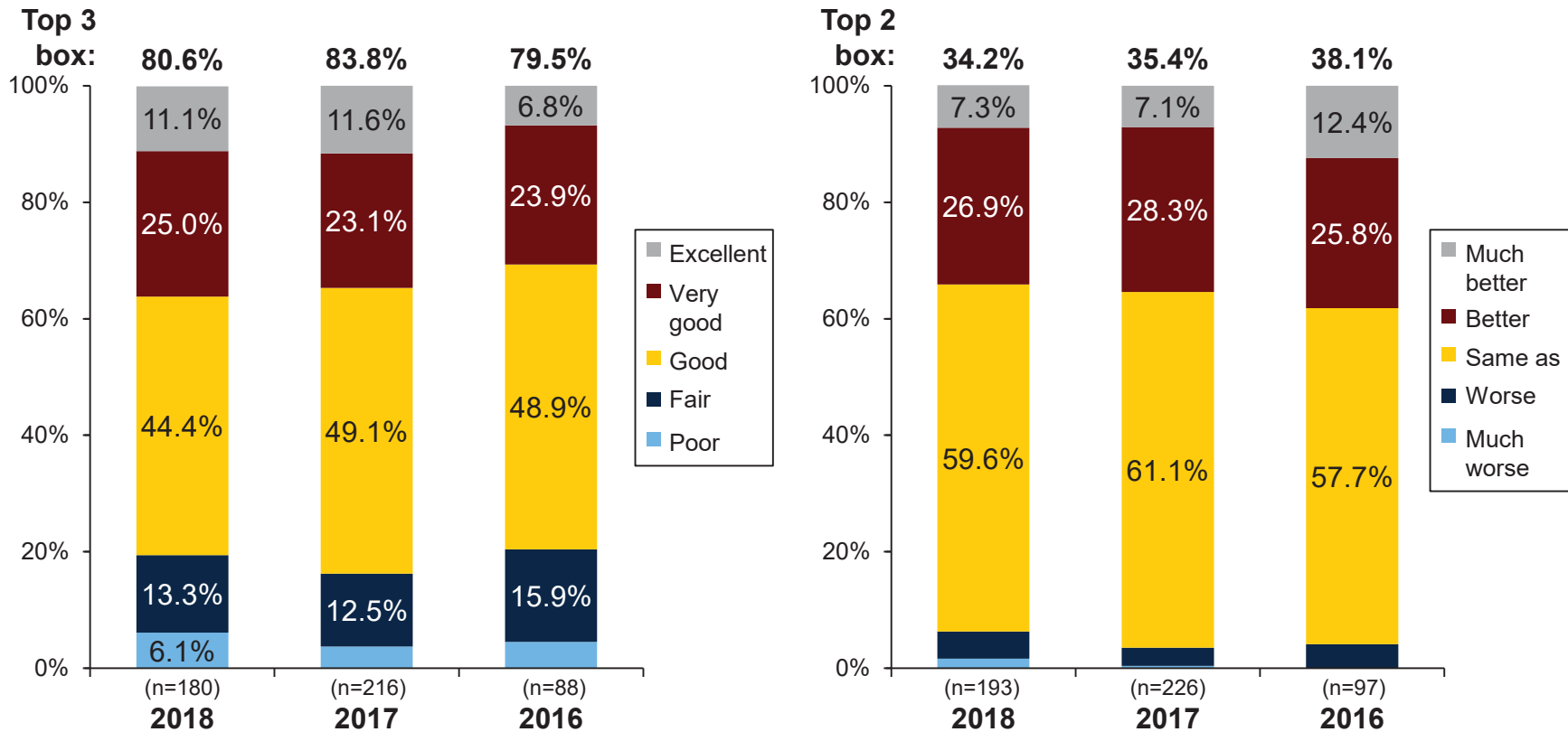
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## Communication and technology

Among those who would like to be contacted by a health plan representative, participation in a quality incentive program remains the most common topic that providers would like to discuss.

| Information providers want to discuss (All mentions) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Base: | (n=70) | (n=103) | (n=35) |
| Participation in a quality incentive program | 62.9% | 68.9% | 62.9% |
| Why HEDIS measures are important | 47.1% | 44.7% | 34.3% |
| Innovative programs my practice employs | 31.4% | 39.8% | 42.9% |
| Initiation of electronic claims processing | 27.1% | 38.8% | 42.9% |
| Providing after-hours care in my practice | 25.7% | 31.1% | 17.1% |
| Claims/denials/billing/payments (slow, inaccurate) | 8.6% | 2.9% | 8.6% |
| Need program information | 4.3% | 0.0% | 0.0% |
| Fee schedule/reimbursement | 2.9% | 0.0% | 0.0% |
| Disease Management programs | 2.9% | 0.0% | 0.0% |
| Interpreter/language barrier | 1.4% | 0.0% | 0.0% |
| Patient health issues | 1.4% | 0.0% | 0.0% |
| Enrollment/credentialing/contracts | 1.4% | 1.9% | 5.7% |
| No need for contact/none/nothing/N/A | 7.1% | 7.8% | 2.9% |

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.

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# Continuity and coordination of care

The rating for the quality of Anthem case management services decreased slightly.

## Ratings of experience with continuity and coordination of care

| Quality of case management services | Anthem comparison to other plans |
|---|---|

**Quality of case management services**

Top 3 box:
- 2018: 80.6%
- 2017: 83.8%
- 2016: 79.5%

2018 (n=180):
- Excellent 11.1%
- Very good 25.0%
- Good 44.4%
- Fair 13.3%
- Poor 6.1%

2017 (n=216):
- Excellent 11.6%
- Very good 23.1%
- Good 49.1%
- Fair 12.5%

2016 (n=88):
- Excellent 6.8%
- Very good 23.9%
- Good 48.9%
- Fair 15.9%

Legend: Excellent, Very good, Good, Fair, Poor

**Anthem comparison to other plans**

Top 2 box:
- 2018: 34.2%
- 2017: 35.4%
- 2016: 38.1%

2018 (n=193):
- Much better 7.3%
- Better 26.9%
- Same as 59.6%
- Worse

2017 (n=226):
- Much better 7.1%
- Better 28.3%
- Same as 61.1%

2016 (n=97):
- Much better 12.4%
- Better 25.8%
- Same as 57.7%

Legend: Much better, Better, Same as, Worse, Much worse

Q14. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q15. How does the Anthem continuity and coordination of care compare to other Medicaid plans? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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# Continuity and coordination of care

Satisfaction with both the accuracy and the timeliness of information exchange increased slightly.
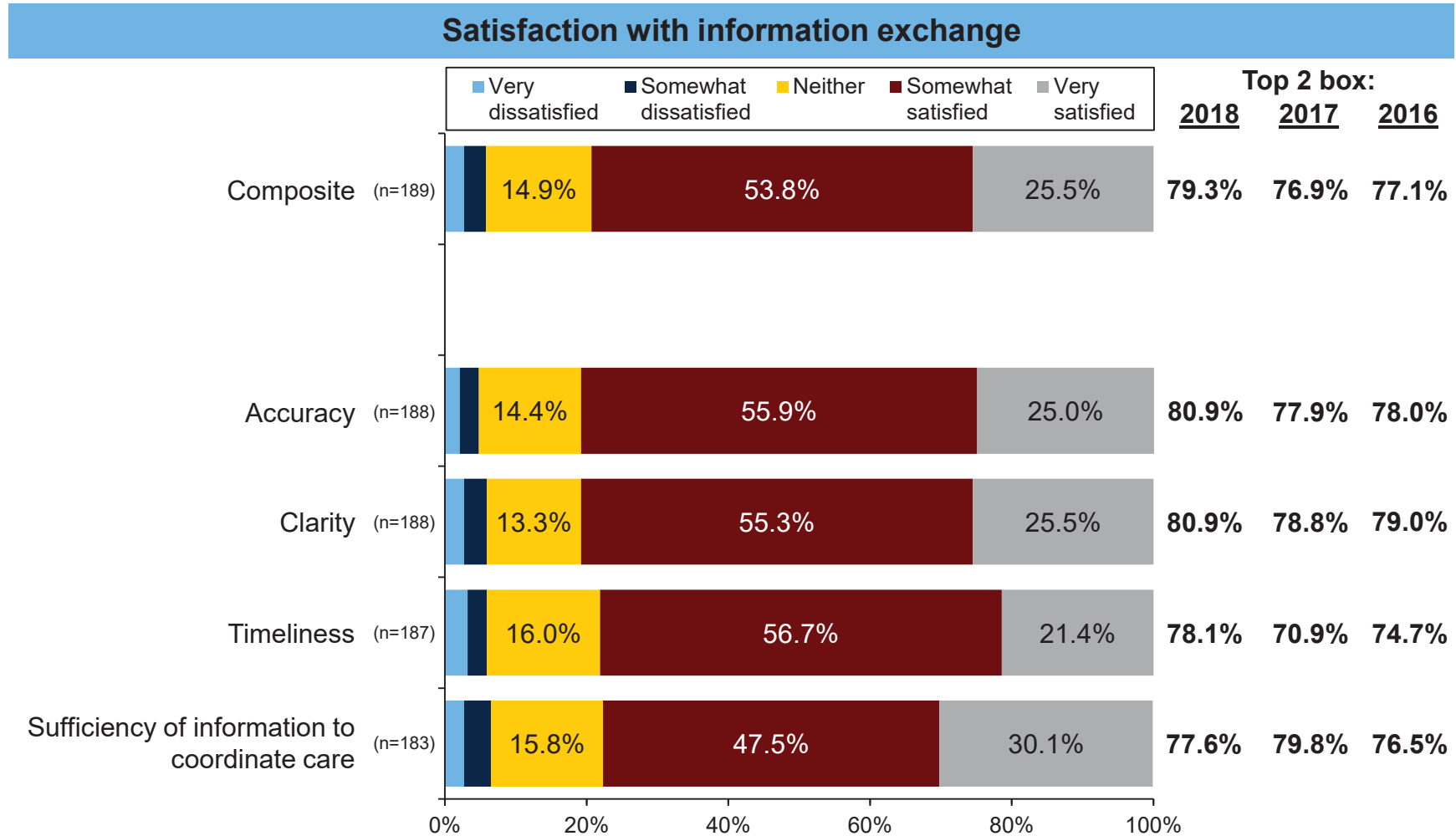
## Satisfaction with information exchange



| | | Top 2 box: | | |
|---|---|:---:|:---:|:---:|
| | | **2018** | **2017** | **2016** |
| Composite (n=189) | 14.9% / 53.8% / 25.5% | **79.3%** | **76.9%** | **77.1%** |
| Accuracy (n=188) | 14.4% / 55.9% / 25.0% | **80.9%** | **77.9%** | **78.0%** |
| Clarity (n=188) | 13.3% / 55.3% / 25.5% | **80.9%** | **78.8%** | **79.0%** |
| Timeliness (n=187) | 16.0% / 56.7% / 21.4% | **78.1%** | **70.9%** | **74.7%** |
| Sufficiency of information to coordinate care (n=183) | 15.8% / 47.5% / 30.1% | **77.6%** | **79.8%** | **76.5%** |

Legend: Very dissatisfied · Somewhat dissatisfied · Neither · Somewhat satisfied · Very satisfied

Q13. Please rate your experience with Anthem 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.

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## Continuity and coordination of care

More than six in 10 indicated that they typically receive communication regarding their patients from each of these types of Anthem providers. Communication is most common from outpatient therapy providers and least common from skilled nursing facilities.

### Frequency of receiving verbal/written communication from Anthem providers**



| | Never | Rarely | Sometimes | Usually | Always | Top 3 box: |
|---|---|---|---|---|---|---|
| Outpatient therapy providers (n=174) | 9.2% | 10.3% | 37.9% | 31.0% | 11.5% | **80.5%** |
| Specialty care practitioners (not including behavioral health) (n=174) | 11.5% | 9.8% | 36.8% | 29.9% | 12.1% | **78.7%** |
| PCPs (n=188) | 10.1% | 11.7% | 35.1% | 29.3% | 13.8% | **78.2%** |
| Hospitals (n=170) | 13.5% | 8.8% | 31.8% | 30.6% | 15.3% | **77.6%** |
| Rehabilitation facilities (n=166) | 13.3% | 15.1% | 33.7% | 27.7% | 10.2% | **71.7%** |
| Home health agencies (n=164) | 16.5% | 13.4% | 24.4% | 26.8% | 18.9% | **70.1%** |
| Behavioral health practitioners (n=170) | 13.5% | 18.2% | 34.1% | 23.5% | 10.6% | **68.2%** |
| Behavioral health facilities (n=163) | 15.3% | 16.6% | 35.6% | 23.9% | 8.6% | **68.1%** |
| Skilled nursing facilities (n=164) | 21.3% | 17.7% | 26.2% | 22.0% | 12.8% | **61.0%** |
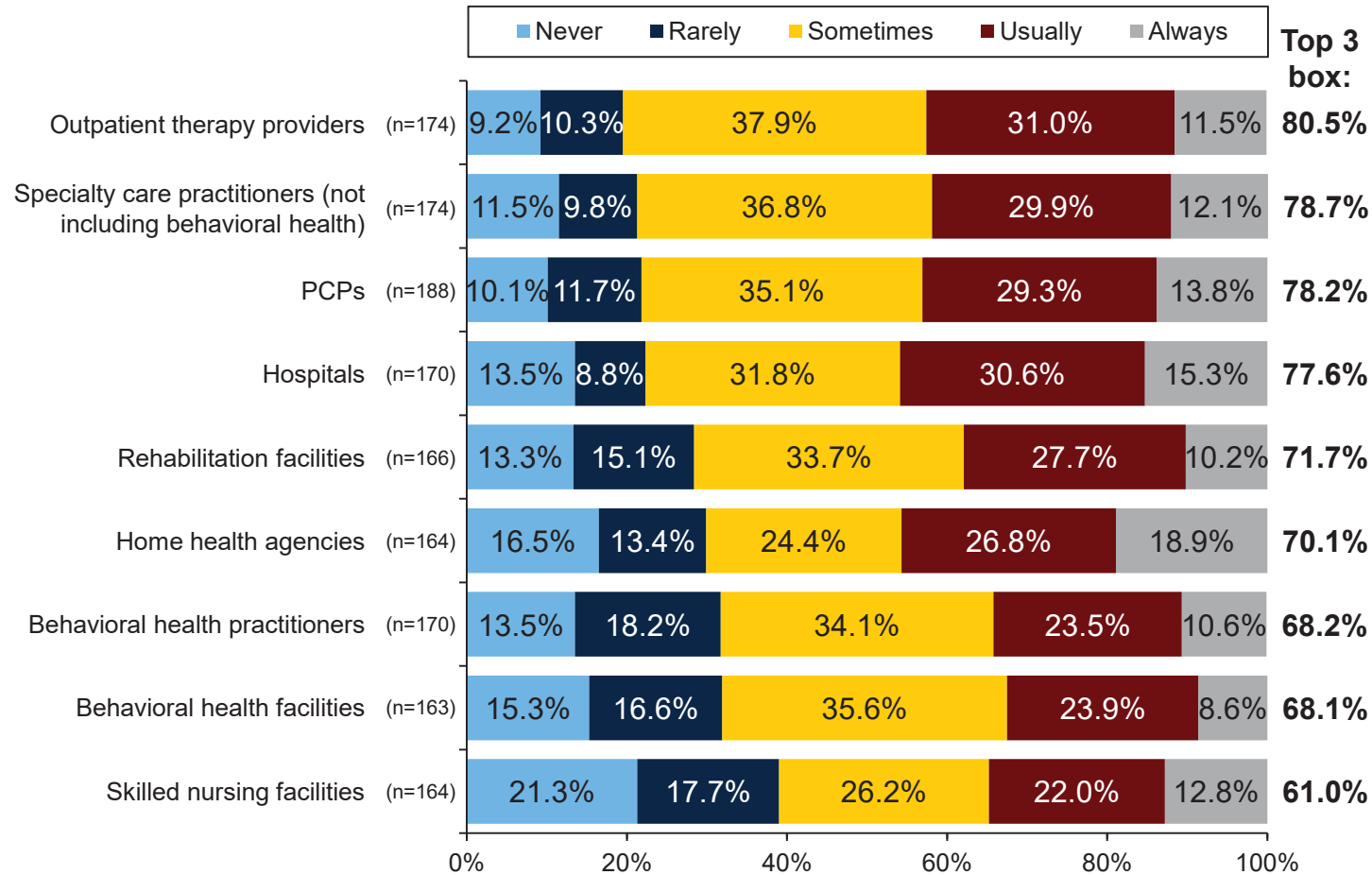
Q12. How often do you receive verbal and/or written communication regarding your patients from: A.) Anthem. A double asterisk (**) indicates a new question in 2018.

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## Continuity and coordination of care

Similarly, more than six in 10 indicated that they typically receive communication from these types of providers who are contracted with other plans. Communication is most common from specialty care practitioners and least common from skilled nursing facilities.

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

Legend: ■ Never  ■ Rarely  ■ Sometimes  ■ Usually  ■ Always

| Provider | n | Never | Rarely | Sometimes | Usually | Always | Top 3 box: |
|---|---|---|---|---|---|---|---|
| Specialty care practitioners (not including behavioral health) | n=166 | | 10.8% | 38.6% | 35.5% | 12.0% | 86.1% |
| Hospitals | n=167 | 7.8% | 9.0% | 29.3% | 34.7% | 19.2% | 83.2% |
| Outpatient therapy providers | n=163 | 8.0% | 10.4% | 34.4% | 35.6% | 11.7% | 81.6% |
| PCPs | n=170 | 8.8% | 12.4% | 31.2% | 34.7% | 12.9% | 78.8% |
| Home health agencies | n=160 | 16.3% | 14.4% | 22.5% | 29.4% | 17.5% | 69.4% |
| Behavioral health practitioners | n=162 | 11.1% | 20.4% | 33.3% | 23.5% | 11.7% | 68.5% |
| Behavioral health facilities | n=157 | 16.6% | 15.3% | 34.4% | 26.1% | 7.6% | 68.2% |
| Rehabilitation facilities | n=159 | 13.2% | 18.9% | 31.4% | 25.8% | 10.7% | 67.9% |
| Skilled nursing facilities | n=154 | 20.8% | 18.2% | 24.7% | 24.7% | 11.7% | 61.0% |

Q12. How often do you receive verbal and/or written communication regarding your patients from: B.) Other Providers. A double asterisk (**) indicates a new question in 2018.

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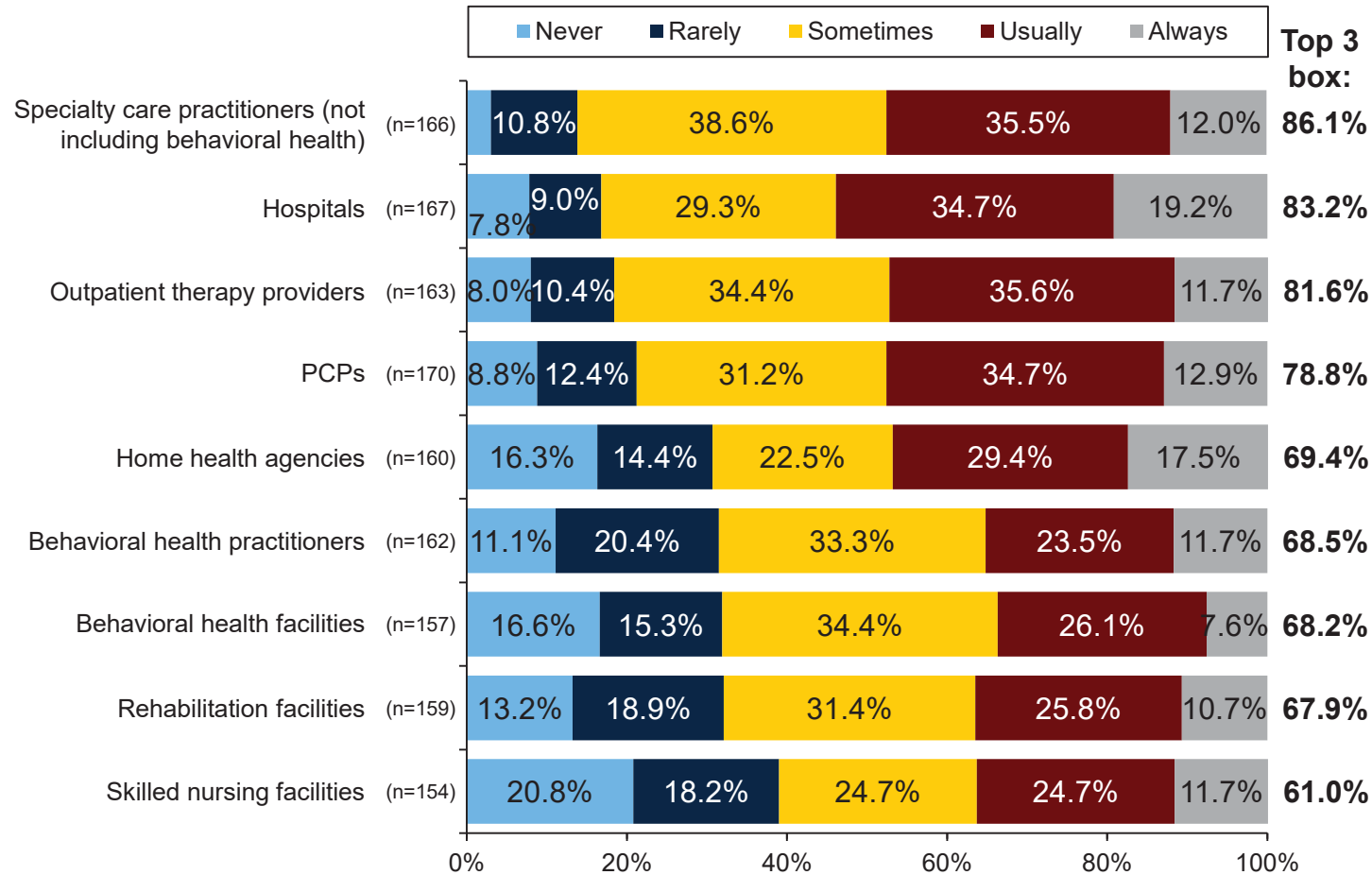
# Continuity and coordination of care

A slightly higher percentage of behavioral health care providers than in 2017 indicated that they typically initiate contact with PCPs in order to coordinate care, continuing a slight upward trend. Contact initiated by PCPs is stable.
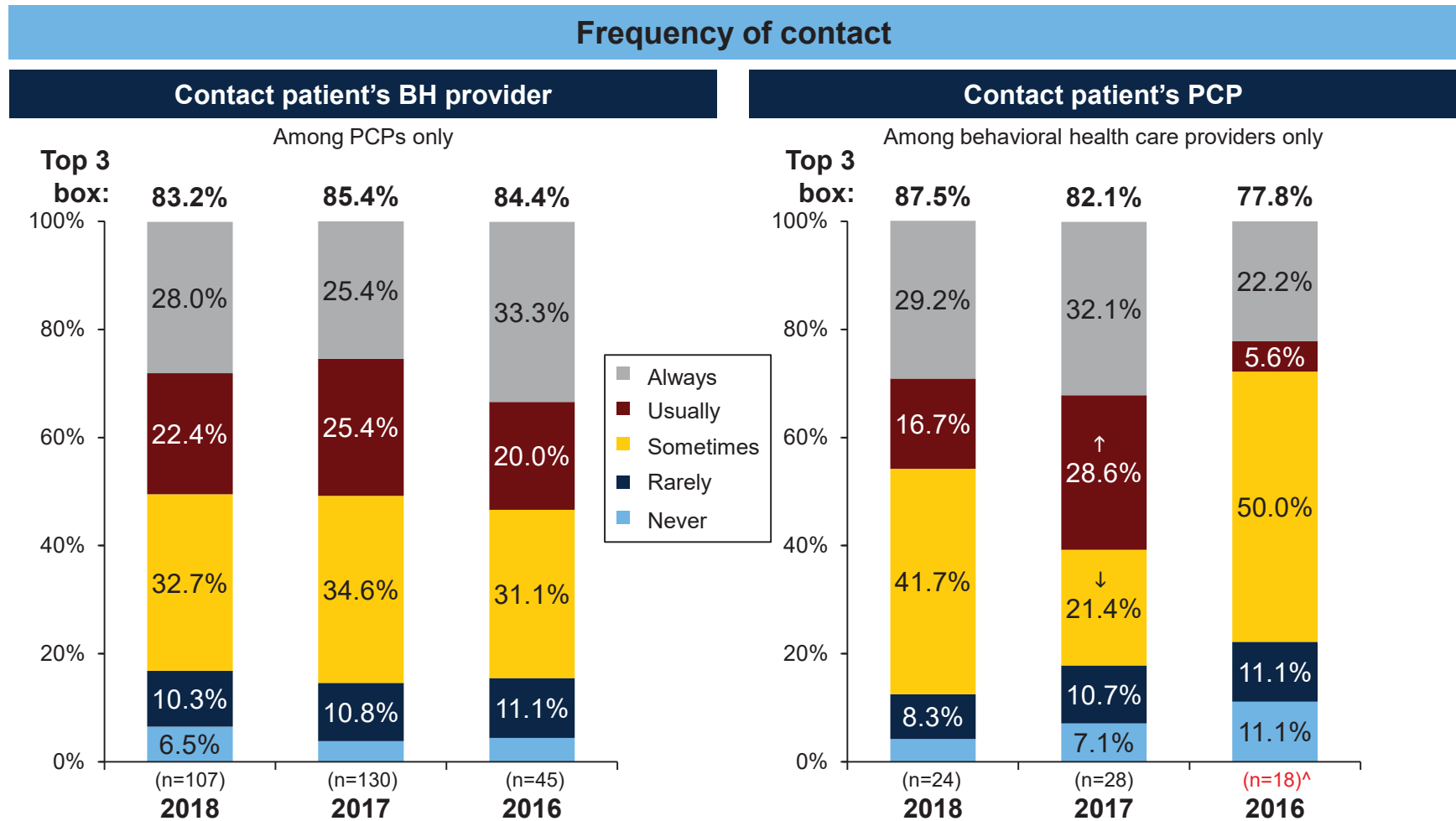
## Frequency of contact

### Contact patient's BH provider
#### Among PCPs only



### Contact patient's PCP
#### Among behavioral health care providers only



Q16. When you are informed by an Anthem member that he or she is actively receiving services from a behavioral health provider, how often do you contact that provider to coordinate care? Q17. When you receive an Anthem 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.

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# Cultural competency

Among the few who have used the free interpreter and/or translation services, the vast majority rated it highly.
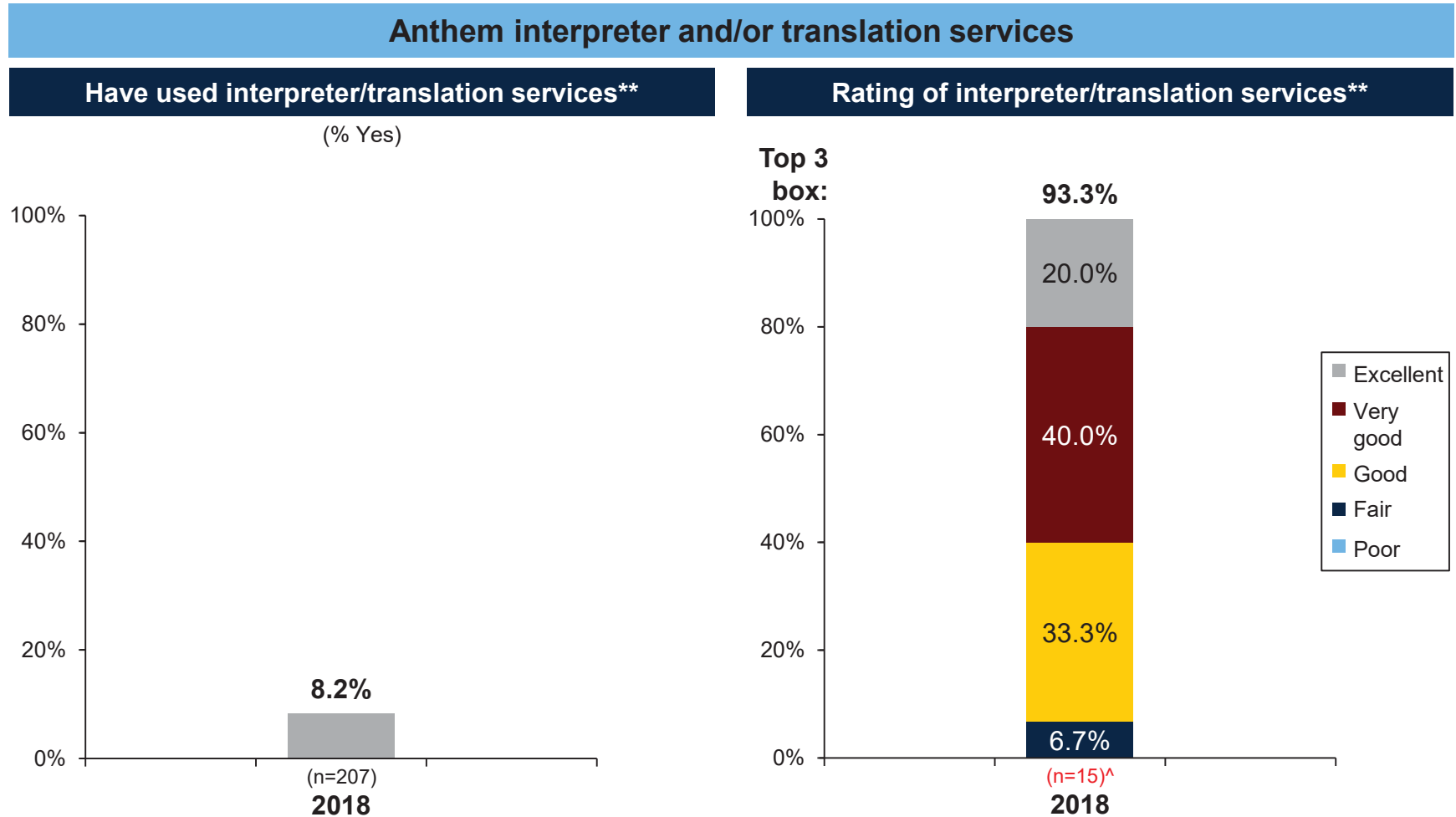
## Anthem interpreter and/or translation services

| Have used interpreter/translation services** | Rating of interpreter/translation services** |
| --- | --- |

(% Yes)



**8.2%**

(n=207)
**2018**

**Top 3 box:** **93.3%**

Excellent: 20.0%
Very good: 40.0%
Good: 33.3%
Fair: 6.7%

Legend:
- Excellent
- Very good
- Good
- Fair
- Poor

(n=15)^
**2018**

Q18. Have you utilized interpreter and/or translation services, offered free of charge, through the Health Plan? Q19. If you have used interpretation and/or translation services, how would you rate this service? A double asterisk (**) indicates a new question in 2018. A caret (^) indicates a base size smaller than 20. Interpret results with caution.

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## Cultural competency

Roughly one in six have used the Anthem cultural competency materials available on the website.

### Used Anthem online materials**
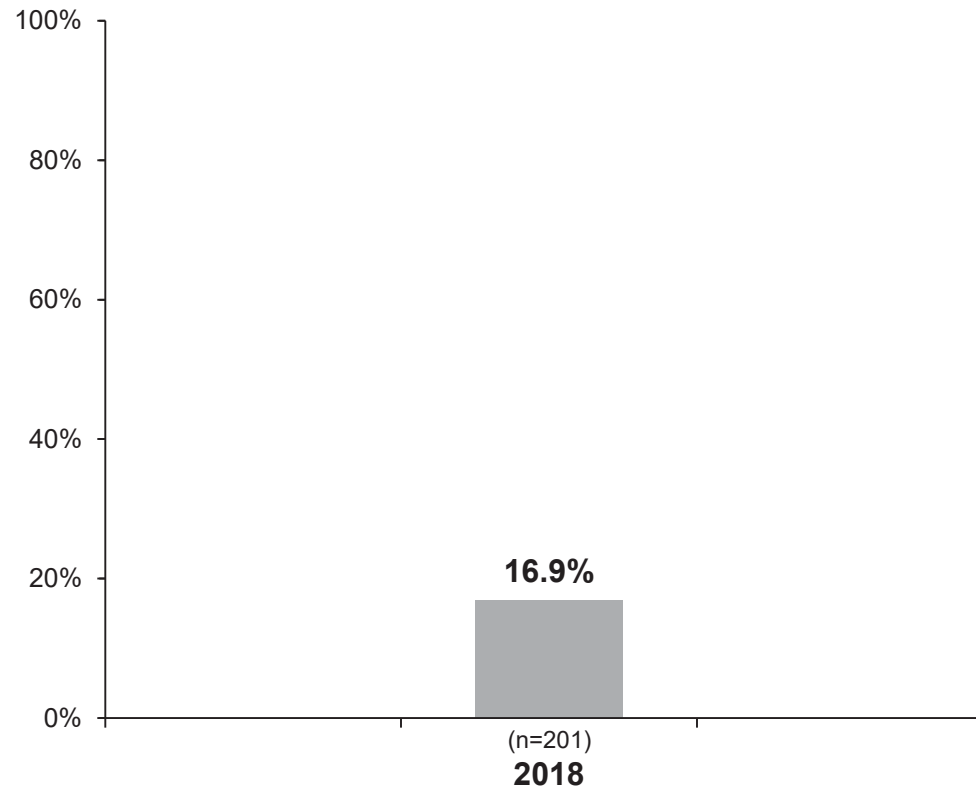
(% Yes)



Q20. Continuing Educational Programs, tools, a cultural competency training and other materials are available on the Health Plan's website to support your practice in providing culturally competent care. Have you taken advantage of these offerings? A double asterisk (**) indicates a new question in 2018.

## Respondent profile

| Individual completing survey | 2018 | 2017 | 2016 |
|---|---|---|---|
| Base: | (n=218) | (n=254) | (n=120) |
| Office manager | 60.1% | 58.3% | 55.8% |
| Physician (PCP) | 6.0% | 4.3% | 2.5% |
| Behavioral health practitioner | 3.2% | 3.1% | 5.8% |
| Physician (OB/GYN) | 1.4% | 0.0% | 0.0% |
| Physician (Specialist) | 0.9% | 0.8% | 2.5% |
| Other staff | 28.4% | 33.5% | 33.3% |
| **Provider type** | | | |
| Base: | (n=220) | (n=259) | (n=122) |
| BH | 11.4% | 11.2% | 18.0% |
| OB/GYN | 6.8% | 5.4% | 7.4% |
| PCP | 61.4% | 62.2%↑ | 49.2% |
| Specialist | 20.5% | 21.2% | 25.4% |
| **Practice type** | | | |
| Base: | (n=220) | (n=259) | (n=122) |
| Group | 88.2% | 88.4% | 88.5% |
| Solo | 11.8% | 11.6% | 11.5% |

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

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# Appendix: SatisAction™ key driver statistical model

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## Background

**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 Anthem providers.

- Measurement of the relative importance of each of these elements.

- Measurement of how well providers think Anthem performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by Anthem.

## Methodology

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

## Methodology

**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 Anthem 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 Anthem 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 Anthem 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, Anthem 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 Anthem performance is above average. Simply maintain performance on these items.

**POWeR™ Chart classification matrix**

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## Variables in the model

**The independent or predictor variables are:**

**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 the medical director's response to concerns

**Disease Management (DM)**

Q4aa. Telephonic assistance provided by staff

Q4ab. Member interventions by staff

Q4ac. Written program materials

Q4ad. Timing of distribution of program materials

Q4ae. Mode of delivery of program materials

Q4af. Frequency of delivery of program materials

Q4ag. Communications provided by case managers

Q4b. Helpfulness of staff providing services

Q4c. Helpfulness of Clinical Practice Guidelines in managing patients

**Local health plan provider services (PS)**

Q10a. Provider orientation and training process

Q10b. Information in the provider manual

**Communication and technology (C&T)**

Q11a. Provider manuals

Q11b. Provider newsletters

Q11c. General provider communications

**Continuity and coordination of care (CoC)**

Q13a. Timeliness of information exchange

Q13b. Accuracy of information exchange

Q13c. Clarity of information exchange

Q13d. 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 Anthem

# Factor analysis results

**Factor analysis**. Factor analysis reduced the 26 highly-correlated model variables to five orthogonal (uncorrelated) factors that explain 79.5% 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 |
|---|---|---|---|---|---|---|
| Q4af | Frequency of delivery of program materials | 0.8837 | | | | |
| Q4ae | Mode of delivery of program materials | 0.8686 | | | | |
| Q4ad | Timing of distribution of program materials | 0.8594 | | | | |
| Q4ag | Communications provided by case managers | 0.8523 | | | | |
| Q4c | Helpfulness of Clinical Practice Guidelines in managing patients | 0.8377 | | | | |
| Q4ab | Member interventions by staff | 0.8270 | | | | |
| Q4ac | Written program materials | 0.8199 | | | | |
| Q4b | Helpfulness of staff providing services | 0.8005 | | | | |
| Q4aa | Telephonic assistance provided by staff | 0.7655 | | | | |
| Q11b | Provider newsletters | 0.3389 | 0.8170 | | | |
| Q11a | Provider manuals | 0.3616 | 0.7950 | 0.2676 | | |
| Q11c | General provider communications | 0.2904 | 0.7567 | | | |
| Q10b | Information in the provider manual | | 0.6835 | | 0.3612 | |
| Q10a | Provider orientation and training process | 0.2770 | 0.6784 | | | |
| Q13b | Accuracy of information exchange | | | 0.8548 | 0.2792 | |
| Q13c | Clarity of information exchange | | | 0.8408 | 0.3096 | |
| Q13d | Sufficiency of information to coordinate care | | | 0.8307 | 0.2598 | |
| Q13a | Timeliness of information exchange | | 0.3021 | 0.8098 | | |
| Q1a | Timeliness of claims payment | | | | 0.8562 | |
| Q1b | Accuracy of claims payment | | | | 0.8150 | 0.2617 |
| Q1c | Clarity of the remittance advice | | | 0.2642 | 0.7791 | |
| Q24 | Satisfaction with provider enrollment process | | 0.2953 | 0.2991 | 0.5882 | |
| Q25 | Satisfaction with provider complaint systems | | 0.2908 | 0.3201 | 0.5280 | 0.2882 |
| Q2b | Efficiency of the UM process overall | | | 0.2662 | 0.3484 | 0.7845 |
| Q2a | Obtaining precertification/authorization for members | 0.2503 | | 0.2899 | 0.2687 | 0.7810 |
| Q2c | Timeliness of the medical director's response to concerns | 0.2985 | 0.2622 | | | 0.7172 |

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## Regression analysis results

**Regression analysis**. The five factors identified in the previous step were used as predictors in a regression model with Q23, 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 72.5% of the variation in the dependent variable ($R^2 = 0.725$).

## Regression coefficients

| Variable | Unstandardized coefficients | Standardized (Beta) coefficients | Significance level |
|---|---|---|---|
| Constant | 4.1076 | 0.0000 | 0.0000 |
| Factor 1 -- Q4af, Q4ae, Q4ad, Q4ag, Q4c, Q4ab, Q4ac, Q4b, Q4aa | 0.1253 | 0.1616 | 0.0006 |
| Factor 2 -- Q11b, Q11a, Q11c, Q10b, Q10a | 0.2595 | 0.2980 | 0.0000 |
| Factor 3 -- Q13b, Q13c, Q13d, Q13a | 0.3488 | 0.4276 | 0.0000 |
| Factor 4 -- Q1a, Q1b, Q1c, Q24, Q25 | 0.4831 | 0.5293 | 0.0000 |
| Factor 5 -- Q2b, Q2a, Q2c | 0.2294 | 0.2664 | 0.0000 |

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

**Performance.** Plan 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.

| Question | Survey items | Importance | Performance | Top-two-box/Top-three-box scores |
|---|---|---|---|---|
| Q1a | Timeliness of claims payment | 100 | 82 | 88.1% |
| Q1b | Accuracy of claims payment | 93 | 73 | 86.4% |
| Q13b | Accuracy of information exchange | 91 | 47 | 80.9% |
| Q13c | Clarity of information exchange | 89 | 47 | 80.9% |
| Q1c | Clarity of the remittance advice | 88 | 90 | 89.6% |
| Q13d | Sufficiency of information to coordinate care | 82 | 39 | 77.6% |
| Q13a | Timeliness of information exchange | 77 | 40 | 78.1% |
| Q2b | Efficiency of the UM process overall | 59 | 42 | 78.5% |
| Q24 | Satisfaction with provider enrollment process | 54 | 46 | 80.5% |
| Q2a | Obtaining precertification/authorization for members | 52 | 20 | 69.7% |
| Q11b | Provider newsletters | 52 | 50 | 82.1% |
| Q11a | Provider manuals | 52 | 50 | 82.1% |
| Q25 | Satisfaction with provider complaint systems | 51 | 0 | 61.2% |
| Q11c | General provider communications | 49 | 48 | 81.2% |
| Q10b | Information in the provider manual | 47 | 22 | 70.2% |
| Q2c | Timeliness of the medical director's response to concerns | 33 | 29 | 73.3% |
| Q10a | Provider orientation and training process | 24 | 1 | 61.5% |
| Q4b | Helpfulness of staff providing services | 9 | 67 | 85.4% |
| Q4c | Helpfulness of Clinical Practice Guidelines in managing patients | 6 | 50 | 82.1% |
| Q4ab | Member interventions by staff | 5 | 85 | 88.7% |
| Q4ad | Timing of distribution of program materials | 5 | 94 | 90.4% |
| Q4ae | Mode of delivery of program materials | 4 | 84 | 88.6% |
| Q4ag | Communications provided by case managers | 3 | 67 | 85.2% |
| Q4af | Frequency of delivery of program materials | 2 | 76 | 87.0% |
| Q4ac | Written program materials | 1 | 100 | 91.5% |
| Q4aa | Telephonic assistance provided by staff | 0 | 65 | 85.0% |

Top-three-box scores are shaded

## Opportunities for improvement

### Opportunities for improvement

**POWeR™ Chart.**

Finally, the importance and performance results are summarized in the classification matrix on page 7. 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 Anthem received below average performance ratings (listed in order of importance):
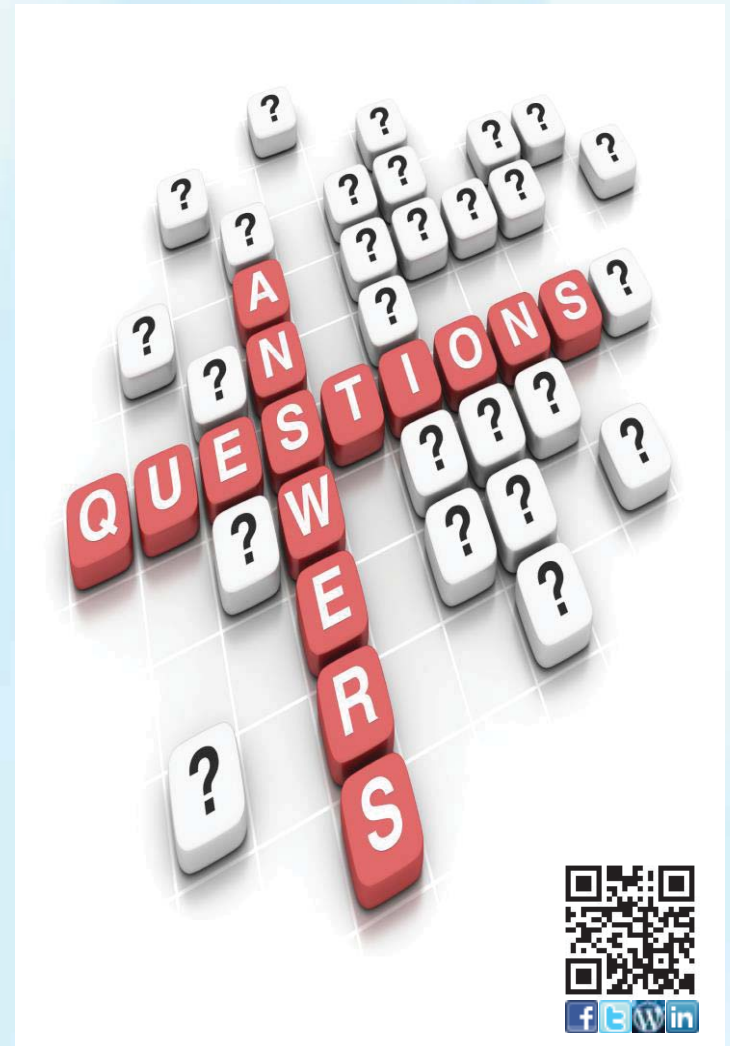
- Accuracy of information exchange.

- Clarity of information exchange.

- Sufficiency of information to coordinate care.

- Timeliness of information exchange.

- Efficiency of the UM process overall.

- Satisfaction with provider enrollment process.

- Obtaining precertification/authorization for members.

- Provider newsletters.

- Satisfaction with provider complaint systems.

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

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# Anthem Kentucky Provider Satisfaction 2017 Results

Prepared for:

**Anthem, Inc.**

October 2017

Prepared by:

DSS Research

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**DSS RESEARCH**

*Looking Beyond the Expected*

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## Background and objectives

**Background.** Anthem, Inc. contracted with DSS Research to conduct provider satisfaction surveys for its affiliate health plan, Anthem. This research can be used to provide rational direction for efforts to strengthen provider relationships.

**Objectives.** This research is designed to:

- Gauge satisfaction with Anthem overall and in the following areas:

  − Provider enrollment process and complaint systems.

  − Claims processing and provider reimbursement.

  − Utilization Management.

  − Quality Management.

  − Disease Management (DM).

  − Local health plan provider services.

  − Communication and technology.

  − Continuity and coordination of care.

- Compare current results to those previously recorded.

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## Methodology

**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 | June 30, 2017 |
| Follow-up mailing | July 21, 2017 |
| Began follow-up phone calls to non-responders | August 11, 2017 |
| Last day to accept completed surveys | September 1, 2017 |

**Sample design.**

- **Qualified respondents.** The population surveyed includes providers affiliated or contracted with Anthem.
- **Sample source.** Anthem, Inc. supplied the sample, including names and contact information for providers.
- **Sample size and response rate.**

| Sample size | Total undeliverable records | Undeliverable conversions to complete | Completes | Response rate | Adjusted response rate |
|---|---|---|---|---|---|
| 989 | 77 | 12 | 259 | 26.2% | 28.4% |

**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.

## Executive summary

**The overall satisfaction composite increased slightly among Kentucky providers.**

- 87% are very or somewhat satisfied with Anthem overall and 81% are satisfied with the provider enrollment process. These measures are stable.

- 62% are satisfied with the provider complaint systems, which is a slight increase from the 53% recorded last year.

- This change resulted in a slight increase in the overall satisfaction composite score (76% vs. 73%). The composite is the average of the scores for the three high-level satisfaction measures mentioned above.

**The SatisAction™ key driver analysis (illustrated on the following page) indicates that coordination of care is the most important driver of overall satisfaction.** However, Anthem performance in this area is lower than on many less important items.

- Improvements that increase satisfaction with the accuracy and clarity of information exchange (78% and 79%, respectively) have the most potential to increase the overall score.

- Additionally, the provider orientation and training process is also important and, with a score of 55%, performance on this measure is lower than on all other items.

**Measures in three areas shifted significantly from 2016.**

- Claims processing: Satisfaction with the timeliness of claims payment increased (95% vs. 88%).

- Communications: The rating of the provider newsletters increased (87% vs. 74%), along with the composite score (83% vs. 73%).

- Disease Management: A lower percentage perceive the programs as having a positive impact on a patient's health status (93% vs. 99%).

**Enrollment and interest in information about most of the Disease Management programs increased slightly.** The substance use disorder program stands out, as the percentage of providers who want more information about this program doubled (45% vs. 22%).

**No other measures changed significantly.**

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## Executive summary

### POWeR™ Chart for overall satisfaction with Anthem

#### POWeR™ Chart classification matrix
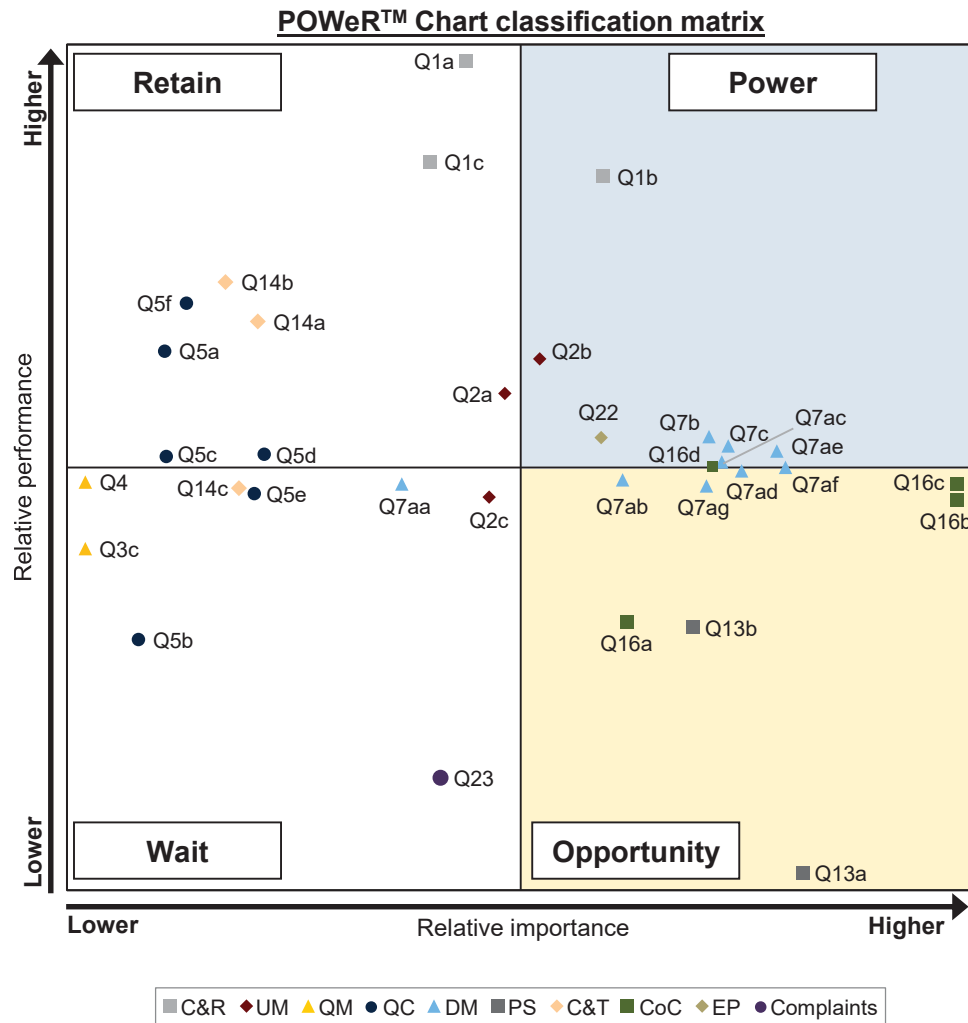


| | Survey Measure | Score |
|---|---|---|
| **Power** | | |
| Q7ae | Mode of delivery of program materials | *80.4% |
| Q7c | Helpfulness of Clinical Practice Guidelines in managing patients | *80.6% |
| Q7ac | Written program materials | *80.0% |
| Q16d | Sufficiency of information to coordinate care | 79.8% |
| Q7b | Helpfulness of staff providing services | *80.9% |
| Q1b | Accuracy of claims payment | 90.4% |
| Q22 | Satisfaction with provider enrollment process | 80.9% |
| Q2b | Efficiency of the UM process overall | 83.8% |
| **Opportunity** | | |
| Q16b | Accuracy of information exchange | 77.9% |
| Q16c | Clarity of information exchange | 78.8% |
| Q13a | Provider orientation and training process | 55.4% |
| Q7af | Frequency of delivery of program materials | *79.8% |
| Q7ad | Timing of distribution of program materials | *79.6% |
| Q7ag | Communications provided by case managers | *78.7% |
| Q13b | Information in the provider manual | 70.6% |
| Q16a | Timeliness of information exchange | 70.9% |
| Q7ab | Member interventions by staff | *79.1% |

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

* Denotes top-three-box scores.

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# Executive summary

## Composite summary

**Overall Satisfaction**

Very/Somewhat satisfied

- (n=255) 2017: **76.4%**
- (n=120) 2016: **72.5%**
- (n=282) 2015: **72.5%**

Legend: 2017 (gray), 2016 (dark red), 2015 (yellow)

**Claims Processing and Provider Reimbursement**

Very/Somewhat satisfied

- (n=233): **92.2%**
- (n=103): **89.1%**
- (n=272): **90.2%**

**Disease Management**

Excellent/Very good/Good

- (n=220): **79.8%**
- (n=102): **79.5%**
- (n=239): **80.9%**

**Utilization Management**

Very/Somewhat satisfied

- (n=245): **81.4%**
- (n=108): **75.3%**
- (n=276): **76.0%**

**Local Health Plan Provider Services**

Very satisfied/Satisfied

- (n=223): **63.0%**
- (n=93): **58.1%**
- (n=237): **60.5%**

**Quality Management**

Excellent/Very good/Good

- (n=255): **70.7%**
- (n=118): **66.5%**
- (n=278): **66.9%**

**Communication and Technology**

Excellent/Very good/Good

- (n=233): **83.4% ↑**
- (n=103): **73.0%**
- (n=252): **79.2%**

**Quality Care Initiatives***

Excellent/Very good/Good

- (n=231): **79.7%**

**Continuity and Coordination of Care**

Very/Somewhat satisfied

- (n=224): **76.9%**
- (n=100): **77.1%**
- (n=238): **74.8%**

An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new item in 2017.

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## Overall satisfaction

Overall satisfaction is stable among providers in Kentucky.



**Overall satisfaction with Anthem**

Top 2 box: **86.5%** **85.8%** **82.9%**

Legend:
- Very satisfied
- Somewhat satisfied
- Neither
- Somewhat dissatisfied
- Very dissatisfied

2017 (n=252): Very satisfied 31.3%, Somewhat satisfied 55.2%, Neither 8.7%
2016 (n=120): Very satisfied 25.8%, Somewhat satisfied 60.0%, Neither 7.5%
2015 (n=281): Very satisfied 33.1%, Somewhat satisfied 49.8%, Neither 8.2%, Somewhat dissatisfied 5.7%
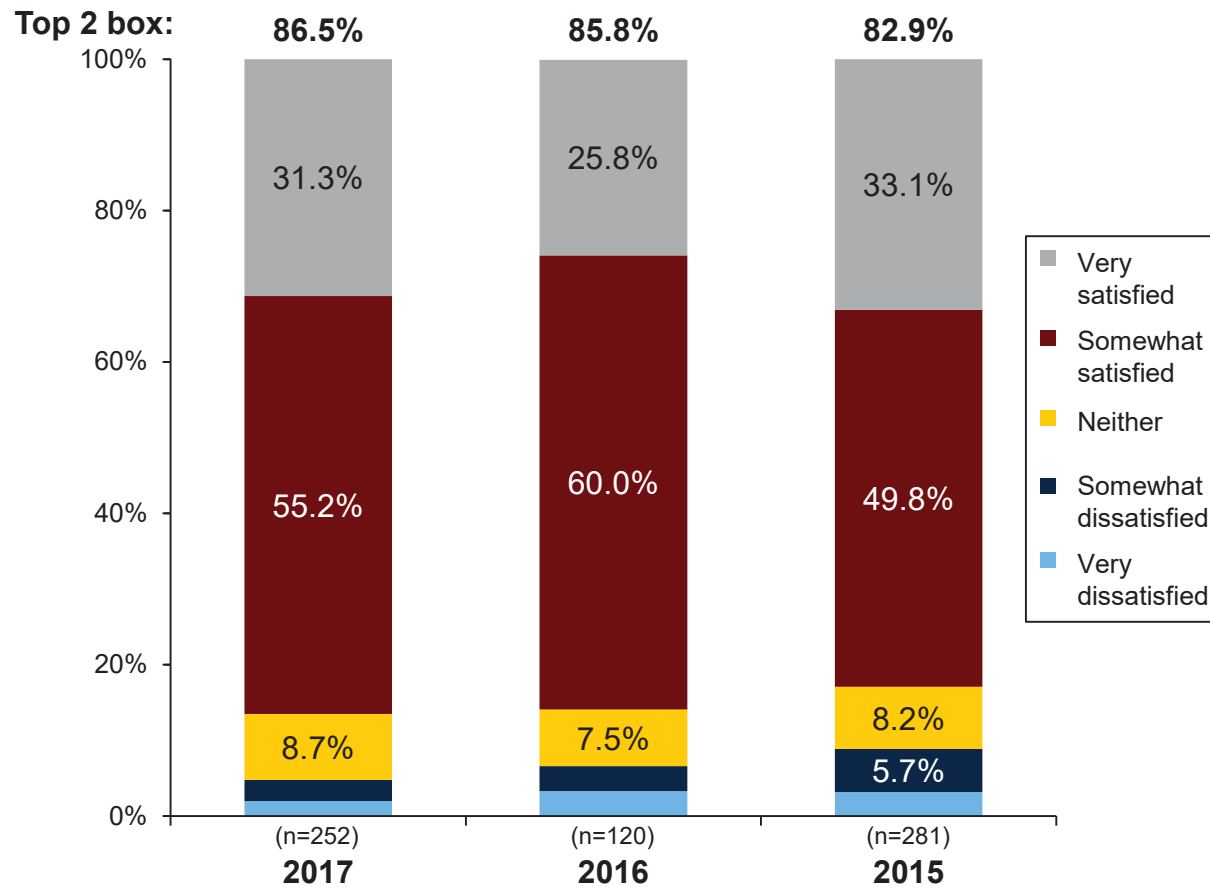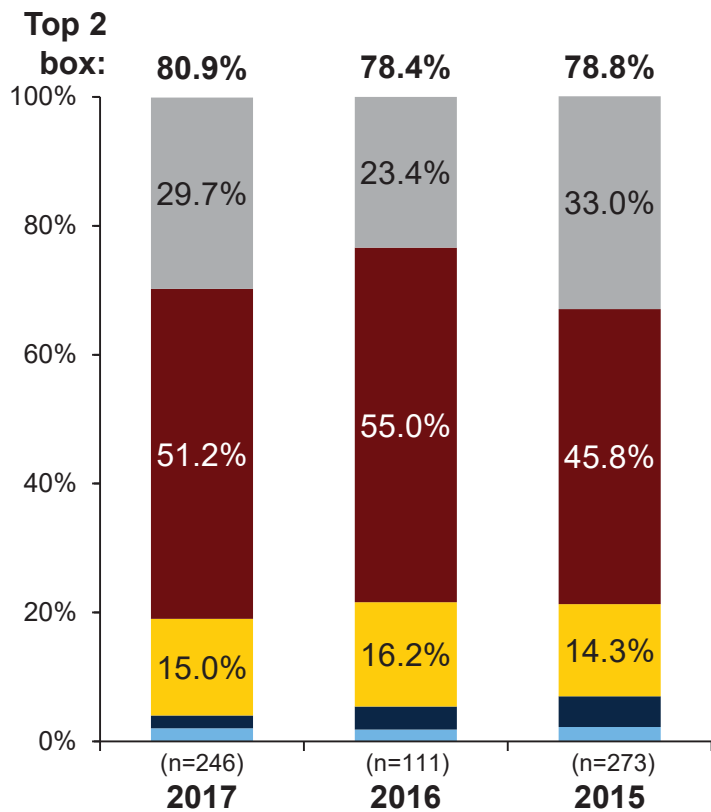
Q21. Please rate your overall satisfaction with Anthem. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.
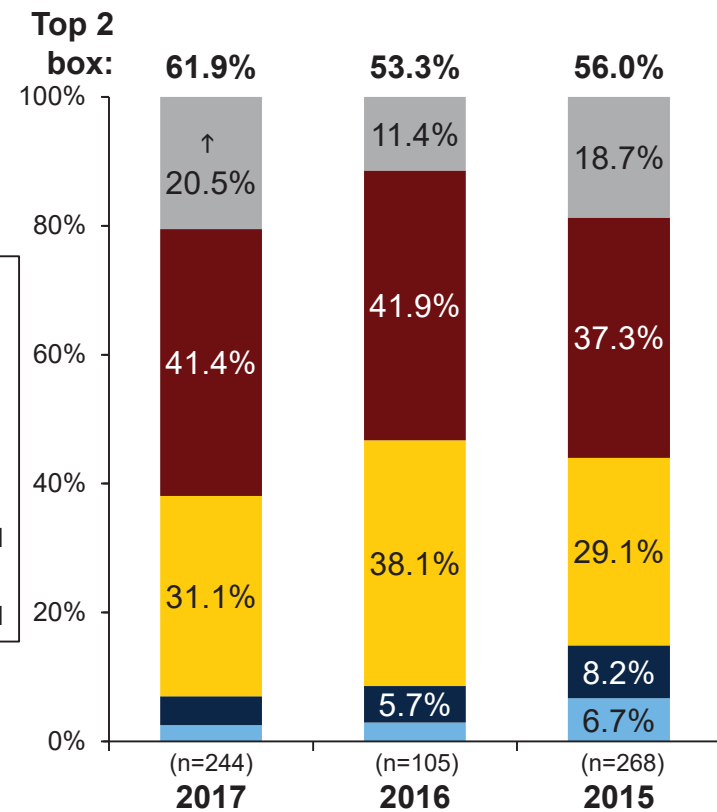
## Overall satisfaction

Satisfaction with the complaint systems increased slightly, driven by a significant increase in the percentage who are very satisfied with it.

### Satisfaction with other provider services

| Provider enrollment process | Provider complaint systems |

**Provider enrollment process**

Top 2 box:

| | 2017 | 2016 | 2015 |
|---|---|---|---|
| Top 2 box | 80.9% | 78.4% | 78.8% |
| Very satisfied | 29.7% | 23.4% | 33.0% |
| Somewhat satisfied | 51.2% | 55.0% | 45.8% |
| Neither | 15.0% | 16.2% | 14.3% |
| n | (n=246) | (n=111) | (n=273) |

**Provider complaint systems**

Top 2 box:

| | 2017 | 2016 | 2015 |
|---|---|---|---|
| Top 2 box | 61.9% | 53.3% | 56.0% |
| Very satisfied | ↑ 20.5% | 11.4% | 18.7% |
| Somewhat satisfied | 41.4% | 41.9% | 37.3% |
| Neither | 31.1% | 38.1% | 29.1% |
| Somewhat dissatisfied | | 5.7% | 8.2% |
| Very dissatisfied | | | 6.7% |
| n | (n=244) | (n=105) | (n=268) |

Legend:
- Very satisfied
- Somewhat satisfied
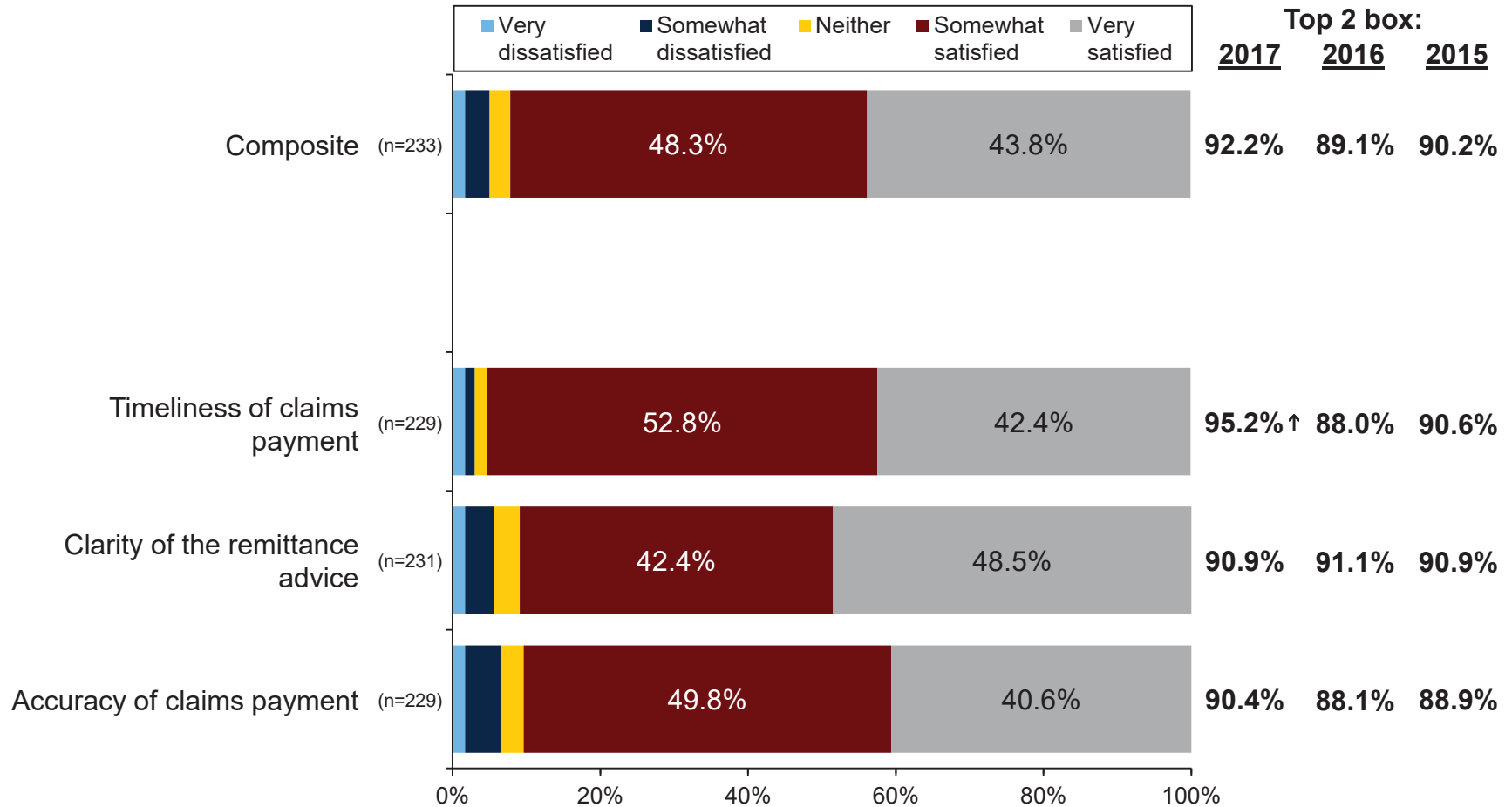- Neither
- Somewhat dissatisfied
- Very dissatisfied

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

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## Claims processing and provider reimbursement

Satisfaction with the timeliness of claims payment increased significantly, resulting in a slight increase in the average.



Satisfaction with claims payments and remittance advice

| | Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied | Top 2 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|---|
| Composite (n=233) | | | | 48.3% | 43.8% | 92.2% | 89.1% | 90.2% |
| Timeliness of claims payment (n=229) | | | | 52.8% | 42.4% | 95.2%↑ | 88.0% | 90.6% |
| Clarity of the remittance advice (n=231) | | | | 42.4% | 48.5% | 90.9% | 91.1% | 90.9% |
| Accuracy of claims payment (n=229) | | | | 49.8% | 40.6% | 90.4% | 88.1% | 88.9% |

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

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## Utilization Management

Each of these measures increased slightly, resulting in a slight increase in the average.



Satisfaction with Utilization Management process

Legend: Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied

| | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied | 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|
| Composite (n=245) | 5.3% | 9.5% | 52.7% | 28.8% | 81.4% | 75.3% | 76.0% |
| Efficiency of the Anthem utilization management process overall (n=240) | | 8.8% | 54.6% | 29.2% | 83.8% | 78.5% | 81.5% |
| Obtaining precertification and/or authorization for Anthem members (n=240) | 5.8% | 7.5% | 54.2% | 28.3% | 82.5% | 76.0% | 75.0% |
| Timeliness of the Anthem medical director's response to your concerns (n=219) | 5.9% | 12.3% | 49.3% | 28.8% | 78.1% | 71.6% | 71.5% |

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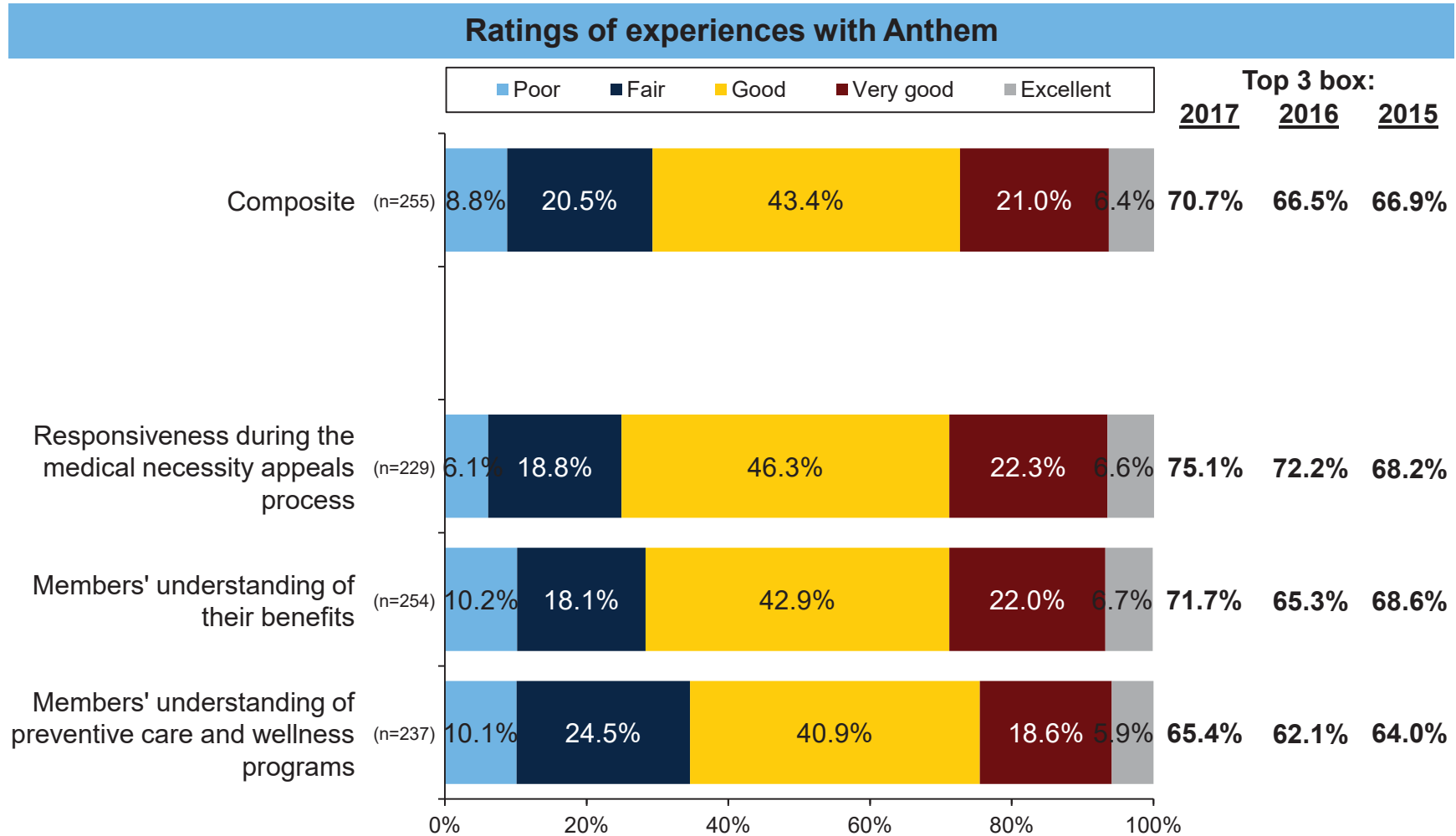
# Quality Management

The ratings of members' understanding of their benefits, preventive care and wellness programs increased slightly, resulting in a slight increase in the average.

## Ratings of experiences with Anthem

Legend: ■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

| | | Poor | Fair | Good | Very good | Excellent | Top 3 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|---|---|
| Composite | (n=255) | 8.8% | 20.5% | 43.4% | 21.0% | 6.4% | 70.7% | 66.5% | 66.9% |
| Responsiveness during the medical necessity appeals process | (n=229) | 6.1% | 18.8% | 46.3% | 22.3% | 6.6% | 75.1% | 72.2% | 68.2% |
| Members' understanding of their benefits | (n=254) | 10.2% | 18.1% | 42.9% | 22.0% | 6.7% | 71.7% | 65.3% | 68.6% |
| Members' understanding of preventive care and wellness programs | (n=237) | 10.1% | 24.5% | 40.9% | 18.6% | 5.9% | 65.4% | 62.1% | 64.0% |

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

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## Quality Management

The rating for the education provided by Anthem about how to maximize HEDIS performance is stable.
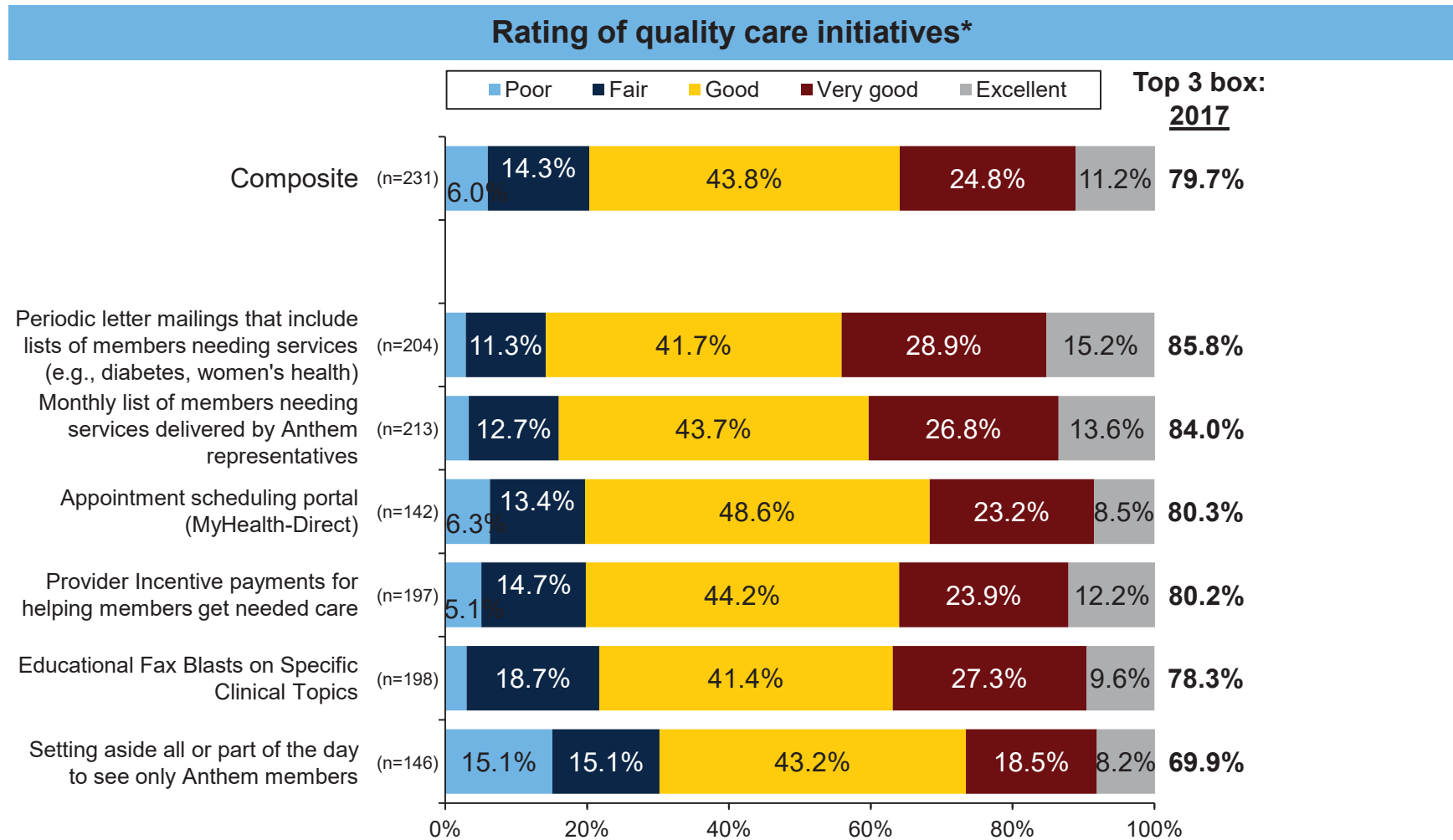


**Rating of HEDIS® education**
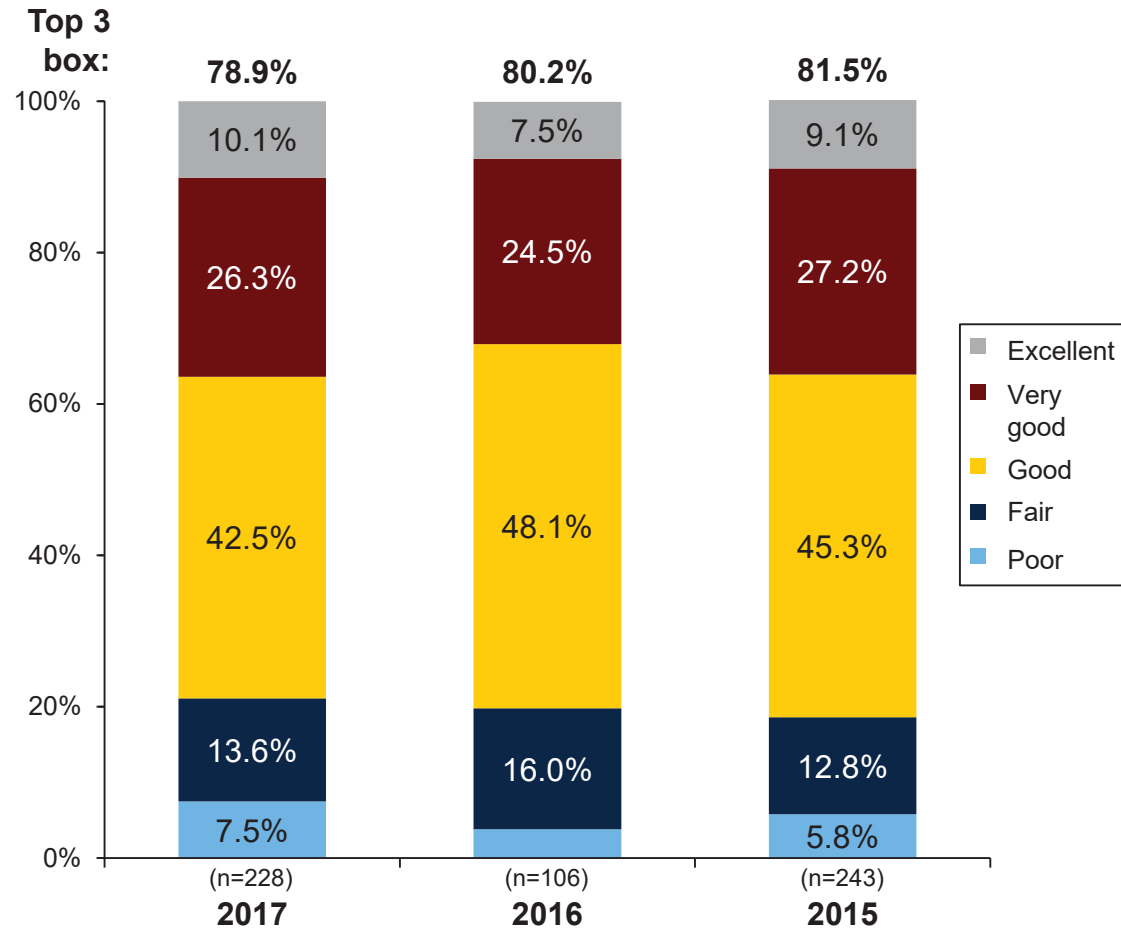
HEDIS is a registered trademark of the National Committee for Quality Assurance.
Q4. How would you describe the education provided to you by Anthem on data collection and reporting to maximize your HEDIS® performance? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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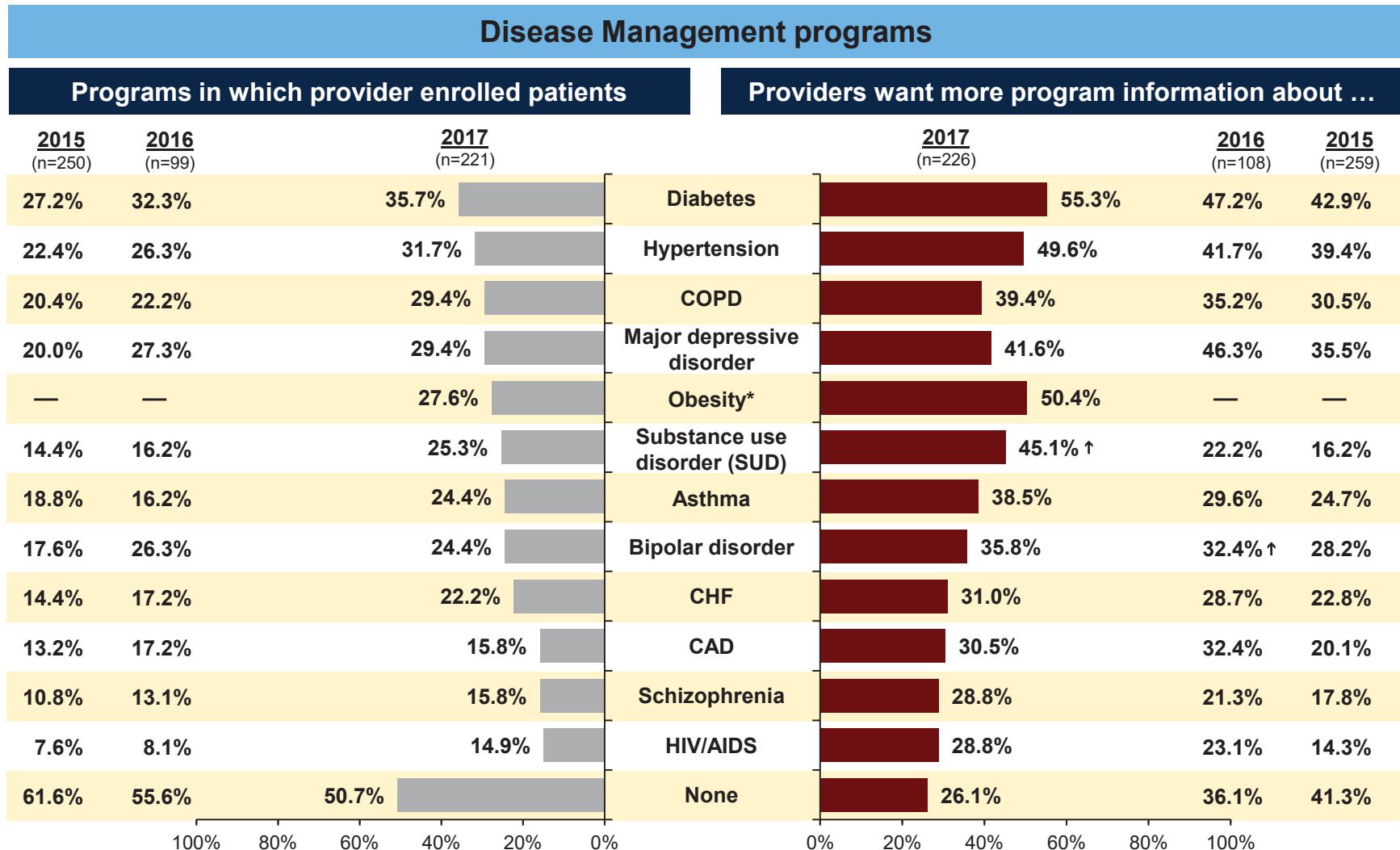
# Quality Management

On average, eight in 10 rated these quality care initiatives as excellent or good. The rating is highest for the periodic mailings that include lists of members needing services.

## Rating of quality care initiatives*

Legend: ■ Poor　■ Fair　■ Good　■ Very good　■ Excellent

**Top 3 box: 2017**

| Initiative | n | Poor | Fair | Good | Very good | Excellent | Top 3 box 2017 |
|---|---|---|---|---|---|---|---|
| Composite | (n=231) | 6.0% | 14.3% | 43.8% | 24.8% | 11.2% | **79.7%** |
| Periodic letter mailings that include lists of members needing services (e.g., diabetes, women's health) | (n=204) | | 11.3% | 41.7% | 28.9% | 15.2% | **85.8%** |
| Monthly list of members needing services delivered by Anthem representatives | (n=213) | | 12.7% | 43.7% | 26.8% | 13.6% | **84.0%** |
| Appointment scheduling portal (MyHealth-Direct) | (n=142) | 6.3% | 13.4% | 48.6% | 23.2% | 8.5% | **80.3%** |
| Provider Incentive payments for helping members get needed care | (n=197) | 5.1% | 14.7% | 44.2% | 23.9% | 12.2% | **80.2%** |
| Educational Fax Blasts on Specific Clinical Topics | (n=198) | | 18.7% | 41.4% | 27.3% | 9.6% | **78.3%** |
| Setting aside all or part of the day to see only Anthem members | (n=146) | 15.1% | 15.1% | 43.2% | 18.5% | 8.2% | **69.9%** |

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? An asterisk (*) indicates a new item in 2017.

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## Disease Management (DM)

Enrollment and interest in information about most of these programs increased. Most notably, interest in additional information regarding the substance use disorder program doubled in the last year and nearly tripled since 2015.
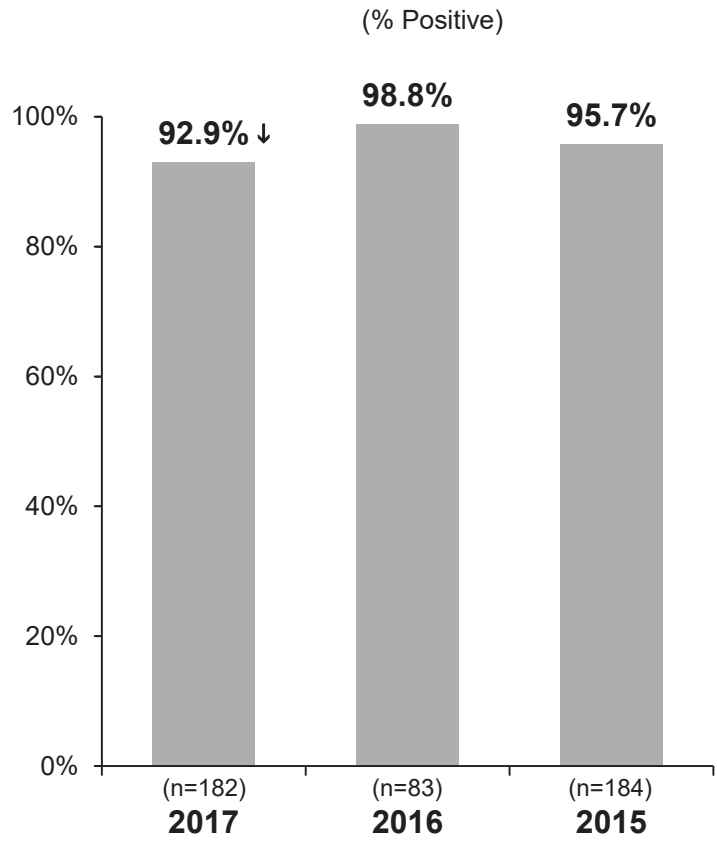
| Disease Management programs | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Programs in which provider enrolled patients** | | | | | **Providers want more program information about …** | | | |
| **2015** (n=250) | **2016** (n=99) | **2017** (n=221) | | | **2017** (n=226) | | **2016** (n=108) | **2015** (n=259) |
| 27.2% | 32.3% | 35.7% | | Diabetes | 55.3% | | 47.2% | 42.9% |
| 22.4% | 26.3% | 31.7% | | Hypertension | 49.6% | | 41.7% | 39.4% |
| 20.4% | 22.2% | 29.4% | | COPD | 39.4% | | 35.2% | 30.5% |
| 20.0% | 27.3% | 29.4% | | Major depressive disorder | 41.6% | | 46.3% | 35.5% |
| — | — | 27.6% | | Obesity* | 50.4% | | — | — |
| 14.4% | 16.2% | 25.3% | | Substance use disorder (SUD) | 45.1% ↑ | | 22.2% | 16.2% |
| 18.8% | 16.2% | 24.4% | | Asthma | 38.5% | | 29.6% | 24.7% |
| 17.6% | 26.3% | 24.4% | | Bipolar disorder | 35.8% | | 32.4% ↑ | 28.2% |
| 14.4% | 17.2% | 22.2% | | CHF | 31.0% | | 28.7% | 22.8% |
| 13.2% | 17.2% | 15.8% | | CAD | 30.5% | | 32.4% | 20.1% |
| 10.8% | 13.1% | 15.8% | | Schizophrenia | 28.8% | | 21.3% | 17.8% |
| 7.6% | 8.1% | 14.9% | | HIV/AIDS | 28.8% | | 23.1% | 14.3% |
| 61.6% | 55.6% | 50.7% | | None | 26.1% | | 36.1% | 41.3% |

Q6. In which program(s) did you enroll your patients? Q11. Please check the DM programs you would like more information about: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. An asterisk (*) indicates a new item in 2017.

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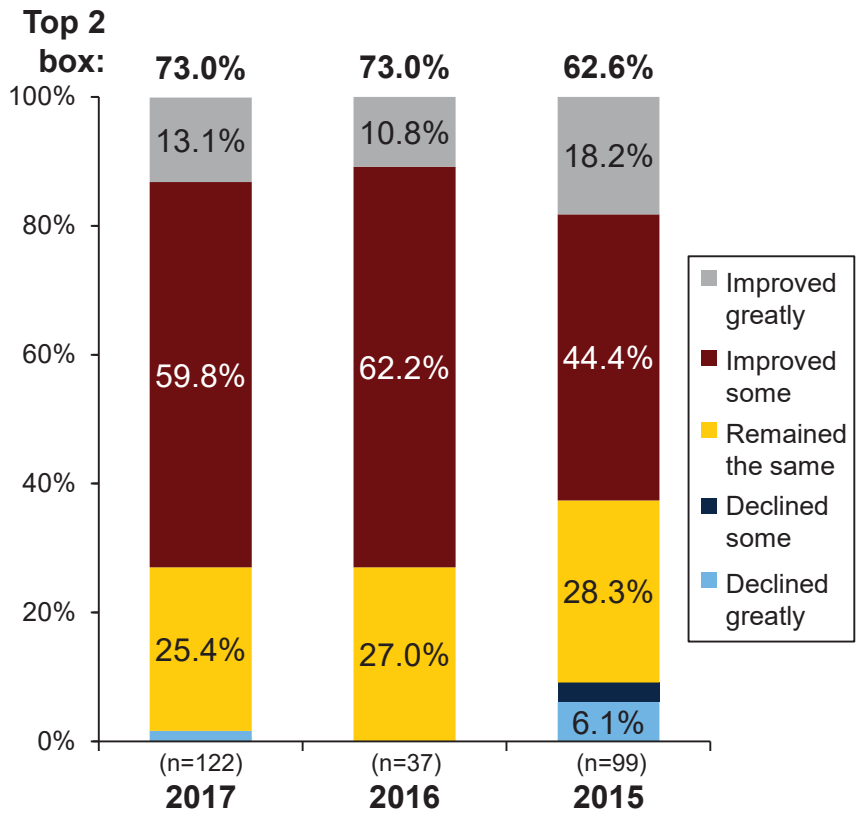
## Disease Management

While the vast majority indicated that they perceive disease management programs as having a positive impact on a patient's health status, this measure decreased significantly from last year, when nearly all perceived a positive impact.

### Overall ratings of DM programs

**Impact of disease management programs**

(% Positive)

- 2017 (n=182): 92.9% ↓
- 2016 (n=83): 98.8%
- 2015 (n=184): 95.7%

**Patient quality of life has …**

Top 2 box:
- 2017 (n=122): 73.0%
  - Improved greatly: 13.1%
  - Improved some: 59.8%
  - Remained the same: 25.4%
- 2016 (n=37): 73.0%
  - Improved greatly: 10.8%
  - Improved some: 62.2%
  - Remained the same: 27.0%
- 2015 (n=99): 62.6%
  - Improved greatly: 18.2%
  - Improved some: 44.4%
  - Remained the same: 28.3%
  - Declined greatly: 6.1%

Legend:
- Improved greatly
- Improved some
- Remained the same
- Declined some
- Declined greatly

In 2017, 21.6% 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 Anthem DM program(s), has patient quality of life … An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

## Disease Management

One in four indicated that their patients are using more services as a result of participation in a DM program. Recommendation of the programs decreased slightly, but remains above 85%.
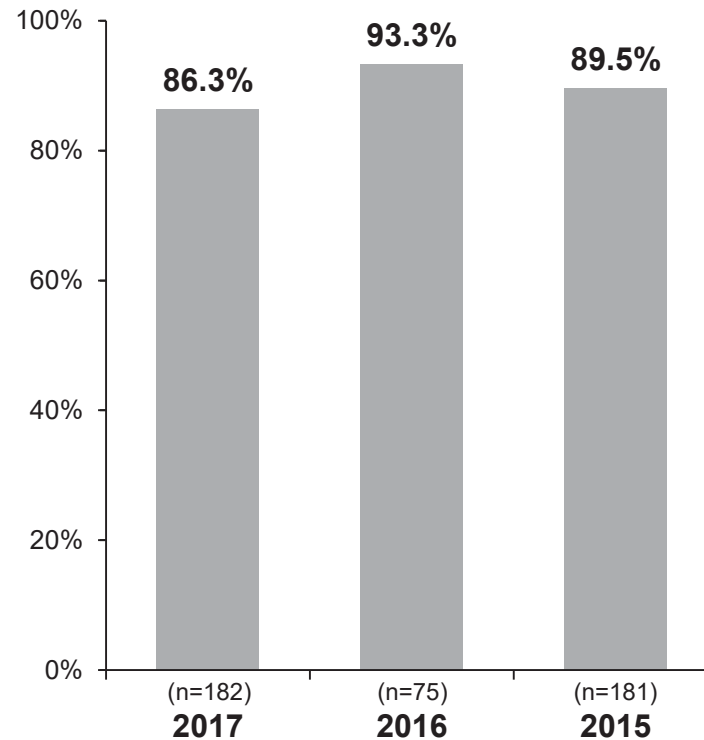
### Overall ratings of DM programs (cont'd)
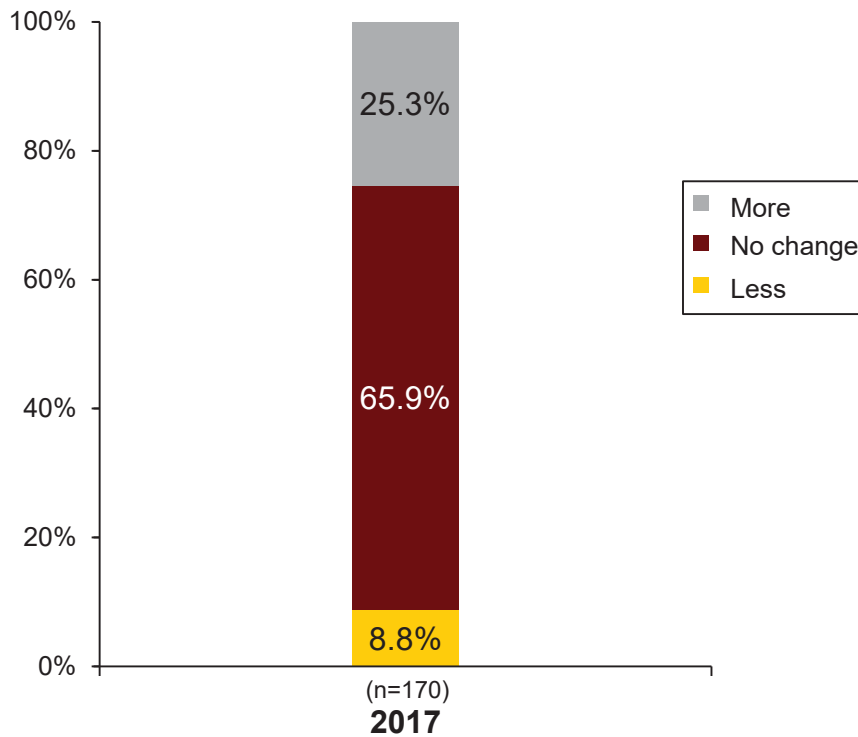
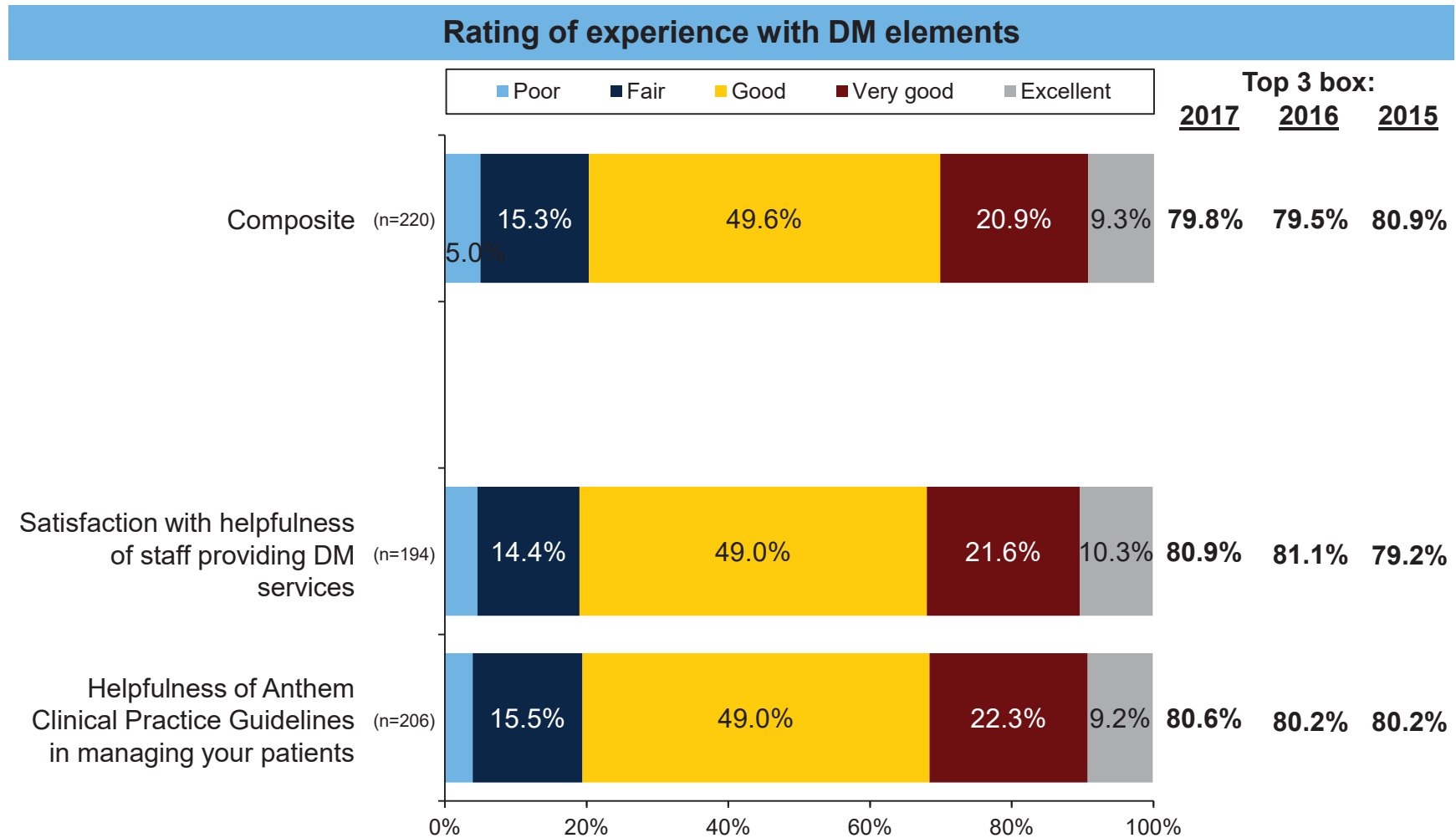| Patient usage of services** | Would recommend to other providers |
|---|---|

(% Yes)



Q9. Are patients using more or less of services as a result of participation in a DM program? Q12. Would you recommend the Anthem DM program(s) to other providers? A double asterisk (**) indicates a new item in 2017. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.
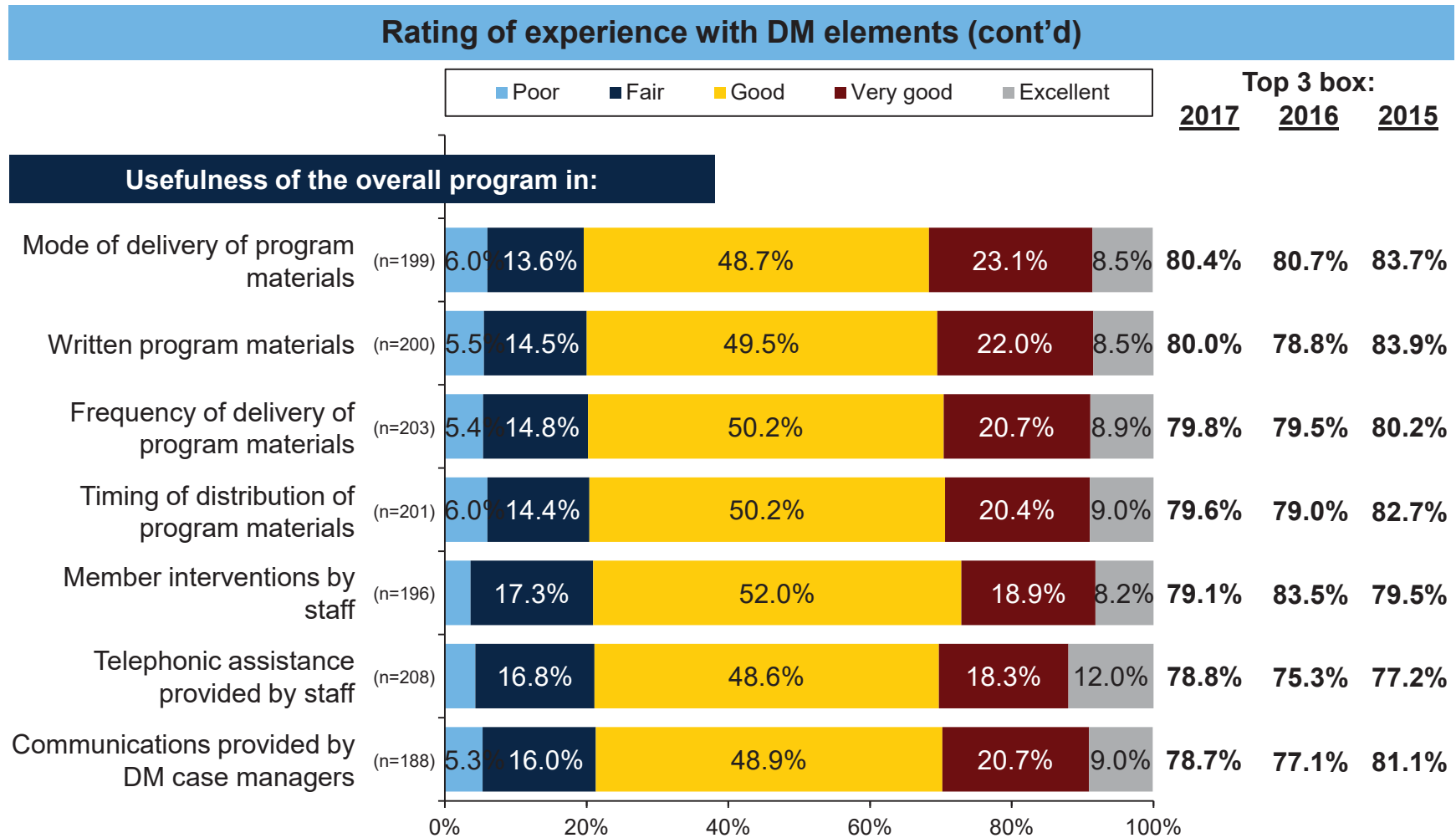
## Disease Management

These measures are stable.

### Rating of experience with DM elements



Legend: Poor ■ Fair ■ Good ■ Very good ■ Excellent

| | | Top 3 box: | | |
|---|---|---|---|---|
| | | 2017 | 2016 | 2015 |
| Composite (n=220) | Poor 5.0%, Fair 15.3%, Good 49.6%, Very good 20.9%, Excellent 9.3% | 79.8% | 79.5% | 80.9% |
| Satisfaction with helpfulness of staff providing DM services (n=194) | Fair 14.4%, Good 49.0%, Very good 21.6%, Excellent 10.3% | 80.9% | 81.1% | 79.2% |
| Helpfulness of Anthem Clinical Practice Guidelines in managing your patients (n=206) | Fair 15.5%, Good 49.0%, Very good 22.3%, Excellent 9.2% | 80.6% | 80.2% | 80.2% |

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

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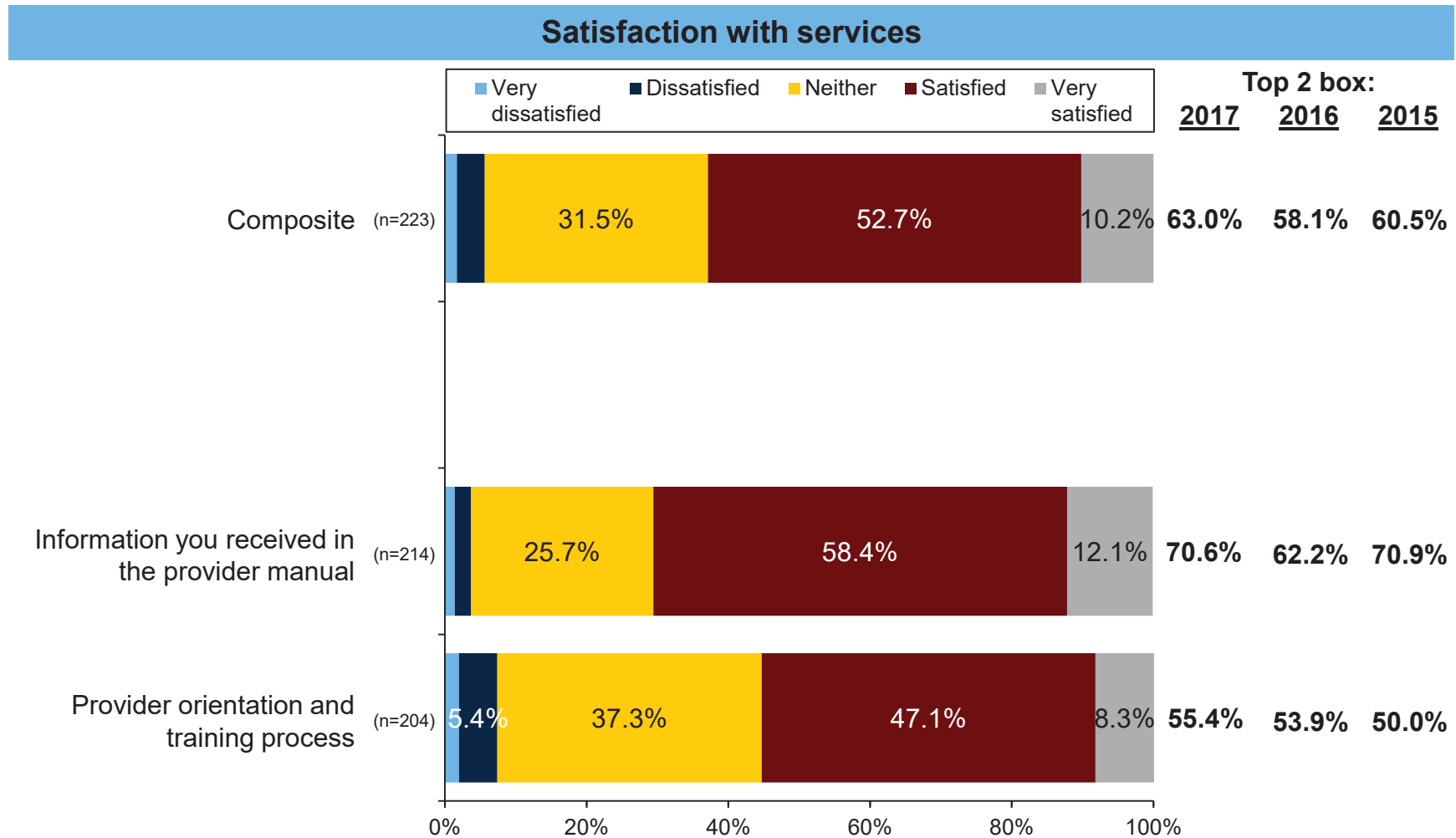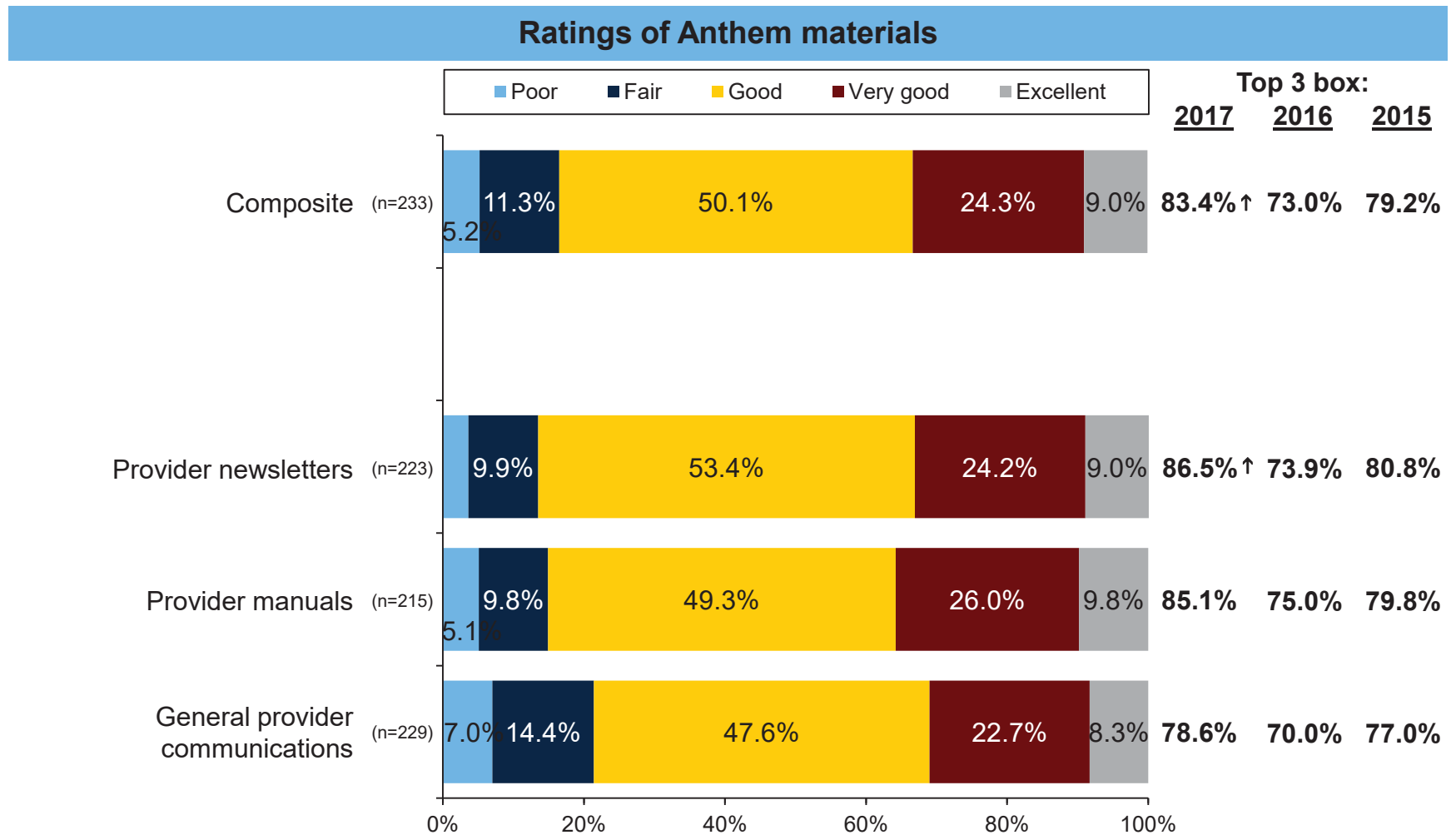RFP 758 2000000202

## Disease Management

The rating of the telephonic assistance provided by staff increased slightly, but the rating for the member interventions by staff decreased slightly.

### Rating of experience with DM elements (cont'd)

Legend: ■ Poor  ■ Fair  ■ Good  ■ Very good  ■ Excellent

**Usefulness of the overall program in:**

| | Poor | Fair | Good | Very good | Excellent | Top 3 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|---|
| Mode of delivery of program materials (n=199) | 6.0% | 13.6% | 48.7% | 23.1% | 8.5% | 80.4% | 80.7% | 83.7% |
| Written program materials (n=200) | 5.5% | 14.5% | 49.5% | 22.0% | 8.5% | 80.0% | 78.8% | 83.9% |
| Frequency of delivery of program materials (n=203) | 5.4% | 14.8% | 50.2% | 20.7% | 8.9% | 79.8% | 79.5% | 80.2% |
| Timing of distribution of program materials (n=201) | 6.0% | 14.4% | 50.2% | 20.4% | 9.0% | 79.6% | 79.0% | 82.7% |
| Member interventions by staff (n=196) | | 17.3% | 52.0% | 18.9% | 8.2% | 79.1% | 83.5% | 79.5% |
| Telephonic assistance provided by staff (n=208) | | 16.8% | 48.6% | 18.3% | 12.0% | 78.8% | 75.3% | 77.2% |
| Communications provided by DM case managers (n=188) | 5.3% | 16.0% | 48.9% | 20.7% | 9.0% | 78.7% | 77.1% | 81.1% |

(x-axis: 0% 20% 40% 60% 80% 100%)

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

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# Local health plan provider services

Satisfaction with the information received in the provider manual increased slightly, resulting in a slight increase in the average.

## Satisfaction with services

Legend: ■ Very dissatisfied  ■ Dissatisfied  ■ Neither  ■ Satisfied  ■ Very satisfied

| | | Top 2 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|
| Composite (n=223) | 31.5% / 52.7% / 10.2% | 63.0% | 58.1% | 60.5% |
| Information you received in the provider manual (n=214) | 25.7% / 58.4% / 12.1% | 70.6% | 62.2% | 70.9% |
| Provider orientation and training process (n=204) | 5.4% / 37.3% / 47.1% / 8.3% | 55.4% | 53.9% | 50.0% |

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

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# Communication and technology

Each of these measures increased, one significantly so, resulting in a significant increase in the average.

## Ratings of Anthem materials

Legend: ■ Poor　■ Fair　■ Good　■ Very good　■ Excellent

| | | Top 3 box: | | |
| --- | --- | --- | --- | --- |
| | | 2017 | 2016 | 2015 |
| Composite (n=233) | Poor 5.2% / Fair 11.3% / Good 50.1% / Very good 24.3% / Excellent 9.0% | 83.4% ↑ | 73.0% | 79.2% |
| Provider newsletters (n=223) | Fair 9.9% / Good 53.4% / Very good 24.2% / Excellent 9.0% | 86.5% ↑ | 73.9% | 80.8% |
| Provider manuals (n=215) | Poor 5.1% / Fair 9.8% / Good 49.3% / Very good 26.0% / Excellent 9.8% | 85.1% | 75.0% | 79.8% |
| General provider communications (n=229) | Poor 7.0% / Fair 14.4% / Good 47.6% / Very good 22.7% / Excellent 8.3% | 78.6% | 70.0% | 77.0% |

Q14. Please rate the quality and effectiveness of the following Anthem materials: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

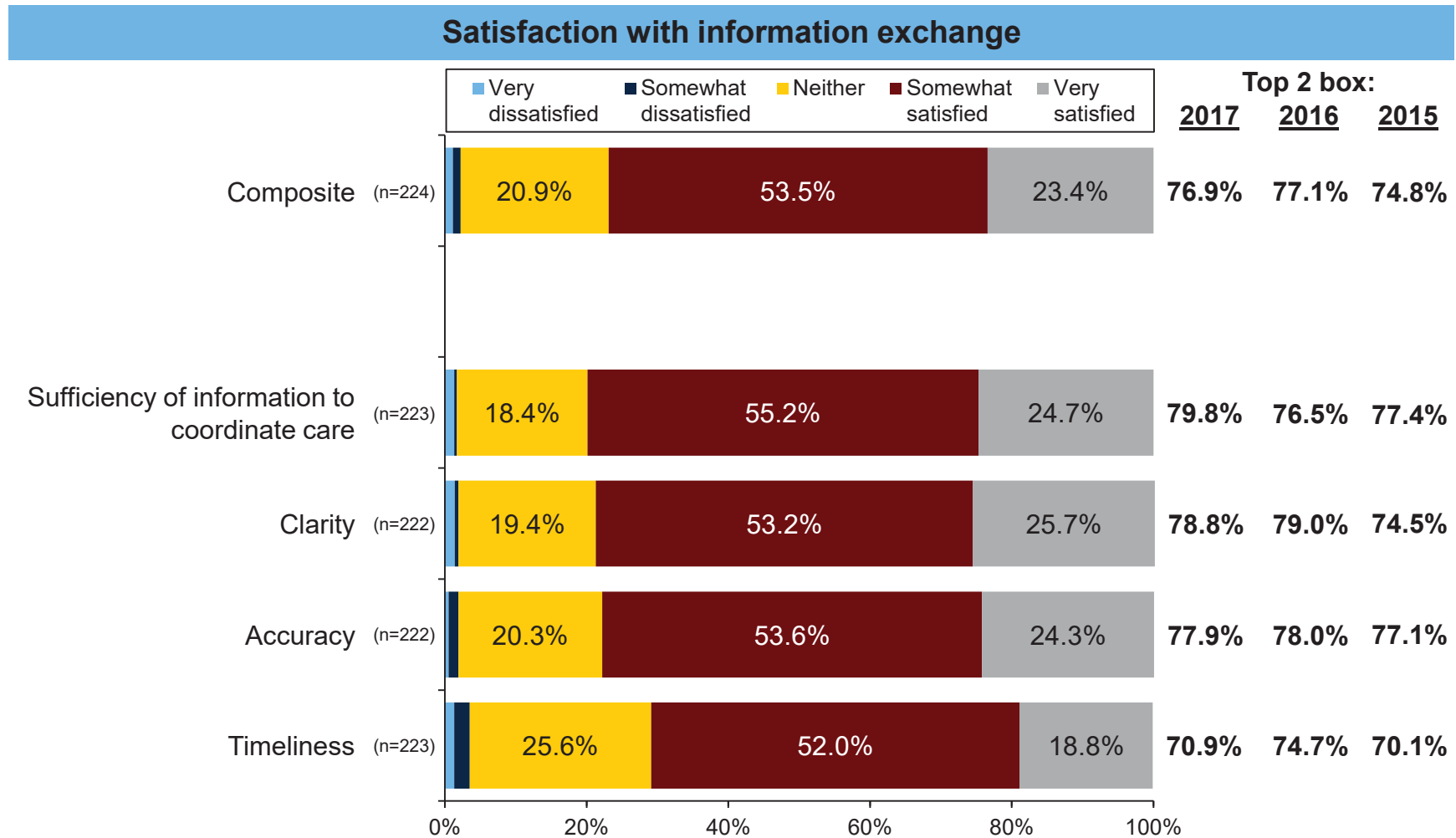Medicaid Managed Care Organization (MCO) - All Regions
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## Communication and technology

Among those who would like to be contacted by a health plan representative, participation in a Quality Incentive Program remains the most common topic that providers would like to discuss.

| Information providers want to discuss (All mentions) | 2017 | 2016 | 2015 |
|---|---|---|---|
| Base: | (n=103) | (n=35) | (n=103) |
| Participation in a Quality Incentive Program | 68.9% | 62.9% | 53.4% |
| Why HEDIS measures are important | 44.7% | 34.3% | 29.1% |
| Innovative programs my practice employs | 39.8% | 42.9% | 26.2% |
| Initiation of electronic claims processing | 38.8% | 42.9% | 33.0% |
| Providing after-hours care in my practice | 31.1% | 17.1% | 21.4% |
| Claims/denials/billing/payments (slow, inaccurate) | 2.9% | 8.6% | 5.8% |
| Negative mentions about representatives | 1.9% | 0.0% | 0.0% |
| Enrollment/credentialing/contracts | 1.9% | 5.7% | 7.8% |
| Other HEDIS mentions | 1.0% | 0.0% | 0.0% |
| Customer service/Provider Rep issues | 1.0% | 0.0% | 0.0% |
| Other issues | 1.9% | 0.0% | 0.0% |
| No need for contact/none/nothing/N/A | 7.8% | 2.9% | 2.9% |

Q24. 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.

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## Continuity and coordination of care

The rating of the quality of case management services increased slightly.
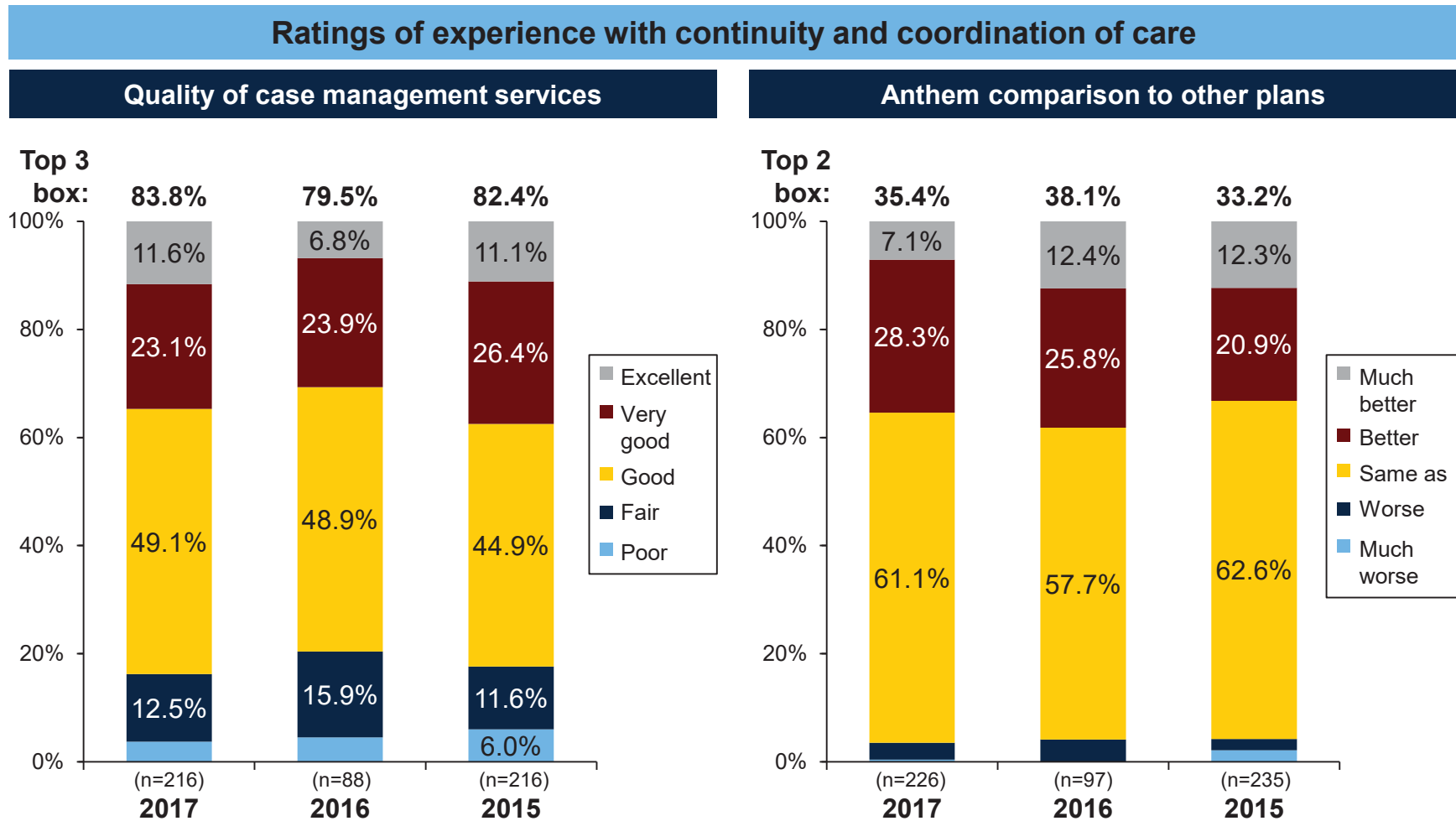


Q17. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q18. How does the Anthem continuity and coordination of care compare to other Medicaid/Medicare Advantage plans? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

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## Continuity and coordination of care

Satisfaction with the sufficiency of information to coordinate care increased slightly, while satisfaction with the timeliness of the information exchange decreased slightly.



**Satisfaction with information exchange**

Legend: Very dissatisfied | Somewhat dissatisfied | Neither | Somewhat satisfied | Very satisfied

| | | Neither | Somewhat satisfied | Very satisfied | Top 2 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|
| Composite | (n=224) | 20.9% | 53.5% | 23.4% | 76.9% | 77.1% | 74.8% |
| Sufficiency of information to coordinate care | (n=223) | 18.4% | 55.2% | 24.7% | 79.8% | 76.5% | 77.4% |
| Clarity | (n=222) | 19.4% | 53.2% | 25.7% | 78.8% | 79.0% | 74.5% |
| Accuracy | (n=222) | 20.3% | 53.6% | 24.3% | 77.9% | 78.0% | 77.1% |
| Timeliness | (n=223) | 25.6% | 52.0% | 18.8% | 70.9% | 74.7% | 70.1% |

Q16. Please rate your experience with Anthem 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.

## Continuity and coordination of care

Communications from most of these sources increased slightly and are trending upward.

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

Legend: ■ Never  ■ Rarely  ■ Sometimes  ■ Usually  ■ Always

| | | Never | Rarely | Sometimes | Usually | Always | Top 3 box: 2017 | 2016 | 2015 |
|---|---|---|---|---|---|---|---|---|---|
| Hospitals | (n=239) | | 7.5% | 28.9% | 33.5% | 25.5% | 87.9% | 82.0% | 73.8% |
| Specialty care practitioners (not including behavioral health) | (n=235) | 6.8% | 8.9% | 31.9% | 35.3% | 17.0% | 84.3% | 81.3%↑ | 65.4% |
| Outpatient therapy providers | (n=232) | 8.6% | 10.8% | 29.7% | 35.3% | 15.5% | 80.6% | 80.2% | 71.0% |
| PCPs | (n=224) | 6.7% | 12.9% | 32.6% | 29.5% | 18.3% | 80.4% | 76.9% | 68.5% |
| Home health agencies | (n=230) | 14.3% | 9.6% | 21.7% | 30.4% | 23.9% | 76.1% | 69.7% | 64.0% |
| Rehabilitation facilities | (n=230) | 13.5% | 16.1% | 27.8% | 28.7% | 13.9% | 70.4% | 69.5% | 64.4% |
| Behavioral health practitioners | (n=228) | 16.7% | 16.2% | 26.8% | 28.9% | 11.4% | 67.1% | 66.0%↑ | 48.5% |
| Skilled nursing facilities | (n=217) | 16.1% | 17.5% | 27.6% | 24.0% | 14.7% | 66.4% | 60.0% | 54.3% |
| Behavioral health facilities | (n=229) | 15.3% | 19.2% | 29.3% | 26.2% | 10.0% | 65.5% | 64.4%↑ | 53.2% |

0%   20%   40%   60%   80%   100%

Q15. 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

A slightly higher percentage of behavioral health care providers than in 2016 indicated that they typically contact their new patient's PCP to coordinate care.

## Frequency of contact

### Contact patient's BH provider
Among PCPs only



Top 3 box: **85.4%**  **84.4%**  **78.6%**

| | 2017 (n=130) | 2016 (n=45) | 2015 (n=112) |
|---|---|---|---|
| Always | 25.4% | 33.3% | 27.7% |
| Usually | 25.4% | 20.0% | 21.4% |
| Sometimes | 34.6% | 31.1% | 29.5% |
| Rarely | 10.8% | 11.1% | 17.0% |

### Contact patient's PCP
Among behavioral health care providers only

Top 3 box: **82.1%**  **77.8%**  **76.5%**

| | 2017 (n=28) | 2016 (n=18)^ | 2015 (n=34) |
|---|---|---|---|
| Always | 32.1% | 22.2% | 14.7% |
| Usually | ↑ 28.6% | 5.6% | 23.5% |
| Sometimes | ↓ 21.4% | 50.0% | 38.2% |
| Rarely | 10.7% | 11.1% | 20.6% |
| Never | 7.1% | 11.1% | |

**Legend:** Always, Usually, Sometimes, Rarely, Never

Q19. When you are informed by an Anthem member that he or she is actively receiving services from a behavioral health provider, how often do you contact that provider to coordinate care? Q20. When you receive an Anthem 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.

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## Respondent profile

| Individual completing survey | 2017 | 2016 | 2015 |
|---|---|---|---|
| Base: | (n=254) | (n=120) | (n=270) |
| Office manager | 58.3% | 55.8% | 57.4% |
| Physician (PCP) | 4.3% | 2.5% | 5.9% |
| Behavioral health practitioner | 3.1% | 5.8% | 8.1% |
| Physician (Specialist) | 0.8% | 2.5% | 6.3% |
| Physician (OB/GYN) | 0.0% | 0.0% | 0.7% |
| Other staff | 33.5% | 33.3% ↑ | 21.5% |
| **Provider type** | | | |
| Base: | (n=259) | (n=122) | (n=286) |
| BH | 11.2% | 18.0% | 12.9% |
| OB/GYN | 5.4% | 7.4% | 3.1% |
| PCP | 62.2% ↑ | 49.2% | 45.5% |
| Specialist | 21.2% | 25.4% ↓ | 38.5% |
| **Practice type** | | | |
| Base: | (n=259) | (n=122) | (n=286) |
| Group | 88.4% | 88.5% ↑ | 75.9% |
| Solo | 11.6% | 11.5% ↓ | 24.1% |

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

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# Appendix: SatisAction™ key driver statistical model

## Background

**Overview.** The SatisAction$^{TM}$ 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 Anthem providers.

- Measurement of the relative importance of each of these elements.

- Measurement of how well providers think Anthem performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by Anthem.

## Methodology

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

## Methodology

**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 Anthem 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 Anthem 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 Anthem 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, Anthem 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 Anthem performance is above average. Simply maintain performance on these items.

**POWeR™ Chart classification matrix**

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# Variables in the model

**The independent or predictor variables are:**

**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

**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 (DM)**
- 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

**Communication and technology (C&T)**
- Q14a. Provider manuals
- Q14b. Provider newsletters
- Q14c. General provider communications

**Continuity and coordination of care (CoC)**
- Q16a. Timeliness of information exchange
- Q16b. Accuracy of information exchange
- Q16c. Clarity of information exchange
- Q16d. Sufficiency of information to coordinate care

**Enrollment process (EP)**
- Q22. Satisfaction with provider enrollment process

**Complaint systems (Complaints)**
- Q23. Satisfaction with provider complaint systems

**The dependent variable is:**
- Q21. Overall satisfaction with Anthem

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# Factor analysis results

**Factor analysis**. Factor analysis reduced the 34 highly-correlated model variables to seven orthogonal (uncorrelated) factors that explain 76.1% 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 | 7 |
| Q7ae | Mode of delivery of program materials | 0.8577 | | | | | | |
| Q7af | Frequency of delivery of program materials | 0.8529 | 0.2519 | | | | | |
| Q7ag | Communications provided by case managers | 0.8343 | | | | | | |
| Q7ad | Timing of distribution of program materials | 0.8322 | 0.2504 | | | | | |
| Q7ac | Written program materials | 0.8294 | | | | | | |
| Q7c | Helpfulness of Clinical Practice Guidelines in managing patients | 0.7928 | 0.2506 | | | | | |
| Q7b | Helpfulness of staff providing services | 0.7868 | | 0.2812 | | | | |
| Q7ab | Member interventions by staff | 0.7607 | 0.2502 | 0.2579 | | | | |
| Q7aa | Telephonic assistance provided by staff | 0.6617 | 0.2769 | | | | | |
| Q5d | Appointment scheduling portal | 0.2846 | 0.7881 | | | | | |
| Q5c | Provider incentive payments | 0.2974 | 0.7010 | | | | | |
| Q5b | Seeing only members | | 0.6736 | | | | | 0.2580 |
| Q5f | Periodic mailings | 0.3046 | 0.6561 | | | | | |
| Q5a | List of members needing services | 0.2893 | 0.6493 | | | | | |
| Q5e | Educational fax blasts | 0.4225 | 0.6152 | | | 0.2617 | | |
| Q4 | Rating of HEDIS education | 0.3720 | 0.3757 | | | 0.3291 | | |
| Q16c | Clarity of information exchange | | | 0.8630 | | | | |
| Q16b | Accuracy of information exchange | | | 0.8623 | | | | |
| Q16d | Sufficiency of information to coordinate care | 0.3055 | | 0.7664 | | | | |
| Q16a | Timeliness of information exchange | 0.3291 | | 0.7172 | | | | |
| Q2b | Efficiency of the UM process overall | | | | 0.8294 | | | |
| Q2a | Obtaining precertification/authorization for members | | | | 0.8120 | | | |
| Q2c | Timeliness of response to concerns | | | | 0.7699 | 0.2823 | | |
| Q3c | Responsiveness during appeals process | | | | 0.4407 | 0.3356 | | |
| Q14b | Provider newsletters | 0.3880 | | | | 0.8020 | | |
| Q14a | Provider manuals | 0.3801 | | | | 0.7840 | | |
| Q14c | General provider communications | 0.3567 | | | | 0.7480 | | |
| Q1b | Accuracy of claims payment | | | | 0.2709 | | 0.8441 | |
| Q1a | Timeliness of claims payment | | | | | | 0.8097 | |
| Q1c | Clarity of the remittance advice | | | | | | 0.7842 | |
| Q13a | Provider orientation and training process | 0.2518 | | | | | | 0.7603 |
| Q13b | Information in the provider manual | 0.2902 | | | | 0.3374 | | 0.7027 |
| Q22 | Satisfaction with provider enrollment process | | | | | | 0.2594 | 0.6423 |
| Q23 | Satisfaction with provider complaint systems | | | 0.3307 | 0.3278 | | 0.2554 | 0.5017 |

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# Regression analysis results

**Regression analysis**. The seven 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 63.2% of the variation in the dependent variable ($R^2 = 0.632$).

## Regression coefficients

| Variable | Unstandardized coefficients | Standardized (Beta) coefficients | Significance level |
|---|---|---|---|
| Constant | 4.1791 | 0.0000 | 0.0000 |
| Factor 1 -- Q7ae, Q7af, Q7ag, Q7ad, Q7ac, Q7c, Q7b, Q7ab, Q7aa | 0.2110 | 0.3285 | 0.0000 |
| Factor 2 -- Q5d, Q5c, Q5b, Q5f, Q5a, Q5e, Q4 | 0.1423 | 0.2265 | 0.0000 |
| Factor 3 -- Q16c, Q16b, Q16d, Q16a | 0.2443 | 0.3594 | 0.0000 |
| Factor 4 -- Q2b, Q2a, Q2c, Q3c | 0.1919 | 0.2877 | 0.0000 |
| Factor 5 -- Q14b, Q14a, Q14c | 0.0887 | 0.1406 | 0.0011 |
| Factor 6 -- Q1b, Q1a, Q1c | 0.1897 | 0.2968 | 0.0000 |
| Factor 7 -- Q13a, Q13b, Q22, Q23 | 0.2825 | 0.4067 | 0.0000 |

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

**Performance.** Plan 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.

Top-three-box scores are shaded

| Question | Survey items | Importance | Performance | Top-two-box/Top-three-box scores |
|---|---|---|---|---|
| Q16b | Accuracy of information exchange | 100 | 46 | 77.9% |
| Q16c | Clarity of information exchange | 100 | 48 | 78.8% |
| Q13a | Provider orientation and training process | 81 | 0 | 55.4% |
| Q7af | Frequency of delivery of program materials | 79 | 50 | 79.8% |
| Q7ae | Mode of delivery of program materials | 78 | 52 | 80.4% |
| Q7ad | Timing of distribution of program materials | 74 | 50 | 79.6% |
| Q7c | Helpfulness of Clinical Practice Guidelines in managing patients | 73 | 53 | 80.6% |
| Q7ac | Written program materials | 72 | 51 | 80.0% |
| Q16d | Sufficiency of information to coordinate care | 71 | 50 | 79.8% |
| Q7b | Helpfulness of staff providing services | 71 | 54 | 80.9% |
| Q7ag | Communications provided by case managers | 70 | 48 | 78.7% |
| Q13b | Information in the provider manual | 69 | 31 | 70.6% |
| Q16a | Timeliness of information exchange | 62 | 32 | 70.9% |
| Q7ab | Member interventions by staff | 61 | 49 | 79.1% |
| Q1b | Accuracy of claims payment | 59 | 84 | 90.4% |
| Q22 | Satisfaction with provider enrollment process | 59 | 54 | 80.9% |
| Q2b | Efficiency of the UM process overall | 52 | 63 | 83.8% |
| Q2a | Obtaining precertification/authorization for members | 48 | 59 | 82.5% |
| Q2c | Timeliness of response to concerns | 47 | 46 | 78.1% |
| Q1a | Timeliness of claims payment | 44 | 100 | 95.2% |
| Q23 | Satisfaction with provider complaint systems | 41 | 13 | 61.9% |
| Q1c | Clarity of the remittance advice | 40 | 86 | 90.9% |
| Q7aa | Telephonic assistance provided by staff | 37 | 48 | 78.8% |
| Q5d | Appointment scheduling portal | 22 | 52 | 80.3% |
| Q14a | Provider manuals | 21 | 67 | 85.1% |
| Q5e | Educational fax blasts | 21 | 47 | 78.3% |
| Q14c | General provider communications | 19 | 48 | 78.6% |
| Q14b | Provider newsletters | 17 | 72 | 86.5% |
| Q5f | Periodic mailings | 13 | 69 | 85.8% |
| Q5c | Provider incentive payments | 11 | 51 | 80.2% |
| Q5a | List of members needing services | 11 | 64 | 84.0% |
| Q5b | Seeing only members | 8 | 30 | 69.9% |
| Q3c | Responsiveness during appeals process | 1 | 40 | 75.1% |
| Q4 | Rating of HEDIS education | 0 | 48 | 78.9% |

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## Opportunities for improvement

## 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 Anthem received below average performance ratings (listed in order of importance):

- Accuracy of information exchange.

- Clarity of information exchange.

- Provider orientation and training process.

- Frequency of delivery of program materials.

- Timing of distribution of program materials.

- Communications provided by case managers.

- Information in the provider manual.

- Timeliness of information exchange.

- Member interventions by staff.

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

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