

Provider Satisfaction Survey Report - REQUIRED Kentucky Medicaid

Consumer Experience & SPH Analytics
July 2019





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Objective & Methodology



Purpose of this research:

- For NCQA accreditation and an improved health partner experience
- To understand how KY Medicaid providers rate the Humana-CareSource Utilization Management and Quality (Care) Management service and procedures
- To learn how providers perceive network quality and what are key specialist gaps and barriers to a stronger access
- To understand how providers rate each other on submission & timeliness of consult reports before and after PCPs' referrals to BH /Other Specialists – as well as PCPs and BH Specialists' preferences on report content and frequency
- To learn the demographics of the Humana-CareSource KY Medicaid providers

Who we talked to:

- Providers Contracted with Kentucky Medicaid
 - Total sample size of providers: 69,031
 - Providers eligible after deduping: 5,094
 - Members that responded to call: 1,669
 - Full survey completes: 415

Provider Type (Database)	n = 415
PCP	13.0%
Specialist	79.5%
Behavioral Health	7.5%

Methodology:

- Phone (3 attempts per provider).
- Questionnaire included 28 required provider satisfaction questions and 7 demographic questions
 - 4 Questions specific to Specialists and Behavioral Health Practitioners
 - 2 Questions specific to Behavioral Health Practitioners
 - 10 Questions specific to PCPs



Topline Results: What we're doing well

Provider Satisfaction - KY Medicaid



When receiving referrals, Specialists and Behavioral Health providers excel at sending the PCP information about the consultation (Q3C and Q3D)

- 75% of Specialists and Behavioral Health Practitioners 'always' or 'often' send the PCP notification of the results from the consultation (Q3C). This summary rate score is the highest it has been over the past three years.
- 74% of Specialists and Behavioral Health Practitioners 'always' or 'often' send the information from the consultation within one month (Q3D). This summary rate score is also higher than the 2018 and 2017 summary rate scores.

When referring patients, Primary Care providers excel at sending Specialists the patient's history and reason for consultation (Q7A and Q7B)

- 92% of Primary Care providers 'always' or 'often' send the patient's history and reason for consultation to the specialist (Q7A). No respondents said they 'never' send this information.
- 98% of Primary Care providers 'always' or 'often' send the patient's history prior to the office visit (Q7B). Continue to strive for excellence in this area.



Provider Satisfaction - KY Medicaid

The Number of Specialists in the Provider Network was the lowest rated attribute among all providers (Q2A)



- 21% of respondents rated Humana-CareSource Medicaid as 'well above average' or 'somewhat above average' on the number of specialists in their provider network.
- Only 8% of respondents gave a rating of 'well above average' in this area.
- Although both the summary rate score and top box score are higher than the 2018 and 2017 scores, there is still room to improve.

The ratings for PCPs providing Specialists and Behavioral Health Practitioners with sufficient information have decreased from trending years (Q3A)



- When receiving a referral, 67% of specialists and behavioral health practitioners said PCPs 'always' or 'often' provide them with sufficient relevant clinical information.
- Although the 2019 scores are consistent with the 2018 scores, both the summary rate score and top box score have significantly decreased from 2017.

The ratings for Behavioral Health Practitioners sending information back to the PCP is trending downward (Q5C)



- When referring patients to behavioral health practitioners, 35% of PCPs said they 'always' or 'often' receive information back from the behavioral health practitioner regarding the consultation.
- The summary rate score and top box score have both decreased each year since 2017.
- The 2019 summary rate score and top box score are both significantly lower than the 2017 scores.



Provider Satisfaction - KY Medicaid



‘Other’ and ‘Dentistry’ top the list of key gaps in specialist types (Q2C)

- The highest percentage of respondents (43%) believe the key gaps in specialist types fall under ‘other’ specialties not listed, with the majority (14%) of those respondents listing ‘dermatology’ as the most key gap (Q2C_Other).
- Of the given specialties, ‘Dentistry’ was the most selected as a key gap in specialist types (23%).



The gaps in specialists are important due to specialists treating conditions that need immediate and frequent treatment (Q2D)

- Respondents believe the most important factors with the gaps in specialists are that those specialists treat conditions that require immediate attention (64%) and frequent treatment (62%).

“ Sometimes they cannot get what they need from a primary care physician, they need a specialist. ”



A lack of specialists accepting Humana-CareSource makes locating a specialist difficult (Q2E)

- More than half of the respondents believe the main difficulty or barrier to locating a specialist in the Humana-CareSource Medicaid network is the specialist not accepting Humana-CareSource (54%). ‘Lack of certain specialists in the area’ (43%) and excessive wait times (41%) are other notable barriers.

“ This whole area needs more providers/ specialists. ”



Providers like to see information regarding a patient’s medications, treatment plan, and diagnosis (Q4A and Q6A).

- When receiving a referral from a PCP, most BH providers stated they would like to see information regarding the patients’ medications, treatment plan, and diagnosis exchanged (88% each) (Q4A).
- When making a referral to a BH Practitioner, 87% of Primary Care providers said they would prefer for treatment plan information to be exchanged (Q6A).



Next steps: How to get started

Questions to ask yourself

- Are there any initiatives/plans currently in place to address the opportunities identified in this report?
 - If so, what's working and what's not?
 - Is there a need to revisit and revise those plans to have greater impact/better outcomes?
 - Are the right people on the team?
- Is there a need to put a workgroup together to create a new action plan?
 - Who needs to be part of that workgroup?

Checklist

- Create a workgroup/core team to lead action plan development
- Hold initial kick-off/brainstorm meeting – and make sure to invite the right guest list! (think about who can affect and who will be affected by the initiative)
- Assign roles and align on responsibilities
- Create an action plan
- Set short-term and long-term goals (consider “quick wins” vs. longer-term initiatives that will take time to implement)
 - Set benchmarks/goals for key metrics
- Consider additional research/insights needed to better understand the improvement opportunity (CX can help 😊)



Next steps: How CX can help

CX Services

- Additional research or member/provider feedback
 - Qualtrics
 - Qualitative research
 - Advisory Councils
- Being part of the action plan core team/workgroup
- Reviewing materials/action items as they are developed

Contact Us

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Full Report

Question Summaries Segmentation/Demographics

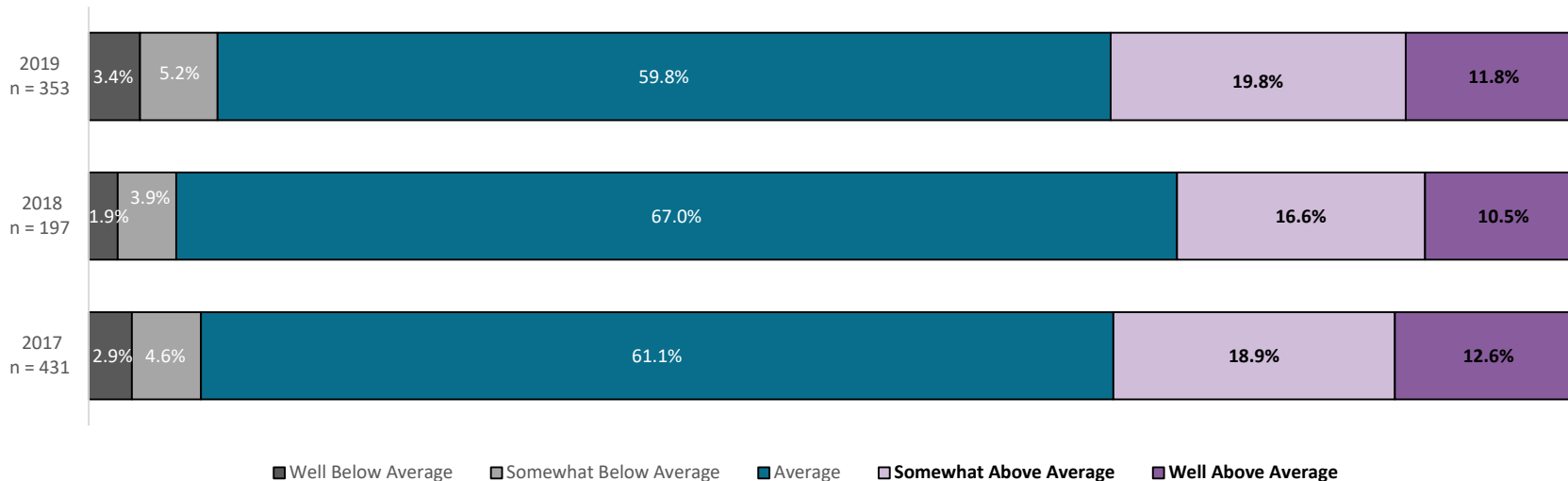
Note: Please refer to the Glossary of Terms and Guide to Analysis at the end of this presentation for technical information.

Utilization and Quality Management



The 2019 summary rate score for the Utilization and Quality Management composite is 32%.

Utilization Management and Quality Management					
2019		2018		2017	
SRS	Top Box	SRS	Top Box	SRS	Top Box
31.6%	11.8%	27.1%	10.5%	31.4%	12.6%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

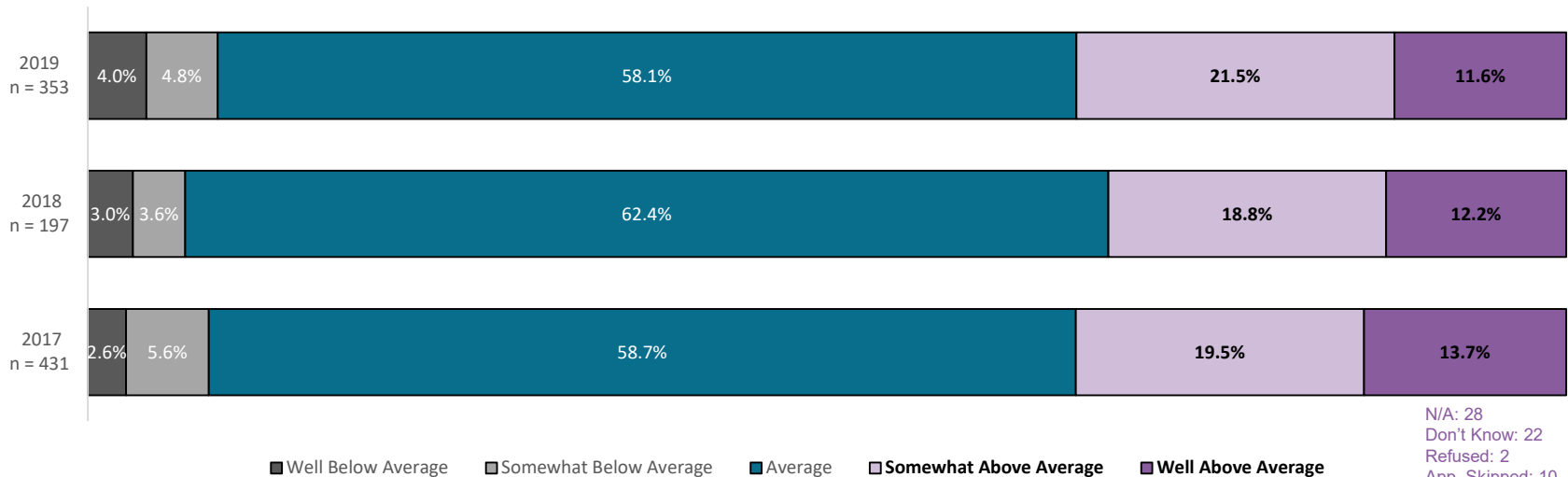
Note 4: The Utilization Management and Quality Management composite is the average of Q1A-Q1F.



Access to UM staff

33% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on access to knowledgeable UM staff. Only 9% of respondents rated Humana-CareSource Medicaid as below average in this area.

Q1A. Acces to knowledgeable Utilization Management staff								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
353	33.1%	11.6%	197	31.0%	12.2%	431	33.2%	13.7%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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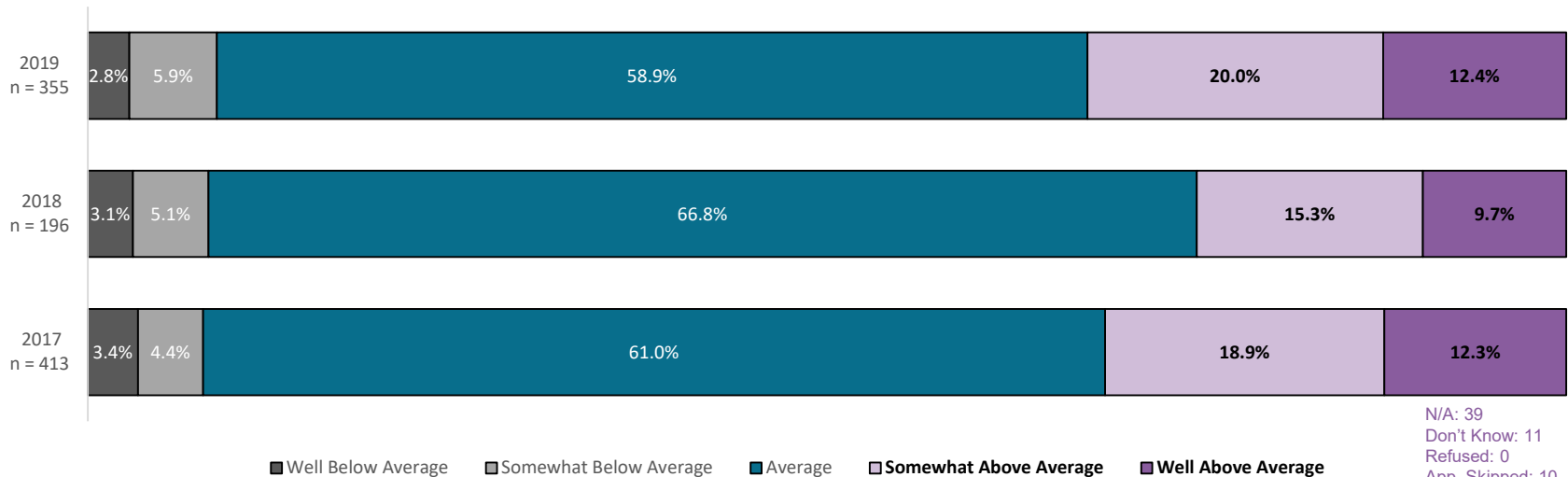
Q1A. How would you rate Humana-CareSource Medicaid on the access to knowledgeable Utilization Management staff? Would you say that Humana-CareSource Medicaid is...?



Procedures for Obtaining Information

32% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the procedures for obtaining pre-certification, referral, or authorization information, which is an increase from 25% in 2018.

Q1B. Procedures for obtaining information								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
355	32.4%	12.4%	196	25.0%	9.7%	413	31.2%	12.3%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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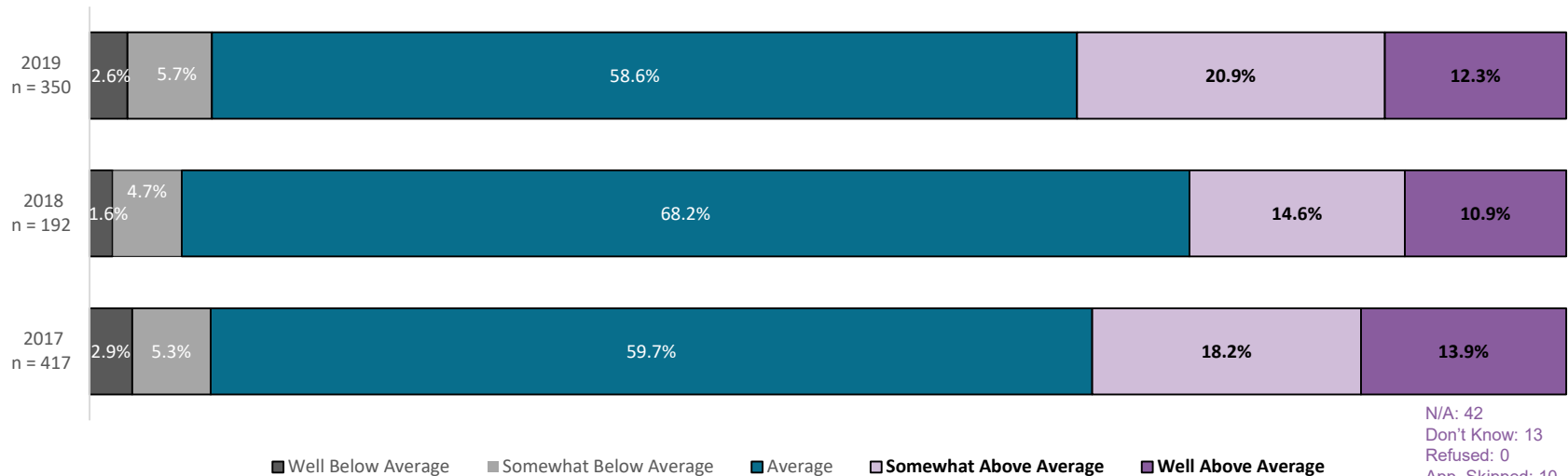
Q1B. How would you rate Humana-CareSource Medicaid on the procedures for obtaining pre-certification, referral, or authorization information? Would you say that Humana-CareSource Medicaid is...?



Timeliness of Obtaining Information

33% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the timeliness of obtaining pre-certification, referral, or authorization information, which is an increase from 26% in 2018.

Q1C. Timeliness of obtaining information								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
350	33.1%	12.3%	192	25.5%	10.9%	417	32.1%	13.9%



Note 1: Percentages may not add up to 100% due to rounding.

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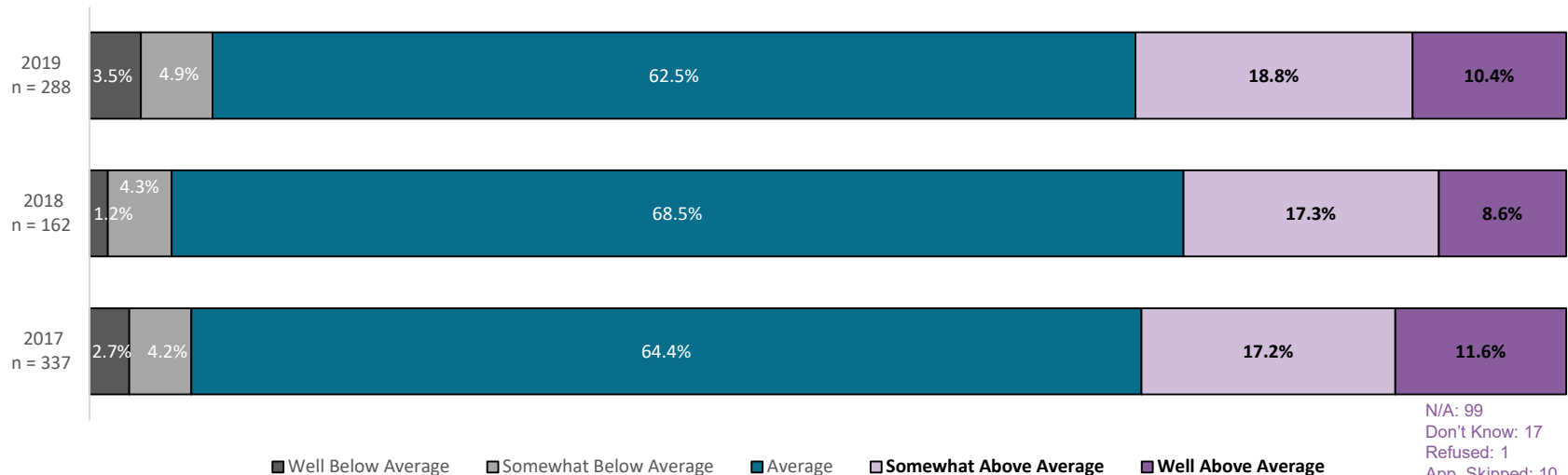
Q1C. How would you rate Humana-CareSource Medicaid on the timeliness of obtaining pre-certification, referral, or authorization information? Would you say that Humana-CareSource Medicaid is...?



Prior Authorization System

29% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the facilitation and support of electronic prior authorization system. Only 8% of respondents gave a below average rating for this attribute.

Q1D. Facilitation and support of electronic prior authorization system								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
288	29.2%	10.4%	162	25.9%	8.6%	337	28.8%	11.6%



N/A: 99
 Don't Know: 17
 Refused: 1
 App. Skipped: 10
 Have not used system: 0

Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

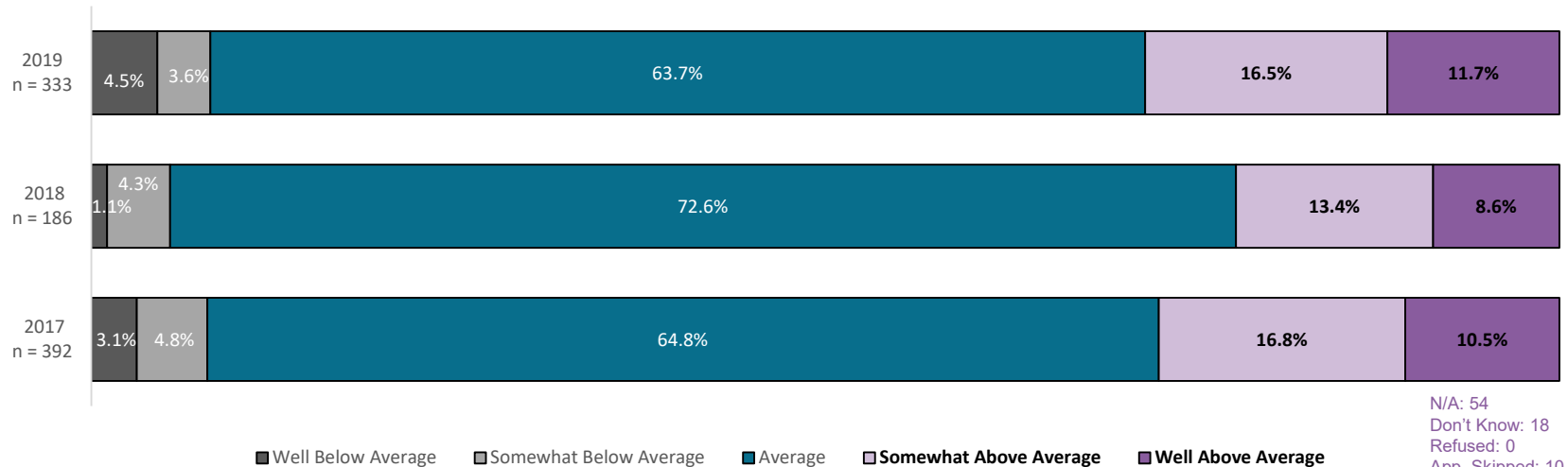
Q1D. How would you rate Humana-CareSource Medicaid on the facilitation and support of electronic prior authorization system (in the Humana-CareSource Provider Portal)? Would you say that Humana-CareSource Medicaid is...?



Access to Care Managers

28% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the access to knowledgeable Care Managers. Only 8% of respondents rated Humana-CareSource Medicaid as below average in this area.

Q1E. Access to knowledgeable Care Managers								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
333	28.2%	11.7%	186	22.0%	8.6%	392	27.3%	10.5%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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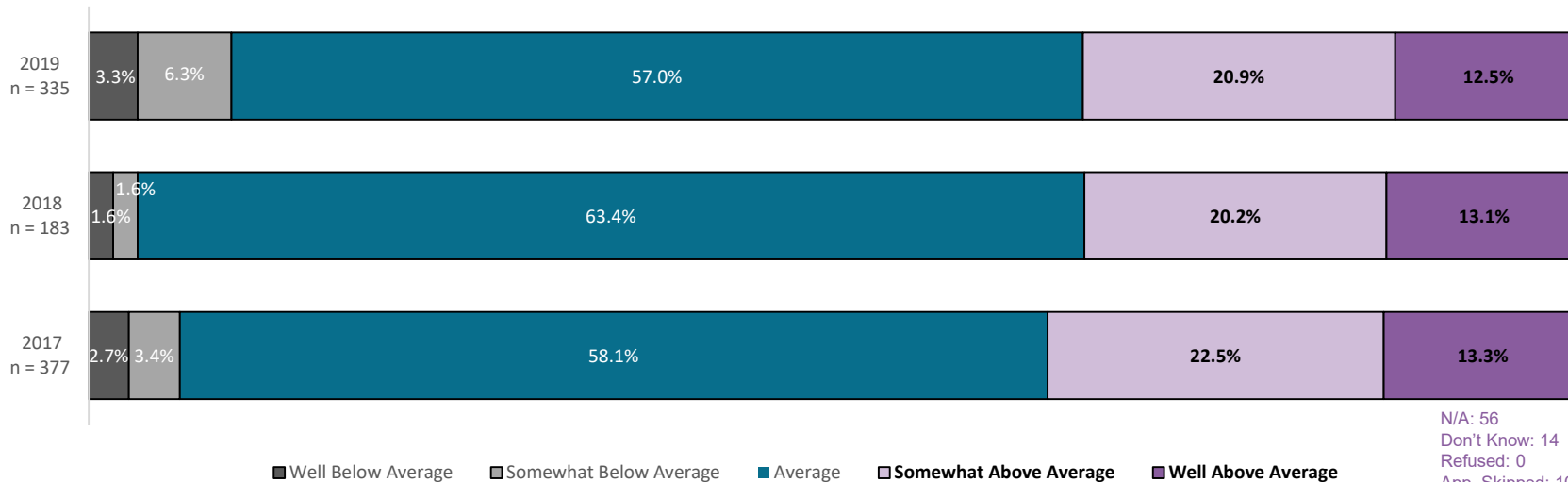
Q1E. How would you rate Humana-CareSource Medicaid on the access to knowledgeable Care Managers? Would you say that Humana-CareSource Medicaid is...?



Preventive Care and Wellness

33% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on covering and encouraging preventive care and wellness, which is consistent with 2018 and 2017.

Q1F. Cover and encourage preventive care and wellness								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
335	33.4%	12.5%	183	33.3%	13.1%	377	35.8%	13.3%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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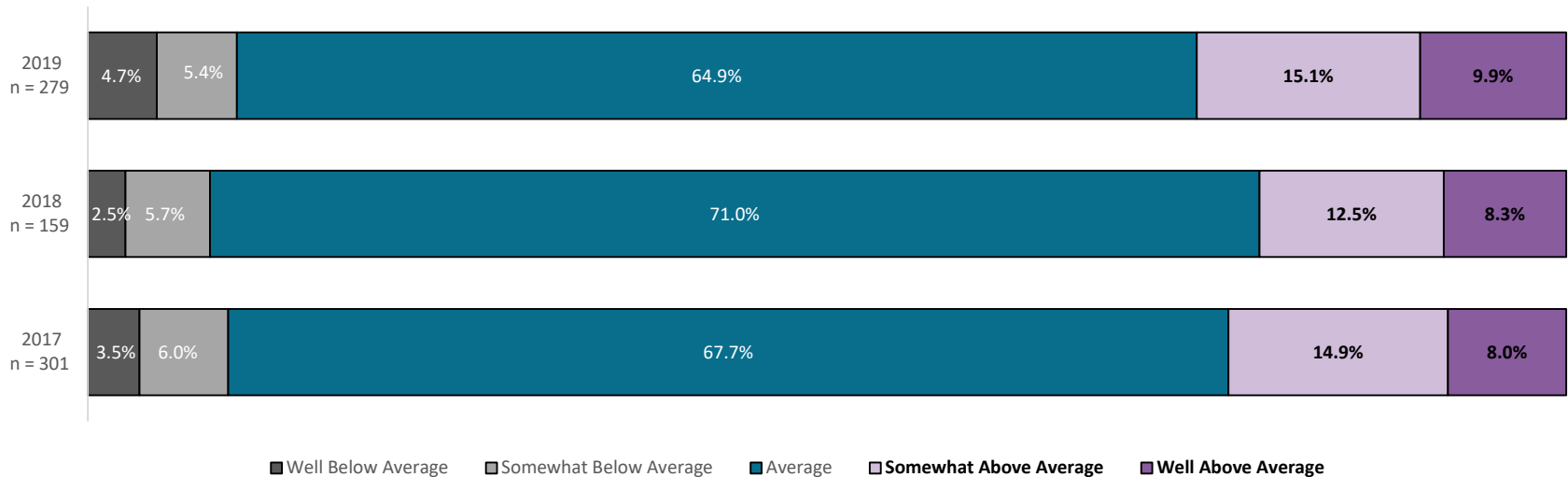
Q1F. How would you rate Humana-CareSource Medicaid on the degree to which they cover and encourage preventive care and wellness? Would you say that Humana-CareSource Medicaid is...?



Network and Coordination of Care

The 2018 summary rate score for the Network and Coordination of Care composite is 25%.

Network and Coordination of Care					
2019		2018		2017	
SRS	Top Box	SRS	Top Box	SRS	Top Box
25.0%	9.9%	20.7%	8.3%	22.9%	8.0%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

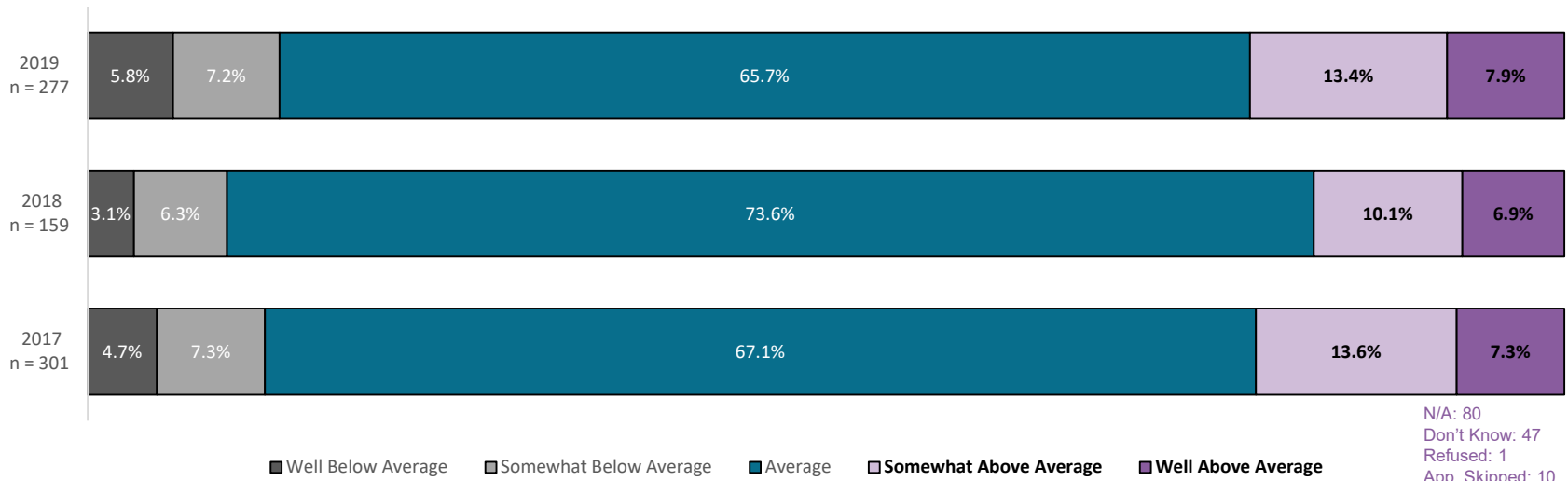
Note 4: The Network and Coordination of Care composite is the average of Q2A-Q2B.



Number of Specialists

21% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the number of specialists they have in their provider network.

Q2A. Number of specialists in their provider network								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
277	21.3%	7.9%	159	17.0%	6.9%	301	20.9%	7.3%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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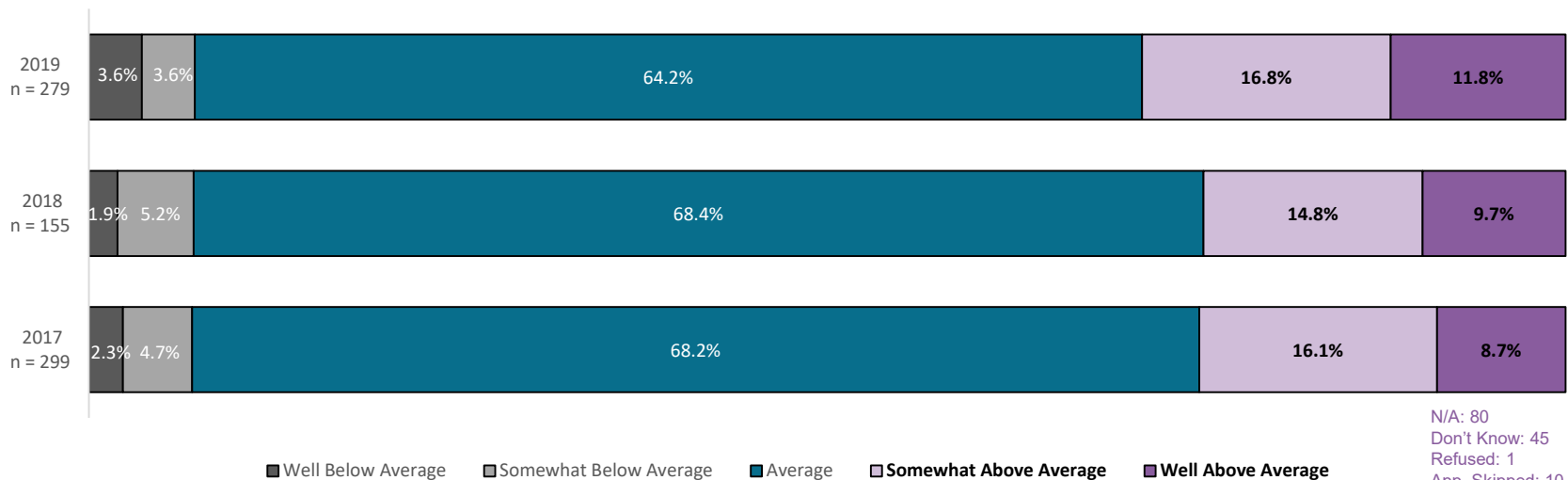
Q2A. How would you rate Humana-CareSource Medicaid on the number of specialists they have in their provider network? Would you say that Humana-CareSource Medicaid is...?

Quality of Specialists



29% of respondents rated Humana-CareSource Medicaid as ‘well above average’ or ‘somewhat above average’ on the quality of specialists they have in their provider network. Only 7% of respondents rated Humana-CareSource Medicaid as below average in this area.

Q2B. Quality of specialists in their provider network								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
279	28.7%	11.8%	155	24.5%	9.7%	299	24.7%	8.7%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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Q2B. How would you rate Humana-CareSource Medicaid on the quality of specialists they have in their provider network? Would you say that Humana-CareSource Medicaid is...?

Key Gaps in Specialist Types



The highest percentage of respondents (43%) said there are ‘Other’ key gaps in specialist types in the Humana-CareSource Medicaid network. The percentage of respondents that selected ‘Neurology’ is significantly lower than in 2018.

Q2C. Key gaps in specialist types in the CareSource Medicaid network			
	2019 n = 176	2018 n = 104	2017 n = 185
Other	42.6%	51.0%	43.8%
Dentistry	22.7%	24.0%	23.2%
Optometry	21.6%	20.2%	17.8%
Oral Surgery	19.3%	18.3%	23.2%
Cardiology	18.2%	16.3%	17.3%
Orthopedics	18.2%	19.2%	25.9%
Neurology	17.6%	27.9%	21.1%
Don't Know	n = 218	n = 96	n = 215

Note: Percentages may not add up to 100% due to respondents being allowed to choose multiple responses.
 Q2C. What are key gaps in specialist types in the Humana-CareSource Medicaid network?

Refused: 18
 App. Skipped: 10

Importance of Gaps in Specialists



Although the majority of respondents (64%) noted that these gaps in specialists are important due to specialists treating conditions that require immediate attention, this score is significantly lower than in 2017. The 2019 score for 'specialist treats conditions that are life threatening' is significantly lower than 2018 and 2017.

Q2D. Why are these gaps in specialists so important?			
	2019 n = 231	2018 n = 143	2017 n = 251
Specialist treats conditions requiring immediate attention	63.6%	67.1%	75.7%
Specialist treats conditions requiring frequent treatment	61.9%	69.9%	71.7%
Specialist treats conditions that are life threatening	48.9%	60.8%	63.3%
There is a high incidence of conditions among my patients that this specialist treats	47.6%	51.0%	50.6%
Other	16.5%	14.7%	14.3%
Don't Know	n = 161	n = 58	n = 128

“
It is very important that treatment is done in a timely manner at appropriate levels of care.
”

Note: Percentages may not add up to 100% due to respondents being allowed to choose multiple responses.
Q2D. Why are these gaps in specialists so important?

Refused: 15
App. Skipped: 10

Barrier to Locating a Specialist



The majority of respondents stated the main barrier to locating a specialist in the Humana-CareSource Medicaid network is specialists not accepting Humana-CareSource (54%). The percentage of respondents that selected 'lack of certain specialists in the area' is significantly lower than in 2017.

“ There are plenty of specialists in our field. The problem is finding a specialist who accepts Medicaid. It’s not just Humana, it’s any other Medicaid plan. ”

Q2E. Main difficulty or barrier to locating a specialist			
	2019 n = 240	2018 n = 153	2017 n = 257
Specialist does not accept Humana-CareSource	53.8%	54.9%	53.3%
Lack of certain specialists in the area	43.3%	47.1%	53.7%
Wait times for access to see specialist is excessive	40.8%	42.5%	41.6%
Member no shows to specialist appointment	38.3%	41.2%	40.5%
Unsure where to obtain the name of an in-network specialists	34.6%	38.6%	33.5%
Specialist not seeing new patients	33.8%	34.6%	32.3%
Other	8.8%	5.2%	7.0%
Don't Know	n = 147	n = 47	n = 116

Note: Percentages may not add up to 100% due to respondents being allowed to choose multiple responses.
 Q2E. What is the main difficulty or barrier to locating a specialist in the Humana-CareSource Medicaid network?

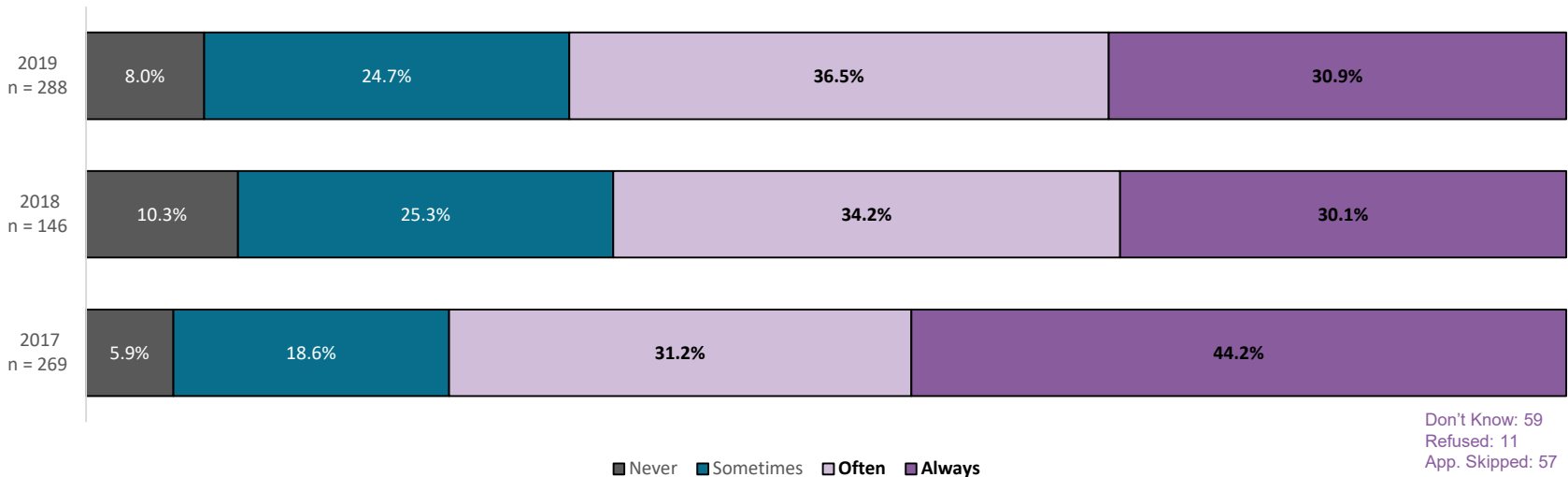
Refused: 20
 App. Skipped: 10



Sufficient Relevant Information

67% of respondents stated the PCP ‘always’ or ‘often’ provides sufficient relevant clinical information, which is significantly lower than in 2017 (76%). The 2019 top box score (31%) is also significantly lower than in 2017 (44%).

Q3A. PCP provides sufficient relevant clinical information								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
288	67.4%	30.9%	146	64.4%	30.1%	269	75.5%	44.2%



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Note 4: Only those respondents answering DA as “B (Specialty Care),” “C (Behavioral Health Care),” or only “D (Other)” were asked Q3A.

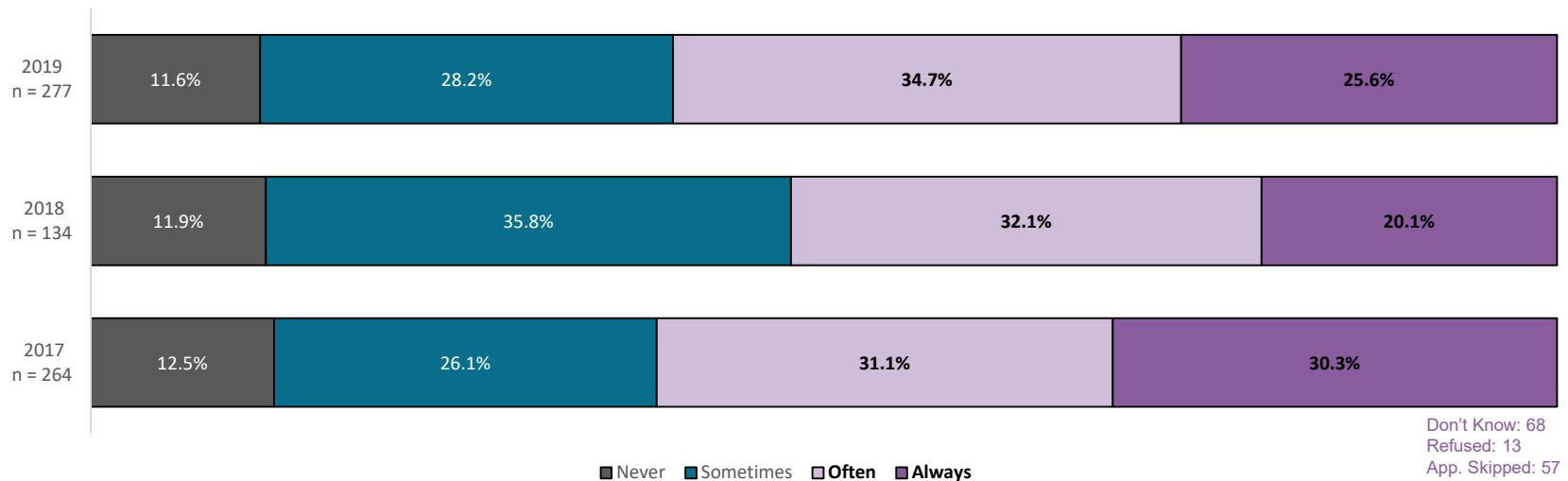
Q3A. When receiving a referral from a PCP, how often does the PCP provide sufficient relevant clinical information such as history and reason for consultation? Would you say...



Patient's Information Prior to Visit

60% of respondents noted they 'always' or 'often' receive the information from the PCP prior to the office visit.

Q3B. Information is received from PCP prior to office visit								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
277	60.3%	25.6%	134	52.2%	20.1%	264	61.4%	30.3%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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Note 4: Only those respondents answering DA as "B (Specialty Care)," "C (Behavioral Health Care)," or only "D (Other)" were asked Q3B.

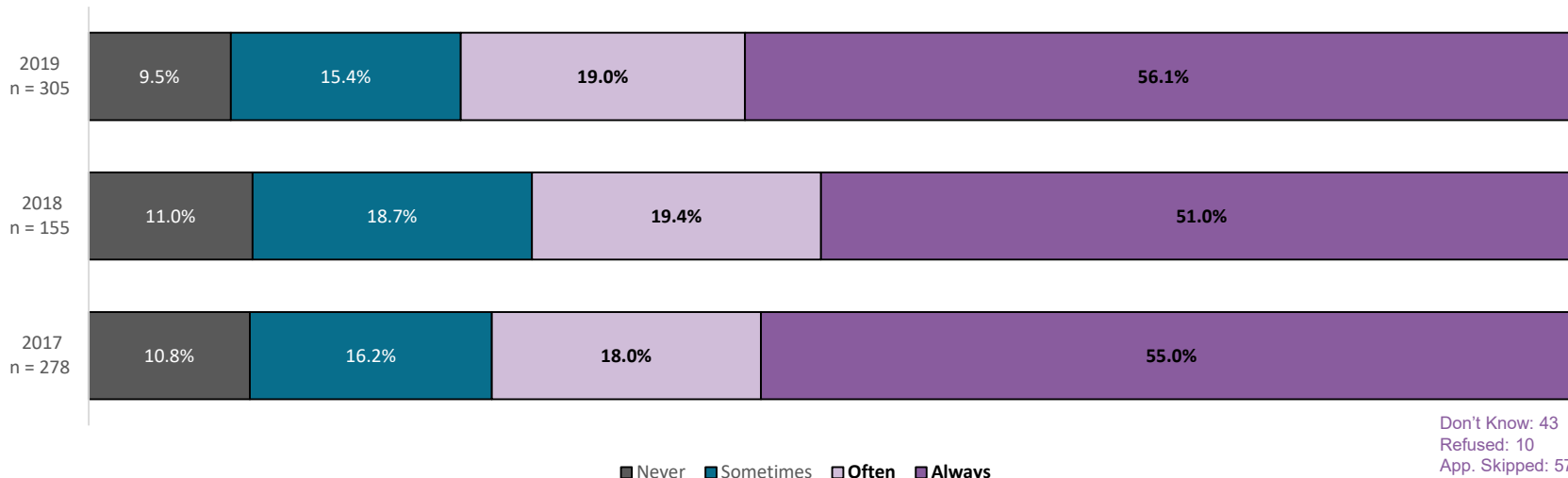
Q3B. When receiving a referral from a PCP, how often is the information provided from the PCP received prior to the office visit with the behavioral health practitioner/specialist? Would you say...



Notification of Results

75% of respondents said they ‘always’ or ‘often’ send the PCP notification of the results of their consultation with the patient.

Q3C. Send the PCP notification of the results								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
305	75.1%	56.1%	155	70.3%	51.0%	278	73.0%	55.0%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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Note 4: Only those respondents answering DA as “B (Specialty Care),” “C (Behavioral Health Care),” or only “D (Other)” were asked Q3C.

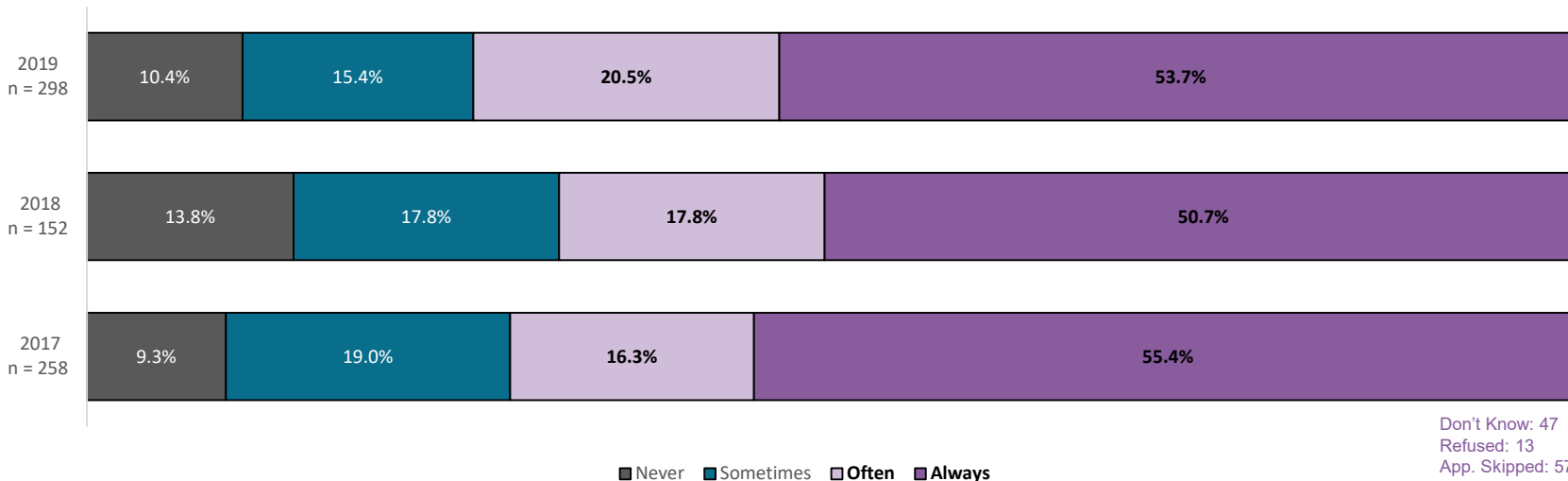
Q3C. For patients who were referred to you by a PCP, how often do you send the PCP notification of the results of your consultation with the patient? Would you say...



Timeliness of Sending Information

74% of respondents stated they ‘always’ or ‘often’ send the PCP information about the consultation within one month.

Q3D. Send the PCP information within one month								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
298	74.2%	53.7%	152	68.4%	50.7%	258	71.7%	55.4%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

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Note 4: Only those respondents answering DA as “B (Specialty Care),” “C (Behavioral Health Care),” or only “D (Other)” were asked Q3D.

Q3D. How often do you send the PCP information about the consultation within one month from the behavioral health practitioner/specialist consultation? Would you say...

Preferred Information Exchanged



Respondents noted they would most like to see information on 'medications,' 'treatment plan,' and 'diagnosis' (88% each) when receiving a referral from a PCP.

Q4A. When receiving a referral from a PCP, what information would you like to see exchanged?			
	2019 n = 25	2018 n = 11	2017 n = 8
Medications	88.0%	90.9%	100.0%
Treatment plan	88.0%	81.8%	87.5%
Diagnosis	88.0%	100.0%	87.5%
Adherence to treatment	84.0%	81.8%	75.0%
Response to treatment	76.0%	81.8%	87.5%
Family engagement	76.0%	72.7%	75.0%
Adherence to medications	76.0%	81.8%	87.5%
Adherence to provider visits/appointments kept	72.0%	81.8%	87.5%
Recent hospitalizations	64.0%	81.8%	87.5%
Emergency department visits	48.0%	72.7%	87.5%
Lab tests	48.0%	54.5%	75.0%
Other	0.0%	0.0%	0.0%
Don't Know	n = 4	n = 2	n = 0

Note 1: Percentages may not add up to 100% due to respondents being allowed to choose multiple responses.

Note 2: Only those respondents answering DA as "C (Behavioral Health Care)" were asked Q4A.

Q4A. When receiving a referral from a PCP, what information would you like to see exchanged?

Refused: 0
App. Skipped: 386

Frequency of Receiving Information



27% of the respondents said they prefer to receive the information indicated in Q4A once a month.

“
Just as
needed.”

Q4B. How often would you want to get this information?			
	2019 n = 26	2018 n = 11	2017 n = 8
Monthly	26.9%	18.2%	12.5%
Quarterly	23.1%	54.5%	50.0%
Semi-Annually	19.2%	9.1%	0.0%
Annually	11.5%	9.1%	12.5%
Other	19.2%	9.1%	25.0%
Don't Know	n = 3	n = 2	n = 0

Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Only those respondents answering DA as “C (Behavioral Health Care)” were asked Q4B.
Q4B. How often would you want to get the information indicated in the previous question?

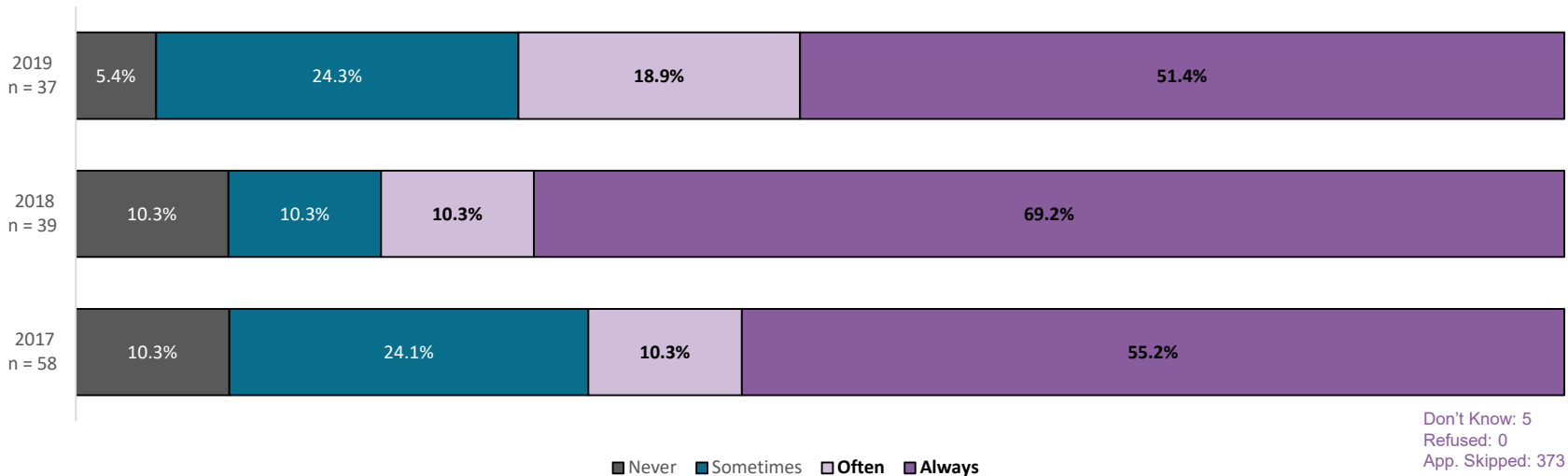
Refused: 0
App. Skipped: 386



History and Consultation Reason

70% of respondents stated they ‘always’ or ‘often’ send the patient’s history and reason for consultation to the behavioral health practitioner. Only 5% of respondents reported that they ‘never’ send this information.

Q5A. Send patient's history to BH practitioner								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
37	70.3%	51.4%	39	79.5%	69.2%	58	65.5%	55.2%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as “A (Primary Care)” were asked Q5A.

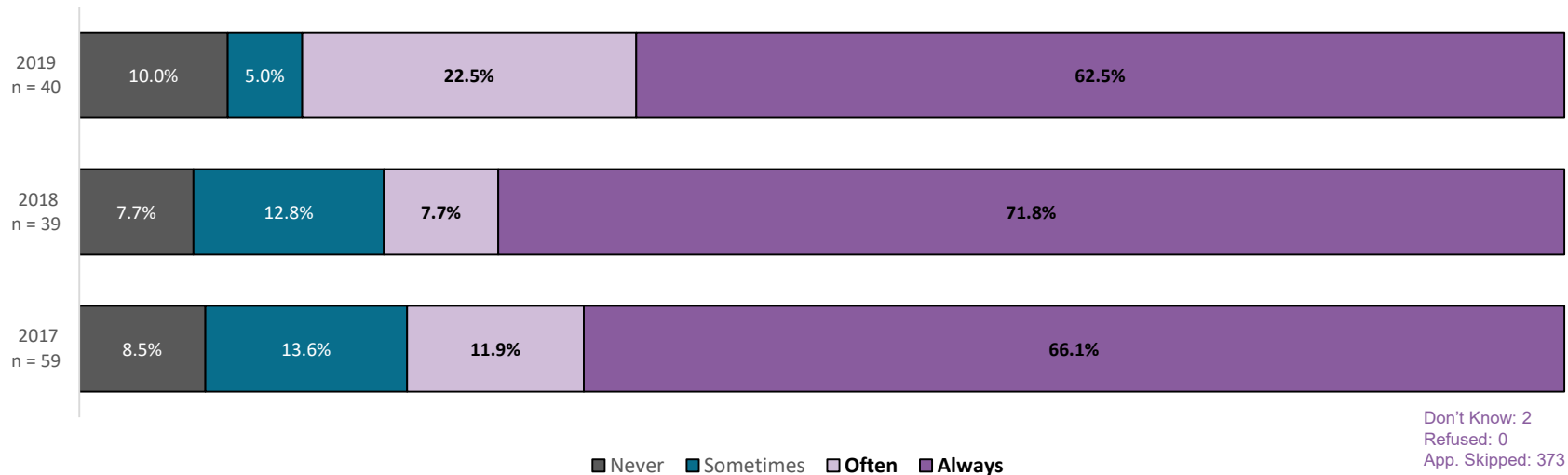
Q5A. When referring a patient to a behavioral health practitioner, how often do you send the behavioral health practitioner the patient's history and reason for consultation? Would you say...



Patient's Information Prior to Visit

85% of respondents said they 'always' or 'often' send the patient's information to the behavioral health practitioner prior to the office visit.

Q5B. Send patient's information to BH practitioner prior to office visit								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
40	85.0%	62.5%	39	79.5%	71.8%	59	78.0%	66.1%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as "A (Primary Care)" were asked Q5B.

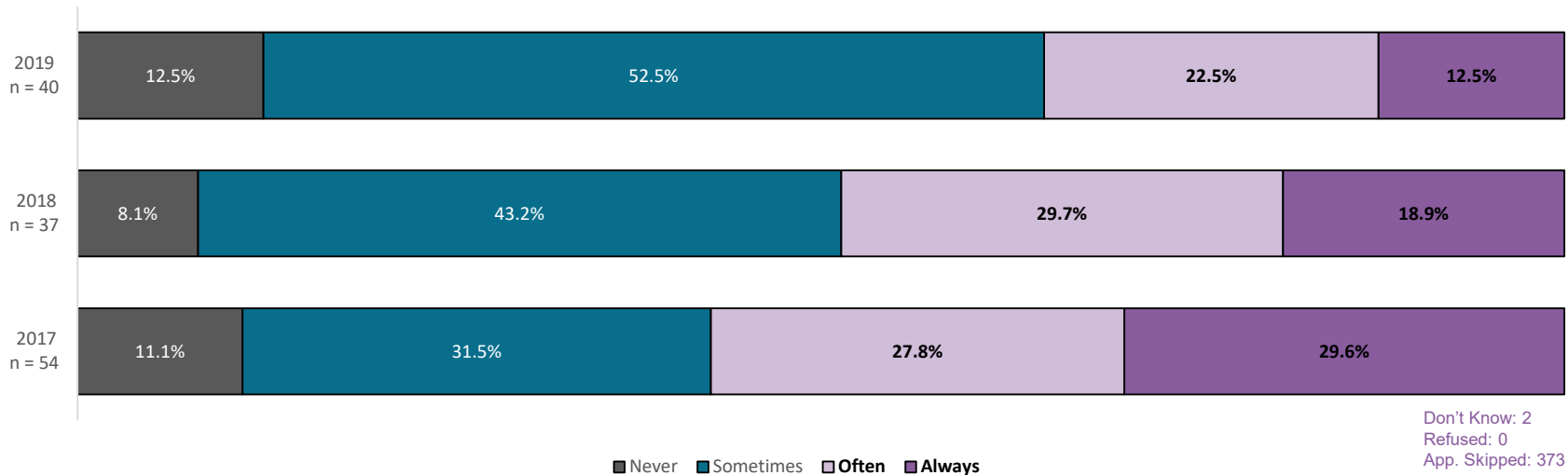
Q5B. When referring a patient to a behavioral health practitioner, how often you do send the behavioral health practitioner the patient's information prior to the office visit? Would you say...

Receiving Information from Practitioner



35% of respondents noted that they ‘always’ or ‘often’ receive information back from the behavioral health practitioner regarding the consultation, which is significantly lower than in 2017 (57%). The 2019 top box score (13%) is also significantly lower than in 2017 (30%).

Q5C. Receive information from BH practitioner regarding consultation								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
40	35.0%	12.5%	37	48.6%	18.9%	54	57.4%	29.6%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as “A (Primary Care)” were asked Q5C.

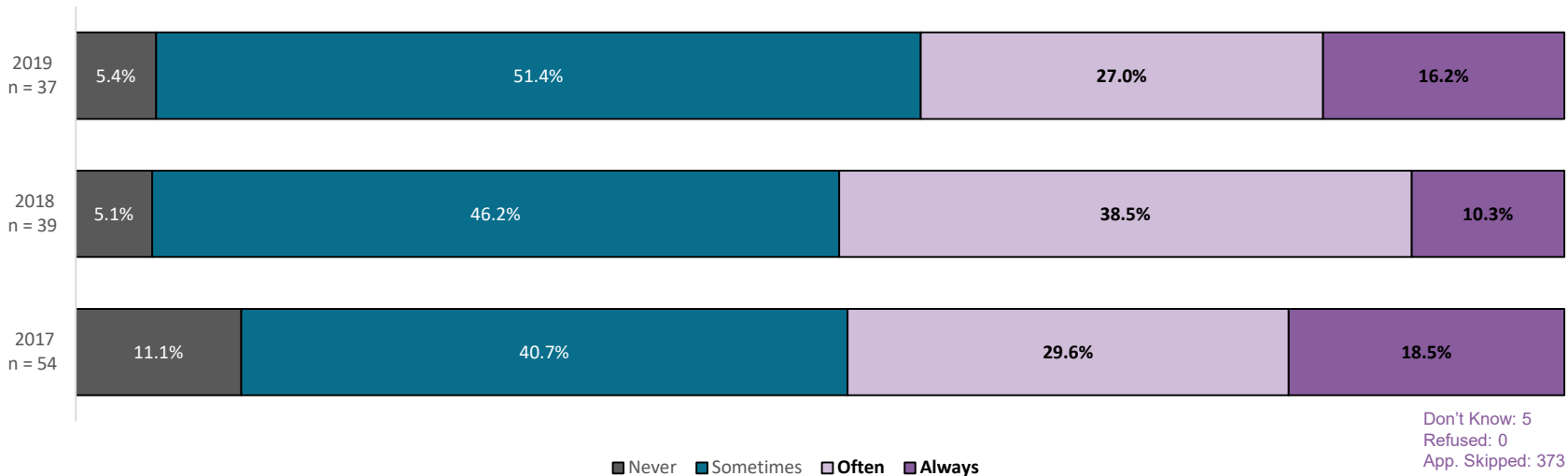
Q5C. For patients that you referred to a behavioral health practitioner, how often did you receive information back from the behavioral health practitioner regarding the consultation with the patient? Would you say...



Timeliness of Receiving Information

43% of respondents stated they ‘always’ or ‘often’ receive the information from the behavioral health practitioner within one month from the consultation.

Q5D. Information received from BH practitioner within one month								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
37	43.2%	16.2%	39	48.7%	10.3%	54	48.1%	18.5%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as “A (Primary Care)” were asked Q5D.

Q5D. When receiving information regarding a referral made to a behavioral health practitioner, how often is the information received within one month from the behavioral health practitioner’s consultation? Would you say...



Provider Satisfaction - KY Medicaid

Respondents noted they would most like to see information on ‘treatment plan’ (87%) when referring a patient to a behavioral health practitioner. This was also the most selected response in 2018.

Q6A. When referring a patient to a BH practitioner, what information would you like to see exchanged?			
	2019 n = 38	2018 n = 37	2017 n = 57
Treatment plan	86.8%	94.6%	89.5%
Response to treatment	84.2%	91.9%	87.7%
Medications	84.2%	89.2%	91.2%
Diagnosis	84.2%	89.2%	87.7%
Recent hospitalizations	81.6%	83.8%	78.9%
Adherence to medications	81.6%	91.9%	84.2%
Lab tests	81.6%	86.5%	80.7%
Emergency department visits	76.3%	81.1%	71.9%
Adherence to treatment	76.3%	89.2%	78.9%
Adherence to provider visits/ appointments kept	73.7%	83.8%	71.9%
Family engagement	55.3%	62.2%	70.2%
Other	5.3%	5.4%	7.0%
Don't Know	n = 3	n = 4	n = 6

“
Imaging.”

Note 1: Percentages may not add up to 100% due to respondents being allowed to choose multiple responses.

Note 2: Only those respondents answering DA as “A (Primary Care)” were asked Q6A.

Q6A. When referring a patient to a behavioral health practitioner, what information would you like to see exchanged?

Refused: 1
App. Skipped: 373



Provider Satisfaction - KY Medicaid

55% of respondents noted they would like to receive the information indicated in Q6A once a month.

Q6B. How often would you want to get this information?

	2019 n = 40	2018 n = 39	2017 n = 60
Monthly	55.0%	56.4%	50.0%
Quarterly	22.5%	15.4%	18.3%
Semi-Annually	2.5%	7.7%	5.0%
Annually	0.0%	5.1%	8.3%
Other	20.0%	15.4%	18.3%
Don't Know	n = 1	n = 2	n = 3

“
Every time a
patient visits.”

Note 1: Percentages may not add up to 100% due to rounding.
Note 2: Only those respondents answering DA as “A (Primary Care)” were asked Q6B.
 Q6B. How often would you want to get the information indicated in the previous question?

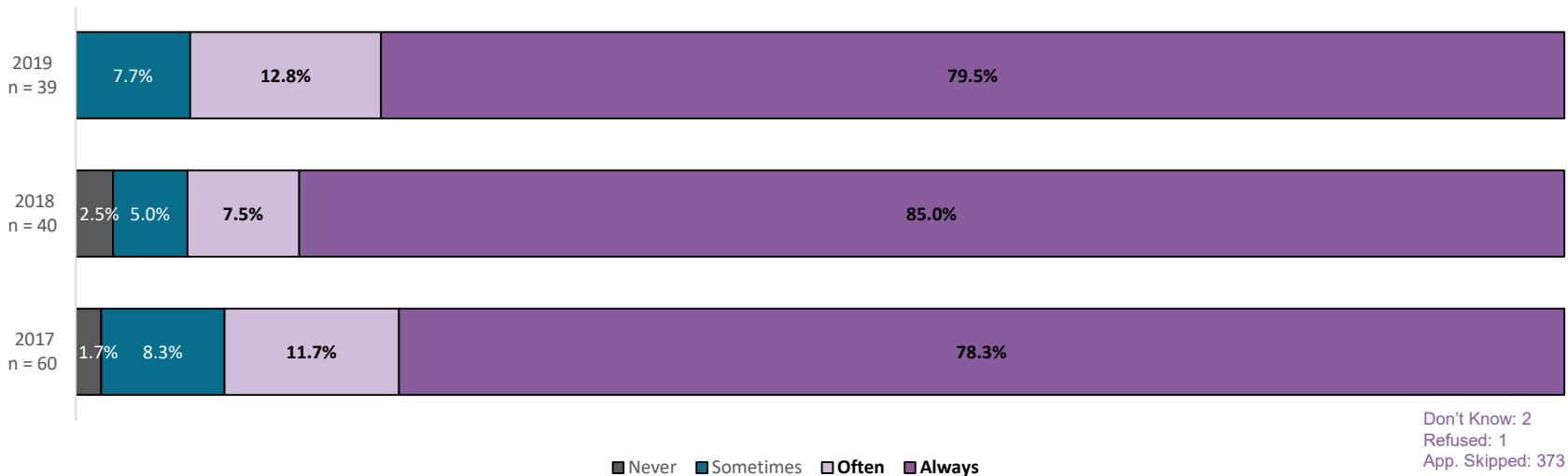
Refused: 1
 App. Skipped: 373



History and Consultation Reason

92% of respondents said they 'always' or 'often' send the patient's history and reason for consultation to the specialist. No respondents said they 'never' send this information.

Q7A. Send patient's history to specialist								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
39	92.3%	79.5%	40	92.5%	85.0%	60	90.0%	78.3%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as "A (Primary Care)" were asked Q7A.

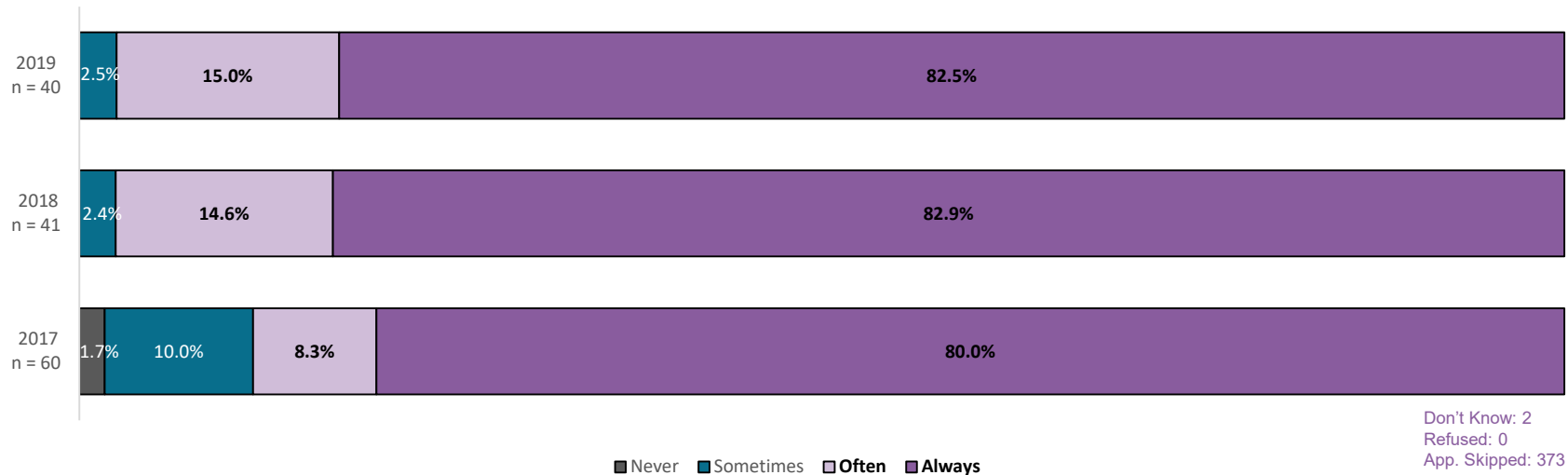
Q7A. When referring a patient to a specialist, how often do you send the specialist the patient's history and reason for consultation? Would you say...



Patient's Information Prior to Visit

98% of respondents stated they 'always' or 'often' send the specialist the patient's information prior to the office visits. No respondents said that they 'never' send the information to the specialist prior to the office visit.

Q7B. Send patient's information to specialist prior to office visit								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
40	97.5%	82.5%	41	97.6%	82.9%	60	88.3%	80.0%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as "A (Primary Care)" were asked Q7B.

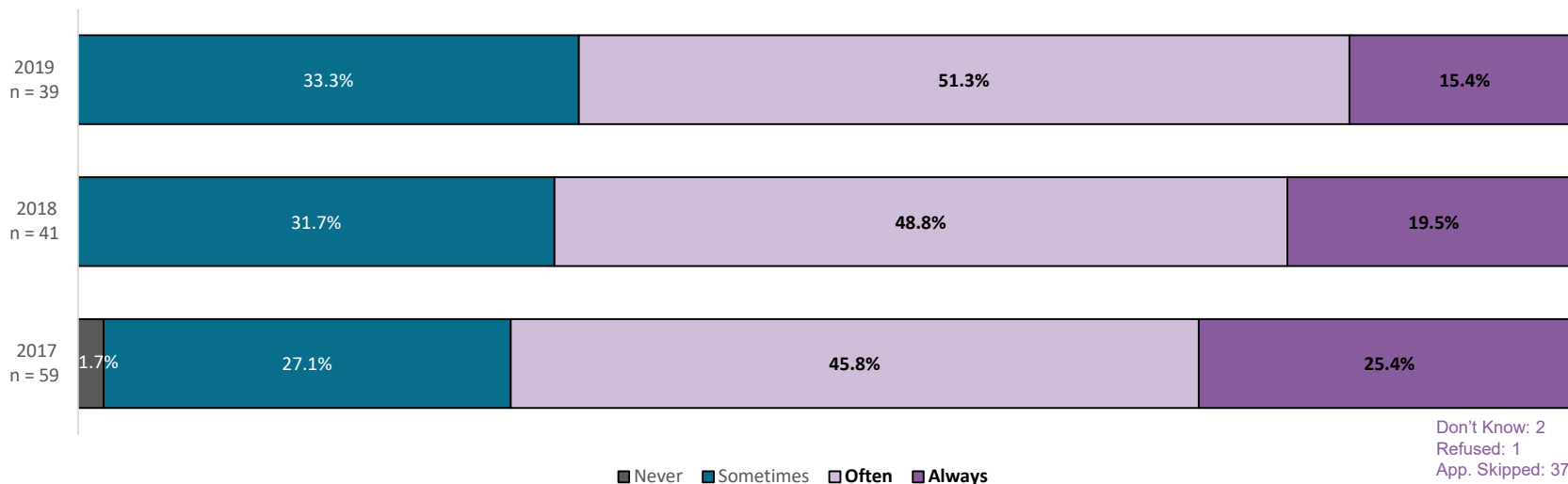
Q7B. When referring a patient to a specialist, how often you do send the specialist the patient's information prior to the office visit with the specialist? Would you say...



Receiving Information from Specialist

67% respondents noted they ‘always’ or ‘often’ receive information back from the specialist regarding the consultation, however the 2019 top box score (15%) is the lower than in 2018 (20%) and 2017 (25%).

Q7C. Receive information from specialist regarding consultation								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
39	66.7%	15.4%	41	68.3%	19.5%	59	71.2%	25.4%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as “A (Primary Care)” were asked Q7C.

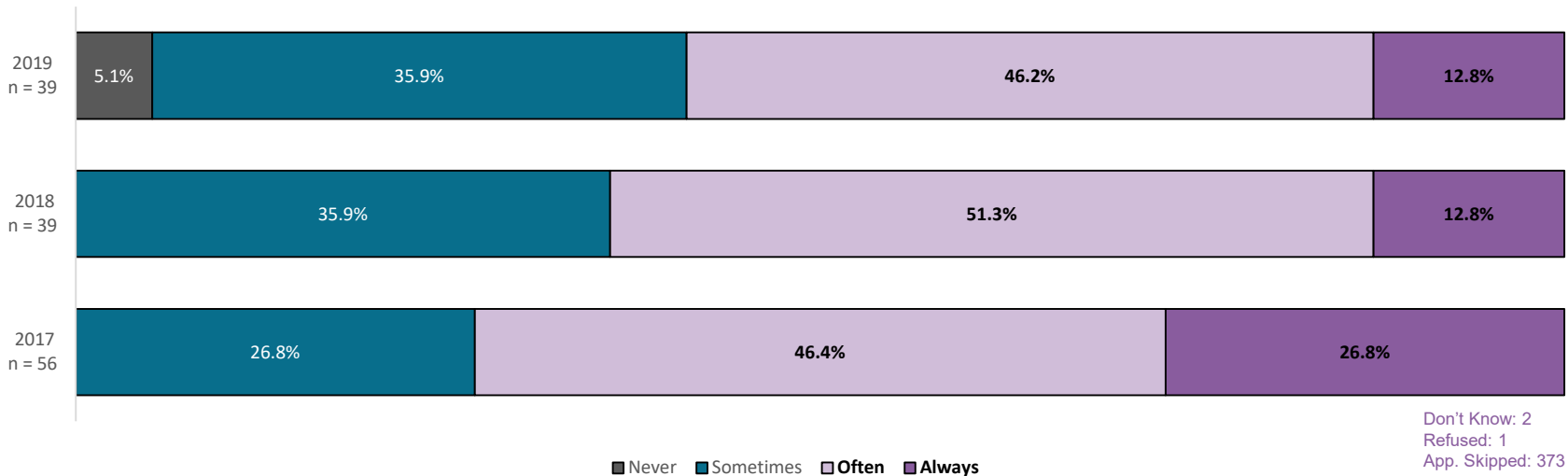
Q7C. For patients that you referred to a specialist, how often did you receive information back from the specialist regarding the consultation with the patient? Would you say...



Timeliness of Receiving Information

59% of respondents said they 'always' or 'often' receive the information from the specialist within one month of the consultation, which is down from 73% in 2017.

Q7D. Information received from specialist within one month								
2019			2018			2017		
N	SRS	Top Box	N	SRS	Top Box	N	SRS	Top Box
39	59.0%	12.8%	39	64.1%	12.8%	56	73.2%	26.8%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Note 4: Only those respondents answering DA as "A (Primary Care)" were asked Q7D.

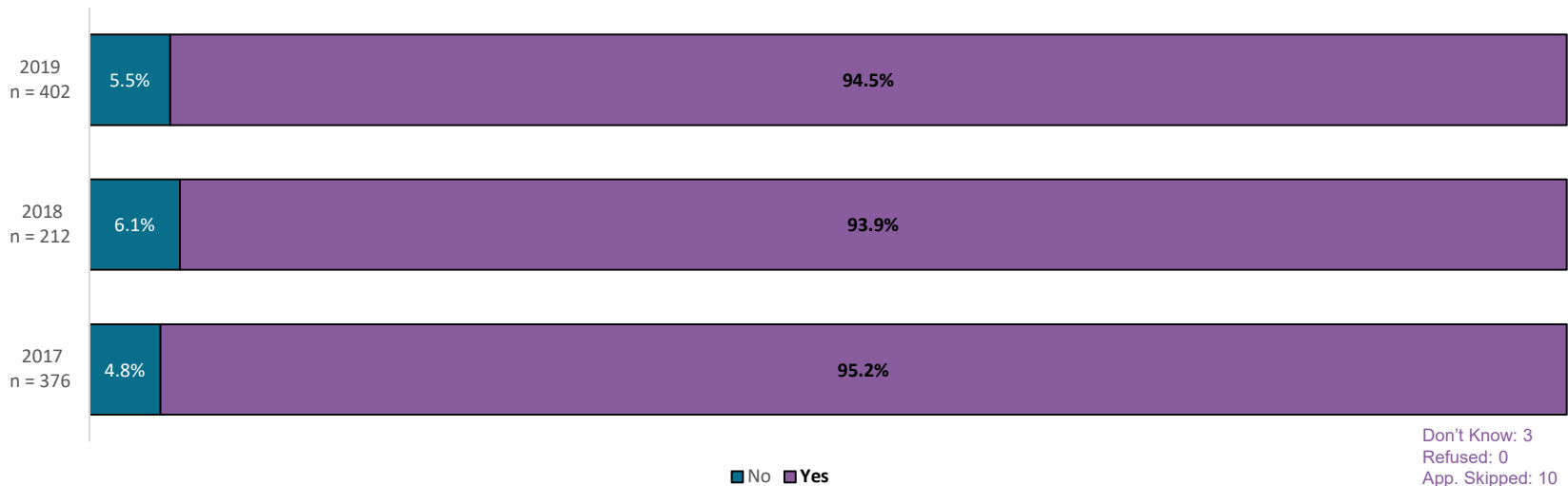
Q7D. When receiving information regarding a referral made to a specialist, how often is the information received within one month from the specialist's consultation? Would you say...

Follow Up



95% of respondents stated they are okay with Humana-CareSource contacting them to follow up if needed.

Q8. Okay to contact for follow up?								
2019			2018			2017		
N	Yes	No	N	Yes	No	N	Yes	No
402	94.5%	5.5%	212	93.9%	6.1%	376	95.2%	4.8%



Note 1: Percentages may not add up to 100% due to rounding.

Note 2: Summary Rate Score response options are bolded.

Note 3: Cells highlighted in red denote 2019 plan percentage has significantly decreased when compared to trend data; cells highlighted in green denote 2019 percentage has significantly increased when compared to trend data; no shading denoted that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test.

Q8. If Humana-CareSource needs to follow up with you on any of these questions for further feedback, would it be okay for them to contact you?



Segmentation

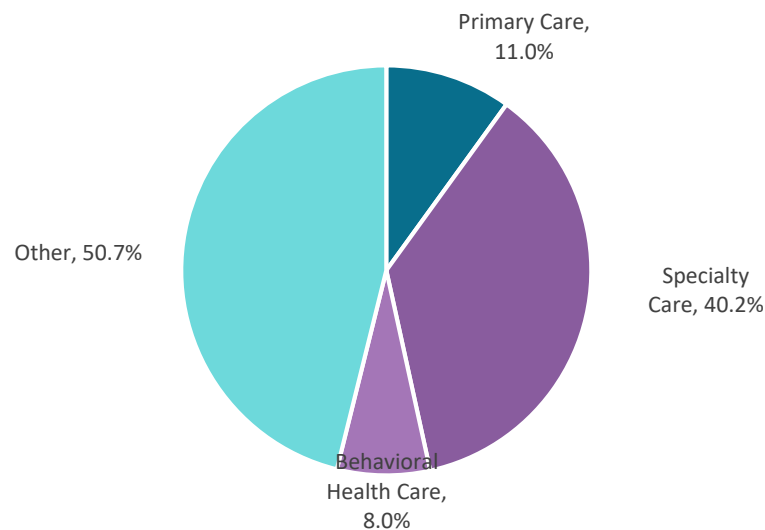
Segmentation by Area of Medicine

Provider Satisfaction - KY Medicaid



The majority of respondents are in 'Other' areas of medicine (51%), followed by 'Specialty Care' (40%), 'Primary Care' (11%), and 'Behavioral Health Care' (8%). The percentage of respondents in 'Specialty Care' is significantly lower than in 2018, while the percentage of respondents in 'Other' areas of medicine is significantly higher than in 2018 and 2017.

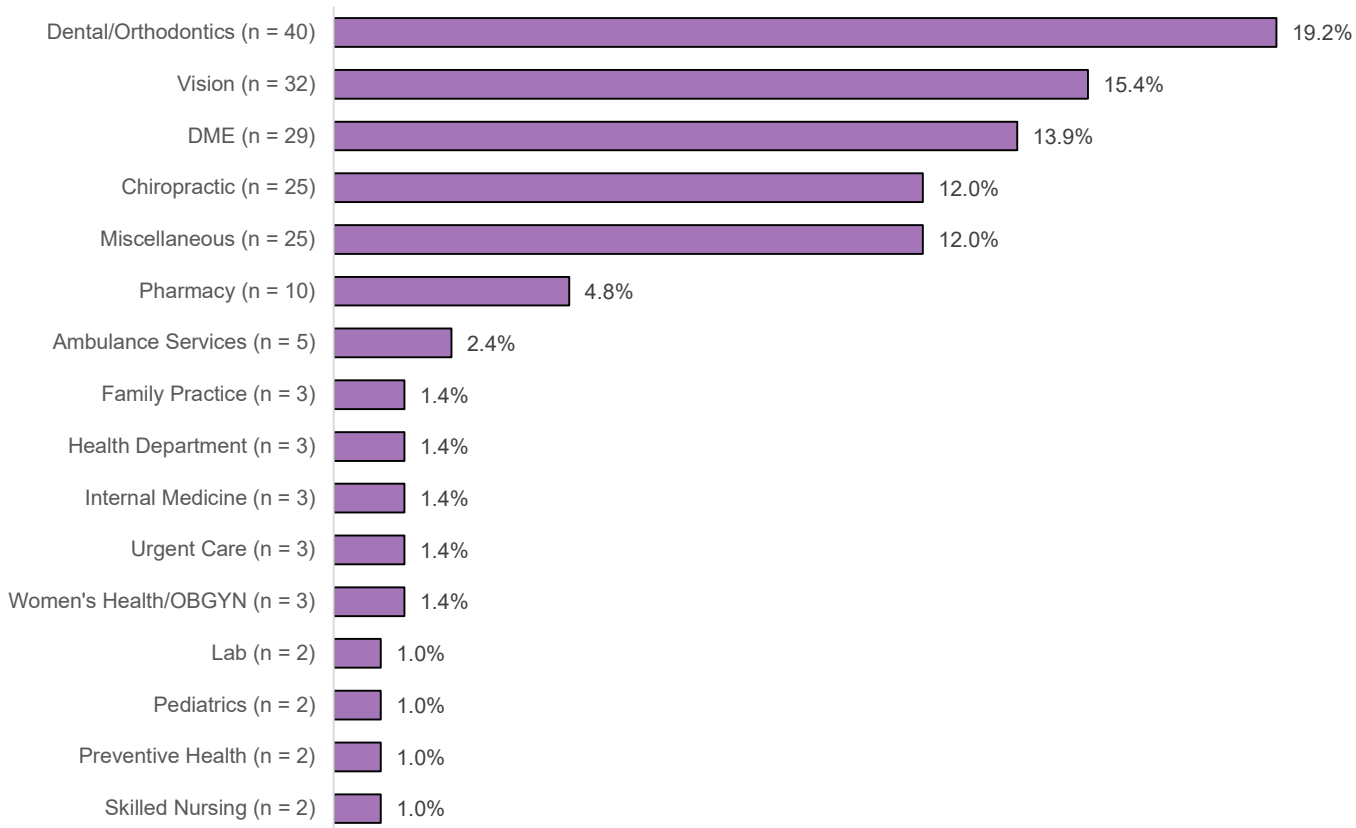
DA. Area of Medicine						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
Primary Care	45	11.0%	43	20.0%	171	30.6%
Specialty Care	165	40.2%	116	54.0%	255	45.7%
Behavioral Health Care	33	8.0%	14	6.5%	52	9.3%
Other	208	50.7%	71	33.0%	160	28.7%





Provider Satisfaction - KY Medicaid

DA. What is the major area of medicine at this practice? Other:



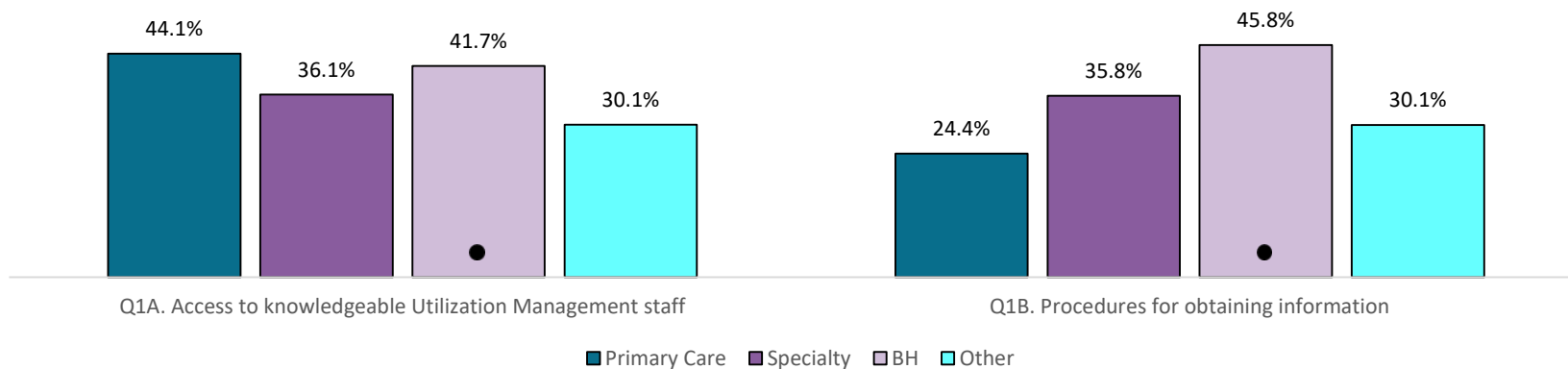
n = 208

DA. What is the major area of medicine at this practice?

Segmentation by Area of Medicine



Respondents in 'Primary Care' rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (44%). Among the segments with thirty or more respondents, Specialists rated Humana-CareSource Medicaid the highest on procedures for obtaining information (36%).



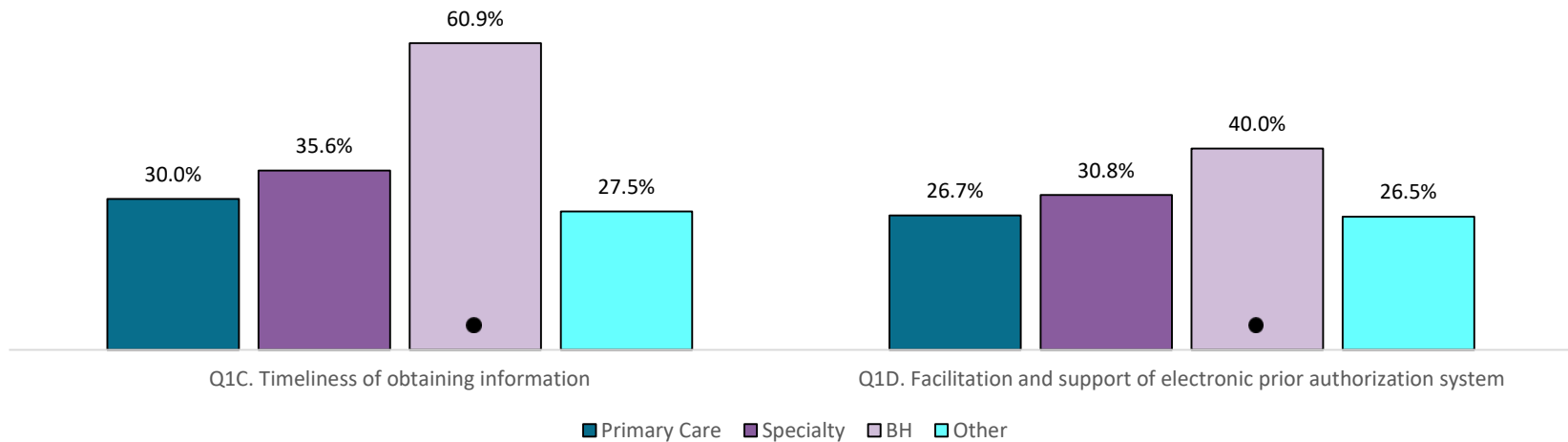
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	34	44.1%	147	36.1%	24	41.7%	176	30.1%
1B	41	24.4%	148	35.8%	24	45.8%	173	30.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Area of Medicine



Among the areas of medicine with thirty or more respondents, Specialists rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (36%) and on facilitation and support of the electronic prior authorization system (31%).



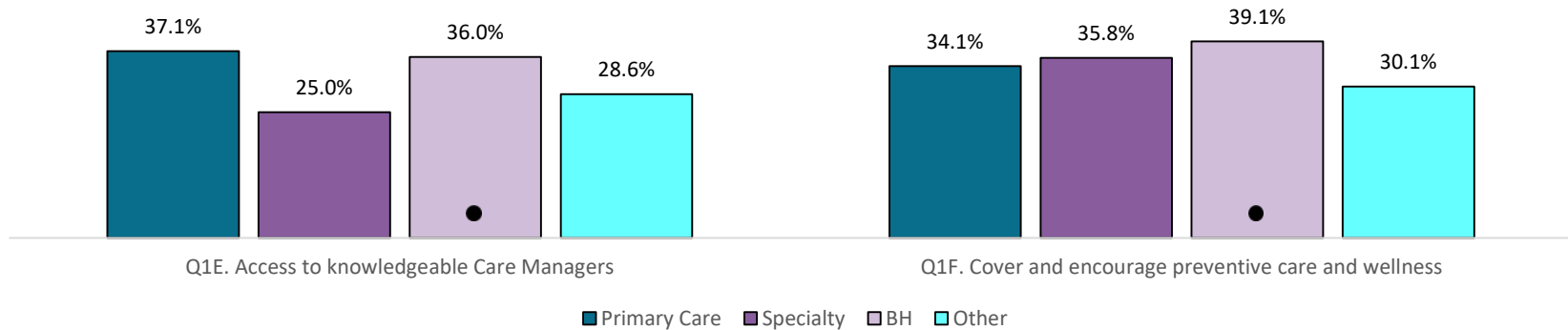
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	40	30.0%	146	35.6%	23	60.9%	171	27.5%
1D	30	26.7%	130	30.8%	20	40.0%	136	26.5%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Area of Medicine



Respondents in 'Primary Care' rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (37%). Among the segments with thirty or more respondents, Specialists rated Humana-CareSource Medicaid the highest on covering and encouraging preventive care and wellness (36%).



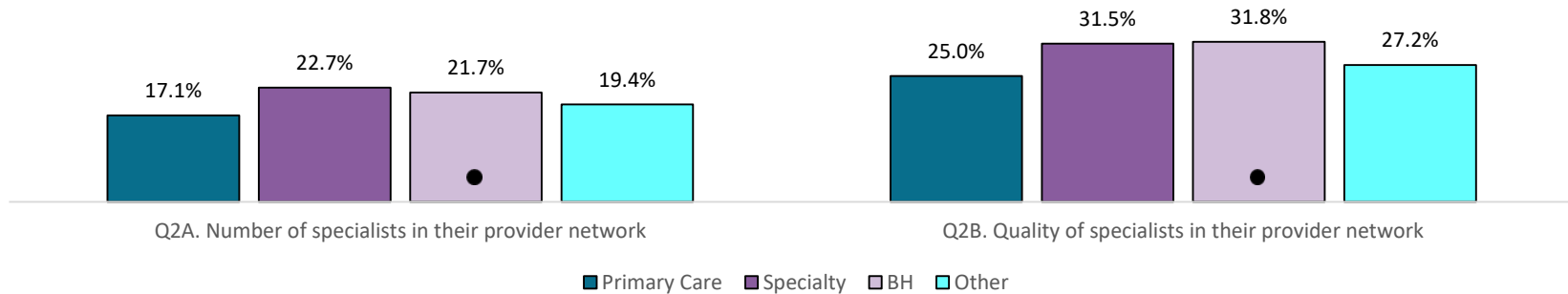
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	35	37.1%	136	25.0%	25	36.0%	168	28.6%
1F	41	34.1%	137	35.8%	23	39.1%	166	30.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Area of Medicine



Respondents in 'Specialty Care' rated Humana-CareSource Medicaid the highest on the number of specialists in their provider network (23%). Among the segments with thirty or more respondents, Specialists also rated Humana-CareSource Medicaid the highest on the quality of specialists in their provider network (32%).



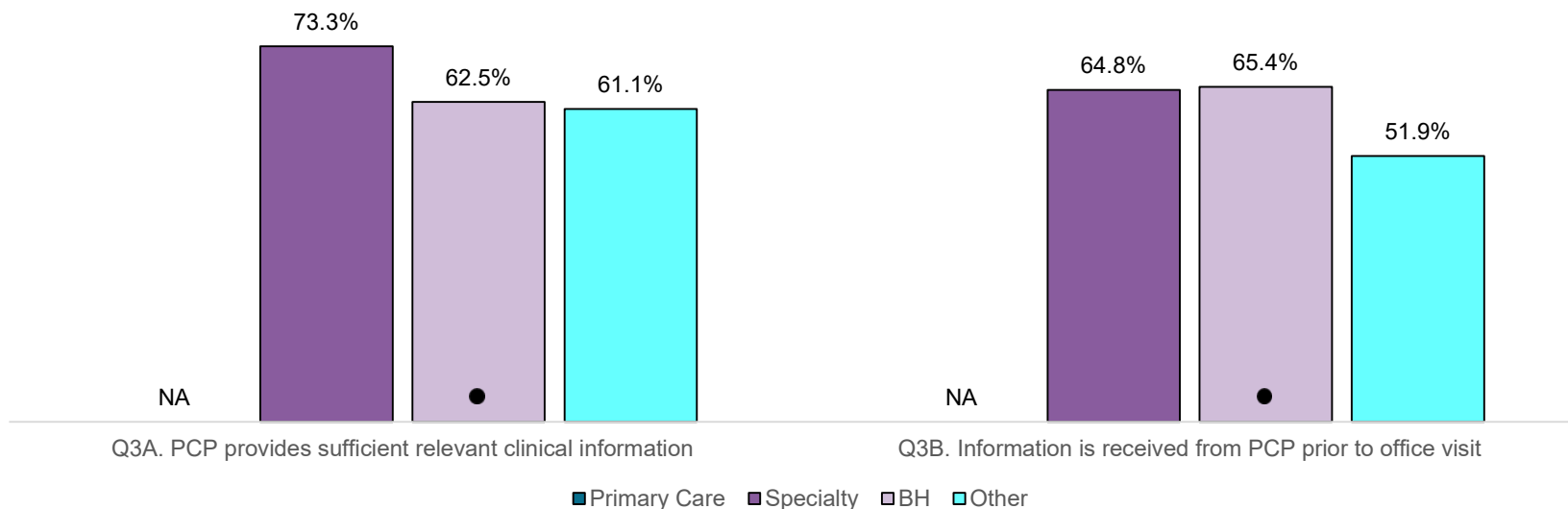
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	35	17.1%	119	22.7%	23	21.7%	124	19.4%
2B	36	25.0%	124	31.5%	22	31.8%	125	27.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Area of Medicine



Respondents in 'Specialty Care' reported that they receive sufficient relevant information from the PCP most often (73%). Among the segments with thirty or more respondents, Specialists also said they receive the information prior to the office visit most often (65%).



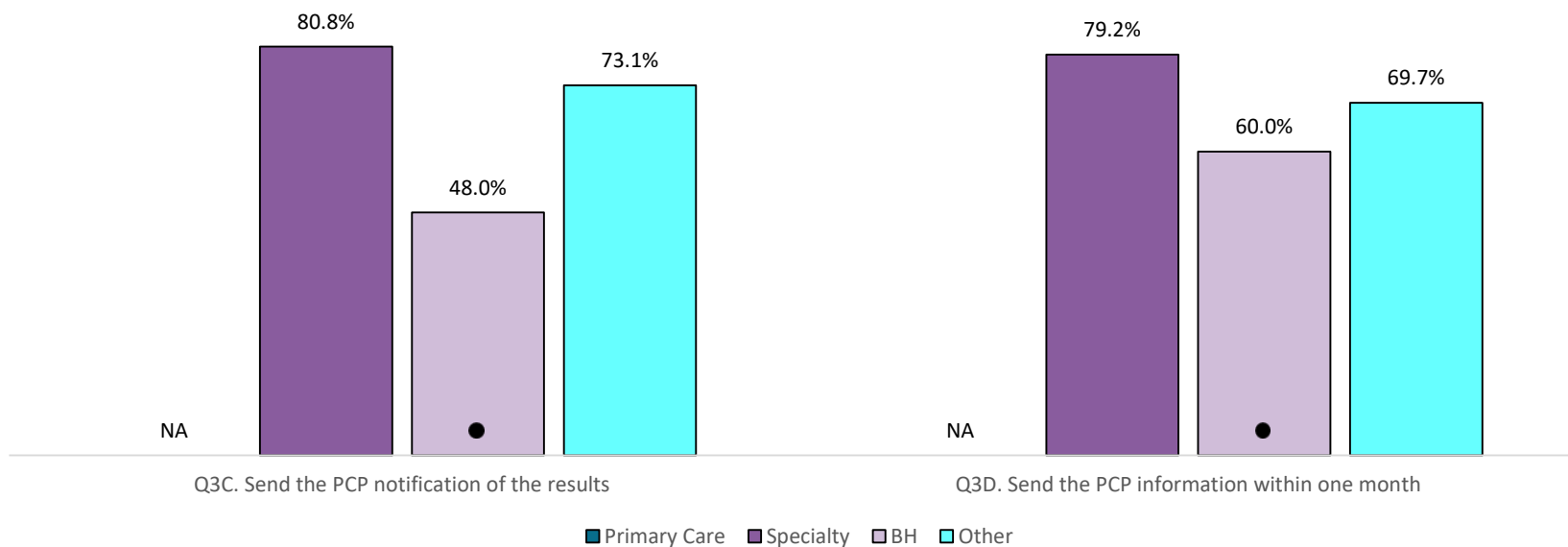
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	0	NA	150	73.3%	24	62.5%	144	61.1%
3B	0	NA	145	64.8%	26	65.4%	133	51.9%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Area of Medicine



Respondents in 'Specialty Care' reported that they send the PCP notification of the results most often (81%), and send this information within one month from the consultation most often (79%).



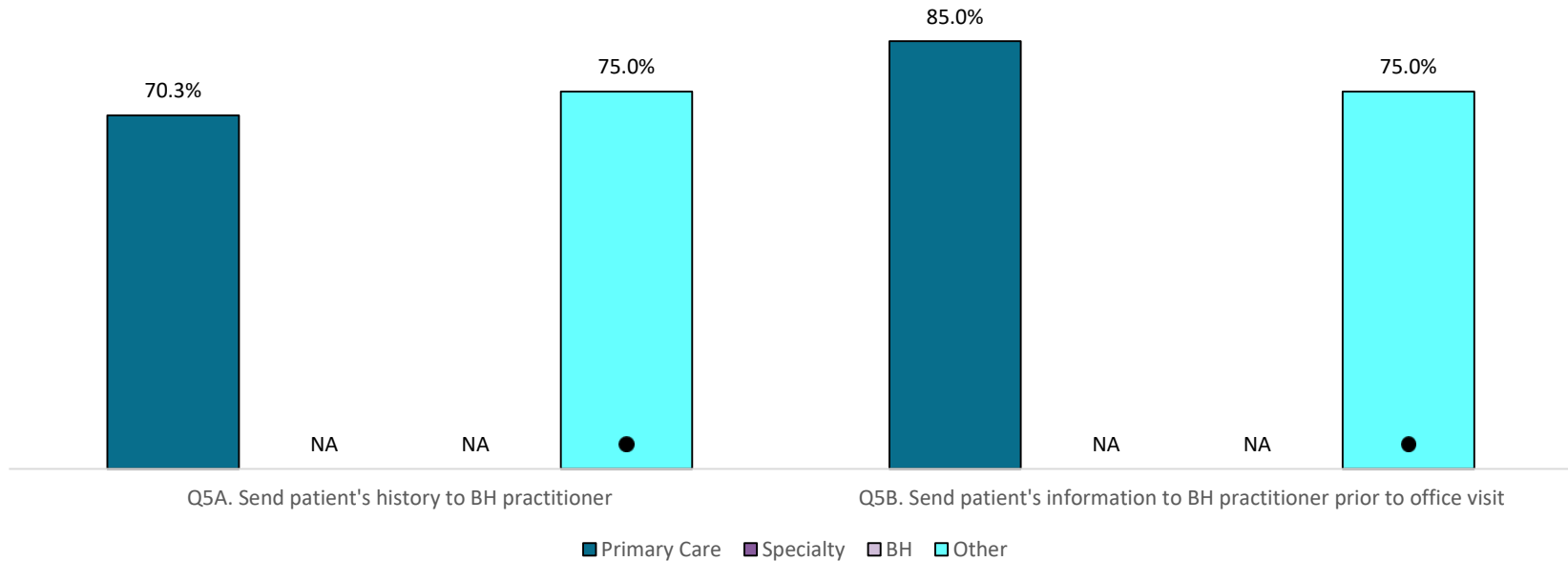
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	0	NA	156	80.8%	25	48.0%	156	73.1%
3D	0	NA	149	79.2%	25	60.0%	155	69.7%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Area of Medicine



Due to low valid n's, no comparisons can be made among the areas of medicine.



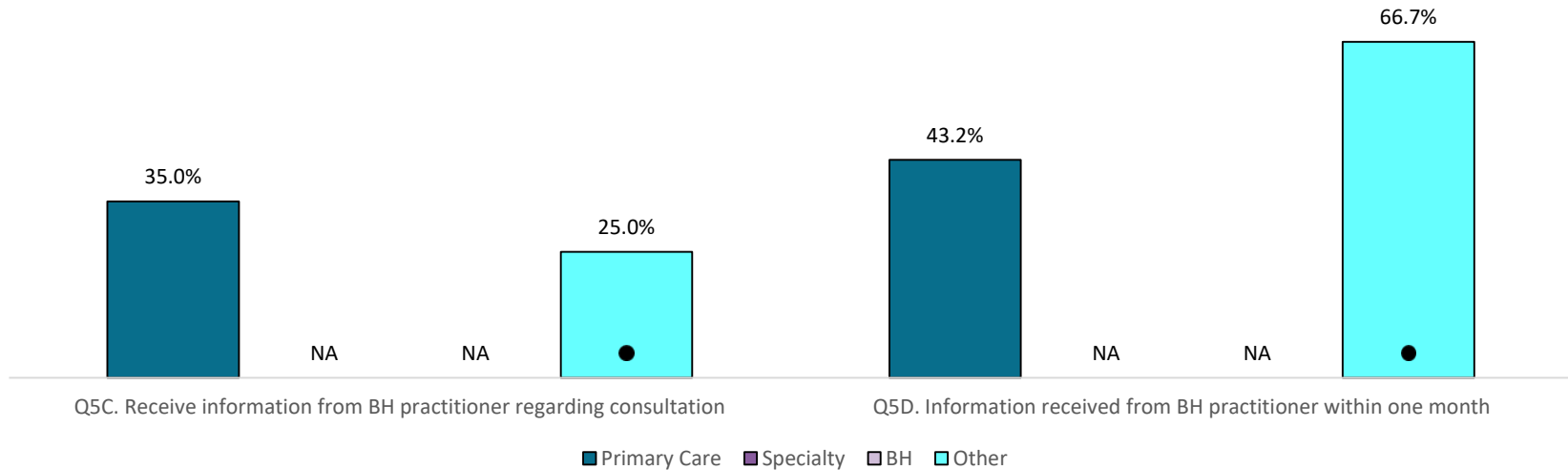
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	37	70.3%	0	NA	0	NA	4	75.0%
5B	40	85.0%	0	NA	0	NA	4	75.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Area of Medicine



Due to low valid n's, no comparisons can be made among the areas of medicine.



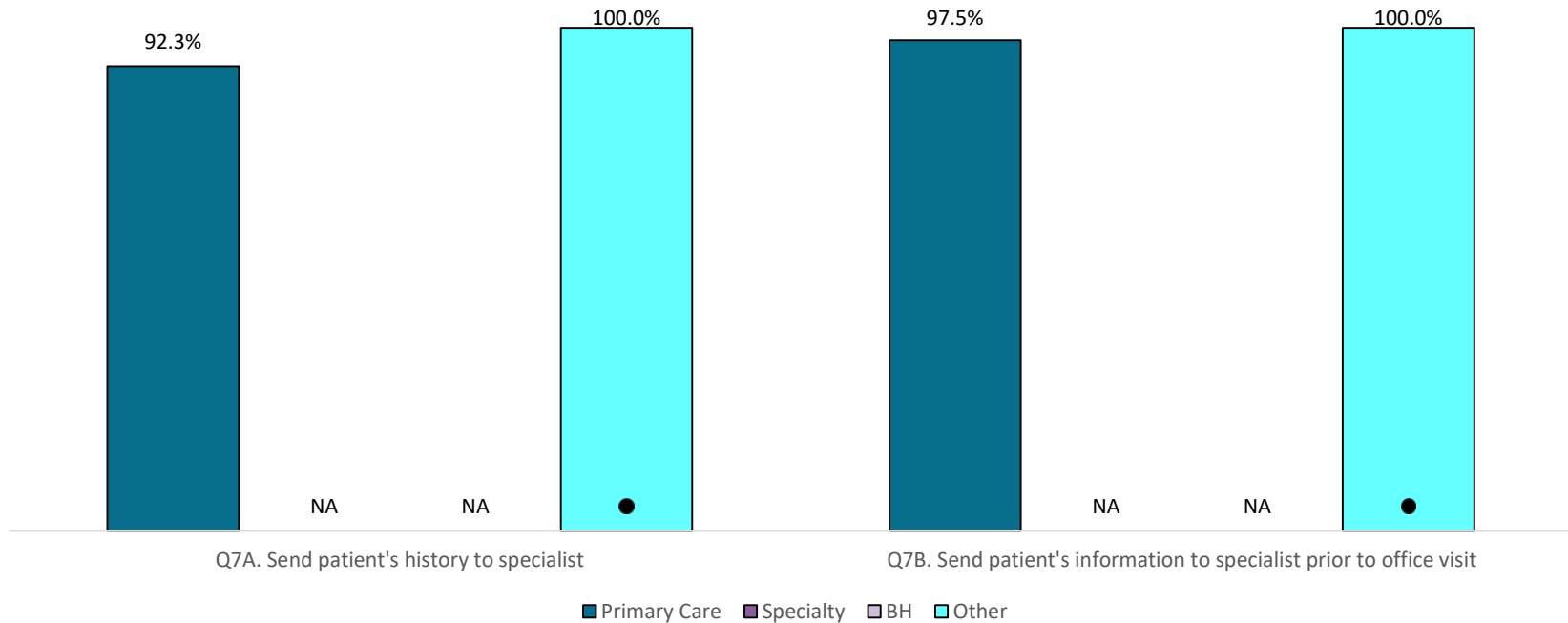
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	40	35.0%	0	NA	0	NA	4	25.0%
5D	37	43.2%	0	NA	0	NA	3	66.7%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Area of Medicine



Due to low valid n's, no comparisons can be made among the areas of medicine.



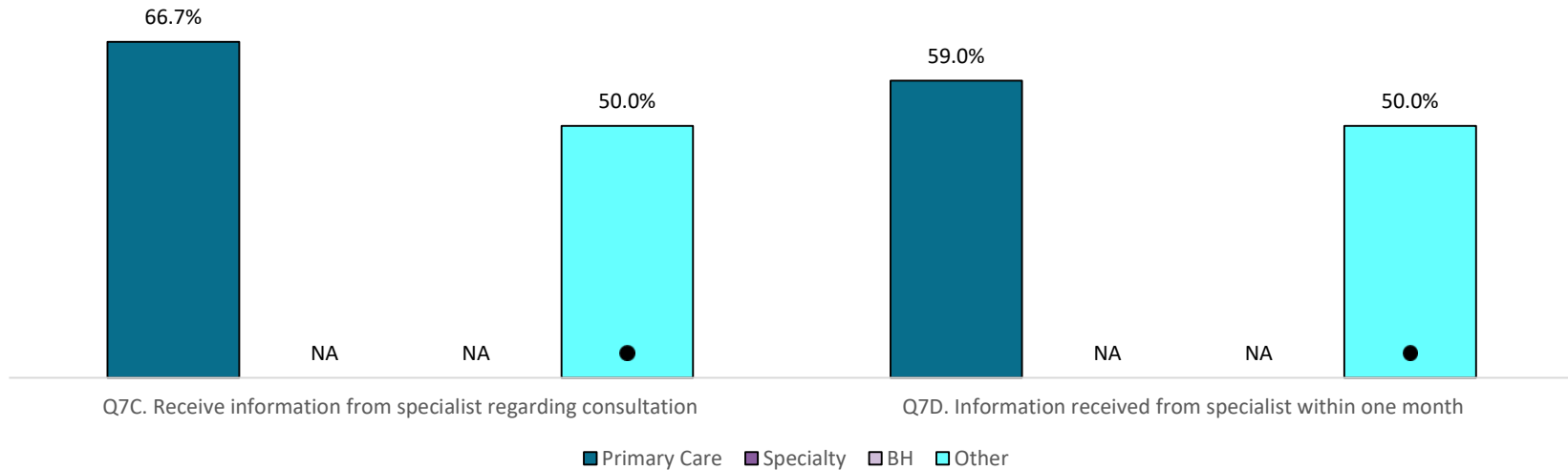
	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	39	92.3%	0	NA	0	NA	4	100.0%
7B	40	97.5%	0	NA	0	NA	4	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Area of Medicine



Due to low valid n's, no comparisons can be made among the areas of medicine.



	Primary Care		Specialty		BH		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	39	66.7%	0	NA	0	NA	4	50.0%
7D	39	59.0%	0	NA	0	NA	4	50.0%

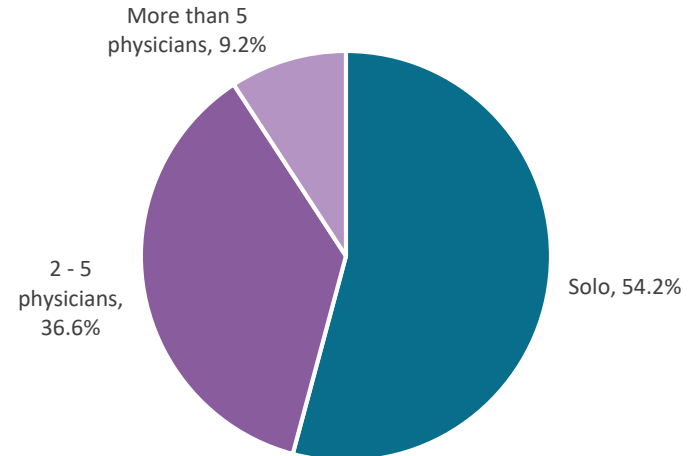
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



The majority of respondents have only one physician at their practice (54%), followed by '2-5 physicians' (37%), and 'more than 5 physicians' (9%). There are no significant changes from 2018 or 2017.

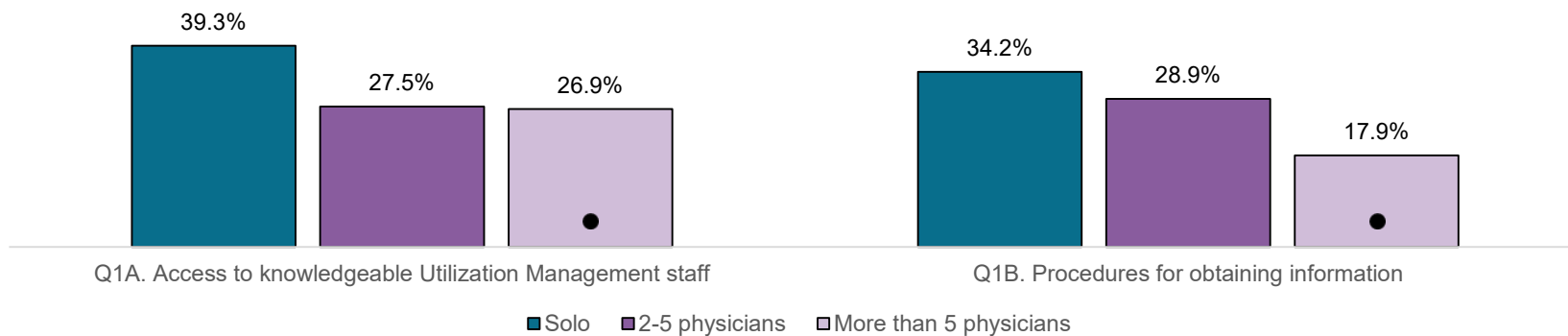
DB. Number of Physicians						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
Solo	188	54.2%	109	52.9%	238	48.8%
2 - 5 physicians	127	36.6%	80	38.8%	193	39.5%
More than 5 physicians	32	9.2%	17	8.3%	57	11.7%



Segmentation by Physicians in Practice



Practices with only one physician rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (39%) and on procedures for obtaining information (34%).



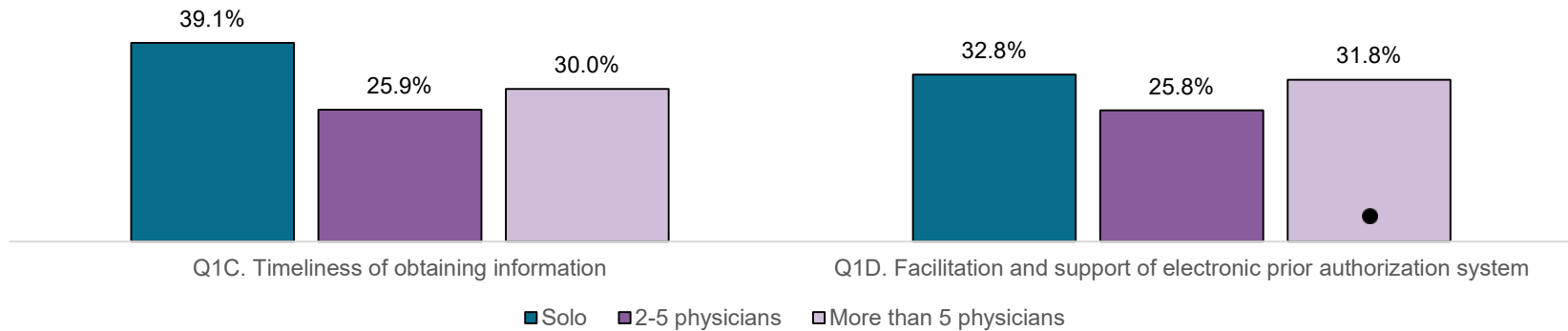
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	168	39.3%	102	27.5%	26	26.9%
1B	152	34.2%	114	28.9%	28	17.9%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Physicians in Practice



Practices with only one physician rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (39%) and on the facilitation and support of the electronic prior authorization system (33%).



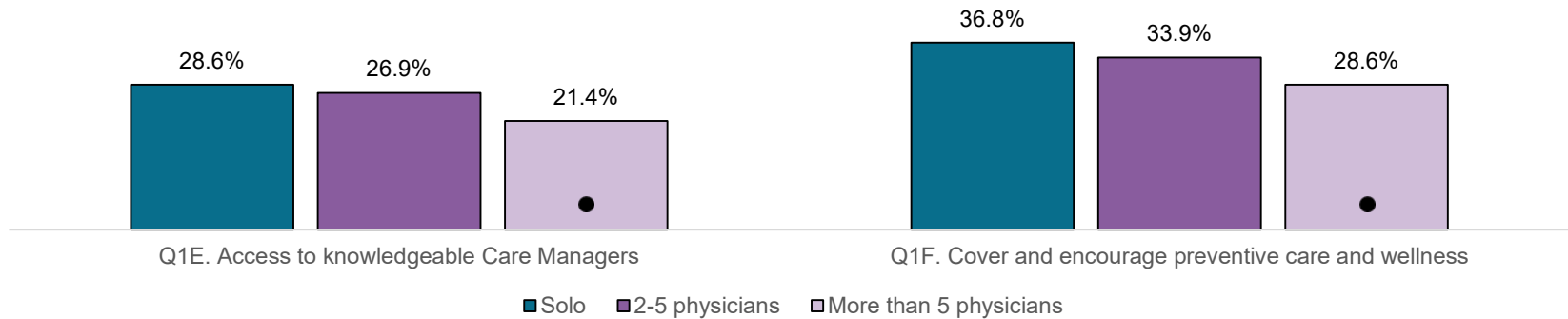
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	151	39.1%	112	25.9%	30	30.0%
1D	128	32.8%	97	25.8%	22	31.8%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Physicians in Practice



Practices with only one physician rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (29%) and the degree to which they cover and encourage preventive care and wellness (37%).



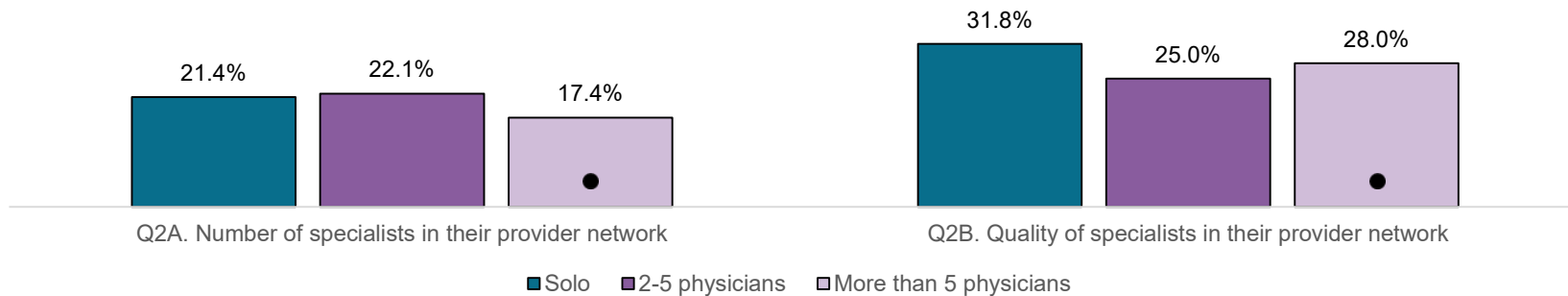
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	154	28.6%	104	26.9%	28	21.4%
1F	152	36.8%	112	33.9%	28	28.6%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Physicians in Practice



Practices with '2-5 physicians' rated Humana-CareSource Medicaid the highest on the number of specialists in their provider network (22%), while practices with only one physician rated Humana-CareSource Medicaid the highest on quality of specialists in their provider network (32%).



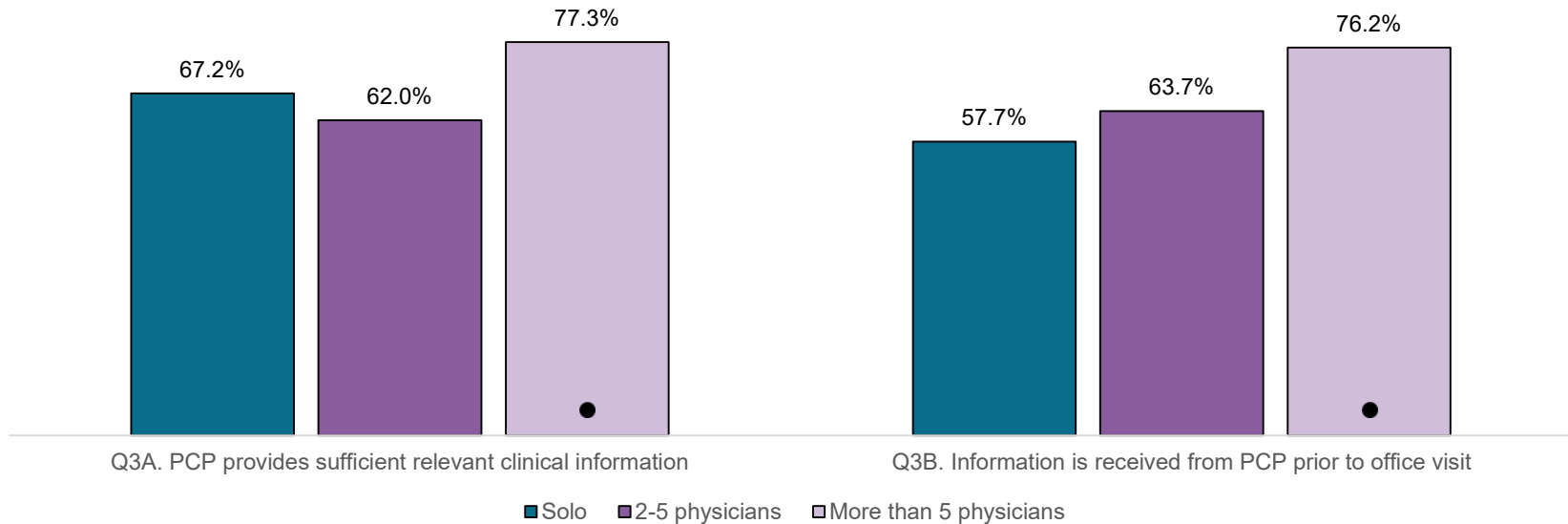
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	126	21.4%	95	22.1%	23	17.4%
2B	129	31.8%	96	25.0%	25	28.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Physicians in Practice



Among the segments with thirty or more respondents, practices with only one physician reported they receive sufficient relevant information from the PCP most often (67%), while practices with '2-5 physicians' receive the information prior to the office visit most often (64%).



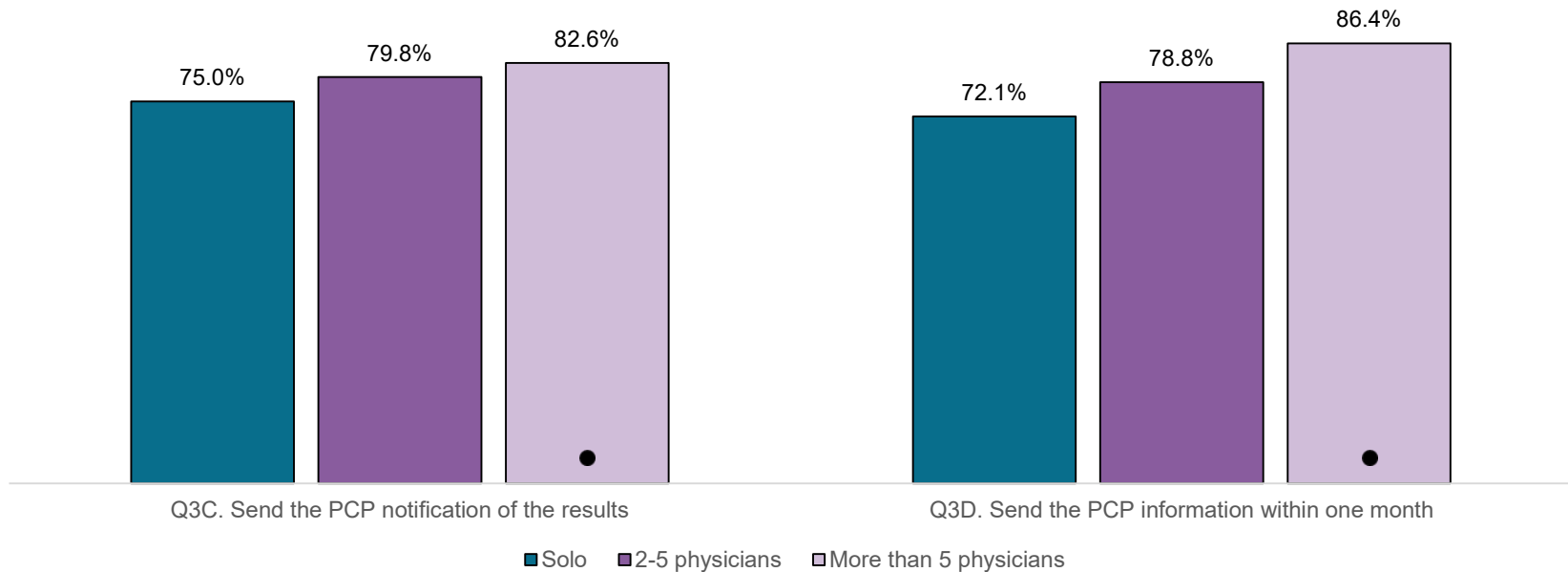
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	125	67.2%	92	62.0%	22	77.3%
3B	123	57.7%	91	63.7%	21	76.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



Among the segments with thirty or more respondents, practices with '2-5 physicians' reported that they send the PCP notification of the results most often (80%), and send this information within one month from the consultation most often (79%).



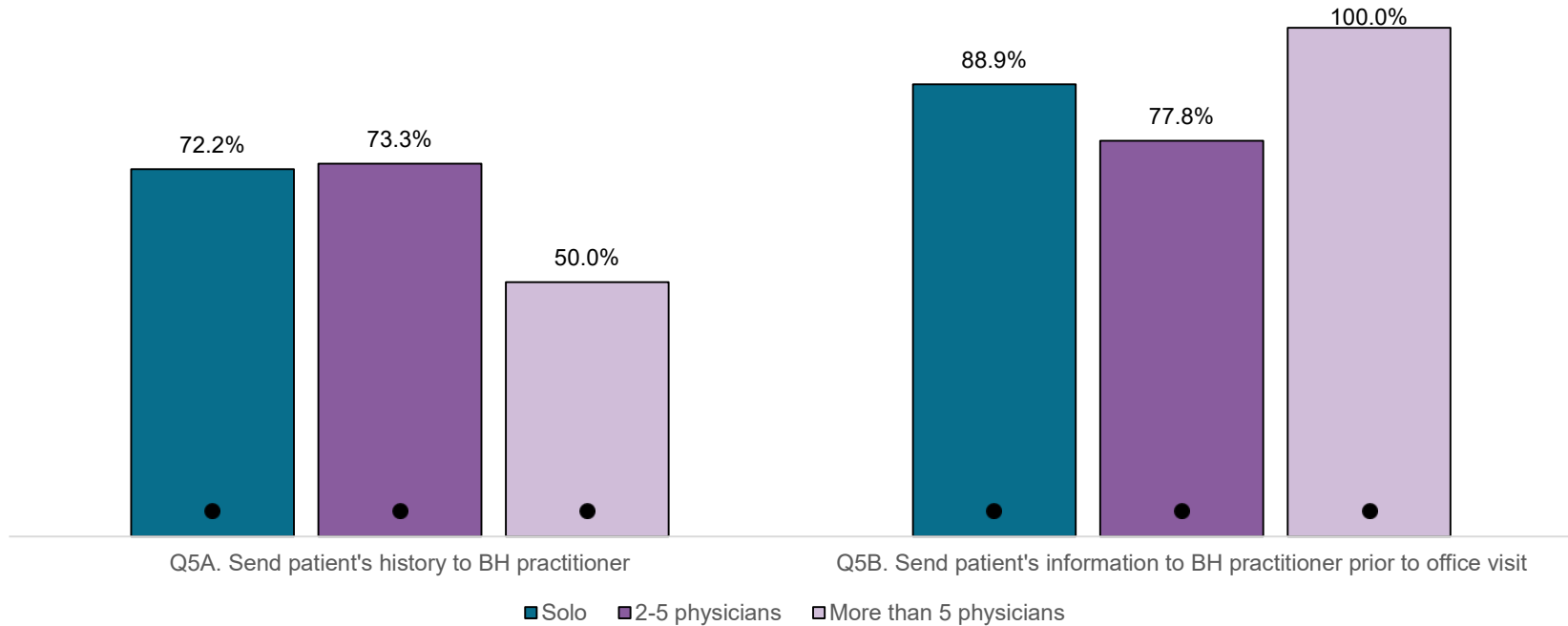
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	132	75.0%	99	79.8%	23	82.6%
3D	129	72.1%	99	78.8%	22	86.4%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



Due to low valid n's, no comparisons can be made among the segments.



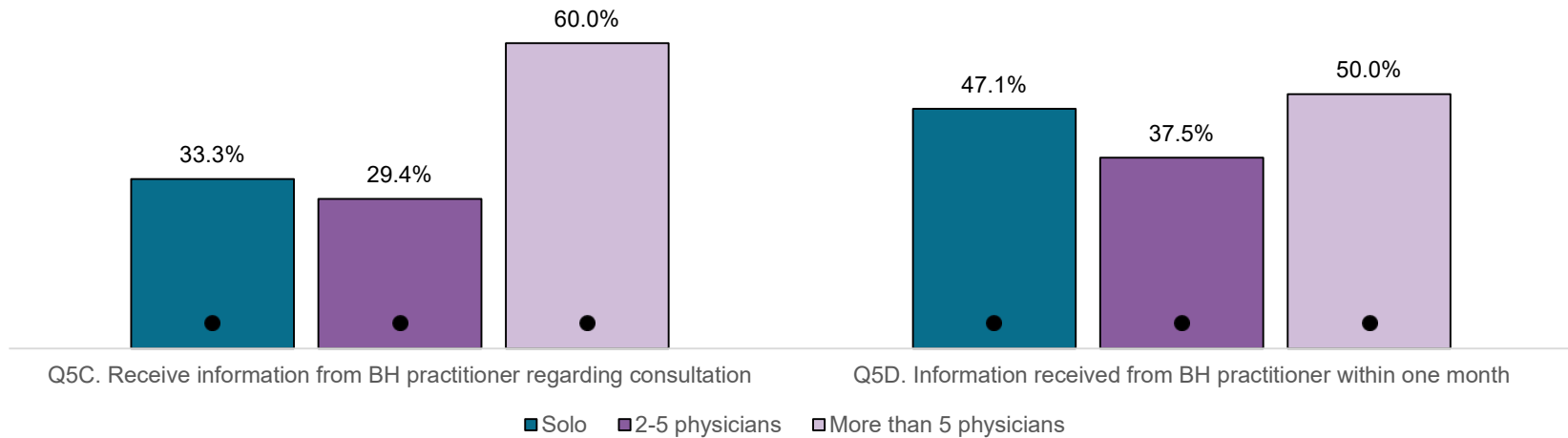
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	18	72.2%	15	73.3%	4	50.0%
5B	18	88.9%	18	77.8%	4	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



Due to low valid n's, no comparisons can be made among the segments.



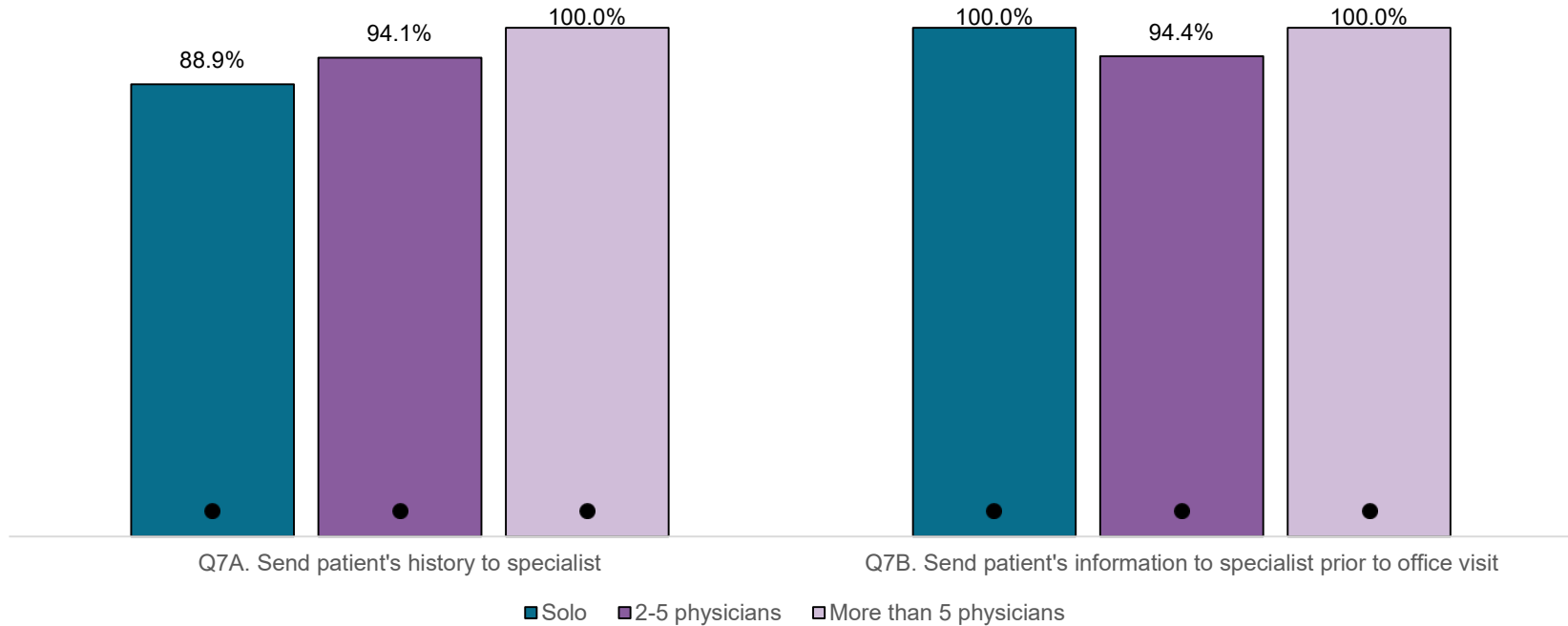
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	18	33.3%	17	29.4%	5	60.0%
5D	17	47.1%	16	37.5%	4	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



Due to low valid n's, no comparisons can be made among the segments.



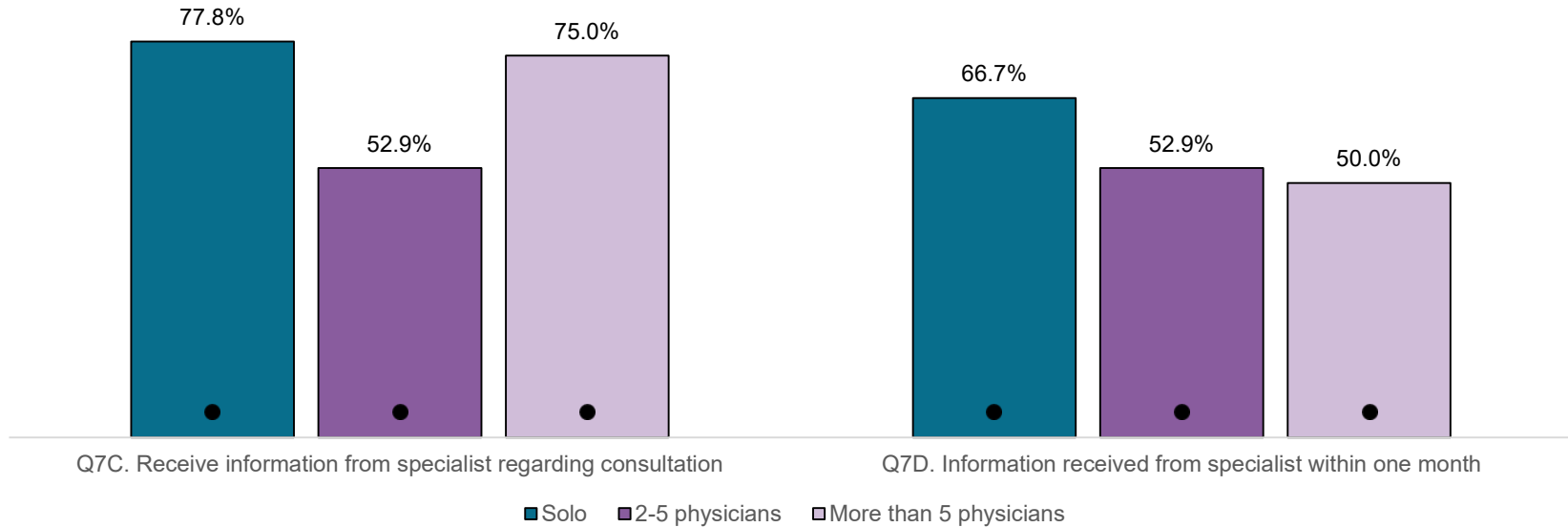
	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	18	88.9%	17	94.1%	4	100.0%
7B	18	100.0%	18	94.4%	4	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Physicians in Practice



Due to low valid n's, no comparisons can be made among the segments.



	Solo		2-5 physicians		More than 5 physicians	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	18	77.8%	17	52.9%	4	75.0%
7D	18	66.7%	17	52.9%	4	50.0%

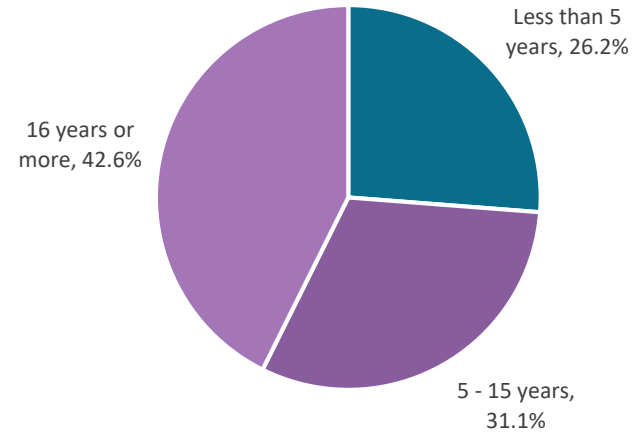
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Years in Practice



Most respondents have been in their practice for '16 years or more' (43%), followed by '5-15 years' (31%), and 'less than 5 years' (26%). There are no significant changes from 2018 or 2017.

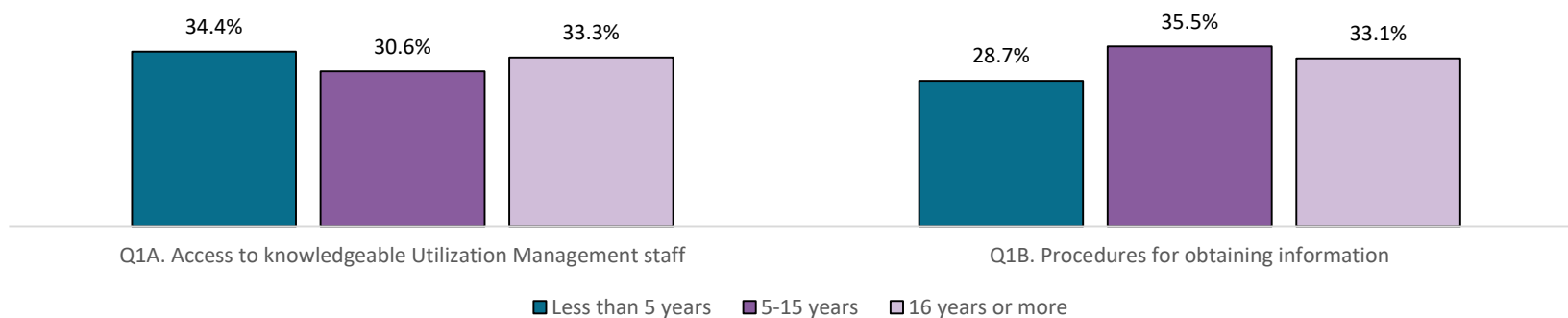
DC. Years in Practice						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
Less than 5 years	107	26.2%	49	23.0%	135	25.2%
5 - 15 years	127	31.1%	83	39.0%	182	34.0%
16 years or more	174	42.6%	81	38.0%	219	40.9%





Provider Satisfaction - KY Medicaid

Respondents who have been in their practice for 'less than 5 years' rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (34%), while those in their practice for '5-15 years' rated Humana-CareSource Medicaid the highest on procedures for obtaining information (36%).



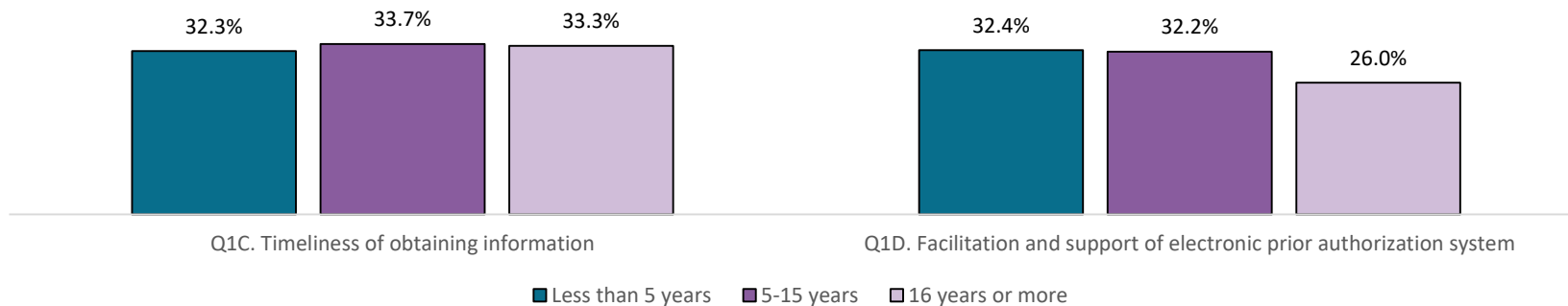
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	90	34.4%	108	30.6%	150	33.3%
1B	94	28.7%	107	35.5%	148	33.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Respondents who have been in their practice for '5-15 years' rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (34%). Those respondents in their practice for 'less than 5 years' rated Humana-CareSource Medicaid the highest on the facilitation and support of the electronic prior authorization system (32%).



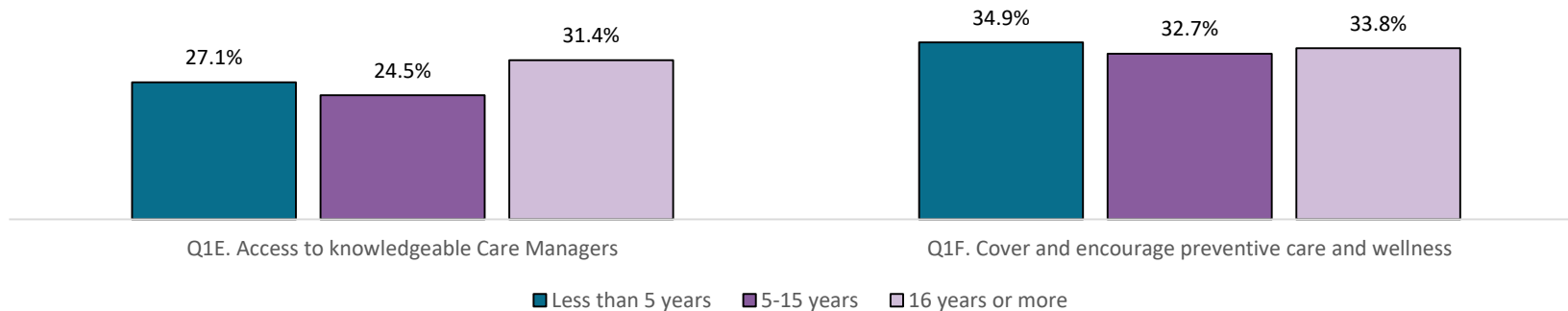
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	93	32.3%	104	33.7%	147	33.3%
1D	74	32.4%	87	32.2%	123	26.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Respondents who have been in their practice for '16 years or more' rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (31%), while those respondents in their practice for 'less than 5 years' rated Humana-CareSource Medicaid the highest on the degree to which they cover and encourage preventive care and wellness (35%).



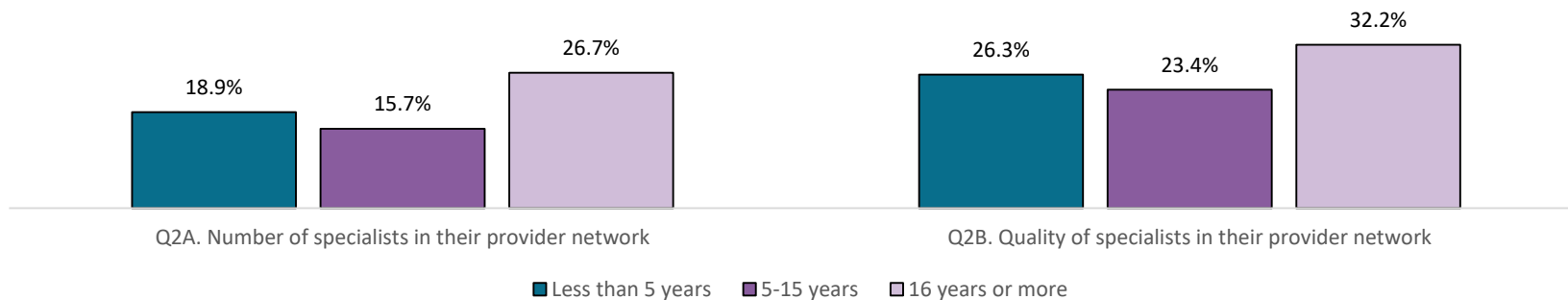
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	85	27.1%	102	24.5%	140	31.4%
1F	83	34.9%	104	32.7%	142	33.8%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Respondents who have been in their practice '16 years or more' rated Humana-CareSource Medicaid the highest on the number (27%) and quality (32%) of specialists in their provider network.



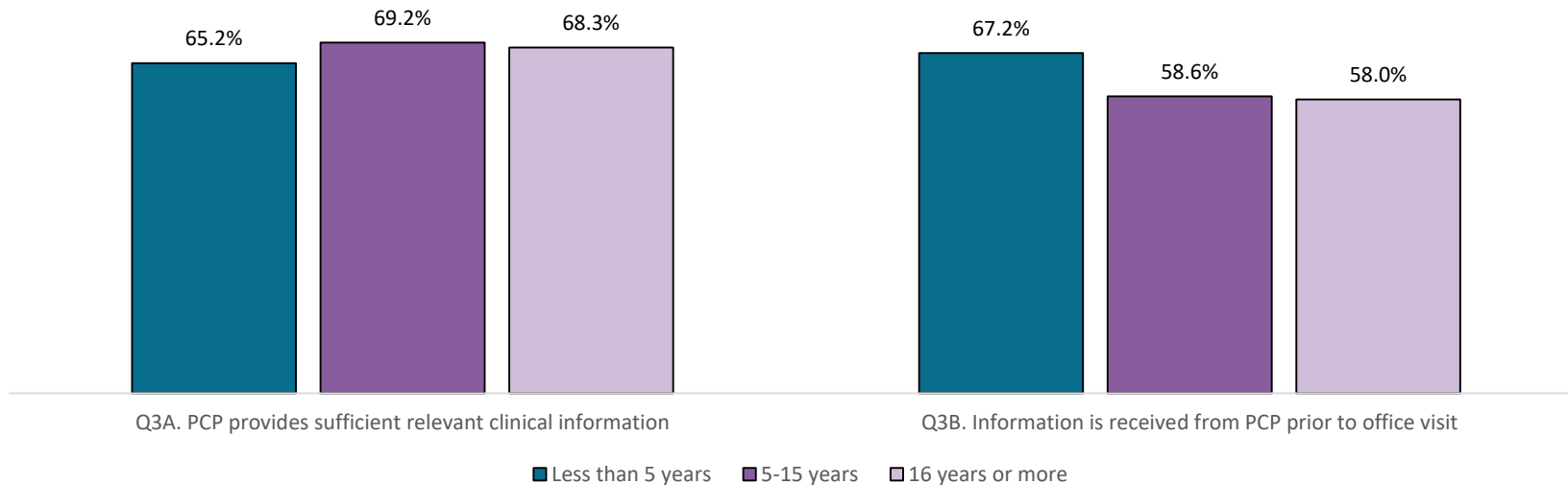
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	74	18.9%	83	15.7%	116	26.7%
2B	76	26.3%	77	23.4%	121	32.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Respondents who have been in their practice for '5-15 years' said that they receive sufficient relevant information from the PCP most often (69%), while respondents in their practice for 'less than 5 years' receive the information prior to the office visit most often (67%).



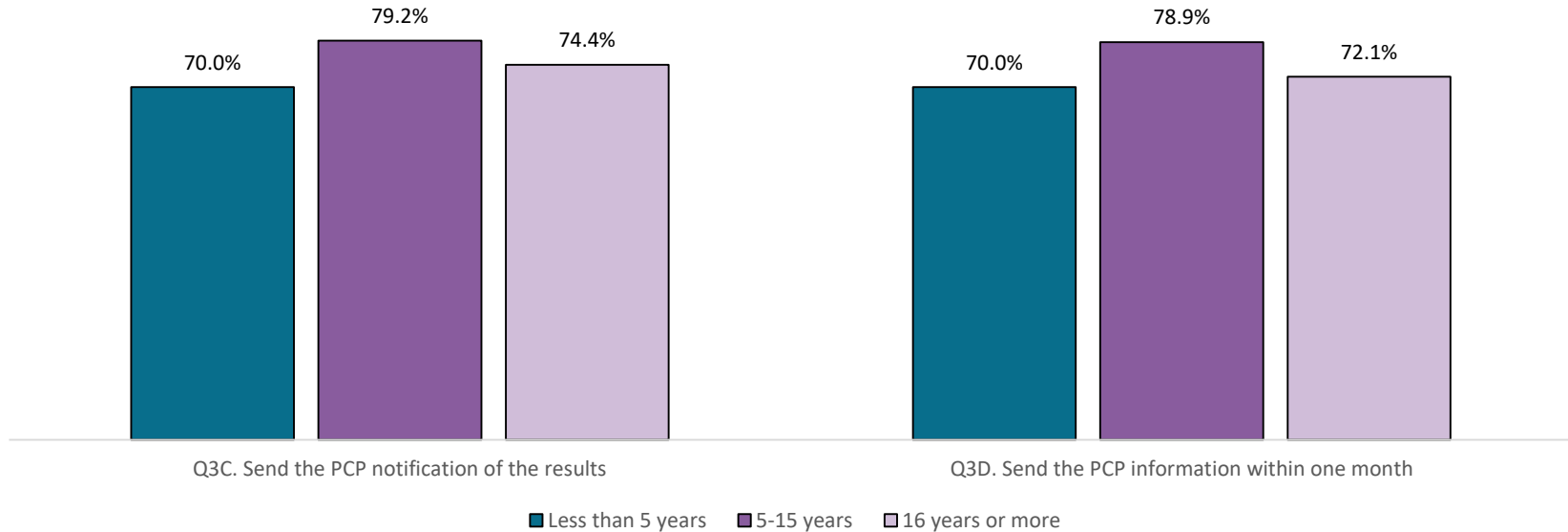
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	66	65.2%	91	69.2%	126	68.3%
3B	67	67.2%	87	58.6%	119	58.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Respondents who have been in their practice '5-15 years' reported that they send the PCP notification of the results most often (79%), and send this information within one month from the consultation most often (79%).



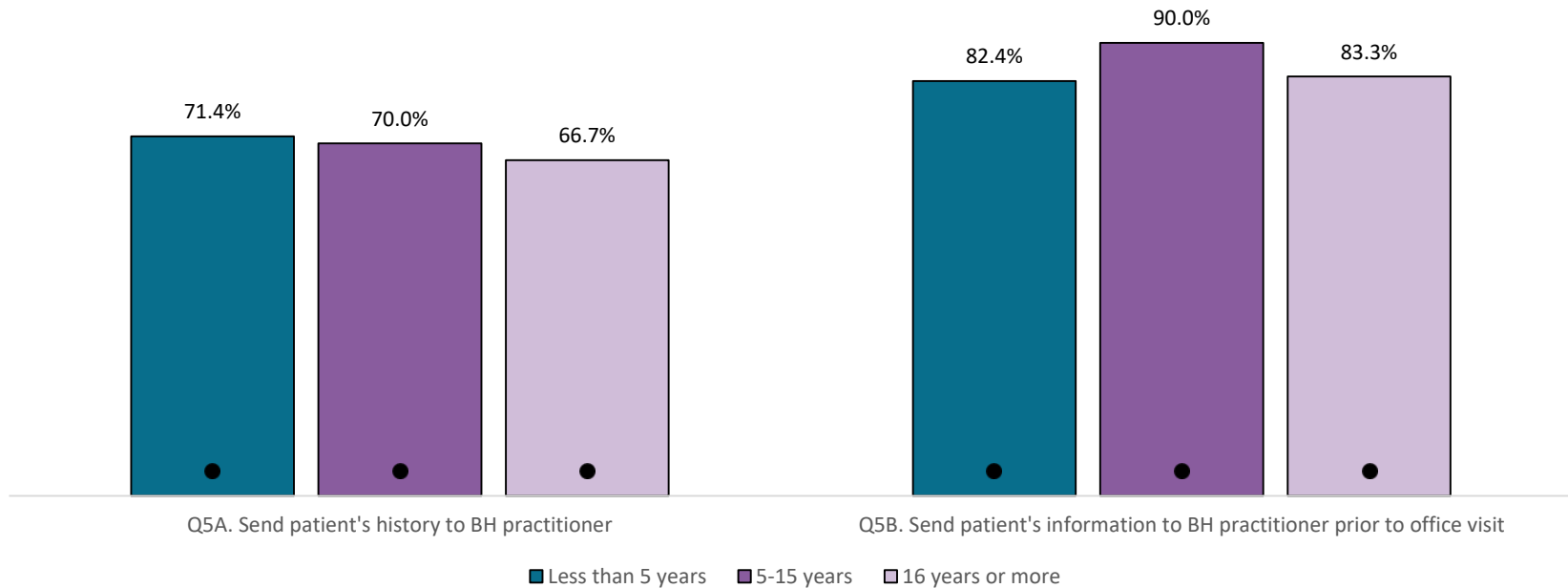
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	70	70.0%	101	79.2%	129	74.4%
3D	70	70.0%	95	78.9%	129	72.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



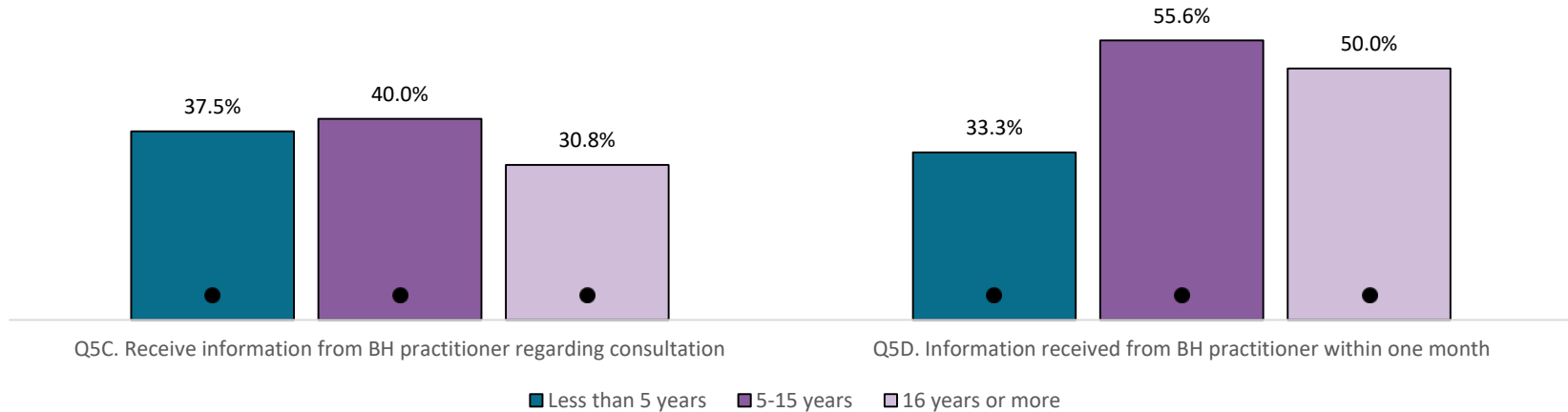
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	14	71.4%	10	70.0%	12	66.7%
5B	17	82.4%	10	90.0%	12	83.3%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



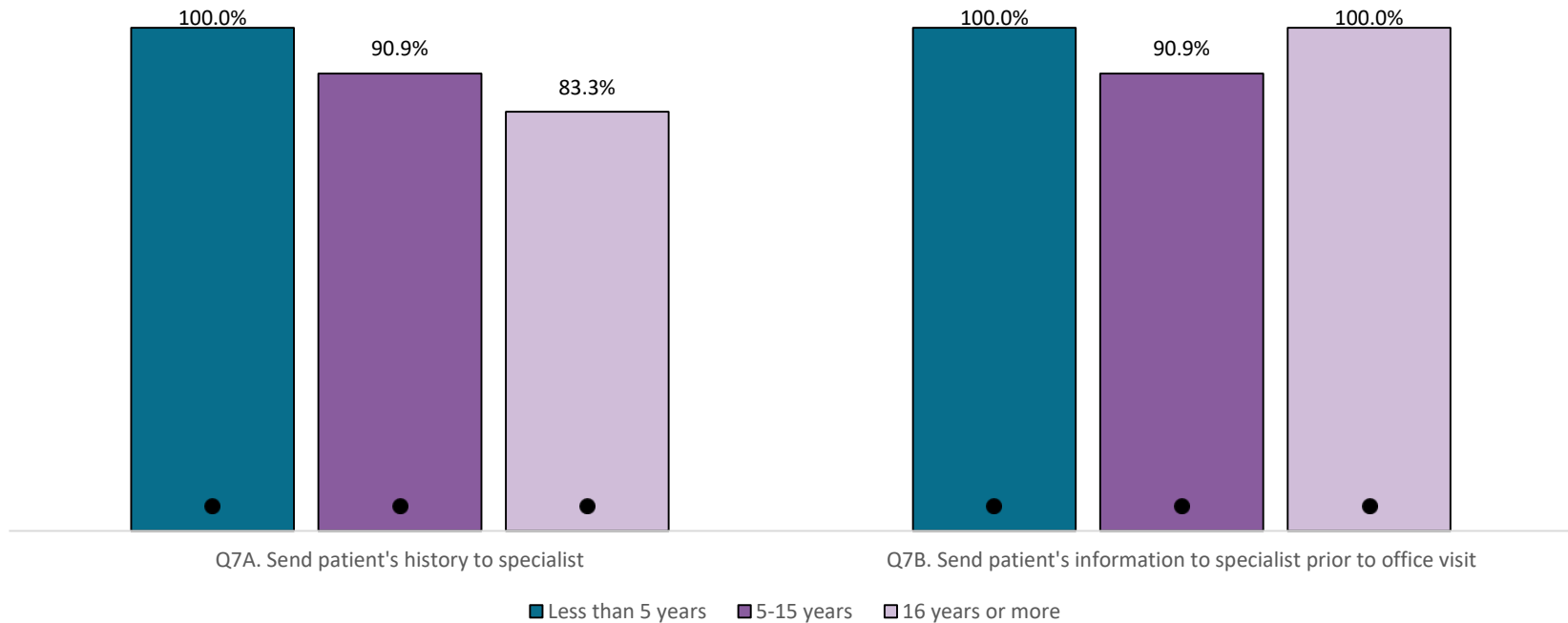
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	16	37.5%	10	40.0%	13	30.8%
5D	15	33.3%	9	55.6%	12	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



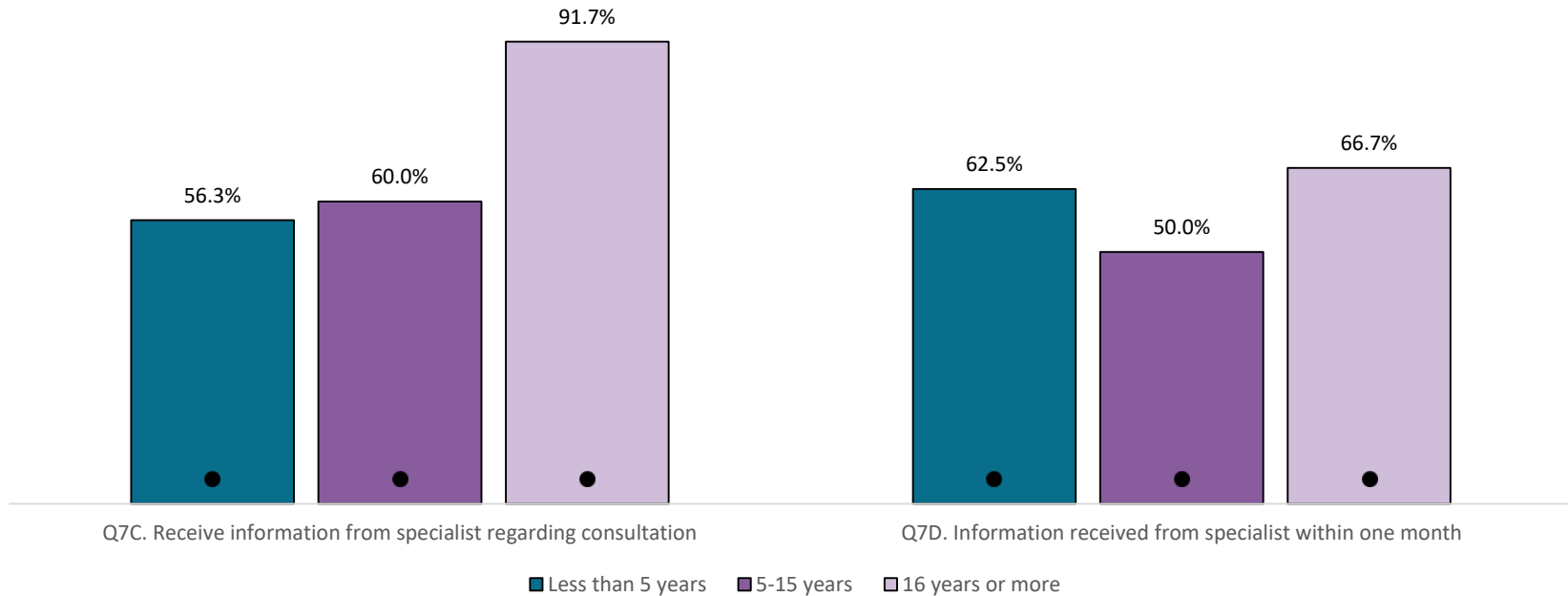
	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	15	100.0%	11	90.9%	12	83.3%
7B	16	100.0%	11	90.9%	12	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



	Less than 5 years		5-15 years		16 years or more	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	16	56.3%	10	60.0%	12	91.7%
7D	16	62.5%	10	50.0%	12	66.7%

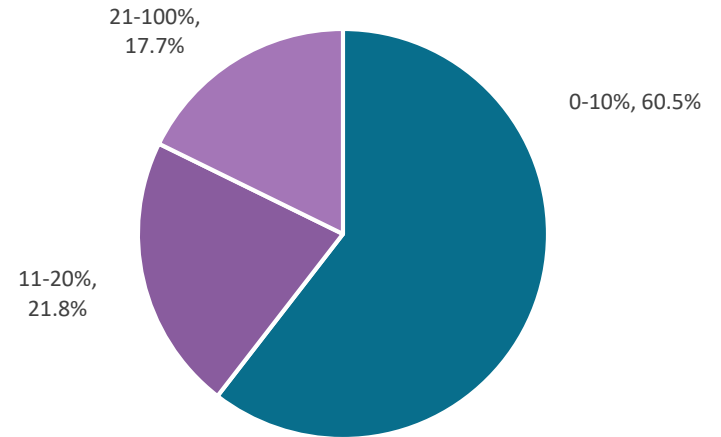
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Managed Care Volume



The majority of respondents stated that Humana-CareSource Medicaid represents '0-10%' of their patient volume (61%), followed by '11-20%' (22%), and '21-100%' (18%). There are no significant changes from 2018 or 2017.

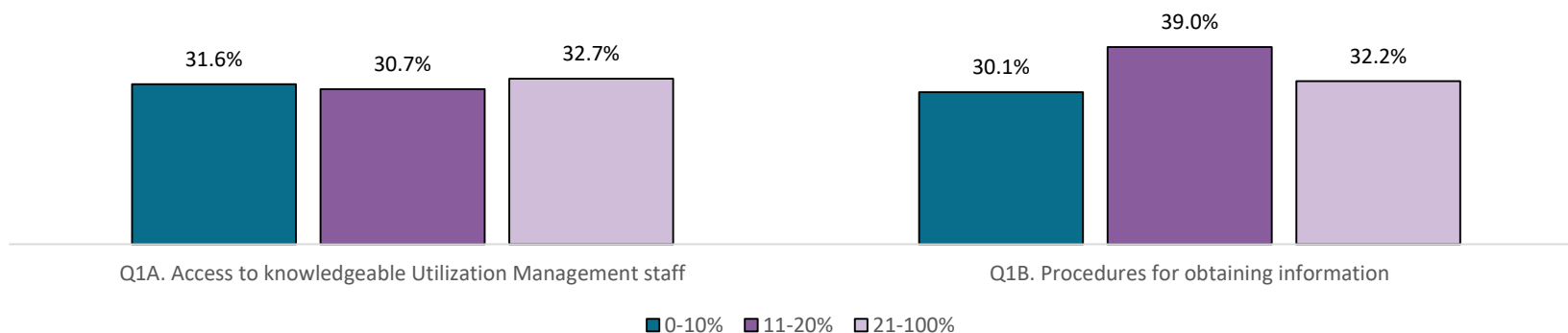
DD. Managed Care Volume						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
0-10%	225	60.5%	122	62.2%	251	57.8%
11-20%	81	21.8%	37	18.9%	103	23.7%
21-100%	66	17.7%	37	18.9%	80	18.4%



Segmentation by Managed Care Volume



Respondents within the '21-100%' segment rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (33%), while those within the '11-20%' segment rated Humana-CareSource Medicaid the highest on procedures for obtaining information (39%).



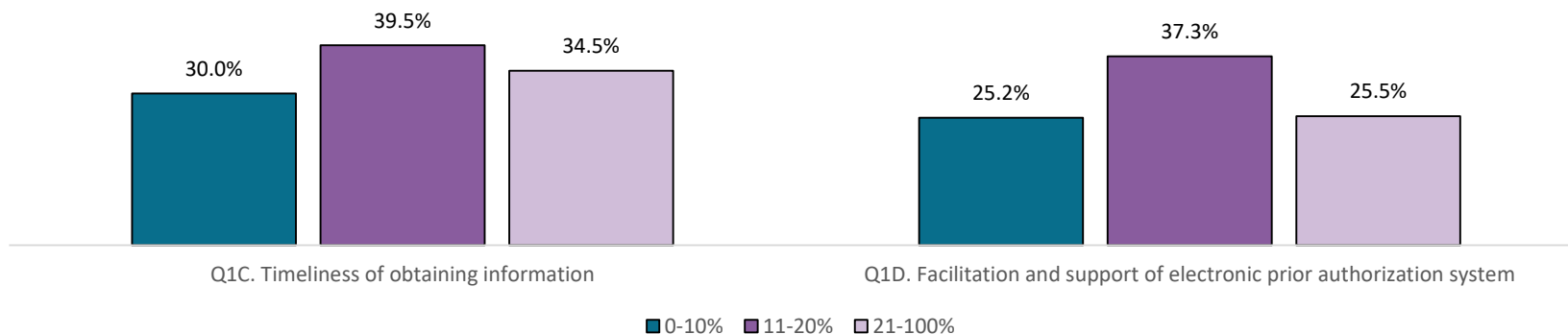
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	193	31.6%	75	30.7%	55	32.7%
1B	183	30.1%	77	39.0%	59	32.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Managed Care Volume



Respondents within the '21-100%' segment rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (40%) and on the facilitation and support of the electronic prior authorization system (37%).



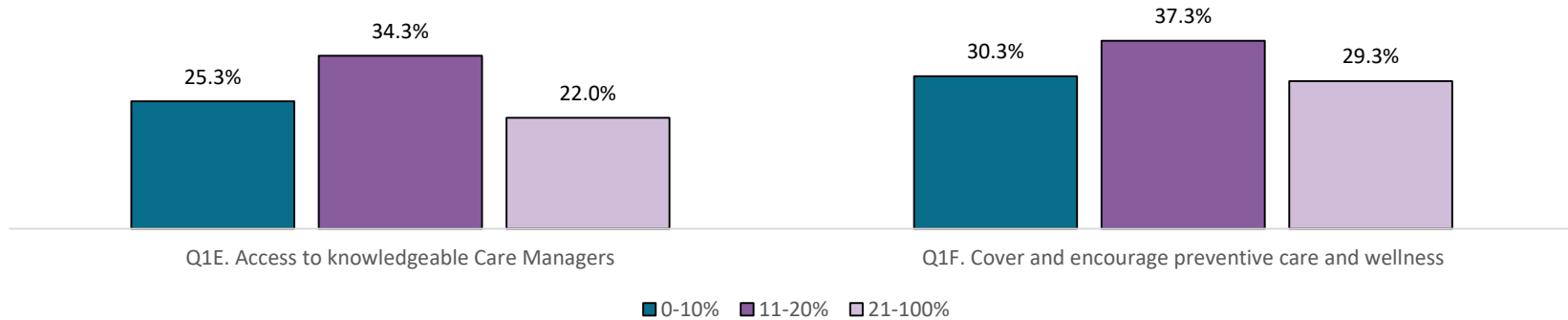
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	180	30.0%	76	39.5%	58	34.5%
1D	151	25.2%	59	37.3%	51	25.5%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Managed Care Volume



Respondents within the '11-20%' segment rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (34%) and on the degree to which they cover and encourage preventive care and wellness (37%).



	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	174	25.3%	67	34.3%	59	22.0%
1F	175	30.3%	67	37.3%	58	29.3%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Respondents within the '21-100%' segment rated Humana-CareSource Medicaid the highest on the number of specialists in their provider network (25%), while those in the '11-20%' segment rated Humana-CareSource Medicaid the highest on the quality of specialists in their provider network (29%).



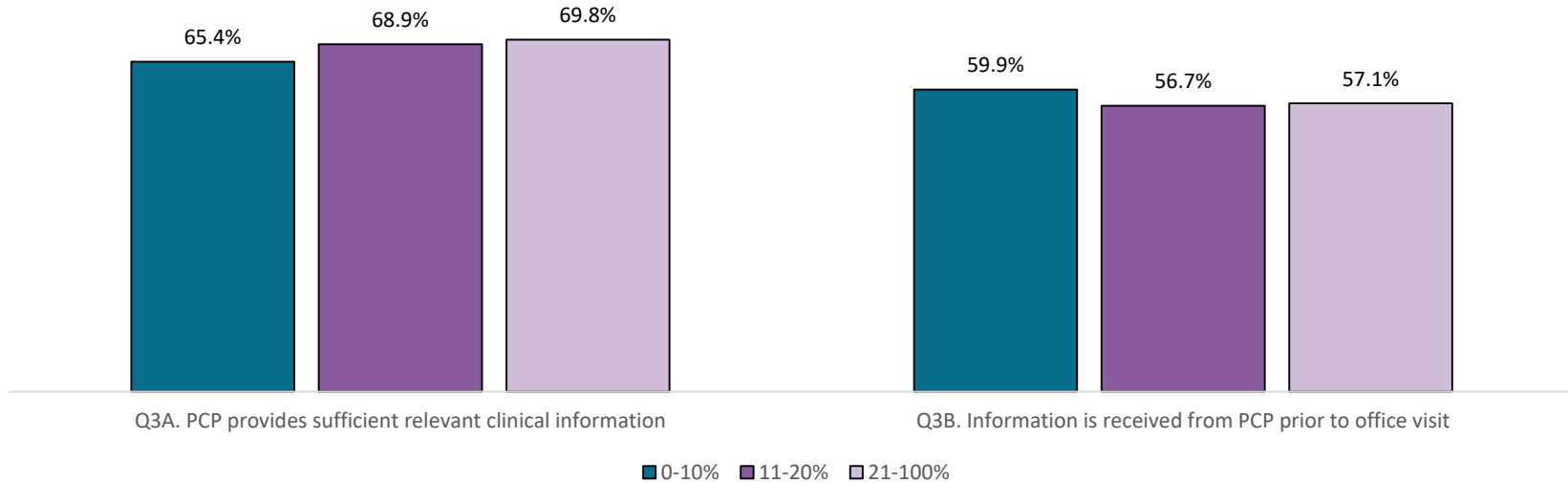
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	144	16.7%	57	22.8%	52	25.0%
2B	144	25.0%	58	29.3%	50	28.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Managed Care Volume



Respondents in the '21-100%' segment said that they receive sufficient relevant information from the PCP most often (70%), while respondents in the '0-10%' segment receive the information prior to the office visit most often (60%).



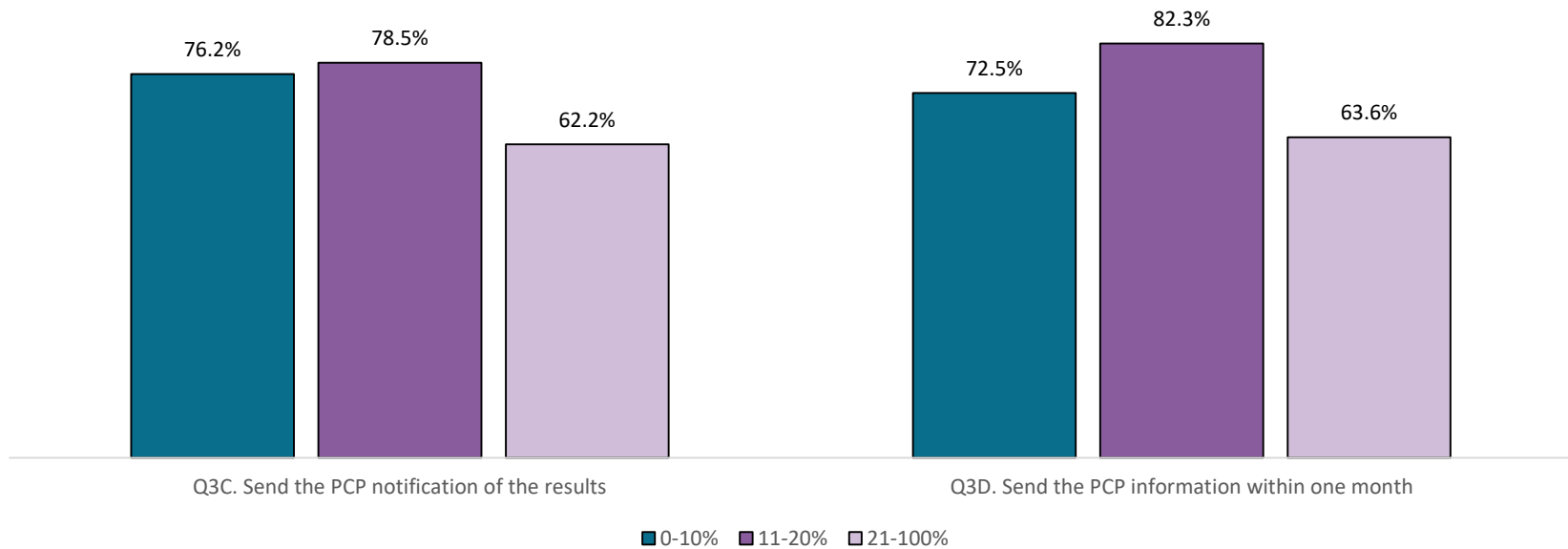
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	159	65.4%	61	68.9%	43	69.8%
3B	152	59.9%	60	56.7%	42	57.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Managed Care Volume



Respondents in the '11-20%' segment reported that they send the PCP notification of the results most often (79%), and send this information within one month from the consultation most often (82%).



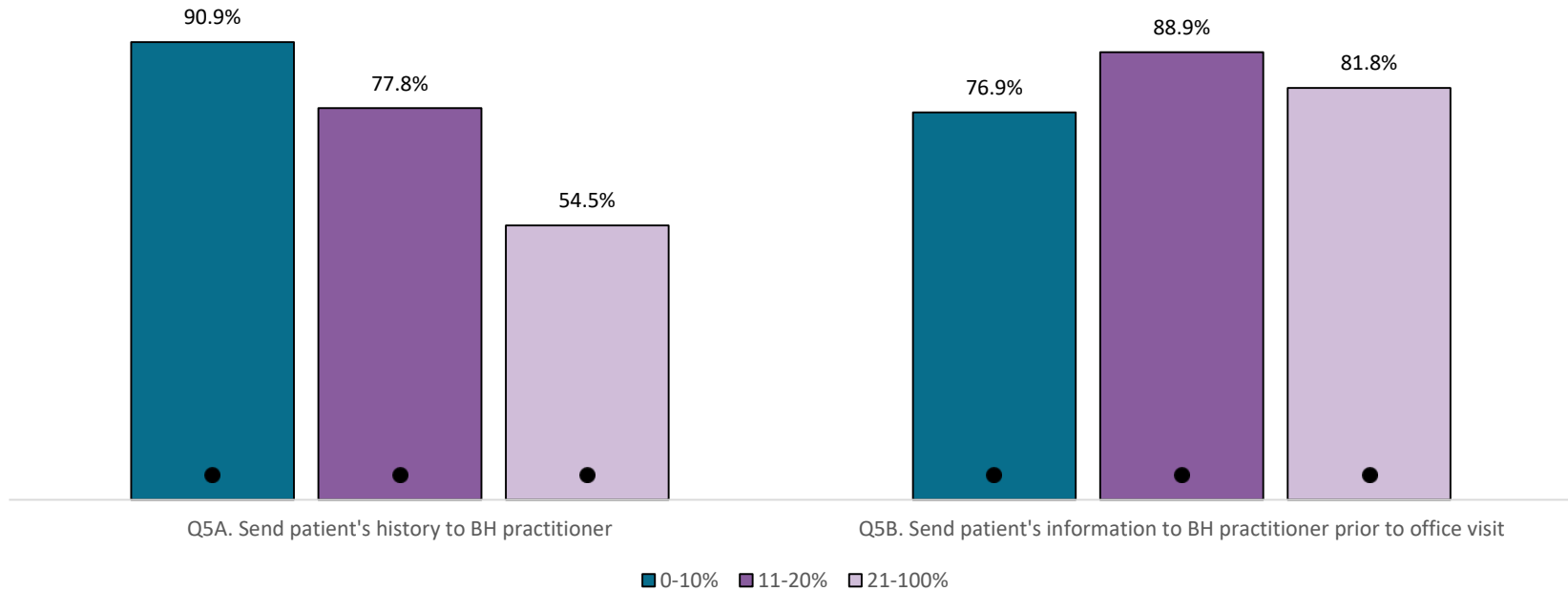
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	168	76.2%	65	78.5%	45	62.2%
3D	167	72.5%	62	82.3%	44	63.6%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Managed Care Volume



Due to low valid n's, no comparisons can be made among the segments.



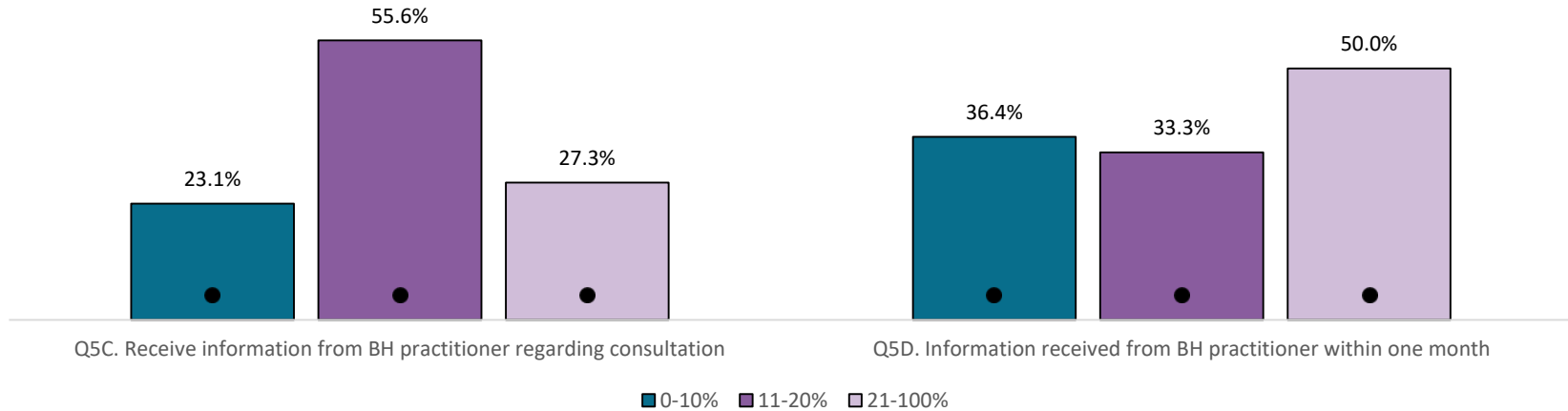
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	11	90.9%	9	77.8%	11	54.5%
5B	13	76.9%	9	88.9%	11	81.8%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Managed Care Volume



Due to low valid n's, no comparisons can be made among the segments.



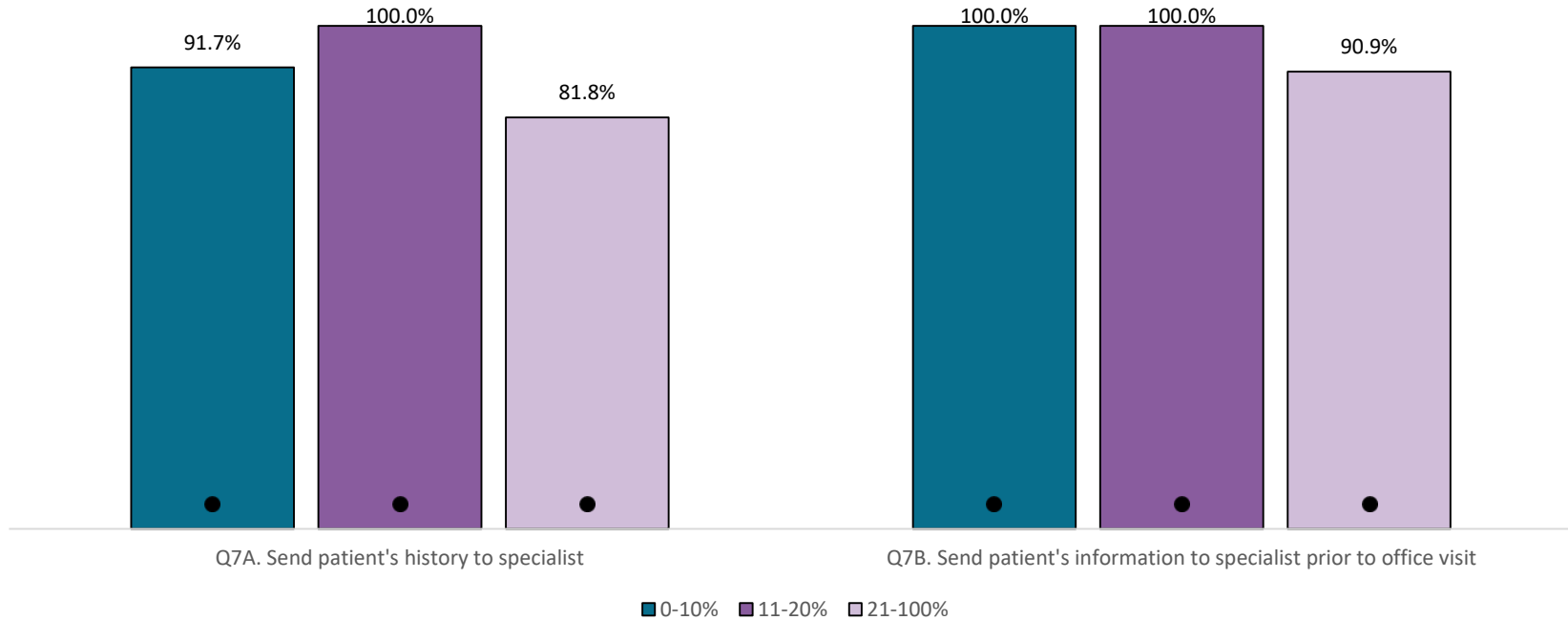
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	13	23.1%	9	55.6%	11	27.3%
5D	11	36.4%	9	33.3%	10	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



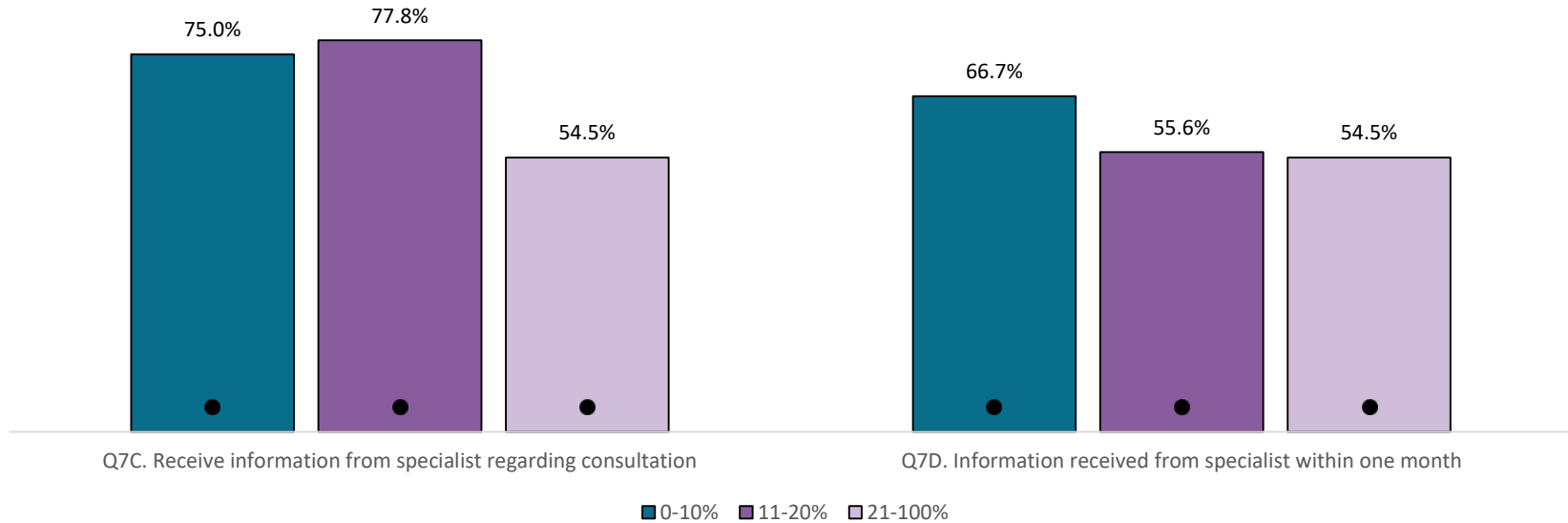
	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	12	91.7%	9	100.0%	11	81.8%
7B	12	100.0%	9	100.0%	11	90.9%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Managed Care Volume



Due to low valid n's, no comparisons can be made among the segments.



	0-10%		11-20%		21-100%	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	12	75.0%	9	77.8%	11	54.5%
7D	12	66.7%	9	55.6%	11	54.5%

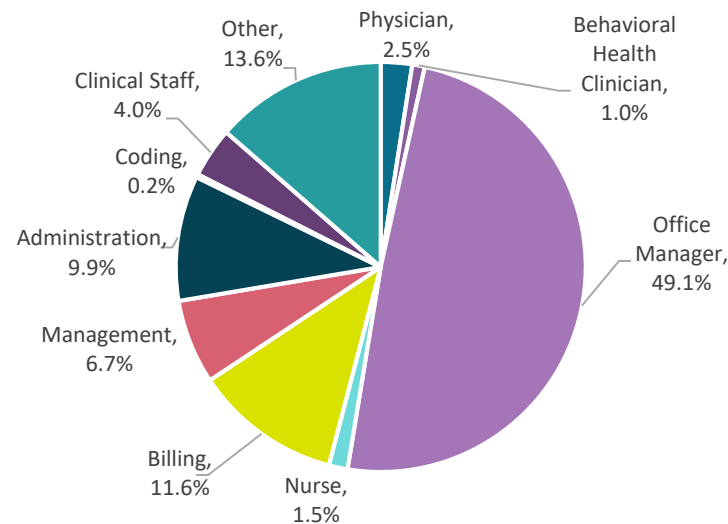
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Most respondents are 'Office Managers' (49%), followed by 'Other' (14%), and 'Billing' (12%). All other positions consisted of less than ten percent of respondents. There are no significant changes from 2018 or 2017.

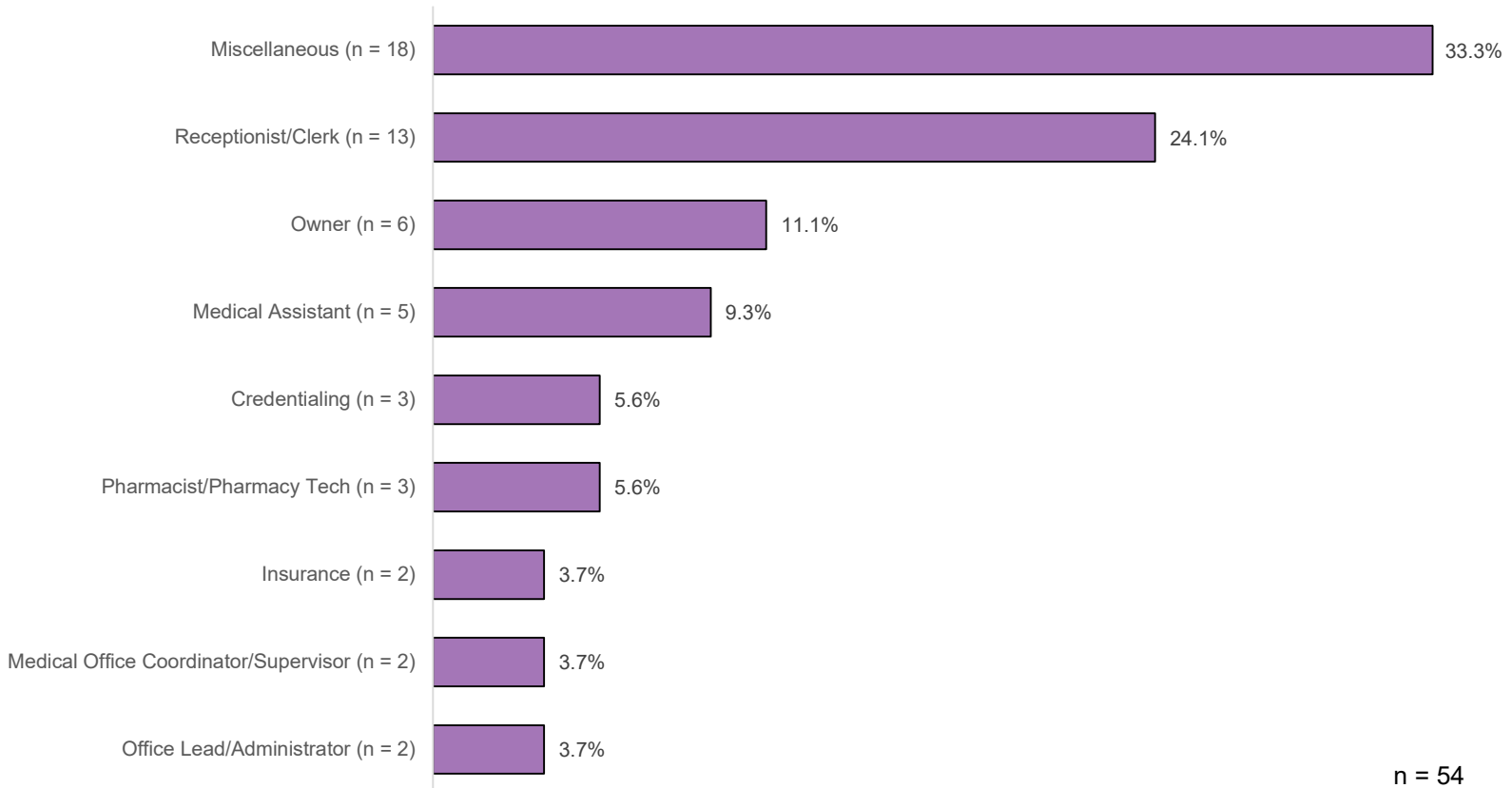
DE. Position at Practice						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
Physician	10	2.5%	10	4.7%	16	3.0%
Behavioral Health Clinician	4	1.0%	4	1.9%	2	0.4%
Office Manager	199	49.1%	107	50.2%	249	47.0%
Nurse	6	1.5%	10	4.7%	16	3.0%
Billing	47	11.6%	31	14.6%	61	11.5%
Management	27	6.7%	2	0.9%	15	2.8%
Administration	40	9.9%	19	8.9%	47	8.9%
Coding	1	0.2%	2	0.9%	1	0.2%
Clinical Staff	16	4.0%	6	2.8%	21	4.0%
Other	55	13.6%	22	10.3%	102	19.2%





Provider Satisfaction - KY Medicaid

DE. What is your position at the practice? Other:

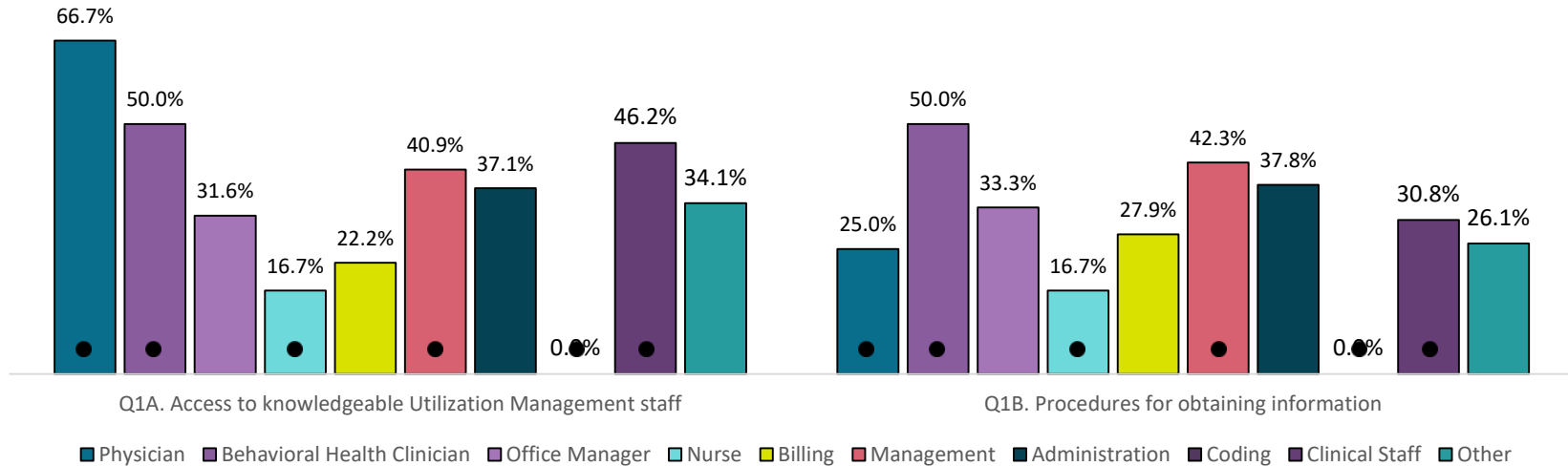


DE. What is your position at the practice?

Segmentation by Position at Practice



Among the segments with thirty or more respondents, those in 'Administration' rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (37%) and on procedures for obtaining information (38%).



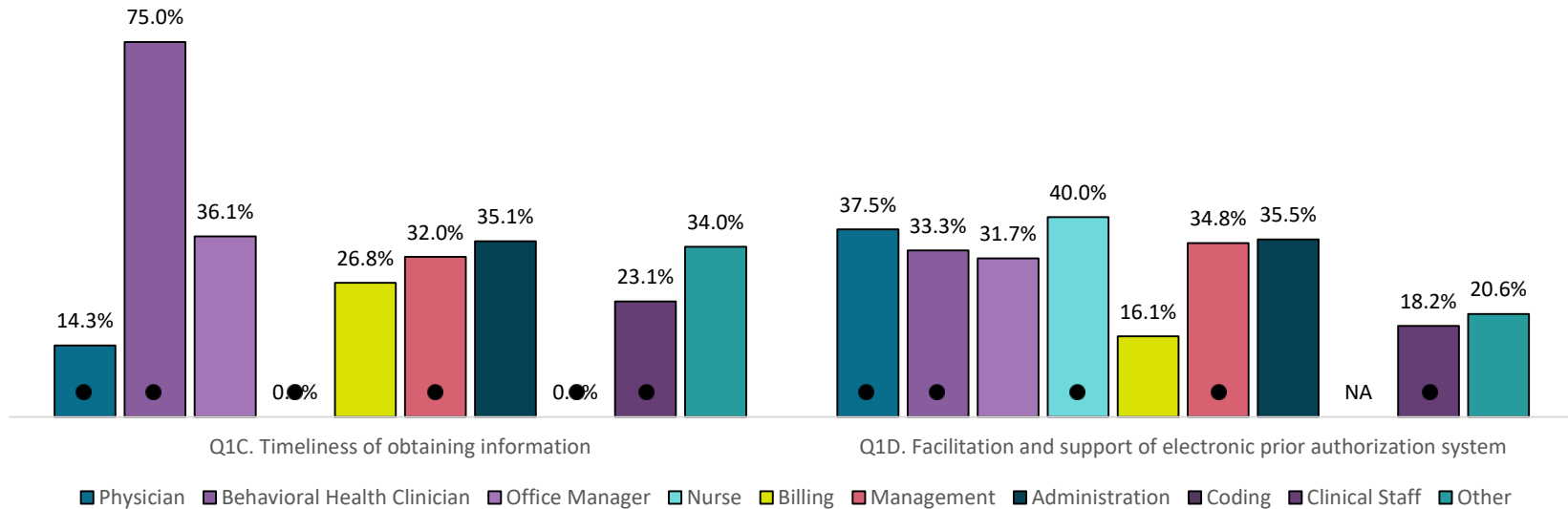
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	9	66.7%	4	50.0%	177	31.6%	6	16.7%	45	22.2%	22	40.9%	35	37.1%	1	0.0%	13	46.2%	41	34.1%
1B	8	25.0%	4	50.0%	171	33.3%	6	16.7%	43	27.9%	26	42.3%	37	37.8%	1	0.0%	13	30.8%	46	26.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Position at Practice



Among the segments with thirty or more respondents 'Office Managers' rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (36%), while those in 'Administration' rated Humana-CareSource Medicaid the highest on the facilitation and support of the electronic prior authorization system (36%).



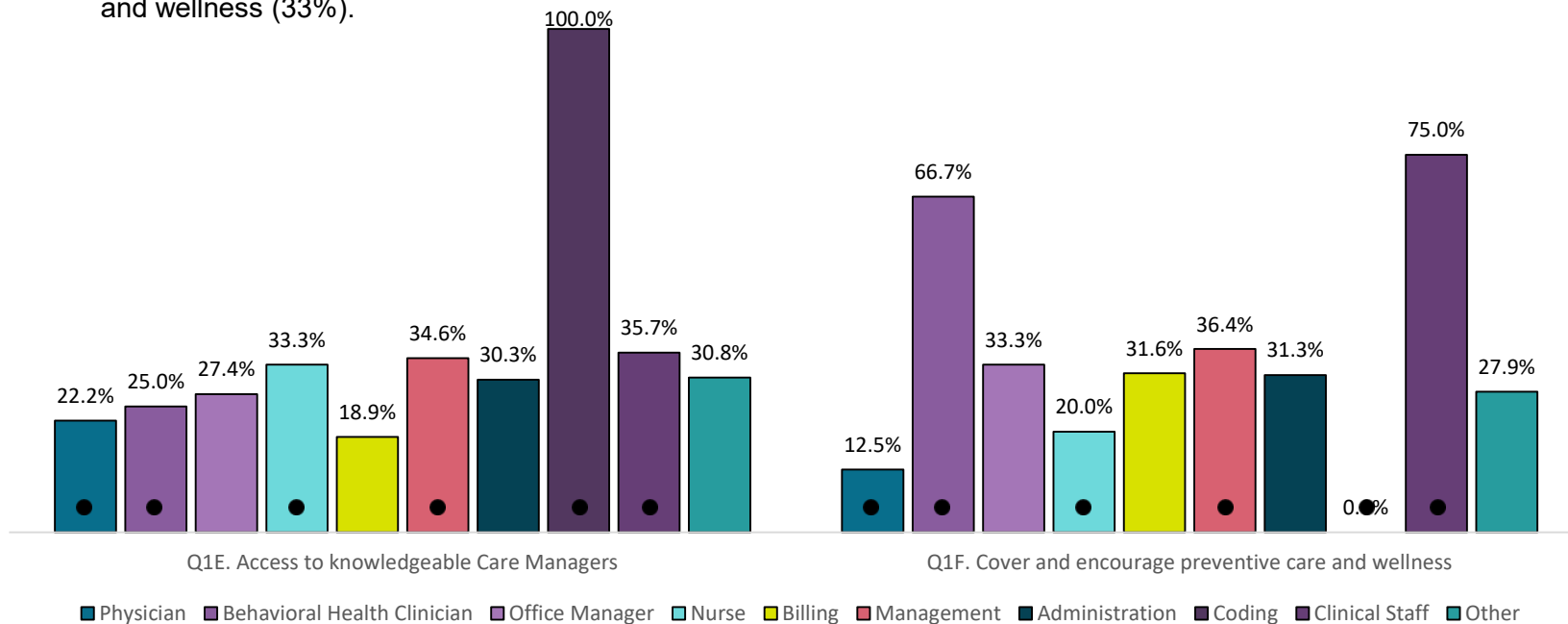
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	7	14.3%	4	75.0%	169	36.1%	6	0.0%	41	26.8%	25	32.0%	37	35.1%	1	0.0%	13	23.1%	47	34.0%
1D	8	37.5%	3	33.3%	142	31.7%	5	40.0%	31	16.1%	23	34.8%	31	35.5%	0	NA	11	18.2%	34	20.6%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Position at Practice



Among the segments with thirty or more respondents, those in 'Other' positions rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (31%), while 'Office Managers' rated Humana-CareSource Medicaid the highest on the degree to which they cover and encourage preventive care and wellness (33%).



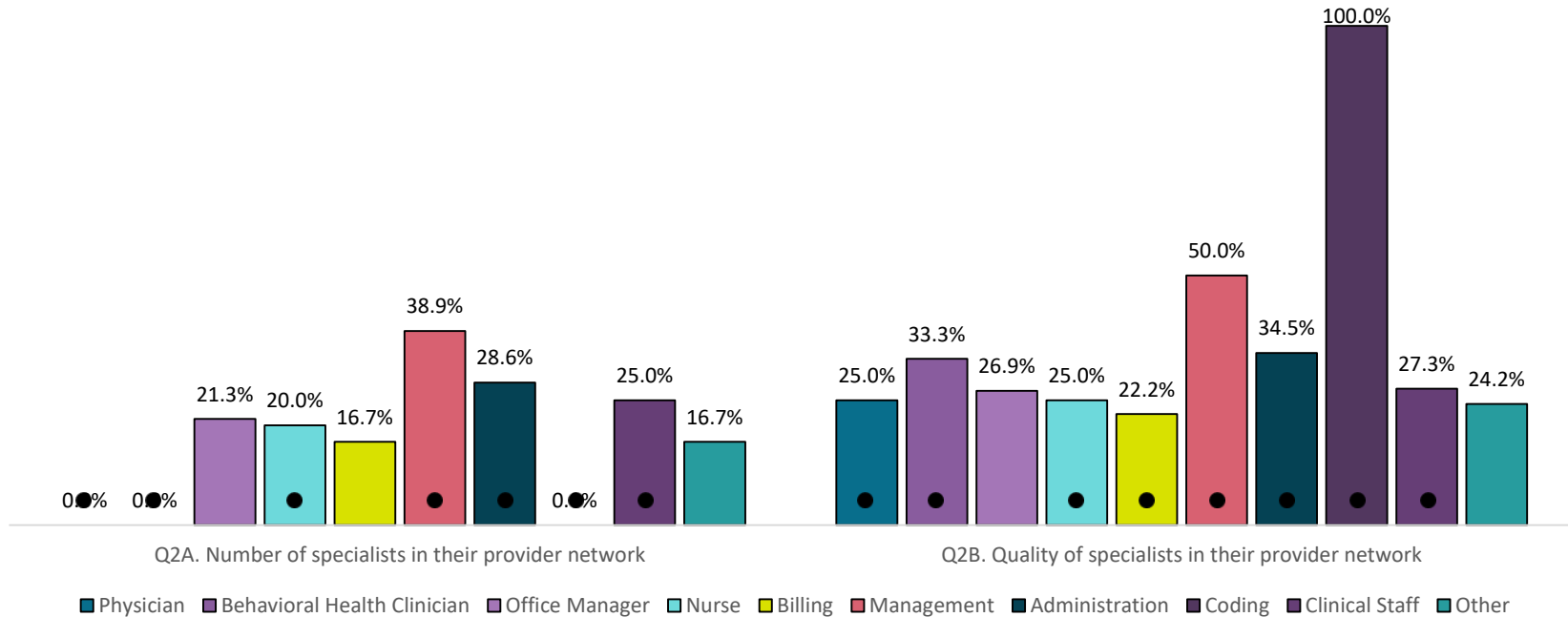
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	9	22.2%	4	25.0%	164	27.4%	6	33.3%	37	18.9%	26	34.6%	33	30.3%	1	100.0%	14	35.7%	39	30.8%
1F	8	12.5%	3	66.7%	171	33.3%	5	20.0%	38	31.6%	22	36.4%	32	31.3%	1	0.0%	12	75.0%	43	27.9%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Position at Practice



Among the segments with thirty or more respondents, 'Office Managers' rated Humana-CareSource Medicaid the highest on the number (21%) and quality (27%) of specialists in their provider network.



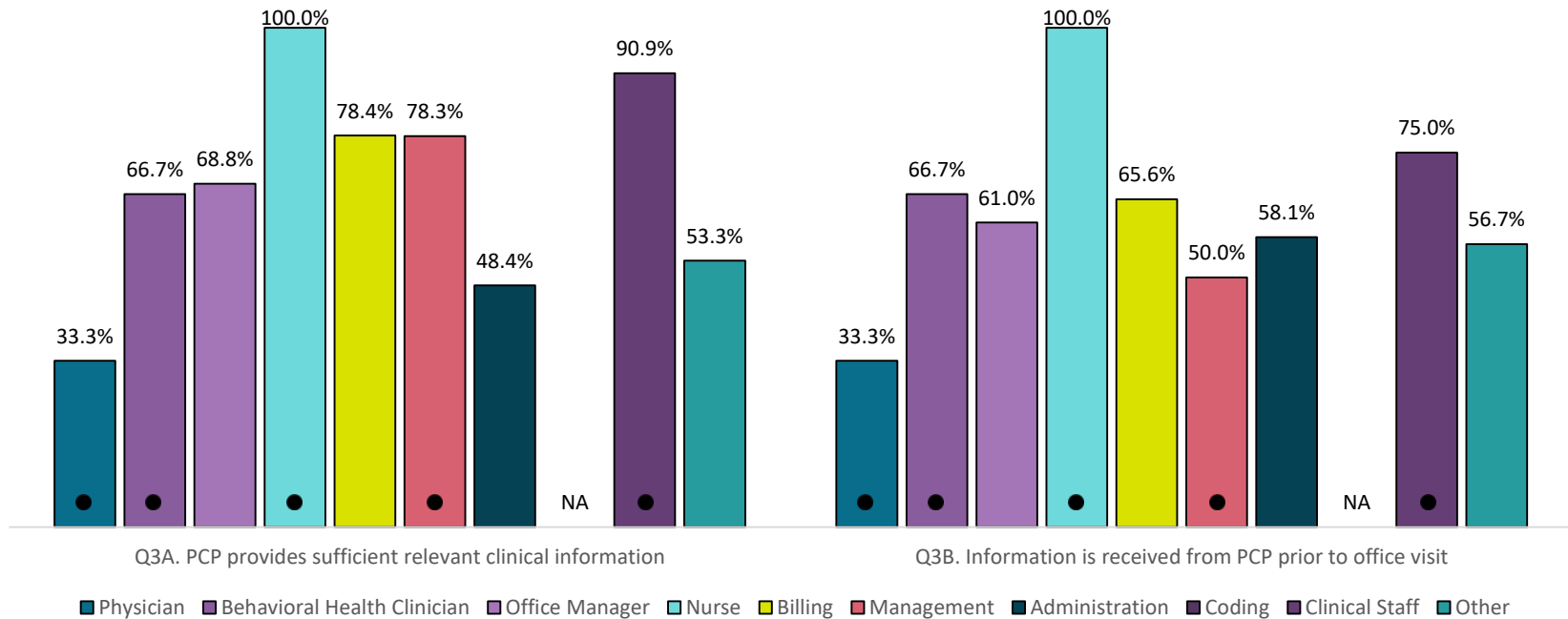
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	8	0.0%	4	0.0%	141	21.3%	5	20.0%	30	16.7%	18	38.9%	28	28.6%	1	0.0%	12	25.0%	30	16.7%
2B	8	25.0%	3	33.3%	145	26.9%	4	25.0%	27	22.2%	18	50.0%	29	34.5%	1	100.0%	11	27.3%	33	24.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Position at Practice



Among the segments with thirty or more respondents, those in 'Billing' said that they receive sufficient relevant information from the PCP most often (78%), and that they receive the information prior to the office visit most often (66%).



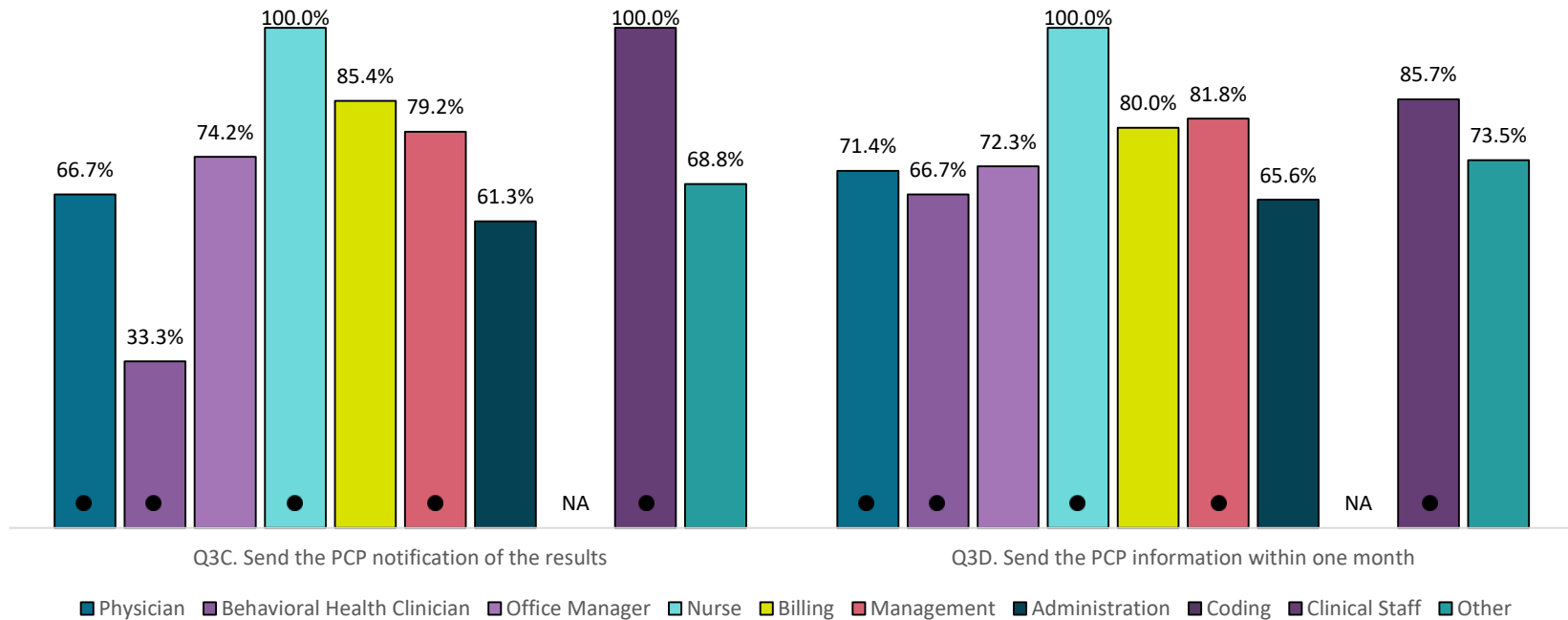
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	6	33.3%	3	66.7%	144	68.8%	3	100.0%	37	78.4%	23	78.3%	31	48.4%	0	NA	11	90.9%	30	53.3%
3B	6	33.3%	3	66.7%	141	61.0%	2	100.0%	32	65.6%	20	50.0%	31	58.1%	0	NA	12	75.0%	30	56.7%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Among the segments with thirty or more respondents, those in 'Billing' reported that they send the PCP notification of the results most often (85%), and send this information within one month from the consultation most often (80%).



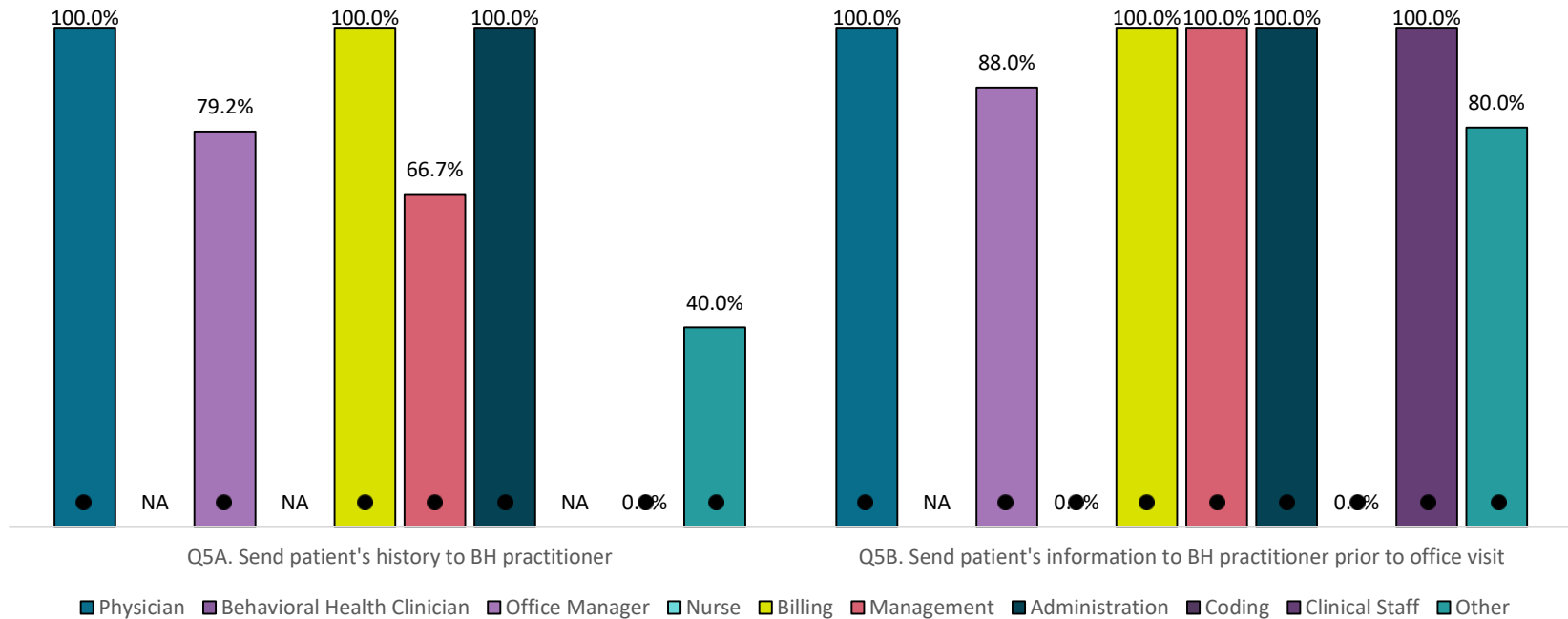
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	6	66.7%	3	33.3%	151	74.2%	3	100.0%	41	85.4%	24	79.2%	31	61.3%	0	NA	14	100.0%	32	68.8%
3D	7	71.4%	3	66.7%	148	72.3%	3	100.0%	35	80.0%	22	81.8%	32	65.6%	0	NA	14	85.7%	34	73.5%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Due to low valid n's, no comparisons can be made among the positions.



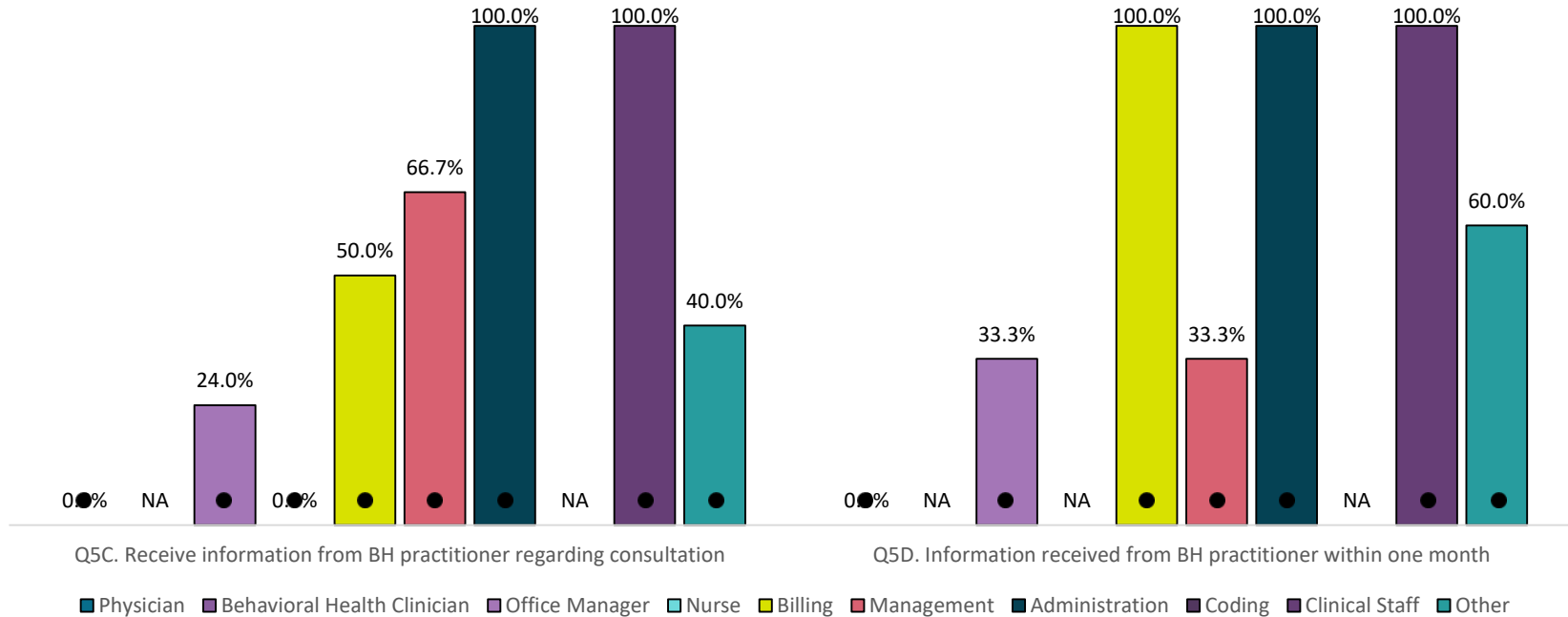
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	1	100.0%	0	NA	24	79.2%	0	NA	1	100.0%	3	66.7%	1	100.0%	0	NA	2	0.0%	5	40.0%
5B	1	100.0%	0	NA	25	88.0%	1	0.0%	1	100.0%	3	100.0%	1	100.0%	1	0.0%	2	100.0%	5	80.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Due to low valid n's, no comparisons can be made among the positions.



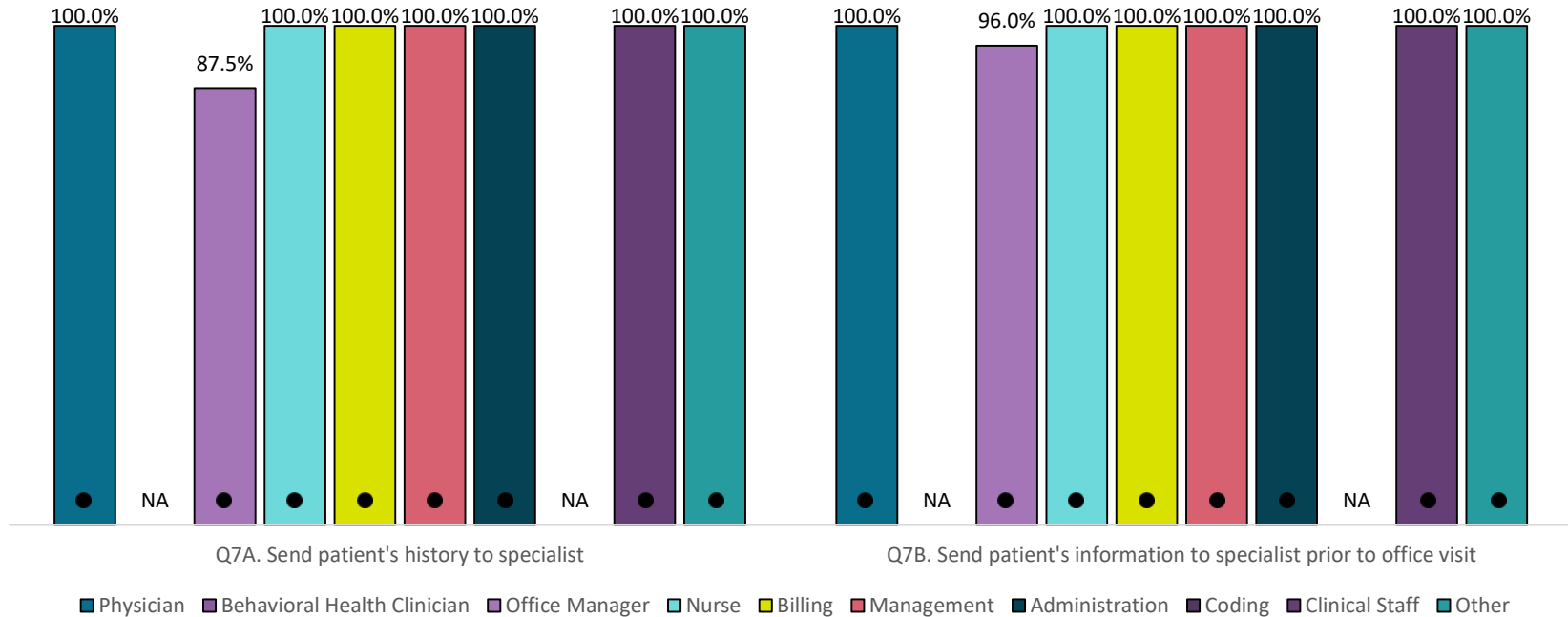
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	1	0.0%	0	NA	25	24.0%	1	0.0%	2	50.0%	3	66.7%	1	100.0%	0	NA	2	100.0%	5	40.0%
5D	1	0.0%	0	NA	24	33.3%	0	NA	1	100.0%	3	33.3%	1	100.0%	0	NA	2	100.0%	5	60.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Due to low valid n's, no comparisons can be made among the positions.



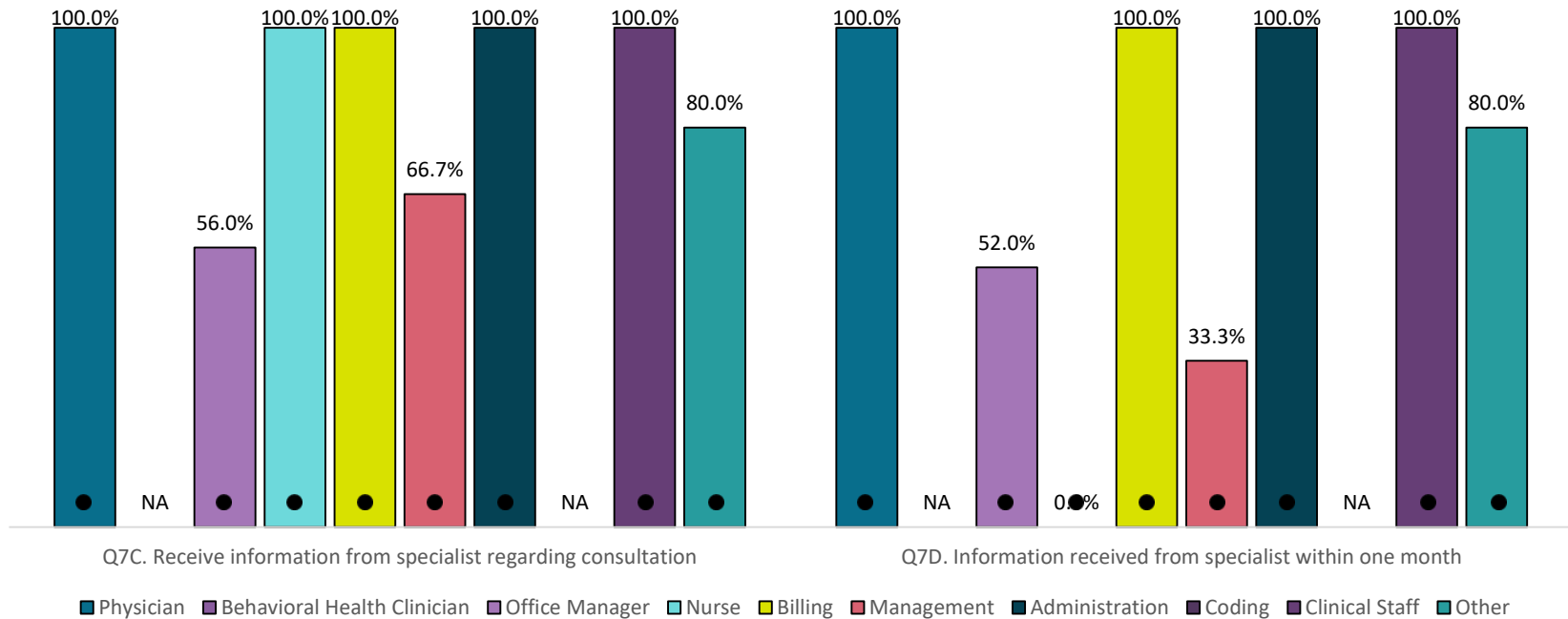
	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	1	100.0%	0	NA	24	87.5%	1	100.0%	1	100.0%	3	100.0%	1	100.0%	0	NA	2	100.0%	6	100.0%
7B	1	100.0%	0	NA	25	96.0%	1	100.0%	1	100.0%	3	100.0%	1	100.0%	0	NA	2	100.0%	6	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Position at Practice



Due to low valid n's, no comparisons can be made among the positions.



	Physician		Behavioral Health Clinician		Office Manager		Nurse		Billing		Management		Administration		Coding		Clinical Staff		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	1	100.0%	0	NA	25	56.0%	1	100.0%	1	100.0%	3	66.7%	1	100.0%	0	NA	2	100.0%	5	80.0%
7D	1	100.0%	0	NA	25	52.0%	1	0.0%	1	100.0%	3	33.3%	1	100.0%	0	NA	2	100.0%	5	80.0%

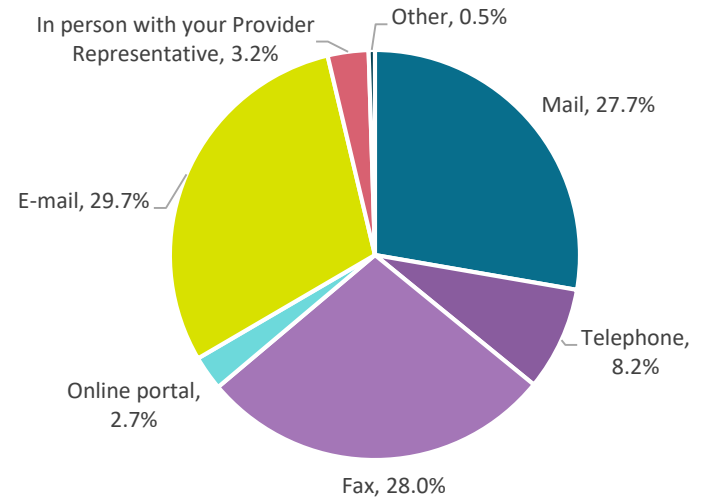
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Most respondents prefer 'E-mail' (30%), followed by 'Fax' (28%), 'Mail' (28%), 'Telephone' (8%), 'In person with their Provider Representative' (3%), 'Online portal' (3%), and 'Other' (1%). There are no significant changes from 2018 or 2017.

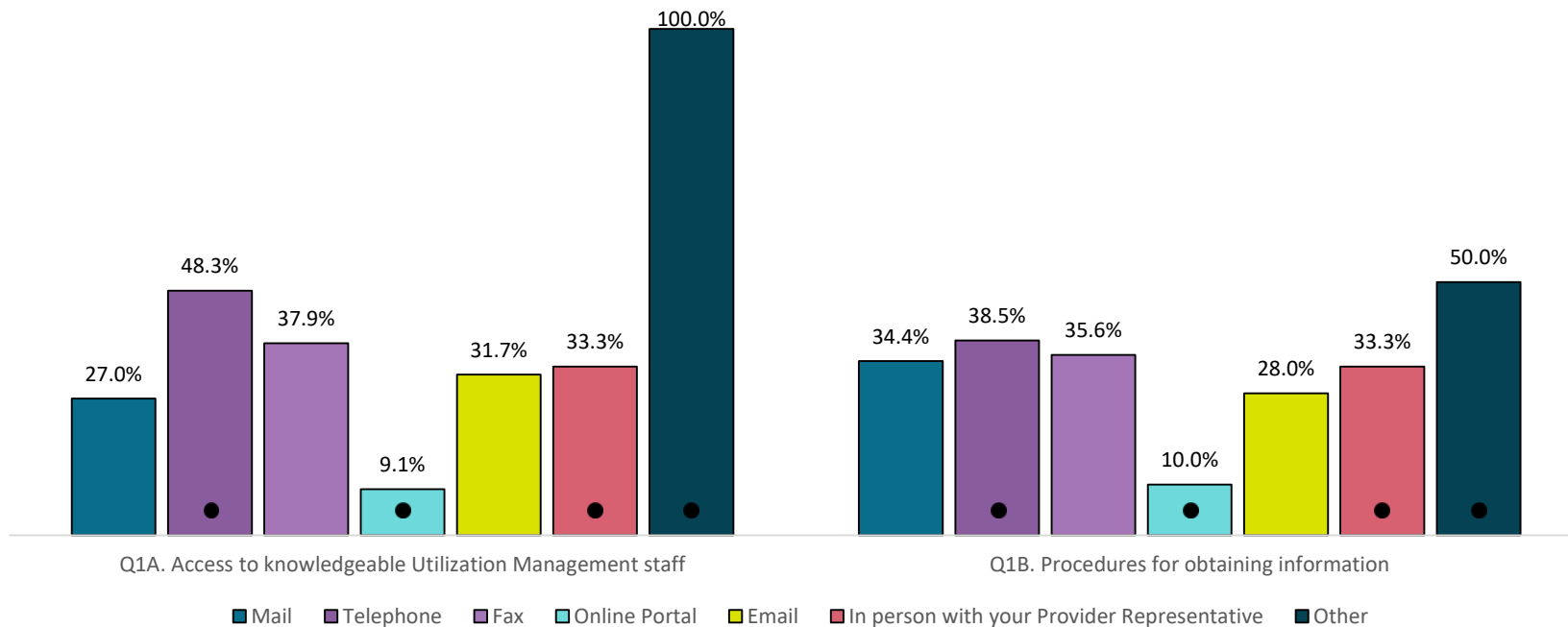
DF. Preferred Method of Communication						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
Mail	112	27.7%	67	31.5%	166	31.7%
Telephone	33	8.2%	22	10.3%	62	11.8%
Fax	113	28.0%	74	34.7%	175	33.4%
Online portal	11	2.7%	3	1.4%	11	2.1%
E-mail	120	29.7%	42	19.7%	105	20.0%
In person with your Provider Representative	13	3.2%	3	1.4%	4	0.8%
Other	2	0.5%	2	0.9%	1	0.2%





Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Fax' rated Humana-CareSource Medicaid the highest on access to knowledgeable Utilization Management staff (38%) and procedures for obtaining information (36%).



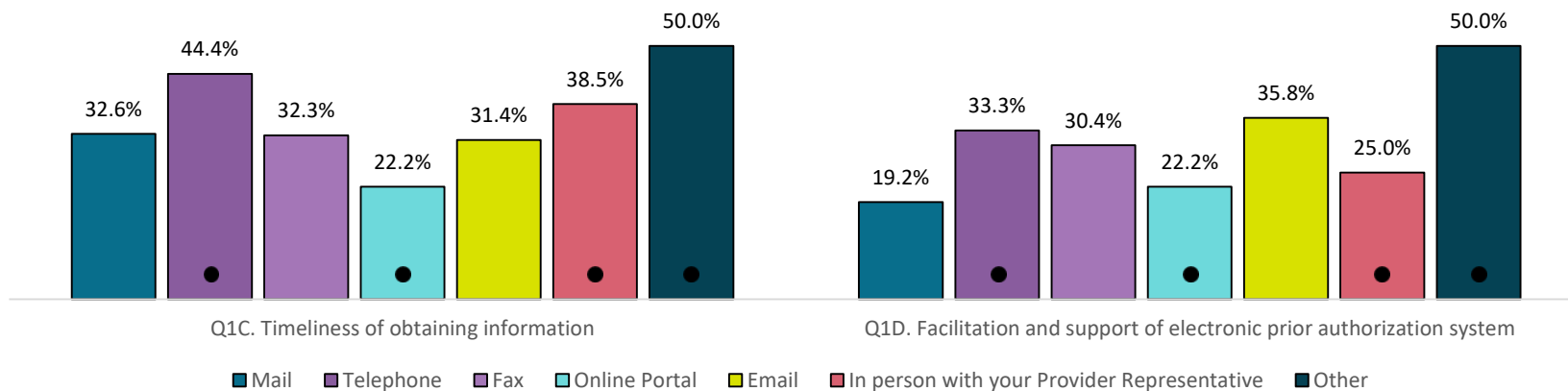
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	100	27.0%	29	48.3%	95	37.9%	11	9.1%	104	31.7%	12	33.3%	1	100.0%
1B	96	34.4%	26	38.5%	101	35.6%	10	10.0%	107	28.0%	12	33.3%	2	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Mail' rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (33%), while those who prefer 'Email' rated Humana-CareSource Medicaid the highest on the facilitation and support of the electronic prior authorization system (36%).



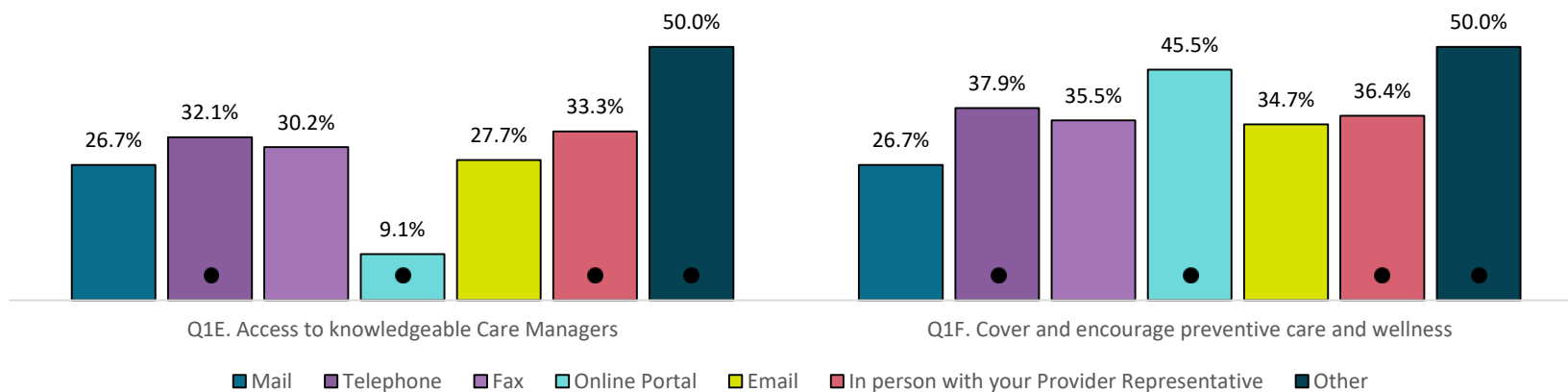
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	95	32.6%	27	44.4%	99	32.3%	9	22.2%	105	31.4%	13	38.5%	2	50.0%
1D	73	19.2%	18	33.3%	79	30.4%	9	22.2%	95	35.8%	12	25.0%	2	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Fax' rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (30%) and on the degree to which they cover and encourage preventive care and wellness (36%).



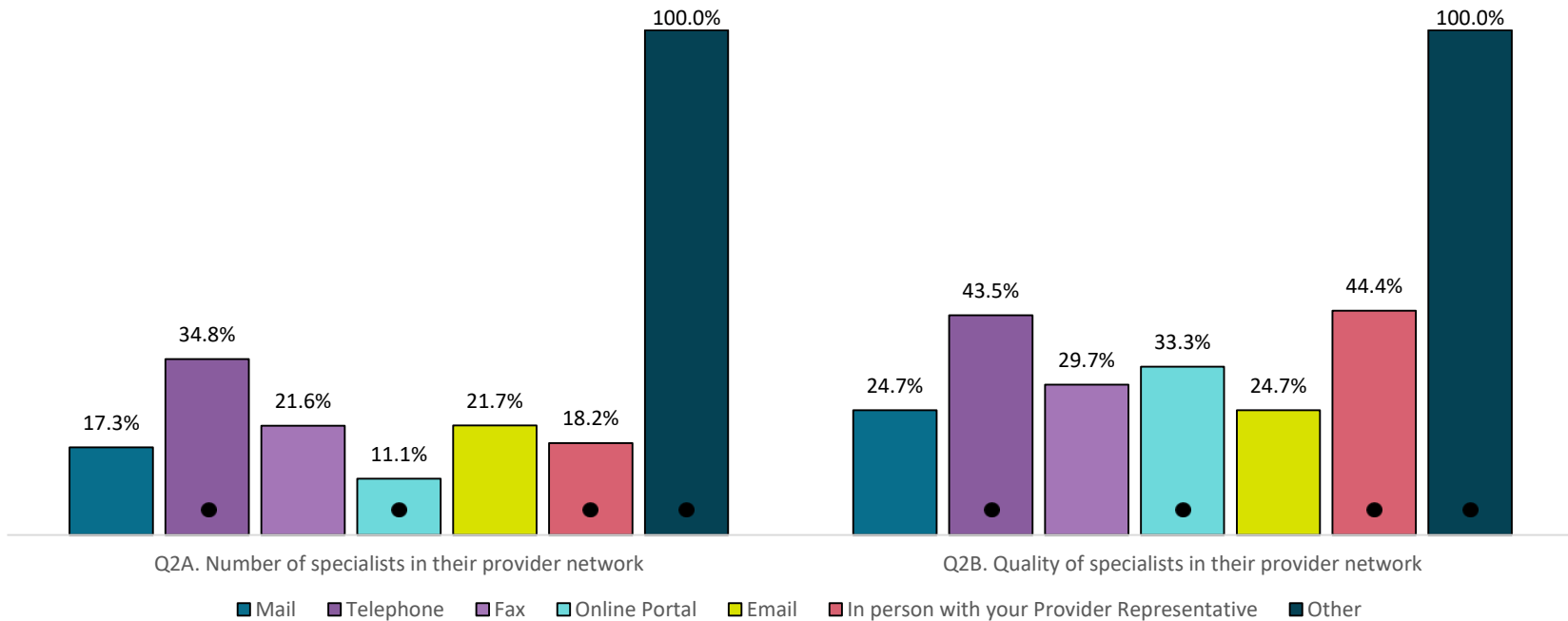
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	90	26.7%	28	32.1%	96	30.2%	11	9.1%	94	27.7%	12	33.3%	2	50.0%
1F	90	26.7%	29	37.9%	93	35.5%	11	45.5%	98	34.7%	11	36.4%	2	50.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Email' rated Humana-CareSource Medicaid the highest on the number of specialists in their provider network (22%), while those who prefer 'Fax' rated Humana-CareSource Medicaid the highest on the quality of specialists in their provider network (30%).



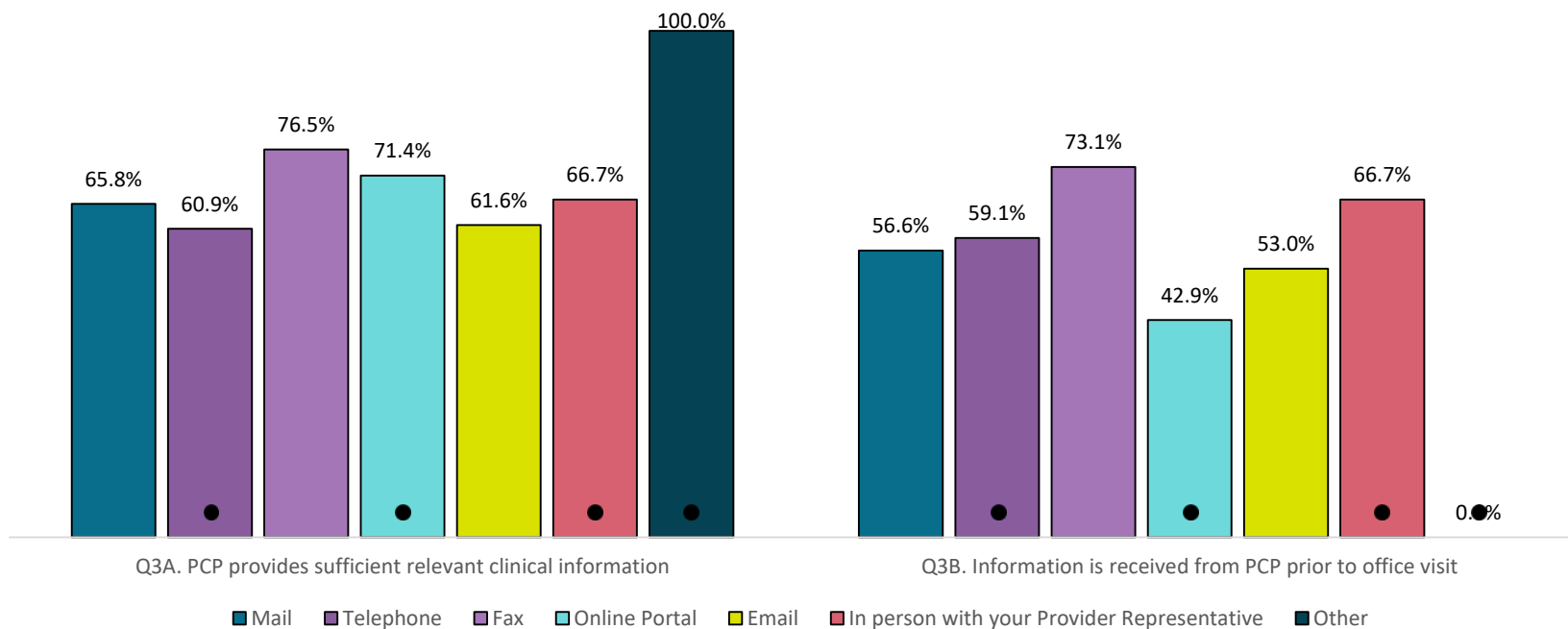
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	75	17.3%	23	34.8%	74	21.6%	9	11.1%	83	21.7%	11	18.2%	1	100.0%
2B	77	24.7%	23	43.5%	74	29.7%	9	33.3%	85	24.7%	9	44.4%	1	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).



Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Fax' said that they receive sufficient relevant information from the PCP most often (77%), and receive the information prior to the office visit most often (73%).



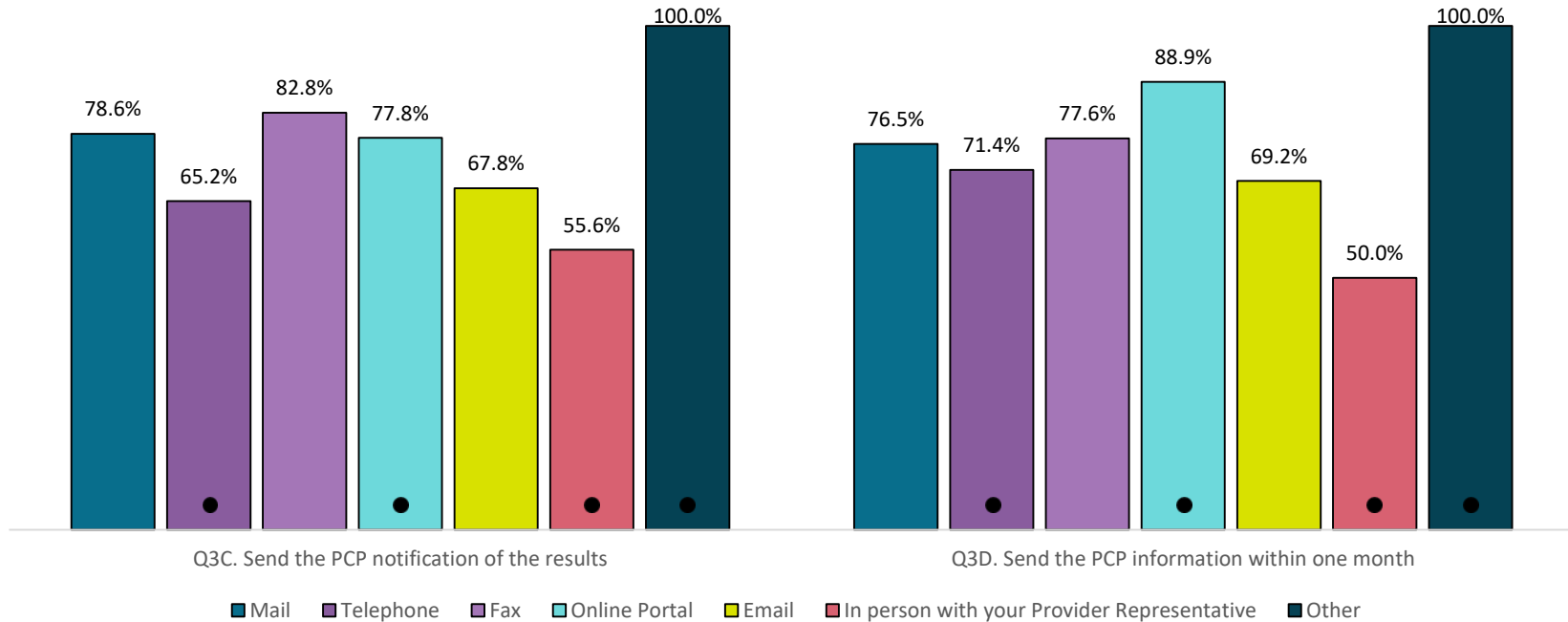
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	79	65.8%	23	60.9%	81	76.5%	7	71.4%	86	61.6%	9	66.7%	2	100.0%
3B	76	56.6%	22	59.1%	78	73.1%	7	42.9%	83	53.0%	9	66.7%	1	0.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Among the methods with thirty or more respondents, those who prefer 'Fax' reported that they send the PCP notification of the results most often (83%), and that they send this information within one month from the consultation most often (78%).



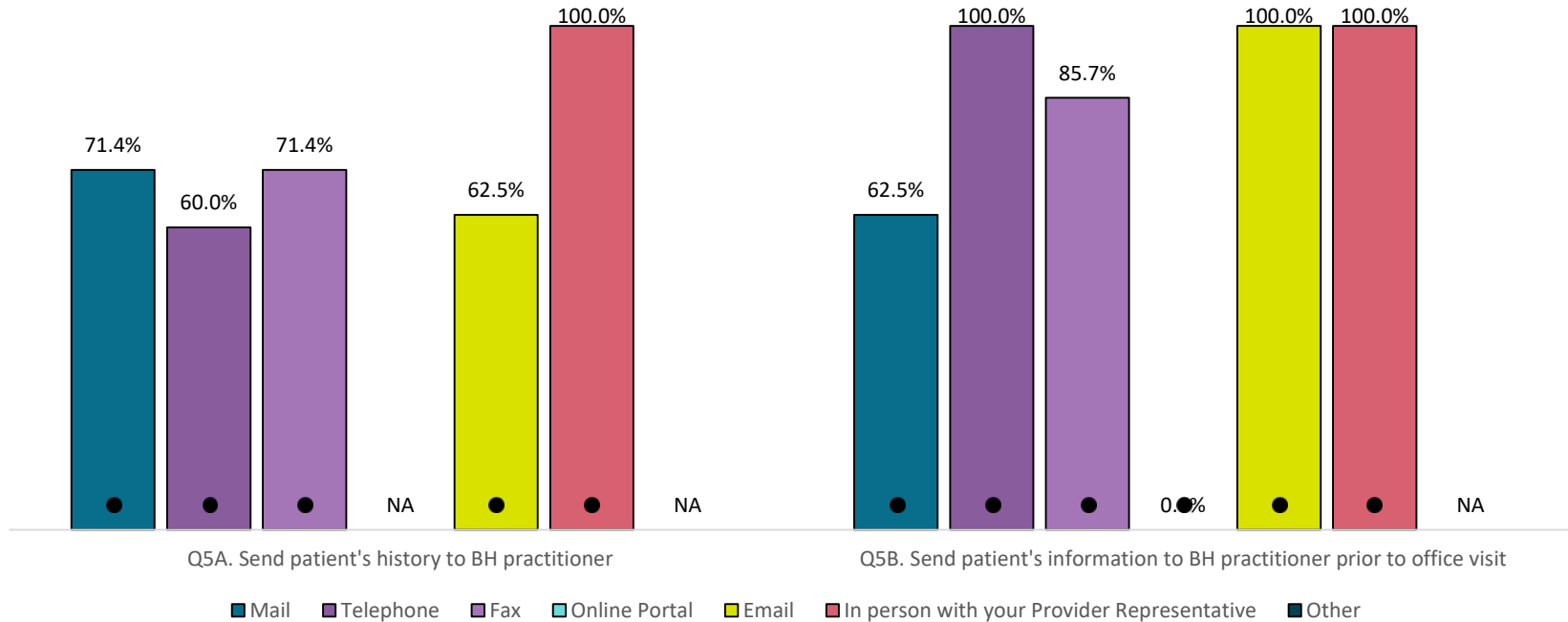
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	84	78.6%	23	65.2%	87	82.8%	9	77.8%	90	67.8%	9	55.6%	2	100.0%
3D	81	76.5%	21	71.4%	85	77.6%	9	88.9%	91	69.2%	8	50.0%	2	100.0%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



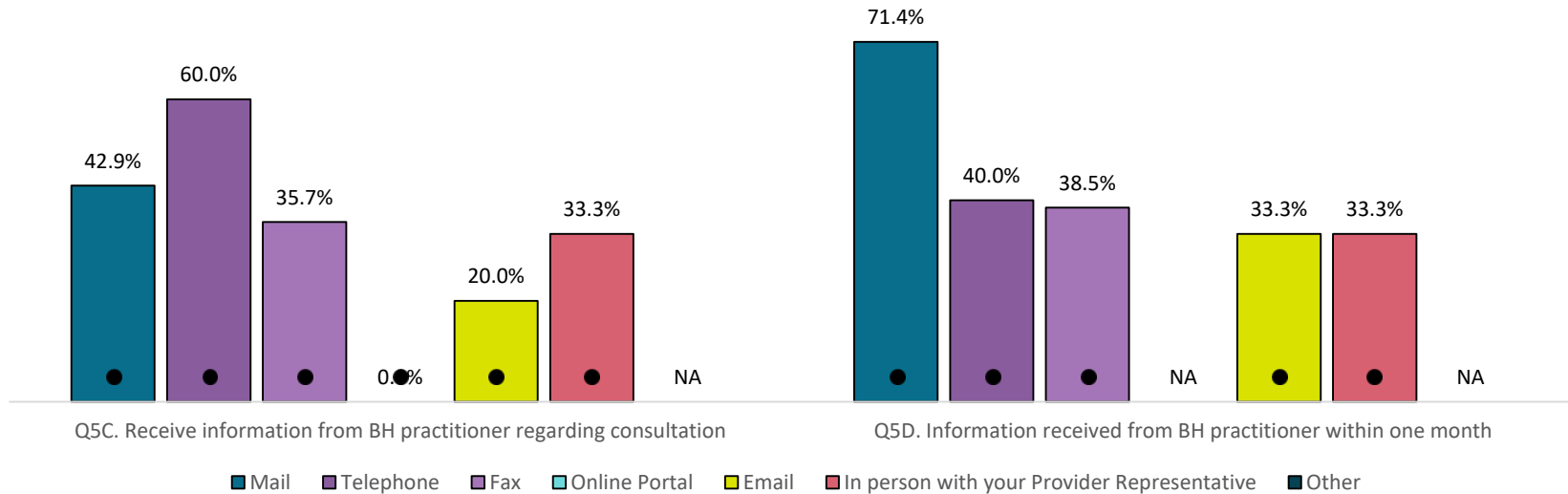
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	7	71.4%	5	60.0%	14	71.4%	0	NA	8	62.5%	3	100.0%	0	NA
5B	8	62.5%	5	100.0%	14	85.7%	1	0.0%	9	100.0%	3	100.0%	0	NA

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



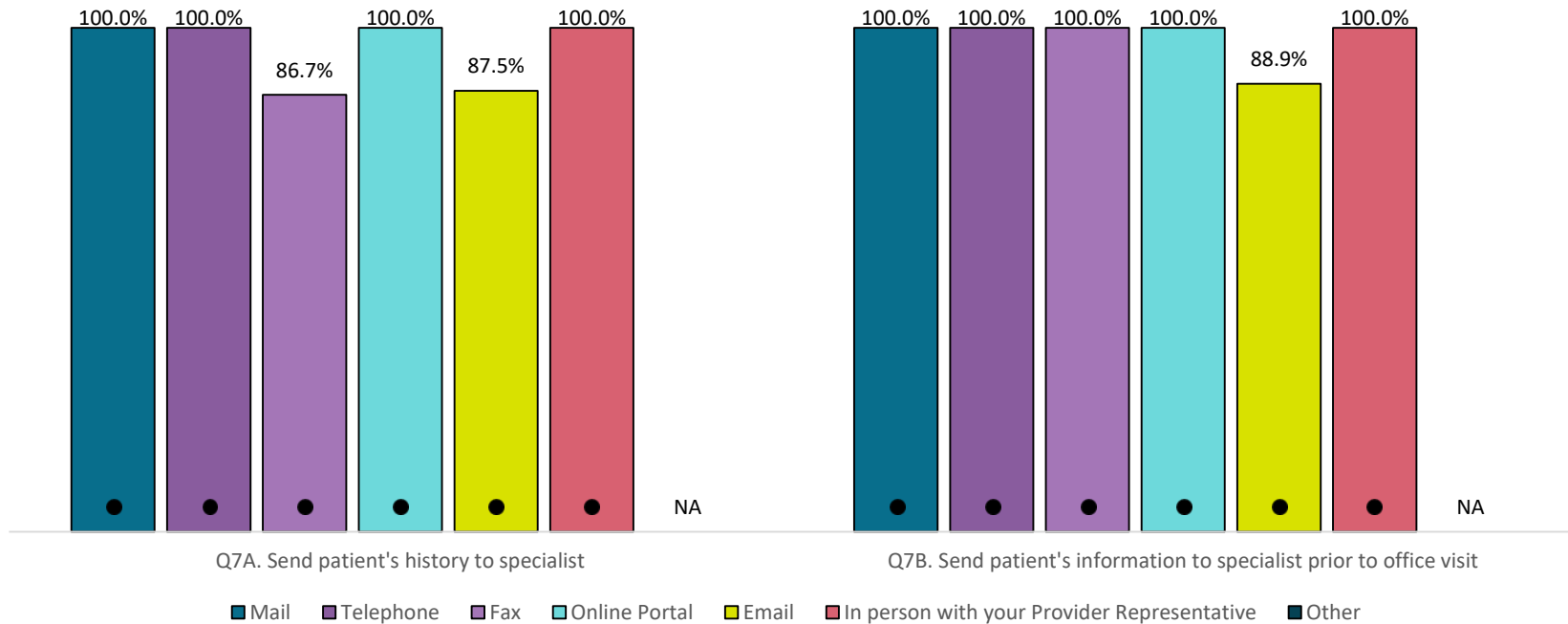
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	7	42.9%	5	60.0%	14	35.7%	1	0.0%	10	20.0%	3	33.3%	0	NA
5D	7	71.4%	5	40.0%	13	38.5%	0	NA	9	33.3%	3	33.3%	0	NA

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



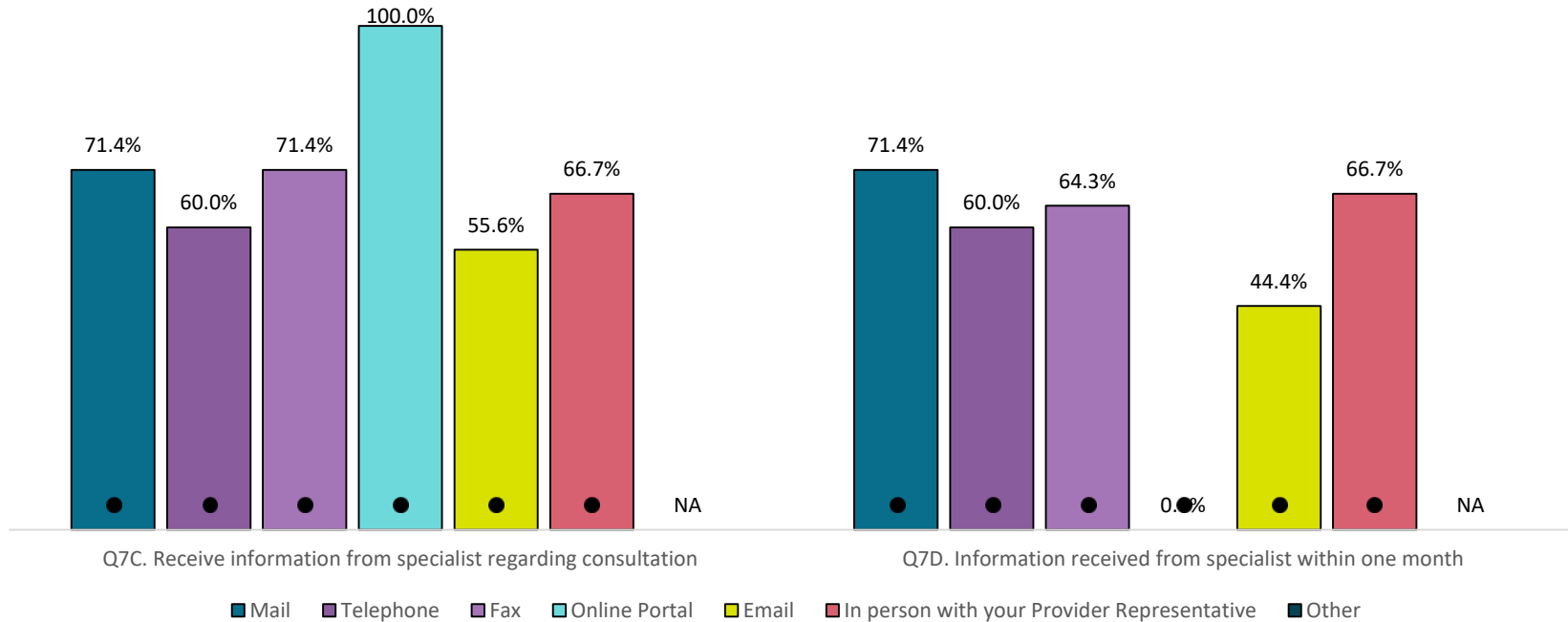
	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	7	100.0%	5	100.0%	15	86.7%	1	100.0%	8	87.5%	3	100.0%	0	NA
7B	7	100.0%	5	100.0%	15	100.0%	1	100.0%	9	88.9%	3	100.0%	0	NA

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).



Provider Satisfaction - KY Medicaid

Due to low valid n's, no comparisons can be made among the segments.



	Mail		Telephone		Fax		Online Portal		Email		In person with your Provider Representative		Other	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	7	71.4%	5	60.0%	14	71.4%	1	100.0%	9	55.6%	3	66.7%	0	NA
7D	7	71.4%	5	60.0%	14	64.3%	1	0.0%	9	44.4%	3	66.7%	0	NA

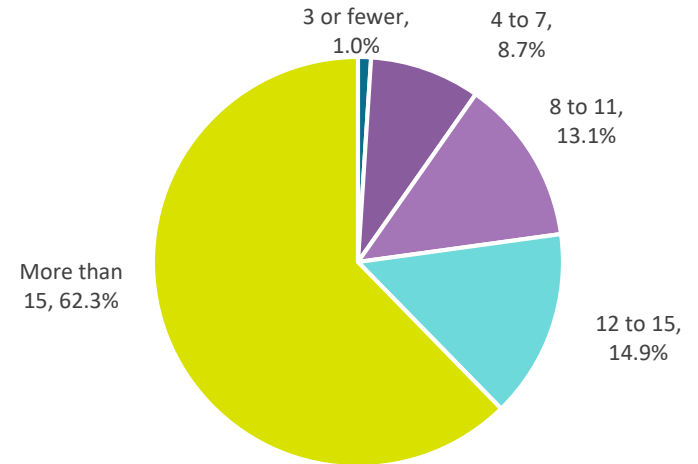
● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



The majority of respondents said their company participates with 'More than 15' insurance companies (62%), followed by '12 to 15' (15%), '8 to 11' (13%), '4 to 7' (9%), and '3 or fewer' (1%). There are no significant changes from 2018 or 2017.

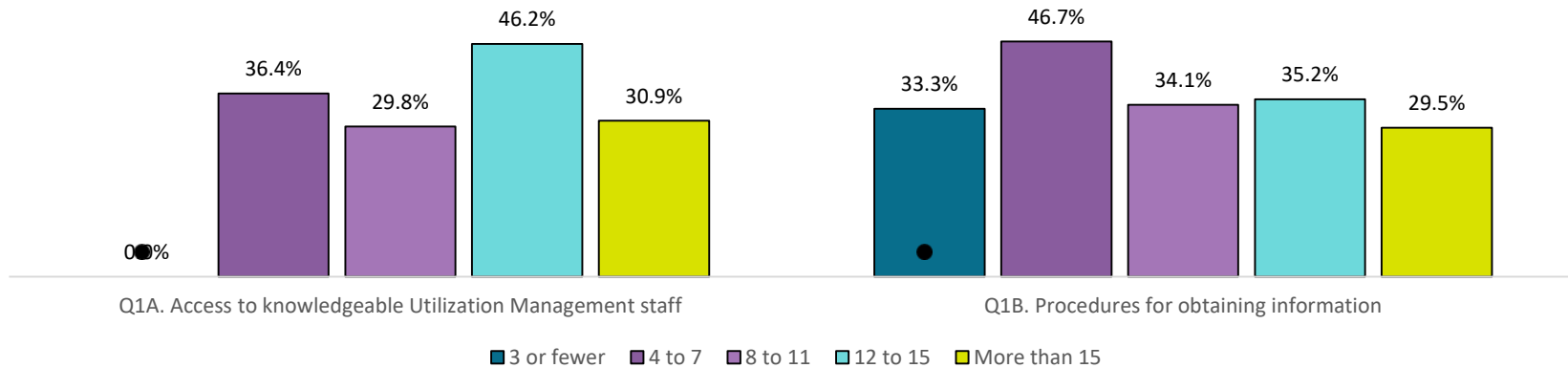
DG. Insurance Participation						
Response	2019		2018		2017	
	N	SRS	N	SRS	N	SRS
3 or fewer	4	1.0%	2	1.0%	5	1.0%
4 to 7	34	8.7%	9	4.3%	26	5.2%
8 to 11	51	13.1%	34	16.3%	74	14.9%
12 to 15	58	14.9%	33	15.9%	51	10.3%
More than 15	243	62.3%	130	62.5%	340	68.5%



Segmentation by Insurance Participation



Respondents who participate with '12 to 15' companies rated Humana-CareSource Medicaid the highest on access to knowledgeable UM staff (46%), while those who participate with '4 to 7' companies rated Humana-CareSource Medicaid the highest on procedures for obtaining information (47%).



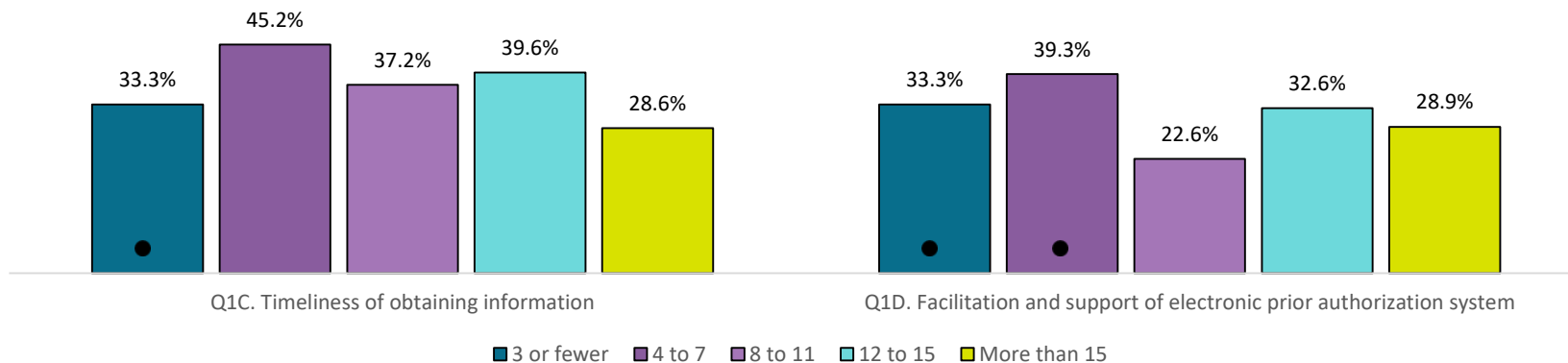
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1A	3	0.0%	33	36.4%	47	29.8%	52	46.2%	207	30.9%
1B	3	33.3%	30	46.7%	44	34.1%	54	35.2%	210	29.5%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Insurance Participation



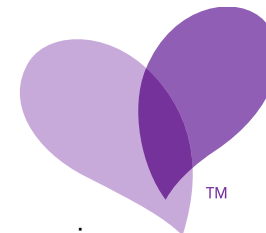
Respondents who participate with '4 to 7' insurance companies rated Humana-CareSource Medicaid the highest on timeliness of obtaining information (45%). Among the segments with thirty or more respondents, those who participate with '12 to 15' insurance companies rated Humana-CareSource Medicaid the highest on the facilitation and support of the electronic prior authorization system (33%).



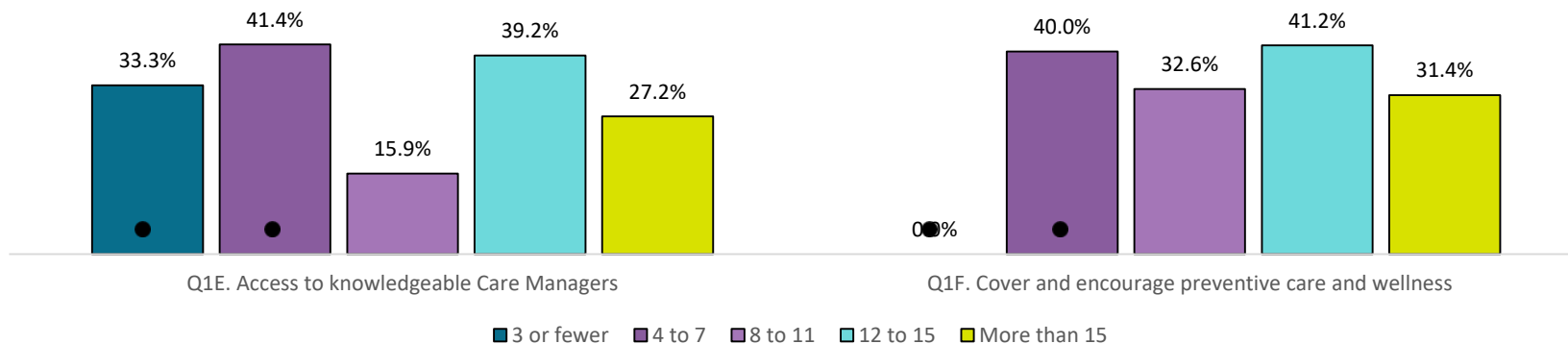
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1C	3	33.3%	31	45.2%	43	37.2%	53	39.6%	206	28.6%
1D	3	33.3%	28	39.3%	31	22.6%	46	32.6%	173	28.9%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Insurance Participation



Among the segments with thirty or more respondents, those who participate with '12 to 15' insurance companies rated Humana-CareSource Medicaid the highest on access to knowledgeable Care Managers (39%) and on the degree to which they cover and encourage preventive care and wellness (41%).



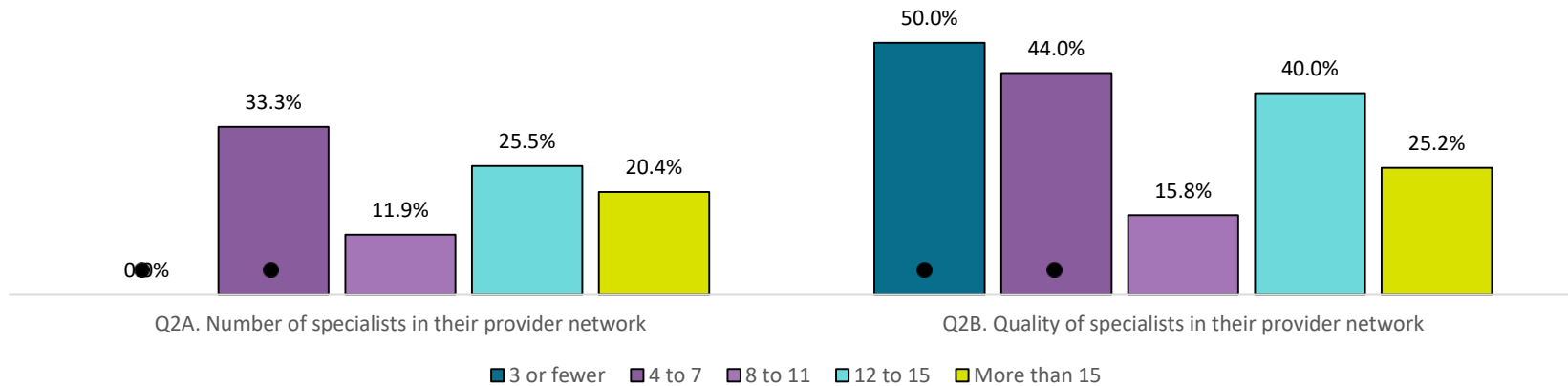
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
1E	3	33.3%	29	41.4%	44	15.9%	51	39.2%	195	27.2%
1F	3	0.0%	25	40.0%	43	32.6%	51	41.2%	204	31.4%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Insurance Participation



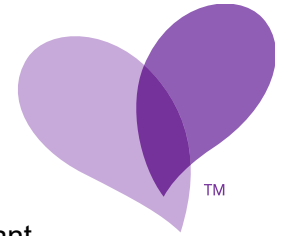
Among the segments with thirty or more respondents, those who participate with '12 to 15' insurance companies rated Humana-CareSource Medicaid the highest on the number (26%) and quality (40%) of specialists in their provider network.



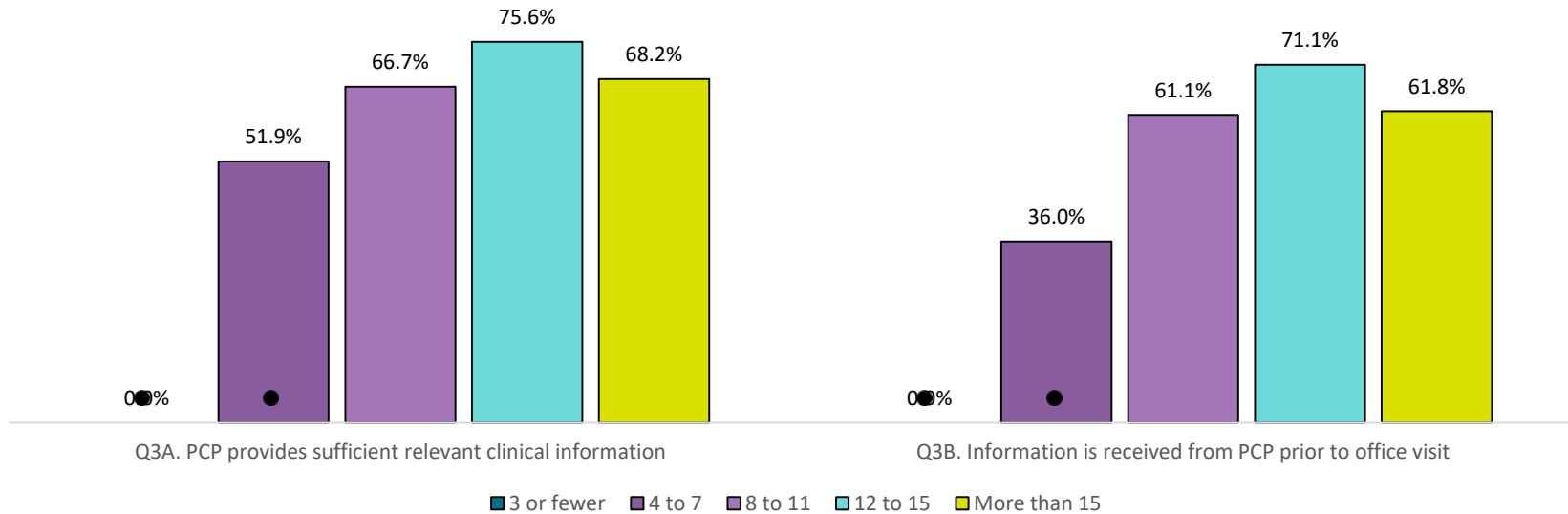
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
2A	2	0.0%	27	33.3%	42	11.9%	47	25.5%	152	20.4%
2B	2	50.0%	25	44.0%	38	15.8%	45	40.0%	163	25.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Well above average and Somewhat above average).

Segmentation by Insurance Participation



Respondents who participate with '12 to 15' insurance companies said that they receive sufficient relevant information from the PCP most often (76%), and receive the information prior to the office visit most often (71%).



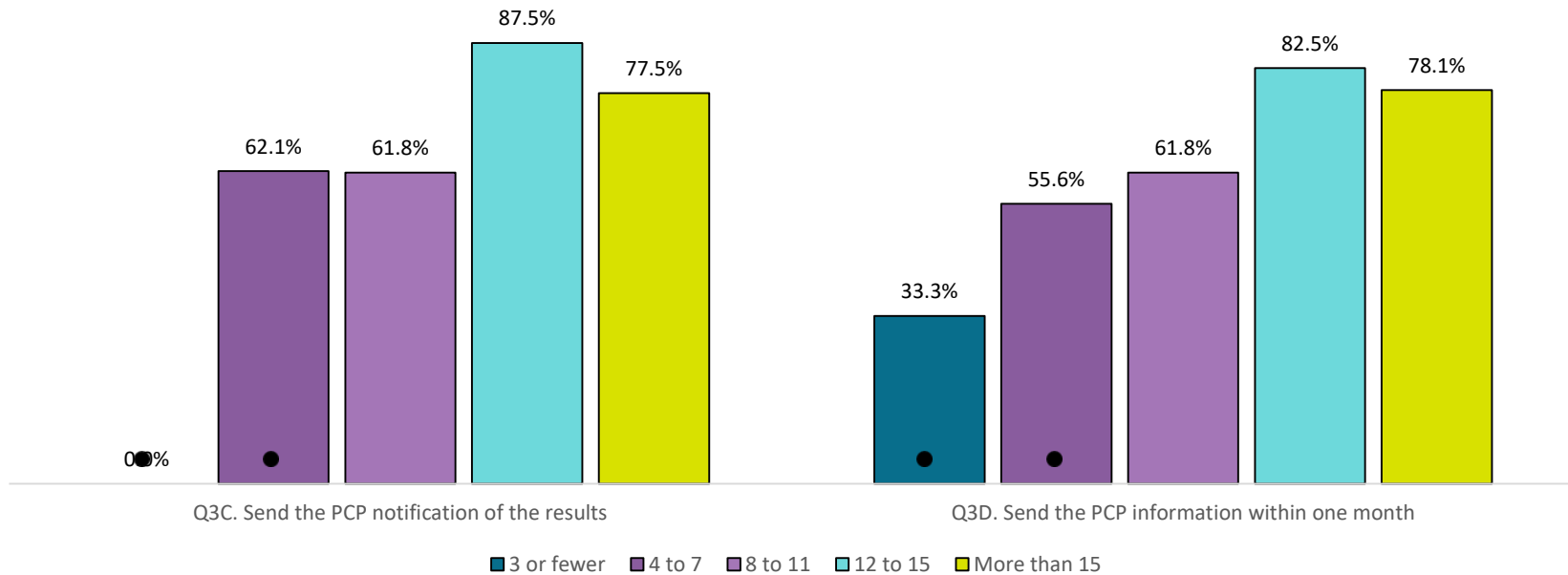
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3A	3	0.0%	27	51.9%	33	66.7%	41	75.6%	173	68.2%
3B	3	0.0%	25	36.0%	36	61.1%	38	71.1%	165	61.8%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



Respondents who participate with '12 to 15' insurance companies reported that they send the PCP notification of the results most often (88%), and that they send this information within one month from the consultation most often (83%).



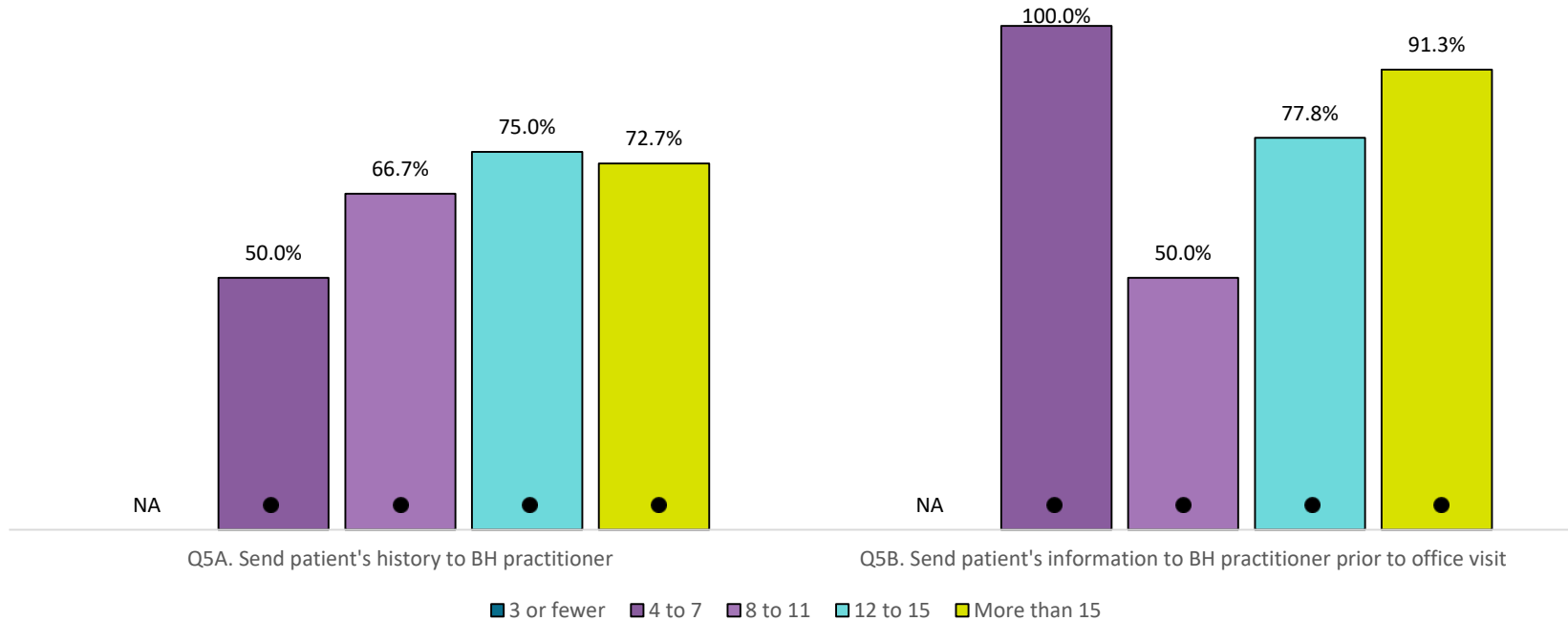
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
3C	3	0.0%	29	62.1%	34	61.8%	40	87.5%	187	77.5%
3D	3	33.3%	27	55.6%	34	61.8%	40	82.5%	183	78.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



Due to low valid n's, no comparisons can be made among the segments.



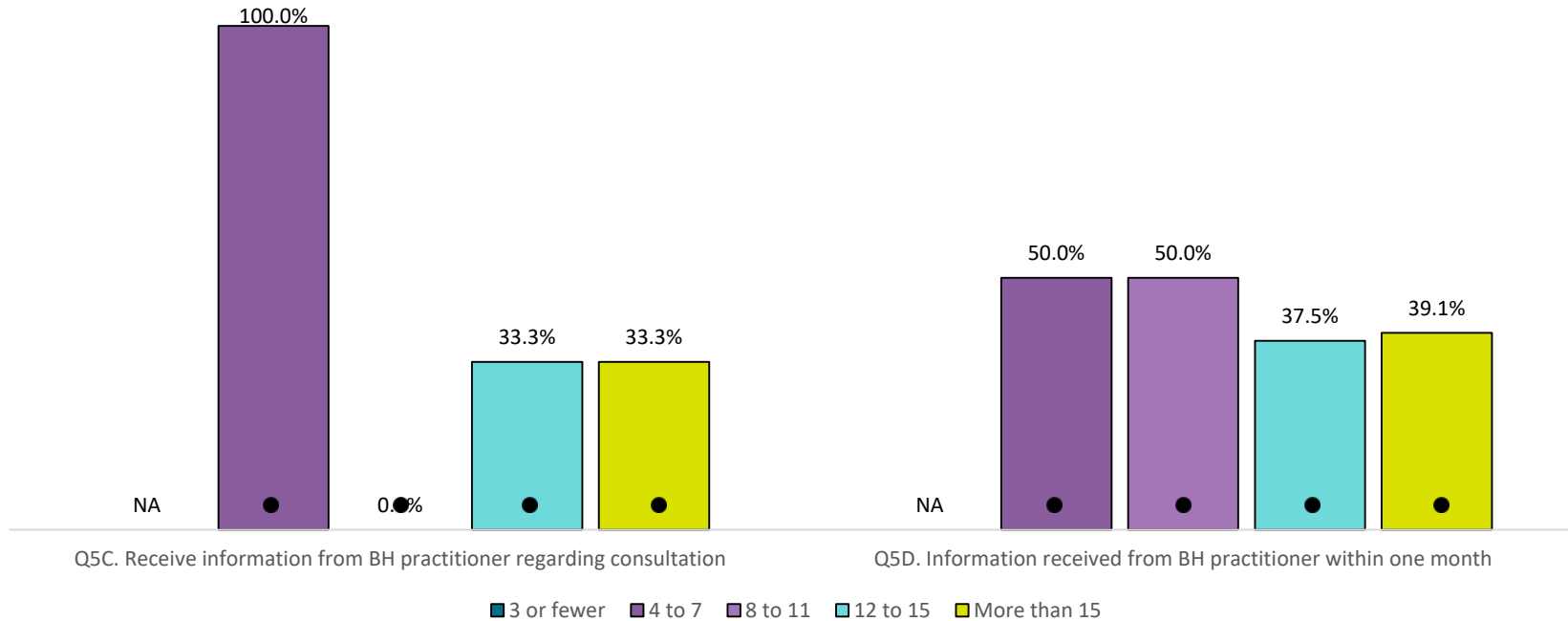
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5A	0	NA	2	50.0%	3	66.7%	8	75.0%	22	72.7%
5B	0	NA	2	100.0%	4	50.0%	9	77.8%	23	91.3%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



Due to low valid n's, no comparisons can be made among the segments.



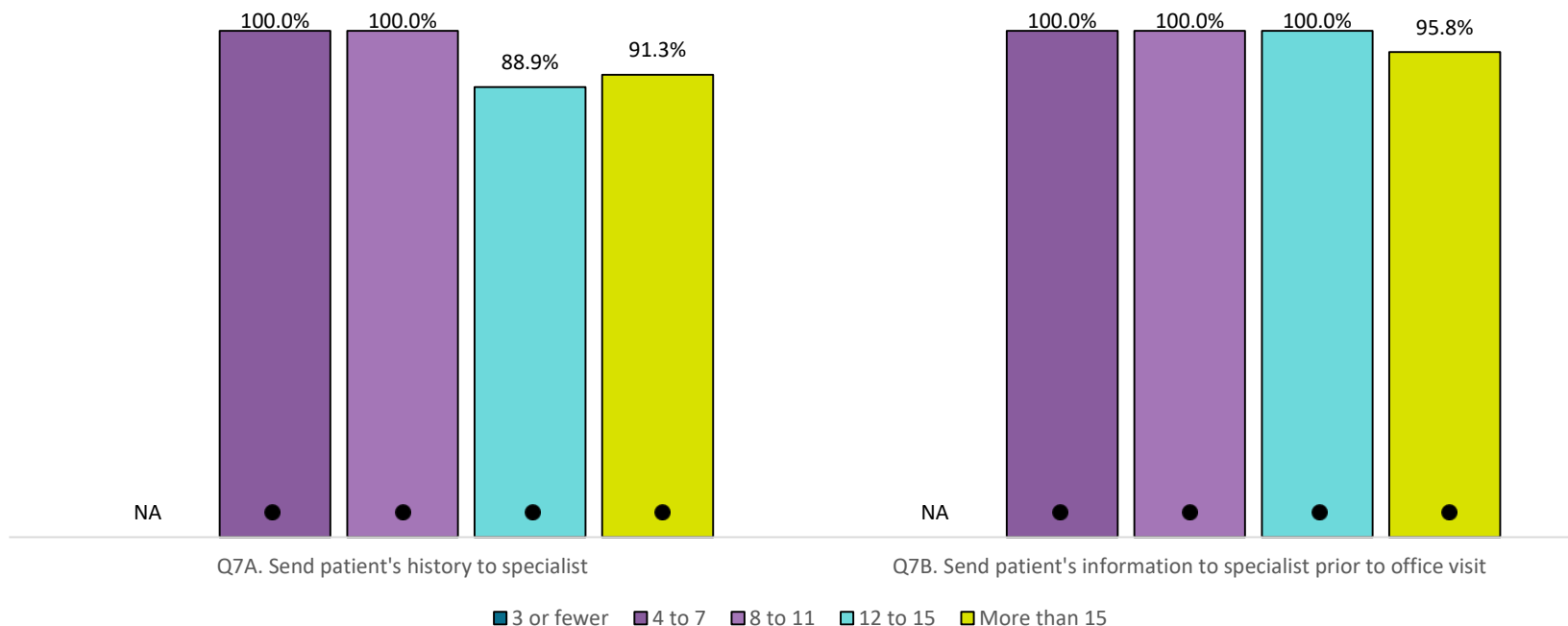
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
5C	0	NA	2	100.0%	3	0.0%	9	33.3%	24	33.3%
5D	0	NA	2	50.0%	2	50.0%	8	37.5%	23	39.1%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



Due to low valid n's, no comparisons can be made among the segments.



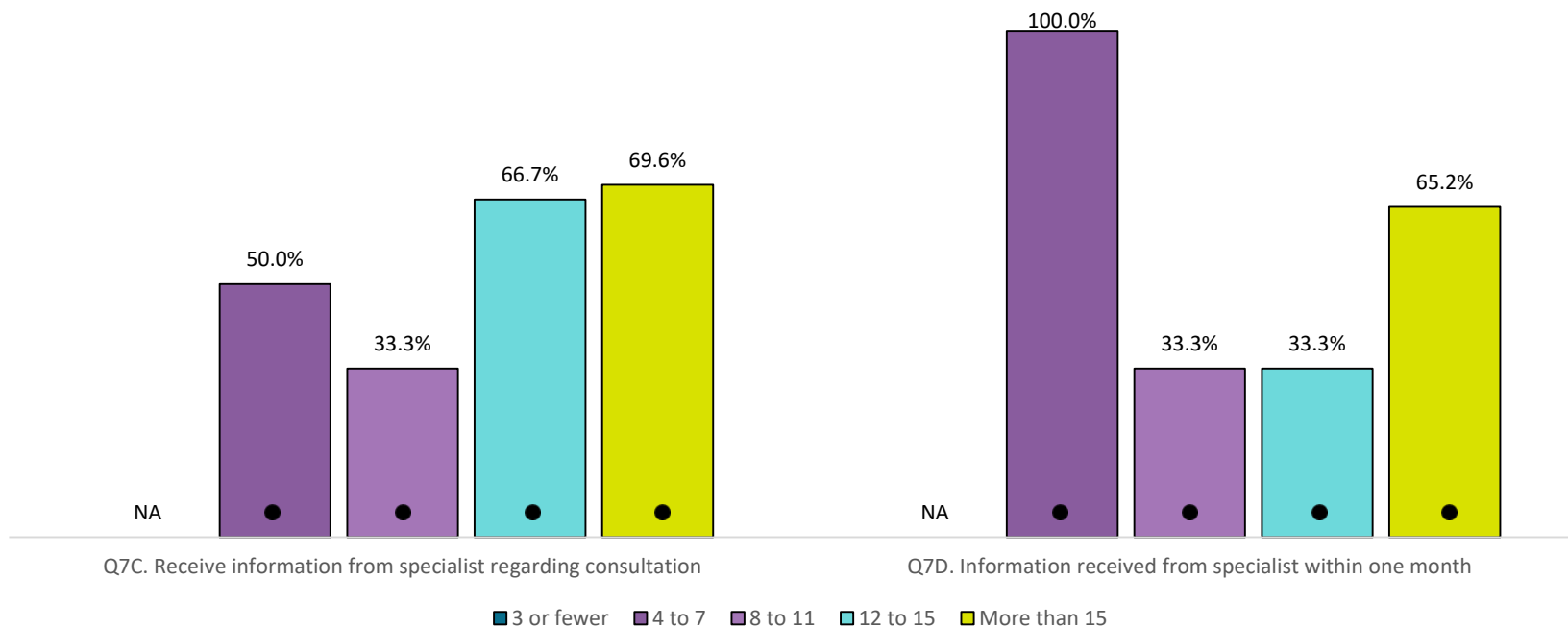
	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7A	0	NA	2	100.0%	3	100.0%	9	88.9%	23	91.3%
7B	0	NA	2	100.0%	3	100.0%	9	100.0%	24	95.8%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Segmentation by Insurance Participation



Due to low valid n's, no comparisons can be made among the segments.



	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15	
	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %	Valid N	Valid %
7C	0	NA	2	50.0%	3	33.3%	9	66.7%	23	69.6%
7D	0	NA	2	100.0%	3	33.3%	9	33.3%	23	65.2%

● Valid n < 30; please use caution when making comparisons.
 Note 1: If any are not shown it is due to no respondents.
 Note 2: Percentages represent the SRS (Always and Often).

Appendix

Full Disposition Glossary of Terms Plan Survey



Provider Satisfaction - KY Medicaid

Provider Satisfaction	
Sampled loaded into CATI	5,094
Number Dialed	5,020
Completes	415
Ineligible Records	
Deceased	5
Mentally/Physically Incapable	0
Language Barrier	0
No Eligible Respondent	464
Wrong Number	336
Fax/Pager/Modem/Data Line	98
Not in Service	0
Disconnected	547
Grand Total	1450
Response Rate	11.6%

Remaining Dispositions	
Answering Machine	69
Busy	181
Call Blocked	3
Cell Phone	3
Complete	98
Completed Paper Survey	1
Do Not Call	5
No Answer	343
Not available at time of call	2249
Not Available for Duration of Study	14
Number Changed	97
Refusal	82
Technical Phone Problems	4
Temporarily out of service	6

Kentucky Medicaid	Database		Sample		Contacted		Completes	
PCP	15061	20.0%	903	17.7%	888	17.7%	54	13.0%
Specialist	58493	77.8%	3962	77.8%	3906	77.8%	330	79.5%
Behavioral Health	1640	2.2%	229	4.5%	226	4.5%	31	7.5%
Total	75194	100.0%	5094	100.0%	5020	100.0%	415	100.0%

Glossary of Terms



- **Attributes** are the questions that relate to a specific service area or composite.
- **Composites** are the means of the Summary Rates of attributes within a given service area. Each composite category represents an overall aspect of plan quality and is comprised of similar questions.
- **Key Drivers** are composites that have been found to impact the rating variable among the plan providers/members as determined by a regression analysis.
- **Response Rate** for a phone survey methodology, the following dispositions are considered ineligible: deceased, mentally/physically incapable, not eligible, wrong number, language barrier, fax/pager/modem/data line, not in service, and disconnected.
- **Statistical Significance** a statistically significant hypothesis testing result means that—based on the sample(s), conditions/assumptions, and level of significance—there is sufficient evidence to conclude the alternate hypothesis. For example, when testing for a difference between two population Summary Rate Scores, statistical significance would mean that there is sufficient support for the statement that the difference between the two population Summary Rate Scores are not due to chance alone.
- **Summary Rates** are single statistics generated for a survey question. In general, Summary Rates represent the percentage of respondents who chose the most favorable response options.
- **Top Box** are single statistics generated for a survey question. In general, Top Boxes represent the percentage of respondents who chose the single most favorable response option.

Glossary of Terms - continued



- **Valid n** is used to show the number of respondents giving a valid response to a particular question. It gives information on only the question it refers to and no others. Valid responses are those that actually rate an attribute. They do not include responses such as “NA” because a response of “NA” does not rate an attribute. The difference in value between the valid n and the total number of respondents completing the survey is a result of removing invalid responses and respondents submitting a survey but not answering that particular question.
- **Valid Surveys/Unanswered Questions** if a respondent did not answer a particular question, that response is considered “missing.” If a respondent answered a question by marking more than one response (not including “Mark all that apply” questions), that response is considered a “multiple mark”. A missing/multiple mark response is NOT assigned any value or used to calculate satisfaction scores.
- **Z-Test** is used to test for true differences in population score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between two population percents (or proportions), e.g., two population Summary Rates. The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance.

Guide to Data and Analysis



- N = the number of respondents answering the question.
- Top Two/Three Box is the sum of the most favorable response options ('Always' and 'Usually', or 8, 9, and 10).
- Top One/Two Box is the sum of the single most favorable response option/s ('Always' or 9 and 10).
- Cells highlighted in **green** denote that the current year's data is significantly increased/above trend or benchmark data.
- Cells highlighted in **red** denote that the current year's data is significantly decreased/below trend or benchmark data.
- No highlighting indicates that a significant difference could not be determined, or that the current year's data are unable to be tested against trend or benchmark data.
- All significance testing is performed at the 95% significance level.



2019 Humana-CareSource Provider Satisfaction Survey Tool - Kentucky Medicaid



Provider Satisfaction Survey Tool

Question Number	Question Text	Answer Options	Skip Patterns and Logic
Introduction	Hello. My name is _____ with SPH Analytics. We are calling on behalf of Humana-CareSource. May I speak with Dr. [INSERT: PHYSICIAN NAME (Option X)] or the office manager? [Have both physician name and practice name available]	1- Yes, physician or office manager is available	Go to Intro2
	Physician Name: <Option X>	2- No, physician or office manager is not available	Go to close 2 Agent will schedule call back
	Practice Name: <Option X> Specialty Type: <Option X>	98- DK	Go to close 2 Agent will schedule call back
		99- REF	Go to close
Intro 2	Hello. My name is _____ with SPH Analytics. We are calling on behalf of Humana-CareSource. We are conducting a very important survey of physicians' offices, asking them to evaluate the service they receive from Humana-CareSource and to verify office information. We understand your time is valuable; however, your opinions will help Humana-CareSource continue to improve services to better meet your needs and those of your practice. Your participation in this survey is voluntary.		Program next button, no answer options on this page. Go to S1
S1	Just to verify, are you currently contracted to work with Humana-CareSource Medicaid?	1- Yes	Go to D1
		2- No	Go to close
		98- DK	Go to close
		99- REF	Go to close



Question Number	Question Text	Answer Options	Skip Patterns and Logic
DA	What is the major area of medicine at this practice? (READ CODES A-D ONLY, MARK ALL THAT APPLY)	A- Primary Care	
		B- Specialty Care	
		C- Behavioral Health Care	
		D- Other (Specify)	Add open ended box if this option is selected
		98- DK	
DB	How many physicians are at this practice? (READ CODES 1–3, MARK ONLY ONE)	1- Solo	
		2- 2 to 5 Physicians	
		3- More than 5 Physicians	
		98- DK	
		99- REF	
DC	How many years have you been in this practice? (READ CODES 1–3, MARK ONLY ONE)	1- Less than 5 years	
		2- 5 to 15 years	
		3- 16 years or more	
		98- DK	
		99- REF	
DD	What portion of your patient volume is represented by Humana-CareSource Medicaid? (READ CODES 1–7, MARK ONLY ONE)	1- None	Go to Close
		2- 10% or less	
		3- 11 to 20%	
		4- 21 to 30 %	
		5- 31 to 50%	
		6- 51 to 75%	
		7- 76 to 100%	
		99- REF	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
DE	What is your position at the practice? (READ CODES 1–10, MARK ONLY ONE)	1- Physician	
		2- Behavioral Health Clinician	
		3- Office Manager	
		4- Nurse	
		5- Billing	
		6- Management	
		7- Administration	
		8- Coding	
		9- Clinical Staff	
		10- Other (Specify)	Add open ended box if this option is selected
DF	What is your preferred method of receiving communications from CareSource? (READ CODES 1–7, MARK ONLY ONE)	1- Mail	
		2- Telephone	
		3- Fax	
		4- Online Portal	
		5- Email (Specify)	Add open ended box if this option is selected
		6- In person with your provider representative	
		7- Other (Specify)	Add open ended box if this option is selected
		98- DK	
DG	How many different insurance companies does your practice participate with? (READ CODES 1–5, MARK ONLY ONE)	1- 3 or fewer	Go to Q1A
		2- 4 to 7	Go to Q1A
		3- 8 to 11	Go to Q1A
		4- 12 to 15	Go to Q1A
		5- More than 15	Go to Q1A
		98- DK	Go to Q1A
		99- REF	Go to Q1A



Question Number	Question Text	Answer Options	Skip Patterns and Logic
Q1A	<p>Next I would like to ask some questions regarding Utilization Management and Quality Management.</p> <p>How would you rate Humana-CareSource Medicaid on the access to knowledgeable Utilization Management staff? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q1B	<p>How would you rate Humana-CareSource Medicaid on the procedures for obtaining pre-certification, referral, or authorization information? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q1C	<p>How would you rate Humana-CareSource Medicaid on the timeliness of obtaining pre-certification, referral, or authorization information? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
Q1D	<p>How would you rate Humana-CareSource Medicaid on the facilitation and support of electronic prior authorization system (in the Humana-CareSource Provider Portal)? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q1E	<p>How would you rate Humana-CareSource Medicaid on the access to knowledgeable Care Managers? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q1F	<p>How would you rate Humana-CareSource Medicaid on the degree to which they cover and encourage preventive care and wellness? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
Q2A	<p>Next I would like to ask some questions regarding other network providers.</p> <p>How would you rate Humana-CareSource Medicaid on the number of specialists they have in their provider network? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q2B	<p>How would you rate Humana-CareSource Medicaid on the quality of specialists they have in their provider network? Would you say that Humana-CareSource Medicaid is...?</p> <p>(READ CODES 1–5, MARK ONLY ONE)</p>	<p>1- Well below average</p> <p>2- Somewhat below average</p> <p>3- Average</p> <p>4- Somewhat above average</p> <p>5- Well above average</p> <p>6- Not applicable</p> <p>98- DK</p> <p>99- REF</p>	
Q2C	<p>What are key gaps in specialist types in the Humana-CareSource Medicaid network?</p> <p>[SELECT ALL THAT APPLY]</p>	<p>A- Orthopedics</p> <p>B- Neurology</p> <p>C- Oral Surgery</p> <p>D- Cardiology</p> <p>E- Dentistry</p> <p>F- Optometry</p> <p>G- Other (Specify)</p> <p>98- DK</p> <p>99- REF</p>	<p>Add open ended box if this option is selected</p>



Question Number	Question Text	Answer Options	Skip Patterns and Logic
Q2D	Why are these gaps in specialists so important? [SELECT ALL THAT APPLY]	A- Specialist treats conditions that are life threatening	
		B- Specialist treats conditions requiring immediate attention	
		C- Specialist treats conditions requiring frequent treatment	
		D- There is a high incidence of conditions among my patients that this specialist treats	
		E- Other (Specify)	Add open ended box if this option is selected
		98- DK 99- REF	
Q2E	What is the main difficulty or barrier to locating a specialist in the Humana-CareSource Medicaid network? [SELECT ALL THAT APPLY]	A- Unsure where to obtain the name of an in-network specialist	
		B- Specialist does not accept Humana-CareSource	
		C- Specialist not seeing new patients	
		D- Wait times for access to see specialist is excessive	
		E- Lack of certain specialists in the area	
		F- Member no shows to specialist appointment	
		G- Other (Specify)	Add open ended box if this option is selected
		98- DK 99- REF	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
[ASK Q3A-Q3D IF PHYSICIAN TYPE = SPECIALIST or BEHAVIORAL HEALTH. IF PCP, GO TO Q5A – Q5D.] [IF ONLY 'OTHER' IS MARKED ON QDA, THEN QUESTIONS WILL BE ASKED Q3A-Q3D]			
Q3A	When receiving a referral from a PCP, how often does the PCP provide sufficient relevant clinical information such as history and reason for consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q3B	When receiving a referral from a PCP, how often is the information provided from the PCP received prior to the office visit with the behavioral health practitioner/specialist? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q3C	For patients who were referred to you by a PCP, how often do you send the PCP notification of the results of your consultation with the patient? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q3D	How often do you send the PCP information about the consultation within one month from the behavioral health practitioner/specialist consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
[IF SPECIALIST, GO TO Q8.]			
Q4A	When receiving a referral from a PCP, what information would you like to see exchange? (Check all that apply. Multiple answers allowed)	A- Diagnosis B- Treatment plan C- Medications D- Lab Tests E- Adherence to treatment F- Adherence to provider visits/appointments kept G- Adherence to medications H- Recent hospitalizations I- Family engagement J- Emergency department visits K- Response to treatment L - Other (Specify) 98- DK 99- REF	Add open ended box if this option is selected
Q4B	How often would you want to get the information indicated in the previous question?	1- Monthly 2- Quarterly 3- Semi-Annually 4- Annually 5- Other (Specify) 98- DK 99- REF	Add open ended box if this option is selected



Question Number	Question Text	Answer Options	Skip Patterns and Logic
[ASK Q5A-Q5D IF PHYSICIAN TYPE = PCP, OTHERWISE, GO TO Q8]			
Q5A	When referring a patient to a behavioral health practitioner, how often do you send the behavioral health practitioner the patient's history and reason for consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q5B	When referring a patient to a behavioral health practitioner, how often do you send the behavioral health practitioner the patient's information prior to the office visit? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q5C	For patients that you referred to a behavioral health practitioner, how often did you receive information back from the behavioral health practitioner regarding the consultation with the patient? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q5D	When receiving information regarding a referral made to a behavioral health practitioner, how often is the information received within one month from the behavioral health practitioner's consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
ASK Q6A-Q6B IF PHYSICIAN TYPE = PCP, OTHERWISE, GO TO Q8]			
Q6A	When referring a patient to a behavioral health practitioner, what information would you like to see exchanged? (Check all that apply. Multiple answers allowed)	A- Diagnosis B- Treatment plan C- Medications D- Lab Tests E- Adherence to treatment F- Adherence to provider visits/appointments kept G- Adherence to medications H- Recent hospitalizations I- Family engagement J- Emergency department visits K- Response to treatment L - Other (Specify) 98- DK 99- REF	Add open ended box if this option is selected
Q6B	How often would you want to get the information indicated in the previous question?	1- Monthly 2- Quarterly 3- Semi-Annually 4- Annually 5- Other (Specify) 98- DK 99- REF	Add open ended box if this option is selected



Question Number	Question Text	Answer Options	Skip Patterns and Logic
[ASK Q7A-Q7F, IF PHYSICIAN TYPE = PCP]			
Q7A	When referring a patient to a specialist, how often do you send the specialist the patient's history and reason for consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q7B	When referring a patient to a specialist, how often you do send the specialist the patient's information prior to the office visit with the specialist? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q7C	For patients that you referred to a specialist, how often did you receive information back from the specialist regarding the consultation with the patient? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	
Q7D	When receiving information regarding a referral made to a specialist, how often is the information received within one month from the specialist's consultation? Would you say...	1- Never 2- Sometimes 3- Often 4- Always 98- DK 99- REF	



Question Number	Question Text	Answer Options	Skip Patterns and Logic
Q8	These are all the questions that I have. If Humana-CareSource needs to follow up with you on any of these questions for further feedback, would it be okay for them to contact you?	1- YES	Go to Close
		2- NO	Go to Close
		98- DK	Go to Close
		99- REF	Go to Close
Close 1	That concludes our survey. Thank you for taking the time to share your opinions today. Have a good day/evening.		
Close 2	Thank you for your time, is there a better time to call back when the Doctor or Office Manager will be available? Thank you again, have a good day/evening.		



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