STATE OF MARYLAND EXECUTIVE SUMMARY REPORT

FOR

2022 HEALTHCHOICE PCP SATISFACTION SURVEY

Prepared for:
Maryland Department of Health

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CSS
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PCP Satisfaction Survey

Background and Purpose

Center for the Study of Services (CSS) administered the 2022 PCP Satisfaction Survey for the Maryland Department of Health on behalf of HealthChoice managed care organizations (MCOs). PCPs were asked to rate their satisfaction with a specified MCO they participate with. The survey included questions on claims, preauthorization, customer service, and provider relations. PCPs participating with each of the following nine MCOs that provide Medicaid services in the HealthChoice program participated in this study.

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

The HealthChoice MCOs provided the population files of participating PCPs. Prior to sampling, any PCP with an address outside of Maryland or states bordering Maryland were marked as ineligible for the sample. The population file was deduplicated such that a PCP was only selected for 1 MCO. This was done in a two-step process. First, the PCPs were deduplicated using the PCP National Provider Identifier (NPI). Then, the remaining eligible PCPs were deduplicated using the PCP name and address. All eligible PCPs after the deduplication process were selected for the sample.

The final survey sample included 7,579 PCPs from the nine HealthChoice MCOs.

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

Response Rate

Among all the PCPs who met eligibility criteria, 1,045 completed the survey, resulting in an adjusted response rate of 14.57%. Any survey where only the PCP practice related questions were answered (questions 28 through 33) were marked as partial complete. Additional dispositions at the end of data collection are provided in Exhibit 1.

EXHIBIT 1: 2022 PCP SATISFACTION SURVEY: DISPOSITIONS AND RESPONSE RATE

	Number	% Initial Sample
Initial Sample	7,579	
Disposition		
Complete and Eligible - Mail	229	3.02%
Complete and Eligible - Phone	376	4.96%
Complete and Eligible - Web	202	2.67%
Complete and Eligible - Fax	238	3.14%
Complete and Eligible - Total	1,045	13.79%
Partial Completes	1	0.01%
Does not meet Eligible criteria	200	2.64%
Deceased	6	0.08%
Language Barrier	0	0.00%
Retired, No Longer Working at Office	201	2.65%
Refusals	60	0.79%
Nonresponse after maximum attempts	6,066	80.04%
Adjusted Response Rate *		14.57%

* Adjusted response rate= Complete and Eligible Surveys/[Complete and Eligible + Refusal + Nonresponse after maximum attempts]
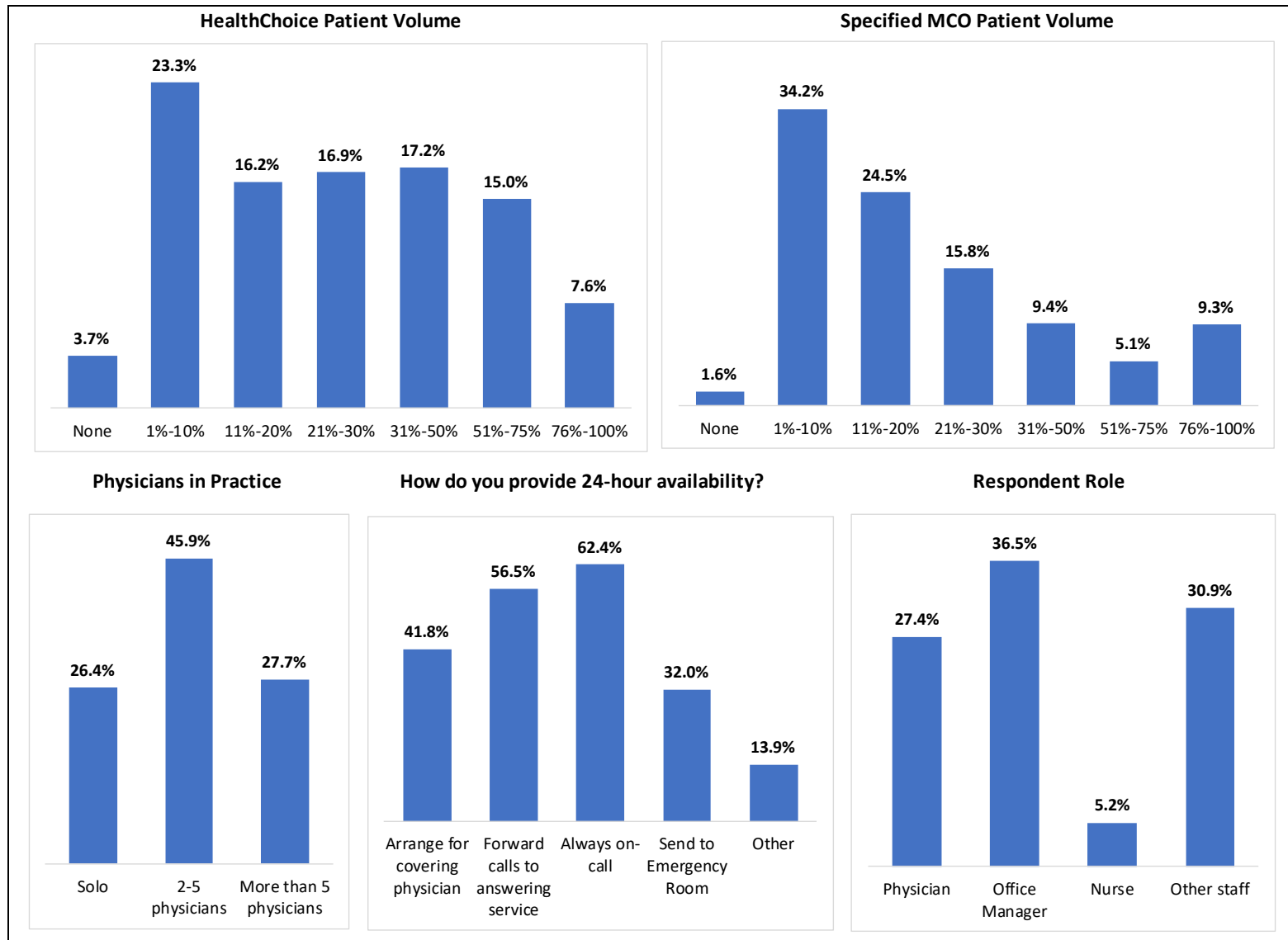
The following table shows the unadjusted response rate by MCO.

EXHIBIT 2: 2022 PCP SATISFACTION SURVEY: RESPONSE RATE BY MCO

MCO	Sample Size	Number of Completes	Unadjusted Response Rate
Aetna Better Health of Maryland	744	95	12.8%
AMERIGROUP Community Care	1,537	211	13.7%
CareFirst Community Health Plan	230	60	26.1%
Jai Medical Systems	171	51	29.8%
Kaiser Permanente	437	40	9.2%
Maryland Physicians Care	973	124	12.7%
Medstar Family Choice	514	102	19.8%
Priority Partners	1,362	178	13.1%
UnitedHealthcare	1,611	184	11.4%

Respondent Profile

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

HealthChoice Patient Volume

None	1%-10%	11%-20%	21%-30%	31%-50%	51%-75%	76%-100%
3.7%	23.3%	16.2%	16.9%	17.2%	15.0%	7.6%

Specified MCO Patient Volume

None	1%-10%	11%-20%	21%-30%	31%-50%	51%-75%	76%-100%
1.6%	34.2%	24.5%	15.8%	9.4%	5.1%	9.3%

Physicians in Practice

Solo	2-5 physicians	More than 5 physicians
26.4%	45.9%	27.7%

How do you provide 24-hour availability?

Arrange for covering physician	Forward calls to answering service	Always on-call	Send to Emergency Room	Other
41.8%	56.5%	62.4%	32.0%	13.9%

Respondent Role

Physician	Office Manager	Nurse	Other staff
27.4%	36.5%	5.2%	30.9%

Survey Results and Analysis

SURVEY MEASURES

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

Overall Satisfaction combines responses to three survey questions about overall satisfaction and recommend MCO to physicians and patients:
  – What is your overall satisfaction with *Specified MCO*?
  – Would you recommend *Specified MCO* to patients?
  – Would you recommend *Specified MCO* to other physicians?

Claims combines responses to three survey questions about claims processing:
  – Accuracy of claims processing.
  – Timeliness of initial claims processing.
  – Timeliness of adjustment and appeal claims processing.

Preauthorization combines responses to six survey questions about the timeliness of authorization process:
  – Timeliness of obtaining authorization for medication.
  – Overall experience in obtaining **prior authorization** for medications.
  – Timeliness of obtaining authorization of **outpatient** services.
  – Overall experience in obtaining authorization of **outpatient** services.
  – Timeliness of obtaining authorization of **inpatient** services.
  – Overall experience in obtaining authorization of **inpatient** services.

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

In addition, two single item measures are reported:
- − Overall, how would you rate *Specified MCO* on Coordination of Care/Case Management?
- − What percentage of your scheduled *Specified MCO* HealthChoice appointments are "no-show" appointments each week?

- For *Claims*, *Preauthorization*, *Customer Service and Provider Relations* composite measures, questions that contribute to the composites and *Coordination of Case/Case Management* measure, results are reported as proportion of members selecting *Excellent or Very good*.
- For the *Overall Satisfaction* composite and questions that contribute to the composite, results are reported as proportion of members selecting *Very satisfied, Somewhat satisfied* or, *Definitely yes, Probably yes.*
- For *No-Show Specified MCO HealthChoice Appointments*, results are reported as the proportion of members selecting *None* or *1% - 25%.*

EXHIBIT 3: SUMMARY RATES OF COMPOSITES

	COMPOSITES											
	Overall Satisfaction			Claims			Preauthorization			Customer Service/ Provider Relations		
	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	84.6%	83.8%	83.6%	52.8%	56.3%	56.4%	46.9%	45.0%	47.2%	52.7%	53.4%	54.5%
ABH	86.0%	86.9%	84.8%	51.8%	48.5%	48.2%	43.6%	38.5%	57.3%	54.0%	49.2%	51.0%
ACC	89.7%	89.6%	85.9%	53.3%	57.9%	61.5%	43.5%	47.4%	44.0%	54.3%	59.1%	58.4%
CFCHP	84.5%	79.4%	94.0%	47.1%	53.6%	65.4%	45.3%	36.3%	55.5%	41.7%	41.7%	57.8%
JMS	85.5%	88.8%	95.6%	70.8% ▲	85.8%	83.0%	69.8% ▲	90.8% ★	88.8% ★	73.3% ▲	82.9%	84.9%
KPMAS	90.1%	92.5%	96.0%	85.6% ▲	95.9%	96.1%	85.0% ▲	90.0%	96.6%	80.3% ▲	90.6%	94.2%
MPC	86.7%	85.5%	84.1%	46.3%	53.9%	51.3%	42.8%	38.3%	35.5%	48.1%	52.1%	49.3%
MSFC	87.3%	94.0%	89.9%	56.0%	60.9%	66.5%	41.4%	61.7% ★	58.3% ★	57.8%	65.6%	65.5%
PPMCO	84.8%	81.8%	84.1%	52.0%	46.4%	43.6%	45.7%	33.0%	36.4%	52.4%	43.6%	43.9%
UHC	72.7% ▼	72.8%	68.6%	44.5%	51.8%	43.6%	41.6%	32.5%	32.7%	41.7% ▼	43.5%	41.2%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

EXHIBIT 4: SUMMARY RATE OF QUESTIONS CONTRIBUTING TO OVERALL SATISFACTION COMPOSITE

	OVERALL SATISFACTION								
	OVERALL SATISFACTION			Recommend MCO to Patients			Recommend MCO to other Physicians		
	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	76.9%	78.3%	76.6%	88.6%	86.9%	87.3%	88.4%	86.1%	86.8%
ABH	81.4%	81.3%	80.0%	87.2%	89.7%	89.7%	89.5%	89.5%	84.6%
ACC	79.7%	84.8%	79.4%	94.5% ▲	91.6%	88.9% ★	94.9% ▲	92.3%	89.4% ★
CFCHP	75.0%	73.1%	88.7%	90.4%	82.7%	98.3%	88.0%	82.4%	94.9%
JMS	76.5%	92.3% ★	97.4% ★	88.2%	87.2%	94.7%	91.8%	86.8%	94.7%
KPMAS	86.5%	89.8%	93.9%	94.6%	98.0%	97.0%	89.2%	89.8%	97.0%
MPC	79.3%	81.6%	75.6%	91.4%	88.7%	90.1%	89.5%	86.2%	86.4%
MSFC	82.5%	92.6%	86.0%	89.8%	93.9%	92.5%	89.7%	95.5%	91.2%
PPMCO	76.3%	71.9%	73.1%	89.2%	87.0%	87.5%	88.9%	86.6%	91.7%
UHC	65.5% ▼	65.4%	59.7%	76.5% ▼	76.9%	73.9%	76.3% ▼	76.2%	72.2%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

EXHIBIT 5: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO CLAIMS COMPOSITE

| | CLAIMS | | | | | | | | |
| | Accuracy of claims processing | | | Timeliness of initial claims processing | | | Timeliness of adjustment/appeal claims processing | | |
	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	56.5%	59.2%	59.2%	57.2%	60.5%	60.6%	44.9%	49.1%	49.5%
ABH	50.0%	48.1%	51.3%	58.0%	54.5%	48.7%	47.4%	42.9%	44.7%
ACC	57.8%	61.5%	65.7%	56.4%	63.4%	65.5%	45.7%	48.7%	53.2%
CFCHP	49.1%	60.8%	68.4% ★	53.7%	60.8%	67.9%	38.5%	39.1%	60.0% ★
JMS	71.7% ▲	86.1%	81.6%	70.2%	85.7%	83.8%	70.5% ▲	85.7%	83.8%
KPMAS	86.5% ▲	95.9%	94.1%	86.5% ▲	95.9%	100.0%	83.8% ▲	95.8%	94.1%
MPC	51.5%	56.5%	53.8%	51.5%	57.9%	56.3%	35.8%	47.2%	43.8%
MSFC	63.5%	63.8%	66.3%	60.6%	62.1%	68.5%	43.8%	56.9%	64.8% ★
PPMCO	55.8%	49.0%	48.2%	56.1%	51.7%	48.6%	44.1%	38.5%	34.1%
UHC	48.7%	56.6%	47.0%	50.3%	55.7%	50.0%	34.5% ▼	43.0%	33.9%

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

EXHIBIT 6: SUMMARY RATE OF COORDINATION OF CARE AND NO-SHOW HEALTHCHOICE APPOINTMENTS

| | OTHER ITEMS | | | | | |
| | Coordination of Case Management | | | No-Show Specified MCO HealthChoice Appointments | | |
	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	49.9%	47.1%	48.5%	83.5%	83.7%	83.9%
ABH	50.8%	46.9%	58.1%	86.7%	93.9%	82.5%
ACC	48.8%	46.2%	46.4%	85.1%	81.9%	82.7%
CFCHP	46.3%	36.1%	44.7%	95.8% ▲	87.8%	96.6%
JMS	73.9% ▲	88.9%	81.1%	34.7% ▼	28.2%	44.7%
KPMAS	83.3% ▲	87.5%	94.1%	94.3%	97.8%	97.0%
MPC	46.7%	46.0%	44.6%	79.3%	83.0%	88.9%
MSFC	49.3%	65.5%	54.7%	87.4%	90.3%	84.4%
PPMCO	45.2%	36.3%	37.8%	87.0%	78.5%	79.4%
UHC	41.0%	31.1%	37.5%	86.2%	88.8%	88.6%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

EXHIBIT 7: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO PREAUTHORIZATION COMPOSITE

| | PREAUTHORIZATION | | | | | |
| | Timeliness of obtaining authorization for medication | | | Overall experience in obtaining prior authorization for medications | | |
	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	44.9%	44.1%	44.8%	42.7%	41.3%	42.5%
ABH	43.8%	42.9%	54.5%	39.7%	40.0%	45.5%
ACC	42.2%	47.4%	42.9%	40.0%	43.8%	40.0%
CFCHP	40.0%	34.1%	52.9%	40.0%	30.8%	51.0%
JMS	70.8% ▲	94.3% ★	88.9% ★	66.7% ▲	91.4% ★	88.9% ★
KPMAS	84.8% ▲	90.9%	96.8%	84.4% ▲	90.9%	96.6%
MPC	42.6%	40.3%	38.2%	38.6%	38.7%	35.5%
MSFC	39.2%	58.9% ★	57.3% ★	39.7%	50.9%	52.5%
PPMCO	40.8%	33.1%	34.1%	41.4%	30.6%	32.6%
UHC	41.0%	29.8% ★	28.9% ★	37.2%	27.0% ★	28.9%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

EXHIBIT 8: SUMMARY RATES OF QUESTIONS CONTRIBUTING TO PREAUTHORIZATION COMPOSITE

| | PREAUTHORIZATION | | | | | | | | | | | |
| | Timeliness of obtaining authorization of outpatient services | | | Overall experience in obtaining prior authorization of outpatient services | | | Timeliness of obtaining authorization of inpatient services | | | Overall experience in obtaining prior authorization of inpatient services | | |
	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	43.7%	43.1%	45.3%	44.2%	42.7%	45.4%	52.8%	49.0%	52.1%	53.1%	49.6%	53.0%
ABH	42.9%	34.7%	58.1%	41.0%	36.4%	59.4%	48.8%	39.7%	60.9%	45.2%	37.5%	65.2%
ACC	38.7%	49.2%	38.3%	41.2%	46.3%	38.9%	48.6%	49.5%	52.7%	50.5%	48.3%	51.4%
CFCHP	46.5%	36.4%	59.5%	50.0%	34.4%	54.8%	48.4%	38.5%	55.9%	46.9%	43.5%	58.8%
JMS	65.3% ▲	86.1% ★	88.9% ★	63.3% ▲	86.1% ★	88.9% ★	77.5% ▲	93.5%	88.6%	75.0% ▲	93.5% ★	88.6%
KPMAS	79.4% ▲	86.7%	96.7%	84.8% ▲	89.4%	96.8%	88.5% ▲	92.3%	96.3%	88.0% ▲	89.7%	96.3%
MPC	42.4%	37.0%	35.3%	36.8%	37.2%	35.8%	46.6%	38.9%	35.6%	50.0%	38.0%	32.6%
MSFC	43.2%	64.6% ★	52.6%	41.6%	63.3% ★	51.3%	43.8%	64.1%	68.6% ★	41.2%	68.4% ★	67.3% ★
PPMCO	41.1%	32.2%	38.0%	43.4%	31.4%	37.8%	52.7%	33.9% ★	38.0%	54.9%	36.7% ★	37.8% ★
UHC	35.3%	29.1%	32.4%	37.2%	29.2%	32.9%	48.9%	38.6%	34.0% ★	50.0%	41.0%	39.0%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

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

	CUSTOMER SERVICE/PROVIDER RELATIONS											
	Process for obtaining member eligibility information			Quality of written communications, policy bulletins, and manuals			Ease of contacting the correct customer service representative			Timeliness and courtesy of the MCO's customer service and provider relations representative		
	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	63.8%	64.6%	66.1%	56.5%	57.3%	58.6%	50.2%	48.7%	51.3%	54.1%	54.8%	57.1%
ABH	66.3%	58.9%	56.1%	58.1%	53.8%	58.5%	55.3%	45.3%	51.2%	57.5%	48.1%	57.5%
ACC	66.8%	72.0%	72.0%	59.6%	65.5%	62.4%	50.0%	56.0%	54.4%	55.7%	61.7%	62.6%
CFCHP	51.8%	51.0%	63.9%	47.3%	35.4%	59.0%	33.3% ▼	37.3%	59.0% ★	46.4%	51.0%	62.3%
JMS	76.0%	79.5%	86.8%	79.2% ▲	84.2%	86.8%	72.0% ▲	81.6%	84.2%	73.5% ▲	81.6%	84.2%
KPMAS	81.6% ▲	93.9%	97.1%	81.6% ▲	90.0%	97.1%	71.1% ▲	85.4%	91.2% ★	78.9% ▲	93.9%	94.1%
MPC	57.5%	66.2%	63.4%	52.8%	53.0%	51.8%	50.4%	50.7%	48.2%	51.4%	54.0%	51.8%
MSFC	63.3%	73.8%	73.4%	63.5%	69.7%	71.3%	55.1%	66.2%	64.9%	62.2%	66.2%	63.8%
PPMCO	68.3%	54.2% ★	55.9% ★	53.2%	48.3%	45.3%	49.7%	38.6% ★	40.6%	52.4%	42.4%	45.8%
UHC	55.1% ▼	58.7%	57.6%	43.8% ▼	50.2%	47.2%	39.5% ▼	33.6%	34.2%	40.1% ▼	45.5%	44.3%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

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

	CUSTOMER SERVICE/PROVIDER RELATIONS											
	Accuracy of responses and/or ability to resolve problems*			Accuracy and accessibility of the drug formulary and formulary updates			Overall, how would you rate Customer Service Provider Relations?			How would you rate the number and quality of specialists in the Specified MCO network?*		
	2022	2021	2020	2022	2021	2020	2022	2021	2020	2022	2021	2020
HealthChoice Aggregate	49.5%	52.0%	52.1%	48.3%	50.0%	50.2%	55.9%	54.6%	55.9%	43.6%	45.2%	45.2%
ABH	51.2%	48.1%	52.5%	45.3%	45.6%	43.6%	61.4%	54.7%	48.8%	36.8%	38.8%	40.0%
ACC	54.8%	59.0%	56.6%	48.1%	54.6%	52.3%	59.6%	60.2%	61.2%	39.9%	43.5%	46.0%
CFCHP	36.8%	42.0%	57.4% ★	39.6%	34.0%	52.5%	42.9%	43.1%	62.9% ★	35.8%	40.0%	45.2%
JMS	69.4% ▲	81.6%	84.2%	75.0% ▲	86.5%	84.2%	76.0% ▲	84.2%	84.2%	65.3% ▲	84.2% ★	84.2% ★
KPMAS	78.9% ▲	86.0%	91.2%	86.8% ▲	90.0%	94.3%	83.8% ▲	91.8%	94.1%	79.5% ▲	94.0%	94.3%
MPC	41.4%	50.3%	46.3%	41.5%	46.9%	37.3%	46.9%	53.7%	51.8%	43.1%	42.1%	43.9%
MSFC	56.7%	67.2%	62.4%	55.1%	60.0%	66.3%	62.2%	64.6%	66.0%	44.6%	57.4%	55.7%
PPMCO	49.4%	37.3% ★	40.4%	46.5%	43.7%	41.9%	53.6%	43.8%	44.1%	46.3%	40.7%	37.5%
UHC	35.5% ▼	43.8%	37.5%	38.1% ▼	38.9%	36.9%	45.2% ▼	43.9%	41.8%	36.2%	33.5%	29.9%

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

Statistically significant differences between current-year MCO rate and the HealthChoice aggregate rate are marked next to the 2022 rate as ▲ when your current-year rate is higher or ▼ when it is lower.

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

Loyalty Analysis

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

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

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

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

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

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

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

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

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

EXHIBIT 11: LOYALTY ANALYSIS RESULTS

	Loyal			Indifferent			Not Loyal		
	2022	**2021**	**2020**	**2022**	**2021**	**2020**	**2022**	**2021**	**2020**
HealthChoice Aggregate	42.5%	39.7%	41.5%	56.1%	58.4%	56.8%	1.4%	2.0%	1.7%
ABH	44.7%	43.3%	47.4%	54.1%	55.8%	52.6%	1.2%	1.0%	0.0%
ACC	47.5%	44.8%	44.4%	52.5%	53.9%	54.1%	0.0%	1.3%	1.4%
CFCHP	30.0%	32.0%	48.3%	68.0%	66.0%	51.7%	2.0%	2.0%	0.0%
JMS	65.3%	84.2% ★	86.8% ★	34.7%	13.2% ★	13.2% ★	0.0%	2.6%	0.0%
KPMAS	73.0%	77.6%	84.8%	27.0%	22.4%	15.2%	0.0%	0.0%	0.0%
MPC	40.2%	37.7%	42.0%	58.9%	60.9%	56.8%	0.9%	1.3%	1.2%
MSFC	38.5%	53.0%	50.0%	61.5%	47.0%	50.0%	0.0%	0.0%	0.0%
PPMCO	39.6%	31.7%	31.5%	59.1%	68.3%	67.8%	1.3%	0.0%	0.7%
UHC	32.1%	21.1% ★	20.2% ★	62.9%	73.0% ★	74.2% ★	5.0%	5.9%	5.6%

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

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

Correlation Analysis

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

- LEVERAGE (high importance, high performance);

- MAINTAIN (low importance, high performance);

- MONITOR (low importance, low performance);

- IMPROVE (high importance, low performance)

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

Data Analysis and Conclusions

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

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

IMPROVE	LEVERAGE
• Accuracy and accessibility of drug formulary and formulary updates • Timeliness of obtaining authorization of outpatient services • Coordination of Care/Case Management	• Accuracy of claims processing • Timeliness of initial processing • Provider relations/customer service responsiveness and courtesy • Customer service/provider relations overall • Timeliness of obtaining authorization of inpatient services

Glossary of Terms

Attributes	Areas of MCO performance and PCP experience assessed with the PCP Satisfaction survey.
Confidence Level	A confidence level is associated with tests of statistical significance of observed differences in survey scores. It is expressed as a percentage and represents how often the observed difference (e.g., between the plan's current-year rate and the relevant benchmark rate) is real and not simply due to chance. A 95% confidence level associated with a statistical test means that if repeated samples were surveyed, in 95 out of 100 samples the observed measure score would be truly different from the comparison score.
Correlation	A degree of association between two variables or attributes, typically measured by the *Pearson correlation coefficient*. The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (*N*, or Usable Responses)	Number of valid (appropriately answered) responses available to calculate a measure result. Examples of inappropriately answered questions include ambiguously marked answers, multiple marks when a single answer choice is expected, and responses that violate survey skip patterns. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
Disposition	The final status given to a PCP record in the survey sample at the end of the study (e.g., completed survey, refusal, non-response, etc.). See *Response Rate*.
Quadrant Map	Scatter plot graph of attribute importance and performance that is divided into four rectangular areas or quadrants. The four quadrants are defined as follows: 1. LEVERAGE (high importance, high performance); 2. MAINTAIN (low importance, high performance); 3. MONITOR (low importance, low performance); 4. IMPROVE (high importance, low performance).
Question Summary Rate	Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest (typically representing the most favorable outcome(s) from a given question on the survey). Many survey items use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of PCPs selecting *Usually* or *Always*.

Response Rate

Survey response rate is calculated using the following formula:

$$\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{[\text{Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts} + \text{Added to Do Not Call (DNC) List}]}$$

Sample size

Number of PCPs selected for the survey.

Statistically Significant Difference

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