

This summary report is being published at the request of the State of Maryland.

2017 Provider Satisfaction Survey Summary Report

<p>Background</p>	<p>UnitedHealthcare-MidAtlantic is committed to improving provider satisfaction with the health plan. To assess our provider satisfaction, UnitedHealthcare evaluates data from the State of Maryland Provider Satisfaction report, the Division of HealthChoice Care Coordination/Complaint Resolution, and UnitedHealthcare’s Grievance Appeals and Complaint (GAC) reports to identify opportunities for improving provider satisfaction. The data is evaluated and presented to the Service Quality Improvement Subcommittee (SQIS), Provider Advisory Committee (PAC), and Quality Management Committee (QMC).</p> <p>The provider survey measures how well Managed Care Organizations (MCOs) are meeting their Primary Care Providers (PCPs’) expectations and needs. From this survey, UnitedHealthcare can determine PCPs’ ratings of and experiences with the MCOs. Then, based on PCPs’ experiences, potential opportunities for improvement can be identified.</p>
<p>Goal</p>	<p>To meet or exceed the 2017 HealthChoice Aggregate benchmarks listed below: (Reporting Year 2017).</p> <ul style="list-style-type: none"> • No-show Appointments - 80.0% • Overall Satisfaction - 81.7% • Customer Service Provider Relations - 44.3% • Finance Issues - 46.3% • Coordination of Care - 40.6% • Utilization Management - 33.5 %
<p>Methods</p>	<p>The State of Maryland Department of Health (MDH) selected WB&A Research (WB&A), a National Committee for Quality Assurance (NCQA) certified vendor, to conduct its Provider Satisfaction Survey.</p> <p><i>WB&A receives an electronic sample file from each MCO. WB&A then combines the file and de-dups so that a PCP only receives one survey from a specified MCO regardless of the number of MCO’s with which they participate.</i></p> <p>WB&A administered this survey to PCPs participating in Maryland’s Medicaid managed care program, HealthChoice, via a mixed methodology (mail with telephone follow-up and an online survey option).</p> <p>Among 1,274 UnitedHealthcare PCPs who were mailed a survey, 250 valid surveys were completed between March and June 2017. The overall response rate for 2017 was 17%, compared to 21% in 2017.</p>

Results Summary

2017 Compared to 2016

Overall Satisfaction	
2017	59.5% of those surveyed are satisfied with UnitedHealthcare. This is however, <ul style="list-style-type: none"> • 16.2 percentage points lower than the HealthChoice Aggregate of 75.7% • 12.8 percentage points lower than all other MCOs; who rating was 72.3%
2016	60.0% of those surveyed are satisfied with UnitedHealthcare. This is however, <ul style="list-style-type: none"> • 18 percentage points lower than the HealthChoice Aggregate of 78.0% • 13 percentage points lower than all other MCOs; who rating was 73.0%
Recommend UnitedHealthcare to Their Patients	
2017	69.7% of those surveyed are satisfied with UnitedHealthcare . This is however, <ul style="list-style-type: none"> • 15.2 percentage points lower than the HealthChoice Aggregate of 84.9% • No rating reported for other MCOs
2016	66.0% of those surveyed are satisfied with UnitedHealthcare . This is however, <ul style="list-style-type: none"> • 20 percentage points lower than the HealthChoice Aggregate of 86.0% • No rating reported for other MCOs
Recommend UnitedHealthcare to Other Physicians	
2017	66.5% of those surveyed are satisfied with UnitedHealthcare. This is however, <ul style="list-style-type: none"> • 18.1 percentage points lower than the HealthChoice Aggregate of 84.6% • No rating reported for other MCOs
2016	62.0% of those surveyed are satisfied with UnitedHealthcare. This is however, <ul style="list-style-type: none"> • 22 percentage points lower than the HealthChoice Aggregate of 84.0% • No rating reported for other MCOs

Loyalty Analysis:

Year	Loyal <i>2017 HealthChoice Aggregate= 33.7%</i>	Indifferent <i>2017 HealthChoice Aggregate= 63.5%</i>	Not Loyal <i>2017 HealthChoice Aggregate= 2.9%</i>
2017	13.8%	78.7%	7.4%
2016	14.0%	76.0%	10.0%
2015	21.0%	72.0%	7.0%

Loyal Results:

- 19.9 percentage points below the Aggregate of 33.7% when compared to UnitedHealthcare 's rate of 13.8%

Indifferent:

- 15.2 percentage points higher than the Aggregate of 63.5% when compared to UnitedHealthcare 's rate of 78.7%
- 2.7 percentage point increase comparing 2017 results to 2016

Not Loyal:

- 4.5 percentage points higher than the Aggregate of 2.9% when compared to UnitedHealthcare’s rate of 7.4%
- 2.6 percentage point decrease comparing 2017 results to 2016

Composite Measures:

Composite measures assess results for main issues/areas of concern. These composite measures are derived by combining survey results of similar questions.

Composite Results (UnitedHealthcare Summary Rate against the Aggregate):

- No-show appointments

Composite Measure	2017 Aggregate	2017 Summary Rate	2016 Summary Rate	2015 Summary Rate
No-Show HealthChoice Appointments	80.0%	85.3%	87%	85%
Overall Satisfaction	81.7%	65.2%	63%	72%
Finance Issues	46.3%	28.5%	30%	34%
Customer Service/ Provider Relations	44.3%	27.3%	31%	36%
Coordination of Care/ Case Management	40.6%	22.8%	22%	30%
Utilization Management	33.5%	17.5%	17%	26%

higher than the Aggregate

- Only measure higher than the Aggregate
- Overall Satisfaction
 - 16.5 percentage points lower than the Aggregate
- Finance Issues
 - 17.8 percentage points lower than the Aggregate
- Customer Service/Provider Relations
 - 17.0 percentage points lower than the Aggregate
- Coordination of Care/Case Management
 - 17.8 percentage points lower than the Aggregate
- Utilization Management
 - 16 percentage points lower than the Aggregate

Attribute are the individual questions that compromise the composite measures.

Below are the three of the five measures receiving the lowest rating

Composite Measure & Attribute Lowest Rating for 2017	2017 Summary Rate	2016 Summary Rate
Finance Issues		
Composite Scores		
➤ 2017 Aggregate = 46.3%		
➤ <i>UnitedHealthcare Rate = 28.5%</i>		
• Accuracy of claims	33.2%	33.0%
• Timeliness of initial claims processing	31.7%	34.2%
• Timeliness of adjustments/appeal claim processing	20.7%	22.1%
Customer Service/Provider Relations		
Composite Scores		
➤ 2017 Aggregate = 44.3%		
➤ <i>UnitedHealthcare Rate = 27.3%</i>		
• Process for obtaining member eligibility	43.9%	49.2%
• Responsiveness and courtesy of the health plan's Provider Relations and Customer Service representatives	39.3%^	36.5%
• Customer Service/Provider Relations overall	30.8%	31.8%
• Timeliness to answer questions and/or resolve problems	26.9%	27.7%
• Quality of written communications	24.5%	33.5%
• Telephone system overall	19.0%	22.7%
• Accuracy and accessibility of drug formulary and updates	18.5%	24.2%
• Specialist network has an adequate number of specialists to whom I can refer	15.5%	18.4%
Utilization Management		
Composite Scores		
➤ 2017 Aggregate = 33.5%		
➤ <i>UnitedHealthcare Rate = 17.5%</i>		
• Timeliness of obtaining authorization for inpatient services	21.9%^	16.4%
• Timeliness of obtaining authorization for outpatient services	20.1%^	18.6%
• Timeliness of obtaining authorization for medication	14.1%	16.9%
• Overall experience in obtaining prior authorization for medications	14.0%	16.9%

^= Improved from the previous year

Key drivers of satisfaction that are of high importance to PCPs:

- Coordination of Care/Case Management; Customer Service/Provider Relations; Timeliness to Answer Questions and/or Solve Problems; Timeliness for obtaining authorization for outpatient services

Moderate drivers of satisfaction:

- Responsiveness and courtesy of the health plan's customer service/provider relations representatives; Timeliness of obtaining authorization for inpatient services; Timeliness of obtaining authorization for medications; accuracy and accessibility of drug formulary and formulary updates

Respondents' Comments

Are there any specialties that you find problematic when it comes to adequate care for UnitedHealthcare members?

Responses	2017	2016
Psychiatry/Mental Health	34%	28%
Dermatology	17%	27%
Orthopedics/Orthopedic Surgery	17%	24%
ENT/Otolaryngology	12%	9%
Neurology	8%	10%
Rheumatology	9%	10%
OB/GYN	9%	7%
Endocrinology	8%	7%
Cardiology	6%	8%
Pain Management	6%	2%
Most/All Specialists	6%	4%

Comments/suggestions regarding the quality and availability of specialty care:

Responses	2017 (n = 62)	2016 (n= 76)
<ul style="list-style-type: none"> • There is limited availability of specialist <ul style="list-style-type: none"> ○ need more local provider (not specific) 	37%	43%
<ul style="list-style-type: none"> • Get rid of/simplify referrals • Have difficulty with referrals/Improve referral process 	18%^	13%
<ul style="list-style-type: none"> • Send us an update Provider Manual • Update the computer database • Make provider information accurate/easier to find 	13%^	8%
<ul style="list-style-type: none"> • Too many claims are rejected. • Offer more information when claims are rejected • Doctors don't want to take plan because of claims denials 	5%	8%
<ul style="list-style-type: none"> • Satisfied with specialty services • Thankyou; It's improved 	5%^	2.6%

^ = Improved from previous year

What do you like best about UnitedHealthcare ?

Responses	2017 (n=121)	2016 (n=155)
<ul style="list-style-type: none"> • Good website • Online services/portal • User friendly 	10%	16%
<ul style="list-style-type: none"> • Helpful Customer Service • Can resolve problems • Give answers on the spot • Well-trained and knowledgeable 	9%	5%
<ul style="list-style-type: none"> • Timely payment of claims 	7%	10%
<ul style="list-style-type: none"> • Ease of verifying eligibility (HealthLink) 	7%	10%
<ul style="list-style-type: none"> • Easy/timely/electronic authorization system • No need for authorization 	7%	3%
<ul style="list-style-type: none"> • No need for referrals • No need for written referrals • Easy referral process • Online referrals 	6%	7%
<ul style="list-style-type: none"> • Overall ease to work with • Efficient management • No problem 	6%	3%
<ul style="list-style-type: none"> • Nothing/Nothing in particular 	31%	26%

What do you like least about UnitedHealthcare?

Responses	2017 (n=146)	2016 (n=187)
<ul style="list-style-type: none"> • Limiting participating specialists • Not enough specialist's • List of specialist is not updated 	13%	14%
<ul style="list-style-type: none"> • Unnecessary authorizations • Prescriptions authorizations • Pre-certification process is to untimely • Denied Authorizations 	12%	13%
<ul style="list-style-type: none"> • The referral process • Requires too many referrals • Takes too long • Are denied • Patients do not understand the referral process 	12%	13%
<ul style="list-style-type: none"> • Drug formulary • Restricted drug formulary 	8%	5%
<ul style="list-style-type: none"> • Online referral system does not work • Doctors don't like it 	8%	3%
<ul style="list-style-type: none"> • Low reimbursement • Fee schedule 	7%	5%
<ul style="list-style-type: none"> • Slow claims processing/reimbursement • Too many denied claims • Don't offer electronic claims processing • Filing time limit 	6%	9%

<ul style="list-style-type: none"> • Don't like the automated phone system • Menus not clear • Information not updated • Can't get to a person 	4%	2%
<ul style="list-style-type: none"> • Nothing in particular 	21%	12%

What recommendations for improvement do you have for UnitedHealthcare ?

Responses	2017 (n=130)	2016 (n=171)
<ul style="list-style-type: none"> • Offer more participating specialist/local specialists • More specialist with faster appointments 	15%	11%
<ul style="list-style-type: none"> • Improve Provider Relations • Respond faster to providers • Return Calls • Stay in touch • Offer better outreach 	6%	2%
<ul style="list-style-type: none"> • Offer better formulary plan • Drug formulary is too restrictive/difficult to understand 	5%	6%
<ul style="list-style-type: none"> • Increase reimbursement • Better fee schedule 	5%	4%
<ul style="list-style-type: none"> • Streamline phone system • Make it easier to get through to a person • Shorten hold time • Increase staff to answer phones 	5%	2%
<ul style="list-style-type: none"> • Update and distribute a directory for specialist/providers • Make sure list is accurate 	5%	2%
<ul style="list-style-type: none"> • Improve referral process • Get rid of paper referrals • Extend referral period • Allow more visits per referral 	4%	9%
<ul style="list-style-type: none"> • Nothing 	29%	25%

Priority Areas for UnitedHealthcare

Areas identified as having the potential to positively impact 'overall satisfaction rating. The attributes within the high priority section are referred to as "key drivers" and have a high importance to PCPs where they perceive UnitedHealthcare to be performing at a lower level.

The attributes within the moderate priority section are referred to as secondary priorities for UnitedHealthcare.

	2017	2016
High Priority	Coordination of Care/Case Management	Coordination of Care/Case Management
	Customer Service/Provider Relations	Customer Service/Provider Relations
	<i>Telephone system overall</i>	Timeliness to answer questions and/or resolve problems

	Timeliness to answer questions and/or resolve problems	Timeliness of obtaining authorization for outpatient services
	Timeliness of obtaining authorization for outpatient services	
Moderate Priority	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representatives	Overall experience in obtaining prior authorization for medications
	Timeliness of obtaining prior authorization for inpatient services	Telephone system overall
	Quality of written communications, policy bulletins and manuals	Specialist network has an adequate number of specialists to whom I can refer a patient
	Timeliness of obtaining prior authorization for medications	Timeliness of initial claims processing
	Accuracy and accessibility of drug formulary and formulary updates	Timeliness of obtaining prior authorization for medications
		Timeliness of obtaining prior authorization for inpatient services
		Accuracy of claims processing
		Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representatives
Low Priority	Overall experience in obtaining prior authorization for medications	Accuracy and accessibility of drug formulary and formulary updates
	Specialist network has an adequate number of specialists to whom I can refer a patient	Timeliness of adjustments/appeals claims processing
	Timeliness of adjustments/appeals claims processing	Quality of written communications, policy bulletins, and manuals
	Accuracy of claims processing Timeliness of initial claims processing	Process for obtaining member eligibility information
	Process for obtaining member eligibility information	
Opportunities for Improvement	<ul style="list-style-type: none"> • Provider Satisfaction Work Group (with the addition of a pharmacy owner) will continue monitoring intervention effectiveness of the following measures with the goal of increasing the level of provider satisfaction: <ul style="list-style-type: none"> ○ Overall Satisfaction ○ Customer Service/Provider Relations ○ Finance Issues ○ Coordination of Care/Case Management ○ Utilization Management 	

- Review reoccurring themes identified under ‘attribute’ measures and key drivers of satisfaction that have the potential to increase provider satisfaction:
 - Accuracy and accessibility of drug formulary and formulary updates
 - Referral Process
 - Simplify referrals
 - Takes too long
 - Improve referral process/extend referral period
 - Allow more visits per referral
 - Requires too many referrals
 - Not enough specialists/faster appointments
 - Online referral system does not work
 - Claims
 - Too many claims rejected
 - Slow claims processing
 - Filing time limit
 - Offer more information when claims are rejected
 - Doctors don’t want to take plan because of claims denial
 - Telephone System
 - Can’t get to a person
 - Don’t like the automated system
 - Stream line phone system
 - Menus not clear
 - Information not updated
 - Shorten hold time
 - Provider Relations
 - Return calls
 - Respond faster to provider
 - Offer better outreach
 - Stay in touch