

2021 MANAGED CARE ORGANIZATION PROVIDER SURVEY RESULTS

Statewide Results

March 4, 2022

Contents

Survey Overview	2
Survey Questions	
Summary	
Findings	6
Survey Comments	16

The survey was sponsored by AHCCCS, Arizona's Medicaid program, Division of Health Care Management, Operations Unit.

Survey Overview

The Arizona Health Care Cost Containment System (AHCCCS) mission and vision are to reach across Arizona to provide comprehensive quality health care to those in need while shaping tomorrow's managed health care from today's experience, quality, and innovation. AHCCCS is dedicated to continuously improving the efficiency and effectiveness of its programs while ensuring the delivery of the highest quality care to its customers.

To fulfill this mission and vision, AHCCCS contracts with Managed Care Organizations (MCOs or health plans) to provide covered services across three lines of business. These are AHCCCS Complete Care (ACC), the Arizona Long Term Care System Elderly and Physically Disabled (ALTCS-EPD), and Regional Behavioral Health Authorities (RBHA). Currently, AHCCCS contracts with seven distinct health plans, although each health plan may have contracts for more than one line of business. The health plans and their lines of business are:

- Arizona Complete Health Complete Care Plan ACC and RBHA
- Banner-University Family Care ACC and ALTCS-EPD
- Care1st Health Plan ACC
- Molina Complete Care¹ ACC
- Mercy Care ACC, ALTCS-EPD and RBHA
- Health Choice Arizona ACC and RBHA
- UnitedHealthcare Community Plan ACC and ALTCS-EPD

AHCCCS expects its contracted health plans to; implement program innovation and best practices; continuously develop mechanisms to reduce administrative cost, improve program efficiency, and provide added value to the program. Health plans are expected to add value to the program by meeting several AHCCCS values, including recognizing that physical and behavioral health care providers are an essential partner in the delivery of health care services, and operating the health plan in a manner that is efficient and effective for both physical and behavioral health care providers and the health plan.

As a part of AHCCCS' ongoing monitoring activities of its health plans, AHCCCS conducted a provider survey from April 15, 2021, through May 17, 2021. The purpose of the survey was to solicit feedback from providers contracted with AHCCCS MCOs regarding their satisfaction with claims processing, resolution of claims issues, provider services staff, credentialing processes, and prior authorization processes. This report summarizes the results of the survey specific to all contracted health plans.

AHCCCS appreciates all providers who participated in this survey to offer their time and valuable feedback regarding MCO performance.

AHCCCS previously conducted provider surveys in 2014, 2015, 2016 (for the RBHA line of business only), and 2017. These surveys results are also available on the <u>AHCCCS Website</u>. While prior surveys covered similar topics to the 2021 survey, changes in the survey methodology and questions limit a direct year to year comparison. For example, in the 2021 survey providers were given an option to respond neutrally to each question. Additionally, providers responded for each health plan, not specific to a line of business.

¹ Formerly Magellan Complete Care. The survey was issued under Magellan Complete Care as the name change to Molina Complete Care was effective July 1, 2021

The survey was made accessible for provider participation via the AHCCCS public website. On April 15, 2021, AHCCCS issued an email notification to roughly 9,500 registered email addresses and provided a link to complete the survey. Providers actively contracted with AHCCCS health plans were encouraged to complete the survey. Additionally, throughout the month of April and May 2021, health plans sent notification of the survey to their contracted provider networks. The survey remained available on the AHCCCS website until May 18, 2021. At that time, the survey link was disabled and resulting data was collected for review by AHCCCS.

Survey responses allow for comparison between MCOs and are provided individually to health plans to guide quality improvement activities. The results of this survey will be used by AHCCCS to support ongoing MCO monitoring and quality improvement processes.

Survey Questions

The survey consisted of nine questions to determine provider satisfaction regarding health plan claims processing, resolution of claims issues, provider services staff, credentialing processes, and prior authorization processes. Survey respondents were asked to identify all AHCCCS health plans they were contracted with.

The respondent was then asked to provide a response on the following questions for each contracted health plan:

- How satisfied are you with how timely [PLAN] processes initial claims?
- How satisfied are you with how accurately [PLAN] processes initial claims?
- How satisfied are you with how [PLAN] resolves claims issues?
- How satisfied are you with how timely [PLAN] resolves claims issues?
- How satisfied are you with [PLAN] provider service staff?
- How satisfied are you with [PLAN] credentialing timeliness?
- How satisfied are you with [PLAN] prior authorization process?
- How satisfied are you with [PLAN] prior authorization timeliness?
- Overall, how satisfied are you with [PLAN]?

The respondents rated each of the above questions based upon the following options:

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

The above questions required an answer by the respondent to continue through the survey. In addition, respondents were given the option to provide open-ended comments:

- Please share any satisfying comments below.
- Please share any dissatisfying comments below.

Summary

AHCCCS received a total of 2,641 responses to the survey for all health plans. The following table shows the number of contracted survey respondents who completed the survey by health plan:

Health Plan	Completed Surveys
UnitedHealthcare Community Plan (UHCCP)	494
Banner University Family Care (BUFC)	429
Care1st Health Plan Arizona (Care1st)	336
Magellan Complete Care (MCC)	276
Mercy Care (MC)	471
Health Choice Arizona (HCA)	282
Arizona Complete Health - Complete Care	
Plan (AzCH)	353
Total Completed Surveys	2641

Findings

Results of the survey vary by health plan. In all focus areas, the survey results indicate opportunities for improvement by all health plans and overall:

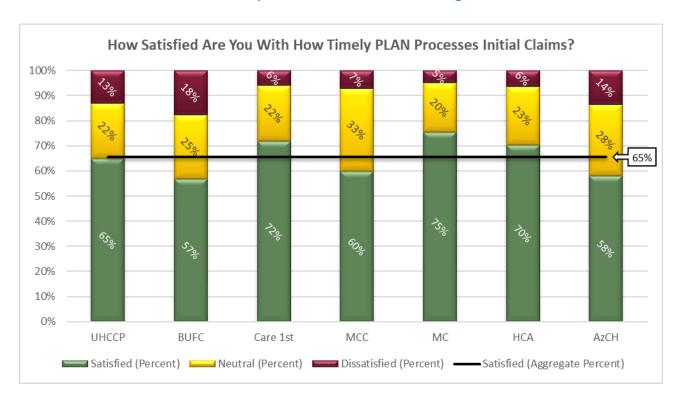
- Generally, providers expressed the most satisfaction with health plan performance with claims processing timeliness and accuracy, and overall plan satisfaction.
- Generally, providers expressed the most dissatisfaction with health plan performance with resolution of claims issues and timeliness of resolution of claims issues.

The results for each survey question are provided in the following graphs and are summarized below.

How to Read the Graphs

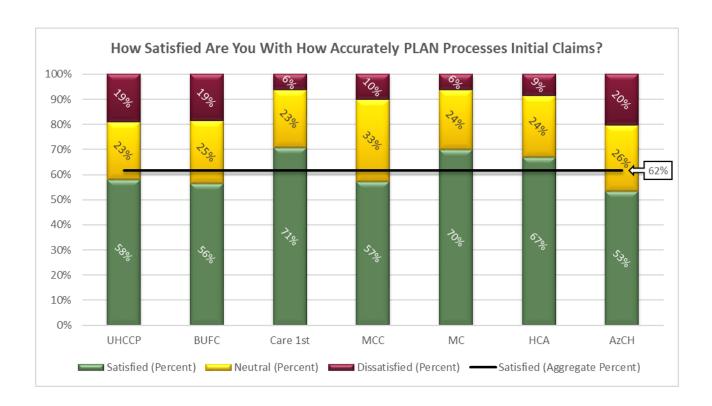
- Providers responding as "Very Satisfied" or "Satisfied" on the survey are reported in the green, "Satisfied" portion of the chart. Providers responding "Neutral" are reported in the yellow "Neutral" portion, while providers responding "Dissatisfied" or "Very Dissatisfied" are reported in the red "Dissatisfied" portion.
- The numbers in white reflect the percentage of providers in the "Satisfied" category.
- The percentage in the callout boxes identify the average in the "Satisfied" category across all AHCCCS health plans.

Timely Initial Claims Processing



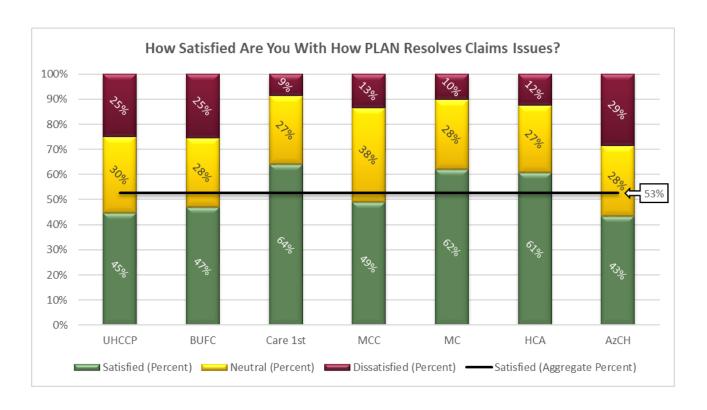
How satisfied are you with how timely PLAN processes initial claims?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	105	70	85	46	165	65	58
Satisfied	216	174	156	119	190	133	147
Neutral	108	109	75	91	93	66	100
Dissatisfied	39	46	14	14	15	14	24
Very Dissatisfied	26	30	6	6	8	4	24
Total	494	429	336	276	471	282	353

Accurate Initial Claims Processing



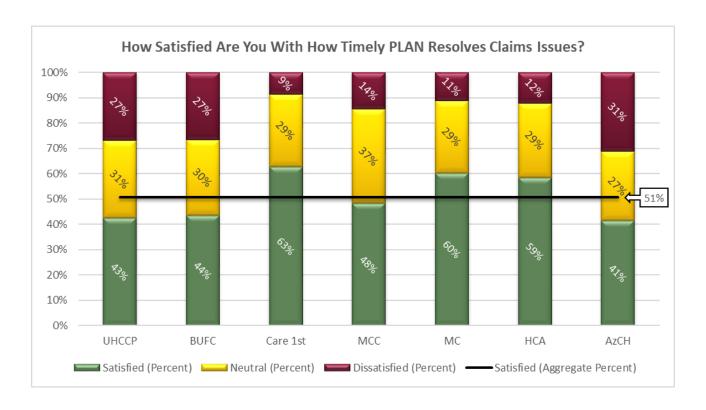
How satisfied are you with how accurately PLAN processes initial claims?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	95	66	83	42	133	63	56
Satisfied	192	176	155	116	196	126	132
Neutral	113	107	77	90	113	69	93
Dissatisfied	67	49	14	22	20	18	44
Very Dissatisfied	27	31	7	6	9	6	28
Total	494	429	336	276	471	282	353

Claims Issue Resolution



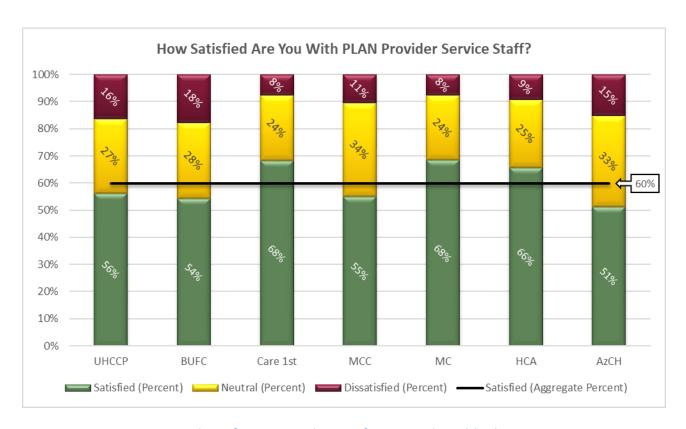
How satisfied are you with how PLAN resolves claims issues?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	86	60	75	39	126	65	46
Satisfied	135	141	140	96	166	106	107
Neutral	149	119	92	104	131	76	99
Dissatisfied	73	59	20	31	42	22	53
Very Dissatisfied	51	50	9	6	6	13	48
Total	494	429	336	276	471	282	353

Timely Claims Issue Resolution



How satisfied are you with how timely PLAN resolves claims issues?	UHCCP	BUFC	Care 1st	MCC	MC	НСА	AzCH
Very Satisfied	85	57	73	35	122	61	47
Satisfied	125	130	138	98	162	104	99
Neutral	151	128	96	103	135	83	97
Dissatisfied	81	56	18	33	43	20	60
Very Dissatisfied	52	58	11	7	9	14	50
Total	494	429	336	276	471	282	353

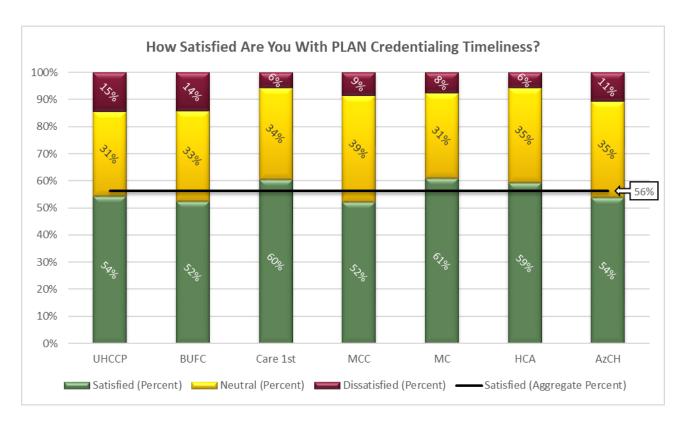
Provider Service Staff



Number of Responses by Satisfaction and Health Plan

How satisfied are you with PLAN provider service staff?	UHCCP	BUFC	Care 1st	MCC	MC	НСА	AzCH
Very Satisfied	110	83	92	52	145	72	68
Satisfied	168	150	137	100	177	113	113
Neutral	135	120	81	95	113	71	118
Dissatisfied	44	49	17	23	30	17	30
Very Dissatisfied	37	27	9	6	6	9	24
Total	494	429	336	276	471	282	353

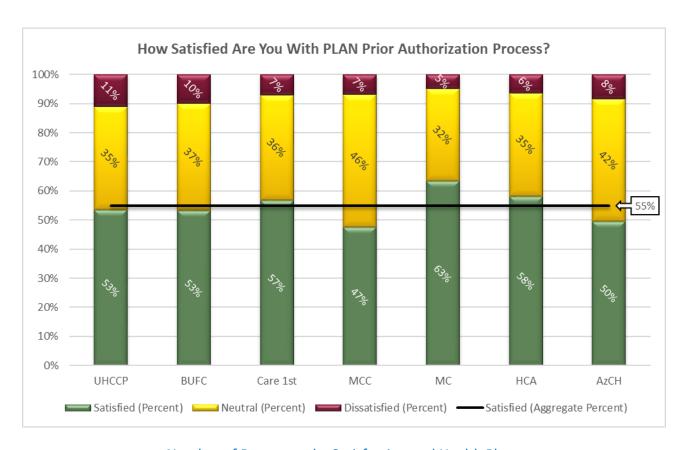
Credentialing Timeliness



Number of Responses by Satisfaction and Health Plan

How satisfied are you with PLAN credentialing timeliness?	UHCCP	BUFC	Care 1st	МСС	МС	НСА	AzCH
Very Satisfied	89	73	71	42	117	60	59
Satisfied	179	152	132	102	170	107	131
Neutral	154	143	114	108	148	99	125
Dissatisfied	46	34	9	20	22	8	20
Very Dissatisfied	26	27	10	4	14	8	18
Total	494	429	336	276	471	282	353

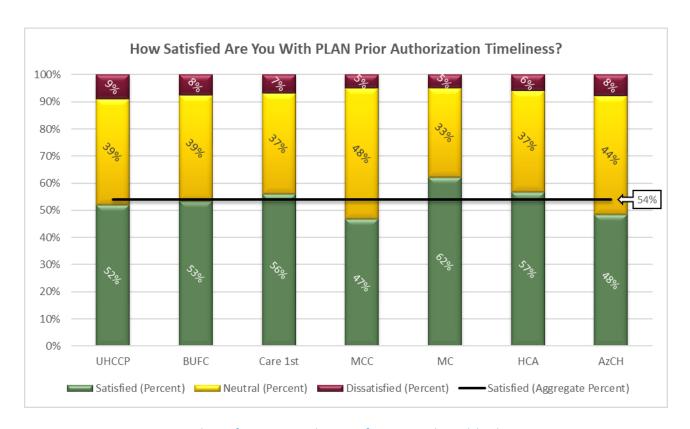
Prior Authorization Process



Number of Responses by Satisfaction and Health Plan

How satisfied are you with PLAN prior authorization process?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	89	73	66	35	132	57	55
Satisfied	175	155	125	96	166	107	120
Neutral	175	158	121	126	150	100	148
Dissatisfied	33	32	15	15	18	10	17
Very Dissatisfied	22	11	9	4	5	8	13
Total	494	429	336	276	471	282	353

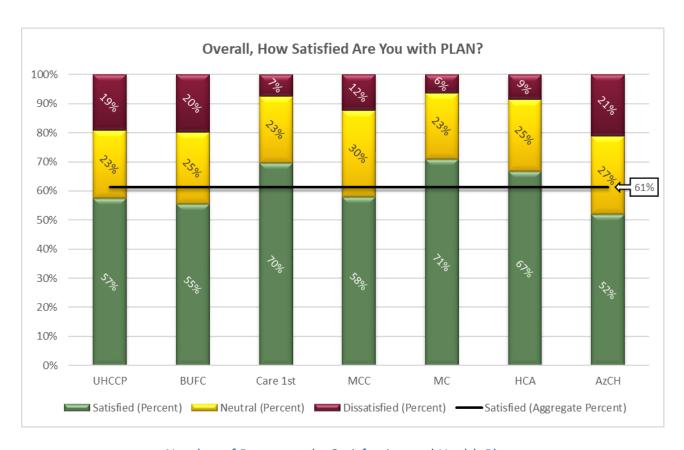
Prior Authorization Timeliness



Number of Responses by Satisfaction and Health Plan

How satisfied are you with PLAN prior authorization timeliness?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	90	71	66	37	136	59	52
Satisfied	167	158	122	92	157	101	119
Neutral	192	167	125	133	155	105	154
Dissatisfied	27	23	16	11	18	7	15
Very Dissatisfied	18	10	7	3	5	10	13
Total	494	429	336	276	471	282	353

Overall Satisfaction



Number of Responses by Satisfaction and Health Plan

Overall, how satisfied are you with PLAN?	UHCCP	BUFC	Care 1st	МСС	MC	НСА	AzCH
Very Satisfied	86	65	81	44	134	63	51
Satisfied	198	173	153	116	200	125	132
Neutral	115	106	77	82	107	70	95
Dissatisfied	62	63	17	29	26	16	45
Very Dissatisfied	33	22	8	5	4	8	30
Total	494	429	336	276	471	282	353

Survey Comments

The survey allowed respondents to submit comments about each health plan. Respondents were provided separate areas to address satisfying and dissatisfying comments.

Comments which did not apply to the survey, or specific health plan, were not considered and are not included in the corresponding analysis. Additionally, if a comment was duplicated in the satisfying and dissatisfying fields, it was only counted once as appropriate. AHCCCS recognizes that dissatisfied respondents may be more likely to comment than satisfied individuals. However, of the 1,394 comments received across all MCOs, respondents classified 619 (44 percent) as 'satisfying' and 755 as 'dissatisfying' (56 percent). Of the 56 percent of dissatisfied comments received in the 2021 survey, responses indicate a desire for MCO improvement in the efficiency and processes for resolution of claims issues, particularly related to timeliness of resolution, subsequent payment, and efficient and responsive customer service.

Continuous Improvement

AHCCCS recognizes the need for improvements regarding health plans' claim processes and expects health plans to strive to enhance processes that result in increased provider satisfaction and efficient business operations. AHCCCS will continue to work with the health plans to implement strategies to improve the overall efficiency and customer service experience for providers.