2021 Hawaii Provider Survey Report

Department of Human Services

Med-QUEST Division

December 2021

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

In calendar year (CY) 2021, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more QI health plans. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Hawaii Provider Survey. The goal of the survey is to supply feedback to the MQD as it relates to providers' perceptions of the QI health plans (listed in Table 1-1).

Table 1-1—Participating QI Health Plans

Program/Plan Name	Program/Plan Abbreviation
QUEST Integration Program	**QI Program**[1-1]
AlohaCare QUEST Integration	AlohaCare QI
Hawaii Medical Service Association QUEST Integration	HMSA QI
Kaiser Foundation Health Plan QUEST Integration	KFHP QI
'Ohana Health Plan QUEST Integration	'Ohana QI
UnitedHealthcare Community Plan QUEST Integration	UHC CP QI

HSAG and the MQD developed a survey instrument designed to acquire provider information and gain providers' insight into the QI health plans' performance and potential areas of performance improvement. A total of 1,500 providers were sampled for inclusion in the survey administration: 200 KFHP providers (i.e., KFHP QI) and 1,300 non-KFHP providers (i.e., AlohaCare QI, HMSA QI, 'Ohana QI, and/or UHC CP QI providers). Providers completed the surveys from July to September 2021.

[1-1] The QI Program aggregate results are derived from the combined results of the five QI health plans: AlohaCare QI, HMSA QI, KFHP QI, 'Ohana QI, and UHC CP QI.

Current Status of Health Care in Hawaii

Hawaii is considered one of the healthiest states in the country in many areas including a low prevalence of obesity, low levels of air pollution, and low prevalence of tobacco use.[1-2] Hawaii was ranked first in preventable hospitalizations and overall health outcomes. However, Hawaii, like all other states, is experiencing unsustainable increases in health costs, increasing morbidity from costly chronic diseases and behavioral health conditions, uneven access to care, and limited availability of health data and analytics. Specifically, Hawaii has experienced increases in diabetes, frequent mental distress, and has severe housing problems. For example, there has been:

- A 35 percent increase in the prevalence of diabetes between 2012 and 2019.
- A 31 percent increase in the percentage of adults with frequent mental distress between 2011 and 2019.
- A 12 percent increase in income inequality from 2007 to 2019.
- A 19 percent increase in Hawaii Medicaid enrollment from 2019 to 2020 as a result of the ongoing Coronavirus Disease 2019 (COVID-19) pandemic.[1-3]

Provider Workforce Shortage

Hawaii continues to have a significant overall physician shortage. As of December 2020, there was an estimated 1,008 full time equivalents shortage of direct care physicians, an increase from 820 the previous year.[1-4] Experts anticipate the shortage to worsen with the increased demand for medical care due to the COVID-19 pandemic, an aging population burdened by more chronic illness, and retiring physicians.[1-5] Practicing physicians in all specialties were already closing their practices to new Medicaid or Medicare patients pre-COVID, but the pandemic has only exacerbated the physician shortage crisis.[1-6]

[1-2] America's Health Rankings. *2020 Annual Report*. United Health Foundation, 2020. Available at: https://www.americashealthrankings.org/api/v1/render/pdf/%2Fcharts%2Fstate-page-extended%2Freport%2F2020-annual-report%2Fstate%2FHI/as/AHR-2020-annual-report-HI-full.pdf?params=mode%3Dfull. Accessed on: November 15, 2021.

[1-3] State of Hawai'i Department of Human Services: Med-Quest Division. *Med-Quest Issues RFP for Health Plans for Contract Period Beginning July 2021*. December 2020. Available at: https://medquest.hawaii.gov/en/about/recent-news/2020/med-quest-issues-rfp-for-health-plans-for-contract-period-beginn.html. Accessed on: November 15, 2021.

[1-4] Withy, Kelley. University of Hawaii. *University of Hawai'i System Annual Report: Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project*. December 2020. Available at: https://www.hawaii.edu/govrel/docs/reports/2021/act18-sslh2009_2021_physician-workforce_annual-report_508.pdf. Accessed on: November 15, 2021.

[1-5] University of Hawaii. *University of Hawai'i System Annual Report: Annual Report on the Hawai'i Medical Education Council*. December 2020. Available at: https://www.hawaii.edu/govrel/docs/reports/2021/hrs304a-1704_2021_hmec_annual-report_508-revised12-14-20.pdf. Accessed on: November 15, 2021.

[1-6] ibid.

The largest physician shortages continue to be in primary care (i.e., family medicine, internal medicine, pediatrics).[1-7] Insufficient access to primary care frequently results in delays in care as well as more costly care in emergency departments or hospitals. Several specialties have large shortages, including colorectal surgery, pathology, pulmonology, infectious disease, allergy/immunology, and hematology-oncology. The demand for physicians and other healthcare workers across the continuum of care, especially on the islands outside of Oahu, is outpacing the available workforce. Efforts to address the workforce shortage include legislative and regulatory advocacy, recruitment and retention through graduate medical education, expanding the use of telehealth, and educational loan repayment programs.[1-8]

1115 Waiver Extension

On July 31, 2019, the Centers for Medicare & Medicaid Services approved the MQD's request to continue to operate its Hawaii QI program thru July 2024.[1-9] The State plans to continue to provide most benefits through capitated managed care and mandate managed care enrollment for most members. The State will use a fee-for-service system for long-term care services for individuals with developmental or intellectual disabilities, applicants eligible for retroactive coverage only, certain medically needy non-aged, blind, or disabled individuals, and medical services under the State of Hawaii Organ and Tissue Transplant program, among other services. In October 2020, the MQD released its updated Hawaii Quality Strategy to act as a blueprint for the development of innovations to meet the MQD's goals. The Hawaii 'Ohana Nui Project Expansion (HOPE) initiative provides the framework for the quality strategy.[1-10] HOPE is a five-year initiative to develop and implement a roadmap to support the vision of families and healthy communities to achieve the triple aim of better health, better care, and sustainable costs. The HOPE initiative is focused on four strategic areas:

- Invest in primary care, health promotion, and prevention.
- Improve outcomes for high-need, high-cost individuals.
- Payment reform and alignment.
- Support community-driven initiatives to improve population health.

[1-7] University of Hawaii. *University of Hawai'i System Annual Report: Annual Report on the Hawai'i Medical Education Council*. December 2020. Available at: https://www.hawaii.edu/govrel/docs/reports/2021/hrs304a-1704_2021_hmec_annual-report_508-revised12-14-20.pdf. Accessed on: November 15, 2021.

[1-8] University of Hawaii. *University of Hawaii System Annual Report: Annual Report on Findings from the Hawaii Physician Workforce Assessment Project*. December 2020. Available at: https://www.hawaii.edu/govrel/docs/reports/2021/act18-sslh2009_2021_physician-workforce_annual-report_508.pdf. Accessed on: November 15, 2021.

[1-9] State of Hawaii, Department of Human Services, Med-QUEST Division. *QUEST Integration §1115 Waiver Extension Approval Package*. 31 July 2019. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/Hawaii_QUEST_Integration_1115_Demonstration_Extension_Approval_Package.pdf. Accessed on: November 15, 2021.

[1-10] State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawaii Quality Strategy 2020.* October 2020. Available at: https://medquest.hawaii.gov/en/resources/quality-strategy.html. Accessed on: November 15, 2021.

HOPE driver diagram in Figure 1-1 depicts the relationships between the guiding principles, strategies, and building blocks to achieve the vision of healthy families and healthy communities.

Figure 1-1—HOPE Driver Diagram[1-11]

Goals/Aims	Strategies/Primary Drivers	Priority Initiatives/Secondary Drivers	Interventions
By 12/31/2022: Healthy Communities and Healthy Families; Achieve the Triple Aim of Better Health, Better Care and Sustainable Costs	Invest in primary care, prevention, and health promotion	• Build capacity and improve access to primary care • Integrate behavioral health with physical health across the continuum of care • Support children's behavioral health • Promote oral health	• Increase the proportion of health care spending on primary care • Cover additional evidence-based services that promote behavioral health integration • Promote and pilot home-visiting for vulnerable children and families • Restore the Medicaid adult dental benefit
	Improve outcomes of High-Need/ High-Cost (HNHC) individuals	• Promote the implementation of evidence-based practices that specifically target HNHC individuals	• Implement value-based purchasing strategies that incentivize whole-person care including intensive case management that addresses social determinants of health • Identify specific populations with disparities and develop plan to achieve health equity
	Payment Reform and Alignment	• Improve health by providing access to integrated health care with value-based payment structures	• Evolve current value-based purchasing contracts with managed care plans • Incorporate health-related social needs into provider and insurance payments
	Support community initiatives to improve population health	• Work with strategic partners to evolve the delivery system from the local level to the top	• Foster needed strategic focus on community health transformation and collaboration
	Enhance foundational building blocks: health information technology, workforce capacity and flexibility, and performance management and evaluation	• Use data and analytics to drive transformation • Develop payment models that drive use of care teams • Create a core set of metrics to measure HOPE progress	• Develop capacity to collect and analyze data • Promote multidisciplinary team based care • Complete evaluation on HOPE activities

[1-11] State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawaii Quality Strategy 2020.* October 2020. Available at: https://medquest.hawaii.gov/en/resources/quality-strategy.html. Accessed on: November 15, 2021.

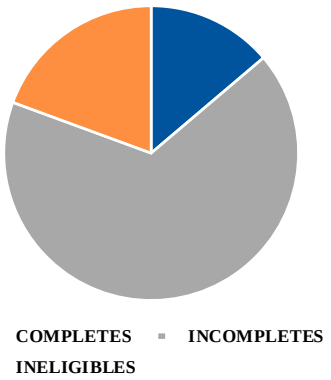
Survey Administration Overview

The information presented below is a summary of the survey dispositions from the provider samples.

START SURVEY:	FINISH SURVEY:
07.14.21	09.22.21

TOTAL SAMPLE SIZE	1,500
RESPONSE RATE	17.12%

COMPLETES	207
INCOMPLETES	1,002
INELIGIBLES	291



DETAILS

	Mail 1	Mail 2	Internet
COMPLETES	129	59	19

	Undeliverables	Not Contracted
INELIGIBLES	289	2

Summary of Results

Plan Comparisons

In order to identify differences in provider experience between the QI health plans, the 2021 top-box scores of each health plan were compared to the QI Program aggregate. Table 1-2 presents a summary of these results. The detailed results of this analysis are found in the Results section beginning on page 4-2.

Table 1-2—Plan Comparisons

	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
General Positions					
Compensation Satisfaction	↑	↑	NA	↓	↓
Timeliness of Claims Payments	↑	↑	NA	↓	↓
Providing Quality Care					
Formulary	—	↑	↑	↓	—
Prior Authorization Process	↑	↑	—	↓	↓
Non-Formulary					
Adequate Access to Non-Formulary Drugs	↑	—	↑	↓	↓
Service Coordinators					
Helpfulness of Service Coordinators	—	—	↑	—	—
Specialists					
Adequate Network of Specialists	—	↑	↑	↓	—
Availability of Mental Health Providers	—	—	↑	↓	—
Substance Abuse					
Access to Substance Abuse Treatment	↑	↑	↑	↓	↑

↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
— Indicates the QI health plan's top-box score is not statistically significantly different than the QI Program aggregate.
Results based on fewer than 11 respondents were suppressed and noted as "NA."

Trend Analysis

In order to evaluate trends in performance, HSAG compared the 2021 top-box scores to the corresponding 2018 top-box scores. Table 1-3 provides highlights of the trend analysis findings. The detailed results of this analysis are found in the Results section beginning on page 4-2.

Table 1-3—Trend Analysis

	QI Program	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
General Positions						
Compensation Satisfaction	—	—	—	NA	—	—
Timeliness of Claims Payments	—	—	—	NA	—	—
Providing Quality Care						
Prior Authorization Process	—	—	—	—	—	—
Formulary	—	—	—	—	—	—
Non-Formulary						
Adequate Access to Non-Formulary Drugs	—	▲	—	—	—	—
Service Coordinators						
Helpfulness of Service Coordinators	—	—	—	—	▲	▲
Specialists						
Adequate Network of Specialists	—	—	—	—	—	—
Availability of Mental Health Providers	—	—	—	—	—	—
Substance Abuse						
Access to Substance Abuse Treatment	—	—	—	—	—	—

▲ *Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.*
▼ *Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.*
— *Indicates the 2021 top-box score is not statistically significantly different than the 2018 top-box score.*
Results based on fewer than 11 respondents were suppressed and noted as "NA."

Conclusions

The following are general conclusions drawn from the Hawaii Provider Survey.

QI Program

- The QI Program's 2021 top-box scores were not statistically significantly higher or lower than the 2018 top-box scores on any measure.
- The *Timeliness of Claims Payments* measure had the highest satisfaction rate (approximately 47.0 percent) for the QI Program.
- The *Availability of Mental Health Providers* measure had the lowest satisfaction rate (approximately 13.6 percent) for the QI Program.
- In addition to the measures evaluated in the survey, many providers identified reimbursement as a concern in the open-ended comments.

QI Health Plans

- 'Ohana QI's top-box scores were statistically significantly lower than the QI Program aggregate for more measures than any other QI health plan (8 of 9 measures).
- HMSA QI's and KFHP QI's top-box scores were statistically significantly higher than the QI Program aggregate for more measures than any other QI health plan (6 of 9 measures for HMSA QI, and 6 of 7 reportable measures for KFHP QI).
- AlohaCare QI's 2021 top-box scores were statistically significantly higher than the 2018 top-box score for the *Adequate Access to Non-Formulary Drugs* measure.
- 'Ohana QI's and UHC CP QI's 2021 top-box scores were statistically significantly higher than the 2018 top-box score for the *Helpfulness of Service Coordinators* measure.

Recommendations

The survey revealed that there is an opportunity to improve provider satisfaction. Also, HSAG has included recommendations for the MQD aimed at increasing the provider response rates to the survey.

HSAG recommends the continued administration of the Provider Survey every two years as well as providing a Kaiser sample with correct contact information. HSAG also recommends that the MQD continue to re-measure the survey domains every two years to provide valuable trending information to the MQD, health plans, and providers that shows which areas they have improved on and which areas require direct improvement efforts. Response rates could also be increased by allowing ease of access to the web-based component of the survey through initial and follow-up distribution of the survey via provider email as opposed to only mailed paper copies. Therefore, HSAG recommends that the MQD obtain email contact information for its QI providers to ensure this information is captured in its provider database system from which the sample is taken.

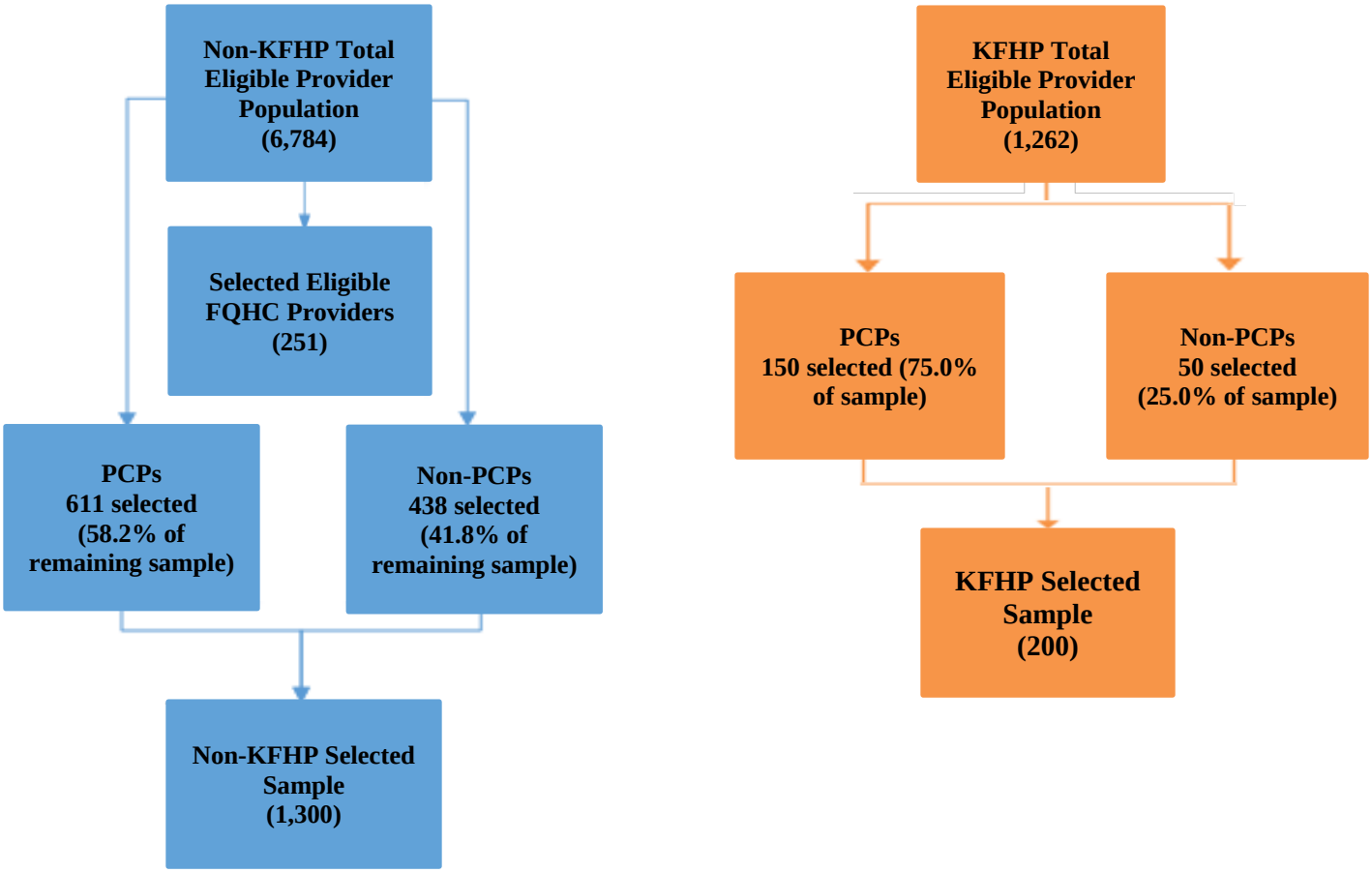
A detailed discussion of recommendations is found in the Recommendations section beginning on page 5-1.

Survey Administration and Response Rates

Survey Administration

The survey administration process consisted of mailing a survey questionnaire, cover letter, and business reply envelope to 1,500 providers (200 KFHP providers and 1,300 non-KFHP providers). The MQD was interested in surveying Federally Qualified Health Center (FQHC) providers and increasing responses from primary care providers (PCPs). Therefore, for non-KFHP providers, all FQHC providers were surveyed, with the remaining sample size consisting of PCPs and non-PCPs. Since there were no FQHC providers for KFHP, the sampling consisted of PCPs and non-PCPs. Figure 2-1 provides a breakdown of the sampling scheme for each population.

Figure 2-1—Sampling Scheme for Hawaii Provider Survey



Providers were given two options by which they could complete the survey: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey by logging on to the survey website with a designated provider-specific login. Additional information on the survey protocol is included in the Reader's Guide section of this report beginning on page 6-4.

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire sample minus ineligible surveys, which included any providers who could not be surveyed due to incorrect or incomplete mailing address information. A majority of the ineligible surveys are due to incorrect or incomplete mailing address information resulting in undeliverable surveys. A total of 207 Hawaii providers completed the survey, including 33 providers from the KFHP sample and 174 providers from the non-KFHP sample. Table 2-1 depicts the sample distribution of surveys and response rates.

Table 2-1—Provider Sample Distribution and Response Rates

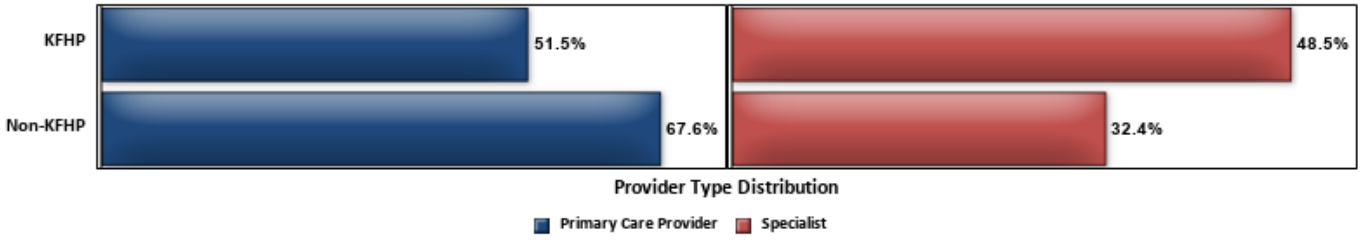
	KFHP	Non-KFHP	Hawaii Provider Total
Sample Size	200	1,300	1,500
Ineligible Surveys	1	290	291
Eligible Sample	199	1,010	1,209
Total PCP Respondents	32	115	147
Total Non-PCP Respondents	1	39	40
Total FQHC Respondents	NA	20	20
Total Web Respondents	3	16	19
Total Respondents	33	174	207
Response Rate	**16.6%**	**17.2%**	**17.1%**
There are no FQHC providers included in the KFHP sample; therefore, this is not applicable (NA).			

The response rate for the non-KFHP sample was higher than the KFHP sample (17.2 percent and 16.6 percent, respectively). Due to the low response rates, caution should be exercised when interpreting the QI health plans' results given the increased potential for non-response bias and the likelihood that provider responses are not reflective of all providers serving QI members.

3. Provider Demographics

The following presents the demographic characteristics of providers who completed the survey. Figure 3-1 presents the provider type demographics at the sample level (i.e., KFHP and non-KFHP).

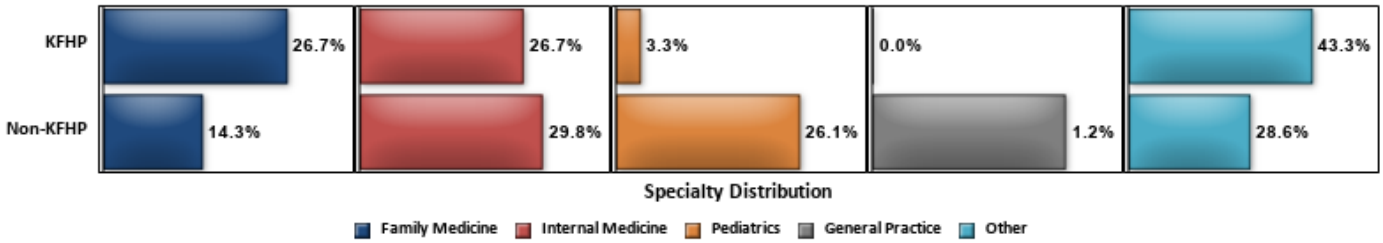
Figure 3-1—Provider Type



Please note, some percentages may not total 100 percent due to rounding.

Figure 3-2 presents the percentages of KFHP and non-KFHP providers who responded to the survey by specialty type. Providers were also given the option to write-in other specialties. The specialties listed by providers who wrote in an "Other" response are presented in Table 3-1.

Figure 3-2—Provider Specialty Types



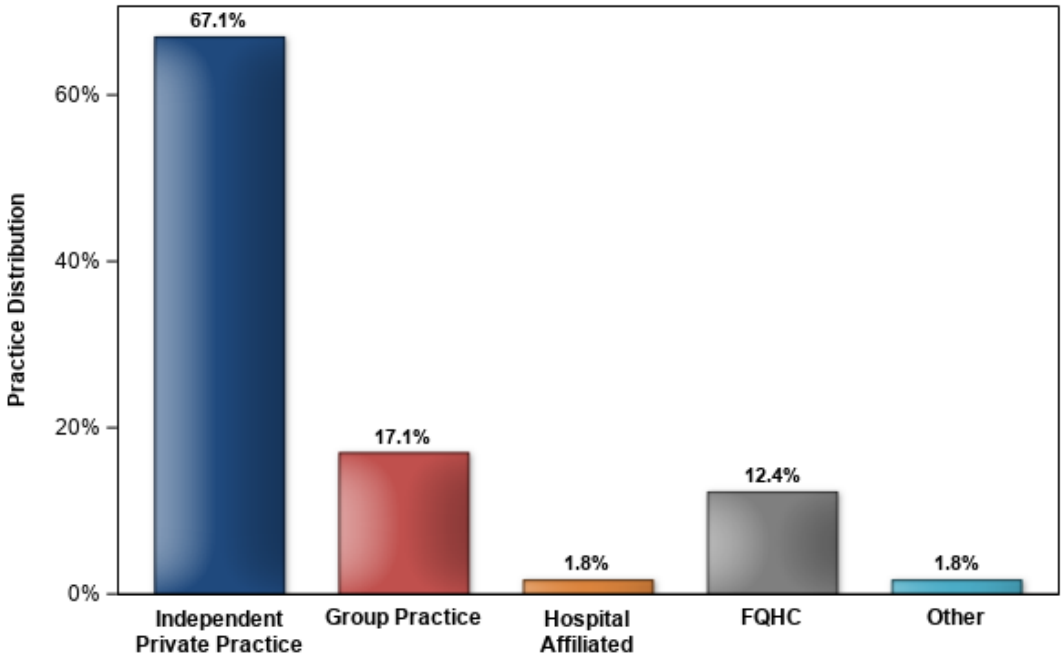
Please note, some percentages may not total 100 percent due to rounding.

Table 3-1—Other Provider Specialty Types

Specialty	Count	Percent
Obstetrics and Gynecology	11	18.6%
Psychology	11	18.6%
Nephrology	7	11.9%
Anesthesiology	4	6.8%
Gastroenterology	3	5.1%
Ophthalmology	3	5.1%
Behavioral Health	2	3.4%
Dermatology	2	3.4%
ICU	2	3.4%
Neurology	2	3.4%
Pulmonology	2	3.4%
Cardiology	1	1.7%
Geriatrics	1	1.7%
Hospitalist	1	1.7%
Immunology	1	1.7%
Infectious Disease	1	1.7%
Neonatology	1	1.7%
Orthopedic Surgery	1	1.7%
Podiatry	1	1.7%
Rheumatology	1	1.7%
Urology	1	1.7%

Figure 3-3 presents the percentages of non-KFHP providers who responded to the survey by practice type. Providers were also given the option to write-in other practice types; however, there were no "Other" responses to this question for HSAG to report.

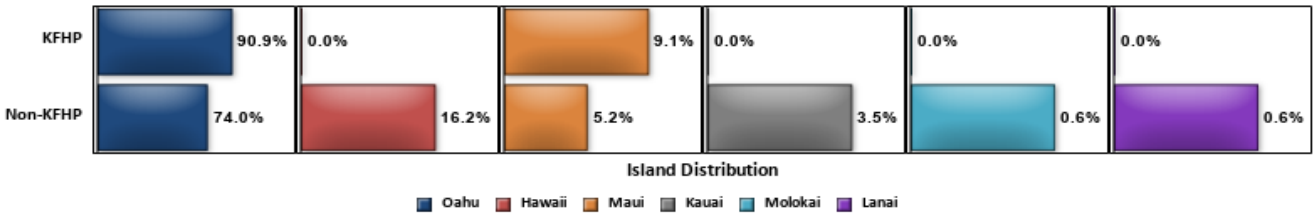
Figure 3-3—Practice Type (Non-KFHP Providers)



Please note, some percentages may not total 100 percent due to rounding.

Providers were asked which island the majority of their practice is located. Figure 3-4 shows the percentage of responses for KFHP and non-KFHP providers by island.

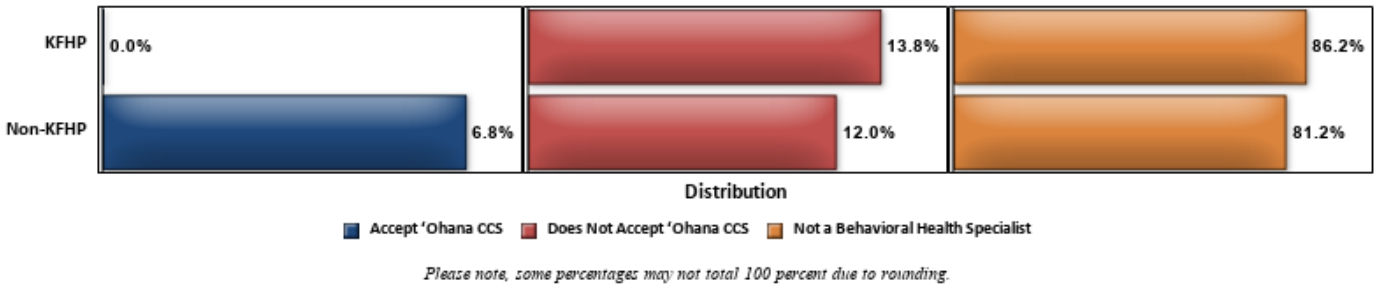
Figure 3-4—Provider Practice by Island



Please note, some percentages may not total 100 percent due to rounding.

Figure 3-5 presents the percentage of KFHP and non-KFHP providers who indicated whether they were a behavioral health specialist. The percentage of KFHP and non-KFHP providers who indicated they were a behavioral health specialist is stratified by whether or not 'Ohana Community Care Services (CCS) was accepted.[3-1]

Figure 3-5—Behavioral Health: Provider Type

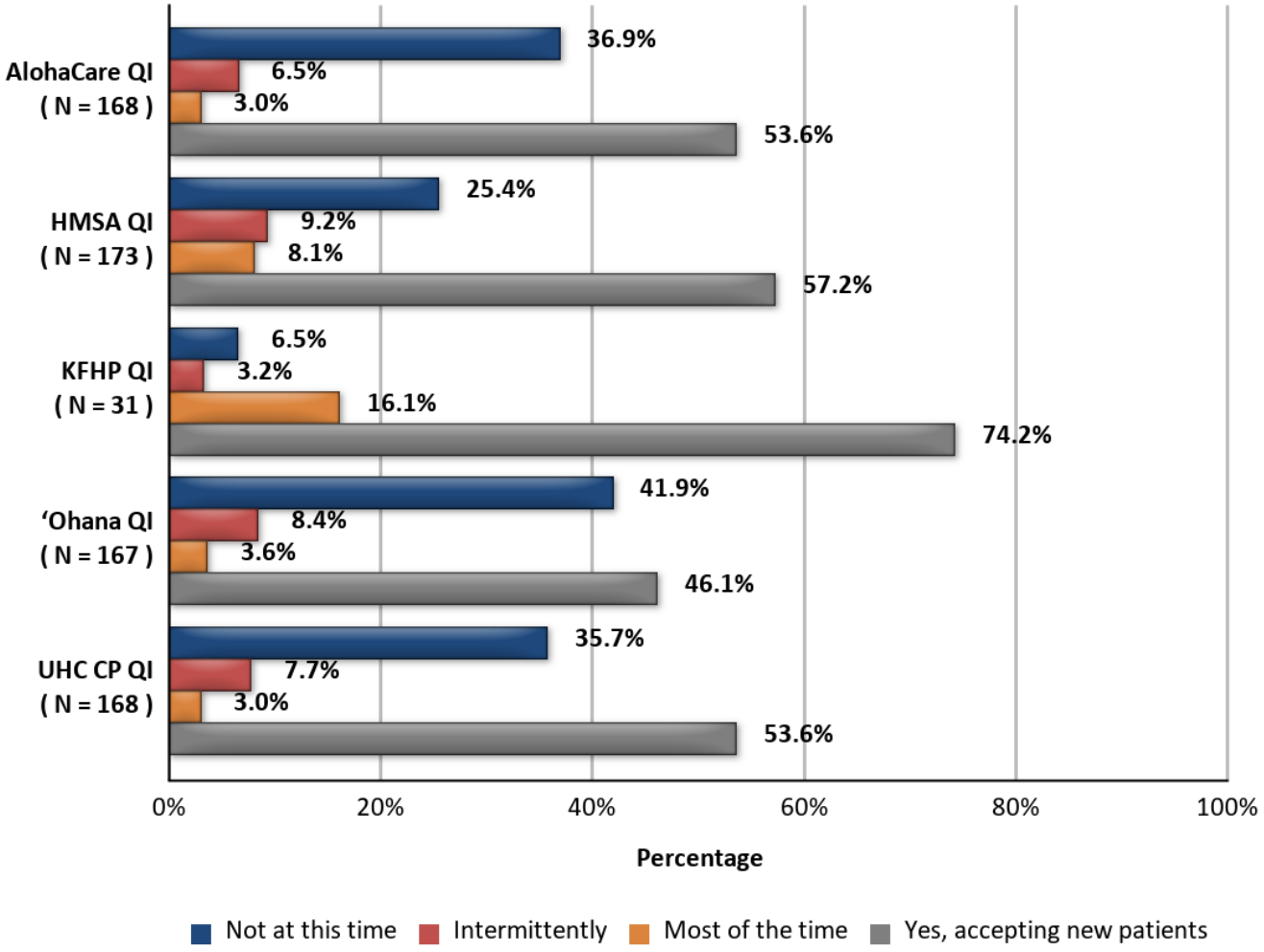


For each QI health plan, providers were asked to list the type(s) of specialists and associated island(s) they thought needed to be expanded to improve access. For information on these results, please refer to Appendix B in the report beginning on page B-1.

[3-1] Results are based on providers' responses to Question 15 in the KFHP survey and Question 17 in the non-KFHP survey (i.e., If you are a behavioral health specialist, do you accept 'Ohana CCS?). Providers who answered "Yes" or "No" were identified as a behavioral health specialist, while providers who answered "I am not a behavioral health specialist" were not identified as a behavioral health specialist.

For providers who completed the survey, Figure 3-6 depicts the frequency of providers' acceptance of new patients for each QI health plan.

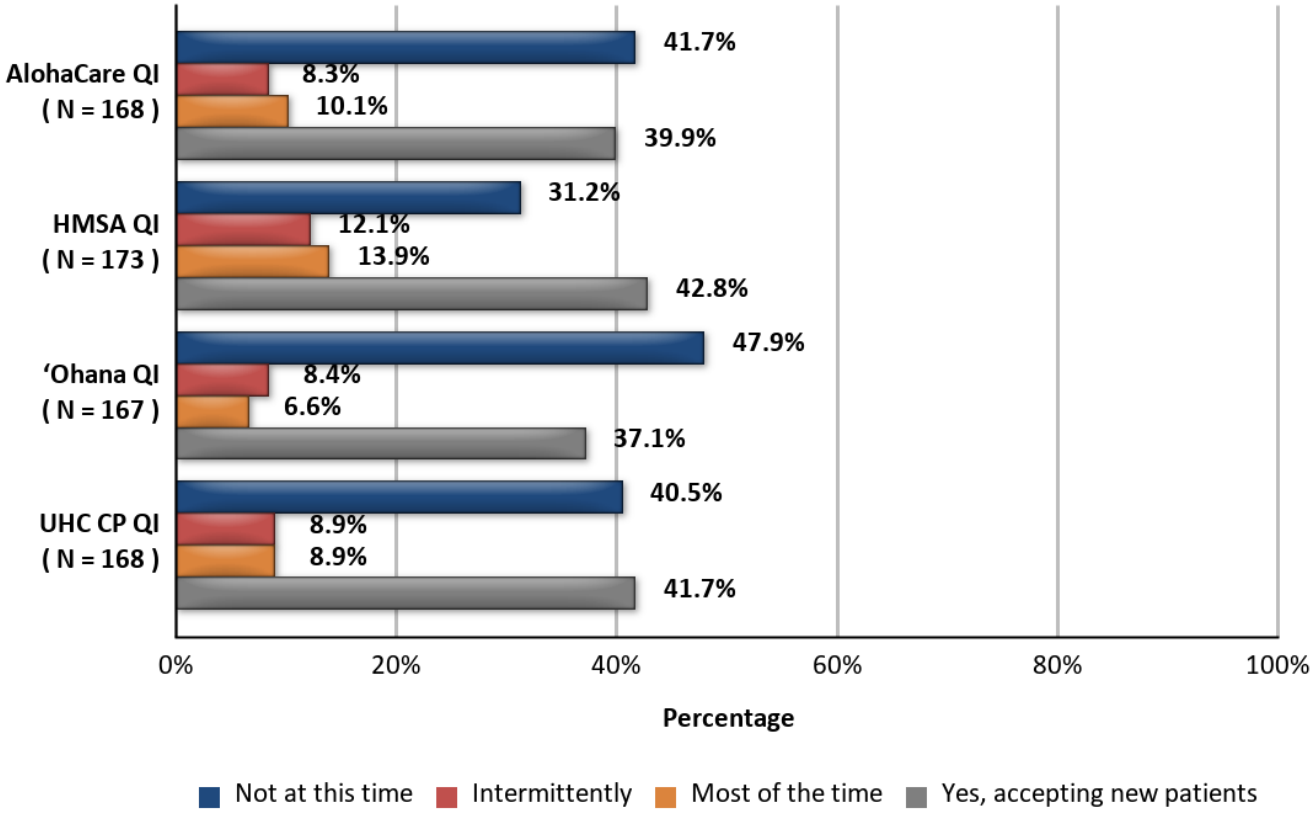
Figure 3-6—Accepting New Patients



Note: Percentages may not total 100.0% due to rounding.

For non-KFHP providers who completed the survey, Figure 3-7 depicts the frequency of providers' acceptance of new patients that are medically and/or socially complex for each non-KFHP QI health plan.[3-2]

Figure 3-7—Accepting New Patients that are Medically/Socially Complex



Note: Percentages may not total 100.0% due to rounding.

[3-2] Question 2 in the non-KFHP survey (i.e., Are you currently accepting new patients that are medically complex [i.e., have multiple chronic health diseases] and/or socially complex [i.e., have behavioral and/or psychological problems] for the following health plans?) was not included in the KFHP survey; therefore, results for KFHP providers are not displayed.

4. Results

The following section highlights the results of the 2018 and 2021 Hawaii Provider Survey questions categorized by the following six domains:

- **General Positions**—presents providers' level of satisfaction with the reimbursement rate (pay schedule) or compensation and timeliness of claims payments.
- **Providing Quality Care**—presents the impact prior authorizations and formularies have on providers' abilities to deliver quality care.
- **Non-Formulary**—presents providers' assessment of access to non-formulary drugs.
- **Service Coordinators**—presents providers' assessment of the help provided by service coordinators.
- **Specialists**—presents providers' assessment of the network of specialists and availability of mental health providers, including psychiatrists.
- **Substance Abuse**—presents providers' assessment of the availability of substance abuse treatment for patients.

Provider Survey Analysis

Response options to each question within the six domains were classified into one of three response categories: (1) satisfied, neutral, and dissatisfied; or (2) positive impact, neutral impact, and negative impact. For each question, the proportion (i.e., percentage) of responses in each response category was calculated. QI health plan survey responses were not limited to those providers who indicated they were currently accepting new patients for that QI health plan in Question 1 of the survey. For example, if a provider indicated that he/she was not accepting new patients at this time for AlohaCare QI in Question 1, his/her responses to subsequent questions would still be included in the results pertaining to AlohaCare QI, if a response had been provided. Therefore, providers may have rated a QI health plan on a survey question even if they were not currently accepting new patients for that plan. Furthermore, if a provider was associated with more than one QI health plan, he/she may have answered a question for multiple plans.[4-1] HSAG performed plan comparisons and a trend analysis using a Hierarchical Model for Latent Variables in order to adjust the QI health plan ratings based on the correlation structure of the providers' responses. Additional information on the response category assignments and classifications is included in the Reader's Guide section of this report beginning on page 6-6.

Bar graphs depict the QI health plans' results for each response category. Standard tests of statistical significance were conducted to determine if statistically significant differences in QI health plan performance exist. As is standard in most survey implementations, a "top-box" score is defined by a positive or satisfied response. Statistically significant differences between the QI health plans' top-box responses compared to the QI Program aggregate are noted with arrows.

In order to evaluate trends in performance, HSAG compared the 2021 top-box scores to the corresponding 2018 top-box scores. Statistically significant differences are noted with directional triangles. For additional information on the trend analysis methodology, please refer to the Reader's Guide section of the report beginning on page 6-7.

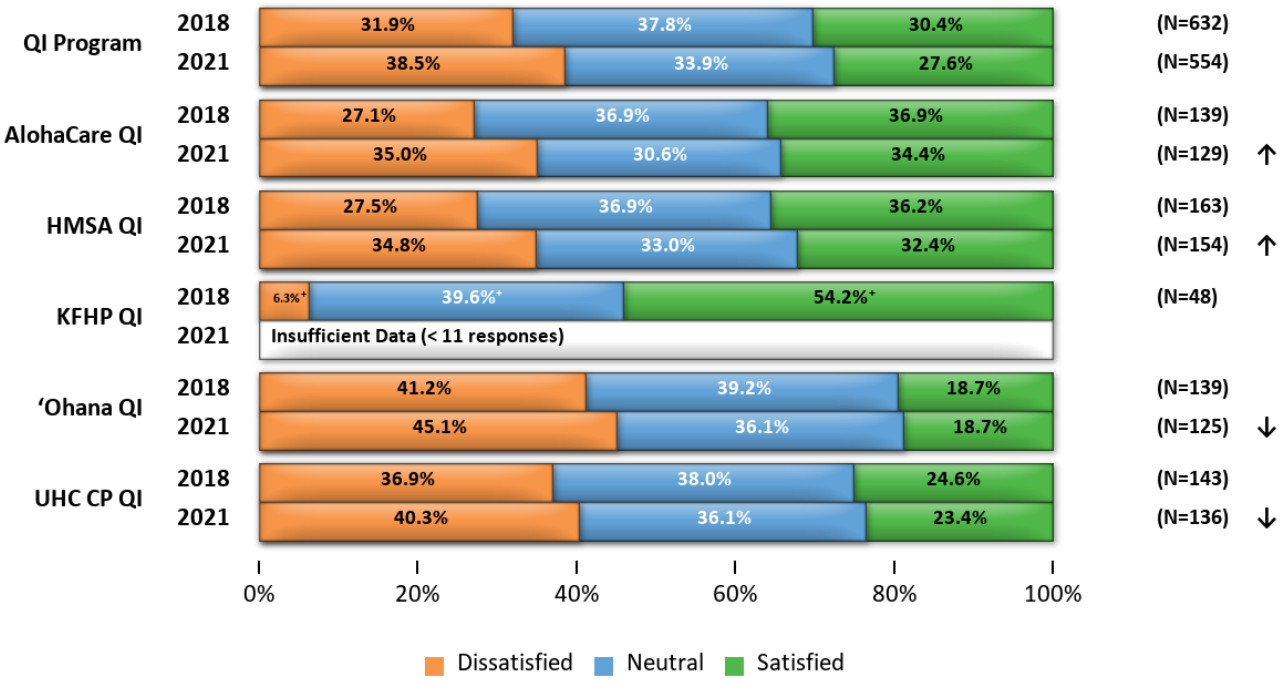
[4-1] Since one provider may be associated with multiple QI health plans, the proportion of responses for the QI Program aggregate includes the total number of responses rather than only responses from unique providers.

Findings

General Positions

Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they receive from their contracted QI health plan(s). Figure 4-1 depicts the response category proportions for each QI health plan and the QI Program.

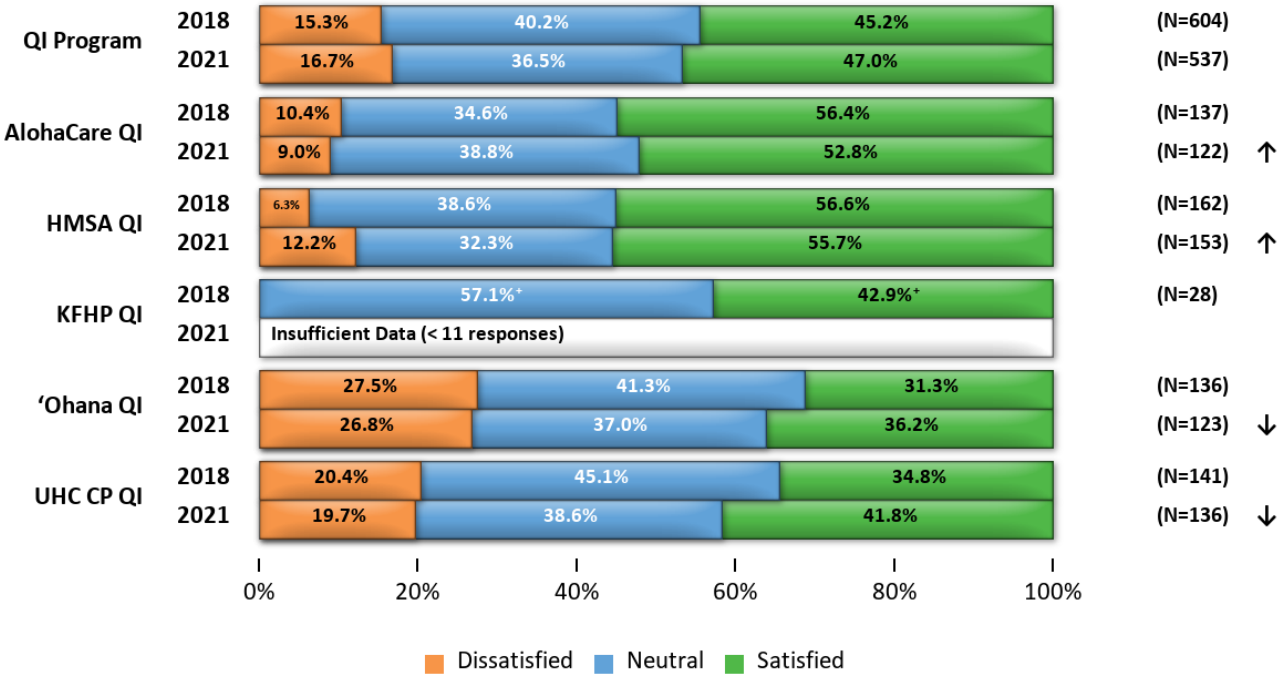
Figure 4-1—General Positions: Compensation Satisfaction



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plan(s). Figure 4-2 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-2—General Positions: Timeliness of Claims Payments



Note: Percentages may not total 100.0%.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.

▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.

↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.

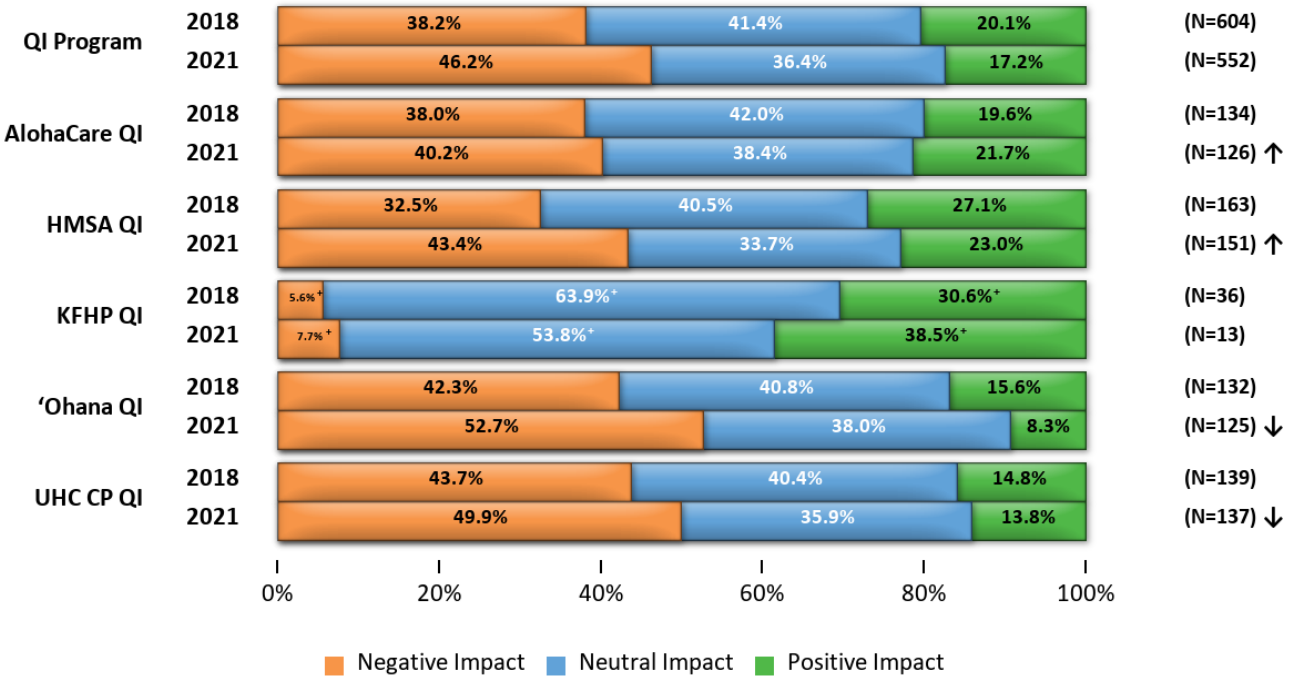
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.

If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Providing Quality Care

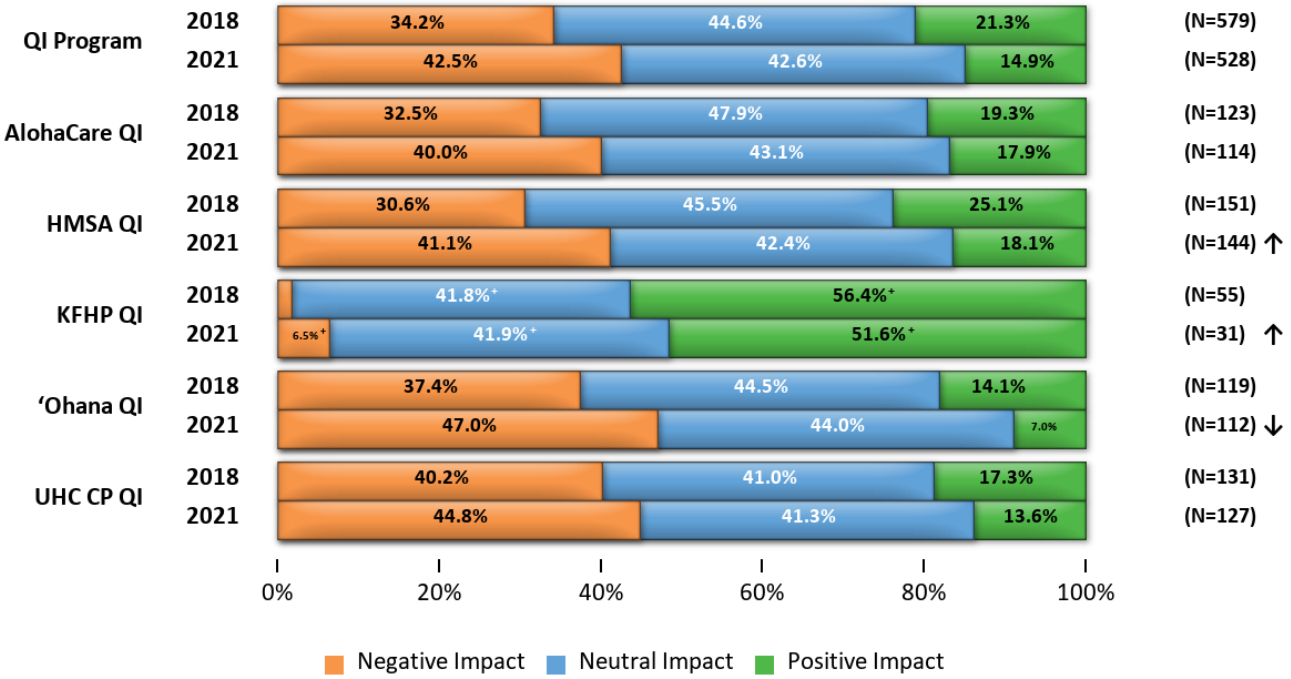
Providers were asked two questions focusing on the impact QI health plans have on their ability to provide quality care. Areas rated included the prior authorization process and formularies. Figure 4-3 and Figure 4-4 depict the response category proportions for each QI health plan and the QI Program.

Figure 4-3—Providing Quality Care: Prior Authorization Process



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Figure 4-4—Providing Quality Care: Formulary



Note: Percentages may not total 100.0%.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.

▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.

↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.

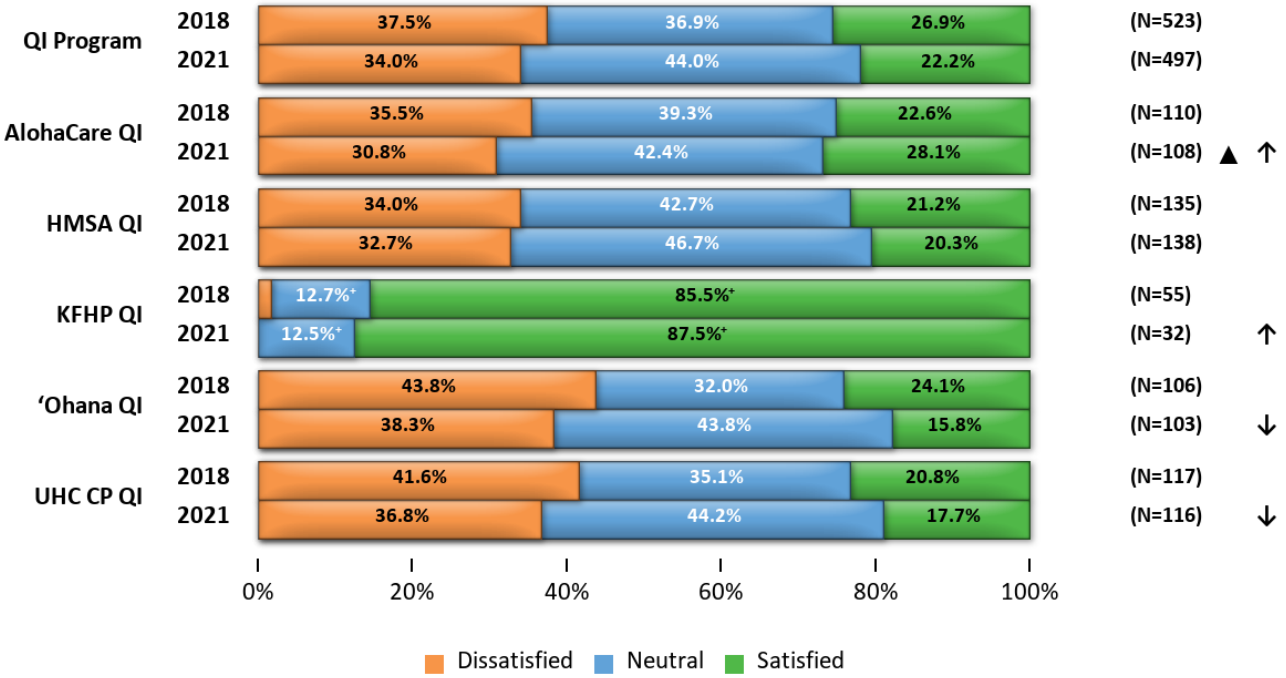
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.

If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Non-Formulary

Providers were asked a question to rate the adequacy of the QI health plans' access to non-formulary drugs, when needed. Figure 4-5 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-5—Non-Formulary: Adequate Access to Non-Formulary Drugs

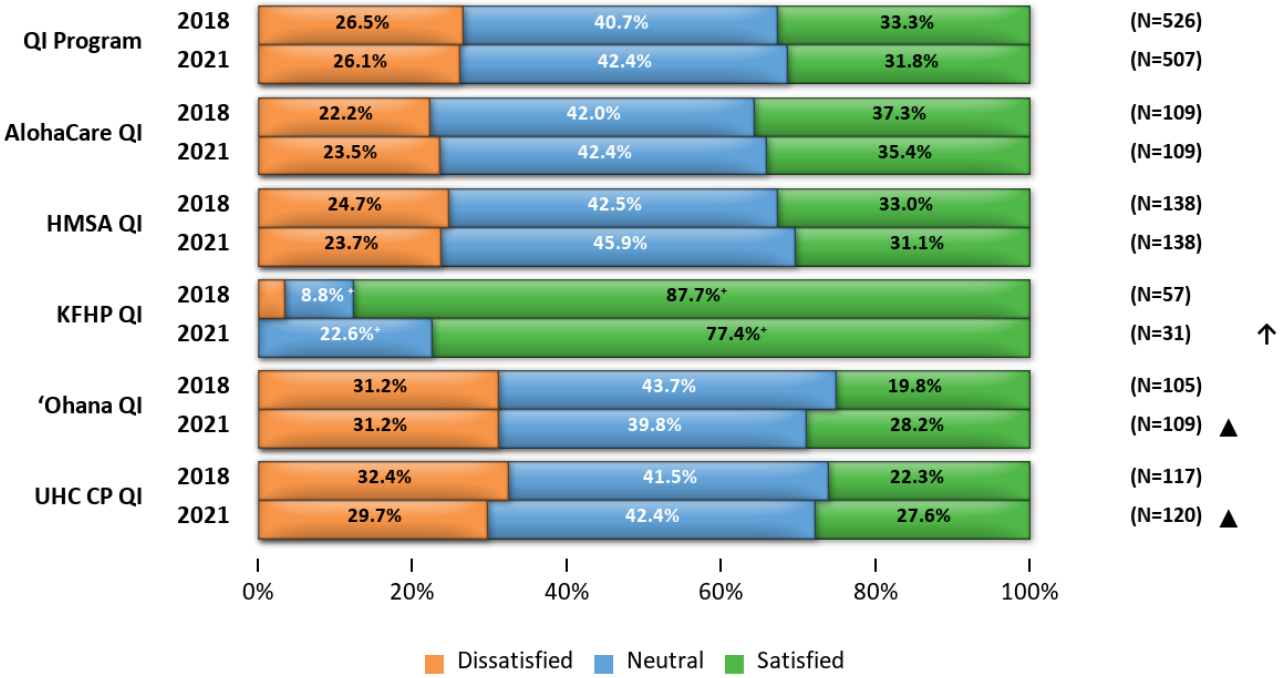


Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Service Coordinators

Providers were asked to rate the adequacy of the help provided by the QI health plans' service coordinators when needed. Figure 4-6 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-6—Service Coordinators: Helpfulness of Service Coordinators

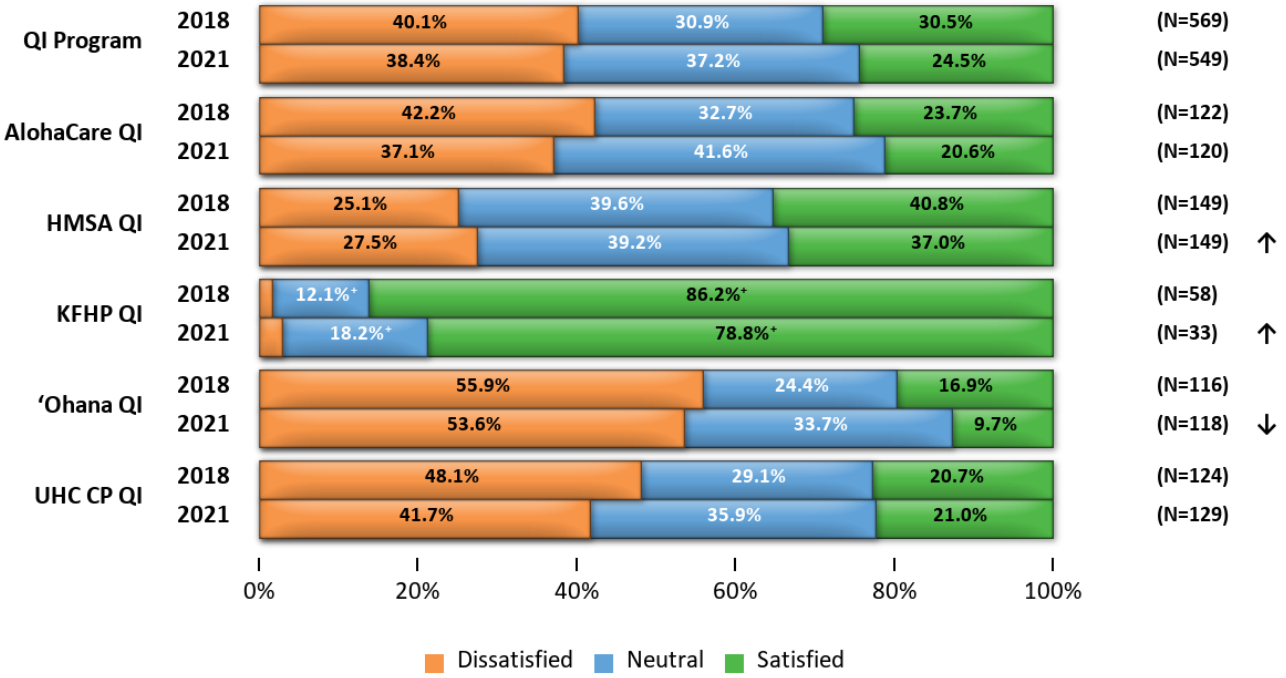


Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Specialists

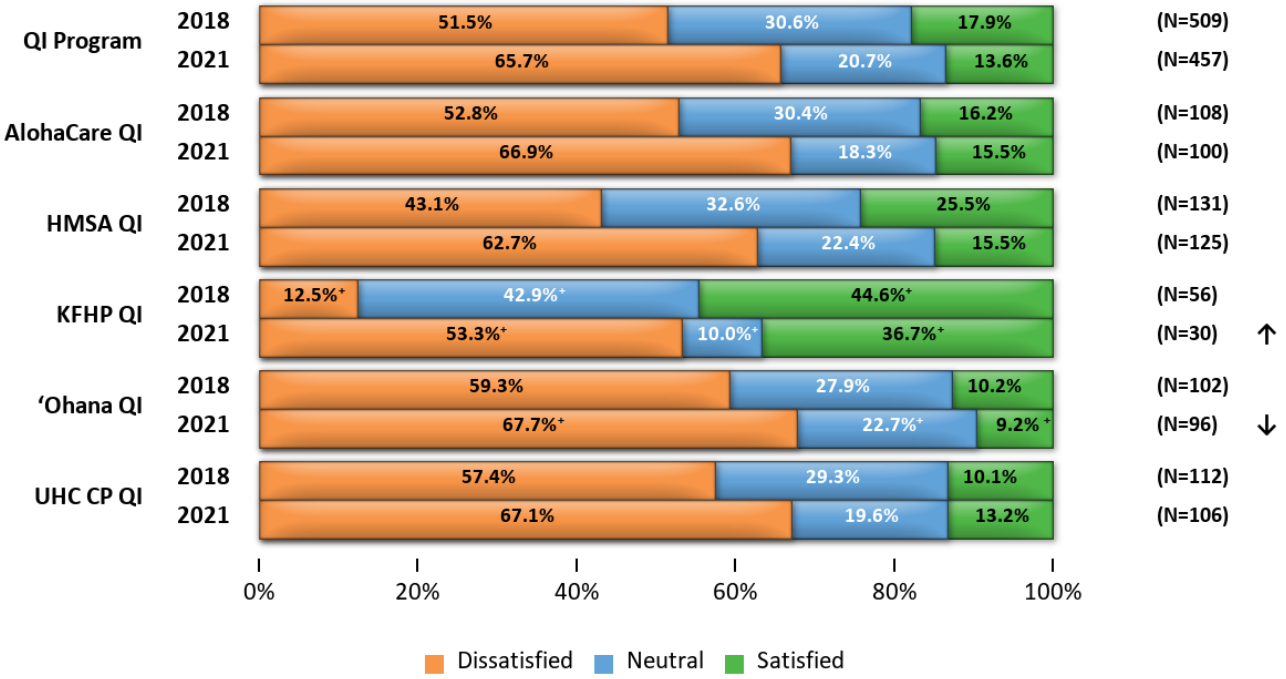
Providers were asked two questions regarding QI health plans' specialists. Providers were asked to rate the adequacy of the network of specialists, as well as their satisfaction with the availability of mental health providers, including psychiatrists. Figure 4-7 and Figure 4-8 depict the response category proportions for each QI health plan and the QI Program.

Figure 4-7—Specialists: Adequate Network of Specialists



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Figure 4-8—Specialists: Availability of Mental Health Providers



Note: Percentages may not total 100.0%.

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.

▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.

↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.

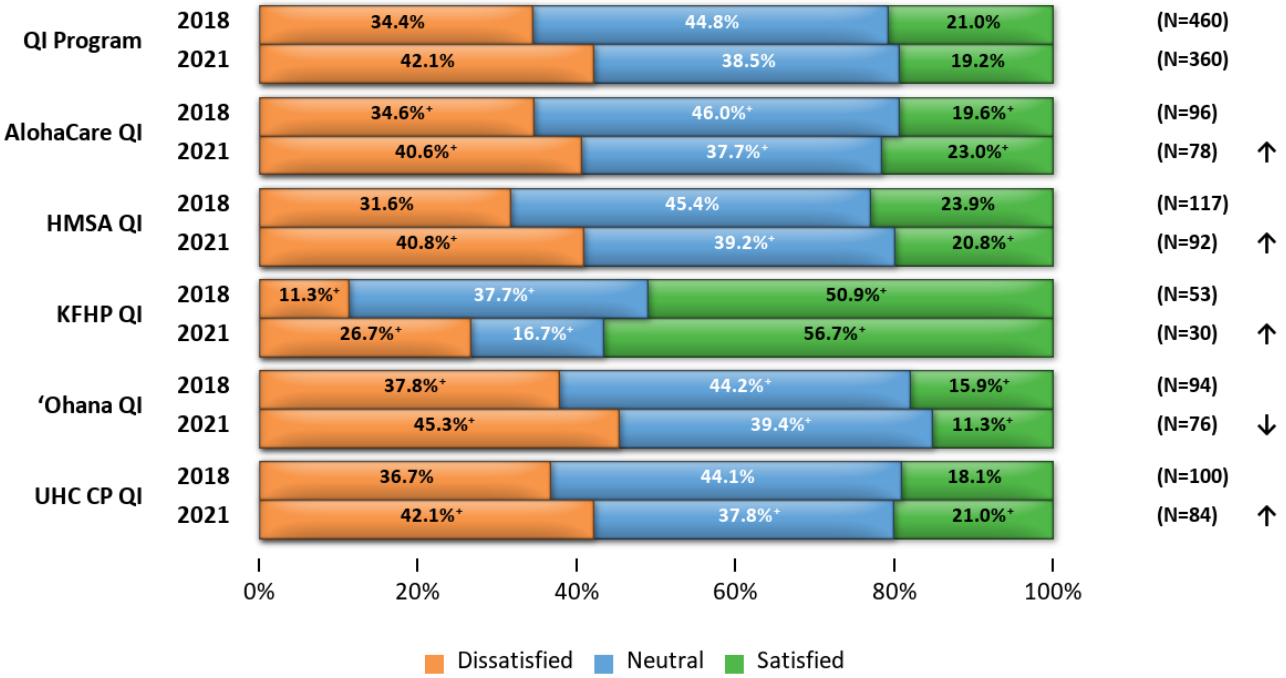
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.

If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Substance Abuse

Providers were asked to rate the access to substance abuse treatment that was provided by the QI health plans. Figure 4-9 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-9—Substance Abuse: Access to Substance Abuse Treatment



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Recommendations

The 2021 Provider Survey revealed that while satisfaction has somewhat increased since the 2018 Provider Survey, dissatisfaction remains high across all key survey domains for all QI health plans, except for KFHP. The survey results, in conjunction with the provider comments, offer insight into potential opportunities to address providers' concerns and impact satisfaction. The following recommendations have been identified.

- Non-KFHP provider responses indicated consistent dissatisfaction or negative impacts with most key survey domains, while KFHP provider responses indicated satisfied or positive impacts for several survey domains, including formulary, adequate access to non-formulary drugs, helpfulness of service coordinators, adequate network of specialists, and access to substance abuse treatment. HSAG recommends engaging the QI health plan and providers in a time-limited workgroup designed to:
  - Identify and define specific factors influencing providers' level of satisfaction in key survey domains.
  - Identify differences in QI health plan reimbursement strategies and how those strategies impact providers' level of satisfaction with reimbursement.

  It is important to note that the purpose of the workgroup is to better define the issues underlying provider satisfaction levels and to increase engagement with both the provider community and the health plans with which they are contracted.
- Providers contracted with 'Ohana QI and UHC CP QI exhibited substantially higher levels of dissatisfaction compared to the other QI health plans across all survey domains. This finding suggests health care operations surrounding provider reimbursement, service authorizations and coverage, provider networks, and substance abuse treatment for patients may be affecting providers disproportionately for these two health plans. HSAG recommends that the MQD conduct a targeted inquiry of 'Ohana QI and UHC CP QI health plans to identify and evaluate the source and validity of providers' concerns. Based on the results of its review, the MQD can work with 'Ohana QI and UHC CP QI to implement improvement actions, where appropriate, to address provider satisfaction.
- In general, a majority of providers surveyed indicated that there is a great lack in availability of mental health providers/specialists for their patients. In reviewing the provider comments, one area of concern was related to no or limited options for therapists between islands. HSAG recommends the MQD, in collaboration with the QI health plans, implement a time-limited focus group to review concerns related to the lack of availability of mental health providers to determine: (1) the degree to which limited to no availability of therapists/specialists impacts patient care across members, and (2) alternative solutions to hiring mental health providers/specialists and coordinating member care.

- Providers contracted with ‘Ohana QI and UHC CP QI exhibited substantially higher levels of dissatisfaction with the prior authorization processes. HSAG recommends the MQD, in collaboration with the QI health plans, conduct a comparative analysis of the prior authorization process implemented by each QI health plan to determine why providers expressed continued dissatisfaction with ‘Ohana QI and UHC CP QI. HSAG also recommends the MQD review each health plans’ list of services and procedures requiring prior authorization to determine if ‘Ohana QI and UHC CP QI are requiring prior authorization for services that the other health plans do not or should not require prior authorization. Based on the results of the above activities, the MQD may recommend or require that ‘Ohana QI and UHC CP QI revise its prior authorization processes to reduce the barriers for providers in ordering medically necessary services and procedures.

Future Survey Administration Recommendations for the MQD

HSAG recommends continued administration of the Provider Survey. This re-measurement would provide ongoing information to the MQD on the satisfaction of providers in key areas of interest. The continued trending of results will allow the MQD evaluate whether the QI health plans are addressing areas of concern and improving the satisfaction of their provider networks. When possible, HSAG recommends minimizing the number of changes made to the survey instrument to allow for effective trending.

HSAG also recommends that the MQD oversample to account for the low provider participation in the survey as well as look into alternative approaches to increase the survey response rate. Some specific recommended strategies follow:

- HSAG recommends collaboration between the MQD and KFHP to ensure that the sample frame file includes active providers.
- HSAG recommends implementing a coordinated communication campaign, in collaboration with the MQD and the QI health plans, to inform providers of the importance of completing the surveys. Communication platforms should include an initial survey notification and ongoing reminders via MQD and QI health plan provider engagement activities (e.g., provider meetings, onsite visits, newsletters, provider portal alerts). Additionally, if possible, the MQD may consider working with the Hawaii Medical Association.
- HSAG has found that web-based surveys represent an easy and convenient way for providers to respond to the survey and increase participation rates. In order to enhance the web survey, HSAG recommends sending email notifications that contain a direct link to the web-based survey with a customized provider-specific login. This approach allows for immediate and convenient access to the web-based survey. The potential for initial and follow-up distribution of the survey via provider email increases the likelihood of higher response rates. To support this web-based protocol, HSAG recommends that the MQD work with the health analytics office (HAO) to collect valid email addresses that are unique for each provider for inclusion in the sample frame file.

6. Reader's Guide

This section provides a comprehensive overview of the survey administration protocol and analytic methodology employed for this study. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Survey Administration

Survey Overview

HSAG, in collaboration with the MQD, developed a survey instrument to collect the most meaningful data possible. The survey administered to KFHP providers included 15 questions, and the survey administered to non-KFHP providers included 17 questions on a broad range of topics that each yield six domains. Figure 6-1 lists the domains included in the survey.

Figure 6-1—Provider Survey Measures

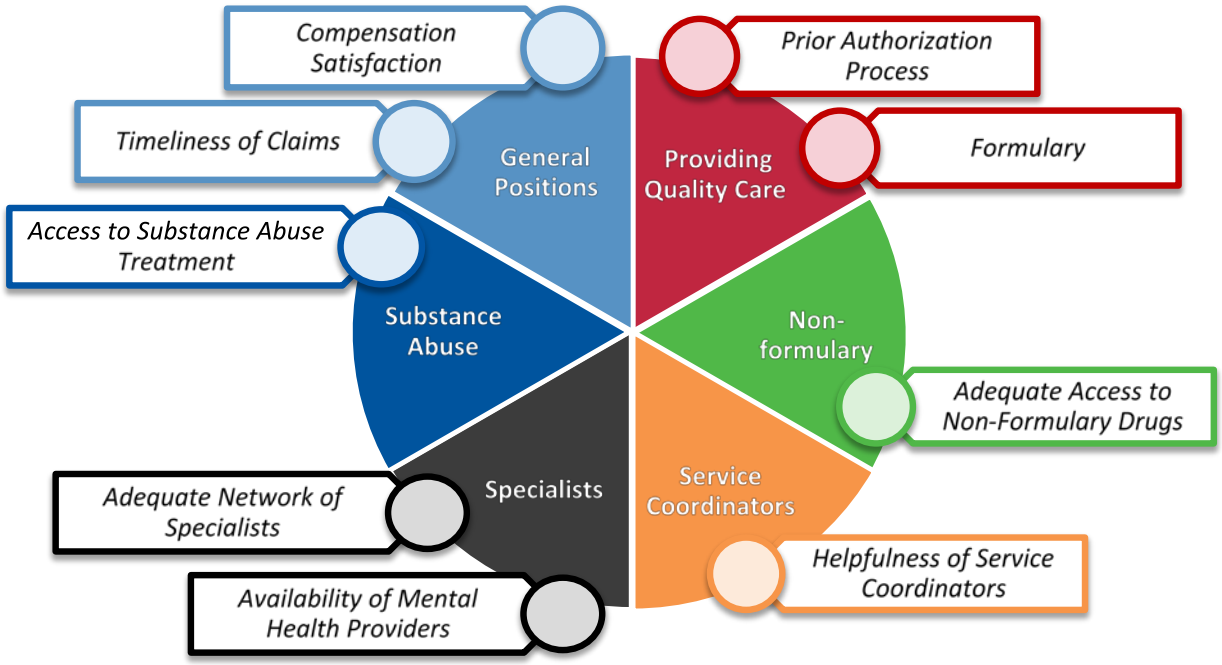


Table 6-1 presents the survey language and response options for each domain.

Table 6-1—Question Language and Response Options

Question Language	Response Categories
General Positions	
Compensation Satisfaction	
KFHP Survey 2. How would you describe your satisfaction with **the rate of reimbursement (pay schedule) or compensation** you get from Kaiser? Non-KFHP Survey 3. How would you describe your satisfaction with **the rate of reimbursement (pay schedule) or compensation** you get from each of the following health plans?	Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied, Not applicable
Timeliness of Claims Payments	
KFHP Survey 3. How would you describe your satisfaction with Kaiser's **timeliness of claims payments**? Non-KFHP Survey 4. How would you describe your satisfaction with **the timeliness of claims payments** for each of the following health plans?	Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied, Not applicable
Providing Quality Care	
Prior Authorization Process	
KFHP Survey 4. What has been the impact of the health plan's **prior authorization process** on your ability to provide quality care for your patients in Kaiser's health plan? Non-KFHP Survey 5. What has been the impact of the health plan's **prior authorization process** on your ability to provide quality care for your patients in the health plan?	Strong negative impact, Negative impact, Little or no impact, Positive impact, Strong positive impact, Not applicable
Formulary	
KFHP Survey 5. During the last 12 months, what has been the impact of Kaiser's **formulary** on your ability to provide quality care for your patients in Kaiser's health plan? Non-KFHP Survey 6. During the last 12 months, what has been the impact of the health plan's **formulary** on your ability to provide quality care for your patients in the health plan?	Strong negative impact, Negative impact, Little or no impact, Positive impact, Strong positive impact, Not applicable
Non-Formulary	
Adequate Access to Non-Formulary Drugs	
KFHP Survey 6. Does Kaiser provide **adequate access to <u>non-formulary drugs</u>** for your patients when needed? Non-KFHP Survey 7. Does the health plan provide **adequate access to <u>non-formulary drugs</u>** for your patients when needed?	NO, not very adequate; Somewhat adequate; YES, definitely adequate; Not applicable

Question Language	Response Categories
Service Coordinators	
Helpfulness of Service Coordinators	
KFHP Survey 7. Do Kaiser's **service coordinators provide the help you need** for patients when you feel they are needed? Non-KFHP Survey 8. Do the health plan's **service coordinators provide the help you need** for patients when you feel they are needed?	NO, not very adequate; Somewhat adequate; YES, definitely adequate; Not applicable
Specialists	
Adequate Network of Specialists	
KFHP Survey 11. Does Kaiser have an **adequate network of specialists** in terms of having **enough** specialists? Non-KFHP Survey 13. Does the health plan have an **adequate network of specialists** in terms of having **enough** specialists?	NO, not very adequate; Somewhat adequate; YES, definitely adequate; Not applicable
Availability of Mental Health Providers	
KFHP Survey 13. How would you describe your satisfaction with Kaiser's **availability of mental health providers, including psychiatrists,** for your patients? Non-KFHP Survey 15. How would you describe your satisfaction with **the availability of mental health providers, including psychiatrists,** for your patients from each of the following health plans?	Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied, Not applicable
Substance Abuse	
Access to Substance Abuse Treatment	
KFHP Survey 14. How would you rate Kaiser's **access to substance abuse treatment** for your patients when needed? Non-KFHP Survey 16. How would you rate **access to substance abuse treatment** for your patients when needed from each of the following health plans?	Very dissatisfied, Dissatisfied, Neutral, Satisfied, Very satisfied, Not applicable

Sampling Procedures

Hawaii providers eligible for sampling included PCPs and specialists who served the Medicaid population during the study period and were contracted with at least one of the QI health plans. HSAG performed a sample of 200 KFHP providers and 1,300 non-KFHP (i.e., AlohaCare QI, HMSA QI, 'Ohana QI, and/or UHC CP QI) providers, for a total of 1,500 providers. The State was interested in surveying FQHC providers and increasing responses from PCPs. Therefore, for non-KFHP plans, all FQHC providers were surveyed, with the remaining sample size consisting of PCPs (47.0 percent) and

non-PCPs (33.7 percent). Since there were no FQHC providers for KFHP, the sample consisted of PCPs (75.0 percent) and non-PCPs (25.0 percent) only.

HSAG sampled providers who met the following criteria:

- Served the Hawaii Medicaid population.
- Provided services to QI members as of April 30, 2021.
- Provided services to at least one of the following QI health plans: AlohaCare QI, HMSA QI, KFHP QI, 'Ohana QI, and/or UHC CP QI.
- Had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, or Advanced Practice Registered Nurse (APRN).

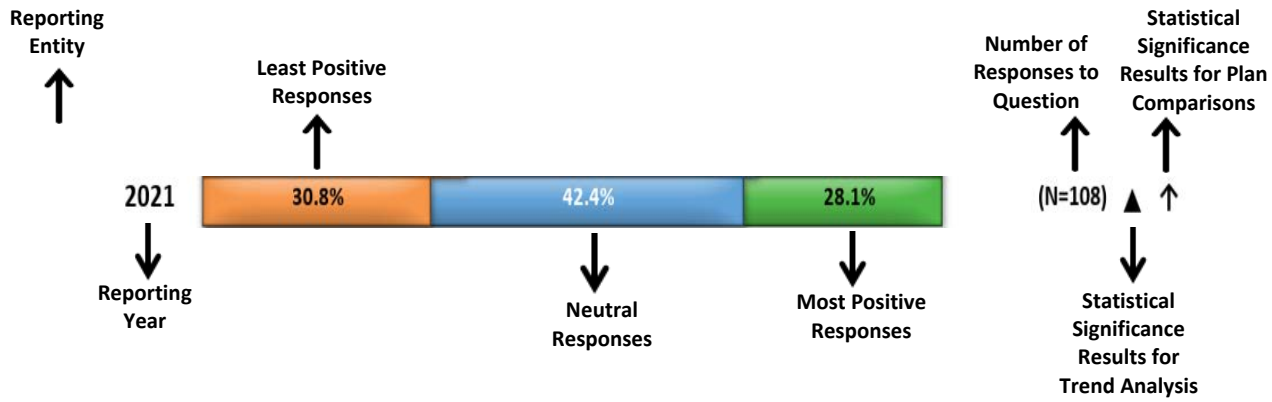
Survey Protocol

The survey administration consisted of mailing the survey questionnaire, a cover letter from the MQD, and a postage-paid reply envelope to the sampled providers. The cover letter provided two options by which the providers could complete the survey: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login.

How to Read the Bar Graphs

The bar graphs in the Results section have three response categories. The least positive responses to the survey questions are on the left of the bar in orange. Neutral responses fall between the least positive and the most positive responses and are in the middle of the bar in blue. The most positive responses to the survey questions are on the right of the bar in green. The most positive responses also are referred to as "top-box" responses.

Below is an explanation of how to read the bar graphs presented throughout the Results section.



Methodology

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible providers of the sample. Eligible providers included the entire sample minus any providers that could not be surveyed due to incorrect contact information and any providers that did not have a contract with any of the QI health plans.

$$\textit{Response Rate} = \frac{\textit{Number of Completed Surveys}}{\textit{Total Sample} - \textit{Ineligibles}}$$

Response Category Proportions

Response options to each question within the six domains were classified into response categories in order to calculate the proportion (i.e., percentage) of responses. Table 6-2 presents how the response categories were assigned.

Table 6-2—Response Category Assignments

Response Category	Assignment
Satisfaction	
Very dissatisfied	Dissatisfied Response
Dissatisfied	Dissatisfied Response
Neutral	Neutral Response
Satisfied	Satisfied Response
Very satisfied	Satisfied Response
Adequacy	
NO, not very adequate	Dissatisfied Response
Somewhat adequate	Neutral Response
YES, definitely adequate	Satisfied Response
Impact	
Strong negative impact	Negative Impact Response
Negative impact	Negative Impact Response
Little or no impact	Neutral Impact Response
Positive impact	Positive Impact Response
Strong positive impact	Positive Impact Response

For the survey items, response category proportions (i.e., percentages) were calculated using a Hierarchical Model for Latent Variables. In other words, separate response category proportions (or question summary rates) were calculated for each of the response categories (i.e., satisfied, neutral, and dissatisfied, or positive impact, neutral impact, and negative impact). Responses that fell into a response category were assigned a 1, while all others were assigned a 0. These values were summed to determine a response category score using the Model to adjust the correlation structure of responses.

Plan Comparisons

A comparative analysis was performed for each domain to compare the plan-level satisfied scores (i.e., percentage of satisfied or positive impact response categories) to the satisfied scores of the QI Program aggregate to determine whether there were statistically significant differences. HSAG reviewed the data and identified that the plan scores of a single provider are related to each other. Given these characteristics of the data, a Hierarchical Model for Latent Variables was used to identify statistically

significant differences between the QI health plans' results. In this model, the correlation structure of the responses was considered in order to adjust the QI health plan scores.

In the bar graphs, statistically significant differences are noted with arrows. A QI health plan's top-box score that was statistically significantly higher than the QI Program aggregate score is noted with an upward (↑) arrow. A QI health plan's top-box score that was statistically significantly lower than the QI Program aggregate score is noted with a downward (↓) arrow. A QI health plan's top-box score that was not statistically significantly different than the QI Program aggregate score is not noted with an arrow.

Trend Analysis

A trend analysis was performed for each domain that compared the 2021 top-box scores to the corresponding 2018 top-box scores to determine whether there were statistically significant differences. The same model, as described above, was used to compare the 2021 top-box scores to the corresponding 2018 top-box scores. Triangles (▲ or ▼) were assigned to indicate statistically significant differences between the 2021 and corresponding 2018 top-box scores.

Limitations and Cautions

The findings presented in the 2021 Hawaii Provider Survey Report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents and may vary by plan. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[6-1] To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., providers who submitted a survey during the first mailing/round) for each domain. Results indicate that early respondents are not statistically significantly more likely to provide a higher top-box response for all domains While the first-year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, the potential for non-response bias should be considered when interpreting results for these domains.

[6-1] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

Single Point-in-Time

The results of the survey provide a snapshot comparison of provider experiences with each QI health plan according to providers that completed the survey at a single point-in-time. These comparisons may not reflect stable patterns of providers' experiences over time.

Causal Inferences

Although the survey examines whether providers report differences with various aspects of the QI health plans, these differences may not be completely attributable to the QI health plans. These analyses identify whether providers give different ratings. The survey by itself does not reveal why the differences exist.

Multi-Plan Participation

Caution should be taken when reviewing the results presented in this report. Since providers may participate in more than one QI health plan, the providers' responses toward a given QI health plan may be affected by their experiences with either: 1) a different QI health plan or 2) the QI program. Therefore, any differences reported may be due to additional factors that were not captured in this survey.

COVID-19 Impact

Due to the COVID-19 pandemic, caution should be exercised when evaluating the results as the number of completed surveys may have been impacted, as well as providers' perceptions of and experiences with the health care system.

7. Survey Instruments

This section provides a copy of the 2021 KFHP and non-KFHP survey instruments used during this study.

2021 HAWAII PROVIDER'S SURVEY

SURVEY INSTRUCTIONS

Please be sure to fill the response circle <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> to complete the survey.

Correct Mark ● **Incorrect Marks**

1. Are you currently accepting new patients for the Kaiser QUEST Integration (QI) health plan?

   - ○ Not at this time
   - ○ Intermittently
   - ○ Most of the time
   - ○ Yes, accepting new patients

2. How would you describe your satisfaction with **the rate of reimbursement (pay schedule) or compensation** you get from Kaiser?

   - ○ Very dissatisfied
   - ○ Dissatisfied
   - ○ Neutral
   - ○ Satisfied
   - ○ Very satisfied
   - ○ Not applicable

3. How would you describe your satisfaction with Kaiser's **timeliness of claims payments**?

   - ○ Very dissatisfied
   - ○ Dissatisfied
   - ○ Neutral
   - ○ Satisfied
   - ○ Very satisfied
   - ○ Not applicable

4. What has been the impact of the health plan's **prior authorization process** on your ability to provide quality care for your patients in Kaiser's health plan?

   - ○ Strong negative impact
   - ○ Negative impact
   - ○ Little or no impact
   - ○ Positive impact
   - ○ Strong positive impact
   - ○ Not applicable

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5. During the last 12 months, what has been the impact of Kaiser's **formulary** on your ability to provide quality care for your patients in Kaiser's health plan?

   - ○ Strong negative impact
   - ○ Negative impact
   - ○ Little or no impact
   - ○ Positive impact
   - ○ Strong positive impact
   - ○ Not applicable

6. Does Kaiser provide **adequate access to <u>non-formulary drugs</u>** for your patients when needed?

   - ○ NO, not very adequate
   - ○ Somewhat adequate
   - ○ YES, definitely adequate
   - ○ Not applicable

7. Do Kaiser's **service coordinators provide the help you need** for patients when you feel they are needed?

   - ○ NO, not very adequate
   - ○ Somewhat adequate
   - ○ YES, definitely adequate
   - ○ Not applicable

8. Are you a primary care provider (PCP)?

   - ○ Yes
   - ○ No

9. What is your specialty?

   - ○ Family Medicine
   - ○ Internal Medicine
   - ○ Pediatrics
   - ○ General Practice
   - ○ Other (Please list below)

   _____

10. On which island is the **majority** of your practice?

    - ○ Oahu
    - ○ Hawaii (i.e., Big Island)
    - ○ Maui
    - ○ Kauai
    - ○ Molokai
    - ○ Lanai

11. Does Kaiser have an **adequate network of specialists** in terms of having **enough** specialists?

    - ○ NO, not very adequate
    - ○ Somewhat adequate
    - ○ YES, definitely adequate
    - ○ Not applicable

12. Please list the type(s) of specialists and associated island(s) needed to improve access (e.g., Maui Psychiatrist).

    _____

    _____

    _____

    _____

    _____

    _____

13. How would you describe your satisfaction with Kaiser's **availability of mental health providers, including psychiatrists**, for your patients?

    - ○ Very dissatisfied
    - ○ Dissatisfied
    - ○ Neutral
    - ○ Satisfied
    - ○ Very satisfied
    - ○ Not applicable

14. How would you rate Kaiser's **access to substance abuse treatment** for your patients when needed?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neutral
- ○ Satisfied
- ○ Very satisfied
- ○ Not applicable

15. If you are a behavioral health specialist, do you accept `Ohana CCS?

- ○ Yes
- ○ No
- ○ I am not a behavioral health specialist

We welcome your comments - please write them on the lines below.

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for sharing your experience and opinions! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

Results will be available on the Med-QUEST Division Web site after December 15, 2021.

http://www.med-quest.us

2021 HAWAII PROVIDER'S SURVEY

SURVEY INSTRUCTIONS

Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ●

Incorrect Marks

1. Are you currently accepting new patients for the QUEST Integration (QI) health plans below? (Respond to all that apply.)

	Not at this time	Intermittently	Most of the time	Yes, accepting new patients
AlohaCare QI	○	○	○	○
HMSA QI	○	○	○	○
'Ohana QI	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○

2. Are you currently accepting new patients that are medically complex (i.e., have multiple chronic health diseases) and/or socially complex (i.e., have behavioral and/or psychological problems) for the following health plans?

	Not at this time	Intermittently	Most of the time	Yes, accepting new patients
AlohaCare QI	○	○	○	○
HMSA QI	○	○	○	○
'Ohana QI	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○

3. How would you describe your satisfaction with **the rate of reimbursement (pay schedule) or compensation** you get from each of the following health plans:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

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4. How would you describe your satisfaction with **the timeliness of claims payments** for each of the following health plans:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

5. What has been the impact of the health plan's **prior authorization process** on your ability to provide quality care for your patients in the health plan?

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

6. During the last 12 months, what has been the impact of the health plan's **formulary** on your ability to provide quality care for your patients in the health plan?

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

7. Does the health plan provide **adequate access to <u>non-formulary drugs</u>** for your patients when needed?

	NO, not very adequate	Somewhat adequate	YES, definitely adequate	Not applicable
AlohaCare QI	○	○	○	○
HMSA QI	○	○	○	○
'Ohana QI	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○

8. Do the health plan's **service coordinators provide the help you need** for patients when you feel they are needed?

	NO, not very adequate	Somewhat adequate	YES, definitely adequate	Not applicable
AlohaCare QI	○	○	○	○
HMSA QI	○	○	○	○
'Ohana QI	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○

9. Are you a primary care provider (PCP)?

○ Yes
○ No

10. What is your specialty?

○ Family Medicine
○ Internal Medicine
○ Pediatrics
○ General Practice
○ Other (Please list below)

_____

11. With what type of practice are you primarily affiliated? (Mark only one)

○ Independent private practice
○ Group practice (non-hospital based/non FQHC)
○ Hospital affiliated
○ Federally qualified health center (FQHC)
○ Other (Please list below)

_____

12. On which island is the **majority** of your practice?

○ Oahu
○ Hawaii (i.e., Big Island)
○ Maui
○ Kauai
○ Molokai
○ Lanai

13. Does the health plan have an **adequate network of specialists** in terms of having **enough** specialists?

	NO, not very adequate	Somewhat adequate	YES, definitely adequate	Not applicable
AlohaCare QI	○	○	○	○
HMSA QI	○	○	○	○
'Ohana QI	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○

14. For each health plan, please list the type(s) of specialists and associated island(s) needed to improve access (e.g., Maui Psychiatrist).

AlohaCare QI	
HMSA QI	
‘Ohana QI	
UnitedHealthcare Community Plan QI	

15. How would you describe your satisfaction with **the availability of mental health providers, including psychiatrists**, for your patients from each of the following health plans:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

16. How would you rate **access to substance abuse treatment** for your patients when needed from each of the following health plans:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	○	○	○	○	○	○
HMSA QI	○	○	○	○	○	○
'Ohana QI	○	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○	○

17. If you are a behavioral health specialist, do you accept `Ohana CCS?

○ Yes
○ No
○ I am not a behavioral health specialist

We welcome your comments - please write them on the lines below.

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for sharing your experience and opinions! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

Results will be available on the Med-QUEST Division Web site after December 15, 2021.

http://www.med-quest.us

Appendix A: Provider Comments

At the end of the survey, providers were encouraged to write additional comments about their experiences. These comments are categorized below.

Claims Processing

- UHC puts roadblocks at every step, which makes it difficult to provide care. Explanation of benefits are confusing. Claims have a high denial rate and come much later than others. Patients are forced through their virtual credit card system that charges providers a fee.
- ‘Ohana is very inadequate in processing claims accurately. Their parent company, WellCare, does not seem to know how to work in this local market. It is impossible to get claims to pay correctly and in due time.
- Recoups by ‘Ohana are a pain to follow.

Formulary

- For non-HMSA plans, it is difficult getting people off opioids if they do not meet opioid dependence. Generic buprenorphine is covered by all plans (up to 24 mg per day) with no prior authorizations. It is an opioid crisis.

Reimbursement

- I have a problem with reimbursement with ‘Ohana and UHC. My staff in charge of billing refuse to deal with these plans due to endless delays and justification for billing.
- It appears that HMSA no longer reimburses us for the QUEST enhancement for telehealth services provided after April 1, 2021. I have not received any explanation for this significant lack of provider payment.
- HMSA pays per member per month, and many times the physician providing care is not getting payment for newborns in the first month of life.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) payment rates have not increased for several years. Please continue Affordable Care Act (ACA) enhancement payments to make up for low reimbursement rates.
- We serve the most challenging patients, but we are not reimbursed accordingly by all payers.
- QUEST patients are some of the most wonderful, yet challenging and needy patients. They require a lot of time and attention. I am a psychiatrist and expect to get an adequate reimbursement for the time I spend with these patients. Only ‘Ohana respects this. All other plans would rather pay for inpatient care than good outpatient care.
- I do not know the timing of reimbursements or how much I will receive.

- HMSA's payment transformation is destroying the pediatric medical home. They have adversely shaped pediatrics practices that will take a generation or longer to fix, if at all. Please stop their destructive behavior.
- The state has been losing physicians year-after-year for over 20 years, and the state does nothing to change this. The Big Island has the third worst primary care shortage of all counties in the USA. Several of the neighboring islands have had critical physician shortages for years. Hawaii has the worst pay for physicians for cost of living. There are no laws limiting what insurances can do to make prior authorizations difficult.
- Hawaii suffers from the greatest physician shortage, but physicians are paid the same as in urban Honolulu where the shortage is less.
- I make 50-70 percent less than what I made on the mainland, but expenses are 50-100 percent higher. There is a revolving door of doctors and nurses due to poor pay and prior authorization hassles. My company lost a neurologist after 1 year because HMSA did not approve MRIs, and we lost an oncologist because the doctor could not get necessary scans for cancer patients.

Prior Authorizations/Referrals

- The process for referrals is very difficult, and many kids fall through the process. It would be helpful to have better communication of tracking referrals. It would be helpful to have better care coordination and assistance to families to connect with psychologist.
- No pre-authorizations; universal health care for all.
- I will not contract with 'Ohana and UHC. Patients are auto assigned to the plans, and they refuse to cover services because no referral is provided despite being unable to obtain a referral in advance of their existence or when their insurance coverage is unknown or unassigned at the time of service.
- There is a large administrative burden for outer island doctors when making referrals, transportation, etc. to sub-specialists in Oahu.

Service Coordinators/Care Coordination

- 'Ohana's service coordinators do not seem to help much. They are not able to help navigate the plans. Primary care providers waste a lot of time on things the service coordinators could help with. Community pharmacists should work with insurance pharmacists.
- You need a service like Pacific Health Care's Integrated State Hawaii, and social workers/care coordinators to help families obtain services.

Specialists/Behavioral Health

- It is hard to find specialists with UHC.
- On the island of Hawaii, there is no physical therapist at all in Hilo. No specialists accept ‘Ohana. It is extremely difficult to assist patients to get the specialist care they need on the island, and their HMO plan is not good.
- Our behavioral health and substance about treatment team are amazing, but they need help. This is not limited to Kaiser but is a statewide problem.
- Kaiser should have more psychiatrists that assume prescribing of medications. Currently, many patients with complex psychiatric issues are being seen by therapists (e.g., social workers, psychologists) who then ask PCPs to prescribe medications for the patient. This should be done by a psychiatrist within their department who should be supervising care of the patient.
- There is a lack of mental health professionals, especially psychiatrists, and orthopedists that are willing and available to care for patients on Maui.
- For non-HMSA plans on Kauai, there are very limited or no options for therapists, Certified Substance Abuse Counselors or intensive outpatient programs.

Miscellaneous

- Kaiser is fantastic; we love working with their team.
- It is very easy to work with HMSA and AlohaCare.
- I have complaints about UHC. They are extremely difficult to work with, and I no longer take any of their members.
- More and more offices are not accepting UHC.
- ‘Ohana has diminished in value with increased fees. HMSA occasionally provides incentives.
- HMSA and the state auto-assigned doctors, and they do not assign the PCP that the parent has chosen. There is no spot on the application form to designate the desired PCP.
- Patients are receiving sub-optimal care from UHC that put their health at risk.
- Staff from AlohaCare and HMSA are not always helpful to make it easier for the PCP to comply with the quality measure programs.

Appendix B: Specialists to be Expanded

For each QI health plan, providers were asked to list the type(s) of specialists they thought needed to be expanded on the islands to improve access. Table B-1 through Table B-5 present these results by island. Overall, providers listed Psychiatrists, Dermatologists, Psychologists, and Otolaryngologists (Ear, Nose, and Throat) as the top specialists needed to improve access across islands. Also, a substantial percentage of providers listed "All" for the majority of the QI health plans.

Table B-1—Top Specialists Providers Thought Needed to be Expanded: AlohaCare QI

Specialist	Count	Percent
Oahu		
Psychiatrist	20	26.3%
Dermatologist	13	17.1%
Psychologist	7	9.2%
Allergist/Immunologist	5	6.6%
Behavioral Health Practitioner	4	5.3%
All	3	3.9%
Gastroenterologist	3	3.9%
Otolaryngologist	3	3.9%
Neurologist	2	2.6%
Orthopedist	2	2.6%
Rheumatologist	2	2.6%
Urologist	2	2.6%
Cardiologist	1	1.3%
Dietician	1	1.3%
Endocrinologist	1	1.3%
Family Physician	1	1.3%
Obstetrician-Gynecologist (Ob/Gyn)	1	1.3%
Ophthalmologist	1	1.3%
Pain Management Specialist	1	1.3%
Psychometrist	1	1.3%
Pulmonologist	1	1.3%
Therapist	1	1.3%
Hawaii		
Psychiatrist	10	12.2%

Specialist	Count	Percent
Dermatologist	7	8.5%
All	6	7.3%
Surgeon	5	6.1%
Neurologist	4	4.9%
Otolaryngologist	4	4.9%
Allergist/Immunologist	3	3.7%
Obstetrician-Gynecologist (Ob/Gyn)	3	3.7%
Psychologist	3	3.7%
Pulmonologist	3	3.7%
Rheumatologist	3	3.7%
Behavioral Health Practitioner	2	2.4%
Cardiologist	2	2.4%
Dietician	2	2.4%
Endocrinologist	2	2.4%
Nephrologist	2	2.4%
Pediatricians	2	2.4%
Therapist	2	2.4%
Urologist	2	2.4%
Audiologist	1	1.2%
Case Manager	1	1.2%
Chemical Dependency Specialist	1	1.2%
Family Physician	1	1.2%
Gastroenterologist	1	1.2%
Hematologist	1	1.2%
Internist	1	1.2%
Oncologist	1	1.2%
Ophthalmologist	1	1.2%
Optometrist	1	1.2%
Orthopedist	1	1.2%
Osteopathist	1	1.2%
Pain Management Specialist	1	1.2%
Physiatrist	1	1.2%
Psychometrist	1	1.2%

Specialist	Count	Percent
Maui		
Psychiatrist	7	29.2%
Dermatologist	3	12.5%
Orthopedist	3	12.5%
Urologist	2	8.3%
Allergist/Immunologist	1	4.2%
Behavioral Health Practitioner	1	4.2%
Endocrinologist	1	4.2%
Neurologist	1	4.2%
Otolaryngologist	1	4.2%
Pediatricians	1	4.2%
Psychologist	1	4.2%
Pulmonologist	1	4.2%
Rheumatologist	1	4.2%
Kauai		
Pulmonologist	1	50.0%
Therapist	1	50.0%
Molokai		
All	3	75.0%
Pulmonologist	1	25.0%
Lanai		
All	3	75.0%
Pulmonologist	1	25.0%

Table B-2—Top Specialists Providers Thought Needed to be Expanded: HMSA QI

Specialist	Count	Percent
Oahu		
Psychiatrist	26	26.3%
Dermatologist	20	20.2%
Otolaryngologist	8	8.1%
Allergist/Immunologist	6	6.1%
Psychologist	6	6.1%
All	4	4.0%
Endocrinologist	4	4.0%
Neurologist	4	4.0%
Cardiologist	3	3.0%
Rheumatologist	3	3.0%
Behavioral Health Practitioner	2	2.0%
Gastroenterologist	2	2.0%
Obstetrician-Gynecologist (Ob/Gyn)	2	2.0%
Pulmonologist	2	2.0%
Surgeon	2	2.0%
Urologist	2	2.0%
Dietician	1	1.0%
Family Physician	1	1.0%
Ophthalmologist	1	1.0%
Hawaii		
Dermatologist	6	25.0%
All	2	8.3%
Cardiologist	2	8.3%
Gastroenterologist	2	8.3%
Neurologist	2	8.3%
Psychiatrist	2	8.3%
Urologist	2	8.3%
Behavioral Health Practitioner	1	4.2%
Endocrinologist	1	4.2%
Nephrologist	1	4.2%
Orthopedist	1	4.2%

Specialist	Count	Percent
Otolaryngologist	1	4.2%
Rheumatologist	1	4.2%
Maui		
Psychiatrist	6	35.3%
Dermatologist	2	11.8%
Orthopedist	2	11.8%
Allergist/Immunologist	1	5.9%
Behavioral Health Practitioner	1	5.9%
Endocrinologist	1	5.9%
Neurologist	1	5.9%
Pediatricians	1	5.9%
Psychologist	1	5.9%
Urologist	1	5.9%
Kauai		
Psychiatrist	1	100.0%

Table B-3—Top Specialists Providers Thought Needed to be Expanded: KFHP QI

Specialist	Count	Percent
Oahu		
Psychiatrist	6	33.3%
Psychologist	3	16.7%
Dermatologist	2	11.1%
Allergist/Immunologist	1	5.6%
Behavioral Health Practitioner	1	5.6%
Cardiologist	1	5.6%
Gastroenterologist	1	5.6%
Neurologist	1	5.6%
Physiatrist	1	5.6%
Therapist	1	5.6%
Hawaii		
All	3	75.0%
Psychiatrist	1	25.0%

Specialist	Count	Percent
Maui		
Psychiatrist	3	25.0%
All	2	16.7%
Orthopedist	2	16.7%
Psychologist	2	16.7%
Gastroenterologist	1	8.3%
Pain Management Specialist	1	8.3%
Physiatrist	1	8.3%
Kauai		
All	2	66.7%
Psychiatrist	1	33.3%
Molokai		
All	2	66.7%
Psychiatrist	1	33.3%
Lanai		
All	2	66.7%
Psychiatrist	1	33.3%

Table B-4—Top Specialists Providers Thought Needed to be Expanded: 'Ohana QI

Specialist	Count	Percent
Oahu		
Psychiatrist	14	30.4%
Dermatologist	7	15.2%
Psychologist	4	8.7%
All	3	6.5%
Rheumatologist	3	6.5%
Neurologist	2	4.3%
Obstetrician-Gynecologist (Ob/Gyn)	2	4.3%
Otolaryngologist	2	4.3%
Urologist	2	4.3%
Behavioral Health Practitioner	1	2.2%
Cardiologist	1	2.2%
Dietician	1	2.2%

Specialist	Count	Percent
Family Physician	1	2.2%
Gastroenterologist	1	2.2%
Orthopedist	1	2.2%
Pulmonologist	1	2.2%
Hawaii		
Dermatologist	3	20.0%
All	2	13.3%
Psychiatrist	2	13.3%
Cardiologist	1	6.7%
Emergency Medical Technician	1	6.7%
Gastroenterologist	1	6.7%
Nephrologist	1	6.7%
Oncologist	1	6.7%
Orthopedist	1	6.7%
Rheumatologist	1	6.7%
Urologist	1	6.7%
Maui		
Psychiatrist	5	31.3%
Dermatologist	2	12.5%
Orthopedist	2	12.5%
Allergist/Immunologist	1	6.3%
Behavioral Health Practitioner	1	6.3%
Endocrinologist	1	6.3%
Neurologist	1	6.3%
Pediatricians	1	6.3%
Physiatrist	1	6.3%
Psychologist	1	6.3%
Kauai		
Therapist	1	100.0%

Table B-5—Top Specialists Providers Thought Needed to be Expanded: UHC CP QI

Specialist	Count	Percent
Oahu		
Psychiatrist	16	27.1%
Dermatologist	12	20.3%
Psychologist	5	8.5%
All	4	6.8%
Otolaryngologist	3	5.1%
Allergist/Immunologist	2	3.4%
Gastroenterologist	2	3.4%
Obstetrician-Gynecologist (Ob/Gyn)	2	3.4%
Rheumatologist	2	3.4%
Urologist	2	3.4%
Behavioral Health Practitioner	1	1.7%
Dietician	1	1.7%
Family Physician	1	1.7%
Hematologist	1	1.7%
Neurologist	1	1.7%
Ophthalmologist	1	1.7%
Orthopedist	1	1.7%
Physiatrist	1	1.7%
Pulmonologist	1	1.7%
Hawaii		
Psychiatrist	3	17.6%
Cardiologist	2	11.8%
Dermatologist	2	11.8%
Rheumatologist	2	11.8%
Urologist	2	11.8%
All	1	5.9%
Gastroenterologist	1	5.9%
Nephrologist	1	5.9%
Ophthalmologist	1	5.9%
Orthopedist	1	5.9%
Pain Management Specialist	1	5.9%

Specialist	Count	Percent
Maui		
Psychiatrist	6	33.3%
Dermatologist	3	16.7%
Orthopedist	2	11.1%
Allergist/Immunologist	1	5.6%
Behavioral Health Practitioner	1	5.6%
Endocrinologist	1	5.6%
Neurologist	1	5.6%
Pediatricians	1	5.6%
Psychologist	1	5.6%
Rheumatologist	1	5.6%
Kauai		
Therapist	1	100.0%