2025 Hawaii Provider Survey Report

Department of Human Services

Med-QUEST Division

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HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

In calendar year (CY) 2025, the State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more participating QI health plans. 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 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]**
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 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 (i.e., Hawaii Provider Survey). 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 UHC CP QI providers). Providers completed the surveys from July to September 2025.

[1] The QI Program results presented in this report are derived from the combined results of the five QI health plans.

Current Status of Health Care in Hawaii

According to the *America's Health Rankings® Annual Report,* Hawaii ranks as the eighth healthiest state in the country across social and economic factors, physical environment, clinical care, behaviors, and health outcomes.[2] Hawaii has a low prevalence of frequent mental distress, multiple chronic conditions, and obesity and ranks first in preventable hospitalizations and overall health outcomes. However, the State is experiencing challenges related to the high prevalence of excessive drinking, a high economic hardship index score, and a low supply of primary care providers. Specifically, Hawaii ranks 50th for severe housing problems and 34th for availability of primary care providers.[3] Hawaii continues to have a very low uninsured rate of 3.2 percent of the population, which is the second lowest in the country.

Provider Workforce Shortage

Hawaii continues to have a significant overall physician shortage. As of December 2024, there was an estimated 768 full-time equivalents shortage of direct care physicians.[4] Experts anticipate the shortage to continue with the increased demand for medical care due to an aging population burdened by more chronic illness and an aging physician workforce resulting in more providers considering retirement.

The largest physician shortages continue to be in primary care (i.e., family medicine, internal medicine, pediatrics). 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 adult and pediatric pulmonology, adult and pediatric endocrinology, pediatric gastroenterology, colorectal surgery, and thoracic surgery. 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.[5]

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2 America's Health Rankings® trademark is a registered trademark of the United Health Foundation.

3 America's Health Rankings. *2024 Annual Report*. United Health Foundation, 2024. Available at: https://assets.americashealthrankings.org/allstatesummaries-ahr24.pdf. Accessed on: December 16, 2025.

4 University of Hawaii. *University of Hawai'i System Annual Report: Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project*. December 2024. Available at: https://data.capitol.hawaii.gov/sessions/session2025/bills/DC122_.pdf. Accessed on: December 16, 2025.

5 Ibid.

1115 Waiver Extension

On January 8, 2025, the Centers for Medicare & Medicaid Services approved MQD's request to continue to operate its Hawaii QI program through July 2029.[6] The State plans to continue to provide most benefits through capitated managed care and mandate managed care enrollment for most members. The State will continue to 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 (SHOTT), among other services. In 2023, MQD released its updated Hawaii Quality Strategy to act as a blueprint for the development of innovations to meet MQD's goals. The Hawaii 'Ohana Nui Project Expansion (HOPE) initiative provides the framework for the quality strategy.[7] HOPE is an 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 for the community. 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.

[6] State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawai'i QUEST Integration Section 1115 Waiver Demonstration Extension Approval*. January 2025. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/section-1115-demonstration-renewal-for-2024/Hawaii%20QUEST%20Integration%202025%20Extension%20Approval%20Letter.pdf. Accessed on: December 16, 2025.

[7] State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawaii Quality Strategy 2023.* Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/quality-strategy/MQD%20Quality%20Strategy%202023.FINAL.pdf. Accessed on: December 16, 2025.

Survey Administration Overview

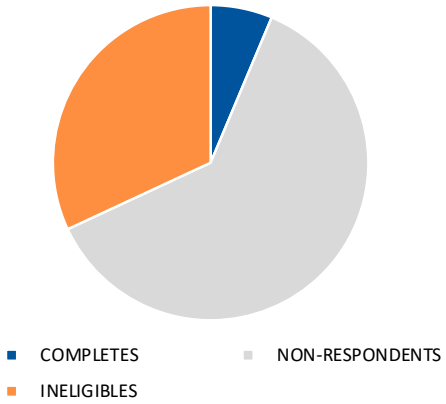
Figure 1-1 shows the distribution of survey dispositions and the response rate for the QI Program. The QI Program's response rate was 9.30 percent.

Figure 1-1—Distribution of Surveys: QI Program

Start Survey On:	Finish Survey On:
07.02.25	09.10.25

TOTAL SAMPLE SIZE	1,500
RESPONSE RATE	9.30%

COMPLETES	95
NON-RESPONDENTS	926
INELIGIBLES	479



DETAILS

	Mail 1	Mail 2	Web
Completes	44	18	33
	Undeliverables	**Not Contracted**	**Deceased**
Ineligibles	476	2	1

Comparative Analyses

Trend Analysis and Program Comparisons

HSAG compared the 2025 scores to the 2023 scores and the QI health plan scores to the QI Program to determine if the scores were statistically significantly different.[8,9,10] Table 1-2 shows the summary of the trend analysis and program comparisons with statistically significant results; measures with no statistically significant results are not shown. For the detailed results of the trend analyses and program comparisons, please refer to the Results section beginning on page 26.

Table 1-2—Comparative Analyses Summary: Statistically Significant Results

	QI Program	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
General Positions						
Compensation Satisfaction	▲	—	—	↑	▲	—
Prior Authorization Process Experience*						
Approval or Authorization Delayed	—	—	—	↑	—	—
Inconsistent Requirements	—	—	↑	↑	—	—
Difficult to Navigate	—	—	↑	—	—	—
Labor Intensive	—	—	—	↑	—	—
Prior Authorization Process Impacts*						
Delayed Ability to Provide Treatments	—	—	↑	↑	—	—
Disrupted Continuity of Care	—	—	↑	↑	↓	—
Created Administrative Burden	—	—	—	↑	—	—
Led to Denial of Service	—	—	—	↑	—	—
Formulary						
Formulary Impact on Care	—	—	—	↑	—	—
Non-Formulary						
Adequate Access to Non-Formulary Drugs	—	—	↑	↑	—	↓

8 The Hawaii Provider Survey was not administered in 2024; therefore, the 2025 scores were compared to the corresponding 2023 scores.

9 Caution should be exercised when evaluating program comparisons, given that population and health plan differences may impact results.

10 The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Prior Authorization Process Experience* and *Prior Authorization Process Impacts* domains.

	QI Program	AlohaCare QI	HMSA QI	KFHP QI	‘Ohana QI	UHC CP QI
Substance Abuse						
Access to Substance Abuse Treatment	—	—	—	▲↑	—	↓
Health Coordinators						
Helpfulness of Health Coordinators	—	—	—	▲↑	—	↓
Specialists						
Adequate Network of Specialists	—	—	↑	↑	↓	—

▲ *Indicates the 2025 score is statistically significantly higher than the 2023 score.*
▼ *Indicates the 2025 score is statistically significantly lower than the 2023 score.*
↑ *Indicates the 2025 score is statistically significantly higher than the QI Program.*
↓ *Indicates the 2025 score is statistically significantly lower than the QI Program.*
— *Indicates the 2025 score is not statistically significantly different than the 2023 score or the QI Program.*
** Indicates the survey questions that compose the measures within this domain were included for the first time in 2025; therefore, a trend analysis was unable to be performed for these measures.*

Conclusions

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

QI Program

Strengths

- The QI Program’s 2025 top-box score was statistically significantly higher than the 2023 top-box score for one measure, *Compensation Satisfaction.*

Areas for Improvement

- The QI Program’s 2025 top-box scores were not statistically significantly lower than the 2023 top-box scores for any measure; therefore, no substantial areas of improvement were identified. However, providers listed the areas of concern, generally with the prior authorization process being inconsistent and causing delays, in the open-ended responses. For the detailed open-ended responses recorded by providers, please refer to the Provider Comments section beginning on page 45.

QI Health Plans

Strengths

- HMSA QI's 2025 top-box scores were statistically significantly higher than the QI Program's 2025 top-box scores for the following measures: *Inconsistent Requirements*, *Difficult to Navigate*, *Delayed Ability to Provide Treatments*, *Disrupted Continuity of Care*, *Adequate Access to Non-Formulary Drugs*, and *Adequate Network of Specialists*.
- KFHP QI's 2025 top-box scores were statistically significantly higher than QI Program's 2025 top-box scores for the following measures: *Compensation Satisfaction*, *Approval or Authorization Delayed*, *Inconsistent Requirements*, *Labor Intensive*, *Delayed Ability to Provide Treatments*, *Disrupted Continuity of Care*, *Created Administrative Burden*, *Led to Denial of Service*, *Formulary Impact on Care*, *Adequate Access to Non-Formulary Drugs*, *Access to Substance Abuse Treatment*, *Helpfulness of Health Coordinators*, and *Adequate Network of Specialists*.
- KFHP QI's 2025 top-box scores were statistically significantly higher than the 2023 top-box scores for the following measures: *Access to Substance Abuse Treatment* and *Helpfulness of Health Coordinators*.
- 'Ohana QI's 2025 top-box score was statistically significantly higher than the 2023 top-box score for one measure, *Compensation Satisfaction*.

Areas for Improvement

- 'Ohana QI's 2025 top-box scores were statistically significantly lower than QI Program's 2025 top-box scores for the following measures: *Disrupted Continuity of Care* and *Adequate Network of Specialists*.
- UHC CP QI's 2025 top-box scores were statistically significantly lower than QI Program's 2025 top-box scores for the following measures: *Adequate Access to Non-Formulary Drugs*, *Access to Substance Abuse Treatment*, and *Helpfulness of Health Coordinators*.

Recommendations

Based on the findings revealed in the survey (i.e., survey results, provider comments, and open-ended responses), HSAG recommends MQD, in collaboration with the QI health plans, evaluate and address provider satisfaction concerns and work towards improving provider response rates by engaging with KFHP and non-KFHP providers about the details and importance of the survey and ensuring providers' contact information is up-to-date as the number of undeliverable surveys accounted for approximately 43 percent and 30 percent of the total KFHP sample and non-KFHP sample, respectively. For more detailed information on the recommendations, please refer to page 43 of the Recommendations section.

2. Reader's Guide

This section provides a comprehensive overview of the Hawaii Provider Survey, including the survey administration protocol and analytic methodology. 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 MQD, developed the Hawaii Provider Survey to collect data on providers' experience with the QI health plans. In addition to a general comments section, the surveys administered to KFHP and non-KFHP providers include 16 and 18 questions, respectively, on a broad range of topics. HSAG categorized the Hawaii Provider Survey questions into the following nine domains that yield 21 measures of provider experience:[11]

- **General Positions**—presents providers' levels of satisfaction with the reimbursement rate (pay schedule) or compensation and timeliness of claims payments.
- **Prior Authorization Process Experience**—presents providers' experiences with the prior authorization process.
- **Prior Authorization Process Impacts**—presents the impacts the prior authorization process has on providers' abilities to deliver quality care.
- **Formulary**—presents the impact formularies have on providers' abilities to deliver quality care.
- **Non-Formulary**—presents providers' assessments of access to non-formulary drugs.
- **Health Coordinators**—presents providers' assessments of the help provided by health coordinators.
- **Specialists**—presents providers' assessments of the network of specialists.
- **Substance Abuse**—presents providers' assessments of the availability of substance abuse treatment for patients.
- **Mental Health Providers**—presents providers' assessments of the availability of mental health providers, including psychiatrists.

Figure 2-1 lists the measures included in the survey.

[11] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process and mental health providers were expanded. Given the modifications to the survey, caution should be exercised when interpreting the trend analysis results presented in this report.

Figure 2-1—Provider Survey Measures

General Positions

- *Compensation Satisfaction*
- *Timeliness of Claims Payments*

Prior Authorization Process Experience

- *Approval or Authorization Delayed*
- *Inconsistent Requirements*
- *Difficult to Navigate*
- *Labor Intensive*

Prior Authorization Process Impact

- *Delayed Ability to Provide Treatments*
- *Disrupted Continuity of Care*
- *Created Administrative Burden*
- *Led to Denial of Service*

Formulary

- *Formulary Impact on Care*

Non-Formulary

- *Adequate Access to Non-Formulary Drugs*

Health Coordinators

- *Helpfulness of Health Coordinators*

Specialists

- *Adequate Network of Specialists*

Substance Abuse

- *Access to Substance Abuse Treatment*

Mental Health Providers

- *Authorization Process was Delayed*
- *Lacked List of In-Network Providers*
- *Distance to Providers*
- *Insufficient Choice of Providers*
- *Preferred Providers Were Out of Network*
- *Inability to Schedule a Convenient Appointment*

Table 2-1 shows the survey language and response options for each measure.

Table 2-1—Question Language and Response Options

Question Language	Response Categories
General Positions	
Compensation Satisfaction	
KFHP Survey 2. How would you describe your satisfaction with **the reimbursement (pay schedule) or compensation** you get from Kaiser? Non-KFHP Survey 3. How would you describe your satisfaction with **the 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
Prior Authorization Process Experience	
KFHP/Non-KFHP Survey 4. Thinking of your experience with Kaiser's **prior authorization process**, would you say:/5. Thinking of your experience with the health plan's **prior authorization process**, would you say: • The approval or authorization was delayed. (***Approval or Authorization Delayed***) • The prior authorization requirements were inconsistent. (***Inconsistent Requirements***) • The prior authorization process was difficult to navigate. (***Difficult to Navigate***) • The prior authorization process was labor intensive. (***Labor Intensive***)	Yes, No
Prior Authorization Process Impacts	
KFHP/Non-KFHP Survey 5. What has/have been the impact(s), if any, of Kaiser's **prior authorization process** on your ability to provide quality care for your patients? The prior authorization process:/6. What has/have been the impact(s), if any, of the health plan's **prior authorization process** on your ability to provide quality care for your patients in the health plan? The prior authorization process: • …led to a delay in the ability to provide necessary treatments, tests, or medications. (***Delayed Ability to Provide Treatments***) • …disrupted the continuity of care when patients changed plans. (***Disrupted Continuity of Care***) • …created an administrative burden that took time and resources away from patient care. (***Created Administrative Burden***) • …led to a denial of service. (***Led to Denial of Service***)	Yes, No

Question Language	Response Categories
Formulary	
Formulary Impact on Care	
KFHP Survey 6. 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 7. 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 7. Does Kaiser provide **adequate access to <u>non-formulary drugs</u>** for your patients when needed? Non-KFHP Survey 8. 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
Health Coordinators	
Helpfulness of Health Coordinators	
KFHP Survey 8. Do Kaiser's **health coordinators provide the help you need** for patients when you feel they are needed? Non-KFHP Survey 9. Do the health plan's **health 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 12. Does Kaiser have an **adequate network of specialists** in terms of having **enough** specialists? Non-KFHP Survey 14. 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

Question Language	Response Categories
Substance Abuse	
Access to Substance Abuse Treatment	
KFHP Survey 15. How would you rate Kaiser's **access to substance abuse treatment** for your patients when needed? Non-KFHP Survey 17. 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
Mental Health Providers	
KFHP/Non-KFHP Survey 14. What are the main reason(s), if any, that negatively impacted your satisfaction with Kaiser's **availability of mental health providers, including psychiatrists,** for your patients? (Select all that apply)/ 16. What are the main reason(s), if any, that negatively impacted your satisfaction with the health plan's **availability of mental health providers, including psychiatrists,** for your patients? • The approval or authorization process was delayed. (***Authorization Process was Delayed***) • You did not have a list of mental health providers within the health plan's/Kaiser's network to recommend to your patients. (***Lacked List of In-Network Providers***) • The mental health providers available to your patients were located too far away. (***Distance to Providers***) • There were insufficient mental health providers for your patients to choose from. (***Insufficient Choice of Providers***) • The mental health providers your patients preferred were not part of the health plan's/Kaiser's network. (***Preferred Providers Were Out of Network***) • Your patients were unable to schedule an appointment at a convenient time. (***Inability to Schedule a Convenient Appointment***)	N/A

Sampling Procedures

MQD provided HSAG with a list of all eligible providers for the sample frame files. HSAG sampled providers who met the following criteria:

- Served the Hawaii Medicaid population.
- Provided services to QI members as of March 31, 2025.
- Provided services to at least one of the following QI health plans: AlohaCare QI, HMSA QI, KFHP QI, 'Ohana QI, and UHC CP QI.
- Had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, Psychiatrist, or Advanced Practice Registered Nurse (APRN).

HSAG sampled 200 KFHP providers and 1,300 non-KFHP (i.e., AlohaCare QI, HMSA QI, 'Ohana QI, and UHC CP QI) providers, for a total of 1,500 providers. The State was interested in surveying Federally Qualified Health Center (FQHC) providers and increasing responses from Primary Care Physicians (PCPs). Therefore, for non-KFHP plans, all FQHC providers were surveyed, with the remaining sample size consisting of PCPs (75.0 percent) and non-PCPs (25.0 percent). Since there were no FQHC providers for KFHP, the sample consisted of PCPs (75.0 percent) and non-PCPs (25.0 percent) only. Table 2-2 shows a breakdown of the sampling scheme for each population of providers.

Table 2-2—Sampling Scheme

	Eligible Provider Population	Selected FQHC Providers	Selected PCPs	Selected Non-PCPs	Total Selected Sample
KFHP	1,744	N/A	150	50	200
Non-KFHP	9,681	665	476	159	1,300
Total	**11,425**	**665**	**626**	**209**	**1,500**

N/A *Indicates there are no FQHC providers included in the KFHP sample; therefore, this is not applicable.*

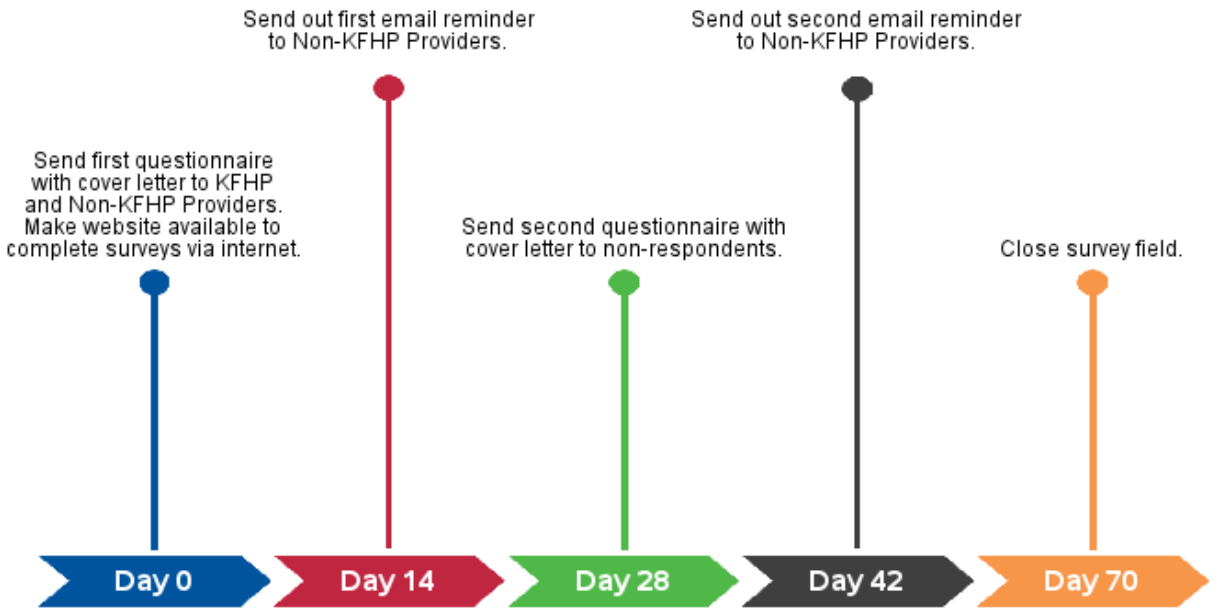
After the sample was selected, records were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for providers who had moved (if the providers had given the Postal Service a new address).

Survey Protocol

The survey administration protocol employed was a mixed mode methodology, which allowed providers two methods by which they could complete the surveys in English only: 1) mail or 2) Internet. A cover letter was mailed to all providers that provided 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 via a URL or quick response (QR) code and designated username. All non-respondents from non-KFHP providers received an email reminder, followed by a second survey mailing, and a second email reminder.

Figure 2-2 shows the timeline used for the survey administration.

Figure 2-2—Hawaii Provider Survey Timeline



Methodology

Response Rates

The response rate is defined as the total number of completed surveys divided by the entire sample minus the number of providers who were ineligible to complete the survey. A survey was assigned a disposition code of "completed" if at least one question was answered. Ineligible providers met at least one of the following criteria: they could not be surveyed due to incorrect contact information, did not have a contract with any of the QI health plans, or were deceased.

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

Provider Demographics

The demographics analysis evaluated demographic information of providers based on their responses to the survey. Table 2-3 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.[12]

Table 2-3—Provider Demographic Items Analyzed

Demographic Category	Survey Question Number KFHP Survey	Survey Question Number Non-KFHP Survey
Provider Type	9	10
Provider Specialty Types	10	11
Practice Type	N/A	12
Provider Practice by Island	11	13
Behavioral Health: Provider Type[1]	16	18
Accepting New Patients	1	1
Accepting New Patients that are Medically/Socially Complex	N/A	2

N/A *Indicates the question was not included in the survey instrument; therefore, results for these providers are not available.*

[1] *Providers who answered "Yes" or "No" to this question indicating their acceptance of `Ohana Community Care Services 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.*

Response Category Proportions

Response options to each measure were classified into response categories in order to calculate the proportion (i.e., percentage) of responses. Table 2-4 shows how the response categories were assigned. The proportions of the most positive response categories (i.e., "Satisfied Response" or "Positive Impact Response") are considered the top-box scores.

[12] Please refer to Appendix C of this report ("Survey Instruments") for a copy of the survey instruments to see the survey question language.

Table 2-4—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
Agreement	
Yes	Negative Impact Response/Dissatisfied Response
No	Positive Impact Response/Satisfied 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.

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 currently accepting new patients 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 was 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.[13]

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

Comparative Analyses

For purposes of the trend analysis and program comparisons, HSAG used the calculation of top-box scores. HSAG reviewed the data and identified that the QI health plan scores of a single provider are related to each other. Given these characteristics of the data, HSAG used a Hierarchical Model for Latent Variables to determine whether the scores were statistically significantly different (i.e., p value < 0.05) for each analysis. In this model, the correlation structure of the responses was considered in order to adjust the scores. As a result of model adjustments, percentages may not total 100 percent. In compliance with the Centers for Medicare & Medicaid Services requirements, a minimum of 11 respondents in a cell is required for the results to be reported. If a cell included fewer than 11 respondents, the measure's results were suppressed and noted with "Insufficient Data" in the figures. Caution should be exercised when evaluating measures' results with fewer than 100 respondents, which are denoted with a cross (+).

Trend Analysis

Scores that were statistically significantly higher in 2025 than 2023 are denoted with black upward triangles (▲).[14] Scores that were statistically significantly lower in 2025 than 2023 are denoted with black downward triangles (▼). Scores in 2025 that were not statistically significantly different from 2023 are not denoted with triangles.

Program Comparisons

QI health plan scores that were statistically significantly higher than the QI Program are denoted with black upward arrows (↑). QI health plan scores that were statistically significantly lower than the QI Program are denoted with black downward arrows (↓). QI health plan scores that were not statistically significantly different than the QI Program are not denoted with arrows.

Limitations and Cautions

The findings presented in this 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. 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. 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. To identify potential non-response bias at the state level, HSAG compared the scores from late respondents to early

[14] The Hawaii Provider Survey was not administered in 2024; therefore, the 2025 scores were compared to the corresponding 2023 scores.

respondents (i.e., providers who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are not statistically significantly more likely to provide a higher or lower top-box response for any of the measures. However, MQD should consider the potential for non-response bias when interpreting the results.

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 this report examines whether providers report differences with various aspects of the QI health plans, these differences may not be completely attributable to the overall performance of the QI health plans. The survey by itself does not necessarily reveal the exact cause of these differences.

Multi-Plan Participation

Caution should be taken when reviewing the results presented in this report. Since providers may be contracted with 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.

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers of the sample. Table 3-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 14 of the Reader's Guide section.

Table 3-1—Distribution of Survey Dispositions and Response Rates

	KFHP	Non-KFHP	Hawaii Provider Total
Sample Size	200	1,300	1,500
Ineligible Surveys	85	394	479
Eligible Sample	115	906	1,021
Total PCP Respondents	31	27	58
Total Non-PCP Respondents	8	4	12
Total FQHC Respondents	N/A	25	25
Total Web Respondents	15	18	33
Total Respondents	39	56	95
Response Rate	**33.91%**	**6.18%**	**9.30%**

N/A *Indicates there are no FQHC providers included in the KFHP sample; therefore, this is not applicable.*

The response rate for KFHP providers was higher than non-KFHP providers (33.91 percent and 6.18 percent, respectively). Due to the low response rate of non-KFHP providers, caution should be exercised when interpreting the AlohaCare QI, HMSA QI, 'Ohana QI, and UHC CP QI results given the increased potential for non-response bias and the likelihood that provider responses are not reflective of all providers serving these members.

Provider Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, providers who serve on islands with more specialists may report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Figure 3-1 through Figure 3-7 show the demographic characteristics of KFHP and non-KFHP providers as reported by those who completed a survey by provider type, specialty type, practice type (non-KFHP providers only), practice by island, behavioral health, those accepting new patients, and those accepting new patients that are complex (i.e., have multiple chronic health diseases) and/or socially complex (i.e., have behavioral and/or psychological problems) (non-KFHP providers only). For additional information on the provider demographics, please refer to page 15 of the Reader's Guide section.

Figure 3-1 shows the percentage of KFHP and non-KFHP provider respondents by provider type.

Figure 3-1—Provider Type

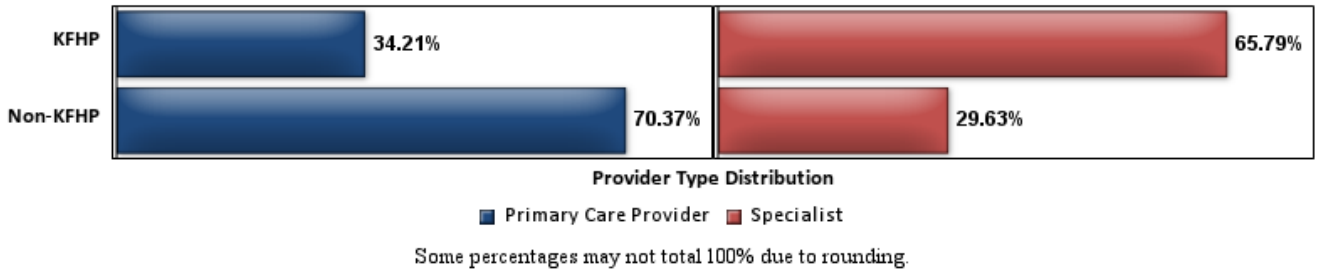


Figure 3-2 shows the percentage of KFHP and non-KFHP provider respondents by specialty type. Providers were also given the option to write-in other specialties. The specialties listed by providers who wrote in an "Other" response are presented in Table 3-2.

Figure 3-2—Provider Specialty Types

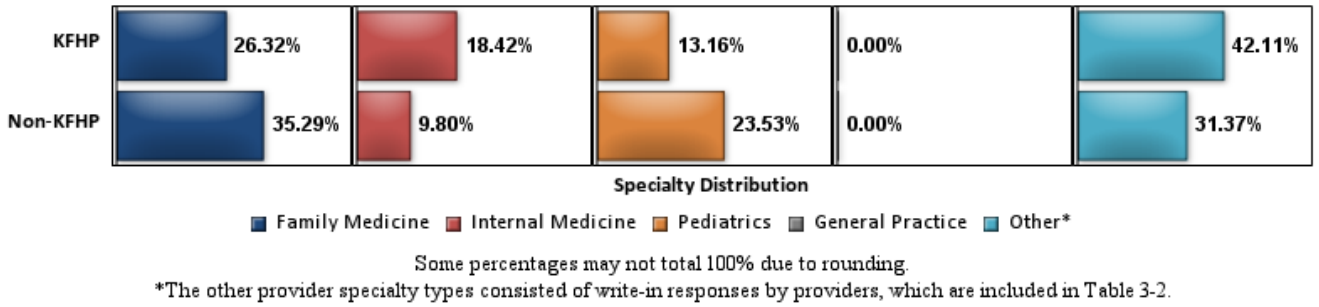
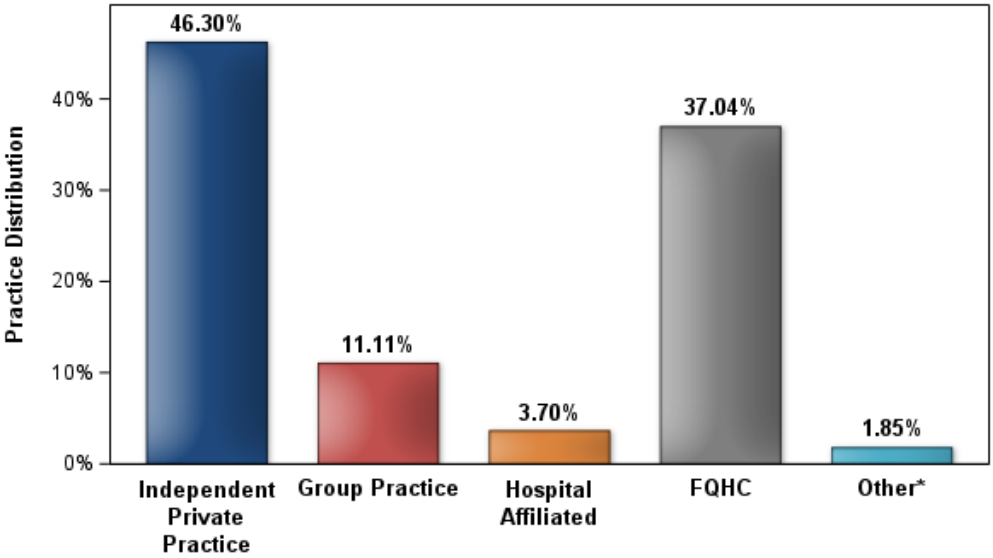


Table 3-2—Other Provider Specialty Types

Specialty	Count	Percent
Psychology	7	17.95%
Obstetrician/Gynecology	6	15.38%
Women's Health	4	10.26%
Cardiology	3	7.69%
Hospitalist	3	7.69%
Nephrology	2	5.13%
Ophthalmology	2	5.13%
Urgent Care	2	5.13%
Anesthesiology	1	2.56%
Bariatrician	1	2.56%
Emergency Medicine	1	2.56%
Infectious Disease	1	2.56%
Internal Medicine	1	2.56%
Oncology	1	2.56%
Orthopedic Surgery	1	2.56%
Pediatrics	1	2.56%
Radiology	1	2.56%
Rheumatology	1	2.56%

Figure 3-3 shows the percentage of non-KFHP provider respondents by practice type.[15]

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

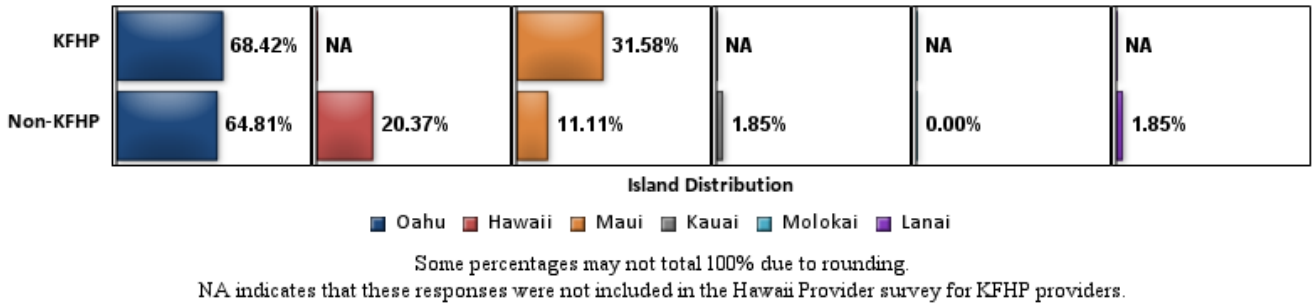


Some percentages may not total 100% due to rounding.
*The other practice types consisted of write-in responses by providers, which consisted of 'Rural Health Clinics' and 'Urgent Care'.

[15] This question was only included in the non-KFHP Survey instrument; therefore, results for KFHP providers are not available.

Figure 3-4 shows the percentage of KFHP and non-KFHP provider respondents by the island where most of their practice is located.[16]

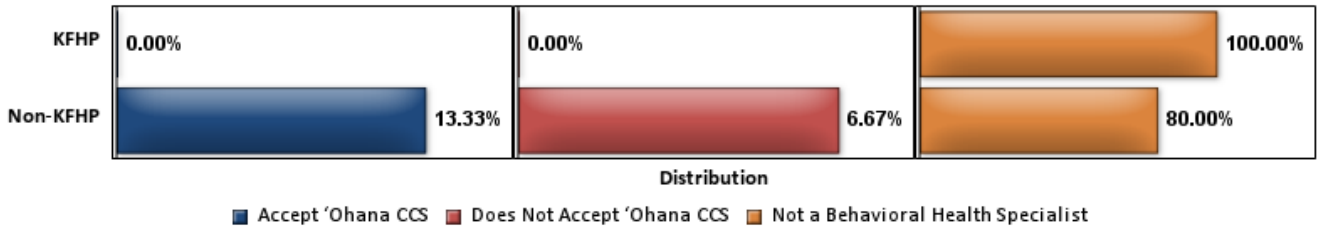
Figure 3-4—Provider Practice by Island



Some percentages may not total 100% due to rounding.
NA indicates that these responses were not included in the Hawaii Provider survey for KFHP providers.

Figure 3-5 shows the percentage of KFHP and non-KFHP provider respondents who indicated whether they were a behavioral health specialist.[17] The percentage of KFHP and non-KFHP providers who indicated they were a behavioral health specialist is stratified by whether ‘Ohana Community Care Services (‘Ohana CCS) was accepted.

Figure 3-5—Behavioral Health: Provider Type



Some percentages may not total 100% due to rounding.

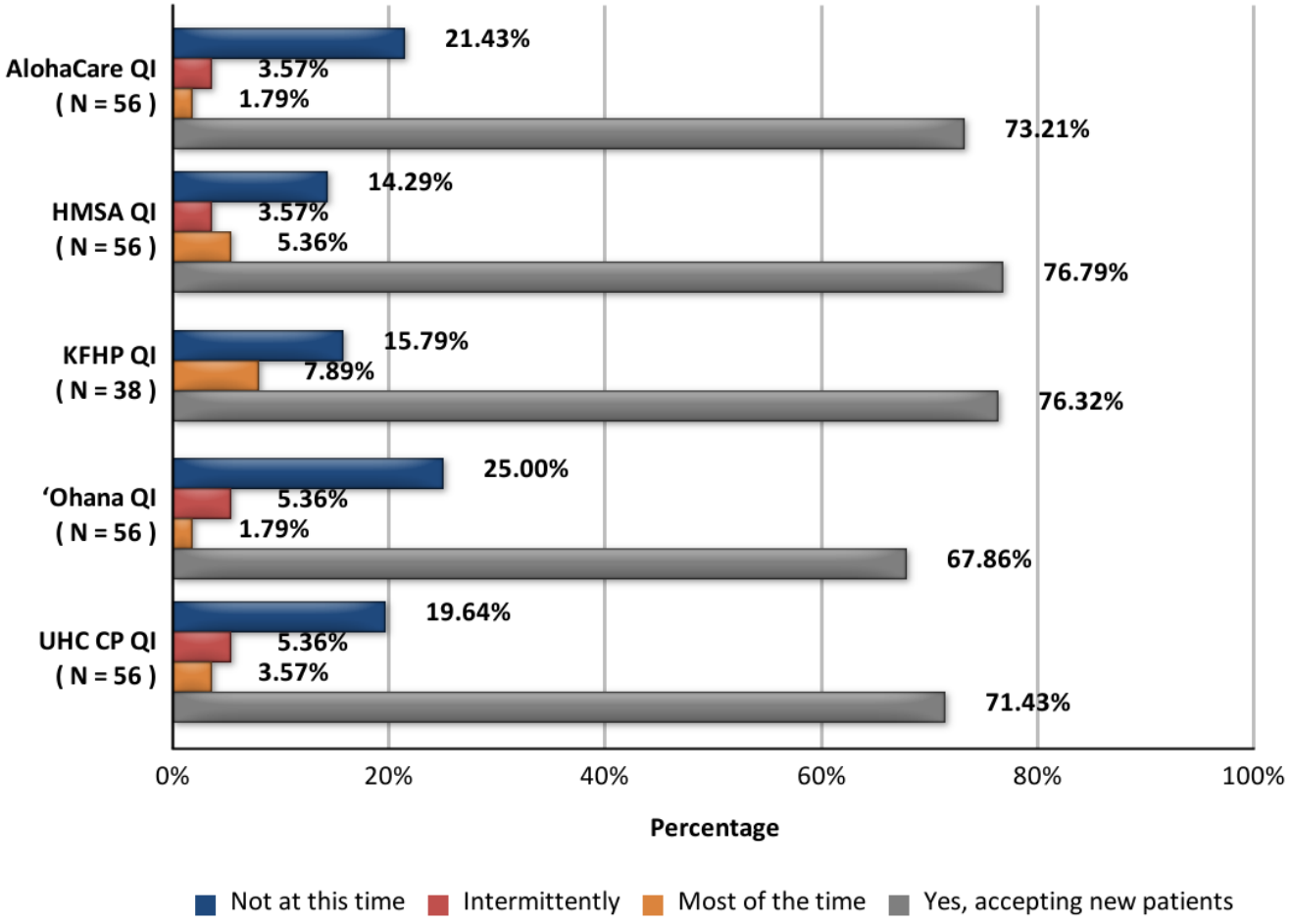
For each QI health plan, providers were asked to list the types of specialists and associated islands they thought needed to be expanded to improve access. For additional information on these results, please refer to Appendix B beginning on page 49.

[16] KFHP QI only participates in the QI program on the islands of Oahu and Maui. Hawaii (i.e., Big Island), Kauai, Lanai, and Molokai were not included as response options in the KFHP Survey.

[17] Providers who answered “Yes” or “No” to this question indicating their acceptance of ‘Ohana Community Care Services 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.

Figure 3-6 shows the percentage of provider respondents who were accepting new patients for each QI health plan.

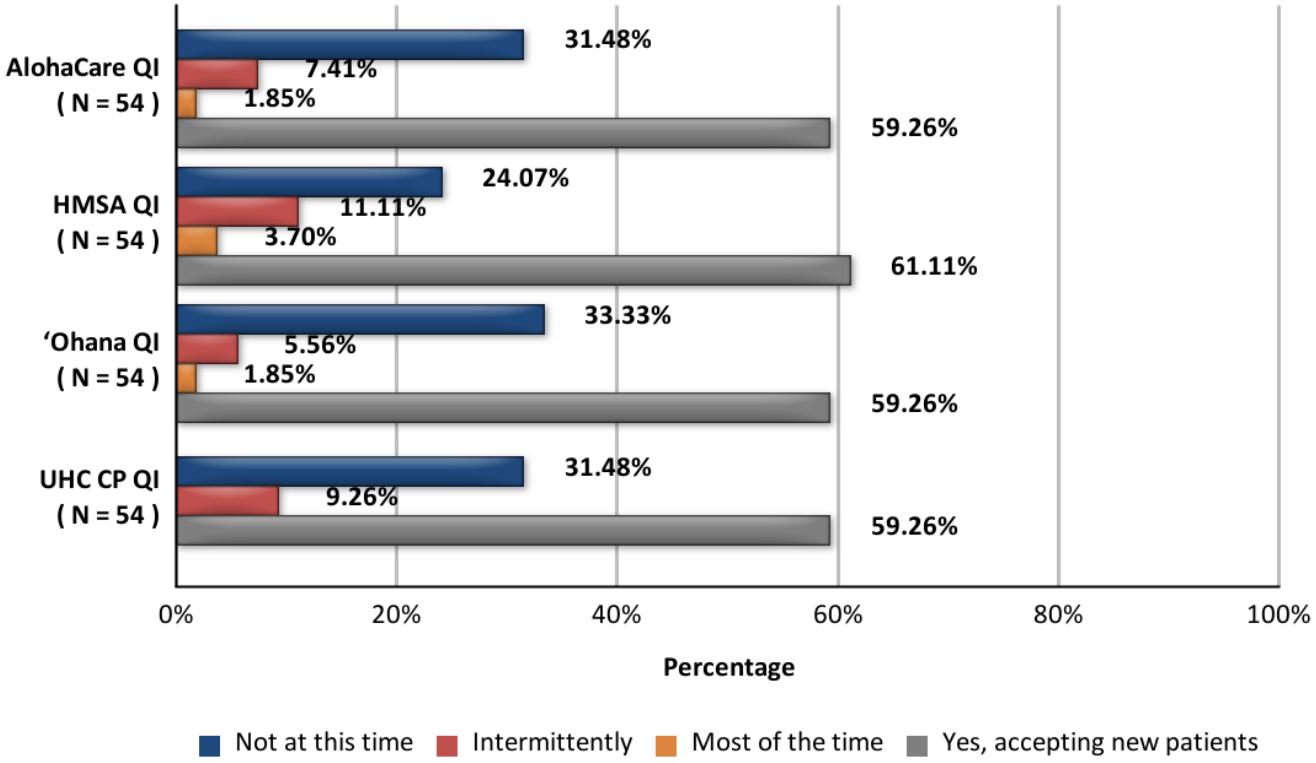
Figure 3-6—Accepting New Patients



Some percentages may not total 100% due to rounding.

Figure 3-7 shows the percentage of non-KFHP provider respondents who were accepting new patients that were medically and/or socially complex for each non-KFHP QI health plan.[18]

Figure 3-7—Accepting New Patients that are Medically/Socially Complex: Non-KFHP Providers



Some percentages may not total 100% due to rounding.

[18] This question was only included in the non-KFHP Survey instrument; therefore, results for KFHP QI are not available.

Comparative Analyses

HSAG adjusted the QI health plan ratings based on the correlation structure of the providers' responses to each question within the nine domains using a Hierarchical Model for Latent Variables. Response options were classified into one of these response options: (1) satisfied, neutral, and dissatisfied; or (2) positive impact, neutral impact, and negative impact. Then, HSAG calculated the proportion (i.e., percentage) of responses in each response category. Bar graphs depict the QI health plans' results for each response category. As is standard in most survey implementations, "top-box" scores are defined by the proportion of the most positive response categories (i.e., "Satisfied Response" or "Positive Impact Response") and are indicated on the right of the bar graphs in green. Additionally, the total number of respondents (N) for each QI health plan and the QI Program are included in the bar graphs. For additional information on the response category assignments and classifications, please refer to page 15 of the Reader's Guide section.

Trend Analysis

HSAG compared the QI health plan and QI Program 2025 top-box scores to the 2023 top-box scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼). For additional information on the trend analysis, please refer to page 17 of the Reader's Guide section.

Program Comparisons

HSAG compared the QI health plan top-box scores to the QI Program top-box scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓). For additional information on the program comparisons, please refer to page 17 of the Reader's Guide section.

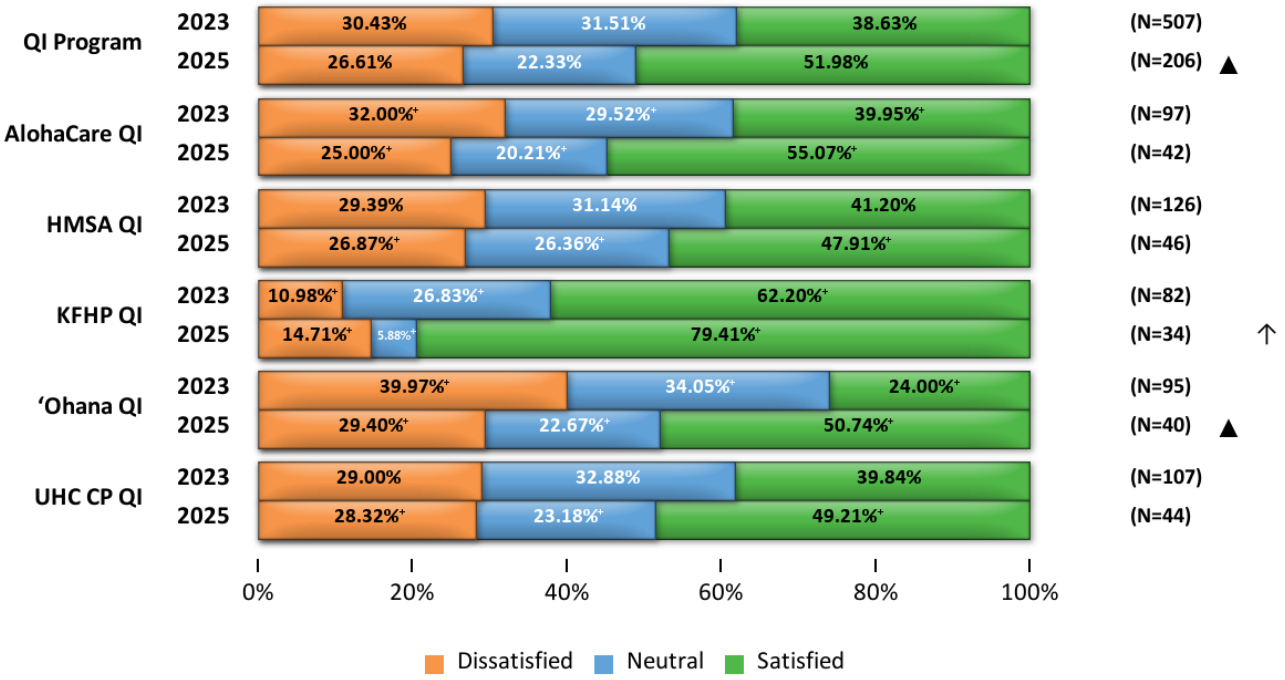
Figure 3-8 through Figure 3-22 show the results of the trend analysis and program comparisons.

General Positions

Compensation Satisfaction

Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they received from their contracted QI health plan(s). Figure 3-8 shows the response category proportions, including the trend analysis and program comparisons, for *Compensation Satisfaction* within the General Positions domain.

Figure 3-8—Comparative Analyses: Compensation Satisfaction

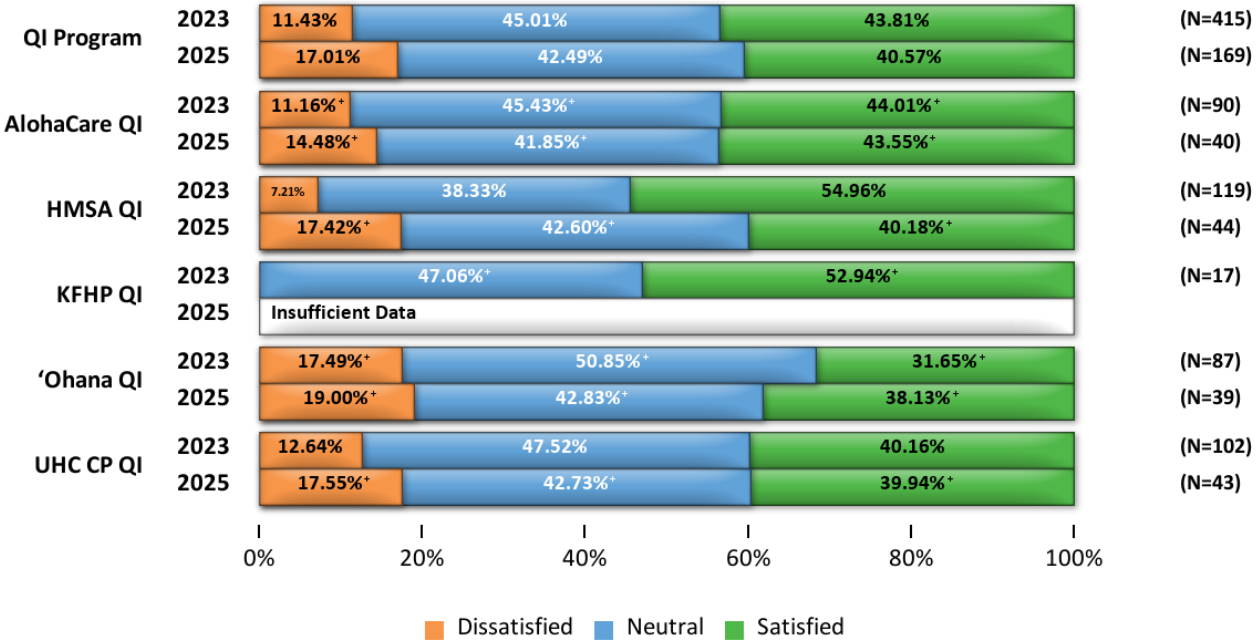


Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Timeliness of Claims Payments

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plan(s). Figure 3-9 depicts the response category proportions, including the trend analysis and program comparisons, for *Timeliness of Claims Payments* within the General Positions domain.

Figure 3-9—General Positions: Timeliness of Claims Payments



Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.
Results based on fewer than 11 respondents were suppressed and noted as "Insufficient Data."

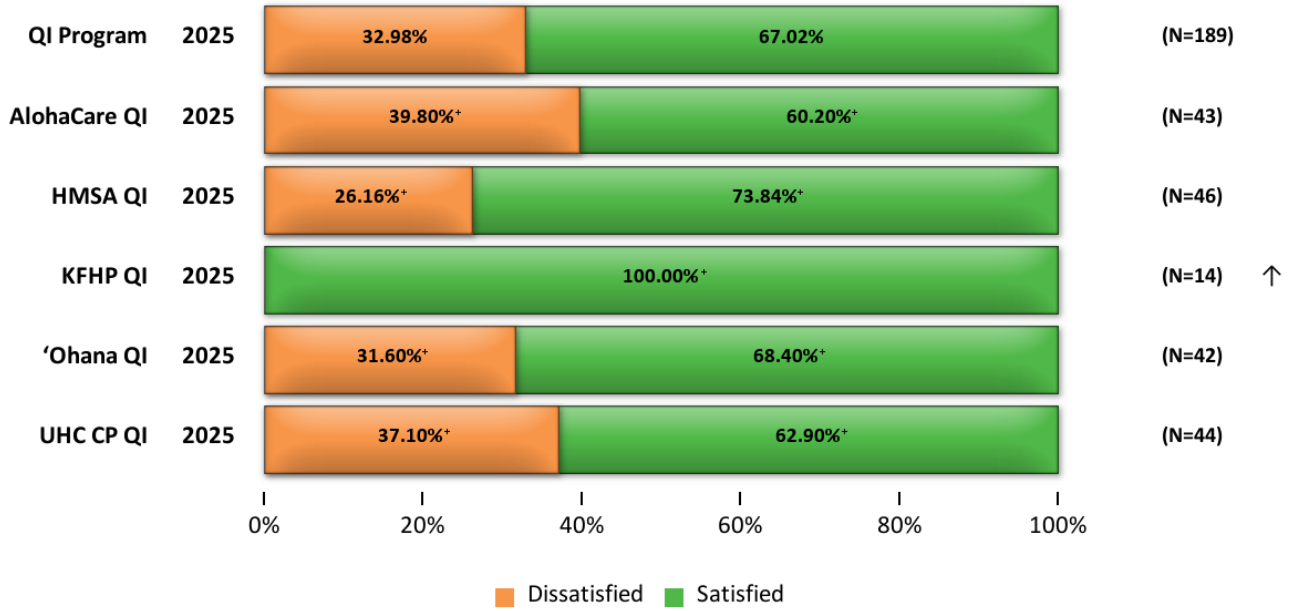
Prior Authorization Process Experience

Providers who responded 'No' for the survey questions within the *Prior Authorization Process Experience* domain, indicating they did not have a negative experience with the prior authorization process, were classified into the 'Satisfied' response category.

Approval or Authorization Delayed

Providers were asked if the approval or authorization was delayed due to a QI health plan's prior authorization process. Figure 3-10 depicts the response category proportions, including the program comparisons, for *Approval or Authorization Delayed* within the Prior Authorization Process Experience domain.[19]

Figure 3-10—Prior Authorization Process Experience: Approval or Authorization Delayed



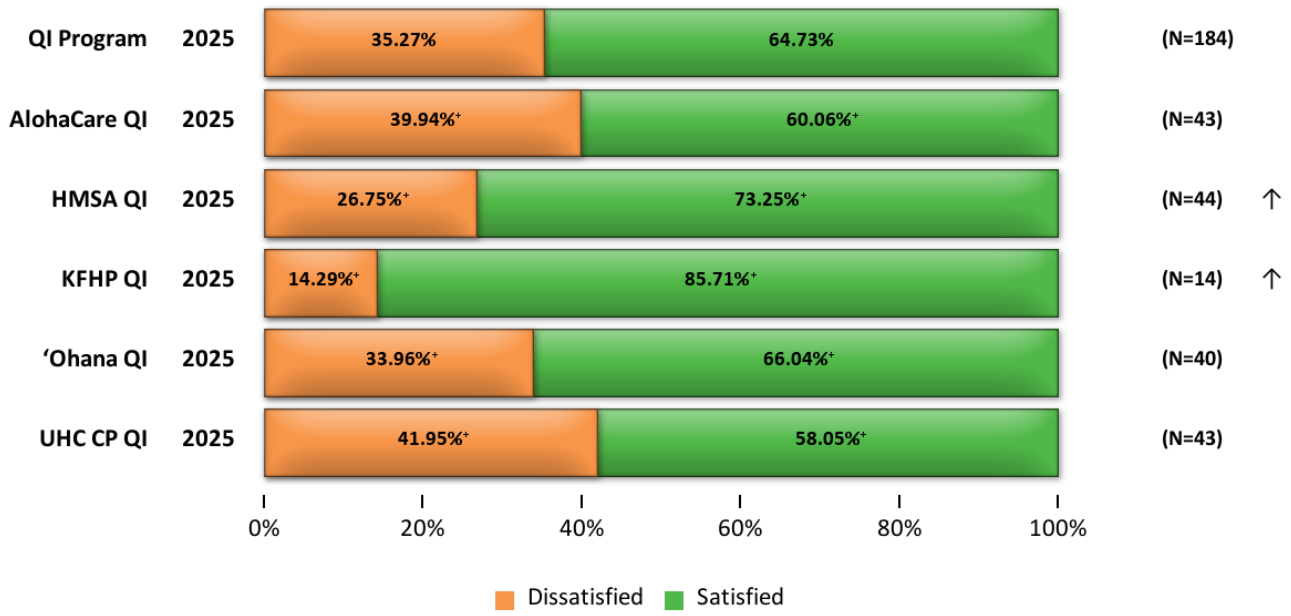
Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[19] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Approval or Authorization Delayed* measure.

Inconsistent Requirements

Providers were asked if a QI health plan's prior authorization requirements were inconsistent. Figure 3-11 depicts the response category proportions, including the program comparisons, for *Inconsistent Requirements* within the Prior Authorization Process Experience domain.[20]

Figure 3-11—Prior Authorization Process Experience: Inconsistent Requirements



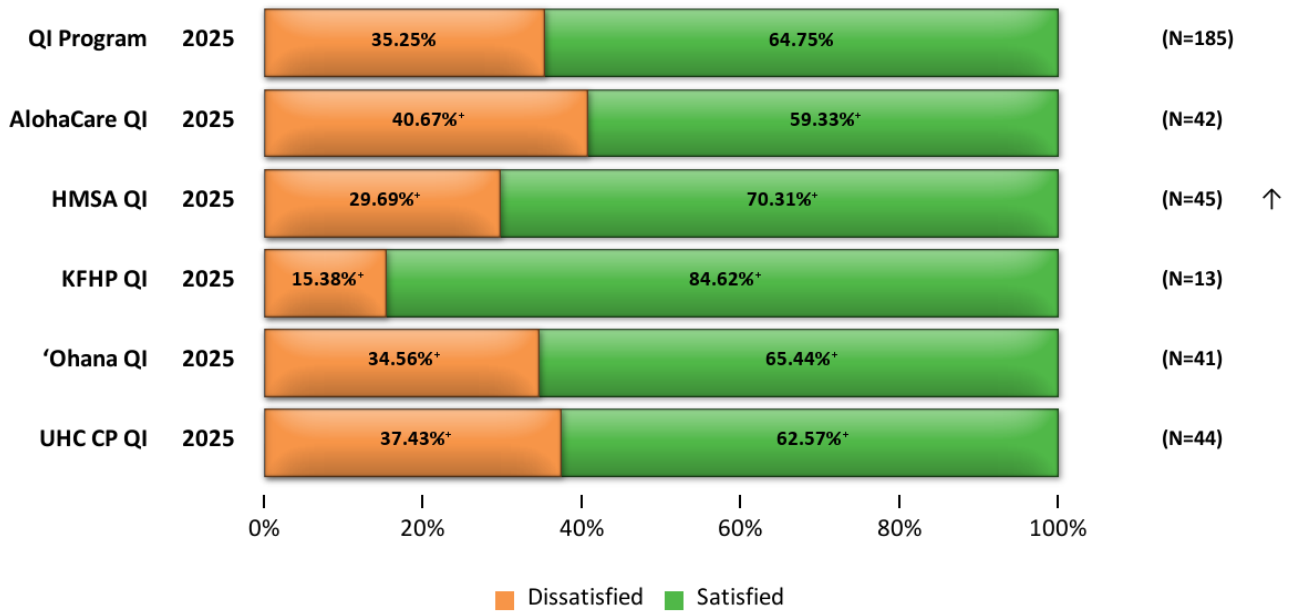
Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[20] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Inconsistent Requirements* measure.

Difficult to Navigate

Providers were asked if a QI health plan's prior authorization process was difficult to navigate. Figure 3-12 depicts the response category proportions, including the program comparisons, for *Difficult to Navigate* within the Prior Authorization Process Experience domain.[21]

Figure 3-12—Prior Authorization Process Experience: Difficult to Navigate



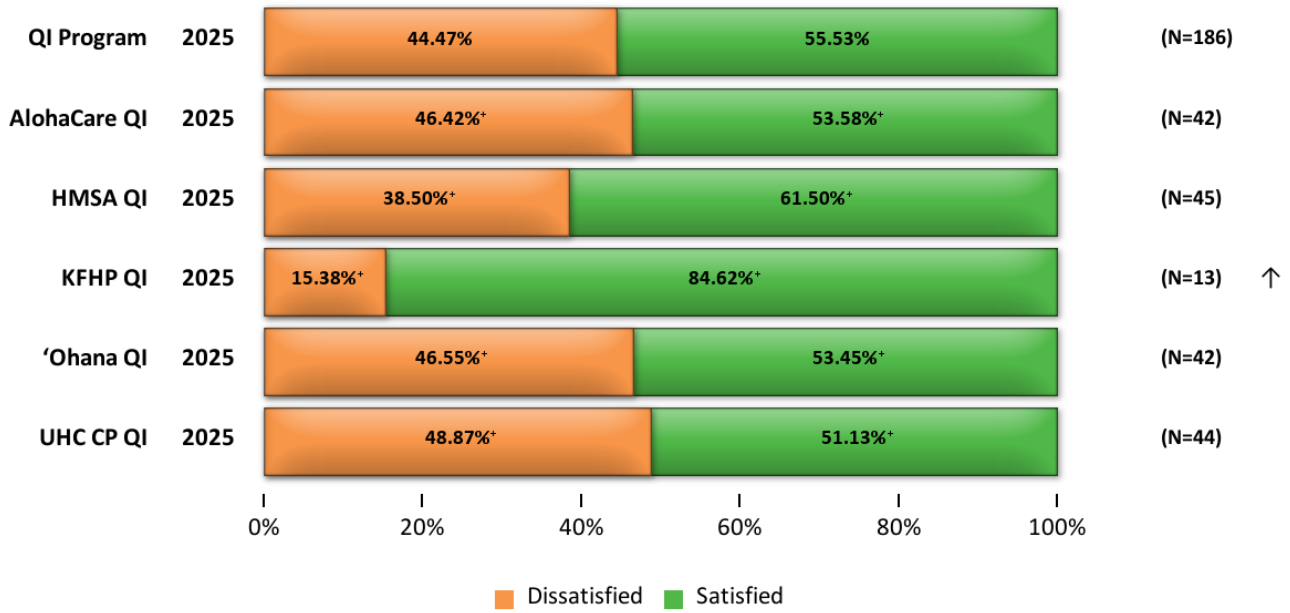
Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[21] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Difficult to Navigate* measure.

Labor Intensive

Providers were asked if a QI health plan's prior authorization process was labor intensive. Figure 3-13 depicts the response category proportions, including the program comparisons, for *Labor Intensive* within the Prior Authorization Process Experience domain.[22]

Figure 3-13—Prior Authorization Process Experience: Labor Intensive



Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[22] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Labor Intensive* measure.

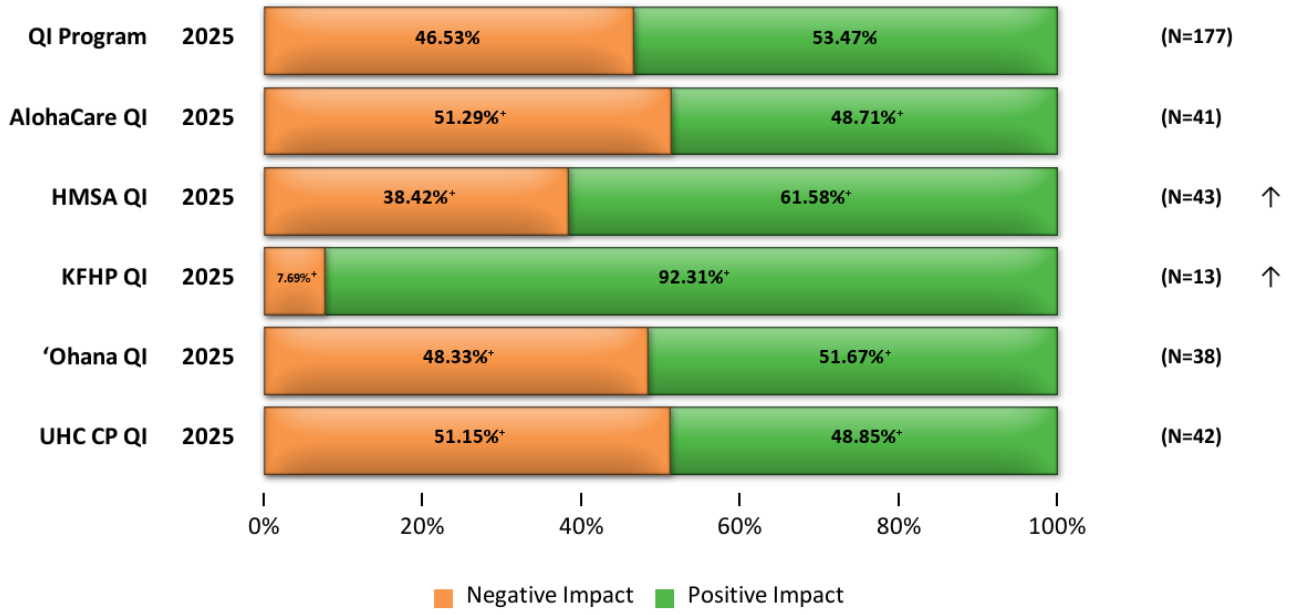
Prior Authorization Process Impacts

Providers who responded 'No' for the survey questions within the *Prior Authorization Process Impacts* domain, indicating they did not have a negative experience with the prior authorization process, were classified into the 'Satisfied' response category

Delayed Ability to Provide Treatments

Providers were asked if a QI health plan's prior authorization process delayed their ability to provide treatments, tests, or medications to patients. Figure 3-14 depicts the response category proportions, including the program comparisons, for *Delayed Ability to Provide Treatments* within the Prior Authorization Process Impacts domain.[23]

Figure 3-14—Prior Authorization Process Impacts: Delayed Ability to Provide Treatments



Percentages may not total 100% due to model adjustment.
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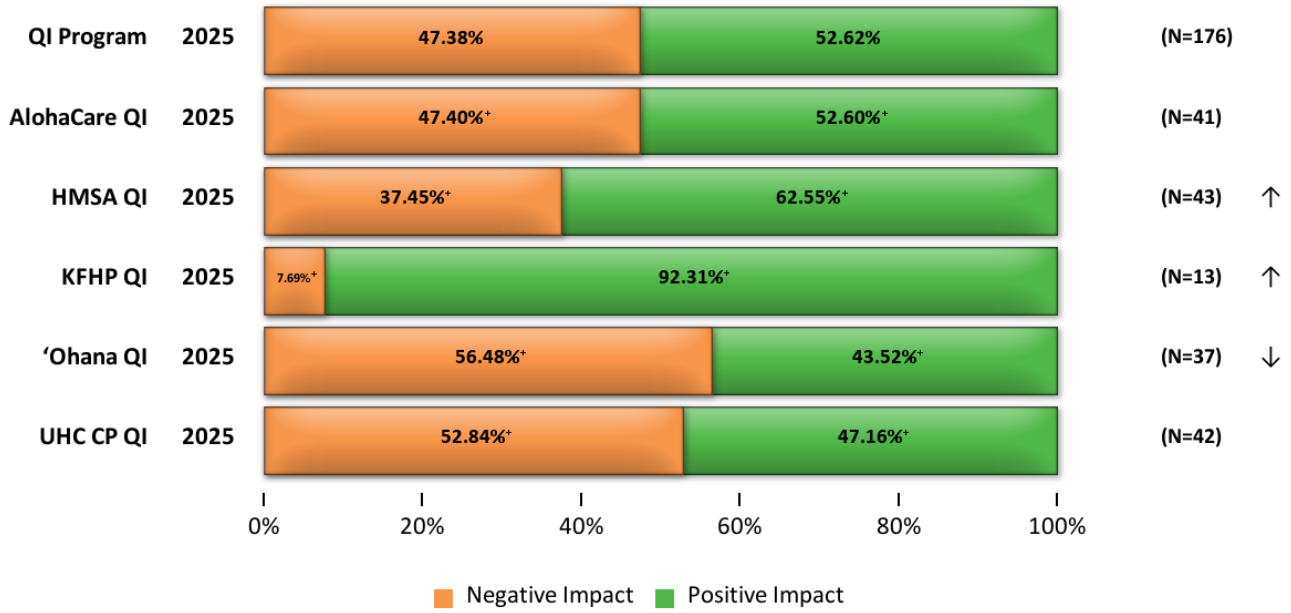
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[23] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Delayed Ability to Provide Treatments* measure.

Disrupted Continuity of Care

Providers were asked if a QI health plan's prior authorization process disrupted the continuity of care when patients changed plans. Figure 3-15 depicts the response category proportions, including the program comparisons, for *Disrupted Continuity of Care* within the Prior Authorization Process Impacts domain.[24]

Figure 3-15—Prior Authorization Process Impacts: Disrupted Continuity of Care



Percentages may not total 100% due to model adjustment.
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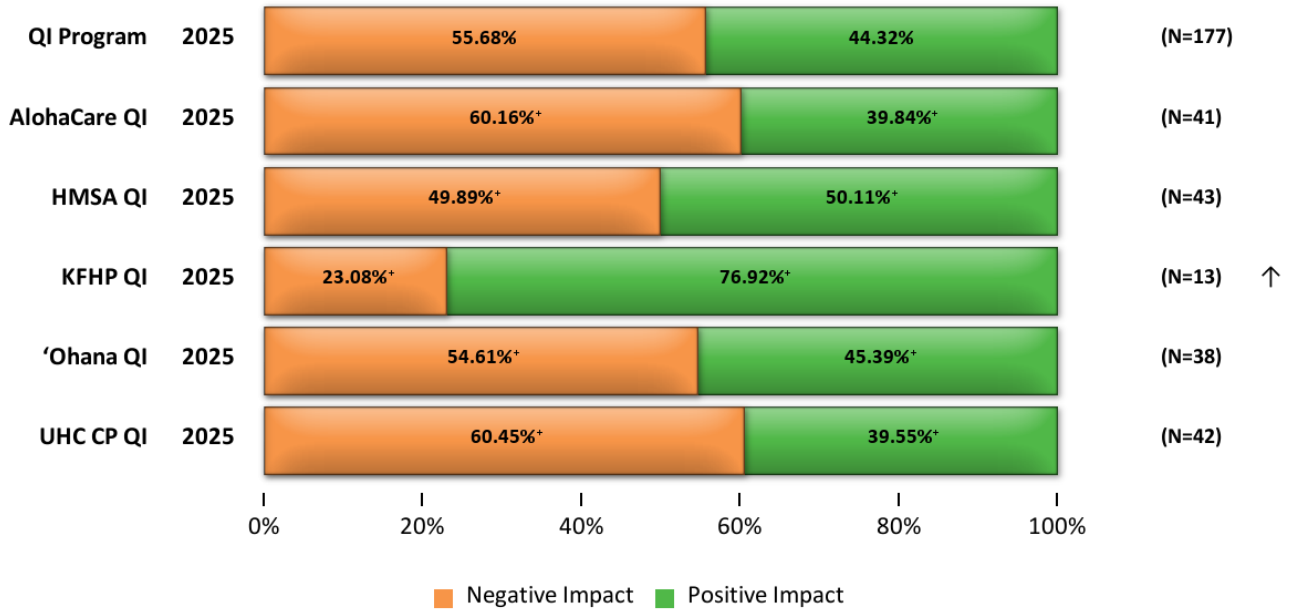
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[24] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Disrupted Continuity of Care* measure.

Created Administrative Burden

Providers were asked if a QI health plan's prior authorization process added administrative burden that took time and resources away from patient care. Figure 3-16 depicts the response category proportions, including the program comparisons, for *Created Administrative Burden* within the Prior Authorization Process Impacts domain.[25]

Figure 3-16—Prior Authorization Process Impacts: Created Administrative Burden



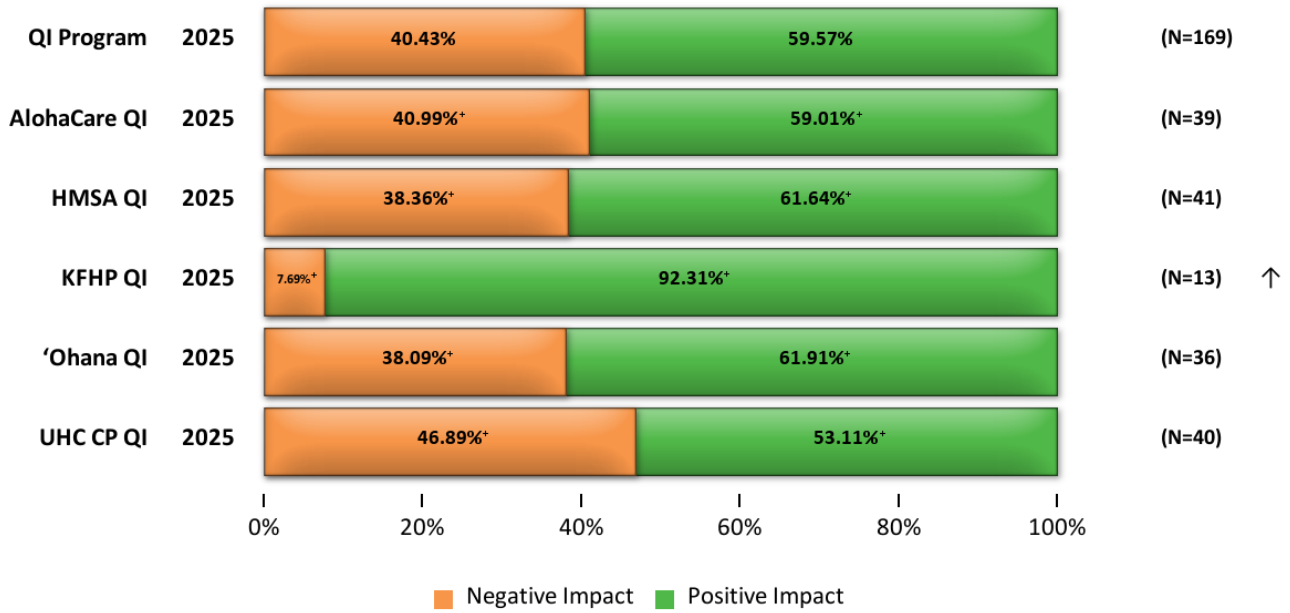
Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

[25] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Created Administrative Burden* measure.

Led to Denial of Service

Providers were asked if a QI health plan's prior authorization process led to a denial of service. Figure 3-17 depicts the response category proportions, including the program comparisons, for *Led to Denial of Service* within the Prior Authorization Process Impacts domain.[26]

Figure 3-17—Prior Authorization Process Impacts: Led to Denial of Service



Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (↑,↓) appear on the figure.

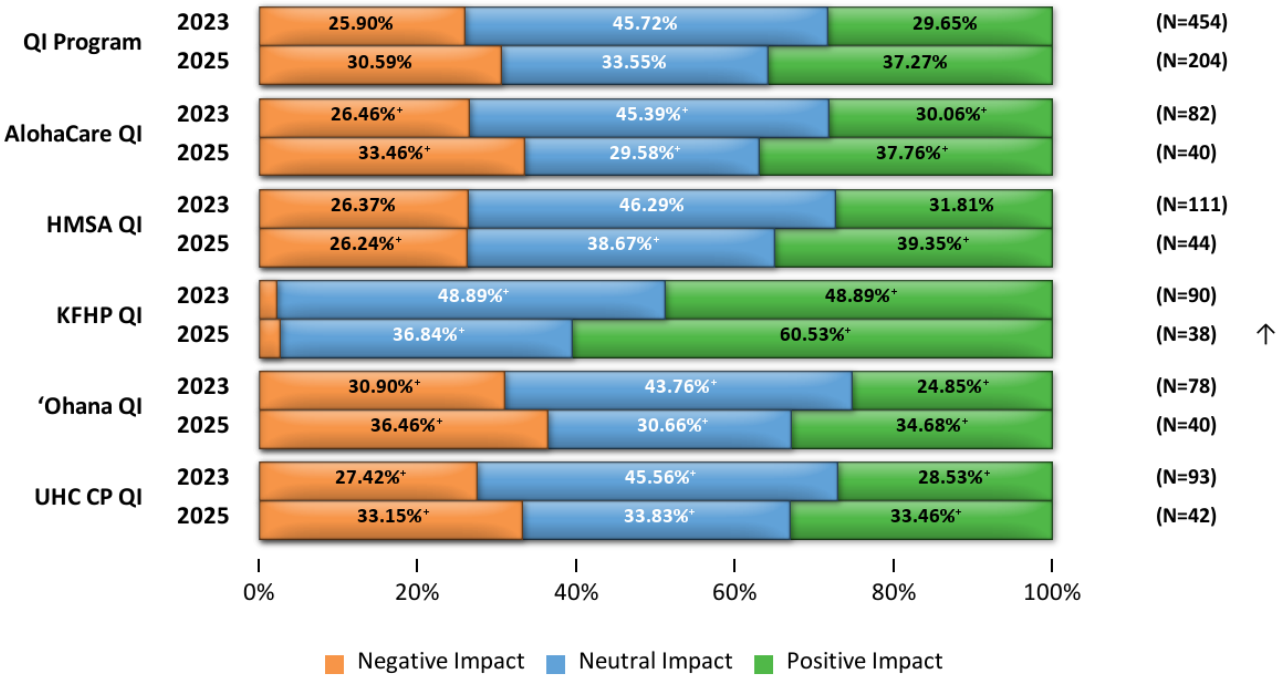
[26] The 2025 Hawaii Provider Survey was modified, such that questions related to the health plans' prior authorization process were expanded. Given the modifications to the survey, a trend analysis was unable to be performed for the *Led to Denial of Service* measure.

Formulary

Formulary Impact on Care

Providers were asked if a QI health plan's formulary impacted their ability to provide quality care to patients. Figure 3-18 depicts the response category proportions, including the trend analysis and program comparisons, for *Formulary Impact on Care* within the Formulary domain.

Figure 3-18—Formulary: Formulary Impact on Care



Percentages may not total 100% due to model adjustment.
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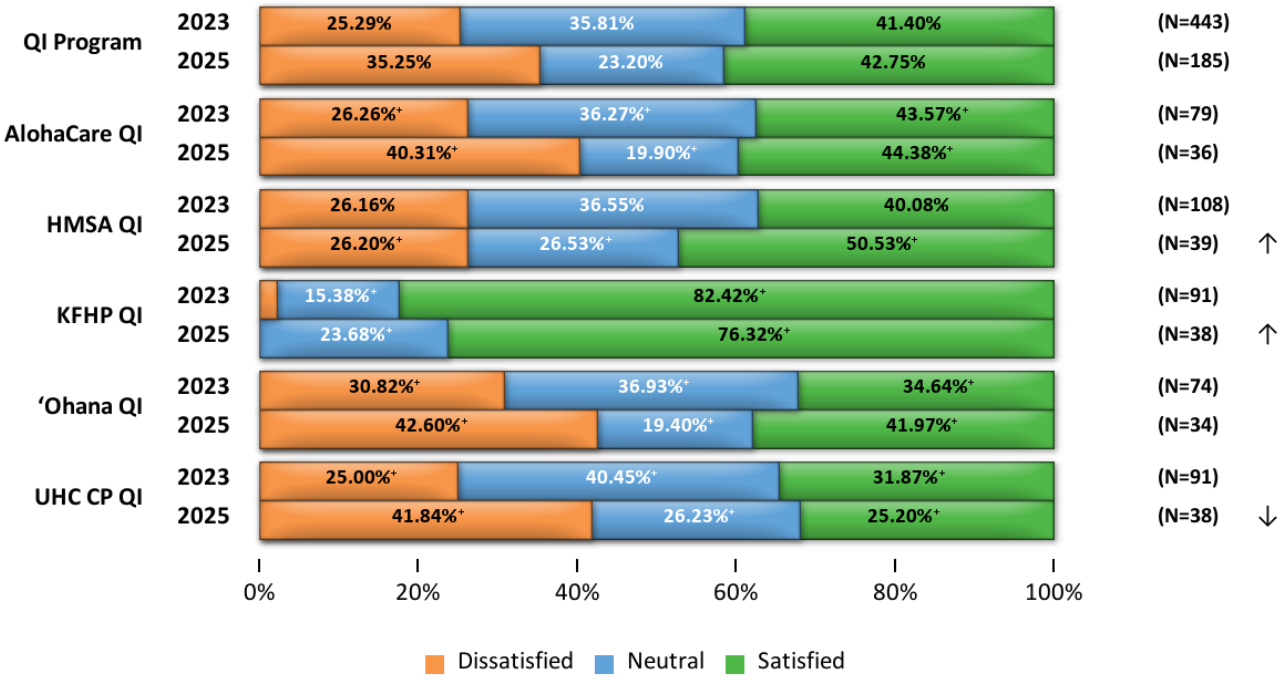
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Non-Formulary

Adequate Access to Non-Formulary Drugs

Providers were asked to rate the adequacy of access to non-formulary drugs, when needed, through the QI health plan(s). Figure 3-19 depicts the response category proportions, including the trend analysis and program comparisons, for *Adequate Access to Non-Formulary Drugs* within the Non-Formulary domain.

Figure 3-19—Non-Formulary: Adequate Access to Non-Formulary Drugs



Percentages may not total 100% due to model adjustment.
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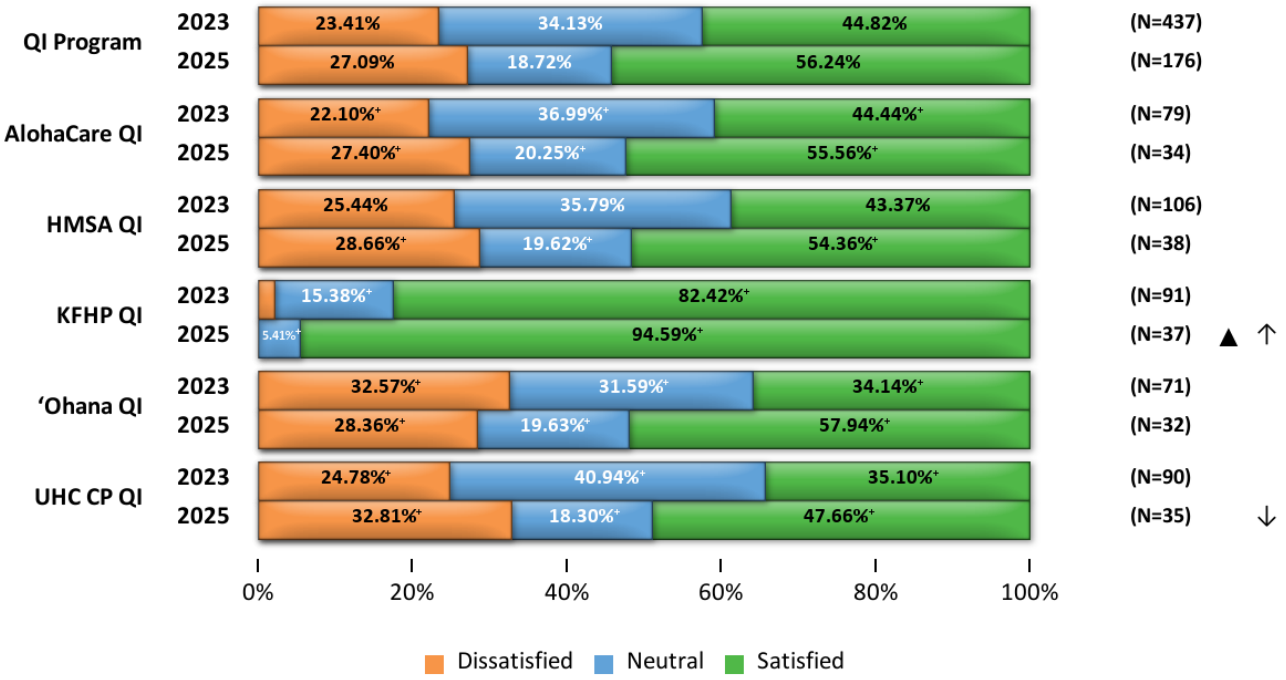
▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Health Coordinators

Helpfulness of Health Coordinators

Providers were asked to rate the adequacy of the help provided by the QI health plans' health coordinators when needed. Figure 3-20 depicts the response category proportions, including the trend analysis and program comparisons, for *Helpfulness of Health Coordinator* within the Health Coordinators domain.

Figure 3-20—Health Coordinators: Helpfulness of Health Coordinators



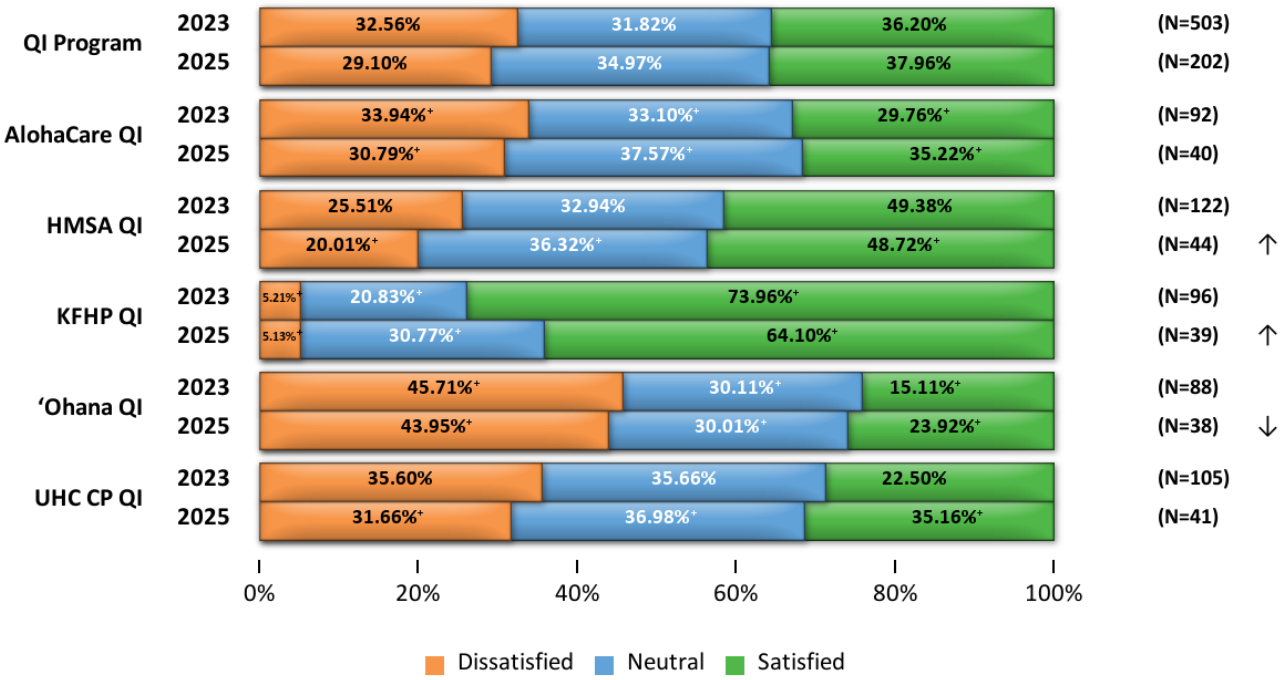
Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Specialists

Adequate Network of Specialists

Providers were asked to rate the adequacy of the QI health plans' network of specialists in terms of having enough specialists. Figure 3-21 depicts the response category proportions, including the trend analysis and program comparisons, for *Adequate Network of Specialists* within the Specialists domain.

Figure 3-21—Specialists: Adequate Network of Specialists



Percentages may not total 100% due to model adjustment.

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

▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.

↑ Indicates the 2025 score is statistically significantly higher than the QI Program.

↓ Indicates the 2025 score is statistically significantly lower than the QI Program.

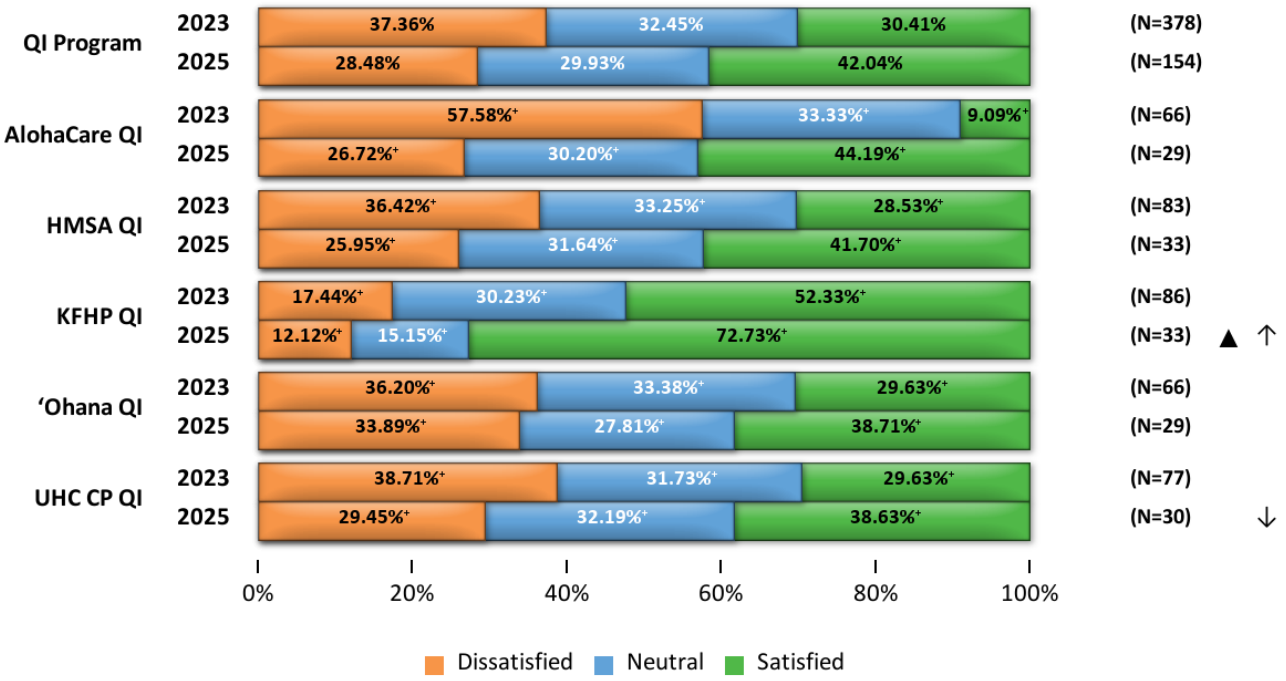
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Substance Abuse

Access to Substance Abuse Treatment

Providers were asked to rate the access to substance abuse treatment for their patients, when needed, through the QI health plan(s). Figure 3-22 depicts the response category proportions, including the trend analysis and program comparisons, for *Access to Substance Abuse Treatment* within the Substance Abuse domain.

Figure 3-22—Substance Abuse: Access to Substance Abuse Treatment



Percentages may not total 100% due to model adjustment.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
▲ Indicates the 2025 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2023 score.
↑ Indicates the 2025 score is statistically significantly higher than the QI Program.
↓ Indicates the 2025 score is statistically significantly lower than the QI Program.
If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓) appear on the figure.

Mental Health Providers

Providers were asked the main reason(s), if any, that negatively impacted their satisfaction with a QI health plan's **availability of mental health providers, including psychiatrists**, for their patients. Table 3-3 and Table 3-4 depict the number and percentage of responses for each measure within the mental health providers domain.

Table 3-3—Mental Health Providers

	Authorization Process was Delayed		Lacked List of In-Network Providers		Distance to Providers		Insufficient Choice of Providers	
	N	%	N	%	N	%	N	%
QI Program	**30**	**21.74%**	**73**	**52.90%**	**60**	**43.48%**	**94**	**68.12%**
AlohaCare QI	7	25.93%	17	62.96%	16	59.26%	19	70.37%
HMSA QI	6	22.22%	16	59.26%	13	48.15%	20	74.07%
KFHP QI	0	0.00%	4	12.90%	0	0.00%	15	48.39%
'Ohana QI	8	33.33%	17	70.83%	14	58.33%	18	75.00%
UHC CP QI	9	31.03%	19	65.52%	17	58.62%	22	75.86%

Please note, percentages will not total 100% because respondents could select more than one response option.
N/A *Indicates the item is not applicable to the QI health plans.*

Table 3-4—Mental Health Providers (Continued)

	Preferred Providers Were Out of Network		Inability to Schedule a Convenient Appointment		Some Other Reason	
	N	%	N	%	N	%
QI Program	**59**	**42.75%**	**71**	**51.45%**	**5**	**N/A**
AlohaCare QI	14	51.85%	14	51.85%	0	N/A
HMSA QI	15	55.56%	15	55.56%	0	N/A
KFHP QI	2	6.45%	16	51.61%	5	16.13%
'Ohana QI	13	54.17%	11	45.83%	0	N/A
UHC CP QI	15	51.72%	15	51.72%	0	N/A

Please note, percentages will not total 100% because respondents could select more than one response option.
N/A *Indicates the item is not applicable to the QI health plans.*

Recommendations

The survey results, in conjunction with the provider comments and open-ended responses, offer insight into potential opportunities to address providers' concerns and impact satisfaction. The following recommendations have been identified.

- Overall, 'Ohana QI had the lowest experience scores for the *Disrupted Continuity of Care* and *Adequate Network of Specialists* measures in the Prior Authorization Process Impacts and Specialists domains, respectively. These findings suggest providers' dissatisfaction with the prior authorization process impacting continuity of care as well as dissatisfaction with the network of specialists currently offered to their patients. To address these low scores, HSAG recommends MQD, in collaboration with 'Ohana QI:
  - Identify and define specific factors influencing providers' level of satisfaction with their prior authorization process to reduce any barriers in the providers continuity of care for patients.
  - Implement a time-limited focus group to review provider concerns related to the lack of specialists within their network. Noting, the importance and purpose of the workgroup is to identify and define underlying issues driving provider satisfaction levels.
- Overall, providers contracted with UHC CP QI had the lowest experience scores for the *Adequate Access to Non-Formulary Drugs*, *Helpfulness of Health Coordinator*, and *Access to Substance Abuse Treatment* measures within the Non-Formulary, Health Coordinators, and Substance Abuse domains, respectively. The findings suggest higher levels of provider dissatisfaction with the efficiency of UHC CP QI's access to non-formulary drugs for patients when needed, access to substance abuse treatment for patients when needed, and health coordinators providing patient help when needed. HSAG recommends MQD, in collaboration with UHC CP QI:
  - Identify the factors driving provider dissatisfaction with providers' access to non-formulary drugs and substance abuse treatment to try to improve or expand providers' access.
  - Identify potential factors influencing provider satisfaction with the efficiency of the health coordinators associated with UHC CP QI to ensure adequate assistance is provided when needed.
- In general, comments by providers contracted with AlohaCare QI, HMSA QI, and 'Ohana QI revealed high levels of dissatisfaction of the prior authorization experience indicating issues with delays, constant follow up with the health plan, and the amount of required paperwork to be completed. HSAG recommends MQD collaborate with the QI health plans to review provider concerns regarding the efficiency of the prior authorization process to determine areas of improvement.

Future Survey Administration Recommendations for MQD

HSAG recommends continued administration of the Provider Survey. This re-measurement would provide ongoing information to MQD on the satisfaction of providers in key areas of interest. The continued trending of results will allow MQD to 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 MQD oversample non-KFHP providers to account for the low provider participation in the survey as well as look into alternative approaches to increase survey response rates. Some specific recommended strategies follow:

- HSAG recommends MQD engage with non-KFHP QI providers to ensure the sample frame file contains the most up-to-date and active providers to try to increase response rates.
- HSAG recommends MQD review the provider addresses included within MQD's Hawaii Online Kahu Utility (HOKU) system to reduce the number of returned surveys due to bad addresses (i.e., undeliverables).
- HSAG recommends MQD collaborate with the QI health plans to implement a strategy to inform providers of the importance of the surveys and how essential their participation is to improve quality, access, and timeliness of care. In addition to the survey email reminders sent from HSAG, HSAG recommends MQD consider developing communication platforms to encourage providers to participate in the Hawaii Provider survey, such as survey notifications, provider meetings, newsletters, and provider portal alerts.

Appendix A: Provider Comments

In addition to the comments section provided at the end of the survey, providers were encouraged to write additional comments to questions related to the measures within the prior authorization experience and impacts, and mental health providers domains. These comments are categorized below.[27]

Reimbursement

- Regarding new law to not pay GE tax for Medicaid/Medicare, the state tax office is not helpful in implementing this and have no place on the website for this exclusion. I would appreciate more assistance from them because the high taxes that I pay, but not able to pan on to patients is affecting my practice. Reimbursement not covering this. Thank you.
- Medicaid is not paying us enough for the work we do. Fire the administrators and pay PCPs more.

Prior Authorizations Process Experience

- The rules they use for approvals are not peer reviewed standard of care and vary per insurance to maximize their profits.
- Prior authorizations are the norm, and it slows down efficiency in order to save money.
- Cumbersome micromanagement at multiple levels for evidence based TX, such as suboxone treatment, especially AlohaCare. Stonewalling and deliberate delaying of PAs for pt. interisland travel and surgeries. Current CCS case mgt. providers on the Big Island are worse than useless.
- So far, I do not have a lot of medications/labs/diagnostic studies that require prior auth.
- Being told drug is on formulary, no need for PA, but then getting a coverage denial stating that drug needs a PA. Creates unnecessary delays in patient getting treatment.
- I'm not able to comment on this as I am not involved in the approval/authorization process (support staff is).
- Prior authorization should be removed all together as it's a waste of resources.
- The prior authorization is inconsistent.
- Everyone knows PA's have gotten worse over the years, profits over people.
- They all have their own processes, and it's a pain in the neck.
- Prior authorization process needs to be consistent and effortless for patients.
- AlohaCare is currently the worst since changing to OptumRX-They force patients to give consent for the PCP to appeal denials. They say med. approvals are only short term.

[27] Comments with noticeable grammar and spelling errors have been adjusted. Otherwise, the comments appear in this section as received.

- My concern with Quest Aloha Care is for their transportation/travel authorizations and the vendors that they use. Many time they leave the patient's very anxious and upset because they don't notify them with their travel itinerary until the last minute.
- Different for every patient, don't know what number to call.
- No issues with the prior authorization process.
- Particularly difficult with Chiropractor.
- I don't have to fight with health plan to get authorization for care that I deem medically necessary for my patients.
- If normal guideline standard of care indicates a CT needed or MRI and radiology recommends after ultrasound obtained, why do we need to prior auth that? It's chaos.

Prior Authorizations Process Impacts

- Several patients have died specifically due to delay or denial in prior authorizations.
- My clinic and I were paid maybe 15 cents on the dollar.
- Cumbersome micromanagement at multiple levels for evidence based TX, such as suboxone treatment, esp. AlohaCare. Stonewalling and deliberate delaying of PAs for pt. interisland travel and surgeries. Current CCS case mgt. providers on the Big Island are worse than useless.
- Complex process requiring provider to complete forms and PAs, delay in receiving fax of denial, and subsequent delay in patient getting care/treatment/service.
- The prior authorization impacts poor patient care.
- Waste of everybody's time - why fill out all this paperwork - it's just a way to deny claims. Dr.'s can't hire enough staff to fill out all the paperwork needed. HMSA's system is really bad as the user interface is very picky and not user friendly.
- AlohaCare was terrible to work with & I will not accept patients. Payment required constant f/u & delays, even w/ authorization.
- Patients previously taking meds should not have to review annually the prior auth.
- Unaware of denials until too late, office staff not likely to follow through on requests as it takes too much time to do.
- HMSA is worst now for coordinating travel since changing to ModivCare.
- My comment is for Quest AlohaCare and their travel vendors- they are not efficient in coordinating travel requests for patients and often leave the patients feeling anxious and then our office has to make multiple phone calls/requests on the patients behalf.
- Different for every patient.
- Kaiser accepts my word of medical necessity.

Formulary

- Formularies changing every 3 months? And once a med is approved for a lifetime condition, need to re-authorize if the plan changes administrator. If I need to order albuterol, why do I need to know if it's a particular brand? Respiratory meds are the worst.

Specialists/Behavioral Health

- We are short on various pediatric specialists, especially developmental. We have a waitlist up to 18 months for an initial evaluation.
- Tony Komotar, the BH CC at Ohana has really gone above and beyond to help advocate for comprehensive care for our sickest and most complex patients.
- Maui needs more behavioral health specialists to address substance use disorder. There is methamphetamine epidemic happening in Maui and the island is falling apart.
- Quest needs more providers. Many specialty providers do not take quest pt.

Mental Health Providers

- I am a psychiatrist for all ages who takes all of these on all islands, with plenty of availability, so no patient in HI should be going without psych. care.
- Able to schedule patients in a timely fashion at our FQHC.
- FQHC has good BH.
- No available Providers.
- Patient no smart phone or computer.
- We are looking for Japanese speaking providers, but hard to find.
- Lack of inpatient support.
- Patients are unfamiliar they can self-refer to behavioral health for coverage for non-kaiser providers.

QI Health Plans

- 'Ohana is an absolute nightmare to deal with. So many restrictions, delays, & P.A.s. I tell all my patients to switch.
- UnitedHealthcare provides very limited access to interpretation services. Specialists insist on having in-person interpretation (declined interpretation via video or phone).
- 'Ohana is the worst - why do you even allow this company to be a QUEST provider? We only accept it as Dr B policy is for all insurance companies to be accepted.
- The Pediatric Medical Home has been damaged by HMSA's Payment Transformation structure and chronic underfunding.
- HMSA Quest needs to pay doctors fairly. PMPM does not incentivize doctors to practice in Hawaii. Patients who enroll in Quest should be able to choose the PCP. Do not randomly assign. Plan needs to call/text family.

- ‘Ohana seems to have the worst random specialists and supply companies that refuse to work with them.
- HMSA Quest-you cannot get in touch with anyone! Do I have a rep.?
- UnitedHealthcare is too big to be able to handle our market. Impossible to work with when issues come up. HMSA Quest doesn’t care about providers-they outsource everything associated with office to India/Indonesia-they only care about profits.

Miscellaneous

- Big Island county has one of the worst physician shortages of any county in the USA, but the insurance plans still do financially very well with extremely well paid leadership. The problem seems obvious. Also, insurance plans should not get to deny weight loss medications while at the same time owning stock in fast food companies (as per their financial records per NAIC).
- I would like to see Universal Health care please.
- I’m ashamed of working in the health care profession since it has deteriorated to the level it is at today.
- EPSDT forms are waste of time. Bottom half, no one ever calls back about referral. Why does state need this information?

Appendix B: Specialists to be Expanded

KFHP and non-KFHP provider respondents were asked to list the type(s) of specialists and the associated island(s) they thought needed to be expanded on the islands to improve access. Table B-1 through Table B-5 show these results by island. Overall, providers listed all specialists, mental health specialists, and dermatologists as the top specialists needed to improve access across islands.

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	12	27.27%
Dermatologist	7	15.91%
All Specialists	4	9.09%
Otolaryngologist (Ears, Nose, Throat)	4	9.09%
Urologist	4	9.09%
Obstetrician/Gynecologist	3	6.82%
Rheumatologist	3	6.82%
Pulmonologist	2	4.55%
Applied Behavior Analysis Specialist	1	2.27%
Child Mental Health Specialist	1	2.27%
Endocrinologist	1	2.27%
Gastroenterologist	1	2.27%
Neurologist	1	2.27%
Hawaii		
Mental Health Specialist	8	26.67%
All Specialists	4	13.33%
Dermatologist	3	10.00%
Endocrinologist	2	6.67%
Gastroenterologist	2	6.67%
Neurologist	2	6.67%
Otolaryngologist (Ears, Nose, Throat)	2	6.67%
Allergist/Immunologist	1	3.33%
Applied Behavior Analysis Specialist	1	3.33%
Developmental Pediatric Specialist	1	3.33%
Obstetrician/Gynecologist	1	3.33%
Primary Care Provider	1	3.33%
Rheumatologist	1	3.33%
Urologist	1	3.33%

Specialist	Count	Percent
Maui		
All Specialists	5	21.74%
Mental Health Specialist	5	21.74%
Cardiologist	2	8.70%
Dermatologist	2	8.70%
Gastroenterologist	2	8.70%
Neurologist	2	8.70%
Applied Behavior Analysis Specialist	1	4.35%
General Surgeon	1	4.35%
Nephrologist	1	4.35%
Obstetrician/Gynecologist	1	4.35%
Otolaryngologist (Ears, Nose, Throat)	1	4.35%
Kauai		
All Specialists	4	25.00%
Mental Health Specialist	4	25.00%
Dermatologist	2	12.50%
Applied Behavior Analysis Specialist	1	6.25%
Audiologist	1	6.25%
Gastroenterologist	1	6.25%
Neurologist	1	6.25%
Obstetrician/Gynecologist	1	6.25%
Otolaryngologist (Ears, Nose, Throat)	1	6.25%
Molokai		
All Specialists	4	28.57%
Mental Health Specialist	4	28.57%
Applied Behavior Analysis Specialist	1	7.14%
Dermatologist	1	7.14%
Gastroenterologist	1	7.14%
Neurologist	1	7.14%
Obstetrician/Gynecologist	1	7.14%
Otolaryngologist (Ears, Nose, Throat)	1	7.14%
Lanai		
All Specialists	4	28.57%
Mental Health Specialist	4	28.57%
Applied Behavior Analysis Specialist	1	7.14%
Dermatologist	1	7.14%
Gastroenterologist	1	7.14%

Specialist	Count	Percent
Neurologist	1	7.14%
Obstetrician/Gynecologist	1	7.14%
Otolaryngologist (Ears, Nose, Throat)	1	7.14%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	11	23.40%
Dermatologist	8	17.02%
Urologist	5	10.64%
All Specialists	4	8.51%
Otolaryngologist (Ears, Nose, Throat)	4	8.51%
Gastroenterologist	3	6.38%
Obstetrician/Gynecologist	3	6.38%
Rheumatologist	3	6.38%
Pulmonologist	2	4.26%
Applied Behavior Analysis Specialist	1	2.13%
Child Mental Health Specialist	1	2.13%
Endocrinologist	1	2.13%
Neurologist	1	2.13%
Hawaii		
Mental Health Specialist	9	25.71%
Dermatologist	5	14.29%
All Specialists	4	11.43%
Neurologist	4	11.43%
Gastroenterologist	3	8.57%
Endocrinologist	2	5.71%
Obstetrician/Gynecologist	2	5.71%
Otolaryngologist (Ears, Nose, Throat)	2	5.71%
Allergist/Immunologist	1	2.86%
Applied Behavior Analysis Specialist	1	2.86%
Primary Care Provider	1	2.86%
Urologist	1	2.86%
Maui		
All Specialists	5	25.00%
Mental Health Specialist	4	20.00%
Dermatologist	2	10.00%

Specialist	Count	Percent
Neurologist	2	10.00%
Otolaryngologist (Ears, Nose, Throat)	2	10.00%
Applied Behavior Analysis Specialist	1	5.00%
Cardiologist	1	5.00%
Gastroenterologist	1	5.00%
Nephrologist	1	5.00%
Obstetrician/Gynecologist	1	5.00%
Kauai		
All Specialists	4	26.67%
Mental Health Specialist	3	20.00%
Dermatologist	2	13.33%
Applied Behavior Analysis Specialist	1	6.67%
Audiologist	1	6.67%
Gastroenterologist	1	6.67%
Neurologist	1	6.67%
Obstetrician/Gynecologist	1	6.67%
Otolaryngologist (Ears, Nose, Throat)	1	6.67%
Molokai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%
Lanai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	7	33.33%
Child Mental Health Specialist	2	9.52%
Nephrologist	2	9.52%
Dentist	1	4.76%
Dermatologist	1	4.76%
Developmental Pediatric Specialist	1	4.76%
Infectious Disease Specialist	1	4.76%
Neurosurgeon	1	4.76%
Orthodontist	1	4.76%
Otolaryngologist (Ears, Nose, Throat)	1	4.76%
Physical Therapist	1	4.76%
Radiologist	1	4.76%
Speech Therapist	1	4.76%
Maui		
Mental Health Specialist	6	37.50%
Gastroenterologist	5	31.25%
Cardiologist	1	6.25%
Dermatologist	1	6.25%
Orthopedist	1	6.25%
Primary Care Provider	1	6.25%
Rheumatologist	1	6.25%
Please note, HSAG limited responses to the islands that KFHP QI participates in the QI program (i.e., Oahu and Maui).		

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	7	18.92%
Dermatologist	6	16.22%
All Specialists	4	10.81%
Otolaryngologist (Ears, Nose, Throat)	4	10.81%
Urologist	4	10.81%
Rheumatologist	3	8.11%
Gastroenterologist	2	5.41%
Obstetrician/Gynecologist	2	5.41%

Specialist	Count	Percent
Pulmonologist	2	5.41%
Applied Behavior Analysis Specialist	1	2.70%
Child Mental Health Specialist	1	2.70%
Neurologist	1	2.70%
Hawaii		
Mental Health Specialist	7	23.33%
All Specialists	5	16.67%
Dermatologist	3	10.00%
Endocrinologist	2	6.67%
Gastroenterologist	2	6.67%
Neurologist	2	6.67%
Otolaryngologist (Ears, Nose, Throat)	2	6.67%
Rheumatologist	2	6.67%
Allergist/Immunologist	1	3.33%
Applied Behavior Analysis Specialist	1	3.33%
Obstetrician/Gynecologist	1	3.33%
Primary Care Specialist	1	3.33%
Urologist	1	3.33%
Maui		
All Specialists	5	20.00%
Mental Health Specialist	4	16.00%
Dermatologist	3	12.00%
Cardiologist	2	8.00%
Gastroenterologist	2	8.00%
Neurologist	2	8.00%
Otolaryngologist (Ears, Nose, Throat)	2	8.00%
Applied Behavior Analysis Specialist	1	4.00%
General Surgeon	1	4.00%
Infectious Disease Specialist	1	4.00%
Nephrologist	1	4.00%
Obstetrician/Gynecologist	1	4.00%
Kauai		
All Specialists	4	23.53%
Mental Health Specialist	3	17.65%
Dermatologist	2	11.76%

Specialist	Count	Percent
Applied Behavior Analysis Specialist	1	5.88%
Audiologist	1	5.88%
Gastroenterologist	1	5.88%
Neurologist	1	5.88%
Obstetrician/Gynecologist	1	5.88%
Other Specialists	1	5.88%
Otolaryngologist (Ears, Nose, Throat)	1	5.88%
Physical Therapist	1	5.88%
Molokai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%
Lanai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	12	26.09%
Dermatologist	8	17.39%
Urologist	5	10.87%
All Specialists	4	8.70%
Otolaryngologist (Ears, Nose, Throat)	4	8.70%

Specialist	Count	Percent
Obstetrician/Gynecologist	3	6.52%
Rheumatologist	3	6.52%
Neurologist	2	4.35%
Pulmonologist	2	4.35%
Applied Behavior Analysis Specialist	1	2.17%
Child Mental Health Specialist	1	2.17%
Gastroenterologist	1	2.17%
Hawaii		
Mental Health Specialist	7	25.00%
All Specialists	4	14.29%
Dermatologist	3	10.71%
Endocrinologist	2	7.14%
Gastroenterologist	2	7.14%
Neurologist	2	7.14%
Otolaryngologist (Ears, Nose, Throat)	2	7.14%
Allergist/Immunologist	1	3.57%
Applied Behavior Analysis Specialist	1	3.57%
Obstetrician/Gynecologist	1	3.57%
Primary Care Specialist	1	3.57%
Rheumatologist	1	3.57%
Urologist	1	3.57%
Maui		
All Specialists	5	21.74%
Mental Health Specialist	4	17.39%
Dermatologist	3	13.04%
Gastroenterologist	2	8.70%
Neurologist	2	8.70%
Otolaryngologist (Ears, Nose, Throat)	2	8.70%
Applied Behavior Analysis Specialist	1	4.35%
Cardiologist	1	4.35%
Infectious Disease Specialist	1	4.35%
Nephrologist	1	4.35%
Obstetrician/Gynecologist	1	4.35%

Specialist	Count	Percent
Kauai		
All Specialists	4	25.00%
Mental Health Specialist	3	18.75%
Dermatologist	2	12.50%
Applied Behavior Analysis Specialist	1	6.25%
Audiologist	1	6.25%
Gastroenterologist	1	6.25%
Neurologist	1	6.25%
Obstetrician/Gynecologist	1	6.25%
Other Specialists	1	6.25%
Otolaryngologist (Ears, Nose, Throat)	1	6.25%
Molokai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%
Lanai		
All Specialists	4	30.77%
Mental Health Specialist	3	23.08%
Applied Behavior Analysis Specialist	1	7.69%
Dermatologist	1	7.69%
Gastroenterologist	1	7.69%
Neurologist	1	7.69%
Obstetrician/Gynecologist	1	7.69%
Otolaryngologist (Ears, Nose, Throat)	1	7.69%

Appendix C. Survey Instruments

This section provides a copy of the 2025 Hawaii Provider Survey that was administered to KFHP and non-KFHP providers during this study.

2025 HAWAII PROVIDER'S SURVEY

Aloha,

Med-QUEST Division (MQD) is interested in your opinion about your relationship with MQD managed care organizations. Survey information shared outside of MQD will be unidentifiable. Your participation is appreciated and will help us all continue with MQD's vision: The people of Hawai'i embrace health and wellness.

Mahalo,

Med-QUEST Division

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 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 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. Thinking of your experience with Kaiser's **prior authorization process**, would you say: (Select yes or no).

	Yes	No
The approval or authorization was delayed.	○	○
The prior authorization requirements were inconsistent.	○	○
The prior authorization process was difficult to navigate.	○	○
The prior authorization process was labor intensive.	○	○
Please list any other aspect(s) and the associated plan(s) below:		

5. What has/have been the impact(s), if any, of Kaiser's **prior authorization process** on your ability to provide quality care for your patients? (Select yes or no.) The prior authorization process:

	Yes	No
…led to a delay in the ability to provide necessary treatments, tests, or medications.	○	○
…disrupted the continuity of care when patients changed plans.	○	○
…created an administrative burden that took time and resources away from patient care.	○	○
…led to a denial of service.	○	○
Please list any other impact(s) and the associated plan(s) below:		

6. 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

7. 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

8. Do Kaiser's **health 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

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. On which island is the **majority** of your practice?
    - ○ Oahu
    - ○ Maui

12. 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

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

14. What are the main reason(s), if any, that negatively impacted your satisfaction with Kaiser's **availability of mental health providers, including psychiatrists**, for your patients? (Select all that apply.)

- ○ The approval or authorization was delayed.
- ○ You did not have a list of mental health providers within Kaiser's network to recommend to your patients.
- ○ The mental health providers available to your patients were located too far away.
- ○ There were insufficient mental health providers for your patients to choose from.
- ○ The mental health providers your patients preferred were not part of Kaiser's network.
- ○ Your patients were unable to schedule an appointment at a convenient time.
- ○ Some other reason (specify):

15. 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

16. 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:
Survey Processing Center, PO Box 680490, Charlotte, NC 28216-9935
Results will be available on the Med-QUEST Division Web site after January 16, 2026.
https://medquest.hawaii.gov

2025 HAWAII PROVIDER'S SURVEY

Aloha,

Med-QUEST Division (MQD) is interested in your opinion about your relationship with MQD managed care organizations. Survey information shared outside of MQD will be unidentifiable. Your participation is appreciated and will help us all continue with MQD's vision: The people of Hawai'i embrace health and wellness.

Mahalo,

Med-QUEST Division

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? Select 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 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	○	○	○	○	○	○

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. Thinking of your experience with the health plan's **prior authorization process**, would you say: (For each health plan, select yes or no.)

	AlohaCare QI		HMSA QI		'Ohana QI		United-Healthcare Community Plan QI	
	Yes	No	Yes	No	Yes	No	Yes	No
The approval or authorization was delayed.	○	○	○	○	○	○	○	○
The prior authorization requirements were inconsistent.	○	○	○	○	○	○	○	○
The prior authorization process was difficult to navigate.	○	○	○	○	○	○	○	○
The prior authorization process was labor intensive.	○	○	○	○	○	○	○	○

Please list any other aspect(s) and the associated plan(s) below:

6. What has/have been the impact(s), if any, of the health plan's **prior authorization process** on your ability to provide quality care for your patients in the health plan? (For each health plan, select yes or no.) The prior authorization process:

	AlohaCare QI		HMSA QI		'Ohana QI		United-Healthcare Community Plan QI	
	Yes	No	Yes	No	Yes	No	Yes	No
…led to a delay in the ability to provide necessary treatments, tests, or medications.	○	○	○	○	○	○	○	○
…disrupted the continuity of care when patients changed plans.	○	○	○	○	○	○	○	○
…created an administrative burden that took time and resources away from patient care.	○	○	○	○	○	○	○	○
…led to a denial of service.	○	○	○	○	○	○	○	○

Please list any other impact(s) and the associated plan(s) below:

7. 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	○	○	○	○	○	○

8. 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	○	○	○	○

9. Do the health plan's **health 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	○	○	○	○

10. Are you a primary care provider (PCP)? ○ Yes ○ No

11. What is your specialty?

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

12. 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)

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

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

14. 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	○	○	○	○

15. 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	

16. What are the main reason(s), if any, that negatively impacted your satisfaction with the health plan's **availability of mental health providers, including psychiatrists**, for your patients? (Select all that apply.)

	AlohaCare QI	HMSA QI	'Ohana QI	United-Healthcare Community Plan QI
The approval or authorization was delayed.	○	○	○	○
You did not have a list of mental health providers within the health plan's network to recommend to your patients.	○	○	○	○
The mental health providers available to your patients were located too far away.	○	○	○	○
There were insufficient mental health providers for your patients to choose from.	○	○	○	○
The mental health providers your patients preferred were not part of the health plan's network.	○	○	○	○
Your patients were unable to schedule an appointment at a convenient time.	○	○	○	○

Some other reason (specify):

17. 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	○	○	○	○	○	○

18. 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.

_____

_____

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_____

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:

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