2018 Hawaii Provider Survey Report

Department of Human Services

Med-QUEST Division

February 2019

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary

Introduction

In calendar year (CY) 2018, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more QI health plans. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Hawaii Provider Survey. The goal of the survey is to supply feedback to the MQD as it relates to providers' perceptions of the QI health plans (listed in Table 1-1).

Table 1-1—Participating QI Health Plans

Plan Name	Plan Abbreviation
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 (WellCare) QI
UnitedHealthcare Community Plan QUEST Integration	UHC CP QI

HSAG and the MQD developed a survey instrument designed to acquire provider information and gain providers' insight into the QI health plans' performance and potential areas of performance improvement. A total of 1,500 providers were sampled for inclusion in the survey administration: 200 KFHP providers (i.e., KFHP QI) and 1,300 non-KFHP providers (i.e., AlohaCare QI, HMSA QI, 'Ohana (WellCare) QI, and/or UHC CP QI providers). Providers completed the surveys from September to November 2018.

Current Status of Health Care in Hawaii

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

- A 128 percent increase in the prevalence of diabetes over the last 20 years.
- An 84 percent increase in the percentage of obese adults over the past two decades.
- A 12.7 percent increase in the prevalence for depression among adults from 2011 to 2013.
- An almost double increase in the average annual number of drug overdoses from the 1999–2003 period to the 2009–2017 period.[1-2]

Provider Workforce Shortage

Hawaii continues to have a significant overall physician shortage. As of October 2017, there was about a 769 Full Time Equivalents (FTEs) shortage of direct care physicians, an increase from 707 the previous year.[1-3] Experts anticipate the shortage to worsen with the increased demand for medical care due to an aging population burdened by more chronic illness; and retiring/off-island relocating physicians.[1-4] Specifically, practicing physicians in all specialties have closed their practices to new Medicaid or Medicare patients, which further exacerbates access to care for those most vulnerable.[1-5]

The largest shortages are in primary care (i.e., family medicine and internal medicine).[1-6] Insufficient access to primary care frequently results in delays in care as well as more costly care in emergency departments or hospitals. Several other specialties have large shortages including general surgery,

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[1-1] America's Health Rankings. *2018 Annual Report*. United Health Foundation, 2018. Available at: https://www.americashealthrankings.org/api/v1/render/pdf/%2Fcharts%2Fstate-page-extended%2Freport%2F2018-annual-report%2Fstate%2FHI/as/AHR-2018-annual-report-HI-full.pdf?params=mode%3Dfull. Accessed on: January 22, 2019.

[1-2] Peterson, Judy M. QUEST Hawaii. *Hawaii Medicaid Ohana NUI Project Expansion (HOPE) Project*. Med-QUEST Division, 2017. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/ATT_L_-_Hawaii_Medicaid_Ohana_Nui_Project_Expansion.pdf. Accessed on: January 22, 2019.

[1-3] Withy, Kelley. University of Hawaii. *University of Hawaii System Annual Report: Annual Report on Findings from the Hawaii Physician Workforce Assessment Project*. October 2017. Available at: http://www.hawaii.edu/govrel/docs/reports/2018/act18-sslh2009_2018_physician-workforce_annual-report.pdf. Accessed on: January 22, 2019.

[1-4] University of Hawaii. *University of Hawaii System Annual Report: Annual Report on the Hawaii Medical Education Council*. December 2017. Available at: http://www.hawaii.edu/wp/wp-content/uploads/2017/12/hrs304a-1704_2018_-hmec_annual-report.pdf. Accessed on: January 22, 2019.

[1-5] ibid.

[1-6] ibid.

psychiatry, and orthopedics. The demand for physicians and other healthcare workers across the continuum of care, and especially on the neighbor islands (i.e., those outside of Oahu), is outpacing the available workforce. There are numerous projections for shortages of healthcare workers nationally, exerting further pressure on Hawaii's healthcare workforce.[1-7] Efforts to address the workforce shortage include legislative and regulatory advocacy, recruitment and retention through graduate medical education, and assistance with electronic records.[1-8,1-9]

1115 Waiver Extension

On September 14, 2018, the MQD submitted a waiver extension to CMS requesting authority for Hawaii to continue to operate its QI program.[1-10] The State plans to continue to provide most benefits through capitated managed care and mandate managed care enrollment for most members. The State will use a fee-for-service system for long-term care services for individuals with developmental or intellectual disabilities, applicants eligible for retroactive coverage only, certain medically needy non-aged, blind, or disabled (ABD) individuals, and medical services under the State of Hawaii Organ and Tissue Transplant program, among other services. The request also includes a new strategic focus centered on the Hawaii 'Ohana Nui Project Expansion (HOPE) vision.[1-11] HOPE is a five-year initiative to develop and implement a roadmap to support the vision of families and healthy communities to achieve the triple aim of better health, better care, and sustainable costs. The HOPE initiative is focused on four strategic areas:

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

[1-7] Healthcare Association of Hawaii. *Vision 2020: HAH Strategic Plan 2017-2020*. Via Healthcare Consulting, June 2017. Available at: http://hah.org/wp-content/uploads/2017/08/HAH-Strategic-Plan.pdf. Accessed on: January 22, 2019.

[1-8] University of Hawaii. *University of Hawaii System Annual Report: Annual Report on Findings from the Hawaii Physician Workforce Assessment Project*. October 2017. Available at: http://www.hawaii.edu/govrel/docs/reports/2018/act18-sslh2009_2018_physician-workforce_annual-report.pdf. Accessed on: January 22, 2019.

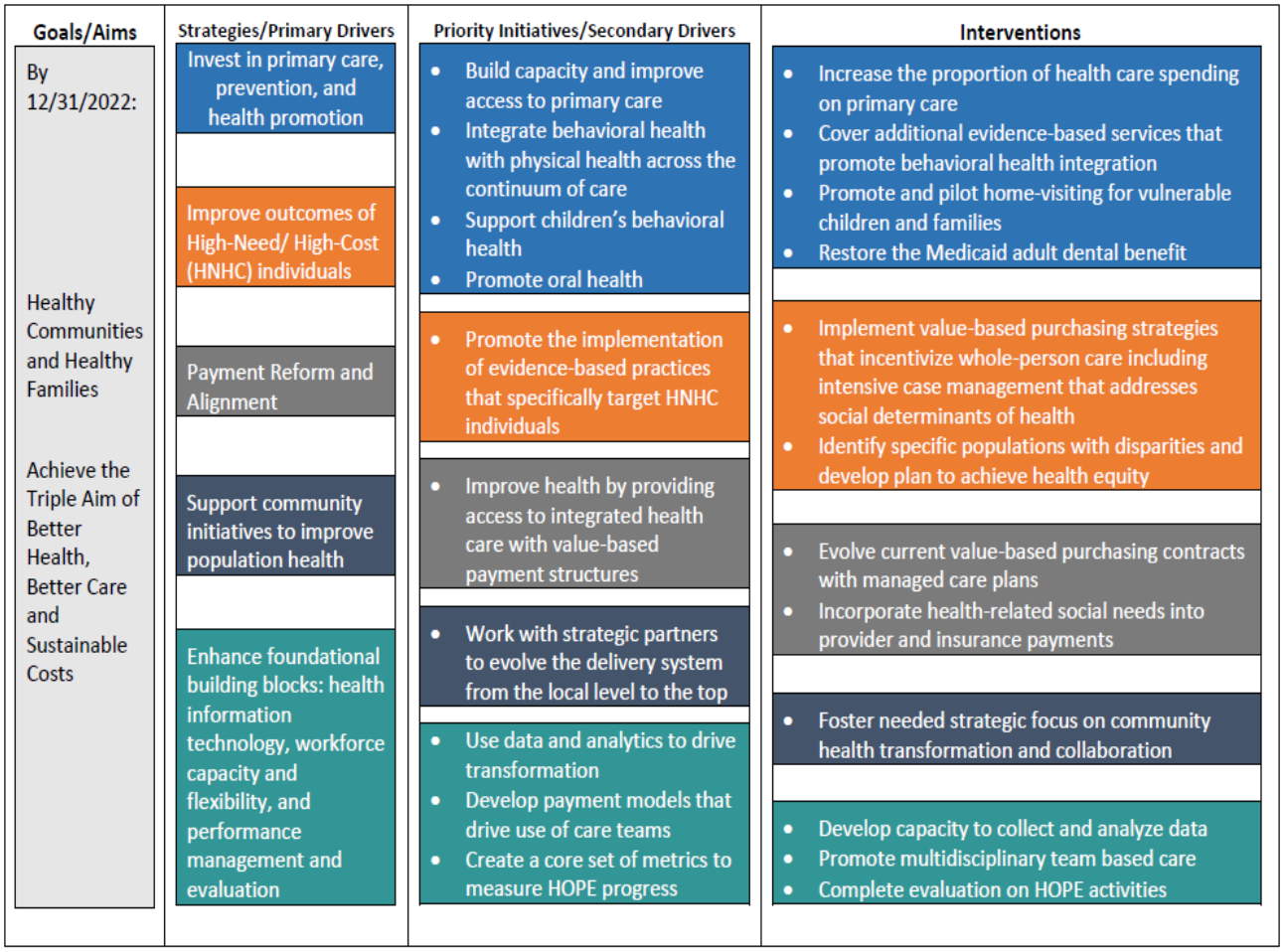
[1-9] Walsh, Kyle. *Hawaii Legislature Passes Bills Addressing Workforce Issues*. 8 May 2018. Available at: https://stateofreform.com/featured/2018/05/hawaii-legislature-passes-bills-addressing-workforce-issues/. Accessed on: January 22, 2019.

[1-10] State of Hawaii, Department of Human Services, Med-QUEST Division. *QUEST Integration §1115 Waiver Extension Application*. 14 September 2018. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/QUEST-Integration-1115-Waiver-Extension-Application.pdf. Accessed on: January 22, 2019.

[1-11] Ige, David Y. "RE: SECTION 1115 DEMONSTRATION (11-W-00001/9) EXTENSION APPLICATION." Received by Secretary Azar, 14 September 2018. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/Hawaii-1115-Cover-Letter.pdf. Accessed on: January 22, 2019.

The MQD anticipates refining these strategies into defined policies in 2019. The HOPE driver diagram in Figure 1-1 depicts the relationships between the guiding principles, strategies, and building blocks to achieve the vision of healthy families and healthy communities.

Figure 1-1—HOPE Driver Diagram



Summary of Results

Plan Comparisons

HSAG conducted tests of statistical significance to determine if significant differences in performance existed between the QI health plans' 2018 top-box rates. Table 1-2 presents a summary of these results.

Table 1-2—Plan Comparisons

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

↑ *Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.*
↓ *Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.*
— *Indicates the QI health plan's top-box rate is not statistically significantly different than the QI Program aggregate.*

The following is a summary of the QI health plans' performance on the 10 measures evaluated for statistical differences:

- AlohaCare QI's performance was statistically significantly higher than the QI Program aggregate on two measures: Compensation Satisfaction and Timeliness of Claims Payments; however, AlohaCare

QI's performance was statistically significantly lower than the QI Program aggregate on three measures: Adequate Access to Non-Formulary Drugs, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.

- HMSA QI's performance was statistically significantly higher than the QI Program aggregate on seven measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, and Availability of Mental Health Providers; however, HMSA QI's performance was statistically significantly lower than the QI Program aggregate on one measure, Adequate Access to Non-Formulary Drugs.
- KFHP QI's performance was statistically significantly higher than the QI Program aggregate on eight measures: Compensation Satisfaction, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.
- 'Ohana (WellCare) QI's performance was statistically significantly lower than the QI Program aggregate on all 10 measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.
- UHC CP QI's performance was statistically significantly lower than the QI Program aggregate on all 10 measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.

More detailed discussion of the plan comparisons results can be found in the Results section beginning on page 2-2.

Trend Analysis

'In order to evaluate trends in performance, HSAG compared the 2018 top-box rates to the corresponding 2016 top-box rates. Table 1-3 provides highlights of the trend analysis findings.

Table 1-3—Trend Analysis

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

▲ *Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.*
▼ *Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.*
— *Indicates the 2018 top-box rate is not statistically significantly different than the 2016 top-box rate.*
NT indicates that this measure was not included in the 2016 survey administration; therefore, the results for this measure are not trendable.

The following is a summary of the QI Program and the QI health plans' performance on the eight measures evaluated for statistical differences:

- The QI Program's 2018 top-box rates were statistically significantly higher than the 2016 top-box rates on four measures: Prior Authorization Process, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, and Adequacy of Specialists.

- AlohaCare QI's 2018 top-box rates were statistically significantly higher than the 2016 top-box rates on two measures: Compensation Satisfaction and Timeliness of Claims Payments.
- HMSA QI's, KFHP QI's, 'Ohana (WellCare) QI's, and UHC CP QI's 2018 top-box rates were neither statistically significantly higher nor lower than the 2016 top-box rates on any measures.

More detailed discussion of the trend analysis results can be found in the Results section beginning on page 2-2.

Conclusions

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

QI Program

- The QI Program's 2018 top-box rates were statistically significantly higher than the 2016 top-box rates on four of the eight measures.
- The General Positions: Timeliness of Claims Payments measure had the highest satisfaction rate (approximately 45 percent) for the QI Program.
- The Specialists: Adequacy of Behavioral Health Specialists measure had the lowest satisfaction rate (approximately 10 percent) for the QI Program.
- In addition to the measures evaluated in the survey, many providers identified reimbursement as a concern in the open-ended comments.

QI Health Plans

- 'Ohana (WellCare) QI's and UHC CP QI's top-box rates were statistically significantly lower than the QI Program aggregate for more measures than any other QI health plan (all 10 measures). In addition to the measures evaluated in the survey, multiple providers identified reimbursement as an area of concern in the open-ended comments for both 'Ohana (WellCare) QI and UHC CP QI.
- KFHP QI's top-box rates were statistically significantly higher than the QI Program aggregate for more measures than any other QI health plan (eight of the 10 measures).
- AlohaCare QI is the only QI health plan that performed statistically significantly different in 2018 than in 2016, with statistically significantly higher top-box rates on two of the eight measures.

Recommendations

The survey revealed that there is an opportunity to improve provider satisfaction. HSAG has detailed some quality improvement suggestions that may potentially improve provider satisfaction with the domains evaluated.

Also, HSAG has included recommendations for the MQD aimed at increasing the provider response rates to the survey. HSAG recommends the continued administration of the Provider Survey every two

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

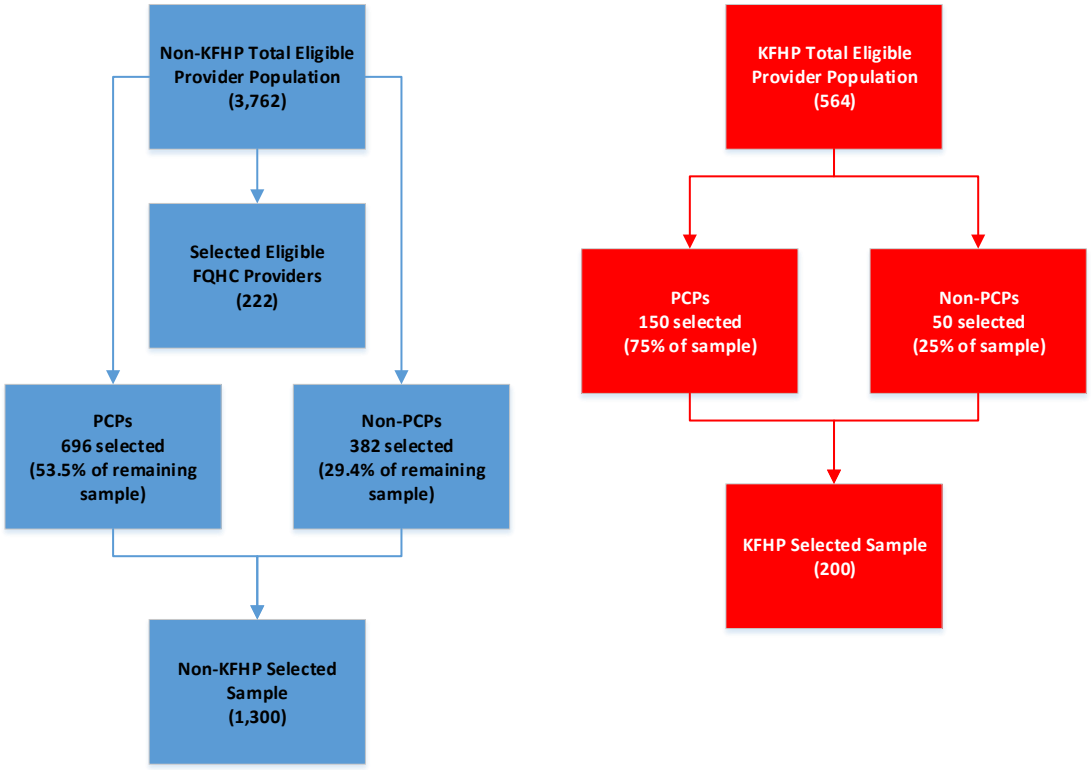
More detailed discussion of recommendations can be found in the Recommendations section beginning on page 5-1.

Survey Administration and Response Rates

Survey Administration

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

Figure 2-1—Sampling Scheme for Hawaii Provider Survey



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

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire sample minus ineligible surveys, which included any providers that could not be surveyed due to incorrect or incomplete mailing address information or had no current contracts with any of the QI health plans. A majority of the ineligible surveys for the KFHP and non-KFHP samples (59 and 153, respectively) are due to incorrect or incomplete mailing address information resulting in undeliverable surveys. A total of 227 Hawaii providers completed the survey, including 58 providers from the KFHP sample and 169 providers from the non-KFHP sample. Table 2-1 depicts the sample distribution of surveys and response rates.

Table 2-1—Provider Sample Distribution and Response Rate

Sample	KFHP	Non-KFHP	Hawaii Provider Total
Sample Size	200	1,300	1,500
Ineligible Surveys	59	154	213
Eligible Sample	141	1,146	1,287
Total PCP Respondents	45	113	158
Total Non-PCP Respondents	10	38	48
Total FQHC Respondents	N/A	11	11
Total Web Respondents	3	7	10
Total Respondents	58	169	227
Response Rate	**41.1%**	**14.7%**	**17.6%**

There are no FQHC providers included in the KFHP sample; therefore, this is not applicable (N/A).

The response rate for the non-KFHP sample was considerably lower than the KFHP sample (14.7 percent and 41.1 percent, respectively). Due to the low response rates, caution should be exercised when interpreting the QI health plans' results given the increased potential for non-response bias and likelihood that provider responses are not reflective of all providers serving QI members.

3. Provider Demographics

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

Table 3-1—Provider Type

Provider Type	KFHP	Non-KFHP
Primary Care Provider	44.8%	66.5%
Specialist	55.2%	33.5%

Table 3-2 presents the percentages of KFHP and non-KFHP providers who responded to the survey with each 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 3-3.

Table 3-2—Provider Specialty Types

Sample	Family Medicine	Internal Medicine	Pediatrics	General Practice	Other
KFHP	22.6%	32.1%	5.7%	0.0%	39.6%
Non-KFHP	15.8%	21.5%	28.5%	3.8%	30.4%

Table 3-3—Other Provider Specialty Types

Specialty	Count	Percent
Obstetrics and Gynecology	17	21.3%
Psychology	10	12.5%
Infectious Disease	6	7.5%
Behavioral/Mental Health	5	6.3%
Radiology	5	6.3%
Psychiatry	3	3.8%
Dermatology	2	2.5%
Hematology-Oncology	2	2.5%
Nephrology	2	2.5%
Ophthalmology	2	2.5%
Orthopedic Surgery	2	2.5%
Surgery	2	2.5%
Anesthesiology	1	1.3%
Audiology	1	1.3%
Cardiology	1	1.3%
Developmental and Behavioral Pediatrics	1	1.3%
Diagnostic Imaging	1	1.3%
Emergency	1	1.3%
ENT	1	1.3%

Specialty	Count	Percent
Gastroenterology	1	1.3%
Geriatrics	1	1.3%
Hospitalist	1	1.3%
ICU	1	1.3%
Interventional Radiology	1	1.3%
Neonatology	1	1.3%
Neurosurgery	1	1.3%
Obesity Medicine	1	1.3%
Pediatric Ophthalmology	1	1.3%
Plastic Surgery	1	1.3%
Psychotherapy	1	1.3%
Pulmonology	1	1.3%
Retina-Ophthalmology	1	1.3%
Urology	1	1.3%
Vascular Surgery	1	1.3%

Table 3-4 presents the percentages of non-KFHP providers who responded to the survey with each practice type. Providers were also given the option to write-in other practices.

Table 3-4—Practice Type (Non-KFHP Providers)

Independent Private Practice	Hospital Affiliated	FQHC	Other
84.8%	7.3%	6.1%	1.8%

Of the four providers who wrote in an "Other" response for provider practice type, 50 percent responded with multispecialty, 25 percent responded with academic training clinic, and 25 percent responded with group private practice.[3-1]

Providers were asked which island the majority of their practice is located. Table 3-5 shows the percentage of responses for KFHP and non-KFHP providers by island.

Table 3-5—Provider Practice by Island

Sample	Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
KFHP	91.2%	1.8%	7.0%	0.0%	0.0%	0.0%
Non-KFHP	69.3%	22.3%	5.4%	2.4%	0.6%	0.0%

[3-1] The question asking what type of practice the provider is primarily affiliated was not included in the KFHP survey instrument; therefore, results for KFHP providers are not displayed.

Table 3-6 presents the percentage of KFHP and non-KFHP providers who indicated they were a behavioral health specialist.[3-2]

Table 3-6—Behavioral Health: Provider Type

Provider Type	KFHP	Non-KFHP
Behavioral Health Specialist	0.0%	23.9%
Not a Behavioral Health Specialist	100.0%	76.1%

Table 3-7 presents the percentage of behavioral health specialists who indicated whether or not ‘Ohana Community Care Services (CCS) was accepted.[3-3]

Table 3-7—Behavioral Health: ‘Ohana CCS Acceptance

Specialist Response	Percent
Yes	48.1%
No	51.9%

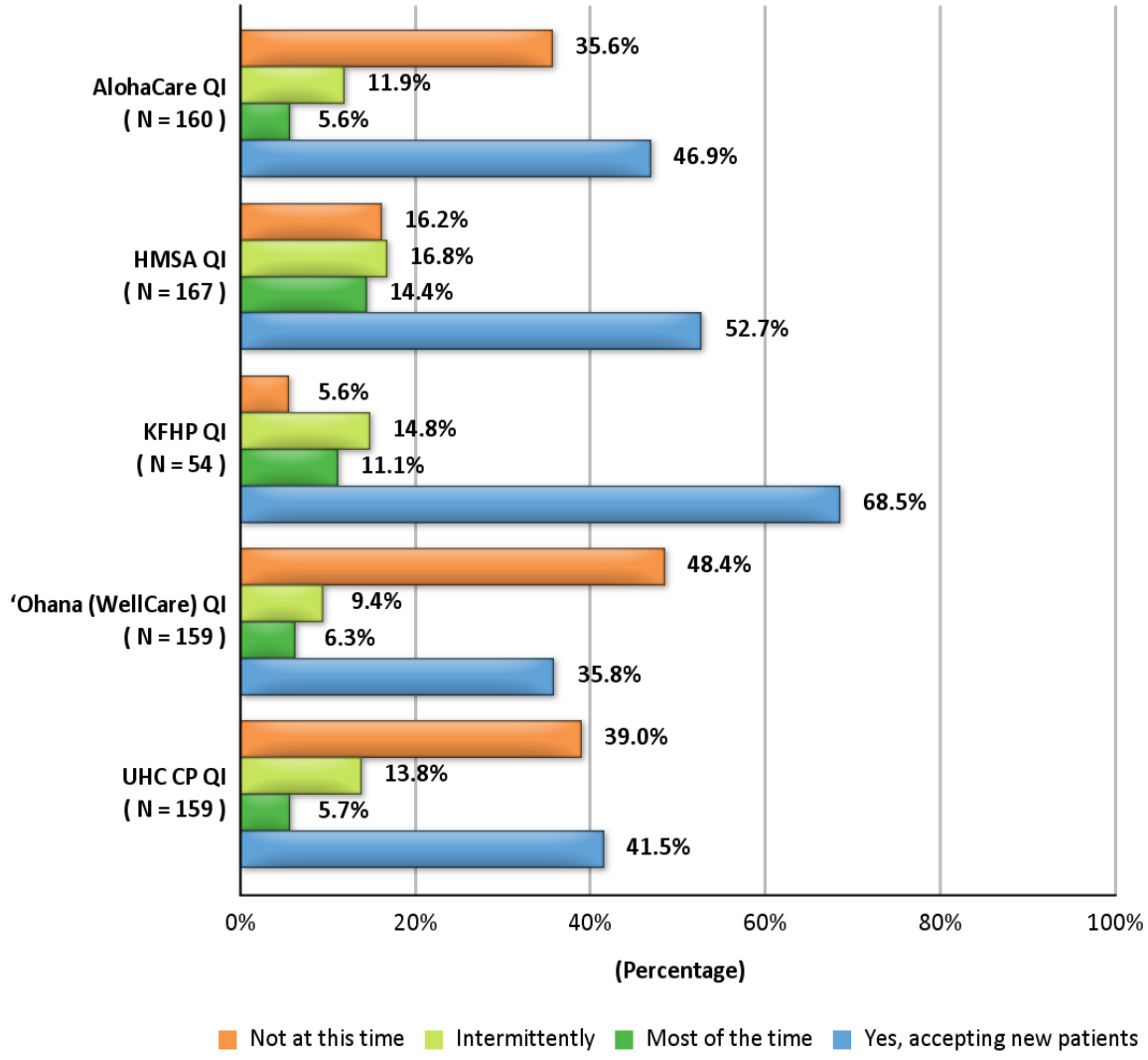
For each QI health plan, providers were asked to list the type(s) of specialists they thought needed to be expanded to improve access. For information on these results, please refer to Appendix B in the report beginning on page B-1.

[3-2] Results are based on providers’ responses to Question 17 in the KFHP survey and Question 18 in the non-KFHP survey (i.e., If you are a behavioral health specialist, do you accept ‘Ohana CCS?). Providers who answered “Yes” or “No” were identified as a behavioral health specialist, while providers who answered “I am not a behavioral health specialist” were not identified as a behavioral health specialist.

[3-3] Results are based on providers who indicated that they were a behavioral health specialist in Question 17 in the KFHP survey and Question 18 in the non-KFHP survey.

For providers who completed the survey, Figure 3-1 depicts the frequency of providers' acceptance of new patients for each QI health plan.

Figure 3-1—Provider Demographics: Accepting New Patients



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

4. Results

The following section highlights the results of the 2016 and 2018 Hawaii Provider Survey questions categorized by the following six domains of satisfaction:

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

Provider Survey Analysis

Response options to each question within the six domains were classified into one of three response categories: satisfied, neutral, and dissatisfied or positive impact, neutral impact, and negative impact. For each question, the proportion (i.e., percentage) of responses in each response category was calculated. QI health plan survey responses were not limited to those providers who indicated they were currently accepting new patients for that QI health plan in Question 1 of the survey. For example, if a provider indicated that he/she was not accepting new patients at this time for AlohaCare QI in Question 1, his/her responses to subsequent questions would still be included in the results pertaining to AlohaCare QI, if a response had been provided. Therefore, providers may have rated a QI health plan on a survey question even if they were not currently accepting new patients for that plan. Furthermore, if a provider was associated with more than one QI health plan, he/she may have answered a question for multiple QI health plans.[4-1] HSAG performed plan comparisons and a trend analysis using a Hierarchical Model for Latent Variables in order to adjust the QI health plan ratings based on the correlation structure of the providers' responses.[4-2,4-3] Additional information on the response category assignments and classifications is included in the Reader's Guide section of this report beginning on page 6-3.

Plan Comparisons

Bar graphs depict the QI health plans' results for each response category. Standard tests of statistical significance were conducted to determine if statistically significant differences in QI health plan performance exist. As is standard in most survey implementations, a "top-box" rate is defined by a positive or satisfied response. Statistically significant differences between the QI health plans' top-box responses compared to the QI Program aggregate are noted with arrows. A QI health plan's top-box rate that was statistically significantly higher than the QI Program aggregate is noted with an upward (↑) arrow. A QI health plan's top-box rate that was statistically significantly lower than the QI Program aggregate is noted with a downward (↓) arrow. A QI health plan's top-box rate that was not statistically significantly different than the QI Program aggregate is not denoted with an arrow.

Trend Analysis

In order to evaluate trends in performance, HSAG compared the 2018 top-box rates to the corresponding 2016 top-box scores, where applicable. Statistically significant differences are noted with directional triangles. Rates that were statistically significantly higher in 2018 than in 2016 are noted with upward (▲) triangles. Rates that were statistically significantly lower in 2018 than in 2016 are noted with

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

[4-2] The Hierarchical Model for Latent Variables varied from the chi-squared tests that HSAG performed in 2016. Due to this change in methodology, results for both the Plan Comparisons and Trend Analysis may differ from the 2016 Hawaii Provider Survey Report.

[4-3] Due to the adjustments made to the QI health plan ratings according to the Hierarchical Model for Latent Variables, percentages may not total 100 percent.

downward (▼) triangles. Rates in 2018 that were not statistically significantly different from scores in 2016 are not noted with triangles.

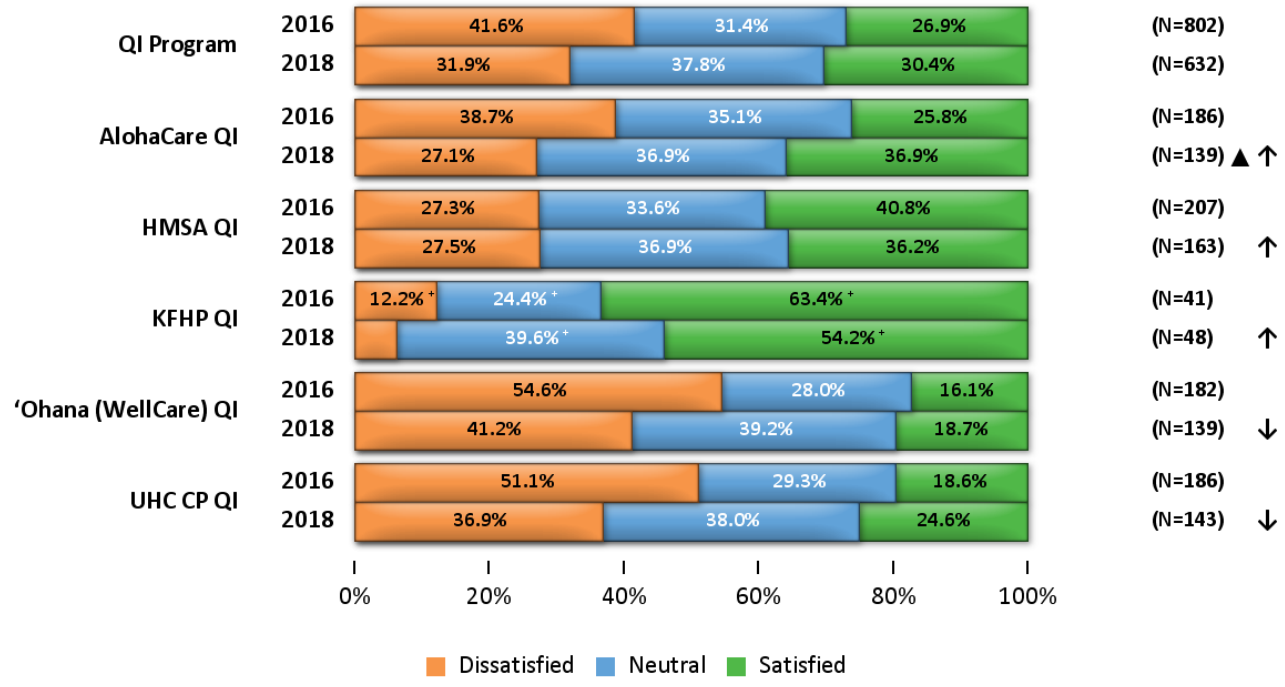
For additional information on the methodology, please refer to the Reader's Guide section of the report beginning on page 6-2.

Findings

General Positions

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

Figure 4-1—General Positions: Compensation Satisfaction



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for compensation satisfaction revealed the following summary results:

- AlohaCare QI's, HMSA QI's, and KFHP QI's 2018 top-box rates (36.9 percent, 36.2 percent, and 54.2 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (18.7 percent and 24.6 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

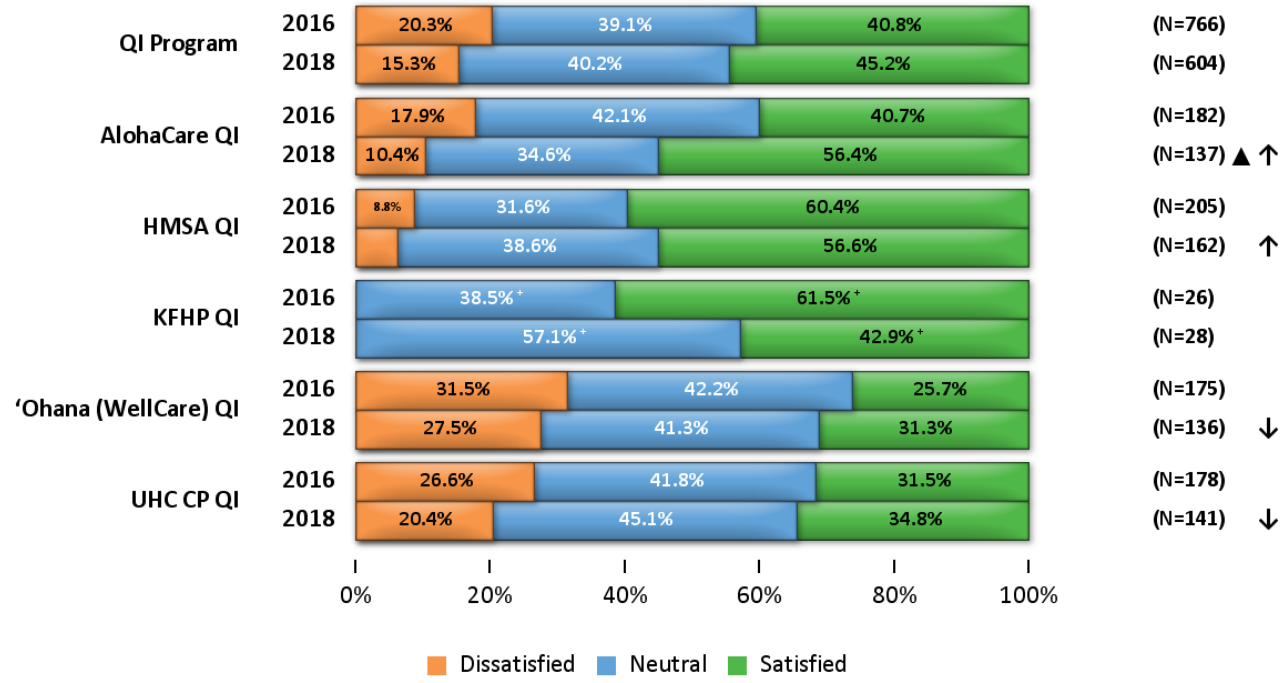
The trend analysis of the top-box rates for compensation satisfaction revealed the following summary results:

- AlohaCare QI's 2018 top-box rate (36.9 percent) was statistically significantly higher than the 2016 top-box rate (25.8 percent).

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plans.

Figure 4-2 depicts the response category proportions for each QI health plan and the QI Program.

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



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for timeliness of claims payments revealed the following summary results:

- AlohaCare QI's and HMSA QI's 2018 top-box rates (56.4 percent and 56.6 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (31.3 percent and 34.8 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

The trend analysis of the top-box rates for timeliness of claims payments revealed the following summary results:

- AlohaCare QI's 2018 top-box rate (56.4 percent) was statistically significantly higher than the 2016 top-box rate (40.7 percent).

Providing Quality Care

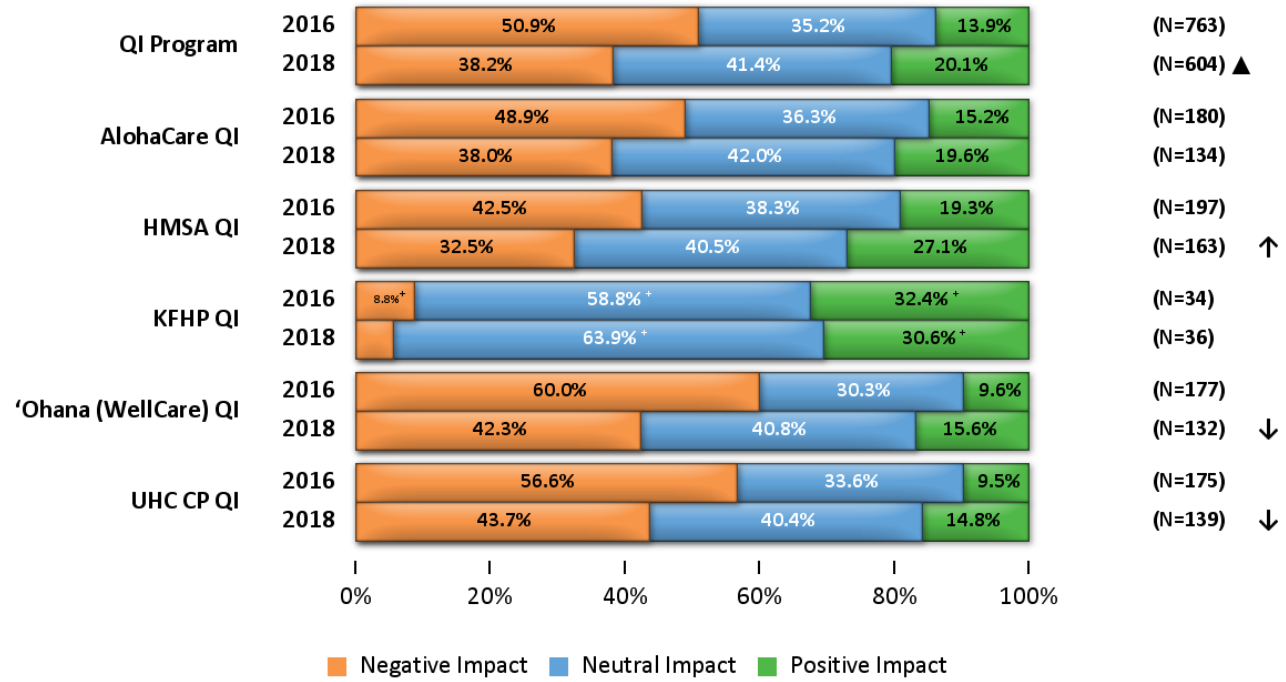
Providers were asked what methods they use to submit prior authorizations. Response options included: electronic (online), paper (fax), and by phone. Table 4-1 presents a comparison of the distribution of prior authorization methods utilized by providers in 2016 and 2018.

Table 4-1—Prior Authorization Methods

Method	2016	2018
Electronic (online)	68.8%	65.3%
Paper (fax)	63.7%	64.2%
By Phone	32.1%	25.4%
Note: Providers may have marked more than one method for prior authorization; therefore, percentages will not total 100%.		

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

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



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for prior authorization process revealed the following summary results:

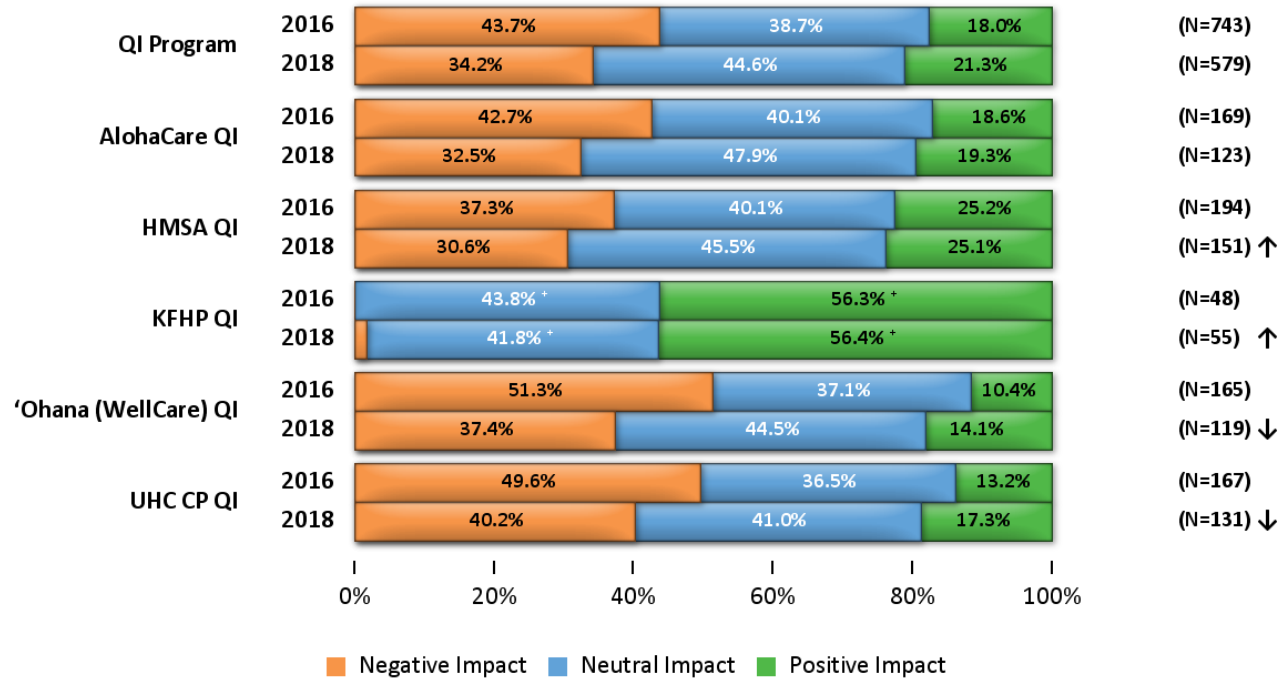
- HMSA QI's 2018 top-box rate (27.1 percent) was statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (15.6 percent and 14.8 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

The trend analysis of the top-box rates for prior authorization process revealed the following summary results:

- The QI Program's 2018 top-box rate (20.1 percent) was statistically significantly higher than the 2016 top-box rate (13.9 percent).

Figure 4-4—Providing Quality Care: Formulary



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for formulary revealed the following summary results:

- HMSA QI's and KFHP QI's 2018 top-box rates (25.1 percent and 56.4 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (14.1 percent and 17.3 percent, respectively) were statistically significantly lower than the QI Program aggregate.

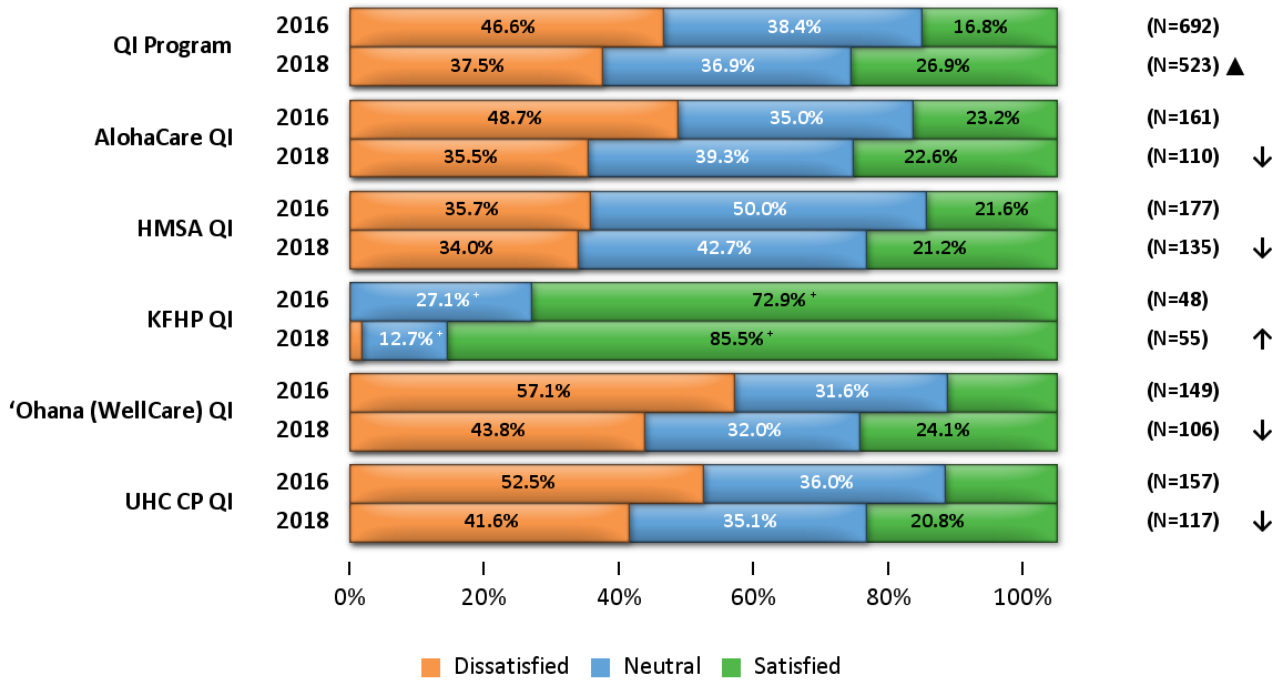
Trend Analysis Results

The trend analysis of the top-box rates for formulary revealed that the 2018 top-box rates were not statistically significantly different from the 2016 top-box rates for the QI Program or any of the QI health plans.

Non-Formulary

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

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



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for adequate access to non-formulary drugs revealed the following summary results:

- KFHP QI's 2018 top-box rate (85.5 percent) was statistically significantly higher than the QI Program aggregate.
- AlohaCare QI's, HMSA QI's, 'Ohana (WellCare) QI's, and UHC CP QI's 2018 top-box rates (22.6 percent, 21.2 percent, 24.1 percent, and 20.8 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

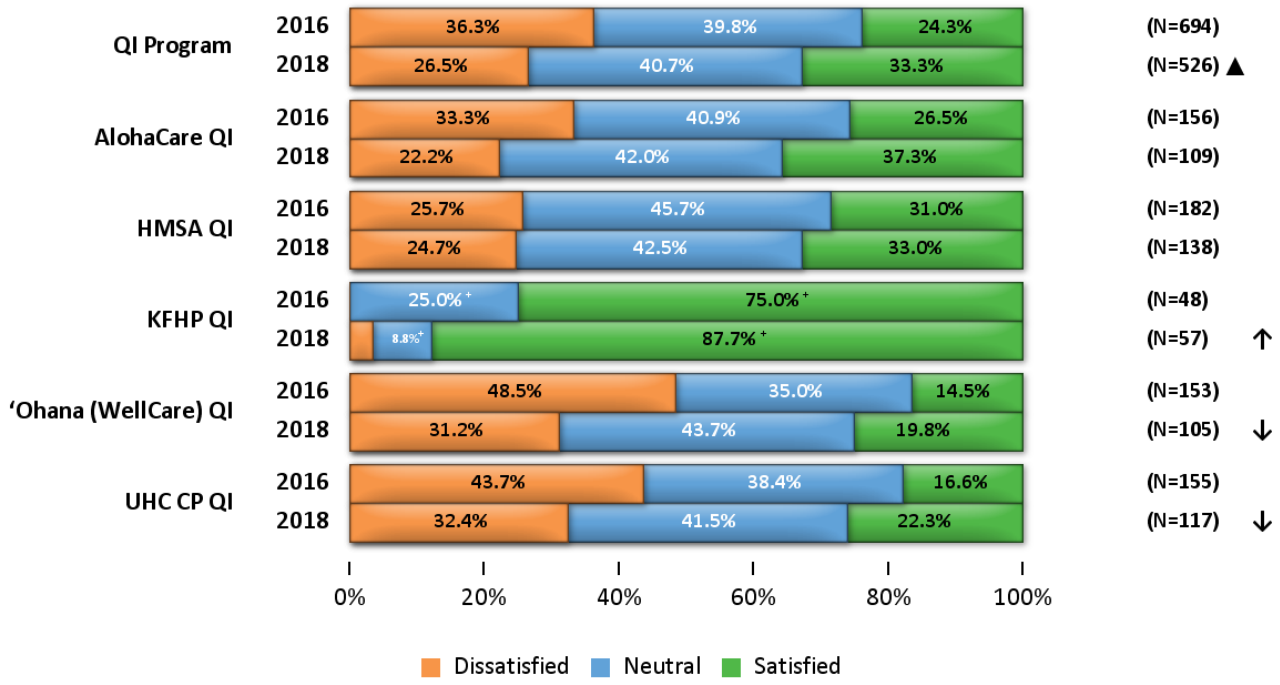
The trend analysis of the top-box rates for adequate access to non-formulary drugs revealed the following summary results:

- The QI Program's 2018 top-box rate (26.9 percent) was statistically significantly higher than the 2016 top-box rate (16.8 percent).

Service Coordinators

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

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



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for helpfulness of service coordinators revealed the following summary results:

- KFHP QI's 2018 top-box rate (87.7 percent) was statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (19.8 percent and 22.3 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

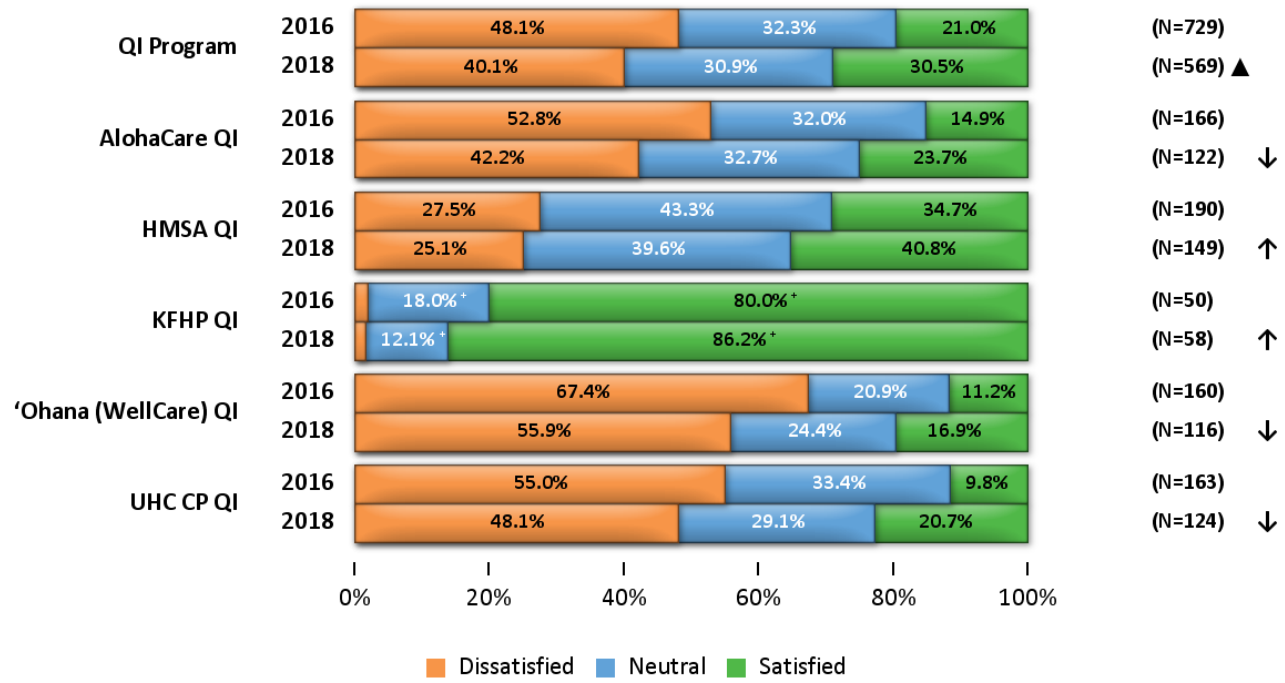
The trend analysis of the top-box rates for helpfulness of service coordinators revealed the following summary results:

- The QI Program's 2018 top-box rate (33.3 percent) was statistically significantly higher than the 2016 top-box rate (24.3 percent).

Specialists

Providers were asked three questions regarding QI health plans' specialists. Providers were asked to rate the adequacy of the network of specialists and behavioral health specialists, as well as their satisfaction with the availability of mental health providers, including psychiatrists. Figure 4-7 through Figure 4-9 depict the response category proportions for each QI health plan and the QI Program.

Figure 4-7—Specialists: Adequacy of Specialists



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for adequacy of specialists revealed the following summary results:

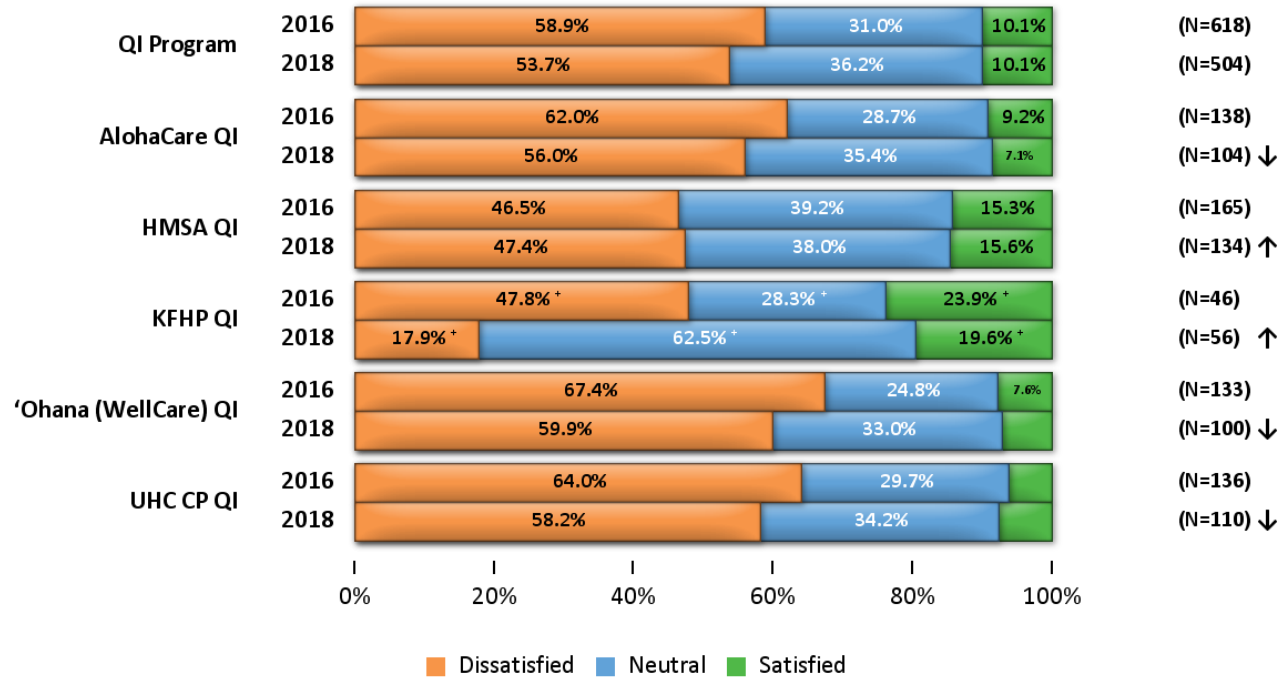
- HMSA QI's and KFHP QI's 2018 top-box rates (40.8 percent and 86.2 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- AlohaCare QI's, 'Ohana (WellCare) QI's, and UHC CP QI's 2018 top-box rates (23.7 percent, 16.9 percent, and 20.7 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

The trend analysis of the top-box rates for adequacy of specialists revealed the following summary results:

- The QI Program's 2018 top-box rate (30.5 percent) was statistically significantly higher than the 2016 top-box rate (21.0 percent).

Figure 4-8—Specialists: Adequacy of Behavioral Health Specialists



Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.
▼ Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.
↑ Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Plan Comparisons Results

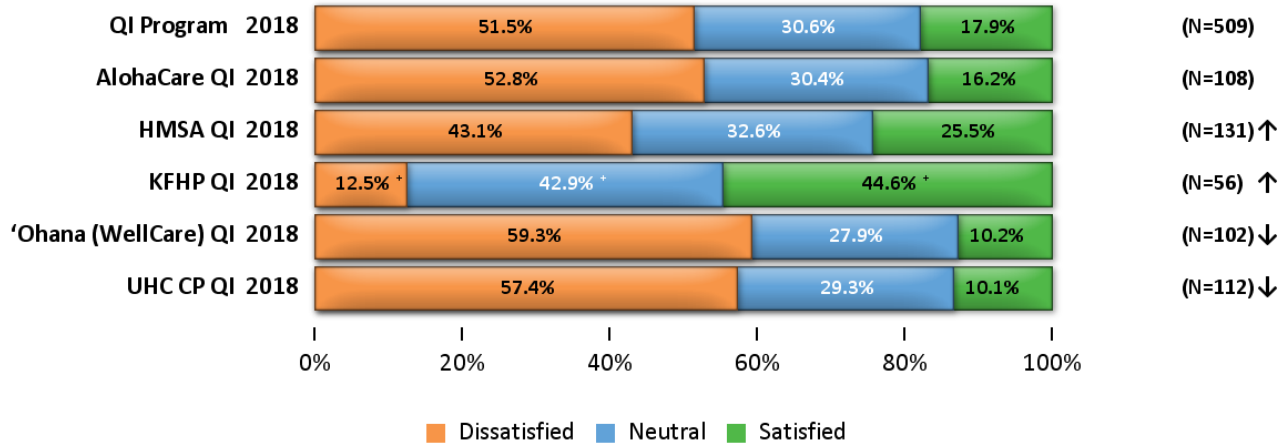
Comparison of the QI health plans' top-box rates to the QI Program aggregate for adequacy of behavioral health specialists revealed the following summary results:

- HMSA QI's and KFHP QI's 2018 top-box rates (15.6 percent and 19.6 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- AlohaCare QI's, 'Ohana (WellCare) QI's, and UHC CP QI's 2018 top-box rates (7.1 percent, 6.6 percent, and 6.6 percent, respectively) were statistically significantly lower than the QI Program aggregate.

Trend Analysis Results

The trend analysis of the top-box rates for adequacy of behavioral health specialists revealed that the 2018 top-box rates were not statistically significantly different from the 2016 top-box rates for the QI Program or any of the QI health plans.

Figure 4-9—Specialists: Availability of Mental Health Providers[4-4]



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

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for availability of mental health providers revealed the following summary results:

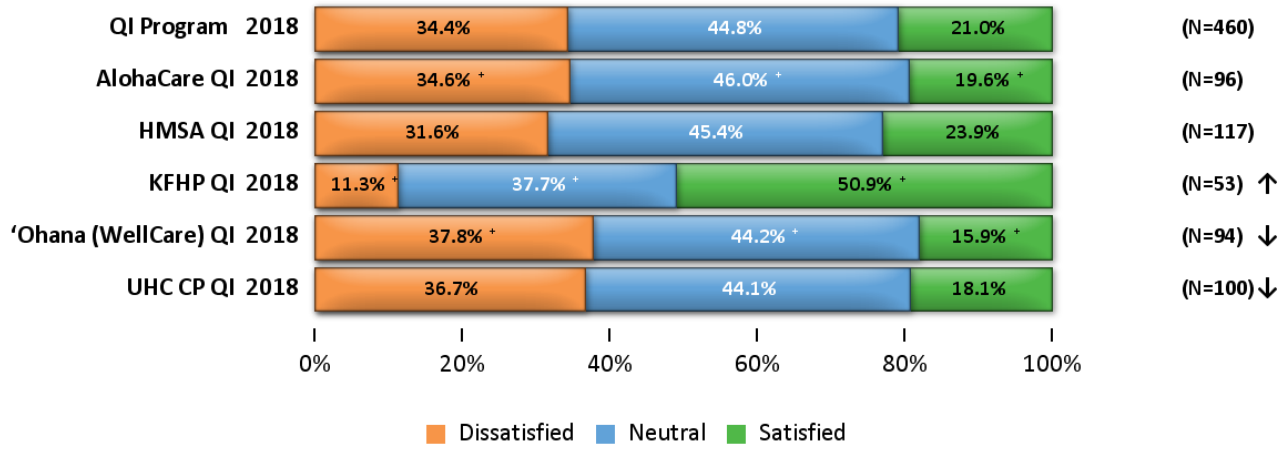
- HMSA QI's and KFHP QI's 2018 top-box rates (25.5 percent 44.6 percent, respectively) were statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (10.2 percent and 10.1 percent, respectively) were statistically significantly lower than the QI Program aggregate.

[4-4] This question was not included in the 2016 Hawaii Provider Survey; therefore, trend results are not available for this measure.

Substance Abuse

Providers were asked to rate the access to substance abuse treatment that was provided by the QI health plans. Figure 4-10 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-10—Substance Abuse: Access to Substance Abuse Treatment[4-5]



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

Plan Comparisons Results

Comparison of the QI health plans' top-box rates to the QI Program aggregate for access to substance abuse treatment revealed the following summary results:

- KFHP QI's 2018 top-box rate (50.9 percent) was statistically significantly higher than the QI Program aggregate.
- 'Ohana (WellCare) QI's and UHC CP QI's 2018 top-box rates (15.9 percent and 18.1 percent, respectively) were statistically significantly lower than the QI Program aggregate.

[4-5] ibid.

Summary of Results

Plan Comparisons

Table 4-2 presents a summary of the statistically significant differences that exist between the QI health plans' 2018 top-box rates.

Table 4-2—Plan Comparisons

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

↑ *Indicates the QI health plan's top-box rate is statistically significantly higher than the QI Program aggregate.*
↓ *Indicates the QI health plan's top-box rate is statistically significantly lower than the QI Program aggregate.*
— *Indicates the QI health plan's top-box rate is not statistically significantly different than the QI Program aggregate.*

The following is a summary of the QI health plans' performance on the 10 measures evaluated for statistical differences:

- AlohaCare QI's performance was statistically significantly higher than the QI Program aggregate on two measures: Compensation Satisfaction and Timeliness of Claims Payments; however, AlohaCare

QI's performance was statistically significantly lower than the QI Program aggregate on three measures: Adequate Access to Non-Formulary Drugs, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.

- HMSA QI's performance was statistically significantly higher than the QI Program aggregate on seven measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, and Availability of Mental Health Providers; however, HMSA QI's performance was statistically significantly lower than the QI Program aggregate on one measure, Adequate Access to Non-Formulary Drugs.
- KFHP QI's performance was statistically significantly higher than the QI Program aggregate on eight measures: Compensation Satisfaction, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.
- 'Ohana (WellCare) QI's performance was statistically significantly lower than the QI Program aggregate on all 10 measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.
- UHC CP QI's performance was statistically significantly lower than the QI Program aggregate on all 10 measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, Adequacy of Behavioral Health Specialists, Availability of Mental Health Providers, and Access to Substance Abuse Treatment.

Trend Analysis

Table 4-3 presents a summary of the statistically significant differences that exist between the QI Program's and the QI health plans' 2016 and 2018 top-box rates.

Table 4-3—Trend Analysis

	QI Program	AlohaCare QI	HMSA QI	KFHP QI	'Ohana (WellCare) QI	UHC CP QI
General Positions						
Compensation Satisfaction	—	▲	—	—	—	—
Timeliness of Claims Payments	—	▲	—	—	—	—
Providing Quality Care						
Prior Authorization Process	▲	—	—	—	—	—
Formulary	—	—	—	—	—	—
Non-Formulary						

	QI Program	AlohaCare QI	HMSA QI	KFHP QI	'Ohana (WellCare) QI	UHC CP QI
Adequate Access to Non-Formulary Drugs	▲	—	—	—	—	—
Service Coordinators						
Helpfulness of Service Coordinators	▲	—	—	—	—	—
Specialists						
Adequacy of Specialists	▲	—	—	—	—	—
Adequacy of Behavioral Health Specialists	—	—	—	—	—	—
Availability of Mental Health Providers	NT	NT	NT	NT	NT	NT
Substance Abuse						
Access to Substance Abuse Treatment	NT	NT	NT	NT	NT	NT

▲ *Indicates the 2018 top-box rate is statistically significantly higher than the 2016 top-box rate.*
▼ *Indicates the 2018 top-box rate is statistically significantly lower than the 2016 top-box rate.*
— *Indicates the 2018 top-box rate is not statistically significantly different than the 2016 top-box rate.*
NT indicates that this measure was not included in the 2016 survey administration; therefore, the results for this measure are not trendable.

The following is a summary of the QI Program and the QI health plans' performance on the eight measures evaluated for statistical differences:

- The QI Program's 2018 top-box rates were statistically significantly higher than the 2016 top-box rates on four measures: Prior Authorization Process, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, and Adequacy of Specialists.
- AlohaCare QI's 2018 top-box rates were statistically significantly higher than the 2016 top-box rates on two measures: Compensation Satisfaction and Timeliness of Claims Payments.
- HMSA QI's, KFHP QI's, 'Ohana (WellCare) QI's, and UHC CP QI's 2018 top-box rates were neither statistically significantly higher nor lower than the 2016 top-box rates on any measures.

5. Recommendations

Recommendations

The 2018 Provider Survey revealed that while satisfaction has somewhat increased since the 2016 Provider Survey, dissatisfaction remains high across all key survey domains for all QI health plans, except for KFHP. The survey results, in coordination with provider comments, offer insight into potential opportunities to address providers' concerns and impact satisfaction. Although the survey does not provide detailed information regarding the specific factors affecting provider satisfaction, a review of the results suggests several areas to focus improvement efforts. The following recommendations have been identified.

- With the exception of KFHP, provider responses indicated consistent dissatisfaction with all key survey domains. Although addressing provider compensation and the availability of physicians is complicated, HSAG recommends engaging the QI health plan and providers in a time-limited workgroup designed to:

  – Identify and define specific factors influencing providers' level of satisfaction in key survey domains.
  – Identify differences in QI health plan reimbursement strategies and how those strategies impact providers' level of satisfaction with reimbursement.

  It is important to note that the purpose of the workgroup is to better define the issues underlying provider satisfaction levels and to increase engagement with both the provider community and the health plans with which they are contracted.

- Providers contracted with 'Ohana QI and UHC CP QI exhibited substantially higher levels of dissatisfaction compared to the other QI health plans across all survey domains. This finding suggests health care operations surrounding provider reimbursement, service authorizations and coverage, and provider networks may be affecting providers disproportionately for these two health plans. HSAG recommends that the MQD conduct a targeted inquiry of 'Ohana and UHC CP QI health plans to identify and evaluate the source and validity of providers' concerns. Based on the results of its review, the MQD can work with 'Ohana QI and UHC CP QI to implement improvement actions, where appropriate, to address provider satisfaction.

- In general, about one-third of providers surveyed indicated that the prior authorization for services affected the care of their patients. In reviewing the provider comments, one area of concern was related to non-clinical prior authorization of services between islands. HSAG recommends the MQD, in collaboration with the QI health plans, implement a time-limited focus group to review concerns related to the prior authorization of inter-island travel to determine (1) the degree to which PA impacts patient care of outer-island members, and (2) alternative solutions to coordinating and streamlining PA for non-clinical services (e.g., travel to specialists on Oahu).

Future Survey Administration Recommendations for the MQD

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

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

- HSAG recommends implementing a coordinated communication campaign, in collaboration with the MQD and the QI health plans to inform providers of the importance of completing the surveys. Communication platforms should include an initial survey notification and ongoing reminders via MQD and QI health plan provider engagement activities—e.g., provider meetings, onsite visits, newsletters, and provider portal alerts. Additionally, if possible, the MQD may consider working with the Hawaii Medical Association.
- HSAG recommends that the MQD continue to use a mixed-mode approach (e.g., mail survey, email reminders, and web-based survey) to help yield higher response rates. HSAG has found that web-based surveys represent an easy and convenient way for providers to respond to the survey and increase participation rates. The web-based approach facilitates provider responses since email notifications contain a direct link to the web-based survey and are customized to include the provider's specific login. This approach allows for immediate and convenient access to the web-based survey. The potential for initial and follow-up distribution of the survey via provider email increases the likelihood of higher response rates.
- To support web-based surveys, HSAG recommends that the MQD work with the provider community and QI health plans to collect and store valid email addresses within its provider database system. This information could be collected as part of the provider certification and credentialing activities. Alternatively, since the QI health plans are responsible for maintaining up-to-date provider directories and have incorporated provider portals for its networks, email address information may be more available at the QI health plans. As such, HSAG could sample providers from a sample frame generated by the QI health plans rather than the MQD.

6. Reader's Guide

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

Survey Administration

HSAG, in collaboration with the MQD, developed a survey instrument to collect the most meaningful data possible. The survey administered to KFHP providers included 17 questions, and the survey administered to non-KFHP providers included 18 questions on a broad range of topics.

Sampling Procedures

Hawaii providers eligible for sampling included PCPs and specialists who served the Medicaid population during the study period and were contracted with at least one of the QI health plans. HSAG performed a sample of 200 KFHP providers and 1,300 non-KFHP (i.e., AlohaCare QI, HMSA QI, 'Ohana (WellCare) QI, and/or UHC CP QI) providers, for a total of 1,500 providers. The State was interested in surveying FQHC providers and increasing responses from PCPs. Therefore, for non-KFHP plans, all FQHC providers were surveyed, with the remaining sample size consisting of PCPs (53.5 percent) and non-PCPs (29.4 percent). Since there were no FQHC providers for KFHP, the sampling consisted of PCPs (75 percent) and non-PCPs (25 percent) only.

HSAG sampled providers who met the following criteria:

- Served the Hawaii Medicaid population.
- Provided services to QI members as of May 30, 2018.
- Provided services to at least one of the following QI health plans: AlohaCare QI, HMSA QI, KFHP QI, 'Ohana (WellCare) QI, and/or UHC CP QI.
- Had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, or Advanced Practice Registered Nurse (APRN).

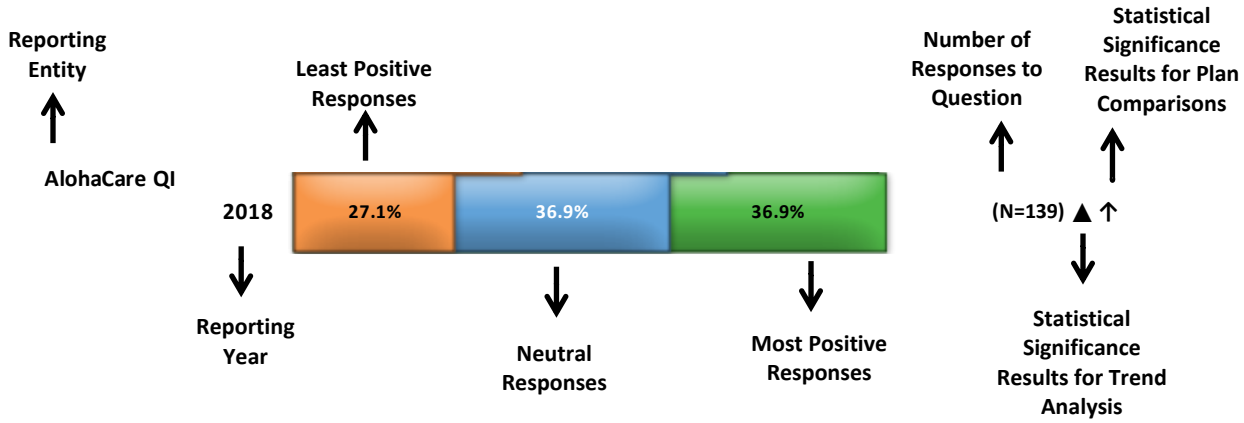
Survey Protocol

The survey administration consisted of mailing surveys to the sampled providers. Each provider was sent the survey questionnaire, a cover letter from the MQD, and a postage-paid reply envelope. There were two options for providers to complete the survey: (1) complete the paper-based survey and return it in the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey by logging on to the survey website with a designated provider-specific login.

How to Read the Satisfaction Bar Graphs

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

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



Methodology

Response Rates

The administration of the Hawaii Provider Survey was designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible providers of the sample. Eligible providers included the entire sample minus any providers that could not be surveyed due to incorrect contact information or not having a current contract with any of the QI health plans.

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

Response Category Proportions

Response options to each question within the six domains were classified into response categories in order to calculate the proportion (i.e., percentage) of responses. Table 6-1 presents how the response categories were assigned.

Table 6-1—Response Category Assignments

Response Category	Assignment
Very dissatisfied	Dissatisfied Response
Dissatisfied	Dissatisfied Response
Neutral	Neutral Response
Satisfied	Satisfied Response
Very satisfied	Satisfied Response
NO, not very adequate	Dissatisfied Response
Somewhat adequate	Neutral Response
YES, definitely adequate	Satisfied Response
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

Table 6-2 presents the classification of response categories for each survey item.

Table 6-2—Response Category Classifications

Measure	Response Category Classifications
General Positions	
Compensation Satisfaction	Dissatisfied/Neutral/Satisfied
Timeliness of Claims Payments	
Providing Quality Care	
Prior Authorization Process	Negative Impact/Neutral Impact/Positive Impact
Formulary	
Non-Formulary	
Adequate Access to Non-Formulary Drugs	Dissatisfied/Neutral/Satisfied
Service Coordinators	
Helpfulness of Service Coordinators	Dissatisfied/Neutral/Satisfied

Measure	Response Category Classifications
Specialists	
Adequacy of Specialists	Dissatisfied/Neutral/Satisfied
Adequacy of Behavioral Health Specialists	
Availability of Mental Health Providers	
Substance Abuse	
Access to Substance Abuse Treatment	Dissatisfied/Neutral/Satisfied

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 (e.g., satisfied, neutral, and dissatisfied). Responses that fell into a response category were assigned a 1, while all others were assigned a 0. These values were summed to determine a response category score using the Model to adjust the correlation structure of responses.

Plan Comparisons

A comparative analysis was performed for each domain to compare the plan-level top-box scores to the top-box scores of the QI Program aggregate to determine whether there were statistically significant differences. HSAG reviewed the data and identified that the plan ratings of a single provider are related to each other. Given these characteristics of the data, a Hierarchical Model for Latent Variables was used to identify statistically significant differences between the QI health plans' results. In this model, the correlation structure of the responses was considered in order to adjust the QI health plan ratings.

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

Trend Analysis

A trend analysis was performed for each domain that compared the 2018 top-box rates to the corresponding 2016 top-box rates to determine whether there were statistically significant differences. The same model, as described above, was used to compare the 2018 top-box rates to the corresponding 2016 top-box rates. Triangles (▲ or ▼) were assigned to indicate statistically significant differences between the 2018 and corresponding 2016 top-box rates.

Limitations and Cautions

The findings presented in the 2018 Hawaii Provider Survey Report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Non-Response Bias

The experiences of the provider respondent population may be different than that of non-respondent providers with respect to their personal experiences and may vary by plan. Therefore, the potential for non-response bias should be considered when interpreting these results.

Single Point-in-Time

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

Causal Inferences

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

Multi-Plan Participation

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

7. Survey Instruments

This section provides a copy of the 2018 KFHP and non-KFHP survey instruments used during this study.

2018 HAWAII PROVIDER'S SURVEY

SURVEY INSTRUCTIONS

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

Correct Mark ●

Incorrect Marks 

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

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

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

   - ○ Very dissatisfied
   - ○ Dissatisfied
   - ○ Neutral
   - ○ Satisfied
   - ○ Very satisfied

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

   - ○ Very dissatisfied
   - ○ Dissatisfied
   - ○ Neutral
   - ○ Satisfied
   - ○ Very satisfied

4. What methods do you use to submit prior authorization requests? (Select all that apply)

   - ○ Electronic (online)
   - ○ Paper (fax)
   - ○ By Phone

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

   - ○ Strong negative impact
   - ○ Negative impact
   - ○ Little or no impact
   - ○ Positive impact
   - ○ Strong positive impact

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

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

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

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

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

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

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

13. Please list the type(s) of specialists needed to improve access.

    _____

    _____

    _____

    _____

    _____

    _____

14. Does Kaiser have an **adequate network of behavioral health specialists** in terms of having **enough** specialists?

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

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

    - ○ Very dissatisfied
    - ○ Dissatisfied
    - ○ Neutral
    - ○ Satisfied
    - ○ Very satisfied

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

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neutral
- ○ Satisfied
- ○ Very satisfied

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

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

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

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

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

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

Results will be available on the Med-QUEST Division Web site after March 1, 2019.

http://www.med-quest.us/

2018 HAWAII PROVIDER'S SURVEY

SURVEY INSTRUCTIONS

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

Correct Mark ●

Incorrect Marks 

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

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

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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
AlohaCare QI	○	○	○	○	○
HMSA QI	○	○	○	○	○
'Ohana (WellCare) QI	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○

3. 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
AlohaCare QI	○	○	○	○	○
HMSA QI	○	○	○	○	○
'Ohana (WellCare) QI	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○

4. What methods do you use to submit prior authorization requests? (Select all that apply)

   ○ Electronic (online)
   ○ Paper (fax)
   ○ By Phone

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

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact
AlohaCare QI	○	○	○	○	○
HMSA QI	○	○	○	○	○
'Ohana (WellCare) QI	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○

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

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact
AlohaCare QI	○	○	○	○	○
HMSA QI	○	○	○	○	○
'Ohana (WellCare) QI	○	○	○	○	○
UnitedHealthcare Community Plan QI	○	○	○	○	○

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

	NO, not very adequate	Somewhat adequate	YES, definitely adequate
AlohaCare QI	○	○	○
HMSA QI	○	○	○
'Ohana (WellCare) QI	○	○	○
UnitedHealthcare Community Plan QI	○	○	○

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

	NO, not very adequate	Somewhat adequate	YES, definitely adequate
AlohaCare QI	○	○	○
HMSA QI	○	○	○
'Ohana (WellCare) QI	○	○	○
UnitedHealthcare Community Plan QI	○	○	○

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

   ○ Yes
   ○ No

10. What is your specialty?

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

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

   ○ Independent private practice
   ○ Hospital affiliated
   ○ Federally qualified health center (FQHC)
   ○ Other (Please list below)
   _____

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

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

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

	NO, not very adequate	**Somewhat adequate**	**YES, definitely adequate**
AlohaCare QI	○	○	○
HMSA QI	○	○	○
'Ohana (WellCare) QI	○	○	○
UnitedHealthcare Community Plan QI	○	○	○

14. For each health plan, please list the type(s) of specialists needed to improve access.

AlohaCare QI	
HMSA QI	
‘Ohana (WellCare) QI	
UnitedHealthcare Community Plan QI	

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

	NO, not very adequate	**Somewhat adequate**	**YES, definitely adequate**
AlohaCare QI	○	○	○
HMSA QI	○	○	○
'Ohana (WellCare) QI	○	○	○
UnitedHealthcare Community Plan QI	○	○	○

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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
AlohaCare QI	O	O	O	O	O
HMSA QI	O	O	O	O	O
'Ohana (WellCare) QI	O	O	O	O	O
UnitedHealthcare Community Plan QI	O	O	O	O	O

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
AlohaCare QI	O	O	O	O	O
HMSA QI	O	O	O	O	O
'Ohana (WellCare) QI	O	O	O	O	O
UnitedHealthcare Community Plan QI	O	O	O	O	O

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

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

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

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

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

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

Results will be available on the Med-QUEST Division Web site after March 1, 2019.

http://www.med-quest.us/

Appendix A: Provider Comments

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

Reimbursement

- HMSA QUEST reimbursement to providers through payment transformation is lower than one year ago. HMSA QUEST is bundling EPSDT and Medicaid enhancement payment through monthly capitation payments.
- The additional administrative burden compounded by the complexity and generally lower self-management ability of QUEST patients make the lower pay scale literally unacceptable. We do not take QUEST anymore. We send all our patient to the FQHC, since they receive additional funding. Private practices can hardly survive on what commercial HMSA pays, and we cannot bear additional financial burden.
- QUEST HMSA payment transformation has a negative impact in our practice.
- The only plan that will pay providers in a timely manner is HMSA. The rest of the plans are a pain. My staff are frustrated, and it has been recommended to avoid taking other plans.
- AlohaCare has been clear and responsive to my needs as a pediatrician. Payments are timely, and statements are clear and concise. Staff there are helpful. UnitedHealthcare consistently denies most claims, has confusing and paper-wasting reports to providers, and is very unresponsive. I have provided a lot of unreimbursed care to UnitedHealthcare QUEST patients.
- Reimbursement payments are not received in a timely fashion. Med-QUEST frequently drops patients from coverage without the parents' knowledge, and it is unclear if patient is on insurance carrier or patient error. Patients have difficulty calling into the office and getting through to a service agent to restart or correct active insurance and switch PCP provider. If a patient's insurance falls off when it restarts patients are often auto-assigned to a PCP, rather than clarifying with the patient or defaulting to the prior PCP.
- No psychiatrist wants to accept 'Ohana and UnitedHealthcare. Reimbursement needs to increase by 75–100 percent, so an adequate number of psychiatrists are enrolled; otherwise, there is a shortage of psychiatrists, because no one accepts QUEST (expect for HMSA QUEST).
- UnitedHealthcare's reimbursements are very low.
- PCPs who have large QUEST populations, like my solo practice, will be severely impacted when the medicine per payments are discontinued. It is impossible to recruit new doctors due to the lack of a large group to hire them. Our FQHC provides inadequate care.
- Pay is too low; does not cover costs.
- UnitedHealthcare and 'Ohana are horrible about paying for emergency services provided.
- I only accept HMSA QUEST due to reimbursement rates and ease. Also, because they do not deny claims as often as the other plans do, from what I have heard.

- I can only see one ‘Ohana QUEST client at a time, because they do not provide explanation of benefits information. Their payments take 6 weeks to come in, while others take 2-3 weeks, and the paperwork of dealing with ‘Ohana is horrible.
- Most specialists do not accept ‘Ohana plans because it pays very little.
- All QUEST plans have terrible customer service for providers to call regarding claims.
- HMSA QUEST patients drop off and have frequent urgent care/emergency room visits because of the inability to drive or leave work. We are penalized financially because of this. Per-member, per-month (PMPM) is a horrible way to pay us for these patients. Quality measure payment is unfair when caring for a large number of QUEST patients.
- If you want quality health care, pay the physicians more.
- ‘Ohana and UnitedHealthcare are difficult to work with and the billing is complicated and very time consuming.

Prior Authorizations/Referrals

- The number of providers on Hawaii’s island who accept any kind of QUEST plan has dropped steadily over the last 30+ years with the transition of cash pay practices. The delays (especially for dermatology and ear, nose, and throat) can be months long, effectively casing two tier medical care for our most needy patients.
- Need to cut authorizations that delay care. Unnecessary staff time being used for referrals and prior authorizations.
- Outer island PCPs should not need pre-authorizations for patient who need to see a pediatric sub-specialist at Kapiolani or have procedures done at the only children’s hospital in the Pacific. This is very time consuming and unreasonable. Oahu-based doctors are not required to do this. We need to do it only because of the cost of transportation, not for the medical need.
- For HMSA QUEST, prior authorizations for MRIs/CTs must be obtained by a third-party company, yet authorizations are based on questions that have legitimate answers. While the patients’ condition could be deteriorating, most times, prior authorizations are not approved.
- ‘Ohana QI has a 25 percent reduction in provider’s eligible fees for the privilege of participating with them. If you opt-out in order to get a decent remittance for one’s work, they have a punitive pre-authorization system, which is both time consuming and unfair. If you do not submit your pre-authorization request in a timely fashion (before the client is seen), they will not pay for sessions. They never approve a retro-authorization even in cases where the client did not advise us that their insurance had changes. Even with a timely filing, they would not approve sessions, because we need to wait for a rejection from their primary insurance that took several weeks to obtain. We have heard that ‘Ohana has a wait list to credential providers in Hilo. Some have had to wait 6 months; meanwhile, needy clients of QI have to wait to see a therapist because there are not enough providers. There should be a thorough investigation into the practices and policies of ‘Ohana care.
- Always annoying to need referrals with QUEST insurance.

Specialists/Behavioral Health

- Lack of availability of specialists, pediatricians, psychiatrists, and family practices.
- Do not accept AlohaCare and ‘Ohana. The major reason I hesitate to accept more QUEST patients is that it is impossible/difficult to get specialty access. Concerns about malpractice risk as I am left to manage beyond my specialty training.
- There is a dire shortage of specialists in Hilo.
- No providers available to refer to for most specialists.
- I have several patients in need of case management services. I have a lot of difficulty helping my patients find a psychiatrist near them.
- No specialists take new patients.
- Behavioral health and pain specialty are in short supply everywhere.
- No day facilities for addiction; one Medicaid dermatologist who is booked is not accepted; one oncologist is on the west side of the island; one cardiologist who accepts; one neurologist in Hilo, which is one hour away and booked a month out.

Miscellaneous

- I have not had to use substance abuse treatment myself, as I am a pediatrician.
- Cannot get through to a provider survey advocate for either UnitedHealthcare or ‘Ohana. You get a customer service agent who says they will email someone and have them call you back in three business days.
- We have extreme difficulty getting any kind of communication with UnitedHealthcare. They do not return calls or emails.
- Patient cannot make it to the office because of transportation issues.
- The service coordinators are a huge help when it comes to quality care for our members. Really appreciate all that they do for our patients.
- The problems stem from Med-QUEST, not the health plans. Generally, fees are low. A shortage of all doctors, particularly in QUEST, is a problem due to the program.
- Physicians do not want to come or stay in Hawaii. The pay is poor, you spend too much to run an office, and cost of living is too expensive. Hawaii ranks in the bottom five for states and the ranking is well deserved.
- HMSA is making profit by cheating physicians and not paying anyone to care; many unassigned HMSA QUEST patients.
- Do away with Evercare, ‘Ohana, and UnitedHealthcare; just leave AlohaCare and HMSA as the QUEST network insurance companies.
- Insurance companies are not following state laws. The denials of claims are so confusing. HMSA commits fraud by replacing sheets on signed contracts with new sheets.

- AlohaCare is criminal and devious. They steal patients from HMSA, and when asked to correct the problem, they refuse.
- Allowing any QUEST patient to have a zero co-pay to access any/all emergency departments promotes and encourages abuse by the Medicaid population. The system increases drug use, since prescriptions are free too.

Appendix B: Specialists to be Expanded

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

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

Specialist	Count	Percent
Psychiatrist	29	36.3%
Dermatologist	23	28.8%
All	15	18.8%
Otolaryngologist (Ear, Nose, and Throat)	13	16.3%
Gastroenterologist	11	13.8%
Neurologist	11	13.8%
Cardiologist	9	11.3%
Orthopedist	7	8.8%
Rheumatologist	7	8.8%
Behavioral Health Practitioner	6	7.5%
Surgeon	5	6.3%
Nephrologist	4	5.0%
Pulmonologist	4	5.0%
Urologist	4	5.0%
Allergist/Immunologist	3	3.8%
Endocrinologist	3	3.8%
Oncologist	3	3.8%
Obstetrician-Gynecologist (OB/GYN)	3	3.8%
Optometrist	2	2.5%
Pediatric Psychiatrist	2	2.5%
Psychologist	2	2.5%
Audiologist	1	1.3%
Dietician	1	1.3%
Mental Health Practitioner	1	1.3%
Neurosurgeon	1	1.3%
Oral Surgeon	1	1.3%
Pain Management Specialist	1	1.3%
Pediatric Allergist	1	1.3%
Pediatric Behavioral Health Practitioner	1	1.3%
Pediatric Dermatologist	1	1.3%

Specialist	Count	Percent
Pediatric Mental Health Practitioner	1	1.3%
Pediatric Psychologist	1	1.3%
Pediatricians	1	1.3%
Physiatrist	1	1.3%

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

Specialist	Count	Percent
Dermatologist	28	36.8%
Psychiatrist	21	27.6%
Otolaryngologist (Ear, Nose, and Throat)	11	14.5%
Neurologist	9	11.8%
All	8	10.5%
Gastroenterologist	7	9.2%
Rheumatologist	7	9.2%
Behavioral Health Practitioner	5	6.6%
Pulmonologist	4	5.3%
Allergist/Immunologist	3	3.9%
Nephrologist	3	3.9%
Orthopedist	3	3.9%
Cardiologist	2	2.6%
Endocrinologist	2	2.6%
Obstetrician-Gynecologist (OB/GYN)	2	2.6%
Pediatricians	2	2.6%
Urologist	2	2.6%
Case Manager	1	1.3%
Dietician	1	1.3%
Family Physician	1	1.3%
Internist	1	1.3%
Neurosurgeon	1	1.3%
Ophthalmologist	1	1.3%
Pediatric Allergist	1	1.3%
Pediatric Dermatologist	1	1.3%
Pediatric Mental Health Practitioner	1	1.3%
Pediatric Neurologist	1	1.3%
Pediatric Psychiatrist	1	1.3%
Plastic Surgeon	1	1.3%

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

Specialist	Count	Percent
Pain Management Specialist	3	25.0%
Behavioral Health Practitioner	2	16.7%
Rheumatologist	2	16.7%
Cardiologist	1	8.3%
Chemical Dependency Specialist	1	8.3%
Dermatologist	1	8.3%
Hematologist	1	8.3%
Oncologist	1	8.3%
Osteopathic Specialist	1	8.3%
Physiatrist	1	8.3%
Psychiatrist	1	8.3%

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

Specialist	Count	Percent
Psychiatrist	16	25.8%
All	14	22.6%
Dermatologist	12	19.4%
Neurologist	8	12.9%
Otolaryngologist (Ear, Nose, and Throat)	7	11.3%
Gastroenterologist	6	9.7%
Allergist/Immunologist	4	6.5%
Rheumatologist	4	6.5%
Behavioral Health Practitioner	3	4.8%
Orthopedist	3	4.8%
Pulmonologist	3	4.8%
Cardiologist	2	3.2%
Physiatrist	2	3.2%
Surgeon	2	3.2%
Urologist	2	3.2%
Audiologist	1	1.6%
Case Manager	1	1.6%
Chiropractor	1	1.6%
Dietician	1	1.6%
Endocrinologist	1	1.6%
Obstetrician-Gynecologist (OB/GYN)	1	1.6%
Oncologist	1	1.6%
Pediatric Allergist	1	1.6%
Pediatric Neurologist	1	1.6%

Specialist	Count	Percent
Pediatric Psychiatrist	1	1.6%
Physical Therapist	1	1.6%
Plastic Surgeon	1	1.6%
Sleep Medicine Specialist	1	1.6%
Vascular Surgeon	1	1.6%

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

Specialist	Count	Percent
Psychiatrist	17	27.4%
Dermatologist	14	22.6%
All	10	16.1%
Otolaryngologist (Ear, Nose, and Throat)	9	14.5%
Behavioral Health Practitioner	5	8.1%
Gastroenterologist	5	8.1%
Allergist/Immunologist	4	6.5%
Neurologist	4	6.5%
Cardiologist	3	4.8%
Pediatric Psychiatrist	3	4.8%
Pulmonologist	3	4.8%
Rheumatologist	3	4.8%
Orthopedist	2	3.2%
Surgeon	2	3.2%
Audiologist	1	1.6%
Chiropractor	1	1.6%
Dietician	1	1.6%
Endocrinologist	1	1.6%
Nephrologist	1	1.6%
Obstetrician-Gynecologist (OB/GYN)	1	1.6%
Pediatric Allergist	1	1.6%
Pediatricians	1	1.6%
Sleep Medicine Specialist	1	1.6%
Urologist	1	1.6%
Vascular Surgeon	1	1.6%