

2023 Hawaii Provider Survey Report

Department of Human Services

Med-QUEST Division

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1. Executive Summary

Introduction

In calendar year (CY) 2023, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more QI health plans. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Hawaii Provider Survey. The goal of the survey is to supply feedback to the MQD as it relates to providers’ perceptions of the QI health plans (listed in Table 1-1).

Table 1-1—Participating QI Health Plans

Program/Plan Name	Program/Plan Abbreviation
AlohaCare QUEST Integration	AlohaCare QI
HMSA QUEST Integration	HMSA QI
Kaiser Foundation Health Plan QUEST Integration	KFHP QI
‘Ohana Health Plan QUEST Integration	‘Ohana QI
UnitedHealthcare Community Plan QUEST Integration	UHC CP QI

HSAG and the MQD developed a survey instrument designed to acquire provider information and gain providers’ insight into the QI health plans’ performance and potential areas of performance improvement. A total of 1,500 providers were sampled for inclusion in the survey administration: 200 KFHP providers (i.e., KFHP QI) and 1,300 non-KFHP providers (i.e., AlohaCare QI, HMSA QI, ‘Ohana QI, and UHC CP QI providers). Providers completed the surveys from June to August 2023.

Current Status of Health Care in Hawaii

According to the *America's Health Rankings® Annual Report*, Hawaii ranks as the fourth healthiest state in the country across social and economic factors, physical environment, clinical care, behaviors, and health outcomes. Hawaii has a low prevalence of frequent mental distress, multiple chronic conditions, and physical inactivity and ranks first in preventable hospitalizations and overall health outcomes. However, the State is experiencing challenges related to a 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 36th for availability of primary care providers.¹ The Coronavirus Disease 2019 (COVID-19) pandemic impacted physical and mental health, clinical care, and economic resources. From the beginning of the COVID-19 pandemic, all Medicaid members received continuous uninterrupted coverage; however, starting in April 2023, the MQD began notifying its Medicaid members that their eligibility would be redetermined. The notification and redetermination process is being spread out over a one-year period.²

Provider Workforce Shortage

Hawaii continues to have a significant overall physician shortage. As of December 2022, there was an estimated 776 full time equivalents shortage of direct care physicians.³ 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 colorectal surgery, adult and pediatric pulmonology, infectious disease, pediatric endocrinology, allergy/immunology, and rheumatology. 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.⁴

¹ America's Health Rankings. *2022 Annual Report*. United Health Foundation, 2022. Available at: <https://assets.americashealthrankings.org/app/uploads/allstatesummaries-ahr22.pdf>. Accessed on: July 26, 2023.

² State of Hawai'i Department of Human Services: Med-Quest Division. *Stay Well Stay Covered*. March 2023. Available at: https://medquest.hawaii.gov/en/about/recent-news/2023/Stay_Well_Stay_Covered.html. Accessed on: July 27, 2023.

³ University of Hawaii. *University of Hawai'i System Annual Report: Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project*. December 2022. Available at: https://www.hawaii.edu/govrel/docs/reports/2023/act18-sslh2009_2023_physician-workforce_annual-report_508.pdf. Accessed on: July 27, 2023.

⁴ *ibid.*

1115 Waiver Extension

On July 31, 2019, the Centers for Medicare & Medicaid Services approved the MQD's request to continue to operate its Hawaii QI program thru July 2024.⁵ The State plans to continue to provide most benefits through capitated managed care and mandate managed care enrollment for most members. The State will use a fee-for-service system for long-term care services for individuals with developmental or intellectual disabilities, applicants eligible for retroactive coverage only, certain medically needy non-aged, blind, or disabled individuals, and medical services under the State of Hawaii Organ and Tissue Transplant program, among other services. In October 2020, the MQD released its updated Hawaii Quality Strategy to act as a blueprint for the development of innovations to meet the MQD's goals. The Hawaii 'Ohana Nui Project Expansion (HOPE) initiative provides the framework for the quality strategy.⁶ HOPE is a five-year initiative to develop and implement a roadmap to support the vision of families and healthy communities to achieve the triple aim of better health, better care, and sustainable costs. The HOPE initiative is focused on four strategic areas:

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

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.

⁵ State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawai'i QUEST Integration Section 1115 Waiver Demonstration Evaluation Design*. October 2020. Available at: https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/HI_Medicaid_1115_Evaluation_Design_Final_Approved_10-15-2020.pdf. Accessed on: July 27, 2023.

⁶ State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawaii Quality Strategy 2020*. October 2020. Available at: <https://medquest.hawaii.gov/en/resources/quality-strategy.html>. Accessed on: July 27, 2023.

Figure 1-1—HOPE Driver Diagram⁷

Goals/Aims	Strategies/Primary Drivers	Priority Initiatives/Secondary Drivers	Interventions
<p>By 12/31/2022:</p> <p>Healthy Communities and Healthy Families</p> <p>Achieve the Triple Aim of Better Health, Better Care and Sustainable Costs</p>	Invest in primary care, prevention, and health promotion	<ul style="list-style-type: none"> Build capacity and improve access to primary care Integrate behavioral health with physical health across the continuum of care Support children’s behavioral health Promote oral health 	<ul style="list-style-type: none"> Increase the proportion of health care spending on primary care Cover additional evidence-based services that promote behavioral health integration Promote and pilot home-visiting for vulnerable children and families Restore the Medicaid adult dental benefit
	Improve outcomes of High-Need/ High-Cost (HNHC) individuals	<ul style="list-style-type: none"> Promote the implementation of evidence-based practices that specifically target HNHC individuals 	<ul style="list-style-type: none"> Implement value-based purchasing strategies that incentivize whole-person care including intensive case management that addresses social determinants of health Identify specific populations with disparities and develop plan to achieve health equity
	Payment Reform and Alignment	<ul style="list-style-type: none"> Improve health by providing access to integrated health care with value-based payment structures 	<ul style="list-style-type: none"> Evolve current value-based purchasing contracts with managed care plans Incorporate health-related social needs into provider and insurance payments
	Support community initiatives to improve population health	<ul style="list-style-type: none"> Work with strategic partners to evolve the delivery system from the local level to the top 	<ul style="list-style-type: none"> Foster needed strategic focus on community health transformation and collaboration
	Enhance foundational building blocks: health information technology, workforce capacity and flexibility, and performance management and evaluation	<ul style="list-style-type: none"> Use data and analytics to drive transformation Develop payment models that drive use of care teams Create a core set of metrics to measure HOPE progress 	<ul style="list-style-type: none"> Develop capacity to collect and analyze data Promote multidisciplinary team based care Complete evaluation on HOPE activities

⁷ State of Hawaii, Department of Human Services, Med-QUEST Division. *Hawaii Quality Strategy 2020*. October 2020. Available at: <https://medquest.hawaii.gov/en/resources/quality-strategy.html>. Accessed on: July 27, 2023.

Survey Administration Overview

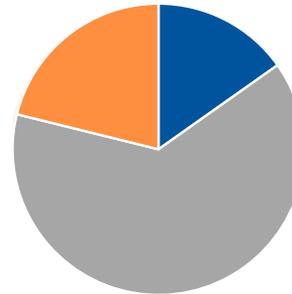
The information presented below is a summary of the survey dispositions from the provider samples.

START SURVEY: **06.22.23** FINISH SURVEY: **08.31.23**

TOTAL SAMPLE SIZE **1,500**

RESPONSE RATE **19.3%**

 COMPLETES	228
 INCOMPLETES	955
 INELIGIBLES	317



■ COMPLETES ■ INCOMPLETES ■ INELIGIBLES

DETAILS

	Mail 1	Mail 2	Internet
COMPLETES	127	43	58
Undeliverables			
INELIGIBLES	317		

Summary of Results

Plan Comparisons

In order to identify differences in provider experience between the QI health plans, the 2023 top-box scores of each health plan were compared to the QI Program. Table 1-2 presents a summary of these results. The detailed results of this analysis are found in the Results section beginning on page 19.

Table 1-2—Plan Comparisons

	AlohaCare QI	HMSA QI	KFHP QI	'Ohana QI	UHC CP QI
General Positions					
<i>Compensation Satisfaction</i>	—	—	↑	↓	—
<i>Timeliness of Claims Payments</i>	—	↑	—	↓	—
Providing Quality Care					
<i>Formulary</i>	—	—	↑	↓	—
<i>Prior Authorization Process</i>	—	↑	—	↓	—
Non-Formulary					
<i>Adequate Access to Non-Formulary Drugs</i>	—	—	↑	↓	↓
Health Coordinators					
<i>Helpfulness of Health Coordinators</i>	—	—	↑	↓	↓
Specialists					
<i>Adequate Network of Specialists</i>	↓	↑	↑	↓	↓
<i>Availability of Mental Health Providers</i>	↓	—	↑	↓	—
Substance Abuse					
<i>Access to Substance Abuse Treatment</i>	↓	↓	↑	↓	↓
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program. ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program. — Indicates the QI health plan's top-box score is not statistically significantly different than the QI Program.					

Trend Analysis

In order to evaluate trends in performance, HSAG compared the 2023 top-box scores to the corresponding 2021 top-box scores.⁸ The QI Program's 2023 top-box scores were statistically significantly higher than the 2021 top-box scores for the following measure items:

- **General Positions**
 - *Compensation Satisfaction*
- **Providing Quality Care**
 - *Formulary*
- **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*

There were no statistically significant differences for *Timeliness of Claims Payments, Prior Authorization Process, and Availability of Mental Health Providers* for the QI Program. Additionally, across all QI health plans, there were no statistically significant differences found in any of the measures. The detailed results of this analysis are located in the Results section beginning on page 19.

⁸ The health care providers were not surveyed in 2022; therefore, the 2023 scores were compared to the corresponding 2021 scores.

Conclusions

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

QI Program

- The QI Program’s 2023 top-box scores were statistically significantly higher than the 2021 top-box scores on 6 of 9 measures.
- *Helpfulness of Health Coordinators* had the highest experience score (44.8 percent) for the QI Program.
- *Availability of Mental Health Providers* and *Prior Authorization Process* had the lowest experience scores (61.7 percent and 47.4 percent, respectively) 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

- HMSA QI’s and KFHP QI’s top-box scores were statistically significantly higher than the QI Program for more measures than any other QI health plan (3 of 9 measures for HMSA QI and 7 of 9 measures for KFHP QI).
- ‘Ohana QI’s top-box scores were statistically significantly lower than the QI Program for more measures than any other QI health plan (9 of 9 measures).
- For *Availability of Mental Health Providers*, AlohaCare QI had the highest dissatisfaction score of 67.0 percent.
- For *Prior Authorization Process*, ‘Ohana QI had the highest dissatisfaction score of 58.0 percent.

Recommendations

Based on the findings revealed in the survey, HSAG offers the following recommendations to evaluate and address provider satisfaction concerns and improve provider response rates for future survey administrations.

- HSAG recommends that the MQD conduct a targeted inquiry of QI health plans, especially ‘Ohana QI, to identify and evaluate the source and validity of providers’ concerns. Based on the results of its review, the MQD can work with the QI health plans to implement improvement actions, where appropriate, to address provider satisfaction.
- Providers contracted with ‘AlohaCare QI reported the highest dissatisfaction score for availability of mental health providers/specialists for their patients. HSAG recommends the MQD, in collaboration with the QI health plans, implement a time-limited focus group to review concerns related to the lack of availability of mental health providers to determine: (1) the degree to which limited/no availability of therapists/specialists impacts patient care across members, and (2) alternative solutions to hiring mental health providers/specialists and coordinating member care.
- Providers exhibited substantially higher levels of dissatisfaction with the prior authorization process. HSAG recommends the MQD, in collaboration with QI health plans, conduct a comparative analysis of the prior authorization process implemented by each QI health plan to determine why providers expressed continued dissatisfaction. HSAG also recommends the MQD review each health plan’s list of services and procedures requiring prior authorization to determine if a QI health plan is requiring prior authorization for services that the other health plans do not or should not require prior authorization. Based on the results of the above activities, the MQD may recommend or require the health plans to revise its prior authorization process to reduce the barriers for providers in ordering medically necessary services and procedures.

For future survey administrations, HSAG recommends continuing to implement the following processes:

- The MQD to continue providing sample frame files with current contact information, including updated email addresses, which are received from the monthly report included in the MQD’s mainframe system.
- KFHP QI to continue sending the initial email notification of the survey to KFHP providers to encourage their participation.
- A coordinated communication campaign, in collaboration with the MQD and the QI health plans, to inform providers of the importance of completing the surveys.

A detailed discussion of recommendations is found in the Recommendations section beginning on page 29.

2. Survey Administration

Survey Administration and Response Rates

Survey Administration

The survey administration process allowed providers two methods by which they could complete the surveys: 1) mail or 2) Internet. The two mailings, which consisted of a survey questionnaire, cover letter that included the option to complete the paper survey or web-based survey with a designated login, and a business reply envelope, were sent to 1,500 providers (200 KFHP providers and 1,300 non-KFHP providers). KFHP QI sent email notifications to KFHP providers to encourage them to complete the survey. HSAG sent up to two email reminders to non-KFHP providers between survey mailings. The MQD was interested in surveying Federally Qualified Health Center (FQHC) providers and increasing responses from primary care providers (PCPs). Therefore, for non-KFHP providers, all FQHC providers were surveyed, with the remaining sample size consisting of PCPs and non-PCPs. Since there were no FQHC providers for KFHP QI, the sample consisted of PCPs and non-PCPs. Table 2-1 provides a breakdown of the sampling scheme for each population.

Table 2-1—Sampling Scheme for Hawaii Provider Survey

Population	Eligible Provider Population	Selected FQHC Providers	Selected PCPs	Selected Non-PCPs	Total Selected Sample
KFHP	634	N/A	150	50	200
Non-KFHP	8,210	81	892	327	1,300
Total Sample	8,844	81	1,042	377	1,500

N/A indicates no FQHC providers were sampled for KFHP.

Additional information on the survey protocol is included in the Reader’s Guide section of this report beginning on page 34.

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. Ineligible surveys included any providers who could not be surveyed due to incorrect or incomplete mailing address information. A total of 228 Hawaii providers completed the survey, including 98 providers from the KFHP sample and 130 providers from the non-KFHP sample. Table 2-2 depicts the sample distribution of surveys and response rates.

Table 2-2—Provider Sample Distribution and Response Rates

	KFHP	Non-KFHP	Hawaii Provider Total
Sample Size	200	1,300	1,500
Ineligible Surveys	6	311	317
Eligible Sample	194	989	1,183
Total PCP Respondents	76	99	175
Total Non-PCP Respondents	22	21	43
Total FQHC Respondents	N/A	10	10
Total Web Respondents	29	29	58
Total Respondents	98	130	228
Response Rate	50.5%	13.1%	19.3%
<i>There are no FQHC providers included in the KFHP sample; therefore, this is not applicable (N/A).</i>			

The response rate for KFHP providers was higher than non-KFHP providers (50.5 percent and 13.1 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.

3. Provider Demographics

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

Figure 3-1—Provider Type

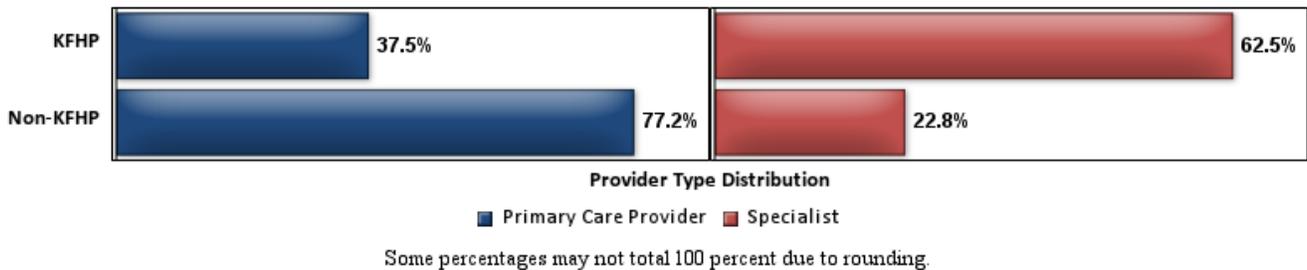


Figure 3-2 presents the percentage of KFHP and non-KFHP providers who responded to the survey by specialty type. Providers were also given the option to write-in other specialties. The specialties listed by providers who wrote in an “Other” response are presented in Table 3-1.

Figure 3-2—Provider Specialty Types

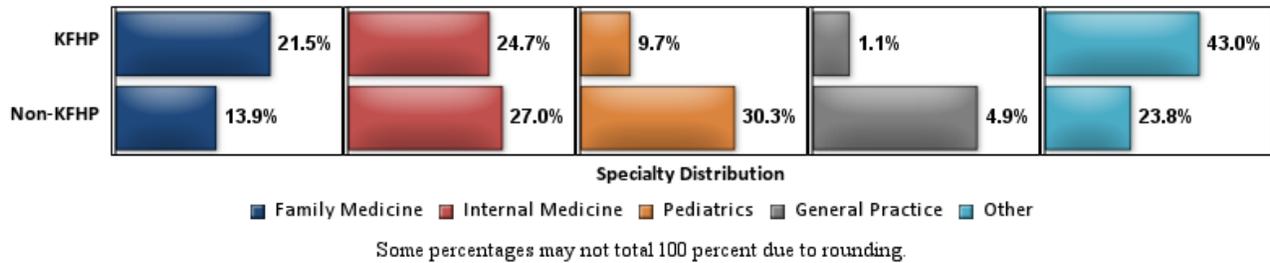
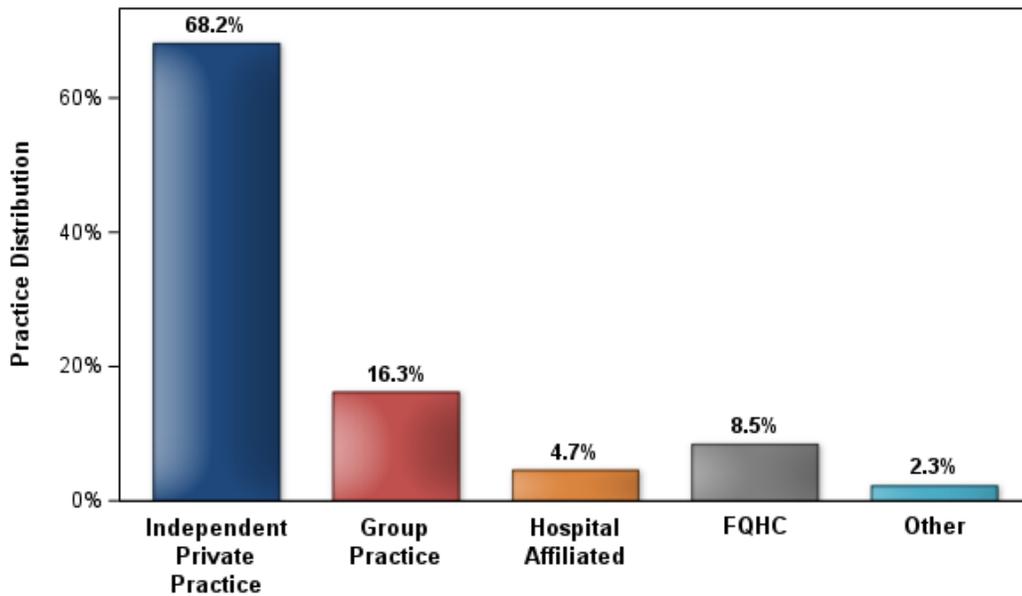


Table 3-1—Other Provider Specialty Types

Specialty	Count	Percent
Psychology	14	18.7%
Obstetrician/Gynecology	9	12.0%
Behavioral Health	6	8.0%
Hospitalist	5	6.7%
Infectious Disease	5	6.7%
Oncology	5	6.7%
Gastroenterology	3	4.0%
Intensive Care Unit	3	4.0%
Nephrology	3	4.0%
Rheumatology	3	4.0%
Cardiology	2	2.7%
Dermatology	2	2.7%
Geriatrics	2	2.7%
Immunology	2	2.7%
Orthopedic Surgery	2	2.7%
Radiology	2	2.7%
Emergency Medicine	1	1.3%
Endocrinology	1	1.3%
General Surgery	1	1.3%
Neonatology	1	1.3%
Otolaryngology (Ear, Nose, Throat)	1	1.3%
Preventive Medicine	1	1.3%
Urology	1	1.3%

Figure 3-3 presents the percentage of non-KFHP providers who responded to the survey by practice type. Providers were also given the option to write-in other practice types. The other practice types consisted of “Pro Bono Concierge” and “Multispecialty Non-Profit.”

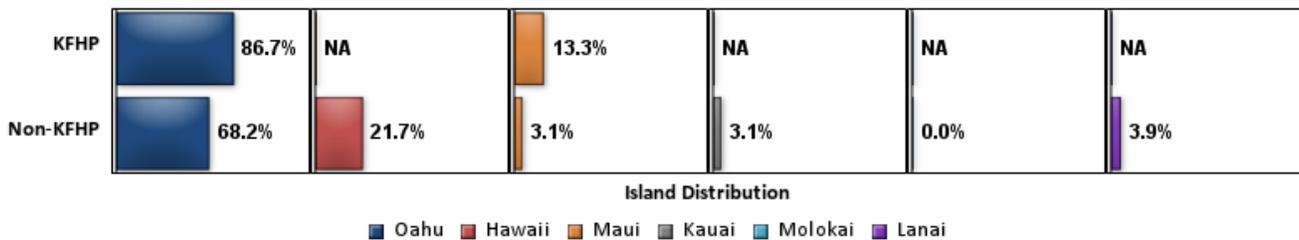
Figure 3-3—Practice Type (Non-KFHP Providers)



Some percentages may not total 100 percent due to rounding.

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

Figure 3-4—Provider Practice by Island⁹



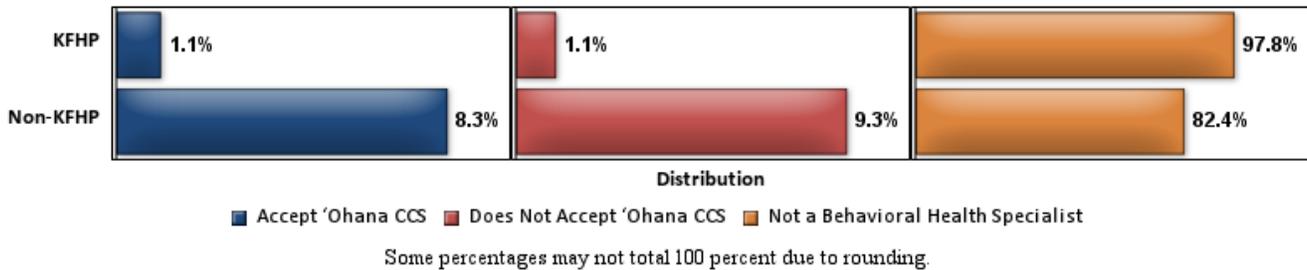
Some percentages may not total 100 percent due to rounding.

NA indicates that these responses were not included in the Hawaii Provider survey for KFHP providers.

⁹ KFHP QI only participates in the QI program on the islands of Oahu and Maui. Hawaii, Kauai, Lanai, and Molokai were not included as response options in the KFHP survey.

Figure 3-5 presents the percentage of KFHP and non-KFHP providers who indicated whether they were a behavioral health specialist. The percentage of KFHP and non-KFHP providers who indicated they were a behavioral health specialist is stratified by whether or not ‘Ohana Community Care Services (CCS) was accepted.¹⁰

Figure 3-5—Behavioral Health: Provider Type

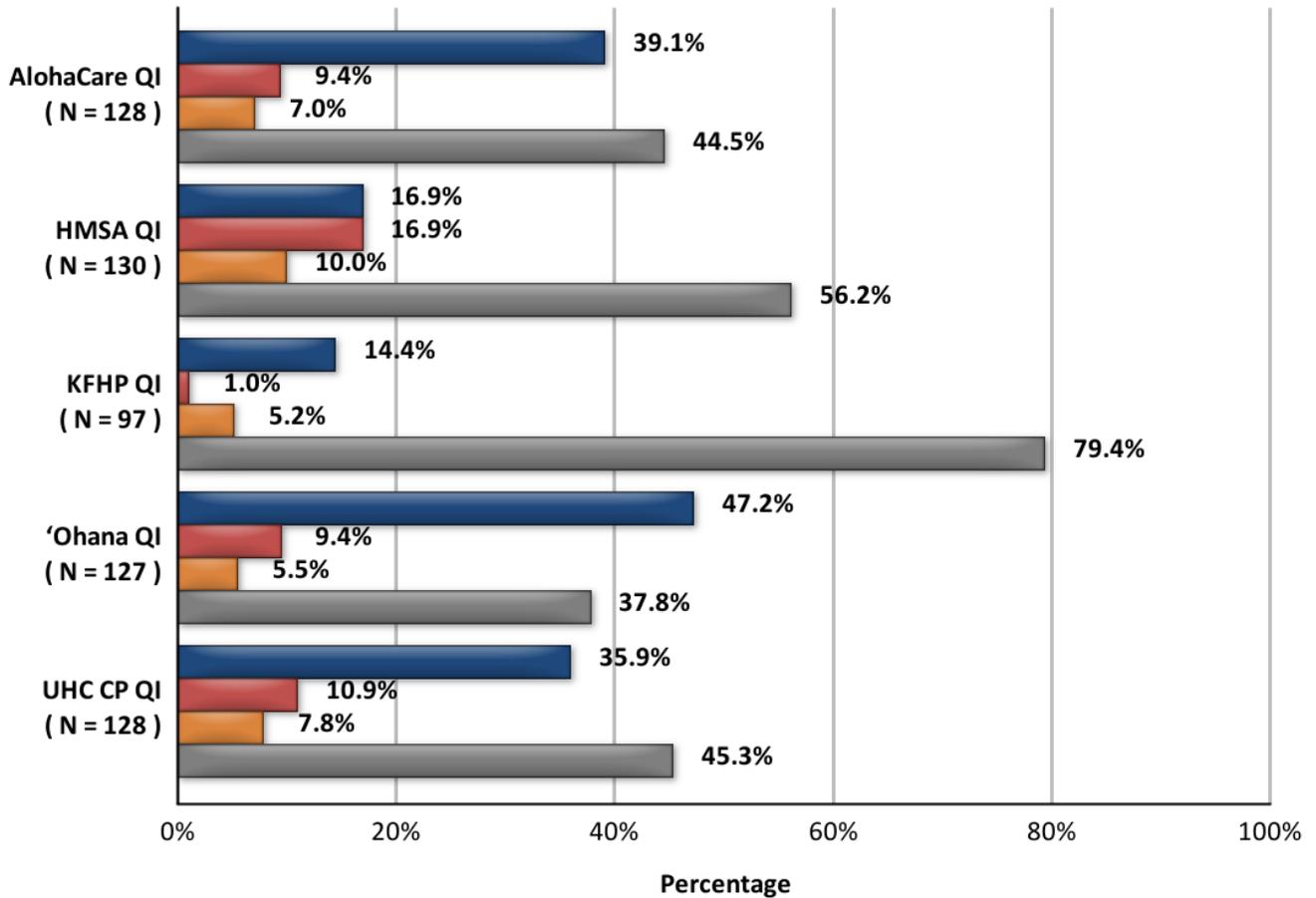


For each QI health plan, providers were asked to list the types of specialists and associated islands they thought needed to be expanded to improve access. For information on these results, please refer to Appendix B in the report beginning on page 45.

¹⁰ Results are based on providers’ responses to Question 15 in the KFHP survey and Question 17 in the non-KFHP survey (i.e., If you are a behavioral health specialist, do you accept ‘Ohana CCS?). Providers who answered “Yes” or “No” were identified as a behavioral health specialist, while providers who answered “I am not a behavioral health specialist” were not identified as a behavioral health specialist.

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

Figure 3-6—Accepting New Patients

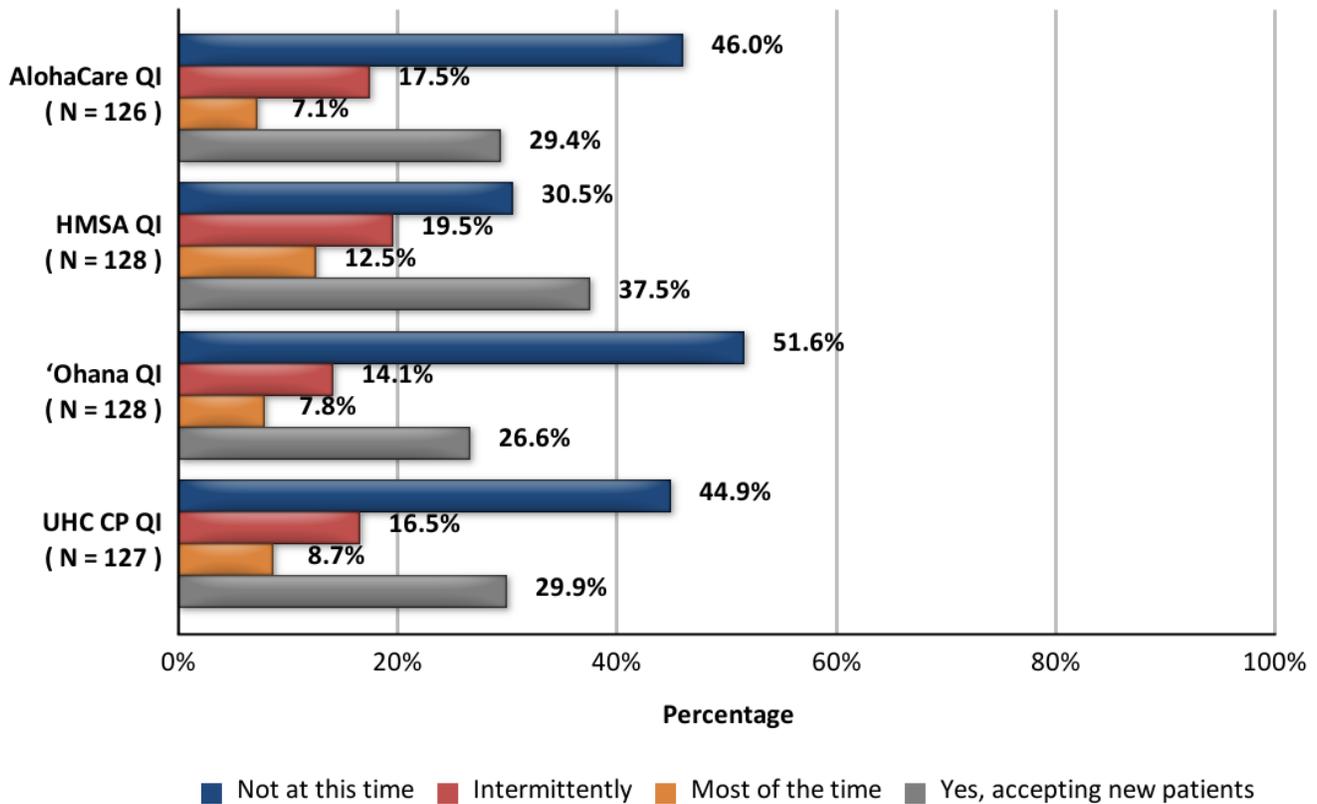


■ Not at this time ■ Intermittently ■ Most of the time ■ Yes, accepting new patients

Some percentages may not total 100 percent due to rounding.

For non-KFHP providers who completed the survey, Figure 3-7 depicts the frequency of providers' acceptance of new patients that are medically and/or socially complex for each non-KFHP QI health plan.¹¹

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



Some percentages may not total 100 percent due to rounding.

¹¹ Question 2 in the non-KFHP survey (i.e., Are you currently accepting new patients that are medically complex [i.e., have multiple chronic health diseases] and/or socially complex [i.e., have behavioral and/or psychological problems] for the following health plans?) was not included in the KFHP survey; therefore, results for KFHP providers are not displayed.

Response Category Proportions

HSAG categorized the Hawaii Provider Survey questions into the following six domains:

- **General Positions**—presents providers’ level of satisfaction with the reimbursement rate (pay schedule) or compensation and timeliness of claims payments.
- **Providing Quality Care**—presents the impact prior authorizations and formularies have on providers’ abilities to deliver quality care.
- **Non-Formulary**—presents providers’ assessment of access to non-formulary drugs.
- **Health Coordinators**¹²—presents providers’ assessment of the help provided by health coordinators.
- **Specialists**—presents providers’ assessment of the network of specialists and availability of mental health providers, including psychiatrists.
- **Substance Abuse**—presents providers’ assessment of the availability of substance abuse treatment for patients.

HSAG adjusted the QI health plan ratings based on the correlation structure of the providers’ responses to each question within the six domains using a Hierarchical Model for Latent Variables. Response options were classified into one of three response categories: (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 positive or satisfied responses and are indicated on the right of the bar graphs in green. Additional information on the response category assignments and classifications is included in the Reader’s Guide section of this report beginning on page 35.

QI health plan survey responses were not limited to those providers who indicated they were currently accepting new patients for that QI health plan in Question 1 of the survey. For example, if a provider indicated that he/she was not accepting new patients at this time for AlohaCare QI in Question 1, his/her responses to subsequent questions would still be included in the results pertaining to AlohaCare QI, if a response had been provided. Therefore, providers may have rated a QI health plan on a survey question even if they were not currently accepting new patients for that plan. Furthermore, if a provider was associated with more than one QI health plan, he/she may have answered a question for multiple plans.¹³

¹² In the 2021 survey, providers were asked about the help provided by service coordinators. However, in the 2023 survey, “service coordinators” was updated to “health coordinators.” Caution should be exercised when comparing 2023 results with 2021 results.

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.

Plan Comparisons

Standard tests of statistical significance were conducted to determine if statistically significant differences in QI health plan performance exist. Statistically significant differences between the QI health plans' top-box responses compared to the QI Program are noted with arrows. For additional information on the plan comparisons methodology, please refer to the Reader's Guide section of the report beginning on page 36.

Trend Analysis

In order to evaluate trends in performance, HSAG compared the 2023 top-box scores to the corresponding 2021 top-box scores.¹⁴ Statistically significant differences are noted with directional triangles. For additional information on the trend analysis methodology, please refer to the Reader's Guide section of the report beginning on page 36.

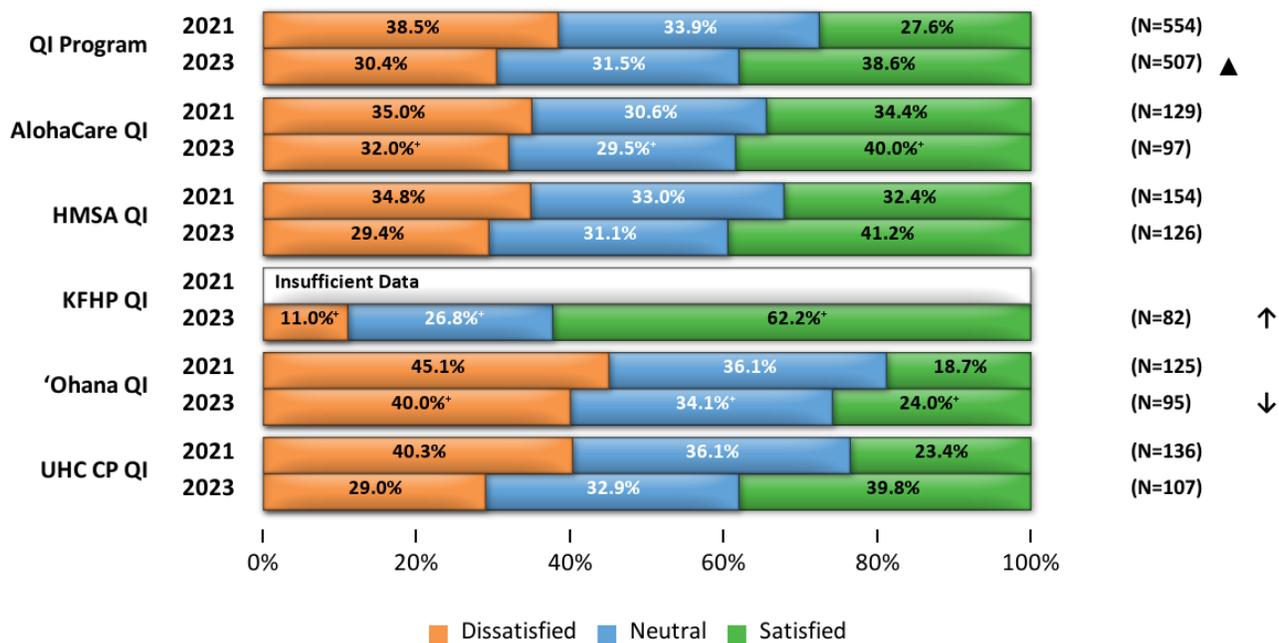
¹⁴ The health care providers were not surveyed in 2022; therefore, the 2023 scores were compared to the corresponding 2021 scores.

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). The top-box scores are the proportion of satisfied responses (i.e., satisfied and very satisfied). Figure 4-1 depicts the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

Figure 4-1—General Positions: Compensation Satisfaction



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

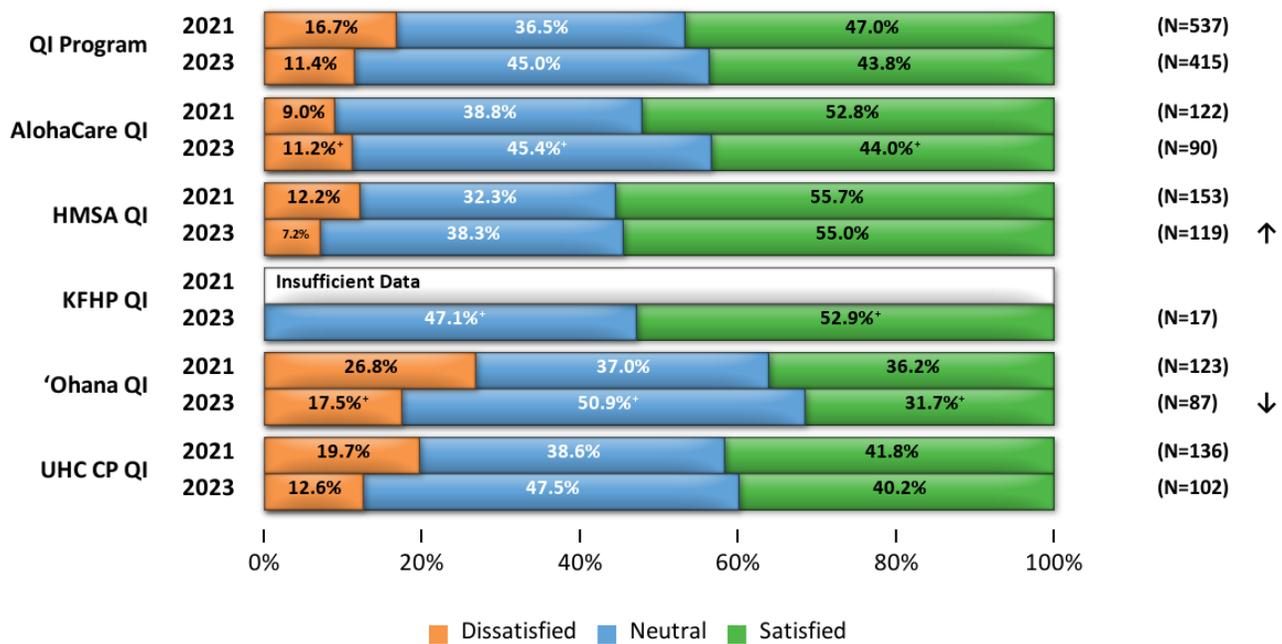
- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.
 Results based on fewer than 11 respondents were suppressed and noted as "Insufficient Data."

Timeliness of Claims Payments

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plan(s). The top-box scores are the proportion of satisfied responses (i.e., satisfied and very satisfied).

Figure 4-2 depicts the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

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



Percentages may not total 100.0% due to model adjustment.
 + Indicates fewer than 100 respondents.

- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan’s top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan’s top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.
 Results based on fewer than 11 respondents were suppressed and noted as “Insufficient Data.”

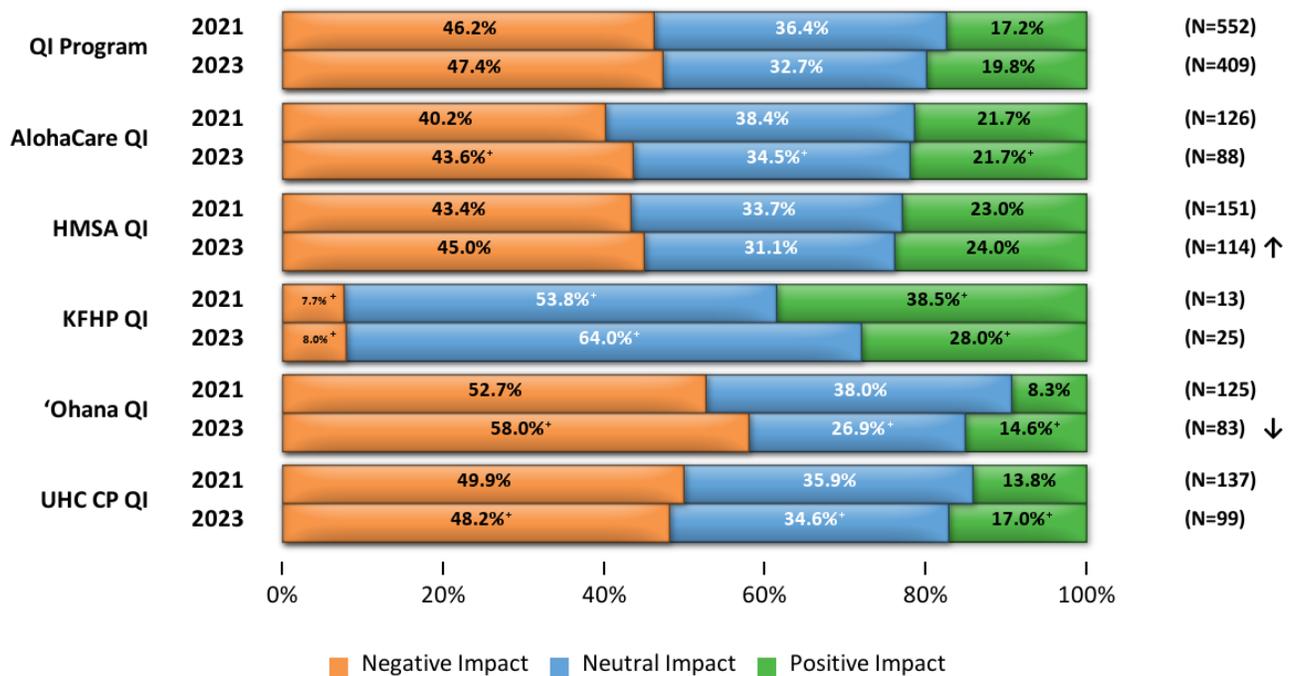
Providing Quality Care

Providers were asked the impact the prior authorization process and formulary have on their ability to provide quality care for their patients in the QI health plans. The top-box scores are the proportion of positive impact responses (i.e., positive impact and strong positive impact). Figure 4-3 and Formulary

Figure 4-4 depict the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

Prior Authorization Process

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



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.

▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.

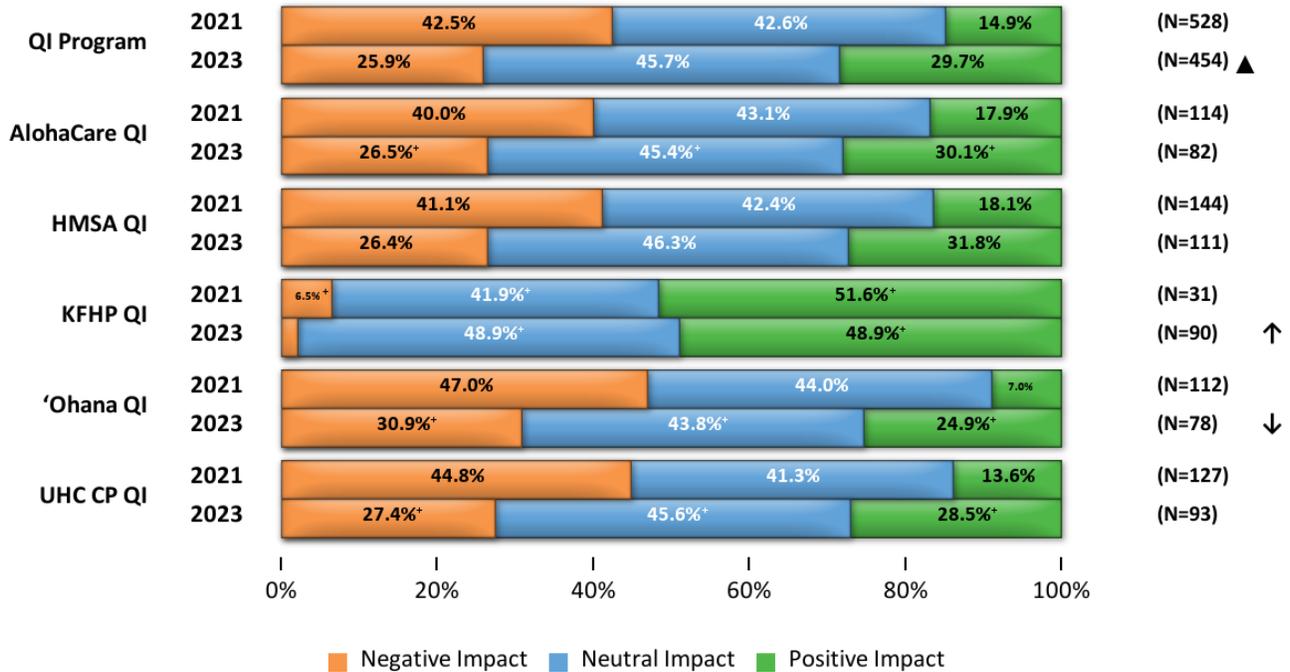
↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.

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

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

Formulary

Figure 4-4—Providing Quality Care: Formulary



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.

▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.

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

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

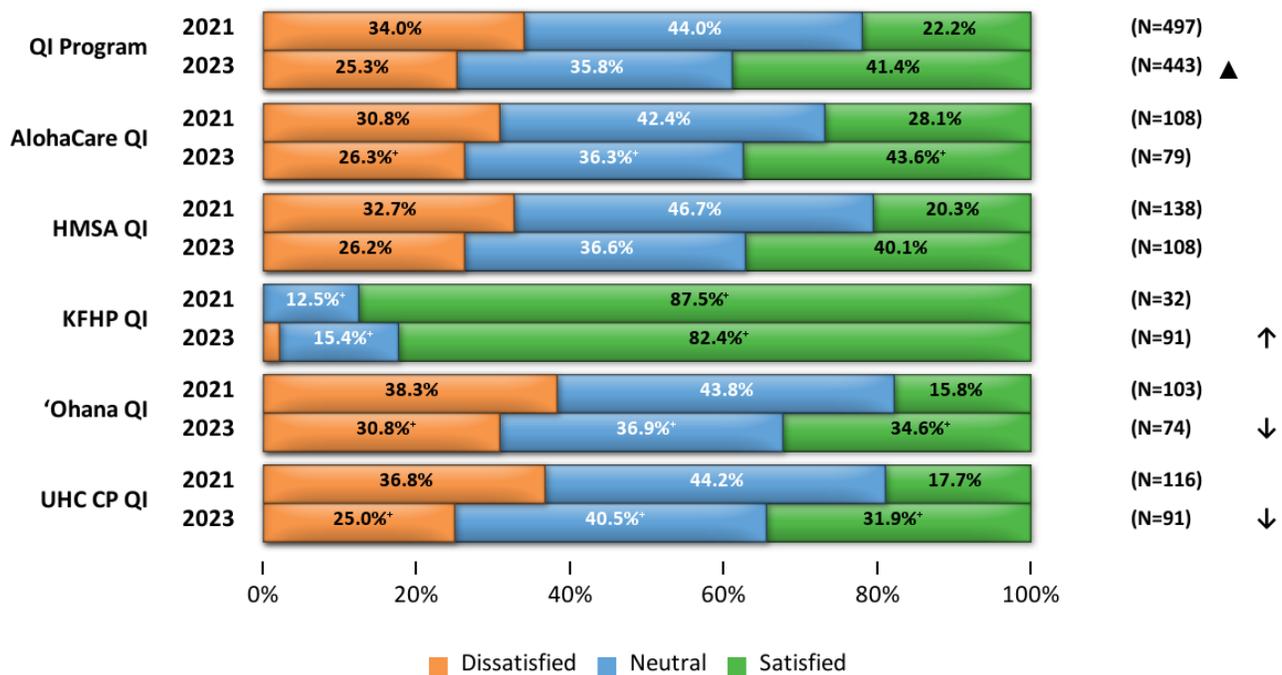
If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

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 plans. The top-box scores are the proportion of satisfied responses (i.e., YES, definitely adequate). Figure 4-5 depicts the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

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



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

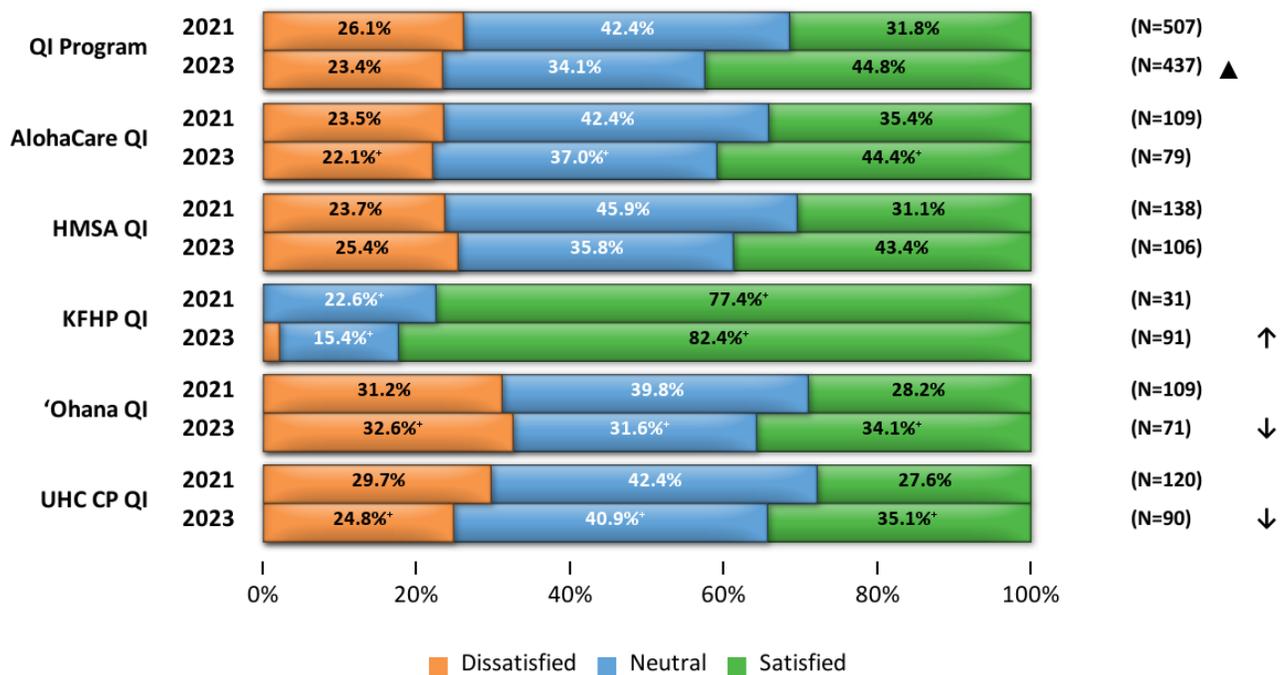
- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears 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. The top-box scores are the proportion of satisfied responses (i.e., YES, definitely adequate). Figure 4-6 depicts the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

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



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

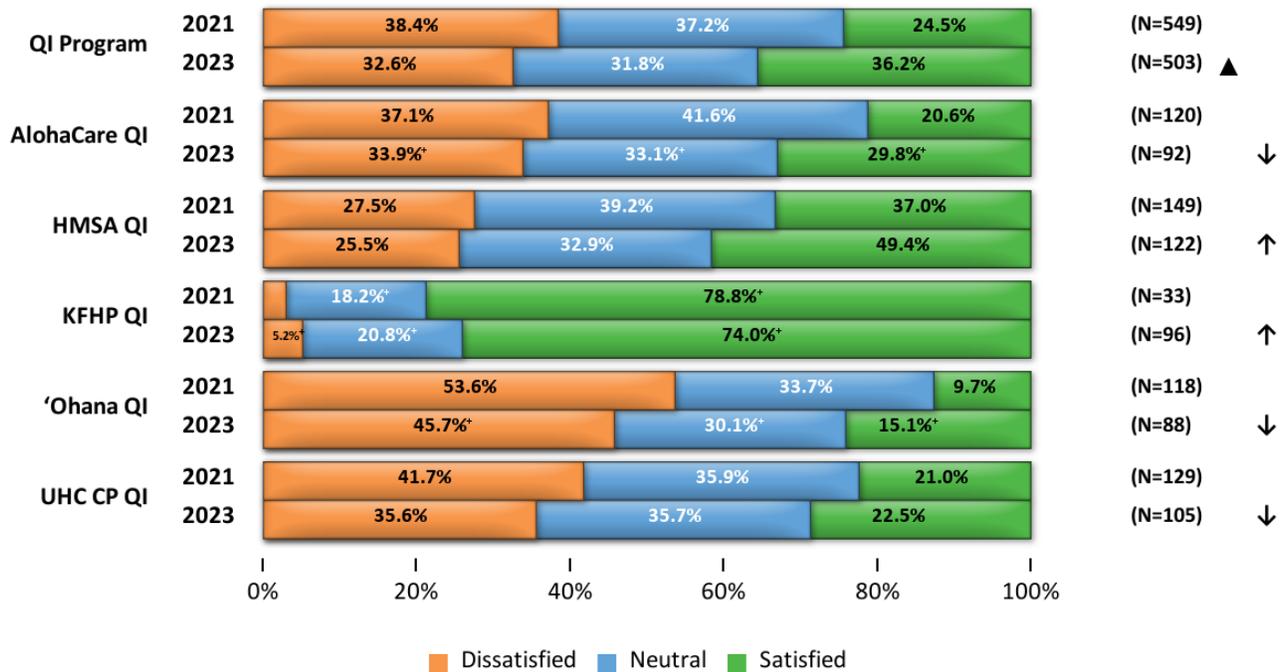
- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Specialists

Providers were asked to rate the adequacy of the QI health plans’ network of specialists, as well as their satisfaction with the QI health plans’ availability of mental health providers, including psychiatrists. The top-box scores are the proportion of satisfied responses (i.e., YES, definitely adequate or satisfied and very satisfied). Figure 4-7 and Figure 4-8 depict the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

Adequate Network of Specialists

Figure 4-7—Specialists: Adequate Network of Specialists



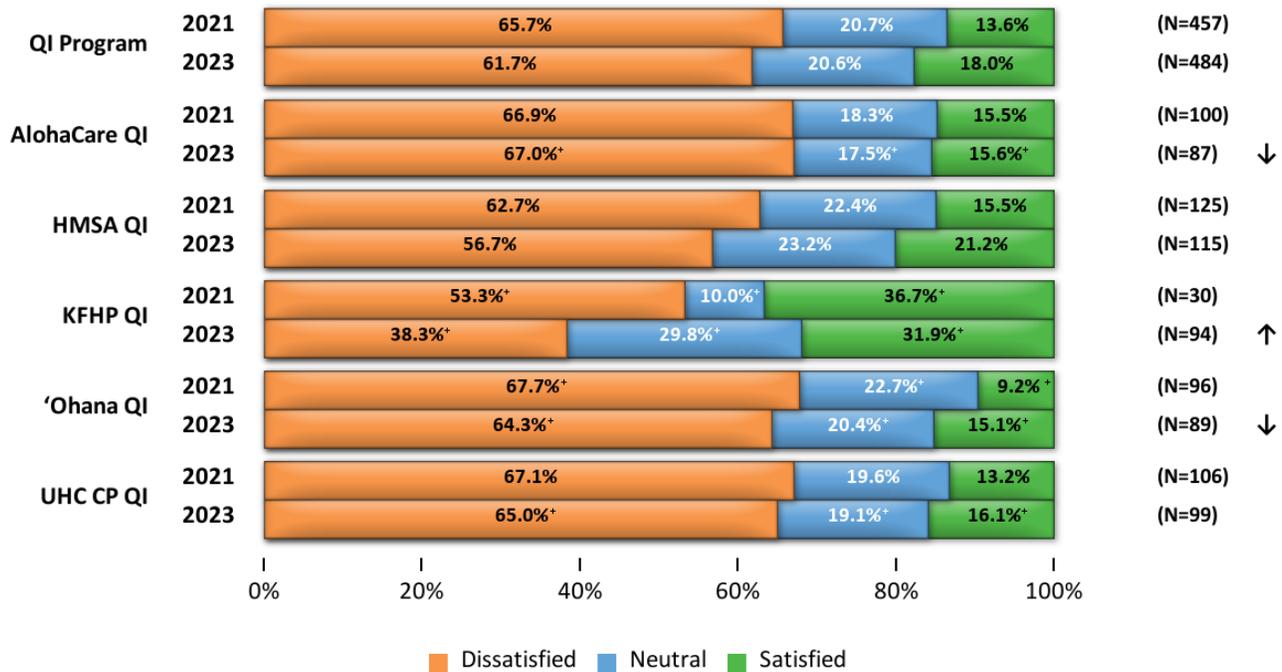
Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan’s top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan’s top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Availability of Mental Health Providers

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



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

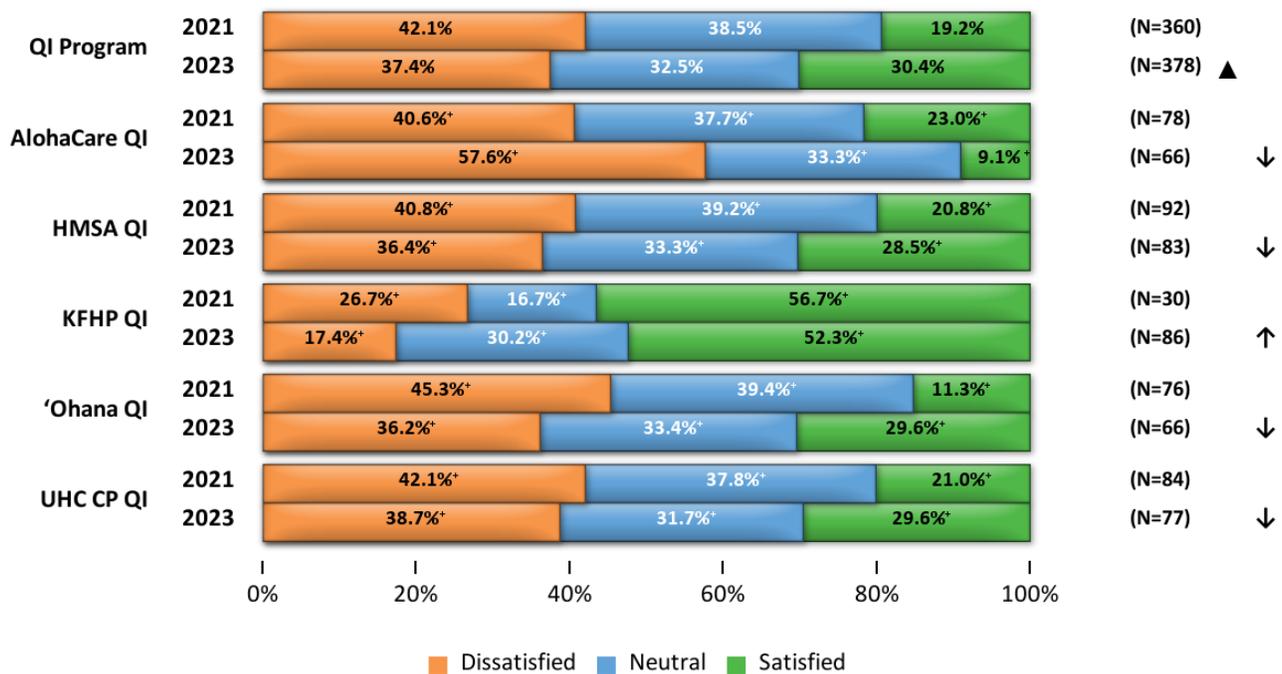
- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Substance Abuse

Access to Substance Abuse Treatment

Providers were asked to rate the access to substance abuse treatment, when needed, through the QI health plans. The top-box scores are the proportion of satisfied responses (i.e., satisfied and very satisfied). Figure 4-9 depicts the response category proportions and total number of responses (N) for each QI health plan and the QI Program.

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



Percentages may not total 100.0% due to model adjustment.

+ Indicates fewer than 100 respondents.

- ▲ Indicates the 2023 top-box score is statistically significantly higher than the 2021 top-box score.
 - ▼ Indicates the 2023 top-box score is statistically significantly lower than the 2021 top-box score.
 - ↑ Indicates the QI health plan's top-box score is statistically significantly higher than the QI Program.
 - ↓ Indicates the QI health plan's top-box score is statistically significantly lower than the QI Program.
- If no statistically significant differences were found, no indicator (▲, ▼ or ↑, ↓) appears on the figure.

Recommendations

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

- Overall, *Availability of Mental Health Providers* and *Prior Authorization Process* had the lowest experience scores for the QI Program. HSAG recommends engaging the QI health plans 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 exhibited substantially higher levels of dissatisfaction compared to the other QI health plans across all survey domains. This finding suggests health care operations surrounding provider reimbursement, service authorizations and coverage, provider networks, and substance abuse treatment for patients may be affecting providers disproportionately for this health plan. HSAG recommends that the MQD conduct a targeted inquiry of 'Ohana QI 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 to implement improvement actions, where appropriate, to address provider satisfaction.
- Providers exhibited substantially higher levels of dissatisfaction with the prior authorization process. HSAG recommends the MQD, in collaboration with QI health plans, conduct a comparative analysis of the prior authorization process implemented by each QI health plan to determine why providers expressed continued dissatisfaction. HSAG also recommends the MQD review each health plan's list of services and procedures requiring prior authorization to determine if a QI health plan is requiring prior authorization for services that the other health plans do not or should not require prior authorization. Based on the results of the above activities, the MQD may recommend or require the health plans to revise its prior authorization process to reduce the barriers for providers in ordering medically necessary services and procedures.
- In general, a majority of providers surveyed, especially those who are contracted with AlohaCare QI, indicated that there is a lack in availability of mental health providers/specialists for their patients. HSAG recommends the MQD, in collaboration with the QI health plans, implement a time-limited focus group to review concerns related to the lack of availability of mental health providers to

determine: (1) the degree to which limited to no availability of therapists/specialists impacts patient care across members, and (2) alternative solutions to hiring mental health providers/specialists and coordinating member care.

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 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 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 rates. Some specific recommended strategies follow:

- HSAG recommends collaboration between the MQD and KFHP to ensure that the sample frame file includes active providers.
- HSAG recommends implementing a coordinated communication campaign, in collaboration with the MQD and the QI health plans, to inform providers of the importance of completing the surveys. In addition to an initial survey email notification sent from KFHP QI and email reminders sent from HSAG, communication platforms should include MQD and QI health plan provider engagement activities (e.g., provider meetings, newsletters, provider portal alerts). Additionally, if possible, the MQD may consider working with the Hawaii Medical Association.
- HSAG recommends that the MQD continue to provide HSAG with updated and unique email addresses received from the monthly report included in the MQD's mainframe system. This ensures that HSAG can send email reminder notifications with a direct link and QR code to the web-based survey, along with a customized provider-specific login, to the non-KFHP providers between survey mailings. HSAG has found that web-based surveys represent an easy and convenient way for providers to respond to the survey and increase participation rates.

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

Survey Administration

Survey Overview

HSAG, in collaboration with the MQD, developed a survey instrument to collect data on providers' experience with the QI health plans. In addition to a general comments section, the survey administered to KFHP providers included 15 questions, and the survey administered to non-KFHP providers included 17 questions on a broad range of topics that each yielded six domains. Figure 6-1 lists the domains and measures included in the survey.

Figure 6-1—Provider Survey Domains and Measures

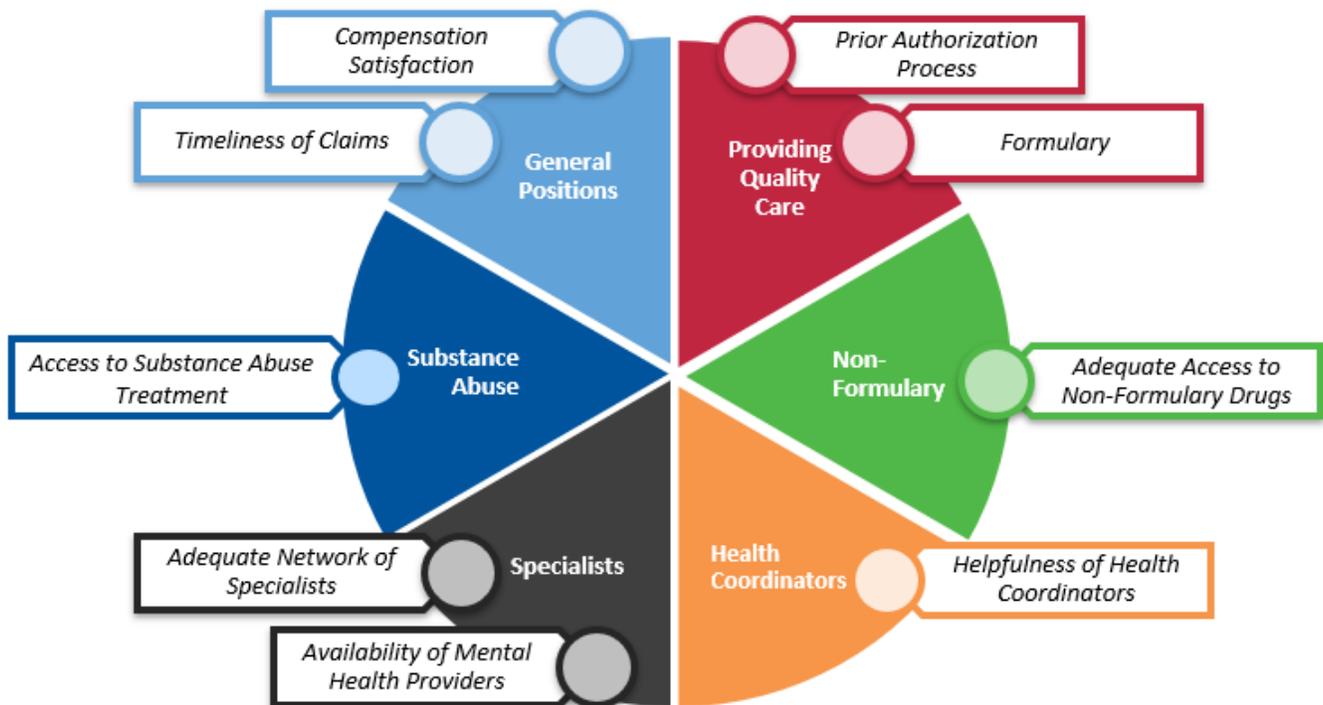


Table 6-1 presents the survey language and response options for each domain.

Table 6-1—Question Language and Response Options

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

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

Sampling Procedures

Hawaii providers eligible for sampling included PCPs and specialists who served the Medicaid population during the study period and were contracted with at least one of the QI health plans. HSAG 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 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 (68.6 percent) and non-PCPs (25.2

percent). Since there were no FQHC providers for KFHP, the sample consisted of PCPs (75.0 percent) and non-PCPs (25.0 percent) only. HSAG sampled providers who met the following criteria:

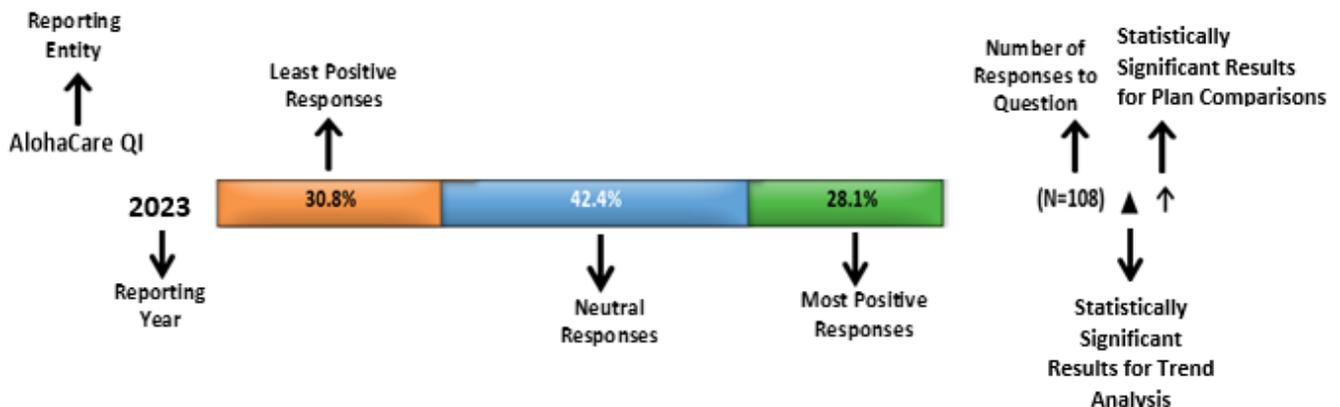
- Served the Hawaii Medicaid population.
- Provided services to QI members as of March 31, 2023.
- Provided services to at least one of the following QI health plans: AlohaCare QI, HMSA QI, KFHP QI, ‘Ohana QI, and UHC CP QI.
- Had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, Psychiatrist, or Advanced Practice Registered Nurse (APRN).

Survey Protocol

The survey administration process allowed KFHP providers and non-KFHP providers two methods by which they could complete the surveys: 1) mail or 2) Internet. KFHP providers received an initial email notification regarding the survey from KFHP QI. A cover letter was mailed to all providers that provided two options to 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 QR code and designated username. All non-respondents received an email reminder, followed by a second survey mailing, and a second email reminder.

How to Read the Bar Graphs

The bar graphs in the Results section have three response categories. The least positive responses to the survey questions are on the left of the bar in orange. Neutral responses fall between the least positive and the most positive responses and are in the middle of the bar in blue. The most positive responses to the survey questions are on the right of the bar in green. The most positive responses also are referred to as “top-box” responses. Below is an explanation of how to read the bar graphs presented throughout the Results section.



Methodology

Response Rates

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

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

Response Category Proportions

Response options to each question within the six domains were classified into response categories in order to calculate the proportion (i.e., percentage) of responses. Table 6-2 presents how the response categories were assigned. The proportions of the most positive response categories (i.e., “Satisfied Response” or “Positive Impact Response”) are considered the top-box scores.

Table 6-2—Response Category Assignments

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

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

Plan Comparisons

A comparative analysis was performed for each measure to compare the plan-level top-box scores to the top-box scores of the QI Program to determine whether there were statistically significant differences. HSAG reviewed the data and identified that the plan scores of a single provider are related to each other. Given these characteristics of the data, a Hierarchical Model for Latent Variables was used to identify statistically significant differences between the QI health plans' results. In this model, the correlation structure of the responses was considered in order to adjust the QI health plan scores. As a result of model adjustments, percentages may not total 100 percent.

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

Trend Analysis

A trend analysis was performed for each measure that compared the 2023 top-box scores to the corresponding 2021 top-box scores to determine whether there were statistically significant differences. Top-box scores that were statistically significantly higher in 2023 are noted with upward triangles (▲). Top-box scores that were statistically significantly lower in 2023 are noted with downward triangles (▼). Scores that were not statistically significantly different from scores in 2023 are not noted with triangles.

Limitations and Cautions

The findings presented in the 2023 Hawaii Provider Survey Report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents and may vary by plan. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.¹⁵ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., providers who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are not statistically significantly more likely to provide a higher top-box response for all measures. However, the 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 participate in more than one QI health plan, the providers' responses toward a given QI health plan may be affected by their experiences with either: 1) a different QI health plan or 2) the QI program. Therefore, any differences reported may be due to additional factors that were not captured in this survey.

COVID-19 Impact

Due to the COVID-19 pandemic, caution should be exercised when comparing the 2023 results to the 2021 results as the number of completed surveys may have been impacted, as well as providers' perceptions of and experiences with the health care system.

¹⁵ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

2023 Maui Wildfires

In early August 2023, approximately 86 and 96 percent of residential buildings in Lahaina and Kula, respectively, were consumed by the wildfires in Maui.¹⁶ Due to the 2023 Maui wildfires, caution should be exercised when comparing the 2023 results to the 2021 results as the number of completed surveys may have been impacted.

¹⁶ University of Hawaii. *Estimated \$5.5B Needed to Rebuild From Lahaina Fire*. August 2023. Available at: <https://www.hawaii.edu/news/2023/08/14/estimated-5-5b-needed-rebuild-lahaina/>. Accessed on: August 30, 2023.

7. Survey Instruments

This section provides a copy of the 2023 KFHP and non-KFHP survey instruments used during this study.



2023 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. What has been the impact of the health plan's **prior authorization process** on your ability to provide quality care for your patients in Kaiser's health plan?
 - Strong negative impact
 - Negative impact
 - Little or no impact
 - Positive impact
 - Strong positive impact
 - Not applicable



2 5 7 8 9 0 1

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

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

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

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

7. 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

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

9. What is your specialty?

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

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

- Oahu
- Maui
- Kauai
- Molokai

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

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

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

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

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

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

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

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

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



2 5 7 8 9 0 2

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:
Logit US, 5151 Bonney Rd, Suite 100, Virginia Beach, VA 23462**

**Results will be available on the Med-QUEST Division Web site after November 22, 2023.
<https://medquest.hawaii.gov>**



2023 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? (Respond to all that apply.)

	Not at this time	Intermittently	Most of the time	Yes, accepting new patients
AlohaCare QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>					
HMSA QI	<input type="radio"/>					
'Ohana QI	<input type="radio"/>					
UnitedHealthcare Community Plan QI	<input type="radio"/>					



3 7 6 9 8 0 1

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	<input type="radio"/>					
HMSA QI	<input type="radio"/>					
'Ohana QI	<input type="radio"/>					
UnitedHealthcare Community Plan QI	<input type="radio"/>					

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

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact	Not applicable
AlohaCare QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strong negative impact	Negative impact	Little or no impact	Positive impact	Strong positive impact	Not applicable
AlohaCare QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Not applicable
AlohaCare QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

10. What is your specialty?

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

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

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

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

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

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

	NO, not very adequate	Somewhat adequate	YES, definitely adequate	Not applicable
AlohaCare QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HMSA QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Ohana QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UnitedHealthcare Community Plan QI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

AlohaCare QI	
HMSA QI	
'Ohana QI	
UnitedHealthcare Community Plan QI	



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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	<input type="radio"/>					
HMSA QI	<input type="radio"/>					
'Ohana QI	<input type="radio"/>					
UnitedHealthcare Community Plan QI	<input type="radio"/>					

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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
AlohaCare QI	<input type="radio"/>					
HMSA QI	<input type="radio"/>					
'Ohana QI	<input type="radio"/>					
UnitedHealthcare Community Plan QI	<input type="radio"/>					

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: Logit US, 5151 Bonney Rd, Virginia Beach, VA 23462

Results will be available on the Med-QUEST Division Web site after November 22, 2023. <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.¹⁷

Claims Processing

- HMSA QI has taken more than 6 months to pay claims. It is difficult to keep doors open with no payments for 6 months. Reimbursement rates are so low I don't think I will be able to continue to accept Medicaid. It is impacting bottom line in my practice. I am seriously considering only accepting cash pay patients because HMSA is so difficult to deal with. It's a terrible shame for big island residents when there is such a lack of primary care.
- UHC has gotten more restrictive. I've found more denied claims. I'm thinking of dropping them too and not taking any Medicaid. I'm exhausted and disgusted.
- The EPSDT processing is horrible and so many of our forms are lost or mishandled. They just disappear after we mail them to you. Sometimes you receive the claim, but not the EPSDT form, which is stapled to it. How is that possible unless you are mishandling them? This takes up so much of our time, and no one at the EPSDT office is held responsible. We may lose our pay because HMSA holds us responsible for your mistakes.
- HMSA Payment Transformation does not adequately cover for EPSDT visits.
- Not applicable in HMO model.

Reimbursement

- Not enough compensation for deliveries, annuals, everything! I take new QUEST patients only if it is a referral from another patient or if she gets pregnant and switched and is QUEST. Overall, the reimbursement is not enough for me to sustain private practice. That is why I hardly take QUEST patients.
- I participate to assist and help patients who truly need assistance. The reimbursement is very low, and I take a loss in caring for these patients. The criteria to qualify for the benefits are either unreasonable/incongruous or not being enforced. Some patients should not be receiving benefits.
- The pay rate for QUEST members is extremely low.
- Aloha, overall, MedQuest plans provide basic care, but reimbursement is very low. Very Low. However, I do appreciate the efforts to reduce burden by making one form for PAs and it would be nice if the same were done for travel. I also think that robust care coordination can be a big help in reducing burden.
- Please continue to reimburse for telemedicine appts for the future as they are vital to specialty access for our patients.

¹⁷ Comments with noticeable grammar and spelling errors have been adjusted. Otherwise, the comment appears in this section how it was received.

- HMSA reimbursement has been static for over five years. This is SHAMEFUL!! (Across all lines of business).
- A lot of trouble with ‘Ohana not paying claims and dealing with them requires a call to Florida. Their reimbursements are low. We have thought about stopping them entirely but decided to go the route of recommending new patients to switch immediately, and existing patients to switch when they can in October.
- Poor reimbursement. Poor pre-authorization process in our experience.
- Here we go again, filling out paperwork that will have no impact on health care. I will be leaving Hawaii after seven years. The ONLY reason that I am leaving is due to massive frustration with the insurance companies here, abysmal pay. If you want docs to stay, they need to be paid to do so.
- There are planned significant increases in payments for MedQuest PCP. Will HMSA payment transformation pass this increase to the PCP.
- Not applicable in HMO model.

Prior Authorizations/Referrals

- We need more doctors to participate with ‘Ohana. It is hard to generate prior authorizations. At times it is difficult to get a hold of a representative.
- We cannot access MedQuest though we’ve been trying we suggest having a center for all QUEST patients where we send referrals, and patients are sent to specialists.

Formulary

- Please cover Pybelsus.

Health Coordinators/Care Coordination

- Care coordinator is poor: We use our P.O. only (PMAG-IHHCC) because they have great care coordinators who provide PCPs feedback and collaboration of care. It’s unfortunate because QUEST HMSA and UHC should provide this service. PT is a terrible way to compensate HMSA Providers. These are high utilizing pts in pediatrics. At least pay vaccine admin fees!
- For the amount of coordination PCPs do as well as filling out the paperwork reimbursement, our PMPM needs to be higher for Medicaid patients.
- Access to transportation is very poorly coordinated by HMSA. As PCP, our office is given the full responsibility to arrange and obtain approval for all our HMSA patients appointments. Unlike the other QUEST plans, who contracts with a third-party, HMSA makes an overwhelmed clinic even spread thing. Our HMSA patients feel as that they are told they can’t make their own transportation arrangements to their doctors and only their PCP office can. When I tried to do it for one of my patients, it took me more than one hour and yet I didn’t get any approval.

- Lanai has Mokulele as only carrier for travel of patients to and from Lanai. The flights book up quickly and so need Med travel arrangement team to book flights faster for patients so they can get the care they need as soon as possible.

Specialists/Behavioral Health

- Severe shortage on Kauai of mental health and substance abuse specialists.
- Again, state level coordination of behavioral health services is needed. A summary of Behavioral health providers with a quick introduction to PCPs would be helpful. Sadly, the disconnect between accepting psychiatrist and referring PCPs continues the current behavioral health crisis. Or possibly, no accepting providers exist. HMSA “HealthPro News” states 70.8% “always” or “usually” received appointments as soon as they wanted. This is obviously misleading.
- Hawaii Island is lacking in good specialty care providers-reimbursement between lines of plans varies.
- The QUEST patients have almost no one to help w/ psych needs-Only Karen Tyson clinic for thoughts and Rodney Janobi for Psychiatry. Dr. Yamaki is thus too busy.
- Please tell Kaiser to credential more PCPs in the community for Kaiser added choice. Patients need access, pay extra for added choice but Kaiser is preventing community doctors from seeing their patients.
- We are trying to hire many mental health providers, but there is a national shortage. The islands don’t have enough drug treatment programs for the need-especially for youth. Many psychiatrists don’t want to take call anymore and many aren’t even taking insurance. At least with Kaiser, we can guarantee access and care.
- More GI, dermatologist, etc., have specialist do referral when being referred to another specialist. They have the justification why being referred.
- Significant need for behavioral health providers for all QUEST patients, this is the highest risk group and the ones that can’t be seen. Most end up going to ER.
- Due to limited supply and access to pediatric specialists and geographic isolation, there needs to be a pediatric network separate from Provider Organizations and Health Centers. Specialty care and urgent care availability is restricted and provider payment per member per month is affected if patients are referred out of network. My patients are limited to what specialist and urgent cares they can be seen at depending on their chosen Health Center, however, if patients are under 18 years of age, they are limited to pediatric specialists which we have a shortage of in our state.
- I have had to care for critical behavioral health cares as the ER can find psychiatrists but there is a several weeks to month lag before the connection is made. It is a crisis.
- Postpartum can be a difficult time to access mental health care quickly.
- The entire US Health Care system needs improved mental health and substance abuse access and providers.

QI Health Plans

- Please make sure to investigate UHC for their poor payments, cryptic EOBs, delayed statements, poor coverage, and overall doing as much as possible to make it difficult to provide care for patients. I commend AlohaCare for making great strides in improving their communication with physicians and patients, as well as being much more reliable.
- HMSA QUEST needs to pay fee-for-service, not PMPM. \$25 per member per month is not adequate. Also, there should be payment for the administration of vaccines (90460, 90461, 90471, 90472) that is not part of the global fee. Again, the \$25 per month is not adequate.
- Kaiser's system has been wonderful in taking care of patients regardless of payer type/insurance. Wish it would take care of more people throughout Hawaii.
- I don't believe that Kaiser values its mental health department, nor does it prioritize as a crucial part in medical care.
- 'Ohana has made it impossible by forcing us to use their website for EOB, and their website doesn't work. Can't tell who or what session I'm getting paid for. Also, impossible to reach someone to get help.
- Please hold KP accountable for their egregious lack of mental health care, which is leading to deaths, harm, and suffering.
- 'Ohana is the worst insurance always doing "retrospective reviews" and denying. I do not use 'Ohana Medicaid.
- HMSA's PMPM is understanding all the work we do to care for our patients. (e.g., recently added EPSDT visits at 30m, 7, 9, 11, 13, 15, 17, 19 yrs of age are temporarily paid \$50/visit). In addition to PMPM, only after PCPs complained. (Initial HMSA plan was to not pay any additional amount for the added visits.)
- HMSA has become impossible to work with. I cannot get a local person on the phone for assistance and the outsourced people in who knows what country are useless in being able to provide any help. AlohaCare is disorganized, and I receive conflicting information. No one there knows what they are doing! I stopped taking AlohaCare after 14 years, with them I stopped in 2022.
- Having to fight insurance for a CTA abdomen pelvis chest for a PT that has a current aneurysm is a problem. PT c/ DM/Renal that cannot afford Farxiga but cannot take Actos b/c of side effects is not good. Fighting for a hospital bed when a PT is immobile and in adult briefs (which should also be covered) is exhausting. The islands, espec. outer ones like Big Island and need more medical care period. We ship people off island for dialysis sometimes.

Miscellaneous

- Plan to simplify our participation and to them.
- I enjoy taking care of QUEST PTs at KP. We get to trust them like any other PT, or better-a blessing.
- Please improve contracts w/ Intelliride so off-island patients do not stress about their appointments. Please consider allowing companions for travel from Lahai as most have little experience w/ Oahu.

- Pare down the admin. Pare down anti-progress, anti-competitive regulations like certificate of need for health care facilities. Pare down non-value-adding regulatory burdens that are high cost without improving access. Use this money instead to hire people who do real work for real people - nurses, clinicians, couriers, transporters, investing in technology.
- Everything about the MedQuest system is frustrating for both patients and providers. This is why there are a few providers willing to take MedQuest, and patients frustrated with the lack of providers.
- More should be done to have more physicians in the state. Reduce paperwork of physician.
- I have been so challenged by the pharmaceutical limitations by some of the insurance companies. Yes, they do provide the medication but NOT at the quantity needed. I feel this really compromises the outcome for the patient. Ex: Instead of giving 30 gm of a medication as prescribed they will only give 15 gm. In addition, some of the insurance companies do not follow Medicare guidelines for ostomy supplies-which are basic supplies. This makes for increased discomfort for patients. Patients are already faced w/ dealing with an altered way elimination, instead of making it an easier transition, they increase their discomfort and/or ability to feel more confident with their care.

Appendix B: Specialists to be Expanded

For each QI health plan, providers were asked to list the type(s) of specialists they thought needed to be expanded on the islands to improve access. Table B-1 through Table B-5 present these results by island. Overall, providers listed Mental Health Specialists, Dermatologists, and Gastroenterologists as the top specialists needed to improve access across islands.

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	26	33.8%
Dermatologist	13	16.9%
Neurologist	5	6.5%
Urologist	5	6.5%
Child Mental Health Specialist	4	5.2%
Otolaryngologists (Ear, Nose, And Throat)	4	5.2%
Gastroenterologist	3	3.9%
All Pediatric Specialists	2	2.6%
Allergist/Immunologist	2	2.6%
Endocrinologist	2	2.6%
Pain Management Specialist	2	2.6%
Pulmonologist	2	2.6%
All Specialists	1	1.3%
Cardiologist	1	1.3%
Dentist	1	1.3%
Obstetrician/Gynecology	1	1.3%
Oncologist	1	1.3%
Primary Care Specialist	1	1.3%
Rheumatologist	1	1.3%
Hawaii		
Mental Health Specialist	14	25.5%
Dermatologist	8	14.5%
All Specialists	6	10.9%
Endocrinologist	4	7.3%
Child Mental Health Specialist	3	5.5%
Oncologist	3	5.5%
All Pediatric Specialists	2	3.6%
Gastroenterologist	2	3.6%

Specialist	Count	Percent
Podiatrist	2	3.6%
Pulmonologist	2	3.6%
Rheumatologist	2	3.6%
Otolaryngologists (Ear, Nose, And Throat)	1	1.8%
Nephrologist	1	1.8%
Neurologist	1	1.8%
Orthopedist	1	1.8%
Pain Management Specialist	1	1.8%
Speech Therapist	1	1.8%
Urologist	1	1.8%
Maui		
Dermatologist	3	16.7%
Gastroenterologist	3	16.7%
Mental Health Specialist	3	16.7%
Otolaryngologists (Ear, Nose, And Throat)	2	11.1%
All Specialists	1	5.6%
All Pediatric Specialists	1	5.6%
Child Mental Health Specialist	1	5.6%
Nephrologist	1	5.6%
Obstetrician/Gynecology	1	5.6%
Orthopedist	1	5.6%
General Surgeon	1	5.6%
Kauai		
Mental Health Specialist	4	30.8%
All Specialists	2	15.4%
All Pediatric Specialists	2	15.4%
Dermatologist	2	15.4%
Nephrologist	1	7.7%
Ophthalmologist	1	7.7%
Rheumatologist	1	7.7%
Molokai		
Dermatologist	2	33.3%
Mental Health Specialist	2	33.3%
All Specialists	1	16.7%
Nephrologist	1	16.7%
Lanai		
Mental Health Specialist	3	42.9%

Specialist	Count	Percent
Dermatologist	2	28.6%
All Specialists	1	14.3%
Nephrologist	1	14.3%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	36	38.7%
Dermatologist	21	22.6%
Neurologist	6	6.5%
Otolaryngologists (Ear, Nose, And Throat)	5	5.4%
Child Mental Health Specialist	4	4.3%
Urologist	4	4.3%
All Specialists	3	3.2%
Endocrinologist	2	2.2%
Gastroenterologist	2	2.2%
Orthopedist	2	2.2%
Primary Care Specialist	2	2.2%
All Pediatric Specialists	1	1.1%
Allergist/Immunologist	1	1.1%
Dentist	1	1.1%
Oncologist	1	1.1%
Pain Management Specialist	1	1.1%
Rheumatologist	1	1.1%
Hawaii		
Mental Health Specialist	12	23.1%
Dermatologist	10	19.2%
All Specialists	4	7.7%
Child Mental Health Specialist	3	5.8%
Endocrinologist	3	5.8%
All Pediatric Specialists	2	3.8%
Gastroenterologist	2	3.8%
Oncologist	2	3.8%
Orthopedist	2	3.8%
Pain Management Specialist	2	3.8%
Podiatrist	2	3.8%
Rheumatologist	2	3.8%

Specialist	Count	Percent
Urologist	2	3.8%
Dietician	1	1.9%
Otolaryngologists (Ear, Nose, And Throat)	1	1.9%
Pulmonologist	1	1.9%
Speech Therapist	1	1.9%
Maui		
Gastroenterologist	3	18.8%
Mental Health Specialist	3	18.8%
Dermatologist	2	12.5%
Otolaryngologists (Ear, Nose, And Throat)	2	12.5%
All Specialists	1	6.3%
All Pediatric Specialists	1	6.3%
Child Mental Health Specialist	1	6.3%
Obstetrician/Gynecology	1	6.3%
Orthopedist	1	6.3%
General Surgeon	1	6.3%
Kauai		
Mental Health Specialist	4	33.3%
All Pediatric Specialists	3	25.0%
All Specialists	1	8.3%
Allergist/Immunologist	1	8.3%
Dermatologist	1	8.3%
Ophthalmologist	1	8.3%
Rheumatologist	1	8.3%
Molokai		
Mental Health Specialist	2	50.0%
All Specialists	1	25.0%
Dermatologist	1	25.0%
Lanai		
Mental Health Specialist	3	42.9%
All Specialists	1	14.3%
Dermatologist	1	14.3%
Otolaryngologists (Ear, Nose, And Throat)	1	14.3%
Urologist	1	14.3%

Table B-3—Top Specialists Providers Thought Needed to be Expanded: KFHP Q1

Specialist	Count	Percent
Oahu		
Mental Health Specialist	27	52.9%
Gastroenterologist	4	7.8%
Primary Care Provider	4	7.8%
Cardiologist	2	3.9%
Oncologist	2	3.9%
All Specialists	1	2.0%
Bariatric Specialist	1	2.0%
Dentist	1	2.0%
Dermatologist	1	2.0%
Dietician	1	2.0%
Otolaryngologists (Ear, Nose, And Throat)	1	2.0%
Geneticist	1	2.0%
Nephrologist	1	2.0%
Occupational Therapist	1	2.0%
Speech Therapist	1	2.0%
Therapist	1	2.0%
Urologist	1	2.0%
Maui		
Mental Health Specialist	7	29.2%
Gastroenterologist	5	20.8%
All Pediatric Specialists	2	8.3%
Obstetrician/Gynecology	2	8.3%
Bariatric Specialist	1	4.2%
Child Mental Health Specialist	1	4.2%
Otolaryngologists (Ear, Nose, And Throat)	1	4.2%
Pain Management Specialist	1	4.2%
Primary Care Provider	1	4.2%
Pulmonologist	1	4.2%
Therapist	1	4.2%
Vascular Surgeon	1	4.2%
Kauai		
Mental Health Specialist	3	50.0%
Bariatric Specialist	1	16.7%
Otolaryngologists (Ear, Nose, And Throat)	1	16.7%
Urologist	1	16.7%

Specialist	Count	Percent
Molokai		
Mental Health Specialist	2	66.7%
Otolaryngologists (Ear, Nose, And Throat)	1	33.3%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialists	21	31.3%
Dermatologist	9	13.4%
Otolaryngologists (Ear, Nose, And Throat)	5	7.5%
Neurologist	5	7.5%
All Specialist	4	6.0%
Urologist	4	6.0%
Child Mental Health Specialist	3	4.5%
Gastroenterologist	3	4.5%
Allergist/Immunologist	2	3.0%
Pulmonologist	2	3.0%
All Pediatric Specialists	1	1.5%
Cardiologist	1	1.5%
Dentist	1	1.5%
Endocrinologist	1	1.5%
Oncologist	1	1.5%
Orthopedist	1	1.5%
Primary Care Specialist	1	1.5%
Radiologist	1	1.5%
Rheumatologist	1	1.5%
Hawaii		
Mental Health Specialists	11	23.9%
Dermatologist	7	15.2%
All Specialist	4	8.7%
Endocrinologist	3	6.5%
All Pediatric Specialists	2	4.3%
Gastroenterologist	2	4.3%
Oncologist	2	4.3%
Orthopedist	2	4.3%
Podiatrist	2	4.3%
Rheumatologist	2	4.3%

Specialist	Count	Percent
Physical Therapist	2	4.3%
Urologist	2	4.3%
Cardiologist	1	2.2%
Child Mental Health Specialist	1	2.2%
Pain Management Specialist	1	2.2%
Pulmonologist	1	2.2%
Speech Therapist	1	2.2%
Maui		
Gastroenterologist	3	20.0%
Mental Health Specialists	3	20.0%
Dermatologist	2	13.3%
Otolaryngologists (Ear, Nose, And Throat)	2	13.3%
All Specialists	1	6.7%
All Pediatric Specialists	1	6.7%
Obstetrician/Gynecology	1	6.7%
Orthopedist	1	6.7%
General Surgeon	1	6.7%
Kauai		
All Specialist	3	33.3%
Mental Health Specialists	2	22.2%
All Pediatric Specialists	1	11.1%
Dermatologist	1	11.1%
Orthopedist	1	11.1%
Rheumatologist	1	11.1%
Molokai		
All Specialist	1	33.3%
Dermatologist	1	33.3%
Mental Health Specialists	1	33.3%
Lanai		
Mental Health Specialists	2	50.0%
All Specialist	1	25.0%
Dermatologist	1	25.0%

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

Specialist	Count	Percent
Oahu		
Mental Health Specialist	29	38.2%
Dermatologist	11	14.5%
Neurologist	6	7.9%
Otolaryngologists (Ear, Nose, And Throat)	5	6.6%
Urologist	5	6.6%
Child Mental Health Specialist	3	3.9%
All Specialists	2	2.6%
Orthopedist	2	2.6%
Primary Care Provider	2	2.6%
Pulmonologist	2	2.6%
Rheumatologist	2	2.6%
All Pediatric Specialists	1	1.3%
Allergist/Immunologist	1	1.3%
Dentist	1	1.3%
Endocrinologist	1	1.3%
Gastroenterologist	1	1.3%
LTC Specialists	1	1.3%
Oncologist	1	1.3%
Hawaii		
Mental Health Specialist	13	25.0%
Dermatologist	7	13.5%
Endocrinologist	4	7.7%
All Specialists	3	5.8%
Gastroenterologist	3	5.8%
Rheumatologist	3	5.8%
All Pediatric Specialists	2	3.8%
Oncologist	2	3.8%
Orthopedist	2	3.8%
Podiatrist	2	3.8%
Pulmonologist	2	3.8%
Cardiologist	1	1.9%
Child Mental Health Specialist	1	1.9%
Ear, Nose, Throat Specialist	1	1.9%
LTC Specialists	1	1.9%
Neurologist	1	1.9%

Specialist	Count	Percent
Pain Management Specialist	1	1.9%
Primary Care Provider	1	1.9%
Speech Therapist	1	1.9%
Urologist	1	1.9%
Maui		
Gastroenterologist	3	17.6%
Dermatologist	2	11.8%
Ear, Nose, Throat Specialist	2	11.8%
Mental Health Specialist	2	11.8%
All Specialists	1	5.9%
All Pediatric Specialists	1	5.9%
Child Mental Health Specialist	1	5.9%
LTC Specialists	1	5.9%
Obstetrician/Gynecology	1	5.9%
Orthopedist	1	5.9%
Primary Care Provider	1	5.9%
General Surgeon	1	5.9%
Kauai		
All Pediatric Specialists	3	37.5%
All Specialists	1	12.5%
Dermatologist	1	12.5%
LTC Specialists	1	12.5%
Mental Health Specialist	1	12.5%
Primary Care Provider	1	12.5%
Molokai		
All Specialists	1	20.0%
Dermatologist	1	20.0%
LTC Specialists	1	20.0%
Mental Health Specialist	1	20.0%
Primary Care Provider	1	20.0%
Lanai		
Mental Health Specialist	2	33.3%
All Specialists	1	16.7%
Dermatologist	1	16.7%
LTC Specialists	1	16.7%
Primary Care Provider	1	16.7%