2016 Hawaii Provider Survey Report

Department of Human Services

Med-QUEST Division

December 2016

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary 1-1
Introduction 1-1
Current Status of Health Care in Hawaii 1-2
Summary of Results 1-4
Plan Comparisons 1-4
Recommendations 1-5

2. Survey Administration 2-1
Survey Administration and Response Rates 2-1
Survey Administration 2-1
Response Rates 2-2
Provider Demographics 2-3

3. Results 3-1
Provider Survey Analysis 3-2
Findings 3-3
General Positions 3-3
Providing Quality Care 3-7
Non-Formulary 3-12
Service Coordinators 3-14
Specialists 3-16
Summary of Results 3-21
Plan Comparisons 3-21

4. Recommendations 4-1
Quality Improvement Recommendations 4-1
Future Survey Administration Recommendations for the MQD 4-2

5. Reader's Guide 5-1
Survey Administration 5-1
Sampling Procedures 5-1
Survey Protocol 5-1
How to Read the Satisfaction Bar Graphs 5-2
Methodology 5-3
Response Rates 5-3
Response Category Proportions 5-3
Plan Comparisons 5-4
Limitations and Cautions 5-5
Non-Response Bias 5-5
Single Point-in-Time 5-5
Causal Inferences 5-5
Multi-Plan Participation 5-5

6. Survey Instruments 6-1

Appendix A: Provider Comments A-1
Reimbursement A-1
Prior Authorizations/Referrals A-1
Specialists/Behavioral Health A-2
Formulary A-2
Service Coordinators/Care Coordination A-3
Miscellaneous A-3
Appendix B: Specialists to be Expanded B-1

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1. Executive Summary

Introduction

In calendar year (CY) 2016, 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 plan. 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 Provider Survey is to supply feedback to the MQD as it relates to providers' perceptions of the QI health plans (listed in Table 1-1).

Table 1-1 – Participating QI Health Plans

Plan Name	Plan Abbreviation
AlohaCare QUEST Integration	AlohaCare QI
Hawaii Medical Service Association QUEST Integration	HMSA QI
Kaiser Permanente Hawaii QUEST Integration	Kaiser QI
'Ohana Health Plan QUEST Integration	'Ohana (WellCare) QI
UnitedHealthcare Community Plan QUEST Integration	UHC CP QI

HSAG and the MQD developed a survey instrument designed to acquire meaningful provider information and gain providers' insight as it relates to 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 Kaiser providers and 1,300 non-Kaiser providers (i.e., AlohaCare QI, HMSA QI, 'Ohana (WellCare) QI, and/or UHC CP QI providers). Providers completed the surveys from August to October 2016.

Current Status of Health Care in Hawaii

HSAG recognizes the current issues regarding the state of health care in Hawaii. The provider responses in the survey are impacted by these health care issues. Reports indicate that there is a continued shortage of primary care providers and mental health professionals in the state. Despite an improvement the prior year in the number of physicians receiving a license to practice (97 new physicians as opposed to four in the past 12 months), the Hawaii Physician Workforce Assessment's September 12, 2016, report still sites an overall shortage state-wide of approximately 500 physicians.[1-1] This increase may be associated to programs related to the University of Hawaii, John A. Burns School of Medicine (JABSOM) (Graduate Medical Education, Medical Education Council, the Hawaii Medical Education Special Fund); however, according to the latest update to the 2015 estimates, this deficit will continue to rise given the increased demand for health care. The shortage affects all islands and extends across nearly every specialty area.[1-2]

However, there are promising trends in the state of Hawaii to improve patient access to health services. One such trend is federally qualified health centers (FQHCs). Committed to serving all patients in the community, regardless of an individual's ability to pay, these rural and urban clinics are located in areas with limited access to medical services. Most have expanded their health services to include behavioral health, dental, and vision care. It is estimated that the number of patients in the State of Hawaii served by FQHCs has more than doubled over the past 10 years.[1-3] As of November 28, 2016, the number of FQHCs serving Hawaiians across the state has grown to 53 from just 14 in 2013.[1-4,1-5] Reports also estimate that of the patients served at these clinics, approximately 50 percent are Medicaid patients and 25 percent are uninsured patients.[1-6] Additionally, according to a 2013 report by the University of Hawaii, innovative solutions to the increasing physician shortage have included adoption of a comprehensive team approach to health care and leveraging the skills and knowledge of other health professionals including nurse practitioners and physician assistants. Other efforts continue to include expanding rural training opportunities, continued funding for the Hawaii State Loan Repayment

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1-1 Shelton, Tina. Hawaii Short 500 Doctors Statewide. *Hawai'i Free Press*. Sep 13, 2016. Available at: http://www.hawaiifreepress.com/ArticlesMain/tabid/56/ID/18234/Hawaii-Short-500-Doctors-statewide.aspx. Accessed on: December 1, 2016.

1-2 Withy K., and Hedges J. University of Hawai'i. Report to the 2016 Legislature: Annual Report from the Hawai'i Medical Education Council. Dec 2015. Available at: https://www.hawaii.edu/offices/eaur/govrel/reports/2016/hrs304a-1704_2016_medical-education-council_annual-report.pdf. Accessed on: December 1, 2016.

1-3 Look MA, Trask-Batti MK, Agres R, et al. Assessment and Priorities for Health & Well-being in Native Hawaiians & other Pacific Peoples. Honolulu: Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, University of Hawaii; 2013. Available at: http://www2.jabsom.hawaii.edu/native/docs/community/DNHH_Asssessment&Priorities_Report_2013.pdf. Accessed on: December 5, 2016.

1-4 NPI Registry – National Provider Identifier Database. *NPI Lookup Federally Qualified Health Center (FQHC) — Hawaii*. Available at: https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/hi/. Accessed on: December 1, 2016.

1-5 Kaiser Family Foundation. *Number of Federally-Funded Federally Qualified Health Centers*. Available at: http://kff.org/other/state-indicator/total-fqhcs/?currentTimeframe=0. Accessed on: December 1, 2016.

1-6 Department of Health: State of Hawai'i. Family Health Services Division Profiles 2014. Available at: http://health.hawaii.gov/about/files/2015/01/FHSD_Profiles-2014.pdf. Accessed on: December 1, 2016.

Program, and initiatives to recruit medical training graduates in the State of Hawaii to practice in the state.[1-7]

[1-7] Withy K., and Hedges J. University of Hawai'i. Report to the 2016 Legislature: Annual Report from the Hawai'i Medical Education Council. Dec 2015. Available at: https://www.hawaii.edu/offices/eaur/govrel/reports/2016/hrs304a-1704_2016_medical-education-council_annual-report.pdf. Accessed on: December 1, 2016.

Summary of Results

Plan Comparisons

HSAG conducted tests of statistical significance to determine if significant differences in performance existed between the QI health plans' 2016 top-box rates. Table 1-2 presents a summary of these results.

Table 1-2 – Plan Comparisons

	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana (WellCare) QI	UHC CP QI
General Positions					
Compensation Satisfaction	—	▲	▲	▼	▼
Timeliness of Claims Payments	—	▲	▲	▼	▼
Providing Quality Care					
Prior Authorization Process	—	▲	▲	—	—
Formulary	—	—	▲	▼	▼
Non-Formulary					
Adequate Access to Non-Formulary Drugs	—	—	▲	▼	▼
Service Coordinators					
Helpfulness of Service Coordinators	—	—	▲	▼	▼
Specialists					
Adequacy of Specialists	▼	▲	▲	▼	▼
Adequacy of Behavioral Health Specialists	—	—	▲	—	▼

▲ *indicates the plan's performance is significantly higher than the aggregate performance of the other plans.*

▼ *indicates the plan's performance is significantly lower than the aggregate performance of the other plans.*

— *indicates the plan's performance is not significantly different than the aggregate performance of the other plans.*

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

- AlohaCare QI's performance was statistically significantly lower than the aggregate performance of the other plans on one measure, Adequacy of Specialists.
- HMSA QI's performance was statistically significantly higher than the aggregate performance of the other plans on four measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, and Adequacy of Specialists.

- Kaiser QI's performance was statistically significantly higher than the aggregate performance of the other plans on all eight measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.
- 'Ohana (WellCare) QI's performance was statistically significantly lower than the aggregate performance of the other plans on six measures: Compensation Satisfaction, Timeliness of Claims Payments, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, and Adequacy of Specialists.
- UHC CP QI's performance was statistically significantly lower than the aggregate performance of the other plans on seven measures: Compensation Satisfaction, Timeliness of Claims Payments, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.

More detailed discussion of the plan comparisons results can be found in the Results Section beginning on page 3-1.

Recommendations

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

Also, HSAG has included recommendations for the MQD aimed at increasing the provider response rates to the survey. HSAG recommends the continued administration of the Provider Survey every two years. Re-measuring the provider survey domains every two years will provide valuable trending information to the MQD, health plans, and providers that shows which areas they have improved on and which areas require direct improvement efforts. HSAG also recommends that the MQD continue to oversample in order to increase the number of providers that participate in the survey. Response rates could also be increased by allowing ease of access to the Web-based component of the survey through initial and follow-up distribution of the survey via provider email as opposed to only mailed paper copies. Therefore, HSAG recommends that the MQD obtain email contact information for its QI providers to ensure this information is captured in its provider database system from which the provider survey sample is taken.

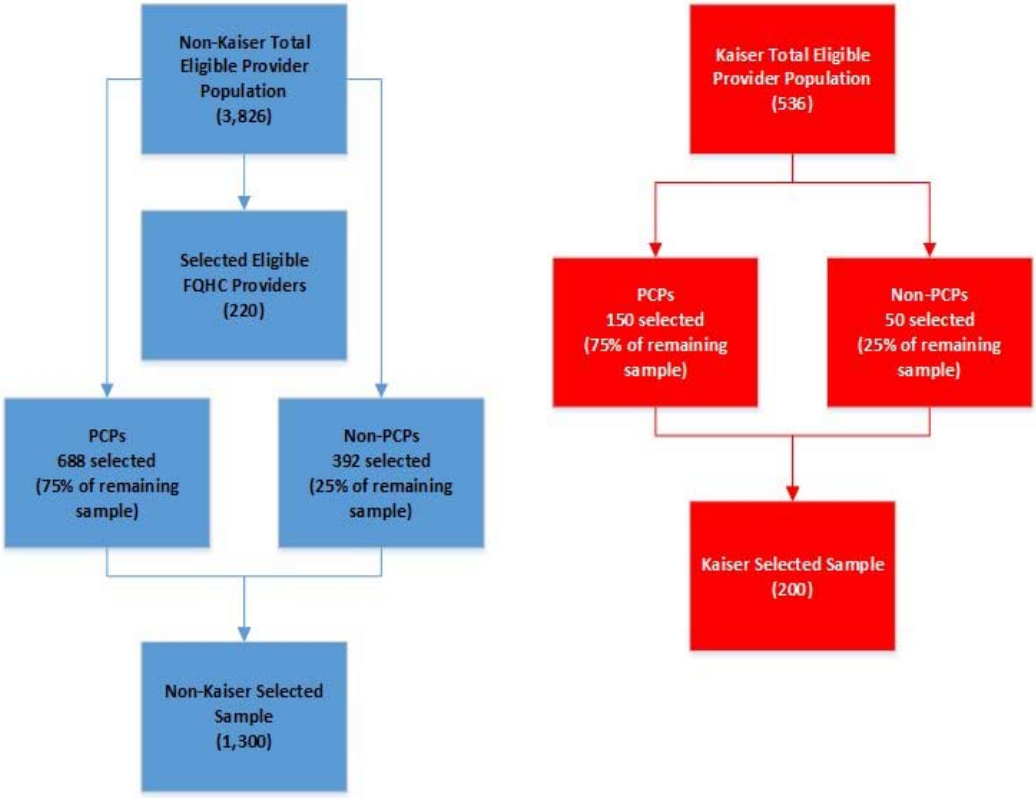
More detailed discussion of recommendations can be found in the Recommendations Section beginning on page 4-1.

Survey Administration and Response Rates

Survey Administration

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

Figure 2-1 – Sampling Scheme for Hawaii Provider Survey



Providers were given two options by which they could complete the surveys: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the Web-based survey by logging on to the survey website with a designated provider-specific login.

Additional information on the survey protocol is included in the Reader's Guide Section of this report beginning on page 5-1.

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire sample minus ineligible surveys, which included any providers that could not be surveyed due to incorrect or incomplete mailing address information or had no current contracts with any of the QI health plans. A total of 267 Hawaii providers completed the survey, including 50 providers from the Kaiser sample and 217 providers from the non-Kaiser sample. Table 2-1 depicts the sample distribution of surveys and response rates.

Table 2-1 – Provider Sample Distribution and Response Rate

Sample	Sample Size	Ineligible Surveys	Eligible Sample	Total PCP Respondents	Total Non-PCP Respondents	Total FQHC Respondents	Total Web Respondents	Total Respondents	Response Rate
Kaiser	200	23	177	36	9	N/A	5	50	28.2%
Non-Kaiser	1,300	94	1,206	129	51	32	5	217	18.0%
Hawaii Provider Total	**1,500**	**117**	**1,383**	**165**	**60**	**32**	**10**	**267**	**19.3%**

The response rate for the non-Kaiser sample was considerably lower than the Kaiser sample (18.0 percent and 28.2 percent, respectively).

Due to the low response rates, caution should be exercised when interpreting the QI health plans' results given the increased potential for non-response bias and likelihood that provider responses are not reflective of all providers serving QI members.

Provider Demographics

The following section presents the demographic characteristics of providers who completed the survey. Table 2-2 presents the provider type demographics at the sample level (i.e., Kaiser and non-Kaiser).

Table 2-2 – Provider Demographics: Provider Type

Provider Type	Kaiser	Non-Kaiser
Primary Care Provider	48.0%	65.3%
Specialist	52.0%	34.7%

Table 2-3 presents the percentages of Kaiser and Non-Kaiser providers who responded to the survey with each specialty type. Providers were also given the option to write-in other specialties. The specialties listed by providers who wrote in an "Other" response are presented in Table 2-4.

Table 2-3 – Provider Specialty Types

Sample	Family Medicine	Internal Medicine	Pediatrics	General Practice	Other
Kaiser	19.6%	32.6%	10.9%	0.0%	37.0%
Non-Kaiser	15.4%	20.5%	25.1%	3.1%	35.9%

Table 2-4 – Other Provider Specialty Types

Specialty	Count	Percent
Psychology	16	16.0%
Psychiatry	14	14.0%
Women's Health	13	13.0%
General Surgery	7	7.0%
Gastroenterology (GI)	6	6.0%
Ophthalmology	6	6.0%
Anesthesiology	4	4.0%
Cardiology	4	4.0%
Infectious Disease	3	3.0%
Multiple Specialties	3	3.0%
Nephrology	3	3.0%
Advanced Practice Registered Nurse (APRN)	2	2.0%
Geriatrics	2	2.0%
Rheumatology	2	2.0%
Dermatology	1	1.0%
Hematology-Oncology	1	1.0%
Intensivist	1	1.0%
Neonatology	1	1.0%
Neurology	1	1.0%
Orthopedics	1	1.0%

Specialty	Count	Percent
Pain Management	1	1.0%
Pediatric Cardiology	1	1.0%
Pediatric Gastroenterology (GI)	1	1.0%
Pulmonary	1	1.0%
Radiology	1	1.0%
Sports Medicine	1	1.0%
Thoracic Surgery	1	1.0%
Urgent Care	1	1.0%
Urology	1	1.0%

Providers were also asked on which island the majority of their practice is located. Table 2-5 shows the percentages of Kaiser and Non-Kaiser providers' responses to this question.

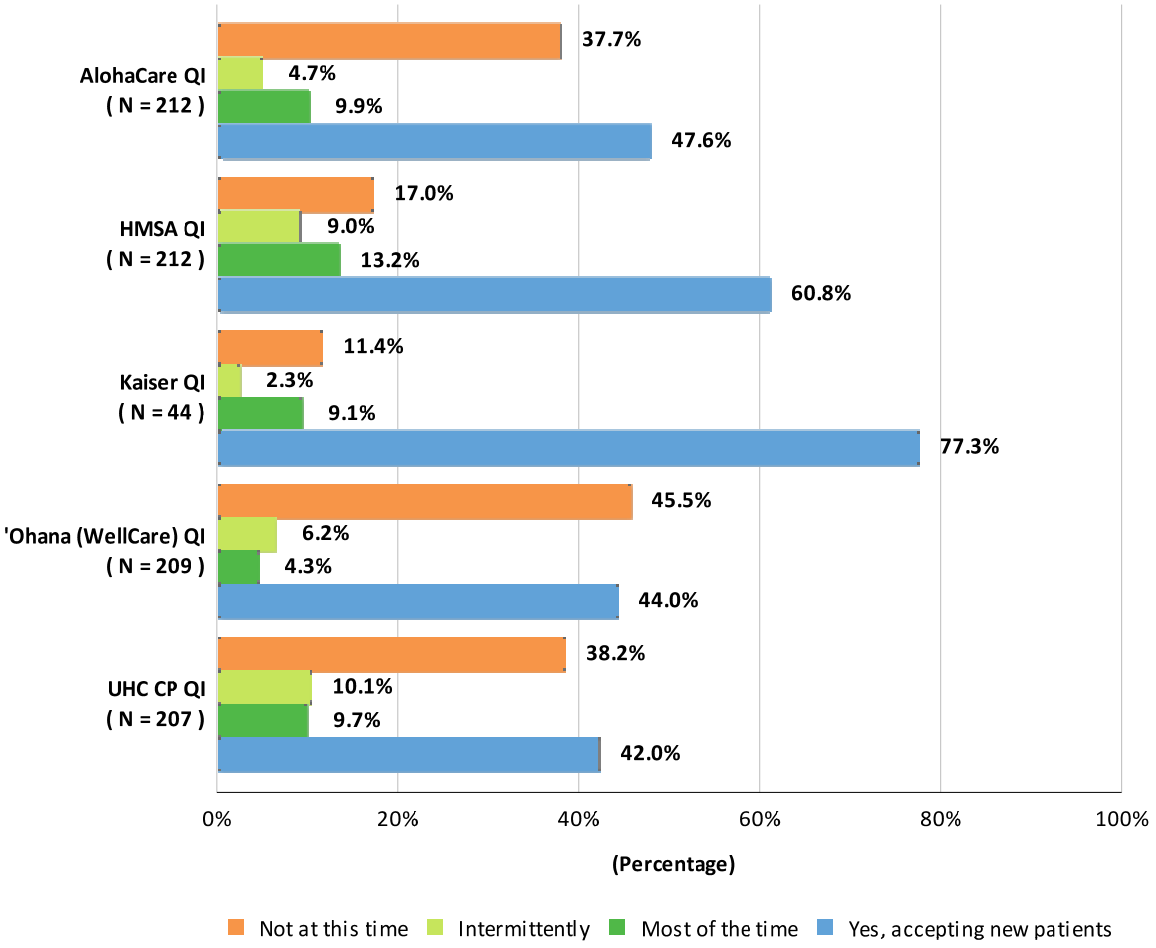
Table 2-5 –Providers Practice by Island

Sample	Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
Kaiser	92.0%	0.0%	8.0%	0.0%	0.0%	0.0%
Non-Kaiser	70.2%	24.2%	2.3%	2.3%	0.9%	0.0%

For each QI health plan, providers were asked to list the type(s) of specialists they thought needed to be expanded to improve access. For information on these results, please refer to Appendix B in the report beginning on page 8-1.

For providers who completed the survey, Figure 2-1 depicts the frequency of providers' acceptance of new patients for each QI health plan.

Figure 2-1 – Provider Demographics: Accepting New Patients



Note: Percentages may not total 100.00% due to rounding.

3. Results

The following section presents the 2016 Hawaii Provider Survey results. The results of the 2016 Hawaii Provider Survey questions are presented by the following five domains of satisfaction:

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

Provider Survey Analysis

Response options to each question within five domains were classified into one of three response categories: satisfied, neutral, and dissatisfied. For each question, the percentage of respondents in each response category was calculated. QI health plan survey responses were not limited to those providers who indicated they were currently accepting new patients for that QI health plan in Question 1 of the survey. For example, if a provider indicated that he/she was not accepting new patients at this time for AlohaCare QI in Question 1, his/her responses to subsequent questions would still be included in the results pertaining to AlohaCare QI, if a response had been provided. Therefore, providers may have rated a QI health plan on a survey question even if they were not currently accepting new patients for that plan. Furthermore, if a provider was associated with more than one QI health plan, he/she may have answered a question for multiple QI health plans.

Bar graphs depict the QI health plans' results for each response category. Standard tests of statistical significance were conducted, where applicable, to determine if statistically significant differences in QI health plan performance exist. As is standard in most survey implementations, a "top-box" rate is defined by a positive or satisfied response. Statistically significant differences between the QI health plans' top-box responses are noted with directional triangles. A QI health plan's top-box rate that was statistically significantly higher than the aggregate of the other QI health plans is noted with an upward (▲) triangle. A QI health plan's top-box rate that was statistically significantly lower than the aggregate of the other QI health plans is noted with a downward (▼) triangle. A QI health plan's top-box rate that was not statistically significantly different than the aggregate of the other QI health plans is denoted with no triangle.

For additional information on the methodology, please refer to the Reader's Guide Section of the report beginning on page 5-3.

Findings

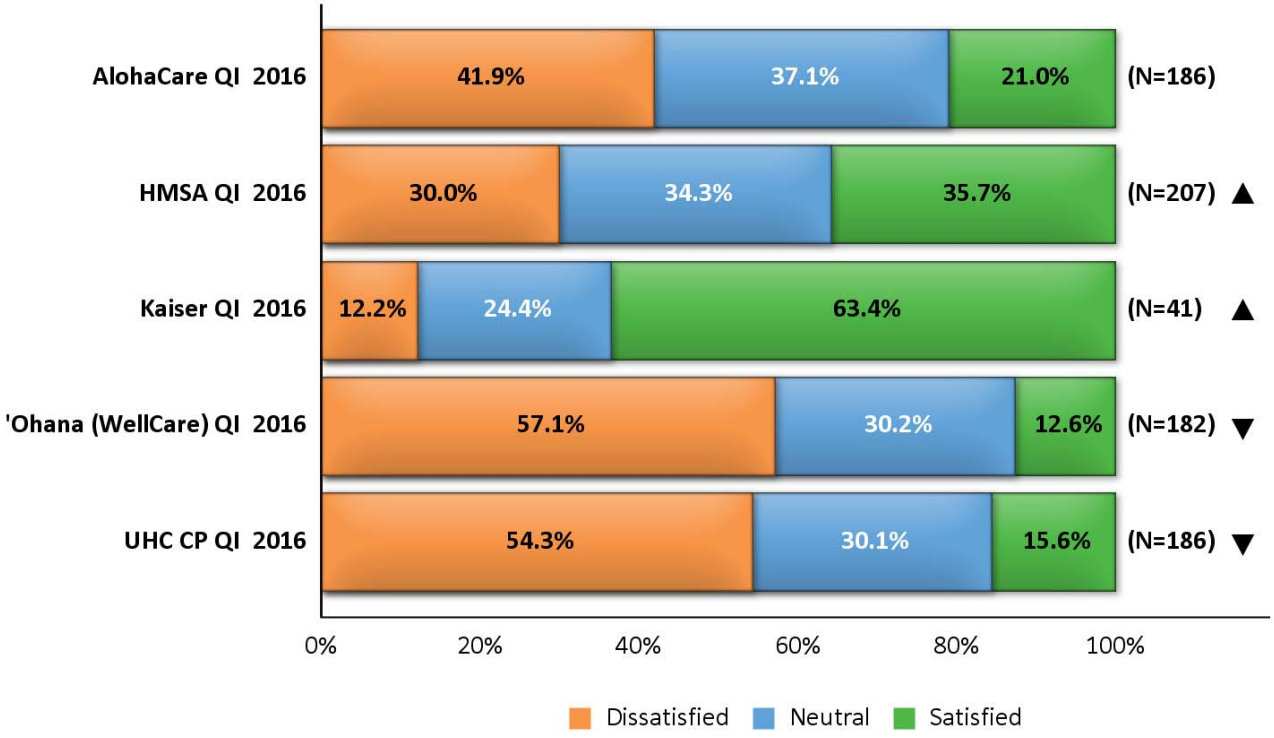
General Positions

Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they receive from their contracted QI health plans. Responses were classified into the three response categories as follows:

- **Satisfied**—Very Satisfied/Satisfied
- **Neutral**—Neutral
- **Dissatisfied**—Very Dissatisfied/Dissatisfied

Figure 3-1 depicts the response category proportions for each QI health plan.

Figure 3-1 – General Positions: Compensation Satisfaction



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

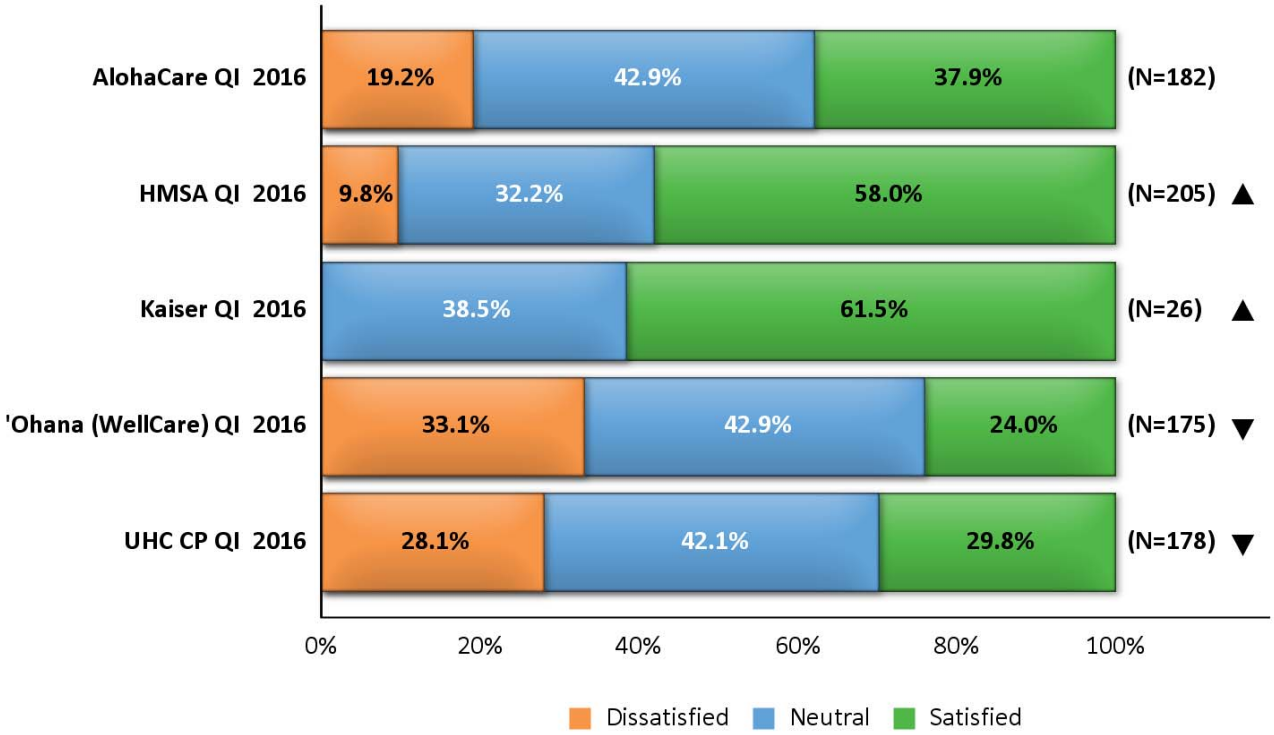
- AlohaCare QI's 2016 top-box rate for reimbursement/compensation (21.0 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for reimbursement/compensation (35.7 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for reimbursement/compensation (63.4 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- 'Ohana (WellCare) QI's 2016 top-box rate for reimbursement/compensation (12.6 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for reimbursement/compensation (15.6 percent) was statistically significantly lower than the aggregate of the other QI health plans.

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plans. Responses were classified into the three response categories as follows:

- **Satisfied**—Very Satisfied/Satisfied
- **Neutral**—Neutral
- **Dissatisfied**—Very Dissatisfied/Dissatisfied

Figure 3-2 depicts the response category proportions for each QI health plan.

Figure 3-2 – General Positions: Timeliness of Claims Payments



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for timeliness of claims payments (37.9 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for timeliness of claims payments (58.0 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for timeliness of claims payments (61.5 percent) was statistically significantly higher than the aggregate of the other QI health plans. Also, 0 percent of providers were dissatisfied with the timeliness of claims payments from Kaiser QI.
- 'Ohana (WellCare) QI's 2016 top-box rate for timeliness of claims payments (24.0 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for timeliness of claims payments (29.8 percent) was statistically significantly lower than the aggregate of the other QI health plans.

Providing Quality Care

Providers were asked what methods they use to submit prior authorizations. Response options included: electronic (online), paper (fax), and by phone. Table 3-1 presents a comparison of the distribution of prior authorization methods utilized by providers in 2016.

Table 3-1 – Prior Authorization Methods

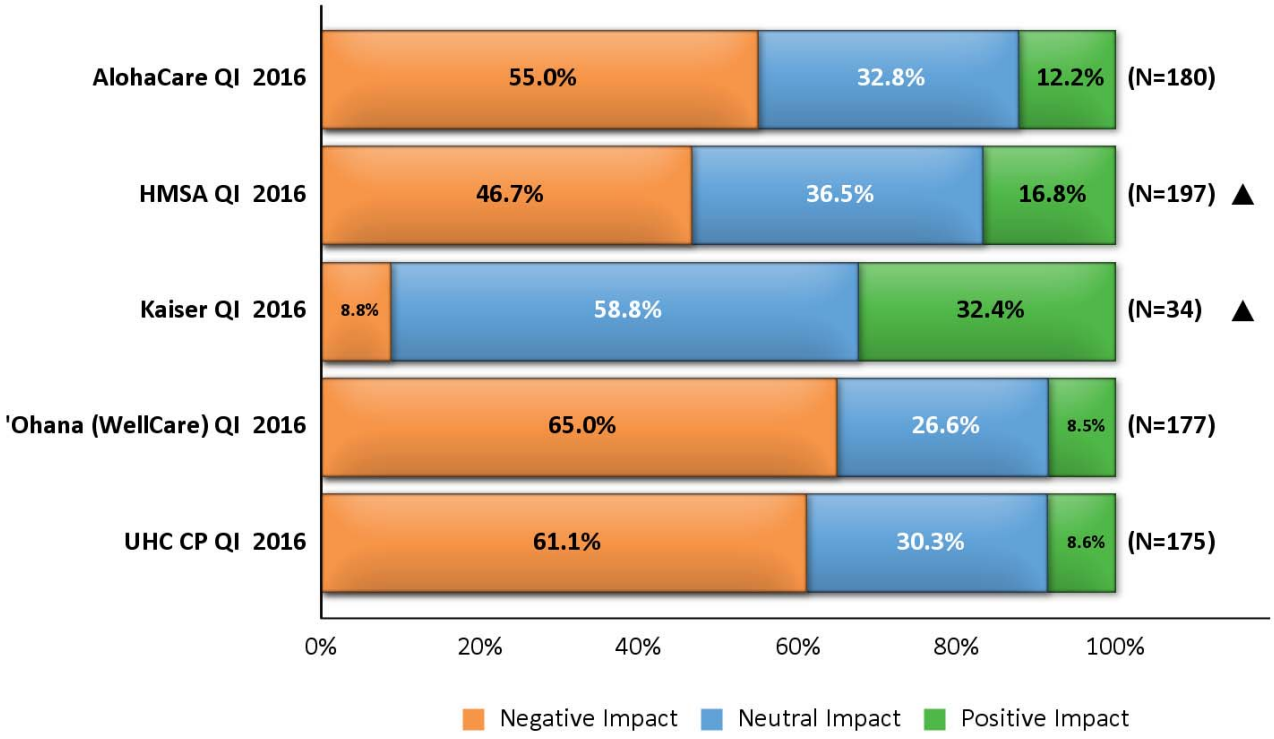
Method	Percentage
Electronic (online)	68.8%
Paper (fax)	63.7%
By Phone	32.1%
Note: Providers may have marked more than one method for prior authorization; therefore, percentages will not total 100.00%.	

Providers were also asked two questions focusing on the impact QI health plans have on their ability to provide quality care. Areas rated included: prior authorization process and formulary. Responses were classified into the three response categories as follows:

- **Positive Impact**—Strong Positive Impact/Positive Impact
- **Neutral Impact**—Little or No Impact
- **Negative Impact**—Strong Negative Impact/Negative Impact

Figure 3-3 and Figure 3-4, on the following pages, depict the response category proportions for each QI health plan.

Figure 3-3 – Providing Quality Care: Prior Authorization Process



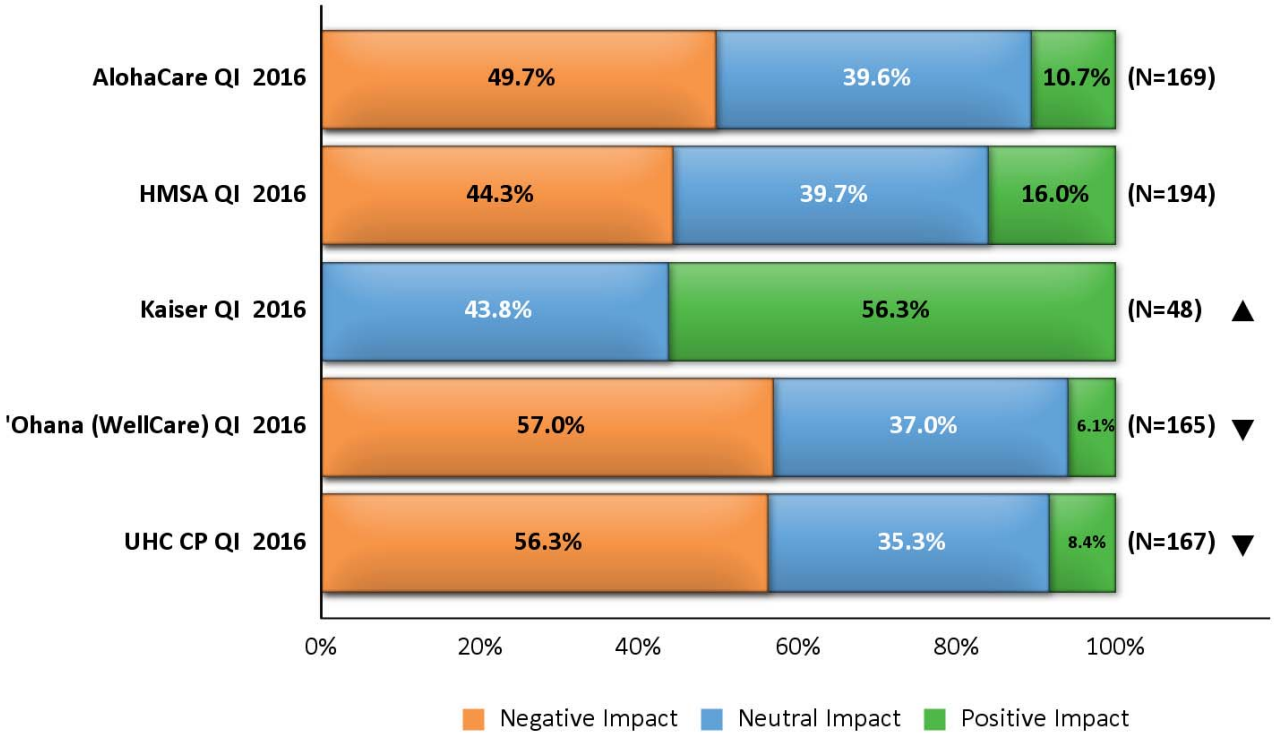
Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for prior authorization process (12.2 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for prior authorization process (16.8 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for prior authorization process (32.4 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- 'Ohana (WellCare) QI's 2016 top-box rate for prior authorization process (8.5 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for prior authorization process (8.6 percent) was not statistically significantly different from the aggregate of the other QI health plans.

Figure 3-4 – Providing Quality Care: Formulary



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for formulary (10.7 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for formulary (16.0 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for formulary (56.3 percent) was statistically significantly higher than the aggregate of the other QI health plans. Also, 0 percent of providers indicated a negative impact of Kaiser QI's formulary on their ability to provide quality care.
- 'Ohana (WellCare) QI's 2016 top-box rate for formulary (6.1 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for formulary (8.4 percent) was statistically significantly lower than the aggregate of the other QI health plans.

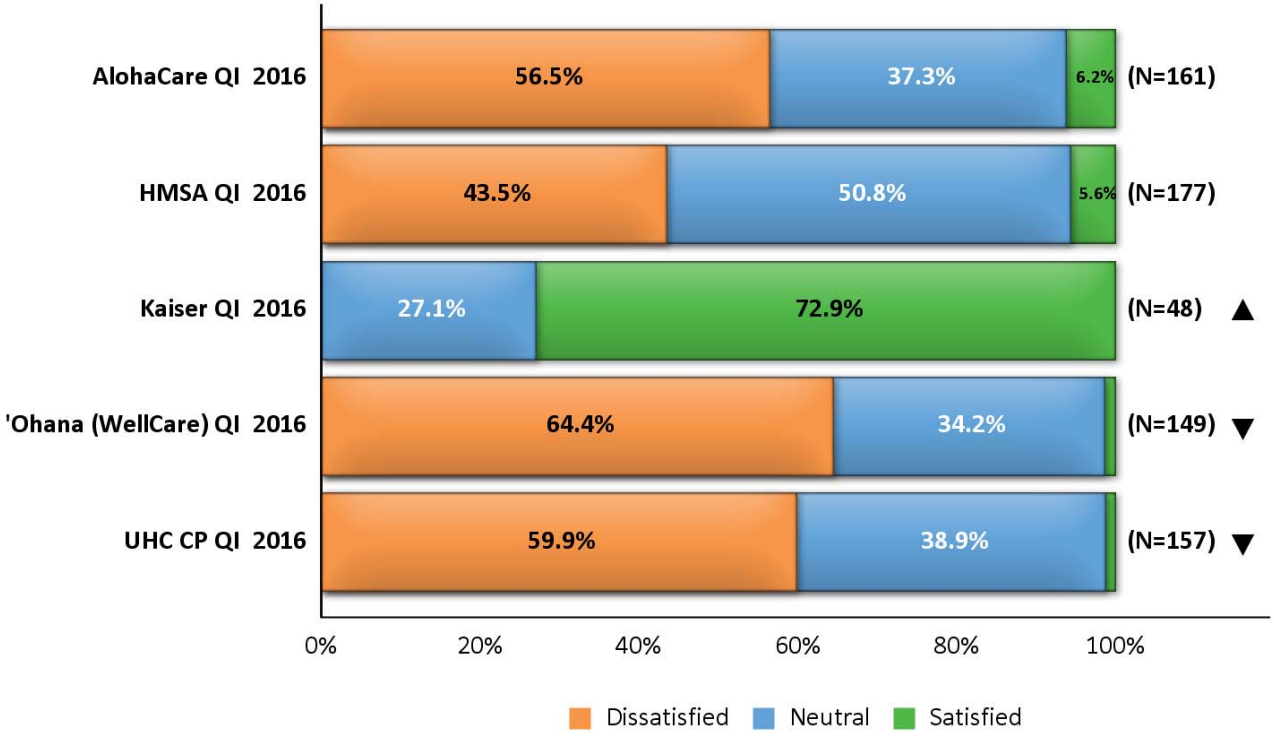
Non-Formulary

Providers were asked a question to rate the adequacy of the QI health plans' access to non-formulary drugs, when needed. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely Adequate
- **Neutral**—Yes, Somewhat Adequate
- **Dissatisfied**—No, Not Very Adequate

Figure 3-5 depicts the response category proportions for each QI health plan.

Figure 3-5 – Adequate Access to Non-Formulary Drugs



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for adequate access to non-formulary drugs (6.2 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for adequate access to non-formulary drugs (5.6 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for adequate access to non-formulary drugs (72.9 percent) was statistically significantly higher than the aggregate of the other QI health plans. Also, 0 percent of providers were dissatisfied with the adequacy of Kaiser QI's access to non-formulary drugs.
- 'Ohana (WellCare) QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was statistically significantly lower than the aggregate of the other QI health plans.

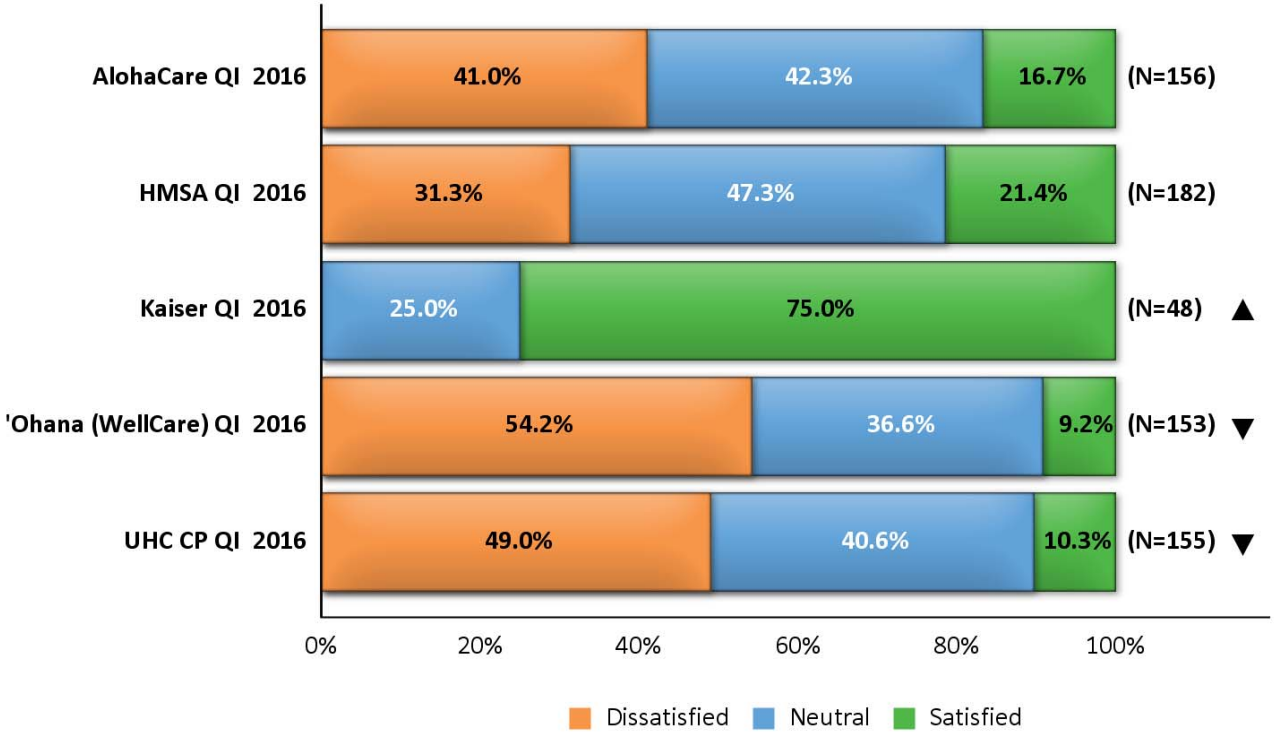
Service Coordinators

Providers were asked to rate the adequacy of the help provided by the QI health plans' service coordinators, when needed. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely Adequate
- **Neutral**—Yes, Somewhat Adequate
- **Dissatisfied**—No, Not Very Adequate

Figure 3-6 depicts the response category proportions for each QI health plan.

Figure 3-6 – Helpfulness of Service Coordinators



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for helpfulness of service coordinators (16.7 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for helpfulness of service coordinators (21.4 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rate for helpfulness of service coordinators (75.0 percent) was statistically significantly higher than the aggregate of the other QI health plans. Also, 0 percent of providers were dissatisfied with the adequacy of the help provided by Kaiser QI's service coordinators.
- 'Ohana (WellCare) QI's 2016 top-box rate for helpfulness of service coordinators (9.2 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for helpfulness of service coordinators (10.3 percent) was statistically significantly lower than the aggregate of the other QI health plans.

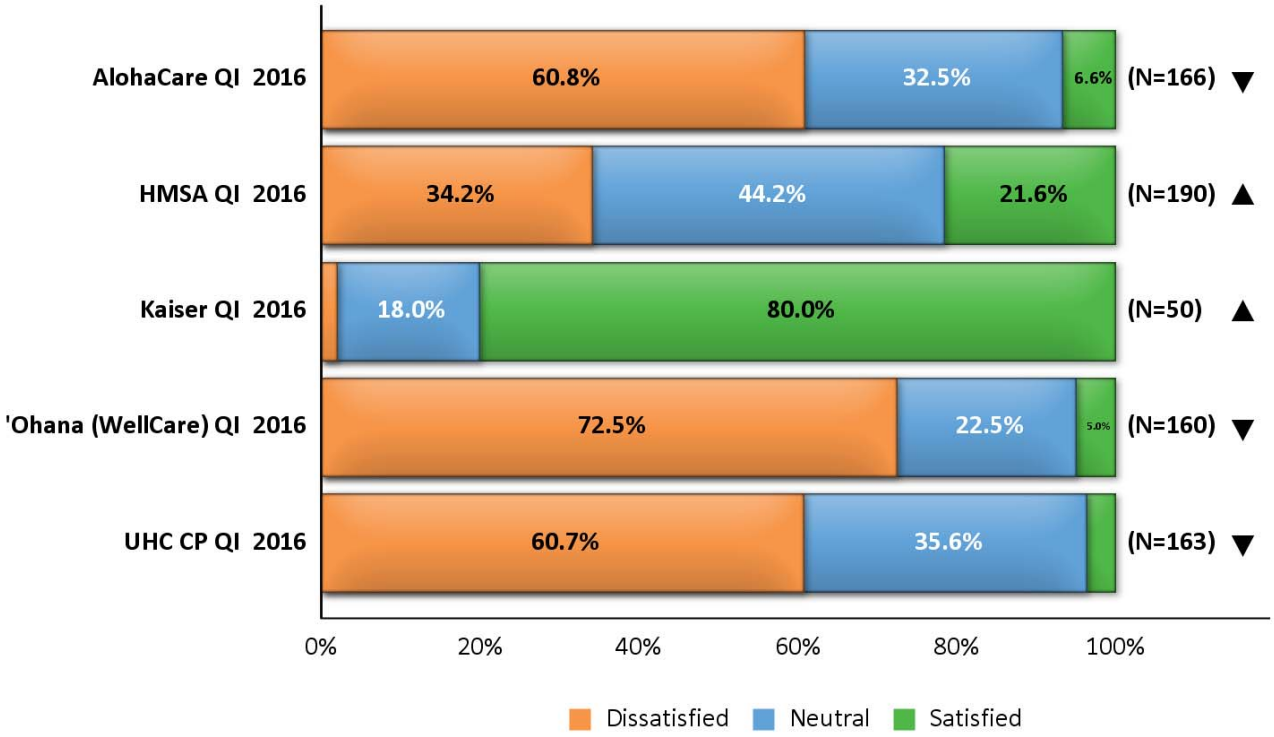
Specialists

Providers were asked two questions with regard to the QI health plans' specialists. Providers were asked to rate the adequacy of the amount of specialists and the adequacy of the amount of behavioral health specialists. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely Adequate
- **Neutral**—Yes, Somewhat Adequate
- **Dissatisfied**—No, Not Very Adequate

Figure 3-7 and Figure 3-8 depict the response category proportions for each QI health plan.

Figure 3-7 – Specialists: Adequacy of Specialists



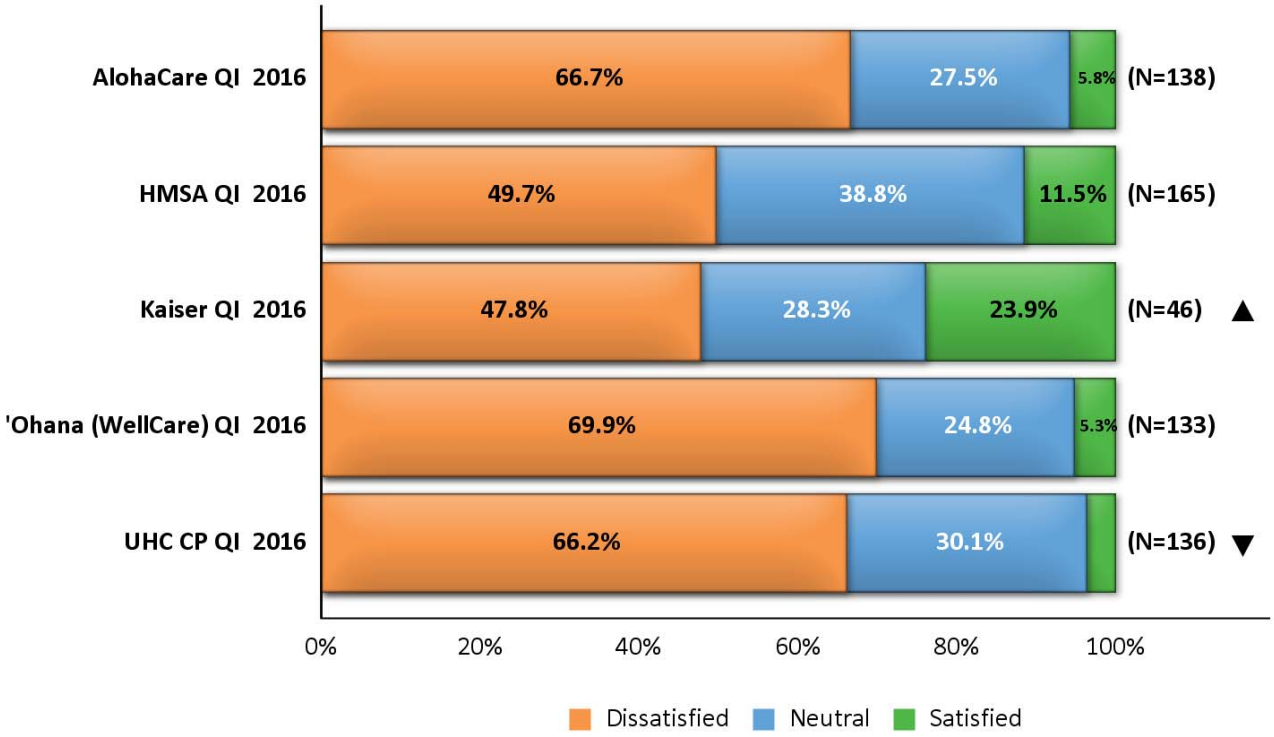
Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for adequacy of specialists (6.6 percent) was statistically significantly lower than the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for adequacy of specialists (21.6 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rates for adequacy of specialists (80.0 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- 'Ohana (WellCare) QI's 2016 top-box rate for adequacy of specialists (5.0 percent) was statistically significantly lower than the aggregate of other QI health plans.
- UHC CP QI's 2016 top-box rate for adequacy of specialists (3.7 percent) was statistically significantly lower than the aggregate of the other QI health plans.

Figure 3-8 – Specialists: Adequacy of Behavioral Health Specialists



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

▲ *indicates the QI health plan's top-box rate is statistically significantly higher than the aggregate of the other QI health plans.*

▼ *indicates the QI health plan's top-box rate is statistically significantly lower than the aggregate of the other QI health plans.*

- AlohaCare QI's 2016 top-box rate for adequacy of behavioral health specialists (5.8 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- HMSA QI's 2016 top-box rate for adequacy of behavioral health specialists (11.5 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- Kaiser QI's 2016 top-box rates for adequacy of behavioral health specialists (23.9 percent) was statistically significantly higher than the aggregate of the other QI health plans.
- 'Ohana (WellCare) QI's 2016 top-box rate for adequacy of behavioral health specialists (5.3 percent) was not statistically significantly different from the aggregate of the other QI health plans.
- UHC CP QI's 2016 top-box rate for adequacy of behavioral health specialists (3.7 percent) was statistically significantly lower than the aggregate of the other QI health plans.

Based on responses to Question 15 (i.e., If you are a behavioral health specialist, do you accept 'Ohana CCS?), Table 3-4 presents the percentage of providers who answered "Yes" or "No" (i.e., identifying them as a behavioral health specialist) or "I am not a behavioral health specialist" (i.e., not identifying them as a behavioral health specialist).

Tables 3-4 – Behavioral Health: Provider Type

Specialist Type	Percent
Behavioral Health Specialist	24.3%
Not a Behavioral Health Specialist	75.7%

Behavioral health specialists were asked whether or not they accepted 'Ohana CCS. Table 3-5 presents the percentage of behavioral health specialists who answered "Yes" (i.e., 'Ohana CCS was accepted) or "No" (i.e., 'Ohana CCS was not accepted).[3-1]

Tables 3-5 – 'Ohana CCS Acceptance

Specialist Response	Percent
Yes	37.8%
No	62.2%

[3-1] Results are based on providers who indicated that they were a behavioral health specialist (i.e., answered "Yes" or "No" to Question 15 in the survey).

Summary of Results

Plan Comparisons

Table 3-6 presents a summary of the statistically significant differences that exist between the 2016 "top-box" rates of the QI health plans.

Table 3-6 – Plan Comparisons

	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana (WellCare) QI	UHC CP QI
General Positions					
Compensation Satisfaction	—	▲	▲	▼	▼
Timeliness of Claims Payments	—	▲	▲	▼	▼
Providing Quality Care					
Prior Authorization Process	—	▲	▲	—	—
Formulary	—	—	▲	▼	▼
Non-Formulary					
Adequate Access to Non-Formulary Drugs	—	—	▲	▼	▼
Service Coordinators					
Helpfulness of Service Coordinators	—	—	▲	▼	▼
Specialists					
Adequacy of Specialists	▼	▲	▲	▼	▼
Adequacy of Behavioral Health Specialists	—	—	▲	—	▼

▲ *indicates the plan's performance is statistically significantly higher than the aggregate performance of the other plans.*

▼ *indicates the plan's performance is statistically significantly lower than the aggregate performance of the other plans.*

— *indicates the plan's performance is not statistically significantly different than the aggregate performance of the other plans.*

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

- AlohaCare QI's performance was statistically significantly lower than the aggregate performance of the other plans on one measure, Adequacy of Specialists.
- HMSA QI's performance was statistically significantly higher than the aggregate performance of the other plans on four measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, and Adequacy of Specialists.
- Kaiser QI's performance was statistically significantly higher than the aggregate performance of the other plans on all eight measures: Compensation Satisfaction, Timeliness of Claims Payments, Prior Authorization Process, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.
- 'Ohana (WellCare) QI's performance was statistically significantly lower than the aggregate performance of the other plans on six measures: Compensation Satisfaction, Timeliness of Claims Payments, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, and Adequacy of Specialists.
- UHC CP QI's performance was statistically significantly lower than the aggregate performance of the other plans on seven measures: Compensation Satisfaction, Timeliness of Claims Payments, Formulary, Adequate Access to Non-Formulary Drugs, Helpfulness of Service Coordinators, Adequacy of Specialists, and Adequacy of Behavioral Health Specialists.

4. Recommendations

Quality Improvement Recommendations

The Provider Survey revealed that there is an opportunity for the plans to improve provider satisfaction. Kaiser QI's performance was statistically significantly higher than the aggregate performance of the other plans on all domains. Conversely, 'Ohana (WellCare) QI and UHC CP QI exhibited the most opportunity for improvement performing statistically significantly lower than the aggregate performance of the other plans on nearly all domains.

Based on these results, the following are general quality improvement recommendations that the plans and the MQD should consider to increase or maintain a high level of provider satisfaction.[4-1] The MQD and each plan should evaluate these general recommendations in the context of their own operational and quality improvement activities.

- HSAG recommends the MQD evaluate 'Ohana (WellCare) QI's and UHC CP QI's performance on the various domains evaluated as part of the survey, based on the provider's feedback. The issues/concerns expressed by providers with these two plans may cause some providers to leave the Medicaid market, which would add to the provider shortage and provider access issue in the State of Hawaii.
- Providers consistently expressed concerns about getting adequate specialty care due to the immense lack of specialists. The referral process to specialists was noted as especially difficult. The shortage of specialists on the island require patients to travel to get care, but the limit of availability and travel arrangements prevent the ability for many patients to be seen in a timely manner. Providers are becoming overwhelmed by the growing demand, while many patients are being left with nowhere to go. HSAG recommends the MQD and the QI health plans collaborate on a solution to this issue, such as provider recruitment and retention, and implementation of a patient-centered medical home (PCMH) model of care.
- Some providers indicated the prior authorization process has a negative impact on their ability to provide quality care. QI health plans could work toward programming medical services and drugs that require prior authorization into their systems and workflows to automate the process (e.g., expand availability and interoperability of health information technology). The MQD can work with the QI health plans to support the simplification and standardization of the preauthorization forms and process.
- Providers' feedback indicated that opportunities still exist to ensure that QI health plans have adequate access to non-formulary drugs. QI health plans typically choose which drugs to include in the formulary. The MQD should consider working with the QI health plans to establish standard policies and procedures to ensure adequate access to non-formulary drugs.

[4-1] Brodsky, Karen L. "Best Practices in Specialty Provider Recruitment and Retention: Challenges and Solutions." *HealthWorks Consulting, LLC*, 2005.

- Periodic provider focus groups could be implemented to gain further valuable information and insight into areas of poor performance as described in the survey feedback. Hearing about specific scenarios and examples of provider issues may help the QI health plans in understanding and targeting areas needing performance improvement. QI health plans could then utilize a performance improvement project approach to determine interventions and perform a targeted re-measurement of provider satisfaction at a later date.

Future Survey Administration Recommendations for the MQD

HSAG recommends continued administration of the Provider Survey every two years. This re-measurement would provide valuable trending information to the MQD, providers, the general public, as well as the QI health plans. Trending the data will allow QI health plans to see which areas they have improved on and which areas require direct improvement efforts. HSAG recommends the MQD utilize the same survey instrument to allow for trending. HSAG also recommends that the MQD sample as many providers as possible in order to increase the number of providers that participate in the survey.

HSAG recommends that the MQD continue to employ alternative approaches to increase provider participation in the survey. Increasing the overall number of respondents to the survey reduces the likelihood of non-response bias and increases the likelihood that the responses reflect those of all providers serving QI members. Some specific recommended strategies follow:

- Informing QI health plan and/or providers that a survey will be coming can greatly increase the number of responses. A survey notification, in the form of a letter or an email, could be sent from the MQD prior to administration of the survey informing QI health plans and/or providers about the upcoming survey, estimated timeline for administration, and when and how the survey results will be made available. Additionally, to augment the cover letter included with the mailed survey, the MQD could stress in the reminder notice the importance of provider participation and encourage them to complete the survey when it arrives. The MQD should continue its work with QI health plans and request that the QI health plans send reminder notifications to providers, or publish an announcement in provider newsletters encouraging them to participate in the survey.
- HSAG recommends that the MQD collect email addresses for its QI providers to ensure this information is captured in its provider database system from which the provider survey sample frame is taken. Alternatively, the MQD could work with the QI health plans to obtain this email contact information. This will allow HSAG to send targeted follow-up emails for providers to complete the survey.
- A Web-based survey is an easy and convenient way for providers to respond to the survey. HSAG recommends the MQD continues to use a mixed-mode approach (e.g., mail survey, email reminders, or Web-based survey) to help yield higher response rates. An email with a direct link to the Web-based survey and customized to include a provider's specific login promotes provider participation by allowing immediate and convenient access to the Web-based survey. The potential for initial and follow-up distribution of the survey via provider email as opposed to only mailed paper copies

would increase the likelihood of higher response rates by allowing ease of access to the Web-based component of the survey.

5. Reader's Guide

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

Survey Administration

HSAG, in collaboration with the MQD, developed a survey instrument to collect the most meaningful data possible. The 2016 Hawaii Provider Survey included 15 questions that surveyed providers on a broad range of topics.

Sampling Procedures

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

HSAG sampled providers who met the following criteria:

- Served the Hawaii Medicaid population.
- Provided service to QI members as of June 30, 2016.
- Provided service to at least one of the following QI health plans: AlohaCare QI, HMSA QI, Kaiser QI, 'Ohana (WellCare) QI, and/or UHC CP QI.
- Had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, or Advanced Practice Registered Nurse (APRN).

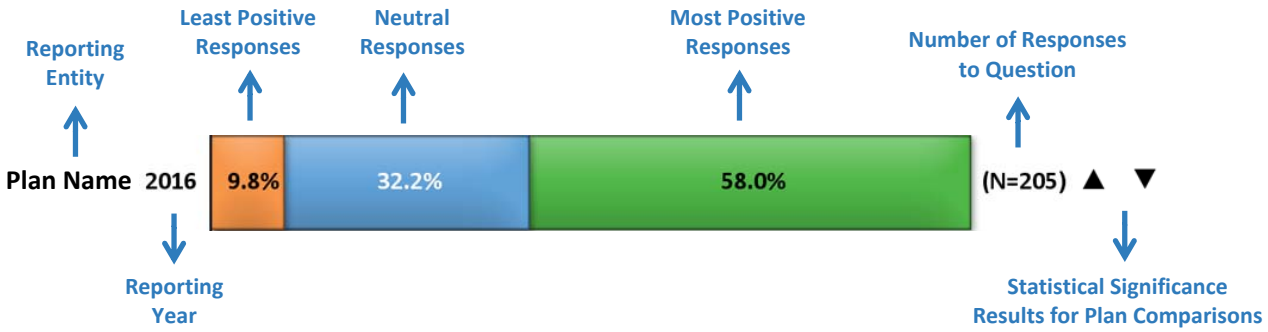
Survey Protocol

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

How to Read the Satisfaction Bar Graphs

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

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



Methodology

Response Rates

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

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

Response Category Proportions

Response category proportions were calculated for each survey item. Table 5-1 presents how the response categories were assigned.

Table 5-1 – Response Category Assignments

Response Category	Assignment
Very Dissatisfied	Dissatisfied Response
Dissatisfied	Dissatisfied Response
Neutral	Neutral Response
Satisfied	Satisfied Response
Very Satisfied	Satisfied Response
No, Not Very Adequate	Dissatisfied Response
Yes, Somewhat Adequate	Neutral Response
Yes, Definitely Adequate	Satisfied Response
Strong Negative Impact	Negative Impact Response
Negative Impact	Negative Impact Response
Little or No Impact	Neutral Impact Response
Positive Impact	Positive Impact Response
Strong Positive Impact	Positive Impact Response

For the survey items, response category proportions were calculated using a standard question summary rate formula. In other words, separate response category proportions (or question summary rates) were calculated for each of the response categories (e.g., satisfied, neutral, and dissatisfied). Responses that fell into a response category were assigned a 1, while all others were assigned a 0. These values were summed to determine a response category score.

The question summary rate was the response category score divided by the total number of responses to a question. Therefore, the response category proportions total 100 percent.

$$\textit{Question Summary Rate (QSR)} = \sum_{i}^{n} \frac{x}{n}$$

i = 1, …, n providers responding to question
x = response category score (either 0 or 1)

Plan Comparisons

Chi square (χ^2) tests were performed on each measure to determine if significant performance differences existed between the plans. For purposes of this analysis, responses were categorized into one of two response categories: positive response and non-positive response. Each QI health plan's responses were compared to the aggregate results of the other QI health plans, excluding the QI health plan being analyzed. For example, an analysis of AlohaCare QI's results would include a comparison to the aggregate of all other QI health plans, excluding AlohaCare QI.

The test statistic for the χ^2 test is:

$$x^2 = \sum \left[\frac{(O_i - E_i)^2}{E_i} \right]$$

where O_i is the observed frequency for the *i*th category of the variable of interest and E_i is the expected frequency for the *i*th category. x^2 will be small if the frequencies exhibit small differences (i.e., larger *p* value) and large if the frequencies exhibit large differences (i.e., small *p* value). For purposes of this evaluation, a *p* value less than 0.05 is defined as a statistically significant difference. In scenarios where any of the expected frequencies fall below five, a Fisher's Exact Test was used as an alternate method.

In the bar graphs, statistically significant differences are noted with directional triangles. A QI health plan's top-box rates that was statistically significantly higher than the aggregate rate of the other QI health plans is noted with an upward (▲) triangle. A QI health plan's top-box rate that was statistically significantly lower than the aggregate rate of the other QI health plans is noted with a downward (▼) triangle.

Limitations and Cautions

The findings presented in the 2016 Hawaii Provider Survey Report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Non-Response Bias

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

Single Point-in-Time

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

Causal Inferences

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

Multi-Plan Participation

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

6. Survey Instruments

This section provides a copy of the Kaiser and Non-Kaiser survey instruments used during this study.

2016 HAWAII PROVIDER'S SURVEY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

   - ○ Yes
   - ○ No

10. What is your specialty?

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

    _____

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

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

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

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

13. Please list the type(s) of specialists you think need to be expanded to improve access.

    _____

    _____

    _____

    _____

    _____

    _____

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

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

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

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

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

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

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

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

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

Results will be available on the Med-QUEST Division Web site after January 1, 2017.

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

2016 HAWAII PROVIDER'S SURVEY

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	○	○	○	○
HMSA	○	○	○	○
'Ohana (WellCare)	○	○	○	○
UnitedHealthcare Community Plan	○	○	○	○

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

○ Yes
○ No

10. What is your specialty?

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

_____

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

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

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

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

13. For each health plan, please list the type(s) of specialists you think need to be expanded to improve access.

AlohaCare	
HMSA	
‘Ohana (WellCare)	
UnitedHealthcare Community Plan	

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

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

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

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

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

_____
_____
_____
_____
_____
_____
_____
_____

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

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

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

Results will be available on the Med-QUEST Division Web site after January 1, 2017.
http://www.med-quest.us

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix A: Provider Comments

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

Reimbursement

- At present, the main problem with all plans (except HMSA) is poor reimbursement.
- QUEST reimbursement is horrible.
- For the amount of worktime consumed and paperwork, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reimbursement is grossly inadequate. Reimbursement for sick visits is too low.
- The reimbursement rate is insulting to the PCP's. It is not even enough to stay afloat in the health care industry.
- I am strongly considering not accepting any QUEST/Medicaid patients. They have the highest no show rates, highest complaints, highest non-adherence, lowest reimbursement, and are financially devastating to my practice.
- Reimbursement for 'Ohana Care is insulting – $116 for an emergency comprehensive consult. They need to be audited.
- I do not accept AlohaCare, 'Ohana, or UHC CP due to low reimbursement rates, as well as inconsistent reimbursement with frequent requests for more information. I have never had a problem with HMSA QUEST and will continue to be a provider for them.
- Reimbursement rates are too low.

Prior Authorizations/Referrals

- Remove prior authorization for behavioral health.
- Pediatrics should not be required to obtain prior authorization for a medical referral to see a pediatric subspecialist in Oahu from a neighbor island. It is a waste of our time. Patients should be making travel arrangements directly with insurers (i.e., the doctor should not be the concierge/travel agent).
- 'Ohana Health Plan is the worst insurance in terms of prior authorization of services. They deny all retro prior authorizations, which is ridiculous. Also, it takes at least five minutes to speak to a live person on the phone.
- AlohaCare needs to get rid of their referral process. It is very cumbersome.
- It is very difficult to service the QUEST plans. Prior authorizations are a waste of valuable office time and help. All plans should reimburse at triple the current rate as the patients need more time.

- Due to changes in healthcare coverage, lack of physician participation, poor formulary choices, need for prior authorization, and lack of timely prior authorizations from the PCPs' neurosurgery patients referred to me, I am opting out of Medicaid and similar organizations. Practicing medicine in today's environment is hard enough. There is no need to make it harder by trying to comply with Medicaid requirements and poor formulary.
- If 'Ohana Care had a longer prior authorizations time table, then maybe more patients with 'Ohana insurance could be seen.
- A routine prior authorization request should not take 14 working days (3 weeks) to process. A three week waiting period is excessive and potentially dangerous. If policies continue to compromise the quality of care that I provide to my patients, I will be forced to terminate my participation with 'Ohana Health Plan.

Specialists/Behavioral Health

- Accessing psychiatry is extremely difficulty.
- As a PCP it is almost impossible to get adequate specialty care for QUEST patients. As one of the few MDs accepting new PCP patients, I am overwhelmed. The numbers continue to rise and patients have nowhere to go. The system is ready to collapse, but I do not think insurance companies mind as the less patients get seen, the less they have to pay out. Comprehensive overhaul and creative cost saving ideas are needed. It is possible!
- HMSA QUEST has woefully inadequate psychiatry resources, and I am very dissatisfied. Additionally, 'Ohana has poor ophthalmology access.
- I am a general pediatrician and I have little to no support on this island. It is a nightmare to refer QUEST patients to specialists. There are only certain days/times that are available and travel cannot be submitted until the same month, sometimes tickets sell out; therefore, appointments that were booked months ahead must be cancelled. If I leave, more child patients will suffer.
- This island has a shortage of all specialists listed above. There are no participating urologists, dermatologists, or neurologists on this side of the island. Patients have to travel and wait long periods to be seen by such specialists.
- The largest barrier for me to accept QUEST is the specialists' referral. The second problem is the reimbursement.
- This big island is largely underserved due to a lack of specialists available to patients. There is a large need but a small pool of resources.

Formulary

- 'Ohana and UHC CP have the most restrictive formularies and the most onerous prior authorization processes. They are truly a barrier to patient care.
- I have a lot of problems with the formulary for 'Ohana and UHC CP.

- It is very frustrating and irritating to have to get a Physician Assistant for psychiatric medications that patients have been using for years. Why are non-practitioners deciding who can take which medications? It is so frustrating that I no longer want to take on any new QUEST patients (except HMSA upon direct referral).
- Please allow patients on chronic medications to get a 3-month supply at a time. Month-by-month is very hard and leads to compliance issues.

Service Coordinators/Care Coordination

- AlohaCare's service coordinators and care navigators are excellent in communicating and advocating for their patients.

Miscellaneous

- We have had difficulty with both 'Ohana and UHC CP in caring for pregnant women. When requesting the authorization for progesterone supplements for pre-term prevention, breast pumps, or getting interpreters, the staff reports that they are both hard to work with and frequently give the run around.
- UHC CP should no longer be allowed to participate in the QI Program.
- Med-QUEST is a significant drain of resources, time, and finances on our practice. These patients require more care, there are more administrative obstacles to provide care, and we are paid significantly less for all of our work. There is extra work and extra liability for significantly less financial compensation.
- Poor pay, too much red tape, too much computerization, and too much government interferences are all contributing to good health care shortages and the inability to deliver good medical care.
- The UHC CP QI Program is a disgrace to the insurance program. They deliberately reject perfectly valid claims with nonsensical excuses hoping to delay or avoid payment.
- 'Ohana is very difficult to work with. The liaison in Hilo does not do her job! Just one excuse after another.
- 'Ohana should be discontinued.
- All processes are slow and more complicated than needed. The paperwork is both cumbersome and overcomplicated, and the pay is inadequate for the amount of work performed.
- HMSA QI is great to work with as a provider, while AlohaCare is not. They are slow, pay low, and their provider reports are harder to read because of the way they are formatted. I am not a provider for the other two programs.
- 'Ohana does way too many chart audits.
- 'Ohana and UHC CP have required overpayments of over $1,000 on audits that are greater than one-year-old, which then makes recovering payments from an insurance company impossible. Also, patients cannot pay for services rendered, and they are unaware of changes to their insurance. These

companies pay for services, and then months to over a year later, say they paid in error and request the money back from the provider at the provider's expense.

- Kaiser is far and away the best option for care on Maui.
- I ask myself if I or someone I love had to rely on AlohaCare, HMSA, 'Ohana, or UHC CP to diagnose properly, treat fully, and prevent health care issues as best as possible, would I be content with things as they are? No.
- HMSA specified that only board-certified physicians can participate with their Medicaid program. I am not board certified; therefore, I am not allowed to participate in HMSA Medicaid programs. It is written in their contract. Is it true for all Blue Cross Blue Shield programs in the USA? I guess this adds to the physician shortage in Hawaii.

Appendix B: Specialists to be Expanded

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

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

Specialist	Count	Percent
Dermatologist	42	37.5%
Psychiatrist	25	22.3%
Neurologist	24	21.4%
All	19	17.0%
Rheumatologist	16	14.3%
Otorhinolaryngologist (Ear, Nose, and Throat)	12	10.7%
Allergist	11	9.8%
Orthopedist	11	9.8%
Cardiologist	8	7.1%
Gastroenterologist (GI)	7	6.3%
Endocrinologist	6	5.4%
Urologist	6	5.4%
Behavioral Health Specialist	4	3.6%
Pediatric Psychologist	4	3.6%
Surgeon	4	3.6%
Obstetrics & Gynecology (OBGYN)	3	2.7%
Pain Specialist	3	2.7%
Pediatric Psychiatrist	3	2.7%
Psychologist	3	2.7%
Child Psychiatrist	2	1.8%
Developmental/Behavior Health Specialist	2	1.8%
Genetics	2	1.8%
Immunologist	2	1.8%
Internist	2	1.8%
Mental Health Specialist	2	1.8%
Nephrologist	2	1.8%
Neurosurgeon	2	1.8%
Ophthalmologist	2	1.8%
Pediatric Cardiologist	2	1.8%
Pediatric Gastroenterologist (GI)	2	1.8%
Pediatric Orthopedist	2	1.8%

Specialist	Count	Percent
Pediatric Surgeon	2	1.8%
Pulmonologist	2	1.8%
Child Neurologist	1	0.9%
Child Psychologist	1	0.9%
Dietician	1	0.9%
Emergency Medical Technician (EMT)	1	0.9%
Family Practice (FP)	1	0.9%
Gynecologist	1	0.9%
Hand Surgeon	1	0.9%
Hematologist	1	0.9%
Medical Services	1	0.9%
Nutritionist	1	0.9%
Oncologist	1	0.9%
Pediatric Allergist	1	0.9%
Pediatric Dermatologist	1	0.9%
Pediatric Mental Health	1	0.9%
Pediatric Neonatologist	1	0.9%
Pediatric Nutrionist	1	0.9%
Pediatric Otorhinolaryngologist (Ear, Nose, and Throat)	1	0.9%
Pediatric Pulmonologist	1	0.9%
Pediatric Subspecialists	1	0.9%
Pediatric Urologist	1	0.9%
Podiatrist	1	0.9%
Primary Care Provider (PCP)	1	0.9%
Spine	1	0.9%
Substance Abuse Treatment	1	0.9%
Vascular Surgeon	1	0.9%

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

Specialist	Count	Percent
Dermatologist	44	38.9%
Neurologist	25	22.1%
Psychiatrist	25	22.1%
Otorhinolaryngologist (Ear, Nose, and Throat)	14	12.4%
Rheumatologist	13	11.5%
All	12	10.6%
Allergist	10	8.8%
Cardiologist	9	8.0%
Endocrinologist	7	6.2%
Orthopedist	7	6.2%

Specialist	Count	Percent
Urologist	7	6.2%
Gastroenterologist (GI)	4	3.5%
Pain Specialist	4	3.5%
Psychologist	4	3.5%
Pulmonologist	4	3.5%
Behavioral Health Specialist	3	2.7%
Child Psychiatrist	3	2.7%
Immunologist	3	2.7%
Obstetrics & Gynecology (OBGYN)	3	2.7%
Pediatric Psychiatrist	3	2.7%
Pediatric Psychologist	3	2.7%
Developmental/Behavior Health Specialist	2	1.8%
Genetics	2	1.8%
Neurosurgeon	2	1.8%
Oncologist	2	1.8%
Pediatric Cardiologist	2	1.8%
Pediatric Gastroenterologist (GI)	2	1.8%
Pediatric Orthopedist	2	1.8%
Pediatric Surgeon	2	1.8%
Primary Care Provider (PCP)	2	1.8%
Surgeon	2	1.8%
Vascular Surgeon	2	1.8%
Child Neurologist	1	0.9%
Gynecologist	1	0.9%
Hand Surgeon	1	0.9%
Hematologist	1	0.9%
Internist	1	0.9%
MPMR	1	0.9%
Medical Services	1	0.9%
Mental Health Specialist	1	0.9%
Nephrologist	1	0.9%
Nutritionist	1	0.9%
Ophthalmologist	1	0.9%
Pediatric Allergist	1	0.9%
Pediatric Dermatologist	1	0.9%
Pediatric Neonatologist	1	0.9%
Pediatric Neurologist	1	0.9%
Pediatric Nutrionist	1	0.9%
Pediatric Otorhinolaryngologist (Ear, Nose, and Throat)	1	0.9%
Pediatric Pulmonologist	1	0.9%

Specialist	Count	Percent
Pediatric Specialists	1	0.9%
Pediatric Subspecialist	1	0.9%
Pediatric Urologist	1	0.9%
Podiatrist	1	0.9%
Spine Specialist	1	0.9%
Substance Abuse Treatment	1	0.9%

Table B-3 – Specialists Providers Thought Needed to be Expanded: Kaiser QI

Specialist	Count	Percent
Gastroenterologist (GI)	3	21.4%
Psychiatrist	3	21.4%
Behavioral Health Specialist	2	14.3%
Dermatologist	2	14.3%
Intensive Care Unit (ICU)	2	14.3%
Orthopedist	2	14.3%
Pediatric Gastroenterologist (GI)	2	14.3%
Addictionologist	1	7.1%
Cardiologist	1	7.1%
Gynecologist	1	7.1%
Neurologist	1	7.1%
Neurosurgeon	1	7.1%
Oncologist	1	7.1%
Pain Specialist	1	7.1%
Pediatric Hematologist-Oncologist	1	7.1%
Pediatric Nephrologist	1	7.1%
Pediatric Neurologist	1	7.1%
Pulmonologist	1	7.1%
Urogynecologist	1	7.1%

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

Specialist	Count	Percent
Dermatologist	32	29.1%
Psychiatrist	24	21.8%
Neurologist	23	20.9%
All	22	20.0%
Rheumatologist	14	12.7%
Orthopedist	11	10.0%
Otorhinolaryngologist (Ear, Nose, and Throat)	11	10.0%
Allergist	9	8.2%

Specialist	Count	Percent
Cardiologist	8	7.3%
Urologist	8	7.3%
Endocrinologist	5	4.5%
Psychologist	5	4.5%
Gastroenterologist (GI)	4	3.6%
Pain Specialist	4	3.6%
Surgeon	4	3.6%
Behavioral Health Specialist	3	2.7%
Ophthalmologist	3	2.7%
Pulmonologist	3	2.7%
Child Psychiatrist	2	1.8%
Immunologist	2	1.8%
Internist	2	1.8%
Nephrologist	2	1.8%
Neurosurgeon	2	1.8%
Obstetrics & Gynecology (OBGYN)	2	1.8%
Oncologist	2	1.8%
Pediatric Cardiologist	2	1.8%
Pediatric Gastroenterologist (GI)	2	1.8%
Pediatric Orthopedist	2	1.8%
Pediatric Psychiatrist	2	1.8%
Pediatric Psychologist	2	1.8%
Pediatric Surgeon	2	1.8%
Child Neurologist	1	0.9%
Developmental Specialist	1	0.9%
Emergency Medical Technician (EMT)	1	0.9%
Family Physician (FP)	1	0.9%
Genetics	1	0.9%
Hand Surgeon	1	0.9%
Hematologist	1	0.9%
LD/ADHD Center	1	0.9%
Medical Services	1	0.9%
Pediatric Allergist	1	0.9%
Pediatric Neonatologist	1	0.9%
Pediatric Nutrionist	1	0.9%
Pediatric Otorhinolaryngologist (Ear, Nose, and Throat)	1	0.9%
Pediatric Pulmonologist	1	0.9%
Pediatric Subspecialist	1	0.9%
Pediatric Urologist	1	0.9%
Podiatrist	1	0.9%

Specialist	Count	Percent
Primary Care Provider (PCP)	1	0.9%
Spine Specialist	1	0.9%
Substance Abuse Treatment	1	0.9%
Urogynecologist	1	0.9%
Vascular Surgeon	1	0.9%

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

Specialist	Count	Percent
Dermatologist	32	30.2%
Psychiatrist	25	23.6%
Neurologist	23	21.7%
All	21	19.8%
Rheumatologist	14	13.2%
Otorhinolaryngologist (Ear, Nose, and Throat)	12	11.3%
Cardiologist	11	10.4%
Orthopedist	9	8.5%
Allergist	7	6.6%
Endocrinologist	7	6.6%
Urologist	7	6.6%
Gastroenterologist (GI)	5	4.7%
Psychologist	5	4.7%
Pulmonologist	4	3.8%
Behavioral Health Specialist	3	2.8%
Pain Specialist	3	2.8%
Surgeon	3	2.8%
Child Psychiatrist	2	1.9%
Immunologist	2	1.9%
Internist	2	1.9%
Nephrologist	2	1.9%
Neurosurgeon	2	1.9%
Obstetrics & Gynecology (OBGYN)	2	1.9%
Oncologist	2	1.9%
Pediatric Cardiologist	2	1.9%
Pediatric Gastroenterologist (GI)	2	1.9%
Pediatric Orthopedist	2	1.9%
Pediatric Psychiatrist	2	1.9%
Pediatric Psychologist	2	1.9%
Pediatric Surgeon	2	1.9%
Child Neurologist	1	0.9%

Specialist	Count	Percent
Developmental Specialist	1	0.9%
Emergency Medical Technician (EMT)	1	0.9%
Family Provider (FP)	1	0.9%
Genetics	1	0.9%
Hand Surgeon	1	0.9%
Hematologist	1	0.9%
LD/ADHD Center	1	0.9%
Medical Services	1	0.9%
Ophthalmologist	1	0.9%
Pediatric Allergist	1	0.9%
Pediatric Neonatologist	1	0.9%
Pediatric Nutritionist	1	0.9%
Pediatric Otorhinolaryngologist (Ear, Nose, and Throat)	1	0.9%
Pediatric Pulmonologist	1	0.9%
Pediatric Subspecialists	1	0.9%
Pediatric Urologist	1	0.9%
Physical Therapist (PT)	1	0.9%
Podiatrist	1	0.9%
Primary Care Provider (PCP)	1	0.9%
Substance Abuse Treatment	1	0.9%
Urogynecologist	1	0.9%
Vascular Surgeon	1	0.9%