State of Hawaii

Department of Human Services
Med-QUEST Division

2011 Hawaii Provider Survey Report

October 2011

HSAG Health Services Advisory Group

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Introduction

In calendar year (CY) 2011, the State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) required the administration of surveys to health care providers who serve QUEST and QUEST Expanded Access (QExA) members through one or more QUEST or QExA 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 Provider Survey is to supply feedback to the MQD as it relates to providers' perceptions of the QUEST and QExA health plans (listed in Table 1-1) and the Med-QUEST program.

Table 1-1
QUEST and QExA Health Plans

Plan Name	Plan Abbreviation
QUEST Program	
AlohaCare QUEST	AlohaCare
Hawaii Medical Service Association QUEST	HMSA
Kaiser Permanente QUEST	Kaiser
QExA Program	
Evercare QExA	Evercare
Ohana QExA	Ohana

HSAG and the MQD developed a survey instrument designed to acquire meaningful provider information and gain providers' insight as it relates to the health plans' performance and potential areas of performance improvement. The survey covered topics for primary care and specialty providers, including impact of the plans' utilization management on the providers' abilities to provide quality care, satisfaction with reimbursement, and adequacy of the formulary. A total of 1,500 providers were randomly sampled for inclusion in the survey administration: 400 Kaiser providers and 1,100 non-Kaiser providers (i.e., AlohaCare, Evercare, HMSA, and/or Ohana providers). Providers completed the surveys from April to June 2011.

Current Health Care Status 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. Issues with the public health care system are driving some providers to restrict or discontinue certain services, leaving patients with fewer choices, longer waits for appointments, and delayed care. The situation is worse in rural areas and on the neighbor islands, where providers handle a higher percentage of uninsured and low-income patients and longer on-call hours because there are fewer colleagues to share the patient load. Health insurance reimbursement rates are not keeping pace with rising costs and malpractice premiums, and many providers are deciding to leave the islands, close their practices, or retire early.[1-1] Some reports indicate that providers blame inadequate reimbursement, delays in claims payments, time-consuming paperwork, difficulties in referring patients, and medication coverage and diagnostic testing restrictions on their decision to limit the services they provide or no longer participate as a public health insurance provider.[1-2]

[1-1] Hahn P. *Two Key Reform Proposals for Health Care in Hawaii.* Grassroot Institute of Hawaii, October 2009. Available at: http://www.grassrootinstitute.org/health-care/two-key-reform-proposals-for-health-care-in-hawaii. Accessed on: September 8, 2011.

[1-2] Russell CE. *Locating a Doctor Who Takes Public Insurance Proves Difficult in Isles.* Star Advertiser, July 18, 2011. Available at: http://www.staradvertiser.com/news/hawaiinews/20110718__Locating_a_doctor_who_takes_public_insurance_proves_difficult_in_isles.html. Accessed on: September 8, 2011.

QUEST Summary of Results

Where applicable, HSAG conducted tests of statistical significance to determine if significant differences in performance existed between the QUEST health plans. Table 1-2 presents a summary of these results.

Table 1-2—QUEST Plan Comparisons

	AlohaCare	HMSA	Kaiser
General Positions[1-3]			
Compensation Satisfaction	▼	▲	▲
Timeliness of Claims Payments	▼	▲	—
Health Plan Communication			
Knowledge	▼	—	▲
Keep Informed	▼	—	▲
Formulary			
Adequate Formulary	▼	—	▲
Adequate Access to Non-formulary Drugs	▼	▼	▲
Specialists			
Adequacy of Specialists	▼	—	▲
Range of Specialists	▼	—	▲
Referral Policy	▼	▼	▲
Providing Quality Care			
Prior Authorization Process	▼	—	▲
Referral Process	▼	▼	▲
Formulary	▼	▼	▲
Concurrent Review	▼	▼	▲
Discharge Planning	▼	▼	▲
Network of Hospitals	▼	▼	▲
Behavioral Health			
Adequate Amount of Specialists	▼	—	▲

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

[1-3] For purposes of the Compensation Satisfaction and Timeliness of Claims Payments plan comparisons, the plans' results were compared to the aggregate performance of the other QUEST plans and contracted commercial managed care health plans.

The following is a summary of the QUEST plans' performance on the 16 measures evaluated for statistical differences:

- AlohaCare's performance was significantly lower than the aggregate performance of the other plans on all 16 measures.
- HMSA's performance was significantly higher than the aggregate performance of the other plans on two measures and significantly lower than the aggregate performance of the other plans on seven measures.
- Kaiser's performance was significantly higher than the aggregate performance of the other plans on 15 measures.

In order to evaluate trends in QUEST provider satisfaction, HSAG performed a trend analysis. Each QUEST health plan's 2011 Provider Survey results were compared to their corresponding 2009 Provider Survey results, where applicable.[1-4,1-5] Table 1-3 provides the highlights of the statistically significant results from this analysis.

Table 1-3—QUEST Trend Analysis

	AlohaCare	HMSA	Kaiser
General Positions			
Compensation Satisfaction	↔	↑	↔
Timeliness of Claims Payments			
Health Plan Communication			
Knowledge	↔	↑	↑
Keep Informed	↔	↑	↔
Formulary			
Adequate Formulary	↔	↔	↔
Adequate Access to Non-formulary Drugs	↔	↔	↔
Specialists			
Adequacy of Specialists	↔	↑	↑
Range of Specialists	↔	↔	↑
Referral Policy	↔	↔	↔
Providing Quality Care			
Prior Authorization Process	↔	↑	↔
Referral Process	↑	↑	↑
Formulary	↔	↑	↑
Concurrent Review	↔	↑	↑
Discharge Planning	↔	↔	↑
Network of Hospitals			
Behavioral Health			
Adequate Amount of Specialists	↔	↔	↔

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*
↔ *indicates the 2011 top-box rate is not significantly different than the 2009 top-box rate*
↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

[1-4] Providers were not surveyed in 2010.
[1-5] It should be noted that a trend analysis could not be performed for the Timeliness of Claims Payments and Network of Hospitals measures, since they are new measures for 2011.

Comparison of the QUEST plans' 2011 top-box rates to their corresponding 2009 top-box rates on the 14 measures evaluated for statistically significant differences revealed the following summary results:

- AlohaCare scored significantly higher in 2011 than in 2009 on one measure, referral process.
- HMSA scored significantly higher in 2011 than in 2009 on eight measures: compensation satisfaction, knowledge, keep informed, adequacy of specialists, prior authorization process, referral process, formulary, and concurrent review.
- Kaiser scored significantly higher in 2011 than in 2009 on seven measures: knowledge, adequacy of specialists, range of specialists, referral process, formulary, concurrent review, and discharge planning.

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

QExA Summary of Results

Where applicable, HSAG conducted tests of statistical significance to determine if significant differences in performance existed between the QExA health plans. Table 1-4 presents a summary of these results. It is important to note that in CY 2011 providers were surveyed for the first time regarding the QExA health plans. The 2011 Hawaii Provider Survey results represent an initial **baseline** assessment of contracted providers' satisfaction with Evercare and/or Ohana; therefore, caution should be exercised when interpreting results.

Table 1-4—QExA Plan Comparisons

	Evercare	Ohana
General Positions[1-6]		
Compensation Satisfaction	▼	—
Timeliness of Claims Payments	▼	—
Health Plan Communication		
Knowledge	—	—
Keep Informed	—	—
Formulary		
Adequate Formulary	—	—
Adequate Access to Non-formulary Drugs	—	—
Specialists		
Adequacy of Specialists	—	—
Range of Specialists	—	—
Referral Policy	—	—
Providing Quality Care		
Prior Authorization Process	—	—
Referral Process	—	—
Formulary	—	—
Concurrent Review	—	—
Discharge Planning	—	—
Network of Hospitals	—	—
Behavioral Health		
Adequate Amount of Specialists	—	—

▲ *indicates the plan's performance is significantly higher than the performance of the other plan*
— *indicates the plan's performance is not significantly different than the performance of the other plan*
▼ *indicates the plan's performance is significantly lower than the performance of the other plan*

[1-6] For purposes of the Compensation Satisfaction and Timeliness of Claims Payments plan comparisons, the plans' results were compared to the performance of the other QExA plan and contracted commercial managed care health plans.

The following is a summary of the QExA plans' performance on the 16 measures evaluated for statistical differences:

- Evercare's performance was significantly lower than the performance of the other plans (Ohana and commercial managed care health plans) on the two General Positions measures.
- Ohana's performance was not significantly different than the comparative population(s) on any of the measures.

More detailed discussion of the results can be found in the QExA Results 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 a random sample of 1,500 providers (400 Kaiser providers and 1,100 non-Kaiser providers). Approximately four weeks after the first survey was mailed to providers, a second copy of the survey questionnaire was mailed to non-respondents.

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 Web site with a designated provider-specific login. Additional information on the survey protocol is included in the Reader's Guide Section of this report beginning on page 6-1.

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire random sample minus ineligible surveys, which included any providers that could not be surveyed due to incorrect or incomplete contact information or had no current contracts with any of the health plans. A total of 253 Hawaii providers completed the survey, including 77 Kaiser providers and 176 non-Kaiser providers. Table 2-1 depicts the distribution of surveys and response rates.

Table 2-1—Provider Sample Distribution and Response Rate

Sample	Sample Size	Ineligible Surveys	Eligible Sample	Total Respondents	Response Rate
Kaiser	400	13	387	77	19.9%
Non-Kaiser	1,100	110	990	176	17.8%
Hawaii Provider Total	**1,500**	**123**	**1,377**	**253**	**18.4%**

Although HSAG and the MQD had hoped to achieve a response rate of 20.0 percent for the survey, the overall response rate of 18.4 percent is within the normal range of provider survey response rates that HSAG has observed in other states. The response rate of Kaiser providers was higher than non-Kaiser providers (19.9 percent and 17.8 percent, respectively).

Provider Demographics

The following section presents the demographic characteristics of providers who completed the survey. Table 2-2 presents the provider type and years of experience demographics at the sample level (i.e., Kaiser and non-Kaiser). On the other hand, Figure 2-1, on the following page, presents the length of contract demographics at the health-plan level.

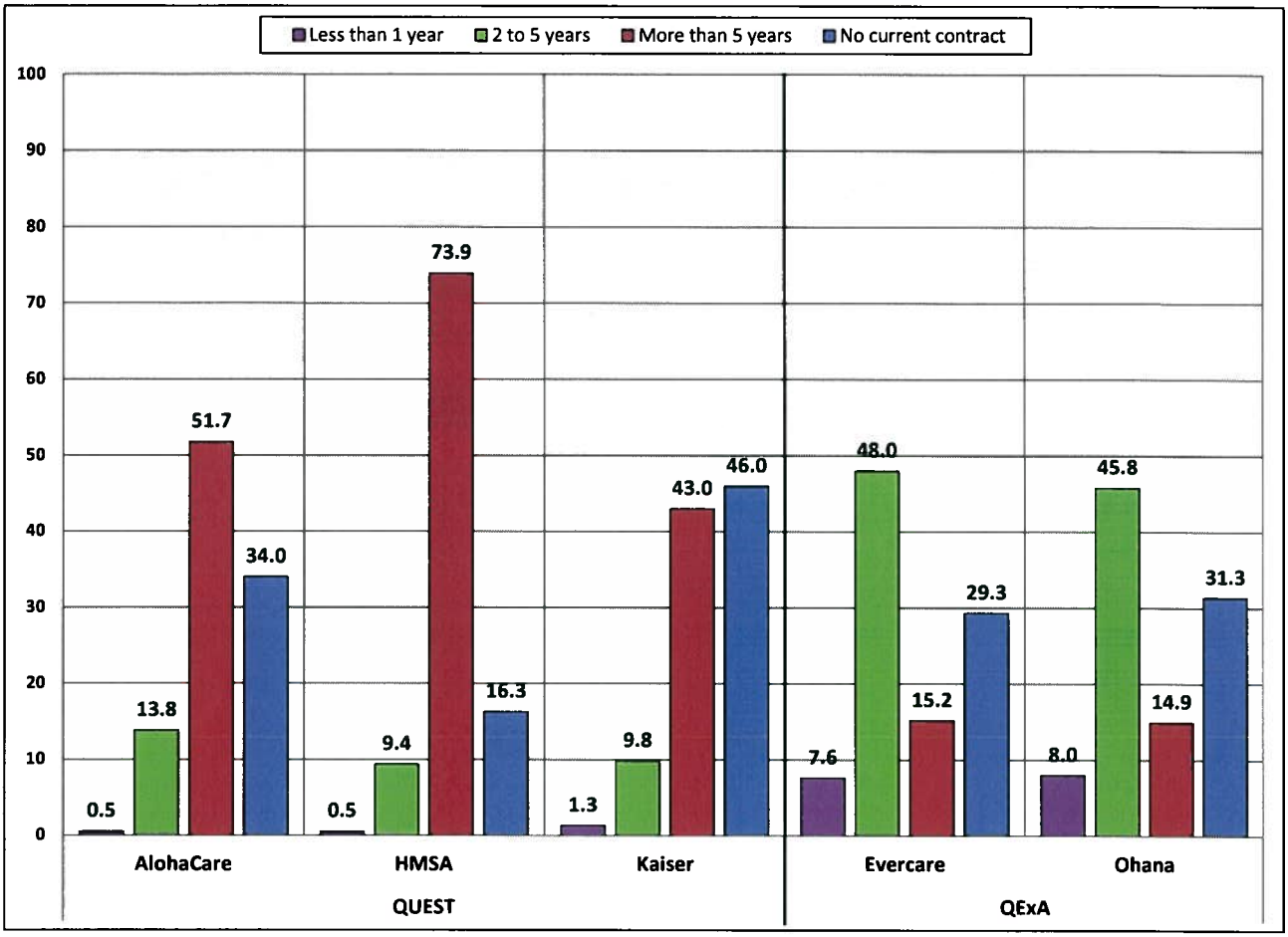
Table 2-2—Provider Demographics: Provider Type and Years of Experience

	Kaiser	Non-Kaiser
Provider Type		
Primary Care Physician	48.1%	37.6%
Specialist	51.9%	62.4%
Years of Experience		
1 year or less	5.2%	0.0%
2 to 5 Years	18.2%	11.2%
More than 5 Years	76.6%	88.8%

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

Figure 2-1 depicts the contract length providers have with their health plans.

Figure 2-1—Provider Demographics: Length of Contract



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

3. QUEST RESULTS

The following section presents the 2011 Hawaii Provider Survey results for the QUEST plans, which include AlohaCare, HMSA, and Kaiser. The QUEST results of the 2011 Hawaii Provider Survey questions are presented by the following six domains of satisfaction:

- **General Positions**—presents 1) the personal attitudes of providers toward: the concept of managed care, Hawaii Med-QUEST, QUEST health plan(s), and commercial managed care health plan(s); 2) providers' level of satisfaction with the reimbursement rate (pay schedule) or compensation; and 3) providers' level of satisfaction with the timeliness of claims payments.
- **Health Plan Communication**—presents providers' satisfaction ratings with the knowledge and expertise of health plan staff and how well the health plan kept providers informed about their utilization patterns and financial performance, specifically if the providers are at financial risk.
- **Formulary**—presents providers' level of satisfaction with both access to formulary and non-formulary drugs.
- **Specialists**—presents providers' level of satisfaction with the health plans' number of specialists, range of specialists, and referral policies for specialists.
- **Providing Quality Care**—presents providers' level of satisfaction with the health plans' prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals, in terms of having an impact on providers' abilities to deliver quality care.
- **Behavioral Health**—presents providers' behavioral health services practices and the frequency with which they refer patients to mental health care specialists.

QUEST Analysis

Response options to each question within these 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. Health plan survey responses are limited to those providers that indicated they had a contract with a QUEST health plan in Question 3 of the survey. For example, if a provider indicated that they did not have a current contract with AlohaCare in Question 3, his/her responses would not be included in the questions pertaining to AlohaCare, if a response had been provided. Therefore, providers may not have rated every QUEST health plan on every survey question. Furthermore, if a provider belonged to more than one QUEST health plan, he/she may have answered a question for multiple QUEST health plans.

Bar graphs depict the QUEST results of each response category. Standard tests of statistical significance were conducted, where applicable, to determine if statistically significant differences in QUEST 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 health plans' top-box responses are noted with directional triangles. A health plan's top-box rate that was significantly higher than the aggregate of the other QUEST health plans is noted with an upward (▲) triangle. A health plan's top-box response rate that was significantly lower than the aggregate of the other QUEST health plans is noted with a downward (▼) triangle. A health plan's top-box rate that was not significantly different than the aggregate of the other QUEST health plans is noted with a dash (—).

Further, each QUEST health plan's 2011 Provider Survey results were compared to their corresponding 2009 Provider Survey results, where applicable, to determine if there were statistically significant differences.[3-1] Statistically significant differences between the health plan's 2011 top-box rates and 2009 top-box rates are noted with directional arrows. Top-box rates that were statistically higher in 2011 than in 2009 are noted with an upward (↑) arrow. Top-box rates that were statistically lower in 2011 than in 2009 are noted with a downward (↓) arrow.

For additional information on the methodology, please refer to the Reader's Guide Section of the report beginning on page 6-1.

[3-1] The Provider Survey was not administered in 2010.

Findings

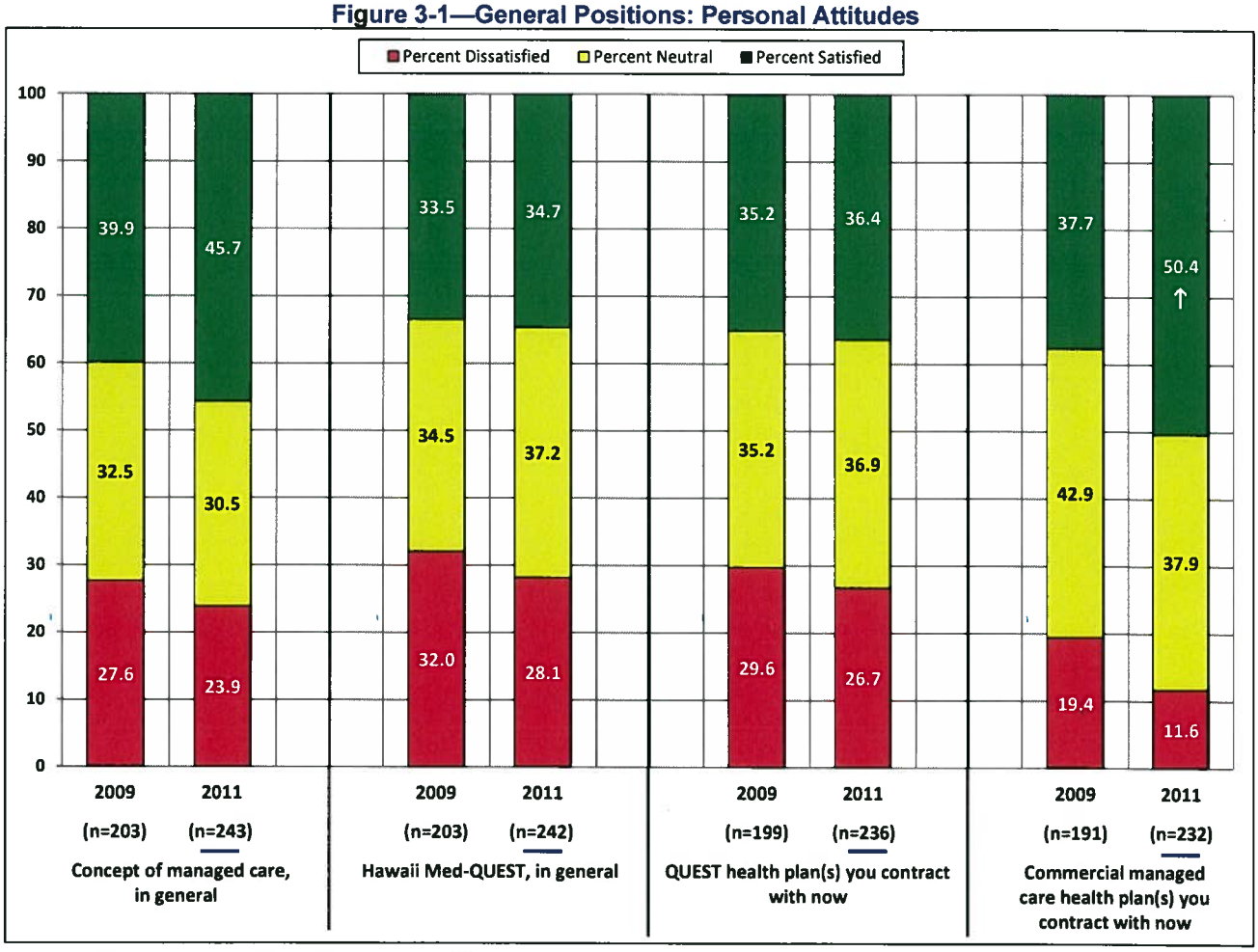
General Positions

Providers were asked to rate their personal attitudes toward: 1) managed care, in general, 2) Hawaii Med-QUEST, in general, 3) contracted QUEST health plans, and 4) commercial managed care health plans. Responses were classified into the three response categories as follows:

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

Figure 3-1 depicts the response category proportions for the four survey questions.

Figure 3-1—General Positions: Personal Attitudes



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the aggregate of the other health plans*
↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*
↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

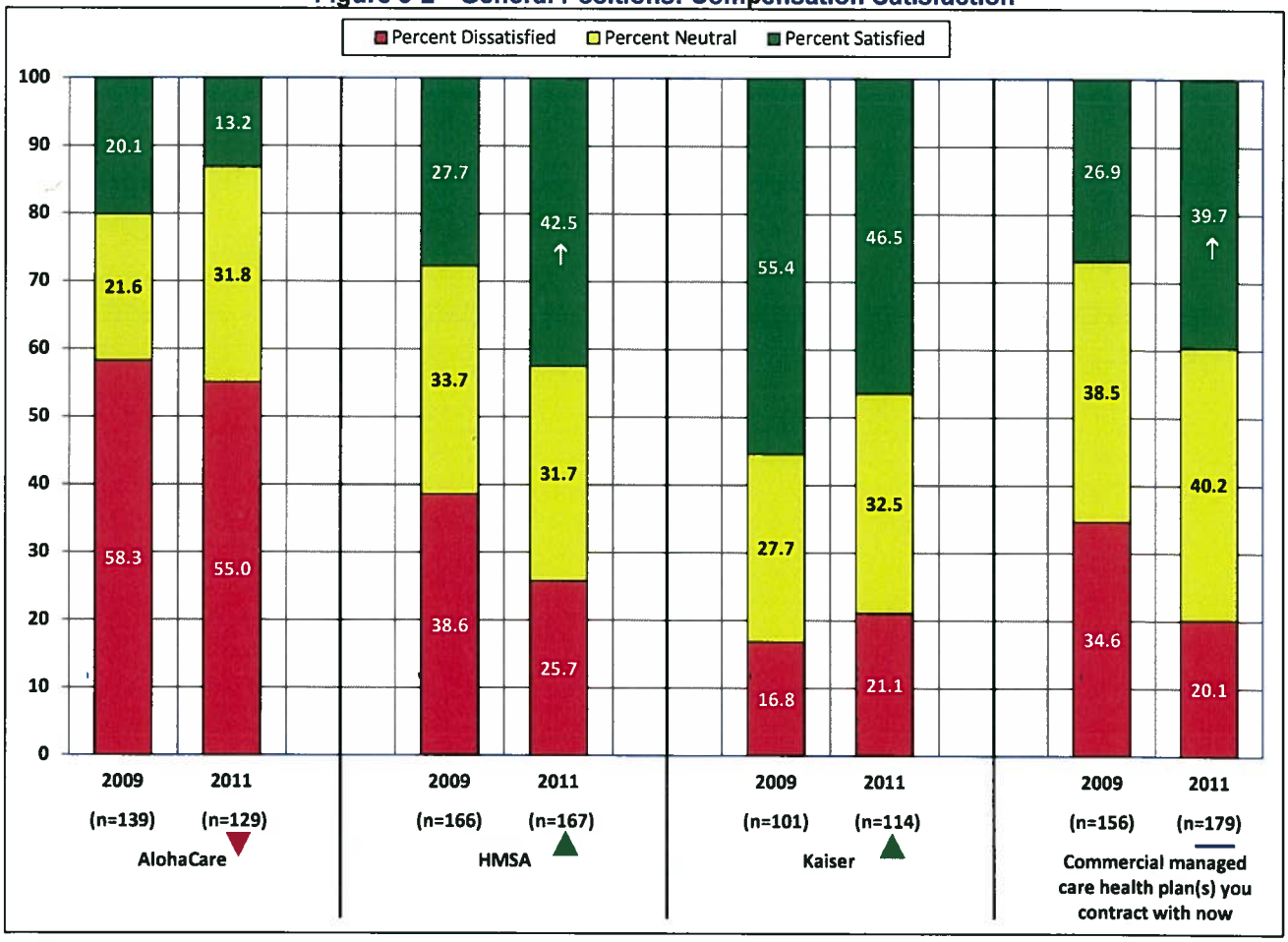
- There were no significant differences between providers' personal attitudes toward commercial managed care health plans, concept of managed care, Hawaii Med-QUEST, and QUEST health plans' top-box rates.
- Providers' satisfaction with commercial managed care health plans increased significantly from 2009 to 2011 (37.7 percent to 50.4 percent, respectively).

Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they receive from their contracted 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 QUEST health plan and commercial managed care health plans.

Figure 3-2—General Positions: Compensation Satisfaction



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

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

— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

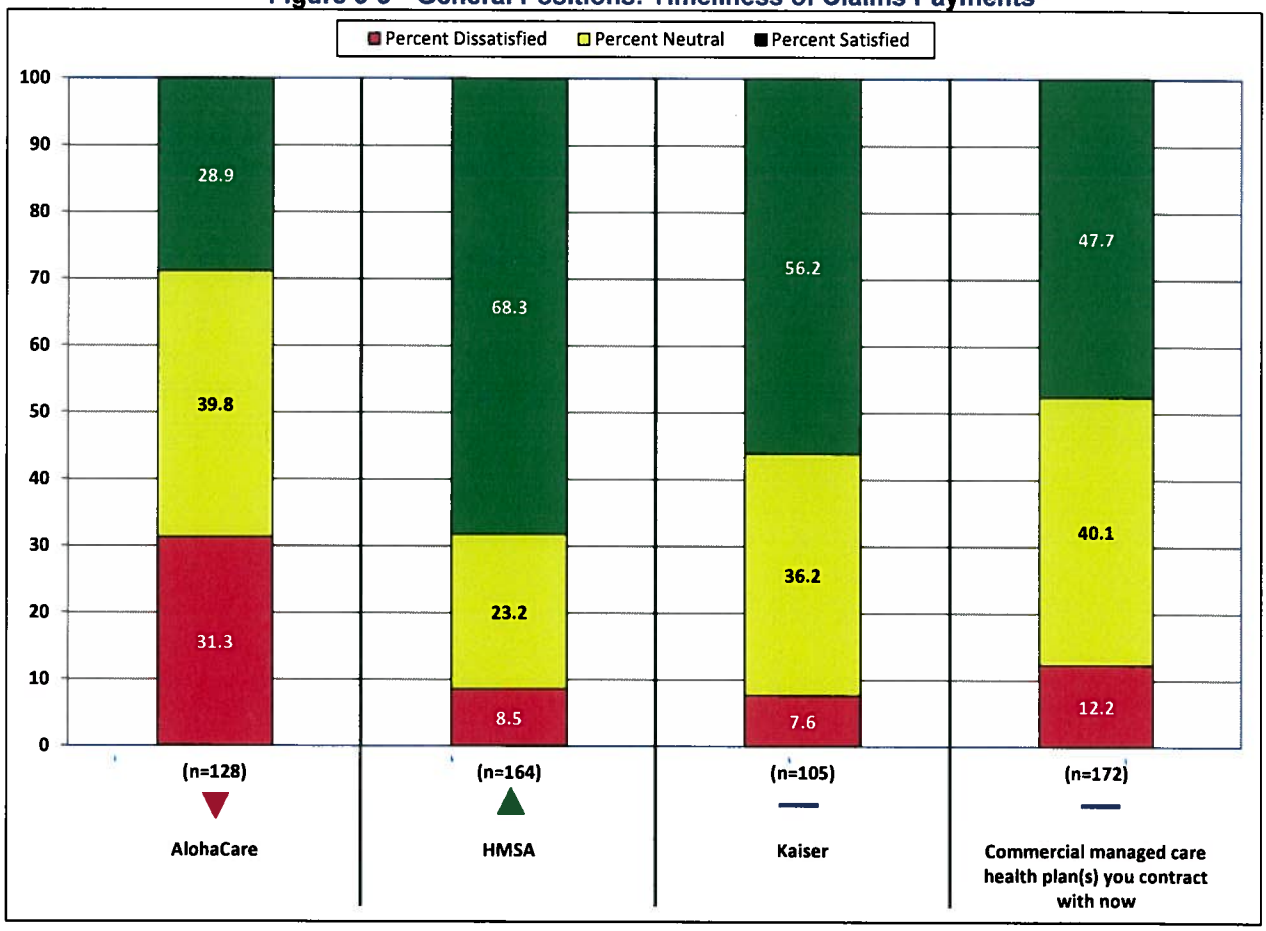
- AlohaCare's top-box rate for reimbursement/compensation (13.2 percent) was significantly lower than the aggregate of the other health plans.
- HMSA's top-box rate for reimbursement/compensation was significantly higher than the aggregate of the other health plans and increased significantly from 2009 to 2011 (27.7 percent to 42.5 percent, respectively).
- Kaiser's top-box rate for reimbursement/compensation (46.5 percent) was significantly higher than the aggregate of the other health plans.
- Providers' satisfaction with commercial managed care health plans' reimbursement/ compensation increased significantly from 2009 to 2011 (26.9 percent to 39.7 percent, respectively).

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

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

Figure 3-3 depicts the response category proportions for each QUEST health plan and commercial managed care health plans.

Figure 3-3—General Positions: Timeliness of Claims Payments[3-2]



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the aggregate of the other health plans*

[3-2] A trend analysis could not be performed for the Timeliness of Claims Payments measure, since this is a new measure for 2011.

- AlohaCare's top-box rate for timeliness of claims payments (28.9 percent) was significantly lower than the aggregate of the other health plans.
- HMSA's top-box rate for timeliness of claims payments (68.3 percent) was significantly higher than the aggregate of the other health plans.
- Kaiser's top-box rate for timeliness of claims payments (56.2 percent) was not significantly higher or lower than the aggregate of the other health plans.

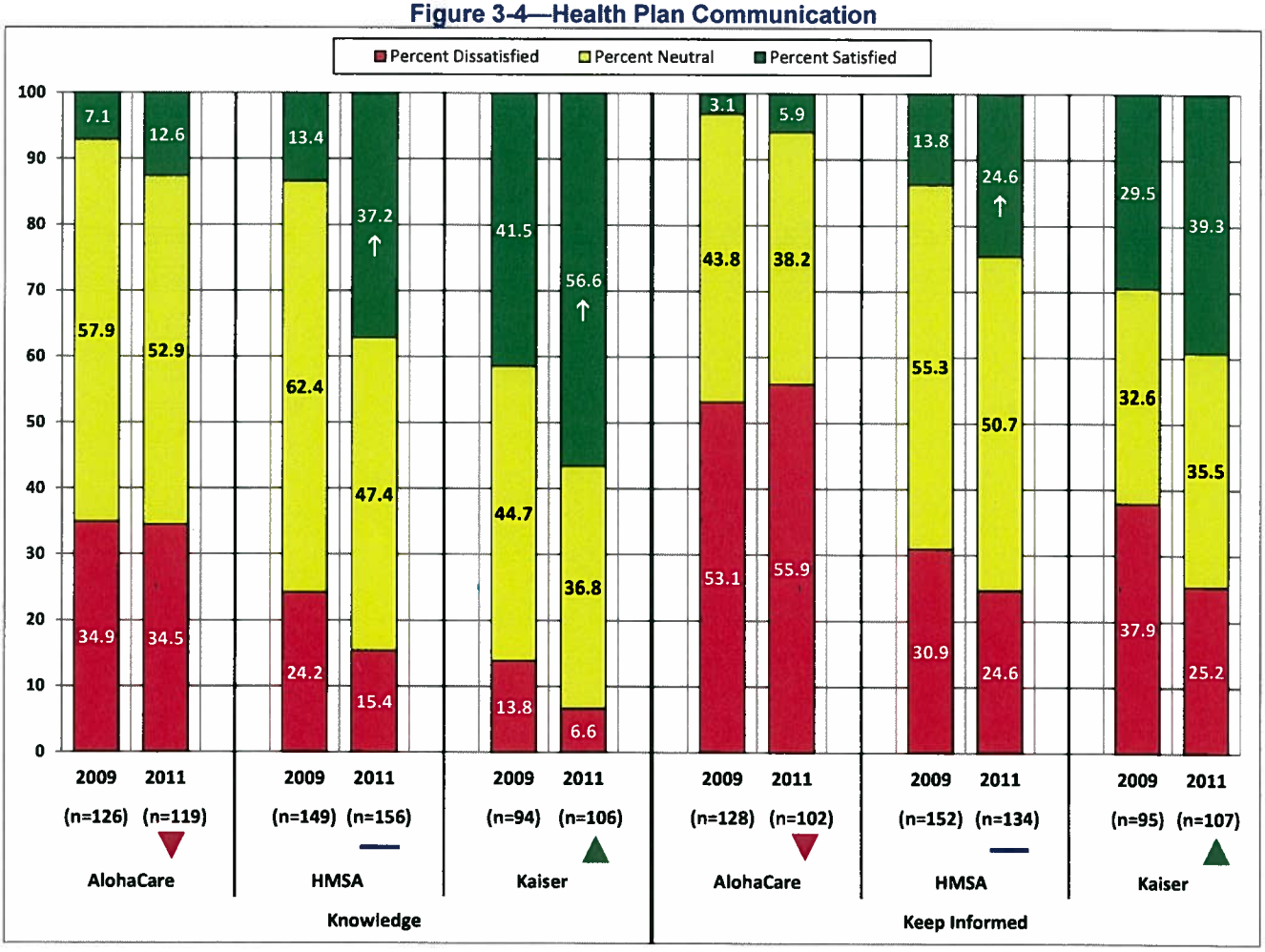
Health Plan Communication

Providers were asked two questions to assess how well health plans communicate with them. The first question asked providers to rate the knowledge and expertise of the people they interact with at the health plans. The second question asked providers how well the health plans keep them informed about their utilization patterns and financial performance if they are at financial risk. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely/Yes, Definitely Well Informed
- **Neutral**—Yes, Somewhat/Yes, Somewhat Well Informed
- **Dissatisfied**—No, Generally Does Not/No, Not Very Well Informed

Figure 3-4 depicts the response category proportions for each QUEST health plan.

Figure 3-4—Health Plan Communication



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

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

— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

- AlohaCare's top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (12.6 percent and 5.9 percent, respectively) were significantly lower than the aggregate of the other QUEST health plans.
- HMSA's top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns increased significantly from 2009 to 2011 (13.4 percent to 37.2 percent, and 13.8 percent to 24.6 percent, respectively).
- Kaiser's top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (56.6 percent and 39.3 percent, respectively) were significantly higher than the aggregate of the other QUEST health plans. Furthermore, Kaiser's 2011 top-box rate for knowledge and expertise at the health plan was significantly higher than in 2009.

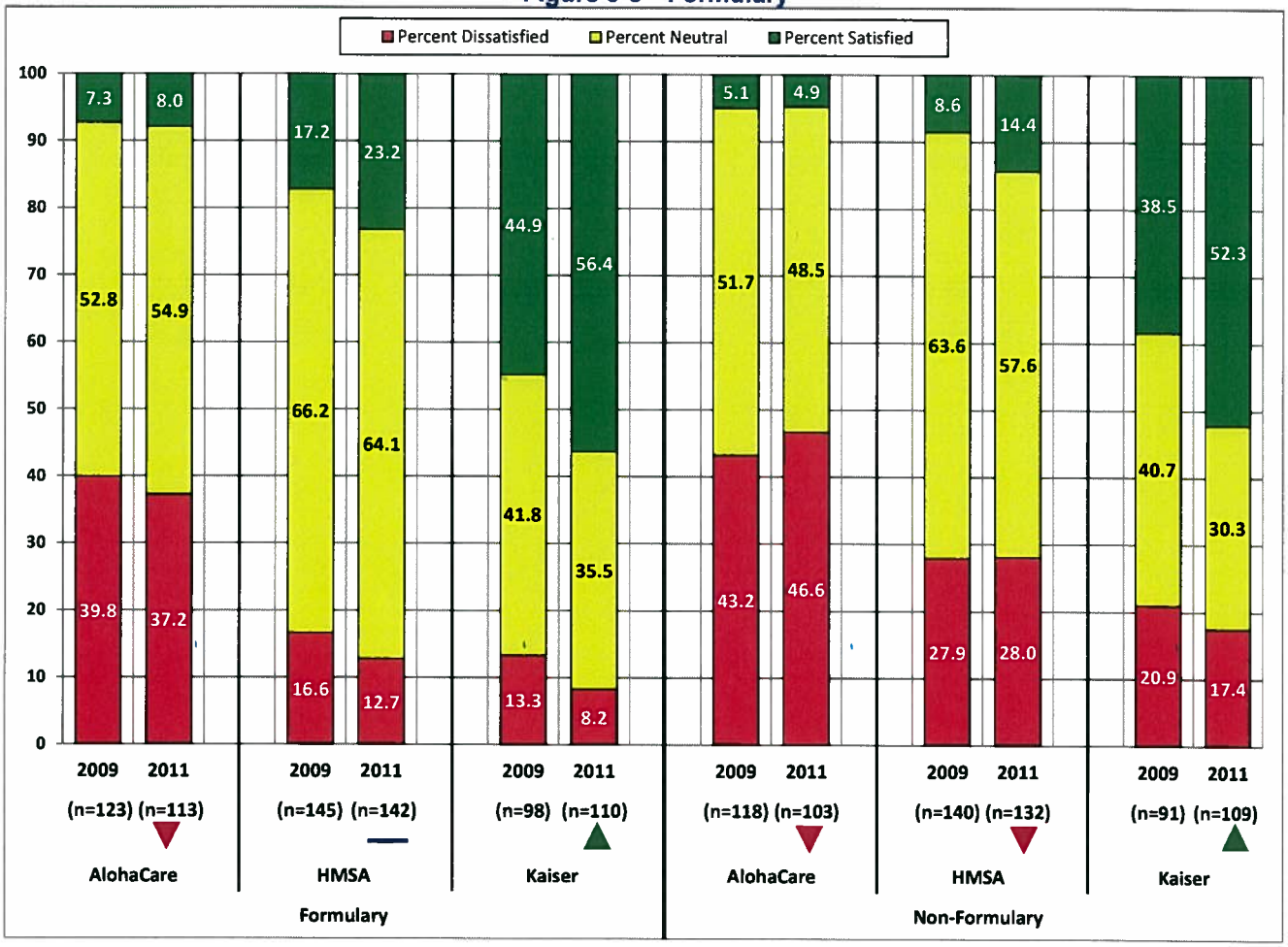
Formulary

Providers were asked two questions to rate the adequacy of the health plans' drug formularies and if the health plans provide adequate 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 QUEST health plan.

Figure 3-5—Formulary



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

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

— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

- AlohaCare's top-box rates for adequacy of formulary and access to non-formulary drugs (8.0 percent and 4.9 percent, respectively) were significantly lower than the aggregate of the other QUEST health plans.
- HMSA's top-box rate for access to non-formulary drugs (14.4 percent) was significantly lower than the aggregate of the other QUEST health plans.
- Kaiser's top-box rates for adequacy of formulary and access to non-formulary drugs (56.4 percent and 52.3 percent, respectively) were significantly higher than the aggregate of the other QUEST health plans.

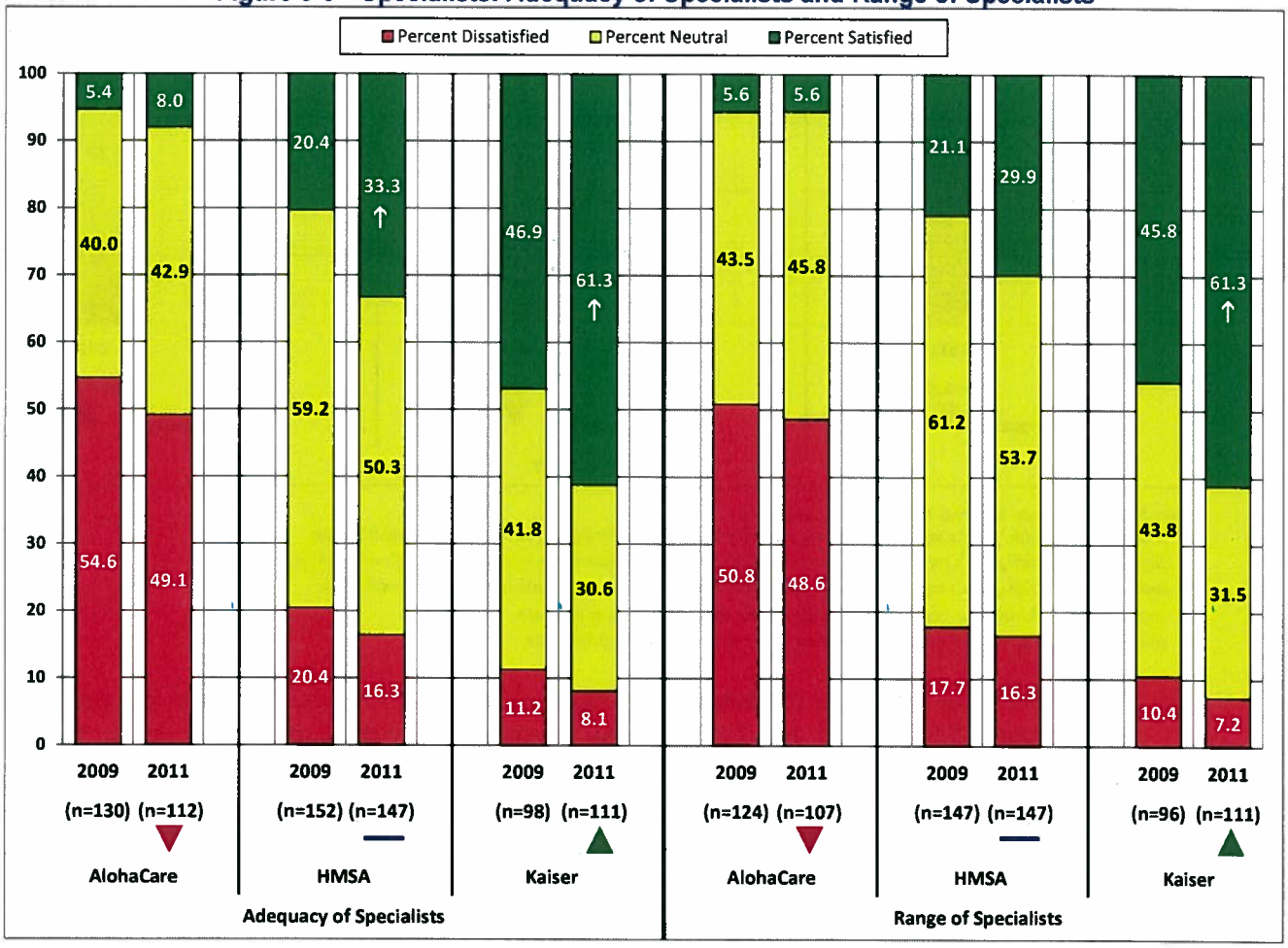
Specialists

Providers were asked three questions with regard to the health plans' specialists. Providers were asked to rate the adequacy of the amount and the range of specialists in the health plans' networks. Furthermore, providers were asked to rate the health plans' referral policies for specialists. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely Adequate/Yes, Definitely Works Well
- **Neutral**—Yes, Somewhat Adequate/Yes, Works Somewhat Well
- **Dissatisfied**—No, Not Very Adequate/No, Does Not Work Very Well

Figure 3-6 and Figure 3-7 depict the response category proportions for each QUEST health plan.

Figure 3-6—Specialists: Adequacy of Specialists and Range of Specialists



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

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

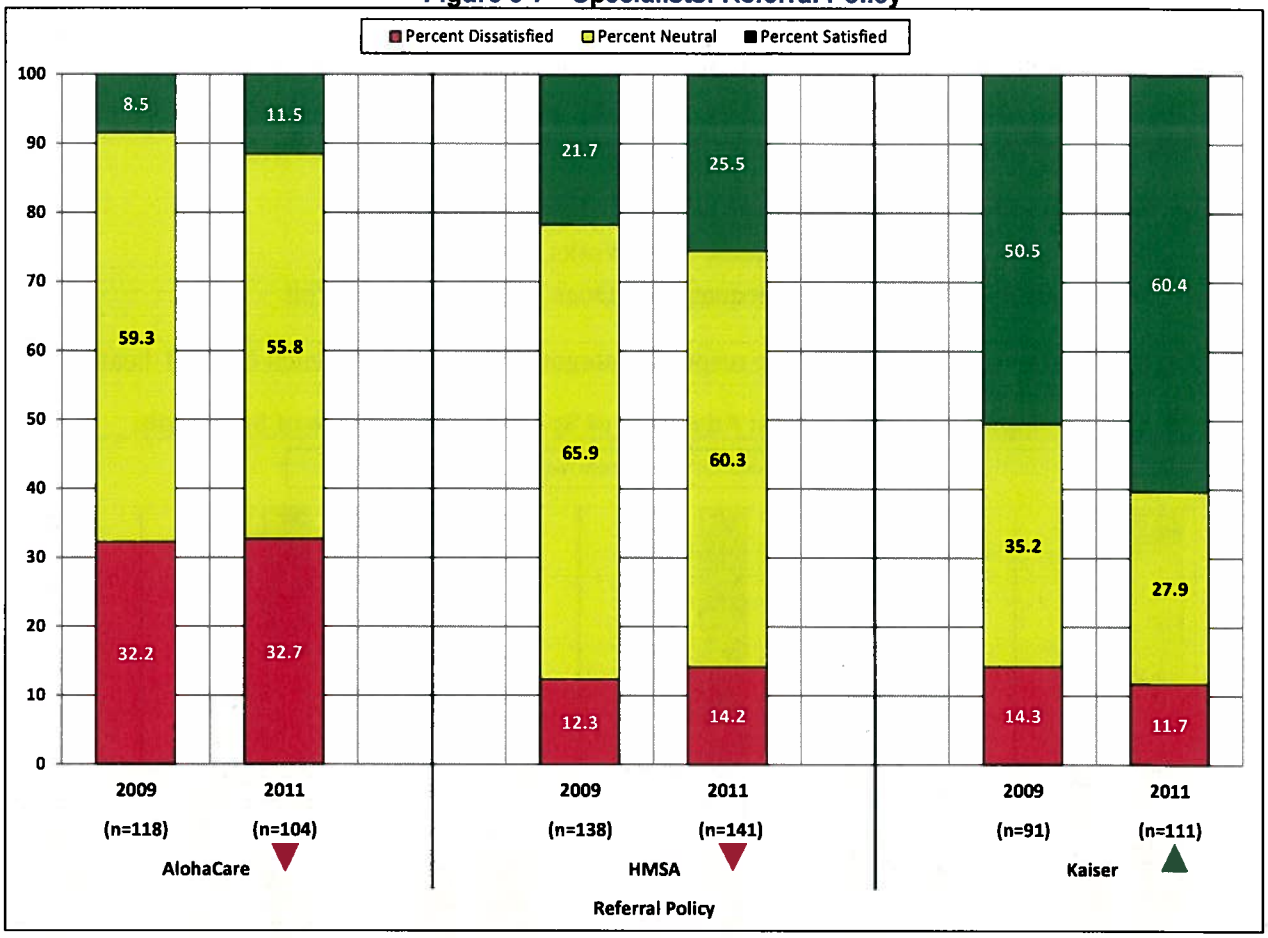
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

Figure 3-7—Specialists: Referral Policy



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the aggregate of the other health plans*
↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*
↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

- AlohaCare's top-box rates for adequacy of specialists, range of specialists, and referral policy (8.0 percent, 5.6 percent, and 11.5 percent, respectively) were significantly lower than the aggregate of the other QUEST health plans.
- HMSA's top-box rate for referral policy (25.5 percent) was significantly lower than the aggregate of the other QUEST health plans. However, HMSA's 2011 top-box rate for adequacy of specialists (33.3 percent) was significantly higher than in 2009.
- Kaiser's top-box rates for adequacy of specialists and range of specialists (61.3 percent and 61.3 percent, respectively) were significantly higher than the aggregate of the other QUEST health plans and significantly higher than in 2009. In addition, Kaiser's top-box rate for referral policy (60.4 percent) was significantly higher than the aggregate of the other QUEST health plans.

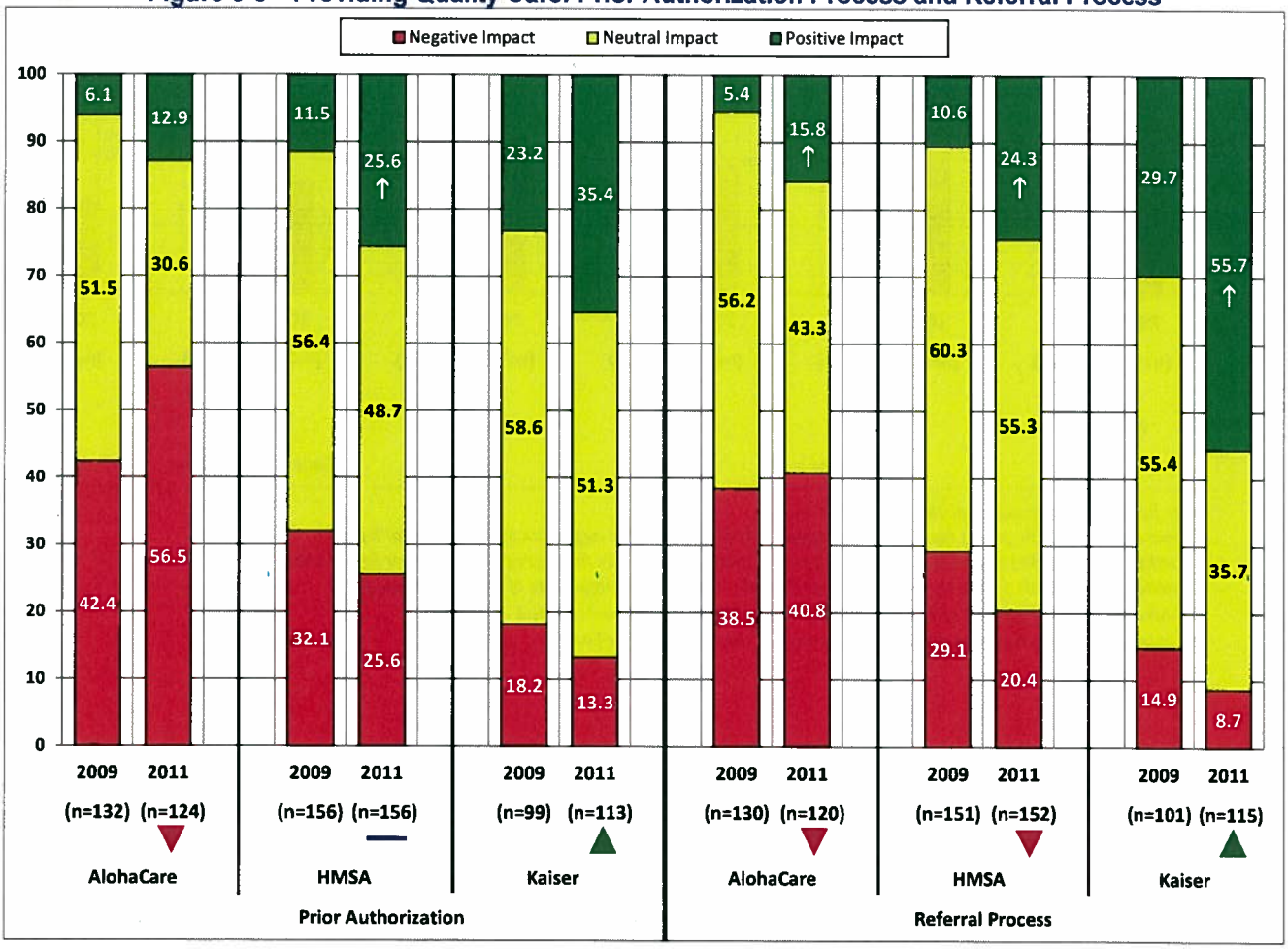
Providing Quality Care

Providers were asked six questions assessing the impact health plans have on their ability to provide quality care. Areas rated included: prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals. 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 3-8 through Figure 3-10 depict the response category proportions for each QUEST health plan.

Figure 3-8—Providing Quality Care: Prior Authorization Process and Referral Process



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

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

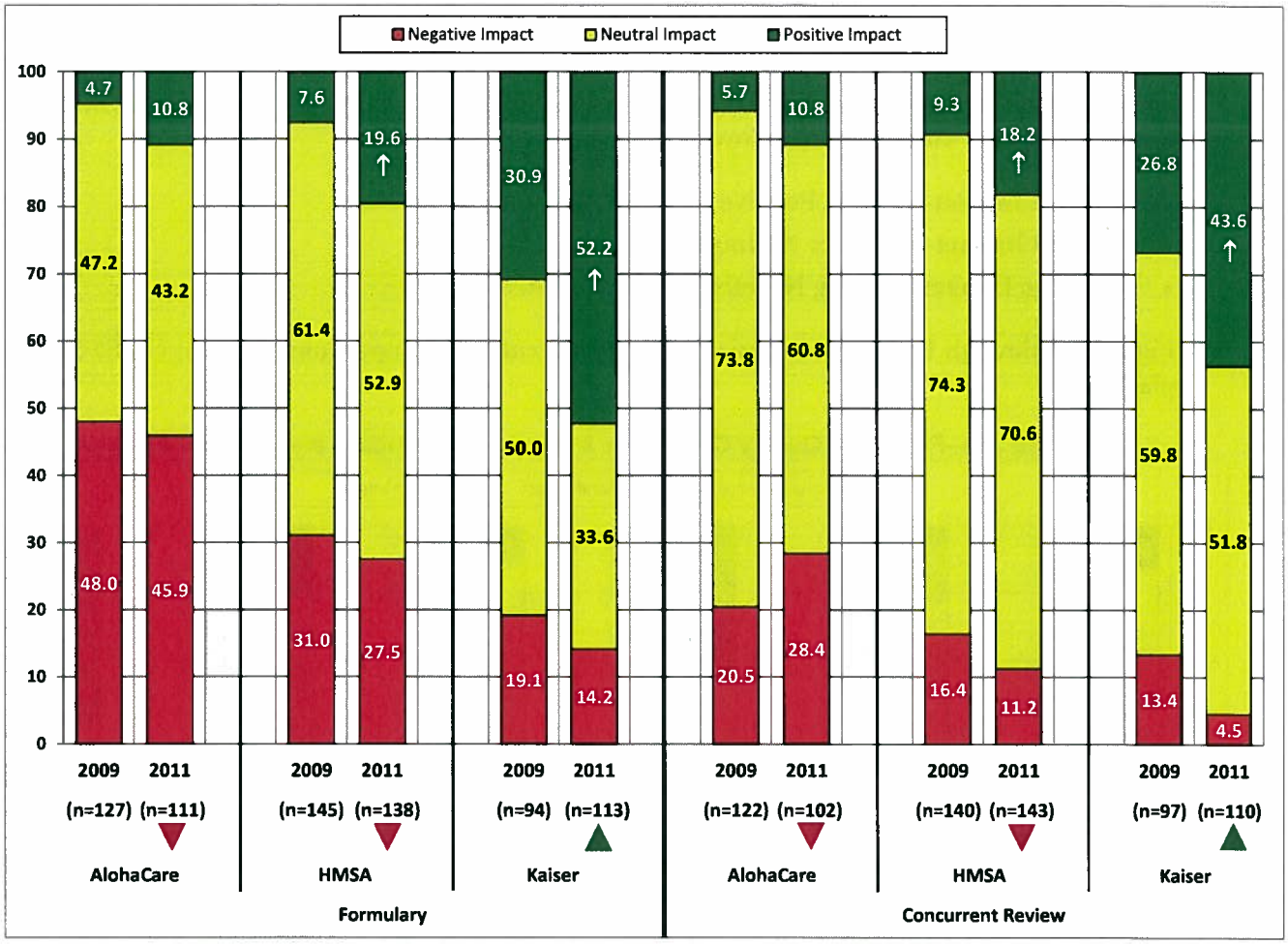
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate e*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

Figure 3-9—Providing Quality Care: Formulary and Concurrent Review



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

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

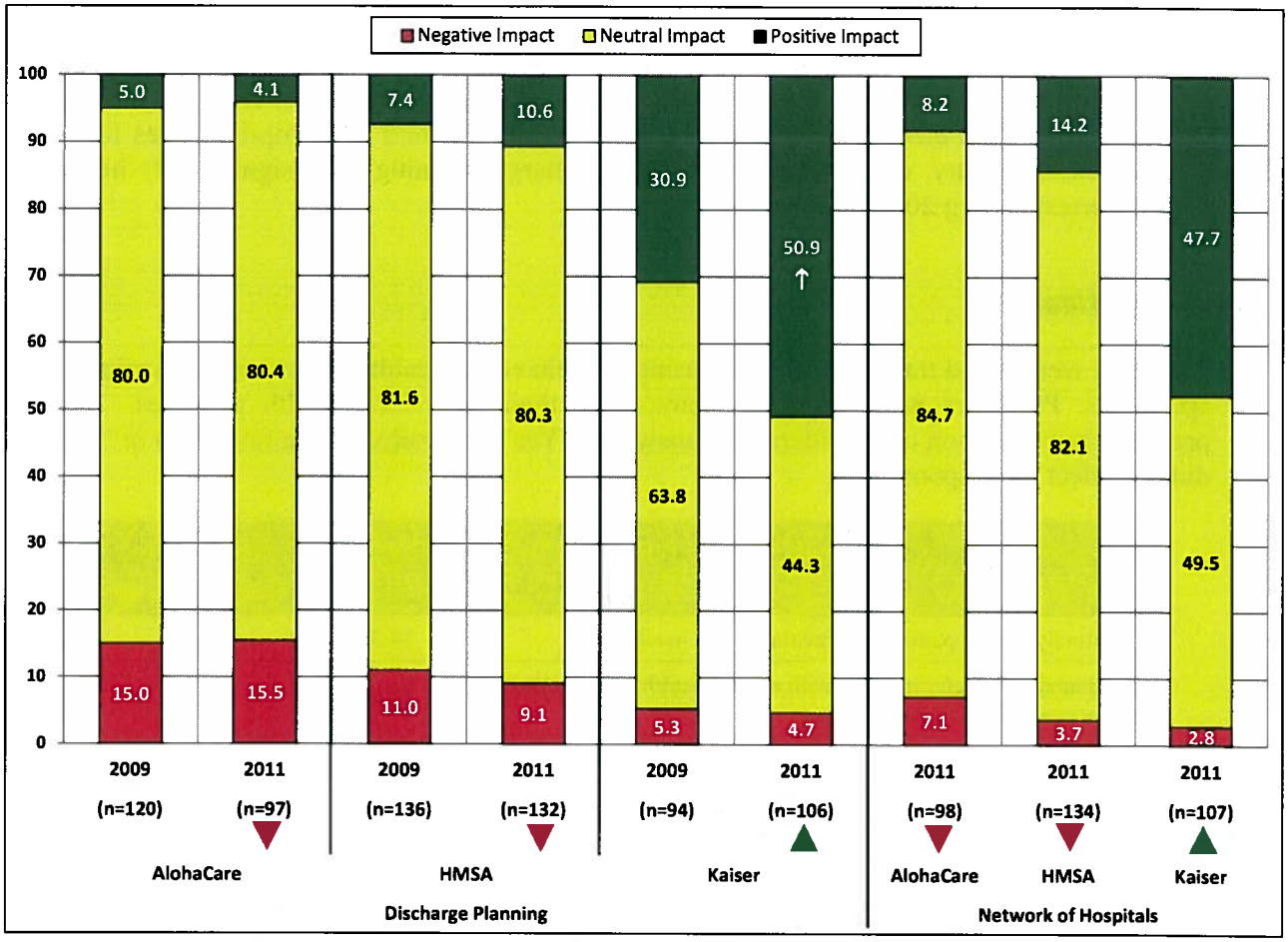
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate e*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

Figure 3-10—Providing Quality Care: Discharge Planning and Network of Hospitals[3-3]



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

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

— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*

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

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*

↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

- AlohaCare's top-box rates for prior authorization process, referral process, formulary, concurrent review, discharge planning, and networks of hospitals (12.9 percent, 15.8 percent, 10.8 percent, 10.8 percent, 4.1 percent, and 8.2 percent, respectively) were significantly lower than the aggregate of the other QUEST health plans. However, AlohaCare's 2011 top-box rate for referral process was significantly higher than the 2009 top-box rate.
- HMSA's top-box rates for referral process, formulary, concurrent review, discharge planning, and network of hospitals (24.3 percent, 19.6 percent, 18.2 percent, 10.6 percent, and 14.2 percent, respectively) were significantly lower than the aggregate of the other QUEST health plans. However, HMSA's 2011 top-box rates for prior authorization process, referral process,

[3-3] A trend analysis could not be performed for the Network of Hospitals measure, since this is a new measure for 2011.

formulary, and concurrent review were significantly higher than the corresponding 2009 top-box rates.

- Kaiser's top-box rates for prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals (35.4 percent, 55.7 percent, 52.2 percent, 43.6 percent, 50.9 percent, and 47.7 percent, respectively) were significantly higher than the aggregate of the other QUEST health plans. Further, Kaiser's 2011 top-box rates for referral process, formulary, concurrent review, and discharge planning were significantly higher than the corresponding 2009 top-box rates.

Behavioral Health

Providers were asked three questions focusing on behavioral health services and behavioral health specialists. Providers were asked to characterize their behavioral health practices. Table 3-1 presents the proportion of providers who answered "Yes" (i.e., selected the response) or "No" (i.e., did not select the response).[3-4]

Table 3-1—Behavioral Health: Provider Services		
	Yes	**No**
I routinely screen patients for mental health needs.	34.3%	65.7%
I systematically refer patients with mental health complaints to behavioral health care specialists.	41.4%	58.6%
I typically integrate behavioral health treatment with my other services.	35.2%	64.8%
Mental health issues are not directly relevant to my services.	26.7%	73.3%

Providers were asked how frequently they refer patients for specialty mental health care. Table 3-2 presents the referral frequency of providers. Responses were classified into the three response categories as follows:

- **Often**—Often/Very Often
- **Sometimes**—Rarely/Sometimes
- **Never**—Never

Table 3-2—Behavioral Health: Referral Frequency	
Often	22.5%
Sometimes	55.5%
Never	22.0%
Note: Percentages may not total 100.00% due to rounding.	

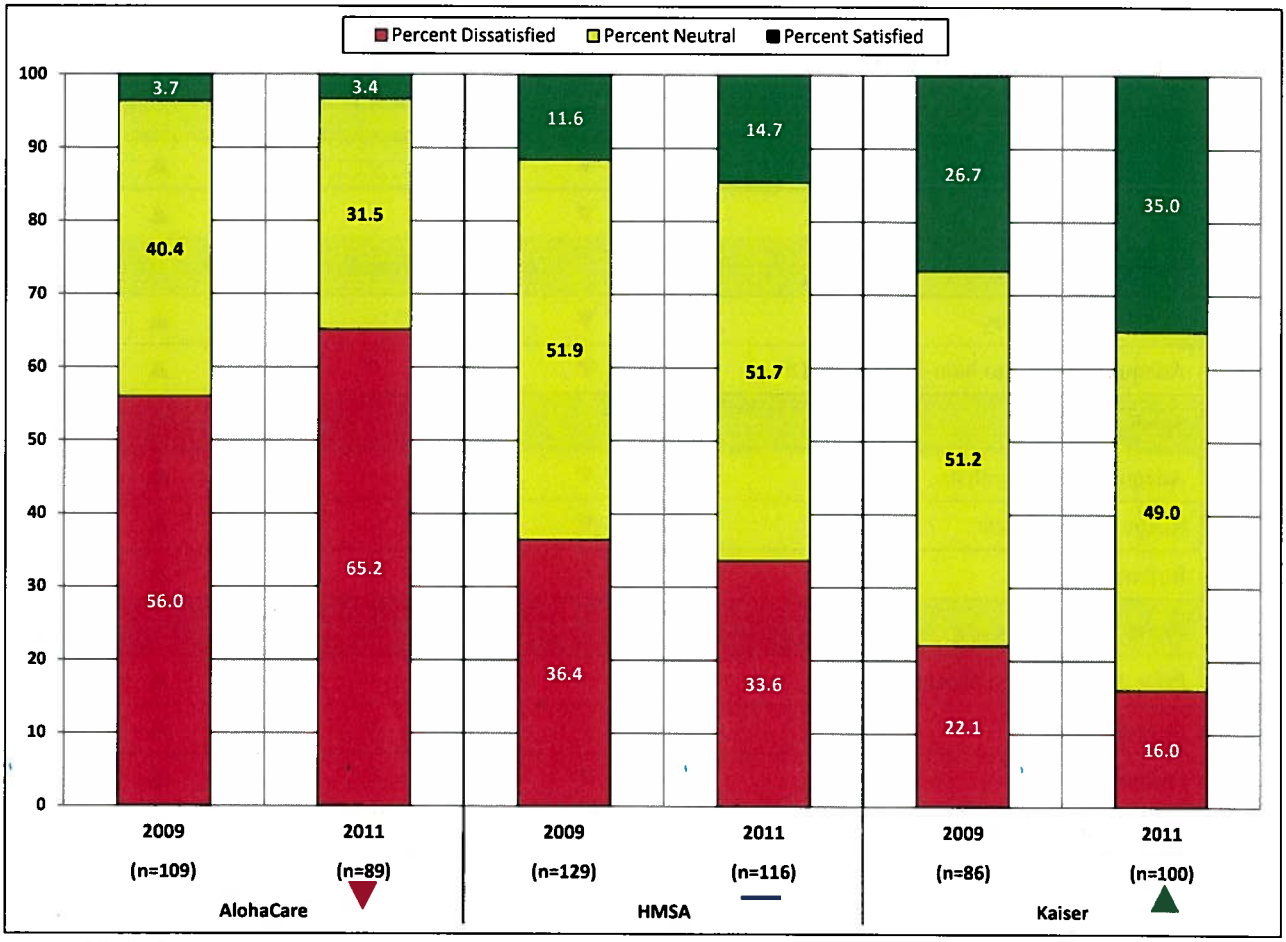
[3-4] The results presented in Table 3-1 and Table 3-2 includes those providers contracted with one or more of the three QUEST health plans.

Providers were asked to rate how adequate the amount of behavioral health specialists is in their health plans. Responses were classified into the three response categories as follows:

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

Figure 3-11 depicts the response category proportions for each QUEST health plan.

Figure 3-11—Behavioral Health: Adequate Amount of Specialists



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the aggregate of the other health plans*
↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*
↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

- AlohaCare's top-box rate for adequate amount of behavioral health specialists (3.4 percent) was significantly lower than the aggregate of the other QUEST health plans.
- Kaiser's top-box rate for adequate amount of behavioral health specialists (35.0 percent) was significantly higher than the aggregate of the other QUEST health plans.

Summary of QUEST Results

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

Table 3-3—QUEST Plan Comparisons			
	AlohaCare	**HMSA**	**Kaiser**
General Positions[3-5]			
Compensation Satisfaction	▼	▲	▲
Timeliness of Claims Payments	▼	▲	—
Health Plan Communication			
Knowledge	▼	—	▲
Keep Informed	▼	—	▲
Formulary			
Adequate formulary	▼	—	▲
Adequate Access to Non-Formulary Drugs	▼	▼	▲
Specialist			
Adequacy of Specialists	▼	—	▲
Range of Specialists	▼	—	▲
Referral Policy	▼	▼	▲
Provide Quality Care			
Prior Authorization Process	▼	—	▲
Referral Process	▼	▼	▲
Formulary	▼	▼	▲
Concurrent Review	▼	▼	▲
Discharge Planning	▼	▼	▲
Network of Hospitals	▼	▼	▲
Behavioral Health			
Adequate Amount of Specialists	▼	—	▲
▲ *indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans*			
— *indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans*			
▼ *indicates the health plan's top-box rate is significantly lower than the aggregate of the other health plans*			

[3-5] For purposes of the Compensation Satisfaction and Timeliness of Claims Payments plan comparisons, the plans' results were compared to the aggregate performance of the other QUEST plans and contracted commercial managed care health plans.

The following is a summary of the QUEST plans' performance on the 16 measures evaluated for statistical differences.

- AlohaCare's performance was significantly lower than the aggregate performance of the other plans on all 16 measures.
- HMSA's performance was significantly higher than the aggregate performance of the other plans on two measures, and significantly lower than the aggregate performance of the other plans on seven measures.
- Kaiser's performance was significantly higher than the aggregate performance of the other plans on 15 measures.

Table 3-4 provides the highlights of the statistically significant results from the QUEST trend analysis.

Table 3-4—QUEST Trend Analysis			
	AlohaCare	**HMSA**	**Kaiser**
General Positions			
Compensation Satisfaction	↔	↑	↔
Timeliness of Claims Payments			
Health Plan Communication			
Knowledge	↔	↑	↑
Keep Informed	↔	↑	↔
Formulary			
Adequate formulary	↔	↔	↔
Adequate Access to Non-Formulary Drugs	↔	↔	↔
Specialist			
Adequacy of Specialists	↔	↑	↑
Range of Specialists	↔	↔	↑
Referral Policy	↔	↔	↔
Provide Quality Care			
Prior Authorization Process	↔	↑	↔
Referral Process	↑	↑	↑
Formulary	↔	↑	↑
Concurrent Review	↔	↑	↑
Discharge Planning	↔	↔	↑
Network of Hospitals			
Behavioral Health			
Adequate Amount of Specialists	↔	↔	↔

↑ *indicates the 2011 top-box rate is significantly higher than the 2009 top-box rate*
↔ *indicates the 2011 top-box rate is not significantly different than the 2009 top-box rate*
↓ *indicates the 2011 top-box rate is significantly lower than the 2009 top-box rate*

Comparison of the QUEST plans' 2011 top-box rates to their corresponding 2009 top-box rates on the 14 measures evaluated for statistically significant differences revealed the following summary results:

- AlohaCare scored significantly higher in 2011 than in 2009 on one measure, referral process.
- HMSA scored significantly higher in 2011 than in 2009 on eight measures: compensation satisfaction, knowledge, keep informed, adequacy of specialists, prior authorization process, referral process, formulary, and concurrent review.
- Kaiser scored significantly higher in 2011 than in 2009 on seven measures: knowledge, adequacy of specialists, range of specialists, referral process, formulary, concurrent review, and discharge planning.

4. QExA Results

The following section presents the 2011 Hawaii Provider Survey results for the QExA health plans, which include Evercare and Ohana. It is important to note that in CY 2011 providers were surveyed for the first time regarding the QExA health plans. The 2011 Hawaii Provider Survey results represent an initial **baseline** assessment of contracted providers' satisfaction with Evercare and/or Ohana; therefore, caution should be exercised when interpreting results.

The QExA results of the 2011 Hawaii Provider Survey questions are presented by the following six domains of satisfaction:

- **General Positions**—presents 1) the personal attitudes of providers toward: the concept of managed care, Hawaii Med-QUEST, QExA health plan(s), and commercial managed care health plan(s); 2) providers' level of satisfaction with the reimbursement rate (pay schedule) or compensation; and 3) providers' level of satisfaction with the timeliness of claims payments.
- **Health Plan Communication**—presents providers' satisfaction ratings with the knowledge and expertise of health plan staff and how well the health plan kept providers informed about their utilization patterns and financial performance, specifically if the providers are at financial risk.
- **Formulary**—presents providers' level of satisfaction with both access to formulary and non-formulary drugs.
- **Specialists**—presents providers' level of satisfaction with the health plans' number of specialists, range of specialists, and referral policies for specialists.
- **Providing Quality Care**—presents providers' level of satisfaction with the health plans' prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals, in terms of having an impact on providers' abilities to deliver quality care.
- **Behavioral Health**—presents providers' behavioral health services practices and the frequency with which they refer patients to mental health care specialists.

QExA Analysis

Response options to each question within these 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. Health plan survey responses are limited to those providers that indicated they had a contract with a QExA health plan in Question 3 of the survey. For example, if a provider indicated that they did not have a current contract with Evercare in Question 3, his/her responses would not be included in the questions pertaining to Evercare, if a response had been provided. Therefore, providers may not have rated both health plans on every survey question. Furthermore, if a provider belonged to more than one QExA health plan, he/she may have answered a question for multiple health plans.

Bar graphs depict the QExA results of each response category. Standard tests of statistical significance were conducted, where applicable, to determine if statistically significant differences in QExA 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 health plans' top-box responses are noted with directional triangles. A health plan's top-box rate that was significantly higher than the comparative plan(s) is noted with an upward (▲) triangle. A health plan's top-box response rate that was significantly lower than the comparative plan(s) is noted with a downward (▼) triangle. A health plan's top-box rate that was not significantly different than the comparative plan(s) is noted with a dash (—).

For additional information on the methodology, please refer to the Reader's Guide Section of the report beginning on page 6-1.

Findings

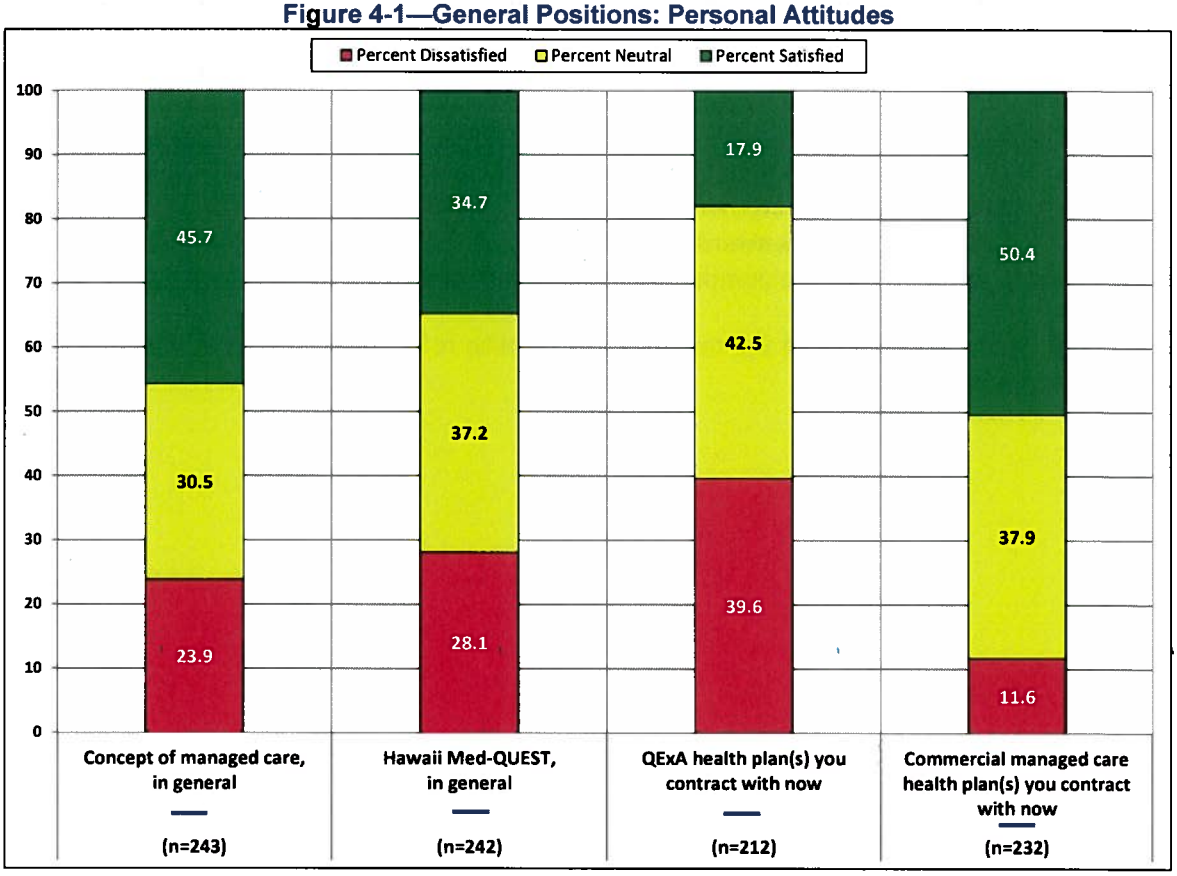
General Positions

Providers were asked to rate their personal attitudes toward: 1) managed care, in general, 2) Hawaii Med-QUEST, in general, 3) contracted QExA health plans, and 4) commercial managed care health plans. Responses were classified into the three response categories as follows:

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

Figure 4-1 depicts the response category proportions for the four survey questions.

Figure 4-1—General Positions: Personal Attitudes



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plans*

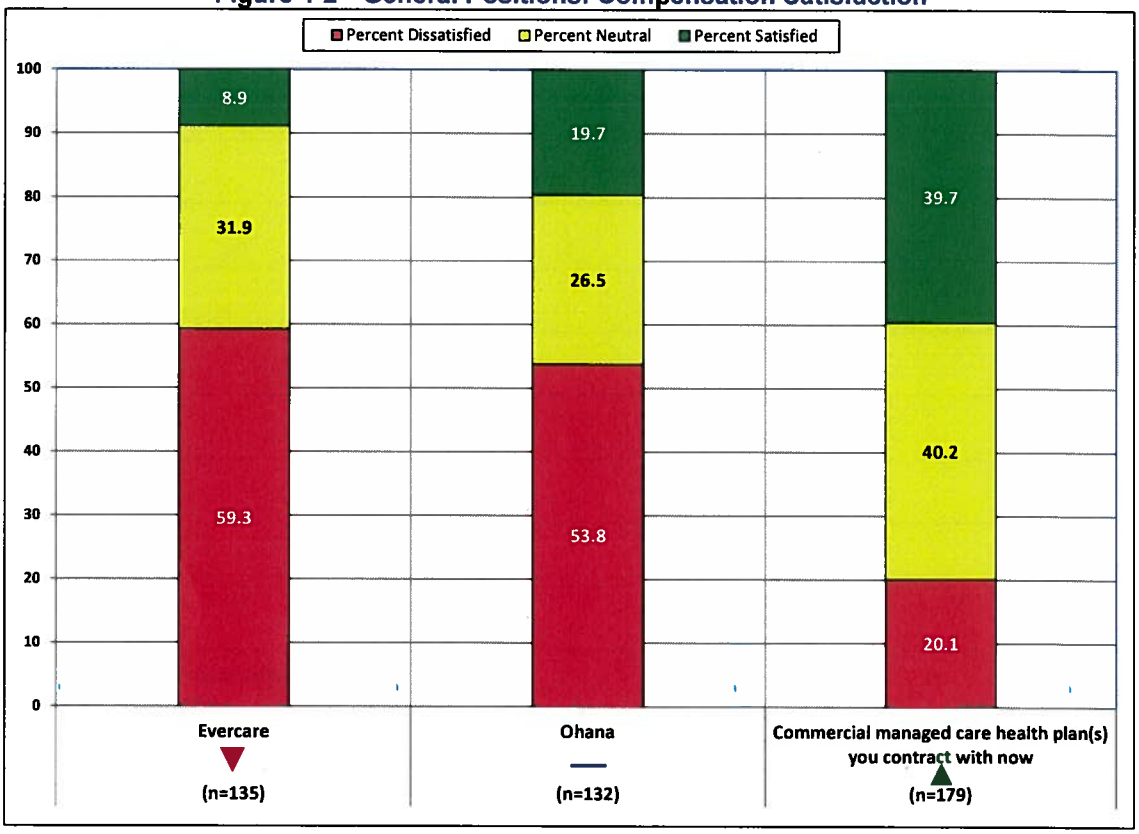
- There were no significant differences between providers' personal attitudes toward commercial managed care health plans, concept of managed care, Hawaii Med-QUEST, and QExA health plans' top-box rates.
- Commercial managed care health plans received the highest satisfaction rating of 50.4 percent; however, QExA health plans received the highest dissatisfaction rating of 39.6 percent.

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

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

Figure 4-2 depicts the response category proportions for each QExA health plan and commercial managed care health plans.

Figure 4-2—General Positions: Compensation Satisfaction



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plans*

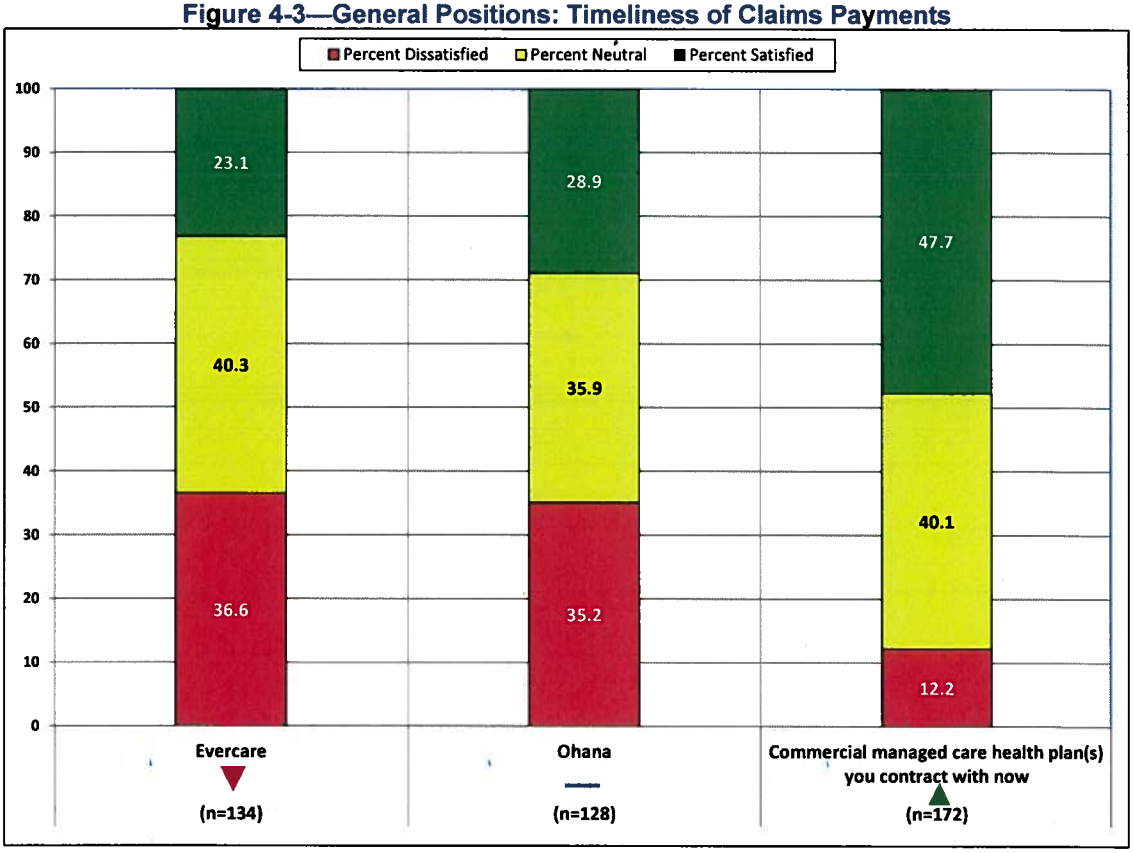
- Evercare's top-box rate for reimbursement/compensation (8.9 percent) was significantly lower than the aggregate of the other health plans.
- Ohana's top-box rate for reimbursement/compensation (19.7 percent) was higher than Evercare's top-box rate; however, this difference was not statistically significant.

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

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

Figure 4-3 depicts the response category proportions for each QExA health plan and commercial managed care health plans.

Figure 4-3—General Positions: Timeliness of Claims Payments



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plans*
— *indicates the health plan's top-box rate is not significantly different than the other health plans*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plans*

- Evercare's top-box rate for timeliness of claims payments (23.1 percent) was significantly lower than the aggregate of the other health plans.
- Ohana's top-box rate for timeliness of claims payments (28.9 percent) was higher than Evercare's top-box rate. This difference, however, was not statistically significant.

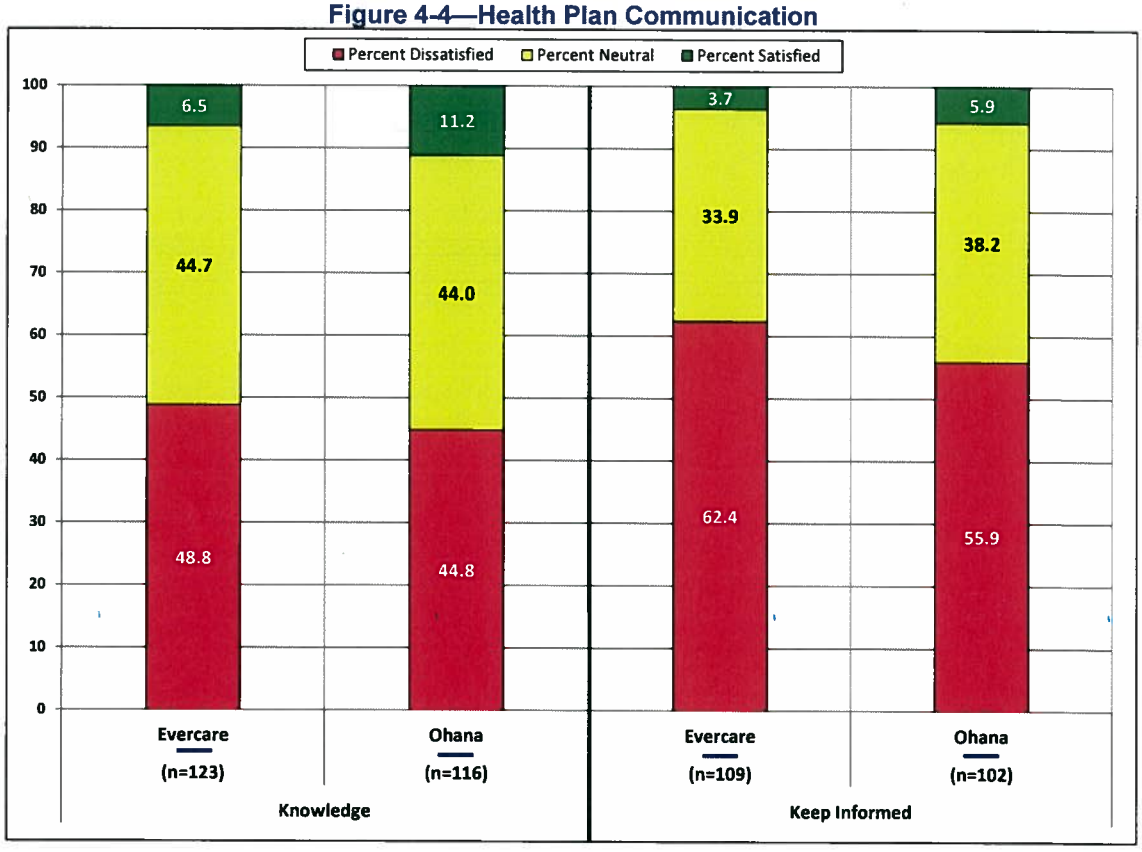
Health Plan Communication

Providers were asked two questions to assess how well health plans communicate with them. The first question asked providers to rate the knowledge and expertise of the people they interact with at the health plans. The second question asked providers how well the health plans keep them informed about their utilization patterns and financial performance if they are at risk. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely/Yes, Definitely Well Informed
- **Neutral**—Yes, Somewhat/Yes, Somewhat Well Informed
- **Dissatisfied**—No, Generally Does Not/No, Not Very Well Informed

Figure 4-4 depicts the response category proportions for each QExA health plan.

Figure 4-4—Health Plan Communication



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

- Evercare's top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (6.5 percent and 3.7 percent, respectively) were lower than Ohana's top-box rates. These differences, however, were not statistically significant.
- Ohana's top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (11.2 percent and 5.9 percent, respectively) were higher than Evercare's top-box rates. These differences, however, were not statistically significant.

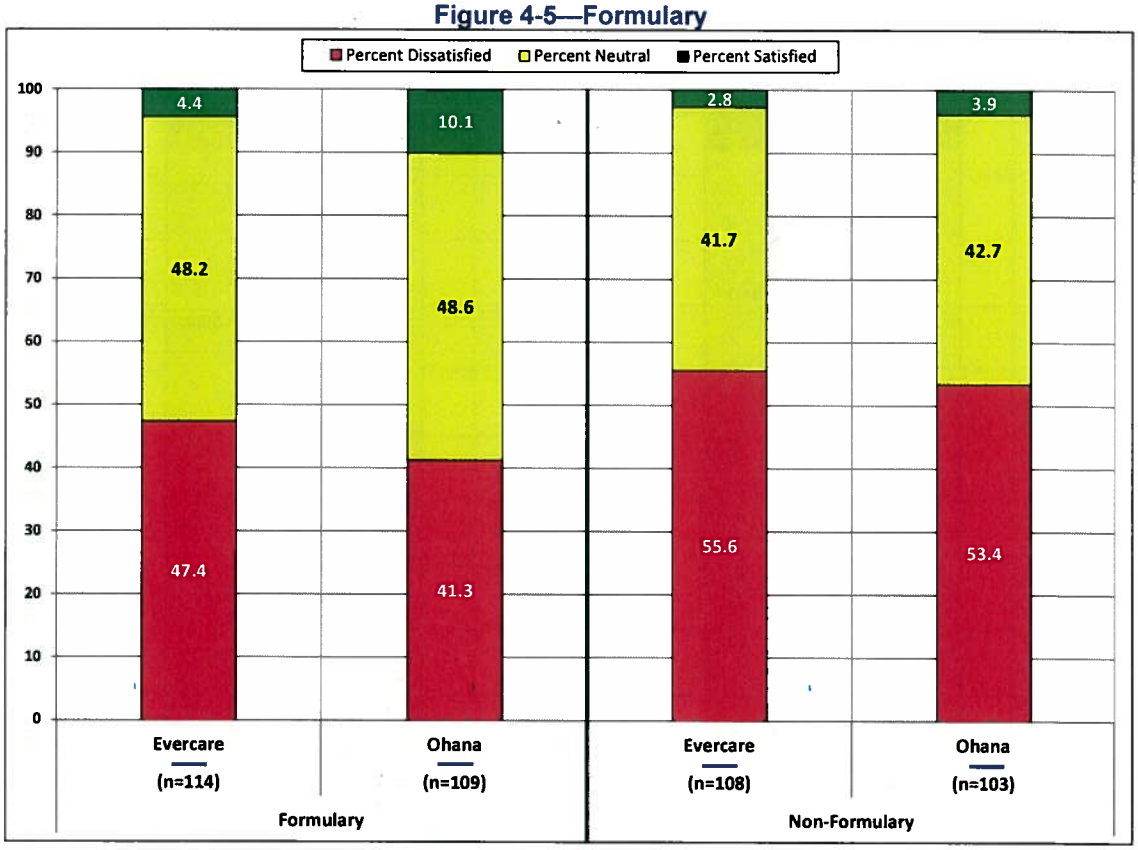
Formulary

Providers were asked two questions to rate the adequacy of the health plans' drug formularies and if the health plans provide adequate 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 4-5 depicts the response category proportions for each QExA health plan.

Figure 4-5—Formulary



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

- Evercare's top-box rates for adequacy of formulary and access to non-formulary drugs (4.4 percent and 2.8 percent, respectively) were lower than Ohana's top-box rates; however, these differences were not statistically significant.
- Ohana's top-box rates for adequacy of formulary and access to non-formulary drugs (10.1 percent and 3.9 percent, respectively) were higher than Evercare's top-box rates; however, these differences were not statistically significant.

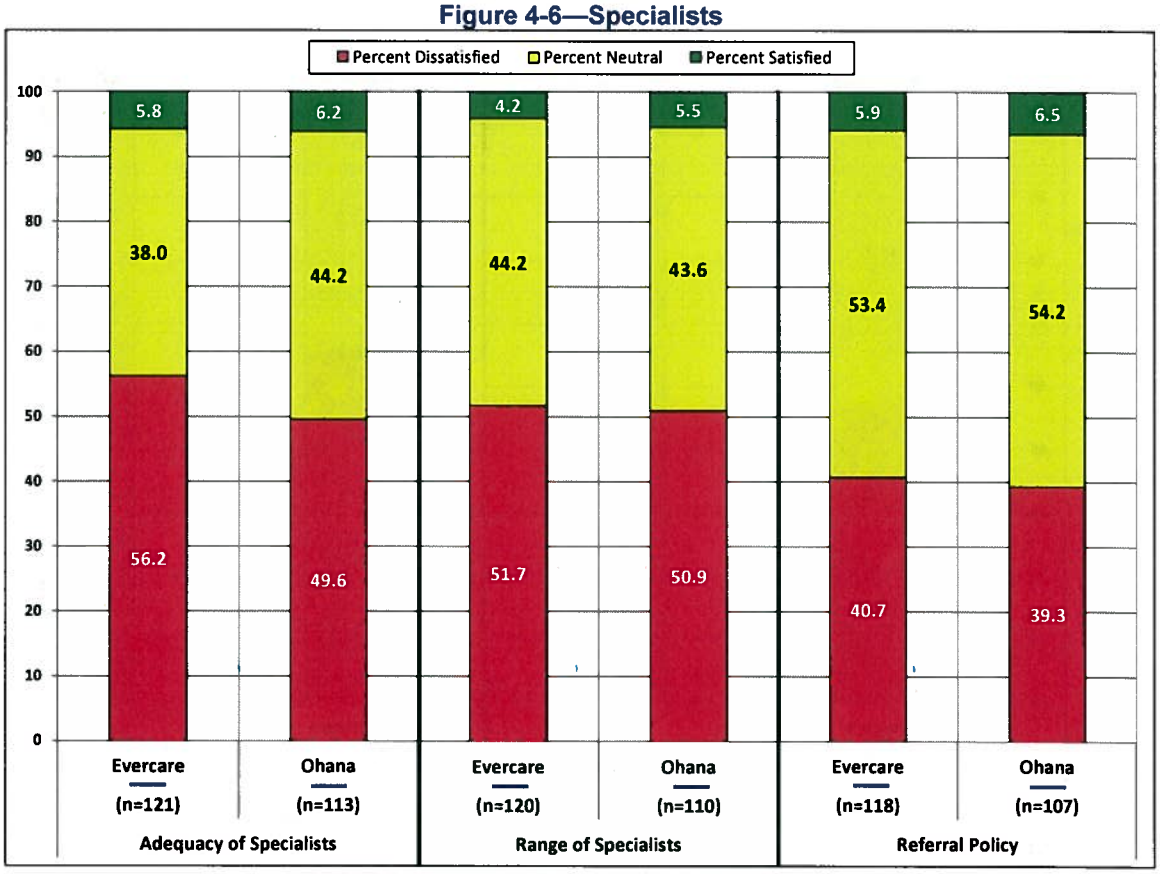
Specialists

Providers were asked three questions with regard to the health plans' specialists. Providers were asked to rate the adequacy of the amount and the range of specialists in the health plans' networks. Furthermore, providers were asked to rate the health plans' referral policies for specialists. Responses were classified into the three response categories as follows:

- **Satisfied**—Yes, Definitely Adequate/Yes, Definitely Works Well
- **Neutral**—Yes, Somewhat Adequate/Yes, Works Somewhat Well
- **Dissatisfied**—No, Not Very Adequate/No, Does Not Work Very Well

Figure 4-6 depicts the response category proportions for each QExA health plan.

Figure 4-6—Specialists



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

- Evercare's top-box rates for adequacy of specialists, range of specialists, and referral policy (5.8 percent, 4.2 percent, and 5.9 percent, respectively) were lower than Ohana's top-box rates. These differences, however, were not statistically significant.
- Ohana's top-box rates for adequacy of specialists, range of specialists, and referral policy (6.2 percent, 5.5 percent, and 6.5 percent, respectively) were higher than Evercare's top-box rates. These differences, however, were not statistically significant.

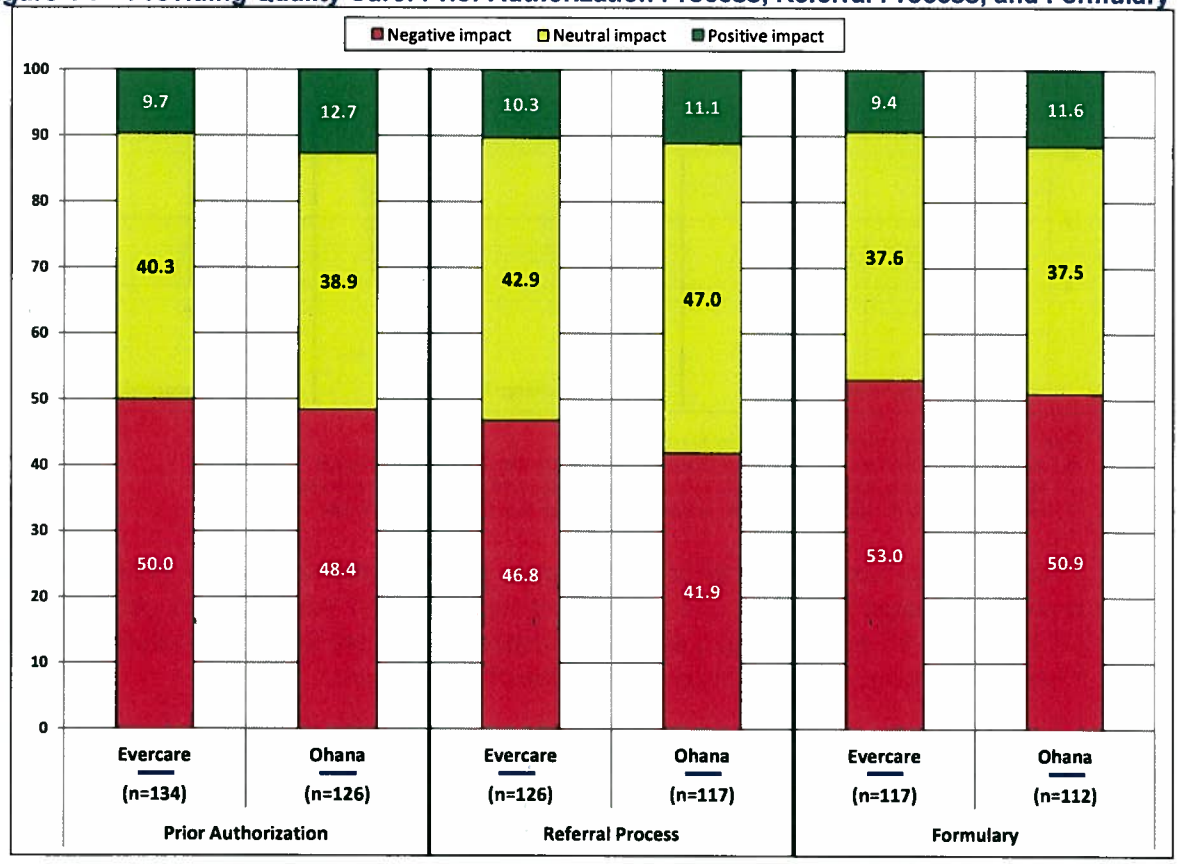
Providing Quality Care

Providers were asked six questions assessing the impact health plans have on their ability to provide quality care. Areas rated included: prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals. 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

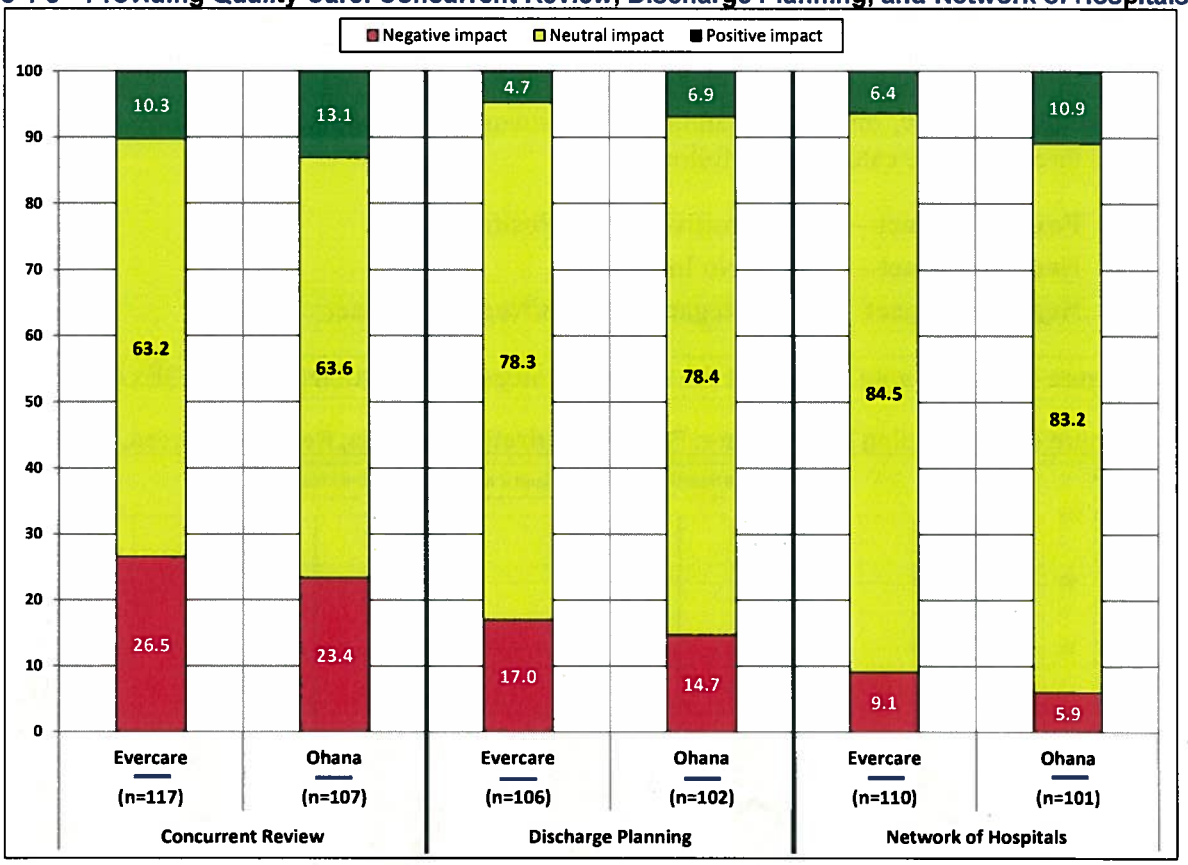
Figure 4-7 and Figure 4-8 depict the response category proportions for each QExA health plan.

Figure 4-7—Providing Quality Care: Prior Authorization Process, Referral Process, and Formulary



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

Figure 4-8—Providing Quality Care: Concurrent Review, Discharge Planning, and Network of Hospitals



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

- Evercare's top-box rates for prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals (9.7 percent, 10.3 percent, 9.4 percent, 10.3 percent, 4.7 percent, and 6.4 percent, respectively) were lower than Ohana's top-box rates. These differences, however, were not statistically significant.
- Ohana's top-box rates for prior authorization process, referral process, formulary, concurrent review, discharge planning, and network of hospitals (12.7 percent, 11.1 percent, 11.6 percent, 13.1 percent, 6.9 percent, and 10.9 percent, respectively) were higher than Evercare's top-box rates. These differences, however, were not statistically significant.

Behavioral Health

Providers were asked three questions focusing on behavioral health services and behavioral health specialists. Providers were asked to characterize their behavioral health practices. Table 4-1 presents the proportion of providers who answered "Yes" (i.e., selected the response) or "No" (i.e., did not select the response).[4-1]

Table 4-1—Behavioral Health: Provider Services		
	Yes	**No**
I routinely screen patients for mental health needs.	31.3%	68.7%
I systematically refer patients with mental health complaints to behavioral health care specialists.	35.1%	64.9%
I typically integrate behavioral health treatment with my other services.	30.5%	69.5%
Mental health issues are not directly relevant to my services.	29.8%	70.2%

Providers were asked how frequently they refer patients for specialty mental health care. Table 4-2 presents the referral frequency of providers. Responses were classified into the three response categories as follows:

- **Often**—Often/Very Often
- **Sometimes**—Rarely/Sometimes
- **Never**—Never

Table 4-2—Behavioral Health: Referral Frequency	
Often	21.9%
Sometimes	53.3%
Never	24.8%
Note: Percentages may not total 100.00% due to rounding.	

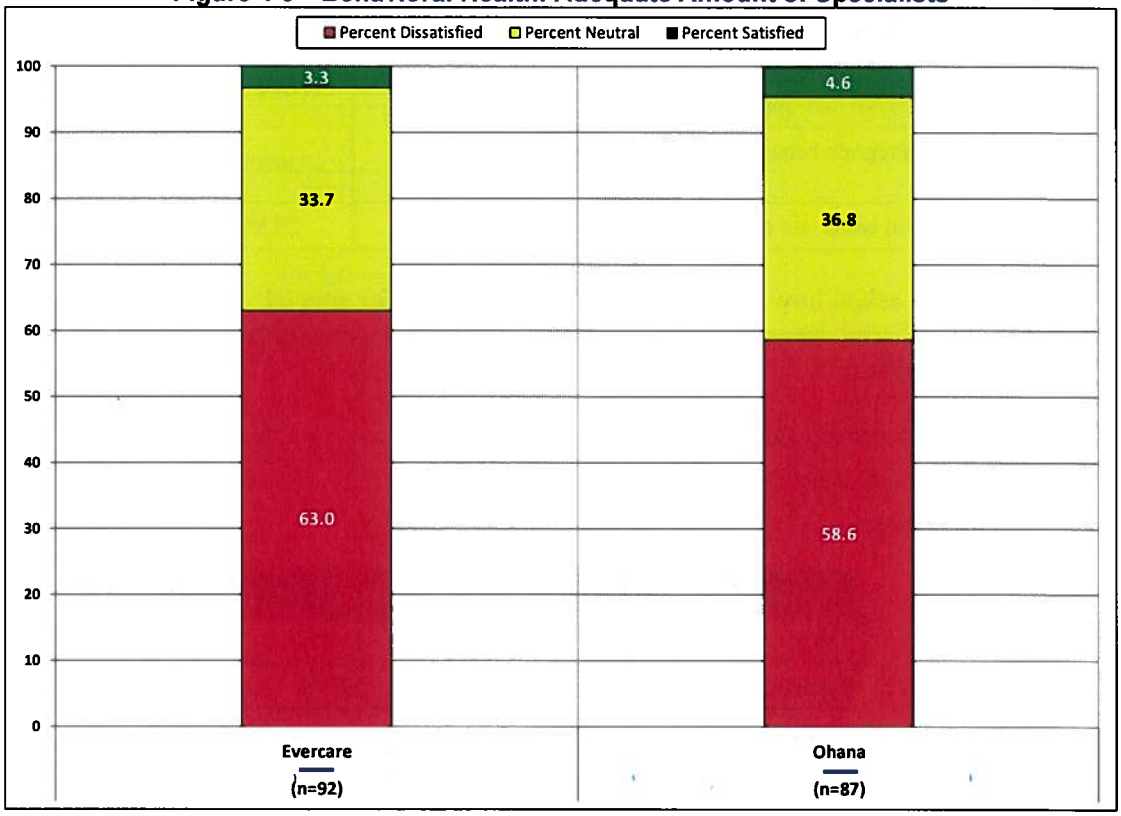
[4-1] The results presented in Table 4-1 and Table 4-2 includes those providers contracted with one or both of the QExA health plans.

Providers were asked to rate how adequate the amount of behavioral health specialists is in their health plans. Responses were classified into the three response categories as follows:

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

Figure 4-9 depicts the response category proportions for each QExA health plan.

Figure 4-9—Behavioral Health: Adequate Amount of Specialists



Note: Percentages may not total 100.0% due to rounding.
▲ *indicates the health plan's top-box rate is significantly higher than the other health plan*
— *indicates the health plan's top-box rate is not significantly different than the other health plan*
▼ *indicates the health plan's top-box rate is significantly lower than the other health plan*

- Evercare's top-box rate for adequate amount of behavioral health specialists (3.3 percent) was lower than Ohana's top-box rate.
- Ohana's top-box rate for adequate amount of behavioral health specialists (4.6 percent) was higher than Evercare's top-box rate; however, this difference was not statistically significant.

Summary of QExA Results

Table 4-3 presents a summary of the statistically significant differences that exist between the "top-box" rates of the QExA health plans.

Table 4-3—QExA Plan Comparisons		
	Evercare	**Ohana**
General Positions[4-2]		
Compensation Satisfaction	▼	—
Timeliness of Claims Payments	▼	—
Health Plan Communication		
Knowledge	—	—
Keep Informed	—	—
Formulary		
Adequate Formulary	—	—
Adequate Access to Non-formulary Drugs	—	—
Specialists		
Adequacy of Specialists	—	—
Range of Specialists	—	—
Referral Policy	—	—
Providing Quality Care		
Prior Authorization Process	—	—
Referral Process	—	—
Formulary	—	—
Concurrent Review	—	—
Discharge Planning	—	—
Network of Hospitals	—	—
Behavioral Health		
Adequate Amount of Specialists	—	—
▲ *indicates the plan's performance is significantly higher than the performance of the other plan*		
— *indicates the plan's performance is not significantly different than the performance of the other plan*		
▼ *indicates the plan's performance is significantly lower than the performance of the other plan*		

[4-2] For purposes of the Compensation Satisfaction and Timeliness of Claims Payments plan comparisons, the plans' results were compared to the performance of the other QExA plan and contracted commercial managed care health plans.

The following is a summary of QExA plan performance on the 16 measures evaluated for statistical differences.

- Evercare's performance was significantly lower than the performance of the other plans (Ohana and commercial managed care health plans) on the two General Positions measures.
- Ohana's performance was not significantly different than the comparative population(s) on any of the measures.

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 2011 Hawaii Provider Survey included 23 questions that surveyed providers on a broad range of topics.

Sampling Procedures

Hawaii providers eligible for sampling included those who serve the Medicaid population and contracted with at least one of the QUEST or QExA health plans. HSAG performed a simple random sample of 400 Kaiser providers and 1,100 non-Kaiser (i.e., AlohaCare, Evercare, HMSA, and/or Ohana) providers, for a total of 1,500 providers. The non-Kaiser providers could not be stratified for sampling by health plan due to the limitations of the sample frame data provided by the MQD.

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 Web site with a designated provider-specific login. Approximately four weeks after the first survey was mailed to providers, a second copy of the survey questionnaire was mailed to non-respondents.

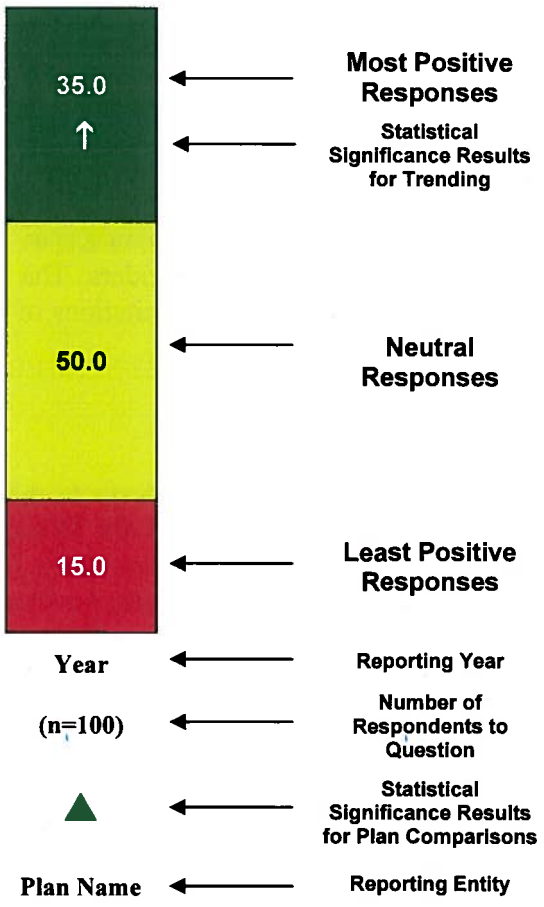
HSAG sampled providers who met the following criteria:

- Served the Hawaii Medicaid population.
- Provided service to QUEST or QExA members as of December 31, 2010.
- Provided service to at least one of the following health plans: AlohaCare, Evercare, HMSA, Kaiser, and/or Ohana.

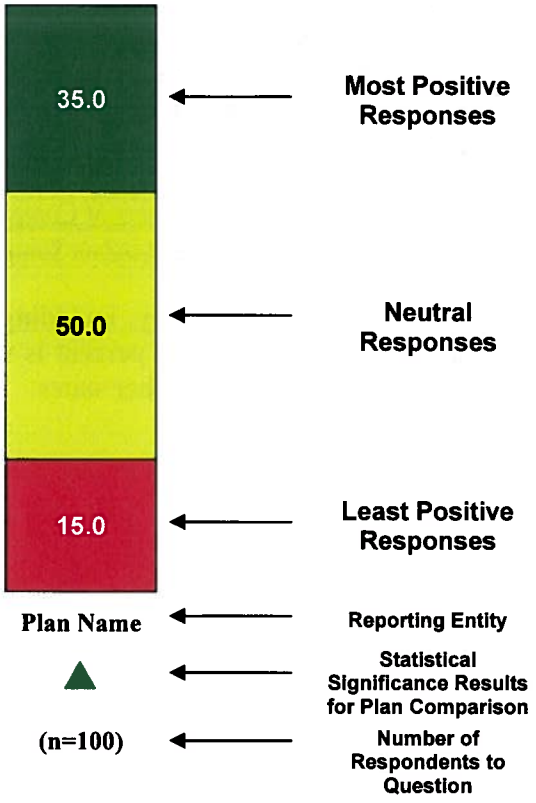
How to Read the Satisfaction Bar Graphs

The bar graphs in this section have three response categories. The least positive responses to the survey questions are at the bottom of the bar in red. Neutral responses fall between the least positive and the most positive responses and are in the middle of the bar in yellow. The most positive responses to the survey questions are at the top of the bar in green. The most positive responses are also referred to as "top-box" responses.

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



Below is an explanation of how to read the satisfaction bar graphs presented throughout the QExA 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 random 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 health plans.

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

A total of 253 Hawaii providers completed a survey, including 77 Kaiser providers and 176 non-Kaiser providers. The overall response rate of 18.4 percent is within the normal range of provider survey response rates that HSAG has observed in other states.

Response Category Proportions

Where applicable, response category proportions were calculated for each survey item. Table 6-1 presents how the response categories were assigned.

Table 6-1—Response Category Assignments

Response Category	Assignment
Very Negative	Dissatisfied Response
Negative	Dissatisfied Response
Neutral	Neutral Response
Positive	Satisfied Response
Very Positive	Satisfied Response
Very Dissatisfied	Dissatisfied Response
Dissatisfied	Dissatisfied Response
Neutral	Neutral Response
Satisfied	Satisfied Response
Very Satisfied	Satisfied Response
No, Generally Does Not	Dissatisfied Response
Yes, Somewhat	Neutral Response
Yes, Definitely	Satisfied Response
No, Not Very Adequate	Dissatisfied Response
Yes, Somewhat Adequate	Neutral Response
Yes, Definitely Adequate	Satisfied Response
No, Does Not Work Very Well	Dissatisfied Response
Yes, Works Somewhat Well	Neutral Response
Yes, Definitely Works Well	Satisfied Response
No, Not Very Well Informed	Dissatisfied Response
Yes, Somewhat Well Informed	Neutral Response
Yes, Definitely Well Informed	Satisfied Response
Strong Negative Impact	Dissatisfied Response
Negative Impact	Dissatisfied Response
Little or No Impact	Neutral Response
Positive Impact	Satisfied Response
Strong Positive Impact	Satisfied 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 (i.e., 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. For the QUEST health plans, each health plan's responses were compared to the aggregate results of the other health plans, excluding the health plan being analyzed. For example, an analysis of AlohaCare's results would include a comparison to the other QUEST health plans, excluding AlohaCare. For the QExA health plans, the health plans' responses were compared to each other.

The test statistic for the χ^2 test is:

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

where O_i is the observed frequency for the ith category of the variable of interest and E_i is the expected frequency for the ith category. χ^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 the bar graphs, statistically significant differences are noted with directional triangles.

For QUEST plans, a health plan's top-box rates that was significantly higher than the aggregate rate of the other health plans is noted with an upward (▲) triangle. A health plan's top-box rate that was significantly lower than the aggregate rate of the other QUEST health plans is noted is noted with a downward (▼) triangle. A health plan's top-box rate that was not significantly different than the aggregate rate of the other QUEST health plans is noted with a dash (—).

For QExA plans, a health plan's top-box rate that was significantly higher than the comparative plan(s) is noted with an upward (▲) triangle. A health plan's top-box response rate that was significantly lower than the comparative plan(s) is noted with a downward (▼) triangle. A health plan's top-box rate that was not significantly different than the comparative plan(s) is noted with a dash (—).

Trend Analysis

Further, each QUEST health plan's 2011 Provider Survey results were compared to their corresponding 2009 Provider Survey results, where applicable, to determine if there were statistically significant differences.[6-1] Statistically significant differences between the health plan's 2011 top-box rates and 2009 top-box rates are noted with directional arrows. Top-box rates that were statistically higher in 2011 than in 2009 are noted with an upward (↑) arrow. Top-box rates that were statistically lower in 2011 than in 2009 are noted with a downward (↓) arrow.

[6-1] The Provider Survey was not administered in 2010.

Limitations and Cautions

The findings presented in the 2011 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 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 health plans, these differences may not be completely attributable to the 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 QUEST or QExA health plan, the providers' responses toward a given health plan may be affected by their experiences with either: 1) a different health plan or 2) the QUEST and QExA programs. Therefore, any differences reported may be due to additional factors that were not captured in this survey.

Baseline QExA Results

It is important to note that in CY 2011 providers were surveyed for the first time regarding the QExA health plans. The 2011 Hawaii Provider Survey results presented in the report represent an initial **baseline** assessment of contracted providers' satisfaction with Evercare and/or Ohana; therefore, caution should be exercised when interpreting these results.

7. Survey Instrument

This section provides a copy of the survey instrument used during this study.

2011 HAWAII PROVIDER'S SURVEY

1. Are you a primary care physician (PCP)?

   O Yes
   O No

2. How many **years of experience** do you have in providing care to Med-QUEST members?

   O One year or less
   O Two to five years
   O More than five years

3. Please indicate how **long you (or your group) have been contracting with each health plan**. If a health plan is listed below that you do not currently contract with, please mark "no current contract" and leave your answer blank for this health plan in the rest of the questionnaire.

	One year or less	Two to five years	More than five years	No current contract
3a. AlohaCare	O	O	O	O
3b. Evercare	O	O	O	O
3c. HMSA	O	O	O	O
3d. Kaiser	O	O	O	O
3e. Ohana	O	O	O	O

4. How would you describe **your own personal attitude** toward each of the following:

	Very Negative	Negative	Neutral	Positive	Very Positive
4a. Concept of managed care, in general	O	O	O	O	O
4b. Hawaii Med-QUEST, in general	O	O	O	O	O
4c. QUEST health plan(s) you contract with now	O	O	O	O	O
4d. QExA health plan(s) you contract with now	O	O	O	O	O
4e. Commercial managed care health plan(s) you contract with now	O	O	O	O	O

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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
5a. AlohaCare	O	O	O	O	O
5b. Evercare	O	O	O	O	O
5c. HMSA	O	O	O	O	O
5d. Kaiser	O	O	O	O	O
5e. Ohana	O	O	O	O	O
5f. Commercial managed care health plan(s) you contract with now	O	O	O	O	O

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

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
6a. AlohaCare	O	O	O	O	O
6b. Evercare	O	O	O	O	O
6c. HMSA	O	O	O	O	O
6d. Kaiser	O	O	O	O	O
6e. Ohana	O	O	O	O	O
6f. Commercial managed care health plan(s) you contract with now	O	O	O	O	O

7. When you need to discuss a patient's course of care or denial of services by the health plan, does the person you speak with at the health plan have the **necessary professional knowledge and expertise**?

	NO, generally does not	YES, somewhat	YES, definitely
7a. AlohaCare	O	O	O
7b. Evercare	O	O	O
7c. HMSA	O	O	O
7d. Kaiser	O	O	O
7e. Ohana	O	O	O

8. Does the health plan have an **adequate formulary**?

	NO, not very adequate	YES, somewhat adequate	YES, definitely adequate
8a. AlohaCare	O	O	O
8b. Evercare	O	O	O
8c. HMSA	O	O	O
8d. Kaiser	O	O	O
8e. Ohana	O	O	O

9. Does the health plan provide **adequate access to <u>non-formulary drugs</u>** for patients in circumstances where you feel they are needed?

	NO, not very adequate	YES, somewhat adequate	YES, definitely adequate
9a. AlohaCare	O	O	O
9b. Evercare	O	O	O
9c. HMSA	O	O	O
9d. Kaiser	O	O	O
9e. Ohana	O	O	O

10. 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
10a. AlohaCare	O	O	O
10b. Evercare	O	O	O
10c. HMSA	O	O	O
10d. Kaiser	O	O	O
10e. Ohana	O	O	O

11. Does the health plan have an **adequate network of specialists** in terms of having the **necessary range** of specialty areas?

	NO, not very adequate	YES, somewhat adequate	YES, definitely adequate
11a. AlohaCare	O	O	O
11b. Evercare	O	O	O
11c. HMSA	O	O	O
11d. Kaiser	O	O	O
11e. Ohana	O	O	O

12. Does the health plan's policy for **referral to specialists** work well for you in terms of letting you send patients to specialists when you feel this is necessary?

	NO, does not work very well	YES, works somewhat well	YES, definitely works well
12a. AlohaCare	O	O	O
12b. Evercare	O	O	O
12c. HMSA	O	O	O
12d. Kaiser	O	O	O
12e. Ohana	O	O	O

13. Does the health plan **keep you informed about your utilization patterns** (and about your **financial performance** if you are at financial risk)?

	NO, not very well informed	YES, somewhat well informed	YES, definitely well informed
13a. AlohaCare	O	O	O
13b. Evercare	O	O	O
13c. HMSA	O	O	O
13d. Kaiser	O	O	O
13e. Ohana	O	O	O

14. During the last 12 months, 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
14a. AlohaCare	O	O	O	O	O
14b. Evercare	O	O	O	O	O
14c. HMSA	O	O	O	O	O
14d. Kaiser	O	O	O	O	O
14e. Ohana	O	O	O	O	O

15. During the last 12 months, what has been the impact of the health plan's **referral 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
15a. AlohaCare	O	O	O	O	O
15b. Evercare	O	O	O	O	O
15c. HMSA	O	O	O	O	O
15d. Kaiser	O	O	O	O	O
15e. Ohana	O	O	O	O	O

16. 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
16a. AlohaCare	O	O	O	O	O
16b. Evercare	O	O	O	O	O
16c. HMSA	O	O	O	O	O
16d. Kaiser	O	O	O	O	O
16e. Ohana	O	O	O	O	O

17. During the last 12 months, what has been the impact of the health plan's **concurrent review** 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
17a. AlohaCare	O	O	O	O	O
17b. Evercare	O	O	O	O	O
17c. HMSA	O	O	O	O	O
17d. Kaiser	O	O	O	O	O
17e. Ohana	O	O	O	O	O

18. During the last 12 months, what has been the impact of the health plan's **discharge planning** 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
18a. AlohaCare	O	O	O	O	O
18b. Evercare	O	O	O	O	O
18c. HMSA	O	O	O	O	O
18d. Kaiser	O	O	O	O	O
18e. Ohana	O	O	O	O	O

19. During the last 12 months, what has been the impact of the health plan's **network of hospitals** 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
19a. AlohaCare	O	O	O	O	O
19b. Evercare	O	O	O	O	O
19c. HMSA	O	O	O	O	O
19d. Kaiser	O	O	O	O	O
19e. Ohana	O	O	O	O	O

20. Which of the following best characterizes how you provide behavioral health services? (Check all that apply.)

- O I routinely screen patients for mental health needs
- O I systematically refer patients with mental health complaints to behavioral health care specialists
- O I typically integrate behavioral health treatment with my other services
- O Mental health issues are not directly relevant to my services

21. In the past three months, how frequently have you referred your patients for specialty mental health care?

- O Never
- O Rarely
- O Sometimes
- O Often
- O Very Often

22. 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
22a. AlohaCare	O	O	O
22b. Evercare	O	O	O
22c. HMSA	O	O	O
22d. Kaiser	O	O	O
22e. Ohana	O	O	O

23. 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, 2012.

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