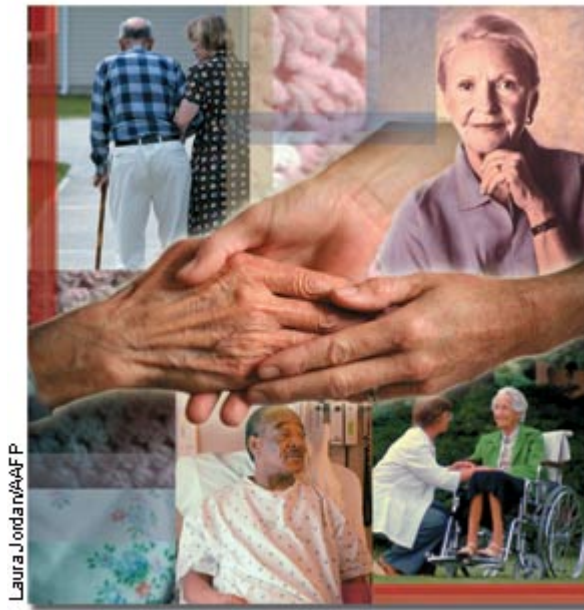




## Provider Satisfaction Survey



Disclaimer: The information contained in this survey is dated. The survey was completed in 2007 when SCAN Long Term Care had been in Maricopa County for less than one year.

## **BACKGROUND/METHODOLOGY/OBJECTIVES**

The purpose of this study is to evaluate SCAN Health Plan of Arizona in terms of their performance as perceived by their Provider network. The assessment includes measures focused on:

- Network management and customer service
- Training
- Information offered to providers
- Claims process
- Referral process
- Case Management
- Communication of policies and services

A total of 490 providers were included in the survey mailing. The survey packet consists of a single page survey and a personalized cover letter requesting participation. One week following the survey mailing, a follow-up postcard was sent to all providers to remind them to participate in the survey. Additionally, a representative of SCAN contacted providers who were not on the initial sample list and presented them with a survey which they filled out and faxed back to North American Testing Organization. A total of 6 completed surveys were received via fax.

The surveys were mailed on September 14, 2007. Three weeks were allowed to obtain all completed surveys. A total of 65 interviews were completed with Providers with a response rate of 13%.

Of the 65 completed surveys the responses break down as follows:

Adult Foster Care – 1

Assisted Living Center – 1

Assisted Living Home – 16

Federally Qualified Health Center – 2

Home and Community Based Services – 1

Nursing Home – 5

Pro - 39

All phases of this study were performed by North American Testing Organization.

When reviewing results please use caution as many base sizes are relatively small (under 25).

## **EXECUTIVE SUMMARY**

### **Network Management Services**

In general, approximately three-quarters of providers are favorable to the Network Management services that are provided by SCAN. Specifically, providers who responded to the survey were in agreement that the Network Management services staff returned their calls promptly (73% of the 56 respondents). Slightly more felt that the Network Management Services staff was able to answer their questions and resolve their issues to their satisfaction (77% “strongly agree” and “agree”). In terms of the Network Management Services staff providing adequate training on SCAN policies and procedures to providers, 78% of those responding “strongly agreed” or “agreed” with that statement. Nine out of ten providers were in agreement that the staff was courteous when they called with only 4% saying they disagreed with this statement.

### **Claims**

For the most part (78% out of 58) respondents agreed that claims payments are received within a satisfactory time period and just slightly less than eight in ten (79%) said that the claims payments they received were accurate within a reasonable threshold level. Additionally, slightly more than three-quarters (76% out of 53 respondents) of those responding “strongly agreed” or “agreed” that their calls to claims inquiry were responsive and helpful. With regard to any claims disputes that were submitted, slightly less than seven out of ten respondents (69% out of 51) agreed that they were resolved within a satisfactory time period. Eighty-three percent of providers agree that claim remittance advices are clear and understandable. Two-thirds of providers agree with the statement that they have received useful information on submitting their claims electronically.

### **Forms and Authorizations**

Only sixty-two percent (out of 42 responding providers) of those respondents felt that the specialty referral forms were user friendly. However, three-quarters (76% out of 50) agree that prior authorizations are returned within what they deem an acceptable time period. When prior authorizations were denied, 63% of providers felt that the reasons for the denial were clearly stated.

## **Case Management and Member Services**

Seven out of ten providers felt that their calls to a case manager were responded to promptly, while 81% (out of 57) said that they received satisfactory answers to their questions when calling a Case Manager. When calling member services, 82% of providers agreed that the staff member responded to their inquiries in a professional and prompt manner.

## **SCAN Website and Operations Manual**

Among respondents who used the SCAN website, 64% (among 28 respondents) felt that it provided them with the necessary information. More than seven out of ten respondents (71% out of 49) felt that the Provider Operations Manual includes the necessary information to conduct business. Only 61% (out of 46) of providers responded that the plan has effectively communicated how to access translation and interpretation services.

## **Ancillary Provider Services**

Two-thirds of those providers who responded felt that Lab services were rendered to their satisfaction. Slightly less (60%) agree that radiology services were done to their satisfaction. Home Health services were given a higher satisfactory rating, with 69% of providers feeling it was rendered to their satisfaction. One of the lowest rated ancillary services was the Transportation service, with only 47% of providers being satisfied with it. The strongest rated ancillary service was pharmacy, with 83% of respondents saying that it was done to their satisfaction. The lowest ancillary service was DME where only 40% felt that it was rendered to their satisfaction. All other ancillary services were performed to the respondent's satisfaction at a level of 60%.

**Caution should be taken when evaluating the scores for all ancillary provider services as the base sizes are low (fewer than 25).**

## CONCLUSIONS

In general most providers are favorable to the Network Management Services that are provided by SCAN. Phone calls are answered promptly and courteously and the staff is able to answer questions and resolve their issues to their satisfaction. Most respondents also agree that Network Management Services is providing them with adequate training on SCAN's policies and procedures.

For the most part claims are being received within a satisfactory time period and with accuracy within a reasonable threshold level. When calling in with a claims inquiry respondents reported that the staff was responsive and helpful and the remittance advice for a claim was clear and understandable. However, the level of satisfaction within which claims disputes are resolved could be improved upon. Another area that could use some improvement is the information that is received on submitting their claims electronically.

As far as referrals are concerned a smaller percentage of those responding felt that they were user friendly but a good deal were neutral. The reasons for denying referrals are not always clearly stated which could provide confusion for providers.

Case management seems to be a strong area for SCAN. The staff in case management is able to answer questions to the provider's satisfaction as a whole. The staff also responds to any inquiries in a professional and prompt manner which is an added plus. Member Services staff are also quite strong in their ability to handle inquiries in a professional and prompt manner. For the most part providers agreed that the Provider Operations manual includes the necessary information to conduct business.

The ancillary provider services rated in the highest to lowest order were Pharmacy followed by Home Health, Lab, Radiology, Transportation and DME.

## RECOMMENDATIONS

SCAN is doing a good job in providing their providers with adequate and useful information on most areas however, there are a few areas where they can improve to better serve those providers within their network. The timeliness of claims disputes should be reviewed in order to increase the level of satisfaction among those participating providers. Providing more useful information on how to submit claims electronically is an additional area for improvement. Making referral forms more user friendly may help when providers are submitting them. Clearly stating the reasons for prior authorization denials is also an area where some improvement is needed.

Case Managers need to implement a better system for answering calls in a prompt manner since there is lower satisfaction in this area. Another area for improvement is the SCAN website. Providing more useful and necessary information to providers on the website would likely increase their satisfaction level in the future.

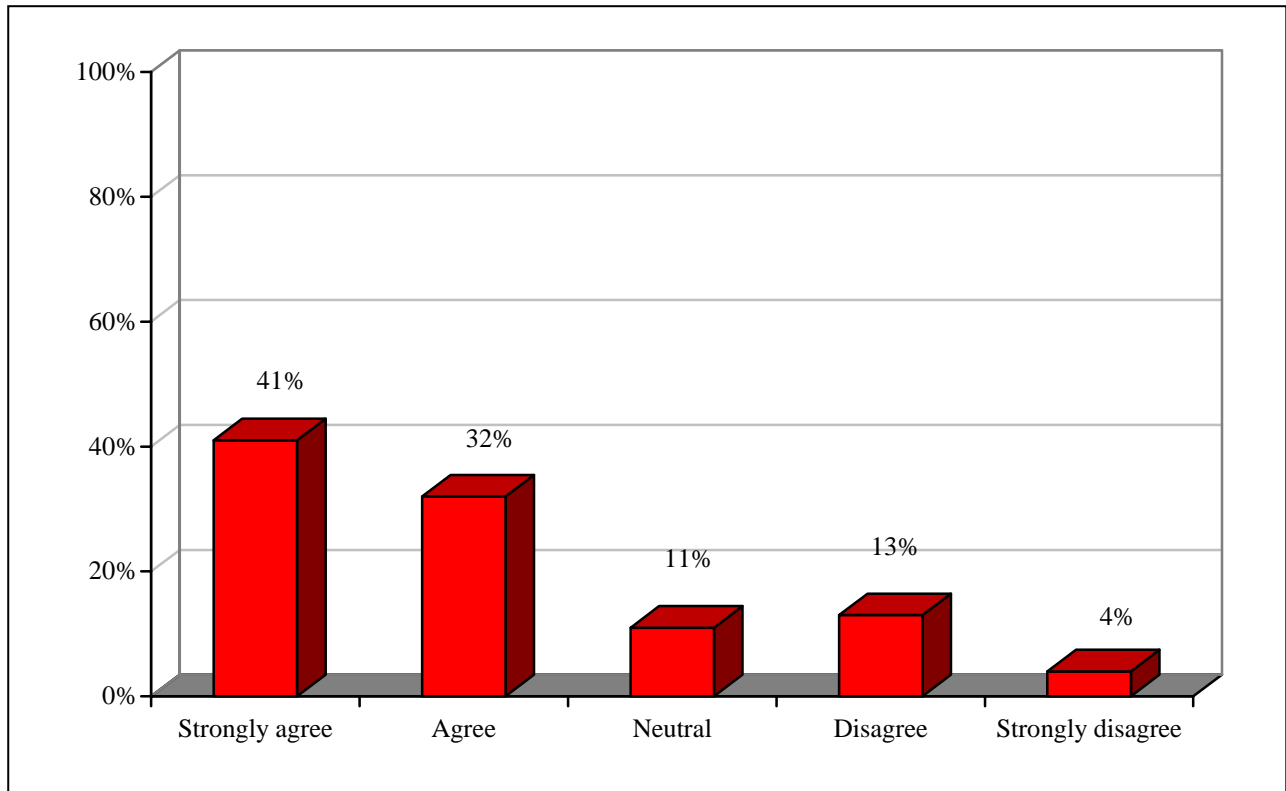
Providing better communication to providers on how they can access translation and interpretation services either through the SCAN website or the operations manual is needed moving forward.

While most ancillary providers services rated high there are a few that need to be reviewed to help make them more accessible to providers. Specifically the Transportation and DME service rated very low by those respondents who have accessed these services. By making transportation more readily available and easy to use for patients should raise the satisfaction level.

## **DETAILED FINDINGS**

- Seventy-three percent (73%) of the respondents agreed that Network Management Services returns their calls promptly. Seventeen percent (17%) of the respondents disagreed and felt that their calls were not returned promptly by Network Management Services staff.

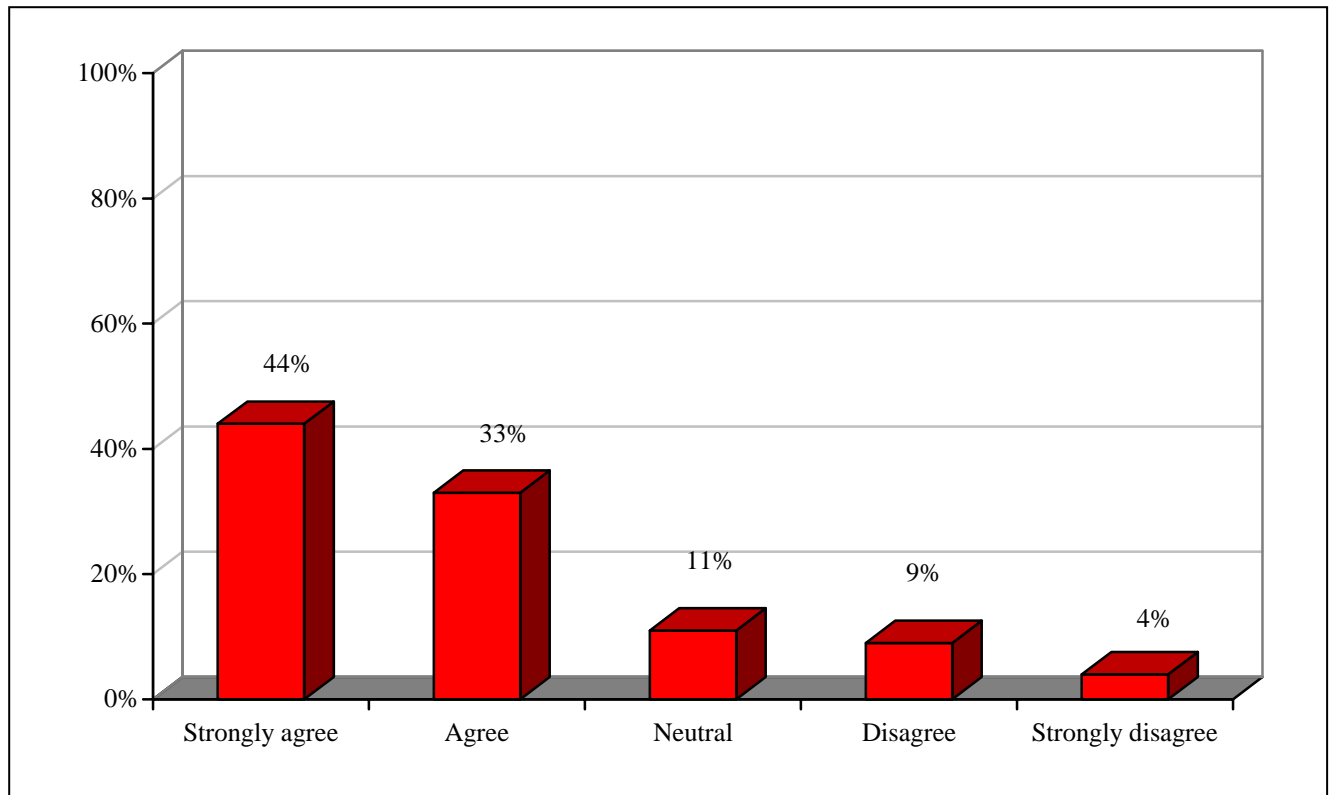
**Q1. - Network Management Services staff returns your phone calls promptly.**



Base: 56

- Approximately three-quarters of the respondents (77%) felt that Network Management Services staff answered their questions and/or resolved their issues to their satisfaction.

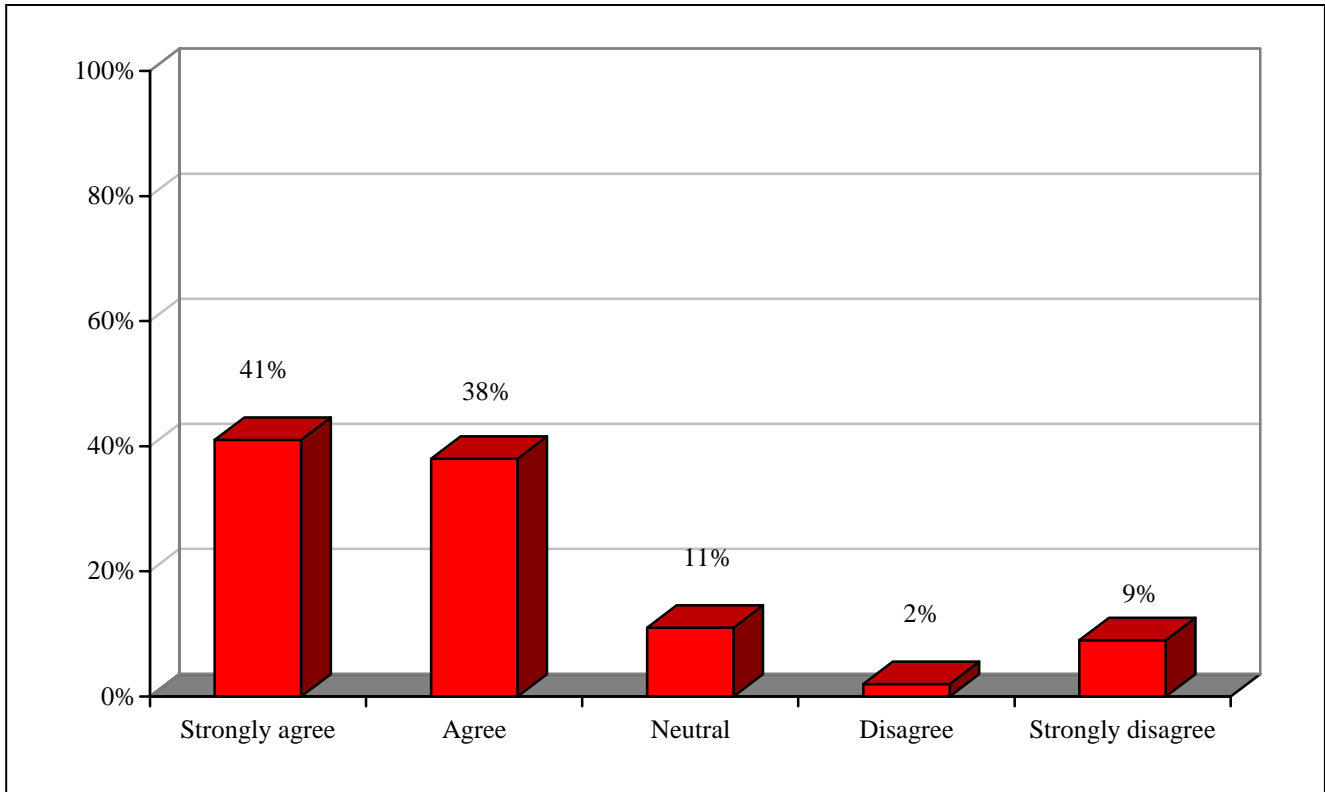
**Q2. - Network Management Services staff answers your questions and/or resolves your issues to your satisfaction.**



Base: 57

- Nearly eight out of ten (79%) respondents agree that Network Management Services has provided adequate training on SCAN policies and procedures. Nine percent strongly disagree that they were not provided with adequate training.

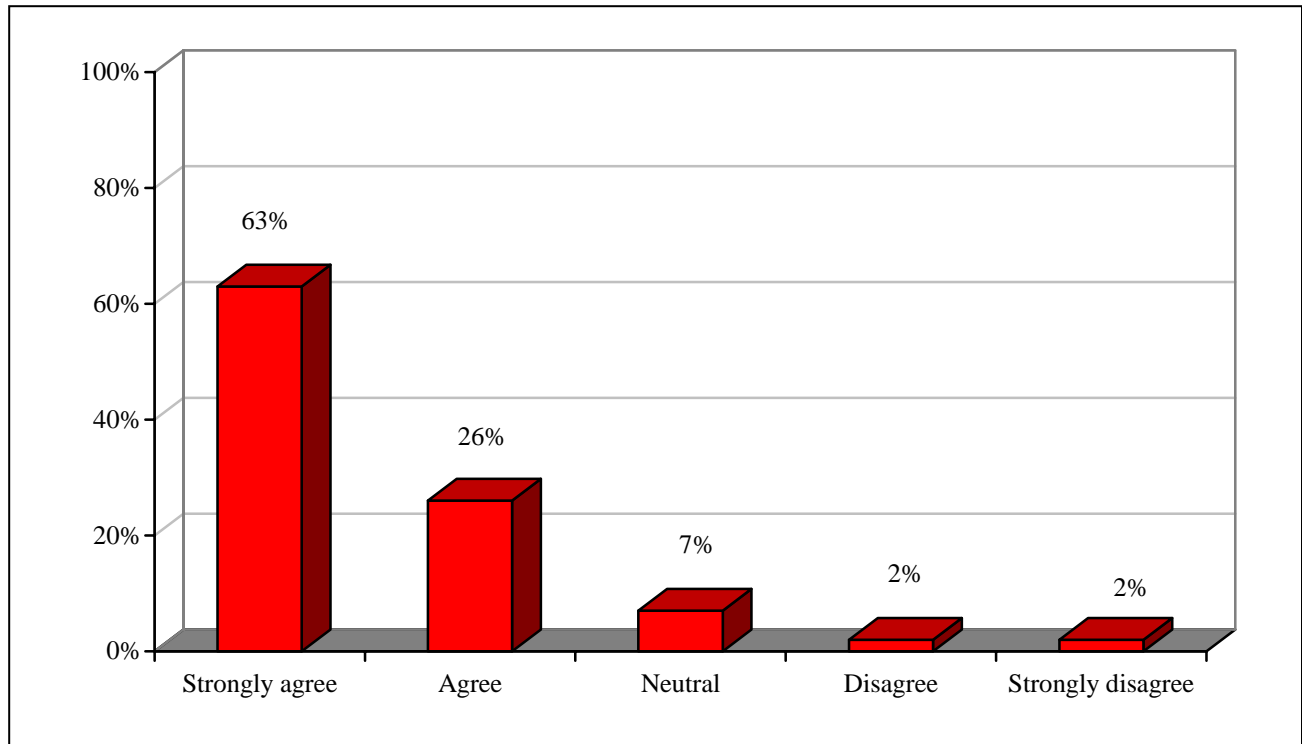
**Q3. - Network Management Services has provided adequate training on SCAN policies and procedures.**



Base: 56

- Nine out of ten (90%) respondents agreed that the Network Management Services staff is courteous when they call. Four percent (4%) did not agree that they were courteous while 7% had no opinion on the matter.

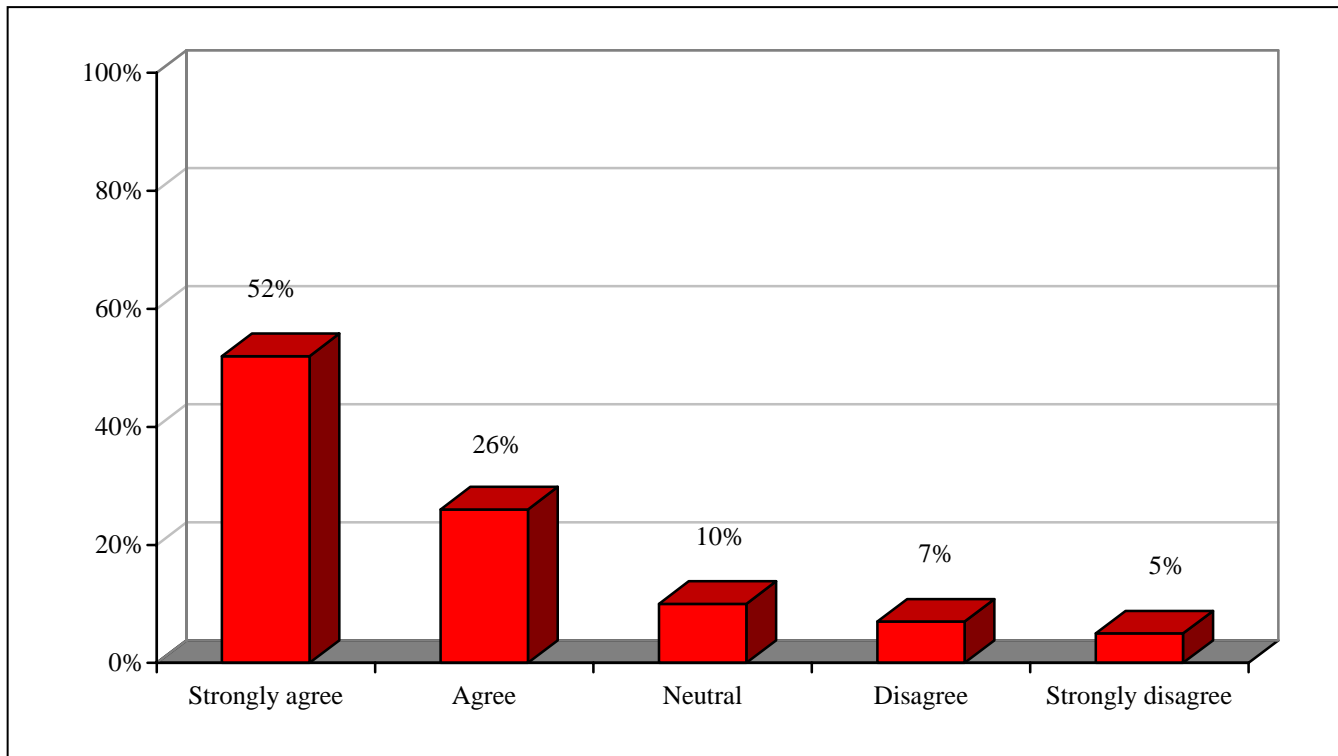
**Q4. - The Network Management Services staff is courteous when you call.**



Base: 57

- Slightly more than three quarters (78%) of respondents reported that their claims payments are received within a satisfactory time period. Twelve percent say that do not agree with the statement that their claims payments are received in a satisfactory period of time and 10% are neutral.

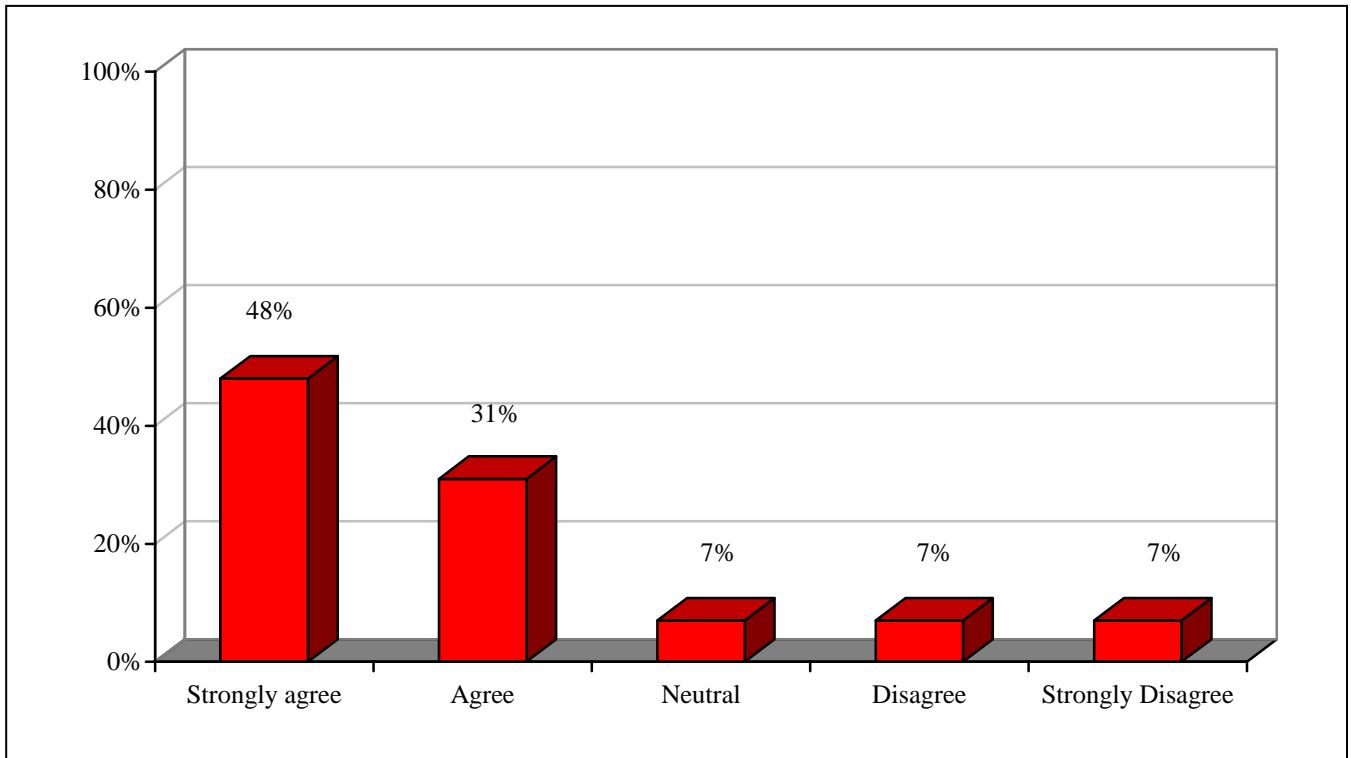
**Q5. - Your claims payments are received within a satisfactory time period. (Within 30 days)**



Base: 58

Nearly eight in ten (79%) respondents agree that their claims payment accuracy is within a reasonable threshold level. Fourteen percent do not agree that their claims payment accuracy was within the threshold level and 7% were neutral on that statement.

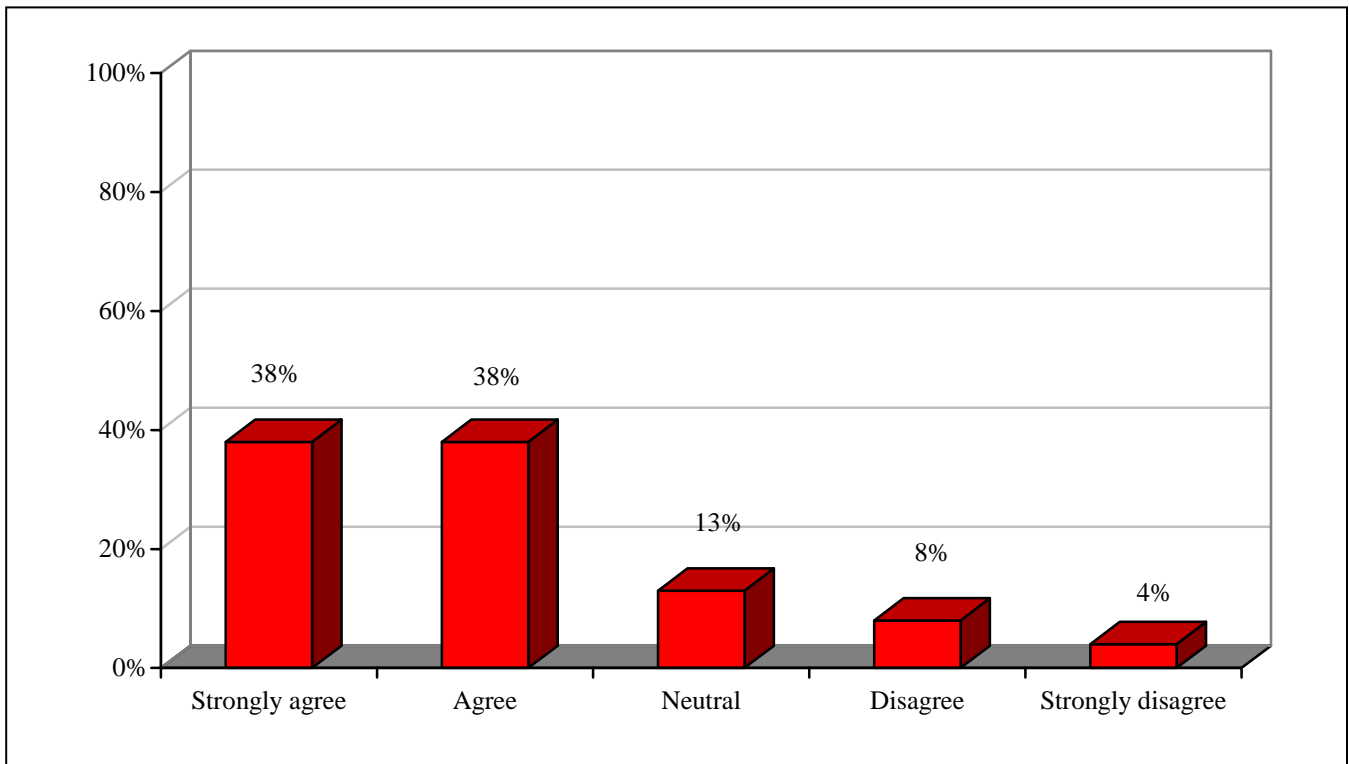
**Q6. - Claims payment accuracy is within a reasonable threshold level.**



Base: 58

- Three-quarters (75%) of respondents agree that their calls to claims inquiry are responsive and helpful. Twelve percent disagreed with this statement and 13% were neutral.

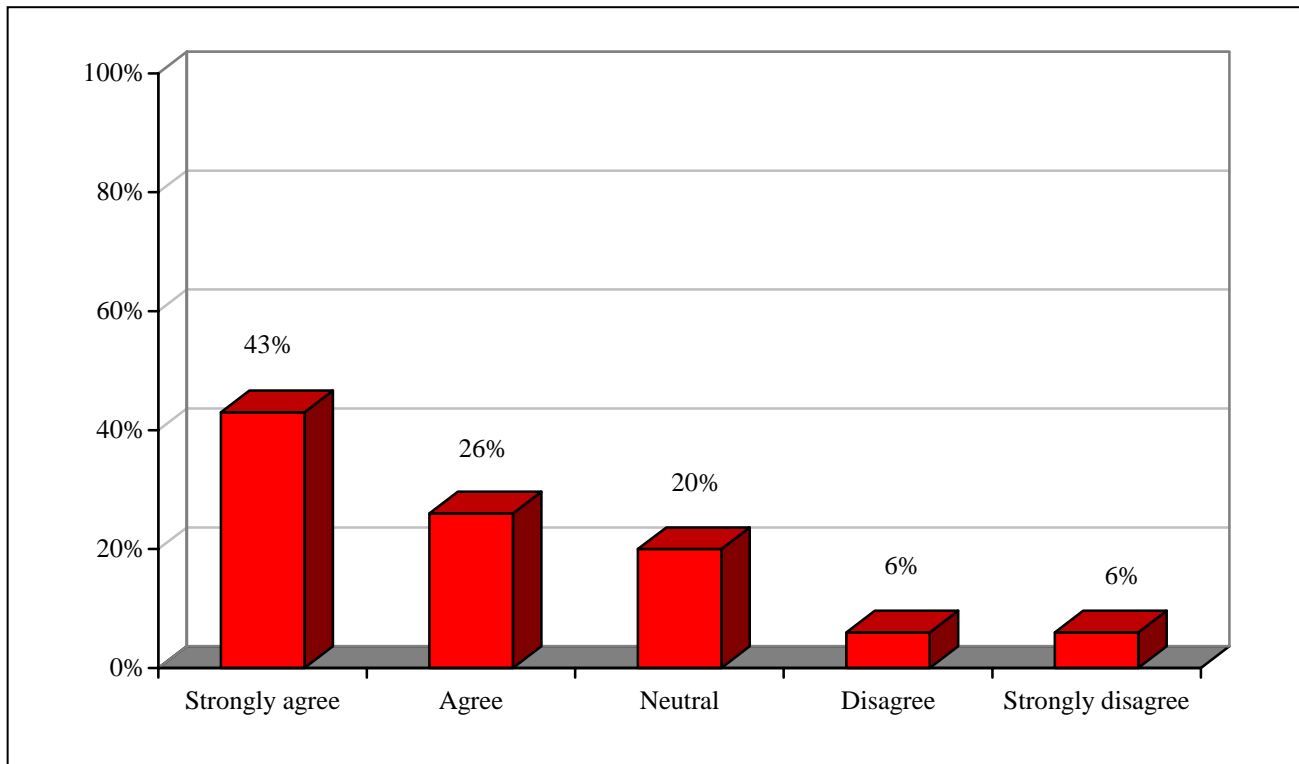
**Q7. - Your calls to Claims Inquiry are responsive and helpful.**



Base: 53

- Sixty-nine percent of respondents agree that their claims disputes are resolved in what they consider a satisfactory time period. Twelve percent disagree that their claims are resolved in a satisfactory time period and 20% are neutral in regards to this statement.

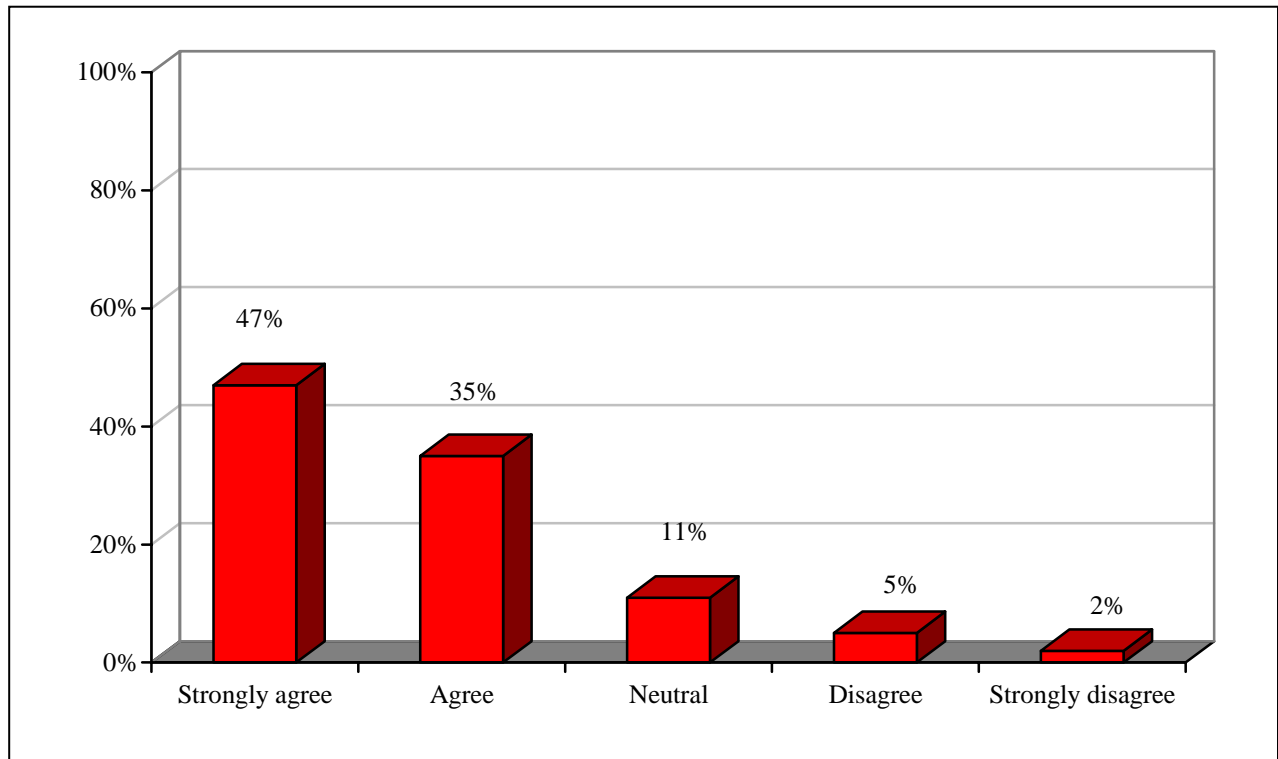
**Q8. - Your claims disputes are resolved within a satisfactory time period.**



Base: 51

- Eighty-three percent (83%) of respondents agree that claim remittance advices are clear and understandable. Less than ten percent (7%) disagree with that statement while 11% are neutral.

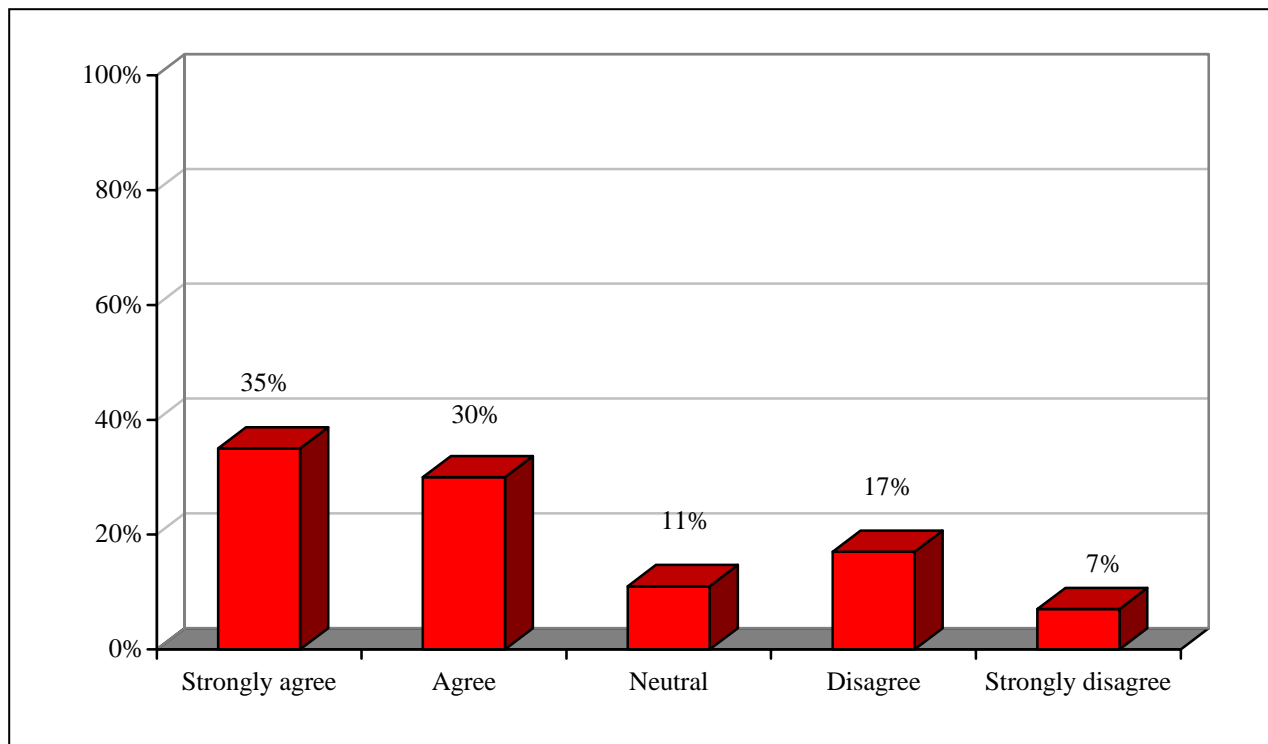
**Q9. - Claim remittance advices are clear and understandable.**



Base: 57

- Two-thirds (65%) of all respondents agree with the statement that they have received useful information on submitting their claims electronically. Nearly one-quarter (24%) disagree and said that they have not received useful information on submitting their claims electronically while 11% neither agree nor disagree.

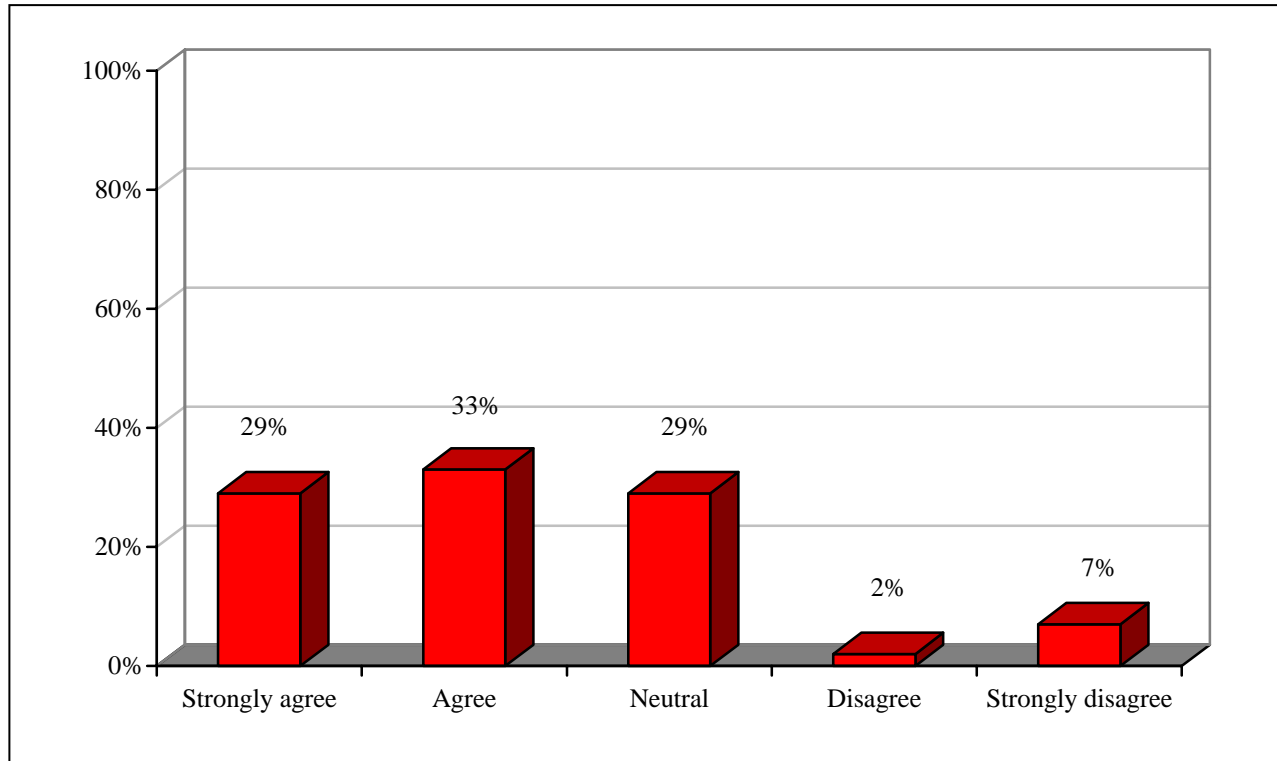
**Q10. - You have received useful information on submitting your claims electronically.**



Base: 46

- Sixty-two percent of those responding agree that specialty referral forms are user friendly. Only ten percent (10%) disagreed with this statement and 29% were neutral.

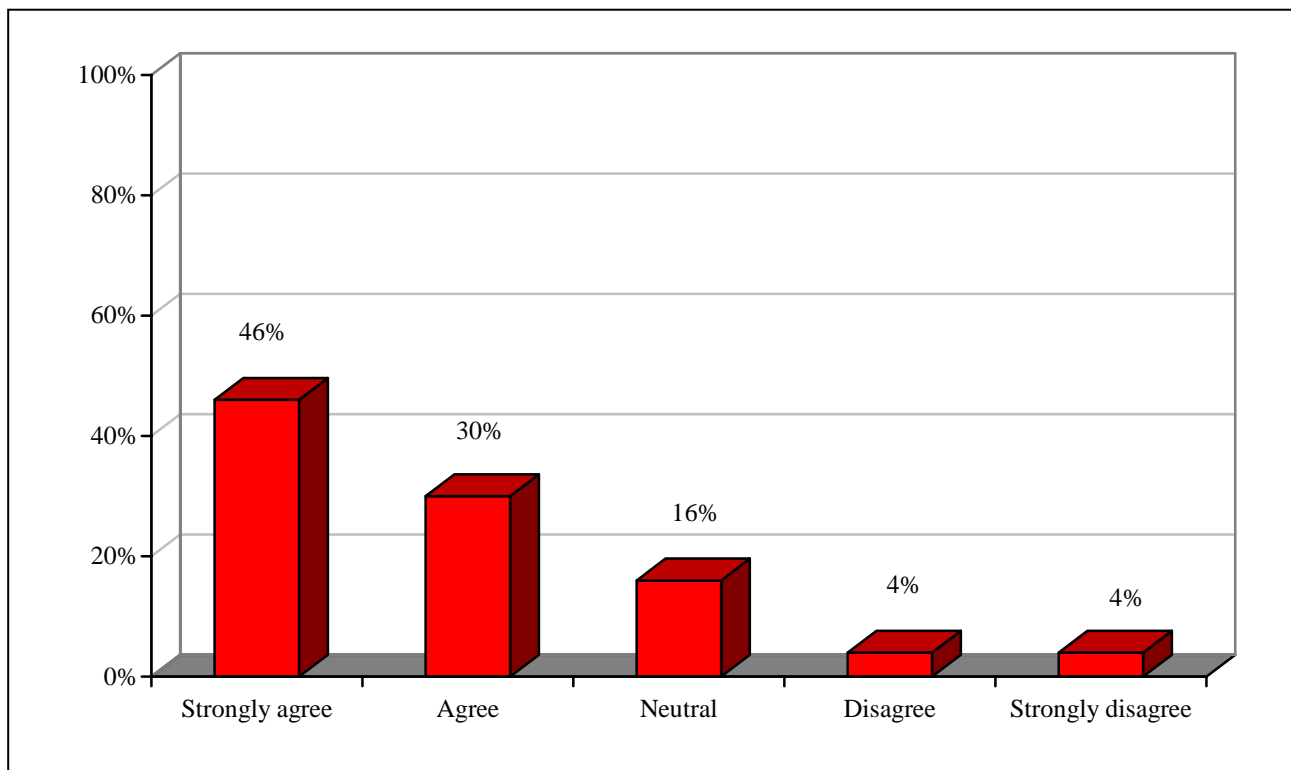
**Q11. - Specialty referral forms are user friendly.**



Base: 42

- Slightly more than three-quarters (76%) of respondents agree that prior authorizations are returned within an acceptable time period. Eight percent (8%) disagreed with that statement and sixteen percent (16%) had no opinion.

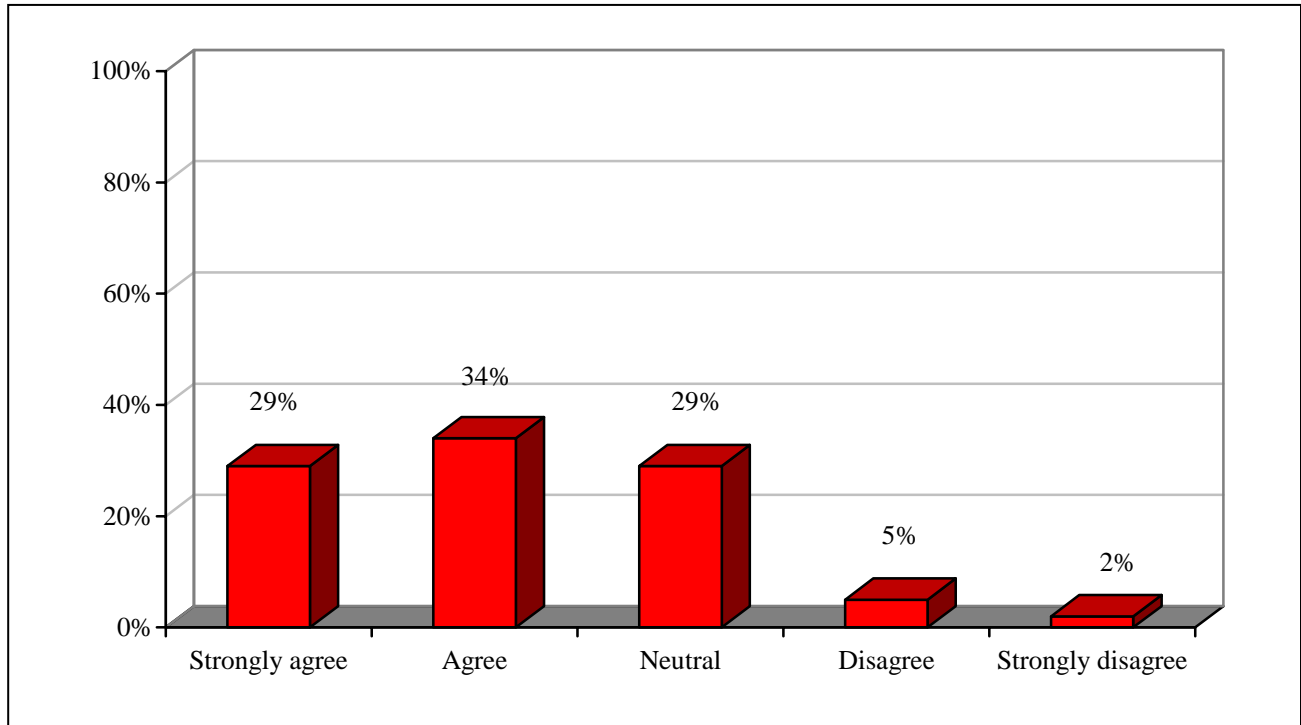
**Q12. - Prior authorizations are returned within an acceptable time period.**



Base: 50

- Sixty-three percent (63%) of those responding agree with the statement that reasons for prior authorization denials are clearly stated. Only 7% disagree with this statement and a resounding 29% are neutral.

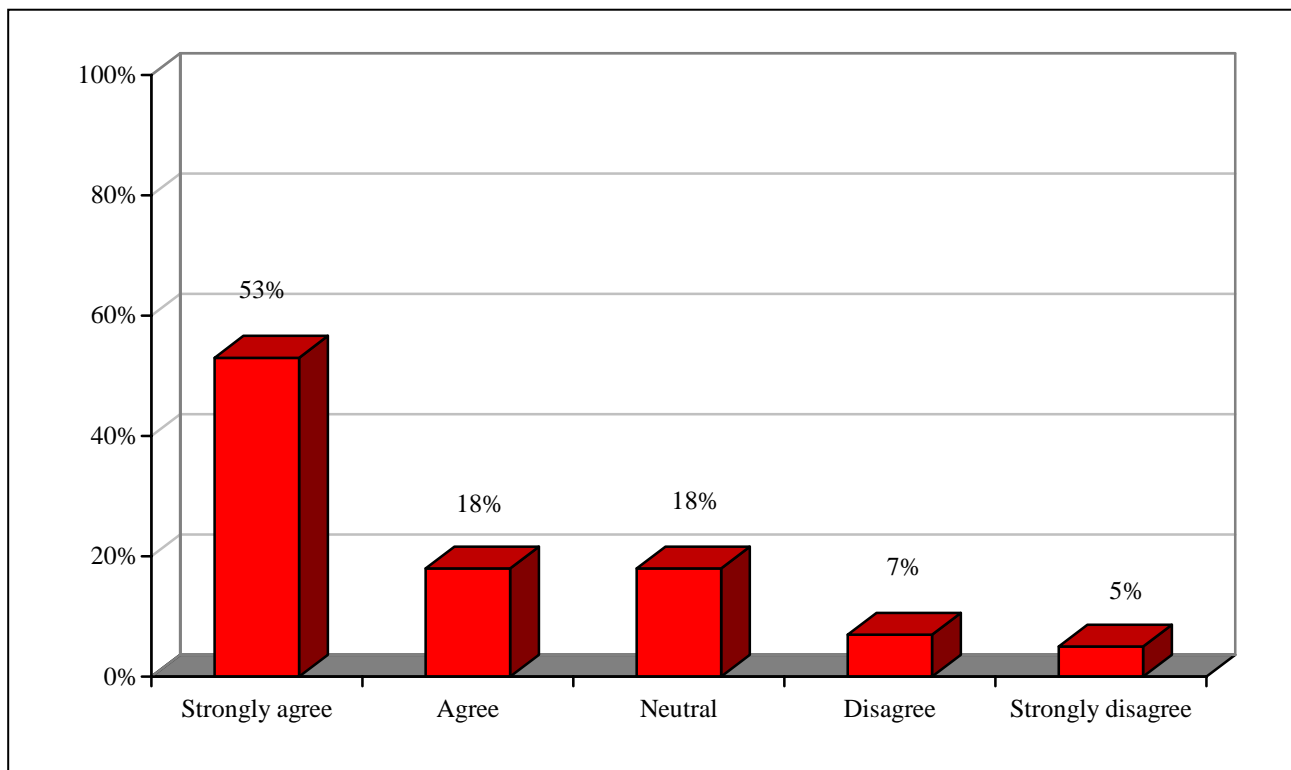
**Q13. - Reasons for prior authorization denials are clearly stated.**



Base: 41

- Seven in ten (70%) respondents agree that case managers respond to your phone calls promptly. Twelve percent (12%) disagreed that case managers respond to phone calls promptly and 18% neither agreed nor disagreed.

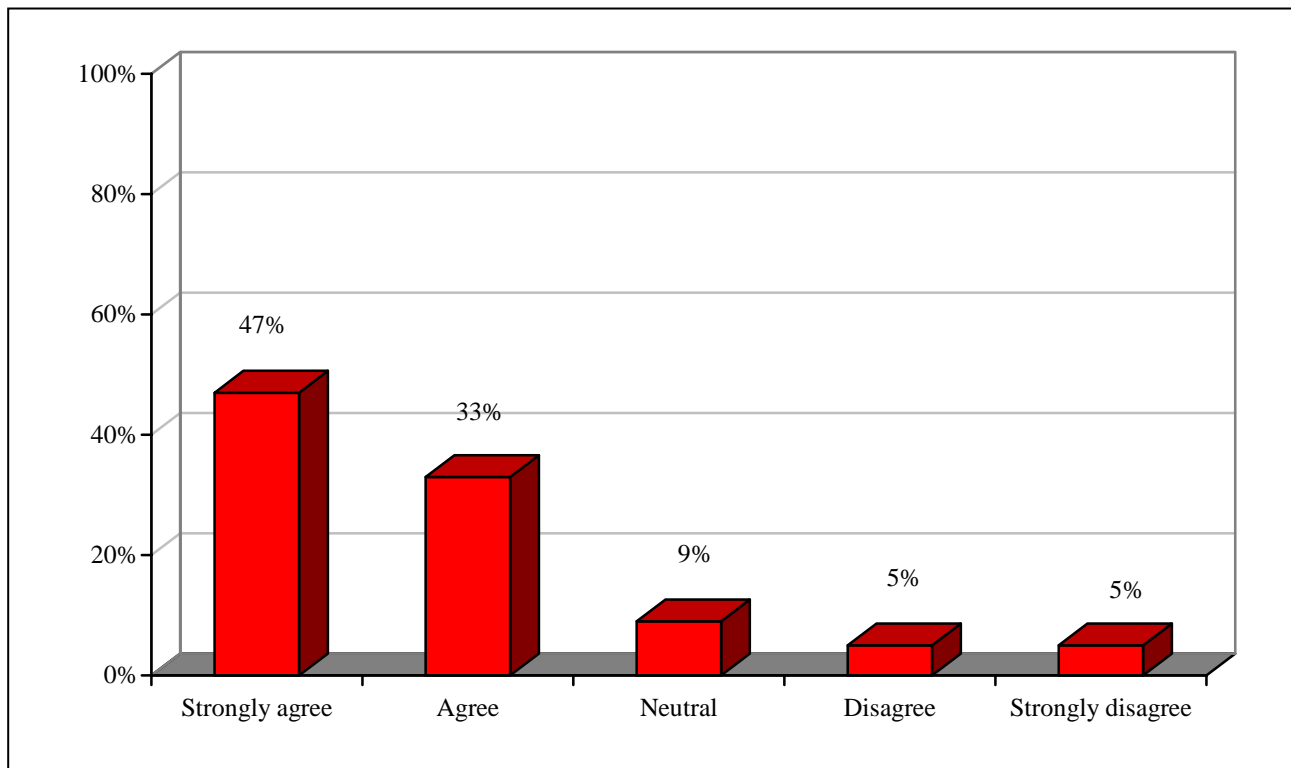
**Q14. - Case managers respond to your phone calls promptly.**



Base: 57

- More than eight in ten (81%) respondents say that they agree that case managers answer questions to their satisfaction. Ten percent (10%) disagree with this statement and 9% have no opinion.

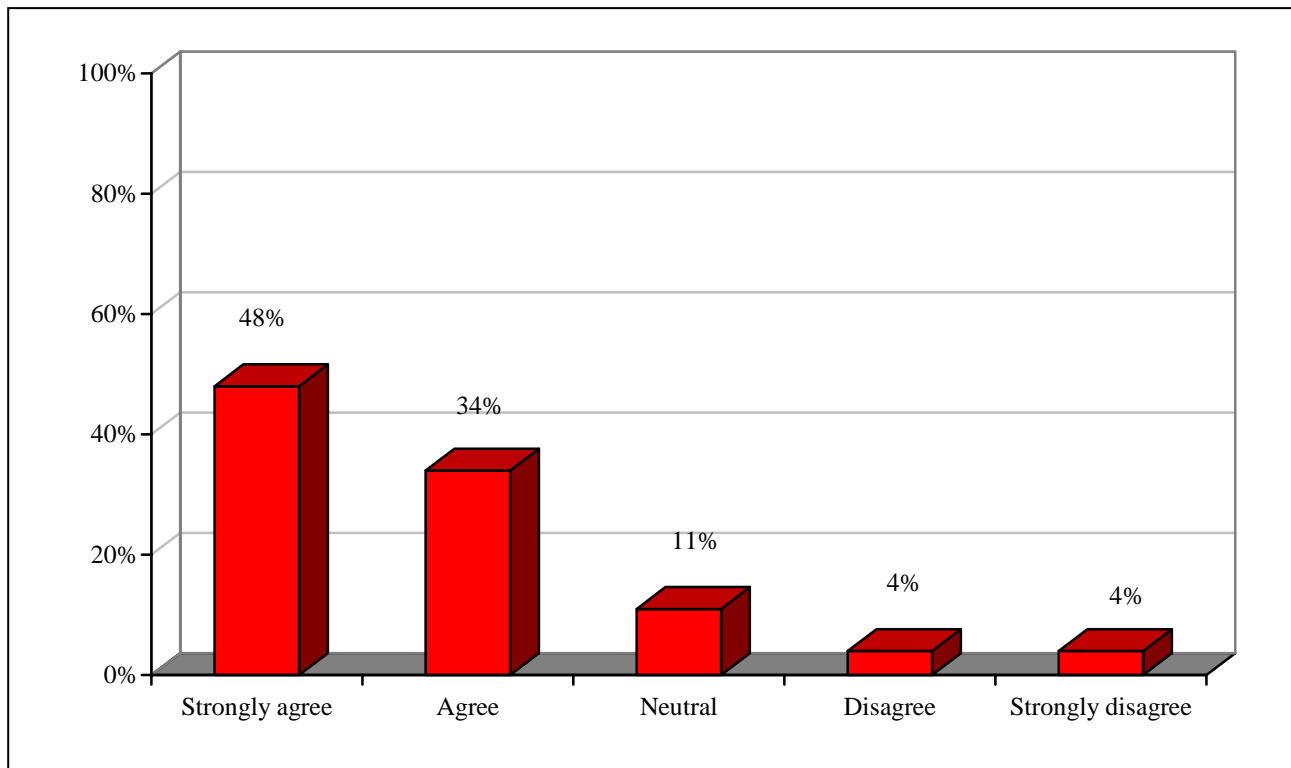
**Q15. - Case managers answer your questions to your satisfaction.**



Base: 57

- Eighty-two percent (82%) of those responding were in agreement that member services staff responded to their inquiries in a professional and prompt manner. Another 7% disagreed that member services staff responded to their inquiries in a professional and prompt manner and 11% had no opinion.

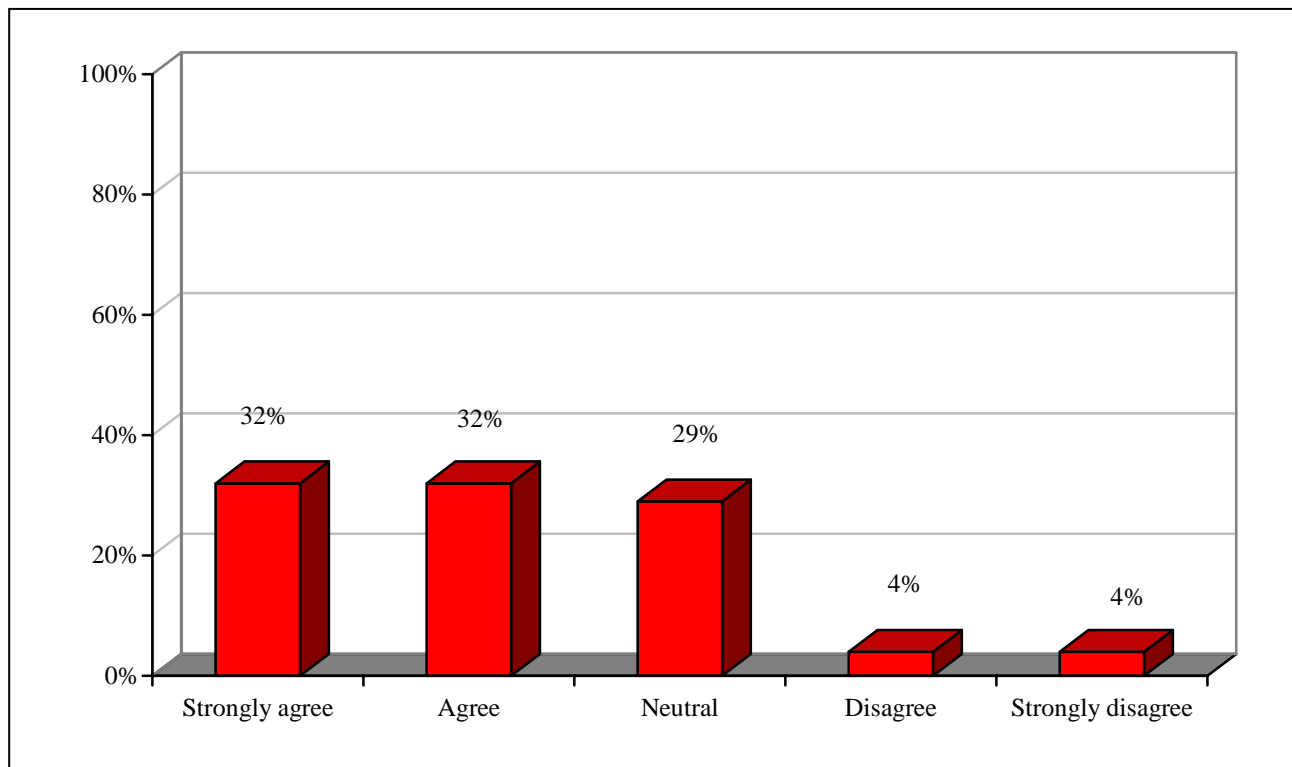
**Q16. - Member Services staff respond to your inquiries in a professional and prompt manner.**



Base: 56

- Of those respondents who used the SCAN website, sixty-four percent (64%) agreed that it provided them with the necessary information. Only 7% disagreed and claimed that it did not provide the necessary information they needed. Nearly three in ten (29%) had no opinion.

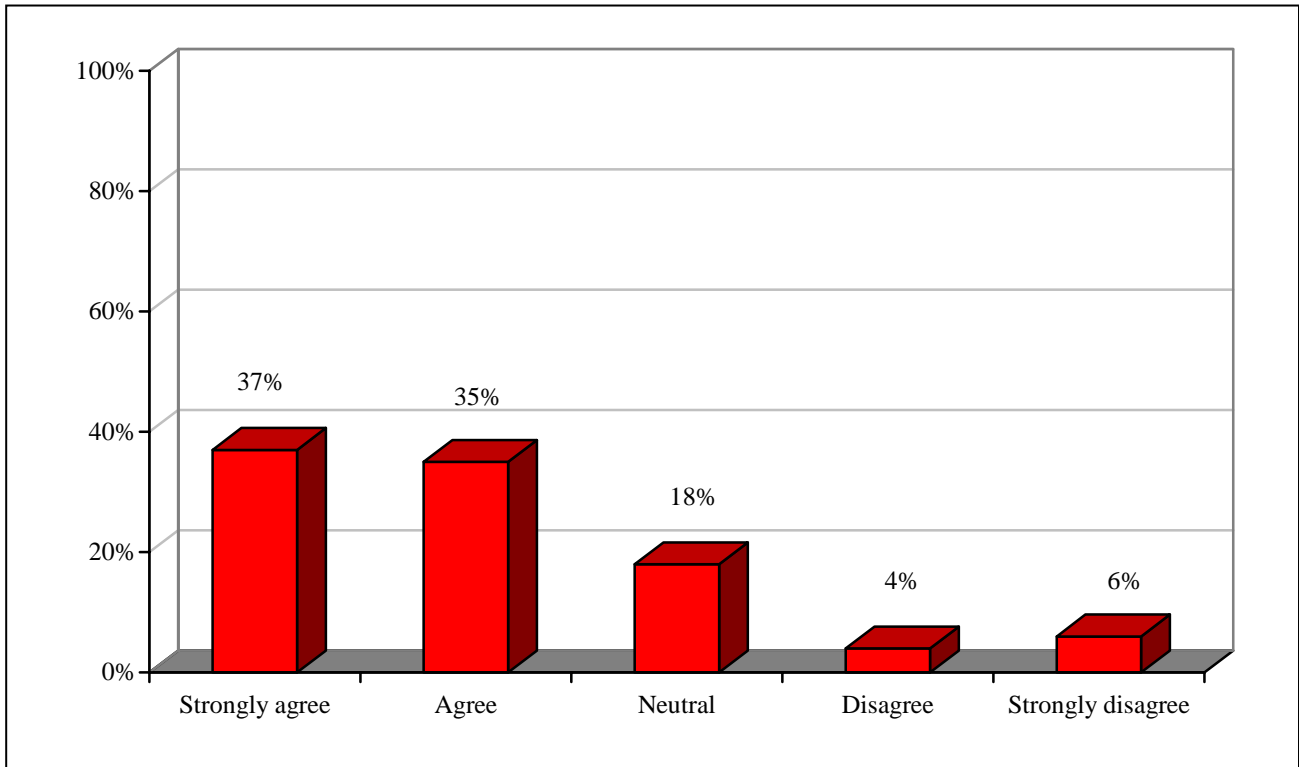
**Q17. - If you have used the SCAN website, the site provided you with the necessary information.**



Base: 28

- Seven out of ten (71%) respondents agree that the provider operations manual includes the necessary information to conduct business. Ten percent (10%) disagreed and said that they do not feel the provider operations manual includes the necessary information to conduct business and 18% are neutral.

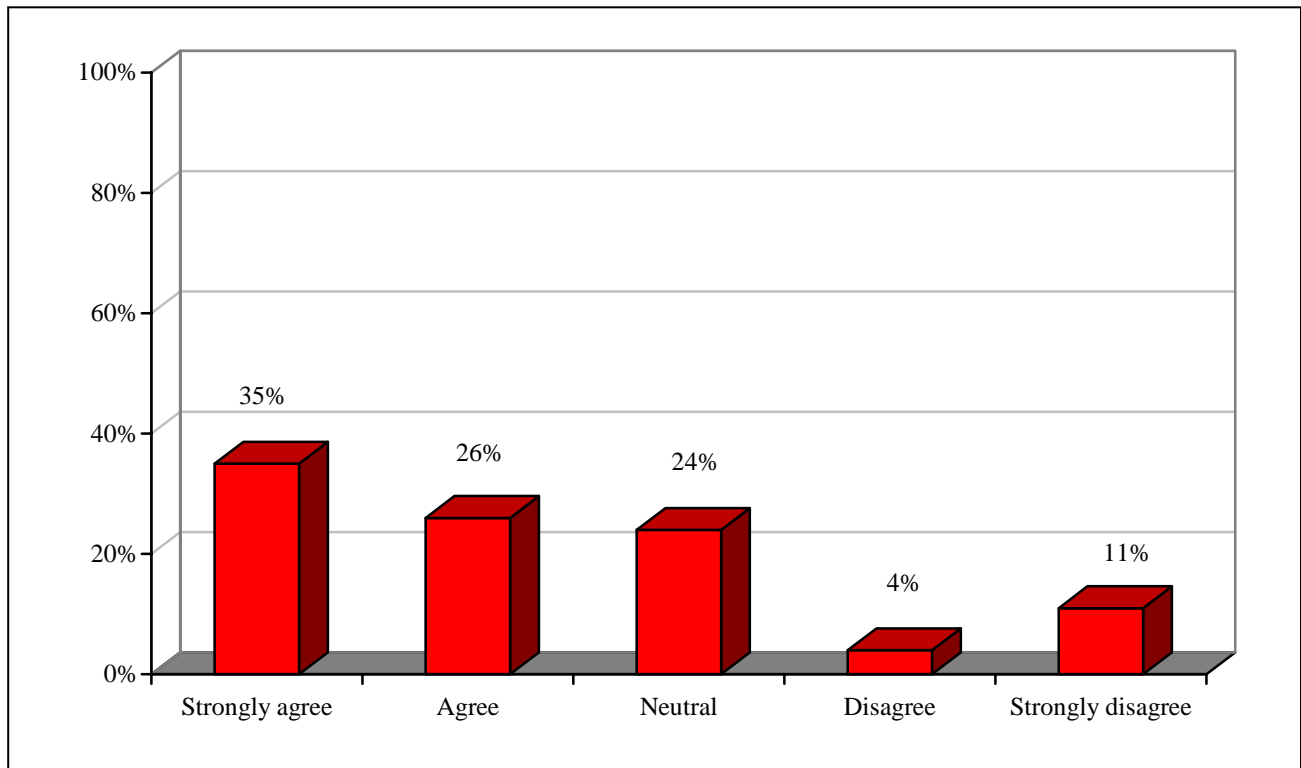
**Q18. - The Provider Operations Manual includes the necessary information to conduct business.**



Base: 49

- Sixty-one percent (61%) of respondents agreed that the plan has effectively communicated how to access translation and interpretation services. Fifteen percent (15%) disagreed with this statement and nearly one-quarter (24%) were neutral.

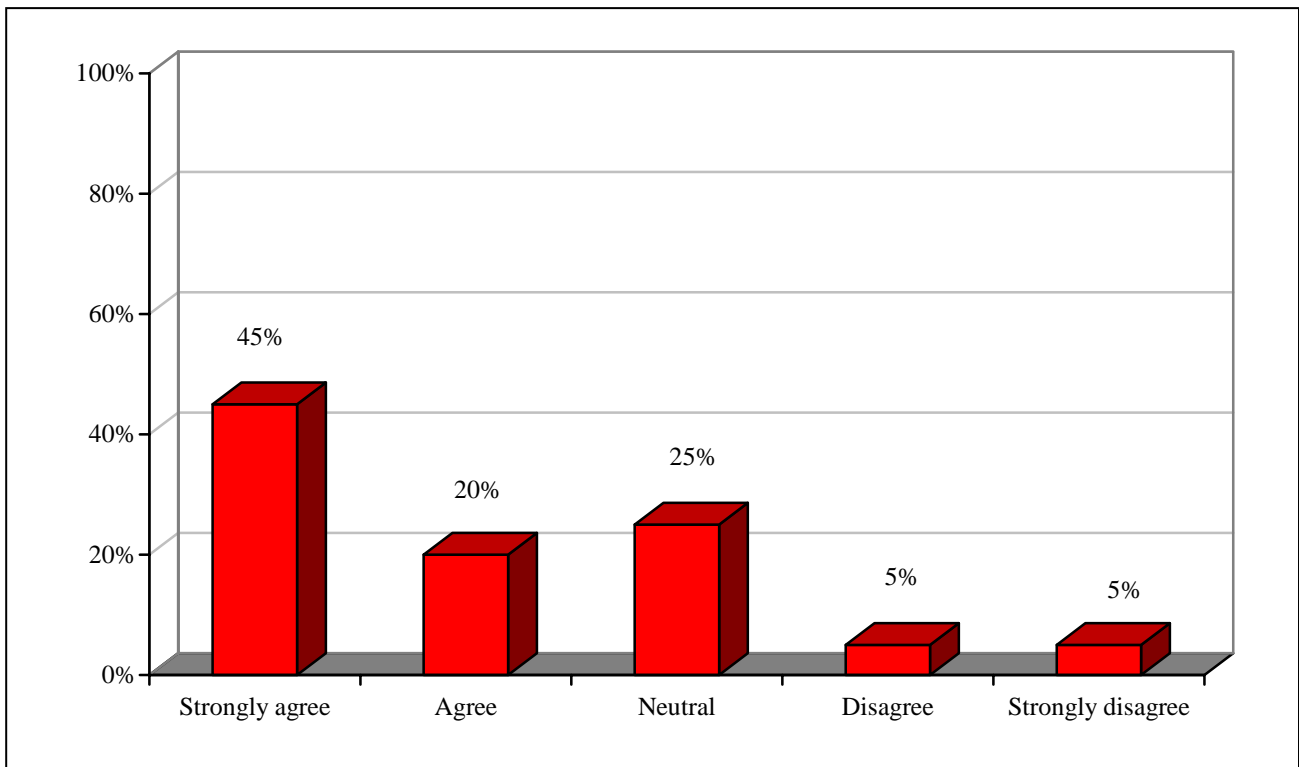
**Q19. - The plan has effectively communicated how to access translation and interpretation services.**



Base: 46

- Two-thirds (65%) of respondents agree that Lab provider services are rendered to their satisfaction. One in ten (10%) disagree that the Lab services were rendered to their satisfaction and one-quarter (25%) had no opinion.

**Q20a. - The following ancillary provider services are rendered to your satisfaction: LAB**

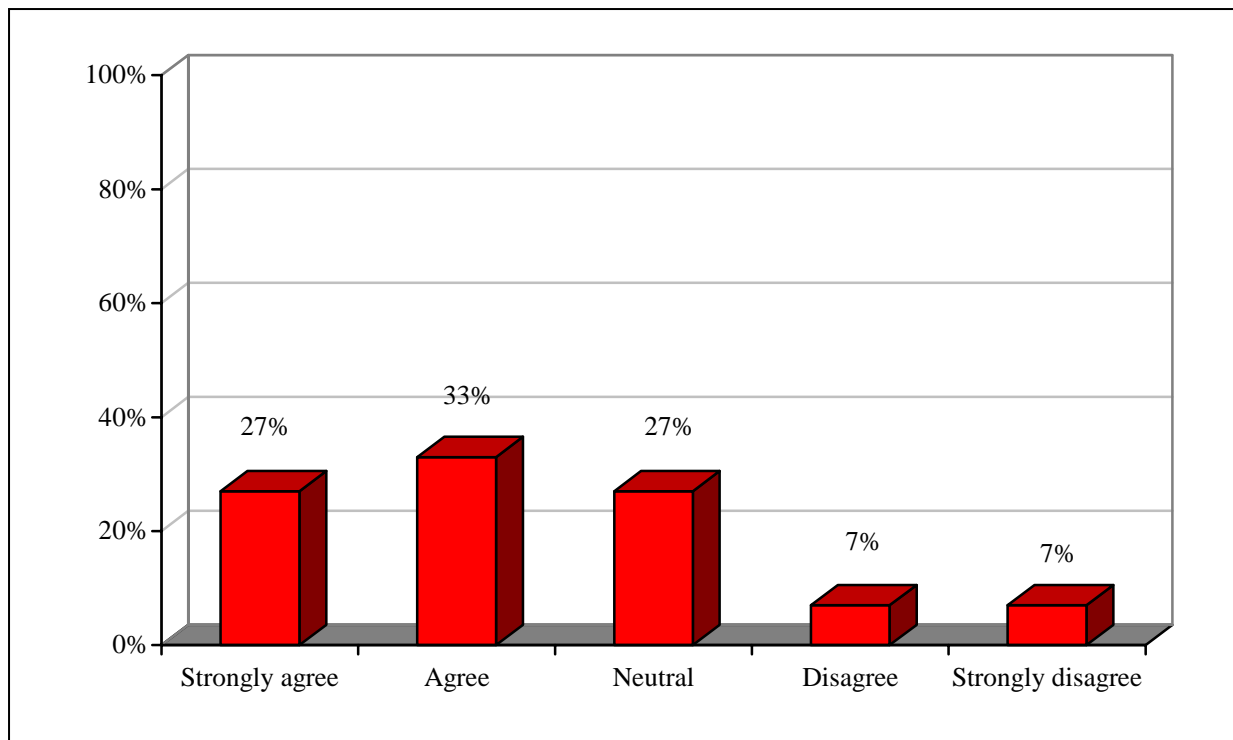


Base: 20\*

\*Caution low base size

- Six in ten (60%) respondents agree that the radiology services were rendered to their satisfaction. Thirteen percent (13%) disagreed with the statement and 27% had no opinion.

**Q20b. - The following ancillary provider services are rendered to your satisfaction: RADIOLOGY**

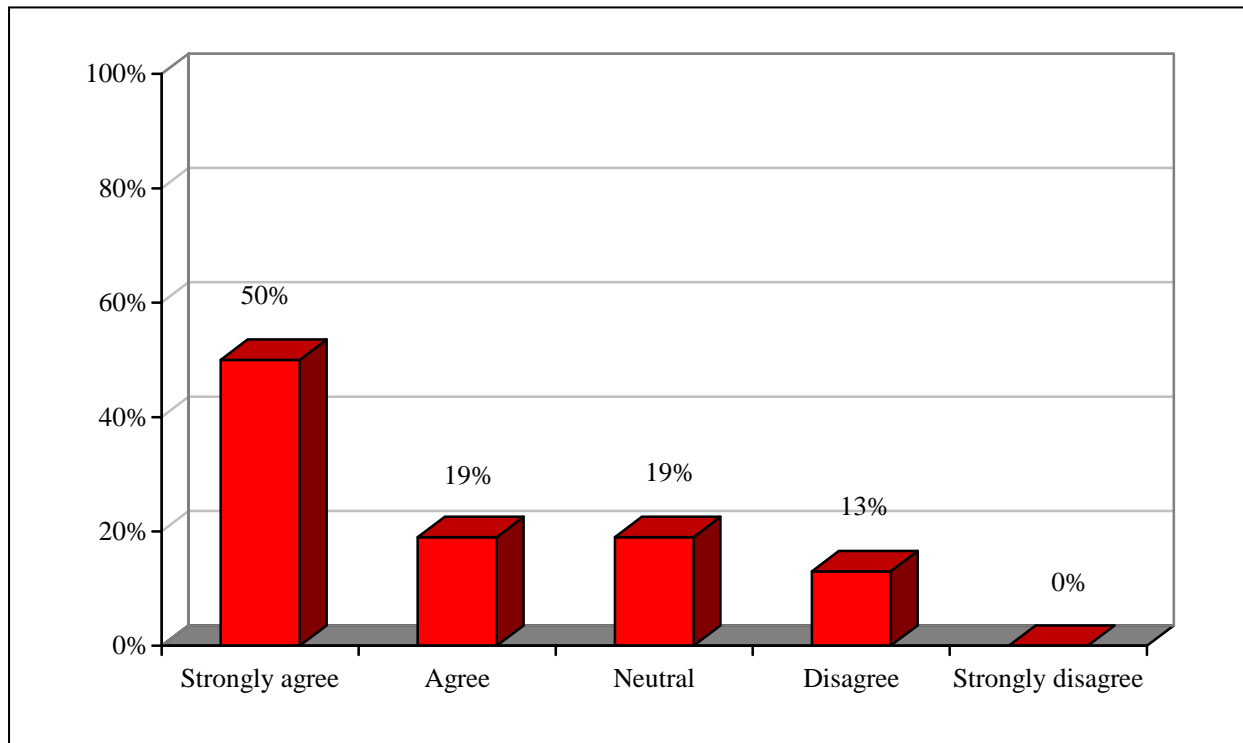


Base: 15\*

\*Caution low base size

- Nearly 7 out of ten respondents (69%) felt that the home health provider services were rendered to their satisfaction. Thirteen percent (13%) said that it was no provided to their satisfaction and 19% were neutral.

**Q20c. - The following ancillary provider services are rendered to your satisfaction: HOME HEALTH**

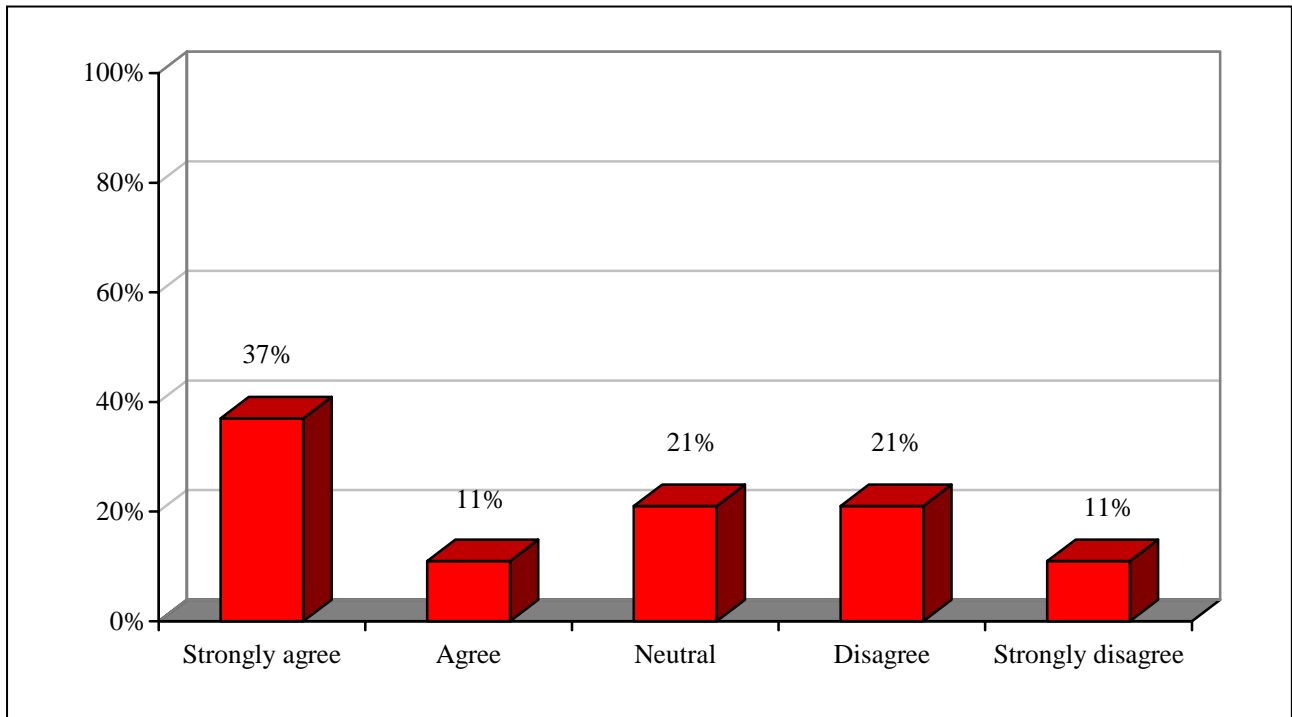


Base: 16\*

\*Caution low base size

- Less than half of the respondents (47%) agree that the transportation service was rendered to their satisfaction. Thirty-two percent (32%) disagreed and felt that the transportation service was not rendered to their satisfaction while 21% neither agreed nor disagreed.

**Q20d. - The following ancillary provider services are rendered to your satisfaction:**  
**TRANSPORTATION**

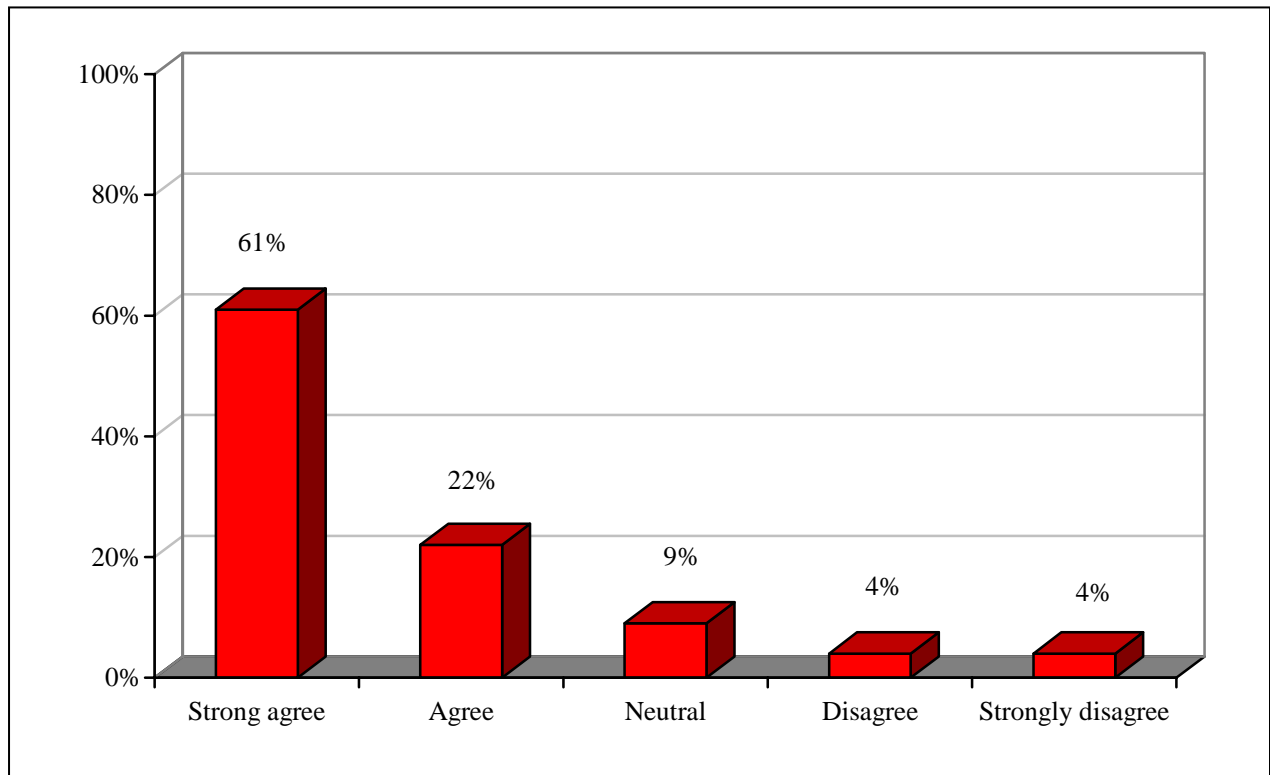


Base: 19\*

\*Caution low base size

- Eight out of ten (83%) respondents agree that the pharmacy service was provided to their satisfaction. Less than ten percent (9%) of those responding felt that the pharmacy service was not to their satisfaction and 9% had no opinion.

**Q20e. - The following ancillary provider services are rendered to your satisfaction: PHARMACY**

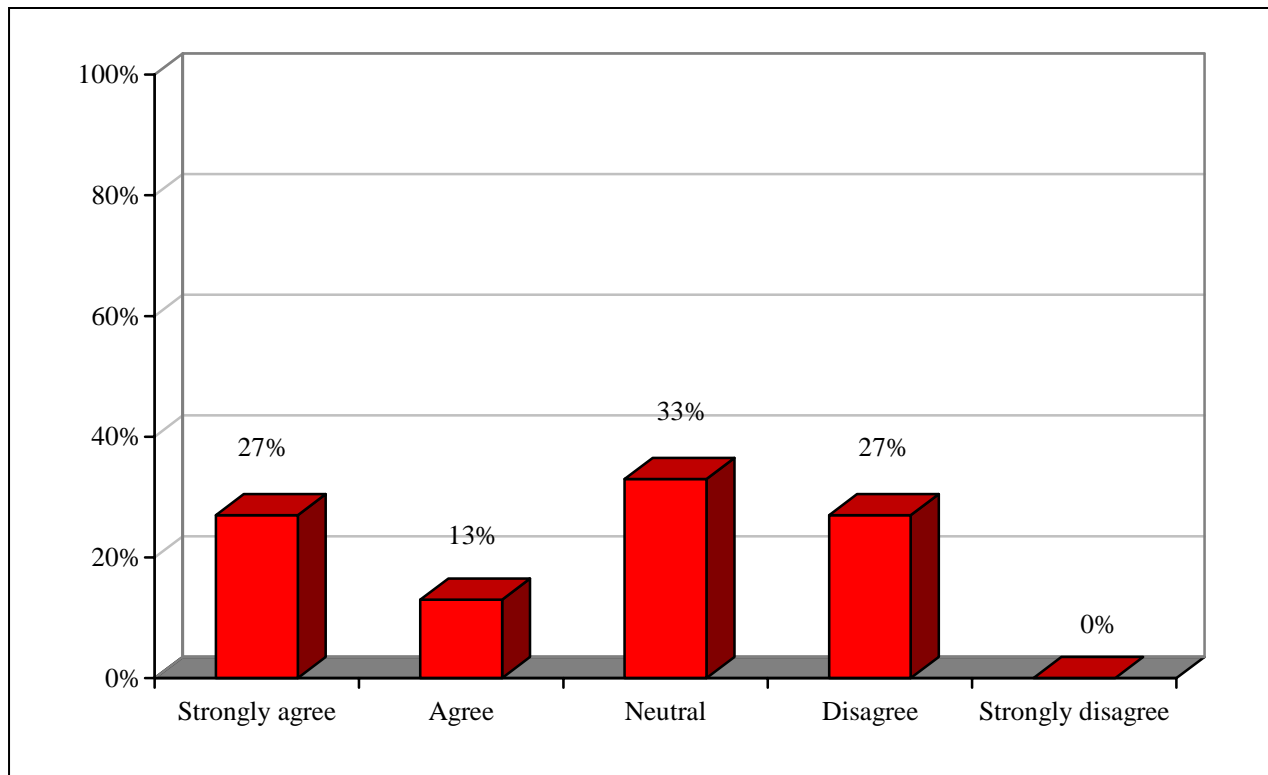


Base: 23\*

\*Caution low base size

- Only forty percent (40%) of those responding felt that the DME ancillary service was performed to their satisfaction. Slightly more than a quarter (27%) disagreed that the DME service was performed to their satisfaction and 33% had no opinion.

**Q20f. - The following ancillary provider services are rendered to your satisfaction: DME**

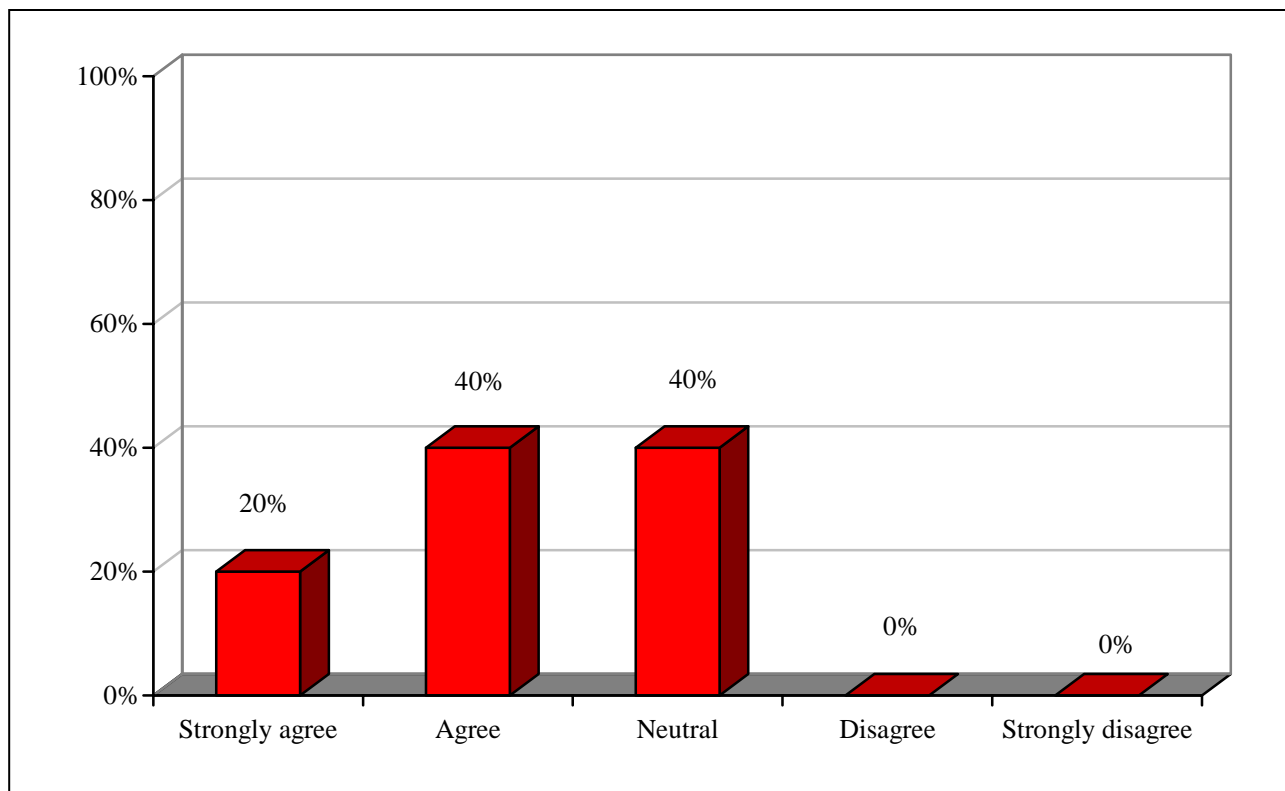


Base: 15\*

\*Caution low base size

- Six out of ten (60%) of those responding thought that any of the other ancillary services were performed to their satisfaction. There were no respondents who disagreed with this statement and 40% were neutral and had no opinion.

**Q20g. - The following ancillary provider services are rendered to your satisfaction: OTHER**



Base: 5\*

\*Caution low base size.

