

State of Hawaii



Department of Human Services
Med-QUEST Division

**2009 HAWAII PROVIDER SURVEY
REPORT**

August 2009



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Summary of Results

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

Table 1-2—Summary of Results				
	AlohaCare	HMSA	Kaiser	Summerlin
General Positions				
Compensation Satisfaction	▼	—	▲	▼
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	▼	—	▲	—
Referral	▼	—	▲	—
Formulary	▼	—	▲	—
Concurrent Review	▼	—	▲	▼
Discharge Planning	▼	—	▲	▼
Behavioral Health				
Adequate Amount of Specialist	▼	—	▲	—
▲ 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				

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 1,200 providers (300 Kaiser providers and 900 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. In addition, follow-up phone calls were made to non-respondents reminding them to complete the survey. Up to three phone call attempts were made to each sampled non-respondent.

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 5-1.

Response Rates

The response rate is the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire 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 211 Hawaii providers completed the survey, including 45 Kaiser providers and 166 non-Kaiser providers. Table 2-1 depicts the distribution of surveys between providers and response rates.

Sample	Sample Size	Ineligible Surveys	Eligible Sample	Total Respondents	Response Rate
Kaiser	300	1	299	45	15.1%
Non-Kaiser	900	81	819	166	20.3%
Hawaii Provider Total	1,200	82	1,118	211	18.8%

Although HSAG and the MQD had hoped to achieve a response rate of 20.0 percent for the survey, the overall response rate of 18.8 percent is within the normal range of provider survey response rates that HSAG has observed in other states. The response rate of non-Kaiser providers was higher than Kaiser providers (20.3 percent and 15.1 percent, respectively).

The results of the 2009 Hawaii Provider Survey questions are presented by the following six domains of satisfaction:

- ◆ **General Positions**—presents 1) the personal attitudes of providers toward: a concept of managed care, Hawaii Med-QUEST, and Med-QUEST health plan(s) and commercial managed care health plan(s) providers have contracted with currently; and 2) providers' level of satisfaction with the reimbursement (pay schedule) or compensation rate.
- ◆ **Health Plan Communication**—presents providers' satisfaction ratings with the knowledge and expertise of the customer support they interacted with at the health plan 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, and discharge planning, 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 specialist.

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 of the response category was calculated. Health plan survey responses are limited to those providers that indicated they had a contract with that 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 health plan on every survey question. Furthermore, if a provider belonged to more than one health plan, he/she may have answered a question for multiple health plans.

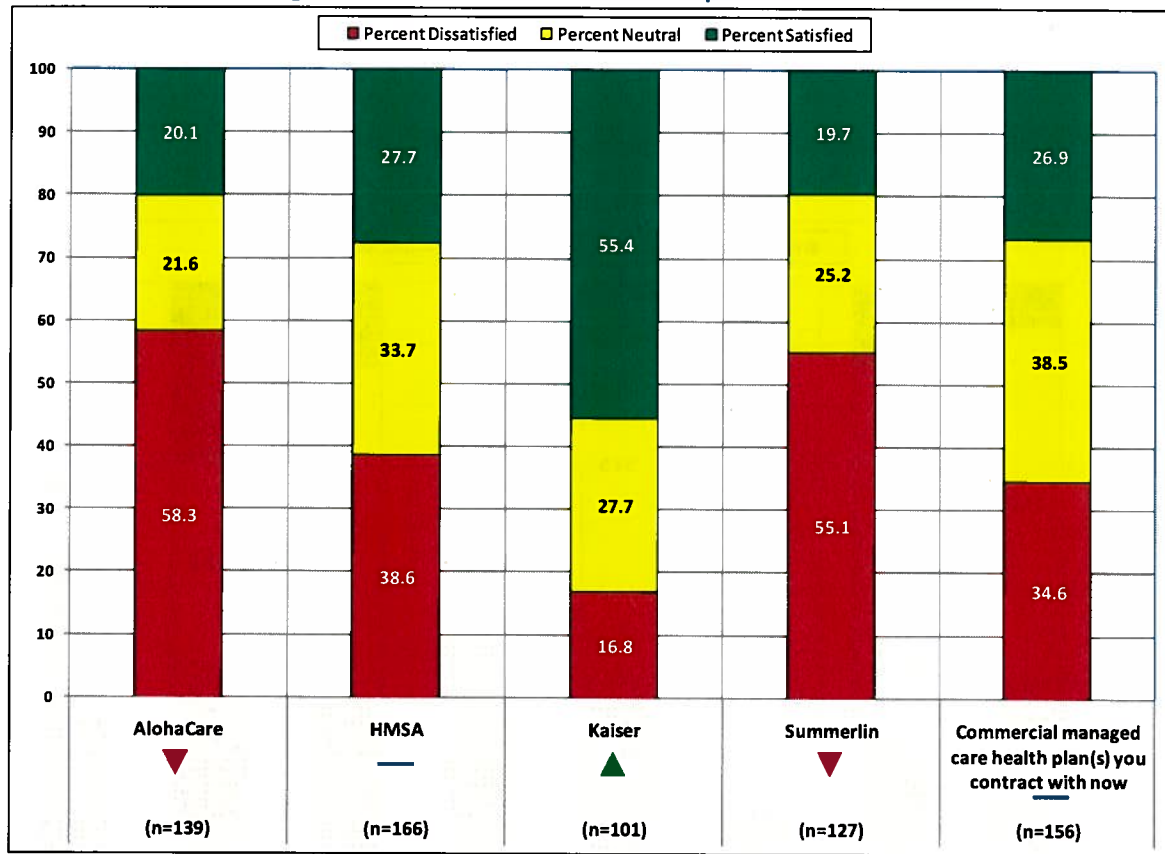
Bar graphs depict the results of each response category. Standard tests of statistical significance were conducted, where applicable, to determine if statistically significant differences in health plan performance exist. As is standard in most survey implementations, a "top-box" rate is defined by a positive or satisfied response. Statistically significant differences between the health plans' top-box responses are noted with directional triangles below the bars. A health plan's top-box rate that was significantly higher than the aggregate of the other 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 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 health plans 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 5-1.

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 health plan.

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

- ◆ AlohaCare's top-box rate for reimbursement/compensation (20.1 percent) was significantly lower than the aggregate of the other health plans.
- ◆ Kaiser's top-box rate for reimbursement/compensation (55.4 percent) was significantly higher than the aggregate of the other health plans.
- ◆ Summerlin's top-box rate for reimbursement/compensation (19.7 percent) was significantly lower than the aggregate of the other health plans.

- ◆ Kaiser’s top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (41.5 percent and 29.5 percent, respectively) were significantly higher than the aggregate of the other health plans.
- ◆ Summerlin’s top-box rates for knowledge and expertise at the health plan and being kept informed about utilization patterns (2.9 percent and 2.8 percent, respectively) were significantly lower than the aggregate of the other health plans.

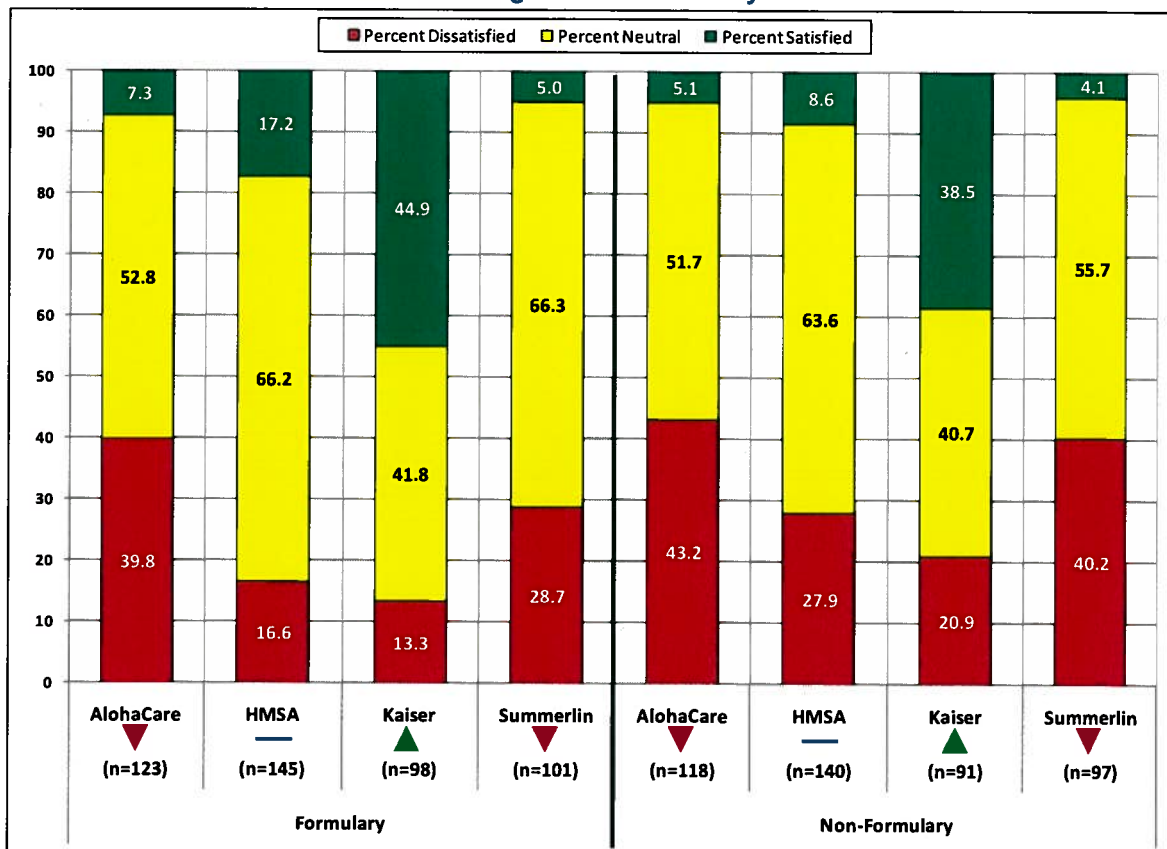
Formulary

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

Figure 3-4—Formulary

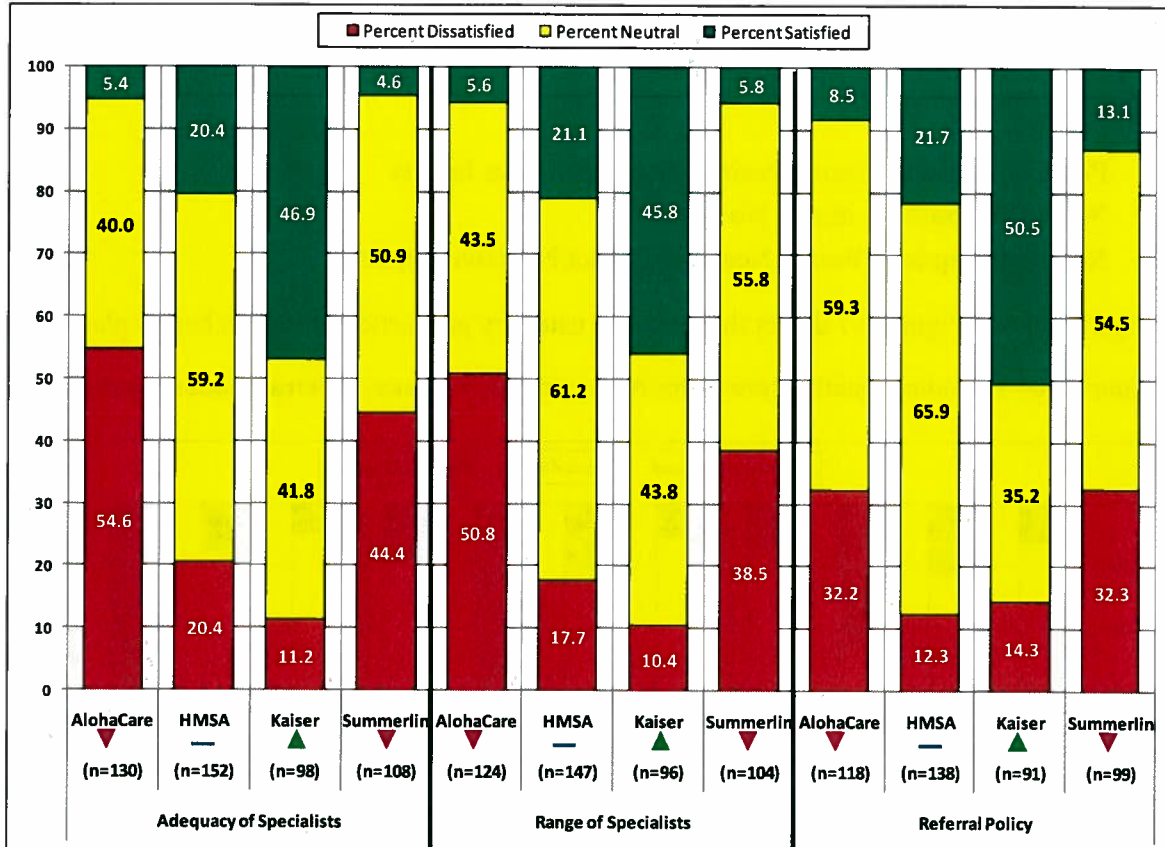


Note: Percentages may not total 100.0% due to rounding.

- ▲ 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

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

Figure 3-5—Specialists



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

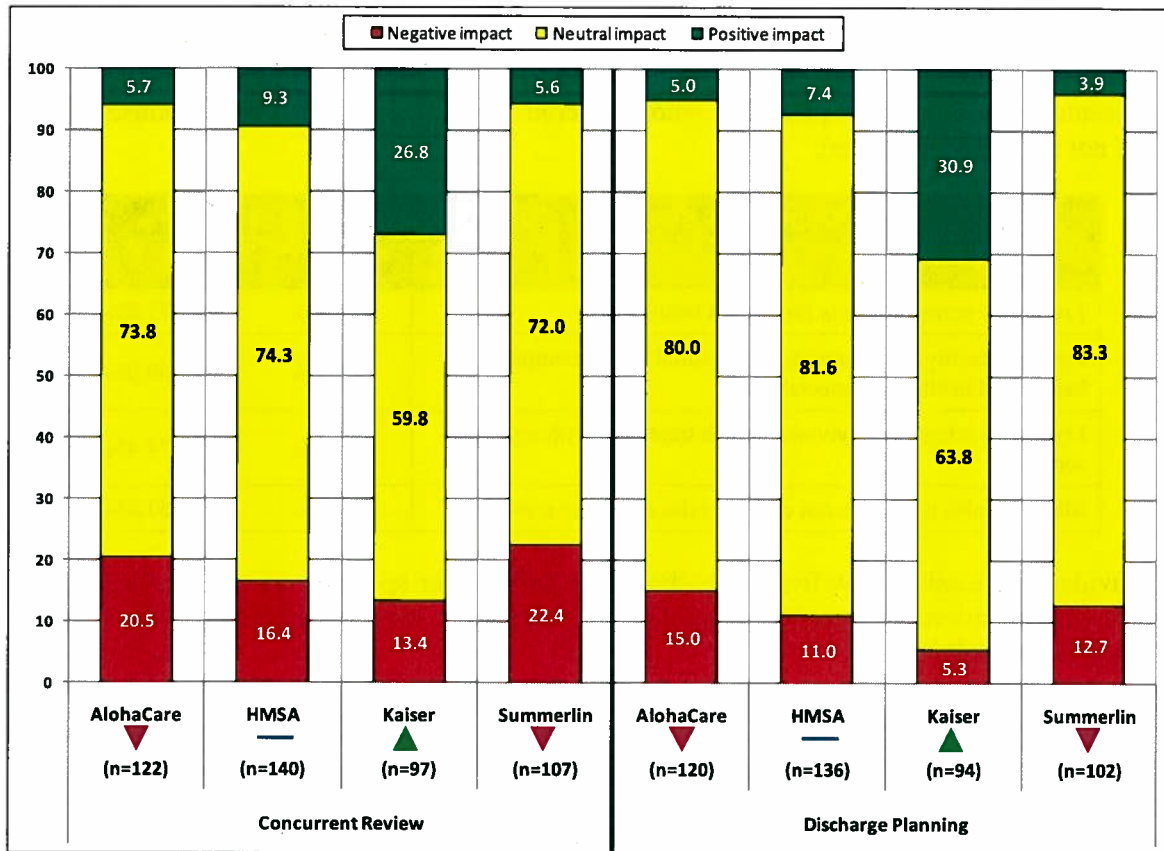
▲ indicates the health plan's top-box rate is significantly higher than the aggregate of the other health plans

— 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

- ◆ AlohaCare's top-box rates for adequacy of specialists, range of specialists, and referral policy (5.4 percent, 5.6 percent, and 8.5 percent, respectively) were significantly lower than the aggregate of the other health plans.
- ◆ Kaiser's top-box rates for adequacy of specialists, range of specialists, and referral policy (46.9 percent, 45.8 percent, and 50.5 percent, respectively) were significantly higher than the aggregate of the other health plans.
- ◆ Summerlin's top-box rates for adequacy of specialists, range of specialists, and referral policy (4.6 percent, 5.8 percent, and 13.1 percent, respectively) were significantly lower than the aggregate of the other health plans.

Figure 3-7—Providing Quality Care: Concurrent Review and Discharge Planning



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

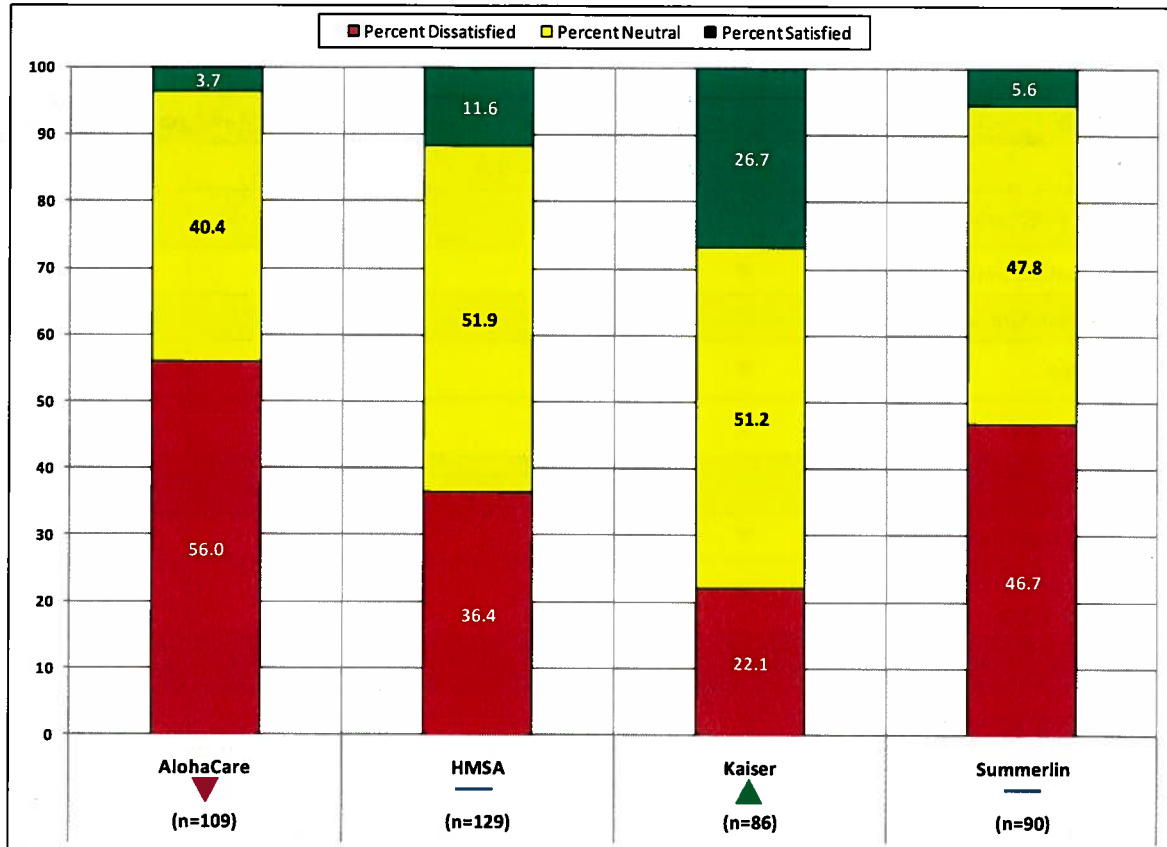
— indicates the health plan's top-box rate is not significantly different than the aggregate of the other health plans

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

- ◆ AlohaCare's top-box rates for prior authorization process, referral process, formulary, concurrent review, and discharge planning (6.1 percent, 5.4 percent, 4.7 percent, 5.7 percent, and 5.0 percent, respectively) were significantly lower than the aggregate of the other health plans.
- ◆ Kaiser's top-box rates for prior authorization process, referral process, formulary, concurrent review, and discharge planning (23.2 percent, 29.7 percent, 30.9 percent, 26.8 percent, and 30.9 percent, respectively) were significantly higher than the aggregate of the other health plans.
- ◆ Summerlin's top-box rates for concurrent review and discharge planning (5.6 percent and 3.9 percent, respectively) were significantly lower than the aggregate of the other health plans.

Figure 3-8 depicts the response category proportions for each health plan.

Figure 3-8—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

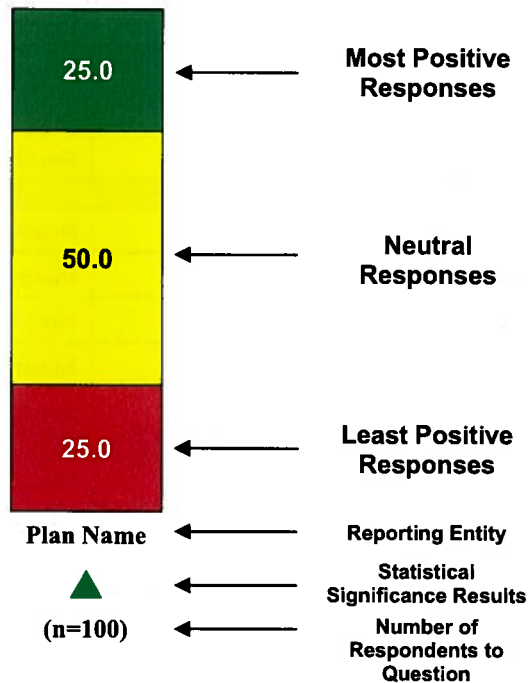
- ◆ AlohaCare's top-box rate for adequate amount of behavioral health specialists (3.7 percent) was significantly lower than the aggregate of the other health plans.
- ◆ Kaiser's top-box rate for adequate amount of behavioral health specialists (26.7 percent) was significantly higher than the aggregate of the other health plans.

The following is a summary of plan performance on the 14 measures evaluated for statistical differences.

- ◆ AlohaCare's performance was significantly lower than the aggregate performance of the other plans on all 14 measures.
- ◆ HMSA's performance was not significantly different than the aggregate performance of the other plans on all 14 measures.
- ◆ Kaiser's performance was significantly higher than the aggregate performance of the other plans on all 14 measures.
- ◆ Summerlin's performance was significantly lower than the aggregate performance of the other plans on 10 measures.

How to Read the Satisfaction Bar Graphs

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



Methodology

Response Rates

The administration of the Hawaii Provider Survey was designed to garner 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.

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

A total of 211 Hawaii providers completed a survey, including 45 Kaiser providers and 166 non-Kaiser providers. The overall response rate of 18.8 percent is within the normal range of provider survey response rates that HSAG has observed in other states.

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 total of the response category proportions totals 100 percent.

$$\text{Question Summary Rate (QSR)} = \sum_{i=1}^n \frac{x}{n}$$

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

Chi Square Test of Statistical Significance

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

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

where O_i is the observed frequency for the i th category of the variable of interest and E_i is the expected frequency for the i th category. 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. 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 (\blacktriangle) triangle. A health plan's top-box rate that was significantly lower than the aggregate rate of the other health plans is noted with a downward (\blacktriangledown) triangle. A health plan's top-box rate that was not significantly different than the aggregate rate of the other health plans is noted with a dash (-).

6. SURVEY INSTRUMENT

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

6. 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
6a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	NO, not very adequate	YES, somewhat adequate	YES, definitely adequate
7a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	NO, not very adequate	YES, somewhat adequate	YES, definitely adequate
8a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 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
9a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. 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
10a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. 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
11a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 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
12a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



17. 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
17a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- Never
- Rarely
- Sometimes
- Often
- Very Often

20. 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
20a. AlohaCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20b. HMSA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20c. Kaiser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20d. Summerlin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

If you would like a copy of the survey report, please send a written request to: Department of Human Services Med-QUEST Division, P.O. Box 700190, Kapolei, HI 96709-0190 (808) 832-0232

