



**P R O V I D E R   B U L L E T I N**

B T 1 9 9 9 4 6

D E C E M B E R   2 0 ,   1 9 9 9

---

**To:           All Indiana Health Coverage Programs Providers**

**Subject:    Summary of Provider Satisfaction Survey**

---

## **Overview**

Under its current fiscal agent contract with the Office of Medicaid Policy and Planning (OMPP), EDS is required to have an independent firm conduct annual provider satisfaction surveys. QualStat Services, Inc., administered the initial survey in June 1999, and a high-level summary of the baseline survey results is included below. Complete survey results are available on the Indiana Medicaid Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

## **Survey Objectives**

- Analyze the effectiveness of the Indiana Health Coverage Programs (IHCP) operations to identify and respond to provider issues, concerns, and problems.
- Evaluate provider satisfaction with activities performed by EDS, Health Care Excel (HCE), and the managed care organizations (MCOs).
- Identify areas for potential improvement.

## **Sampling Frame and Response**

Six provider types make up the majority (78%) of all IHCP providers. Drawing from this majority, QualStat surveyed a random sample of 150 providers throughout Indiana. More than 94% of the selected providers responded. The survey assessed 61 different topics, using a 1-9 scale. Statistical methods were used to identify individual topic averages that were different from the overall average across all topics (with 99.7% confidence). Topics with the highest and lowest satisfaction ratings represent program strengths and weaknesses.

**Conclusions and Recommendations on Identified Strengths (+) and Weaknesses (-)**

<b>Strength</b>	
(+)	7.13 Banners and Bulletins: Providers find these to be effective tools for communicating updates and changes.

<b>Weakness</b>	
(-)	4.85 Training: Providers want specialized workshops more frequently.
<b>Recommendation</b>	
Identify training desires and conduct additional specialized provider workshops.	

<b>Weakness</b>	
(-)	4.42 Third Party Liability (TPL): Providers find working with TPL issues confusing and difficult.
<b>Recommendation</b>	
This has been selected as an improvement initiative for 2000. EDS is further evaluating the TPL process.	

<b>Strength</b>	
(+)	6.82 HCE and EDS staff: Providers are positive about the friendliness of HCE Prior Authorization and EDS Provider Relations staff.

<b>Strength</b>	
(+)	6.72 Overall Customer Service (accuracy, timeliness and friendliness): HCE Prior Authorization has a positive rating for all 3 aspects.

<b>Weakness</b>	
Provider Type Differences	Understanding of Risk-Based Managed Care: Although the average is not high or low, there is abnormal variation in providers' ratings. Many are very comfortable with their understanding of Risk-Based Managed Care (RBMC), while 10% chose the lowest rating, indicating extreme confusion in some cases.
<b>Recommendation</b>	
Providers' written comments indicate the need for procedural changes, improved administrative efficiencies, and better education of participants. The OMPP will work with Managed Care Organizations to further analyze and address this issue.	

<b>Weakness</b>	
Regional Differences	Spenddown procedure: The average rating is not high or low, however 10% of providers are extremely dissatisfied. Providers in a particular geographic region indicate 8A forms are difficult to obtain and are not received timely when requested from the recipient's County Office of the Division of Family and Children.

<b>Recommendation</b>
This has been selected as an improvement initiative for 2000. The OMPP will work with the Division of Family and Children to further analyze and address this issue.

### **Desired Enhancements**

When asked about possible enhancements to the Indiana Medicaid Web site, more than half of the responding providers indicated they would use the Web site for eligibility verification, claims status inquiry, and so forth, if the capability were available. The OMPP and EDS will further explore the feasibility of funding Web site enhancements.

### **Specific Comments from Providers**

The final survey question asked providers what they would change (improve/enhance) about the Indiana Medicaid Program. Approximately 50% of the surveyed providers wrote comments in response. The five most frequently mentioned areas for enhancement or improvement were:

- Spenddown
- Lost attachments
- Claims (general)
- Desire for a new Provider Manual
- Third Party Liability issues

### **Conclusion**

On a 1-9 scale, surveyed providers responded with an overall satisfaction rate of 6.22 regarding the Indiana Medicaid program. Results of this baseline survey provide the OMPP, EDS, HCE, and the MCOs with valuable input for improving all the Indiana Health Coverage Programs. The first annual Provider Satisfaction Survey is underway and the results will be shared with the provider community during the first quarter of 2000.

Thanks to all providers that took time to participate in the baseline survey. We encourage providers' candid participation in future surveys to help us improve Indiana Health Coverage Programs.