STATE OF MARYLAND PROVIDER POPULATION

UnitedHealthcare

2017 Provider Satisfaction Survey
Final Report

Date: October 2017

Job Number: 17-202

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Executive Summary

Starting in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WBA Research (WBA), a National Committee for Quality Assurance (NCQA) certified vendor, to conduct its Provider Satisfaction Survey. WBA administered this survey to Primary Care Providers (PCPs) participating in Maryland's Medicaid managed care program, HealthChoice, via a mixed methodology survey (mail with telephone follow-up and an online survey option).

WBA mailed a total of 1,274 surveys among UnitedHealthcare PCPs, from which 205 valid surveys were completed between March and June 2017. Specifically, 118 were returned by mail, 76 were conducted over the telephone and 11 were completed online. The overall response rate for 2017 was 17%, compared to 21% in 2016.

KEY FINDINGS FROM THE 2017 PROVIDER SATISFACTION SURVEY

Overall Satisfaction

- In 2017, about six in ten of the PCPs surveyed are satisfied with UnitedHealthcare (59.5%), which is lower than the proportion satisfied with All Other HealthChoice MCOs (72.3%) and lower than the HealthChoice Aggregate (75.7%). The research also shows that at least two-thirds of the PCPs would recommend UnitedHealthcare to their patients (69.7%, lower than the HealthChoice Aggregate of 84.9%) and/or to other physicians (66.5%, lower than the HealthChoice Aggregate of 84.6%).

	Summary Rate – *Very or Somewhat Satisfied*	Summary Rate – *Definitely or Probably Yes*	Summary Rate – *Definitely or Probably Yes*
	Overall Satisfaction	**Would Recommend to Patients**	**Would Recommend to Other Physicians**
2017 HealthChoice Aggregate	**75.7%**	**84.9%**	**84.6%**
All Other HealthChoice MCOs	72.3%	N/A	N/A
UnitedHealthcare	59.5% (⩔ ▼)	69.7% (⩔)	66.5% (⩔)

N/A=These questions were not asked with regards to All Other HealthChoice MCOs.
Arrows (⩔/⩔) indicate that the particular measure is performing statistically better or worse than the 2017 HealthChoice Aggregate.
Arrows (▲,▼) indicate that the particular measure is performing statistically better or worse than All Other HealthChoice MCOs.

Loyalty Analysis

▪ A loyal Primary Care Provider can be defined as someone who is both very satisfied with the MCO and willing to recommend that MCO to patients and other physicians.

▪ It is important for UnitedHealthcare to understand the loyalty of their provider base. From the survey, a "loyalty" analysis was conducted by combining the responses to overall satisfaction with UnitedHealthcare (Q25), likelihood of recommending UnitedHealthcare to patients (Q27) and likelihood of recommending UnitedHealthcare to other physicians (Q28). This analysis produced three categories which are used to describe provider loyalty – *Loyal, Not Loyal and Indifferent.* (For a more detailed explanation of this analysis, please see the section entitled Loyalty Analysis.)

▪ Less than two in ten of the PCPs surveyed (13.8%, lower than the HealthChoice Aggregate of 33.7%) are considered "loyal PCPs". This leaves about three-fourths (78.7%) of the PCPs as "indifferent" (higher than the HealthChoice Aggregate of 63.5%) and 7.4% of PCPs as "not loyal" (higher than the HealthChoice Aggregate of 2.9%).

	Primary Care Provider Loyalty		
	Loyal	**Indifferent**	**Not Loyal**
2017 HealthChoice Aggregate	**33.7%**	**63.5%**	**2.9%**
UnitedHealthcare	13.8% (⌄)	78.7% (⌃)	7.4% (⌃)

Arrows (⌃/⌄) indicate that the particular measure is performing statistically better or worse than the 2017 HealthChoice Aggregate.

Composite Measures

- Composite measures assess results for main issues/areas of concern. These composite measures are derived by combining survey results of similar questions.

- UnitedHealthcare received low ratings in 2017 among PCPs on many of the composite measures. The composite measures that received the lowest ratings in 2017 were:

  - Utilization Management (17.5% Summary Rate – *Excellent/Very Good,* lower than the HealthChoice Aggregate of 33.5%);

  - Coordination of Care/Case Management (22.8% Summary Rate – *Excellent/Very Good,* lower than the HealthChoice Aggregate of 40.6%);

  - Customer Service/Provider Relations (27.3% Summary Rate – *Excellent/Very Good*, lower than the HealthChoice Aggregate of 44.3%); and

  - Finance Issues (28.5% Summary Rate – *Excellent/Very Good*, lower than the HealthChoice Aggregate of 46.3%).

- On the other hand, UnitedHealthcare received more positive ratings for "No-Show HealthChoice Appointments" (85.3% Summary Rate – *0%-25%*) and somewhat moderate ratings for "Overall Satisfaction" (65.2% Summary Rate – *Very or Somewhat Satisfied/Definitely or Probably Yes*, lower than the HealthChoice Aggregate of 81.7%).

Composite Measure	2017 HealthChoice Aggregate (Summary Rate – 0%-25%/Very or Somewhat Satisfied/Definitely or Probably Yes/Excellent or Very Good)	2017 (Summary Rate – 0%-25%/Very or Somewhat Satisfied/Definitely or Probably Yes/Excellent or Very Good)	2016 (Summary Rate – 0%-25%/Very or Somewhat Satisfied/Definitely or Probably Yes/Excellent or Very Good)	2015 (Summary Rate – 0%-25%/Very or Somewhat Satisfied/Definitely or Probably Yes/Excellent or Very Good)
No-Show HealthChoice Appointments	**80.0%**	85.3%	87.0%	85.0%
Overall Satisfaction	**81.7%**	65.2% (⅄)	62.7% (↓)	72.1%
Finance Issues	**46.3%**	28.5% (⅄)	29.8%	33.5%
Customer Service/Provider Relations	**44.3%**	27.3% (⅄)	30.5%	36.2%
Coordination of Care/Case Management	**40.6%**	22.8% (⅄)	21.8%	30.3%
Utilization Management	**33.5%**	17.5% (⅄)	17.2% (↓)	26.4%

Arrows (↑,↓) indicate that particular measure is performing statistically better or worse than it did in the previous year.
Arrows (⅄/⅄) indicate that the particular measure is performing statistically better or worse than the 2017 HealthChoice Aggregate.

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Composite Measures (continued)

- The individual questions (attributes) that comprise the composite measures where UnitedHealthcare received low ratings in 2017 are illustrated in the table below.

Attribute`s	2017 (Summary Rate – Excellent or Very Good)	2016 (Summary Rate – Excellent or Very Good)
Finance Issues:		
Accuracy of claims processing	33.2%	33.0%
Timeliness of initial claims processing	31.7%	34.2%
Timeliness of adjustment/appeal claims processing	20.7%	22.1%
Customer Service/Provider Relations:		
Process for obtaining member eligibility information	43.9%	49.2%
Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative	39.3%	36.5%
Customer Service/Provider Relations overall	30.8%	31.8%
Timeliness to answer questions and/or resolve problems	26.9%	27.7%
Quality of written communications, policy bulletins and manuals	24.5% (↓)	33.5%
Telephone system overall	19.0%	22.7%
Accuracy and accessibility of drug formulary and formulary updates	18.5%	24.2%
Specialist network has an adequate number of specialists to whom I can refer patients	15.5%	18.4%
Utilization Management:		
Timeliness of obtaining authorization for inpatient services	21.9%	16.4%
Timeliness of obtaining authorization for outpatient services	20.1%	18.6%
Timeliness of obtaining authorization for medication	14.1%	16.9%
Overall experience in obtaining prior authorization for medications	14.0%	16.9%

Arrows (↑,↓) indicate that particular measure is performing statistically better or worse than it did in the previous year.

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Noteworthy Findings and Conclusions/Recommendations

- The findings obtained from the Provider Satisfaction Survey allow UnitedHealthcare to measure how well the MCO is meeting its PCPs' expectations and health care needs. Further analysis of the survey results can illustrate potential areas of opportunity for improvement.

- How PCPs rate their overall satisfaction is an important indicator of quality. It is important to understand what is driving PCPs' overall satisfaction ratings.

- Correlation analyses were conducted between each survey question that comprised the composite measures (attributes) and overall rating of satisfaction (Q25). As a result, UnitedHealthcare can ascertain which attributes have the greatest impact on PCPs' overall satisfaction ratings and ultimately determine where to direct quality improvement efforts.

Relationship with Overall Satisfaction

- Overall, the 2017 findings show that several attributes are identified as key drivers that are of high importance to PCPs where they perceive UnitedHealthcare to be performing at a lower level (Summary Rate is less than 50%): "Coordination of Care/Case Management", "Customer Service/Provider Relations overall", "Telephone system overall", "Timeliness to answer questions and/or resolve problems" and "Timeliness of obtaining authorization for outpatient services".

  - These attributes are referred to as *unmet needs* and should be considered priority areas for UnitedHealthcare. If performance on these attributes is improved, it could have a positive impact on PCPs' overall satisfaction.

- The following attributes are identified as moderate drivers of satisfaction on which UnitedHealthcare performs at a lower level (Summary Rate is less than 50%): "Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative", "Timeliness of obtaining authorization for inpatient services", "Quality of written communications, policy bulletins and manuals", "Timeliness of obtaining authorization for medication" and "Accuracy and accessibility of drug formulary and formulary updates". These should be considered secondary priorities for UnitedHealthcare.

Background, Purpose and Research Approach

Background and Purpose

- Beginning in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WBA Research to conduct its Provider Satisfaction Survey. WBA administered this survey to PCPs participating in Maryland's Medicaid managed care program, HealthChoice.

- The provider survey measures how well Managed Care Organizations (MCOs) are meeting their PCPs' expectations and health care needs. From this survey, we can determine PCPs' ratings of and experiences with the MCOs with which they participate. Then, based on PCPs' experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from this provider survey will allow UnitedHealthcare to determine how well they are taking appropriate and timely actions in processing claims, assisting provider offices through accessible and helpful representatives, maintaining an adequate network of specialists and providing timely authorizations.

- Results from the provider survey summarize satisfaction through ratings, composite measures and question Summary Rates.

  - In general, Summary Rates represent the percentage of respondents who chose the most positive response categories.

- Ratings and composite measures in the provider survey include:

  - Finance Issues
  - Customer Service/Provider Relations
  - Coordination of Care/Case Management
  - No-Show HealthChoice Appointments
  - Utilization Management
  - Overall Satisfaction

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Research Approach

- PCPs from UnitedHealthcare who provide Medicaid services in the HealthChoice program participated in this research.

- WBA administered a mixed-methodology survey which involved mail with telephone follow-up and an online survey option.

  - Specifically, two survey questionnaire packages and follow-up reminder postcards were sent to a random sample of eligible PCPs from UnitedHealthcare with "Return Service Requested" and WBA 's toll-free telephone number included. The mail materials also included a toll-free telephone number for Spanish-speaking PCPs to complete the survey over the telephone. Additionally, the materials included a web address providers could visit to complete the survey online, if desired. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, PCPs had the option to complete the survey in either English or Spanish.

- WBA received an electronic sample file of participating PCPs from each of the eight MCOs. WBA then combined the sample files, sorted the list by the PCP's license number and de-duplicated so that a PCP only received one survey from a specified MCO regardless of the number of MCOs with which they participate.

- In total, WBA mailed surveys to 1,274 UnitedHealthcare PCPs.

Survey and Reporting Changes in 2017

- The Maryland Department of Health and Mental Hygiene (DHMH) made one change to the Provider Satisfaction Survey reporting in 2017.

  - Disposition codes were changed from the alphanumeric system signifying survey administration method and status of the Provider record (e.g., M21=Mail, Ineligible; T10=Phone, Complete) to a more simplified numeric system focusing on the status of the record (0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List).

Response Rates

- WBA collected 205 valid surveys between March and June 2017, yielding a response rate of 17%. Of the 205 valid surveys received, 118 were returned by mail, 76 were conducted via telephone and 11 were completed online. None of the surveys were completed in Spanish.

- Ineligible PCPs included those who are deceased, did not meet eligible population criteria (indicated non-participation in the specific MCO) or had a language barrier (non-English or Spanish). Non-respondents included those who refused to participate, could not be reached due to a bad address or telephone number (were added to the do not call list), did not complete the survey or were unable to be contacted during the survey time period.

- The table below shows the total number of PCPs in the sample that fell into each disposition code.

Disposition Group	Disposition Code	Number
Ineligible	Deceased (5)	3
	Does not meet eligibility criteria (1)	72
	Language barrier (3)	0
	Mentally/Physically incapacitated (4)	0
	Total Ineligible	**75**
Non-Response	Incomplete but eligible (2)	1
	Refusal (6)	72
	Maximum attempts made* (7)	921
	Added to Do Not Call List (8)	0
	Total Non-Response	**994**

*Maximum attempts made include two survey mailings and an average of three to four call attempts during office hours.

- Ineligible surveys are subtracted from the sample size when computing a response rate, as shown below.

$$\frac{\text{Completed surveys (mail + phone + online)}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate} \qquad \frac{205}{1{,}274 - 75} = 17\%$$

How to Read and Interpret the Results

- This report includes the results of the provider survey questions about PCPs' experiences with the MCO with which they participate.

- Throughout this report, results are shown as "Summary Rates". Summary Rates represent the most favorable responses for that question.

- Within the report, comparisons to the previous waves of research have been made only when significant differences (at the 95% confidence level) are present. Arrows (↑,↓) indicate that the particular variable is performing statistically better or worse than it did in the previous year. Therefore, if no comparison was made to the previous research, then the survey results are relatively consistent with what was seen in the previous year. Comparisons have also been made to the 2017 HealthChoice Aggregate when significant differences (at the 95% confidence level) are present.

- For various questions, the survey instrument asked respondents to rate UnitedHealthcare as well as All Other HealthChoice MCOs in which they participate. Comparisons have been made within this report, where appropriate.

- Caution should be taken when comparing results to All Other HealthChoice MCOs and when evaluating data with a small sample size or base (n<35) due to the high level of sampling error around the data, which can lead to results that do not accurately represent the MCO population as a whole.

- Percentages do not always add up to 100% due to rounding.

Profile of PCPs Surveyed

Profile of PCPs Surveyed

↑ significant increase from previous year
↓ significant decrease from previous year

Physician in Practice (Q1)

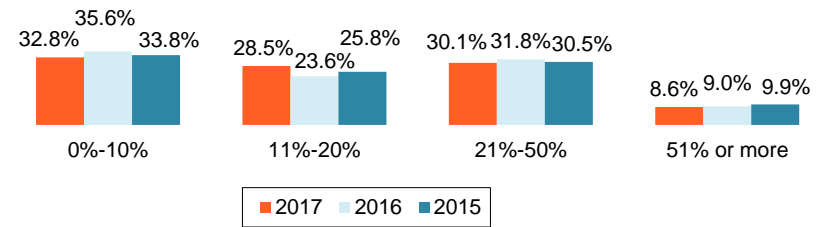|	Solo	2-5 physicians	More than 5 physicians
2017	53.5%	33.7%	12.9%
2016	56.2%	32.6%	11.2%
2015	51.5%	34.4%	14.1%

■2017 ■2016 ■2015

Mid-Level Practitioners in Practice (Q2)

	None	1-5 practitioners	More than 5 practitioners
2017	55.7%	41.4%	3.0%
2016	59.1%	37.6%	3.3%
2015	55.3%	39.8%	4.9%

■2017 ■2016 ■2015

HealthChoice Patient Volume (Q3)

	0%-10%	11%-20%	21%-50%	51% or more
2017	32.6%	19.3%	28.7% (↓)	19.3%
2016	31.4%	21.4%	27.5%	19.7%
2015	27.2%	16.9%	37.1%	18.8%

■2017 ■2016 ■2015

UnitedHealthcare Patient Volume (Q4)

	0%-10%	11%-20%	21%-50%	51% or more
2017	32.8%	28.5%	30.1%	8.6%
2016	35.6%	23.6%	31.8%	9.0%
2015	33.8%	25.8%	30.5%	9.9%

■2017 ■2016 ■2015

How 24-Hour Availability Provided (Q5)*

	Always on call	Forward calls to answering service	Arrange for covering physician	Send to emergency room	Do not provide 24-hour availability
2017	58.2%	40.8%	20.4%	10.9%	2.5%
2016	50.8%	49.6%	26.0%	14.5%	2.1%
2015	52.7%	49.1%	31.1%	15.8%	1.8%

■2017 ■2016 ■2015

Respondent Role (Q32)

	Office Manager	Physician	Nurse	Other Staff
2017	49.5% (↓)	24.7%	1.5%	24.2%
2016	46.8%	24.2%	3.0%	26.0%
2015	57.7%	18.0%	3.2%	21.2%

■2017 ■2016 ■2015

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*Multiple Responses Accepted

Base=Those answering

Survey Results

- Composite measures are derived by combining survey results of similar questions *(note: two of the composite measures are comprised of only one question).* The table below shows how each standard composite measure is defined.

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate[1]
Finance Issues	6 – 8	Measures PCPs' experiences with the accuracy of claims processing, the timeliness of initial claims processing and the timeliness of adjustment/appeal claims processing	% of PCPs who responded "Excellent or Very Good"
Customer Service/ Provider Relations	9 – 16	Measures PCPs' experiences with the process of obtaining member eligibility information, the PCPs' interactions with Customer Service/Provider Relations, the quality of written communications, as well as the adequacy of the specialist network	% of PCPs who responded "Excellent or Very Good"
Coordination of Care/ Case Management	19	Measures PCPs' experiences with coordination of care and case management	% of PCPs who responded "Excellent or Very Good"
No-Show HealthChoice Appointments	20	Asks PCPs to give the percentage of no-show appointments each week	% of PCPs who responded "None or 1%-25%"
Utilization Management	21 – 24	Measures PCPs' experiences with the timeliness of the authorization process	% of PCPs who responded "Excellent or Very Good"
Overall Satisfaction	25, 27 and 28	Measures PCPs' overall satisfaction with plan, likelihood of recommending plan to patients as well as to physicians	% of PCPs who responded "Very Satisfied or Somewhat Satisfied" or "Definitely Yes or Probably Yes"

[1]Summary Rates most often represent the most favorable responses for that question.

- Within this section, Summary Rates for UnitedHealthcare have been compared to All Other HealthChoice MCOs, where applicable.

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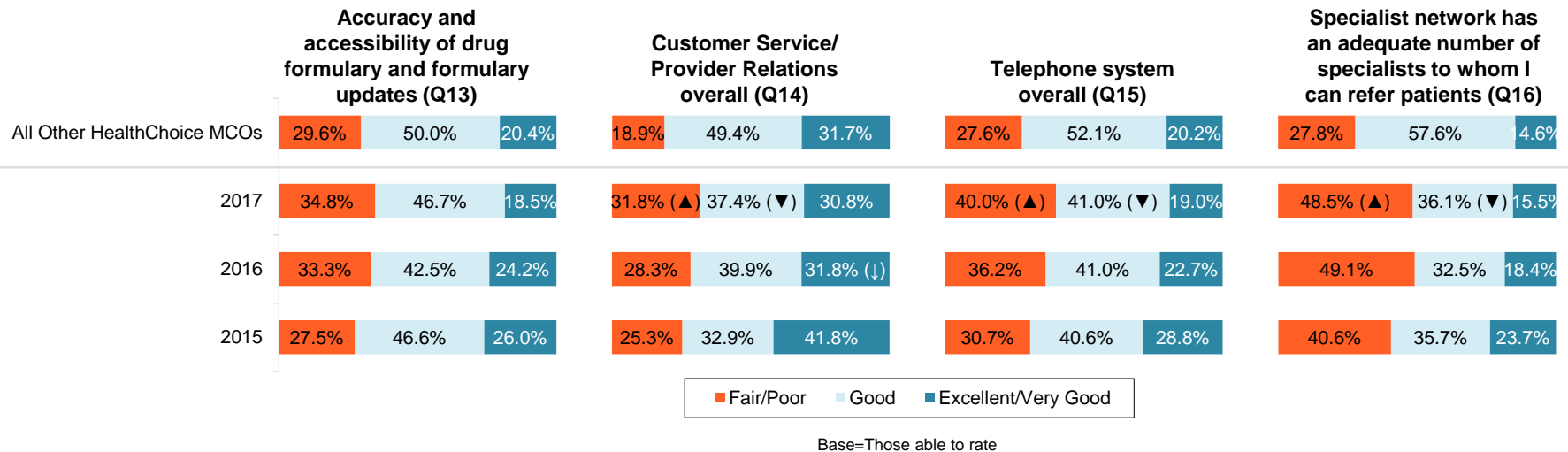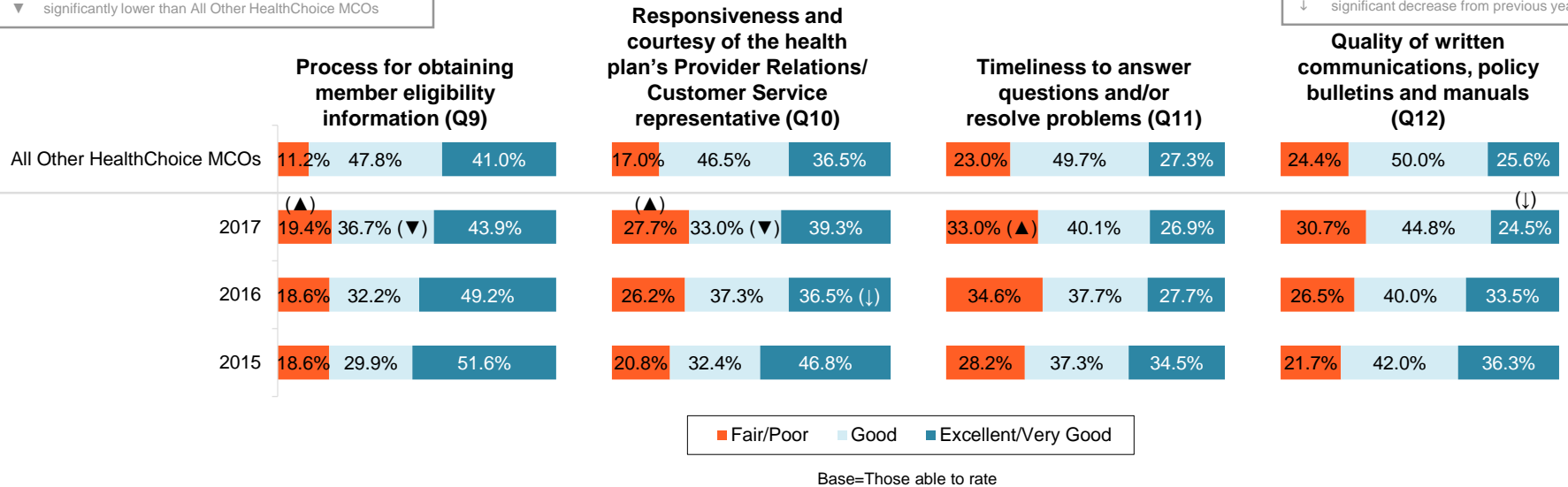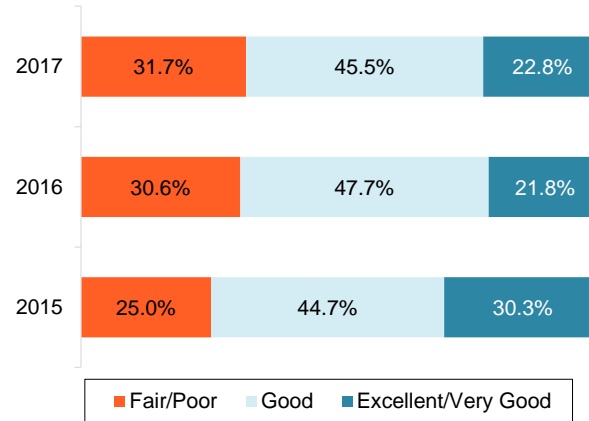
Composite Measures (continued)

▲ significantly higher than All Other HealthChoice MCOs
▼ significantly lower than All Other HealthChoice MCOs

↑ significant increase from previous year
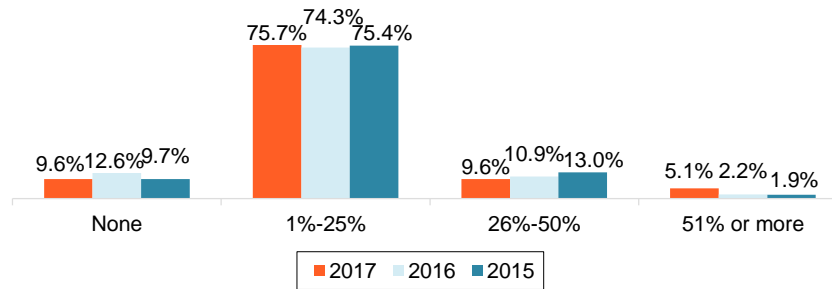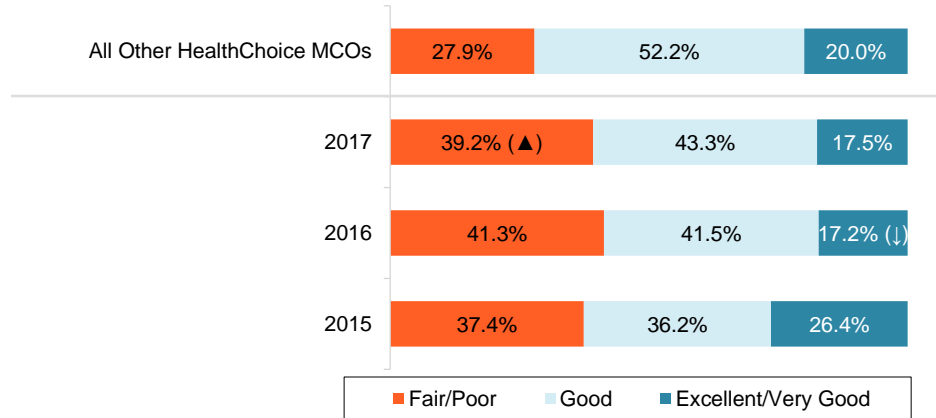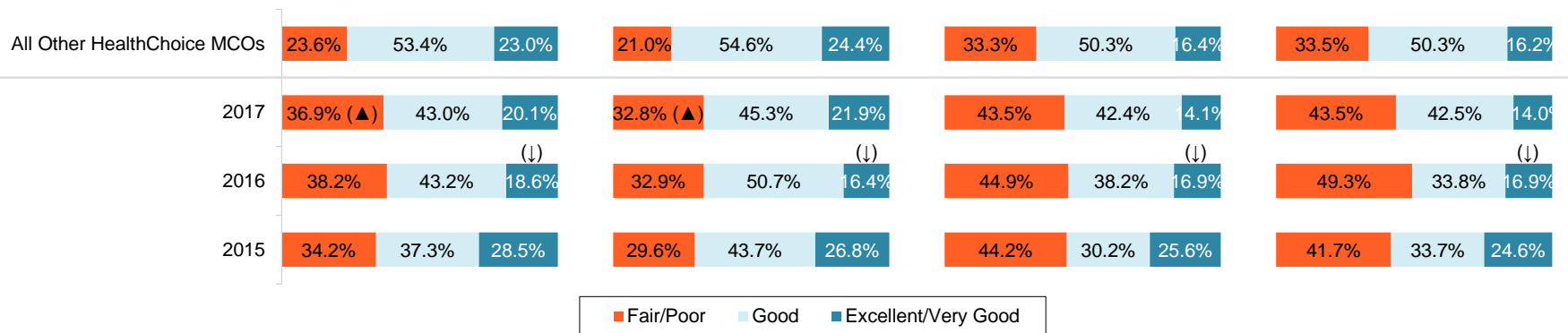↓ significant decrease from previous year

Finance Issues

	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	17.0%	57.0%	26.0%
2017	28.4% (▲)	43.1% (▼)	28.5%
2016	30.2%	40.1%	29.8%
2015	29.3%	37.2%	33.5%

■ Fair/Poor　■ Good　■ Excellent/Very Good

Accuracy of claims processing (Q6)

	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	14.4%	56.2%	29.4%
2017	25.5% (▲)	41.3% (▼)	33.2%
2016	25.8%	41.2%	33.0%
2015	27.2%	34.7%	38.1%

Timeliness of initial claims processing (Q7)

	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	11.6%	61.9%	26.5%
2017	22.4% (▲)	45.9% (▼)	31.7%
2016	25.2%	40.5%	34.2%
2015	21.1%	40.7%	38.2%

Timeliness of adjustment/appeal claims processing (Q8)

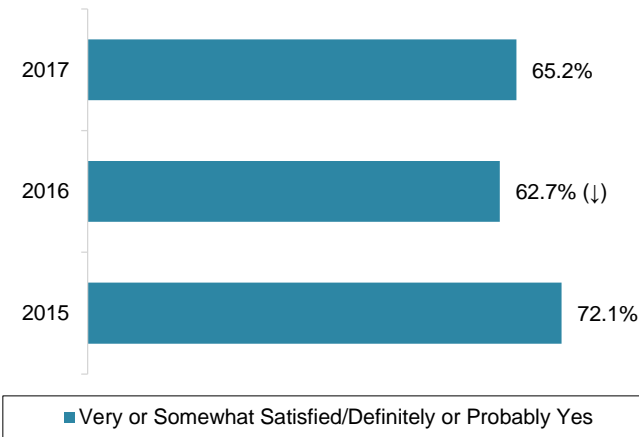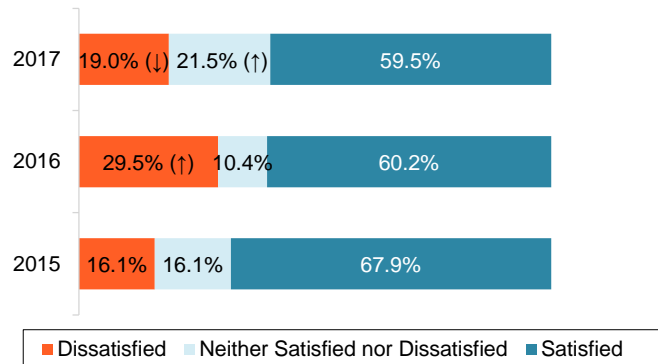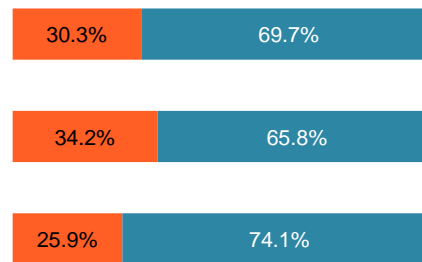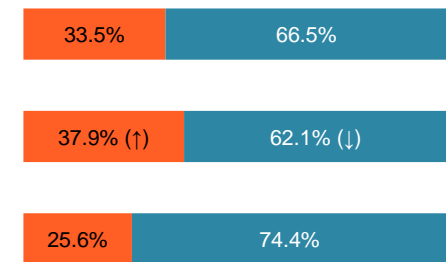|	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	25.0%	52.8%	22.2%
2017	37.4% (▲)	42.0%	20.7%
2016	39.4%	38.5%	22.1%
2015	39.5%	36.3%	24.2%

■ Fair/Poor　■ Good　■ Excellent/Very Good

Base=Those able to rate

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▲   significantly higher than All Other HealthChoice MCOs
▼   significantly lower than All Other HealthChoice MCOs

↑   significant increase from previous year
↓   significant decrease from previous year

Customer Service/Provider Relations

	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	22.4%	50.4%	27.2%
2017	33.2% (▲)	39.5% (▼)	27.3%
2016	31.6%	37.9%	30.5%
2015	26.7%	37.2%	36.2%

■ Fair/Poor   ■ Good   ■ Excellent/Very Good

Base=Those able to rate

wba

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Composite Measures (continued)

▲ significantly higher than All Other HealthChoice MCOs
▼ significantly lower than All Other HealthChoice MCOs

↑ significant increase from previous year
↓ significant decrease from previous year

	Process for obtaining member eligibility information (Q9)			Responsiveness and courtesy of the health plan's Provider Relations/ Customer Service representative (Q10)			Timeliness to answer questions and/or resolve problems (Q11)			Quality of written communications, policy bulletins and manuals (Q12)		
	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	11.2%	47.8%	41.0%	17.0%	46.5%	36.5%	23.0%	49.7%	27.3%	24.4%	50.0%	25.6%
2017	19.4% (▲)	36.7% (▼)	43.9%	27.7% (▲)	33.0% (▼)	39.3%	33.0% (▲)	40.1%	26.9%	30.7%	44.8%	24.5% (↓)
2016	18.6%	32.2%	49.2%	26.2%	37.3%	36.5% (↓)	34.6%	37.7%	27.7%	26.5%	40.0%	33.5%
2015	18.6%	29.9%	51.6%	20.8%	32.4%	46.8%	28.2%	37.3%	34.5%	21.7%	42.0%	36.3%

■ Fair/Poor ■ Good ■ Excellent/Very Good

Base=Those able to rate

	Accuracy and accessibility of drug formulary and formulary updates (Q13)			Customer Service/ Provider Relations overall (Q14)			Telephone system overall (Q15)			Specialist network has an adequate number of specialists to whom I can refer patients (Q16)		
	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	29.6%	50.0%	20.4%	18.9%	49.4%	31.7%	27.6%	52.1%	20.2%	27.8%	57.6%	4.6%
2017	34.8%	46.7%	18.5%	31.8% (▲)	37.4% (▼)	30.8%	40.0% (▲)	41.0% (▼)	19.0%	48.5% (▲)	36.1% (▼)	15.5%
2016	33.3%	42.5%	24.2%	28.3%	39.9%	31.8% (↓)	36.2%	41.0%	22.7%	49.1%	32.5%	18.4%
2015	27.5%	46.6%	26.0%	25.3%	32.9%	41.8%	30.7%	40.6%	28.8%	40.6%	35.7%	23.7%

■ Fair/Poor ■ Good ■ Excellent/Very Good

Base=Those able to rate

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Coordination of Care/Case Management (Q19)

	significant increase from previous year
↑	significant increase from previous year
↓	significant decrease from previous year

Year	Fair/Poor	Good	Excellent/Very Good
2017	31.7%	45.5%	22.8%
2016	30.6%	47.7%	21.8%
2015	25.0%	44.7%	30.3%

■ Fair/Poor   ■ Good   ■ Excellent/Very Good

Base=Those able to rate

No-Show HealthChoice Appointments (Q20)

	None	1%-25%	26%-50%	51% or more
2017	9.6%	75.7%	9.6%	5.1%
2016	12.6%	74.3%	10.9%	2.2%
2015	9.7%	75.4%	13.0%	1.9%

■ 2017   ■ 2016   ■ 2015

Base=Those answering

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Composite Measures (continued)

▲ significantly higher than All Other HealthChoice MCOs
▼ significantly lower than All Other HealthChoice MCOs

↑ significant increase from previous year
↓ significant decrease from previous year

Utilization Management

	Fair/Poor	Good	Excellent/Very Good
All Other HealthChoice MCOs	27.9%	52.2%	20.0%
2017	39.2% (▲)	43.3%	17.5%
2016	41.3%	41.5%	17.2% (↓)
2015	37.4%	36.2%	26.4%

■ Fair/Poor ■ Good ■ Excellent/Very Good

	Timeliness of obtaining authorization for outpatient services (Q21)			Timeliness of obtaining authorization for inpatient services (Q22)			Timeliness of obtaining authorization for medication (Q23)			Overall experience in obtaining prior authorization for medications (Q24)		
All Other HealthChoice MCOs	23.6%	53.4%	23.0%	21.0%	54.6%	24.4%	33.3%	50.3%	16.4%	33.5%	50.3%	16.2%
2017	36.9% (▲)	43.0%	20.1%	32.8% (▲)	45.3%	21.9%	43.5%	42.4%	14.1%	43.5%	42.5%	14.0%
2016	38.2%	43.2%	18.6% (↓)	32.9%	50.7%	16.4% (↓)	44.9%	38.2%	16.9% (↓)	49.3%	33.8%	16.9% (↓)
2015	34.2%	37.3%	28.5%	29.6%	43.7%	26.8%	44.2%	30.2%	25.6%	41.7%	33.7%	24.6%

■ Fair/Poor ■ Good ■ Excellent/Very Good

Base=Those able to rate

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▲ significantly higher than All Other HealthChoice MCOs
▼ significantly lower than All Other HealthChoice MCOs

↑ significant increase from previous year
↓ significant decrease from previous year

Overall Satisfaction

Year	
2017	65.2%
2016	62.7% (↓)
2015	72.1%

■ Very or Somewhat Satisfied/Definitely or Probably Yes

Overall satisfaction with UnitedHealthcare (Q25)

Year	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied
2017	19.0% (↓)	21.5% (↑)	59.5%
2016	29.5% (↑)	10.4%	60.2%
2015	16.1%	16.1%	67.9%

■ Dissatisfied ■ Neither Satisfied nor Dissatisfied ■ Satisfied

Would recommend to patients (Q27)

Year	Definitely/Probably No	Definitely/Probably Yes
2017	30.3%	69.7%
2016	34.2%	65.8%
2015	25.9%	74.1%

Would recommend to other physicians (Q28)

Year	Definitely/Probably No	Definitely/Probably Yes
2017	33.5%	66.5%
2016	37.9% (↑)	62.1% (↓)
2015	25.6%	74.4%

■ Definitely/Probably No ■ Definitely/Probably Yes

	Summary Rate (Satisfied)
All Other HealthChoice MCOs (Q26)	72.3%
UnitedHealthcare (Q25)	59.5% (▼)

Base=Those able to rate

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- The tables on the following pages illustrate the proportion of PCPs that fall into each response category for all survey questions.

    - Question Summary topics include:

        - Finance Issues

        - Customer Service/Provider Relations

        - Coordination of Care/Case Management

        - No-Show HealthChoice Appointments

        - Utilization Management

        - Overall Satisfaction

- Summary Rates have been calculated and are used to track the results from 2016 to 2017 where appropriate, as well as to make comparisons to the 2017 HealthChoice Aggregate. The Summary Rates shown represent the percentage of respondents who answered in the most positive way. Please keep in mind when reviewing this section that not all questions are designed for Summary Rates (e.g., questions that instruct the respondent to mark all that apply).

- For most of the questions, the 2017 Summary Rate for UnitedHealthcare has also been compared to the 2017 Summary Rate for All Other HealthChoice MCOs.

Finance Issues

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)			Summary Rate[2]			All Other HC MCOs
						2017	2016	2017 HC Aggregate	2017
6	Accuracy of claims processing Base=Those able to rate	184	25.5% Fair/Poor	41.3% Good	33.2% Excellent/Very Good	33.2% (⅄)	33.0%	51.6%	29.4%
7	Timeliness of initial claims processing Base=Those able to rate	183	22.4% Fair/Poor	45.9% Good	31.7% Excellent/Very Good	31.7% (⅄)	34.2%	50.7%	26.5%
8	Timeliness of adjustment/appeal claims processing Base=Those able to rate	174	37.4% Fair/Poor	42.0% Good	20.7% Excellent/Very Good	20.7% (⅄)	22.1%	36.7%	22.2%

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A ⅄/⅄ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

A ▲/▼ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than All Other HC (HealthChoice) MCOs.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

Customer Service/Provider Relations

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)			Summary Rate[2]			All Other HC MCOs
						2017	2016	2017 HC Aggregate	2017
9	Process for obtaining member eligibility information Base=Those able to rate	196	19.4% Fair/Poor	36.7% Good	43.9% Excellent/Very Good	43.9% (⍌)	49.2%	56.9%	41.0%
10	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative Base=Those able to rate	191	27.7% Fair/Poor	33.0% Good	39.3% Excellent/Very Good	39.3% (⍌)	36.5%	52.8%	36.5%
11	Timeliness to answer questions and/or resolve problems Base=Those able to rate	197	33.0% Fair/Poor	40.1% Good	26.9% Excellent/Very Good	26.9% (⍌)	27.7%	45.1%	27.3%
12	Quality of written communications, policy bulletins and manuals Base=Those able to rate	192	30.7% Fair/Poor	44.8% Good	24.5% Excellent/Very Good	24.5% (↓⍌)	33.5%	44.3%	25.6%

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A ⍓/⍌ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

A ▲/▼ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than All Other HC (HealthChoice) MCOs.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

Customer Service/Provider Relations (continued)

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)			Summary Rate[2]			All Other HC MCOs
						2017	2016	2017 HC Aggregate	2017
13	Accuracy and accessibility of drug formulary and formulary updates Base=Those able to rate	*184*	34.8% Fair/Poor	46.7% Good	18.5% Excellent/Very Good	18.5% (⍦)	24.2%	36.8%	20.4%
14	Customer Service/ Provider Relations overall Base=Those able to rate	*195*	31.8% Fair/Poor	37.4% Good	30.8% Excellent/Very Good	30.8% (⍦)	31.8%	48.7%	31.7%
15	Telephone system overall Base=Those able to rate	*195*	40.0% Fair/Poor	41.0% Good	19.0% Excellent/Very Good	19.0% (⍦)	22.7%	38.6%	20.2%
16	Specialist network has an adequate number of specialists to whom I can refer patients Base=Those able to rate	*194*	48.5% Fair/Poor	36.1% Good	15.5% Excellent/Very Good	15.5% (⍦)	18.4%	31.4%	14.6%

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A �/⍦ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

A ▲/▼ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than All Other HC (HealthChoice) MCOs.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

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Coordination of Care/Case Management and No-Show HealthChoice Appointments

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)			Summary Rate[2] 2017	Summary Rate[2] 2016	2017 HC Aggregate	All Other HC MCOs 2017
19	Coordination of Care/ Case Management Base=Those able to rate	167	31.7% Fair/Poor	45.5% Good	22.8% Excellent/Very Good	22.8% (⋎)	21.8%	40.6%	N/A
20	Percentage of scheduled HealthChoice appointments that are "no-show" appointments each week Base=Those answering	177	5.1% 51% or more — 9.6% 26%-50%	75.7% 1%-25%	9.6% None	85.3%	87.0%	80.0%	N/A

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A ⋏/⋎ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

N/A=This question was not asked of All Other HC (HealthChoice) MCOs.

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Question Summaries (continued)

Utilization Management

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)			Summary Rate[2] 2017	Summary Rate[2] 2016	Summary Rate[2] 2017 HC Aggregate	All Other HC MCOs 2017
21	Timeliness of obtaining authorization for outpatient services Base=Those able to rate	179	36.9% Fair/Poor	43.0% Good	20.1% Excellent/Very Good	20.1% (⅄)	18.6%	37.1%	23.0%
22	Timeliness of obtaining authorization for inpatient services Base=Those able to rate	128	32.8% Fair/Poor	45.3% Good	21.9% Excellent/Very Good	21.9% (⅄)	16.4%	37.0%	24.4%
23	Timeliness of obtaining authorization for medication Base=Those able to rate	184	43.5% Fair/Poor	42.4% Good	14.1% Excellent/Very Good	14.1% (⅄)	16.9%	30.4%	16.4%
24	Overall experience in obtaining prior authorization for medications Base=Those able to rate	186	43.5% Fair/Poor	42.5% Good	14.0% Excellent/Very Good	14.0% (⅄)	16.9%	29.6%	16.2%

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A ⅄/⅄ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

A ▲/▼ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than All Other HC (HealthChoice) MCOs.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

Overall Satisfaction

#	Question	n size[1]	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate[2]			All Other HC MCOs
				2017	2016	2017 HC Aggregate	2017
25	Overall satisfaction with UnitedHealthcare[3] Base=Those able to rate	200	19.0% Dissatisfied — 21.5% Neither Satisfied nor Dissatisfied — 59.5% Satisfied	59.5% (⅄)	60.2%	75.7%	72.3%
27	Would recommend to patients Base=Those able to rate	195	30.3% No — 69.7% Yes	69.7% (⅄)	65.8%	84.9%	N/A
28	Would recommend to other physicians Base=Those able to rate	194	33.5% No — 66.5% Yes	66.5% (⅄)	62.1%	84.6%	N/A

Significant differences at the 95% confidence level are shown through the use of symbols.

A significant increase/decrease from the 2016 Summary Rate to the 2017 Summary Rate is indicated by a ↑/↓ by the 2017 percentage.

A ⅄/⅄ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than the 2017 HC (HealthChoice) Aggregate.

A ▲/▼ by the 2017 Summary Rate percentage indicates that the 2017 Summary Rate is significantly higher/lower than All Other HC (HealthChoice) MCOs.

[1]n size=The number of respondents answering a particular question.

[2]Summary Rates most often represent the most favorable responses for that question.

[3]Overall satisfaction with the specified MCO is compared to Q26 – Overall satisfaction with All Other HC (HealthChoice) MCOs.

N/A=This question was not asked of All Other HC (HealthChoice) MCOs.

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Segmentation Analysis

- The provider survey asks various demographic questions about the respondent. As part of the analysis, several of these questions have been cross-tabulated with the composite measures and their attributes. In doing this, it can be determined whether UnitedHealthcare is meeting the needs of a particular population.

- On the following pages, Summary Rates for overall ratings, composite measures and their attributes are analyzed by the following demographics:

  - Number of Physicians in Practice (Q1)
  - Number of Mid-level Practitioners in Practice (Q2)
  - Percent of Total Volume Represented by HealthChoice (Q3)
  - Percent of Total Volume Represented by UnitedHealthcare (Q4)
  - Who Completed the Survey (Q32)
  - Method of Completing Survey (Mail, Telephone or Online)

- The percentages shown represent the Summary Rate for each segment of a demographic category. In the example below, the Summary Rate is the percentage of respondents who gave a rating of excellent or very good. The interpretation would be that 26.8% of respondents in practices with one physician rated "Timeliness of adjustment/appeals claims processing" as excellent or very good, which is a significantly higher proportion than among respondents with 2-5 physicians in their practice (10.7%).

#	Attribute Ratings (Summary Rate – *Excellent & Very Good*)	Physician Segments		
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)
8	Timeliness of adjustment/appeal claims processing Base=Those answering	26.8% (C) (B) (n=97)	10.7% (C) (n=56)	15.0% (D) (n=20) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.
*Caution: Small Base

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Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
	Finance Issues	32.5% (B) (n=99)	20.2% (C) (n=59)	29.2% (D) (n=21) *	31.4% (E) (n=104)	24.7% (F) (n=69)	27.8% (G) (n=6) *
6	Accuracy of claims processing Base=Those able to rate	36.6% (B) (n=101)	26.7% (C) (n=60)	31.8% (D) (n=22) *	34.6% (E) (n=107)	30.4% (F) (n=69)	33.3% (G) (n=6) *
7	Timeliness of initial claims processing Base=Those able to rate	34.0% (B) (n=100)	23.3% (C) (n=60)	40.9% (D) (n=22) *	34.3% (E) (n=105)	27.1% (F) (n=70)	50.0% (G) (n=6) *
8	Timeliness of adjustment/appeal claims processing Base=Those able to rate	26.8% (C) (B) (n=97)	10.7% (C) (n=56)	15.0% (D) (n=20) *	25.3% (G) (E) (n=99)	16.4% (G) (F) (n=67)	0.0% (G) (n=6) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
	Customer Service/ Provider Relations	31.2% (B) (n=105)	22.5% (C) (n=62)	26.0% (D) (n=24) *	29.1% (E) (n=110)	24.9% (F) (n=76)	18.8% (G) (n=6) *
9	Process for obtaining member eligibility information Base=Those able to rate	44.9% (B) (n=107)	44.4% (C) (n=63)	43.5% (D) (n=23) *	41.1% (E) (n=112)	47.4% (F) (n=76)	33.3% (G) (n=6) *
10	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative Base=Those able to rate	43.1% (B) (n=102)	35.5% (C) (n=62)	37.5% (D) (n=24) *	39.8% (E) (n=108)	40.0% (F) (n=75)	16.7% (G) (n=6) *
11	Timeliness to answer questions and/or resolve problems Base=Those able to rate	29.9% (B) (n=107)	25.4% (C) (n=63)	20.8% (D) (n=24) *	26.8% (E) (n=112)	27.3% (F) (n=77)	16.7% (G) (n=6) *
12	Quality of written communications, policy bulletins and manuals Base=Those able to rate	31.4% (C) (B) (n=102)	15.6% (C) (n=64)	20.8% (D) (n=24) *	26.9% (E) (n=108)	22.4% (F) (n=76)	16.7% (G) (n=6) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
13	Accuracy and accessibility of drug formulary and formulary updates _Base=Those able to rate_	21.8% (B) (n=101)	12.1% (C) (n=58)	22.7% (D) (n=22) *	22.6% (F) (E) (n=106)	10.0% (F) (n=70)	33.3% (G) (n=6) *
14	Customer Service/ Provider Relations overall _Base=Those able to rate_	36.4% (B) (n=107)	24.6% (C) (n=61)	25.0% (D) (n=24) *	35.7% (E) (n=112)	24.0% (F) (n=75)	16.7% (G) (n=6) *
15	Telephone system overall _Base=Those able to rate_	23.4% (B) (n=107)	13.3% (C) (n=60)	16.0% (D) (n=25) *	23.6% (E) (n=110)	13.0% (F) (n=77)	16.7% (G) (n=6) *
16	Specialist network has an adequate number of specialists to whom I can refer patients _Base=Those able to rate_	18.4% (B) (n=103)	9.2% (C) (n=65)	21.7% (D) (n=23) *	16.5% (G) (E) (n=109)	15.4% (G) (F) (n=78)	0.0% (G) (n=6) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good or 0%-25%*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
19	Coordination of Care/ Case Management Base=Those able to rate	24.7% (B) (n=89)	18.5% (C) (n=54)	26.1% (D) (n=23) *	27.5% (E) (n=91)	15.9% (F) (n=69)	33.3% (G) (n=6) *
20	No-Show HealthChoice Appointments Base=Those answering	85.4% (B) (n=96)	87.7% (C) (n=57)	81.0% (D) (n=21) *	86.9% (E) (n=99)	84.5% (F) (n=71)	66.7% (G) (n=6) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
	Utilization Management	20.4% (B) (n=94)	12.4% (C) (n=54)	19.8% (D) (n=20) *	19.0% (E) (n=98)	15.0% (F) (n=66)	22.9% (G) (n=6) *
21	Timeliness of obtaining authorization for outpatient services Base=Those able to rate	24.5% (C) (B) (n=98)	12.3% (C) (n=57)	23.8% (D) (n=21) *	21.6% (E) (n=102)	16.9% (F) (n=71)	33.3% (G) (n=6) *
22	Timeliness of obtaining authorization for inpatient services Base=Those able to rate	24.7% (B) (n=73)	15.0% (C) (n=40)	28.6% (D) (n=14) *	22.4% (E) (n=76)	20.8% (F) (n=48)	25.0% (G) (n=4) *
23	Timeliness of obtaining authorization for medication Base=Those able to rate	16.8% (B) (n=101)	10.3% (C) (n=58)	13.6% (D) (n=22) *	16.2% (E) (n=105)	11.0% (F) (n=73)	16.7% (G) (n=6) *
24	Overall experience in obtaining prior authorization for medications Base=Those able to rate	15.7% (B) (n=102)	11.9% (C) (n=59)	13.0% (D) (n=23) *	15.7% (E) (n=108)	11.1% (F) (n=72)	16.7% (G) (n=6) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Very & Somewhat Satisfied or Definitely & Probably Yes*)	Physician and MLP Segments					
		Solo (B)	2-5 Physicians (C)	More than 5 Physicians (D)	No MLPs (E)	1-5 MLPs (F)	More than 5 MLPs (G)
	Overall Satisfaction	67.2% (B) (n=106)	62.3% (C) (n=64)	71.0% (D) (n=24) *	69.2% (E) (n=110)	58.1% (F) (n=79)	82.2% (G) (n=5) *
25	Overall satisfaction with UnitedHealthcare Base=Those able to rate	62.0% (B) (n=108)	57.8% (C) (n=64)	60.0% (D) (n=25) *	63.4% (E) (n=112)	53.8% (F) (n=80)	66.7% (G) (n=6) *
27	Would recommend to patients Base=Those able to rate	71.4% (B) (n=105)	66.7% (C) (n=63)	79.2% (D) (n=24) *	74.5% (F) (E) (n=110)	60.3% (F) (n=78)	100.0% (E,F) (G) (n=5) *
28	Would recommend to other physicians Base=Those able to rate	68.3% (B) (n=104)	62.5% (C) (n=64)	73.9% (D) (n=23) *	69.7% (E) (n=109)	60.3% (F) (n=78)	80.0% (G) (n=5) *

MLP=Mid-Level Practitioner

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
	Finance Issues	26.9% (H) (n=53)	20.5% (I) (n=32) *	34.2% (J) (n=48)	33.3% (K) (n=32) *
6	Accuracy of claims processing Base=Those able to rate	31.5% (H) (n=54)	27.3% (I) (n=33) *	37.5% (J) (n=48)	37.5% (K) (n=32) *
7	Timeliness of initial claims processing Base=Those able to rate	27.8% (H) (n=54)	18.2% (I) (n=33) *	43.8% (I) (J) (n=48)	37.5% (K) (n=32) *
8	Timeliness of adjustment/appeal claims processing Base=Those able to rate	21.6% (H) (n=51)	16.1% (I) (n=31) *	21.3% (J) (n=47)	25.0% (K) (n=32) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
	Customer Service/ Provider Relations	27.3% (H) (n=56)	23.6% (I) (n=33) *	29.7% (J) (n=50)	30.0% (K) (n=34) *
9	Process for obtaining member eligibility information Base=Those able to rate	43.9% (H) (n=57)	43.8% (I) (n=32) *	48.1% (J) (n=52)	42.9% (K) (n=35)
10	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative Base=Those able to rate	40.0% (H) (n=55)	33.3% (I) (n=33) *	40.0% (J) (n=50)	47.1% (K) (n=34) *
11	Timeliness to answer questions and/or resolve problems Base=Those able to rate	25.9% (H) (n=58)	24.2% (I) (n=33) *	33.3% (J) (n=51)	22.9% (K) (n=35)
12	Quality of written communications, policy bulletins and manuals Base=Those able to rate	23.6% (H) (n=55)	14.7% (I) (n=34) *	27.5% (J) (n=51)	32.4% (K) (n=34) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

wba

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
13	Accuracy and accessibility of drug formulary and formulary updates Base=Those able to rate	22.2% (H) (n=54)	18.8% (I) (n=32) *	13.3% (J) (n=45)	24.2% (K) (n=33) *
14	Customer Service/ Provider Relations overall Base=Those able to rate	29.3% (H) (n=58)	21.2% (I) (n=33) *	32.7% (J) (n=49)	34.3% (K) (n=35)
15	Telephone system overall Base=Those able to rate	19.0% (H) (n=58)	17.6% (I) (n=34) *	21.6% (J) (n=51)	21.9% (K) (n=32) *
16	Specialist network has an adequate number of specialists to whom I can refer patients Base=Those able to rate	14.5% (H) (n=55)	15.2% (I) (n=33) *	21.2% (J) (n=52)	14.3% (K) (n=35)

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good or 0%-25%*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
19	Coordination of Care/ Case Management Base=Those able to rate	25.0% (H) (n=48)	12.9% (I) (n=31) *	21.4% (J) (n=42)	28.6% (K) (n=28) *
20	No-Show HealthChoice Appointments Base=Those answering	92.6% (I) (H) (n=54)	74.2% (I) (n=31) *	83.0% (J) (n=47)	81.8% (K) (n=33) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
	Utilization Management	12.6% (H) (n=49)	18.9% (I) (n=31) *	20.8% (J) (n=44)	24.9% (K) (n=31) *
21	Timeliness of obtaining authorization for outpatient services Base=Those able to rate	13.5% (H) (n=52)	21.2% (I) (n=33) *	28.3% (J) (n=46)	28.1% (K) (n=32) *
22	Timeliness of obtaining authorization for inpatient services Base=Those able to rate	10.5% (H) (n=38)	25.0% (I) (n=24) *	25.7% (J) (n=35)	30.8% (K) (n=26) *
23	Timeliness of obtaining authorization for medication Base=Those able to rate	13.2% (H) (n=53)	14.7% (I) (n=34) *	14.9% (J) (n=47)	21.2% (K) (n=33) *
24	Overall experience in obtaining prior authorization for medications Base=Those able to rate	13.2% (H) (n=53)	14.7% (I) (n=34) *	14.3% (J) (n=49)	19.4% (K) (n=31) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Very & Somewhat Satisfied or Definitely & Probably Yes*)	HealthChoice Volume Segments			
		HealthChoice Volume 0%-10% (H)	HealthChoice Volume 11%-20% (I)	HealthChoice Volume 21%-50% (J)	HealthChoice Volume 51%-100% (K)
	Overall Satisfaction	59.2% (H) (n=56)	71.1% (I) (n=35)	72.2% (J) (n=50)	62.4% (K) (n=34) *
25	Overall satisfaction with UnitedHealthcare Base=Those able to rate	50.9% (H) (n=57)	64.7% (I) (n=34) *	68.6% (J) (n=51)	60.0% (K) (n=35)
27	Would recommend to patients Base=Those able to rate	67.9% (H) (n=56)	71.4% (I) (n=35)	76.5% (J) (n=51)	60.6% (K) (n=33) *
28	Would recommend to other physicians Base=Those able to rate	58.9% (H) (n=56)	77.1% (I) (n=35)	71.4% (J) (n=49)	66.7% (K) (n=33) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
	Finance Issues	25.9% (L) (n=56)	25.5% (M) (n=48)	34.4% (N) (n=48)	42.5% (O) (n=16) *
6	Accuracy of claims processing Base=Those able to rate	28.1% (L) (n=57)	32.7% (M) (n=49)	42.9% (N) (n=49)	43.8% (O) (n=16) *
7	Timeliness of initial claims processing Base=Those able to rate	31.6% (L) (n=57)	26.5% (M) (n=49)	39.6% (N) (n=48)	43.8% (O) (n=16) *
8	Timeliness of adjustment/appeal claims processing Base=Those able to rate	18.2% (L) (n=55)	17.4% (M) (n=46)	20.8% (N) (n=48)	40.0% (O) (n=15) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
	Customer Service/ Provider Relations	26.0% (L) (n=58)	23.0% (M) (n=52)	31.9% (N) (n=53)	35.0% (O) (n=15) *
9	Process for obtaining member eligibility information Base=Those able to rate	44.1% (L) (n=59)	43.1% (M) (n=51)	47.3% (N) (n=55)	46.7% (O) (n=15) *
10	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative Base=Those able to rate	38.6% (L) (n=57)	26.9% (M) (n=52)	48.1% (M) (N) (n=52)	53.3% (O) (n=15) *
11	Timeliness to answer questions and/or resolve problems Base=Those able to rate	28.3% (L) (n=60)	21.2% (M) (n=52)	30.9% (N) (n=55)	33.3% (O) (n=15) *
12	Quality of written communications, policy bulletins and manuals Base=Those able to rate	18.6% (L) (n=59)	23.1% (M) (n=52)	27.5% (N) (n=51)	40.0% (O) (n=15) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
13	Accuracy and accessibility of drug formulary and formulary updates Base=Those able to rate	16.7% (L) (n=54)	16.0% (M) (n=50)	21.6% (N) (n=51)	33.3% (O) (n=15) *
14	Customer Service/ Provider Relations overall Base=Those able to rate	26.3% (L) (n=57)	26.9% (M) (n=52)	34.5% (N) (n=55)	40.0% (O) (n=15) *
15	Telephone system overall Base=Those able to rate	18.6% (L) (n=59)	13.2% (M) (n=53)	26.4% (N) (n=53)	20.0% (O) (n=15) *
16	Specialist network has an adequate number of specialists to whom I can refer patients Base=Those able to rate	16.9% (L) (n=59)	13.2% (M) (n=53)	18.9% (N) (n=53)	13.3% (O) (n=15) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good* or 0%-25%)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
19	Coordination of Care/ Case Management Base=Those able to rate	18.4% (L) (n=49)	20.5% (M) (n=44)	26.0% (N) (n=50)	41.7% (O) (n=12) *
20	No-Show HealthChoice Appointments Base=Those answering	91.8% (L) (n=49)	82.0% (M) (n=50)	78.8% (N) (n=52)	93.8% (O) (n=16) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
	Utilization Management	19.0% (L) (n=50)	15.9% (M) (n=47)	21.5% (N) (n=47)	12.3% (O) (n=14) *
21	Timeliness of obtaining authorization for outpatient services Base=Those able to rate	18.9% (L) (n=53)	16.7% (M) (n=48)	26.0% (N) (n=50)	26.7% (O) (n=15) *
22	Timeliness of obtaining authorization for inpatient services Base=Those able to rate	25.6% (L) (n=39)	19.4% (M) (n=36)	24.3% (N) (n=37)	9.1% (O) (n=11) *
23	Timeliness of obtaining authorization for medication Base=Those able to rate	14.8% (L) (n=54)	15.7% (M) (n=51)	18.0% (N) (n=50)	6.7% (O) (n=15) *
24	Overall experience in obtaining prior authorization for medications Base=Those able to rate	16.7% (L) (n=54)	11.8% (M) (n=51)	17.6% (N) (n=51)	6.7% (O) (n=15) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Very & Somewhat Satisfied or Definitely & Probably Yes*)	Health Plan Volume Segments			
		United-Healthcare Volume 0%-10% (L)	United-Healthcare Volume 11%-20% (M)	United-Healthcare Volume 21%-50% (N)	United-Healthcare Volume 51%-100% (O)
	Overall Satisfaction	58.1% (L) (n=58)	64.5% (M) (n=52)	71.8% (N) (n=53)	79.2% (O) (n=16) *
25	Overall satisfaction with UnitedHealthcare Base=Those able to rate	55.0% (L) (n=60)	59.6% (M) (n=52)	63.0% (N) (n=54)	68.8% (O) (n=16) *
27	Would recommend to patients Base=Those able to rate	61.4% (L) (n=57)	66.7% (M) (n=51)	75.5% (N) (n=53)	93.8% (L,M,N) (O) (n=16) *
28	Would recommend to other physicians Base=Those able to rate	57.9% (L) (n=57)	67.3% (M) (n=52)	76.9% (L) (N) (n=52)	75.0% (O) (n=16) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
	Finance Issues	25.3% (P) (n=45)	28.9% (Q) (n=85)	29.3% (R) (n=41)	28.7% (S) (n=113)	28.6% (T) (n=57)	27.3% (U) (n=11) *
6	Accuracy of claims processing Base=Those able to rate	28.9% (P) (n=45)	31.0% (Q) (n=87)	38.1% (R) (n=42)	32.7% (S) (n=113)	33.3% (T) (n=60)	36.4% (U) (n=11) *
7	Timeliness of initial claims processing Base=Those able to rate	28.9% (P) (n=45)	32.2% (Q) (n=87)	29.3% (R) (n=41)	33.6% (S) (n=113)	28.8% (T) (n=59)	27.3% (U) (n=11) *
8	Timeliness of adjustment/appeal claims processing Base=Those able to rate	18.2% (P) (n=44)	23.5% (Q) (n=81)	20.5% (R) (n=39)	19.6% (S) (n=112)	23.5% (T) (n=51)	18.2% (U) (n=11) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
	Customer Service/ Provider Relations	21.3% (P) (n=46)	27.9% (Q) (n=92)	33.8% (R) (n=46)	24.4% (S) (n=112)	32.2% (T) (n=70)	25.0% (U) (n=11) *
9	Process for obtaining member eligibility information Base=Those able to rate	31.1% (P) (n=45)	41.9% (Q) (n=93)	60.4% (P,Q) (R) (n=48)	41.1% (S) (n=112)	47.9% (T) (n=73)	45.5% (U) (n=11) *
10	Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative Base=Those able to rate	31.1% (P) (n=45)	38.0% (Q) (n=92)	52.3% (P) (R) (n=44)	33.0% (S) (n=112)	48.5% (S) (T) (n=68)	45.5% (U) (n=11) *
11	Timeliness to answer questions and/or resolve problems Base=Those able to rate	21.7% (P) (n=46)	26.6% (Q) (n=94)	31.9% (R) (n=47)	25.7% (S) (n=113)	28.8% (T) (n=73)	27.3% (U) (n=11) *
12	Quality of written communications, policy bulletins and manuals Base=Those able to rate	22.2% (P) (n=45)	26.7% (Q) (n=90)	25.0% (R) (n=48)	23.2% (S) (n=112)	26.1% (T) (n=69)	27.3% (U) (n=11) *

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[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

Segmentation Analysis (continued)

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
13	Accuracy and accessibility of drug formulary and formulary updates Base=Those able to rate	14.9% (P) (n=47)	21.6% (Q) (n=88)	19.0% (R) (n=42)	16.2% (S) (n=111)	24.2% (T) (n=62)	9.1% (U) (n=11) *
14	Customer Service/ Provider Relations overall Base=Those able to rate	19.6% (P) (n=46)	34.0% (Q) (n=94)	39.6% (P) (R) (n=48)	23.6% (S) (n=110)	43.2% (S) (T) (n=74)	18.2% (U) (n=11) *
15	Telephone system overall Base=Those able to rate	17.0% (P) (n=47)	20.4% (Q) (n=93)	22.2% (R) (n=45)	16.8% (S) (n=113)	22.5% (T) (n=71)	18.2% (U) (n=11) *
16	Specialist network has an adequate number of specialists to whom I can refer patients Base=Those able to rate	12.8% (P) (n=47)	14.3% (Q) (n=91)	19.6% (R) (n=46)	15.7% (S) (n=115)	16.2% (T) (n=68)	9.1% (U) (n=11) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

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#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good or 0%-25%*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
19	Coordination of Care/ Case Management Base=Those able to rate	10.0% (P) (n=40)	32.1% (P) (Q) (n=78)	20.5% (R) (n=44)	19.6% (S) (n=92)	28.1% (T) (n=64)	18.2% (U) (n=11) *
20	No-Show HealthChoice Appointments Base=Those answering	83.7% (P) (n=43)	91.9% (Q) (n=86)	78.6% (R) (n=42)	80.8% (S) (n=99)	92.5% (S) (T) (n=67)	81.8% (U) (n=11) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Excellent & Very Good*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
	Utilization Management	13.3% (P) (n=44)	17.9% (Q) (n=82)	24.0% (R) (n=37)	15.7% (S) (n=100)	21.0% (T) (n=58)	18.2% (U) (n=11) *
21	Timeliness of obtaining authorization for outpatient services Base=Those able to rate	20.0% (P) (n=45)	20.2% (Q) (n=89)	23.7% (R) (n=38)	19.0% (S) (n=105)	22.2% (T) (n=63)	18.2% (U) (n=11) *
22	Timeliness of obtaining authorization for inpatient services Base=Those able to rate	13.9% (P) (n=36)	23.7% (Q) (n=59)	28.6% (R) (n=28) *	18.5% (S) (n=81)	30.6% (T) (n=36)	18.2% (U) (n=11) *
23	Timeliness of obtaining authorization for medication Base=Those able to rate	10.6% (P) (n=47)	13.3% (Q) (n=90)	22.5% (R) (n=40)	13.1% (S) (n=107)	15.2% (T) (n=66)	18.2% (U) (n=11) *
24	Overall experience in obtaining prior authorization for medications Base=Those able to rate	8.5% (P) (n=47)	14.3% (Q) (n=91)	21.4% (R) (n=42)	12.1% (S) (n=107)	16.2% (T) (n=68)	18.2% (U) (n=11) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

#	Composite Ratings (Summary Rate[1] – *Very & Somewhat Satisfied or Definitely & Probably Yes*)	Job Title and Survey Mode Segments					
		Physician (P)	Office Manager (Q)	Nurse/Other (R)	Completed Survey by Mail (S)	Completed Survey by Phone (T)	Completed Survey Online (U)
	Overall Satisfaction	48.6% (P) (n=48)	74.0% (P) (Q) (n=94)	73.2% (P) (R) (n=45)	58.2% (S) (n=113)	77.4% (S) (T) (n=72)	57.6% (U) (n=11) *
25	Overall satisfaction with UnitedHealthcare Base=Those able to rate	39.6% (P) (n=48)	69.1% (P) (Q) (n=94)	62.5% (P) (R) (n=48)	51.7% (S) (n=116)	74.0% (S) (T) (n=73)	45.5% (U) (n=11) *
27	Would recommend to patients Base=Those able to rate	54.2% (P) (n=48)	80.6% (P) (Q) (n=93)	75.6% (P) (R) (n=45)	63.4% (S) (n=112)	80.6% (S) (T) (n=72)	63.6% (U) (n=11) *
28	Would recommend to other physicians Base=Those able to rate	52.1% (P) (n=48)	72.3% (P) (Q) (n=94)	81.4% (P) (R) (n=43)	59.5% (S) (n=111)	77.8% (S) (T) (n=72)	63.6% (U) (n=11) *

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

[1]Summary Rates most often represent the most favorable responses for that question.

*Caution: Small Base

Loyalty Analysis

Loyalty Analysis

- A loyal Primary Care Provider can be defined as someone who is very satisfied with the MCO and would recommend that MCO to patients and other physicians.

- From this survey, we can determine PCP loyalty by examining responses to the following questions:

  - Overall satisfaction with UnitedHealthcare (Q25);

  - Likelihood of recommending UnitedHealthcare to patients (Q27); and

  - Likelihood of recommending UnitedHealthcare to other physicians (Q28).

- These three questions are combined to develop a "loyalty" analysis. The three categories within this analysis are as follows:

  - *Loyal* – PCPs who are very satisfied with and would recommend UnitedHealthcare to patients and other physicians.

  - *Not Loyal* – PCPs who are very dissatisfied with and would not recommend UnitedHealthcare to patients and other physicians.

  - *Indifferent* – PCPs who are mixed as to whether they are satisfied with or whether they would recommend UnitedHealthcare to patients and other physicians.

- The table below illustrates the category definitions.

	Overall Satisfaction with UnitedHealthcare (Q25)		**Would Recommend UnitedHealthcare to Patients (Q27)**		**Would Recommend UnitedHealthcare to Other Physicians (Q28)**
LOYAL	*Very Satisfied*	AND	*Definitely Yes*	AND	*Definitely Yes*
		AND	*Definitely Yes*	AND	*Probably Yes*
		AND	*Probably Yes*	AND	*Definitely Yes*
INDIFFERENT	*All other responses*				
NOT LOYAL	*Very Dissatisfied*	AND	*Definitely Not*	AND	*Definitely Not*
		AND	*Definitely Not*	AND	*Probably Not*
		AND	*Probably Not*	AND	*Definitely Not*

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- Among the PCPs surveyed, less than two in ten PCPs overall (13.8%) are considered "loyal PCPs". The remaining PCPs can be classified as either "indifferent" (78.7%) or "not loyal" (7.4%).

↑   significant increase from previous year
↓   significant decrease from previous year

Primary Care Provider Loyalty

Year	Loyal	Indifferent	Not Loyal
2017	13.8%	78.7%	7.4%
2016	14.3%	75.7%	10.0%
2015	21.4%	72.1%	6.5%

■ Loyal   ■ Indifferent   ■ Not Loyal

Base=Those able to rate

Key Driver/Correlation Analysis

Key Driver Analysis

- In an effort to identify the underlying components of PCPs' ratings of their overall satisfaction with UnitedHealthcare, advanced statistical techniques were employed. Correlation analyses were conducted between each composite measure attribute and overall satisfaction with UnitedHealthcare (Q25) in order to ascertain which attributes have the greatest impact on PCPs' overall satisfaction.

Prioritizing Actions

- A key objective of any provider satisfaction research is to identify priorities for improving provider satisfaction. Doing this will allow UnitedHealthcare to focus resources on areas that are most important to PCPs and where the most improvement is needed. These areas are referred to as *unmet needs*. In addition, areas that are most important to PCPs and on which UnitedHealthcare performs relatively well are *driving strengths*. Insights can be gained by plotting these attributes based on their impact on PCPs' overall satisfaction, as shown on the following pages.

Attribute Relationship with Overall Satisfaction

▪ Overall, the 2017 findings show that several attributes are identified as key drivers that are of high importance to PCPs where they perceive UnitedHealthcare to be performing at a lower level (Summary Rate is less than 50%): "Coordination of Care/Case Management", "Customer Service/Provider Relations overall", "Telephone system overall", "Timeliness to answer questions and/or resolve problems" and "Timeliness of obtaining authorization for outpatient services".

> ➢ These attributes are referred to as *unmet needs* and should be considered priority areas for UnitedHealthcare. If performance on these attributes is improved, it could have a positive impact on PCPs' overall satisfaction.

▪ The following attributes are identified as moderate drivers of satisfaction on which UnitedHealthcare performs at a lower level (Summary Rate is less than 50%): "Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative", "Timeliness of obtaining authorization for inpatient services", "Quality of written communications, policy bulletins and manuals", "Timeliness of obtaining authorization for medication" and "Accuracy and accessibility of drug formulary and formulary updates". These should be considered secondary priorities for UnitedHealthcare.

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❖ Finance Issues
❖ Customer Service/Provider Relations
❖ Coordination of Care/Case Management
❖ Utilization Management

ATTRIBUTE RELATIONSHIP WITH OVERALL SATISFACTION

Impact on Overall Satisfaction	Lower Ratings	Moderate Ratings	Higher Ratings
High	❖ Coordination of Care/Case Management ❖ Customer Service/Provider Relations overall ❖ Telephone system overall ❖ Timeliness to answer questions and/or resolve problems ❖ Timeliness of obtaining authorization for outpatient services		
Moderate	❖ Responsiveness and courtesy of the health plan's Provider Relations/Customer Service representative ❖ Timeliness of obtaining authorization for inpatient services ❖ Quality of written communications, policy bulletins and manuals ❖ Timeliness of obtaining authorization for medication ❖ Accuracy and accessibility of drug formulary and formulary updates		
Low	❖ Overall experience in obtaining prior authorization for medications ❖ Specialist network has an adequate number of specialists to whom I can refer patients ❖ Timeliness of adjustment/appeal claims processing ❖ Accuracy of claims processing ❖ Timeliness of initial claims processing ❖ Process for obtaining member eligibility information		
	Lower Ratings	**Moderate Ratings**	**Higher Ratings**

Performance

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Respondents' Comments

Are there any specialties that you find problematic when it comes to adequate care for UnitedHealthcare members? (Q17)

Responses	2017 (n=89)	2016 (n=103)
Psychiatry/Mental Health	33.7%	28.2%
Dermatology	16.9%	27.2%
Orthopedics/Orthopedic Surgery	16.9%	24.3%
ENT/Otolaryngology	12.4%	8.7%
Rheumatology	9.0%	9.7%
OB/GYN	9.0%	6.8%
Neurology	7.9%	9.7%
Endocrinology	7.9%	6.8%
Cardiology	5.6%	7.8%
Pain Management	5.6%	1.9%
Most/All specialties	5.6%	3.9%

Significant differences at the 95% confidence level are shown through the use of symbols where the difference is found. For example, a significant increase/decrease from 2016 to 2017 is indicated by a ↑/↓ by the 2017 percentage.
Base=Those answering
Top Mentions
Multiple Responses Accepted

Please list any other comments or suggestions you have regarding the quality and availability of specialty care for your UnitedHealthcare members. (Q18)

Responses	2017 (n=62)	2016 (n=76)
There is limited availability of specialists/Need more local providers (not specific)	37.1%	43.4%
Get rid of/Simplify referrals/Have difficulty with referrals/Improve referral process	17.7%	13.2%
Send us an updated Provider Manual/Update the computer database/Make provider information accurate/easier to find	12.9%	7.9%
Too many claims are rejected/Offer more information when claims are rejected/Doctors don't want to take plan because of claim denials	4.8%	1.3%
Satisfied with specialty services/Thank you/It's improved	4.8%	2.6%

Significant differences at the 95% confidence level are shown through the use of symbols where the difference is found. For example, a significant increase/decrease from 2016 to 2017 is indicated by a ↑/↓ by the 2017 percentage.
Base=Those answering
Top Mentions
Multiple Responses Accepted

What do you like best about UnitedHealthcare? (Q29)

Responses	2017 (n=121)	2016 (n=155)
Good web site/online services/User friendly/Online portal	9.9%	16.1%
Helpful Customer Service/Can resolve problems/Give answers on the spot/Are well-trained/knowledgeable	9.1%	5.2%
Timely payments of claims	7.4%	10.3%
Ease of verifying eligibility/Health Link	7.4%	9.7%
Easy/Timely/Electronic authorization system/No need for authorizations	6.6%	3.2%
No need for referrals/No need for written referrals/Easy referrals process/Online referrals	5.8%	7.1%
Overall ease to work with/Efficient management/No problems	5.8%	3.2%
Nothing/Nothing in particular/NA	30.6%	25.8%

Significant differences at the 95% confidence level are shown through the use of symbols where the difference is found. For example, a significant increase/decrease from 2016 to 2017 is indicated by a ↑/↓ by the 2017 percentage.
Base=Those answering
Top Mentions
Multiple Responses Accepted

What do you like least about UnitedHealthcare? (Q30)

Responses	2017 (n=146)	2016 (n=187)
Limited participating specialists/Not enough specialties covered/List of specialists is not updated	13.0%	14.4%
Unnecessary authorizations/Prescription authorizations/Pre-certification process is too untimely/Denied authorizations	12.3%	13.4%
The referral process/Require too many referrals/takes too long/are denied/Patients don't understand referral process	12.3%	13.4%
Drug formulary/Restrictive drug formulary	7.5%	5.3%
Online referral system does not work/is confusing/Doctors don't like it	7.5%	3.2%
Low reimbursements/Fee schedule	6.8%	5.3%
Slow claims processing, reimbursements/Too many denied claims/Don't offer electronic claims processing/Filing time limit	6.2%	9.1%
Don't like the automated phone system/Menus not clear/Information not updated/Can't get to a person	4.1%	2.1%
Nothing/Nothing in particular/NA	21.2% (↑)	11.8%

Significant differences at the 95% confidence level are shown through the use of symbols where the difference is found. For example, a significant increase/decrease from 2016 to 2017 is indicated by a ↑/↓ by the 2017 percentage.
Base=Those answering
Top Mentions
Multiple Responses Accepted

Respondents' Comments (continued)

What recommendations for improvements do you have for UnitedHealthcare? (Q31)

Responses	2017 (n=130)	2016 (n=171)
Offer more participating specialists/Local specialists/More specialists for faster appointments	14.6%	11.1%
Improve provider relations/Respond faster to providers/Return calls/Stay in touch/Offer better outreach	6.2%	2.3%
Offer a better formulary plan/Drug formulary is too restrictive/difficult to understand	5.4%	5.8%
Increase reimbursements/Fee schedule	5.4%	4.1%
Streamline phone system/service/Make it easier to get through to a person/Shorten hold time/Increase staff to answer phones	4.6%	1.8%
Update and distribute a directory for specialists/providers/Make sure list is accurate	4.6%	1.8%
Improve referrals process/Get rid of paper referrals/Extend referral period/Allow more visits per referral	3.8%	8.8%
Nothing/NA	28.5%	24.6%

Significant differences at the 95% confidence level are shown through the use of symbols where the difference is found. For example, a significant increase/decrease from 2016 to 2017 is indicated by a ↑/↓ by the 2017 percentage.
Base=Those answering
Top Mentions
Multiple Responses Accepted

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Glossary of Terms

- **Attributes** are the questions that relate to a specific service area or composite.

- **Complete and Valid Survey** is determined by indication that the member meets the eligible population criteria (the Provider participates in the specific MCO) and completion of the survey.

- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of health plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.

- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.

- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.

- **Disposition Code** is the final status given to a Provider record within the sample surveyed. 0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List.

- **Driving strengths** are areas that, based on correlation analysis, are of high importance to Providers where HealthChoice MCOs perform well.

- **Key Drivers** are composite measures that have been found to impact ratings of overall satisfaction (Q25) among HealthChoice MCO PCPs.

- **Question Summaries** show the proportion of adult members that fall into each response category for all survey questions.

- **Segmentation Analysis** show results for overall ratings, composite measures and their attributes cross-tabulated by several key demographic questions.

- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.

- **Summary Rates** generally represent the most favorable responses for a particular question (e.g., *Excellent and Very Good; Definitely Yes and Probably Yes; Very Satisfied and Somewhat Satisfied)*. Keep in mind that a Summary Rate is not assigned to every question.

- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.

- **Unmet needs** are areas that, based on correlation analysis, are most important to Providers and where improvement is needed.

Survey Tool

UnitedHealthcare
Community Plan

PHYSICIAN SATISFACTION SURVEY

Answer the questions by shading or marking the circle with blue or black ink.

If you want to know more about this study, please call WBA Research at 1-800-593-1102 regarding project 202P. If you prefer to complete the survey online, please go to http://survey.wbanda.com/DHMHsurvey and enter the 5-digit ID# found on the back of this survey at the bottom of the page as your password.

1. How many physicians are in your practice?
   ① Solo   ② 2 - 5 physicians   ③ More than 5 physicians

2. How many midlevel practitioners (i.e. nurse practitioners, mid-wife, physician assistants, etc.) are in your practice?
   ① None   ② 1 - 5   ③ More than 5

3. What portion of your total patient volume does HealthChoice represent?
   ⓪ None   ① 1% - 10%   ② 11% - 20%   ③ 21% - 30%   ④ 31% - 50%   ⑤ 51% - 75%   ⑥ 76% - 100%

4. What portion of your HealthChoice volume is represented by UnitedHealthcare?
   ⓪ None   ① 1% - 10%   ② 11% - 20%   ③ 21% - 30%   ④ 31% - 50%   ⑤ 51% - 75%   ⑥ 76% - 100%

5. How do you provide 24-hour availability? *(Mark all that apply)*
   ① Arrange for covering physician   ③ Always on-call   ⑤ Send to Emergency Room
   ② Forward calls to answering service   ④ Do not provide 24-hour availability

Please rate the following qualities and services provided by UnitedHealthcare in comparison to all other HealthChoice managed care organizations (MCOs) in which you participate.

| | UnitedHealthcare | | | | | All other HealthChoice MCOs | | | | |
	Excellent	Very good	Good	Fair	Poor	Excellent	Very good	Good	Fair	Poor
FINANCE ISSUES										
6. Accuracy of claims processing.	①	②	③	④	⑤	①	②	③	④	⑤
7. Timeliness of initial claims processing.	①	②	③	④	⑤	①	②	③	④	⑤
8. Timeliness of adjustment/appeal claims processing.	①	②	③	④	⑤	①	②	③	④	⑤
CUSTOMER SERVICE/PROVIDER RELATIONS										
9. Process for obtaining member eligibility information.	①	②	③	④	⑤	①	②	③	④	⑤
10. Responsiveness and courtesy of the health plan's provider relations/customer service representative.	①	②	③	④	⑤	①	②	③	④	⑤
11. Timeliness to answer questions and/or resolve problems.	①	②	③	④	⑤	①	②	③	④	⑤
12. Quality of written communications, policy bulletins, and manuals.	①	②	③	④	⑤	①	②	③	④	⑤
13. How would you rate the accuracy and accessibility of the drug formulary and formulary updates?	①	②	③	④	⑤	①	②	③	④	⑤
14. Overall, how would you rate Customer Service/Provider Relations?	①	②	③	④	⑤	①	②	③	④	⑤
15. Overall, how would you rate the telephone system?	①	②	③	④	⑤	①	②	③	④	⑤

16. Specialist network has an adequate number of specialists to whom I can refer my patients.

17. Are there any specialties that you find problematic when it comes to obtaining adequate care for UnitedHealthcare members? *(Please print)*

1.) _____   2.) _____   3.) _____

18. Please list any other comments or suggestions you have regarding the quality and availability of specialty care for your UnitedHealthcare members.

COORDINATION OF CARE/CASE MANAGEMENT

19. Overall, how would you rate UnitedHealthcare on Coordination of Care/Case Management?
   ① Excellent   ② Very good   ③ Good   ④ Fair   ⑤ Poor

Please continue on back ⇨⇨⇨

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NO-SHOW HEALTHCHOICE APPOINTMENTS

20. What percentage of your scheduled HealthChoice appointments are "no-show" appointments each week?

⓪ None   ① 1% - 25%   ② 26% - 50%   ③ 51% - 75%   ④ 76% - 100%

UTILIZATION MANAGEMENT

21. Timeliness for obtaining authorization of **outpatient** services.

22. Timeliness for obtaining authorization of **inpatient** services.

23. Timeliness of obtaining authorization for medication.

24. How would you rate your overall experience in obtaining **prior authorization** for medications?

OVERALL SATISFACTION

Overall satisfaction with...?

| | UnitedHealthcare | | | | | All other HealthChoice MCOs | | | | |
	Excellent	Very good	Good	Fair	Poor	Excellent	Very good	Good	Fair	Poor
25. UnitedHealthcare	①	②	③	④	⑤	①	②	③	④	⑤
26. All other HealthChoice MCOs	①	②	③	④	⑤	①	②	③	④	⑤

(Items 21–24 rated on the same Excellent–Poor scale:)

21. ① ② ③ ④ ⑤ ... ① ② ③ ④ ⑤
22. ① ② ③ ④ ⑤ ... ① ② ③ ④ ⑤
23. ① ② ③ ④ ⑤ ... ① ② ③ ④ ⑤
24. ① ② ③ ④ ⑤ ... ① ② ③ ④ ⑤

25. UnitedHealthcare
① Very satisfied
② Somewhat satisfied
③ Neither satisfied nor dissatisfied
④ Somewhat dissatisfied
⑤ Very dissatisfied

26. All other HealthChoice MCOs
① Very satisfied
② Somewhat satisfied
③ Neither satisfied nor dissatisfied
④ Somewhat dissatisfied
⑤ Very dissatisfied

27. Would you recommend UnitedHealthcare to patients?
① Definitely yes ② Probably yes ③ Probably not ④ Definitely not

28. Would you recommend UnitedHealthcare to other physicians?
① Definitely yes ② Probably yes ③ Probably not ④ Definitely not

29. What do you like **best** about UnitedHealthcare?
_____
_____

30. What do you like **least** about UnitedHealthcare?
_____
_____

31. What recommendations for improvements do you have for UnitedHealthcare?
_____
_____

32. What is the primary role of the person completing this survey?
① Physician ② Office Manager ③ Nurse ④ Other staff

33. I would like to be contacted by a UnitedHealthcare representative to discuss questions or concerns.

Name: _____ E-mail address: _____

Telephone: _____ Topic of Concern: _____

34. May we forward your survey responses and provider information to DHMH so they can work to improve the service they offer you?
① Yes ② No, keep my information confidential

Online Survey Password: _____

THANK YOU

Please return the completed survey in the postage-paid envelope.