

PIMA HEALTH SYSTEM 2009 PROVIDER SURVEY OVERVIEW

A. PROCESS

The 2009 provider survey was sent to a total of 345 contracted providers including PCP's, specialists, home care, nursing home, durable medical equipment, transportation and ancillary providers in September 2009. The survey tool included 15 questions on a single page with space for comments. The majority of survey questions asked the provider to rate various PHS functions such as Claims Processing, Contracts, Prior Authorizations etc. The survey also included a small number of "yes/no" questions designed to elicit the provider's interest in receiving the newsletter electronically, attending provider meetings, and setting up electronic billing and fund transfer. (See **Exhibit 1.**) Providers were given the option of completing a paper survey or an on-line version found on the PHS website.

B. RESPONSE RATE

84 providers completed the survey for a return rate of 24%. Of those completing the survey, 12 (14%) completed the survey on-line while 70 (86%) completed a paper survey.

C. RESULTS

Exhibit II displays tabulated results for all rated survey questions. Overall, positive ratings far exceeded negative ratings. Of note, provider satisfaction was very high (i.e., over 90%) with the contracting process, provider newsletter, specialty network, cultural competency, website information, and assistance received from Provider Services, Member Services, and case managers.

Three (3) of 11 rated areas fell below 90% but nonetheless received overall positive ratings: Claims Customer Service (88%), Prior Authorizations Process (85%), and Timeliness of Claims Payment Process (75%).

Exhibit III tabulates "yes/no" survey questions designed to elicit provider interest in participating in various processes. A majority of respondents indicated interest in setting up electronic billing (64%) and attending provider meetings to receive updates (54%). Fewer than half were interested in electronic fund transfer (36%) or receiving the newsletter electronically (46%). Those expressing interest in setting up electronic billing or fund transfer were instructed to contact their Provider Representative for assistance. Those who asked to receive the provider newsletter electronically will begin to do so with the next edition.

Exhibit IV displays the comments made by providers on the survey forms. A total of 30 distinct provider comments were made. They are summarized as follows:

1. **Positive Comments:** Ten (10) or 33% of the comments were positive in nature. These included positive statements about PHS as a health plan and appreciation for assistance provided by PHS staff.
2. **Negative Comments:** Seven (7) or 21% of the comments were considered negative in nature and reflected provider concerns about particular processes.

3. **General Comments:** 13 or 46% were informational in nature or represented a mix of positive and negative feedback. A couple of providers offered specific suggestions for improvement of the on-line claims inquiry function on the website.

Exhibit V provides a comparison of 2008 and 2009 survey results. In several key areas, the percentage of positive ratings in 2009 increased significantly: timeliness of claims payments (65% in 2008 to 75% in 2009); the prior authorizations process (61% in 2008 to 85% in 2009); ability to receive information from Member Services about eligibility (79% in 2008 to 94% in 2009); assistance received from Case Managers (86% in 2008 to 95% in 2009). Other survey areas were rated very high in both 2008 and 2009 and did not show significant change.

D. ANALYSIS

Provider ratings were very positive (i.e. 90% or higher) in most areas included in the 2009 Provider Survey. In addition, several key areas showed significant improvement in 2009 as compared to the 2008 survey. There is a need to review specific provider comments for opportunities to improve certain processes and/or provide further education to clarify processes.

E. FOLLOW-UP

Provider Representatives have followed-up with all providers who expressed difficulty with a specific PHS process to assist them to resolve their concerns. Specific feedback and suggestions for improvement in identified processes will be forwarded to the responsible PHS Departments. Results of the survey will be shared with the Executive Leadership team in October 2009 and presented at the Quality Management/Performance Improvement quarterly meeting to determine further opportunities for improvement.