

Provider Satisfaction Survey PrimeWest Health

Objective

The Prime West Health Provider Satisfaction Survey is used to determine general provider satisfaction with PrimeWest Health. PrimeWest Health conducted a self-administered mailed survey June of 2009.

Survey Design

The PrimeWest Health Provider Satisfaction Survey was initially designed and based on questions the PrimeWest Health CEO and Director of Provider Services felt to be pertinent for the times in regards to PrimeWest Health's customer relations and claims processing.

This year's survey consisted of the 4 basic sections listed below. These 4 sections consisted of multiple choice questions with the following options: Always, Mostly, Sometimes, Never. There was also a final section which again included 1 open-ended question regarding the PrimeWest Health website and an "Additional Comments" area that solicited further comments from the providers.

- Section 1 - Provider Services Contact Center Customer Service (7 questions)
- Section 2 - Claims Processing and Payment (4 questions)
- Section 3 - Service Authorization Process (7 questions)
- Section 4 - Pharmacy Formulary Exceptions (3 questions)

Survey Methodology

The PrimeWest Health Provider Survey was mailed on June 4, 2009. We allowed 8 weeks for comments to be returned before tallying results.

Survey Population

PrimeWest Health's entire population of providers was surveyed representing all active entities (approximately 1,562 providers (facilities) which included 130 Home & Community Based Service (HCBS) providers which were indicated by cream-colored surveys) in 2008. The intent was to reflect PrimeWest Health's performance since last year's survey of June 18, 2008.

PrimeWest Health received 457 responses which was approximately 29% of the entire provider population. Of the responding providers:

- 25 indicated they were Pharmacy providers (*approximately 6% of the responding providers*)
- 37 indicated they were Dental providers (*approximately 8% of the responding providers*)
- 45 were HCBS providers, indicated by cream-colored surveys (*approximately 10% of the responding providers and approximately 35% of the 130 HCBS providers surveyed*)
- 350 were all other provider types (*approximately 77% of the responding providers*)

Of Special Note:

The Provider Contact Center and Medical Administration was transitioned from Metropolitan Health Plan bringing these services in-house effective August 1, 2007, making 2008 the first full calendar year of the Contact Center being in the PrimeWest Health offices located in Alexandria. Claims administration was transitioned in-house effective January 1, 2008. PrimeWest Health expanded in March 2008 to include the 3 northern counties of Beltrami, Clearwater, and Hubbard.

**PrimeWest Health
Provider Satisfaction Survey
RESULTS**

NOTE: Percentages may not equal exactly 100% due to rounding.

Section 1
Provider Services Contact Center Customer Service

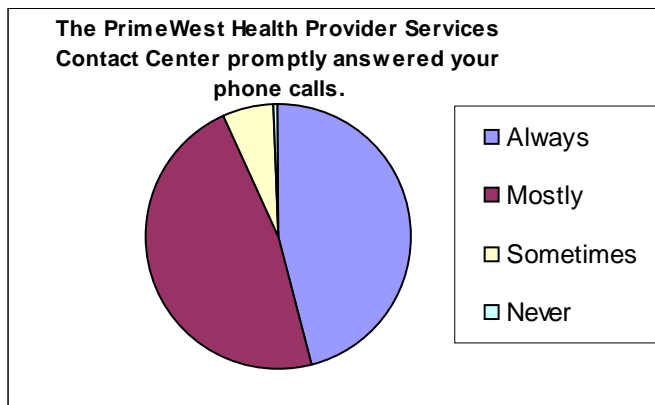
**NOTE: 403 providers indicated they've contacted the Contact Center.
(52 responded no)**

Question 1:

The PrimeWest Health Provider Services Contact Center promptly answered your phone calls.

398 providers responded to question 1 in the following manner:

Always	182	(46 %)
Mostly	189	(48 %)
Sometimes	25	(6 %)
Never	2	(1 %)



Analysis

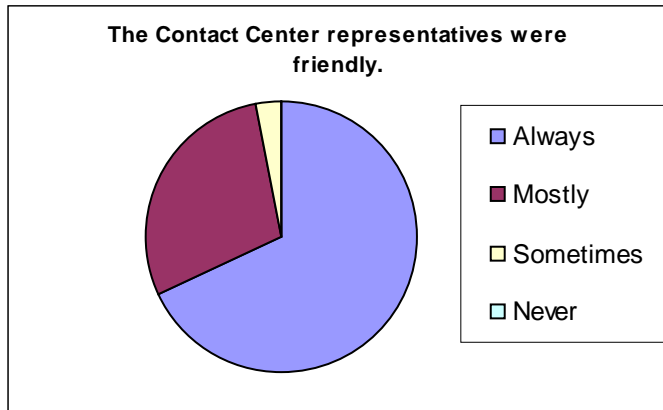
Most responding providers (94%) felt their phone calls are answered promptly.

Question 2:

The Contact Center representatives were friendly.

399 providers responded to question 2 in the following manner:

Always	271	(68 %)
Mostly	116	(29 %)
Sometimes	12	(3 %)
Never	0	(0 %)



Analysis

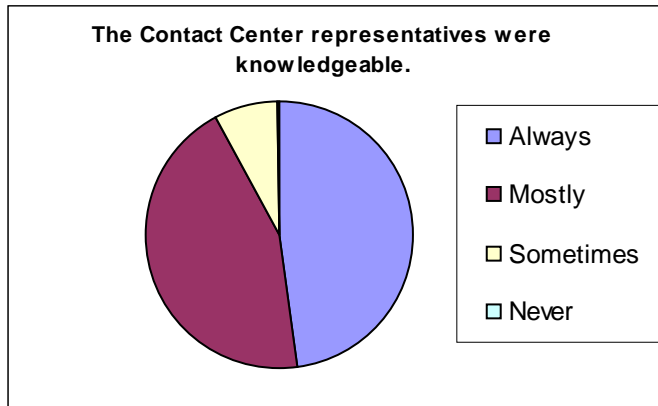
Most responding providers (97%) feel the Contact Center representatives treated them in a friendly manner.

Question 3:

The Contact Center representatives were knowledgeable.

399 providers responded to question 3 in the following manner:

Always	191	(48 %)
Mostly	176	(44 %)
Sometimes	31	(8 %)
Never	1	(0%)



Analysis

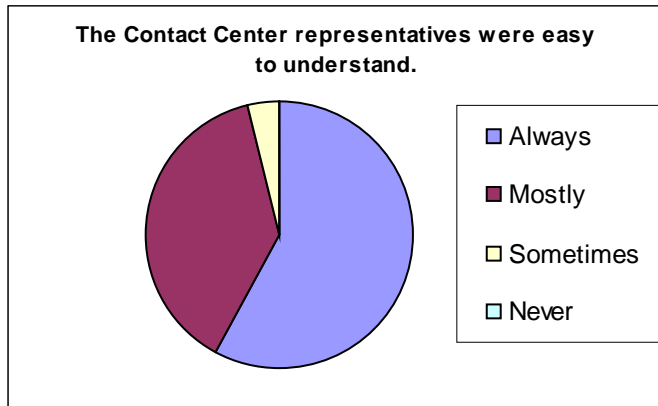
Most responding providers (92%) feel the Contact Center representatives were knowledgeable.

Question 4:

The Contact Center representatives were easy to understand.

399 providers responded to question 4 in the following manner:

Always	232	(58 %)
Mostly	152	(38 %)
Sometimes	15	(4 %)
Never	0	(0 %)



Analysis

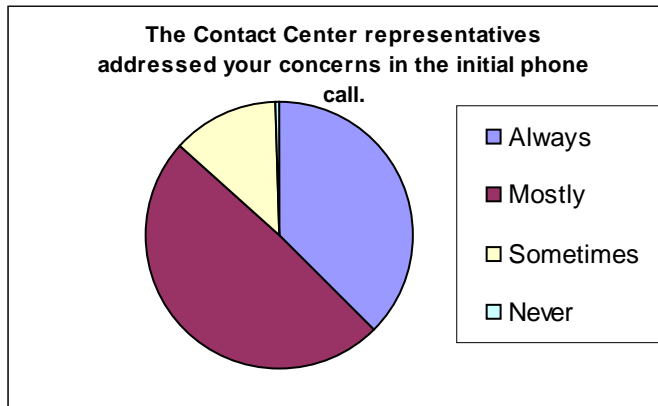
Most responding providers (96%) felt the Contact Center representatives were easy to understand.

Question 5:

The Contact Center representatives addressed your concerns in the initial phone call.

397 providers responded to question 5 in the following manner:

Always	149	(38 %)
Mostly	195	(49 %)
Sometimes	51	(13 %)
Never	2	(1%)



Analysis

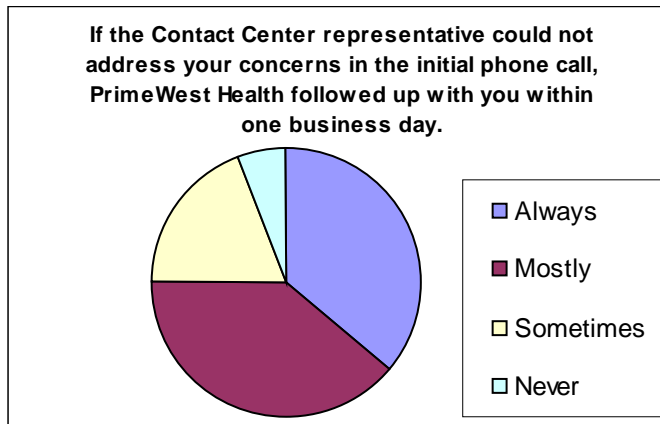
Most responding providers (87%) felt the Contact Center representative addressed their concerns in the initial phone call. This is a 7% increase from last year's survey.

Question 6:

If the Contact Center representative could not address your concerns in the initial phone call, PrimeWest Health followed up with you within one business day.

360 providers responded to question 6 in the following manner:

Always	130	(36 %)
Mostly	140	(39 %)
Sometimes	69	(19 %)
Never	21	(6 %)



Analysis

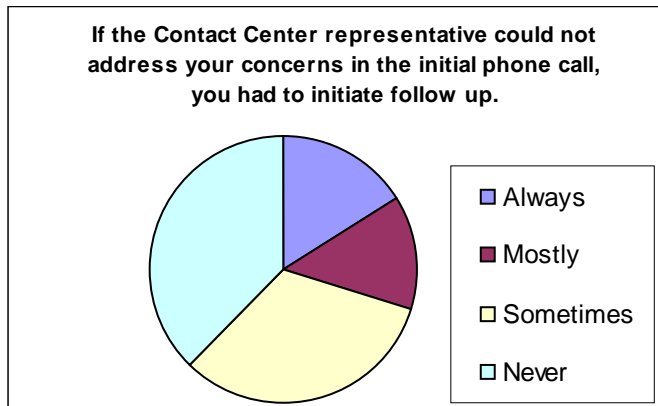
The majority of responding providers (75%) received follow-up within one business day. This percentage has continued to improve each year for the past 2 years (62% 2 years ago).

Question 7:

If the Contact Center representative could not address your concerns in the initial phone call, you had to initiate follow up.

359 providers responded to question 7 in the following manner:

Always	58	(16 %)
Mostly	49	(14 %)
Sometimes	116	(32 %)
Never	136	(38 %)



Analysis

The majority of responding providers (70%) did not have to initiate follow-up.

Section 2
Claims Processing and Payment

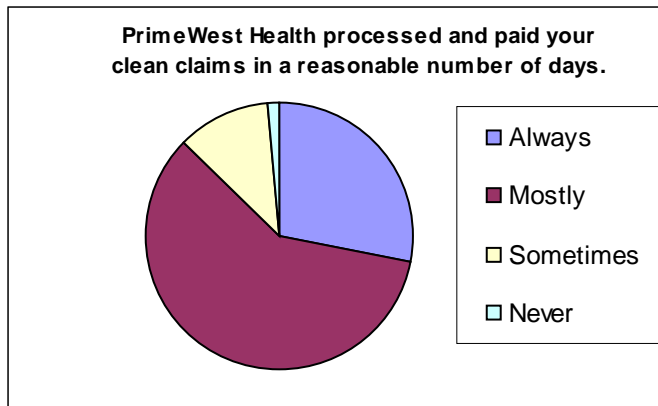
NOTE: 426 providers indicated they send claims to PrimeWest Health for reimbursement. (26 responded no)

Question 8:

PrimeWest Health processed and paid your clean claims in a reasonable number of days.

405 providers responded to question 8 in the following manner:

Always	114	(28 %)
Mostly	239	(59 %)
Sometimes	46	(11 %)
Never	6	(2 %)



Question 8A:

Please define “reasonable” number of days.

Average answer = 23.74 days
(251 responded to this portion of the question)

Analysis

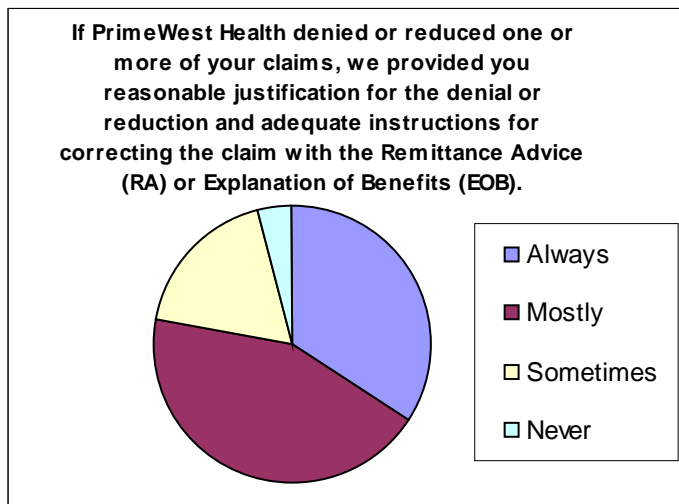
Most responding providers (87%) stated they feel their clean claims are processed and paid in a reasonable number of days. This is an increase of 11% from last year’s survey. The average response of what they feel is a reasonable number of days was 23.74. PrimeWest Health is required to pay clean claims within 30 business days and PrimeWest Health follows these requirements. At the time of this report, PrimeWest Health’s average turnaround time for processing a clean claim is 7 to 10 days.

Question 9:

If PrimeWest Health denied or reduced one or more of your claims, we provided you reasonable justification for the denial or reduction and adequate instructions for correcting the claim with the Remittance Advice (RA) or Explanation of Benefits (EOB).

398 providers responded to question 9 in the following manner:

Always	136	(34 %)
Mostly	174	(44 %)
Sometimes	73	(18 %)
Never	15	(4 %)



Analysis

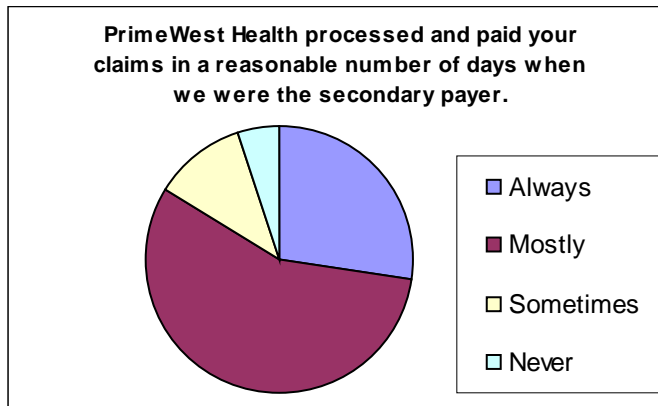
The majority of responding providers (78%) felt reasonable justification for the denial or reduction and adequate instructions for correcting the claim were given with the RA or EOB.

Question 10:

PrimeWest Health processed and paid your claims in a reasonable number of days when we were the secondary payer.

347 providers responded to question 10 in the following manner:

Always	95	(27 %)
Mostly	195	(56 %)
Sometimes	40	(12 %)
Never	17	(5 %)



Analysis

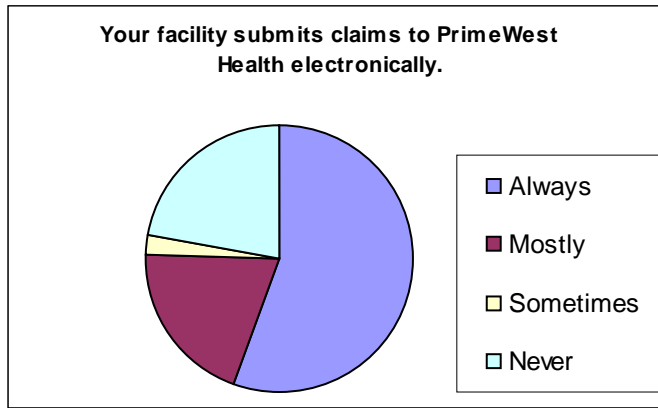
The majority of responding providers (83%) felt PrimeWest Health processed and paid their PrimeWest Health secondary payer claims in a reasonable number of days. This is a 6% increase from last year's survey.

Question 11:

Your facility submits claims to PrimeWest Health electronically.

407 providers responded to question 11 in the following manner:

Always	226	(56 %)
Mostly	82	(20 %)
Sometimes	8	(2 %)
Never	91	(22 %)



Analysis

The majority of responding providers (76%) stated they do submit claims electronically. This is a 25% increase from last year's survey. PrimeWest Health anticipates these numbers will continue to increase with the implementation of the E3 initiative.

Section 3
Service Authorization Process

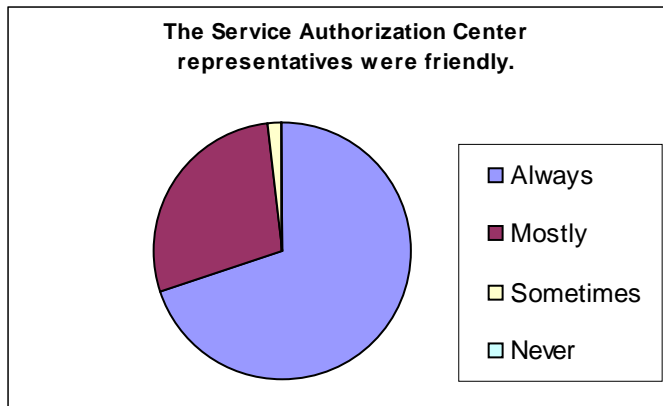
NOTE: 199 providers indicated they have had to obtain a Service Authorization. (241 responded no)

Question 12:

The Service Authorization Center representatives were friendly.

195 providers responded to question 12 in the following manner:

Always	136	(70 %)
Mostly	56	(29 %)
Sometimes	3	(2 %)
Never	0	(0 %)



Analysis

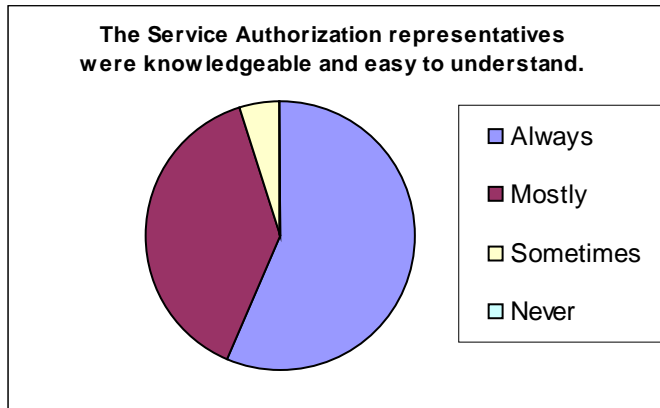
Most responding providers (99%) felt the Service Authorization Center representatives were friendly.

Question 13:

The Service Authorization representatives were knowledgeable and easy to understand.

190 providers responded to question 13 in the following manner:

Always	107	(56 %)
Mostly	74	(39 %)
Sometimes	9	(5 %)
Never	0	(0 %)



Analysis

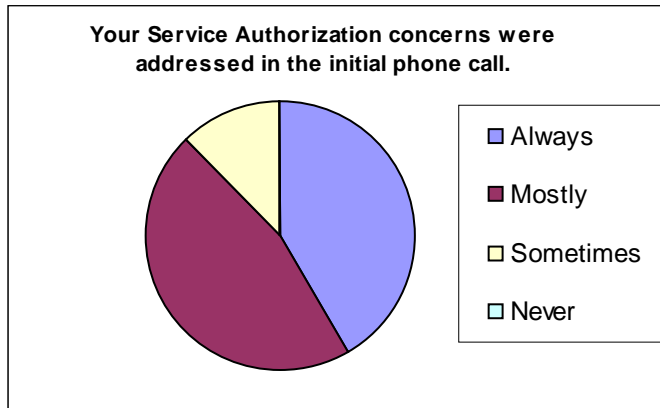
Most responding providers (95%) felt the Service Authorization representatives were knowledgeable and easy to understand.

Question 14:

Your Service Authorization concerns were addressed in the initial phone call.

189 providers responded to question 14 in the following manner:

Always	79	(42 %)
Mostly	87	(46 %)
Sometimes	23	(12 %)
Never	0	(0 %)



Analysis

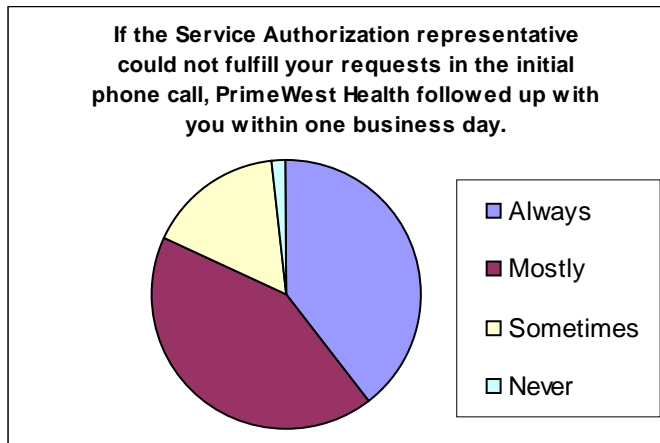
Most responding providers (88%) stated their Service authorization concerns were addressed in the initial phone call.

Question 15:

If the Service Authorization representative could not fulfill your requests in the initial phone call, PrimeWest Health followed up with you within one business day.

172 providers responded to question 15 in the following manner:

Always	68	(40 %)
Mostly	73	(42 %)
Sometimes	28	(16 %)
Never	3	(2 %)



Analysis

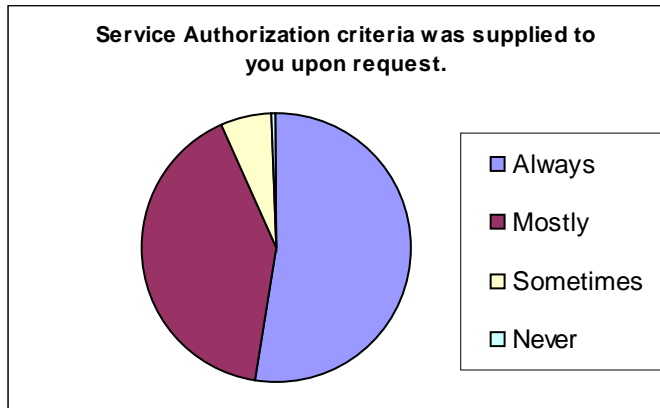
The majority of responding providers (82%) stated they received a follow-up call within one business day if the Service Authorization representative could not complete their request in the initial phone call.

Question 16:

Service Authorization criteria was supplied to you upon request.

183 providers responded to question 16 in the following manner:

Always	96	(53 %)
Mostly	75	(41 %)
Sometimes	11	(6 %)
Never	1	(0 %)



Analysis

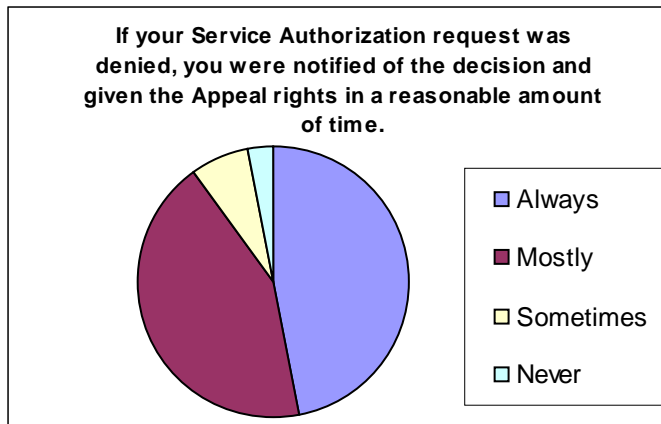
Most responding providers (94%) stated Service Authorization criteria was supplied to them upon request.

Question 17:

If your Service Authorization request was denied, you were notified of the decision and given the Appeal rights in a reasonable amount of time.

160 providers responded to question 17 in the following manner:

Always	75	(47 %)
Mostly	69	(43 %)
Sometimes	11	(7 %)
Never	5	(3 %)



Analysis

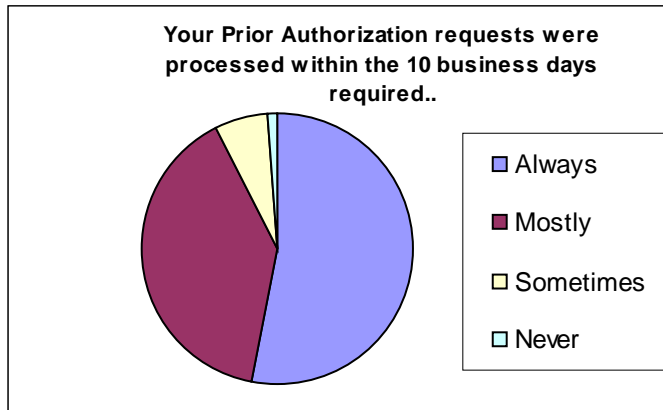
Most responding providers (90%) felt that if their Service Authorization request was denied, they were notified of the decision and given the appeal rights in a reasonable amount of time.

Question 18:

Your Prior Authorization requests were processed within the 10 business days required.

185 providers responded to question 18 in the following manner:

Always	98	(53 %)
Mostly	73	(40 %)
Sometimes	12	(7 %)
Never	2	(1 %)



Analysis

Most responding providers (89%) stated their prior authorization requests were processed within the 10 business day requirement.

Section 4
Pharmacy Formulary Exceptions

NOTE: Only 25 providers taking the 2007 Provider Satisfaction Survey indicated they were a pharmacy. (432 responded no).

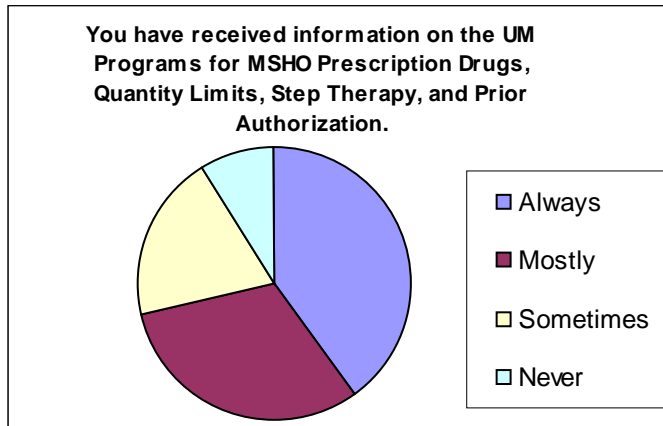
53 providers indicated they've had to obtain a Pharmacy Formulary Exception. (324 responded no)

Question 19:

You have received information on the UM Programs for MSHO Prescription Drugs, Quantity Limits, Step Therapy, and Prior Authorization.

45 providers responded to question 19 in the following manner:

Always	18	(40 %)
Mostly	14	(31 %)
Sometimes	9	(20 %)
Never	4	(9 %)



Analysis

The majority of responding providers (71%) felt they have received information on the UM Programs for MSHO Prescription Drugs, Quantity Limits, Step Therapy, or Prior Authorization.

Question 20:

The Pharmacy Help Desk has supplied you with accurate information when you call in with questions.

48 providers responded to question 20 in the following manner:

Always	21	(44 %)
Mostly	20	(42 %)
Sometimes	4	(8 %)
Never	3	(6 %)



Analysis

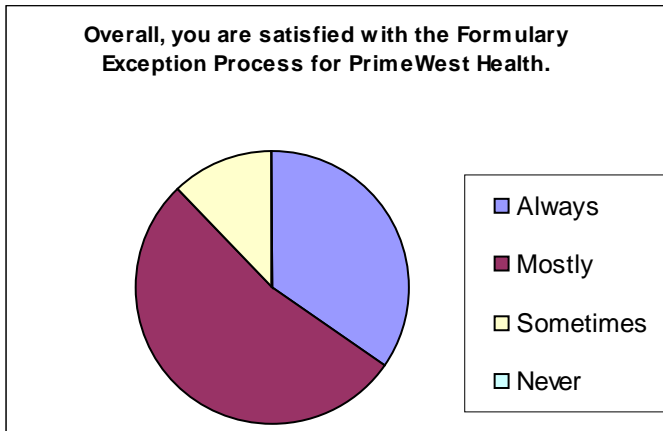
Most responding providers (86%) felt the Pharmacy Help Desk supplied them with accurate information when they called in with questions.

Question 21:

Overall, you are satisfied with the Formulary Exception Process for PrimeWest Health.

49 providers responded to question 21 in the following manner:

Always	17	(35 %)
Mostly	26	(53 %)
Sometimes	6	(12 %)
Never	0	(0 %)



Analysis

Most responding providers (88%) are satisfied with the Formulary Exception Process for PrimeWest Health.