

# Arizona Complete Health Complete Care Plan – ACC

## Monthly Member Survey

### Survey Analysis CY2019 Q4 Report



## Monthly Member Survey CY19 Q4 (July 1 – September 30)

### SCOPE OF WORK

Arizona Complete Health Complete Care Plan – ACC (AzCH-CCP ACC) developed a Monthly Member Survey aimed at capturing member’s satisfaction with their services and service delivery (see Appendix A). Survey results will assist AzCH-CCP ACC with ongoing monitoring of member satisfaction, agency performance, and assist with identifying areas of improvement.

The survey questions measure the following:

Questions 1 – 5:	Patient Experience
Question 6:	Outcomes and Improved Functioning
Questions 7 – 8:	Access to Care
Question 9:	Overall Satisfaction with Health Plan
Question 10:	Coordination of Care

### Timeline

Survey results are due to AzCH-CCP ACC quarterly, 15 business days after the end of the quarter. AzCH-CCP ACC will submit survey results to Arizona Health Care Cost Containment System (AHCCCS) quarterly, 30 business days after the end of the quarter. AzCH-CCP ACC will submit individual survey results to the corresponding providers quarterly, 30 business days after the end of the quarter.

Original Monthly Survey Start Date: February 1, 2018

The submission of the survey analysis will occur on the following dates:

- January 31 CY2019 Q1 (October 1 – December 31)
- April 30 CY2019 Q2 (January 1 – March 31)
- July 30 CY2019 Q3 (April 1 – June 30)
- October 30 CY2019 Q4 (July 1 – September 30)

### Methodology

Data collection conducted by SPH Analytics for the CY2019 Member Satisfaction Survey is administered as a single-wave mail study. In Q4 of CY2019, 2,625 surveys were mailed to AzCH-CCP ACC members. The mailing packet consists of a single page cover letter and single page questionnaire, each printed double-sided in English and Spanish, and a Business Return envelope.

### ANALYSIS

SPH Analytics distributed surveys for the period of July 1, 2019 through September 30, 2019. The survey results were submitted to AzCH-CCP ACC on October 9, 2019. The survey answers are weighted from one, “Strongly Disagree”, to five, “Strongly Agree”; the option of “Not Applicable” is not included when calculating answer averages. Results include an overall rating average from one (low) to five (high) based on the answer weights mentioned above, for each question. The minimum performance standard (MPS) is a rating average of 4 for each question. The AzCH-CCP ACC rating average goal is 4.5+ for each question.



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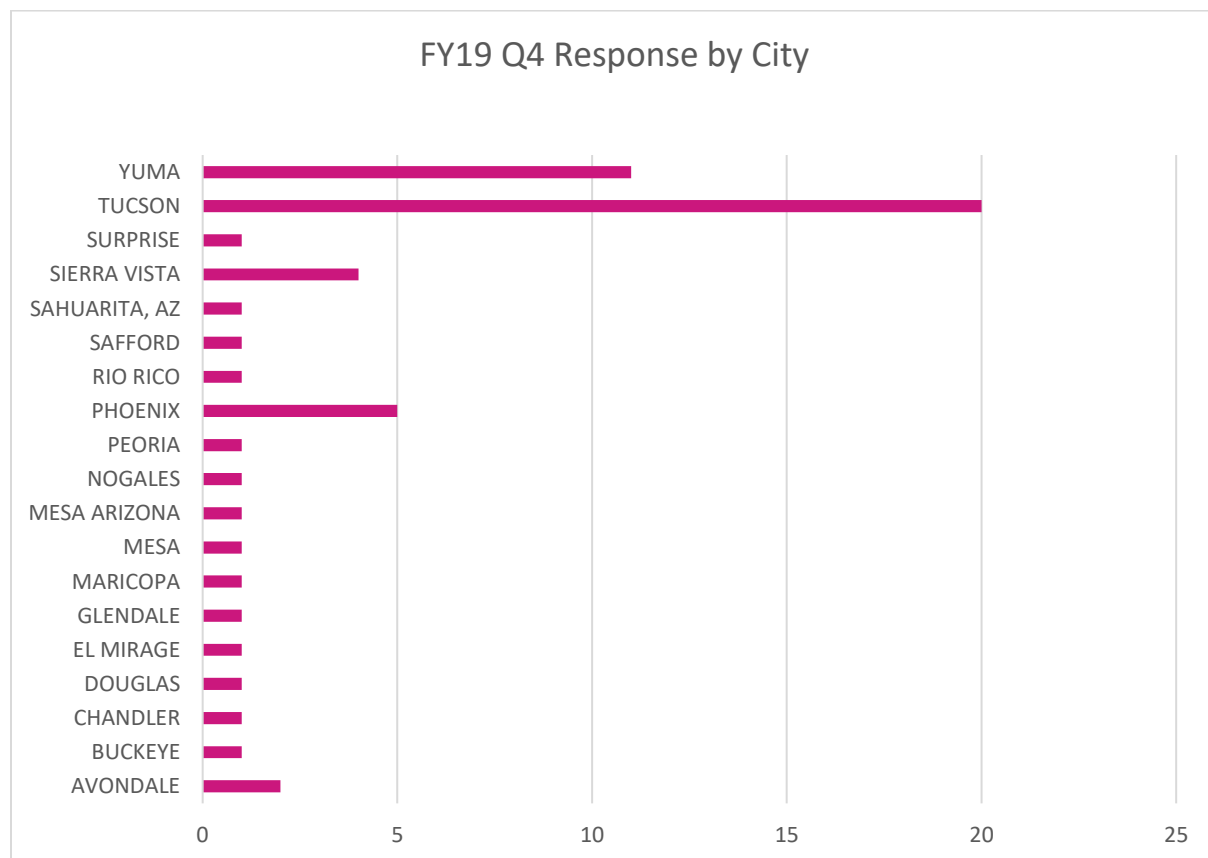
**Response Rate**

The total count for Member Satisfaction Surveys sent during CY2019 Q3 through Q4 was 5,250 with a response rate of 2.24%. Total response count for the CY2019 Q4 period was 62. The count of surveys mailed out to members was 2,625 for CY2019 Q4 with a response rate of 2.4%.

	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	ACC	ACC	ACC	ACC
Mail out size	2,025	2,425	2,625	2,625
Completed surveys	45	52	62	62
Response rate	2.2%	2.1%	2.4%	2.4%

Figure 1 displays the response count by location. Tucson was identified by 23.36% of respondents as their place of service, with a total count of 20.

*Figure 1*



**Response Rate Interventions**

AzCH-CCP ACC continues to utilize the revised CY2019 cover letter that is mailed out with the survey to generate more interest. The revised cover letter includes contact information for a member of the Quality Management department to assist any member who has received the survey with questions or comments they would like to give directly to AzCH-CCP ACC. Quality Management continues to explore



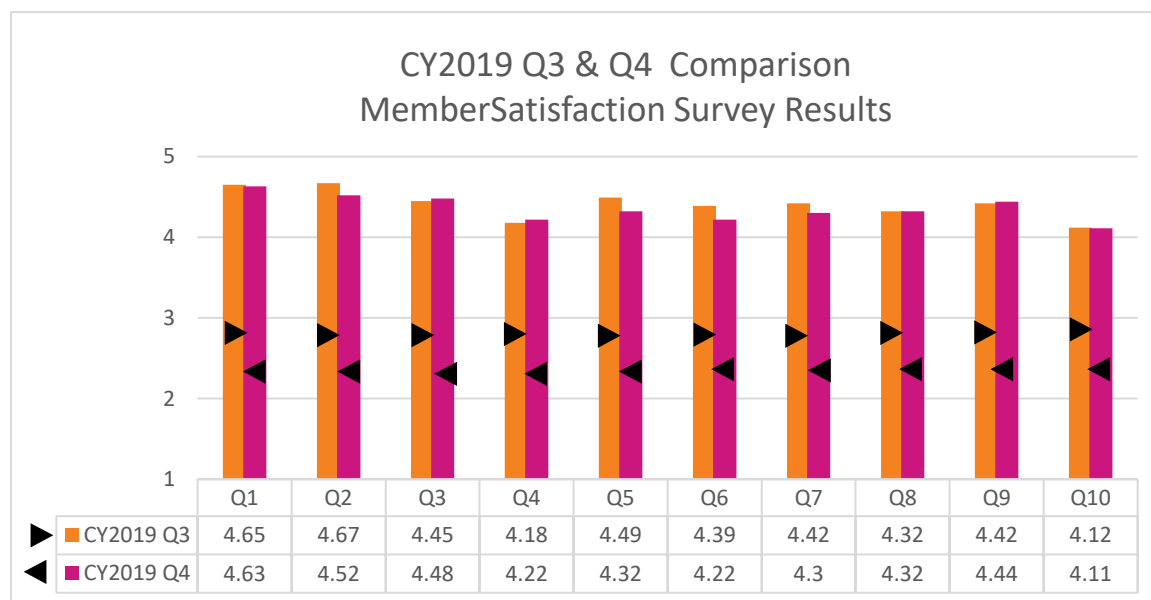
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opportunities to increase member participation in the survey process. Quality Management collaborates with other key internal departments, including our OIFA and Care Management teams, to strategize potential interventions to increase response rates.

**Survey Results**

Figure 2 compares overall rating averages from the CY2019 Q3 reporting period to CY2019 Q4 reporting period. Overall, the survey questions exceeded the MPS of 4 for member satisfaction for the CY2019 Q3 reporting period, as well as, for the CY2019 Q4 reporting period. Six questions achieved lower averages in CY2019 Q4 over the Q3 reporting period. Two questions achieved higher averages in CY2019 Q4 over the Q3 reporting period. One question scored identically to the quarter previous. There was no statistical significance testing that was able to extrapolate a meaningful increase or decrease in member responses between CY2019 Q3 and Q4 reporting periods.

*Figure 2*



In an attempt to determine whether the difference between the current and previous satisfaction scores for Questions 1 through 10 are statistically significant, unpaired two-sample t-tests were completed using an alpha level of 0.10 as the significance criterion and 90% confidence level. Table 1 provides an assessment of the statistical significance between the CY2019 Q3 and Q4 ratings. There was an increase in three questions, a decrease in six, and one remained unchanged.

*Table 1*

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Question	2019 Q1	2019 Q2	2019 Q3	2019 Q4
<i>Sample Size</i>	<i>(n=45)</i>	<i>(n=52)</i>	<i>(n=62)</i>	<i>(n=62)</i>
1. The provider’s office is safe, clean, comfortable and inviting.	4.59	4.61	4.65	4.63
2. I was treated in a friendly and welcoming manner.	4.55	4.64	4.67	4.52
3. The team listens to me and believes we can accomplish our goals.	4.40	4.47	4.45	4.48
4. I am working with staff on activities to improve my health and wellness.	4.39	4.24	4.18	4.22
5. I know who to call if I have a problem or need help.	4.30	4.23	4.49	4.32
6. My services are helping me.	4.32	4.29	4.39	4.22
7. I receive services where I need them.	4.47	4.32	4.42	4.30
8. I receive services when I need them.	4.40	4.22	4.32	4.32
9. I am satisfied with Arizona Complete Health as my Health Plan.	4.36	4.30	4.42	4.44
10. My provider stays in touch with other providers/organizations in my life.	4.26	4.02	4.12	4.11

**Survey Result Interventions**

**Member focused interventions:**

- **Automated Member Calls** – These automated calls use a simulated, real, human voice and are scheduled to communicate valuable information to: (1) onboard new members, verify PCP, Complete and HRA; (2) close gaps in care and improve HEDIS outcomes; (3) improve how members manage their health and includes a live transfer for Members to Member Services to assist with appointment scheduling, transfer to Case Management or EPSDT team. This program began May 2018. This intervention is driving survey score increases for the following questions: Question 4 – I am working with staff on activities to improve my overall health and wellness; Question 6 – Services are helping me to get better; Question 8 – I receive services when I need them; and, Question 9 – I am satisfied with Arizona Complete Health as my health plan.

**CY2019 Q4 Update:** automated calls continue to be utilized for member outreach and education, as well as, for various quality improvement initiatives.

- **Appointment Availability Flyer** – This flyer is aimed at helping the member differentiate between routine, urgent, and emergency/crisis care; and, how to schedule their routine or urgent are appointments with an expected timeline of how soon appointments should be made by the health care provider. The flyer contains contact information for AzCH-CCP ACC Member Services, Nurse Advice Line, Peer Warm Line, and Crisis Services. This intervention is driving the survey score increases for the following questions: Question 5 – I know who to call if I have a problem or need help; Question 6 – Services are helping me to get better; Question 7 – I receive services where I need them; Question 8 – I receive services when I need them; and, Question 9 – I am satisfied with Arizona Complete Health as my health plan.



**CY2019 Q4 Update:** The Appointment Availability Flyers continue to be utilized for member outreach and education. AzCH-CCP ACC will update this resource on an annual basis.

- AzCH-CCP ACC Case Management Satisfaction Survey – This is a short survey that is offered at the end of a case management call. The goal with this survey is to glean immediate issues the member may have with their care management interactions. Current process is under review due to possible bias since the care manager involved is the person reviewing the survey with the member. A new case management survey methodology is being developed in CY2019 Q2 and Q3 with implementation scheduled for CY2019 Q3 or Q4. The change in the methodology is to reduce the potential results bias and improve the acquisition of meaningful and actionable results. This intervention is driving the survey score increases for the following questions: Question 2 – I was treated in a friendly and welcoming manner; Question 3 – My team listens to me and believes I can accomplish my goals; Question 6 – Services are helping me to get better; and, Question 9 – I am satisfied with Arizona Complete Health as my health plan.

**CY2019 Q4 Update:** The Quality Management and Care Management teams continue to work on developing an automated IVR survey that will be conducted on a quarterly basis. Until this new survey methodology becomes available, care management teams continue to gather satisfaction information from members at the end of their calls.

**Provider focused interventions:**

- Patient Experience Toolkit – This toolkit is collaborative effort developed by providers for providers and distributed to assist in improving the patient experience by offering useful guidelines, tips, and other materials. The toolkit is based on recommendations, feedback, and best practices that were received from participating providers. The Toolkit was distributed to providers in July 2018. Follow-up with providers who received the Toolkit in July 2018 will occur in CY2019 Q4 to determine the utilization uptake and identification of barriers/successes of implementation. This intervention is driving the survey score increases for the following questions: Question 2 – I was treated in a friendly and welcoming manner; Question 3 – My team listens to me and believes I can accomplish my goals; Question 4 – I am working with staff on activities to improve my overall health and wellness; Question 10 – My provider stays in touch with the other providers/organizations in my life.

**CY2019 Q4 Update:** The Patient Experience Toolkit continues to be utilized. Beginning in February 2019, the AzCH-CCP ACC Quality Management team began providing this toolkit to providers post audit. The Quality Management team will focus on presentations on this toolkit to providers in CY2019 Q4.

- Coordination of Care (COC) Protocol – This protocol is to assist health care providers coordinate care and develop comprehensive treatment plans with physical, specialty, and behavioral health providers for all patients with a direct focus on complex care patients with a behavioral health and/or substance abuse diagnosis, and/or other comorbid chronic condition. This protocol is currently in development to be distributed to providers this quarter. This intervention is driving the survey score increases for the following questions:



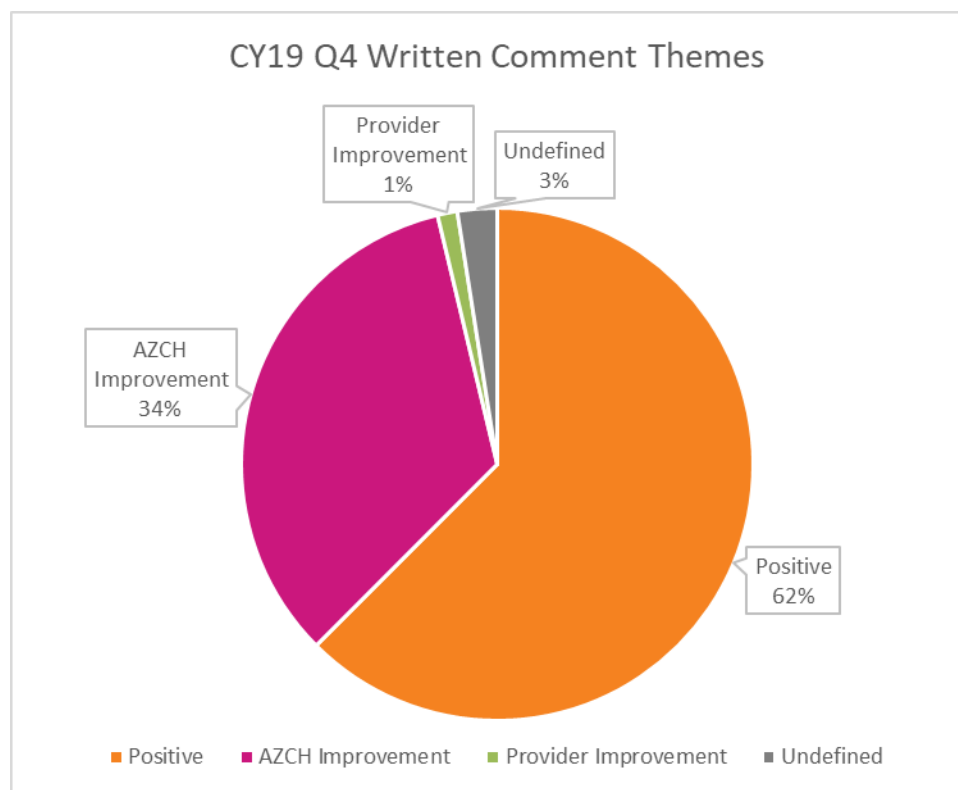
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Question 3 – My team listens to me and believes I can accomplish my goals; Question 4 – I am working with staff on activities to improve my overall health and wellness; Question 7 – I receive services where I need them; Question 8 – I receive services when I need them; and, Question 10 – My provider stays in touch with the other providers/organizations in my life.

**CY2019 Q4 Update:** The Coordination of Care Protocol continues to be utilized. That was initiated in February 2019, the AzCH-CCP ACC Quality Management Audit team began providing this toolkit to providers post audit.

### **Member Written Comments**

The written comments are member responses to the open-ended statement at the end of the survey. The following statement was included on the survey: Please list your concerns or ideas for how we can improve. There were a total of 26 comments.



Below is a small sample of positive comments:

- Thank them. I am very satisfied with my medical plan. Thank you for you medical services.
- Yes! Yes! I love, love, love my doctor! His name is Jerry Sandhaus, he is a PA and the best doctor I have ever had, truly!
- Your representatives are very nice, professional, and competent.



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Below is a small sample of comments for improvement:

- Sometimes it takes a long time to get approval. I need a med and it has been about a month so far.
- I have been in contact trying to receive a new card with his name on it and yet to get one.
- A lot of pharmacies stopped taking my health insurance, i.e., Walgreens.

**Response Actions/Interventions:** AzCH-CCP ACC monitors care from providers across the network to ensure high quality of care. This includes, but is not limited to, member experience, quality performance metrics, cost of care, utilization, complaints, quality of care concerns, and appeals and grievances. Data from the monitoring is explored consistently through the team, coordination, and committee meetings. Specific action plans are put in place when deficiencies or trends are found, to include working with specific providers or agencies to ensure high quality of care. In addition, AzCH-CCP ACC has implemented a number of value-based purchasing contracts to further incentivize high quality care. AzCH-CCP ACC is constantly working to educate members on various aspects of the plan for which they are targeted as an appropriate audience.