

Arizona Complete Health- Complete Care Plan ACC

Monthly Member Survey

Survey Analysis CY2021 Q1 Report



Monthly Member Survey CY2021 Q1 (October - December)

SCOPE OF WORK

Arizona Complete Health Complete Care Plan – ACC (AzCH-CCP) 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 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:	Tobacco Cessation

Timeline

Survey results are due to AzCH-CCP quarterly, 30 business days after the end of the quarter. AzCH-CCP will submit survey results to Arizona Health Care Cost Containment System (AHCCCS) quarterly, 30 business days after the end of the quarter. AzCH-CCP 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 CY2021 Q1 (October 1 – December 31)
- April 30 CY2021 Q2 (January 1 – March 31)
- July 30 CY2021 Q3 (April 1 – June 30)
- October 30 CY2021 Q4 (July 1 – September 30)

Methodology

Data collection conducted by Qualtrics survey platform for the CY2021 Member Satisfaction Survey is administered as a single-wave email study. In Q1 of CY2021, 7,875 surveys were emailed to AzCH-CCP ACC members. The email consists of a questionnaire in English and Spanish.

ANALYSIS

Qualtrics survey platform emailed surveys for the period of October 1, 2020 through December 30, 2020. 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 or greater for each question.

Response Rate



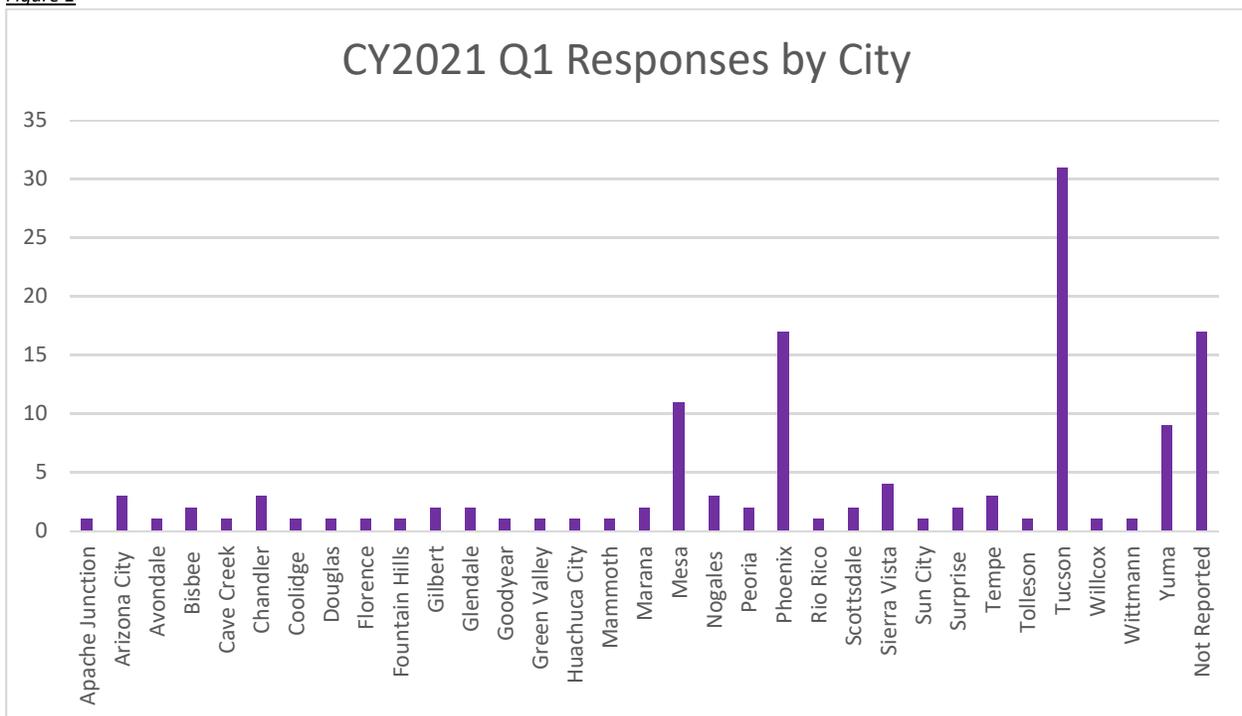
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The total count for Member Satisfaction Surveys sent during CY2021 Q1 was 7,875 with a response rate of 1.66%. Total response count for the CY2021 Q1 period was 131.

	Q1 2021
	ACC
Mail out size	7,875
Completed surveys	131
Response rate	1.66%

Figure 1 displays the response count by location. Tucson was identified by 27% of respondents as their place of service, with a total count of 31. Phoenix finished second with 15% of the respondents with a total count of 17. Mesa finished third with 10% counting 11 total. If we combined these three cities it would account for 50% of the total respondents in Q1.

Figure 1



Response Rate Interventions

AzCH-CCP ACC began using the Qualtrics survey platform and changing from a mailed letter to email method of delivery. Quality Improvement continues to explore opportunities to increase member participation in the survey process. Quality Improvement collaborates with other key internal departments, including our Office of Individual and Family Affairs and the Care Management teams, to strategize potential interventions to increase response rates.



Survey Results

Figure 2 compares overall rating averages from the cumulative total in CY2021 Q1 reporting period to CY2020 Q4 reporting period. Overall, the survey questions exceeded the MPS of 4 for member satisfaction except for Question 10 (Tobacco Cessation) for the CY2020 Q4 reporting period. Four of the questions in CY2021 Q1 achieved higher averages compared to the CY2020 Q4 scores. There was no statistical significance testing that was able to extrapolate a meaningful increase or decrease in member responses between CY2021 Q14 and CY2020 Q4 reporting periods. As referenced in the report, CY2021 Q1 utilized a different survey platform compared to CY2020 Q4.

Figure 2

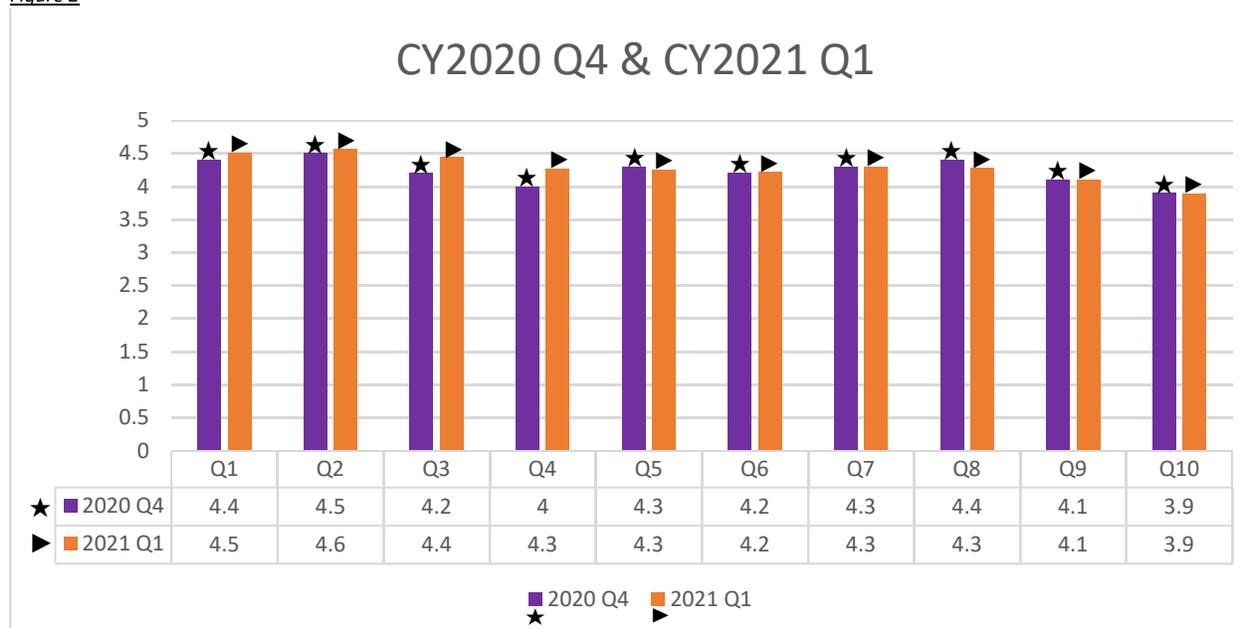


Table 1 provides a comparison of the ratings of each question (Questions 1 through 10) between the CY2020 Q4 and CY2021 Q1.

Table 1

Question	2020 Q4	2021 Q1
	<i>n=85</i>	<i>n=131</i>
1. The provider’s office is safe, clean, comfortable and inviting.	4.4	4.5
2. I was treated in a friendly and welcoming manner by my health care provider.	4.5	4.6
3. The team listens to me and believes we can accomplish our goals.	4.2	4.4
4. I am working with staff on activities to improve my health and wellness.	4.0	4.3
5. I know who to call if I have a problem or need help with my health care.	4.3	4.3
6. My services are helping me to get better.	4.2	4.2
7. I receive services when I need them.	4.3	4.3
8. I am satisfied with Arizona Complete Health as my Health Plan.	4.4	4.3
9. My provider stays in touch with other providers/organizations in my life.	4.1	4.1
10. My health care provider talks to me about smoking and tobacco use cessation?	3.9	3.9



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.

CY2021 Q1 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.]

CY2021 Q1 Update: The Appointment Availability Flyers continue to be utilized for member outreach and education. AzCH-CCP will update this resource on an annual basis.

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 initially distributed to providers in 2018. Quality Improvement department partners with the Provider Engagement to distribute this resource during scheduled meetings with provider organizations.

CY2021 Q1 Update: The Patient Experience Toolkit continues to be utilized. Beginning in February 2019, the AzCH-CCP Quality Improvement team began providing this toolkit to providers post audit. The Quality Improvement team will focus on presentations on this toolkit to providers in CY2021. This tool is being utilized with by the Quality Improvement CAHPS team during Delegated Vendor JOC meetings. During CY2021 Q1, the Quality

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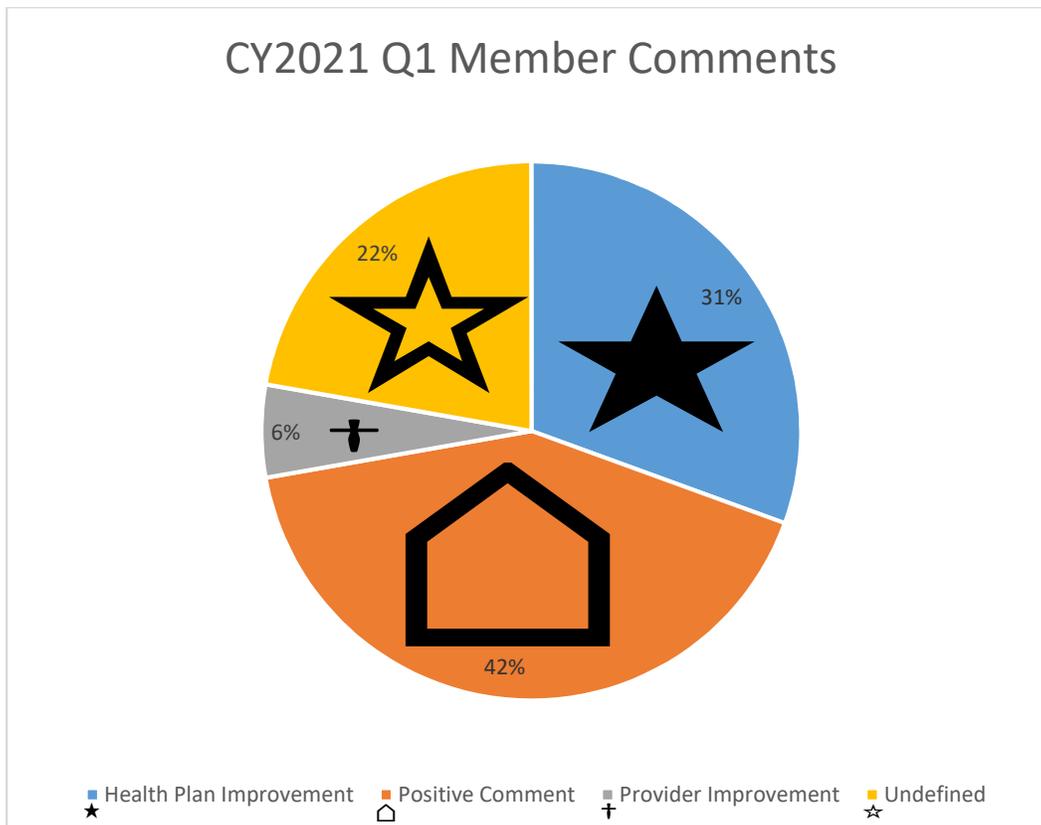


Improvement department distributed the Toolkit during the monthly Essential Provider Communication Teleconference. The Toolkit is accessible to providers on the Provider Portal and was highlighted in the recent Medicaid Provider Forum.

- **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 intervention is driving the survey score increases for the following questions: 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.

CY2021 Q1 Update: The Coordination of Care Protocol continues to be utilized by the Quality Improvement department in partnership with the Provider Engagement department as a tool that is distributed to our network of providers. The protocol was initiated in 2018, the AzCH-CCP ACC Quality Improvement Audit team is currently on hold from performing audits due to Covid-19 pandemic. However, the Quality Improvement Audit Team will begin providing this toolkit to providers post audit once audits are approved to resume by AHCCCS.

Figure 3





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 36 comments.

Member Written Comments

Below is a small sample of positive comments:

- Great customer service.
- Great job by all.
- I am very happy with my plan and have never had any problems I am very grateful for such medical assistance and updates through Arizona Complete Care.
- Just, thank you. I cannot afford health care. So thank you.
- Love this insurance and love my healthcare provider.
- The phone representatives are always friendly and helpful.
- The team works so well with each other and with other providers that I have no fear of “slipping through the cracks.” I always feel that my well-being is warmly addressed. They're able to help and respond all my questions.

Below is a small sample of comments for improvement:

- Doctors are changed too often.
- Still haven't received mine or my family's insurance cards. So frustrating.
- There was a long wait time when I tried calling earlier this week. Speaking to a person rather than automation would be preferable. Anyway, hope this helps! Have a great day :) Take care and God bless!
- We have tried calling 10 different doctors' offices near us to get our newborn seen. No one is accepting new patients or takes the insurance. We went off your list of approved providers. We then were assigned a doctor and they wouldn't see us.

Response Actions/Interventions: AzCH-CCP 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, and 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 has implemented a number of value-based purchasing contracts to further incentivize high quality care. AzCH-CCP is constantly working to educate members on various aspects of the plan for which they are targeted as an appropriate audience. Beginning CY2021 Q1, while utilizing the Qualtrics survey platform,

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members identified as needing additional support are escalated to appropriate departments for member outreach.