

**Medicaid and PeachCare for Kids Provider Survey:**  
**Customer Service Satisfaction**  
**Fall 2003**

**Prepared for ACS**

***By the Georgia Health Policy Center***



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## EXECUTIVE SUMMARY

The Georgia Department of Community Health contracted with Affiliated Computer Systems, Inc. (ACS) to provide claims administration for Georgia's Medicaid and PeachCare for Kids insurance programs beginning April 1, 2003. ACS contracted with the Georgia Health Policy Center at Georgia State University to conduct semi-annual member surveys to assess provider satisfaction with ACS's claims administration and customer service. The initial baseline survey was conducted in March 2003 before ACS assumed responsibility for claims administration. This report presents results of the first subsequent survey of 1,593 providers from a randomly selected stratified sample of providers who submitted a claim between April and September 2003. The survey was conducted between October 8 and November 21, 2003 via mail and the web, with follow-up phone surveys of providers in those categories where response rates were low.

The survey results indicate that half of providers are generally satisfied with their overall customer service experience. Although a few areas show improvements over the baseline survey, many areas show declines in satisfaction. The web portal represents a new addition to the claims administration system that was not available at the time of the spring 2003 baseline survey.

- 50% of providers reported that they were “usually” or “always” satisfied with their overall customer service experience.
  - A quarter of providers (25%) reported being “rarely” or “never” satisfied.
  - This represents a statistically significant **decline** in satisfaction for providers overall. It was driven by significant declines in satisfaction among hospitals and mental health providers.
  - The decline in satisfaction among dentists and physicians was not significant.
- The **web portal** was a new feature of the ACS claims administration system that was not available in the spring of 2003.
  - Almost two thirds (64%) of providers used the web portal weekly, with hospitals being most likely to use it. Only 26% of providers did not use it at all. Among these providers, experiencing technical difficulty was the most commonly reported barrier.

- Providers used the portal to check member eligibility, submit or check the status of claims, check policy manuals, or to keep up-to-date on policy changes
- Almost half of providers (48%) were satisfied overall with web portal's functionality. However, 30% were not satisfied.
- The most satisfied group of providers was mental health providers. Hospitals were the least satisfied.
- Providers were ***most satisfied with the ease of use*** of the portal. They were ***least satisfied with response time*** for communications sent via the web portal.
- Providers were **generally satisfied** with:
  - The *functionality of the Interactive Voice Response (IVR)* system
  - The *ease of use of the IVR* system
  - The *courtesy* of customer service
  - *Ease of submitting claims via WINASAP2000*
- The following areas showed **improvement** in satisfaction over baseline:
  - Satisfaction with customer service courtesy ***improved*** significantly over baseline.
  - *Response time for calls* to customer service
  - With the exception of mental health providers, increased knowledge of their provider representative
- The following areas showed **declines** in satisfaction over baseline:
  - Information provided by the ACS customer service representative
  - Field representative's response in a timely manner
  - Accuracy of field representatives' responses
  - Relevance of the training
  - Ease of use of the ID card
  - Usefulness of information on the ID card
  - Options for claims submissions
  - Claims processing
    - Processing of claims in a timely manner
    - Processing of claims accurately

## **BACKGROUND**

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Beginning in the spring of 2003, the Georgia Department of Community Health (DCH) contracted with Affiliated Computer Systems, Inc. (ACS) to provide claims administration for Georgia's Medicaid and PeachCare for Kids health insurance programs. ACS assumed responsibility for claims administration as of April 1, 2003. To meet the requirements of its contract with DCH and in the interests of ongoing quality improvement, ACS contracted with the Georgia Health Policy Center of Georgia State University (GHPC) to conduct provider surveys semi-annually to assess provider satisfaction with ACS's claims administration and customer service. GHPC conducted an initial baseline survey in March 2003 to determine providers' satisfaction with the claims administration provided by the previous claims administrator, Electronic Data Systems Corporation (EDS). This report details the results of the first subsequent survey, which GHPC conducted between October 8 and November 21, 2003.

## **METHODOLOGY**



## METHODOLOGY

GHPC conducted a mail and on-line survey of a stratified random sample of providers between October 8 and November 21, 2003. To insure an adequate response rate, follow-up calls were made to providers in the sample who failed to respond by October 31, 2003. The final response rate was 1,593 providers, or 23% of the 6,897 providers who received a survey in the mail.

### Sample

GHPC selected a stratified random sample of providers to contact for the survey. Only providers who had filed a claim since ACS became the claims administrator were eligible to receive the survey. Eligible providers were categorized into five types based on the category of service listed in the provider record<sup>1</sup>:

- Hospitals
- Dentists
- Mental health providers
- Physicians
- Other providers

The methodology used to classify providers and to select the random samples was the same as that used for the baseline survey with two minor differences:

- 1) The fall 2003 survey added the category “other providers”, which was not included in the spring 2003 baseline survey. Examples of “other providers” are free-standing dialysis clinic and chiropractor. In order to maintain comparability between the baseline and fall 2003 results, throughout this report when aggregate responses to the fall survey are compared to the baseline survey, only responses from the first four provider types are included. Information from “other providers” is reported separately where appropriate. Because “other providers” represent a minority of

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<sup>1</sup> Since many providers listed several different categories of service, a multi-step assignment process was used. Any provider with a category of service of 10 or 70 was classified as a hospital. Among the remaining providers (non-hospitals), those with a category of service of 450 or 460 were classified as dentists. Remaining providers with a category of service of 440 or 570 were classified as mental health providers. Remaining providers with a category of service equal to 430 or 431 were classified as physicians. Any providers that were exclusively listed as pharmacies were deliberately excluded. All remaining providers were classified as “other providers”.

providers overall, this approach should not seriously limit the results. Future surveys will allow comparability for all provider types.

- 2) For both the spring and fall 2003 surveys, GHPC selected the samples from provider data files provided by the claims administrator: EDS for the spring 2003 survey and ACS for the fall 2003 survey. The fall 2003 provider data file contained more out-of-state hospital providers than the spring 2003 file. Even when only those hospital providers who had filed a claim in the last six months were selected, more out-of-state providers remained in the fall 2003 file. In order to maintain comparability between the spring and fall 2003 surveys, the fall 2003 sample was constrained to have the same proportions of in- and out-of-state hospital providers as the spring 2003 sample had.<sup>2</sup>

### **Survey Instrument<sup>3</sup>**

The provider survey measured responses to customer service during a six-month period (April 1, 2003-September 30, 2003) through one open-ended question and thirty-two close-ended questions covering the following areas:

- 1) Web portal
- 2) Interactive voice response system
- 3) Customer service experiences
- 4) Regional service experiences
- 5) ID cards
- 6) Claims

The questionnaire utilized two five-point Likert scales. Both scales included an NA column for providers who had not used the service in the past six months.

In addition to the close-ended questions, providers were able to use a free space to add comments or clarifications. Excerpts from these comments appear throughout this report to illustrate specific viewpoints.

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<sup>2</sup> One of the concerns with including higher numbers of out-of-state providers is that these providers presumably have less frequent claims against Georgia Medicaid and PeachCare and so their experience of the system will differ systematically from the experience of in-state providers with more frequent claims.

<sup>3</sup> Full survey located in Appendix A

## Data Collection

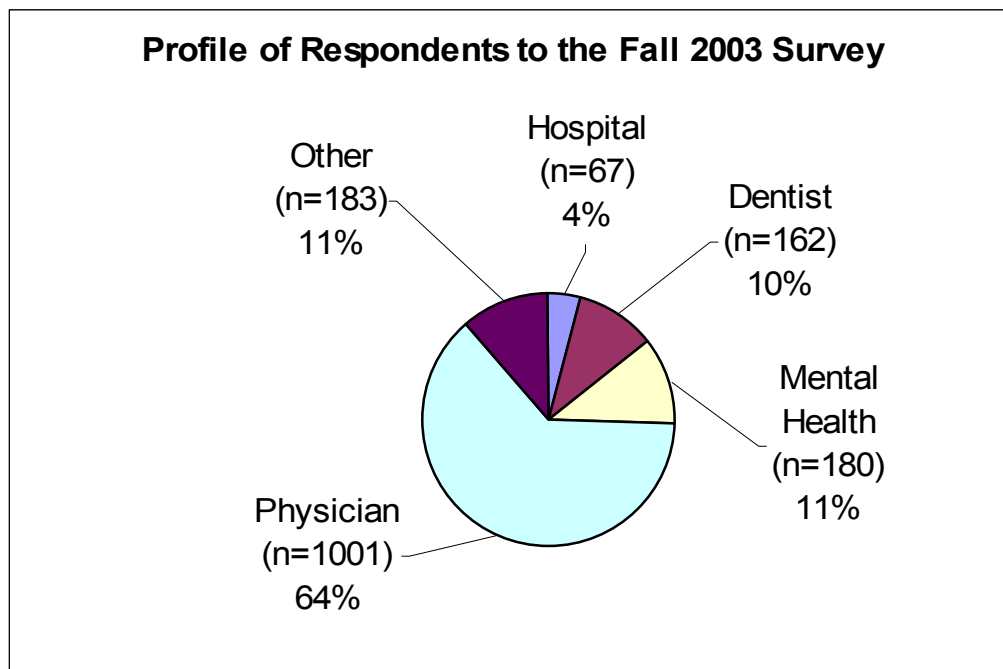
GHPC subcontracted with PEGUS Research, Inc. to administer the surveys and collect the responses. Surveys were mailed to a random sample of 6,897 providers under a cover letter from the Georgia Department of Community Health and were in the field from October 8, 2003 to November 21, 2003.

1,593 providers completed the survey for an overall response rate of 23%. Providers could complete the survey on-line or by mailing in their surveys. If providers did not respond after a month (by October 31, 2003), they received a phone call to complete the survey via telephone interview. Of the 1,593 providers that completed the survey, 51% mailed in their surveys, 46% responded to a telephone interview, and 4% completed the survey on-line.

As seen in Figure 1, the 1,593 completes represent the following provider categories:

1. Hospitals = 67 completes;
2. Dentists = 162 completes;
3. Mental health providers = 180 completes;
4. Physicians = 1001 completes; and
5. Other = 183 completes.

Figure 1



## RESULTS

## **RESULTS<sup>4</sup>**

### **Summary of Findings**

The findings of this survey reflect provider satisfaction with ACS customer service during the six month period from April 1, 2003-September 30, 2003. ACS provided claims processing for Georgia's Medicaid and PeachCare for Kids programs beginning April 1, 2003.<sup>5</sup>

- Half of providers reported they were generally satisfied with their overall customer service experience
- With two-thirds of providers using the web portal weekly, the most commonly reported barrier were technical difficulties
- In regards to the web portal, providers were most satisfied with the web portal's ease of use
- Providers were most satisfied with:
  - The functionality of the Interactive Voice Response System
  - The courtesy of customer service
- Providers were least satisfied with:
  - Time in which complaints were handled
  - Information provided by the ACS customer service representative
- Areas that showed improvement in satisfaction over baseline:
  - Response time for calls to customer service
  - With the exception of mental health providers, providers have an increased knowledge of their field representative
- Areas that showed a decline from baseline:
  - Overall customer service satisfaction
  - Timely responses from field representatives

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<sup>4</sup> "Table 1- Frequencies, percentages, and statistically significant differences across survey rounds" found in Appendix B

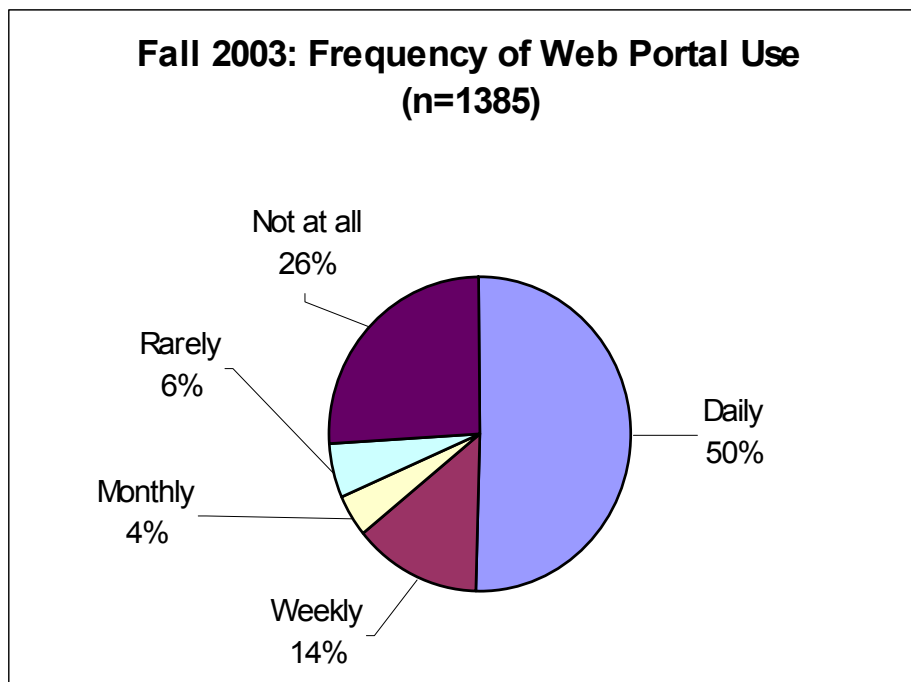
<sup>5</sup> EDS was the claims administrator for Medicaid and the PeachCare for Kids program prior to April 1, 2003.

## **SECTION ONE: WEB PORTAL EXPERIENCE**

***Overall, half of the providers used the web portal daily. (Figure 2) Among those using the portal, the majority used it to check member eligibility or to submit/check the status of claims<sup>6</sup> (Figure 3)***

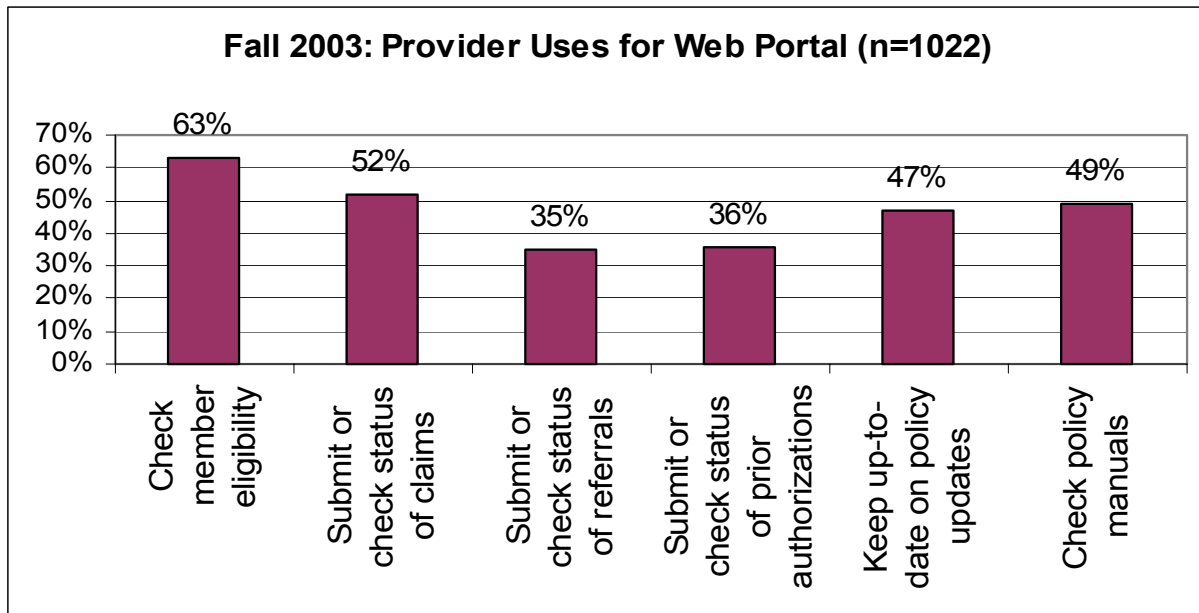
- 64% of the providers used the web portal at least weekly. Only 26% did not use it at all.
- Among provider types, hospitals were the most likely to use the web portal with 83% (n = 57).
- Respondents reported four top reasons for using the web portal (users were allowed to select more than one option):
  - To check member eligibility (63%)
  - To submit or check status of claims (52%)
  - To check policy manuals (49%)
  - To keep up-to-date on policy changes (47%)

Figure 2



<sup>6</sup> Questions 1 & 2. Refer to Appendix A

Figure 3



***Overall, almost half agreed they were satisfied with the overall web portal's business functionality<sup>7</sup>***

- **Among all providers:**
  - 48% agreed or strongly agreed that they were satisfied overall with the web portal's business functionality
  - 30% disagreed or strongly disagreed
- The **most satisfied** group of providers were the mental health providers
  - 54% agreed or strongly agreed that they were satisfied
  - Physicians were the second most satisfied group, with 51% agreeing or strongly agreeing that they were satisfied
- The **least satisfied** group of providers were the hospitals
  - Half (50%) of the hospitals disagreed or strongly disagreed that they were satisfied with the web portal functionality
- 42% of all providers were dissatisfied with the **response time for communications sent via the web portal**
  - Hospitals were the least satisfied provider type with 54% disagreeing or strongly disagreeing that their communications via the web portal were answered in a timely manner
  - Dentists were the second least satisfied provider group with 51% disagreeing or strongly disagreeing that their communications via web portal were answered in a timely manner

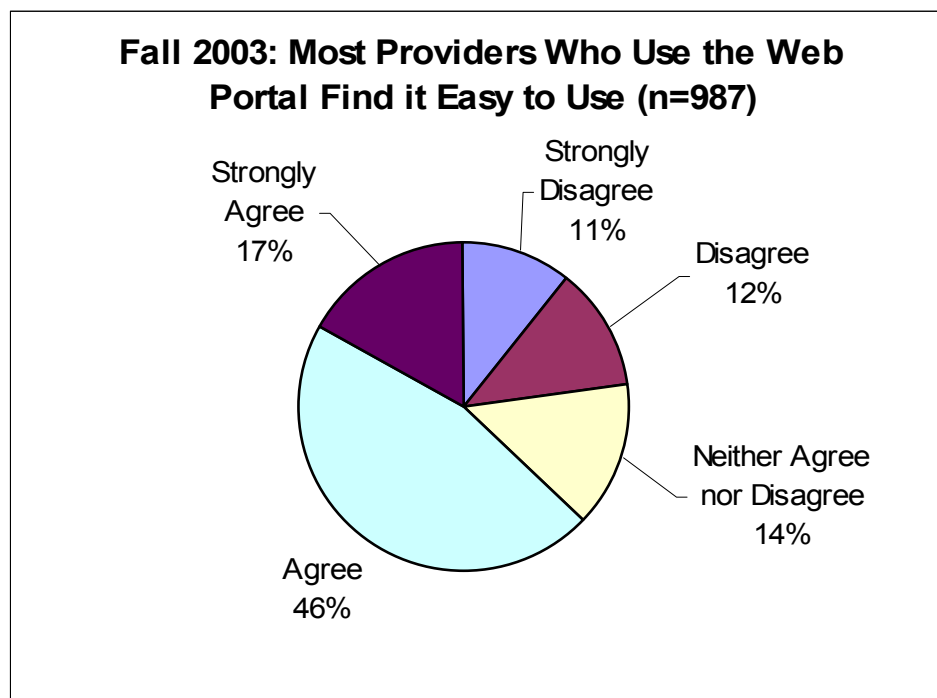
<sup>7</sup> Likert Scaled Questions 7 & 8: Communications sent to the GHP "contact us" via the web portal were answered in a timely manner; Overall, I am satisfied with the business functions supported by the GHP web portal.

- For physicians, mental health providers and other providers, responses were almost evenly split between agreeing and disagreeing that communications were answered in a timely manner

**Overall, more than half of providers agreed or strongly agreed that the web portal was easy to use overall <sup>8</sup> (Figure 4)**

- Overall, providers are generally satisfied with the ease of submitting claims, finding providers for referrals, generating referral requests and utilizing the message center
  - Among all providers, 63% agreed or strongly agreed that overall, it was easy to use the GHP web portal
  - Only 23% among all providers disagreed or strongly disagreed that the web portal was easy to use
  - Results for physicians, mental health and other providers were similar to the overall results indicating high satisfaction with submitting claims, finding a referral provider and utilizing the message center
  - However, hospitals and dentists indicated dissatisfaction with submitting claims and finding providers for referrals
- Mental health providers, the group with the lowest utilization of the web portal, had the highest levels of satisfaction with web portal use with 70% responding positively
  - However, hospitals which had the highest level of routine utilization of the web portal, had the lowest level of satisfaction, with only 51% agreeing that they were satisfied with the ease of use

Figure 4

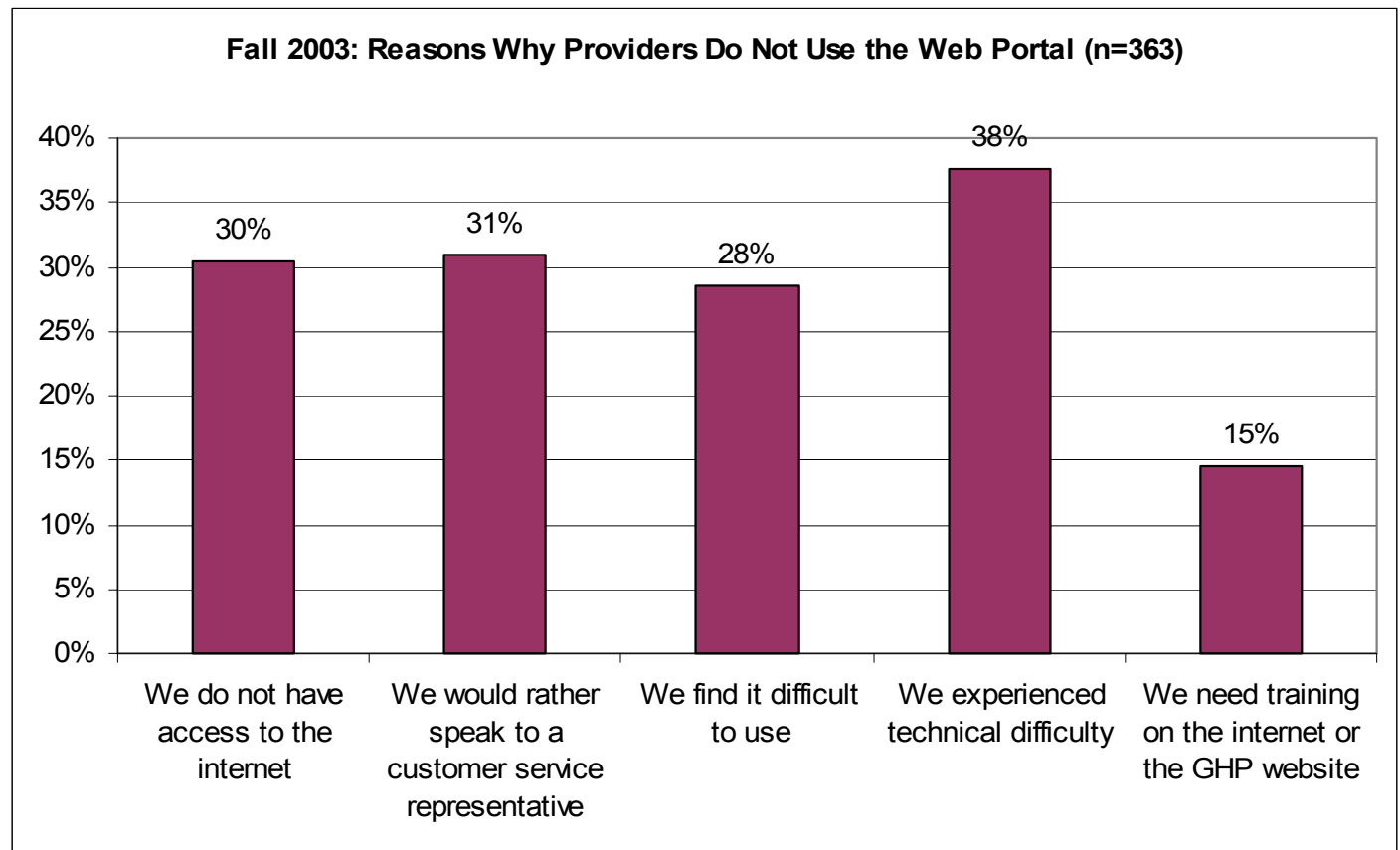


<sup>8</sup> Likert Scaled Questions 3, 4, 5, 6, & 9. Refer to Appendix A



***Of the 26% of all providers that reported not using the GHP web portal, experiencing technical difficulty was the most commonly reported reason for not using the portal<sup>9</sup> (Figure 5)***

Figure 5



- Physicians were the provider category least likely to use the web portal, with 47% claiming lack of web access
- Dentists, physicians, and mental health providers reported that their two *greatest barriers to the web* were:
  - Lack of web access
  - Their preference for speaking to a customer service representative

<sup>9</sup> Respondents were allowed to select more than one option (Question 10).

### **Web Portal Provider Comments**

*"The web portal is great...when it works."*

*"The web portal is very slow to access during regular business hours."*

*"The web portal, if working efficiently, would be an excellent tool. At this point in time, it is slow and cumbersome. It is down more than it is up."*

*"The website goes down quite a bit and is very slow at times. Also, checking claims is difficult. Checking referrals is difficult."*

*"Well, if the web portal is up and working then it will be fantastic. It will kick you off for no reason."*

*"The web portal needs to be fixed so that while you are waiting you are not timed out."*

*"We suggest different web pages for the hospital, physicians, etc. and the general public."*

*"Medicare crossovers are still not working correctly, nor are electronic remittances."*

*"None of the passwords that were sent via e-mail worked when setting my staff up in the system."*

*"The web portal is not compatible for the amount of users."*

*"When the web portal is available it is a wonderful tool and payment time is great."*

*"It is very difficult to bill third party billing."*

*"Need to provide policy updates and changes on the web portal without having to download the whole document. For example, the upcoming code changes need detail on the website."*

*"We are always being told to get the information from the web, but we can't find the information we are requesting."*

### **SECTION TWO: INTERACTIVE VOICE RESPONSE (IVR) SYSTEM**

***Overall, half of the providers reported using the GHP IVR System at least weekly and the majority of providers used it to check member eligibility and claim status***

- Majorities of the hospital (69%) and physician (54%) respondents claimed they used the IVR System at least weekly

- In contrast, 48% of dentists, 59% of mental health providers, and 55% of other providers stated that they “rarely” or “never” use the IVR System

***Of those that had used the IVR System, the majority was satisfied with IVR business functionality and ease of use overall<sup>10</sup>***

- The majority of dental, mental health providers, physicians, and other providers were satisfied with the business functions supported by the IVR System with 48%, 67%, 60% and 50%, respectively, reporting satisfaction
- All providers agreed that the IVR was easy to use with 70% of all groups agreeing or strongly agreeing that the IVR System was easy to use

***Of those providers that reported not using the IVR at all, they indicated that they preferred to speak to a customer service representative or use the web portal***

- This result was seen throughout all provider responses

### **SECTION THREE: CUSTOMER SERVICE EXPERIENCES**

***Half of the providers expressed satisfaction with customer service<sup>11</sup> (Figure 6)***

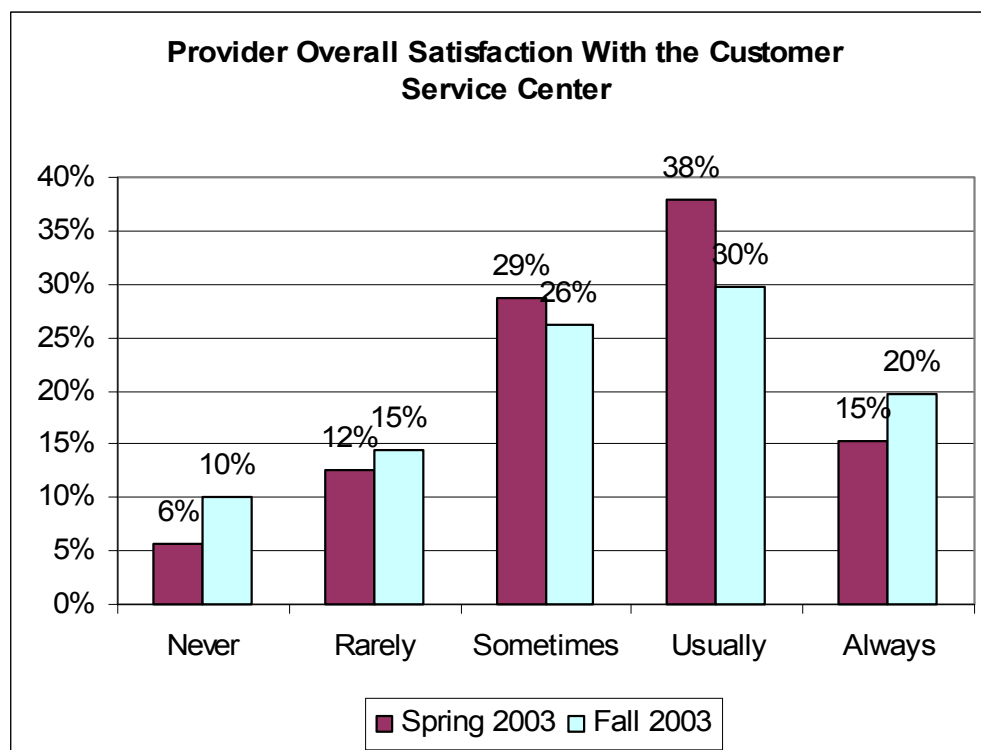
- Half (50%) of providers reported that they were “usually” or “always” satisfied with their overall customer service experience.
- 25% were “rarely” or “never” satisfied
- This represents a statistically significant decrease in satisfaction from the baseline survey when 53% reported that they were usually or always satisfied, and 18% indicated that they were rarely or never satisfied
  - Satisfaction among hospitals and mental health providers declined significantly from the baseline
  - Satisfaction with customer service remained unchanged for dentists and physicians

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<sup>10</sup> Likert Scaled Questions 13 &14. Refer to Appendix A

<sup>11</sup> Likert Scaled Question 21. Refer to Appendix A

Figure 6



**Courteousness of the ACS representatives and ease of obtaining a prior authorization were the areas of greatest satisfaction<sup>12</sup>**

#### Courteousness

- 76% of providers were “usually” or “always” satisfied with **customer service courtesy**
  - This was a significant increase from the baseline survey’s 61%
- 7% were “rarely” or “never” satisfied with customer service courtesy
  - This represents an improvement from the baseline survey’s rate of 13% dissatisfaction

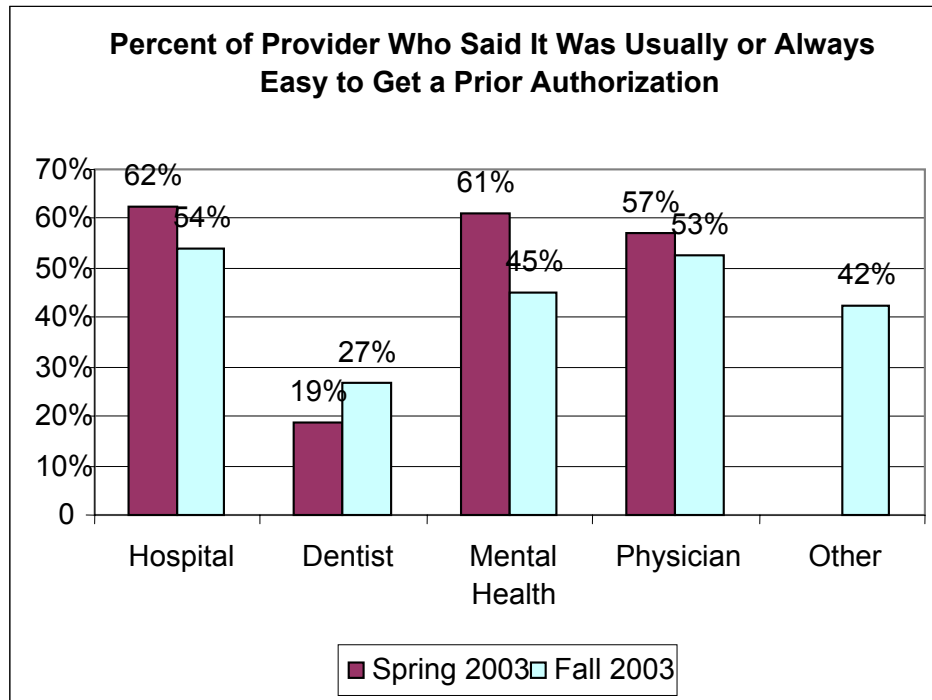
#### Prior authorization (Figure 7)

- Almost half of providers (49%) said it was “usually” or “always” easy to obtain prior authorization
- Satisfaction among dentists was significantly higher than at the baseline survey going from 19% who said it was “usually” or “always” easy to obtain prior authorization to 27% in the fall 2003 survey
- However, the percentage of physicians who said it was “usually” or “always” easy to obtain prior authorization declined significantly from 57% in the spring to 53% in the fall

<sup>12</sup> Likert Scaled Questions 18 & 19. Refer to Appendix A

- Mental health providers were the least satisfied provider type, with 25% “never” satisfied
- Hospitals were the most satisfied, as was the case in the baseline survey

Figure 7



***The information received and the time it took to handle complaints were the areas of greatest dissatisfaction<sup>13</sup>***

Time in which complaints were handled

- 42% of providers were “usually” or “always” satisfied with the time in which their complaint was handled, which is unchanged from the baseline survey
- However, a third (33%) reported that their complaint was “rarely” or “never” handled in a timely manner
  - The decline in satisfaction was significant across all provider types except physicians
  - Satisfaction with timely response to complaints actually improved significantly among physicians

<sup>13</sup> Likert Scaled Questions 17 & 20. Refer to Appendix A

#### Information provided

- 45% of providers were “usually” or “always” satisfied with the **information provided** by ACS customer service
  - This represents a statistically significant decrease from the 56% of providers in the spring 2003 survey who were usually or always satisfied with the information they received
  - The decline in satisfaction with the information provided was consistent and significant across all provider types
  - Physicians were the most satisfied provider group with 49% reporting satisfaction
- 28% of providers reported being “rarely” or “never” satisfied with the information provided

#### ***Response time for calls improved over the spring 2003 baseline survey<sup>14</sup>***

#### Wait time to speak with customer service:

- 48% of providers reported that customer service “usually” or “always” answered their calls quickly
  - This represents an improvement from the baseline survey’s 41% in this area
  - Among physicians and mental health providers, the increase in satisfaction with wait times was significant

#### **Customer Service Comments**

*“Customer service representatives are professional and very courteous. Several of them have proven to be efficient and very helpful.”*

*“Phone wait time is good! Courteous assistance.”*

*“The staff seems friendlier than the EDS staff.”*

*“Customer service is not educated on Medicaid practices and send all inquiries to the research department.”*

*“No one at customer service knows anything about mental health. I would like to find just one person who knows what I am talking about.”*

*“They need to keep their IVR line running all the time. It is down so much of the time, but it is great when its running.”*

*“Nobody called us back to answer our questions. Never.”*

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<sup>14</sup> Likert Scaled Question 16. Refer to Appendix A

*"The customer service department is always polite however they have never been able to answer my questions."*

*"Customer service staff needs to be better informed of problem areas."*

*"Customer service needs to be trained to answer questions instead of referring to the 'internet' of policy and procedure manuals."*

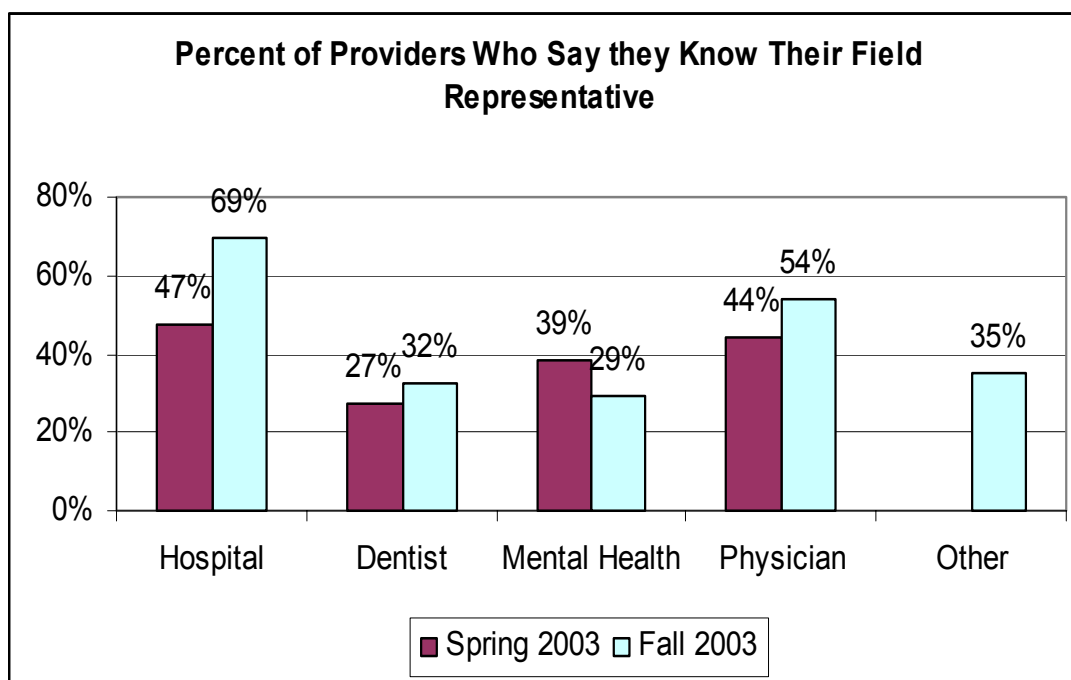
*"I would like to have someone I know to talk to all the time. When ever I call there they don't know what is going on. Please can I have just one person that I talk to each time I call in?"*

#### **SECTION FOUR: REGIONAL SERVICE EXPERIENCES**

***A plurality of providers know their ACS field representative, but many felt that the field representative's responses to questions were not always timely<sup>15</sup> (Figure 8)***

Of the 1,125 providers who responded to this question, 49% knew their field representative, while 41% did not.

Figure 8



<sup>15</sup> Likert Scaled Questions 22 & 23. Refer to Appendix A

Field representative's response to questions:

- Among the 884 providers who answered this question, 41% reported that the field representative did **not respond to questions in a timely manner**, while 39% felt that the representative did
  - This represents a significant decline from the spring baseline survey, when 45% of providers responded that their questions were addressed in a timely manner
  - The decline was consistent and significant across all provider types
- Slightly less than half (45%) of providers stated that the field representative **answered questions accurately**
  - This represents a significant decline from the spring survey when 50% of baseline providers believed that their questions were answered accurately
  - The decline in satisfaction with accuracy was consistent across all provider groups and significant except among mental health providers

#### Field Representative Comments

*"We did not even know we have a regional representative."*

*"It would be nice to know who our field representative is so that we could contact them if possible."*

*"We have never met our field representative."*

*"Came to office once. Haven't heard since."*

*"We were given the name of a representative, but she told us she was not the one. The info she gave us about completing adj. request forms turned out to be wrong."*

*"We were never able to get our field rep to respond to our calls or emails."*

*"Our ACS representative is a great asset and resource."*

#### ***Just over half of providers thought that the training provided was relevant<sup>16</sup>*** ***(Figure 9)***

- 52% "agreed" or "strongly agreed" that the information conveyed during **provider training** was relevant
  - This represents a significant and consistent decline across all provider types from the baseline survey when 60% of providers believed that training was relevant

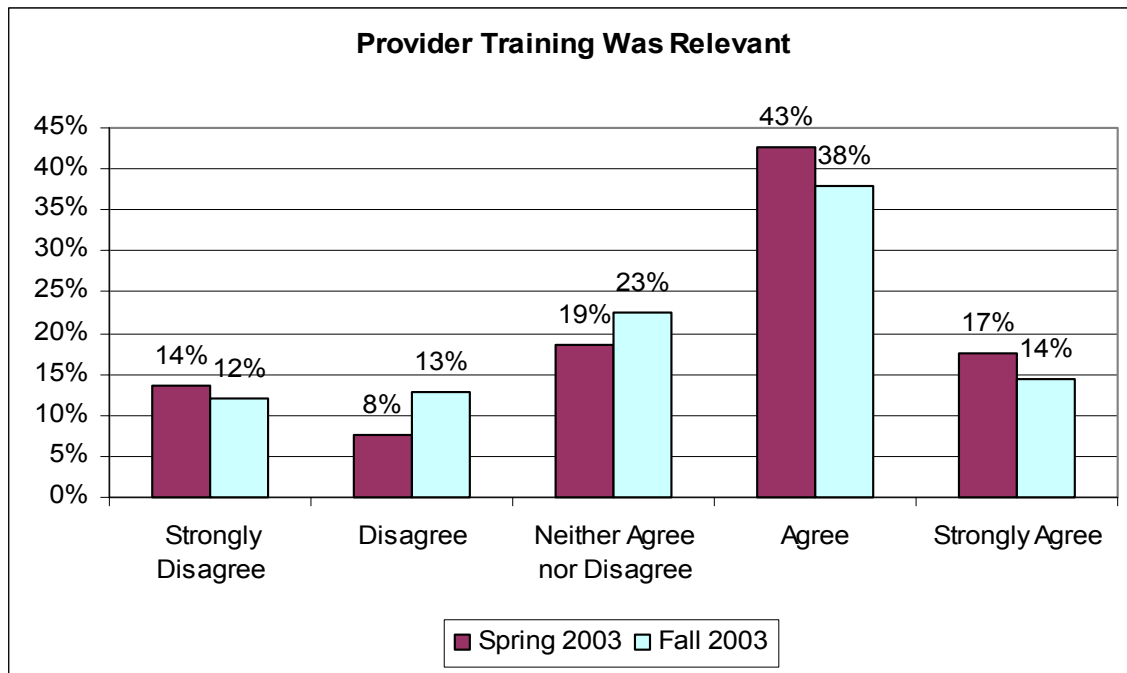
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<sup>16</sup> Likert Scaled Question 25. Refer to Appendix A



- Only 25% “disagreed” or “strongly disagreed” that the training was relevant, virtually unchanged from the baseline survey

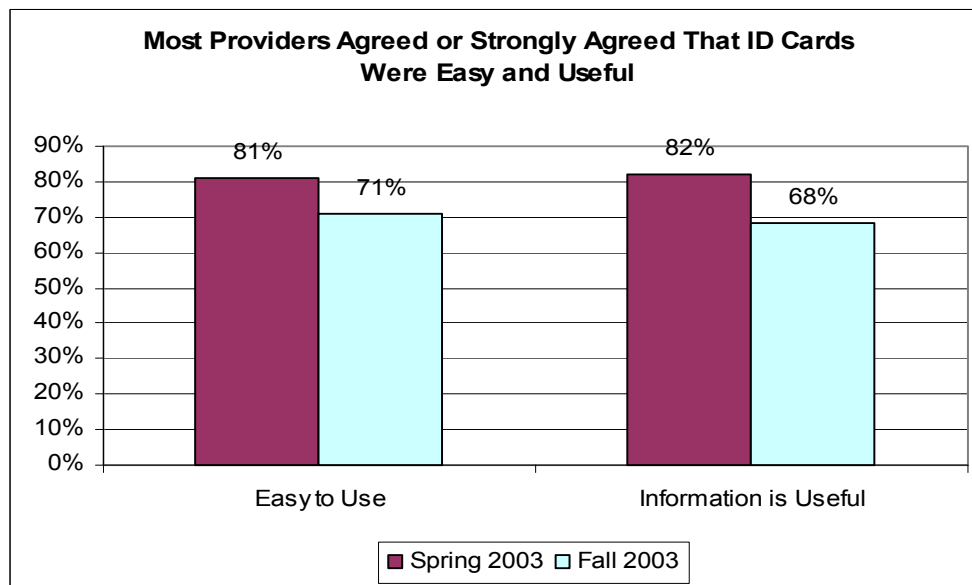
Figure 9



## **SECTION FIVE: ID CARDS**

***Most providers found the ID Card easy and useful<sup>17</sup>***

Figure 10



<sup>17</sup> Likert Scaled Questions 26 & 27. Refer to Appendix A

- The vast majority (70%) of providers considered the ID card easy to use
  - 16% disagreed or strongly disagreed that the ID card was easy to use, over double the rate from the baseline survey
  - Among all providers, the decline in satisfaction with ease of use of the ID card was consistent
  - For hospitals and dentists, the decline in satisfaction was significant
- 68% of providers believed the information printed on the card was useful, down from 82% of all providers at baseline
  - The decline in satisfaction was consistent across all providers and significant, except among physicians
- Several providers suggested improvements (see Comments on Member ID Cards below)

#### **ID Card Comments**

*"ID cards are difficult to read and copy. The color of the cards make readable copies difficult to obtain. And the numbers are too small to read easily."*

*"We need to have the date of birth on the cards since it is a required field for claims."*

*"The patient ID cards do not give enough information as to the service limitations and if the patient is active from month to month as did the old card."*

*"Some of the ID cards don't have any provider listed and it is sometimes hard to determine which type of Medicaid the patient is on."*

*"Cards need to have whether 2.00 co-pay on it."*

## **SECTION SIX: CLAIMS**

***Satisfaction with claims options was high. Providers were not as satisfied with processing<sup>18</sup> (Figure 11)***

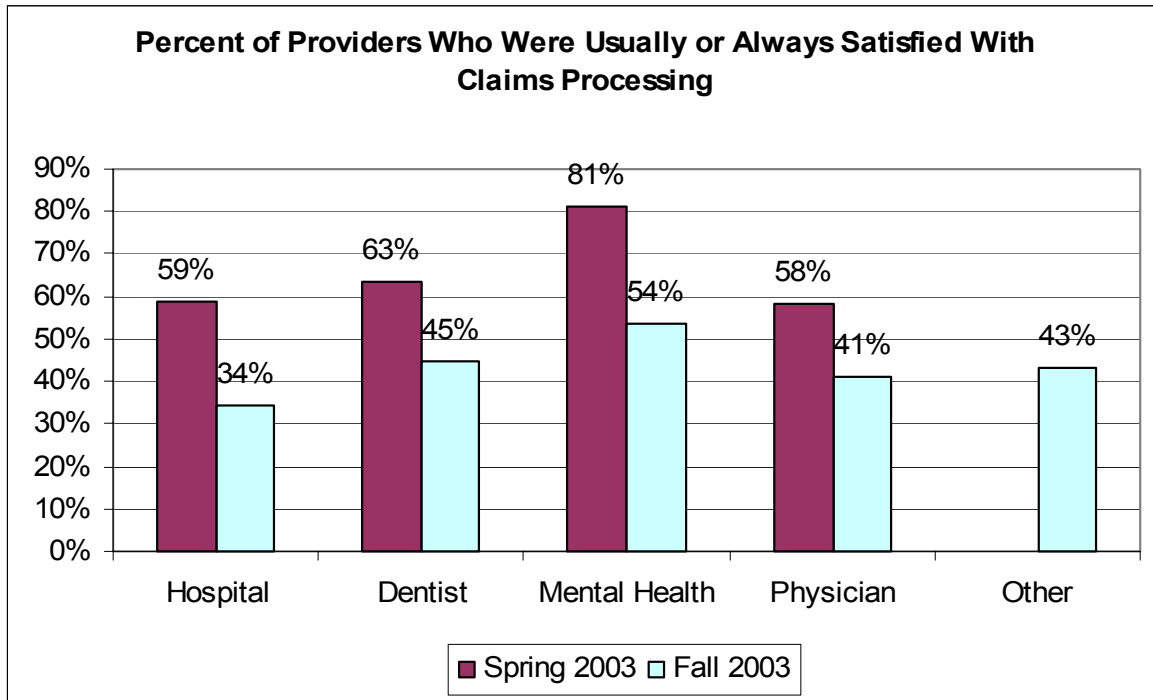
- 63% of providers were "usually" or "always" satisfied with options for claims submission, compared to 43% who were "usually" or "always" satisfied with claims processing
  - These represent significant declines from the spring baseline survey in which 69% were "usually" or "always" satisfied with claims options and 64% were "usually" or "always" satisfied with claims processing
  - The decline in satisfaction with claims processing was significant across all provider types
- Only 17% were "never" or "rarely" satisfied with options for submissions, while 31% felt this level of dissatisfaction with claims processing

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<sup>18</sup> Likert Scaled Question 31 & 32. Refer to Appendix A

- These represent increases in dissatisfaction from the spring baseline survey in which these responses were 12% and 13% for options and submissions, respectively
- Satisfaction with claims processing was lowest among hospitals, followed by physicians

Figure 11



***Providers reported that submitting claims via WINASAP2000 was easy<sup>19</sup>***

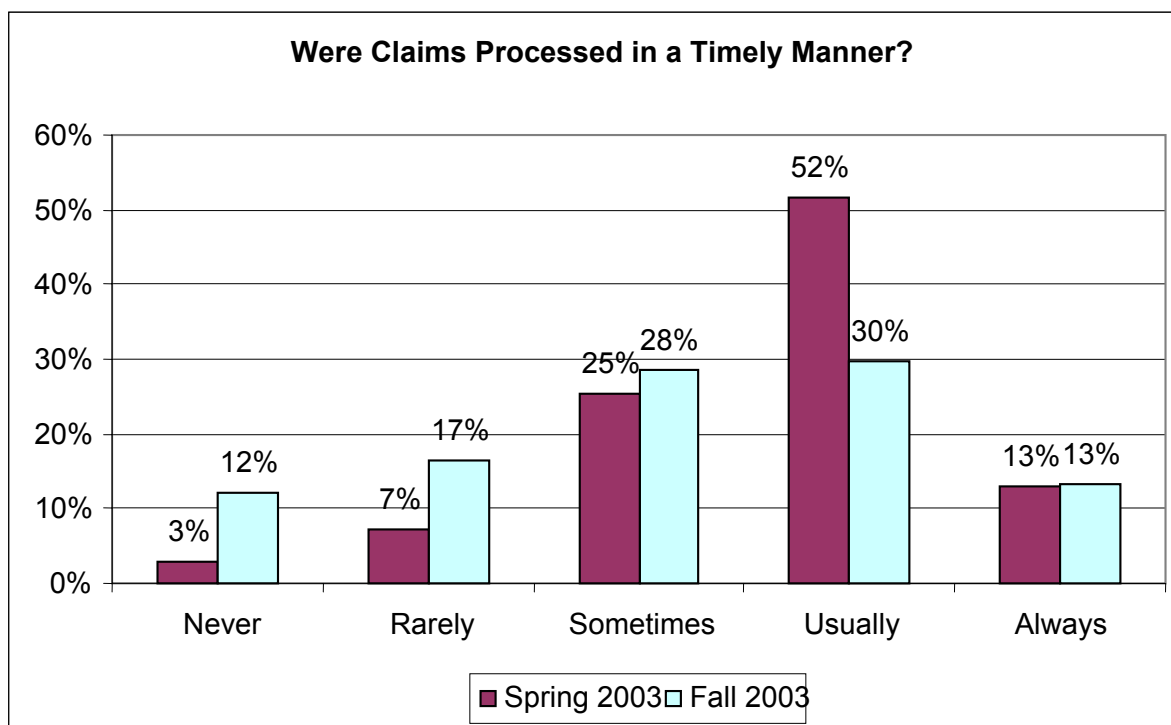
- 62% of providers “usually” or “always” found it easy to submit claims via WINASAP2000
- Only 19% reported that it was “never” or “rarely” easy to submit claims via WINASAP2000
- Physicians were the providers most likely to disagree that the system was easy to use

<sup>19</sup> Likert Scaled Question 30. Refer to Appendix A

***A majority of providers reported that claims were not handled accurately and in a timely manner<sup>20</sup>***

- 57% believed claims were “never”, “rarely” or “sometimes” **processed in a timely manner**
  - 43% “usually” or “always” that claims were processed in a timely manner
  - This represents a decline from the spring baseline survey when 69% of providers reported that claims were “always” or “usually” processed in a timely manner
  - The decline in satisfaction with timeliness of claims processing is consistent across all provider types and is significant, except among physicians

Figure 12

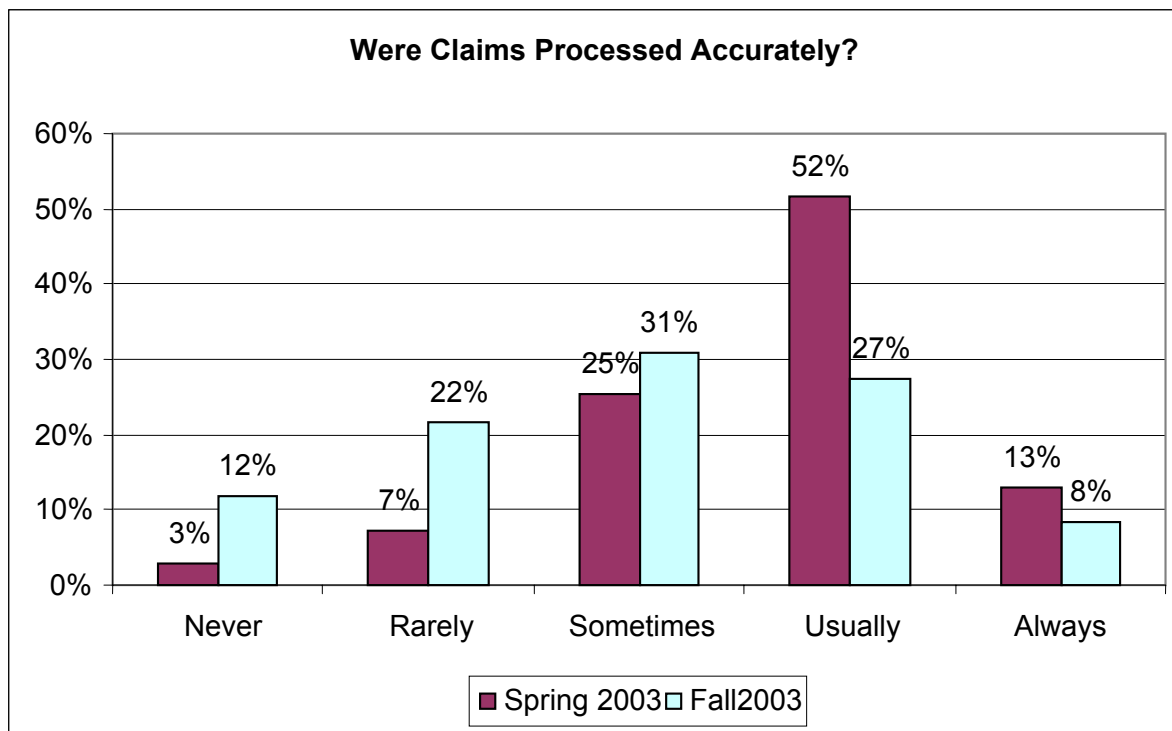


- 35% of providers reported that claims were “always” or “usually” **processed accurately**
  - This is a decline from the 63% of baseline providers that reported that claims were “always” or “usually” processed accurately
  - The decline in satisfaction is significant and consistent across all provider types
  - 34% reported that claims were “never” or “rarely” processed accurately
  - This represents a decline from the spring baseline survey when 63% of providers reported that claims were “always” or “usually” processed accurately

<sup>20</sup> Likert Scaled Questions 28 & 29. Refer to Appendix A

- Although the providers who felt that their claims were not processed accurately represent a minority (34%), these providers often expressed strongly negative opinions

Figure 13



### Claims Processing Comments

*"Many mistakes on claims required my phone time and several repeated resubmissions. I submitted info properly but it was frequently processed incorrectly. It seems to be getting slightly better lately."*

*"We are not receiving our reimbursements. Medicaid continues to deny or pend our claims."*

*"It would be easier if the explanation of denial was a little more specific."*

*"I get duplicate EMOs even if I send a copy of the report. For example, we have a left leg and a left arm with the same code. At least one part is denied."*

*"We are receiving electronic funds transfers with no EOBs explaining which patient gets the credit. We've called several times and unless we call patient by patient there is no way for us to know who gets the appropriate payment."*

*"The codes are harder to understand now than they were before, namely why something is being denied."*

## **CONCLUSION**

## **CONCLUSION**

The fall 2003 survey results indicate that providers' satisfaction with claims processing and customer service has declined over a broad range of dimensions since the spring 2003 baseline survey, although there have been some areas of improvement.

### **Areas of satisfaction and improvement**

Over half of providers used the Interactive Voice Response (IVR) weekly, and experiences with it were generally rated positively. The WINASAP2000 was rated highly as an easy way to submit claims. The customer service representatives were rated as courteous and satisfaction in this area improved relative to the spring 2003 baseline survey.

### **The web portal**

The web portal represented a new feature that was not available for the baseline survey. Nearly half of providers (48%) were satisfied with the portal's functionality, but almost a third (30%) were not satisfied. Satisfaction was inversely correlated with how frequently a group used the portal. For example, hospitals were most likely to use the portal, and they were also the group least satisfied with the portal. In contrast, mental health providers had the lowest utilization of the portal and expressed the highest levels of satisfaction with it. Providers were generally satisfied with the ease of use of the portal, while dissatisfaction focused on technical difficulties with the portal (for example, the portal being down) or the difficulty of receiving a response when sending messages via the portal.

### **Areas of dissatisfaction**

Overall there were many areas of dissatisfaction and/or decline in satisfaction relative to the spring 2003 baseline survey. In general, these issues can be divided into timeliness, accuracy, and the area of claims processing.

- Providers were unhappy with how quickly claims were processed, and only a third (35%) felt that claims were "always" or "usually" processed accurately. The latter was a significant decline from the spring baseline survey when nearly two thirds (63%) felt that claims were "always" or "usually" processed accurately.

- Dissatisfaction with timeliness appeared as a theme in other areas including time in which complaints were handled and the field representatives' responsiveness.
- Accuracy was also recurrent theme, with dissatisfaction evident with the information that the customer service and field representatives provided, for example.



## **APPENDIX A**

## Medicaid / PeachCare for Kids Provider Questionnaire (Fall 2003)

The Georgia Department of Community Health requests that your office complete this Medicaid / PeachCare for Kids provider questionnaire. Results will be used to better meet the needs of program providers. All answers are completely confidential.

*If you would prefer to respond to this questionnaire online, please log on to [www.dch.ga.gov](http://www.dch.ga.gov).  
You will need to login your ID #: \*\*\*\*\*.*

***The business manager should answer these questions.***

### **Use of Technology**

1 My office uses the GHP web portal:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Not at all (**Skip to Q10**)

2 My office uses the GHP web portal to: *(select all that apply)*

- ☐ Check member eligibility
- ☐ Submit or check status of claims
- ☐ Submit or check status of referrals
- ☐ Submit or check status of prior authorizations
- ☐ Keep up-to-date on policy updates
- ☐ Check policy manuals
- ☐ Other (please specify)\_\_\_\_\_

Key: 1—Strongly Disagree  
2—Disagree  
3—Neither Agree nor Disagree  
4—Agree  
5—Strongly Agree  
NA – My office did not use this tool from April 2003 through today

Q #	Web Portal	1	2	3	4	5	NA
3	It was easy to submit claims via the GHP web portal.						
4	It was easy to find a provider for referral or authorization purposes.						
5	It was easy to generate a referral request.						
6	It was easy to utilize the message center.						
7	Communications sent to GHP “contact us” via the web portal were answered in a timely manner.						
8	Overall, I am satisfied with the business functions supported by the GHP web portal.						
9	Overall, it was easy to use the GHP web portal.						

**(GO TO Q11)**

10 Why did your office not use the GHP web portal (*Select all that apply*)

- ☐ We do not have access to the Internet
- ☐ We would rather speak to a customer service representative
- ☐ We find it difficult to use
- ☐ We experienced technical difficulty
- ☐ We need training on the Internet or GHP website
- ☐ Other (please specify) \_\_\_\_\_

11 My office uses the GHP Integrated Voice Response (IVR) system:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Not at all (**Skip to Q15**)

12 My office uses the GHP IVR system to: (*select all that apply*)

- ☐ Check member eligibility
- ☐ Check claim status
- ☐ Check Electronic Funds Transfer (EFT) status
- ☐ Submit or check status referrals
- ☐ Submit or check status of prior authorizations
- ☐ Other (please specify) \_\_\_\_\_
- ☐ Other (please specify) \_\_\_\_\_

Key: 1—Strongly Disagree  
 2—Disagree  
 3—Neither Agree nor Disagree  
 4—Agree  
 5—Strongly Agree  
 NA – My office did not use this tool from April 2003 through today

Q #	Interactive Voice Response System (IVR)	1	2	3	4	5	NA
13	Overall, I am satisfied with the business functions supported by the GHP IVR system.						
14	Overall, the GHP IVR system was easy to use.						

**GO TO Q16**

15 Why did your office not use the GHP IVR system (*Select all that apply*)

- ☐ We need more instruction on how to perform the functions
- ☐ We would rather speak to a customer service representative
- ☐ We would rather use the GHP web portal
- ☐ We find it difficult to use
- ☐ Other (please specify) \_\_\_\_\_

## **Experiences**

The following questions ask you to rate your experiences with the Medicaid / PeachCare for Kids programs from April 2003 through today. ***Please use the NA column to indicate that your setting did not experience this activity during the last six months.***

Key: 1—Never  
2—Rarely  
3—Sometimes  
4—Usually  
5—Always  
NA – We did not use this service from April 2003 through today

Q #	Customer Service Experiences	1	2	3	4	5	NA
16	Customer service answered my call quickly.						
17	Customer service provided the information needed.						
18	It was easy to obtain a prior authorization.						
19	The customer service representative who heard my complaint was courteous.						
20	My complaint was handled in a timely manner.						
21	Overall, I am satisfied with the service I have received from the Medicaid / PeachCare for Kids customer service center.						

Key: 1—Strongly Disagree  
2—Disagree  
3—Neither Agree nor Disagree  
4—Agree  
5—Strongly Agree  
NA – We did not use this service from April 2003 through today

Q#	Regional Service Experiences	1	2	3	4	5	NA
22	My practice knows our field representative for Medicaid and PeachCare.						
23	The provider field representative responds to questions in a timely manner.						
24	The provider field representative answered my questions accurately.						
25	The information conveyed during provider training in 2003 was relevant.						

Key: 1—Strongly Disagree  
2—Disagree  
3—Neither Agree nor Disagree  
4—Agree  
5—Strongly Agree  
NA – We did not use this tool from April 2003 through today

Q #	ID Cards Program Materials	1	2	3	4	5	NA
26	The ID Card is easy to use.						
27	The information printed on the ID Card is useful.						

Key: 1—Never  
 2—Rarely  
 3—Sometimes  
 4—Usually  
 5—Always  
 NA – We did not use this service or tool from April 2003 through today

Q #	Claims	1	2	3	4	5	NA
28	Claims were processed in a timely manner.						
29	Claims were processed accurately.						
30	It was easy to submit claims via WINASAP2000.						
31	Overall, I am satisfied with my options for claims submission.						
32	Overall, I am satisfied with claims processing for the Medicaid / PeachCare for Kids programs.						

If you would prefer to receive future questionnaires via the Internet, please provide your email address: \_\_\_\_\_

*If you responded negatively to any of these questions, please elaborate.*

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*Please provide any additional comments.*

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***Thank you for completing this questionnaire.***

***Please return your completed questionnaire by October 13, 2003 in the postage paid envelope.***

***If you would prefer to respond to this survey online, please log on to [www:](#)  
 You will need to enter your ID#:***

***PEGUS PLEASE PROVIDE RETURN ADDRESS***

## **APPENDIX B**

**Table 1 - Percentages, and Statistically Significant Differences Across Survey Rounds**

Question	Overall		Hospital		Dentist	
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003	Spring 2003
	Percent	Percent	Percent	Percent	Percent	Percent
<b>1) My office uses the GHP web portal:</b>						
1 - Daily	50%		85%		47%	
2 - Weekly	14%		4%		14%	
3 - Monthly	4%		0%		2%	
4 - Rarely	6%		1%		8%	
5 - Not at all	26%		9%		30%	
<b>2) My office uses the GHP web portal to:</b>						
1 - Check member eligibility	63%		90%		62%	
2 - Submit or check status of claims	52%		78%		41%	
3 - Submit or check status of referrals	35%		43%		10%	
4 - Submit or check status of prior authorizations	36%		69%		32%	
5 - Keep up-to-date on policy updates	47%		70%		38%	
6 - Check policy manuals	49%		73%		44%	
<b>3) It was easy to submit claims via the GHP web portal.</b>						
1 - Strongly Disagree	18%		22%		21%	
2 - Disagree	14%		22%		19%	
3 - Neither Agree nor Disagree	18%		10%		13%	
4 - Agree	35%		34%		36%	
5 - Strongly Agree	15%		12%		10%	
<b>4) It was easy to find a provider for referral or authorization purposes.</b>						
1 - Strongly Disagree	10%		10%		14%	
2 - Disagree	13%		19%		19%	
3 - Neither Agree nor Disagree	24%		32%		31%	
4 - Agree	38%		32%		31%	
5 - Strongly Agree	16%		6%		6%	
<b>5) It was easy to generate a referral request.</b>						
1 - Strongly Disagree	10%		4%		18%	
2 - Disagree	11%		9%		21%	
3 - Neither Agree nor Disagree	23%		43%		39%	
4 - Agree	34%		43%		18%	
5 - Strongly Agree	22%		0%		4%	
<b>6) It was easy to utilize the message center.</b>						
1 - Strongly Disagree	8%		9%		8%	
2 - Disagree	8%		11%		17%	
3 - Neither Agree nor Disagree	16%		11%		13%	
4 - Agree	42%		56%		49%	
5 - Strongly Agree	26%		14%		14%	

**Table 1 - Continued**

Question	Overall		Hospital		Dentist	
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003	Spring 2003
	Percent	Percent	Percent	Percent	Percent	Percent
<b>7) Communications sent to GHP "contact us" via the web portal were answered in a timely manner.</b>						
1 - Strongly Disagree	23%		30%		33%	
2 - Disagree	19%		24%		18%	
3 - Neither Agree nor Disagree	18%		16%		18%	
4 - Agree	28%		26%		29%	
5 - Strongly Agree	12%		4%		3%	
<b>8) Overall, I am satisfied with the business functions supported by the GHP web portal.</b>						
1 - Strongly Disagree	14%		22%		22%	
2 - Disagree	16%		28%		14%	
3 - Neither Agree nor Disagree	21%		17%		23%	
4 - Agree	36%		23%		35%	
5 - Strongly Agree	12%		10%		5%	
<b>9) Overall, it was easy to use the GHP web portal.</b>						
1 - Strongly Disagree	11%		14%		12%	
2 - Disagree	12%		22%		13%	
3 - Neither Agree nor Disagree	14%		14%		15%	
4 - Agree	46%		39%		49%	
5 - Strongly Agree	17%		12%		11%	
<b>10) Why did your office <u>not</u> use the GHP web portal?</b>						
1 - We do not have access to the internet	30%		0%		47%	
2 - We would rather speak to a customer service representative	31%		0%		17%	
3 - We find it difficult to use	28%		0%		15%	
4 - We experienced technical difficulty	38%		17%		9%	
5 - We need training on the internet or the GHP website	15%		0%		11%	
<b>11) My office uses the GHP IVR system:</b>						
1 - Daily	25%		39%		23%	
2 - Weekly	25%		30%		21%	
3 - Monthly	6%		0%		8%	
4 - Rarely	18%		15%		21%	
5 - Not at all	26%		16%		27%	
<b>12) My office uses the GHP IVR system to:</b>						
1 - Check member eligibility	73%		55%		82%	
2 - Check claim status	56%		50%		38%	
3 - Check Electronic Funds Transfer status	28%		34%		25%	
4 - Submit or check status of referrals	27%		20%		9%	
5 - Submit or check status of prior authorizations	35%		30%		32%	



Table 1 - Continued

Question	Overall		Hospital		Dentist	
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003	Spring 2003
	Percent	Percent	Percent	Percent	Percent	Percent
13) Overall, I am satisfied with the business functions supported by the GHP IVR system.						
1 - Strongly Disagree	6%		12%		5%	
2 - Disagree	12%		31%		19%	
3 - Neither Agree nor Disagree	25%		22%		29%	
4 - Agree	44%		29%		35%	
5 - Strongly Agree	13%		6%		13%	
14) Overall, the GHP IVR system was easy to use.						
1 - Strongly Disagree	4%		4%		7%	
2 - Disagree	9%		22%		9%	
3 - Neither Agree nor Disagree	17%		18%		21%	
4 - Agree	50%		42%		43%	
5 - Strongly Agree	20%		13%		19%	
15) Why did your office not use the GHP IVR system?						
1 - We need more instruction on how to perform the functions	13%		18%		12%	
2 - We would rather speak to a customer service representative	48%		27%		37%	
3 - We would rather use the GHP web portal	40%		64%		28%	
4 - We find it difficult to use	10%		18%		5%	
16) Customer service answered my call quickly.						
1 - Never	8%	7%	13%	3%	9%	10%
2 - Rarely	14%	20%	10%	15%	14%	21%
3 - Sometimes	30%	33%	30%	37%	35%	31%
4 - Usually	31%	32%	35%	32%	32%	33%
5 - Always	17%	9%	12%	12%	10%	5%
Difference, Significance	(+)		(-)		(+)	
17) Customer service provided the information needed.						
1 - Never	8%	2%	13%	1%	9%	3%
2 - Rarely	20%	12%	39%	9%	26%	12%
3 - Sometimes	26%	29%	28%	35%	25%	28%
4 - Usually	28%	38%	11%	34%	25%	40%
5 - Always	17%	18%	8%	22%	16%	18%
Difference, Significance	(-) *		(-) *		(-) *	
18) It was easy to obtain a prior authorization.						
1 - Never	11%	17%	8%	0%	22%	35%
2 - Rarely	14%	14%	8%	8%	29%	24%
3 - Sometimes	26%	26%	30%	30%	22%	22%
4 - Usually	31%	32%	49%	44%	19%	14%
5 - Always	18%	11%	5%	18%	8%	5%
Difference, Significance	(+) *		(-)		(+) *	

**Table 1 - Continued**

Question	Mental Health		Physician		Other
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003
	Percent	Percent	Percent	Percent	Percent
<b>19) The customer service representative who heard my complaint was courteous.</b>					
1 - Never	4%	1%	2%	5%	3%
2 - Rarely	3%	4%	4%	10%	4%
3 - Sometimes	11%	15%	17%	29%	15%
4 - Usually	40%	50%	35%	39%	38%
5 - Always	43%	30%	42%	18%	40%
<b>Difference, Significance</b>	<b>(+) *</b>		<b>(+) *</b>		
<b>20) My complaint was handled in a timely manner.</b>					
1 - Never	20%	5%	15%	11%	15%
2 - Rarely	18%	12%	15%	18%	16%
3 - Sometimes	23%	30%	24%	29%	24%
4 - Usually	22%	38%	27%	30%	26%
5 - Always	17%	16%	19%	11%	19%
<b>Difference, Significance</b>	<b>(-) *</b>		<b>(+) *</b>		
<b>21) Overall, I am satisfied with the service I have received from the Medicaid / PeachCare for Kids customer service center.</b>					
1 - Never	12%	3%	9%	6%	10%
2 - Rarely	12%	8%	14%	13%	19%
3 - Sometimes	29%	23%	24%	28%	21%
4 - Usually	28%	42%	32%	38%	31%
5 - Always	19%	24%	21%	15%	18%
<b>Difference, Significance</b>	<b>(-) *</b>		<b>(-)</b>		
<b>22) My practice knows our field representative for Medicaid and PeachCare.</b>					
1 - Strongly Disagree	40%	43%	26%	29%	33%
2 - Disagree	19%	14%	12%	20%	16%
3 - Neither Agree nor Disagree	12%	5%	8%	7%	16%
4 - Agree	18%	23%	29%	27%	19%
5 - Strongly Agree	11%	15%	25%	17%	16%
<b>Difference, Significance</b>	<b>(-)</b>		<b>(+)</b>		
<b>23) The provider field representative responds to questions in a timely manner.</b>					
1 - Strongly Disagree	32%	19%	26%	21%	23%
2 - Disagree	13%	14%	14%	15%	17%
3 - Neither Agree nor Disagree	27%	15%	17%	16%	26%
4 - Agree	22%	38%	27%	29%	27%
5 - Strongly Agree	5%	14%	16%	18%	7%
<b>Difference, Significance</b>	<b>(-) *</b>		<b>(-) *</b>		

**Table 1 - Continued**

Question	Mental Health		Physician		Other
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003
	Percent	Percent	Percent	Percent	Percent
<b>24) The provider field representative answered my questions accurately.</b>					
1 - Strongly Disagree	32%	16%	21%	17%	20%
2 - Disagree	10%	14%	10%	10%	15%
3 - Neither Agree nor Disagree	28%	13%	19%	19%	22%
4 - Agree	27%	39%	30%	32%	31%
5 - Strongly Agree	3%	17%	19%	21%	13%
<b>Difference, Significance</b>	(-)		(-) *		
<b>25) The information conveyed during the provider training in 2003 was accurate.</b>					
1 - Strongly Disagree	14%	13%	11%	12%	18%
2 - Disagree	17%	7%	11%	8%	14%
3 - Neither Agree nor Disagree	21%	12%	21%	18%	30%
4 - Agree	33%	41%	40%	44%	29%
5 - Strongly Agree	14%	27%	16%	17%	9%
<b>Difference, Significance</b>	(-) *		(-) *		
<b>26) The ID card is easy to use.</b>					
1 - Strongly Disagree	8%	2%	8%	3%	8%
2 - Disagree	8%	3%	7%	5%	4%
3 - Neither Agree nor Disagree	9%	9%	14%	10%	14%
4 - Agree	46%	56%	43%	58%	43%
5 - Strongly Agree	28%	30%	28%	25%	31%
<b>Difference, Significance</b>	(-)		(-)		
<b>27) The information printed on the ID card is useful.</b>					
1 - Strongly Disagree	6%	1%	8%	3%	6%
2 - Disagree	9%	3%	9%	4%	5%
3 - Neither Agree nor Disagree	14%	9%	15%	10%	13%
4 - Agree	47%	54%	42%	59%	54%
5 - Strongly Agree	24%	33%	27%	25%	23%
<b>Difference, Significance</b>	(-) *		(-)		
<b>28) Claims were processed in a timely manner.</b>					
1 - Never	8%	1%	14%	4%	16%
2 - Rarely	14%	2%	17%	9%	14%
3 - Sometimes	17%	11%	29%	25%	24%
4 - Usually	39%	50%	28%	52%	29%
5 - Always	22%	36%	12%	10%	17%
<b>Difference, Significance</b>	(-) *		(-) *		

**Table 1 - Continued**

Question	Mental Health		Physician		Other
	Fall 2003	Spring 2003	Fall 2003	Spring 2003	Fall 2003
	Percent	Percent	Percent	Percent	Percent
<b>29) Claims were processed accurately.</b>					
1 - Never	7%	1%	13%	3%	19%
2 - Rarely	19%	3%	22%	10%	19%
3 - Sometimes	23%	16%	31%	30%	25%
4 - Usually	36%	58%	26%	48%	24%
5 - Always	15%	22%	8%	8%	13%
Difference, Significance	(-) *		(-) *		
<b>30) It was easy to submit claims via WINASAP2000.</b>					
1 - Never	11%		15%		9%
2 - Rarely	6%		5%		10%
3 - Sometimes	6%		22%		13%
4 - Usually	26%		30%		33%
5 - Always	50%		28%		35%
<b>31) Overall, I am satisfied with my options for claims submission.</b>					
1 - Never	9%	3%	9%	4%	9%
2 - Rarely	9%	4%	8%	9%	10%
3 - Sometimes	14%	12%	20%	22%	21%
4 - Usually	37%	46%	39%	51%	40%
5 - Always	31%	35%	24%	14%	19%
Difference, Significance	(-)		(-) *		
<b>32) Overall, I am satisfied with claims processing for the Medicaid / Peachcare for Kids programs.</b>					
1 - Never	12%	3%	15%	5%	15%
2 - Rarely	15%	2%	16%	11%	19%
3 - Sometimes	20%	14%	27%	26%	22%
4 - Usually	36%	56%	30%	48%	30%
5 - Always	17%	26%	11%	10%	13%
Difference, Significance	(-) *		(-) *		

