



Provider Satisfaction Report

2025 Results

Prepared for: The Health Plan

June 2025



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Background and Objectives

The Provider Satisfaction Survey targets providers to measure their satisfaction with The Health Plan. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

Summary Rates generally represent the most favorable response percentages. For comparison purposes, results are presented by Summary Rates. Composite scores are calculated by taking the average Summary Rates of the attributes in the specified section.

Well Below Average	Somewhat Below Average	Average	Somewhat Above Average	Well Above Average
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Composites The following composites are included in the survey:

- Willingness to Recommend
- All Other Plans (Comparative Rating)
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Health Plan Call Center Service Staff
- Provider Relations

Benchmark All core measures are compared to the 2024 PG Medicaid Book of Business (2024 PG Medicaid), which is displayed as a light blue bar throughout the report, as well as the 2024 PG Aggregate Book of Business, which is displayed as a light grey bar throughout the report. The PG Medicaid Book of Business is made up of 108 plans with a total of 17,393 respondents. The PG Aggregate Book of Business is made up of 201 plans with a total of 27,031 respondents.

NCQA HEALTH PLAN ACCREDITATION

Many organizations conduct the PG Provider Satisfaction Survey to monitor provider satisfaction levels and to respond to one or more NCQA Health Plan Accreditation Standards. The 2025 PG Provider Satisfaction Survey was designed to support the following NCQA standards:

- **NCQA Standard QI 3** (Continuity and Coordination of Medical Care) looks to managed care organizations to gather information, at least annually, to assess and identify opportunities to improve coordination of medical care across its delivery system. This includes conducting quantitative analysis of data and feedback.
- To enhance the value of the survey to organizations providing behavioral healthcare services, PG developed an optional supplemental survey module (3 questions) which was implemented to address **NCQA Standard QI 4** (Continuity and Coordination Between Medical Care and Behavioral Health Care). Similar to QI 3, this standard looks to the organization to demonstrate evidence of collaboration between medical care delivery system and its behavioral healthcare network.

Executive Summary

Dashboard – Key Findings

Changes from last year



TRENDING UP

Measures that increased significantly from 2024

None of the measures increased significantly



TRENDING DOWN

Measures that decreased significantly from 2024

- 24. Have a Provider Relations representative from THP assigned to practice
- 26. Quality of provider onboarding process (Contracting, Credentialing)

Measure Name	2025 Summary Rate Score	2024 PG Medicaid BoB %tile
Would Recommend <i>(%Yes)</i>	92.8%	78th
All Other Plans (Comparative Rating) <i>(%Well or Somewhat above average)</i>	48.7%	87th
Finance Issues <i>(%Well or Somewhat above average)</i>	38.7%	NA
Utilization and Quality Management <i>(%Well or Somewhat above average)</i>	42.4%	NA
Network/Coordination of Care <i>(%Well or Somewhat above average)</i>	38.1%	82nd
Pharmacy <i>(%Well or Somewhat above average)</i>	37.5%	92nd
Health Plan Call Center Service Staff <i>(%Well or Somewhat above average)</i>	49.8%	NA
Provider Relations <i>(%Well or Somewhat above average)</i>	42.4%	77th

SatisAction™ KEY DRIVER STATISTICAL MODEL
Key Drivers of Overall Satisfaction with Health Plan

POWER

(Top 6)

Promote and Leverage Strengths

- 2 Accuracy of claims processing
- 4 Resolution of claims payment disputes
- 23 Overall satisfaction with THP's call center service
Process of obtaining member information
- 22 (eligibility, benefit coverage, co-pay amounts) through THP call center staff
- 21 Ease of reaching THP call center staff over the phone
- 7 THP's facilitation/support of appropriate clinical care for patients

OPPORTUNITIES

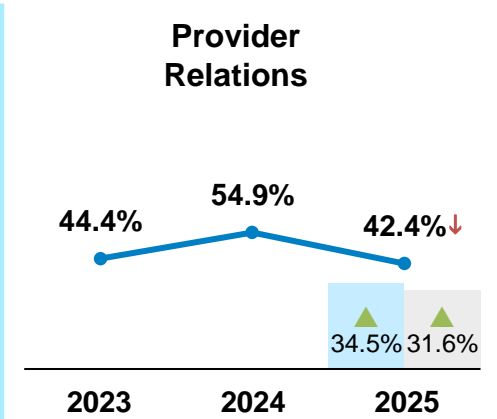
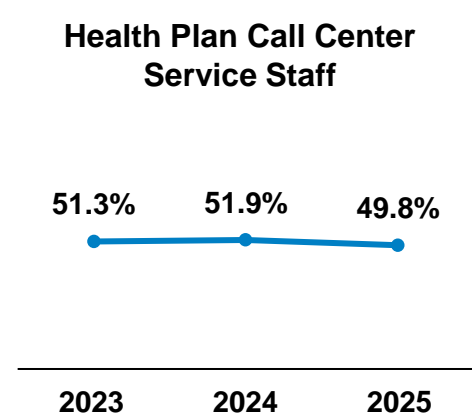
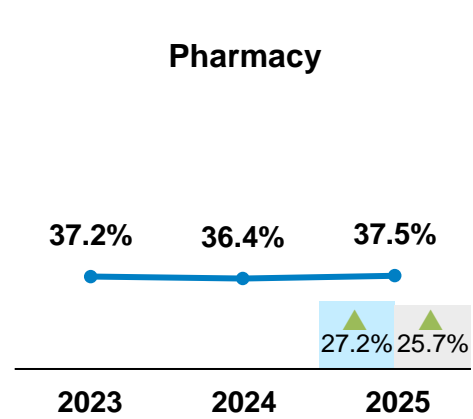
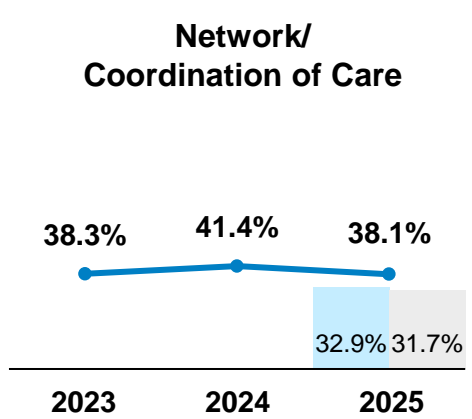
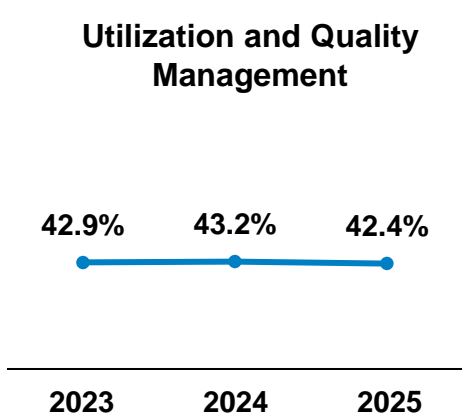
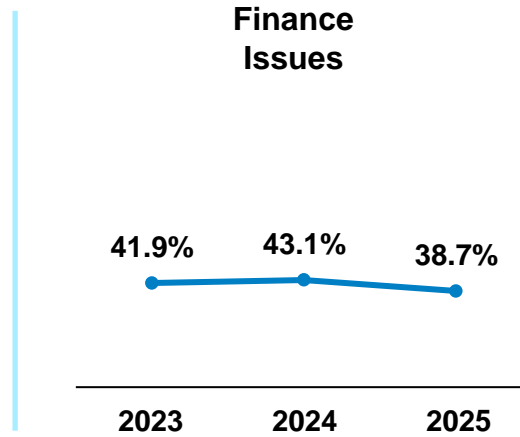
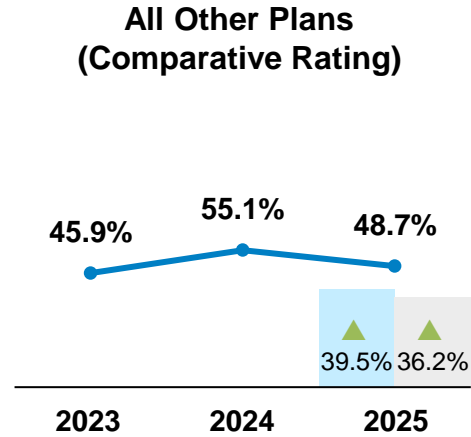
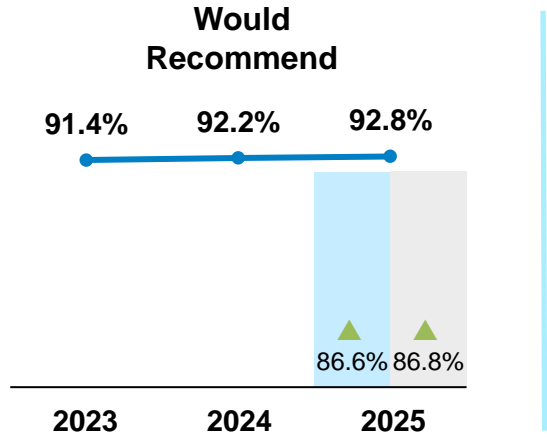
Focus Resources on Improving Processes That Underlie These Items

- 3 Timeliness of claims processing

Please refer to slide 8 for details.

Composite Summary Rate Scores

● Your plan ■ 2024 PG Medicaid BoB ■ 2024 PG Aggregate BoB



Significance Testing
 ↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score.
 ⬆️⬆️ 2025 score is significantly higher or lower than the 2023 score.

POWeR™ Chart: Explanation

POWeR™ CHART CLASSIFICATION MATRIX

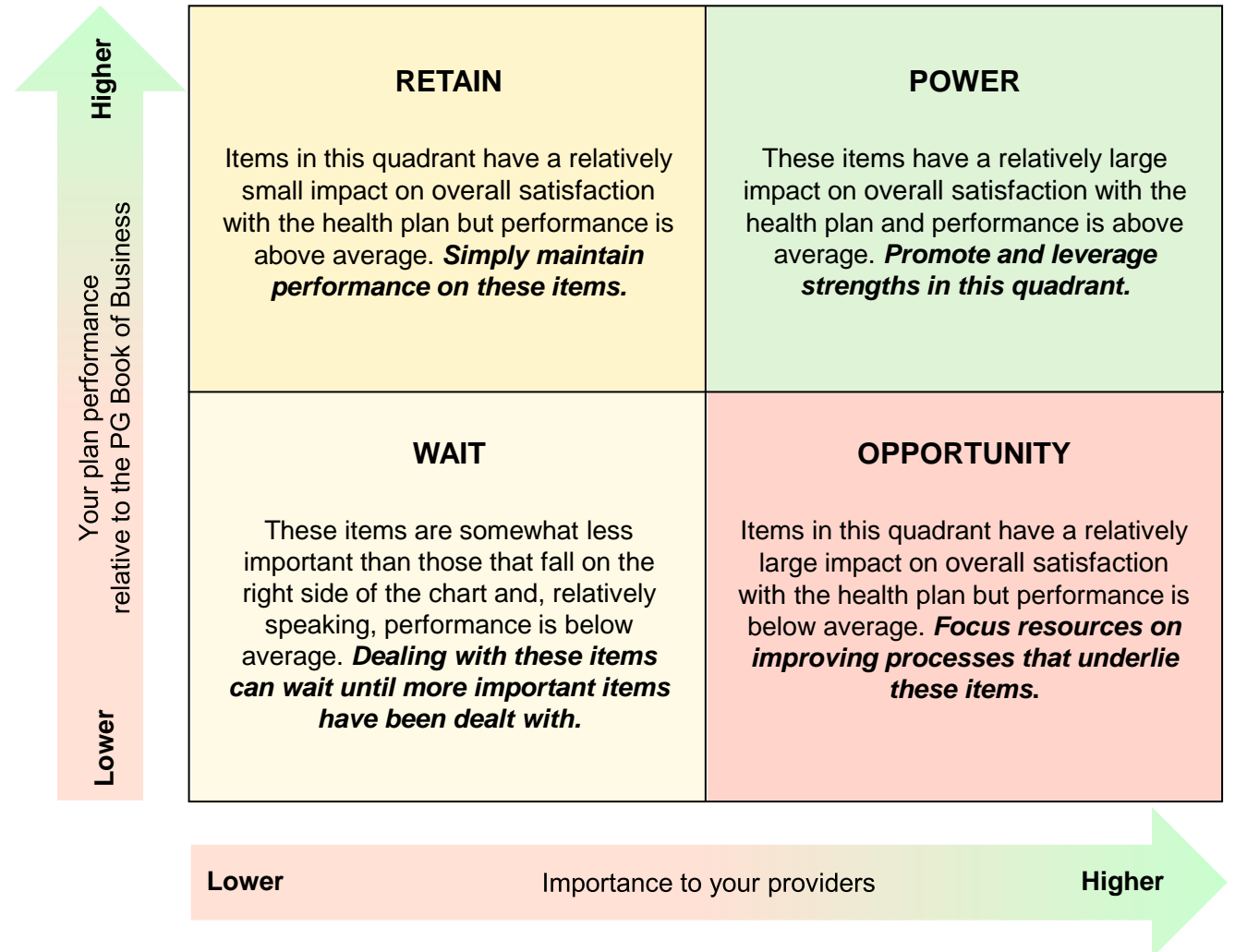
The SatisAction™ key driver statistical model was used to identify the **key drivers of overall satisfaction with the health plan**, and the results are presented in the POWeR™ Chart classification matrix on the following page.

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of overall satisfaction with the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving overall satisfaction with the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well providers think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by the plan.

For a detailed discussion of the analytics behind this model, see Appendix C.



POWeR™ Chart: Your Results

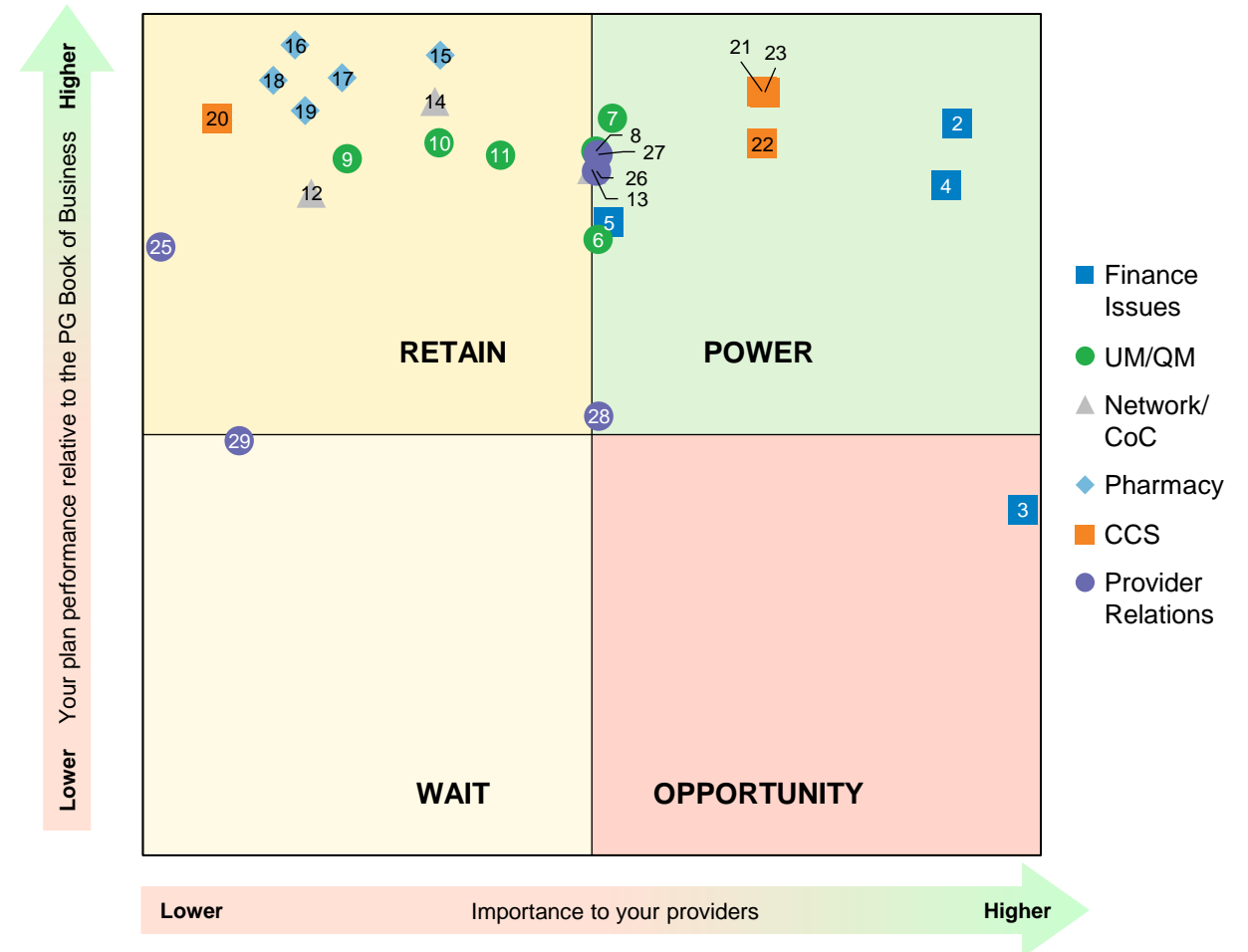
SURVEY MEASURE		%TILE*	SCORE
POWER			
2	Accuracy of claims processing	87 th	46.0%
4	Resolution of claims payment disputes	79 th	36.6%
23	Overall satisfaction with THP's call center service	90 th	50.8%
22	Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff	84 th	51.0%
21	Ease of reaching THP call center staff over the phone	90 th	47.5%
7	THP's facilitation/support of appropriate clinical care for patients	87 th	45.4%
5	Procedures for obtaining pre-certification/referral/authorization information	75 th	38.9%
28	Ease of navigating THP provider portal to obtain claims and remittance information	---	43.2%
27	Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	83 rd	40.2%
6	Timeliness of obtaining pre-certification/referral/authorization information	73 rd	39.1%
26	Quality of provider onboarding process (Contracting, Credentialing)	81 st	35.7%
8	Access to Case/Care Managers from THP	83 rd	42.6%
13	Number of BH providers in THP's provider network	81 st	31.7%
OPPORTUNITY			
3	Timeliness of claims processing	41 st	33.6%
WAIT			
29	Process of obtaining a prior authorization through THP provider portal	---	42.5%
RETAIN			
11	Quality of specialists in THP's provider network	83 rd	39.9%
15	Timeliness of feedback/reports from BH providers	95 th	38.6%
10	Number of specialists in THP's provider network	84 th	38.0%
14	Quality of BH practitioners and facilities in THP's provider network	89 th	37.1%
9	Degree to which THP covers and encourages preventive care and wellness	82 nd	46.2%
17	Extent to which formulary reflects current standards of care	92 nd	39.1%
12	Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network	78 th	36.5%
19	Ease of prescribing your preferred medications within formulary guidelines	88 th	37.7%
16	Consistency of the formulary over time	96 th	39.7%
18	Variety of branded drugs on the formulary	92 nd	36.6%
20	Availability of comparable drugs to substitute those not included in the formulary	87 th	34.5%
25	Representative's ability to answer questions and resolve problems	72 nd	51.1%

*Percentile based on 2024 PG Medicaid Book of Business

For a detailed discussion of the analytics behind this model, see Appendix C.

KEY DRIVERS, PERCENTILES, AND SCORES

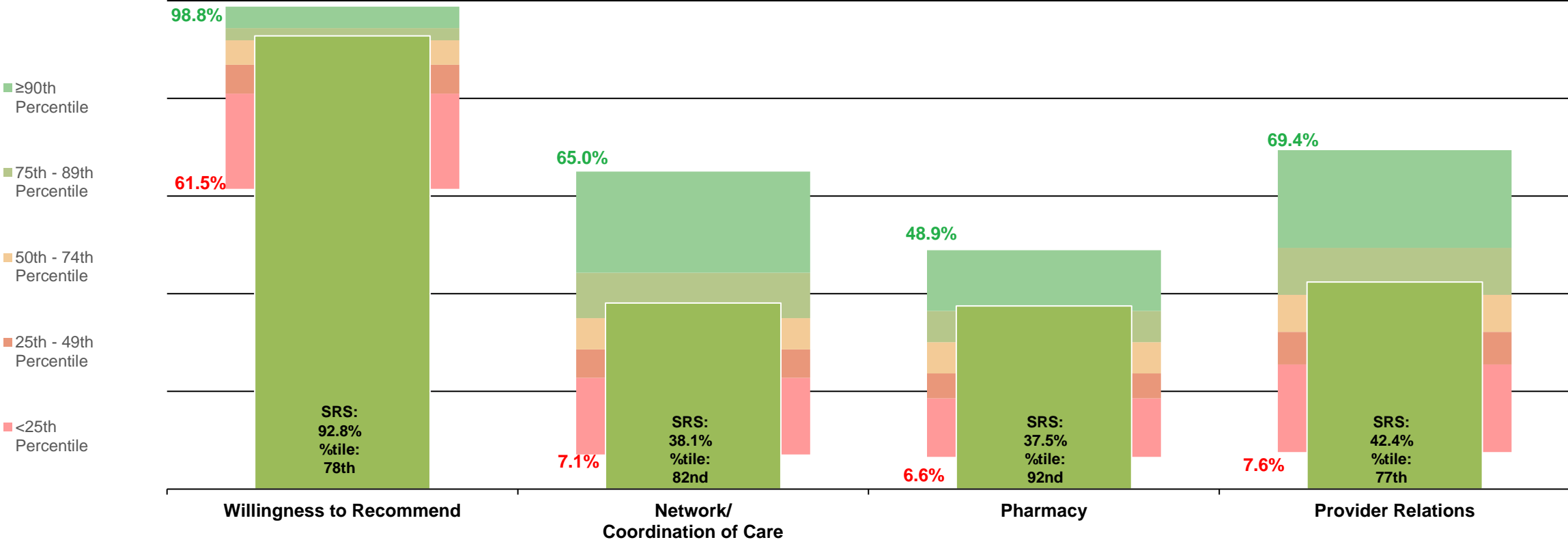
The key drivers of **overall satisfaction with the health plan** are presented in the POWeR™ Chart classification matrix. The table assesses the key drivers, and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in overall satisfaction.



Composite and Key Question Summary

COMPARISON RELATIVE TO PG Medicaid BOOK OF BUSINESS

The graph below shows how The Health Plan scores compare to the distribution of scores in the 2024 PG Medicaid Book of Business. The Health Plan is performing above the 75th percentile for all measures.



Green bar = The Health Plan performing at or above the 75th percentile

Red bar = The Health Plan performing below the 25th percentile

Composite Analyses

Composite Analyses: Section Information

Drilling Down Into Ratings and Composites

This section is designed to give plans a detailed report on the performance of global ratings (Overall Satisfaction and Willingness to Recommend) and composite measures.

The Composite Analysis typically consists of two pages. The first page displays composite level details and frequency distributions for the attribute questions. The second displays trending and relative performance for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



Analyses presented in this section include:

- Composite Summary Rate Scores
- Comparisons to benchmarks and trending (if available)
- Frequency Distributions for Response Options
- Percentile Rankings and Relative Performance to the Benchmark

Measures Included in Analyses

- Willingness to Recommend
- Comparative Analysis (All other plans)
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Health Plan Call Center
- Provider Relations

Percentile Rankings

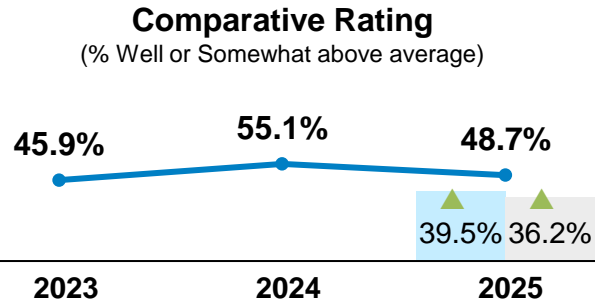
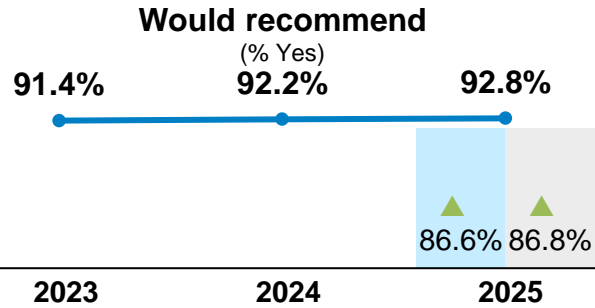
Your plan's percentile rankings compared to the PG Book of Business were calculated and are presented throughout this section to help you better understand your relative performance to the national benchmark.



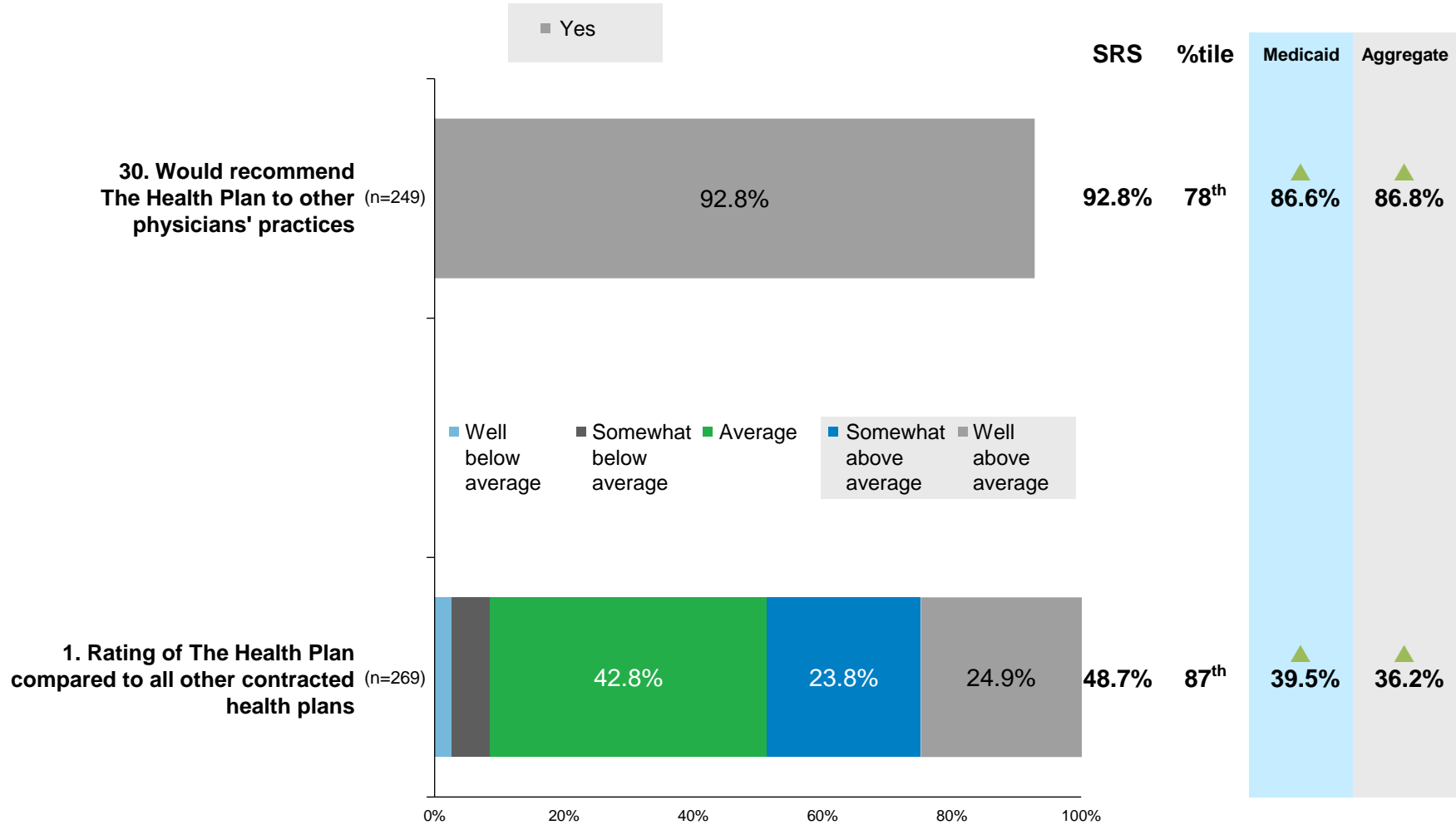
Overall Measures

Overall Measure Summary Rate Scores

● Your plan 2024 PG Medicaid BoB 2024 PG Aggregate BoB



2025 Attribute Response Distributions



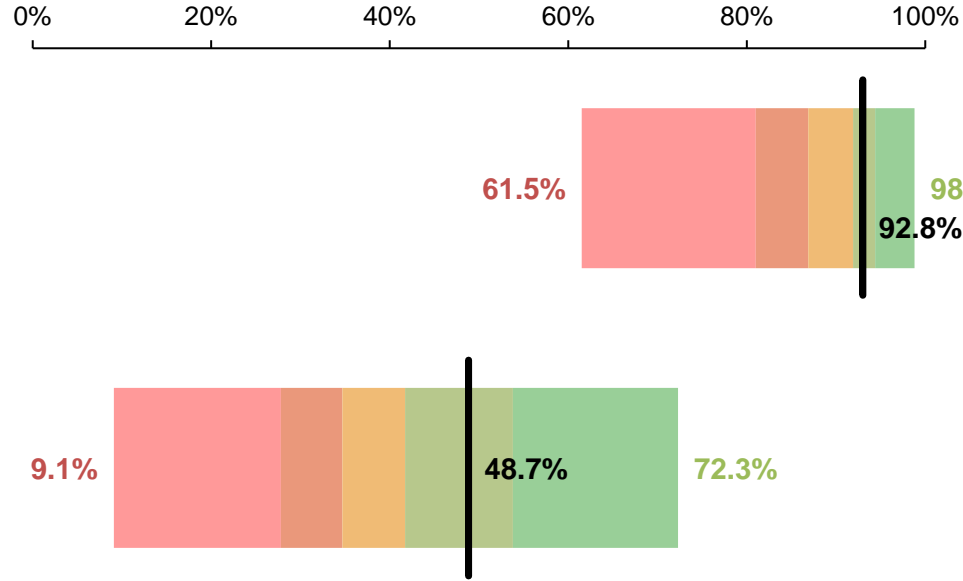
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⬆️⬆️ 2025 score is significantly higher or lower than the 2023 score.

Overall Measures

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



Attributes

(% Completely or Somewhat satisfied)

30. Would recommend The Health Plan to other physicians' practices
(% Yes)

1. Rating of The Health Plan compared to all other contracted health plans
(% Well or Somewhat above average)

SRS Trending Performance

2023 2024 2025

91.4% 92.2% 92.8%

45.9% 55.1% 48.7%

2024 PG BoB

%tile	Medicaid	Aggregate
78 th	86.6%	86.8%
87 th	39.5%	36.2%

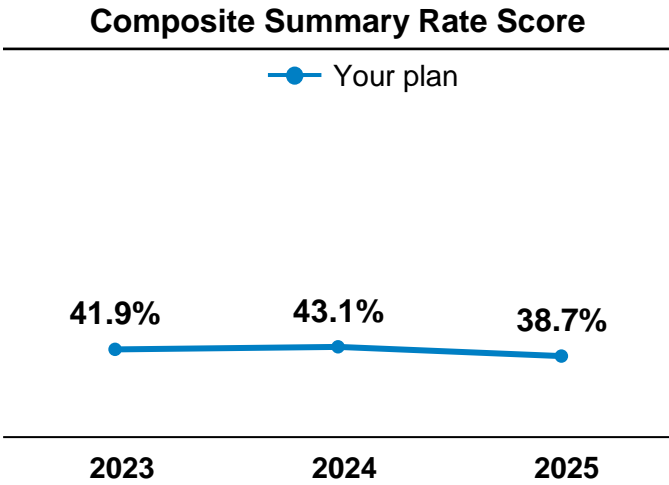
The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



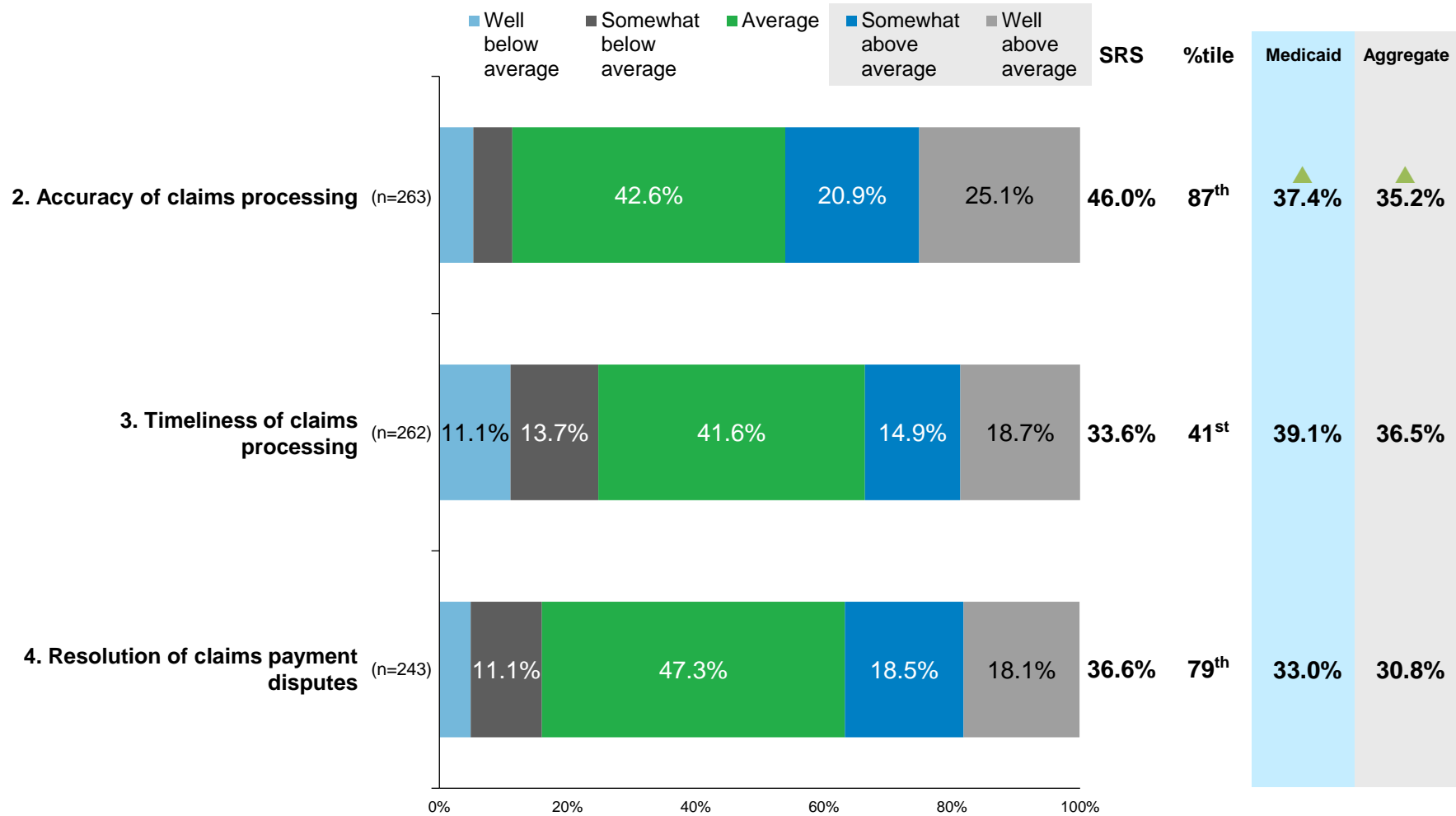
Significance Testing

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Finance Issues



2025 Attribute Response Distributions



Significance Testing

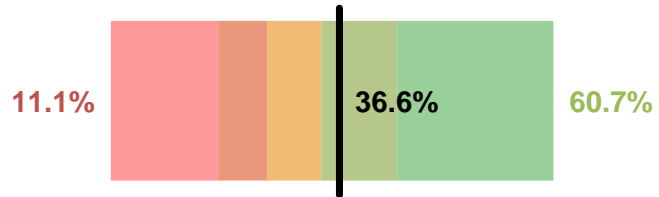
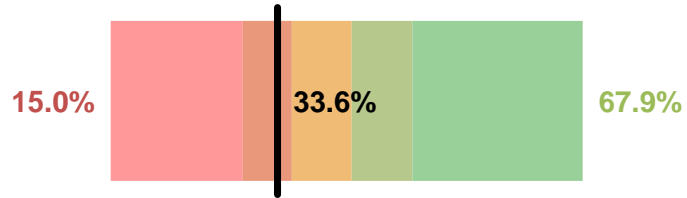
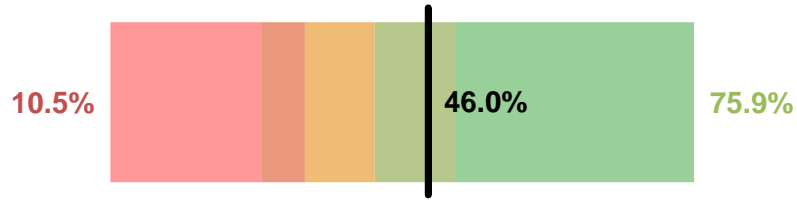
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Finance Issues

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.

0% 20% 40% 60% 80% 100%



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

2. Accuracy of claims processing

3. Timeliness of claims processing

4. Resolution of claims payment disputes

SRS Trending Performance

2023

2024

2025

44.2% 43.9% 46.0%

41.3% 42.9% 33.6%

40.2% 42.5% 36.6%

%tile

87th

41st

79th

2024 PG BoB

	Medicaid	Aggregate
Accuracy of claims processing	37.4% ▲	35.2% ▲
Timeliness of claims processing	39.1%	36.5%
Resolution of claims payment disputes	33.0%	30.8%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⚡ 2025 score is significantly higher or lower than the 2023 score.

Utilization and Quality Management

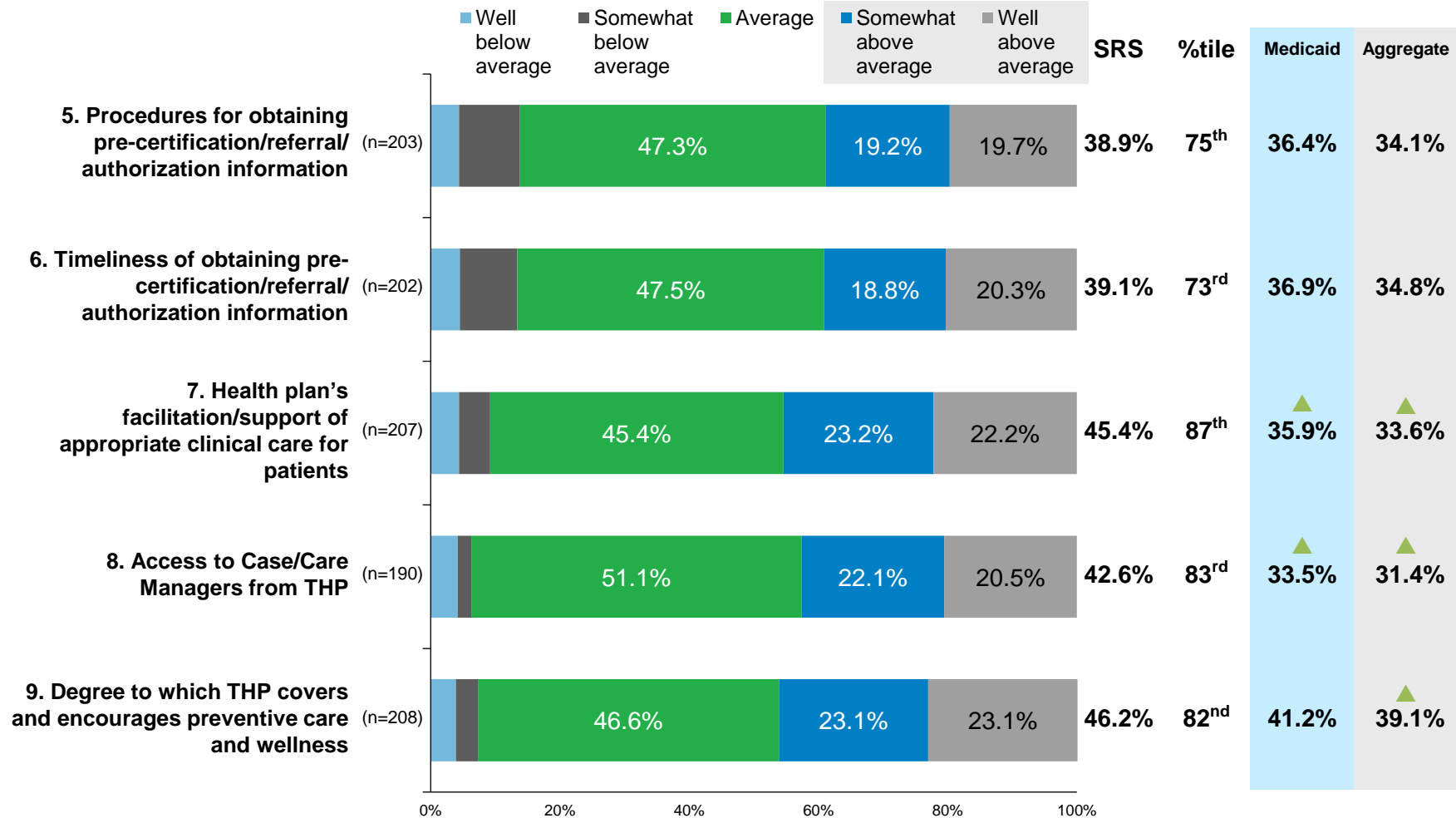
Composite Summary Rate Score

—●— Your plan

42.9% 43.2% 42.4%

2023 2024 2025

2025 Attribute Response Distributions



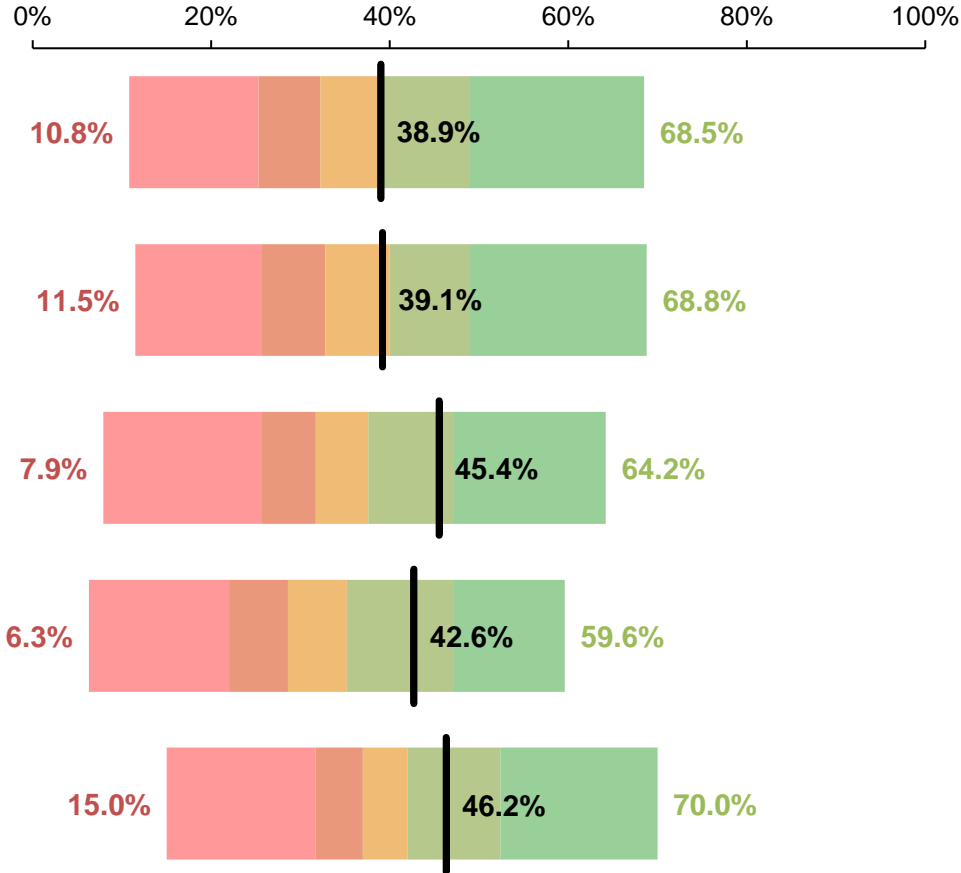
Significance Testing

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Utilization and Quality Management

2025 SRS Relative Performance

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The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

- 5. Procedures for obtaining pre-certification/referral/authorization information
- 6. Timeliness of obtaining pre-certification/referral/authorization information
- 7. Health plan's facilitation/support of appropriate clinical care for patients
- 8. Access to Case/Care Managers from THP
- 9. Degree to which THP covers and encourages preventive care and wellness

SRS Trending Performance

2023 2024 2025

42.3% 43.6% 38.9%

39.1% 44.6% 39.1%

44.8% 42.2% 45.4%

43.0% 44.9% 42.6%

45.5% 40.8% 46.2%

%tile Medicaid Aggregate

75th 36.4% 34.1%

73rd 36.9% 34.8%

87th 35.9% 33.6%

83rd 33.5% 31.4%

82nd 41.2% 39.1%

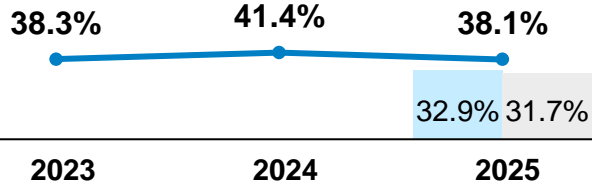
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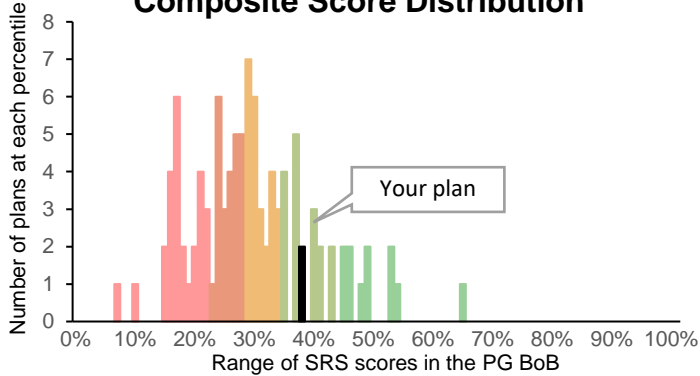
Network/Coordination of Care

Composite Summary Rate Score

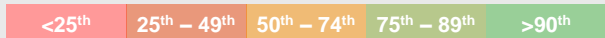
● Your plan 2024 PG Medicaid BoB 2024 PG Aggregate BoB



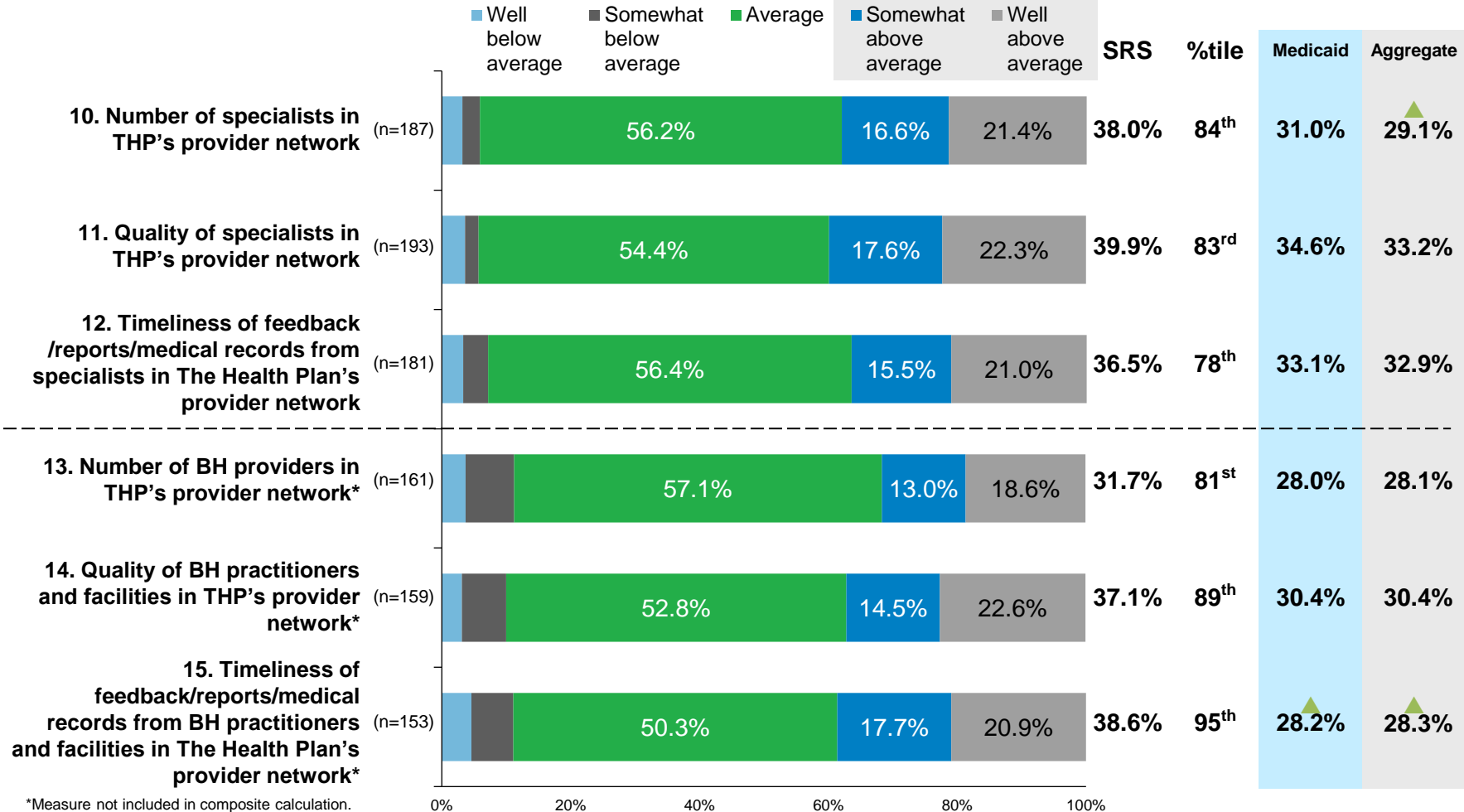
2024 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentile range represented by each color are defined below.



2025 Attribute Response Distributions



*Measure not included in composite calculation.

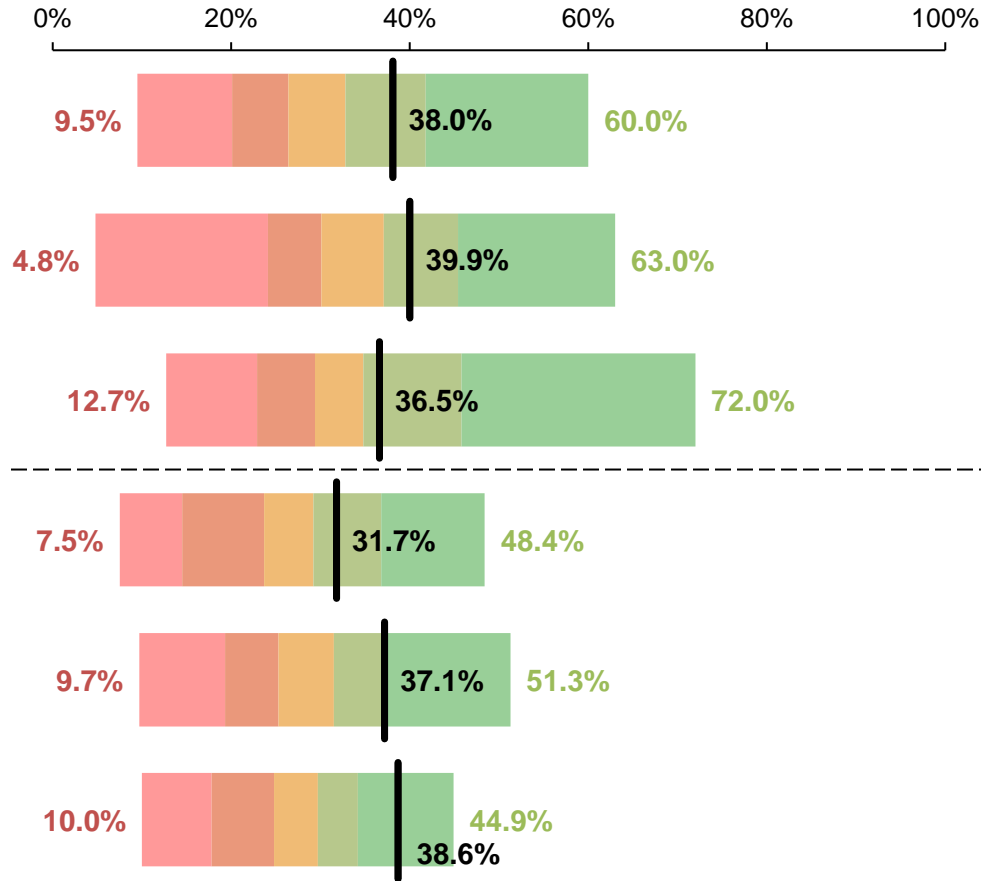
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Network/Coordination of Care

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

- 10. Number of specialists in THP's provider network
- 11. Quality of specialists in THP's provider network
- 12. Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network
- 13. Number of BH providers in THP's provider network*
- 14. Quality of BH practitioners and facilities in THP's provider network*
- 15. Timeliness of feedback/reports/medical records from BH practitioners and facilities in The Health Plan's provider network*

*Measure not included in composite calculation.

SRS Trending Performance

2023 2024 2025

38.8% 40.2% 38.0%

40.8% 43.2% 39.9%

35.3% 40.8% 36.5%

38.1% 33.6% 31.7%

43.3% 36.8% 37.1%

40.4% 36.2% 38.6%

%tile Medicaid Aggregate

84th 31.0% 29.1%

83rd 34.6% 33.2%

78th 33.1% 32.9%

81st 28.0% 28.1%

89th 30.4% 30.4%

95th 28.2% 28.3%

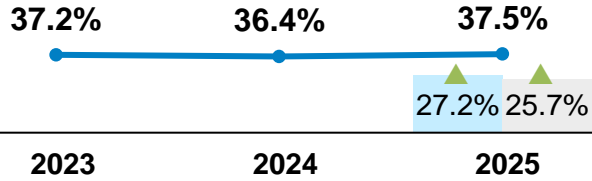
Significance Testing

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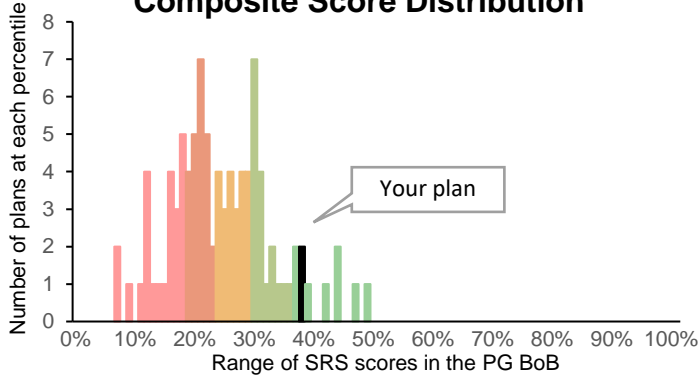
Pharmacy

Composite Summary Rate Score

● Your plan 2024 PG Medicaid BoB 2024 PG Aggregate BoB



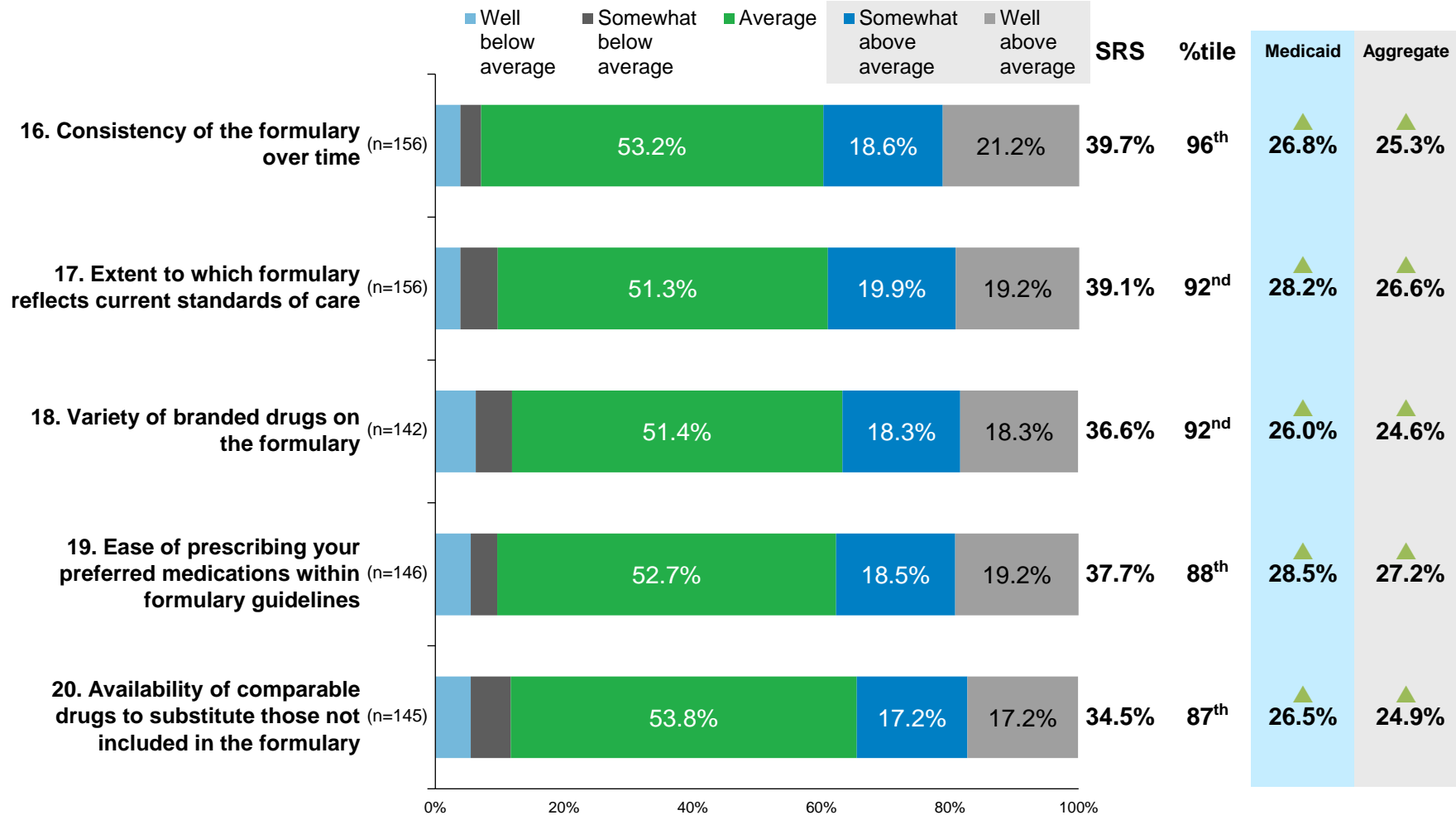
2024 Medicaid BoB Composite Score Distribution



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentile range represented by each color are defined below.



2025 Attribute Response Distributions



Significance Testing

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Pharmacy

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.

0% 20% 40% 60% 80% 100%



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

16. Consistency of the formulary over time

17. Extent to which formulary reflects current standards of care

18. Variety of branded drugs on the formulary

19. Ease of prescribing your preferred medications within formulary guidelines

20. Availability of comparable drugs to substitute those not included in the formulary

SRS Trending Performance

2023

2024

2025

38.1% 38.0% 39.7%

39.1% 35.9% 39.1%

36.1% 38.4% 36.6%

37.2% 33.7% 37.7%

35.4% 36.1% 34.5%

%tile

96th

92nd

92nd

88th

87th

2024 PG BoB

Medicaid

Aggregate

26.8% 25.3%

28.2% 26.6%

26.0% 24.6%

28.5% 27.2%

26.5% 24.9%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⚡ 2025 score is significantly higher or lower than the 2023 score.

Health Plan Call Center Service Staff

2025 Attribute Response Distributions

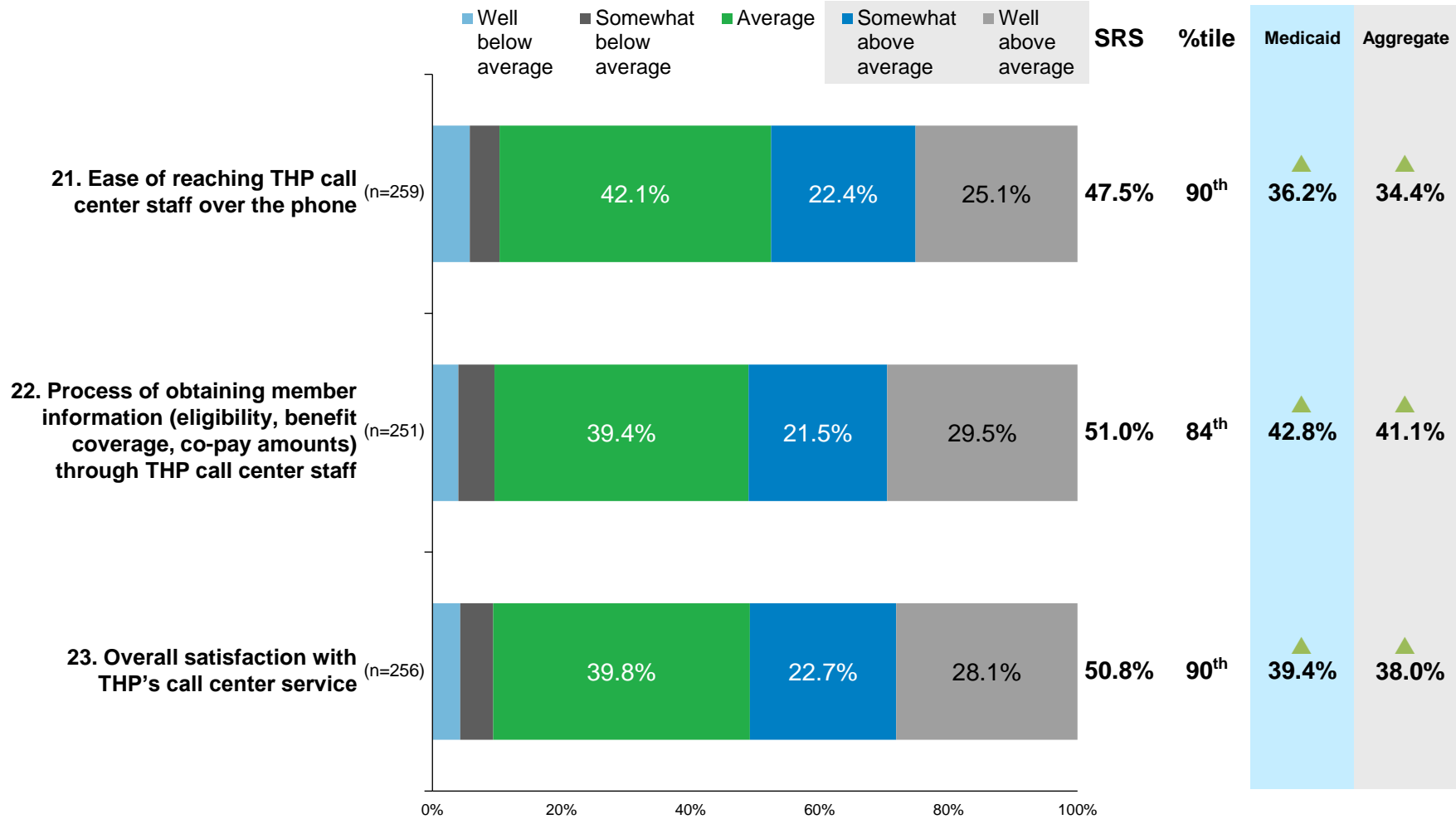
2024 PG BoB

Composite Summary Rate Score

—●— Your plan

51.3% 51.9% 49.8%

2023 2024 2025



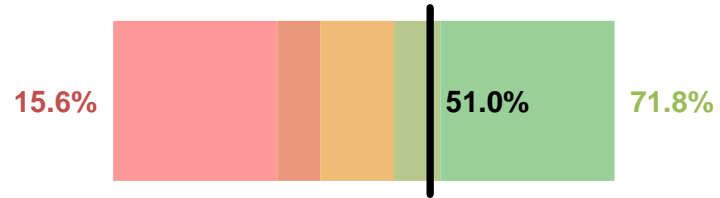
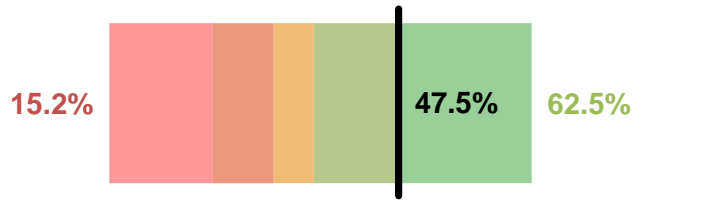
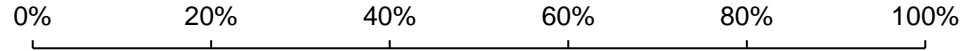
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⬆️⬆️ 2025 score is significantly higher or lower than the 2023 score.

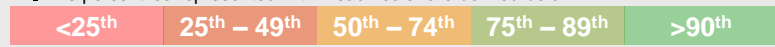
Health Plan Call Center Service Staff

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

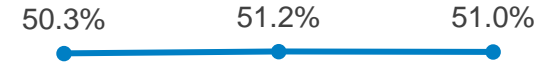
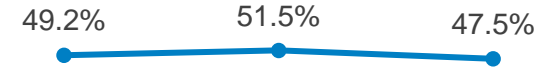
21. Ease of reaching THP call center staff over the phone

22. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff

23. Overall satisfaction with THP's call center service

SRS Trending Performance

2023 2024 2025



2024 PG BoB

%tile Medicaid Aggregate

90th 36.2% 34.4%

84th 42.8% 41.1%

90th 39.4% 38.0%

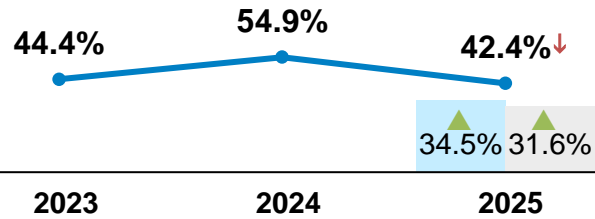
Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⬆️⬆️ 2025 score is significantly higher or lower than the 2023 score.

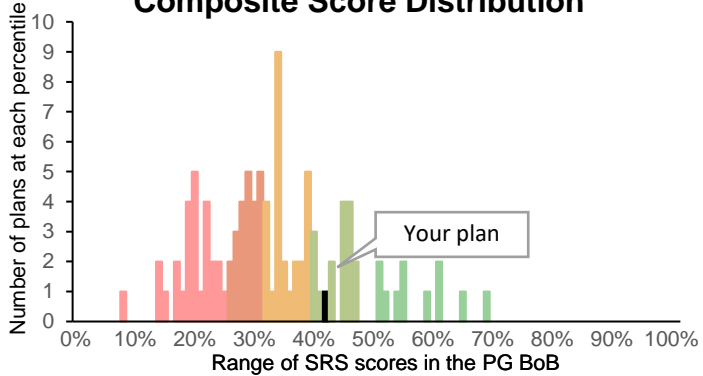
Provider Relations

Composite Summary Rate Score

● Your plan 2024 PG Medicaid BoB 2024 PG Aggregate BoB



2024 Medicaid BoB Composite Score Distribution

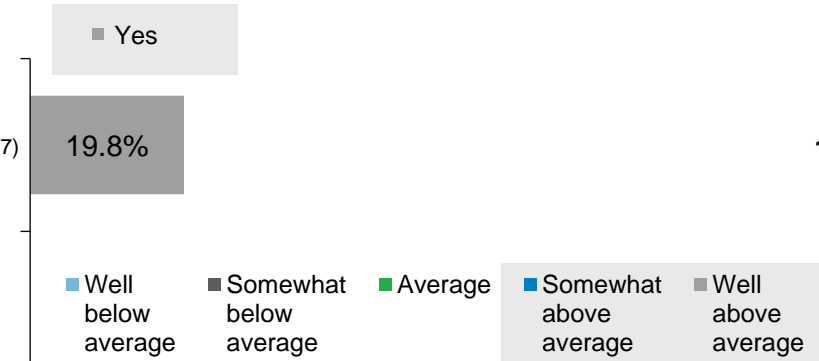


The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentile range represented by each color are defined below.



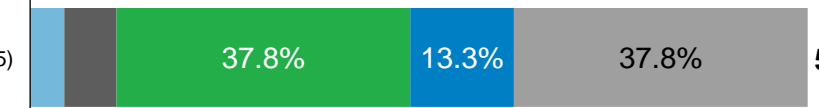
2025 Attribute Response Distributions

24. Have a Provider Relations representative from THP assigned to practice* (n=237)



SRS 19.8%
%tile 10th

25. Representative's ability to answer questions and resolve problems (n=45)



SRS 51.1%
%tile 72nd

26. Quality of provider onboarding process (Contracting, Credentialing) (n=221)



SRS 35.8%
%tile 81st

27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc. (n=241)



SRS 40.3%
%tile 83rd

2024 PG BoB

	Medicaid	Aggregate
24. Have a Provider Relations representative from THP assigned to practice*	40.9% ↓	37.2% ↓
25. Representative's ability to answer questions and resolve problems	48.8%	47.0%
26. Quality of provider onboarding process (Contracting, Credentialing)	29.3% ↑	27.7% ↑
27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	33.7% ↑	31.5% ↑

*Measure not included in composite calculation.

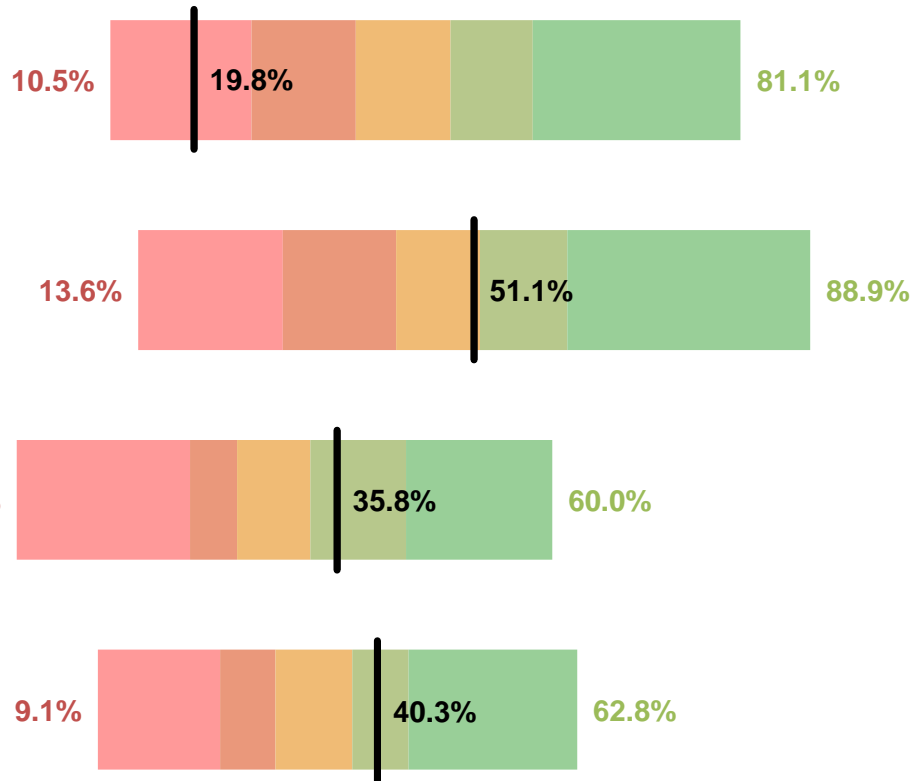
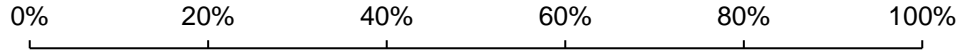
Significance Testing

↑ ↓ Score is significantly higher or lower than the previous year's score. ▲ ▼ 2025 score is significantly higher or lower than the respective benchmark score. ⬆ ⬇ 2025 score is significantly higher or lower than the 2023 score.

Provider Relations

2025 SRS Relative Performance

Percentiles represent the distribution of the PG Medicaid BoB. Figures in **red** represent the lowest score in the BoB; figures in **green** represent the highest score in the BoB.



The black marker indicates your plan's percentile ranking within the PG Medicaid BoB. The percentiles represented within each color are defined below.



Attributes

(%Well or Somewhat above average)

24. Have a Provider Relations representative from THP assigned to practice* (% Yes)

25. Representative's ability to answer questions and resolve problems

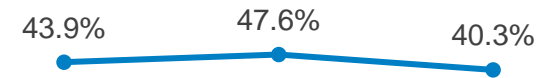
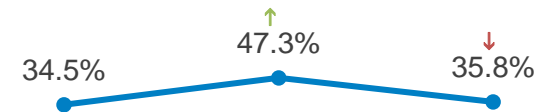
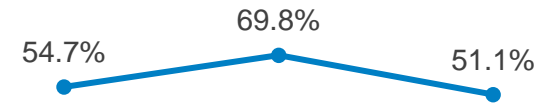
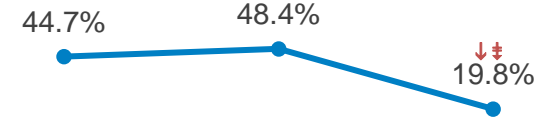
26. Quality of provider onboarding process (Contracting, Credentialing)

27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.

*Measure not included in composite calculation.

SRS Trending Performance

2023 2024 2025



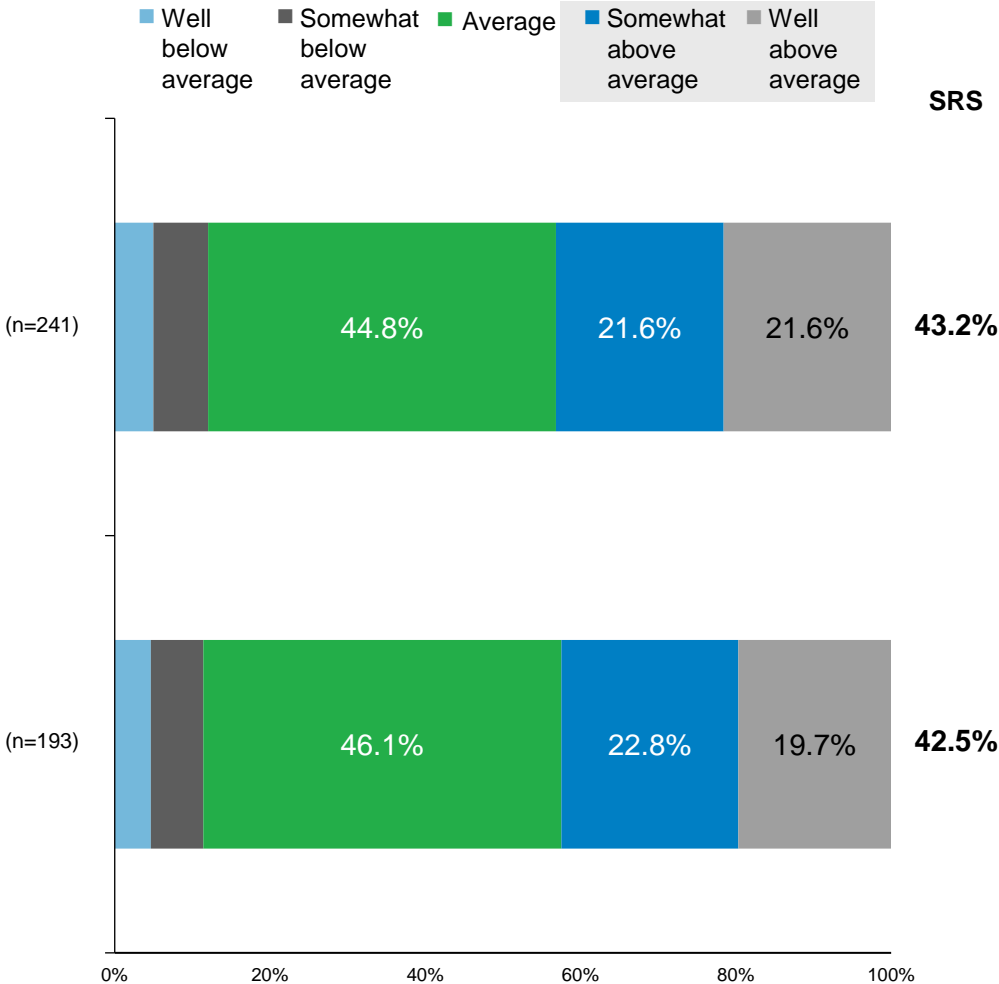
%tile	2024 PG BoB	
	Medicaid	Aggregate
10 th	40.9%	37.2%
72 nd	48.8%	47.0%
81 st	29.3%	27.7%
83 rd	33.7%	31.5%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ⚡⚡ 2025 score is significantly higher or lower than the 2023 score.

Provider Relations

2025 Attribute Response Distributions



Attributes

Summary Rate: % Well or Somewhat above average

28. Ease of navigating THP provider portal to obtain claims and remittance information*

29. Process of obtaining a prior authorization through THP provider portal*

*Measure not included in composite calculation.

SRS Trending Performance

2023 2024 2025

43.2%

42.5%

Respondent Profile

	2023	2024	2025	2024 PG BoB	
				Medicaid	Aggregate
Total:	(n=204)	(n=142)	(n=275)	(n=17393)	(n=27031)
Area of medicine					
Primary care	23.0%	35.5% ↑	24.3% ↓	41.7% ▼	42.0% ▼
Specialist	53.1%	23.9% ↓	52.9% ↑	47.4%	48.5%
Behavioral Health Practitioner	38.8%	55.1% ↑	25.9% ↓ ‡	20.6%	18.7% ▲
Physicians in practice					
Solo	45.8%	31.3% ↓	48.5% ↑	40.4% ▲	39.6% ▲
2 to 5 practitioners	35.4%	40.3%	37.5%	38.7%	39.1%
More than 5 practitioners	18.8%	28.4% ↑	14.0% ↓	20.9% ▼	21.4% ▼
Years in practice					
Less than 5 years	14.1%	19.3%	14.8%	19.8% ▼	20.1% ▼
5 to 15 years	27.3%	37.1%	24.4% ↓	32.8% ▼	32.7% ▼
16 years or longer	58.6%	43.6% ↓	60.7% ↑	47.5% ▲	47.3% ▲
Portion of managed care volume (represented by this health plan)					
0-10%	49.7%	29.8% ↓	37.7% ‡	35.5%	38.6%
11-20%	22.5%	24.2%	29.4%	21.7% ▲	21.6% ▲
21-100%	27.8%	46.0% ↑	32.9% ↓	42.8% ▼	39.8% ▼
Survey respondent					
Practitioner	11.1%	5.7%	18.2% ↑ ‡	13.0% ▲	11.6% ▲
Behavioral health clinician	13.1%	14.2%	7.8%	7.3%	6.7%
Office manager	47.2%	53.9%	51.7%	54.0%	55.1%
Nurse/other staff	28.6%	26.2%	22.3%	25.6%	26.7%

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score.
 ‡ 2025 score is significantly higher or lower than the 2023 score.

Appendix A: Summary Rate Scores

Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	2023		2024		2025		2024 PG Medicaid BoB	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Comparative Rating (% Well or Somewhat above average)								
1. Rating of The Health Plan compared to all other contracted health plans	194	45.9%	138	55.1%	269	48.7%	87 th	39.5% ▲
Finance Issues (% Well or Somewhat above average)	190	41.9%	134	43.1%	264	38.7%	NA	NA
2. Accuracy of claims processing	188	44.2%	132	43.9%	263	46.0%	87 th	37.4% ▲
3. Timeliness of claims processing	189	41.3%	133	42.9%	262	33.6%	41 st	39.1%
4. Resolution of claims payment disputes	169	40.2%	127	42.5%	243	36.6%	79 th	33.0%
Utilization and Quality Management (% Well or Somewhat above average)	166	42.9%	117	43.2%	237	42.4%	NA	NA
5. Procedures for obtaining pre-certification/referral/authorization information	137	42.3%	101	43.6%	203	38.9%	75 th	36.4%
6. Timeliness of obtaining pre-certification/referral/authorization information	138	39.1%	101	44.6%	202	39.1%	73 rd	36.9%
7. THP's facilitation/support of appropriate clinical care for patients	143	44.8%	102	42.2%	207	45.4%	87 th	35.9% ▲
8. Access to Case/Care Managers from THP	135	43.0%	98	44.9%	190	42.6%	83 rd	33.5% ▲
9. Degree to which THP covers and encourages preventive care and wellness	143	45.5%	103	40.8%	208	46.2%	82 nd	41.2%

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score.
 ▲▼ 2025 score is significantly higher or lower than the respective benchmark score.

⬆⬇ 2025 score is significantly higher or lower than the 2023 score.

Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	2023		2024		2025		2024 PG Medicaid BoB	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Network/Coordination of Care (% Well or Somewhat above average)	125	38.3%	115	41.4%	199	38.1%	82nd	32.9%
10. Number of specialists in THP's provider network	121	38.8%	112	40.2%	187	38.0%	84 th	31.0%
11. Quality of specialists in THP's provider network	120	40.8%	111	43.2%	193	39.9%	83 rd	34.6%
12. Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network	119	35.3%	103	40.8%	181	36.5%	78 th	33.1%
13. Number of BH providers in THP's provider network*	105	38.1%	107	33.6%	161	31.7%	81 st	28.0%
14. Quality of BH practitioners and facilities in THP's provider network*	104	43.3%	106	36.8%	159	37.1%	89 th	30.4%
15. Timeliness of feedback/reports/medical records from BH practitioners and facilities in The Health Plan's provider network*	99	40.4%	105	36.2%	153	38.6%	95 th	28.2% ▲
Pharmacy (% Well or Somewhat above average)	109	37.2%	92	36.4%	162	37.5%	92nd	27.2% ▲
16. Consistency of the formulary over time	105	38.1%	92	38.0%	156	39.7%	96 th	26.8% ▲
17. Extent to which formulary reflects current standards of care	105	39.1%	92	35.9%	156	39.1%	92 nd	28.2% ▲
18. Variety of branded drugs on the formulary	97	36.1%	86	38.4%	142	36.6%	92 nd	26.0% ▲
19. Ease of prescribing your preferred medications within formulary guidelines	94	37.2%	86	33.7%	146	37.7%	88 th	28.5% ▲
20. Availability of comparable drugs to substitute those not included in the formulary	96	35.4%	86	36.1%	145	34.5%	87 th	26.5% ▲

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. 🚩 2025 score is significantly higher or lower than the 2023 score.

Summary Rate Scores

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	2023		2024		2025		2024 PG Medicaid BoB	
	Valid n	SRS	Valid n	SRS	Valid n	SRS	%tile	SRS
Health Plan Call Center Service Staff (% Well or Somewhat above average)	185	51.3%	134	51.9%	262	49.8%	NA	NA
21. Ease of reaching THP call center staff over the phone	181	49.2%	132	51.5%	259	47.5%	90 th	36.2% ▲
22. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff	179	50.3%	131	51.2%	251	51.0%	84 th	42.8% ▲
23. Overall satisfaction with THP's call center service	180	54.4%	132	53.0%	256	50.8%	90 th	39.4% ▲
Provider Relations (% Well or Somewhat above average)	176	44.4%	126	54.9%	244	42.4% ↓	77th	34.5% ▲
24. Have a Provider Relations representative from THP assigned to practice* (% Yes)	123	44.7%	93	48.4%	237	19.8% ↓‡	10 th	40.9% ▼
25. Representative's ability to answer questions and resolve problems	53	54.7%	43	69.8%	45	51.1%	72 nd	48.8%
26. Quality of provider onboarding process (Contracting, Credentialing)	145	34.5%	112	47.3% ↑	221	35.8% ↓	81 st	29.3% ▲
27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	173	43.9%	124	47.6%	241	40.3%	83 rd	33.7% ▲
28. Ease of navigating THP provider portal to obtain claims and remittance information*	NA	NA	NA	NA	241	43.2%	NA	NA
29. Process of obtaining a prior authorization through THP provider portal*	NA	NA	NA	NA	193	42.5%	NA	NA
Overall Satisfaction								
30. Would you recommend The Health Plan to other physicians' practices (% Yes)	174	91.4%	128	92.2%	249	92.8%	78 th	86.6% ▲

Note: The Valid n numbers shown for composite scores represent the number of respondents who answered at least one item in the composite. This is different from the Valid n for each question, which represents the total number of responses to the question.

The summary rate score for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. *Indicates that the measure is not included in the composite score.

Significance Testing

↑↓ Score is significantly higher or lower than the previous year's score. ▲▼ 2025 score is significantly higher or lower than the respective benchmark score. ‡ 2025 score is significantly higher or lower than the 2023 score.

Appendix B: Demographic Segment Analysis

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Practitioner (H)	Solo (I)	2 to 5 practitioners (J)	More than 5 practitioners (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
<i>Total Respondents</i>	64	139	68	128	99	37	40	66	164
Comparative Rating (% Well or Somewhat above average)									
1. Rating of The Health Plan compared to all other contracted health plans	50.0%	48.5%	55.2%	52.0%	42.7%	59.5%	61.5% ^N	55.4%	43.5%
Finance Issues (% Well or Somewhat above average)	45.6%	39.9%	36.8%	40.5%	33.3%	48.0%	43.9%	34.2%	39.8%
2. Accuracy of claims processing	48.4%	45.8%	50.0%	45.9%	40.9%	62.2% ^J	51.4%	44.4%	46.2%
3. Timeliness of claims processing	45.2% ^H	35.1%	27.7%	38.2%	27.2%	33.3%	37.8%	25.8%	35.9%
4. Resolution of claims payment disputes	43.3%	38.7%	32.7%	37.5%	31.8%	48.5%	42.4%	32.2%	37.4%
Utilization and Quality Management (% Well or Somewhat above average)	43.8%	41.6%	45.1%	43.2%	38.6%	51.7%	54.7%	38.2%	41.3%
5. Procedures for obtaining pre-certification/referral/authorization information	36.2%	39.5%	41.7%	39.4%	36.5%	44.4%	48.4%	37.0%	37.4%
6. Timeliness of obtaining pre-certification/referral/authorization information	39.7%	40.4%	34.3%	41.9%	35.1%	40.7%	50.0%	31.9%	39.3%
7. THP's facilitation/support of appropriate clinical care for patients	47.3%	43.5%	50.0%	47.8%	38.0%	62.1% ^J	59.4%	43.5%	42.9%
8. Access to Case/Care Managers from THP	43.1%	44.0%	46.2%	41.7%	41.9%	45.8%	53.6%	41.9%	40.5%
9. Degree to which THP covers and encourages preventive care and wellness	52.6%	40.7%	53.5%	45.4%	41.6%	65.4% ^J	62.1% ^M	37.0%	46.2%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Practitioner (H)	Solo (I)	2 to 5 practitioners (J)	More than 5 practitioners (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
<i>Total Respondents</i>	64	139	68	128	99	37	40	66	164
Network/Coordination of Care (% Well or Somewhat above average)	42.0%	35.4%	42.9%	37.2%	32.9%	61.8% ^U	39.5%	44.3%	35.1%
10. Number of specialists in THP's provider network	41.5%	35.6%	42.2%	35.6%	34.8%	60.9% ^J	44.0%	43.8%	33.9%
11. Quality of specialists in THP's provider network	41.8%	38.3%	44.4%	39.8%	34.8%	60.9% ^J	44.0%	44.7%	37.0%
12. Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network	42.6%	32.2%	42.1%	36.1%	29.2%	63.6% ^U	30.4%	44.4%	34.2%
13. Number of BH providers in THP's provider network*	32.7%	26.6%	38.8%	31.8%	25.0%	50.0% ^J	40.0%	40.9%	24.7%
14. Quality of BH practitioners and facilities in THP's provider network*	34.7%	27.4%	51.0% ^G	36.9%	28.3%	57.7% ^J	45.8%	40.9%	33.0%
15. Timeliness of feedback/reports/medical records from BH practitioners and facilities in The Health Plan's provider network*	38.3%	29.0%	52.3% ^G	35.4%	29.8%	66.7% ^U	43.5%	45.2%	34.1%
Pharmacy (% Well or Somewhat above average)	39.7%	33.0%	51.5%	38.1%	29.4%	69.1% ^U	39.6%	39.7%	35.7%
16. Consistency of the formulary over time	40.0%	34.2%	62.5% ^G	40.3%	31.6%	75.0% ^U	52.9%	39.5%	37.8%
17. Extent to which formulary reflects current standards of care	40.0%	34.2%	58.3% ^G	41.6%	28.6%	70.6% ^U	44.4%	39.5%	37.1%
18. Variety of branded drugs on the formulary	39.3%	31.9%	47.1%	35.2%	31.4%	66.7% ^U	38.5%	40.6%	34.0%
19. Ease of prescribing your preferred medications within formulary guidelines	41.1%	33.8%	47.4%	38.9%	29.6%	66.7% ^U	33.3%	39.4%	36.8%
20. Availability of comparable drugs to substitute those not included in the formulary	38.2%	31.0%	42.1%	34.7%	25.9%	66.7% ^U	28.6%	39.4%	32.6%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Area of Medicine			Physicians in practice			Years in practice		
	Primary Care (F)	Specialty (G)	Behavioral Health Practitioner (H)	Solo (I)	2 to 5 practitioners (J)	More than 5 practitioners (K)	Less than 5 years (L)	5 to 15 years (M)	16 years or more (N)
<i>Total Respondents</i>	64	139	68	128	99	37	40	66	164
Health Plan Call Center Service Staff (% Well or Somewhat above average)	49.2%	48.7%	57.9%	53.2%	42.2%	63.6% ^J	66.4% ^N	51.1%	45.5%
21. Ease of reaching THP call center staff over the phone	43.3%	47.0%	59.0%	49.2%	41.1%	65.7% ^J	65.8% ^N	46.8%	43.5%
22. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff	51.7%	48.8%	59.0%	56.5% ^J	41.1%	63.9% ^J	66.7% ^N	51.7%	47.3%
23. Overall satisfaction with THP's call center service	52.5%	50.4%	55.7%	53.8%	44.6%	61.1%	66.7% ^N	54.8%	45.8%
Provider Relations (% Well or Somewhat above average)	49.0%	38.2%	50.6%	40.1%	37.9%	64.4% ^{IJ}	49.4%	54.0% ^N	37.5%
24. Have a Provider Relations representative from THP assigned to practice* (% Yes)	12.5%	18.5%	28.8% ^F	21.8%	17.9%	20.6%	26.5%	15.3%	19.4%
25. Representative's ability to answer questions and resolve problems	71.4%	40.0%	64.7%	45.8%	46.2%	85.7% ^I	55.6%	77.8%	44.0%
26. Quality of provider onboarding process (Contracting, Credentialing)	37.3%	33.6%	42.1%	33.0%	33.3%	51.5%	45.5%	42.4%	30.4%
27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	38.2%	40.8%	44.8%	41.4%	34.1%	55.9% ^J	47.2%	41.9%	38.1%
28. Ease of navigating THP provider portal to obtain claims and remittance information*	46.4%	40.8%	49.1%	43.2%	36.1%	63.6% ^{IJ}	50.0%	48.4%	39.3%
29. Process of obtaining a prior authorization through THP provider portal*	47.3%	37.9%	57.1% ^G	42.2%	35.7%	64.0% ^{IJ}	51.7%	48.9%	37.4%
Overall Satisfaction									
30. Would you recommend The Health Plan to other physicians' practices (% Yes)	91.4%	93.0%	91.9%	94.0%	93.4%	90.9%	89.7%	96.7%	93.2%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Practitioner (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
<i>Total Respondents</i>	95	74	83	49	21	139	60
Comparative Rating (% Well or Somewhat above average)							
1. Rating of The Health Plan compared to all other contracted health plans	33.3%	55.6% ^o	61.0% ^o	51.1%	50.0%	48.6%	46.6%
Finance Issues (% Well or Somewhat above average)	34.4%	39.7%	43.1%	38.3%	32.3%	38.8%	41.9%
2. Accuracy of claims processing	41.5%	47.9%	48.7%	42.6%	45.0%	45.5%	50.9%
3. Timeliness of claims processing	28.0%	34.7%	39.7%	38.3%	21.1%	34.3%	33.9%
4. Resolution of claims payment disputes	33.7%	36.4%	40.8%	34.1%	30.8%	36.5%	40.7%
Utilization and Quality Management (% Well or Somewhat above average)	29.8%	47.9% ^o	49.0% ^o	43.8%	41.1%	43.1%	41.8%
5. Procedures for obtaining pre-certification/referral/authorization information	25.0%	48.3% ^o	44.8% ^o	47.2%	22.2%	39.6%	37.2%
6. Timeliness of obtaining pre-certification/referral/authorization information	27.1%	45.6% ^o	45.6% ^o	46.0% ^s	11.1%	39.5% ^s	41.9% ^s
7. THP's facilitation/support of appropriate clinical care for patients	33.9%	47.5%	53.4% ^o	42.9%	50.0%	47.2%	45.2%
8. Access to Case/Care Managers from THP	32.1%	43.8%	49.3% ^o	42.9%	63.6%	41.2%	40.5%
9. Degree to which THP covers and encourages preventive care and wellness	30.7%	54.6% ^o	52.1% ^o	40.0%	58.3%	48.2%	43.9%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Practitioner (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
<i>Total Respondents</i>	95	74	83	49	21	139	60
Network/Coordination of Care (% Well or Somewhat above average)	18.4%	39.1%^O	51.9%^O	36.1%	37.8%	38.5%	40.4%
10. Number of specialists in THP's provider network	18.0%	39.3% ^O	51.5% ^O	36.4%	40.0%	38.4%	37.8%
11. Quality of specialists in THP's provider network	18.5%	42.1% ^O	55.1% ^O	42.9%	40.0%	39.2%	40.5%
12. Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network	18.8%	35.9%	49.3% ^O	29.0%	33.3%	38.0%	42.9%
13. Number of BH providers in THP's provider network*	11.4%	33.3% ^O	43.1% ^O	25.0%	37.5%	32.5%	33.3%
14. Quality of BH practitioners and facilities in THP's provider network*	14.0%	38.1% ^O	50.0% ^O	30.0%	62.5% ^{RT}	34.6%	37.9%
15. Timeliness of feedback/reports/medical records from BH practitioners and facilities in The Health Plan's provider network*	17.5%	42.1% ^O	48.4% ^O	28.6%	60.0% ^R	38.0%	41.4%
Pharmacy (% Well or Somewhat above average)	31.2%	35.1%	45.9%	46.4%	58.7%	35.5%	30.7%
16. Consistency of the formulary over time	31.1%	40.8%	47.2%	52.9% ^U	66.7%	37.8%	25.0%
17. Extent to which formulary reflects current standards of care	31.1%	34.7%	50.9% ^O	51.5% ^U	66.7% ^U	37.8%	24.2%
18. Variety of branded drugs on the formulary	31.7%	31.8%	45.8%	44.8%	50.0%	32.5%	37.5%
19. Ease of prescribing your preferred medications within formulary guidelines	31.0%	37.0%	44.9%	44.8%	60.0%	35.9%	33.3%
20. Availability of comparable drugs to substitute those not included in the formulary	31.0%	31.1%	40.8%	37.9%	50.0%	33.3%	33.3%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Portion of Managed Care volume			Survey respondent			
	0% to 10% (O)	11% to 20% (P)	21% to 100% (Q)	Practitioner (R)	Behavioral Health Clinician (S)	Office Manager (T)	Nurse/ Other staff (U)
<i>Total Respondents</i>	95	74	83	49	21	139	60
Health Plan Call Center Service Staff (% Well or Somewhat above average)	39.2%	59.7% ^O	55.3% ^O	45.6%	56.9%	52.5%	45.1%
21. Ease of reaching THP call center staff over the phone	37.5%	53.5% ^O	54.4% ^O	44.2%	55.0%	50.0%	42.9%
22. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff	36.9%	65.2% ^O	57.1% ^O	45.0%	57.9%	54.9%	45.3%
23. Overall satisfaction with THP's call center service	43.2%	60.3% ^O	54.4%	47.7%	57.9%	52.6%	47.3%
Provider Relations (% Well or Somewhat above average)	32.8%	37.0%	55.9% ^{OP}	54.7%	40.2%	39.0%	46.5%
24. Have a Provider Relations representative from THP assigned to practice* (% Yes)	17.5%	14.8%	24.7%	18.9%	22.2%	22.4%	11.8%
25. Representative's ability to answer questions and resolve problems	41.7%	33.3%	73.7% ^P	71.4%	50.0%	42.3%	66.7%
26. Quality of provider onboarding process (Contracting, Credentialing)	29.0%	35.3%	44.8%	45.0%	35.3%	33.3%	37.5%
27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	27.6%	42.3%	49.3% ^O	47.6%	35.3%	41.3%	35.3%
28. Ease of navigating THP provider portal to obtain claims and remittance information*	26.3%	47.9% ^O	53.4% ^O	42.5%	41.2%	41.9%	48.0%
29. Process of obtaining a prior authorization through THP provider portal*	26.8%	48.3% ^O	53.3% ^O	44.7%	44.4%	40.4%	47.4%
Overall Satisfaction							
30. Would you recommend The Health Plan to other physicians' practices (% Yes)	90.2%	97.0%	93.7%	83.0%	100% ^{RT}	94.4%	96.2% ^R

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Methodology		Provider Type		State	
	Mail (V)	Internet (X)	PCP (Y)	Specialist (Z)	OH (a)	WV (b)
<i>Total Respondents</i>	148	127	49	226	88	187
Comparative Rating (% Well or Somewhat above average)						
1. Rating of The Health Plan compared to all other contracted health plans	47.2%	50.4%	50.0%	48.4%	40.0%	52.7%
Finance Issues (% Well or Somewhat above average)						
2. Accuracy of claims processing	47.1%	44.7%	40.4%	47.2%	40.0%	48.9%
3. Timeliness of claims processing	35.7%	31.2%	38.3%	32.6%	32.1%	34.3%
4. Resolution of claims payment disputes	36.4%	36.8%	37.8%	36.4%	38.0%	36.0%
Utilization and Quality Management (% Well or Somewhat above average)						
5. Procedures for obtaining pre-certification/referral/authorization information	38.9%	39.0%	37.0%	39.5%	39.4%	38.7%
6. Timeliness of obtaining pre-certification/referral/authorization information	40.2%	37.9%	41.3%	38.5%	43.9%	36.8%
7. THP's facilitation/support of appropriate clinical care for patients	46.9%	43.6%	42.9%	46.1%	41.2%	47.5%
8. Access to Case/Care Managers from THP	44.9%	39.8%	38.9%	43.5%	38.7%	44.5%
9. Degree to which THP covers and encourages preventive care and wellness	49.6%	42.3%	50.0%	45.1%	44.3%	47.1%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

*Indicates that the measure is not included in the composite score.

Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Methodology		Provider Type		State	
	Mail (V)	Internet (X)	PCP (Y)	Specialist (Z)	OH (a)	WV (b)
<i>Total Respondents</i>	148	127	49	226	88	187
Network/Coordination of Care (% Well or Somewhat above average)	36.7%	40.0%	40.1%	37.5%	35.5%	39.2%
10. Number of specialists in THP's provider network	36.5%	40.0%	36.6%	38.4%	32.7%	40.2%
11. Quality of specialists in THP's provider network	37.3%	43.4%	41.9%	39.3%	37.3%	41.0%
12. Timeliness of feedback/reports/medical records from specialists in The Health Plan's provider network	36.3%	36.7%	41.9%	34.8%	36.4%	36.5%
13. Number of BH providers in THP's provider network*	30.4%	33.3%	32.4%	31.5%	26.0%	34.2%
14. Quality of BH practitioners and facilities in THP's provider network*	37.4%	36.8%	35.1%	37.7%	30.6%	40.0%
15. Timeliness of feedback/reports/medical records from BH practitioners and facilities in The Health Plan's provider network*	35.6%	42.4%	36.1%	39.3%	32.0%	41.8%
Pharmacy (% Well or Somewhat above average)	37.3%	37.8%	32.3%	39.7%	32.2%	40.5%
16. Consistency of the formulary over time	37.2%	42.9%	34.1%	42.0%	29.6%	45.1%
17. Extent to which formulary reflects current standards of care	39.5%	38.6%	31.8%	42.0%	30.9%	43.6%
18. Variety of branded drugs on the formulary	38.2%	34.9%	31.1%	39.2%	34.0%	38.2%
19. Ease of prescribing your preferred medications within formulary guidelines	37.2%	38.2%	35.6%	38.6%	35.2%	39.1%
20. Availability of comparable drugs to substitute those not included in the formulary	34.6%	34.3%	28.9%	37.0%	31.5%	36.3%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

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Demographic Segments

COMPOSITES, ATTRIBUTES AND KEY QUESTIONS	Methodology		Provider Type		State	
	Mail (V)	Internet (X)	PCP (Y)	Specialist (Z)	OH (a)	WV (b)
	Total Respondents					
	148	127	49	226	88	187
Health Plan Call Center Service Staff (% Well or Somewhat above average)	46.7%	53.2%	56.3%	48.4%	45.8%	51.7%
21. Ease of reaching THP call center staff over the phone	42.5%	53.3%	51.1%	46.7%	44.1%	49.1%
22. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts) through THP call center staff	48.5%	53.9%	59.1%	49.3%	45.1%	53.9%
23. Overall satisfaction with THP's call center service	49.3%	52.5%	58.7%	49.1%	48.2%	52.1%
Provider Relations (% Well or Somewhat above average)	36.1%	48.4%	49.7%	41.7%	38.2%	44.1%
24. Have a Provider Relations representative from THP assigned to practice* (% Yes)	16.5%	24.0%	10.0%	21.8% ^Y	13.2%	23.0%
25. Representative's ability to answer questions and resolve problems	42.9%	58.3%	75.0%	48.8%	50.0%	51.4%
26. Quality of provider onboarding process (Contracting, Credentialing)	30.1%	41.7%	38.5%	35.2%	34.9%	36.1%
27. Quality of communications, policy bulletins, and manuals through mailing, emails, websites, etc.	35.5%	45.3%	35.7%	41.2%	29.7%	44.9% ^a
28. Ease of navigating THP provider portal to obtain claims and remittance information*	39.3%	47.1%	42.9%	43.2%	33.8%	47.3% ^a
29. Process of obtaining a prior authorization through THP provider portal*	41.4%	43.8%	40.5%	43.1%	38.3%	44.4%
Overall Satisfaction						
30. Would you recommend The Health Plan to other physicians' practices (% Yes)	90.3%	95.7%	93.2%	92.7%	92.5%	92.9%

Summary rate scores for each question is shown above. Most questions are grouped by subject matter into composites (shown in the dark blue bars above). The composite scores are derived by adding the scores for the questions within the composite and dividing the result by the number of questions in the composite. A capital letter (ABC) indicates a significantly higher figure than the corresponding column.

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Appendix C: SatisAction™ Key Driver Statistical Model

Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of overall satisfaction and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using member satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving satisfaction ratings.
- Measurement of the relative importance of each of these elements.
- Measurement of how well providers think your plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by your plan.

Methodology

Importance analysis.

The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs, or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression analysis. Regression analysis is then used to predict overall satisfaction on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is rescaled to 100 points, the smallest value is rescaled to 0 points and the median value is rescaled to 50 points.

Performance analysis.

Relative performance (the top-two-box rating) is calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points. For measures that have a comparable measure in the PG Book of Business (BoB), performance is shown relative to the BoB. Measures that do not have a comparable measure in the BoB are ranked based on their performance relative to other measures in this plan's survey that do not have a comparable measure in the BoB.

Methodology

Classification matrix. Results of the key driver modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of the most important drivers of overall satisfaction and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- **Power.** These items have a relatively large impact on overall satisfaction and your plan performance levels on these items are high. Promote and leverage strengths in this quadrant.
- **Opportunity.** Items in this quadrant also have a relatively large impact on overall satisfaction but your plan performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the satisfaction score.
- **Wait.** Though these items still impact overall satisfaction, they are somewhat less important than those that fall on the right-hand side of the chart. Relatively speaking, your plan performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- **Retain.** Items in this quadrant also have a relatively small impact on overall satisfaction but your plan performance is above average. Simply maintain performance on these items.

