



Center for the Study of Services

**UniCare Health Plan of West Virginia,
Inc.**

Provider Satisfaction Survey

2024 Results

ELEVANCE HEALTH

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Elevance Health contracted with Center for the Study of Services (CSS) to conduct provider satisfaction surveys for its affiliate health plan, UniCare Health Plan of West Virginia, Inc.. This research can be used to provide rational direction for efforts to strengthen provider relationships.

This research is designed to gauge satisfaction with UniCare WV overall and in the following areas:

- Claims processing and provider reimbursement
- Utilization management
- Population health
- Communication
- Provider servicing
- Continuity and coordination of care
- Cultural competency

STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2023

Composite Rate IMPROVED	Composite Rate DECLINED
No statistically significant improvements	No statistically significant declines

TOP 5 KEY DRIVERS WITH HIGHEST CORRELATION TO OVERALL SATISFACTION

- Timeliness of medical director's response to your concerns (Utilization Management Process)
- Efficiency of plan utilization management process overall (Utilization Management Process)
- Clarity (Satisfaction with information exchange)
- Accuracy (Satisfaction with information exchange)
- Obtaining precertification and/or authorization for plan members (Utilization Management Process)

The key features of this report on provider satisfaction for UniCare Health Plan of West Virginia, Inc. are highlighted below.

- Throughout the report, UniCare WV's results are compared to prior year results, where available. Wherever possible, significance tests are calculated for this comparison, with results considered statistically significant at the 95% confidence level.
- The *Summary of Results* includes the proportional scores for each of the composite measures on the survey. All measures are compared to scores for 2023 and 2022.
- *Detailed Performance Charts* are provided for each rating and composite measure, showing three-year trending results and breaking down each composite measure into the component questions. Summary rates for composites and questions are also reported.
- A *Quadrant Map* analysis is included to help prioritize the importance of different survey measures and identify opportunities for improvement. The analysis identifies the survey questions that are most strongly associated with an improvement in the survey's Overall Provider Satisfaction for the plan and maps them along with the plan's performance on those measures.

Survey Questionnaire

The survey questionnaire was updated for the 2024 survey administration. Questions that cannot be trended between 2024 and prior year surveys because the questions are new, updated or where the response scale was updated are noted with a *.

Sample Selection

The health plan provided the sample frame of providers affiliated or contracted with UniCare WV. CSS generated a random sample of 1,851 providers for UniCare WV.

Survey Administration Protocol

CSS administered the Provider Satisfaction Survey in English only, using an email and fax methodology that included 4 email campaigns and 4 fax campaigns. The fax included a cover letter and the survey. The fax survey cover letter included a survey URL and login code that the provider could use to complete the survey online. The letter and the survey also included instructions on how to return the survey by fax. Emails included a URL link that would take the provider to the online survey.

- The first email was sent on September 4, 2024
- The first fax was sent on September 10, 2024
- The second email was sent on September 11, 2024
- The third email was sent on September 18, 2024
- The second fax was sent on September 18, 2024
- The third fax was sent on September 23, 2024
- The fourth email was sent on September 30, 2024
- The fourth fax was sent on September 30, 2024
- Data collection closed on October 4, 2024

Data Capture

Questionnaires returned by fax were either scanned or keyed manually by data entry operators. Due to the multiple contact attempts, multiple surveys could be received from the same sample member. In those cases, the most complete response was kept, or, in the event of a tie, the most recent survey received.

Response Rate

275 surveys were received from UniCare WV providers, resulting in a response rate** of 14.86 percent.

Sample Size	Fax Completes	Web Completes	Total Completes	Response Rate**
1,851	167	108	275	14.86%

**Response Rate = [Total Completes]/[Sample Size]

Results on scored measures for UniCare WV are summarized below.

Calculation and Reporting of Results

All scored questions are calculated as the proportion of usable responses selecting the positive responses on that question’s scale. ‘NA’ responses are not counted towards the measure’s denominators. The possible options for each measure are summarized below:

Possible Response Options Positive

Possible Response Options	Positive Response Options Contributing to Proportion	Composite Measure(s)
Very Satisfied, Somewhat Satisfied, Neither, Somewhat Dissatisfied, Very Dissatisfied	Very Satisfied, Somewhat Satisfied	Claims Processing and Provider Reimbursement Utilization Management Process Satisfaction with Information Exchange Overall Satisfaction
Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied	Very Satisfied, Satisfied	Communication
Excellent, Very Good, Good, Fair, Poor	Excellent, Very Good, Good	Population Health
Always, Usually, Sometimes, Rarely, Never	Always, Usually	N/A
Improved Greatly, Improved Some, Remained the same, No Improvement	Improved Greatly, Improved Some	N/A
More, Less, No change	More	N/A
Positive, Negative	Positive	N/A
Yes, No	Yes	N/A
Top Performer, Average Performer, Worst Performer	Top Performer	N/A

Claims Processing & Provider Reimbursement



Very Satisfied or Somewhat Satisfied

Utilization Management Process



Very Satisfied or Somewhat Satisfied

Population Health



Excellent, Very Good or Good

Communication



Very Satisfied or Satisfied

Satisfaction with information exchange



Very Satisfied or Somewhat Satisfied

Overall Satisfaction



Very Satisfied or Somewhat Satisfied

OVERALL SATISFACTION

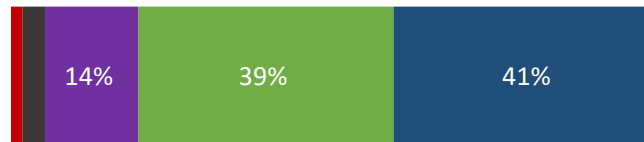
Summary Rate (Percent Very Satisfied or Somewhat Satisfied):

2024

2023

2022

Overall Satisfaction Composite (n=248)

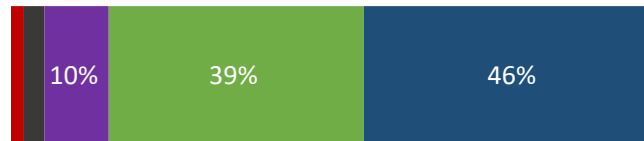


80.4%
(n=248)

79.3%
(n=189)

82.4%
(n=160)

Overall satisfaction

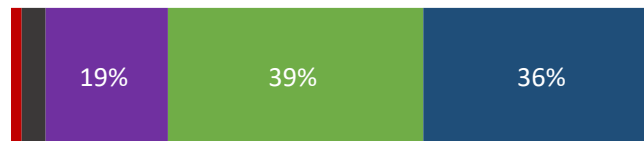


84.9%
(n=252)

83.7%
(n=190)

87.7%
(n=162)

Provider initial enrollment process



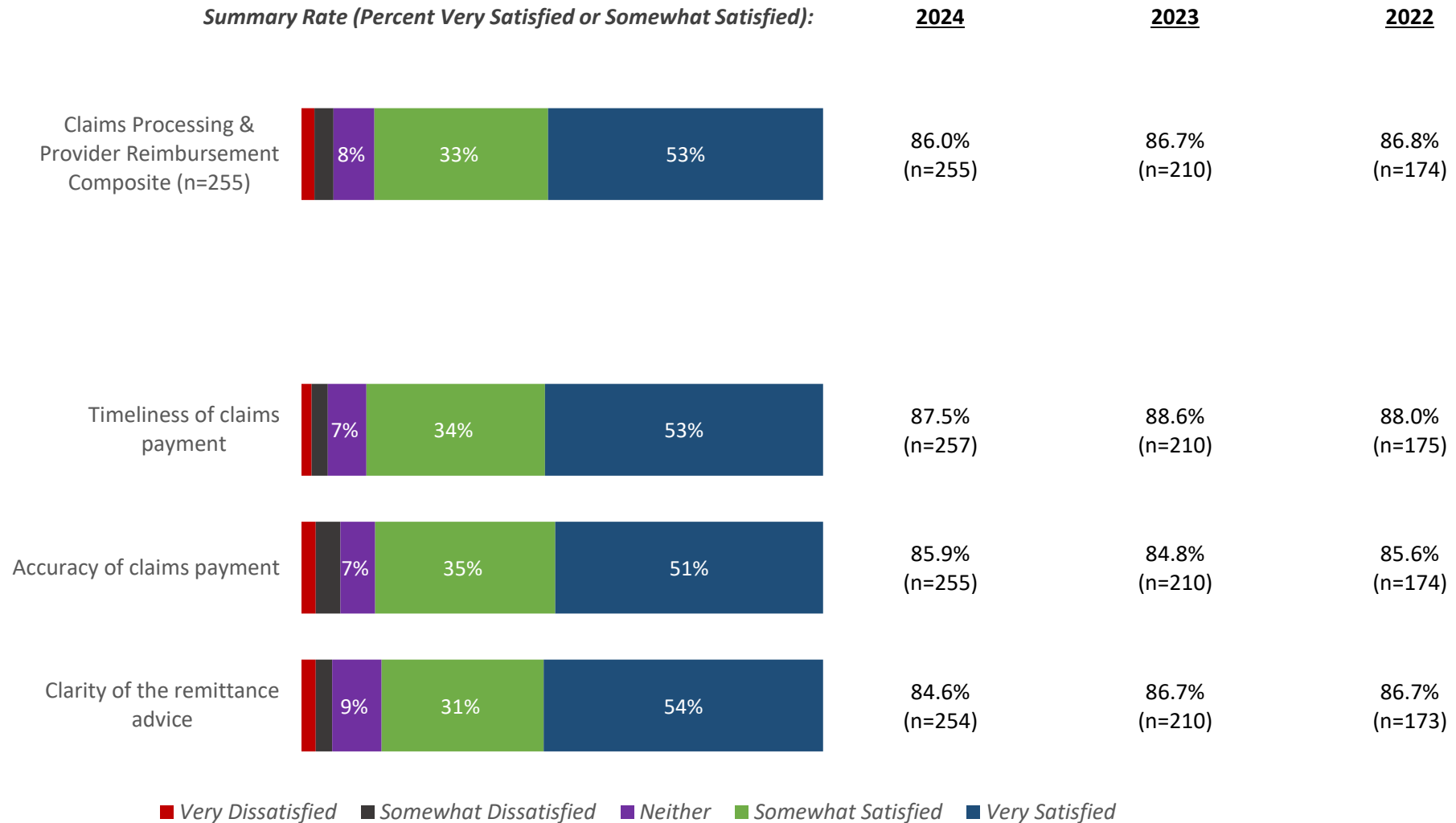
75.8%
(n=244)

74.9%
(n=187)

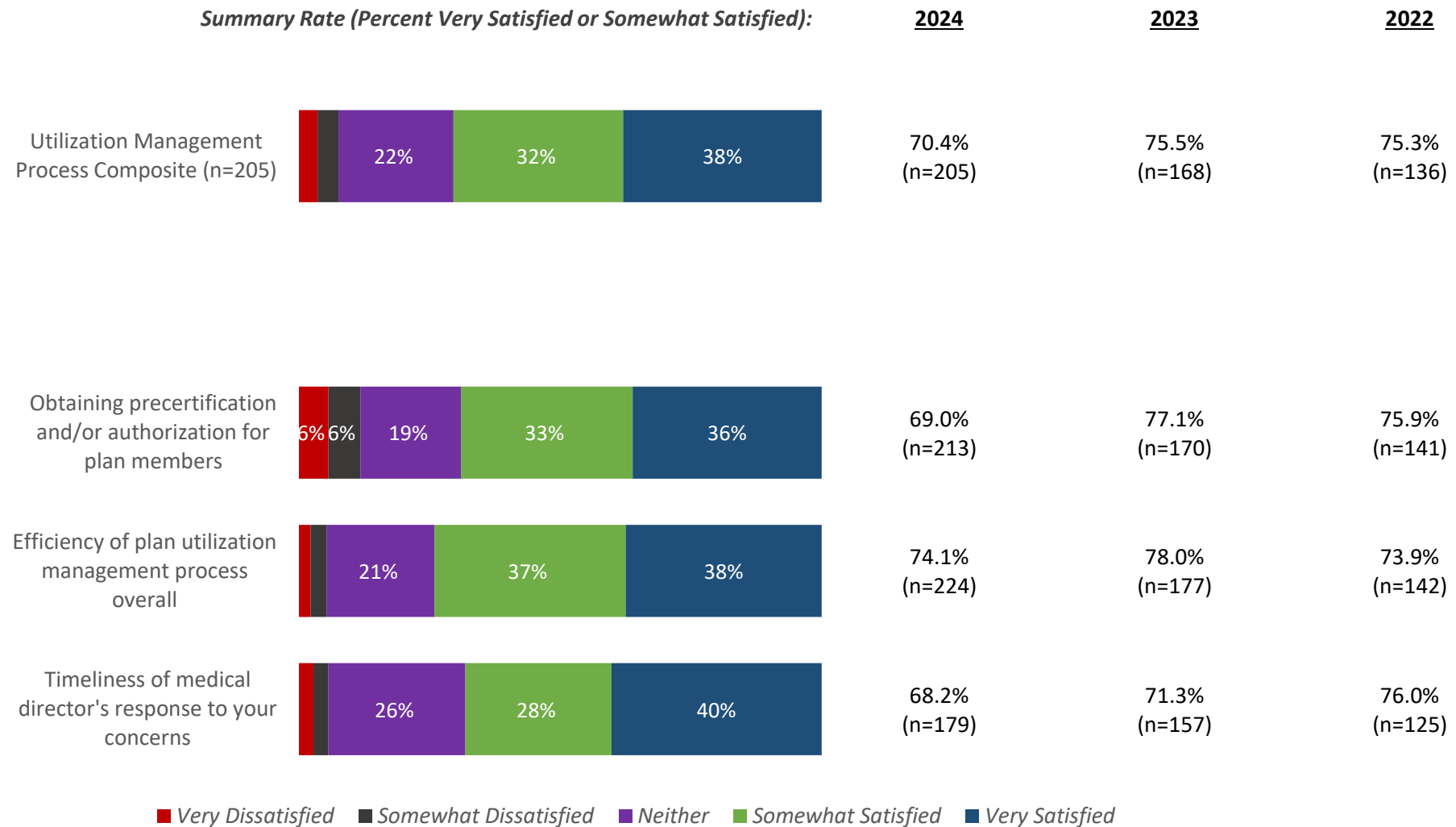
77.1%
(n=157)

■ Very Dissatisfied ■ Somewhat Dissatisfied ■ Neither ■ Somewhat Satisfied ■ Very Satisfied

CLAIMS PROCESSING AND PROVIDER REIMBURSEMENT



UTILIZATION MANAGEMENT



POPULATION HEALTH

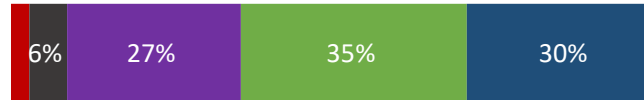
Summary Rate (Percent Excellent, Very Good or Good):

2024

2023

2022

Population Health Composite (n=133)

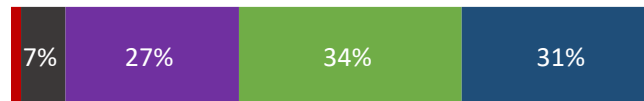


91.3%
(n=133)

91.6%
(n=98)

91.2%
(n=83)

Helpfulness of case manager providing services

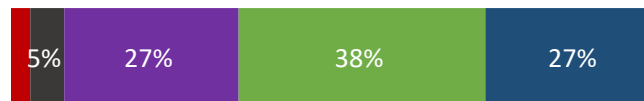


91.6%
(n=131)

92.5%
(n=93)

91.4%
(n=81)

Communicating patients' care / treatment plan and goals

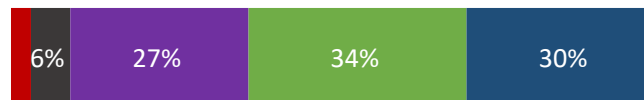


91.8%
(n=134)

92.0%
(n=100)

90.7%
(n=86)

Case manager communication regarding patients' urgent needs



90.8%
(n=131)

91.8%
(n=97)

89.7%
(n=78)

Frequency of communication on program information and materials



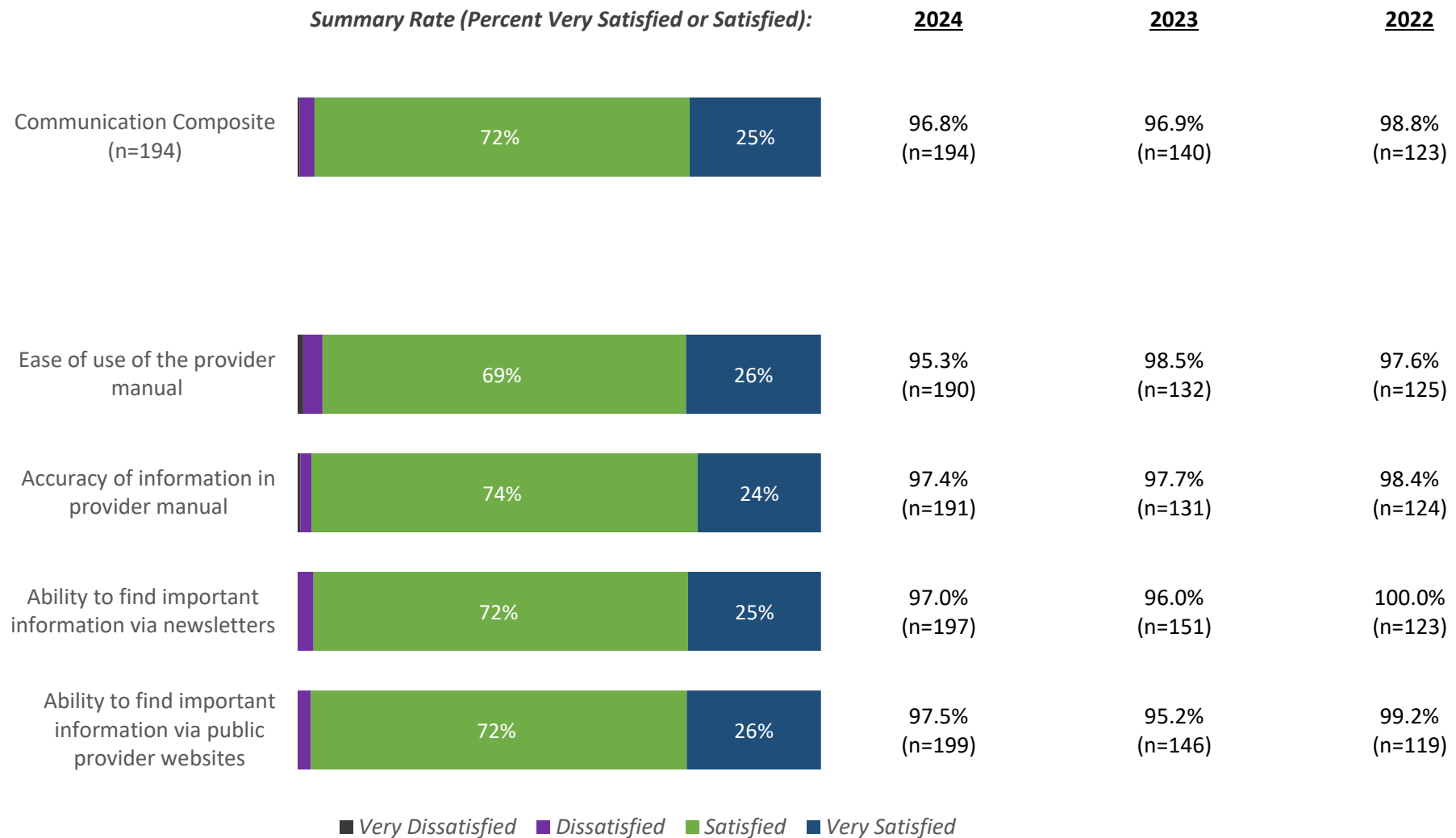
91.1%
(n=135)

90.1%
(n=101)

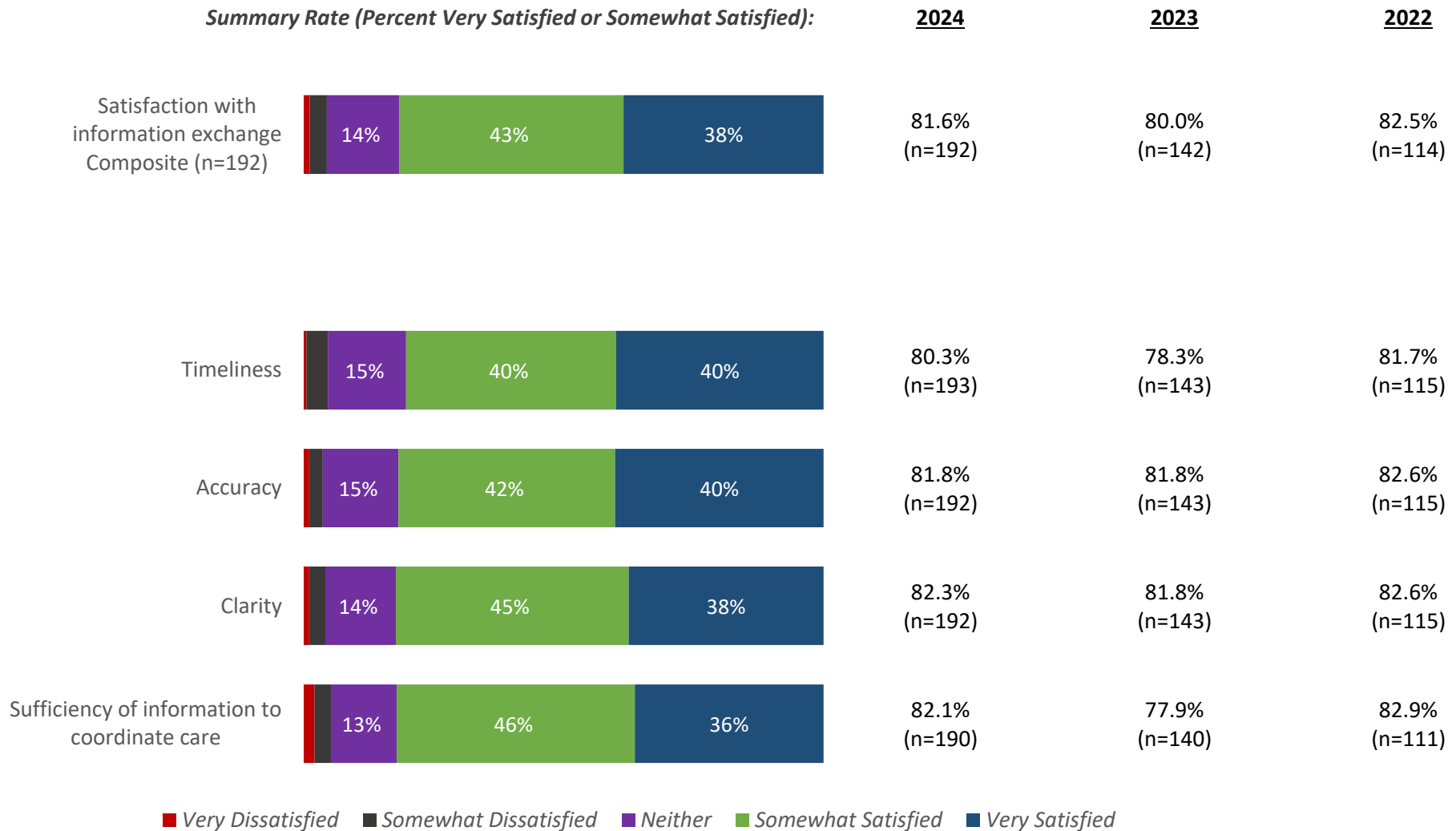
93.1%
(n=87)

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

COMMUNICATION



SATISFACTION WITH INFORMATION EXCHANGE



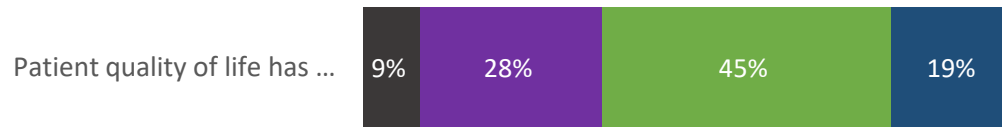
OTHER POPULATION HEALTH MEASURES

Summary Rate (Percent Improved greatly or Improved some):

2024

2023

2022



63.2%
(n=193)

68.3%
(n=145)

59.0%
(n=117)

■ No Improvement ■ Remained the Same ■ Improved Some ■ Improved Greatly

Summary Rate (Percent Positive):

2024

2023

2022



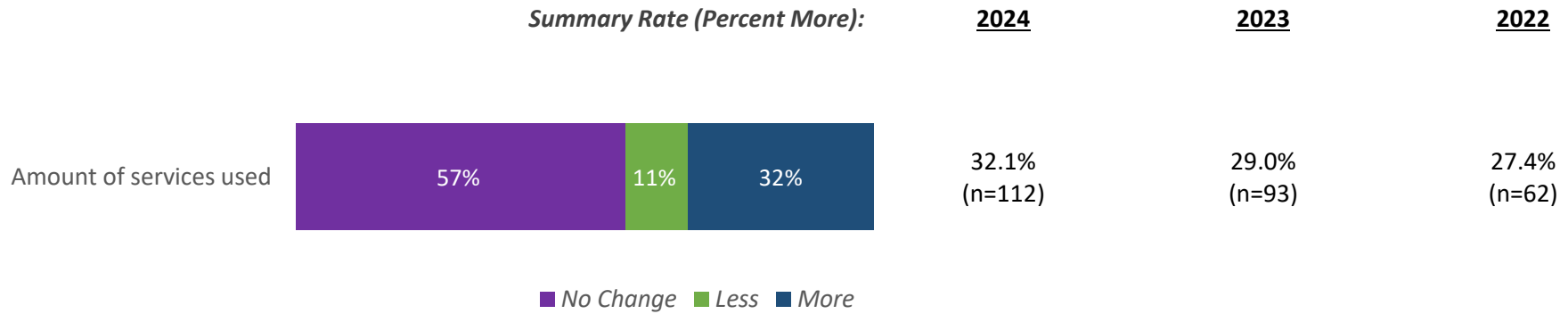
96.3%
(n=108)

100.0%
(n=82)

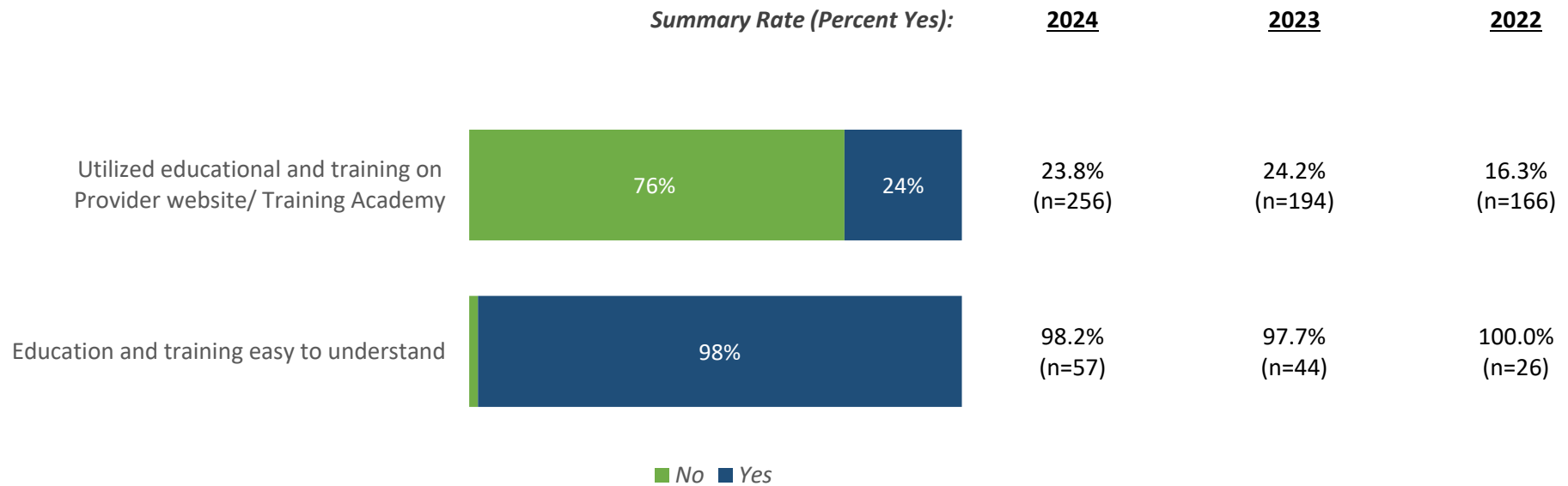
100.0%
(n=59)

■ Negative ■ Positive

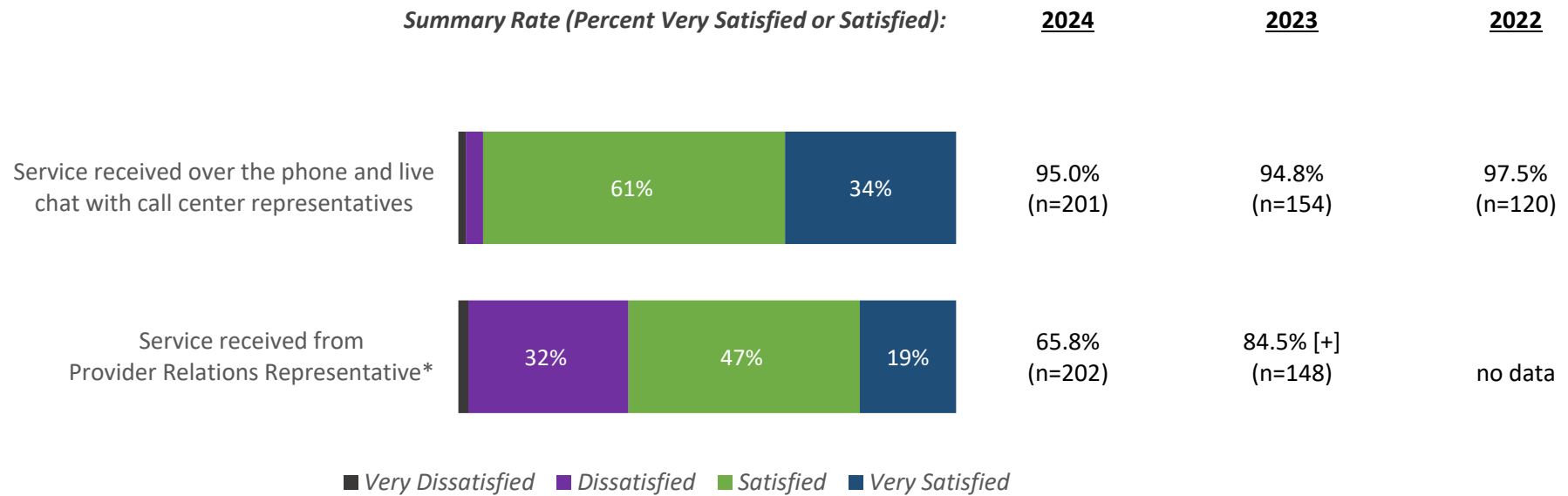
OTHER POPULATION HEALTH MEASURES



TRAINING AND EDUCATION

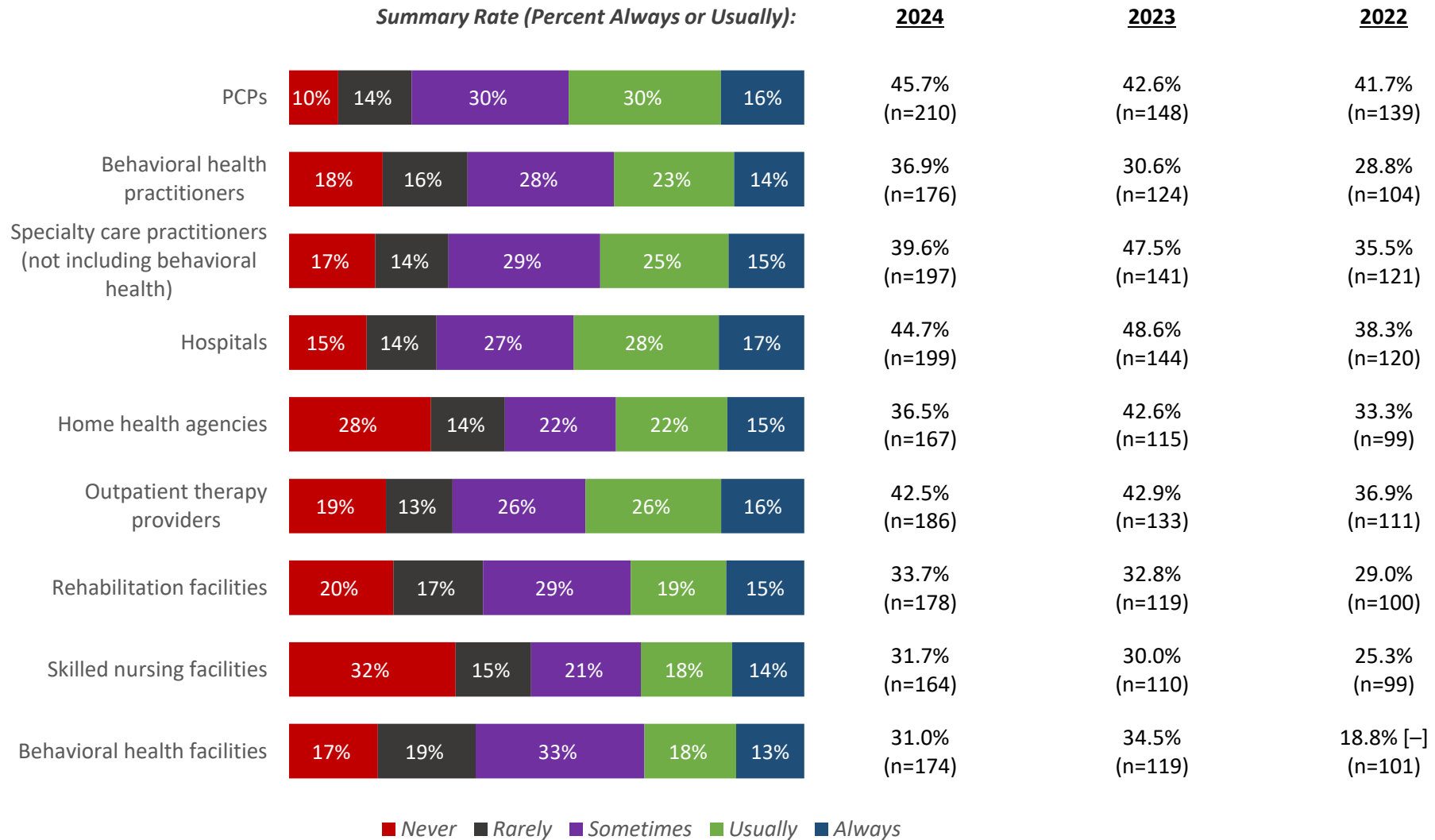


PROVIDER SERVICING

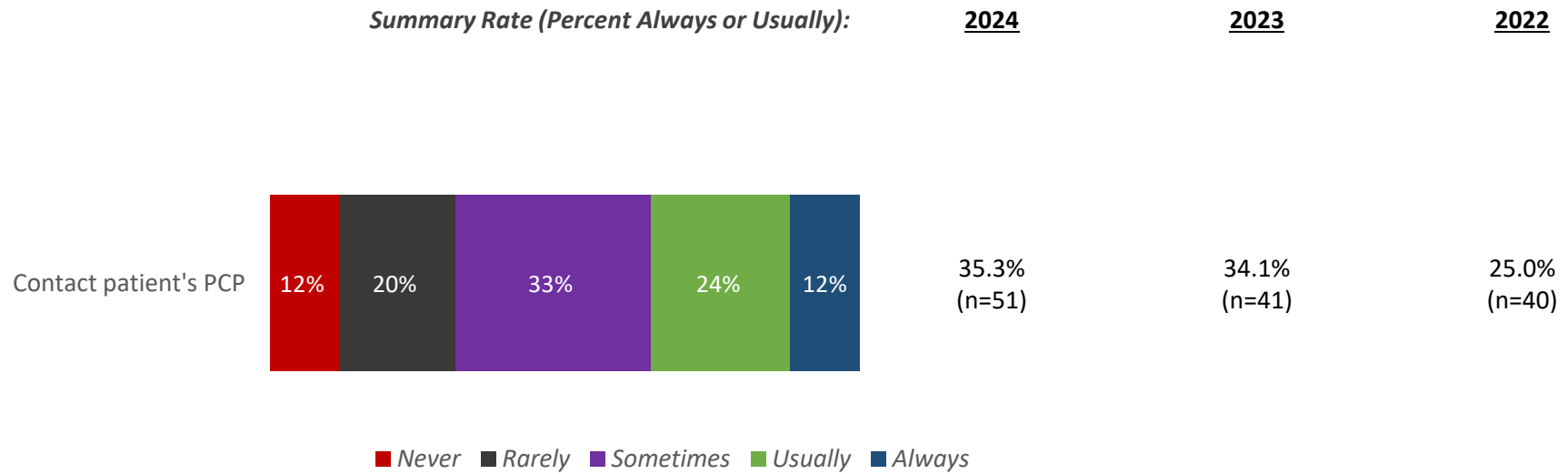


*There may be certain subsets that are inadequate for yearly tracking and trending due to varying reasons include but not limited to changes in response scales, supplemental sets and question choices. Statistically significant differences between your organization's current-year rate and the comparison rate are marked as [-] when your current-year rate is higher or [+] when it is lower than the comparison rate.

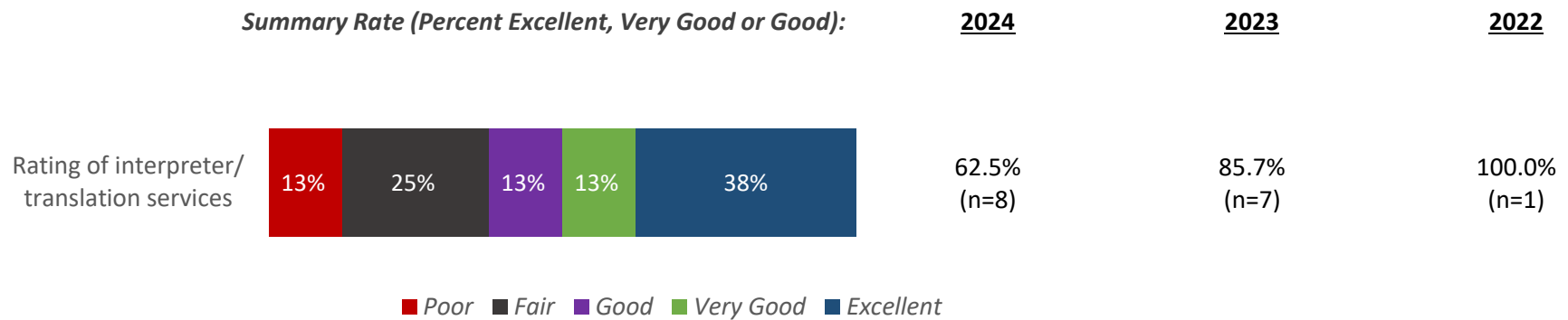
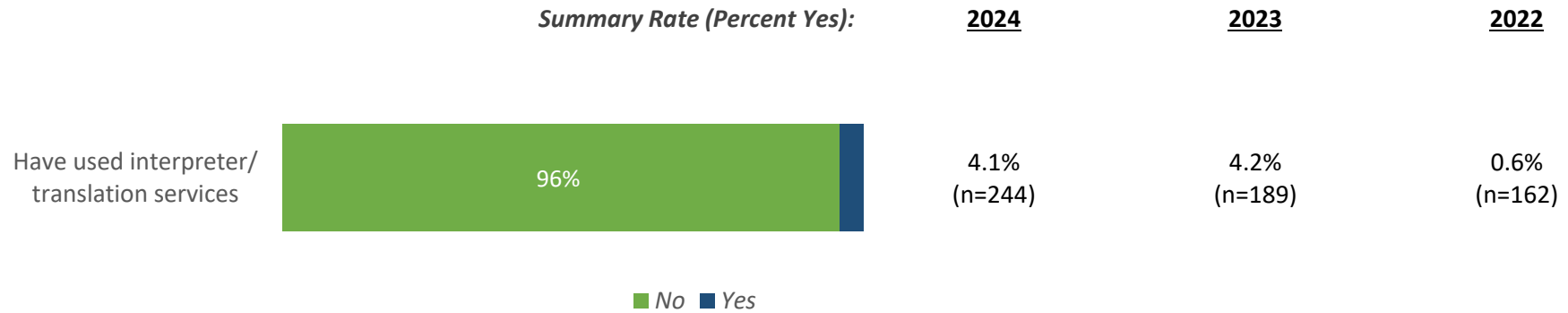
FREQUENCY OF RECEIVING VERBAL/WRITTEN COMMUNICATION FROM UNICARE WV PROVIDERS



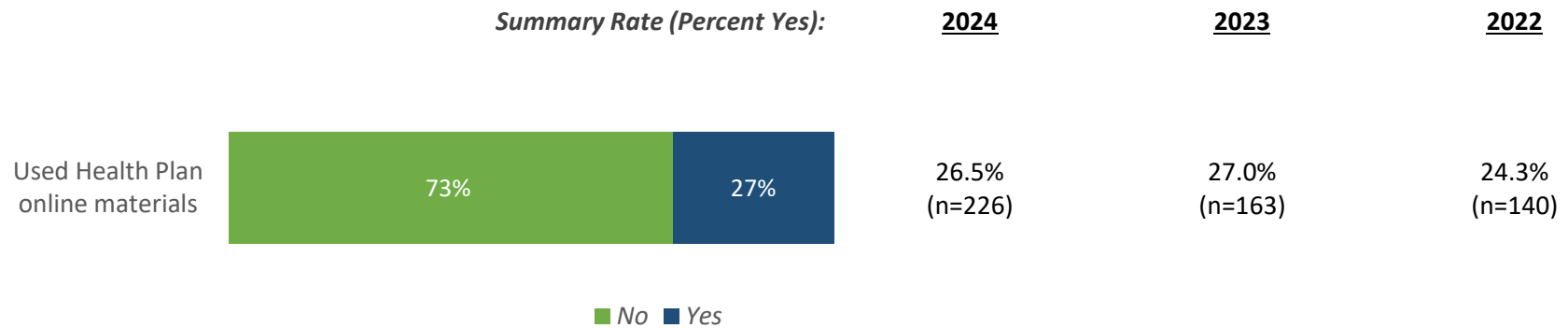
CONTINUITY OF CARE AND CASE MANAGEMENT



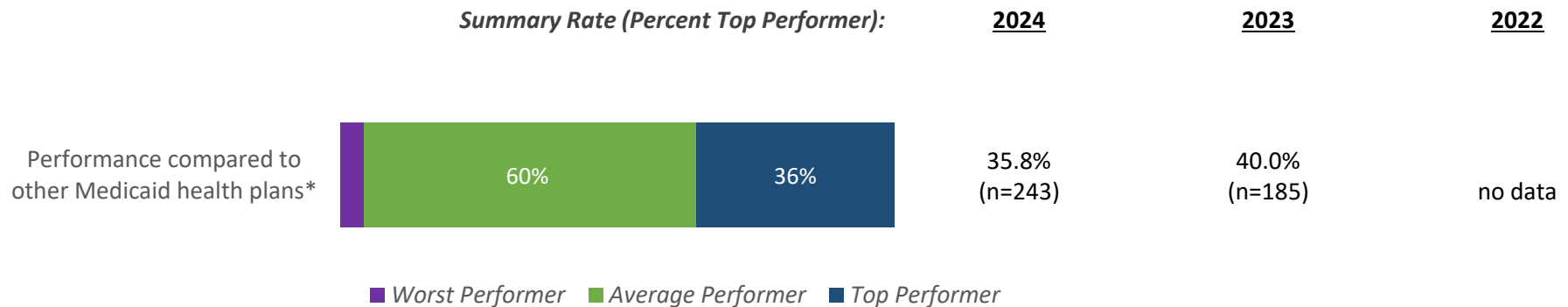
INTERPRETER AND/OR TRANSLATION SERVICES



USED ONLINE MATERIALS



PERFORMANCE COMPARED TO OTHER MEDICAID PLANS



*There may be certain subsets that are inadequate for yearly tracking and trending due to varying reasons include but not limited to changes in response scales, supplemental sets and question choices. Statistically significant differences between your organization's current-year rate and the comparison rate are marked as [-] when your current-year rate is higher or [+] when it is lower than the comparison rate.

CSS conducted a quadrant map analysis to help UniCare WV identify their relative strengths and weaknesses and to organize priorities for quality improvement. The quadrant map provides a two-dimensional visualization of a set of performance metrics, derived from the questions asked on the Provider Satisfaction Survey, in terms of their relative importance and the plan's current performance level. The visualization is divided into four quadrants, with each quadrant representing the following recommended actions:

- *Leverage*: High importance and high performance
- *Maintain*: Low importance and high performance
- *Monitor*: Low importance and low performance
- *Improve*: High importance and low performance

The *importance* is measured by the respondent-level pairwise correlation of individual responses to each question with the responses to the Overall Satisfaction with UniCare WV. The importance is therefore a measure of how strongly provider ratings of their experiences with specific aspects of the plan are related to their overall assessment of the plan. Correlations are mapped on the horizontal axis of the quadrant map.

The *performance* measure uses the plan's mean score normalized to a 0-100 scale. This performance metric is used on the vertical axis of the quadrant map.

Measures included in the map were chosen to limit the map to *actionable* measures. To this end, survey composites and the Overall Satisfaction with UniCare WV were excluded in favor of scored survey questions asking about specific aspects of the patient's experience.

Questions with five or fewer responses are marked with * next to the question number on the quadrant map and next to the score and quadrant column in the accompanying table. The color and shape of each marker indicates the survey composite area to which it belongs.

Marker	Domain	Question	Description	Performance	Correlation	Quadrant
▲	Claims Processing and Provider Reimbursement	Q1a	Timeliness of claims payment	83	0.46	Maintain
▲		Q1b	Accuracy of claims payment	82	0.47	Maintain
▲		Q1c	Clarity of the remittance advice	82	0.48	Maintain
●	Utilization Management Process	Q2a	Obtaining precertification and/or authorization for plan members	72	0.72	Improve
●		Q2b	Efficiency of plan utilization management process overall	76	0.76	Leverage
●		Q2c	Timeliness of medical director's response to your concerns	75	0.77	Improve
■	Population Health	Q8a	Helpfulness of case manager providing services	71	0.68	Improve
■		Q8b	Communicating patients' care / treatment plan and goals	70	0.71	Improve
■		Q8c	Case manager communication regarding patients' urgent needs	70	0.70	Improve
■		Q8d	Frequency of communication on program information and materials	71	0.68	Improve
▲	Communication and Technology	Q10a	Ease of use of the provider manual	73	0.47	Monitor
▲		Q10b	Accuracy of information in provider manual	73	0.39	Monitor
▲		Q10c	Ability to find important information via newsletters	74	0.38	Monitor
▲		Q10d	Ability to find important information via public provider websites	74	0.48	Monitor
◆	Provider Servicing	Q11a	Service received over the phone and live chat with call center representatives	76	0.60	Leverage
◆		Q11b	Service received from Provider Relations Representative	61	0.42	Monitor
●	Continuity and Coordination of Care	Q13a	Timeliness	79	0.68	Leverage
●		Q13b	Accuracy	79	0.72	Leverage
●		Q13c	Clarity	79	0.72	Leverage
●		Q13d	Sufficiency of information to coordinate care	78	0.65	Leverage

QUADRANT MAP

