



DSS
Caring for Connecticut



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State of Connecticut,
Department of Social
Services

Mystery Shopper Project

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Background Study Design

Goals

- Assess access to care
- Assess quality of service
 - Call process
 - Customer service

Why a Mystery Shopper Design?

- Capture the “real life” experience
- Supplement member self-reported evaluations



Background

Targeted Population and Provider Groups

Population of Interest

- Children enrolled in HUSKY Program 0 – 18 years of age

Provider Groups

- Pediatricians (Primary Care Provider [PCP])
- Dentists
- Dermatologists
- Neurologists (supplemented with Neurological Surgeons)
- Orthopedic Surgeons



Methodology

Shopper Calls

Provider Calls

- Mystery shoppers called to schedule an appointment for their child
- Calls made – 1,851
 - Statistically significant by MCO and specialty
- Assessed for:
 - Access to care
 - Appointment availability
 - Appointment timing
 - Call process
 - Customer service



Methodology

Shopper Calls

MCO Calls

- Calls to MCO when a provider appointment could not be scheduled
- Twelve calls made to each MCO
- Assessed for:
 - Access to care
 - MCO knowledge of provider participation status
 - Verification of provider non-participation rationale
 - Call process
 - Customer service



Methodology

Data Abstraction Tool

Scripts

- Routine health concerns identified in scripts

Specialty	Child's Health Concern
Pediatrician	Physical
Dentist	Check-up
Dermatologist	Rash
Neurologist	Chronic Headache
Orthopedic Surgeon	Chronic Knee Pain



Methodology

Data Abstraction Tool

- Customized electronic data abstraction tool
- Information recorded in real time (as calls were made)
- Questions with rating component based on Likert scale
- Final database results summarized and analyzed by health plan and specialty



Methodology

Statistical Validity

- Ninety percent confidence interval with +/- 5 percent margin of error
- Statistically significant by MCO and specialty
- MCO data extracts provided by ACS, DSS's contracted enrollment broker
- Providers contracted with multiple MCOs may appear in the sample for each MCO
- Statistically valid sample consists of 1,851 randomly selected providers distributed by health plan and specialty



Methodology

Provider: Call Administration

- Calls conducted in May – June 2006
- Provider calls made by five designated shoppers
- Shopper training
 - Collectively trained on use of abstraction tool
 - Likert scale rating consistency evaluated
 - Test calls performed as a group
 - Oversight provided by project manager



Methodology

Provider: Call Protocol

- Five call attempts for each provider
- Alternate telephone number utilized if available
- MCO on-line network directory utilized
- Directory Assistance contacted
- Replacement provider selected



Methodology

MCO Sample and Call Administration

Sample

- Total of 48 follow-up calls for non-participating providers
- Twelve calls were placed to each MCO

Call Administration

- Calls conducted in June – July 2006
- MCO calls made by five designated shoppers
- Temporary enrollee identification numbers



Provider Call Results

Access – Appointment Availability (by Specialty)

Specialty	% Scheduled	% Not Scheduled (Reasonable)
Pediatrician (n=676)	33.58%	3.99%
Dentist (n=453)	27.15%	2.87%
Dermatologist (n=110)	30.00%	20.00%
Neurologist (n=284)	15.85%	28.87%
Orthopedic Surgeon (n=328)	17.38%	25.61%
Total (n=1,851)	26.20%	12.32%



Provider Call Results

Access – Appointment Availability

Reasonable Rationales for Appointments Not Scheduled

- **Reasonable**

1. Sub-Specialty – Provider self-identified as a sub-specialist

Example:

MCO Identified Specialty	Provider Identified Specialty
Orthopedic Surgeon	Orthopedic Hand Specialist

2. PCP Referral Necessary – Specialty providers requiring direct referral from the member's PCP



Provider Call Results

Access – Appointment Availability

Not Scheduled Appointment Rationales

- Non-Participating Provider with Health Plan – 22.62 percent
- Not Accepting New Patients – 9.15 percent
- Sub-Specialty (reasonable) – 8.78 percent
- Wrong Telephone Number – 8.78 percent
- Records Required by PCP – 8.49 percent
- PCP Referral Necessary (reasonable) – 7.91 percent
- Other* – 34.26 percent
(*Voicemail – 5.56%, Excessive Hold – 5.34%, No Answer 4.98%, No longer in Practice – 4.39%, Adults Only – 3.29%, Not Accepting HUSKY Patients – 3.29%)



Provider Call Results

Access – Appointment Availability (by Plan)

Health Plan	% Scheduled	% Not Scheduled (Reasonable)
Blue Care (n=497)	27.16%	12.07%
CHN (n=566)	25.27%	14.13%
Health Net (n=384)	23.44%	15.10%
WellCare (n=404)	28.96%	7.43%
Total (n=1,851)	26.20%	12.32%



Provider Call Results

Access – Appointment Availability (by Plan)

Not Scheduled Appointment Rationales

Breakdown of Appointments Not Scheduled by Plan – of 1,366 Appointments Not Scheduled				
Rationale	% of Total BCFP (362)	% of Total CHN (423)	% of Total HN (294)	% of Total WC (287)
Non-Participating Provider with Health Plan	19.34%	28.13%	17.01%	24.39%
Not Accepting New Patients	15.47%	5.44%	9.86%	5.92%
Sub-Specialty (reasonable)	7.18%	9.46%	12.93%	5.57%
Wrong Telephone Number	7.18%	9.69%	4.76%	13.59%
Records Required by PCP	7.73%	4.96%	10.54%	12.54%
PCP Referral Necessary (reasonable)	9.39%	9.46%	6.80%	4.88%
Voicemail	4.97%	4.49%	5.78%	7.67%
Excessive Hold	7.18%	5.44%	5.44%	2.79%
No Answer	5.52%	3.31%	6.12%	5.57%
No Longer in Practice	3.59%	5.20%	4.76%	3.83%
Adults Only	1.66%	5.44%	3.74%	1.74%
Not Accepting HUSKY Patients	1.93%	2.13%	5.10%	4.88%
Other	8.84%	6.86%	7.14%	6.62%
Total	100.00%	100.00%	100.00%	100.00%



Provider Call Results

Access – Pediatrician Appointment Availability (by Plan)

Health Plan	% Scheduled	% Not Scheduled (Reasonable)
Blue Care (n=183)	26.23%	4.92%
CHN (n=174)	38.51%	5.75%
Health Net (n=160)	30.00%	4.38%
WellCare (n=159)	40.25%	0.63%
Total (n=676)	33.58%	3.99%



Provider Call Results

Access – Dentist Appointment Availability (by Plan)

Health Plan	% Scheduled	% Not Scheduled (Reasonable)
Blue Care (n=78)	29.49%	0.00%
CHN (n=153)	27.45%	0.00%
Health Net (n=79)	18.99%	7.59%
WellCare (n=143)	30.07%	4.90%
Total (n=453)	27.15%	2.87%



Provider Call Results

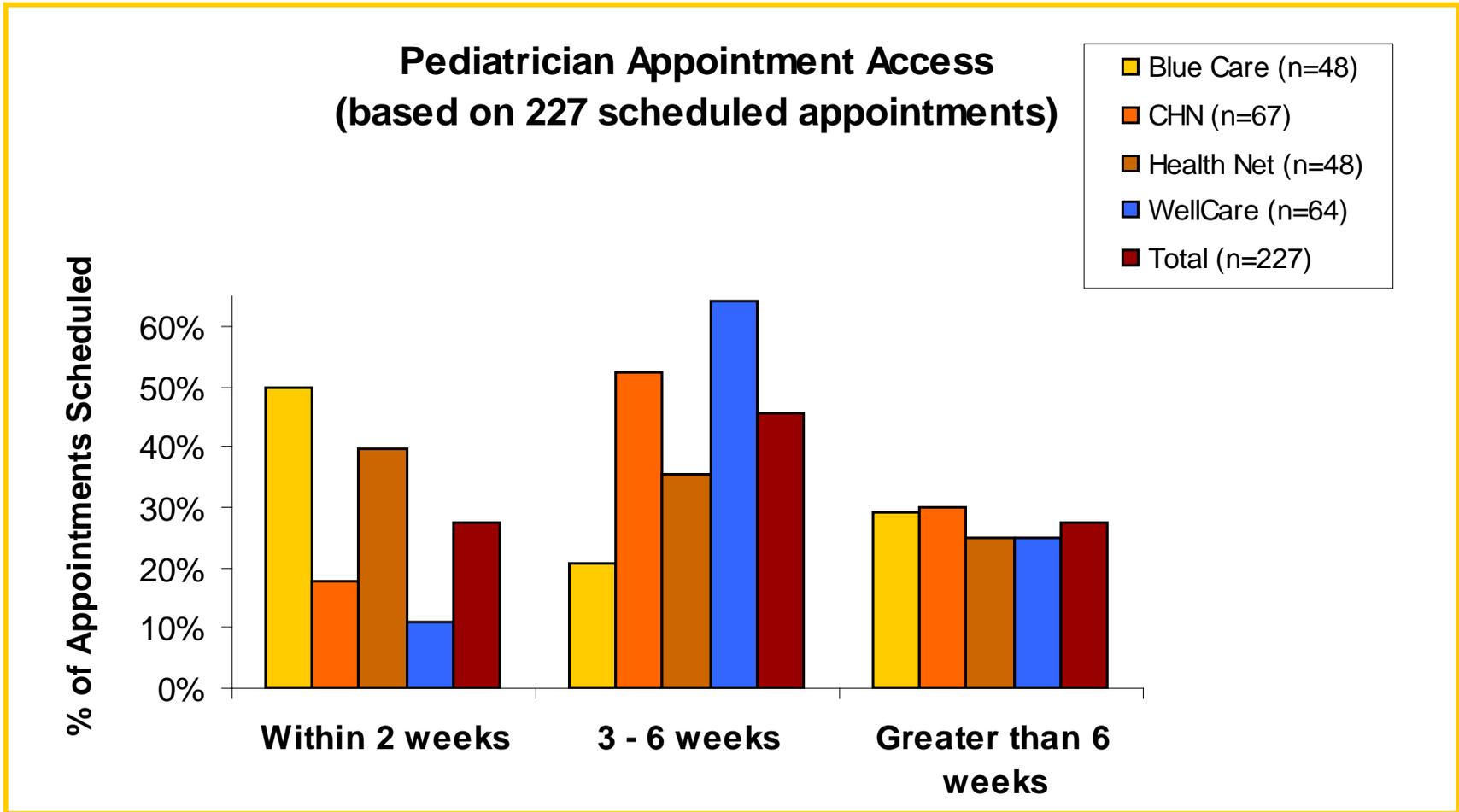
Access – Appointment Availability (Spanish)

- Calls in Spanish were placed to 60 randomly selected providers from the study population
- For each MCO, 3 calls were placed for each of the 5 specialties
- Only 16.67 percent of these calls resulted in successfully scheduled appointments



Provider Call Results

Access – Appointment Timing (Pediatrician)

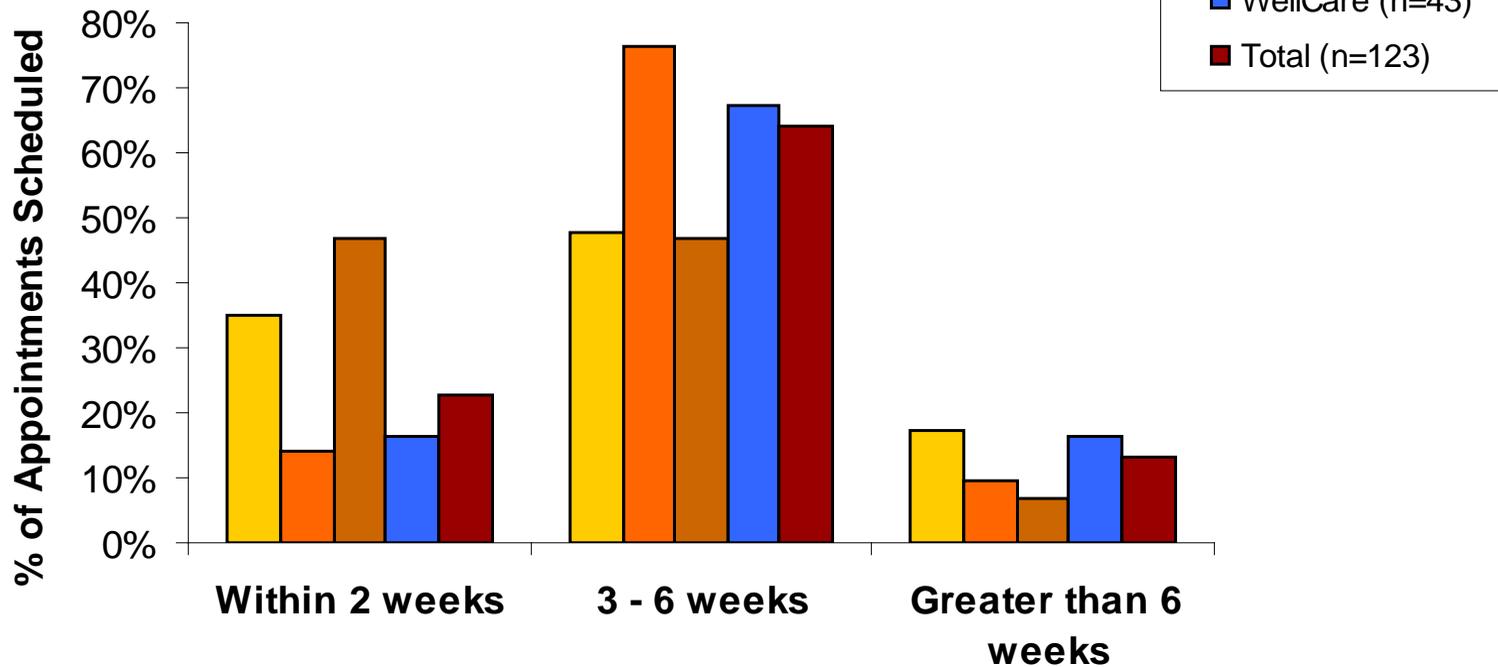




Provider Call Results

Access – Appointment Timing (Dentist)

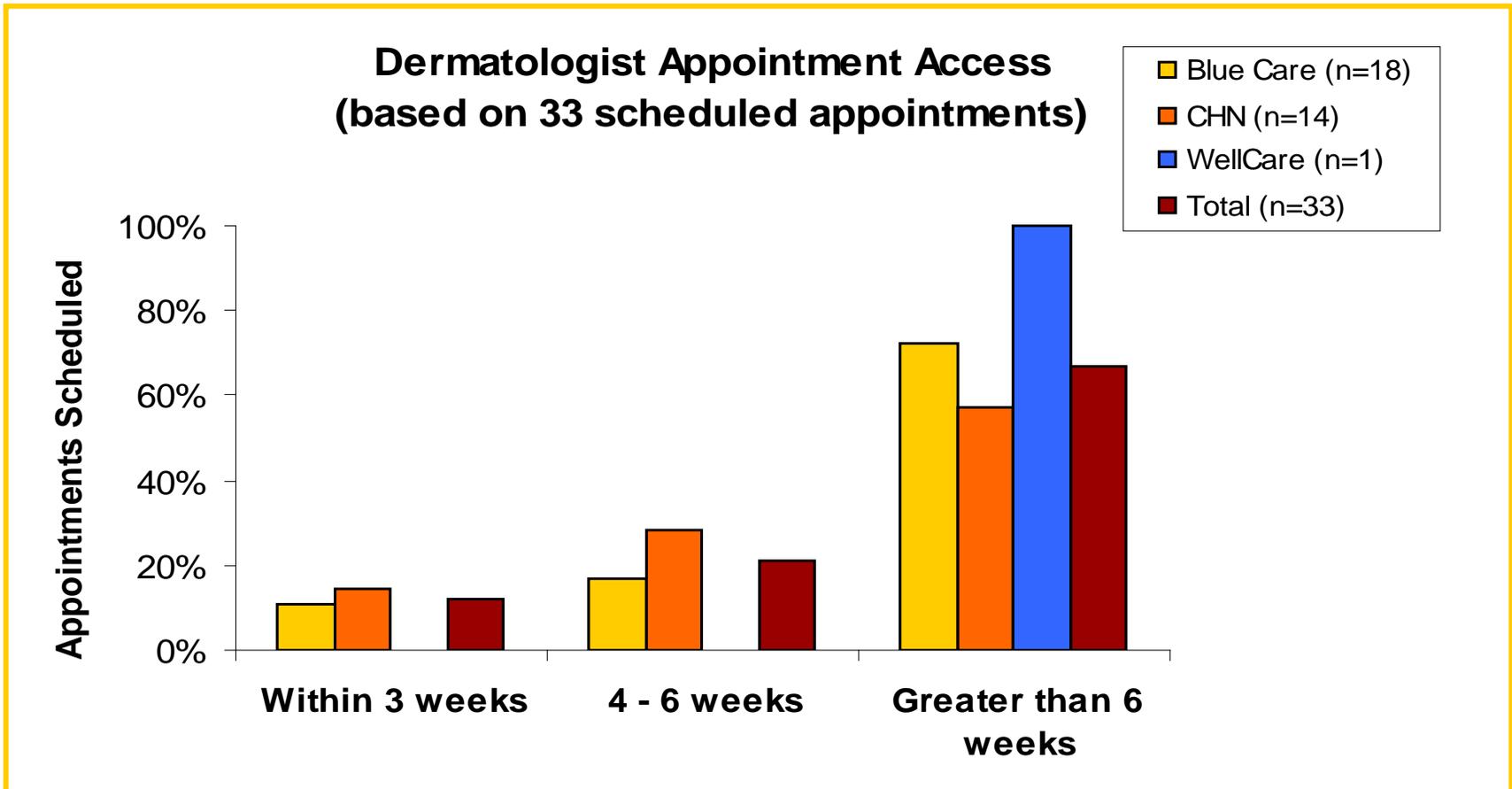
Dentist Appointment Access
(based on 123 scheduled appointments)





Provider Call Results

Access – Appointment Timing (Dermatologist)

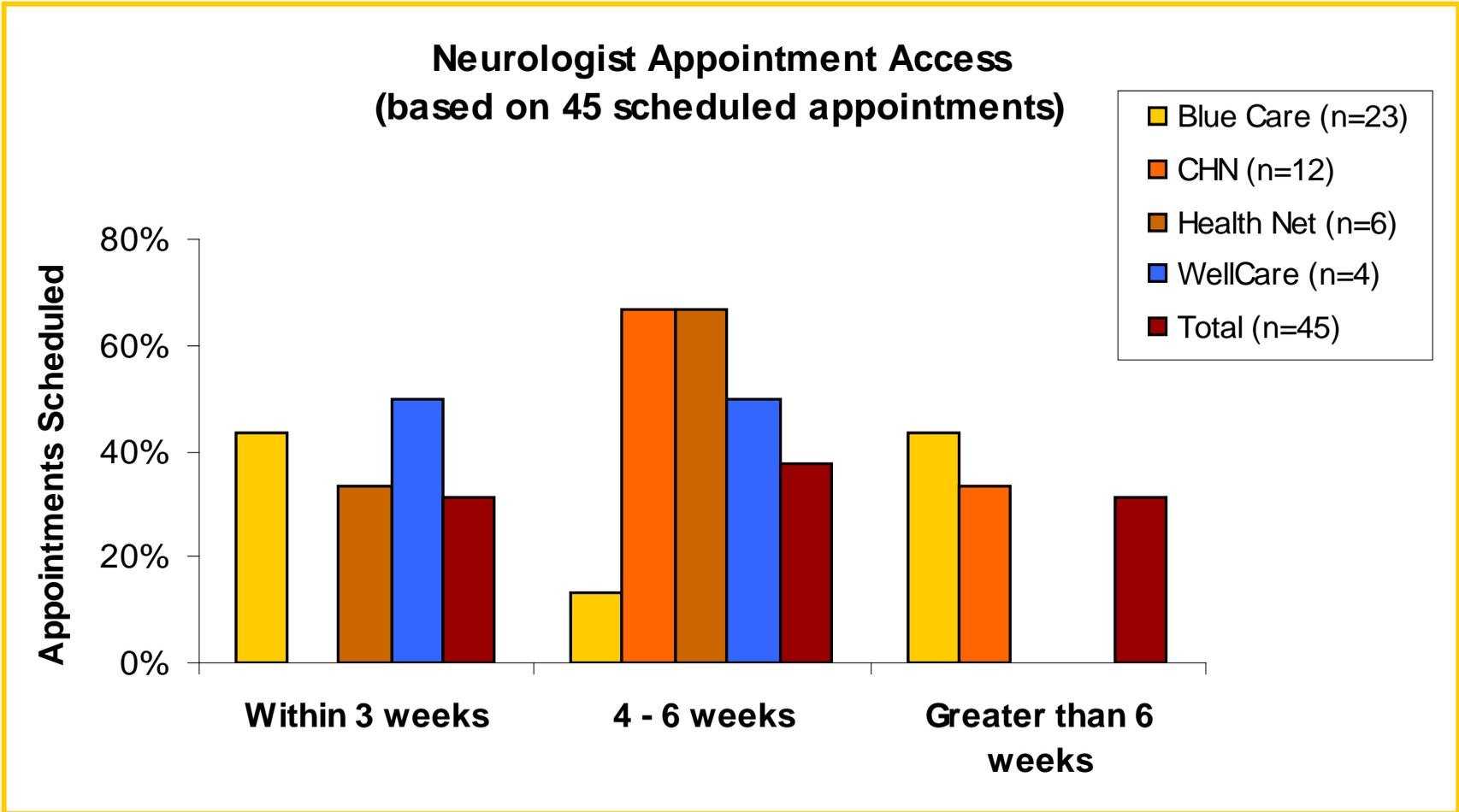


*Dermatologists were not included in the Health Net data extract and as a result no Dermatologists were contacted on behalf of Health Net in the Study.



Provider Call Results

Access – Appointment Timing (Neurologist)

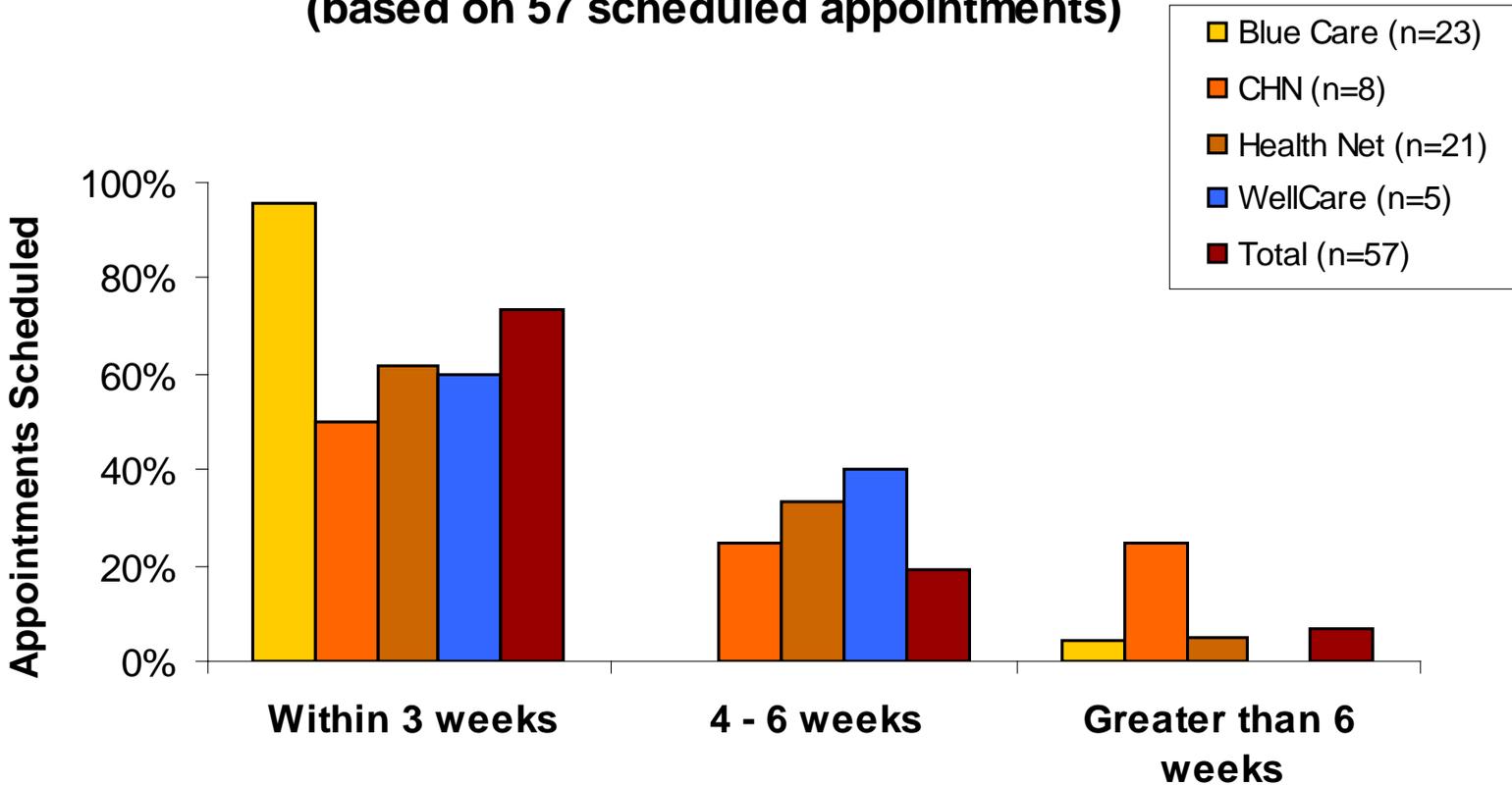




Provider Call Results

Access – Appointment Timing (Orthopedic Surgeon)

**Orthopedic Surgeon Appointment Access
(based on 57 scheduled appointments)**





Provider Call Results

Call Process

Of the 1,663 Connected Calls

- Answered in 3 rings or less – 90.68 percent
- There were 298 calls placed on hold – 17.92 percent of all connected calls
 - Of those calls placed on hold
 - On hold for less than 2 minutes – 55.70 percent
 - On hold for 2 – 5 minutes – 20.13 percent
 - On hold for greater than 5 minutes – 24.16 percent



Provider Call Results Customer Service

Of the 1,541 Calls Answered by a Person

- Indicated that the staff member was easy to understand – 99.03 percent
- Identified that the staff member attempted to deter the caller from scheduling an appointment – 48.86 percent
- Indicated that the caller was treated with courtesy and respect – 76.05 percent



Provider Call Results

Customer Service

Results of the Likert scale rated statements

Customer Service Evaluation – of 1,541 Calls Answered by a Person	
Statement	Average Likert Scale Rating
The greeting was professional.	4.56
The staff member communicated clearly.	4.53
The staff member seemed reluctant to schedule an appointment.	2.69
The staff member was courteous.	3.93



MCO Call Results

Access – Participation Status (by Specialty)

MCO Non-Participant Follow-up – of 48 Calls (by Specialty)	
Specialty	MCO Disagreed with Provider Reported Non-Participation Status
Dentist (n=24)	6
Dermatologist (n=6)	2
Neurologist (n=9)	6
Orthopedic Surgeon (n=9)	5
Total (n=48)	19



MCO Call Results

Access – Participation Status (by Plan)

MCO Non-Participant Follow-up – of 48 Calls (by Plan)	
Health Plan	MCO Disagreed with Provider Reported Non-Participation Status
Blue Care (n=12)	1
CHN (n=12)	3
Health Net (n=12)	6
WellCare (n=12)	9
Total (n=48)	19



MCO Call Results

Call Process

Of the 48 Calls to MCOs

- All were answered within 3 rings or less
- Twenty-two calls were placed on hold
 - Of those calls placed on hold:
 - Fourteen were on hold for less than 2 minutes
 - Seven were on hold for 2 – 5 minutes



MCO Call Results Call Process *(continued)*

46 Calls Were Answered by an Automated Service

- Forty were able to speak with a Customer Service Representative (CSR)
- Of the six calls unable to reach a live person, all were follow-up calls for Dentists
- All calls indicated that the system was easy to navigate
- Forty-two were directed to the appropriate department
- Forty-three were given the option to access the system in Spanish



MCO Call Results

Customer Service – Call Experience

Of the 48 Calls to MCOs

- All calls received a professional greeting
- Forty-six indicated that the CSR communicated clearly
- Forty-seven identified the CSR as knowledgeable and competent
- Forty-seven reflected that the CSR was courteous and respectful



MCO Call Results Customer Service – Call Experience *(continued)*

Of the 48 Calls to MCOs

- Only 9 indicated that the CSR recommended next steps
- Forty-two reflected customer service that adequately met the needs of the enrollee
- Of the 6 calls indicating inadequate service, all were follow-up calls for Dentists



MCO Call Results

Customer Service – Call Experience *(continued)*

Results of the Likert scale rated statements

Customer Service Evaluation - of 48 MCO Calls	
Statement	Average Likert Scale Rating
The customer service representative communicated clearly.	4.25
The greeting was professional.	3.98
The customer service representative was knowledgeable.	4.02
The assistance received was comprehensive.	3.88
The information received was helpful.	3.98
The customer service representative was courteous.	4.25
The customer service process adequately addressed my needs.	3.94



Key Findings

Access to Care

- Access to care is apparently deficient across all MCOs and provider groups
- MCO provider listings contain inaccurate and out-of-date information
- Follow-up calls to MCOs further confirmed the inaccuracy of MCO provider listings



Key Findings Call Process

- Overall provider and MCO call processes were positive
- A significant number of provider calls were placed on hold and experienced lengthy hold times exceeding two minutes
- There were a high percentage of MCO calls placed on hold; however, actual hold time was found to be minimal



Key Findings

Customer Service

Provider Calls

- Callers reported that almost a quarter of the staff members were not courteous and respectful
- Many of the staff members attempted to deter the callers from scheduling an appointment

MCO Calls

- Customer service was positive, reflecting a high level of quality service
- Many CSRs did not offer additional assistance such as scheduling an appointment
- Follow-up calls for Dentists indicate a lack of quality in the administration of subcontracted dental service lines