

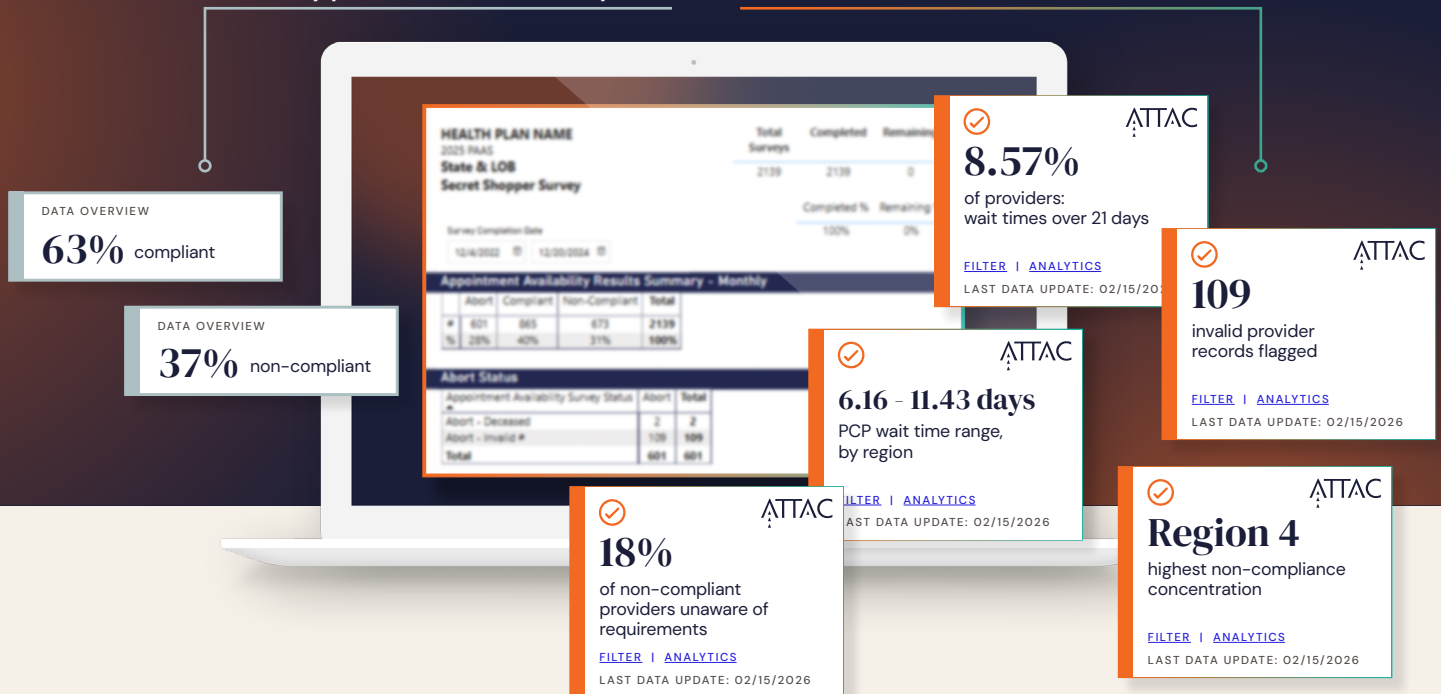


ACA | MEDICAID | MEDICARE ADVANTAGE | BEHAVIORAL HEALTH | WORKERS' COMPENSATION

Access surveys that fuel your network strategy.

Is your survey generating ROI? ATTAC builds surveys that capture root causes and flag bad data—then delivers insights your network team can act on.

Typical Vendor Reports VS The ATTAC Difference



Proven Results

+20% Improvement In Member Access to Timely Care

+16% Increase In After-Hours Provider Access

Results from a large national Medicaid health plan.

"ATTAC brings provider and market expertise — and foresight that makes a huge difference. They anticipate our needs, provide real-time dashboards, and deliver reports in weeks instead of months. It feels like having a true partner, not just a vendor."

— Health Plan Leader, California



Built by network experts, for network teams.

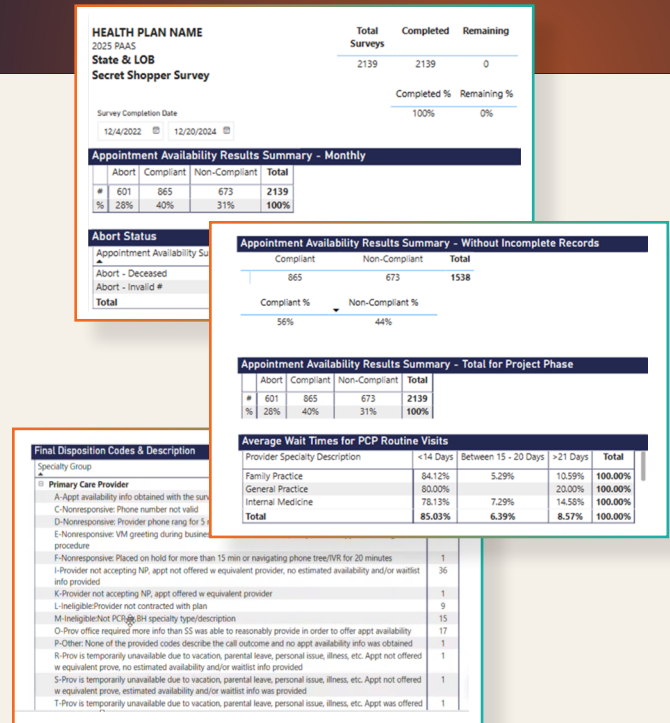
ATTAC designs every survey around what your network team will need on the other end of it:

- ✓ Regulatory Requirements
- ✓ Root Cause Capture
- ✓ Provider Data Quality
- ✓ Reporting Built to Your Line of Business

Surveys are conducted by trained human callers, many with provider relations or health plan backgrounds.

What comes back is actionable data delivered in weeks, not months.

- **Wait Time Analysis** – Average wait times broken down by provider specialty, region, and appointment type. Shows where access pressure is highest and what's driving it.
- **Compliance by Geography** – Non-compliance mapped at the region, MSA, county, and network level. Pinpoints clusters so your team targets remediation where it matters most.
- **Root Cause Identification** – Survey design captures why providers miss standards—invalid data, scheduling constraints, unawareness of requirements. Every finding comes with a root cause your team can act on.
- **Invalid Record Flagging** – Providers who can't be reached, have disconnected numbers, or are deceased are flagged and quantified—a direct input to directory accuracy and No Surprises Act compliance workflows.
- **Year-Over-Year Improvement Tracking** – Dashboards track compliance trends across survey rounds so you can demonstrate improvement to regulators and leadership—and identify where gains are stalling.
- **Flexible Reporting Structure** – Data displayed at whatever level your team needs: region, MSA, product line, network (IPA), county, or provider type. Built to your line of business and state requirements.
- **Predictive Network Strategy** – Access and wait time data reveals when network strain will emerge 12 to 18 months before it appears in complaints, CAHPS scores, or corrective actions.
- **No Surprises Act and Directory Support** – Verified provider attributes from the survey process feed directly into directory accuracy and No Surprises Act compliance workflows.



“None of our vendors even come close to giving us the insights you share with us.”

— Health Plan Leader, National Plan QHP FFE

Compliance is the floor.
Let's help you reach the ceiling.

Contact Us to Learn More

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