



Trillium Health Resources

2017 Provider Satisfaction Survey Results

December 2017



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Results from the Provider Satisfaction Survey of North Carolina providers participating in the 1915(b)/(c) Medicaid Waiver program provides a tool for assessing how well the State and the health plans are meeting providers' expectations and needs. DataStat, Inc. conducted the survey on behalf of The State of North Carolina Division of Medical Assistance (DMA) and The Carolinas Center for Medical Excellence (CCME).

This report is designed to allow NC DMA and the health plans to identify key opportunities for improving providers' experiences. Provider responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed as the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, a provider response of "Strongly Agree" or "Agree" to the statement "Our claims are processed in a timely and accurate manner" is considered an achievement, and the achievement score for this question is equal to the proportion of respondents who answered the question with "Strongly Agree" or "Agree". Because achievement scores for survey questions are computed as the proportion of providers who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve.

The purpose of the survey is to assess provider perceptions of the seven LME/MCOs in North Carolina. The results from this survey allow DMA to assess the LME/MCOs' ability in the following three areas:

1. Interacting with their network providers.
2. Providing training and support to their providers.
3. Providing Medicaid Waiver materials to help their providers strengthen their practice.

Statistical significance tests are run comparing NC Provider overall scores with each health plan score. Comparisons are presented in the *Single Items* sections of the report.

Methodology

The survey drew as potential respondents active providers participating in the 1915(b)/(c) Medicaid Waiver program. Respondents were surveyed in English.

An active provider is defined as a Medicaid Waiver provider that has at least five 1915(b)/(c) Waiver encounters within the previous six months (February 1, 2017 through July 31, 2017). The survey was administered over a six-week period using a web survey protocol. Reminder calls to any non-responding provider offices were also used to encourage providers to participate. Email requests for non-responders to complete the survey went out twice a week during the field period. The reminder calls to non-responding providers offices began during the fourth week of the field period and continued until the end of data collection.

Survey Milestones

1	First email request:	October 19, 2017
2	Follow-up email requests began:	October 24, 2017
3	Reminder calls began:	November 9, 2017
4	Data collection terminated:	November 30, 2017

Sampling Frame

The seven participating health plans contributed a total 5,418 provider records for inclusion in the survey. A provider record was considered ineligible for the survey if the provider's email address was missing. Duplicate records, those with duplicate email addresses and duplicate provider names, were also removed for a final total of 5,054 provider records for inclusion into the survey. Trillium Health Resources provided 1,077 provider records in their provider sample frame. After removing missing email addresses and duplicate records Trillium Health Resources had 1,051 provider records for inclusion in the survey.

Selection of Cases for Analysis

Surveys were considered complete if a respondent provided a valid response to at least one question in the survey. Completed usable surveys were obtained from 500 Trillium Health Resources providers, and the Trillium Health Resources usable response rate was 56.8%.

Questionnaire

The instrument selected for the survey was provided by DMA and included 29 core questions. A copy of the web survey is included in the appendix of this report.

Definition of Achievement Scores

Provider responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, a provider response of "Strongly Agree" or "Agree" to the statement "Our claims are processed in a timely and accurate manner" is considered an achievement, and responses of "Extremely Satisfied" or "Satisfied" to the overall satisfaction questions are also considered achievements. Because achievement scores for survey questions are computed as the proportion of providers who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve. See the *Responses by Question* section for assignment of achievement responses for each question.

Definition of Top Box Scores and Hollow Bars

Top Box scoring means only responses that indicate the most positive experience are labeled as achievements. For example a response of "Strongly Agree" to the statement "Our claims are processed in a timely and accurate manner" is considered an achievement. A response of "Extremely Satisfied" to the overall satisfaction questions is also considered an achievement. Top Box scores are presented as alternate scores throughout this report and are visually displayed in the *Single Items* section as hollow bars.

Weighted Totals

The NC Overall scores presented throughout this report and used for all significance testing are weighted. Weighting for the survey adjusts the NC Overall scores such that each of the seven plans is represented in equal proportions in the final set of responses. In the *Responses by Question* section, response frequencies for the NC Overall are weighted data. Although the number of weighted cases for each response option in that section has been scaled to represent as closely as possible the unweighted number of responses, rounding rules and skip patterns may affect some of the totals. The reader is advised to consider the number totals as approximate and to focus on the percentages, which are the better representation of response frequency.

Statistical Testing

Statistically significant differences between scores were determined using binomial and t-tests. If the test was valid, a significance level of .05 or less was considered statistically significant and "↑" or "↓" was placed at the end/top of the appropriate bar. Tests were considered valid when the number of cases used to compute each score was 30 or greater, and there was non-zero variation in the tested groups.

Sample Disposition

	Trillium Health Resources
Initial Email Invitation - sent	1051
†Email bounce back with non-delivery message	171
*Completed usable surveys	500
Response Rate	56.8%

*Included in response rate numerator

†Excluded from response rate denominator

Note: $Response Rate = Completed\ usable\ Surveys / Total\ Eligible\ Cases$

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Trend Analysis - 2017 vs. 2016

The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2016. All performance-related items in the questionnaire that were trendable were listed in descending order of point change, and testing was conducted to determine which trends were statistically significant. Shown below are the ten items at the top of the list and the ten items at the bottom, with their 2016 and 2017 scores and results of significance testing.

In the table presented below, differences over time may be readily apparent. However, where these differences are not statistically significant they should be evaluated accordingly.

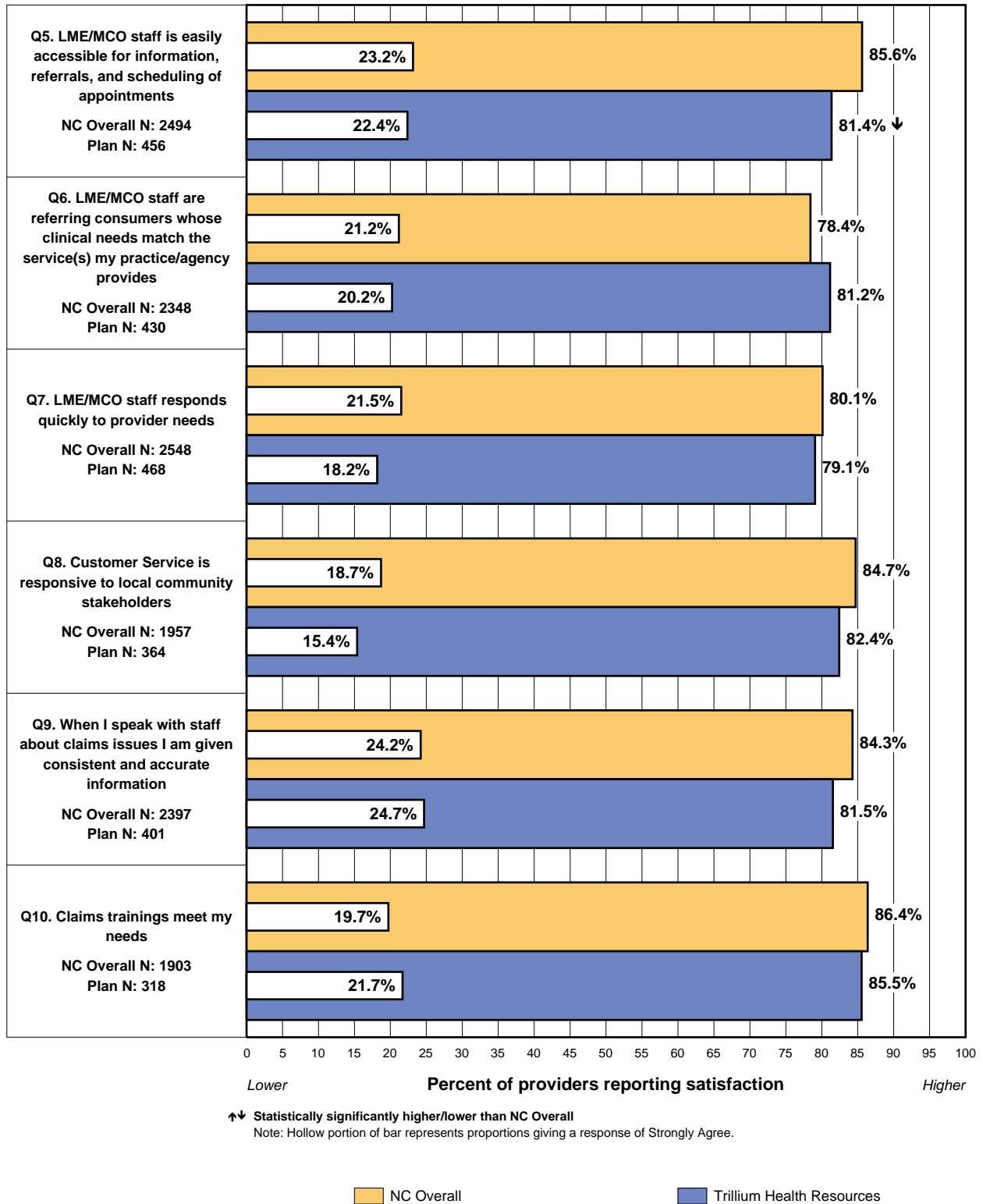
Question	THR 2017 Score	THR 2016 Score	Point Change
Q6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides	81.2%	77.7%	+ 3.4
Q23. Authorizations for treatment and services are made within the required timeframes	90.4%	89.8%	+ 0.6
Q13. Provider Network meetings are informative and helpful	81.9%	81.5%	+ 0.4
Q19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable	87.9%	87.7%	+ 0.1
Q16. Our interests as a network provider are being adequately addressed in the local Provider Council	74.6%	75.2%	- 0.6
Q25. The authorizations issued are accurate (correct date, consumer and service)	94.1%	95.0%	- 0.9
Q12. Information Technology trainings are informative and meet my agency's needs	88.2%	89.1%	- 0.9
Q21. Trainings are informative and meet our needs as a provider/ agency	85.7%	87.2%	- 1.4
Q18. The LME/MCO staff conducts fair and thorough investigations	86.3%	88.1%	- 1.8
Q15. Provider Network staff are knowledgeable and answer questions consistently and accurately	81.3%	84.7%	- 3.4
Q11. Our claims are processed in a timely and accurate manner	91.3%	95.8%	- 4.5 ▼
Q5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments	81.4%	86.1%	- 4.8
Q14. Provider Network keeps providers informed of changes that affect my local Provider Network	82.6%	87.6%	- 5.0
Q20. Technical assistance and information provided by staff is accurate and helpful	87.2%	92.4%	- 5.1
Q10. Claims trainings meet my needs	85.5%	90.8%	- 5.3
Q17. Overall satisfaction with Provider Network	82.1%	87.8%	- 5.7
Q27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services	80.9%	88.2%	- 7.4 ▼
Q28. Overall satisfaction with the LME/MCO	81.9%	89.8%	- 7.8 ▼
Q9. When I speak with staff about claims issues I am given consistent and accurate information	81.5%	89.7%	- 8.2 ▼
Q26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s)	71.6%	82.0%	- 10.4 ▼

Better

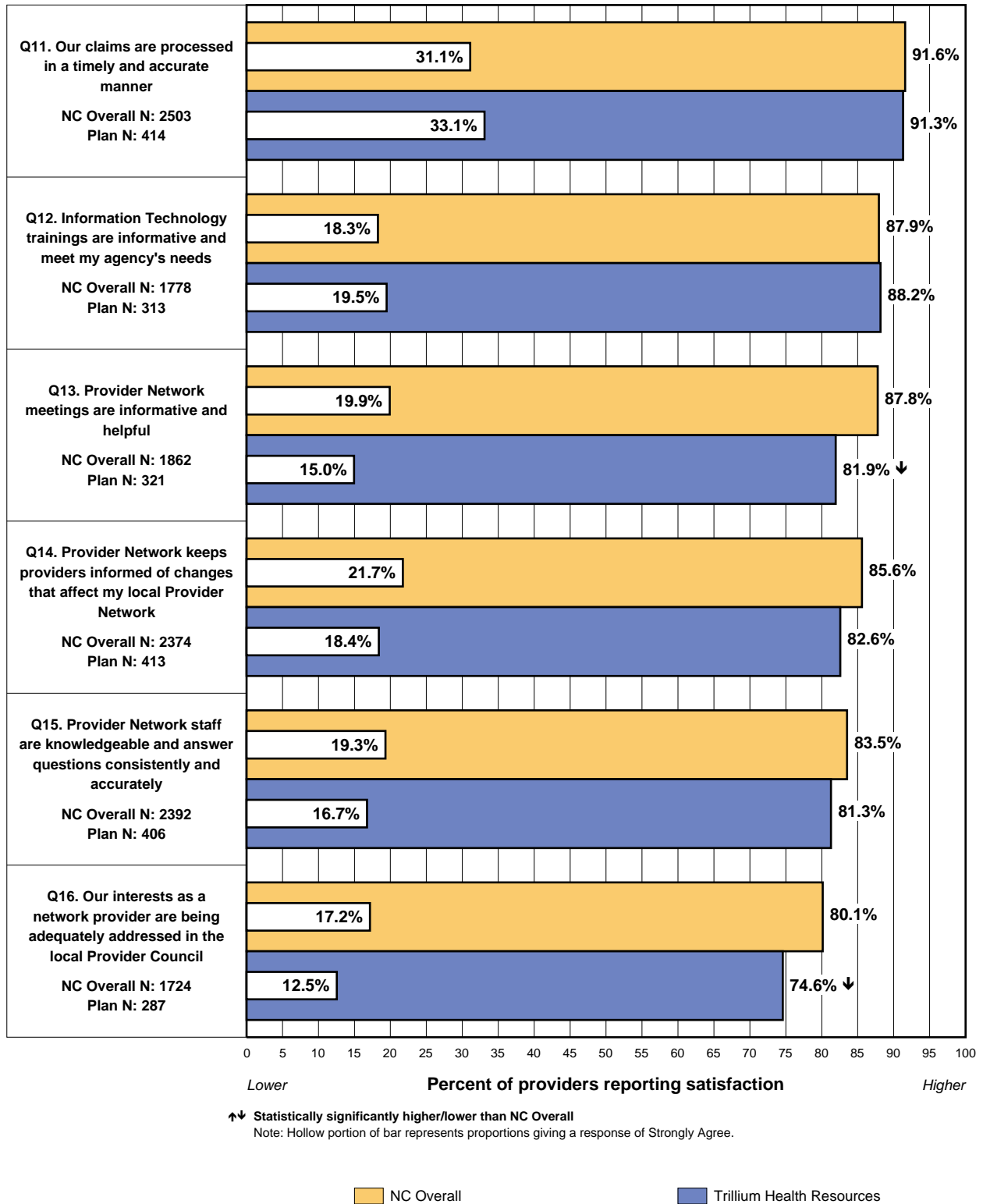
Worse

▲ ▼ Statistically significantly higher/lower than 2016 score.

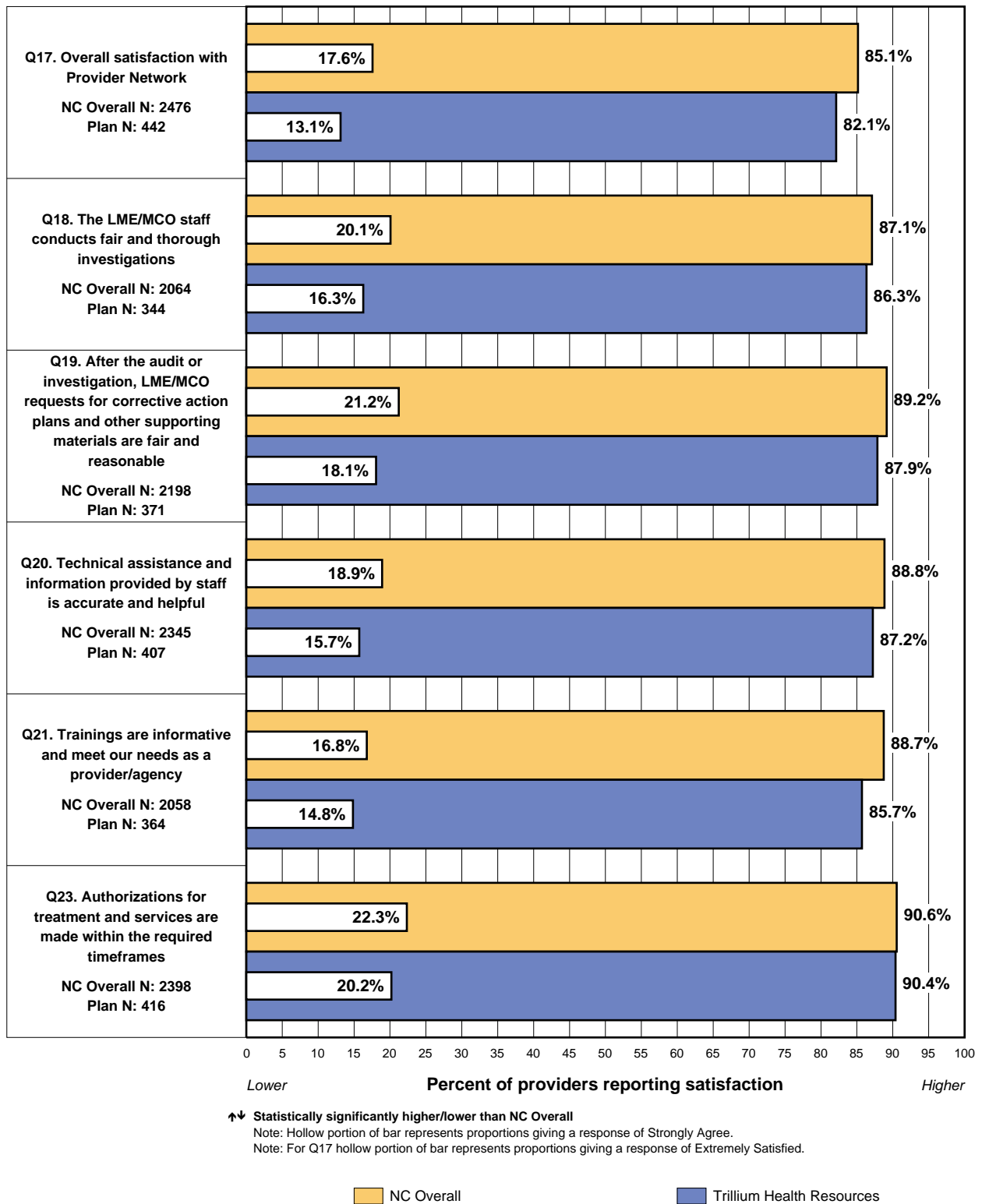
Single Item Measures - Achievement Scores



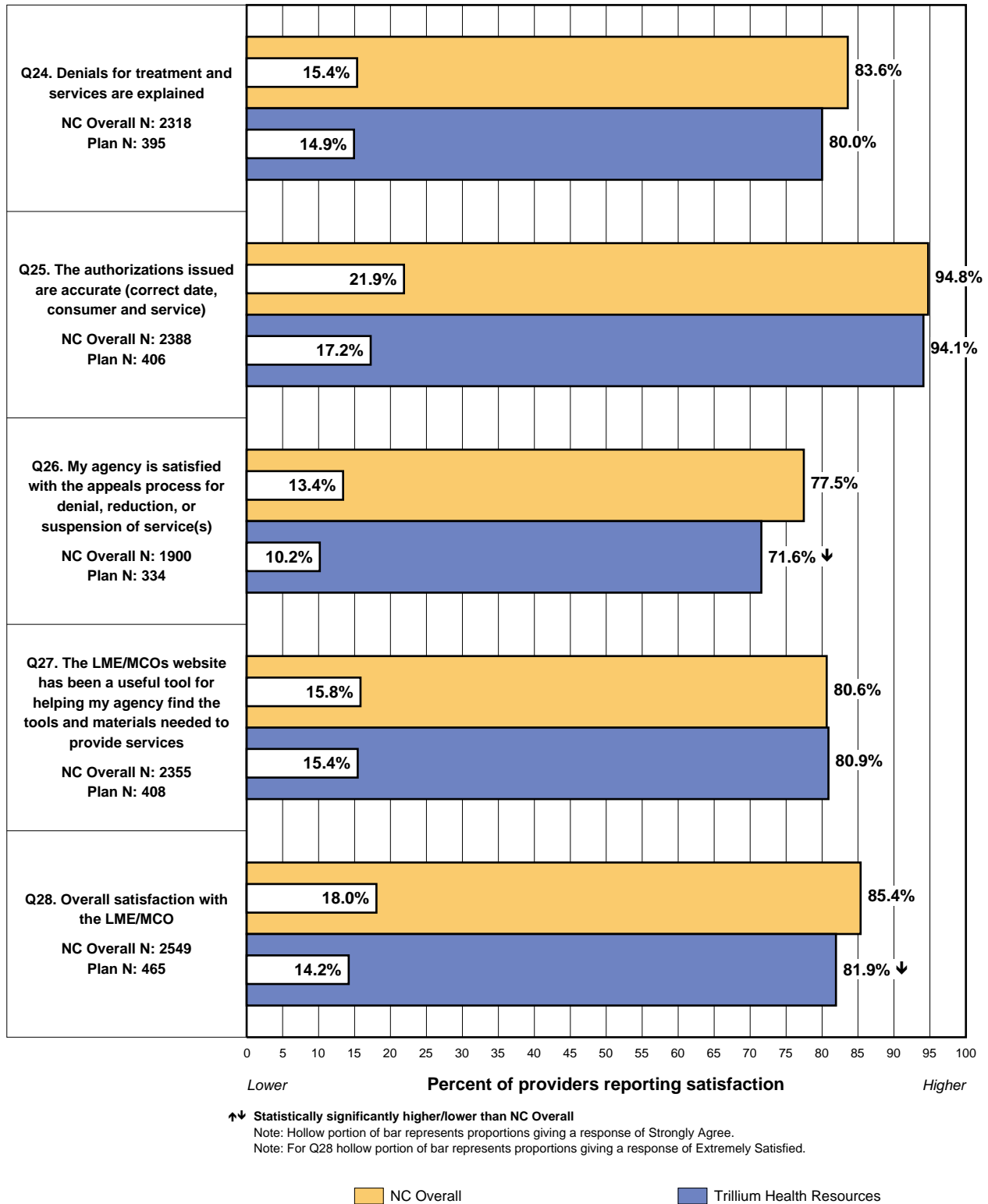
Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



Responses by Question

Q1. How long have you been a Medicaid provider?

	THR 2017	
	N	%
Less than 6 months	11	2.2%
1 - 2 years	62	12.4%
3 - 5 years	60	12.0%
6 years or more	365	73.3%
Total	498	100.0%
Not Answered	2	

Q2. What is your provider type?

	THR 2017	
	N	%
Provider Agency	296	59.4%
Licensed Independent Practitioner (LIP) or LIP group	175	35.1%
Community Hospital	27	5.4%
Total	498	100.0%
Not Answered	2	

Q3.1. Please select the services you provide. Response: Community

	THR 2017	
	N	%
Yes	179	35.8%
No	321	64.2%
Total	500	100.0%
Not Answered	0	

Q3.2. Please select the services you provide. Response: Outpatient

	THR 2017	
	N	%
Yes	353	70.6%
No	147	29.4%
Total	500	100.0%
Not Answered	0	

Q3.3. Please select the services you provide. Response: Residential

	THR 2017	
	N	%
Yes	126	25.2%
No	374	74.8%
Total	500	100.0%
Not Answered	0	

Q3.4. Please select the services you provide. Response: Inpatient (Include psychiatric, detoxification, and/or crisis)

	THR 2017	
	N	%
Yes	50	10.0%
No	450	90.0%
Total	500	100.0%
Not Answered	0	

Q3.5. Please select the services you provide. Response: Intermediate Care Facility

	THR 2017	
	N	%
Yes	28	5.6%
No	472	94.4%
Total	500	100.0%
Not Answered	0	

Q3.6. Please select the services you provide. Response: Innovations Services

	THR 2017	
	N	%
Yes	106	21.2%
No	394	78.8%
Total	500	100.0%
Not Answered	0	

Q4.1. What are the Priority Populations served? Response: Adult Intellectual/Developmental Disability

	THR 2017	
	N	%
Yes	174	34.8%
No	326	65.2%
Total	500	100.0%
Not Answered	0	

Q4.2. What are the Priority Populations served? Response: Child Intellectual/Developmental Disability

	THR 2017	
	N	%
Yes	138	27.6%
No	362	72.4%
Total	500	100.0%
Not Answered	0	

Q4.3. What are the Priority Populations served? Response: Adult Mental Health

	THR 2017	
	N	%
Yes	330	66.0%
No	170	34.0%
Total	500	100.0%
Not Answered	0	

Q4.4. What are the Priority Populations served? Response: Child Mental Health

	THR 2017	
	N	%
Yes	312	62.4%
No	188	37.6%
Total	500	100.0%
Not Answered	0	

Q4.5. What are the Priority Populations served? Response: Adult Substance Abuse

	THR 2017	
	N	%
Yes	192	38.4%
No	308	61.6%
Total	500	100.0%
Not Answered	0	

Q4.6. What are the Priority Populations served? Response: Child Substance Abuse

	THR 2017	
	N	%
Yes	121	24.2%
No	379	75.8%
Total	500	100.0%
Not Answered	0	

Q5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments.

	THR 2017	
	N	%
● Strongly Agree	102	22.4%
● Agree	269	59.0%
● Disagree	51	11.2%
● Strongly Disagree	34	7.5%
No Response	42	
Total	456	100.0%
Not Answered	2	
Reporting Category	Single Items	
Achievement Score	81.36%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-4.8	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.

	THR 2017	
	N	%
● Strongly Agree	87	20.2%
● Agree	262	60.9%
● Disagree	50	11.6%
● Strongly Disagree	31	7.2%
No Response	69	
Total	430	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	81.16%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	+3.4	

Q7. LME/MCO staff responds quickly to provider needs.

	THR 2017	
	N	%
● Strongly Agree	85	18.2%
● Agree	285	60.9%
● Disagree	65	13.9%
● Strongly Disagree	33	7.1%
No Response	32	
Total	468	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	79.06%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-3.8	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q8. Customer Service is responsive to local community stakeholders.

	THR 2017	
	N	%
● Strongly Agree	56	15.4%
● Agree	244	67.0%
● Disagree	47	12.9%
● Strongly Disagree	17	4.7%
No Response	136	
Total	364	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	82.42%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-3.8	

Q9. When I speak with staff about claims issues I am given consistent and accurate information.

	THR 2017	
	N	%
● Strongly Agree	99	24.7%
● Agree	228	56.9%
● Disagree	54	13.5%
● Strongly Disagree	20	5.0%
No Response	99	
Total	401	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	81.55%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-8.2↓	

Q10. Claims trainings meet my needs.

	THR 2017	
	N	%
● Strongly Agree	69	21.7%
● Agree	203	63.8%
● Disagree	31	9.7%
● Strongly Disagree	15	4.7%
No Response	182	
Total	318	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	85.53%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-5.3	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q11. Our claims are processed in a timely and accurate manner.

	THR 2017	
	N	%
● Strongly Agree	137	33.1%
● Agree	241	58.2%
● Disagree	22	5.3%
● Strongly Disagree	14	3.4%
No Response	85	
Total	414	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	91.30%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-4.5↘	

Q12. Information Technology trainings are informative and meet my agency's needs.

	THR 2017	
	N	%
● Strongly Agree	61	19.5%
● Agree	215	68.7%
● Disagree	27	8.6%
● Strongly Disagree	10	3.2%
No Response	186	
Total	313	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	88.18%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-0.9	

Q13. Provider Network meetings are informative and helpful.

	THR 2017	
	N	%
● Strongly Agree	48	15.0%
● Agree	215	67.0%
● Disagree	42	13.1%
● Strongly Disagree	16	5.0%
No Response	179	
Total	321	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	81.93%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	+0.4	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q14. Provider Network keeps providers informed of changes that affect my local Provider Network.

	THR 2017	
	N	%
● Strongly Agree	76	18.4%
● Agree	265	64.2%
● Disagree	55	13.3%
● Strongly Disagree	17	4.1%
No Response	87	
Total	413	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	82.57%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-5.0	

Q15. Provider Network staff are knowledgeable and answer questions consistently and accurately.

	THR 2017	
	N	%
● Strongly Agree	68	16.7%
● Agree	262	64.5%
● Disagree	50	12.3%
● Strongly Disagree	26	6.4%
No Response	94	
Total	406	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	81.28%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-3.4	

Q16. Our interests as a network provider are being adequately addressed in the local Provider Council.

	THR 2017	
	N	%
● Strongly Agree	36	12.5%
● Agree	178	62.0%
● Disagree	44	15.3%
● Strongly Disagree	29	10.1%
No Response	212	
Total	287	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	74.56%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-0.6	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q17. How would you rate your overall satisfaction with Provider Network?

	THR 2017	
	N	%
● Extremely Satisfied	58	13.1%
● Satisfied	305	69.0%
● Dissatisfied	59	13.3%
● Extremely Dissatisfied	20	4.5%
No Response	58	
Total	442	100.0%
Not Answered	0	
Reporting Category	Single Items	
Achievement Score	82.13%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-5.7	

Q18. The LME/MCO staff conducts fair and thorough investigations.

	THR 2017	
	N	%
● Strongly Agree	56	16.3%
● Agree	241	70.1%
● Disagree	27	7.8%
● Strongly Disagree	20	5.8%
No Response	154	
Total	344	100.0%
Not Answered	2	
Reporting Category	Single Items	
Achievement Score	86.34%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-1.8	

Q19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.

	THR 2017	
	N	%
● Strongly Agree	67	18.1%
● Agree	259	69.8%
● Disagree	28	7.5%
● Strongly Disagree	17	4.6%
No Response	128	
Total	371	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	87.87%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	+0.1	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q20. Technical assistance and information provided by staff is accurate and helpful.

	THR 2017	
	N	%
● Strongly Agree	64	15.7%
● Agree	291	71.5%
● Disagree	35	8.6%
● Strongly Disagree	17	4.2%
No Response	92	
Total	407	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	87.22%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-5.1	

Q21. Trainings are informative and meet our needs as a provider/agency.

	THR 2017	
	N	%
● Strongly Agree	54	14.8%
● Agree	258	70.9%
● Disagree	36	9.9%
● Strongly Disagree	16	4.4%
No Response	135	
Total	364	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	85.71%	
2017 vs. 2016: +/- Chg (↕ Stat. sig.)	-1.4	

Q22.1. For which of the following topics would you like to see more training and education materials? Response: Claims Processing

	THR 2017	
	N	%
Yes	92	18.4%
No	408	81.6%
Total	500	100.0%
Not Answered	0	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q22.2. For which of the following topics would you like to see more training and education materials? Response: Information Technology

	THR 2017	
	N	%
Yes	75	15.0%
No	425	85.0%
Total	500	100.0%
Not Answered	0	

Q22.3. For which of the following topics would you like to see more training and education materials? Response: Payment Policy

	THR 2017	
	N	%
Yes	46	9.2%
No	454	90.8%
Total	500	100.0%
Not Answered	0	

Q22.4. For which of the following topics would you like to see more training and education materials? Response: Enrollment

	THR 2017	
	N	%
Yes	77	15.4%
No	423	84.6%
Total	500	100.0%
Not Answered	0	

Q22.5. For which of the following topics would you like to see more training and education materials? Response: Appeals

	THR 2017	
	N	%
Yes	81	16.2%
No	419	83.8%
Total	500	100.0%
Not Answered	0	

Q22.6. For which of the following topics would you like to see more training and education materials? Response: Audit and Reimbursement

	THR 2017	
	N	%
Yes	111	22.2%
No	389	77.8%
Total	500	100.0%
Not Answered	0	

Q22.7. For which of the following topics would you like to see more training and education materials? Response: Quality Management and Reporting

	THR 2017	
	N	%
Yes	117	23.4%
No	383	76.6%
Total	500	100.0%
Not Answered	0	

Q22.8. For which of the following topics would you like to see more training and education materials? Response: Clinical Coverage Policies

	THR 2017	
	N	%
Yes	198	39.6%
No	302	60.4%
Total	500	100.0%
Not Answered	0	

Q22.9. For which of the following topics would you like to see more training and education materials? Response: Provider Monitoring

	THR 2017	
	N	%
Yes	124	24.8%
No	376	75.2%
Total	500	100.0%
Not Answered	0	

Q22.10. For which of the following topics would you like to see more training and education materials? Response: Other

	THR 2017	
	N	%
Yes	66	13.2%
No	434	86.8%
Total	500	100.0%
Not Answered	0	

Q23. Authorizations for treatment and services are made within the required timeframes.

	THR 2017	
	N	%
<input checked="" type="radio"/> Strongly Agree	84	20.2%
<input checked="" type="radio"/> Agree	292	70.2%
<input type="radio"/> Disagree	25	6.0%
<input type="radio"/> Strongly Disagree	15	3.6%
No Response	83	
Total	416	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score 2017 vs. 2016: +/- Chg (↕ Stat. sig.)	90.38%	+0.6

Q24. Denials for treatment and services are explained.

	THR 2017	
	N	%
<input checked="" type="radio"/> Strongly Agree	59	14.9%
<input checked="" type="radio"/> Agree	257	65.1%
<input type="radio"/> Disagree	48	12.2%
<input type="radio"/> Strongly Disagree	31	7.8%
No Response	104	
Total	395	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score 2017 vs. 2016: +/- Chg (↕ Stat. sig.)	80.00%	-4.4

Response scored as: Room for Improvement Achievement

Q25. The authorizations issued are accurate (correct date, consumer and service).

	THR 2017	
	N	%
● Strongly Agree	70	17.2%
● Agree	312	76.8%
● Disagree	11	2.7%
● Strongly Disagree	13	3.2%
No Response	93	
Total	406	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	94.09%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-0.9	

Q26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

	THR 2017	
	N	%
● Strongly Agree	34	10.2%
● Agree	205	61.4%
● Disagree	63	18.9%
● Strongly Disagree	32	9.6%
No Response	165	
Total	334	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	71.56%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-10.4↓	

Q27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.

	THR 2017	
	N	%
● Strongly Agree	63	15.4%
● Agree	267	65.4%
● Disagree	63	15.4%
● Strongly Disagree	15	3.7%
No Response	91	
Total	408	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	80.88%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-7.4↓	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q28. Please rate your overall satisfaction with the LME/MCO.

	THR 2017	
	N	%
<input checked="" type="radio"/> Extremely Satisfied	66	14.2%
<input checked="" type="radio"/> Satisfied	315	67.7%
<input type="radio"/> Dissatisfied	58	12.5%
<input type="radio"/> Extremely Dissatisfied	26	5.6%
No Response	34	
Total	465	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	81.94%	
2017 vs. 2016: +/- Chg (↑↓ Stat. sig.)	-7.8↓	

Q29. Would you like to be contacted regarding your responses to this survey?

	THR 2017	
	N	%
Yes	30	6.0%
No	469	94.0%
Total	499	100.0%
Not Answered	1	

Response scored as: Room for Improvement Achievement

Your agency has been identified as a provider of services for the NC 1915(b)/(c) Medicaid Waiver for {Health Plan}. The Division of Medical Assistance (DMA) surveys agencies on a yearly basis and over the next few months the 2017 DHHS Provider Satisfaction Survey will be conducted for all providers that have contracted with the LME/MCOs to provide services for the 1915(b)/(c) Medicaid Waiver. DMA is very interested in receiving your responses to this survey.

The purpose of the survey is to assess provider perceptions of MCO/LME practices in all Medicaid Waiver sites. The results of this survey are important to DMA because it helps them to assess the LME/MCOs ability to; 1) interact with their network of providers, 2) provide training and support to all agencies, and 3) provide Medicaid Waiver related materials that help to strengthen your practice.

This survey will take between 10 and 15 minutes to complete and all questions are required. All information captured in the survey is confidential and will not be shared with your LME/MCO. The only information that will be shared with the LME/MCOs will be de-identified results. If you have any questions related to this survey please contact DataStat by email at pss.support@datastat.com or toll free at 1-866-387-9013.

1. How long have you been a Medicaid provider?

- Less than 6 months
- 1 - 2 years
- 3 - 5 years
- 6 years or more

2. What is your provider type?

- Provider Agency
- Licensed Independent Practitioner (LIP) or LIP group
- Community Hospital

3. Please select the services you provide. *Please check all that apply.*

- Community
- Outpatient
- Residential
- Inpatient (Include psychiatric, detoxification, and/or crisis)
- Intermediate Care Facility
- Innovations Services

4. What are the Priority Populations served? *Please check all that apply.*

- Adult Intellectual/Developmental Disability
- Child Intellectual/Developmental Disability
- Adult Mental Health
- Child Mental Health
- Adult Substance Abuse
- Child Substance Abuse

5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

7. LME/MCO staff responds quickly to provider needs.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

8. Customer Service is responsive to local community stakeholders.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

9. When I speak with staff about claims issues I am given consistent and accurate information.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

10. Claims trainings meet my needs.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

11. Our claims are processed in a timely and accurate manner.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

12. Information Technology trainings are informative and meet my agency's needs.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

13. Provider Network meetings are informative and helpful.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

14. Provider Network keeps providers informed of changes that affect my local Provider Network.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

15. Provider Network staff are knowledgeable and answer questions consistently and accurately.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

16. Our interests as a network provider are being adequately addressed in the local Provider Council.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

17. How would you rate your overall satisfaction with Provider Network?

- Extremely Satisfied
- Satisfied
- Dissatisfied
- Extremely Dissatisfied
- No Response

18. The LME/MCO staff conducts fair and thorough investigations.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

20. Technical assistance and information provided by staff is accurate and helpful.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

21. Trainings are informative and meet our needs as a provider/agency.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

22. For which of the following topics would you like to see more training and education materials? Please check all that apply.

- Claims Processing
- Information Technology
- Payment Policy
- Enrollment
- Appeals
- Audit and Reimbursement
- Quality Management and Reporting
- Clinical Coverage Policies
- Provider Monitoring
- Other, (please specify)

23. Authorizations for treatment and services are made within the required timeframes.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

24. Denials for treatment and services are explained.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

25. The authorizations issued are accurate (correct date, consumer and service).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- No Response

28. Please rate your overall satisfaction with the LME/MCO.

- Extremely Satisfied
- Satisfied
- Dissatisfied
- Extremely Dissatisfied
- No Response

29. Would you like to be contacted regarding your responses to this survey?

- Yes
- No

If you would like to be contacted by the health plan regarding your responses to this survey, please provide your name, phone number, and your specific concerns or issues below.

30. Optional Contact Information

Name

Phone Number

31. Please state your specific concerns / issues

Thank you for completing the 2017 Provider Satisfaction Survey. Please go ahead and close your browser window.