

PROVIDER SATISFACTION SURVEY - 2018

DAWN MULLINS



TABLE OF CONTENTS

INTRODUCTION..... 3

Methodology Notes:..... 3

OVERALL SATISFACTION 3

Satisfaction Improvement Strategies..... 4

TREND ANALYSIS - 2018 vs. 2017..... 6

Source: 2018 Provider Satisfaction Survey Results completed by DataStat, Inc. 6

TRILLIUM 2018 DATA..... 14

Overview 14

COMPARISON DATA..... 15

Demographics..... 15



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INTRODUCTION

Trillium positive responses from 2017-2018 increased on 17 of the questions and remained the same on 1 of the questions compared to the previous year.

Provider Satisfaction surveys are administered annually to providers to allow DMA to assess the LME/MCO's 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

The instrument selected for the survey was provided by DMA and included 29 core questions. Active providers were surveyed for their opinions of satisfaction with the MCO. An active provider was defined as a Medicaid Waiver provider that has at least five 1915(b)/(c) Waiver encounters within the previous six months (March 1, 2018 through August 31, 2018). The survey was administered over a six-week period using a web survey protocol between October 29, 2018 and December 10, 2018. Trillium provided 319 useable provider records for inclusion in the survey. Of those, 248 respondents participated in the survey. This is a response rate of 77.7% which was a 20.9% increase from 2017. The previous year Trillium had 500 respondents with a response rate of 56.8%.

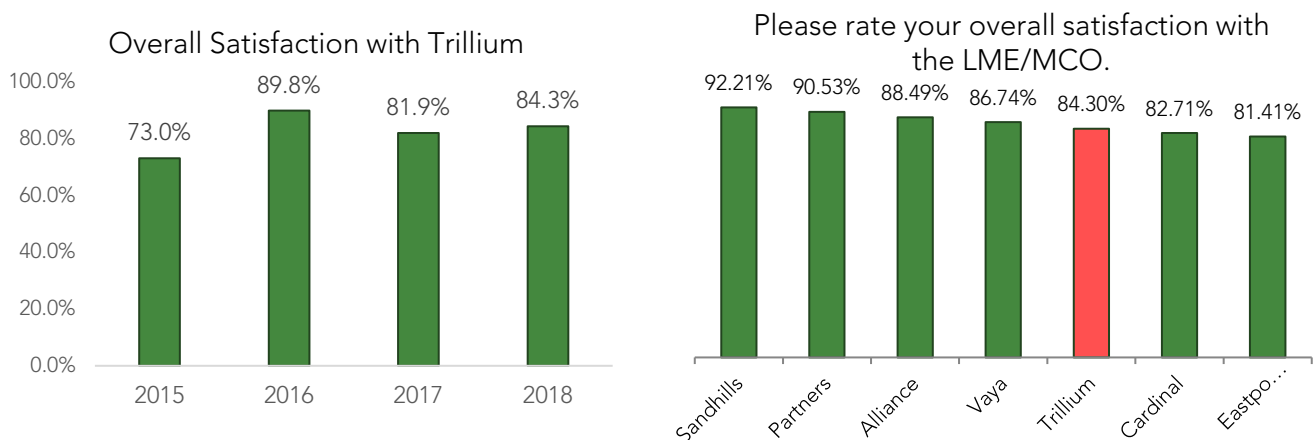
METHODOLOGY NOTES:

Survey question responses are assigned a number from 1 (Strongly Agree/Extremely Satisfied, indicating a positive perception) to 4 (Strongly Disagree/Extremely Dissatisfied, indicating a negative perception). The response scale did not allow for a neutral response choice. Responses that indicate a positive experience (ie Strongly Agree, Agree, Extremely Satisfied, Satisfied) are labeled as achievements. A score is calculated as the proportion of responses qualifying as an achievement¹.

No Response and No Data responses were excluded from the calculated score and count in the report prepared by DataStat. This is the same methodology from the previous two years.

Not all percentages will add to 100%, due to questions in which a participant could select more than one answer.

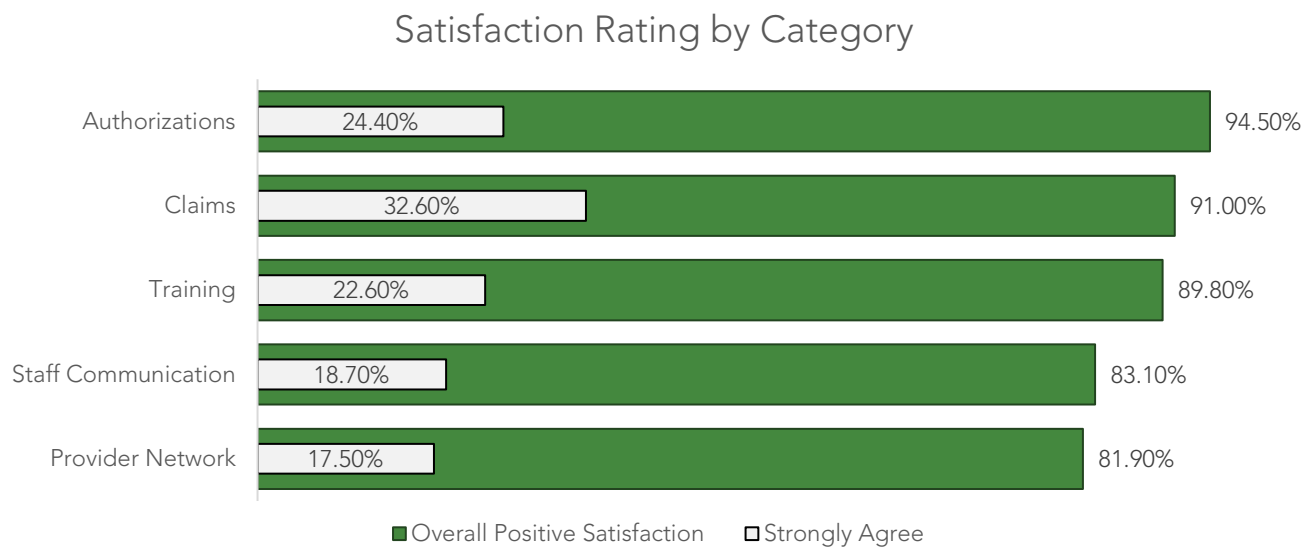
OVERALL SATISFACTION



¹Definitions taken from the NC DMA 2018 DDHS Provider Satisfaction Survey Results (p.2)

Trillium had the third largest increase in overall satisfaction from the 2017 to the 2018 survey (2.4%). Despite having the third largest increase Trillium was still ranked as average on overall satisfaction compared to the other MCOs. Six out of the seven MCOs saw an increase in overall satisfaction. The range for overall satisfaction was 81.41%-92.21% an overall increase from the 2017 survey when the range was 77.9% – 91.8%.

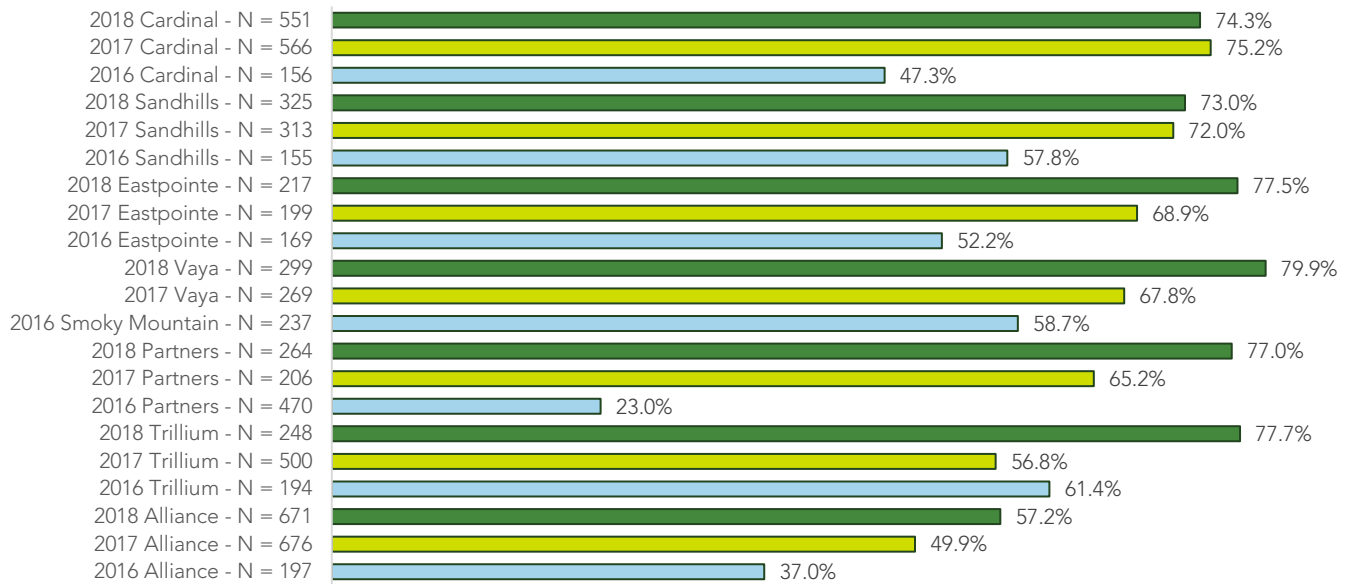
Questions 5-27 (excluding open-ended questions) were grouped into categories for general analysis. These categories included Authorizations, Claims, Training, Staff Communication, and Provider Network. The range of positive scores within these developed categories was 81.9%-94.5%, or a difference of 12.6% between the highest and lowest ranked. Below is a graph indicating the overall satisfaction; the degree to which respondents strongly agreed is depicted as a white inset column. Authorizations was the highest-rated area for overall satisfaction, and Claims had the highest percentage of “strongly agree” responses.



SATISFACTION IMPROVEMENT STRATEGIES

Trillium received an overall satisfaction rating of 84.3% from respondents. This was an increase of 2.4% from the previous year. Trillium implemented several strategies and interventions over the fiscal year. Trillium continued utilizing CMS (an internal database) which allows the provider directory and CIE systems to “talk.” This has alleviated the issue of having to keep two systems current. Additionally, each time a change is made directly into CIE it automatically populates over into the directory. Trillium has continued to do a random sample of 42 providers per month that the Network Department contacts to verify their information and records are accurate and up to date. Trillium continued to offer more technical assistance than punitive strategies. The Trillium Network department used a ticket system which streamlined the processes to get quicker responses to questions for providers. Network Communication Bulletins were utilized as a source of communication for providers. Finally, a new strategy implemented in 2018 was to reach out to every individual provider to request specific contact information for anyone that would be providing feedback and answering the survey. This was done in an effort to minimize bounce back of emails and to get the most current and accurate points of contact at each provider. Network also sent out reminders in the Network Communication bulletins and stressed the importance of having a voice and responding to the survey.

Reponse Rate



There was a 50.4% decrease in the number of survey respondents from 2017 to 2018 surveys. This reduction is attributed to the removal of duplicative, incorrect or inactive provider email addresses from Trillium’s sample frame reducing the number of active providers to draw from. During the 2018 survey 83% of respondents completing the survey were from established providers (6 or more years). This was an increase from the previous year. Providers operating 1-2 years, 3-5 years, and Less than 6 months all decreased from the last survey.

TREND ANALYSIS - 2018 VS. 2017

SOURCE: 2018 PROVIDER SATISFACTION SURVEY RESULTS COMPLETED BY DATASTAT, INC.

“The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2017. 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 2017 and 2018 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.”

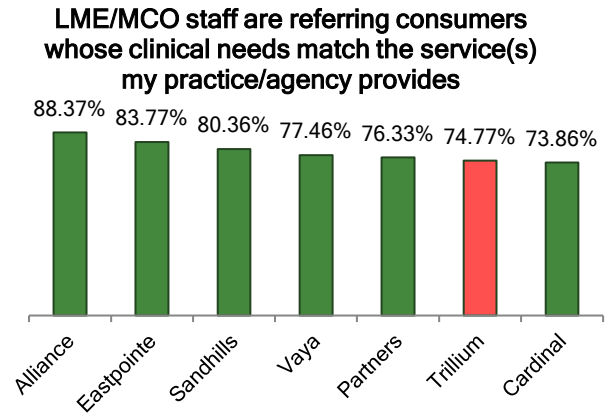
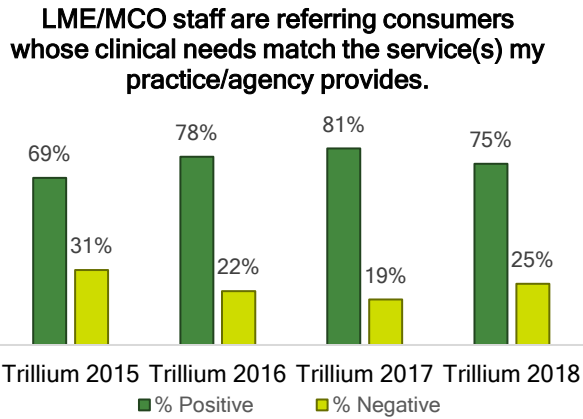
Question	THR 2018 Score	THR 2017 Score	Point Change
Q26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	80.9%	71.6%	+9.3 ▲
Q24. Denials for treatment and services are explained.	85.6%	80.0%	+5.6
Q14. Provider Network keeps providers informed of changes that affect my local Provider Network.	88.2%	82.6%	+5.6
Q27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.	86.1%	80.9%	+5.2
Q11. Our claims are processed in a timely and accurate manner.	96.2%	91.3%	+4.9 ▲
Q10. Claims trainings meet my needs.	90.3%	85.5%	+4.8
Q9. When I speak with staff about claims issues I am given consistent and accurate information.	85.8%	81.5%	+4.3
Q21. Trainings are informative and meet our needs as a provider/agency.	89.8%	85.7%	+4.1
Q23. Authorizations for treatment and services are made within the required timeframes.	94.0%	90.4%	+3.6
Q20. Technical assistance and information provided by staff is accurate and helpful.	90.1%	87.2%	+2.9
Q16. Our interests as a network provider are being adequately addressed in the local Provider Council.	75.8%	74.6%	+1.2
Q19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	89.1%	87.9%	+1.2
Q25. The authorizations issued are accurate (correct date, consumer and service).	95.0%	94.1%	+0.9
Q12. Information Technology trainings are informative and meet my agency's needs.	89.0%	88.2%	+0.8
Q15. Provider Network staff are knowledgeable and answer questions consistently and accurately.	81.4%	81.3%	+0.1
Q8. Customer Service is responsive to local community stakeholders.	81.1%	82.4%	-1.3
Q7. LME/MCO staff responds quickly to provider needs.	77.1%	79.1%	-2.0
Q5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments.	78.2%	81.4%	-3.2
Q13. Provider Network meetings are informative and helpful.	76.6%	81.9%	-5.3
Q6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	74.8%	81.2%	-6.4

Better

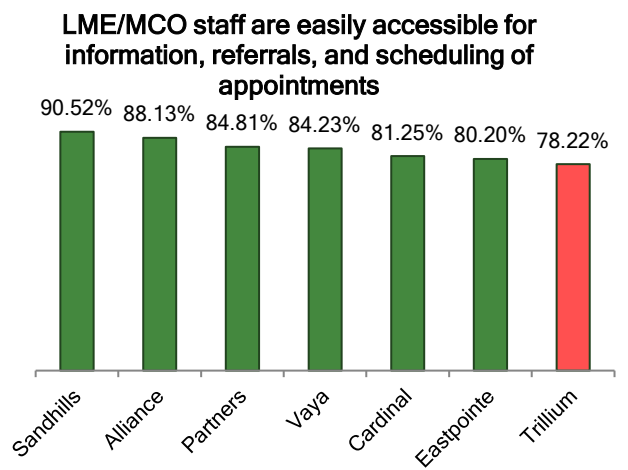
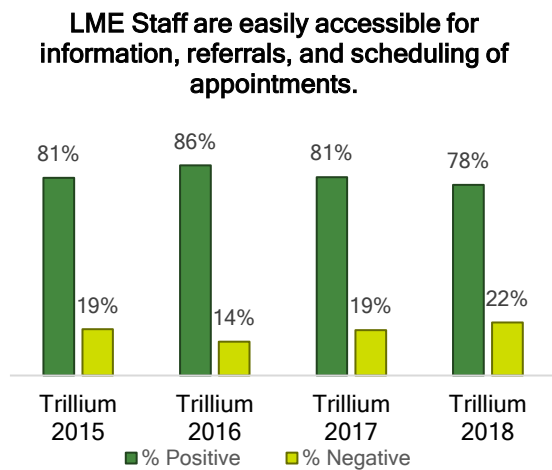
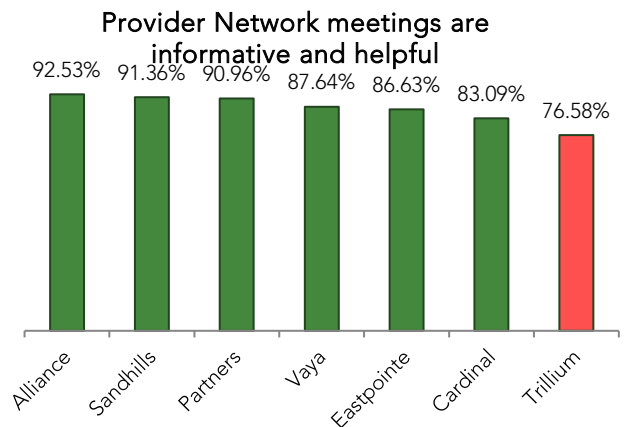
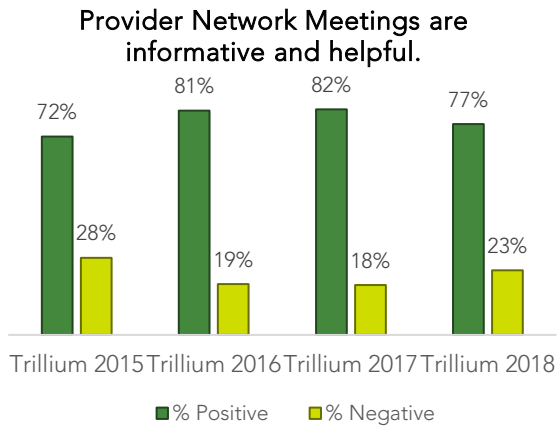
Worse

▲▼ Statistically significantly higher/lower than 2017 score.

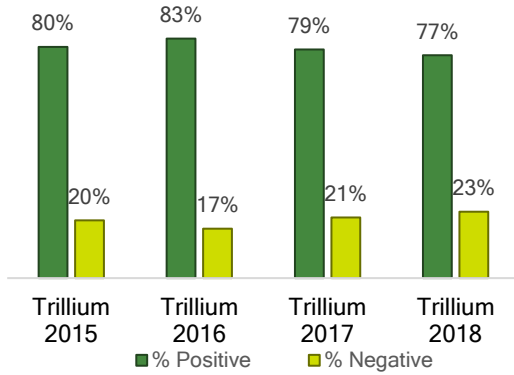
The survey question with the largest negative change from 2017 to 2018 was “LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides”. This question had a 6% decrease from the previous years’ report.



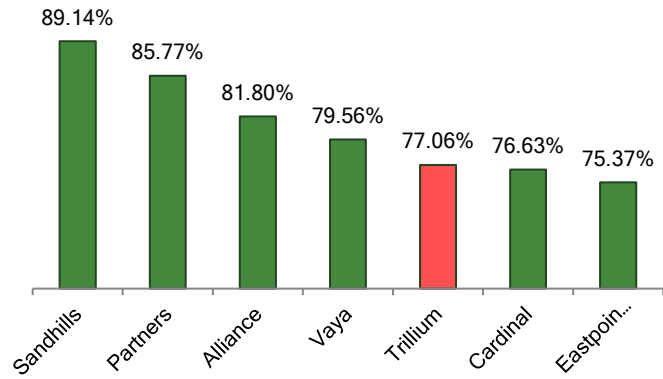
The median change from 2017-2018 is 2%. The average change from 2017-2018 is 1.85%. Questions that were below the median include “Provider Network Meetings are informative and helpful” and “LME Staff are easily accessible for information, referrals, and scheduling of appointments”.



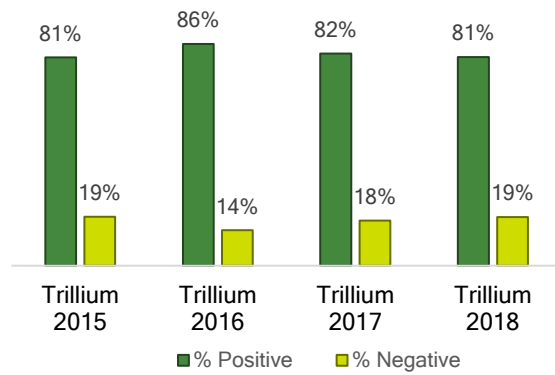
LME/MCO staff responds quickly to provider needs.



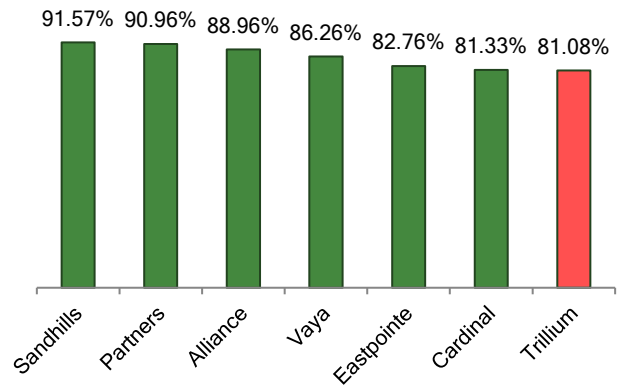
LME/MCO staff responds quickly to provider needs



Customer Service is responsive to local community stakeholders.

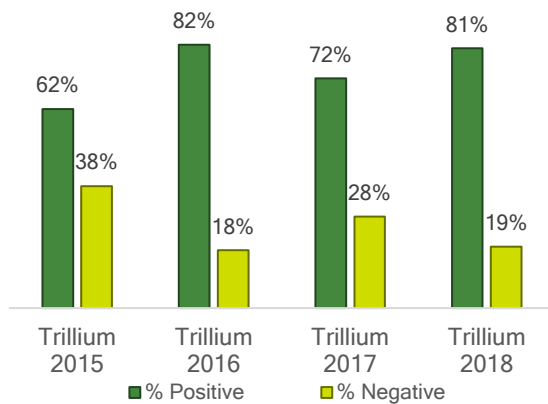


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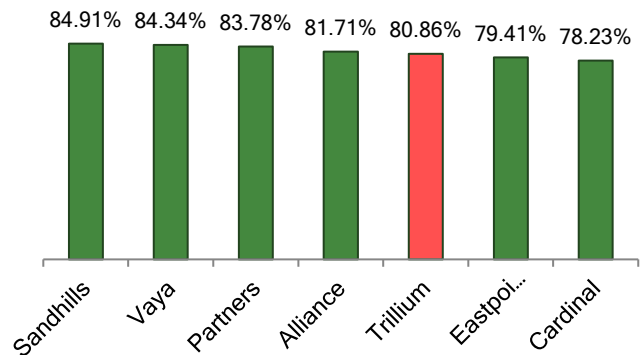


There was an increase in positive response on 18 out of the 23 questions compared to last year. Some of the positive changes were small ranging from 0.15% to 1.27% while others were a large positive change as with "My agency is satisfied with the appeal process" with a 9.31% increase in positive response.

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

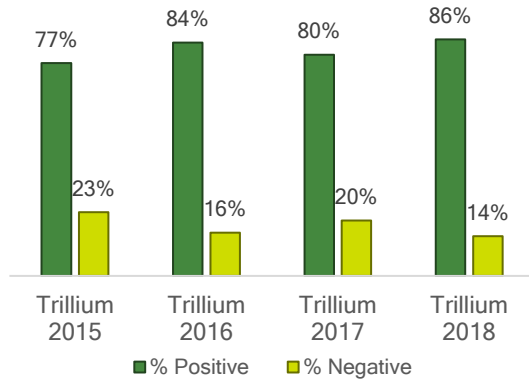


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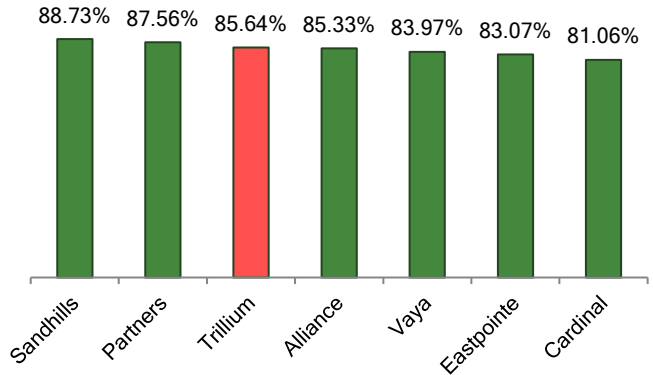


Survey questions that had an increase in positive response included “Provider Network keeps providers informed of changes that affect my local Provider Network”, Denials for treatment and services are explained”, and “Claims trainings meet my needs”.

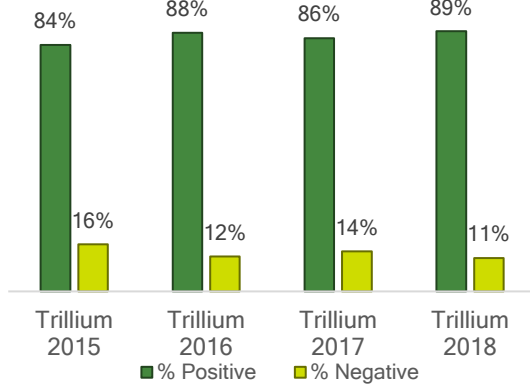
Denials for treatment and services are explained.



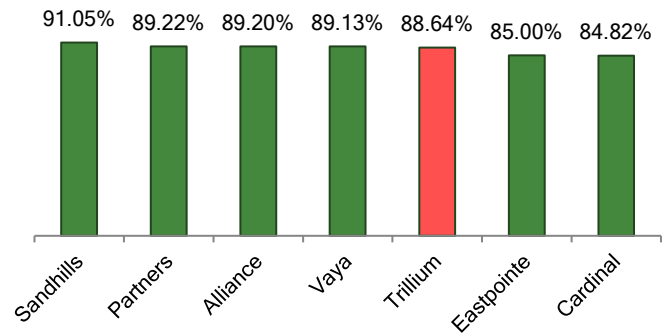
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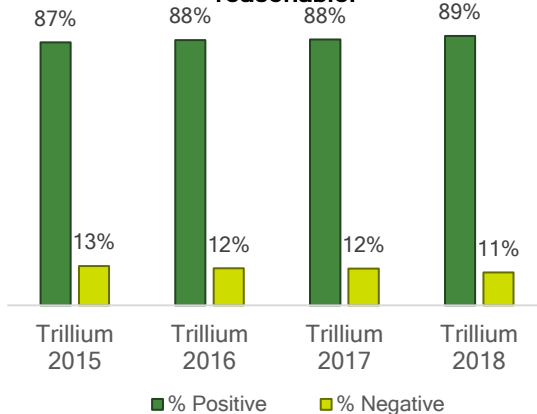
The LME/MCO staff conduct fair and thorough investigations.



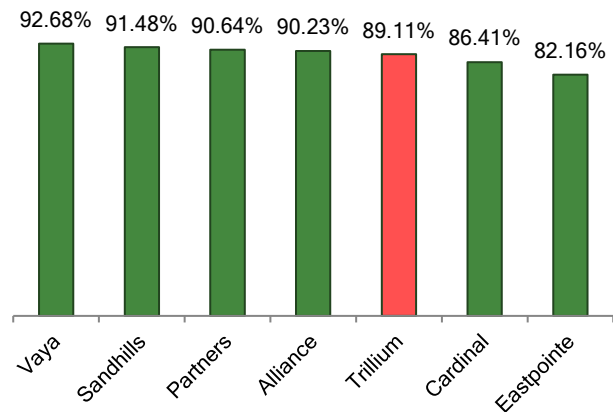
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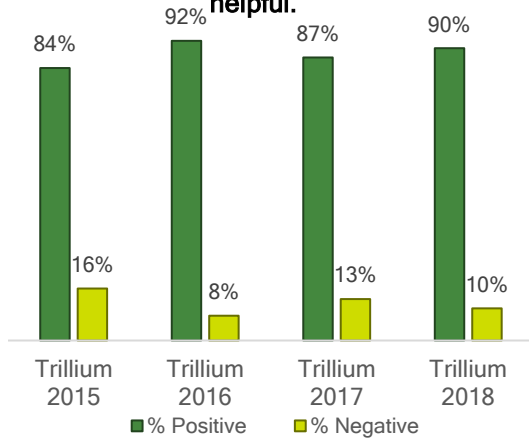
After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.



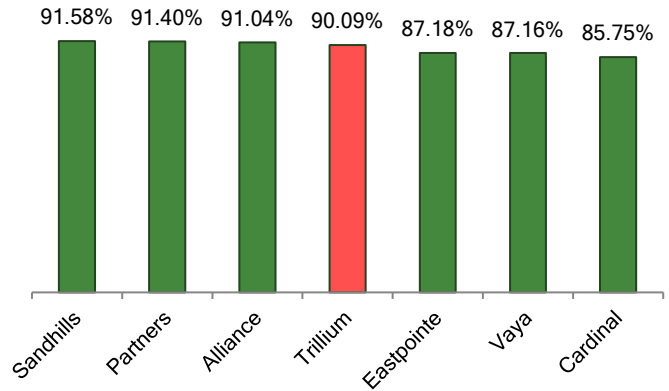
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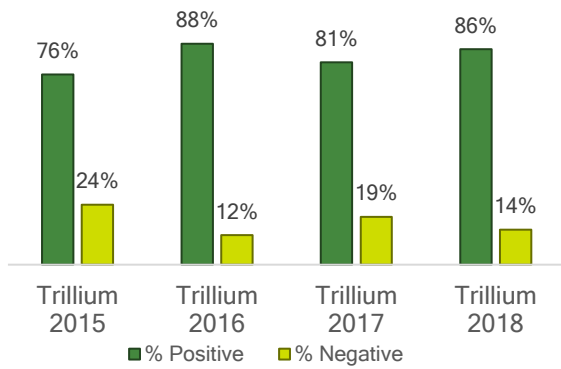
Technical assistance and information provided by staff is accurate and helpful.



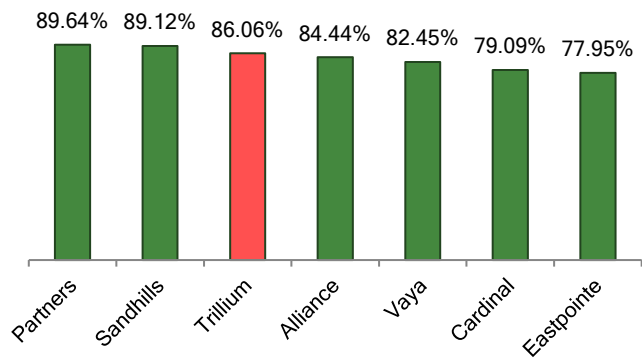
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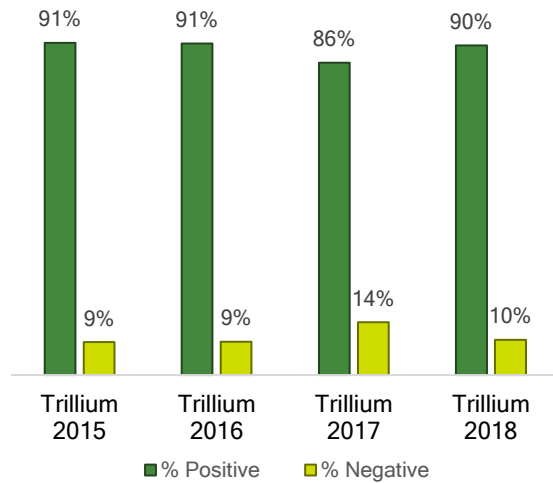
The LME/MCO's website has been a useful tool for helping my agency find the tools and materials needed to provide services.



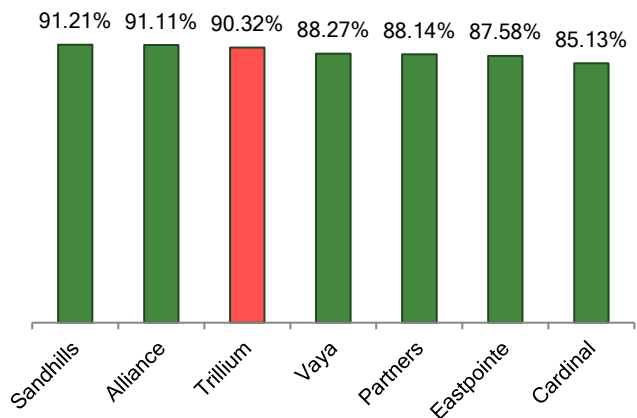
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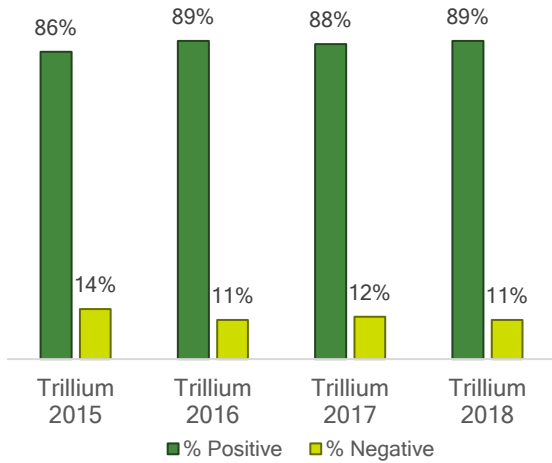
Claims trainings meet my needs.



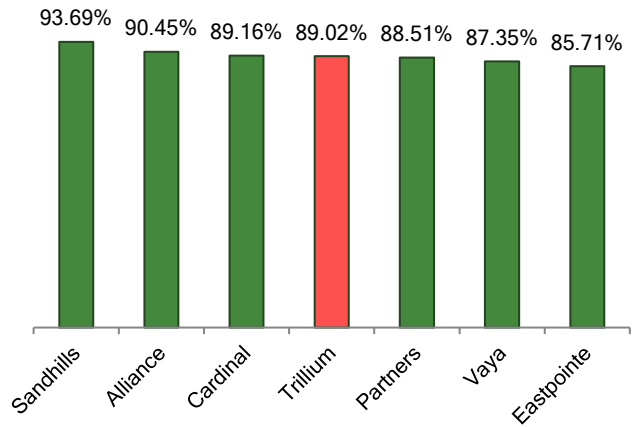
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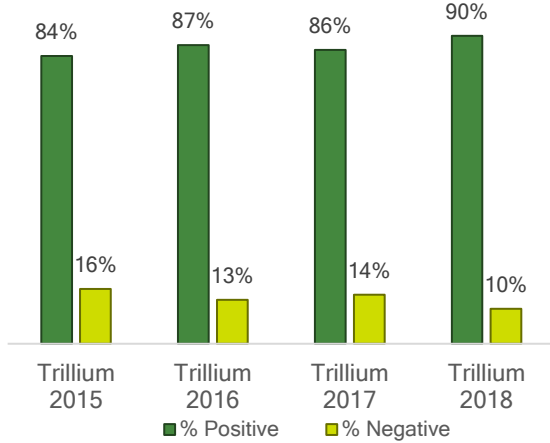
Information Technology trainings are informative and meet my agency's needs.



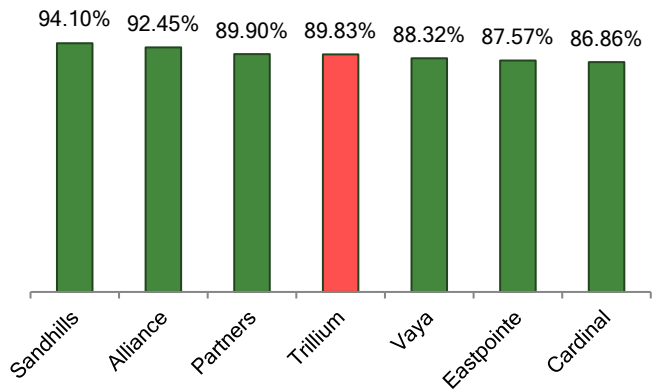
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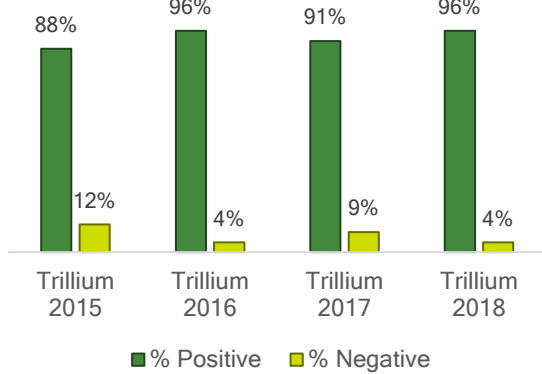
Trainings are informative and meet our needs as a provider/agency.



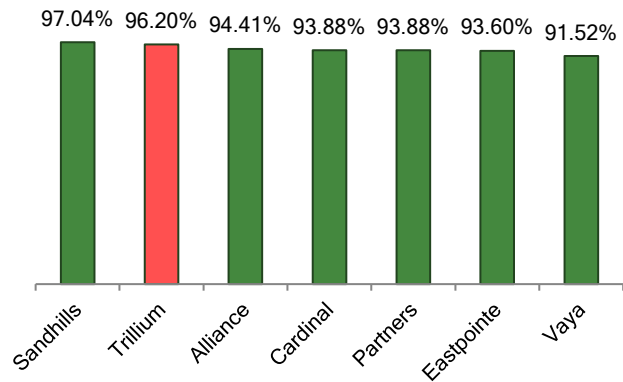
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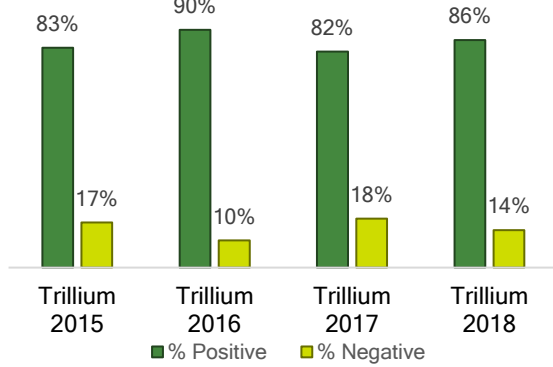
Our claims are processed in a timely and accurate manner.



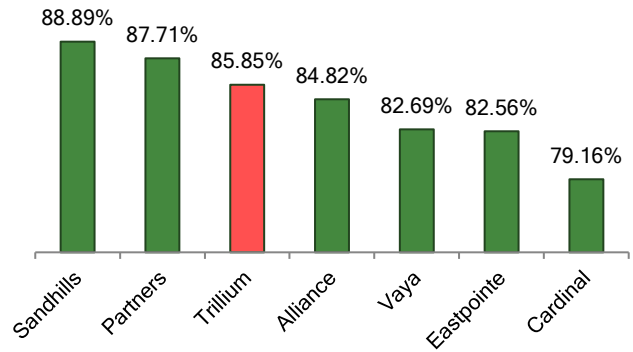
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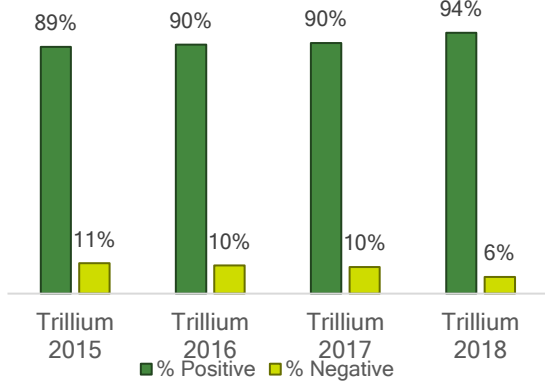
When I speak with staff about claims issues I am given consistent and accurate information.



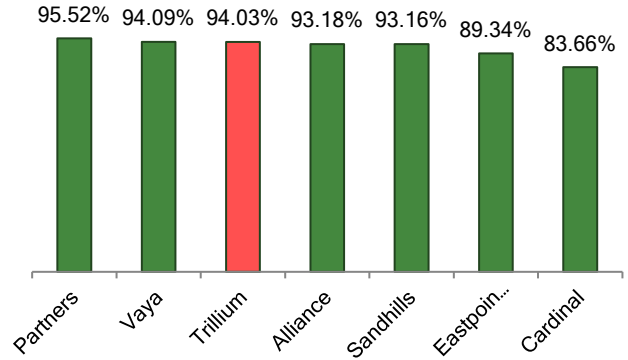
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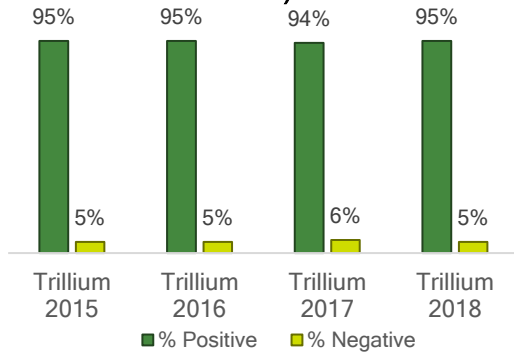
Authorizations for treatment and services are made within the required timeframes.



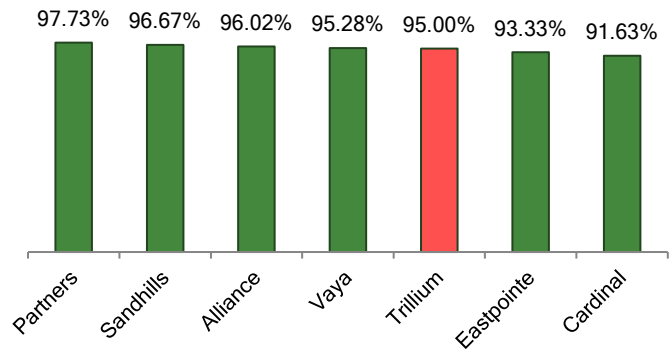
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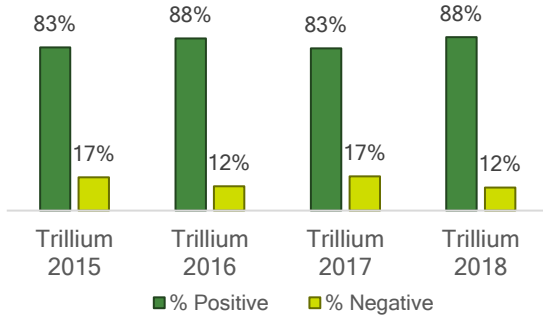
The authorizations issued are accurate (correct date, consumer and service).



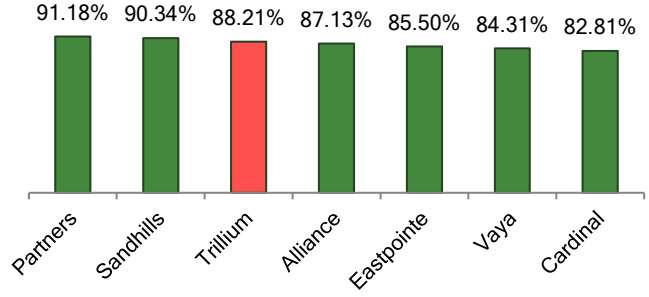
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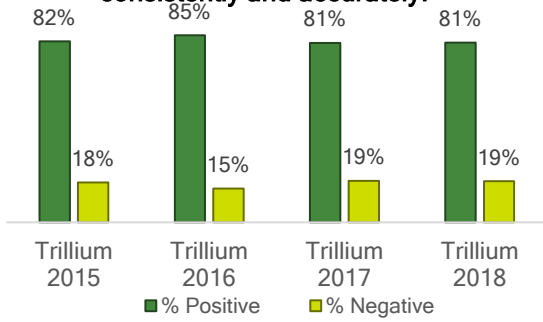
Provider Network keeps providers informed of changes that affect my local Provider Network.



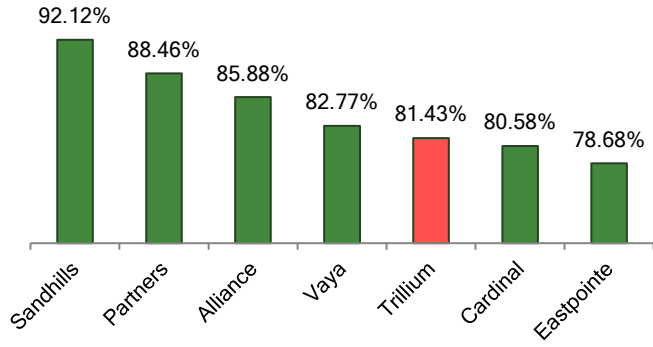
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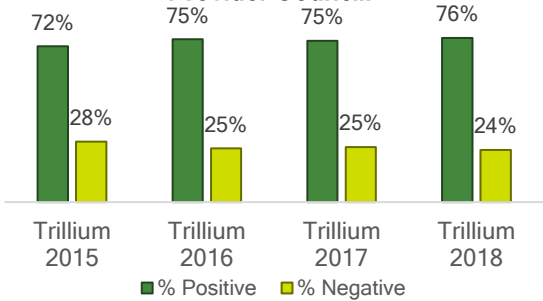
Provider Network staff are knowledgeable and answer questions consistently and accurately.



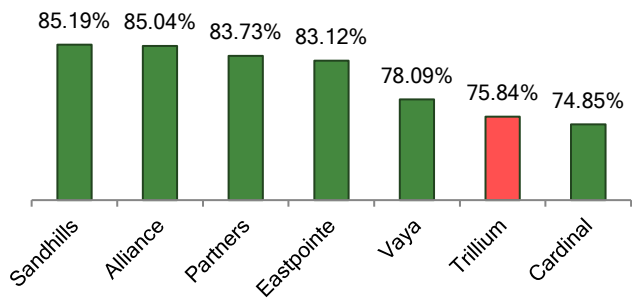
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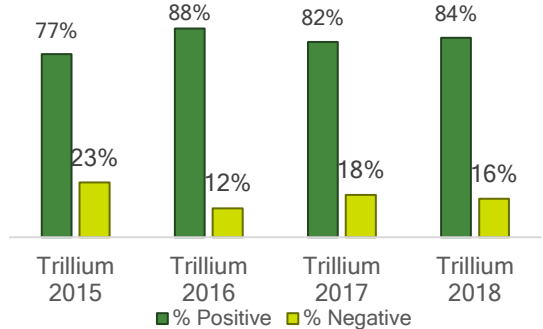
Our interests as a network provider are being adequately addressed in the local Provider Council.



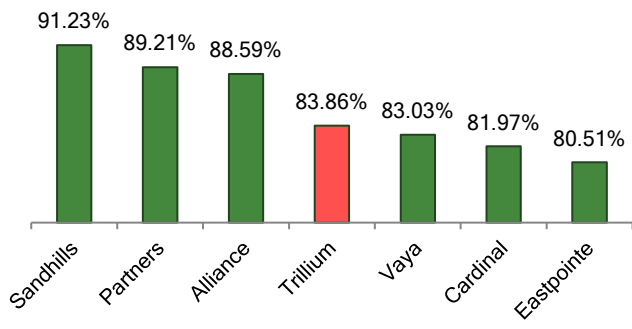
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How would you rate your overall satisfaction with Provider Network?



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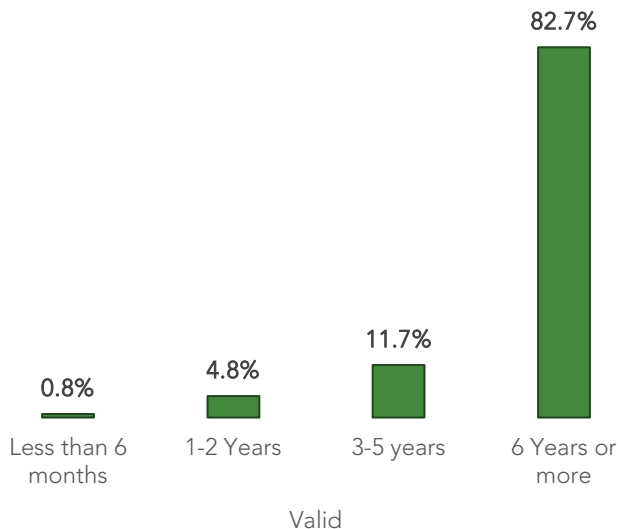


TRILLIUM 2018 DATA

OVERVIEW

There were 248 providers who responded to the Provider Satisfaction Survey. Of those responding, 82.7% were in practice 6 years or more. As far as type of provider responding 49.6% were Agencies, 44.8% were LIPs/Groups, and 5.6% were Community Hospitals.

How Long have you been a Medicaid Provider?

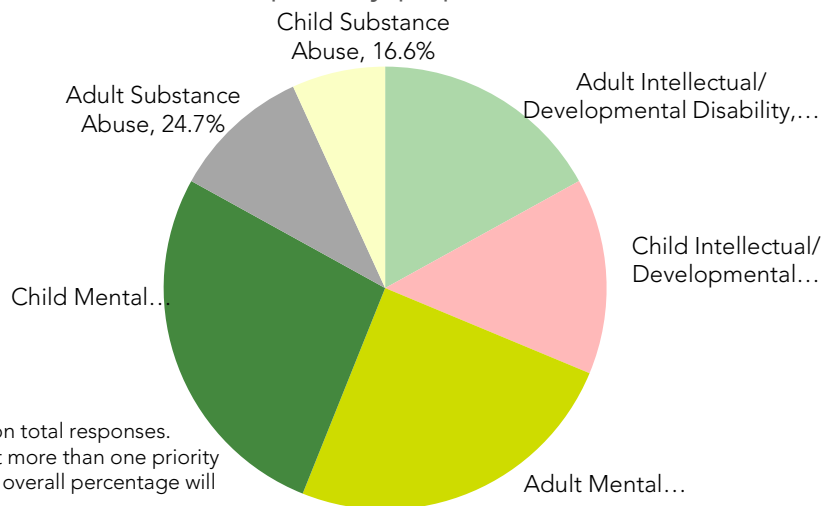


What is your provider type?

	Frequency	Percent
Provider Agency	123	49.6%
Licensed Independent Practitioner (LIP) or LIP Group	111	44.8%
Community Hospital	14	5.6%
Total	248	100%

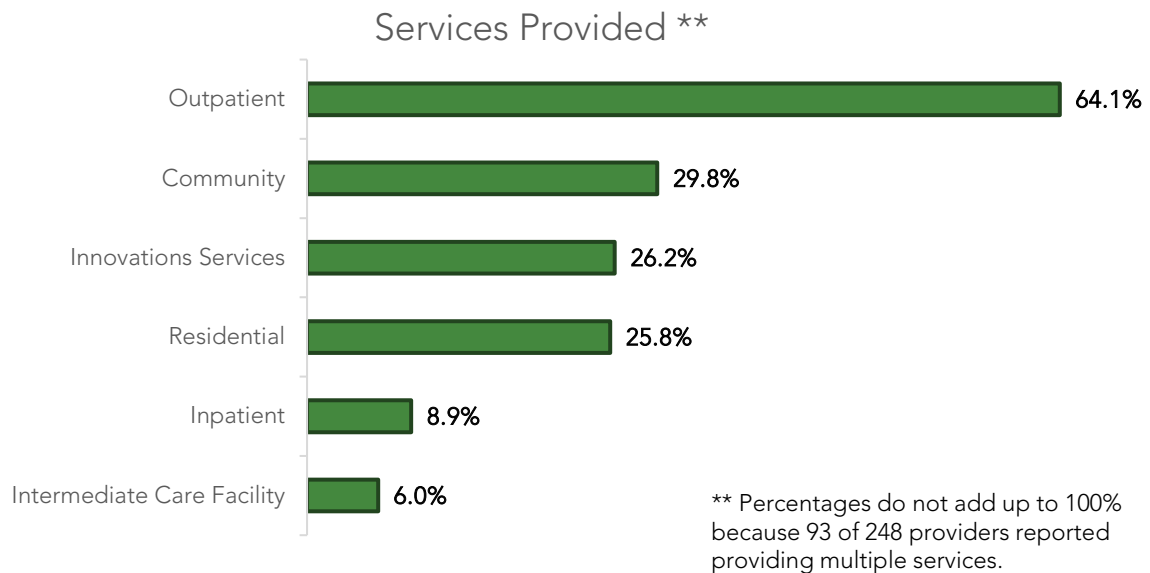
Mental Health providers accounted for the largest number of respondents. Child Mental Health (27.0%) was the largest served population based on the responses followed closely by Adult Mental Health (24.8%). When looking at the survey respondents by age group served it was a fairly evenly split between adult and child with 51.9% of respondents serving adults and 48.1% serving children.

What are the priority populations served?



*Percentages based on total responses. Providers could select more than one priority population, therefore overall percentage will not add up to 100%

Of the 248 respondents 93 reported providing multiple services. Outpatient services were the most commonly reported service provided at 64.1%. Community Services represented 29.8% of services reported.

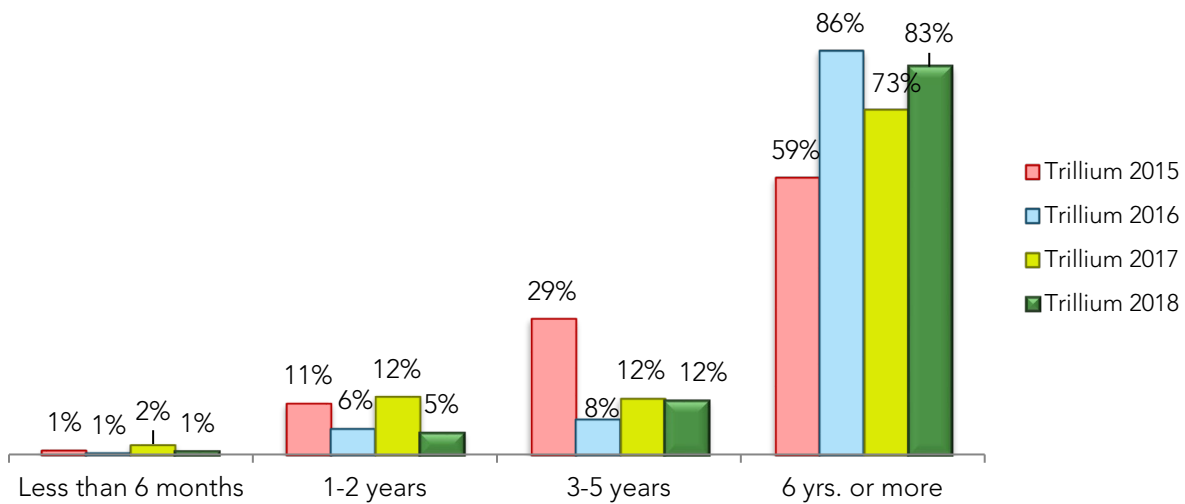


COMPARISON DATA

DEMOGRAPHICS

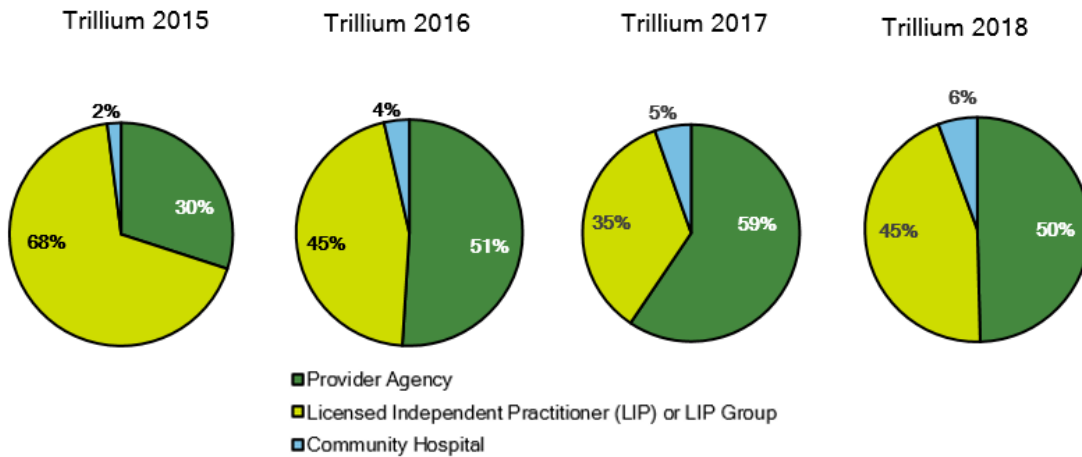
Trillium had the second highest response rate of all MCOs at 77.7%. The range of response rates was 57.2%-79.9% for a difference of 22.7% between the highest and lowest ranked MCO.

How long have you been a Medicaid provider?



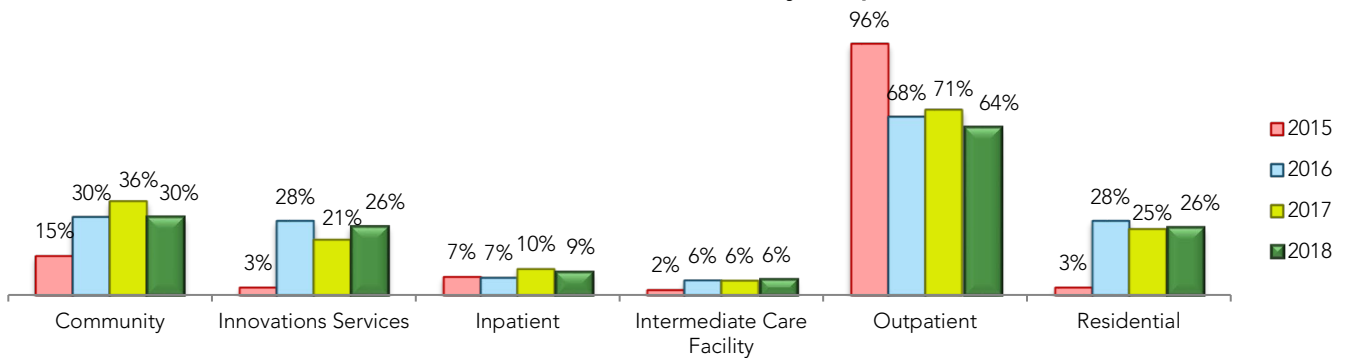
In 2018, the distribution of types of providers completing the survey changed with a more evenly split representation of Agencies and LIPs/Groups participating. The number of community hospitals participating in the surveys has been progressively increasing over the past four years.

What is your provider type?



Providers were able to select multiple services that they provide. During the 2018 survey, 93 out of 248 providers selected multiple services. Outpatient services remained the highest reported service on the 2018 surveys.

Please select the services you provide:



Mental Health service providers made up the largest proportion of respondents on the 2018 survey 51.7%. Substance abuse providers made up the lowest percentage of respondents with only 17%. 52% of respondents were adult providers while 48% were child providers. Child substance abuse population was the lowest represented population at 16.6%.

What are the Priority Populations served?

