

PROVIDER SATISFACTION SURVEY - 2019

LAURA DORAN, BRITTANIE MOORE &
TYLER BEASLEY



TABLE OF CONTENTS

Contents

.....	1
TABLE OF CONTENTS	2
INTRODUCTION	3
Methodology Notes:.....	3
Note on methodological limitation for specific stimuli:	3
NOTES REGARDING STATISTICAL TESTING	4
Definitions of Statistical Terms.....	4
Statistical Significance	4
Correlations	4
Binomial Test.....	5
Analysis of Variance (ANOVA).....	5
PROVIDER SATISFACTION	5
Priority Analyses.....	6
Satisfaction Improvement Strategies	7
TREND ANALYSIS - 2019 vs. 2018.....	8
SINGLE ITEM MEASURES	10
.....	11
TRILLIUM 2019 DATA.....	12
Overview.....	12
COMPARISON DATA.....	12
Demographics	12
REFERENCES	18



INTRODUCTION

Trillium positive responses from 2018-2019 increased on 18 of the questions and remained the same on 2 of the questions compared to the previous year.

Provider Satisfaction surveys are administered annually to providers to allow DHB 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 DHB 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, 2019 through August 31, 2019). The survey was administered over a six-week period using a web survey protocol between October 7, 2019 and November 22, 2019. Trillium provided 446 useable provider records for inclusion in the survey. Of those, 308 respondents participated in the survey. This is a response rate of 72.0% which was a 5.7% decrease from 2018. The previous year Trillium had 248 respondents with a response rate of 77.7%.

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 (i.e. Strongly Agree, Agree, Extremely Satisfied, and 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.

NOTE ON METHODOLOGICAL LIMITATION FOR SPECIFIC STIMULI:

Overall, response rates increased across 26 of the 29 core questions. Q20, Q21, and Q27 showed a decrease in response rates when compared to contemporary data from the 2017-2018 collection effort. However, when compared to the inaugural data from the 2016-2017 collection effort, these stimuli do exhibit increases in response rates. On average, these three stimuli (Q20, Q21, and Q27) demonstrate an average of 1.2% (n=3.6) variation from the 2017-2018 data. Given the overall population size, this is not found to be a statistically significant variation.

A potential explanation for this variation may be found in the difference between respondent cohorts from 2017-2018 and 2018-2019; in social research, this difference is referred to as “effect size,” and “...can refer to the raw difference between group means...” (Sullivan & Feinn, 2012). A methodological

limitation that often accompanies using secondary data is the inability to account for non-cognitive variables present during the data collection process (e.g. a respondent's discomfort with responding to stimuli based upon wording, interviewer, etc.). While it is suggestible that such non-cognitive variables may have contributed to the effect size variation, there are likely other factors that contributed to the shift in effect size, as well.

With the minor statistical shift occurring across Q20, Q21, and Q27, no action can be recommended or supported. However, given that all questions are experiencing <100% response rate, it is apparent that some areas could benefit from improvement. Of particular interest, we may consider the ways in which we both track and quantify "no response" selections from the Likert-style stimuli. The selection of "no response" may speak to the respondent's ability to fully understand the stimuli, their reluctance to answer based off of fears/confounds, experience of survey fatigue, etc. Until the data showcases $\geq 95\%$ response rate, opportunities for improvement will exist.

¹Definitions taken from the NC DHB 2019 DDHS Provider Satisfaction Survey Results (p.3)

NOTES REGARDING STATISTICAL TESTING

The CAHPS report defines "overall satisfaction" as the score for Question 28, which ask providers to rates overall satisfaction with the LME/MCO. Correlations between individual questions and items in category domains are performed to determine which items and areas are related to overall satisfaction. For the purposes of this survey, the data unit defines "highly correlated" as a Spearman coefficient of $r \geq \pm .04$.

Statistical testing performed by DataStat, Inc. was validated by the Data Unit using R and SPSS. Any discrepancies are noted in the narratives accompanying affected sections.

DEFINITIONS OF STATISTICAL TERMS

Statistical Significance

A statistically significant finding indicates that there is a 5% or lower probability that the result would occur as it does due to random error/variance. For example, a significant correlation indicates that it is highly unlikely that two variables would co-vary to the extent they do by random chance. A statistically significant difference in a t test means that it is highly unlikely this difference occurred due to random variance in the data.

Correlations

Correlation coefficients represent the strength of the relationship between variables. A higher coefficient means a stronger relationship. A positive correlation coefficient means that if one variable is higher then

there is an increased probability the other variable will be higher. A negative correlation coefficient indicates that as one variable increases the other decreases.

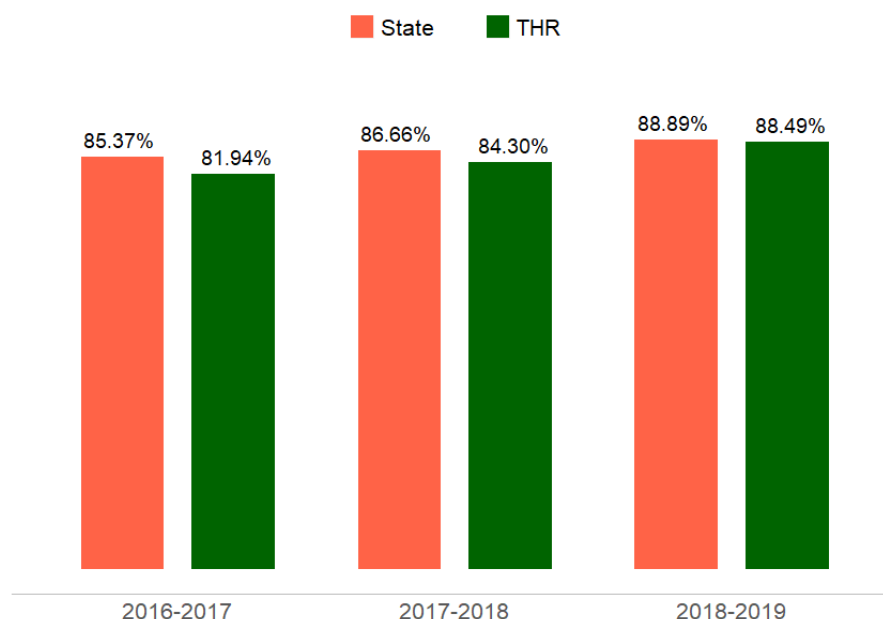
Binomial Test

Binomial test are used to determine if an observation differs from an expected distribution. The observed proportions of “successes” are compared to the expected probability of success. In this report binomial test are used to determine if Trillium’s achievement scores differ from North Carolina’s achievement scores. Trillium’s achievements are treated as successes and North Carolina’s achievement scores are used as the as the expected probability of success.

Analysis of Variance (ANOVA)

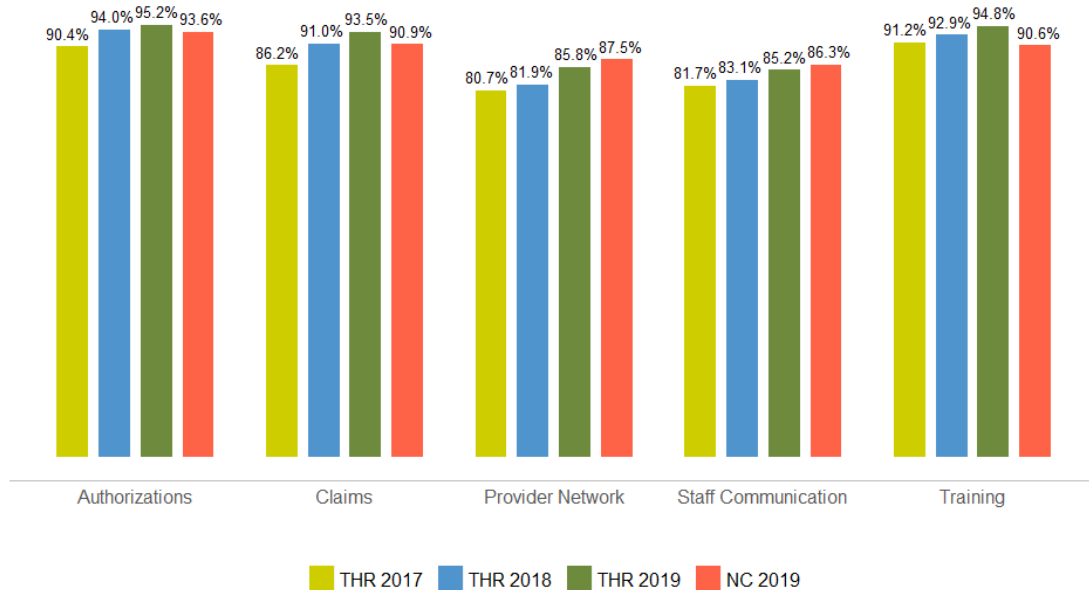
ANOVAs assess differences in an outcome variable across different groups. A significant ANOVA means that the distribution of the outcome variable in one group is significantly different than the distribution another group.

PROVIDER SATISFACTION



A higher proportion of Trillium’s providers reported being extremely satisfied or satisfied with Trillium in 2019 than 2018. This difference trended toward significance ($p = 0.06$). Trillium and the State reported similar achievement scores on overall achievement.

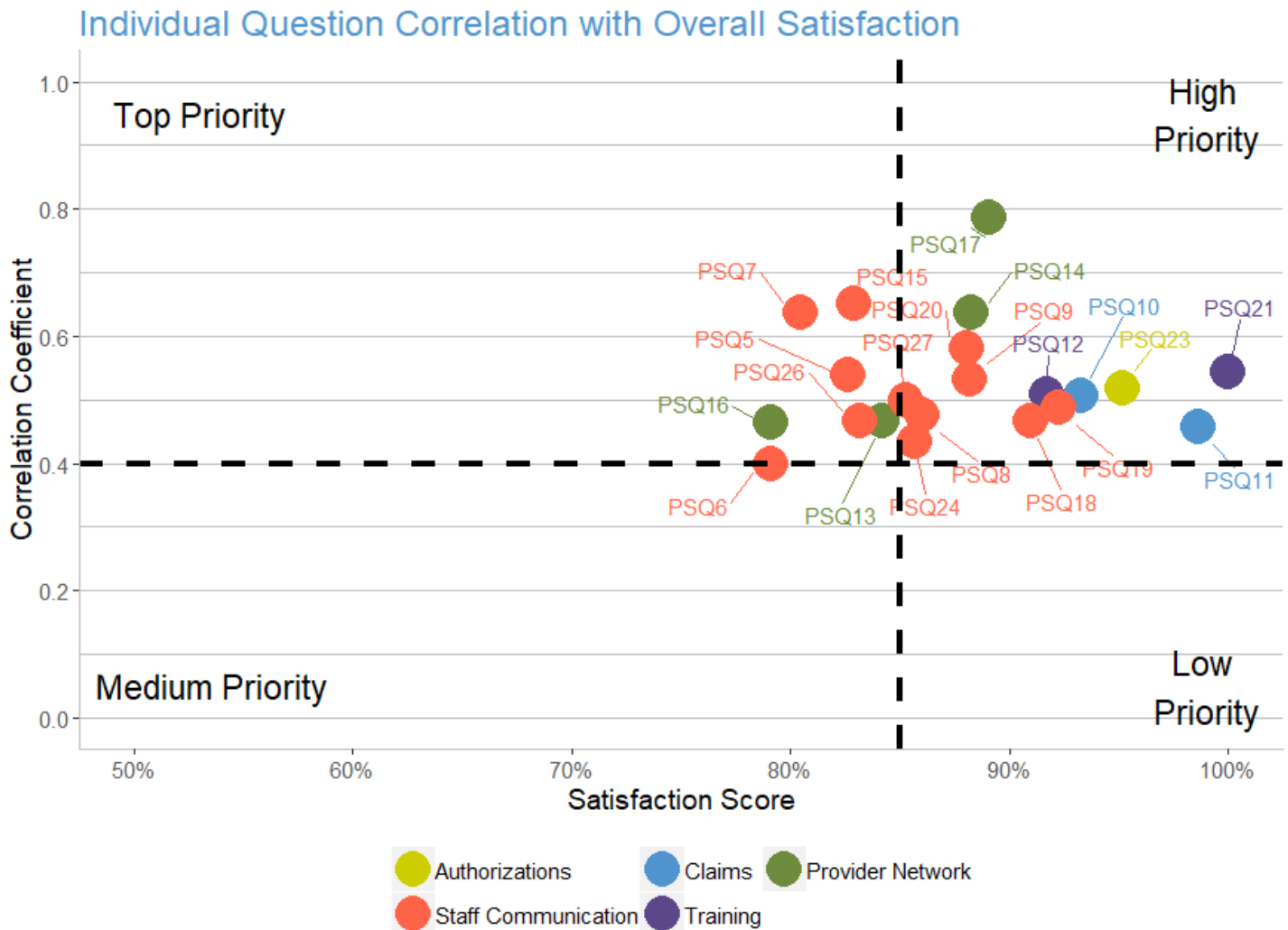
Questions 5-27 (excluding open-ended questions) were grouped into categories for general analysis. These categories included Authorizations, Claims, Training, Staff Communication, and Provider Network. The proportion of satisfied responses significantly increased from 2018 to 2019 for Claims ($p = 0.01$), Provider Network ($p = 0.002$) and Staff Communication ($p = 0.001$). Trillium had a significantly higher proportion of satisfied responses than the State for Claims ($p = 0.01$), Training ($p = 0.0001$).



PRIORITY ANALYSES

The Data unit assigned each composite question to a priority category based on the satisfaction achievement score and the correlation with overall satisfaction. The Data unit assigned items that were highly correlated with overall satisfaction and had an achievement score below the 85% benchmark as “Top Priority”, items that were highly correlated with overall satisfaction and had an achievement score above the 85% benchmark as “High Priority” and items that were not highly correlated with overall satisfaction as “Medium Priority” or “Low Priority”.

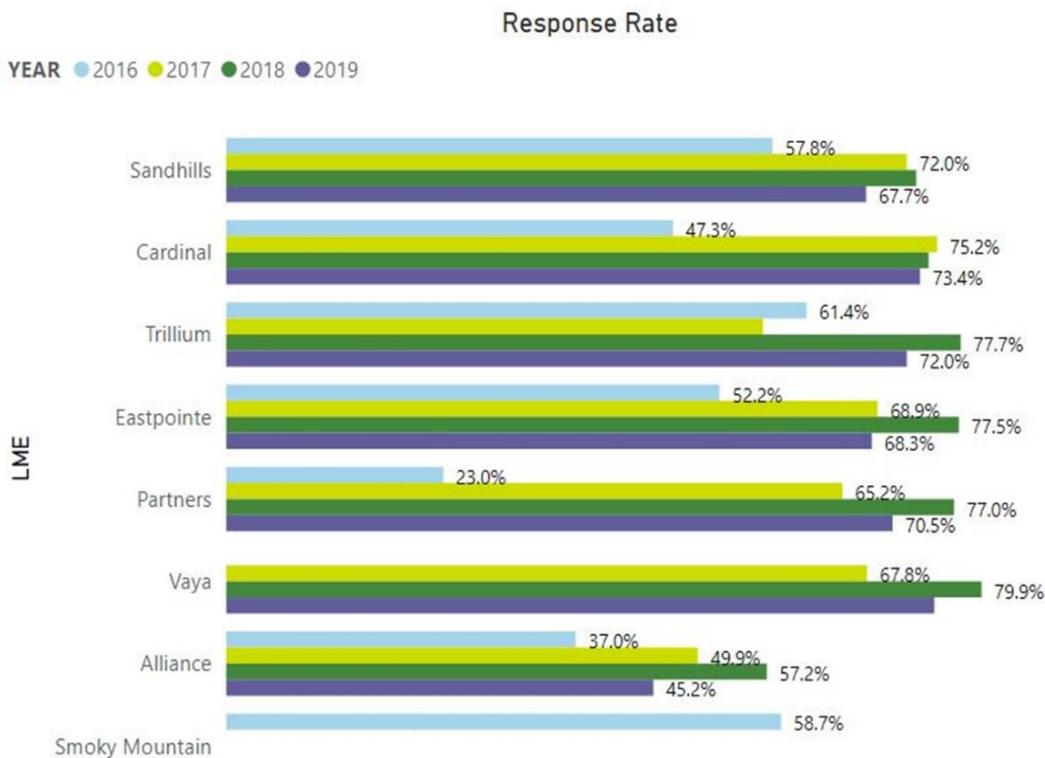
The questions included in the composites had high correlations with overall satisfaction and all correlations were significant at the $p < 0.05$ level. However, the categorical nature of the scales used in these questions may have exaggerated these relationships. A Spearman's correlation was used to correct for this, but the restricted variance of the scale should be considered when interpreting results.



SATISFACTION IMPROVEMENT STRATEGIES

Trillium received an overall satisfaction rating of 88.5% from respondents. This was an increase of 4.2% from the previous year (see graph on p.4). 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 uses 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 continued 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 now has those provider survey contacts on file in CIE. Network also sent out reminders in the Network Communication bulletins and stressed the importance of having a voice and responding to the survey (*Head of Network Auditing, Network Management, Trillium Health Resources*).



There was a 24.2% increase in the number of survey respondents from 2018 to 2019 surveys. There were 308 respondents for Trillium this year, and 248 respondents for the previous year. Our response percentage from all surveys sent was 72.0%, which was the third highest rank of completed usable surveys among all the LME/MCOs.

TREND ANALYSIS - 2019 VS. 2018

SOURCE: 2019 PROVIDER SATISFACTION SURVEY RESULTS COMPLETED BY DATASTAT, INC.

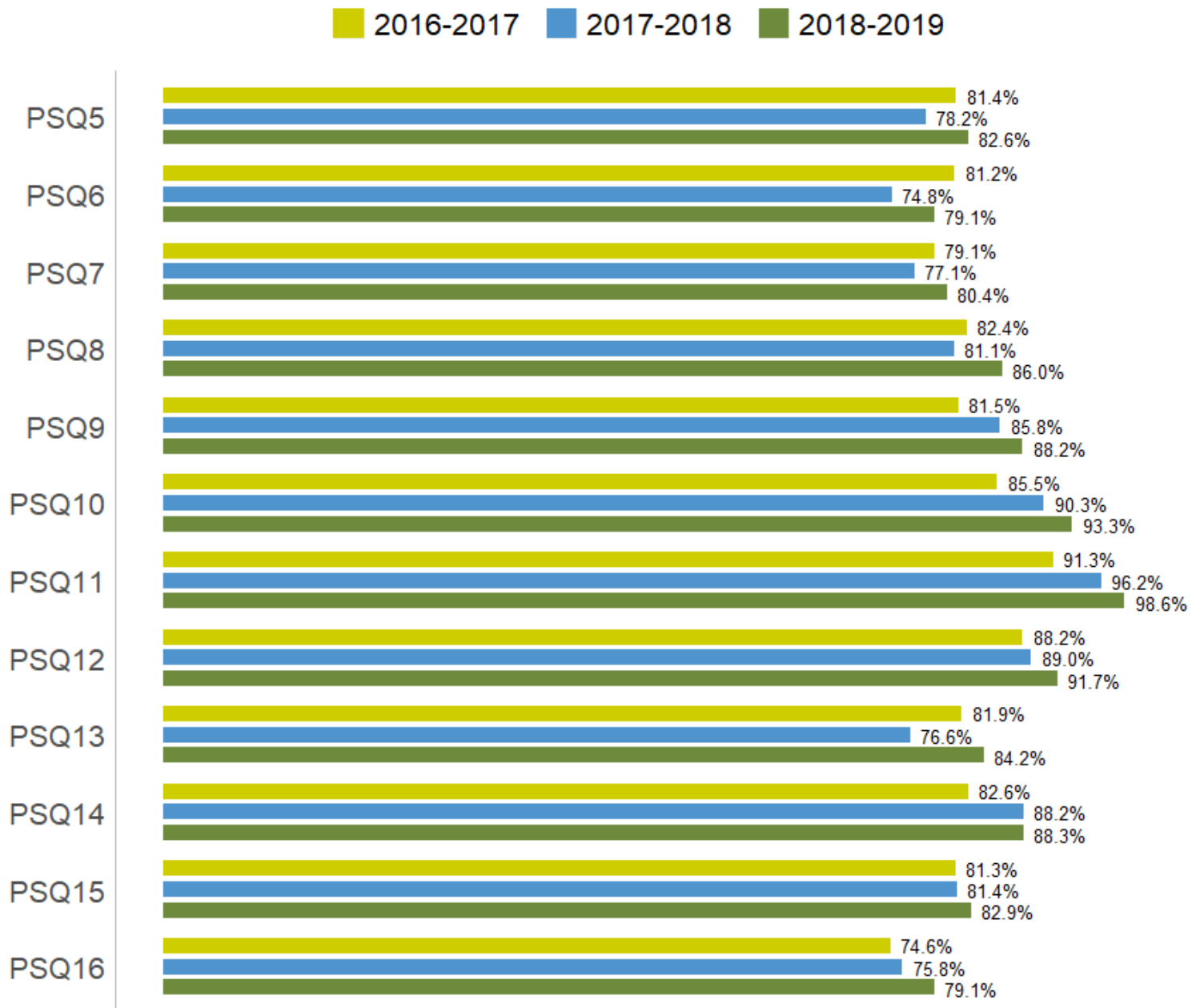
“The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2018. All trending performance-related items in the questionnaire are listed in descending order of point change, and testing was conducted to determine which trends were statistically significant. Shown below are the ten items at the top of the list and the ten items at the bottom, with their 2018 and 2019 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 cautiously.

Question	THR 2019 Provider Score	THR 2018 Provider Score	Point Change	Better ▲ Worse ▼
Q9. When I speak with staff about claims issues I am given consistent and accurate information	87.7%	84.5%	+ 3.2 ▲	
Q17. Overall satisfaction with Provider Network	88.5%	85.5%	+ 3.0 ▲	
Q7. LME/MCO staff responds quickly to provider needs	83.6%	80.8%	+ 2.8 ▲	
Q5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments	86.4%	83.9%	+ 2.5 ▲	
Q12. Information Technology trainings are informative and meet my agency's needs	91.5%	89.1%	+ 2.3 ▲	
Q28. Overall satisfaction with the LME/MCO	88.9%	86.6%	+ 2.2 ▲	
Q14. Provider Network keeps providers informed of changes that affect my local Provider Network	89.0%	87.1%	+ 2.1 ▲	
Q23. Authorizations for treatment and services are made within the required timeframes	93.7%	91.8%	+ 1.8 ▲	
Q20. Technical assistance and information provided by staff is accurate and helpful.	91.0%	89.1%	+ 1.8 ▲	
Q25. The authorizations issued are accurate (correct date, consumer and service).	96.6%	95.1%	+ 1.5 ▲	
Q19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	90.2%	88.9%	+ 1.3	
Q27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services	85.3%	84.1%	+ 1.2	
Q18. The LME/MCO staff conducts fair and thorough investigations	89.3%	88.1%	+ 1.2	
Q10. Claims trainings meet my needs	89.9%	88.8%	+ 1.1	
Q6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	80.3%	79.4%	+ 0.9	
Q13. Provider Network meetings are informative and helpful.	87.9%	87.1%	+ 0.9	
Q26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s)	82.6%	81.9%	+ 0.8	
Q21. Trainings are informative and meet our needs as a provider/agency	90.6%	89.9%	+ 0.7	
Q24. Denials for treatment and services are explained	85.6%	85.1%	+ 0.5	
Q11. Our claims are processed in a timely and accurate manner	94.7%	94.4%	+ 0.3	

SINGLE ITEM MEASURES

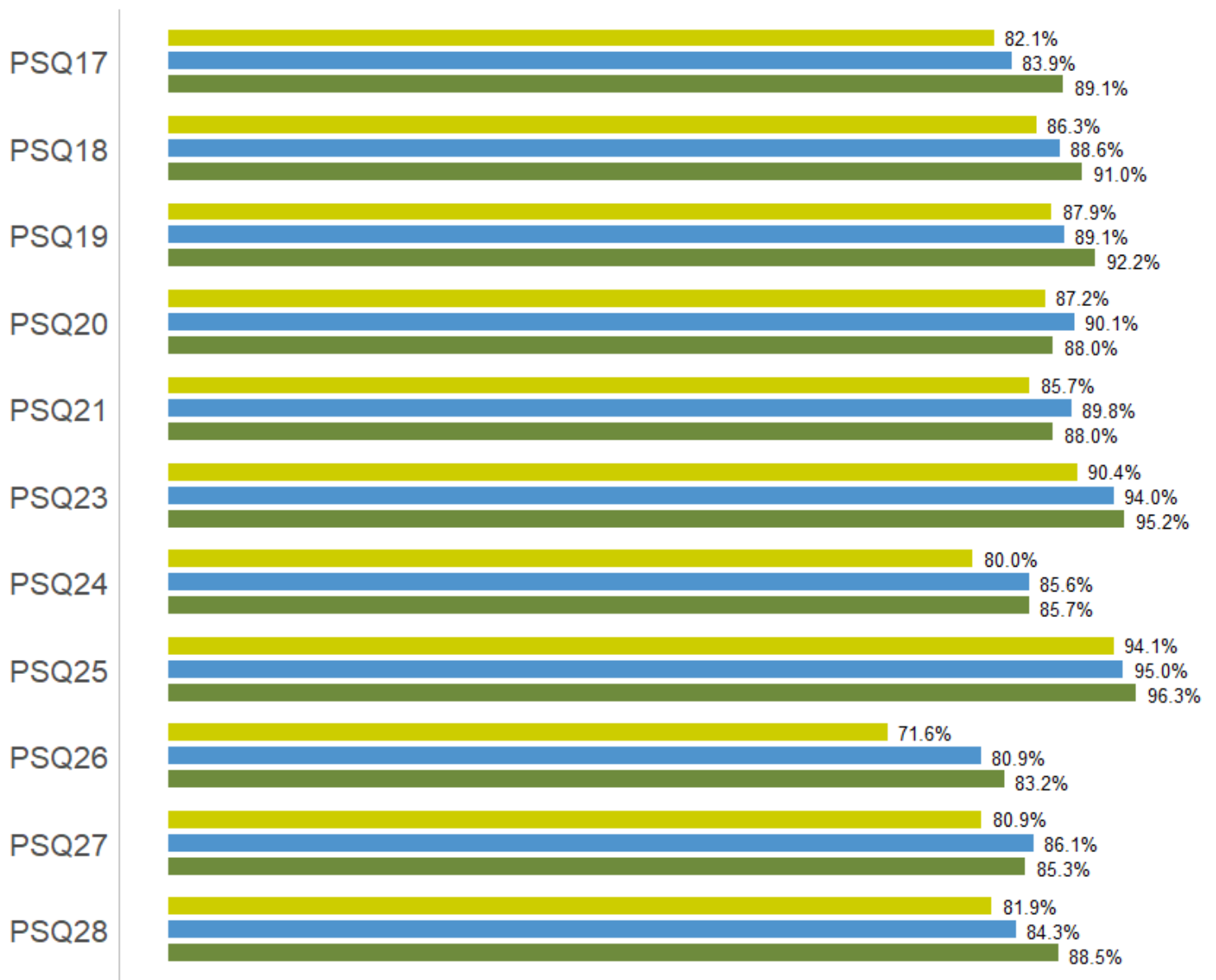
Achievements scores improved or stayed the same from last year for all questions except 20 (“Technical assistance and information provided by staff is accurate and helpful”), 21 (“Trainings are informative and meet our needs as provider/agency”), and 27 (“Usefulness of website tools”).

Single-Item Measures



Single-Item Measures

2016-2017 2017-2018 2018-2019



TRILLIUM 2019 DATA

OVERVIEW

There were 308 providers who responded to the Provider Satisfaction Survey. Of those responding, 79.5% were in practice 6 years or more. 58.4% were Provider agencies, 38.6% were LIPs/Groups and 2.9% were Community Hospitals

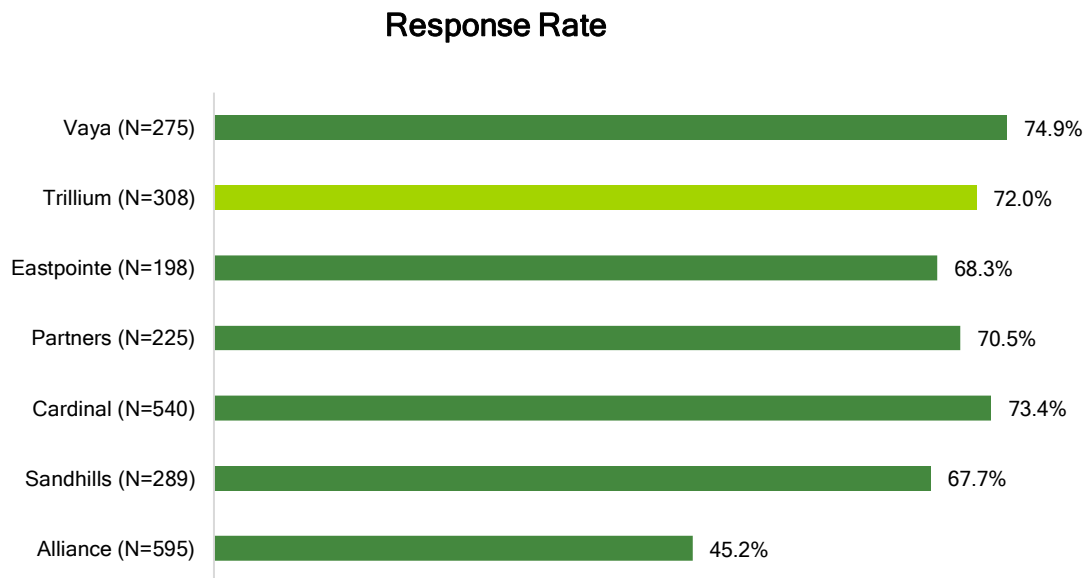
Mental Health providers accounted for the largest number of respondents. Child Mental Health (25.4%) was the largest served population based on the responses followed closely by Adult Mental Health (25.0%). The lowest population served was Child Substance Abuse (8.6%).

Of the 308 respondents 113 reported providing multiple services. Outpatient services were the most commonly reported service provided at 64.5%. Community Services represented 32.2% of services reported.

COMPARISON DATA

DEMOGRAPHICS

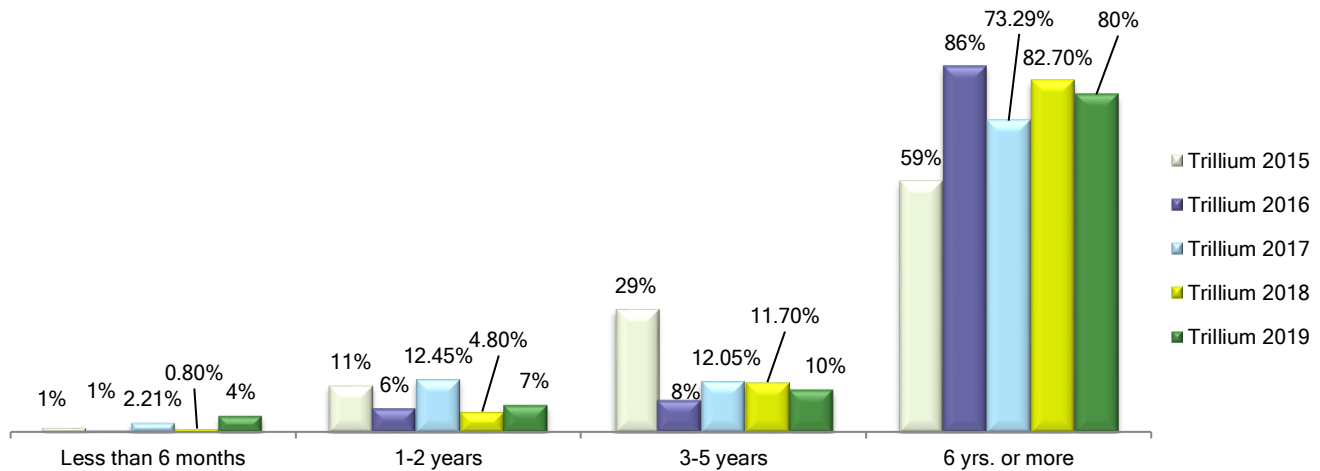
Trillium had the third highest response rate of all MCOs at 72.0%.



There was a 24.2% increase in the number of survey respondents from 2018 to 2019 surveys. During the 2019 survey 80% of respondents completing the survey were from established providers (6 or more years). This was a slight decrease of about 3% from the previous year. Providers “3-5 years” decreased 2%, “1-2 years” increased 2%, and providers “Less than 6 months” increased 3% from the last survey.

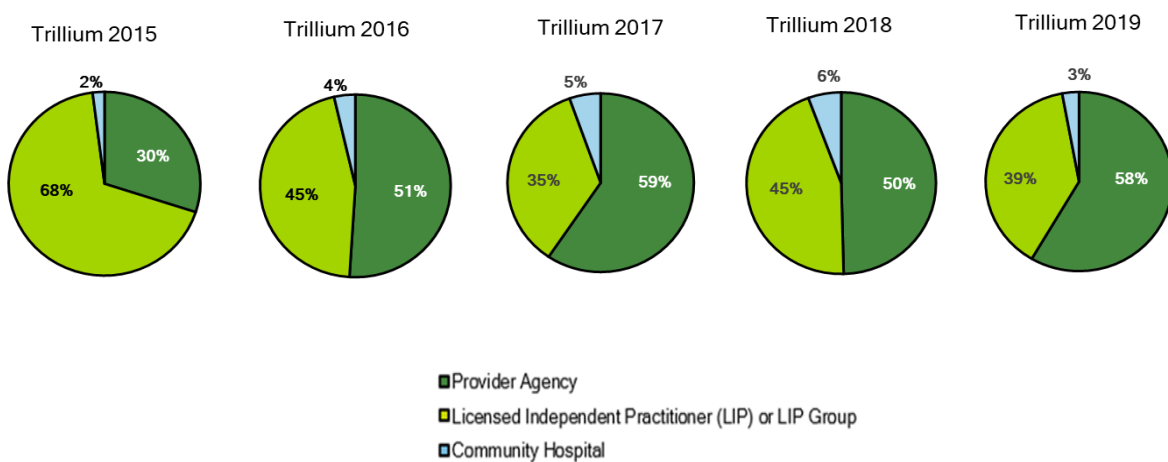
There was no relationship between how long respondents had been Medicaid providers and overall satisfaction with Trillium (*Spearman's* $r = 0.07$, $p = 0.20$).

How Long Have You Been a Medicaid Provider?



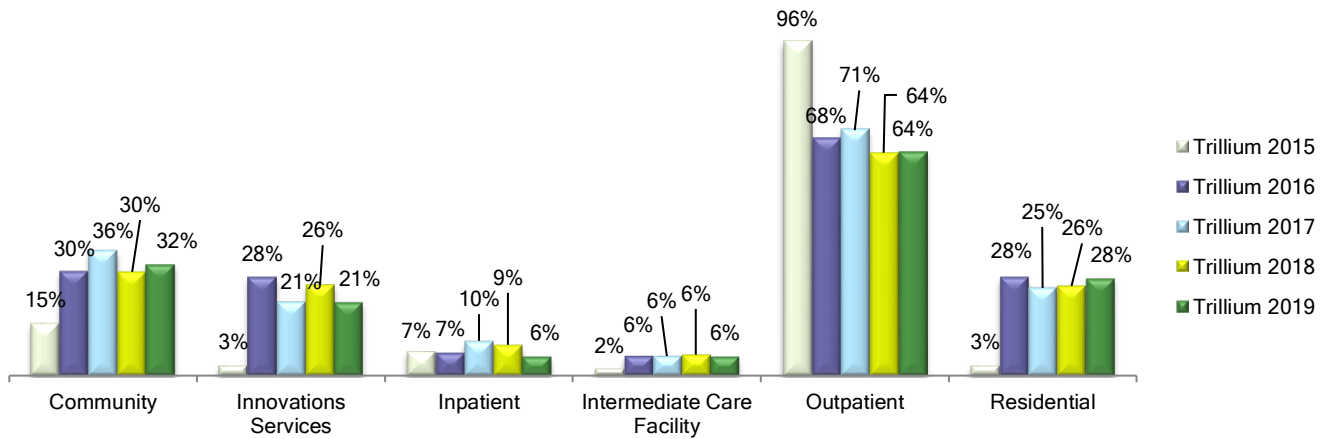
In 2019, the distribution of types of providers completing the survey changed with a wider division between Agencies and LIPs/Groups participating. The number of community hospitals participating in the surveys decreased 3% this year. There were no differences in significant differences overall satisfaction between the 3 provider types ($f(2, 294) = 0.64$, $p = 0.53$).

What is Your Provider Type?

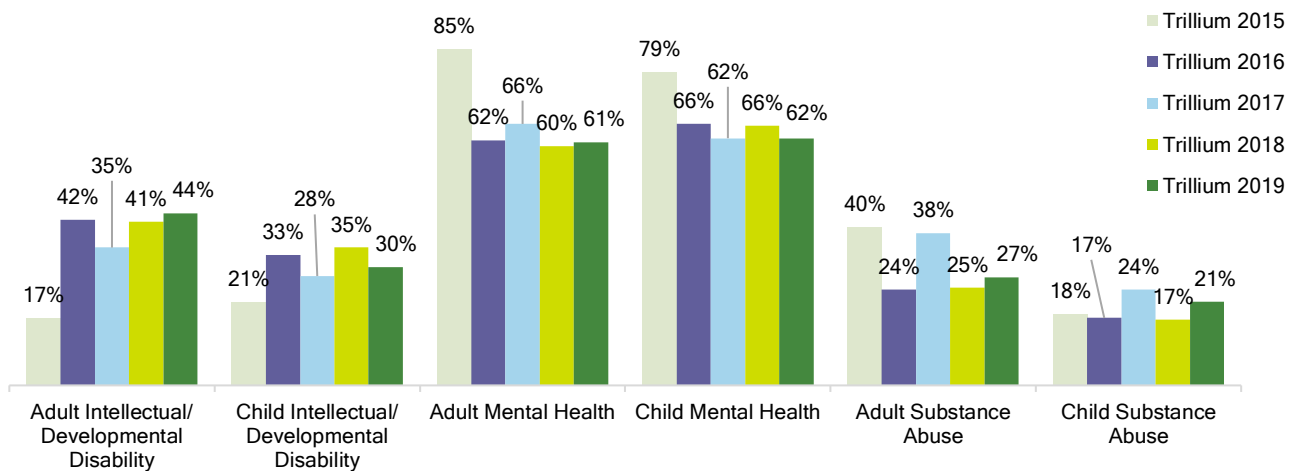


Providers were able to select multiple services that they provide. 113 out of 308 providers selected multiple services. Outpatient services remained the highest reported service in the 2019 surveys.

Please Select the Services You Provide:



What are the Priority Populations Served?



Providers were able to select multiple populations they served. The child mental health population was served by the largest proportion of providers (62%). The child substance use population was served by the smallest proportion of providers (21%).

REFERENCES

Sullivan, G. M., & Feinn, R. (2012). Using Effect Size--or Why the P Value is Not Enough. *Journal of Graduate Medical Education*, 279-282.