

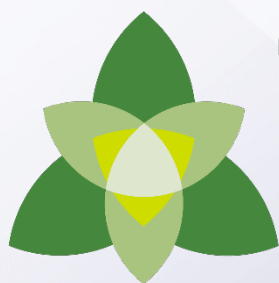
Provider Satisfaction Survey

2020

Completed 12/03/21 by: Mark Ludwick, Business Intelligence Analyst

Data Used:

- 🌱 North Carolina Medicaid (NC Medicaid) and Carolina's Center for Medical Excellence (CCME) Provider Satisfaction Survey Reports from 2018, 2019 and 2020
- 🌱 NC Medicaid and CCME Provider Satisfaction Survey Raw Data from 2018, 2019 and 2020



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EXECUTIVE SUMMARY

BACKGROUND

The report presents the results of the annual Provider Satisfaction Survey for 1) assessing how well the State and the LME/MCOs are meeting providers' expectations and needs and 2) assisting in the development of improvement strategies. For the 2020 survey (referred to as Survey Year 2020 in this report), 453 survey requests were sent to Medicaid Waiver providers that had at least five 1915(b)/(c) Waiver encounters between March 1, 2020 and August 31, 2020, of which 427 surveys were delivered and 26 were returned as undeliverable. This effort produced 213 usable returns--a 49.9% response rate, down from 72.0% for the 2019 survey.

This report primarily presents results in the following forms:

- 🌱 Comparisons of Trillium's 2020 results to Trillium's 2018 and 2019 results and to statewide 2020 results.
- 🌱 Comparison of Trillium's 2020 results among various categories of providers.
- 🌱 Analyses to help guide the prioritization of improvement efforts and strategies.

OVERALL PROVIDER SATISFACTION FINDINGS.

From 2018 to 2020, Trillium's Overall Provider Satisfaction rating has increased steadily from 84.3% to 90.3%. This 6.0% difference represents a 7.1% increase over two years. This difference does not reach the level of statistical significance at the $p < .05$ level.

- 🌱 Trillium's results reflect those at the State level, which have increased from 86.7% to 91.3% from 2018 to 2020, a 4.6 percentage point difference, which represents a 5.3% increase.

STATISTICALLY SIGNIFICANT FINDINGS ACROSS ENTITY (STATE VS. TRILLIUM) AND SURVEY YEARS

Only one of the 16 survey achievement questions in the 2020 survey (i.e., question asking providers to rate Trillium's performance in specific areas on a four-point agree-disagree scale) produced a statistically significant difference between Trillium and statewide results.

- 🌱 Of Trillium providers, 96.8% report higher achievement than providers statewide (93.3%) on the question, "LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable."

Of the 16 achievement questions, all showed improvement from 2018 to 2020, and four of them produced statistically significant improvements across those years.

- 🌱 Three of the four questions related to the quality of communication channels between Trillium and providers.

- “LME-MCO communications to its provider network are informative and helpful.” (76.6% in 2018 to 91.7% in 2020),
- “LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.” (88.3% in 2019¹ to 94.0% in 2020), and
- “LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.” (81.4% in 2018 to 89.9% in 2020).

🌱 The fourth question with statistically significant improvement over the past three years is, “LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.” (89.1% in 2018 to 96.8% in 2020). Trillium received significantly higher ratings than the rest of the State for this same question.

STATISTICALLY SIGNIFICANT FINDINGS BY PROVIDER CHARACTERISTICS

Three provider characteristics, *Years with Trillium*, *Number of Medicaid Beneficiaries Served*, and *Provider Type* were found to mediate provider attitudes toward Trillium to statistically significant levels.

1. Providers newest to Trillium are generally less satisfied than the providers who have been enrolled with Trillium three or more years--particularly, but not limited to areas addressing denials and appeals and credentialing.
2. Providers serving 101 to 250 Medicaid beneficiaries, though just as satisfied as other providers based on their *Overall Provider Satisfaction* ratings, are significantly less satisfied than other providers in several areas—particularly, but not limited to areas addressing quality of information and communication.
3. Licensed independent practitioners and LIP groups report significantly lower satisfaction than Provider Agencies both in *Overall Provider Satisfaction* and in specific areas—particularly, but not limited to areas addressing quality of information and communication.

AREAS OF STRENGTH AND OPPORTUNITIES FOR IMPROVEMENT

Areas of special interest are identified at the individual question level in the report, but the Strengths identified primarily represent topics related to keeping providers well informed through the Network Department and website and to handling corrective actions.

The Opportunities for Improvement primarily represent meeting providers’ business-specific tactical needs and requests, such as access to assistance, referrals, claims, and training.

¹ While 2018 had a slightly lower achievement score of 88.2% for this question, the number of cases was lower, so it did not reach statistical significance.

CONCLUSIONS

Trillium's *Overall Provider Satisfaction* ratings moved above 90% in 2020. While 90% is higher than the 2019 statewide average, it remains slightly below the 2020 statewide average. While analyses of these data identify areas that appear most in need of improvement, they also identify subsets of providers that express significantly higher and lower levels of satisfaction than others do. The detailed quantitative results along with provider comments and suggestions presented in this report are intended to help guide the identification of, and response to, provider satisfaction issues.

INTRODUCTION

PURPOSE OF THE SURVEY




The Provider Satisfaction Survey is administered annually to assess provider perceptions of the LME/MCOs in North Carolina. The results from this survey allow NC Medicaid 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.




INSTRUMENT

The survey is provided by NC Medicaid and was revised between 2019 and the current 2020 survey. The purpose of these changes was not known to Trillium at the time this report was written. See Appendix X for the specific changes identified by Trillium Informatics, which are summarized below:


Nine questions removed:

-  Three questions concerning timeliness and accuracy of claims and authorization processing
-  Four questions addressing a variety of topics, such as responsiveness to community stakeholders, Provider Councils, Provider Network, and quality of technical assistance provided
-  Two questions related to training were moved under the multiple response question specific to training




Five questions added

-  One informational question concerning the number of Medicaid beneficiaries served by the provider
-  Three questions concerning credentialing and re-credentialing
-  One question concerning areas for LME/MCO improvement that also provides for open-ended comments

Five questions edited

-  Nearly all of these involve adding, removing, or changing options within multiple response questions.

These changes affect results reporting in the following ways:

-  Reporting on new questions will be missing comparisons with previous years.
-  Discontinued achievement questions are not included
-  Results of edited questions will be accompanied by explanatory notes

SURVEY SAMPLE

The table below summarizes the survey administration steps and response rates for Trillium and the State for 2018 to 2020. In 2020, of the 453 surveys sent to Trillium's Medicaid Waiver providers that had at least five 1915(b)/(c) Waiver encounters between March 1, 2020 and August 31, 2020, 26 were returned as undeliverable. Of the remaining 427, 213 usable surveys were returned. Trillium's provider response rate to the survey was 49.9%. For these three years, Trillium's response rates have exceeded those statewide, though response rates are lower for 2020 than they were last year by 30.7% for Trillium and 28.0% Statewide.

Historical and Current Survey Administration Results and Response Rates for Trillium and Statewide

Survey Data Collection Steps	Trillium			State		
	2020	2019	2018	2020	2019	2018
Initial Email Invitation sent	453	446	328	4,355	4,201	3,979
Email bounce back with non-delivery message*	26	18	9	500	317	303
Completed usable surveys returned†	213	308	248	1,740	2,430	2,575
Response Rate	49.9%	72.0%	77.7%	45.1%	62.6%	70.0%
Response Rate Change	-30.7%	-7.3%		-28.0%	-10.6%	

Notes: Response Rate = Completed usable surveys / Total eligible cases

Response Rate Change = (Year1% - Year2%) / Year1%

* Excluded from response rate denominator

† Included in response rate numerator

RESULTS SOURCES

Reporting of Trillium-specific question-level responses were generated by analysis of the Trillium-specific raw provider survey data from the last three years (2018 through 2020). Using raw data provided the ability to conduct analyses that were not addressed in the NC Medicaid/CCME reports.

Statewide results were extracted from the North Carolina 2020 NC Medicaid/CCME report provided by the State. It was necessary to use these pre-compiled results because statewide raw data are not available to the LME/MCOs, so the NC Medicaid/CCME reports are the only available source for the statewide information. Results of the overall satisfaction question were extracted from the NC

Medicaid/CCME reports from 2018², 2019³, and 2020. The survey was conducted and analyzed for the State by DataStat, Inc., who produced the NC Medicaid/CCME reports.

ADDITIONAL RESULTS AVAILABLE

Additional detail for Trillium results, statewide results, and other individual LME/MCO results can be found in the standard reports produced by DataStat and referenced in this report.

² DataStat (2018) NC Medicaid/CCME Provider Satisfaction Survey Results Report, Ann Arbor.

³ DataStat (2019) NC Medicaid/CCME Provider Satisfaction Survey Results Report, Ann Arbor.



REPORT INTERPRETATION

SAMPLE SIZE AND STATISTICAL SIGNIFICANCE

Since 213 usable surveys were returned by Trillium providers out of a population of 453 providers, 213 is the maximum sample size for any analysis in this report. Assuming the sample is representative of our providers, this means that the 95% confidence interval around any Trillium result reported is 4.4% below that result to 4.4% above that result⁴. For example, if Trillium's level of achievement is reported as 75.0% on a question, this means we can be 95% certain that Trillium's true achievement level is between 70.6% and 79.4%. Results of questions answered by fewer than 213 participants will have wider confidence intervals, though none of the intervals exceed 6.0% in this report.

MEASURING IMPORTANCE

This report discusses the importance of questions to help identify areas of most use for Trillium to address. For instance, if an achievement score on a question is very low, Trillium may place a high priority on addressing that area if it is important to our providers, but a lower priority if it is not important to our providers.

The survey does not directly ask providers to rate the importance of areas addressed by the survey. Instead, importance is estimated by correlating providers' answers to the questions with their answer to the *Overall Satisfaction* question (Q23) mentioned above. The rationale for using this technique is that if a question's score is highly correlated with *Overall Satisfaction* ratings, that score is considered to have a strong influence on providers' overall satisfaction.

For example, if the correlation between the achievement score for the question, "LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services." is 0.75 (a very high correlation, since the highest possible correlation is 1.00), then this topic, would be considered highly important to providers. Alternatively, if the question, "Credentialing / recredentialing process occurs in a timely manner." has a correlation of 0.52 with *Overall Satisfaction* (a moderate correlation since .00 indicates no relationship between the two questions), then the timeliness of credentialing would still be considered important to providers, but not as important as the usefulness of the website. The implication is if two areas have similar and low achievement scores, the one with the higher correlation with *Overall Satisfaction* would more likely be the higher priority.

⁴ This example confidence interval (C.I. = $\pm 4.4\%$) reflects the mean confidence intervals for two response patterns: 1) for a question with 50% favorable percentage (95% C.I. = $\pm 4.9\%$, N = 213) and 2) a question with an 80% favorable percentage (95% C.I. = $\pm 3.9\%$, N = 213)

The importance correlations in this report range from 0.52 to 0.75, indicating that all topics addressed by these questions are important, and their importances only differ by degree.

STATISTICAL TESTING

The percentages represent the number of “achievements” over the total number of responses for each question. For example, for the questions asking the participant to answer on an Agree-Disagree scale, responses of *Strongly Agree* and *Agree* are considered achievements and are included in both numerator and denominator; responses of *Disagree* or *Strongly Disagree* are included only in the denominator.

STATISTICAL TERM DEFINITIONS

Statistical Significance

For this report, a statistically significant finding indicates there is a 5% or lower probability the result would occur as it does due to random error/variance—roughly the probability of tossing a coin 100 times and getting 58 or more heads⁵. For example, a statistically significant difference in two percentages (e.g., between the statewide and the Trillium achievement scores for a composite) indicates that it is *unlikely* that the difference occurred by random chance alone.

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 tests are used to determine if Trillium’s achievement scores differ from the statewide achievement scores for each survey question. Since the binomial tests assume participants in one set of data (e.g., Trillium participants) are not in the other set of data (e.g., statewide participants), the statewide achievement scores used to compute binomial tests are adjusted to exclude the Trillium cases.

⁵ If 100 sessions were conducted with unbiased coins (each session with 100 coin tosses), only five of the 100 sessions (5%) would produce more than 58 heads. If another coin is tossed 100 times and 59 heads are produced, since this happens less than 5% of the time, it is more likely that the coin is biased toward heads because it happens so rarely with an unbiased coin. In other words, there is strong evidence that there is something systematic other than just chance that produced results that extreme and unlikely. That is the standard of statistical significance used throughout this report.

Fisher's Exact Test

The Fisher's exact tests are used in this report to test for significant differences between two groups (e.g., 2019 vs. 2020 Trillium achievement scores). Limited by the processing power required by Fisher's exact test, its use was restricted to small samples (typically < 30). Other tests, such as t, z, and chi-squared, though only estimates based on assumed distributions, were used for larger samples. Computing capacity still limits the use of Fisher's exact test, but those limits have been pushed well beyond the sample sizes in this study.

Analysis of Variance (ANOVA)

ANOVA tests for statistically significant differences among three or more groups. For example, ANOVA is used to test for significant differences in *Overall Provider Satisfaction* among five categories of providers defined by the number of Medicaid beneficiaries served: 1 to 50, 51 to 100, 101 to 250, 251 to 500, and Over 500.

OVERALL SATISFACTION

The chart below shows statewide and Trillium results for overall provider satisfaction (based on Question 23 of the survey). Respondents were asked, "Please rate your overall satisfaction with the LME/MCO," which they rated on a four-point scale of *Extremely Dissatisfied* / *Dissatisfied* / *Satisfied* / *Extremely Satisfied*. The Overall Satisfaction Score is calculated by dividing the number of *Satisfied* and *Extremely Satisfied* ratings by the total number of ratings.

The results indicate overall provider satisfaction has increased year-over-year for Trillium and statewide. The differences across years for Trillium do not reach statistical significance. For example, there is a 6.0% increase in Trillium's overall satisfaction scores from 2018 (84.3%) and 2020 (90.3%), while this difference may seem large and it does approach statistical significance at the $p < 0.05$ standard, the difference does not meet this standard.

The satisfaction scores between Trillium and the statewide results for each of the three years are slightly lower for Trillium, though not statistically significant. Even the largest Trillium-statewide difference (2018), was a relatively small 2.4% (86.7%-84.3%). These results indicate that satisfaction among Trillium's provider network reflects the average of the other LME/MCOs in North Carolina.

COMPARISON OF STATE AND TRILLIUM ON THE OVERALL SATISFACTION SCORE BY SURVEY YEAR

Survey Year	Entity	N	Overall Satisfaction Score
2020	State	1,649	91.3%
	Trillium	207	90.3%
2019	State	2,214	88.9%
	Trillium	278	88.5%
2018	State	2,362	86.7%
	Trillium	223	84.3%

Notes. There are no statistically significant differences between Trillium and State for any of the years, using the two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using the two-tailed Fisher's exact test ($p < 0.05$).

The significance tests between Trillium and the State's Overall Satisfaction Scores were computed after removing the Trillium data from the State data.

The State bars in the graph include all LME/MCOs' data including Trillium, to be consistent with the NC Medicaid/CCME -produced reports.

KEY AREAS OF INTEREST

This report section describes the results from the achievement question responses and open-ended questions to identify strengths and opportunities for improvement. Prioritizing topics based on achievement questions uses the three criteria described below.

1. Among highest correlations with Overall Provider Satisfaction

- 🌱 Target construct: Topic importance
- 🌱 See Importance Measure description in the Report Interpretation section above.
- 🌱 The standard for importance used in this section is a correlation of 0.65 or higher with overall provider satisfaction. This is equivalent to the lower bound of the 95% confidence interval around the highest obtained importance correlation ($r = 0.75$).
- 🌱 All questions are strongly correlated ($r = 0.52$ or higher) with overall provider satisfaction and each correlation is based on 152 or more cases.

2. 90% or greater / less than 90% achievement

- 🌱 Target construct: Absolute achievement
- 🌱 The standard for absolute achievement used here to distinguish higher vs. lower achievement is 90%.
- 🌱 90.1% is the mean across all 2020 Trillium achievement scores and 89.4% is the median, indicating that 90.0% represents a reasonable midpoint between higher and lower achievement scores.
- 🌱 The achievement score range, like the importance range above, is narrow; the lowest and highest achievement scores for 2020 are 80.3% and 96.8% respectively.

3. 2% above / below State results

- 🌱 Target construct: Comparison to statewide achievement
- 🌱 The standards used to trigger inclusion as a key area of interest below are; for strengths, at least 2% above statewide results; for opportunities for improvement, any achievement below statewide results.
- 🌱 The range of differences is again narrow. The most favorable comparison has Trillium 3.5% higher than State (Q14), the least favorable comparison has Trillium 3.3% lower than State (Q6), and only Q14 produced a statistically significant test result.

STRENGTHS

Question	Among Highest Correlations With Overall Provider Satisfaction	90% Achievement or Greater	2% Above State Results
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	✓	✓	
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	✓	✓	
Q13. LME/MCO staff conduct fair and thorough investigations.	✓	✓	
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.		✓	✓
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	✓		✓
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.		✓	

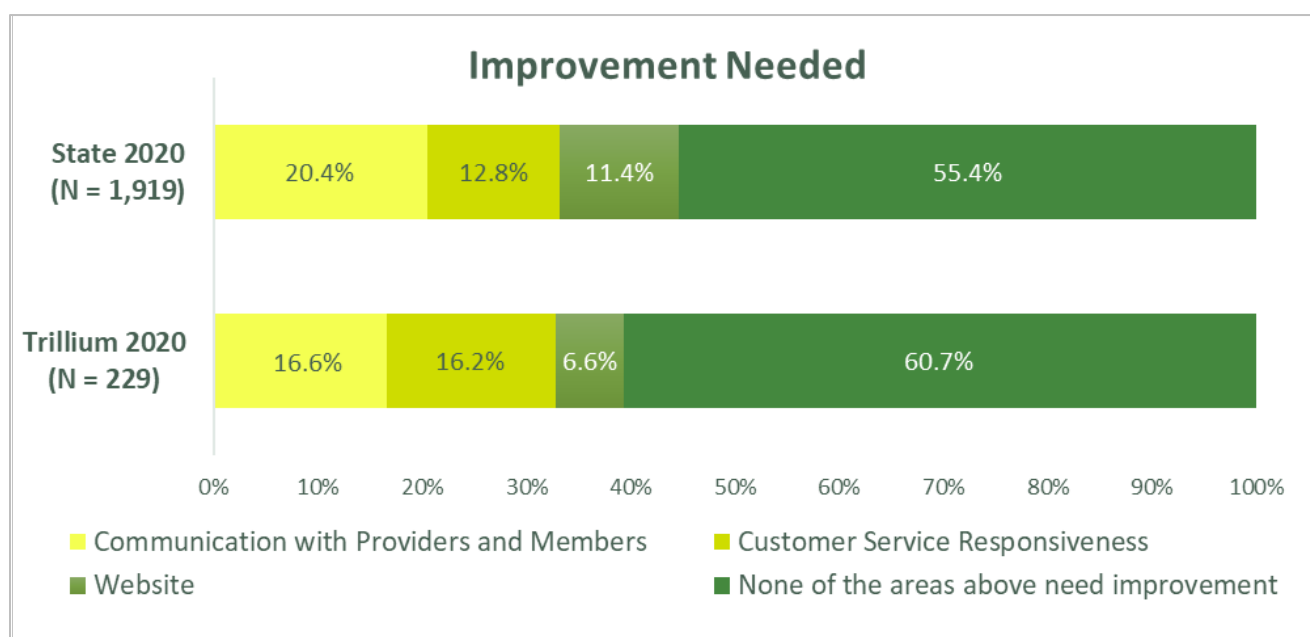
OPPORTUNITIES FOR IMPROVEMENT

Question	Among Highest Correlations with Provider Satisfaction	Less than 90% Achievement	Below State Results
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	✓	✓	✓
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.		✓	✓
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.		✓	✓
Q15. Trainings are informative and meet our needs as a provider/agency.	✓		✓

Question	Among Highest Correlations with Provider Satisfaction	Less than 90% Achievement	Below State Results
Q17. Denials for treatment and services are explained.		✓	✓
Q21. Credentialing/recredentialing process occurs in a timely manner.		✓	✓

IMPROVEMENT NEEDED

Providers are asked, “Please identify any of areas below where you think the LME/MCO needs to improve. (Check all that apply)”. The three areas listed are *Communication with Providers and Members*, *Customer Service Responsiveness*, and *Website*; “None of the areas above need improvement” was also an option. This question is new in the 2020 survey version.



Note. Ns and percentages are based on the number of options selected, not the number of respondents.

Providers indicating the need for improvement in any or all three areas were asked for each area, “Please provide your specific concerns / issues.” Across all three areas, providers gave 57 comments, the longest comment addressed two different topics and was split into two topics. Of the 58 total comments, 54 were from 38 providers who had also rated *Overall Provider Satisfaction*. Providers not satisfied with Trillium are more likely to provide comments than those satisfied with Trillium (65.0% vs. 13.4% respectively). However, because of the larger number of overall satisfied providers, most of those commenting are satisfied providers (i.e., 65.8% vs. 34.2% of those not satisfied).

Appendix C contains the verbatim provider comments, but they are also summarized in the table below, first according to the areas from the survey and next by topic. Topics were identified and assigned to organize comments for the reader. Some comments did not appear to relate to the sections in which they were entered. The survey did not include a place for providers to enter overall comments, and it may have been that providers used the three text boxes available to enter overall comments as well. The comments that did not seem to relate to the areas in which they were included, were moved to *Overall* comment area, and these moves are noted in the Appendix.

Summary of Open-ended Comments Concerning Areas for Improvement

Comment Area	Comment Topic	Number of Comments
Communication with Providers and Members	Help/Ticket system	5
	Consistency and accuracy	4
	Target communication	4
	Inform providers	3
	Provider meetings	3
	Kudos to Trillium	2
	RA	2
Customer Service Responsiveness	Reachable relevant contact	9
	Efficiency	6
	Effectiveness	3
	Call center staff knowledge	1
	Referrals	1
	Website	1
Website	Finding information	5
	Updating	1
	Missing information	1
Overall	Credentialing	4
	EVV	1
	Network openness	1
	Finding services	1

Appendix C provides an additional breakdown of comments: Agency Provider and Licensed Independent Practitioner (LIP) / LIP Group. The reasons for this are addressed later in this report.

ACHIEVEMENT QUESTION RESULTS

The 2020 Provider Satisfaction Survey includes sixteen achievement questions, and each addresses a different topic. Each question is answered on a four-point scale anchored with the alternatives: *Strongly Disagree*, *Disagree*, *Agree*, and *Strongly Agree*. All questions are positively worded so that *Strongly Agree* reflects a positive assessment of Trillium. Trillium Informatics follows the State-report's approach for presenting results for these questions, i.e., for each question, calculate the percent of responses that are *Strongly Agree* or *Agree*. This percent is the question's achievement score.

The State report does not group the sixteen achievement questions into categories or composites, so a conceptual grouping was created by Informatics for content organization purposes. A principal components analysis guided the creation of the categories (See Appendix D). Composites were not computed or used, but a five-category conceptual structure was derived from the results and used throughout the report. These categories include:

1. Service Quality

- 🌱 Perceptions concerning the speed and value-add of Trillium to the provider day-to-day requests and needs.

2. Information Quality

- 🌱 Perceptions concerning the effectiveness of Trillium's established communication and training channels with providers.

3. Corrective Actions

- 🌱 Perceptions concerning the fairness and clarity afforded by Trillium in investigation and handling complaints and grievances.

4. Denials and Appeals

- 🌱 Perceptions concerning ease and transparency when working through denial and appeal processes.

5. Credentialing

- 🌱 Perceptions concerning the ease and fairness of working with Trillium on credentialing and re-credentialing.

SERVICE QUALITY

This category addresses provider perceptions concerning the speed and perceived value of Trillium regarding their day-to-day requests and needs.

Question	Entity	Survey Year	N	Achievement Score
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	State	2020	1,597	88.2%
	Trillium	2020	198	84.9%
		2019	276	82.6%
		2018	225	78.2%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	State	2020	1,507	81.2%
	Trillium	2020	183	80.3%
		2019	258	79.1%
		2018	214	74.8%
Q8. LME/MCO staff respond quickly to provider needs.	State	2020	1,597	88.2%
	Trillium	2020	198	84.9%
		2019	276	82.6%
		2018	225	78.2%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 achievement scores, using the two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 achievement scores and either Trillium 2018 or 2019 questions, using the two-tailed Fisher's exact test ($p < 0.05$).

See other results concerning responsiveness to provider needs in the *Improvement Needed* and the *Open-ended Comments* sections.

INFORMATION QUALITY

This category addresses perceptions concerning the effectiveness of Trillium's established communication and training channels with providers.

Question	Entity	Survey Year	N	Achievement Score
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	State	2020	1,564	88.6%
	Trillium	2020	201	88.1%
		2019	262	88.2%
		2018	212	85.9%
Q10. LME-MCO communications to its provider network are informative and helpful.	State	2020	1,647	92.0%
	Trillium	2020	205	91.7%
		2019	190	84.2%
		2018	158	76.6%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	State	2020	1,644	92.7%
	Trillium	2020	200	94.0%
		2019	264	88.3%
		2018	212	88.2%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	State	2020	1,580	88.9%
	Trillium	2020	197	89.9%
		2019	257	82.9%
		2018	210	81.4%
Q15. Trainings are informative and meet our needs as a provider/agency.	State	2020	1,467	91.4%
	Trillium	2020	182	91.2%
		2019	225	88.0%
		2018	177	89.8%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	State	2020	1,557	86.6%
	Trillium	2020	197	88.8%
		2019	251	85.3%
		2018	208	86.1%

Note. A shaded survey year indicates a statistically significant difference between the achievement score and the Trillium 2020 achievement score at the $p < .05$ level. For Trillium-State comparisons, the two-tailed binomial test is used; for comparison between Trillium 2020 and either Trillium 2018 or 2019, the two-tailed Fisher's exact test is used.

For Q10, Q11, and Q12: See other results concerning provider communication in the *Improvement Needed* and the *Open-ended Comments* sections.

For Q15: See other results concerning Trillium training in the *Additional Training* sections.

For Q19: See other results concerning Trillium's website in the *Strengths*, *Improvement Needed* and the *Open-ended Comments* sections.

CORRECTIVE ACTIONS

This category addresses perceptions concerning the fairness and clarity afforded by Trillium in investigation and handling complaints and grievances.

Question	Entity	Survey Year	N	Achievement Score
Q13. LME/MCO staff conduct fair and thorough investigations.	State	2020	1,343	92.6%
	Trillium	2020	154	92.9%
		2019	221	91.0%
		2018	176	88.6%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	State	2020	1,401	93.3%
	Trillium	2020	157	96.8%
		2019	232	92.2%
		2018	202	89.1%

Note. A shaded survey year indicates a statistically significant difference between the achievement score and the Trillium 2020 achievement score at the $p > .05$ level. For Trillium-State comparisons, the two-tailed binomial test is used; for comparison between Trillium 2020 and either Trillium 2018 or 2019, the two-tailed Fisher's exact test is used.

DENIALS AND APPEALS

This category addresses perceptions concerning ease and transparency when working through denial and appeal processes.

Question	Entity	Survey Year	N	Achievement Score
Q17. Denials for treatment and services are explained.	State	2020	1,460	88.0%
	Trillium	2020	185	87.6%
		2019	244	85.7%
		2018	195	85.6%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	State	2020	1,237	87.1%
	Trillium	2020	155	89.0%
		2019	196	83.2%
		2018	162	80.9%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using the two-tailed binomial test ($p < 0.05$).

There are no statistically significant differences between Trillium 2020 scores and either Trillium 2018 or 2019 scores, using the two-tailed Fisher's exact test ($p < 0.05$).

CREDENTIALING

This category addresses perceptions concerning the ease and fairness of working with Trillium on credentialing and re-credentialing.

Question	Entity	Survey Year	N	Achievement Score
Q20. I receive appropriate notice on the need to recredential.	State	2020	1,611	94.8%
	Trillium	2020	197	94.4%
Q21. Credentialing/recredentialing process occurs in a timely manner.	State	2020	1,609	90.4%
	Trillium	2020	199	88.9%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	State	2020	1,554	96.0%
	Trillium	2020	190	96.8%

Notes. There are no statistically significant differences between Trillium and State for any of the 2020 composites, using the two-tailed binomial test ($p < 0.05$).

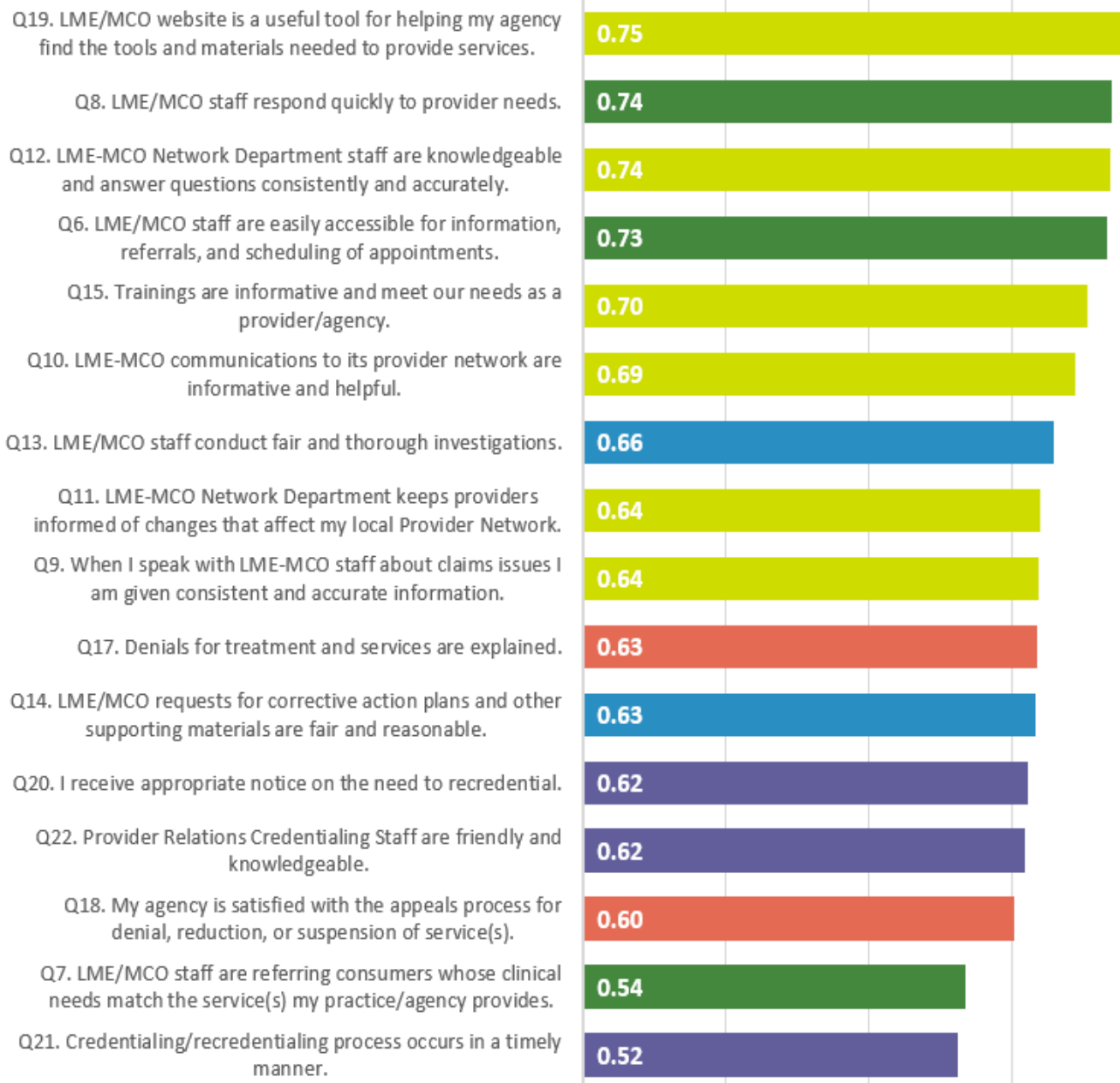
Credentialing questions are only available in the current survey version.

RELATIONSHIP BETWEEN QUESTIONS AND OVERALL PROVIDER SATISFACTION

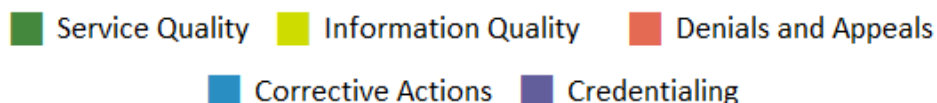
While the section above addresses Trillium's level of achievement on each of the 16 achievement questions, this section examines the importance of each of those questions to the overall satisfaction of the providers. As detailed in the Report Interpretation section earlier, an importance estimate is the strength of the relationship (i.e., Pearson correlation) between the providers' ratings of the question (i.e., the four-point Agree-Disagree scale) and their ratings on the Overall Provider Satisfaction question (i.e., the four-point Satisfied-Dissatisfied scale).

The length of bars in the chart below represents the importance estimates for each of the 16 achievement questions. All importance estimates are well above levels needed to reach statistical significance, so all of the topics addressed by the questions appear important. However, some correlations are significantly higher than others, which guides in distinguishing among topics of greater and lesser importance. The highest importance ($r = 0.75$ for Q9), is statistically significantly higher than all those under 0.65 (i.e., Q11 down to Q21 on the chart). The lowest importance ($r = 0.52$ for Q21), is significantly lower than those at or above 0.64 (i.e., Q9 up to Q19 on the chart). This is to say that correlation differences of 0.11 or greater in the chart below are statistically significant.

Question Correlations with Overall Provider Satisfaction Sorted by Pearson Correlations from Highest to Lowest



Survey Topic Areas



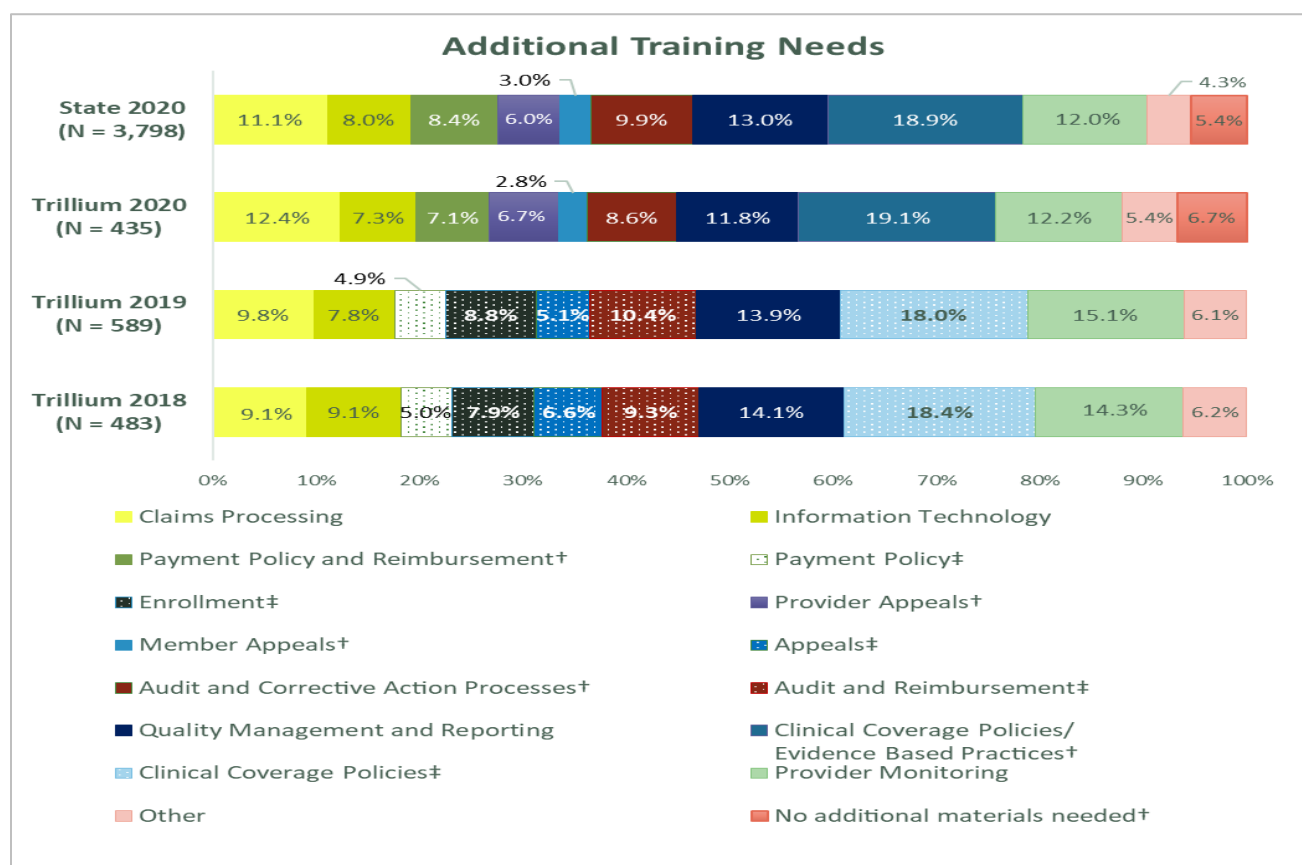
Note. Ns range from 152 to 202

ADDITIONAL TRAINING

Survey question #16 asks, “For which of the following topics would you like to see more training and education materials?” The provider can select any or all options, including *Other* (which requires the provider to enter text), or can select, *No additional materials needed*. To produce the chart below, the sum of all selections for all providers for each option is divided by the sum of all selections across all options. For example, across the 212 Trillium providers that answered this question 466 selections were made; on average, about 2.2 selections per provider. To illustrate, 58 of the 466 selections (12.4%) were *Claims Processing*.

Some topics were added for the 2020 survey (see topics marked † below), other topics from 2018 and 2019 were removed (see topics marked ‡).

Twenty-one respondents selected and entered text related to the “Other” option. Their open-ended answers are presented in Appendix C. The text entries address a wide range of topics; five comments relate to Medicaid Transformation and three specifically mention EVV. Common threads among the other comments were not identified.



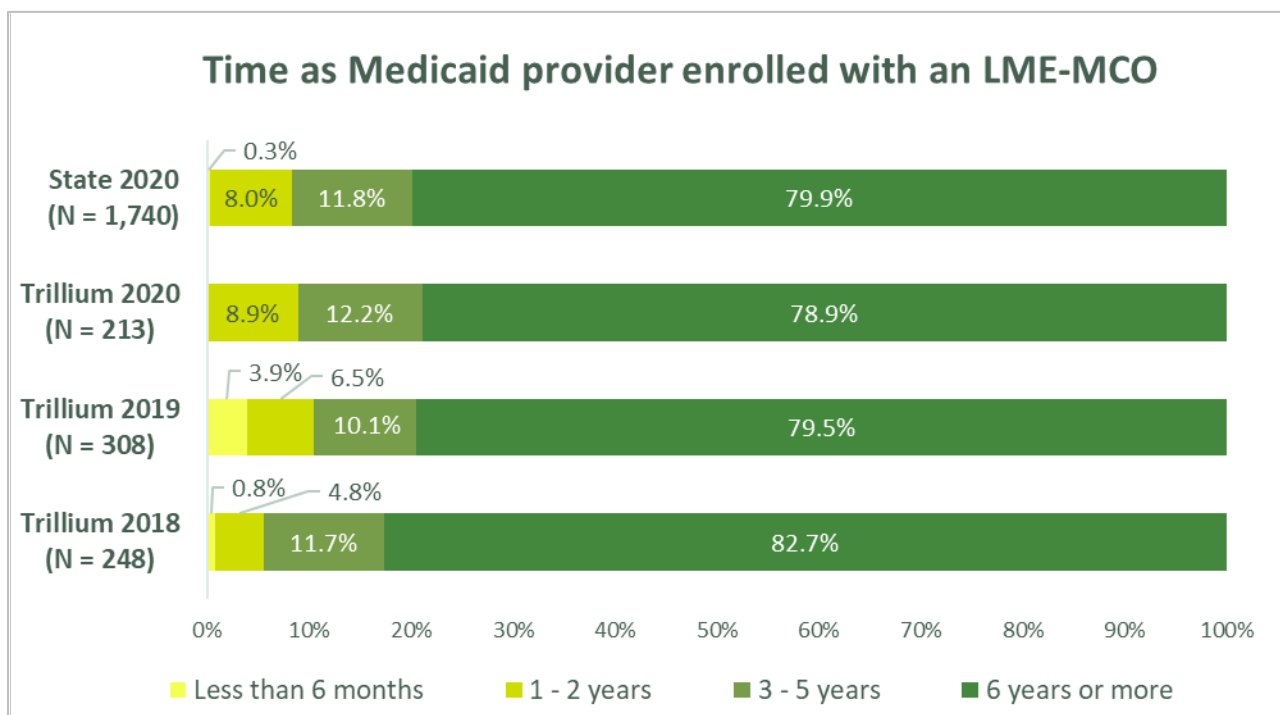
Note. Ns and percentages are based on the number of options selected, not the number of respondents.

† Response option only available in current survey version.

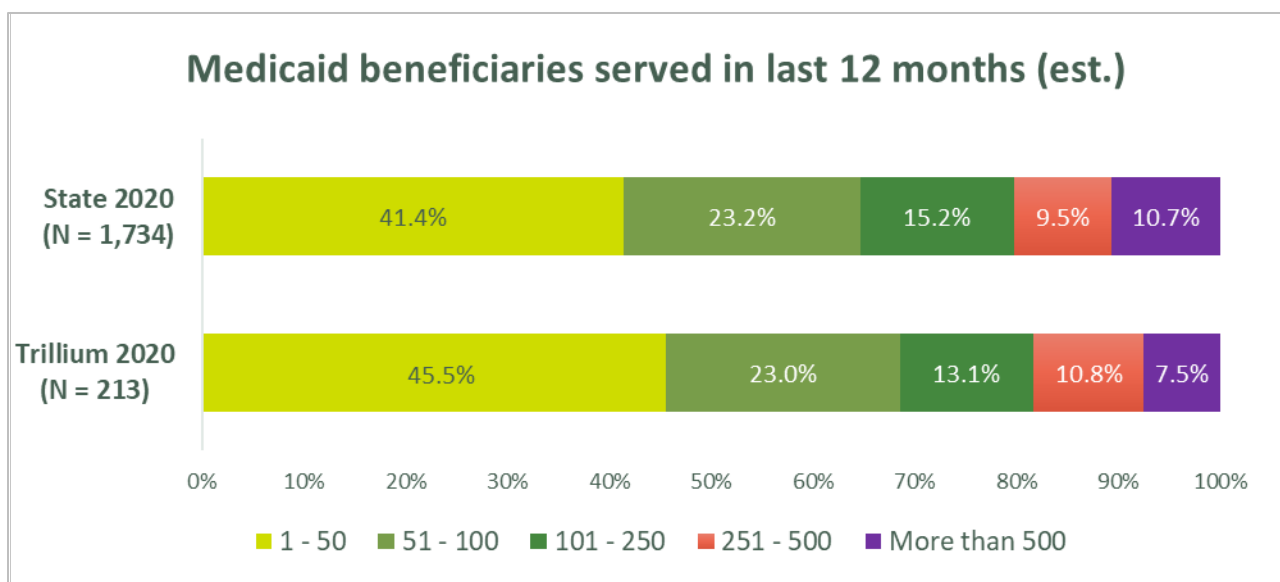
‡ Response option not available in current survey version.

PROVIDER CHARACTERISTICS

Information concerning survey respondents is provided here for informational purposes. Some of these characteristics moderated achievement and satisfaction levels and are addressed in detail in the next report section.

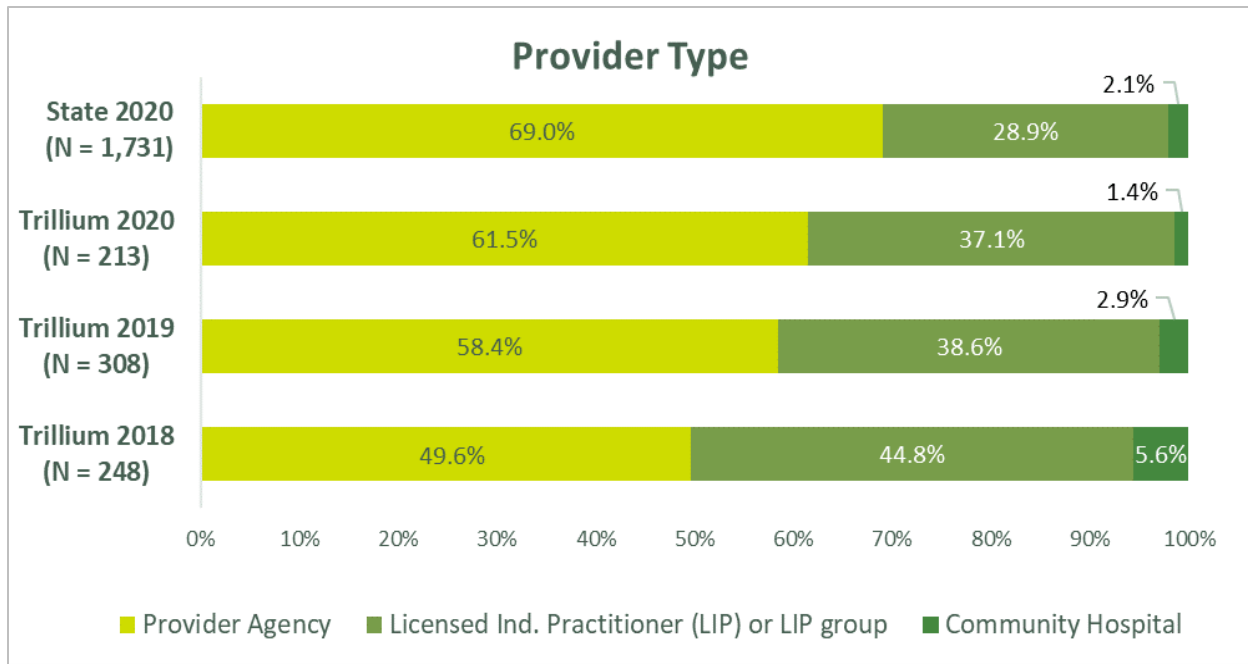


Note. 2020 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.

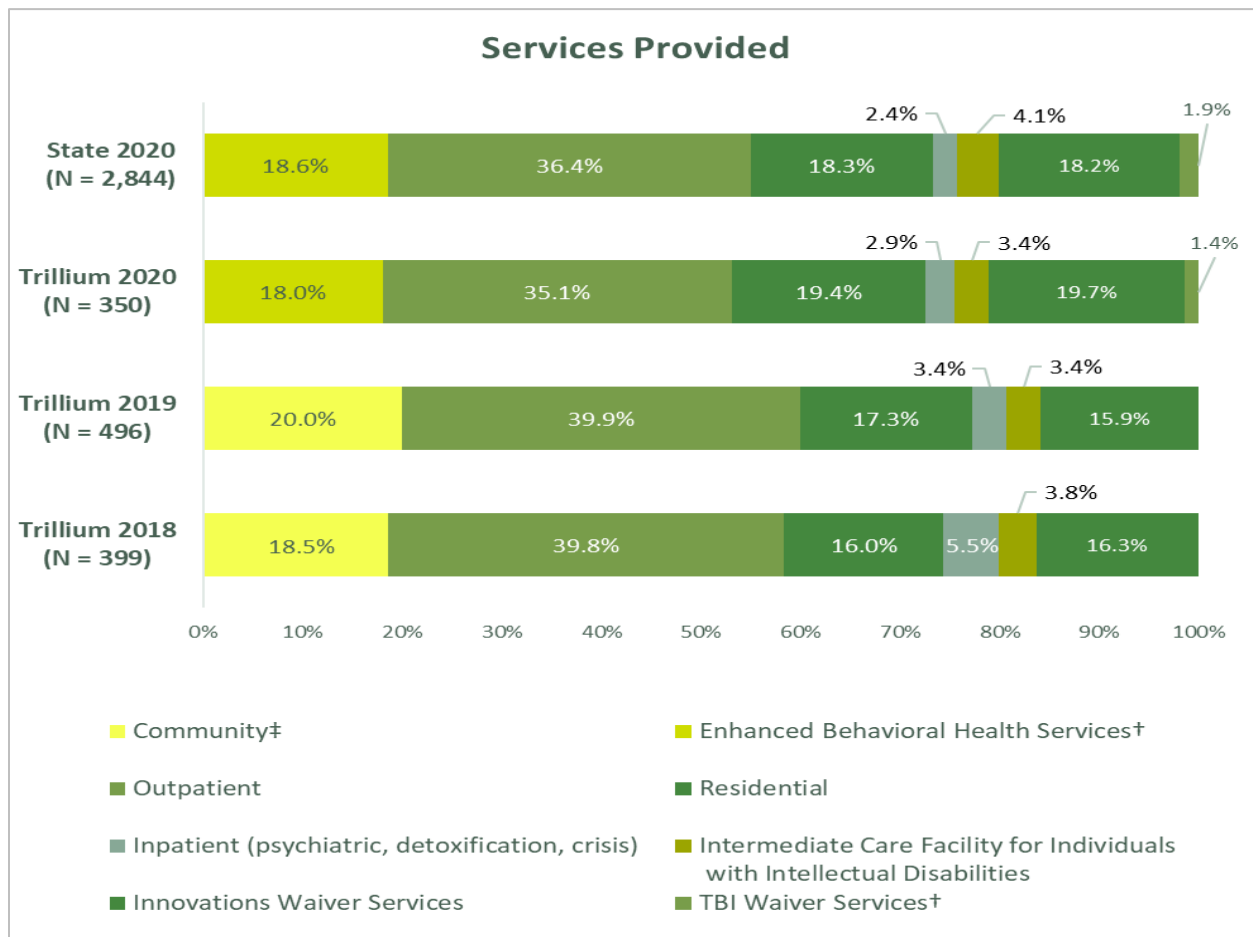


Notes. This question is only available in the current survey version.

2020 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.



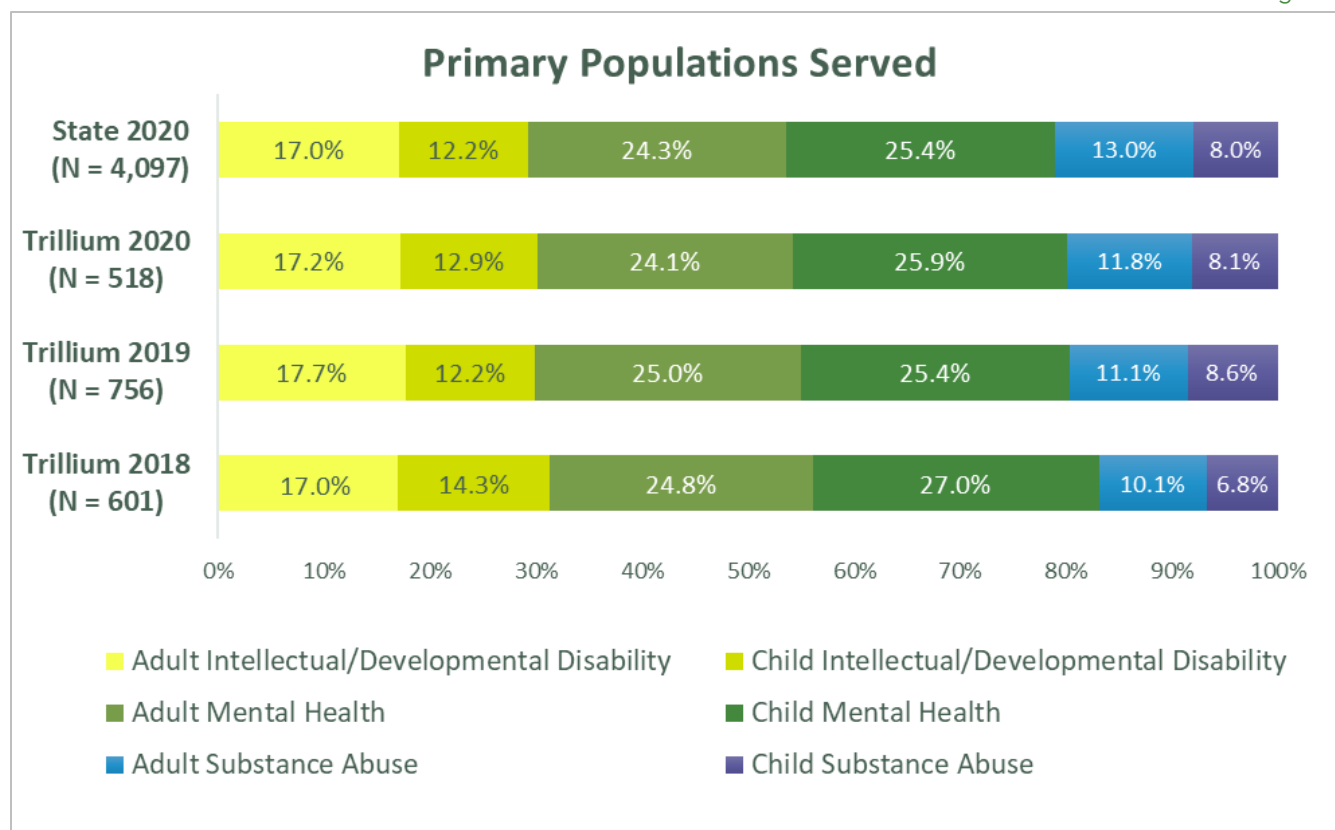
Note. 2020 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.



Note. Ns and percentages are based on the number of options selected, not the number of respondents.

† Response option only available in current survey version.

‡ Response option not available in current survey version.



Note. Ns and percentages are based on the number of options selected, not the number of respondents.

SATISFACTION BY PROVIDER CHARACTERISTICS



Three provider characteristics moderate 2020 satisfaction levels across multiple questions. These characteristics include:

1. Time as a Medicaid provider enrolled with an LME-MCO
2. Medicaid beneficiaries served in the last 12 months, and
3. Provider type

The results identify general trends related to satisfaction levels within each of the three characteristics:

1. Providers with less than two years with Trillium are generally less satisfied than those who have been with Trillium longer.
2. Providers estimating that they serve 101 to 250 Medicaid beneficiaries, though just as satisfied as other providers overall, are significantly less satisfied than other providers in several areas.
3. Licensed independent practitioners and LIP groups report significantly lower satisfaction than Provider Agencies both overall and in several specific areas.

About the charts in this report section:

-  Analyses use Trillium 2020 Provider Satisfaction Survey data; State reports do not provide these breakdowns.
-  Shading in the second column indicates that the achievement scores differ significantly among each other at the $p > .05$ level. Comparisons of three or more categories used ANOVA to identify significant differences; comparisons with two categories use t-test which is the exact equivalent of ANOVA for comparing two groups.

Additional results concerning these three Provider Characteristics are included in Appendix F.

TIME AS A MEDICAID PROVIDER ENROLLED WITH AN LME-MCO

Providers who have been with an LME-MCO for one to two years indicate the lowest level of overall satisfaction, though this difference does not reach statistical significance. *Denials and Appeals* and *Credentialing* categories produce most of the statistically significant differences, though website and customer referrals questions also produce some of the lowest scores for the 1 to 2 Year group.

Overall Provider Satisfaction by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Overall Satisfaction Score
Q23. Overall satisfaction with the LME/MCO.	1 - 2	18	77.8%
	3 - 5	25	100.0%
	6 or more	164	90.2%

Service Quality by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Achievement Score
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	1 - 2	18	66.7%
	3 - 5	26	88.5%
	6 or more	154	86.4%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	1 - 2	13	46.2%
	3 - 5	23	87.0%
	6 or more	147	82.3%
Q8. LME/MCO staff respond quickly to provider needs.	1 - 2	17	70.6%
	3 - 5	25	88.0%
	6 or more	161	88.2%

Note. Shaded Years categories indicate the differences among achievement scores for the three categories are statistically significant (ANOVA, $p < .05$).

Information Quality by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Achievement Score
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	1 - 2	18	77.8%
	3 - 5	26	84.6%
	6 or more	157	89.8%
Q10. LME-MCO communications to its provider network are informative and helpful.	1 - 2	16	81.3%
	3 - 5	26	92.3%
	6 or more	163	92.6%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	1 - 2	17	82.4%
	3 - 5	24	91.7%
	6 or more	159	95.6%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	1 - 2	18	77.8%
	3 - 5	23	95.7%
	6 or more	156	90.4%
Q15. Trainings are informative and meet our needs as a provider/agency.	1 - 2	15	80.0%
	3 - 5	22	100.0%
	6 or more	145	91.0%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	1 - 2	17	64.7%
	3 - 5	22	90.9%
	6 or more	158	91.1%

Note. Shaded Years categories indicate the differences among achievement scores for the three categories are statistically significant (ANOVA, $p < .05$).

Corrective Actions by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Achievement Score
Q13. LME/MCO staff conduct fair and thorough investigations.	1 - 2	9	77.8%
	3 - 5	20	95.0%
	6 or more	125	93.6%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	1 - 2	5	100.0%
	3 - 5	19	100.0%
	6 or more	133	96.2%

Denials and Appeals by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Achievement Score
Q17. Denials for treatment and services are explained.	1 - 2	16	62.5%
	3 - 5	22	86.4%
	6 or more	147	90.5%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	1 - 2	11	63.6%
	3 - 5	19	89.5%
	6 or more	125	91.2%

Note. Shaded Years categories indicate the differences among achievement scores for the three categories are statistically significant (ANOVA, $p < .05$).

Credentialing by Time as a Medicaid provider enrolled with an LME-MCO

Question	Years	N	Achievement Score
Q20. I receive appropriate notice on the need to recredential.	1 - 2	13	76.9%
	3 - 5	25	96.0%
	6 or more	159	95.6%
Q21. Credentialing/recredentialing process occurs in a timely manner.	1 - 2	17	58.8%
	3 - 5	25	96.0%
	6 or more	157	91.1%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	1 - 2	16	87.5%
	3 - 5	25	100.0%
	6 or more	149	97.3%

Note. Shaded Years categories indicate the differences among achievement scores for the three categories are statistically significant (ANOVA, $p < .05$).

MEDICAID BENEFICIARIES SERVED IN THE LAST 12 MONTHS (ESTIMATE)

Differences in the number of beneficiaries reported by providers show little relationship to overall provider satisfaction, so it may be unexpected that 6 of the 16 questions produced significantly different achievement levels across this provider characteristic. In all six questions with statistically significant differences, the group 101 to 250 reports the lowest achievement scores and the group Over 500 produces the highest. All question categories except *Credentialing* have at least one question producing this pattern, but *Information Quality* includes three of the six.

Overall Provider Satisfaction by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Overall Satisfaction Score
Q23. Overall satisfaction with the LME/MCO.	1 - 50	94	92.6%
	51 - 100	47	87.2%
	101 - 250	27	88.9%
	251 - 500	23	87.0%
	Over 500	16	93.8%

Service Quality by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Achievement Score
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	1 - 50	91	85.7%
	51 - 100	43	86.0%
	101 - 250	27	74.1%
	251 - 500	21	85.7%
	Over 500	16	93.8%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	1 - 50	76	80.3%
	51 - 100	43	86.0%
	101 - 250	26	57.7%
	251 - 500	22	81.8%
	Over 500	16	100.0%
Q8. LME/MCO staff respond quickly to provider needs.	1 - 50	91	89.0%
	51 - 100	45	86.7%
	101 - 250	28	75.0%
	251 - 500	23	87.0%
	Over 500	16	93.8%

Note. Shaded Beneficiaries categories indicate the differences among achievement scores for the five categories are statistically significant (ANOVA, $p < .05$).

Information Quality by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Achievement Score
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	1 - 50	92	89.1%
	51 - 100	42	90.5%
	101 - 250	28	78.6%
	251 - 500	23	82.6%
	Over 500	16	100.0%
Q10. LME-MCO communications to its provider network are informative and helpful.	1 - 50	91	94.5%
	51 - 100	48	93.8%
	101 - 250	28	78.6%
	251 - 500	22	86.4%
	Over 500	16	100.0%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	1 - 50	90	94.4%
	51 - 100	48	100.0%
	101 - 250	24	83.3%
	251 - 500	23	87.0%
	Over 500	15	100.0%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	1 - 50	87	93.1%
	51 - 100	44	90.9%
	101 - 250	28	75.0%
	251 - 500	22	90.9%
	Over 500	16	93.8%
Q15. Trainings are informative and meet our needs as a provider/agency.	1 - 50	77	94.8%
	51 - 100	43	90.7%
	101 - 250	24	83.3%
	251 - 500	22	81.8%
	Over 500	16	100.0%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	1 - 50	89	92.1%
	51 - 100	45	93.3%
	101 - 250	26	73.1%
	251 - 500	23	78.3%
	Over 500	14	100.0%

Note. Shaded Beneficiaries categories indicate the differences among achievement scores for the five categories are statistically significant (ANOVA, $p < .05$).

Corrective Actions by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Achievement Score
Q13. LME/MCO staff conduct fair and thorough investigations.	1 - 50	65	98.5%
	51 - 100	35	85.7%
	101 - 250	20	80.0%
	251 - 500	20	95.0%
	Over 500	14	100.0%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	1 - 50	67	100.0%
	51 - 100	36	94.4%
	101 - 250	20	90.0%
	251 - 500	19	94.7%
	Over 500	15	100.0%

Note. Shaded Beneficiaries categories indicate the differences among achievement scores for the five categories are statistically significant (ANOVA, $p < .05$).

Denials and Appeals by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Achievement Score
Q17. Denials for treatment and services are explained.	1 - 50	82	86.6%
	51 - 100	42	92.9%
	101 - 250	22	72.7%
	251 - 500	23	91.3%
	Over 500	16	93.8%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	1 - 50	68	91.2%
	51 - 100	31	96.8%
	101 - 250	21	61.9%
	251 - 500	20	90.0%
	Over 500	15	100.0%

Note. Shaded Beneficiaries categories indicate the differences among achievement scores for the five categories are statistically significant (ANOVA, $p < .05$).

Credentialing by Medicaid beneficiaries served in the last 12 months

Question	Beneficiaries	N	Achievement Score
Q20. I receive appropriate notice on the need to recredential.	1 - 50	87	95.4%
	51 - 100	46	93.5%
	101 - 250	25	92.0%
	251 - 500	23	95.7%
	Over 500	16	93.8%
Q21. Credentialing/recredentialing process occurs in a timely manner.	1 - 50	90	90.0%
	51 - 100	46	93.5%
	101 - 250	26	88.5%
	251 - 500	23	82.6%
	Over 500	14	78.6%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	1 - 50	85	96.5%
	51 - 100	42	97.6%
	101 - 250	25	96.0%
	251 - 500	23	95.7%
	Over 500	15	100.0%

PROVIDER TYPE

The analyses conducted for this section exclude the responses from the three providers that reported *Community Hospital* for their *Provider Type*. Including these three could not have produced meaningful findings for *Community Hospital* records and would cloud the comparisons between the other two provider types.

Licensed Independent Practitioners / LIP Groups (LIP) report significantly lower overall satisfaction with Trillium than *Provider Agencies* (Agency); additionally, for all six questions with statistically significant differences, LIPs report the lowest achievement scores. Even all non-significant results follow this pattern. *Service Quality*, *Information Quality*, and *Corrective Actions* each include questions producing significant differences, but *Information Quality* includes four of the six.

Overall Provider Satisfaction by Provider Type

Question	Provider Type	N	Overall Satisfaction Score
Q23. Overall satisfaction with the LME/MCO.	Agency	129	93.8%
	LIP	76	84.2%

Note. The differences between overall satisfaction scores is statistically significant (two-tailed t-test, $p < .05$).

Service Quality by Provider Type

Question	Provider Type	N	Achievement Score
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	Agency	128	88.3%
	LIP	67	79.1%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	Agency	121	86.8%
	LIP	60	66.7%
Q8. LME/MCO staff respond quickly to provider needs.	Agency	129	88.4%
	LIP	72	83.3%

Note. Shaded Provider Type categories indicate the differences between achievement scores for the two categories are statistically significant (two-tailed t-test, $p < .05$).

Information Quality by Provider Type

Question	Provider Type	N	Achievement Score
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	Agency	125	92.8%
	LIP	74	79.7%
Q10. LME-MCO communications to its provider network are informative and helpful.	Agency	129	96.1%
	LIP	74	83.8%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	Agency	125	96.0%
	LIP	73	90.4%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	Agency	127	91.3%
	LIP	68	86.8%
Q15. Trainings are informative and meet our needs as a provider/agency.	Agency	122	94.3%
	LIP	58	84.5%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	Agency	126	92.1%
	LIP	69	82.6%

Note. Shaded Provider Type categories indicate the differences between achievement scores for the two categories are statistically significant (two-tailed t-test, $p < .05$).

Corrective Actions by Provider Type

Question	Provider Type	N	Achievement Score
Q13. LME/MCO staff conduct fair and thorough investigations.	Agency	110	95.5%
	LIP	42	85.7%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	Agency	113	97.3%
	LIP	42	95.2%

Note. Shaded Provider Type categories indicate the differences between achievement scores for the two categories are statistically significant (two-tailed *t*-test, $p < .05$).

Denials and Appeals by Provider Type

Question	Provider Type	N	Achievement Score
Q17. Denials for treatment and services are explained.	Agency	121	90.9%
	LIP	62	82.3%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	Agency	109	89.9%
	LIP	44	86.4%

Credentialing by Provider Type

Question	Provider Type	N	Achievement Score
Q20. I receive appropriate notice on the need to recredential.	Agency	124	95.2%
	LIP	71	93.0%
Q21. Credentialing/recredentialing process occurs in a timely manner.	Agency	124	90.3%
	LIP	73	86.3%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	Agency	121	97.5%
	LIP	67	95.5%

APPENDIX A: SURVEY INSTRUMENT

Introduction and Instructions



Your agency has been identified as a provider of Behavioral Health, Substance Use Disorder, Intellectual and Developmental Disabilities, and Traumatic Brain Injury services enrolled in an LME-MCO network. NC Medicaid surveys agencies on a yearly basis and over the next few months the 2021 DHHS Provider Satisfaction Survey will be conducted for all providers that have contracted with the LME/MCOs to provide services under 1915(b)(c) Medicaid Waiver. NC Medicaid is very interested in receiving your responses to this survey.

The purpose of the survey is to assess provider perceptions of LME/MCO provider supports for NC Medicaid. This survey is important to NC Medicaid because it helps them to assess the LME/MCOs ability to 1) interact with their network of providers, and 2) provide training and support to all enrolled provider agencies.

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.

Survey**1. How long have you been a Medicaid provider enrolled with an LME-MCO?**

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

2. How many Medicaid beneficiaries did you serve in the last 12 months? (Please estimate to the best of your ability)

- ☐ 1-50
- ☐ 51-100
- ☐ 101-250
- ☐ 251-500
- ☐ More than 500

3. What's your provider type?

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

4. Please select the services you provide. Please check all that apply.

- ☐ Enhanced Behavioral Health Services
- ☐ Outpatient
- ☐ Residential
- ☐ Inpatient (Include psychiatric, detoxification, and/or crisis)
- ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- ☐ Innovations Waiver Services
- ☐ TBI Waiver Services

5. What are the primary populations you serve? 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

For each of the statements below, please indicate whether you Strongly Agree, Agree, Disagree, or Strongly Disagree. If the statement is not applicable, please select No Response.

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. LME/MCO staff respond quickly to provider needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. LME-MCO's communications to its provider network are informative and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The LME/MCO staff conduct fair and thorough investigations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. After the audit, investigation, or provider monitoring, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Trainings are informative and meet our needs as a provider/agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. 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 and Reimbursement
- ☐ Provider Appeals
- ☐ Member Appeals
- ☐ Audit and Corrective Action Processes
- ☐ Quality Management and Reporting
- ☐ Clinical Coverage Policies/Evidence Based Practices
- ☐ Provider Monitoring
- ☐ Other (please specify)

- ☐ No additional materials needed

For each of the statements below, please indicate whether you Strongly Agree, Agree, Disagree, or Strongly Disagree. If the statement is not applicable, please select No Response.

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
17. Denials for treatment and services are explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The LME/MCO's website is a useful tool for helping my agency find the tools and materials needed to provide services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I receive appropriate notice on the need to recredential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The credentialing/recredentialing process occurs in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Provider Relations Credentialing Staff are friendly and knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

24. Please identify any of areas below where you think the LME/MCO needs to improve. (Check all that apply):

- ☐ **Communication with Providers and Members**

Please describe your specific concerns / issues (optional)

- ☐ **Customer Service Responsiveness**

Please describe your specific concerns / issues (optional)

- ☐ **Website**

Please describe your specific concerns / issues (optional)

- ☐ **None of the areas above need improvement**

25. 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.

26. Optional Contact Information

Name




Phone number


















27. Please state your specific concerns / issues if not noted above.










Thank you for completing the 2021 Provider Satisfaction Survey. Please go ahead and close your browser window.









APPENDIX B: COMPARISON OF 2018/2019 AND 2020 PROVIDER SATISFACTION SURVEY QUESTIONNAIRES

Note: The 2018 and 2019 Survey Questionnaires include the same questions.

Legend	
	New content in 2020 questionnaire
	Dropped content from 2018/2019 questionnaire
	No change from 2018 to 2020 questionnaire

Seq*	Question Content
1	How long have you been a Medicaid provider enrolled with an LME_MCO?
2	How many Medicaid beneficiaries did you serve in the last 12 months? (Please estimate to the best of your ability)
3	What's your provider type?
3.1	 Provider Agency
3.2	 Licensed Independent Practitioner (LIP) or LIP group
3.3	 Community Hospital
4	Please select the services you provide. Please check all that apply.
4.1	 Community
4.2	 Enhanced Behavioral Health Services
4.3	 Outpatient
4.4	 Residential
4.5	 Inpatient (Include psychiatric, detoxification, and/or crisis)
4.6	 Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
4.7	 Innovations Waiver Services
4.8	 TBI Waiver Services
5	What are the primary Priority populations you serve? Please check all that apply.
5.1	 Adult Intellectual/Developmental Disability
5.2	 Child Intellectual/Developmental Disability
5.3	 Adult Mental Health
5.4	 Child Mental Health
5.5	 Adult Substance Abuse
5.6	 Child Substance Abuse

Seq*	Question Content
6	LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.
7	LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.
8	LME/MCO staff respond quickly to provider needs.
9	Customer Service is responsive to local community stakeholders.
10	When I speak with LME-MCO staff about claims issues, I am given consistent and accurate information.
11	Claims trainings meet my needs.
12	Our claims are processed in a timely and accurate manner.
13	Information Technology trainings are informative and meet my agency's needs.
14	Provider Network meetings are informative and helpful
15	Provider Network keeps providers informed of changes that affect my local Provider Network
16	Provider Network staff are knowledgeable and answer questions consistently and accurately.
17	Our interests as a network provider are being adequately addressed in the local Provider Council.
18	How would you rate your overall satisfaction with Provider Network?
19	The LME/MCO staff conduct fair and thorough investigations.
20	After the audit, investigation, or provider monitoring, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.
21	Technical assistance and information provided by staff is accurate and helpful.
22	Trainings are informative and meet our needs as a provider/agency.
23	For which of the following topics would you like to see more training and education materials? Please check all that apply.
23.05 ‡	 Claims Processing Information
23.1‡	 Information Technology
23.15	 Payment Policy and Reimbursement
23.2	 Audit and Reimbursement Corrective Action Processes
23.25	 Enrollment
23.3	 Appeals
23.31	 Provider Appeals
23.35	 Member Appeals
23.4	 Quality Management and Reporting

Seq*	Question Content
23.45	 Clinical Coverage Policies/ Evidence Based Practices
23.5	 Provider Monitoring
23.55	 Other
23.6	 No additional materials needed
24	Authorizations for treatment and services are made within the required timeframes.
25	Denials for treatment and services are explained.
26	The authorizations issued are accurate (correct date, consumer and service).
27	My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).
28	The LME/MCO's website is a useful tool for helping my agency find the tools and materials needed to provide services.
29	I receive appropriate notice on the need to recredential.
30	The credentialing/recredentialing process occurs in a timely manner.
31	Provider Relations Credentialing Staff are friendly and knowledgeable.
32	Please rate your overall satisfaction with the LME/MCO.
33	Please identify any of areas below where you think the LME/MCO needs to improve. (Check all that apply):
33.1	 Communication with Providers and Members
33.2	 Customer Service Responsiveness
33.3	 Website
33.4	 None of the areas above need improvement
34	Would you like to be contacted regarding your responses to this survey?

* This column presents the sequence of survey question and does not indicate the question numbers as they appear in the survey

† In the 2020 questionnaire, these two alternatives are labeled "Claims Processing Information" and "Technology". In this report, the alternatives are labeled respectively as "Claims Processing" and "Information Technology" as they were labeled in the 2019 survey.

APPENDIX C: OPEN-ENDED COMMENTS

Since the Provider Characteristic, *Provider Type*, produced the most consistent differences in satisfaction and achievement results, the open-ended comments are split by *Provider Type* for comparison.

Q16. TRAINING NEEDS: ADDITIONAL TOPICS FOR TRAINING AND EDUCATION MATERIALS

Provider Type	Comments (full text)
Provider Agency	<ol style="list-style-type: none"> 1. CPI and CPR/1st Aid training to become a trainer. 2. EVV and Tailored Plans 3. EVV Training promised 4. specific trainings on EVV requirements 5. Clinical issues related to I/DD or Foster Care 6. Managed Care Medicaid transformation (I attended one and MCO didn't know much more than I did about what the changes mean.) 7. Scheduled training for direct care employees to occur more often i.e. SOC 1 & 2, PCT, MINT, CBT, PCP, Crisis Response, Documentation, NCTopps, IRIS, CALOCUS 8. Electronic Documentation-training to insure provider will meet requirements during Provider Monitoring. 9. The upcoming changes that will take effect in 2022 for PRTFs. A step by step training of what we need to do to prepare for residential services

Provider Type	Comments (full text)
LIP or LIP group	<p>10. Specifically, ABA as an evidence based practice. BCBA's are not yet being credentialed in NC and ABA isn't really on the radar anywhere.</p> <p>11. adding services to our existing contract</p> <p>12. EHR- Why</p> <p>13. ethics</p> <p>14. Secondary insurance and changing of insurance in the provider direct portal</p> <p>15. I think you all are doing a great job! Thank you!</p> <p>16. Frankly, I think the LME/MCO staff need more training in "real life" needs of their providers in the network, rather than providing training to us.</p> <p>17. Differences between types of Medicaid plans, such as family planning Medicaid, vs health choice and Medicaid</p> <p>18. Upcoming changes</p> <p>19. Medicaid Changes</p> <p>20. Upcoming Medicaid transition to 3rd party management</p> <p>21. The benefits of being a Medicaid provider. As I see it now, I plan to withdraw soon very soon.</p>

Q24. CONCERNS AND ISSUES: COMMUNICATION WITH PROVIDERS AND MEMBERS

Provider Type	Content Area	Comments (full text)
Provider Agency	Consistency and Accuracy	<ol style="list-style-type: none"> 1. The biggest complaint is that different LMEs interpret NC Medicaid's rules in different ways. We get different answers depending on which LME we are asking. 2. Sometimes LME staff do not seem to know the answers to questions referencing newsletters, bulletins. I think they need to communicate better with each other and inform the appropriate staff on what they need to know before information goes to providers. 3. The MCO/LME need to follow the same process. It is too many differences in the processes. 4. Just making sure that care coordinators are consistent across the board with the information they need from providers and what we need to give to the coordinators.
	Help/Ticket System	<ol style="list-style-type: none"> 5. There is a ticket system that only spins you around in circles. No one wants to actually be the one to handle the issue. 6. often get voicemail 7. The ticket help system with LME (Trillium) - great addition - however, comments do not always show up with the link attached - this is a tech error. Also sometimes the ticket #s do not match.
	Inform providers	<ol style="list-style-type: none"> 8. We need clear information when changes occur especially during this pandemic 9. When changes occur in policy and regulations with the MCO, state and federal, it would be helpful if MCOs would help support their providers by informing them of these changes. Not saying that it's their responsibility, but that providers don't always catch all the changes that occur and either receive a POC or a fine.

Provider Type	Content Area	Comments (full text)
	Kudos	<p>10. Trillium's emails are more thorough than the other LME/MCOs. During Covid-19 they have been the most informative.</p> <p>11. We have only served one person with this LME. But communicate has been amazingly positive!</p>
	Provider meetings	12. Ongoing "live" Q&A sessions would be welcomed in addition to all the Network Communication emails.
	RA	13. RA needs to be explained in simple manner
LIP or LIP group	Help/Ticket System	<p>14. No direct communication is possible. All communication goes through a ticket system and cases are not addressed outside this system.</p> <p>15. It would be nice to have a direct liaison you can speak with instead of a ticket system.</p>
	Inform providers	16. Simple example - no communication with providers about the recent changes to CCP 8.
	Provider meetings	<p>17. no provider meetings</p> <p>18. Have more providers collaborative meetings via zoom or in person</p>
	RA	19. Unclear help on RA issue that has been ongoing
	Target communication	<p>20. It would be great if information would be more tailored to the recipient. Too many emails are marked as highly important when they are irrelevant or inconsequential.</p> <p>21. Less burdensome communication to be sent. communications need to be tailored to specific provider segments, not "blanket" emails that do not apply to all providers. communications are far too lengthy and redundant. ^a</p> <p>22. LIPs receive far too many notifications that don't pertain to us...we could use a filter to help sort this out.</p>

Provider Type	Content Area	Comments (full text)
		23. I think the majority if policies, procedures, and trainings are directed toward agencies associated with enhanced service definitions and not LIP's and therefore we should not have to be part of the LME and should do direct billing the way it used to be prior to the 1915 waiver forcing the LME back into the process.

^a Is first half of an original comment; the second half is in *Other Comments* table below.

Q24. CONCERNS AND ISSUES: CUSTOMER SERVICE RESPONSIVENESS

Provider Type	Content Area	Comments (full text)
Provider Agency	Effectiveness	1. sometimes do not get a response to trouble tickets 2. Sometimes get no responses at all sometimes. 3. Ticket system is terrible. They will close out a ticket without answering you.
	Efficiency	4. I hate getting a service ticket and then having to wait for a response. There isn't anyone you can call directly. 5. When our agency submits a question it takes a long time to get a response. We feel the "ticket" system being used could be handled differently and give responses in more of a timely manner rather than just referring us to another person to start the process all over again. 6. The providers are not allowed to talk to Trillium staff and have to put in a "ticket" and wait 48 hours for a possible response.
	Reachable relevant contact	7. Assigned staff representatives for agencies for communication vs generic email addresses and outreach. All Providers are different. 8. The providers are not allowed to talk to Trillium staff and have to put in a "ticket" and wait 48 hours for a possible response. 9. Very difficult at times to know who to call for specific issues. 10. I do not like not having a provider rep I can contact and get to know. This is not good provider relations! You don't really care about the kids. Your policies and paperwork are more important!

	Website	11. While understanding that some questions cannot be answered directly, it seems the most popular response is to look on the website for the specific link that may address the area of concern.
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Q24. CONCERNS AND ISSUES: CUSTOMER SERVICE RESPONSIVENESS (CONTINUED)

Provider Type	Content Area	Comments (full text)
LIP or LIP group	Efficiency	1. The "ticket" submission process does not seem very efficient. 2. I prefer having a liaison and point of contact for questions as an LIP. The ticket system is time-consuming and does not allow for as fast of a response to a quick question. 3. Billing issues not resolved in a timely manner
	Call center staff knowledge	4. I have called the call center and some of the staff were not knowledgeable about concerns. They were able to refer me to another department- sometimes it would be the right department.
	Reachable relevant contact	5. Everyone appears to be working from home. There are times when I they need to transfer me to another department and I have to hang up and call back. This is time consuming 6. Difficult to get through to talk to someone. 7. Providers need a direct line to Trillium staff 8. We used to have local representatives assigned to us that we could call for help. Local staff are not reachable now and everything must go through Greenville. This delays and makes less relevant the information we receive. 9. As an LIP, I'm not particularly fond of the "ticket system" to ask for help. I preferred having a liaison assigned so I had a specific person familiar with my practice who could get answers to questions. I understand the purpose of the ticket system and have used it successfully.
	Referrals	10. It can be difficult referring clients to enhance services, such as, CST. especially after hours

Q24. CONCERNS AND ISSUES: WEBSITE

Provider Type	Content Area	Comments (full text)
Provider Agency	Finding Information	1. Credentialing needs for certain services are buried within hundreds of pages of statutes instead of laid out clearly on the MCO website.
		2. Website needs some improvement for finding information
		3. Each MCO's website is a little different and most not user friendly. It's especially difficult when trying to look for something and you don't know the technical name for it.
	Updating	4. Provider Directory Errors that seem to be difficult to fix.
LIP or LIP group	Finding Information	5. confusing, hard to find things I need
		6. Not helpful in looking for providers to meet referrals needs.
	Missing information	7. Not enough information to support providers during the Managed Medicaid Transformation process.

Q24. CONCERNS AND ISSUES: OTHER COMMENTS

The following are comments captured in previous survey sections that are not specific to the topics of those sections. Notes below indicate the survey text box in which each comment was originally entered.

Provider Type	Content Area	Comments (full text)
Provider Agency	Credentialing	<ol style="list-style-type: none"> 1. The credentialing process not only with the MCOs but NC Tracks and the state continues to be broken. The process does not support good business models and hurts the provider community. It can take upwards of 3 or more months to get your staff credentialed. You still pay their salary and benefits but they can generate no revenue (with the exception of 3rd party payors like BCBS. It only takes a few days for credentialing) An analogy would be if you hired someone to paint your house and paid them by the hour. You start paying them 40 hours a week for 3 months but they still have not started the work. This problem has been going on far too long and hope it will be addressed^a 2. Ease of credentialing^b 3. Credentialing is not handled well. CAQH should be your go to for credentialing. Managers keep that up to date constantly. The way it is now we have to totally redo everything, every time we recredential and then when you need more information we have to resubmit the entire application again. I had to do this 3 times recently. This is archaic, at least give us a prepopulated app to correct.^b
	EVV	<ol style="list-style-type: none"> 4. The implementation of EVV. The MCO thinks that the HHA exchange gives providers what they need for IDD but it is so focused on home care as EVV is for homecare and not IDD. We are community providers not home based.^a
LIP or LIP group	Credentialing	<ol style="list-style-type: none"> 5. I feel that credentialing is very cumbersome and takes a long time. Many of the corrections asked for are tedious and non-essential to the process or outcome.^a

Provider Type	Content Area	Comments (full text)
	Network openness	6. Network needs to be opened to new providers interested in relocation/transition of lip providers to other agencies in network, or wanting to start their own practice, who are already credentialed. Currently, network is closed which is a deterrent to provider and consumer stability and freedom of choice. Care quality suffers when network is closed for many years. Needs assessment must not be based on consumer-to-provider ratio/capacity and identified needs alone. ^{bc}
Community Hospital	Finding Services	7. It is difficult to find services for consumers in the area that our program is not able to serve. ^a




^a Captured in *Customer Service Responsiveness* comments table

^b Captured in *Communication with Providers and Members* comments table

^c Is second half of an original comment; the first half is in *Communication with Providers and Members* table.

APPENDIX D: ACHIEVEMENT QUESTION CATEGORY DEVELOPMENT

PRINCIPAL COMPONENTS ANALYSIS SUMMARY:

-  N of Factors Specified: 5
-  Extraction Method: Principal Components
-  Rotation: Varimax with Kaiser Normalization

Total Variance Explained

Component	Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %
1	3.543	22.145	22.145
2	2.575	16.096	38.241
3	2.507	15.672	53.913
4	2.504	15.650	69.563
5	2.355	14.718	84.281
Notes. N of complete cases = 103; using 2020 data only. The five components explained 84.3% of variance across the 16 questions.			

Varimax Rotated Matrix

Topic Area	Question	Component				
		1	2	3	4	5
Service Quality	Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	.237	.464	.203	.593	.321
	Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	.234	.210	.188	.827	.118
	Q8. LME/MCO staff respond quickly to provider needs.	.475	.371	.126	.628	.295
Information Quality	Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	.511	.155	.499	.434	.302
	Q10. LME-MCO communications to its provider network are informative and helpful.	.742	.381	.090	.275	.287
	Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	.663	.512	.124	.131	.198
	Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	.594	.522	.291	.347	.184
	Q15. Trainings are informative and meet our needs as a provider/ agency.	.675	.267	.382	.315	.144
	Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	.734	.151	.438	.317	.249
Corrective Action	Q13. LME/MCO staff conduct fair and thorough investigations.	.339	.703	.263	.384	.103
	Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	.313	.794	.277	.217	.182

Varimax Rotated Matrix

Topic Area	Question	Component				
		1	2	3	4	5
Denials and Appeals	Q17. Denials for treatment and services are explained.	.350	.294	.718	.170	.290
	Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	.148	.259	.837	.154	.296
Credentialing	Q20. I receive appropriate notice on the need to recredential.	.418	.290	.251	.040	.711
	Q21. Credentialing/recredentialing process occurs in a timely manner.	.127	.118	.258	.233	.873
	Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	.247	.060	.477	.412	.582

Notes. Bold component loadings guided assignment of questions to categories.

N of complete cases = 103; using 2020 data only

Scale Statistics

Scale Name	Cronbach's Alpha	N of Cases	N of Questions	Mean	Std. Dev
Service Quality	0.796	614	3	5.97	1.95
Information Quality	0.925	430	6	10.87	3.29
Corrective Action	0.894	519	2	3.71	1.19
Denials and Appeals	0.859	491	2	3.97	1.24
Credentialing	0.879	183	3	5.17	1.70

Notes. All correlation are significant at the 0.01 level (2-tailed).

Ns are in parentheses and include 2018 to 2020 data.

Ns for Credentialing are lower because data are only available for 2020.

Pearson Correlations Among Scales and Overall Provider Satisfaction

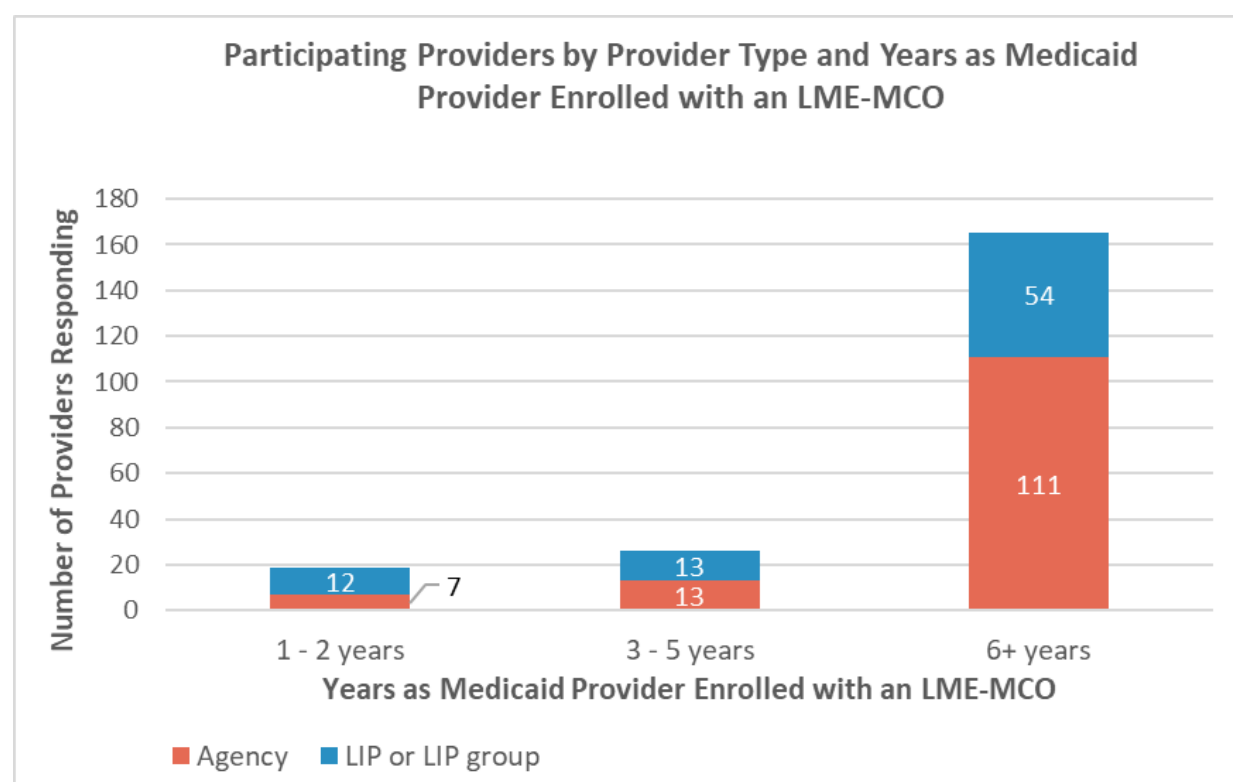
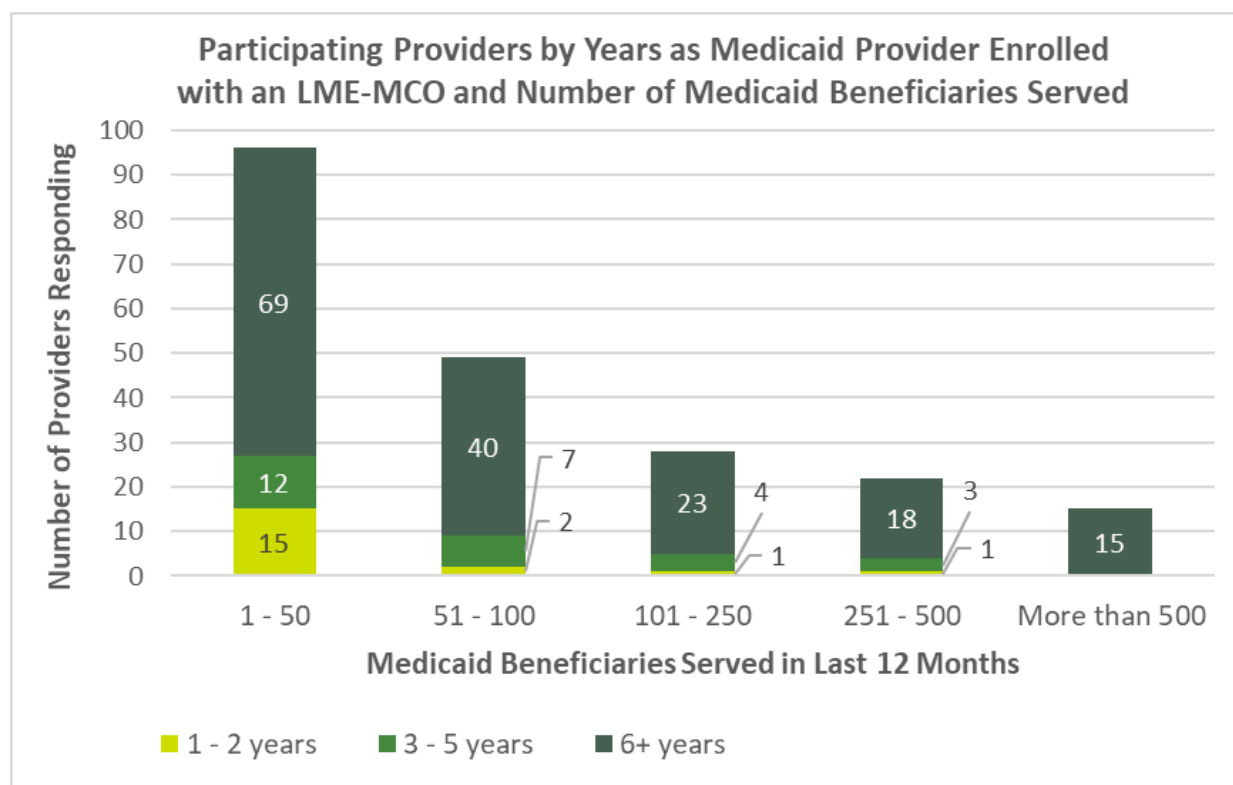
Scale Name	Overall Provider Satisfaction	Scale Name			
		Service Quality	Information Quality	Corrective Actions	Denials and Appeals
Service Quality	.734 (706)				
Information Quality	.770 (704)	.762 (743)			
Denials and Appeals	.683 (597)	.633 (621)	.720 (619)		
Corrective Actions	.612 (621)	.553 (646)	.634 (644)	.594 (562)	
Credentialing	.628 (204)	.593 (207)	.668 (207)	.556 (168)	.638 (186)

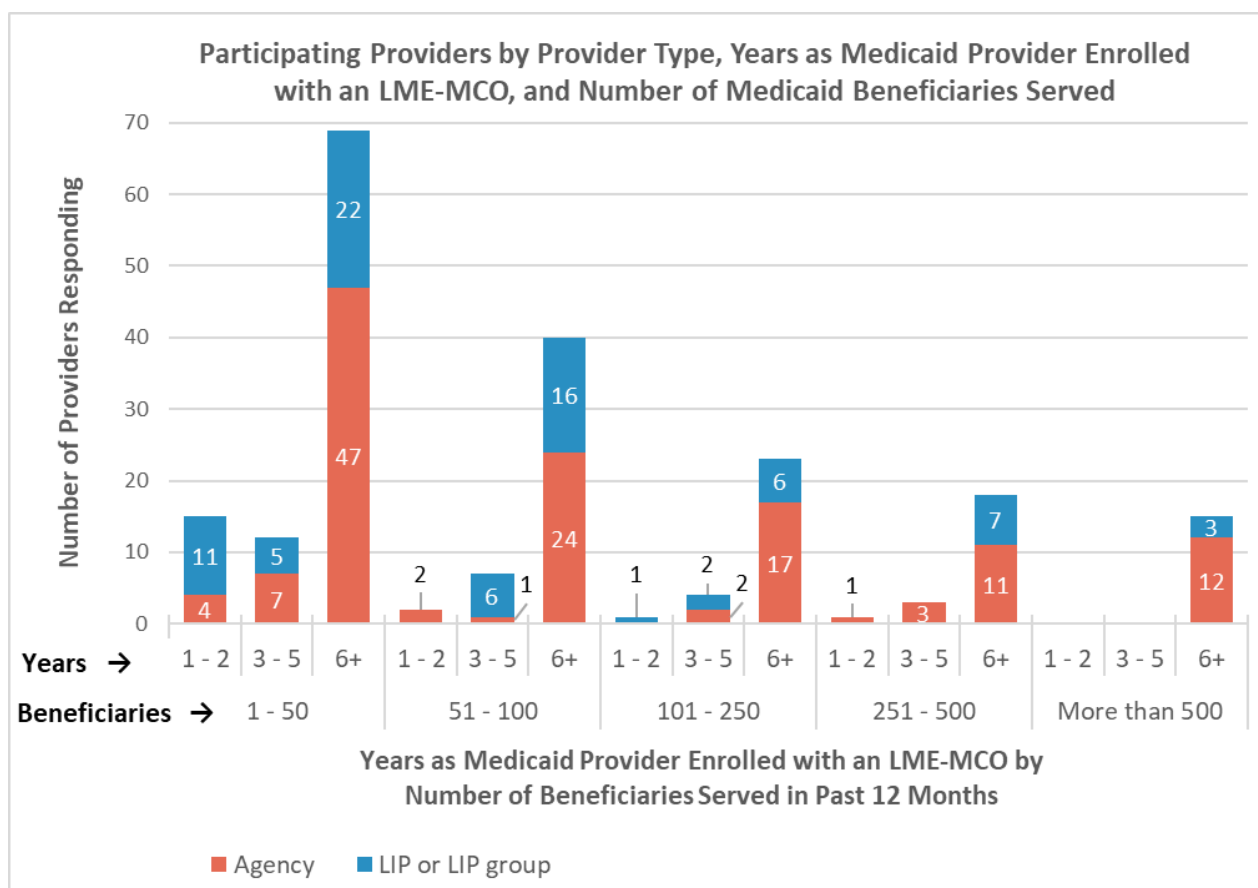
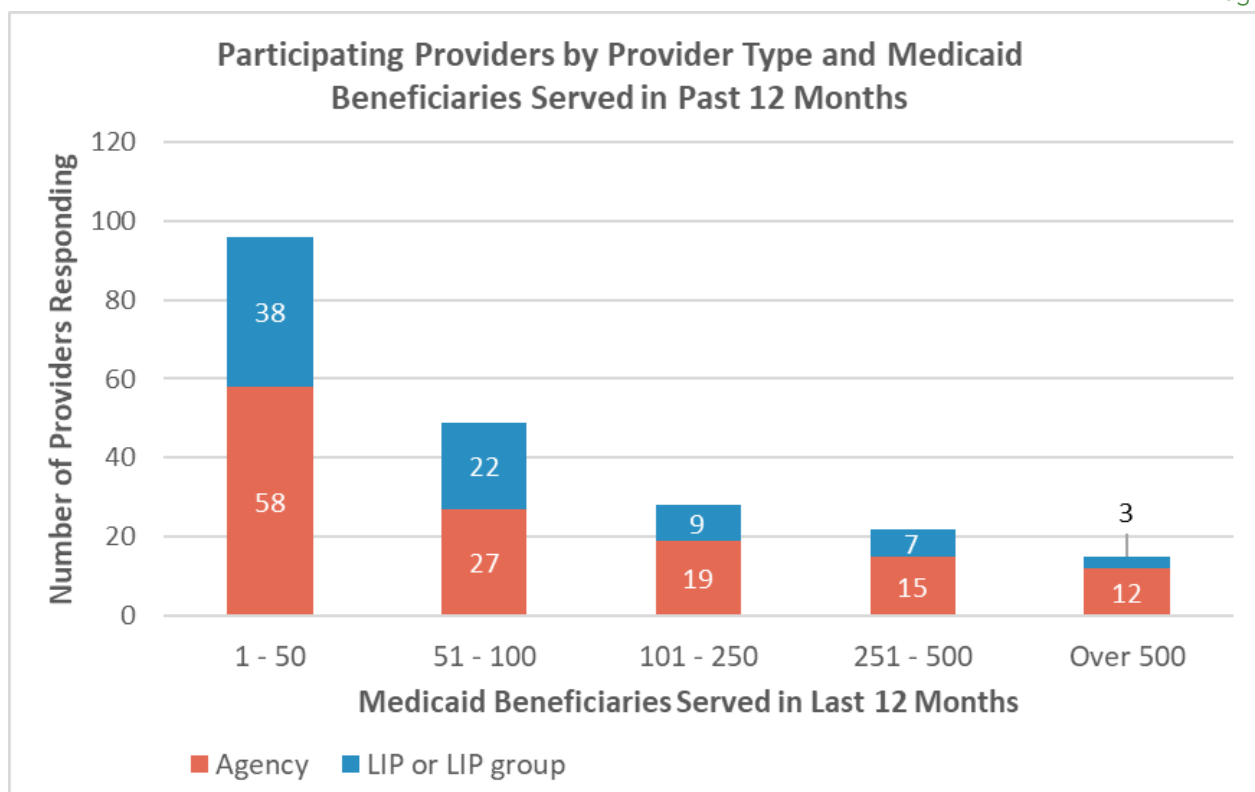
Notes. All correlation are significant at the 0.01 level (2-tailed).

Ns are in parentheses and include 2018 to 2020 data.

Ns for Credentialing are lower because data are only available for 2020.

APPENDIX F: PROVIDER CHARACTERISTICS CROSSTABS AND SATISFACTION HEAT MAP





HEAT MAP OF PROVIDER SATISFACTION BY PROVIDER CHARACTERISTICS

Years as Medicaid provider enrolled with an LME-MCO	Provider Type	Medicaid beneficiaries served in the last 12 months (estimate)				
		1 - 50	51 - 100	101 - 250	251 – 500	500+
1 - 2 Years	Agency	59.0% (7)				No Data
	LIP or LIP group	84.2% (12)			No Data	
3 - 5 Years	Agency	98.2% (13)				No Data
	LIP or LIP group	93.1% (13)			No Data	
6+ Years	Agency	98.4% (47)	96.4% (24)	82.3% (17)	93.3% (23)	
	LIP or LIP group	79.1 (21)	80.2% (16)	86.3% (16)		

Satisfaction Level Key: ■ below 74% ■ 75 to 89% ■ 90 and above

Sample Size Key: Larger font emphasizes larger sample sizes and higher reliability of reported percentages.

Notes. Increasing reliability of reported percentages for this table included two steps: 1) Combine low frequency cells to increase sample sizes and 2) Compute percentages using both achievement scores and overall satisfaction (see below).

Percent = (Mean of 16 Achievement Scores + Overall Satisfaction Score) / 2.

Parentheses = Number of Providers

2020 PROVIDER SATISFACTION SURVEY REPORT ADDENDUM MAY 2022

Due to the delay in receiving data for the 2020 Provider Satisfaction Survey, it was difficult to determine current areas of improvement needed. Trillium focused on areas related to the following the Opportunities for Improvement recommended on Page 13 of the Provider Satisfaction Survey Report:

- | | |
|------------|--|
| Q6. | LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments. |
| Q7. | LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides. |
| Q9. | When I speak with LME-MCO staff about claims issues I am given consistent and accurate information. |

INTERVENTIONS IMPLEMENTED

In order to streamline communication with staff both for accessibility as well as to discuss claims issues, providers are now able to utilize the Provider Support Service Line that was launched in June 2021. This line was created to best connect callers with the information they need as well as to meet Tailored Plan requirements. It is also expected that by implementation of Tailored Plans, a redesigned Provider Directory will be available in an effort ensure that staff are referring members to the appropriate providers to meet their needs.