

# Provider Satisfaction Survey Analysis

*2021*

**Completed June 30, 2022 by:**

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**Data Used:**

- ▲ North Carolina Medicaid (NC Medicaid) and Carolina's Center for Medical Excellence (CCME) Provider Satisfaction Survey Reports from 2019, 2020 and 2021
- ▲ NC Medicaid and CCME Provider Satisfaction Survey Raw Data from 2019, 2020 and 2021
- ▲ Data received from DHHS 5/3/2022, analysis began 5/9/2022, report drafted 6/16/2022



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# EXECUTIVE SUMMARY

## BACKGROUND

This report presents a summary 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 2021 survey (referred to as Survey Year 2021 in this report), 442 survey requests were sent to Medicaid Waiver providers that had at least five 1915(b)/(c) Waiver encounters between July 1, 2021 and December 31, 2021, of which 433 surveys were delivered and 9 were returned as undeliverable. This effort produced 243 usable returns--a 56.1% response rate, up from 49.9% for the 2020 survey.

This report primarily presents results in the following forms:

- 🌱 Comparisons of Trillium's 2021 results to Trillium's 2019 and 2020 results and to statewide 2021 results.
- 🌱 Comparison of Trillium's 2021 results among various categories of providers.
- 🌱 Analyses to help guide the prioritization of improvement efforts and strategies.

This report is not meant to duplicate information available in the 2021 Provider Satisfaction Survey Results completed by the State and CCME. Information such as, but not limited to, the survey instrument and trend analysis are available in the State report and are not included in this summary.

## OVERALL PROVIDER SATISFACTION FINDINGS

From 2019 to 2021, Trillium's Overall Provider Satisfaction rating has increased steadily from 88.5% to 92.5%. This 4.0% difference represents a 4.5% 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 88.9% to 92.0% from 2019 to 2021, a 3.1 percentage point difference, which represents a 3.5% increase.

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

None of the 16 survey achievement questions in the 2021 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. There were also no statistically significant differences for any of Trillium's responses from the 2019 through 2021 surveys.

## 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.

1. Providers who have been enrolled with Trillium five or less years are generally less satisfied than those enrolled for more than 5 years. The areas of statistically significant difference are regarding satisfaction with Information Quality.
2. Providers serving 251 to 500 Medicaid beneficiaries, though just as satisfied as other providers based on their Overall Provider Satisfaction ratings, are less satisfied than other providers particularly related to Credentialing. There are some areas where this group is more satisfied than other providers, such as Service Quality. There does not appear to be a clear group of providers during this survey year, in regards to beneficiaries served, that is more or less satisfied in multiple categories.
3. Licensed independent practitioners (LIP) and LIP groups report lower satisfaction than Provider Agencies in specific areas—particularly, but not limited to areas addressing quality of information.

## 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 handling of corrective actions and investigations, Credentialing staff's knowledge and notices, and keeping providers well informed through the website and trainings.

The Opportunities for Improvement primarily represent meeting providers' business-specific tactical needs and requests, such as access to assistance and response from staff, appeals for services, and timely re-credentialing.

## CONCLUSIONS

Trillium's *Overall Provider Satisfaction* ratings increased to 92.5% in 2021. This is slightly above the statewide average of 92.0%. 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.

### SURVEY SAMPLE

The table below summarizes the survey administration steps and response rates for Trillium and the State for 2019 to 2021. In 2021, of the 442 surveys sent to Trillium's Medicaid Waiver providers that had at least five 1915(b)/(c) Waiver encounters between July 1, 2021 and December 31, 2021, nine were returned as undeliverable. Of the remaining 433, 243 usable surveys were returned. Trillium's provider response rate to the survey was 56.1%. For these three years, Trillium's response rates have exceeded those statewide. While the statewide response rate decreased by 3.5%, Trillium's response rate increased by 12.5%.

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

Survey Data Collection Steps	Trillium			State		
	2021	2020	2019	2021	2020	2019
Initial Email Invitation sent	442	453	446	3934	4,355	4,201
Email bounce back with non-delivery message*	9	26	18	209	500	317
Completed usable surveys returned†	243	213	308	1623	1,740	2,430
<b>Response Rate</b>	<b>56.1%</b>	<b>49.9%</b>	<b>72.0%</b>	<b>43.6%</b>	<b>45.1%</b>	<b>62.6%</b>
<b>Response Rate Change</b>	<b>12.5%</b>	<b>-30.7%</b>		<b>-3.5%</b>	<b>-28.0%</b>	

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 (2019 through 2021). 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 2021 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 2019<sup>1</sup>, 2020<sup>2</sup>, and 2021. 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.

## REPORT INTERPRETATION

### SAMPLE SIZE AND STATISTICAL SIGNIFICANCE

The average number of provider responses to any single achievement question on the 2021 survey was 212. Assuming the study sample is representative of our providers, the 95% confidence interval around the average Trillium result reported is 3.1% below that result to 3.1% above that result<sup>3</sup>. For example, if Trillium's level of achievement is 88.9% for a question, this means we can be 95% certain that Trillium's true achievement level is between 85.8% and 92.0%. Results of questions answered by fewer or more than 212 participants will have wider or narrower confidence intervals respectively, though none of the intervals exceed  $\pm 4.6\%$  in this report.

### MEASURING IMPORTANCE

This report discusses the importance of questions to help identify areas most useful 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.

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<sup>1</sup> DataStat (2019) NC Medicaid/CCME Provider Satisfaction Survey Results Report, Ann Arbor.

<sup>2</sup> DataStat (2020) NC Medicaid/CCME Provider Satisfaction Survey Results Report, Ann Arbor.



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). 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. With the exception of Q7 (correlation = .0.33), the importance correlations in this report range from 0.52 to 0.78, indicating that almost all topics addressed by the achievement 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 heads<sup>4</sup>.

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<sup>4</sup> 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.

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.

## **Fisher's Exact Test**

The Fisher's exact tests are used in this report to test for significant differences between two groups (e.g., 2020 vs. 2021 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 4.0% point increase in Trillium's overall satisfaction scores from 2019 (88.5%) to 2021 (92.5%), while this difference may seem large it does not reach statistical significance at the  $p < 0.05$  standard.

The satisfaction scores between Trillium and the statewide results for 2019 and 2020 are slightly lower and 2021 slightly higher for Trillium, though none are statistically significant. The largest Trillium-statewide difference (2020), was a relatively small 1% (90.3%-91.3%). 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
2021	State	1,492	92.0%
	Trillium	226	92.5%
2020	State	1,649	91.3%
	Trillium	207	90.3%
2019	State	2,214	88.9%
	Trillium	278	88.5%

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 2021 scores and either Trillium 2020 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 rows 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 0.64 or higher with overall provider satisfaction. This is equivalent to two standard deviations below the highest obtained importance correlation ( $r = 0.77$ ).
- 🌱 All but one of the questions (Q7) are strongly correlated ( $r = 0.52$  or higher) with overall provider satisfaction and each correlation is based on 172 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%.
- 🌱 88.9% is the mean across all 2021 Trillium achievement scores and 89.5% 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 2021 are 80.0% and 95.6% 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 3.7% higher than State (Q17), the least favorable comparison has Trillium 3.3% lower than State (Q6), and no responses produced a statistically significant test result.

## STRENGTHS

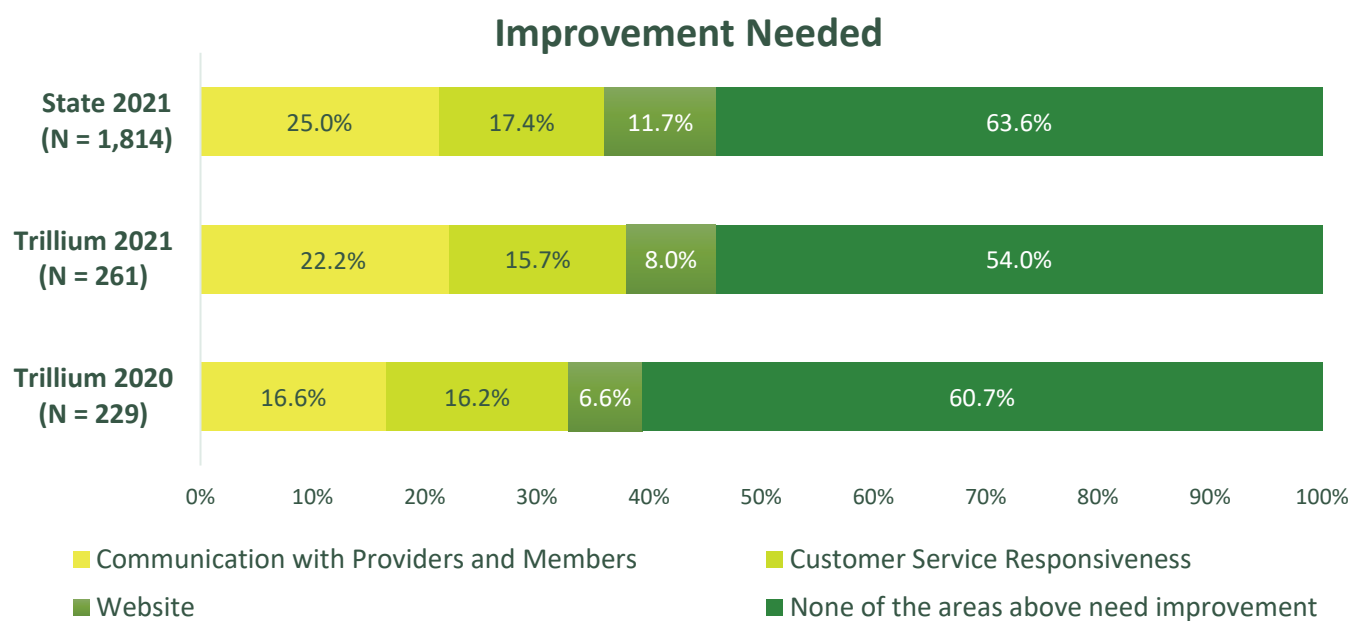
Question	Among Highest Correlations With Overall Provider Satisfaction	90% Achievement or Greater	2% Above State Results
<b>Q11.</b> LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	✓	✓	
<b>Q13.</b> LME/MCO staff conduct fair and thorough investigations.	✓	✓	
<b>Q14.</b> LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.		✓	✓
<b>Q22.</b> Provider Relations Credentialing Staff are friendly and knowledgeable.	✓	✓	

## OPPORTUNITIES FOR IMPROVEMENT

Question	Among Highest Correlations With Overall Provider Satisfaction	Less than 90% Achievement	Below State Results
<b>Q6.</b> LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.		✓	✓
<b>Q8.</b> LME/MCO staff respond quickly to provider needs.	✓	✓	✓
<b>Q9.</b> When I speak with LME-MCO staff about claims issues, I am given consistent and accurate information.	✓	✓	
<b>Q10.</b> LME/MCOs communications to its provider network are informative and helpful.	✓	✓	✓
<b>Q12.</b> The LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	✓	✓	✓
<b>Q18.</b> My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	✓	✓	
<b>Q21.</b> 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 was first asked 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, a total of 55 providers gave 77 comments. Several comments may apply to multiple topics; however, each was documented under the most relevant topic to eliminate duplication.

Appendix B 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
<b>Communication with Providers and Members</b>	Help/Ticket system	4
	Consistency and accuracy	3
	Billing/Claims	6
	Target communication	4
	Inform providers	7
<b>Customer Service Responsiveness</b>	Reachable relevant contact	5
	Timeliness of Response	7
	Call center staff knowledge	4
	Effectiveness	8
	Efficiency	7
<b>Website</b>	Finding information	9
	Missing information	2
<b>Overall</b>	Credentialing	3
	Network openness	3
	Care Coordination	2
	Other	3

Appendix B 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 2021 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 C). 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.

Please reference Appendix D in the 2020 Provider Satisfaction Survey Report to examine how the categories were developed.



## 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	2021	1,471	86.9%
	Trillium	2021	220	84.1%
		2020	198	84.9%
		2019	276	82.6%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	State	2021	1,391	85.2%
	Trillium	2021	213	85.9%
		2020	183	80.3%
		2019	258	79.1%
Q8. LME/MCO staff respond quickly to provider needs.	State	2021	1,491	82.0%
	Trillium	2021	225	80.0%
		2020	203	86.7%
		2019	281	80.4%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 achievement scores, using the two-tailed binomial test ( $p < 0.05$ ).

There are no statistically significant differences between Trillium 2021 achievement scores and either Trillium 2019 or 2020 questions, using the two-tailed Fisher's exact test ( $p < 0.05$ ).

## 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	2021	1,389	85.7%
	Trillium	2021	220	85.9%
		2020	201	88.1%
		2019	262	88.2%
Q10. LME-MCO communications to its provider network are informative and helpful.	State	2021	1,486	91.2%
	Trillium	2021	226	88.5%
		2020	205	91.7%
		2019	190	84.2%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	State	2021	1,505	90.4%
	Trillium	2021	230	90.9%
		2020	200	94.0%
		2019	264	88.3%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	State	2021	1,439	86.3%
	Trillium	2021	219	84.9%
		2020	197	89.9%
		2019	257	82.9%
Q15. Trainings are informative and meet our needs as a provider/agency.	State	2021	1,327	90.2%
	Trillium	2021	203	91.6%
		2020	182	91.2%
		2019	225	88.0%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	State	2021	1,415	87.4%
	Trillium	2021	220	89.6%
		2020	197	88.8%
		2019	251	85.3%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 achievement scores, using the two-tailed binomial test ( $p < 0.05$ ).

There are no statistically significant differences between Trillium 2021 achievement scores and either Trillium 2019 or 2020 questions, using the two-tailed Fisher's exact test ( $p < 0.05$ ).

## 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	2021	1,176	92.2%
	Trillium	2021	177	93.8%
		2020	154	92.9%
		2019	221	91.0%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	State	2021	1,198	93.2%
	Trillium	2021	180	95.6%
		2020	157	96.8%
		2019	232	92.2%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 achievement scores, using the two-tailed binomial test ( $p < 0.05$ ).

There are no statistically significant differences between Trillium 2021 achievement scores and either Trillium 2019 or 2020 questions, using the two-tailed Fisher's exact test ( $p < 0.05$ ).

## 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	2021	1,323	86.4%
	Trillium	2021	213	89.7%
		2020	185	87.6%
		2019	244	85.7%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	State	2021	1,077	85.7%
	Trillium	2021	176	85.8%
		2020	155	89.0%
		2019	196	83.2%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using the two-tailed binomial test ( $p < 0.05$ ).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 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	2021	1,442	93.0%
	Trillium	2021	222	93.2%
		2020	197	94.4%
Q21. Credentialing/recredentialing process occurs in a timely manner.	State	2021	1,450	85.3%
	Trillium	2021	221	84.2%
		2020	199	88.9%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	State	2021	1,393	95.0%
	Trillium	2021	209	95.2%
		2020	190	96.8%

Notes. There are no statistically significant differences between Trillium and State for any of the 2021 composites, using the two-tailed binomial test ( $p < 0.05$ ).

There are no statistically significant differences between Trillium 2021 scores and either Trillium 2019 or 2020 scores, using the two-tailed Fisher's exact test ( $p < 0.05$ ).

Credentialing questions are not available in the 2019 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. In general, importance differences of  $\pm 0.10$  in the chart<sup>5</sup> below are statistically significant. That being said, the 0.78 importance of Q12 (i.e., *LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately*), is statistically significantly higher than all other importances and one of Trillium's strengths.

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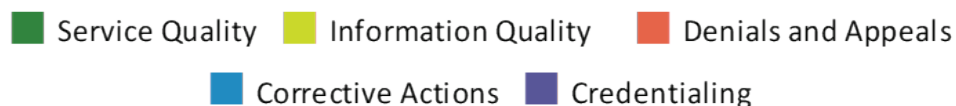
<sup>5</sup> The 95% confidence intervals for these correlations vary from  $\pm 0.08$  to  $\pm 0.10$ .

## Question Correlations with Overall Provider Satisfaction

### Sorted by Pearson Correlations from Highest to Lowest



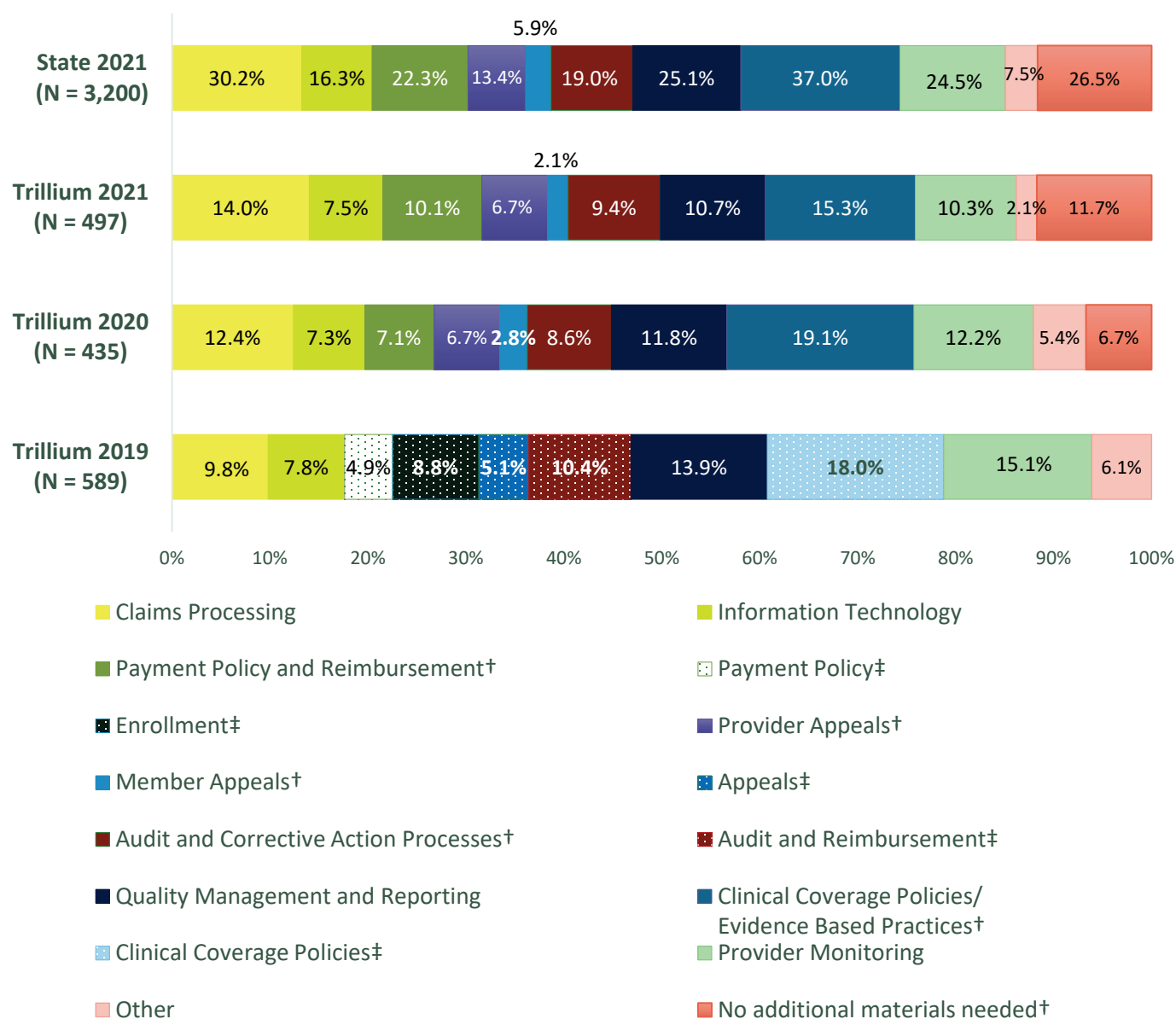
#### Survey Topic Areas



Note. Ns range from 172 to 222

## ADDITIONAL TRAINING

### Additional Training Needs



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

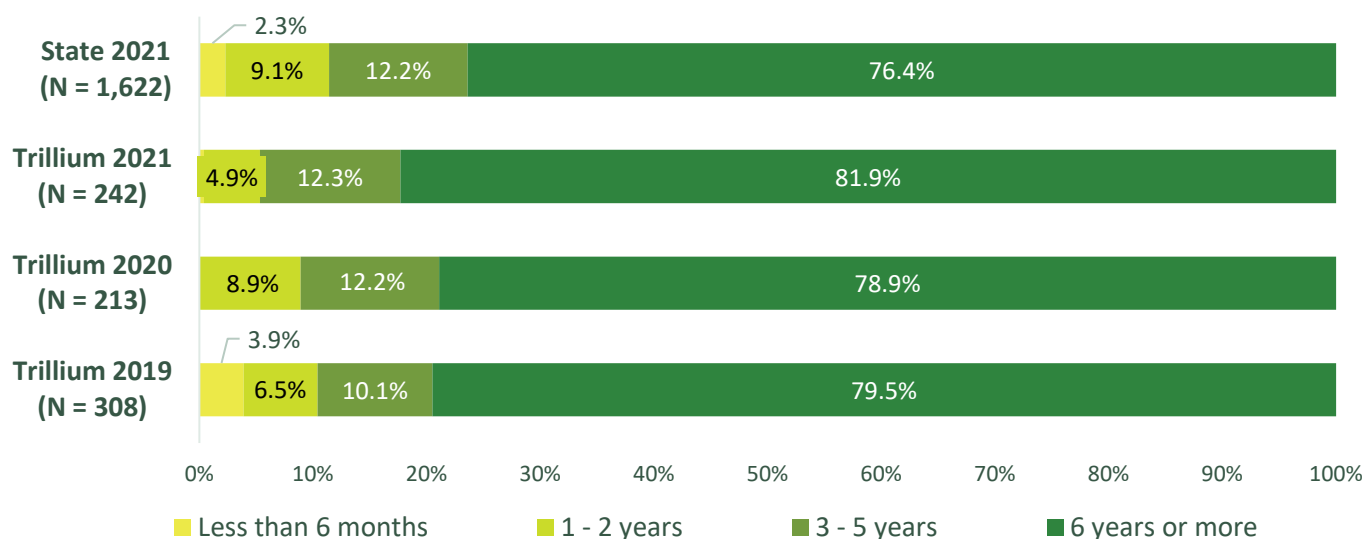
† Response option not available in 2019 survey version.

‡ Response option only available in 2019 survey version.

## PROVIDER CHARACTERISTICS

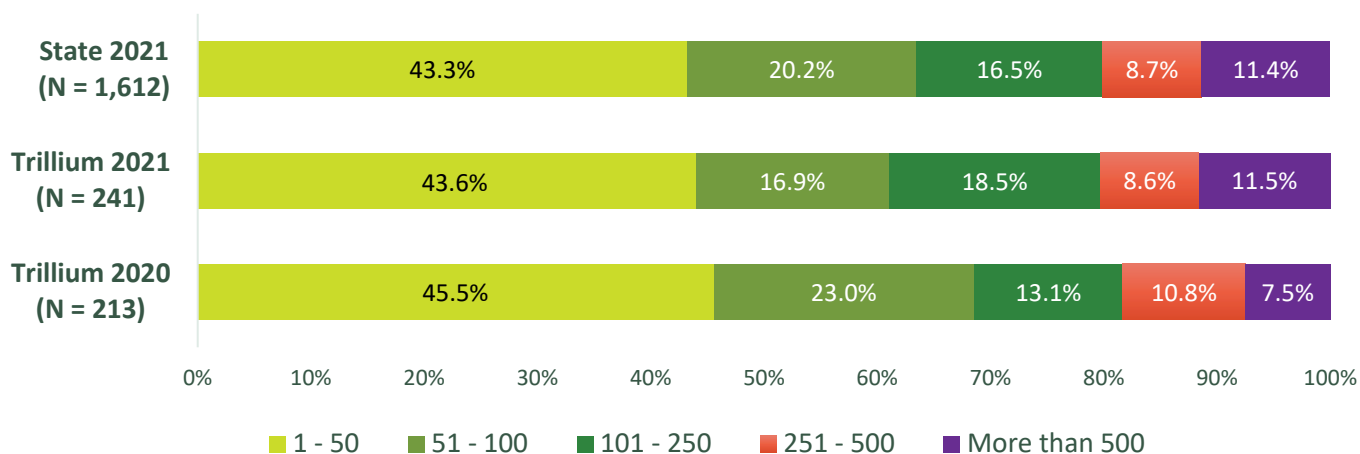
Information concerning survey respondents is provided here for informational purposes. Some of these characteristics moderated achievement and satisfaction levels and are addressed in detail in the next report section.

### Time as Medicaid provider enrolled with an LME-MCO



Note. 2021 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.

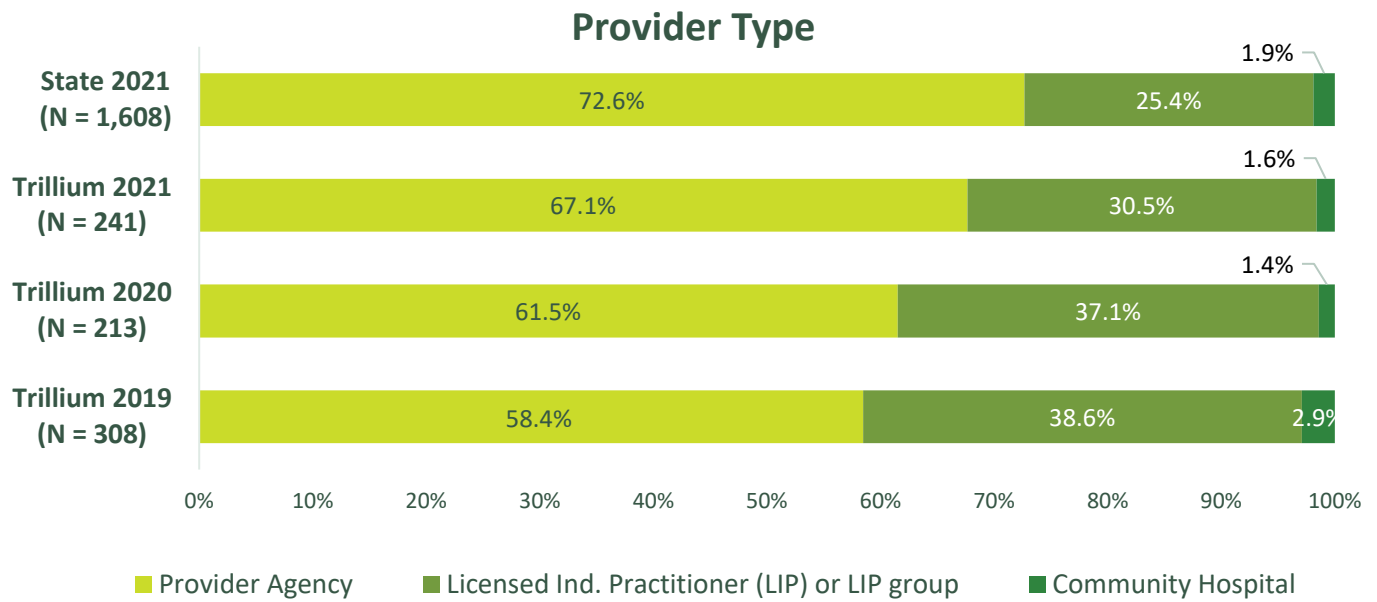
### Medicaid beneficiaries served in last 12 months (est.)



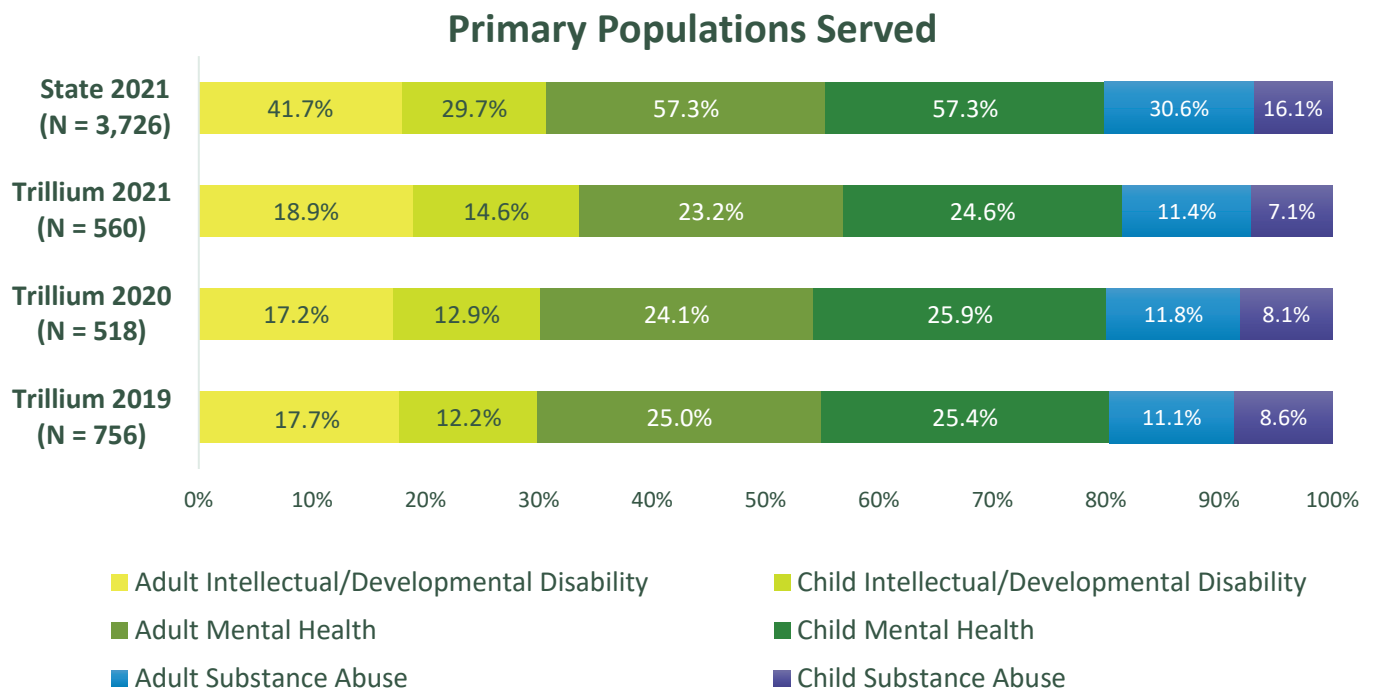
Notes. This question is not available in the 2019 survey version.

2021 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.



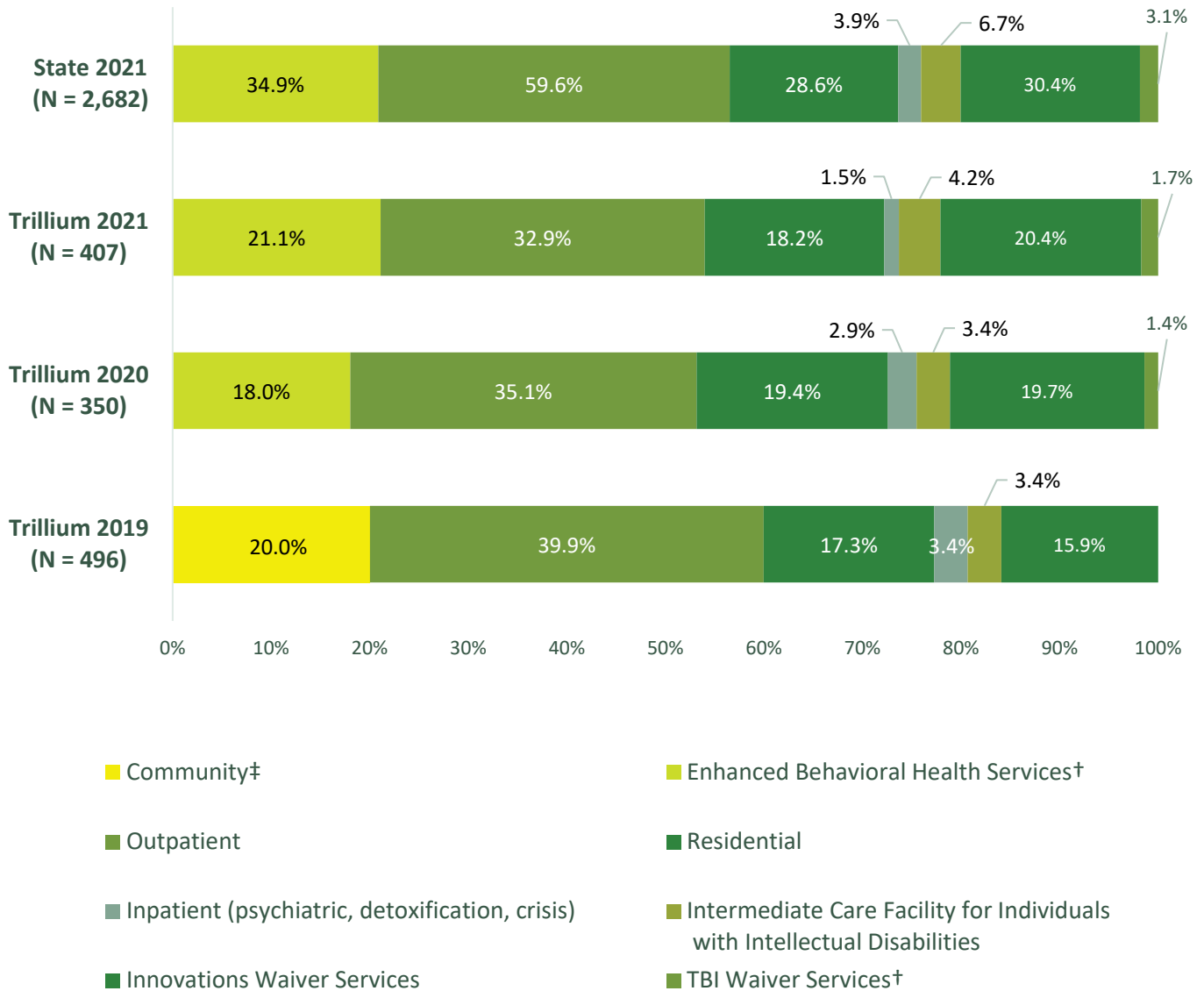


Note. 2021 Trillium satisfaction and achievement results are broken out by this characteristic later in this report.



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

## Services Provided



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

† Response option not available in 2019 survey version.

‡ Response option only available in 2019 survey version.

## SATISFACTION BY PROVIDER CHARACTERISTICS



Three provider characteristics moderate 2021 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 who have been enrolled with Trillium five or fewer years are generally less satisfied than those enrolled for greater than 5 years. The areas of statistically significant difference are regarding satisfaction with *Information Quality*.
2. Providers serving 251 to 500 Medicaid beneficiaries, though just as satisfied as other providers based on their *Overall Provider Satisfaction* ratings, are less satisfied than other providers particularly related to *Credentialing*. There are some areas where this group is more satisfied than other providers, such as *Service Quality*. There does not appear to be a clear group of providers during this survey year, in regards to beneficiaries served, that is more or less satisfied in multiple categories.
3. Licensed independent practitioners (LIP) and LIP groups report lower satisfaction than Provider Agencies in specific areas—particularly, but not limited to areas addressing quality of information.

About the charts in this report section:

-  Analyses use Trillium 2021 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 six or more years indicate the highest level of overall satisfaction, though this difference does not reach statistical significance. *Information Quality* is the only category producing statistically significant differences.

### 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	10	90.0%
	3 - 5	29	86.2%
	6 or more	183	93.4%

### 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	9	77.8%
	3 - 5	27	74.1%
	6 or more	179	85.5%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	1 - 2	8	87.5%
	3 - 5	25	76.0%
	6 or more	175	86.9%
Q8. LME/MCO staff respond quickly to provider needs.	1 - 2	10	70.0%
	3 - 5	27	66.7%
	6 or more	183	82.5%

### 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	5	100.0%
	3 - 5	19	89.5%
	6 or more	150	94.0%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	1 - 2	4	100.0%
	3 - 5	16	100.0%
	6 or more	157	94.9%

### 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	10	80.0%
	3 - 5	26	80.8%
	6 or more	172	91.3%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	1 - 2	7	71.4%
	3 - 5	20	75.0%
	6 or more	146	87.7%

### 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	9	66.7%
	3 - 5	29	72.4%
	6 or more	178	89.3%
Q10. LME-MCO communications to its provider network are informative and helpful.	1 - 2	11	90.9%
	3 - 5	28	89.3%
	6 or more	184	88.0%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	1 - 2	11	90.9%
	3 - 5	28	82.1%
	6 or more	187	92.0%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	1 - 2	11	81.8%
	3 - 5	26	80.8%
	6 or more	178	85.4%
Q15. Trainings are informative and meet our needs as a provider/agency.	1 - 2	9	77.8%
	3 - 5	28	75.0%
	6 or more	162	95.1%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	1 - 2	10	90.0%
	3 - 5	29	79.3%
	6 or more	177	91.0%

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	9	88.9%
	3 - 5	28	92.9%
	6 or more	182	93.4%
Q21. Credentialing/recredentialing process occurs in a timely manner.	1 - 2	10	80.0%
	3 - 5	26	80.8%
	6 or more	182	84.6%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	1 - 2	11	90.9%
	3 - 5	24	91.7%
	6 or more	171	95.9%

## 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. Two questions in the *Credentialing* category had statistically significant differences, indicating that providers with the highest numbers of beneficiaries are less satisfied in this area.

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

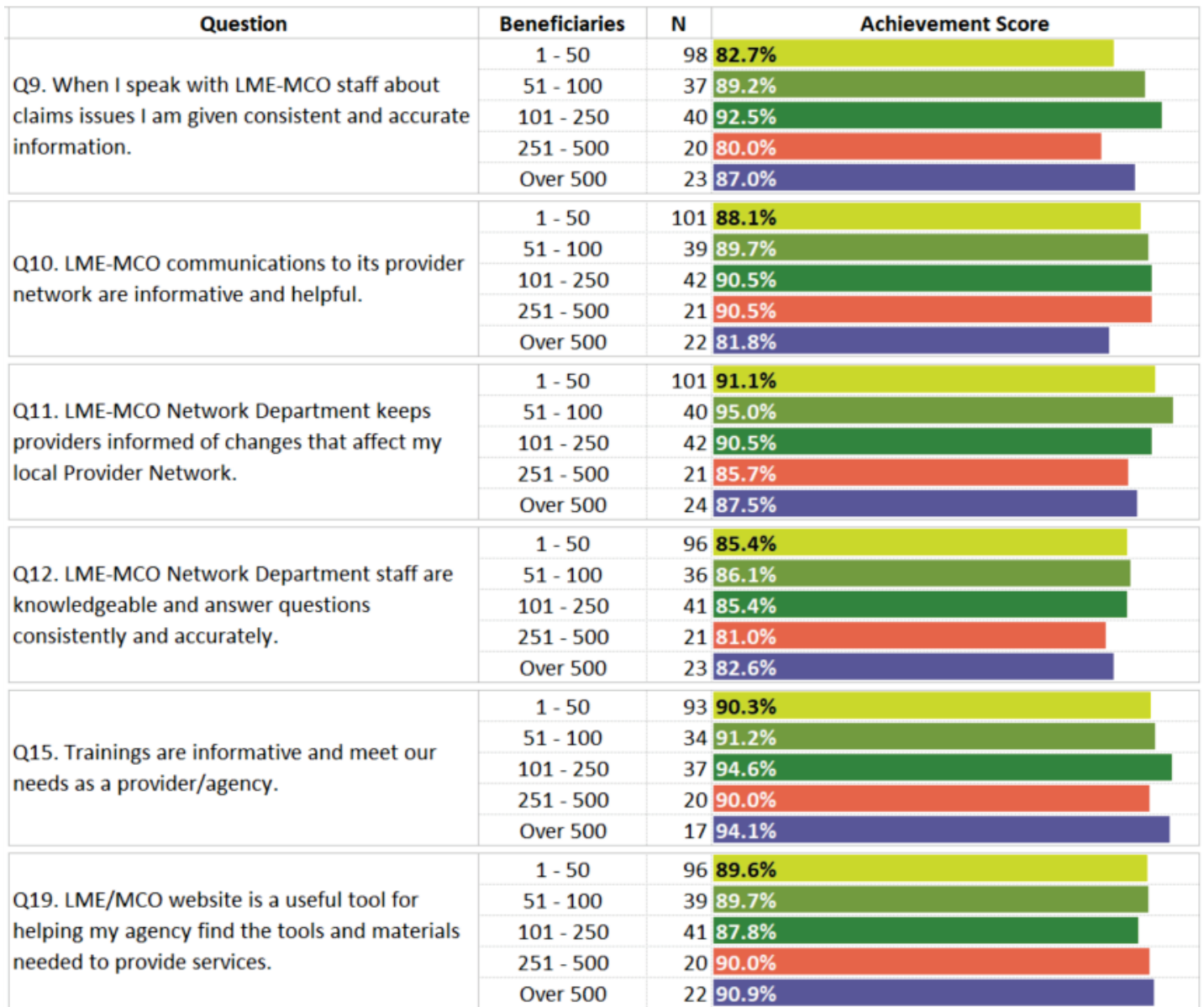
Question	Beneficiaries	N	Overall Satisfaction Score
Q23. Overall satisfaction with the LME/MCO.	1 - 50	100	94.0%
	51-100	39	87.2%
	101-250	41	92.7%
	251-500	21	90.5%
	Over 500	23	95.7%

### Service Quality by Medicaid beneficiaries served in the last 12 months

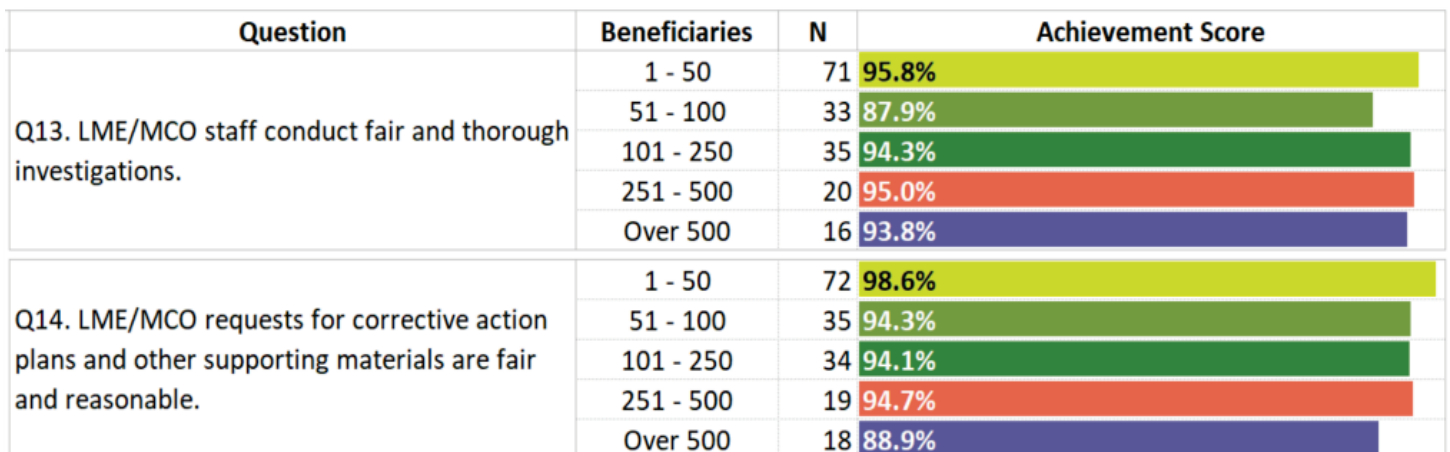
Question	Beneficiaries	N	Achievement Score
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	1 - 50	95	84.2%
	51 - 100	36	83.3%
	101 - 250	42	81.0%
	251 - 500	21	90.5%
	Over 500	23	82.6%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	1 - 50	91	86.8%
	51 - 100	40	85.0%
	101 - 250	37	78.4%
	251 - 500	21	100.0%
	Over 500	21	81.0%
Q8. LME/MCO staff respond quickly to provider needs.	1 - 50	99	81.8%
	51 - 100	39	79.5%
	101 - 250	41	78.1%
	251 - 500	21	76.2%
	Over 500	22	81.8%



### Information Quality by Medicaid beneficiaries served in the last 12 months



### Corrective Actions by Medicaid beneficiaries served in the last 12 months



## 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	94	87.2%
	51 - 100	35	88.6%
	101 - 250	38	92.1%
	251 - 500	20	90.0%
	Over 500	23	95.7%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	1 - 50	72	84.7%
	51 - 100	33	84.9%
	101 - 250	33	87.9%
	251 - 500	18	88.9%
	Over 500	18	83.3%

## 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	97	95.9%
	51 - 100	40	92.5%
	101 - 250	39	94.9%
	251 - 500	21	81.0%
	Over 500	24	91.7%
Q21. Credentialing/recredentialing process occurs in a timely manner.	1 - 50	97	91.8%
	51 - 100	38	92.1%
	101 - 250	40	77.5%
	251 - 500	21	61.9%
	Over 500	24	70.8%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	1 - 50	91	97.8%
	51 - 100	35	97.1%
	101 - 250	38	97.4%
	251 - 500	21	85.7%
	Over 500	23	87.0%

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



## PROVIDER TYPE

The analyses conducted for this section exclude the responses from the providers that reported *Community Hospital* for their *Provider Type*. Including these 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 slightly higher overall satisfaction with Trillium than *Provider Agencies* (Agency); however, this difference is not statistically significant. There is one area in *Information Quality* the LIPs report a statistically significant difference. While there are no additional statistically significant differences, LIPs report lower satisfaction with 11 out of 15 additional achievement questions. Six of these additional questions have a difference of at least five percentage points.

### Overall Provider Satisfaction by Provider Type

Question			
Q23. Overall satisfaction with the LME/MCO.	Agency	156	91.7%
	LIP	68	94.1%

### Service Quality by Provider Type

Question			
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.	Agency	156	84.0%
	LIP	61	83.6%
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.	Agency	152	87.5%
	LIP	58	81.0%
Q8. LME/MCO staff respond quickly to provider needs.	Agency	157	80.3%
	LIP	65	80.0%

### Corrective Actions by Provider Type

Question			
Q13. LME/MCO staff conduct fair and thorough investigations.	Agency	134	94.0%
	LIP	41	92.7%
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.	Agency	137	95.6%
	LIP	41	95.1%

## Information Quality by Provider Type

Question			
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information.	Agency	155	86.5%
	LIP	63	84.1%
Q10. LME-MCO communications to its provider network are informative and helpful.	Agency	155	91.0%
	LIP	70	82.9%
Q11. LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.	Agency	157	92.4%
	LIP	71	87.3%
Q12. LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.	Agency	153	84.3%
	LIP	64	85.9%
Q15. Trainings are informative and meet our needs as a provider/agency.	Agency	149	91.3%
	LIP	52	92.3%
Q19. LME/MCO website is a useful tool for helping my agency find the tools and materials needed to provide services.	Agency	156	92.3%
	LIP	62	82.3%

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

## Denials and Appeals by Provider Type

Question			
Q17. Denials for treatment and services are explained.	Agency	148	91.2%
	LIP	62	85.5%
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	Agency	132	87.1%
	LIP	42	81.0%




## Credentialing by Provider Type


















Question			
Q20. I receive appropriate notice on the need to recredential.	Agency	152	92.8%
	LIP	69	94.2%
Q21. Credentialing/recredentialing process occurs in a timely manner.	Agency	150	86.7%
	LIP	70	78.6%
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	Agency	144	95.1%
	LIP	64	95.3%














## APPENDIX A: COMPARISON OF 2019 AND 2020/2021 PROVIDER SATISFACTION SURVEY QUESTIONNAIRES





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

### Legend

-  New content in 2020/2021 questionnaire
-  ~~Dropped content from 2019 questionnaire~~
-  No change from 2019 to 2021 questionnaire

Seq*	Question Content
1	How long have you been a Medicaid provider <b>enrolled with an LME_MCO?</b>
2	<b>How many Medicaid beneficiaries did you serve in the last 12 months? (Please estimate to the best of your ability)</b>
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	 <del>Community</del>
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 <b>Waiver</b> Services
4.8	 TBI Waiver Services
5	What are the <del>primary</del> <b>Priority</b> 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
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	<del>Customer Service is responsive to local community stakeholders.</del>

Seq*	Question Content
10	When I speak with LME-MCO staff about claims issues, I am given consistent and accurate information.
11	<del>Claims trainings meet my needs.</del>
12	<del>Our claims are processed in a timely and accurate manner.</del>
13	<del>Information Technology trainings are informative and meet my agency's needs.</del>
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	<del>Our interests as a network provider are being adequately addressed in the local Provider Council.</del>
18	<del>How would you rate your overall satisfaction with Provider Network?</del>
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	<del>Technical assistance and information provided by staff is accurate and helpful.</del>
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 <sup>+</sup>	 Claims Processing Information
23.1 <sup>+</sup>	 <del>Information</del> Technology
23.15	 Payment Policy and Reimbursement
23.2	 Audit and <del>Reimbursement</del> Corrective Action Processes
23.25	 Enrollment
23.3	 Appeals
23.31	 Provider Appeals
23.35	 Member Appeals
23.4	 Quality Management and Reporting
23.45	 Clinical Coverage Policies/Evidence Based Practices
23.5	 Provider Monitoring
23.55	 Other
23.6	 No additional materials needed
24	<del>Authorizations for treatment and services are made within the required timeframes.</del>
25	Denials for treatment and services are explained.
26	<del>The authorizations issued are accurate (correct date, consumer and service).</del>
27	My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

Seq <sup>*</sup>	Question Content
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 2020/2021 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 B: 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.

### 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"> <li>1. The roll out of multiple MCOs has been difficult. Providers and members seem to get inconsistent communication and information on when changes are supposed to occur.</li> <li>2. Sometimes it seems like certain monitors have their own interpretation of rule and try to make providers do things that aren't required by rule.</li> <li>3. Communication is still not uniform. You get different messages from different players. Different people calling asking for the same things and having to duplicate sending stuff. It makes alot of extra work and it doesn't make sense. Also when receiving a request for information and left a message that is threatening that you have 24hrs to respond to the message. You expect it to be a life or death situation and when you call it's confirming services for an individual- not life or death or time sensitive situation. So you get the feeling that some may do this because they can. It's like a power trip.</li> </ol>
	Help/Ticket System	<ol style="list-style-type: none"> <li>4. Submitted tickets are bounced from person to person for days before reaching the "right" person who oftentimes doesn't know the answer either. I have sent emails to individuals that didn't get a response for over 90 DAYS</li> <li>5. They should cancel the ticket process and provide someone that provider can speak with they have concerns</li> <li>6. Would like to speak to Staff instead of having to email them<sup>b</sup></li> </ol>

Provider Type	Content Area	Comments (full text)
	<b>Inform providers</b>	<p><b>7.</b> Processes, such as the ability to exceed \$135k for Innovations members receiving SL3, has not ever been clearly outlined for providers. This was a sort of trial and error to change things and at one point the process for submission changed but there was no information given.</p> <p><b>8.</b> More communication about changes within the MCO to providers.</p> <p><b>9.</b> Need more communication - many of the questions I just answered were difficult</p> <p><b>10.</b> Provide information to providers and answer questions in a quicker manner.</p> <p><b>11.</b> communication can always improve in any place. covid 19 has everyone working from home</p> <p><b>12.</b> with the number of emails these days so easy to miss one make one fearful of missing communications</p> <p><b>13.</b> Update providers on the needs of the community</p>
	<b>Billing/Claims</b>	<p><b>14.</b> RB-BHT change of taxonomy for billing issues (from NC Tracks) not adequately communicated. Resolving this issue too 1+ year</p> <p><b>15.</b> A place on Provider Direct to show current dated contracted rates for consumers.</p> <p><b>16.</b> Communication is week, specifically with billing. This too can take weeks or longer.</p> <p><b>17.</b> We continue to ask questions like can x service occur concurrently with y service if it's clinically appropriate. The responses are entirely unhelpful. We've been told by other providers or have had claims deny or received paybacks for services rendered concurrently with a service that apparently could not occur concurrently. We understand if it's not possible to render the two concurrently, but we would like this information up front when we ask it. We're happy to submit supporting clinical documentation for a review but when asking about</p>

Provider Type	Content Area	Comments (full text)
		<p>adding services for a member, we don't receive feedback on this component. (I.e. Can RBBHT occur concurrently with speech, OT, or PT. We wanted to add speech services to our contract but we were told our MCO doesn't reimburse speech services but we know of Medicaid members (who do not have a private ins. As Primary or secondary) in the MCO region receiving speech services. As a provider, we're trying to meet a need by contracting with a speech provider to get our members needed services but did not receive helpful information from the MCO. We find we have to reach out 4 or 5 times asking questions differently each time to finally get a helpful response. When asking specific questions about what services a Medicaid B recipient versus a Medicaid C recipient can receive and offering questions with specific service CPT codes in them, our MCO staff aren't able to answer our questions.</p> <p><b>18.</b> Regarding claims and billing questions</p>
<b>LIP or LIP group</b>	<b>Help/Ticket System</b>	<p><b>19.</b> There is a lack of communication and I receive different information depending on who I talk with. Having a liaison as we did in the past was helpful. We actually had a specific person we could always go to. Now we are giving obscure tickets with various people to talk with. Also, the changes with having different plans to bill, having to know who has what plan, keeping up on whether they change the plan has made it extremely difficult for an independent provider to manage.</p>
	<b>Billing/Claims</b>	<p><b>20.</b> Resolving billing issues when the LME denies claims based on a member having TPI when the member no longer has the other insurance</p>



Provider Type	Content Area	Comments (full text)
	<b>Target communication</b>	<p><b>21.</b> Many times, the Bulletins created by Trillium are not informative enough - leaving us to have to chase down additional explanations. That extra time takes away from clinical work.</p> <p><b>22.</b> I receive several communication bulletins that are not applicable to the services I provide. I think a listserv can be created based on provider services to ensure all emails are read. Also, the subject line of the email blasts should describe the body of the email. Often, URGENT is in the subject line and the email does not apply to this agency.</p> <p><b>23.</b> The "Urgent" communications we receive from Trillium are usually not at all urgent, and too much information is covered in each communication. If there was some way to make these more relevant to individual providers, that would be most welcome.</p> <p><b>24.</b> I feel Like it would be helpful to limited communications to the areas of service/provider type. There are so many newsletters/ updates that are not relevant to everyone, it makes it easy to miss things.</p>

<sup>b</sup> Captured in Customer Service Responsiveness comments table

## Q24. CONCERNS AND ISSUES: CUSTOMER SERVICE RESPONSIVENESS

Provider Type	Content Area	Comments (full text)
<b>Provider Agency</b>	<b>Effectiveness</b>	<p><b>1.</b> When assistance is requested, the providers' manual is always the response but no direct assistance is provided easily.</p> <p><b>2.</b> Ticketed to get a response</p> <p><b>3.</b> I wish I could talk to someone about my concerns, not just put in a ticket and wait. I wish there was a provider liaison</p> <p><b>4.</b> When dealing with claims you have to submit your issues now and not speak with a person.</p>

Provider Type	Content Area	Comments (full text)
		<p><b>5.</b> Sometimes they can be difficult to reach. Other times you may get conflicting instructions from different employees. The ticket process for tech issues are confusing and not always helpful.</p> <p><b>6.</b> I don't like the ticket method if they still use that</p> <p><b>7.</b> I hate the service/help ticket that must be completed for any provider need. Often the Help Ticket gets closed without them telling you why or if your problem was solved.</p>
	<b>Efficiency</b>	<p><b>8.</b> Clearer answers are needed. Questions are sometimes answered by referring to a FAQ or Bulletin. If we are asking a question, it is because we did not get a clear answer from what is already available. Often requires multiple emails just to get a yes or no answer.</p> <p><b>9.</b> Mostly hard to be in contact in times of immediate assistance needed</p> <p><b>10.</b> I would like to speak with an individual in some cases instead of email</p> <p><b>11.</b> It is difficult to communicate with any of MCOs. To get an answer to question takes multiple attempts of asking the question and following up. Sometimes questions go unanswered.</p> <p><b>12.</b> General email ticket system doesn't allow for timely outreach. Increased provider interactions for staff to discuss services/organization specifics</p>
	<b>Timeliness of Response</b>	<p><b>13.</b> Many consumers are concerned about responsiveness of the MCO and express that to our agency. <sup>a</sup></p> <p><b>14.</b> Do not get responses from Network Operations and Provider Representatives in a timely fashion</p> <p><b>15.</b> While the customer service rep is quick to respond now that a question has been forwarded to another department, the questions asked take a while (a month</p>

Provider Type	Content Area	Comments (full text)
		<p>or longer sometimes) to be answered by other departments.</p> <p><b>16.</b> Weeks out for appropriate and effective response.</p> <p><b>17.</b> I don't serve many clients, but one's services were being denied. It took multiple calls by me, staff, and client with conflicting info given and promises to return calls that were not done. Disappointed in staff, as client needed help.</p> <p><b>18.</b> You have some who are very responsive and then you have some who will never return a call or e-mail until they want something from you.</p> <p><b>19.</b> Contact in a timely manner</p>
	<b>Reachable relevant contact</b>	<p><b>20.</b> It is difficult to speak with an individual to ask questions and to gain information on denied authorizations.<sup>a</sup></p> <p><b>21.</b> Very hard to get answers to questions. Very hard to figure out who to talk to. Information is often confusing. Personnel do not seem to be communicating with each other.<sup>a</sup></p> <p><b>22.</b> It would be nice to have a provider contact to call directly with questions.</p>
	<b>Call center staff knowledge</b>	<p><b>23.</b> Limited access to knowledgeable employees<sup>a</sup></p> <p><b>24.</b> Customer service could be more knowledgeable</p>
<b>LIP or LIP group</b>	<b>Effectiveness</b>	<p><b>25.</b> I find the "ticket" method of asking a question to be frustrating at times.</p>
	<b>Efficiency</b>	<p><b>26.</b> The "ticket" approach sometimes feels inefficient when the questions/concern is simple and needs to be resolved quickly</p> <p><b>27.</b> Not allowed to speak to anyone, only through a ticket.</p>
	<b>Call center staff knowledge</b>	<p><b>28.</b> Often, the initial person(s) answering the phone are not well-informed, then adding time to get to a person who actually has an effective and accurate answer.</p>

Provider Type	Content Area	Comments (full text)
		<p><b>29.</b> There is inconsistent information and the actual people who work for the LME/MCO do not even understand the changes that have been made in the past year. Therefore, it is also extremely difficult for the provider to also be expected to understand. LME/ MCO services have consistently worsened with each year I have been a provider and I have been a provider since 2005.</p>
	<b>Reachable relevant contact</b>	<p><b>30.</b> It would be simple enough for staff to have direct telephone numbers. Going through the switchboard repeatedly to contact or return a call is cumbersome. The underlying message is that they want to make contact hard.<sup>a</sup></p> <p><b>31.</b> Identified contacts for Providers would be beneficial to ensure understanding of services/organization when seeking assistance .<sup>a</sup></p>

<sup>a</sup> Captured in Communication with Providers and Members comments table

## Q24. CONCERNS AND ISSUES: WEBSITE

Provider Type	Content Area	Comments (full text)
<b>Provider Agency</b>	<b>Finding Information</b>	<p><b>1.</b> The search option could be more robust so that needed items would be easier to find.</p> <p><b>2.</b> difficult to navigate</p> <p><b>3.</b> Website needs to accommodate searches.</p> <p><b>4.</b> Better search engine to find more specific information.</p> <p><b>5.</b> Mostly clear but can be confusing</p> <p><b>6.</b> Hard to locate what you need</p> <p><b>7.</b> Difficult to navigate</p>
	<b>Missing Information</b>	<p><b>8.</b> More thorough information on what services are offered and how to connect members to services is needed</p> <p><b>9.</b> Definitions of services and criteria for qualification can be non-existent or impossible to find.<sup>a</sup></p>

Provider Type	Content Area	Comments (full text)
LIP or LIP group	Finding Information	<p><b>10.</b> The search function never seems to point me where I need to go on the website. The Provider Directory is not accurate and despite sending in change forms, isn't updated.</p> <p><b>11.</b> I don't find it user friendly</p>

<sup>a</sup> Captured in *Communication with Providers and Members* comments table

## 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.

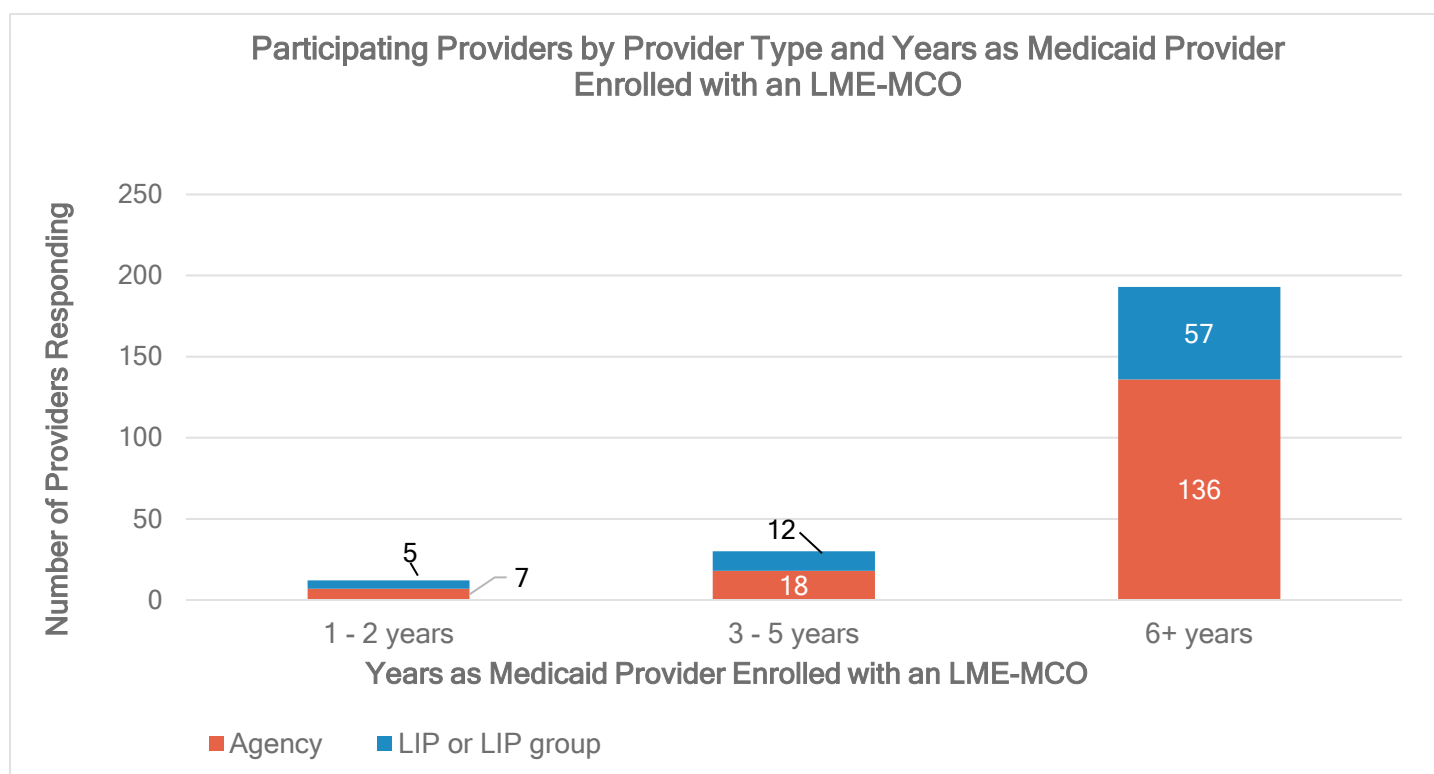
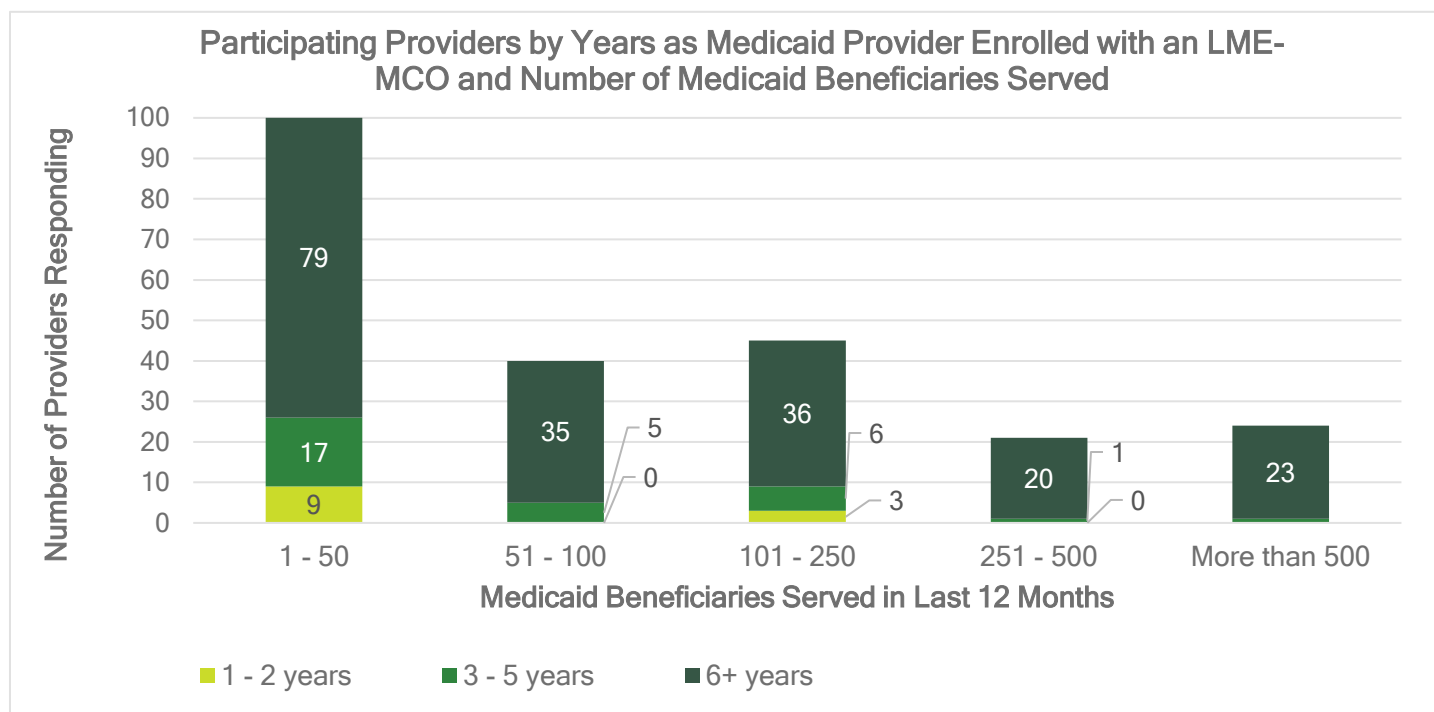
Provider Type	Content Area	Comments (full text)
Provider Agency	Credentialing	<p><b>1.</b> Instructions regarding credentialing could be more forthright. <sup>a</sup></p> <p><b>2.</b> Credentialing system is broken <sup>b</sup></p>
	Network Openness	<p><b>3.</b> Trillium needs to increase the number of providers for high use services. <sup>a</sup></p> <p><b>4.</b> Be more inclusive of providers that may have fewer Trillium persons served. <sup>a</sup></p>
	Care Coordination	<p><b>5.</b> Having to submit a ticket for a simple question, Care Coordinators do not respond until it has been 48 hours. Inconsistency amongst care coordinators. Not being able to pick up the phone and speak to a person to get a simple response. <sup>a</sup></p> <p><b>6.</b> Consistent information from all care coordinators. <sup>a</sup></p>
	Other	<p><b>7.</b> Please Eastpointe MCO should be retrained on care continuation. They place their members in an inappropriate facilities. <sup>a</sup></p> <p><b>8.</b> Eastpointe MCO has the poorest customer service relations. <sup>b</sup></p> <p><b>9.</b> Per Diem Rate does not meet the needs of client's needs. Rouses meets the needs of clients with dual diagnoses, many of the are unserved and/or underserved. <sup>b</sup></p>

Provider Type	Content Area	Comments (full text)
LIP or LIP group	Credentialing	<b>10.</b> I was not notified about the laps in my LCSW, and malpractice insurance. I never hear from my contact person, I have no idea who they are. <sup>a</sup>
	Network openness	<b>11.</b> NETWORK PROVIDER ELIGIBILITY. OPEN THE NETWORK FOR ADDITIONAL PROVIDERS; OR FOR ALREADY CREDENTIALLED PROVIDERS TO MOVE WITHIN A CATCHMENT OR START THEIR OWN PRACTICE AS AN LIP. <sup>a</sup>

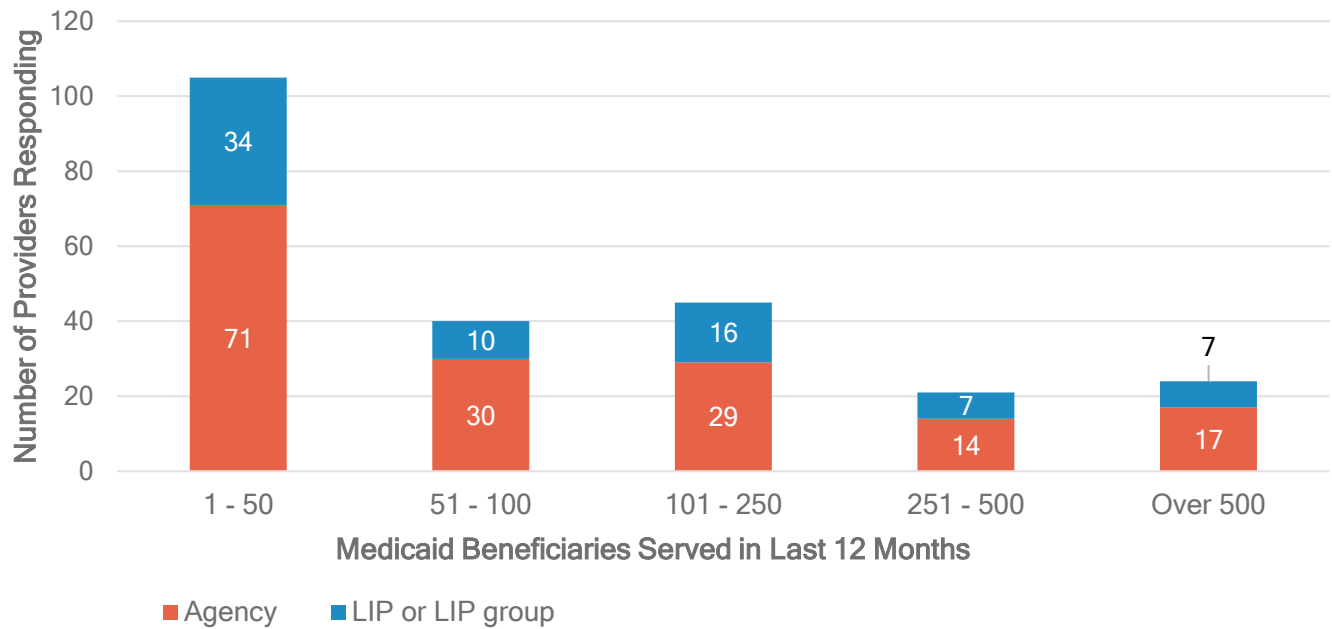
<sup>a</sup> Captured in *Communication with Providers and Members* comments table

<sup>b</sup> Captured in *Customer Service Responsiveness* comments table

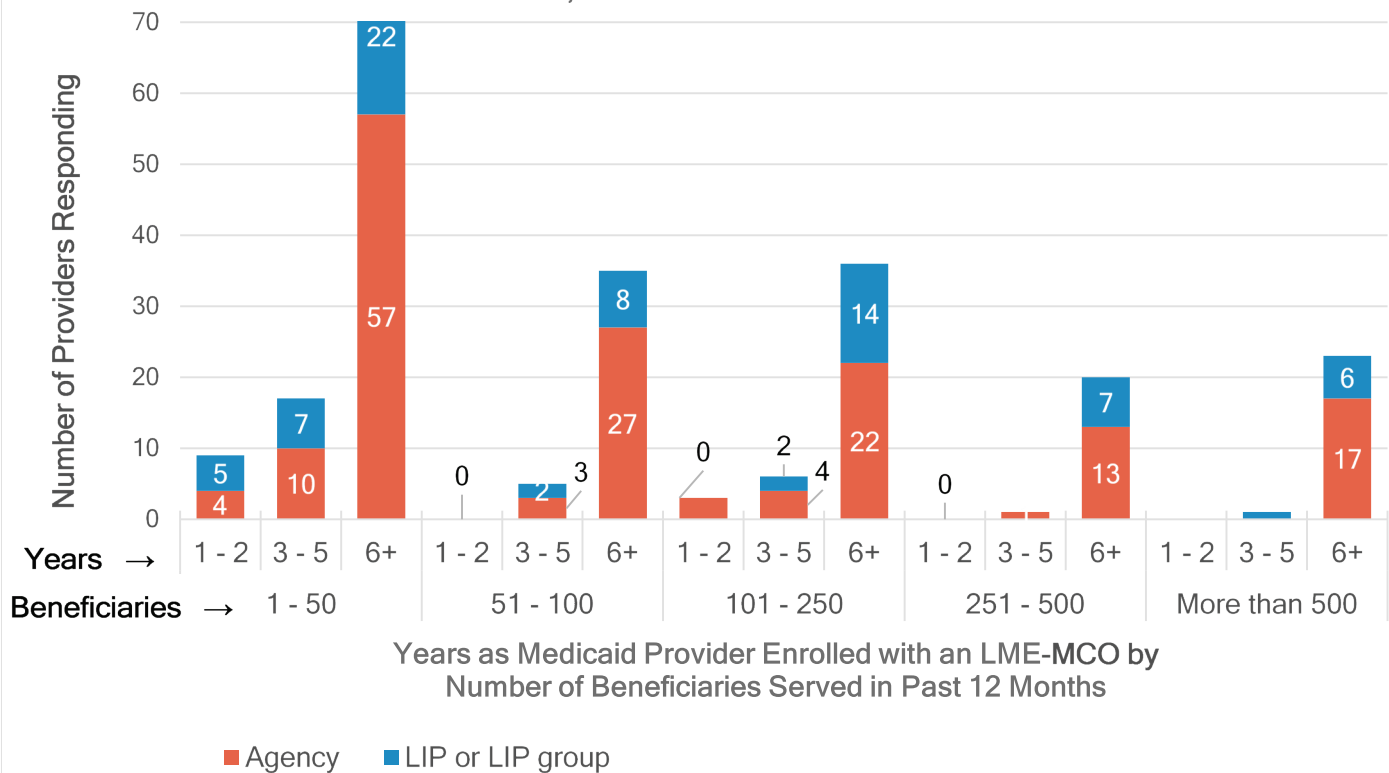
## APPENDIX C: PROVIDER CHARACTERISTICS CROSSTABS AND SATISFACTION HEAT MAP



Participating Providers by Provider Type and Medicaid Beneficiaries Served in Past 12 Months



Participating Providers by Provider Type, Years as Medicaid Provider Enrolled with an LME-MCO, and Number of Medicaid Beneficiaries Served





## 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	78.7% (7)			No Data	
	LIP or LIP group	97.7% (5)	No Data			
3 - 5 Years	Agency	76.5% (18)			No Data	
	LIP or LIP group	94.3% (11)				
6+ Years	Agency	91.9% (57)	87.9% (27)	96.3% (21)	92.4% (30)	
	LIP or LIP group	87.6 (21)	98.5% (8)	83.0% (27)		

Satisfaction Level Key: ■ below 70-79% ■ 80 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

## OPPORTUNITIES FOR IMPROVEMENT

Based on the Opportunities for Improvements outlined in the chart on page 12 as well as comments received from providers the following actions are recommended to increase provider satisfaction:

1. Provide additional education to providers in a Communication Bulletin about the Provider Support Service Line. This line should help providers to be connected with a relevant contact as well as to speak with a person instead of communicating via email or tickets.
2. Communicate with Trillium departments to ensure that responses are being provided within the required timelines as well as provide information and education to providers through a Communication Bulletin about the responsiveness of Trillium staff and how to express concerns when a provider has not received a response according to this policy.

## NEXT STEPS

1. This report will be shared with QIC in July 2022 to review Opportunities for Improvement and assess for additional recommendations.
2. Share report results with Trillium departments that have topics included within Opportunities for Improvement to receive feedback on any policy or process changes completed or recommendations for future changes.