



# Vaya Health

# 2019 Provider Satisfaction Survey Results

December 2019



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Vaya Health Using this report

### **Using This Report**

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

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

The purpose of the survey is to assess provider perceptions of the seven LME/MCOs in North Carolina. The results from this survey allow 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.

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

Vaya Health Methodology

#### Methodology

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

An active provider is defined as a Medicaid Waiver provider that has at least five 1915(b)/(c) Waiver encounters within the previous six months (March 1, 2019 through August 31, 2019). The survey was administered over a six-week period using a web survey protocol. Reminder calls to any non-responding provider offices were also used to encourage providers to participate. Email requests for non-responders to complete the survey went out twice a week during the field period. The reminder calls to non-responding providers' offices began during the third week of the field period and continued until the end of data collection.

#### **Survey Milestones**

1 First email request: October 7, 2019
2 Follow-up email requests began: October 10, 2019
3 Reminder calls began: October 28, 2019
4 Data collection terminated: November 22, 2019

#### Sampling Frame

The seven participating health plans contributed a total of 4,313 provider records for inclusion in the survey. A provider record was considered ineligible for the survey if the provider's email address was missing. Duplicate records, those with duplicate email addresses and duplicate provider names, were also removed for a final total of 4,201 provider records for inclusion into the survey. Vaya Health provided 407 provider records in their provider sample frame. After removing missing email addresses and duplicate records Vaya Health had 385 provider records for inclusion in the survey.

#### Selection of Cases for Analysis

Surveys were considered complete if a respondent provided a valid response to at least one question in the survey. Completed usable surveys were obtained from 275 Vaya Health providers, and the Vaya Health usable response rate was 74.9%.

#### Questionnaire

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

#### **Definition of Achievement Scores**

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

Vaya Health Methodology

#### **Definition of Top Box Scores and Hollow Bars**

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

#### **Weighted Totals**

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

#### Statistical Testing

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

Vaya Health Sample Disposition

## **Sample Disposition**

	Vaya Health
Initial Email Invitation - sent	385
†Email bounce back with non-delivery message	18
*Completed usable surveys	275
Response Rate	74.9%

<sup>\*</sup>Included in response rate numerator

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

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Vaya Health provided 407 provider records in their provider sample frame. After removing missing email addresses and duplicate records Vaya Health had 385 provider records for inclusion in the survey.

The survey was administered over a six-week period using a web survey protocol. Reminder calls to the provider's office were also used to encourage providers to participate. Email requests to complete the survey went out twice a week during the field period. The reminder calls began during the third week of the field period and continued until the end of data collection.

<sup>†</sup>Excluded from response rate denominator

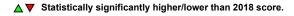
Vaya Health Executive Summary

## Trend Analysis - 2019 vs. 2018

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

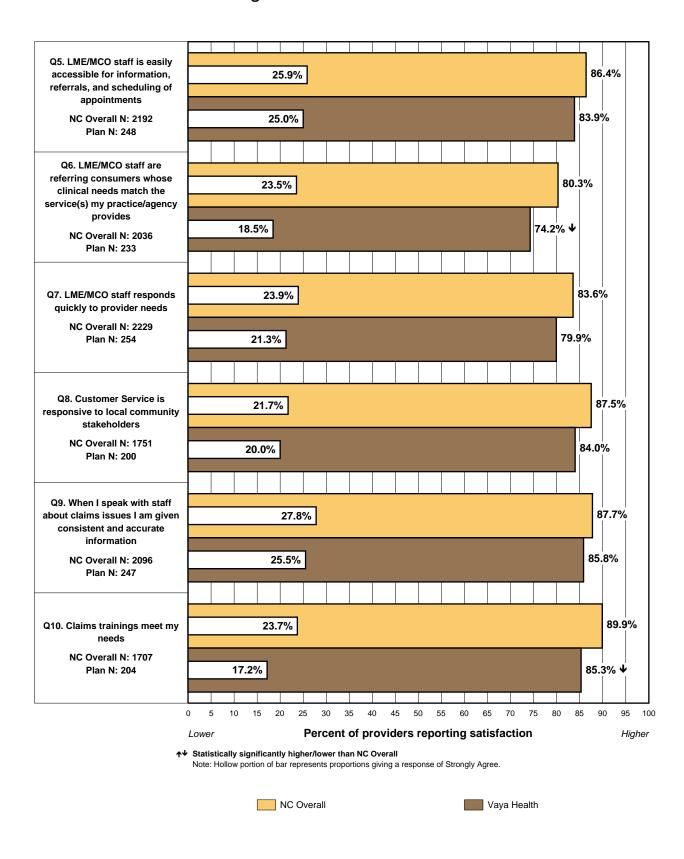
In the table presented below, differences over time may be readily apparent. However, where these differences are not statistically significant they should be evaluated accordingly.

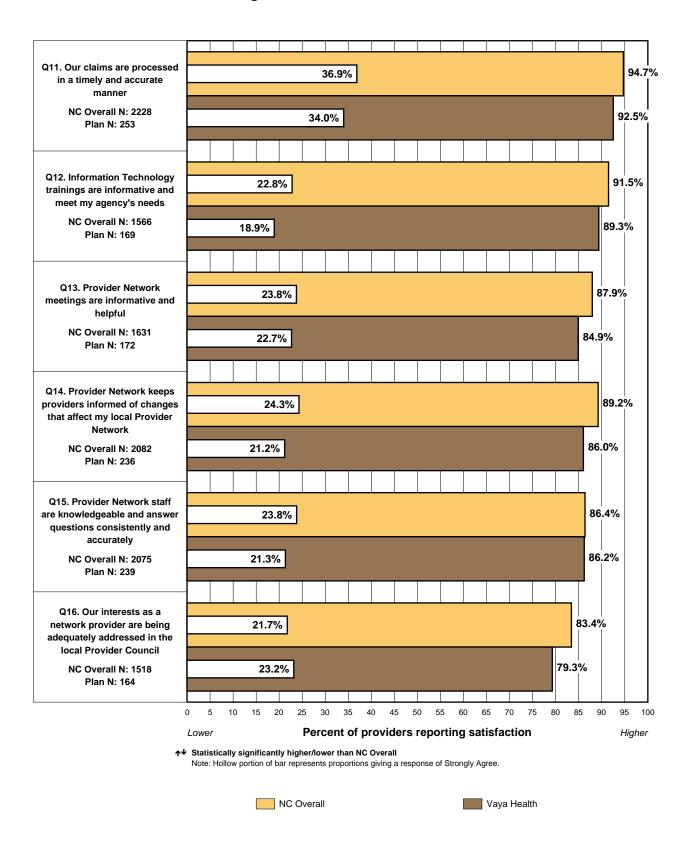
Question	VH 2019 Score	VH 2018 Score	Point Change
Q17. Overall satisfaction with Provider Network	88.0%	83.0%	+ 5.0
Q20. Technical assistance and information provided by staff is accurate and helpful	91.6%	87.2%	+ 4.4
Q15. Provider Network staff are knowledgeable and answer questions consistently and accurately	86.2%	82.8%	+ 3.4
Q9. When I speak with staff about claims issues I am given consistent and accurate information	85.8%	82.7%	+ 3.1
Q12. Information Technology trainings are informative and meet my agency's needs	89.3%	87.3%	+ 2.0
Q14. Provider Network keeps providers informed of changes that affect my local Provider Network	86.0%	84.3%	+ 1.7
Q16. Our interests as a network provider are being adequately addressed in the local Provider Council	79.3%	78.1%	+ 1.2
Q28. Overall satisfaction with the LME/MCO	87.8%	86.7%	+ 1.1
Q11. Our claims are processed in a timely and accurate manner	92.5%	91.5%	+ 1.0
Q25. The authorizations issued are accurate (correct date, consumer and service)	96.2%	95.3%	+ 0.9
Q5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments	83.9%	84.2%	- 0.4
Q24. Denials for treatment and services are explained	83.4%	84.0%	- 0.6
Q21. Trainings are informative and meet our needs as a provider/ agency	87.3%	88.3%	- 1.0
Q27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services	81.3%	82.4%	- 1.1
Q8. Customer Service is responsive to local community stakeholders	84.0%	86.3%	- 2.3
Q13. Provider Network meetings are informative and helpful	84.9%	87.6%	- 2.8
Q10. Claims trainings meet my needs	85.3%	88.3%	- 3.0
Q26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s)	81.4%	84.3%	- 3.0
Q6. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides	74.2%	77.5%	- 3.2
Q19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable	88.1%	92.7%	- 4.6

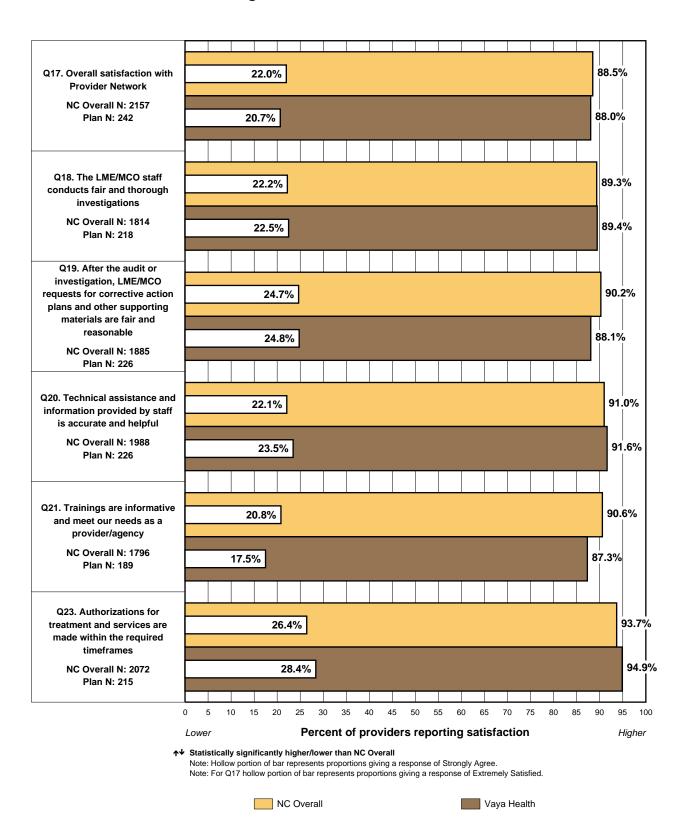


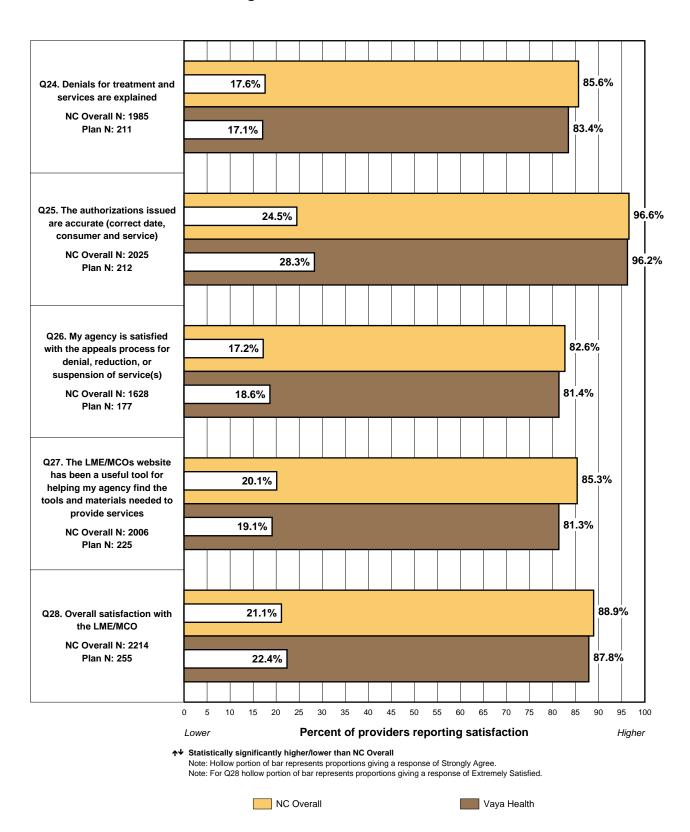
Worse

Better









# **Responses by Question**

#### Q1. How long have you been a Medicaid provider?

	VH 2019	
	N	%
Less than 6 months	6	2.2%
1 - 2 years	8	2.9%
3 - 5 years	25	9.1%
6 years or more	235	85.8%
Total	274	100.0%
Not Answered	1	

#### Q2. What is your provider type?

	VH 2019	
	N	%
Provider Agency	179	65.3%
Licensed Independent Practitioner (LIP) or LIP group	83	30.3%
Community Hospital	12	4.4%
Total	274	100.0%
Not Answered	1	

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

	VH	VH 2019	
	N	%	
Yes	94	34.3%	
No	180	65.7%	
Total	274	100.0%	
Not Answered	1	·	

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

	VH 2019	
	N	%
Yes	144	52.6%
No	130	47.4%
Total	274	100.0%
Not Answered	1	

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

	VH 2019	
	N	%
Yes	103	37.6%
No	171	62.4%
Total	274	100.0%
Not Answered	1	

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

	VH	VH 2019	
	N	%	
Yes	24	8.8%	
No	250	91.2%	
Total	274	100.0%	
Not Answered	1		

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

	VI	VH 2019	
	N	%	
Yes	19	6.9%	
No	255	93.1%	
Total	274	100.0%	
Not Answered	1		

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

	VH	VH 2019	
	N	%	
Yes	82	29.9%	
No	192	70.1%	
Total	274	100.0%	
Not Answered	1		

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

	Г	VH 2019	
		N	%
Yes		120	43.8%
No		154	56.2%
Total		274	100.0%
Not Answered		1	

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

	VH	VH 2019	
	N	%	
Yes	83	30.3%	
No	191	69.7%	
Total	274	100.0%	
Not Answered	1		

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

	VH	VH 2019	
	N	%	
Yes	144	52.6%	
No	130	47.4%	
Total	274	100.0%	
Not Answered	1		

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

	VH 2	VH 2019	
	N	%	
Yes	162	59.1%	
No	112	40.9%	
Total	274	100.0%	
Not Answered	1		

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

		VH 2019	
	N	l .	%
Yes		65	23.7%
No	2	209	76.3%
Total	2	274	100.0%
Not Answered	_	1	

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

	VH	VH 2019	
	N	%	
Yes	46	16.8%	
No	228	83.2%	
Total	274	100.0%	
Not Answered	1		

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	62	25.0%	
Agree	146	58.9%	
Disagree	30	12.1%	
Strongly Disagree	10	4.0%	
No Response	25		
Total	248	100.0%	
Not Answered	2		
Reporting Category	Single Items		
Achievement Score	83.8	83.87%	
2019 vs. 2018: +/- Chg ( <b>↑</b> ♥ Stat. sig.)	-0	-0.4	

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

	VH	2019	
	N	%	
Strongly Agree	43	18.5%	
Agree	130	55.8%	
Disagree	30	12.9%	
Strongly Disagree	30	12.9%	
No Response	40		
Total	233	100.0%	
Not Answered	2		
Reporting Category Single		e Items	
Achievement Score	74.	74.25%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)		-3.2	

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

	VH 2	2019	
	N	%	
Strongly Agree	54	21.3%	
Agree	149	58.7%	
Disagree	41	16.1%	
Strongly Disagree	10	3.9%	
No Response	19		
Total	254	100.0%	
Not Answered	2		
Reporting Category	Single	Items	
Achievement Score	79.9	79.92%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+0.	+0.4	

#### Q8. Customer Service is responsive to local community stakeholders.

	VH	VH 2019	
	N	%	
Strongly Agree	40	20.0%	
Agree	128	64.0%	
Disagree	22	11.0%	
Strongly Disagree	10	5.0%	
No Response	73		
Total	200	100.0%	
Not Answered	2		
Reporting Category	Sing	Single Items	
Achievement Score	84	84.00%	
2019 vs. 2018: +/- Chg ( <b>↑</b> ♦ Stat. sig.)	-	-2.3	

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	63	25.5%	
Agree	149	60.3%	
Disagree	27	10.9%	
Strongly Disagree	8	3.2%	
No Response	25		
Total	247	100.0%	
Not Answered	3		
Reporting Category	Single	Single Items	
Achievement Score	85.8	85.83%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+3	+3.1	

#### Q10. Claims trainings meet my needs.

Į VH	VH 2019	
N	%	
35	17.2%	
139	68.1%	
25	12.3%	
5	2.5%	
67		
204	100.0%	
4		
Sing	Single Items	
85	85.29%	
	-3.0	
	N 35 139 25 5 67 204 4 Sing	

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	86	34.0%	
Agree	148	58.5%	
Disagree	13	5.1%	
Strongly Disagree	6	2.4%	
No Response	18		
Total	253	100.0%	
Not Answered	4		
Reporting Category	Single	Items	
Achievement Score	92.49%		
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+1.0		

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

	VI	VH 2019	
	N	%	
Strongly Agree	32	18.9%	
Agree	119	70.4%	
Disagree	16	9.5%	
Strongly Disagree	2	1.2%	
No Response	102		
Total	169	100.0%	
Not Answered	4		
Reporting Category	Sin	gle Items	
Achievement Score	8	89.35%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)		+2.0	

#### Q13. Provider Network meetings are informative and helpful.

	VH 2019	
	N	%
Strongly Agree	39	22.7%
Agree	107	62.2%
● Disagree	20	11.6%
Strongly Disagree	6	3.5%
No Response	98	
Total	172	100.0%
Not Answered	5	
Reporting Category	Single	Items
Achievement Score	84.88%	
2019 vs. 2018: +/- Chg ( <b>↑</b> ♦ Stat. sig.)	-2	.8

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	50	21.2%	
Agree	153	64.8%	
Disagree	25	10.6%	
Strongly Disagree	8	3.4%	
No Response	35		
Total	236	100.0%	
Not Answered	4		
Reporting Category	Single	e Items	
Achievement Score	86.	02%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+1	.7	

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

	VH	VH 2019	
	N	%	
Strongly Agree	51	21.3%	
Agree	155	64.9%	
Disagree	28	11.7%	
Strongly Disagree	5	2.1%	
No Response	31		
Total	239	100.0%	
Not Answered	5		
Reporting Category	Sing	le Items	
Achievement Score	86	5.19%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)	+	3.4	

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

		VH 2019	
	N	l	%
Strongly Agree		38	23.2%
Agree		92	56.1%
Disagree		26	15.9%
Strongly Disagree		8	4.9%
No Response	1	05	
Total	1	64	100.0%
Not Answered		6	
Reporting Category	5	Single	Items
Achievement Score		79.27%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)		+1.2	2

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

	V	VH 2019	
	N	%	
Extremely Satisfied	50	20.7%	
Satisfied	163	3 67.4%	
Dissatisfied	19	7.9%	
Extremely Dissatisfied	10	4.1%	
No Response	27	7	
Total	242	2 100.0%	
Not Answered	(	6	
Reporting Category	Sir	ngle Items	
Achievement Score	3	38.02%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)		+5.0	

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

	VH	VH 2019	
	N	%	
Strongly Agree	49	22.5%	
Agree	146	67.0%	
Disagree	18	8.3%	
Strongly Disagree	5	2.3%	
No Response	51		
Total	218	100.0%	
Not Answered	6		
Reporting Category	Singl	e Items	
Achievement Score	89	.45%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+(	0.3	

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	56	24.8%	
Agree	143	63.3%	
Disagree	20	8.8%	
Strongly Disagree	7	3.1%	
No Response	42		
Total	226	100.0%	
Not Answered	7		
Reporting Category	Single	Items	
Achievement Score	88.0	)5%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	-4	.6	

Response scored as: Room for Improvement Achievement

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

	VH 2019	
	N	%
Strongly Agree	53	23.5%
Agree	154	68.1%
Disagree	15	6.6%
Strongly Disagree	4	1.8%
No Response	43	
Total	226	100.0%
Not Answered	6	
Reporting Category	Single	Items
Achievement Score	91.59%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+4.4	

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

	VH:	VH 2019	
	N	%	
Strongly Agree	33	17.5%	
Agree	132	69.8%	
Disagree	19	10.1%	
Strongly Disagree	5	2.6%	
No Response	80		
Total	189	100.0%	
Not Answered	6		
Reporting Category	Single	e Items	
Achievement Score	87.	30%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)	-1	.0	

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

		VH 2019	
	N	N %	
Yes		57	21.1%
No		213	78.9%
Total	2	270	100.0%
Not Answered		5	

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

	V	H 2019
	N	%
Yes	30	11.1%
No	240	88.9%
Total	270	100.0%
Not Answered		5

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

	VH	VH 2019	
	N	%	
Yes	24	8.9%	
No	246	91.1%	
Total	270	100.0%	
Not Answered	5		

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

	V	VH 2019	
	N	%	
Yes	3	7 13.7%	
No	23	3 86.3%	
Total	27	0 100.0%	
Not Answered		5	

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

	V	H 2019
	N	%
Yes	40	14.8%
No	230	85.2%
Total	270	100.0%
Not Answered		5

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

	VH 2019	
	N	%
Yes	61	22.6%
No	209	77.4%
Total	270	100.0%
Not Answered	5	

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

	VH	VH 2019	
	N	%	
Yes	86	31.9%	
No	184	68.1%	
Total	270	100.0%	
Not Answered	5		

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

	,	VH 2019	
	N	%	
Yes		96 35.6%	
No	17	74 64.4%	
Total	27	70 100.0%	
Not Answered		5	

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

	Г	VH 2019	
		N	%
Yes		87	32.2%
No		183	67.8%
Total		270	100.0%
Not Answered		5	

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

	,	VH 2019	
	N	%	
Yes	4	14.8%	
No	23	85.2%	
Total	27	70 100.0%	
Not Answered		5	

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

	VH 2	2019
	N	%
Strongly Agree	61	28.4%
Agree	143	66.5%
Disagree	8	3.7%
Strongly Disagree	3	1.4%
No Response	54	
Total	215	100.0%
Not Answered	6	
Reporting Category	Single	Items
Achievement Score	94.88%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	+0.8	

#### Q24. Denials for treatment and services are explained.

	VH 2	2019
	N	%
Strongly Agree	36	17.1%
Agree	140	66.4%
Disagree	32	15.2%
Strongly Disagree	3	1.4%
No Response	58	
Total	211	100.0%
Not Answered	6	
Reporting Category	Single	tems
Achievement Score	83.4	41%
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)	-C	).6

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	60	28.3%	
Agree	144	67.9%	
● Disagree	7	3.3%	
Strongly Disagree	1	0.5%	
No Response	57		
Total	212	100.0%	
Not Answered	6		
Reporting Category	Single	Items	
Achievement Score	96.2	23%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)	+0.9		

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

	VH	VH 2019	
	N	%	
Strongly Agree	33	18.6%	
Agree	111	62.7%	
Disagree	26	14.7%	
Strongly Disagree	7	4.0%	
No Response	92		
Total	177	100.0%	
Not Answered	6		
Reporting Category	Singl	e Items	
Achievement Score	81	81.36%	
2019 vs. 2018: +/- Chg (♠♦ Stat. sig.)	-	-3.0	

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

	VH 2	VH 2019	
	N	%	
Strongly Agree	43	19.1%	
Agree	140	62.2%	
Disagree	28	12.4%	
Strongly Disagree	14	6.2%	
No Response	44		
Total	225	100.0%	
Not Answered	6		
Reporting Category	Single Items		
Achievement Score	81.3	33%	
2019 vs. 2018: +/- Chg (♠♥ Stat. sig.)	-1	.1	

Response scored as: Room for Improvement Achievement

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

	V	VH 2019	
	N	%	
Extremely Satisfied	57	7 22.4%	
Satisfied	167	7 65.5%	
Dissatisfied	23	9.0%	
Extremely Dissatisfied	8	3.1%	
No Response	14	1	
Total	255	5 100.0%	
Not Answered	6	3	
Reporting Category	Sir	ngle Items	
Achievement Score	8	37.84%	
2019 vs. 2018: +/- Chg ( <b>↑</b> Stat. sig.)		+1.1	

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

	VH	VH 2019	
	N	%	
Yes	7	2.6%	
No	262	97.4%	
Total	269	100.0%	
Not Answered	6		



Your agency has been identified as a provider of services for the NC 1915(b)/(c) Medicaid Waiver for {Health Plan}. NC Medicaid surveys agencies on a yearly basis and over the next few months the 2019 DHHS Provider Satisfaction Survey will be conducted for all providers that have contracted with the LME/MCOs to provide services for the 1915(b)/(c) Medicaid Waiver. 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 practices in all Medicaid Waiver sites. The results of this survey are important to NC Medicaid because it helps them to assess the LME/MCOs ability to; 1) interact with their network of providers, 2) provide training and support to all agencies, and 3) provide Medicaid Waiver related materials that help to strengthen your practice.

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

	e LME/MCOs will be de-identified results. If you have any questions related to this survey please contact DataStat be at a pss.support@datastat.com or toll free at 1-866-387-9013.
1.	How long have you been a Medicaid provider?
	<ul><li>Less than 6 months</li></ul>
	○ 1 - 2 years
	<ul><li>3 - 5 years</li></ul>
	6 years or more
2.	What is your provider type?
	Provider Agency
	Licensed Independent Practitioner (LIP) or LIP group
	Community Hospital
3.	Please select the services you provide. <i>Please check all that apply</i> .
••	
	<ul><li>Community</li><li>Outpatient</li></ul>
	Residential
	☐ Inpatient (Include psychiatric, detoxification, and/or crisis)
	Intermediate Care Facility
	☐ Innovations Services
4.	What are the Priority Populations served? Please check all that apply.
	☐ Adult Intellectual/Developmental Disability
	☐ Child Intellectual/Developmental Disability
	Adult Mental Health
	Child Mental Health
	Adult Substance Abuse
	Child Substance Abuse

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
<ol> <li>LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments.</li> </ol>		0	0	0	0
<ol> <li>LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.</li> </ol>		0	0		0
<ol> <li>LME/MCO staff responds quickly to provide needs.</li> </ol>	r	0		0	
8. Customer Service is responsive to local community stakeholders.		0	0	0	
9. When I speak with staff about claims issues I am given consistent and accurate information		0	0	0	
10. Claims trainings meet my needs.					
11. Our claims are processed in a timely and accurate manner.	0	0	0	0	
12. Information Technology trainings are informative and meet my agency's needs.		0	0	0	
13. Provider Network meetings are informative and helpful.	0	0	0	0	
14. Provider Network keeps providers informed of changes that affect my local Provider Network.		0	0		
15. Provider Network staff are knowledgeable and answer questions consistently and accurately.		0	0	0	0
16. Our interests as a network provider are being adequately addressed in the local Provider Council.		0	0		

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

Satisfied

Dissatisfied

Extremely Dissatisfied

No Response

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
<ol><li>The LME/MCO staff conducts fair and thorough investigations.</li></ol>	0		0		0
<ol> <li>After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.</li> </ol>	0		0		0
20. Technical assistance and information provided by staff is accurate and helpful.	0		0	0	
21. Trainings are informative and meet our needs as a provider/agency.	0		0	0	

. For which of the following topics would you like apply.	to see more t	raining and	education ma	iterials? <i>Pleas</i>	se check all the
☐ Claims Processing					
☐ Information Technology					
Payment Policy					
☐ Enrollment					
☐ Appeals					
<ul> <li>Audit and Reimbursement</li> </ul>					
<ul> <li>Quality Management and Reporting</li> </ul>					
☐ Clinical Coverage Policies					
☐ Provider Monitoring					
Other, (please specify)					
each of the statements below, please indicate who statement is not applicable, please select No Resp	oonse.	ongly Agre	e, Agree, Disa		
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
23. Authorizations for treatment and services are made within the required timeframes.		0	0		0
24. Denials for treatment and services are explained.		0	0		
25. The authorizations issued are accurate (correct date, consumer and service).		0	0	0	
26. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).	0	0	0	0	0
27. The LME/MCOs website has been a useful tool for helping my agency find the tools and materials needed to provide services.	0		0	0	0
materials needed to provide services.  Please rate your overall satisfaction with the LM  Extremely Satisfied  Satisfied  Dissatisfied					
<ul> <li>Extremely Dissatisfied</li> <li>No Response</li> </ul> Would you like to be contacted regarding your respectively.	esnonses to th	nis survey?			
Yes	caponaca to ti	iis sui vey:			

Name		
Phone number		
Please state your specific concerns / issues		

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.

Thank you for completing the 2019 Provider Satisfaction Survey. Please go ahead and close your browser window.