

Alliance Health

2021 Provider Satisfaction Survey Results

May 2022



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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 "LME/MCO staff respond quickly to provider needs" 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 six 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.

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 was defined as a Medicaid Waiver provider that had at least five 1915(b)/(c) Waiver encounters between July 1, 2021 and December 31, 2021. 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:	February 25, 2022
2	Follow-up email requests began:	March 4, 2022
3	Reminder calls began:	March 18, 2022
4	Data collection terminated:	April 8, 2022

Sampling Frame

The six participating health plans contributed a total of 5,974 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 sharing an email address and provider name were removed, and duplicate email address records were limited to five providers per address, in order to reduce respondent burden and message rejection. After these checks, a final total of 3,934 provider records were included in the survey. Alliance Health provided 1,621 provider records in their provider sample frame. After removing missing email addresses and duplicate records, Alliance Health had 1,466 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 453 Alliance Health providers, and the Alliance Health usable response rate was 33.2%.

Questionnaire

The instrument selected for the survey was provided by NC Medicaid and included 27 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 "LME/MCO staff respond quickly to provider needs" 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.

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 "LME/MCO staff respond quickly to provider needs" 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 six 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 "↑" or "↓" 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.

Sample Disposition

	Alliance Health
Initial Email Invitation - sent	1466
†Email bounce back with non-delivery message	103
*Completed usable surveys	453
Response Rate	33.2%

*Included in response rate numerator

†Excluded from response rate denominator

Note: $\text{Response Rate} = \text{Completed usable Surveys} / \text{Total Eligible Cases}$

The six participating health plans contributed a total of 5,974 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 sharing an email address and provider name were removed, and duplicate email address records were limited to five providers per address, in order to reduce respondent burden and message rejection. After these checks, a final total of 3,934 provider records were included in the survey. Alliance Health provided 1,621 provider records in their provider sample frame. After removing missing email addresses and duplicate records, Alliance Health had 1,466 provider records for inclusion in the survey.

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.

Trend Analysis - 2021 vs. 2020

The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2020. 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 2020 and 2021 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.

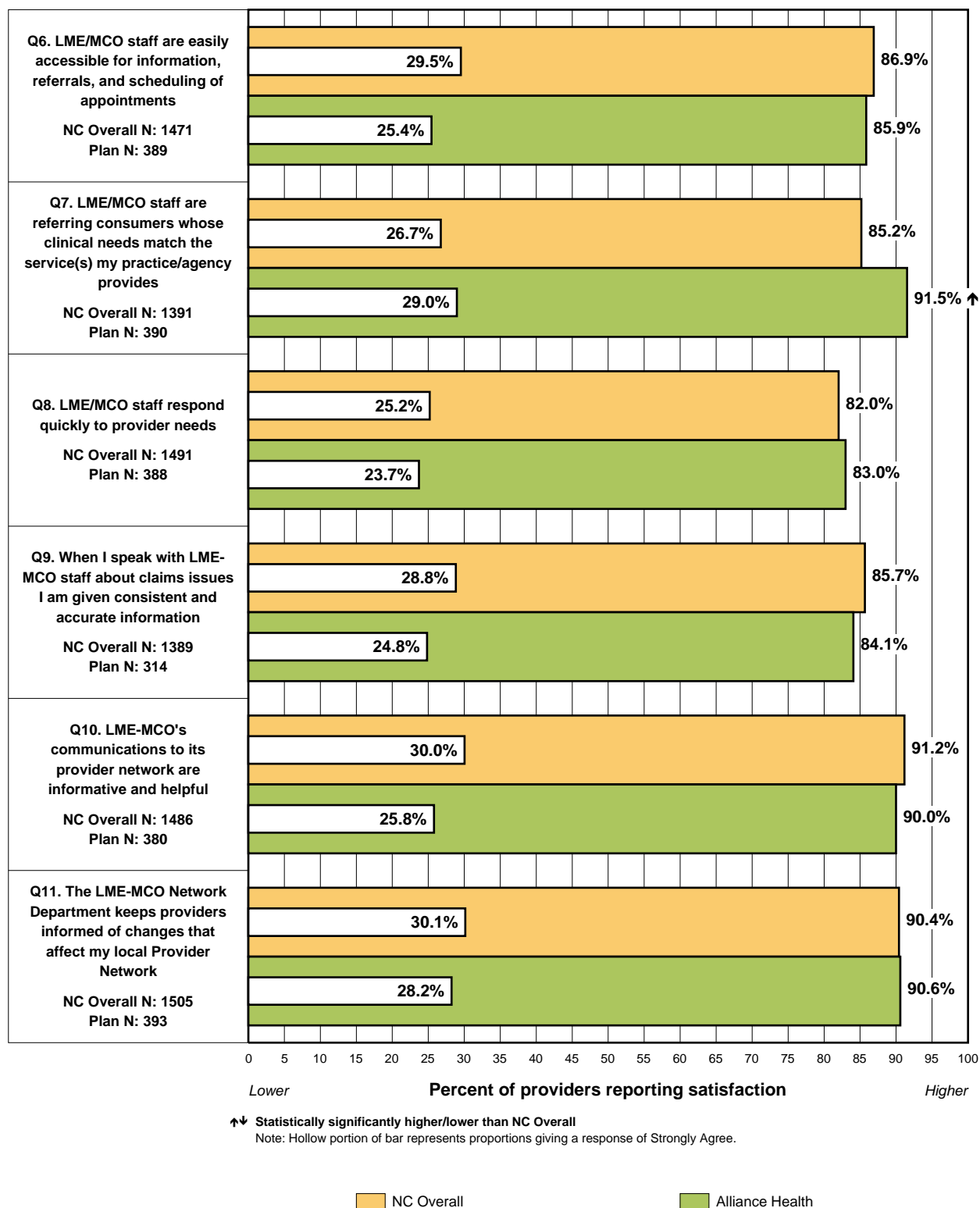
Question	AH 2021 Score	AH 2020 Score	Point Change
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s)	87.9%	84.2%	+ 3.7
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable	94.8%	91.5%	+ 3.4
Q13. The LME/MCO staff conduct fair and thorough investigations	93.1%	90.8%	+ 2.3
Q19. The LME/MCO's website is a useful tool for helping my agency find the tools and materials needed to provide services	87.5%	86.1%	+ 1.4
Q20. I receive appropriate notice on the need to recredential.	92.6%	91.4%	+ 1.2
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides	91.5%	90.4%	+ 1.2
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	94.5%	94.8%	- 0.3
Q11. The LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network	90.6%	91.1%	- 0.5
Q15. Trainings are informative and meet our needs as a provider/ agency	91.2%	91.7%	- 0.5
Q10. LME-MCO's communications to its provider network are informative and helpful	90.0%	91.5%	- 1.5
Q17. Denials for treatment and services are explained	84.4%	86.7%	- 2.3
Q21. The credentialing/recredentialing process occurs in a timely manner.	80.3%	82.6%	- 2.3
Q8. LME/MCO staff respond quickly to provider needs	83.0%	85.5%	- 2.5
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments	85.9%	88.7%	- 2.8
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information	84.1%	87.9%	- 3.8
Q12. The LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately	83.8%	88.1%	- 4.3

Better

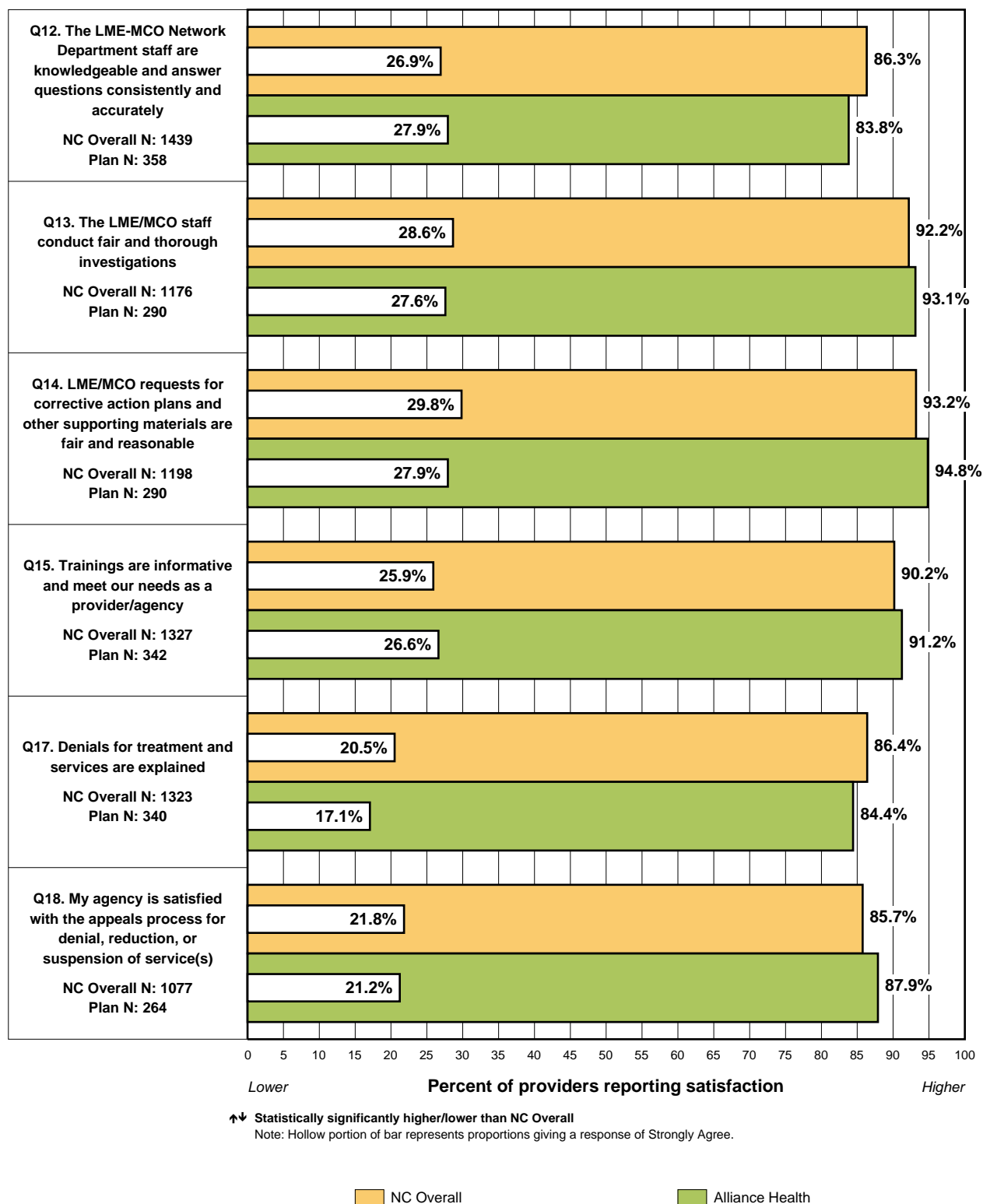
Worse

▲ ▼ Statistically significantly higher/lower than 2020 score.

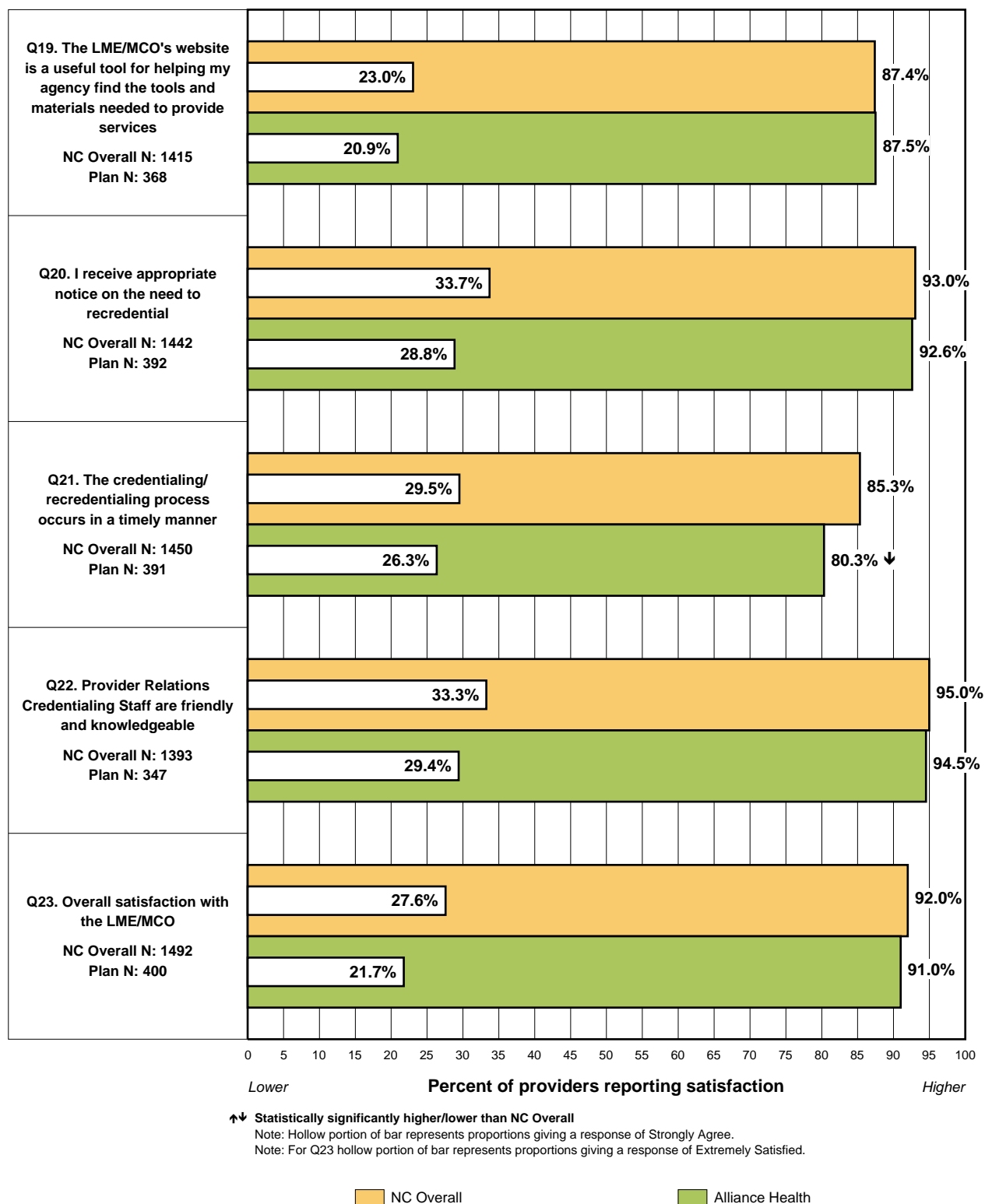
Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



Responses by Question

Q1. How long have you been a Medicaid provider enrolled with an LME-MCO?

	AH 2021	
	N	%
Less than 6 months	23	5.1%
1 - 2 years	96	21.2%
3 - 5 years	89	19.6%
6 years or more	245	54.1%
Total	453	100.0%
Not Answered	0	

Q2. How many Medicaid beneficiaries did you serve in the last 12 months? (Please estimate to the best of your ability)

	AH 2021	
	N	%
1-50	211	46.6%
51-100	93	20.5%
101-250	81	17.9%
251-500	38	8.4%
More than 500	30	6.6%
Total	453	100.0%
Not Answered	0	

Q3. What's your provider type?

	AH 2021	
	N	%
Provider Agency	326	72.1%
Licensed Independent Practitioner (LIP) or LIP group	123	27.2%
Community Hospital	3	0.7%
Total	452	100.0%
Not Answered	1	

Q4. Please select the services you provide. Please check all that apply. (Note: Percents may add to > 100%)

	AH 2021	
	N	%
Enhanced Behavioral Health Services	133	29.4%
Outpatient	347	76.8%
Residential	68	15.0%
Inpatient (Include psychiatric, detoxification, and/or crisis)	16	3.5%
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	13	2.9%
Innovations Waiver Services	71	15.7%
TBI Waiver Services	13	2.9%
Total	452	100.0%
Not Answered	1	

Q5. What are the primary populations you serve? Please check all that apply. (Note: Percents may add to > 100%)

	AH 2021	
	N	%
Adult Intellectual/Developmental Disability	128	28.4%
Child Intellectual/Developmental Disability	101	22.4%
Adult Mental Health	317	70.3%
Child Mental Health	274	60.8%
Adult Substance Abuse	161	35.7%
Child Substance Abuse	52	11.5%
Total	451	100.0%
Not Answered	2	

Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments.

	AH 2021	
	N	%
● Strongly Agree	99	25.4%
● Agree	235	60.4%
● Disagree	44	11.3%
● Strongly Disagree	11	2.8%
No Response	63	
Total	389	100.0%
Not Answered	1	
Reporting Category	Single Items	
Achievement Score	85.86%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-2.8	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides.

	AH 2021	
	N	%
● Strongly Agree	113	29.0%
● Agree	244	62.6%
● Disagree	27	6.9%
● Strongly Disagree	6	1.5%
No Response	61	
Total	390	100.0%
Not Answered	2	
Reporting Category		Single Items
Achievement Score	91.54%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+1.2	

Q8. LME/MCO staff respond quickly to provider needs.

	AH 2021	
	N	%
● Strongly Agree	92	23.7%
● Agree	230	59.3%
● Disagree	53	13.7%
● Strongly Disagree	13	3.4%
No Response	63	
Total	388	100.0%
Not Answered	2	
Reporting Category		Single Items
Achievement Score	82.99%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-2.5	

○ **Response scored as:** ● Room for Improvement ● Achievement

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

	AH 2021	
	N	%
● Strongly Agree	78	24.8%
● Agree	186	59.2%
● Disagree	31	9.9%
● Strongly Disagree	19	6.1%
No Response	137	
Total	314	100.0%
Not Answered	2	
Reporting Category	Single Items	
Achievement Score	84.08%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-3.8	

Q10. LME-MCO's communications to its provider network are informative and helpful.

	AH 2021	
	N	%
● Strongly Agree	98	25.8%
● Agree	244	64.2%
● Disagree	29	7.6%
● Strongly Disagree	9	2.4%
No Response	69	
Total	380	100.0%
Not Answered	4	
Reporting Category	Single Items	
Achievement Score	90.00%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-1.5	

Q11. The LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network.

	AH 2021	
	N	%
● Strongly Agree	111	28.2%
● Agree	245	62.3%
● Disagree	30	7.6%
● Strongly Disagree	7	1.8%
No Response	56	
Total	393	100.0%
Not Answered	4	
Reporting Category	Single Items	
Achievement Score	90.59%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-0.5	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q12. The LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately.

	AH 2021	
	N	%
● Strongly Agree	100	27.9%
● Agree	200	55.9%
● Disagree	49	13.7%
● Strongly Disagree	9	2.5%
No Response	90	
Total	358	100.0%
Not Answered	5	
Reporting Category		Single Items
Achievement Score	83.80%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-4.3	

Q13. The LME/MCO staff conduct fair and thorough investigations.

	AH 2021	
	N	%
● Strongly Agree	80	27.6%
● Agree	190	65.5%
● Disagree	10	3.4%
● Strongly Disagree	10	3.4%
No Response	158	
Total	290	100.0%
Not Answered	5	
Reporting Category		Single Items
Achievement Score	93.10%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+2.3	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q14. After the audit, investigation, or provider monitoring, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable.

	AH 2021	
	N	%
● Strongly Agree	81	27.9%
● Agree	194	66.9%
● Disagree	8	2.8%
● Strongly Disagree	7	2.4%
No Response	157	
Total	290	100.0%
Not Answered	6	
Reporting Category	Single Items	
Achievement Score	94.83%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+3.4	

Q15. Trainings are informative and meet our needs as a provider/agency.





	AH 2021	
	N	%
● Strongly Agree	91	26.6%
● Agree	221	64.6%
● Disagree	22	6.4%
● Strongly Disagree	8	2.3%
No Response	105	
Total	342	100.0%
Not Answered	6	
Reporting Category	Single Items	
Achievement Score	91.23%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-0.5	




○ **Response scored as:** ● Room for Improvement ● Achievement

Q16. For which of the following topics would you like to see more training and education materials? Please check all that apply. (Note: Percents may add to > 100%)

	AH 2021	
	N	%
Claims Processing Information	117	26.2%
Technology	67	15.0%
Payment Policy and Reimbursement	104	23.3%
Provider Appeals	56	12.6%
Member Appeals	27	6.1%
Audit and Corrective Action Processes	91	20.4%
Quality Management and Reporting	106	23.8%
Clinical Coverage Policies/Evidence Based Practices	195	43.7%
Provider Monitoring	107	24.0%
Other	17	3.8%
No additional materials needed	125	28.0%
Total	446	100.0%
Not Answered	7	

Q17. Denials for treatment and services are explained.

	AH 2021	
	N	%
 Strongly Agree	58	17.1%
 Agree	229	67.4%
 Disagree	45	13.2%
 Strongly Disagree	8	2.4%
No Response	107	
Total	340	100.0%
Not Answered	6	
Reporting Category	Single Items	
Achievement Score	84.41%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-2.3	

 **Response scored as:**  Room for Improvement  Achievement

Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s).

	AH 2021	
	N	%
● Strongly Agree	56	21.2%
● Agree	176	66.7%
● Disagree	22	8.3%
● Strongly Disagree	10	3.8%
No Response	182	
Total	264	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	87.88%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+3.7	

Q19. The LME/MCO's website is a useful tool for helping my agency find the tools and materials needed to provide services.

	AH 2021	
	N	%
● Strongly Agree	77	20.9%
● Agree	245	66.6%
● Disagree	33	9.0%
● Strongly Disagree	13	3.5%
No Response	78	
Total	368	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	87.50%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+1.4	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q20. I receive appropriate notice on the need to recredential.

	AH 2021	
	N	%
● Strongly Agree	113	28.8%
● Agree	250	63.8%
● Disagree	23	5.9%
● Strongly Disagree	6	1.5%
No Response	54	
Total	392	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	92.60%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+1.2	

Q21. The credentialing/recredentialing process occurs in a timely manner.

	AH 2021	
	N	%
● Strongly Agree	103	26.3%
● Agree	211	54.0%
● Disagree	54	13.8%
● Strongly Disagree	23	5.9%
No Response	55	
Total	391	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	80.31%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-2.3	

Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.

	AH 2021	
	N	%
● Strongly Agree	102	29.4%
● Agree	226	65.1%
● Disagree	13	3.7%
● Strongly Disagree	6	1.7%
No Response	99	
Total	347	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	94.52%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-0.3	

○ **Response scored as:** ● Room for Improvement ● Achievement

Q23. Please rate your overall satisfaction with the LME/MCO.

	AH 2021	
	N	%
● Extremely Satisfied	87	21.7%
● Satisfied	277	69.3%
● Dissatisfied	27	6.7%
● Extremely Dissatisfied	9	2.2%
No Response	45	
Total	400	100.0%
Not Answered	8	
Reporting Category	Single Items	
Achievement Score	91.00%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	+0.0	

Q24. Please identify any of areas below where you think the LME/MCO needs to improve. (Check all that apply):*(Note: Percents may add to > 100%)*

	AH 2021	
	N	%
Communication with Providers and Members	110	25.3%
Customer Service Responsiveness	84	19.4%
Website	58	13.4%
None of the areas above need improvement	272	62.7%
Total	434	100.0%
Not Answered	19	

Q25. Would you like to be contacted regarding your responses to this survey?

	AH 2021	
	N	%
Yes	22	5.0%
No	420	95.0%
Total	442	100.0%
Not Answered	11	

○ **Response scored as:** ● Room for Improvement ● Achievement



Your agency has been identified as a provider of Behavioral Health, Substance Use Disorder, Intellectual and Developmental Disabilities, and Traumatic Brain Injury services enrolled in an LME-MCO network. NC Medicaid surveys agencies on a yearly basis and over the next few months the 2022 DHHS Provider Satisfaction Survey will be conducted for all providers that have contracted with the LME/MCOs to provide services under 1915(b)/(c) Medicaid Waiver. NC Medicaid is very interested in receiving your responses to this survey.

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

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

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

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

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

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

3. What's your provider type?

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

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

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

5. What are the primary populations you serve? Please check all that apply.

- ☐ Adult Intellectual/Developmental Disability
- ☐ Child Intellectual/Developmental Disability
- ☐ Adult Mental Health
- ☐ Child Mental Health
- ☐ Adult Substance Abuse
- ☐ Child Substance Abuse

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

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

16. For which of the following topics would you like to see more training and education materials? Please check all that apply.

- ☐ Claims Processing Information
- ☐ Technology
- ☐ Payment Policy and Reimbursement
- ☐ Provider Appeals
- ☐ Member Appeals
- ☐ Audit and Corrective Action Processes
- ☐ Quality Management and Reporting
- ☐ Clinical Coverage Policies/Evidence Based Practices
- ☐ Provider Monitoring
- ☐ Other (please specify)

☐ No additional materials needed

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

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

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

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

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

☐ **Communication with Providers and Members**

Please describe your specific concerns / issues (optional)

☐ **Customer Service Responsiveness**

Please describe your specific concerns / issues (optional)

☐ **Website**

Please describe your specific concerns / issues (optional)

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

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

☐ Yes

☐ No

If you would like to be contacted by the health plan regarding your responses to this survey, please provide your name, phone number, and your specific concerns or issues below.

26. Optional Contact Information

Name

Phone number

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

Thank you for completing the 2022 Provider Satisfaction Survey. Please go ahead and close your browser window.