

Vaya 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. Vaya Health provided 406 provider records in their provider sample frame. After removing missing email addresses and duplicate records, Vaya Health had 383 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 203 Vaya Health providers, and the Vaya Health usable response rate was 54.7%.

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

	Vaya Health
Initial Email Invitation - sent	383
†Email bounce back with non-delivery message	12
*Completed usable surveys	203
Response Rate	54.7%

*Included in response rate numerator

†Excluded from response rate denominator

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

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. Vaya Health provided 406 provider records in their provider sample frame. After removing missing email addresses and duplicate records, Vaya Health had 383 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.

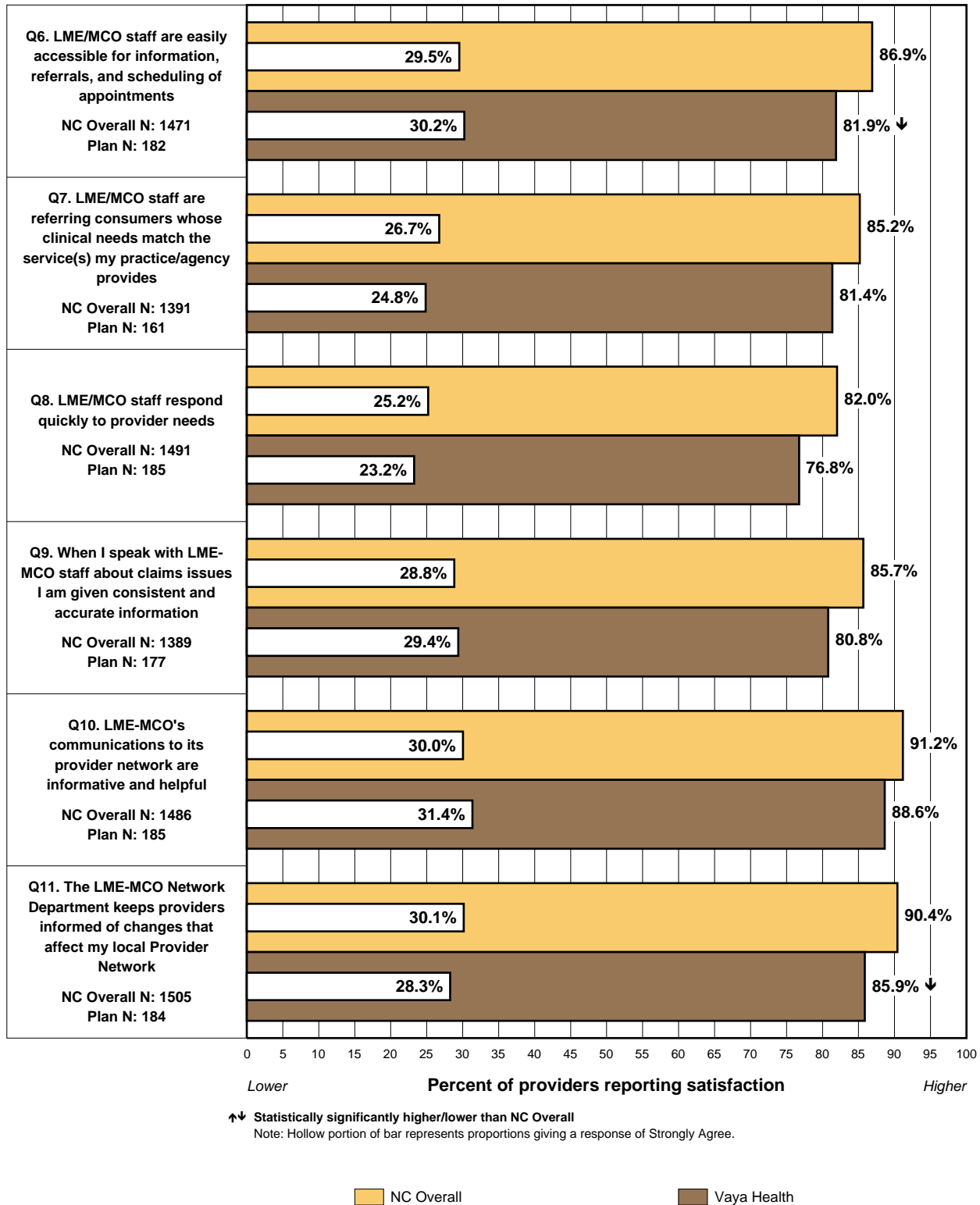
Question	VH 2021 Score	VH 2020 Score	Point Change
Q19. The LME/MCO's website is a useful tool for helping my agency find the tools and materials needed to provide services	82.1%	79.1%	+ 3.0
Q7. LME/MCO staff are referring consumers whose clinical needs match the service(s) my practice/agency provides	81.4%	78.6%	+ 2.8
Q20. I receive appropriate notice on the need to recredential.	94.0%	91.8%	+ 2.1
Q14. LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable	87.9%	88.7%	- 0.8
Q10. LME-MCO's communications to its provider network are informative and helpful	88.6%	90.1%	- 1.4
Q23. Overall satisfaction with the LME/MCO	87.4%	88.9%	- 1.5
Q12. The LME-MCO Network Department staff are knowledgeable and answer questions consistently and accurately	83.5%	85.5%	- 1.9
Q6. LME/MCO staff are easily accessible for information, referrals, and scheduling of appointments	81.9%	84.0%	- 2.1
Q13. The LME/MCO staff conduct fair and thorough investigations	88.7%	90.9%	- 2.2
Q18. My agency is satisfied with the appeals process for denial, reduction, or suspension of service(s)	83.6%	86.0%	- 2.5
Q11. The LME-MCO Network Department keeps providers informed of changes that affect my local Provider Network	85.9%	89.3%	- 3.5
Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.	92.7%	96.4%	- 3.6
Q15. Trainings are informative and meet our needs as a provider/ agency	82.1%	86.8%	- 4.7
Q9. When I speak with LME-MCO staff about claims issues I am given consistent and accurate information	80.8%	85.6%	- 4.8
Q17. Denials for treatment and services are explained	84.2%	89.9%	- 5.7
Q8. LME/MCO staff respond quickly to provider needs	76.8%	84.5%	- 7.8
Q21. The credentialing/recredentialing process occurs in a timely manner.	82.4%	90.4%	- 8.0 ▼

Better

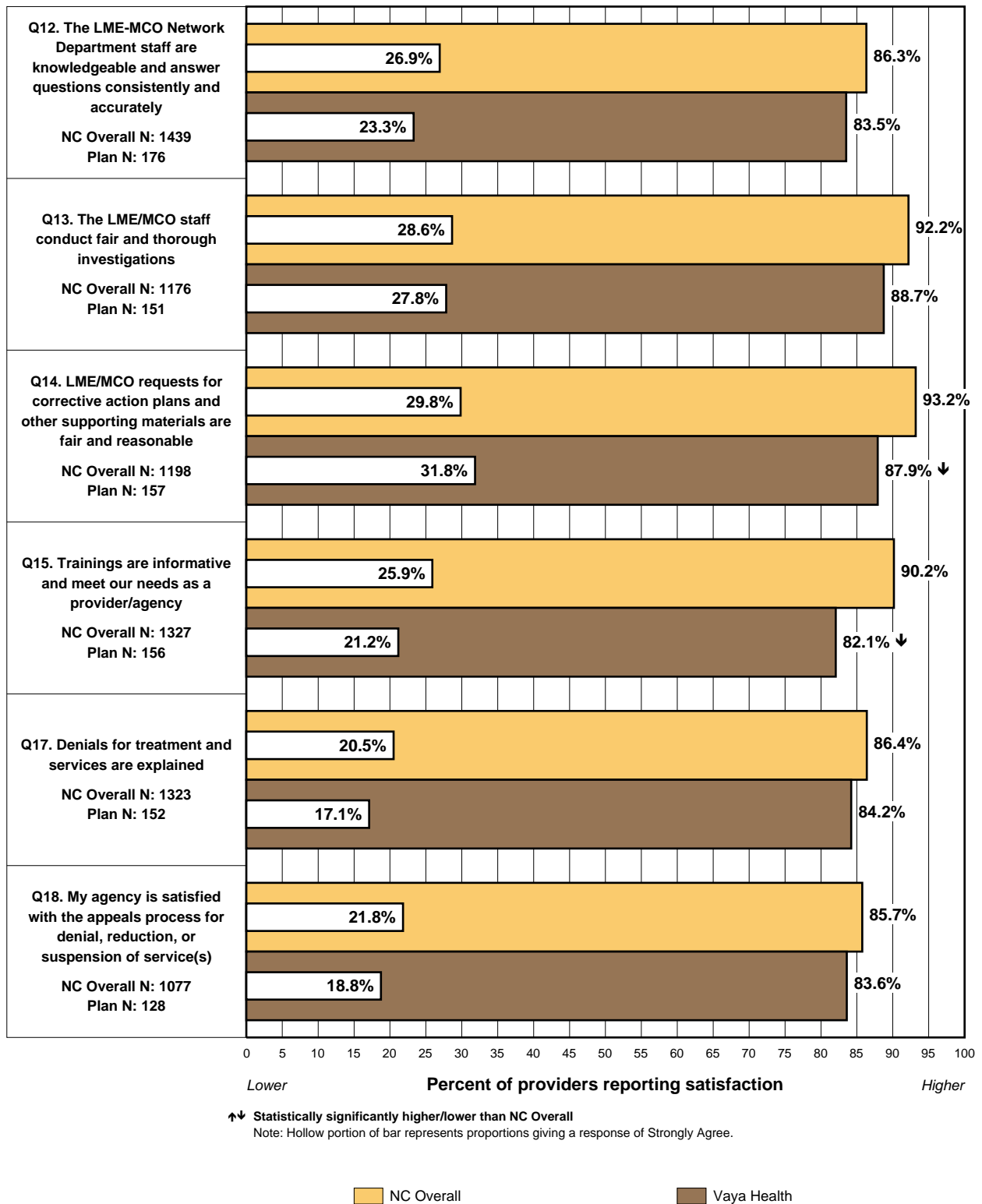
Worse

▲ ▼ Statistically significantly higher/lower than 2020 score.

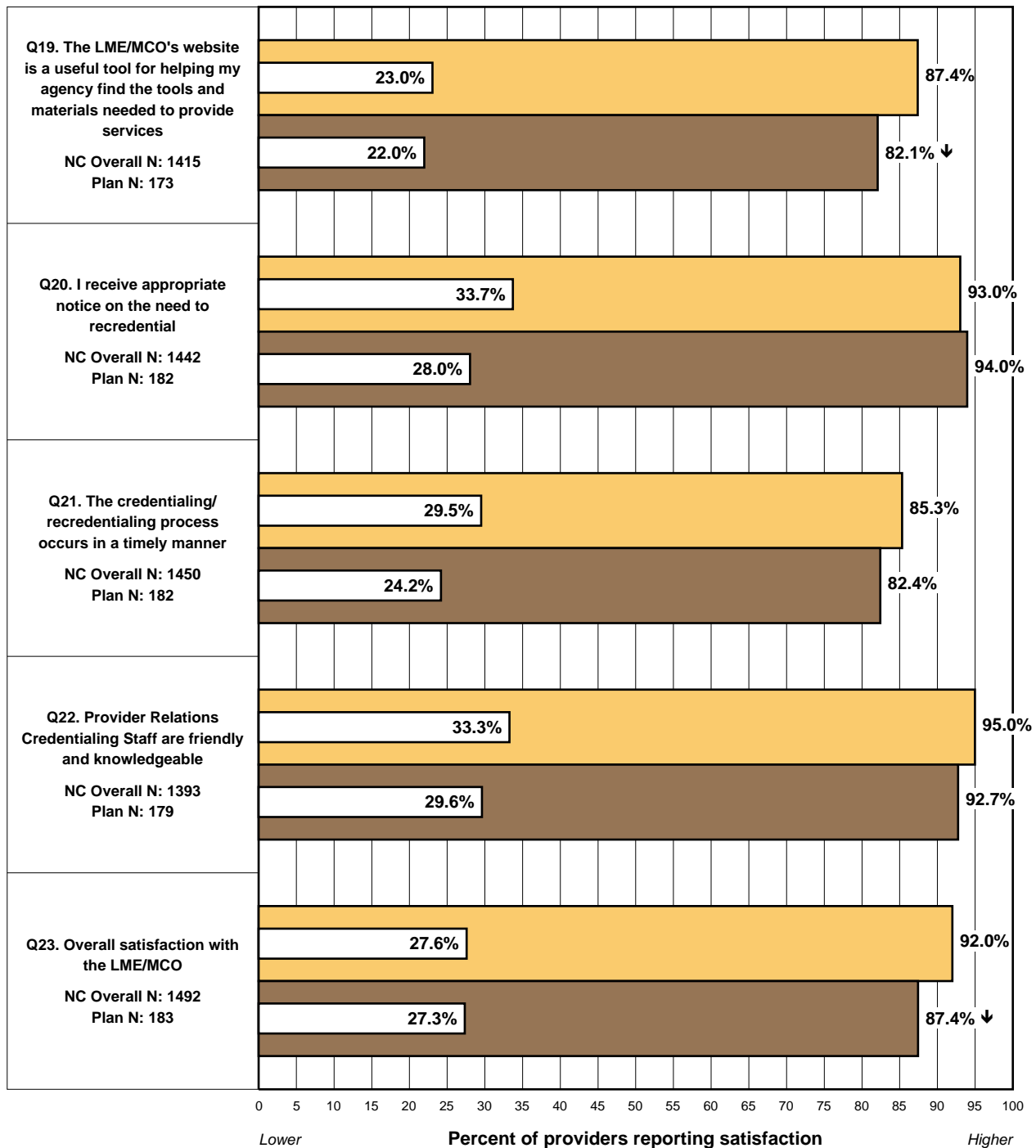
Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



Single Item Measures - Achievement Scores



↑↓ Statistically significantly higher/lower than NC Overall
 Note: Hollow portion of bar represents proportions giving a response of Strongly Agree.
 Note: For Q23 hollow portion of bar represents proportions giving a response of Extremely Satisfied.

NC Overall Vaya Health

Responses by Question

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

	VH 2021	
	N	%
Less than 6 months	1	0.5%
1 - 2 years	20	9.9%
3 - 5 years	24	11.8%
6 years or more	158	77.8%
Total	203	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)

	VH 2021	
	N	%
1-50	91	46.0%
51-100	38	19.2%
101-250	24	12.1%
251-500	15	7.6%
More than 500	30	15.2%
Total	198	100.0%
Not Answered	5	

Q3. What's your provider type?

	VH 2021	
	N	%
Provider Agency	149	75.6%
Licensed Independent Practitioner (LIP) or LIP group	42	21.3%
Community Hospital	6	3.0%
Total	197	100.0%
Not Answered	6	

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

	VH 2021	
	N	%
Enhanced Behavioral Health Services	57	29.1%
Outpatient	91	46.4%
Residential	76	38.8%
Inpatient (Include psychiatric, detoxification, and/or crisis)	10	5.1%
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	16	8.2%
Innovations Waiver Services	64	32.7%
TBI Waiver Services	5	2.6%
Total	196	100.0%
Not Answered	7	

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

	VH 2021	
	N	%
Adult Intellectual/Developmental Disability	93	47.2%
Child Intellectual/Developmental Disability	53	26.9%
Adult Mental Health	84	42.6%
Child Mental Health	102	51.8%
Adult Substance Abuse	45	22.8%
Child Substance Abuse	26	13.2%
Total	197	100.0%
Not Answered	6	

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

	VH 2021	
	N	%
<input checked="" type="radio"/> Strongly Agree	55	30.2%
<input checked="" type="radio"/> Agree	94	51.6%
<input type="radio"/> Disagree	23	12.6%
<input type="radio"/> Strongly Disagree	10	5.5%
No Response	13	
Total	182	100.0%
Not Answered	8	
Reporting Category	Single Items	
Achievement Score	81.87%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-2.1	

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.

	VH 2021	
	N	%
● Strongly Agree	40	24.8%
● Agree	91	56.5%
● Disagree	22	13.7%
● Strongly Disagree	8	5.0%
No Response	35	
Total	161	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	81.37%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	+2.8	

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

	VH 2021	
	N	%
● Strongly Agree	43	23.2%
● Agree	99	53.5%
● Disagree	32	17.3%
● Strongly Disagree	11	5.9%
No Response	11	
Total	185	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	76.76%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-7.8	

○ **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.

	VH 2021	
	N	%
● Strongly Agree	52	29.4%
● Agree	91	51.4%
● Disagree	22	12.4%
● Strongly Disagree	12	6.8%
No Response	19	
Total	177	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	80.79%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-4.8	

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

	VH 2021	
	N	%
● Strongly Agree	58	31.4%
● Agree	106	57.3%
● Disagree	20	10.8%
● Strongly Disagree	1	0.5%
No Response	11	
Total	185	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	88.65%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-1.4	

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

	VH 2021	
	N	%
● Strongly Agree	52	28.3%
● Agree	106	57.6%
● Disagree	23	12.5%
● Strongly Disagree	3	1.6%
No Response	12	
Total	184	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	85.87%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-3.5	

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

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

	VH 2021	
	N	%
● Strongly Agree	41	23.3%
● Agree	106	60.2%
● Disagree	23	13.1%
● Strongly Disagree	6	3.4%
No Response	20	
Total	176	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	83.52%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-1.9	

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

	VH 2021	
	N	%
● Strongly Agree	42	27.8%
● Agree	92	60.9%
● Disagree	14	9.3%
● Strongly Disagree	3	2.0%
No Response	45	
Total	151	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	88.74%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-2.2	

○ **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.

	VH 2021	
	N	%
● Strongly Agree	50	31.8%
● Agree	88	56.1%
● Disagree	15	9.6%
● Strongly Disagree	4	2.5%
No Response	39	
Total	157	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	87.90%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-0.8	

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

	VH 2021	
	N	%
● Strongly Agree	33	21.2%
● Agree	95	60.9%
● Disagree	23	14.7%
● Strongly Disagree	5	3.2%
No Response	40	
Total	156	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	82.05%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-4.7	

○ **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%)

	VH 2021	
	N	%
Claims Processing Information	63	32.1%
Technology	31	15.8%
Payment Policy and Reimbursement	43	21.9%
Provider Appeals	25	12.8%
Member Appeals	11	5.6%
Audit and Corrective Action Processes	45	23.0%
Quality Management and Reporting	56	28.6%
Clinical Coverage Policies/Evidence Based Practices	72	36.7%
Provider Monitoring	53	27.0%
Other	21	10.7%
No additional materials needed	39	19.9%
Total	196	100.0%
Not Answered	7	

Q17. Denials for treatment and services are explained.

	VH 2021	
	N	%
<input checked="" type="radio"/> Strongly Agree	26	17.1%
<input checked="" type="radio"/> Agree	102	67.1%
<input type="radio"/> Disagree	16	10.5%
<input type="radio"/> Strongly Disagree	8	5.3%
No Response	44	
Total	152	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	84.21%	
2021 vs. 2020: +/- Chg (↑↓ Stat. sig.)	-5.7	

Response scored as: Room for Improvement Achievement

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

	VH 2021	
	N	%
● Strongly Agree	24	18.8%
● Agree	83	64.8%
● Disagree	13	10.2%
● Strongly Disagree	8	6.3%
No Response	68	
Total	128	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	83.59%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-2.5	

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

	VH 2021	
	N	%
● Strongly Agree	38	22.0%
● Agree	104	60.1%
● Disagree	27	15.6%
● Strongly Disagree	4	2.3%
No Response	23	
Total	173	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	82.08%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	+3.0	

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

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

	VH 2021	
	N	%
● Strongly Agree	51	28.0%
● Agree	120	65.9%
● Disagree	10	5.5%
● Strongly Disagree	1	0.5%
No Response	14	
Total	182	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	93.96%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	+2.1	

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

	VH 2021	
	N	%
● Strongly Agree	44	24.2%
● Agree	106	58.2%
● Disagree	19	10.4%
● Strongly Disagree	13	7.1%
No Response	14	
Total	182	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	82.42%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-8.0↘	

Q22. Provider Relations Credentialing Staff are friendly and knowledgeable.

	VH 2021	
	N	%
● Strongly Agree	53	29.6%
● Agree	113	63.1%
● Disagree	10	5.6%
● Strongly Disagree	3	1.7%
No Response	16	
Total	179	100.0%
Not Answered	8	
Reporting Category	Single Items	
Achievement Score	92.74%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-3.6	

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

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

	VH 2021	
	N	%
<input checked="" type="radio"/> Extremely Satisfied	50	27.3%
<input checked="" type="radio"/> Satisfied	110	60.1%
<input type="radio"/> Dissatisfied	18	9.8%
<input type="radio"/> Extremely Dissatisfied	5	2.7%
No Response	12	
Total	183	100.0%
Not Answered	8	
Reporting Category	Single Items	
Achievement Score	87.43%	
2021 vs. 2020: +/- Chg (↕ Stat. sig.)	-1.5	

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%)

	VH 2021	
	N	%
Communication with Providers and Members	61	32.1%
Customer Service Responsiveness	40	21.1%
Website	29	15.3%
None of the areas above need improvement	105	55.3%
Total	190	100.0%
Not Answered	13	

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

	VH 2021	
	N	%
Yes	9	4.6%
No	186	95.4%
Total	195	100.0%
Not Answered	8	

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.