Medicaid Transformation Provider Experience Survey 2024

2024 Results Overview for Survey Participants

Produced by the Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill

What is the Medicaid Transformation Provider Experience Survey?

Administered among organizations providing primary care and/or Ob/Gyn services to Medicaid patients in North Carolina, this survey was part of a larger multi-year evaluation effort of NC's Medicaid transformation.

The survey provides a snapshot of organizational experiences, contracting, and satisfaction with Prepaid Health Plans (PHPs) in the transition to Medicaid managed care. Survey findings will serve as a leading indicator for quality improvement for PHPs. This report details a general overview of findings at the end of the third year of managed care.

How did you develop the survey?

This year's survey built on the initial instrument developed in consultation with clinicians, health system/practice leaders, and stakeholders from NC Department of Health Human Services in the fall of 2020. The survey was sampled and fielded at the organizational level, given that most interactions with PHPs occur at the organizational (rather than individual clinician) level.

How did you field the survey?

The survey used IQVIA OneKey data to identify 634 unique organizations providing primary care and Ob/Gyn services in North Carolina, using Medicaid provider data to confirm the sample.

Survey responses were collected between April and June 2024 from these identified organizations. Through the recruitment process using phone calls, mailings, and emails, it was determined that approximately 96% of the organizations in the sample were eligible to receive the survey.

Who responded to the survey?

The table to the right summarizes overall characteristics of 361 respondent organizations. The final response rate was 59%. The sample included a diverse set of organizations, from solo practice physicians to large integrated delivery systems.

Organizational respondent overview

	Total (n=361)
Ownership (self-reported)	
Health Systems	**11 (3.0%)**
Medical Groups/Independent Practices	**350 (97%)**
Size	
Small (1-2 providers)	**112 (31%)**
Medium (3-9 providers)	**170 (47.1%)**
Large (10+ providers)	**79 (21.9%)**
Services (Inclusive)	
Primary Care	**354 (98.1%)**
Prenatal/Postnatal Care	**37 (10.2%)**
Inpatient Obstetrics Care	**17 (4.7%)**

Contracting with PHPs

Rates of contracting with one of the five PHPs among surveyed provider organizations ranged from **83.0% to 96.9%.** Among medical groups and independent practices, the mean number of plans contracted with was **4.6.**

Overall perceived effects of PHPs on care delivery

While most organizational respondents felt ambivalent about the effects of PHPs on care delivery, there was a significant decrease in respondents feeling the PHPs have worsened or strongly worsened **overall health and well-being** of enrolled patients.

Experience with clinical and administrative factors

The survey asked provider organizations about their experiences with each PHP on thirteen factors, split into clinical and administrative domains.

Clinical factors included items like access to specialists, behavioral health prescribers, and formulary, and examples of **administrative factors** included timeliness of claims processing, timeliness to answer questions and/or resolve problems, and adequacy of reimbursement.

Meaningful differences were found in provider experience across PHPs compared to performance in prior years. **Compared with the first two years into managed care, PHPs performed worse in clinical domains but better in administrative domains, though PHPs worsened in more domains than they improved**. PHPs were rated better on overall relations, timeliness to answer questions and/or resolve problems, and timeliness of claims processing, but worse on reimbursement, access to medical specialists for Medicaid patients, access to behavioral health prescribers for Medicaid patients, access to needed drugs for Medicaid patients (formulary), case management for patients, and customer/member support services for patients. Emergent trends in overall performance also appeared between PHPs, with BCBSNC overperforming relative to the mean and AmeriHealth Caritas underperforming.

Behavioral health and tailored plans

In this survey, provider organizations were asked about their approach to integration of care with behavioral health providers and their plans regarding the upcoming tailored plans. Almost 27% of provider organizations reported embedding or co-locating behavioral health professionals in primary care offices. For PCP and/or Ob/Gyn organizations without embedded or co-located behavioral health, the most common reasons were having a shortage of behavioral health professionals, having preferred referral locations/relationships, insufficient space, insufficient funding, and insufficient demand from patients. 46% reported that they did not have access to a psychiatrist to support the Collaborative Care Model.

Regarding plans to contract with Behavioral Health and Intellectual/Developmental Disability Tailored Plans, 64% said yes, compared with 62% the previous year while 21% were not aware of tailored plans. These responses suggest that some primary care and Ob/Gyn practices may not understand any potential care delivery changes and resources that may become available for these populations.

Commercial Payers, Value Based Payment (VBP), Medicaid Expansion

The 2024 survey added questions on provider experience with their largest commercial payer, whether providers had VBP arrangements (shared savings, accountable care organization, or shared risk arrangement), and feelings about Medicaid expansion. PHPs were rated comparatively worse than a practice's largest commercial payer by substantial margins in all domains except for support with social determinants of health. These findings indicate that Medicaid is performing worse than commercial payers in terms of administrative and clinical processes, suggesting that low reimbursements account for only some of the provider concerns. Rates of having value-based payment arrangements with any PHP were low, ranging from 33.3% to 43.0%. In general, providers felt that Medicaid expansion would increase the number of Medicaid patients seen by their practice but would not positively affect their organization.