

Medicaid Transformation Provider Experience Survey

Year 1 Baseline Results Overview for Survey Participants

► 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 is part of a larger multi-year evaluation of the state's transformation to NC Medicaid Managed Care.

The survey provides a snapshot of organizational experiences heading into the Medicaid transformation to serve as a baseline for future years. Survey findings will serve as a leading indicator for quality improvement for Prepaid Health Plans (PHPs). This report details a general overview of findings from Year 1.

► How did you develop the survey?

The survey was developed in consultation with clinicians, health system/practice leaders, and other stakeholders from the North Carolina Department of Health Human Services in the fall of 2020 and finalized in March 2021. We decided to field the survey at the organizational level, given that most interactions with PHPs occur at the organizational level, rather than at the individual clinician level.

Survey Domains



Practice characteristics



Satisfaction with the prior
NC Medicaid program



Contacting/negotiating
with PHPs



Overall expectations from
Medicaid transformation

► How did you field the survey?

We used IQVIA OneKey data to identify 668 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 May and September 2021. Through a recruitment process using phone calls, mailings and emails, we determined that approximately 77% of the organizations in our sample were eligible to receive the survey.

► Who responded to the survey?

The table to the right summarizes overall characteristics of 305 respondent organizations. Our final response rate was 59%.

Our sample includes a diverse set of organizations, from solo practice physicians to large integrated delivery systems.

Organizational respondent overview

	Total (n = 305)
Ownership (self-reported)	
Health Systems	17 (5%)
Independent Practices/Medical Groups	288 (95%)
Size	
Small (1 – 2 physicians)	126 (41%)
Medium (3 – 9 physicians)	124 (41%)
Large (10+ physicians)	55 (18%)
Services (inclusive)	
Primary care	301 (99%)
Prenatal/Postnatal care	36 (12%)
Inpatient obstetrics care	30 (10%)

► Satisfaction with CCNC/Carolina Access and the current NC Medicaid program

We asked practices and health systems to rate their experience with the prior NC Medicaid system (including their experience with CCNC/Carolina Access). They were presented with specific items key stakeholders identified

as instrumental for Medicaid – e.g., items like care/case management, process for managing grievances, data-sharing, and support for addressing social determinants of health.

Systems and practices **were generally satisfied** with North Carolina’s **pre-existing** Medicaid program. Surveyed organizations conveyed excellent/good satisfaction with provider relations and the logistics of claims. Items with the lowest satisfaction among surveyed organizations included access to behavioral health and the process for managing grievances and appeals.

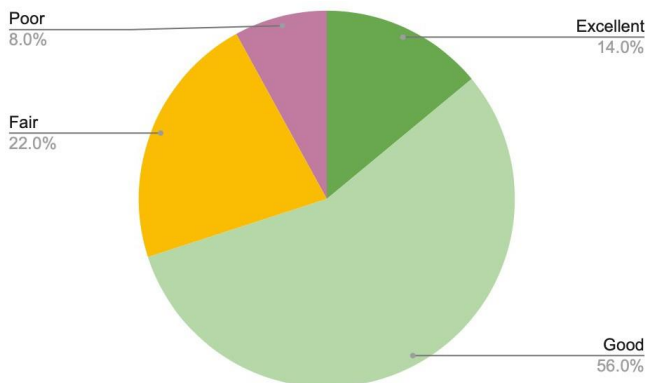
► Importance of factors when deciding to contract with PHPs

We asked how important the same items were when deciding whether to contract with PHPs. When considering contracting with PHPs, respondents resoundingly prioritized **claims and reimbursement** as well as **access to specialists and behavioral health for patients**.

In narrative comments, organizations noted that maintaining coverage, patient retention, fair terms and rates, and PHPs’ willingness to negotiate were important to them in making contracting decisions.

► Satisfaction with PHPs thus far

Organizations were asked to rate their satisfaction interacting with PHPs thus far. The pie chart below denotes their overall experience interacting with available PHPs in NC.



In narrative comments, independent practices and health systems reported a wide range of experiences with the transition. Organizations noted concerns about contract language and limited patient understanding of the transition, while describing some helpful and productive interactions.

Highest-rated items (left) vs. lowest-rated items (right)

% of orgs. rating as excellent/good

79%

Timeliness of claims processing

79%

Accuracy of claims processing

74%

Provider relations overall

36%

Access to behavioral health therapists for Medicaid patients

38%

Access to behavioral health prescribers for Medicaid patients

53%

Process for managing grievances and appeals

Most important factors for contracting

- ✓ Timeliness and accuracy of claims processing
- ✓ Reimbursement adequacy
- ✓ Access to medical specialists for Medicaid patients
- ✓ Access to behavioral health prescribers for Medicaid patients
- ✓ Access to needed drugs for Medicaid patients (formulary)

► Anticipations for the PHP transition

We asked organizations to tell us how the transition to PHPs would affect them and their patients in the future.

	Strongly improve or improve	No change	Worsen or strongly worsen
Per capita costs	40%	43%	18%
Overall quality of health care delivery	43%	47%	10%
Overall provider experience	36%	40%	24%
Overall patient experience	39%	46%	15%
Overall health and wellbeing	48%	44%	8%
Patient ability to access care	43%	38%	20%

Organizational respondents felt largely **ambivalent to hopeful** about the PHP transition in North Carolina.