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# 2016 Nevada Medicaid Provider Survey Results

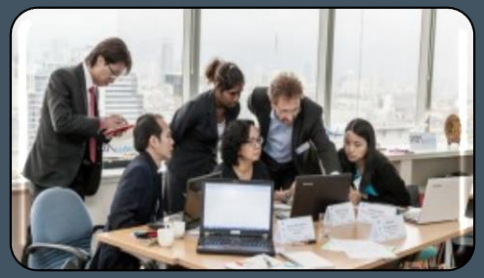
# Agenda

- Provider Survey Background
- Survey Questions Answered by Providers
  - Provider Profile
  - Web Portal
  - Provider Representative
  - Overall Provider Experience Rating
- Comments from the Providers
- Takeaways

# Provider Survey Background

## Purpose

- Obtain feedback from providers regarding how they would rate different areas of service provided as part of the Medicaid program



## Totals

- Responses Received: **366** *(1.37% Response Rate)*
- Active Provider Population: **26,632** *(as of April 2016)*
- Survey Questions: **19**

## Timeframe

- Survey Started: **01/25/16**
- Survey Ended: **02/29/16**

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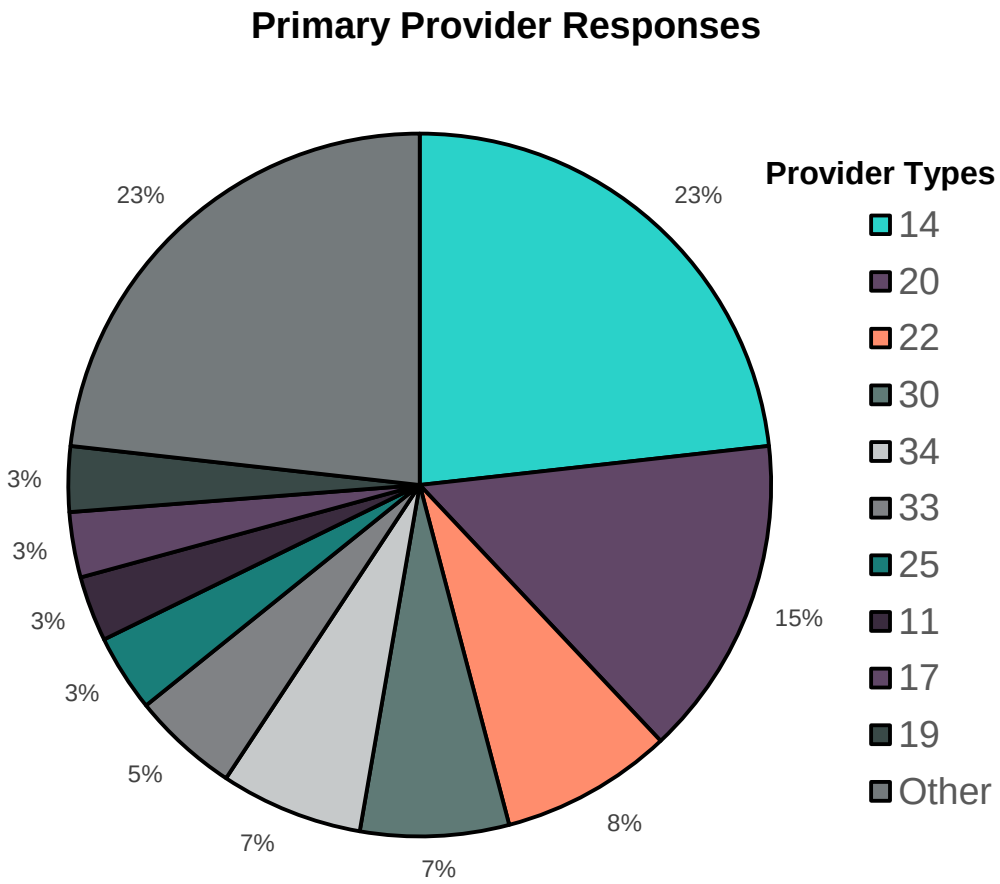
# Provider Profile Questions:

- Primary and Secondary Provider Type(s)
- NPI/API Provided
- Nevada Medicaid Provider Service Duration
- Accepted Nevada Medicaid Plans
- Accepting New Nevada Medicaid Patients
- Method of Receiving Provider Notifications
- Method of Submitting Claims to Nevada Medicaid

# Provider Profile Questions – Primary Provider Type(s)

– Answered: 366  Skipped: 0




**Notes:**

- Multiple individuals under the same NPI could have filled out this survey. NPI was not a mandatory field to fill out in the survey.
- This data pertains to survey question #1.

| Primary Provider Type | Total Survey Responses | Survey Response Rate vs. Active Provider Population | Total Active Provider Population |
|---|---|---|---|
| **14**-Behavioral Health Outpatient Treatment | 85 | ~1.4% | 5,858 |
| **20**-Physician, M.D., Osteopath, D.O. | 54 | ~.47% | 11,579 |
| **22**-Dentist | 29 | ~2.9% | 986 |
| **30**-Personal Care Aide - Provider Agency | 25 | ~20.6% | 121 |
| **34**-Therapy | 24 | ~2.2% | 1,101 |
| **33**-Durable Medical Equipment (DME) | 18 | ~3.4% | 534 |
| **25**-Optometrist | 13 | ~3.2% | 409 |
| **11**-Hospital, Inpatient | 11 | ~9.5% | 116 |
| **17**-Special Clinic | 11 | ~8.1% | 136 |
| **19**-Nursing Facility | 11 | ~14.1% | 78 |
| **Other** | 85 | | |

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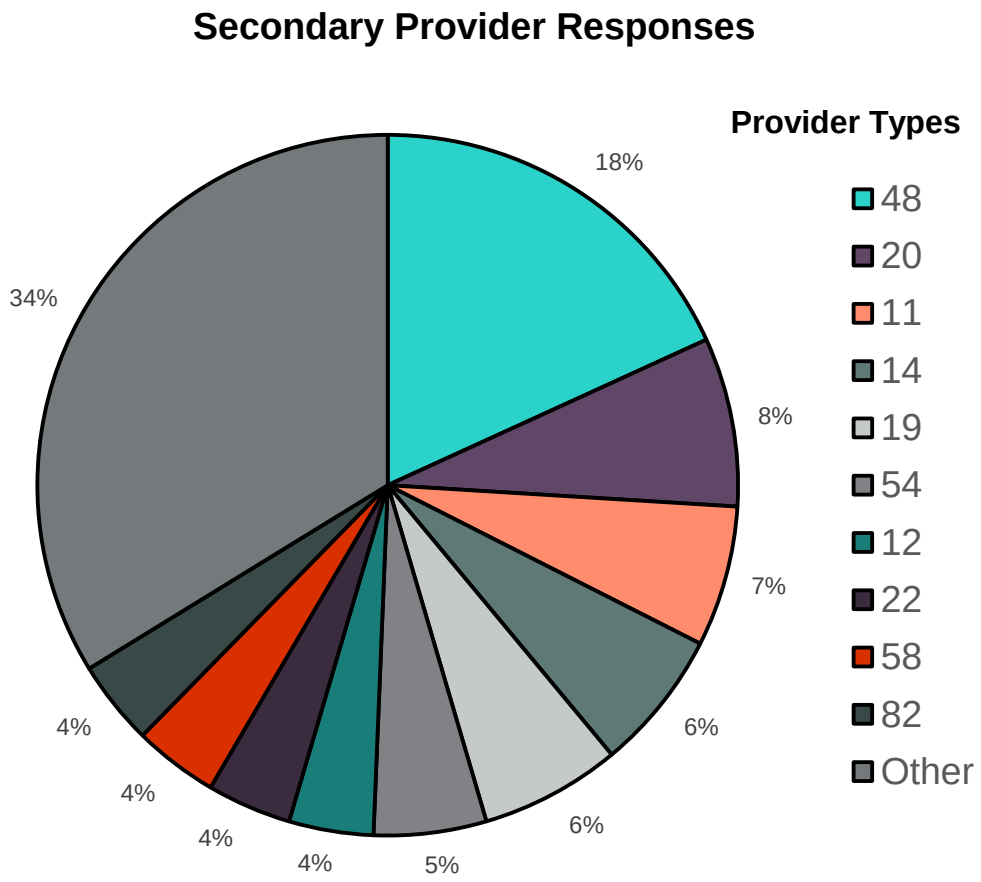
# Provider Profile Questions – Secondary Provider Type(s)

– Answered: 366 Skipped: 0



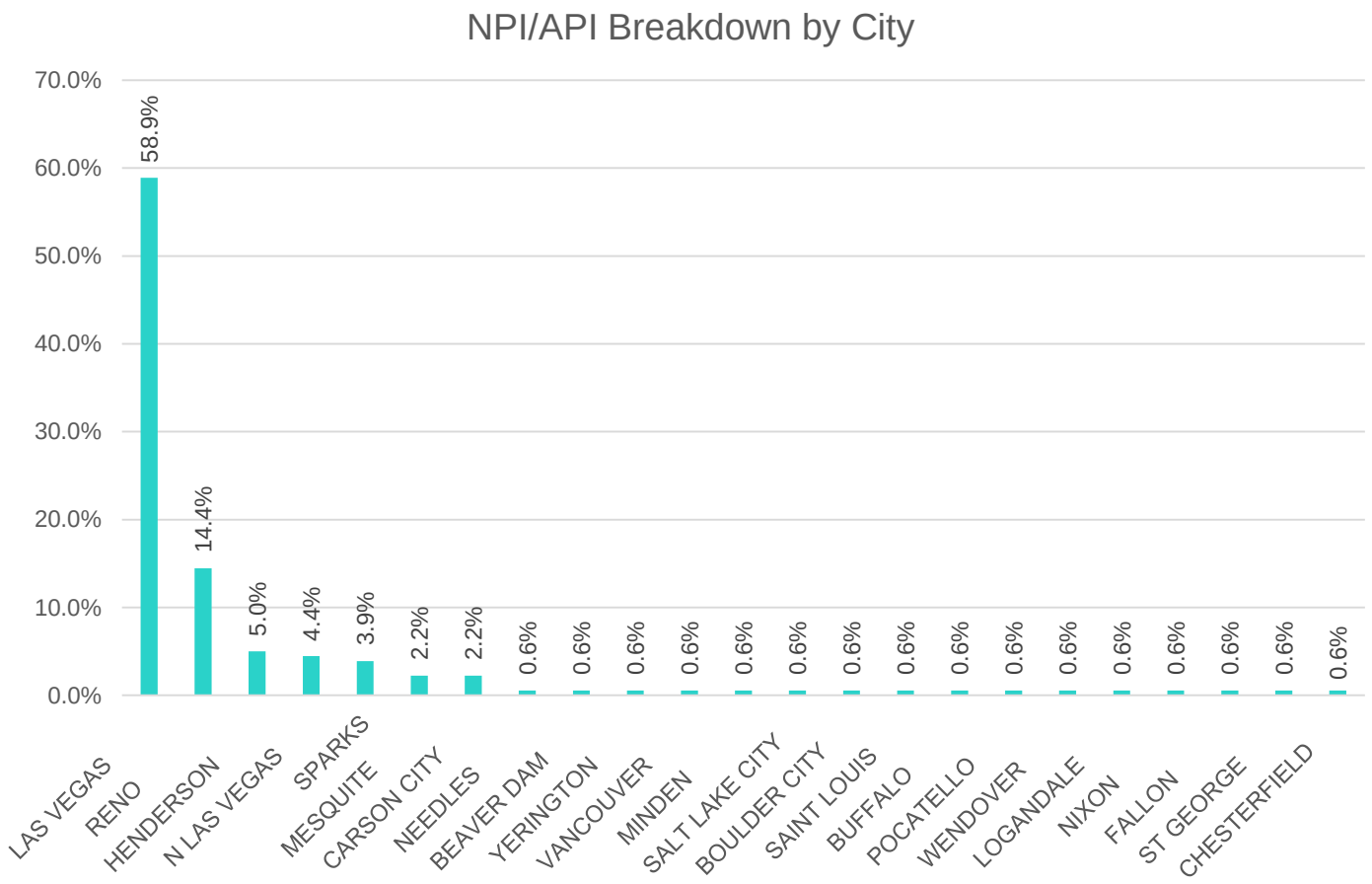

**Notes:**

- Multiple individuals under the same NPI could have filled out this survey. NPI was not a mandatory field to fill out in the survey.
- This data pertains to survey question #1.

| Secondary Provider Type | Total Survey Responses | Survey Response Rate vs. Active Provider Population | Total Active Provider Population |
|---|---|---|---|
| **48**-Home & Community Based Waiver for the Frail Elderly | 14 | ~15.7% | 89 |
| **20**-Physician, M.D., Osteopath, D.O. | 6 | ~.05% | 11,579 |
| **11**-Hospital, Inpatient | 5 | ~4.31% | 116 |
| **14**-Behavioral Health Outpatient Treatment | 5 | ~.09% | 5,858 |
| **19**-Nursing Facility | 5 | ~6.41% | 78 |
| **54**-Targeted Case Management | 4 | ~9.5% | 42 |
| **12**-Hospital, Outpatient | 3 | ~1.4% | 221 |
| **22**-Dentist | 3 | ~.3% | 989 |
| **58**-Waiver for People with Physical Disabilities | 3 | ~1.9% | 156 |
| **82**-Behavioral Health Rehabilitative Treatment | 3 | ~.3% | 1,054 |
| **Other** | 26 | | |

# Provider Profile Questions – NPI/API Provided

- Answered: 185 Skipped: 181




**Note:**
- This data pertains to survey question #2.

| Key Takeaways |
|---|
| This was an optional question for the provider. In the future, making this mandatory would allow for further data correlations. |
| 5 provided NPIs could not be matched with the active provider report, as they appear to be mistyped. |

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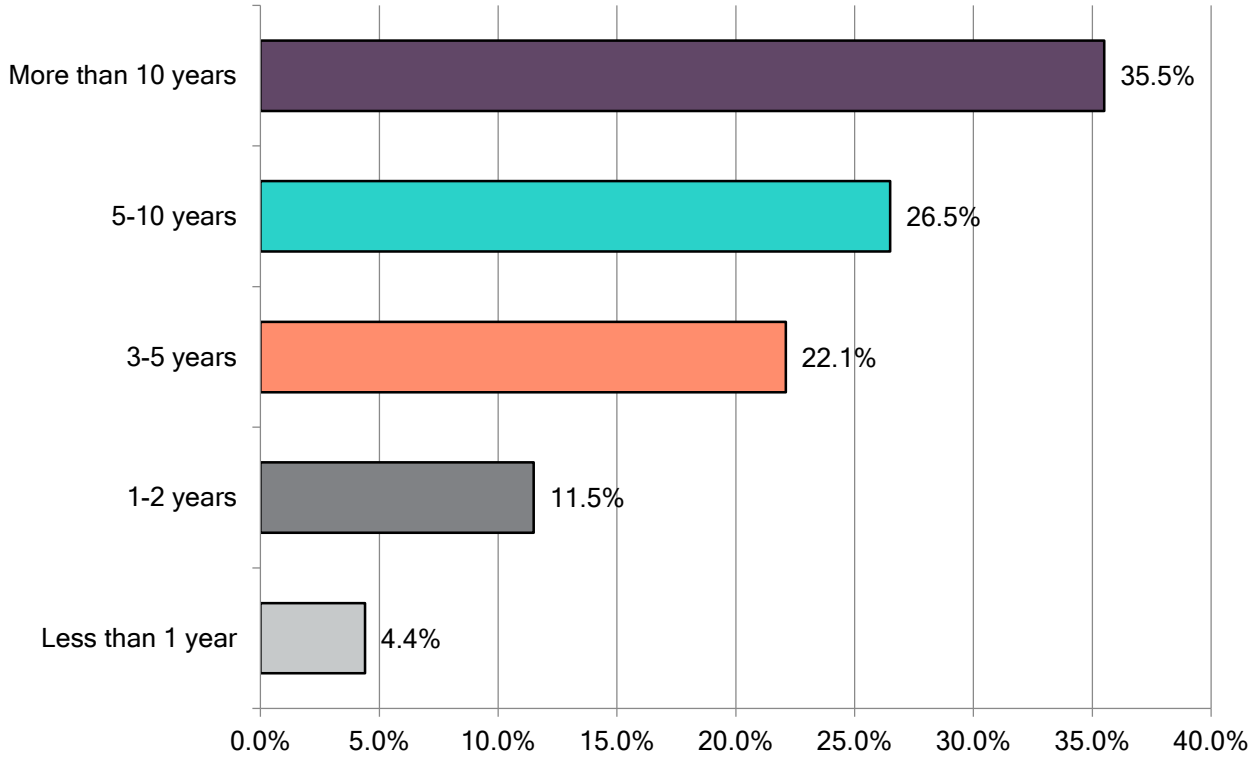
# Provider Profile Questions – Nevada Medicaid Provider Service Duration

– Answered: 366 Skipped: 0




**Notes:**

- This data pertains to survey question #3.

| Key Takeaways |
| --- |
| 84% of respondents have been with Nevada Medicaid for 3+ years. |

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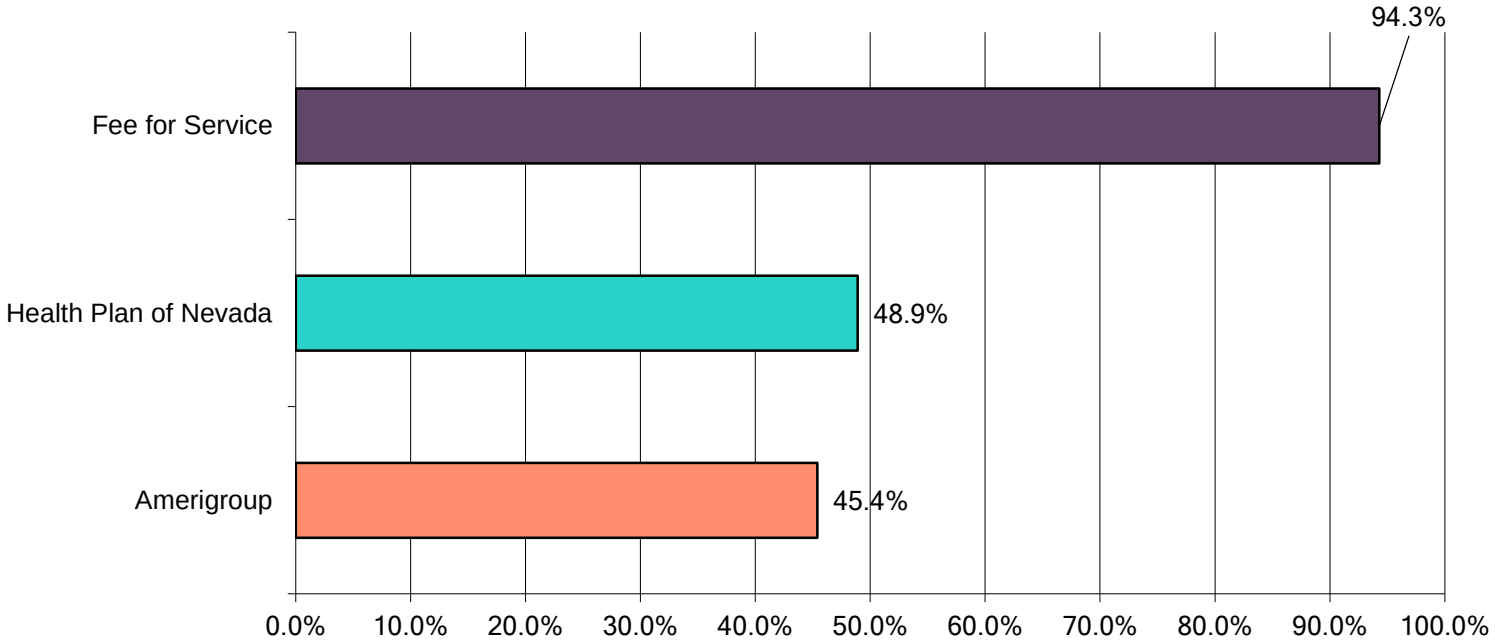
# Provider Profile Questions – Accepted Nevada Medicaid Plans

– Answered: 366  Skipped: 0




**Note:**

- This data pertains to survey question #4.

| Key Takeaways |
| --- |
| **For those who answered Fee for Service and provided their NPI/API:**<br><br>• 68% from Las Vegas<br>• 15% from Reno<br>• 5% from Henderson<br>• 3% from Sparks<br>• 2% Carson City |

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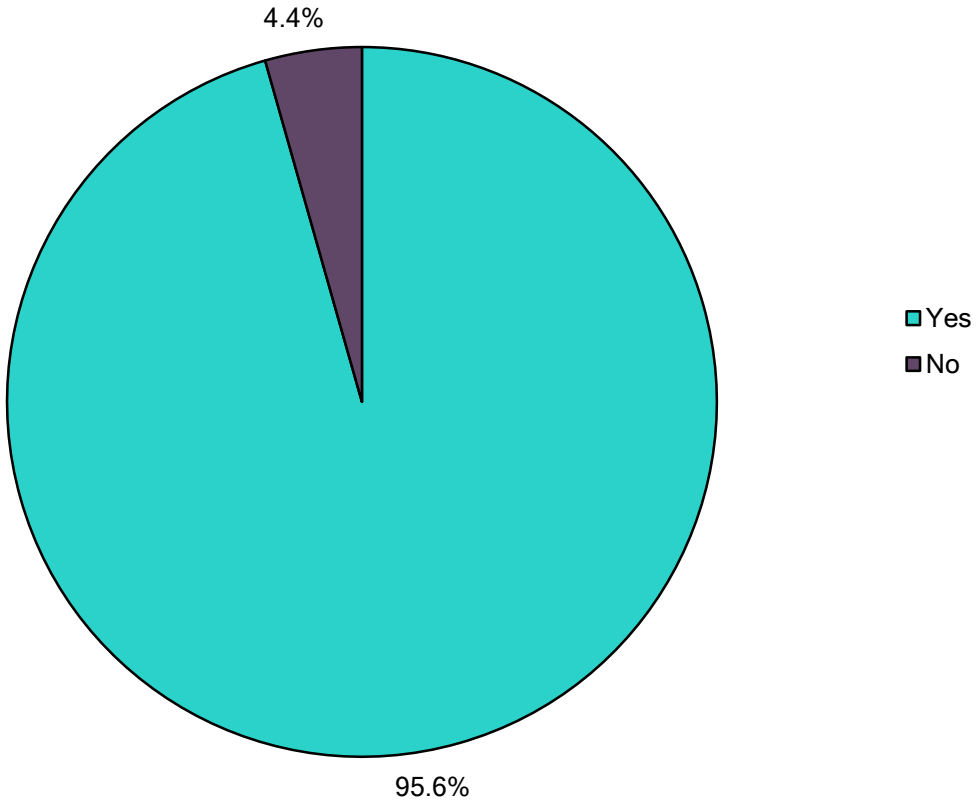
# Provider Profile Questions – Accepting New Nevada Medicaid Patients

– Answered: 366 Skipped: 0




**Note:**

- This data pertains to survey question #5.

| Key Takeaways |
| --- |
| **The main reasons provided as to why respondents are NOT accepting new Medicaid patients:**<br><br>• Practice is full<br>• Extremely poor reimbursement, as Medicaid rates are not competitive<br>• Difficulty/Inability to get claims paid |
| There were 7 providers who answered ‘No’ and included their NPI/API to perform further outreach. |

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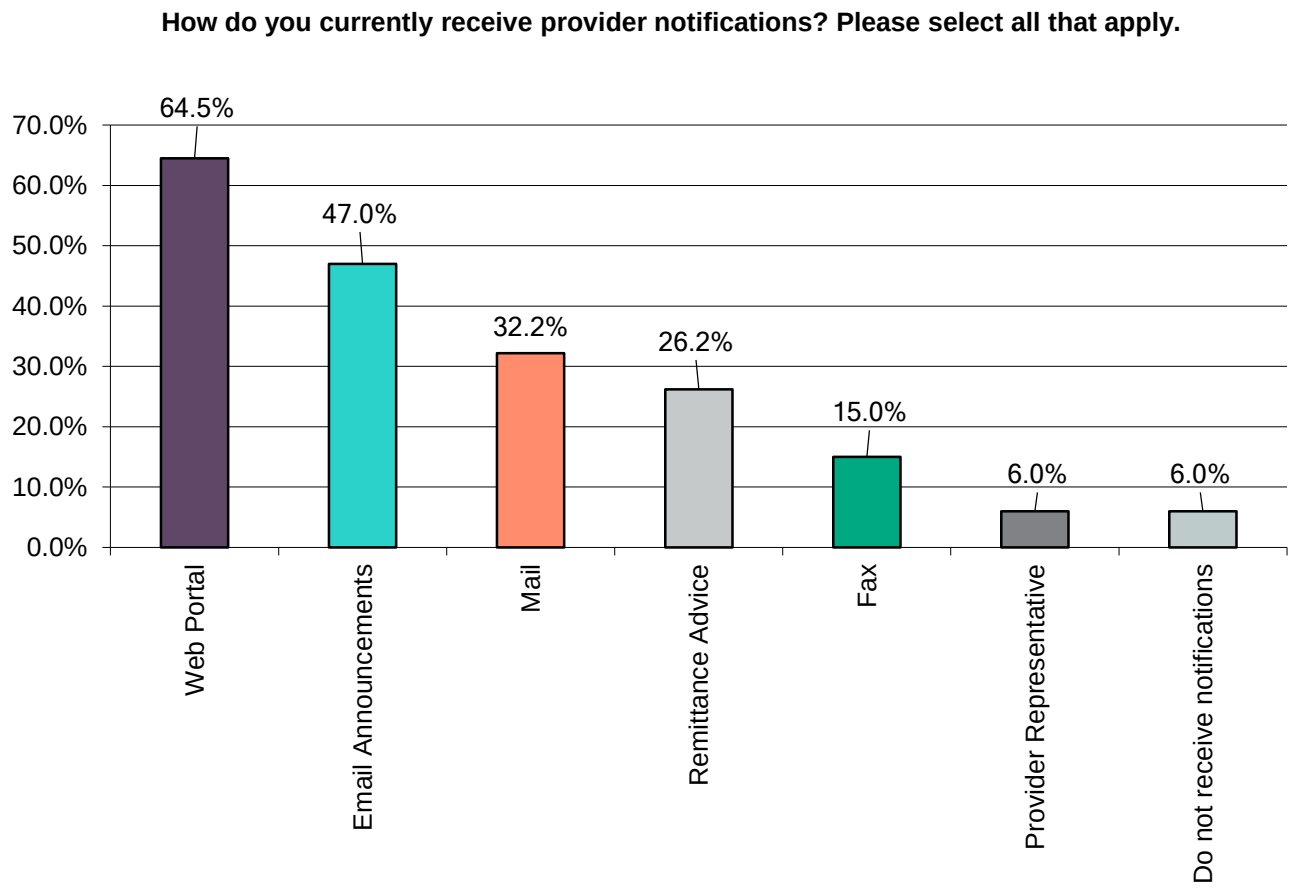
# Provider Profile Questions – Method of Provider Notifications

– Answered: 366 Skipped: 0




**Notes:**

- This data pertains to survey question #6.

| Key Takeaways |
| --- |
| The survey was sent out via email and an announcement was posted on the web portal, so this may be why these two categories are the highest. |
| 32.2% of the responses indicated the providers still rely on provider notification via mail. With the no-paper initiative, outreach has been conducted to those who provided their NPI/API number to further understand if other notification mechanisms can be utilized electronically. |

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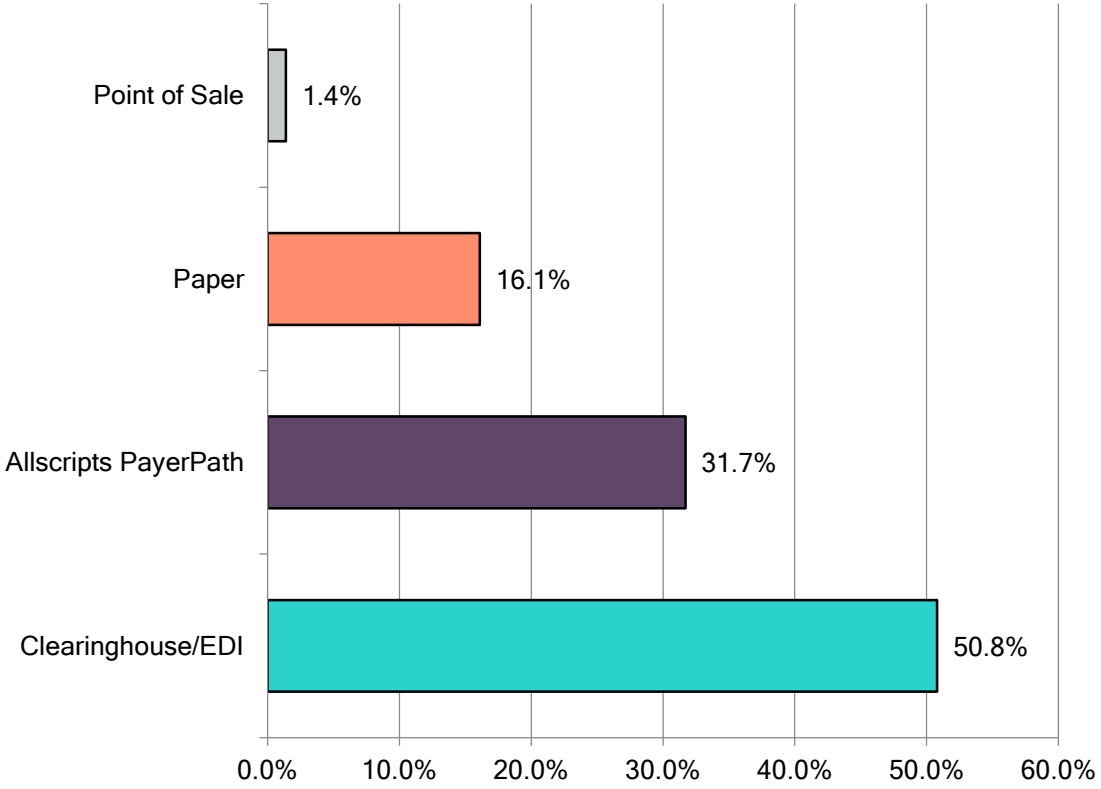
# Provider Profile Questions – Method of Claims Submission to Nevada Medicaid

– Answered: 366 Skipped: 0




**Note:**

- This data pertains to survey question #7.

| Key Takeaways |
| --- |
| 16.1% of the responses indicated the providers send in paper claims. With the no-paper initiative, outreach has been conducted to those providers who supplied their NPI/API number to move toward electronic claims submission. |
| Allscripts is going away, so outreach has already started to inform providers of this change in service. |

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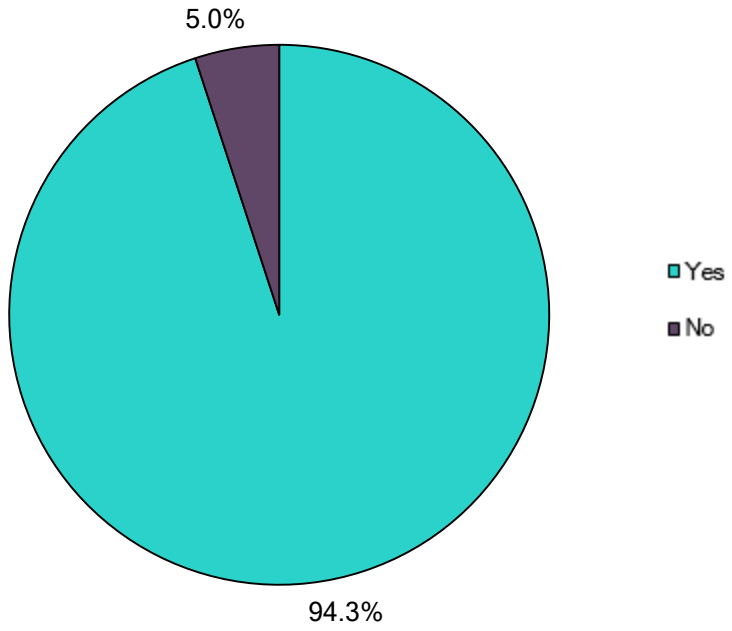
# Web Portal Questions

- Verification of Recipient Eligibility Prior to Rendering Services
- View Claims Status

# Use of Web Portal Questions – Verification of Recipient Eligibility Prior to Rendering Services

– Answered: 279 Skipped: 87

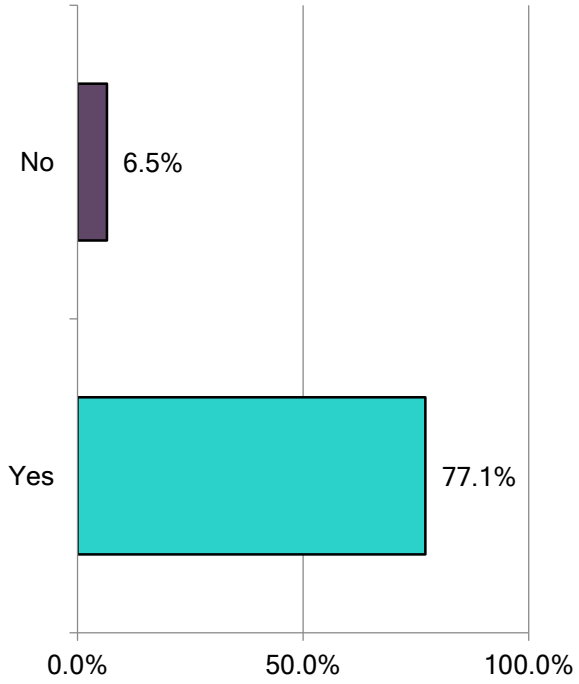



**Note:**
- This data pertains to survey question #8.

| Key Takeaways |
|---|
| **The top comments provided as to why the provider did not utilize the web portal before rendering services were:**<br><br>• Not a current job function<br>• Little man power with a small office<br>• Unaware of existence<br>• Not user friendly<br>• Information is not up to date on the portal *(Note: The Portal contains the information found in the MMIS, however data is received every 24 hours to refresh.)*<br>• Not registered |

# Use of Web Portal Questions – View Claims Status

– Answered: 279 Skipped: 87




**Note:**

- This data pertains to survey question #9.

| Key Takeaways |
| --- |
| **The top comments provided as to why the provider does not utilize the web portal to view the claims status is:**<br><br>• Web portal is too “Clunky” to use *(Note: Updates to the Portal in version 5 will eliminate some of the performance issues)*<br>• Did not know we could view the claims status on the web portal<br>• Too many checks and not enough time |

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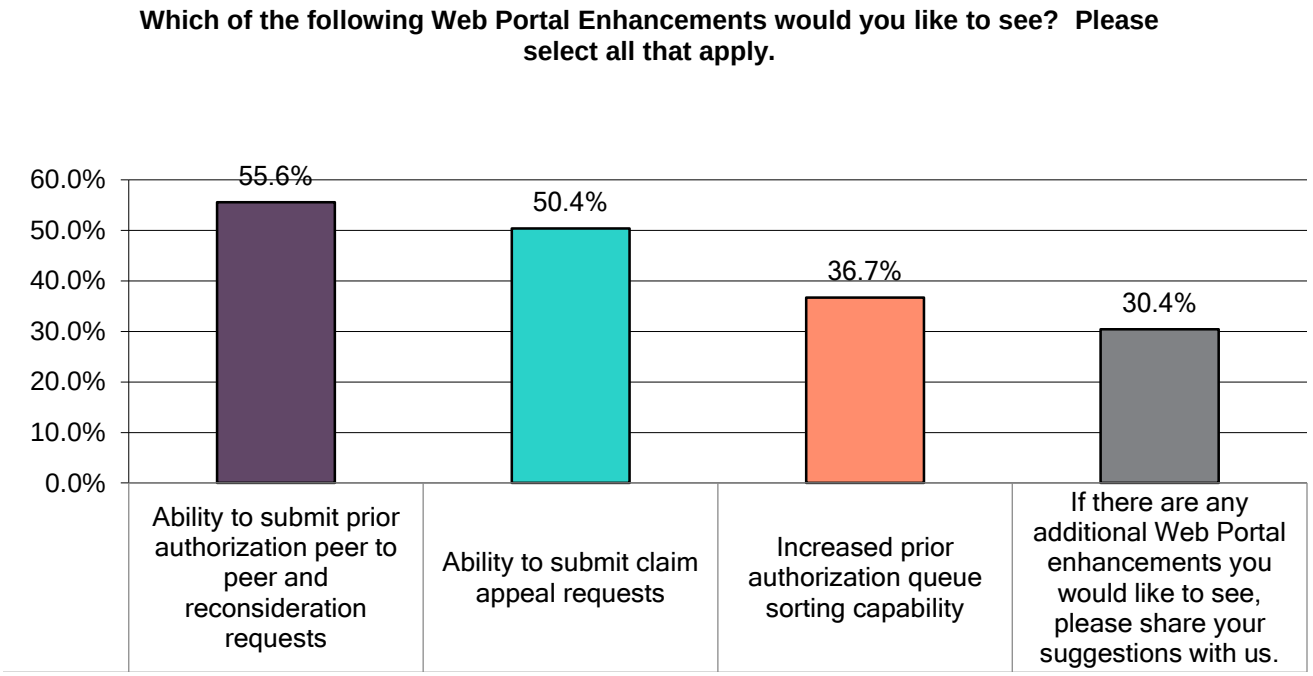
# Suggestions for Improvement – Web Portal Enhancements

– Answered: 270  Skipped: 96




**Note:**

- This data pertains to survey question #18.

| Key Takeaways |
| --- |
| **The top web portal enhancements that the providers feel would be beneficial are:**<br><br>• Ability to check patient history online<br>• Warnings about prior authorization expirations<br>• Ability to see next month's HMO status as well, as eligibility<br>• Ability to do online claim corrections, secondary, and claim reversal<br>• Access claims online<br>• A place to report third party liabilities<br>• Ability to input your provider number and generate a list of active authorizations, units, time period, and eligibility that you can sort by client name, authorization number, authorization start and stop dates |

# Takeaways: Provider Web Portal

Proposed Enhancements:

- Ability to do batch inquiries for claim status
- Educate providers that there are reports from the clearinghouse that might help to give this information to the providers
- Access to claims online

What Hewlett Packard Enterprise is currently doing:

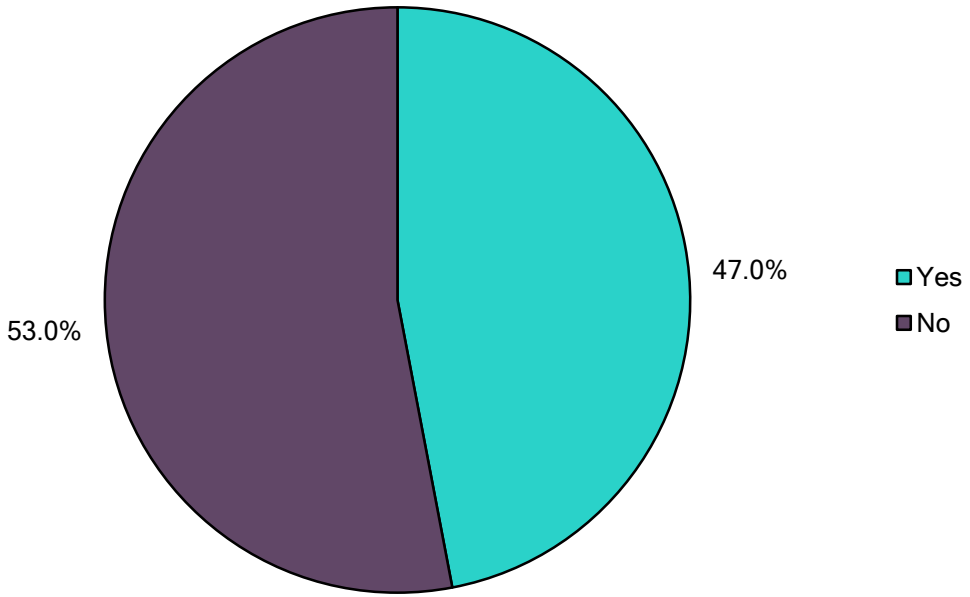
- We are working toward improving the reliability for the web portal with the addition of new tracking logs and the migration to newer hardware through the Web Portal Version 5

# Provider Representative Questions

- Who They Are and How They Can Assist
- Knowledge and Ability

# Provider Representative Questions – Who they are and how they can assist

– Answered: 279 Skipped: 87




**Note:**
- This data pertains to survey question #15.

| Key Takeaways |
| --- |
| **The top comments provided are highlighted below:**<br><br>• Do not know who their assigned representative is<br>• Issues with the responsiveness of inquiries by the assigned representative |

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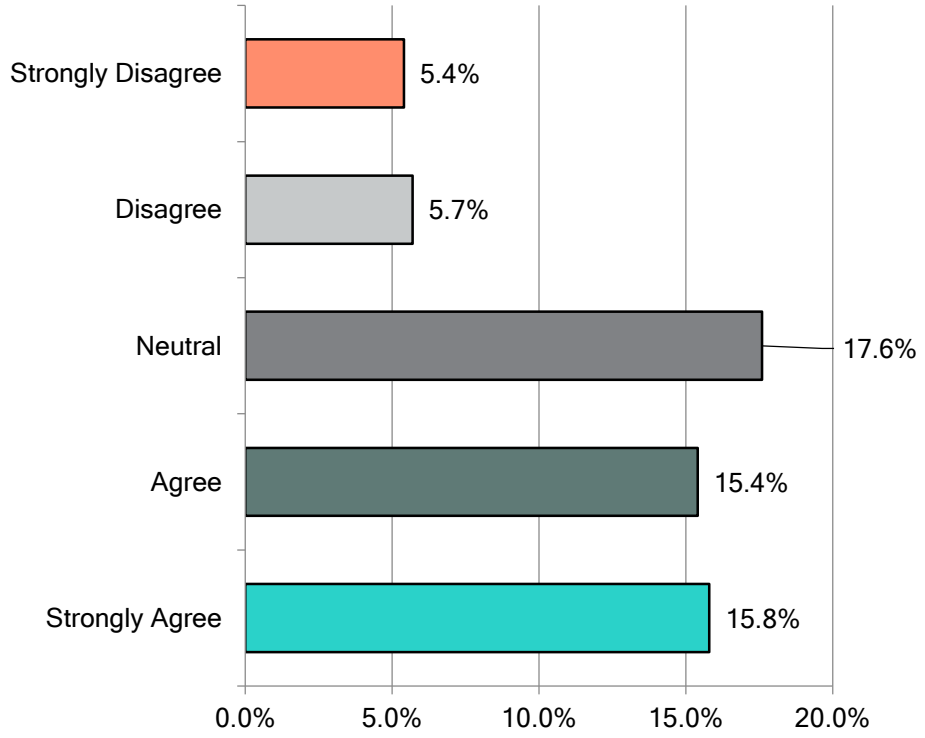
# Provider Representative Questions – Knowledgeable and Able

– Answered: 279  Skipped: 87




**Note:**

- This data pertains to survey question #16.

| Key Takeaways |
| --- |
| **31%** of the responses felt either **strongly agree** or **agree** that the provider representative was knowledgeable and able. |
| **11%** of the responses felt either **strongly disagree** or **disagree** that the provider representative was knowledgeable and able. |

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# Takeaways for Provider Representatives:

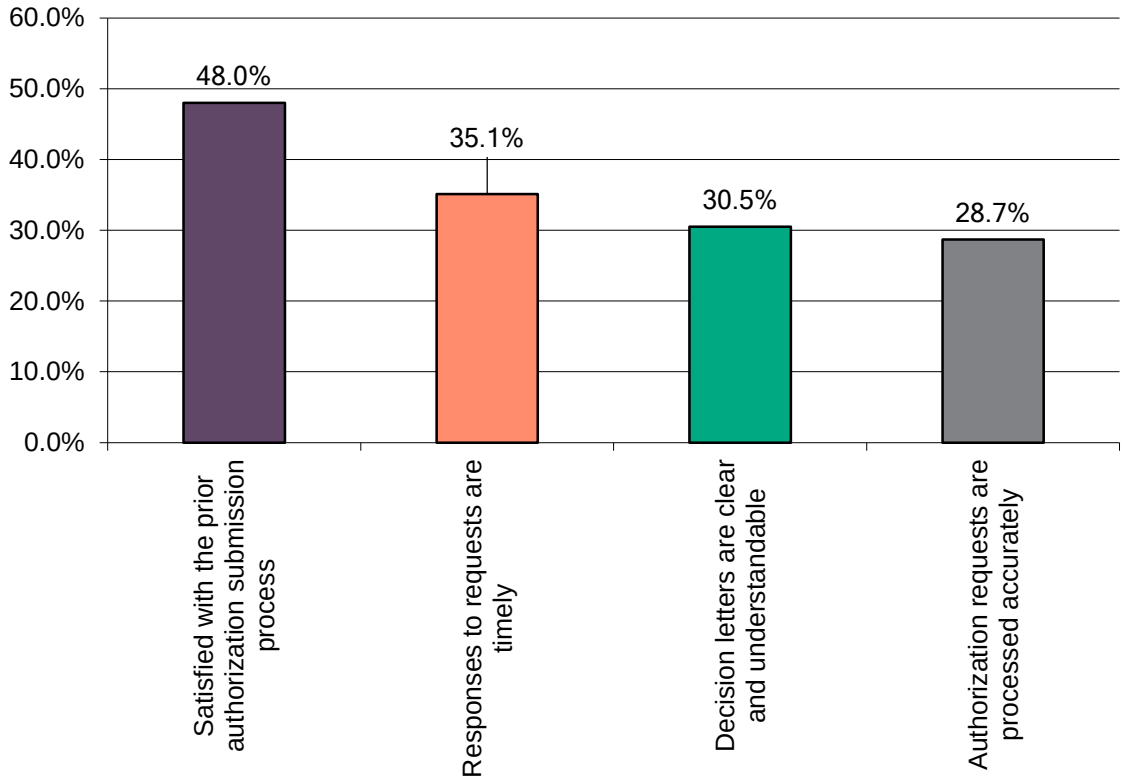
- Continue to provide training to providers once a week
- Individual quality assurance (QA) surveys
- Additional training and education on weekly team meetings
- Increase the communication to providers and the Hewlett Packard Enterprise team regarding changes/issues that impact them

# Overall Provider Experience Rating

- Prior Authorization
- Claims Adjudication
- Claims Appeals
- Provider Call Center
- Overall

# Provider Experience Questions – Prior Authorization

– Answered: 279 Skipped: 87



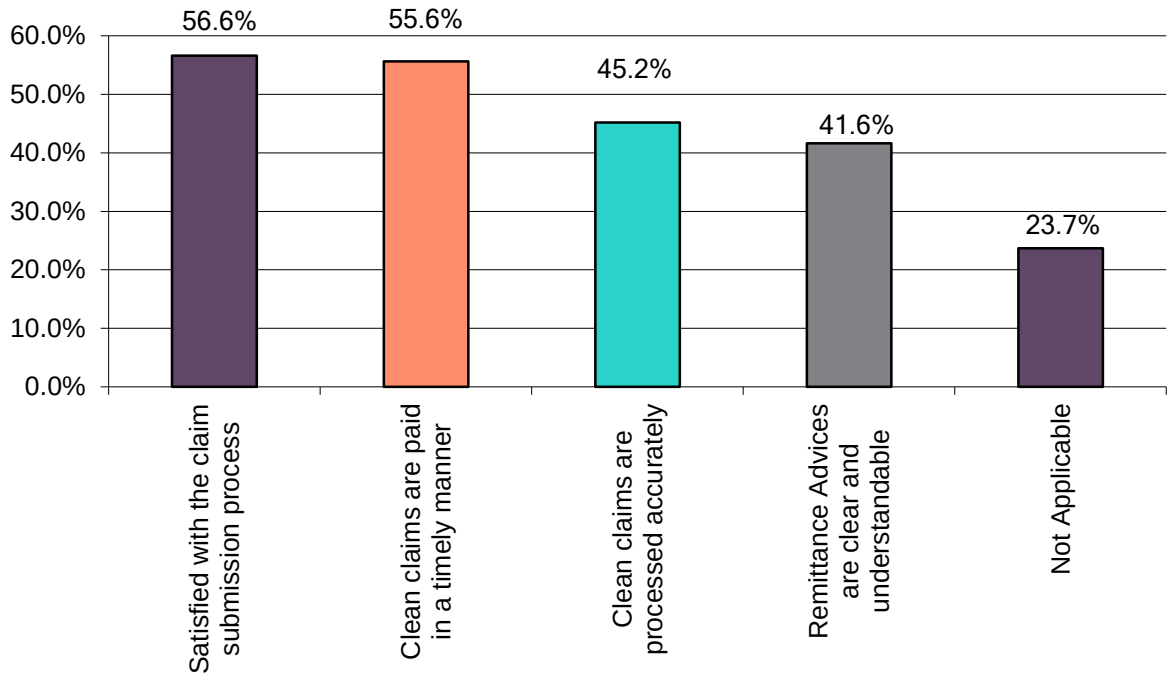

**Note:**

- This data pertains to survey question #10.

| Top Responses Summarized | Takeaways |
|---|---|
| Inconsistency of Information | HPES is providing additional training on rotating topics and customer service skills, in the monthly PA call center meeting. |
| Faxed PA Submissions | Modernization includes all PA type submission on the portal. |
| FFS and MCO's all use different PA Forms | DHCFP would need to review possibility of MCOs and FFS using standardized PA forms |
| Providers are getting kicked out of the portal | HPES has taken steps to improve this issue and is currently working on acquiring additional tools to identify the root cause in order to resolve the issue. |
| Having NOD letter available in Portal | This is being considered as part of Modernization |
| Providers are complaining the NODS are confusing | Recommend general citation issues addressed in every chapter or added to Chapter 100. Some of the citation codes used are unclear. HPES can provide recommendations to DHCFP for consideration. |
| Provider's requesting more timely feedback | Possible System Enhancement in Interchange: Automatically generate an email with the PA number and action. No PHI included in the email, so this would not require the message to be encrypted. |

# Provider Experience Questions – Claims Adjudication

– Answered: 279  Skipped: 87



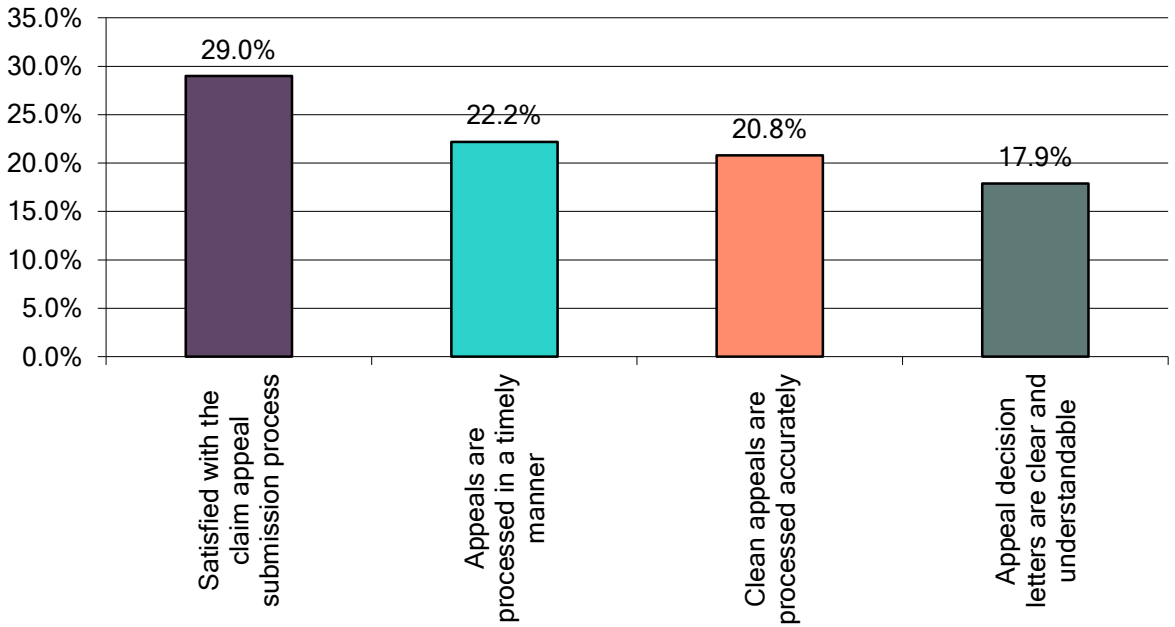

**Note:**

- This data pertains to survey question #11.

| Top Responses Summarized | Takeaways |
|---|---|
| Remittance advices are hard to read, confusing, and do not provide enough information | Hold mandatory webinar training sessions to focus on the top 5 denial by edit codes. For example, a training that will explain how to resolve claims that deny with edit 0313. |
| TPL claim difficulties around billing | HPES is working on a resolution regarding this with interChange. |
| Call center challenges: Difficult to reach and is not a great experience | • Continue to train call center staff on top 5 edits.<br>• Categorize the top issues for claims adjudication for training purposes.<br>• Increase the call center skills as a group and additional QA to pinpoint opportunities for improvement. |

# Provider Experience Questions – Claims Appeals

– Answered: 279 Skipped: 87



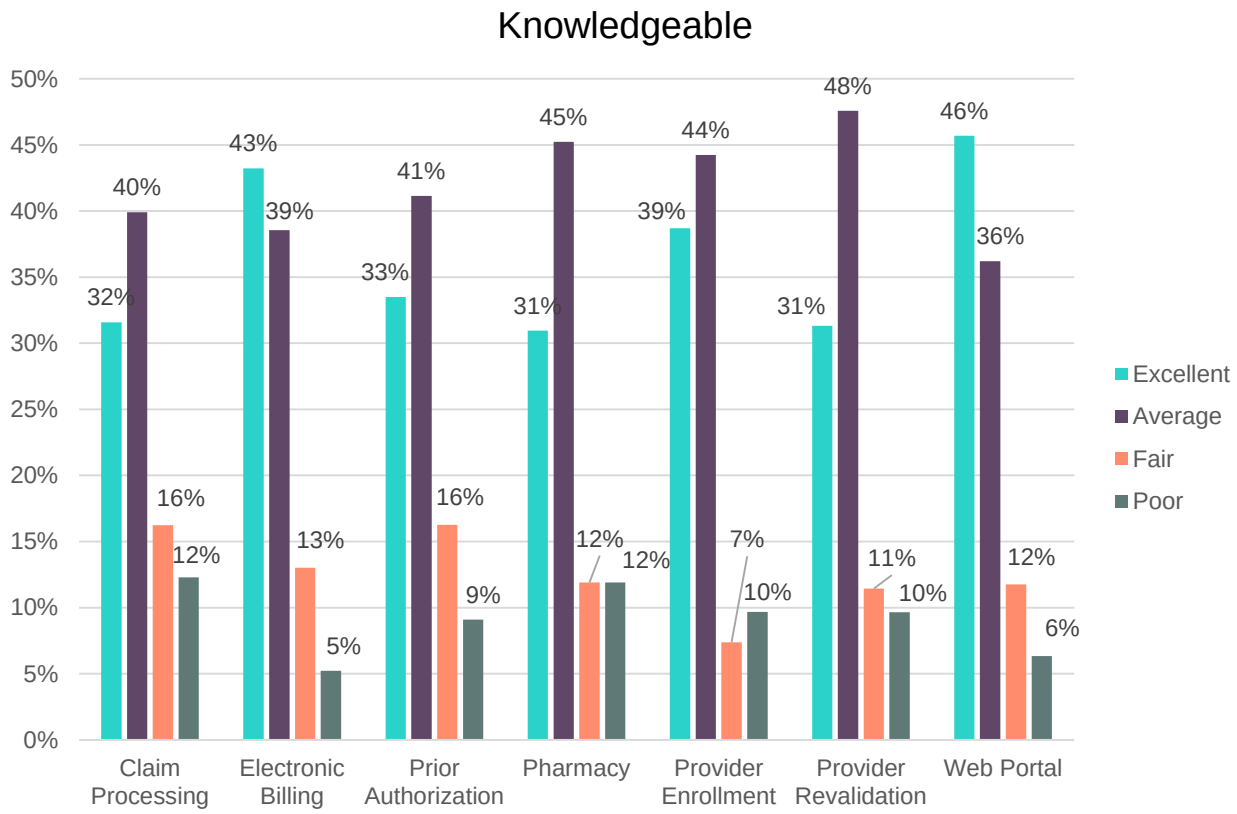

**Note:**

- This pertains to question #12 on the survey

| Top Responses Summarized | Next Steps |
|---|---|
| Claim appeals are timely and not worth the effort | • We could considered allowing appeals without claims be attached but if in the case an appeal is overturned the provider would need to resubmit a paper claim, would need to set a time limit.<br>• Submit the claim appeals via the portal. |
| Filing limitation | Change the submission requirements to business days, not calendar days |

# Provider Experience Questions – Provider Call Center - Knowledgeable

– Answered: 279 Skipped: 87




**Note:**

- This data pertains to survey question #13.

| Top Responses Summarized | Takeaways |
|---|---|
| Questions cannot be answered | • Focus on training<br>• Restarted the new hire training orientation<br>• Implemented a QA process to provide feedback to the individual agents<br>• One-on-one coaching with the supervisor is taking place, referencing historical tickets<br>• Create a referral and escalation process to improve the caller's experience<br>• Encourage providers to utilize the web portal and automated IVR for self-service related inquires, such as claim status |
| Requires multiple transfers to get to someone who knows the answer | |
| Calls made to representatives regarding Medicaid manual specific to chapter 400 are never answered appropriately | |

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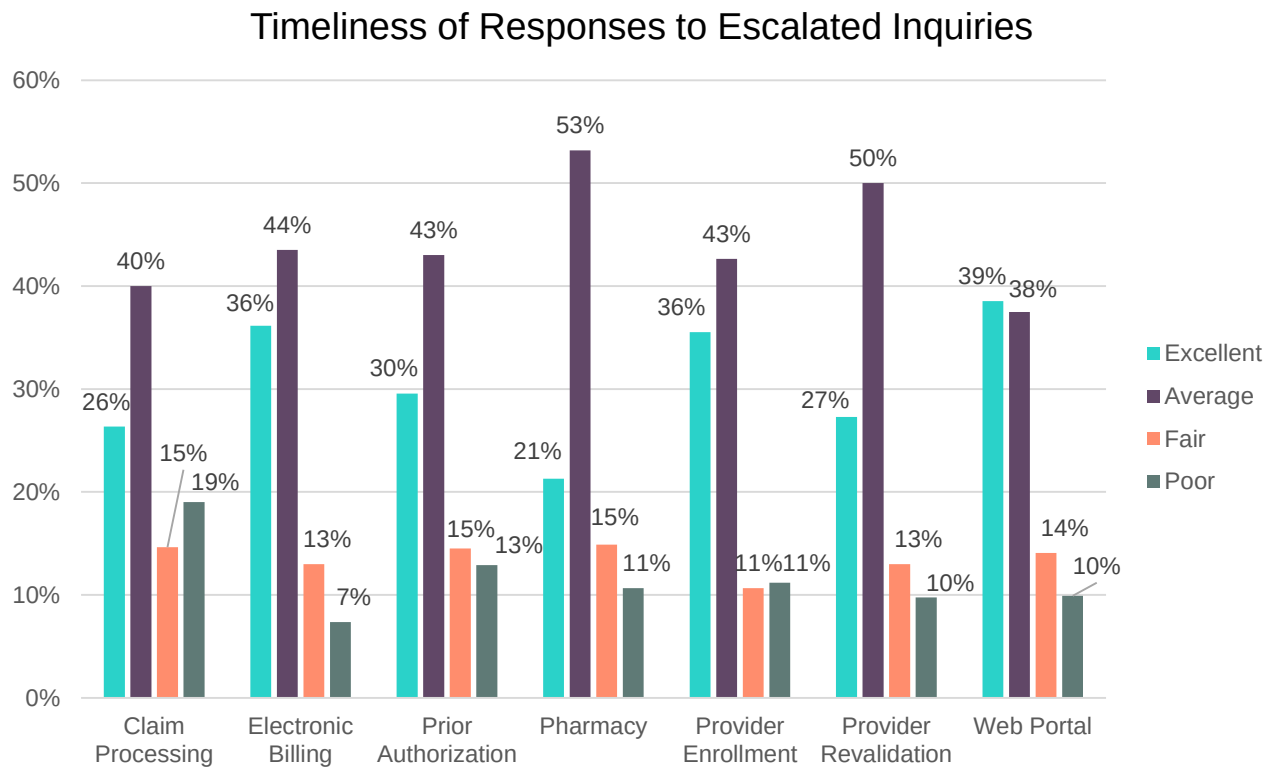
# Provider Experience Questions – Provider Call Center – Timeliness of Responses to Escalated Inquiries

– Answered: 279 Skipped: 87




**Note:**

- This data pertains to survey question #13.

| Top Responses Summarized | Takeaways |
|---|---|
| Wait time too long | HPES has developed a contact center plan to improve the overall call center experience for Providers |
| When speaking with representatives to do follow ups or inquiries, representatives are always in a rush to complete each call. Representatives never seem to want to complete more than one inquiry per call. | |

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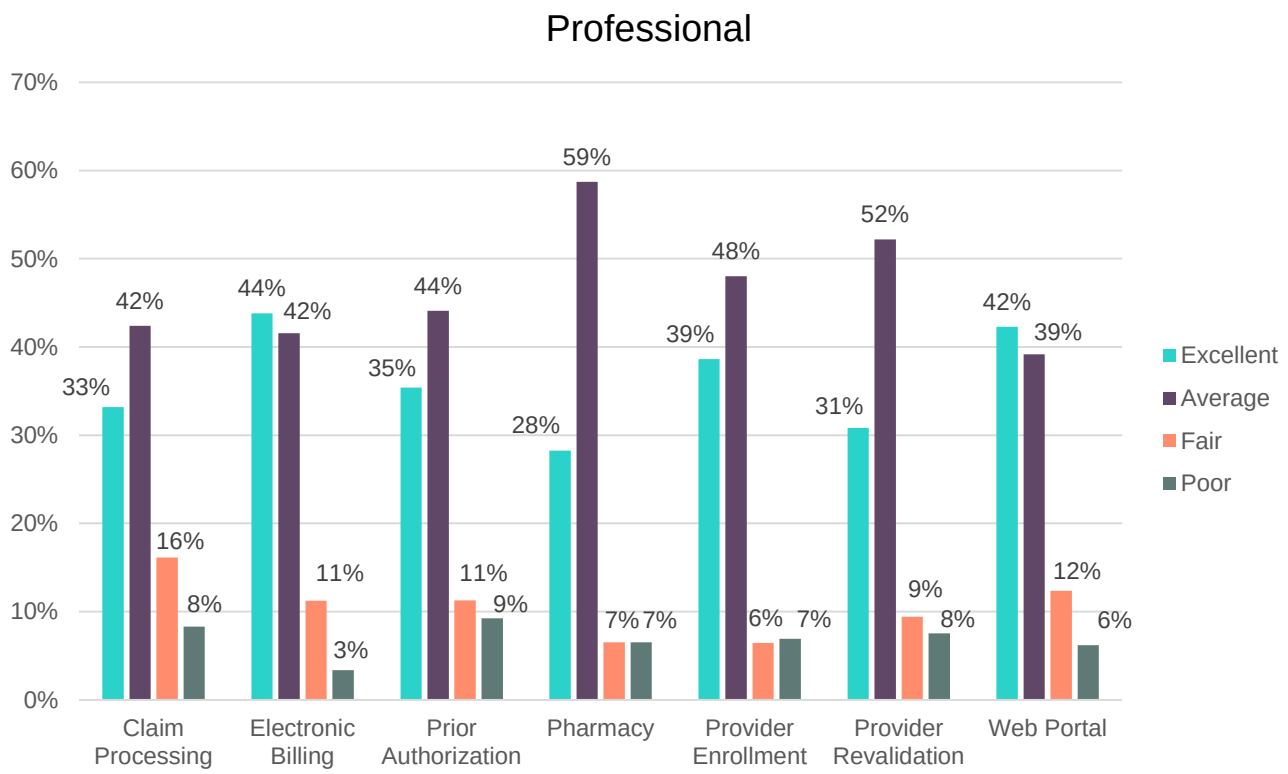
# Provider Experience Questions – Provider Call Center – Professionalism

– Answered: 279 Skipped: 87




**Note:**

- This data pertains to survey question #14.

| Top Responses Summarized | Takeaways |
|---|---|
| The efficiency and professionalism of the call center representatives differs wildly dependent upon which MCO you are trying to reach. | HPES is providing feedback to DHCFP regarding MCO's |
| Some representatives don't seem to follow through with what they say they are going to do. | HPES has developed a contact center plan to improve the overall call center experience for Providers |
| The provider call center almost always maintains a flat noncommittal attitude, not willing to listen to the question, only reciting what they see on the RA, which is what the provider also sees thus defeating the purpose of calling about it. | |
| You can ask a simple question like trying to confirm you are using the right form and the response is that they cannot tell you how to fill out the form. | |

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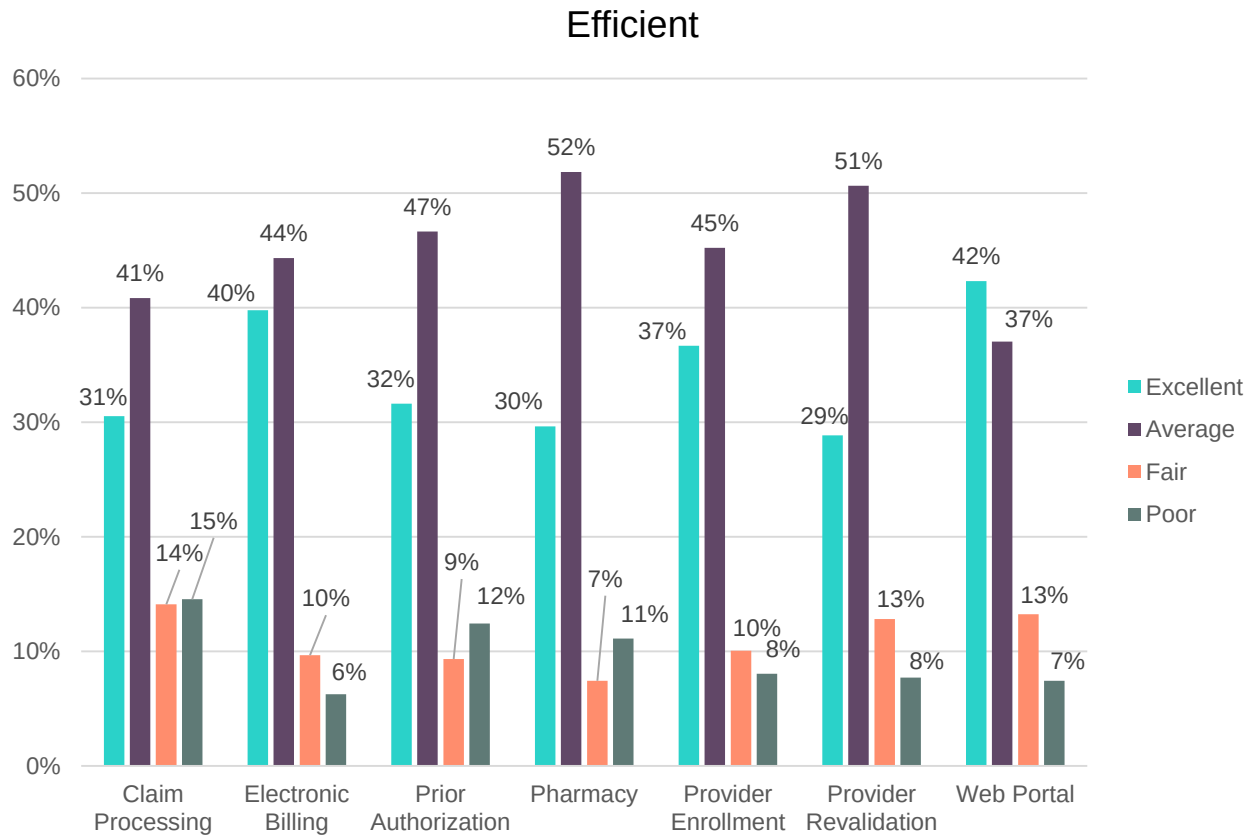
# Provider Experience Questions – Provider Call Center – Efficiency

– Answered: 279 Skipped: 87




**Note:**

- This data pertains to survey question #14.

| Top Responses Summarized | Takeaways |
|---|---|
| They are polite, but often I must speak to multiple people for help. | We have multiple contact centers and the HPES representatives will refer the caller to the appropriate team to address the issue |
| Unable to get PAR denial help, which this causes delays to patients and appointments. | |

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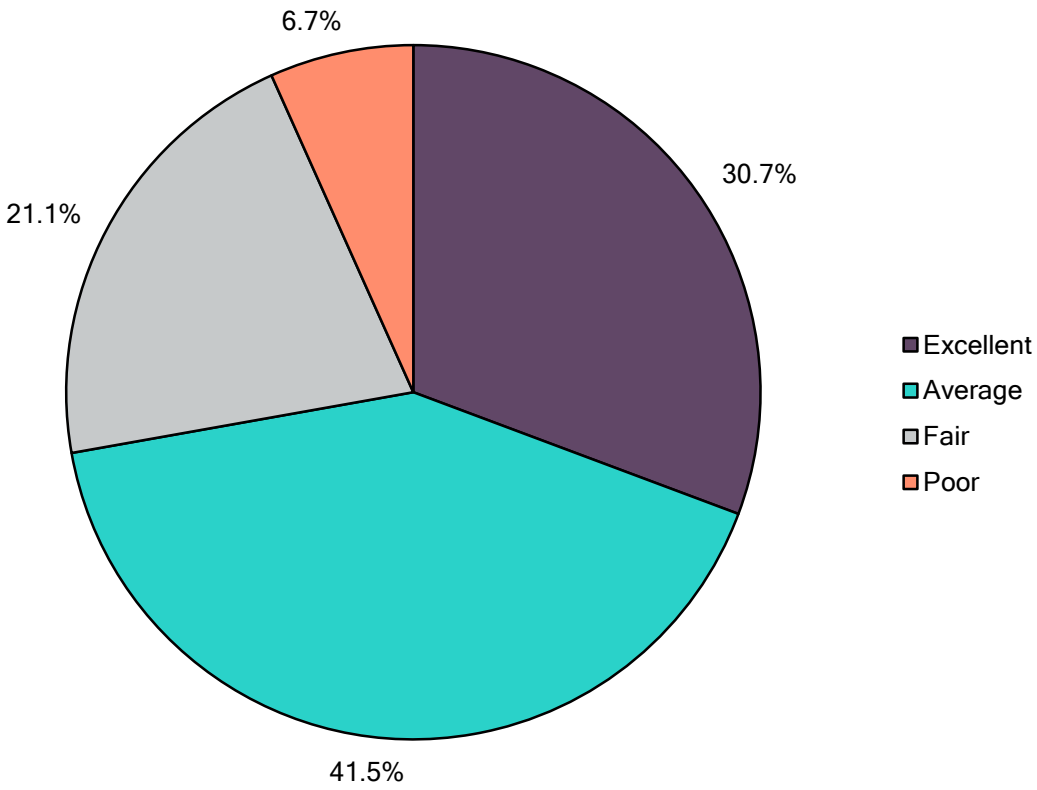
# Provider Experience Questions – Nevada Medicaid Overall

– Answered: 270 Skipped: 96




**Note:**
- This data pertains to survey question #17.

| Top Responses Summarized | Takeaways |
|---|---|
| Lose patients to Amerigroup and SmartChoice HMOs | Further discussions on next step need to be taken |
| Issues with quality of the system (Portal kick outs) | Updates to the Portal in version 5 will eliminate some of the performance issues |

# Comments from the Providers

- Feedback

# Suggestions for Improvement – Feedback

– Answered: 270  Skipped: 96

**Note:**
- This data pertains to survey question #19.

Areas for Improvement

## Claim Representatives

- Phone call wait time is too long
- Better training: You can ask the same questions to several reps and never get the same answer


## Claims Processing

- Approval of claims processing is too long
- More customer service training with claims denials
- Quicker resolutions and fewer claims issues would improve the experience

## Provider Representative

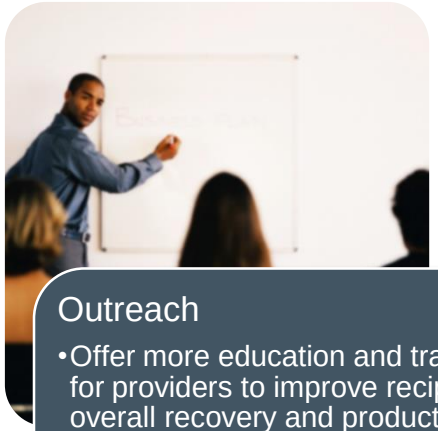
- Some questions are not answered because rep does not understand original request
- I do not know who my representative is or how they would assist me, what is their role?

# Suggestions for Improvement – Feedback

– Answered: 270  Skipped: 96

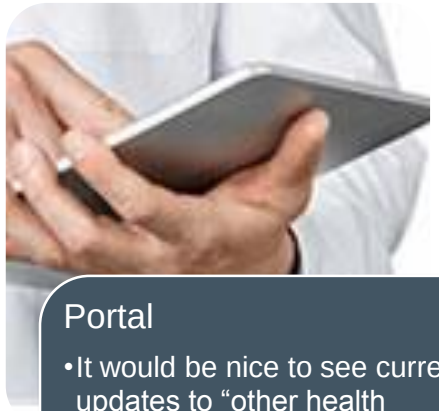
**Note:**
- This data pertains to survey question #19.

Areas for Improvement



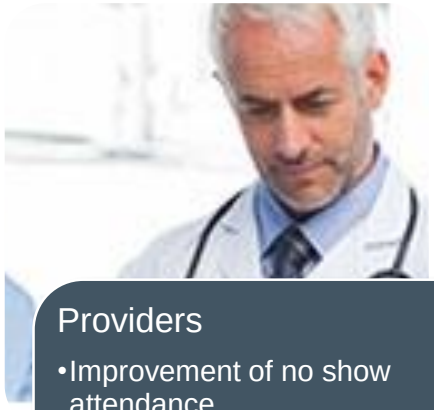
## Outreach

- Offer more education and training for providers to improve recipients overall recovery and productivity with credible resources and up to date evidence based on examples that support it.
- The annual conference should go back to provider-type-specific breakouts.



## Portal

- It would be nice to see current updates to “other health insurance information” for recipients on the portal.
- Prior Authorization requests should be via the web portal instead of by fax and snail mail.



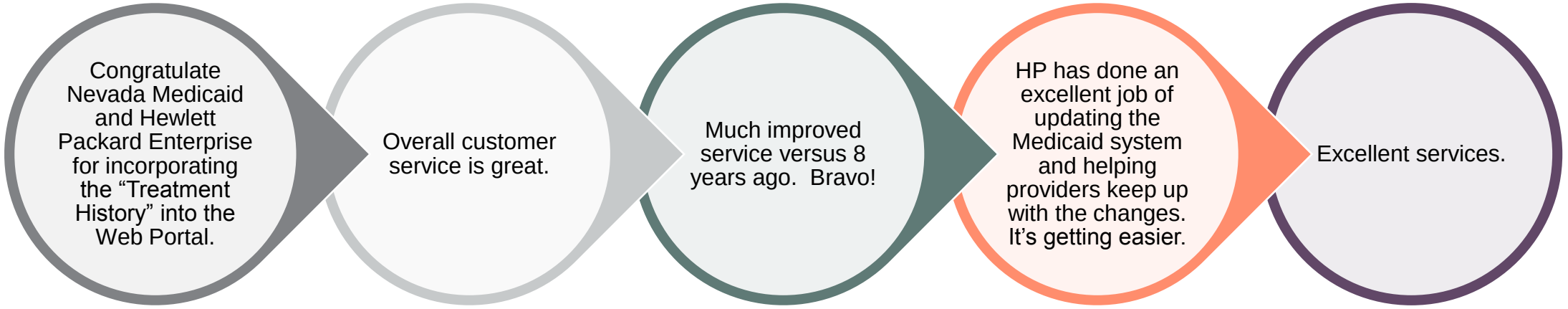
## Providers

- Improvement of no show attendance.
- Need to improve fee schedules to see member’s history of procedures.
- Create a continuum where the requirements are the same across all Medicaid types or where insurances remain the same after switching from FFS to commercial.

# Things Going Well – Feedback

– Answered: 270  Skipped: 96

**Note:**
- This data pertains to survey question #19.

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# Takeaways:

– List all action items, assign action owners, prioritize tasks, and set a target date

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# Thank you