



ValueOptions-Kansas

Fiscal Year 2011

Provider Satisfaction Survey

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OBJECTIVES

The survey questionnaire was developed collaboratively between ValueOptions and Fact Finders. A primary objective in designing this questionnaire was to incorporate questions about each aspect of ValueOptions' services that providers may consider when deciding to join or remain in the ValueOptions provider network.

SAMPLE DESIGN

The population surveyed in this research is comprised of VO-KS providers who were in the Medicaid and/or (SAPT) Block Grant network from July 1, 2010 – June 30, 2011. Providers also had to be active in the network at the time the survey was conducted.

QUESTIONNAIRE DEVELOPMENT

The questionnaire development involves collaboration between Fact Finders, Inc. and the ValueOptions National office. Questions were then customized to the Kansas contract. In fiscal year 2011, a question regarding the type of employee completing the survey was added. Specifically, "Are you currently: 1) in management at your facility, 2) not in management at your facility, or 3) do not know / do not want to answer".

In addition, VO-KS incorporated Independent Assessor recommendations regarding the rating scales. The rating scales were revised to have a more clear change from the top two ratings (Very Good and Good) to the bottom two ratings (Poor and Very Poor).

DATA COLLECTION

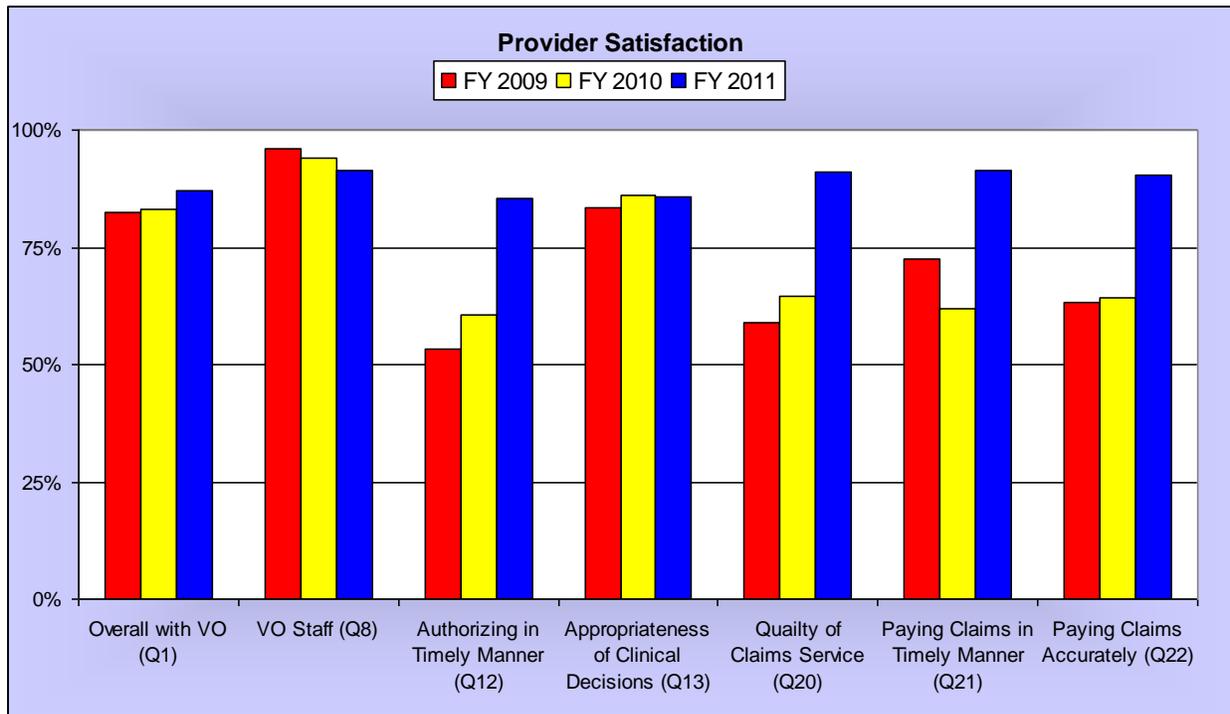
An online survey tool called SurveyMonkey was utilized to collect the data for this timeframe. An e-mail with the survey link was sent to at least one person in every provider location on June 28, 2011. A reminder e-mail was sent to the same group of providers on July 5, 2011. Providers had eleven calendar days to complete the survey. Ninety eight providers responded to the survey during this timeframe (an increase from the ninety five respondents in the previous year). In order to elicit an unbiased response, no provider identifiable information was collected.

ANALYSIS

This is the fourth annual provider satisfaction survey conducted for the VO-KS network. Other than where noted in the questionnaire development section above, data collection procedures and survey tool were consistent for the past three years.

Overall, 87.1% of providers surveyed were satisfied with ValueOptions, an increase of 4.1 percentage points over last year's response. 81.6% of providers responded that ValueOptions had gotten much better or gotten better. This option was included in the first fiscal year measurement but was removed in order to be compliant with the recommendations from an independent audit of the survey tool.

Satisfaction scores for every indicator related to authorizations and claims were higher than in the previous year. The scores most improved were related to authorizing care in a timely manner and quality of claims service.



Provider Satisfaction Survey	FY 2009	FY 2010	FY 2011
Overall with VO (Q1)	82.4%	83.0%	87.1%
VO Staff (Q8)	96.0%	94.0%	91.5%
Authorizing in Timely Manner (Q12)	53.2%	60.7%	85.5%
Appropriateness of Clinical Decisions (Q13)	83.6%	86.3%	85.9%
Quality of Claims Service (Q20)	58.8%	64.7%	91.0%
Paying Claims in Timely Manner (Q21)	72.6%	61.8%	91.5%
Paying Claims Accurately (Q22)	63.3%	64.4%	90.3%

VO-KS noticed that during the FY 2010 survey, scores related satisfaction with claims processes were low comparison to other questions. Since then, VO-KS has talked with providers in an attempt to discover what could be done to increase satisfaction with claims processes. The Provider Relations Representatives in cooperation with the Claims Department has worked diligently to improve the accuracy, quality, and timeliness of claims payment, which is illustrated in the above chart and table.

Several open-ended questions were asked of providers. Thirty-eight providers had suggestions for improving the authorization procedures. The improvement suggested the most often was clinical staff being more flexible in the interpretation of ASAM placement criteria and trusting the counselor's judgment. Improvements to the KCPC and more clear expectations regarding documentation requirements for CSR's were also noted.

When asked what evidence-based practices were used at their facility, a majority of providers responded that cognitive behavioral therapy (CBT) was used. This is similar to the results from the previous two years and may be because other funding streams at provider locations require CBT for their clients.

Providers were also asked to make suggestions to improve services as well as to list ValueOptions services they were most satisfied with over the last fiscal year. The top three categories where improvements were suggested were authorizations, consistency, and communication.

When asked about the area of services they are most satisfied with, the answer given most by providers was the ValueOptions staff and customer service.