



Children's Special Health Care Services (CSHCS)

Provider Satisfaction Survey

Summary Report

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EXECUTIVE SUMMARY

The Children's Special Health Care Services (CSHCS) Program is committed to obtaining information from the statewide CSHCS provider network about their individual and collective experience with CSHCS policies, protocols, and processes with the intent to identify opportunities to maintain or improve the Program's interface with providers, beneficiaries, and their families. MDHHS has conducted Consumer Assessment of Healthcare Providers (CAHPS®) surveys with beneficiaries to assess the perceptions and experiences of members enrolled in the CSHCS Program as part of its process for evaluating the quality of health care services. However, a formal method to obtain feedback from CSHCS providers to gauge satisfaction with the program had not been undertaken.

The CSHCS Division, Bureau of Medicaid Care Management and Customer Service, Michigan Department of Health and Human Services (MDHHS) and the Michigan State University Institute for Health Policy (MSU-IHP) developed an electronic survey tool for the purpose of conducting a CSHCS provider satisfaction survey among specialty and subspecialty physicians. The purpose of the provider satisfaction survey was to gather information from physicians with the goal to improve the care and services to CSHCS beneficiaries and their families. The CSHCS Provider Satisfaction Survey explored the following topics/themes:

1. Overall impression and satisfaction with the CSHCS Program,
2. Knowledge of CSHCS services and benefits,
3. Ease of completing CSHCS Program components,
4. Care Coordination/Case Management (CC/CM) services.

Two methods were utilized to distribute the survey to CSHCS specialty and subspecialty physicians: (1) Mailed letter to a selected sample of providers who, in the prior 30 months, provided services to 10 or more unique CSHCS enrollees; and (2) Electronic distribution to affiliated physicians by the three largest Children's Hospitals in Michigan, Children's Multidisciplinary Specialty (CMDS) Clinics and the Michigan Health and Hospital Association (MHA) via the MHA Council on Children's Health. A total of 92 responses to the Physician Satisfaction Survey were received, resulting in a 10% response rate. These responses represented more than 19 specialties/subspecialties and all ten (10) of Michigan's designated Prosperity Regions.

Provider Satisfaction Survey analysis indicate:

- Ninety-six (96%) of respondents were either "satisfied" or "somewhat satisfied" with the CSHCS program.
- Almost half (49%) expressed confidence in their knowledge about how to contact the CSHCS Program staff for assistance and in their ability to advise patients about CSHCS program benefits and services.
- The greatest challenges identified were related to prior authorization for pharmacy and durable medical equipment (DME).

- Overall, 62% of respondents expressed ease in coordinating care with Local Public Health Departments (LHDs) and 50% expressed ease in coordinating care with Medicaid Health Plans (MHPs).
- University/health system-based practitioners found it easier to coordinate care with both LHD's (65%) and MHPs (62%) than those in private practice, who reported 53% and 28% respectively.
- Seventy-eight percent (78%) of the respondents reported that practice staff (nurses, social workers, or medical assistants) are available to assist with CC/CM services.
- Eighty-four percent (84%) of university/health system-based practices offer onsite CC/CM services compared with 67% of those in private practice.
- Respondents expressed a desire to learn more about CSHCS benefits and services, patient eligibility criteria, denial/appeal, and prior authorization processes.
- Overall, sixty-five percent (65%) of respondents reported they were offering real-time audio-video (virtual) appointments and were communicating with patients/families via patient portals and secure messaging. Except for remote patient monitoring, the majority of practices plan to continue or begin telehealth services in the next twelve months.

In addition to the overall analysis, specific topics were identified for further sub analysis to determine differences between respondents in private practice and their colleagues who work in larger university or hospital-based systems of care. Selected topics included those related to overall physician satisfaction, billing and reimbursement, care transition, and care coordination with LHDs and MHPs.

Twenty-six respondents provided contact information for personal follow up and were contacted by pediatric physicians from the MDHHS Office of Medical Affairs (OMA). Outreach to six (6) of these 26 respondents was successfully completed. In addition, free-text survey comments about CSHCS benefits, services, policies, and procedures were forwarded to appropriate members of the MDHHS/CSHCS leadership team to provide feedback and address respondents' self-identified knowledge deficits and concerns. The CSHCS leadership team will determine the best means to address these topics through ongoing provider outreach efforts.

CSHCS is committed to using these survey results to guide provider support efforts by: (1) Identifying opportunities to engage and interface with Medicaid Health Plans and Local Public Health Departments, (2) Continuing outreach to leadership at Michigan's three major children's hospitals and their affiliated health systems, and (3) Refining provider resource tools such as the CSHCS Guidance Document and the CSHCS website pages to provide clarity in CSHCS policy and decision making processes.

Introduction

Children's Special Health Care Services (CSHCS) is a program for children and qualifying adults with special health care needs and their families. Program administration and oversight is led within the Children's Special Health Care Services Division, Behavioral and Physical Health and Aging Services Administration (BPHASA), although various aspects of the program are administered in other areas of BPHASA including the Managed Care Plan Division, the Program Review Division, the Pharmacy Division, and others.

Michigan's CSHCS Program strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care. The goals of the Program are to:

- Assist individuals with special health care needs in accessing the broadest possible range of appropriate medical care, health education and supports;
- Assure delivery of these services and supports in an accessible, family-centered, culturally competent, equitable, community-based and coordinated manner;
- Promote and incorporate family/caregiver/professional collaboration in all aspects of the program; and
- Remove barriers that prevent individuals with special health care needs from achieving these goals.

CSHCS helps persons with chronic health problems by providing:

- Coverage and referral for specialty services;
- Family-centered services that support the client and his/her primary caregivers;
- Community-based services that facilitate in-home care and help maintain normal routines;
- Culturally competent services that demonstrate awareness of cultural differences;
- The opportunity to attain their full health potential without disadvantage due to social position or other socially determined circumstances; and
- Coordinate services among multiple providers and agencies.¹

Purpose

The CSHCS Program is committed to obtaining feedback from the statewide CSHCS provider network about the care and services provided to CSHCS beneficiaries and their families. MDHHS has conducted Consumer Assessment of Healthcare Providers (CAHPS®) surveys with beneficiaries consistently for over a decade to assess the perceptions and experiences of members enrolled in the CSHCS Program as part of its process for evaluating the quality of health care services provided to enrollees. The goal

¹ MDHHS CSHCS web page at <https://www.michigan.gov/mdhhs/assistance-programs/cshcs>

of CAHPS® is to obtain performance feedback that is actionable and that will aid in improving overall enrollee satisfaction. However, a formal method to obtain feedback from CSHCS providers to gauge satisfaction with the program had not been undertaken. In 2018, the CSHCS Advisory Committee (CAC) discussed the need to obtain feedback from the CSHCS network of specialists and subspecialists including key children's hospitals and multi-disciplinary subspecialty clinics who provide care and services to CSHCS beneficiaries and their families. Ultimately, a decision was made to proceed with a multi-staged approach to the provider satisfaction information gathering process.

To meet this goal, MDHHS engaged the Michigan State University Institute for Health Policy (MSU-IHP) to provide technical assistance and support for the development and implementation of the *Provider Satisfaction Survey*. Staff from both CSHCS and MSU-IHP were brought together to form the CSHCS Provider Survey Team (CSHCS-PST) to collaborate on the survey development which included establishing the overall goal and objectives, determining survey formats and methods, and identifying potential opportunities and barriers to survey implementation.

A CSHCS Advisory Subcommittee, comprised of representatives from the CSHCS Advisory Committee was also established to provide additional guidance on the survey development, processes, sampling, and methodology. The Subcommittee recommended CSHCS physician review of the survey questions and encouraged collaboration with organizations to promote the survey (e.g., children's hospitals and specific professional associations). In addition, the Subcommittee provided feedback on the final survey instrument and assisted in garnering feedback from a sample of CSHCS specialty and subspecialty providers prior to survey distribution.

Background

In the fall of 2019, the first step in the multi-staged approach was initiated. Interactive discussions were conducted with members of the executive leadership teams at the three largest Children's hospitals in Michigan: C.S. Mott Children's Hospital/Michigan Medicine, Ann Arbor; Helen DeVos Children's Hospital, Grand Rapids; and Children's Hospital of Michigan, Detroit. CSHCS program data demonstrates that these hospitals and their respective health systems are key partners in providing care and services to CSHCS beneficiaries. The goal of these facilitated discussions was threefold: (1) To gather information from children's hospital senior administrators and managers about their overall perceptions and satisfaction with the CSHCS Program; (2) To highlight positive aspects of the program; and (3) To identify opportunities for improvement.

To address hospital leadership's expressed recommendations, issues, or concerns during these facilitated discussions, the CSHCS program staff provided individual

follow-up through additional in-person or telephone meetings, email, written correspondence and/or one-on-one meetings with other children's hospital, pediatric department staff or multidisciplinary teams. During the interactive discussions, hospital leadership expressed a willingness to assist the CSHCS Program to distribute a provider survey to their network of specialty and subspecialty physicians.

A summary of these interactive discussions with the children's hospitals was shared with the CAC in January 2020, and the *Guided Interview Summary Report* was finalized in February 2020.

Information gathered from the hospital discussions was used to develop an electronic CSHCS provider satisfaction survey which focused on the hospital recommendations, identified issues and concerns, and CSHCS Program components. Work on the provider survey and sampling process began in March 2020, however, the COVID-19 pandemic temporarily disrupted normal work activities resulting in an approximate three-month delay in survey development. CSHCS-PST meetings were resumed in June 2020, and both the *Provider Satisfaction Survey* and supplemental *Care Coordination and Case Management (CC/CM) Survey* questionnaires were finalized in January 2021 (Appendices A and B). The surveys were distributed to CSHCS specialty and subspecialty providers in February and March 2021.

This report describes an overview of the provider survey, sample and distribution methods, and key survey findings. Next steps involve translating the findings into actions to address the identified areas of improvement.

Provider Survey Sample and Distribution Methodologies

Sample Methodology

CSHCS Program staff worked closely with MSU-IHP to identify the provider survey sample and distribution methods. The sampling process included a review and comparison of the MDHHS Data Warehouse National Provider Identifier (NPI) numbers belonging to CSHCS rendering providers and any CSHCS Qualifying Diagnoses. After reviewing multiple data samples during the months of June 2020 through February 2021, a decision was made to focus on CSHCS specialty and subspecialty physicians who, in the prior 30 months, provided services to 10 or more unique CSHCS enrollees. CSHCS participating physicians who met this definition were included in the initial survey sample. Consulting pediatricians from the Office of Medical Affairs (OMA) and other subject matter experts further refined the sample by determining relevant specialty and subspecialty groups. Physician assistants and nurse practitioners were not included since these provider types do not enroll directly with CSHCS to provide services for CSHCS clients. Healthcare facilities, as such, were not included to better ensure that a physician would provide the survey response. The final survey sample was generated in February 2021 and included only physicians from the specialty and subspecialty groups shown in Table 1, page 9.

Table 1***Clinically Relevant Specialty/Subspecialty Selections Available to Survey Respondents***

Adolescent Medicine	Medical Oncology
Cardiac Surgery	Medical Toxicology
Cardiovascular Disease	Neonatal-Perinatal Medicine
Clinical & Laboratory Dermatological Immunology	Nephrology
Clinical & Laboratory Immunology	Neurodevelopmental Disabilities
Clinical Biochemical Genetics	Neurology with special Qualifications in Child Neurology
Clinical Cardiac Electrophysiology	Neurotology
Clinical Cytogenetics	No Subspecialty
Clinical Genetics (MD)	Orthopedic Sports Medicine
Clinical Neurophysiology	Pain Medicine
Critical Care Medicine	Pediatrics
Dermatopathology	Pediatric Anesthesiology
Developmental-Behavioral Pediatrics	Pediatric Cardiology
Endocrinology, Diabetes & Metabolism	Pediatric Cardiothoracic Surgery
Gastroenterology	Pediatric Critical Care Medicine
Hematology	Pediatric Dermatology
Infectious Disease	Pediatric Emergency Medicine
Interventional Cardiology	Pediatric Endocrinology
Maternal & Fetal Medicine	Pediatric Gastroenterology
	Other: (Please Specify)

Distribution Methodology

MSU-IHP has had prior experience distributing electronic surveys on behalf of Michigan Medicaid in which email addresses from the Community Health Automated Medicaid Processing System (CHAMPS) were utilized. Many of the CHAMPS email addresses were either invalid or belonged to credentialing or billing staff at large health systems/organizations. This resulted in the inability to distribute the survey directly to the intended physician recipient. Therefore, it was determined that the CSHCS *Provider Satisfaction Survey* would be distributed to physicians via postal mail using current provider practice addresses instead of email.

Two methods were utilized to distribute the survey to CSHCS specialty and subspecialty physicians:

Method 1: A letter was mailed to CSHCS specialty and subspecialty physicians in the selected sample who, in the prior 30 months, provided services to 10 or more unique CSHCS enrollees.

Method 2: Electronic distribution to the three largest Children's Hospitals in Michigan, Children's Multidisciplinary Specialty (CMDS) Clinics and the Michigan Health and Hospital Association (MHA) via the MHA Council on Children's Health with the intent that these entities forward the survey to affiliated physicians meeting the sample criteria.

The mailed cover letter described the intent of the survey and included a link to access the electronic survey. It was acknowledged that this method of distribution, however, would likely yield a response rate of five to ten percent (5-10%). The CSHCS *Provider Satisfaction Survey* cover letter was drafted, reviewed, and approved by the CSHCS-PST and signed by the Director, Children's Special Health Care Services Division (Appendix C). The initial provider letters were distributed in mid-February 2021 and reminders were mailed in March 2021.

Since the second method for survey distribution included collaborating with Michigan's three largest children's hospitals, CMDs clinics, and the Michigan Health and Hospital Association to encourage participation and maximize the response, a Communications Plan was created. The Communications Plan identified and tracked key contacts for survey distribution via external partners including children's hospital and professional organizations/associations in Michigan. The CSHCS-PST acknowledged that using two distribution methods² could result in some duplication among providers receiving the survey and the possibility of a few duplicate responses. However, the team also anticipated that this approach would increase the overall response rate.

To maintain respondent anonymity and maximize survey completion and return, physician identifying information or unique Provider Identification Numbers (PINs) were not included on the mailed cover letter, envelope, or survey tool. Rather, two identical provider surveys with unique links were created for distribution, one sent to the providers in the survey sample and the other sent to partner organizations. Optional fields for identifying information were included at the end of the survey tool for respondents who desired personal follow-up to their comments or responses.

In addition, a separate supplemental *Care Coordination/Case Management (CC/CM) Survey* was developed, and physicians were given the option to answer the CC/CM questions or provide the name and contact information of someone on their staff who could respond. Throughout the February-March 2021 distribution period, the supplemental CC/CM survey was distributed via a link emailed directly to the physician-designated practice contacts for survey completion.

² (Method 1) Mailed letter with the survey link; (Method 2) Electronic distribution via hospital email/electronic systems.

Provider Satisfaction and Care Coordination/Case Management Survey Instruments

The *Provider Satisfaction Survey* and *Care Coordination/Case Management Survey* instruments (Appendix A) were designed to gather information from respondents within the following general areas/themes:

- Respondent Demographics
 - Private Practice or University/Health System-based Practice
 - Specialty or Subspecialty
 - County in which Practice Site is Located
 - Number of years providing services to CSHCS enrollees
- Provider Experience, Interaction, Interface, Satisfaction with CSHCS Program Components
 - Overall Level of Satisfaction with the CSHCS Program
 - Communication with CSHCS Program Staff
 - Ease of Completing CSHCS Program Components
- Provider Knowledge of CSHCS Services and Benefits
 - Opportunities for Further Education about CSHCS Services and Benefits
 - CSHCS Follow-up Opportunities
- Services Offered by the Practice including Care Coordination and Case Management (CC/CM) with:
 - Local Public Health Departments,
 - Medicaid Health Plans
 - Other Practitioners and Service Types
- Use of Telehealth Services

Provider Survey Findings

Primary analysis of survey findings was approached from an overall perspective, independent of the practitioner's self-identified practice setting. A secondary analysis considered the practice setting type, e.g., private practice or university/health system-based practice and identified a subset of survey questions to address provider experiences related to CSHCS Program features such as requirements, policy, procedure, and processes. The intent of this analysis was to identify potential differences between the two practice types. Pertinent results of these sub analyses are included in this report.³

³ When reviewing the results of this survey analysis, it is important to keep in mind that comparisons made between two selected responses results in stronger confidence if each response has a sample size (N) greater than or equal to 30.

Survey Response Rate

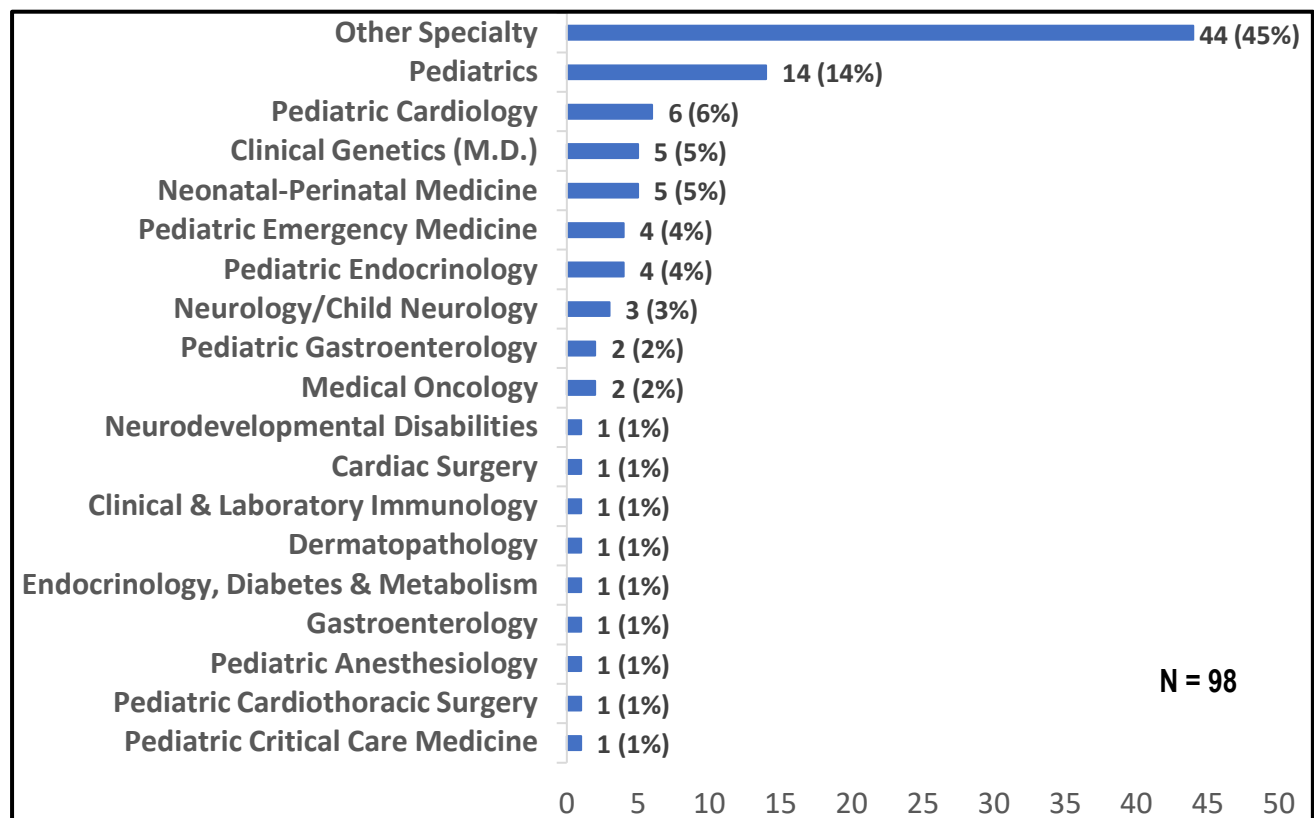
Of the 904 *Provider Satisfaction Surveys* that were mailed, a total of 92 responses were received, resulting in a 10% (92/904) response rate. Of the 92 respondents, 37 opted to answer the CC/CM questions contained in the survey tool, and 22 physicians designated other staff members to respond on their behalf. Of these 22 designated staff members, nine (9) returned completed surveys (41%). Overall, a total of 46 individuals responded to CC/CM questions, resulting in a response rate of 50% (46/92) for the CC/CM portion of the survey.

Respondent Demographics

Area of Specialization

The most commonly reported specialty categories were in the clinical areas of pediatrics, pediatric cardiology, clinical genetics, neonatal-perinatal medicine, pediatric emergency medicine and pediatric endocrinology. Survey responses were also received from family practitioners and internal and pulmonary medicine physicians since adult providers also serve pediatric CSHCS enrollees in some geographic areas of the state. While it was noted that the majority of survey respondents self-identified in the “other specialty” category, review of this category showed that most of these responses fell into pediatric specialty and subspecialty areas (Figure 1).

Figure 1
Respondents by Area of Specialization



Further Description of “Other” Areas of Specialization

Those who self-identified as “Other Specialty” (N=44) were asked to describe their area of specialization. Of these, the majority identified within the specialization of Ophthalmology (N=5), followed by Pulmonology, (N=4), Otolaryngology (N=4), Pediatric craniofacial (N=3) and plastic and reconstructive surgery (N=3). Of note, two (2) respondents were non-physicians who described their affiliation with multidisciplinary pediatric clinics (Table 2).

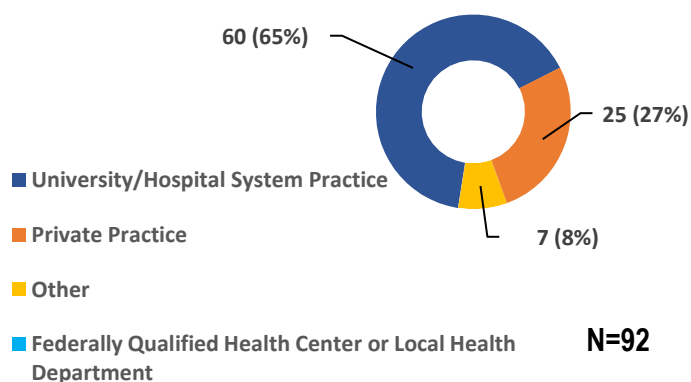
Table 2
Respondent Self-Identified “Other Specialty” Categories

ALLERGY/IMMUNOLOGY	NEPHROLOGY	PALLIATIVE CARE
Allergy and Immunology Allergy and Clinical Immunology	Pediatric Nephrology	Pediatric Palliative Care & General Pediatrics Palliative Care / Hospice / Complex Care
CRANIO-FACIAL	NEUROLOGY	PATHOLOGY
Pediatric Craniofacial Anomalies Program Pediatric Plastic Surgery Craniofacial Surgery	Pediatric Neurosurgery	Pathology
ENDOCRINOLOGY	NUCLEAR MEDICINE	PLASTIC/RECONSTRUCTIVE SURGERY
Adult endocrinology. I take care of adults with cystic fibrosis related diabetes.	Nuclear Medicine	Pediatric Plastic/Reconstructive Surgery Plastic Surgery Plastic and Reconstructive Surgery
HEMATOLOGY/ONCOLOGY	OPHTHALMOLOGY	PRIMARY CARE
Pediatric Hematology/Oncology Pediatric bone marrow transplant and cellular therapies	Pediatric Ophthalmology Ophthalmology Pediatric Ophthalmology/Adult Strabismus Pediatric Neuro-ophthalmology Oculoplastics	Primary Care Clinic serving 0-23 years old Family Medicine
HOSPITALIST	ORTHOPEDICS	PULMONOLOGY
Pediatric Hospitalist	Pediatric Orthopedic Surgery Pediatric Orthopaedics	Pediatric pulmonary and sleep medicine Pediatric Pulmonology Pediatric Pulmonary Internal Medicine and Pulmonary Medicine
MULTIPLE SPECIALTY	OTOLARYNGOLOGY	
Multiple pediatric specialties: cardiology, urology, nephrology, surgery, gastroenterology pulmonary Clinic Coordinator for multidisciplinary and subspecialty clinics	Otolaryngology Otolaryngology/Facial plastics Pediatric Otolaryngology - Head and Neck Surgery	

Practice Setting and Years Serving CSHCS Enrollees and Families

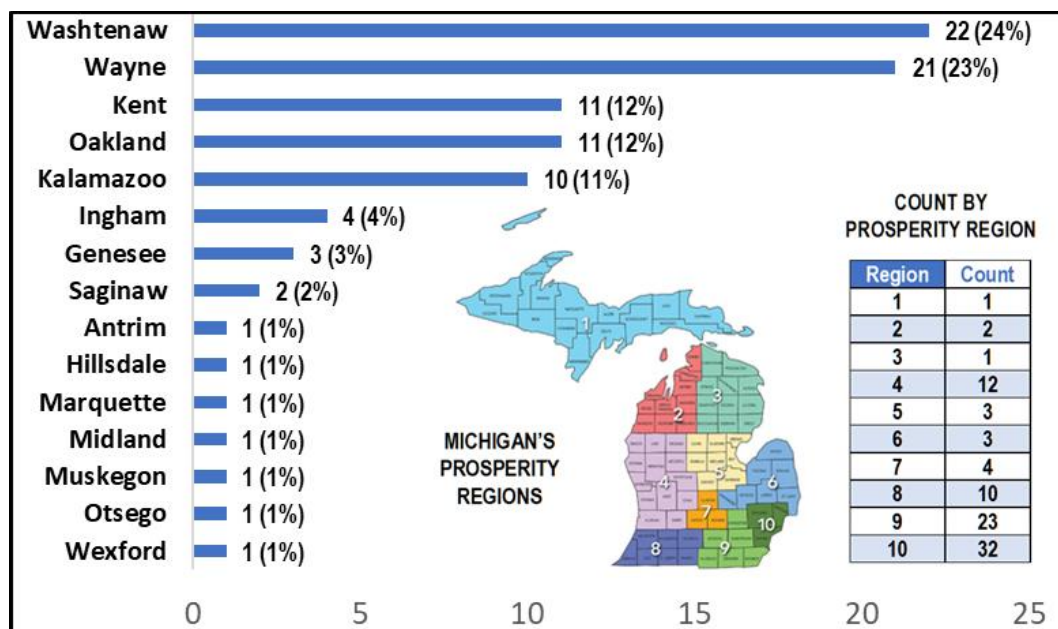
Sixty-five percent (65%) of the providers reported practicing in a university/health system-based clinic setting in a multi-specialty clinic or physician group practice, i.e., three (3) or more physicians of the same specialty type. Private practitioners accounted for 27% of the respondents with 8% indicating some other type of practice setting.⁴ There were no respondents who identified as practicing in a Federally Qualified Health Center or Local Public Health Department (Figure 2, right).

Figure 2
Respondents by Practice Setting



Most respondents practice in Southeast (SE) Michigan's Washtenaw and Wayne counties (47%), corresponding with Michigan's Prosperity Regions 9 and 10, respectively. A smaller percentage reported practicing primarily in Kent (12%), Oakland (12%) and Kalamazoo (11%) counties; of these, both Kent and Kalamazoo counties are in Michigan's Prosperity Region 4; Oakland County is located in Prosperity Region 10 (Figure 3).

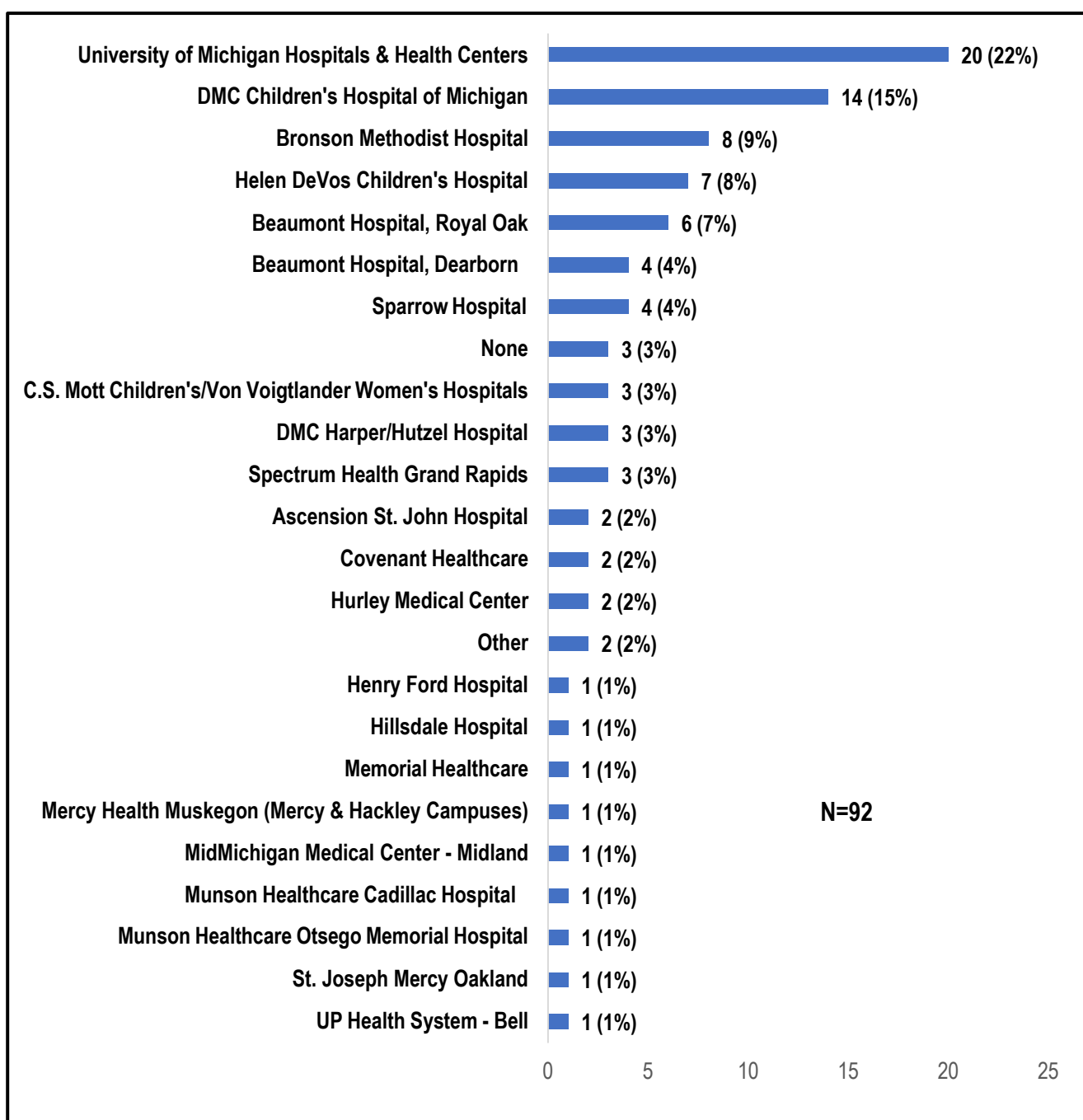
Figure 3
Respondents by Prosperity Region



⁴ Five (5) respondents selected "other" as their practice setting, and four (4) further specified a setting type. Specified practice settings included three (3) hospitalists, e.g., "hospitalist", "academic hospital", and "inpatient ICU," and one (1) "group" practitioner.

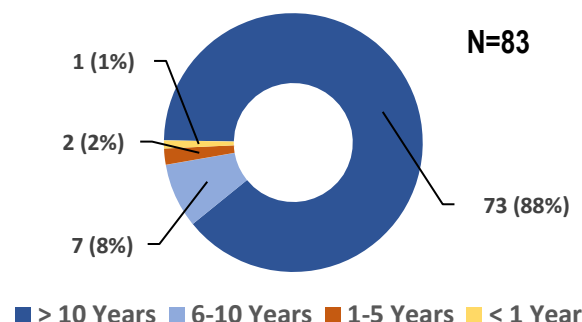
Most respondents reported affiliation with SE Michigan area hospitals including the University of Michigan Hospitals and Health Centers (22%) and the DMC Children's Hospital of Michigan (15%), followed by those located in the western region of the state, Bronson Methodist Hospital (9%) and Helen DeVos Children's Hospital (8%) (Figure 4).

Figure 4
Respondents by Health System Affiliation



When asked how many years they had been serving CSHCS enrollees, 88% reported 10 or more years, 8% reported 6-10 years, followed by 1-5 years, 2%, and less than 1 year, 1% (Figure 5, right).

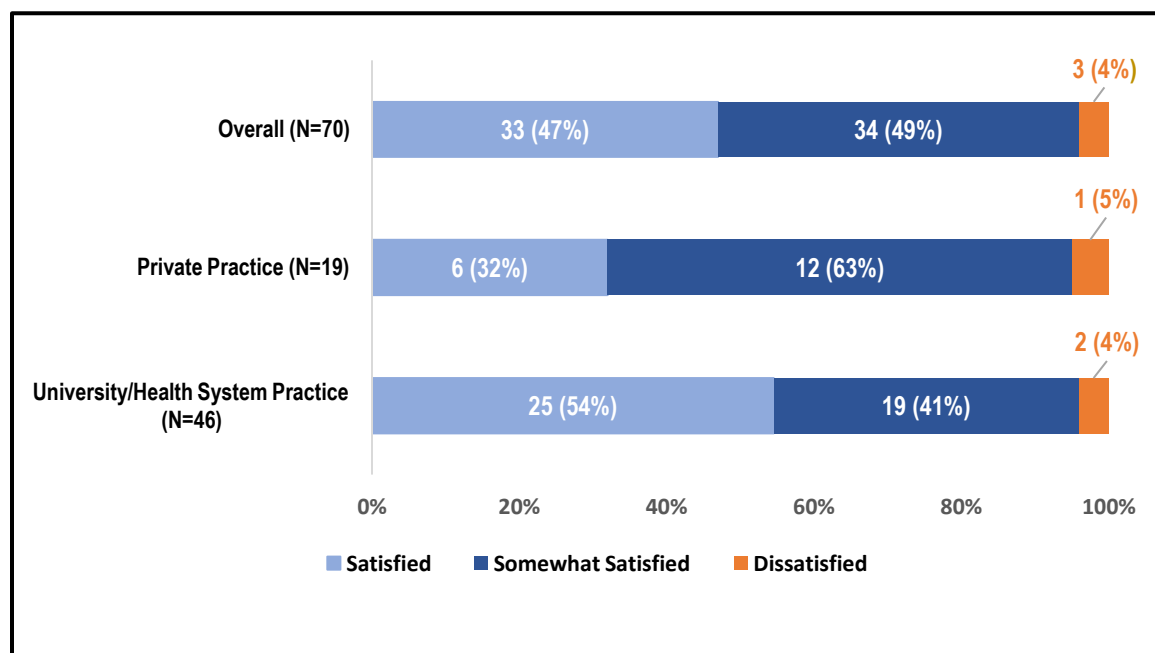
Figure 5
Years Serving CSHCS Enrollees



Level of Satisfaction with the CSHCS Program

Overall, 96% of survey respondents noted they were either “satisfied” or “somewhat satisfied” with the CSHCS Program. Sub-analysis of these data by practice type indicates similar satisfaction with the Program among both private practitioners and university/health system-based practitioners, each reporting 95% either “satisfied” or “somewhat satisfied.” Of note, university/health system-based practitioners reported 54% satisfied as compared with private practitioners who reported 32% satisfied. This shift could be attributed to a difference in ancillary staff support available in these settings (Figure 6).

Figure 6
Level of Satisfaction Among Respondents Overall and by Practice Type



Ease of Completing CSHCS Program Components

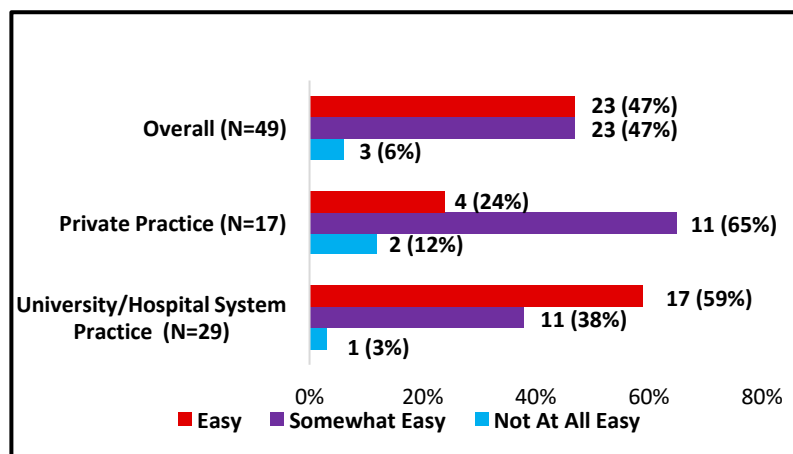
Providers were also asked about the relative ease with which they are able to accomplish specific CSHCS Program components using the scale “easy,” “somewhat easy,” or “not at all easy.” The following list includes all CSHCS Program components respondents were asked to rate. A subset of these Program Components (indicated by *) were also selected for further analysis in an effort to better understand differences among respondents based on practice setting type, i.e., private practice or university/health system-based practice settings. Regarding the CSHCS components for which sub-analysis was performed, it is important to note that not all respondents answered all questions.

- Enrolling as a CSHCS Provider *
- Obtaining timely prior authorization for Medicaid Health Plan and Fee-for-service (FFS) benefits and services*
- Enrolling or renewing the enrollment of a patient in CSHCS
- Interacting/interfacing with reimbursement/billing processes *
- Understanding program policies and procedures
- Obtaining accurate information about covered benefits and services
- Making referrals to primary care or other specialty providers when a child transitions to adult care *
- Coordinating care with Local Health Departments*
- Coordinating care with Medicaid Health Plans *
- Overcoming communication barriers with patients/families
- Assisting patients/families to identify resources to overcome transportation barriers

Enrolling as a CSHCS Provider

Figure 7

Ease of Enrolling as a CSHCS Provider



Overall, 94% of the respondents selected it was “easy” or “somewhat easy” to enroll as a CSHCS provider, with both “easy” and “somewhat easy” receiving 47%, respectively. Sub-analysis by provider practice type showed that 89% of private practitioners found it either “easy” or “somewhat easy” to enroll compared with 97% of university/health system-based practitioners. The greatest

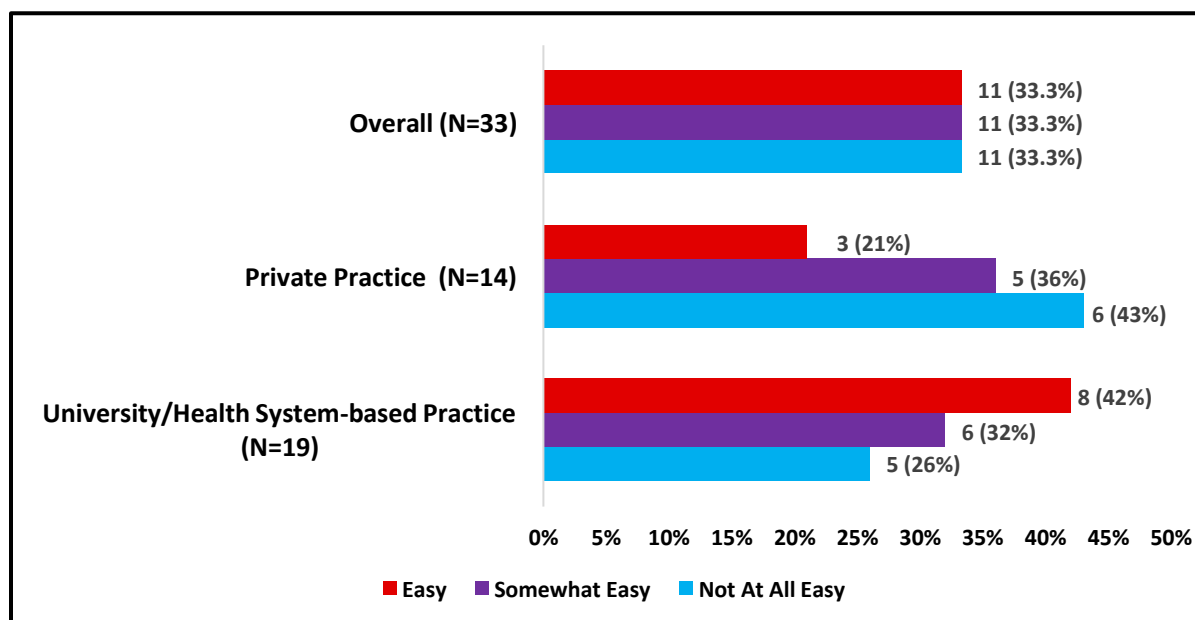
difference among the two practice types was seen among those who selected “easy,” with 24% among private practitioners compared with 59% of university/health system-based practitioners,

yielding a difference of 35%. The corresponding difference among those who selected “somewhat easy” was 65% among private practitioners compared with 38% among university/health system-based practitioners, a difference of 27% (Figure 7, page 17).

Interacting/Interfacing with CSHCS Reimbursement & Billing Processes

When asked about the ease of interacting/interfacing with CSHCS reimbursement processes, overall survey responses were equally distributed (33.3%) among each of the three response categories: “easy,” “somewhat easy” or “not at all easy.” Private practitioners and university/health system-based practitioners experience was similar in the “somewhat easy” category, showing 36% and 32%, respectively. A 17% difference was shown among private practitioners (43%) and university/health system-based practitioners (26%) reporting “not at all easy” for this category (Figure 8).

Figure 8
Ease of Interacting/Interfacing with CSHCS Reimbursement & Billing Processes

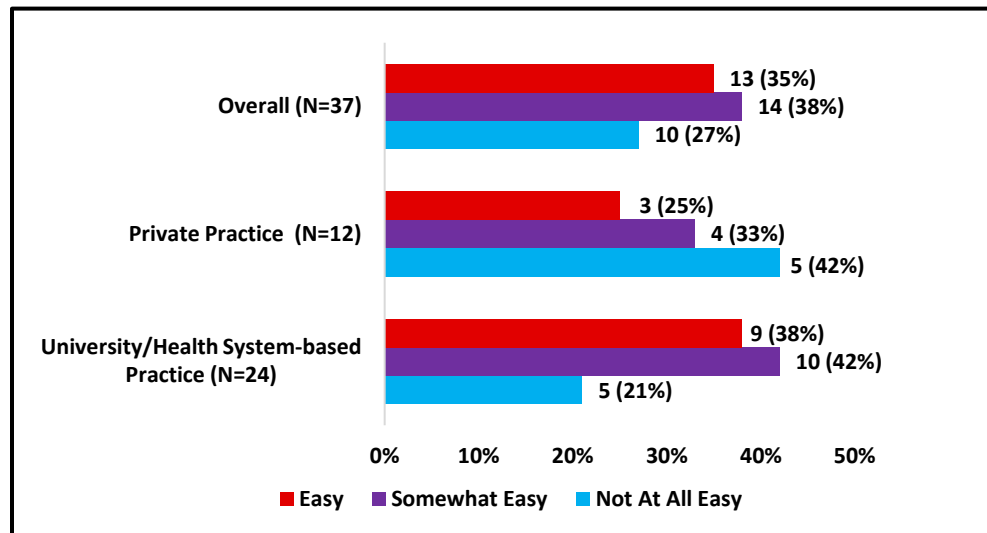


Making Referrals to Primary Care and Subspecialty Providers as Children Transition to Adult Care

Using a scale of “easy,” “somewhat easy” and “not at all easy,” providers were asked about their experience referring CSHCS patients to adult primary care or other specialty providers when a child transitions to adult care. Overall, 73% answered “easy” or “somewhat easy.” Private practitioners’ response was 58% compared to 80% for university/health system-based practitioners for the same categories. Furthermore, 42% of private practitioner respondents answered “not at all easy” compared to 21% of university/health system-based practitioners indicating private practitioners are twice as likely to encounter challenges during the transitioning of care process (Figure 9, page 19).

Figure 9

Ease of Referring to Primary Care and Specialty Providers as Children Transition to Adult Care

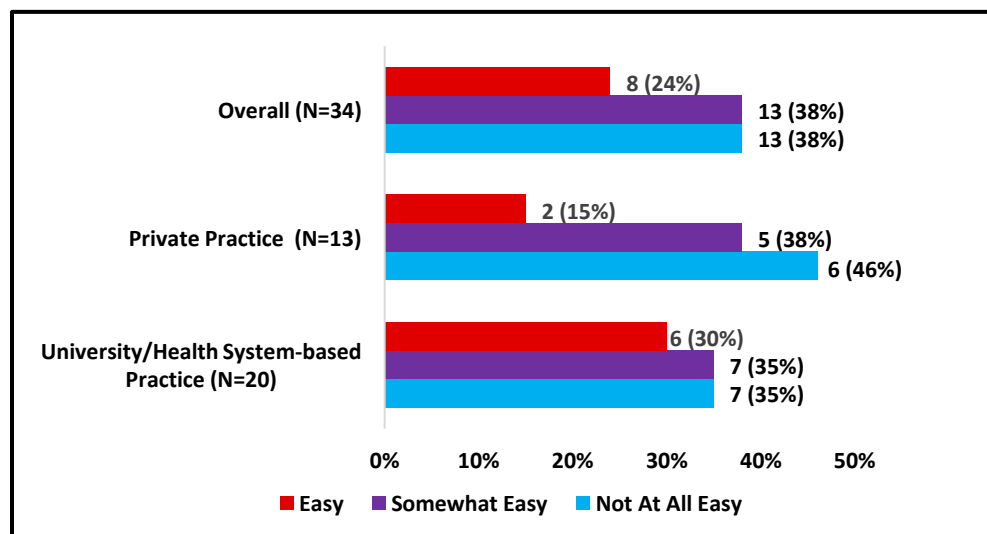


Coordinating Care with Local Health Departments

Sixty-two percent (62%) of survey respondents, overall, reported it was “easy” or “somewhat easy” to coordinate care with local public health departments. Sub-analysis by practice setting showed that 53% of private practitioners and 65% of university/health system-based practitioners answered it was “easy” or “somewhat easy” for them to accomplish this task. There was an 11% difference between private practitioners (46%) and university/health system-based practitioners (35%) who responded “not at all easy” for this question (Figure 10).

Figure 10

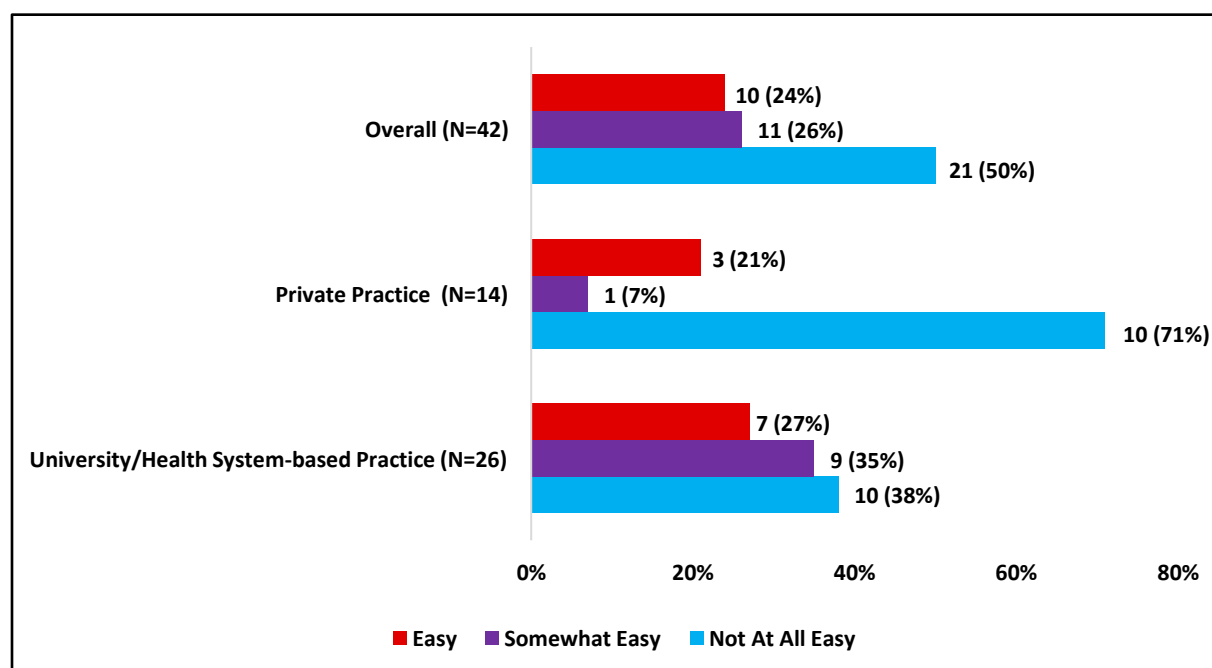
Ease of Coordinating Care with Local Health Departments



Coordinating Care with Medicaid Health Plans

CSHCS provides benefits and services to children and some adults with specific conditions, regardless of health insurance status or health plan. Many CSHCS clients who are enrolled in Medicaid receive benefits and services through Medicaid Health Plans (MHPs). Hence, the ease with which CSHCS affiliated providers can coordinate care with these plans is of particular interest. Overall, half of the respondents indicated it was “easy” or “somewhat easy” to coordinate care with MHPs. Of note, sub-analysis showed 71% of private practitioners and 38% of university/health system practitioners who responded to this question reported it was “not at all easy” to coordinate care with the MHPs (Figure 11).

Figure 11
Coordinating Care with Medicaid Health Plans



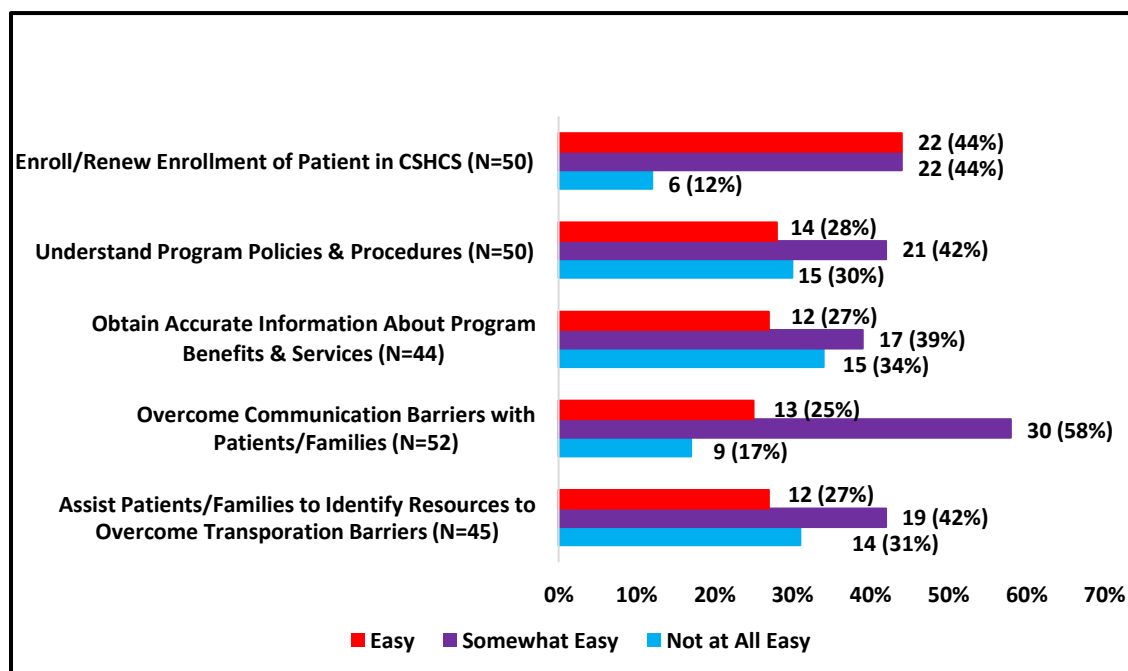
Overall Provider Ease with Completing Other CSHCS Program Components

Providers were also asked to report the relative ease with which they can accomplish the following CSHCS Program related operational components as well as patient care facilitation tasks:

- Enroll/Renew Enrollment of a Patient in CSHCS,
- Obtain Accurate Information About Program Benefits and Services;
- Understand Program Policies and Procedures;
- Overcome Communication Barriers with Patients/Families; and
- Assist Patients/Families to Identify Resources to Overcome Transportation Barriers.

Eighty-eight percent (88%) of respondents found it “easy” or “somewhat easy” to enroll or renew enrollment of a patient in CSHCS. Nearly one-third (30%) reported it was “not at all easy” to understand CSHCS policies and procedures and 34% found it “not at all easy” to obtain accurate information about program benefits and services. Most respondents (83%) found it “easy” or “somewhat easy” to overcome communication barriers with patients/families. Assisting patients/families to identify resources to overcome transportation barriers was shown to be a greater challenge, with only 69% respondents indicating this was “easy” or “somewhat easy” to accomplish. Responses in the “not at all easy” category accounted for 17% and 31%, respectively, for the communication and transportation components (Figure 12).

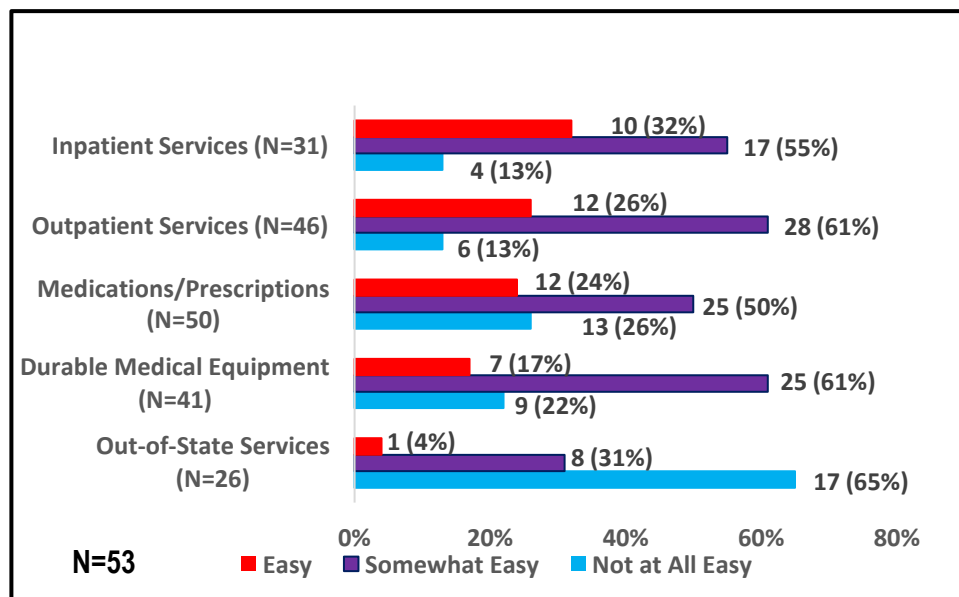
Figure 12
Overall Provider Ease with Completing Other CSHCS Program Components



Timeliness of Prior Authorization for CSHCS Services/Benefits

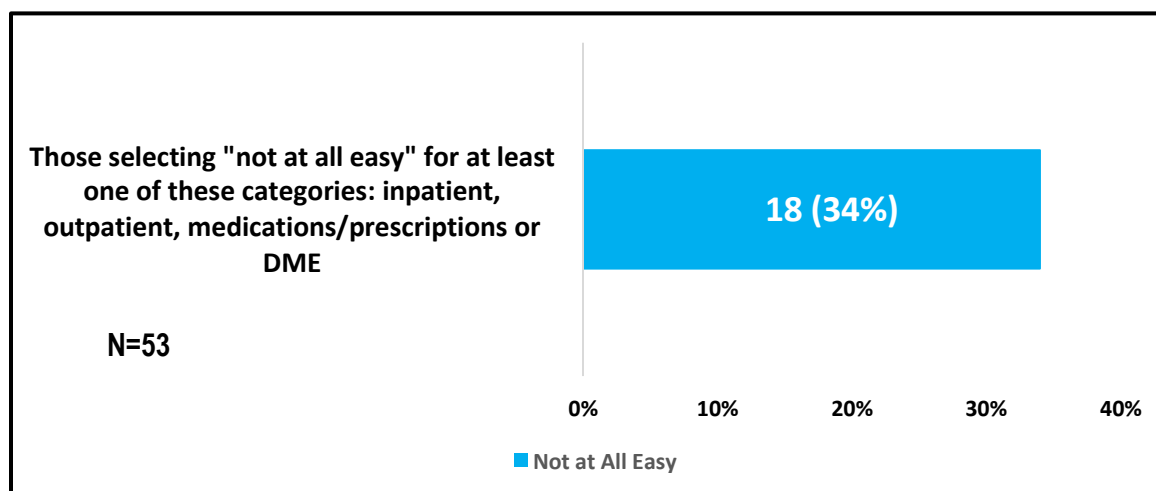
Providers were also asked to report the relative ease with which they can obtain timely prior authorization for CSHCS services/benefits including inpatient and outpatient services, medications/prescriptions, durable medical equipment (DME) and out of state services. Overall, 87% of respondents found that obtaining prior authorization for both inpatient and outpatient services was accomplished with ease. Nearly three (3) of four (4) physicians (74%) found it “easy” or “somewhat easy” to obtain prior authorization for medication/prescriptions. Similarly, three (3) of four (4) physicians (78%) found it “easy” or “somewhat easy” to obtain prior authorization for durable medical equipment (DME) for CSHCS enrollees for whom they provide services (Figure 13, page 22).

Figure 13
Overall Ease of Obtaining Prior Authorization for CSHCS Services/ Benefits



Further analysis was performed on “not at all easy” responses to four of the categories shown in Figure 13: inpatient services, outpatient services, medications/prescriptions, and DME prior authorization. Results of this analysis showed 34% of respondents (18/53) selected “not at all easy” to at least one of these four categories (Figure 14).

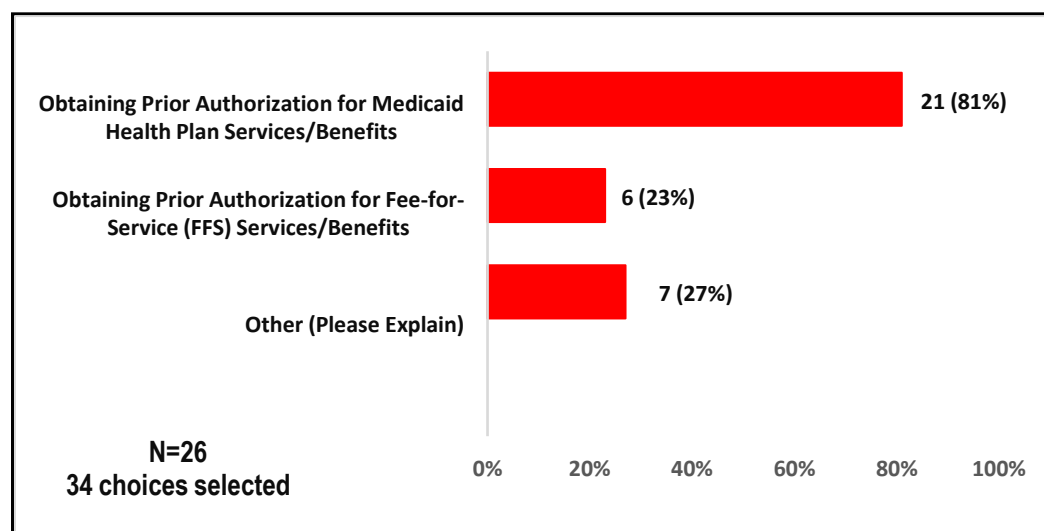
Figure 14
Combined response rates for those selecting “easy,” “somewhat easy,” or “not at all easy” at least once when asked about the ease of obtaining prior authorization for inpatient services, outpatient services, medication/prescriptions, DME



If a respondent rated prior authorization for a CSHCS service/benefit as “not at all easy,” they were asked to comment if it was related to obtaining prior authorization for a Medicaid Health Plan or Fee-for-Service benefit/service. Approximately 81% of those rating prior authorization as “not at all easy” indicated it was related to a Medicaid Health Plan service or benefit, whereas 23% indicated it was related to Fee-for-Service (Figure 15).

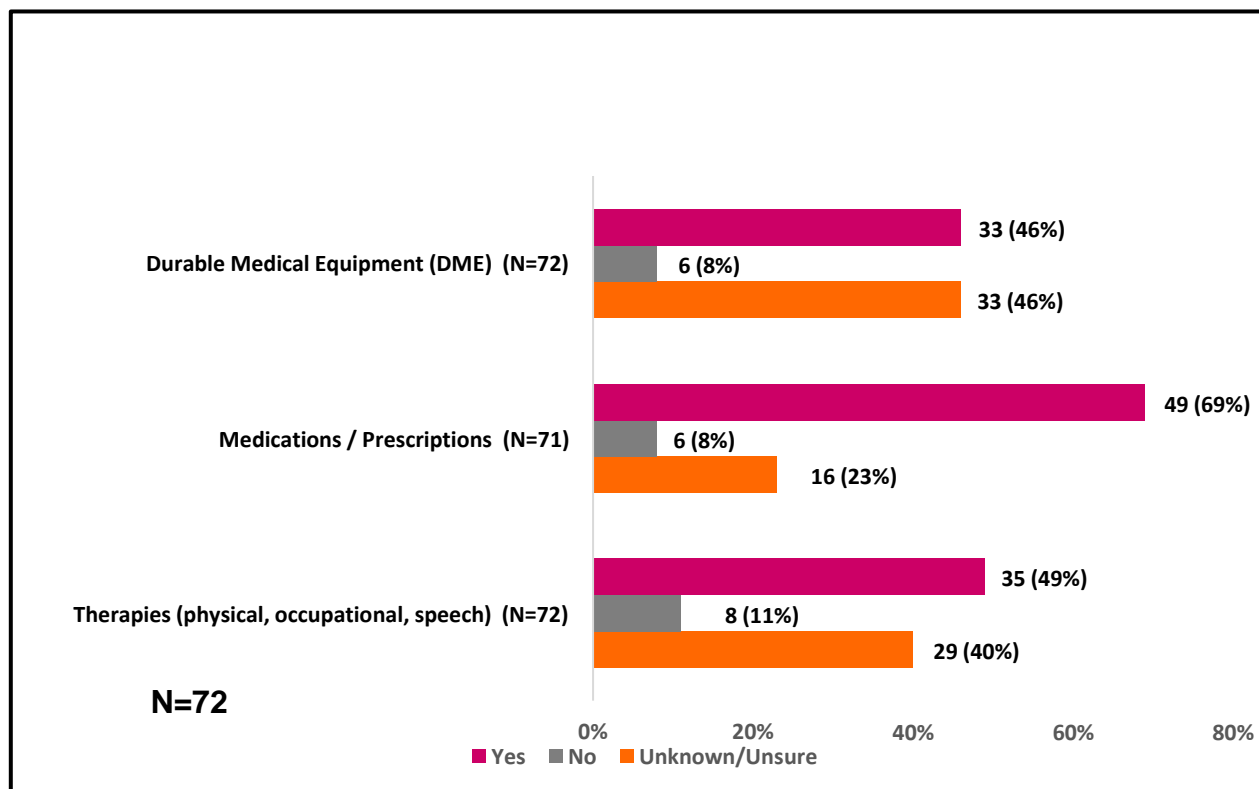
Providers who answered “other” when asked to select their rationale for rating their ease of obtaining prior authorization were asked to comment further using a free text field. These providers cited authorization for out-of-state services, durable medical equipment (DME) for patients with diabetes including cystic fibrosis related diabetes (CFRD) (e.g., meters, continuous glucose monitors and pumps), and overall difficulty in navigating complicated prior authorization processes.

Figure 15
Rationale for “Not At All Easy” Responses to Benefits and Services Shown in Figure 13.



When providers were asked if CSHCS patients received prescribed medical equipment, medication, and therapies within a reasonable timeframe, 46% responded “yes” to patient’s receiving prescribed DME, 69% to receiving prescriptions/medications, and 49% to receiving physical, occupational, speech therapies. “Unknown/Unsure” responses for these categories accounted for 46%, 23%, and 40%, respectively. Eight percent (8%) responded “no” for both DME and prescription/medication categories, and 11% responded “no” to CSHCS patients receiving physical, occupational and speech therapies within a reasonable timeframe (Figure 16, page 24).

Figure 16
Overall Physician Perception of Patients Receiving Selected Benefits/Services Within a Reasonable Timeframe



Further sub-analysis revealed differences between the experience of physicians in private practice and those practicing in university/health system-based practices regarding obtaining timely prior authorization for selected benefits and services. Physicians in private practice reported it was “easy” or “somewhat easy” to obtain timely prior authorization for outpatient services (80%), medication/prescriptions (56%), and durable medical equipment (DME) (50%) (Figure 17, page 25). University/health system-based practitioners reported 90%, 81%, and 89%, respectively, thus surpassing their counterparts in private practice for these services (Figure 18, page 25).

It was also noted that, among private practitioner respondents, none (0) found it “easy” to obtain prior authorization for inpatient services, DME, or out of state services. By comparison, university/health system-based practitioners selected “easy” 48%, 25%, and 5%, respectively for these same services (Figures 17 & 18, page 25). It is possible that specialized ancillary support staff and other resources available in university/health system settings could account for these differences.

Figure 17

Ease Obtaining Timely Prior Authorization for Selected CSHCS Services / Benefits Among Private Practitioners

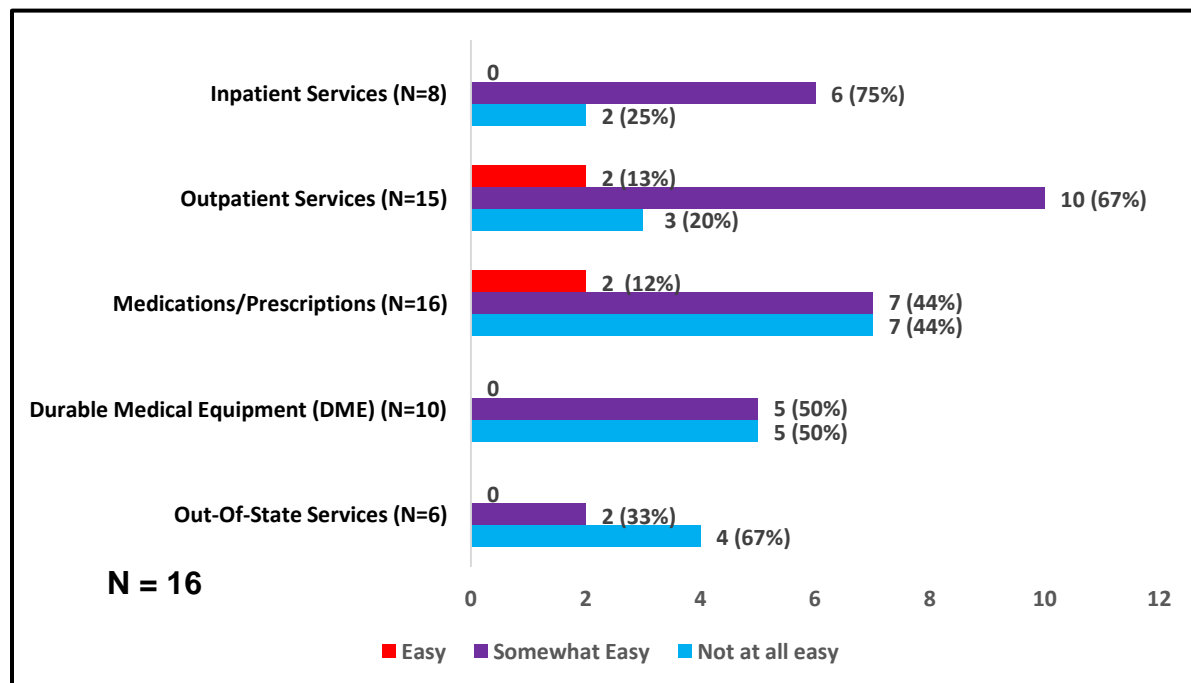
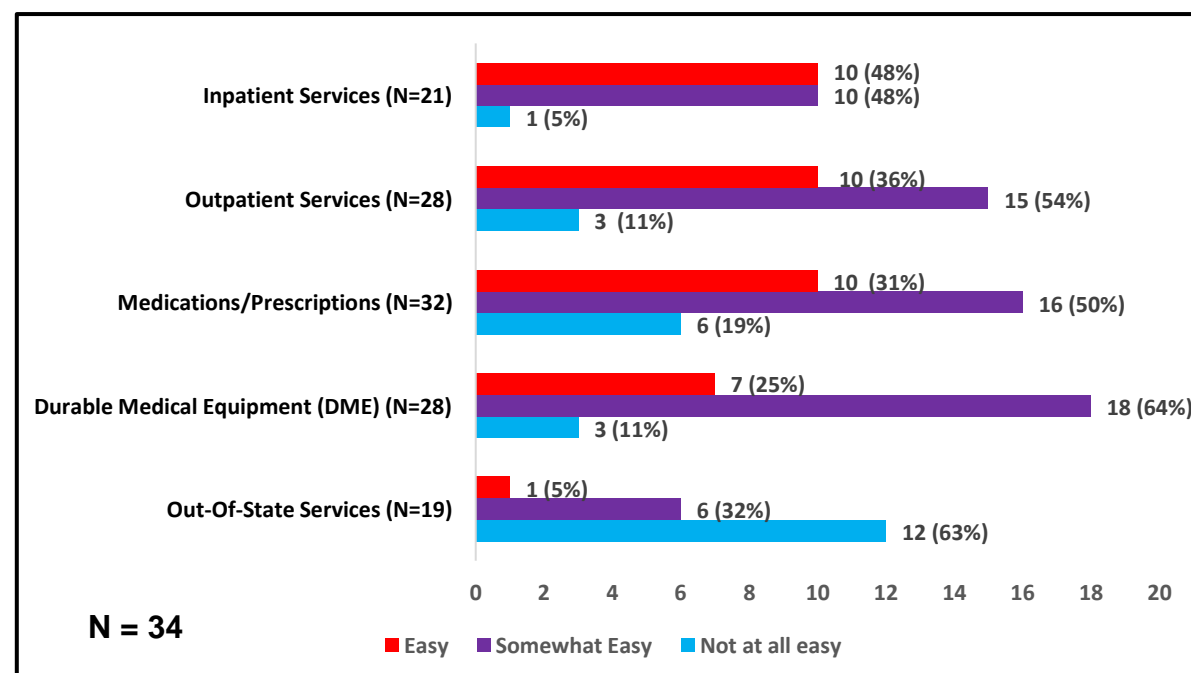


Figure 18

Ease of Obtaining Timely Prior Authorization for Selected CSHCS Services / Benefits Among University/Health System-based Practitioners



Telehealth Services

Given the recent trend for practices to provide telehealth services, especially considering the COVID-19 pandemic, providers were asked to comment on the types of telemedicine/telehealth services they were currently offering to CSHCS patients/families. Sixty-five percent (65%) reported they were offering real-time audio-video (virtual) appointments and were communicating with patients/families via patient portals and secure messaging. With the exception of remote patient monitoring, the majority of practices plan to continue or begin telehealth services in the next twelve months (Figures 19 & 20).

Figure 19
Overall Telemedicine Services Currently Offered to CSHCS Patients/Families

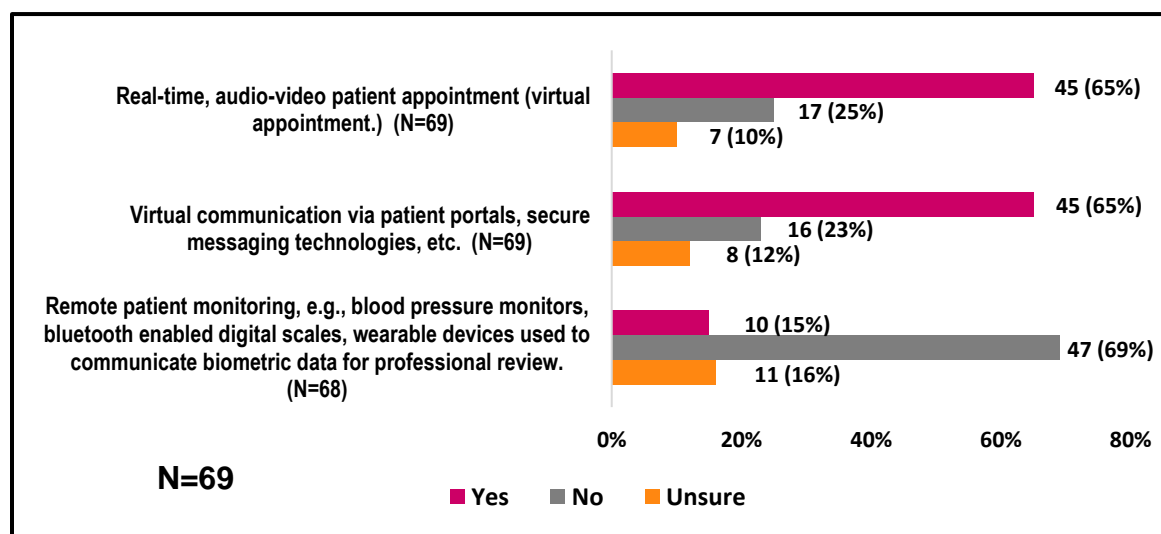
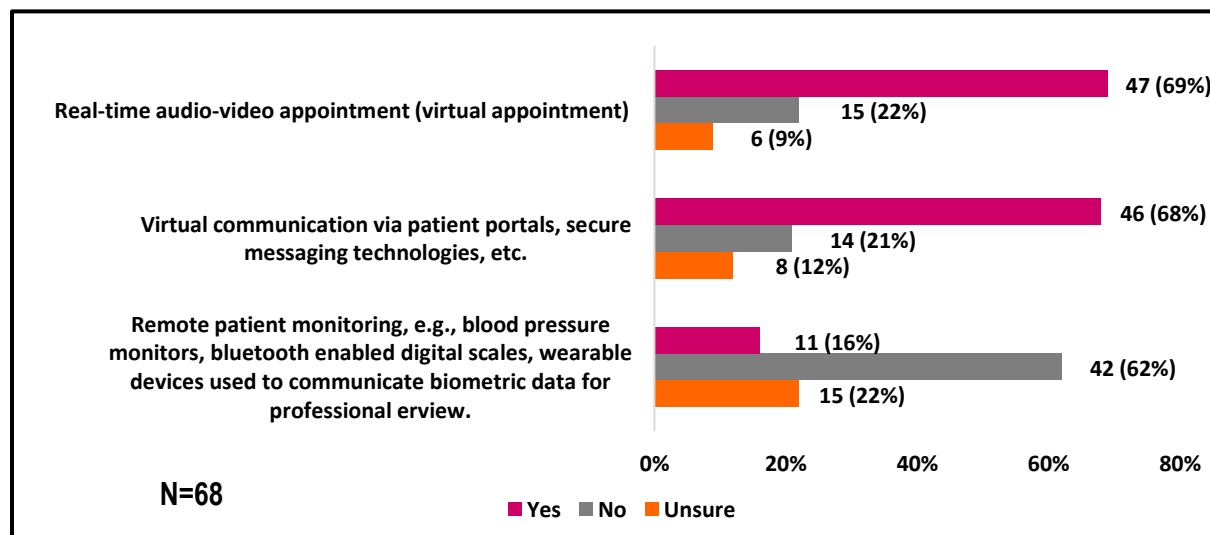


Figure 20
Overall Intent to Continue or Begin Offering Telemedicine Services within the Next 12 Months



Sub-analysis of the telehealth services questions demonstrates little difference between private and university/health system-based clinic practices in the use of telehealth services, although slightly more university/health system-based clinic practices reported using remote monitoring technologies (Figures 21 and 22).

Figure 21
Telemedicine Services Currently Offered by Private Practitioners

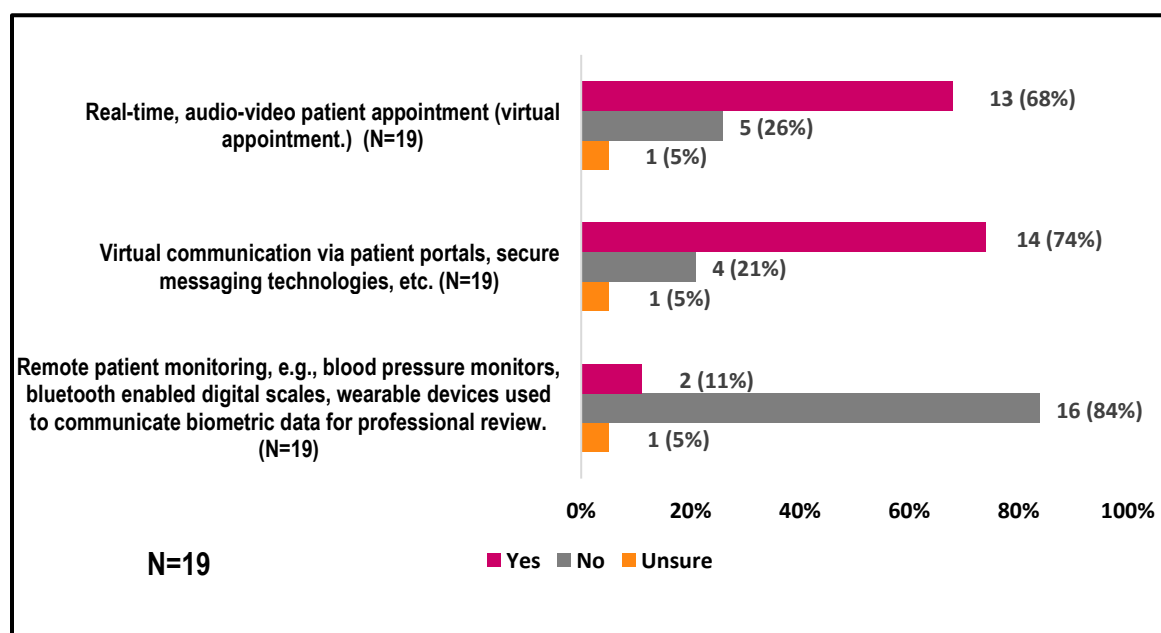
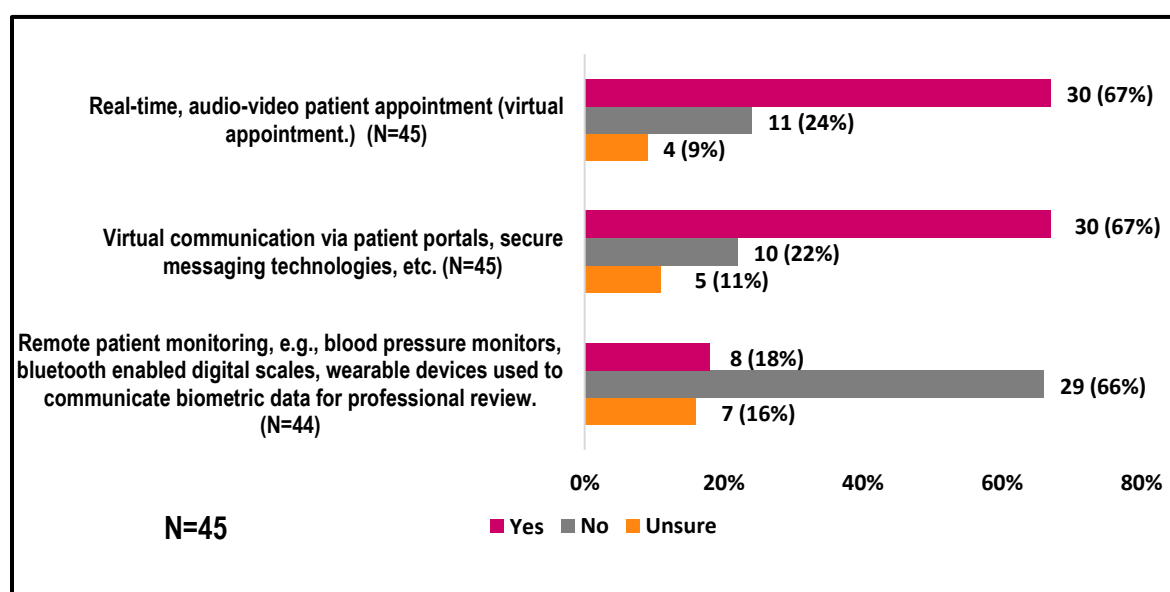


Figure 22
Telemedicine Services Currently Offered by University/Health System-based Practitioners



Practitioner intent to continue or begin offering telehealth services in the next 12 months differed among private practitioners and university/health system-based physicians. Private practitioners reported they are slightly more likely to continue or begin offering real-time virtual appointments whereas university/health system-based practitioners were more likely to make use of virtual communication via patient portals and secure messaging technologies in the future. The likelihood of using remote patient monitoring was similar for both groups (Figures 23 & 24).

Figure 23
Private Practitioner Intent to Continue or Begin Offering Telemedicine Services in the Next 12 months

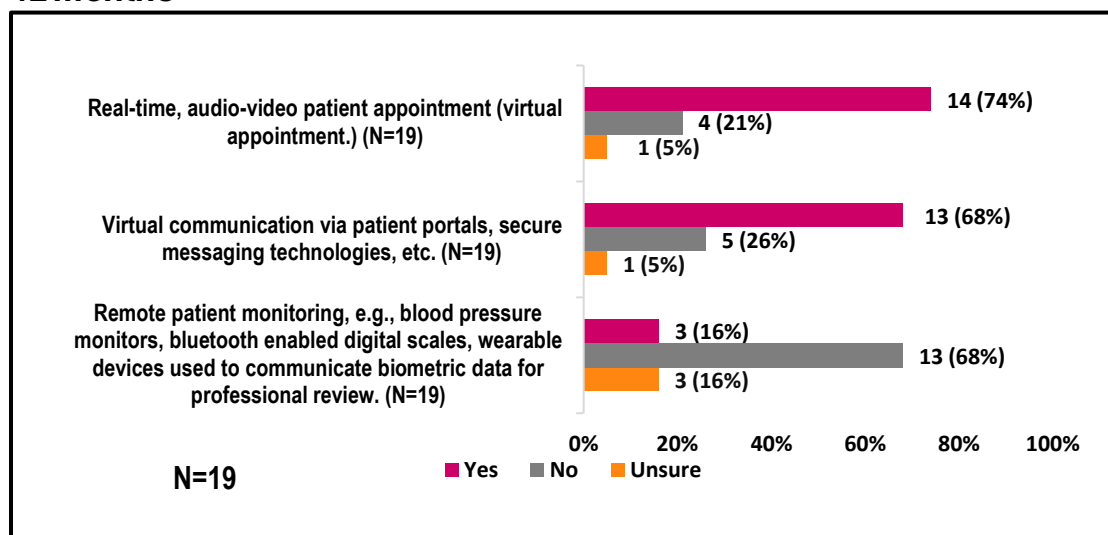
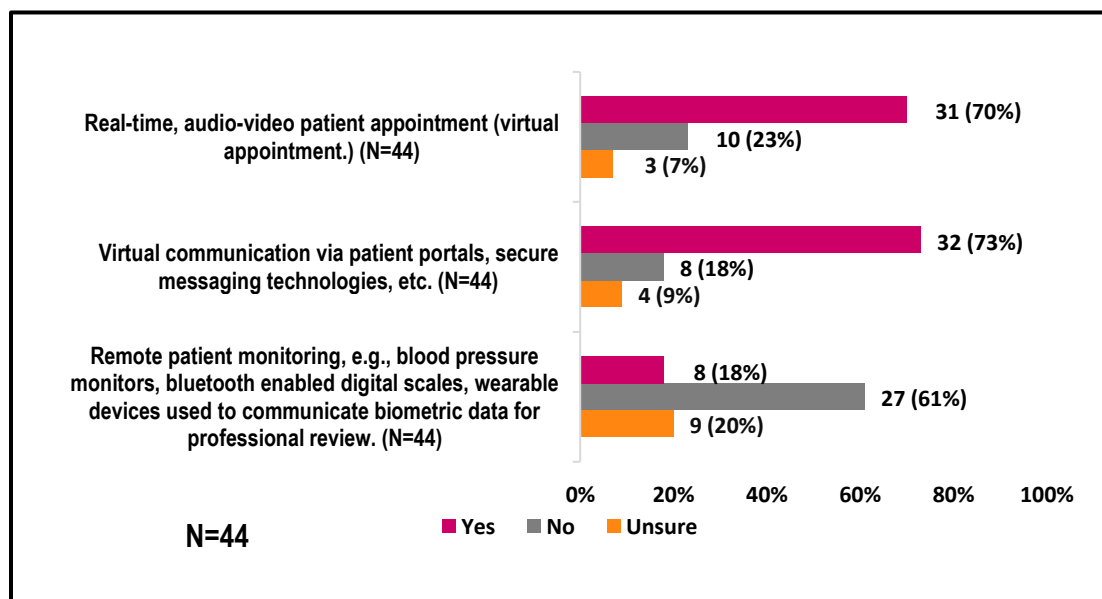


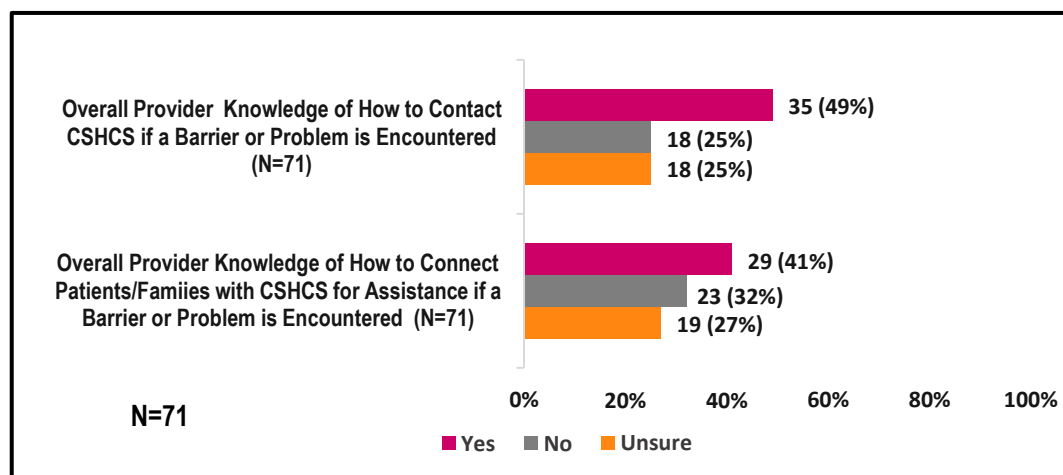
Figure 24
University/Health System-based Practitioner Intent to Continue or Begin Offering Telemedicine Services in the Next 12 months



Provider Self-confidence in Knowledge About Communicating with CSHCS

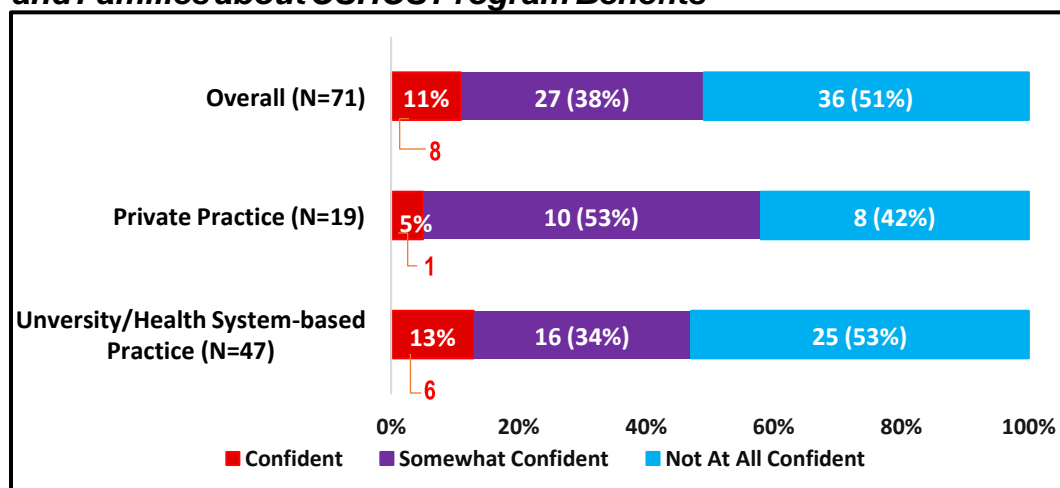
Provider communication with the CSHCS Program was addressed in several survey questions. Nearly half of the respondents (49%) knew how to contact the Program if they encountered a barrier or problem, while 41% knew how to connect a patient/family with the Program to obtain assistance if the patient/family encountered a barrier or problem (Figure 25).

Figure 25
Overall Provider Knowledge About How to Contact the CSHCS Program for Assistance



Overall, almost half (49%) of respondents described being “confident” or “somewhat confident” in their knowledge about the CSHCS Program and benefits and their ability to advise patients/families. Sub-analysis by practice type was conducted on this question, and respondents in private practice reported more confidence in program knowledge and advising CSHCS patients/families (58%) than did those practicing in a university/health system-based clinic (47%) (Figure 26).

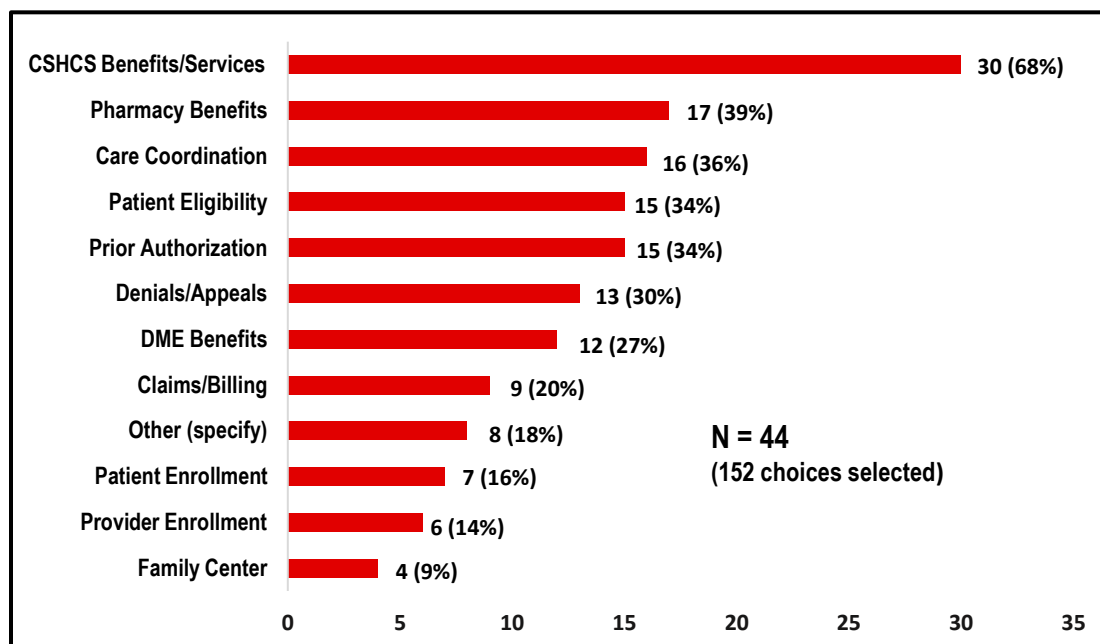
Figure 26
Practitioner Confidence in Knowledge of Program Benefits and Ability to Advise Patients and Families about CSHCS Program Benefits



Provider Education Opportunities

Respondents noted they would like to learn more about multiple aspects of the CSHCS program. Top learning categories include: CSHCS benefits and services, pharmacy benefits, care coordination, patient eligibility, prior authorization, denials/appeals, and durable medical equipment (Figure 27).

Figure 27
Overall Interest in Obtaining More Information About the CSHCS Program and Benefits



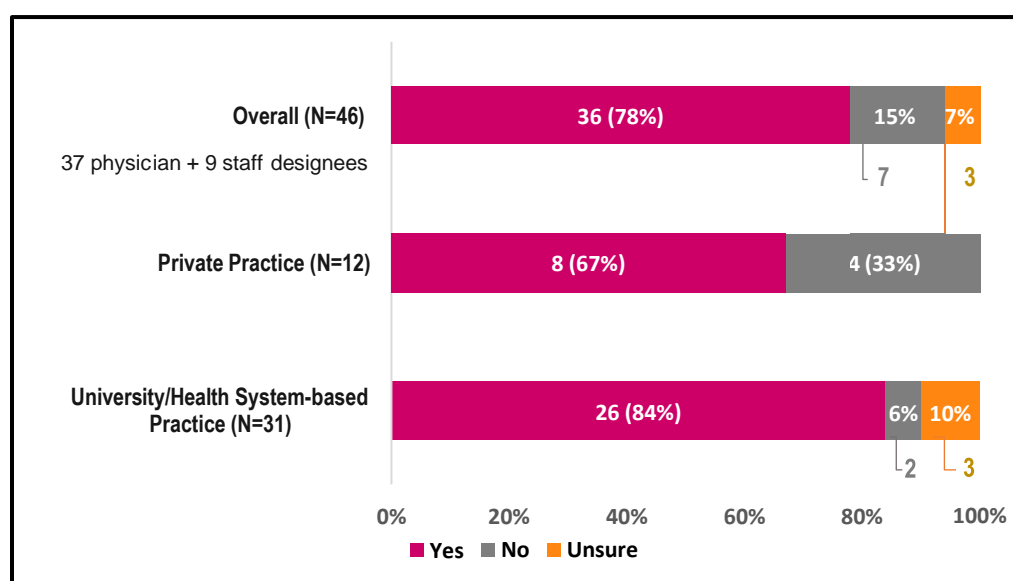
Care Coordination and Case Management Services

The *Provider Satisfaction Survey* included questions about the availability of Care Coordination/Case Management (CC/CM) services for CSHCS enrollees in their practice. Physicians were given the option to answer these questions or provide contact information for an appropriate designee to whom the CC/CM questions could be forwarded as a separate CC/CM survey. Thirty-seven (37) physicians opted to answer the CC/CM questions and another 22 provided contact information for their designee.

The separate CC/CM survey tool was distributed electronically to 18 of the 22 identified practice staff whose email addresses were provided; an additional four (4) practice staff were contacted by telephone. As a result of these efforts, ten (10) CC/CM survey responses were received. One of these responses, however, did not contain answers to any of the questions and, therefore, was voided. This resulted in a net of nine (9) CC/CM responses, reflecting a 41% (9/22) survey response rate for physician designees. In total, 46 responses to the CC/CM questions were received: 37 from physicians and nine (9) from physician-designated staff members, resulting in an overall response rate of 50% (46/92) for the CC/CM portion of the *Provider Satisfaction Survey*.

At the conclusion of the CC/CM survey period, the physician and practice staff survey responses were combined for analyses. Seventy-eight percent (78%) of the respondents reported that practice staff are available to assist with care coordination and case management (CC/CM) services and that, in most practices, nurses, social workers, or medical assistants provide these services. Sub-analysis by practice type indicates a higher percent of university or health system-based clinic practices (84%) offer CC/CM services compared with 67% of private practices (Figure 28).

Figure 28
Availability of Office Staff to Assist with Care Coordination and Case Management (CC/CM) Services for Patients and Families, Including CSHCS Enrollees



Overall, 76% of survey respondents reported assessing patient/family medical and psychosocial needs including behavioral, developmental, and social determinants of health components. Just over half (53%) of the practices develop individualized plans of care for CSHCS patients/families. When asked if the practice includes risk identification and resources to address them as a part of the Plan of Care, 83% responded “yes” (Figure 29, page 32). Respondents most frequently indicated that Plans of Care were shared with the patient/family, primary care providers and other specialty/subspecialty providers (Figure 30, page 32).

Figure 29

Performing Risk Assessments and Developing Plans of Care for CSHCS Patients/Families

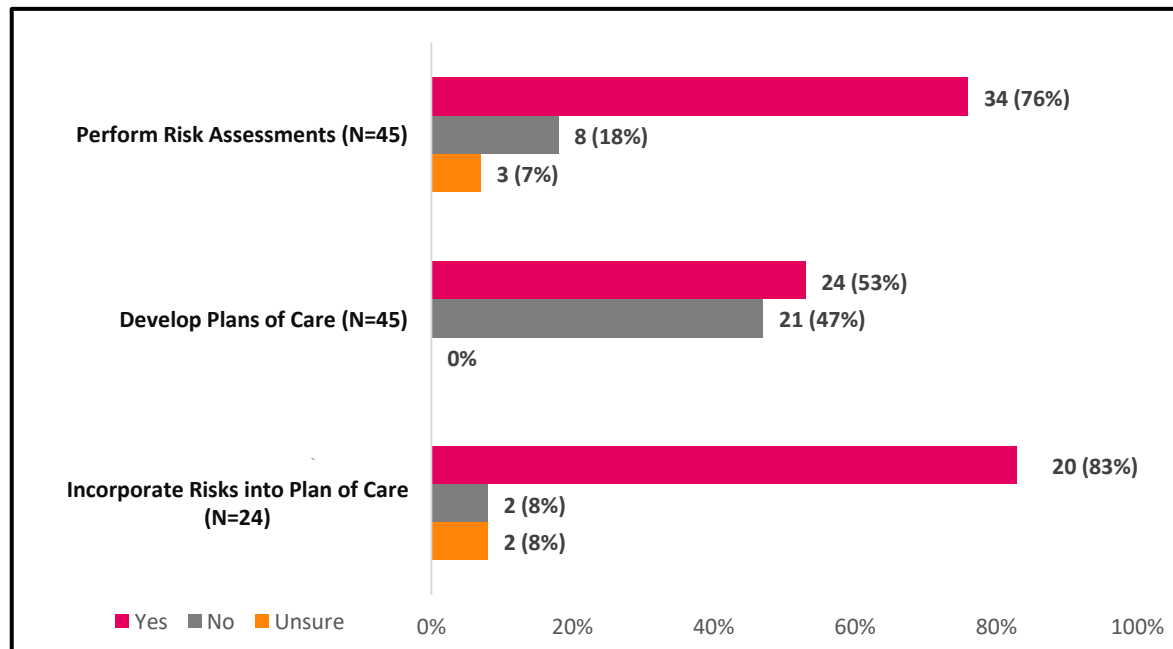
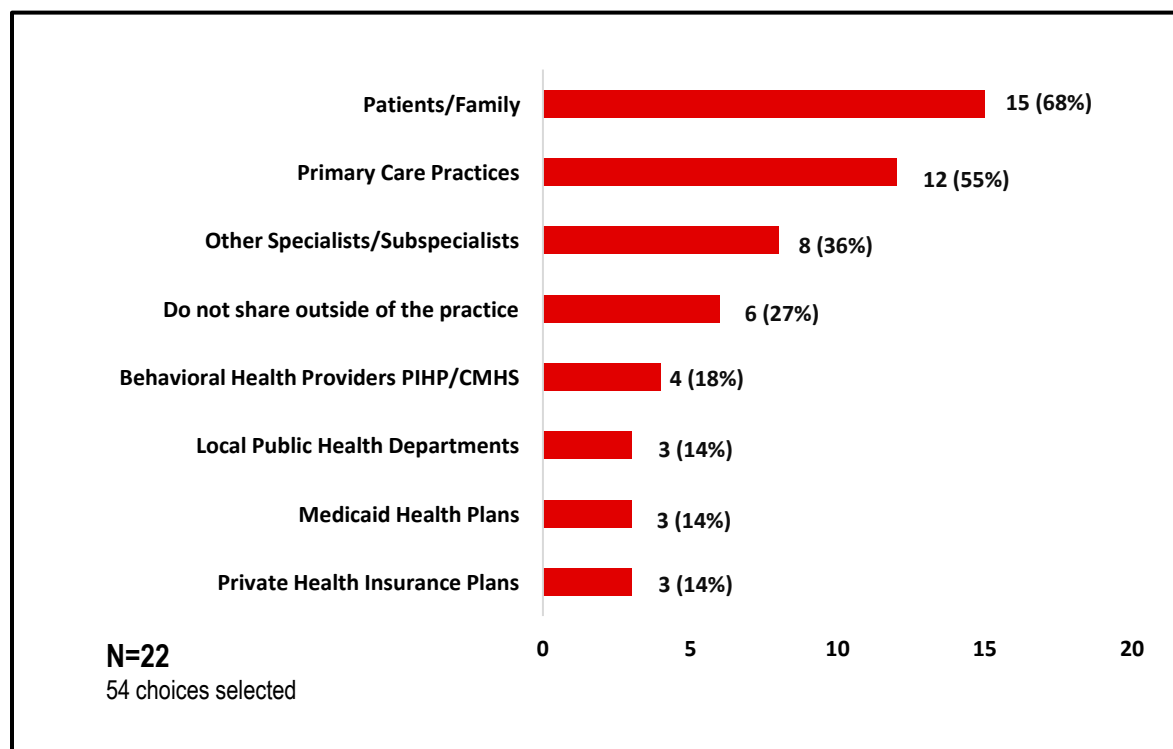


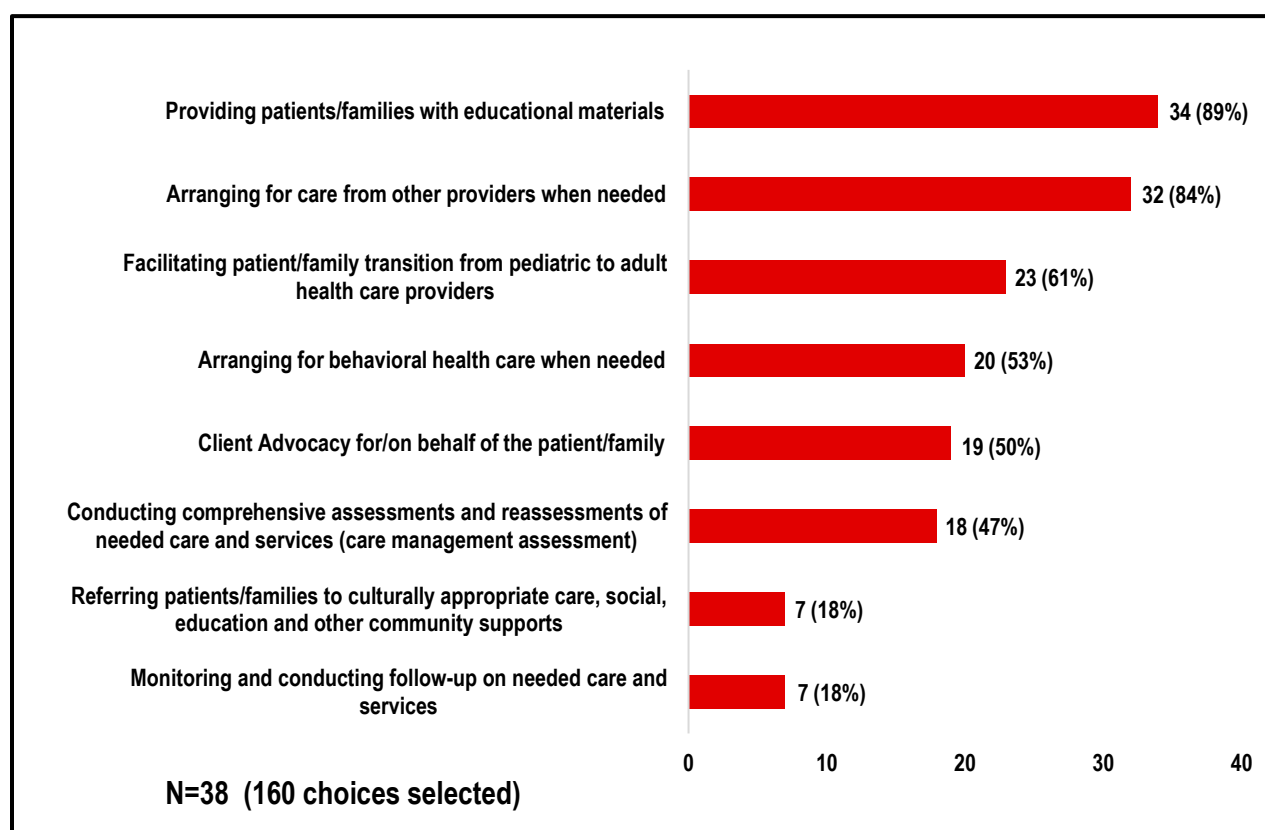
Figure 30

Overall Practitioner Sharing of Plans of Care with Others



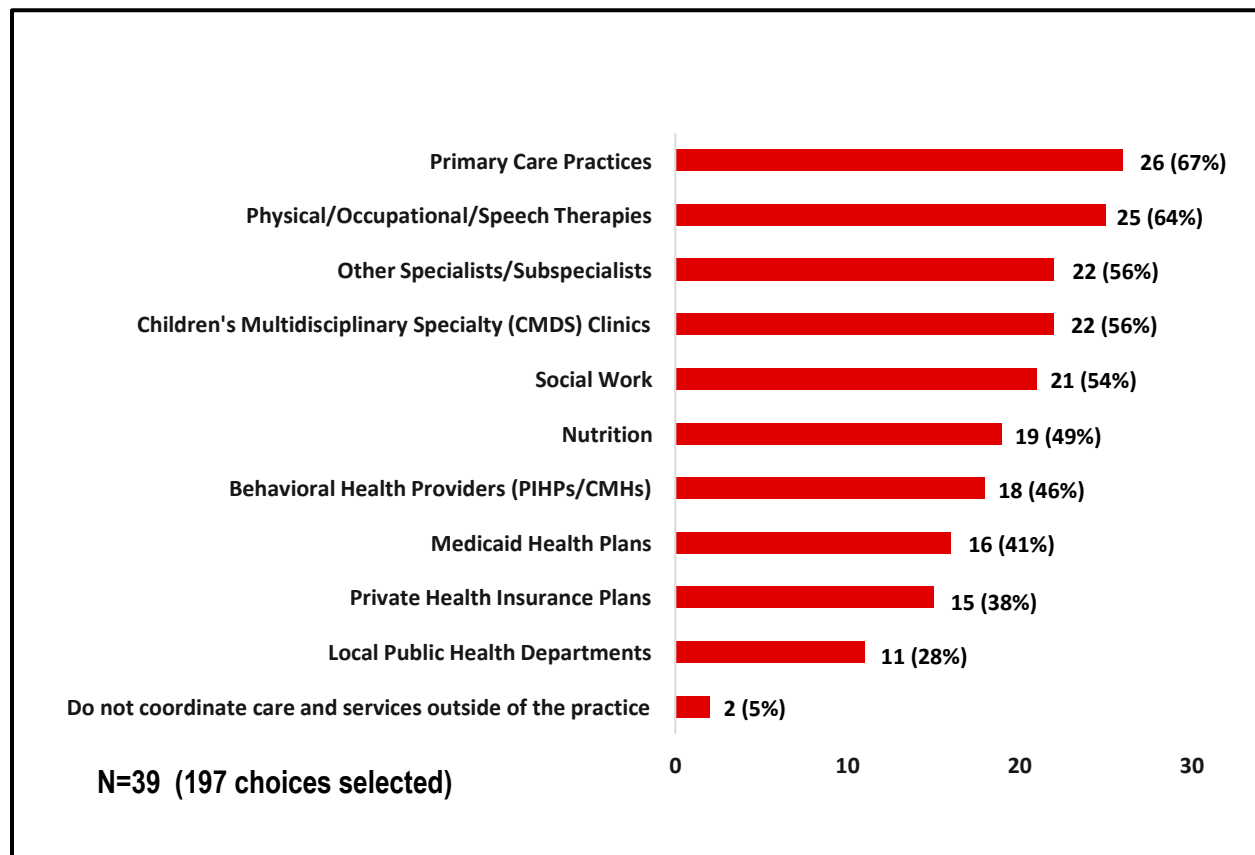
Survey respondents were asked to select the types of CC/CM services the practice provides to patients/families. The top six categories of CC/CM services included: providing educational materials, arranging for care from other providers when needed, facilitating transitions from pediatric to adult care, arranging for behavioral health care when needed, advocating on behalf of the patient/family, and conducting comprehensive assessments and reassessments of needed care and services (Figure 31).

Figure 31
Overall Practice-Provided Care Coordination/Case Management (CC/CM) Services



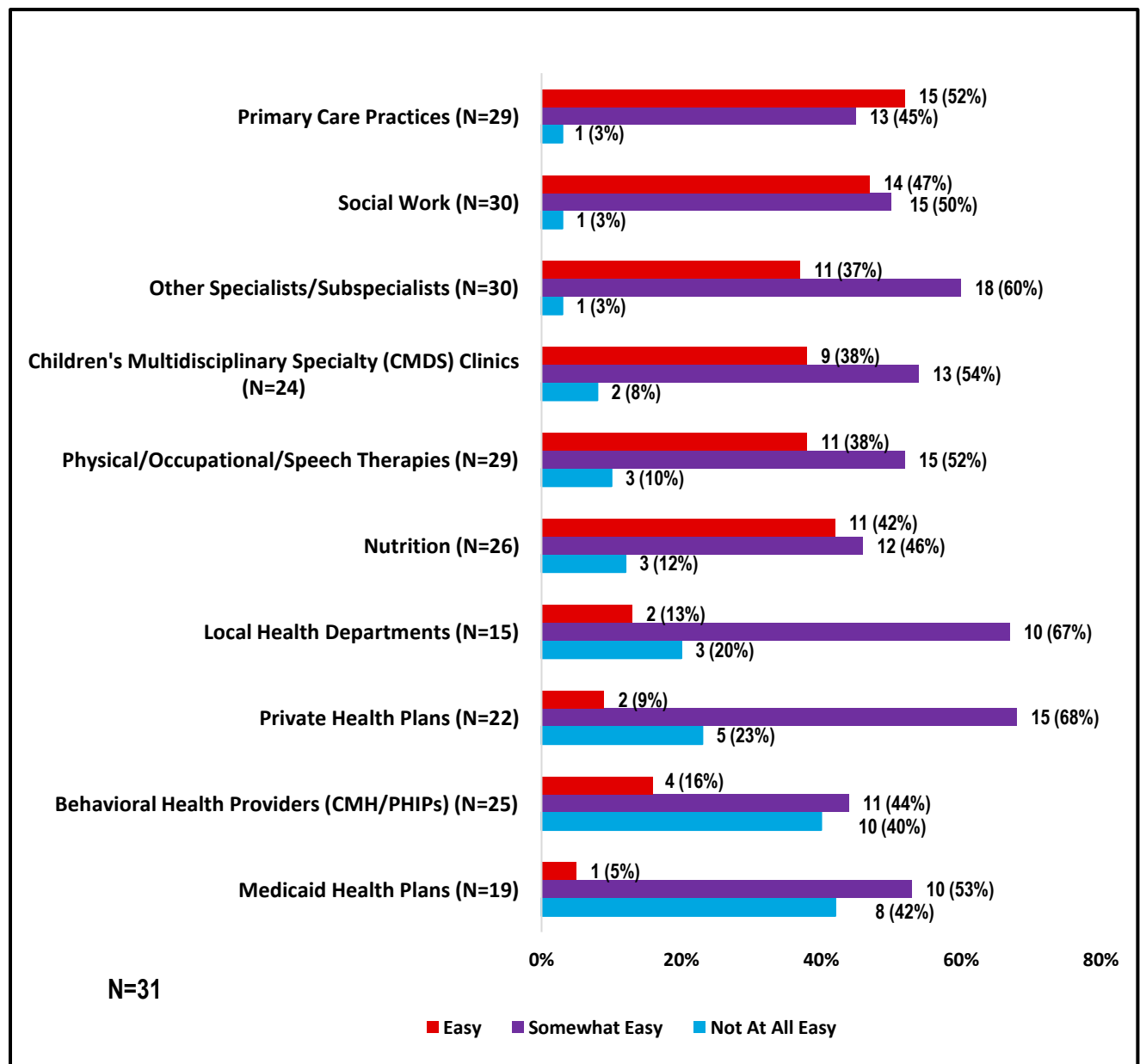
Primary care practitioners, physical/occupational/speech therapists, specialists/subspecialists, children's multidisciplinary specialty clinics and social work were reported most often as the provider type with whom respondents coordinate care, followed by nutrition, behavioral health providers, Medicaid Health Plans, private health insurance plans, and Local Public Health Departments. Two (2) of 39 respondents to this question reported they do not coordinate care and services outside of the practice, representing 5% of the total (Figure 32, page 34).

Figure 32
Those with Whom the Practice Coordinates Care and Services



Most providers reported it was “easy” or “somewhat easy” to coordinate care and services with primary care practices (97%), social work (97%), other specialists/subspecialists (97%), followed closely by children’s multidisciplinary subspecialty (CMDS) clinics (92%), physical/occupational and speech therapy services (90%), and nutrition (88%). Eighty percent (80%) found it “easy” or “somewhat easy” to coordinate care with local public health departments, followed by private health plans (77%), behavioral health providers PIHPs/CMH (60%), and Medicaid Health Plans (58%) (Figure 33, page 35).

Figure 33
Overall Practioner Ease of Coordinating Care with Other Provider Types



Overall Summary of Findings

The Children's Special Health Care Services (CSHCS) Division, Bureau of Medicaid Care Management and Customer Service, MDHHS and the Michigan State University Institute for Health Policy (MSU-IHP) developed an electronic survey tool for the purpose of conducting a CSHCS provider satisfaction survey among specialty and subspecialty physicians. A total of 92 responses were received resulting in a 10% response rate. In addition, a separate supplemental

Care Coordination/Case Management (CC/CM) Survey was developed and distributed electronically to physician-designated specialty and subspecialty practice staff. Overall, there were 46 respondents to the CC/CM survey questions, including physicians and designated practice staff members.

The survey explored the following themes and topics, and a summary of aggregate findings for each are below:

1. Overall impression and satisfaction with the CSHCS Program

- a) Overall, physician respondents reported a general satisfaction with the CSHCS Program and the level of satisfaction with the CSHCS Program was similar among both private and university/health system-based clinic practices.

2. Ease of completing CSHCS Program components

- a) Overall, respondents expressed a level of ease with enrolling as a CSHCS provider (94%), enrolling or renewing enrollment of patients in the CSHCS Program (88%), understanding program policies and procedures (70%), overcoming communication barriers with patients and families (83%) and interacting/interfacing with reimbursement and billing processes (67%).
- b) Overall, 62% of respondents expressed ease in coordinating care with Local Public Health Departments (LHDs) and 50% expressed ease in coordinating care with Medicaid Health Plans (MHPs).
- c) University/health system-based practitioners found it easier to coordinate care with both LHD's (65%) and MHPs (62%) than those in private practice who reported 53% and 28% respectively.
- d) Except for out of state services, respondents reported their ability to obtain timely prior authorizations as "easy" or "somewhat easy" for the following categories: inpatient services (87%), outpatient services (87%), medications and prescriptions (74%), and DME (78%). If a respondent rated prior authorizations for CSHCS services/benefits as "not at all easy," 81% indicated it was related to Medicaid Health Plan services and benefits. Additional comments in this area were related to obtaining durable medical equipment (DME) for specific populations and overall difficulty navigating what was perceived as complicated prior authorization processes.
- e) Respondents reported that CSHCS patients and families were receiving prescribed medical equipment (46%), medication and prescriptions (69%), and PT/OT/Speech therapies (49%) within a reasonable timeframe. Those who responded "unknown/unsure" to these categories account for 46%, 23% and 40%, respectively. Eight percent (8%) responded "no" for both DME and prescription/medication categories, and 11% responded

“no” to patients receiving PT/OT/Speech therapies within a reasonable timeframe.

3. Provider communication with the CSHCS Program

- a) Approximately half (49%) of respondents reported knowing how to contact the CSHCS Program if they encountered a barrier or problem.
- b) Forty-one percent (41%) knew how to connect a patient/family with CSHCS to obtain assistance if they encountered a barrier or problem.

4. Knowledge of CSHCS services and benefits

- a) Almost half (49%) of respondents described being confident or somewhat confident in their knowledge of CSHCS Program services and benefits and their ability to advise patients/families.

5. Coordination of Care and Services

- a) Seventy-eight percent (78%) of the respondents reported that practice staff are available to assist with care coordination and case management (CC/CM) services.
- b) The majority of respondents noted that CC/CM services are provided by nurses, social workers, and medical assistants.
- c) Slightly more than half (53%) reported developing individualized plans of care for CSHCS patients/families; the plans of care were shared primarily with the patient/family, primary care provider, and other specialty/subspecialty providers.
- d) Practices most frequently reported coordinating care and services with primary care practices, PT/OT/Speech therapies, other specialty/subspecialty providers, CMDs clinics and social work, followed by nutrition services, behavioral health providers, health plans and Local Public Health Departments.
- e) Respondents experienced the most ease coordinating care with primary care practices, social work, and other specialty/subspecialty providers, whereas coordinating care with behavioral health providers (CMH/PHIPs) and Medicaid Health Plans was reportedly the most challenging.

6. Opportunities for Improvement

- a) Respondents indicated a desire to learn more about multiple aspects of the CSHCS program, including CSHCS benefits and services, pharmacy benefits, care coordination, patient eligibility, prior authorization, denials and appeals, and durable medical equipment (DME).

Summary of Sub-Analysis Findings

Additional analysis was conducted on a sub-set of survey questions based on the practice setting in which the provider primarily worked, e.g., private practice or university/health system-based practice. The analyses highlighted potential differences in physician/practice capacity and/or available resources in meeting CSHCS Program requirements, policy, and procedures/processes. While the overall level of satisfaction with the CSHCS Program was similar among both private and university or health system-based clinic practices, differences were noted with regard to several CSHCS program components. In general, university or health system-based clinic practices reported more ease in completing the identified program components than those respondents primarily working in private practices. This may be related to the additional support and resources available to physicians in university or health system-based clinic practices.

The exception to the sub-analyses findings was in the area of reported knowledge of CSHCS program benefits and the ability to advise patients/family about program benefits. In this instance, respondents in private practice reported more confidence in program knowledge and advising CSHCS patients/families than did those practicing in a university or health system-based clinic. This finding is considered with the assumption that physicians in private practices are more apt to directly coordinate CSHCS program benefits and services themselves than those in university or health system-based clinic practices who are presumed to have more staff capacity and resources to perform these tasks.

CSHCS Program Follow-up/Action Steps

Recommendations

MDHHS-OMA physicians have engaged in additional dialogue with physician respondents who indicated a willingness to be contacted in follow-up to the survey to further explore and discuss/resolve respondent self-identified concerns/issues. Topical areas included practice interface with Medicaid Health Plans and Local Public Health Departments as well as prior authorization processes related to specialty medications and medications used routinely to treat chronic conditions.

CSHCS will continue to move forward with the outlined multi-staged approach to obtain feedback from the network of CSHCS providers. The information gathered will be used to determine next steps and improve the CSHCS Program to positively impact the health care system for providers, CSHCS beneficiaries and their families.

APPENDIX

A

Provider Satisfaction Survey Tool

Tools v Saved at 4:58 PM Draft

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CSHCS Provider Survey 1

IQ Score: Fair

Default Question Block

Michigan's Children's Special Health Care Services (CSHCS) Program strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care. The CSHCS Program is interested in obtaining feedback from the statewide CSHCS provider network about the care and services provided to CSHCS enrollees. The goal of this survey is to gather information from specialty and subspecialty CSHCS providers regarding their opinions about the CSHCS Program overall to highlight positive aspects and identify opportunities for improvement.

You are being included in the survey process because you have provided services to clients in the CSHCS Program in the last 30 months. Your participation will help us improve the CSHCS Program and remove barriers with the intention of making a positive impact on the health care system for providers, enrollees, and families.

Your responses will be confidential. This survey will take approximately 10 minutes of your time. If you are not able to respond to all of the survey questions during the same session, your progress will be saved, however you will not be able to return to complete the survey.

We appreciate your response.

ITT

Skip to

End of Survey if No Is Selected

Do you interact with CSHCS patients?

0 Yes

0 No

02

Please verify your medical specialty:

Adolescent Medicine



03

iQ

If "Other Specialty" was selected, please specify:

----- Page Break -----

04

Which of the following best describes your practice setting (i.e., the setting in which you spend most of your work hours)?

- ☐ Private Practice
- ☐ Federally Qualified Health Center or Local Health Department
- ☐ University or Health System-Based Clinic Practice
- ☐ Other Practice Setting

05

If you selected Private Practice or University or Health System-Based Clinic Practice, please specify what practice setting you primarily work in:

- ☐ Solo Practice
- ☐ Two-Physician Practice, Same Specialty
- ☐ 3 or more Physicians Group Practice, Same Specialty
- ☐ Multi-Specialty Group Practice

06

iQ

If you selected Multi-Specialty Group Practice:

How many physicians are in the practice?

How many specialties are represented among the physicians in the practice?

----- Page Break -----

07

In which county is your primary practice located?

Alcona v

QB

In which hospital do you primarily practice?

None v

09

i.Q

If you selected other, please provide the name of the hospital in which you primarily practice.

Q10

How many years have you been serving CSHCS beneficiaries?

- 0 <1 Year
- 0 1 to 5 Years
- 0 6 to 10 Years
- 0 > 10 Years

Page Break

11

i.Q

Regarding the CSHCS Program, please indicate the relative ease with which you are able to:

	Easy	Somewhat easy	Not at all easy	Little or no experience
Enroll as a CSHCS Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enroll or renew the enrollment of a patient in CSHCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interact/interface with reimbursement/billing processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand program policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

12

tQ

Regarding the CSHCS Program, please indicate the relative ease with which you are able to (continued):

	Easy	Somewhat easy	Not at all easy	Little or no experience
Obtain accurate information about covered benefits and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make referrals to primary care or other specialty providers when a child transitions to adult care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate care with Local Health Departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate care with Medicaid Health Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overcome communication barriers with patients/families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist patients/families identify resources to overcome transportation barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13

tQ

If you wish to comment further on the topics included in Question 11 and 12, please do so in the space below:

Page Break

14

tQ

Please indicate the relative ease with which you are able to obtain timely prior authorization for the following CSHCS services/benefits:

	Easy	Somewhat easy	Not at all easy	Little or no experience
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medications/Prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable Medical Equipment (DME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out-Of-State Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15

If you rated a CSHCS service/benefit in Q14 as "not at all easy," is it related to:
(Check all that apply.)

- ☐ Obtaining Prior Authorization for Medicaid Health Plan services/benefits
- ☐ Obtaining Prior Authorization for Fee-for-Service (FFS) services/benefits
- ☐ Other (Please explain)

16

iQ

If you wish to add further comments on the timeliness of prior-authorization for CSHCS services/benefits, please do so in the space below:

----- Page Break -----

17

iQ

In general, do your CSHCS patients receive the medical equipment, medication and therapies you prescribe within a reasonable timeframe?

	Yes	No	Unsure/Unknown
Durable Medical Equipment (DME)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptions/Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapies (physical, occupational, speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18

iQ

If you answered "No" to any of the above, please explain in the space below and note any distinction between Medicaid Health Plan and Fee-for-Service timeframes:

----- Page Break -----

19

If you encounter a barrier or problem, do you know how to contact the CSHCS Program?

☐ Yes☐ No☐ Unsure

20

If a patient/family encounters a barrier or problem, do you know how to connect them with the CSHCS Program for assistance?

☐ Yes☐ No☐ Unsure

21

How confident are you in your knowledge of CSHCS program benefits and ability to advise clients/families about CSHCS program benefits?

☐ Confident☐ Somewhat confident☐ Not at all confident

----- Page Break -----

22

Are there aspects of the CSHCS program or benefits you would like to learn more about? Please check all that apply:

- ☐ CSHCS Benefits/Services
- ☐ Patient Eligibility
- ☐ Patient Enrollment
- ☐ Family Center
- ☐ Care Coordination
- ☐ Provider Enrollment
- ☐ Claims/Billing
- ☐ Prior Authorization
- ☐ Denials/Appeals
- ☐ Pharmacy Benefits
- ☐ DME Benefits
- ☐ Other- Please Specify

----- Page Break -----

23

Do you encourage your patients/families to enroll in the CSHCS Program when appropriate?

- ☐ Yes
- ☐ No
- ☐ Unsure

24

Are you aware patients with private health insurance may be eligible to receive CSHCS benefits and can be referred to the CSHCS Program?

- ☐ Yes
- ☐ No
- ☐ Unsure

25

What is your overall level of satisfaction with the CSHCS Program?

- 0 Satisfied
- 0 Somewhat Satisfied
- 0 Dissatisfied

----- Page Break -----

26

iQ

Please indicate which of the following telemedicine services you currently offer to CSHCS patients/families?

	Yes	No	Unsure
Real-time, audio-video patient appointment (virtual appointment.)	0	0	0
Virtual Communication via patient portals, secure messaging technologies etc.	0	0	0
Remote patient monitoring, e.g., blood pressure monitors, blue-tooth enabled digital scales, wearable devices used to communicate biometric data for professional review.	0	0	0

27

iQ

Do you plan to continue or begin offering any of the following telemedicine services in the next 12 months?

	Yes	No	Unsure
Real-time, audio-video patient appointment (virtual appointment.)	0	0	0
Virtual Communication via patient portals, secure messaging technologies etc.	0	0	0
Remote patient monitoring, e.g., blood pressure monitors, blue-tooth enabled digital scales, wearable devices used to communicate biometric data for professional review.	0	0	0

----- Page Break -----

28

iQ

How can CSHCS services be improved to better meet the needs of CSHCS providers?

29

iQ

How can CSHCS services be improved to better meet the needs of patients/families?

30

iQ

Do you have additional comments you would like to share regarding your experience with the CSHCS Program?

----- Page Break -----

31

... [Skip to](#)

The CSHCS Program is interested in le... if No Is Selected

May someone from the CSHCS program contact you to talk about any program concerns you have or to discuss other provider survey findings? If yes, please provide your contact information below.

☐ Yes

☐ No

032

iG



Contact Information:

Name:

Credentials:

City/Town:

Provider Specific Email
Address:

Phone Number:

033



What is your preferred method of contact?

- ☐ Phone
- ☐ Email

034

- [Skip to](#)

Does your practice have staff availab... if Continue on with this surge... Is Selected

Skip destination

Go to skip origin

The CSHCS Program is interested in learning more about CSHCS care coordination and case management (CC/CM) services provided by specialty and subspecialty providers. Would you prefer to:

- ☐ Continue on with this survey to answer 14 questions related to CC/CM services
- ☐ Provide the contact information for a staff member in your practice who would be able to answer questions related to CC/CM services

035



- [Skip to](#)

End of Survey if Name: Is Not Empty

Please provide the contact information for a staff member in your practice who would be able to answer questions related to CC/CM services:

Name:	<input type="text"/>
Credentials (DO, MD, PA, NP, RN, LPN, SW, Other):	<input type="text"/>
Staff Email Address:	<input type="text"/>
Staff Phone Number:	<input type="text"/>

Q36

[Skip to](#)

Does your practice conduct an assessm... if No Is Selected

[Skip destination](#)[Go to skip origin](#)

Does your practice have staff available to assist with care coordination and case management (CC/CM) services for patients and families including CSHCS enrollees?

☐ Yes☐ No☐ Unsure

037

Who provides CC/CM services in your practice? (Check all that apply.)

☐ Registered or Licensed Practical Nurse (RN or LPN)☐ Medical Assistant (MA)☒ Social Worker (SW)☐ Community Health Worker (CHW)☐ Health Educator☒ Other (Pease Specify)

----- Page Break -----

Q38

[Skip to](#)

Does your practice develop individual... if No Is Selected

[Skip destination](#)[Go to skip origin](#)

Does your practice conduct an assessment of patient/family medical and psychosocial needs?

☐ Yes☐ No☐ Unsure

Q39

Which of the following components are included in the assessment? (Check all that apply.)

- ☐ Medical History
- ☐ Behavioral Health Screening
- ☐ Developmental Screening
- ☐ Social Determinants of Health (SDOH)
- ☐ Other (Please Specify)

Page Break

Q40

[...](#) [Skip to](#)

What types of care coordination/case ... if No Is Selected

[Skip destination](#)[Go to skip origin](#)

Does your practice develop individualized plans of care for CSHCS patients/families?

- ☐ Yes
- ☐ No

Q41

Do you incorporate identified risks and resources from the assessment findings into the patient/family's plan of care?

- ☐ Yes
- ☐ No
- ☐ Unsure

Page Break

042

Do you share the plans of care with any of the following? (Check all that apply.)

- ☐ Do not share outside of the practice
- ☐ Patient/Family
- ☐ Primary Care Practices
- ☐ Local Public Health Departments
- ☐ Behavioral Health Providers (PIHPs/CMHs)
- ☐ Medicaid Health Plans
- ☐ Private Health Insurance Plans
- ☐ Other Specialists/Subspecialists

043

[Skip destination](#)[Go to skip origin](#)

What types of care coordination/case management services does your practice provide? (Check all that apply.)

- ☐ Client advocacy for/on behalf of the patient/family
- ☐ Conducting comprehensive assessments and reassessments of needed care and services (care management assessment)
- ☐ Arranging for care from other providers when needed
- ☐ Arranging for behavioral health care when needed
- ☐ Providing patients/families with educational materials
- ☐ Referring patients/families to culturally appropriate care, social, education and other community supports
- ☐ Facilitating patient/family transition from pediatric to adult health care providers
- ☐ Monitoring and conducting follow-up on needed care and services (i.e., ensuring referrals/appointments are kept)
- ☐ Other care coordination service: (Please describe)

----- Page Break -----

044

With whom does your practice coordinate care and services? (Check all that apply.)

☐ Do not coordinate care and services outside of the practice

☐ Primary Care Practices

☐ Local Public Health Departments

☐ Medicaid Health Plans

☐ Private Health Insurance Plans

☐ Behavioral Health Providers (PIHPs/CMHs)

☐ Children's Multidisciplinary Specialty (CMDS) Clinics

☐ Nutrition

☐ PhysicalOccupationalSpeech Therapies

☐ Social Work

☐ Other Specialists/Subspecialists

Page Break

Q45

i Q

Please indicate the relative ease with which you are able to coordinate care and services with the following provider types:

	Easy	Somewhat easy	Not at all easy	Little or no experience	Not applicable
Primary Care Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Health Departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Health Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Health Insurance Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health Providers (CMH/PIHPs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Multidisciplinary Specialty (CMDS) Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PhysicalOccupationalSpeech Therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Specialists/Subspecialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

046

What methods of communication does your practice use to coordinate care and services? (Check all that apply.)

- ☐ Do not coordinate care and services outside of the practice
- ☐ Email
- ☐ Phone
- ☐ EMR/Electronic System (messaging, electronic notes, etc)
- ☐ Written/Mailed Letter
- ☐ Case Conference
- ☐ Other (Please Specify)

Page Break

047

i Q

Do you have additional comments you would like to share regarding your experience providing care coordination and case management services to CSHCS patients/families?

Import from library

[

Add new question

Add Block

End of Survey

Thank you for completing this survey. Your responses have
been recorded.

APPENDIX

B

Care Coordination/Case Management Survey Tool

Care Coordination/Case Management Sub-Survey Questions

iQ Score: Great

Default Question Block

01

In which type of medical specialty practice do you work?

[Click here to edit choices](#)

Adolescent Medicine

02

If "Other Specialty" was selected, please specify:

Page Break

03

Which of the following best describes your practice setting (i.e., the setting in which you spend most of your work hours)?

- ☐ Private Practice
- ☐ Federally Qualified Health Center or Local Health Department
- ☐ University or Health System-Based Clinic Practice
- ☐ Other Practice Setting

04

If you selected Private Practice or University or Health System-Based Clinic Practice, please specify what practice setting you primarily work in:

- ☐ Solo Practice
- ☐ Two-Physician Practice, Same Specialty
- ☐ 3 or more Physicians Group Practice, Same Specialty
- ☐ Multi-Specialty Group Practice

Page Break

Q5

In which county is your primary practice located?

 v

Q6

In which hospital system do your providers primarily practice?

 v

Q7

If you selected other, please provide the name of the hospital in which your providers primarily practice.

----- Page Break -----

QB

[Skip to](#)

Does your practice conduct an assessment... if No Is Selected

Does your practice have staff available to assist with care coordination and case management (CC/CM) services for patients and families including CSHCS enrollees?

☐ Yes

☐ No

☐ Unsure

Q9

Who provides CC/CM services in your practice? (Check all that apply.)

☐ Registered or Licensed Practical Nurse (RN or LPN)

☐ Medical Assistant (MA)

☐ Social Worker (SW)

☐ Community Health Worker (CHW)

☐ Health Educator

☐ Other (Please Specify)

----- Page Break -----

010

[Skip to](#)

Does your practice develop individual... if No Is Selected

[Skip destination](#)[Go to skip origin](#)

Does your practice conduct an assessment of patient/family medical and psychosocial needs?

☐ Yes☐ No☐ Unsure

011

Which of the following components are included in the assessment? (Check all that apply.)

☐ Medical History☐ Behavioral Health Screening☐ Developmental Screening☒ Social Determinants of Health (SDOH)☒ Other! Please Specify

----- Page Break -----

012

[Skip to](#)

What types of care coordination/case ... if No Is Selected

[Skip destination](#)[Go to skip origin](#)

Does your practice develop individualized plans of care for CSHCS patients/families?

☐ Yes☐ No

013

Do you incorporate identified risks and resources from the assessment findings into the patient/family's plan of care?

- ☐ Yes
- ☐ No
- ☐ Unsure

----- Page Break -----

014

Do you share the plans of care with any of the following? (Check all that apply.)

- ☐ Do not share outside of the practice
- ☐ Patient/Family
- ☐ Primary Care Practices
- ☐ Local Public Health Departments
- ☐ Behavioral Health Providers (PIHPs/CMHs)
- ☐ Medicaid Health Plans
- ☐ Private Health Insurance Plans
- ☐ Other Specialists/Subspecialists

015

[Skip destination](#)

[Go to skip origin](#)

What types of care coordination/case management services does your practice provide? (Check all that apply.)

- ☐ Client advocacy for/on behalf of the patient/family
- ☐ Conducting comprehensive assessments and reassessments of needed care and services (care management assessment)
- ☐ Arranging for care from other providers when needed
- ☐ Arranging for behavioral health care when needed
- ☐ Providing patients/families with educational materials
- ☐ Referring patients/families to culturally appropriate care, social, education and other community supports
- ☐ Facilitating patient/family transition from pediatric to adult health care providers
- ☐ Monitoring and conducting follow-up on needed care and services (i.e., ensuring referrals/appointments are kept)
- ☐ Other care coordination service: (Please describe)

1

016

With whom does your practice coordinate care and services? (Check all that apply.)

- ☐ Do not coordinate care and services outside of the practice
- ☐ Primary Care Practices
- ☐ Local Public Health Departments
- ☐ Medicaid Health Plans
- ☐ Private Health Insurance Plans
- ☐ Behavioral Health Providers (PIHPs/CMHs)
- ☐ Children's Multidisciplinary Specialty (CMDS) Clinics
- ☐ Nutrition
- ☐ Physical/Occupational/Speech Therapies
- ☐ Social Work
- ☐ Other Specialists/Subspecialists

017

i Q

Please indicate the relative ease with which you are able to coordinate care and services with the following provider types:

	Easy	Somewhat easy	Not at all easy	Little or no experience	Not applicable
Primary Care Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Health Departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid Health Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Health Insurance Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health Providers (CMH/PIHPs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Multidisciplinary Specialty (CMDS) Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical/Occupational/Speech Therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Specialists/Subspecialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

018

What methods of communication does your practice use to coordinate care and services? (Check all that apply.)

- ☐ Do not coordinate care and services outside of the practice
- ☐ Email
- ☐ Phone
- ☐ EMR/Electronic System (messaging, electronic notes, etc)
- ☐ Written/Mailed Letter
- ☐ Case Conference
- ☐ Other (Please Specify)

----- Page Break -----

[Import from library](#) [Add new question](#)

[Add Block](#)

End of Survey

1

Thank you for completing this survey. Your responses have been recorded.

APPENDIX

C

Provider Survey Cover Letter

MICHIGAN STATE UNIVERSITY

February 10, 2021

<Title> <FirstName> <LastName>
<Address>
<City>, MI <ZIP>

Dear Doctor [Recipient Name]

Michigan's Children's Special Health Care Services (CSHCS) Program is working with the Michigan State University Institute for Health Policy (MSU-IHP) to implement a provider satisfaction survey.

CSHCS is interested in obtaining feedback from the statewide CSHCS provider network about the care and services provided to CSHCS enrollees. You have been selected to participate in this survey because you have provided medical services to CSHCS clients in the past 30 months.

We are particularly interested in the physician perspective and are requesting that physicians complete the survey. Your participation will help us better understand your experience regarding your CSHCS participation. Survey responses will help us identify and remove barriers, and improve the CSHCS health care system for providers, enrollees, and families.

The survey will take approximately 10 minutes of your time. Your responses will be confidential. The electronic survey may be accessed at: <https://tinyurl.com/CSHCSProviderSurvey1>. Please complete the survey by Friday, March 12, 2021.

If you have questions about the survey or have difficulty accessing survey link you may contact Debra Darling at darlin22@msu.edu or 517-432-9822.

The CSHCS Program appreciates your response.

Sincerely,



**College of
Human Medicine**

**Institute for Health
Policy**

Michigan State University
East Fee Hall
965 Wilson Rd, A522
East Lansing, MI 48824

517-432-4325
Fax: 517-432-9977
www.ihp.msu.edu

A handwritten signature in blue ink that reads "Lonnie Barnett".

Lonnie D. Barnett
Director, CSHCS Division
MDHHS
517-241-7186
BarnettL@michigan.gov

A handwritten signature in blue ink that reads "Debra Darling".

Debra Darling
Director, Quality Improvement Unit
MSU-IHP
517-432-9822
Darlin22@msu.edu

APPENDIX

D

Provider Survey Cover Letter Reminder

CSHCS SURVEY REMINDER

March 2, 2021

<Title> <FirstName> <LastName>
<Address>
<City>, MI <ZIP>

Dear Doctor [Recipient Name]

Michigan's Children's Special Health Care Services (CSHCS) Program is working with the Michigan State University Institute for Health Policy (MSU-IHP) to implement a provider satisfaction survey.

You were selected to participate in this survey because you have provided medical services to CSHCS clients in the past 30 months. A letter dated February 10, 2021 was mailed to your attention requesting you complete the survey.

If you have not already done so, please complete the survey by **Friday, March 19, 2021**. The electronic survey may be accessed at: <https://tinyurl.com/CSHCSPProviderSurvey1>. The survey will take approximately 10 minutes of your time and your responses will be confidential.

We are particularly interested in the physician perspective and are requesting that physicians complete the survey. Survey responses will help us identify and remove barriers, and improve the CSHCS health care system for providers, enrollees, and families.

If you have questions about the survey or have difficulty accessing the survey link you may contact Debra Darling at darlin22@msu.edu or 517-432-9822.

The CSHCS Program appreciates your response.

Sincerely,



**College of
Human Medicine**

Institute for Health
Policy

Michigan State University
East Fee Hall
965 Wilson Rd, A522
East Lansing, MI 48824

517-432-4325
Fax: 517-432-9977
www.ihp.msu.edu

A handwritten signature in blue ink that reads "Lonnie Barnett".

Lonnie D. Barnett
Director, CSHCS Division
MDHHS
517-241-7186
BarnettL@michigan.gov

A handwritten signature in blue ink that reads "Debra Darling".

Debra Darling
Director, Quality Improvement Unit
MSU-IHP
517-432-9822
Darlin22@msu.edu

APPENDIX

E

CSHCS Provider Satisfaction Survey Results Slide Set

CSHCS Provider Satisfaction Survey Results

CSHCS Provider Survey Deep Dive Presentation
September 20, 2021



Institute for Health Policy
College of Human Medicine
MICHIGAN STATE UNIVERSITY

Objectives

- Brief Overview of Provider Survey Sample & Distribution Methods
- Share Key CSHCS Provider Survey Findings
- Describe Physician Follow-Up



Provider Survey Distribution

■ **Recruitment Method 1:**

- Mailed to CSHCS specialists/subspecialists who, in the prior 30 months, provided services to 10 or more CSHCS enrollees.
- Initial letters mailed mid-February 2021
- Reminder letters mailed the week of March 8th 2021

■ **Recruitment Method 2:**

- Electronic distribution to Children's Hospitals, CMDs Clinics and MHA early March 2021

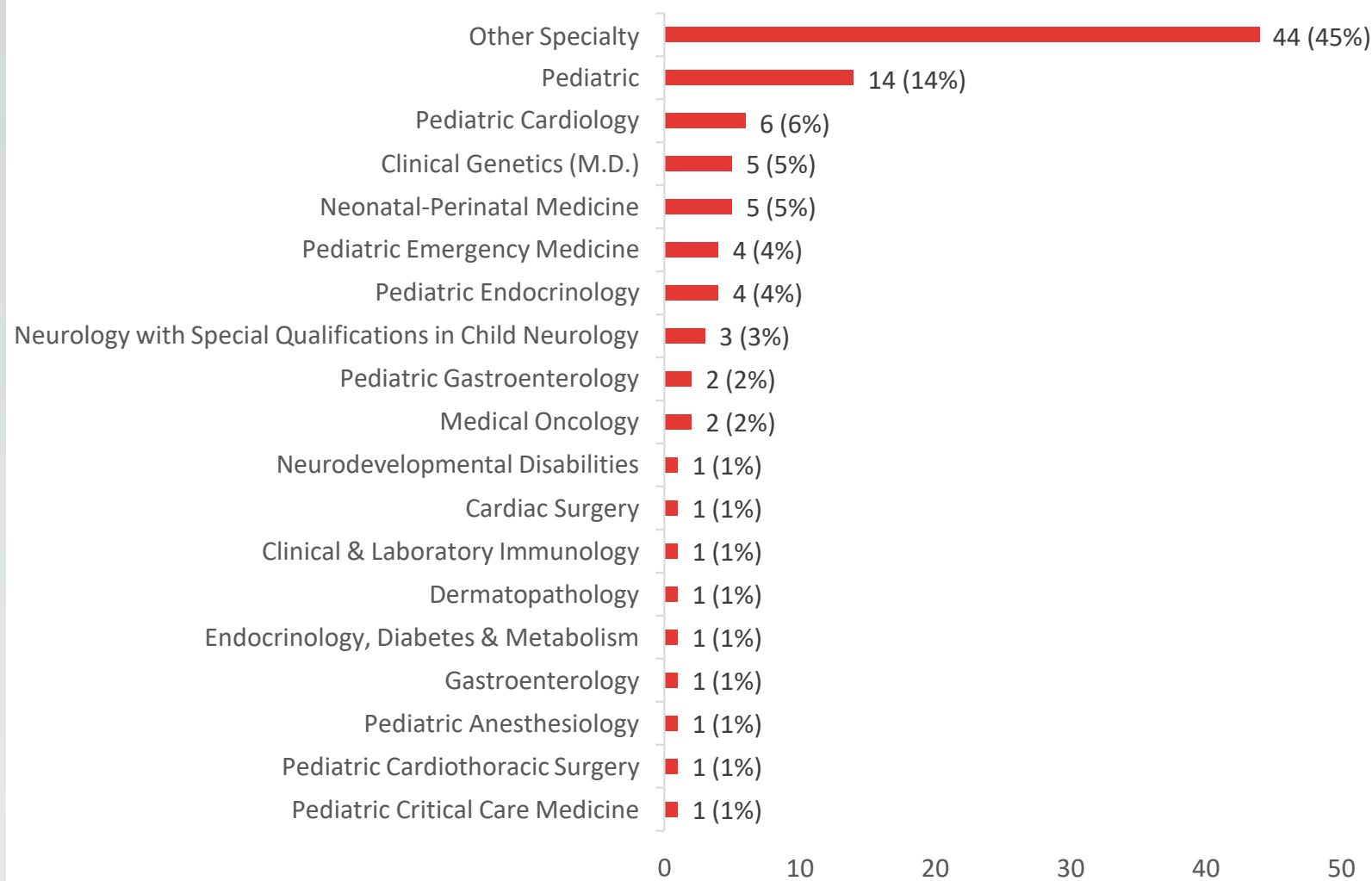
■ **Total response rate: 10% (92/904)**



Data Analysis: Key Findings

Q2: Please verify your medical specialty

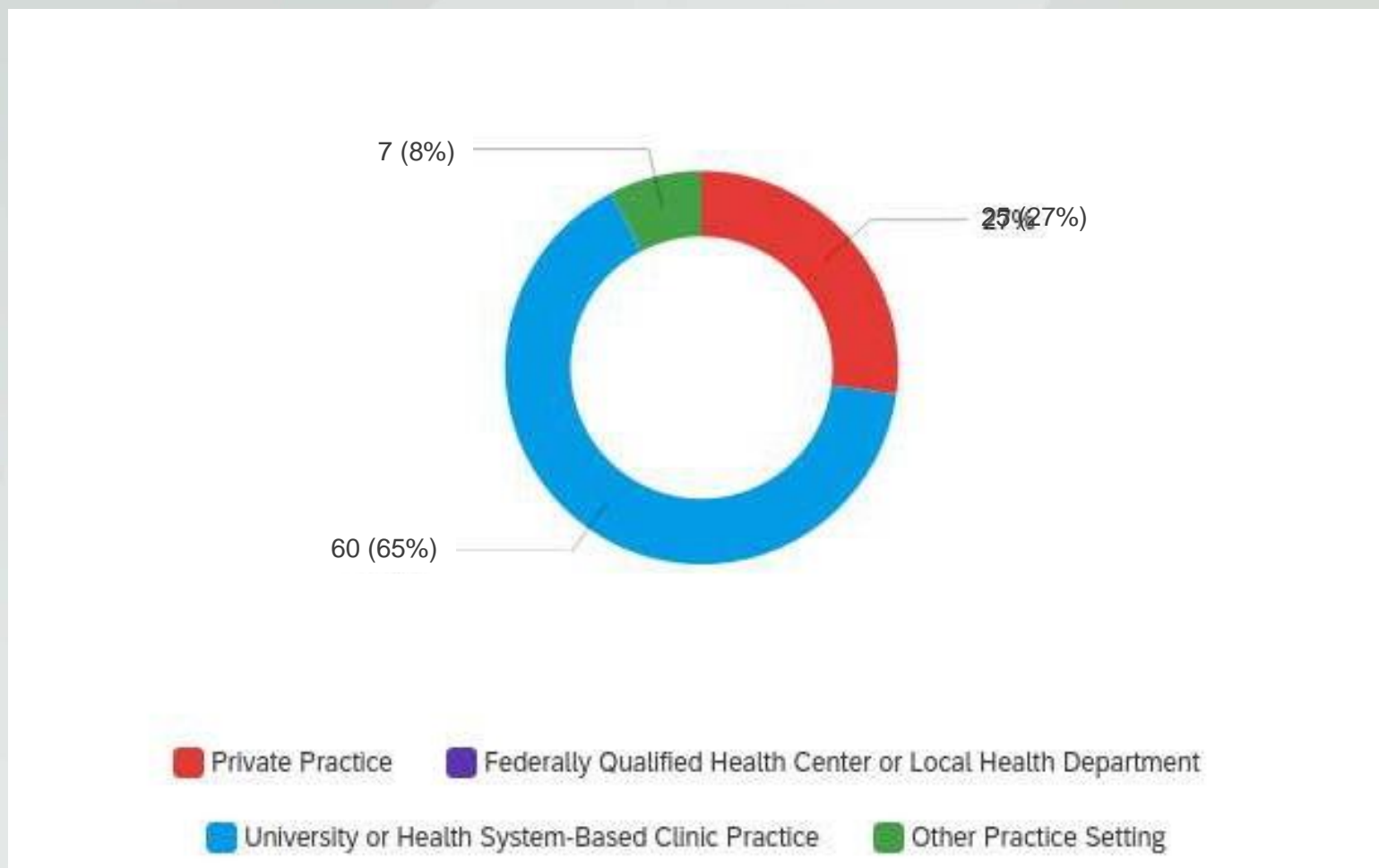
N = 98



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College of Human Medicine
MICHIGAN STATE UNIVERSITY

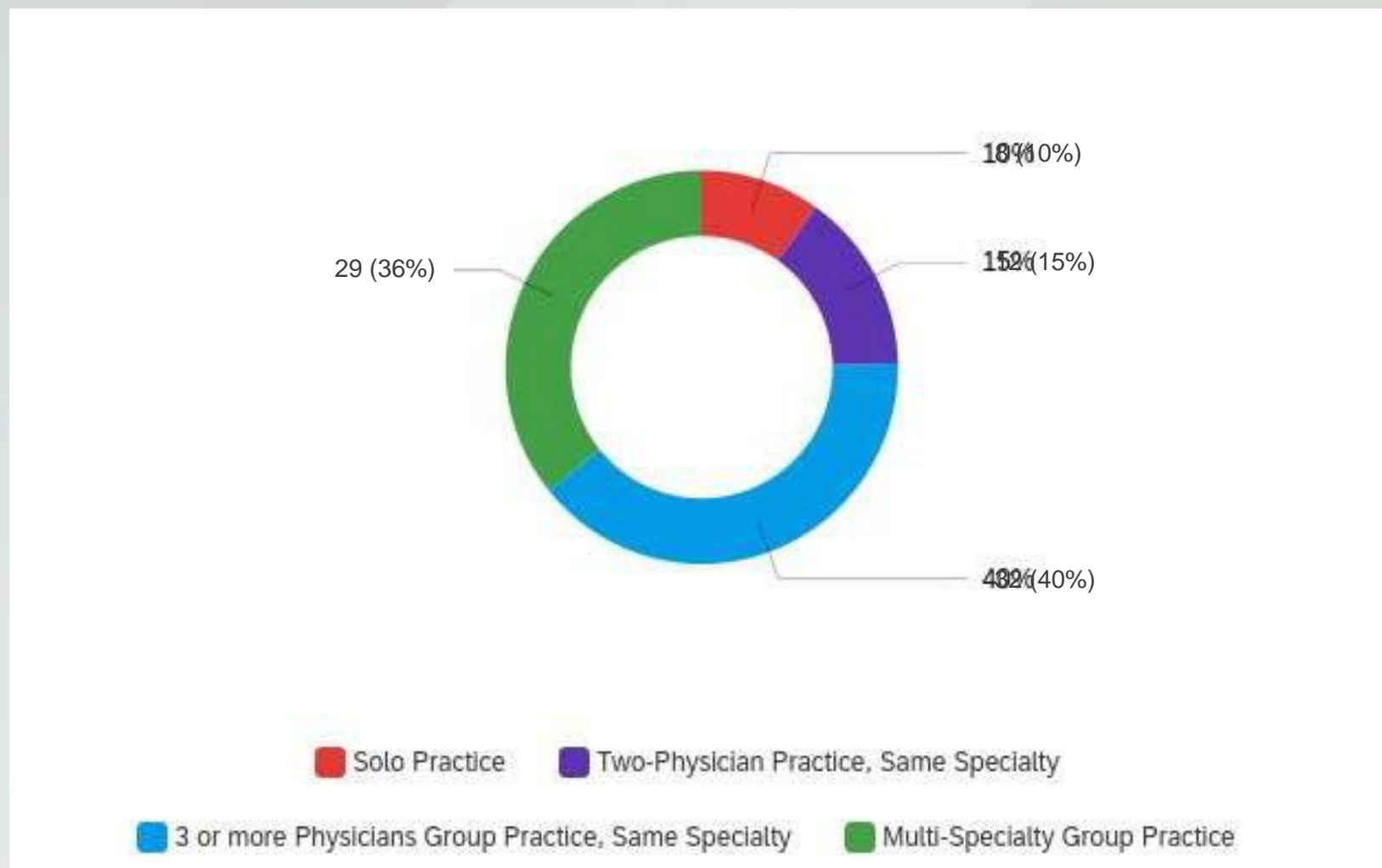
Q4 - Which of the following best describes your practice setting (i.e., the setting in which you spend most of your work hours)?

N = 92



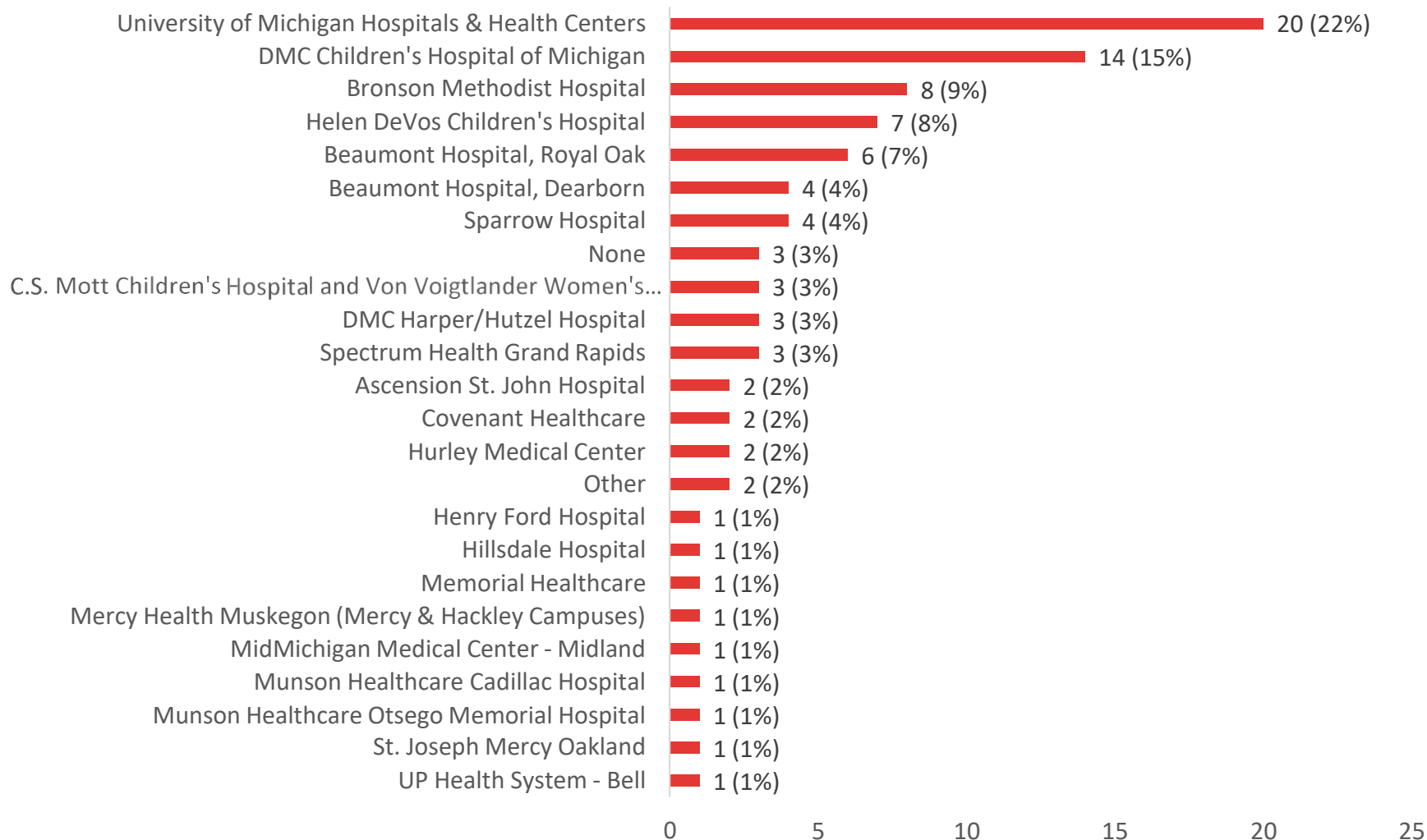
Q5 - If you selected Private Practice or University or Health System-Based Clinic Practice, please specify what practice setting you primarily work in:

N = 81



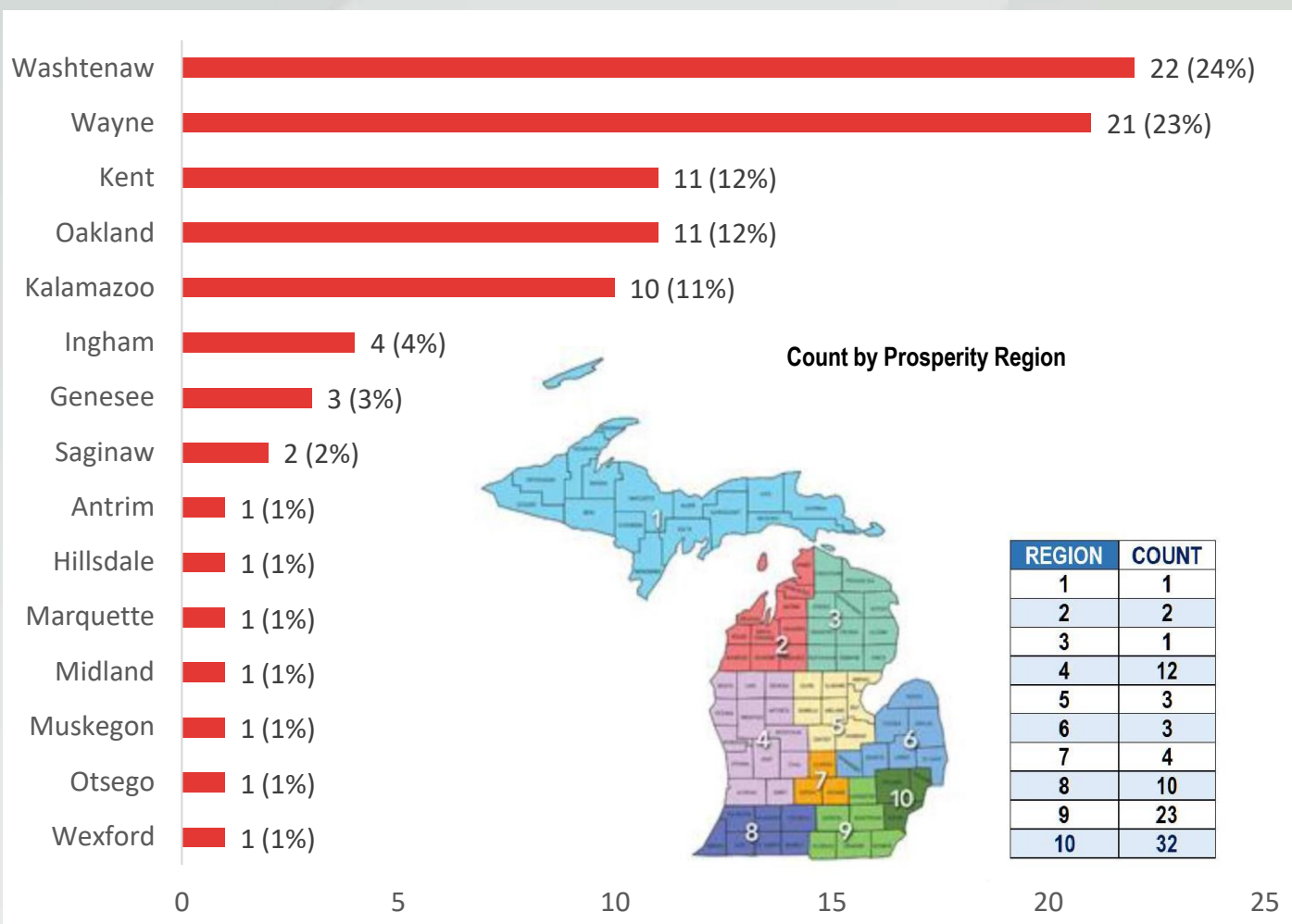
Q8 - In which hospital do you primarily practice?

N = 92



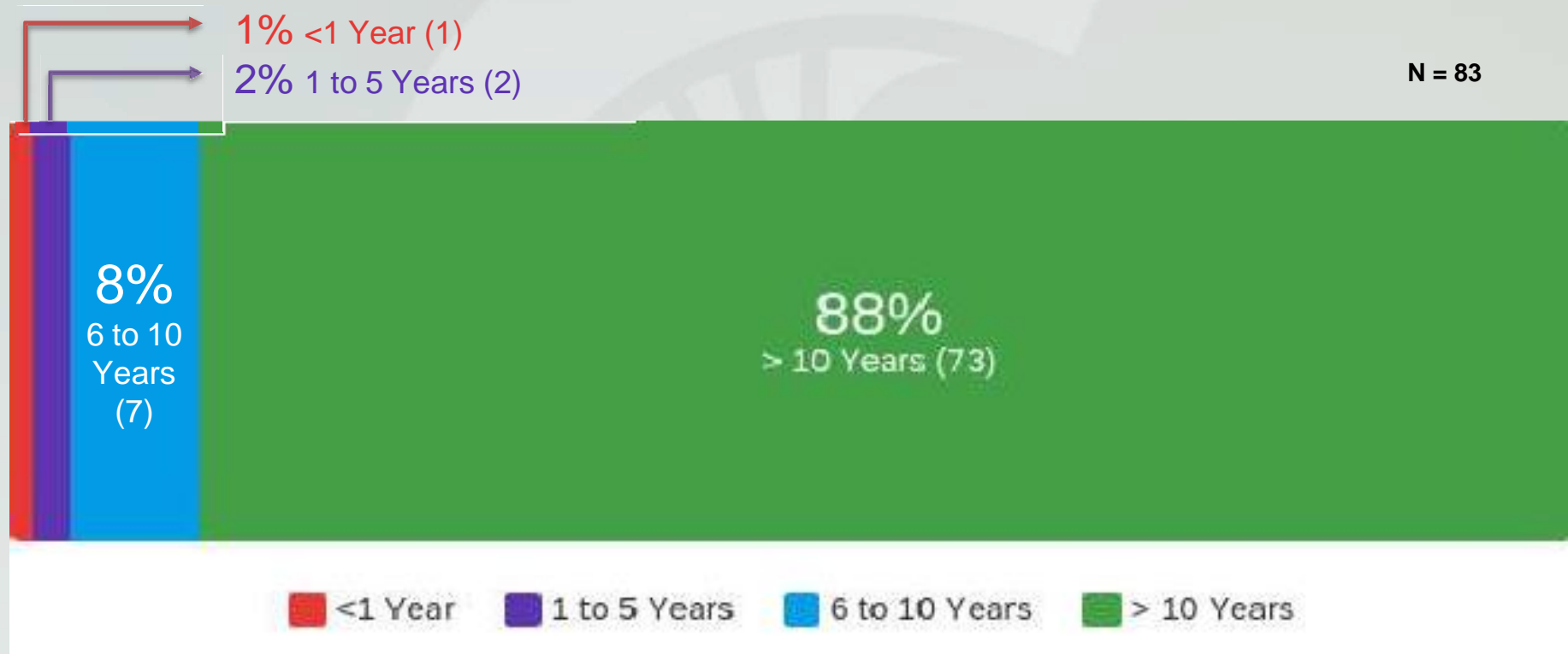
Q7 - In which county is your primary practice located?

N = 91



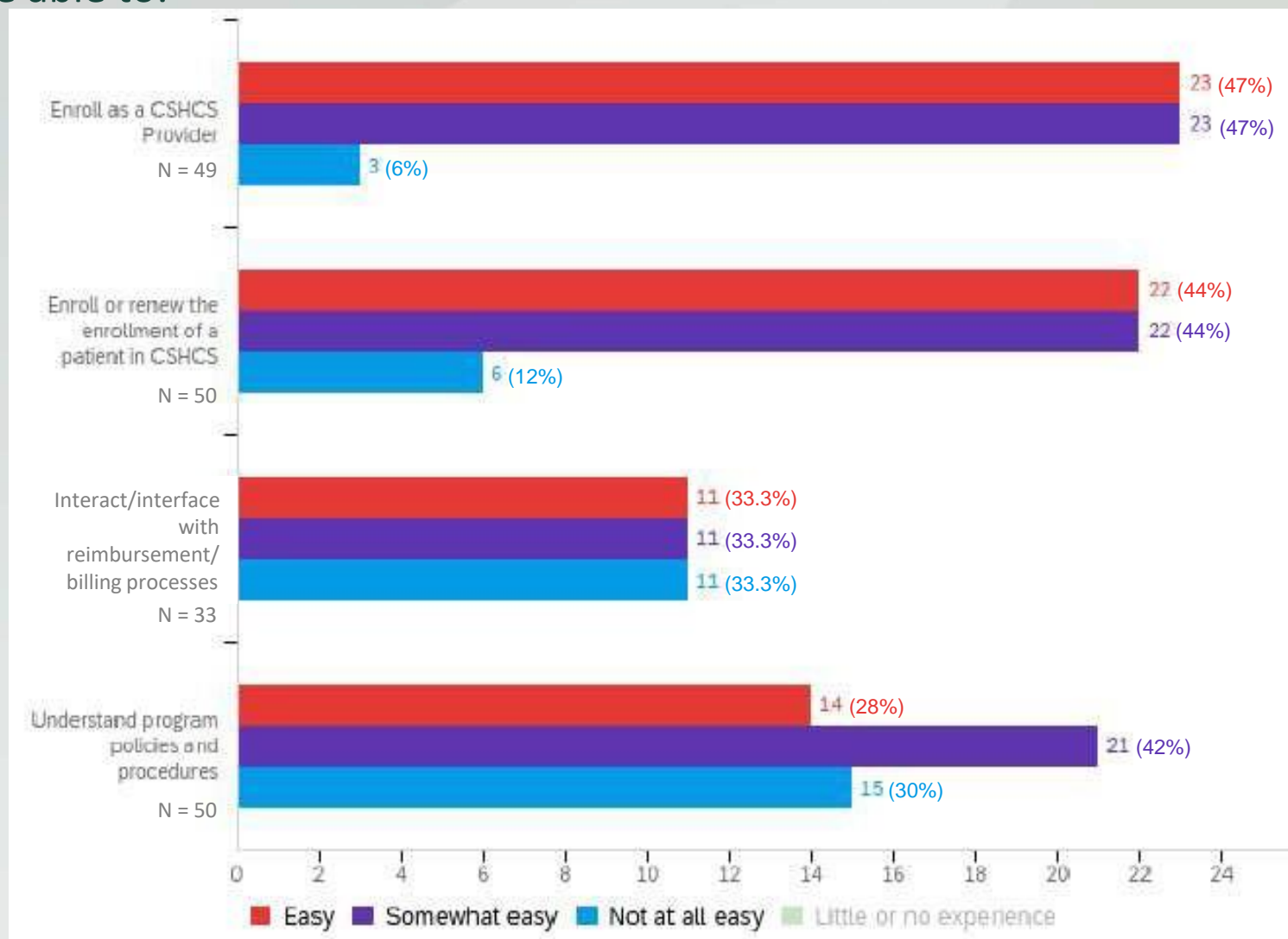
Institute for Health Policy
College of Human Medicine
MICHIGAN STATE UNIVERSITY

Q10 - How many years have you been serving CSHCS beneficiaries?



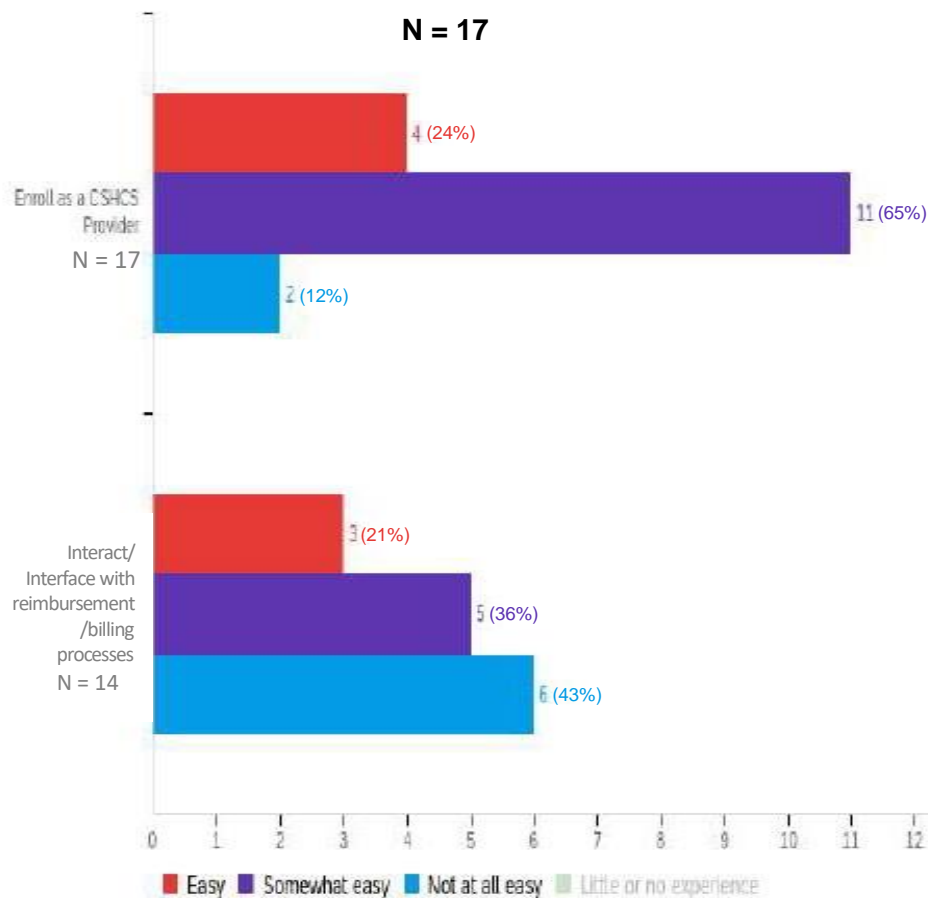
Q11 - Regarding the CSHCS Program, please indicate the relative ease with which you are able to:

N = 60

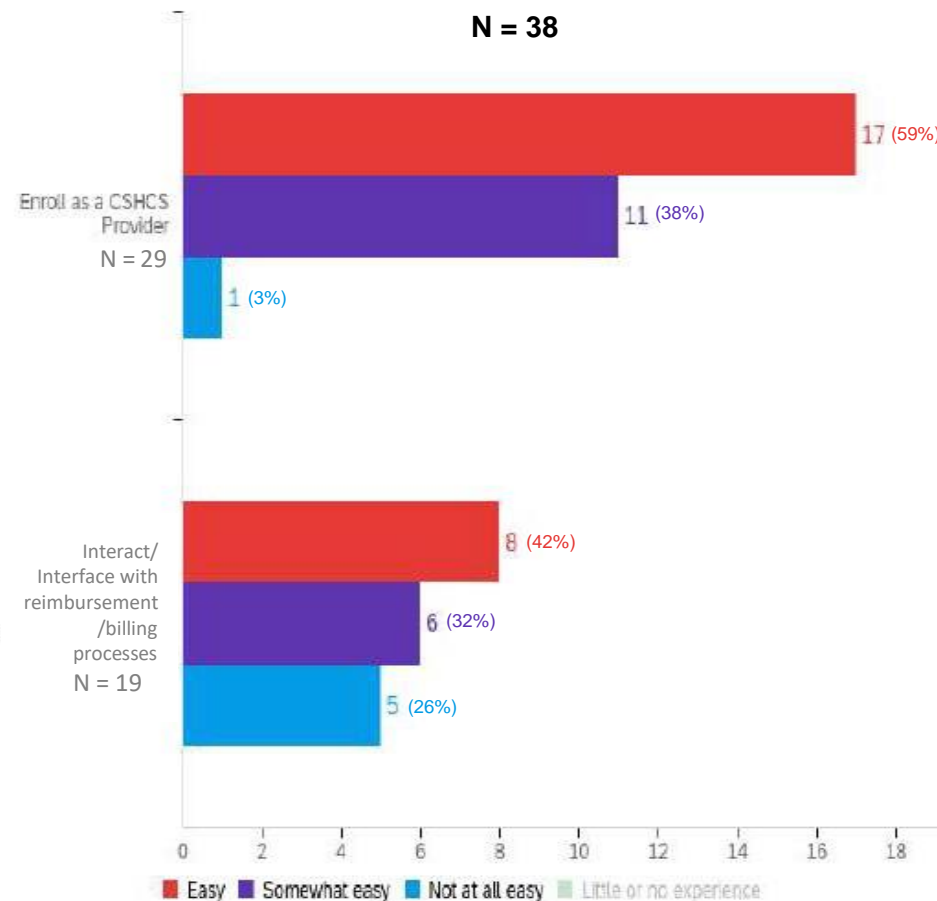


Sub-analysis by practice type - Regarding the CSHCS Program, please indicate the relative ease with which you are able to:

Private Practice

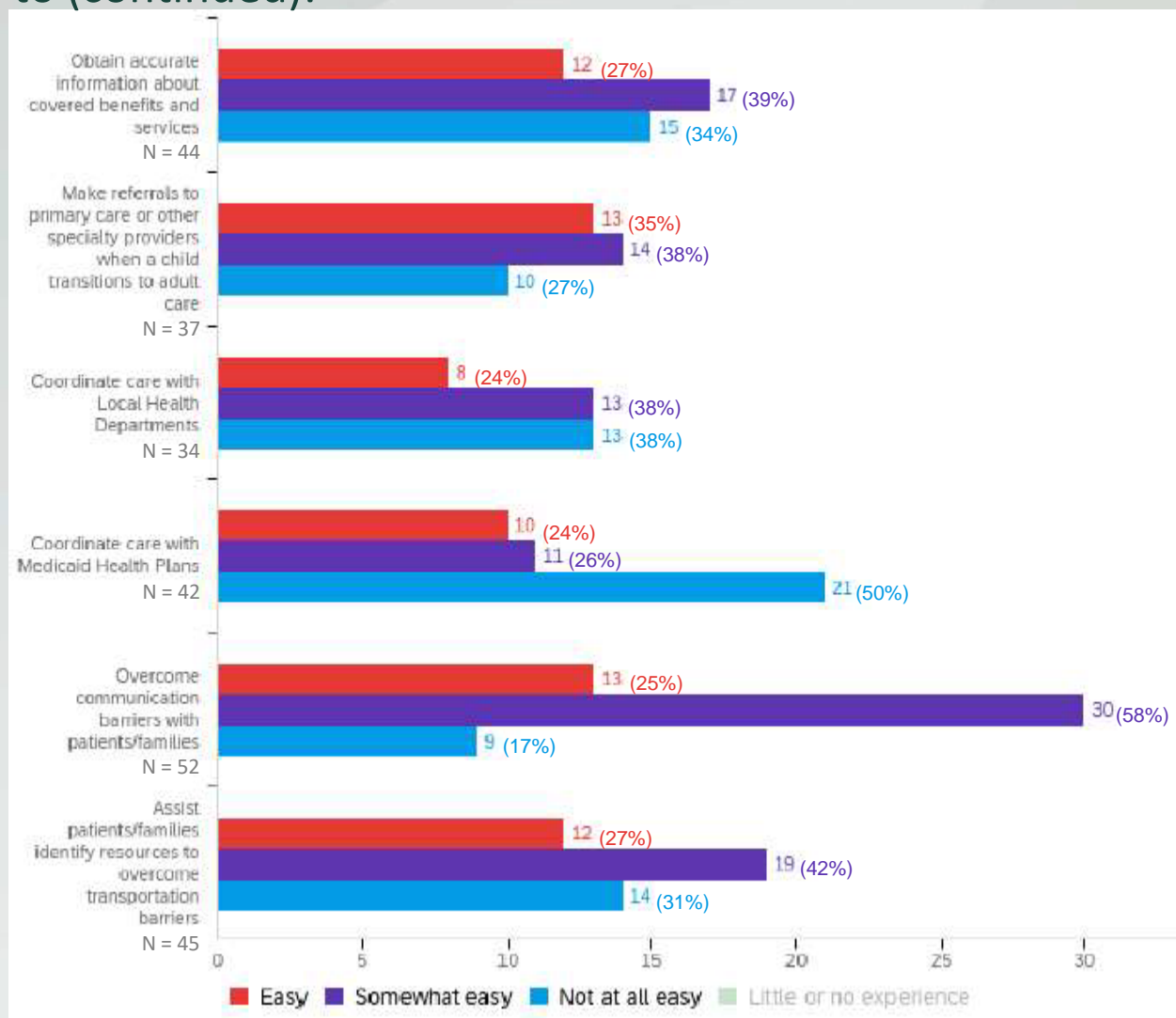


University or Health System-Based Clinic Practice



Q12 - Regarding the CSHCS Program, please indicate the relative ease with which you are able to (continued):

N = 54

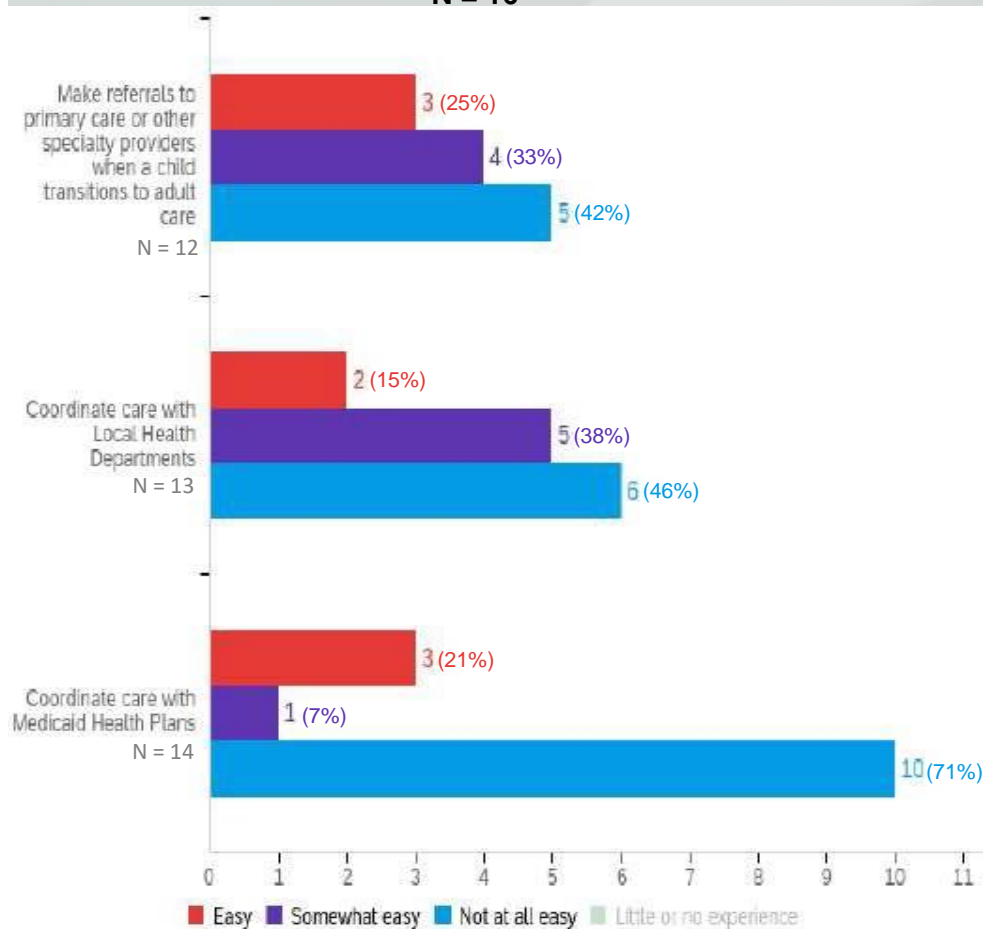


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MICHIGAN STATE UNIVERSITY

Sub-analysis by practice type - Regarding the CSHCS Program, please indicate the relative ease with which you are able to (continued):

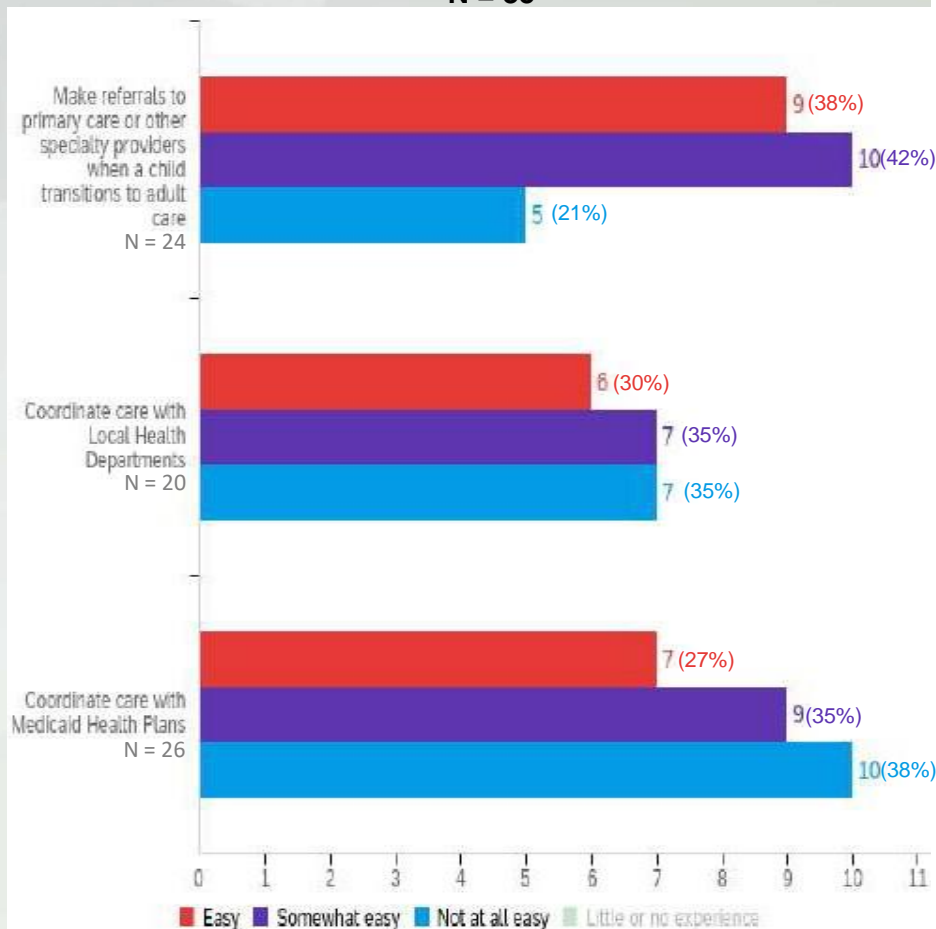
Private Practice

N = 16



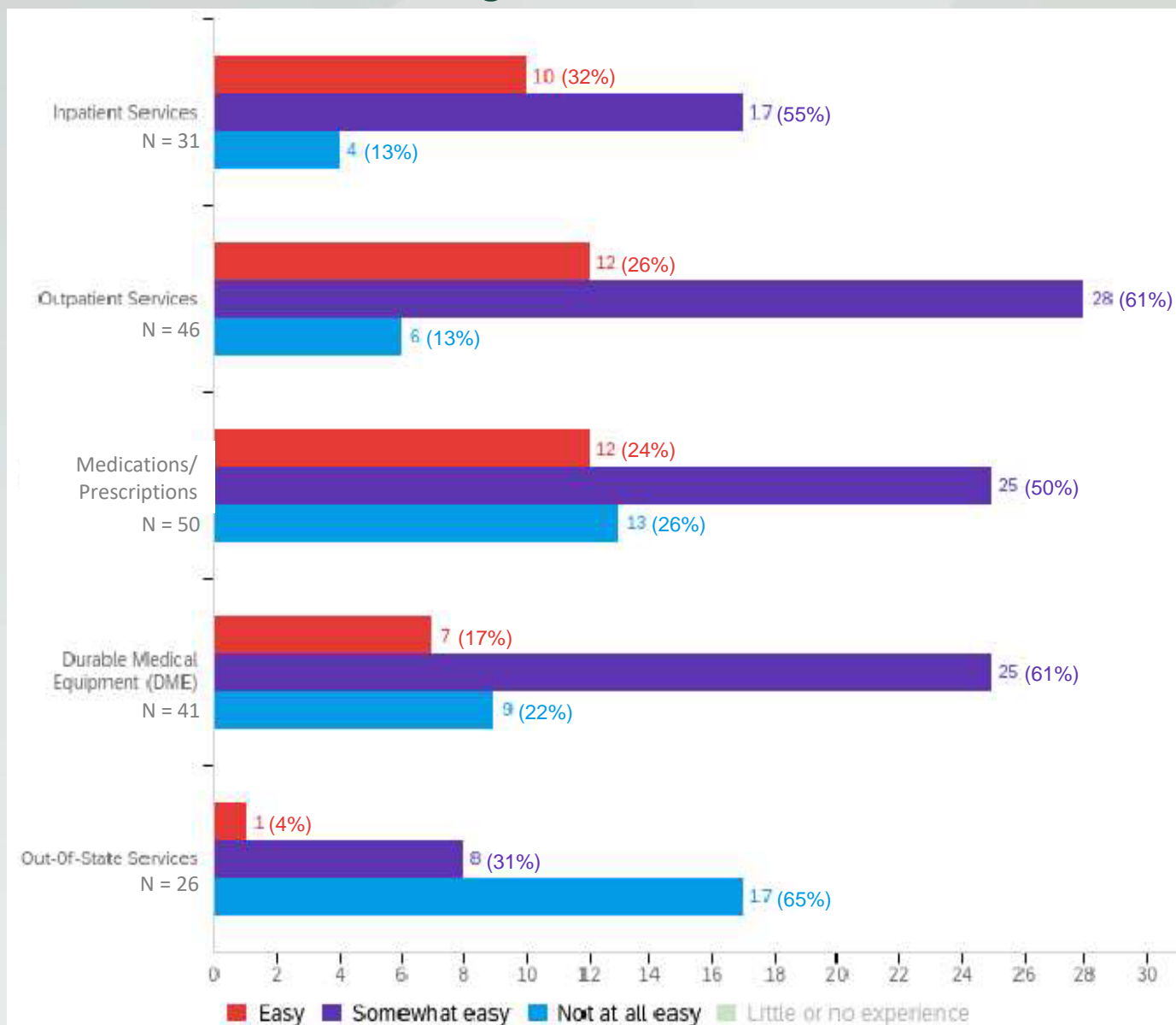
University or Health System-Based Clinic Practice

N = 35



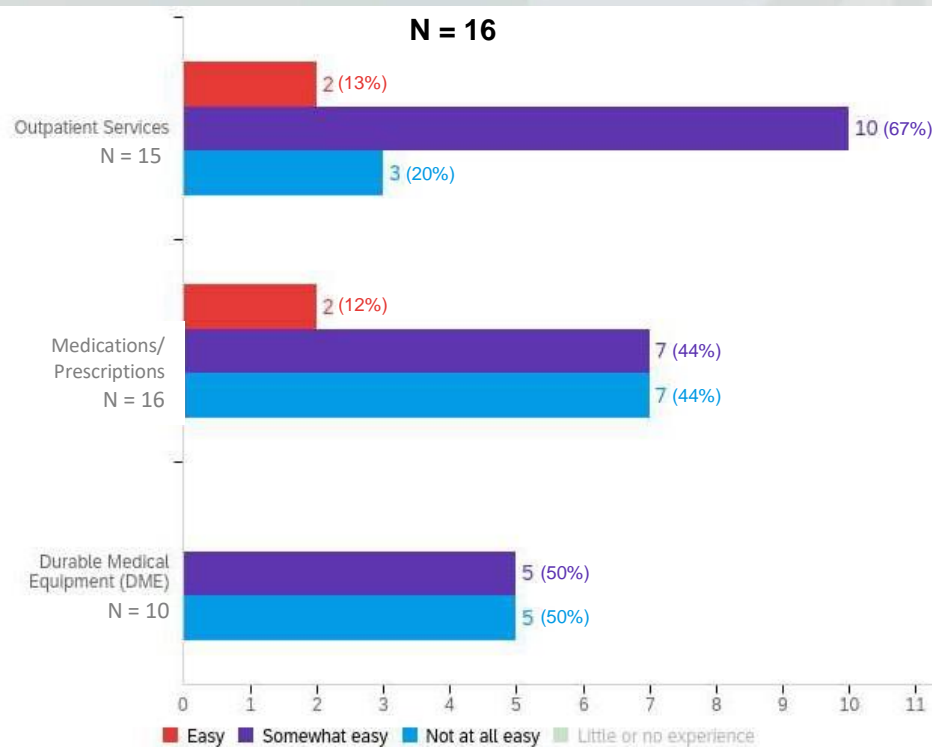
Q14 - Please indicate the relative ease with which you are able to obtain timely prior authorization for the following CSHCS services/benefits:

N = 53

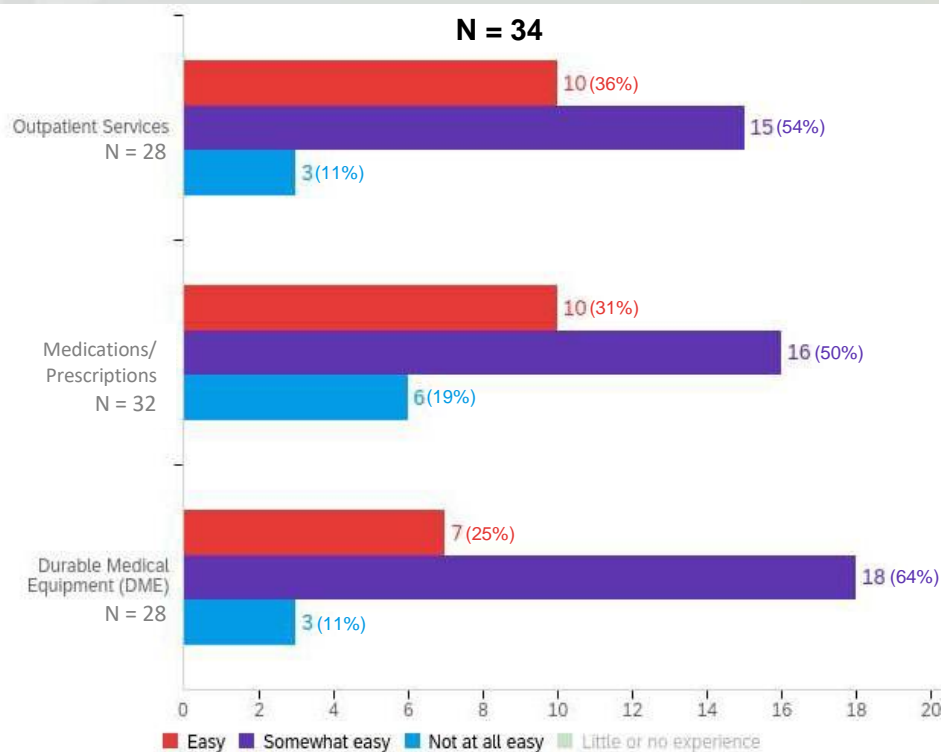


Sub-analysis by practice type - Please indicate the relative ease with which you are able to obtain timely prior authorization for the following CSHCS services/benefits:

Private Practice

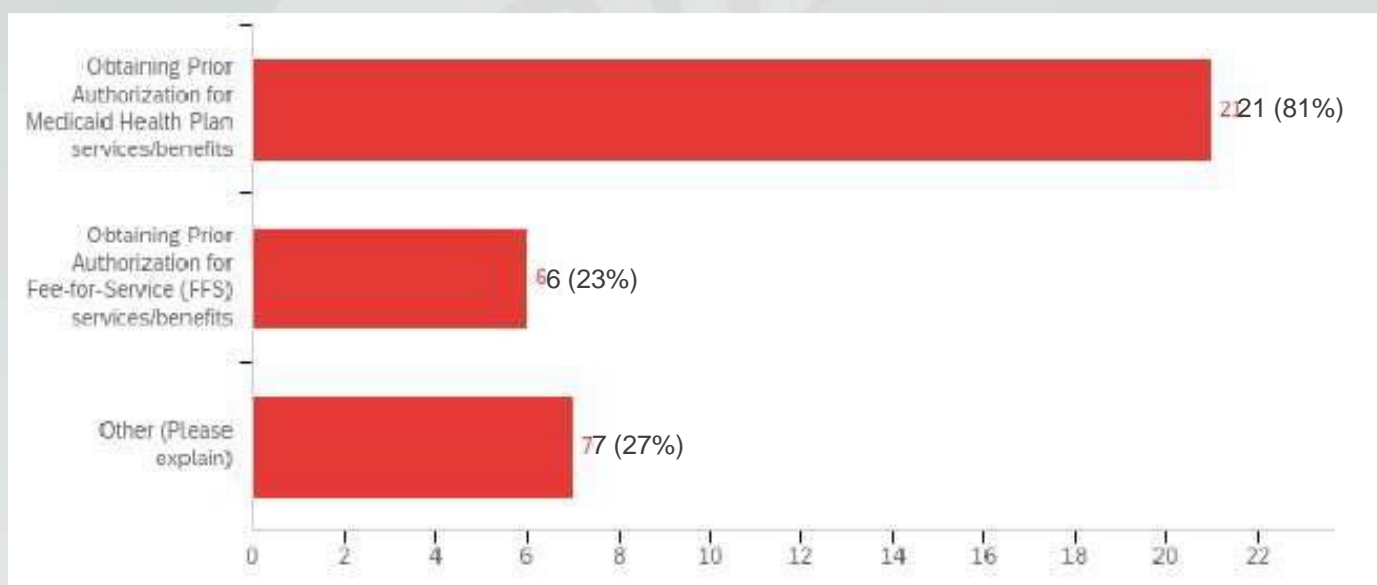


University or Health System-Based Clinic Practice



Q15 - If you rated a CSHCS service/benefit in Q14 as “not at all easy,” is it related to: (Check all that apply.)

N = 26
(34 choices selected)

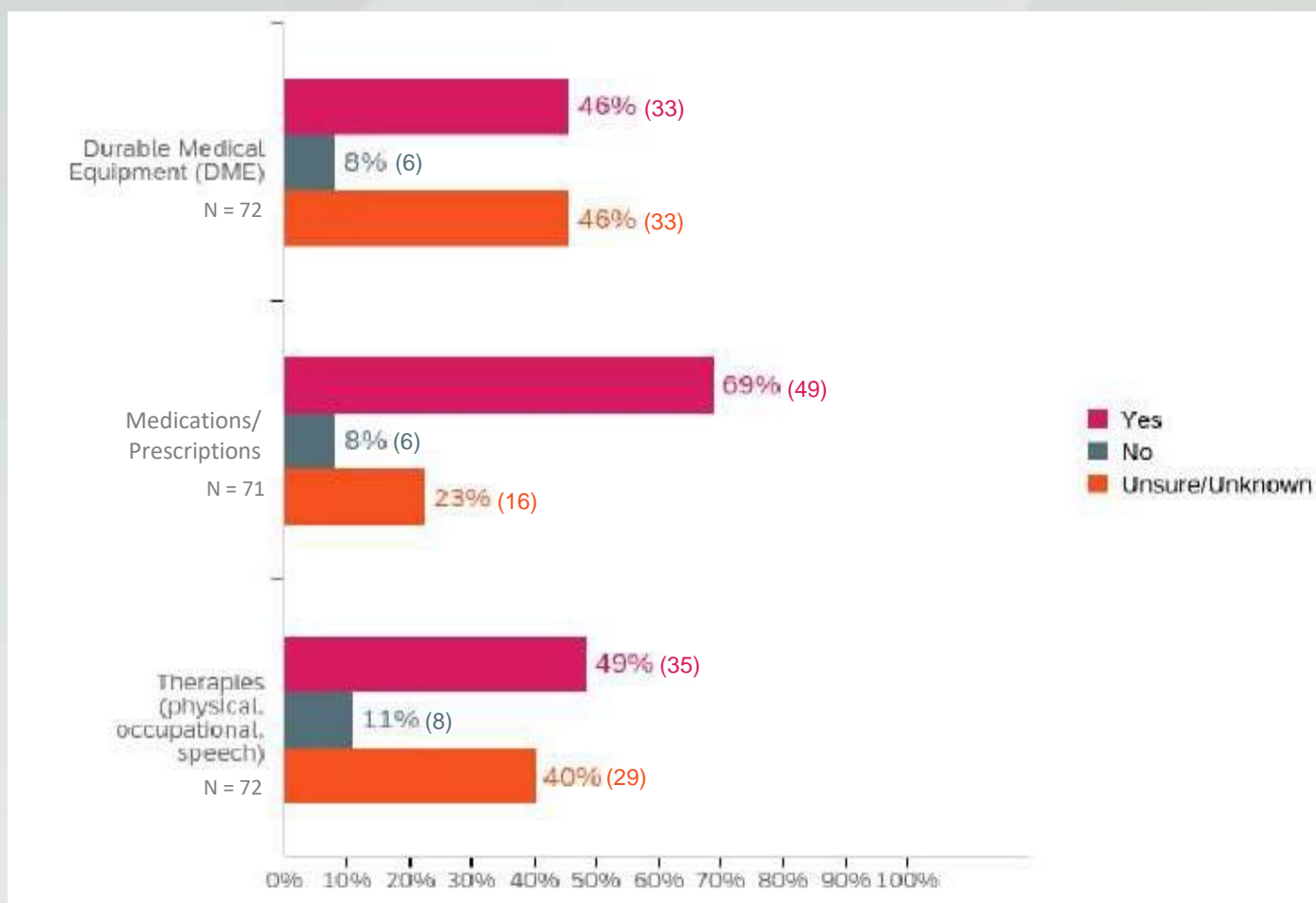


*A total of 26 providers responded to this question, with some selecting more than one response option. This resulted in a total of 34 responses. A denominator of 26 has been used to calculate the percentage of providers selecting each option.



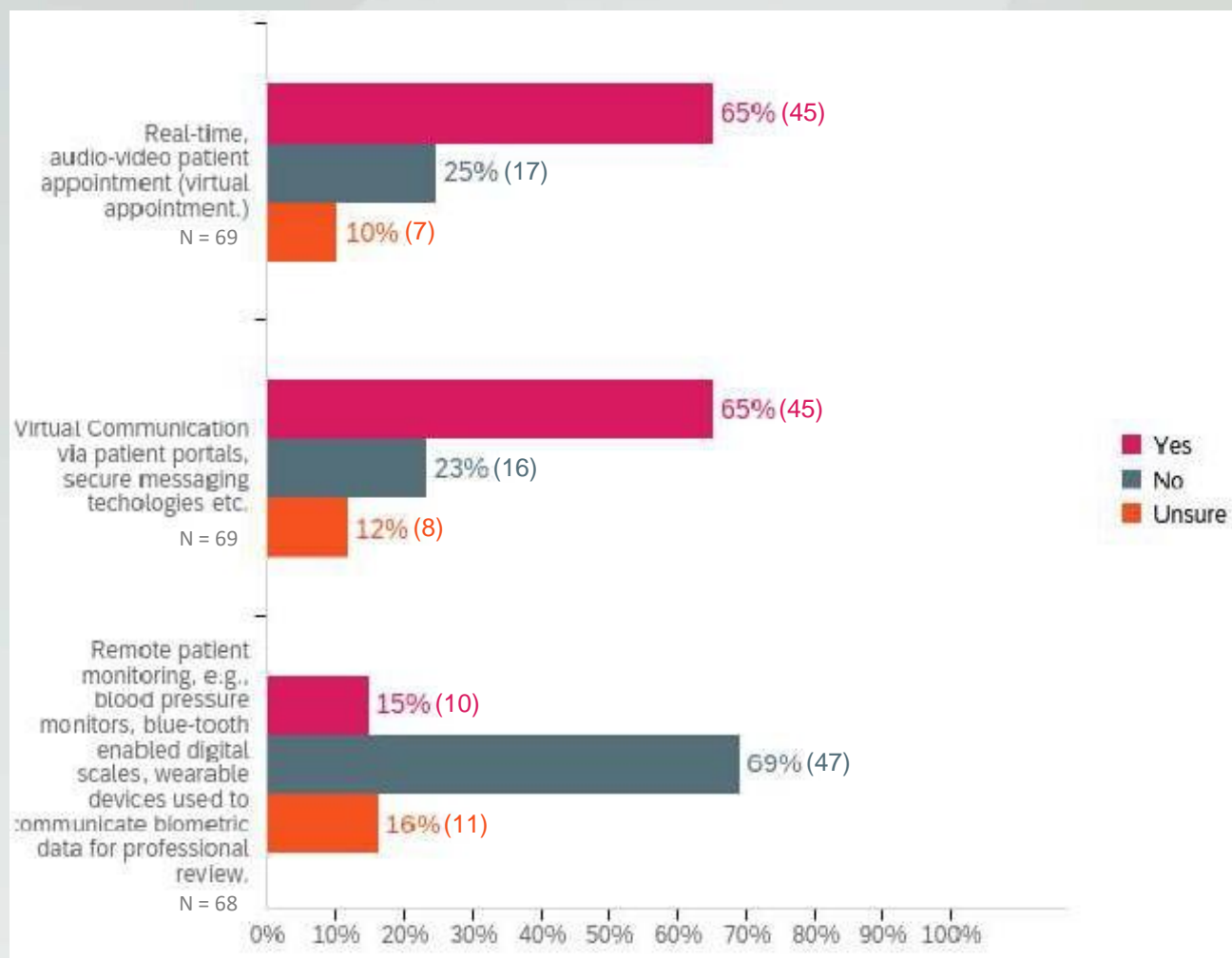
Q17 - In general, do your CSHCS patients receive the medical equipment, medication and therapies you prescribe within a reasonable timeframe?

N = 72



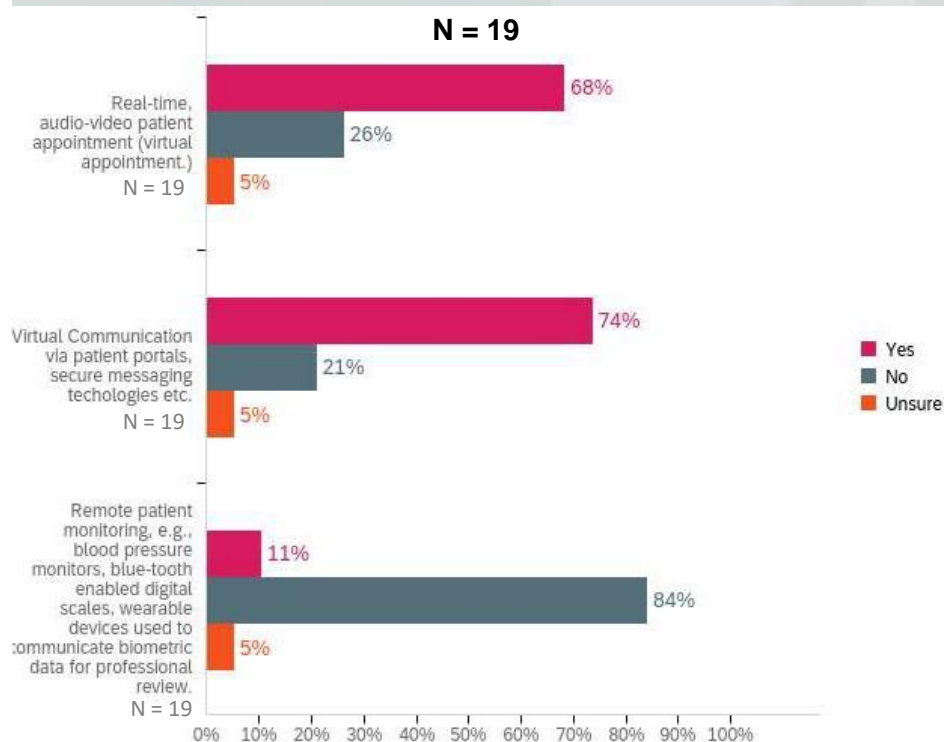
Q26 - Please indicate which of the following telemedicine services you currently offer to CSHCS patients/families?

N = 69

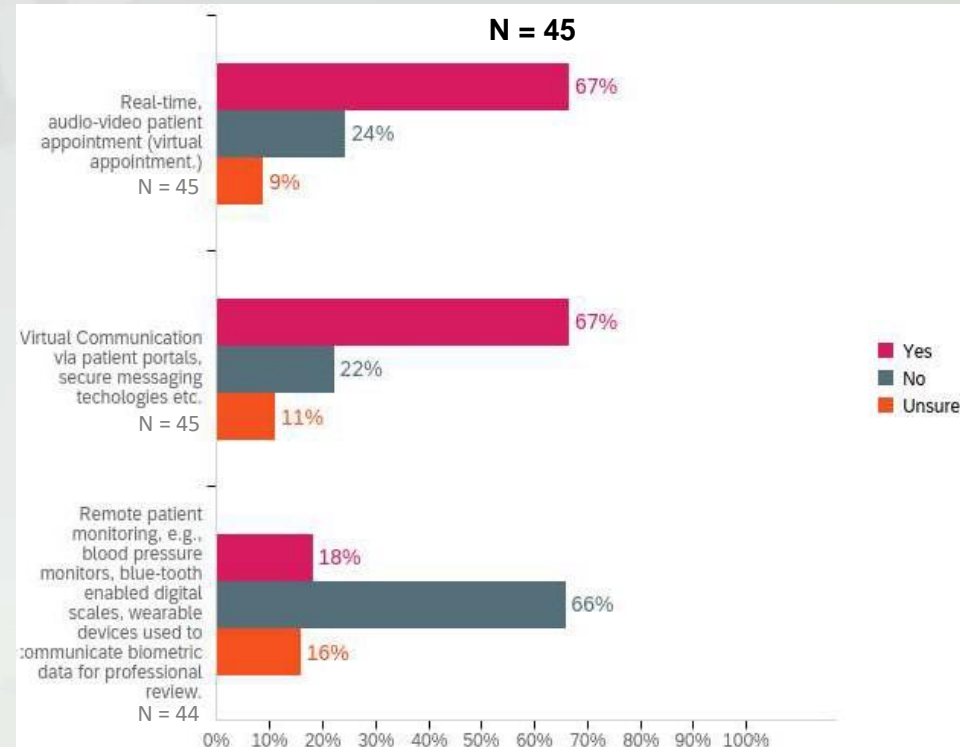


Sub-analysis by practice type - Please indicate which of the following telemedicine services you currently offer to CSHCS patients/families?

Private Practice

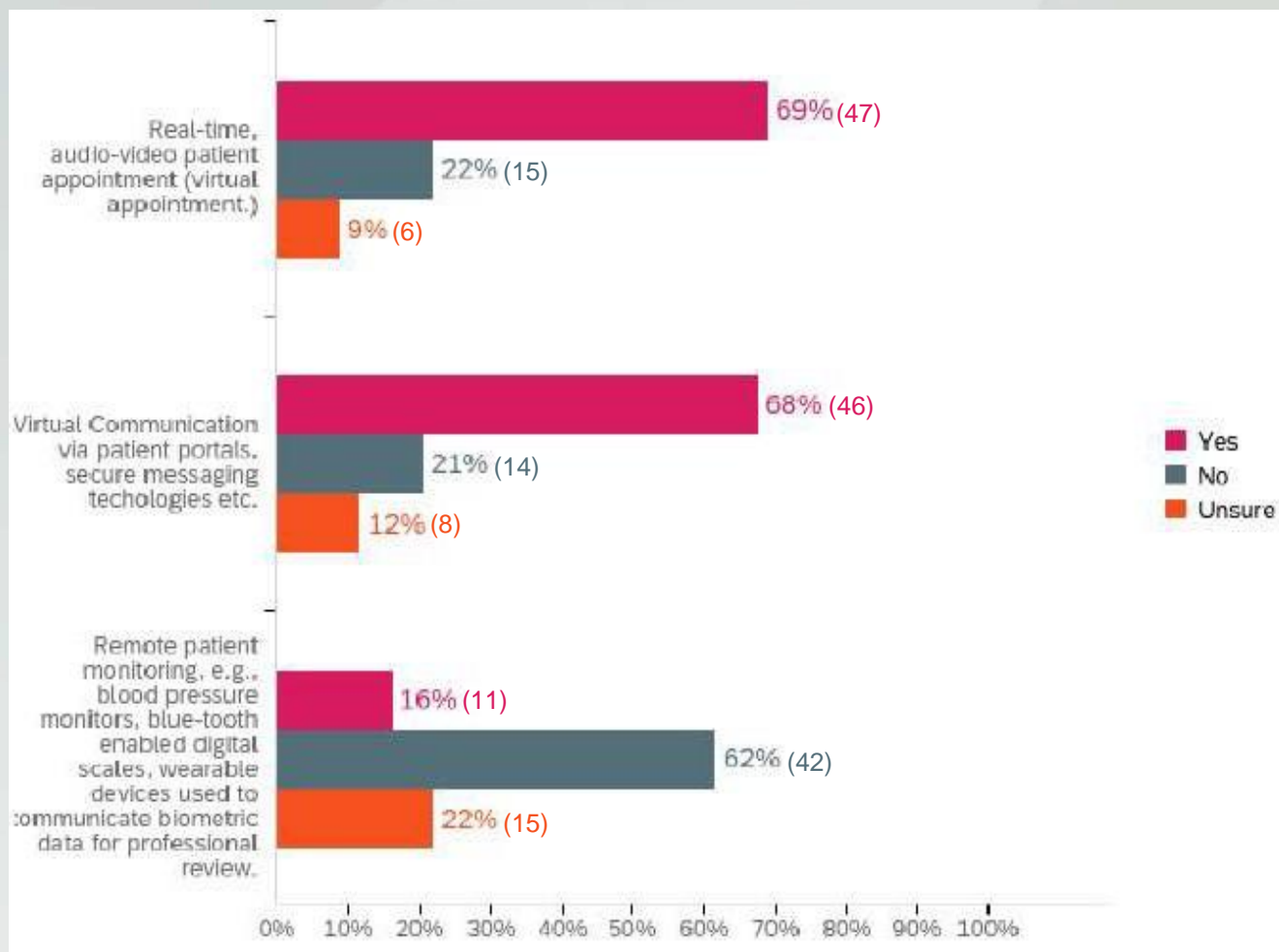


University or Health System-Based Clinic Practice



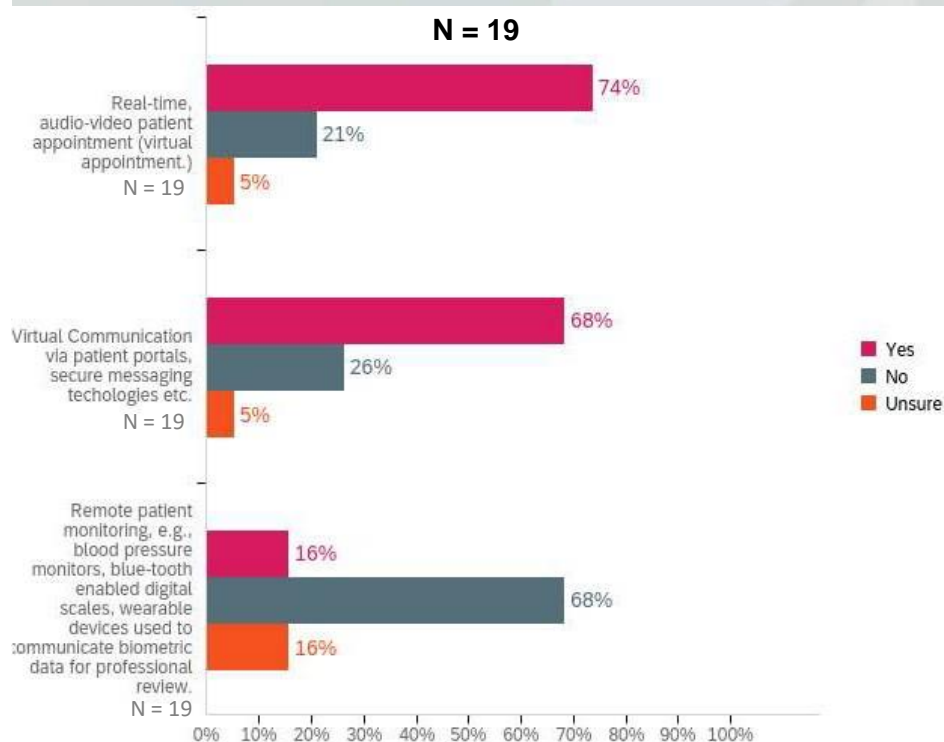
Q27 - Do you plan to continue or begin offering any of the following telemedicine services in the next 12 months?

N = 68

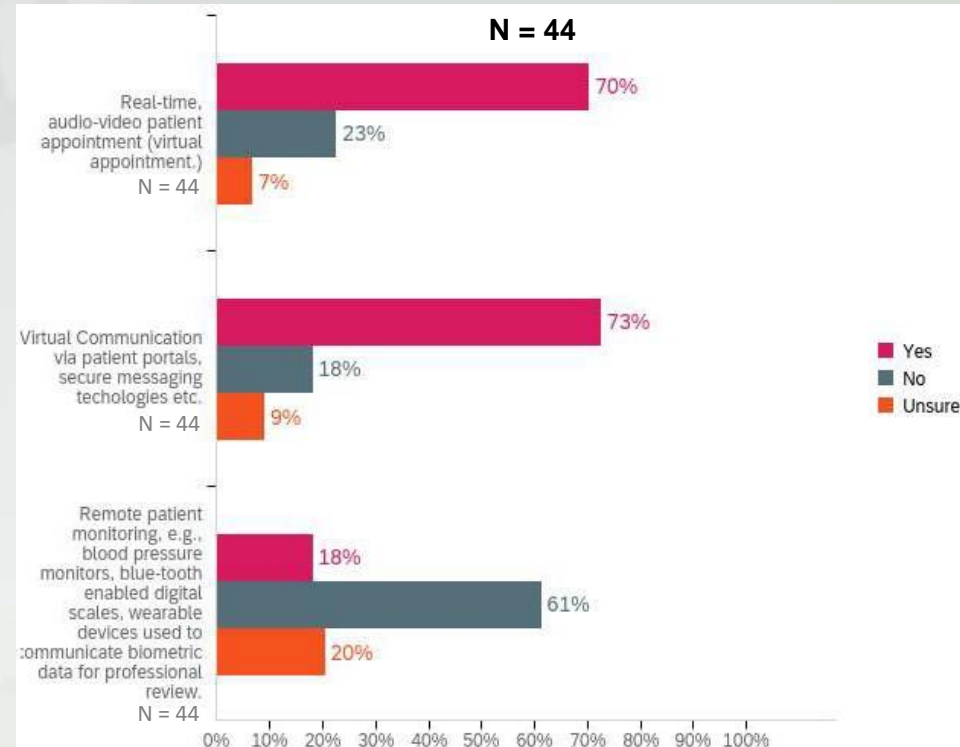


Sub-analysis by practice type - Do you plan to continue or begin offering any of the following telemedicine services in the next 12 months?

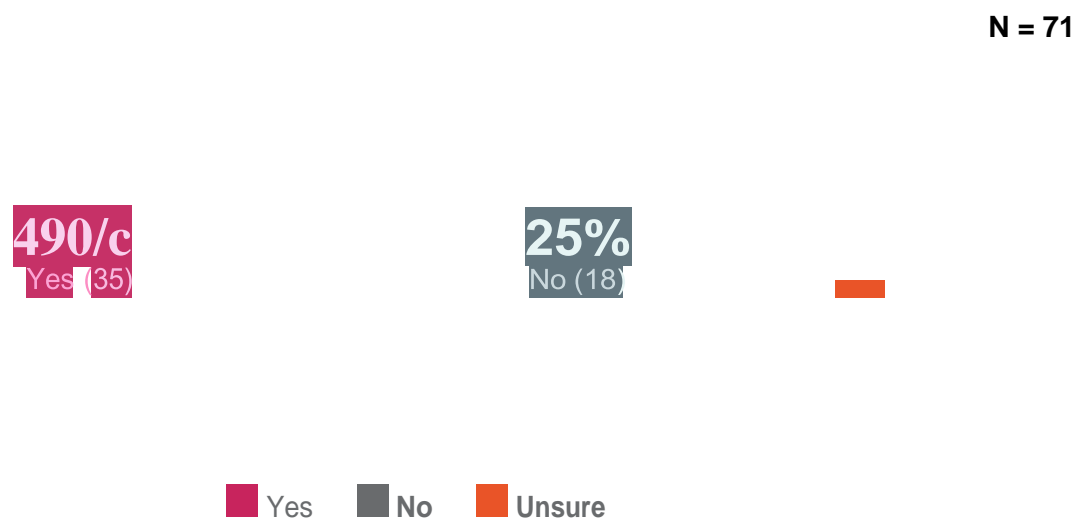
Private Practice



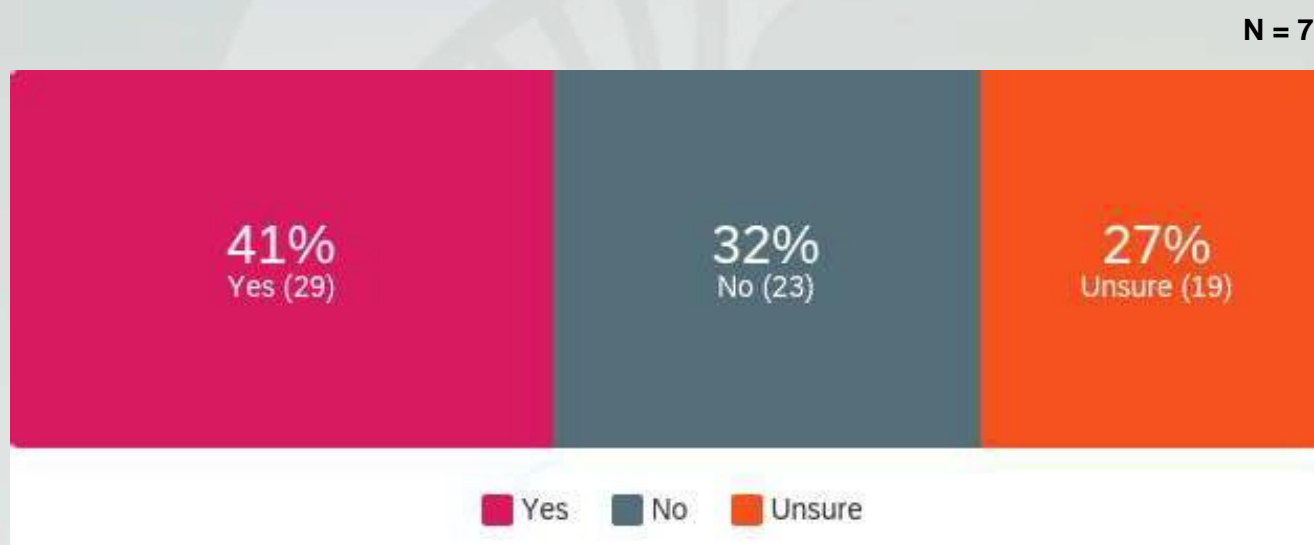
University or Health System-Based Clinic Practice



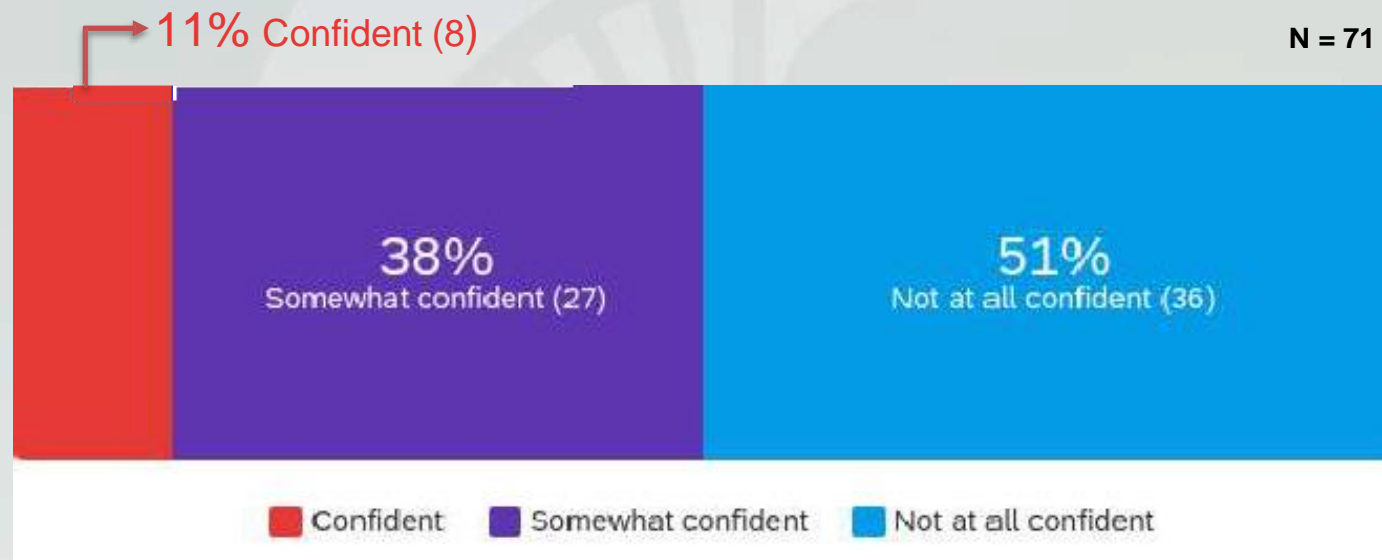
Q19 - If you encounter a barrier or problem, do you know how to contact the CSHCS Program?



Q20 - If a patient/family encounters a barrier or problem, do you know how to connect them with the CSHCS Program for assistance?



Q21 - How confident are you in your knowledge of CSHCS program benefits and ability to advise clients/families about CSHCS program benefits?



Sub-analysis by practice type: How confident are you in your knowledge of CSHCS program benefits and ability to advise clients/families about CSHCS program benefits?

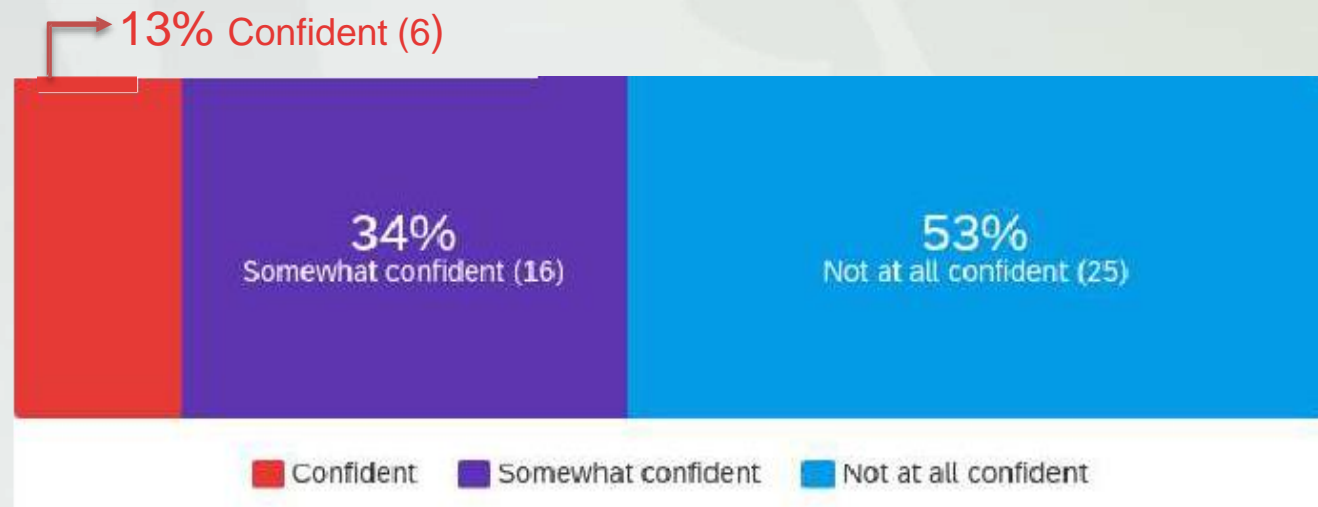
Private Practice

N = 19



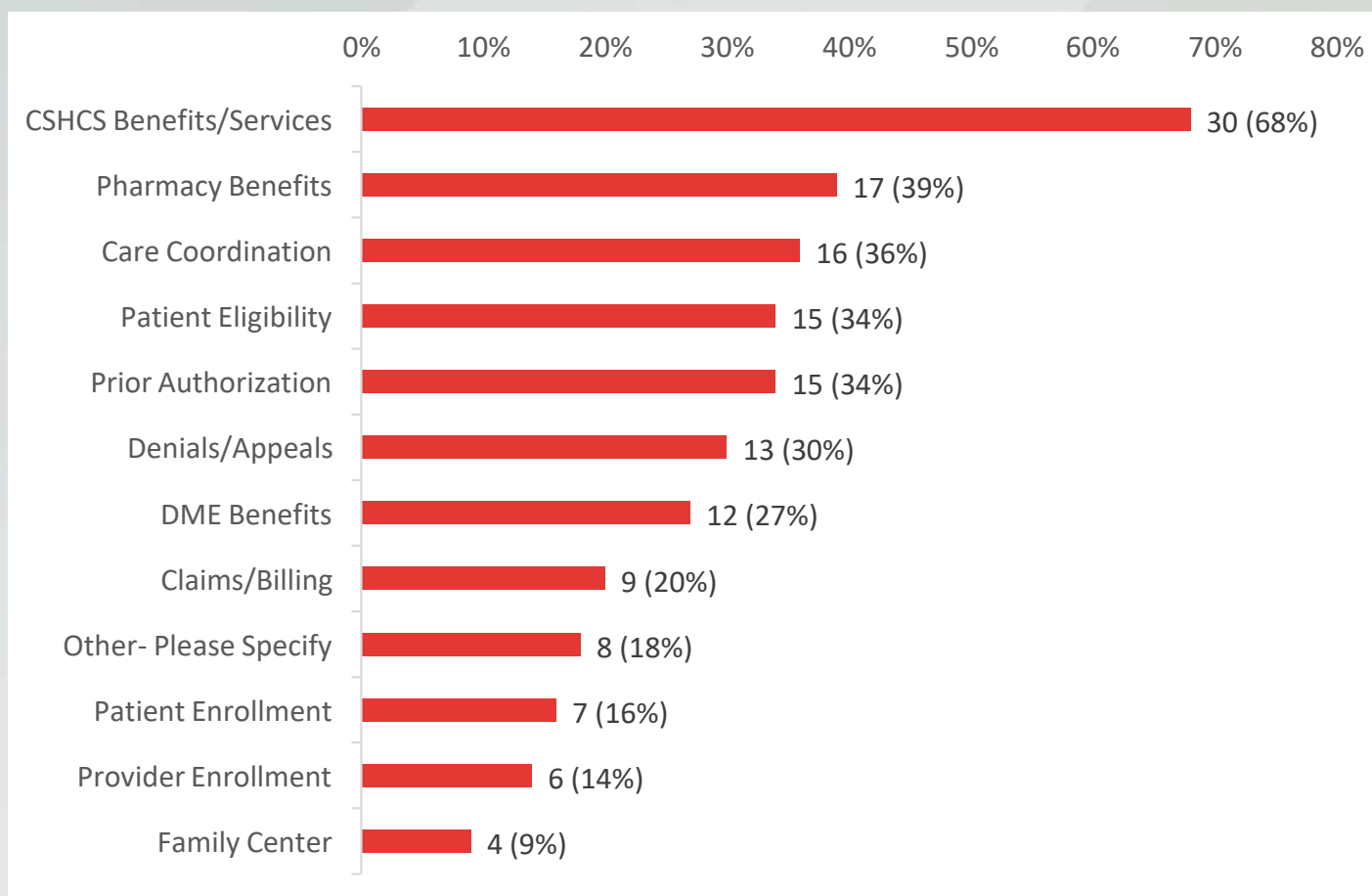
University or Health System-Based Clinic Practice

N = 47



Q22 - Are there aspects of the CSHCS program or benefits you would like to learn more about? Please check all that apply:

N = 44 (152 choices selected)

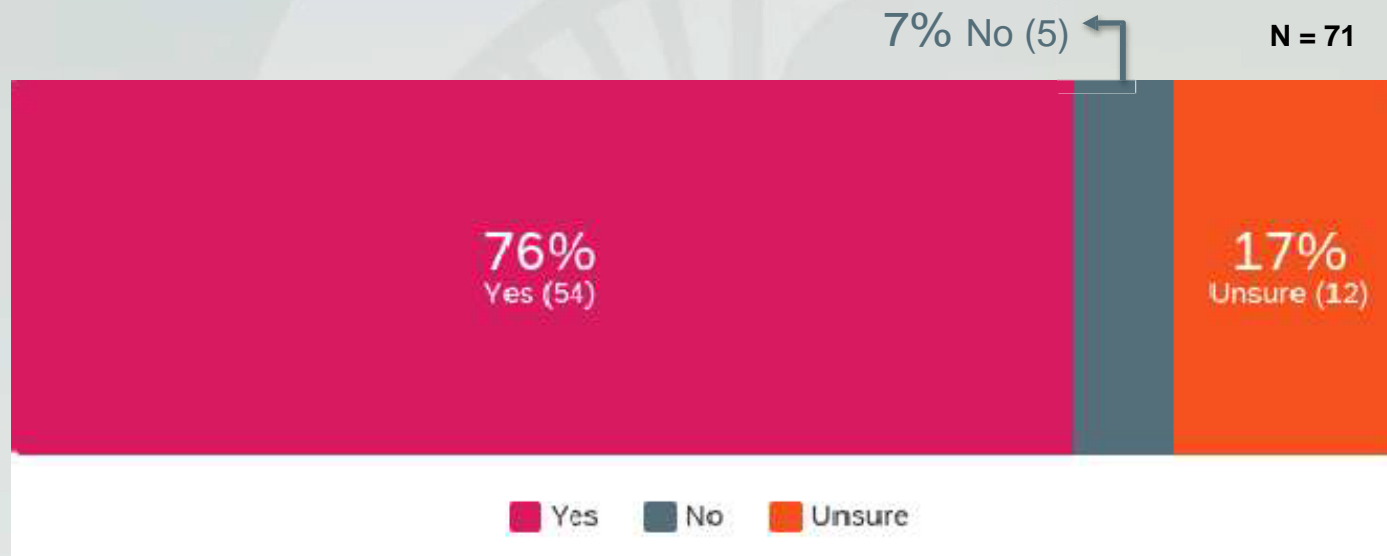


*A total of 44 providers responded to this question, with some selecting more than one response option. This resulted in a total of 152 responses. A denominator of 44 has been used to calculate the percentage of providers selecting each option.

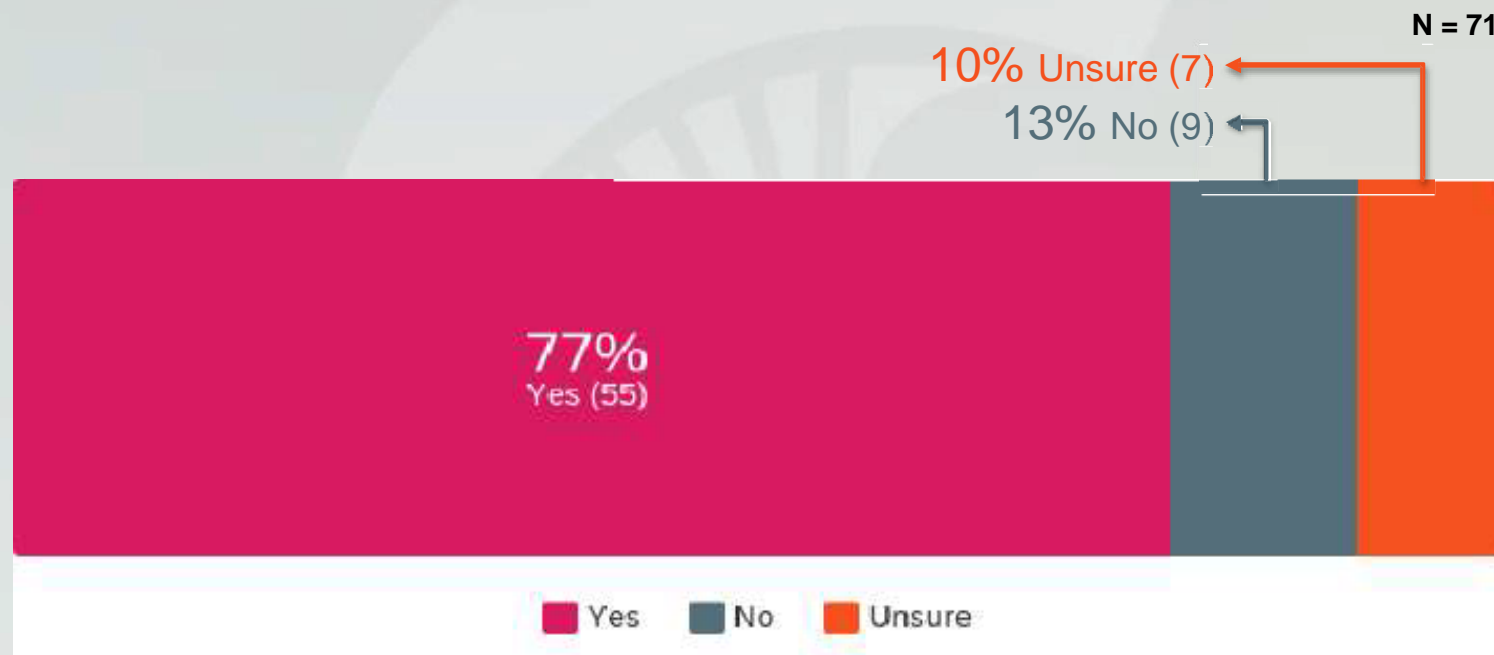


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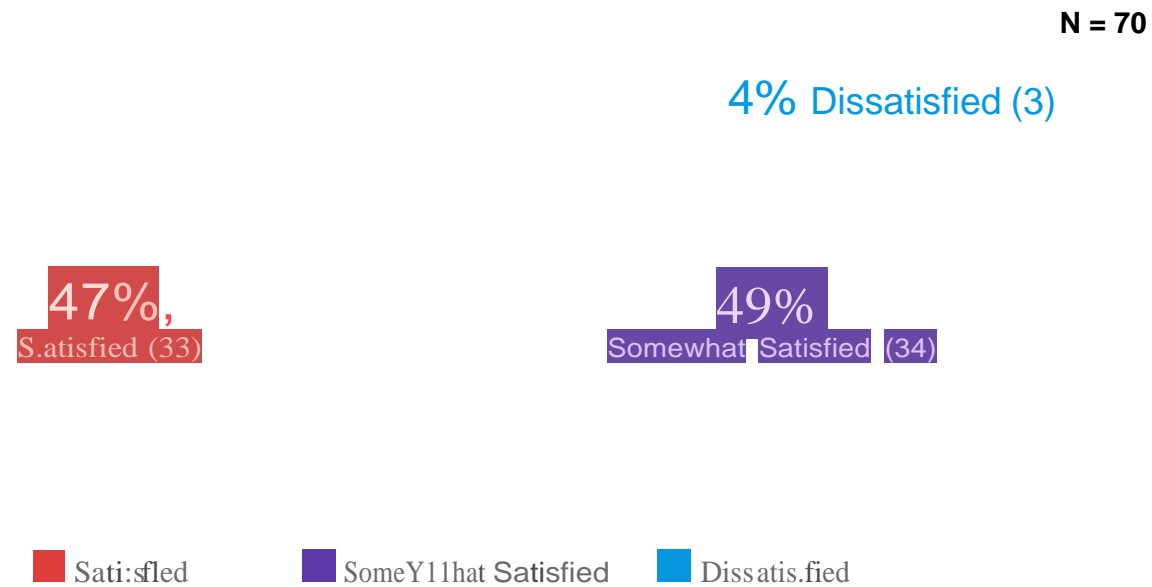
Q23 - Do you encourage your patients/families to enroll in the CSHCS Program when appropriate?



Q24 - Are you aware patients with private health insurance may be eligible to receive CSHCS benefits and can be referred to the CSHCS Program?



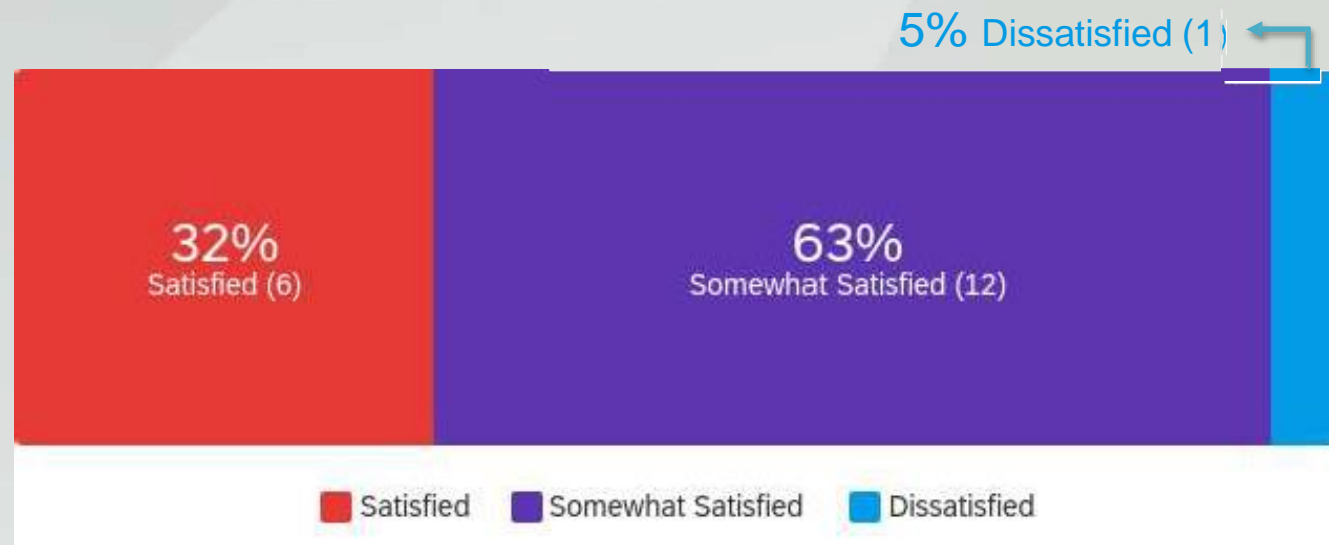
Q25 - What is your overall level of satisfaction with the CSHCS Program?



Sub-analysis by practice type: What is your overall level of satisfaction with the CSHCS Program?

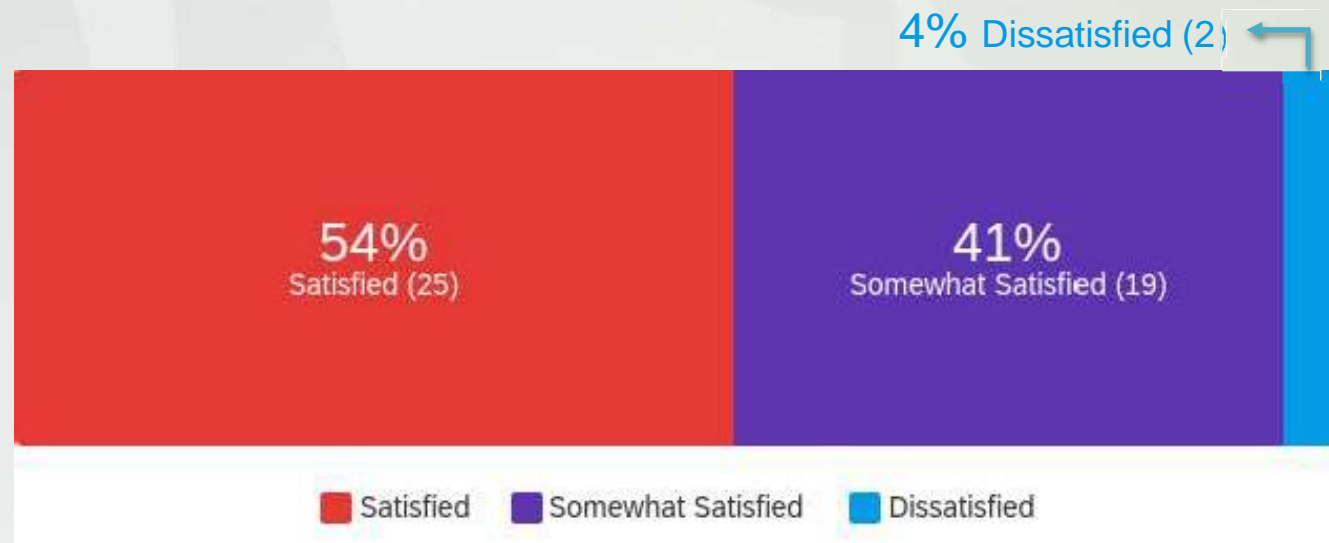
Private Practice

N = 19

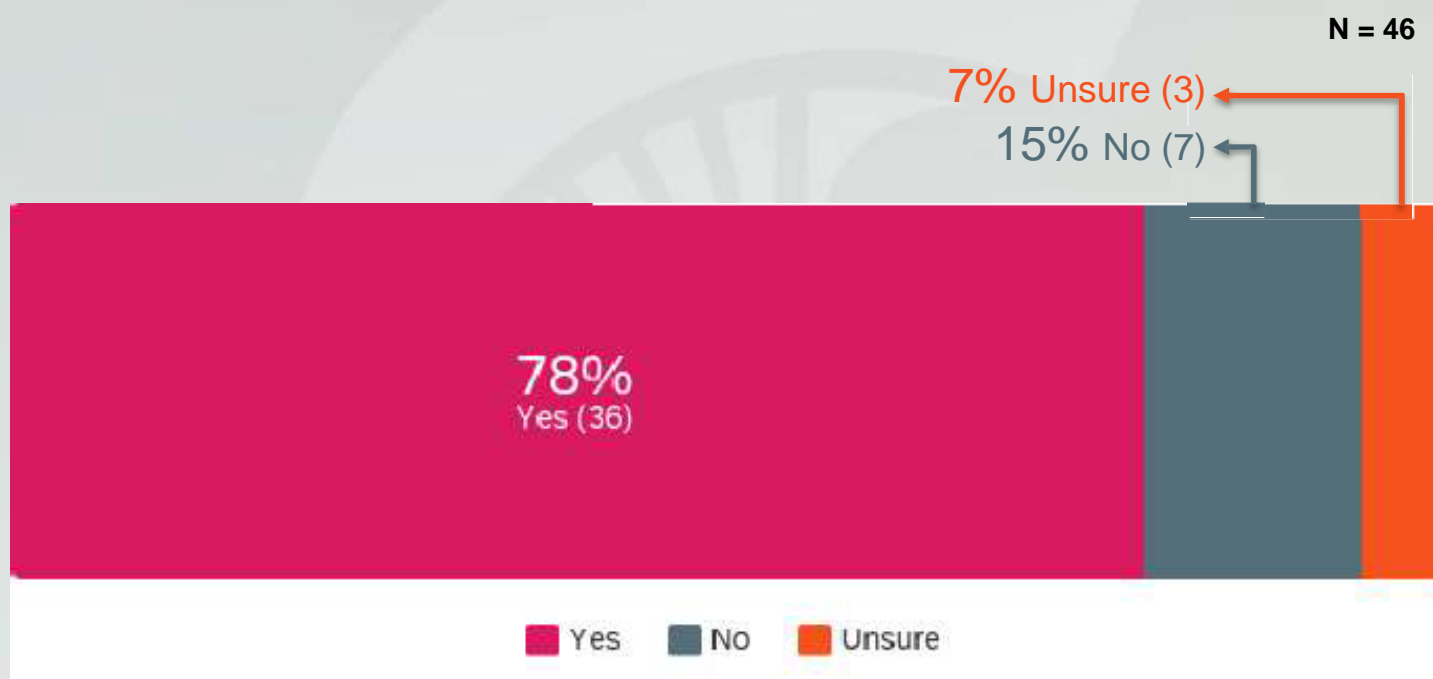


University or Health System-Based Clinic Practice

N = 46



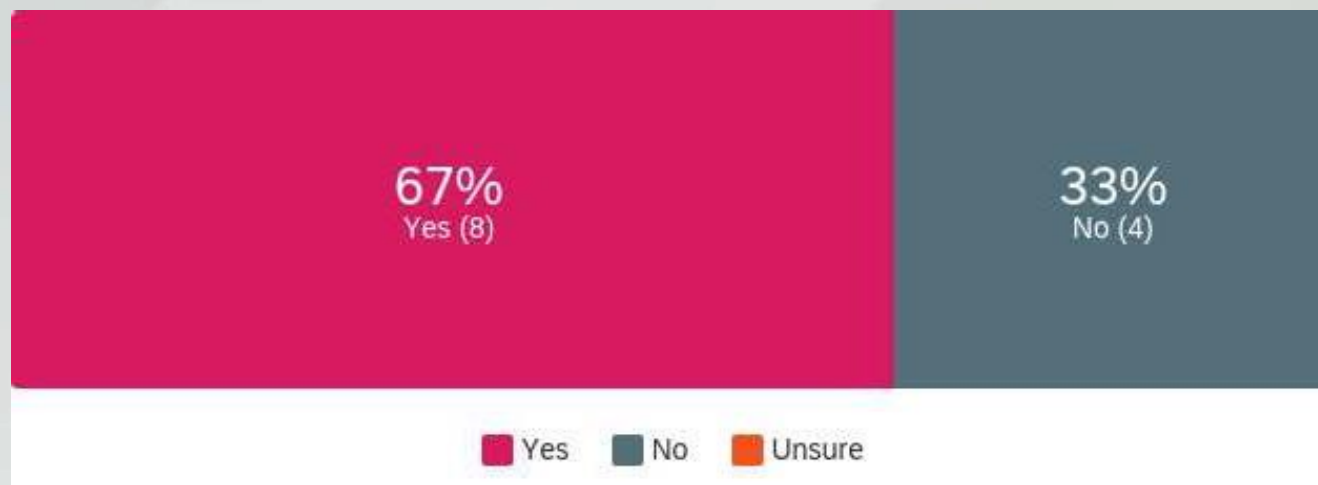
Q36 - Does your practice have staff available to assist with care coordination and case management (CC/CM) services for patients and families including CSHCS enrollees?



Sub-analysis by practice type: Does your practice have staff available to assist with care coordination and case management (CC/CM) services for patients and families including CSHCS enrollees?

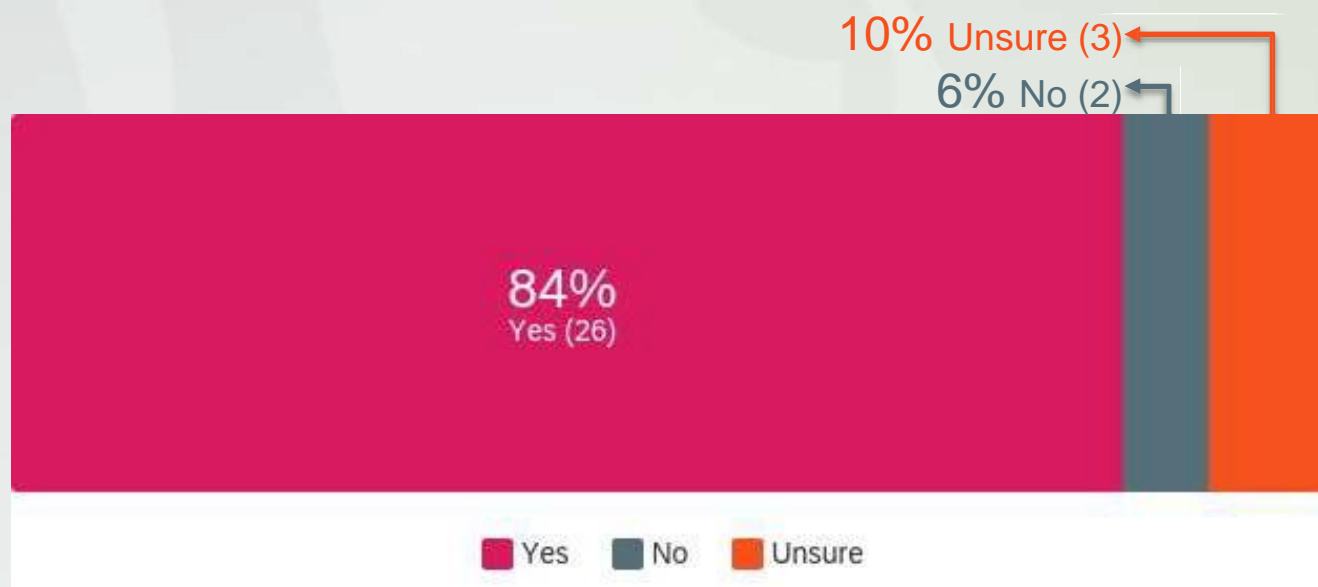
Private
Practice

N = 12



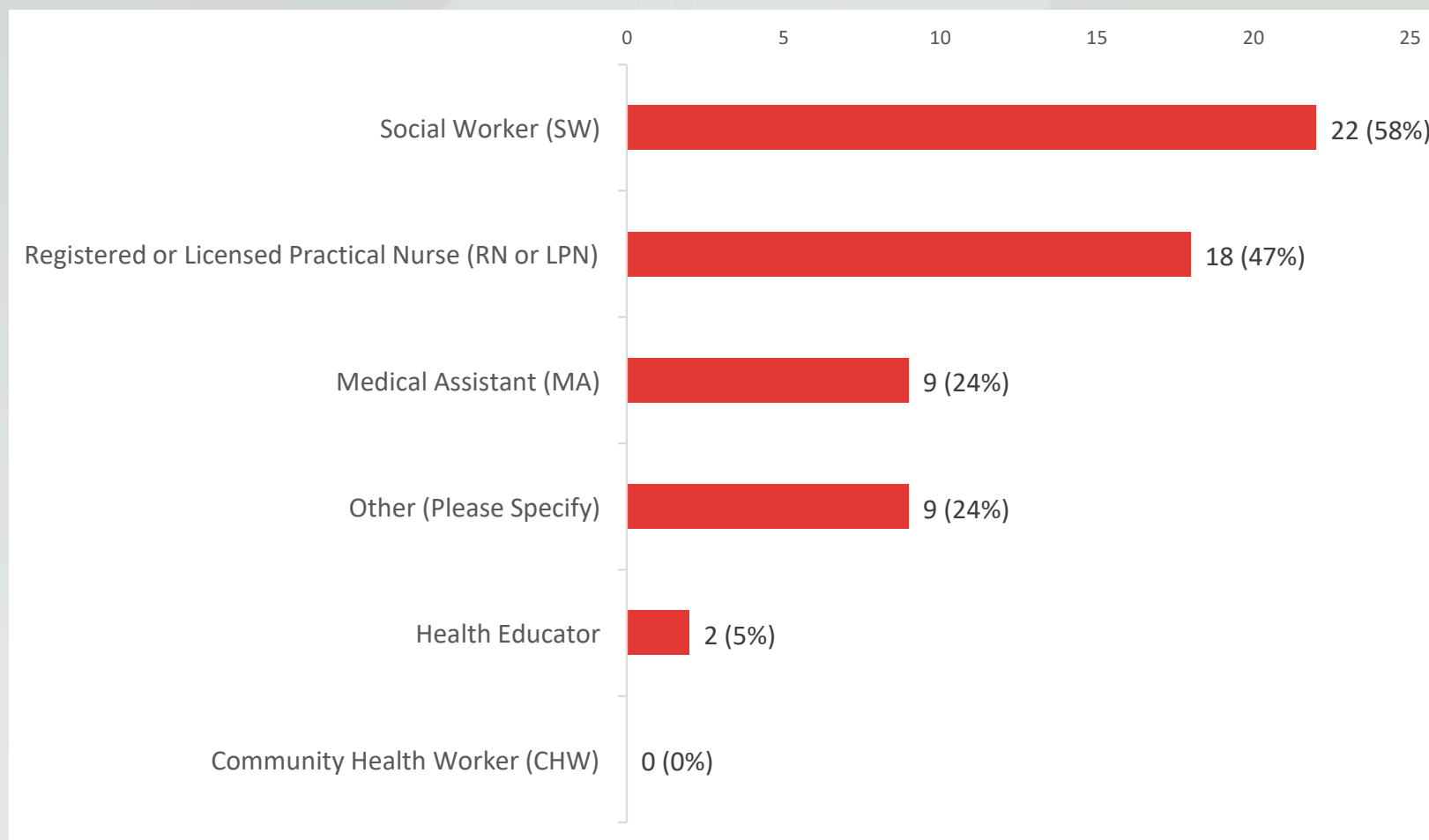
University or
Health System-
Based Clinic
Practice

N = 31



Q37 - Who provides CC/CM services in your practice? (Check all that apply.)

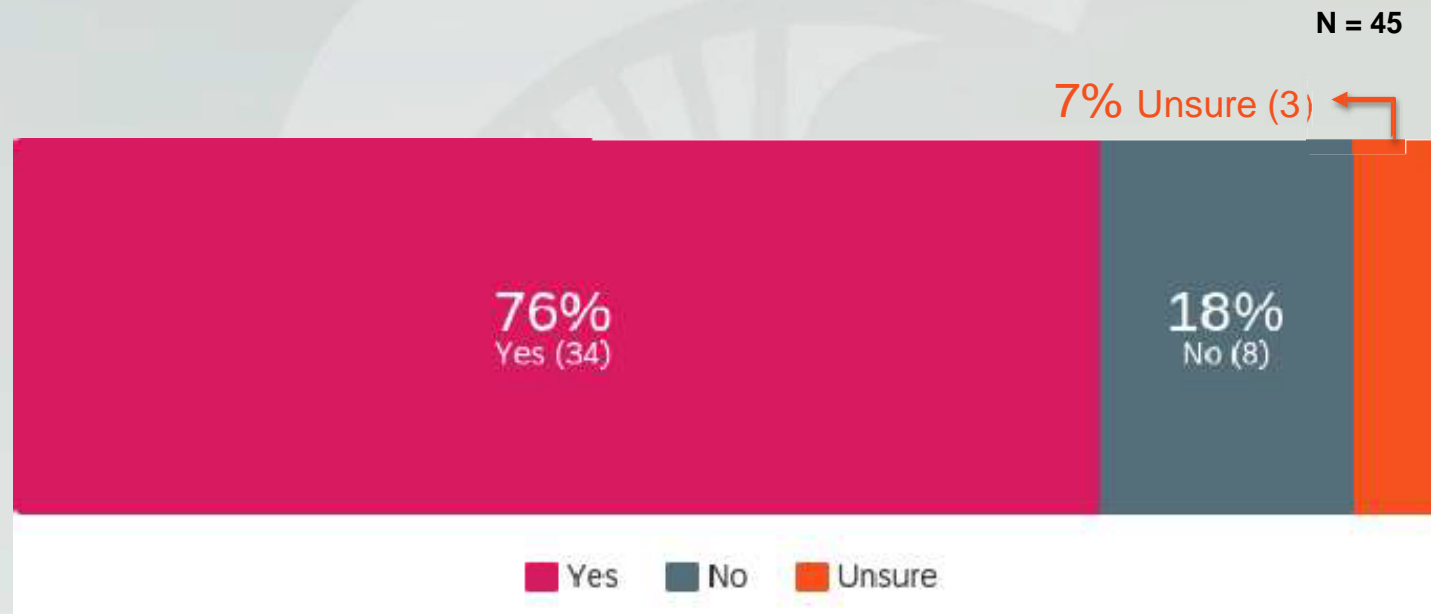
N = 38 (52 choices selected)



*A total of 38 respondents answered this question, with some selecting more than one response option. This resulted in a total of 52 responses. A denominator of 38 has been used to calculate the percentage of respondents selecting each option.

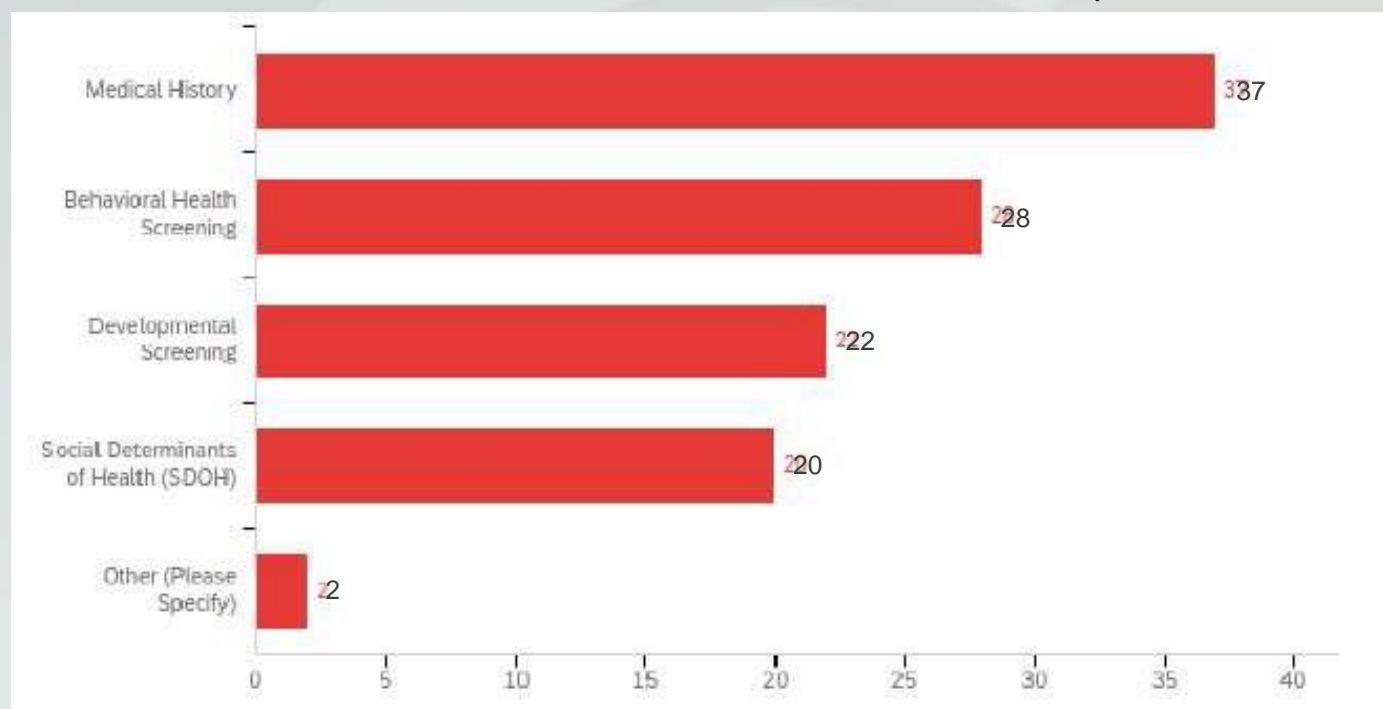


Q38 - Does your practice conduct an assessment of patient/family medical and psychosocial needs?

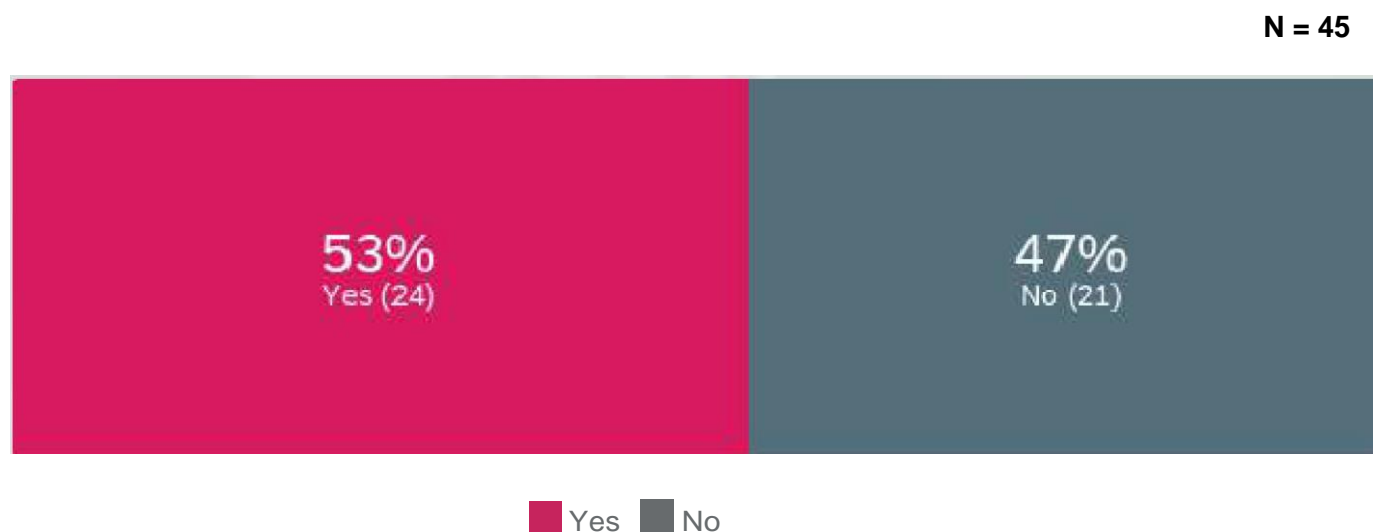


Q39 - Which of the following components are included in the assessment? (Check all that apply.)

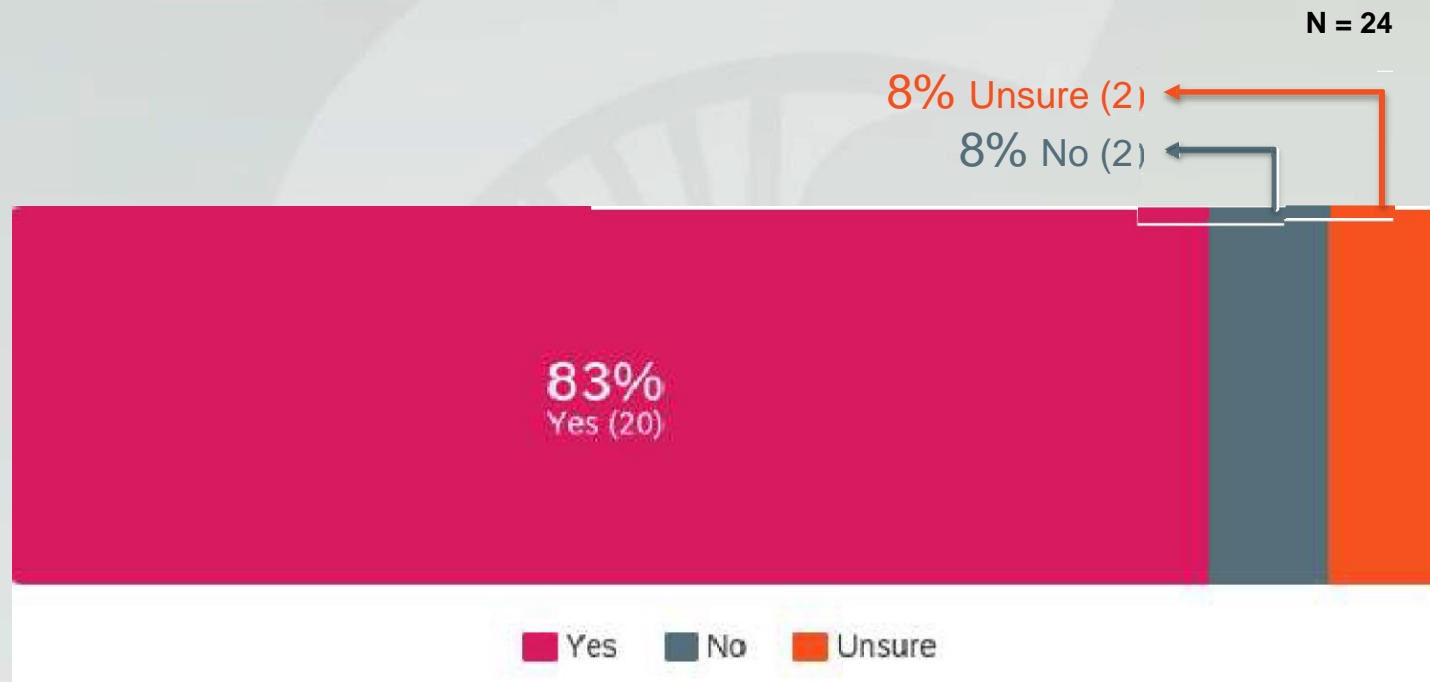
N = 38
(109 choices selected)



Q40 - Does your practice develop individualized plans of care for CSHCS patients/families?

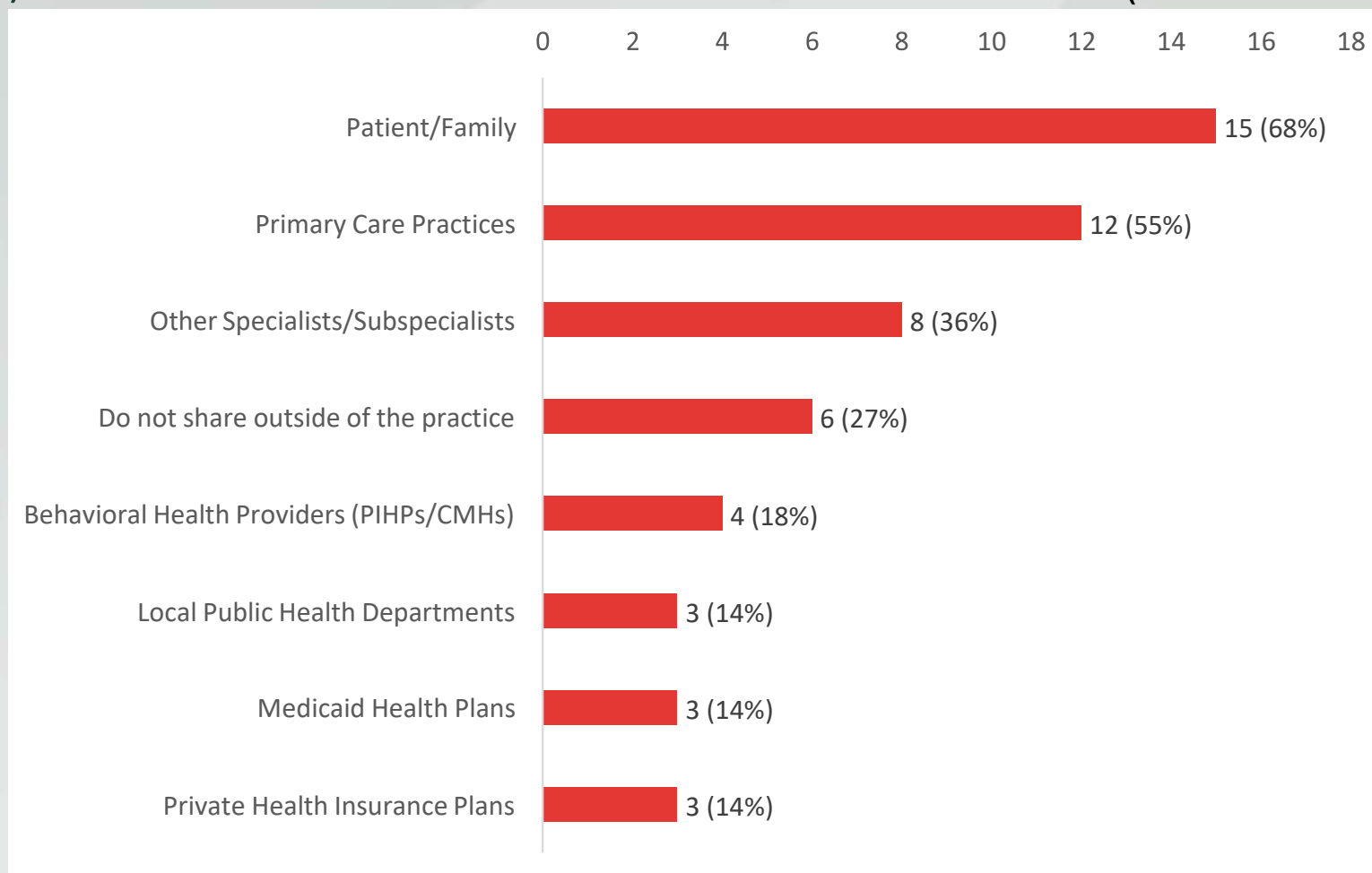


Q41 - Do you incorporate identified risks and resources from the assessment findings into the patient/family's plan of care?



Q42 - Do you share the plans of care with any of the following? (Check all that apply.)

N = 22 (54 choices selected)



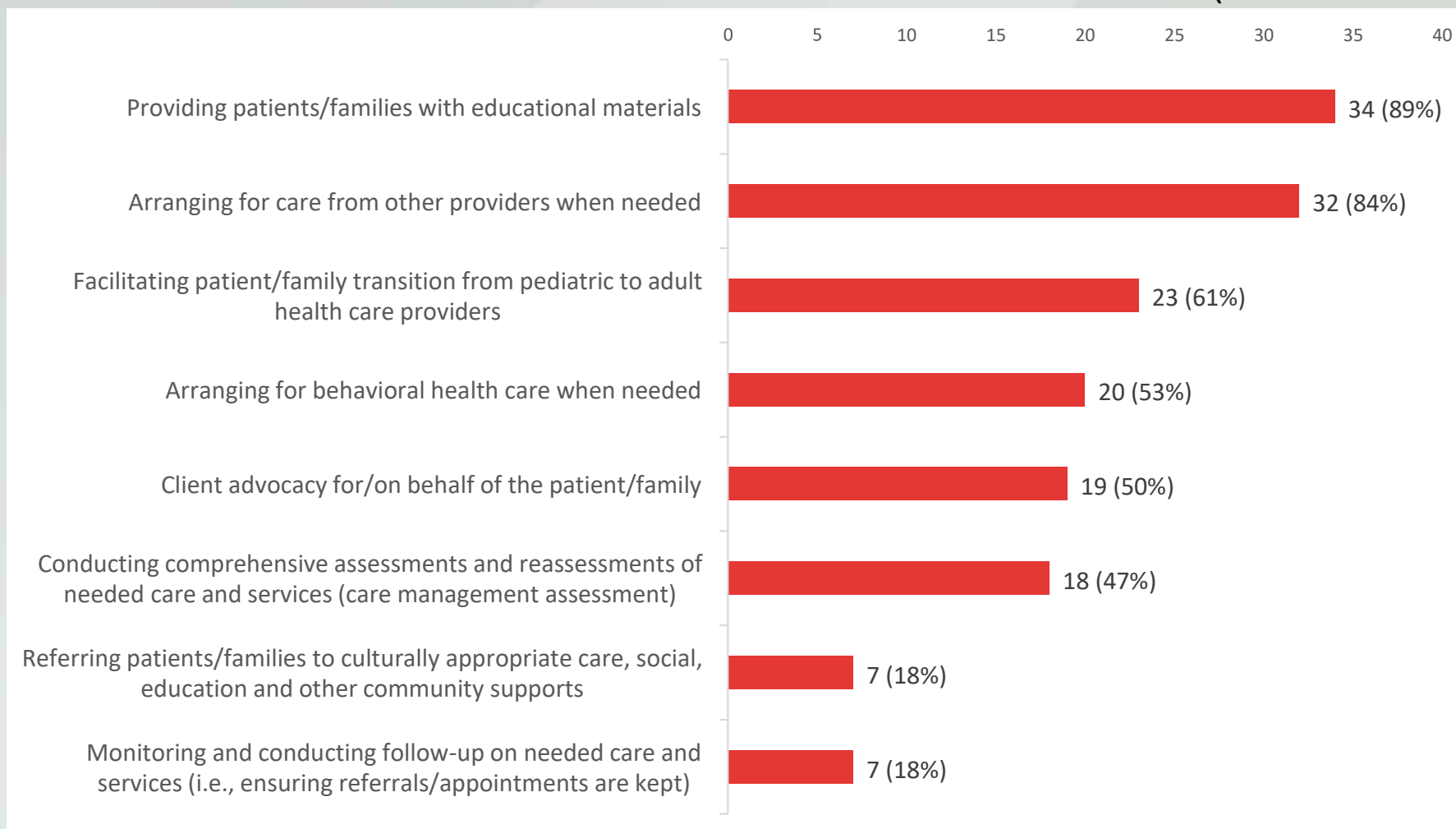
*A total of 22 respondents answered this question, with some selecting more than one response option. This resulted in a total of 54 responses. A denominator of 22 has been used to calculate the percentage of respondents selecting each option.



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Q43 - What types of care coordination/case management services does your practice provide? (Check all that apply.)

N = 38 (160 choices selected)



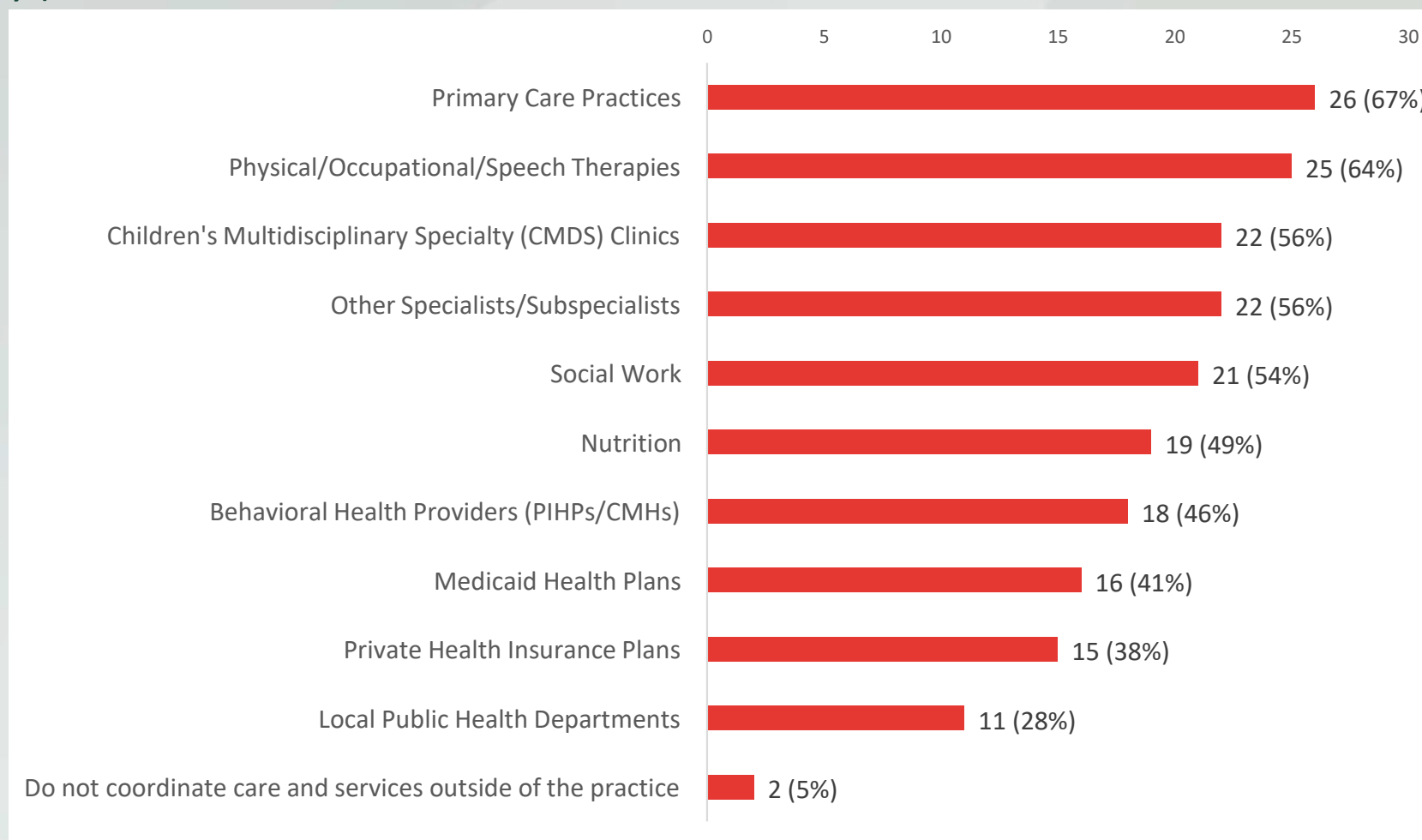
*A total of 38 respondents answered this question, with some selecting more than one response option. This resulted in a total of 160 responses. A denominator of 38 has been used to calculate the percentage of respondents selecting each option.



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Q44 - With whom does your practice coordinate care and services? (Check all that apply.)

N = 39 (197 choices selected)

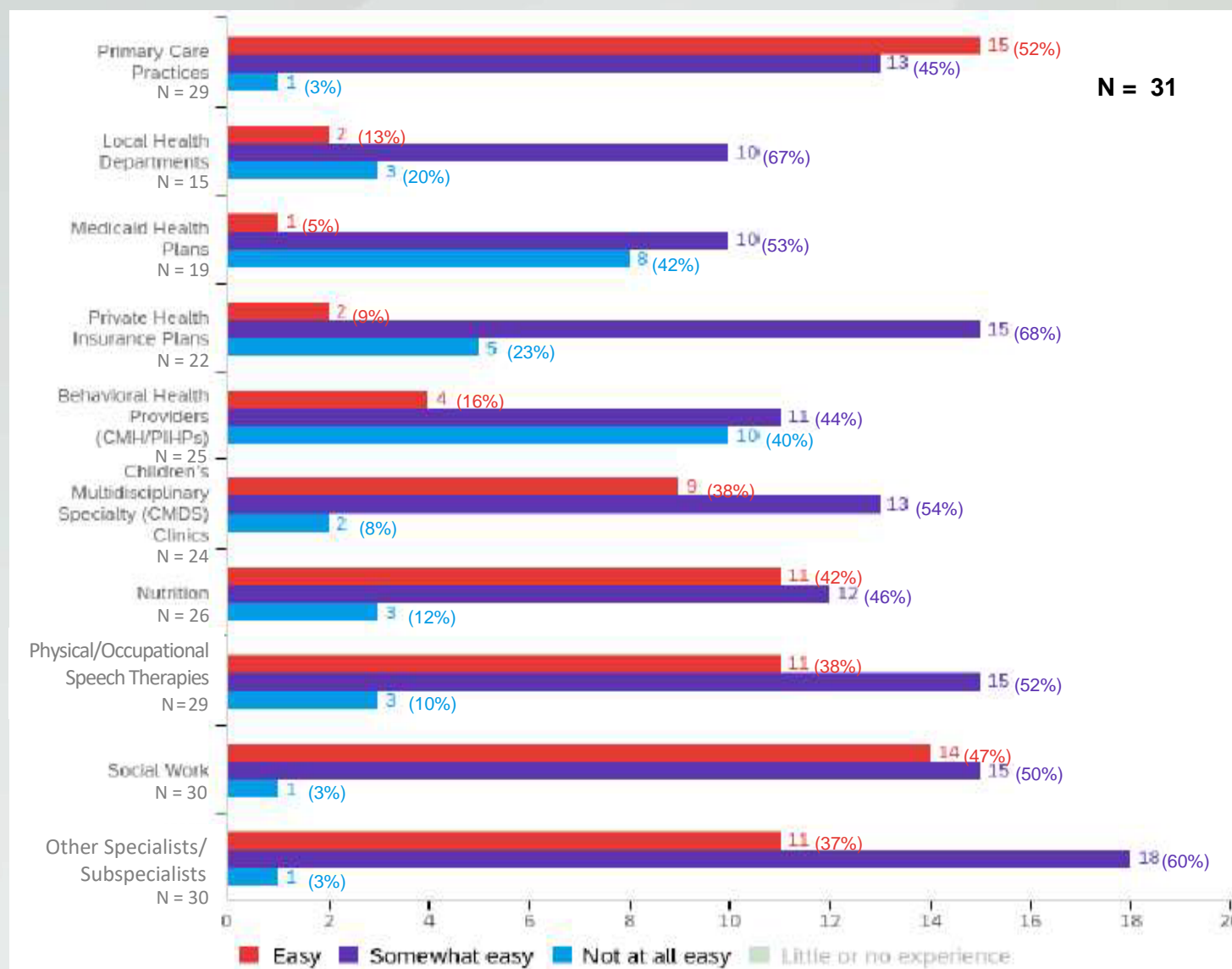


*A total of 39 respondents answered this question, with some selecting more than one response option. This resulted in a total of 197 responses. A denominator of 39 has been used to calculate the percentage of respondents selecting each option.



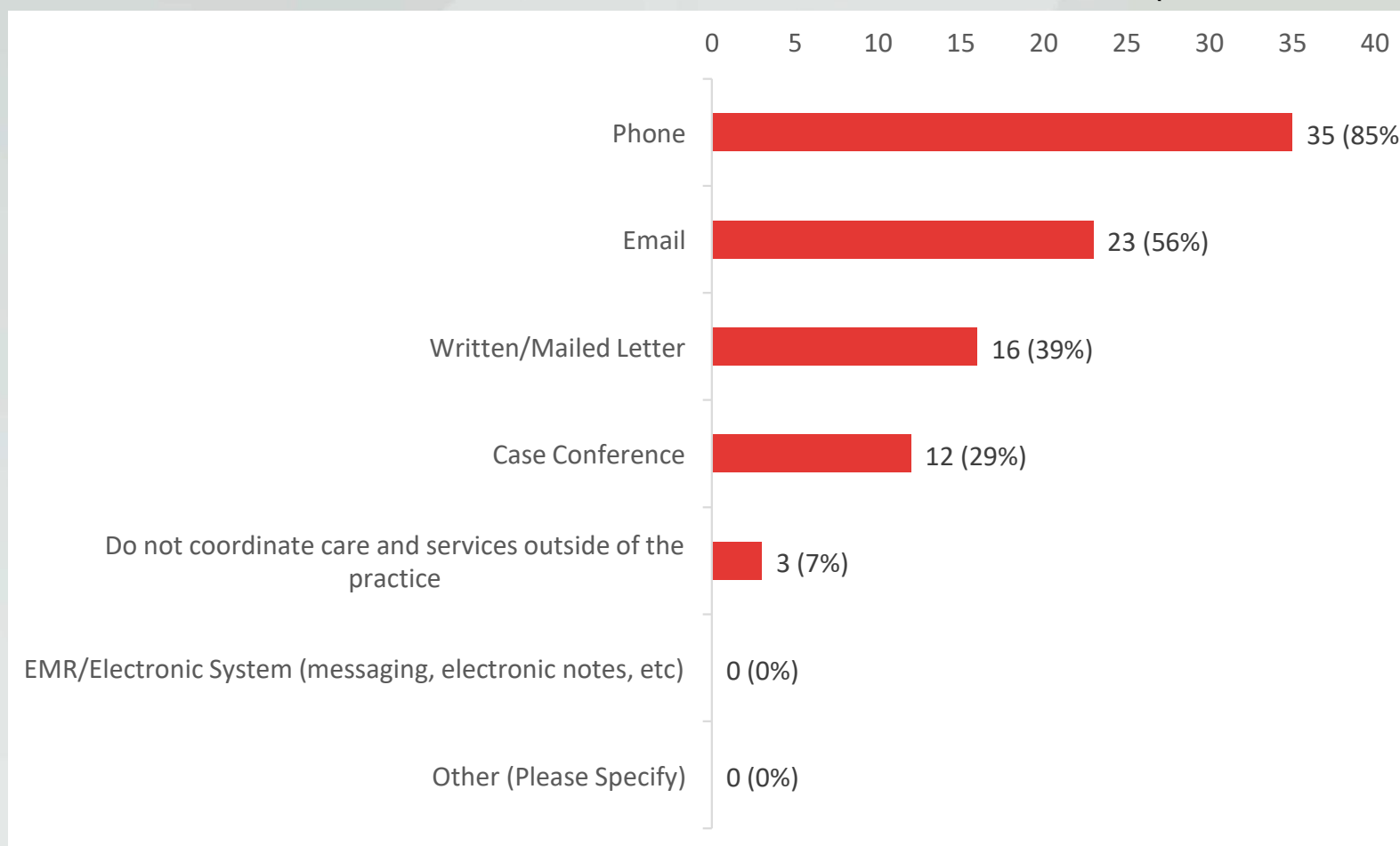
Q45 - Please indicate the relative ease with which you are able to coordinate care and services with the following provider types:

Total respondents with experience = 32



Q46 - What methods of communication does your practice use to coordinate care and services? (Check all that apply.)

N = 41
(89 choices selected)



*A total of 41 respondents answered this question, with some selecting more than one response option. This resulted in a total of 89 responses. A denominator of 41 has been used to calculate the percentage of respondents selecting each option.



Q28_How can CSHCS services be improved to better meet the needs of CSHCS providers?



Text Exploration of three Selected Questions

Q28_How can CSHCS services be improved to better meet the needs of CSHCS providers?

Text for Words: **services**

We need to be able to include mental health **services**. We also MUST offer autism evaluations as a covered benefit. [8]

Make authorizations easier; approve medications that we know work; approve patients for **services** more timely to so that we can obtain quicker reimbursement [14]

IT seems to me that there is a lot of variation county to county on the case management support and even the **services** received. [25]

Pediatric subspecialties are in short supply. It should be acceptable to CSHCS to ensure ready consultative access to some subspecialties, for example, neurology or genetics, rather than on site requirements. Similarly, some allied health **services**, such as medical social worker, may be easily accessible and available when needed; rather than the requirement for their presence all the time during all visits. [56]

Reimburse for **services** provided. Keeping CSH patients is unsustainable in a private practice because of the number of copays and deductibles CSH allows to be written off. I would never recommend your product because it means I may not be able to continue managing the patient's care. [58]



Text Exploration of three Selected Questions

29_How can CSHCS services be improved to better meet the needs of patients/families?



Text Exploration of three Selected Questions

29_How can CSHCS services be improved to better meet the needs of patients/families?

Text for Words: **services**

Reimbursement for orthodontic **services** is not sufficient to get many orthodontists to participate- many of our patients drive over four hours each way to receive these **services** at our facility when there are multiple orthodontists in their region. [9]

I receive little information about whether my patients end up being enrolled in CSHCS, and can say little about the **services** that CSHCS provides to them. [11]

Make the process easier for the family to apply; speed the process so that the wait time is not drawn out; educate families to the **services** and how that is determined [14]

Many of these patients continue to be cared for by parents in the home. Children's **services** become less available but the value of child life therapists and children's hospital accommodations on the adult hospitals are not there. We need to have discussions with our Children's Hospitals how they might entertain a better transition that is not so age dependent [17]

More education would be helpful to increase awareness of availability and eligibility of such **services** at community level. [56]



CSHCS Follow-up Activities

- **Twenty-six respondents (26/92=28%)** shared follow-up contact information and comments.
- **A summary of selected responses and comments** was created for each respondent (26) and forwarded to OMA Physicians to guide follow up efforts.
- **OMA Physicians Follow Up (currently underway)**
 - Initiate email to respondent acknowledging their participation and specific text field comments
 - Provide 2nd email, virtual meeting or phone call (respondent's preference) in which OMA physicians and other subject matter experts (SMEs) address specific knowledge gaps, topics of interest and concerns.



SME Response & FAQ Document

- **Currently, theme-specific questionnaires are being prepared and will be sent to respective subject matter experts for responses. Themes include:**
 - General CSHCS Program Information ($n=7$)
 - Overall satisfaction with CSHCS program ($n=12$)
 - Prior Authorization for Pharmacy ($n=6$)
 - Timeliness or Ease of Obtaining Prior Authorization for DME/PT/OT/Speech Therapy ($n=17$)
 - Provider Support ($n=12$)
 - Beneficiary/Family Support ($n=17$)
- **Frequently Asked Questions (FAQ) document will be created from SME responses and made available via email to all affiliated CSHCS providers and posted on CSHCS website.**



Key Challenges

- COVID-19 practice disruption
- Distribution/recruitment methods
- Identifying specific survey population
- Follow up engagement



Questions?



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APPENDIX

F

MDHHS-CSHCS Program Staff

**Michigan Department of Health and Human Services (MDHHS)
Children's Special Health Services (CSHCS) Program Staff**

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Candida Bush	Director, Family Center for Children and Youth with Special Health Care Needs	400 S. Pine, Lansing MI 48933, 4 th Floor BushC9@michigan.gov