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/0,5885,7-339-71547_35698-15087--,00.html

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 subspeciality 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 methods[2] 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

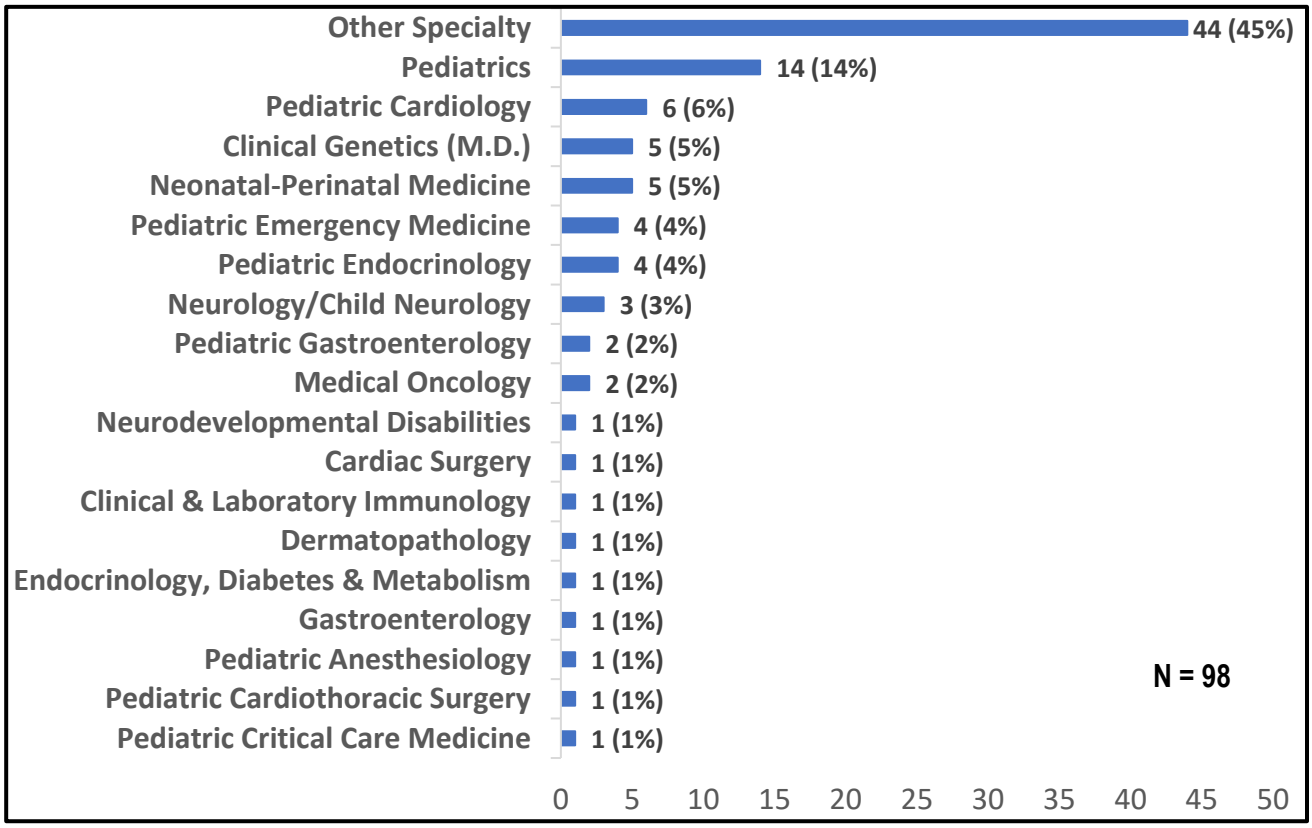
Of the 904 *Provider Satisfaction Surveys* that were mailed, a total of 92 responses were received, resulting in a 10% (92/904) response rate. Of the 92 respondents, 37 opted to answer the CC/CM questions contained in the survey tool, and 22 physicians designated other staff members to respond on their 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).

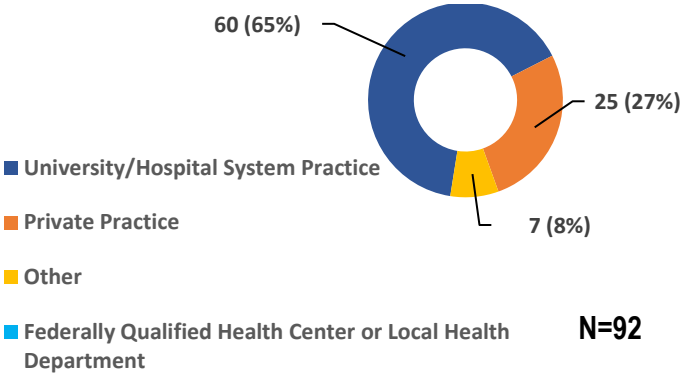
Table 2
Respondent Self-Identified "Other Specialty" Categories

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
HEMOTOLOGY/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

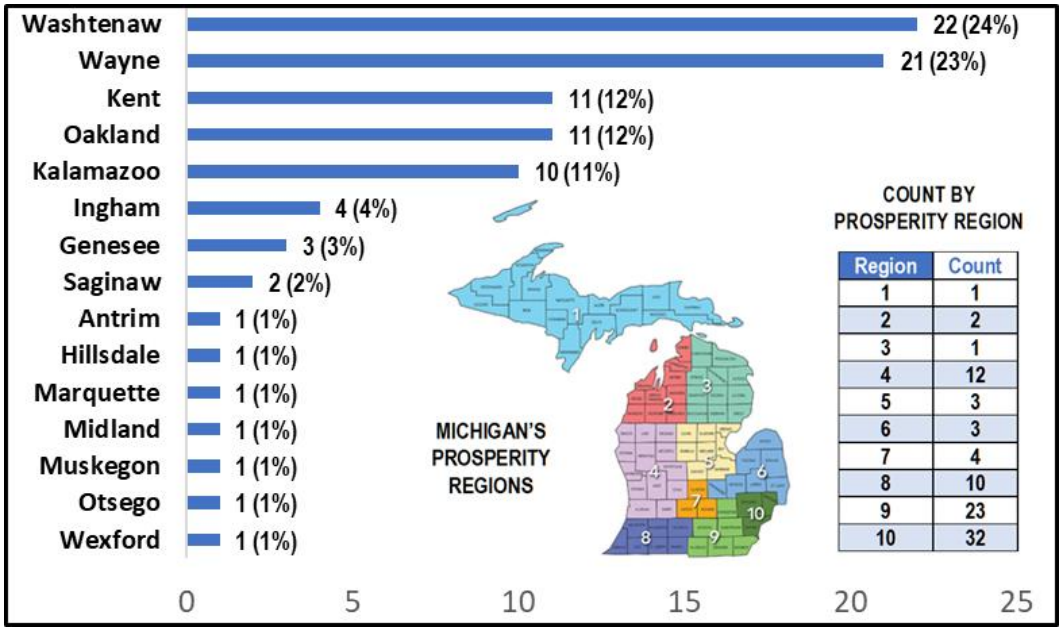
Sixty-five percent (65%) of the providers reported practicing in a university/health system-based clinic setting in a multi-specialty clinic or physician group practice, i.e., three (3) or more physicians of the same specialty type. Private practitioners accounted for 27% of the respondents with 8% indicating 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).

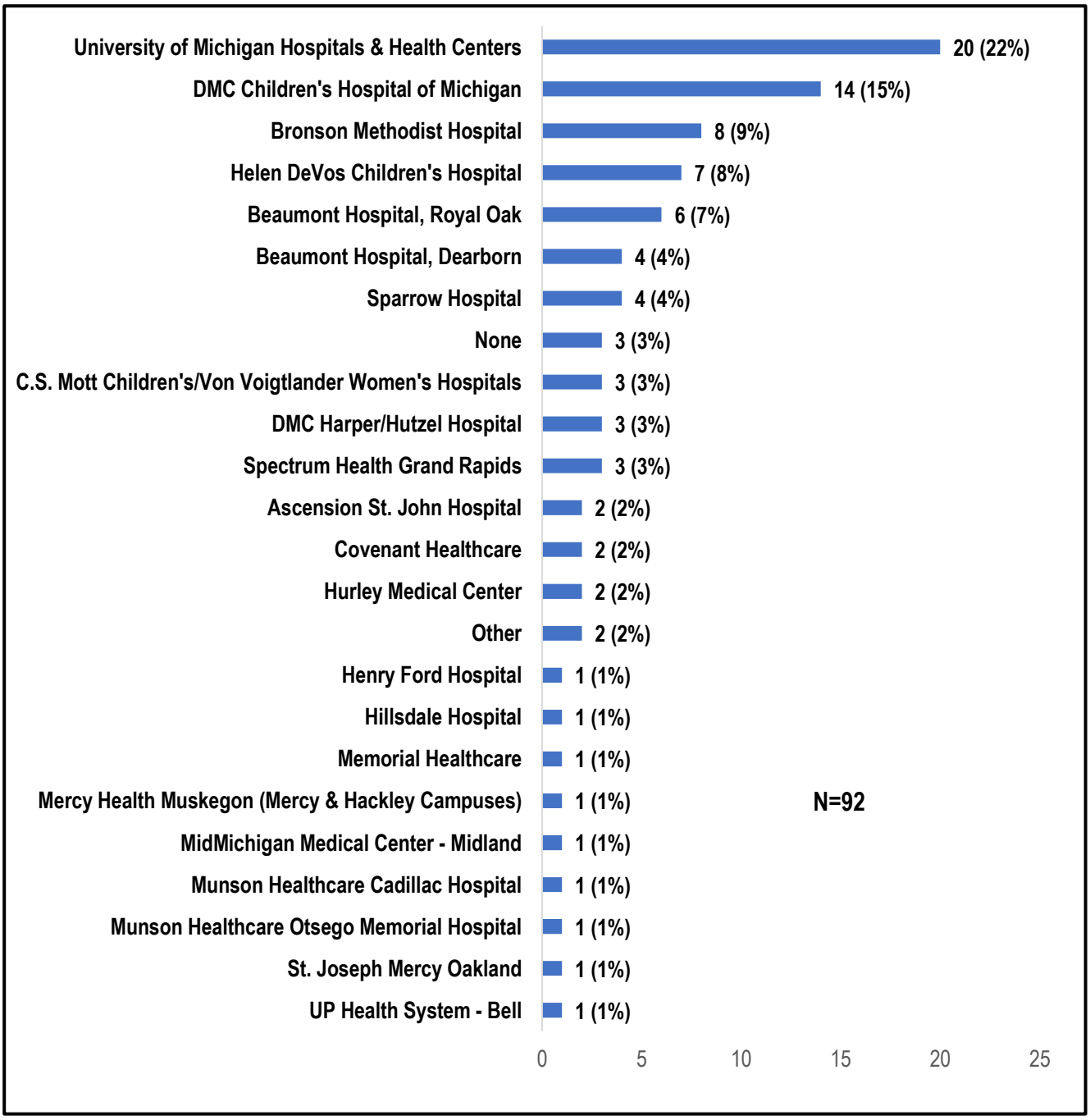
Figure 3
Respondents by Prosperity Region



[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.

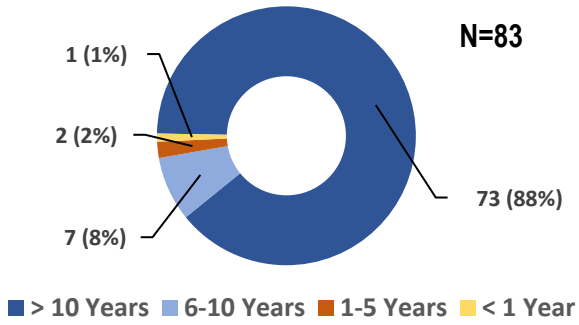
Most respondents reported affiliation with SE Michigan area hospitals including the University of Michigan Hospitals and Health Centers (22%) and the DMC Children's Hospital of Michigan (15%), followed by those located in the western region of the state, Bronson Methodist Hospital (9%) and Helen DeVos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

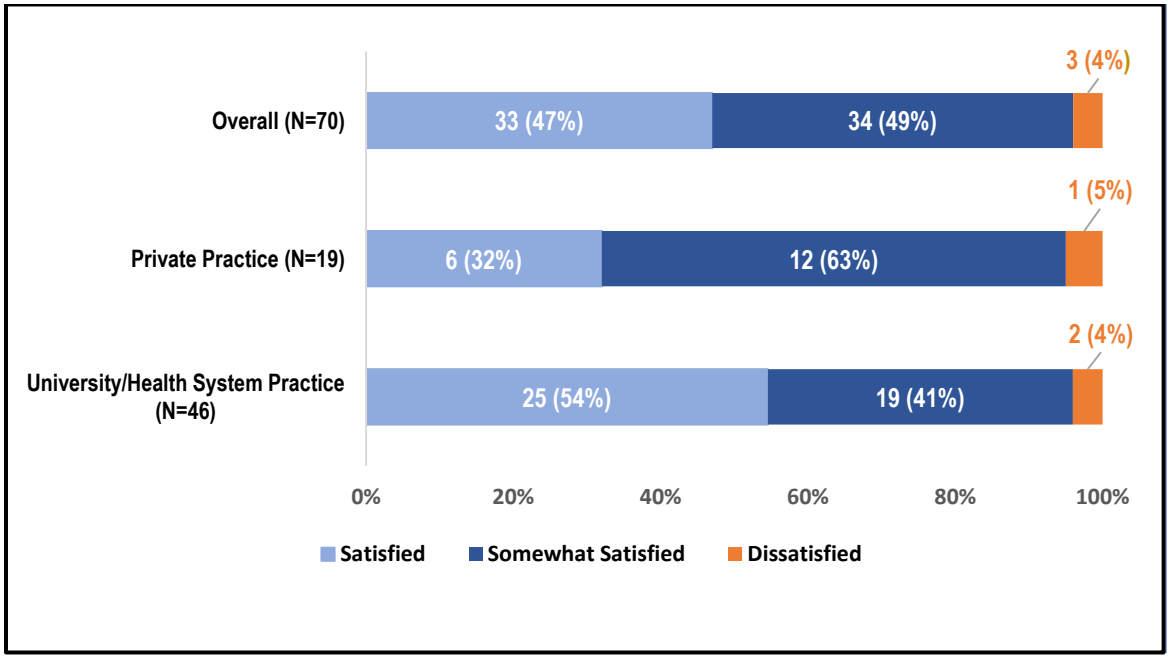
Figure 5
Years Serving CSHCS Enrollees



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



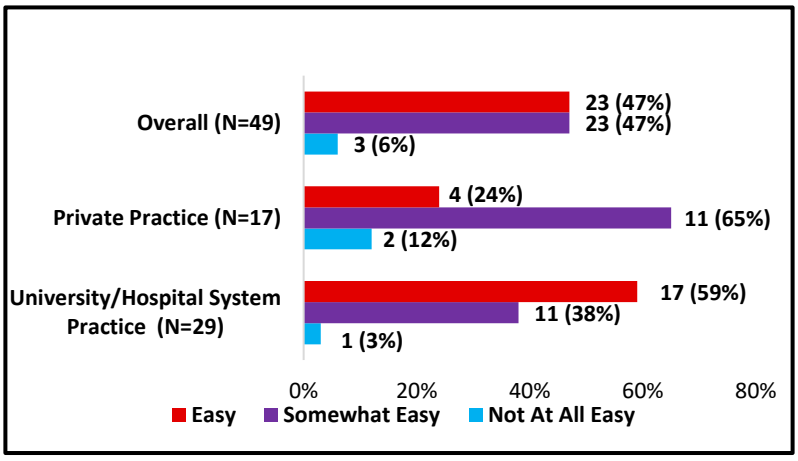
Ease of Completing CSHCS Program Components

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



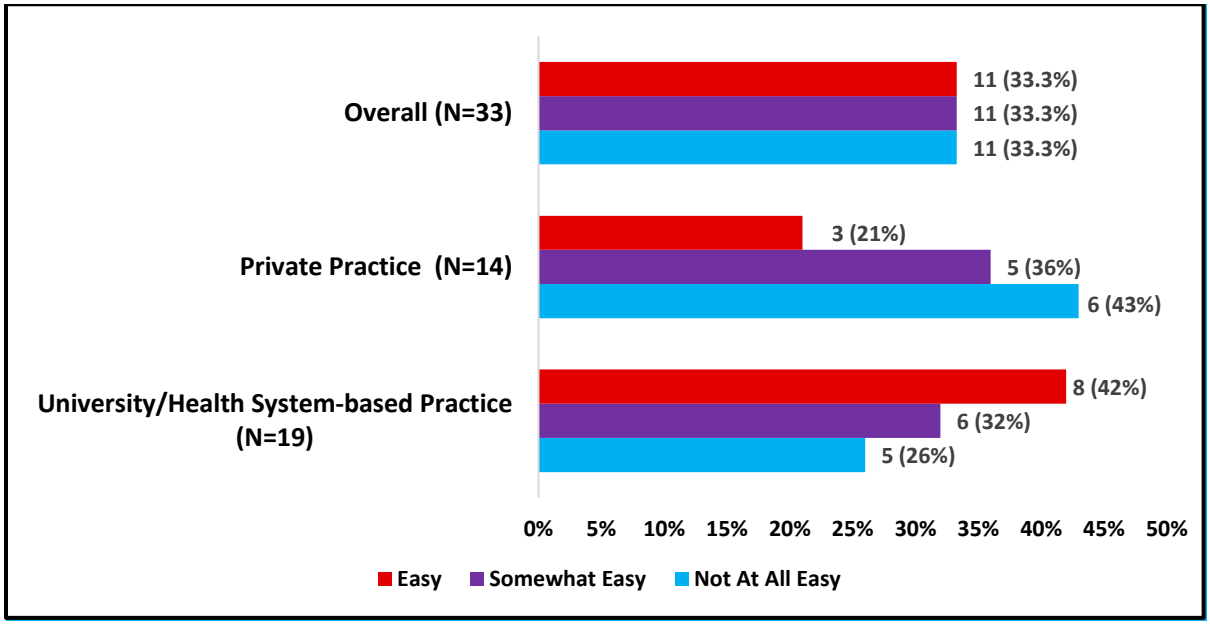
Overall, 94% of the respondents selected it was "easy" or "somewhat easy" to enroll as a CSHCS provider, with both "easy" and "somewhat easy" receiving 47%, respectively. Sub-analysis by provider practice type showed that 89% of private practitioners found it either "easy" or "somewhat easy" to enroll 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).

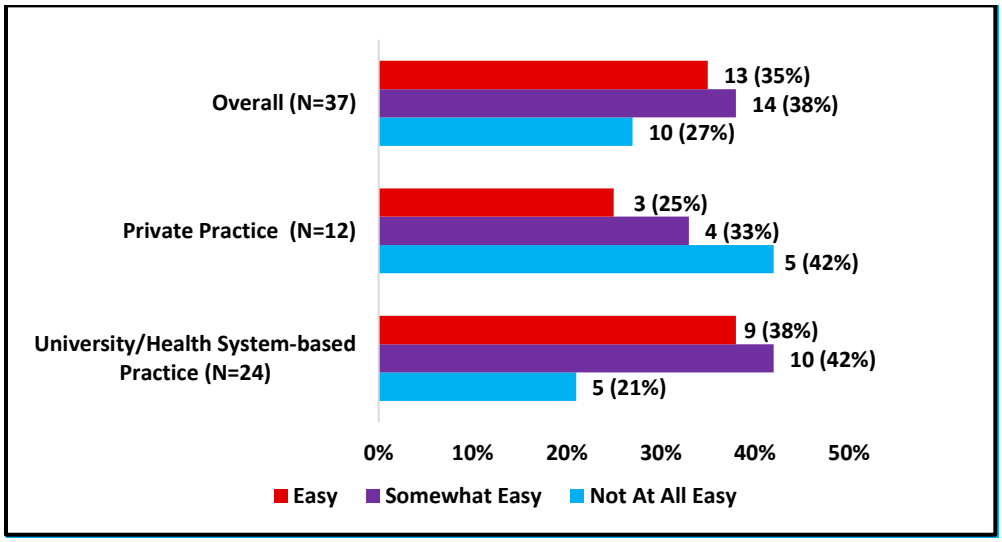
Figure 8
Ease of Interacting / Interfacing with CSHCS Reimbursement & Billing Processes



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).

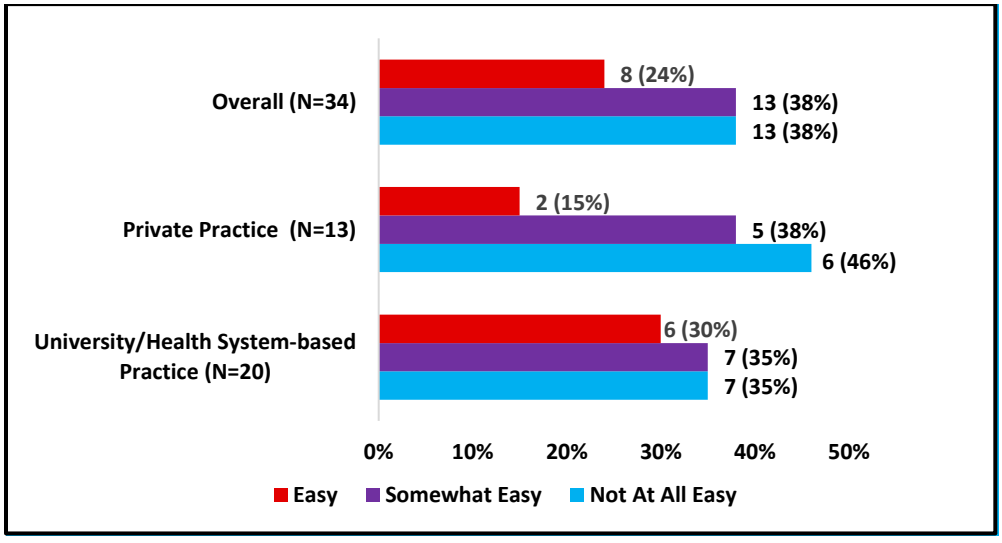
Figure 9
Ease of Referring to Primary Care and Specialty Providers as Children Transition to Adult Care



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).

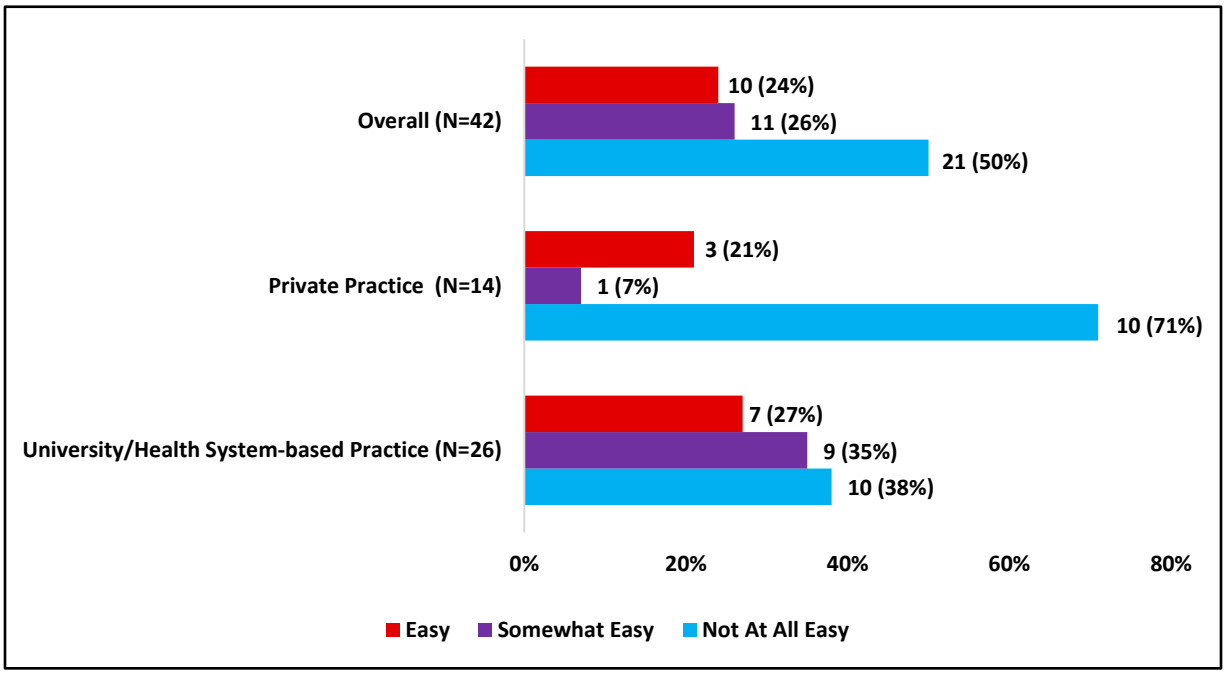
Figure 10
Ease of Coordinating Care with Local Health Departments



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



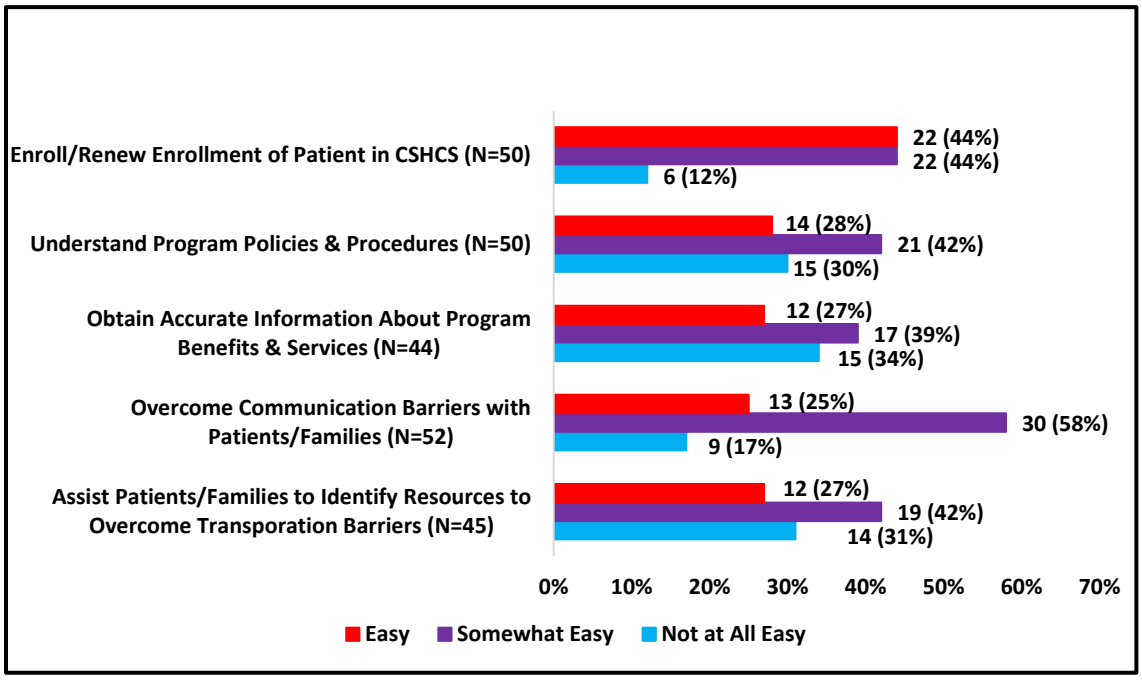
Overall Provider Ease with Completing Other CSHCS Program Components

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

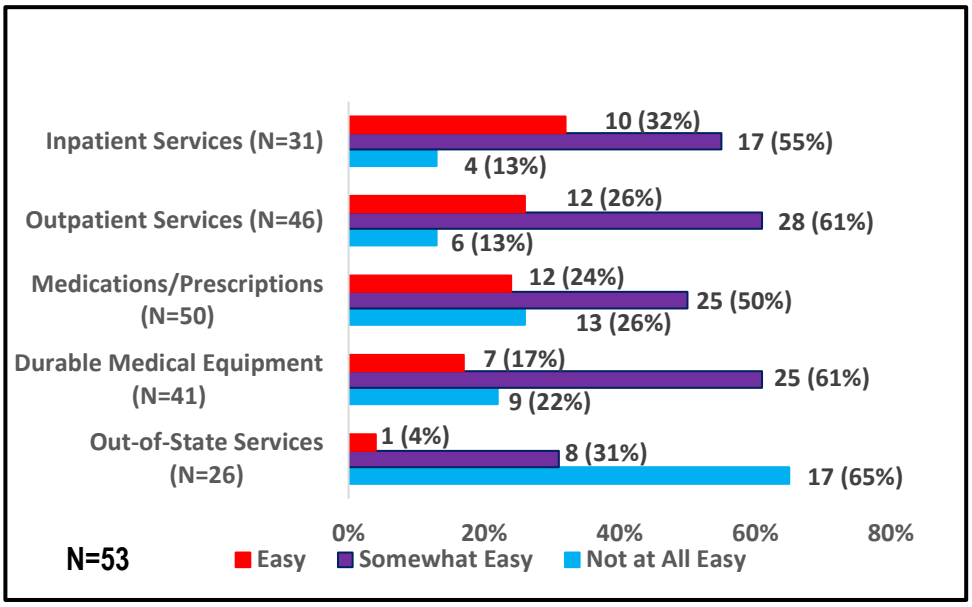


<u>Timeliness of Prior Authorization for CSHCS Services/Benefits</u>

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

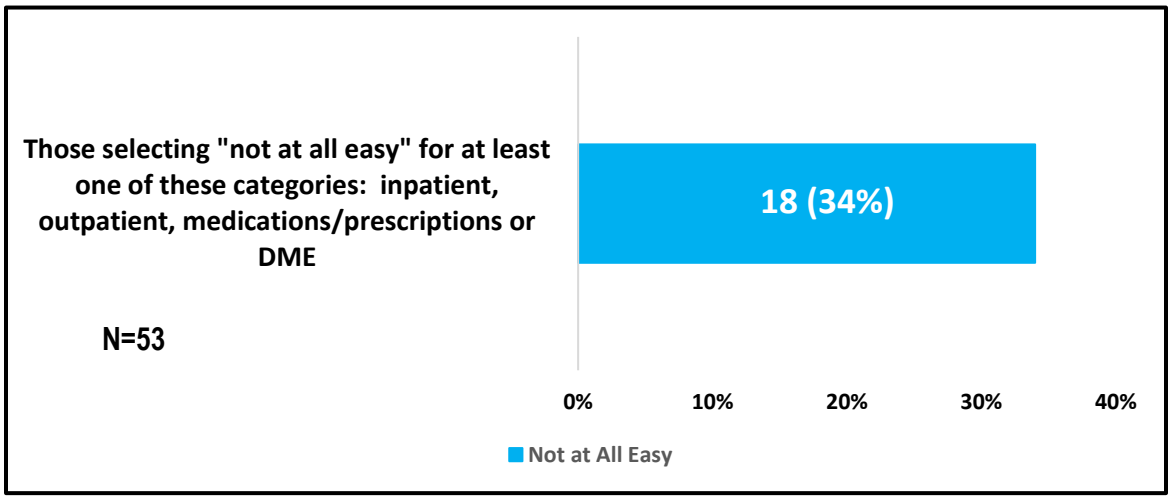
Overall Ease of Obtaining Prior Authorization for CSHCS Services / Benefits



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

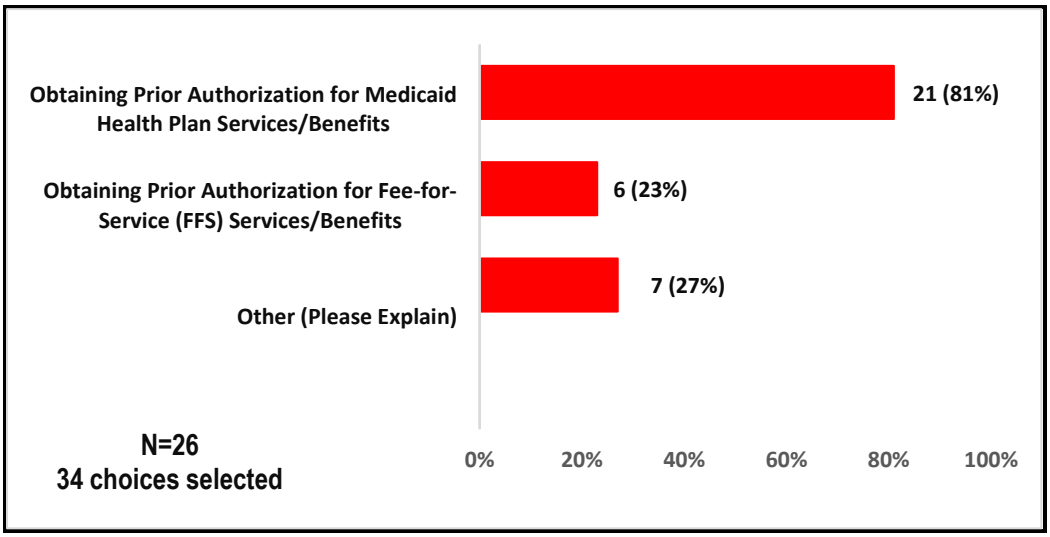
Combined response rates for those selecting "easy," "somewhat easy," or "not at all easy" at least once when asked about the ease of obtaining prior authorization for inpatient services, outpatient services, medication/prescriptions, DME



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.

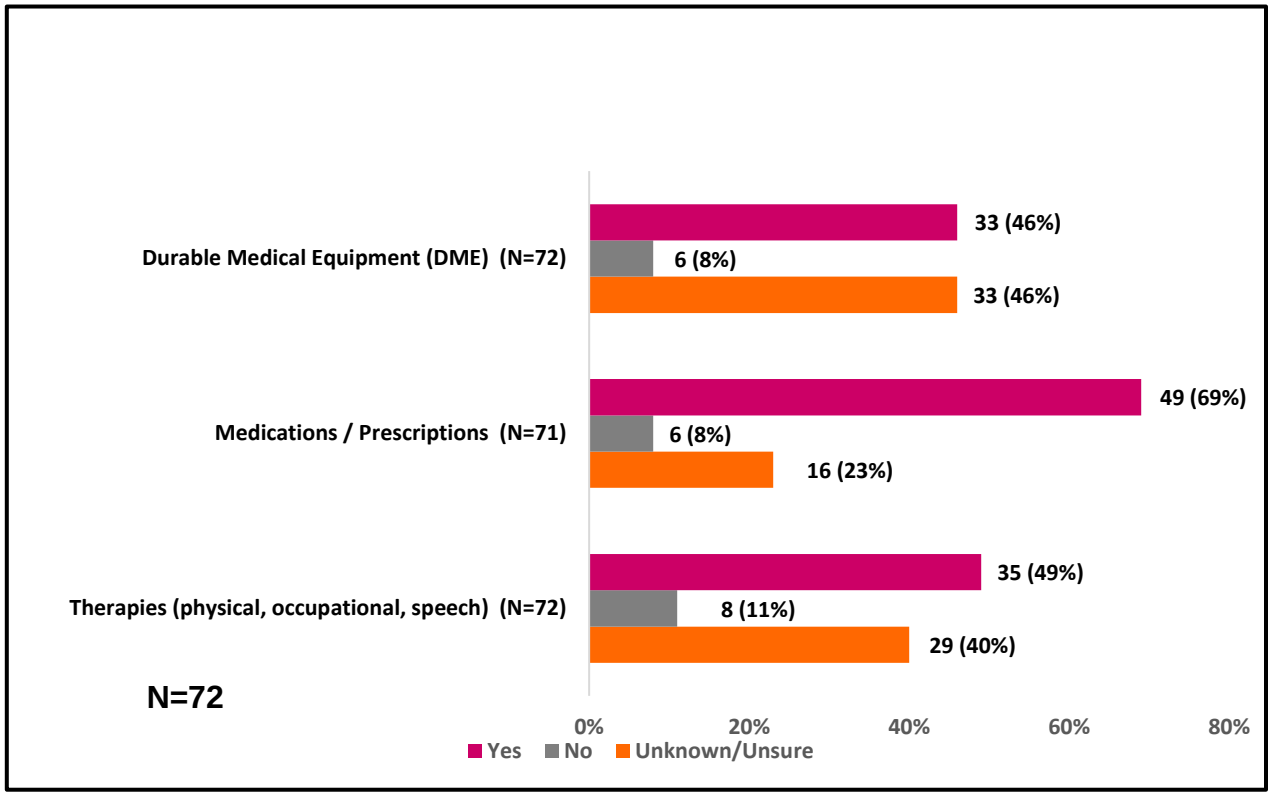
Figure 15
Rationale for "Not At All Easy" Responses to Benefits and Services Shown in Figure 13.



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

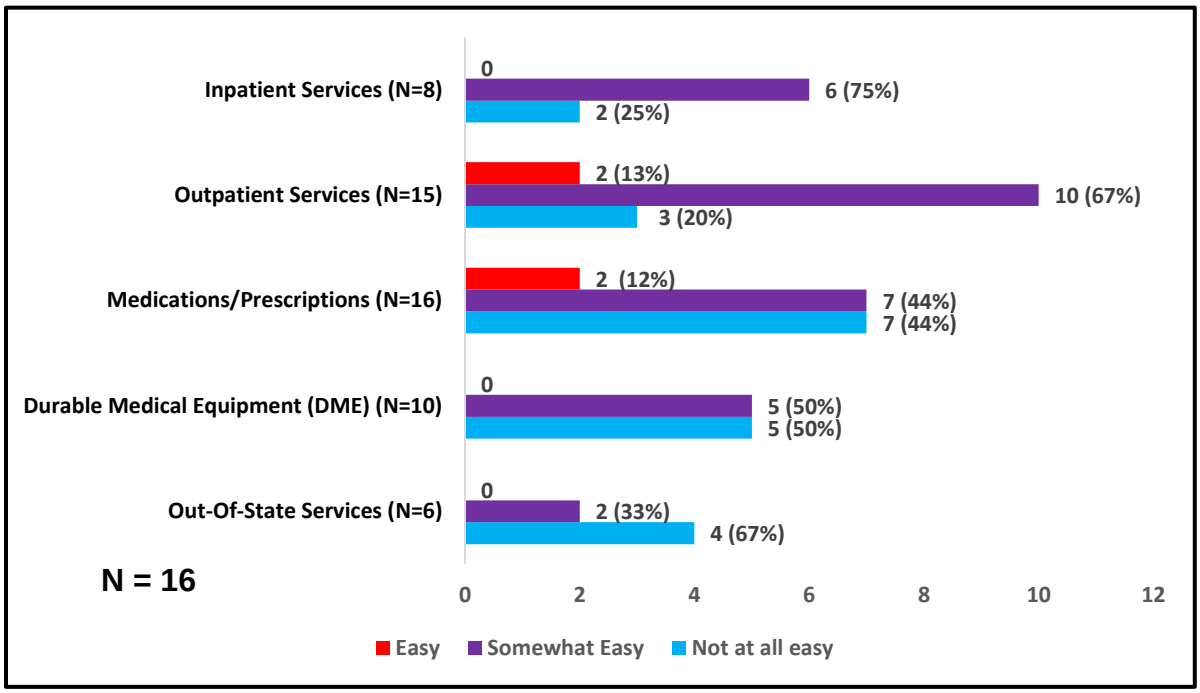
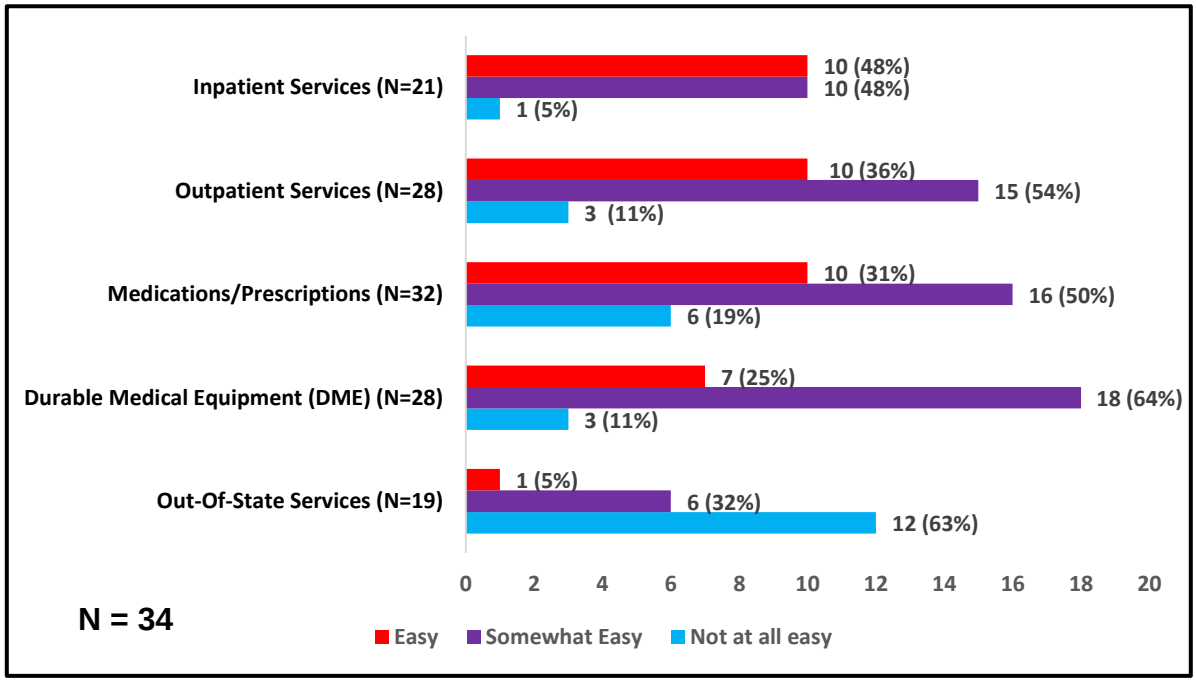


Figure 18

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

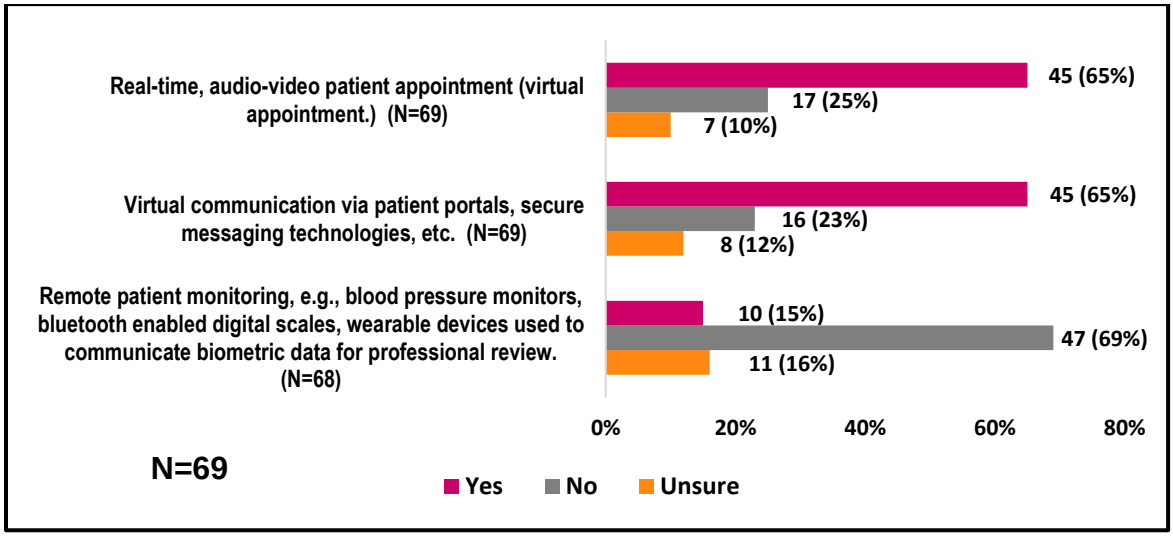
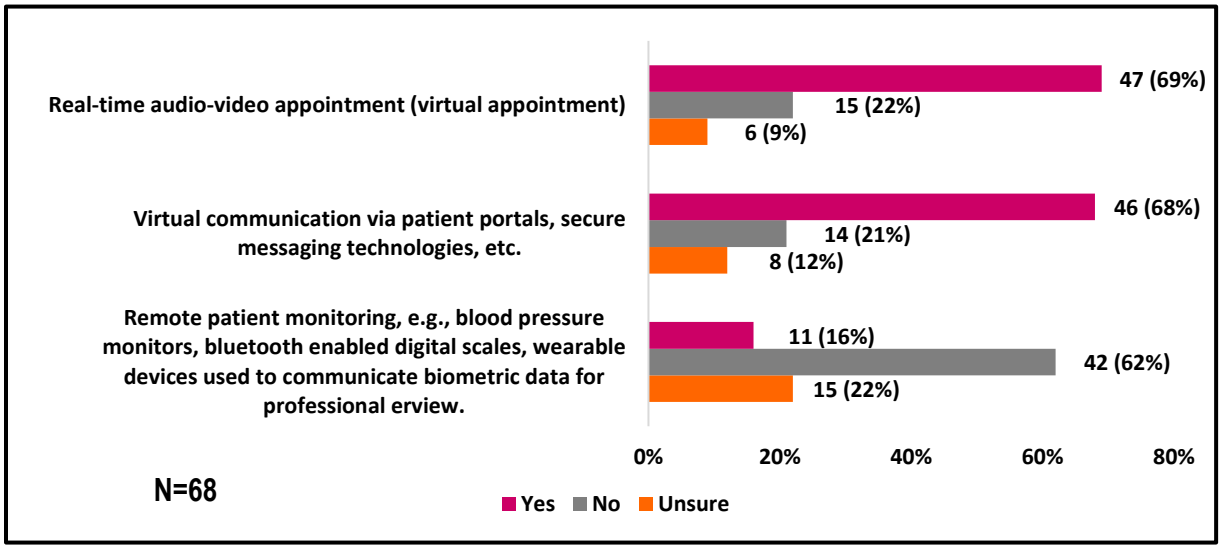


Figure 20
Overall Intent to Continue or Begin Offering Telemedicine Services within the Next 12 Months



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

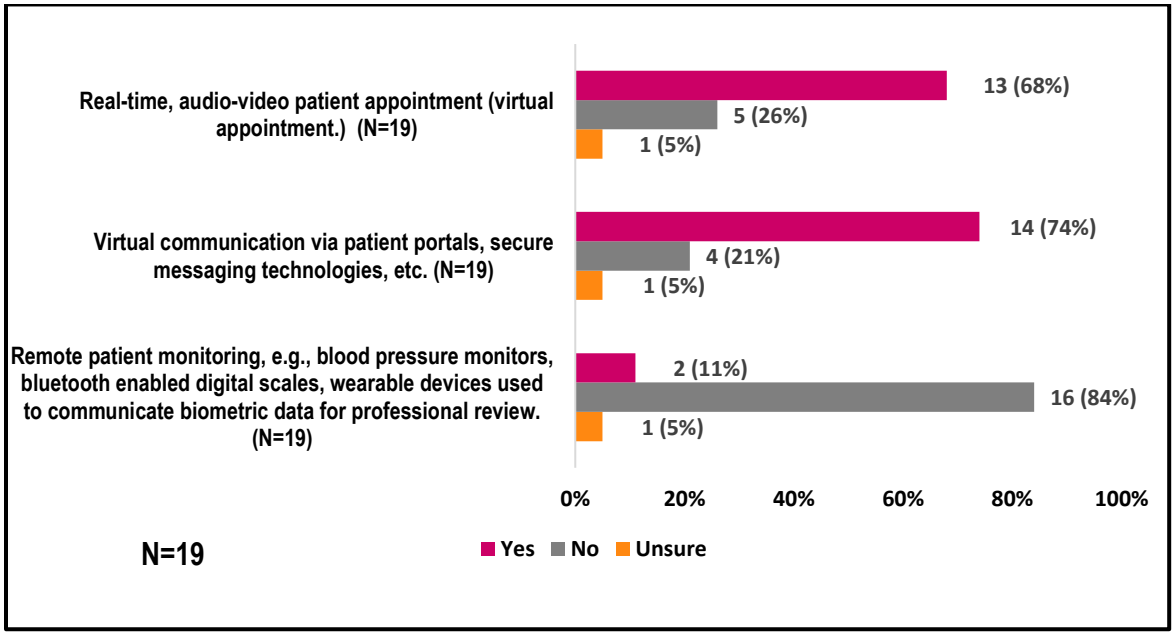
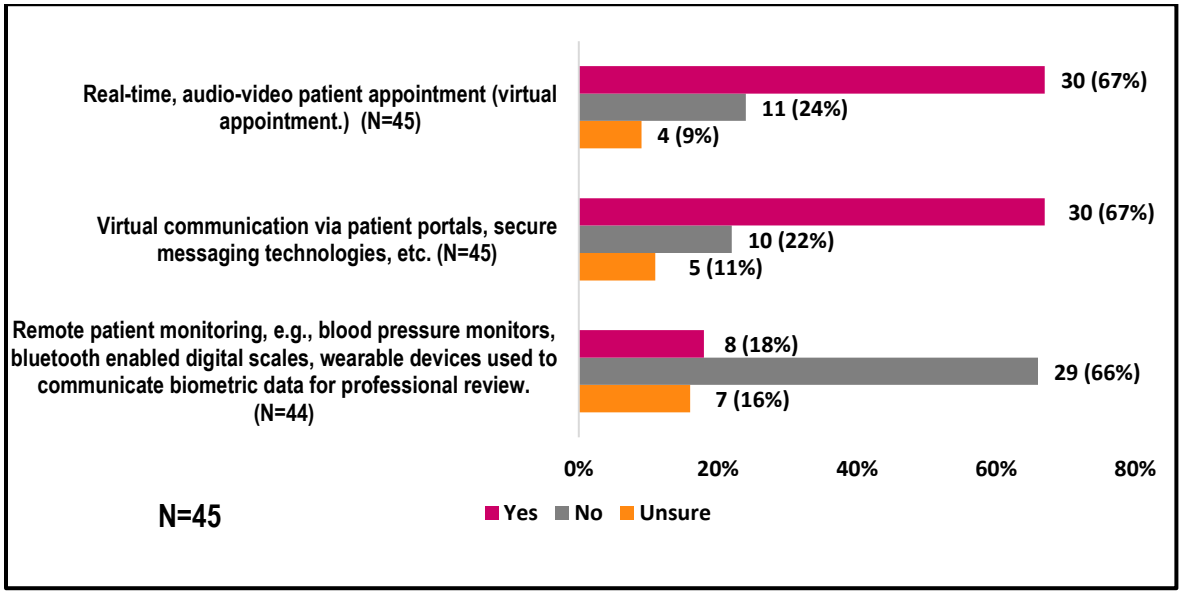


Figure 22
Telemedicine Services Currently Offered by University/Health System-based Practitioners



Practitioner intent to continue or begin offering telehealth services in the next 12 months differed among private practioners and university/health system-based physicians. Private practioners reported they are slightly more likely to continue or begin offering real-time virtual appointments wheras university/health system-based practitioners were more likely to make use of virtual communication via patient portals and secure messaging techololgies 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

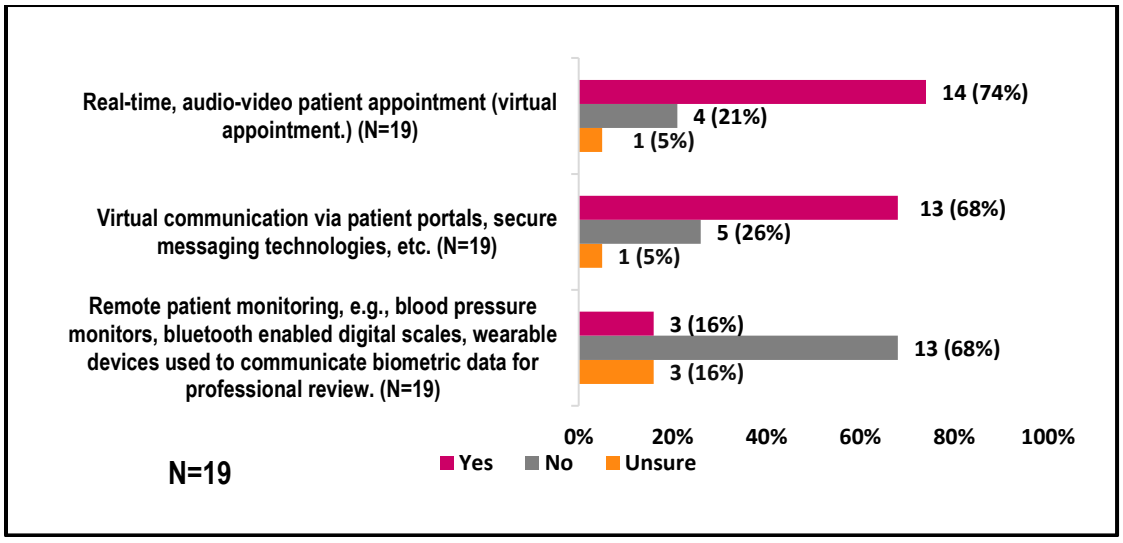
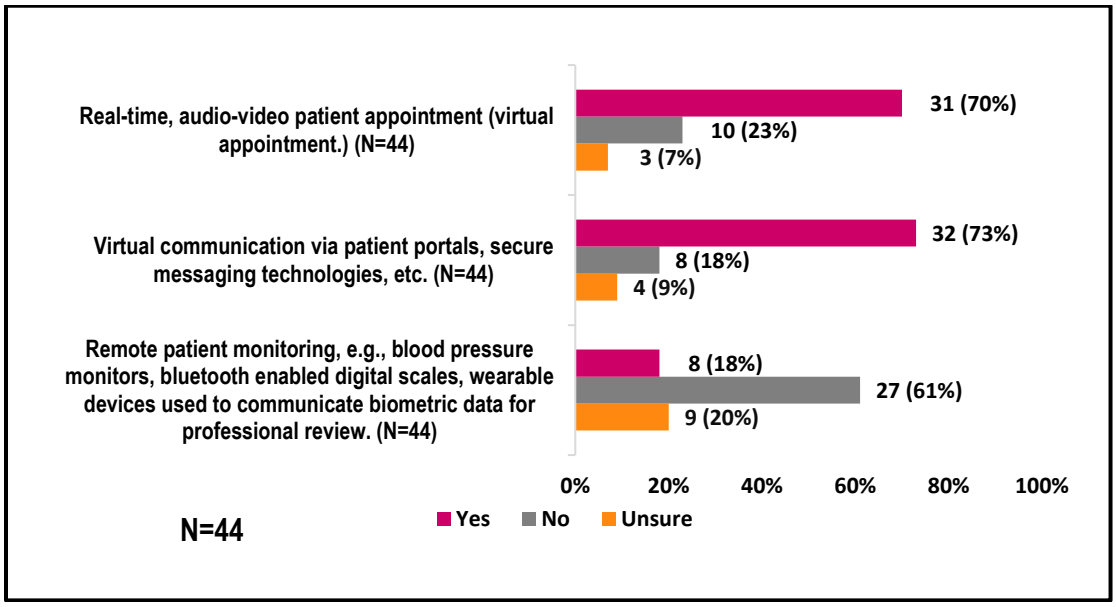


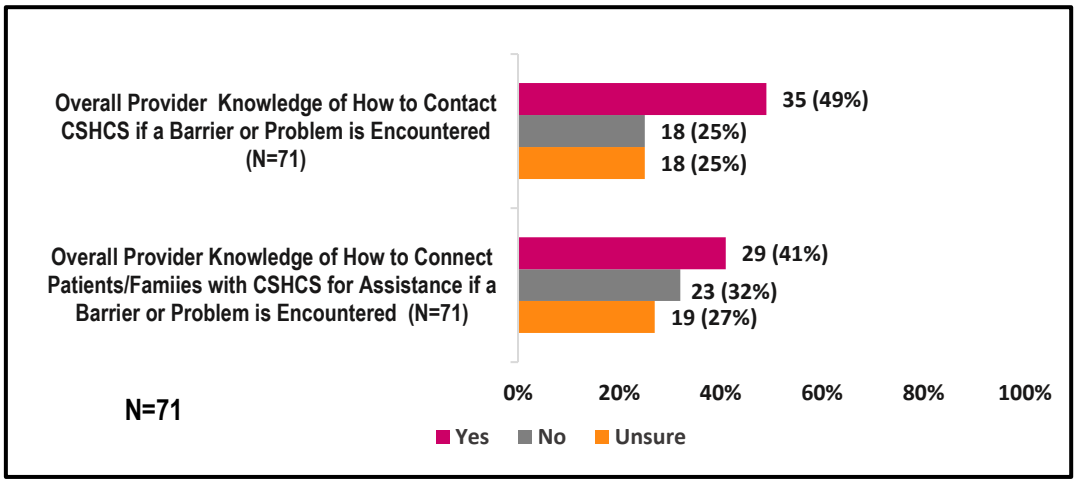
Figure 24
University/Health System-based Practitioner Intent to Continue or Begin Offering Telemedicine Services in the Next 12 months



Provider Self-confidence in Knowledge About Communicating with CSHCS

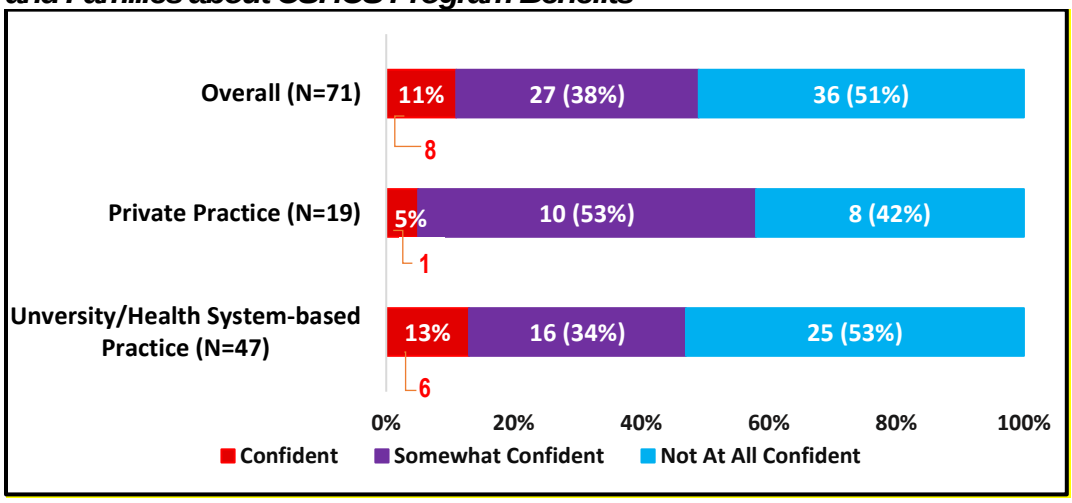
Provider communication with the CSHCS Program was addressed in several survey questions. Nearly half of the respondents (49%) knew how to contact the Program if they encountered a barrier or problem, while 41% knew how to connect a patient/family with the Program to obtain assistance if the patient/family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

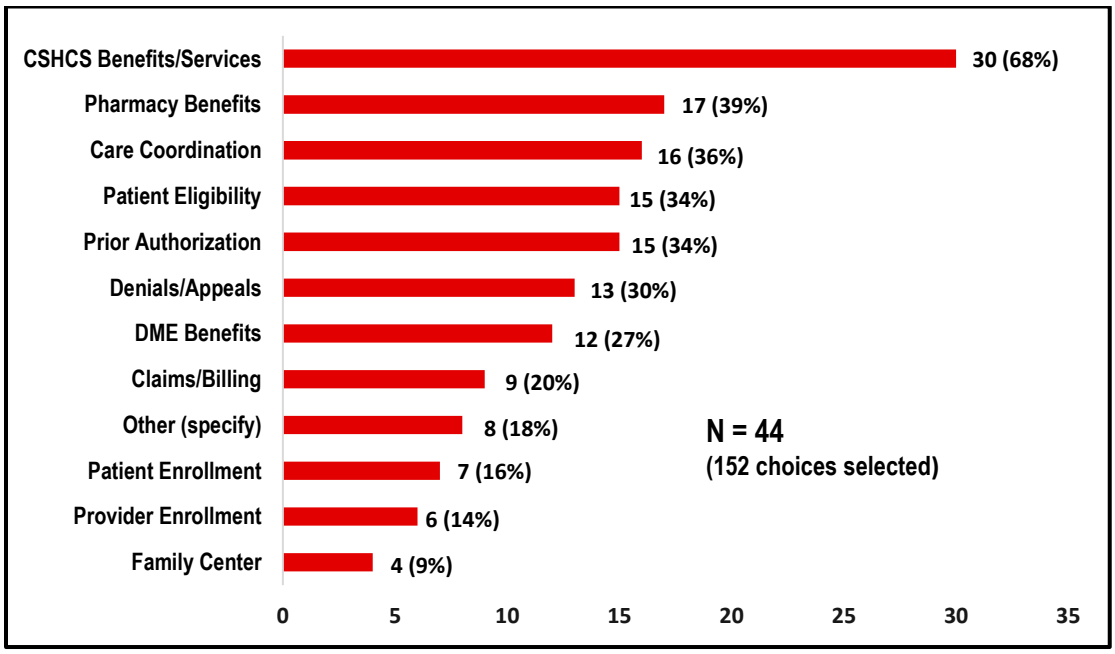
Figure 26
Practitioner Confidence in Knowledge of Program Benefits and Ability to Advise Patients and Families about CSHCS Program Benefits



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

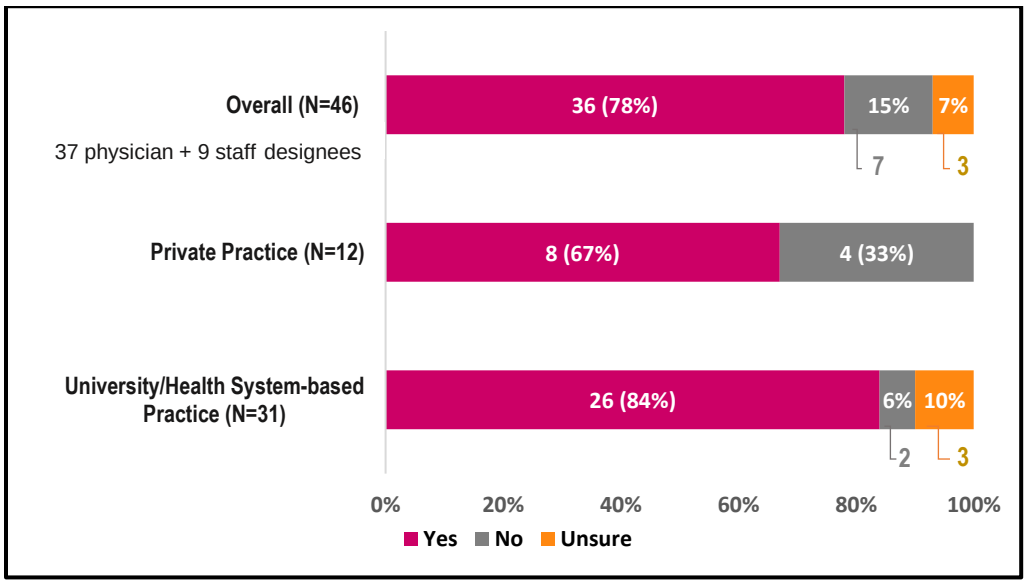
The *Provider Satisfaction Survey* included questions about the availability of Care Coordination/Case Management (CC/CM) services for CSHCS enrollees in their practice. Physicians were given the option to answer these questions or provide contact information for an appropriate designee to whom the CC/CM 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 heath 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

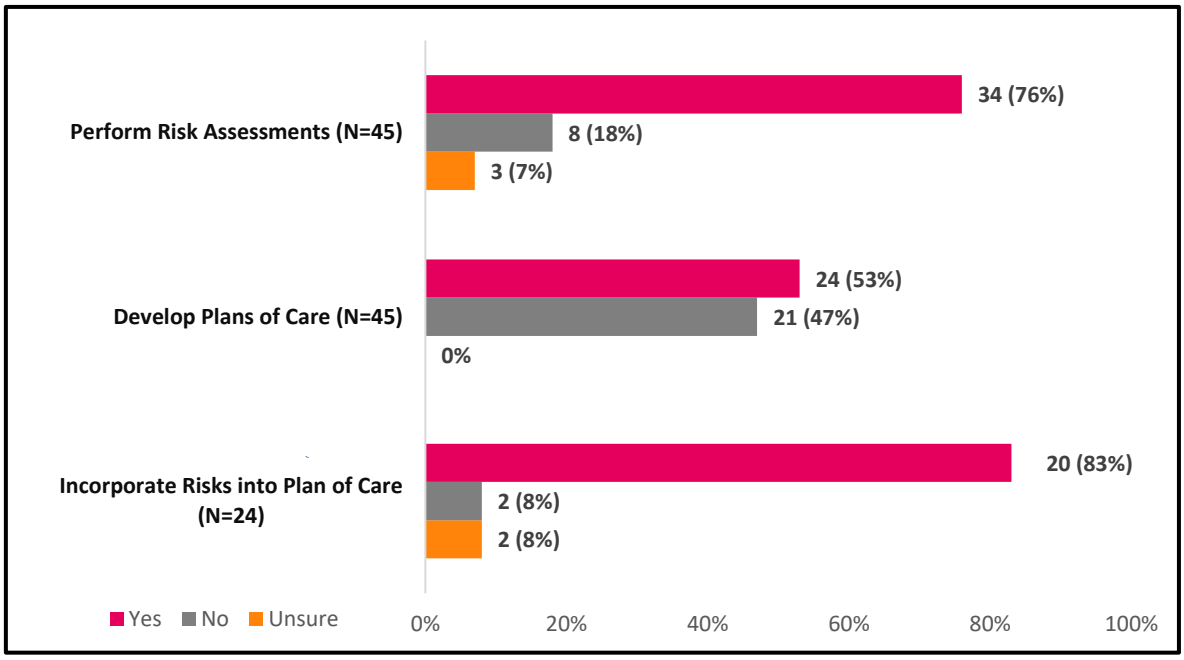
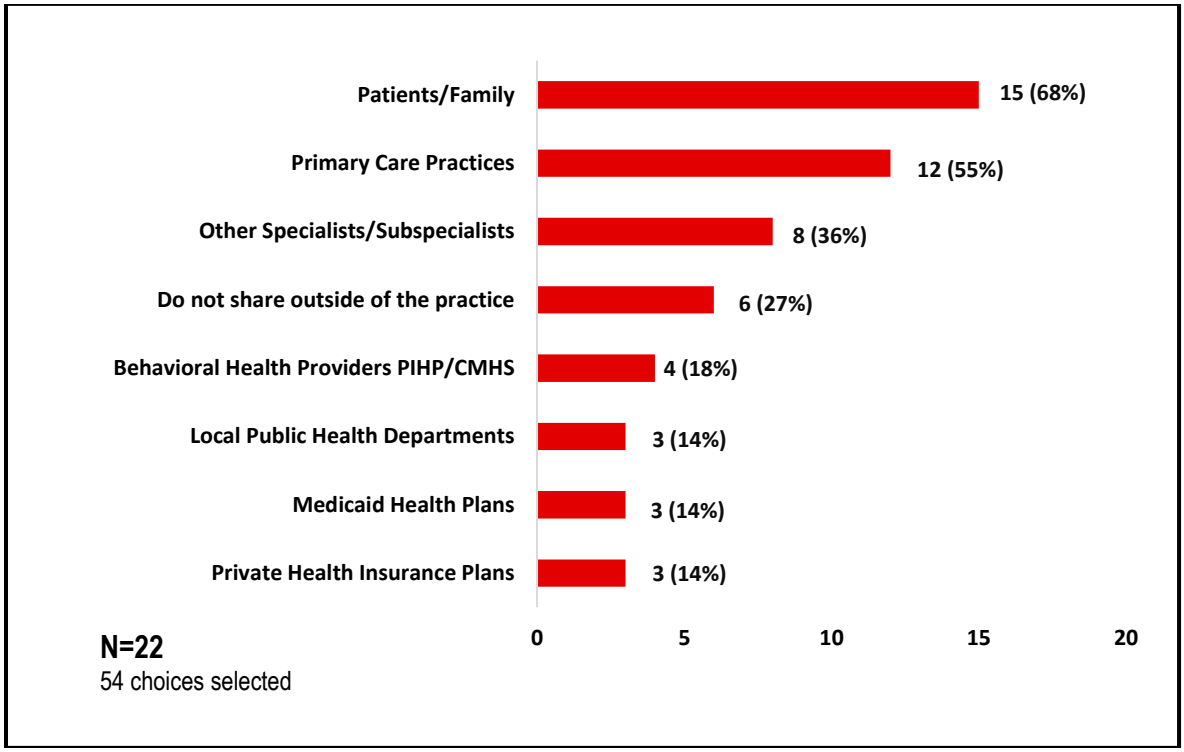
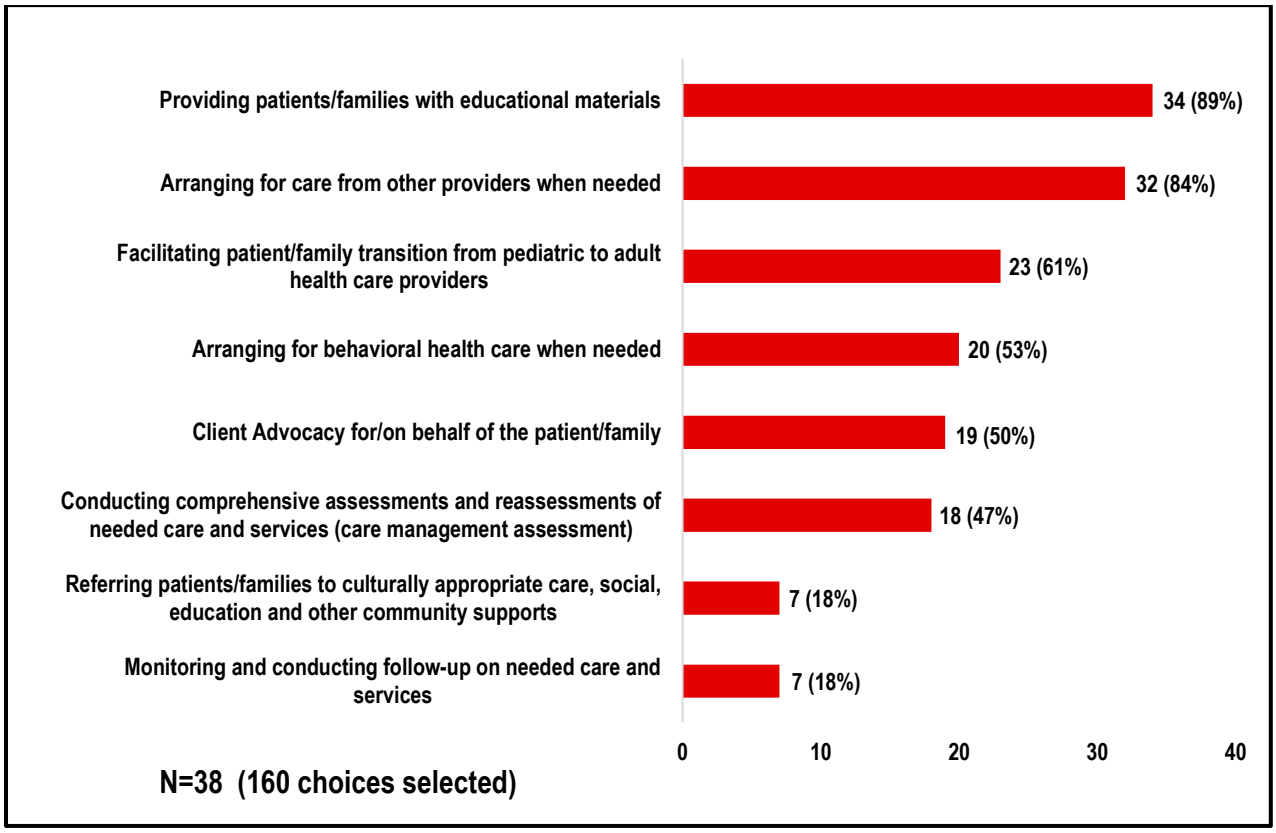


Figure 30
Overall Practitioner Sharing of Plans of Care with Others



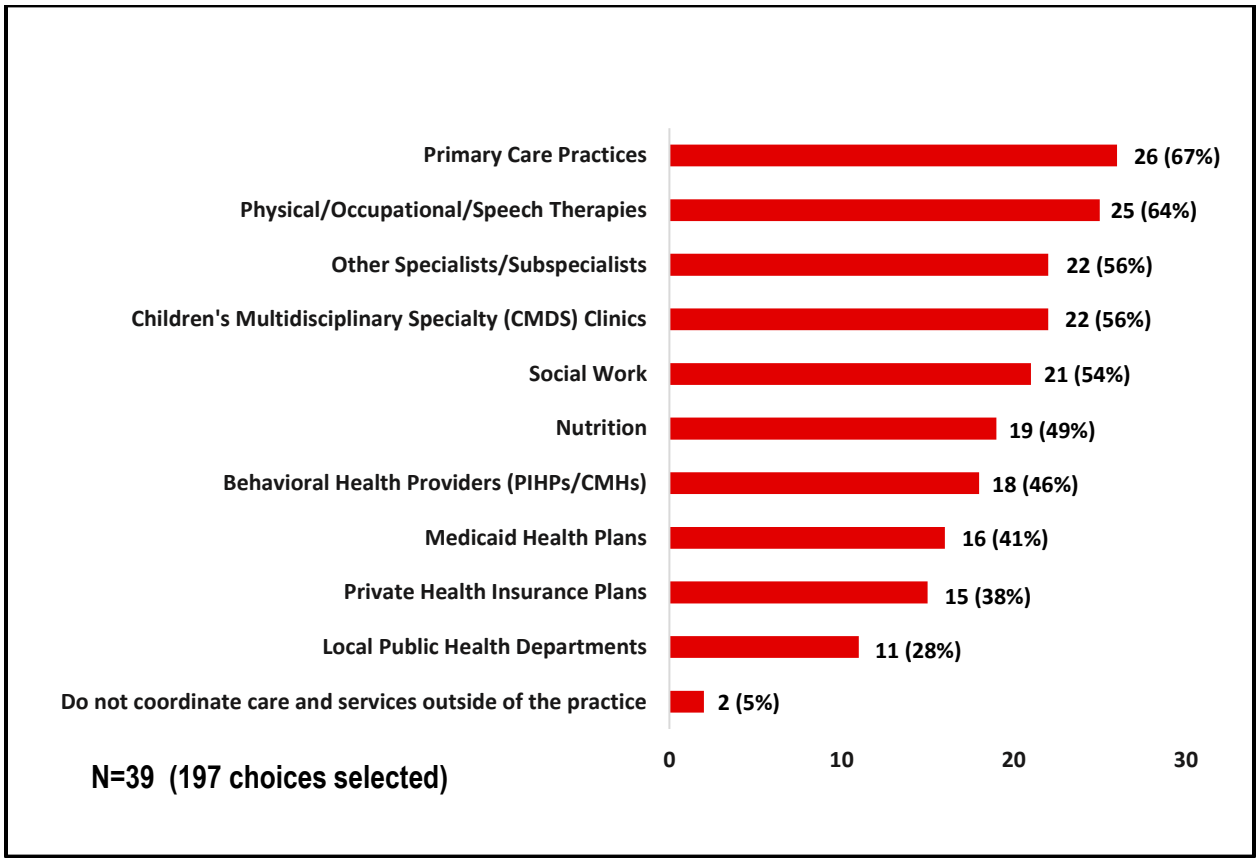
Survey respondents were asked to select the types of CC/CM services the practice provides to patients/families. The top six categories of CC/CM services included: providing educational materials, arranging for care from other providers when needed, facilitating transitions from pediatric to adult care, 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



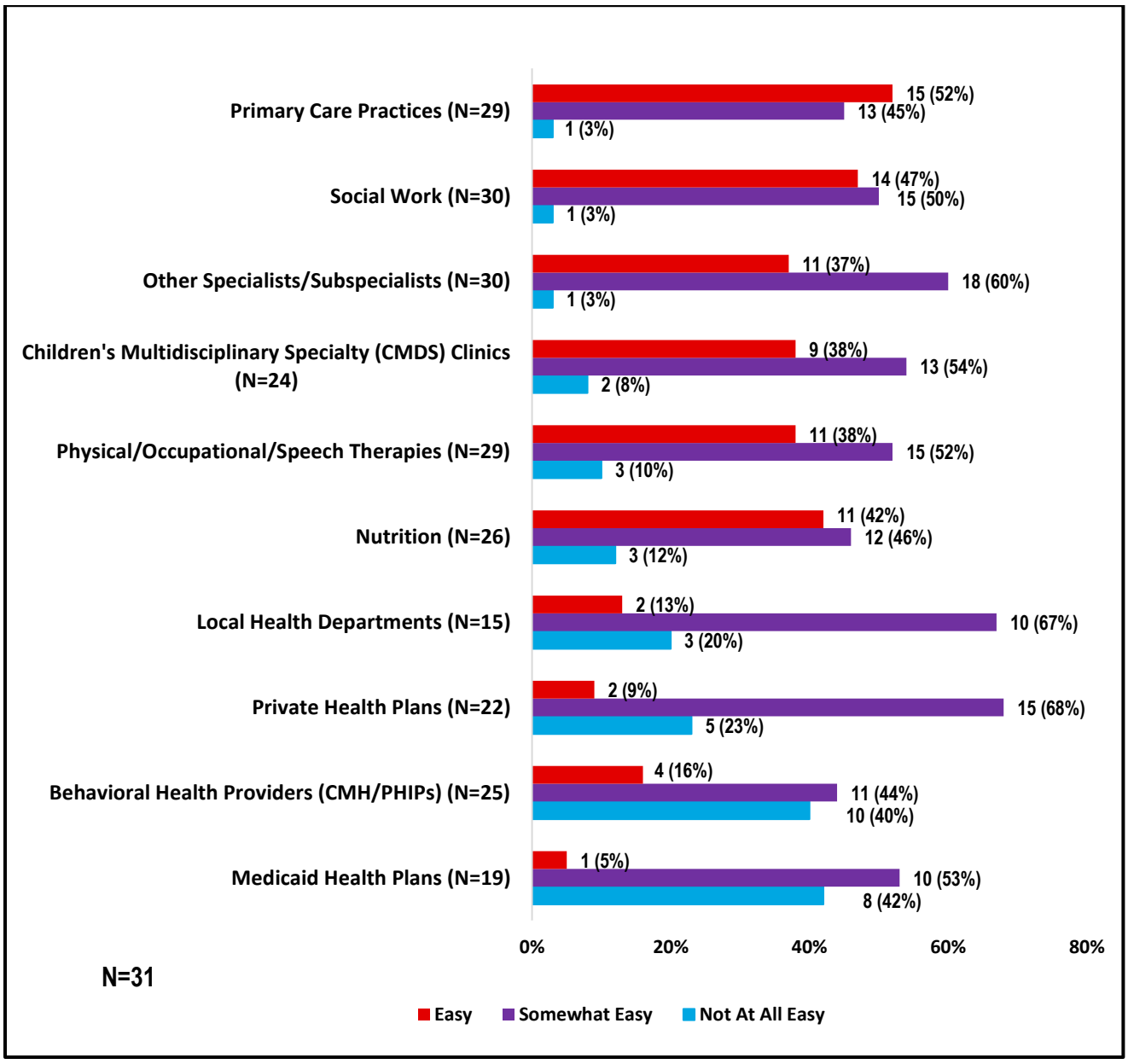
Primary care practitioners, physical/occupational/speech therapists, specialists/subspecialists, children's multidisciplinary specialty clinics and social work were reported most often as the provider type with whom respondents coordinate care, followed by nutrition, behavioral health providers, Medicaid 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.

APPENDICES

APPENDIX A

Provider Satisfaction Survey Tool

CSHCS Provider Sfx Survey Tool.pdf

APPENDIX B

Care Coordination/Case Management Survey Tool

CC CM Survey.pdf

APPENDIX C

Provider Survey Cover Letter

2-2-21 CSHCS PROV SRVY LTR.pdf

APPENDIX D

Provide Survey Cover Letter, Reminder

3-2-21 CSHCS PROV SRVY REMINDER LTR

APPENDIX E

CSHCS Provider Satisfaction Survey Results Slide Set

CSHCS ProvSrvyRprt-9-20-2

APPENDIX F

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

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