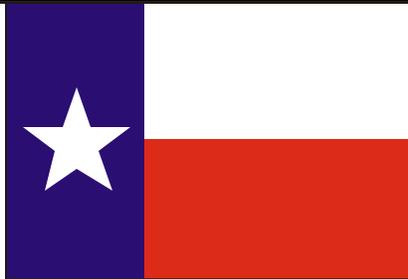


# TEXAS

NorthSTAR Program  
2001

## Provider Satisfaction Survey - Executive Summary



August 2001

NorthSTAR



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## Introduction and Background

This study represents the first external effort by the Texas Department of Mental Health and Mental Retardation (TDMHMR) to measure provider satisfaction with NorthSTAR, a behavioral health carve out program established to provide services to Medicaid and medically indigent patients. NorthSTAR, initiated in Texas on November 1, 1999, integrates publicly funded behavioral health care (mental health and chemical dependency) so that a cost effective, single system of public behavioral health care is provided to Medicaid clients that will increase the array of services available to them while simplifying their access to these services. As of January 2000, the program served over 1 million Medicaid and medically indigent persons who reside in one of the following seven adjacent counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall.

The primary objective of this study was to assess behavioral health providers' perceptions of the program. Behavioral health providers were surveyed in January and February 2001, a little over one year after program implementation. The survey examined providers' overall satisfaction with the NorthSTAR program. Provider perception of the impact of NorthSTAR on healthcare delivery and quality was also explored.

This report describes NorthSTAR program characteristics in terms of two program domains – coverage of clinical care and impact of administrative and organizational processes. They are presented by profession (e.g., Substance Abuse Counselor, Licensed Master Social Worker), tenure and number of NorthSTAR clients served. Satisfaction within the context of other behavioral health providers and other providers of MMC programs in Texas and nationwide is also described.

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## Methods

**Study Population.** The study population was 260 behavioral health providers who had received at least one payment for behavioral health services since the program inception.

**Data Collection.** Information was gathered through a mailed survey using a valid, reliable instrument developed by THQA for the study of all health providers in Texas.

**Statistical Analyses.** All analyses in this report are based on unweighted data. For the purposes of this study, satisfaction is measured on a Likert Scale using the following definitions: The positive endpoint, “very satisfied,” was defined as “I would not make major changes to NorthSTAR on the issue in question.” The negative endpoint, “very dissatisfied,” was defined as “I have considered dropping out of NorthSTAR based on the issue in question.”

Using select questions from the survey, a satisfaction score was calculated for each respondent. An overall satisfaction score was calculated as well by averaging respondents’ scores.

## Results

The corrected response rate for this administration was 73.7 percent, and respondents were representative of the population of NorthSTAR behavioral health providers in terms of licensure type.

### Characteristics of Respondents

The majority of respondents were providers with more than 10 years of experience in their specialty and over a year of experience serving NorthSTAR clients. Over one-half were in solo practices and were paid on a fee-for-service basis. NorthSTAR clients, in general, comprised less than 25 percent of their clients.

Among the two domains where satisfaction was noted, the NorthSTAR program was well received by many study participants (see Table 1). In particular, approximately 50 percent or more of respondents were satisfied/very satisfied with:

- Coverage for treatment/clinical services
- The levels of customer service received.

Administratively, the program presents similar challenges to these providers as noted in the literature on managed care of behavioral

health benefits. In particular, NorthSTAR providers were dissatisfied with the amount of telephone and paperwork required.

NorthSTAR providers deviated from other MMC providers in one major respect. Information from the literature suggests that MMC providers expressed higher levels of satisfaction as the proportion of MMC clients increased among their practices. This study found the opposite to be true for behavioral health providers: NorthSTAR providers expressed lower levels of satisfaction with the program as the proportion of NorthSTAR clients increased.

**Table 1. Satisfaction Level by NorthSTAR Program Domains**

Program Domain	Level of Satisfaction			
	Satisfied n (%)	Neutral n (%)	Dissatisfied n (%)	Don't Know n (%)
<b>Clinical Care</b>				
Appropriate coverage of treatment or clinical services according to nationally recognized standards of care	84 (53.50%)	17 (10.83%)	53 (33.76%)	3 (1.91%)
Coverage of prescription drug benefits for patients	23 (17.83%)	18 (13.95%)	49 (37.98%)	39 (30.23%)
<b>Administrative and Organizational Processes</b>				
Amount of paperwork required	29 (18.83%)	10 (6.49%)	114 (74.03%)	1 (0.65%)
Amount of phone work required	53 (34.19%)	18 (11.61%)	82 (52.90%)	2 (1.29%)
Customer service provided	83 (51.55%)	11 (6.83%)	64 (39.75%)	3 (1.86%)
Timeliness/accuracy of claims/capitation payments	78 (48.45%)	14 (8.70%)	67 (41.61%)	2 (1.24%)
Adequate reimbursement	44 (28.21%)	6 (3.85%)	106 (67.95%)	0 (0.00%)
Ease of obtaining authorizations/precertifications	72 (44.17%)	17 (10.43%)	71 (43.56%)	3 (1.84%)
Timeliness/accuracy of obtaining authorizations/precertifications	69 (42.33%)	17 (10.43%)	72 (44.17%)	5 (3.07%)
Provider education opportunities	46 (30.07%)	44 (28.76%)	36 (23.53%)	27 (17.65%)
Appeals process	15 (11.72%)	19 (14.84%)	40 (31.25%)	54 (42.19%)
Ability to impact quality management and/or quality assurance activities	26 (18.06%)	27 (18.75%)	45 (31.25%)	46 (31.94%)

## Satisfaction by Provider Type

Table 2 presents the results of respondents satisfaction stratified by occupation<sup>1</sup>. Across occupation types, between 40 and 50 percent of respondents expressed either neutral or some level of satisfaction with the program. The majority of Psychiatrists/Psychologists and Licensed Marriage Family Therapists reported being dissatisfied.

**Table 2. Satisfaction Level by Provider Type**

Occupation	n	Average Score mean ± sd	Very Satisfied n (%)	Somewhat Satisfied n (%)	Neutral n (%)	Somewhat Dissatisfied n (%)	Very Dissatisfied n (%)
Psychiatrist/Psychologist	40	2.50 ± 1.07	0 (0.00%)	11 (27.50%)	7 (17.50%)	14 (35.00%)	8 (20.00%)
Nurse/Nurse Practitioner	4	3.40 ± 0.72	0 (0.00%)	2 (50.00%)	2 (50.00%)	0 (0.00%)	0 (0.00%)
Licensed Professional Counselor	67	2.71 ± 1.08	5 (7.46%)	14 (20.90%)	19 (28.36%)	19 (28.36%)	10 (14.93%)
Licensed Social Worker	18	2.75 ± 1.09	0 (0.00%)	6 (33.33%)	3 (16.67%)	8 (44.44%)	1 (5.56%)
Licensed Marriage Family Therapist	23	2.42 ± 1.07	2 (8.70%)	2 (8.70%)	5 (21.74%)	10 (43.48%)	4 (17.39%)
Licensed Master Social Worker	3	2.42 ± 0.36	0 (0.00%)	0 (0.00%)	1 (33.33%)	2 (66.67%)	0 (0.00%)
Licensed Chemical Dependency Counselor	15	2.87 ± 1.15	1 (6.67%)	4 (26.67%)	3 (20.00%)	4 (26.67%)	3 (20.00%)
Office Staff	14	2.01 ± 0.97	0 (0.00%)	0 (0.00%)	5 (35.71%)	3 (21.43%)	6 (42.86%)
Other	12	1.98 ± 0.93	0 (0.00%)	0 (0.00%)	4 (33.33%)	3 (25.00%)	5 (41.67%)

<sup>1</sup> Only respondents with calculable satisfaction scores (at least five of the seven items) are presented.

## Satisfaction by Tenure and Intensity

Table 3 displays the results of the analyses of respondents satisfaction<sup>2</sup> by the amount of time they have worked with the NorthSTAR program and then by the percentage of their patients who were NorthSTAR clients. In summary:

- Amount of time provider has worked with NorthSTAR clients: The average score was very similar across all categories.
- Percentage of patients who were NorthSTAR clients: Providers with the greatest percentage of their clients enrolled in NorthSTAR (over 75%) had the lowest average satisfaction score.

**Table 3. Satisfaction by Tenure and Intensity of Involvement**

Health Plan	n	Average Score mean ± sd	Very Satisfied n (%)	Somewhat Satisfied n (%)	Neutral n (%)	Somewhat Dissatisfied n (%)	Very Dissatisfied n (%)
<b>Time Involved in NorthSTAR</b>							
Under 6 Months	3	2.63 ± 1.67	0 (0.00%)	1 (33.33%)	1 (33.33%)	0 (0.00%)	1 (33.33%)
6 Months – 1 Year	22	2.56 ± 1.06	0 (0.00%)	6 (27.27%)	7 (31.82%)	4 (18.18%)	5 (22.73%)
Over 1 Year	123	2.63 ± 1.08	5 (4.07%)	28 (22.76%)	29 (23.58%)	41 (33.33%)	20 (16.26%)
<b>NorthSTAR clients as a Proportion of all Clients</b>							
Less than 25%	88	2.67 ± 1.08	3 (3.41%)	23 (26.14%)	20 (22.73%)	30 (34.09%)	12 (13.64%)
25-49%	30	2.70 ± 1.05	1 (3.33%)	7 (23.33%)	9 (30.00%)	7 (23.33%)	6 (20.00%)
50-74%	17	2.70 ± 1.19	1 (5.88%)	4 (23.53%)	4 (23.53%)	4 (23.53%)	4 (23.53%)
Over 75%	13	2.20 ± 1.01	0 (0.00%)	2 (15.38%)	4 (30.77%)	3 (23.08%)	4 (30.77%)

<sup>2</sup> Only respondents with calculable satisfaction scores (at least five of the seven items) are presented.

Table 4 presents the analysis of provider perception of the impact of NorthSTAR on healthcare delivery and quality. In summary:

- The majority of respondents stated that NorthSTAR does not decrease access to care. Almost half (45.22%) stated the program does not decrease continuity of care.
- Equal proportions of respondents believed that NorthSTAR increases/does not affect (45.51%) and decreases (45.51%) quality of care for patients.
- The majority of respondents (63.92%) indicated that NorthSTAR increases their administrative costs.

**Table 4. Health Care Delivery and Quality**

Delivery and Quality of Care	Impact of NorthSTAR			
	Increases n (%)	Does not affect n (%)	Decreases n (%)	Don't Know n (%)
Access to Care	82 (52.90%)	10 (6.45%)	51 (32.90%)	12 (7.74%)
Continuity of Care	58 (36.94%)	13 (8.28%)	63 (40.13%)	23 (14.65%)
Quality of Care	53 (33.97%)	18 (11.54%)	71 (45.51%)	14 (8.97%)
Administrative Costs	101 (63.92%)	31 (19.62%)	18 (11.39%)	8 (5.06%)

## Summary and Conclusions

These results should be interpreted within the context of the Northstar implementation. As the provider network has been expanded, some small practice and solo providers have been brought into the larger network of providers. Some are new to the managed care reporting and administrative requirements. There are also a proportion of Medicaid providers who were used to traditional fee-for-service billing arrangements with less emphasis on utilization review and service authorization processes. A third group of providers consists of those associated with community mental health centers who were traditionally funded by large block grants from the State, and were not required to bill for service units in the same way they are now. For all these providers, the Northstar waiver represented a significant shift and their responses should be considered within the context of these major system changes.