



INVITE

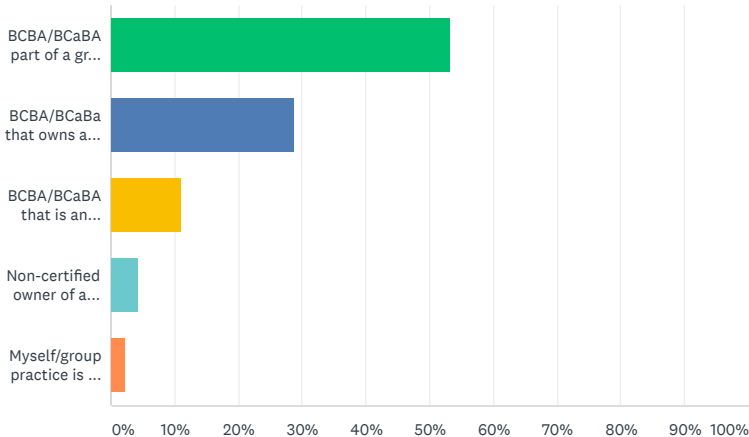
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2019 Medicaid Survey

Q1

Please select which describes you best

Answered: 90 Skipped: 0

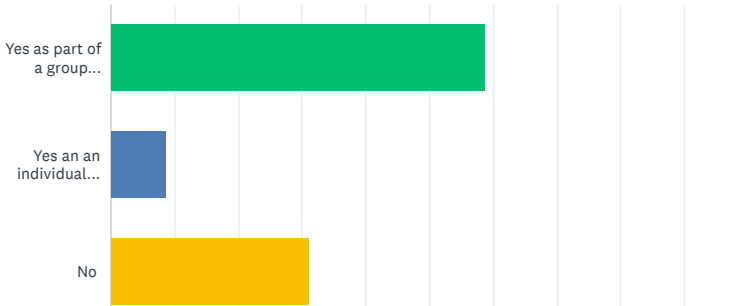


ANSWER CHOICES	RESPONSES
BCBA/BCaBA part of a group practice	53.33% 48
BCBA/BCaBA that owns a group practice	28.89% 26
BCBA/BCaBA that is an individual provider not part of a group practice	11.11% 10
Non-certified owner of a group practice	4.44% 4
Myself/group practice is not eligible to serve Medicaid	2.22% 2
TOTAL	90

Q2

Are you a Medicaid provider (you can be an individual provider or approved through a group practice)?

Answered: 90 Skipped: 0



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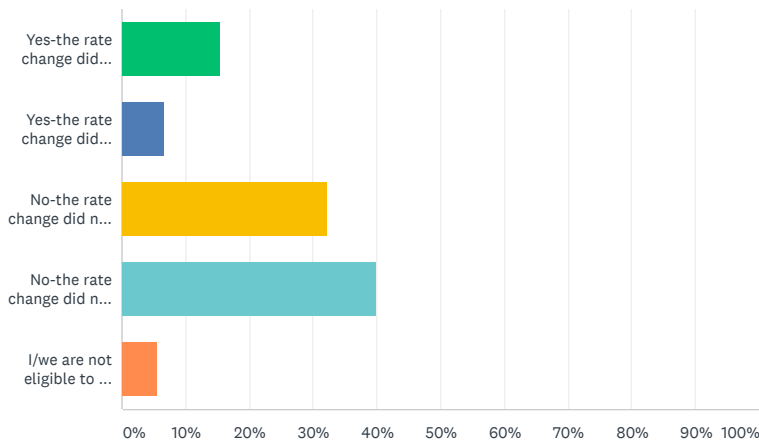


ANSWER CHOICES	RESPONSES	
Yes as part of a group practice	58.89%	53
Yes an an individual practice	8.89%	8
No	31.11%	28
Myself/group practice is not eligible to serve Medicaid	1.11%	1
TOTAL		90

Q3

For purposes of this survey, *'Accepting' means beginning assessment and delivering treatment for the authorized hours within 6 weeks of initial contact with patient. As of July 2019 (post rate increase), did you begin accepting new patients whose only funding is Medicaid or did you seek to become a Medicaid approved provider

Answered: 90 Skipped: 0



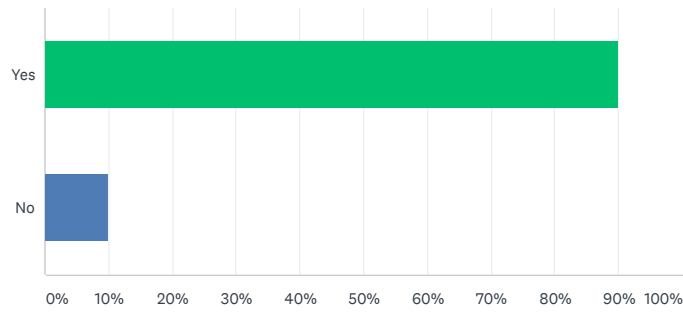
ANSWER CHOICES	RESPONSES	
Yes-the rate change did impact my company/our company rate of accepting new patients whose only funding source is Medicaid	15.56%	14
Yes-the rate change did impact my company/our company seeking Medicaid network status	6.67%	6
No-the rate change did not impact my company/our company seeking Medicaid network status	32.22%	29
No-the rate change did not impact my company/our company rate of accepting new patients whose only funding source is Medicaid	40.00%	36
I/we are not eligible to be a Medicaid provider	5.56%	5
TOTAL		90

Q4

Are you/your group practice in network or providing

services to other third party funding sources outside of Medicaid (e.g., Tricare, United, BCBS)?

Answered: 90 Skipped: 0



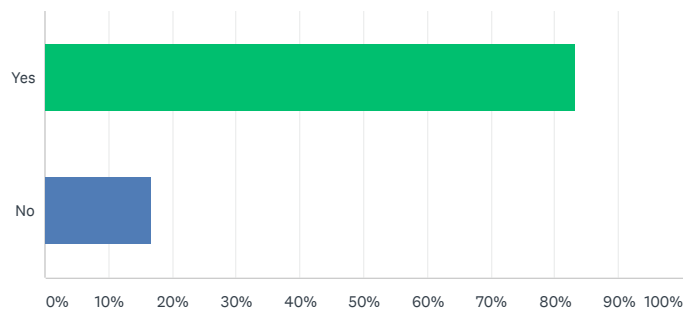
ANSWER CHOICES	RESPONSES	
Yes	90.00%	81
No	10.00%	9
TOTAL		90

Q5



For purposes of this survey, *'Accepting' means beginning assessment and delivering treatment for the authorized hours within 6 weeks of initial contact with patient. Are you/your group practice currently accepting new patients who have other funding sources (e.g., Tricare, United, BCBS)?

Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.33%	75
No	16.67%	15
TOTAL		90

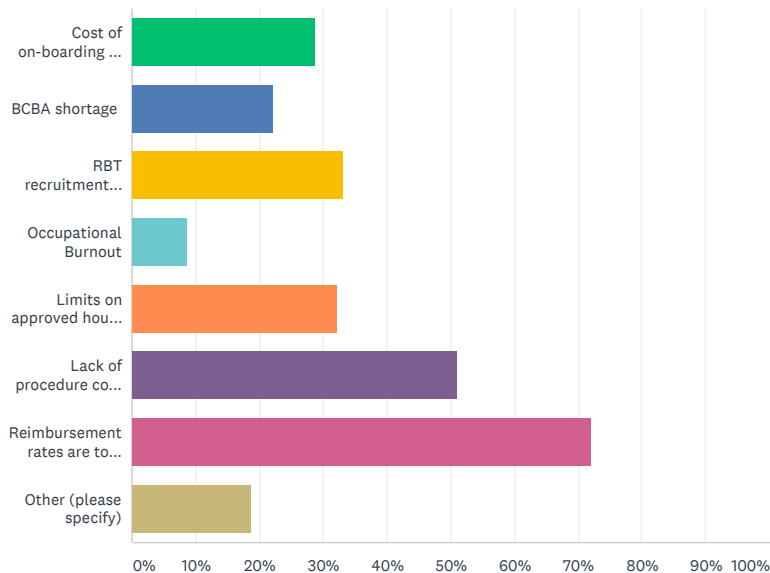
Q6



If you are not accepting new patients whose only funding source is Medicaid or are not in network with Medicaid

SOURCE IS MEDICAID OR ARE NOT IN NETWORK WITH MEDICAID, what are the impeding factors (check all that apply)

Answered: 90 Skipped: 0



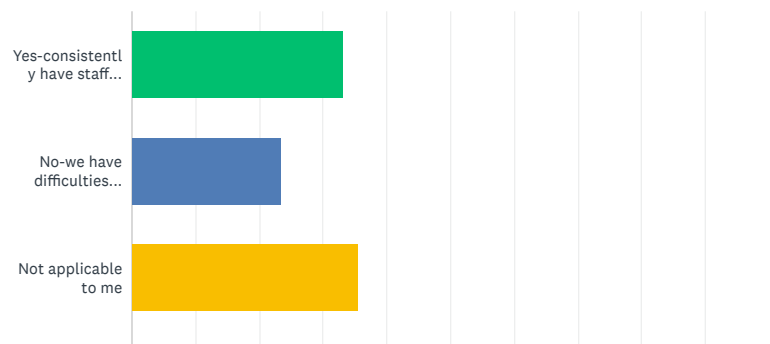
ANSWER CHOICES	RESPONSES
Cost of on-boarding new hires in compliance with Medicaid rules	28.89% 26
BCBA shortage	22.22% 20
RBT recruitment shortage	33.33% 30
Occupational Burnout	8.89% 8
Limits on approved hours for face to face Supervision of case	32.22% 29
Lack of procedure code to reimburse for indirect case management (e.g., data analysis, non face to face treatment plan revision)	51.11% 46
Reimbursement rates are too low	72.22% 65
Other (please specify)	18.89% 17
Total Respondents: 90	

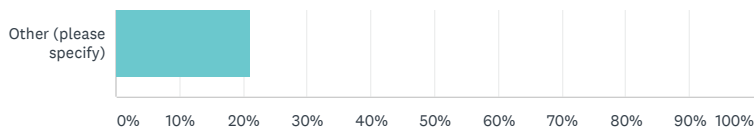
Q7



Do patients with Medicaid as only funding receive the number of hours that Medicaid has authorized ? If not, please tell us your barriers in the 'other' box.

Answered: 90 Skipped: 0



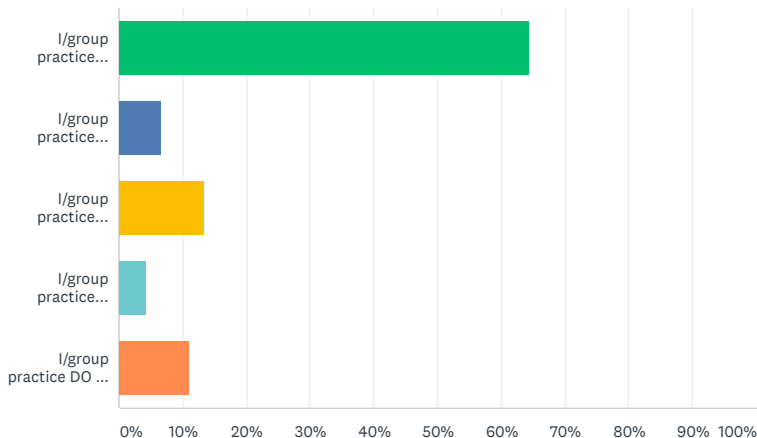


ANSWER CHOICES	RESPONSES
Yes-consistently have staff for these patients	33.33% 30
No-we have difficulties consistently staffing these patients (please tell us why in comment box)	23.33% 21
Not applicable to me	35.56% 32
Other (please specify)	21.11% 19
Total Respondents: 90	

Q8

Select the statement which best describes your experience:

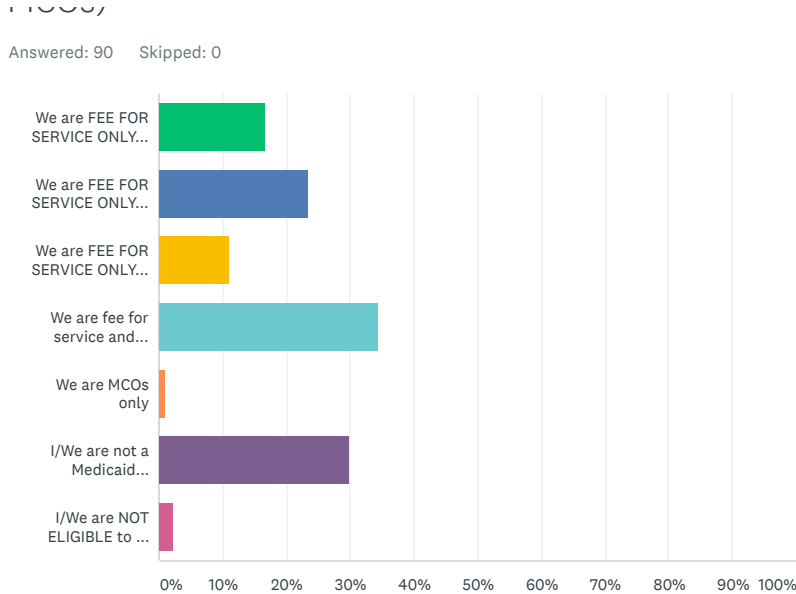
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES
I/group practice receive calls to take new patients whose only funding is Medicaid at least WEEKLY that I/we have to decline	64.44% 58
I/group practice receive calls to take new patients whose only funding is Medicaid at least EVERY OTHER WEEK that I/we have to decline	6.67% 6
I/group practice receive calls to take new patients whose only funding is Medicaid at least MONTHLY that I/we have to decline	13.33% 12
I/group practice receive calls to take new patients whose only funding is Medicaid RARELY that I/we have to decline.	4.44% 4
I/group practice DO NOT receive calls to take new patients whose only funding is Medicaid	11.11% 10
TOTAL	90

Q9

If you are a Medicaid provider, please select which describes you/group practice (select all that apply for the MCOs)

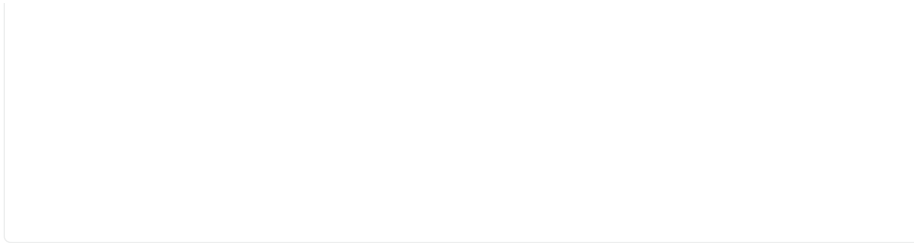


ANSWER CHOICES	RESPONSES
We are FEE FOR SERVICE ONLY because MCOs can pay lower than the fee for service rates	16.67% 15
We are FEE FOR SERVICE ONLY because MCOs have variability in either administrative or clinical requirements	23.33% 21
We are FEE FOR SERVICE ONLY because of the potential for a patient to be shifted to another MCO without my prior knowledge	11.11% 10
We are fee for service and Managed Care Organizations (MCOs)	34.44% 31
We are MCOs only	1.11% 1
I/We are not a Medicaid provider	30.00% 27
I/We are NOT ELIGIBLE to be a Medicaid provider	2.22% 2
Total Respondents: 90	

Q10

*Please answer if you/your practice is eligible to join Medicaid or if you/your practice is already in network with Medicaid:What would immediately help you/your group practice in mitigating barriers to delivering services to patients whose only funding source is Medicaid?

Answered: 90 Skipped: 0



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