



**CAPITAL AREA BEHAVIORAL  
HEALTH COLLABORATIVE, INC.**  
*Established October 1999*

**PROVIDER SATISFACTION REPORT**

**2007**

CABHC's Provider Network Specialist mailed 479 surveys and emailed 282 surveys to all providers listed in the CBHNP provider network to obtain feedback for CBHNP and the HealthChoices program. Twenty-four surveys were returned as undeliverable. Consequently, out of the 761 delivered surveys, we received 132 responses, which is a 19.3% response rate. In 2006, there was a 16% response rate, in 2005, a 13% response rate, in 2004 a 21% response rate, and 2003 had a 16% response rate.<sup>1</sup>

Where possible, the survey was sent electronically using the QuestionPro online survey program. Where provider email addresses were unavailable, paper copies of the survey were mailed. Notably, only 37% of the surveys were emailed, yet 77% of the responses were received electronically via QuestionPro. CABHC will continue to expand electronic distribution of future surveys.

**Demographics<sup>2</sup>**

County(ies) identified by Providers where they provide services:

- Cumberland County: 36%
- Perry County: 27%
- Dauphin County: 46%
- Lancaster County: 49%
- Lebanon County: 30%
- Other counties/out of state: 57%

Age group(s) served:

- Children and Adolescents: 81%
- Adults: 68%

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<sup>1</sup> All respondents did not answer every question. Therefore, the number of respondents counted in rating each question varies. Those not answering a particular question or marking the question "N/A" were not included in the ratings.

<sup>2</sup> Percentages include providers who indicated having sites in more than one location; having both mental health and substance abuse services; and serving both children and adults. This accounts for percentages totaling more than 100%.

**Services Provided:**

MH Inpatient and/or EAC	13.6%	D&A Detox	10.6%
MH Outpatient	36.4%	D&A Rehab	15.2%
MH Partial Hospitalization	13.6%	D&A Outpatient, IOP or Partial	22.0%
MH BHRS incl. MST, EIBS, STAP, ASP	26.5%	D&A Halfway House	7.6%
MH RTF	14.4%	D&A Methadone	2.3%
MH FBMH	11.4%	Respite Care	6.8%
Crisis Intervention	8.3%	CRR-Host Home	4.5%
Peer Support	7.6%	Targeted Case Management (any)	20.5%
CTT	4.5%		

Providers were instructed to respond to survey items based on their experiences with CBHNP over the course of the past year. All Likert scale ratings in the following charts and paragraphs have been converted as follows:

Very Satisfied = 5

Satisfied = 4

Neutral = 3

Dissatisfied = 2

Very Dissatisfied = 1

“N/A” was not calculated into the scores or

Where possible, data from past surveys is presented alongside the response data for the 2007 Provider Satisfaction Survey. Note that several new items were added to the 2007 survey. Similarly, the format and/or wording may have been revised for certain items.

## 2007 CABHC Provider Satisfaction Survey Results

<b>Written and Electronic Communications</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>
Clear	97.0%	3.76
Timely	96.2%	3.50
Consistent	96.2%	3.48
Accurate	94.7%	3.61
Notification and implementation of policy changes affecting Providers	97.7%	3.68
<i>(BHRS Providers only)</i> Notification and coordination of policy changes to improve Member access to BHR Services	39.4%	3.35

<b>Provider Relations</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005 Mean Response</b>	<b>2004 Mean Response</b>
Professionalism	93.2%	4.23	4.33	4.51	4.42
Answering Questions Satisfactorily	93.9%	3.97	4.15	4.50	4.25
Answering Questions in a Timely Manner	95.5%	3.87	4.13	4.29	4.20
Fairness of Provider Relations site visit(s)	78.0%	4.11	4.27	4.44	4.43
Convenience in scheduling Provider Relations site visit(s)	71.2%	4.03	4.26	4.41	4.44
(Re)Credentialing Process	72.0%	3.95	3.99	N/A	N/A
Assignment of Provider Relations Representative	82.6%	4.07	4.14	N/A	N/A

<b>Provider Meetings and Trainings</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>
Adequate notice to attend	85.6%	4.04	4.13
Availability (dates and locations)	85.6%	3.96	3.96
Usefulness/Appropriate to your level of care	83.3%	3.84	3.91
Satisfactory answers to your questions	82.6%	3.65	3.90
Helpful/Valuable information received	82.6%	3.78	3.99

<b>Provider Newsletters<sup>1</sup></b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005 Mean Response</b>	<b>2004 Mean Response</b>
Comprehensiveness	72%	3.89	3.86	4.13	3.83
Readability	72%	3.91	3.98	4.05	3.86
Usefulness	72%	3.83	3.94	4.05	3.71

<b>Administrative Appeals</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005<sup>2</sup> Mean Response</b>	<b>2004<sup>2</sup> Mean Response</b>
Adequate explanation of decision	67.4%	3.62	3.90	100%	86.1%
Timely response (policy states response within 30 days)	68.2%	3.97	4.00	100%	95%
Decision outcome	67.4%	3.55	3.80	90%	N/A

<sup>1</sup> In prior surveys, this question referred to "Provider Infos". Provider Infos have been replaced with the Provider Newsletter.

<b>Claims Processing</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005<sup>2</sup> Mean Response</b>	<b>2004<sup>2</sup> Mean Response</b>
Professionalism	74.2%	4.09	4.29	4.38	3.97
Timely payment of claims (within 45 days)	67.4%	4.06	4.20	94.6%	94.6%
Timely answers to your questions	71.2%	3.94	4.23	4.28	4.06
Satisfactory answers to your questions	74.2%	3.92	4.19	4.35	N/A
Accurate answers to your questions	72.7%	4.00	4.20	N/A	3.94

<b>Member Services</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005 Mean Response</b>	<b>2004 Mean Response</b>
Professionalism	84.1%	4.12	4.29	4.31	4.20
Timely answers to your questions	84.8%	3.96	4.14	4.35	4.06
Satisfactory answers to your questions	85.6%	3.88	4.18	4.30	N/A
Accurate answers to your questions	84.8%	3.81	4.15	N/A	3.94
Availability of Member Services Staff after hours	62.1%	3.98	4.13	N/A	N/A
Directing your call to appropriate department/care manager	84.1%	3.95	4.16	N/A	N/A

<sup>2</sup> In 2004 and 2005, these questions regarding satisfaction were asked in “yes” or “no” format. The percentage listed is that of “yes” answers to being satisfied.

<b>Complaints and Grievances</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>
Professionalism	47.7%	4.03	N/A
Timeliness of complaint resolution	45.5%	3.85	3.84
Proper handling of complaint	43.9%	3.83	3.79
Result/outcome of complaint	45.5%	3.83	3.63
Overall complaint process	46.2%	3.77	3.74
Timeliness of grievance resolution	47.7%	3.83	3.83
Proper handling of grievance	50.0%	3.80	3.83
Result/outcome of grievance	47.7%	3.73	3.61
Overall grievance process	49.2%	3.69	3.78

<b>Clinical Department and Care Management</b>	<b>2007 % of Total Respondents</b>	<b>2007 Mean Response</b>	<b>2006 Mean Response</b>	<b>2005<sup>3</sup> Mean Response</b>	<b>2004<sup>3</sup> Mean Response</b>
Professionalism	87.1%	4.07	N/A	4.30	4.16
Availability of Clinical Care Managers	85.6%	3.64	3.91	4.00	3.80
Timeliness of authorizations	84.1%	3.46	4.00	81%	67%
Accuracy of authorizations	84.1%	3.53	N/A	N/A	N/A
Consistency in review of children's treatment plans	59.1%	3.46	3.83	3.65	3.76

<sup>3</sup>In 2004 and 2005, these questions regarding satisfaction were asked in “yes” or “no” format. The percentage listed is that of “yes” answers to being satisfied.

## *Summary*

Although ratings in some categories decreased from last year, the decreases were by five percent or less. The results specifically indicate that respondents overall are particularly satisfied with the services of the *Claims* and *Provider Relations* Departments, with mean scores of 4.0 and 4.03 respectively.

Most comments that appeared negative were generally related to the *Clinical/Care Management* department and appeared to be situational to specific instances rather than related to overall processes. Additionally, several comments were related to delays or inaccuracies in authorizations. These instances are already being addressed and improved upon by CBHNP. There were also a number of positive comments regarding changes made in the CCM department. Thus, we expect to see satisfaction with *Clinical/Care Management* increasing in the future.

Continued interaction and feedback from Providers will be monitored and encouraged, with the objective to continue to see improved satisfaction in future surveys.

CABHC is pleased that Providers have recognized and appreciated efforts made by CBHNP to listen to feedback and make changes to their management system in response to these comments. CBHNP will review the feedback from this survey in order to continue to give support to their Provider network.

If you have any questions or comments, please feel free to contact me at [ddaddario@cabhc.org](mailto:ddaddario@cabhc.org) or 717.671.7190 ext 105.

### Survey Comments

CBHNP Department or subject (if any)	Comments
Claims Processing	Need to complete online claims submission. Paper claims too slow.
Clinical Dept/Care Management	We had some issues this year with our auths being entered under another company, and then they were not all put under the correct provider within our agency. I think they are all fixed now.
Clinical Dept/Care Management	Authorizations are not processed for 4 weeks or longer. Medical necessity criteria is inconsistent and decisions seem to follow no particular pattern.
Clinical Dept/Care Management	Things have been worse this year than in past years. As a provider, I would like to see authorizations sent to us in a timely fashion and ACCURATE. Also some notification of approval of (BHRS) packets - via a verbal auth or a signed plan of care.
Clinical Dept/Care Management	Simplify your outpatient registration form
Clinical Dept/Care Management	Authorizations received in a timely manner are still an issue.
Clinical Dept/Care Management	"Dissatisfied" with Timeliness, Consistency, Accuracy of authorizations.
Clinical Dept/Care Management	Getting accurate authorizations continues to be a huge problem for CBHNP. They continue to send wrong auths and now want providers to fill out a form to tell them what they did wrong. It is extremely frustrating and very time consuming. As of date we have filled out over 100 incorrect authorization forms to alert CBHNP of the problem. It is amazing that CBHNP continues to make mistakes in basic tasks (i.e. generating authorizations) and continue to make providers complete additional forms to report CBHNP errors.
Clinical Dept/Care Management	Clinical care managers continue to direct therapy (stating how it should be done versus authorizing services and allowing trained professionals who know the family or child to make clinical decisions on how to proceed) and interfere with therapeutic processes or attempt to do therapy during team meetings.
Clinical Dept/Care Management	Dina Frantz is a terrific care manager. I believe that over the past five years she is one of the two best care managers that this clinical director contacts on a regular basis. Dina is knowledgeable, concise, friendly, and professional at all times and she should be given a raise for her outstanding performance.
Clinical Dept/Care Management	It would be helpful if you would return signed plans of care back to providers.
Clinical Dept/Care Management	No explanations of why hours are decreased or not authorized. Would be helpful to know.

CBHNP Department or subject (if any)	Comments
Clinical Dept/Care Management	There needs to be a greater level of consistency in expectations for treatment plans. Varying perspectives and expectations prove to be very frustrating for the clinician
Clinical Dept/Care Management	As a MCO, I am very concerned about the consistency in applying MNC to case and how cases are managed. My experience has been troublesome in that packets do not appear to be evaluated equally, that MA guidelines for timeframes for packet reviews are not adhered to, that lapses in services are constantly occurring due to the above referenced issues, and communication with Care Managers is not also present. CBHNP has a no call policy in place with authorizations and we have continued issues with receiving communication regarding add info, grievances, etc. Receiving authorizations is always problematic.
Clinical Dept/Care Management	Over the months of May, June & July there were problems with receiving authorization letters.
Clinical Dept/Care Management	The roll over to include the other counties seemed to be a difficult transition time. There were many errors in re: to processing authorization requests with a cumbersome process for providers to correct CBHNP authorizations. Why did the POC stop for all BH Services-it's a really helpful document. TCM Providers are constantly being told of the expectation changes from the State. Why can't CBHNP provide written notifications from the State re: these expectations. There were always policy clarifications issued in the past. ICM seems more paper driven than consumer services. Why has CBHNP ignored a directive from the State to produce a working document for ICM Providers re: RTF CT population served, tx mods, male/female/ages, exclusionary criteria to use during searches. They asked ICM providers at our last meeting for this information.
Member Services	"Professionalism": (Very Dissatisfied)
Member Services	"Accurate answers to questions": Given misinformation regularly (Dissatisfied)
Member Services	"Directing call to appropriate department/CCM": Gloria, Mandy, Susan, and Janet (Satisfied)
Provider Relations	Provider Relations representatives were professional and informative.
Provider Relations	Phone calls to Provider Relations are not returned.
Provider Relations	"Professionalism": (Very Satisfied)
Provider Relations	"Timely answers to questions": Have to wait 2 days

CBHNP Department or subject (if any)	Comments
Provider Relations	I have only had positive experiences with the provider relations representatives. There is always timely assistance when requested.
Provider Relations	Provider meetings & trainings are scheduled without input from providers-there is no flexibility in dates times or locations. Prime example is the next MH Outpatient Provider Meeting was originally scheduled on 11/12/07-a holiday for most of the county programs. It has now been rescheduled for 11/19/07 the day CABHC Board of Directors is scheduled to meet.
Utilization Review	I've been very satisfied with my experiences with CBHNP, who I mainly contact to do clinical reviews.
General	Love working with your organization
General	I'm very happy working with CBHNP
General	CBHNP seems to have outgrown its effectiveness. Overall rating: Very Dissatisfied.
General	Our facility would like to assist more Members enrolled with CBHNP. For some time we haven't serviced any CBHNP clients.
General	Extremely dissatisfied with CBHNP. They cut hours and deny services to children even after parents, teachers, TSS, and psychologists say they need more (BHRS) hours.
General	Provider meetings & trainings: They had to take them back to a panel of people at CBHNP (Dissatisfied)
General	Written Plans of Care need to be handed out again. With all the auth errors, we can't trust the written auth is correct and since the CCMs do not call to tell us what is authorized, we constantly have to call in to Member Services. MS is tired of all the calls and use to tell us they wouldn't check the auths in the computer so they would put us into a CCM's mailbox. We would then have to wait 2 additional days to hear back from the CCM to see if the child had been authorized as of a week ago!
General	CBHNP seems unrealistically to expect agencies to communicate with each other when a client receives more than one level of care.
General	CBHNP should REQUIRE BHRS Providers in the Lancaster area to report on their staff capacity.
General	BHRS Providers have asked for Plans of Care to be mailed back to the Provider and this has not happened.
General	CBHNP needs to address Lancaster County's BHRS waiting list.
General	I really appreciate the availability, care and concern that the staff of CBHNP show in their relationships with providers and consumers. Thanks for all you do.

<b>CBHNP Department or subject (if any)</b>	<b>Comments</b>
General	CBHNP had a policy change on May 1, 2007. They had a detailed meeting regarding this. However after May 1, other policy changes occurred that we were not informed about at the meeting, resulting in packets being mailed back to the provider. Forms changed without notice and this also caused packets to be mailed back without review. Also since May 1, CBHNP has discontinued their use of the signed POC. The provider only gets timely feedback if CBHNP gives a partial denial and therefore calls the provider. To compound this problem, the department that sends the hardcopy authorizations was (is) 3-4 weeks behind. In other words, a provider could send a packet, wait 1.5 weeks or more and not know if the packet was authorized or slowly returning via mail due to missing information.
General	I hate making general comments some individuals are better informed, more consistent, etc. than others.
General	Working with CBHNP/CABHC since your opening on several different professional levels and have always been treated fairly and with respect by every professional level of personnel.
General	The consensus here is that expectations are unrealistic and that managed care has 'managed the care' out of case management. It is obvious that CTT is modeled after the initial (and successful) ICM Program.
General	Can not seem to verify who are assigned care manager. Provider rep provided a contact name but calls to that individual go answered and voicemail message is very out of date. When we call the front desk, we are told to call someone else so coordination of care is very poor and to determine who the care manager is can be timely (if at all) and is not in the best interest of the youth served.