



PROVIDER SATISFACTION REPORT

2008

CABHC's Provider Network Specialist mailed 372 surveys and emailed 301 surveys to all Providers listed in the CBHNP provider network to obtain feedback about CBHNP and the HealthChoices program. Nineteen surveys were returned as undeliverable. Consequently, out of the 673 delivered surveys, we received 122 responses, which is an 18.7% response rate, an increase over 2007. In 2007, there was a 17.9% response rate, in 2006, a 16% response rate, in 2005, a 13% response rate, in 2004 a 21% response rate, and 2003 had a 16% response rate.¹

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. Providers receiving paper copies also had the option to submit the survey electronically. Notably, 45% of the surveys were emailed, yet 78% of the responses were received electronically via QuestionPro. In 2007, 37% of the surveys were emailed, and 77% of the responses were received electronically. CABHC will continue to expand electronic distribution of future surveys.

Demographics²

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

- Cumberland County: 37%
- Perry County: 37%
- Dauphin County: 43%
- Lancaster County: 32%
- Lebanon County: 20%
- Other counties/out of state: 51%

Age group(s) served:

- Children and Adolescents: 62%
- Adults: 67%

¹ 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.

² 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 by Respondents:

MH Inpatient and/or EAC	5.7%	D&A Detox	9.8%
MH Outpatient	32.8%	D&A Rehab	14.8%
MH Partial Hospitalization	12.3%	D&A Outpatient, IOP or Partial	14.8%
MH BHRS incl. MST, EIBS, STAP, ASP	18.0%	D&A Halfway House	7.4%
MH RTF	13.9%	D&A Methadone	4.1%
MH FBMH	11.5%	Respite Care	0.8%
Crisis Intervention	4.1%	CRR-Host Home	4.9%
Peer Support	3.3%	Targeted Case Management (any)	8.2%
Community Treatment Teams (CTT)	2.5%	Mobile Mental Health Treatment (MMHT)	0.8%
Mobile Psychiatric Nursing (MPN)	0.8%	Buprenorphine Coordination	1.6%

Providers were asked 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

Where possible, data from past surveys is presented alongside the response data for the 2008 Provider Satisfaction Survey. Note that several new items were added to the 2008 survey. Similarly, the format and/or wording may have been revised for certain questions.

2008 CABHC Provider Satisfaction Survey Results

Communication Preferences

The following questions regarding methods of communication and internet usage were added in 2008 to ascertain Provider preferences in making contact with CBHNP in order to offer more specific feedback in the survey results.

In the last 12 months, how have you communicated with CBHNP?

	2008 Percentage of Respondents Preference	
	Methods Used	Methods Used Most Often*
Telephone	30.5%	61.1%
Mail	17.7%	5.6%
Internet/World Wide Web	8.9%	0.9%
E-mail	18.6%	15.7%
Fax	21.9%	24.1%
Other	2.5%	N/A

* Total equals more than 100%.

Do you use the Internet to get any of the following information or to use any of the following services?

	2008 % of Question Respondents Preference*
Provider Portal	61.1%
eCura™ ProviderConnect	42.1%
Provider Manual	33.7%
Forms	73.7%
Updates/News	41.1%
Policies & Procedures	41.1%
MA/HealthChoices information	26.3%
Quality Improvement information	16.8%

* Total equals more than 100%.

Satisfaction

All respondents did not answer every question. The column in each table labeled “2008 Percent of Total Respondents” indicates the percentage of all respondents who answered a particular question.

Written and Electronic Communication	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response
Clear	85.3%	3.94	3.76
Timely	82.0%	3.78	3.50
Consistent	82.8%	3.90	3.48
Accurate	82.8%	3.90	3.61
Notification and implementation of policy changes affecting Providers	81.3%	3.75	3.68

Provider Newsletters¹	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Comprehensiveness	66.9%	3.99	3.89	3.86	4.13	3.83
Readability	64.5%	3.99	3.91	3.98	4.05	3.86
Usefulness	66.1%	3.84	3.83	3.94	4.05	3.71

Provider Relations	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Professionalism	82.8%	4.21	4.23	4.33	4.51	4.42
Answering Questions Satisfactorily	86.1%	4.06	3.97	4.15	4.50	4.25
Answering Questions in a Timely Manner	86.1%	4.01	3.87	4.13	4.29	4.20
Fairness of Provider Relations site visit(s)	74.6%	4.21	4.11	4.27	4.44	4.43
(Re)Credentialing Process	68.9%	4.19	3.95	3.99	N/A	N/A

¹ In surveys prior to 2006, this question referred to “Provider Infos”. Provider Infos have been replaced with the Provider Newsletter.

Provider Meetings and Trainings	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response
Adequate notice to attend	72.1%	4.05	4.04	4.13
Availability (dates and locations)	72.1%	3.94	3.96	3.96
Usefulness/Appropriate to your level of care	69.7%	3.84	3.84	3.91
Satisfactory answers to your questions	68.9%	3.89	3.65	3.90
Helpful/Valuable information received	68.9%	3.88	3.78	3.99

Administrative Appeals	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005¹ Mean Response	2004¹ Mean Response
Adequate explanation of decision	59.8%	3.62	3.62	3.90	100%	86.1%
Timely response (policy states response within 30 days)	57.4%	3.79	3.97	4.00	100%	95%
Decision outcome	59.0%	3.46	3.55	3.80	90%	N/A

Claims Processing	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Professionalism	66.4%	4.17	4.09	4.29	4.38	3.97
Timely payment of claims (within 45 days)	63.1%	4.01	4.06	4.20	94.6% ¹	94.6% ¹
Timely answers to your questions	96.3%/21.3% ²	4.12	3.94	4.23	4.28	4.06
Satisfactory answers to your questions	67.2%	4.07	3.92	4.19	4.35	N/A
Accurate answers to your questions	67.2%	4.09	4.00	4.20	N/A	3.94

¹ 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.

² This question was erroneously left out of the mailed paper survey. 96.3% represents the percentage of respondents that answered electronically. 21.3% represents the percentage of all respondents.

Claims Processing	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Consistency in responses you get to different inquiries	66.4%	3.90	N/A	N/A	N/A	N/A
Ease of submitting electronic claims	40.2%	3.96	N/A	N/A	N/A	N/A
Ease of correcting electronic claims	58.2%	3.72	N/A	N/A	N/A	N/A

Member Services	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Professionalism	68.9%	4.21	4.12	4.29	4.31	4.20
Timely answers to your questions	68.9%	4.00	3.96	4.14	4.35	4.06
Satisfactory answers to your questions	68.9%	4.02	3.88	4.18	4.30	N/A
Accurate answers to your questions	68.9%	3.99	3.81	4.15	N/A	3.94
Consistency in responses you get to different inquiries	68.9%	3.88	N/A	N/A	N/A	N/A
Availability of Member Services Staff after hours	51.6%	4.21	3.98	4.13	N/A	N/A
Directing your call to appropriate department/care manager	70.5%	4.15	3.95	4.16	N/A	N/A

Complaints and Grievances	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response
Complaints				
Professionalism	23.8%	4.14	4.03	N/A
Timeliness of complaint resolution	23.8%	4.03	3.85	3.84
Proper handling of complaint	23.8%	3.97	3.83	3.79
Result/outcome of complaint	23.8%	3.93	3.83	3.63
Overall HealthChoices complaint process	23.0%	3.96	3.77	3.74
Grievances				
Professionalism	20.5%	3.80	4.03	N/A
Timeliness of grievance resolution	20.5%	3.64	3.83	3.83
Proper handling of grievance	20.5%	3.60	3.80	3.83
Result/outcome of grievance	19.7%	3.63	3.73	3.61
Involvement in grievance process	20.5%	3.64	N/A	N/A
Overall HealthChoices grievance process	19.7%	3.58	3.69	3.78

Clinical Department and Care Management	2008 % of Total Respondents	2008 Mean Response	2007 Mean Response	2006 Mean Response	2005 Mean Response	2004 Mean Response
Professionalism	70.5%	4.12	4.07	N/A	4.30	4.16
Availability of Clinical Care Managers	72.1%	3.90	3.64	3.91	4.00	3.80
Timeliness of authorizations	73.8%	3.87	3.46	4.00	81% ¹	67% ¹
Accuracy of authorizations	74.6%	3.84	3.53	N/A	N/A	N/A
Consistency in responses you get to different inquiries	71.3%	3.62	N/A	N/A	N/A	N/A
Consistency in review of children's treatment plans	54.1%	3.69	3.46	3.83	3.65	3.76
Participation in ISPT meetings	42.6%	3.31	N/A	N/A	N/A	N/A

¹ 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

Seventy-three percent (73%) of categories increased in satisfaction rating from last year. The greatest improvements in scores were seen in *Consistency* under *Communication* which improved 12.1%, and *Timeliness of Authorizations* which improved 11.8%. The results also indicate that respondents overall are particularly satisfied with the services of the *Member Services* and *Provider Relations* departments, with mean scores of 4.07 and 4.14 respectively (out of five).

Among all categories, decreases in scores ranged from a decrease of 0.5% to 5.7%. The greatest decreases were seen in the categories *Administrative Appeals* and *Grievances*. These are both categories where Provider satisfaction in the overall system could be affected by an unfavorable result of an appeal or grievance.

A free form comment section was available in each category and also at the end of the survey. Most comments that appeared negative were related to difficulties obtaining clear information, as well as problems with authorizations. However, satisfaction scores for *Timeliness of Authorizations* increased 11.8%. Most positive comments were similar to last year regarding the availability of an Administrative Appeal, electronic claims processing, as well as positive relationships with the *Provider Relations* department.

Continued interaction and feedback from Providers will be monitored and encouraged, with the objective to continue to see improved satisfaction in future surveys, specifically in areas that decreased in satisfaction from 2007 to 2008.

The CABHC Provider Network Committee will review the results of the survey in order to make recommendations to CBHNP for corrective action in those areas where improvement is needed.

CABHC would like to thank Providers for participating in this annual Provider satisfaction survey. As the HealthChoices monitoring agency for CBHNP, we use the survey to provide feedback and recommended changes to CBHNP. We hope that this process will enhance the HealthChoices Behavioral Health program throughout our five-county territory.

If you have any questions or comments, please feel free to contact me at ddaddario@cabhc.org or 717.671.7190 ext 105.

Survey Comments

CBHNP Department or subject (if any)	Comments
Administrative Appeals	(Experience at another working site) This went through smoothly and explanations were logical and company and child felt like he was heard and alternative and more personalize/creative aftercare was drawn up as a result of team efforts.
Administrative Appeals	A correction (date) was submitted on the <i>same day</i> the error occurred (regarding a psych eval 90801) and denied.
Administrative Appeals	At times appeals should take other factors into consideration.
Administrative Appeals	CBHNP requires that a V-code diagnosis be changed to a 'deferred' diagnosis in order to obtain coverage for non-mental illnesses that are not eligible for coverage. I believe this is a bad practice, as it requires the provider to provide an inaccurate diagnosis for insurance coverage purposes. I understand that the goal is to cover the initial session and protect the member from being charged for the first session when there is no mental illness present. However, it would be better to cover the first session regardless of the diagnostic conclusion rather than insisting that the provider 'fudge' the diagnosis.
Administrative Appeals	I think that you try to be fair. We sometimes just goof and it would be nice if we were given a 'goof allowance.'
Administrative Appeals	Only until recently were they open to this process. I readily admit their current practices are more provider friendly
Administrative Appeals	Our billing dept. reports very little success with appeals that are submitted. Most are denied.
Administrative Appeals	Outcome was unfavorable. Placed blame on provider, yet did hold county accountable. Providers are relying on counties for many areas.
Administrative Appeals	Responses are rigid - our difficulties have never been considered.
Administrative Appeals	We are encouraged to continue serving however sometimes we are still unable to win an appeal despite this fact.
Administrative Appeals	We do feel additional consideration could have been made for our start up venture.
Administrative Appeals	We have had to file a large amount of admin appeals due to CBHNP errors.
Administrative Appeals	When one individual staff member left organization, information was not passed on and some info was lost resulting in an appeals process level two.
Claims	I feel that the turnaround time when submitting electronically should be faster.
Claims	Anxious for RTF-UB billing to start. It will make the billing process even better.
Claims	Often depends who you talk to - you get various different answers. Often we end up making corrections, even when it is not our error.
Claims	Overall, claims processing has been great. Recently, our organization experienced claims issues where we were unable to submit claims. It took several weeks to access eCura.

CBHNP Department or subject (if any)	Comments
Claims	Time limit on making corrections is too short. By the time I receive notice that there is a problem with a claim, I do not have an opportunity to make corrections because your allotted time period has expired.
Claims	I have repeatedly asked for a listing of what the codes mean when a claim is denied. This would help tremendously in correction of claims – “Clinical Denial” doesn't tell us anything useful. The codes might.
Claims	Transferred to multiple people each time I call with a question.
Claims	Electronic claiming is great. Getting answers to questions could be improved.
Claims	We were unable to access your site in a timely manner. We did not get your rejections in a timely manner, but were held to your time frame nonetheless.
Clinical/CCMs	Care Managers have not always attended meeting, which were scheduled. There has been some inconsistency in ITP's which have been reviewed.
Clinical/CCMs	Care Manager will not always participate in meetings. There were several care managers initially and there was not always a timely returning of phone calls. Much better recently.
Clinical/CCMs	Case Managers often report that they do not receive calls regarding questions they have for several days-sometimes not at all. They also report that the care manager often does not attend meetings.
Clinical/CCMs	At one point we received 4 months worth of authorizations at once. Depending on who the care manager is depends on what is approved. Had to file several admin appeals for wrong # of units on authorizations.
Clinical/CCMs	(RTF) Clinical Managers are not readily available. Often do not receive return phone calls. Clinical Care Managers when participating in ISPT are often derogatory of provider and program.
Clinical/CCMs	Care managers are difficult to get a hold of despite scheduled appointments. As well, we are experiencing a delay in getting initial authorization numbers which causes additional work
Clinical/CCMs	Our experiences are good in this area.
Clinical/CCMs	Case Managers often report that they do not receive calls regarding questions they have for several days-sometimes not at all. They also report that the care manager often does not attend meetings.
Clinical/CCMs	We only get about a 20% attendance rate with CBHNP care managers at the ISPT meetings.
Clinical/CCMs	Some auths inaccurate, sent to wrong provider etc. Very little participation in meetings. No clear guidance in giving feedback for treatment plans and inconsistency in feedback depending on who reviews the treatment plan.
Clinical/CCMs	We would like to see the Care Managers participate in more ISPTs.
Clinical/CCMs	We've noticed a delay in timeliness of auths from Mid October to date, but mostly this hasn't been a problem.
Clinical/CCMs	CCM's have been rude to providers; they never seem to offer the same consistent information from member to member; it seems as though they don't understand packets or MNC at times; nothing is ever consistent.

CBHNP Department or subject (if any)	Comments
Clinical/CCMs	<p>Inconsistent availability and seemingly inconsistent criteria during the review process. Some staff are more consistent and easier to work with than others.</p> <p>Participation in ISPT meetings is generally not useful. CBHNP representatives generally do not add anything at all to the meeting, even when directly asked to clarify processes. If they require that they be invited, then their presence should be useful and purposeful.</p>
Communication	<p>We have not found out changes until after a month or more after they have been implemented. We had to file numerous admin appeals due to CBHNP errors.</p>
Communication	<p>I have not received provider newsletters.</p>
Communication	<p>We have experienced a number of instances where we have met with them in person agreed to things verbally had it documented and then other things occur.</p>
Communication/ Member Services	<p>Occasionally I have encountered problems not being able to hear my contact due to pxs w/telephone equipment. Recently I had an unpleasant interaction w/ one employee of member services who was quite irritated and short w/me.</p>
Communication	<p>Conflicting information from different people you talk to.</p>
Communication	<p>Specifically the change in performance standards in regard to KidNet participation. Initially, the changes were rolled out with a retroactive measurement feature- prior to notification of the change in scope and percentage- CBHNP's up of provider relations, noted that providers should have anticipated and budgeted for these changes... On a positive note, CBHNP did amend its position and backed away from the initial proposal of essentially reducing BHRS rates w/out notification of the changes.</p>
Communication	<p>I do not always get attendance or phone calls back for MDT's, even when written notice is given 3-4 weeks advance.</p>
Communication/ Provider Relations	<p>I appreciate the ongoing e-mail communication from (staff name) providing updates to providers on P&Ps.</p>
Communication	<p>Communication/feedback is often vague and at times you are given different answers from different individuals.</p>
Communication/ Clinical/CCMs	<p>We have had instances in the past where we are told one thing from one care manager and told something opposite by another. We would like clear cut guidelines.</p>
Communication	<p>Communications come through in the same format each time but they are hard to navigate and read. A lot of information comes out too which is not necessarily pertinent to everyone and can be time consuming to deal with. When referencing the web site, items have not been updated and accurate leading to problems.</p>
Communication	<p>I very much appreciate that someone always answers the phone at CBHNP. That is a rare and valuable service in this age of automated phone service</p>

CBHNP Department or subject (if any)	Comments
Communication	If there are changes made, and a provider is not able to make the provider meeting, it would be nice for this information to be sent out via email as an alert so everyone is made aware. I have not received notification of changes until we are being documented for the errors.
Communication	The communication of changes has gotten better over the last year.
Communication	We get numbers and symbols in black magic marker on our requests for services.
Communication	When things change you get little notice and many times the paperwork explaining it comes in the mail after the date it went into effect.
Communication	Especially for outpatient, communication is inconsistent from CBHNP when it concerns new policies, practices, or expectations. There have been several situations in which our billing has been affected because no one received (either written or email) communication regarding changes. Communication is much more timely and consistent with BHRS. Communication from the care managers at CBHNP is inconsistent for BHRS. The standards and expectations seem to be different depending on the care manager involved, which makes it difficult to know how to best prepare and present information.
Complaints & Grievances	When a complaint is filed against us, we feel as if we are guilty until we prove our innocence, and even then we are still blamed.
Complaints & Grievances	In cases of RTF grievances, they need to be addressed MUCH faster so that repeated evals do not have to take place because of the time lost during grievance process. This has happened to us twice where time limits due to the process were compromised due to the grievance process delays
Complaints & Grievances	We've had a few experiences in which the CBHNP staff participate via conference call (for example, if the meeting is held at a school). In those situations, there seems to be less professionalism and less understanding of the concerns that Members express. Additionally, there are times when we do not feel that additional services can be supported, make that clear to CBHNP staff, and end up having those increased/additional services approved. In the situations where the services seem most warranted, they are not consistently approved. Greater clarification on the actual criteria used in determining Medical Necessity would be appreciated.
General	Your former method of giving the authorization number during the initial pre cert or reauthorization instead of a call back was much better for continuity and decreased the chance for error. I would strongly suggest you folks go back to the previous way of operation.
General	Interactions with CBHNP staff have been a very positive experience for us in TCM at (Provider name).

CBHNP Department or subject (if any)	Comments
General	Generally have a positive relationship with CBHNP leadership and its admin processes have greatly improved over the past few years. There is some degree of provider concern over a change in direction under the new Perform Care organization as to the coming cultural and mission changes that might impact the MCO/Provider partnership. Hopefully this is an area of concern that will remain a focus of CABHC's executive oversight (name). Thank you
General	I very much appreciate all that you do for the patients we serve. You do a great job...all of the time.
General	We are extending ourselves to serve your members who live in a different county so they may have reasonable access to services, yet we have gotten no flexibility in claims as we attempt to learn and comply with your system.
General	Have done authorizations and then come back denied.
General	Our agency has been working with CBHNP for about one year and we only had a few young men from the Capital Area of PA. We have not had a lot of interaction with Care Managers or other CBHNP staff, but have not had any major issues.
General	We have no complaints with what you do. Keep up the good work.
Member Services	Often we get different answers from different representatives.
Member Services	It is very difficult to get timely responses from Member Services and you can get different responses
Member Services	This area is excellent. These folks do a very nice job in our experience - with no exceptions!
Member Services	I am currently awaiting a response on a question that was raised with regards to a compensation rate. The question was raised on 10/21/08 but I have not received any follow-up communication from a CBHNP representative since then.
Provider Meetings & Trainings	I don't personally attend but our marketing does and they by far express how well CBHNP is compared to other providers.
Provider Meetings & Trainings	The closest provider meeting location is still 1 1/2 hours from our location. When attended, no knowledge (prior) of speaker phone availability.
Provider Meetings & Trainings	It is helpful to hear about updates and brainstorm about ideas which may benefit our kids.
Provider Meetings & Trainings	Minutes seem to take a long time to come out
Provider Meetings & Trainings	Often do not receive notification of meetings. Meetings are not usually very interactive in nature.
Provider Meetings & Trainings	Provider meetings are very long with some useful information. Answers to questions usually take time and occur after meetings.
Provider Meetings & Trainings	Mostly I rely on email updates, as my schedule doesn't permit regular attendance at provider meetings.
Provider Relations	Your staff is very helpful and pleasant to deal with.

CBHNP Department or subject (if any)	Comments
Provider Relations	As I mentioned at the last CBHNP meeting on 10-22-08 your system worked better previously when authorization numbers were given immediately at the time of the pre-cert or reauthorization instead of waiting for a call back from a care manager who did not process the information.
Provider Relations	It has always been a pleasure to work with our Provider Relations representatives.
Provider Relations	(Staff name) has been very helpful.
Provider Relations	I see Provider Relations as a buffer to the other departments. The issue is that can't provide specific direction without discussions with other departments. Too often those discussions do not get communicated to the rest of CBHNP and their departments
Provider Relations	Our provider relations contact does not always follow thru when calls are made and questions asked. we get a call back, but when info is to be 'researched or gathered' about our questions, we generally hear nothing
Provider Relations	(Staff name) is great to work with
Provider Relations	(Staff name) is very responsive & helpful. (Staff name) is accessible and reasonable in addressing issues and concerns.
Provider Relations	(Staff name) is wonderful!
Provider Relations	Provider Relations seems at times more positive towards consumers than providers.
Provider Relations	Have a hard time getting (staff name) to return phone calls and e-mails
Provider Relations	During our last site visit, our score was lowered although none of our closing charts were looked at yet we were scored on those charts. Also, it was not made clear to us on how to write goals correctly. We were told that our goals were not showing targeted case management goals but examples were not given to shed light on how those goals should be written.
Provider Relations	The Provider Relations dept. is the easiest dept. within CBHNP to work with.