



An AmeriHealth Mercy Company

Memorandum

To: Rick Kastner, Denise D’Addario
 From: Sheryl Swanson
 Date: December 1, 2010
 Subject: **2009 Provider Satisfaction Survey Comments**

Thank you for the opportunity to review the 2009 satisfaction survey. CBHNP is pleased to again see improvement, particularly in the areas of Consistency under Communication, and Timeliness and Accuracy of Authorizations as well as the area of Grievances. Regardless, there are still areas which CBHNP can target for improvement. As we did last year, we will look specifically at areas scored at 3.75 or less as an opportunity for improvement. The areas are as follows:

Communication	2009 % of Total Respondents	2009 Mean Response
Ease of calling the Provider Line and reaching the person you are calling	99.2%	3.57

This section was new in the 2009 survey and overall we were pleased with the responses. The Provider line is relative new. Responses suggest that while providers can usually reach someone who can answer their question, they cannot always reach the person to whom they prefer to speak. We may consider asking a question that speaks to if a return call is made within two (2) business days consistent with CBHNP policy.

Provider Newsletters	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Comprehensiveness	75.2%	3.07	3.99	3.89
Readability	75.2%	3.14	3.99	3.94
Usefulness	75.2%	3.05	3.84	3.83

Providers have reported a decline in satisfaction with the Provider Newsletters. The newsletter format was significantly revised in 2008 to incorporate more pictures and graphics. The initial reaction was positive however, it is clear that the content needs to be changed at this point to

provide interesting information rather than reiterate changes that have occurred in policy or process. This survey data was shared with Don Stiffler, Provider Relations Manager to work with PR staff to identify ways to make this tool more useful to providers. As such, at this time the Newsletter, in addition to format is under-going substantial changes in content. Beginning with the next Newsletter, content will be more informative to trends and issues affecting our providers and the members they serve (such as treating depression, bullying, high energy drinks and possible addictions etc.). We believe this additional content change will result in higher and more favorable provider responses.

Administrative Appeals	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Adequate explanation of decision	58.4%	3.69	3.62	3.62
Timely response (policy states response within 30 days)	57.8%	3.74	3.79	3.97
Fair decision outcome	58.4%	3.48	3.46	3.55

This area was also identified as an improvement opportunity in the 2009 response. The score in this area improved slightly but new for 2010 response is timeliness of response. In an attempt to impact the number of administrative appeals, CBHNP has developed reports to identify/trend and established the quarterly notification process to the Administrative Appeals Committee. As well, in 2009, a request has been submitted to IT for the development of an appeals feature in ProviderConnect. A release date is unscheduled at this time. The Admin Appeals Committee is once again actively engaging the Provider Relations Representatives so they may reach out to providers, offering technical assistance and education. While this was a routine part of the process at one point, there is lesser emphasis on this aspect today. The Provider Relations Manager has notified Reps as well as the Admin Appeals Coordinator of this renewed expectation. PR staff have begun reviewing this process with the providers as a renewed effort for the 2011 year.

Claims Processing	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Consistency in responses you get to different inquiries	65.8%	3.74	3.90	N/A
Ease of correcting claims	63.4%	3.66	3.72	N/A

In 2008/09, CBHNP began offering ProviderConnect® to all contracted credentialed providers. This tool provides additional means to submit claims as well as check the status of a claim. As suspected, this increased provider satisfaction relative to ease of submitting claims. The 2009 survey revealed that providers are concerned about consistency of responses as well as the work involved with correcting claims. This is largely due to the fact that corrected claims must be submitted on paper. CBHNP is assessing the possibility of changing the system to allow corrected claims to be submitted electronically however, such a large project is not likely to be

initiated prior to 2012. Some of the comments in general focused on electronic claims submission as well. We believe this may require some additional education and follow up from Provider Relations staff as CBHNP electronic claims requirements are consistent with requirements mandated by CMS and/or National Uniform Claims Committee.

Clinical Department and Care Management	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Consistency in review of children’s treatment plans	50.3%	3.53	3.69	3.46
Participation in ISPT meetings	45.3%	3.41	3.31	N/A

These areas also scored at or below 3.75 in the previous survey, though there has been a slight increase in participation in ISPT meetings as a result of interventions. In 2010, there has been greater focus on collaboration between the Clinical Care Managers (CCM) and the Psychologist Advisors (PA) who review the BHRS treatment plans to increase the quality and consistency of decision making. These efforts include CCM monthly case reviews with the PA and regular case discussions between the Medical Director, CCM Managers, and PAs. Inter-rater Reliability Audits of CCM decision making are conducted quarterly and the results are reported to the QI/UM Committee. Additionally, in 2010, the CCMs began to attend all ISPT meeting for Members at risk of out of home placement and others, as schedules permitted.

Complaints and Grievances	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Complaints				
Timeliness of complaint resolution	24.2%	3.72	4.03	3.85

One new area was identified in the Complaints and Grievances department around timeliness of complaint resolution. CBHNP must resolve complaints within 30 days from the date it was filed per regulations. CBHNP makes every effort to resolve the complaint in the most expeditious manner as the concerns allow. CBHNP is charged and heavily monitored with thoroughly investigating each concern identified and ensuring a thorough investigation. Therefore, depending on the nature of the complaint, and potentially asking for additional information from the provider, the process may take up most of the 30 days allowed. Currently, CBHNP is resolving complaints on average in 24 days.

Thank you for the opportunity to review and respond to the 2009 Provider Satisfaction Survey. Overall, we are pleased to see a good report.