



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

PROVIDER SATISFACTION REPORT

2006

The results of the CABHC 2006 survey, focusing on obtaining provider feedback on the effectiveness of CBHNP and the HealthChoices program, are analyzed below.

Surveys were sent to all providers listed in the CBHNP provider network. CABHC mailed 584 surveys and emailed 228 surveys. Six surveys were returned as undeliverable. Consequently, out of the 806 delivered surveys, we received 129 responses, which is a 16% response rate. In 2005, there was a 13.1% response rate, in 2004 a 21.4% response rate, and 2003 had a 15.8% response rate.¹

For the first time, Providers were able to complete the survey electronically via a link in the survey email or via a link on our website. QuestionPro online survey program was used to enable the electronic responses. Where possible, the survey was sent electronically. Where provider email addresses were unavailable, paper copies of the survey were mailed. Notably, only 28% of the surveys were emailed, yet 52% of the responses were received electronically via the website. CABHC will continue to expand electronic distribution of future surveys.

Demographics

Of the returned surveys, the following demographics were represented:

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

- Cumberland County: 30%
- Perry County: 24%
- Dauphin County: 41%
- Lancaster County: 47%
- Lebanon County: 30%
- Other counties or out of state: 49%

Age group(s) served:

- Children and Adolescents: 73%
- Adults: 74%

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.

Population(s) served:

MH Inpatient and/or EAC	9.3%	D&A Detox	7.8%
MH Outpatient	38%	D&A Rehab	14.7%
MH Partial Hospitalization	12.4%	D&A Outpatient, IOP or Partial	25.6%
MH BHRS	23.3%	D&A Halfway House	10.1%
MH RTF	16.3%	D&A Methadone	3.1%
CRR Host Home	1.6%	Targeted Case Management (any)	7.8%
MH FBMH	11.6%	Respite Care	3.9%
Crisis Intervention	8.5%	Member/Peer Support Services	3.9%

These figures 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%.

Providers were asked to rate their experiences with CBHNP in the past year. Results from past years, where available, are also included for comparison. However, please note that the format and/or wording of questions may have changed from year to year.

All Likert scale ratings in the following chart 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

Provider Relations	2006 % of total respondents	2006	2005	2004	2003
Professionalism	91.5%	4.33	4.51	4.42	4.41
Answering Questions Satisfactorily	89.9%	4.15	4.50	4.25	4.10
Answering Questions in a Timely Manner	86.8%	4.13	4.29	4.20	N/A
Fairness of Provider Relations site visit(s)	65.9%	4.27	4.44	4.43	4.22
Convenience in scheduling Provider Relations site visit(s)	54.3%	4.26	4.41	4.44	4.14
Credentialing Process	68.2%	3.99	N/A	N/A	N/A
Assignment of Provider Relations Representative	77.5%	4.14	N/A	N/A	N/A
Notification of changes in CBHNP Capital Area policies and procedures	88.4%	3.92	N/A	N/A	N/A

Note differences from prior years in questions asked & presentation.

Provider Meetings and Trainings	2006 % of total respondents	2006
Adequate notice to attend	77.5%	4.13
Availability (dates and locations)	78.3%	3.96
Usefulness; Appropriate to your level of care	73.6%	3.91
Satisfactory answers to your questions	72.1%	3.90
Helpful/Valuable information received	74.4%	3.99

Provider Manual	2006 % of total respondents	2006	2005	2004	2003
Comprehensiveness	69.8%	4.00	4.03	3.80	3.95
Readability	69.8%	3.97	4.00	3.72	3.97
Usefulness	69.8%	3.92	4.02	3.72	3.67

Provider Newsletters²	2006 % of total respondents	2006	2005	2004	2003
Comprehensiveness	66.7%	3.86	4.13	3.83	3.90
Readability	66.7%	3.98	4.05	3.86	3.83
Usefulness	66.7%	3.94	4.05	3.71	3.72

Administrative Appeals	2006 % of total respondents	2006	2005³	2004³	2003
Adequate explanation of decision	63.6%	3.90	100%	86.1%	N/A
Timely response (policy states response within 30 days)	63.6%	4.00	100%	95%	N/A
Decision outcome	63.6%	3.80	90%	N/A	N/A

Claims Processing	2006 % of total respondents	2006	2005	2004	2003
Professionalism	69%	4.29	4.38	3.97	4.17
Timely payment of claims (within 45 days)	64.3%	4.20	94.6%	94.6%	94.3%
Timely answers to your questions	68.2%	4.23	4.28	4.06	4.07
Satisfactory answers to your questions	68.2%	4.19	4.35	N/A	N/A
Accurate answers to your questions	69.8%	4.20	N/A	3.94	N/A

² In prior surveys, this question referred to “Provider Infos”. Provider Infos have been replaced with the Provider Newsletter.

³ 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.

Member Services Staff	2006 % of total respondents	2006	2005	2004	2003
Professionalism	83.7%	4.29	4.31	4.20	4.17
Timely answers to your questions	83.7%	4.14	4.35	4.06	4.19
Satisfactory answers to your questions	83.7%	4.18	4.30	N/A	N/A
Accurate answers to your questions	83.7%	4.15	N/A	3.94	N/A
Availability of Member Services Staff after hours	65.1%	4.13	N/A	N/A	N/A
Directing your call to appropriate department/care manager	82.2%	4.16	N/A	N/A	N/A

Complaints and Grievances	2006 % of total respondents	2006
Timeliness of complaint resolution	14.7%	3.84
Proper handling of complaint	14.7%	3.79
Result/outcome of complaint	14.7%	3.63
Overall complaint process	14.7%	3.74
Timeliness of grievance resolution	14.0%	3.83
Proper handling of grievance	14.0%	3.83
Result/outcome of grievance	14.0%	3.61
Overall grievance process	14.0%	3.78

Summary

CABHC is pleased with the overall response rate of the survey. The results indicate that respondents overall are especially satisfied with the services of the Claims and Provider Relations Departments, while the Members Services Department has shown the most improvement. It is also apparent when comparing the results from this survey to those of prior years that Providers' levels of satisfaction have consistently improved across all departments.

Written comments from the surveys show that providers have higher satisfaction with Clinical Care Managers since the change CBHNP recently made in re-assigning CCMs to more specific areas in order to enhance coordination with external agencies and to improve managed care for Members. 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. Because of the number of positive comments regarding changes made in the CCM department, we foresee this level of satisfaction as increasing in the future.

Continued interaction and feedback from Providers will be monitored and encouraged, with the objective to continue to see improved scoring 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 or 717.671.7190 ext 105.

The following are comments received in various sections of the survey:

CBHNP Department or subject (if any)	Comments
Answering questions in a Timely Manner	It took (CCM) one month to call me back. Some are better than others.
Claims	(re: appropriate EOB for claims denials) Sometimes when we call, we get a different answer for the denials, but people are very helpful & we resubmit & the claim is paid.
Claims	Excellent. Paid in a timely manner. Errors are taken care of ASAP.
Claims	Very good. One of the best. Problems are quickly identified & fixed. Keep up the gold standard.
Claims	Often times there are claims denied labeled "clinical denials". Claims (department) is very good at correcting them, as almost always it's an error on CBHNP's part.
Claims	Enjoy working with CBHNP Claims department. They are always courteous and resolve issues quickly.
Clinical Care Management	On occasion agency has filed "appeals" which were fairly/adequately addressed. (Appeals pertained to clinical decisions, not payment issues.)
Clinical Care Management	Care managers do a very good job of conducting their business over the phone. The partial pre-cert people also do a very good job.
Clinical Care Management	(CCM) has been impatient and condescending with staff. While we appreciate the increased contact with out CCM, we have not always found that she has been interested in working cooperatively, rather just telling what should be done or providing negative feedback.
Clinical Care Management	(CCM) has been consistent with feedback on treatment plans but not helpful in assisting us on how we can improve. DJ Dunlap was able to assist and has been very helpful with questions.
Clinical Care Management	Lack of professionalism includes giving out inaccurate information as to MNC - Care Managers. Care Managers have blamed providers in front of clients and have not respected organizational hierarchy. (FB provider)
Clinical Care Management	Excellent service – Robyn Migden. Really like assigned care managers. Authorization process seems designed to save dollars rather than efficiency or client's needs. (Auths are pre-dated and arrive up to 6 weeks late.)
Clinical Care Management	Some care managers are rude and belligerent to families, other professionals, and speak poorly of other CBHNP staff. When you question a policy or decision you are treated poorly and told CBHNP is doing its job. This comes from CCMs and their supervisors and the Clinical Director.
Clinical Care Management	(Receiving auths in 5 business days) Every CRR-HH has been wrong in regards to full cost versus treatment only costs.
Clinical Care Management	(Reviewing Children's Tx Plans) "Dissatisfied" with BHRS tx plans; depends on CCM. "Dissatisfied" prior to one CRR-HH CCM being assigned. "Satisfied" since one CRR-HH CCM was assigned.
Clinical Care Management	(Scheduling initial ISPTs) (Receive) last minute calls when we call them to say we heard about meeting.
Clinical Care Management	(ISPTs) There has been a tremendous backlog got initial meetings. 4-6 weeks average time frame before a meeting occurs.
Clinical Care Management	There are some very good CCMs and some very bad CCMs.

CBHNP Department or subject (if any)	Comments
Clinical Care Management	Tim Soisson does an excellent job and is always extremely helpful.
Clinical Care Management	We missed a re-authorization once and your staff had already re-authorized it for us.
Clinical Care Management	Katey Weaver has been great!
Clinical Care Management	We have had issue in getting news on referrals. Katey Weaver has been wonderful and helpful. We would like to have more participation in treatment teams.
Clinical Care Management	We would like to be more consistently contacted to attend initial ISPT meetings.
Clinical Care Management	(Provider) would like to be included in ISPT process.
Clinical Care Management	Clinical staff many times takes up to 3-4 days to return a call.
Clinical Care Management	The new process of waiting for the auth letter w/ plan of care is delayed. We do not receive it for 10 days. We are not certain if there is approval or not for provided services.
Clinical Care Management	What is the OP self reporting capacity management process?
Clinical Care Management	(ISPT meetings) No contact for meetings with (provider).
Clinical Care Management	Appropriate ISPT (time) notice is given about 50% of the time. Information about other services has been forthcoming only recently due to CBHNP policy change.
Clinical Care Management	Adults do not have a CCM yet and they are referred to contact their CCM.
Clinical Care Management	Appropriate ISPT notice is given about 50% of the time. Information about other services has been forthcoming only recently due to CBHNP policy change. CCMs don't attend CASSP/are often difficult to reach by telephone/most staff are easy to work with/some staff come across as abrasive with a negative attitude.
Clinical Care Management	There is a lack of consistency in answers from Clinical Care Managers. Ability to reach CCMs by telephone is less than satisfactory.
Clinical Care Management	The only real concern that we have is that "rules" still seem to be different from one Care Manager to another. We knew this would be an issue early on as part of the growing process for a new MCO, but it still seems to occur too often. It's frustrating to get answers from 2 different Care Managers that are not consistent.
Clinical Care Management	CBHNP started a new process for authorizing cases. Auth periods begin as soon as CBHNP approves the service. Unfortunately, families are on wait lists for 2-3 months. When the provider picks up the case there may only be 3-4 weeks left on the authorization. The provider must attempt to schedule an evaluation and submit a reauth packet in a very short period of time in hopes not to have a disruption in services. In some cases, a disruption is unavoidable. This impacts continuity of care for the client.
Complaints & Grievances	The staff in the Complaints & Grievance department is excellent!
Complaints & Grievances	Grievance meetings have much too much of an adversarial tone.
Complaints & Grievances	(re: complaint) The CCM hasn't changed his way of handling disagreement.
Complaints & Grievances	Grievance meetings are very professional in regards to the facilitator and structure.
Complaints & Grievances	Was informed that program would receive written response to complaint - never got anything - answers not communicated!

CBHNP Department or subject (if any)	Comments
Complaints & Grievances	The staff were making comments to the family that they could lose all their authorized (medically necessary services) if they continued the grievance process. According to the state, that is an error.
Complaints & Grievances	There is a lack of consistency between Level I & II grievance teams regarding accepting information & questions. Information/corrections provided do not get incorporated into CBHNP chart records.
Complaints & Grievances	There are times when Members are not directed to use the provider complaint & Grievance process before complaints are accepted at CBHNP. CBHNP staff is not following up with providers regarding complaints.
Complaints & Grievances	1. Timelines are too long. Sometimes the program you're grieving the decision about ends before the decision is made (example: STAP). 2. Doctors (some) that review grievances are from out-of-state, on the phone, and admittedly do not fully understand our local system of care. 3. "Advocates" that sit in on grievances have, at times, been too connected with CBHNP and do not advocate for the Member.
Complaints & Grievances	Filed a complaint, and never received feedback.
General	I am a practitioner and always recommend CBHNP to my psychologist friends.
General	Kelly Lauer does an outstanding job of making quarterly visits as a pro-active stance even though there are no problems. Very good P.R. work on the part of your company. Your administrators are friendly and courteous i.e. Rita Ricci, JoEllyn Norrie, and Keven Cable. And Care Manager Mary Bloss does a great job and is held in high esteem by our therapists. Keep up the good work!
General	Overall we have been please with our working relationship with CBHNP. We appreciate the information we get from Diane and Yvonne.
Training	Harrisburg site remains inconvenient. (Lancaster provider)
General	We are very pleased with CBHNP overall including funding, case management, provider info and claims.
General	When you leave a message, no one returns your call. I had to leave three messages before I received a return call. Member services rep. is aware.
General	My clients have little or no access to primary care. It is easier for them to see me (psychiatrist) than a PCP. This is a problem.
General	We have enjoyed working with CBHNP and look forward to continuing our business relationship.
General	At this time, our most significant concern is that for psychiatric evals, CBHNP will authorize 1 eval for 1 particular date. If client or MD reschedules, an entirely new request must be submitted. Often this creates more work and difficulties when, for example, an opening comes up and a client can be seen early.
General	Timeliness is difficult for our agency as well.
General	The forms are too long. Conflicting info given by different staff or at different times. (PH-MCO) is much worse. Why don't you do a survey on (PH-MCO)?
General	There is a feeling that there is a sudden shift in approving services for our consumers. Specifically, in children's services, there seems to be less credit given to the doctor's therapists and treatment teams working with the child, and more to the doctors from the MCOs who have no interaction with anyone working with the kids.
General	CBHNP has always provided us with resources that have been useful for our practice.

CBHNP Department or subject (if any)	Comments
General	Our relationship with CBHNP has been good.
Member Services	Info from Member Services verbally has conflicted with info in regs. Has varied at times even from week to week.
Member Services	Member services reps can be rude and disrespectful. Process for gathering info and approving hospitalization requests unnecessarily long and complicated. If Member Services is called about anything other than hospitalizations, responses are timely and helpful.
Professionalism	(CCMs) are very disrespectful when you ask them a question.
Provider Relations	We have not had contact with our Provider Relations Rep since Aug 2004.
Provider Relations	(Provider Infos) Usually they are vague or do not address provider issues or questions.
Provider Relations	Very nice and always ready to help.
Provider Relations	Michelle Snyder was very helpful with the appeals process.
Provider Relations	Very easy to work with.
Provider Relations	(Administrative Appeals) This process was relatively easy and we received the answers in a timely manner.
Provider Relations	Provider Relations has been very helpful.
Provider Relations	Provider Relations has been very responsive to our questions and concerns.
Provider Relations	Provider Relations has been very responsive to our questions.
Provider Relations	Provider Infos have been confusing at times and sometimes appear to conflict with policies & procedures.
Provider Relations	All Administrative Appeals sent by this office were reviewed and outcome was thought out and fair.
Training	Offering in services that offer CEUs to staff is helpful. The in service on mandated reporting offered by Parents Anonymous was very well done & offered CEUs to LSWs. I also attended a 2 day workshop on grant writing which was well done - thanks! Other in services that would be valuable: Domestic Violence, Elder Abuse, Housing Availability/Resources, Cultural Diversity.
Website	It is difficult to search for specific forms or information on the website. Need a 'search' or 'find' function.
Website	The website isn't clear, especially when finding forms. Needs work.
Website	The website is difficult to navigate especially when trying to locate forms.
Website	Info on website is incorrect.