



PROVIDER SATISFACTION SURVEY REPORT

2009

The 2009 Provider Satisfaction survey was sent to all Providers listed in the CBHNP Capital Area provider network to obtain feedback about CBHNP and the HealthChoices program. The survey was mailed to 479 Providers and emailed 386 Providers. Thirty-nine surveys were returned as undeliverable via email. Consequently, out of the 826 delivered surveys, we received 161 responses, which is a 19.5% response rate. This is a slight increase over the 18.7% response rate in 2008.

Where possible, the survey was sent via email to be completed using the web-based survey program QuestionPro. 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 through QuestionPro. Notably, 45% of the surveys were emailed, yet 74% of the responses were received electronically via QuestionPro. Similar percentages were seen in both 2007 and 2008 since using QuestionPro. CABHC will continue to expand electronic distribution of future surveys.

Demographics¹

Services Provided by Respondents:

MH Inpatient and/or EAC	14%	D&A Detox	9%
MH Outpatient	51%	D&A Rehab	13%
MH Partial Hospitalization	9%	D&A Outpatient, IOP or Partial	21%
MH BHRS incl. MST, EIBS, STAP	17%	D&A Halfway House	6%
MH BHRS exception service	9%	D&A Methadone	3%
MH RTF	8%	Peer Support Specialist	5%
MH FBMH	9%	Respite Care	4%
Crisis Intervention	4%	CRR-Host Home	4%
Community Treatment Teams	1%	Mobile Mental Health Treatment	3%
Mobile Psychiatric Nursing	2%	Buprenorphine Coordination	3%
Targeted Case Management (MH or D&A)	8%		

Age group(s) served by Respondents:

Children and Adolescents:	26%
Adults:	21%
Both:	59%

¹ 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%.

2009 CABHC Provider Satisfaction Survey Results

Providers were asked to respond to survey items based on their experiences with CBHNP during 2009. All Likert scale ratings in the charts and text have been converted as follows: Very Satisfied = 5, Satisfied = 4, Neutral = 3, Dissatisfied = 2, Very Dissatisfied = 1. Answers marked “N/A” were not calculated into the scores

Where possible, data from past surveys is presented alongside the response data for the 2009 Provider Satisfaction Survey. Note that several new items were added to the 2009 survey. Similarly, the format and/or wording may have been revised for certain questions from prior years.

Satisfaction

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. The column in each table labeled “2009 Percent of Total Respondents” indicates the percentage of all respondents who answered a particular question.

The sections on this page are new for the 2009 survey.

Communication	2009 % of Total Respondents	2009 Mean Response
General		
Ease of reaching someone who can answer your questions when calling CBHNP.	94.4%	3.90
Ease of calling the Provider Line and reaching the person you are calling	99.2%	3.57
Ease in using Provider Portal	82.0%	3.81
Ease in using ProviderConnect	71.4%	3.90
QI Quick Tips		
Comprehensive	77.0%	4.05
Readability	77.6%	4.11
Usefulness	78.3%	4.06

Provider Orientation	2009 % of Total Respondents	2009 Mean Response
Informative	24.8%	3.98
Answered all of your questions	24.8%	3.88
Answered your follow up questions <i>after</i> the orientation in a timely manner	24.8%	3.93
Helpful/valuable information received	24.2%	3.97

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

Written and Electronic Communication	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Clear	95.7%	3.99	3.94	3.76
Timely	95.0%	3.97	3.78	3.50
Consistent	94.4%	3.96	3.90	3.48
Accurate	94.4%	3.91	3.90	3.48
Notification and implementation of policy changes affecting Providers	95.0%	3.84	3.75	3.68

Provider Relations	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Professionalism	93.8%	4.32	4.21	4.23
Answering Questions Satisfactorily	91.9%	4.07	4.06	3.97
Answering Questions in a Timely Manner	91.9%	4.02	4.01	3.87
Fairness of Provider Relations site visit(s)	77.0%	4.10	4.21	4.11
(Re)Credentialing Process	85.7%	4.01	4.19	3.95

Provider Meetings and Trainings	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Adequate notice to attend	77.0%	4.10	4.05	4.04
Availability (dates and locations)	76.4%	3.93	3.94	3.96
Usefulness/Appropriate to your level of care	73.9%	3.85	3.84	3.84
Satisfactory answers to your questions	70.2%	3.81	3.89	3.65
Helpful/Valuable information received	72.0%	3.79	3.88	3.78

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
Assistance in controlling future issues when needed	11.8%	3.89	N/A	N/A

Claims Processing	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Professionalism	64.6%	4.13	4.17	4.09
Timely payment of claims (within 45 days)	64.0%	3.79	4.01	4.06
Timely answers to your questions	67.1%	3.95	4.12	3.94
Satisfactory answers to your questions	65.8%	3.87	4.07	3.92
Accurate answers to your questions	66.5%	3.84	4.09	4.00
Consistency in responses you get to different inquiries	65.8%	3.74	3.90	N/A
Ease of submitting electronic claims	11.8%	4.16	3.96	N/A
Ease of correcting claims	63.4%	3.66	3.72	N/A

Additionally, 46% of respondents indicated that they submitted electronic claims in 2009, 29% submitted paper claims, and 25% submitted both.

Clinical Department and Care Management	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Professionalism	80.8%	4.08	4.12	4.07
Availability of Clinical Care Managers	80.8%	3.77	3.90	3.64
Timeliness of authorizations	79.5%	3.98	3.87	3.46
Consistency in responses you get to different inquiries	77.0%	3.77	3.62	N/A
Consistency in review of children's treatment plans	50.3%	3.53	3.69	3.46
Accuracy of authorizations	78.3%	3.93	3.84	3.53
Participation in ISPT meetings	45.3%	3.41	3.31	N/A

Member Services	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Professionalism	82.6%	4.23	4.21	4.12
Timely answers to your questions	81.4%	4.05	4.00	3.96
Satisfactory answers to your questions	82.0%	3.97	4.02	3.88
Accurate answers to your questions	20.5%	3.89	3.99	3.81
Consistency in responses you get to different inquiries	81.4%	3.90	3.88	N/A
Availability of Member Services Staff after hours	62.1%	4.06	4.21	3.98
Directing your call to appropriate department/care manager	81.4%	4.07	4.15	3.95

Complaints and Grievances	2009 % of Total Respondents	2009 Mean Response	2008 Mean Response	2007 Mean Response
Complaints				
Professionalism	24.2%	3.90	4.14	4.03
Timeliness of complaint resolution	24.2%	3.72	4.03	3.85
Proper handling of complaint	24.2%	3.77	3.97	3.83
Overall HealthChoices complaint process	24.2%	3.77	3.96	3.77
Grievances				
Professionalism	18.6%	3.97	3.80	4.03
Timeliness of grievance resolution	18.0%	3.76	3.64	3.83
Proper handling of grievance	18.0%	3.76	3.60	3.80
Involvement in grievance process	18.0%	3.79	3.64	N/A
Overall HealthChoices grievance process	17.4%	3.75	3.58	3.69

Summary

Forty-six percent (46%) of survey questions increased in satisfaction rating from last year, 44% decreased. The remaining 10% were either new questions or the score did not change. The greatest improvements in scores were seen in *Written and Electronic Communication*, and *Grievances*. By department, the results also indicate that respondents overall are particularly satisfied with the services of the *Member Services* and *Provider Relations*, with mean scores of 4.02 and 4.11 (out of five) respectively. The average overall score of the survey for 2009 was 3.86. In 2008 the average was 3.90.

Among all categories, decreases in scores ranged from a decrease of 0.01 to 0.9. The greatest decreases were seen in the categories *Result/Outcome of Complaint* and *Provider Newsletters*. Comments reflecting dissatisfaction in each of these areas were similar and can be seen in the next section.

A free form comment section was available in each category and also at the end of the survey. Most positive comments were related to the availability of electronic claims processing, the Provider Portal, and ProviderConnect, as well as positive relationships with the Claims and *Provider Relations* departments.

Most comments that appeared negative were related to difficulties obtaining clear information, as well as being satisfied with responses to questions. However, contrary to those comments, satisfaction scores in these two related areas averaged 3.89.

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 2008 to 2009.

The CABHC Provider Network Committee reviews the results of the survey in order to make recommendations to CBHNP for corrective action in any 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 Capital Area, 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.

CBHNP Department or subject (if any)	Comments
Claims	Claims are usually taken care of; sometimes issues with getting remittance. Usually taken care of with good claims response.
Claims	Sometimes seems more than 45 days for paper claims (payment).
Claims	For (D&A) Inpatient (electronic) claims, submitting each day separately is time consuming, especially for someone with 28 day stay. VBH accepts days billed together on one line - much easier. Also we have to separate the claims by auth numbers as well, which is time consuming.
Claims	Claims are not submitted at this level.
Claims	Being a newer program and treated as FBMHS we have had some inconsistent information given to us at times. Not sure everyone understands our program's differences from CBMHS since at the state level we are a BHRS exception.
Claims	Batch claims are poor way to submit as if there is an error (over 5%) in one then whole batch rejects. Unlike other MCO's you have to go to a site to see if your claims went through...not automatic. Very poor system.
Claims	Consistent problems with having to call in and individually have two problems corrected: denial of 90804 claims and previously of specialized evals with ISPT. We have spent an inordinate amount of our time asking that these problems be resolved and they have continued with the explanation that the IT dept needs to correct it and hasn't. This has resulted in us having to call in, and going through the tedious process of giving ID numbers, dates, etc.
Claims	Due to being an inpatient facility, it is inconvenient to enter our claims electronically, as you must enter 1 unit per line, which is time consuming when the client is here for 30-31 days a month. It would be easier to enter them as a whole.
Claims	For BHRS, if services are provided at two different locations on the same day, one of the claims automatically denies. Claims has reported a glitch in the system. This delays submission of claims, either claims reprocesses or we have to resubmit. Should be corrected on the front end.
Claims	I am not directly involved in the claims submission process.
Claims	I have experienced quite a few errors in claim payment in recent months there were not my fault. I generally submit clean claims and would expect timely and accurate payment, which has not consistently been the case. For instance, when BHRS Eval rates changed I have several that were paid at the wrong rate and then had payment delayed further due to the error on the part of CBHNP which is problematic. I have also had claims denied that should not have been denied, which was acknowledged by the claim department, but nonetheless, I then had to wait longer to be reimbursed. The payment of claims has already been delayed by the new procedure put into place after the BHRS were (unfairly) dropped as now the Eval must be mailed with the auth request whereas before it would be faxed in. This results in not having auths for a week or more after the evaluation, adding another week onto the claim getting paid.
Claims	I think that your appeal process is two rigid. We are not perfect. I have had claims denied for typos and being after 4:00 on a Friday. I do understand the principal behind things but we do make mistakes and generally speaking try very hard to meet your deadlines and requirements. It seems like you forget that we are human.

CBHNP Department or subject (if any)	Comments
Claims	Myself and our office manager have always found the people in the claims department to be very helpful.
Claims	Only one suggestion regarding claims: at times the system will reject part of a claim for untimely filing even though it is a continuous treatment stay and within the submission guidelines. The claims department is great in helping out in these situations but if possible time and energy could be saved for all if these rejections could be eliminated.
Claims	Our billing secretary said it would be a big help, and of great benefit to us, if a group of days of uninterrupted service could be billed together, instead of having to bill each day separately.
Claims	Over the Christmas holiday, claims reimbursements fell severely behind. I just completed being reimbursed for such in April. The explanation that our agency was provided is that claims fell behind due to holiday vacations. That is unacceptable. Each one of the private insurances that I am in network with had staffing coordinated so that no payments were untimely. In other circumstances, I have been instructed to continue seeing clients without payment when there have been ongoing disruptions in their insurance coverage and then later instructed otherwise by someone else. The reimbursement of claims is the greatest complaint that I have with CBHNP.
Claims	Satisfied with CBHNP with the exception of timeliness. Payment is at the long side of 45 days while CCBHO and Magellan are within a week. We bill the other MCOs electronic, CBHNP is not prepared to handle claims from one date to the next.
Claims	There has been an ongoing problem with 'service not in provider profile' when it actually is in the profile. Also 90804 claims are not paid immediately when the auth is for 90806. This has also been a long-standing problem.
Claims	We are experiencing a lot of errors in claims processing.
Claims	We have a separate billing department that handles our claims so I don't have much involvement in this area.
Claims	When the mistake is on the part of CBHNP it should not fall to the provider to submit the appeal. It should be CBHNP that makes the correction without further time and effort on the part of the provider who does not get paid for indirect services.
Claims	When there are no confounding issues, claims usually occur smoothly. However, some issues often arise which are completely out of the provider's control, but which directly affect authorization and billing and are often not easily corrected. CBHNP often takes a rather neutral stance and makes providers wade through the issues on their own despite the provider being no way responsible for the mess. A good example is when members 'fall off the rolls' and providers are left to address the issue. Further complicating the example given, providers are reprimanded if they discharge or attempt to discharge a member despite that member no longer being on the rolls and no funding through CBHNP being available. Typically, when a member falls off the rolls, the provider only finds out about it after a billing issue has arisen. Another example is when a member receives SSI but has withheld the information from the provider. CBHNP often gives conflicting directions during such situations and always goes after the provider.
Clinical	We rarely have any participation in our ISPT meetings. With regard to the two 'neutral' (survey) responses, same issue as noted under claims section (BHRS exception service).

CBHNP Department or subject (if any)	Comments
Clinical	<p>CBHNP is the best managed care company currently in business. I only have two issues on which I disagree with CBHNP:</p> <ol style="list-style-type: none"> 1. CBHNP requires providers to supply psychiatric services to clients who are receiving therapy at a different practice. This is a way to drive providers who employ psychiatrists out of business. Psychiatrists lose money for the business no matter how efficient they are. They are simply paid more in salary and support services than they can generate in revenue. The only way a provider can balance the loss created by psychiatrists is by providing therapy to those clients who also need therapy. When CBHNP requires providers to supply expensive psychiatric services to clients who receive their therapy services from a competitor, they are financially penalizing the provider who employs psychiatrists in order to reward those providers who do not employ psychiatrists. 2. When a client is seen for an initial visit and does not have a mental illness, CBHNP requires the clinician to provide a diagnosis...
Clinical	<ol style="list-style-type: none"> 1) Some care managers are more professional than others (i.e. CCM calling CM and not knowing what kiddo she's calling about and frequently deferring questions to other departments, and at times (Care Manager) tries to take the clinical lead over the BSC/MT or even the evaluator.) 2) CCM's are not frequently available and messages are left back and forth from provider to CBHNP and vice versa. 3) Don't understand why authorizations can't be sent to the site where the services are to be provided especially since each site is getting signed POC's. 4) Not consistent when replying to inquiries. 5) Some CCM's try to hold providers to a higher standard with different expectations, while others don't have those same requests. Providers don't know what the expectation is when it varies from CCM to CCM. 6) CCM's don't participate in ISPT meetings. The one CCM that did participate in an ISPT meeting via phone didn't say anything to the team members and ended her phone call before t...
Clinical Care Mgmt	<p>The policy requiring submittal of authorization request prior to an intake session is unreasonable as the majority of our appointments are after hours until late at night. When then we need to stay to prep and submit CBHNP authorizations when other Medicaid insurances have some flexibility.</p>
Clinical Care Mgmt	<p>Good. No real concerns.</p>
Clinical Care Mgmt	<p>Our UR Director has also reiterated the issue of CBHNP not allowing any retro authorizations.</p>
Clinical/QI	<p>CBHNP (for the most part) is very rigid with any administrative denial issue. Most payors will allow an appeal on medical necessity, and if met will reverse the administrative denial, but not CBHNP. They need to loosen up their requirements and realize that Providers do not purposefully disregard requirements. Sometimes they are just "missed" which should not negate the necessity of the services.</p>
Communication	<p>Better communication recently. Overall communication over the time working with CBHNP has increased with the more youth we work with.</p>
Communication	<p>Communication is good; difficulty at times with getting consistent answers to questions. Newsletters are good.</p>
Communication	<p>Email updates are a great source of information</p>

CBHNP Department or subject (if any)	Comments
Communication	From the Portal there are an overwhelming number of emails I receive re: changes, updates, etc. They are very difficult and time consuming to sift through all of them and decipher which ones apply to my programming.
Communication	Not sure we receive a provider newsletter.
Communication	Not only is the Portal confusing, but there seems to be the assumption that we know what they are talking about. Time is not consistent with what they expect from us, as they are not timely in areas.; Did not know there was a newsletter.
Communication	Adjustment to the audit tool was not relayed to providers. Upon audit, new tool was used and assessed for time periods prior to the additions to the audit tool.
Communication	Again, inconsistencies with all communications need to be addressed.
Communication	Authorizations and other communications are received in a very timely manner.
Communication	Electronic communication seems to be occurring more frequently, some of which do not apply to the provider or are duplications sent by the portal and by PR.
Communication	It often seems as if CBHNP implements new ideas in a reactionary way, without much opportunity for provider feedback, which causes frequent changes to occur after implementation.
Communication	<p>Most correspondence is sent well after providers have been surprised by an unannounced change in practice or policy. Most often the correspondence is written in such a generic method, in an apparent attempt by CBHNP to cover all/multiple levels of care, that it is sometimes difficult for providers to determine whether the correspondence, or sections of the correspondence, even applies to their agency. For example, sometimes CRR-HH falls under BHRS services, sometimes it does not. Sometimes CRR-HH is clustered with correspondence written regarding RTF, sometimes it is not. This applies not only with correspondence, but also with CBHNP's enforcement of vague 'best practices' and multiple standards pulled from various sources from which the providers are often unaware.</p> <p>All too often the correspondence is repetitive and fails to inform the providers of anything new. Trainings and level of care meetings tend to be the same way.</p>
Communication	Often receive authorizations or information that is for another location of (Provider name).
Communication	Written communication appears to lag. Newsletters, when received, are often several months behind.
General	We have developed a better relationship with CBHNP over the past 3 1/2 - 4 years. Our agency has a better understanding of CBHNP expectations and system. Our agency has been working with a small number of CBHNP clients. Overall, our agency is satisfied with our working relationship with CBHNP.

CBHNP Department or subject (if any)	Comments
General	The case managers that I speak to for reviews are also very professional and great to work with.
General	Rates very low for complexity of cases and non-billable case management for D&A clients.
General	Payments are too low to be worth the paperwork from authorizations through coordination of benefits. No longer accepting patients who have this insulting plan.
General	<p>Overall, fairly satisfied. Quick with fixing mistakes when contacted about them. (Care manager), in particular, is not efficient in returning phone calls. Clinical staff constantly has to leave messages, and it takes days to get an answer back. 80% of the time, CBHNP is not present for ISPT meetings.</p> <p>We only receive phone calls when the authorization approved is different or if additional information is needed. It would be beneficial to get a call saying an authorization has been approved. By the time we get the hard copy, staff has often lost several days of working time, and we are not always able to access ProviderConnect to check the authorizations every day. With BHRS authorizations, it would be beneficial if the actual authorizations gave specifics as to how the units are broken down (# units for TSS at home, # units for TSS at school), and be specific as to how many actual hours are approved. We often have to call for clarification, especially if the client is on the Spectrum and has a...</p>
General	After speaking with some of the folks from our referring agencies, they were either uninformed about the ISPT protocols, or misinformed, or frustrated with the implementation of the procedures.
General	Always very professional staff.
General	<p>CBHNP needs to stop treating providers like they are their overlords. Providers and members alike are tired of some detached CCM or other CBHNP staff knowing what is best for a member when the vast majority of the CBHNP staff has never even met the member. I could go on and on regarding the major flaws in the current managed care system within PA, but this survey isn't the forum to do so.</p> <p>Unfortunately, Pennsylvania has made a big mistake hiring a middleman to dictate to treatment teams what should or should not be provided to a client. The entire philosophy and methods behind managed care is inexorably flawed and will never result in improved care. The current HealthChoices managed care system is just an extension of the State - and the State has never run anything efficiently. Why would we expect different results in this model? Although I acknowledge the system needed improvements, the methods the state chose (i.e. Managed Care monopolies) have been devastating to the mental health field. Other options...</p>

CBHNP Department or subject (if any)	Comments
General	Evaluators should be notified of policy changes that involve expectations for making service recommendations and additional paperwork required prior to implementation of such policy changes (e.g. TSS schedule). New forms should be user-friendly and logical in their construction (e.g. TSS schedule). More time should be allotted for evaluation interviews when expectations are raised. It is difficult to conduct a thorough evaluation interview with all relevant parties, to complete necessary paperwork, and to discuss recommendations within expected time parameters. It is impossible to do so when changes are not presented to those individuals responsible for implementing the changes. In the case of the TSS schedule form and related expectations, this information was presented to BHRS providers. Evaluators are NOT 'BHRS evaluators,' and I recall someone from CBHNP specifically stating as much during a previous evaluator meeting. Thus, I question why an evaluator meeting was not held to discuss new expectations.
General	For the most part usually working with CBHNP is stress free and friendly. Again, I think you don't take into consideration how hard we try to meet your demands and deadlines and punish us when we don't. Despite the fact that not meeting your deadlines is usually the exception. You aren't hurting the company we work for, you are hurting the direct care worker. It always falls down hill.
General	I appreciate the timely and professional service received from CBHNP. Keep up the good work.
General	<p>I don't appreciate persons/care managers at CBHNP with less education than providers (M.D.s, Ph.D.s, Psy.D.s) telling us how to practice----i.e. telling us to challenge M.D.'s choice of prescribed medication, telling psychologists what tests to use, questioning our diagnoses, and other related issues. They are WAY OUT of their areas of expertise and overstepping their boundaries.</p> <p>Also, in general, as an organization, CBHNP creates a lot of tedious/unnecessary paperwork and 'rules' which have nothing to do with improving clinical care and only create stress for providers and detract them from spending quality time with patients.</p> <p>Providers are underpaid for services, yet CBHNP keeps adding more and more irrelevant paperwork. Lots of providers are starting to feel 'bullied' by CBHNP.</p>
General	I think that Provider Representative assigned to our level of care at our agency does an excellent job. She is always willing to help and very responsive to any questions. We really appreciate her!!

CBHNP Department or subject (if any)	Comments
General	It is extremely frustrating fighting for payment for well over a year and receiving a different answer every time our patient accounts departments call to correct the claim. It is a waste of my agency's resources and has taken time away from collections and other billing responsibilities. My agency is considering terminating our contract with CBHNP due to the wasted resources for a small percentage of individuals in our total system. I need to use my staff's time as efficiently as possible. We are trying to work these issues out with CBHNP however after the continual battle for payment despite the multiple conversations we have had we may have to make a decision that is best for my agency.
General	It is important to consider paying a rate for indirect services to outpatient providers. Clinical staff make phone calls, do additional documentation from progress notes, etc and the reimbursement rate for sessions does not adequately compensate for providers to cover the cost of these indirect services.
General	My biggest concern with CBHNP is not so much the people I have worked with in times past, to me those whom I have worked with have all exhibited a high level of professionalism. My biggest concern is the amount of paperwork involved. Having had extensive experience in other sectors both public and private, the amount of paperwork involved almost makes the original goal of properly serving the consumer to help them become self sufficient, a thing of the past. My personnel recommendation is to find ways to streamline the amount of paperwork generated (in order to justify how state and federal funds are being utilized) and refocus our efforts on how to help the consumer become self sufficient.
General	Over all, I have had very positive experience with CBHNP staff and view the organization as collaborative and actively working towards solutions to obstacles and barriers that arise in providing services to the individuals we serve.
General	Overall, our unit and the hospital, at large, is extremely pleased with CBHNP. My only concern is a recent issue focused on the current JCAHO status for our hospital. Specifically, CBHNP was actively involved in assisting two other hospitals, who are not JCAHO accredited, in obtaining letters of special exception. These letters have permitted these facilities to accept patients who are MA insured and less than 21 years of age. Unfortunately, our hospital was not granted the same support from CBHNP and thus, we are still required to turn away CBHNP patients who fall in this population category.
General	Overall, we find it a pleasure to deal with CBHNP. There is more consistency this year than in previous years. Thank you for the opportunity to provide feedback and continue collaboration.
General	The revisions to the TCM audit tool are very clinically driven. There is inconsistency in the tool with the language used. At times TCM plans are referred to as treatment plans at other times as service plans. TCM is a not a clinical program. We have service plans and help to link, access and monitor needed services we do not provide treatment. The references used on the audit tool are not always applicable to the service provided as they are clinical references. TCM is not treatment. THE new BHRS submission sheet is not user friendly and is very confusing. I'm not sure what the point of the revisions were but it seems like a better mix between old (helpful to providers in assuring a complete packet was enclosed) and the new would better serve everyone.

CBHNP Department or subject (if any)	Comments
General	The staff members of CBHNP are very professional, helpful and considerate. I have nothing but good things to say about any of our interactions with your organization. Thank you!
General	There have been so many inconsistencies and changes with CBHNP over the last 6 months or so, it has been impossible to stay on top of the policies, paperwork, processes, etc. I have had several instances when I have been given inconsistent information between departments such as QI, Provider Relations, and Clinical. I have expressed my frustration all along to Provider Relations and while empathic, I have felt little resolve or consideration for the severity of the concerns I am presenting. I have attending county provider meetings where serious concerns are being discussed by providers and I am not sure that these things are being taken as seriously as they should. I have never been more frustrated with the way things are being handled. Thank you for allowing this opportunity to share feedback!
General	There seems to be a preference upon agencies that employ a psychiatrist as opposed to those that do not, given that there is a cap as to how many people at the latter option can get into network. However, during intakes, your members sign a form that says they were provided with choices. If the private practice agencies, staffed with licensed therapists, are gradually eased out of network so that no more business is taken from the other type of agency, then members really aren't being provided with a real choice. I have worked at one of the agencies in this area that has psychiatrists and does not require licensed therapists-I didn't remain there long because that isn't the type of practice that I want to be a part of. My personal opinion is that licensed therapists provide a higher standard of care-we have a higher level of professionalism and are ethics bound. The agency that I am apart of may not have a psychiatrist but we get positive results without pushing medication on our clients. We have good relation...
General	<p>We haven't have any CCMs attend an ISPT in a very long time. It would be helpful if they met with the family at least one time per year especially if there are questions as to what service(s) is/are appropriate.</p> <p>We get inconsistent answers from CCM to CCM.</p> <p>The CCMs are always professional.</p>
Member Services	Phone system not working to direct to correct department.
Member Services	We have been given inconsistent responses from different staff at CBHNP. We are usually able to take care of any of these issues.
Member Services	Everyone who answers the phone is extremely professional, personable, nice and helpful. It is exemplary.
Member Services	All the (Member Services) reps are very helpful
Member Services	Did not know (Member Services) after hours was available.
Member Services	Provider line employees are helpful and professional
Member Services	Member services is very easy to deal with!
Member Services	Various answers from different parties in response to questions----very frustrating!

CBHNP Department or subject (if any)	Comments
Member Services	It sometimes takes 3-4 transfers of the call until I get the correct person who can take care of the issue.
Member Services	Again consistency among staff would be appreciated
Member Services	Staff is always pleasant and cordial. Sometimes we are directed to the wrong individual or department and on occasion it can take several contacts to reach the right individual.
Provider Portal/ Provider Connect	Have numerous authorization issues, such as mistakes when inputting authorizations, that then need to be fixed. Mass emails that say 'Check the Portal,' then not being able to find the form on the Portal.
Provider Portal/ Provider Connect	<p>1) Providers are not given ample time to review and offer suggestions to new forms being used. (ex. TSS schedule and new submission sheet).</p> <p>2) Some care managers don't seem to have a clear understanding of forms or knowledge in answering questions by providers.</p> <p>3) Lately, CCM are not available when a provider calls in, thus resulting in frequently phone calls back and forth to get a question answered. Also, it is additional work on the provider's part to give the receptionist the reason for the call, only to find that the CCM is not available and the provider has to repeat the reason for the call into the CCM's voicemail.</p> <p>4) It is difficult to find forms when searching for them.</p> <p>5) It's GREAT! The only suggestion is that the authorization section be separated to include more than two options (i.e. MT auths, BSC auths, TSS auths, Med Mgmt auths)</p>
Provider Portal/ Provider Connect	Better communication when there are changes that are taking place to procedures. It seems that this information always hits the providers after the fact.
Provider Portal/ Provider Connect	<p>Claims processing has been an issue for us. We have 60 days to submit claims however it takes 30 plus days for CBHNP to load the claims into the system and available to view online. This is an issue for us because we can't confirm the claims have been received until it's nearly too late for us to submit a copy because it could be denied for timely filing. If there was some way to either give us a longer billing period or have the claims load faster it would eliminate the timely filing issues we've had.</p> <p>Another issue is many of our payments go to the Meadows are sister hospital that we share a tax id with. This holds up money and causes a lot of confusion, are claims clearly state which hospital we are so I'm not sure what the solution would be to clear this up.</p>
Provider Portal/ Provider Connect	<p>Despite having a Provider Portal login and password, I have not been able to use the provider portal for more than a year and a half. I've brought the issue up multiple times to various CBHNP staff who have said it would be addressed - but it has yet to be corrected. I've heard nothing back.</p> <p>Although I'm able to get into Provider Connect, on at least a few occasions the menus and buttons did not function at all.</p>

CBHNP Department or subject (if any)	Comments
Provider Portal/ Provider Connect	Easy to work with. Very supportive. I would work in Cambria/Blair, however do not have clients there yet. I LOVE the fact that for the most part I receive information electronically.
Provider Portal/ Provider Connect	Have an updated list of who an individual's care manager is online (maybe this is already available & I am not aware of how to access it....)
Provider Portal/ Provider Connect	If you forget your login it won't let you change to a new one using the same email address. very frustrating...
Provider Portal/ Provider Connect	Implementation of policies has been done sometimes in a very fast manner which has not allowed us to respond in an effective manner. It would be beneficial if providers were given longer implementation periods to manage changes. As far as reaching someone who can answer questions, we are able to reach someone but the answers we receive are not always consistent with policy or with other persons responses at CBHNP. More consistency in responses to questions would be greatly valued.
Provider Portal/ Provider Connect	Improve timely receipt of passwords for portal access. We were told we must wait 4 weeks for new passwords thus eliminating our ability to pull down RA's
Provider Portal/ Provider Connect	It might be worth a try to attempt to be able to obtain authorizations via Provider Connect. I also remember that it was being tossed around to no longer require authorizations for basic mental health outpatient services.
Provider Portal/ Provider Connect	No (suggestions), but anyone at CBHNP is IMPOSSIBLE to reach. They don't return calls promptly, and they aren't available when they say they are. This criticism applies especially to Psychologist reviewers and the Case Managers.
Provider Portal/ Provider Connect	Policy changes are announced at meeting with little input from program affected--often seem to be knee jerk reactions and/or are announced and never implemented. Not always easy to receive a definite answer to questions related to policy.
Provider Portal/ Provider Connect	Portal is poorly organized and includes outdated information. If you do not know the right titles of documents, you have much difficulty finding specific forms. The Provider Connect is often out of commission for an entire weekend creating major problems for our program.
Provider Portal/ Provider Connect	Provider connect has had problems. There have been times when eCura has been 'down' on weekends. Recently there has been a time when RA's were not available and another time when they were not posted for download.
Provider Portal/ Provider Connect	Receive a high number of emails from CBHNP.

CBHNP Department or subject (if any)	Comments
Provider Portal/ Provider Connect	<p>Recently, new policies/procedures have been implemented with minimal opportunity for feedback from providers. For example, the TSS schedule was unrolled with a provider meeting scheduled for 3 days after the start date. There was not adequate time for providers to follow the new procedure or know what questions/areas of concern would arise after having only used it once or twice. A provider meeting several weeks after the start of the procedure would have allowed for more useful feedback, however it often seems as if timeframes are designed to minimize feedback opportunities.</p> <p>When making phone calls to CBHNP, it is a rarity to ever reach a care manager. Most times, one needs to communicate by exchanging voice messages.</p>
Provider Portal/ Provider Connect	<p>Searching for forms is difficult. when you search instead of giving every 'hit' for the words in the search, it would be better if the search was contained to the area of the website you are in. for example...if you are searching in the form section for a form...you should only be directed to links for FORMS.</p>
Provider Portal/ Provider Connect	<p>Site should allow an administrative user to add new staff and set up privileges for access.</p>
Provider Portal/ Provider Connect	<p>The changes should be made in writing and providers should be given ample time to comply with any changes in regulation/processes. Also, a formal training should be conducted to help answer any questions. We have had trainings but at times they have fallen after the actual change and misinformation was given. If things were in writing, it would help eliminate some of the mixed messages we receive.</p> <p>Provider Connect has been very helpful and has made finding out authorizations easier.</p>
Provider Portal/ Provider Connect	<p>Too much difficulty obtaining new password. Not worth the effort.</p>
Provider Portal/ Provider Connect	<p>While using the ProviderConnect, permit providers to bill for a date range and not just one day at a time. Other than that the claims submission is very user friendly!!</p>
Provider Portal/ Provider Connect	<p>You never get a consistent answer when talking to someone at CBHNP.</p>
Provider Relations	<p>Our organization is very large and someone may have participated in Provider orientation. Our specific office rarely deals with CBHNP with the exception of one client. It may be beneficial to know there was an orientation prior to submitting the initial packet.</p>
Provider Relations	<p>Answers vague and calls not returned when rep states they will research and call back.</p>
Provider Relations	<p>Usually good!</p>
Provider Relations	<p>Our agency was often not aware of meetings & specific trainings. Currently, we are getting notices, but most meetings & trainings are in Central Pennsylvania, about 4 hours from our facility.</p>
Provider Relations	<p>Does not allow you to view information in an organized fashion. Not user friendly.</p>

CBHNP Department or subject (if any)	Comments
Provider Relations	Have not been offered meetings & trainings. This is an area that would be helpful.
QI	Any provider with any experience with the grievance process knows the first level is almost always a waste of time - having a physician reviewer who is paid by CBHNP is bogus and can't possibly result in an unbiased review. It is also quite evident that CBHNP uses the time constraints to the best of their ability to stall the grievance process so as to ultimately stall the start of services. I don't think it is a coincidence that during an appeal involving a reauthorization when continuation rights are in place, the grievance meeting and decision are made quickly. When an initial claim is denied and the grievance process started, CBHNP seems to take their grand ol' time because they know there are no continuation rights with an initial claim. Initial claims seem to be routinely denied despite whether or not MNC is met, because CBHNP knows they are likely to save money by stalling. They also know that a certain percentage of members won't have the energy or motivation to go through with the appeal, even if it ...
QI	Appeals at times with unsatisfactory results---for example, when the mistake was CBHNP's, the provider should definitely have the appeal accepted. Sometimes, it's rejected. Also, when it's CBHNP's mistake to start with---why should the provider have to go through an appeal process??
QI	I do not feel that adequate time was spent reviewing input provided by those present at a Level 2 grievance meeting I attended prior to a decision being made regarding the outcome. A decision was made in minutes for a child with an extensive mental health history.
QI	I usually hear nothing in response to an administrative appeal. I find it interesting that the same standards are not applied to CBHNP as myself.
QI	It is unclear why complaints are not registered as same when the other provider has already caused an issue for a family. Also it is unclear why the provider trying to manage the mishandling of a family by another provider would be asked to try and resolve it when the problem could no longer be resolved as the time to do so was over. For example, receiving a transfer of a client who has an evaluation that will expire in 2 days.
QI	Not adequate staffing to handle grievances per CBHNP staff? The Meadows/UCBH experiences more grievances by this MCO then any other MCO entity.