CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.
Established October 1999

2017 Provider Satisfaction Survey Report

The 2017 Provider Satisfaction Survey was sent to Providers in the Capital Area provider network to obtain feedback about PerformCare and the HealthChoices program. The survey was sent to 288 Providers via email. The survey could be completed using the web-based survey program QuestionPro, or by completing the paper version of the survey and returning it to CABHC. Surveys were sent to individuals who serve in various positions across our provider agencies. Nineteen surveys were returned as undeliverable. Consequently, out of the 269 delivered surveys, we received 82 completed surveys, which is a 30% response rate. This is an increase from the 26% completed survey rate in 2016.

Demographics

Age Group(s) Served by Respondents:

Children/Adolescents	22%
Adults	49%
Both Age Groups	29%

Level(s) of Care Provided by Respondents:

Substance Abuse	28%
Mental Health	54%
Co-Occurring	7%
All Levels of Care	11%

2017 CABHC Provider Satisfaction Survey Results

Providers were asked to respond to survey questions based on their experience with PerformCare within the previous 12 months. Except where noted, the questions used Likert scale ratings. Responses have been given the following numeric values: Very Satisfied = 5, Satisfied = 4, Neutral = 3, Dissatisfied = 2, Very Dissatisfied = 1. "N/A" responses were not included in the scoring. Scoring results from previous surveys is presented for comparison with the results of past Provider Satisfaction Surveys, when applicable.

Respondents did not answer every question, so the number of responses for each question varies. The column in each table labeled "2017 # of Respondents" indicates the number of all respondents who answered a particular question.

Communication

Written and Electronic Communication	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Notification and implementation of policy changes affecting Providers	52	3.6	69	3.9	93	3.8
Ease of reaching someone who can answer your questions when calling PerformCare	51	3.9	69	3.9	94	3.9
Ease of calling the Provider Line and reaching the person you are calling	52	3.6	63	3.8	88	3.9
When calling the Provider Line, my calls were returned within 48 hours	50	3.4	60	4.1	77	4.1
Ease in using the website	51	3.7	57	3.7	77	3.6
Ease of using Navinet/JIVA	50	3.5	38	3.6	60	3.2
Quality Improvement "Quick Tips" are useful	49	3.6	N/A	N/A	N/A	N/A
Provider newsletters are useful	49	3.6	N/A	N/A	N/A	N/A
	51	**3.6**	**59**	**3.8**	**82**	**3.8**

Communication Comments
It's odd that, when checking benefits in Navinet, it will always list 'inactive' or 'not covered' under the mental health benefits section. I know this isn't accurate, but it is a bit misleading/ confusing.
Overall, communication is great. I find I get most notices twice - once from my Account Exec and once from the email list. I love that I can actually speak to a human being when I have a question - this really sets PerformCare apart from other insurers!
Reopen phone lines on Saturdays so messages can be left. We do billing on Saturdays and it was nice to leave calls that were typically answered by Monday!
Don't send everyone everything. A lot of the notices we get do not pertain to our practice. It is like you are crying wolf.
Provider meetings are a joke. You get the answer 'we will take that back' but never any follow up. The AE position is useless to me. We used to meet, but don't anymore. When you ask a question, the response is sometimes given as though you've annoyed someone. Communication has deteriorated.
Overall, I find their communication satisfactory.
The claims department needs more training on how to handle denials and explain denials to the providers when they receive the call.
I receive email notifications of changes, which is helpful. I have also participated in webinars to review items such as TRRs and other reports. I am satisfied with this level of communication.
Very good communication. Thank you.

Have a live person ready to respond instead of the voice prompts.
The Jiva/Navinet system may be effective and efficient for PerformCare, but for us as the provider, it actually takes more time for staff to enter the necessary data into this system.
Overall, very satisfied with Perform Care. Relationship has always been prompt and fair.
It would be nice to see consistency in communication to and from ALL providers by executives. Not select ones.
No comment, my experience with Perform Care staff has been satisfactory. The staff have always presented themselves as timely and courteous in the reviews.
Overall, great relationship. Case managers are very professional and cordial on the phone.
I appreciate the accessibility of the care managers. I also appreciate the assistance that is provided when call for assistance for a detox or rehab bed.
The implementation of moving to different systems by PerformCare was not done well. There were many issues which resulted in us as a provider losing some money (still do). Calling for claims issues to the new office in Philadelphia is horrible. Staff is not trained sufficiently. Customer service was 100% better when we could call the Harrisburg office. We used to have a very good working relationship with PerformCare but feel as though this is slowly disappearing for some reason. Also, making providers mail anything to the Kentucky office (claims or appeals) is a horrible idea. That address historically has been an issue with claims being lost.
48 hours can be a long turnaround time for some issues. While I do not use Navinet I find it less than efficient that we need to keep checking it to see if someone is going to attend ISPT meetings. This is easy to miss and causes issues.
IT helps if the contacts have up to date information on their phones about when they are not available. It also helps if I call and someone is out for an extended period, that I get sent to another person. I think this usually happens.
Notifications for rate changes should be more in advance rather than just a few days (ex. outpatient family sessions).
Improve the ability to reach someone when calling on the first try.
There are some issues with communication at times when there is a bed search involved. For example, if a referral has been made to us by Performcare and we are attempting to coordinate with crisis/ER (wherever patient may be located), there are issues at times with keeping everyone up to date as far as the status of the referral/acceptance goes between the person at Performcare. Doing the bed search, ER/crisis, and our admissions department. I'm not sure how to remedy this though.
Sometimes there are communication issues/lag during bed searches between the Performcare staff, crisis/ER, and our admissions. Sometimes it's difficult to coordinate and keep all parties updated during these times.
More training on Navinet online would be great.
I have always found PerformCare very good and do great work towards ensuring client's needs.
Many notices we receive have nothing to do with us and our practice. We should only receive info for behavioral health and issues pertaining to 90791, 90837, 90834, 90847, 90846.
Also, the constant changing of procedures. If you kept things consistent the need to communicate would be reduced.

Provider Relations

Account Executives	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	45	3.5	52	4.0	66	4.0
When calling an Account Executive, if you had a problem/issue or concern, the person you spoke with helped to resolve it to your satisfaction	45	3.4	52	3.9	65	3.9
	45	**3.5**	**52**	**4.0**	**66**	**4.0**

Provider Relations Comments
One of our AE's is struggling to provide information or assistance with JIVA. The other is much better for that issue.
My Account Exec is always pleasant and helpful. If she doesn't have the answer, she always finds someone who does.
The provider relations staff have too much on their plate. Provider should be able to call the claims dept. with a claims question and not delay the answer by having to go through rep.
I don't find the AE to be a useful position. I'm not really sure what his/her purpose is. I know it's to ask questions, but you always get an automatic response that he/she is in meetings. It's a waste of time.
I am able to reach someone in a timely manner if needed.
Excellent Provider Relations.
Pleased with relations by PerformCare.
I can generally get answers to my questions through the care manager. I do not handle the administrative billing.
Quality info has not been consistently relayed by the account executive.
Our account executive is not as knowledgeable as the other counties.
Sometimes there have been changes to things that are not clearly communicated, and later-often years later-we get caught up in issues because we do not know. For example, the new 'Rendering, Ordering and Prescribing' was sent out but no real explanation or how to actually do what Performcare needs us to do. So 'What should agencies do about this change' is not clear.
Credentialing process should be streamlined. Full training for all Provider Relations staff. So often we don't get whole answers, or we get differing answers from different reps.
Quality info has not been provided by the account executive on a regular basis.

Provider Manual	2017 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	69	0%	8%	44%	32%	16%

When you referenced the PerformCare Provider Manual, how beneficial was it?	2017 # of Respondents	Very Helpful	Somewhat Helpful	Neutral	A Little Helpful	N/A or No Experience
	73	14%	42%	15%	10%	15%

Provider Meetings & Trainings	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
There is adequate notice to attend any meetings and/or trainings	14	4.5	29	3.9	37	4.2
Availability (dates & locations)	14	4.7	28	3.9	37	4.0
Usefulness of training(s)	14	4.7	28	3.6	37	3.6
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	14	4.3	29	3.6	38	3.7
Provider Meetings & Trainings Average	**14**	**4.5**	**29**	**3.8**	**37**	**3.9**

Meetings and Trainings Comments
I sometimes feel that our day to day problems in providing services are not well understood by the admin staff at PerformCare. We struggle to just provide services, and they try to add new things for us to do.
The Performcare staff that attend the meetings are not able to answer provider's questions. Providers are told, 'I'll take it back' for almost every topic. We are still discussing some processes that have been in place for 15+ years.
The meetings are not useful. You get the same answer.... 'we will have to take that back to the powers that be'. There is never any follow up on questions asked. There are never minutes from a meeting.
More notice would be appreciated, at least one month prior.
Webinars have been helpful. Several times are usually offered to attend, which allows me to fit these into my schedule. This format is helpful in being able to understand reports, etc.
For the provider meeting it can be frustrating when old issues continue without resolution.
Within family based, I was invited to a series of meetings that I believe were not correctly titled-that I thought they were about one topic and they were totally about another. The agenda and goal of the meetings should be in the invitation so I can better choose how to spend my time.
Please don't just read the slides. It makes for a very boring training.
Sometimes the information that is presented in the trainings is relayed long after processes have already been implemented. For example, with a recent presentation on Administrative and Treatment Quality Concerns, the areas for review during UR calls have been in effect for months.
Sometimes information that is presented in the trainings is relayed long after implementation of a process has occurred. Having the trainings earlier for providers would be helpful to know what's coming or changing.
Unfortunately, I was already aware of everything that was presented. There was no new material.
There was a meeting about family based that was mislabeled-the title of the meeting was not what the meeting was about-and that meant we were not prepared when we arrived at the meeting with agency wide thoughts and ideas about the issues.
We found our treatment record review to be very helpful and collaboration - great feedback/suggestions were offered to us. We really appreciated the teamwork on this.
The TRR process was very collaboration and great feedback/suggestions were relayed by the quality team. We really appreciated their help.

Claims Department

Claims Processing	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Claims payments and/or claims denial letters are received within 45 days	42	3.8	41	4.0	56	3.6
Satisfactory and timely answers to your questions	42	3.9	47	3.9	66	3.7
Consistency in responses to inquiries	42	3.9	46	3.9	67	3.6
Ease of submitting electronic claims	42	4.1	34	4.00	45	3.8
Ease of correcting electronic claims	42	3.8	33	3.8	45	3.5
Ease of correcting paper claims	40	3.8	28	3.6	44	3.5
Please rate your overall experience with claims processing from PerformCare	42	4.0	40	3.9	57	3.6
Claims Processing Averages	**42**	**3.9**	**38**	**3.9**	**54**	**3.6**

Claims Comments
Payment is much slower than with the commercial insurers we work with. As a small provider, I wish payment was faster.
If there is a claim error due to something on Performcare's end, why does it take weeks for it to be corrected? Be helpful to speak to the actually claims department.
Honestly, things were significantly better when MCO was CBHNP! More rejection for 'unknown' reasons since PerformCare took over. Several times even the claims help desk responds 'We do not know why these were rejected.' People much slower getting back and even some not friendly (which was a first). CBHNP used to be my best MCO with which to work as a provider, friendly, helpful and even supportive of my success as a provider for them. However, there has been a notable decline since becoming PerformCare.
I do not participate in submitting claims. I receive information when a claim is denied if another submission is needed. I have not always seen timely response to these corrections, but this may be due to not being in the claims department.
We write off lots of money due to the credentialing process on the Performcare side taking many steps and taking over 6 months to be finished. Unclear steps and too many paper forms to do the process. Unlike any other payers, your process is 25 years old.
PerformCare is not using industry standards to select appropriate pointers as evidenced on claims. Also, the electronic training should not just be offered to new companies, but to individuals new to the role at companies already enrolled.
I had submitted a paper claim (done through our billing dept.), over a year ago. The answer came back in a timely manner, with an explanation from the care manager.
I do not manage claims and do not know if any issues exist there.
Navinet can be tricky to navigate and specially to correct paperwork.
I do not submit the claims so do not have experience in this area.
The procedure for processing out of network authorizations and being able to submit corrective claims can be challenging.
The timeliness of corrected claims processing is still horrible.
Need specific requirement for billing hospital & physician services.
We do not receive adequate assistance from the claims supervisor.

Quality Improvement

Credentialing & Re-credentialing	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Fairness of Credentialing and Re-credentialing process	45	2.8	64	3.7	80	3.6

Administrative Appeals	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Adequate explanation of decisions made	12	3.8	22	3.7	17	3.7
Decision regarding your appeal(s) were made within 30 days	12	3.9	22	4.0	17	3.4
There was a fair & reasonable decision outcome	12	3.7	22	3.7	15	3.6
Administrative Appeals Averages	**12**	**3.8**	**22**	**3.8**	**16**	**3.6**

Grievances	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Timeliness of grievance resolution	9	4.1	5	3.8	14	4.1
Collaborative nature of the grievance meeting	8	4.1	5	3.6	14	3.9
Your involvement in the grievance process	9	4.3	5	3.6	14	3.9
Overall, rate PerformCare's management of the grievance process	10	4.3	5	3.6	14	3.9
Grievances Averages	**9**	**4.2**	**5**	**3.7**	**14**	**3.9**

Treatment Record Reviews	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Do you understand the expectations of the questions in the Treatment Record Review	N/A	N/A	5	3.6	15	3.2
Do you feel the process was fair	N/A	N/A	5	3.6	15	3.3
Do you feel the Treatment Record Review process was helpful	N/A	N/A	5	3.6	15	3.5
Were you satisfied with any assistance provided by the Quality Improvement Department	N/A	N/A	5	3.6	14	3.8
Treatment Record Review Average	**N/A**	**N/A**	**5**	**3.6**	**15**	**3.4**

Clinical Department

Care Management	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Timeliness of authorizations	39	3.4	52	3.8	68	4.2
Accuracy of authorizations	41	3.2	53	4.0	68	4.2
Availability of Clinical Care Managers when needed	40	2.8	52	3.7	68	4.1
Consistency in Care Manager's responses to your inquiries	40	3.0	52	4.0	63	4.2
Consistency in Care Manager's review of child/adolescent treatment plans	39	3.0	22	3.8	39	3.9
Care Managers participation in ISPT meetings (for children/adolescents)	37	3.3	16	3.4	34	3.8

Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	40	3.4	47	3.8	55	3.9
Care Management Averages	**39**	**3.2**	**42**	**3.8**	**56**	**4.0**

Care Management Comments
We sometimes get conflicting information from different care managers, but this is getting better.
Concurrent reviews for our sub-acute Partial Hospitalization Program are lengthy and overly time-consuming to complete. Much of the time we are entering demographic information that is the same from the pre-cert.
It seems like the CCMs have very high caseloads because they are very busy and that is a barrier to working with them.
The paper authorization takes a long time to come in the mail.
Recently, some of the referrals seem to be in need of a higher level of care and Perform Care still approves them for the lower level of care.
Sometimes there are lengthy wait times for pre-certs but scheduled reviews are fine. The scheduled assignments for review is way better than the cue so thanks for changing that!
Occasionally there are difficulties with fixing authorizations, especially for step downs. Also, there are sometimes multiple screen out questions required before being able to speak with the appropriate person. In addition, there are also multiple calls made to us to check for patient arrival long before the ETA. Lastly, sometimes staff can be short with you and can't take the call, will have to call you back, or multiple times 'bouncing' from one person to the next.

Member Services	2015 # of Respondents	2015 Mean Response	2016 # of Respondents	2016 Mean Response	2017 # of Respondents	2017 Mean Response
Satisfactory and timely answers to your questions	41	4.0	56	4.0	65	3.9
Consistency in response to inquiries	40	3.9	56	3.8	65	3.8
Directing your call to appropriate department/care manager	39	4.0	56	4.0	65	4.0
Availability of Member Services staff after hours	41	3.8	32	3.5	32	3.9
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	40	3.9	48	3.8	55	3.2
Member Services Averages	**40**	**3.9**	**50**	**3.8**	**56**	**3.8**

Member Services Comments
The claims supervisor does not F/U with queries. Does not answer our issues.
I had a little bit of a run around to figure out when I needed to file an administrative appeal but was eventually routed to the right person.
Every time I call for either a CCM or Care Connector I always get the voicemail. Generally, the CCM calls back either the same day or next day, but the Care Connector takes longer to call back. I never get to speak to a Care Connector when I call in, and sometimes it is a question that needs answered in a timely manner. Always put through to voice mail.

Some things needed for re-authorization packets are needed/non-needed depending on while CCM has the client and it can get a little misleading based on a generalized submission.
Noted that outdated provider availability information was provided (for medication management).

Additional Comments
Enrollment process needs completely revamped. It is outdated, cumbersome and expensive to do on the provider side. There are too many hoops to jump through just to have a location added to a group or to add new providers. It doesn't have to be so hard if you invest in an updated system to do this work. You are wasting too many trees with all the paperwork that is hurting our environment as well.
Clinicians stated they have a very good working relationship with the Care Managers.
The credentialing process is cumbersome and takes too long. A more efficient and coordinated process would bring more qualified providers onboard to provide care in our communities to underserved populations.
Thank you to our AE for all that she does for our organization and our clients. Also, the care managers that authorize services and continued stays they do a great job!
We are so pleased in working with PerformCare and have had great success. Our fiscal staff does have some difficulties but PerformCare staff have been trying to assist her with the challenges. Thank you for surveying us.
More specifics about information requested from PerformCare in order to be more accurate.

Year to Year Score Comparison

Survey Category	2012	2014	2015	2016	2017
Communication	3.6	3.5	3.6	3.8	3.8
Provider Relations	4.0	3.7	3.2	4.0	4.0
Provider Orientation	4.0	3.3	N/A	N/A	N/A
Provider Meetings & Trainings	4.0	3.8	4.5	3.8	3.9
Claims Processing	3.6	3.5	3.9	3.9	3.6
Administrative Appeals	3.3	2.9	3.8	3.8	3.6
Credentialing & Re-credentialing	N/A	3.6	2.8	3.7	3.6
Complaints	3.5	3.3	N/A	N/A	N/A
Grievances	3.8	3.2	4.2	3.7	3.9
Treatment Record Reviews	N/A	N/A	N/A	3.6	3.4
Clinical Care Management	3.6	3.5	3.2	3.8	4.0
Member Services	3.9	3.7	3.9	3.8	3.8
Average Total Score	**3.7**	**3.4**	**3.8**	**3.8**	**3.8**
Total Number of Respondents	67	66	60	64	82
Response Percentage of Total Surveys Sent	21%	33%	25%	26%	30%

Summary

The number of respondents increased across all sections and questions of the 2017 survey. Communication had the largest number of respondents, averaging 82 across the questions in that section of the survey. Administrative Appeals, Grievances, and Treatment Record Review sections of the survey averaged the lowest number of respondents.

Four sections decreased in scoring from 2016 to 2017, Claims Processing, Administrative Appeals, Credentialing and Re-credentialing, and Treatment Record Reviews. The lowest

scoring section was Treatment Record Reviews, scoring 3.4. Provider Relations and Clinical Care Management were the two highest scoring sections, both scoring 4.0. Overall, the Average Total Score stayed the same which was 3.80 in 2016 and 2017.

Communication had the most comments out of all of the sections of the survey. The comments varied greatly across a broad range of topics regarding communication. Some of the concerns expressed by the providers focused on the new software platforms implemented by PerformCare, and the lack of training and resulting issues stemming from the switch. Providers also expressed some dissatisfaction with not being able to reach a live person to talk to. There were also a few comments which focused on the bed search process and the lack of communication from PerformCare as to the status of the search.

Several comments in the Claims Processing section focused on the new software platform, Navinet which providers are using to submit electronic claims. Providers expressed concern with the speed at which claims are paid, as well as the process by which they must follow to correct claims.

Providers also expressed some dissatisfaction with Trainings and Meetings as stated in the comments section of the survey. Some of the comments focused on PerformCare staff not being able to answer questions at the meeting, and that there is no follow-up after the meeting. Providers also commented that it would be helpful to have the purpose of the meeting being clearer and having minutes from the meetings would also be helpful.

There were three sections in the survey that increased in scoring from 2016 to 2017. Grievances increased from 3.7 to 3.9, Care Management from 3.8 to 4.0, and Provider Meetings and Trainings from 3.8 to 3.9. There were also several sections in which the scores stayed the same from 2016 to 2017.

In addition to the increased scores from 2016, Providers included many positive comments about PerformCare and their various departments. There were several positive comments in the Communication section of the survey, as well as in the Provider Relations section.

The CABHC Provider Network Committee reviews the results of the survey in order to make recommendations to PerformCare for Quality Improvement Plans in any areas where improvement is needed.

CABHC is grateful for the Providers who participated in this annual Provider Satisfaction Survey. We use the survey to provide feedback and recommend changes to PerformCare. We hope that this process will enhance the HealthChoices Behavioral Health program throughout our Counties.