CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.
Established October 1999

2015 Provider Satisfaction Survey Report

The 2015 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 254 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. Fourteen surveys were returned as undeliverable. Consequently, out of the 240 delivered surveys, we received 60 responses, which is a 25% response rate. This is a decrease from the 33% response rate in 2014.

Demographics

Age Group(s) Served by Respondents:

Children/Adolescents	20%
Adults	30%
Both Age Groups	50%

Level(s) of Care Provided by Respondents:

Substance Abuse	23%
Mental Health	42%
Co-Occurring	8%
All Levels of Care	27%

2015 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.

Satisfaction

Respondents did not answer every question, so the number of response for each question varies. The column in each table labeled "2015 # of Respondents" indicates the number of all respondents who answered a particular question.

Communication

Written and Electronic Communication	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Notification and implementation of policy changes affecting Providers	62	3.63	63	3.61	52	3.63
Ease of reaching someone who can answer your questions when calling PerformCare	64	3.67	62	3.56	51	3.88
Ease of calling the Provider Line and reaching the person you are calling	58	3.60	60	3.50	52	3.58
When calling the Provider Line, my calls were returned within 48 hours	54	3.46	55	3.67	50	3.42
Ease in using Provider Portal	58	3.64	56	3.39	51	3.68
Ease of using ProviderConnect	58	3.70	55	3.35	50	3.51
Quality Improvement "Quick Tips" are useful	56	3.72	46	3.36	49	3.56
Provider newsletters are useful	54	3.63	53	3.37	49	3.64
	58	**3.63**	**56.25**	**3.48**	**50.5**	**3.61**

Communication Comments
The process for adding users for Provider Connect is too time consuming. Original signatures are required which requires the forms to be mailed, and then it takes 2-3 weeks to receive confirmation. This is a burden when we have new staff that need access.
There are times depending on who is the reviewer that we are on the phone for 45 min or longer to do a precert which seems very unnecessary. Our time is valuable and we have many other reviews to complete in a day.
Communication and Provider Connect are great improvements
Ecura is not user friendly. Times out to quickly. Difficult to complete CIR's. We understand this is a HIPAA issue (as we have been told in the past) but it times out way to quick. Then it will randomly just kick you out without warning, but when you sign back in it's fine, until the next time it kicks you out. there are no error messages or anything, just randomly boots us off. This is from administrative staff that use Ecura often.
When calling for claims inquiry the reps are well informed and very good at helping, however when calling for the provider rep, it is difficult to get him/her and leaving a message feels like a waste of time as questions are not answered in a timely manner if answered at all.
In general communication is very good.
Communication between Perform Care and provider are appropriate. Your agency is one of the easier with whom to communicate among those that contract with us.

Provider Relations

Account Executives	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
When contacting Provider Relations, do you receive satisfactory and timely answers to your questions	59	4.0	60	3.75	45	3.49
How do you find the fairness of Provider Relations/Credentialing site visits	50	4.04	42	3.61	44	3.07
When calling Provider Relations, if you had a problem/issue or concern, the person you spoke with helped to resolve it to your satisfaction	54	4.09	57	3.70	45	3.39
Credentialing and re-credentialing processes	47	3.98	45	3.60	45	2.82
	52.5	**4.03**	**51**	**3.67**	**44.75**	**3.19**

Provider Relations Comments
More information on what is needed when enrolling providers. There is no consistency to the process.
Appeals process for providers.
I'm not really sure the AE is that effective role. I rarely speak to my AE and when we meet 'quarterly', it doesn't seem beneficial. We met a few months ago and I still haven't had answers to my questions.
My contact - couldn't ask for better working relationship.
The provider line is friendly and they quickly transfer me to who I need to speak with. I don't use the portal anymore, because they made everything I need accessible without a login. This was helpful. The provider manual is easy to search and use.
It will be REALLY nice to have actual provider meetings.... where providers can discuss concerns with PC and have the same understanding about policies/procedures. But, this has been asked for years and still not happening.
Some information provided was vague and left the individuals looking for additional clarification.

Provider Manual	2015 Percent of Total Respondents	2015 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	75%	45	0%	11%	36%	47%	7%

When you referenced the PerformCare Provider Manual, how beneficial was it?	2015 Percent of Total Respondents	2015 # of Respondents	Very Helpful	Somewhat Helpful	Neutral	A Little Helpful	N/A or No Experience
	75%	45	16%	56%	13%	7%	9%

Provider Meetings & Trainings	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
There is adequate notice to attend any meetings and/or trainings	35	4.14	22	4.0	14	4.50
Availability (dates & locations)	35	4.09	22	3.86	14	4.69
Usefulness of training(s)	35	3.74	20	3.70	14	4.67
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	N/A	N/A	21	3.52	14	4.28
Provider Meetings & Trainings Average	**35**	**3.99**	**21.25**	**3.77**	**14**	**4.54**

Claims Department

Claims Processing	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Claims payments and/or claims denial letters are received within 45 days	36	3.78	50	3.56	42	3.78
Satisfactory and timely answers to your questions	43	3.70	54	3.63	42	3.89
Consistency in responses to inquiries	42	3.76	52	3.48	42	3.91
Ease of submitting electronic claims	29	3.86	38	3.58	42	4.12
Ease of correcting electronic claims	28	3.32	34	3.26	42	3.96
Ease of correcting paper claims	26	3.38	40	3.18	40	3.84
Please rate your overall experience with claims processing from PerformCare	N/A	N/A	45	3.53	42	4.0
Claims Processing Averages	**34**	**3.63**	**44.7**	**3.46**	**41.7**	**3.93**

Claims Comments
I would like to be able to do claim corrections on line and not have to submit them by paper.
In General, PC is the easiest MCO to work with and understands glitches and works well to resolve them.
Electronic claims are relatively easy to submit and get paid in a timely manner for the most part (over 90%). Electronic corrected claims are easy to submit but not always processed consistently. We submit both electronic and paper claims and by far prefer the electronic submissions. Submitting paper claims is a hassle, claims are a hit and missed, we can go months with no issues and then hit a period where claims submitted are not found or EOBs submitted and attached to the claims are not found, denial reasons stated are seldom the correct claim denial and the appeals process is lengthy and time consuming. We would love to be able to submit secondary claims electronically as we believe this will drastically reduce not only the payment turn-around time but the number of errors we are so far encountering.
During this past year, Philhaven and billing staff from PerformCare has worked collaboratively during changes to both of our systems. PerformCare staff provided leadership to resolving issues and expediting claims. Philhaven's billing staff would also like to recognize additional PerformCare staff, they do a great job when we call with problems. They are always willing to go above and beyond to help.
Claims are submitted by our central region office.

Quality Improvement

Administrative Appeals	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Adequate explanation of decisions made	21	3.43	21	2.76	12	3.75
Decision regarding your appeal(s) were made within 30 days	21	3.24	21	3.20	12	3.92
There was a fair & reasonable decision outcome	21	3.14	21	2.81	12	3.67
Administrative Appeals Averages	**21**	**3.27**	**21**	**2.92**	**12**	**3.78**

Grievances	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Timeliness of grievance resolution	5	3.60	10	3.10	9	4.14
Collaborative nature of the grievance meeting	5	3.80	10	3.10	8	4.14
Your involvement in the grievance process	5	4.00	10	3.40	9	4.29
Overall, rate PerformCare's management of the grievance process	5	3.60	10	3.10	10	4.29
Grievances Averages	**5**	**3.75**	**10**	**3.18**	**9**	**4.22**

Grievances Comments
It is slightly concerning that when attending a grievance it seems as though the only document reviewed by anyone at PC is the evaluation. They don't seem to review the treatment plan or other documents submitted with the request. This has been stated as such too.

Clinical Department

Care Management	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Timeliness of authorizations	47	3.87	52	3.88	39	3.41
Accuracy of authorizations	47	3.79	52	3.71	41	3.24
Availability of Clinical Care Managers when needed	45	3.60	51	3.61	40	2.80
Consistency in Care Manager's responses to your inquiries	47	3.72	52	3.50	40	3.03
Consistency in Care Manager's review of child/adolescent treatment plans	34	3.62	36	3.14	39	2.95
Care Managers participation in ISPT meetings (for children/adolescents)	29	3.28	32	3.31	37	3.28

Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	32	3.44	47	3.40	40	3.44
Care Management Averages	**40**	**3.62**	**46**	**3.51**	**39**	**3.16**

Care Management Comments
CCM are very inconsistent. There have been several new CCMs, perhaps from other counties, and how they review a packet appears to be very different. Additionally, we have had several CCMs ask us to follow up on educational issues, which is NOT a BHRS role. Also, it has been clear that they just review the evaluation. When they call and ask follow up questions, it will be asked if they reviewed the treatment plan because that information is in there; usually they haven't.
Your reviewers are very professional and fair.
There may not be enough care managers, as it is difficult during the day to connect with them without a considerable amount of phone tag. Also, while the other managed care organizations have after hours pre-certs available as well as good faith authorizations when a client does not show yet in their system, PerformCare seems to have neither, and the process for calling and re-calling and logging phone calls each day until the client shows is inefficient and has led to missed days of funding.
Our utilization review team found it more helpful to have 'assigned' care managers rather than random, unassigned care managers who take the clinical information as a 1st come 1st serve type of rotation. The care managers being unfamiliar with the patients provides a barrier to our facility's UR staff being able to work WITH the clinical care manager to develop treatment ideas and suggestions for the team. There is also a disconnect between the clinical care managers and the 'High Risk' care managers and the communication or collaboration.
There is a concern that for Child/Adolescent care managers, there are too many changes with the assigned care manager.

Member Services	2012 # of Respondents	2012 Mean Response	2014 # of Respondents	2014 Mean Response	2015 # of Respondents	2015 Mean Response
Satisfactory and timely answers to your questions	41	3.88	58	3.71	41	4.03
Consistency in response to inquiries	43	3.65	56	3.66	40	3.91
Directing your call to appropriate department/care manager	41	3.85	59	3.95	39	4.06
Availability of Member Services staff after hours	26	4.19	27	3.59	41	3.80
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	38	3.89	52	3.71	40	3.87
Member Services Averages	**38**	**3.89**	**50**	**3.72**	**40**	**3.93**

Member Services Comments
The staff for Member Services is friendly, knowledgeable and great at following up.
We are satisfied with services...Thanks
The service that I utilize on a daily basis is the Provider Line. Overall, I have a favorable opinion of the people whom I interact with. The only negative feedback would be that since the reviews are completed on a first-come, first serve basis through call queue, there is a lot of repetition. It is more time consuming than having a designated reviewer who follows cases form beginning to end. The reviewers themselves are great to work with. At times, on high volume days, it is difficult to get in touch with the reviewers. We have to make multiple calls or may have to leave a voice mail and wait for our call to be returned. This process is not the most efficient. The Provider Portal does provide helpful information and is adequate for my needs. They also offer some educational documents.

Year to Year Score Comparison

Survey Category	2010	2011	2012	2014	2015
Communication	3.82	3.86	3.63	3.48	3.61
Account Executives	4.13	4.24	4.03	3.67	3.19
Provider Orientation	4.00	5.00	4.00	3.33	N/A
Provider Meetings & Trainings	4.10	4.13	3.99	3.77	4.54
Claims Processing	3.83	3.85	3.63	3.46	3.93
Administrative Appeals	3.71	3.51	3.27	2.92	3.78
Complaints	3.08	2.25	3.50	3.27	N/A
Grievances	3.49	3.43	3.75	3.18	4.22
Clinical Care Management	3.52	3.49	3.62	3.51	3.16
Member Services	4.00	4.11	3.89	3.72	3.93
Average Total Score	**3.77**	**3.79**	**3.73**	**3.43**	**3.80**
Total Number of Respondents	149	74	67	66	60
Response Percentage of Total Surveys Sent	24%	19%	21%	33%	25%

Summary

The number of respondents varied greatly from question to question, with Grievances having only 9 respondents, while Communication had 51 respondents.

Two sections decreased in scoring from 2014 to 2015, Account Executives and Clinical Care Management. They were also the lowest scoring sections, 3.19 and 3.16 respectively. Provider Meetings and Trainings and Grievances were the two highest scoring sections, scoring 4.54 and 4.22 respectively. It should be noted that these two sections had low numbers of respondents. Administrative Appeals had a total of 12 respondents, while Grievances had a total of 9 respondents. Of the sections which had at least a 75% response rate, which would be 45 respondents, the highest scoring section was Communication, which scored 3.61. Overall, the Average Total Score increased from 3.43 in 2014 to 3.80 in 2015.

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.