2022 CABHC Provider Satisfaction Survey Report

On an annual basis, CABHC conducts an assessment of its network of providers through a satisfaction survey. The survey is used to assess the Provider's satisfaction with the BH-MCO, PerformCare, and to obtain feedback about the HealthChoices program. The survey is sent to a variety of individuals who serve in various positions across the provider network of agencies. It can be accessed online using the web-based program, QuestionPro, or by completing a paper version and submitting it to CABHC.

In November 2022, 476 surveys were sent via email to the provider network. Sixteen were undeliverable. One hundred and sixteen (116) were completed in full, resulting in a 25% response rate. This is below the 31% response rate in 2021; however, it's important to note that there were more surveys sent out this year.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	23%
Adults	34%
Both Age Groups	43%

Level(s) of Care Provided by Respondents:

Substance Abuse	63%
Mental Health	23%
Co-Occurring	15%
All Levels of Care	0%

2022 Satisfaction Survey Results

Survey recipients were asked to respond to each of the survey questions based on their experiences with PerformCare over the previous twelve months. Except where noted, the questions used a Likert scale rating. Responses were given the following numeric values:

5 = Very Satisfied
4 = Satisfied
3 = Neutral
2 = Dissatisfied
1 = Very Dissatisfied

Responses of N/A, or not applicable, were not included in the scoring calculation; however, individuals responding N/A were included in the number of respondents for each question. Respondents were also given the opportunity to provide any comments they felt were important. All comments received are provided in this report and have been deidentified where applicable.

The survey contained questions on five categories: Communication, Provider Relations, Claims Department, Quality Improvement, and Clinical Department. Results are presented by category and include the number of respondents and a mean score for each question. For each category, the results from the previous two years surveys have been presented for comparison.
Please note that respondents did not answer every question and there were a number of respondents who initiated the survey on QuestionPro without completing the survey. Therefore, the number of respondents for each question varies and may be higher than the number of completed surveys reported above.

Communication:

	Communication					
Written and Electronic Communication	**2020 # of Respondents**	**2020 Mean of Response**	**2021 # of Respondents**	**2021 Mean of Response**	**2022 # of Respondents**	**2022 Mean of Response**
Notification and implementation of policy changes affecting Providers	107	4.1	124	4.1	129	4.0
Ease of reaching someone who can answer your questions when calling PerformCare	105	4.2	123	4.1	128	4.2
Ease of calling the Provider Line and reaching the person you are calling	108	4.1	123	4	129	4.0
When calling the Provider Line, my calls were returned within 48 hours	106	4.2	118	4.1	128	4.1
Ease in using the website	104	4.0	115	3.8	128	3.9
Ease of using Navinet/JIVA	104	3.8	117	3.6	125	3.9
Communication Average	106	4.1	120	4.0	**128**	**4.0**

Communication Comments:
PerformCare does an excellent job communicating. When it comes to Navinet experience, it's on our company's end, not a PerformCare issue.
I feel that our PerformCare reviewers communicate well with us when completing precerts and reviews. They are typically easy to get a hold of and are timely when getting back to us.
Would be helpful when rates change, the fee schedule comes out BEFORE the effective date.
PerformCare is making it more and more difficult to manage PerformCare intakes virtually- making it almost impossible to do so. It is significantly different than working with other insurance co. The virtual intakes having to have treatment plans signed during session is cumbersome and decreases client satisfaction and time to talk. It is LESS client focused.
The team is very responsive to our questions/concerns and are very helpful to our agency.
Happy with the services

Communication of updates to policies is extremely poor. Often done after changes are made and seem to be made without input from either providers or members. There seems to be little thought of the impact of changes on organizations, providers, and members.
Employees are always nice and try to help as much as possible, or transfer you to someone that can help if they're not able.
Our account executives communicate well with us. They return calls or emails and help where they can. The Care connectors are very responsive. The Care Managers are familiar with the cases and very responsive
The provider search tool on the PerformCare website is clunky and difficult to use for myself as a clinician as well as by patient report.
Satisfied.
I am writing from White Deer Run Allenwood. We have regular contact with PerformCare staff who keep us updated on changes and initiatives, provide us with data regarding our performance and work with us to solve problems. Our AE has been a big help, very supportive and responds to all inquiries. Also, the PC staff works with us on a regular basis and has been very helpful. Great staff to deal with.
It's hard to locate policies and policy changes on the website. It would be easier if they were their own option on the provider home page.
Very supportive communication
While we are able to easily access PC staff, the questions we have are not often clearly responded too. We frequently find that we get conflicting answers to our questions. Also, guidance is not often given, just reference documentation, which is why we called in the first place.
Satisfied with the overall services
No issues pertaining to communication.
Website could be easier to navigate, to find policies. I am not always sure what category to search under Policies & Notices and may not have any idea what year to look for. Things aren't always easily found using the search function. Communication about important issues, like known claim processing problems or payment issues, could be more proactive. There have been some challenges in the past year with communication being 'after the fact.'
Finding a child in the Navinet system is cumbersome particularly when sending an invite for a meeting.
All communications received are prompt, informative, and full of useful resources.
PerformCare has been easy to work with and has been prompt in response to requests that lie outside the normal requests, such as when we haven't received our copy of the authorization and need a replacement copy.
The response time for Navinet is very slow.

Provider Relations:

Account Executives	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	101	4.3	112	4.1	126	4.4
When calling an Account Executive, if you had a	101	4.3	111	4.2	126	4.3

problem/issue or concern, the person you spoke with helped to resolve it to your satisfaction						
Provider Relations Average	101	4.3	111.5	4.2	**126**	**4.4**

Provider Relations Comments:
We find the Account Executives to be very responsive and helpful whenever we have questions or issues.
Our AE is wonderful. She keeps providers very informed.
Our AE has been very supportive of our practice and always giving a helping hand.
Our account executives are amazing at answering any questions or addressing concerns.
I don't try to call PerformCare. If I have to reach my account exec, I just send an email.
I am very pleased with working with our AEs.
Our account executives communicate well with us. They return calls or emails and help where they can.
Our Provider representative is really quite impressive - deep fund of knowledge, critical thinker, great diplomacy skills and lovely disposition - we are extremely fortunate to be assigned to her.
Our AE is the best she is always helpful and follows thru with any requests. Always returns calls and emails. Very pleased with her professional abilities
Our Account Executive is excellent with communication.
Most of my interaction with PerformCare is with our Account Executive who is very responsive in answering my questions and providing information.
We appreciate our AE's quick and positive responses. We receive strong communication related to updates.
Our AE provides positive responses/strong communication.
Our AE is very responsive / strong communication

Provider Manual	**2021 # of Respondents**	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
How often did you or your Agency's staff reference the PerformCare Provider Manual?	112	1%	6%	48%	32%	13%
	2022 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	126	2%	9%	47%	36%	6%

Provider Manual	2021 # of Respondents	Very Helpful	Somewhat Helpful	Neutral	A Little Helpful	Not Helpful at All	N/A or No Experience
When you referenced the PerformCare Provider Manual, how beneficial was it?	111	21%	49%	14%	4%	3%	6%
	2022 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	126	21%	44%	14%	10%	1%	10%

	2021 Respondents	Yes	No
Are there topics you believe should be added to the Provider Manual to make it clearer?	106	9%	91%
	2022 Respondents	**Yes**	**No**
	122	14%	86%

If an individual answered ‘yes’ to this item, they were prompted to please add suggestions or comments. The following comments were received:

2022 Provider Manual Comments:
No suggestions. Your website and provider manual are very helpful especially when locating forms and finding things like appeal instructions.
Nuances with services such as IBHS are not always explained fully.
Increased details about how Perform Care interrupts the State Regulations; specifics that are different or in addition the regulations.
Sometimes the policies are written in a way that are difficult to understand. Comparatively to other insurance companies, PerformCare has a lot more expectations which can make things more challenging.
Telehealth
Please add billing requirements for OP ECT billing- if the claims must bill on UB or 1500 claim form. Better information on authorizations, etc. Maybe an option to also check status of provider appeals.
Always prefer a live person and a real dialogue
Add IBHS to the manual. None of our regulations are included and it makes the entirety of the content seem untrustworthy.
It would be helpful if the Provider Manual linked to relevant policies and memos. That way providers would be easily cued regarding what policies/memos may exist that are relevant to them. Otherwise, the list of policies and memos on the website is pretty cumbersome to go through. While I indicated we do not reference the Provider Manual more than once a month, that is because leadership has read the entire Manual front to end and did so within the past year.
Guidance related to ASAM Alignment and PerformCare’ s interpretation of expectations and practice is appreciated. As a provider, we have received varied interpretations from MCOs of what is being recommended vs required.

Consideration to include ASAM Alignment guidance. As a SU provider, we have received varied guidance from MCOs related to interpretation of recommendations vs. requirements and how those apply to PA SU programs.
Additional clarification on reportable incidents would be helpful

Provider Orientation	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
An Account Executive was able to answer all of your questions	8	4.8	21	4.6
The information your account Executive provides is helpful and valuable	8	4.5	21	4.6
Provider Orientation Average	8.0	4.7	**21**	**4.6**

Orientation Comments:
Excellent and very thorough
Mazzitti & Sullivan recently added MH / OMHSAS programming on to license/contract and it was a smooth, positive experience.
Recently adding MH/OMHSAS programming – positive experience

Provider Meetings & Trainings	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
There is adequate notice to attend any meetings and/or trainings	68	4.4	70	4.2	79	4.2
Availability (dates & locations)	68	4.2	71	4.1	80	4.2
Usefulness of training(s)	65	2.8	66	3.9	79	4.0
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	68	2.8	69	3.4	80	4.1
Provider Meetings & Trainings Average	67	3.6	69	3.9	**80**	**4.2**

2022 Meeting and Trainings Comments:
Most meetings were irrelevant to our practice.
The last IBHS meeting was a bit of a mess. Thank goodness we had reached out earlier regarding the billing codes, but many providers were not informed and people presenting the training could not give answers.
Many times, when we are told that someone will get back to the providers, it does not happen.
They are very informative and useful
In the most recent meeting, information regarding CPT codes was disseminated; however, no guidance or parameters were given. Upon further follow up, for clarity, additional documents were given in lieu of

guidance. Additionally, during the meetings it seems as though, when providers ask questions and when PC staff do not have the answer it is noted that there will be follow up, but that never comes.
Meetings were productive and helpful.
Sometimes meetings are on short notice, for administrators who also do clinical work and have clients on their schedule. I do appreciate the efforts to keep providers informed through meetings and it is great when there is an option to review a recording if unable to attend a meeting. I really wish we could see the faces of PerformCare staff during virtual meetings! It is hard to stay engaged listening to faceless voices talk.
The only experience I have in attending a meeting is with the Child/Adolescent Provider meeting. If there are other meetings (for example, adult providers), I have not been notified of them. I, personally, have not attended any trainings.
Communication related to trainings is strong, attended recent suicide training which was very beneficial for licensed clinicians. It would be great if training attendance counted towards CEUs.
All of our meetings with our account executive—and with PerformCare, in general—have been focused and productive towards our ends of providing excellent care to our clientele and our area.
Communication related to training opportunities is strong. Recent suicide training beneficial for licensed clinicians. Would be ideal of trainings were able to offer CEUs
PerformCare is not the MCO of this County.

Claims Department:

Claims Processing	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Claims payments and/or claims denial letters are received within 45 days	96	4.1	110	4.0	120	4.1
Satisfactory and timely answers to your questions	97	4.1	110	3.9	121	3.9
Consistency in responses to inquiries	96	4.0	110	3.8	121	3.8
Ease of submitting electronic claims	95	4.2	109	4.1	121	4.1
Ease of correcting electronic claims	94	4.0	109	3.8	121	4.1
Ease of correcting paper claims	94	3.8	109	3.5	121	3.6
Please rate your overall experience with claims processing from PerformCare	95	4	106	3.9	121	3.9
Claims Processing Average	96	4.0	109	3.9	**121**	**3.9**

Claims Processing Comments:
The claims dept reps must be better trained to respond to provider's queries reclaim denials. We are always given incorrect information. Also, we need the 835 remits to come across and post with correct CARC denial codes. Currently most of the remits are coming through as CO-45. We have to always check Navinet for the correct denial reason or have to call the claim dept. Our AE and CM were provided multiple examples and are aware of this ongoing issue. There has been no resolution to this and we are told that it is being reviewed. Thank you.
I do not work in our Business Office so I do not submit claims. I am not aware of any issue with claims submission to Perform Care and I believe that we submit claims via paper and electronically.

PerformCare needs to get the claims department/team on track. The team does not respond timely, or accurately to claims investigations and this has been brought up to our Account Executive. We have had barriers in communicating our issues as our AE is relatively new and understanding the past, present, and future terms for PerformCare and sometimes does not reply timely or accurately and can be somewhat dismissive in her responses. Also, we have had issues as of recently where PerformCare has made changes to our provider file and it is not to take effect until 12/01/22 as we were notified on 10/31/22 and our AE and your claims department are advising us that it is part of the provider file updates, which is again, incorrect information as this should not have even taken place. We do have a meeting scheduled to go over this with our AE and have asked a member of the claims team be present for this discussion so we can resolve it, as this is not a provider issue.
Claims processing can be difficult especially when a commercial insurance is primary. Until recently the secondary, or primary denied claims had to be submitted on paper. This is quite time consuming. We are hopeful that electronic submission of these claims will improve.
Claims representatives do not provide consistent responses when communicating about a specific issue across time.
When PerformCare is secondary, it's very difficult to get that payment. Too many hoops and the on-line version is ridiculous and not manageable for a small practice. Very little help with that process so we are forced to paper bill and that opens up even more nightmares and cost to our agency. We have decided to no longer accept patients who have PerformCare as a secondary.
Claim denials are very difficult to challenge - the paperwork goes missing, or they will not alter the decision made. We have very little luck with this process. PerformCare will not pay agencies when claims are over 60 days old or won't correct them if it's been over 365 days - yet PerformCare is allowed to pay claims more than 60 days late. Our agency has still not received the increase that was supposed to begin in July of 2021.
I have had a lot of problems with paper billing - which I have to do for members who have Medicare Part B primary and PerformCare secondary. Medicare sends the balance claim to the medical provider - not PerformCare, so I have to send the paper bills along with the remittance advice from Medicare. Recently I had a problem with claims being returned because of an incorrect code in box 33b - after using that same code since I started sending in paper bills. I also had claims returned for illegible information. I acknowledge that my handwriting is terrible, but I couldn't figure out a way to get the claim on the 'red form' because I don't have a typewriter. I finally figured out that I can fill in a blank form that I got online and print it on a color printer. So far - that problem is solved, but I'm just waiting for those claims to be rejected for not being the 'official' form - no writing on the back. I had issues with sending multiple claims in the same envelop and some of those not being identified as received. So, by the time I figured that out and I submitted them in separate envelops, some of them were denied for late filing. So, I had to do an administrative appeal. Haven't heard back about those yet. I think I had to send 6 appeals - and some other ones I just decided it was too much work. Right now, I only have one client with this situation but I had 2 up until recently. It's really an annoyance to have to submit these paper bills. Thank you for listening.
Our billing department handles this for providers.
Our biggest concern is the requirement for Social Determinants of Health Z coding on claims. The list is quite granular, does not provide our teams with any useful information beyond what we already collect, and adds a significant burden on collecting more information that will take time away from SUD and Co-Occurring Enhanced direct patient care. We understand the value, but we do not have the resources to meet the requirement and are concerned about yet another level of data collection burden being placed on providers in what is already a significantly burdensome process.
Thank goodness for our AE....if it were not for her, our experience with claims submission would be very dissatisfactory. From 7.1.22 we have over 1,000 denials because PC's claims system is not functioning correctly. This has been overwhelming and seemingly unnecessary.
Fantastic
I have online investigations that I submitted and have gotten no response on for months. I have received many incorrect denials for various reasons. This creates an increased workload for our already short-staffed office. Some claims all sent in one mailed batch end up getting lost too frequently. Batches mailed are not all processed and paid on the same EOB, making tracking them more difficult.
Since we have been able to move to submitting secondary claims electronically and no longer have to submit paper claims, it has made a world of difference. Whereas issues with inaccurate rejections, denials, and lost claims were frequent with paper claims, we now rarely run into problems.
Electronic claims work wonderful. We had to do a few paper claims for a client who was out of network and it was a nightmare. Lots of issues and unclear communication. Lots of hours were spent trying to resolve the issues and get the claims paid. Very frustrating experience. Our AE was great in helping us navigate the issues but it was an extremely frustrating process.
Claims are always prompt and the claims department is accessible.

Quality Improvement Department:

Credentialing & Re-credentialing	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Fairness of Credentialing and Re-credentialing process	89	4.0	102	3.9	116	4.0
Administrative Appeals	**2020 Respondents**	**2020 Mean Score**	**2021 Respondents**	**2021 Mean Score**	**2022 Respondents**	**2022 Mean Score**
Adequate explanation of decisions made	35	3.7	26	3.9	46	3.9
Decision regarding your appeal(s) were made within 30 days	35	4.0	25	3.8	46	3.9
There was a fair & reasonable decision outcome	35	3.8	26	4	45	3.7
Administrative Appeals Average	35	3.8	25.7	3.9	**46**	**3.8**

Complaints	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Timeliness of complaint resolution	15	4	8	4.3	13	4.0
Proper handling of complaint	14	4	8	4.3	13	4.3
A fair and reasonable decision was made	14	3.8	8	4.3	13	4.0
Complaints Average	14	3.9	8	4.3	**13**	**4.1**

Grievances	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Timeliness of grievance resolution	22	4.6	13	4.2	18	4.3
Collaborative nature of the grievance meeting	22	4.2	13	4	18	4.3
Your involvement in the grievance process	22	4.2	13	4.2	18	4.3
Overall, rate PerformCare's	22	4.2	13	4.3	18	4.3

management of the grievance process						
Grievances Average	22	4.3	13	4.2	**18**	**4.3**

Treatment Record Reviews	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Do you understand the expectations of the questions in the Treatment Record Review	24	4.1	13	4.0	16	4.3
Do you feel the process was fair	24	3.9	13	4.0	16	4.4
Do you feel the Treatment Record Review process was helpful	24	3.9	13	4.0	16	4.4
Were you satisfied with any assistance provided by the Quality Improvement Department	24	4.1	13	3.8	16	4.3
Treatment Record Review Average	24	4.0	13	4.0	**16**	**4.4**

Quality Improvement Comments:
Recently completed chart monitor for attestation process - Chart selection window was small which made obtaining an adequate sample size for smaller programs a challenge.
Our representatives stay current with the annual grievance and appeal training but didn't serve on any second level grievance and appeal meetings this year, because there was no opportunity to do so. We did not have experience with the G&A process this year.

Clinical Department:

Care Management	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score
Timeliness of authorizations	92	4.1	103	4.1	115	4.2
Accuracy of authorizations	90	4.2	103	4.0	114	4.1

Availability of Clinical Care Managers when needed	91	4.1	104	4.1	115	4.1
Consistency in Care Manager's responses to your inquiries	89	4.0	102	4.1	115	4.0
Consistency in Care Manager's review of child/adolescent treatment plans	90	4.1	102	4.0	114	4.0
Care Managers participation in ISPT meetings (for children/adolescents)	89	4.3	102	3.9	115	4.0
Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	89	4.1	100	4.1	115	4.0
Care Management Averages	90	4.1	102.3	4.0	**115**	**4.1**

Care Management Comments:
Would like return calls from clinical care managers faster
Our reviewer is incredible and always gets us information, authorizations, and other inquiries in a timely manner. We are very satisfied with her work and the overall connection we have with PerformCare and their members.
Overall, I feel that our concurrent review process with Perform Care is going well. Our reviewers are very knowledgeable and very responsive to questions.
Consistency between care managers/care connectors can be a problem at times.
Authorizations are often mailed to the incorrect business address and with the incorrect provider's name
At times we have left messages asking for calls back and they are not returned. We have received inconsistent answers to questions that involved state regulations or what we hear (during provider meetings) that other agencies are doing. Do not always feel Care Management team is helpful or provides feedback/support that we are looking for with clients.
Care Management: The individuals I have referred to Care Management were not connected to services. While I understand that the member needs to respond to any outreach, it seems that that outreach either did not occur or was not received by patients.
We have submitted several prior authorization requests for adjust services. PC has been great at reviewing these and approving our request as appropriate. Ideally, if we could be called at the time it was approved it would be great. When I have called to check on these it has been very easy to get the information I need, but I just don't know the timeline for when the approval came through to maximize our ability to provide treatment.
different care mgrs give completely different feedback on auth paperwork
Most care managers are great, some variability about response time
Care Managers provide obvious answers and elementary input. It eats a great deal of time keeping them updated but they offer little in return except to state the obvious options or actions that already have been taken. This is throughout the disciplines within the multidisciplinary team.
Often times we are unable to get a hold of a CCM when needing to discuss an urgent matter. Additionally, when we call to ask for an exception, the CCMs do not seem to understand what we are requesting and the process is excessive (can take 2 weeks or more). Answers to issues are either not given or CCM states they must follow up with their supervisor,

but then we are never given a follow up to a resolution, unless we call back. We are still waiting to hear back from a CCM about 2 members and it's been 3 weeks or more.
great
Enjoy working with clinical department.
Paper authorizations for adjunctive outpatient and testing are confusing. The codes are sometimes not accurate, but when we call to have them corrected, we are told the codes we want are already approved. We have also received mixed information about adjunctive auths - that we need to submit an auth request but also that we can just talk to the care manager and get verbal approval. This mixed information leads to confusion about whether we even need an auth and what the correct process is.
Our care manager assigned to our facility sometimes appears overwhelmed and it can take more than 36 hours for her to return our calls and emails for concurrent reviews.
Our assigned Clinical Care Managers are very professional and a source of information that help build our treatment goals. We appreciate the engagement from the Clinical Care Managers.
Not happy working w/our care manager. She can be very condescending and rude. Asks the same question over and over again. She presents as if she is my manager which is over the line and unhelpful. I don't work for PerformCare.
The Clinical department is very involved and helpful in assisting with all care needs.
At times, UR team has had issues with CM in regards to rigid scheduling times- we are typically given one time slot for reviews to be completed, which can be difficult when we already have calls scheduled. CM often states prior to review occurring that she will be sending the review to the doc if we are requesting a continued stay at a point where she feels like client has had enough treatment days, prior to UR team presenting the clinical justification for continued stay. CM has refused to do unplanned reviews such as non-routine dc, transfer requests, detox discharges called into the main line, they are mostly always pended. On 12/8/22 CM apparently reported that a Pyramid UR staff was refusing to provide medications/dosages on a review citing confidentiality, which was found to be untrue.
I have been able to make a lot of connections with PC care managers. A lot of positive communication. Typically, very helpful!
The Care connectors are very responsive. The Care Managers are familiar with the cases and very responsive.

Member Services	**2020 Respondents**	**2020 Mean Score**	**2021 Respondents**	**2021 Mean Score**	**2022 Respondents**	**2022 Mean Score**
Satisfactory and timely answers to your questions	90	4.0	104	4.1	115	4.2
Consistency in response to inquiries	92	4.0	104	4.0	117	4.1
Directing your call to appropriate department/care manager	91	4.1	104	4.2	117	4.1
Availability of Member Services staff after hours	90	4.0	102	4.0	115	4.0
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	90	4.0	104	4.0	117	4.0
Member Services Averages	91	4.0	103.6	4.1	**116**	**4.1**

Member Services Comments:
PCS uses the online inquiry system for questions more than calling into a representative.
Very helpful

Great
I do not have experience with contacting Member Services.
Very helpful staff.
When clients have a need to call Member Services with one of our staff, any issues are summarily resolved.
There are some inconsistencies-some staff are very helpful and clearly take the time to assist. Others will say they do not know an answer to a question and will not think about how to find out the answer. Our goal is to try to work cooperatively to reach solutions.
I also am able to easily get information as needed by calling member services.

Other Additional Comments:
The UM Team is very satisfied with the level of service that is provided by PerformCare. We enjoy partnering with PerformCare in the care of our patients.
Very happy with all; best amongst all our Payer's

Year to Year Comparison:

Year to Year Comparison

Survey Category	2017	2018	2019	2020	2021	2022
Communication	3.8	3.6	3.7	4.1	4	4.0
Provider Relations	4	3.9	3.8	4.3	4.2	4.4
Provider Orientation	N/A	3.5	4	4.1	4.7	4.6
Provider Meetings & Trainings	3.9	3.7	3.8	3.6	3.9	4.2
Claims Processing	3.6	3.8	3.7	4	3.9	3.9
Administrative Appeals	3.6	3.4	3.5	3.8	3.9	3.8
Credentialing & Re-credentialing	3.6	3.5	3.8	4	3.9	4.0
Complaints	N/A	3.6	4	3.9	4.3	4.1
Grievances	3.9	3.5	4	4.3	4.2	4.3
Treatment Record Reviews	3.4	3.8	4.1	4	4	4.4
Clinical Care Management	4	3.9	3.8	4.1	4	4.1
Member Services	3.8	3.9	3.8	4.0	4.0	4.1
Average Total Score	3.8	3.7	3.8	4.0	4.1	**4.2**
Total Number of Respondents	82	98	86	90	104	116
Response Percentage of Total Surveys Sent	30%	34%	31%	33%	31%	25%

* In past years, the response rate has been calculated using the number of surveys sent, deducting the surveys that were returned undeliverable. For the 2022 report, 16 of 476 were returned and flagged as “undeliverable” per Outlook.

Summary:

The 2022 CABHC Provider Satisfaction Survey yielded a response rate of 25% and had a total average score of 4.2out of a possible 5. Please note that the increase in the total number of surveys distributed contributes to the decrease in the response rate. Last year, 342 surveys were distributed with a total of 104 respondents whereas this year 476 surveys were distributed with 116 respondents. The survey contained questions on five categories: Communication, Provider Relations, Claims Department, Quality Improvement Department, and Clinical Department. The Communication category had the highest number of respondents with 128. The subsections: Provider Orientation, Provider Meetings & Trainings, Administrative Appeals, Treatment Record Reviews, Complaints and Grievances have the lowest number of respondents which continues the trends from the previous years.

The Communications average score remained a 4 which is satisfied. Some of the scores of the individual items either decreased, increased or remained the same. Although, there was an increase in the scores for "Ease in using the website", and "Ease of using Navinet/JIVA", these areas continue to score low which is a score of 3.9 for each item. This score demonstrates that the providers opinion on PerformCare's communication continues to be neutral, varying in experiences. There was a slight decrease in the score for "Notification and implementation of policy changes affecting Providers". This reflects some of the provider's comments including being informed about policy changes or other changes after the fact.

The item with the highest increase in score was "Ease of using Navinet/JIVA" which increased from a 3.6 to a 3.9. This improvement is worth noting considering there were several negative comments about the provider's experiences with using Navinet/JIVA in the previous years. There were some providers who expressed having difficulties locating policies and policy updates on the website. There are also a few providers who continue to express that sometimes the answers they receive are either unclear or unanswered. The majority of the comments for the Communication section were positive. Several providers mentioned being very satisfied with the communication they receive from their Account Executives. Examples of the comments will be included in the Provider Relations section below.

The Provider Relations Department section consists of the Account Executives, the Provider Manual, Provider Orientation, and Provider Meetings and Trainings. The Provider Relations average score increased from 4.2 to 4.4 which reflects increase in positive feedback from providers. The comments regarding the Account Executives (AEs) were very positive. Some of the comments include: very responsive, helpful, very informed, knowledgeable, wonderful, supportive, very pleased, return calls, and strong communication.

There was an overall increase in the percentage of providers who are using the Provider Manual. The provider manual continues to be helpful to providers when they reference it at the same rate as last year. About 14% of providers believe that there are topics that should be added to make the Provider Manual clearer which is an increase compared to the previous year. One of the suggestions is to include IBHS to the provider manual. Another provider stated that it would be helpful to have the nuances with services such as IBHS to be further explained.

One suggestion that was made by multiple providers is adding guidance on ASAM alignments due to receiving varied guidance. It was also suggested that the Provider Manual is linked to relevant policies and memos since scrolling through the list of policies and memos on the website can be cumbersome. One provider suggested adding billing requirements for OP ECT

billing and better information on authorizations. Another suggestion made is adding clarification on reportable incidents.

Although the overall score for the Provider Orientation category decreased (4.7 to 4.6), the providers continue to be satisfied. The providers left some positive comments regarding the orientation including “excellent “and “very thorough”. Two providers who recently added MH/OMHSAS programing stated that the orientation was a very positive and smooth experience.

The average score for the Provider Meetings and Trainings increased from 3.9 to 4.2 which demonstrates an improvement. However, the majority of comments continues to suggest a need for improvement in areas mentioned the year prior. For instance, a provider stated, “I really wish we could see the faces of PerformCare staff during virtual meetings. It is hard to stay engaged listening to faceless voices talk”. Providers continue to express feeling like the people presenting the meetings and trainings can’t give clear answers. They feel there’s a lack of guidance and that they’re given additional documents in lieu of guidance. A couple of providers did offer positive feedback such as feeling like the meetings and trainings are very informative and useful.

The average score for the Claims Department section remained the same, 3.9. The comments section reflects an increase in complaints regarding claims. Providers expressed that the Claims department staff need better training due to the following issues: not responding in a timely manner, providing inaccurate information, using incorrect denial codes, and inconsistent responses. One provider no longer accepts members who have PerformCare as their secondary insurance due to having issues with receiving payments. Some providers are still experiencing issues with paper claims including paperwork going missing. Although there is an option to complete electronic claims, some primary insurances such as Medicare requires providers to submit paper claims. One provider reported having over 1,000 denials due PerformCare’s claims system not functioning properly. Another concern to note is that a provider still hasn’t received the rate increase from July 2021.

The Quality Improvement Department section of the survey reviews Credentialing and Re-credentialing, Administrative Appeals, Complaints, Grievances, and Treatment Record Reviews. The scores for Credentialing/Re-credentialing, Grievances and Treatment Record Review increased while the scores for Administrative Appeals and Complaints decreased. There were only two comments for the Quality Improvement department. One was regarding having a small window of time for chart selection. The other comment was a provider stating they didn’t have any experiences with the Grievance and Appeal process this year.

The Clinical Department section of the survey covered Care Management and Member Services. The three items that scored lower this year includes “Accuracy of authorizations”, and “Care Managers participation in ISPT meetings (for children/adolescents)”. One notable change was the increase in score for “Consistency in Care Manager’s responses to your inquiries”. It increased from a 4.1 to a 4.5. The remaining scores either slightly increased, decreased or remained the same. The comments for Care Management were mixed. About half of the respondents highlighted how the Care Managers are knowledgeable, caring, reachable, supportive, responsive and empathetic. Others expressed experiencing issues with receiving confirmation that their preauthorization’s were received or approved.

For the Member services section of the survey, the scores increased for two out of the five items. These two areas are “Satisfactory and timely answers to your questions” and “Directing your call

to appropriate department/care manager". The rest of the scores remained the same. Overall, there was a slight increase in scores for the entire section. The majority of the comments reported positive feedback about Member Services such as being very helpful, friendly, reachable, and very satisfied with their services.

CABHC is grateful for the Providers who participated in this annual Provider Satisfaction Survey. Our Provider Relations Committee reviews the results of the survey to provide feedback and recommend changes to PerformCare as needed. We hope that this process will enhance the HealthChoices Behavioral Health program throughout Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties.

August 28, 2023

Scott Suhring, CEO
CABHC
2300 Vartan Way, Suite 206
Harrisburg, PA 17110

Dear Scott,

Thank you for sharing the results of the CABHC Provider Satisfaction Survey. Provider feedback is always an appreciated source of information and is utilized to enhance and improve upon our services. PerformCare makes every effort to be sure our staff are well trained on all policies and procedures, and always courteous when dealing with customers. We continually look at opportunities to improve and we welcome suggestions and feedback.

I was extremely pleased to see that overall Providers had a positive experience with PerformCare. In general, the nature of managed care can set up a challenging relationship with Providers. PerformCare strives to ensure that Providers understand we are in a partnership with them to help meet the needs of our Members.

I reviewed the CABHC Provider Satisfaction Survey results with all PerformCare departments. While overall the survey demonstrated positive Provider responses, there are a few areas in which PerformCare will be rendering some improvements or have addressed after the completion of the survey.

- **Provider Manual** - One major initiative PerformCare completed in May 2023 was a total review and re-write of the PerformCare Provider Manual. This process was underway for many months and was inclusive of every department. The new Provider Manual is a significant improvement and provides clear and relevant information and expectations and includes links to PerformCare Policies and Procedures, forms and Provider Notices.

- **Use of Video during Meetings** – It was noted in the survey that it would be nice to see the faces of PerformCare staff in virtual meetings. All PerformCare staff now have equipment with cameras and video capability. It has been communicated that the use of video is expected during Zoom meetings.

- **Claims Processing** – PerformCare was aware of many issues noted by survey respondents and the following actions have been taken:

  - PerformCare acknowledges there were multiple breakdowns with our paper claims vendor. PerformCare had put this vendor on a Correction Action Plan which has resulted in improved performance.
  - PerformCare acknowledges that there were multiple system-wide issues affecting payment. PerformCare worked with our Information System teams and Facets team to correct these issues.
  - Improvements were made to our process for secondary claims. These changes resulted in a better ability to accept secondary claims and an improved accuracy rate. Additionally, a training was recorded for providers and put on PerformCare's website. Providers found this extremely helpful.
  - PerformCare acknowledges there were various issues with rate inaccuracies. This was due to a combination of human and system errors. Internal processes were improved within the last year for rate changes that should improve provider satisfaction and increase PerformCare's accuracy rate.
  - PerformCare created new claims submission documents to assist providers and posted them on the PerformCare website.
  - NaviNet had an unusually high number of configuration issues, resulting in multiple claims needing to be reprocessed. The issues with NaviNet have been resolved.

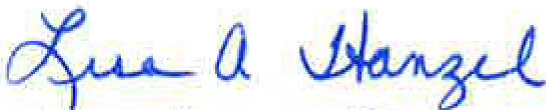
I want to emphasize that the feedback from this survey is important to us and that we share the results in the following meetings or reports in an effort to ensure transparency:

- PerformCare's monthly Continuous Quality Improvement meeting which includes management and staff;
- The QI/UM Committee;
- Reported on annually in the Program Evaluation; and
- The Provider Advisory Committee and the Provider Relations Committee meetings.

PerformCare appreciates the time each Provider took in completing the survey and we value their feedback. We are committed to making sure PerformCare continues to make improvements and continually proceed in a positive partnership with our Providers. After all, our goal is the same, Member quality care.

Again, thank you for sharing the results of the CABHC Provider Satisfaction Survey and we look forward to a continued positive relationship with our Provider network.

Sincerely,



Lisa A. Hanzel, MBA
Executive Director, PerformCare