CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.
Established October 1999

2024 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 January 2025, 639 surveys were distributed via email to the provider network. Of the 639 surveys, 92 were undeliverable. A total of 71 surveys were completed in full, resulting in a 13% response rate. This is an increase from last year's response rate which was 9%. It's important to note that there were more surveys sent out this year.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	22%
Adults	32%
Both Age Groups	46%

Level(s) of Care Provided by Respondents:

Substance Abuse	60%
Mental Health	25%
Co-Occurring	15%
All Levels of Care	0%

2024 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.

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, unless the category and/or survey items were not applicable to the respondent.

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	**2022 # of Respondents**	**2022 Mean Response**	**2023 # of Respondents**	**2023 Mean Response**	**2024 # of Respondents**	**2024 Mean of Response**
Notification and implementation of policy changes affecting Providers	129	4.0	55	4.1	93	4.1
Ease of reaching someone who can answer your questions when calling PerformCare	128	4.2	54	4.1	92	4.0
Ease of calling the Provider Line and reaching the person you are calling	129	4.0	55	3.9	93	3.9
When calling the Provider Line, my calls were returned within 48 hours	128	4.1	54	3.9	90	3.9
Ease in using the website	128	3.9	54	3.8	90	3.9
Ease of using Navinet/JIVA	125	3.9	54	3.8	90	3.8
Communication Average	**128**	**4.0**	**54**	**4.0**	**91**	**3.9**

Communication Comments:
Set up and necessary changes to Navinet have been difficult and have disrupted operations due to wait time for Navinet to reset accounts
Communications around claims are messy. We were notified of a take back in November, with a deadline of January to respond. We called once we received the letter in early December and did everything requested to avoid the take back. However, the take back has now been processed anyway. We're getting conflicting messages about how and when this will be reversed. This is a major concern.
Overall, when calls are made operators and care connectors are very helpful and responsive to inquiries.
I have trouble navigating the website and finding forms that we need to use.
No concerns with communication.
Interactions with PerformCare are pleasant. The staff is very helpful and efficient. The process for authorization is straightforward.
I have not used most of the services described above
Our agency Account Executive is still learning and does not always have the answers I need. She does say she will ask or research the issue but then forgets to follow up with me. I do know she is trying.
When Navinet is working, it is very, very good. When we lost password and needed to change, the process was overly burdensome.
I receive all communications via email. I am quite satisfied receiving the information in that way.
It's an area of strength
Not much happy
Receiving emails with bulletins/notices aren't always beneficial when you are unsure if they are truly applicable to you as a provider.
it's hit and miss in regards to communication. it oftentimes is determined by what specific questions we are needing answered.
My experience of working / communicating with PerformCare care managers has always been a very positive experience. They are efficient, empathetic, engaging and highly competent. in their jobs.
I don't typically need to reach out to Perform Care directly, but communication outside of that is working well.
Communications have been adequate
NA
All calls were answered promptly with clear and concise communications. Questions were answered to our satisfactory
I am connected with the Manager of Consumer and Family Affairs who has answered all of my questions and supported us in expanding out services.
There has been no issues regarding communication with PerformCare.
At times when we call to get an auth we sometimes have to call back several times for anyone to speak to us or call us back. It can be frustrating.

Provider Relations:

Account Executives	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	126	4.4	50	3.8	86	4.1
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	126	4.3	50	3.8	85	4.0
Provider Relations Average	**126**	**4.4**	**50**	**3.8**	**83**	**4.1**

Provider Relations Comments:
Very responsive and supportive with needs and/or questions.
Rep is usually responsive, easier to reach by email than phone
I have no issues with provider relations at this time.
Communication with Account Executives leaves a bit to be desired. When reaching out as a provider, calls and emails are not returned in a timely manner. When a response is received, questions asked are not answered or the information provided is insufficient. Instead of assisting providers, short, condescending responses are given, such as 'other providers aren't having any trouble.' Clear answers that answer the questions asked, in their entirety, would be appreciated if answers cannot be found by providers in the manual.
We are very fortunate to have the Manager of Consumer and Family Affairs to support us.
Positive experience with provider relations

Provider Manual	2023 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	50	2%	8%	40%	42%	8%
	2024 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	85	2%	12%	42%	39%	5%

Provider Manual	2023 # 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?	50	26%	40%	14%	8%	4%	8%
	2024 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	81	16%	44%	20%	9%	4%	0%

	2023 Respondents	Yes	No
Are there topics you believe should be added to the Provider Manual to make it more clear?	48	10%	90%
	2024 Respondents	**Yes**	**No**
	76	7%	93%

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

2024 Provider Manual Comments:
We have not referenced the Provider Manual much this year because at this point we have been a provider for several years and are familiar with the policies and procedures.
Give us a manual just for our level of care in PA. The manual directs us to send claims appeals to the wrong place.
It can be a little difficult to find information at times
I have 4 offices. I could use another copy of the provider manual so I have one in every office.
The provider manual does not provide step by step, line by line, instruction on how to submit a billing claim. Unless you have submitted claims previously, you would have no idea how to fill out a 1500 form if you used the PerformCare manual. Your Account Executives instruct providers to use the

manual for this purpose, however it is lacking the necessary information needed to complete a claim. While each portal is different, the billing form itself is the same. So, if the PerformCare manual provided basic instruction for what should be filled out in each line/box, a provider would be able to submit claims even as a first-time user.

Provider Orientation	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
An Account Executive was able to answer all of your questions	7	4.4	12	4.0
The information your account Executive provides is helpful and valuable	7	4.4	12	4.0
Provider Orientation Average	**7**	**4.4**	**12**	**4.0**

Orientation Comments:
Not new provider to PerformCare
n/a haven't had one in the last 12 months

Provider Meetings & Trainings	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
There is adequate notice to attend any meetings and/or trainings	79	4.2	29	4.4	36	4.2
Availability (dates & locations)	80	4.2	29	4.3	36	4.1
Usefulness of training(s)	79	4.0	29	3.9	36	3.8
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	80	4.1	28	3.9	36	4.1
Provider Meetings & Trainings Average	**80**	**4.2**	**29**	**4.1**	**36**	**4.1**

2024 Meeting and Trainings Comments:
Staff love having the opportunity to attend trainings that are no cost, virtual and on topics relevant to their caseloads.
Not enough are held and they seem very random. Regularly scheduled meetings would be better.
I have the meetings scheduled in my calendar and make it a point to attend.

Claims Department:

Claims Processing	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
Claims payments and/or claims denial letters are received within 45 days	120	4.1	49	4.0	74	3.7
Satisfactory and timely answers to your questions	121	3.9	49	3.6	75	3.6
Consistency in responses to inquiries	121	3.8	49	3.5	75	3.7
Ease of submitting electronic claims	121	4.1	49	4.2	75	4.0
Ease of correcting electronic claims	121	4.1	49	4.0	75	3.8
Ease of correcting paper claims	121	3.6	49	3.8	75	3.5
Please rate your overall experience with claims processing from PerformCare	121	3.9	48	3.8	75	3.7
Claims Processing Average	**121**	**3.9**	**49**	**3.9**	**75**	**3.7**

Claims Processing Comments:
There was a take back which wasn't correct. This needs to be resolved and we're getting conflicting info about how and when it will be resolved. We responded to your letter in a timely manner but apparently nothing happened on PerformCare's end regarding our response.
Selected 'All' for how claims were submitted but uncertain about this answer as I do not handle that area, and N/A or No Experience was not an option.
The Change Healthcare issue threw a wrench in billing that was not quickly or easily resolved. Providers were offered costly options to better facilitate timely billing, but these paid platforms may be out of the financial reach of small organizations. Members cannot be 'stored' in the electronic billing platform, meaning we either need to enter all of the provider and member information at each billing instance or copy claims. Copying claims that included errors led to ongoing billing concerns, appeals, etc.
Navinet was very hard to access and we struggled to get someone to help reset password.
Up until the last year, we were very satisfied with the claims process. However, when the system went down we went for several months without receiving anything and it took us months to finally discover a way to submit our claims and then it took forever to get paid. Things appear to have turned around now, but only time will tell if the system is as good as it once was.
We have consistent claim payment issues that require multiple follow-ups from our Revenue team in order to receive payments. Eighty percent of those claim issues are due to the incorrect claim processing of PerformCare. In those claims the most frequency inaccurate denials are for no authorization when an authorization exists, payments at incorrect rates (levels), and incorrect TPL(Z11) denials.
Submitted claims electronic and paper, but it only allows you to select one option.
We continue to have issues with claims routing incorrectly although we are billing as advised (correct taxonomy, npi#, location, etc.) We've been told on that our claims are routing to the wrong profile. Staff have been

responsive to help us fix the overpayments but have not found a resolution on why they continue to route incorrectly.
We're using Paper with change healthcare issues but switched back to clearing house now using Avality
The ease/difficulty of submitting claims is determined by the portal being used and the functions of the portal. PCH Global for instance, is a difficult portal to use and does not provide all the functions of other portals. It also lacks IT support, which is a huge downfall for claim submission. The Connect Center portal through Change Healthcare is very easy to use to submit claims and resubmit rejected claims.
I work in one of 11 Regions as a Regional Director. We have an administrative office in Altoona that handles all insurance.
As a provider we find claims submission to be quite easy. A concern to note regards the Claim Investigations in Navinet. These seem to take quite some time to review and there are times that the answer(s) received have been unclear or inadequate requiring additional responses and questions.

Quality Improvement Department:

Credentialing & Re-credentialing	**2022 Respondents**	**2022 Mean Score**	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**
Fairness of Credentialing and Re-credentialing process	116	4.0	48	4.1	74	3.9
Administrative Appeals	**2022 Respondents**	**2022 Mean Score**	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**
Adequate explanation of decisions made	46	3.9	17	3.2	27	4.2
Decision regarding your appeal(s) were made within 30 days	46	3.9	17	4.1	27	3.8
There was a fair & reasonable decision outcome	45	3.7	17	2.9	27	3.5
Administrative Appeals Average	**46**	**3.8**	**17**	**3.4**	**27**	**3.8**

Complaints	**2022 Respondents**	**2022 Mean Score**	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**
Timeliness of complaint resolution	13	4.0	5	4.0	9	2.5
Proper handling of complaint	13	4.3	5	4.0	9	3.2
A fair and reasonable decision was made	13	4.0	5	4.0	9	3.4
Complaints Average	**13**	**4.1**	**5**	**4.0**	**9**	**3.0**

Grievances	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
Timeliness of grievance resolution	18	4.3	7	4.0	14	3.1
Collaborative nature of the grievance meeting	18	4.3	7	2.5	14	3.1
Your involvement in the grievance process	18	4.3	7	2.5	14	3.3
Overall, rate PerformCare's management of the grievance process	18	4.3	7	3.0	14	2.9
Grievances Average	**18**	**4.3**	**7**	**3.0**	**14**	**3.1**

Treatment Record Reviews	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
Do you understand the expectations of the questions in the Treatment Record Review	16	4.3	8	4.4	14	3.9
Do you feel the process was fair	16	4.4	8	4.4	14	4.0
Do you feel the Treatment Record Review process was helpful	16	4.4	8	4.4	14	3.9
Were you satisfied with any assistance provided by the Quality Improvement Department	16	4.3	7	4.3	14	3.9
Treatment Record Review Average	**16**	**4.4**	**8**	**4.4**	**14**	**3.9**

Quality Improvement Comments:
Lack of understanding of how FQHC's work
Overall, good experience with appeals and grievances department. No experience with treatment record review.

Clinical Department:

Care Management	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
Timeliness of authorizations	115	4.2	47	4.3	72	4.1
Accuracy of authorizations	114	4.1	45	4.3	70	4.1
Availability of Clinical Care Managers when needed	115	4.1	47	4.1	72	4.0
Consistency in Care Manager's responses to your inquiries	115	4.0	47	4.2	72	4.0
Consistency in Care Manager's review of child/adolescent treatment plans	114	4.0	46	4.1	71	4.1
Care Managers participation in ISPT meetings (for children/adolescents)	115	4.0	47	4.3	72	3.9
Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	115	4.0	47	4.1	72	4.1
Care Management Averages	**115**	**4.1**	**47**	**4.2**	**71**	**4.0**

Care Management Comments:
The PerformCare process is closely aligned with ASAM findings; other MCOs prefer to interpret the ASAM as they see fit and that causes issues for LOC authorizations
Process for managing concurrent services such as Peer support and Psych Rehab and /or CH and PR services puts work on the provider to ensure its not duplicate. However, these services are very differently so they should automatically be allowed concurrently.
My only experience is if they are the referring source for our peers.
Great experience with Clinical Care Management department.
We know that there is staffing issues but the facility can wait hours and hours for a call back to complete prior authorizations.
Many times, we wait several days for our Clinical Care Manager to call us back to complete an authorization request.

Member Services	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score
Satisfactory and timely answers to your questions	115	4.2	47	4.0	70	4.0
Consistency in response to inquiries	117	4.1	46	3.9	70	4.0
Directing your call to appropriate department/care manager	117	4.1	47	4.0	70	4.0
Availability of Member Services staff after hours	115	4.0	47	4.1	71	3.8
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	117	4.0	46	3.9	71	3.9
Member Services Averages	**116**	**4.1**	**47**	**4.0**	**70**	**3.9**

Member Services Comments:
Mostly OK, can be hit or miss at times
There are no issues with member services when we've had to use it.
No knowledge of member services or member satisfaction with PerformCare
At times We feel we get “bumped” around to several departments without any direct contact.

Other Additional Comments:
we have a very good working relationship with PerformCare and our account exec is excellent
the problem w the survey is that it covers billing, communications and other. It is not designed to have one person complete it
Thanks for all your help and services
Overall, PerformCare is one of the easier MCOs to work with in the Commonwealth of PA compared to the others.
Specific to provider training, response provided by Utilization Management to include: Some of the representatives are wonderful and very knowledgeable. However, we have been provided with incorrect information causing us to bill incorrectly which caused time management issues based off of advice given.
We appreciate PerformCare' s collaborative approach. We have been grateful that unlike other MCOs we work with, PerformCare has not required us to duplicate work to fit their own processes, and are glad that they work with the providers to ensure efficiency for everyone.
I've been in director position for approx 6 wks but with the agency approx 10 years.

Year to Year Comparison:

Year to Year Comparison

Survey Category	2019	2020	2021	2022	2023	2024
Communication	3.7	4.1	4.0	4.0	4.0	3.9
Provider Relations	3.8	4.3	4.2	4.4	3.8	4.1
Provider Orientation	4.0	4.1	4.7	4.6	4.4	4.0
Provider Meetings & Trainings	3.8	3.6	3.9	4.2	4.1	4.1
Claims Processing	3.7	4.0	3.9	3.9	3.9	3.7
Administrative Appeals	3.5	3.8	3.9	3.8	3.4	3.8
Credentialing & Re-credentialing	3.8	4.0	3.9	4.0	4.1	3.9
Complaints	4.0	3.9	4.3	4.1	4.0	3.0
Grievances	4.0	4.3	4.2	4.3	3.0	3.1
Treatment Record Reviews	4.1	4.0	4.0	4.4	4.4	3.9
Clinical Care Management	3.8	4.1	4.0	4.1	4.2	4.0
Member Services	3.8	4.0	4.0	4.1	4.0	3.9
Average Total Score	**3.8**	**4.0**	**4.1**	**4.2**	**4.0**	**3.8**
Total Number of Respondents	86	90	104	116	46	71
Response Percentage of Total Surveys Sent	31%	33%	31%	25%	9%	13%

* In past years, the response rate has been calculated using the number of surveys sent, deducting the surveys that were returned undeliverable. For the 2024 report, 92 of 639 were returned and flagged as "undeliverable" per Outlook.

Summary:

The 2024 CABHC Provider Satisfaction Survey yielded response rate of 13% and had a total average score of 3.8 out of a possible 5 rating. As previously mentioned, this was an increase from last year's response rate which was 9%. In addition, the total number of surveys that were distributed increased from 517 to 639. This was a result of the provider contact list being expanded to staff in administrative roles (e.g., directorial, managerial). Of the 639 surveys distributed, 92 surveys were undeliverable.

In the beginning of the report, we provided numerical values for each survey response using a 5-point Likert Scale ranging from 1=Very Dissatisfied to 5=Very Satisfied. We provided an average rating scale to better help interpret the meaning of the average scores:

Average Score Rating Scale:

Avg Score	Rating
4.5 -5	Very Satisfied
3.5-4.49	Satisfied
2.5-3.49	Neutral
1.5-2.49	Dissatisfied
1-1.49	Very Dissatisfied

Based on the score range provided, the total average score of 3.8 represents a Satisfied rating which demonstrates that Providers are generally satisfied with their overall experience with PerformCare.

The survey consisted of questions about five categories: Communication, Provider Relations, Claims Department, Quality Improvement Department, and Clinical Department. The Communication category had the highest number of respondents again with 91. The subsections: Provider Orientation, Provider Meetings & Trainings, Administrative Appeals, Treatment Record Reviews, Complaints and Grievances continue to have the lowest number of respondents which continues the trends from the previous years.

The Communication average score decreased from 4 to 3.9 which represents a Satisfied rating. The scores for each item remained the same with the exception of two items: "Ease in using the website" increased from 3.8 to 3.9 and "Ease of reaching someone who can answer your questions when calling PerformCare" decreased from 4.1 to 4. There were several positive comments left by Providers this year regarding PerformCare's communication. A few of the comments include the following: "Interactions with PerformCare are pleasant", "helpful and efficient", "an area of strength", "adequate", "efficient, empathetic, and highly competent", and "very positive experience". Last year there were a few comments regarding issues with using the website and/or Navinet/JIVA. This year the Providers comments indicate there continues to be issues with using the website and Navinet which is consistent with the 3.9 and 3.8 scores, respectively. There weren't as many concerns regarding lack of communication compared to last year. However, there continues to be areas for PerformCare to improve in being reachable and returning phone calls within 48 hours when Providers call the Provider Line. One comment that was concerning was that a take back occurred with a Provider as a result of communication issues.

The Provider Relations Department section consists of items regarding the Account Executives, the Provider Manual, Provider Orientation, and Provider Meetings & Trainings. The Provider Relations average score increased from a 3.8 to a 4.1 which reflects a Satisfied rating. There were a couple of positive comments describing the Account Executives as "very responsive and supportive with needs and/or questions" and "positive experience with Provider Relations". There was one comment that demonstrated an area of opportunity where the Provider expressed that "calls and emails are not returned in a timely manner", "questions are not answered or information provided is insufficient" and sometimes "short and condescending responses were given such as 'other providers aren't having any trouble". This same Provider stated "clear answers to questions answered, in its entirety, would be appreciated if answers cannot be found by Providers in the Provider Manual".

The Provider Manual continues to generally be used on a monthly or yearly basis compared to on a daily or weekly basis. About 42% of respondents are using the manual on a monthly basis whereas 39% of respondents are using it on a yearly basis. Approximately 60% of respondents found the Provider Manual to be helpful overall. Only 7% of respondents believe there are topics that should be added to make the Provider Manual clearer which is a decrease from last year's survey. The Providers left a few comments regarding the Provider Manual. One Provider suggested that a manual be provided for their level of care in Pennsylvania which is similar to feedback from the previous year regarding the addition of specific program related information. There was one comment that indicated it can be difficult to find information at times in the Provider Manual. One Provider expressed "The Provider Manual does not provide step by step, line by line, instructions on how to submit a billing claim". Furthermore, this Provider stated that it "lacks necessary information to complete a claim", particularly if you have never submitted one before.

The Provider Orientation average score continues to decrease. The score for this section decreased from 4.4 to 4 which still represents Satisfied rating. There were no comments from new Providers. The Provider Meetings and Trainings average score remains a 4.1 which represents a Satisfied rating. However, there was a decrease in score for all items with the exception of the last item. There were a few positive comments left regarding Provider Meetings and Trainings including "Staff love having the opportunity to attend trainings that are no cost, virtual and on topics relevant to their caseloads". Another comment was "I have the meetings scheduled in my calendar and make it a point to attend". One Provider expressed "Not enough are held and they seem very random. Regularly scheduled meetings would be better".

The Claims Department average score decreased from 3.9 to 3.7 which reflects a Satisfied rating. In addition, the scores for each individual item decreased with the exception of one that remained the same and the other that increased. The score for "Satisfactory and timely answers to your questions" remained the same. Last year, Providers reported that answers to claims inquiries were inconsistent, however, there weren't any negative comments related to this issue. In addition, the score for "Consistency in responses to inquiries" increased from 3.5 to 3.7. Although there was a decrease in score for "Ease of submitting electronic claims", the Claims Department continues to maintain a "4" rating for this item which demonstrates the respondents overall are satisfied. The Providers continue to report claims being processed incorrectly and

delays in receiving payments once claims are submitted. There was mention of how the Change Healthcare issues impacted the claims process.

The Quality Improvement Department section of the survey consists of the following areas: Credentialing and Recredentialing, Administrative Appeals, Complaints, Grievances, and Treatment Record Reviews. The average score for Credentialing and Recredentialing decreased from 4.1 to 3.9 which represents a Satisfied rating. The Administrative Appeals average score increased from 3.4 to 3.8 which is a Satisfied rating. The Complaints average score decreased from 4 to 3 which reflects a Neutral rating. There was a significant decrease in the score for "Timeliness of complaint resolution" (4 to 2.5) which may have drove the average score down. The average score for Grievances increased from 3 to 3.1 which reflects a Neutral rating. There was a noticeable increase in the scores for "Collaborative nature of the grievance meeting" (2.5 to 3.1) and "Your involvement in the grievance process" (2.5 to 3.3) which shows improvement from last year. However, there was a decrease in scores for "Timeliness of grievance resolution" (4 to 3.1) and "Overall, rate PerformCare's management of the grievance process" (3 to 2.9).

Lastly, the Treatment Record Review average score decreased from a 4.4 to 3.9 which represents a Satisfied rating. There were only two comments left for the QI department. One Provider commented "Lack of understanding of how FQHC's work". It is not clear whether it was the Provider, Member, PerformCare staff or other representative who lacked understanding. Another Provider stated "Overall, good experience with appeals and grievances department. No experience with treatment record review". The average scores for each department demonstrate that the Providers are pretty neutral about their experience with the QI department with the exception of Credentialing & Recredentialing and Treatment Record Review which were satisfied ratings.

The Clinical Department section of the survey consists of Care Management and Member Services. The average score for Care Management decreased from 4.2 to 4 which represents a Satisfied rating. There were comments from Providers regarding various topics including issues with management of concurrent services and waiting for hours or sometimes days to receive call backs from Care Managers to complete authorizations which is consistent with the scoring for items related to these matters. There were two positive comments including one Provider that stated "Great experience with Clinical Care Management department". Another Provider highlighted the following: "The PerformCare process is closely aligned with ASAM findings; other MCOs prefer to interpret the ASAM as they see fit and that causes issues for LOC authorizations"

The average score for Member Services continues to decrease 4 to 3.9 which is represents a Satisfied rating. The scores for each item remained the same with the exception of two: "Consistency in response to inquiries" which increased from 3.9 to 4 and "Availability of Member Services staff after hours" which decreased from 4.1 to 3.8. There were a few comments from Providers including "Mostly OK, can be hit or miss at times" and "At times We feel we get "bumped" around to several departments without any direct contact". These comments are pretty consistent with the decrease in scores for items related to availability of Member Services staff.

Providers also left additional comments regarding their experience with PerformCare. The majority of the comments express having a positive working relationship with PerformCare, thanking PerformCare for being helpful, and appreciative of PerformCare's collaborative approach. One Provider left a comment stating that PerformCare is one of the easier MCOs to work with compared to other MCOs in Pennsylvania. There was one comment regarding the structure of the survey itself. The Provider expressed that the survey is not designed to have one person complete it due to it covering multiple areas and departments. There was one Provider that expressed while the PerformCare representatives are "wonderful and very knowledgeable" they have provided incorrect information during a Provider training which resulted in a billing error. Overall, the total average score decreased from 4.0 to 3.8 which represents a Satisfied. This reflects that the majority of Providers/respondents continue to be generally Satisfied with their overall experience with PerformCare.

CABHC remains 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 recommendations to PerformCare, as needed. It is our hope that this process will enhance the HealthChoices Behavioral Health program and improve the provider's experience when working with PerformCare.