CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.
Established October 1999

2025 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 February 2026, the CABHC provider satisfaction survey was sent via email to 1037 individuals in our provider network. At that time, we received a large volume of email failures due to a variety of technical issues that we encountered. In April, CABHC re-distributed the emails to the providers in our network who we initially received undeliverable emails for. After the re-distribution of the surveys, it was determined that a total of 79 emails were undeliverable. A total of 80 surveys were completed in full, resulting in an 8% response rate. This is just below the 9% response rate from the 2024 CABHC Provider Satisfaction Survey. It is important to note that there were more surveys sent out this year, 1037 compared to 860. The overall satisfaction score was 4.0 which is an increase from last year's survey which was 3.8.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	26%
Adults	32%
Both Age Groups	42%

Level(s) of Care Provided by Respondents:

Substance Abuse	66%
Mental Health	17%
Co-Occurring	16%
All Levels of Care	1%

2025 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	**2023 # of Respondents**	**2023 Mean Response**	**2024 # of Respondents**	**2024 Mean Response**	**2025 # of Respondents**	**2025 Mean of Response**
Notification and implementation of policy changes affecting Providers	55	4.1	93	4.1	104	4.1
Ease of reaching someone who can answer your questions when calling PerformCare	54	4.1	92	4.0	106	4.1
Ease of calling the Provider Line and reaching the person you are calling	55	3.9	93	3.9	106	4.0
When calling the Provider Line, my calls were returned within 48 hours	54	3.9	90	3.9	102	4.2
Ease in using the website	54	3.8	90	3.9	102	3.9
Ease of using Navinet/JIVA	54	3.8	90	3.8	102	3.9
Communication Average	**54**	**4.0**	**91**	**3.9**	**104**	**4.0**

Communication Comments:
I would like to recognize PerformCare staff for her outstanding support and communication. She is consistently helpful and responds to my questions promptly. When she does not have an immediate answer, she takes the initiative to find the information and follows up quickly. PerformCare staff is always friendly, approachable, and a pleasure to work with. I truly appreciate her dedication and positive attitude.
I am just realizing that I have not received any email's from PerformCare since the new year. I used to receive them regularly with updates.
Really appreciate our account executive and the clear, quick communication - thank you!

Pretty good
All communications have been very responsive.
PerformCare is very helpful and responds quickly.
Be great if all authorizations could be run through one system instead of two
Communication is consistent, however, sometimes difficult to remember all communications as there is a great deal sent out.
Wonderful communication and quick responses
Navinet should allow search of EOB's.
Calling PerformCare to obtain the authorizations for members who admitted to treatment is much easier now. The process operates much smoother and PerformCare staff is much more helpful and responds in a timely manner.
I have found using Navinet easy to do, however I am typically contacted by PerformCare months after discharging someone stating they do not have the discharge paperwork. It seems the Navinet system doesn't communicate with the care managers.
I like Perform Care's provider updates and communication. Our UM reviewers also provide very good communication to us.
General communication is good and easy to understand
Can be difficult to get ahold of people, especially regarding billing
Appreciate the responsiveness of our account executive.
Can there be a chat option on the website? Search results on the website do not give the Provider Manual, only parts of it.
Overall satisfied with all communications
I mainly do the enrollment for new clinicians and everyone that works on the credentialling side is very helpful and responds quickly to any and all questions.
We love dealing with PerformCare, all departments are wonderful to work with
We have had a good experience with the Perform Care provider line and UM staff.
Websites are not always user friendly.
I typically receive a return call well within 24 hours of calling.
JIVA/Navinet isn’t always user friendly, run into issues with submissions at times
Inconsistent expectations regarding use of website feature. Little training in expected functionality.
Had one situation when a PerformCare. Returned my phone call in regard to an authorization and was very rude and disrespectful.

Provider Relations:

Account Executives	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	50	3.8	86	4.1	95	4.3
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	50	3.8	85	4.0	94	4.2
Provider Relations Average	**50**	**3.8**	**83**	**4.1**	**95**	**4.3**

Provider Relations Comments:
PerformCare QI staff and PerformCare AE staff are terrific to work with!
Our AE is amazing! Since she has stepped into this role, she has been great at resolving issues; our claims resolution has improved greatly. Additionally, she is very pleasant to work with.
Our AE is fantastic! We love her! Do not take her away from us ever! :)
We are very happy with our AE. She has been supportive to help us get answers to questions and help gain understanding into processes as well as support positive movement in terms of claims and billing.
Very helpful
Our Account Executive is very good
Again, cannot find the Provider Manual easily on the website. Our Account Executive is very helpful.
Overall satisfied
Our assigned Provider Rep is very knowledgeable and always willing to help.
Satisfied
Getting a response at times can take more than 48 hours and follow up
None at this time
None

Provider Manual	2024 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	85	2%	12%	42%	39%	5%
	2025 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	93	0%	8%	48%	40%	4%

Provider Manual	2024 # 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?	81	16%	44%	20%	9%	4%	0%
	2025 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	91	31%	38%	16%	7%	1%	7%

	2024 Respondents	Yes	No
Are there topics you believe should be added to the Provider Manual to make it more clear?	76	7%	93%
	2025 Respondents	**Yes**	**No**
	86	7%	93%

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

2025 Provider Manual Comments:
Definition of places of service
Updates should occur in a more timely manner rather than having to search for bulletins, etc.
Sometimes the bulletins can be difficult to understand, but the provider manual feels comprehensive and understandable.
Including information as to policies and how they correspond to DDAP and CARF regulations
POS codes and Modifiers more clear for Telehealth and in office
Maybe not adding topics, but the general language that's used can sometimes be confusing, especially to those who are new at working with PerformCare. At times, the people working at PerformCare, and the way the manual is written, implies that everyone interacting with them or the manual is doing so from a place of great knowledge of the ins and outs of PerformCare policies, language and regulations.

None at this time
None at this time
None

Provider Orientation	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
An Account Executive was able to answer all of your questions	12	4.0	12	4.6
The information your account Executive provides is helpful and valuable	12	4.0	12	4.4
Provider Orientation Average	**12**	**4.0**	**12**	**4.5**

Orientation Comments:
None

Provider Meetings & Trainings	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
There is adequate notice to attend any meetings and/or trainings	29	4.4	36	4.2	45	4.2
Availability (dates & locations)	29	4.3	36	4.1	45	4.1
Usefulness of training(s)	29	3.9	36	3.8	45	3.9
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	28	3.9	36	4.1	45	4.2
Provider Meetings & Trainings Average	**29**	**4.1**	**36**	**4.1**	**45**	**4.1**

2025 Meeting and Trainings Comments:
Our provider meeting was helpful.
Our children's provider meetings are usually very good.
Helpful collaboration
very beneficial

Claims Department:

Claims Processing	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
Claims payments and/or claims denial letters are received within 45 days	49	4.0	74	3.7	86	4.0
Satisfactory and timely answers to your questions	49	3.6	75	3.6	86	3.9
Consistency in responses to inquiries	49	3.5	75	3.7	86	3.9
Ease of submitting electronic claims	49	4.2	75	4.0	85	4.1
Ease of correcting electronic claims	49	4.0	75	3.8	85	3.9
Ease of correcting paper claims	49	3.8	75	3.5	85	3.8
Please rate your overall experience with claims processing from PerformCare	48	3.8	75	3.7	83	3.9
Claims Processing Average	**49**	**3.9**	**75**	**3.7**	**85**	**3.9**

Claims Processing Comments:
I do not work accounts so I am unsure how they submit claims.
We have not submitted via Navinet/Jiva, only electronic and paper; however, I could not answer that way. Submitting paper claims with all the required backup is very tedious and time consuming. It is for this reason that our overall experience with claims processing is dissatisfied.
Claims investigations take a long time to be worked, sometimes worked incorrectly, and TPL updates are always a problem with PerformCare not matching PROMISe consistently when TPL is removed.
There have been some hiccups with unhelpful and quite rude staff we've interacted with, but overall, we are pleased with claims.
Someone else in my company takes care of the claim submissions.
I do not handle claims here, but I believe that ours are billed electronically and I am not aware of any major issues.
Would be helpful if someone would email when an insurance investigation has been completed.
Don't always get correct responses on Claim Investigations in Navinet.
We use both paper and electronic claims.
No issues at this time
Outside contracted agency-No experience here
"We still have issues processing regarding No Act 62 and TPL updates regarding the claims department. When an investigation is completed, they will respond that they do not have the required information that was already mailed with tracking. Our provider representative and the Business Analysts are very responsive when we have an issue. They have been very helpful the past two years. I feel there could be improvement with the processing of these claims in a timely manner with the claims department without having to always go through the provider rep or account executive."
Proper processing of TPL claims has been a challenge to get processed correctly with PerformCare, meeting the criteria to have the appropriate information on file can be difficult.

Electronic claims are easy to submit and it's nice to have two options: Availity and Change HealthCare. I would like to have more functionality through Availity like submitting individual claim adjustments. Our Account Executive is always very prompt to respond to claim and authorizations inquiries. Customer Service is always helpful in answering questions or directing you to the correct department.

Quality Improvement Department:

Credentialing & Re-credentialing	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
Fairness of Credentialing and Re-credentialing process	48	4.1	74	3.9	81	4.0
Administrative Appeals	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2025 Mean Score**	**2025 Respondents**	**2025 Mean Score**
Adequate explanation of decisions made	17	3.2	27	4.2	31	4.1
Decision regarding your appeal(s) were made within 30 days	17	4.1	27	3.8	31	3.8
There was a fair & reasonable decision outcome	17	2.9	27	3.5	31	4.0
Administrative Appeals Average	**17**	**3.4**	**27**	**3.8**	**31**	**4.0**

Complaints	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
Timeliness of complaint resolution	5	4.0	9	2.5	12	2.7
Proper handling of complaint	5	4.0	9	3.2	12	2.7
A fair and reasonable decision was made	5	4.0	9	3.4	12	2.5
Complaints Average	**5**	**4.0**	**9**	**3.0**	**12**	**2.6**

Grievances	2023 Respondents	2023 Mean Score	2024 Respondents	2024 Mean Score	2025 Respondents	2025 Mean Score
Timeliness of grievance resolution	7	4.0	14	3.1	15	3.7
Collaborative nature of the grievance meeting	7	2.5	14	3.1	15	3.7

Your involvement in the grievance process	7	2.5	14	3.3	15	3.7
Overall, rate PerformCare's management of the grievance process	7	3.0	14	2.9	15	3.7
Grievances Average	**7**	**3.0**	**14**	**3.1**	**15**	**3.7**

Treatment Record Reviews	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**	**2025 Respondents**	**2025 Mean Score**
Do you understand the expectations of the questions in the Treatment Record Review	8	4.4	14	3.9	16	4.0
Do you feel the process was fair	8	4.4	14	4.0	15	4.0
Do you feel the Treatment Record Review process was helpful	8	4.4	14	3.9	16	4.0
Were you satisfied with any assistance provided by the Quality Improvement Department	7	4.3	14	3.9	16	3.9
Treatment Record Review Average	**8**	**4.4**	**14**	**3.9**	**16**	**4.0**

Quality Improvement Comments:

Clinical Department:

Care Management	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**	**2025 Respondents**	**2025 Mean Score**
Timeliness of authorizations	47	4.3	72	4.1	79	4.2
Accuracy of authorizations	45	4.3	70	4.1	80	4.3
Availability of Clinical Care Managers when needed	47	4.1	72	4.0	80	4.1
Consistency in Care Manager's responses to your inquiries	47	4.2	72	4.0	80	4.2

Consistency in Care Manager's review of child/adolescent treatment plans	46	4.1	71	4.1	79	4.2
Care Managers participation in ISPT meetings (for children/adolescents)	47	4.3	72	3.9	80	4.1
Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	47	4.1	72	4.1	80	4.0
Care Management Averages	**47**	**4.2**	**71**	**4.0**	**80**	**4.2**

Care Management Comments:
Our assigned clinical care manager is great. Always very responsive and helpful.
Autism testing authorization approval is a nightmare. Seriously, why hinder more care? Why make it so difficult? The process is a complete horror show. The steps are ridiculous, the auths often denied, again for not checking a box or something that has NOTHING to do with the actual patient. Just another tactic to not have to pay.
Our CCM is very helpful with answering my questions or guidance with clients.
Perform Care has a very good UM Department. They are very timely and knowledgeable. Our review process with them has been very positive.
Credentialing a newly licensed individual takes time to have them approved. Could this be done 2x's a month instead of 1x a month?
"Our assigned care managers are wonderful to work with! The high-risk care manager and the CCM supervisor are wonderful as well. Every care manager that we've worked with so far has been consistent and professional. They are also very helpful with treatment and aftercare recommendations."
Feel like PerformCare is too critical about non-clinical items at times & the requested revisions can be a barrier to getting a timely authorization.
Lanc. BHDS case management services has always appreciated our relationship with member services and care management. PC staff are responsive and invested in the families, individuals we serve. The longevity of many PC staff members and BHDS staff has fostered strong working relationships that enhance the care we both provide.

Member Services	**2023 Respondents**	**2023 Mean Score**	**2024 Respondents**	**2024 Mean Score**	**2025 Respondents**	**2025 Mean Score**
Satisfactory and timely answers to your questions	47	4.0	70	4.0	81	4.0
Consistency in response to inquiries	46	3.9	70	4.0	80	4.1
Directing your call to appropriate department/care manager	47	4.0	70	4.0	81	4.0
Availability of Member Services staff after hours	47	4.1	71	3.8	81	4.1
When calling Member Services, if I had a problem, the person I spoke with	46	3.9	71	3.9	81	4.1

helped to resolve it satisfactorily						
Member Services Averages	**47**	**4.0**	**70**	**3.9**	**81**	**4.1**

Member Services Comments:
It is frustrating at times when trying to complete an authorization and the stepdown from IP is not completed that the PHP LOC authorization cannot be completed as a result.
very helpful
I have not had to contact member services within the past year. Just provider services.
Many times, I am told they need to call me back to answer my questions.
Positive experience
They are always very helpful and knowledgeable.

Other Additional Comments:
Although I mentioned two staff in the comments of this survey so far, I have had positive interactions with other staff as well. Everyone has been helpful and answering my questions or helping me solve a situation. Thank you :)
I suggest that LCSW should be able to supervise and attest for MSW and LMSW therapist. When LMSW therapist are working towards their clinical hours a LCSW is approved by the state to provide supervision so this should be acceptable during that supervision period. Right now, it's only a psychiatrist or psychologist but we should be on one accord with the PA state board.
PerformCare seems to make up rules as they go, they deny claims routinely and take creative license with the Medicaid rules often. The worst payer in the nation. Absolutely horrendous. Borderline illegal. Definitely only in it for the money, not a single concern about the actual mental health of the population. They should be ashamed of themselves. The billing rules are awful too, making it near impossible to meet all of the if/then statements. Using modifiers and place of service codes incorrectly and making the providers jump thru hoops while denying everything that they can. No amount of concern or ethics. An overall awful, terrible, criminal company that should be shut down. Provider relations is absolutely guided on how to deny claims and hinder payments. The obscure billing rules which are listed NO WHERE. Just a 'oh, you need to bill it this way' game. Nothing (codes/modifiers) is used in the venue they were created to be used. Rules made up. Claims are a nightmare due to the ridiculous billing rules and if/then statements. Modifiers, place of service and timely filing are awful. We have to submit our claims weekly thru yet another clearinghouse as PerformCare pretends to not have received many, many claims. We are using this one so we can PROVE that the claims were submitted AND RECEIVED by the payer. PerformCare does everything in their power to deny and hinder payment. I don't know how the executives sleep at night knowing how many providers they didn't pay. The patients receive care; the providers don't get paid. How would YOU like to work and NOT get paid??? And deal with the horrors of abuse, mental health, crisis, eating disorders, etc. and NOT get paid because you missed a modifier? Shame on all of you. Filed a grievance and received retaliatory feedback. I was BANNED from communicating with the payer anymore for filing a grievance. Appeals, despite concrete evidence, are denied. The payer is the most illegal, corrupt payer in the nation. PerformCare is single handedly the worst payer I have ever encountered in over 35 years as a billing manager. You do nothing but hinder care, deny claims and play games to pad your coffers. Shame on all of you.
There should be quarterly provider meetings. It's a shame that PerformCare is not like the other MCOs providing quarterly provider meetings.
I appreciate the clarity and consistency of PerformCare's interactions with us.

Year to Year Comparison:

Year to Year Comparison

Survey Category	2020	2021	2022	2023	2024	2025
Communication	4.1	4.0	4.0	4.0	3.9	4.0
Provider Relations	4.3	4.2	4.4	3.8	4.1	4.3
Provider Orientation	4.1	4.7	4.6	4.4	4.0	4.5
Provider Meetings & Trainings	3.6	3.9	4.2	4.1	4.1	4.1
Claims Processing	4.0	3.9	3.9	3.9	3.7	3.9
Administrative Appeals	3.8	3.9	3.8	3.4	3.8	4.0
Credentialing & Re-credentialing	4.0	3.9	4.0	4.1	3.9	4.0
Complaints	3.9	4.3	4.1	4.0	3.0	2.6
Grievances	4.3	4.2	4.3	3.0	3.1	3.7
Treatment Record Reviews	4.0	4.0	4.4	4.4	3.9	4.0
Clinical Care Management	4.1	4.0	4.1	4.2	4.0	4.2
Member Services	4.0	4.0	4.1	4.0	3.9	4.1
Average Total Score	4.0	4.1	4.2	4.0	3.8	4.0
Total Number of Respondents	90	104	116	46	71	80
Response Percentage of Total Surveys Sent	33%	31%	25%	9%	9%	8%

* In past years, the response rate has been calculated using the number of surveys sent, less the surveys that were returned undeliverable.

Summary:

The 2025 CABHC Provider Satisfaction Survey yielded a response rate of 8% and had a total average score of 4 out of a possible 5 rating. Although the response rate decreased slightly from 9% last year, the total number of surveys distributed increased. Last year, it was reported that 639 surveys were distributed for the 2024 CABHC Provider Satisfaction Survey. However, an internal review determined that 860 surveys were actually distributed. As a result, the response rate was 9%, rather than the previously reported 13%. The provider contact list was expanded this year to include additional staff in administrative roles (e.g., directors and managers), resulting in the distribution of 1,037 surveys. Of the 1,037 surveys distributed, 79 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 4.0 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 104. 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 increased from 3.9 to 4 which represents a Satisfied rating. The scores for each item increased with the exception of one item: "Ease in using the website" which remained the same at 3.9. Providers left positive comments regarding PerformCare's communication, describing it as "supportive", "consistent", "helpful", "very responsive" and "very good". There continues to be comments regarding issues with the website and/or Navinet/JIVA, such as "JIVA/Navinet isn't always user friendly, run into issues with submissions at times", which is consistent with the 3.9 scores. In addition, one Provider stated that "Search results on the website do not give the Provider Manual, only parts of it." There was improvement in "Ease of reaching someone who can answer your questions when calling PerformCare, "Ease of calling the Provider Line and reaching the person you are calling", and "When calling the Provider Line, my calls were returned within 48 hours" which is reflected in the increase in scores. Providers made a few suggestions, including "Navinet should allow search of EOBs", "Can there be a chat option on the website?", and "Be great if all authorizations could be run through one system instead of two".

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 4.1 to 4.3 which reflects a Satisfied rating. Providers left positive comments regarding the Account Executives, describing them as "terrific to work with", "great at resolving issues", "very pleasant to work with", "supportive to help us get answers to questions", and "very knowledgeable and always willing to help". There was a comment again this year regarding the timeliness of receiving a response, "Getting a response at times can take more than 48 hours and follow up." Overall, there was positive feedback regarding the Providers' experience with the Provider Relations Department.

The Provider Manual continues to generally be used on a monthly or yearly basis compared to on a daily or weekly basis. Approximately, 48% of respondents are using the manual on a monthly basis while 40% of respondents are using it on a yearly basis. Nearly 70% of respondents found the Provider Manual to be helpful overall. Approximately 7% of respondents believe there are topics that should be added to make the Provider Manual clearer which is consistent with last year's survey results. The Providers suggested adding or clarifying topics such as "billing rules", "policies and how they correspond to DDAP and CARF regulations", and "definition of places

of service". One Provider expressed that "updates should occur in a more timely manner rather than having to search for bulletins, etc." Another Provider expressed that "the general language that's used can sometimes be confusing, especially to those new at working with PerformCare" and "at times, the people working at PerformCare, and the way the manual is written, implies that everyone interacting with them or the manual is doing it from a place of great knowledge of the ins and outs of PerformCare policies, language, and regulations". One positive comment noted the Provider Manual was "comprehensive and understandable".

The Provider Orientation average score significantly increased. The score for this section increased from 4 to 4.5 which represents a Very Satisfied rating. There were no comments from new Providers. The Provider Meetings and Trainings average score continues to remain a 4.1 which represents a Satisfied rating. There was an increase in score for "Usefulness of training(s)" and "Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting." Providers left positive feedback about the Provider Meetings & Trainings describing them as "helpful", "very beneficial" and "helpful collaboration". There was one comment in the "Additional Comments" section of the survey related to Provider Meetings & Trainings. The Provider commented, "There should be quarterly provider meetings. It's a shame that PerformCare is not like the other MCOs providing quarterly provider meetings." Otherwise, there was notable improvement in the Provider Meetings & Trainings.

The Claims Department average score increased from 3.7 to 3.9 which reflects a Satisfied rating. There was an increase in scores for all individual items which demonstrates improvement. There were several comments regarding claims, with Providers continuing to report incorrect claims processing and delays in receiving payments after submission. One Provider expressed frustration with "billing rules and if/then statements" and "using a clearinghouse to prove that claims were submitted AND received by payer." There were a few comments regarding TPL-related processing issues. In addition, there were a couple of comments related to incorrect responses on claims investigation. There was one positive comment left by a Provider who stated, "Electronic claims are easy to submit and it's nice to have two options: Availity and Change HealthCare".

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 increased from 3.9 to 4 which represents a Satisfied rating. The Administrative Appeals average score increased from 3.8 to 4 which is a Satisfied rating. The Complaints average score decreased from 3 to 2.6 which reflects a Neutral rating. There was a significant decrease in the score for "Proper handling of complaint" (3.2 to 2.7) and "A fair and reasonable decision was made" (3.4 to 2.5) which may have drove the average score down. The average score for Grievances increased from 3.1 to 3.7 which reflects a Satisfied rating. There was a significant increase in the scores for all the survey items under Grievances.

The Treatment Record Review average score increased from a 3.9 to 4 which represents a Satisfied rating. There was one comment left by a Provider who was very dissatisfied with their experience with the grievance process. Otherwise, the average score for each department

demonstrate that the Providers are overall satisfied about their experience with the QI department with the exception of Complaints which was a Neutral rating.

The Clinical Department section of the survey consists of Care Management and Member Services. The average score for Care Management increased from 4 to 4.2 which represents a Satisfied rating. Providers left positive comments regarding Care Managers, describing them as being “very responsive and helpful”, “very helpful with answering questions or guidance with clients”, “consistent and professional”, and “very helpful with treatment and aftercare recommendations”. There was a comment regarding Utilization Management staff being “very timely and knowledgeable”. There were a few comments suggesting improvements. One comment was related to issues with “autism services authorization approvals”. One Provider asked whether it would be possible for credentialing of licensed providers to occur twice a month versus once a month due to length of time it takes for credentialing to be completed. Another Provider expressed, “Feel like PerformCare is too critical about non-clinical items at times & the requested revisions can be a barrier to getting a timely authorization”. The average score for Member Services increased from 3.9 to 4.1 which is represents a Satisfied rating. The scores for three survey items increased while two survey items scores remained the same. There was one comment from a Provider expressing appreciation for their relationship with Member Services.

Providers left additional comments regarding their experience with PerformCare. Most of the comments highlighted positive interactions with other staff, stating that they are “helpful in answering questions and helps with solving a situation”. Another Provider expressed appreciation for “clarity and consistency” in interaction with PerformCare. There was one suggestion regarding supervision of LSWs: “I suggest that LCSW should be able to supervise and attest for MSW and LMSW therapist. When LMSW therapist are working towards their clinical hours a LCSW is approved by the state to provide supervision so this should be acceptable during that supervision period. Right now, it’s only a psychiatrist or psychologist but we should be on one accord with the PA state board.” Overall, the total average score increased from 3.8 to a 4, which represents “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 survey results 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 providers’ experience working with PerformCare.