CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

2020 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 2020, 275 surveys were sent via email to the provider network. Ninety (90) were completed in full, resulting in a 33% response rate. This is slightly above the 31% response rate in 2019.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	24%
Adults	34%
Both Age Groups	42%

Level(s) of Care Provided by Respondents:

Substance Abuse	20%
Mental Health	54%
Co-Occurring	10%
All Levels of Care	16%

2020 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	**2018 # of Respondents**	**2018 Mean Response**	**2019 # of Respondents**	**2019 Mean Response**	**2020 # of Respondents**	**2020 Mean of Response**
Notification and implementation of policy changes affecting Providers	114	3.7	102	3.7	107	4.1
Ease of reaching someone who can answer your questions when calling PerformCare	114	3.8	101	3.9	105	4.2
Ease of calling the Provider Line and reaching the person you are calling	114	3.75	101	3.8	108	4.1
When calling the Provider Line, my calls were returned within 48 hours	112	3.9	99	3.8	106	4.2
Ease in using the website	111	3.6	98	3.7	104	4.0
Ease of using Navinet/JIVA	112	2.9	99	3.7	104	3.8
Communication Average	**113**	**3.6**	**100**	**3.7**	**106**	**4.1**

Communication Comments:
There is one Care Manager in particular that is not very professional when doing continued stay reviews or discharges. This Care Manager likes to dictate the treatment of our individuals at our treatment center, is reluctant to extend authorizations when doing continued stay reviews and will ask personal questions regarding the clients to make her decision on whether she will authorize a continued stay or not. I feel as if this Care Manager would assume throw an individual out on the street rather than approve additional days if our treatment team does not meet her demands. We work diligently to provide the best care for our individuals and feel it is unnecessary for her to dictate the treatment in which we provide.
Group emails should be sent BCC, rather than displaying the email addresses of 30+ providers. Meeting invites should include date/time in the body of the email, for those of us whose email system does not support calendar invites. I often receive duplicates of emails because they are sent by my Account Exec and others at PerformCare. Overall, though, I am satisfied with communication and especially appreciate being able to reach human beings easily by phone or email (many commercial insurers are sorely lacking in that area and it is a perpetual frustration to providers!)

Navinet does not show denial reason for a claim; would prefer to view this online when checking claim status
Send updated forms. It is difficult to find the correct Freedom of Choice form that can be saved/replicated.
I think that your communication is excellent and have had very positive experiences.
Performcare has been very good about customer service.
PerformCare's communication is outstanding. Every interaction is so easy. Really appreciate it.
We are very pleased with PerformCare's communication, from Account Executives and Care Managers, to fiscal and Admin positions. Thank you for your consistent timely and detailed responses. It allows providers to be more responsive and able to prioritize quality care.
Our agency has not had any major issues with communicating any problems issues or concerns with any of the staff members at Perform Care.

Provider Relations:

Account Executives	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	104	3.9	93	3.8	101	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	103	3.9	94	3.8	101	4.3
Provider Relations Average	**104**	**3.9**	**94**	**3.8**	**101**	**4.3**

Provider Relations Comments:
Our Provider Rep, XX, is very responsive and effective in her role!
Very pleased with our AE, XX.
XX is lovely to work with and I appreciate her timely and thorough response to our inquiries and issues.
Our exec XX has been excellent- very responsive, professional, and informed

Devereux needs an Account Executive assigned. The last one left a long time ago. A point person would be helpful.
It would be nice to be heard out more and not just feel blamed for not knowing how things work. A lot of the time technical language or internal processes are cited and as a provider, I'm not always familiar with those things and I feel as though I'm made to feel bad about that.
Perform Care's employees have always been very professional and extremely helpful. They are truly client oriented and has always demonstrated that they have the client's best interest.
My account executive is always available and helpful. She is great!
Very pleased with our prior and current Account Exec. Timely in responses, initiates contacts. Appreciate the collaboration.
Our experience with staff at Provider Relations has always been a pleasant experience. Everyone is knowledgeable and very professional.

Provider Manual	**2019 # of Respondents**	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
How often did you or your Agency's staff reference the PerformCare Provider Manual?	95	2%	11%	45%	31%	12%
	2020 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	101	1%	14%	39%	38%	8%

Provider Manual	**2019 # 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?	94	12%	48%	14%	10%	2%	15%
	2020 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	100	31%	35%	17%	6%	1%	10%

	2019 Respondents	**Yes**	**No**
Are there topics you believe should be added to the Provider Manual to make it more clear?	88	11%	89%
	2020 Respondents	**Yes**	**No**
	83	12%	88%

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

2020 Provider Manual Comments:
An FQHC section would be helpful to address application of the PPS rate, modification of guidelines specific to FQHC's, integrated BH, etc. Medication Assisted Treatment is in the acronyms list but no mention of the service in the manual. BHRS information should be updated to reflect IBHS
List of FAQ's
In general, it can be formulamatic and hard to understand.
The manual didn't seem to address the issues I was having and the reasons why I was getting denial.
I would suggest the topics of CPT code use could be expanded upon. Also, more transparency about how to request ABA hours for IBHS.
Don't know if more topics need to be included but sometimes I need to call my account executive for help understanding manual.
More information about billing codes, modifiers, locations, etc. and where to find that information. For instance, when we first added an LCSW, we quickly learned that we had to use POS 99 and add a modifier - but this info was not in the manual and we only learned after having claims denied. (No other insurers have these special exceptions to billing for masters-level clinicians, so it was a surprise to us in the beginning.) Some cross referencing to the various bulletins/memos. For instance, as a new provider I would never think to dig through old memos to learn that PerformCare only allows the interactive complexity when interpreter services are used, which is different from the CMS definition and most other insurers. For small providers, this sort of information is very important but is very easily missed. Clearer info about accepting PerformCare as secondary - I have had to get clarification from our Account Exec because the manual is not clear enough.

Provider Orientation	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
An Account Executive was able to answer all of your questions	1	4	17	4
The information your account Executive provides is helpful and valuable	1	4	17	4.1
Provider Orientation Average	**1**	**4**	**17**	**4.1**

Orientation Comments:
I don't have an account executive specifically, so I email a generic email and hope for an answer. Again, I'm made to feel as though I'm a bother or I should know better at times when I get a response.
Very informative and supportive.

Provider Meetings & Trainings	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
There is adequate notice to attend any meetings and/or trainings	30	3.9	44	4.0	68	4.4
Availability (dates & locations)	30	3.8	44	4.0	68	4.2
Usefulness of training(s)	30	3.5	44	3.6	65	2.8
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	30	3.6	43	3.6	68	2.8
Provider Meetings & Trainings Average	**30**	**3.7**	**44**	**3.8**	**67**	**3.6**

2020 Meeting and Trainings Comments:
Need to be more trainings for peer support.
The meetings about the APA payments, pandemic, telehealth expansion, etc. were all very timely and provided helpful, useful information.
I find PerformCare provider meetings helpful even when they are still working on some of the projects presented. They give plenty of opportunity for provider feedback and consideration.
Lots of info was the same at the meetings - no new information or details provided.
It would be helpful to have agendas or a rough idea of the topics when a meeting invitation is sent, to help providers determine if they need to attend or who from their office should attend. Those of us from small offices may be both administrators and clinicians, and may need to figure out if a meeting is worth rescheduling clients in order to attend. It would be REALLY nice to see the faces of PerformCare staff on webinars/Zoom meetings instead of disembodied voices. :)
Content of some trainings is applicable for clinicians; however, the timing of trainings requires clinicians to take time away from treatment. Webinars for view on demand would be a valuable addition.
Seemed like meetings were focused on trying to get people to discuss things openly, which was not as helpful as being trained on specific processes or requirements.
Provider mtgs and program specific calls have been very helpful as we approach upcoming transitions.

Claims Department:

Claims Processing	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
Claims payments and/or claims denial letters are received within 45 days	99	3.9	92	3.8	96	4.1
Satisfactory and timely answers to your questions	100	3.8	92	3.7	97	4.1
Consistency in responses to inquiries	99	3.7	90	3.7	96	4.0
Ease of submitting electronic claims	100	4.1	92	3.9	95	4.2
Ease of correcting electronic claims	100	3.7	92	3.7	94	4.0
Ease of correcting paper claims	98	3.6	90	3.4	94	3.8
Please rate your overall experience with claims processing from PerformCare	98	3.8	92	3.6	95	4.0
Claims Processing Average	**99**	**3.8**	**91**	**3.7**	**96**	**4.0**

Claims Processing Comments:
we were getting denials on claims for timely when PerformCare was secondary payor unless we sent the paper claim return receipt
The timely filing limits of 60 days are very difficult to follow, resulting in a lot of lost revenue. Most HealthChoices payers give us at least 90 days, which is more realistic.
Correcting claims online is impossible since PerformCare deletes any denied claim #s from their system. This means we can't use that original claim number and resubmit a corrected claim online. This results in the need to submit a NEW claim which denies as timely and then we have to do a paper appeal to get reconsideration for payment. This process is very time consuming for both the provider and the payer. If we could resubmit our claims online, this would be a better process. PerformCare should be trying to get away from the submission of paper claims but we can't seem to get paid without paper claims!
This process has been stressful because I was paid twice for several claims. Then I had to repay the claims for weeks. At one point, I was asked if it was because I was submitting my claims two different ways, which would mean I was attempting to be paid twice, which I wasn't. So I felt very frustrated with this situation.
Secondary claims can be somewhat challenging.
To be able to view the claim results and payment information on the same website as the billing.
Overall, we are pleased with being able to submit claims electronically and be paid quickly. There are a few major headaches: 1) Inability to submit secondary claims through our EHR, which requires us to then submit on paper instead. This is archaic and time-consuming. 2) Paper claims are much more likely to be rejected due to scanning errors or even returned via mail in spite of being

correctly addressed. We are much more likely to encounter problems with paper claims and as a small practice with an ever-increasing number of clients who have PerformCare secondary, this uses up precious resources (our biller's time).
Direction given to during the pandemic emergency has been timely
On two occasions, claims were submitted in the Emdeon system that did not get processed/were unable to be located in NaviNet at a later date. When these claims were re-submitted, they were processed.
Claims are submitted by another department, not personally by me.
I have limited experience submitting claims as my billing company does that for me. They have not reported any issues with claims thus far.
Again claims are easily submitted. Claim department when there was a claim denial was so helpful and answered all my questions.

Quality Improvement Department:

Credentialing & Re-credentialing	**2018 Respondents**	**2018 Mean Score**	**2019 Respondents**	**2019 Mean Score**	**2020 Respondents**	**2020 Mean Score**
Fairness of Credentialing and Re-credentialing process	94	3.5	86	3.8	89	4.0
Administrative Appeals	**2018 Respondents**	**2018 Mean Score**	**2019 Respondents**	**2019 Mean Score**	**2020 Respondents**	**2020 Mean Score**
Adequate explanation of decisions made	30	3.2	24	3.4	35	3.7
Decision regarding your appeal(s) were made within 30 days	30	3.7	24	3.6	35	4.0
There was a fair & reasonable decision outcome	30	3.2	23	3.4	35	3.8
Administrative Appeals Average	**30**	**3.4**	**24**	**3.5**	**35**	**3.8**

Complaints	**2018 Respondents**	**2018 Mean Score**	**2019 Respondents**	**2019 Mean Score**	**2020 Respondents**	**2020 Mean Score**
Timeliness of complaint resolution	7	3.6	2	4	15	4
Proper handling of complaint	7	3.8	2	4	14	4
A fair and reasonable decision was made	7	3.6	2	4	14	3.8
Complaints Average	**7**	**3.7**	**2**	**4.0**	**14**	**3.9**

Grievances	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
Timeliness of grievance resolution	12	3.6	10	4.1	22	4.6
Collaborative nature of the grievance meeting	12	3.3	10	4	22	4.2
Your involvement in the grievance process	12	3.7	10	3.9	22	4.2
Overall, rate PerformCare's management of the grievance process	12	3.3	10	4	22	4.2
Grievances Average	**12**	**3.5**	**10**	**4**	**22**	**4.3**

Treatment Record Reviews	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
Do you understand the expectations of the questions in the Treatment Record Review	14	3.9	11	4.1	24	4.1
Do you feel the process was fair	14	3.8	11	4.2	24	3.9
Do you feel the Treatment Record Review process was helpful	14	3.5	11	4.1	24	3.9
Were you satisfied with any assistance provided by the Quality Improvement Department	14	3.8	10	4.1	24	4.1
Treatment Record Review Average	**14**	**3.8**	**11**	**4.1**	**24**	**4.0**

Clinical Department:

Care Management	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
Timeliness of authorizations	98	4.1	87	4.0	92	4.1
Accuracy of authorizations	97	4.0	87	3.9	90	4.2
Availability of Clinical Care Managers when needed	97	3.9	86	3.7	91	4.1
Consistency in Care Manager's responses to your inquiries	97	3.9	84	3.9	89	4.0
Consistency in Care Manager's review of child/adolescent treatment plans	96	3.9	86	3.8	90	4.1
Care Managers participation in ISPT meetings (for children/adolescents)	95	3.8	86	3.6	89	4.3
Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	96	4.0	85	3.9	89	4.1
Care Management Averages	**97**	**3.9**	**86**	**3.8**	**90**	**4.1**

Care Management Comments:
the clinical care mgmt dept. at PerformCare is very helpful and knowledgeable. Their determinations are consistent and feedback is very helpful during the review process.
the UM team identified our assigned CMs, XX and XX, as strengths for the organization. They enjoy working with them and look forward to further collaboration. Both are always efficient, professional, and collaborative. Valuable resources for our team.
the extended auths due to COVID are so helpful at this busy time.
We really appreciate that there are no prior auth requirements for outpatient level of care. That is very helpful!
Care Managers want to dictate treatment for our individuals.
Making suggestions with the acuity of today's diagnoses may need to be reviewed by the CCMs. Making a suggestion is easy when you are on the telephone - recognition of the provider and staff doing the work would be much appreciated.
In regards to the Clinical Care Managers their level of expertise and professionalism is above satisfactory. We have been working with the Clinical Care managers for over 25 years and it continues to be a very wonderful experience as they continue to demonstrate that they are always willing to make sure that each client has the best chance at being successful during their process of recovering.

Family Based Referrals are difficult because we don't often get direct feedback if it is approved or when they can start services - makes discharge planning a challenge
When a care manager if off, UR needs to wait until the Care Manager comes back to either discharge the chart or obtain an authorization. Otherwise, Performcare is good to work with. Certain Care Managers only want to review with certain UR staff. This was addressed with a Performcare supervisor.
All of the Care Managers are great to work with. They are very professional, and resourceful.

Member Services	2018 Respondents	2018 Mean Score	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score
Satisfactory and timely answers to your questions	97	3.9	87	3.8	90	4.0
Consistency in response to inquiries	96	3.8	86	3.9	92	4.0
Directing your call to appropriate department/care manager	98	4.0	87	3.9	91	4.1
Availability of Member Services staff after hours	96	3.7	86	3.8	90	4.0
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	97	3.9	87	3.8	90	4.0
Member Services Averages	**97**	**3.9**	**87**	**3.8**	**91**	**4.0**

Member Services Comments:
Member services staff are always friendly, helpful, and professional.
Generally when calling PerformCare to ask questions, they are unable to answer about authorizations because they insist we are not in network, even though we are. It means we have to go to our provider rep to ask follow up questions on authorizations.
it takes 2-3 days after admission for PC to see a client in their system, which results in calling up to 3 tries to obtain initial authorization
Our agency does not have any issues with member services. We feel we have a great relationship with the care managers.
The member service team is good to work with and are very helpful.
The only concern we have had is when a member is flagged as having another insurance and the insurance is actually inactive. Performcare seems to have a lag in noting that it is inactive so we have to have members call and often they do not.
Did not always have answers and then they would say they would get back to you and they didn't.

Other Additional Comments:
this survey was taken in collaboration with all applicable depts.: business office director, director of Quality Assurance & Risk Management, Director of Utilization Management, and Director of Admissions
our facility appreciates the collaboration
I can't tell you how much we appreciate PC in all aspects. We are grateful for the extra financial help at this time. Also, you match our rate that the County sets and we are just so happy to be part of the PerformCare network. I wish all MCOs were as responsible. Thank you for always making a difficult job less challenging. Keep up the great work that you do!

Year to Year Comparison:

Year to Year Comparison

Survey Category	2015	2016	2017	2018	2019	2020
Communication	3.6	3.8	3.8	3.6	3.7	4.1
Provider Relations	3.2	4	4	3.9	3.8	4.3
Provider Orientation	N/A	N/A	N/A	3.5	4	4.1
Provider Meetings & Trainings	4.5	3.8	3.9	3.7	3.8	3.6
Claims Processing	3.9	3.9	3.6	3.8	3.7	4
Administrative Appeals	3.8	3.8	3.6	3.4	3.5	3.8
Credentialing & Re-credentialing	2.8	3.7	3.6	3.5	3.8	4
Complaints	N/A	N/A	N/A	3.6	4	3.9
Grievances	4.2	3.7	3.9	3.5	4	4.3
Treatment Record Reviews	N/A	3.6	3.4	3.8	4.1	4
Clinical Care Management	3.2	3.8	4	3.9	3.8	4.1
Member Services	3.9	3.8	3.8	3.9	3.8	4.0
Average Total Score	**3.8**	**3.8**	**3.8**	**3.7**	**3.8**	**4.0**
Total Number of Respondents	60	64	82	98	86	90
Response Percentage of Total Surveys Sent	25%	26%	30%	34%	31%	33%*

* In past years, the response rate has been calculated using the number of surveys sent, less the surveys that were returned undeliverable. Information on undelivered surveys was not available for the 2020 report.

Summary:

The 2020 CABHC Provider Satisfaction Survey yielded a response rate of 33% and had a total average score of 4.0 out of a possible 5. The survey contained questions on five categories: Communication, Provider Relations, Claims Department, Quality Improvement Department, and Clinical Department. The Survey's Communication category had the highest number of respondents with 106. Subsections of the Quality Improvement Department category had the lowest number of respondents, this was noted for Administrative Appeals, Complaints, and Grievances. These are continuing trends from the previous year. Treatment Record Reviews had a slightly higher number of respondents this year (15) compared to the previous three years, which had an average of 12 respondents.

For the Communications section, scores for each item, and subsequently overall, increased from the previous year. The item with the highest increase in score was: "Notification and implementation of policy changes affecting Providers" which scored a 4.1 compared to 3.7 in 2019. The comments for this section were mainly positive.

The Provider Relations section covered Account Executives, the Provider Manual, Provider Orientation, and Provider Meetings and Trainings. Overall, the scores for this section were significantly higher compared to the previous year, going from an overall score of 3.8 in 2019 to 4.3 this year. The comments concerning the Account Executives were very positive overall, with words such as:

responsive, informed professional, and helpful used throughout. One comment expressed feeling blamed by the AE for not being more familiar with PerformCare's internal processes. Another comment indicated that a provider is in need of an assigned AE. The comments relating to the Provider Manual contained some suggestions on items that Providers would like to see added to the manual to better assist them, but mostly reported negative experiences and feedback. Comments received related to Provider Meetings and Training were mixed, with most providers finding them helpful. While two items in this section ("availability" and "usefulness of trainings") each scored higher this year than in the past three years, two other items in this section ("Usefulness of training" 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") each had the largest drop in Mean score from the previous year of all items in the survey.

Following a decrease in scores last year, the Claims Department section of the survey showed an increase in the total average score, along with increases in scores for each of the seven items. In fact, this year's scores were the highest reported in at least six years. Similar to last year, though, providers used the comments section to highlight frustrations with various aspects of the claims process.

The Quality Improvement Department section of the survey covered Credentialing and Re-credentialing, Administrative Appeals, Complaints, Grievances, and Treatment Record Reviews. The overall scores in three of the five areas went up in 2020 with the most improvement seen in Administrative Appeals. The scores for Treatment Record Reviews and Complaints decreased slightly compared to last year. As was the case last year, there were no comments for this section.

The Clinical Department section of the survey covered Care Management and Member Services. In comparing the results of the 2020 survey to the previous year, the Care Management section scores increased slightly for all seven questions. The most notable increases were observed for the items "Availability of Care Managers when needed" and "Care Managers participation in ISPT meetings", which were the two items that scored the lowest last year. The comments for this section were varied and included mostly positive feedback with some frustrations. For the Member Services section of the survey, the scores increased slightly on all five items. Comments were mainly positive, though some indicated that Member Services staff were not always able to answer questions and sometimes do not return phone calls to providers as promised.

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.