CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

2021 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 2021, 342 surveys were sent via email to the provider network. One hundred and four (104) were completed in full, resulting in a 31% response rate. This is slightly below the 33% response rate in 2020.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	28%
Adults	38%
Both Age Groups	34%

Level(s) of Care Provided by Respondents:

Substance Abuse	63%
Mental Health	23%
Co-Occurring	13%
All Levels of Care	1%

2021 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	**2019 # of Respondents**	**2019 Mean Response**	**2020 # of Respondents**	**2020 Mean of Response**	**2021 # of Respondents**	**2021 Mean of Response**
Notification and implementation of policy changes affecting Providers	102	3.7	107	4.1	124	4.1
Ease of reaching someone who can answer your questions when calling PerformCare	101	3.9	105	4.2	123	4.1
Ease of calling the Provider Line and reaching the person you are calling	101	3.8	108	4.1	123	4
When calling the Provider Line, my calls were returned within 48 hours	99	3.8	106	4.2	118	4.1
Ease in using the website	98	3.7	104	4.0	115	3.8
Ease of using Navinet/JIVA	99	3.7	104	3.8	117	3.6
Communication Average	100	3.7	106	4.1	120	4.0

Communication Comments:
Jiva used to have an abstract section that showed the auth, this portion was removed back in April and still has a message when logging into Jiva that it will be restored in the future, it still has not. The abstract was useful with printing authorizations and now we have to screen shot the auth from the open page. When we were trained on the newest version of Jiva our trainer was made aware of this since she was not aware it stopped working, and it has yet to be resolved.
One thing I have found challenging with using the website is trying to obtain up-to-date IBHS forms. IBHS Forms is not an option as BHRS Forms is what is listed instead. When I search with key words for forms that I need, I end up spending a good amount of time sifting through to find what I need. It would be helpful to me to have better access to these forms on the site.
Returning calls within 48 hours
Implement email and chat features.
"PC is great at sending update and communicating policy changes, etc. "
I feel comfortable with the level of communication.
Continue great job.

We do not have any suggestions to make at this time. We find that the Communication with Perform Care to be excellent.
Availability to speak with somebody and take action on Saturdays and after hours.
"Would be helpful if the User Manual for JIVA actually related to everyday usage of JIVA. For example, for Family Based submissions, the information in the manual is not accurate nor even in the manual."
Discontinue use of needless paperwork that eats up valuable time patients need to spend with their clinicians.
None identified. Satisfaction with overall service is noted.
“A struggle that is ongoing is with the Focus paper cases. When we fax reviews and/or discharges, we often will be told in the future that they were not received. When a review is faxed requesting additional time, the only way that we are made aware of an approval for additional time is if we call to inquire about it several days later. This has caused an issue in the past when a review has been sent and a response has not been provided. When calling to follow up several days later, we have been told that additional time has not been approved. When that happens, clients have been continuing to come to the program, aftercare plans need to be scrambled and it can greatly affect the clients and cause some relapsing of emotions and behaviors because it is a sudden and unexpected outcome. It seems as if there should be a better way to find out about the approval of reviews in a timelier manner via fax, email, call, etc.”.
I really appreciate the extension of treatment planning to every six months - the time frame is more appropriate for following patient progress and more manageable for providers.
I don't think it would hurt to have a directory for Providers that lists who would be most appropriate at PerformCare to contact based on what type of question you have.
Navinet/JIVA is a very cumbersome process for providers. A simple ISPT meeting invite has complex steps to fill out a form to schedule a meeting. It is not user friendly and very time consuming for providers to have to use.
Our provider AE is wonderful. She is very helpful and usually responds immediately or within 12 hours.
No suggestions. We are very satisfied with PerformCare.
I do not have any problem getting questions answered or issues addressed.
Better responses from our representative when calling. Accuracy of extensions and assignment of representative that assists our office.
Navinet is not user friendly :(
Please communicate rate changes prior to the change. New rates that were effective July 1st only came out in mid-July. Needing to rebill several weeks of appointments was very time consuming.
Continue use of live presentations in order to answer questions! These are wonderful opportunities to hear what is happening, especially during these challenging times.
you're probably the best communicators of all the MCOs
Perform Care is my preferred insurance company to deal with.
All individuals involved with PerformCare should present the same information to providers. Clinical message is not always consistent to providers.
Accuracy on Navinet would be appreciated. I have found in the last year that Navinet’ s reporting of PerformCare is not always accurate.
Clinical Care Manager's return calls more promptly.
"Feedback from Malvern Treatment Center and Malvern Behavioral Health: My department works great with PerformCare, they are very rational and clinically trained. I have had a great experience with Perform Care. No issues with getting authorization and they are super helpful with aftercare/discharge planning. My team works great with PerformCare. They provide additional days and support as needed for their patients without much of an issue We have a great relationship with PerformCare, no issues on my end. "

Sometimes we get emails that do not pertain to us and it is confusing because I have to contact my rep to see what they mean.
Access to all past training materials via the website would be nice.
For "Ease of reaching someone who can answer your questions when calling PerformCare" in our experience we have a single contact to directly speak with who is able to provide reliable information to our team. For "Ease of using Navinet / JIVA", being able to use the site for reauthorization requests is familiar simple and can be done with ease. The process of creating new episodes for authorization requests has shown to be the most changeling. Specifically, the prompts that are given to the submitter when applying the appropriate CPT codes.
At times it is difficult to pull in network provider list for outpatient services.
The claim in Navinet should have the date entered into PerformCare's processing system.

Provider Relations:

Account Executives	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	93	3.8	101	4.3	112	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	94	3.8	101	4.3	111	4.2
Provider Relations Average	94	3.8	101	4.3	111.5	4.2

Provider Relations Comments:
Or AE is very responsive and helpful.
Our account executives are very responsive and very helpful (Dauphin and Cumberland counties)
The employees at Provider Relations are extremely competent and extremely helpful.
Very satisfied with Provider Relations.
Our AE is dedicated and is wonderful to work with. Our organization is large with several sites and she understands our complexity and assist when needed.
Very satisfied
I want to thank our AE for walking this journey of billing with me. She is new but very willing to assist anytime I reach out to her.
There are times when I get a clear, quick answer and other times when I still feel unsure after getting a response.
My account executive is generally very helpful but I don't always get clear answers.
I usually get a prompt and accurate answers from our account executive, however sometimes questions are simply not answered or not answered clearly.

Contact with Provider Relations is limited to when we have questions. In previous times, we had experienced quarterly or at least twice-yearly check ins. This has not occurred, and it would be nice to have the opportunity to connect more regularly for general support and collaboration.
you guys are great
It's just that there is so much information that it is difficult to find the answers.
Our AE has always been very responsive and helpful
Very responsive and educated.

Provider Manual	2020 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	101	1%	14%	39%	38%	8%
	2021 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	112	1%	6%	48%	32%	13%

Provider Manual	2020 # 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?	100	31%	35%	17%	6%	1%	10%
	2021 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	111	21%	49%	14%	4%	3%	11%

	2020 Respondents	Yes	No
Are there topics you believe should be added to the Provider Manual to make it more clear?	83	12%	88%
	2021 Respondents	**Yes**	**No**
	106	9%	91%

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

2021 Provider Manual Comments:
I would like to be able to find the auditing tool easily.
Electronic claims and EFT section needs updated.
When we first joined the network, I referenced the Provider Manual frequently. Now that we are familiar with PerformCare's P&P's, we reference it much less often.
"Billing examples. Test forms examples. Sample completed forms. "
Medicare bypass. The manual is subject to interpretation. I would be nice to have a clear understanding of what PerformCare will bypass and a process of approval before hand. Currently our admission calls and gets verbal approval of a bypass but it would be nice to have something in writing.
Make it known that home offices are not accepted and that you need to have a commercial space.
A step-by-step process for new providers beginning to do billing.
Credentialing flow chart
Several topics do necessarily go into detail. However, our assigned account executive does assist with clarifying.

Provider Orientation	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
An Account Executive was able to answer all of your questions	17	4	8	4.8
The information your account Executive provides is helpful and valuable	17	4.1	8	4.5
Provider Orientation Average	17	4.1	8.0	4.7

Orientation Comments: None

Provider Meetings & Trainings	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
There is adequate notice to attend any meetings and/or trainings	44	4.0	68	4.4	70	4.2
Availability (dates & locations)	44	4.0	68	4.2	71	4.1
Usefulness of training(s)	44	3.6	65	2.8	66	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	43	3.6	68	2.8	69	3.4
Provider Meetings & Trainings Average	44	3.8	67	3.6	69	3.9

2021 Meeting and Trainings Comments:
"Date/Time need to be clearly stated in the emails about upcoming meetings. This information is sometimes attached as a calendar invite, but that is not compatible with all email systems. Would like PerformCare staff to use video during video meetings - it would be much more engaging than listening to random voices review slides. It would be nice if meeting times were rotated. They often seem to fall on Thursday afternoons. As a director who also sees clients, that happens to fall in my clinical time which means cancelling clients or skipping the meeting. If meeting times were more varied, it would accommodate different people's schedules - especially smaller providers who don't have dedicated administrators. Meetings are well-organized and I appreciate the efforts PerformCare makes to keep providers informed. "
meetings and training offerings are always welcome and helpful
The minutes come out a long time after the meeting has concluded. Often several weeks later.
It would be nice if, during virtual meetings, facilitators would turn on their cameras. It feels very disconnected when you are not only participating in meetings virtually but then no one can see each other.
We did experience some discrepancies with what we were hearing from OMHSAS and PerformCare but could be expected as everyone transitions to IBHS-ABA.
I was disappointed with some of the responses to questions posed about navigating telehealth as we look toward the post-Covid period.
I was disappointed with the lack of clear answers to some of the questions posed about requirements as we moved to the post Covid period.
I felt like during some of the Covid-related provider meetings, clear answers were not given on questions.
These meetings and trainings have been very helpful to hear what is happening across services. Information has been clearly provided, given the current pandemic impact.
Just that it seems they are always held when I have clients scheduled

Claims Department:

Claims Processing	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Claims payments and/or claims denial letters are received within 45 days	92	3.8	96	4.1	110	4.0
Satisfactory and timely answers to your questions	92	3.7	97	4.1	110	3.9
Consistency in responses to inquiries	90	3.7	96	4.0	110	3.8
Ease of submitting electronic claims	92	3.9	95	4.2	109	4.1
Ease of correcting electronic claims	92	3.7	94	4.0	109	3.8
Ease of correcting paper claims	90	3.4	94	3.8	109	3.5
Please rate your overall experience with claims processing from PerformCare	92	3.6	95	4	106	3.9
Claims Processing Average	91	3.7	96	4.0	109	3.9

Claims Processing Comments:
SOMEONE ELSE PROCESSES MY CLAIMS
"Claims processing is the one area where we are dissatisfied with PerformCare. The issue is primarily with secondary claims. PerformCare is the ONLY insurer we cannot submit secondary claims to through our practice management software. I understand there is an effort underway to enable electronic submission for secondary claims and I REALLY hope this new set-up will be compatible with existing EHR/practice management software and not require providers to use yet another system for claims submission. With the current paper systems, the denials we receive are often inaccurate and inconsistent. Current issues with mail delays in central PA are impacting timely filing. We found that if we mail secondary claims in batches, there is a higher likelihood that multiple claims/EOBs get mis-scanned and rejected. We have been encouraged to mail secondary claims through certified mail, but this would be very costly since we also have to send each claim individually to minimize errors on AmeriHealth's end with scanning/processing claims. I'm not sure what goes on at the claims processing end when our secondary claims arrive in Kentucky, but there seems to be an unusual rate of mishandling claims which becomes very frustrating for our biller. Again, the manual aspect (mailing, scanning) seems to be the big problem because we don't have any issues when we submit secondary claims electronically to other insurers. "
Perform Care's electronic system is very user friendly to submit for claims and we have not had any issues.
Too many rejections take place because of mistakes with data input. It is time consuming to get the rejection letters, call through the original claim sent, call to perform care, ask the person to pull the original claim, take the time to compare them and then have the claim sent for reprocessing because the original claim was correct.
"We have been waiting on the completion of approximately $25K in BHRS resubmission claims from November 2020. Numerous emails have been sent and conversation have taken place. Answer always is, 'We need to get clarification from the claims dept' It's been one year. Can never speak to anyone in claims. So, we sit and wait...for a year.... for an answer.... $25K"
Paper secondary claims get lost often. Looking forward to electronic 837 files for secondary claims.
Satisfied with claims process.
The new system is terrible. Unclear as to why some claims are paid and others are not.
We were recently informed we received a rate increase back in January and notice of this was sent via email to one person (not the CEO) at our facility. That individual does not recall receiving this information and PerformCare did not institute a method for ensuring the provider received this information (requesting a response to the email or providing something that needed to be signed acknowledging receipt of the notification). Therefore, we filed claims for the incorrect amount for this entire year and did not retrieve a significant amount of money we were owed. We are being told we will have to go back and individually file each claim again in the hopes of recovering the money. There should be a better system in place to confirm providers actually receive such vital information.
When I have to send paper claims, I frequently have them rejected due to 'mistakes' that result from them being handwritten.
It would be helpful to have a function to bill secondary claims via Navinet with the option to attach the primary EOB
Very satisfied
PerformCare frequently misplaces our paper claims or states that they were not received despite our receipt of a delivery confirmation. We often have to contact our provider representative to investigate and she is able to have the claims located and processed.
We have had frequent issues with crossover claims from Medicare denying due to issues with modifiers. Although I used to be very happy with the online claims' investigation feature, the responses I have received lately are inconsistent and quite often completely wrong. When I get an answer that is not correct, I will provide additional information or reiterate something and then get a completely different answer the second and or third time
Repeating - our reps are amazing and so helpful!!!

Quality Improvement Department:

Credentialing & Re-credentialing	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Fairness of Credentialing and Re-credentialing process	86	3.8	89	4.0	102	3.9
Administrative Appeals	**2019 Respondents**	**2019 Mean Score**	**2020 Respondents**	**2020 Mean Score**	**2021 Respondents**	**2021 Mean Score**
Adequate explanation of decisions made	24	3.4	35	3.7	26	3.9
Decision regarding your appeal(s) were made within 30 days	24	3.6	35	4.0	25	3.8
There was a fair & reasonable decision outcome	23	3.4	35	3.8	26	4
Administrative Appeals Average	24	3.5	35	3.8	25.7	3.9

Complaints	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Timeliness of complaint resolution	2	4	15	4	8	4.3
Proper handling of complaint	2	4	14	4	8	4.3
A fair and reasonable decision was made	2	4	14	3.8	8	4.3
Complaints Average	2	4.0	14	3.9	8	4.3

Grievances	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Timeliness of grievance resolution	10	4.1	22	4.6	13	4.2
Collaborative nature of the grievance meeting	10	4	22	4.2	13	4
Your involvement in the grievance process	10	3.9	22	4.2	13	4.2
Overall, rate PerformCare's management of the grievance process	10	4	22	4.2	13	4.3
Grievances Average	10	4	22	4.3	13	4.2

Treatment Record Reviews	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Do you understand the expectations of the questions in the Treatment Record Review	11	4.1	24	4.1	13	4.0
Do you feel the process was fair	11	4.2	24	3.9	13	4.0
Do you feel the Treatment Record Review process was helpful	11	4.1	24	3.9	13	4.0
Were you satisfied with any assistance provided by the Quality Improvement Department	10	4.1	24	4.1	13	3.8
Treatment Record Review Average	11	4.1	24	4.0	13	4.0

Quality Improvement Comments:
I do not always receive Administrative Appeals decisions. I have to call at times.

Clinical Department:

Care Management	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Timeliness of authorizations	87	4.0	92	4.1	103	4.1
Accuracy of authorizations	87	3.9	90	4.2	103	4.0
Availability of Clinical Care Managers when needed	86	3.7	91	4.1	104	4.1
Consistency in Care Manager's responses to your inquiries	84	3.9	89	4.0	102	4.1
Consistency in Care Manager's review of child/adolescent treatment plans	86	3.8	90	4.1	102	4.0
Care Managers participation in ISPT meetings (for children/adolescents)	86	3.6	89	4.3	102	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	85	3.9	89	4.1	100	4.1
Care Management Averages	86	3.8	90	4.1	102.3	4.0

Care Management Comments:
Generally - it is sometimes difficult to interrupt care managers when a family member has something to say or when the care manager's comments are not relevant to the situation at hand.
"Our auth requests are for adjunctive outpatient therapy, typically specialized trauma therapy. We have problems with this almost every time. First, we do not always receive paper notification about authorizations. Then, when we do, the auth is rarely accurate or complete - for instance, we asked for an auth for multiple service codes (90791, individual therapy codes, family therapy codes) and receive the paper auth for only one code. Then we have to call to confirm all of the requested codes are authorized. We have to reach out to a care manager almost every time we request an auth, which is unfortunate. The care manager confirms the request was received and approved every time. but they sound perplexed that we did not receive the paper auth. The process is not smooth and requires a lot of follow-up/extra work on our part. "
Our care manager is very easy to reach, very involved and engaged in our team meetings and kiddos' treatment!
The Clinical Care Managers are very knowledgeable, caring, supportive and empathetic. They continue to work hard and support what our treatment staff have assessed to be what is in the best interest of the client.
Care managers are responsive and communication has been fine. However, with the lack of available services and long waiting lists, it often feels that the conversation and attempts to problem solve are obligatory rather than truly meaningful.
When doing authorizations for Focus as a paper case, it would be beneficial to have a return fax or phone call with confirmation of approved authorization dates and number. Thank you.
"Please see prior note: Paper cases for Focus can be a struggle for us. Often, a review (or discharge) will be faxed and we are later told that it was not received despite having a successful fax transmission. At times, staff members have faxed paper cases multiple times. When faxing a concurrent stay review for a Focus paper case, we don't receive a response unless we call to inquire about the status days later. Should an authorization be declined and it isn't revealed to us immediately, it can cause a lot of chaos for not only our facility but for the client as well. We feel that there should be a way of checking the status of reviews via Focus in a more timely and efficient manner. "
We are so pleased with our relationship our care manager.
Very satisfied
This team has been helpful in answering questions related to treatment as well as authorizing treatment.
I have ZERO complaints. I do want to share that when we first started accepting clients, we were somehow transferred a client we did not accept by another provider. They submitted the request under our name and it was approved, which never should have happened. Since we were unable to accept the client, they are still without services but are technically listed under our agency. Ethically, we're not sure how this was allowed to happen.
Clinical Care Managers return calls more promptly.
Currently, we have few occurrences of this, but we have experienced similar packet submissions for ABA requests for PerformCare members and received vastly different feedback between the two cases. Also, we have received mixed information on authorization turnaround time periods as well.
There are long wait times to complete precertification’s

Member Services	2019 Respondents	2019 Mean Score	2020 Respondents	2020 Mean Score	2021 Respondents	2021 Mean Score
Satisfactory and timely answers to your questions	87	3.8	90	4.0	104	4.1
Consistency in response to inquiries	86	3.9	92	4.0	104	4.0
Directing your call to appropriate department/care manager	87	3.9	91	4.1	104	4.2
Availability of Member Services staff after hours	86	3.8	90	4.0	102	4.0
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	87	3.8	90	4.0	104	4.0
Member Services Averages	87	3.8	91	4.0	103.6	4.1

Member Services Comments:
I have experienced having to make calls to member services after normal business hours and the staff had been very helpful.
I listed dissatisfied for the question regarding speaking to someone after hours. While someone does answer the phone, the available staff or appropriate representative is not there to discuss authorizations is not available.
Member services staff are always friendly and helpful!
Very satisfied
This team is very helpful in supporting us when there are questions related to member concerns.
Clinical Care Manager's return calls more promptly.
In our experience, we have a single contact who we are able to directly speak with who is able to provide reliable information to our team.

Other Additional Comments:
Please take a serious look at rates. especially with ASAM coming. we can't keep up.
We have been very pleased with help we get from PerformCare staff regarding the transition from BHRS to IBHS.
Overall, PerformCare is very easy to work with and helpful with most issues that we encounter. It is important to note that we feel that we are working collaboratively with PerformCare in comparison to other BHMCO's who seem more fault finding and less collaborative.
Rates increased as of July 1 but we are still getting paid at one rate. When rates increase, PerformCare never has the claims system ready. This creates much additional work on our practice’s end, as we have double the work entering original payments and then corrected payments. There has been no recent communication regarding when these rates will be corrected.
We appreciate the collaboration with PerformCare, specifically over these past 2 challenging years. The collaboration has allowed many members to maintain continuity of care during unpredictable times.
Overall, the LBHH Team feel that we receive great service from PerformCare staff. We appreciate the collaboration that PerformCare gives to our facility and the patients under our care.
I just completed an audit that involved charts from 2019-2020, before I was the clinical director, which we have to give re payment for. It’s upsetting due to the financial hardship that it will cause the organization, especially as a result of the COVID epidemic.

Year to Year Comparison:

Year to Year Comparison

Survey Category	2016	2017	2018	2019	2020	2021
Communication	3.8	3.8	3.6	3.7	4.1	4
Provider Relations	4	4	3.9	3.8	4.3	4.2
Provider Orientation	N/A	N/A	3.5	4	4.1	4.7
Provider Meetings & Trainings	3.8	3.9	3.7	3.8	3.6	3.9
Claims Processing	3.9	3.6	3.8	3.7	4	3.9
Administrative Appeals	3.8	3.6	3.4	3.5	3.8	3.9
Credentialing & Re-credentialing	3.7	3.6	3.5	3.8	4	3.9
Complaints	N/A	N/A	3.6	4	3.9	4.3
Grievances	3.7	3.9	3.5	4	4.3	4.2
Treatment Record Reviews	3.6	3.4	3.8	4.1	4	4
Clinical Care Management	3.8	4	3.9	3.8	4.1	4
Member Services	3.8	3.8	3.9	3.8	4.0	4.0
Average Total Score	3.8	3.8	3.7	3.8	4.0	4.1
Total Number of Respondents	64	82	98	86	90	104
Response Percentage of Total Surveys Sent	26%	30%	34%	31%	33%	31%

* In past years, the response rate has been calculated using the number of surveys sent, less the surveys that were returned undeliverable. For the 2021 report, 15 of 342 were returned and flagged as "undeliverable" per Outlook.

Summary:

The 2021 CABHC Provider Satisfaction Survey yielded a response rate of 31% and had a total average score of 4.1 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 120. The subsections: Administrative Appeals, Complaints and Grievances of the Quality Improvement Department category have the lowest number of respondents which continues the trends from the previous years.

The scores for each item in the Communications section slightly decreased, with the exception of "Notification and implementation of policy changes affecting Providers" which remained the same. The items with the highest decrease in score were "Ease in using the website" and "Ease in using Navinet/JIVA". These results are consistent with the comments.

Overall, the comments for Communications were fairly mixed. About 37% of the respondents had positive feedback and was satisfied with the Communication from PerformCare. However, about 34% of the respondents expressed frustrations with various aspects of Communications including Navinet/JIVA not being user friendly, inaccurate information on the website, inconsistent information being communicated by PC staff, and a few that expressed frustrations with paperwork.

The Provider Relations section covered Account Executives, the Provider Manual, Provider Orientation, and Provider Meetings and Trainings. In general, the scores for this section slightly decreased from 4.3 to 4.2. The comments regarding the Account Executives were very positive. Providers continue to express that AEs are responsive and helpful. However, there also continues to be a few providers who continue to express that sometimes the answers they receive are either unclear or unanswered. The comments regarding the Provider Manual consist of several suggestions on topics that could be added to the manual that could make it more useful.

The majority of comments regarding Provider Meetings and Training suggested improvements in several areas including providing various dates/times for meetings, feeling disconnected due to cameras being turned off, and providing clearer answers. Two items in this section "There is adequate notice to attend any meetings and/or trainings" and "Availability (dates & locations)" each scored slightly lower this year compared to previous years. However, the two other items "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" each increased from the previous year.

The Claims department section of the survey shows a slight decrease in the total average score. The comments section continues to reflect frustrations from providers regarding the claims process including issues submitting secondary claims, paper system, rejection due to mistakes, lack of communication relating to rate changes, and misplacement of claims.

The Quality Improvement Department section of the survey reviews Credentialing and Re-credentialing, Administrative Appeals, Complaints, Grievances, and Treatment Record Reviews. The scores for Credentialing/Re-credentialing and Grievances decreased while the scores for Complaints and Administrative Appeals increased. The Treatment Record Review score remained the same. There was one comment regarding Administrative Appeals where the provider stated that they don't receive their appeal decisions and have to call multiple times.

The Clinical Department section of the survey covered Care Management and Member Services. Scores increased, decreased or remained the same from the previous year. The three items that scored lower this year includes "Accuracy of authorizations", "Consistency in Care Manager's review of child/adolescent treatment plans", and "Care Managers participation in ISPT meetings (for children/adolescents)". The item that scored higher was "Consistency in Care Manager's responses to your inquiries". The remaining scores remained the same. The comments for Care Management were mixed. About half of the respondents expressed experiencing issues with receiving confirmation that their preauthorization's were received or approved. Meanwhile, the other comments highlighted how the Care Managers are knowledgeable, caring, reachable, supportive, responsive and empathetic.

For the Member services section of the survey, the scores increased for two out of the five items. These two areas are "Satisfactory and timely answers to your questions" and "Directing your call to appropriate department/care manager". The rest of the scores remained the same. Overall, there was a slight increase in scores for the entire section. The majority of the comments reported positive feedback about Member Services such as being very helpful, friendly, reachable, and very satisfied with their services.

CABHC is grateful for the Providers who participated in this annual Provider Satisfaction Survey. Our Provider Relations Committee reviews the results of the survey to provide feedback and recommend changes to PerformCare as needed. We hope that this process will enhance the

HealthChoices Behavioral Health program throughout Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties.

PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

April 19, 2022

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

Dear Scott,

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

I was pleased to see that the Providers overall had a very positive experience with PerformCare. In general, the nature of managed care can set up a challenging relationship with Providers. PerformCare strives to ensure that Providers understand we are in a partnership with them to help meet the needs of our Members. Even with all the challenges faced as a result of the pandemic, Providers appeared satisfied with PerformCare's performance.

I reviewed the CABHC Provider Satisfaction Survey results with all PerformCare departments. While overall the survey demonstrated positive Provider responses, there are a few areas in which PerformCare will be rendering some improvements. Additionally, there are a few general statements in the comments section that PerformCare will be addressing.

- **Provider Manual** - One major initiative PerformCare is taking is a total review and re-write of the PerformCare Provider Manual. This process has been underway for many months and has been inclusive of every department. We will make improvements to the manual and believe it will speak to many of the areas addressed in the Provider Survey. The final reviews and edits are being made now and the role out is forthcoming. The new Provider Manual will be a significant improvement and will provide clear and relevant information and expectations.

- **PerformCare Website** – PerformCare recognizes that our website can be cumbersome to navigate. In early fall 2022, PerformCare will begin an overhaul of our website. The focus will be to improve site maps (navigation), remove outdated materials, and improve the design.

- **Use of Video during Meetings** – It was noted in the survey that it would be nice to have PerformCare staff participate in meetings with the use of video. I found this to be a great suggestion and as a result all PerformCare staff that have video capability have been instructed that use of video is an expectation. PerformCare is also working on a return to office plan which will facilitate more face to face meetings.

- **Claims Processing** – A common theme for concern regarding claims was paper claim submissions for secondary claims. PerformCare has the ability to accept electronic secondary claims and a training on how providers can electronically submit these claims will be scheduled in the near future. Additionally, PerformCare met with claims staff and identified a claims processing error. Staff was retrained and those claims were reprocessed accordingly to correct any errors. Issues were also identified with our vendor, SourceHOV. Meetings with the vendor have occurred, staff has been retrained, and we continue to monitor their performance and discuss any outstanding concerns.

- **Authorization systems** - We understand that the authorization systems can feel cumbersome to some users. We are constantly looking to make improvements to our systems. Navinet and JIVA are well tested systems and overall perform well.

- **Paperwork** - A few comments regarding the needless use of paperwork were noted. We have limited paper requirements and are making strides to go paperless whenever possible. However regulatory requirements, which often have burdensome necessities, are a cost of doing business for all of us.

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

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

Sincerely,

Lisa A. Hanzel
Executive Director, PerformCare