



Provider Satisfaction Survey, 2018

Provider Satisfaction Survey: General Overview

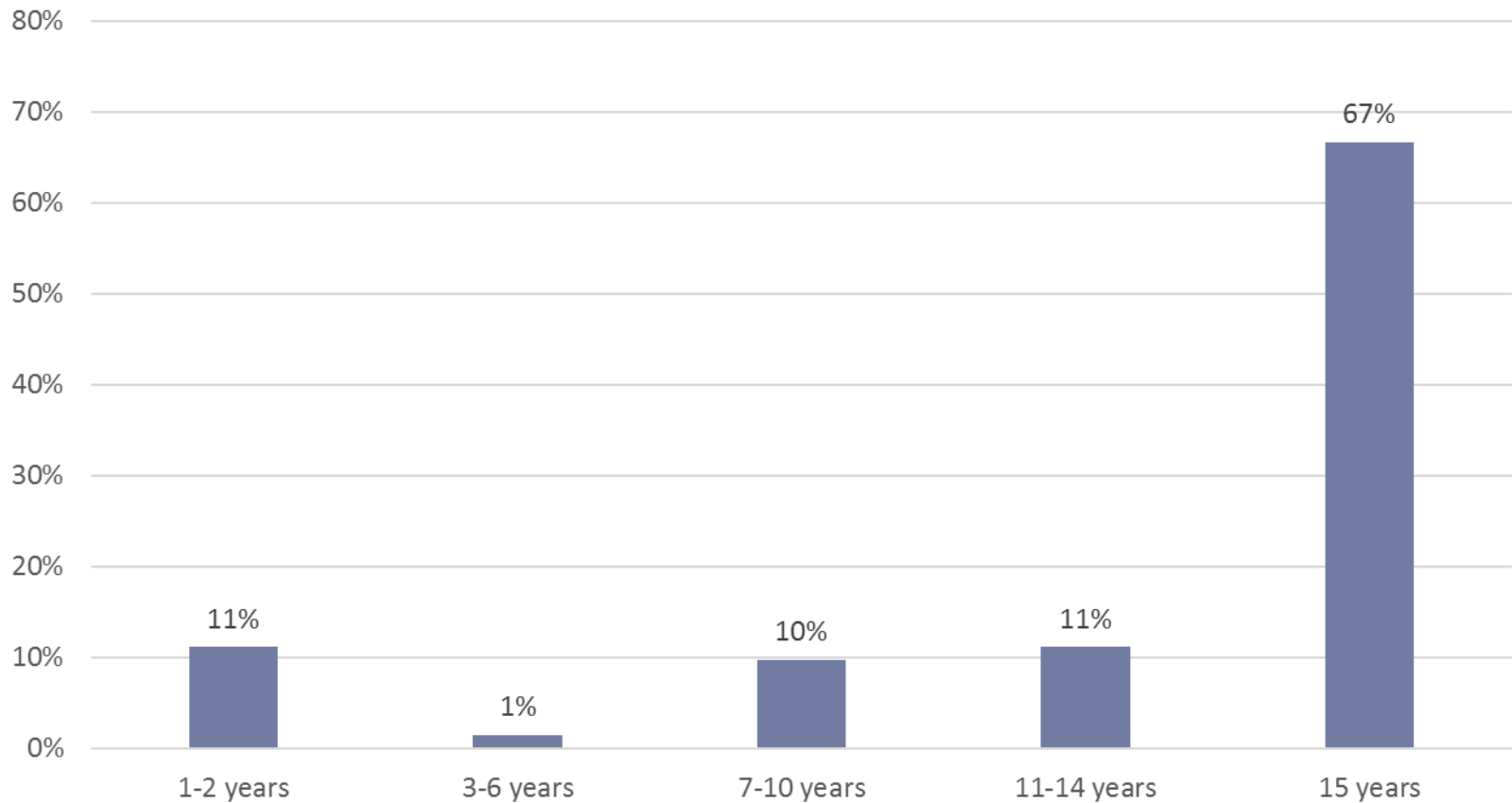
Department-Wide Responses

97 responses

97% provided services to CBH members in 2018

Provider Satisfaction

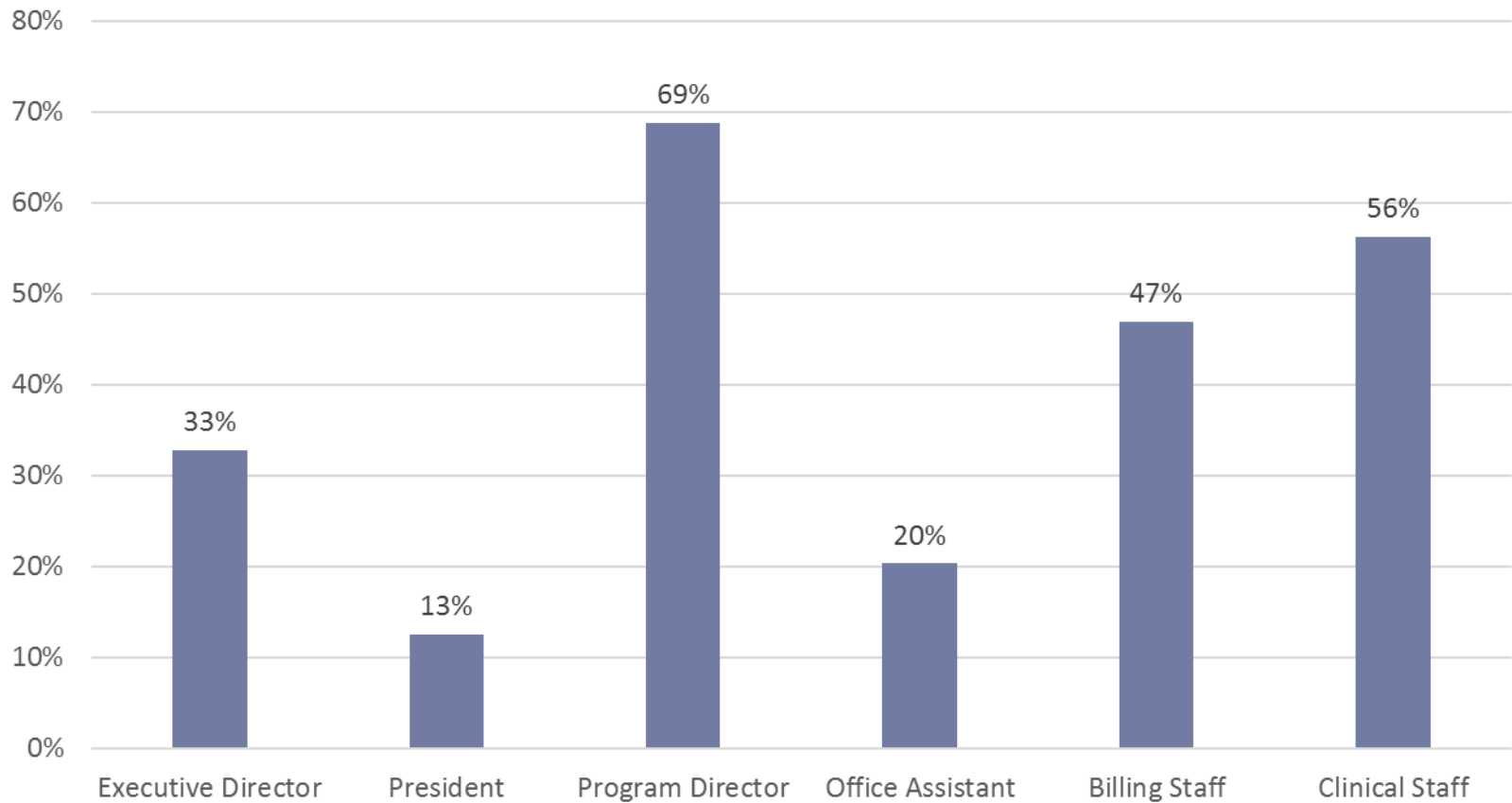
How long has your agency been a provider with CBH?



n=72

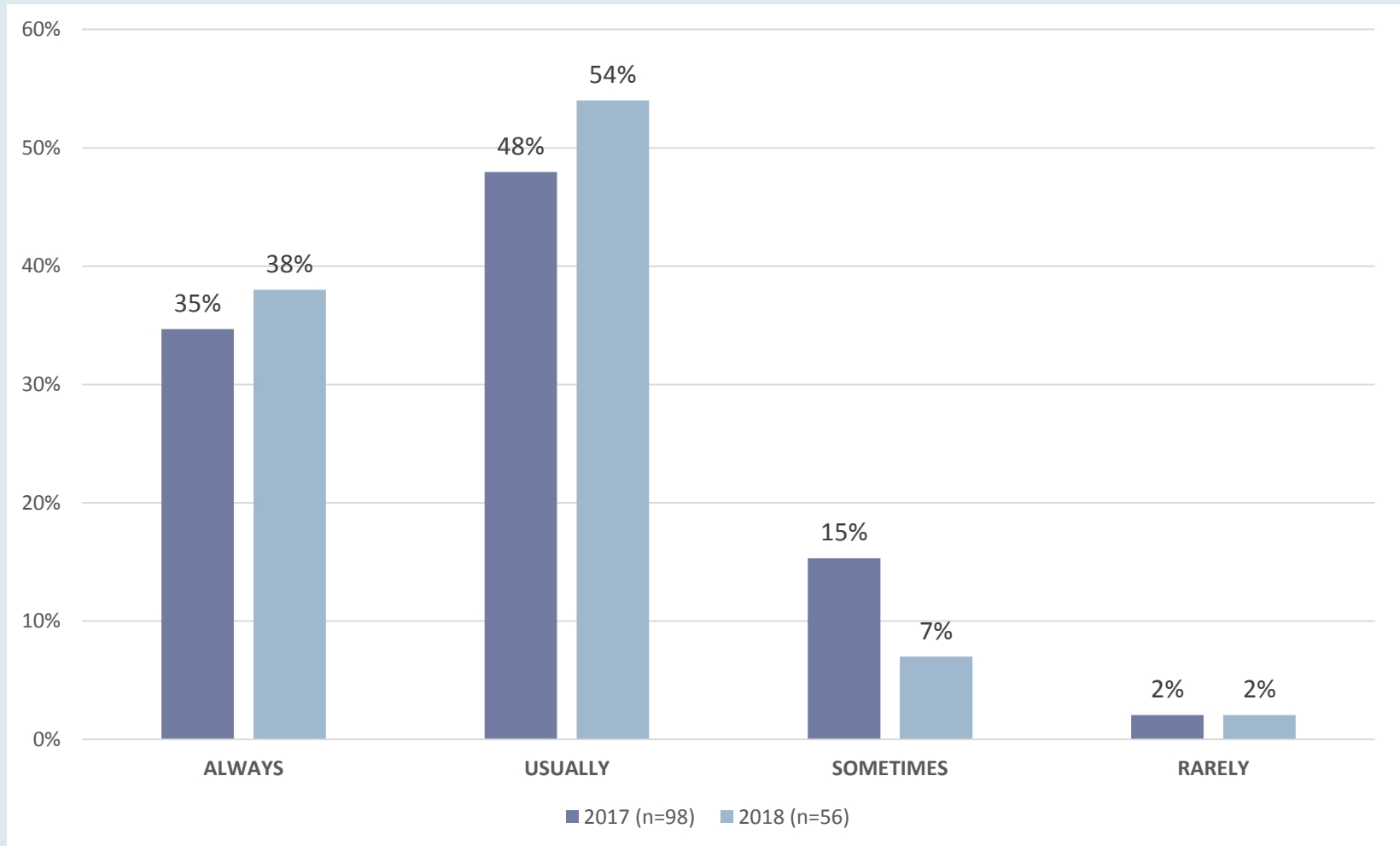
Provider Satisfaction

Please indicate the job titles of ALL the participants in the survey.



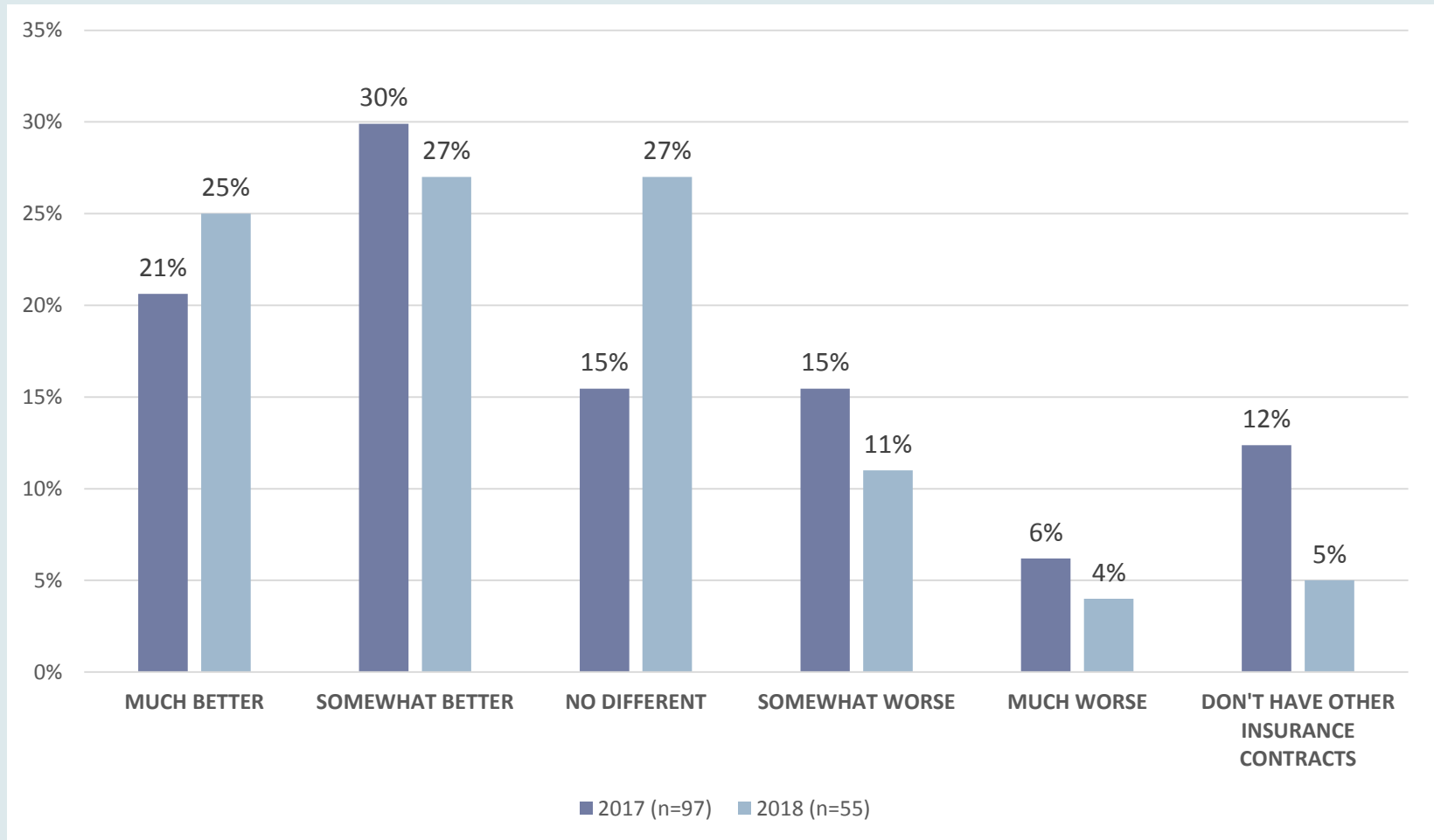
n=166

Comparison 2017-2018:
***OVERALL WE ARE SATISFIED WITH OUR AGENCY
BEING A PROVIDER FOR CBH***

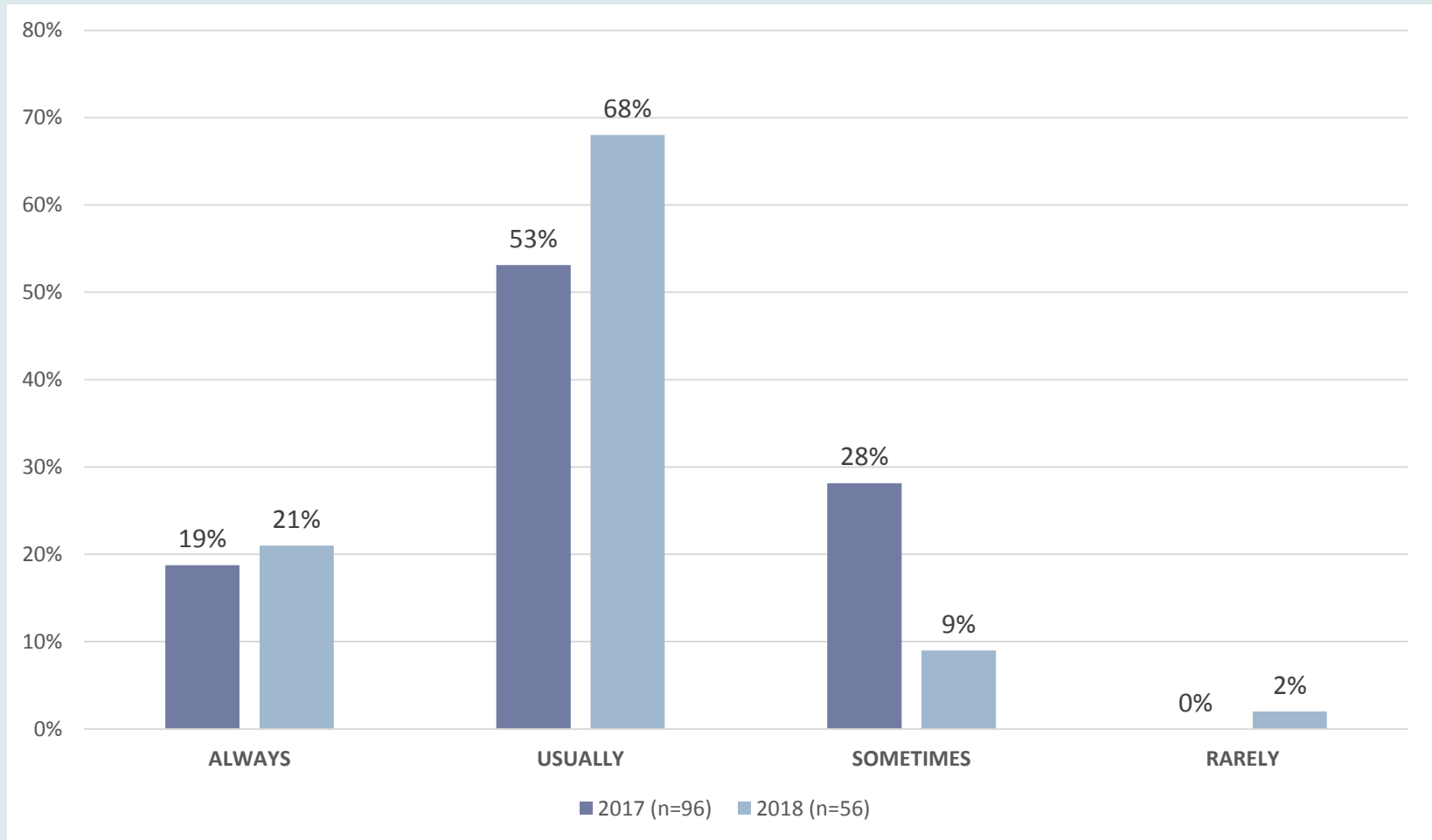


Comparison 2016-2017 :

HOW WOULD YOU RATE CBH IN COMPARISON TO COMMERCIAL INSURERS AND/OR OTHER BEHAVIORAL HEALTH MANAGED CARE ORGANIZATIONS?



Comparison 2016-2017 :
OVERALL, CBH MEETS OUR AGENCY'S NEEDS



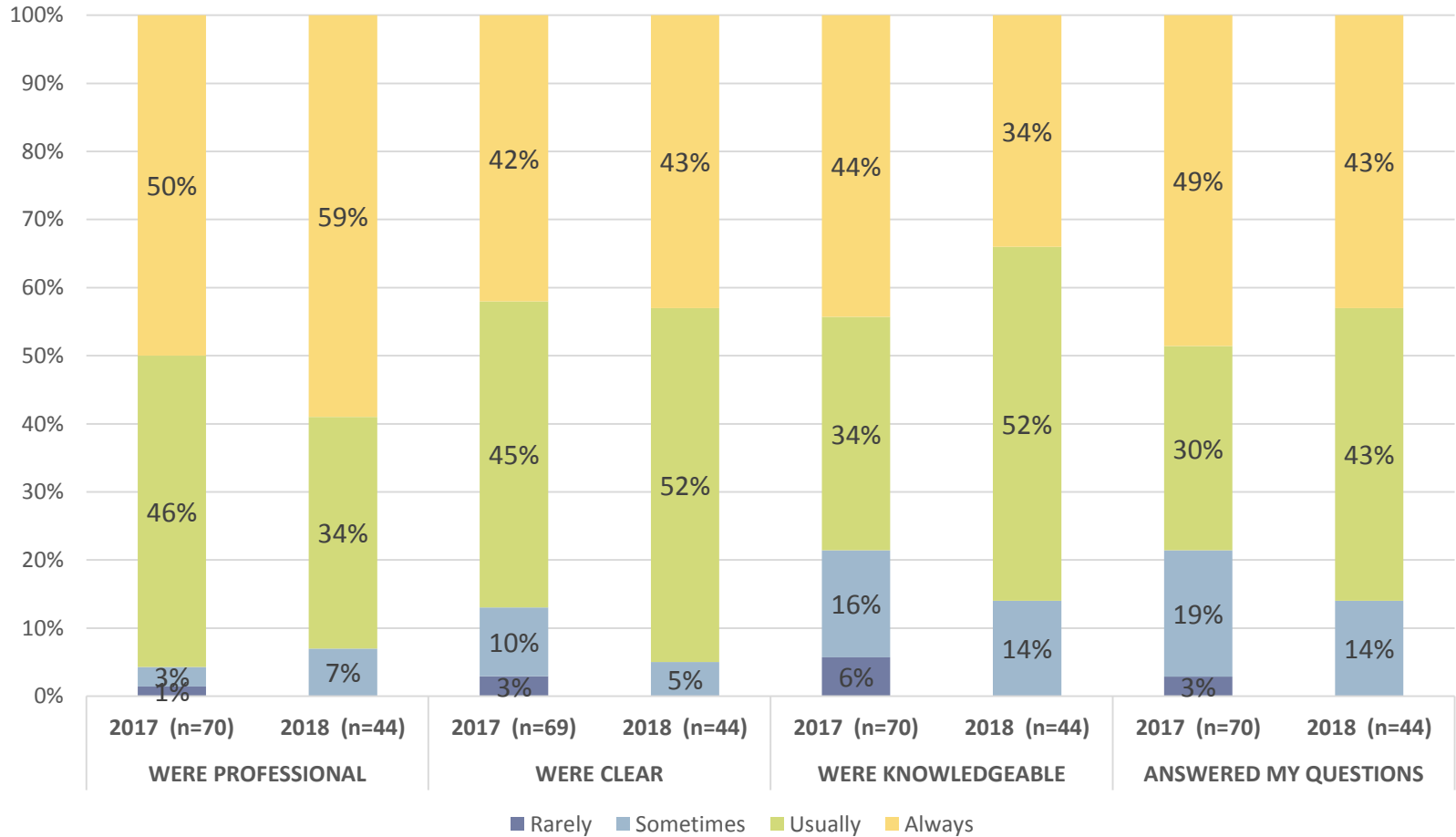
Department-Specific Sections

- Member Services
- Provider Relations
- Clinical Management
- Claims Management
- Quality Management
- Compliance
- NIAC
- P4P
- Note: All “did not contact” responses are removed from respondent n*

Member Services

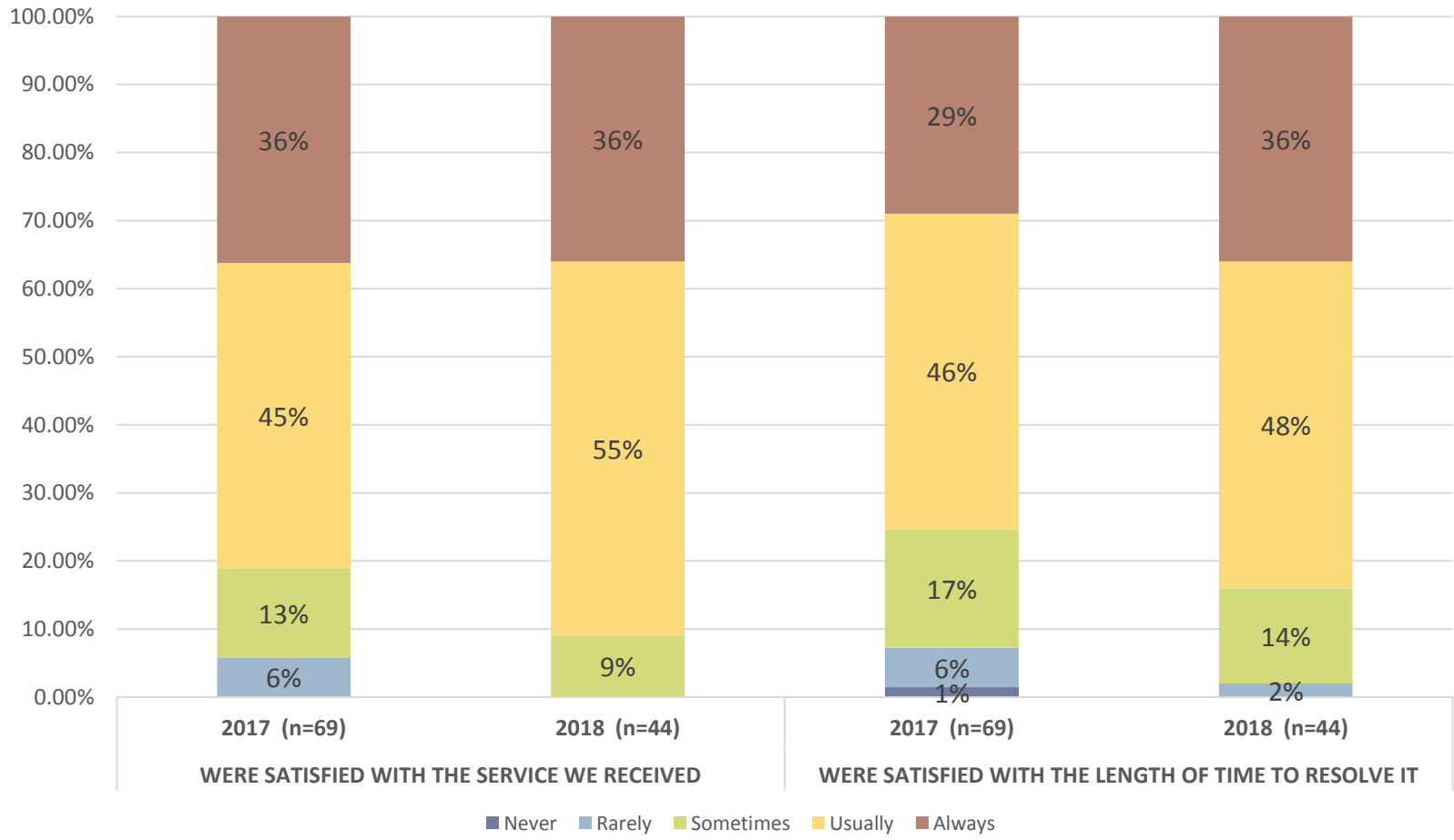
Member Services

When contacting the Member Services Department, the Member Services Representatives:



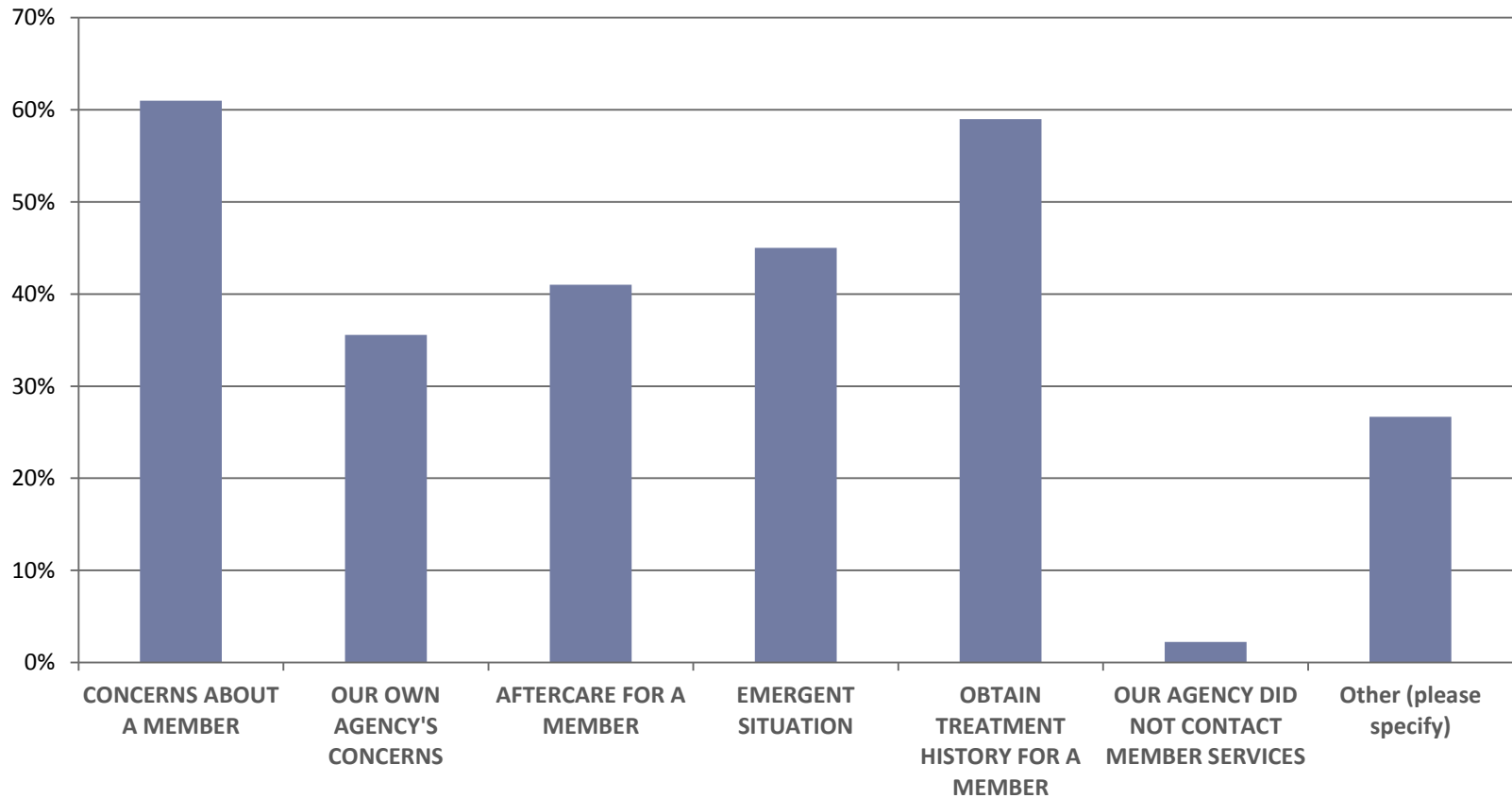
Member Services

When contacting the Member Services Department with an issue, we...



Member Services

What are your primary reasons for contacting Member Services?
Check all that apply.

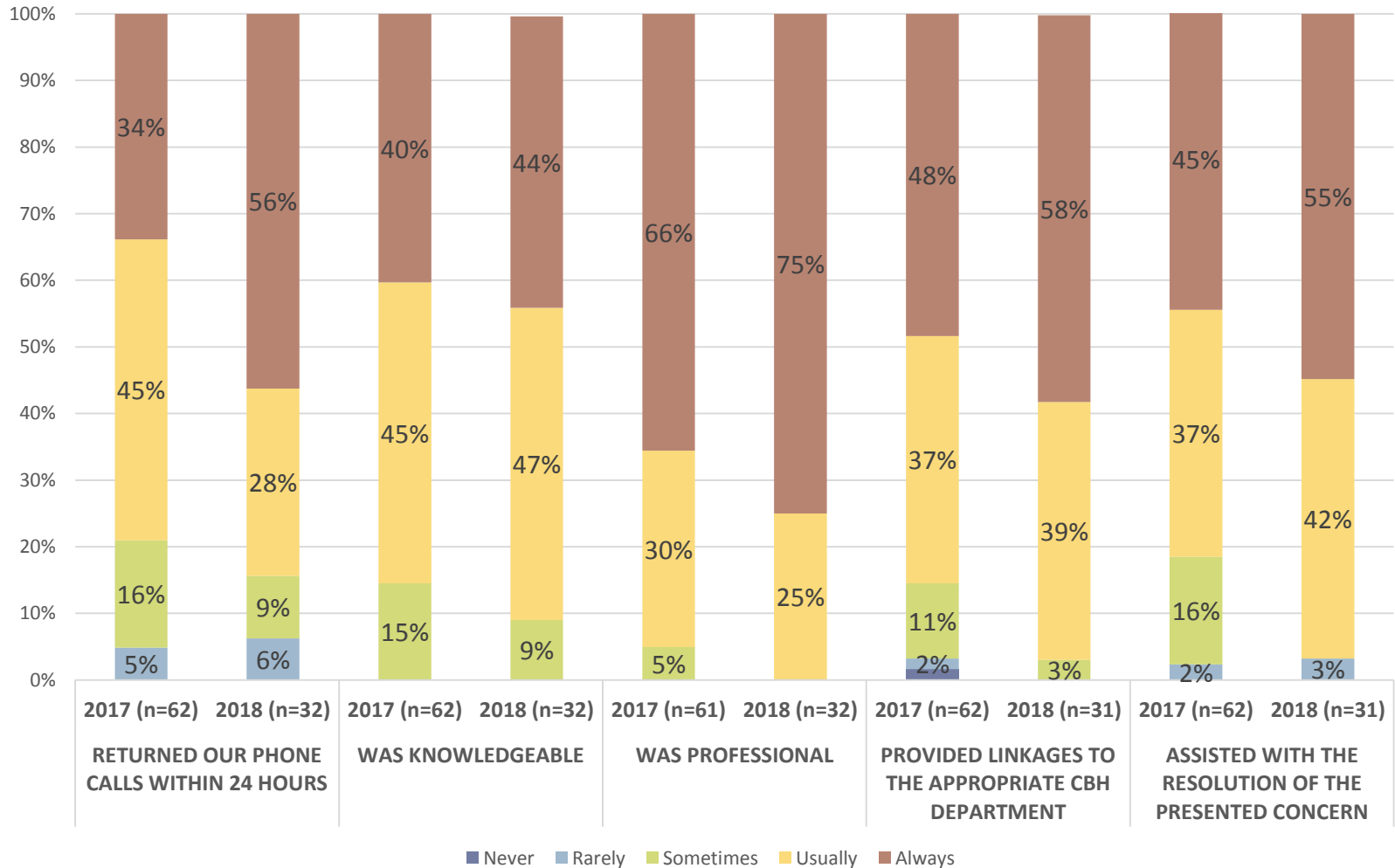


n=44

Provider Relations

Provider Relations

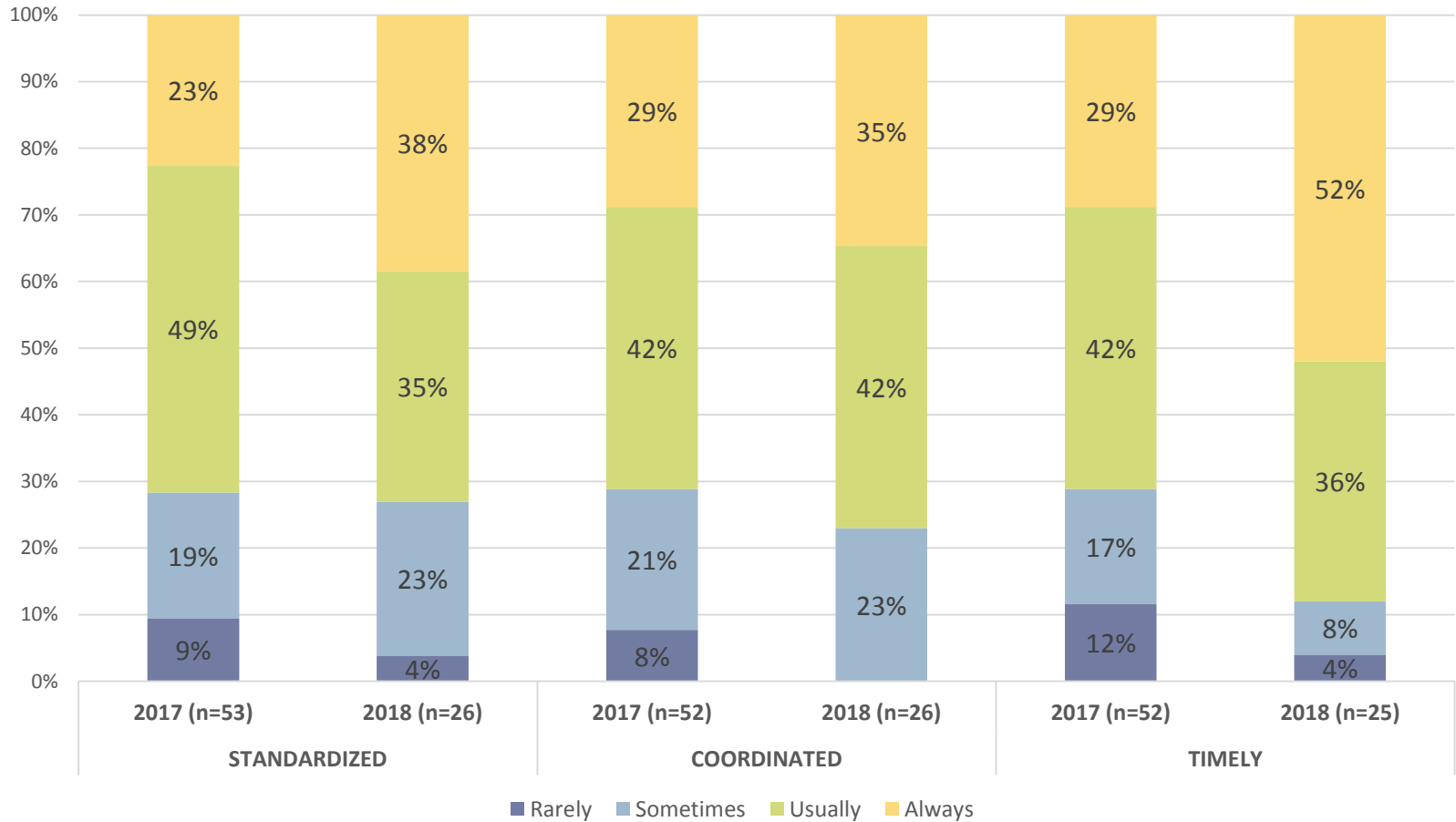
When contacting Provider Relations, our Provider Representative:



Clinical Management

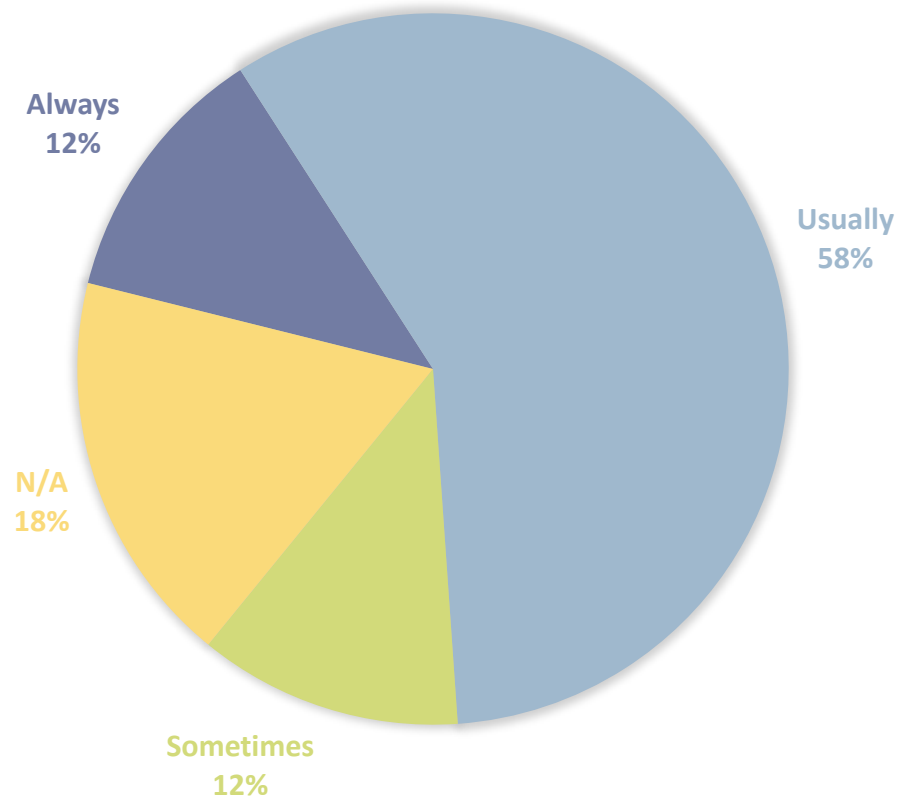
Clinical Management

The CBH Clinical Management Process to approve/deny a request to authorize services is:



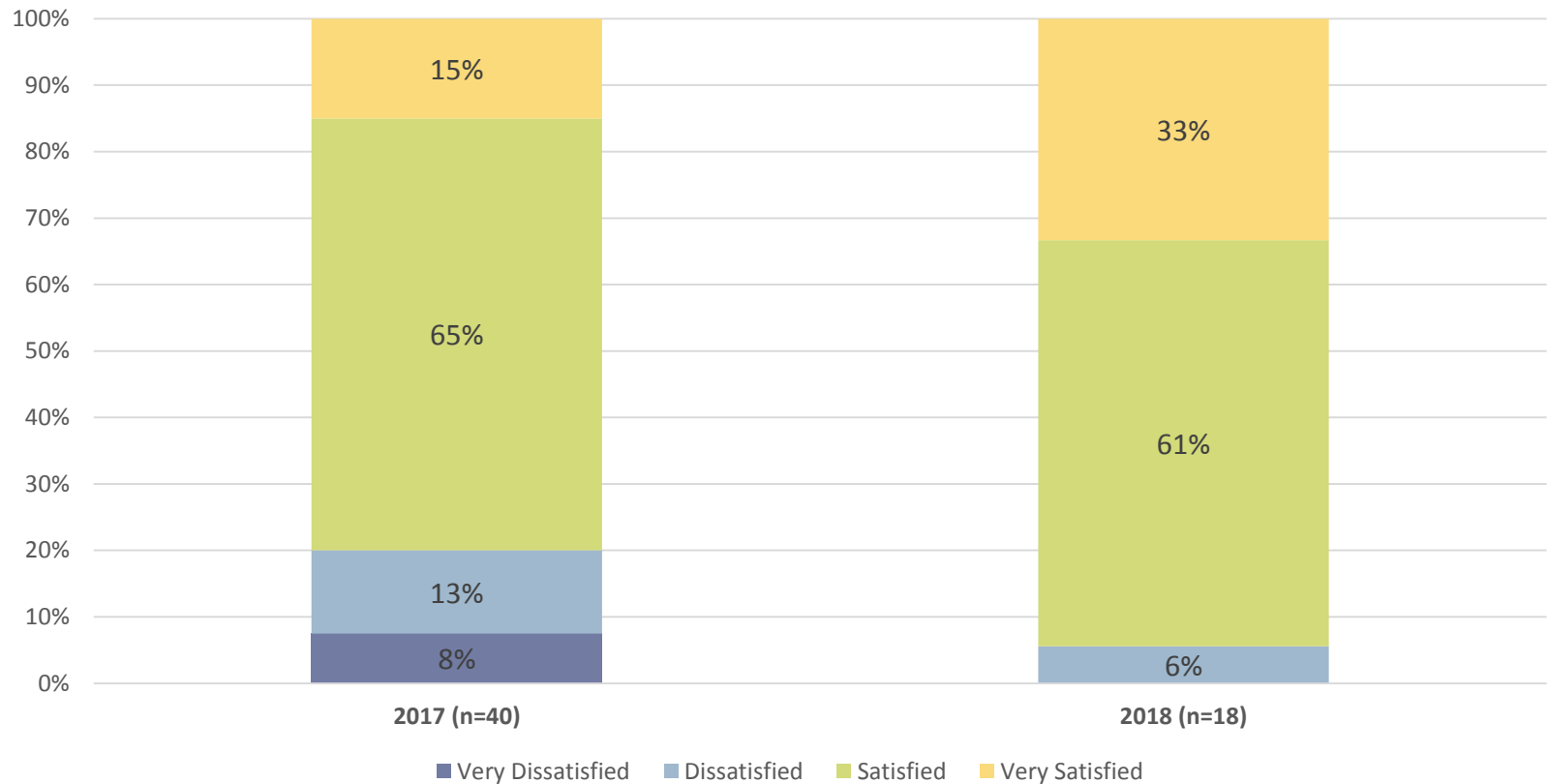
Clinical Management (New Question)

ON AVERAGE, HOW FREQUENTLY DO YOU AGREE WITH CLINICAL MANAGEMENT'S AUTHORIZATION DECISIONS?



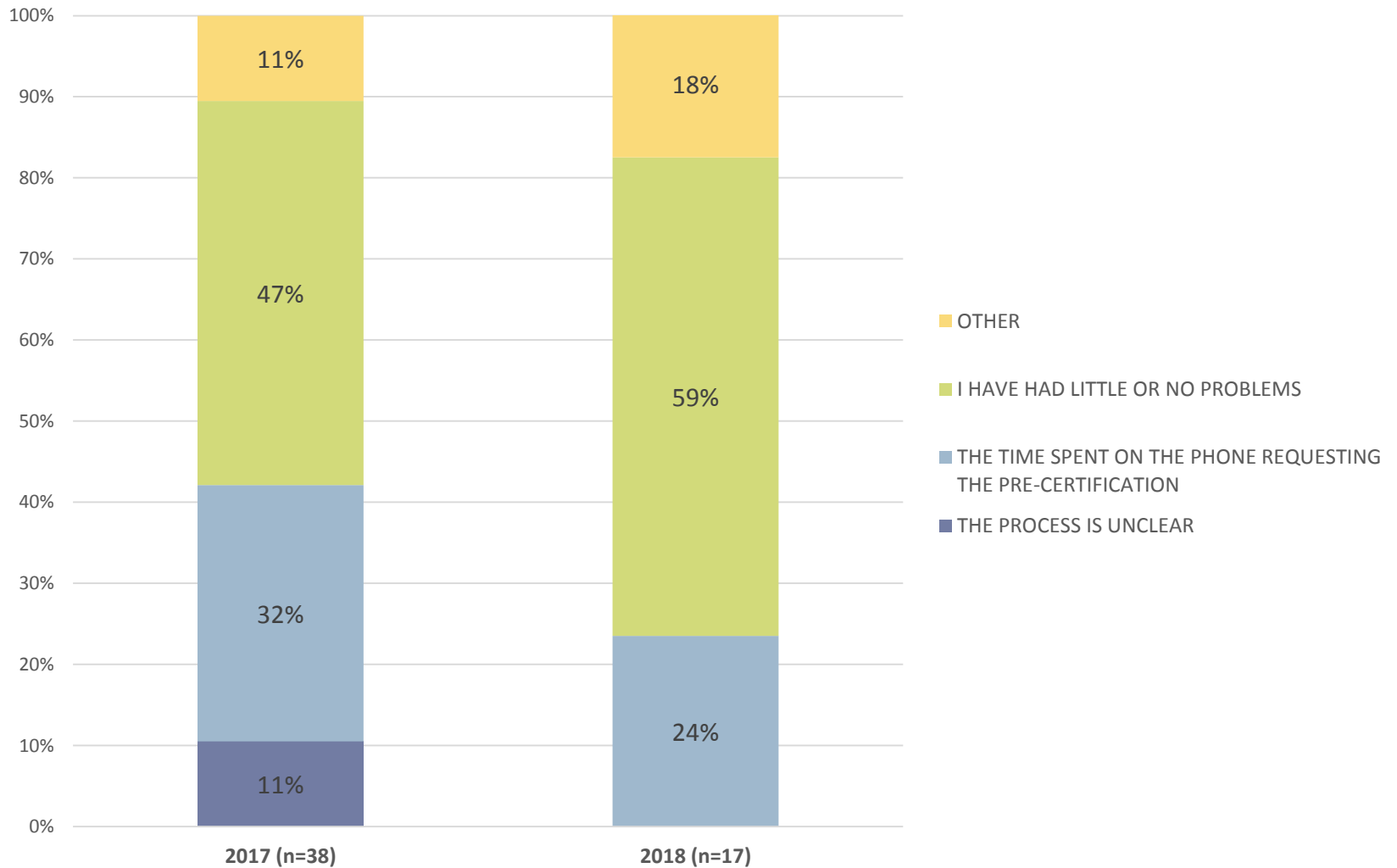
Clinical Management

How satisfied is your agency with the current pre-certification process (calling for verbal approval into the program) as it relates to all inpatient levels of care, detox, and acute partial hospitalization?



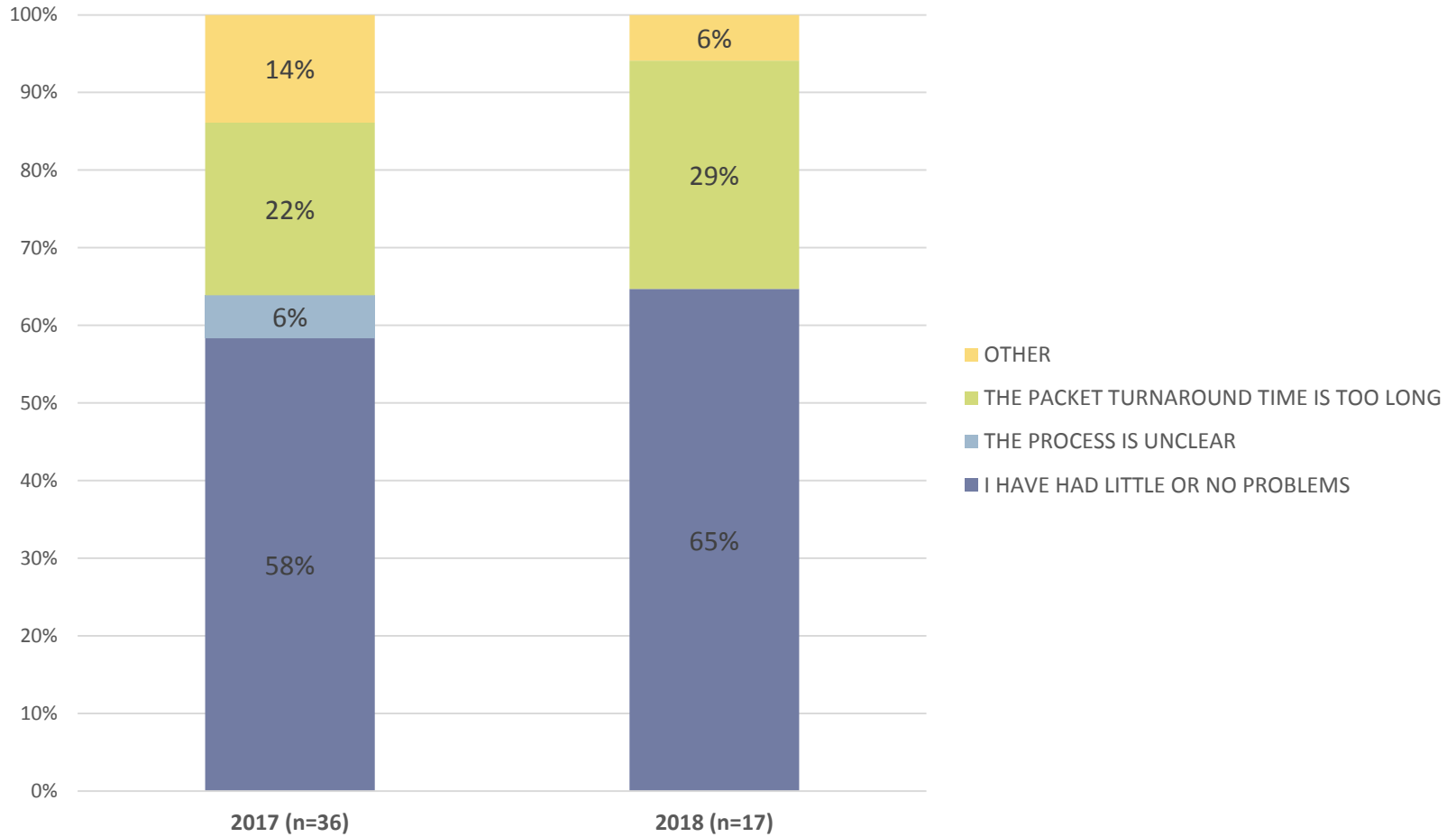
Clinical Management

In the past 12 months, we have had problems with the pre-certification process due to:(Mark all that apply)



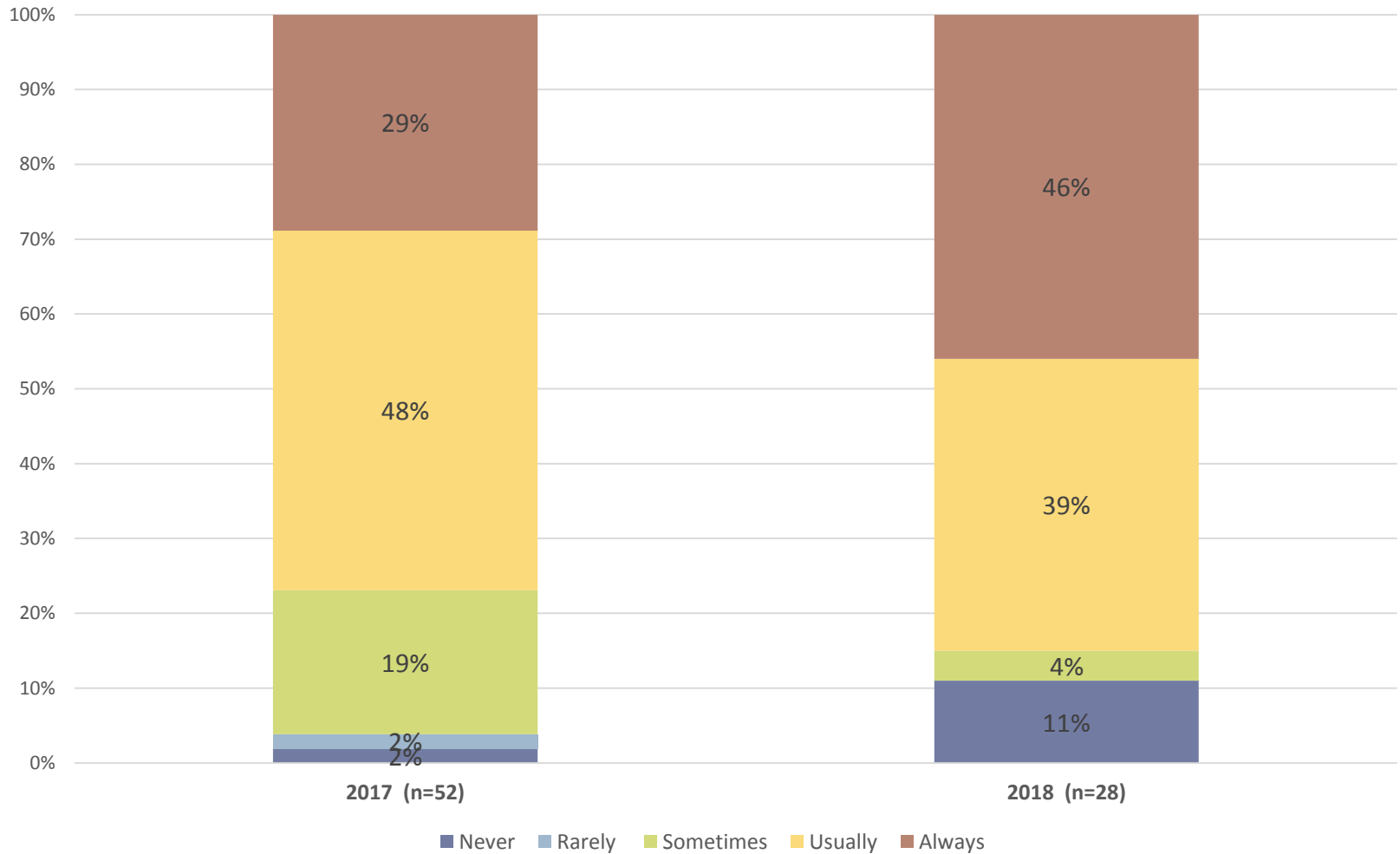
Clinical Management

In the past 12 months, we have had problems with the packet process due to:(Mark all that apply)



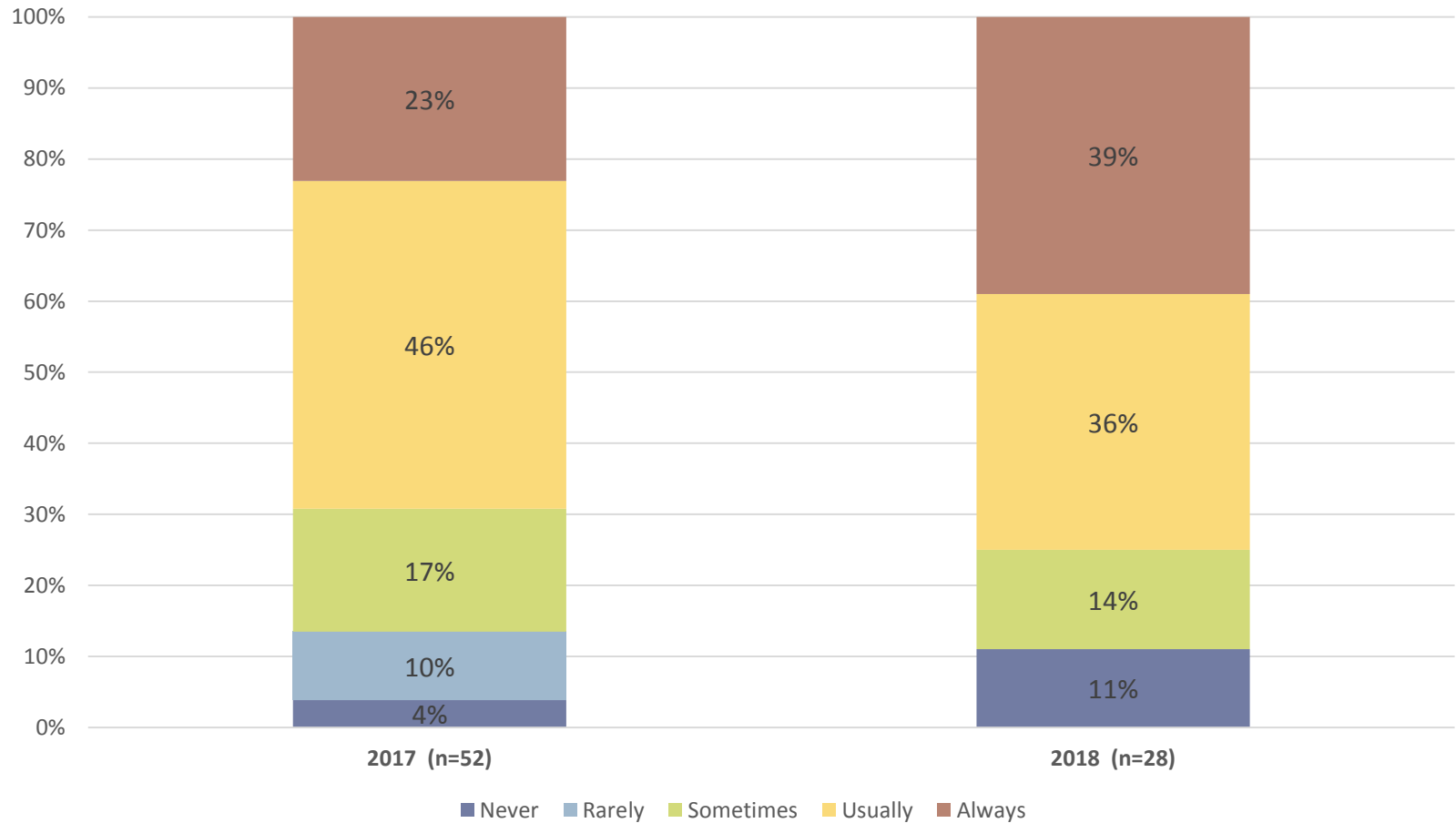
Clinical Management

Clinical Care Managers respond to concerns related to authorizations and utilization management in a manner that is consistent with CBH Utilization and Provider Manuals



Clinical Management

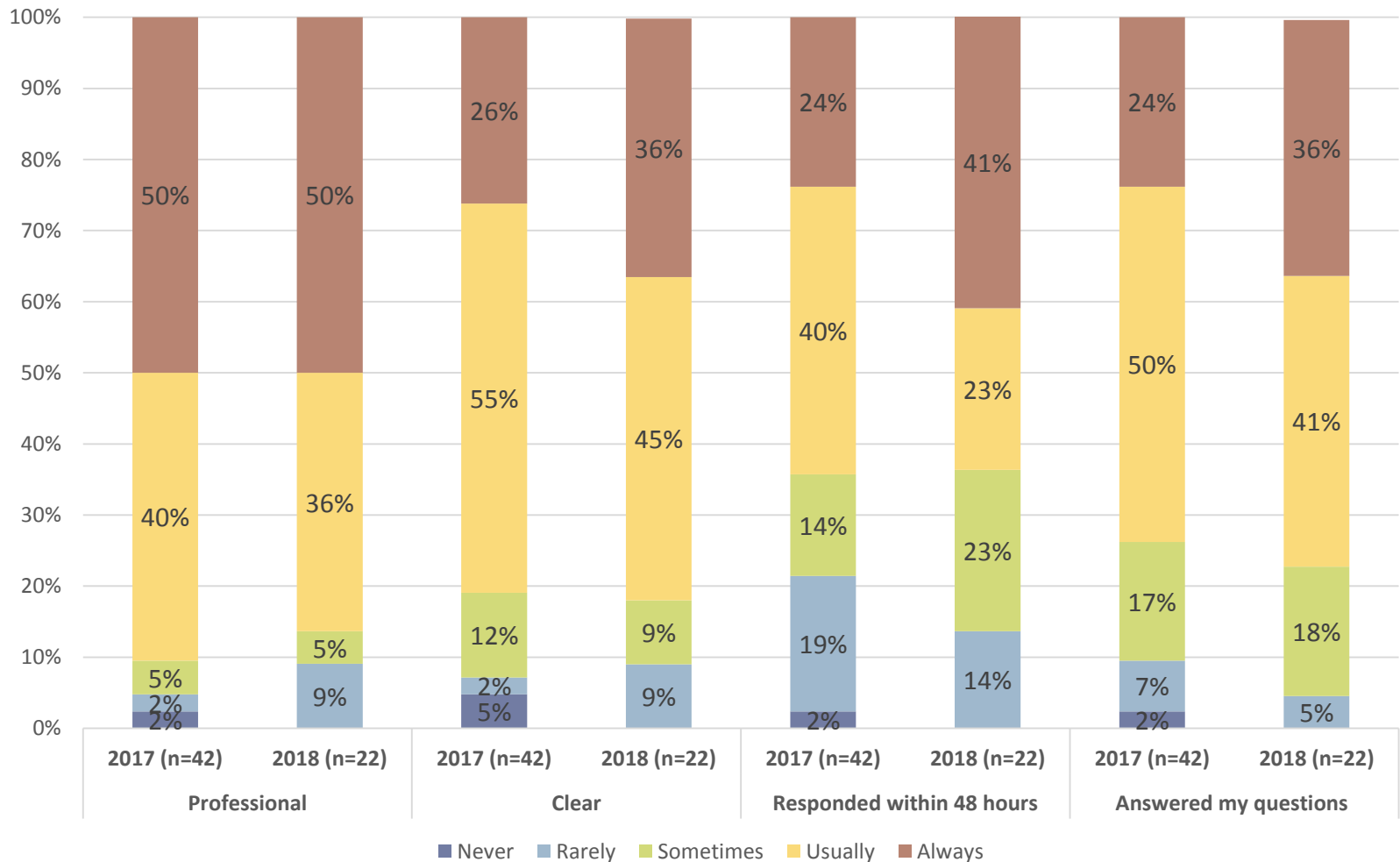
Clinical Management provides support and assistance with resource coordination, discharge planning and placement options.



Claims

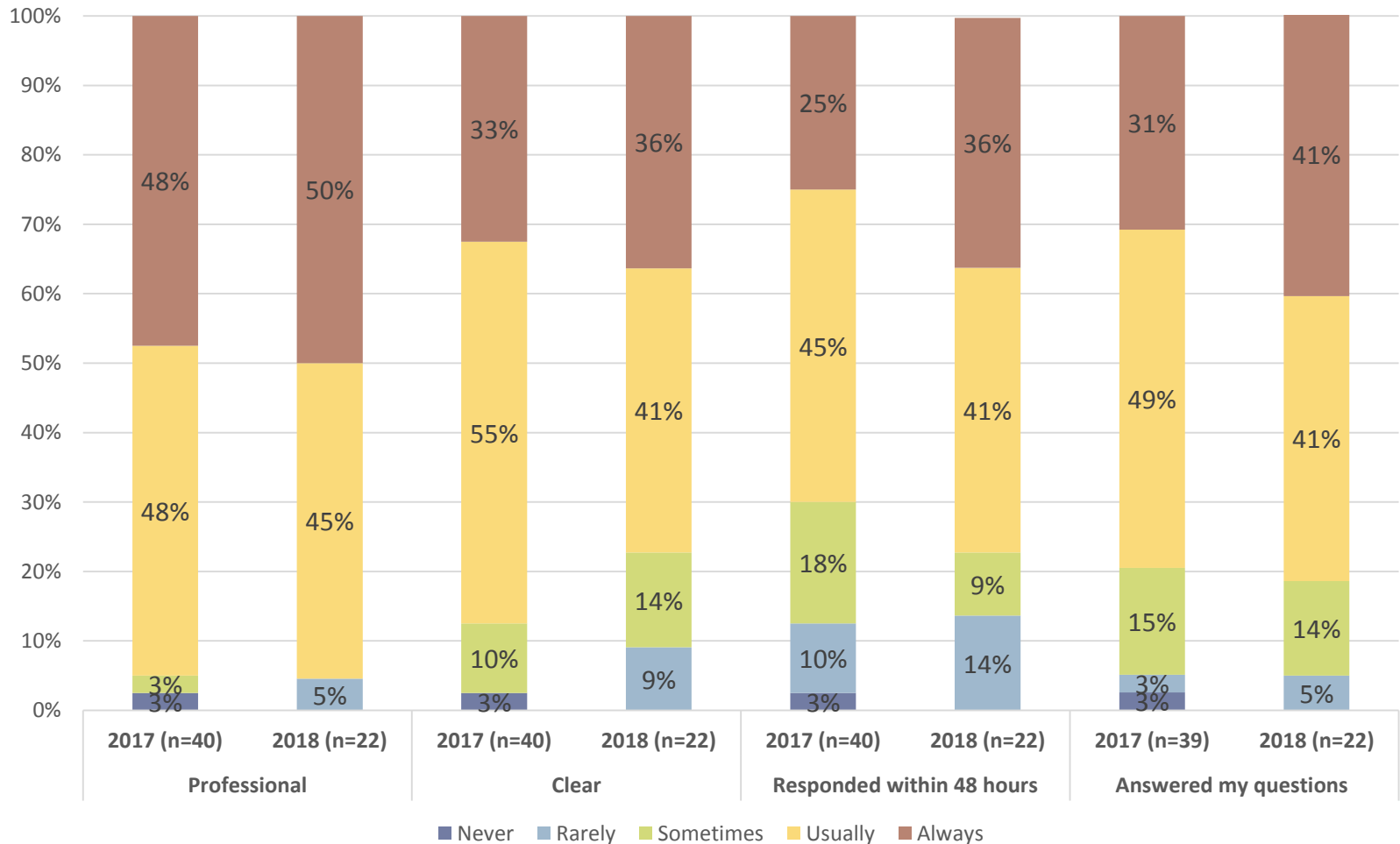
Claims Management

When our agency had questions regarding paper or electronic claims, the CBH Claims Analysts...



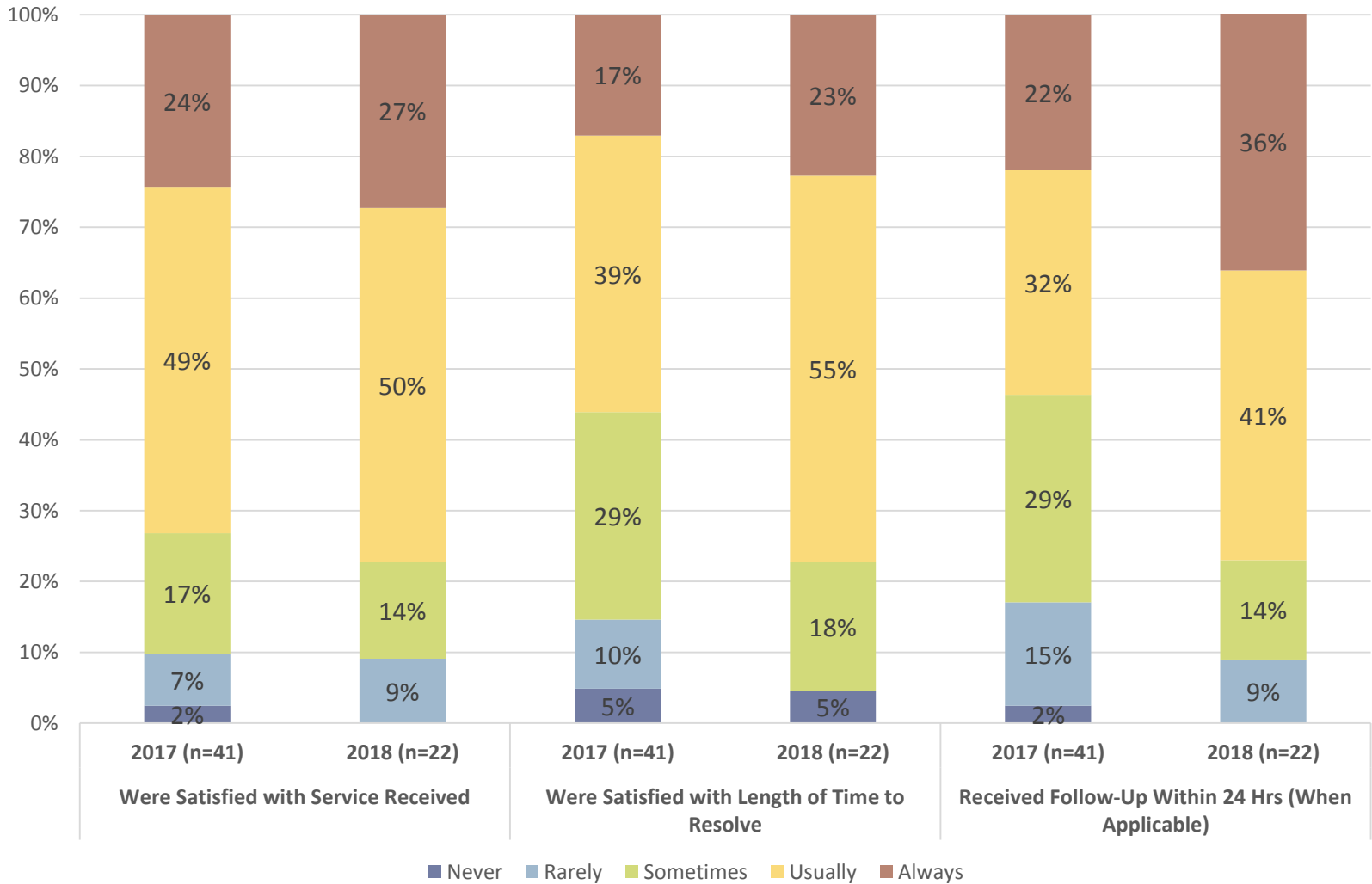
Claims Management

When our agency had questions regarding adjustments, the CBH Claims Analysts...



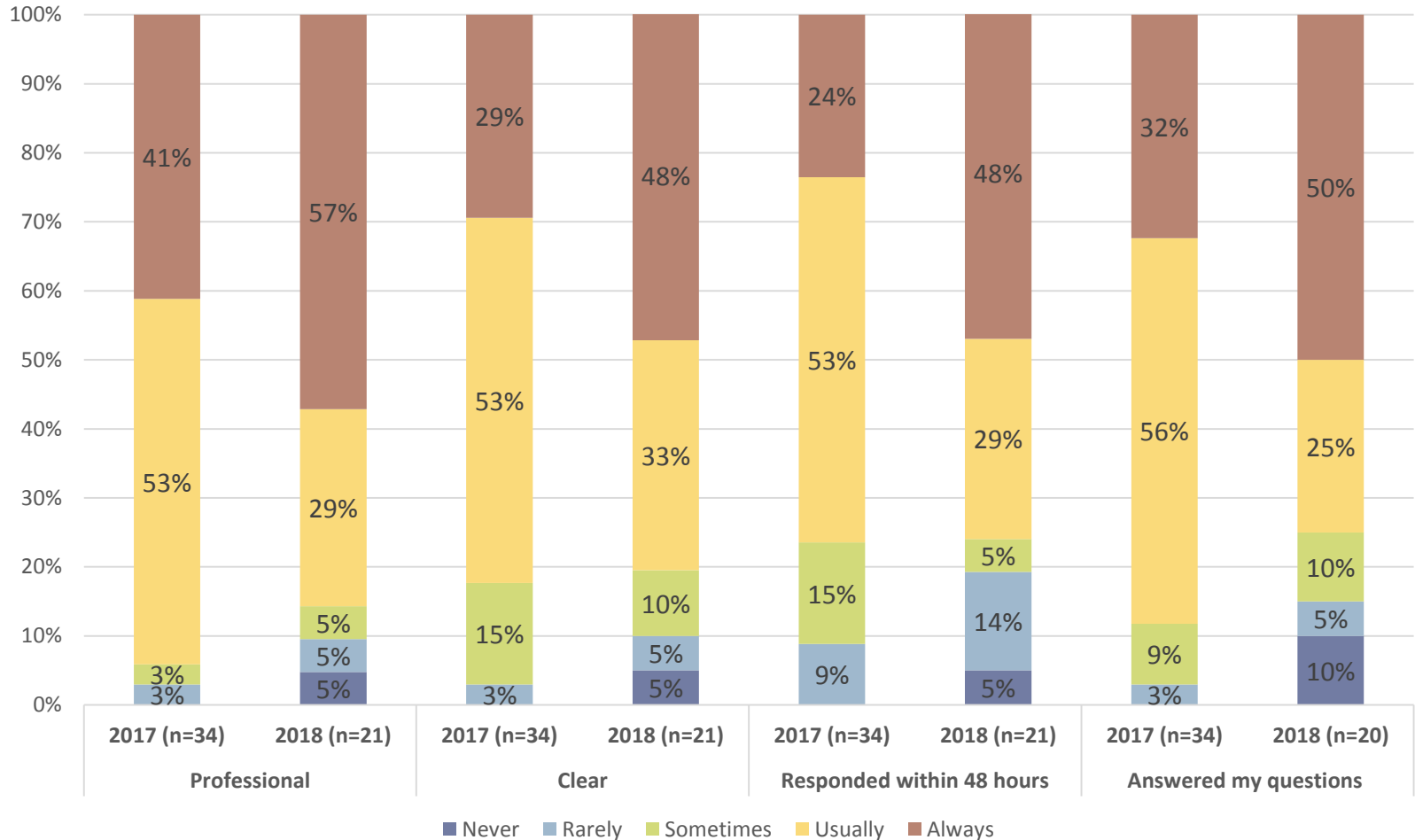
Claims Management

When our agency contacted CBH Claims department with an issue we...



Claims Management

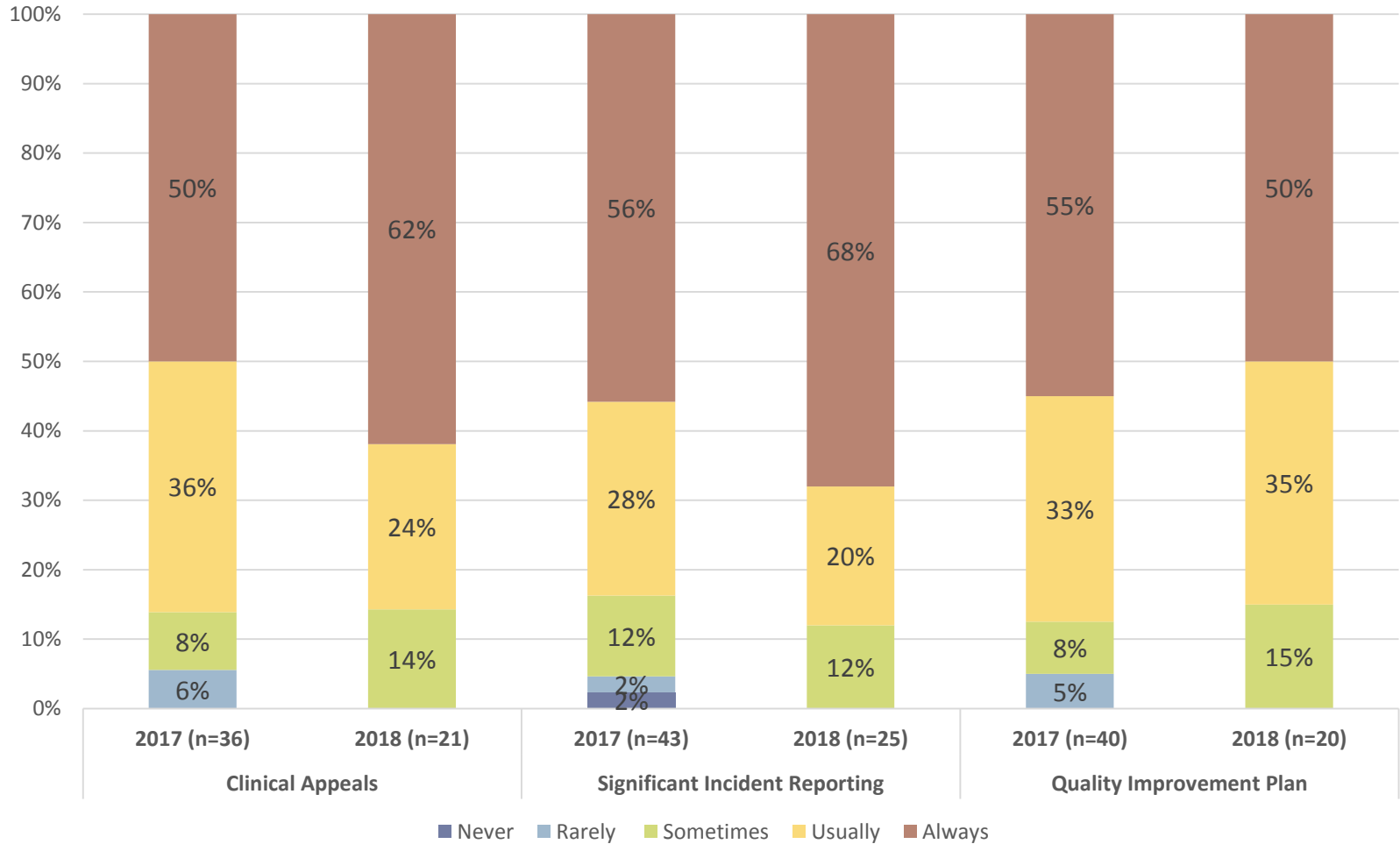
When our agency called with questions regarding third party liability, the Third Party Liability Staff Members in the Claims Department...



Quality Management

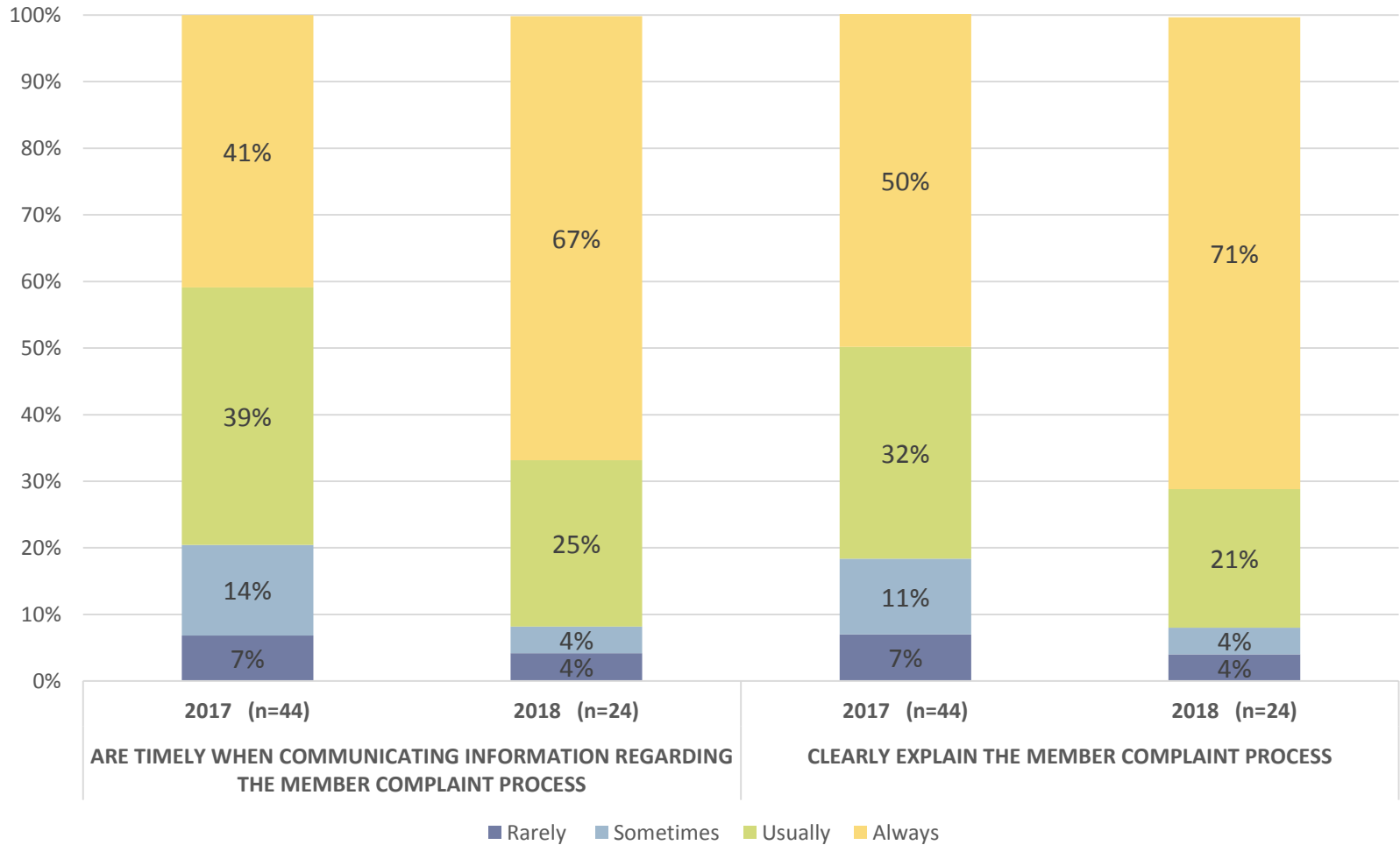
Quality Management

CBH Quality Management staff clearly explain the following processes:



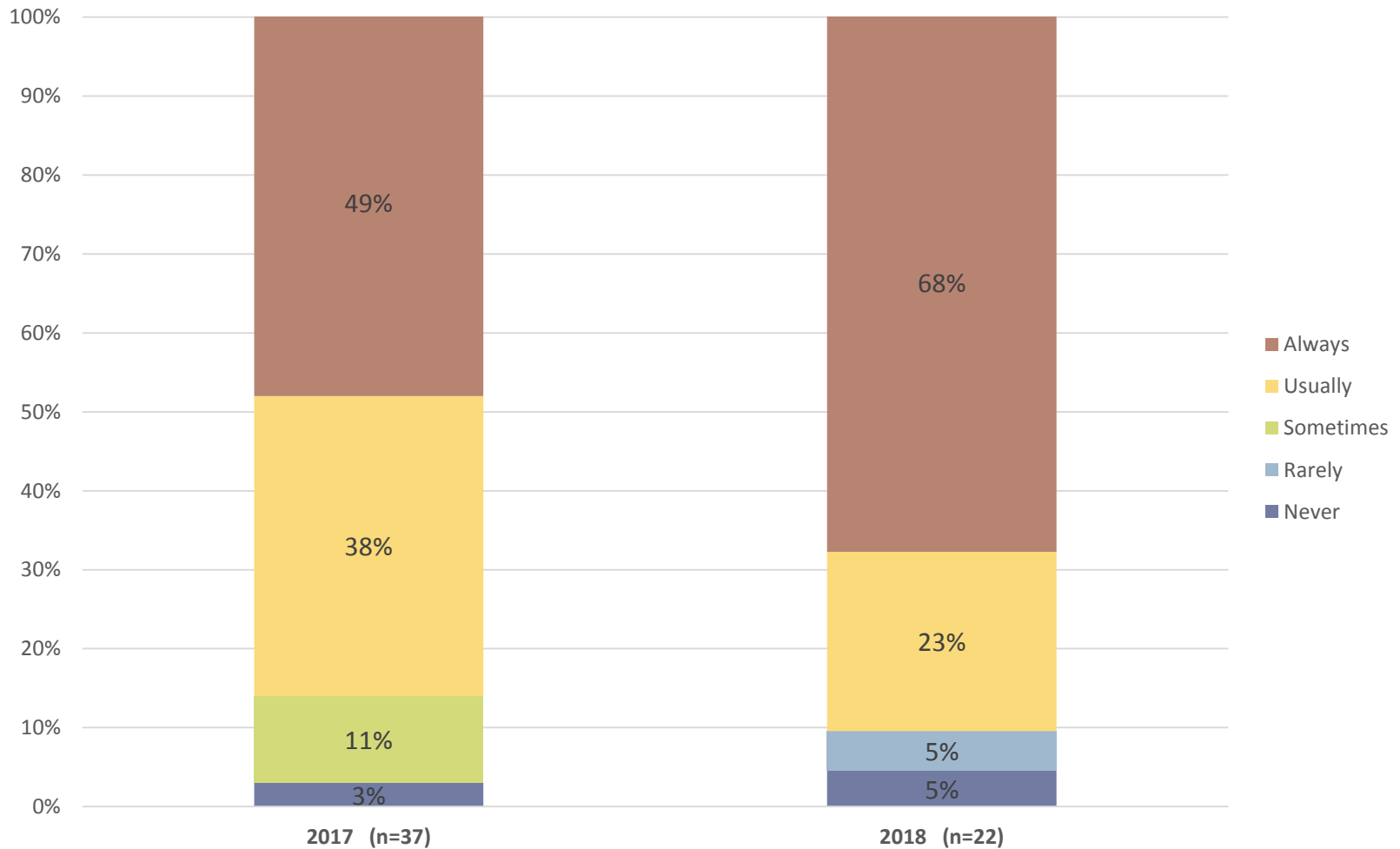
Quality Management

CBH QUALITY MANAGEMENT STAFF:



Quality Management

WHEN INDICATED, CBH QUALITY MANAGEMENT STAFF NOTIFIED PROVIDERS OF CONTINUATION RIGHTS FOR THE GRIEVANCE PROCESS

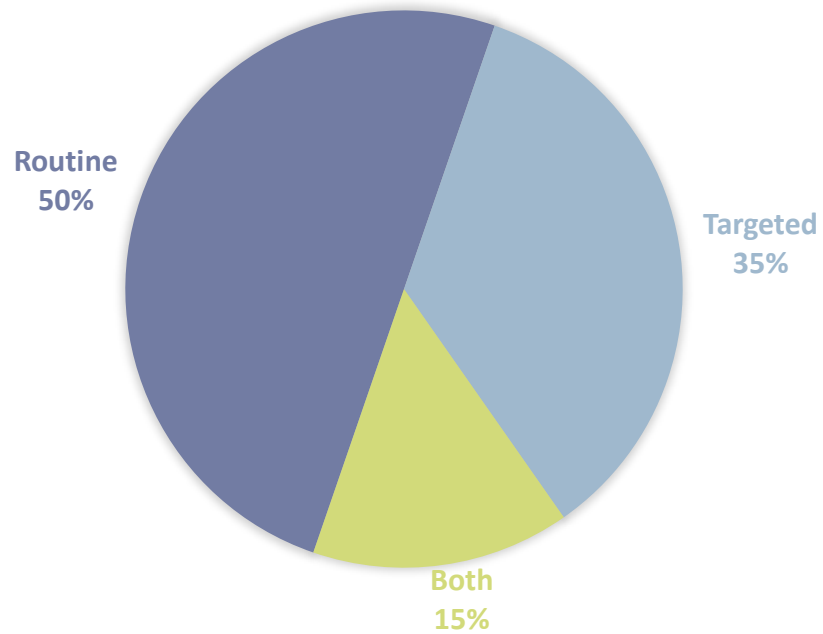


Compliance

Compliance

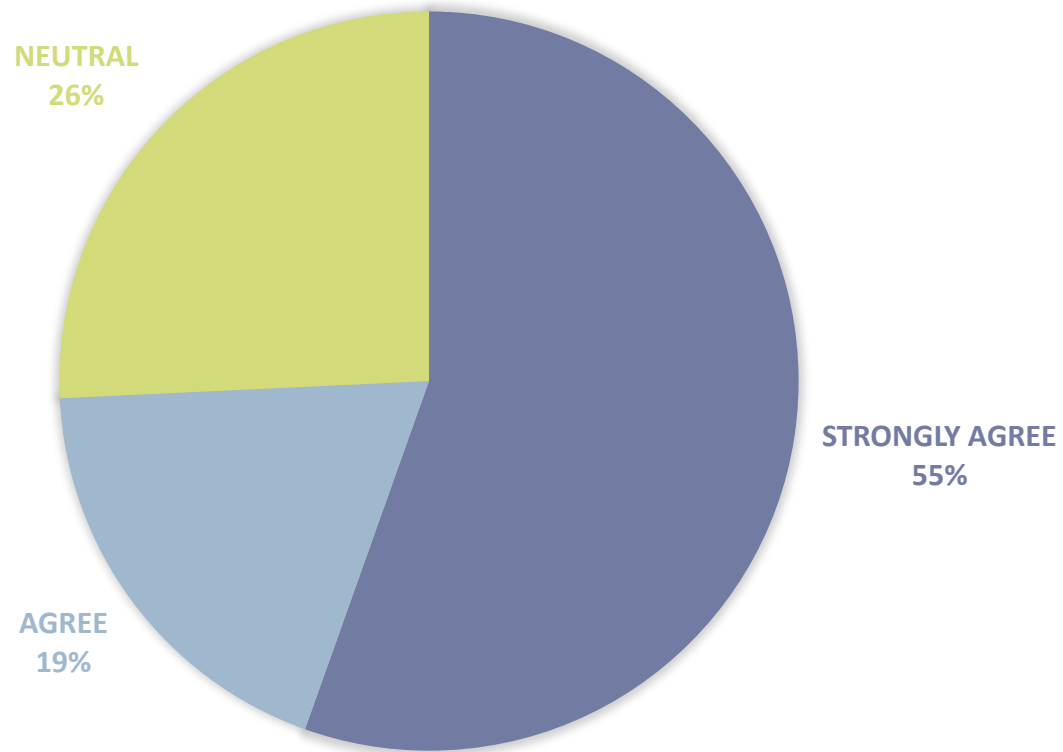
- 66% of respondents (19/29) had a compliance audit in 2018.

**IF YOU ANSWERED YES, WHAT TYPE OF AUDIT
DID YOU HAVE IN 2018?**



Compliance

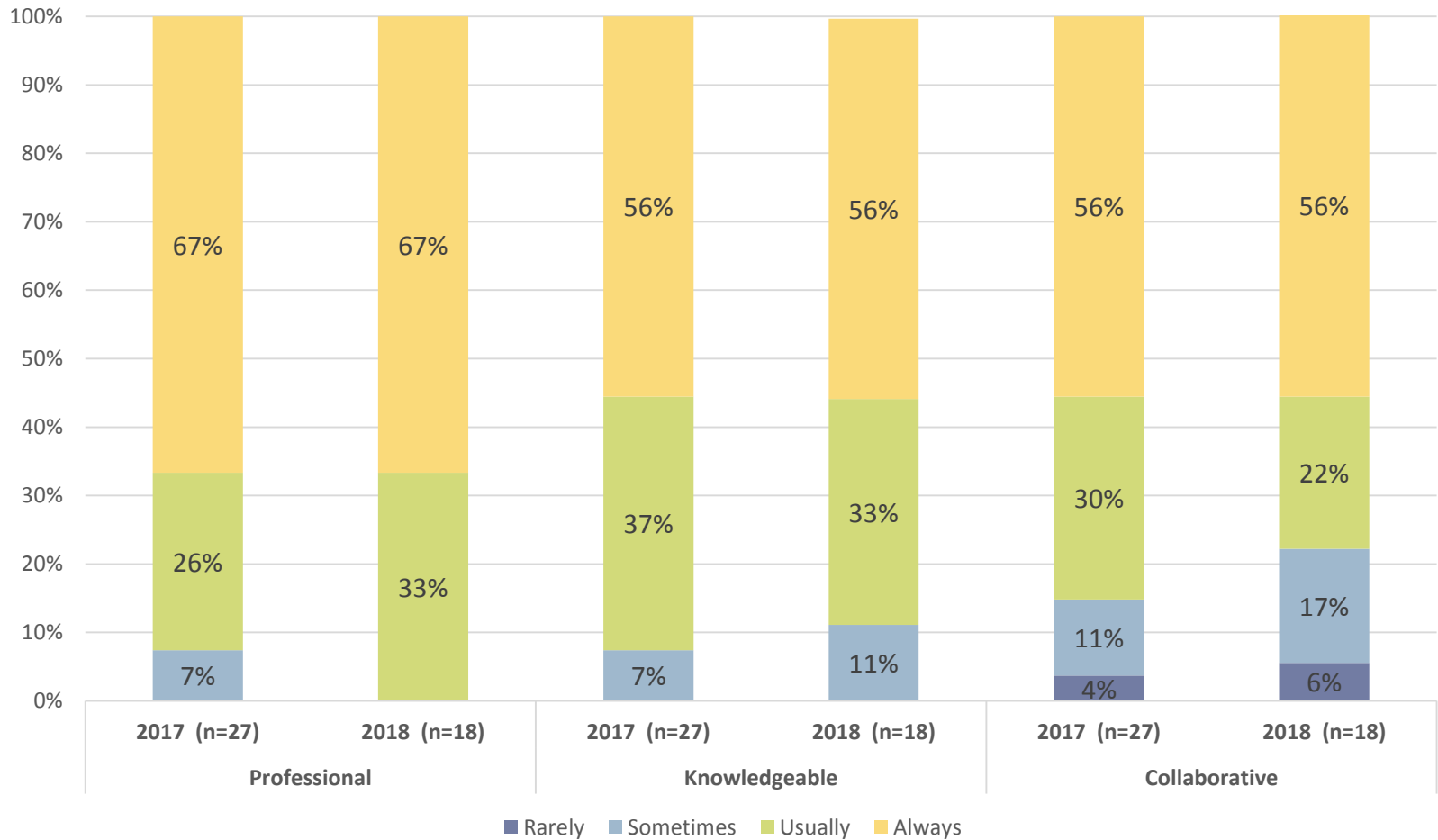
**OUR AGENCY WOULD PREFER THAT STAFF FILE AND CLINICAL CHART
REVIEWS HAPPEN SIMULTANEOUSLY**



n=27

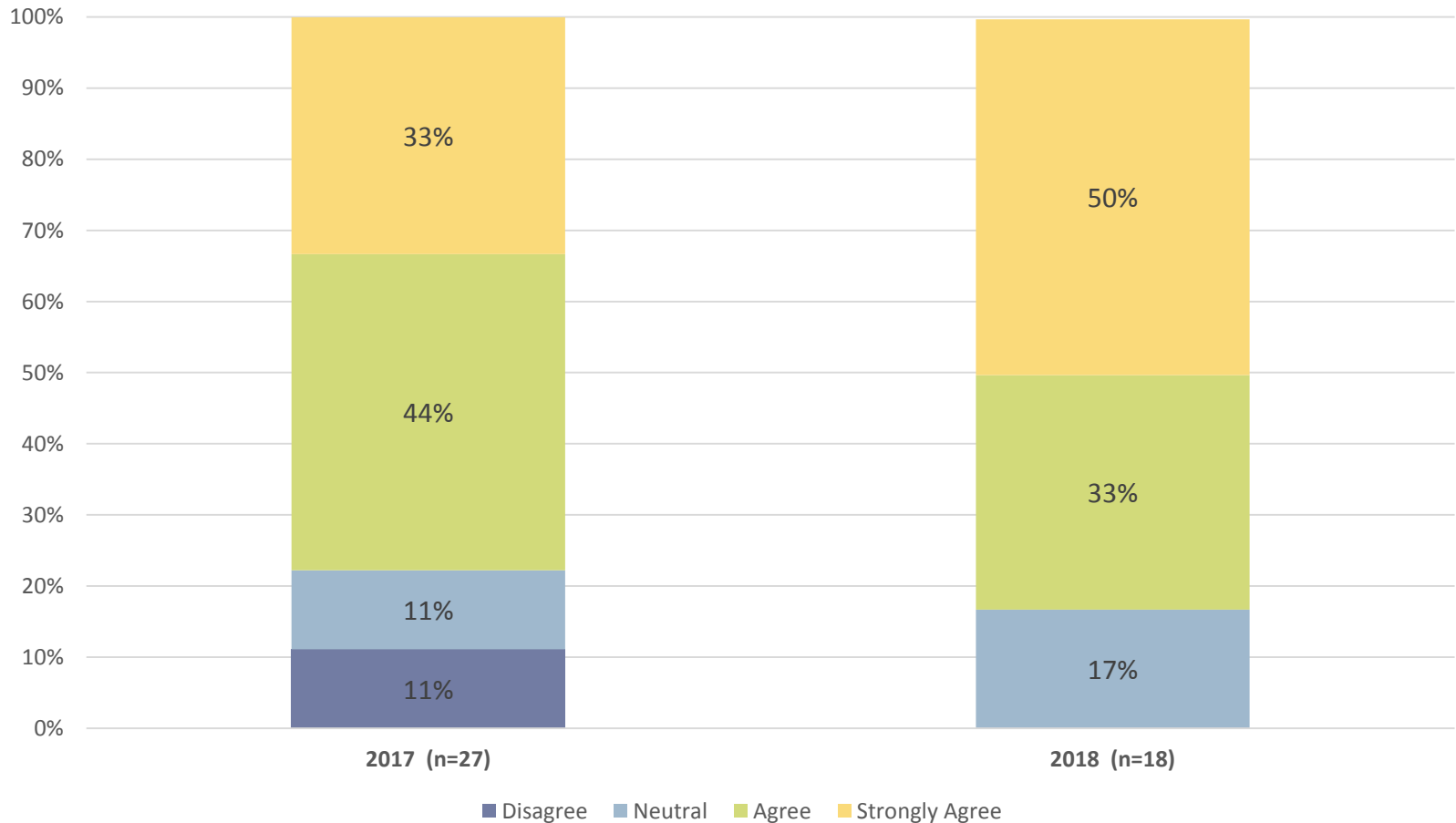
Compliance

When our agency had our last Compliance Audit we found the team to be:



Compliance

The information conveyed in the compliance report and letter was consistent with the discussion at the verbal exit interview.



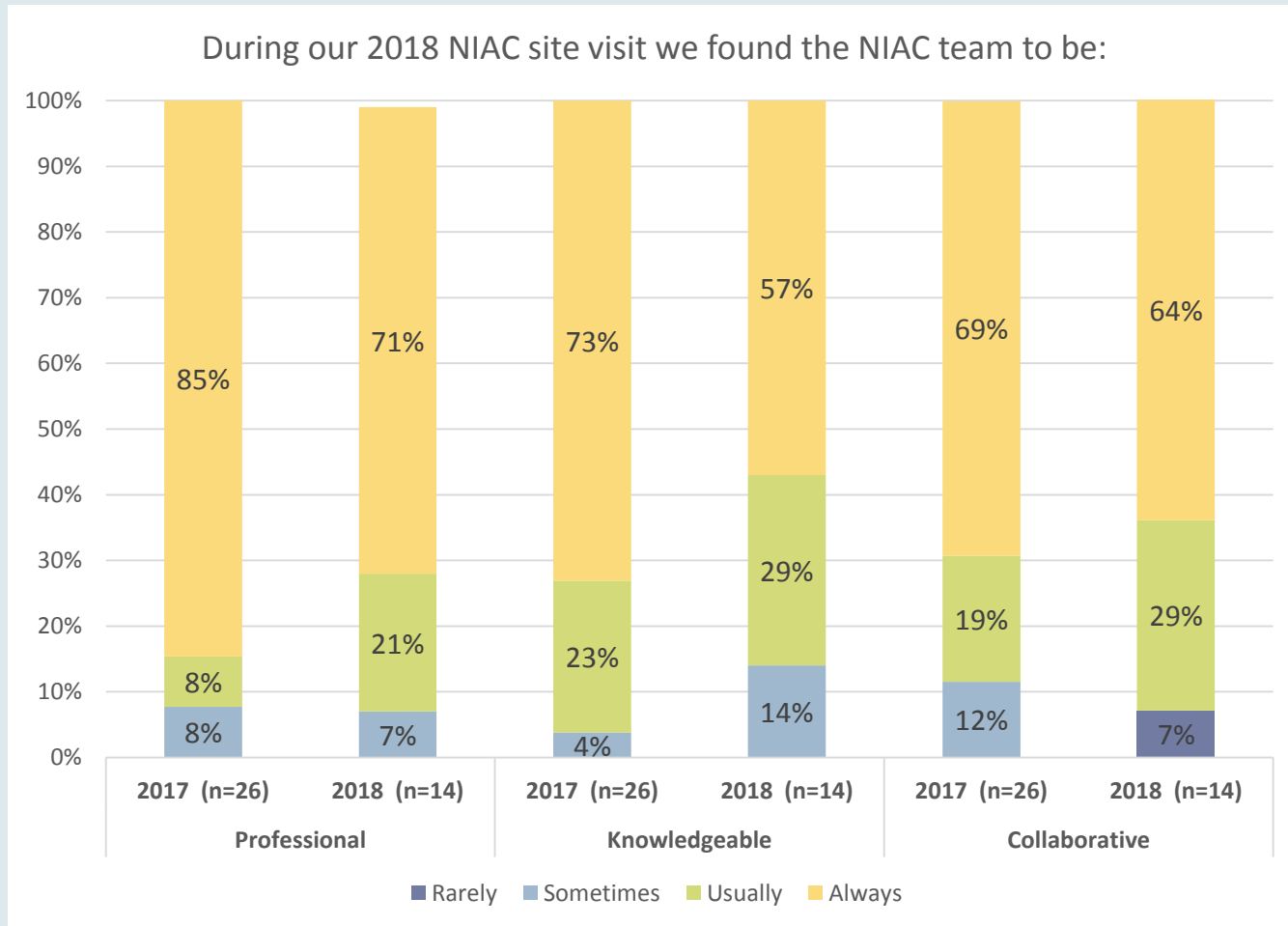
Compliance

- 40% of respondents (8/20) had compliance training in 2018.
 - 100% of respondents stated the training was helpful.
- 75% of respondents (15/20) stated they review Compliance Matters, 10% (2/20) stated they sometimes do.
 - 63% find it useful, 31% find it useful sometimes.

NIAC

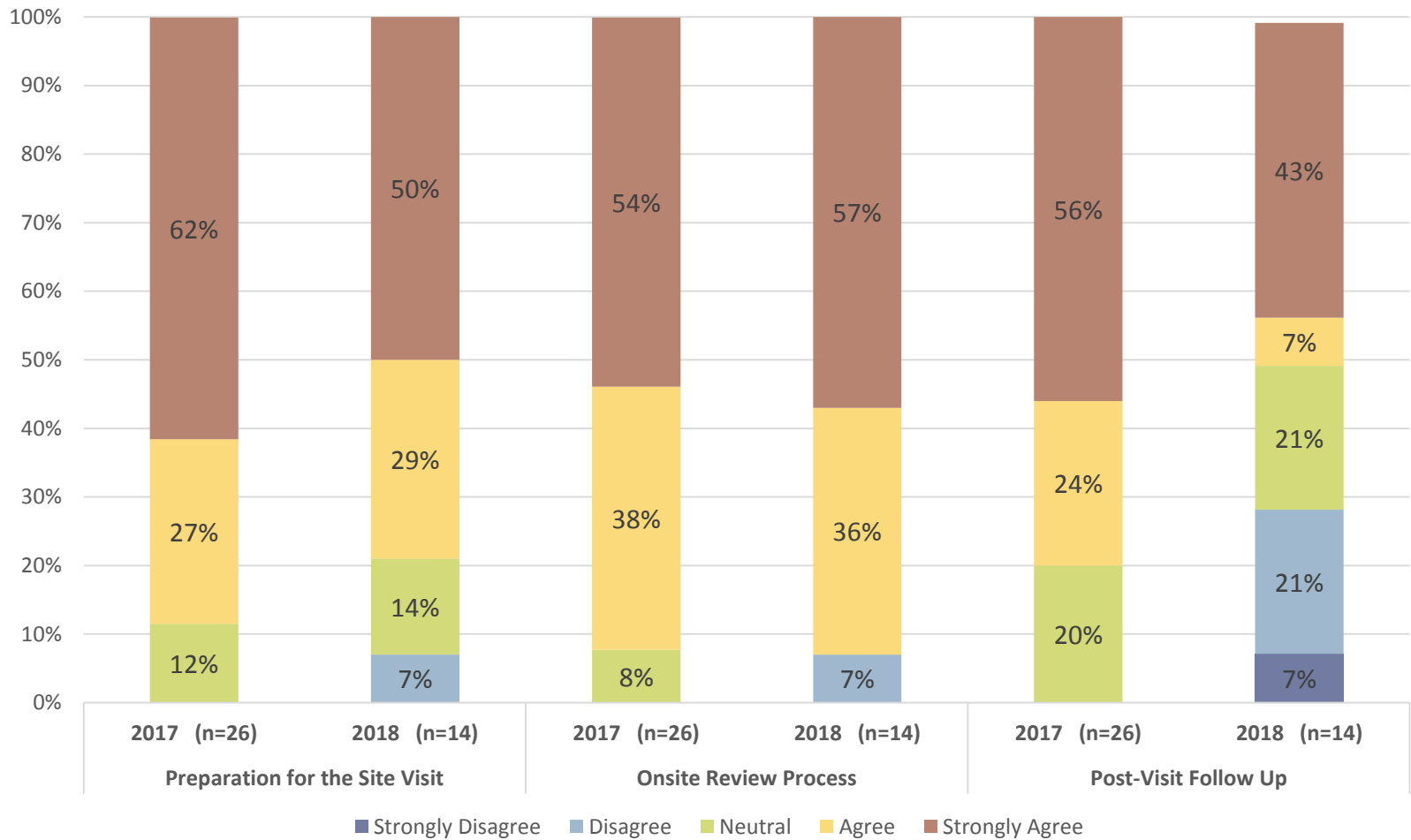
NIAC

- **47% of respondents (17/36) had a NIAC audit in 2018.**



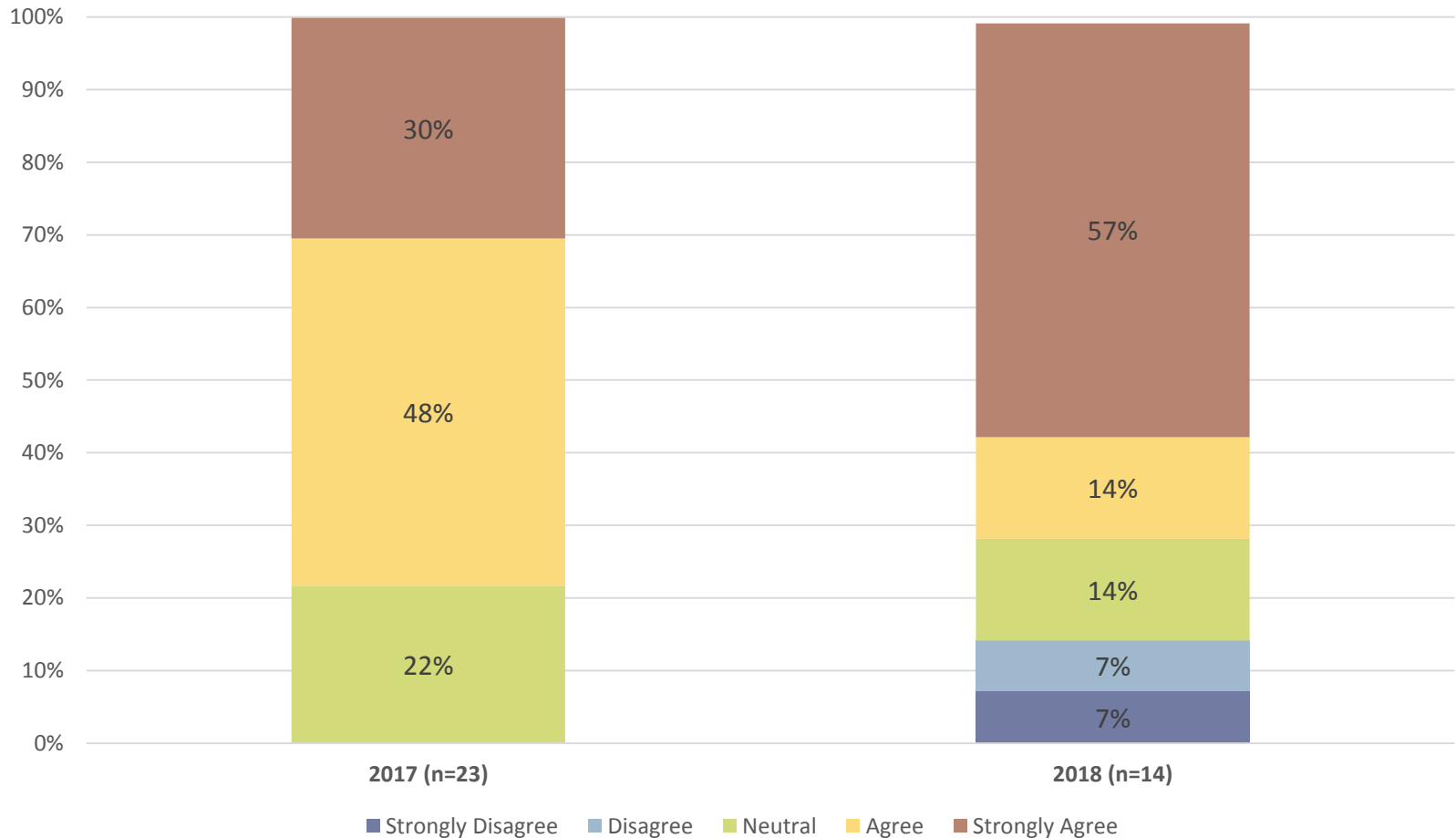
NIAC

NIAC staff effectively communicated information regarding the :



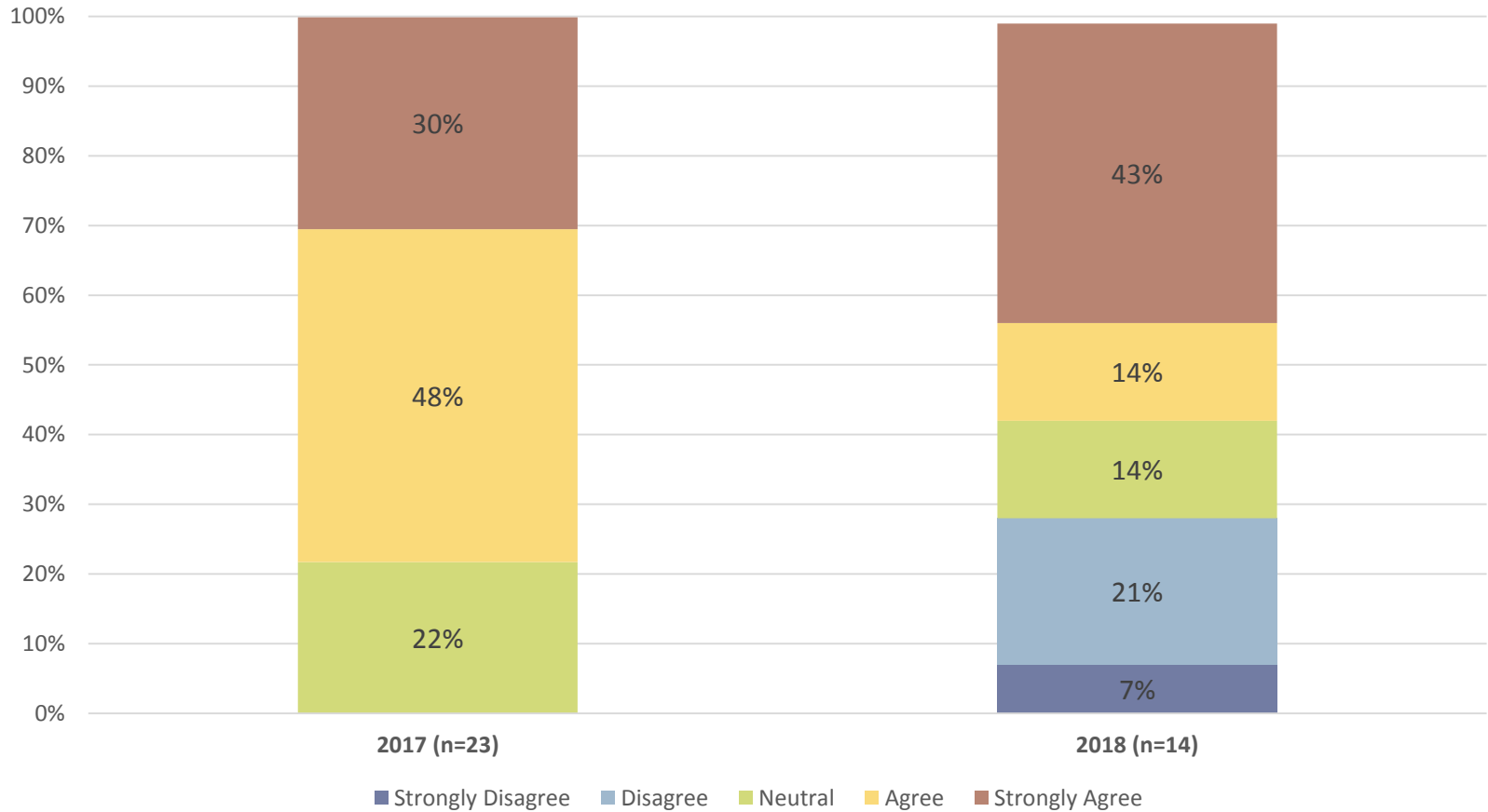
NIAC

The activities completed during the NIAC site review adequately capture the services provided at our agency.



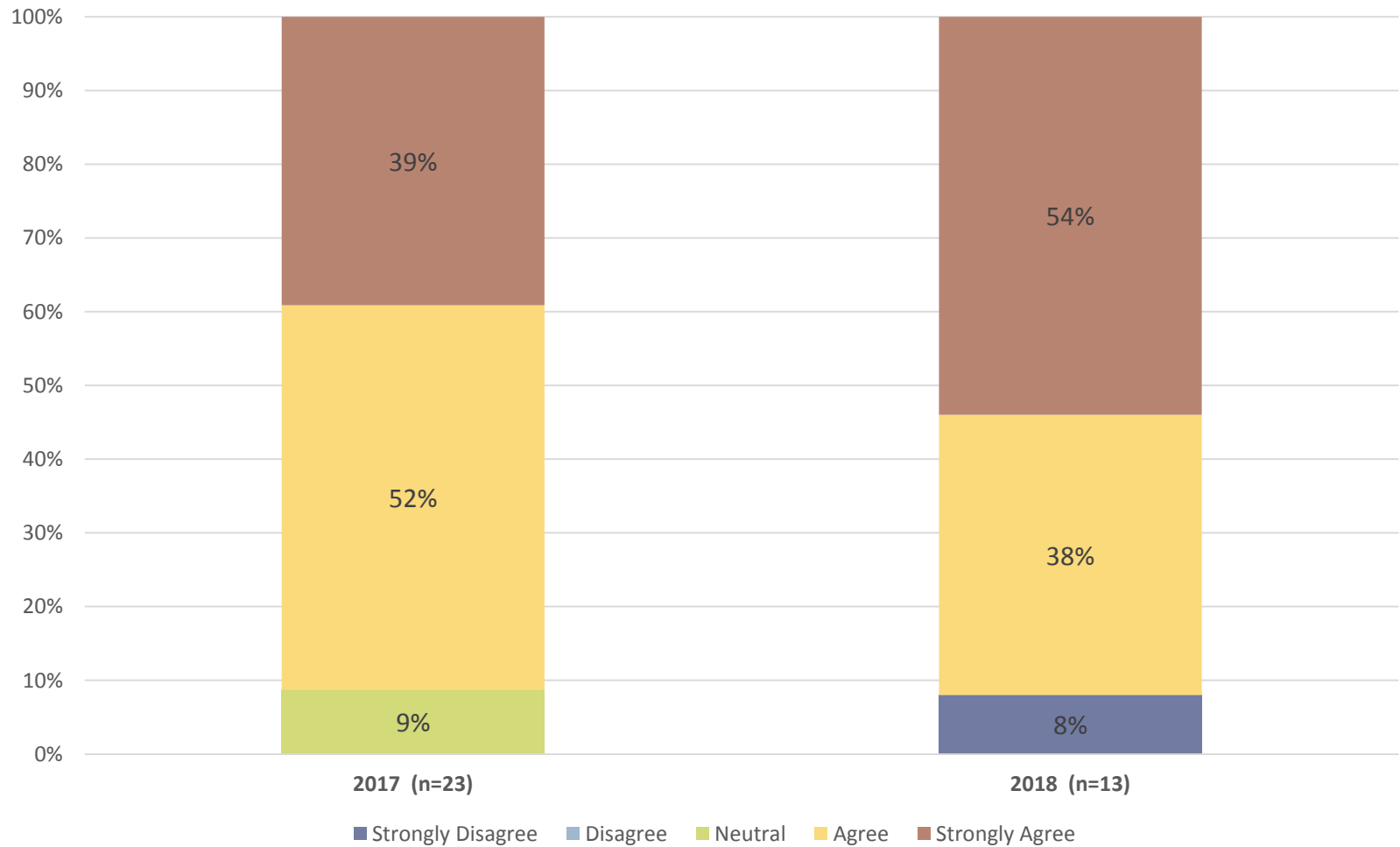
NIAC

The NIAC team provided helpful oral and written feedback in response to the site visit.



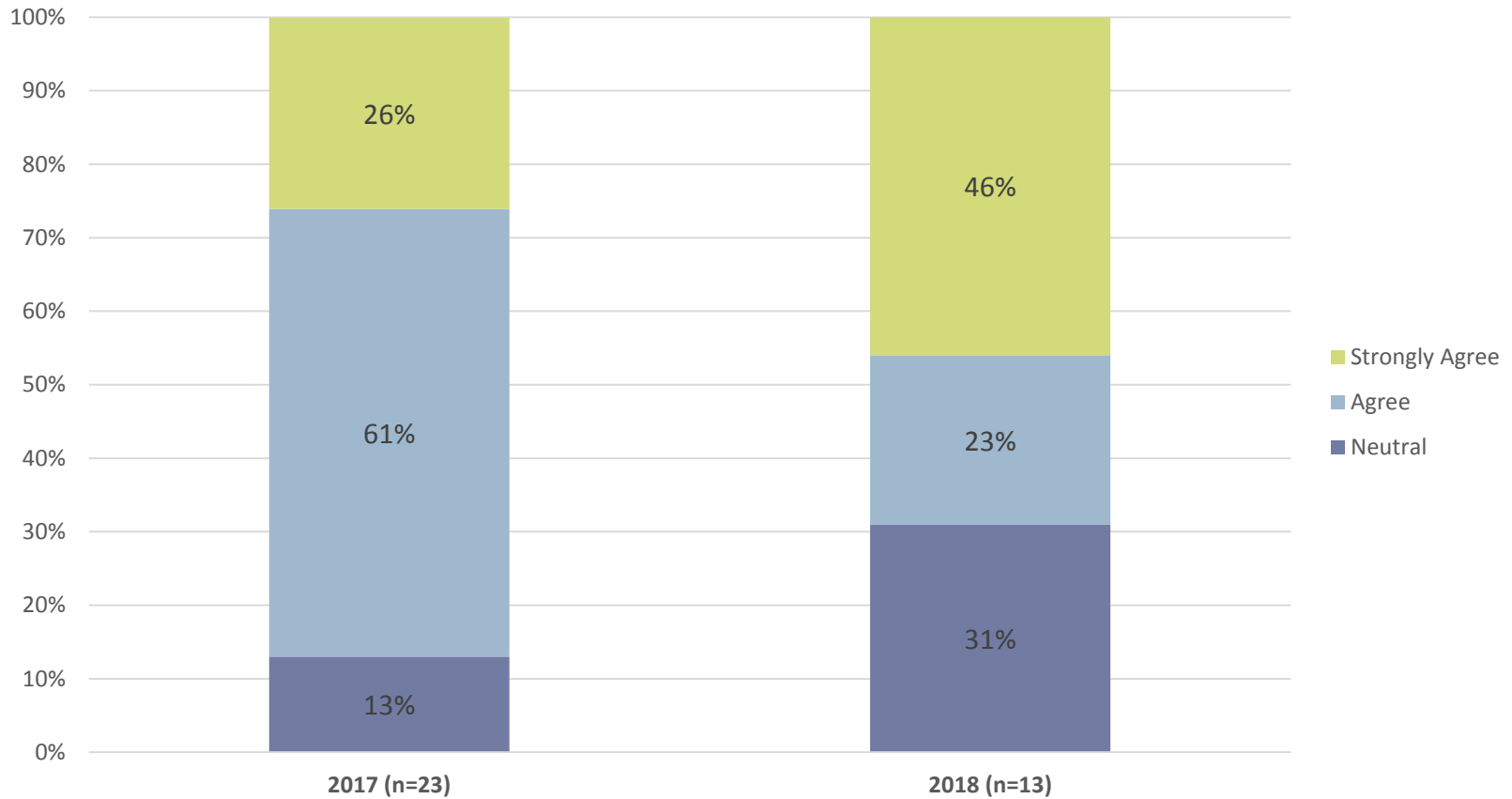
NIAC

The NIAC site visit promoted implementation of the Practice Guidelines.



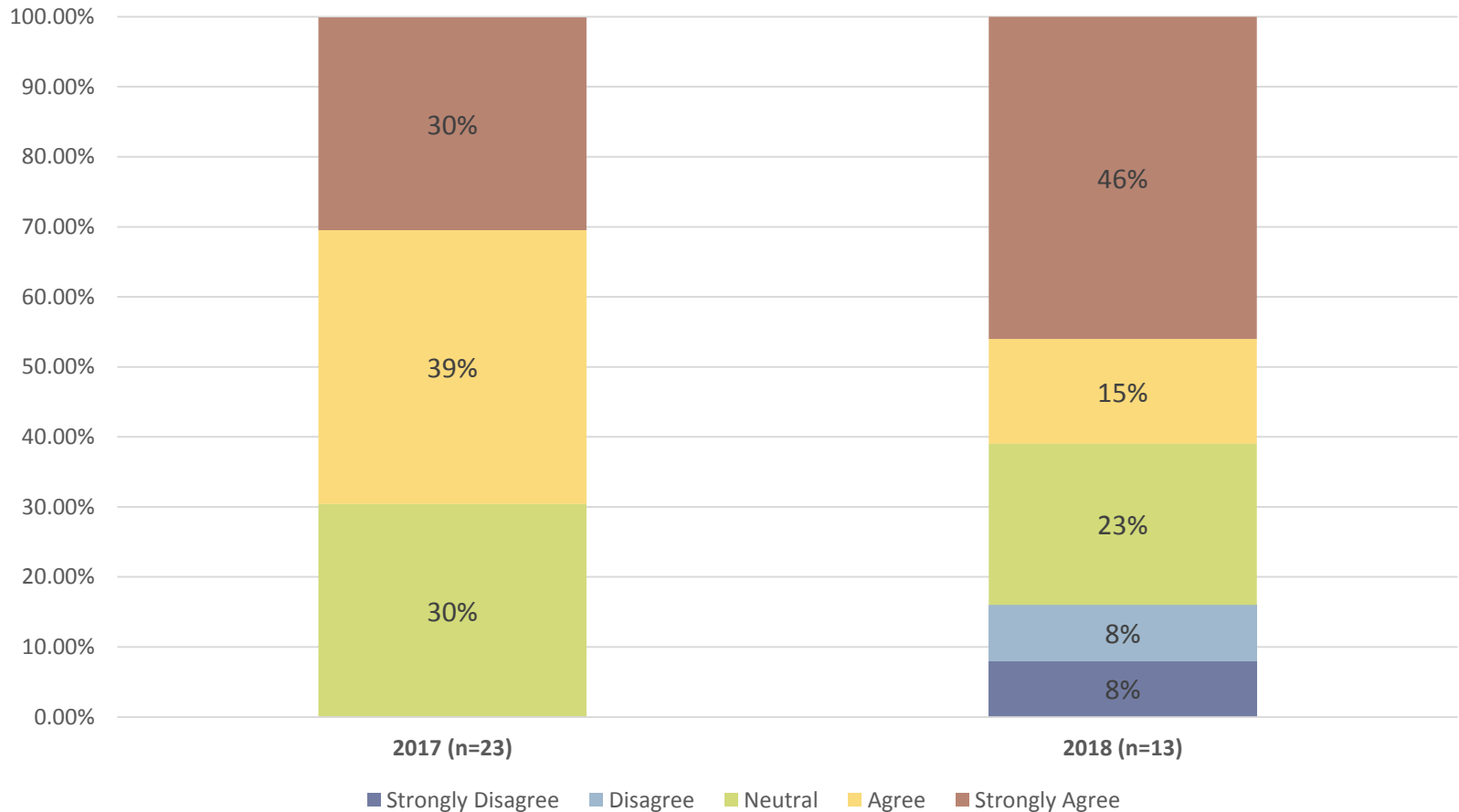
NIAC

The Network Inclusion Criteria (NIC) Provider Orientation was informative in explaining the purpose of the NIAC processes and activities, as well as clarifying the expectations held for our agency.



NIAC

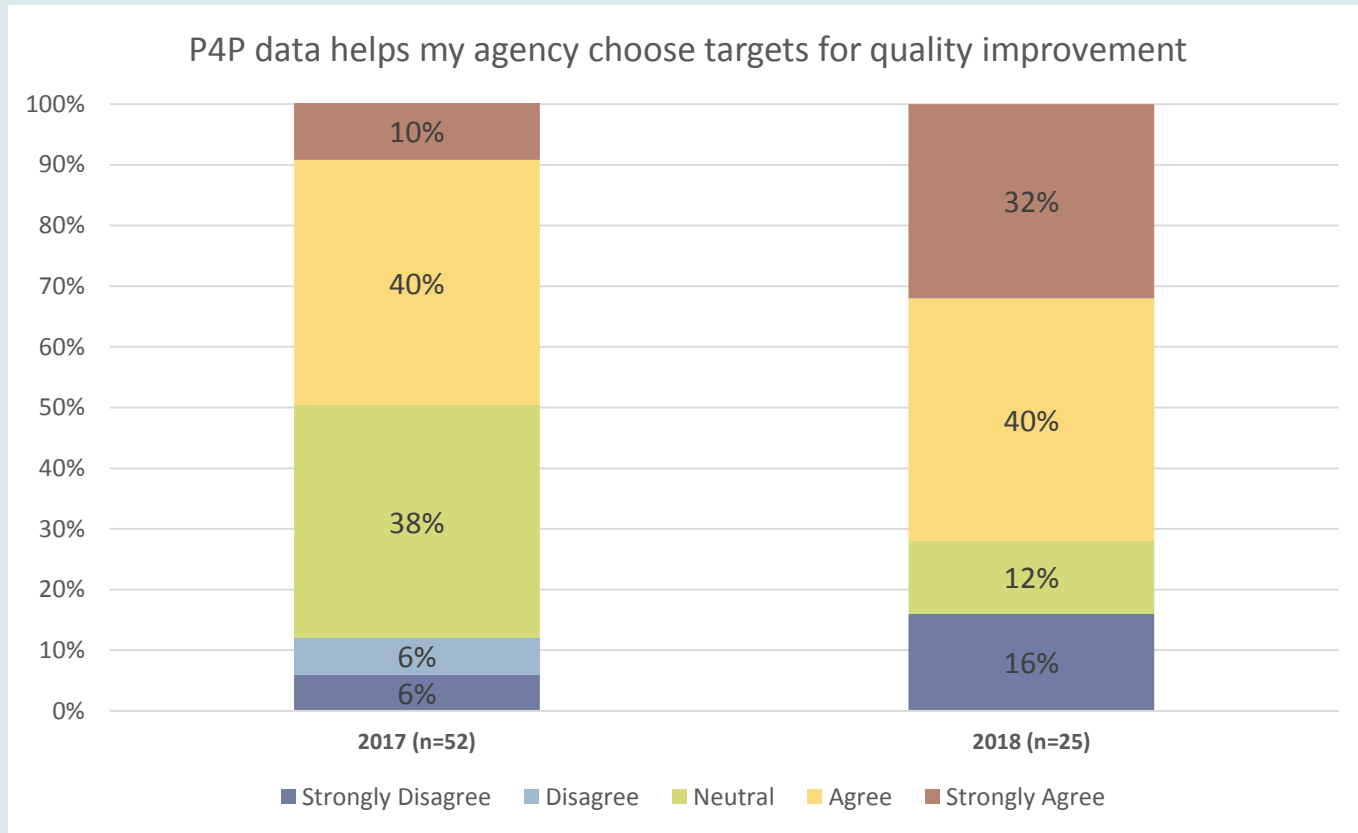
The Performance Improvement Plan (PIP) process was found to be collaborative and helpful in promoting improvements in service delivery and driving procedural/programmatic change.



P4P

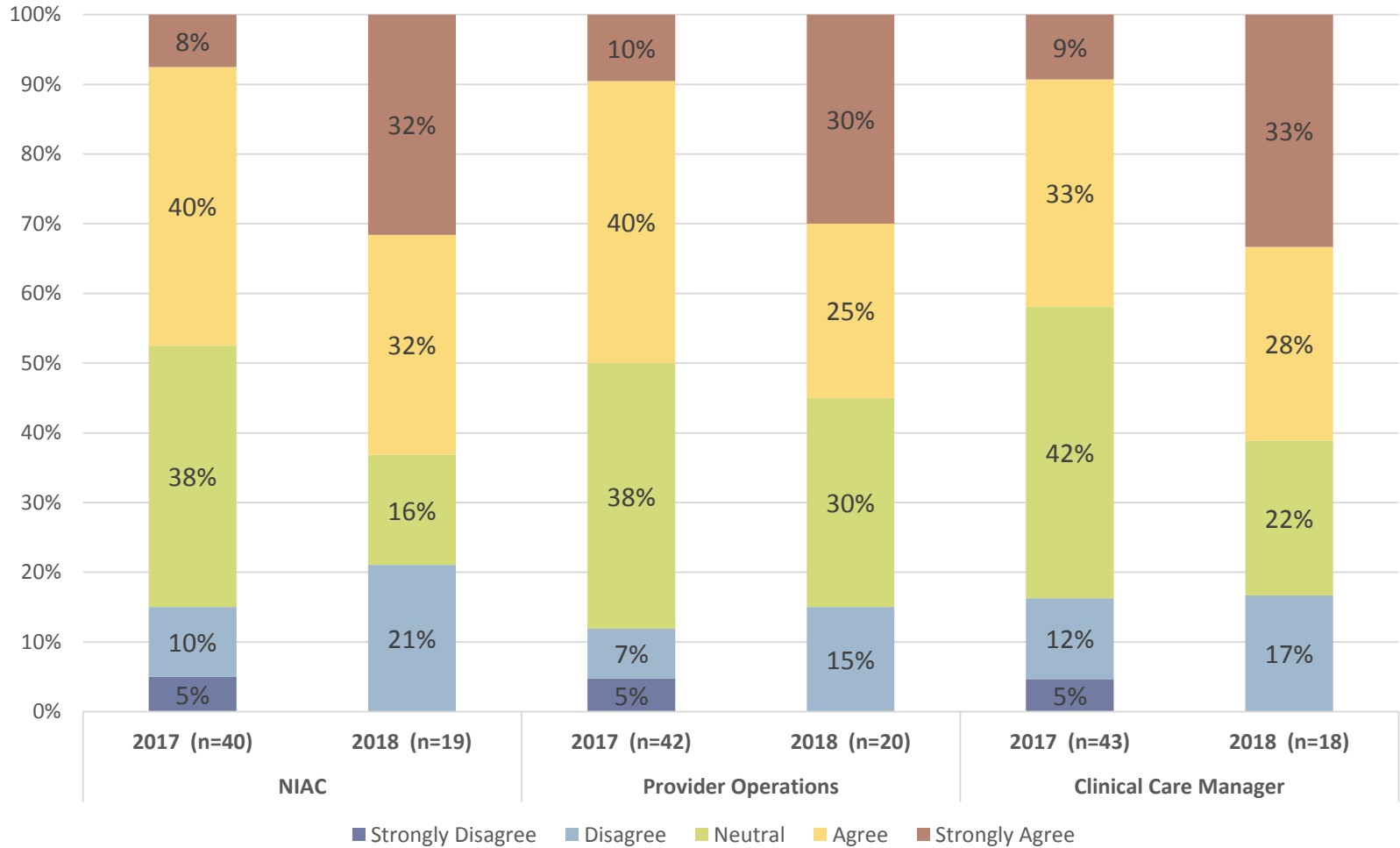
P4P

- 82% of respondents (23/28) stated their agency participated in P4P meetings and webinars in 2018.



P4P

When we meet with NIAC/Provider Operations/Clinical Care Managers, they know about our agency's P4P performance



Follow Up

- Reviewed and compared 2017 and 2018 responses
- Departments identified 1-3 action items based on 2018 survey results (see following slides)
- Gathered feedback to enhance survey questions for 2019:
 - Adding clarity to existing questions
 - Creating new questions to explore areas not captured in previous surveys

Department Action Items

- **Member Services**

- Member Services will increase customer satisfaction by enhancing standardization across the department through interrater reliability testing, silent monitoring, and training.

- **Provider Relations**

- To streamline communication, the Provider Relations “hotline” and mailbox has been divided to include an in-network and out of network feature.

Department Action Items

- **Claims**

- Claims analysts will receive training on all aspects of claims processing, and CBH systems to better assist providers and internal stakeholders.

- **Compliance**

- Continue to work towards turnaround of non-extrapolation targeted and probe audits within 60 days of audit.
- Continue interrater reliability testing and measures to assure that exit communications and audit findings are consistent across auditors.
- Develop and publish sufficiency guidelines for additional levels of care and service types.

Department Action Items

- **NIAC**

- Reinstatement Provider Orientation sessions. These offer opportunities for the Provider Representatives, NIAC Behavioral Health Clinical Consultants and Certified Peer Specialists to meet prior to the actual visit. At this meeting, we share information about the NIAC re-credentialing process, the NIC scoring tool, and offer a general Q&A session.
- Provide Drop-In Provider Q & A sessions following the Quarterly Executive Directors meetings. The focus of these sessions will be on the sharing of information about the NIC 3.0. These events are open to all Providers regardless of re-credentialing status.
- Develop abbreviated NIAC re-credentialing process to alleviate undue burdens on Distance Providers.

Department Action Items

- **P4P**

- P4P staff will continue to attend NIAC prep meetings.
- VBP/P4P “101” meeting set for children’s Clinical Care Managers on July 16, 2019. Meeting for adults to be scheduled.
- Provider Reps will be copied on any letters that go to providers regarding P4P. They will also be copied when P4P reports to the EDs/CEOs are sent at the end of the year.