

# 2019 Provider Satisfaction Survey Results

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**Community Behavioral Health**  
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## INTRODUCTION

CBH conducts an annual Provider Satisfaction Survey (PSS) to gauge our performance and obtain provider feedback. The results of the provider satisfaction survey help CBH identify key opportunities for improving the experience of providers. The purpose of this survey is to assess overall provider satisfaction and identify specific key areas of satisfaction with the following departments: Member Services, Provider Relations, Clinical Management, Claims Management, Quality Management, Compliance, NIAC, and Claims Management. The following report includes the results from the 2019 PSS, identified opportunities for improvement, and the actions CBH will take to improve the experience of providers.

## METHODOLOGY

### *Survey Distribution*

The PSS was open to providers from December 16, 2019 through February 14, 2020. The 2019 survey consisted of 53 questions in the following topic areas:

<b>Question</b>	<b>Topic Area</b>
1–3	Provider Profile
4–6	CBH Overall Satisfaction
7–11	CBH Member Services
12–14	CBH Provider Relations
15–22	CBH Clinical Management
23–27	CBH Claims Management
28–36	CBH Quality Management
37–44	CBH Compliance
45–53	CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)

At the end of each section, providers were encouraged to identify their job title and department they work in to provide CBH with information about the person completing each section. These responses are not significant to the report findings. Therefore, the

following questions will be left out of the results sections: Questions 7, 12, 15, 23, 28, 37, 46.

Providers were not limited to one response per provider and were encouraged to include staff at all levels in responding to the survey. Survey respondents were instructed to complete the survey in its entirety or respond to sections of the survey that were most relevant to the work they do (e.g. provider billing staff may only respond to the Claims Department questions).

### *Survey Analysis*

Results of the survey were reviewed and assessed for positive responses. A positive response is considered to be agreement with positive statements in the Likert Scale such as “Always and Usually,” “Much Better and Somewhat Better,” “Very Satisfied and Satisfied,” “I have had little or no problems,” and “Strongly Agree and Agree.” The results were then analyzed with provider input in the Quality Improvement Committee. Measures that achieved a positive response of at least 85% met the threshold set by CBH. Measures that did not meet the 85% threshold were identified as opportunities for improvement. Departments were asked to develop action steps to address opportunities.

## SATISFACTION RESULTS

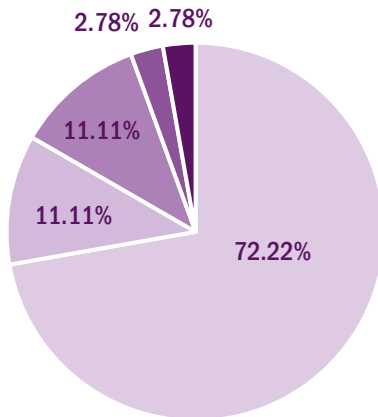
### Provider Profile

Overall, there were 131 respondents to the 2019 PSS, which was an increase from 97 in 2018. The first three questions of the PSS were required and used to obtain information of respondents to understand the provider profile. Over 70% of providers responding to the PSS have been in-network with CBH for 15 or more years and 97% of respondents provided services to CBH members in 2019.

**Q1.** Did your agency provide services to CBH members in 2019?

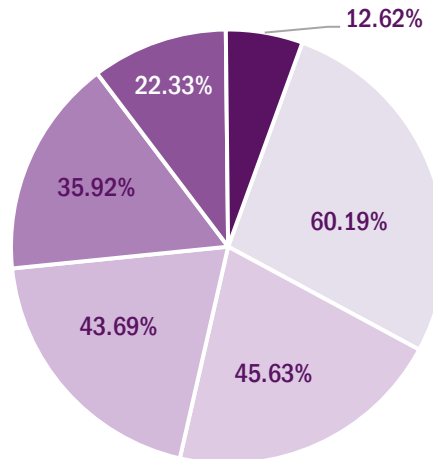
**Result:** 127 respondents (97%) provided services to CBH members in 2019.

**Q2.** How long has your agency been a provider with CBH?



- 15 Years
- 7-10 Years
- 11-14 Years
- 1-2 Years
- 3-6 Years

**Q3.** Please indicate the job titles of ALL the participants in the survey.



- Program Director
- Billing Staff
- Clinical Staff
- Executive Director
- Office Assistant
- President

### CBH Overall Satisfaction

Questions	2018 Score	2019 Score	Point Change
<b>Q4.</b> Overall, we are satisfied with our agency being a provider for CBH.	92%	90%	-2.0%
<b>Q5.</b> How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?	52%	69%	+17.0%
<b>Q6.</b> Overall, CBH meets our agency's needs.	89%	84%	-5.0%

#### Analysis of Overall Satisfaction

Although CBH did not meet the 85% threshold for Q5 and Q6, CBH did see a large improvement (17% increase) in how the organization rates against other managed care organizations. The deterioration of the score for how well CBH meets the needs of the

agency (Q6) is just below the 85% threshold and will be monitored. In 2020, CBH will be focusing on specific departmental interventions to improve the overall satisfaction score.

### CBH Member Services

**Q8.** How often does your agency contact the CBH Member Services Department for assistance?

Daily	Weekly	Monthly	Agency does not contact Member Services
14.49%	30.43%	43.48%	11.59%

Questions/Answers	2018 Score	2019 Score	Point Change
<b>Q9.</b> When contacting the Member Services Department, the Member Services Representatives were:			
Professional	93%	94%	+1.0%
Clear	95%	92%	-3.0%
Knowledgeable	86%	80%	-6.0%
Answered My Questions	86%	82%	-4.0%
<b>Q10.</b> When contacting the Member Services Department with an issue, we...			
Were satisfied with the service we received	91%	88%	-3.0%
Were satisfied with the length of time to resolve it	84%	87%	+3.0%

### Analysis of Member Services

The 2019 PSS results showed that Member Service Representatives are professional and provide clarity when responding to callers. Additionally, providers were satisfied with services received and the length of time to resolve issues. Opportunities were identified for Q9 categories “knowledgeable” and “answered my questions,” which were under the 85% threshold. Member Services has identified the following action steps to work toward improvement of the scores in this area:

1. Member Services will complete an interrater reliability study with sample cases to ensure consistent response by Member Services Staff. Previously, the frequency of the study was biannual. As a result of the PSS results, Member Services will increase the study frequency to quarterly to allow for rapid response.
2. The silent monitoring of Member Service Staff will increase frequency from monthly to bi-weekly to allow for rapid response to address concerns.
3. Member Services Staff will seek to increase knowledge by participating in specific e-learning trainings. The e-learning trainings are currently in development and will be available for staff on the intranet as well as for members on the CBH website.

**CBH Provider Relations**

**Q13.** How often does your agency contact the CBH Provider Relations Department for assistance?

<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Agency does not contact CBH Provider Relations</i>
9.52%	23.81%	60.32%	6.35%

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
<b>Q14.</b> When contacting Provider Relations, our Provider Representative:			
Returned our phone calls within 24 hours	84%	83%	-1.0%
Was knowledgeable	91%	87%	-1.0%
Was professional	100%	100%	0.0%
Provided linkages to the appropriate CBH department	97%	93%	-4.0%
Assisted with the resolution of the presented concern	97%	83%	-14.0%

*Analysis of Provider Relations*

The 2019 PSS results demonstrate that the Provider Relations Department is knowledgeable, professional, and successful when providing linkages to the appropriate CBH department. Opportunities identified for the Provider Relations Department include Q14 categories “returned our phone calls within 24 hours” and “assisted with the resolution of the presented concern,” which were just under the 85% threshold. Provider Relations has identified the following action steps to work toward improvement of the scores in this area:

1. The Provider Relations team has undergone significant turnover within the last year. The department created a more robust onboarding program and informational manual that was finalized in late 2019. This commitment to training will ensure that provider representatives know how to resolve provider concerns and will also enforce the 24-hour response time requirement.
2. Silent phone monitoring is now in place for customer service.
3. Created a new position and hired a supervisor that reports directly to the manager of provider relations.

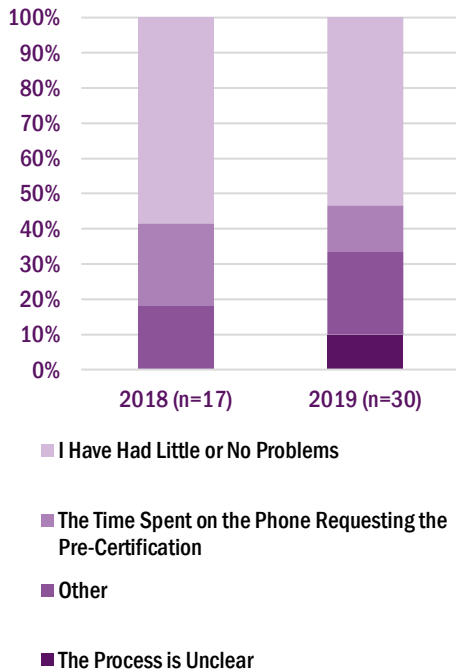
**CBH Clinical Management**

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
<i>Q16. The CBH Clinical Management Process to approve/deny a request to authorize services is:</i>			
Standardized	73%	78%	+4.0%
Coordinated	77%	76%	-1.0%
Timely	88%	74%	-14.0%
<b>Q17.</b> On average, how frequently do you agree with Clinical Management’s authorization decisions?	n/a	83%	New

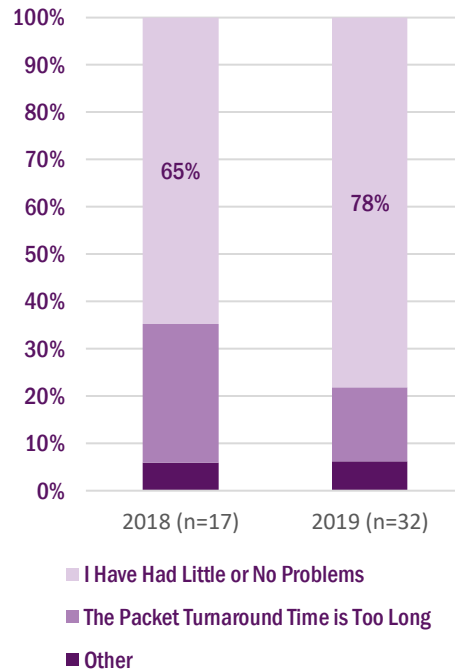


Questions/Answers	2018 Score	2019 Score	Point Change
<b>Q18.</b> How satisfied is your agency with the current pre-certification process (Calling for verbal approval into the program) as it relates to all inpatient levels of care, detox, and acute partial hospitalization?	94%	89%	-5.0%

**Q19:** In the past 12 months, we have had problems with the pre-certification process due to (mark all that apply):



**Q20:** In the past 12 months, we have had problems with the packet process due to (mark all that apply):



<i>Questions</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
<b>Q21.</b> Clinical Care Managers respond to concerns related to authorizations and utilization management in a manner that is consistent with CBH Utilization and Provider Manual.	85%	77%	-8.0%
<b>Q22.</b> Clinical Management provides support and assistance with resource coordination, discharge planning, and placement options.	75%	63%	-12.0%

***Analysis of CBH Clinical Management***

The 2019 PSS results showed that all measures, except for Q18, were under the 90% threshold. Clinical management has identified the following action steps to work toward improvement of scores:

- 1.** Clinical Management will increase the review of timeliness reports (decisions, notifications, and mailings).
- 2.** Clinical Management has formed a clinical leadership meeting composed of staff with utilization review oversight which is tasked with standardizing department practices. This group is also leading efforts toward creating a more automated care coordination process with less review and enhanced peer coordination. In addition, the clinical authorization interrater reliability threshold will be raised to 90% from 80% in order to create an enhanced level of standardization among care manager clinical decisions and approvals.
- 3.** Quality Management will lead a Root Cause Analysis with the pre-certification and packet process in order to identify themes and drill down to find the causes of dissatisfaction.
- 4.** Clinical Management will develop a resource, discharge planning, and placement toolkit for children and adults. Teams will be organized by adult and child directors using a cross-clinical approach.

**CBH Claims Management**

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
<i>Q24. When our agency had questions regarding paper or electronic claims, the CBH Claims Analysts...</i>			
Were professional	86%	85%	-1.0%
Were clear	81%	80%	-1.0%
Responded within 48 hours	64%	72%	+8.0%
Answered my questions	77%	84%	+7.0%
<i>Q25. When our agency had questions regarding adjustments, the CBH Claims Analysts...</i>			
Were professional	95%	93%	-1.0%
Were clear	77%	81%	+4.0%
Responded within 48 hours	77%	78%	+1.0%
Answered my questions	82%	82%	0.0%
<i>Q26. When our agency contacted the CBH Claims Department with an issue we...</i>			
Were satisfied with the service we received	77%	78%	+1.0%
Were satisfied with the length of time to resolve it	78%	74%	-4.0%
Received follow-up within 24 hours (when applicable)	77%	70%	-7.0%
<i>Q27. When our agency called with questions regarding third party liability, the Third-Party Liability Staff members in the Claims Department...</i>			
Were professional	88%	87%	-1.0%
Were clear	81%	74%	-7.0%
Responded within 48 hours	78%	72%	-6.0%

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
Answered my questions	75%	78%	+3.0%

***Analysis of CBH Claims Department***

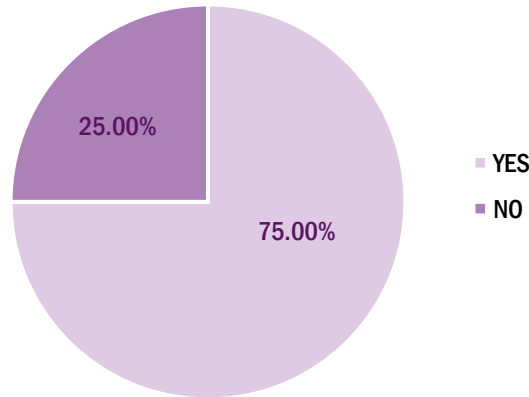
The 2019 PSS results showed that, generally, providers think the Claims Management Department is professional (as those measures were all over 85%). The PSS did demonstrate that there are several opportunities for improvement, specifically related to Q24 and Q25, in the clarity, response time, and thoroughness of answering questions from CBH Claims Analysts; in Q26 all areas showed opportunities for improvement; and in Q27 clarity, response time, and thoroughness of answering questions by Third-Party Liability (TPL) Staff showed opportunities for improvement. Although there has been improvement between 2018 and 2019, the Claims Department has identified the following action steps to continue work toward improvement of scores:

1. The Claims Department will continue system assessment by writing, reviewing, updating policies and procedures, and continuing the consultant review of processes from 2019. This work is already in progress.
2. The Claims Department is creating a new team dedicated to training and supporting providers.
3. The Claims Department is bolstering quality assurance (QA) by hiring a QA specialist. This action step has been completed.
4. The Claims Department will continue an array of trainings:
  - a. Xeo two-day intro/refresher training (complete)
  - b. Xeo keying/claims processing training (complete)
  - c. Biweekly meetings with Xeo to troubleshoot problems (in progress)
  - d. MCO Contact manager (complete)
  - e. MCO workflow (upcoming)
  - f. TPL overview (upcoming)

**CBH Quality Management**

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
<i>Q29. CBH Quality Management Staff clearly explain the following processes:</i>			
Clinical Appeals	86%	88%	+2.0%
Significant Incident Reporting	88%	89%	+1.0%
Quality Improvement Plan	85%	83%	-2.0%
<i>Q30. CBH Quality Management Staff:</i>			
Are timely when communicating information regarding the member complaint process	92%	79%	-13.0%
Clearly explain the member complaint process	92%	88%	-3.0%
<b>Q31.</b> When indicated, Quality Management Staff gave timely notification of a complaint and the need to conduct an investigation.	n/a	78%	New
<b>Q32.</b> CBH Quality Management Staff conduct complaint investigations in an efficient and comprehensive manner.	n/a	83%	New
<b>Q33.</b> When indicated, CBH Quality Management Staff notified us of continuation rights for the grievance process.	91%	92%	+1.0%

**Q34.** My agency participated in P4P meetings and webinars



Questions/Answers	2018 Score	2019 Score	Point Change
<b>Q35.</b> P4P data helps my agency choose targets for quality improvement	62%	63%	+1.0
<i>Q36. When we meet with NIAC/Provider Operations/Clinical Care Managers, they know about our agency's P4P performance</i>			
NIAC	64%	56%	-8.0%
Provider Operations	55%	54%	-1.0%
Clinical Care Manager	61%	47%	-13.0%

***Analysis of Quality Management Department***

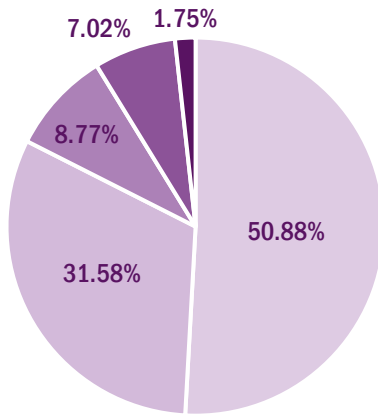
Two new measures were added to the 2019 PSS to capture additional information about the complaint process. Measures related to the Quality processes ranged from 78%–92% and providers were generally satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. The 2019 PSS results showed that there are a few opportunities for improvement. The following measures did not meet the 85% threshold: Q29, staff did not clearly explain the process for Quality Improvement Plans; Q30, Quality Management Staff were not timely when explaining the complaint

process; Q31; Q32; Q35; and Q36. As a result of this survey, the Quality Management Department has identified the following action steps:

1. At the time of the initial call to the provider, Quality Management Staff will review the steps involved in a complaint investigation with the identified provider contact. This will include the nature of the complaint, role of the investigator, role of the provider, and timelines of the steps involved in resolving a complaint. The call to the provider should occur within five days of being assigned the complaint.
2. The Quality Management Staff will alert the provider of the nature of the complaint, information needed (including policies), and schedule site visit/telephonic interview within five days of being assigned the complaint by the Complaints and Grievances Supervisor. The questions that Quality Management Staff will ask and the information needed will be communicated to the provider prior to the on-site/telephonic interview.
3. Manager of Complaints and Grievances will update the existing investigation process training to include a case review prior to conducting investigation with provider. Quality Management Staff will look at policies/procedures already within CBH Quality Department in order to avoid requesting duplicate policies from provider. In addition, staff will review CBH record for up to date information. Quality Management Staff will receive yearly training on the investigation process.
4. Each initial request for a QIP will include a summary of the QIP process as outlined in CBH's Oversight and Monitoring policy.
5. Performance Evaluation will expand on rationale for selected P4P performance measures in Operational Definitions, to assist providers with choosing targets for quality improvement.
6. Performance Evaluation will review rationale for performance measures during spring provider webinars.
7. Performance Evaluation will work towards developing P4P dashboard to give CBH departments easy access to provider-specific P4P performance information.
8. Performance Evaluation Staff will attend all NIAC site visit prep meetings.

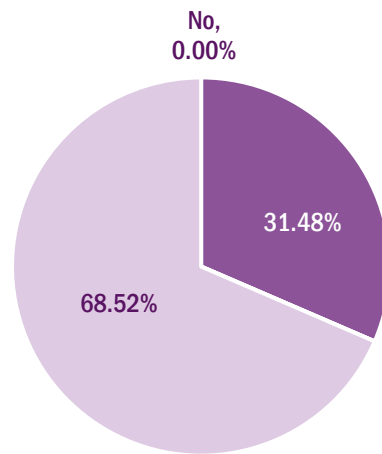
### CBH Compliance

**Q38.** What type of audit did you have in 2019?



- Onsite
- Self
- Staff File
- N/A
- Desk (at CBH)

**Q39.** If you had a self-audit, did you find it valuable?



- Yes
- N/A

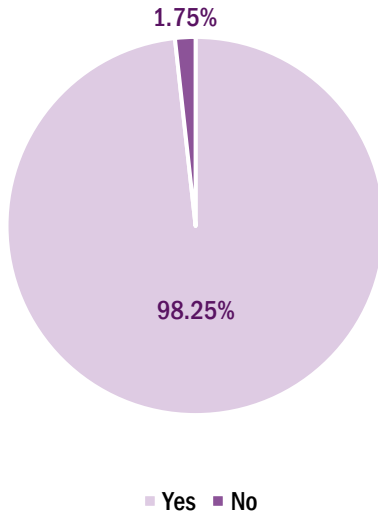
**Q40.** Do you have suggestions on how to make the self-audit process more valuable/beneficial?

**Result:** 12 people responded and shared suggestions with the Compliance Department.

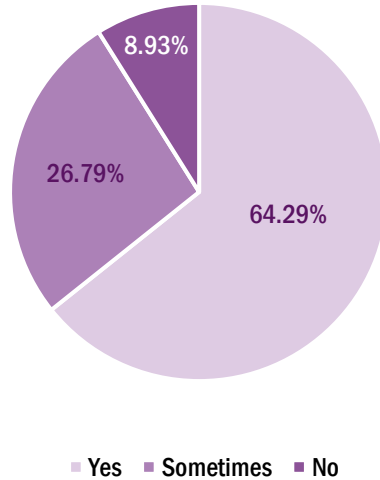
Questions/Answers	2018 Score	2019 Score	Point Change
<i>Q41. When our agency had contact with the Compliance Department, we found them to be...</i>			
Professional	100%	94%	-6.0%
Knowledgeable	89%	92%	+3.0%
Collaborative	78%	92%	+14.0%



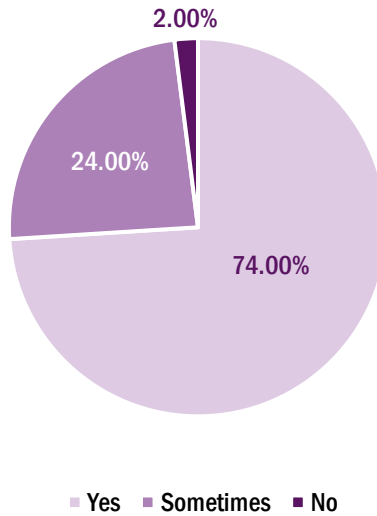
**Q42.** If I have a concern about fraud, waste and abuse, I know how to report it.



**Q43.** Do you review the Compliance Matters publication?



**Q44.** If you answered yes or sometimes, do you find it useful?

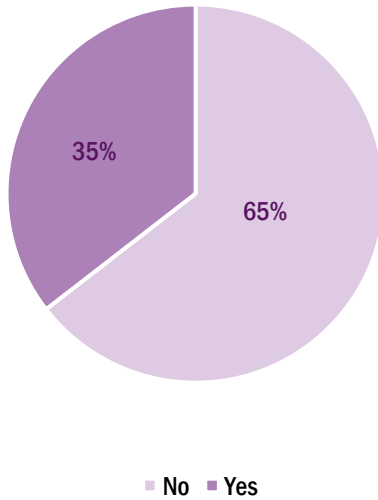


*Analysis of Compliance Department*

The 2019 PSS results did not show any measurement areas that were under the 85% threshold. As a result, the Compliance Department did not complete any action steps for 2020.

**CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)**

**Q45.** Did your agency have a NIAC site visit in 2019?



Questions/Answers	2018 Score	2019 Score	Point Change
<b>Q47. During our 2019 NIAC site visit, we found the NIAC team to be:</b>			
Professional	92%	98%	+6.0%
Knowledgeable	86%	94%	+8.0%
Collaborative	93%	89%	-4.0%
<b>Q48. NIAC Staff effectively communicated information regarding the...</b>			
Preparation for the site visit	79%	95%	+16.0%

<i>Questions/Answers</i>	<i>2018 Score</i>	<i>2019 Score</i>	<i>Point Change</i>
On-site review process	93%	100%	+7.0%
Post-visit follow-up	50%	75%	+25.0%
<b>Q49.</b> The activities completed during the NIAC site review adequately capture the services provided at our agency.	71%	79%	+8.0%
<b>Q50.</b> The NIAC team provided helpful oral and written feedback in response to the site visit.	57%	79%	+22.0%
<b>Q51.</b> The NIAC site visit prompted implementation of the Practice Guidelines.	92%	90%	-2.0%
<b>Q52.</b> 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.	69%	78%	+9.0%
<b>Q53.</b> The Performance Improvement Plan (PIP) process was found to be collaborative and helpful in promoting improvements in service delivery and driving procedural/programmatic change.	61%	74%	+13.0%

### *Analysis of NIAC*

The 2019 PSS results showed that there are some areas for improvement, specifically the following measures: Q48, effective communication of the post-visit follow-up process; Q49; Q50; Q52; and Q53. As a result, NIAC has identified the following action steps to work toward improvement of scores:

1. NIAC modified and streamlined the exit conference to convey only essential information, as the end of the site review is not the end of the recredentialing process. The recredentialing process includes post-visit activities such as a team debriefing and presentation of NIAC findings to the CBH Credentialing Committee. The Credentialing Committee then makes final determinations regarding Network Recognition Status. NIAC messages this to providers during NIAC provider orientation. NIAC continues to hold monthly provider orientation meetings and engage with providers via phone, email, and teleconferences.

2. NIAC continues to hold monthly provider orientation sessions and has opened sessions to any staff who would like to attend (at the providers' discretion) so that any level of staff person may learn more about NIAC's recredentialing process.
3. With the adoption and implementation of the NIC 3.0 Standards for Excellence and the utilization of Vertical Change scoring software, NIAC's PIP process will be more directive, particularly for those providers who score below 70%. NIAC will offer concrete guidance and/or examples that are directly applicable to the areas that require improvement. The recommendations are not intended as a substitute for the provider's self-direction but rather an additional supportive choice element. Relatedly, NIAC is attempting to offering more focused engagement post-visit, particularly in the areas relating to peer supports and peer culture. The Directive PIP process with provider reports began in early 2020.

## SUMMARY

The 2019 PSS consisted of 53 questions and assessed overall satisfaction with CBH, as well as department-specific satisfaction. The number of respondents increased from 97 in 2018 to 131 in 2019 and respondents expressed 84% overall satisfaction with CBH.

Generally, Member Services met or exceeded the 85% threshold for most measures, especially around professionalism and responding to issues timely. Member Services identified opportunities for improving its knowledge-base and will be training staff members accordingly through online trainings and increasing the frequency of interrater reliability studies.

The Provider Relations Department scored well in most measures with the lowest score being 83% and the highest score being 100%. Provider Relations identified opportunities for improving the time in returning phone calls and assisting providers with concerns. Provider Relations developed a department manual to provide additional training to new and existing staff and will be enforcing the timeframe for returning phone calls.

The Clinical Management Department scored under the 85% threshold for all measures except for one. Providers were generally satisfied (89%) with the pre-certification process. The Clinical Management Department identified multiple opportunities for improvement and will be working toward standardizing authorization processes.

The scores for the Claims Department clearly demonstrate that providers felt Claims Staff are professional. Although many of the measures were consistently scored under the 85% threshold, six of the measures showed improvement from 2018. The Claims Department

has been working to improve provider satisfaction and have received multiple trainings and are implementing QA processes with a new QA staff member on the team.

The Quality Management Department scored above the 85% threshold related to clarity of explanation around clinical appeals, complaints, and significant incident reporting. Providers were not as satisfied with the timeliness of the explanations. Additionally, satisfaction scores for P4P measures were well under the 85% threshold. The Quality Management Department has identified opportunities for improvement and will be implementing procedures to ensure timely notification of the complaints process. P4P webinars will provide more information for providers on the rationale of the P4P measures.

The Compliance Department scored above the 85% threshold on all measures.

The NIAC Department met or exceeded several measures, especially around knowledge and professionalism. The PSS demonstrated that providers were not as satisfied with the post-survey process and NIAC has been working on implementing a new process to provide clarity around expectations for follow-up and performance improvement plans.

CBH will utilize the results obtained as part of the PSS process and continue to work on implementing the identified action steps. CBH departments will continue to review the PSS process and update measures as needed to ensure CBH is meeting the needs of providers.