

2020 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 PSS help CBH identify key opportunities for improving the experience of providers, and we sincerely appreciate the contributions of all who offered input on 2020, a year of unique challenges. 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, Network Improvement and Accountability Collaborative (NIAC), and those involved in the Credentialing and Re-Credentialing process. The following report includes the results from the 2020 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 January 19 through February 12, 2021. The 2020 survey consisted of 69 questions in the following topic areas:

<i>Question</i>	<i>Topic Area</i>
1-4	Provider Profile
5-7	CBH Overall Satisfaction
8-13	CBH Member Services
14-16	CBH Provider Relations
17-25	CBH Clinical Care Management
26-31	CBH Claims Management
32-41	CBH Quality Management and Performance Evaluation
42-51	CBH Compliance
52-57	CBH Credentialing Process
58-66	CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)
67-69	CBH Provider Manual and other suggestions

At the beginning of each section, respondents were encouraged to identify their job title and department 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 9, 14, 17, 27, 33, 42, 52, 55, and 58.

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 their work (e.g. provider billing staff may only respond to the Claims Department questions).

Survey Analysis

Prior to sharing the survey with providers, CBH Data Analytics staff reviewed all items for Face Validity. This process includes quality assurance for the coherence of each question, question/response alignment, and making all Likert Scales across the instrument consistent in offering five choice levels—very positive, positive, neutral, negative, very negative—with specific language connected to the measure. A measure asking about clarity of written instructions would include choices “very clear, clear, neutral, unclear, and very unclear.” 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 300 respondents to the 2020 PSS, which was an increase from 131 in 2019 and 97 in 2018. The first four questions of the PSS were required and used to obtain demographic information of respondents to understand the provider profile. The first question was a new inquiry for 2020, seeking information about the type of provider responding.

Q1. Are you responding to this survey on behalf of an independent practitioner, group practice, or facility?

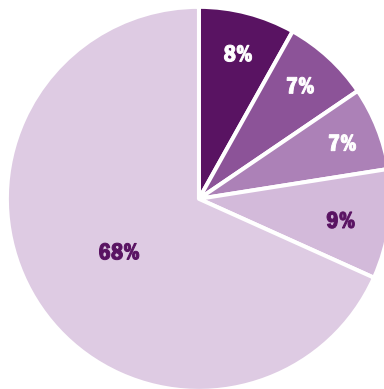
Result: Of 290 respondents, 83% (242) were part of a facility, 11% (33) were part of a group practice, and 5% (15) were independent practitioners.

Q2. Did your agency provide services to CBH members in 2020?

Result: 297 respondents (99%) provided services to CBH members in 2020.

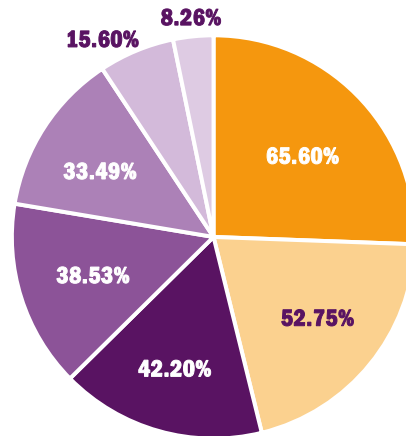
The total percentage for Q4 will generally exceed 100% as many provider organizations completed the survey as a multidisciplinary team, and all participants' titles are included.

Q3. How long has your agency been a provider with CBH?



- 0-2 Years
- 3-6 Years
- 7-10 Years
- 11-14 Years
- 15+ Years

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



- Program Director
- Clinical Staff
- Billing Staff
- Executive Director
- Other (specified)
- Office Assistant
- President

CBH Overall Satisfaction

Questions	2019 Score	2020 Score	2019-2020 Point Change
Q5. Overall, we are satisfied with our agency being a provider for CBH.	90%	88%	-2.0%
Q6. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?	69%	62%	-7.0%
Q7. Overall, CBH meets our agency's needs.	84%	88%	+4.0%

Analysis of Overall Satisfaction

For Q5 and Q7, satisfaction scores were over 85% and will continue to be monitored. Although CBH did not meet the 85% threshold for Q6, comments indicate that many of the changes in response to telehealth, Intensive Behavioral Health Services (IBHS), and payment structures were helpful to the provider community. In 2020, CBH was able to complete some of the specific departmental interventions discussed in the 2019 PSS Annual Report to improve the overall satisfaction score, while contending with significant changes related to the COVID-19 pandemic and safety.

CBH Member Services

Q10. How often does your agency contact the CBH Member Services Department for assistance? (n=160)

<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
11.88%	28.13%	36.25%	21.88%	1.88%

<i>Questions/Answers</i>	<i>2019 Score</i>	<i>2020 Score</i>	<i>Point Change</i>
Q11. When contacting the Member Services Department, the Member Services Representatives were:			
Professional	94%	93%	-1.0%
Clear	92%	87%	-5.0%
Knowledgeable	80%	81%	+1.0%
Answered My Questions	82%	82%	0.0%
Q12. When contacting the Member Services Department with an issue, we...			
Were satisfied with the service we received	88%	82%	-6.0%
Were satisfied with the length of time to resolve it	87%	75%	-12.0%

Analysis of Member Services

The 2020 PSS results showed that Member Service Representatives continue to offer professional service and provide clarity when responding to callers. Opportunities were identified for Q11

categories “knowledgeable” and “answered my questions,” as well as Q12 satisfaction with services received and the length of time to resolve issues, 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. Real time auditing will be introduced in June 2021 and monitored for operational improvement.
2. The silent monitoring of Member Service Staff will continue bi-weekly, to allow for rapid response in addressing concerns and identifying areas for additional training.
3. To maximize timely access to reference material and to reduce delays in sharing resources, Member Services will continue to work with CBH IT on implementation of the VM Horizon remote access work environment.

CBH Provider Relations

Q13. How often does your agency contact the CBH Provider Relations Department for assistance?
(n=194)

Daily	Weekly	Monthly	Rarely	Never
2.06%	21.65%	39.18%	29.38%	7.73%

Questions/Answers	2019 Score	2020 Score	Point Change
Q16. When contacting Provider Relations:			
The Provider Representative returned our phone calls within 1 business day (24 hours)	83%	76%	-7.0%
I ended the call feeling confident that the provider representative was able to help me (knowledgeable)	87%	74%	-13.0%
The Provider Representative was professional	100%	93%	-7.0%
I found the staff to be helpful and courteous	--	86%	New item
My inquiry was resolved in a timely manner	--	75%	New item
The Provider Representative provided linkages to the appropriate CBH department	93%	83%	-10.0%

Analysis of Provider Relations

The 2020 PSS results demonstrate that the Provider Relations Department is professional, helpful, and courteous. Opportunities identified for the Provider Relations Department include, Q16 categories around timeliness and providing linkages to other appropriate CBH departments, which were just under the 85% threshold. The language of the question was changed from “returned our phone calls within 24 hours” to “within one business day” and the item for “knowledgeable” was modified to assess confidence in the Provider representative’s ability to help the caller. Provider Relations has identified the following action steps to work toward improvement of the scores in this area:

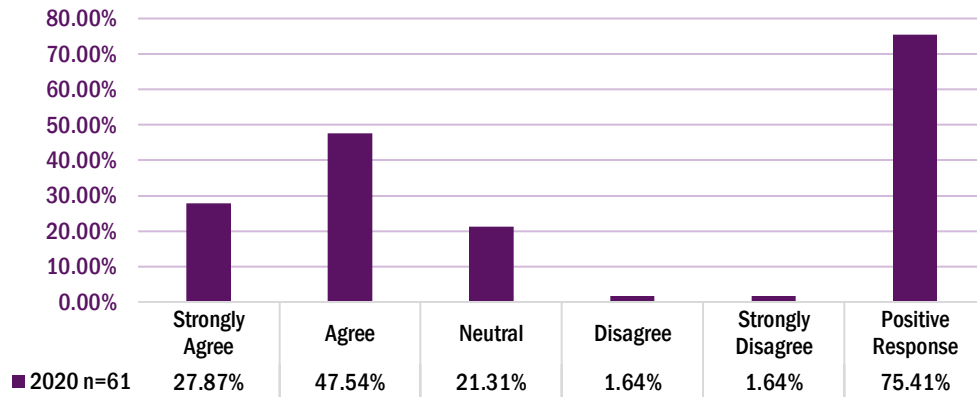
1. The Provider Relations team has experienced additional staff turnover and transitioned to primarily remote work within the last year. The department has continued to refine the onboarding program and informational manual to standardize supports for providers. Ongoing commitment to training will ensure that provider representatives know how to resolve provider concerns and will also enforce the time requirements for response.
2. Silent phone monitoring continues to provide opportunities for feedback on customer service.

CBH Clinical Management

For the 2020 PSS, the questions for the Clinical Department were modified significantly and do not directly correlate to the 2019 questions. The table below represents the 2020 questions and satisfaction scores.

Questions/Answers	2020 Score
Q20. Instructions for making a prior authorization request within the authorization section of the Provider Manual are easy to find.	70%
Q21. When utilizing the authorization section of the Provider Manual, the documented instructions for making an authorization request are clear and understandable.	67%
Q22. CBH Care Management practices for prior authorization requests are consistent with the processes as described in the authorization section of the Provider Manual.	75%
Q23. CBH Care Management staff are helpful, collaborative, and solutions focused:	87%
Q24. Instructions to reach a Peer-Reviewer are: VERY CLEAR - CLEAR - AVERAGE - UNCLEAR - VERY UNCLEAR	66%
Q25. I am satisfied with the customer service received from CBH Care Management Staff	85%

Q22: CBH Care Management practices for prior authorization requests are consistent with the processes as described in the authorization section of the Provider Manual:



Analysis of CBH Clinical Management

The 2020 PSS results were discussed with Clinical Leadership. Barriers were identified for measures falling under the 85% positive response threshold. Clinical leadership identified the following action steps to work toward improvement of scores:

1. Clinical Management will continue training CBH and provider staff on access to and use of the Provider Manual as the primary resource for standards and practices related to Utilization Management, authorization processes, and use of peer-review.
2. Clinical Management will continue to utilize meetings with clinical leadership, composed of staff with utilization review oversight, to review and standardize department practices. This group will continue efforts toward creating a more consistent and streamlined prior authorization and peer coordination process. The clinical authorization interrater reliability (IRR) threshold will remain at 90% to support an enhanced level of standardization and consistency among care manager clinical decisions and approvals.
3. Clinical Management leadership will review language in the current edition of the Provider Manual to determine if any edits or changes can support clarity.
4. Prior to the 2021 PSS, Clinical Management will again review questions and the RCA previously completed with Quality Management to determine if the questions offer specificity, clarity, and address all relevant elements of service satisfaction.

CBH Claims Management

<i>Questions/Answers</i>	<i>2019 Score</i>	<i>2020 Score</i>	<i>Point Change</i>
<i>Q28. When our agency had questions regarding paper or electronic claims, the CBH Claims Analysts...</i>			
Were professional	85%	94%	+9.0%
Were clear	80%	91%	+11.0%
Responded within 48 hours	72%	84%	+8.0%
Answered my questions	84%	88%	+4.0%
<i>Q29. When our agency had questions regarding adjustments, the CBH Claims Analysts...</i>			
Were professional	93%	96%	+3.0%
Were clear	81%	91%	+10.0%
Responded within 48 hours	78%	86%	+8.0%
Answered my questions	82%	89%	+7.0%
<i>Q30. When our agency contacted the CBH Claims Department with an issue we...</i>			
Were satisfied with the service we received	78%	88%	+10.0%
Were satisfied with the length of time to resolve it	74%	82%	+6.0%
Received follow-up within 48 hours (24 hours for 2019)	70%	85%	+15.0%
<i>Q31. When our agency called with questions regarding third party liability, the Third-Party Liability Staff members in the Claims Department...</i>			
Were professional	87%	90%	+3.0%
Were clear	74%	87%	+13.0%
Completed initial follow-up within 48 hours	72%	82%	+10.0%
Answered my questions	78%	85%	+8.0%

Analysis of CBH Claims Department

The 2020 PSS results showed that, the Claims Management Department has taken advantage of opportunities for improvement in the clarity, response time, and thoroughness of answering questions by CBH Claims Analysts. While all satisfaction scores for this department showed marked improvement, several items did not meet the 85% threshold and were discussed as areas for ongoing monitoring and improvement. In Q28, Q30, and Q31, providers indicate some ongoing challenges with obtaining initial follow-up within 48 hours. To continue the gains and maintain progress toward 85% satisfaction for all measures, the Claims Department has identified the following action steps to continue work toward improvement of scores:

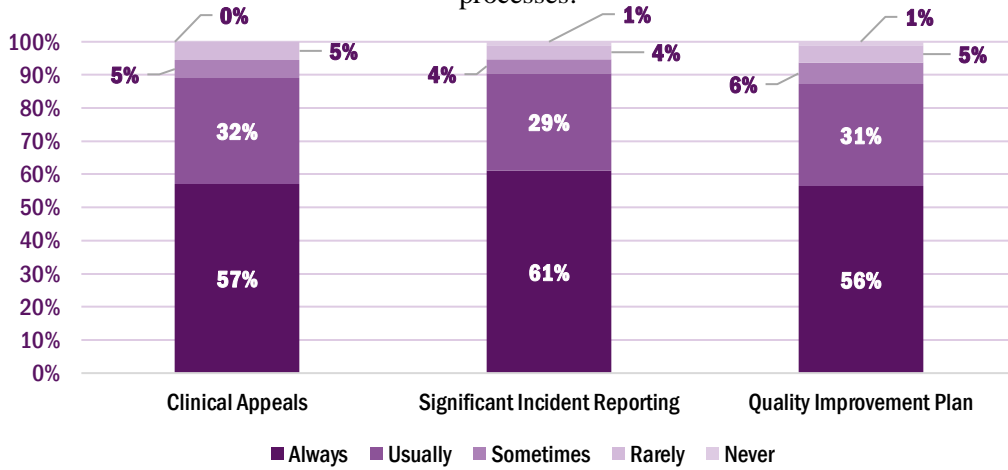
1. The Claims Department will continue system assessment by reviewing and updating policies and procedures and by continuing consultant review of processes.
2. The Claims Department will continue training and monitoring staff on policies and procedures.
3. The Claims Department will continue to offer trainings to the provider community about processes, procedures, documents, and expectations.

CBH Quality Management

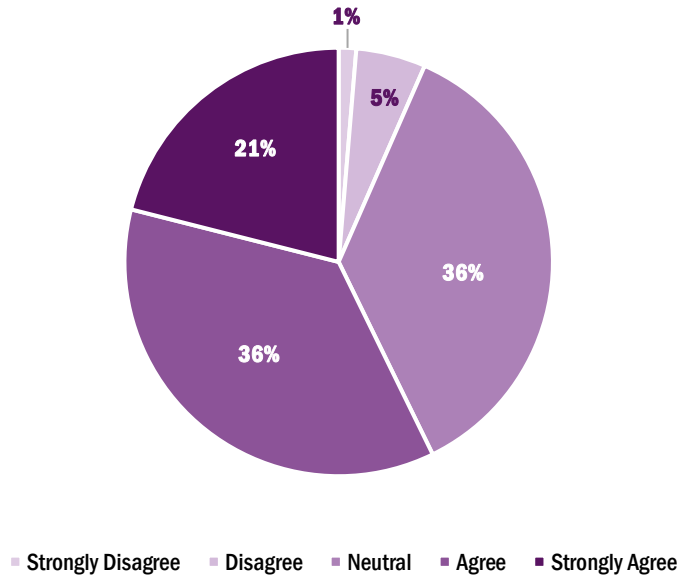
<i>Questions/Answers</i>	<i>2019 Score</i>	<i>2020 Score</i>	<i>Point Change</i>
<i>Q34. CBH Quality Management Staff clearly explain the following processes:</i>			
Clinical Appeals	88%	89%	+1.0%
Significant Incident Reporting	89%	91%	+2.0%
Quality Improvement Plan	83%	87%	+4.0%
<i>Q36. CBH Quality Management Staff:</i>			
Are timely when notifying the provider of a member complaint	79%	84%	+5.0%
Clearly explain CBH’s expectations of the provider during the member complaint process	88%	84%	-4.0%
<i>Q37. CBH Quality Management Staff conduct complaint investigations in an efficient and comprehensive manner.</i>			
	83%	79%	-4.0%

Questions/Answers	2019 Score	2020 Score	Point Change
Q38. When indicated, CBH Quality Management Staff provided timely notification of continuation rights for the grievance process.	92%	85%	-7.0%

Q34: CBH Quality Management staff clearly explain the following processes:



Q40: P4P helps my agency choose targets for quality improvement.



<i>P4P Questions/Answers</i>	<i>2019 Score</i>	<i>2020 Score</i>	<i>Point Change</i>
Q40. P4P data helps my agency choose targets for quality improvement	63%	57%	-5.0
<i>Q41. When we meet with NIAC/Provider Operations/Clinical Care Managers, they know about our agency's P4P performance</i>			
NIAC	56%	52%	-4.0%
Provider Operations	54%	56%	+2.0%
Clinical Care Manager	47%	54%	+7.0%

Analysis of Quality Management Department

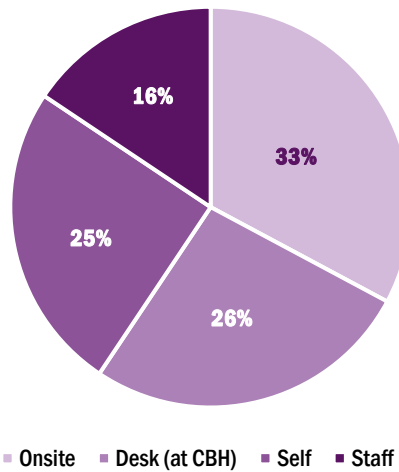
Measures related to the Quality processes ranged from 79–91% and providers were generally satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. Responding to the challenges of 2020 and the provider network telehealth transition, the 2020 PSS results showed some improvement and some opportunities for continued improvement. The following measures did not meet the 85% threshold: Q36, timely notification of member complaints and clearly explaining process expectations to providers; Q37, efficiency and thoroughness in complaint investigations; Q40, P4P data helps choose QI targets; and Q41, sharing P4P communication across CBH departments. As a result of this survey, the Quality Management Department has identified the following action steps:

1. The Quality Management staff will continue to alert the provider of the nature of each member complaint, information needed (including policies and staff participation), and schedule site visit/telephonic interview within five days of being assigned the complaint by the Complaints and Grievances Supervisor. This is tracked and reviewed for staff training opportunities.
2. Quality Management staff will continue yearly training on the investigation process. The existing investigation process training will include a case review prior to conducting investigation with providers. Quality Management staff will review policies/procedures already collected by the CBH Quality Department to avoid requesting duplicate policies from providers. In addition, staff will review CBH records for up-to-date information previously received.
3. Performance Evaluation will develop a P4P Dashboard to support communication and documents access with involved providers.

- 4. Performance Evaluation will train providers, the CBH Quality Department, and CBH Clinical Department on P4P measures and outcomes to support consistent communication across a variety of provider meetings.
- 5. Performance Evaluation Staff will continue to attend all NIAC site visit prep meetings to discuss P4P status.

CBH Compliance

Q44. What type of audit did you have in 2020?

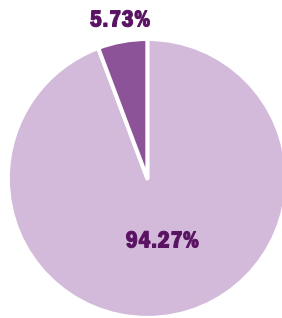


Q46. Do you have suggestions on how to make the self-audit process more valuable/beneficial?

Result: 10 responses were recorded and shared with the Compliance Department.

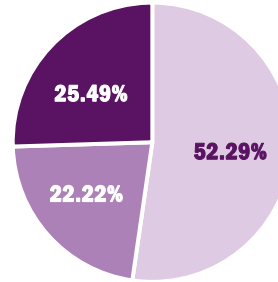
Questions/Answers	2019 Score	2020 Score	Point Change
<i>Q48. When our agency had contact with the Compliance Department, we found them to be...</i>			
Professional	94%	96%	+2.0%
Knowledgeable	92%	90%	-2.0%
Collaborative	92%	86%	-8.0%

Q49. If I have a concern about fraud, waste and abuse, I know how to report it.



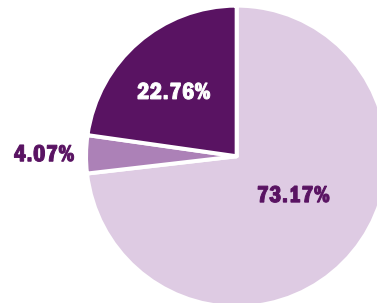
■ Yes ■ No

Q50. Do you review the Compliance Matters publication?



■ Yes ■ No ■ Sometimes

Q51. If you answered yes or sometimes, do you find it useful?



■ Yes ■ No ■ Sometimes

Analysis of Compliance Department

The 2020 PSS results did not show any measurement areas that were under the 85% threshold for satisfaction. As a result, the Compliance Department did not generate any action steps for 2021.

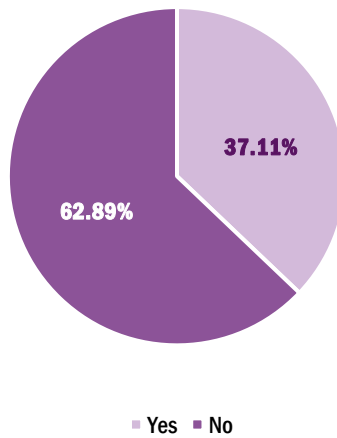
Credentialing and Re-Credentialing

The 2020 PSS included new sections and questions on Credentialing, which involves the Provider Operations and Compliance departments, and Re-Credentialing, managed by Compliance and NIAC. Overall satisfaction for these measures is presented without comparison, and all measures met the 85% threshold for satisfaction. These items were reviewed with the relevant departments and will continue to be included in the 2021 PSS.

<i>Questions/Answers</i>	<i>2020 Score</i>
Q53. Is documentation about the CBH credentialing process easy to find?	91%
Q54. CBH credentialing practices are consistent with the process as documented?	98%
Q56. Is documentation about the CBH re-credentialing process easy to find?	95%
Q57. CBH re-credentialing practices are consistent with the process as documented?	99%

CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)

Q59. Did your agency have a NIAC site visit in 2019?



<i>Questions/Answers</i>	<i>2019 Score</i>	<i>2020 Score</i>	<i>Point Change</i>
<i>Q60. During our 2019 NIAC site visit, we found the NIAC team to be:</i>			
Professional	98%	100%	+2.0%
Knowledgeable	94%	87%	-5.0%
Collaborative	89%	85%	-4.0%

Questions/Answers	2019 Score	2020 Score	Point Change
Q61. NIAC Staff effectively communicated information regarding the...			
Preparation for the site visit	95%	89%	-6.0%
On-site review process	100%	87%	-13.0%
Post-visit follow-up	75%	74%	-1.0%
Q62. The activities completed during the NIAC site review adequately capture the services provided at our agency.			
	79%	74%	-5.0%
Q63. The NIAC team provided helpful oral and written feedback in response to the site visit.			
	79%	75%	-4.0%
Q64. The NIAC site visit prompted implementation of the Practice Guidelines.			
	90%	75%	-15.0%
Q65. 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.			
	78%	83%	+5.0%
Q66. The Performance Improvement Plan (PIP) process was found to be collaborative and helpful in promoting improvements in service delivery and driving procedural/programmatic change.			
	74%	62%	-12.0%

Analysis of NIAC

The 2020 PSS results showed some improvement, and some areas for continued growth opportunity for the NIAC teams. For the following measures: Q61, effective communication of the post-visit follow-up process, as well as Q62, Q63, Q64, Q65, and Q66, scores did not reach the requisite 85% positive rating. After discussing these outcomes, and the unique challenges presented by 2020, NIAC has identified the following action steps to work toward improvement of satisfaction scores:

1. NIAC will offer text reviewing the types of audits and consider breakout questions for various types, to support clarity and specificity in responses to PSS questions. This will help to parse providers who interact with NIAC for DDAP, PIP, or Re-Credentialing, and assure that feedback is related to relevant processes.

2. NIAC continues to offer monthly provider orientation sessions which remain open to any staff who would like to attend (at the providers' discretion) to support comprehensive awareness about NIAC's audit processes. These orientation sessions also are being expanded to distinguish NIAC processes from related-but-distinct operations within other CBH departments and will continue to involve collaboration with CBH Network Training and Development.
3. During the entrance and exit conferences, NIAC staff will be sure to review the activity timeline and reiterate that the evaluation process continues beyond the exit conference. Additional feedback, including corrective action requests, is likely once all materials submitted are thoroughly reviewed and processed.
4. A directive stance has continued to be beneficial in NIAC's PIP process, with ongoing development and implementation of the NIC Standards for Excellence from version 3.0 to 3.5, and the utilization of Vertical Change scoring software. NIAC will offer concrete guidance and/or examples that are directly applicable to the areas that require improvement. Staff will continue to assert that the recommendations are not intended as a substitute for the provider's self-direction but rather an additional supportive choice element.

SUMMARY

The 2020 PSS consisted of 69 questions and assessed overall satisfaction with CBH, as well as department-specific satisfaction. The number of respondents increased from 97 in 2018 to 300 in 2020 and respondents expressed 88% overall satisfaction with CBH.

Member Services has continued to meet or exceed the 85% threshold for most measures, especially around professionalism and timely response. Member Services leadership noted that 2020 presented unique challenges for staff tasked with supporting members and providers in resolving concerns. Ongoing opportunities for improving the knowledgebase will be supported through the real-time auditing process, along with silent monitoring by supervisory staff.

The Provider Relations Department lost some ground on most measures with the lowest score being 74% and the highest score being 93%. The new questions provided specificity in opportunities to improve timely response and resolution. Provider Relations identified continued training standardization and supervisory monitoring support as opportunities for all staff.

The Clinical Management Department's decision to substantially change the PSS Clinical questions helped to define strengths and areas for growth. It should be noted that for much of 2020, prior authorization requirements were removed for many levels of care to reduce barriers to access during the Covid-19 pandemic. Without this requirement, Providers were generally not making strong connections between the Provider Manual and the prior authorization process, with scores on these items ranging from 67-75% positive rating. The Clinical Management Department identified

opportunities to clarify this language, ensure staff are trained to direct providers to the Provider Manual as a resource guide, and will continue work toward standardizing authorization and peer-review processes.

The scores for the Claims Department show increases in 2020 for all items, exceeding the 2019 ratings and continuing improvements from 2018. The Claims Department plans to continue to implement and develop trainings and to utilize the support of having a QA staff member on the team. These actions are expected to address opportunities to improve timely response, as well as timely resolution of concerns. Questions will be reviewed for modification prior to the 2021 PSS.

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 remain well under the 85% threshold. The Quality Management Department has identified additional opportunities for improvement and will continue tracking to ensure timely notification of the complaints process. P4P trainings will support all stakeholders on clear rationale of the P4P measures.

The Compliance Department scored above the 85% threshold on all measures for the 2020 PSS.

The NIAC Department again met or exceeded several measures, especially around knowledge and professionalism. The PSS demonstrated that providers may have some confusion as to the types of audits and the post-survey process for their unique needs. NIAC has continued implementing and refining the process to provide standardization and clarity around expectations for follow-up and performance improvement plans.

All involved CBH departments will utilize the results obtained as part of the PSS process and continue to work on implementing the identified action steps. Quality Management staff and departmental leadership at CBH will continue to review the PSS process annually and update measures as needed to ensure CBH is effectively capturing feedback and ultimately meeting the needs of providers.