

# 2021 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. We sincerely appreciate the contributions of all who offered input in 2021, a year defined by our ability to respond to challenges with innovative solutions.

The purpose of this survey is to assess overall provider satisfaction with CBH and identify specific key areas of service satisfaction with the following departments: Member Services, Provider Relations, Clinical Management, Claims Management, Quality Management, Compliance, NIAC, and those involved in the Pay-for-Performance and Credentialing and Re-Credentialing processes. The following report includes the results from the 2021 PSS, improvement opportunities that were identified, and the actions CBH will take in 2022 to further improve the experience of providers.

## METHODOLOGY

### *Survey Distribution*

Participation is voluntary. The PSS was open to providers via a link to the SurveyMonkey software platform from January 3 through February 11, 2022. Notification of the survey's availability during this period was completed through inclusion as an item in the CBH Provider News Blast, [updated PSS section on the CBH website](#) with an invitation letter from the CEO, direct messaging from each CBH Provider Representative to their assigned provider cohort, and review of the opportunity for survey completion during provider meetings with Clinical and Quality Management staff.

The 2021 survey consisted of 76 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
32–40	CBH Quality Management and Performance Evaluation

Question	Topic Area
41–54	CBH Compliance
55–63	CBH Credentialing Process
64–73	CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)
74–76	CBH Provider Manual and other suggestions

At the beginning of each section, respondents were asked if they had contact with the department in question, encouraged to identify their job title and department in which they work. This serves to provide CBH with information about the provider staff completing each section and ensure relevant responses. These responses are not significant to the report findings. Therefore, the following questions will be left out of the results sections: Questions 8, 9, 14, 17, 26, 27, 32, 33, 41, 42, 43, 50, 55, 56, 59, 60, 63, 64, 65.

Providers were permitted to complete multiple responses 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). Logic embedded in the SurveyMonkey software allowed respondents to skip questions for any sections where they indicated they did not contact CBH for the purpose described, e.g. “Did your agency have a virtual NIAC site visit in 2021?”, as a representative of their agency. Thus, the sample size varies throughout the instrument and should be carefully considered as a factor in any analysis.

### *Survey Analysis*

Prior to sharing the survey with providers, CBH Quality Improvement and 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-type Scales across the instrument consistent in offering 4 choice levels—very positive, positive, negative, very negative—with specific language connected to the measure. A measure asking about clarity of written instructions would include choices “very clear-clear-unclear-very unclear.” Consultation with subject matter experts led to the removal of any “neutral” options in the 4-choice scale—requiring respondents to provide an answer that could be categorized as positive or negative. Where possible, yes/no questions were also converted to 4-item Likert-type responses as well. The changes in the format of these questions should be considered in comparing these responses to prior iterations which did include a neutral category.

Results of the survey were reviewed and assessed for positive responses. A positive response is agreement with positive statements in the Likert-type Scale such as “Always and Usually,” “Much Better and Somewhat Better,” “Very Satisfied and Satisfied,” “I have had few or no problems,” and “Strongly Agree and Agree.” The results were analyzed for the ratio of positive responses to total responses and outcomes were shared for CBH/DBH and provider review in the March 2022 Quality

Improvement Committee (QIC). 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 given opportunity for in-depth review of all items pertinent to their work and asked to develop action steps to address opportunities.

## SATISFACTION RESULTS

### Provider Profile

Overall, there were 125 respondents to the 2021 PSS, which was a decrease from 300 in 2002, but more consistent with *n* of 131 in 2020 and 97 in 2018. The first four questions of the PSS were used to obtain demographic information of respondents to understand the provider profile.

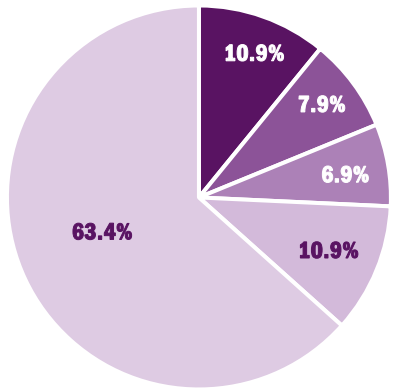
**Q1.** Are you responding to this survey on behalf of an independent practitioner, group practice, or facility?

**Result:** Of 122 respondents, 77% (94) were part of a facility, 15% (18) were part of a group practice, and 8% (10) were independent practitioners.

**Q2.** Did your agency provide services to CBH members in 2021?

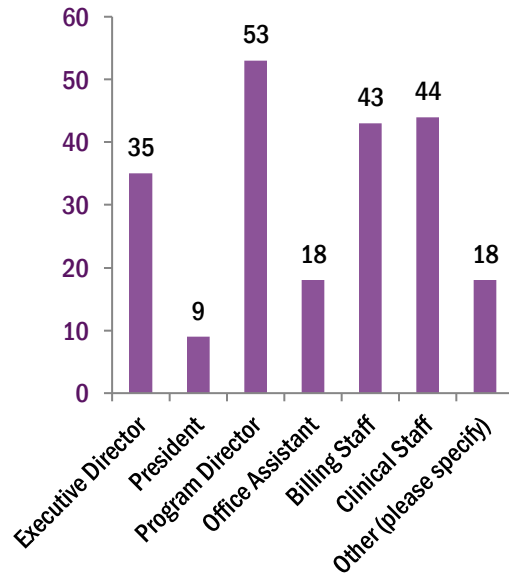
**Result:** 122 respondents (98%) provided services to CBH members in 2021.

**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

**Q4.** Please indicate the job titles of ALL the participants in the survey.



In responses to Q3, the majority of survey-takers are responding from organizations with many years of experience working with CBH. The number of responses for each category is indicated for Q4; many provider organizations completed the survey as a multidisciplinary team and entries reflect multiple roles/titles. “Other” Identified Staff includes:

- ➔ Regional Directors
- ➔ Utilization Review Coordinator or Specialist
- ➔ Clinical Supervisor
- ➔ Behavioral Health Clinical Consultant
- ➔ Billing Director
- ➔ Assistant Program Director
- ➔ Administrative Director/Manager
- ➔ Counselor/Clinician
- ➔ Independent Practitioner
- ➔ Human Resources
- ➔ Director of BH and UM
- ➔ Frontline Staff

### CBH Overall Satisfaction

Questions	2021 Score
Q5. Overall, we are satisfied with our agency being a provider for CBH.	94%
Q6. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations? (If able to compare)	83%
Q7. Overall, CBH meets our agency’s needs.	91%

### *Analysis of Overall Satisfaction*

Analysis showed that satisfaction scores were higher in 2021 than 2020. The positive score rate was over 85% for Q5 and Q7. Although CBH did not meet the 85% threshold for Q6, there was a significant increase in positive ratings of CBH compared to other funding sources. In 2021, CBH more closely monitored the specific departmental interventions discussed in the 2020 PSS Annual Report to improve the overall satisfaction score and provide the best possible service to providers in the network.

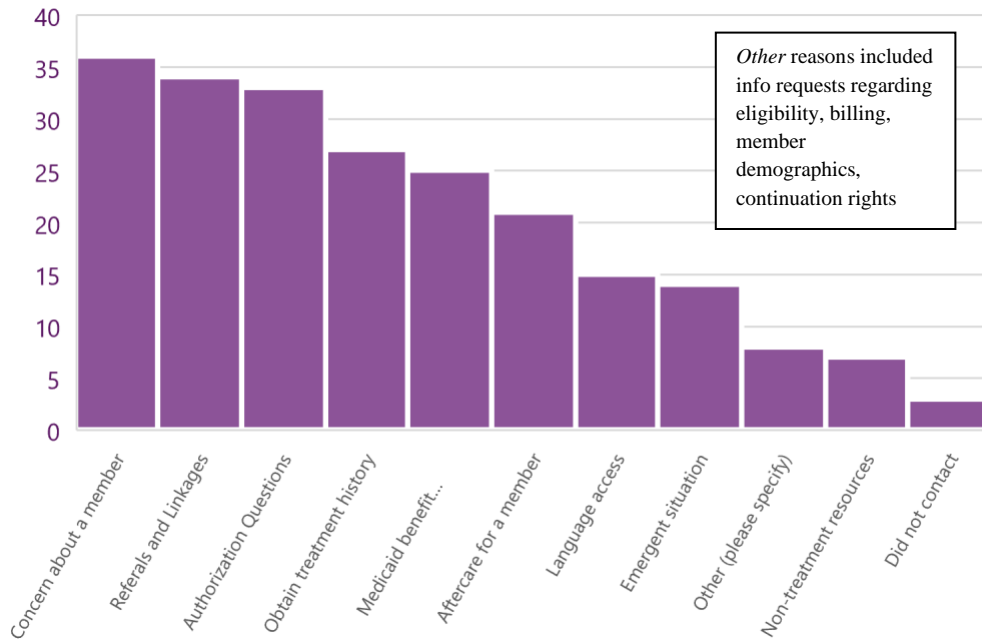
### **CBH Member Services**

**Q10.** How often does your agency contact the CBH Member Services Department for assistance?  
(n=76)

<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
14 %	22%	29%	29%	5%

<i>Questions/Answers</i>	<i>2021 Score</i>
<b>Q11.</b> When contacting the Member Services Department, the Member Services Representatives:	
Were Professional	99%
Were Clear	94%
Were Knowledgeable	92%
Answered My Questions	93%
<b>Q12.</b> When contacting Member Services with an issue, we:	
Were satisfied with the service we received	92%
Were satisfied with the length of time to resolve it	85%

Q13. What are your primary reasons for contacting Member Services?



**Analysis of Member Services**

The 2021 PSS results showed that Member Service Representatives have implemented changes and continue to provide high quality service in responding to callers. All items scored above the 85% threshold. Member Services leadership noted that this improvement was supported by continuing training efforts and close monitoring of staff.

The silent monitoring and real-time auditing of Member Services staff will continue in 2022, to allow for rapid response in addressing concerns and identifying areas for additional training. Training for staff has focused on customer service, with a plan to address inquires if possible, or to collect contact information, then consult or gather all the necessary info before responding.



**CBH Provider Relations**

**Q15.** How often does your agency contact the CBH Provider Relations Department for assistance?

<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
7%	11%	49%	27%	7%

<i>Questions/Answers</i>	<i>2021 Score</i>
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<b>Q16.</b> When contacting Provider Relations:	
The Provider Representative returned our phone calls within 1 business day	87%
I ended the call feeling confident that the provider representative was able to help me	87%
The Provider Representative was professional	97%
I found the staff to be helpful and courteous	93%
My inquiry was resolved in a timely manner	83%
The Provider Representative provided linkages to the appropriate CBH department	93%

***Analysis of Provider Relations***

The 2021 PSS results demonstrate that the Provider Relations Department is professional, helpful, and courteous. Ongoing efforts to improve communication, relationships with providers, and overall customer service have supported strong positive scores on the PSS. Provider Reps offered intensive support to network providers in navigating the structure, routines, and expectations of a work experience that includes telehealth and remote interactions between CBH and providers.

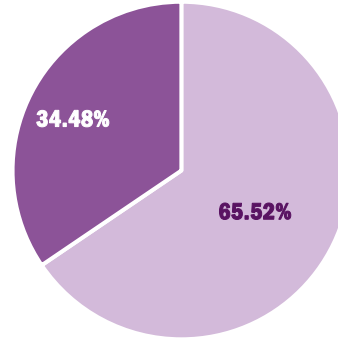
The following action steps have been developed to address the rating of 83% on Q16:

1. Adherence to the department onboarding process for new staff - and maintenance of a shared informational manual for all staff - will standardize supports for providers. This training will reinforce the time requirements for responses.
2. Department staff will be regularly assessed by supervisors through documented silent phone monitoring to provide opportunities for feedback on customer service and timely response.

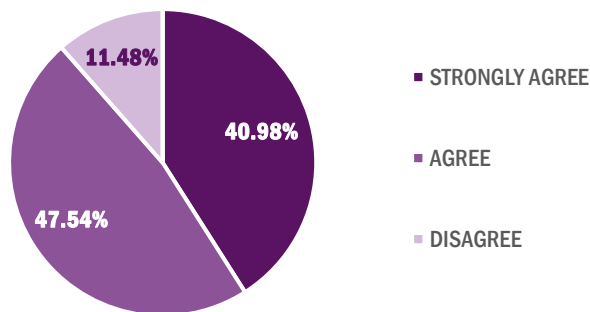
**CBH Clinical Management**

**Q19.** Have you used the authorization section of the CBH Provider Manual?

■ YES ■ NO



<i>Questions/Answers</i>	<i>2021 Score</i>
<b>Q20.</b> Instructions for making a prior authorization request within the authorization section of the Provider Manual are easy to find.	81%
<b>Q21.</b> When utilizing the authorization section of the Provider Manual, the documented instructions for making an authorization request are clear and understandable.	88%
<b>Q22.</b> CBH Care Management practices for prior authorization requests are consistent with the processes as described in the authorization section of the Provider Manual.	88%
<b>Q23.</b> CBH Care Management staff are helpful, collaborative, and solutions focused.	88%
<b>Q24.</b> Instructions to reach a Peer-Reviewer are: VERY CLEAR – CLEAR – UNCLEAR – VERY UNCLEAR	94%
<b>Q25.</b> I am satisfied with the customer service received from CBH Care Management Staff (see pie chart below).	89%



***Analysis of CBH Clinical Management***

Survey results in the Clinical section indicate that overall, the instructional materials and customer service experience were satisfactory to most of the provider respondents. No changes were made to the content of the questions between 2020 and 2021, although the order was altered for improved flow.

One item which did not achieve a satisfaction score of 85% or higher was Q20, regarding prior authorization instructions within the CBH Provider Manual. When the new edition of this document is available, efforts will continue in 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.

The primary action step for the Clinical Department in 2022 is:

- ➔ Clinical Management leadership will support sharing of and training with the new edition of the Provider Manual to ensure ease of access and clarity in application.

**CBH Claims Management**

Questions/Answers	2021 Score
<b>Q28.</b> When our agency contacted CBH Claims department with claims-related issues, we:	
Were satisfied with the service we received	95%
Were satisfied with the length of time to resolve it	95%
Received initial follow-up within 48 hours (when appropriate)	95%
<b>Q29.</b> When our agency had questions regarding paper or electronic claims, the CBH Claims Technical Analysts:	
Were professional	98%
Were clear	98%
Answered my questions	98%
<b>Q30.</b> When our agency had questions regarding adjustments, the CBH Claims Technical Analysts:	
Were professional	98%
Were clear	98%

Questions/Answers	2021 Score
Answered my questions	100%
<b>Q31.</b> When our agency called with questions regarding third party liability, the Third-Party Liability Staff members in the Claims Department:	
Were professional	100%
Were clear	100%
Answered my questions	96%

### *Analysis of CBH Claims Management Department*

The 2021 PSS results demonstrated that the Claims Management Department has continued improvement in the clarity, response time, and thoroughness of addressing questions by CBH Claims Analysts. All satisfaction scores for this department met the 85% threshold. The Claims Department was not required to develop action steps in relation to these results, however, the following efforts will continue in 2022:

- ➔ The Claims Department will continue to offer trainings to CBH staff and the provider community about processes, procedures, documents, and expectations.

## **CBH Quality Management & Performance Evaluation Department**

Quality Management Questions/Answers	2021 Score
<b>Q34.</b> CBH Quality Management Staff clearly explain the following processes:	
Clinical Appeals	86%
Significant Incident Reporting	91%
Quality Improvement Plan	77%
<b>Q35.</b> CBH Quality Management Staff:	
Are timely when notifying the provider of a member complaint	86%
Clearly explain CBH's expectations of the provider during the member complaint process	89%

<i>Quality Management Questions/Answers</i>	<i>2021 Score</i>
<b>Q36.</b> CBH Quality Management Staff conduct complaint investigations in an efficient and comprehensive manner.	88%
<b>Q37.</b> When indicated, CBH Quality Management Staff provided timely notification of continuation rights for the grievance process.	89%
<i>Performance Evaluation Questions/Answers</i>	<i>2021 Score</i>
<b>Q39.</b> The Pay-for-Performance (P4P) Operational Definitions document supplied by the P4P staff is easily understandable	70%
<b>Q40.</b> P4P Staff communicated timely information on the metrics being evaluated:	74%

### *Analysis of Quality Management and Performance Evaluation Department*

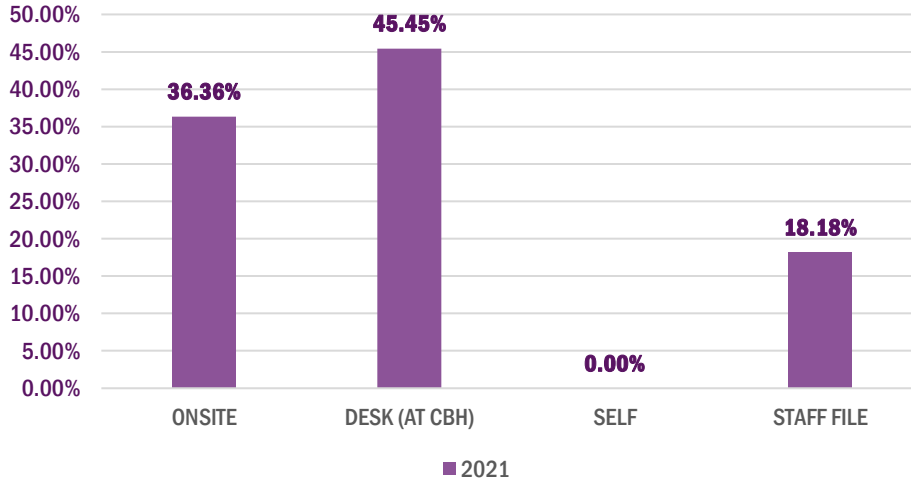
Measures related to satisfaction with CBH Quality processes ranged from 77%–91% and surveyed providers were overall satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. The 2021 PSS results revealed some opportunities for continued improvement.

The following measures did not meet the 85% threshold: Q37, clearly explaining the Quality Improvement Plan process. Both P4P questions 39 and 40 were new for the 2021 survey and did not achieve a satisfaction rate of 85% or greater. Notably, the sample size for respondents in this group fell below 30, with 20 and 19 respectively. As a result of this survey, the Quality Management Department has identified the following action steps:

- 1.** Quality Management staff will continue to train and communicate clearly with CBH and provider staff regarding the process followed for each type of Quality Management activity. Relevant updates will be included in the 2022 edition of the CBH Provider Manual.
- 2.** Performance Evaluation staff will continue training on and development of the P4P Dashboard to support communication and documents access with involved providers.
- 3.** Performance Evaluation will use the Operational Definitions document to 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. This document will be reviewed annually for clarity and improvement opportunities.

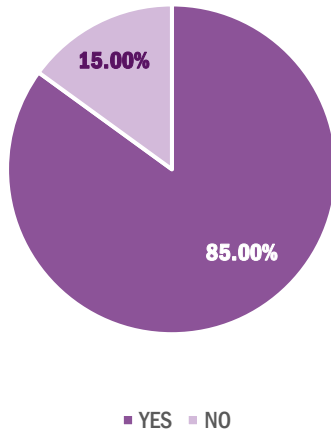
**CBH Compliance Department**

**Q44. What type(s) of audit did you have?**

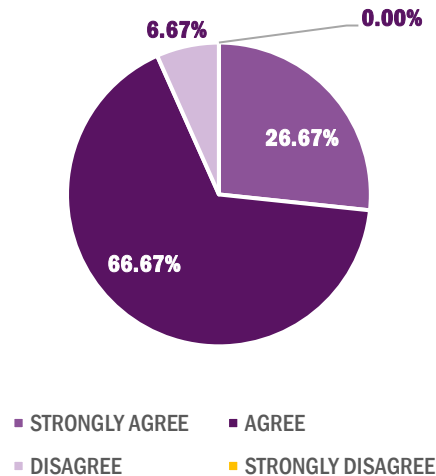


Questions/Answers	2021 Score
<b>Q46.</b> Instructions for completing a self-audit or reporting fraud, waste, and abuse are easy to find	67%
<b>Q47.</b> For CBH Compliance Department-conducted audits, written communication about the audit was consistent with the verbal feedback received in the audit process.	82%
<b>Q48.</b> A self-audit process is a basic component of an organizational compliance plan. If you had a 2021 self-audit, did you find it valuable?	89%
<b>Q51.</b> When our agency had contact with the CBH Compliance Department we found them to be:	
Professional	94%
Knowledgeable	94%
Collaborative	80%

**Q52.** If you have a concern about fraud, waste and abuse, you know how to report it.



**Q54.** The content of *Compliance Matters* helped to improve our compliance program.



### Analysis of Compliance Department

The 2021 PSS results represent a small sample with items receiving from 9-20 responses—impacting the ability to reliably assess or reach the 85% threshold for satisfaction on items Q46, Q47 and the Collaborative element of Q51. However, CBH acknowledges the opportunity for improvement in making self-audit materials and fraud, waste, and abuse reporting information readily available through a consistent, well-communicated, and collaborative process. As a result, the Compliance Department generated the following action steps for 2022.

1. Compliance Department leadership will work with the CBH Communications Department to ensure that all materials for self-audit and reporting procedures related to compliance concerns are easily accessible via the CBH website.
2. All Compliance staff will be trained on sharing information for self-audit and fraud, waste, and abuse reporting through a consistent and comprehensive process.

### Credentialing and Re-Credentialing

Beginning with the 2020 survey, the PSS included new sections and questions on Credentialing, which involves the Provider Operations and Compliance departments, and Re-Credentialing, managed by Compliance and NIAC. These items were reviewed with the relevant departments and expanded in the 2021 PSS, with previous yes/no questions becoming 4-item Likert-types. All measures must meet the 85% threshold for satisfaction.

Questions/Answers	2021 Score
Q53. Documentation about the CBH credentialing process is easy to find.	82%
Q54. CBH credentialing practices are consistent with the process as documented.	86%
Q56. Documentation about the CBH re-credentialing process and NIC standards is easy to find.	67%
Q57. CBH re-credentialing practices are consistent with the process as documented in the CBH Provider Manual.	80%

### *Analysis of Credentialing and Re-Credentialing*

The 2021 PSS results represent a small sample with responses ranging from 20-33 per question. In this assessment, several areas fell below the 85% threshold for satisfaction, and discussion with stakeholders focused on the potential impact of the changed question format. During 2021 updates to the CBH website and Provider Manual were instituted to bolster access to materials on both the credentialing & recredentialing processes. There was significant interdepartmental collaboration to update the provider manual in 2021, and availability of the updated material in 2022 is expected to facilitate provider info-seeking for many CBH processes.

The action steps identified for 2022 are as follows.

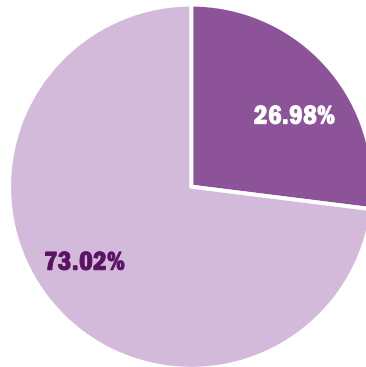
1. Staff engaged in credentialing and recredentialing processes will support sharing of and training with the new edition of the Provider Manual to ensure ease of access and clarity in application. Involved teams will assess efforts in 2021 to share materials for each credential process in a standardized and comprehensive manner.
2. Departmental leaders will evaluate the opportunity for use of a “NIAC liaison” for the initial credentialing process. This staff would communicate NIAC policies and the availability of NIC training in preparation for ongoing credential maintenance in the CBH/DBH network.



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

**Q66.** Did your agency have a virtual NIAC site visit in 2021?

■ YES ■ NO



Questions/Answers	2021 Score
<b>Q67.</b> During our 2020 NIAC site visit, we found the NIAC team to be:	
Professional	91%
Knowledgeable	91%
Collaborative	55%
Accommodating	66%
<b>Q68.</b> NIAC staff effectively communicated site visit adaptations to support the virtual review process during:	
Preparation for the site visit	82%
On-site review process	91%
Post-visit follow-up	64%
<b>Q69.</b> The activities completed during the NIAC site review adequately capture the services provided at our agency.	64%
<b>Q70.</b> The NIAC team provided helpful oral and written feedback in response to the site visit.	64%

Questions/Answers	2021 Score
<b>Q71.</b> The NIAC site visit prompted implementation of the Practice Guidelines.	64%
<b>Q72.</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.	64%
<b>Q73.</b> A Performance Improvement Plan (PIP) is developed as a result of every NIAC audit. This process was collaborative and effective in prompting improvements in service delivery and driving procedural/programmatic change.	64%

### *Analysis of NIAC*

The 2021 PSS results showed some strengths, and some areas for continued growth opportunity for the NIAC teams. The results again represent a small sample with 11 responses per question. Only 14 of the 63 respondents that completed Q64 had contact or experience working with NIAC in 2021. The NIAC teams experienced significant staff turnover and gaps within the provider network during 2021, affecting continuity of knowledge of NIAC processes. While the relevant materials and an orientation video are available via the CBH and DBHIDS website, there continue to be many instances when this must be shared individually by email with provider staff. Changes to the CBH website occurred in 2021 and more are planned for 2022, so all efforts will be made to collaborate with Communications to facilitate access to the web-hosted NIAC content.

For the following measures: Q67 (collaborative/accommodating), Q68 (preparation/post visit communication), as well as Q69, Q70, Q71, Q72 and Q73, scores did not reach 85% positive rating. After discussing these outcomes NIAC has identified the following action steps to work toward improvement of satisfaction scores:

1. NIAC will conduct a separate feedback survey for all audit processes at the time of the audit, and compare with data for the PSS questions. NIAC staff will help promote increased responses to the PSS by sharing the link with staff at providers who were most engaged with any NIAC process in the prior year as part of the PSS communication plan.
2. NIAC will provide ongoing Technical Assistance and education as part of annual departmental programming. Additionally, NIAC will acknowledge the value of peer culture and inclusion in all treatment settings, and provide relevant resources when findings indicate a need for improvement.
3. All NIAC staff will be trained on consistent communication of timelines and expectations throughout the audit process and for follow-up to the active process, including input from other departments. NIAC staff will continue to educate providers during the exit meeting

that the feedback available at that time is limited to their participation in the process. Results from the actual audit will always be detailed in the written report, and a separate meeting to review that information may be made available.

4. The NIAC team will continue to address the concerns with satisfaction on Q69 by seeking input as to what would be the preferred methods to capture and assess provider activities. Currently, every effort is made to understand the organization through records review, as well as executive and frontline staff interviews, peer support and staff focus groups, and family and adolescent client focus groups.

## SUMMARY

The 2021 PSS consisted of 76 questions and assessed overall satisfaction with CBH, as well as department-specific satisfaction. The number of respondents was comparable to 2019 and demonstrated 94% overall satisfaction with CBH.

Member Services has continued to meet or exceeded the 85% threshold for all measures, and scores were especially strong for professionalism and customer service. The knowledge-base and timeliness of responses will continue to be supported through a robust training program, real-time auditing process, and silent monitoring by supervisory staff.

The Provider Relations Department also demonstrated the ability to meet or exceed customer service expectations, scoring over 85% positive on all but one item. They noted strong collaboration with the provider network throughout 2021 to effectively manage change and growth. Provider Relations leadership identified continued training standardization and supervisory monitoring support as opportunities for all staff, particularly in timely resolution of complex needs.

The responses to the Clinical Management Department's section of the PSS indicate strengths in customer service, and staff alignment with stated policy. The Clinical Management Department identified opportunities to improve and implement the Provider Manual as a primary resource. Current training efforts will continue to support a standardized authorization and peer-review processes.

The Claims Department responses to the 2021 PSS were 95% or higher in satisfaction for all items. This represents a continued strong endorsement of the efforts of this team to meet the needs of the CBH provider network. The Claims Department will continue to develop and conduct internal/external trainings to ensure clarity in processes, procedures, documents, and expectations.

The Quality Management Department scored above the 85% threshold for nearly all items assessed: explanation around clinical appeals, complaints, and significant incident reporting, timeliness, efficiency, and scope of processes. Providers were not as satisfied with the support for the QIP process, so further training efforts and updates to the Provider Manual are planned to address the need during 2022. Satisfaction scores for P4P measures continue to fall below the 85% threshold, although new questions for this PSS did receive stronger satisfaction ratings than past. The ongoing

development of the P4P Dashboard, Operational Definitions, and other Performance evaluation trainings will support all stakeholders on rationale and assessment of the measures involved.

With the 2021 PSS, the Compliance Department continued to achieve satisfaction above the 85% threshold for core concerns of the value of staff support for providers, and the materials available for the self-audit process. Compliance staff will work to improve the experience of compliance activities as collaborative efforts in meeting regulatory standards, and to promote clear pathways for information sharing around fraud, waste, and abuse reporting.

For the cross-departmental Credentialing and Re-Credentialing processes, the availability and clarity of process documentation would benefit from improvement. Planned updates to the CBH website and Provider Manual will support standardized workflows and comprehensive communication around expectations. These teams will also evaluate the benefit of a Re-Credentialing liaison when closing initial Credentialing activities.

In 2021 the NIAC Department again met or exceeded several measures, notably process knowledge and professionalism, as well as communication about the adaptations for on-site review. Despite the small sample, items that fell below 85% satisfaction on this survey did help NIAC staff to identify targeted areas for improvement in 2022. Alignment of the NIAC feedback survey and PSS evaluation areas will further assist in clarifying these. Feedback from providers will continue to inform NIACs offering of training, audit process documentation, communication of expectations, and assessment of each program's unique strengths.

All involved CBH departments will utilize the results obtained as part of the PSS process and continue to work on implementing, adjusting, and improving the identified action steps. Quality Management staff and departmental leadership at CBH will review these actions quarterly through 2022. The PSS process is subject to annual review, allowing updates to all measures to ensure CBH is effectively capturing and responding to feedback from the provider network.