

**2025 EXECUTIVE SUMMARY**

**Annual Evaluation of the  
Quality Improvement Program**

May 11, 2026



**Community  
Behavioral  
Health**

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# 1. INTRODUCTION

Community Behavioral Health (CBH) is a non-profit 501(c)(3) corporation contracted by the City of Philadelphia's Department of Behavioral Health and Intellectual Disabilities Services (DBHIDS) to manage the delivery of the HealthChoices behavioral health managed care organization (BH-MCO) of the Commonwealth of Pennsylvania (PA). This program covers mental health and substance use disorder (SUD) services for Medicaid recipients in Philadelphia County. In partnership with DBHIDS, services are delivered in accordance with HealthChoices, which is governed at the federal level by the Centers for Medicaid and Medicare Services (CMS) and administered at the state level through the PA Department of Human Services (PA DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS).

In 2025, CBH had 738,407 eligible members under Medical Assistance. The mission of CBH is to provide access to high-quality, accountable care to improve the health and mental wellness of our members.

CBH contracts with Medical Assistance-enrolled and licensed providers, requiring them to deliver effective and medically necessary services to covered members in the least restrictive, most developmentally appropriate, and culturally competent manner. In creating and maintaining this managed care system, CBH promotes maximum access, member and family participation, public accountability, and local control.

## 1.1. Our Members

CBH's primary goal is to effectively address and support Philadelphians' overall health and wellness across multiple domains in partnership with other city agencies and physical health managed care organizations (PH-MCOs). CBH authorizes payment for various services, including outpatient mental health and SUD programs, inpatient psychiatric and residential rehabilitation, and family, school, and community-based programs.

## 1.2. Our Providers

CBH is committed to ensuring that Philadelphians receive quality, cost-effective, recovery-oriented, evidence-based services. Targeted efforts include developing and expanding a wide array of community-based alternatives to restrictive settings and developing specialized services for individuals with autism, youth involved in the child welfare system, and forensic-involved adults reentering the community.

# 2. GOALS AND OBJECTIVES

## 2.1. Goals

CBH's Quality Management (QM) program aims to provide the structure and processes to improve clinical care and service quality for our members in pursuit of the Quintuple Aim. QM program development includes multidirectional input from the Board of Directors, Officer Team, Quality Improvement Committee (QIC), members, and providers. The QM program realizes success through data and measurable outcomes to determine progress toward regulatory and accreditation requirements. The QM program is committed to continuous quality improvement and is evaluated annually for its effectiveness. Based on the annual

evaluation findings, the QM program is modified to ensure opportunities are acted upon to improve the quality of care our members receive.

## 2.2. Objectives

To achieve the overarching goals of the Quintuple Aim and the QM program, CBH has identified the following program objectives:

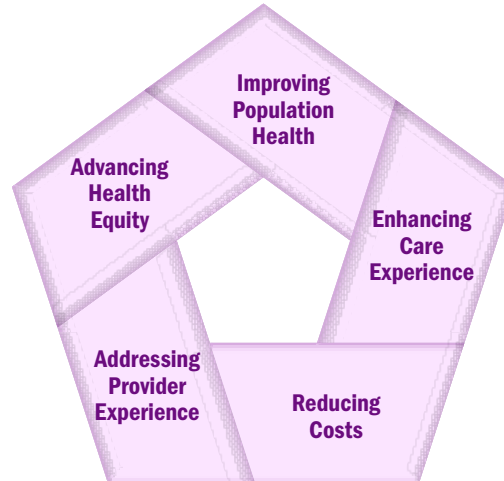
Objective	Purpose
<p><b>1. Maintain NCQA MBHO Accreditation at FULL accreditation (score of &gt;84)</b></p>	<p>Demonstrate a high-level of adherence to industry best-practices, resulting in high-quality care, access and consumer protections, and member outcomes.</p> <p>QM Program goals focus on quality improvement, member rights and responsibilities, practitioner and facility credentialing, utilization management, and care coordination and collaboration with behavioral health and physical health providers.</p>
<p><b>2. Maintain NCQA Multicultural Healthcare (MHC) distinction during transition to Health Equity Accreditation (HEA) with a score of &gt;80 by August 2025</b></p>	<p>Demonstrate a focus on appropriate service delivery and quality improvement interventions for diverse populations.</p> <p>QM Program goals focus on reduction of health disparities and improving access to care. There is an emphasis on understanding the needs of the population and working to remove the barriers, improving quality care.</p>
<p><b>3. Achieve a score of &gt;85% on Member Satisfaction</b></p>	<p>Achieving a score of &gt;85% on the Member Satisfaction survey demonstrates that members are accessing high-quality provider care successfully and are satisfied with the services of the provider network and CBH.</p>
<p><b>4. Achieve a score of &gt;85% on Provider Satisfaction</b></p>	<p>Achieving a consistently high level of provider satisfaction ensures that CBH is supporting providers in achieving goals necessary to provide quality care to the member population.</p>

## 2.3. Approach to Quality

The scope of the QM program is to oversee all aspects of clinical care and services provided to our members. The QM program is developed and evaluated in alignment with the Quintuple Aim and regulatory and accreditation requirements. CBH utilizes several strategies and approaches to ensure that the QM program effectively improves our member population’s health and health outcomes. The following section outlines in detail the supporting framework of the QM program.

### 2.3.1. The Quintuple Aim

CBH has adopted the Quintuple Aim, an expansion of the Quadruple Aim. The Quintuple Aim includes the following:



## 3. QM PROGRAM SCOPE AND STRATEGIES

CBH uses several strategies to ensure that QM goals and objectives are aligned with the Quintuple Aim priorities. The QM program scope includes activities related to member safety, member satisfaction, provider satisfaction, and quality measurements as outlined below:

1. Member Safety
2. Member Satisfaction
3. Provider Participation and Experience
4. Quality Measurements

## 4. QUALITY MANAGEMENT (QM) PROGRAM STRUCTURE

### 4.1. Quality Management Staff

CBH has dedicated significant resources and staffing to meet the needs of the QM program. CBH's QM Program resources are organized as follows:

- ➔ **Core Staff** – These internal staff members are critical in leading, managing, and executing the QM Program activities. The staff includes:
  - » Chief Medical Officer
  - » Senior Director of Quality Management
  - » Medical Director of Quality Management
  - » Director of Performance Evaluation
  - » Director of Quality Management
  - » Director of Quality Improvement
  - » Manager of Provider Monitoring
  - » Manager of Complaints and Grievances
  - » Manager of Quality Improvement
  - » Manager of Performance Evaluation
  - » Quality Management Supervisor
  - » Complaints and Grievances Supervisor
  - » Quality Management Specialists
  - » Complaints and Grievances Specialists
  - » Quality Reporting and Accreditation Specialists
  - » Quality Improvement Specialists
  - » Performance Evaluation Specialists
  - » Administrative Support
  
- ➔ **Expanded Staff** – These internal staff members have other roles in the organization, and a portion of their role is spent supporting the execution of QM program activities. These resources come from other key departments within the organization, including, but not limited to:
  - » Clinical Care Management
  - » Medical Affairs
  - » Member Services

» Data Analytics

## 4.2. Quality Improvement Committee (QIC)

The QIC oversees the QM program. The committee was co-chaired by the CBH Medical Director of Quality Management and the Senior Director of Quality Management and is composed of DBHIDS and CBH leadership, member representatives, practitioners from the provider network, and representatives from OMHSAS. The QIC provided critical feedback and guidance to the QM department on key initiatives. The committee is also responsible for reviewing and approving, in a timely manner, all key QM documents, including the QM program description, work plan, annual evaluation, and policies and procedures.

# 5. EVALUATION OF CBH'S PERFORMANCE

CBH monitors quality activities regularly and identifies goals in key areas related to access, care management and utilization, complaints and grievances, denials, quality management, and consumer/family satisfaction through the QM workplan. Goals are set annually and assessed at regular intervals to ensure progress is being made. Metrics that do not meet the identified goal are reviewed further through a root cause analysis. Actions for improvement are determined to address the causes of the goal not being met.

CBH achieved many of the objectives of the 2025 Quality Management Program and is performing well on many of the measures. There is still room for improvement, especially in quality improvement activities. The following section provides a summary of results for the goals in the 2025 QM Workplan.

## 5.1. Sections 1 and 2: Access (Provider and Consumer)

In 2025, CBH assessed multiple provider metrics to understand the provider network and members' access needs. A member needs assessment was conducted and included a review of network distribution mapping, penetration rates, provider-to-member ratios, network provider capacity, and an understanding of member needs, demographics, utilization, and member experience. The network review was successful, resulting in 296 new independent/group practitioners and 27 new facility programs joining the provider network. An outpatient access survey for outpatient mental health and substance use providers identified gaps in accessing routine and urgent services promptly. This was consistent with the member experience survey, which also identified gaps in accessing routine and urgent services promptly. However, members indicated in the member experience survey that they are satisfied with their provider and the services received. Complaints related to timely access are also minimal, indicating consistent member satisfaction responses.

CBH continues to monitor customer service for members and make improvements. However, the average speed answer remained the same in 2025 and 2024, at 11 seconds. The telephone call abandonment rate by member services staff improved slightly in 2024, from 0.86% to 0.65%. CBH continues to provide interpretation and written translation services to all members, as well as American Sign Language. CBH identified threshold and notification languages for eligible members in 2025 based on NCQA Health Equity Accreditation (HEA) standards. CBH continues to make alternate forms of communication available and provides documents in braille, recordings, and transcripts when needed.

**5.1.1. Access (Provider)**

*2025 Target Goal: Offer a choice of at least two providers to all CBH members requesting service.*

Description	Rate	Outcome
Although the overall goal for 2025 was met. Members were offered at least 2 provider choices 100% of the time from Q1 – Q4 of 2025.	100%	Goal Met

**5.1.2. Access (Consumer)**

*2025 Target Goal: 100% of calls to Member Services are answered within 30 seconds.*

Description	Rate	Outcome
100% of calls were answered within under 30 seconds.	11 seconds	Goal Met

*2025 Target Goal: Call abandonment rate is 5% or less.*

Description	Rate	Outcome
The call abandonment rate was significantly less than 5%.	0.65%	Goal Met

**5.2. Section 3: Care Management and Utilization Management**

The Clinical Department conducts inter-rater reliability testing biannually to ensure that physicians, psychologists, and care managers make medical necessity decisions appropriately. In 2025, the clinical department met the 90% threshold for all 2025 inter-rater reliability measurements. Care management staff collaborated with the Department of Human Services, the School District of Philadelphia, families, youth, and the courts to ensure that families' needs were met. The Utilization Management Committee continued to monitor utilization rates and length of stay and to review prior authorization requirements. The Quality Monitoring Audit Tool (QMAT) is a tool used to monitor and evaluate the quality of written documentation, telephonic reviews, and on-site performance.

*2025 Target Goal: Obtain a 90% agreement rate on inter-rater reliability studies.*

Description	Rate	Outcome
The overall percentage agreement across all teams exceeded 90%.	94%	Goal Met

### 5.3. Section 4: Education and Prevention Programs

CBH continues to provide education and prevention programs around smoking cessation, domestic violence, and childhood obesity. CBH continues to work on the Tobacco Recovery and Wellness Initiative to improve the emotional, behavioral, physical, and environmental health of members in recovery by promoting the use of evidence-based practices in tobacco screening and treatment across CBH-contracted providers. Based on the most recent data available, 17% of adults and 1.34% of youth were screened for tobacco use, 2.27% of adults and 0.06% of youth were offered counseling for tobacco use, and 1.77% of adults were offered pharmacotherapy in 2025.

### 5.4. Section 5: Complaints and Grievances

The complaints and grievances team at CBH ensures that all staff, BH-MCO staff, and panel members receive adequate training on complaints and grievances. Monthly audits of first-level complaints, second-level complaints, and grievances continue. Audit results are incorporated into supervision. Changes to Appendix H are incorporated into the protocol, and staff are trained. In 2025, 99.7% of first-level complaints were resolved within 30 days, 100% of second-level complaints were resolved within 45 days, and 100% of grievance hearings were resolved within 30 days.

*2025 Target Goal: Receive no more than five complaints or grievances (NCQA appeals) per 1000 members per quarter.*

Description	Rate	Outcome
<ul style="list-style-type: none"> <li>➔ The complaint rate met the goal of less than five (5) complaints per 1,000 members for every quarter in 2025.</li> <li>➔ The category with the largest number of Complaints overall and by age group for every quarter in 2025 was "Quality of Care."</li> </ul>	3.61	Goal Met

*2025 Target Goal: Achieve 100% Resolution within 30 days for grievances.*

Description	Rate	Outcome
Overall, the resolution of grievances within 30 days was 100%.	100%	Goal Met

### 5.5. Section 6: Denials

The timeliness of decisions met the 95% threshold in all 4 quarters. The timeliness of mailing remains a concern, but the overall rate was 98.8%. Denial audit scores ranged from 97.00% to 100%.

*2025 Target Goal: 100% of denial notifications are mailed promptly.*

Description	Rate	Outcome
In 2025, denial notifications were mailed timely 98.2% of the time.  Action: CBH continues to monitor and identify concerns around the timely mailing of denial notices. A monthly report has been developed for monitoring and individualized review with each care management team.	98.2%	Goal Not Met

## 5.6. Section 7: Executive Management

The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) continues to monitor and provide oversight of CBH. DBHIDS staff are active in handling complaints and grievances, serving on decision-making committees, and participating in pay-for-performance processes. In 2025, DBHIDS ensured that at least one county representative was present at key meetings and conducted compliance checks against the HealthChoices Program Standards and Requirements. The CBH staff organization remains compliant with the Program Standards and Requirements. An Annual CLAS program evaluation was conducted to evaluate services provided by CBH and the provider network for adherence to The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare.

## 5.7. Section 8: Quality Management

In 2025, the provider training and development unit at CBH provided virtual training and technical assistance to 314 provider participants. Providers also participated in provider orientation, claims processing training, evidence-based practice training, and clinical documentation training. The provider satisfaction survey achieved an overall satisfaction rate of 90% in 2025, exceeding the 85% goal.

CBH continues to develop and adopt [clinical practice guidelines](#) (CPGs) to help practitioners and members make decisions about appropriate healthcare. A rigorous process, including expert practitioner involvement, develops, reviews, and updates the clinical practice guidelines. Each developed guideline identifies performance metrics to assess the provider network's adherence to it. However, despite the challenges, there was demonstrated improvement in the provider network on performance measures from the following guidelines:

Clinical Guideline	Performance Measure	2024	2025	Improvement	Intervention
Prescribing and Monitoring of Benzodiazepines and Related Medications	Rate of benzodiazepine prescribing	38.19% (Q3, Q4)	37.01% (Q1, Q2)	Yes  (Rate is inverse. A decline shows improvement.)	Individualized provider outreach which includes a letter to prescribers informing them of their prescribing status, a request for written response, a request for a root cause analysis, and a corrective action plan, when warranted

Clinical Guideline	Performance Measure	2024	2025	Improvement	Intervention
Prescribing and Monitoring of Antipsychotic Medications for Youth	Metabolic Monitoring for Children and Adolescents on Antipsychotics	48.67%	53.21%	Yes	Educational material on “Antipsychotics Education for Parents & Caregivers” has been shared with providers and members. Providers are required to submit policies on metabolic monitoring during the credentialing process
Pharmacologic Treatment of Schizophrenia	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	66.69%	70.61%	Yes	In partnership with Keystone First, CBH and Keystone First care managers contact members who have not had screening to understand and address barriers.
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	57.51%	59.71%	Yes	Provide quarterly reports to supervisors of Behavioral Health Case Management Unit teams to help address member concerns about medication.
Treatment of Adults with Major Depressive Disorder	Antidepressant Medication Management – Effective Acute Phase Treatment	55.87%	58.43%	Yes	Annually, member education on the importance of follow-up with a prescriber and taking antidepressant medication is shared with CBH staff, providers, and members. This education is also shared via Social Media.

CBH will continue to assess the provider network's adherence to the guidelines. Performance metrics that did not meet the 2025 goal were analyzed to identify barriers within the provider network to achieving it. Interventions may be selected for quality improvement when necessary.

CBH continues to implement a quality improvement framework across the organization. This systematic review has been applied to several quality improvement projects and will continue to be applied in 2026. CBH has identified several quality improvement projects to improve care coordination among behavioral health providers, care collaboration between behavioral health and physical health providers, and overall quality of care for members.

The following quality improvement projects demonstrated improvement in 2025:

### 5.7.1. Behavioral Health Core Set Measures

CBH annually monitors all Behavioral Health (BH) core set measures by establishing and updating goals, identifying opportunities for interventions, and evaluating their effectiveness. The following summarizes a few of the measures and projects where improvement was demonstrated:

Performance Measure	2024	2025	Improvement	Intervention
Follow-up After Emergency Department Visit for Substance Use 7-Day (Ages 13 to 17)	10.42%	11.11%	↑0.69 percentage points	CBH conducts Secret Shopper activities to ensure that mental health outpatient providers are able to provide timely follow-up appointments after emergency department use.
Follow-up After Emergency Department Visit for Substance Use 30-Day (Ages 13 to 17)	10.42%	15.56%	↑5.14 percentage points	
Follow-up After Emergency Department Visit for Substance Use 7-Day (Ages 18+)	49.86%	50.42%	↑0.56 percentage points	CBH partners with a provider emergency department and substance use centers to provide care coordination onsite for individuals who are seeking emergency services.
Follow-up After Emergency Department Visit for Substance Use 30-Day (Ages 18+)	62.48%	65.01%	↑2.53 percentage points	
Follow-up After Emergency Department Visit for Mental Illness 7-Day (Ages 6 to 17)	45.57%	46.25%	↑0.68 percentage points	CBH conducts Secret Shopper activities to ensure that mental health outpatient providers are able to provide timely follow-up appointments after emergency department use.
Follow-up After Emergency Department Visit for Mental Illness 30-Day (Ages 6 to 17)	64.24%	65.83%	↑1.59 percentage points	
Follow-up After Emergency Department Visit for Mental Illness 7-Day (Ages 18+)	39.00%	39.11%	↑0.11 percentage points	
Follow-up After Emergency Department Visit for Mental Illness 30-Day (Ages 18+)	48.58%	51.83%	↑3.25 percentage points	

### 5.7.2. Integrated Care Plan (ICP) Program

The ICP program is a joint care coordination and quality improvement program with the Physical Health – Managed Care Organizations (PH-MCO) for members aged 18 to 64 with a serious and persistent mental illness. The ICP program works with members and the PH-MCO to address care coordination needs. The program's performance is measured using 10 performance measures, along with interventions to improve the quality of care. The following measures demonstrated improvement in 2025:

Performance Measure	2024	2025	Improvement	Intervention
Diabetes Monitoring for Members with Serious Persistent Mental Illness Who are Using Antipsychotic Medications	68.48%	70.61%	↑2.13 percentage points	In addition to the joint Keystone First project of calling members to help with diabetes screening barriers, CBH also works with Health Partners Plans, and

Performance Measure	2024	2025	Improvement	Intervention
Lipid Monitoring for People with Cardiovascular Disease and Serious Persistent Mental Illness	52.57%	57.55%	↑4.98 percentage points	has developed an educational toolkit for providers and members.

CBH will continue to evaluate the performance of the quality improvement projects. CBH will continue to monitor performance quarterly and implement interventions as needed through Plan, Do, Study, Act (PDSA) cycles.

*2025 Target Goal: 85% of respondents to the annual provider satisfaction survey have an overall satisfaction score of at least four on a 5-point Likert scale.*

Description	Rate	Outcome
<p>CBH's goal is to reach an 85% favorable response (score of at least 4 on a 5-point scale) for overall satisfaction.</p> <p>For overall provider satisfaction with CBH, 89.58% of respondents (n=96) reported being satisfied and the 2025 goal was met.</p> <p>Action: CBH will complete a root cause analysis with all departments receiving a score of less than 85%. Actions will be developed and published in the Annual Provider Satisfaction Survey report available on <a href="http://www.cbhphilly.org">www.cbhphilly.org</a>.</p>	89.58%	Goal Met

### 5.7.3. The Provider Satisfaction Survey (PSS)

The Provider Satisfaction Survey for 2025 had 95 respondents, up from 84 in 2024. Respondents were from the following institutions: Facility (61.45%), Group Practice (20.83%), Independent practitioner (13.54%), and Federally Qualified Health Centers (4.16%).

Departments that do not meet the 85% positive rating goal will conduct a root cause analysis (RCA) and will be monitored quarterly. In addition to the CBH overall goal, four departments have experienced a decrease in satisfaction scores. The only department that did not meet the positivity rating goal of 85% is Clinical Management, which scored 78% in the 2025 survey. Since the Clinical Management department did not meet the positivity rating goal of 85%, a root cause analysis will be conducted after survey results are disseminated to better understand the barriers both teams faced that prevented them from achieving the 85% positivity rating in the departmental results for the 2024 Provider Satisfaction Survey. Departmental meetings have been held quarterly since the initial root cause analysis to track intervention implementation and will continue until interventions are successfully implemented.

*2025 Target Goal: Monitor the utilization of children's services.*

Description	Rate	Outcome
<p>CBH continues to decrease reliance on acute levels of care for children, including acute inpatient (AIP) and residential treatment facilities (RTF), and increase the use of community-based alternatives.</p>	All services were monitored	Goal Met

*2025 Target Goal: 30-day readmission rates post-discharge from mental health hospitalization of less than or equal to 11.75% for children and adults.*

Description	Rate	Outcome
Readmission rates for children and adults in 2025 was 16.53%, which did not meet the goal of 11.75%.	16.53%	Goal Not Met
Action: A comprehensive quality improvement plan and interventions were identified to improve readmission rates.		

*2025 Target Goal: Achieve 7- and 30-day follow-up rates post discharge from mental health hospitalization of 32.00% for 7-day follow-up and 48.0% for 30-day follow-up (FUH).*

Goal	Rate	Outcome
Follow-up rates post-discharge: ➔ 7-day FUH: 32.00%	7-Day FUH = 29.58%	Goal Not Met
➔ 30-day FUH: 48.0%		
Action: A comprehensive quality improvement plan and interventions were identified to improve 7-and 30-day follow-up rates.	30-Day FUH = 47.57%	Goal Not Met

*2025 Target Goal: Achieve 7- and 30-day follow-up rates post-discharge from a high-intensity care facility for SUD. 65.88% for 7-day follow-up and 79.22% for 30-day follow-up. FUI for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.*

Goal	Rate	Outcome
Follow-up rates post discharge: ➔ 7-day FUI: 65.88%	7-Day FUI = 63.76%	Goal Not Met
➔ 30-day FUI: 79.22%		
Action: A comprehensive quality improvement plan and interventions were identified to improve 7-day follow-up rates	30-Day FUI = 79.43%	Goal Met

*2025 Target Goal: Increase the use of medication-assisted treatment and counseling for those with opioid use disorder (MAT-OD) to 54.23% for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.*

Goal	Rate	Outcome
Individuals with an Opioid Use Disorder diagnosis who received medication assisted treatment and counseling in the last year: 50.54%		
Action: A comprehensive quality improvement plan and interventions were identified to MAT-OD rates.	MAT-OD = 50.54%	Goal Not Met

*2025 Target Goal: Increase the use of medication-assisted treatment and counseling for those with alcohol use disorder (MAT-AUD) at 8.80% for the OMHSAS Performance Improvement Project: Prevention, Early Detection, Treatment and Recovery (PEDTAR) for SUD: Addressing the Continuum of Care for Individuals with SUDs.*

Goal	Rate	Outcome
Individuals with an AUD diagnosis who received MAT and counseling in the last year: 8.78%		
Action: A comprehensive quality improvement plan and interventions were identified to MAT-AUD rates	MAT-AUD = 8.78%	Goal Not Met

### 5.8. Section 9: Consumer/Family Satisfaction

CBH conducted the annual member experience survey, which included a review of complaints and appeals. The member experience survey yielded an overall satisfaction rate of 90%. Satisfaction with providers’ responsiveness to linguistic, cultural, religious, ethnic, or racial needs met the 85% threshold goal in the member experience survey. However, the largest category of complaints concerns the quality of care. One limitation of the member experience survey is that it does not ask LOC-specific questions for comparison of complaints.

*2025 Target Goal: Obtain an overall 85% member satisfaction rate.*

Goal	Rate	Outcome
CBH received an overall satisfaction survey rate of 89.9%.	89.9%	Goal Met

The CBH Member Experience Survey, implemented in 2025, measured members' experiences with services received in 2024. The MY 2025 Member Experience Survey Report showed that 23 measures did not meet goals, while 11 did.

Areas for improvement identified by the survey were the focus of several Root Cause Analyses conducted by the organization. The trends in these analyses showed common root causes related to staffing and funding needs across the breadth of concerns and levels of care noted in the survey.

### **5.9. Section 10: Management Information System and Claims**

CBH has continued incorporating data submission and validation processes as required by PEPS standards. The Claims Management department has been tracking claim processing and will continue to work toward achieving as close to 100% claim processing in 45 days as possible.

### **5.10. Section 11: Corrective Action Plans**

CBH did not have any Corrective Action Plans for Review Year 2024.

CBH will continue to evaluate the program's needs through the work plan each quarter and adjust staffing as needed to supplement the QM department. The organization also obtained adequate feedback from its community practitioners in the development and implementation of the 2024 QI initiatives and programs.