

**PROVIDER RELATIONS**

**2024 Provider Satisfaction  
Survey Results**

Updated August 2025

**Community  
Behavioral  
Health**

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# 1. INTRODUCTION

CBH conducts an annual Provider Satisfaction Survey (PSS) to gauge our performance and obtain provider feedback. CBH uses the results of the PSS to identify key opportunities for improving providers' experience. The purpose of this survey is to assess overall provider satisfaction with CBH and identify specific critical areas of service satisfaction with the following departments: Member Services, Provider Relations, Provider Training and Development, Contracting, Program Integrity, Clinical Care Management, Claims Management, Quality Management, Compliance, NIAC, and those involved in the Pay-for-Performance (P4P) and Credentialing/Re-Credentialing processes. The following report includes the results from the 2024 PSS, identified improvement opportunities, and the actions CBH will take in 2025 to improve providers' experience further.

## 2. METHODOLOGY

### 2.1. Survey Distribution

The PSS was open to providers via a link to the SurveyMonkey software platform from December 16, 2024, to February 10, 2025. Participation in the PSS is voluntary, and providers were notified of the survey's availability in the [CBH Provider News Blast](#) and [cbhphilly.org](http://cbhphilly.org). CBH Provider Representatives also reminded providers to complete the survey through direct messaging and during provider meetings with Clinical and Quality Management staff. The 2024 survey consisted of 8 questions in the following topic areas:

Question	Topic Area
1-4	Respondent Profile
5-7	CBH Overall Satisfaction
8-12	CBH Member Services
13-15	CBH Provider Relations
16-19	CBH Provider Training and Development
20-23	CBH Contracting
24-30	CBH Clinical Care Management
31-35	CBH Claims Management
36-43	CBH Quality Management and Performance Evaluation
44-58	CBH Program Integrity
59-68	CBH Credentialing Process and Re-credentialing
69-77	CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)

Question	Topic Area
78-80	CBH Provider Manual and other suggestions

Survey respondents were encouraged to identify their job title and department before completing the rest. Furthermore, at the beginning of each section, respondents were asked if they had contact with the department. These responses were not significant to the report findings but were used to provide CBH with information about the provider staff completing each section and ensure relevant responses. Therefore, the following questions will be omitted from the results sections: Questions 8, 13, 16, 20, 24, 31, 36, 41, 44, 48, 50, 57, 59, 64, and 69. Additionally, the following suggestion-based/identification questions were not included: 52, 78, 79, and 80.

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 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). 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 2024?”, 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.

## 2.2. Survey Analysis

Before survey distribution, CBH’s Quality Improvement and Data Analytics teams and staff from each department surveyed reviewed all survey questions to ensure 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 four choice levels—“very positive,” “positive,” “negative,” and “very negative”—with specific language connected to the measure. A measure asking about clarity of written instructions would include choices, “very clear,” “clear,” “unclear,” and “very unclear.”

The 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 2024 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 allowed to review all items pertinent to their work and asked to develop action steps to address opportunities.

# 3. SATISFACTION RESULTS

## 3.1. Respondent Profile

Overall, the 2024 PSS had 84 respondents, a decrease from the 2023 PSS respondent total of 128. The first four PSS questions were used to obtain demographic information and understand the respondents’ profiles.

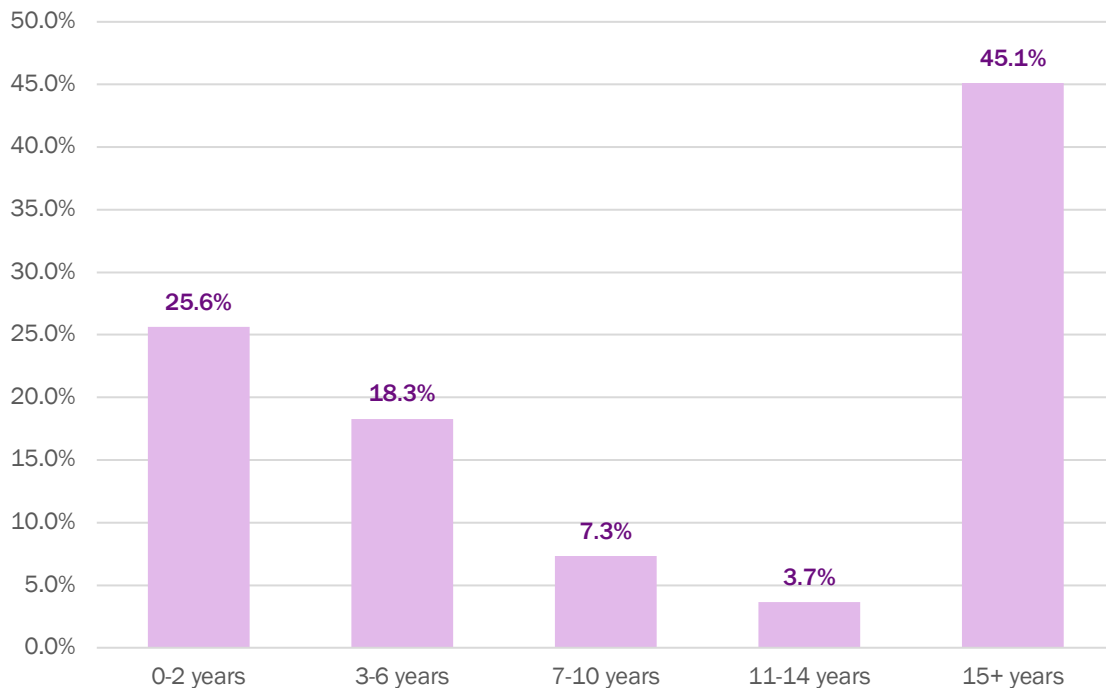
**Q1.** For this survey, “agency” may refer to an independent practitioner, group practice, facility, Federally Qualified Health Center (FQHC), or Behavioral Health Center (BHC). Which best describes your connection with CBH?

**Result:** Of 84 respondents, 62% (52) were part of a facility, 12% (10) were part of a group practice, 8% (7) were independent practitioners, 5% (4) were part of a Federally Qualified Health Center (FQHC), and 13% (11) were part of a Behavioral Health Center (BHC).

**Q2.** Did you/your agency provide services to CBH members in 2024?

**Result:** 82 respondents (98%) provided services to CBH members in 2024. 2 respondents (2%) did not provide services to CBH members in 2024.

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



Q3 results indicate that about 74% of respondents are from organizations with at least 3 years of experience working with CBH.

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

(Providers can choose more than job title to represent everyone who is filling out this survey on behalf of the provider organization)

Job Titles	2023 Responders	2024 Responders
Executive Director	11%	11%
President	4%	4%
Program Director	17%	17%
Administrative Leadership	17%	17%
Office or Administrative Support Staff	6%	8%
Billing Management Staff	10%	11%
Clinical Supervisor or Manager	13%	12%
Clinical Therapist or Social Worker	11%	12%
Peer Recovery Specialist	2%	1%
Tech or Other Frontline Staff	4%	4%
Other	5%	4%

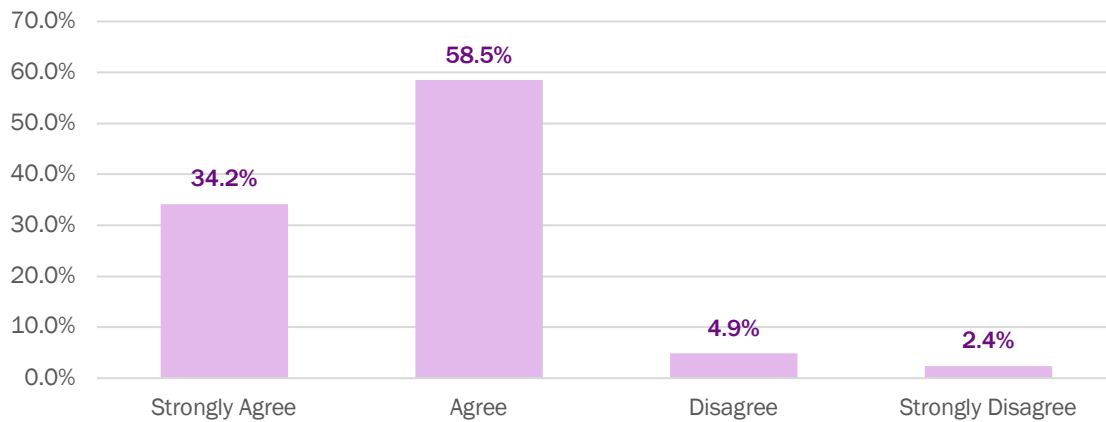
*\*Please Note: Percentages are rounded to the nearest whole number and may not total 100%.*

Q4 of the PSS asks providers to identify the role of the respondent completing the survey. Most respondents included the program director, administrative leadership, clinical supervisors/managers, clinical therapists or social workers, executive directors, and billing management staff. The results observed between 2022 and 2023 for participant titles are very similar.

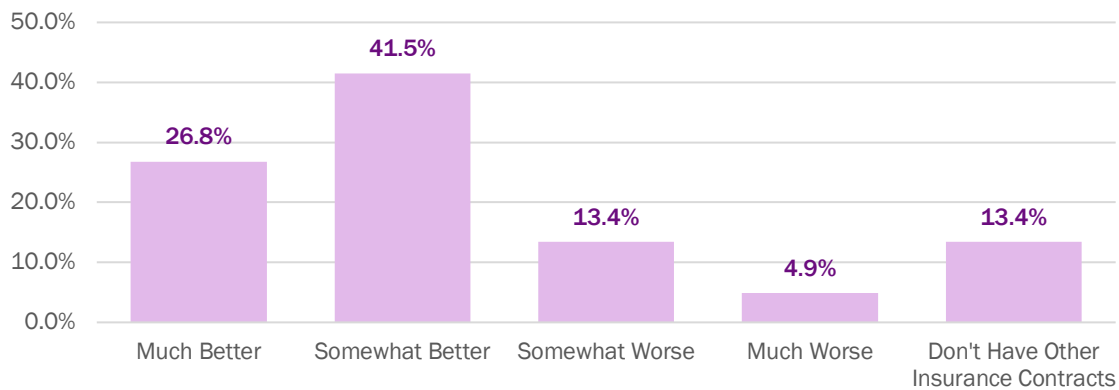
### 3.2. CBH Overall Satisfaction

Questions	2023 Score	2024 Score
<b>Q5.</b> Overall, we are satisfied with our agency being a provider for CBH.	93%	93%
<b>Q6.</b> How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?	81%	79%
<b>Q7.</b> Overall, CBH meets our agency's needs.	95%	93%

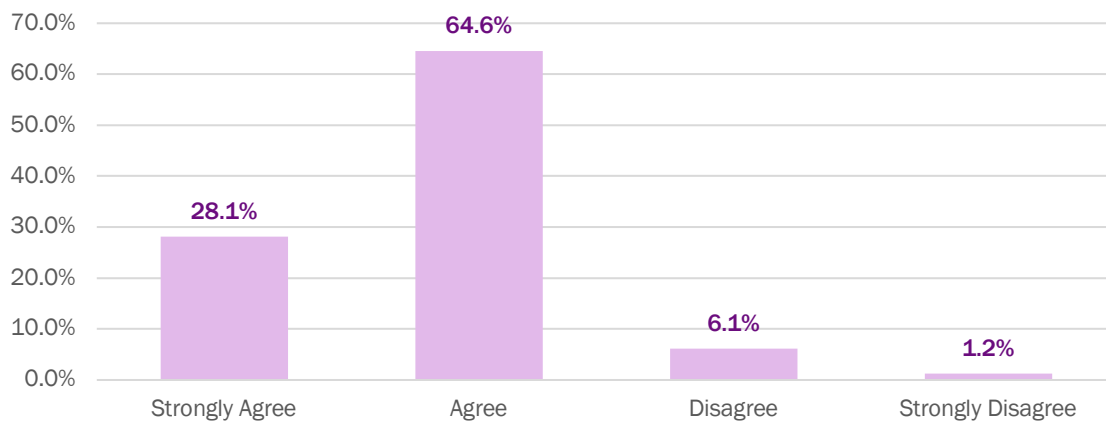
**Q5.** Overall, we are satisfied with our agency being a provider for CBH.



**Q6.** How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?



**Q7.** Overall, CBH meets our agency's needs.



### 3.2.1. Analysis of Overall Satisfaction

CBH did meet the 85% threshold for overall satisfaction scores in 2024. Q5 (93%) demonstrated a one percentage point decrease from the 2023 survey. Except for BHC (80%), each provider type reported a satisfaction score above 85%.

When comparing CBH to other insurers (Q6), CBH providers gave an overall satisfaction rating of 79% in 2024, a decrease of 2 percentage points from 81% in the 2023 survey. Both 2023 and 2024 survey results did not meet the 85% threshold. Facility (75%), Group Practice (78%), and Independent Practitioner (83%) respondents reported satisfaction scores below 85%.

Q7 asked, “Overall, CBH meets our agency’s needs.” In 2024, providers rated CBH at 93%, a decrease of 2 percentage points from the 2023 survey’s 95%. All provider types reported satisfaction scores above 85%.

To address the satisfaction ratings below the 85% threshold, CBH reviewed the scores with internal leadership and relevant departments to develop actions for improvement.

### 3.3. CBH Member Services

**Q9.** How often have you contacted the CBH Member Services Department for assistance on behalf of your agency? (n=49)

Daily	Weekly	Monthly	Rarely
6%	10%	33%	51%

Questions/Answers	2023 Score	2024 Score
<b>Q10.</b> When contacting the Member Services Department, the Member Service Representatives:		
Were Professional	100%	98%
Were Clear	100%	96%
Were Knowledgeable	100%	92%
Answered My Questions	96%	92%
Were Resourceful	N/A	90%
<b>Q11.</b> When contacting the Member Services Department:		
I was satisfied with the services received.	97%	94%
My inquiry was resolved in a timely manner	96%	86%
I felt confident that the representative was able to help me.	91%	84%



Questions/Answers	2023 Score	2024 Score
<b>Q12. What are your primary reasons for contacting Member Services?</b>		
Concerns about a member	51%	55%
Aftercare for a member	38%	31%
Obtain treatment history for a member	35%	31%
Questions about authorizations for service levels of care	44%	35%
Referrals and linkages for treatment services/care coordination	44%	59%
Non-treatment resources connections	8%	8%
Medicaid benefit or eligibility questions	38%	45%
Languages access	23%	29%
Our agency did not contact Member Services	2%	0%
Questions about denial of care	N/A	14%
Other	7%	8%
<b>Member Services Total Response Rates</b>	<b>97%</b>	<b>91%</b>

### 3.3.1. Analysis of Member Services

Measures for the 2024 PSS for the Member Services Department had an average satisfaction score of 91%, ranging from 83.67% to 97.96% on related items. This decreased from the 2023 PSS, which had an average score of 97% and a range of 91% to 100%. Results from the 2024 PSS demonstrate that overall, providers view the Member Service Department as providing satisfactory service when responding to callers. The Member Services Department scored over the 85% threshold for all questions except for Q11, sub-question 3: “When contacting the Member Services Department, I felt confident that the representative was able to help me.” However, the average score for Q11 was 88%, meeting the 85% threshold. In 2023, Member Services met the 85% threshold for all questions. In 2023, the average for Q11 was 95%.

### 3.4. CBH Provider Relations

**Q14.** How often does your agency contact the CBH Provider Relations Department for assistance?

Daily	Weekly	Monthly	Rarely
0%	15%	42%	44%

Questions/Answers	2023 Score	2024 Score
<b>Q15. When contacting Provider Relations:</b>		
The Provider Representative returned our phone calls within 1 business day.	87%	91%
I ended the call feeling confident that the provider representative was able to help me.	90%	93%
The Provider Representative was professional.	99%	96%
I found the staff to be helpful and courteous.	92%	96%
The Provider Representative provided linkages to the appropriate CBH department.	90%	95%
<b>Provider Relations Total Response Rates</b>	<b>90%</b>	<b>94%</b>

### 3.4.1. Analysis of Provider Relations

On the 2024 PSS, items related to the Provider Relations Department ranged from 93% to 96% with an average satisfaction score of 94%. This demonstrated an increase from the 2023 PSS, which had an average score of 90% and ranged from 82% to 99%. This suggests that providers view the Provider Relations Department as professional, helpful, and courteous. Ongoing efforts to improve communication and relationships with providers, as well as the overall customer service efforts of the Provider Relations Department, have supported strong positive scores on the PSS. Provider Relations 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. CBH's Provider Relations department exceeded the 85% threshold and has continuously improved since the 2022 PSS.

## 3.5. CBH Provider Training and Development (PTD)

**Q17.** How often have you attended any webinars or virtual workshops offered by PTD? Examples include assessment and case formulation, recovery planning, and clinical supervision.

Monthly	A Few Times a Year	Rarely	Never
5%	44%	22%	29%

Questions/Answers	2023 Score	2024 Score
<b>Q18. What has prevented you from attending webinars or virtual workshops?</b>		
Topics did not meet my needs or interests.	32%	44%
I had problems logging into the DBHIDS Learning Management System.	8%	12%

Questions/Answers	2023 Score	2024 Score
The training schedule conflicts with my schedule.	42%	64%
<b>Q19. Please rate your experience for webinars and virtual workshops you attended.</b>		
I was satisfied with the overall quality of webinars and virtual workshops.	98%	95%
The course material met the stated objectives and/or course description.	100%	100%
Attendees' knowledge on the subject increased after attending the webinar or virtual workshop.	100%	95%
The facilitators were knowledgeable, understandable, and responsive to questions.	100%	95%
<b>PTD Total Response Rates</b>	<b>100%</b>	<b>96%</b>

### 3.5.1. Analysis of PTD

The PTD Department exceeded the 85% goal with an average satisfaction score of 96% and a range of 95% to 100% on related questions for the 2024 PSS. This is a decrease from the 2023 PSS results, demonstrating a 100% satisfaction score and a 98% to 100% range.

The 2024 PSS results far exceed the 85% satisfaction goal and demonstrate that providers view the PTD Department as providing high-quality training and increased attendees' knowledge with webinars and virtual training.

PTD has focused on modifying methods of interfacing with providers to meet today's provider network needs. Specialists have offered responsive and impactful virtual support via training and technical assistance, and their ongoing efforts to implement technology use, improve communication/accessibility with providers, and overall customer service have supported strong positive scores on the PSS. PTD will continue to identify and track trends and evaluate the provider network's feedback to ensure that we continue to provide meaningful and engaging opportunities for them to thrive within the network.

### 3.6. CBH Contracting

Questions/Answers	2023 Score	2024 Score
<b>Q21. When contacting a Provider Contracting Specialist, they were:</b>		
Professional	97%	100%
Knowledgeable	97%	97%
<b>Q22. When contracting a Provider Contracting Specialist, I was satisfied with the service I received.</b>	<b>N/A</b>	<b>94%</b>

Questions/Answers	2023 Score	2024 Score
<b>Q23.</b> The Provider Contracting Specialist returned my phone call and/or email within three business days.	89%	100%
<b>Contracting Total Response Rates</b>	<b>94%</b>	<b>98%</b>

### 3.6.1. Analysis of Contracting

In 2024, the Provider Contracting Department met the overall threshold of 85% on the PSS with an average satisfaction score of 98% and a range of 94% to 100% on related items. This is an increase in the average score and range from the 2023 PSS, which averaged 94% and ranged from 89% to 97%.

The 2024 PSS results demonstrate that providers view the Contracting Department as professional, knowledgeable, helpful, and timely.

## 3.7. CBH Clinical Management

Questions/Answers	2023 Score	2024 Score
<b>Q25.</b> What type(s) of authorization requests did you participate in during 2024 Please select all that apply.		
Adult Acute Psychiatric (AIP, SAIP, Partial Hospitalization, Extended Acute Care, Crisis Residence, 23-hour Assessment)	6%	22%
Adult Residential Rehabilitation (ASAM 2.5, Partial, 3.1, HWH, 3.5, 3.7, 3.7WM, 4, 4WM)	8%	14%
Adult Community Based Services (ASAM 2.1/IOP, Adult Mental Health Residential, RTF-A, LTSR, CTT-CSL, ACT, Non-Hospital EAC)	8%	11%
Complex Care (Extended Acute Care)	N/A	0%
Specialized Psychology (ECT, Psychological testing)	0%	11%
Child Acute (AIP, Acute, Long-Term Partial Hospitalization, CSU, CMCT, CMIS)	1%	8%
Child/Adolescent Psychiatric Residential (CRR-HH, Adolescent Residential Rehabilitation, PRTF)	10%	6%
Children's Community-Based Services (FBS, FFT, MST-PSB, Early Childhood Treatment, Blended Case Management)	5%	22%
IBHS-ABA	25%	39%
IBHS-Group	16%	17%
STEP	1%	6%
I did not participate in prior authorizations.	1%	14%
<b>Q26.</b> Have you used the authorization section of the CBH Provider Manual?		

Questions/Answers	2023 Score	2024 Score
Yes	85%	69%
No	15%	31%
<b>Q27. Please rate your agreement with the following statements regarding the authorization section of the CBH Provider Manual:</b>		
Instructions for making a prior authorization request are easy to find	86%	94%
Care management practices for prior authorization requests are consistent with the processes as described	86%	87%
<b>Q28. How clear and understandable are the documented instructions for these processes?</b>		
Instructions for making an authorization request	88%	87%
Instructions to reach a psychologist/psychiatrist advisor for peer review	95%	85%
<b>Q30. Please rate your agreement with following statements:</b>		
CBH care management staff are helpful.	100%	94%
CBH care management staff are collaborative.	98%	94%
CBH care management staff are solutions-focused.	95%	83%
The care manager for UM is prepared and knowledgeable about the member's history to support the treatment decision-making process.	93%	80%
I am satisfied with the customer service received from care management staff.	98%	91%
<b>Clinical Management Total Response Rates</b>	<b>93%</b>	<b>88%</b>

Q29. How often did you/your agency interact with Care Management staff in the CBH Clinical UM Department in 2024?

Daily	Weekly	Monthly	Rarely	Never
17%	47%	22%	11%	3%

### 3.7.1. Analysis of CBH Clinical Management

Measures for the 2024 PSS within the Clinical Management Department ranged from 80% to 94% with an average satisfaction score of 88%. This is a decrease from the 2023 PSS, which ranged from 86% to 100% and had an average score of 93%.

Survey results in the Clinical section indicate that providers view the authorization materials, instructional materials, and customer service experience as satisfactory. Three sub-questions of Q30 items in the Clinical section did not meet the 85% threshold; however, Q30's overall average was 89%, meeting the goal.

### 3.8. CBH Claims Management

Questions/Answers	2023 Score	2024 Score
<b>Q32. When our agency contacted CBH Claims Department with claims-related issues, we:</b>		
Were satisfied with the service we received	100%	90%
Were satisfied with the issue resolution time	95%	90%
Received initial follow-up within 48 hours (when appropriate)	93%	92%
<b>Q33. When our agency had questions regarding paper or electronic claims, the CBH Claims technical analysts:</b>		
Were professional	100%	98%
Were clear	98%	94%
Answered my questions	98%	94%
<b>Q34. When our agency had questions regarding adjustments, the CBH Claims technical analysts:</b>		
Were professional	97%	96%
Were clear	94%	94%
Answered my questions	94%	94%
<b>Q35. When our agency called with questions regarding third party liability, the technical analysts in the CBH Claims Department:</b>		
Were professional	98%	95%
Were clear	96%	89%
Answered my questions	96%	92%
<b>Claims Management Total Response Rates</b>	<b>97%</b>	<b>93%</b>

#### 3.8.1. Analysis of CBH Claims Management Department

Measures for the 2024 PSS within the Claims Management Department ranged from 89% to 100% with an average satisfaction score of 93%. The 2024 rates indicated a decrease from the 2023 survey, which resulted in an average score of 97% and a range of 93% to 100%.

The 2024 PSS results indicate that providers view the Claims Management Department Analyst as providing quality services when working with providers and suggest that analysts are professional, clear, and helpful. All items in the Claims Management Section exceeded the 85% threshold. The Claims Department will

continue offering CBH staff and the provider community training regarding processes, procedures, documents, and expectations.

### 3.9. CBH Quality Management and Performance Evaluation Department

Quality Management Questions/Answers	2023 Score	2024 Score
<b>Q37. CBH Quality Management specialists clearly explain the following processes:</b>		
Significant Incident Reporting	86%	93%
Quality Improvement Plan	82%	93%
<b>Q38. CBH Complaints and Grievances staff:</b>		
Are timely when notifying the provider of a member complaint	96%	93%
Clearly explain CBH's expectations of the provider during the member complaint process	90%	95%
<b>Q39. CBH Complaints &amp; Grievances staff conduct complaint investigations in an efficient and comprehensive manner.</b>	86%	90%
<b>Q40. When indicated, CBH Complaints and Grievances Staff provided timely notification of continuation rights for the grievance process.</b>	90%	90%
Performance Evaluation Questions/Answers	2022 Score	2023 Score
<b>Q42. The Pay-for-Performance (P4P) Operational Definitions document supplied by the P4P staff is easily understandable.</b>	74%	77%
<b>Q43. The P4P Staff communicated timely information on the metrics being evaluated.</b>	76%	75%
<b>Quality Management/Performance Evaluation Total Response Rates</b>	<b>86%</b>	<b>88%</b>

#### 3.9.1. Analysis of Quality Management and Performance Evaluation Department

Measures from the 2024 PSS for Quality Management (92%) and Performance Evaluation (75%) Departments had an average score of 88%, with satisfaction scores ranging from 75% to 95%. This was an increase from 2023 results, which indicated an average score of 86% and a range of 74% to 96%.

Measures related to satisfaction with CBH Quality processes ranged from 90% to 95% and averaged 92%. Surveyed providers were satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. The average satisfaction score for these items increased from 2023’s score of 89%. Quality processes have continued to improve since 2022.

Neither P4P measure (Q42 and Q43) met the 85% threshold. As a result of this survey, the Quality Management Department has identified the following action steps:

- ➔ Performance Evaluation staff will establish a process for implementing P4P discussions into provider meetings hosted by the Clinical Department to establish more frequent collaboration and communication with provider staff.

### 3.10. CBH Program Integrity Department

Questions/Answers	2023 Score	2024 Score
<b>Q46. What type(s) of audits did you have in 2024?</b>		
Onsite	26%	17%
Desk (Remote audit of EMR/EHR)	31%	22%
Desk-Chart Submission	14%	17%
Self	2%	0%
Staff File	2%	13%
Did not participate in an audit	24%	30%
<b>Q47. For CBH Program Integrity-conducted audits, written communication about the audit was consistent with the verbal feedback received in the audit process.</b>	97%	75%
<b>Q49. Did you find the [Program Integrity section of the Provider Manual] useful?</b>	76%	75%
<b>Q51. A self-audit process is a basic component of an organizational compliance plan. If you had a 2024 self-audit, did you find it valuable?</b>	96%	88%
<b>Q54. The [Compliance Plan recorded training on the CBH Website] was helpful.</b>	N/A	83%
<b>Q55. When our agency had contact with the CBH Program Integrity Department we found them to be:</b>		
Professional	98%	95%
Knowledgeable	100%	95%
Collaborative	93%	90%
<b>Q56. If you have a concern about fraud, waste and abuse, you know how to report it.</b>	98%	100%
<b>Q58. The 2024 Compliance Forum was useful.</b>	N/A	100%
<b>Program Integrity Department Total Response Rates</b>	<b>96%</b>	<b>89%</b>

#### 3.10.1. Analysis of the Program Integrity Department

Program Integrity Department measures for the 2024 PSS ranged from 75% to 100% with an average satisfaction score of 89%. This was a decrease from the 2023 survey, which ranged from 91% to 100% and had an average score of 96%. Three questions did not meet the 85% goal. The 2024 PSS results indicate that overall, providers view the Program Integrity Department as providing satisfactory services when working



with providers. The Program Integrity will continue to offer consistent feedback and clear directions for self-audits and will continue to improve upon language within the provider manual and training processes.

### 3.11. 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 Program Integrity and NIAC for the 2024 cycle. All measures must meet the 85% threshold for satisfaction.

Q60 and Q61 are answered only by providers identifying as FQHC and Facilities providers in the CBH Network. Q62, 63, 65, and 66 are responded to by providers who identify as independent practitioners/group practices/behavioral health centers.

Questions/Answers	2023 Score	2024 Score
<b>FQHCs and Facilities</b>		
<b>Q60.</b> Documentation about the CBH credentialing process is easy to find.	92%	100%
<b>Q61.</b> CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	92%	100%
<b>Independent Practitioners/Group Practices/Behavioral Health Centers</b>		
<b>Q62.</b> Documentation about the CBH credentialing process is easy to find.	86%	75%
<b>Q63.</b> CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	100%	62%
<b>Q65.</b> Documentation about the CBH re-credentialing process and Network Inclusion Criteria (NIC) Standards for Excellence is easy to find.	89%	89%
<b>Q66.</b> CBH re-credentialing practices are consistent with the process as documented in the current Network Inclusion Criteria (NIC).	88%	83%
<b>Q67.</b> Documentation about the CBH re-credentialing process are easy to find.	100%	100%
<b>Q68.</b> CBH re-credentialing practices are consistent with the process as documented in the CBH Provider Manual.	91%	100%
<b>Credentialing and Re-Credentialing Total Response Rates</b>	<b>92%</b>	<b>89%</b>

#### 3.11.1. Analysis of Credentialing and Re-Credentialing

Measures for the 2024 PSS for Credentialing and Re-Credentialing ranged from 63% to 100%, with an average satisfaction score of 89%. This is a decrease from the 2023 PSS, the results of which ranged from 86% to 100% with an average score of 92%.

Measures related to satisfaction specifically with the CBH Credentialing processes ranged from 63% to 100%, with an average of 84% falling below the 85% goal. Measures related to the CBH Re-credentialing processes ranged from 83% to 100%, with an average of 93% passing the 85% threshold. The total respondent

sample size for the Credentialing sections that failed to meet the 85% goal was low, with only eight respondents surveyed.

As the Credentialing average did not meet the 85% threshold, the Department has identified the following action steps:

- ➔ Streamline survey processes and related communications to increase respondents, reduce provider survey fatigue, and increase awareness of the PSS.
- ➔ Clarify the credentialing process in outward-facing materials to increase clarity from providers.

### 3.12. CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)

Questions/Answers	2023 Score	2024 Score
<b>Q70. Did your agency have a virtual NIAC site visit in 2024?</b>		
Yes	36%	71%
No	64%	29%
<b>Q71. During our NIAC virtual site visit we found the NIAC team to be:</b>		
Professional	100%	93%
Knowledgeable	84%	93%
Collaborative	88%	93%
Accommodating	92%	93%
<b>Q72. NIAC staff effectively communicated site visit adaptations to support the virtual review process during:</b>		
Preparation for the site visit	88%	93%
On-site review process	67%	93%
Post-visit follow-up	74%	87%
<b>Q73. The activities completed during the NIAC site review adequately capture the services provided at our agency for the levels of care reviewed.</b>	73%	87%
<b>Q74. The NIAC team provided helpful feedback in response to the re-credentialing site review.</b>		
Oral/verbal feedback	77%	87%
Written feedback	77%	87%
<b>Q75. The NIAC re-credentialing site review provided information and/or clarification of the DBHIDS Practice Guidelines and the Network Inclusion Criteria (NIC)</b>	88%	87%

Questions/Answers	2023 Score	2024 Score
<b>Q76.</b> The pre-recorded 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 your agency. If you attended a live virtual Provider Orientation session, please answer based on that presentation.	92%	93%
<b>Q77.</b> A performance improvement plan (PIP) is developed as a result of every NIAC site review. This process was collaborative and effective in prompting improvements in service delivery and driving procedural/programmatic change.	77%	93%
<b>NIAC Department Total Response Rates</b>	<b>83%</b>	<b>91%</b>

### 3.12.1. Analysis of NIAC

Measures for the 2024 PSS for the Network Improvement and Accountability Collaborative (NIAC) ranged from 87% to 93%, with an average score of 91%. This is an increase from the 2023 survey, which had a score range of 67% to 100%, with an average score of 83%.

The 2024 PSS results showed significant improvement from last year's results, with all questions meeting the 85% threshold, demonstrating that activities and processes related to NIAC were satisfactory. During the 2023 PSS cycle, six questions did not meet this threshold.

## 4. SUMMARY

The 2024 PSS consisted of 80 questions and assessed overall satisfaction with CBH and department-specific satisfaction. Overall, CBH demonstrated 93% satisfaction, meeting the 85% threshold. The results of this Provider Satisfaction Survey were reviewed with CBH leadership.

The **Member Services** Department met the 85% threshold on all questions for the PSS in 2024, except for Q11's Sub-Question #3. However, question 3 had an overall satisfaction score of 88%, and the department had an overall average satisfaction score of 91%. Although Member Services demonstrated a 6% decrease in average provider satisfaction from the 2023 PSS, an overall positive response rate above 85% suggests satisfactory efforts to improve provider satisfaction, specifically to resolve inquiries promptly and to provide high-quality help to providers.

The **Provider Relations** Department demonstrated the ability to exceed the 85% goal, averaging a 94% satisfaction score, which was a 4% increase from the 2023 PSS. This suggests that providers view the Provider Relations Department as professional, helpful, and courteous. Ongoing efforts to improve communication and relationships with providers, as well as the overall customer service efforts of the Provider Relations Department, have supported strong positive scores on the PSS.

The **Provider Training and Development** Department demonstrated the ability to exceed the satisfaction goal of 85% with an average score of 96.34% and a range from 95.12% to 100% for the 2024 PSS. The 2024 PSS results, which exceed the 85% goal by 11 percentage points, demonstrate that providers view the Provider Training and Development Department as providing quality training and increased attendees' knowledge with webinars and virtual training. PTD will continue to identify and track trends and evaluate

the provider network's feedback to ensure that we continue to provide meaningful and engaging opportunities for them to thrive within the network.

The **Contracting** Department section of the 2024 PSS scored an average satisfaction score of 98%, ranging from 94% to 100%, surpassing the 85% threshold. This was a 4% increase from the 2023 PSS average. The 2024 PSS results demonstrate that providers view the Contracting Department as professional, knowledgeable, helpful, and timely, and that efforts to increase the quality of services have continued to improve over the past year.

The **Clinical Management** Department section of the 2024 PSS ranged from 80% to 94% and had an average satisfaction score of 88%. Survey results in the Clinical section indicate that providers view the authorization materials, instructional materials, and customer service experience as satisfactory. Three sub-questions of Q30 items in the Clinical section did not meet the 85% threshold; however, Q30's overall average was 89%. The Clinical Management Department will continue improving the Provider Manual and training efforts to support processes.

The **Claims** Department's responses for the 2024 PSS for the Claims Management Department ranged from 89% to 98% with an average score of 93%. The 2024 rates indicated a decrease from the 2023 survey, which had an average score of 97% and a range of 93% to 100%, but still exceeded the 85% goal for all items. The 2024 PSS results indicate that providers view the Claims Management Department Analyst as providing satisfactory services when working with providers and suggest that analysts are professional, clear, and helpful. All items in the Claims Management Section exceeded the 85% threshold. The Claims Department will continue offering CBH staff and the provider community training regarding processes, procedures, documents, and expectations.

Measures for the 2024 PSS for **Quality Management** (92%) and **Performance Evaluation** (75%) had an average score of 88%, with satisfaction scores ranging from 75% to 95%. This was an increase from 2023 results, which had an average score of 86% and a range of 74% to 96%. The Quality Management Department scored above the 85% threshold for all items assessed related to quality processes. However, satisfaction scores for P4P measures continue to fall below the 85% threshold, with both Performance Evaluation questions failing to meet the 85% threshold. The Performance Evaluation Staff will establish a process to implement P4P discussions in provider meetings hosted by the Clinical Department to establish more frequent collaboration and communication with provider staff.

The **Program Integrity** Department scored an average of 89% on the 2024 PSS, with questions ranging from 75% to 100%. Three questions did not meet the 85% threshold, but the average overall exceeded this goal. The 2024 PSS results indicate that overall, providers view the Program Integrity Department as providing satisfactory services when working with providers. The Program Integrity will continue to offer consistent feedback and clear directions for self-audits and will work to improve upon language within the provider manual and training processes.

The cross-departmental **Credentialing and Re-Credentialing** processes met the 85% threshold for the 2024 PSS, with a combined satisfaction score average of 92% and questions ranging from 63% to 100%. However, individual measures related to satisfaction with CBH Credentialing processes ranged from 63% to 100%, and with an average of 84%, did not meet the 85% goal. Measures related to the CBH Re-credentialing processes ranged from 83% to 100%, with an average of 93%, meeting the 85% goal. The total respondent sample for

the Credentialing sections that failed to meet the 85% goal was eight. The Credentialing Department will increase the number of survey respondents by streamlining survey processes and related communications and clarifying the credentialing process in outward-facing materials to grow clarity for providers.

For the 2024 PSS, the **NIAC** Department met the goal of 85%, demonstrating notable improvements from the 2023 PSS with an 8% increase. All questions exceeded the 85% threshold. This shows strong results after efforts to improve satisfaction scores, which suggests satisfaction in professionalism, collaboration, and site review education.

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, Credentialing staff, and departmental leadership at CBH will review these actions quarterly through 2025. 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.