C·B·H

a division of DBHIDS

PROVIDER RELATIONS

2025 Provider Satisfaction Survey Results

Updated July 2026

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 PSS results to identify key opportunities to improve 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, and those involved in the Pay-for-Performance (P4P) and Credentialing/Re-Credentialing processes. The following report includes the results from the 2025 PSS, identified improvement opportunities, and the actions CBH will take in 2026 to further improve providers' experience.

2. METHODOLOGY

2.1. Survey Distribution

The PSS was open to providers via a link to the SurveyMonkey software platform from December 15, 2025, to February 9, 2026. Participation in the PSS is voluntary, and providers were notified of the survey's availability in the **CBH Provider News Blast** and **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 2025 survey consisted of 111 questions in the following topic areas:

Question	Topic Area
1–5	Respondent Profile
6-8	CBH Overall Satisfaction
9-13	CBH Member Services
14-17	CBH Provider Relations
18-22	CBH Provider Training and Development
23-26	CBH Contracting
27-33	CBH Clinical Care Management
34-38	CBH Claims Management
39-46	CBH Quality Management and Performance Evaluation
47-62	CBH Program Integrity
63-75	CBH Credentialing Process and Re-credentialing
76-108	Care Coordination – Behavioral Health *Please note: This survey section is not affiliated with a specific department and is used to determine the level of care coordination occurring between behavioral health providers when*

Question	Topic Area
	members transition between various providers and levels of care. These data are analyzed separately and are not outlined in this report.
109-111	CBH Provider Manual and other suggestions

Survey respondents were encouraged to identify their job title and department before completing the rest of the survey. 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 ensuring relevant responses. Therefore, the following questions will be omitted from the results sections: Questions 9, 14, 16, 18, 19, 21, 23, 27, 29, 34, 39, 44, 47, 48, 51, 53, 56, 60, and 71. Additionally, the following suggestion-based/identification questions were also excluded: 55, 62, 109, 110, and 111. Lastly, the Behavioral Health Care Coordination section (questions 76-108) was analyzed separately and not outlined in this report, as this survey section is not affiliated with a specific department and is used to determine the level of care coordination occurring between behavioral health providers when members transition between various providers and levels of care.

Providers were permitted to submit multiple responses and encouraged to involve staff at all levels in completing the survey. Survey respondents were instructed to complete the survey or respond to the sections most relevant to their work (e.g., provider billing staff may respond only 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., “In your work in 2025, have you interacted with CBH Provider Representatives”, 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, along with 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 ensuring that all Likert-type Scales across the instrument are consistent in offering four choice levels—“very positive,” “positive,” “negative,” and “very negative”—with specific language tied to the measure. A measure asking about clarity of written instructions would include choices, “very clear,” “clear,” “unclear,” and “very unclear.”

The survey results 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 to determine the ratio of positive responses to total responses, and the outcomes were shared for CBH/DBH and provider review at the April 2025 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 were asked to develop action steps to address opportunities.

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

3. SATISFACTION RESULTS

3.1. Respondent Profile

Overall, the 2025 PSS included 96 respondents who could be assessed for satisfaction. This was a total increase from the 2024 PSS respondent total of 84. The first five 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, or Federally Qualified Health Center (FQHC). Which best describes your connection with CBH?

Result: Of 96 respondents, 61% (59) were part of a facility, 21% (20) were part of a group practice, 14% (13) were independent practitioners, and 4% (4) were part of a Federally Qualified Health Center (FQHC).

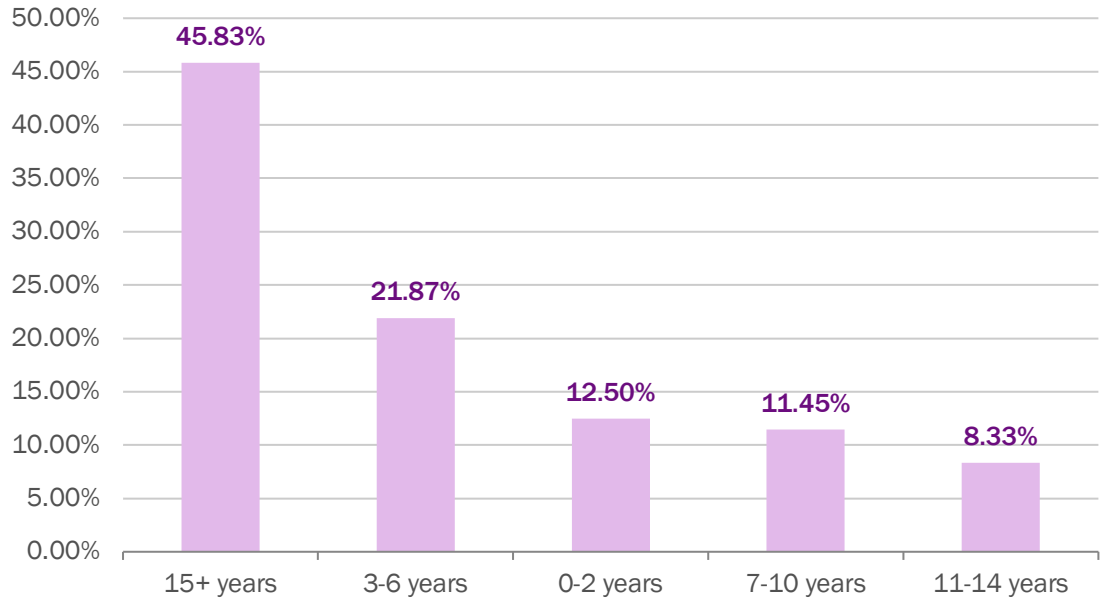
Q2. Did you/your agency provide services to CBH members in 2025?

Result: 96 respondents (100%) provided services to CBH members in 2025. 0 respondents did not provide services to CBH members in 2025.

Q3. Are you completing this survey as an individual or on behalf of an organization?

Result: 66 of the respondents (69%) reported that they were completing this survey on behalf of an organization, and 30 respondents (31%) reported they were completing it on behalf of an individual.

Q4: How long have you/your agency been a provider with CBH?



Q4 results indicate that about 87% of respondents are from organizations with at least 3 years of experience working with CBH.

Q5. 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)

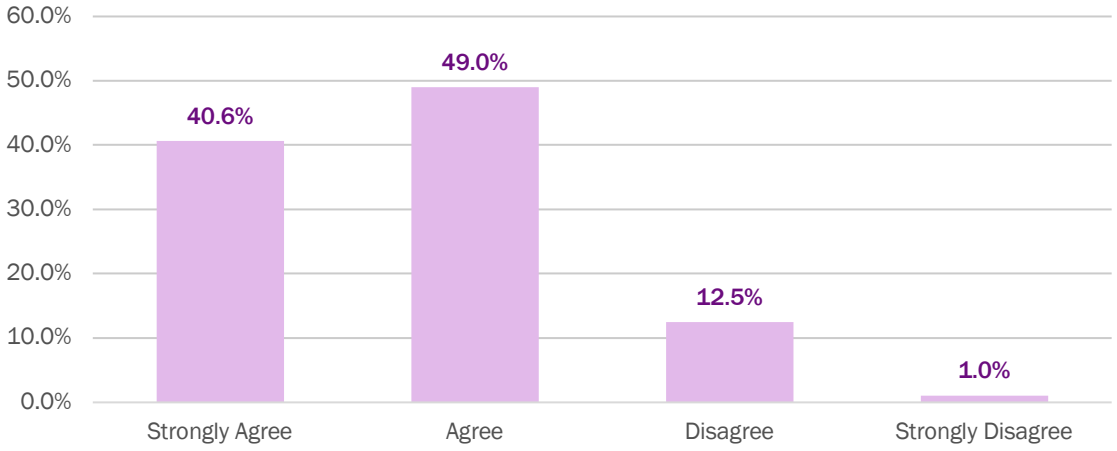
Job Titles	2024 Responders	2025 Responders
Executive Director	11%	12%
President	4%	2%
Program Director	17%	17%
Administrative Leadership	17%	19%
Office or Adminstrative Support Staff	8%	6%
Billing Management Staff	11%	10%
Clinical Supervisor or Manager	12%	16%
Clinical Therapist or Social Worker	12%	11%
Peer Recovery Specialist	1%	2%
Tech or Other Frontline Staff	4%	3%
Other	4%	2%

Q5 of the PSS asks providers to identify the role of the respondent completing the survey. Most respondents consisted of administrative leadership, program directors, clinical supervisors/managers, executive directors, clinical therapists or social workers, and billing management staff. The results observed between 2024 and 2025 for participant titles followed similar trends.

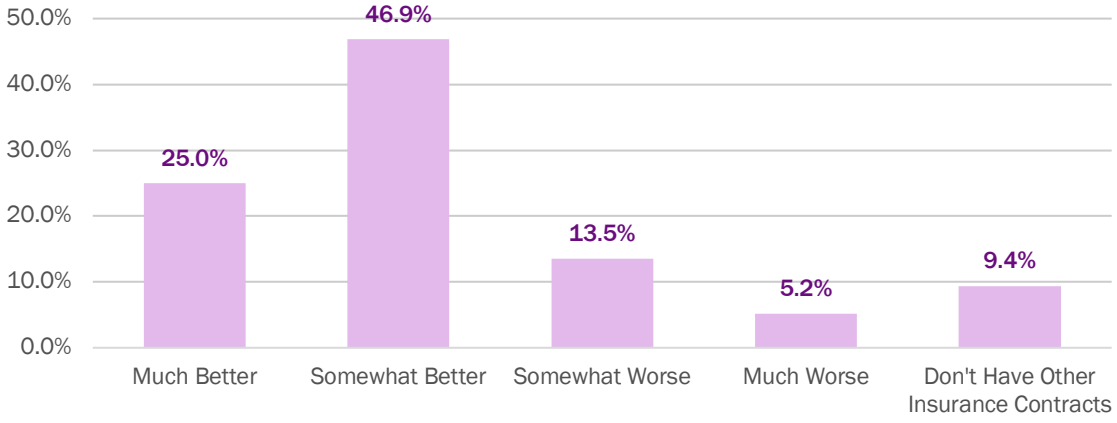
3.2. CBH Overall Satisfaction

Questions	2024 Score	2025 Score
Q6. Overall, we are satisfied with our agency being a provider for CBH.	93%	90%
Q7. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?	79%	79%
Q8. Overall, CBH meets our agency's needs.	93%	84%

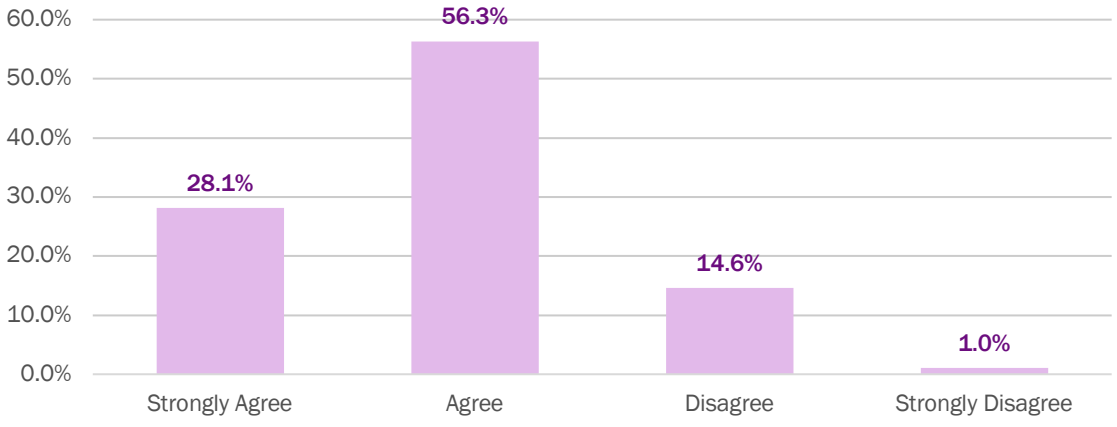
Q6. Overall, we are satisfied with our agency being a provider for CBH.



Q7. How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations?



Q8. 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 2025. Q56 (90%) showed a 3 percentage-point decrease from the 2024 survey (93%).

When comparing CBH to other insurers (Q7), CBH providers gave an overall satisfaction rating of 79% in both 2025 and 2024. Both 2023 and 2024 survey results did not meet the 85% threshold.

Q8 asked, **"**Overall, CBH meets our agency's needs." In 2025, providers rated CBH at 84%, a 9 percentage-point decrease from the 2024 survey's 93%.

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

3.3. CBH Member Services

Q10. How often have you contacted the CBH Member Services Department for assistance on behalf of your agency? (n=54)

Daily	Weekly	Monthly	Rarely
11.11%	13%	37%	39%

Questions/Answers	2024 Score	2025 Score
Q11. When contacting the Member Services Department, the Member Service Representatives:		
Were Professional	98%	98%
Were Clear	N/A	93%
Were Knowledgeable	92%	83%
Answered My Questions	92%	89%
Were Resourceful	90%	83%
Q12. When contacting the Member Services Department:		
I was satisfied with the services received.	94%	85%
My inquiry was resolved in a timely manner	86%	87%
I felt confident that the representative was able to help me.	84%	83%
Q13. What are your primary reasons for contacting Member Services?		
Concerns about a member	55%	48%
Aftercare for a member	31%	20%

Emergent situation	20%	22%
Obtain treatment history for a member	31%	24%
Questions about authorizations for service levels of care	35%	39%
Referrals and linkages for treatment services/care coordination	59%	44%
Non-treatment resources connections	8%	7%
Medicaid benefit or eligibility questions	45%	33%
Languages access	29%	20%
Our agency did not contact Member Services	0%	6%
Questions about denial of care	14%	9%
Other	8%	7%
Member Services Total Response Rates	**91%**	**88%**

3.3.1. Analysis of Member Services

Measures for the 2025 PSS for the Member Services Department had an average satisfaction score of 88%, ranging from 85% to 89% on related satisfaction questions. This decreased slightly from the 2024 PSS, which had an average score of 91%, with average satisfaction scores ranging from 88% to 91%. Results from the 2025 PSS demonstrate that overall, providers view the Member Service Department as providing satisfactory service when responding to callers. The Member Services Department scored over 85% on all overall satisfaction questions, despite falling short of the 85% goal on two sub-questions on Q11 and one sub-question on Q12.

3.4. CBH Provider Relations

Q15. How often does your agency contact the CBH Provider Relations Department for assistance? (N=57)

Daily	Weekly	Monthly	Rarely
5%	16%	26%	49%

Questions/Answers	2024 Score	2025 Score
Q17. When contacting Provider Relations:		
The Provider Representative returned our phone calls within 1 business day.	91%	89%
I ended the call feeling confident that the provider representative was able to help me.	93%	79%
The Provider Representative was professional.	96%	96%

Questions/Answers	2024 Score	2025 Score
I found the staff to be helpful and courteous.	96%	93%
The Provider Representative provided linkages to the appropriate CBH department.	95%	91%
Provider Relations Total Response Rates	**94%**	**90%**

3.4.1. Analysis of Provider Relations

On the 2025 PSS, items related to the Provider Relations Department ranged from 93% to 96%, with an average satisfaction score of 90%. This demonstrated a decrease from the 2023 PSS, which had an average score of 94%, with sub-questions ranging from 90% to 96%. This suggests that providers view the Provider Relations Department as responsive, professional, helpful, and courteous, and that it provides providers with appropriate linkages to the appropriate CBH departments. Ongoing efforts to improve communication and relationships with providers, as well as the Provider Relations Department's overall customer service, have supported strong, positive PSS scores. 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 has continuously exceeded the 85% threshold, despite the overall satisfaction goal dropping by 4 percentage points from 2024 to 2025.

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	2024 Score	2025 Score
Q20. What has prevented you from attending webinars or virtual workshops?		
Topics did not meet my needs or interests.	44%	0
I had problems logging into the DBHIDS Learning Management System.	12%	0
The training schedule conflicts with my schedule.	64%	75%
Other	N/A	25%
Q22. Please rate your experience for webinars or live virtual workshops you attended.		
I was satisfied with the overall quality of webinars and virtual workshops.	95%	97%
The course material met the stated objectives and/or course description.	100%	97%

Questions/Answers	2024 Score	2025 Score
Attendees' knowledge on the subject increased after attending the webinar or virtual workshop.	95%	91%
The facilitators were knowledgeable, understandable, and responsive to questions.	95%	97%
PTD Total Response Rates	**96%**	**95%**

3.5.1. Analysis of PTD

The PTD Department exceeded the 85% goal with an average satisfaction score of 95% and a range of 91% to 97% on related satisfaction items for the 2025 PSS. This is a decrease of 1 percentage point from the 2024 PSS results, which showed a 96% satisfaction score and a range of 95% to 100%.

The 2025 PSS results far exceed the 85% satisfaction goal, and demonstrate that providers view the PTD Department as providing high-quality virtual training and live virtual workshops, with course material that meets objectives and descriptions. Additionally, responses indicate that trainings and workshops have increased attendees' knowledge of the subject matter and have featured facilitators who were knowledgeable, understandable, and responsive to questions.

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

3.6. CBH Contracting

Questions/Answers	2024 Score	2025 Score
Q24. When contacting a Provider Contracting Specialist, they were: (N=35)		
Professional	100%	100%
Knowledgeable	97%	100%
Q25. When contracting a Provider Contracting Specialist, I was satisfied with the service I received. (N=28)	94%	100%
Q26. The Provider Contracting Specialist returned my phone call and/or email within three business days. (N=28)	100%	93%
Contracting Total Response Rates	**98%**	**98%**

3.6.1. Analysis of Contracting

In 2025, the Provider Contracting Department far exceeded the overall threshold of 85% on the PSS, with an average satisfaction score of 98% and a range of 93% to 100% on related items. The overall satisfaction score remained the same as last year's 2024 rate of 98%, which ranged from 94% to 100%.

The 2025 PSS results demonstrate that providers view the Contracting department as professional, knowledgeable, helpful, and timely.

3.7. CBH Clinical Management

Questions/Answers	2024 Score	2025 Score
Q28. What type(s) of authorization requests did you participate in during 2025 Please select all that apply. (N=45)		
Adult Acute Psychiatric (AIP, SAIP, Partial Hospitalization, Extended Acute Care, Crisis Residence, 23-hour Assessment)	22%	24%
Adult Residential Rehabilitation (ASAM 2.5, Partial, 3.1, HWH, 3.5, 3.7, 3.7WM, 4, 4WM)	14%	7%
Adult Community Based Services (ASAM 2.1/IOP, Adult Mental Health Residential, RTF-A, LTSR, CTT-CSL, ACT, Non-Hospital EAC)	11%	16%
Complex Care (Extended Acute Care)	0%	0%
Specialized Psychology (ECT, Psychological testing)	11%	7%
Child Acute (AIP, Acute, Long-Term Partial Hospitalization, CSU, CMCT, CMIS)	8%	9%
Child/Adolescent Psychiatric Residential (CRR-HH, Adolescent Residential Rehabilitation, PRTF)	6%	7%
Children's Community-Based Services (FBS, FFT, MST-PSB, Early Childhood Treatment, Blended Case Management)	22%	24%
IBHS–ABA	39%	49%
IBHS–Group	17%	18%
STEP	6%	7%
I did not participate in prior authorizations.	14%	11%
Q30. Please rate your agreement with the following statements regarding the authorization section of the CBH Provider Manual: (N=38)		
Instructions for making a prior authorization request are easy to find	94%	83%
Care management practices for prior authorization requests are consistent with the processes as described	87%	78%
Q31. How clear and understandable are the documented instructions for these processes? (N=38)		
Instructions for making an authorization request	87%	83%

Questions/Answers	2024 Score	2025 Score
Instructions to reach a psychologist/psychiatrist advisor for peer review	85%	78%
Q30. Please rate your agreement with following statements: (N=41)		
CBH care management staff are helpful.	94%	78%
CBH care management staff are collaborative.	94%	80%
CBH care management staff are solutions-focused.	83%	78%
The care manager for UM is prepared and knowledgeable about the member's history to support the treatment decision-making process.	80%	76%
I am satisfied with the customer service received from care management staff.	91%	73%
Clinical Management Total Response Rates	**88%**	**78%**

Q32. How often did you/your agency interact with Care Management staff in the CBH Clinical UM Department in 2025? (N=43)

Daily	Weekly	Monthly	Rarely	Never
28%	28%	14%	26%	5%

3.7.1. Analysis of CBH Clinical Management

Items within the 2025 PSS in the Clinical Management Department ranged from 71% to 84%, with an average satisfaction score of 78%, which fell below the overall goal of 85%. This is a decrease from the 2024 PSS, which had items that ranged from 80% to 94%, with an overall satisfaction score of 88%.

Survey results in the Clinical section indicate that providers view the authorization materials, instructional materials, and customer service experience as below satisfactory for 2025, as none of the items within this year's survey met the 85% satisfaction goal for this set of departmental questions.

As the Clinical Management Department's results average did not meet the 85% threshold, the department is currently developing action steps to alleviate provider barriers identified in the 2025 satisfaction survey and to implement them over the next year.

3.8. CBH Claims Management

Questions/Answers	2024 Score	2025 Score
Q35. When our agency contacted CBH Claims Department with claims-related issues, we: (N=43)		
Were satisfied with the service we received	90%	100%

Questions/Answers	2024 Score	2025 Score
Were satisfied with the issue resolution time	90%	98%
Received initial follow-up within 48 hours (when appropriate)	92%	98%
Q36. When our agency had questions regarding paper or electronic claims, the CBH Claims technical analysts: (N=43)		
Were professional	98%	100%
Were clear	94%	100%
Answered my questions	94%	98%
Q37. When our agency had questions regarding adjustments, the CBH Claims technical analysts: (N=43)		
Were professional	96%	100%
Were clear	94%	98%
Answered my questions	94%	98%
Q38. When our agency called with questions regarding third party liability, the technical analysts in the CBH Claims Department: (N=43)		
Were professional	95%	100%
Were clear	89%	97%
Answered my questions	92%	97%
Claims Management Total Response Rates	**93%**	**99%**

3.8.1. Analysis of CBH Claims Management Department

Measures for the 2025 PSS within the Claims Management Department ranged from 97% to 100%, with an average satisfaction score of 99%. The 2025 survey increased by 6 percentage points from the 2024 survey, resulting in an average score of 93% and a range of 89% to 100%.

The 2025 PSS results indicate that providers view the Claims Management Department Analyst as providing quality services when working with providers and suggest that analysts are timely, professional, clear, and helpful. All items in the Claims Management Section exceeded the 85% threshold. The Claims Department will continue to offer CBH staff and the provider community training on processes, procedures, documents, and expectations.

3.9. CBH Quality Management and Performance Evaluation Department

Quality Management Questions/Answers	2024 Score	2025 Score
Q40. CBH Quality Management specialists clearly explain the following processes: (N=51)		
Significant Incident Reporting	93%	94%
Quality Improvement Plan	93%	90%
Q41. CBH Complaints and Grievances staff: (N=51)		
Are timely when notifying the provider of a member complaint	93%	94%
Clearly explain CBH's expectations of the provider during the member complaint process	95%	94%
Q42. CBH Complaints & Grievances staff conduct complaint investigations in an efficient and comprehensive manner. (N=89%)	90%	89%
Q43. When indicated, CBH Complaints and Grievances Staff provided timely notification of continuation rights for the grievance process.	90%	95%
Performance Evaluation Questions/Answers	**2024 Score**	**2025 Score**
Q45. The Pay-for-Performance (P4P) Operational Definitions document supplied by the P4P staff in the Spring webinars are easily understandable. (N=15)	77%	100%
Q46. The P4P Staff communicated timely information on the metrics being evaluated. (N=15)	75%	100%
Quality Management/Performance Evaluation Total Response Rates	**88%**	**96%**

3.9.1. Analysis of Quality Management and Performance Evaluation Department

Measures from the 2025 PSS for Quality Management (93%) and Performance Evaluation (100%) Departments had a combined average score of 96%, with satisfaction items ranging from 89% to 100%. This was an increase from the 2024 results, which indicated a combined satisfaction goal of 88% and satisfaction measures that ranged from 75% to 95%. Individually, both the Quality Management and Performance Evaluation Departments met the 85% goal, with Performance Evaluation-specific measures scoring 100% and Quality Management measures ranging from 88% to 95%. In 2024, Performance Evaluation measures failed to meet the 85% goal, but this year, they have achieved 100% scores on both related measures.

2025 results indicate significant improvement with Performance Evaluation processes, and that providers were satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. Quality processes have continued to improve since 2022.

3.10. CBH Program Integrity Department

Questions/Answers	2024 Score	2025 Score
Q49. What type(s) of audits did you have in 2025? (n=22)		
Onsite	17%	27%
Desk (Remote audit of EMR/EHR)	22%	45%
Desk-Chart Submission	17%	18%
Self	0%	5%
Staff File	13%	5%
Did not participate in an audit	30%	0%
Q50. For CBH Program Integrity-conducted audits, written communication about the audit was consistent with the verbal feedback received in the audit process.	75%	85%
Q52. Did you find the [Program Integrity section of the Provider Manual] useful?	75%	91%
Q54. A self-audit process is a basic component of an organizational compliance plan. If you had a 2025 self-audit, did you find it valuable?	88%	85%
Q57. The [Compliance Plan recorded training on the CBH Website] was helpful.	83%	92%
Q58. When our agency had contact with the CBH Program Integrity Department we found them to be:		
Professional	95%	100%
Knowledgeable	95%	95%
Collaborative	90%	90%
Q59. If you have a concern about fraud, wase and abuse, you know how to report it.	100%	95%
Q58. The 2025 Compliance Forum was useful.	100%	94%
Program Integrity Department Total Response Rates	**89%**	**92%**

3.10.1. Analysis of the Program Integrity Department

Program Integrity Department measures for the 2025PSS ranged from 85% to 100%, with an average satisfaction score of 92%. This was an increase from the 2024 survey, which ranged from 75% to 100%, and had an average score of 89%. All questions met the 85% goal. The 2025 PSS results indicate that, overall, providers view the Program Integrity Department as providing above-satisfactory service, clarity, and helpfulness 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.

Questions 64 through 67, detailed below, outline credentialing-specific practices, while questions 65 to 68 outline re-credentialing-specific practices. Credentialing questions were categorized by FQHCs/Facilities and Independent Practitioners/Group Practices. Re-credentialing questions were categorized by Facilities and Independent Practitioners/Group Practices/FQHCs.

Questions/Answers	2024 Score	2025 Score
Credentialing		
FQHCs/Facilities		
Q64. Documentation about the CBH credentialing process is easy to find.	100%	86%
Q65. CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	100%	100%
Independent Practitioners/Group Practices		
Q66. Documentation about the CBH credentialing process is easy to find.	75%	100%
Q67. CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	62%	80%
Re-credentialing		
Facilities		
Q65. Documentation about the CBH re-credentialing process is easy to find.	89%	95%
Q66. CBH re-credentialing practices are consistent with the process as documented in the Provider Manual.	83%	95%
Independent Practitioners/Group Practices/FQHCs		
Q74. Documentation about the CBH re-credentialing process are easy to find.	100%	83%
Q68. CBH re-credentialing practices are consistent with the process as documented in the CBH Provider Manual.	100%	100%
Credentialing and Re-Credentialing Total Response Rates	**89%**	**91%**

3.11.1. Analysis of Credentialing and Re-Credentialing

Measures for the 2025 PSS for Credentialing (89% overall satisfaction) and Re-Credentialing (94% overall satisfaction) ranged from 80% to 100%, with a combined average satisfaction score of 91%. This is an increase from the 2024 PSS, which ranged from 63% to 100% and had an average score of 89%.

Both overall satisfaction scores passed the 85% threshold, with credentialing-specific measures ranging from 90% to 100%, and re-credentialing-specific measures ranging from 83% to 100%. Three measures in the credentialing section and one measure in the re-credentialing section fell below 85%.

4. SUMMARY

The 2025 PSS consisted of 111 questions and assessed overall satisfaction with CBH and department-specific satisfaction. Overall, CBH demonstrated 90% 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 2025, except for three items. Altogether, the department had an overall average satisfaction score of 88%. Although Member Services demonstrated a 3 percentage point decrease in average provider satisfaction from the 2024 PSS, an overall positive response rate above 85% suggests satisfactory efforts to improve provider satisfaction, specifically by resolving inquiries promptly and providing high-quality assistance.

The **Provider Relations** Department exceeded the 85% goal, with an overall 90% satisfaction score, and met the satisfaction goal on all but one item. 2025's rate shows a 4 percentage-point decrease from 2024's satisfaction score, but it still 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 Provider Relations Department's overall customer service, have supported strong, positive PSS scores.

The **Provider Training and Development** Department exceeded the satisfaction goal of 85% with an average score of 95% on the 2025 PSS, dropping by only one percentage point from 2024's PSS score of 96%. These results demonstrate that providers view the Provider Training and Development Department as providing high-quality training and increasing attendees' knowledge through webinars and virtual training. PTD will continue to identify and track trends and evaluate provider network feedback to ensure we continue to provide meaningful and engaging opportunities for them to thrive within the network.

The **Contracting** Department section of the 2025 PSS scored an average satisfaction rate of 98%, surpassing the 85% threshold and remaining consistent with 2024's 98% satisfaction rate. Results demonstrate that providers view the Contracting Department as professional, knowledgeable, helpful, and timely, and that efforts to improve service quality have continued to improve over the past year.

The **Clinical Management** Department section of the 2025 PSS fell below the average satisfaction goal of 85%, scoring 78% and dropping 10 percentage points from 2024's score ofof 88%. Survey results in the Clinical section indicate that providers view the authorization materials, instructional materials, and customer service experience as slightly below satisfactory. All departmental measures fell short of the 85% goal in the 2025 PSS. The Clinical Management Department is developing action steps to alleviate provider barriers identified in the 2025 PSS and implement them over the next year. The department will continue improving the Provider Manual and its training efforts to support more efficient processes.

The **Claims** Department's section of the 2025 surpassed the satisfaction goal of 85%, with an average score of 99%, a five percentage-point increase from 2024's rate. The Claims Department scored 97% or higher on all measures, indicating that providers view the Claims Management Department Analyst as providing above-satisfactory services when working with providers and that analysts are professional, clear, and helpful. The Claims Department will continue to offer CBH staff and the provider community training on processes, procedures, documents, and expectations.

The 2025 PSS measures for **Quality Managemen**t (93%) **and Performance Evaluation** (100%) had an average satisfaction score of 96%. They met the 85% satisfaction goal for all measures, overall improving by 80 percentage points from last year's combined average of 88%. Performance Evaluation scored 100% on both related measures, demonstrating a 24 percentage-point increase from 2024's rate and a significant improvement in satisfaction with Pay-for-Performance processes compared to recent years. Quality Management-specific rates increased by 1 percentage point as well. The Performance Evaluation Staff will continue to implement P4P discussions in provider meetings hosted by the Clinical Department to establish more frequent collaboration and communication with provider staff and maintain high provider satisfaction.

The **Program Integrity** Department scored an average of 92% on the 2025 PSS, meeting the 85% goal for all measures and improving from 2024's 89% by 3 percentage points. The 2025 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 the language within the provider manual and training processes.

Combined **Credentialing and Re-credentialing** processes met the 85% threshold for the 2024 PSS, with an average satisfaction score of 91%, exceeding the 2024 PSS rate of 89% by 2 percentage points. Credentialing (89%) met the goal for all but three related measures, and re-credentialing (94%) met the goal for all but one. Credentialing demonstrated significant improvement from last year's 2024 rate of 84%, which failed to meet the 85% goal, overall increasing by 5 percentage points. These results demonstrate improved satisfaction with the credentialing department and sustained satisfaction with re-credentialing, in relation to accessibility, transparency, and consistency, as well as with resources and workflows related to credentialing/re-credentialing. The Credentialing Department will continue to work to clarify and streamline credentialing processes in outward-facing materials to increase ease and clarity of services for providers.

All involved CBH departments will use the results from the PSS process and continue implementing, adjusting, and improving the identified action steps. The Clinical Management leadership 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.