

# 2022 Provider Satisfaction Survey Results

*Updated November 12, 2023*



**Community Behavioral Health**

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## TABLE OF CONTENTS

Introduction .....	3
Methodology .....	3
Satisfaction Results .....	4
Respondent Profile .....	4
CBH Overall Satisfaction .....	6
CBH Member Services .....	8
CBH Provider Relations .....	10
CBH Provider Training and Development (PT&D) .....	10
CBH Clinical Management .....	12
CBH Claims Management .....	14
CBH Quality Management & Performance Evaluation Department .....	15
CBH Compliance Department .....	16
Credentialing and Re-Credentialing .....	17
CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC) .....	18
Summary .....	20

## INTRODUCTION

CBH conducts an annual Provider Satisfaction Survey (PSS) to gauge our performance and obtain provider feedback. The results of the provider satisfaction survey are used by CBH to identify key opportunities for improving the experience of providers. The purpose of this survey is to assess overall provider satisfaction with CBH and identify specific key areas of service satisfaction with the following departments: Member Services, Provider Relations, Clinical Management, Claims Management, Quality Management, Compliance, NIAC, and those involved in the Pay-for-Performance and Credentialing and Re-Credentialing processes. The following report includes the results from the 2022 PSS, improvement opportunities that were identified, and the actions CBH will take in 2023 to further improve the experience of providers.

## METHODOLOGY

### *Survey Distribution*

The PSS was open to providers via a link to the SurveyMonkey software platform from December 20, 2022 to February 10, 2023. Participation in the PSS is voluntary, and providers were notified of the survey’s availability in the CBH Provider News Blast and the CBH website. Providers were also reminded to complete the survey through direct messaging by CBH Provider Representatives and during provider meetings with Clinical and Quality Management staff.

The 2023 survey consisted of 75 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
16–21	CBH Provider Training and Development
22–28	CBH Clinical Care Management
29–33	CBH Claims Management
34–41	CBH Quality Management and Performance Evaluation
42–53	CBH Compliance
54–63	CBH Credentialing Process
64–72	CBH/DBHIDS Network Improvement and Accountability Collaborative (NIAC)
73–75	CBH Provider Manual and other suggestions

At the beginning of each section, respondents were asked if they had contact with the department in question and were encouraged to identify their job title and department in which they work. 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 left out of the results sections: Questions 8, 9, 14, 17, 26, 27, 32, 33, 41, 42, 43, 50, 55, 56, 59, 60, 63, 64, 65.

Providers were permitted to complete multiple responses and were encouraged to include staff at all levels in responding to the survey. Survey respondents were instructed to complete the survey in its entirety or respond to sections of the survey that were most relevant to the work they do (e.g., provider billing staff may only respond to the Claims department questions). Logic embedded in the SurveyMonkey software allowed respondents to skip questions for any sections where they indicated they did not contact CBH for the purpose described (e.g., “Did your agency have a virtual NIAC site visit in 2022?”) as a representative of their agency. Thus, the sample size varies throughout the instrument and should be carefully considered as a factor in any analysis.

### *Survey Analysis*

Prior to survey distribution, all survey questions were reviewed by CBH Quality Improvement and Data Analytics staff for face validity. This process includes quality assurance for the coherence of each question, question/response alignment, and making all Likert-type scales across the instrument consistent in offering four choice levels—very positive, positive, negative, very negative—with specific language connected to the measure. A measure asking about clarity of written instructions would include choices “very clear,” “clear,” “unclear,” 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/DBHIDS and provider review in the March 2023 Quality Improvement Committee (QIC). Measures that achieved a positive response of at least 85% met the threshold set by CBH. Measures that did not meet the 85% threshold were identified as opportunities for improvement. Departments were given the opportunity for an in-depth review of all items pertinent to their work and asked to develop action steps to address opportunities.

## SATISFACTION RESULTS

### *Respondent Profile*

Overall, there were 148 respondents to the 2022 PSS, which was an increase from the 2021 PSS survey’s 125 respondents. The first four questions of the PSS were used to obtain demographic information of respondents to understand the profile of respondents.

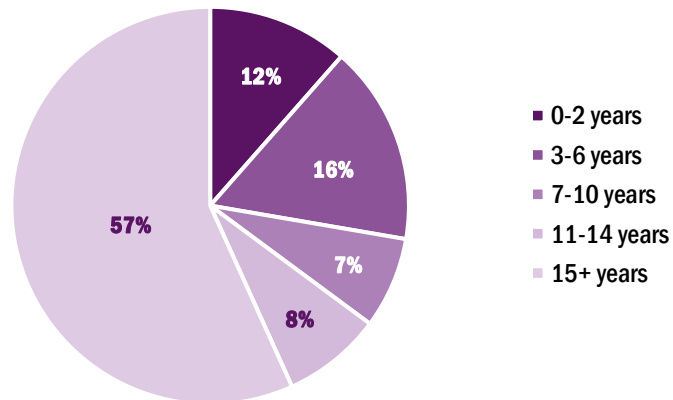
**Q1.** Are you responding to this survey on behalf of an independent practitioner, group practice, or facility?

**Result:** Of 148 respondents, 65% (96) were part of a facility, 11% (16) were part of a group practice, 6% (9) were independent practitioners, 5% (8) were part of a Federally Qualified Health Center (FQHC), and 13% (19) were part of a Behavioral Health Center (BHC).

**Q2.** Did your agency provide services to CBH members in 2022?

**Result:** 122 respondents (82%) provided services to CBH members in 2022.

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



Q3 results indicate that the majority of respondents (88%) are from organizations with at least three 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	2021 Responders	2022 Responders
Executive Director	39%	24%
President	10%	10%
Program Director	59%	40%
Administrative Leadership	N/A	19%
Office or Administrative Support Staff	20%	23%
Billing Management Staff	48%	23%
Clinical Supervisor or Manager	49%	33%

**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)*

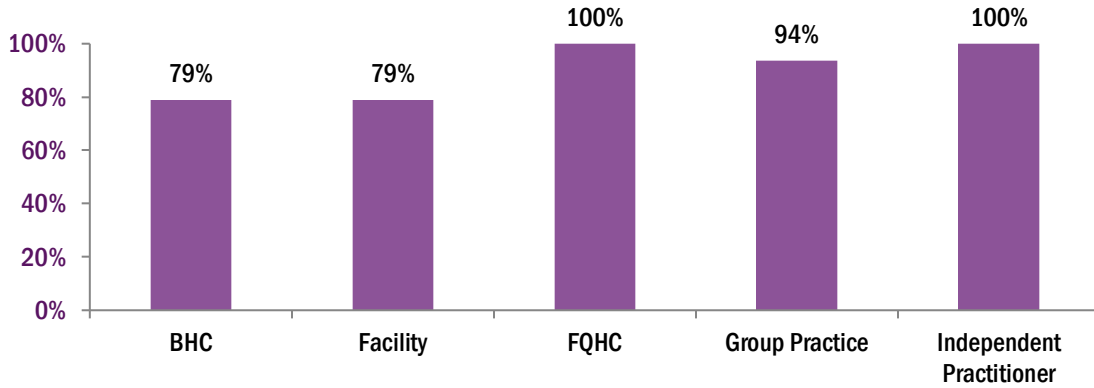
<b>Job Titles</b>	<b>2021 Responders</b>	<b>2022 Responders</b>
Clinical Therapist or Social Worker	N/A	25%
Peer Recovery Specialist	N/A	10%
Tech or Other Frontline Staff	N/A	7%
Other	20%	11%

Q4 asks providers to identify the role of the respondent completing of this survey. The majority of the respondents included program director, clinical supervisors/managers, and clinical therapists or social workers. The results are similar to the results observed in 2021. Furthermore, , CBH added additional job titles since the 2021 survey to allow for more accurate representation of respondents

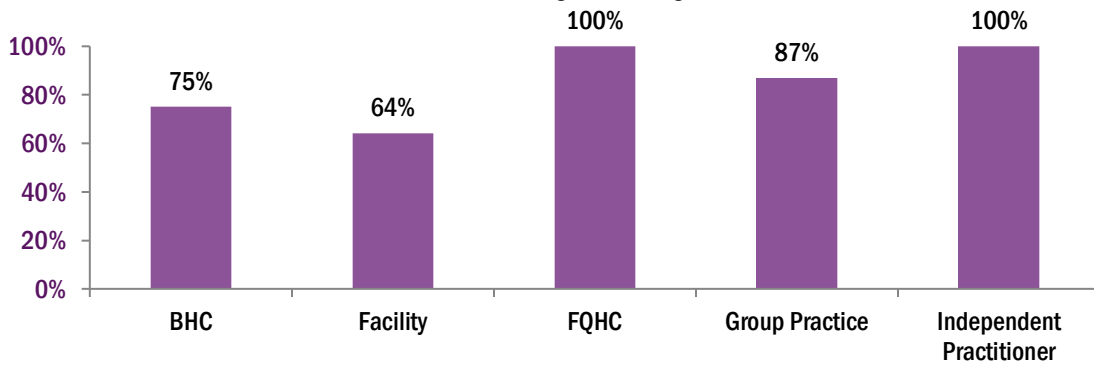
## CBH Overall Satisfaction

<b>Questions</b>	<b>2021 Score</b>	<b>2022 Score</b>
<b>Q5.</b> Overall, we are satisfied with our agency being a provider for CBH.	94%	82%
<b>Q6.</b> How would you rate CBH in comparison to commercial insurers and/or other behavioral health managed care organizations? (If able to compare)	83%	64%
<b>Q7.</b> Overall, CBH meets our agency’s needs.	91%	82%

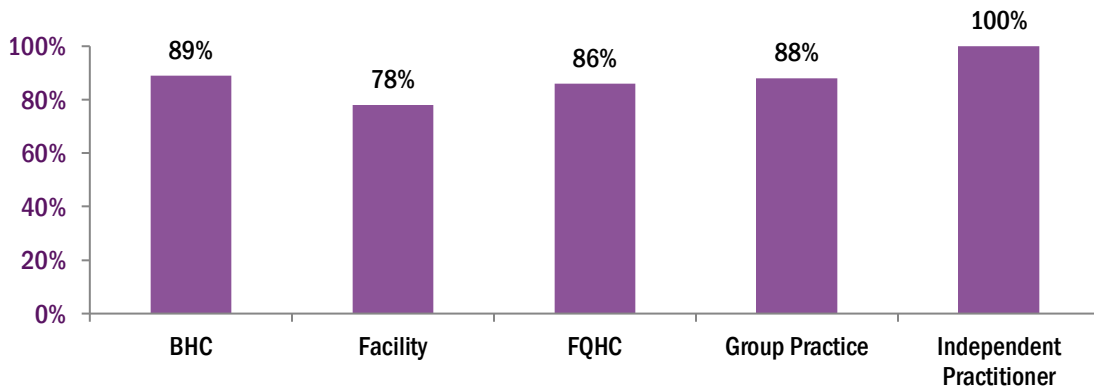
**Q5. Overall, we are satisfied with our agency being a provider for CBH.**



**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.**



### Analysis of Overall Satisfaction

CBH did not meet the 85% threshold for overall satisfaction scores in 2022 for Q5 (82%) demonstrating a decline of 12 percentage points from the 2021 survey. However, the overall satisfaction rating for Q5 was above the 85% threshold from the following provider types: FQHCs (100%), Group Practices (94%), and Independent Practitioners (100%).

When comparing CBH to other insurers (Q6), CBH providers gave an overall rating of 64% which was a decrease of 19% points from the 2021 survey. However, the rankings from FQHCs, group practices, and independent practitioners was higher than the 85% threshold when comparing insurers.

Q7 asked: “Overall, CBH meets our agency’s needs.” In 2022, providers rated CBH at 82% which is a decrease of nine percentage points from the 2021 survey at 91%.

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

### CBH Member Services

**Q9.** How often have you contacted the CBH Member Services Department for assistance on behalf of your agency? (n=96)

Daily	Weekly	Monthly	Rarely
8%	14%	36%	41%

Questions/Answers	2021 Score	2022 Score
<b>Q10.</b> When contacting the Member Services Department, the Member Service Representatives:		
Were Professional	99%	96%
Were Clear	94%	92%
Were Knowledgeable	92%	87%
Answered My Questions	93%	91%
<b>Q11.</b> When contacting the Member Services Department:		
I was satisfied with the services received.	N/A	84%
My inquiry was resolved in a timely manner.	N/A	82%
I felt confident that the representative was able to help me.	N/A	84%
<b>Q12.</b> What are your primary reasons for contacting Member Services?		



<i>Questions/Answers</i>	<i>2021 Score</i>	<i>2022 Score</i>
Concerns about a member	47%	51%
Aftercare for a member	28%	37%
Obtain treatment history for a member	35%	22%
Questions about authorizations for service levels of care	43%	35%
Referrals and linkages for treatment services/care coordination	45%	44%
Non-treatment resources connections	9%	44%
Medicaid benefit or eligibility questions	33%	8%
Languages access	20%	37%
Our agency did not contact Member Services	4%	23%
Other	11%	7%
<b>Member Services Total Response Rates</b>	<b>94%</b>	<b>88%</b>

### *Analysis of Member Services*

Measures for the 2022 PSS for the Member Services Department had an average score of 88% and a range from 82%-96% which was a decrease from the 2021 survey which had an average score of 94% and a range of 92%-99%. Results of the 2022 PSS demonstrate that providers view the Member Service Department as providing high-quality service when responding to callers. The Member Services Department scored over the 85% threshold for Q10 but did not meet the threshold for Q11. Q11 is new for the 2022 year; CBH did not have a comparison rate for the question. Member Services has identified the following action steps to work toward improvement in this area:

1. The Member Services Department will provide training and education for providers regarding the roles and responsibilities of the member services department to ensure that providers are reaching out to the correct department for their questions.
2. The Member Services Department will provide training and education to increase the knowledge of staff during team meetings and supervision.
3. The Member Services Department will continue silent monitoring of member service staff to allow for rapid response to address concerns.

## CBH Provider Relations

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

Daily	Weekly	Monthly	Rarely
1%	15%	49%	33%

Questions/Answers	2021 Score	2022 Score
<b>Q15.</b> When contacting Provider Relations:		
The Provider Representative returned our phone calls within 1 business day.	87%	90%
I ended the call feeling confident that the provider representative was able to help me .	87%	86%
The Provider Representative was professional.	97%	98%
I found the staff to be helpful and courteous.	93%	95%
My inquiry was resolved in a timely manner.	83.0%	82%
The Provider Representative provided linkages to the appropriate CBH department.	93%	86%
<b>Provider Relations Total Response Rates</b>	<b>90%</b>	<b>89%</b>

### Analysis of Provider Relations

Measures for the 2022 PSS for the Provider Relations Department ranged from 82%-95% with an average score of 89%, which showed similar results from the 2021 survey which had an average score of 90% and ranged from 83%-97%. This may indicate that the 2022 PSS results demonstrate that providers view the Provider Relations Department as professional, helpful, and courteous. Ongoing efforts to improve communication, relationships with providers, and 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 met the 85% threshold and will continue ongoing efforts to timely communication.

## CBH Provider Training and Development (PT&D)

**Q17.** How often have you attended any webinars or virtual workshops offered by Provider Training and Development? For example, assessment and case formulation, recovery planning, or clinical supervision.

<i>Monthly</i>	<i>A Few Times a Year</i>	<i>Rarely</i>	<i>Never</i>
9%	41%	20%	30%

<i>Questions/Answers</i>	<i>2022 Score</i>
<b>Q18. What has prevented you from attending webinars or virtual workshops?</b>	
Topics did not meet my needs or interests	49%
I had problems logging into the DBHIDS Learning Management System.	20%
The training schedule conflicts with my schedule.	45%
<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.	94%
The course material met the stated objectives and/or course description.	96%
Attendees' knowledge on the subject increased after attending the webinar or virtual workshop.	88%
The facilitators were knowledgeable, understandable, and responsive to questions.	94%
<b>Q21. Please rate your agreement with the following statements about technical assistance (TA):</b>	
I was satisfied with the overall quality of technical assistance.	87%
The provider training and development specialists worked in collaboration with me/my agency.	93%
Technical assistance addressed my organization's goals for improvement and/or development.	80%
I would recommend technical assistance to other CBH-contracted providers.	87%
<b><i>PT&amp;D Total Response Rates</i></b>	<b>86%</b>

### *Analysis of PT&D*

In 2022, CBH decided to include survey questions around services offered to the CBH provider network by the Provider Training and Development Department. The Provider Training and Development Department met the overall threshold of 85% with an average score of 86% and a range of 80%-96% for the 2022 year.

The 2022 PSS results demonstrate that providers view the Provider Training and Development Department as providing quality training and increased attendees’ knowledge with webinars and virtual training.

Ongoing efforts to improve communication, relationships with providers, and overall customer service have supported strong positive scores on the PSS. Provider representatives 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 Clinical Management

Questions/Answers	2021 Score	2022 Score
<b>Q23. What type(s) of authorization requests did you participate in during 2022? Please select all that apply .</b>		
Adult Acute Psychiatric (AIP, SAIP, Partial Hospitalization, Crisis Residence, 23-Hour Assessment)	N/A	15%
Adult Residential Rehabilitation (ASAM 2.5/Partial, 3.1/HWH, 3.5, 3.7, 3.7WM, 4, 4WM)	N/A	23%
Adult Community Based Services (Adult Mental Health Residential, RTF-A, LTSR, CTT-CSL, ACT, Non-Hospital EAC)	N/A	26%
Complex Care (Extended Acute Care)	N/A	10%
Specialized Psychology (ECT, Psychological Testing)	N/A	5%
Child Acute (AIP, Acute and Long-Term Partial Hospitalization, CSU, CMCT, CMIS)	N/A	18%
Child and Adolescent Psychiatric Residential (CRR-HH, Adolescent Residential Rehabilitation, PRTF)	N/A	8%
Children’s Community Based Services (FBS, FFT, MST-PSB, Early Childhood Treatment, Blended Case Management)	N/A	24%
IBHS (IBHS and IBHS-ABA Initial Assessment and Treatment, BHT and BHT-ABA, IBHS and IBHS-ABA BC, MT, and GMT, CTSS)	N/A	39%
I did not participate in prior authorizations (skip to Clinical UM questions)	N/A	11%
<b>Q24. Have you used the Authorization section of the CBH Provider Manual?</b>		
Yes	N/A	64%
No	N/A	36%
<b>Q25. I am satisfied with the customer service received from CBH Care Management Staff.</b>		
Yes	89%	89%
No	11%	11%

Questions/Answers	2021 Score	2022 Score
<b>Q25.</b> Please rate your agreement with the following statements regarding the Authorization section of the CBH Provider Manual.		
Instructions for making a prior authorization request are easy to find.	81%	76%
Care management practices for prior authorization requests are consistent with the processes as described.	88%	78%
<b>Q26:</b> How clear and understandable are the documented instructions for these processes?		
Instructions for making an authorization request	81%	84%
Instructions to reach a peer reviewer	94%	76%
<b>Clinical Management Total Response Rates</b>	<b>86%</b>	<b>77%</b>

**Q27.** How often did you/your agency interact with Care Management staff in the CBH Clinical UM Department in 2022?

Daily	Weekly	Monthly	Rarely	Never
12%	43%	26%	14%	5%

### Analysis of CBH Clinical Management

Measures for the 2022 PSS for the Clinical Management Department ranged from 76%-84% with an average score of 77%, which is a decrease from the results from the 2021 survey which had an average score of 86% and a score range of 81-94%.

Survey results in the Clinical section indicate that providers view the instructional materials and customer service experience as satisfactory. Items that did not achieve a satisfaction score of 85% or higher were Q25 and Q26 regarding prior authorization instructions within the CBH Provider Manual. CBH's Clinical Management Department reviewed the results for these questions and developed the primary actions steps listed below to address concerns related to authorizations.

The primary action steps for the Clinical Department in 2023 are:

1. Update the Provider Manual to clarify the instructions for providers and CBH staff.
2. Train behavioral health liaison staff on the updated Provider Manual. Staff will be trained on where to find relevant information, when to use it, and how to use it in practice.
3. The Clinical Management Team will add the updated Provider Manual training to the onboarding training for new clinical management staff.

## CBH Claims Management

Questions/Answers	2021 Score	2022 Score
<b>Q30. When our agency contacted CBH Claims Department with claims-related issues, we:</b>		
Were satisfied with the service we received	95%	94%
Were satisfied with the issue resolution time	95%	91%
Received initial follow-up within 48 hours (when appropriate)	95%	90%
<b>Q31. When our agency had questions regarding paper or electronic claims, the CBH Claims technical analysts:</b>		
Were professional	98%	97%
Were clear	98%	94%
Answered my questions	98%	95%
<b>Q32. When our agency had questions regarding adjustments, the CBH Claims technical analysts:</b>		
Were professional	98%	97%
Were clear	98%	94%
Answered my questions	100%	94%
<b>Q33. When our agency called with questions regarding third party liability, the technical analysts in the CBH Claims Department:</b>		
Were professional	100%	95%
Were clear	100%	90%
Answered my questions	96%	90%
<b>Claims Management Total Response Rates</b>	<b>98%</b>	<b>93%</b>

### Analysis of CBH Claims Management Department

Measures for the 2022 PSS for the Claims Management Department ranged from 90%-97% with an average score of 93%. The 2022 rates indicated a slight decrease from the 2021 survey which had a score of 98% and a range of 96%-100%.

The 2022 PSS results indicate that providers view the Claims Management Department analyst as providing satisfactory services when working with providers. The Claims Department will continue to offer training to CBH staff and the provider community regarding processes, procedures, documents, and expectations.

## CBH Quality Management & Performance Evaluation Department

Quality Management Questions/Answers	2021 Score	2022 Score
<b>Q34. In your work in 2022, have you interacted with the CBH Quality Management Department?</b>		
Clinical Appeals	86%	82%
Significant Incident Reporting	91%	87%
Quality Improvement Plan	77%	82%
<b>Q35. CBH Quality Management staff clearly explain the following processes:</b>		
Are timely when notifying the provider of a member complaint	86%	85%
Clearly explain CBH’s expectations of the provider during the member complaint process	89%	89%
<b>Q36. CBH Quality Management Staff conduct complaint investigations in an efficient and comprehensive manner.</b>		
	88%	79%
<b>Q37. When indicated, CBH Quality Management Staff provided timely notification of continuation rights for the grievance process.</b>		
	89%	85%
Performance Evaluation Questions/Answers	2021 Score	2022 Score
<b>Q40. The Pay-for-Performance (P4P) Operational Definitions document supplied by the P4P staff is easily understandable.</b>		
	70%	64%
<b>Q41. P4P Staff communicated timely information on the metrics being evaluated.</b>		
	74%	66%
<b>Quality Management and Performance Evaluation Total Response Rates</b>	<b>83%</b>	<b>80%</b>

### Analysis of Quality Management and Performance Evaluation Department

Measures for the 2022 PSS for the Quality Management and Performance Evaluation Departments which had an average score of 80% ranged from 66%-89% which showed a slight decrease in results from the 2021 survey which had average score of 83% and a range of 74-91%. Measures related to satisfaction with CBH Quality processes ranged from 64%-89% and surveyed providers were overall satisfied with the information received about the complaint process, clinical appeals, and significant incident reporting. The 2022 PSS results revealed some opportunities for continued improvement.

The following measures did not meet the 85% threshold: Q37 clearly explains the Quality Improvement Plan (QIP) process. Furthermore, both P4P Q39 and Q40 did not achieve a satisfaction rate of 85% or greater. As a result of this survey, the Quality Management Department has identified the following action steps:

1. Quality Management specialists will ensure they include the QIP inserts that detail the definition and process of the QIP along with outgoing QIP letters via emails and mail.
2. Performance Evaluation staff will develop a P4P communication plan to be used for all annual P4P communication that includes links to spring webinars.
3. Performance Evaluation staff will develop a strategy to better engage with providers virtually to improve collaboration and engagement with providers.

## CBH Compliance Department

Questions/Answers	2021 Score	2022 Score
<b>Q44.</b> What type(s) of audits did you have in 2022?		
Onsite	36%	19%
Desk (At CBH/Remote Access)	38%	36%
Self	0%	4%
Staff File	15%	6%
Did not participate in an audit	15%	31%
<b>Q47.</b> Instructions for completing a self-audit or reporting fraud, waste, and abuse are easy to find.		
	67%	84%
<b>Q48.</b> For CBH Compliance Department-conducted audits, written communication about the audit was consistent with the verbal feedback received in the audit process.		
	82%	88%
<b>Q48.</b> A self-audit process is a basic component of an organizational compliance plan. If you had a 2021 self-audit, did you find it valuable?		
	89%	89%
<b>Q50.</b> When our agency had contact with the CBH Compliance Department we found them to be:		
Professional	94%	94%
Knowledgeable	94%	94%
Collaborative	80%	80%
<b>Q52.</b> If you have a concern about fraud, waste, and abuse, you know how to report it.		
	85%	85%
<b>Q54.</b> The content of <i>Compliance Matters</i> helped to improve our compliance program.		
	93%	94%
<b>Compliance Department Total Response Rates</b>		<b>84%</b>
		<b>85%</b>



## *Analysis of Compliance Department*

Measures for the 2022 PSS for the Compliance department ranged from 84%-94% with an average score of 85%, which was an improvement from the 2021 survey which had a score range of 67-94%, and average score of 84%.

However, results on items Q46 and Q47 did not meet the 85% threshold. CBH acknowledges the opportunity for improvement in making self-audit materials and fraud, waste, and abuse reporting information readily available through a consistent, well-communicated, and collaborative process. As a result, the Compliance Department generated the following action steps for 2023:

1. Compliance Department leadership will work with the CBH Communications Department to ensure that all that data is up to date and all relevant links are working, and will ensure that providers are aware of updates to the Manual when meeting with them.
2. Compliance Department leadership will work with CBH Communications to continue to advocate for all compliance content to be in one place on the CBH website.
3. All Compliance staff will be trained in sharing information for self-audit and fraud, waste, and abuse reporting through a consistent and comprehensive process and ensuring that providers are aware of which CBH department was auditing them.

## **Credentialing and Re-Credentialing**

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

Q55 and Q56 are answered only by providers who identify as FQHCs and facilities providers in the CBH Network. Q57, 58, 62, and 63 are answered by providers who identify as independent practitioners/group practices.

<i>Questions/Answers</i>	<i>2021 Score</i>	<i>2022 Score</i>
<b><i>FQHCs and Facilities</i></b>		
Q55. Documentation about the CBH credentialing process is easy to find.	N/A	73%
Q56. CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	N/A	95%
<b><i>Independent Practitioners/Group Practices</i></b>		
Q57. Documentation about the CBH credentialing process is easy to find.	82%	85%

Questions/Answers	2021 Score	2022 Score
<b>Q58.</b> CBH credentialing practices are consistent with the process as documented in the CBH Provider Manual.	86%	85%
<b>Q62.</b> Documentation about the CBH re-credentialing process is easy to find.	N/A	85%
<b>Q63.</b> CBH re-credentialing practices are consistent with the process as documented in the CBH Provider Manual.	80%	88%
<b>Credentialing and Re-Credentialing Total Response Rates</b>	<b>83%</b>	<b>85%</b>

### Analysis of Credentialing and Re-Credentialing

Measures for the 2022 PSS for the Credentialing and Re-Credentialing ranged from 73%-95% with an average score of 85% which is an improvement from the 2021 survey which had a score range of 67-86% with an average score of 83%. The 2022 PSS results represent a small sample with responses ranging from 19-26 per question. In this assessment, there was an improvement from the previous year, however, one area did fall below the 85% threshold for satisfaction.

The action steps identified for 2023 are as follows:

1. Include the initial Credentialing section under the Provider Network page indicating this information can be found in the Provider Manual (include page numbers and link to go directly to the Credentialing section of the Manual).
2. Include where to locate the initial credentialing process as part of the initial meeting with the provider following awarding a procurement or approval to enter the network as part of the Open Network process.

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

Questions/Answers	2021 Score	2022 Score
<b>Q60.</b> Documentation about the recredentialing process and Network Inclusion Criteria (NIC) Standards for Excellence are easy to find.	N/A	96%
<b>Q61.</b> NIAC re-credentialing practices are consistent with the process as documented in the current NIC.	N/A	92%
<b>Q65.</b> Did your agency have a virtual NIAC site visit in 2022?		
Yes	N/A	27%
No	N/A	73%
<b>Q66.</b> During our NIAC virtual site visit we found the NIAC team to be:		

<i>Questions/Answers</i>	<i>2021 Score</i>	<i>2022 Score</i>
Professional	91%	90%
Knowledgeable	91%	81%
Collaborative	55%	71%
Accommodating	66%	76%
<b>Q67. NIAC staff effectively communicated site visit adaptations to support the virtual review process during:</b>		
Preparation for the site visit	82%	90%
On-site review process	91%	83%
Post-visit follow-up	64%	89%
<b>Q68. The activities completed during the NIAC site review adequately capture the services provided at our agency.</b>	64%	77%
<b>Q69. The NIAC team provided helpful feedback in response to the virtual site visit.</b>		
Oral/verbal feedback	N/A	68%
Written feedback	N/A	68%
<b>Q70. The NIAC virtual site review provided information and/or clarification of the DBHIDS Practice Guidelines.</b>	64%	77%
<b>Q71. The pre-recorded NIC Provider Orientation was informative in explaining the purpose of the NIAC processes and activities, as well as clarifying the expectations held for our agency.</b>	64%	72%
<b>Q72. 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.</b>	64%	64%
<b><i>NIAC Department Total Response Rates</i></b>	<b>72%</b>	<b>80%</b>

## *Analysis of NIAC*

Measures for the 2022 PSS for NIAC ranged from 64%-96% with an average score of 80% which was similar to results from the 2021 survey which had a score range of 67-91% with an average score of 72%. The response rate for this section averaged 22 responses per question.

The 2022 PSS results showed strengths and areas for continued growth opportunities for the NIAC teams. 25 of the 69 respondents who completed Q64 had contact or experience working with NIAC in 2022.

For the following measures: Q66, 68-72, scores did not reach an 85% positive rating. After discussing these outcomes, NIAC identified the following action steps to work toward the improvement of satisfaction scores:

1. Increased supervision when prepping for a site review to ensure teams are aware of the different review types as follows: accredited vs. non-accredited, clinical vs. non-clinical, etc.
2. NIAC will begin some on-site reviews, particularly for those providers who still have paper charts or who communicate that a virtual review presents a challenge that directly impacts services to individuals.
3. NIAC is working to fill vacant clinical consultant slots to establish full teams. Having full teams in place will create opportunities to be more accommodating.
4. NIAC will have team facilitators reach out to providers as soon as the confirmation goes out to the provider. Additionally, they will do regular (e.g., weekly) check-ins with the provider to go over what's needed.
5. NIAC will not require providers to submit policies if previously approved. This would alleviate the burden of document submissions. NIAC will review overall submission requirements to see where streamlining is a possibility.
6. NIAC will capture other services offered by the provider by noting in the report whether they work collaboratively with the other services offered. Furthermore, NIAC will ensure that an explanation is offered to the provider if there are services that NIAC does not review as well as the reason why.
7. During the exit conference, NIAC team members will highlight information presented at that time that is not exhaustive. The information must still be assessed and gathered from all activities conducted. NIAC will have all team members briefly present info gathered from their specified activities, rather than just the team facilitator.
8. Ensure the primary provider contact who is present during the review obtains a copy of the report. NIAC will distribute a standalone survey to gather specific feedback regarding the updated report format. This will enable a more immediate change when needed.
9. NIAC will reinstitute live provider orientations, this will prompt more question-and-answer sessions with providers to allow for greater clarity. Furthermore, NIAC will work with the DBHIDS training unit to update the pre-recorded Provider Orientation and make it available on the DBHIDS Learning Hub.
10. The NIAC teams will do more formal check-ins throughout the PIP process. This will encourage the provider to ask questions to increase clarity before submitting their PIP.

## SUMMARY

The 2022 PSS consisted of 75 questions and assessed overall satisfaction with CBH, as well as department-specific satisfaction. Overall, CBH demonstrated 83% overall satisfaction, which did not meet the 85% threshold. The results of this PSS were reviewed with CBH leadership.

Member Services did not meet the 85% threshold for all questions during the 2022 PSS. However, the survey questions did note that the member services department scores were strong for professionalism and customer service. The knowledge base and timeliness of responses will continue to be supported through a robust training program, a real-time auditing process, and silent monitoring by supervisory staff.

The Provider Relations and the Provider Training Department also demonstrated the ability to meet or exceed customer service expectations, scoring over 85% positive on all but one item. They noted strong collaboration with the provider network throughout 2022 to effectively manage change and growth. Provider Relations leadership identified continued training standardization and supervisory monitoring support as opportunities for all staff, particularly in the timely resolution of complex needs.

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

The Claims Department's responses to the 2022 PSS were 90% or higher in satisfaction for all items. This represents a continued strong endorsement of the efforts of this team to meet the needs of the CBH provider network. The Claims Department will continue to develop and conduct internal/external training to ensure clarity in processes, procedures, documents, and expectations.

The Quality Management Department scored above the 85% threshold for nearly all items assessed: explanation around clinical appeals, complaints, and significant incident reporting, timeliness, efficiency, and scope of processes. Providers were not as satisfied with the support for the QIP process, so further training efforts and updates to the Provider Manual are planned to address the need during 2023. Satisfaction scores for P4P measures continue to fall below the 85% threshold, although new questions for this PSS did receive stronger satisfaction ratings than in the past. The Performance Evaluation staff will develop a communication plan that will be used to better engage with providers virtually to improve collaboration and engagement with providers.

With the 2022 PSS, the Compliance Department continued to achieve satisfaction with most of the survey questions. However, the compliance department identified areas of improvement regarding communication. Compliance staff will work to improve the experience of compliance activities as collaborative efforts in meeting regulatory standards and to promote clear pathways for information sharing around fraud, waste, and abuse reporting.

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

In 2022, the NIAC Department did not meet the 85%, however, their scores noted improvement in process knowledge and professionalism, as well as communication about the adaptations for on-site review. Despite the small sample, items that fell below 85% satisfaction on this survey did help NIAC staff to identify targeted areas for improvement in 2023. Alignment of the NIAC feedback survey and PSS evaluation areas will further assist in clarifying these. Feedback from providers will continue to inform NIACs offering of training,

audit process documentation, communication of expectations, and assessment of each program's unique strengths.

All involved CBH departments will utilize the results obtained as part of the PSS process and continue to work on implementing, adjusting, and improving the identified action steps. Quality Management staff and departmental leadership at CBH will review these actions quarterly through 2023. 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.