Provider Satisfaction Survey Summary

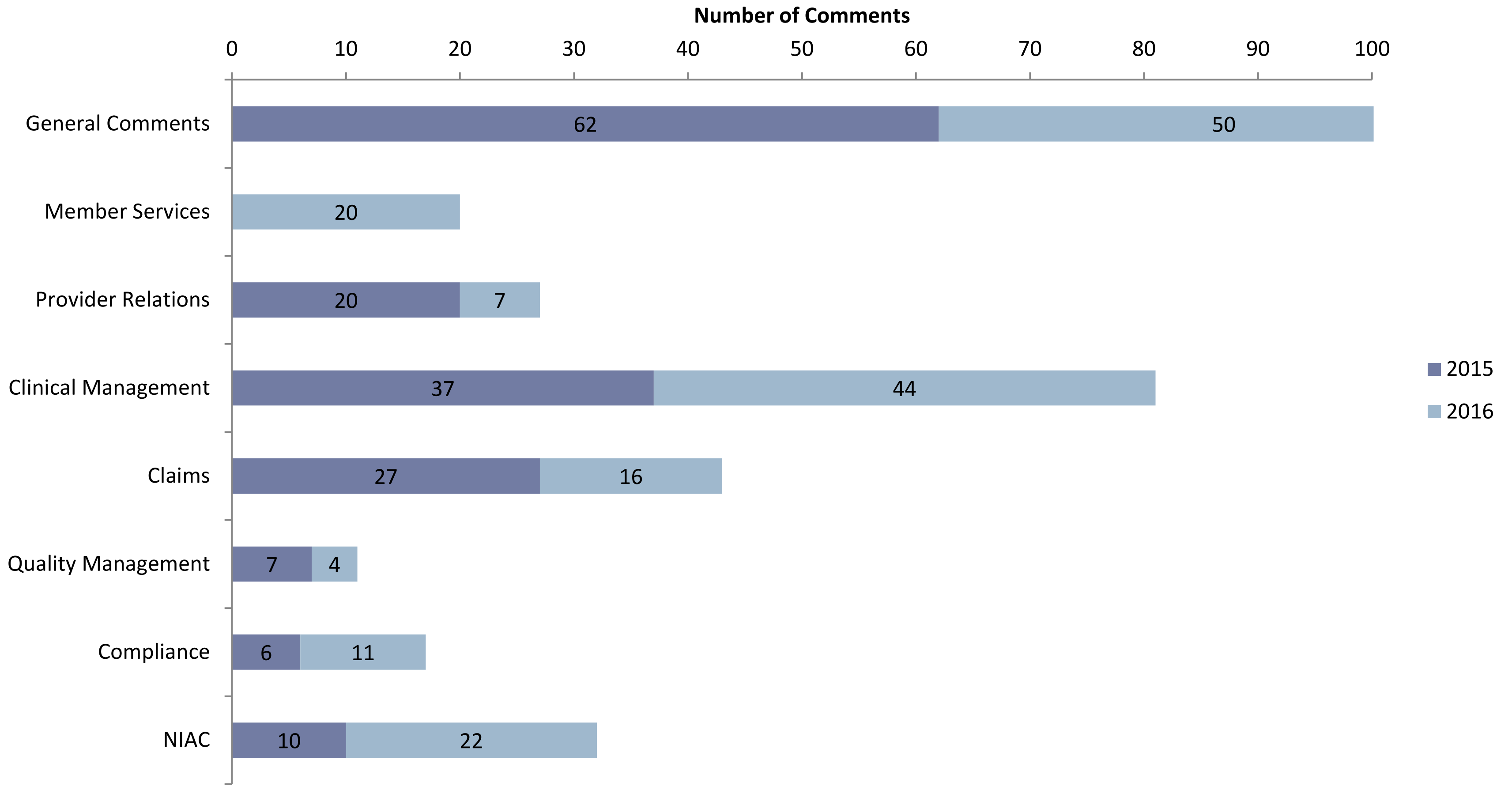
2016

Methodology

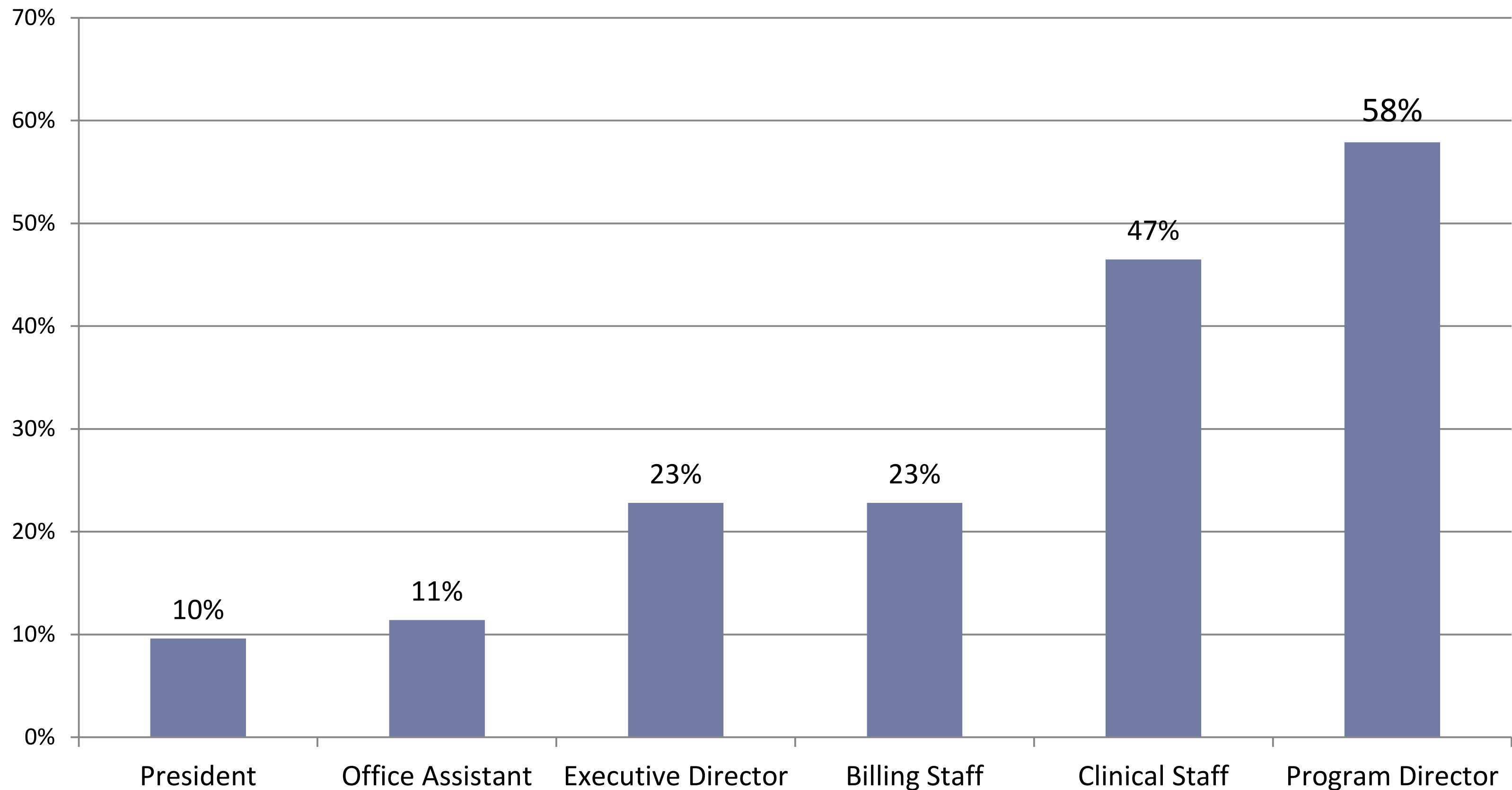
Starting in 2015, respondents were permitted to complete the survey in its entirety or choose to answer the section(s) of the survey that were most relevant to them. For example, individuals working in the Claims Department could complete just the claims section of the survey and skip the other sections.

This methodology means that it is possible that we received multiple responses from the same provider.

Survey Comments



Job Titles



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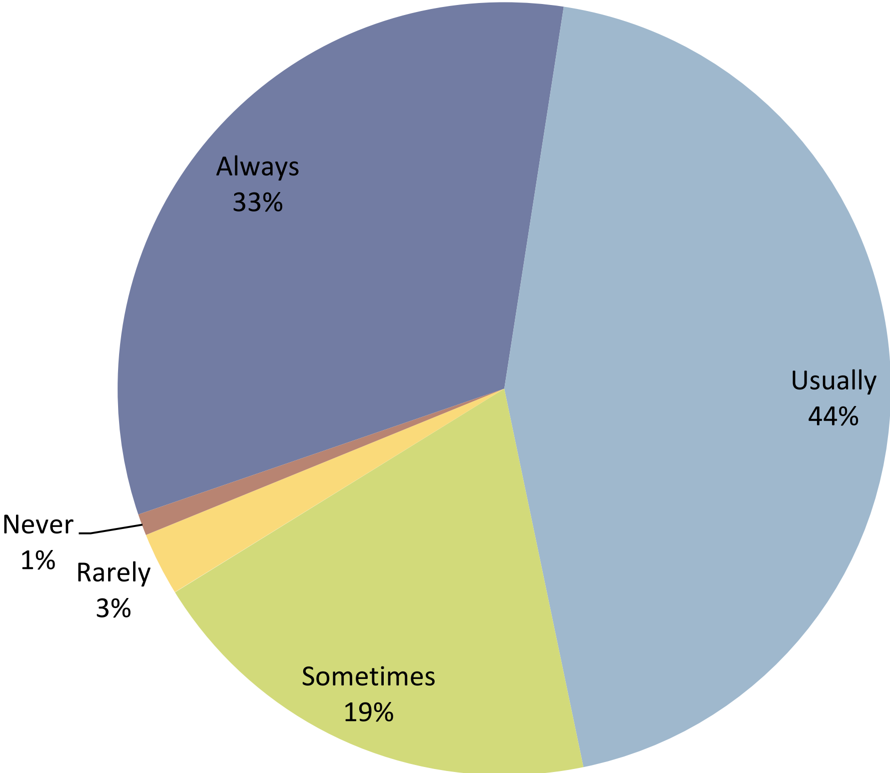
OVERALL WE ARE SATISFIED WITH OUR AGENCY BEING A PROVIDER FOR CBH



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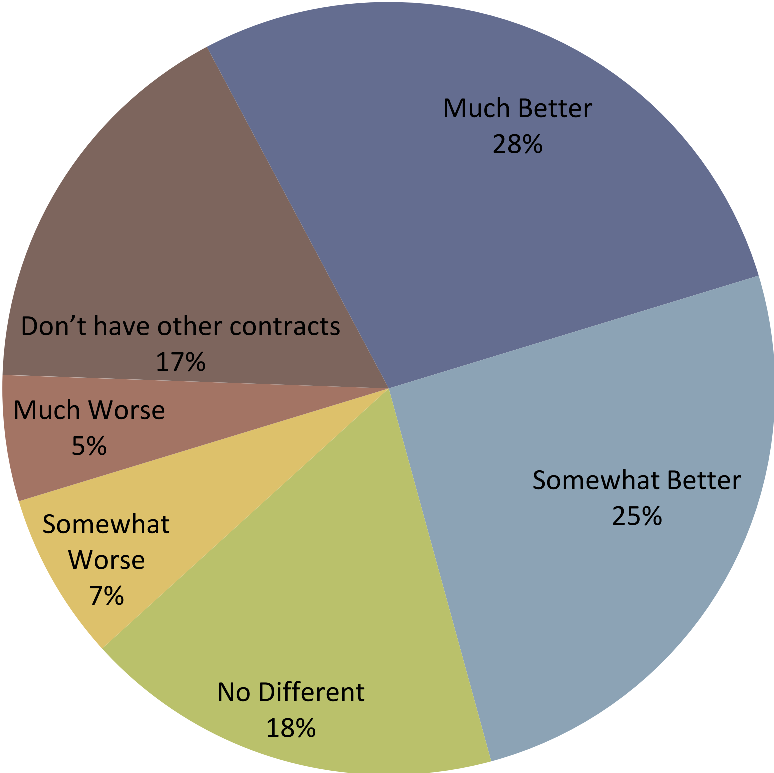
HOW WOULD YOU RATE CBH IN COMPARISON TO COMMERCIAL INSURERS AND/OR OTHER BEHAVIORAL HEALTH MANAGED CARE ORGANIZATIONS?



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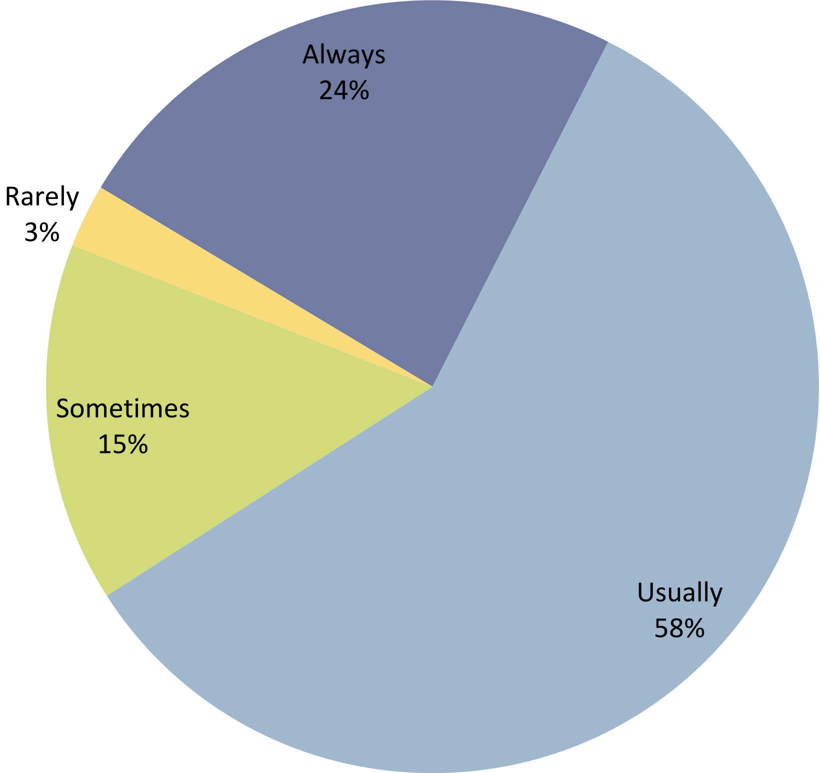
OVERALL, CBH MEETS OUR AGENCY'S NEEDS



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Member Services Action Items

- Increase Member Service Representatives departmental and organizational knowledge base through the Creation of a Member Services Training Manual
- Offer bi-weekly trainings and monthly staff meetings to discuss policy and procedural updates and organizational initiatives
- Decrease the length of time to resolve concerns through the creation of decision trees/operational protocols

Performance Evaluation, Analytics, and Research (PEAR) Action Items

- Meet with clinical teams and present Pay for Performance (P4P) results applicable to each team (i.e. Results for Children's Providers shared with Children’s Team)
- Work with the Network Development Department to identify areas where training and/or technical assistance could be of use
- Shareresults with other departments that interface with Providers: Care Management, Provider Operations, and NIAC.

NIAC Action Items

- Update, and where necessary, revise the Network Inclusion Criteria (NIC) practices and related scoring tool to more fully capture the strengths and needs of providers in light of the systemic changes in behavioral healthcare.
- Collaborate with Network Development, Quality Management and Compliance Departments in developing provider learning tools that will serve to de-mystify the PIP process.
- Change the report format to one that is more visually aligned to the NIC practice standards as this can serve as a teaching tool for providers, since the new format will explicit follow the practice standards.

Quality Action Plan

- The Quality Management Department will provide complaint memos to providers in a timelier manner.
- The Quality Management Department will improve the continuation rights confirmation process for providers

Claims Action Items

- Return provider calls within 24-48 hours of receipt of the call.
- Increase the number of individual provider training.
- Initiate early warning calls to providers based on prior month’s claims/authorization activity.

Compliance Action Items

- Continue to work towards turnaround of non-extrapolation targeted and probe audits within 60 days of audit.
- Establish new inter-rater reliability tests and measures to assure that exit communications and audit findings are consistent across auditors.
- Develop and publish sufficiency guidelines for the most common levels of care and service types

Clinical Action Items

- Quarterly policy review with Q&A during Clinical Staff meetings so that all clinical staff remain knowledgeable about policies, procedures, and operational protocols. Internal operational protocols are vetted by a Care Management Practices and Protocols group to ensure alignment with Care Management Transformation goals.
- Per NCQA requirements, Inter-Rater Reliability (IRR) testing is being carried out across all Clinical Care Management teams. The teams will provide feedback on results of inter-rater reliability to participants either in group or individual format. Reliability testing and feedback will help address consistency in clinical management decision practices.
- Revise the clinical review templates to include core risk assessment, mental status, diagnostic, medical necessity and disposition planning components to streamline information gathered from providers. The discharge template has already been streamlined and telephonic process is being piloted with select providers prior to full roll-out.

Thank you for your participation!

Stay tuned for the 2017 Provider Satisfaction Survey!