

## **Provider Satisfaction Surveys 2009 Report Summary**

CBHNP conducts surveys annually to determine how well CBHNP is meeting the needs of Members and Providers. The survey process and reports were completed by Polk-Lepson Research Group, Inc. Detailed information is available in the individual reports of full surveys, which can be requested from the CBHNP Quality Improvement Department.

The Provider Survey is the CHCS (Center for Health Care Strategies) Clinical and Administrative Provider Satisfaction Survey – 38 items for clinical staff; 15 items for administrative staff. The areas investigated in the survey are:

### Clinical

- Service Authorization
- Quality
- Provider Relations
- Member Services / Care Management
- Overall Satisfaction

### Administrative

- Service Authorization
- Claims
- Provider Relations
- Complaints and Grievances
- Overall Satisfaction

The following is a summary of the most recently summarized results:

The survey was distributed to 1,352 HealthChoices provider sites, with 197 surveys being returned for a response rate of 15.5%. This is an increase from the 2008 rate of 12.1%, however it is a considerable decrease from the other previous studies 2007 (26.8%); 2006, 30%; and 2005, 22.4%. For 2009, the survey was also available for completion on-line. A total of 91 providers completed the survey on line; 106 responded to a second mailing that provided a printed survey.

Overall satisfaction with CBHNP for this survey was 92.0%. While a decrease from the 2008 rating of 97.2%, the rating remains in the 90<sup>th</sup> percentile and indicates significant overall satisfaction. This rating is also an increase compared to the 2007 study which reported 88.2% overall satisfaction. The percentage of Very Satisfied rating decreased to 28.3%, a continued decrease from 35.1% in 2008 and 39.7% in 2007. Dissatisfied ratings increased from 0% in 2008 to 5.8% in 2009 (2007 was rated 8.8%). While there are fluctuations in these results, the percentages are not at extreme levels. Of the clinical attributes evaluated, 24.3% had Satisfaction Ratings of 96 or higher (2008 was 35.1%). Another 45.9% had ratings between 91 and 95 (40% in 2008). This is followed by 29.7% with Satisfaction Ratings between 86 and 90 (18.9% in 2008). The remaining attributes (5.4%) had Satisfaction Ratings of 85 or below. The survey results for 2008 include

responses from all regions of operations. Reports prior to 2008 reflect results for the five county capital area only.

The areas which received total satisfaction ratings less than 90.0% are (percentage in parenthesis indicates the 2008 rating):

- Consistency of responses by staff 86.5% (89.7%)
- Accuracy of authorizations 87.5% (87.9%)
- Clarity of documentation requirements 87.5% 87.9%
- Ease of authorization 86.7% (86.6%)
- Availability of Physician review for authorization 89.3% (97.6%)
- Accuracy of Authorizations 87.5% (97.6%)

The highest Satisfaction Ratings were assigned to:

- Availability of ER services 100% (89.8%)
- Clarity of CBHNP quality management goals 90.6% (99.0%)
- Access of second opinion review of authorization request 95.3% (98.4%)
- Courtesy of member services staff 97.4% (98.3%)
- Courtesy of clinical care managers staff 96.7% (98.3%)
- Clarity of provider performance specifications 90.2% (98.2%)
- Coordination with physical health plans 94.3% (87.9%)
- Timeliness of authorizations 90.2% (87.5%)
- Availability of children's services 91.7% (84.9%)
- Assistance coordinating services for difficult patients 92.9% (83.3%)

In the 2008 annual survey, Timeliness of authorizations had a statistically significant decrease (87.5%) (2007 was 94.7%). For 2009, a significant decrease is noted for:

- Availability of physician review for authorization (-8.3%)
- Clarity of provider performance specifications (-8.0%)
- Clarity of CBHNP quality management goals (-8.4%)

Significant increases were also noted:

- Availability of ER services (+10.2%)
- Assistance coordinating services for difficult Members (+9.6%)

It should be noted that the lowest rating in 2008 was for assistance coordinating services for difficult Members at 83.3% satisfaction. The 9.6% increase in 2009 rating as noted above moves this measure above the 90<sup>th</sup> percentile.

The two attributes which need the most improvement are assistance coordinating services for difficult Members (83.3%) and availability of children's services (84.9%).

2009 Satisfaction Ratings by Administrative Providers have decreased in almost all attributes compared to 2008. Most increases are small changes. Two attributes experienced declines of 10%: Timeliness of complaint resolution and timeliness of grievance resolution. These decreases resulted in both attributes falling below the 90<sup>th</sup> percentile. With the exception of claims complaint resolution which was rated as 88.4%, all other attributes received ratings in excess of 90%.

While findings continue to vary by region, Capital Area Providers continued to be more likely than North Central Region to assign ratings of very satisfied. As in 2008, only 2 differences between regions' ratings were large enough to be statistically significant; however the attributes that applied are different. These differences in 2008 were associated with clarity of documentation requirements and consistency of payment with fee schedule. In 2009, the differences are associated with ease of authorization and accuracy of authorizations. Consistent with the above statement, Capital Area Providers were more satisfied with each of these than were North Central Region Providers.

The 92.7% overall satisfaction rating of administrative providers is similar to 2008 (94.8%) although it is a continued downward trend as 2007 was rated as 97.1%. Also in 2008, 64.3% (9 attributes) of the 14 administrative attributes had satisfaction ratings between 96 and 100; there were no ratings within that range for 2009.

Overall satisfaction results are as follows:

### **Clinical-Service Authorization**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Change</b>
Timeliness of authorizations	94.6%	87.5%	90.2%	+2.7%
Ease of authorization	92.6%	86.6%	86.7%	+0.1%
Appropriateness of medical necessity criteria	91.7%	93.3%	86.9%	-6.4%
Availability of physician review for authorization	98.0%	97.6%	89.3%	-8.3%
Accuracy of authorizations	87.9%	87.9%	87.5%	-0.2%

### **Clinical-Quality**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Change</b>
Availability of ER services	90.3%	89.8%	100%	+10.2%
Availability of services for mental illness/substance abuse	93.9%	95.3%	95.0%	-0.3%
Availability of clinical care manager	89.7%	91.5%	89.5%	-2.0%
Cultural competency	97.1%	96.7%	97.4%	+0.07%
Coordination with physical health plans	93.5%	87.9%	94.3%	+6.4%
Availability of children's services	89.3%	84.9%	91.7%	+6.8%
Assistance coordinating services for difficult patients	86.8%	83.3%	92.9%	+9.6%
Clarity of documentation requirements	91.8%	87.9%	87.5%	-0.4%
Adequacy of confidentiality policy	96.3%	95.7%	96.3%	+0.6%

### **Clinical-Provider Relations**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Change</b>
Timeliness of calls answered	95.6%	93.2%	93.6%	+0.4%
Courtesy of provider relations staff	96.7%	96.2%	96.5%	+0.3%
Helpfulness of provider relations staff	94.5%	93.9%	94.8%	+0.9%
Level of knowledge of provider relations staff	94.5%	90.8%	94.7%	+3.9%
Usefulness of provider manual	93.8%	95.7%	96.2%	+0.5%
Availability of on-going training opportunities	90.3%	91.3%	91.0%	-0.3%
Usefulness of on-going training opportunities	88.7%	93.3%	94.3%	+1.0%
Notification of changes in CBHNP policies and procedures	89.2%	94.4%	89.5%	-4.9%
Credentialing process	94.4%	96.1%	92.4%	-3.7%
Clarity of provider performance specifications	90.4%	98.2%	90.2%	-8.0%
Clarity of CBHNP quality management goals	93.5%	99.0%	90.6%	-8.0%
Provider forums for feedback/problem solving	91.4%	96.0%	92.6%	-3.4%

### **Clinical-Member Services**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>Change</b>
Timeliness of calls answered	91.8%	95.0%	91.3%	-3.7%
Courtesy of member services staff	96.4%	98.3%	97.4%	-0.9%
Helpfulness of member services staff	96.4%	96.6%	97.4%	+0.8%
Courtesy of clinical care managers staff	94.0%	98.3%	96.7%	-1.6%
Helpfulness of clinical care managers staff	92.7%	96.6%	96.7%	+0.1%
Coordination of transportation	82.9%	95.1%	88.7%	-6.4%
Consistency of responses by staff	87.2%	89.7%	86.5%	-3.2%
Application of level of care criteria by clinical care managers	91.9%	98.2%	93.4%	-4.8%
Application of medical necessity guidelines	90.9%	95.2%	90.7%	-4.5%
Access of second opinion review of authorization request	92.7%	98.4%	95.3%	-3.1%
Clinical care manager turnover rate	94.7%	95.2%	92.6%	-2.6%

### Administrative-Service Authorization and Claims

	2007	2008	2009	Change
<b>Service Authorization</b>				
Clarity of pre-certification policies	92.2%	95.7%	92.6%	-3.1%
<b>Claims</b>				
Consistency of payment with fee schedule	94.8%	96.6%	91.4%	-5.2%
Timeliness of payment receipt	90.8%	95.8%	90.7%	-5.1%
Accuracy of response to claims questions	92.2%	93.2%	92.2%	-1.0%
Timeliness of response to inquiries	96.1%	95.8%	93.8%	-2.0%
Timeliness of claims complaints resolution	88.4%	93.7%	88.4%	-5.3%

### Administrative-Complaints and Grievances and Administrative-Provider Relations

	2007	2008	2009	Change
<b>Complaints and Grievances</b>				
Timeliness of complaint resolution	92.9%	96.3%	86.2%	-10.1%
Timeliness of grievance resolution	90.4%	94.9%	84.7%	-10.2%
<b>Provider Relations</b>				
Availability of on-going training opportunities	92.5%	90.9%	90.9%	0.0%
Notification of changes in CBHNP policies	89.9%	96.0%	90.7%	-5.3%
Credentialing process	95.7%	95.7%	93.2%	-2.5%
Clarity of provider performance specifications	93.2%	98.3%	92.4%	-5.9%
Clarity of CBHNP QM/QA goals	95.8%	99.1%	92.1%	-7.0%
Providing forums for feedback/problem solving	91.0%	94.3%	92.9%	-1.4%

CBHNP continued the 2008 survey interventions in these two related areas of relative dissatisfaction with the UM process and were the recommended priority areas for CBHNP. Barrier Analysis noted two specific areas and identified interventions:

1. **Barrier** - Additional Information requests by Clinical Care Managers (CCMs) are based on overly detailed requests regarding Treatment Plans. Such requests occur primarily in requests for BHR services. These requests promote the perception by providers that authorization is difficult to obtain; and promotes inconsistency

between care manager requests. The above barriers were identified in previous years through Administrative Appeal requests.

**Intervention –**

- Instructions for the submission of authorization requests were reviewed to confirm that all requested information is necessary for consideration. We currently require explanation of why appealing, documentation they want to submit to support the reason, and if MNC review is needed they need to submit the medical records to support MNC.
- Clinical supervisors review of all requests for additional information for ASD Members to maintain consistency in review. For non-ASD Members, some reviews are completed depending on volume and staff resources.
- The Quality Improvement Department implemented an initial treatment plan review process for BHRS which offers technical assistance through direct contact with providers and data collection for trending and analysis by provider over time.
- Treatment plan training was developed and offered to providers as they are identified to be in need of improving their treatment plan quality. In addition, trainings will be offered to all providers in conjunction with the next round of level of care meetings.
- CCMs will be re-trained on the review of Treatment Plans as related to specific Medical Necessity Criteria under review.
- A review of the treatment plan module in KidNet will be completed to ensure consistency in models we promote throughout the network. A Work Group of providers and CBHNP staff has been established to work on this initiative. Progress and outcomes of this group will be a key focus during 2009.

2. **Barrier –** Targeted Case Management authorization requests are being delayed and sent back based on details of state regulatory requirements rather than on medical necessity determination questions.

**Intervention –**

- TCM Policies and Procedures for Authorization and Re-Authorization will be reviewed and updated accordingly.
- Monitoring the Request Form helps ensure it includes only criteria based on medical necessity issues for TCM reviews.
- Unmatched treatments were implemented for TCM effective 1/1/09, eliminating the need for authorization and re-authorization of TCM services. The impact of this change will be monitored during 2009.

It is notable that Ease of Authorization ratings increased from 62.5% in 2005 to 85.0% in 2006 and again in 2007 to 93%. For 2008, this rating fell to 87%. In 2009 the rating remained unchanged. As an identified opportunity for improvement in since 2005, actions appeared to be having a positive impact however, the 2009 results indicate continued focus and monitoring is necessary.

1. **Barrier –** Providers have expressed in surveys and through the Administrative Appeal process that the turnaround time for written authorization notices is not an

overall problem (see Question 1 of the survey). However, pended requests, authorization notices not received, and errors in authorizations can all affect provider billing and perceived Ease of Authorization.

**Intervention** – CBHNP has evaluated the ability to eliminate the requirement to pursue authorizations for service and for some levels of care including Crisis Intervention and TCM and have eliminated the requirement to obtain authorization prior to billing. CBHNP continues to review and consider additional levels of care with Outpatient Clinic services being the next service under consideration.

A new intervention was identified in 2008, replacing the deleted Outpatient Administrative Appeals initiative and interventions. A decrease was identified in 2008 regarding “Assistance coordinating services for difficult patients”. This was targeted as a new measure to be monitored for improvement. The 2009 results indicate a rating of 92.9% compared to 83.3% in 2008. This measure will be carried forward for 2009 to measure sustainable improvement and satisfaction within the 90<sup>th</sup> percentile.

2. **Barrier** – Survey results indicate concerns and difficulties related to coordinating services for Members who are harder to serve.

**Interventions** – Include this topic in provider trainings and Level of Care meetings, highlighting current efforts such as CBHNP ECM and Follow-up activities that might impact these Members. This also provides an opportunity for Providers to address specific barriers and issues which may lead to additional interventions. Consider the use of IDEA Committees.

Individual reports of full surveys can be requested from the CBHNP Quality Improvement Department by contacting:

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