

Provider Satisfaction Surveys

2006 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.

Provider Satisfaction Surveys

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 recent available results:

The survey was distributed to 407 provider sites, with 122 surveys being returned for a response rate of 30.0%. This is an increase in the response rates for the last two annual studies (2005, 22.4% and 2004, 23.5%).

Similar to 2005, the threshold used to identify potential quality improvement initiatives is a Satisfaction Rating under 90%.

Overall, provider satisfaction with CBHNP is high. A total of 94.7% of clinical providers are satisfied with CBHNP.

The areas which received total satisfaction ratings less than 90.0% are:

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| • Appropriateness of medical necessity criteria | 88.7% |
| • Availability of children's services | 88.7% |
| • Clarity of documentation requirements | 88.1% |
| • Application of medical necessity guidelines | 88.0% |

- Access to second opinion review of authorization request 88.0%
- Consistency of responses by Staff (Care Management / Member Services) 85.1%
- Ease of Authorization 85.0%
- Availability of ER services 83.3%

Two attributes received perfect satisfaction scores:

- Courtesy of provider relations staff 100.0%
- Courtesy of member services staff 100.0%

In the prior 2005 annual survey, the following two areas had statistically significant decreases and had the lowest Satisfaction Ratings for the survey:

- Ease of authorization (62.5%)
- Clarity of documentation requirements (68.4%).

The CBHNP Quality Improvement Committee (QIC) recommended interventions in these two related areas of relative dissatisfaction with the UM process and were the recommended priority areas for CBHNP. Barrier Analysis by QIC noted two specific areas and identified interventions were approved:

1. Barrier - Additional Information requests by Clinical Care Managers are based on overly detailed requests regarding Treatment Plans. This delays authorization especially of BHR services; promotes the perception by providers that authorization is difficult to obtain; and promotes inconsistency between care manager requests. All of the above barriers have been noted by providers in Administrative Appeal requests related to this issue.
Intervention - Clinical supervisors will review all requests for additional information based on Treatment Plan issues. CCMs will be re-trained on Treatment Planning as related to specific Medical Necessity Criteria under review.
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 simplified and the Request Form reduced to one page based on medical necessity issues only for TCM reviews.

It is notable that Ease of Authorization ratings increased from 62.5% in 2005 to 85.0% in 2006. However, this remains one of the lowest rated items in 2006. Thus, Ease of Authorization remains the identified opportunity for improvement in 2006 with the following actions:

1. Barrier – Providers have expressed in surveys and through the Administrative Appeal process that CBHNP’s current 5-day registration deadline for outpatient services is considered too stringent.

Intervention – Routine Mental Health and Substance Abuse Outpatient Registration timeframes were eased for providers. Effective in June 2006, providers now have 10 calendar days from the start date of services to submit treatment requests for ongoing authorization.

2. 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, pending requests, authorization notices not received, and errors in authorizations can all affect provider billing and perceived Ease of Authorization.

Intervention – CBHNP will improve its internal monitoring of the timeliness of written authorization notices. This will be achieved via a revised Outpatient Registration Event in our information system, which will capture more accurate data fields. This change is Pending and scheduled for implementation October 2006.

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

Laurie Cross
Director of Quality Improvement
CBHNP
P. O. Box 6600
Harrisburg, PA 17112
717-671-6500
lcross@cbhnp.org