

INTRODUCTION

BHSSBC conducts an annual Provider Satisfaction Survey to determine the satisfaction with our Behavioral Health Managed Care Organization – PerformCare.

PerformCARE

This report summarizes the results of the survey that was conducted from April 4, 2017 through April 28, 2017. The survey included 99 questions and a total of **74** providers completed the survey. Not all providers answered every question.

The results show the overall average response for each individual question as well as an overall section rating. The survey includes the following sections:

1. Claims Processing
2. Provider Relations
3. Credentialing
4. Service Authorization
5. Service Management – Member Services Staff
6. Service Management – Clinical Care Management Staff
7. Quality Management
8. Complaints and Grievances
9. Access
10. Communications
11. Ease of Use of Online Tools
12. Reliability of Online Tools
13. Corporate Compliance/Special Investigations Unit

If you have any questions regarding the survey results, please contact Melissa Lenart, BHSSBC Quality Management Director, at (814) 443-4891 ext. 4927 or mlenart@bhssbc.us.

***Thank you for your continued
commitment to our communities!***

2017 PROVIDER SATISFACTION SURVEY SUMMARY

The following rating scale was used throughout the survey:

- 5 = Very Satisfied
- 4 = Satisfied
- 3 = Neither
- 2 = Dissatisfied
- 1 = Very Dissatisfied
- 0 = No Experience

SURVEY SECTION	# OF QUESTIONS	2017 AVERAGE RATING
1. Claims Processing	8	3.78
2. Provider Relations	10	3.95
3. Credentialing	5	4.01
4. Service Authorization	6	3.77
5. Service Management – Member Services Staff	6	4.06
6. Service Management – Clinical Care Management Staff	13	3.89
7. Quality Management	14	3.95
8. Complaints and Grievances	6	4.03
9. Access	6	3.52
10. Communications	5	3.78
11. Ease of Use of Online Tools	5	3.44
12. Reliability of Online Tools	5	3.46
13. Corporate Compliance/Special Investigations Unit	6	3.92
OVERALL COMBINED 2017 AVERAGE RATING:		3.81

KUDOS AND GOAL TO MAINTAIN HIGH SATISFACTION LEVELS

1. Courtesy and helpfulness of provider relations/Account Executive (AE) staff
2. Courtesy of Credentialing staff
3. Courtesy of Member Services staff
4. Courtesy of Clinical Care Managers
5. Courtesy of Quality Management staff
6. Communication of PerformCare Quality Management goals

OPPORTUNITIES FOR IMPROVEMENT

1. Availability of substance use services for adults and children
2. Availability of co-occurring services for individuals with both mental illness and substance use disorders
3. Ease of use of the ISPT Meeting Invite process
4. Ease of use and reliability of JIVA and NaviNet

COMPARISON TO PREVIOUS YEAR SURVEY

SURVEYS COMPLETED	2015	2016	2017
Number of Surveys Completed	64	94	74

SURVEY QUESTION	2015 AVERAGE RATING	2016 AVERAGE RATING	2017 AVERAGE RATING
Timeliness of payment receipt	3.73	4.19	3.61
Timeliness of claims complaints resolution	3.70	4.04	3.75
Usefulness of AE/QI meetings	3.61	3.98	3.81
Ease of authorization process	3.83	4.34	3.74
Accuracy of authorizations	3.81	4.27	3.72
Availability of physicians for peer review, when requested	3.71	3.95	3.80
Continued Stay authorizations are collaboratively planned between provider and PerformCare	3.61	4.19	3.91
Application of medical necessity criteria by Clinical Care Managers	3.71	4.05	3.89
Consistency of responses from Clinical Care Managers	3.68	4.00	3.81
Clinical Care Managers participation in ISPT meetings for children/adolescents	3.61	3.90	3.61
Communication of PerformCare quality management goals	3.58	3.95	4.14
Communication of PerformCare's Best Practice Initiatives	3.50	3.97	3.98
Ample opportunity to respond to complaints	3.62	3.81	4.00
Timeliness of grievance resolution	3.57	3.91	4.04
Notifications of changes in PerformCare policies	3.75	3.72	3.79
Timely communication of policy changes	3.57	3.68	3.81
Clarity of policy notifications	3.53	3.67	3.67
Presentations by PerformCare to review more significant changes	3.57	3.68	3.75
Phone calls to PerformCare are efficiently transferred to appropriate staff	3.87	4.13	3.86
Ease of Use: ISPT Meeting Invite Process	3.19	3.26	3.44

5 = Very Satisfied 4 = Satisfied 3 = Neither 2 = Dissatisfied 1 = Very Dissatisfied 0 = No Experience

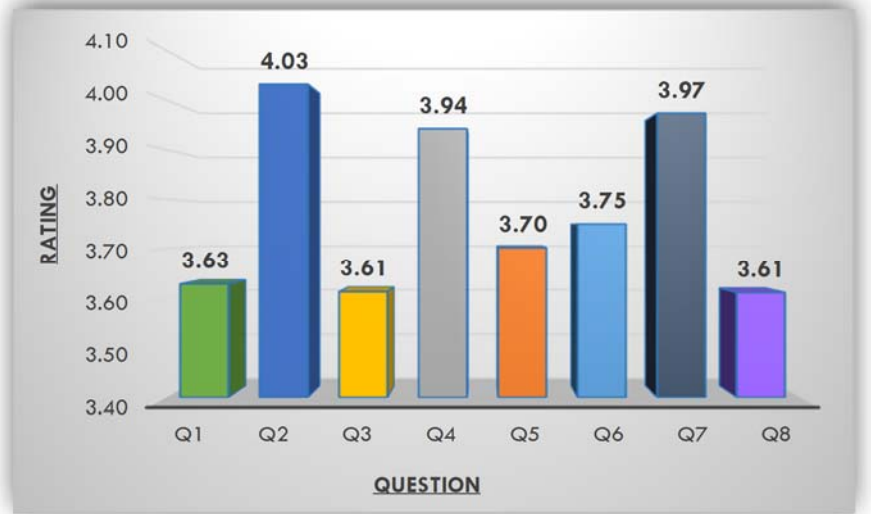
SURVEY QUESTION	2015 AVERAGE RATING	2016 AVERAGE RATING	2017 AVERAGE RATING
Ease of Use: Provider Connect (now JIVA)	3.10	3.51	3.24
Ease of Use: Cabinet Share (now NaviNet)	3.23	3.39	3.45
Ease of Use: Provider Portal	3.21	3.62	3.52
Reliability: ISPT Meeting Invite Process	3.17	3.35	3.58
Reliability: Provider Connect (now JIVA)	3.08	3.44	3.25
Reliability: Cabinet Share (now NaviNet)	3.33	3.50	3.36
Reliability: Provider Portal	3.18	3.63	3.54
PerformCare's corporate compliance/ Special Investigations Unit (SIU) protocol is clearly reported to providers	3.00	3.79	3.92
The SIU audit process is fair and reasonable	2.92	3.48	3.92
The SIU audit process, findings, and action steps are timely	2.75	3.41	3.83

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NOTE: During this report period, PerformCare transitioned to a new Management Information System (MIS). This transition may be reflected by a decrease in satisfaction to some of the areas that were impacted.

CLAIMS PROCESSING

Overall Section
Rating:
3.78



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
1. Ease of submitting claims to PerformCare							3.63
# of Responses	38	4	21	4	5	1	
Percentage of Responses	52%	11%	60%	11%	14%	3%	
2. Consistency of payment with fee schedule							4.03
# of Responses	40	7	22	2	2	0	
Percentage of Responses	55%	21%	67%	6%	6%	0%	
3. Timeliness of payment receipt							3.61
# of Responses	42	6	14	5	5	1	
Percentage of Responses	58%	19%	45%	16%	16%	3%	
4. Accuracy of response to claims questions							3.94
# of Responses	37	5	25	2	1	1	
Percentage of Responses	52%	15%	74%	6%	3%	3%	
5. Timeliness of response to inquiries							3.70
# of Responses	35	6	22	4	2	3	
Percentage of Responses	49%	16%	59%	11%	5%	8%	
6. Timeliness of claims complaints resolution							3.75
# of Responses	40	4	19	7	1	1	
Percentage of Responses	56%	13%	59%	22%	3%	3%	
7. Helpfulness of staff in resolving claims issues							3.97
# of Responses	36	8	22	3	3	0	
Percentage of Responses	50%	22%	61%	8%	8%	0%	
8. Overall rating of claims processing through PerformCare							3.61
# of Responses	36	5	19	7	3	2	
Percentage of Responses	50%	14%	53%	19%	8%	6%	

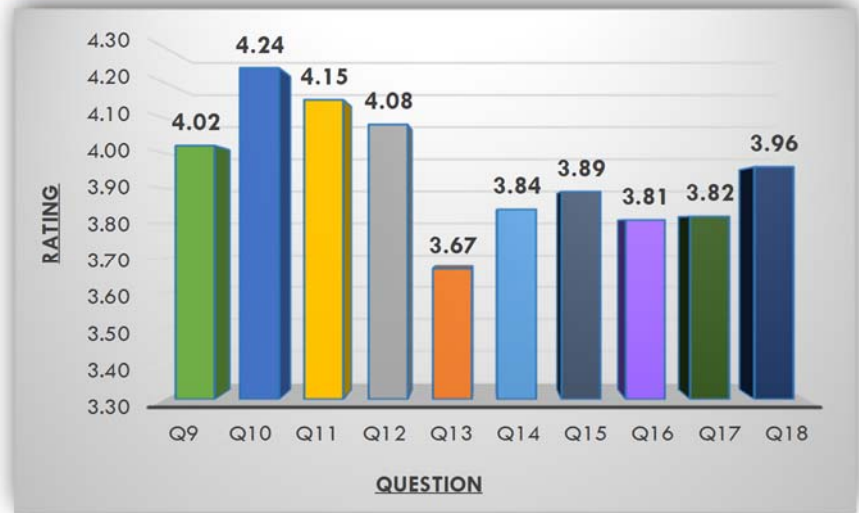
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COMMENTS:

1. Submitting claims was better through eCura, now it is through NaviNet. Twice I have to enter a password and claims go in under a batch confirmation number. With eCura had a separate individual number for each claim submitted.
2. Seems as if there are always changes and delays in payments. Not consistent. Many claims get denied for no reason. Sometime I catch this and have to take time to call in and figure out how I get paid for seeing certain clients. Can get time consuming and frustrating. And I wish it weren't this way but the PerformCare staff are usually helpful and try to get the problems fixed.
3. Was told that PerformCare would be accepting the electronic claims sent by Medicare when they are the secondary payer. Thus far, this has not happened and I have had to continue to send the hard copy of claim and EOB from Medicare.
4. 2016 and 2017 have been very unsatisfactory with claim payment. The average claim takes two to three submissions before it is paid as well as several inquiry calls to the customer service department that is usually unable to help. That leads to a call to our provider representative who eventually gets the claims processed, but this process takes months. The providers are out their payments too long from the date of service. I operate a billing service so I am speaking on behalf of eight individual practices.
5. Other than some bugs that needed worked out in the beginning with regards to the changeover to Emdeon.
6. Most of the time, claims are processed without issue. When there is an issue, the claims staff has been excellent in identifying and resolving issues!
7. The navigation from eCura Provider Portal to NaviNet resulted in slower than normal payments. Also, the change in inpatient billing (month by month instead of cycle billing which can cross months) has created issues and a customization within our billing system.
8. Secondary claims are always denying for no Prime EOB, when they are sent via mail with the Prime and we have record of it being sent. Being able to submit sec claims electronically would be so much better and more accurate.
9. My office assistant and I were both brand new to submitting packets when our office manager went on maternity leave and the PerformCare staff were helpful and understanding in getting us through our first submissions. It has been smooth sailing since.
10. Claims are frequently lost and incorrectly denied. A lot of time is spent calling to check on claims and resubmitting them. I work with many insurance companies and have never had the issues with claims that is do with this company and this has been an ongoing issue. Will not be re-credentialing. Staff is very helpful in trying to resolve the problems.
11. Secondary claims need to be automated rather than paper; Provider should not have to call in to help line to have claims reprocessed when it was a clean claim to begin with; Changes to authorizations should not be made without notifying the provider.

PROVIDER RELATIONS

Overall Section
Rating:
3.95



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
9. Timeliness of calls answered							4.02
# of Responses	18	13	29	4	4	0	
Percentage of Responses	26%	26%	58%	8%	8%	0%	
10. Courtesy of provider relations/Account Executive (AE) staff							4.24
# of Responses	17	20	26	3	1	1	
Percentage of Responses	25%	39%	51%	6%	2%	2%	
11. Helpfulness of provider relations/AE staff							4.15
# of Responses	15	14	34	4	1	0	
Percentage of Responses	22%	26%	64%	8%	2%	0%	
12. Level of knowledge of provider relations/AE staff							4.08
# of Responses	16	12	33	6	1	0	
Percentage of Responses	24%	23%	63%	12%	2%	0%	
13. Usefulness of provider manual							3.67
# of Responses	17	5	27	17	1	1	
Percentage of Responses	25%	10%	53%	33%	2%	2%	
14. Notification of changes in PerformCare policies and procedures							3.84
# of Responses	10	11	31	12	4	0	
Percentage of Responses	15%	19%	53%	21%	7%	0%	
15. AE technical assistance with Provider Performance Specifications							3.89
# of Responses	33	6	21	6	2	0	
Percentage of Responses	49%	17%	60%	17%	6%	0%	
16. Usefulness of AE/Quality Improvement (QI) meetings							3.81
# of Responses	26	4	29	6	3	0	
Percentage of Responses	38%	10%	69%	14%	7%	0%	

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QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
17. Provider forums for feedback/problem solving							
# of Responses	30	4	25	7	2	0	3.82
Percentage of Responses	44%	11%	66%	18%	5%	0%	
18. Overall rating of Provider Relations/Account Executives							
# of Responses	14	11	35	4	3	1	3.96
Percentage of Responses	21%	20%	65%	7%	6%	2%	

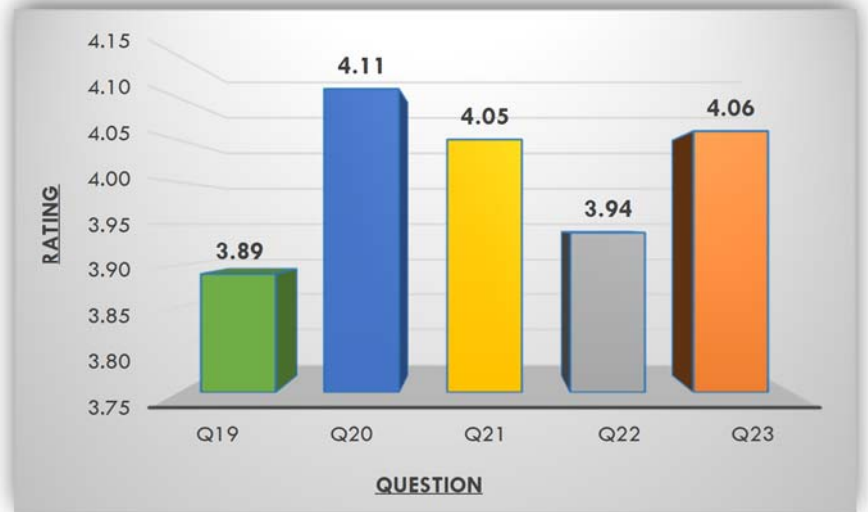
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COMMENTS:

1. The account executives that have the knowledge and are willing to follow up with assisting us, seem to be overwhelmed. If they pass our issue off to another provider representative, the problem typically escalates or remains unresolved.
2. The QI team is very helpful and available for support!
3. Even though there are small issues that can be corrected overall PerformCare is by far the best HealthChoices insurance that we work with. Staff is super helpful and friendly, questions are answered professionally and in a timely manner. Thank you for being a great insurance company that is friendly and welcoming to work with.
4. (PC Staff) is always helpful and knowledgeable.
5. Many times you get inaccurate information or contradictory information from (PC Staff); it is like she does not care what she tells you. Very condescending and when she follows up on things she lacks commitment of really being a representative for Providers, she's more an employee just doing a job, not 100% helpful or concerned about Somerset/Bedford Providers issues, concerns, or difficulties.

CREDENTIALING

Overall Section
Rating:
4.01



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
19. Ease of PerformCare’s credentialing/re-credentialing process							
# of Responses	33	7	21	4	2	1	3.89
Percentage of Responses	49%	20%	60%	11%	6%	3%	
20. Courtesy of credentialing staff							
# of Responses	31	10	24	1	1	1	4.11
Percentage of Responses	46%	27%	65%	3%	3%	3%	
21. Helpfulness of credentialing staff							
# of Responses	31	9	24	2	1	1	4.05
Percentage of Responses	46%	24%	65%	5%	3%	3%	
22. Timeliness of responding to requests/messages							
# of Responses	33	7	22	4	1	1	3.94
Percentage of Responses	49%	20%	63%	11%	3%	3%	
23. Overall rating of credentialing process							
# of Responses	32	8	25	1	1	1	4.06
Percentage of Responses	47%	22%	69%	3%	3%	3%	

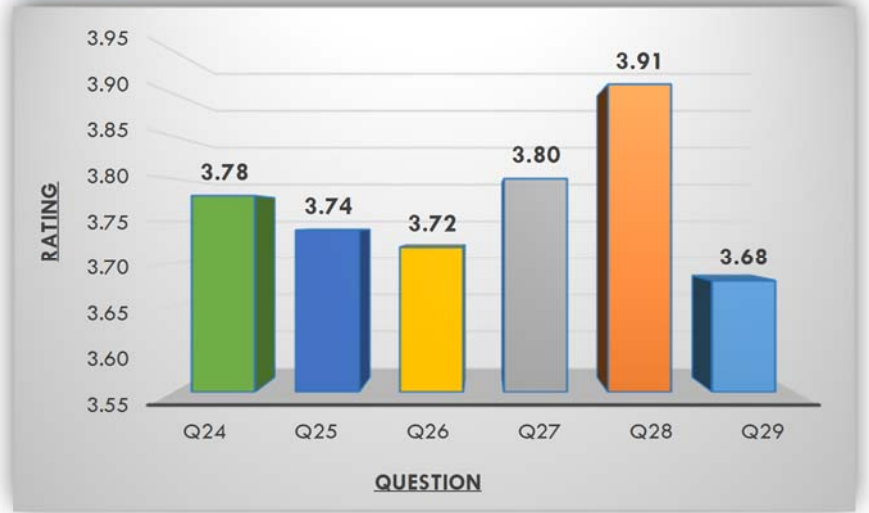
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COMMENTS:

- (PC Staff) is great to work with!
- The process is a mess. Slow, unorganized, and too many staff involved on each application. In addition, expect mass emails when they work on an application because none of the credentialing staff can pick up a phone to call and ask a simple question. I have had to call the state for intervention.
- Compared to other insurance companies, credentialing and re-credentialing process is very time consuming. Others are affiliated with CAQH which makes the process so much easier.

SERVICE AUTHORIZATION

Overall Section
Rating:
3.77



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
24. Timeliness of authorizations							3.78
# of Responses	29	4	22	10	1	0	
Percentage of Responses	44%	11%	59%	27%	3%	0%	
25. Ease of authorization process							3.74
# of Responses	27	5	23	7	4	0	
Percentage of Responses	41%	13%	59%	18%	10%	0%	
26. Accuracy of authorizations							3.72
# of Responses	28	4	22	7	2	1	
Percentage of Responses	44%	11%	61%	19%	6%	3%	
27. Availability of physicians for peer review (when requested)							3.80
# of Responses	51	2	8	5	0	0	
Percentage of Responses	77%	13%	53%	33%	0%	0%	
28. Continued Stay authorizations are collaboratively planned between provider and PerformCare							3.91
# of Responses	44	2	16	4	0	0	
Percentage of Responses	67%	9%	73%	18%	0%	0%	
29. Overall rating of authorization process with PerformCare							3.68
# of Responses	29	4	21	8	4	0	
Percentage of Responses	44%	11%	57%	22%	11%	0%	

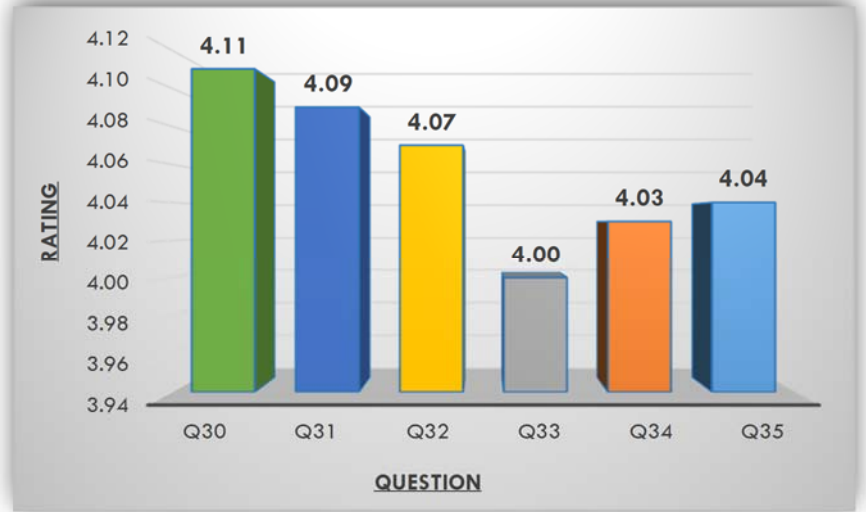
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COMMENTS:

1. Errors on authorizations sometimes occur
2. Frequent errors in authorizations
3. Since moving into the new JIVA system, the authorizations are easy to manage and easy to read. The authorizations typically come back pretty quickly; however, rarely do I submit a paper authorization via fax that I do not have to resubmit, at times three more times. I typically fax my continued stay requests at least twice to begin with. This is very frustrating to have to do in resubmitting several times. I know that Perform Care is very much aware of this and doing their best, but it is a struggle.
4. The new NaviNet/JIVA system makes it more difficult for providers to submit packets and information. The packet information and forms that are required are repetitive and lengthy. Not enough training was provided regarding the new system. When sending additional packet information via fax, the faxes were not always received (though I got confirmation on my end that it was sent) and PerformCare did not notify me they were still waiting for the information.

SERVICE MANAGEMENT – MEMBER SERVICES STAFF

Overall Section
Rating:
4.06



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
30. Courtesy of Member Services staff							
# of Responses	18	11	31	4	1	0	4.11
Percentage of Responses	28%	23%	66%	9%	2%	0%	
31. Helpfulness of Member Services staff							
# of Responses	18	11	31	3	2	0	4.09
Percentage of Responses	28%	23%	66%	6%	4%	0%	
32. Member Services staff directing call to appropriate department							
# of Responses	22	8	31	3	1	0	4.07
Percentage of Responses	34%	19%	72%	7%	2%	0%	
33. Cultural Competency of Member Services staff							
# of Responses	30	7	22	5	1	0	4.00
Percentage of Responses	46%	20%	63%	14%	3%	0%	
34. Assistance by Members Services staff coordinating services for Members with complex needs							
# of Responses	32	5	23	4	0	0	4.03
Percentage of Responses	50%	16%	72%	13%	0%	0%	
35. Overall Rating of Members Services							
# of Responses	20	7	34	3	1	0	4.04
Percentage of Responses	31%	16%	76%	7%	2%	0%	

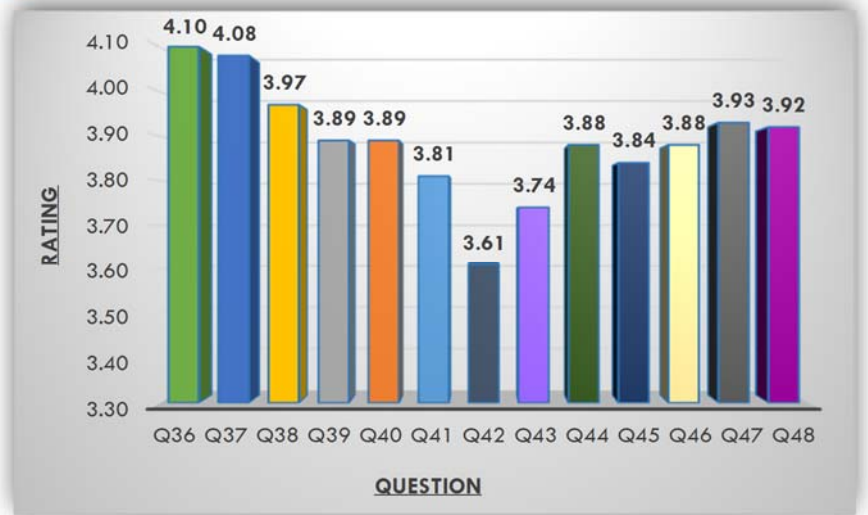
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COMMENTS:

None Provided

SERVICE MANAGEMENT – CLINICAL CARE MANAGEMENT STAFF

Overall Section
Rating:
3.89



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
36. Courtesy of Clinical Care Managers							4.10
# of Responses	23	7	29	3	0	0	
Percentage of Responses	37%	18%	74%	8%	0%	0%	
37. Helpfulness of Clinical Care Managers							4.08
# of Responses	23	7	28	4	0	0	
Percentage of Responses	37%	18%	72%	10%	0%	0%	
38. Availability of Clinical Care Managers							3.97
# of Responses	22	7	27	3	1	1	
Percentage of Responses	36%	18%	69%	8%	3%	3%	
39. Application of medical necessity criteria by Clinical Care Managers							3.89
# of Responses	27	3	25	7	0	0	
Percentage of Responses	44%	9%	71%	20%	0%	0%	
40. Application of level of care criteria/guidelines by Clinical Care Managers							3.89
# of Responses	26	3	26	7	0	0	
Percentage of Responses	42%	8%	72%	19%	0%	0%	
41. Consistency of responses from Clinical Care Managers							3.81
# of Responses	24	4	25	5	3	0	
Percentage of Responses	39%	11%	68%	14%	8%	0%	
42. Clinical Care Managers participation in ISPT meetings for children/adolescents							3.61
# of Responses	34	4	14	6	3	1	
Percentage of Responses	55%	14%	50%	21%	11%	4%	

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QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
<u>43. Consistency of Clinical Care Manager's review of children/adolescent treatment plans</u>							3.74
# of Responses	35	2	17	7	1	0	
Percentage of Responses	56%	7%	63%	26%	4%	0%	
<u>44. Clinical Care Managers' promotion of Recovery/Resiliency and CASSP (for children/adolescents) principles</u>							3.88
# of Responses	36	3	17	6	0	0	
Percentage of Responses	58%	12%	65%	23%	0%	0%	
<u>45. Timeliness of calls answered/returned by Clinical Care Managers</u>							3.84
# of Responses	24	5	25	6	1	1	
Percentage of Responses	39%	13%	66%	16%	3%	3%	
<u>46. Cultural Competency of Clinical Care Managers</u>							3.88
# of Responses	28	4	21	8	0	0	
Percentage of Responses	46%	12%	64%	24%	0%	0%	
<u>47. Assistance by Clinical Care Managers for coordinating services for Members with complex needs</u>							3.93
# of Responses	33	3	21	5	0	0	
Percentage of Responses	53%	10%	72%	17%	0%	0%	
<u>48. Overall rating of Clinical Care Management staff</u>							3.92
# of Responses	23	4	29	5	1	0	
Percentage of Responses	37%	10%	74%	13%	3%	0%	

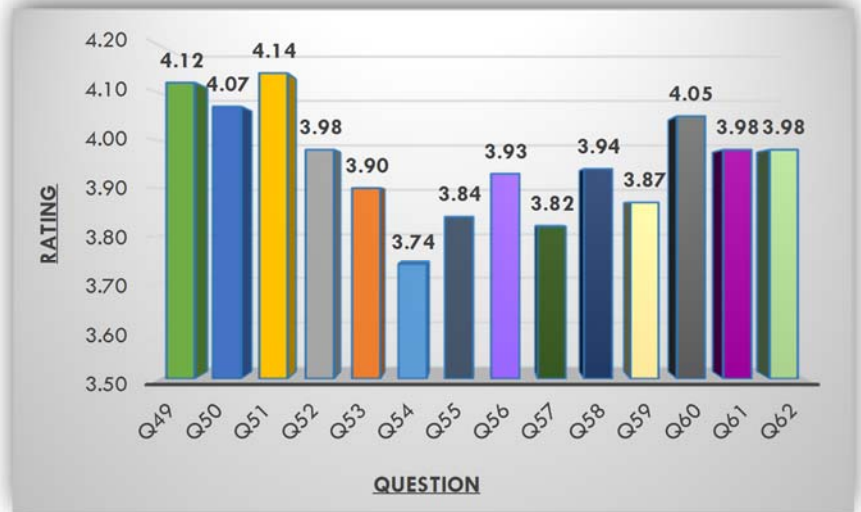
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COMMENTS:

1. All staff are great in the Somerset area
2. Some clinical care managers overstep their boundaries

QUALITY MANAGEMENT

Overall Section
Rating:
3.95



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
49. Courtesy of Quality Management staff							
# of Responses	18	9	31	2	1	0	4.12
Percentage of Responses	30%	21%	72%	5%	2%	0%	
50. Helpfulness of Quality Management staff							
# of Responses	18	8	31	3	1	0	4.07
Percentage of Responses	30%	19%	72%	7%	2%	0%	
51. Communication of PerformCare Quality Management goals							
# of Responses	18	10	29	2	1	0	4.14
Percentage of Responses	30	24%	69%	5%	2%	0%	
52. Communication of PerformCare's Best Practice Initiatives							
# of Responses	18	9	28	3	2	1	3.98
Percentage of Responses	30%	21%	65%	7%	5%	2%	
53. Quality Treatment Record Review (TRR) process							
# of Responses	21	7	26	4	2	1	3.90
Percentage of Responses	34%	18%	65%	10%	5%	3%	
54. Clarity of documentation requirements							
# of Responses	17	6	26	6	4	1	3.74
Percentage of Responses	28%	14%	60%	14%	9%	2%	
55. Clarity of Provider Performance specifications							
# of Responses	17	7	28	5	3	1	3.84
Percentage of Responses	28%	16%	64%	11%	7%	2%	
56. Provider Profiling process							
# of Responses	21	7	25	6	2	0	3.93
Percentage of Responses	34%	18%	63%	15%	5%	0%	

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QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
57. Critical Incident Reporting (CIR) process							
# of Responses	17	6	29	5	3	1	3.82
Percentage of Responses	28%	14%	66%	11%	7%	2%	
58. Quality of Care Council (QOCC) process							
# of Responses	27	4	24	6	0	0	3.94
Percentage of Responses	44%	12%	71%	18%	0%	0%	
59. Quality Improvement Plan (QIP) process							
# of Responses	22	6	24	7	2	0	3.87
Percentage of Responses	36%	15%	62%	18%	5%	0%	
60. Availability of ongoing training opportunities presented by Quality Management staff							
# of Responses	17	10	28	4	2	0	4.05
Percentage of Responses	28%	23%	64%	9%	5%	0%	
61. Usefulness of ongoing training opportunities presented by Quality Management staff							
# of Responses	16	10	27	6	1	1	3.98
Percentage of Responses	26%	22%	60%	13%	2%	2%	
62. Overall Satisfaction with Quality Management							
# of Responses	13	8	32	6	0	1	3.98
Percentage of Responses	22%	17%	68%	13%	0%	2%	

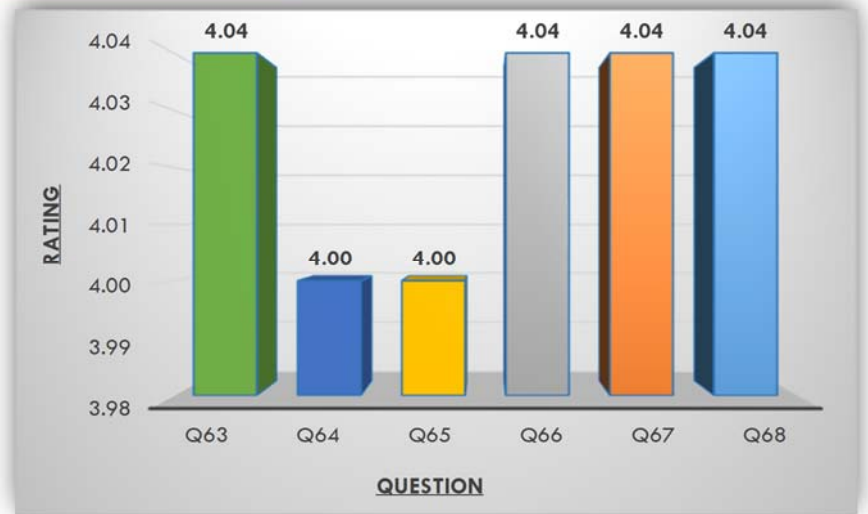
5 = Very Satisfied 4 = Satisfied 3 = Neither 2 = Dissatisfied 1 = Very Dissatisfied 0 = No Experience

COMMENTS:

1. Documentation and treatment plan requirements are very time consuming compared to other insurance companies. Required paperwork takes time away from the clinical care of the consumer.

COMPLAINTS AND GRIEVANCES

Overall Section
Rating:
4.03



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
63. Helpfulness of complaint and grievance staff							4.04
# of Responses	37	6	13	5	0	0	
Percentage of Responses	61%	25%	54%	21%	0%	0%	
64. Courtesy of complaint and grievance staff							4.00
# of Responses	37	6	12	6	0	0	
Percentage of Responses	61%	25%	50%	25%	0%	0%	
65. Ample opportunity to respond to complaints							4.00
# of Responses	37	6	12	6	0	0	
Percentage of Responses	61%	25%	50%	25%	0%	0%	
66. Timeliness of complaint resolution							4.04
# of Responses	37	6	13	5	0	0	
Percentage of Responses	61%	25%	54%	21%	0%	0%	
67. Timeliness of grievance resolution							4.04
# of Responses	37	6	13	5	0	0	
Percentage of Responses	61%	25%	54%	21%	0%	0%	
68. Overall rating of complaint and grievance staff							4.04
# of Responses	37	6	13	5	0	0	
Percentage of Responses	61%	25%	54%	21%	0%	0%	

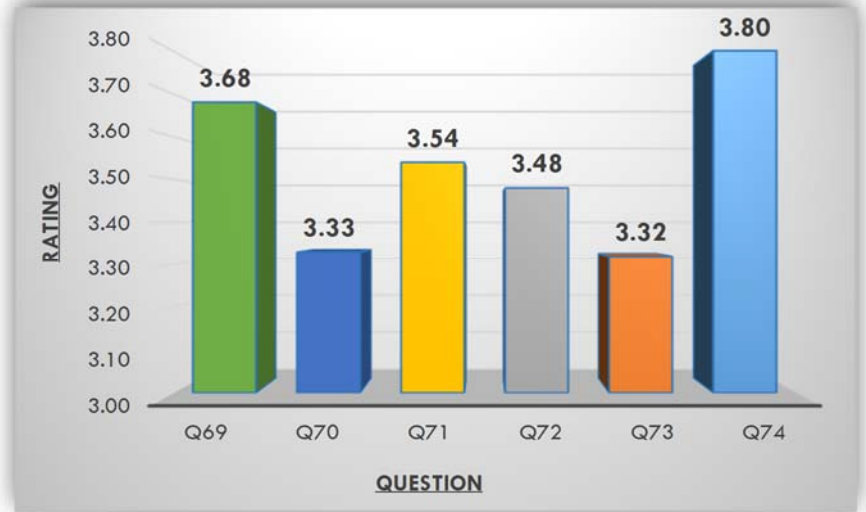
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COMMENTS:

None Provided

ACCESS

Overall Section
Rating:
3.52



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
69. Availability of adult services for mental illness							3.68
# of Responses	27	4	17	6	4	0	
Percentage of Responses	47%	13%	55%	19%	13%	0%	
70. Availability of adult services for substance use							3.33
# of Responses	31	3	9	10	4	1	
Percentage of Responses	53%	11%	33%	37%	15%	4%	
71. Availability of children's services for mental illness							3.54
# of Responses	30	4	14	4	5	1	
Percentage of Responses	52%	14%	50%	14%	18%	4%	
72. Availability of children's services for substance use							3.48
# of Responses	37	3	7	8	3	0	
Percentage of Responses	64%	14%	33%	38%	14%	0%	
73. Availability of co-occurring services for individuals with both mental illness and substance use disorders							3.32
# of Responses	27	2	15	7	5	2	
Percentage of Responses	47%	6%	48%	23%	16%	6%	
74. Availability of evidence-based practices (EBP) treatment services							3.80
# of Responses	23	5	20	8	2	0	
Percentage of Responses	40%	14%	57%	23%	6%	0%	

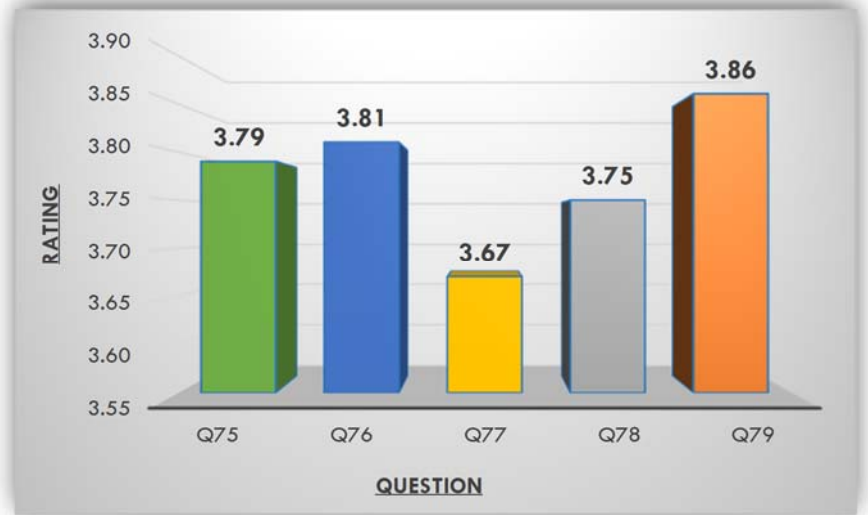
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COMMENTS:

1. In my experience (personal and professional), there has been a shortage of available spots/"beds" for both children and adults when seeking inpatient treatment for mental illness and substance abuse.

COMMUNICATIONS

Overall Section
Rating:
3.78



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
75. Notifications of changes in PerformCare policies							
# of Responses	4	9	33	12	3	1	3.79
Percentage of Responses	6%	16%	57%	21%	5%	2%	
76. Timely communication of policy changes							
# of Responses	4	8	36	10	3	1	3.81
Percentage of Responses	6%	14%	62%	17%	5%	2%	
77. Clarity of policy notifications							
# of Responses	4	7	34	10	5	2	3.67
Percentage of Responses	6%	12%	59%	17%	9%	3%	
78. Presentations by PerformCare to review more significant changes							
# of Responses	5	8	33	11	4	1	3.75
Percentage of Responses	8%	14%	58%	19%	7%	2%	
79. Phone calls to PerformCare are efficiently transferred to appropriate staff							
# of Responses	13	6	33	7	3	0	3.86
Percentage of Responses	21%	12%	67%	14%	6%	0%	

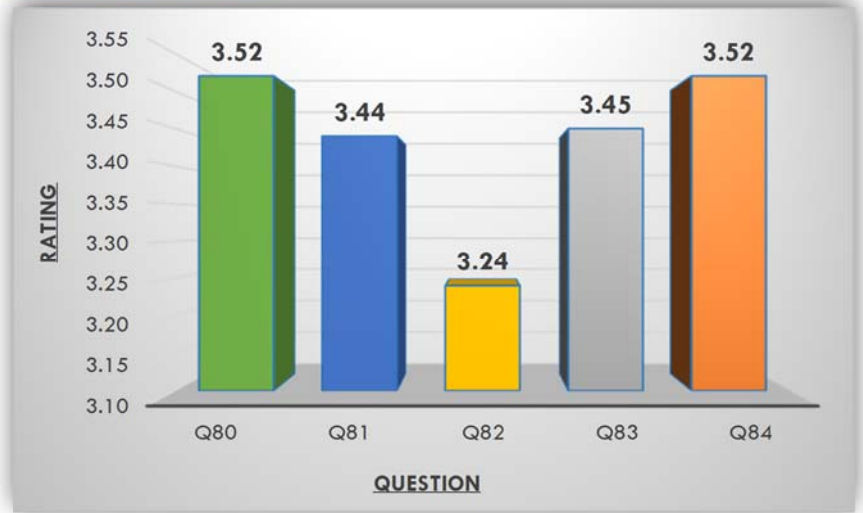
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COMMENTS:

1. The presentations are not posted promptly to extend to staff members to missed presentations

EASE OF USE OF ONLINE TOOLS

Overall Section
Rating:
3.44



QUESTION	No Experience (0)	Extremely Easy To Use (5)	Easy to Use (4)	Neutral (3)	Uneasy to Use (2)	Extremely Uneasy to Use (1)	Overall Average Rating
80. Emdeon Provider WebConnect							
# of Responses	38	2	10	9	2	0	3.52
Percentage of Responses	62%	9%	43%	39%	9%	0%	
81. ISPT Meeting Invite Process							
# of Responses	36	2	8	14	1	0	3.44
Percentage of Responses	59%	8%	32%	56%	4%	0%	
82. JIVA							
# of Responses	36	2	6	14	2	1	3.24
Percentage of Responses	59%	8%	24%	56%	8%	4%	
83. NaviNet							
# of Responses	28	2	13	16	2	0	3.45
Percentage of Responses	46%	6%	39%	48%	6%	0%	
84. Provider Portal							
# of Responses	20	2	20	18	2	0	3.52
Percentage of Responses	32%	5%	48%	43%	5%	0%	

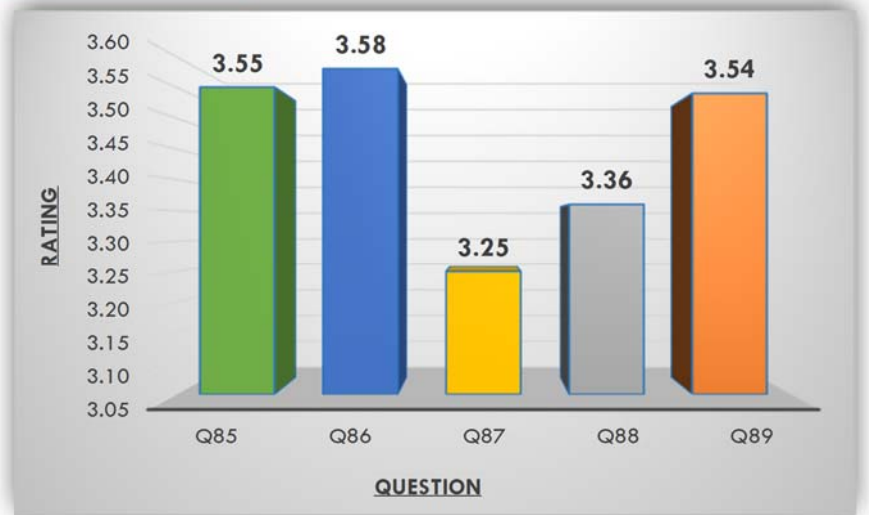
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COMMENTS:

1. To date we have not been able to use NaviNet for any of our eight providers. We do use NaviNet for all eight providers for all other NaviNet insurances.
2. Preferred the old system to the new one. This one is more cumbersome.
3. NaviNet system to submit electronic claims generates too many unnecessary emails regarding claim status, just tell me if it has been denied, I do not need multiple emails about one claim!
4. It is pretty easy, once you get used to it. But providers are required to input a lot more information than before. This makes it more time consuming. We were also not thoroughly informed of the process, which led to a lot of errors and questions.

RELIABILITY OF ONLINE TOOLS

Overall Section
Rating:
3.46



QUESTION	No Experience (0)	Extremely Reliable (5)	Reliable (4)	Neutral (3)	Unreliable (2)	Extremely Unreliable (1)	Overall Average Rating
85. Emdeon Provider WebConnect							
# of Responses	38	2	8	9	1	0	3.55
Percentage of Responses	66%	10%	40%	45%	5%	0%	
86. ISPT Meeting Invite Process							
# of Responses	39	2	8	8	1	0	3.58
Percentage of Responses	67%	11%	42%	42%	5%	0%	
87. JIVA							
# of Responses	38	1	6	10	3	0	3.25
Percentage of Responses	66%	5%	30%	50%	15%	0%	
88. NaviNet							
# of Responses	25	3	12	14	2	2	3.36
Percentage of Responses	43%	9%	36%	42%	6%	6%	
89. Provider Portal							
# of Responses	20	2	17	17	1	0	3.54
Percentage of Responses	35%	5%	46%	46%	3%	0%	

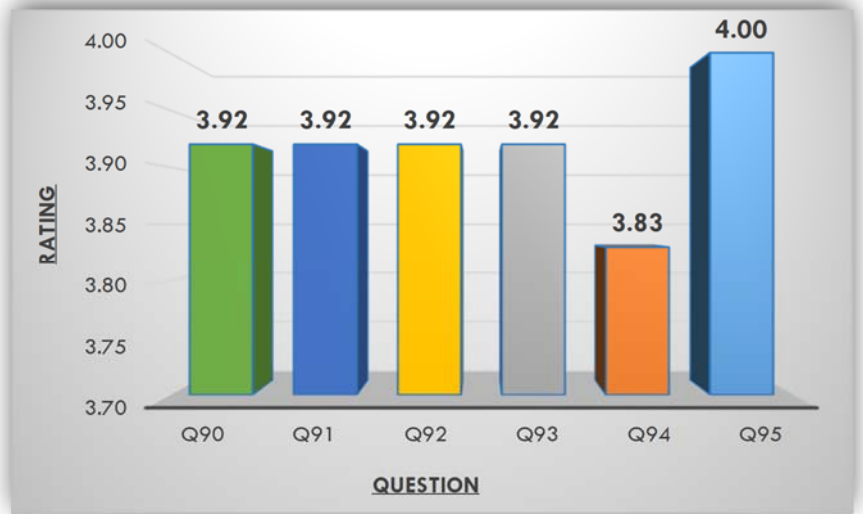
5 = Very Satisfied 4 = Satisfied 3 = Neither 2 = Dissatisfied 1 = Very Dissatisfied 0 = No Experience

COMMENTS:

None Provided

CORPORATE COMPLIANCE/SPECIAL INVESTIGATIONS UNIT

Overall Section
Rating:
3.92



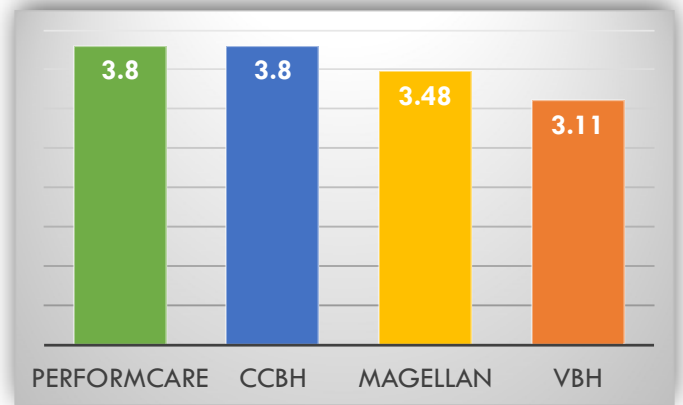
QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
90. Courtesy of SIU staff							3.92
# of Responses	48	3	5	4	0	0	
Percentage of Responses	80%	25%	42%	33%	0%	0%	
91. Helpfulness of SIU staff							3.92
# of Responses	48	3	5	4	0	0	
Percentage of Responses	80%	25%	42%	33%	0%	0%	
92. PerformCare's corporate compliance/SIU protocol is clearly reported to providers							3.92
# of Responses	47	4	5	3	1	0	
Percentage of Responses	78%	31%	38%	23%	8%	0%	
93. The SIU audit process is fair and reasonable							3.92
# of Responses	48	3	5	4	0	0	
Percentage of Responses	80%	25%	42%	33%	0%	0%	
94. The SIU audit process, findings, and action steps are timely							3.83
# of Responses	48	3	5	3	1	0	
Percentage of Responses	80%	25%	42%	25%	8%	0%	
95. Overall satisfaction with Corporate Compliance/SIU							4.00
# of Responses	46	3	8	3	0	0	
Percentage of Responses	77%	21%	57%	21%	0%	0%	

5 = Very Satisfied 4 = Satisfied 3 = Neither 2 = Dissatisfied 1 = Very Dissatisfied 0 = No Experience

COMMENTS:

1. No recent experience with this unit

OVERALL SATISFACTION WITH MCO'S



QUESTION	No Experience (0)	Very Satisfied (5)	Satisfied (4)	Neither (3)	Dissatisfied (2)	Very Dissatisfied (1)	Overall Average Rating
96. PerformCare							3.80
# of Responses	2	8	37	11	3	1	
Percentage of Responses	3%	13%	62%	18%	5%	2%	
97. Community Care Behavioral Health (CCBH)							3.80
# of Responses	18	7	24	11	1	1	
Percentage of Responses	29%	16%	55%	25%	2%	2%	
98. Magellan							3.48
# of Responses	39	2	8	12	1	0	
Percentage of Responses	63%	9%	35%	52%	4%	0%	
99. Value Behavioral Health (VBH)							3.11
# of Responses	17	4	16	12	7	6	
Percentage of Responses	27%	9%	36%	27%	16%	13%	

COMMENTS:

1. The MCO's hold the largest outstanding A/R in all eight practices we cover. We have 34 years' experience in behavioral health billing so the poor operational issues with the MCO's need to be addressed.
2. Survey too long!
3. Having worked in Cambria County for the majority of my near decades experience in BHRS, it was refreshing to come into a county where TSS hard-line school schedules were not in place. Obviously, the goal is to always have staff available when the consumer demonstrates the greatest need, but the point of BHRS is to teach generalization so that skills transition from setting to setting, individual to individual. It became so difficult to find staff to fill hours at one point in Cambria that the county's biggest provider (ACRP) was on a freeze for taking consumers. A big reason was having to stick so strictly to the schedules, making it difficult to find people who could work those shifts. Restrictions are necessary to regulate a program, but this restriction choked the county and there was not an individual that I spoke with in any school, home, or community that was pleased with their county management after its implementation.

ADDITIONAL FEEDBACK

Please provide any additional feedback that you feel is relevant to BHSSBC in our evaluation of PerformCare:

1. Inconsistency of them not showing up for ISPT meetings.
2. Issues with approvals for TSS hours that are requested.
3. Replace (*PC Staff*)