

Survey Guidelines

The Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) Quality Improvement Program conducts Provider Satisfaction Surveys every other year.

The 2009 Provider Satisfaction Survey was published online from September 1st through November 30th. Providers were given the opportunity to complete survey online or by hand. Hand written surveys could be returned to CBHM/CHIPA by mail or fax for online entry by Provider Relations staff.

Providers were notified about the survey through emails, letters, check stuffers, and personal phone calls. A special emphasis was placed on increasing response from high volume providers associated with our Primary Office Designations (PODS).

The survey was published to approximately 2700 contracted providers and their office staff. A total of 292 were returned for an **11% completion rate**, which was almost double the historical completion rate of 6%.

The distribution of providers by license corresponded to the network distribution indicating the responses were a valid sample.

Results

The overall provider satisfaction increased by 11% and the quality benchmark was met. The level of satisfaction was the **highest reported for the past 10 years**. All areas measured saw an improvement in satisfaction.

The areas with the highest satisfaction were

1. Call Response time
2. Availability of staff
3. Knowledge of staff
4. Credentialing procedures
5. CHIPA Provider Updates

The areas with the lowest satisfaction were

1. Administrative Paperwork
2. Timeliness of Claims Payment
3. Claims Appeal Resolution
4. Complaint/Grievance Resolution

The written comments corresponded to the areas of lower satisfaction.

For the first time, Health Care Coordination was included in this survey. The majority of providers indicated that they coordinate care "occasionally."

Conclusions

CBHM/CHIPA was successful in surveying a higher percentage of providers. The high completion rate is directly related to increased communication efforts, the ease of the online survey, and personal email outreach to the high volume PODS.

Customer Service remains the highest area of satisfaction for our providers. While providers express dissatisfaction with reimbursement rates they appreciate availability of staff to resolve concerns.

During the first six months of 2009, CBHM/CHIPA experienced challenges with claims timeliness due to staffing turnovers and new claims processes. While national standards for timeliness continued to be met, providers experienced a longer payment response than in prior years. Interventions were implemented to address the challenges and the current CBHM/CHIPA claims timeliness exceeds the national standards.

The majority of CHIPA providers surveyed are reporting Health Care Coordination at least "Occasionally." Coordination appears to be the lowest with Medical Specialists.

Action Items for 2010

To address those service areas in which satisfaction fell below target, the Quality Improvement Committee will initiate the following actions.

1. Staff will continue to promote the use of Department E-Fax numbers to decrease concerns regarding lost paperwork and delay in re-authorization.
2. Electronic claims submission will be promoted using a communication strategy that includes emails, letters, and telephonic outreach. The increase in electronic claims submission will improve satisfaction with claims accuracy and timeliness as well as reduce dissatisfaction related with administrative paperwork.
3. Appeals and Grievances related to claims will be logged and reported monthly to the Network Management Committee to ensure prompt response and resolution.
4. A Quality Improvement Project related to Health Care Coordination will be initiated to increase the percentage of CBHM/CHIPA providers who report health care coordination "Frequently" or "Always" rather than "Occasionally."