CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

2023 CABHC Provider Satisfaction Survey Report

On an annual basis, CABHC conducts an assessment of its network of providers through a satisfaction survey. The survey is used to assess the Provider's satisfaction with the BH-MCO, PerformCare, and to obtain feedback about the HealthChoices program. The survey is sent to a variety of individuals who serve in various positions across the provider network of agencies. It can be accessed online using the web-based program, QuestionPro, or by completing a paper version and submitting it to CABHC.

In December 2023, 517 surveys were distributed via email to the provider network Fourteen were undeliverable. A total of 46 surveys were completed in full, resulting in a 9% response rate. This is well below the 25% response rate in 2022. It's important to note that there were more surveys sent out this year.

Demographics:

Age Group(s) Served by Respondents:

Children/Adolescents	25%
Adults	38%
Both Age Groups	38%

Level(s) of Care Provided by Respondents:

Substance Abuse	26%
Mental Health	63%
Co-Occurring	11%
All Levels of Care	0%

2023 Satisfaction Survey Results

Survey recipients were asked to respond to each of the survey questions based on their experiences with PerformCare over the previous twelve months. Except where noted, the questions used a Likert scale rating. Responses were given the following numeric values:
5 = Very Satisfied
4 = Satisfied
3 = Neutral
2 = Dissatisfied
1 = Very Dissatisfied
Responses of N/A, or not applicable, were not included in the scoring calculation; however, individuals responding N/A were included in the number of respondents for each question. Respondents were also given the opportunity to provide any comments they felt were important. All comments received are provided in this report and have been deidentified.

The survey contained questions on five categories: Communication, Provider Relations, Claims Department, Quality Improvement, and Clinical Department. Results are presented by category and include the number of respondents and a mean score for each question. For each category,

the results from the previous two years surveys have been presented for comparison, unless the category and/or survey items were not applicable to the respondent.

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Please note that respondents did not answer every question and there were a number of respondents who initiated the survey on QuestionPro without completing the survey. Therefore, the number of respondents for each question varies and may be higher than the number of completed surveys reported above.

Communication:

	Communication					
Written and Electronic Communication	**2021 # of Respondents**	**2021 Mean Response**	**2022 # of Respondents**	**2022 Mean Response**	**2023 # of Respondents**	**2023 Mean of Response**
Notification and implementation of policy changes affecting Providers	124	4.1	129	4.0	55	4.1
Ease of reaching someone who can answer your questions when calling PerformCare	123	4.1	128	4.2	54	4.1
Ease of calling the Provider Line and reaching the person you are calling	123	4.0	129	4.0	55	3.9
When calling the Provider Line, my calls were returned within 48 hours	118	4.1	128	4.1	54	3.9
Ease in using the website	115	3.8	128	3.9	54	3.8
Ease of using Navinet/JIVA	117	3.6	125	3.9	54	3.8
Communication Average	**120**	**4.0**	**128**	**4.0**	**54**	**4.0**

Communication Comments:
Excellent communication from Care Connectors
Program Director stated 'Any time I have to work with PerformCare I am at ease, because of how well they communicate and how efficient the individuals who do authorizations are.'
Satisfactory.
Communication with PerformCare is excellent. Responses are given quickly.
I don't feel that all PerformCare's policies are clearly defined and communicated to providers.
It seems we get different answers for the same questions based on who we speak with at PerformCare. With staffing changes, it is sometimes difficult to get a prompt response from an AE. It is difficult to find documents on the website--provider notices, tools, etc.
We have been extremely happy with our account executive.
In my experience, trying to find someone who is able to answer basic questions regarding claims or authorizations have been successful. However, trying to get assistance with bigger issues where the provider representative was needed was next to impossible in getting our issues resolved.
When calling the provider services, I usually have had a positive experience and for the most part had my questions answered.
It can take several days to hear back from a Care Manager if you hear back at all. More recently, they are not aware of the case or get many of the details confused making it difficult to obtain any helpful feedback. The Care Connectors however are always quick to communicate, and I appreciate that many of them have moved to sending an email rather than calling.
Communication is very good.
We are very pleased with the communication from our account executive via email and phone. She is consistently helpful in reaching an outcome. The interactions from all levels have been engaging, professional and collaborative. Thank you!
opening and viewing remits never works thru Navinet
It is hard at times reaching the provider support line
We have had excellent communication with PerformCare Clinical Care Manager. She works very well with our clinical team.
Navinet/JIVA is very complex and redundant. PerformCare still asks for multiple forms to be completed for RT Reauthorizations that do not seem necessary anymore and cumbersome given the age of technology.

Provider Relations:

Account Executives	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
When contacting an Account Executive, do you receive satisfactory and timely answers to your questions	112	4.1	126	4.4	50	3.8
When calling an Account Executive, if you had a problem/issue or concern, the person you spoke with helped to resolve it to your satisfaction	111	4.2	126	4.3	50	3.8
Provider Relations Average	**112**	**4.2**	**126**	**4.4**	**50**	**3.8**

Provider Relations Comments:
Account Executives do not respond very quickly. There should be a guideline for timely reposes, such as 3 business days to acknowledge outreach was received.
Our former AE was fantastic with communication.

Provider Manual	2022 # of Respondents	Daily	Weekly	Monthly	Yearly	Never
How often did you or your Agency's staff reference the PerformCare Provider Manual?	126	2%	9%	47%	36%	6%
	2023 # of Respondents	**Daily**	**Weekly**	**Monthly**	**Yearly**	**Never**
	50	2%	8%	40%	42%	8%

Provider Manual	2022 # of Respondents	Very Helpful	Somewhat Helpful	Neutral	A Little Helpful	Not Helpful at All	N/A or No Experience
When you referenced the PerformCare Provider Manual, how beneficial was it?	126	21%	44%	14%	10%	1%	10%
	2023 # of Respondents	**Very Helpful**	**Somewhat Helpful**	**Neutral**	**A Little Helpful**	**Not Helpful at All**	**N/A or No Experience**
	50	26%	40%	14%	8%	4%	8%

Are there topics you believe should be added to the Provider Manual to make it more clear?	**2022 Respondents**	**Yes**	**No**
	122	14%	86%
	2023 Respondents	**Yes**	**No**
	48	10%	90%

If an individual answered 'yes' to this item, they were prompted to please add suggestions or comments. The following comments were received:

2023 Provider Manual Comments:
The manual badly needs updated to include more specific information for IBHS providers, specifically for documentation requirements.
ABA specific info
The manual is quite broad and can be difficult to navigate. It would be more helpful to have specific program related information.

Provider Orientation	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
An Account Executive was able to answer all of your questions	21	4.6	7	4.4
The information your account Executive provides is helpful and valuable	21	4.6	7	4.4
Provider Orientation Average	**21**	**4.6**	**7**	**4.4**

Orientation Comments:
Since we started operation aside from the initial orientation, June/July 2022, we had not been able to receive any further training.

Provider Meetings & Trainings	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
There is adequate notice to attend any meetings and/or trainings	70	4.2	79	4.2	29	4.4
Availability (dates & locations)	71	4.1	80	4.2	29	4.3
Usefulness of training(s)	66	3.9	79	4.0	29	3.9
Were you satisfied with the accuracy and clarity of the information presented during the meeting as well as with follow-up from the meeting	69	3.4	80	4.1	28	3.9
Provider Meetings & Trainings Average	**69**	**3.9**	**80**	**4.2**	**29**	**4.1**

2023 Meeting and Trainings Comments:
There seems to be a lot of 'we will get back to you' when questions are presented or the people providing the training are in disagreement regarding the correct response. If we have a meeting with just our agency at times the information is not up to date making it difficult to obtain an accurate picture of the program.

Claims Department:

Claims Processing	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Claims payments and/or claims denial letters are received within 45 days	110	4.0	120	4.1	49	4.0
Satisfactory and timely answers to your questions	110	3.9	121	3.9	49	3.6
Consistency in responses to inquiries	110	3.8	121	3.8	49	3.5
Ease of submitting electronic claims	109	4.1	121	4.1	49	4.2
Ease of correcting electronic claims	109	3.8	121	4.1	49	4.0
Ease of correcting paper claims	109	3.5	121	3.6	49	3.8
Please rate your overall experience with claims processing from PerformCare	106	3.9	121	3.9	48	3.8
Claims Processing Average	**109**	**3.9**	**121**	**3.9**	**49**	**3.9**

Claims Processing Comments:
We receive many claims denials in error. Psych testing claims frequently have all but the base code denied for no auth when the auth covers all codes. Answers to claims inquiries are inconsistent. Some don't even address the actual denial reason. We are a small provider with limited staff, so these errors are costly to us. We don't have nearly the number of issues with claims for other insurers as we do for PerformCare.
We tend to get different answers to the same questions depending on who we speak to in the claims department. Sometimes these different answers are completely contradictory and have led to claims being denied and then appeals being denied. Submitting claims through Change Healthcare is tedious. All information for Members must be inputted every time. We can choose to copy a previous claim for the same Member, but this sometimes leads to more errors and more time lost if we copy a prior claim that had something incorrect on it. After claims are submitted through Change Healthcare, they send us to PerformCare for follow-up. This creates even more time between when a claim is billed and when we receive EOBs--we have less time to correct or appeal claims. It would be helpful if claims submission and payment all came from the same place, rather than separate entities that don't communicate with each other. Now we're getting emails from Optum, and we don't know their role. This was not explained to us.
When paper claims are sent in, our attachment with the claims are being lost. When non-covered IBHS letters are sent in with claims, we still have to call get the letter on file. Medicare crossover claims are being processed and paid when they shouldn't be, so we receive duplicate payments.
Secondary claims are being submitted by paper

Quality Improvement Department:

Credentialing & Re-credentialing	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Fairness of Credentialing and Re-credentialing process	102	3.9	116	4.0	48	4.1
Administrative Appeals	**2021 Respondents**	**2021 Mean Score**	**2022 Respondents**	**2022 Mean Score**	**2023 Respondents**	**2023 Mean Score**
Adequate explanation of decisions made	26	3.9	46	3.9	17	3.2
Decision regarding your appeal(s) were made within 30 days	25	3.8	46	3.9	17	4.1
There was a fair & reasonable decision outcome	26	4	45	3.7	17	2.9
Administrative Appeals Average	25.7	3.9	**46**	**3.8**	**17**	**3.4**

Complaints	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Timeliness of complaint resolution	8	4.3	13	4.0	5	4.0
Proper handling of complaint	8	4.3	13	4.3	5	4.0
A fair and reasonable decision was made	8	4.3	13	4.0	5	4.0
Complaints Average	**8**	**4.3**	**13**	**4.1**	**5**	**4.0**

Grievances	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Timeliness of grievance resolution	13	4.2	18	4.3	7	4.0
Collaborative nature of the grievance meeting	13	4.0	18	4.3	7	2.5
Your involvement in the grievance process	13	4.2	18	4.3	7	2.5
Overall, rate PerformCare's management of the grievance process	13	4.3	18	4.3	7	3.0
Grievances Average	**13**	**4.2**	**18**	**4.3**	**7**	**3.0**

Treatment Record Reviews	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Do you understand the expectations of the questions in the Treatment Record Review	13	4.0	16	4.3	8	4.4
Do you feel the process was fair	13	4.0	16	4.4	8	4.4
Do you feel the Treatment Record Review process was helpful	13	4.0	16	4.4	8	4.4
Were you satisfied with any assistance provided by the Quality Improvement Department	13	3.8	16	4.3	7	4.3
Treatment Record Review Average	**13**	**4.0**	**16**	**4.4**	**8**	**4.4**

Quality Improvement Comments:
We participated in a grievance call after a member filed a complaint. We were not aware when the call was scheduled that the clients/family or other providers would be part of the call and we felt unprepared to address all questions/concerns. The provider who the complaint was about felt that he was not able to explain himself directly to the people making the ultimate decision about the complaint and as a result felt the decision was unfair.
We always appreciates and accepts constructive feedback in order to improve the overall program as well as the documentation that we utilize in our program. We had a site visit/audit in March of 2023, which provided some good feedback in terms of areas that could provide growth for our organization. As we started to work through the rubric, we had a question on one of the areas. Our Director of Clinical Programs reach out to members of the Quality Department of two different occasions to seek feedback and still has not heard back from them.
The formal response required for quality concerns could be addressed directly through email. The secure platform used by PerformCare requires frequent workarounds and account resets don't work consistently. The actual process and response from PerfomCare though are fine – no concerns.

Clinical Department:

Care Management	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Timeliness of authorizations	103	4.1	115	4.2	47	4.3
Accuracy of authorizations	103	4.0	114	4.1	45	4.3
Availability of Clinical Care Managers when needed	104	4.1	115	4.1	47	4.1
Consistency in Care Manager's responses to your inquiries	102	4.1	115	4.0	47	4.2
Consistency in Care Manager's review of child/adolescent treatment plans	102	4.0	114	4.0	46	4.1
Care Managers participation in ISPT meetings (for children/adolescents)	102	3.9	115	4.0	47	4.3
Please rate the overall process by which concurrent reviews are conducted; is it consistent and effective in determining the need for continued treatment	100	4.1	115	4.0	47	4.1
Care Management Averages	**102.3**	**4.0**	**115**	**4.1**	**47**	**4.2**

Care Management Comments:
Some reviewers tend to take a long time.
always very helpful!
satisfied.
As mentioned, it can take several days to hear back from some of the team, if at all. We have gotten various responses to the same questions; it depends on who you ask. I recently had a team meeting with a care manager and family and the care manager. I felt they were very disrespectful to both the parent and myself. The parent was very upset following the call and there was little resolution to the meeting. I was also instructed to take steps I feel should be handled by the care manager and again there was a lot of confusion about what is/is not allowed by Perform Care and the State.
Concurrent reviews have not been considered for our level of care. The few times we have inquired about the possibility involved a youth changing households or a new behavior discovered which was not identified at the time of referral.
It was suggested that there be consideration given to having direct extensions for care managers so that individuals do not need to continually go through the main line for each call.
Our overall experience with PC's clinical department and clinical management has been very good!

Member Services	2021 Respondents	2021 Mean Score	2022 Respondents	2022 Mean Score	2023 Respondents	2023 Mean Score
Satisfactory and timely answers to your questions	104	4.1	115	4.2	47	4.0
Consistency in response to inquiries	104	4.0	117	4.1	46	3.9
Directing your call to appropriate department/care manager	104	4.2	117	4.1	47	4.0
Availability of Member Services staff after hours	102	4.0	115	4.0	47	4.1
When calling Member Services, if I had a problem, the person I spoke with helped to resolve it satisfactorily	104	4.0	117	4.0	46	3.9
Member Services Averages	**103.6**	**4.1**	**116**	**4.1**	**47**	**4.0**

Member Services Comments:
satisfied.
After-hours staff doesn't seem as helpful in answering questions.
Again, it depends on who you get on the phone and the level of their knowledge regarding your question.
We have not accessed Member Services. We typically contact the PerformCare rep directly.
when calling cs, we receive different answers depending on who answers our call. Little to no consistency in answers to our claim’s questions.

Other Additional Comments:
Behavioral health is a rare type of beast. We should strive to make it easier to understand for providers and easier to access for patients, not more difficult. Foundational policies may be outside PerformCare's ability to change. But it feels like PerformCare requires A LOT of information that is redundant for both the facility and provider credentialing/recredentialing processes. The inability to backdate effective dates is also an issue, as working to gather all the required forms, signatures, and documentation takes more time than one might realize. Our organization strives to be compliant and ensure timely submission of all required information. The enrollment process is confusing, requiring us to ask many questions over and over again because we think we understand it, but then when the next enrollment comes and we try to follow the same process as before, we're told we've submitted the wrong form/documentation/etc. This is true at both the facility and provider level. Is there any possible way to streamline PerformCare's processes/requirements? It would also be beneficial to get away from the paper applications and move to a portal submission process. From a patient-first perspective, we aren't helping our populations when our providers can't be available to them in a reasonable amount of time due to extensive credentialing/enrollment processes. Communication with the general mailbox is spotty, as well. When we conduct follow-up to see where a provider/facility is in the credentialing process, it's difficult to get an answer. When the provider/facility is approved, we don't always receive approval notification. When we do get notification, it doesn't clearly outline which locations have been approved or exactly what the effective date is. Finally, large organizations may have many different departments to which information needs to go. Billing may have an address, credentialing may have an address, administrative may have an address, etc. We can't have everything going to only one location and risk 1) authorizations not being received, 2) recredentialing/enrollment information not being received, or 3) personal health information going somewhere it shouldn't go. Thank you for your time and consideration.
Working with PerformCare is always professional. Our Account Executive is EXCELLENT! The amount of work she has put in to assist us with our billing problems has been above and beyond! Kudos to our AE and a big THANK YOU for all she does.
One of the most significant challenges that we have experienced, particularly with the Capital Region of PerformCare is in regards to the ability to request per diem increases on a yearly basis and the current per diem rates for the counties in the Capital Region. The Capital Region of PerformCare has a significantly lower per diem rate than other counties around the state that we work with on a regular basis. This can pose a challenge as we work with several PerformCare youth because of the proximity of location to us which allows for more family involvement and the ability to have the youth have more opportunities to be in their own community to practice their skills.
Until now the practice is still waiting for training. We do on Promise website and check eligibility. No other insurance found on members months later we were being told to refund monies because member had other insurance. This is not fiscally sustainable.
When submitting claims investigations on IBHS patients that have primary non-covered letters confirmed on file, we are receiving responses stating letters are not on file. Letters were confirmed to be on file by customer service and provided date they were put on file. We then have to send another investigation to refute their response. Between phone calls and investigations, can take up to 3 touches to get 1 claim reprocessed.

Year to Year Comparison:

Year to Year Comparison

Survey Category	2018	2019	2020	2021	2022	2023
Communication	3.6	3.7	4.1	4.0	4.0	4.0
Provider Relations	3.9	3.8	4.3	4.2	4.4	3.8
Provider Orientation	3.5	4.0	4.1	4.7	4.6	4.4
Provider Meetings & Trainings	3.7	3.8	3.6	3.9	4.2	4.1
Claims Processing	3.8	3.7	4.0	3.9	3.9	3.9
Administrative Appeals	3.4	3.5	3.8	3.9	3.8	3.4
Credentialing & Re-credentialing	3.5	3.8	4.0	3.9	4.0	4.1
Complaints	3.6	4.0	3.9	4.3	4.1	4.0
Grievances	3.5	4.0	4.3	4.2	4.3	3.0
Treatment Record Reviews	3.8	4.1	4.0	4.0	4.4	4.4
Clinical Care Management	3.9	3.8	4.1	4.0	4.1	4.2
Member Services	3.9	3.8	4.0	4.0	4.1	4.0
Average Total Score	**3.7**	**3.8**	**4.0**	**4.1**	**4.2**	**4.0**
Total Number of Respondents	98	86	90	104	116	46
Response Percentage of Total Surveys Sent	34%	31%	33%	31%	25%	9%

* In past years, the response rate has been calculated using the number of surveys sent, deducting the surveys that were returned undeliverable. For the 2023 report, 14 of 517 were returned and flagged as “undeliverable” per Outlook.

Summary:

The 2023 CABHC Provider Satisfaction Survey yielded response rate of 9% and had a total average score of 4.0 out of a possible 5 rating. It was noted that this is a significant decrease in response rate. The total number of surveys that were sent increased from 476 to 517. Of the 517, 14 were returned and flagged as “undeliverable”. The survey consisted of questions about five categories: Communication, Provider Relations, Claims Department, Quality Improvement Department, and Clinical Department. The Communication category had the highest number of respondents again with 54. The subsections: Provider Orientation, Provider Meetings & Trainings, Administrative Appeals, Treatment Record Reviews, Complaints and Grievances continue to have the lowest number of respondents which continues the trends from the previous years.

The Communication average score remains a 4 which is satisfied. Although, this score indicates that providers are overall satisfied with PerformCare's communication, there was a decrease in the score for each item with the exception of the "Notification and implementation of policy changes affecting Providers" item which increased from 4.0 to 4.1. The majority of comments that providers left express that PerformCare communicates very well. However, there were a few comments expressing issues with using the website and/or Navinet/JIVA which is consistent the 3.8 scores that both items received. There were a few comments regarding lack of communication from PerformCare staff and receiving different answers for the same questions depending on who the provider spoke to which is similar to feedback received in previous surveys.

The Provider Relations Department section covers the Account Executives, the Provider Manual, Provider Orientation, and Provider Meetings and Trainings. The Provider Relations average score decreased from 4.4 to 3.8. There were only two comments left for this section. One stating that their AE is not very responsive, suggesting there be a guideline for the amount of time AEs have to respond back to providers. The other stated that their former AE was "fantastic" with communication.

The Provider Manual is generally being used on a monthly or yearly basis versus on a daily or weekly basis. About 66% of respondents found the provider manual to be helpful. Only 10% of respondents believe there are topics that should be added to make the Provider Manual clearer which is a decrease compared to last year. However, the same suggestions were made from previous year regarding the addition of specific program related information such as ABA and IBHS.

The average score for Provider Orientation continues to decline. The items decreased from 4.6 to 4.4. The average score for the Provider Meetings and Trainings decreased from 4.2 to 4.1. There was one comment left by a provider who reported, "there seems to be a lot of 'we will get back to you' when questions are presented". This is similar to the feedback received in the previous surveys. This provider also reported experiencing PerformCare staff not being in agreement regarding the correct response during the meetings and trainings.

The average score for the Claims Department remained the same at 3.9. The providers continue to report the same issues with the Claims Department including receiving claims denials in error, receiving different answers for the same question depending on the person they spoke to, answers to claims inquiries are inconsistent, and actual denial reason completely missing. There was a decrease in the following items which has historically scored low: "Satisfactory and timely answers to your questions", "Consistency in responses to inquiries", and "Ease of correcting paper claims". This is consistent with the comments left by providers. The Claims department received a score of 4 and above for "Claims payments and/or claims denial letters are received within 45 days", "Ease of submitting electronic claims", and "Ease of correcting electronic claims" which demonstrates that providers are overall satisfied in these areas.

The Quality Improvement Department section of the survey reviews Credentialing and Re-credentialing, Administrative Appeals, Complaints, Grievances, and Treatment Record Reviews. There was an increase in scores for Credentialing and Re-credentialing and Complaints. There was a decrease in score for Administrative Appeals, 3.8 to 3.4. There was a significant decrease in the average score for Grievances, 4.3 to 3. The individual items that drove this score down are "Collaborative nature of the grievance meeting" and "Your involvement in the grievance process". The scores decreased from 4.3 to 2.5. The comment left by a provider was consistent with these scores stating that they were not aware that the PerformCare member and their family would be participating in the grievance call resulting in the provider not being fully prepared to answer questions that were raised by them. They also felt the decision was unfair. The scores for the Treatment Record Review remained the same, 4.4. One provider left positive feedback expressing appreciation and acceptance to the feedback received from their audit; however, the provider stated that they never received follow up from the Q.I. department regarding a question they had about their results.

The Clinical Department section of the survey covered Care Management and Member Services. There was an increase in the average score for Care Management, 4.1 to 4.2 which reflects that the respondents are satisfied overall. There was an increase in all individual items in this section which demonstrates there continues to be improvements since last year's survey. Some providers left comments expressing that the Clinical Department is "always very helpful" and an overall satisfaction with their experience. One provider left a comment expressing concerns about the interaction they had with a care manager during a phone call with the care manager, PerformCare member and their family. Another provider left a comment similar to other categories regarding consistency in answers received for the same question. There was a suggestion made by a provider to create a direct extension for the Care Manager line to avoid having to go through the main line.

There was an overall decrease for all individual items in the Member Services section of the survey with the exception of one, which was the "Availability of Member Services staff after hours" item. The average score decreased from 4.1 to 4. The provider reported that the after-hour staff are not very helpful and they receive various answers to the same questions depending on who is taking the call. It appears that the feedback regarding the various answers to the same question is consistent across the categories surveyed.

CABHC is grateful for the Providers who participated in this annual Provider Satisfaction Survey. Our Provider Relations Committee reviews the results of the survey to provide feedback and recommendations to PerformCare, as needed. It is our hope that this process will enhance the HealthChoices Behavioral Health program and improve the provider's experience when working with PerformCare.