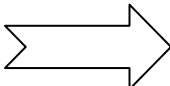


<p>* If you selected Hispanic/Latino as your race, please select your Hispanic ethnicity:</p>	<p>1- Hispanic, Mexican American 2- Hispanic, Puerto Rican 3- Hispanic, Cuban 4- Hispanic, Other 5- Not Hispanic Origin</p>
<p>H. Primary disability of the person receiving services:</p>	<p>1- Intellectual Developmental Disability Only 2- Mental Health Only 3- Substance Abuse Only 4- More than one disability 5- Do not know the type of disability</p>

<p align="center">Please circle <u>all</u> the problems that you have experienced:</p>	
<p>Have any of the problems listed to the right interfered with your ability to receive the services you want from a PBH Network Provider?</p> 	<p>1- Cost of Transportation/Availability of Transportation 2- Telephone access 3- Cost of Medications 4- Cost of Services 5- Office hours of the provider 7- Other (Please specify):</p>

	<p>Please check <u>only one box</u> for each question below:</p>	Yes	No	Does not Apply
1	Have your treatment and service options been explained?			
2	Are PBH Network Provider service locations convenient?			
3	Did you receive a PBH Consumer Family Handbook in the mail within 14 days of enrolling in services with PBH or a PBH Network Provider?			
4	Are you aware of your rights and responsibilities when receiving services through a PBH Network Provider?			

	<p>Answer Questions 5 and 6 <i>only if you have Medicaid.</i></p>	Yes	No	Does not Apply
5	Did you receive written information (Consumer Family Handbook) about the Medicaid Denial and Appeals process? (This involves a reduction, suspension or termination of a service).			
6	<i>If you filed a Medicaid appeal, was the process fair?</i>			

	Please check <u>only one box</u> for each question below:	Yes	No	Does not Apply
7	PBH must approve (authorize) certain services before a provider can begin the service. Have authorizations for your services been timely?			
8	Do you know that there is a 24hr toll free number you can call for assistance?			
9	Do you know how to make a complaint?			
10	Do you feel free to complain?			
11	Do you have a choice in selecting your provider?			
12	If you tried to change your provider in the last 12 months, was it easy to do?			
13	Do you know how to access services if you experience a crisis?			

Do our services meet your needs?

	Please check one box to answer each question:	Always	Most of the time	Rarely	Never	Does not Apply
14	Does your service plan (treatment plan, person centered plan) meet your needs?					
15	Did you participate in planning the services that you receive?					
16	Does the <u>quality of services</u> that you receive remain the same even if the provider's staff changes?					
17	Does <u>your stability and/or well being</u> remain the same even if the provider's staff changes?					
18	Are your provider's staff available when you need services?					
19	Are the services that are available to you meeting your needs?					
20	Are your provider's staff available to assist you when you are in crisis?					
21	Are the right services available to meet your needs during a crisis?					
22	During the past year: If you asked for an appointment with a Network Provider for a Mental Health or Substance Abuse emergency, were you seen <u>within 2 hours</u>?					

	Please check one box to answer each question:	Always	Most of the time	Rarely	Never	Does not Apply
23	During the past year: If you asked for an appointment with a Network Provider while experiencing a Mental Health or Substance Abuse crisis (but which was not an emergency) were you seen <u>within 48 hours</u>?					
24	During the past year: If you asked for a routine appointment from a Network Provider were you seen <u>within 14 calendar days</u>?					
25	If you have a scheduled outpatient appointment, do you see the provider within 1 hour of arriving?					
26	Did the services you received over this past year help you to be as independent as possible?					
27	Is your privacy respected?					
28	Are services available that meet your racial and ethnic background needs?					
29	Are your provider's staff able to address the needs of your cultural (religion, race, ethnicity, language, etc) background?					
30	Are translators available to help you if you need them?					
31	Are written educational materials available that are translated in your language?					
32	Have the services you received during the past year improved the quality of your life?					

		Extremely Satisfied	Satisfied	Unsatisfied	Not at all Satisfied	Does not Apply
33	Please rate your overall satisfaction with the services you have received during this past year from providers in the PBH Network.					

**Return completed questionnaire to:
UNC Charlotte Urban Institute
9201 University City Boulevard
Charlotte, NC 28223-0001**

To leave anonymous concerns or complaints with PBH, please call the anonymous concern line at 1-888-213-9687.

2012 Consumer Satisfaction Survey Report

Project description: The primary objective of the survey is to measure the overall satisfaction of consumers, accessibility of services provided by the PBH Network of Providers and their availability

Relevance: It is important to identify opportunities to improve services provided to consumers (enrollees) in Cabarrus, Davidson, Stanly, Rowan and Union County. PBH's survey instrument was designed to capture the experiences/perceptions of consumers and members with a range of questions relating to network, availability, providers and health plan services.

Methodology:

PBH contracted with the UNC Charlotte Urban Institute to conduct the satisfaction survey in 2012. The survey instrument was administered in three increments.

1. 10,000 surveys were mailed out on March 12, 2012. Included in this mailing were the survey, a pre-paid business reply envelope and consent to participate letter.
2. The second mailing consisted of postcard reminders and was sent out on March 26, 2012. The postcard thanked those that had already responded to the survey questionnaire and requested a response from those who had not yet responded.
3. The third mailing consisted of the survey, pre-paid business reply envelope and consent letter. This survey was mailed out on April 9, 2012.

Respondents were asked to rate their level of service to each of the questions on the following 4 point scale for services they received during calendar year 2011. (1= Never, 2= Rarely, 3= Most of the time, 4= Always).

Sampling: This survey consisted of a random sample of 10,000 clients participating in services through PBH.

Results

The survey period concluded on April 30, 2012, at which time 725 respondents had completed the survey which resulted in a response rate of 7%. A total of 725 surveys were included in the study, resulting in a margin of error of approximately +/- 3.51 percent at the 95 percent confidence level. This means one can say with 95 percent confidence the results have a statistical precision of +/-3.51 percentage points if the entire population had been surveyed.

Forty-seven percent were consumers and 31% of respondents were parents responding on behalf of their children. Guardians represented 8% of respondents; while family members comprised 7% and Caregivers 6%. The remaining 2% of respondents selected "Other". Rowan County had the highest percentage of respondents to complete the survey (19%) among the five counties. Eighty-five percent of the consumers were Medicaid recipients. Almost three-quarters (71%) of survey participants were white and 55% of the respondents were female. Over one-quarter of consumers were 18 years old or less (27 percent) or 49–64 years old (29 percent). In addition, the largest group of consumers indicated they had a multi-disability (38 percent) followed by those with a mental health only disability (35 percent) and those with an intellectual developmental disability only (19 percent). A small percentage of respondents had unknown disabilities (7 percent) and an even smaller minority reported treatment for substance abuse issues only (2 percent).

Thirty-seven percent of respondents reported that he/she had been receiving services from PBH for two years or less and an additional 23 percent had been clients between 25 months and 60 months (2 to 5 years). Twenty-nine percent of survey participants had been receiving services from 61 months to 180 months (5 to 15 years). Eight percent had been clients between 181 months and 300 months (15-25 years) and 5 percent had received services for 25 years or more.

Table 1: Percent Top Two responses (Always & Most of the Time)

Question	Goal	2008	2009	2010	2011	2012	Status
Q1 Have your treatment and service options been explained to you?	80%	91% (899/991)	90% (1128/1253)	90% (764/846)	91% (539/592)	91% (620/685)	Goal Met
Q2 Are service locations convenient?	80%	90% (890/986)	89% (1119/1254)	89% (752/846)	86% (505/585)	85% (569/666)	Goal Met
Q3 Did you receive a PBH handbook in the mail within 14 days of enrollment?	80%	73% (672/922)	88% (1088/1240)	80% (655/817)	85% (505/585)	78% (518/663)	Goal Not Met – decreased by 7 percentage points from 2011
Q4 Are you aware of your rights & responsibilities?	80%	81% (799/987)	87% (1108/1277)	83% (693/834)	87% (520/599)	85% (593/698)	Goal Met
Q5 Did you receive written information about denial & appeal (reduction, suspension termination of services)?	80%	68% (601/881)	70% (767/1090)	66% (484/737)	67% (287/426)	72% (406/562)	Goal Not Met - increased by 5 percentage points from 2011
Q6 If you filed an appeal, was the process fair?	80%	NA	63% (190/301)	50% (88/176)	65% (80/124)	56% (63/113)	Goal Not Met decreased by 9 percentage points from 2011
Q7 Have authorizations for treatment been timely?	80%	84% (761/904)	83% (894/1081)	80% (579/723)	85% (454/537)	85% (532/623)	Goal Met
Q8 Are you aware of the PBH call center toll free number?	80%	62% (599/968)	71% (869/1224)	67% (563/845)	70% (420/603)	69% (483/704)	Goal Not Met – decreased by 1 percentage points from 2011
Q9 Do you know how to make a complaint?	80%	51% (492/959)	59% (704/1200)	64% (532/836)	60% (352/588)	67% (457/684)	Goal Not Met - increased by 7 percentage points from 2011
Q13 Do you know how to access services in a crisis?	80%	65% (625/966)	69% (848/1221)	70% (589/839)	69% (407/591)	72% (486/674)	Goal Not Met - increased by 3 percentage points from 2011.
Q14. Does your service plan meet your needs?	80%	92% (877/955)	91% (1114/1230)	88% (725/828)	91% (545/598)	91% (623/686)	Goal Met
Q15. Do you participate in planning your services?	80%	88% (820/935)	87% (1057/1219)	85% (700/820)	86% (499/577)	88% (584/663)	Goal Met
Q16. Does your quality of service remain the same even if staff changes?	80%	85% (776/909)	87% (1004/1159)	82% (645/786)	87% (473/544)	86% (531/616)	Goal Met

Question	Goal	2008	2009	2010	2011	2012	Status
Q17. Does your stability and/or well being remain the same even if staff changes?	80%	87% (784/906)	87% (1007/1160)	83% (652/781)	87% (473/543)	86% (528/615)	Goal Met
Q18. Are staff available when you need services?	80%	90% (858/955)	90% (1110/1228)	88% (730/833)	92% (534/582)	91% (608/670)	Goal Met
Q19. Are services available to meet your needs?	80%	90% (868/966)	90% (1114/1240)	86% (728/842)	89% (522/585)	88% (603/689)	Goal Met
Q20. Are staff available when you are in crisis?	80%	87% (698/805)	89% (915/1028)	85% (578/681)	87% (445/509)	88% (516/585)	Goal Met
Q21. Are services available to meet your needs in a crisis?	80%	85% (679/801)	87% (889/1020)	83% (562/680)	87% (439/503)	87% (495/569)	Goal Met
Q22. If you needed an appointment for an emergency, were you seen within 2 hours?	80%	69% (362/525)	74% (483/653)	70% (313/450)	76% (208/274)	66% (191/291)	Goal Not Met decreased by 10 percentage points from 2011
Q23. If you requested an appointment while in a crisis (not an emergency), were you seen within 48 hours?	80%	71% (366/513)	78% (517/667)	73% (328/451)	73% (208/284)	71% (224/315)	Goal Not Met – percentage decreased by 2 percentage points from 2011
Q24. If you requested a routine appointment from a PBH Network Provider were you seen within 14 calendar days?	80%	N/A	N/A	N/A	85% (361/425)	82% (411/504)	Goal Met – In 2011 this question was revised from 6 hrs to 14 calendar days to reflect guidelines for routine appointments
Q25. If you have a scheduled outpatient appointment, do you see the provider within one hour of arriving?	80%	91% (676/742)	94% (923/982)	89% (593/666)	94% (447/477)	92% (491/532)	Goal Met
Q11. Do you have a choice in selecting your provider?	80%	72% (626/870)	75% (801/1062)	70% (515/740)	69% (355/513)	74% (476/639)	Goal Not Met – increased by 5 percentage points from 2011 This question was moved to the yes/no section for 2012
Q12. Is it easy to change your provider?	80%	67% (467/696)	71% (599/840)	66% (385/579)	67% (260/389)	46% (124/269)	Goal Not Met but dropped by 21 percentage points from 2011 This question was moved to the yes/no section for 2012

Q26. Do the services you receive help you to be as independent as possible?	80%	89% (816/914)	91% (1121/1235)	88% (693/786)	89% (487/548)	88% (570/647)	Goal Met
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Question	Goal	2008	2009	2010	2011	2012	Status
Q27. Is your privacy respected?	80%	97% (938/970)	97% (1241/1278)	95% (798/843)	97% (573/593)	97% (660/681)	Goal Met
Q10. Do you feel free to complain?	80%	86% (813/947)	88% (1107/1256)	84% (669/792)	86% (498/579)	81% (544/673)	Goal Met This question was moved to the yes/no section for 2012
Q28. Are services available to meet your racial and ethnic background?	80%	93% (669/717)	95% (942/991)	93% (596/640)	95% (439/461)	96% (533/558)	Goal Met
Q29. Are staff able to address the needs of your racial and ethnic community?	80%	93% (604/651)	94% (826/876)	91% (517/570)	94% (402/427)	95% (518/546)	Goal Met
Q30. Are translators available if you need them?	80%	87% (229/262)	92% (317/345)	89% (181/204)	92% (139/151)	90% (147/163)	Goal Met
Q31. Is educational material translated for your language?	80%	89% (291/326)	94% (413/440)	89% (230/259)	94% (215/228)	92% (255/276)	Goal Met
Q32. Within the past year, have your services improved your quality of life?	80%	85% (784/923)	86% (1054/1232)	83% (670/808)	87% (499/575)	86% (566/656)	Goal Met
Q33. Please rate your overall level of satisfaction with the services you receive from providers in the PBH network.	80%	88% (867/988)	89% (1144/1287)	83% (698/836)	85% (506/595)	86% (589/685)	Goal Met

Question 1-13: percent based on yes response' Question 14-32 based on "Always" or "Most of the Time".
Denominators do not include not applicable responses, or not answered.

Table 2: Percent of Consumers Reported Interference by Area

Area	2008 Percent	2009 Percent	2010 Percent	2011 Percent	2012 Percent	Status
Cost of transportation/availability	17% (176/1066)	15% (211/1371)	22% (133/610)	26% (117/451)	30.6% (150/490)	Perceived as the #1 reason for interference and barrier that continues to be out of the control of PBH
Wait times for an appointment (greater than 10 business days)	11% (112/1066)	9% (126/1371)	19% (113/610)	0% (0/451)	0% (0/490)	Was not identified as a barrier for 2012 survey.
Cost of medication	10% (102/1066)	11% (153/1371)	15% (94/610)	19% (87/451)	18.8% (92/490)	#2 Barrier Consumers with “spend downs” were more likely to complain about this area.
Other	9% (93/1066)	9% (119/1371)	17% (105/610)	19% (87/451)	17.1% (84/490)	#3 Barrier – Decreased by almost 2 percentage points from 2011
Cost of Services	6% (64/1065)	9% (117/1371)	15% (89/610)	17% (78/451)	15.1% (74/490)	#4 Barrier Decreased by almost 2 percentage points from 2011
Telephone access	5% (55/1066)	5% (71/1371)	6% (38/610)	11% (49/451)	10% (49/490)	Decreased by 1 percentage point from 2011.
Office hours	5% (55/1066)	4% (51/1371)	6% (38/610)	7% (33/451)	8.4% (41/490)	Slightly increased more than 1 percentage point from 2011

In addition to the 33 questions asked of consumers, PBH asked the question “Have any of the following interfered with your ability to receive the services you want from the PBH network or community providers?” (See table 2). Transportation followed by Cost of medication continues to be the two top reasons that interfere with consumers receiving services. Transportation is a significant issue for PBH because:

- Not every county has all available services that can be accessed by consumers, often they need to take transportation to another county to get some services.
- Many of PBH consumers do not have automobiles and sometimes public transportation is not available or not affordable by consumers.
- Funding for transportation is allotted to local DSS and not PBH.
- When new providers become available, PBH has tried to contract with these providers so that more services are available in each county.

Cost of Medications was the second largest interference reported by consumers. Issues that have impacted this area:

- Some Psychiatrists give samples, will prescribe known cheap prescriptions (some that are even \$4.00), or providers will assist with appealing to the "Prescription Assistance Program" to help a consumer get meds directly from the drug company free of charge when qualified. However, a consumer would have to be able to make it to appointments or be present at the facility, and this is where transportation can affect access to inexpensive meds.
- Medicaid will not pay for some medications
- Consumers with outstanding costs for prior treatment before they became Medicaid qualified may have difficulty accessing medication services
- Sliding Scale fees are too much for consumers to afford

Conclusion:

The purpose of this survey was to measure the accessibility of services, availability of providers and overall satisfaction with services provided by PBH’s network of providers.

The overall result of this year’s survey has shown satisfaction in most areas. Twenty-three of the 33 questions scored above the goal of 80%. This finding is also validated by the last question in which respondents were asked about their overall satisfaction with services provided by providers in the PBH network. Eighty-six percent of consumers answered they were either Satisfied or Extremely Satisfied with the services provided in the PBH network. In addition, when respondents were asked if these services improved their quality of life within the past year, a majority of the respondents indicated this had occurred most of the time or always (86%).

Results also indicated that respondents were satisfied with the staff and services provided by PBH’s network of providers. A majority reported that treatment and service options were explained to them; service locations were convenient; their service plan met their needs; they participated in planning their services; staff were available to meet their needs; privacy is respected; services help them to be as independent as possible and they were aware of their rights and responsibilities.

With regard to the frequency that PBH services met their needs, results showed that, in general, this occurred most of the time or always. Ninety-one percent of those surveyed indicated that most of the time or always the service plan met their needs and 88% had participated in planning their services. The quality of service during periods of provider staff transition and their well-being when provider staff changed remained the same. In addition, a large majority of respondents reported that provider staff was available when services were needed (91%), that the services themselves were available in times of need (88%), and that when in a crisis both provider staff (88%) and the right services were available (87%) to assist them.

One area of concern is the lack of awareness of and dissatisfaction with certain aspects of various processes. One-third of consumers reported that the Medicaid denial and appeal process had not been explained to them; however there was a 5 percentage point increase from 2011. For those who had filed a Medicaid appeal, only 56 percent reported the process as satisfactory, which is a 9 percentage point decrease from 2011.

With regard to knowing how to file a complaint, only 67% indicated that they did not possess this knowledge. This is a 7 percentage point increase from 2011. Eighty-one percent of respondents stated they are comfortable when asked if they feel free to complain.

The ability to be seen when in a crisis or an emergency is another area that merits attention. Almost one-third (34%) of responding clients reported never or rarely being seen within a two-hour timeframe when they needed to schedule a mental health or substance abuse emergency appointment, which is a 10 percentage point decrease from 2011. Twenty-nine percent

indicated they were not seen with 48 hours when requesting an appointment while experiencing a mental health or substance abuse crisis. However, 82 percent of respondents were seen within 14 calendar days when requesting a routine appointment.

Two final issues to be noted, concern the opportunity to have a choice in the selection of a provider (74%) and also the ease of changing providers (46%) if so desired. Twenty-six percent of respondents said they never or rarely had a choice in selecting a provider. Respondents who reported it was never or rarely easy to change providers decreased by 21 percentage points from 2011. This truly is an area that merits attention.

Since 2008, respondents were very satisfied with the staff's ability to address the needs of their racial and ethnic background (91%). This is especially important given the increasing diversity of the population in the PBH Catchment area.

Results of the 2012 Consumer Survey will be taken to the Continuous Quality Improvement (CQI) Committee for review. Survey questions that fall below 80% satisfaction will be addressed as well as barriers that interfere with access to services. Recommendations will be made by the CQI committee for suggestions/actions to help improve consumer satisfaction.

Survey Question scoring below 80% Satisfaction:

Consumer Understanding:

Q3 Did you receive a PBH handbook in the mail within 14 days of enrollment?

PBH met its goal for this question for three consecutive years (2009 through 2011). However, 2012 showed a 78% satisfaction rate which is a 7 percentage point decrease from 2011. One possible reason for this decrease may have been the result of PBH expansion. Individuals from expansion sites may have not received their handbook and if they did they may have not understood what it was.

Q5 Has the denial & appeal (reduction, suspension termination of services) processes been explained to you?

Overall, PBH showed a 72% satisfaction rate (a 5 percentage point increase from 2011). This question was revised in 2011 to clarify it was referring to the "Medicaid appeal process". PBH provides the same amount of detailed information about the denial and appeal process to all members and providers. The individual's provider may not explain the denial and appeal process with the same amount of detail or understanding.

Q6 If you filed an appeal, was the process satisfactory?

PBH added this question in the 2009 survey in order to gain a better understanding of satisfaction with those who used the appeal process. Baseline data showed that 63% of respondents found the appeal process satisfactory. For 2010, this percentage dropped to only 50% which is a 13 percentage difference from 2009; however, the number of respondents answering this question for 2010 decreased by more than 50%. Furthermore, six hundred fifty-seven respondents selected "Does Not Apply" and 69 declined to answer the question. This may reflect that many have either never used the process or just are not aware of it. This question was also revised for 2011 to clarify that it was referring to the Medicaid appeal process and the percentage of satisfaction increased by 15 percentage points from 2010. For 2012, the percentage once again dropped by 9 percentage points to 56%. This is an area where we may want to reevaluate the goal because once an individual gets to this process, they are not happy with decisions that have been made.

Q8 Are you aware of the PBH call center toll free number? For 2008, only 62% of respondents were aware of the PBH call center number. For 2009, 71% of respondents were aware of the number, showing a big improvement of 9 percentage points. In 2010, satisfaction decreased by 4 percentage points from 2009. In 2011, satisfaction slightly increased again by 3 percentage points and dropped by 1 percentage point for 2012. This is an area where we have struggled to find avenues to educate consumers and family members about the toll free number.

Q9 Do you know how to file a complaint? PBH showed a 13 percentage point improvement from Baseline data in 2008 (51%) to 2010 (64%). In 2011, the percentage of satisfaction decreased by 4 percentage points (60%) but increased by 7 percentage points for 2012. PBH has a centralized grievance process in place where grievances are monitored daily, technical assistance is provided to both internal and external staff and quarterly trainings are held. However, PBH will need to figure out ways to educate consumers and family members about the process.

Q13 Do you know how to access services in a crisis? Accessing crisis services is vital to the health and well-being of our consumers. 2008 Baseline data showed that only 65% of respondents understood how to access care. This percentage has gradually increased by 7 percentage points since baseline. The PBH Access Call Center maintains a 24/7 toll free line staffed by clinicians to provide telephonic crisis intervention 24/7. This number is printed on most PBH publications, letterhead, handbooks, and brochures and distributed throughout the catchment area. If a person contacts the Access Call Center, at the end

of the call, staff reminds the caller that they can access the number again at any time. Network providers are also encouraged to discuss what to do in case of a MH/DD/SA crisis with all consumers they are treating.

Accessibility/Availability:

Q22. If you needed an appointment for an emergency, were you seen within 2 hours? Based on historical practices consumers in a crisis typically showed up at the local emergency rooms which would delay getting the treatment that is medically necessary. In an attempt to get consumers more timely care, PBH contracts for Mobile Crisis and Facility Based Crisis services. The purpose of Mobile Crisis is to respond within 2 hours to individuals in crisis within the community. Consumers can also receive assessments when in crisis at the Facility Based Crisis units in Cabarrus and Union Counties. 2008 results showed 69% of respondents reported either always or most of the time they were seen within 2 hours when in a crisis. This percentage increased gradually after baseline; however, in 2012 results decreased by 10 percentage points compared to 2011. Please note - this question was revised for 2011 to clarify that the appointment requested was for either a Mental Health or Substance Abuse emergency.

Q23. If you requested an appointment while in a crisis (not an emergency), were you seen within 48 hours? There was a slight change in the percentage from 2011 (73%) to 2012 (71%). Forty percent of respondents reported that they were always seen within 48 hours when they requested an appointment. Thirty-one percent reported they were seen most of the time. Please note - this question was revised for 2011 to clarify that the appointment requested was for either a Mental Health or Substance Abuse emergency.

Health Plan Services

Q11 Do you have a choice in selecting your provider? For 2012, this question was moved from the Likert scale section of the survey to the Yes/No section. Seventy-four percent of respondents reported that they had a choice in selecting their provider. The Access Call Center staff makes every effort to provide a choice to all consumers calling for services. There are limitations to the number of choices that can be offered depending on the service being requested, insurance type, provider contract status, location, and other factors. PBH assures that Access staff is providing choice in providers whenever possible.

Q12. Is it easy to change your provider? This question was also moved from the Likert Likert scale section of the survey to the Yes/No section for 2012. Only 46% of respondents stated that they found it easy to change providers. Consumers are allowed to change practitioner at anytime but the issue is more about not having their practitioners in the network. Also, consumers may be unaware of the procedure to change a provider within the same agency as well to a different agency.

Barriers To Improvement

Consumer

- Unclear whether survey is about PBH or services received by Providers
- Too many surveys administered/distributed throughout the network
- Unaware of their options to select providers
- Not enough choices offered by treating providers due to lack of knowledge of the service array within the network
- Some services do not allow choice due to only one provider contracted for a service
- The consumer handbook is very extensive and information on the Appeals Process is likely overlooked at time of enrollment.
- Denial letters are standardized forms created by DMA that are confusing and difficult to understand
- Consumers not receiving follow through for requests to Care Coordination
- Staff turnover in Care Coordination and Providers Un-timely response by providers for scheduling appointments
- Limited choice in choosing providers

Provider Network

- Limited psychiatrists within the provider network
- Some providers require consumers to get their services in one place
- Transportation is not available
- Limited availability of Special Consultative Services within the provider network
- Providers do not have a strong understanding of the appeal process in order to better assist consumers in the process.
- Providers report they do not have the capacity for the volume of consumers
- Only 1 provider is contracted for Advanced Access even though all Comprehensive Community Providers are required to see anyone who walks into their clinic in a crisis

- Consumers/Parents not responding to calls or calling back timely

Health Plan Service

- PBH has to follow the DMA guidelines for the appeals process which can be confusing for consumers and families
- Majority of PBH counties are rural
- Inconsistent with wording across advertisements, surveys, handbooks, etc.
- PBH operates a closed Network
- The process that PBH follows for an appeal is set forth in federal regulations (42CFR); and therefore, there is little that can be altered
- An adverse decision will be seen as negative most of the time and it is unlikely a consumer will be satisfied unless the decision is overturned
- Consumers new to the PBH network

Interventions

- PBH has taken steps to simplify parts of the denial and appeal letters to assist providers and consumers in being able to better understand their rights.
- PBH worked on simplifying the Medicaid Appeals brochure, Consumer Handbook and Provider Handbook so that consumers and families are better able to understand their rights and responsibilities in the process.
- PBH staff were informed whenever a change was made to the Appeals process
- The PBH Medical Director took a more active role in the Appeals process
- Ensured all printed and electronic material produced by PBH has the Call Center Access number on it.
- Ensured all new consumers received a Welcome packet (including the Call Center number) within 14 days of enrollment.

Opportunities

- Continue to refine information in the Consumer Handbook and Appeals Brochure to improve consumer understanding
- Continue to work with consumers and families when an appeal is filed to assist them through the process
- PBH staff will continue to explore ways to improve understanding of processes in order to make it as satisfactory as possible
- Access will work with the PBH Communications Department to try and improve visibility and accessibility of this number for all consumers, as well as the communities PBH serves as a whole
- Care Management Team and Network Department continue to look for service gaps
- Consider Request for Proposals for evidenced based practices to expand network capacity
- Start advertising the PBH 800 toll-free number again on magnets for consumers
- Continue advertising and disseminating flyers, brochures, press releases and newspaper ads