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|---------------------------------|---|----------------------|
| PerformCARE®                    |   | Policy and Procedure |
| <b>Name of Policy:</b>          | Member & Provider Satisfaction Surveys  |                      |
| <b>Policy Number:</b>           | QI-014  |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                      |
| <b>Primary Stakeholder:</b>     | Quality Improvement Department/Member Services Department   |                      |
| <b>Related Stakeholder(s):</b>  | All Departments   |                      |
| <b>Applies to:</b>              | Associates and Providers  |                      |
| <b>Original Effective Date:</b> | 10/01/01  |                      |
| <b>Last Revision Date:</b>      | 01/30/25  |                      |
| <b>Last Review Date:</b>        | 02/04/25  |                      |
| <b>OMHSAS Approval Date:</b>    | N/A   |                      |
| <b>Next Review Date:</b>        | 02/01/26  |                      |

**Policy:** In accordance with *Appendix L of the PSR*, PerformCare shall conduct an annual Member Satisfaction Survey.  
 In accordance with *Part II. Work Statement – Standards and Requirements of the PSR*, PerformCare shall ensure Provider Satisfaction Surveys are conducted annually.

**Purpose:** The purpose of the Member Satisfaction Survey is to determine the extent to which PerformCare adult Members and child/adolescent Members, and their parents/guardians are satisfied with PerformCare, and services authorized through PerformCare, and to identify areas which need improvement. The purpose of the Provider Satisfaction Survey is to assess Provider satisfaction with PerformCare network management.

**Definitions:** **Primary Contractor:** A county, Multi-County Entity or a BH-MCO which has a HealthChoices Agreement with the Department to manage the purchase and provision of Behavioral Health Services; also referred to as County Oversight.

**Acronyms:** **BH-MCO:** Behavioral Health Managed Care Organization  
**CQI:** Clinical/Quality Improvement  
**DHS:** Commonwealth of Pennsylvania Department of Human Services  
**QI/UM:** Quality Improvement/Utilization Management  
**PSR:** Commonwealth of Pennsylvania, Department of Human Services, HealthChoices Behavioral Health Program, Program Standards and Requirements

**Procedure:** 1. Member Satisfaction Surveys

- 1.1. An annual satisfaction survey of a representative sample of persons served by PerformCare is conducted by mail or telephonically. Members are also given the option to complete the survey via a website.
- 1.2. The survey tool used will have an adult and child version.
  - 1.2.1. The adult version will be distributed to PerformCare Members who are 14 and older.
  - 1.2.2. The child version will be distributed to the parents/guardians of child Members under the age of 14.
  - 1.2.3. For Members receiving substance use services, regardless of age, surveys will be distributed at service sites in order to comply with confidentiality regulations.
    - 1.2.3..1. The service sites will be notified that surveys will be mailed to them for distribution to the Members.
    - 1.2.3..2. PerformCare will clarify that the Provider is not permitted to mail the survey to the Members.
    - 1.2.3..3. Members will be provided instructions and an envelope to return the completed survey via mail; the Provider is not to be involved in the return of the completed surveys.

1.3. Survey Results

- 1.3.1. Survey results will be reviewed at the PerformCare CQI meeting and by the QI/UM Committees.
- 1.3.2. A final summary report, action plans and outcomes will be submitted to:
  - 1.3.2..1. Primary Contractors for review and feedback,
  - 1.3.2..2. DHS as part of the QI/UM Annual Program Evaluation.

2. Provider Satisfaction Surveys

- 2.1. Provider Satisfaction Surveys will be distributed annually to in-network Providers. The Provider Satisfaction Survey will be conducted by either the Primary Contractor or PerformCare in accordance with the HealthChoices PSR and the Program.
  - 2.1.1. The Primary Contractor may choose to conduct a Provider Satisfaction Survey or request PerformCare conduct a Provider Satisfaction Survey in lieu of or in addition to the Primary Contractor survey.

- 2.1.2. Results of the Primary Contractor survey (if applicable) will be shared with PerformCare to ensure compliance with the HealthChoices PSR and the Program.
- 2.2. Areas of the survey will include, at a minimum:
  - a) Claims processing
  - b) Provider relations
  - c) Credentialing
  - d) Authorizations
  - e) Service management
  - f) Quality management
- 2.3. Survey Results
  - 2.3.1. Survey results will be reviewed at the PerformCare CQI meeting and by the QI/UM Committees.
  - 2.3.2. A final summary report, action plans and outcomes will be submitted to:
    - 2.3.2..1.Primary Contractors for review and feedback,
    - 2.3.2..2.DHS as part of the QI/UM Annual Program Evaluation.

**Related Policies:** None

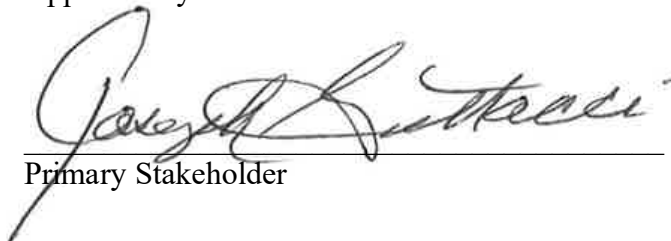
**Related Reports:** None

**Source Documents and References:** *Commonwealth of Pennsylvania, Department of Human Services, HealthChoices Behavioral Health Program, Program Standards and Requirements (PSR), and Appendix L Guidelines for Consumer/Family Satisfaction Teams and Member Satisfaction Surveys*

**Superseded Policies and/or Procedures:** None

**Attachments:** None

Approved by:

  
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Primary Stakeholder