

2023 Provider Satisfaction Survey Required Questions

Thinking about your interactions with <INSERT HEALTH CARE PLAN NAME> during the past year, please rate each of the items listed below. Please mark the response “N/A” if you did not have a relevant experience with <INSERT HEALTH CARE PLAN NAME> during the past year regarding the item listed.

Please rate your satisfaction with each of the following, using the scale provided.

1. Ease of initial provider enrollment with health plan **(If you did not enroll with this health plan in the previous year, please mark N/A).**
2. Ease of re-enrollment with health plan **(If you did not re-enroll with this health plan in the previous year, please mark N/A).**
3. Provider Complaints **(Please answer all that apply. Mark the response as “N/A” for the items that do not apply, do not leave blank.)**
 - 3a. Provider complaints related to ease in reaching someone for assistance with complaints
 - 3b. Provider complaints related to timeliness in resolving complaints
4. Claims Processing and Reimbursement **(Please answer all that apply. Mark the response as “N/A” for the items that do not apply, do not leave blank.)**
 - 4a. Claims payment/reimbursement related to accuracy
 - 4b. Claims payment/reimbursement related to timeliness
 - 4c. Claims payment/reimbursement related to resolutions of claim denials
5. Provider Communication – Information provided **(Please answer all that apply. Mark the response as “N/A” for the items that do not apply, do not leave blank.)**
 - 5a. Information provided by health plan related to telehealth
 - 5b. Information provided by health plan related to social determinants of health
 - 5c. Information provided by health plan related to shared decision-making aids
 - 5d. Information provided by health plan related to equity
 - 5e. Information provided by health plan related to disparities
 - 5f. Information provided by health plan related to culturally competent care
 - 5g. Information provided by health plan related to chronic
6. Knowledge and ability of Health plan staff **(Please answer all that apply. Mark the response as “N/A” for the items that do not apply, do not leave blank.)**
 - 6a. Ability of health plan staff related to customer service
 - 6b. Ability of health plan staff related to utilization management
 - 6c. Ability of health plan staff related to care/support coordinator
 - 6d. Ability of health plan staff related to case management
 - 6e. Ability of health plan staff related to network manager

7. Professionalism of health plan staff providing assistance **(Please answer all that apply. Mark the response as “N/A” for the items that do not apply, do not leave blank.)**
 - 7a. Professionalism of health plan staff providing assistance related to customer service
 - 7b. Professionalism of health plan staff providing assistance related to utilization management
 - 7c. Professionalism of health plan staff providing assistance related to care/support coordinator
 - 7d. Professionalism of health plan staff providing assistance related to case management
 - 7e. Professionalism of health plan staff providing assistance related to network manager
8. Informational bulletins/newsletters received from the health plan **(If you have not referenced these materials this past year, please mark “N/A”, do not leave blank.)**
9. Accuracy and timeliness of the authorization process for any Physical Health, Behavioral Health, CHOICES, and/or ECF-CHOICES service that requires authorization **(If you have not used an authorization process this past year, please mark “N/A”, do not leave blank.)**
10. Overall satisfaction with the health plan