



2012 PROVIDER SATISFACTION SURVEY

We need your help to tell us how well we are doing. Please **take a few minutes to fill out this survey about Care1st and fax it back to 323-889-6561**. If you have any questions, please call *Quality Improvement Dept* at (877) 472-4332. You can also download a *Provider Satisfaction Survey* from Care1st's website at https://www.care1st.com/media/pdf/quality-improvement/surveys/2012/PCP_Survey.pdf

| | | | |
|-----------------------|-----------------------|-------------------|-------------|
| PCP Last Name: | MD First Name: | License #: | Fax: |
|-----------------------|-----------------------|-------------------|-------------|

Please check the box that matches how you feel about the following statements

ADMINISTRATIVE SECTION

| <i>Provider Relations</i> | Yes | | | No | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. I have been supplied with: a) A Provider orientation b) Care1st website/link flyer | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | |
| | Strongly Agree ④ | Agree ③ | Disagree ② | Strongly Disagree ① | N/A ① |
| 2. I receive my eligibility lists on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My Provider Relations Representative: Name: _____ a) Is knowledgeable b) Is able to answer my questions c) Responds to my needs or concerns in a timely manner | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | 4 or more times a year | 2 - 3 times a year | 1 time a year | Less than 1 time a year | Not at all |
| 4. My Provider Relations Representative visits my office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Eligibility/Member Services</i> | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. My calls are answered courteously | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My call was answered within 30 seconds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The Member Service Representatives are able to assist me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Claims</i> | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. My claims are processed in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My claims are processed according to the contract agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My claims are processed according to Medi-Cal billing and payment guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Claims inquiries are answered promptly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Claims phone liaisons are able to answer my questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Capitation</i> | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. My capitation payments are processed in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. My capitation payments I receive from Care1st are accurate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| <i>Accounting</i> | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| 15. Care1st's Accounting Representative: a. Is knowledgeable and able to answer my Accounting related questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Responds to my Accounting needs or concerns in a timely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



MEDICAL SECTION

| | Strongly Agree ④ | Agree ③ | Disagree ② | Strongly Disagree ① | N/A ① |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Utilization Management | | | | | |
| 16. UM Representatives are helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Referrals are processed in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Denial notifications consistently provide denial reasons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The Provider appeals process is easy to follow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Strongly Agree ④ | Agree ③ | Disagree ② | Strongly Disagree ① | Unaware of Requirement ① |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Health Education | | | | | |
| 20. The information I receive from Care1st regarding the CA Department Health Care Services requirements for health education is helpful: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) IHEBA (Staying Healthy Assessment Tool) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Breastfeeding promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Referrals to WIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Prohibition on distributing samples/materials containing infant formula company logos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Required health education topics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Health education materials review (review for reading level, medical accuracy and cultural sensitivity and linguistic appropriateness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Referrals to health education services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| 21. The health education materials I receive from Care1st are helpful to my patients in managing his/her disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | | No | Unaware of Schedule | N/A |
| 22. I use the monthly schedule of hospital based classes I receive from Care1st to locate health education classes for my patients | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No | Unaware of Process | N/A |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cultural & Linguistics (C&L) | | | | |
| 23. I know how to access the following interpretation services for my patients who need language assistance: | | | | |
| a) Over the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Face to face | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) American Sign Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Telecommunication Device for Deaf (TDD)- California Relay Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. The office has a procedure in place for handling cultural and language related complaints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. The office has the following in place: | | | | |
| a) After-hours answering services have staff members who speak languages other than English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) After-hours answering services have the ability to connect to an interpreter over the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) On-call Physicians/Nurses know how to connect to an interpreter over the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) If you have an answering machine, does it include instructions to let Members know how to get an interpreter after hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| Cultural & Linguistics (C&L) Cont'd. | Yes | | No | Unaware of Process | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------|---------------------------|--------------------------|
| 26. I am able to receive the C&L resources below from Care1st Health Plan when I need them: | | | | | |
| a) "Free interpreter services available" sign to post in my office | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Protocol on How to Access Interpreting services | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Request or Refusal of Interpreter Services Form | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Information about Federal and State C&L Requirements | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Information about Culturally and Linguistically appropriate services for me and my staff | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Referrals to culturally appropriate services conducted by Community Based Organizations. Some examples are services for domestic violence, homeless shelters, drug and alcohol abuse | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Quality Improvement | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 27. Care1st's Member Grievance process is effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Care1st Provider Grievance process is effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Care1st keeps me informed on QI activities that affect my office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | | No | | Not Sure |
| 30. I have been informed about the Care1st Cares Disease Management Programs | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| 31. I have patients that have been enrolled in Care1st Cares Disease Management Programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. The Care1st Asthma Disease Management Program had been helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. The Care1st Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) Disease Management Programs have been helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | | No | | Not Sure |
| 34. I have been visited or contacted by the Quality Outreach Department to educate my office on how to access and use the web portal | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 35. My office submitted encounter data through the web portal for incentive payments during 2012 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| 36. The Care1st preventive service gap reminders on the web portal have been helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | | No | | Unaware of Process |
| 37. I have contacted the Care1st Quality improvement toll free information and resource line | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| 38. My Quality Outreach Representative: | | | | | |
| a) Is knowledgeable about quality projects and incentive programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is able to answer my questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Responds to my needs or concerns in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | | No | | N/A |
| 39. In 2012, I was Credentialed by: | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Care1st Health Plan <input type="checkbox"/> IPA Specify: _____ | | | | | |
| 40. In 2012, I was Re-Credentialed by: | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> Care1st Health Plan <input type="checkbox"/> IPA Specify: _____ | | | | | |



| Credentialing (check applicable boxes below) Cont'd. | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 41. I received requested assistance in completing my application from: <input type="checkbox"/> Care1st Health Plan <input type="checkbox"/> IPA | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 42. I received appropriate notice on need to re-credential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. The Credentialing process occurred in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Credentialing Personnel were courteous and knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Facility Site Review (check applicable boxes below) | Yes | | No | | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------|--|--------------------------|
| 45. You received your pre-review packet at least 3 weeks prior to your scheduled audit | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 46. The current Facility Site Review Process provides minimal interruption to your office | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 47. I received my Facility Site and/or Medical Record Review scores promptly after the survey | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 48. I was offered assistance in completing my Corrective Action Plan by: <input type="checkbox"/> Care1st <input type="checkbox"/> L.A. Care <input type="checkbox"/> Other Health Plan | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |

| Pharmacy | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 49. The Care1st Formulary meets my patients' needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. The Care1st Pharmacy Staff are able to assist me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. The online searchable formulary is easy to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Prior Authorization drug requests are processed in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. The Drug Denial process is consistent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. I find the Care1st Pharmacy Utilization Report helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide additional comments or suggestions:

Please provide any IPA Specific issues if any:

IPA Name(s):

Your Signature: _____

License#: _____

Date: _____

***Thank you for taking the time to help us.
We value your feedback!***