



## 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 your contracted IPA and fax it back to **323-889-6563**. If you have any questions, please contact Quality Improvement Dept at (877) 472-4332. You can also download a Provider Satisfaction Survey at Care1st's website [https://www.care1st.com/media/pdf/quality-improvement/surveys/2012/Specialists\\_Survey.pdf](https://www.care1st.com/media/pdf/quality-improvement/surveys/2012/Specialists_Survey.pdf)

<b>Specialist Last Name:</b>	<b>MD First Name:</b>	<b>License #:</b>	<b>Fax:</b>
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Please check the box that matches how you feel about the following statements

### ADMINISTRATIVE SECTION

<b>Provider Relations</b>	Yes			No	
1. I have been supplied with:					
a) A Provider orientation	<input type="checkbox"/>			<input type="checkbox"/>	
b) Care1st website/link flyer	<input type="checkbox"/>			<input type="checkbox"/>	
	<b>Strongly Agree</b> ④	<b>Agree</b> ③	<b>Disagree</b> ②	<b>Strongly Disagree</b> ①	<b>N/A</b> ①
2. My Provider Relations Representative:					
a) Is knowledgeable	<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"/>

<b>Eligibility/Member Services</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
3. My calls are answered by the IPA courteously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My call was answered within 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Care1st Member Service Representatives are able to assist me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Claims</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
6. My claims submitted to Care1st are processed in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My claims submitted to IPAs are processed in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My claims submitted to Care1st are processed accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Claims inquiries with Care1st are answered promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Care1st claims phone liaisons are able to answer my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Accounting</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
11. 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

<b>Utilization Management</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
	④	③	②	①	①
12. UM Representatives are helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Referral are processed in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Denial notifications consistently provide denial reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The Provider appeals process is easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Health Education</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
16. The health education materials I receive from Care1st are helpful in managing his/her disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Cultural &amp; Linguistics (C&amp;L)</b>	<b>Yes</b>		<b>No</b>	<b>Unaware of Process</b>	<b>N/A</b>
17. I know how to access the following interpreting 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 (TTY/TDD) - California Relay Service	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The office has a procedure in place in place for handling cultural and language related complaints	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The office has the following in place:					
a) After-hours answering services have staff who speak languages other than English	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) After-hours answering services staff know how 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, it includes instructions to let Members know how to get an interpreter after hours	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>		<b>No</b>	<b>Unaware of Process</b>	<b>N/A</b>
20. I am able to receive the following from Care1st Health Plan when I need them:					
a) "Free Interpreting 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 Interpreting 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 & 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"/>

<b>Quality Improvement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
21. The Member Grievance process is effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The Provider Grievance process is effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am kept informed by QI activities that affect my office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Credentialing (check applicable boxes below)</b>	<b>Yes</b>			<b>No</b>	<b>N/A</b>
24. 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: _____					
25. 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: _____					
26. I received requested assistance in completing my application from:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Care1st Health Plan <input type="checkbox"/> IPA					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
27. I received appropriate notice on need to re-credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The Credentialing process occurred in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Credentialing Personnel were courteous and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

