

Topic	#	Number	Question	Scale	Average Rating (1-5)	Positive Rating
Provider Enrollment	1	1	Please rate your satisfaction with the provider enrollment contracting process.	1-5	3.5	
Provider Resources	2		Please rate the quality and effectiveness of the following materials:			
Provider Resources	2.1	2	- Provider manual	1-5	3.5	
Provider Resources	2.2	3	- Provider newsletters	1-5	3.5	
Provider Resources	2.3	4	- General provider communications	1-5	3.5	
Provider Resources	2.4	5	- Provider directory	1-5	3.5	
Provider Resources	3	6	Are you aware that we offer language assistance service to you when caring for our members?	Yes/No		Yes
Provider Resources	4	7	Please rate call center claims staff on knowledge, accuracy, and timeliness in resolving claims payment issues.	1-5	3.5	
Provider Resources	5	8	Please rate the overall experience with our provider portal.	1-5	3.5	
Provider Education	6	9	How satisfied are you with our educational trainings?	1-5	3.5	
Provider Education	7	10	How satisfied are you with the education provided on HEDIS data collection and reporting?	1-5	3	
Claims Processing/Claims Reimbursement	8		Please rate your experience with our performance in the following areas:			
Claims Processing/Claims Reimbursement	8.1	11	Accuracy of claims processing	1-5	3.5	
Claims Processing/Claims Reimbursement	8.2	12	Resolution of claims payment problems or disputes	1-5	3	
Claims Processing/Claims Reimbursement	8.3	13	Overall complaint and appeals process	1-5	3	
Network	9		Please rate:			
Network	9.1	14	Availability of medical specialists to accommodate your referral within a reasonable number of days.	1-5	3.5	
Network	9.2	15	Availability of behavioral health specialists' referral to accommodate your referral within a reasonable number of days.	1-5	3.5	
Network	9.3	16	Ability to address the needs of members with special health care needs.	1-5	n/a	
Network	9.4	17	Ability to coordinate alcohol and/or substance use services, inclusive of residential or inpatient, when needed.	1-5	n/a	
Network	9.5	18	Ability to coordinate mental health use services, inclusive of residential or inpatient, when needed.	1-5	3.5	
Network	10		Please rate your experience with coordination of behavioral health care services in the following areas:			
Network	10.1	19	Timeless	1-5	3	
Network	10.2	20	Accuracy	1-5	3	
Network	10.3	21	Clarity	1-5	3	
Network	10.4	22	Sufficiency of information to coordinate care	1-5	3.5	
Utilization Management	11	23	Please rate your experience with the process of obtaining pre-certification/referral/authorization information.	1-5	3	
Utilization Management	12	24	Please rate your overall UM experience including peer to peer, UM staff sharing review of criteria and access to case/care managers.	1-5	3	
Customer Service/Provider Relations	13	25	Do you know your Provider Relations representative assigned to your organization?	Yes/No		Yes
Customer Service/Provider Relations	14	26	Please rate your overall experience (knowledge, timeliness, access) with your Provider Relations representative.	1-5	3	
Customer Service/Provider Relations	15	27	Please rate your experience with the timeliness to answer questions and/or resolve problems.	1-5	3	
Customer Service/Provider Relations	16	28	Please rate your overall satisfaction of our call center.	1-5	3	
Overall Satisfaction	17	29	Please rate your overall satisfaction with [MCO].	1-5	3.5	
Overall Satisfaction	18	30	Would you recommend [MCO] to other practitioners?	Yes/No		Yes