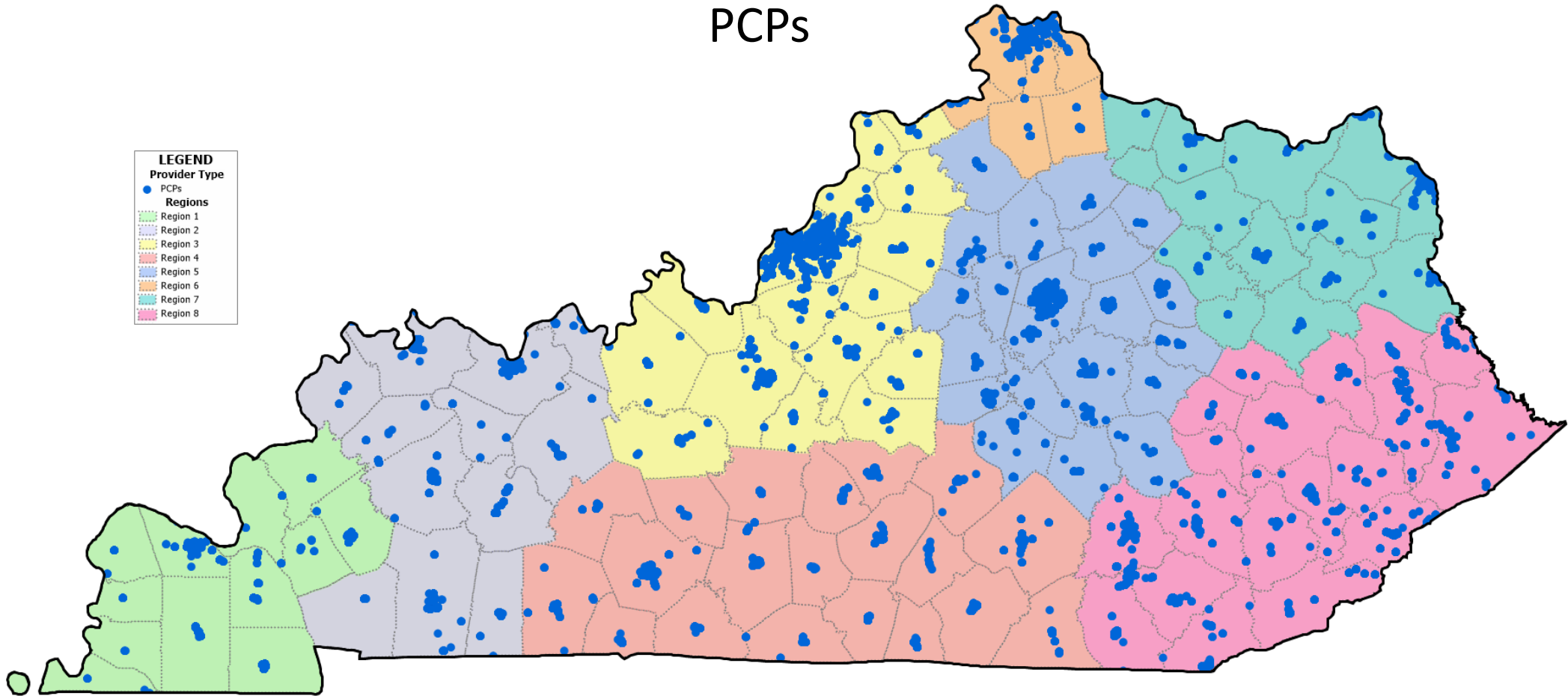
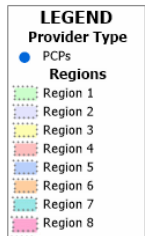


# Sample GEO ACCESS Map and Customizable Network Adequacy Report

# PCPs



# Accessibility Summary - Primary Care

October 9, 2019

Access Analysis  
 Primary Care  
 Member Group  
 KY Medicaid Members  
 Provider Group  
 KY Medicaid Providers - Primary Care

Areas With Access  
 Top 17 Counties in the market, sorted by the number of members with access

Areas Without Access  
 Bottom 17 Counties in the market, sorted by the number of members without access

<sup>1</sup> The Access Standard is defined as (KY Medicaid Members) members accessing in:

- Large Metro areas...
  - 1 (KY Medicaid Providers - Primary Care) provider in 30 miles
- Metro areas...
  - 1 (KY Medicaid Providers - Primary Care) provider in 30 miles
- Micro areas...
  - 1 (KY Medicaid Providers - Primary Care) provider in 45 miles
- Rural areas...
  - 1 (KY Medicaid Providers - Primary Care) provider in 45 miles
- CEAC areas...
  - 1 (KY Medicaid Providers - Primary Care) provider in 45 miles

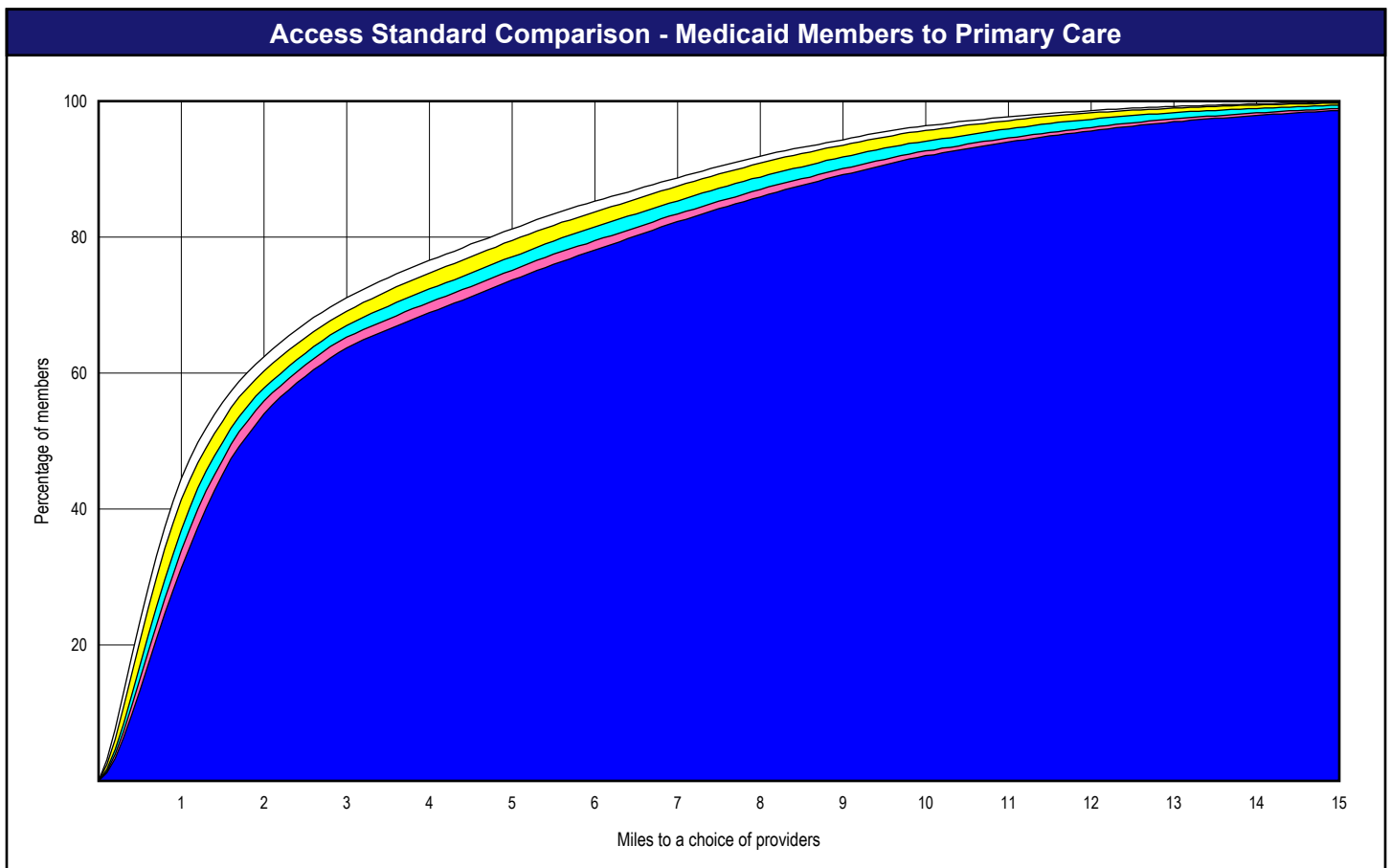
<sup>2</sup> Provider counts represent:  
 #: Provider access points

All Members			
<b>Member Group</b>	144,875 members 144,875 (100.0%) members with access 0 (0.0%) members without access	<b>Provider Group</b>	4,982 unique providers at 2,408 unique locations

Key Geographic Areas											
	County Class	County	Member	With Access <sup>1</sup>	Without Access <sup>1</sup>	Counts <sup>2</sup>	Average Distance				
			#	%	%	#	1	2	3	4	5
<b>With Access</b>	Large Metro	Jefferson, KY	23,809	100.0	0.0	2,034	1.0	1.0	1.1	1.1	1.2
	Metro	Fayette, KY	11,569	100.0	0.0	754	0.8	0.9	1.0	1.0	1.1
		Kenton, KY	4,527	100.0	0.0	314	0.9	0.9	1.0	1.1	1.1
		Warren, KY	4,230	100.0	0.0	180	2.1	2.3	2.4	3.0	3.0
		Madison, KY	3,048	100.0	0.0	142	1.9	2.0	2.3	2.4	2.5
	Micro	Pulaski, KY	2,729	100.0	0.0	52	4.4	4.8	5.4	5.5	5.6
	Metro	Boone, KY	2,619	100.0	0.0	179	1.4	1.4	1.5	1.5	1.6
		Daviess, KY	2,609	100.0	0.0	167	1.9	2.3	2.5	2.7	2.8
		Hardin, KY	2,509	100.0	0.0	103	2.4	2.9	3.2	3.3	3.5
		McCracken, KY	2,499	100.0	0.0	102	2.0	2.0	2.1	2.2	2.5
		Jessamine, KY	2,498	100.0	0.0	51	1.4	1.5	2.0	2.2	2.2
	Micro	Christian, KY	2,268	100.0	0.0	53	2.7	2.9	3.1	3.2	3.2
	Metro	Laurel, KY	2,176	100.0	0.0	67	2.8	3.2	3.5	3.8	3.9
		Franklin, KY	2,110	100.0	0.0	64	1.7	2.0	2.1	2.3	2.5
	Micro	Pike, KY	2,088	100.0	0.0	111	4.0	4.3	5.9	6.3	6.6
		Whitley, KY	1,913	100.0	0.0	86	3.7	3.8	3.8	4.1	4.2
	Metro	Campbell, KY	1,866	100.0	0.0	117	1.2	1.3	1.4	1.4	1.4
<b>Without Access</b>	No data that meets the criteria										

# Access Standard Comparison - Primary Care

Average Distance to Primary Care	
	Average
Distance to 1st closest provider	2.6 miles
Distance to 2nd closest provider	2.8 miles
Distance to 3rd closest provider	3.1 miles
Distance to 4th closest provider	3.4 miles
Distance to 5th closest provider	3.5 miles



© 2019 Quest Analytics, LLC.

October 9, 2019

Access Analysis  
Primary Care

Member / Provider Groups

KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 200000202

Comparison Graph

Percent of members with access to a choice of providers over miles

- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

<sup>1</sup> The Access Standard is defined as (KY Medicaid Members) members accessing in:

Large Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Micro areas...

# Access Standard Detail By County - Primary Care

Medicaid Members						
County	Member	Average Distance	% of Members within x Miles of 1 Providers			
	#		15	30	45	
Adair, KY	903	4.7	100.0	100.0	100.0	
Allen, KY	744	5.2	100.0	100.0	100.0	
Anderson, KY	758	3.3	97.9	100.0	100.0	
Ballard, KY	247	6.9	100.0	100.0	100.0	
Barren, KY	1,581	4.0	100.0	100.0	100.0	
Bath, KY	448	4.9	100.0	100.0	100.0	
Bell, KY	1,188	2.3	100.0	100.0	100.0	
Boone, KY	2,619	1.4	100.0	100.0	100.0	
Bourbon, KY	724	3.5	100.0	100.0	100.0	
Boyd, KY	1,676	1.5	100.0	100.0	100.0	
Boyle, KY	932	2.7	99.7	100.0	100.0	
Bracken, KY	230	6.4	98.3	100.0	100.0	
Breathitt, KY	573	5.0	100.0	100.0	100.0	
Breckinridge, KY	500	5.9	99.6	100.0	100.0	
Bullitt, KY	1,729	2.1	100.0	100.0	100.0	
Butler, KY	429	6.4	100.0	100.0	100.0	
Caldwell, KY	387	2.6	100.0	100.0	100.0	
Calloway, KY	838	4.8	96.5	100.0	100.0	
Campbell, KY	1,866	1.2	100.0	100.0	100.0	
Carlisle, KY	123	6.6	100.0	100.0	100.0	
Carroll, KY	529	2.6	100.0	100.0	100.0	
Carter, KY	919	3.7	100.0	100.0	100.0	
Casey, KY	876	5.4	100.0	100.0	100.0	
Christian, KY	2,268	2.7	98.9	100.0	100.0	
Clark, KY	1,406	1.7	100.0	100.0	100.0	
Clay, KY	791	2.5	100.0	100.0	100.0	
Clinton, KY	538	3.5	100.0	100.0	100.0	
Crittenden, KY	277	3.6	100.0	100.0	100.0	
Cumberland, KY	280	5.8	100.0	100.0	100.0	
Daviess, KY	2,609	1.9	100.0	100.0	100.0	
Edmonson, KY	390	12.6	82.8	100.0	100.0	
Elliott, KY	275	4.0	100.0	100.0	100.0	
Estill, KY	664	3.3	100.0	100.0	100.0	
Fayette, KY	11,569	0.8	100.0	100.0	100.0	
Fleming, KY	552	5.4	100.0	100.0	100.0	
Floyd, KY	1,469	2.4	100.0	100.0	100.0	
Franklin, KY	2,110	1.7	100.0	100.0	100.0	
Fulton, KY	252	1.5	100.0	100.0	100.0	
Gallatin, KY	252	4.8	100.0	100.0	100.0	
Garrard, KY	667	3.0	100.0	100.0	100.0	
Grant, KY	916	3.8	100.0	100.0	100.0	
Graves, KY	1,045	5.3	99.9	100.0	100.0	
Grayson, KY	755	4.5	100.0	100.0	100.0	
Green, KY	370	4.9	100.0	100.0	100.0	
Greenup, KY	1,108	2.8	98.6	100.0	100.0	
Hancock, KY	259	5.9	100.0	100.0	100.0	
Hardin, KY	2,509	2.4	100.0	100.0	100.0	
Harlan, KY	1,598	3.4	100.0	100.0	100.0	
Harrison, KY	407	4.6	99.0	100.0	100.0	

© 2019 Quest Analytics, LLC.

Continued on next page...

October 9, 2019

Access Analysis  
Primary Care

Member / Provider Groups  
KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 200000202

# Access Standard Detail By County - Primary Care

Medicaid Members					
County	Member	Average Distance	% of Members within x Miles of 1 Providers		
	#		15	30	45
Hart, KY	732	5.9	99.9	100.0	100.0
Henderson, KY	1,297	2.3	100.0	100.0	100.0
Henry, KY	671	3.7	100.0	100.0	100.0
Hickman, KY	121	4.7	100.0	100.0	100.0
Hopkins, KY	1,704	3.0	100.0	100.0	100.0
Jackson, KY	489	4.9	100.0	100.0	100.0
Jefferson, KY	23,809	1.0	100.0	100.0	100.0
Jessamine, KY	2,498	1.4	100.0	100.0	100.0
Johnson, KY	911	3.9	99.9	100.0	100.0
Kenton, KY	4,527	0.9	100.0	100.0	100.0
Knott, KY	520	4.0	100.0	100.0	100.0
Knox, KY	1,599	3.2	100.0	100.0	100.0
Larue, KY	258	3.5	100.0	100.0	100.0
Laurel, KY	2,176	2.8	100.0	100.0	100.0
Lawrence, KY	757	4.8	100.0	100.0	100.0
Lee, KY	395	3.6	100.0	100.0	100.0
Leslie, KY	411	4.2	100.0	100.0	100.0
Letcher, KY	651	2.5	100.0	100.0	100.0
Lewis, KY	516	5.4	100.0	100.0	100.0
Lincoln, KY	1,015	4.7	100.0	100.0	100.0
Livingston, KY	319	4.3	99.1	100.0	100.0
Logan, KY	905	3.6	100.0	100.0	100.0
Lyon, KY	160	3.7	100.0	100.0	100.0
Madison, KY	3,048	1.9	100.0	100.0	100.0
Magoffin, KY	592	4.7	100.0	100.0	100.0
Marion, KY	257	4.2	98.4	100.0	100.0
Marshall, KY	984	4.7	98.1	100.0	100.0
Martin, KY	613	2.4	100.0	100.0	100.0
Mason, KY	693	3.9	100.0	100.0	100.0
McCracken, KY	2,499	2.0	100.0	100.0	100.0
McCreary, KY	1,000	4.0	100.0	100.0	100.0
McLean, KY	251	2.6	100.0	100.0	100.0
Meade, KY	571	5.7	98.9	100.0	100.0
Menifee, KY	253	6.3	100.0	100.0	100.0
Mercer, KY	805	3.1	100.0	100.0	100.0
Metcalfe, KY	371	6.8	100.0	100.0	100.0
Monroe, KY	378	5.6	100.0	100.0	100.0
Montgomery, KY	966	3.4	100.0	100.0	100.0
Montgomery, TN	1	2.1	100.0	100.0	100.0
Morgan, KY	467	6.7	100.0	100.0	100.0
Muhlenberg, KY	1,395	4.4	100.0	100.0	100.0
Nelson, KY	569	4.5	99.8	100.0	100.0
Nicholas, KY	273	3.3	100.0	100.0	100.0
Ohio, KY	739	5.1	100.0	100.0	100.0
Oldham, KY	842	2.2	100.0	100.0	100.0
Owen, KY	417	6.5	99.8	100.0	100.0
Owsley, KY	155	2.1	100.0	100.0	100.0
Pendleton, KY	429	3.6	100.0	100.0	100.0
Perry, KY	1,096	2.7	100.0	100.0	100.0
Pike, KY	2,088	4.0	100.0	100.0	100.0

© 2019 Quest Analytics, LLC.

Continued on next page...

October 9, 2019

Access Analysis  
Primary Care

Member / Provider Groups  
KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 200000202

## Access Standard Detail By County - Primary Care

Medicaid Members					
County	Member	Average Distance	% of Members within x Miles of 1 Providers		
	#		15	30	45
Powell, KY	619	2.6	100.0	100.0	100.0
Pulaski, KY	2,729	4.4	99.8	100.0	100.0
Robertson, KY	51	12.0	94.1	100.0	100.0
Rockcastle, KY	741	3.6	100.0	100.0	100.0
Rowan, KY	814	3.5	100.0	100.0	100.0
Russell, KY	728	2.7	100.0	100.0	100.0
Scott, KY	1,252	3.3	99.4	100.0	100.0
Shelby, KY	1,276	3.0	100.0	100.0	100.0
Simpson, KY	751	3.3	100.0	100.0	100.0
Spencer, KY	347	5.1	100.0	100.0	100.0
Taylor, KY	955	2.5	100.0	100.0	100.0
Todd, KY	415	4.5	99.0	100.0	100.0
Trigg, KY	360	5.5	96.9	100.0	100.0
Trimble, KY	352	2.9	100.0	100.0	100.0
Union, KY	290	5.8	100.0	100.0	100.0
Warren, KY	4,230	2.1	100.0	100.0	100.0
Washington, KY	297	7.9	93.6	100.0	100.0
Wayne, KY	780	4.0	99.4	100.0	100.0
Webster, KY	470	2.8	100.0	100.0	100.0
Whitley, KY	1,913	3.7	100.0	100.0	100.0
Wolfe, KY	334	5.0	100.0	100.0	100.0
Woodford, KY	822	1.8	100.0	100.0	100.0

© 2019 Quest Analytics, LLC.  
 October 9, 2019

Access Analysis  
 Primary Care  
 Member / Provider Groups  
 KY Medicaid Members  
 KY Medicaid Providers - Primary Care - 95%  
 MCO RFP #758 2000000202

# County Detail Information - Primary Care

Medicaid Members				
County	Member	With Access <sup>1</sup>	Without Access <sup>1</sup>	Avg Dist to Provider
	#	%	%	
Adair, KY	903	100.0	0.0	4.7
Allen, KY	744	100.0	0.0	5.2
Anderson, KY	758	100.0	0.0	3.3
Ballard, KY	247	100.0	0.0	6.9
Barren, KY	1,581	100.0	0.0	4.0
Bath, KY	448	100.0	0.0	4.9
Bell, KY	1,188	100.0	0.0	2.3
Boone, KY	2,619	100.0	0.0	1.4
Bourbon, KY	724	100.0	0.0	3.5
Boyd, KY	1,676	100.0	0.0	1.5
Boyle, KY	932	100.0	0.0	2.7
Bracken, KY	230	100.0	0.0	6.4
Breathitt, KY	573	100.0	0.0	5.0
Breckinridge, KY	500	100.0	0.0	5.9
Bullitt, KY	1,729	100.0	0.0	2.1
Butler, KY	429	100.0	0.0	6.4
Caldwell, KY	387	100.0	0.0	2.6
Calloway, KY	838	100.0	0.0	4.8
Campbell, KY	1,866	100.0	0.0	1.2
Carlisle, KY	123	100.0	0.0	6.6
Carroll, KY	529	100.0	0.0	2.6
Carter, KY	919	100.0	0.0	3.7
Casey, KY	876	100.0	0.0	5.4
Christian, KY	2,268	100.0	0.0	2.7
Clark, KY	1,406	100.0	0.0	1.7
Clay, KY	791	100.0	0.0	2.5
Clinton, KY	538	100.0	0.0	3.5
Crittenden, KY	277	100.0	0.0	3.6
Cumberland, KY	280	100.0	0.0	5.8
Daviess, KY	2,609	100.0	0.0	1.9
Edmonson, KY	390	100.0	0.0	12.6
Elliott, KY	275	100.0	0.0	4.0
Estill, KY	664	100.0	0.0	3.3
Fayette, KY	11,569	100.0	0.0	0.8
Fleming, KY	552	100.0	0.0	5.4
Floyd, KY	1,469	100.0	0.0	2.4
Franklin, KY	2,110	100.0	0.0	1.7
Fulton, KY	252	100.0	0.0	1.5
Gallatin, KY	252	100.0	0.0	4.8
Garrard, KY	667	100.0	0.0	3.0
Grant, KY	916	100.0	0.0	3.8
Graves, KY	1,045	100.0	0.0	5.3
Grayson, KY	755	100.0	0.0	4.5
Green, KY	370	100.0	0.0	4.9
Greenup, KY	1,108	100.0	0.0	2.8
Hancock, KY	259	100.0	0.0	5.9
Hardin, KY	2,509	100.0	0.0	2.4
Harlan, KY	1,598	100.0	0.0	3.4
Harrison, KY	407	100.0	0.0	4.6

© 2019 Quest Analytics, LLC.

Continued on next page...

October 9, 2019

Access Analysis

Primary Care

Member / Provider Groups

KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 200000202

Primary Care

<sup>1</sup> The Access Standard is defined as (KY Medicaid Members) members accessing in:

Large Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Micro areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

Rural areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

CEAC areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles



### County Detail Information - Primary Care

Medicaid Members				
County	Member	With Access <sup>1</sup>	Without Access <sup>1</sup>	Avg Dist to Provider
	#	%	%	
Hart, KY	732	100.0	0.0	5.9
Henderson, KY	1,297	100.0	0.0	2.3
Henry, KY	671	100.0	0.0	3.7
Hickman, KY	121	100.0	0.0	4.7
Hopkins, KY	1,704	100.0	0.0	3.0
Jackson, KY	489	100.0	0.0	4.9
Jefferson, KY	23,809	100.0	0.0	1.0
Jessamine, KY	2,498	100.0	0.0	1.4
Johnson, KY	911	100.0	0.0	3.9
Kenton, KY	4,527	100.0	0.0	0.9
Knott, KY	520	100.0	0.0	4.0
Knox, KY	1,599	100.0	0.0	3.2
Larue, KY	258	100.0	0.0	3.5
Laurel, KY	2,176	100.0	0.0	2.8
Lawrence, KY	757	100.0	0.0	4.8
Lee, KY	395	100.0	0.0	3.6
Leslie, KY	411	100.0	0.0	4.2
Letcher, KY	651	100.0	0.0	2.5
Lewis, KY	516	100.0	0.0	5.4
Lincoln, KY	1,015	100.0	0.0	4.7
Livingston, KY	319	100.0	0.0	4.3
Logan, KY	905	100.0	0.0	3.6
Lyon, KY	160	100.0	0.0	3.7
Madison, KY	3,048	100.0	0.0	1.9
Magoffin, KY	592	100.0	0.0	4.7
Marion, KY	257	100.0	0.0	4.2
Marshall, KY	984	100.0	0.0	4.7
Martin, KY	613	100.0	0.0	2.4
Mason, KY	693	100.0	0.0	3.9
McCracken, KY	2,499	100.0	0.0	2.0
McCreary, KY	1,000	100.0	0.0	4.0
McLean, KY	251	100.0	0.0	2.6
Meade, KY	571	100.0	0.0	5.7
Menifee, KY	253	100.0	0.0	6.3
Mercer, KY	805	100.0	0.0	3.1
Metcalfe, KY	371	100.0	0.0	6.8
Monroe, KY	378	100.0	0.0	5.6
Montgomery, KY	966	100.0	0.0	3.4
Montgomery, TN	1	100.0	0.0	2.1
Morgan, KY	467	100.0	0.0	6.7
Muhlenberg, KY	1,395	100.0	0.0	4.4
Nelson, KY	569	100.0	0.0	4.5
Nicholas, KY	273	100.0	0.0	3.3
Ohio, KY	739	100.0	0.0	5.1
Oldham, KY	842	100.0	0.0	2.2
Owen, KY	417	100.0	0.0	6.5
Owsley, KY	155	100.0	0.0	2.1
Pendleton, KY	429	100.0	0.0	3.6
Perry, KY	1,096	100.0	0.0	2.7
Pike, KY	2,088	100.0	0.0	4.0

© 2019 Quest Analytics, LLC.

Continued on next page...

October 9, 2019

Access Analysis

Primary Care

Member / Provider Groups

KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 200000202

Primary Care

<sup>1</sup> The Access Standard is defined as (KY Medicaid Members) members accessing in:

Large Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Micro areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

Rural areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

CEAC areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

# County Detail Information - Primary Care

Medicaid Members				
County	Member	With Access <sup>1</sup>	Without Access <sup>1</sup>	Avg Dist to Provider
	#	%	%	
Powell, KY	619	100.0	0.0	2.6
Pulaski, KY	2,729	100.0	0.0	4.4
Robertson, KY	51	100.0	0.0	12.0
Rockcastle, KY	741	100.0	0.0	3.6
Rowan, KY	814	100.0	0.0	3.5
Russell, KY	728	100.0	0.0	2.7
Scott, KY	1,252	100.0	0.0	3.3
Shelby, KY	1,276	100.0	0.0	3.0
Simpson, KY	751	100.0	0.0	3.3
Spencer, KY	347	100.0	0.0	5.1
Taylor, KY	955	100.0	0.0	2.5
Todd, KY	415	100.0	0.0	4.5
Trigg, KY	360	100.0	0.0	5.5
Trimble, KY	352	100.0	0.0	2.9
Union, KY	290	100.0	0.0	5.8
Warren, KY	4,230	100.0	0.0	2.1
Washington, KY	297	100.0	0.0	7.9
Wayne, KY	780	100.0	0.0	4.0
Webster, KY	470	100.0	0.0	2.8
Whitley, KY	1,913	100.0	0.0	3.7
Wolfe, KY	334	100.0	0.0	5.0
Woodford, KY	822	100.0	0.0	1.8
Grand Totals	22,597	100.0	0.0	4.8
	52,385	100.0	0.0	3.4
	46,084	100.0	0.0	1.6
	23,809	100.0	0.0	1.0

© 2019 Quest Analytics, LLC.

October 9, 2019

Access Analysis

Primary Care

Member / Provider Groups

KY Medicaid Members

KY Medicaid Providers - Primary Care - 95%

MCO RFP #758 2000000202

Primary Care

<sup>1</sup> The Access Standard is defined as (KY Medicaid Members) members accessing in:

Large Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Metro areas...

1 (KY Medicaid Providers - Primary Care) provider in 30 miles

Micro areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

Rural areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

CEAC areas...

1 (KY Medicaid Providers - Primary Care) provider in 45 miles

# Sample of Past Humana CAHPS Questionnaire and Analysis



## SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, Go to Question 1**  
 No

**Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.**

**You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

**If you want to know more about this study, please call 1-888-797-3605, ext. 4190.**

1. Our records show that you are now in Humana – CareSource. Is that right?

Yes → **If Yes, Go to Question 3**  
 No

2. What is the name of your health plan?  
*(Please print)*

---

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

*These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.*

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Yes  
 No → **If No, Go to Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

Yes  
 No → **If No, Go to Question 7**

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → *If None, Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Yes  
 No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- Yes  
 No → *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- Yes  
 No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- Yes  
 No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes  
 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0 Worst health care possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never  
 Sometimes  
 Usually  
 Always

## YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

Do you have a personal doctor?

- Yes  
 No → *If No, Go to Question 24*

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *If None, Go to Question 23*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never  
 Sometimes  
 Usually  
 Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes  
 No → *If No, Go to Question 23*

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never  
 Sometimes  
 Usually  
 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best personal doctor possible

## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- Yes  
 No → *If No, Go to Question 28*

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never  
 Sometimes  
 Usually  
 Always

**26. How many specialists have you seen in the last 6 months?**

- None → *If None, Go to Question 28*  
 1 specialist  
 2  
 3  
 4  
 5 or more specialists

**27. We want to know your rating of the specialist you saw most often in the last 6 months.**

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best specialist possible

## YOUR HEALTH PLAN

*The next questions ask about your experience with your health plan.*

**28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?**

- Yes  
 No → *If No, Go to Question 30*

**29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?**

- Never  
 Sometimes  
 Usually  
 Always

**30. In the last 6 months, did you get information or help from your health plan's customer service?**

- Yes  
 No → *If No, Go to Question 33*

**31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?**

- Never  
 Sometimes  
 Usually  
 Always

**33. In the last 6 months, did your health plan give you any forms to fill out?**

- Yes  
 No → *If No, Go to Question 35*

**34. In the last 6 months, how often were the forms from your health plan easy to fill out?**

- Never  
 Sometimes  
 Usually  
 Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

## ABOUT YOU

36. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2017?

- Yes
- No
- Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → ***If Not at all, Go to Question 43***
- Don't know → ***If Don't know, Go to Question 43***

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? ***Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.***

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? ***Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.***

- Never
- Sometimes
- Usually
- Always



43. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes  
 No → *If No, Go to Question 45*

44. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- Yes  
 No

45. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- Yes  
 No → *If No, Go to Question 47*

46. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- Yes  
 No

47. What is your age?

- 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 74  
 75 or older

48. Are you male or female?

- Male  
 Female

49. What is the highest grade or level of school that you have completed?

- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino  
 No, Not Hispanic or Latino

51. What is your race? *Mark one or more*

- White  
 Black or African-American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native  
 Other

52. Did someone help you complete this survey?

- Yes → *If Yes, Go to Question 53*  
 No → *Thank you.*  
*Please return the completed survey in the postage-paid envelope.*

53. How did that person help you?  
*Mark one or more*

- Read the questions to me  
 Wrote down the answers I gave  
 Answered the questions for me  
 Translated the questions into my language  
 Helped in some other way

---

Thank You

Please return the completed survey  
in the postage-paid envelope or send to:  
DSS Research • P.O. Box 985009  
Ft. Worth, TX 76185-5009

If you have any questions,  
please call 1-888-797-3605, ext. 4190.



## SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, Go to Question 1**  
 No

**Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.**

**You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

**If you want to know more about this study, please call 1-888-797-3605, ext. 4190.**

**Please answer the questions for the child listed on the letter. Please do not answer for any other children.**

1. Our records show that your child is now in Humana – CareSource. Is that right?

Yes → **If Yes, Go to Question 3**  
 No

2. What is the name of your child's health plan? *(Please print)*

---

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

*These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.*

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

Yes  
 No → **If No, Go to Question 5**

4. In the last 6 months, when your child **needed care right away**, how often did your child get care as soon as he or she needed?

Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** for your child at a doctor's office or clinic?

Yes  
 No → **If No, Go to Question 7**

6. In the last 6 months, when you made an appointment for a **check-up or routine care** for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- None → *If None, Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- Yes  
 No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- Yes  
 No → *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- Yes  
 No

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes  
 No

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes  
 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 0 Worst health care possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never  
 Sometimes  
 Usually  
 Always

### YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes  
 No → *If No, Go to Question 27*

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *If None, Go to Question 26*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

20. Is your child able to talk with doctors about his or her health care?

- Yes  
 No → *If No, Go to Question 22*

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never  
 Sometimes  
 Usually  
 Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never  
 Sometimes  
 Usually  
 Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes  
 No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes  
 No → *If No, Go to Question 26*

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never  
 Sometimes  
 Usually  
 Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- 0 Worst personal doctor possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best personal doctor possible

## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

**27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.**

**In the last 6 months, did you make any appointments for your child to see a specialist?**

- Yes  
 No → *If No, Go to Question 31*

**28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**29. How many specialists has your child seen in the last 6 months?**

- None → *If None, Go to Question 31*  
 1 specialist  
 2  
 3  
 4  
 5 or more specialists

**30. We want to know your rating of the specialist your child saw most often in the last 6 months.**

**Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?**

- 0 Worst specialist possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best specialist possible

## YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

**31. In the last 6 months, did you get information or help from customer service at your child's health plan?**

- Yes  
 No → *If No, Go to Question 34*

**32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**

- Never  
 Sometimes  
 Usually  
 Always

**34. In the last 6 months, did your child's health plan give you any forms to fill out?**

- Yes  
 No → *If No, Go to Question 36*

**35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?**

- Never  
 Sometimes  
 Usually  
 Always

**36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?**

- 0 Worst health plan possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health plan possible

## ABOUT YOUR CHILD AND YOU

**37. In general, how would you rate your child's overall health?**

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

**38. In general, how would you rate your child's overall mental or emotional health?**

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

**39. What is your child's age?**

- Less than 1 year old  
 \_\_\_\_\_ YEARS OLD (*write in*)

**40. Is your child male or female?**

- Male  
 Female

**41. Is your child of Hispanic or Latino origin or descent?**

- Yes, Hispanic or Latino  
 No, not Hispanic or Latino

**42. What is your child's race?  
 Mark one or more.**

- White  
 Black or African-American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native  
 Other

**43. What is your age?**

- Under 18  
 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 74  
 75 or older

**44. Are you male or female?**

- Male  
 Female

**45. What is the highest grade or level of school that you have completed?**

- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree

**46. How are you related to the child?**

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

**47. Did someone help you complete this survey?**

- Yes → *If Yes, Go to Question 48*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

**48. How did that person help you?  
Mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

---

**Thank You**  
Please return the completed survey  
in the postage-paid envelope or send to:  
DSS Research • P.O. Box 985009  
Ft. Worth, TX 76185-5009

If you have any questions,  
please call 1-888-797-3605, ext. 4190.



## SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, Go to Question 1**  
 No

**Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.**

**You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

**If you want to know more about this study, please call 1-888-797-3605, ext. 4190.**

**Please answer the questions for the child listed on the letter. Please do not answer for any other children.**

1. Our records show that your child is now in Humana – CareSource. Is that right?

Yes → **If Yes, Go to Question 3**  
 No

2. What is the name of your child's health plan? *(Please print)*

---

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

*These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.*

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

Yes  
 No → **If No, Go to Question 5**

4. In the last 6 months, when your child **needed care right away**, how often did your child get care as soon as he or she needed?

Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** for your child at a doctor's office or clinic?

Yes  
 No → **If No, Go to Question 7**

6. In the last 6 months, when you made an appointment for a **check-up or routine care** for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

Never  
 Sometimes  
 Usually  
 Always



7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- None → *If None, Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- Yes  
 No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- Yes  
 No → *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- Yes  
 No

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes  
 No

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes  
 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 0 Worst health care possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never  
 Sometimes  
 Usually  
 Always

### YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes  
 No → *If No, Go to Question 27*

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *If None, Go to Question 26*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

20. Is your child able to talk with doctors about his or her health care?

- Yes  
 No → *If No, Go to Question 22*

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never  
 Sometimes  
 Usually  
 Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never  
 Sometimes  
 Usually  
 Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes  
 No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes  
 No → *If No, Go to Question 26*

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never  
 Sometimes  
 Usually  
 Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- 0 Worst personal doctor possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best personal doctor possible

## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

**27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.**

**In the last 6 months, did you make any appointments for your child to see a specialist?**

- Yes  
 No → *If No, Go to Question 31*

**28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**29. How many specialists has your child seen in the last 6 months?**

- None → *If None, Go to Question 31*  
 1 specialist  
 2  
 3  
 4  
 5 or more specialists

**30. We want to know your rating of the specialist your child saw most often in the last 6 months.**

**Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?**

- 0 Worst specialist possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best specialist possible

## YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

**31. In the last 6 months, did you get information or help from customer service at your child's health plan?**

- Yes  
 No → *If No, Go to Question 34*

**32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**

- Never  
 Sometimes  
 Usually  
 Always

**34. In the last 6 months, did your child's health plan give you any forms to fill out?**

- Yes  
 No → *If No, Go to Question 36*

**35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?**

- Never  
 Sometimes  
 Usually  
 Always

**36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?**

- 0 Worst health plan possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best health plan possible

## ABOUT YOUR CHILD AND YOU

**37. In general, how would you rate your child's overall health?**

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

**38. In general, how would you rate your child's overall mental or emotional health?**

- Excellent  
 Very Good  
 Good  
 Fair  
 Poor

**39. What is your child's age?**

- Less than 1 year old  
 \_\_\_\_\_ YEARS OLD (*write in*)

**40. Is your child male or female?**

- Male  
 Female

**41. Is your child of Hispanic or Latino origin or descent?**

- Yes, Hispanic or Latino  
 No, not Hispanic or Latino

**42. What is your child's race?  
 Mark one or more.**

- White  
 Black or African-American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native  
 Other

**43. What is your age?**

- Under 18  
 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 74  
 75 or older

**44. Are you male or female?**

- Male  
 Female

**45. What is the highest grade or level of school that you have completed?**

- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree

**46. How are you related to the child?**

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

**47. Did someone help you complete this survey?**

- Yes → *If Yes, Go to Question 48*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

**48. How did that person help you?  
Mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

---

**Thank You**  
Please return the completed survey  
in the postage-paid envelope or send to:  
DSS Research • P.O. Box 985009  
Ft. Worth, TX 76185-5009

If you have any questions,  
please call 1-888-797-3605, ext. 4190.

## 2018 CAHPS Analysis for Access to Care

	2016	2017	2018	Quality Compass National Average
<b>Adult Medicaid HMO</b>				
<b>Routine Care</b>				
Q6 - In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	81.97%	86.78%	80.70%	79.39%
Q25 - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	80.58%	85.00%	86.11%	79.79%
<b>Urgent Care</b>				
Q4 - In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	86.54%	84.35%	88.05%	84.37%
<b>Child Medicaid HMO</b>				
<b>Routine Care</b>				
Q6 - In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	91.55%	90.78%	92.99%	87.22%
Q28 - In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	84.38%	85.19%	76.71%	80.38%
<b>Urgent Care</b>				
Q4 - In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	92.37%	94.40%	95.00%	90.68%
<b>CHIP Medicaid HMO</b>				
<b>Routine Care</b>				
Q6 - In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	88.79%	89.18%	91.97%	87.22%
Q28 - In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	86.57%	92.98%	88.04%	80.38%
<b>Urgent Care</b>				
Q4 - In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	95.83%	92.24%	94.04%	90.68%

Sample of Customizable  
Humana Provider Satisfaction  
Survey Methodology, Script,  
and Questionnaire Tool



## 2019 PROVIDER SATISFACTION SURVEY

### EXECUTIVE SUMMARY

Humana has developed a Provider Satisfaction Survey. The Provider Satisfaction Survey targets providers to measure their satisfaction with Humana. Information obtained from the survey allows Humana to measure how well we are meeting the provider's expectations and needs. Based on the data collected, the results will assist the program in identifying strengths; identify levels of satisfaction among providers and opportunities for improvement where targeted quality improvement efforts may be warranted. Humana has found that positive, collaborative relationships with service providers are critical to achieving effective outcomes.

### METHODOLOGY

The Provider Satisfaction Survey was created using a four-point "likert scale" which is a psychometric scale which is the most widely used approach to scaling responses in surveys.

The survey contains the following elements:

1. Provider Relations and communication
2. Clinical Management processes
3. Authorization processes including denials and appeals
4. Timeliness of claims payment and assistance with claims processing
5. Complaint resolution process
6. Care Coordination case management support

The process used to complete the survey is as follows:

- Humana will partner with an outside vendor, Talk 2 Rep, to conduct the survey.
- Humana will send the vendor the survey questions and the list of providers to contact.
- Talk 2 Rep will make seven (7) attempts at various times of the day and week to speak to the contact person at each provider's office before exhausting that attempt.

This survey is required by accrediting agencies such as the National Committee for Quality Assurance (NCQA) as well as by the Agency for Health Care Administration (AHCA) contract requirements.





## **SAMPLING**

Humana will be targeting Primary Care Providers with the top forty percent (40%) of the total membership and Specialists with the top forty percent (40%) of the highest claims volume to ensure that we are capturing all the composites of the Survey and ensure a significant sample size to help improve response rates. Humana will stratify the sample to ensure that we are capturing all delivery services in the network.

## **RESULTS**

Outcome of the Provider Satisfaction Survey will be tabulated and the results of the survey will be shared with Health Plan leaders and designated administrative areas, as well as communicate feedback to providers on survey results. The survey results will be evaluated and an analysis based will be performed in order to develop corrective actions plans and to implement improvement initiatives in the upcoming year.

The analysis will involve the following:

- Establish a baseline (first year) for comparison.
- Year to year comparison of the scores in order to identify improvement or areas where improvement is needed.



## Humana's 2019 Provider Satisfaction Survey Call Script

**Objective:** The following survey will be administered to Humana Medicaid network providers by telephone and the results will be submitted to the Agency for Health Care Administration (AHCA).

Talking point	Message to provider/instructions	Provider representative response
<p><b>Outbound greeting</b></p>	<p>“Hello, my name is &lt;insert name&gt;, and I am calling on behalf of the Humana Medicaid program. To enable us to continue to improve your experience, we are asking for your feedback.</p> <p>We would like to know how well the services we provide as part of the Humana Medicaid program, also known as the Managed Medical Assistance or MMA program, meet your needs. This survey should only take a few moments of your time. Will that be OK?”</p> <ul style="list-style-type: none"> <li>• <b>If yes</b>, respond with, “Thank you. As you respond, please consider your office’s overall experience and not just that of yourself or any one person on your staff. If you would prefer not to respond to a particular question, that is OK – we can skip that question; we appreciate you responding to as much of the survey as possible.”</li> <li>• <b>If no</b>, respond with “Is there a better time to contact your office to complete this survey?”</li> <li>• <b>Representative:</b> Please note that response in the database; thank the individual for his/her time and end the call.</li> </ul>	<p>“Yes.”</p> <p>“No.”</p>

<p><b><u>Section 1</u></b></p>	<p>“Please rate your agreement with the following statement, ‘My Humana provider relations representative is knowledgeable.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please rate your agreement with the following statement, ‘My Humana provider relations representative is able to answer my questions.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please rate your agreement with the following statement, ‘My Humana provider relations representative is responsive to my needs or concerns in a timely manner.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please rate your agreement with the following statement, ‘My Humana provider relations representative is professional and courteous.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p> <p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p> <p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p> <p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p>
<p><b><u>Section 2</u></b></p>	<p>“Please rate your agreement with the following statement, ‘I am aware of where to locate the current version of the Florida Medicaid Provider Handbook.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please rate your agreement with the following statement, ‘The Florida Medicaid Provider Handbook’ is easy to understand</p>	<p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p>

	<p>and useful.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b>Section 3</b>	<p>“Please rate your agreement with the following statement, ‘Educational and training material(s) are easy to understand.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b>Section 4</b>	<p>“Please tell me if you agree or disagree with the following statement, ‘In the last 12 months, I received or viewed the Humana Medicaid Updates for Physicians and Health Care Providers.’ Do you agree or disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please tell me if you agree or disagree with the following statement, ‘In the last 12 months, I participated in an in-office visit by a Humana representative.’ Do you agree or disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p> <p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p>
<b>Section 5</b>	<p>“Please rate your agreement with the following statement, ‘I am routinely updated on new policies and processes that impact my practice.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>“Please rate your agreement with the following statement, ‘I am routinely updated on regulatory changes that impact how my practice and Humana conducts business (AHCA, HIPAA, etc).’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p> <p>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</p>

<b><u>Section 6</u></b>	<p>“Let’s move on to care coordination and authorization processes. Please rate your agreement with the following statement, ‘Authorizations are provided when they meet medical necessity.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 7</u></b>	<p>“Please rate your agreement with the following statement, ‘I am satisfied with the amount of time it takes to obtain a referral/authorization.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 8</u></b>	<p>“Please rate your agreement with the following statement, ‘I am satisfied with the ease of the review process for utilization or case management.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 9</u></b>	<p>“Please rate your agreement with the following statement, ‘Medical necessity review is provided in a timely manner.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 10</u></b>	<p>“Please rate your agreement with the following statement, ‘Denial notifications, including the denial reason(s), are provided in a timely manner.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 11</u></b>	<p>“Now we will move on to claims. Please rate your agreement with the following statement, ‘I am satisfied with the ease of submitting claims electronically.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”

	<b>response in the database.</b>	disagree or strongly disagree>”
<b><u>Section 12</u></b>	<p>“Please rate your agreement with the following statement, ‘Claims are processed and paid in a timely manner.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 13</u></b>	<p>“Please rate your agreement with the following statement, ‘I am satisfied with the accuracy of claims processing.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 14</u></b>	<p>“Please rate your agreement with the following statement, ‘Claims payment problems or disputes are handled easily.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 15</u></b>	<p>“Let’s turn to the complaint and appeals resolution process. Please rate your agreement with the following statement, ‘I have filed a complaint, grievance or appeal and I found the process was easy to follow.’ Do you strongly agree, agree, disagree or strongly disagree with this statement, or is it not applicable to you?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree, strongly disagree or not applicable>”
<b><u>Section 16</u></b>	<p>“Please rate your agreement with the following statement, ‘The provider grievance process is effective.’ Do you strongly agree, agree, disagree or strongly disagree with this statement, or is it not applicable to you?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree, strongly disagree or not applicable>”
<b><u>Section 17</u></b>	<p>“Please rate your agreement with the following statement, ‘Overall, I am satisfied with the provider complaint, grievances and appeals process.’ Do you strongly agree, agree, disagree or strongly disagree with this statement, or is it not applicable to you?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the</b></li> </ul>	“<responds with strongly agree, agree, disagree, strongly disagree or not

	<b>response in the database.</b>	applicable>”
<b><u>Section 18</u></b>	<p>“Please rate your agreement with the following statement, ‘When filing a complaint, the complaint was addressed in a prompt manner.’ Do you strongly agree, agree, disagree or strongly disagree with this statement, or is it not applicable to you?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree, strongly disagree or not applicable>”
<b><u>Section 19</u></b>	<p>“Please rate your agreement with the following statement, ‘My complaint was resolved without having to make multiple inquiries.’ Do you strongly agree, agree, disagree or strongly disagree with this statement, or is it not applicable to you?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree, strongly disagree or not applicable>”
<b><u>Section 20</u></b>	<p>“Now we will move on to clinical management. Please rate your agreement with the following statement, ‘Humana case managers are knowledgeable, professional and courteous.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 21</u></b>	<p>“Please rate your agreement with the following statement, ‘Humana case managers involve the provider in the member’s care.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 22</u></b>	<p>“Please rate your agreement with the following statement, ‘I am satisfied with the clinical support provided by Humana case managers.’ Do you strongly agree, agree, disagree or strongly disagree with this statement?”</p> <ul style="list-style-type: none"> <li>• <b>Representative: Please note the response in the database.</b></li> </ul>	“<responds with strongly agree, agree, disagree or strongly disagree>”
<b><u>Section 23</u></b>	<p>“Please rate your agreement with the following statement, ‘The provider websites (Availity.com &amp; Humana.com) are easy to use and provide useful information on determining eligibility.’ Do you strongly</p>	

	<p>agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>"Please rate your agreement with the following statement, 'The provider website (Availity.com &amp; Humana.com) is easy to use and provides useful information on determining coverage and benefits.' Do you strongly agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul> <p>"Please rate your agreement with the following statement, 'The provider website (Availity.com &amp; Humana.com) is easy to use and provides useful information on submission of referral and authorization requests.' Do you strongly agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p> <p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p> <p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p>
<b><u>Section 24</u></b>	<p>"Please rate your agreement with the following statement, 'Overall, I am satisfied with the Humana Medicaid product.' Do you strongly agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p>
<b><u>Section 25</u></b>	<p>"Please rate your agreement with the following statement, 'Overall, Humana Medicaid is the easiest insurance carrier with which to do business.' Do you strongly agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p>
<b><u>Section 26</u></b>	<p>"Please rate your agreement with the following statement, 'I would recommend the Humana Medicaid product to my colleagues.' Do you strongly agree, agree, disagree or strongly disagree with this statement?"</p> <ul style="list-style-type: none"> <li>• Representative: Please note the response in the database.</li> </ul>	<p>"&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;"</p>



	response in the database.	disagree or strongly disagree>”
<b><u>Call wrap-up</u></b>	“We appreciate you taking your time to participate in our survey. Thank you.”	

## 2019 Provider Satisfaction Survey

Practice name:

Tax ID:

NPI:

Specialty:

Provider last name:

Provider first name:

Phone number:

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

<b>Provider relations and communications:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. My provider relations representative is:				
(a) Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Able to answer my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Responsive to my needs or concerns in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Professional and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am aware of where to locate the current version of the Florida Medicaid Provider Handbook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) The information is easy to understand and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Educational and training materials are easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 12 months:				
(a) I received or viewed the Humana Medicaid Updates for Physicians and Health Care Providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I participated in an in-office visit from a Humana representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am routinely updated on:				
(a) New policies and processes that impact my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Regulatory changes that impact how my practice and Humana conduct business (e.g., AHCA, HIPAA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Care coordination and authorization processes:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
6. Authorizations are provided when they meet medical necessity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied with the amount of time it takes to obtain a referral/authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with the ease of the review process for utilization or case management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Medical necessity review is provided in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Denial notifications, including the denial reason(s), are provided in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Claims:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
11. I am satisfied with the ease of submitting claims electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Claims are processed and paid in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am satisfied with the accuracy of claims processing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Claims payment problems or disputes are handled easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Complaint and appeals resolution process:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
15. I have filed a complaint/grievance or appeal and found the process easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The provider grievance process is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall, I am satisfied with the provider complaint, grievances and appeals process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When filing a complaint, the complaint was addressed in a prompt manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My complaint was resolved without having to make multiple inquiries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Clinical management:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
20. Case managers are knowledgeable, professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Case managers involve the physician in the member's care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I am satisfied with the clinical support provided by the case managers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administration:</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
23. The provider websites (Avality.com and Humana.com) are easy to use and provide useful information on:				
a) Determining eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Determining coverage/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Submission of referral/authorization requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Overall, I am satisfied with the Humana Medicaid product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Overall, Humana Medicaid is the easiest insurance carrier with which to do business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I would recommend the Humana Medicaid product to my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please share your additional comments:**

---



---



---



---



---