Sample GEO ACCESS Map and Customizable Network Adequacy Report
# 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

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### Key Geographic Areas

<table>
<thead>
<tr>
<th>Class</th>
<th>County</th>
<th>Member</th>
<th>With Access</th>
<th>Without Access</th>
<th>Counts</th>
<th>Average Distance</th>
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1. 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

2. Provider counts represent:
   - #: Provider access points

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### Average Distance to Primary Care

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<th>Distance to Provider</th>
<th>Average Distance</th>
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<td>3rd closest provider</td>
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<td>5th closest provider</td>
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### Access Standard Comparison - Medicaid Members to Primary Care

- **Comparison Graph:**
  - Percent of members with access to a choice of providers over miles
  - Members accessing in:
    - Large Metro areas...
    - Micro areas...

1. The Access Standard is defined as (KY Medicaid Members) members accessing in:
   - 1st closest
   - 2nd closest
   - 3rd closest
   - 4th closest
   - 5th closest

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October 9, 2019

Access Analysis
- Primary Care
- Member / Provider Groups
  - KY Medicaid Members
  - KY Medicaid Providers - Primary Care - 90%

MCO RFP #758 2000000202

Attachment I.C.18.g-1 Sample Tools and Reports

4 of 44
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© 2019 Quest Analytics, LLC.
## Medicaid Members

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October 9, 2019

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

1 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
   
   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.

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

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)
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

15. **YOUR PERSONAL DOCTOR**

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

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

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

- Yes
- No
- Don’t know
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 ➔ If No, Go to Question 13

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

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 staff 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

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  ➔  If No, Go to Question 13
☐ No

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

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
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Ft. Worth, TX 76185-5009
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## 2018 CAHPS Analysis for Access to Care

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Quality Compass National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Medicaid HMO</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Routine Care</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>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?</td>
<td>81.97%</td>
<td>86.78%</td>
<td>80.70%</td>
<td>79.39%</td>
</tr>
<tr>
<td>Q25 - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</td>
<td>80.58%</td>
<td>85.00%</td>
<td>86.11%</td>
<td>79.79%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
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</tr>
<tr>
<td>Q4 - In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?</td>
<td>86.54%</td>
<td>84.35%</td>
<td>88.05%</td>
<td>84.37%</td>
</tr>
<tr>
<td><strong>Child Medicaid HMO</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Routine Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>91.55%</td>
<td>90.78%</td>
<td>92.99%</td>
<td>87.22%</td>
</tr>
<tr>
<td>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?</td>
<td>84.38%</td>
<td>85.19%</td>
<td>76.71%</td>
<td>80.38%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>92.37%</td>
<td>94.40%</td>
<td>95.00%</td>
<td>90.68%</td>
</tr>
<tr>
<td><strong>CHIP Medicaid HMO</strong></td>
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<tr>
<td><strong>Routine Care</strong></td>
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</tr>
<tr>
<td>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?</td>
<td>88.79%</td>
<td>89.18%</td>
<td>91.97%</td>
<td>87.22%</td>
</tr>
<tr>
<td>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?</td>
<td>86.57%</td>
<td>92.98%</td>
<td>88.04%</td>
<td>80.38%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>95.83%</td>
<td>92.24%</td>
<td>94.04%</td>
<td>90.68%</td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Talking point</th>
<th>Message to provider/instructions</th>
<th>Provider representative response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outbound greeting</strong></td>
<td>“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. 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?”</td>
<td>“Yes.”</td>
</tr>
<tr>
<td></td>
<td>- If yes, 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.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- If no, respond with “Is there a better time to contact your office to complete this survey?”</td>
<td>“No.”</td>
</tr>
<tr>
<td></td>
<td>- Representative: Please note that response in the database; thank the individual for his/her time and end the call.</td>
<td></td>
</tr>
</tbody>
</table>
### Section 1

“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?”

- Representative: Please note the response in the database.

“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?”

- Representative: Please note the response in the database.

“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?”

- Representative: Please note the response in the database.

“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?”

- Representative: Please note the response in the database.

### Section 2

“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?”

- Representative: Please note the response in the database.

“Please rate your agreement with the following statement, ‘The Florida Medicaid Provider Handbook’ is easy to understand.”

- `<responds with strongly agree, agree, disagree or strongly disagree>`

- `<responds with strongly agree, agree, disagree or strongly disagree>`

- `<responds with strongly agree, agree, disagree or strongly disagree>`

- `<responds with strongly agree, agree, disagree or strongly disagree>`
<p>| Section 3 | “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?” | “&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;” |
| Section 4 | “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?” | “&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;” |
| Section 5 | “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?” | “&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;” |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Statement Description</th>
<th>Agreement Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>7</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>8</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>9</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>10</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>11</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
</tbody>
</table>
| Section 12 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree or strongly disagree>” |
| Section 13 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree or strongly disagree>” |
| Section 14 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree or strongly disagree>” |
| Section 15 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree, strongly disagree or not applicable>” |
| Section 16 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree, strongly disagree or not applicable>” |
| Section 17 | “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?”  
• **Representative:** Please note the response in the database. | “<responds with strongly agree, agree, disagree, strongly disagree or not applicable>” |
<table>
<thead>
<tr>
<th>Section 18</th>
<th>“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?”</th>
<th>“&lt;responds with strongly agree, agree, disagree, strongly disagree or not applicable&gt;”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 19</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree, strongly disagree or not applicable&gt;”</td>
</tr>
<tr>
<td>Section 20</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>Section 21</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>Section 22</td>
<td>“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?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>Section 23</td>
<td>“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 agree, agree, disagree or strongly disagree with this statement?”</td>
<td>“&lt;responds with strongly agree, agree, disagree or strongly disagree&gt;”</td>
</tr>
<tr>
<td>Section</td>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>“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?”</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>“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?”</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>“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?”</td>
<td></td>
</tr>
<tr>
<td>Call wrap-up</td>
<td>“We appreciate you taking your time to participate in our survey. Thank you.”</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
# 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.

## Provider relations and communications:

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Authorizations are provided when they meet medical necessity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I am satisfied with the amount of time it takes to obtain a referral/authorization</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. I am satisfied with the ease of the review process for utilization or case management.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Medical necessity review is provided in a timely manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Denial notifications, including the denial reason(s), are provided in a timely manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Claims:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. I am satisfied with the ease of submitting claims electronically.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Claims are processed and paid in a timely manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. I am satisfied with the accuracy of claims processing.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Claims payment problems or disputes are handled easily.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Complaint and appeals resolution process:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. I have filed a complaint/grievance or appeal and found the process easy to follow</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. The provider grievance process is effective.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Overall, I am satisfied with the provider complaint, grievances and appeals process.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. When filing a complaint, the complaint was addressed in a prompt manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. My complaint was resolved without having to make multiple inquiries.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Clinical management:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Case managers are knowledgeable, professional and courteous.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. Case managers involve the physician in the member’s care.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. I am satisfied with the clinical support provided by the case managers.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Administration:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. The provider websites (Availity.com and Humana.com) are easy to use and provide useful information on:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a) Determining eligibility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Determining coverage/benefits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Submission of referral/authorization requests</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24. Overall, I am satisfied with the Humana Medicaid product.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. Overall, Humana Medicaid is the easiest insurance carrier with which to do business.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>26. I would recommend the Humana Medicaid product to my colleagues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Please share your additional comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________