

HMO Illinois / BlueAdvantage HMO 2007 PCP Satisfaction Survey

(continued)



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IPA Name :

IPA # :

Please answer all the questions by filling the appropriate box. Please mark only one box for each question.

Hospital Information

1. Do you see patients in the hospital? Yes No (If No, skip questions 2-5.)

2. Using the enclosed list of hospitals and associated codes, enter the code for your primary hospital:

--	--	--	--	--

Other: _____

	Excellent	Very Good	Good	Fair	Poor
3. How would you rate the following:					
• Overall quality of care in this hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pharmacy, in terms of providing medication correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequacy of the number of nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Competence of the nursing staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accuracy of processing physician orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Quality of discharge plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently are hospital discharges delayed because the discharge plan has not been finalized?

Always Usually Sometimes Rarely Never

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. How strongly do you agree or disagree with the following:					
• Orders that I write for inpatients are implemented in a timely manner, so that care is not delayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The timeliness of imaging and/or lab reports usually meets my needs for clinical decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The hospital takes appropriate steps to protect the safety of my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I usually receive ER reports for my patients who are not admitted to the hospital by the time they contact me for follow-up care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The nursing staff have the necessary clinical skills to provide appropriate care in the specific units in which they work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How long have you been admitting to this hospital? < 1 yr 1 - 5 yrs > 5 yrs

7. Do you foresee making a change in your primary hospital in the next 12 months? Yes No

8. Would you recommend this facility to your family/friends? Yes No

It is important that the physician complete this survey. Blue Cross and Blue Shield of Illinois utilizes the results for accreditation purposes and the BCBSIL Hospital Profile.

Who was involved in completing this form? Please check all that apply.

Physician Physician Assistant/Nurse Practitioner Nurse Office Manager Other _____

The following questions apply to the IPA shown above.

Please answer all the questions by filling the appropriate box.

IPA Overall

	Excellent	Very Good	Good	Fair	Poor
1. Overall, how would you rate the managed care operations of the IPA shown above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPA UM

1. Do you know how to obtain the IPA Utilization Management (UM) Plan? Yes No (If No, skip to question 2.)
- 1a. Have you *obtained* the IPA UM Plan? Yes No
- 1b. Have you *reviewed* the IPA UM Plan? Yes No
2. Do you know how to obtain the IPA's Utilization Management criteria (e.g., Milliman USA, Interqual, etc.)? Yes No

	Excellent	Very Good	Good	Fair	Poor	No Experience
3. How would you rate the IPA's handling of the following:						
• Utilization Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of UM decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communication to you regarding the HMO UM standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, how would you rate the IPA's UM process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPA Referral Procedures

	Excellent	Very Good	Good	Fair	Poor	No Experience
1. How would you rate the <i>adequacy</i> of the specialist network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the <i>quality</i> of the specialist network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate the IPA timeliness of referral decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate the IPA's handling of referrals to out-of-network practitioners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall, how would you rate the IPA's referral process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past year, has the IPA denied referral(s) that you requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If No, skip to IPA Claims Payment)			
6a. In your opinion, was the IPA denial appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
6b. Did you or your patient appeal the denied referral(s) to the IPA or to HMO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
6c. If you directed your appeal(s) to the IPA, how would you rate the IPA appeal process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. If you directed your appeal(s) to the HMO, how would you rate the HMO appeal process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thank you for completing this survey.

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Please answer all the questions by filling the appropriate box. Please mark only one box for each question.

IPA Claims Payment

	Excellent	Very Good	Good	Fair	Poor	No Experience
1. How would you rate the <i>timeliness</i> of payments (fee-for-service or capitation) from the IPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the <i>accuracy</i> of payments (fee-for-service or capitation) from the IPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPA Reports

1. Are you familiar with the following reports:

- Monthly HMO eligibility list Yes No
- IPA utilization results Yes No
- HMO member complaint reports Yes No
- HMO member satisfaction by IPA report Yes No
- HMO Pharmacy utilization report Yes No

IPA Customer Service

	Excellent	Very Good	Good	Fair	Poor
1. How would you rate the IPA administrative services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the IPA communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BCBSIL Services

1. Have you or your office staff called the BCBSIL Provider Telecommunication Center (PTC)? Yes No (If No, go to question 2.)

	Excellent	Very Good	Good	Fair	Poor	No Experience
1a. How would you rate the automated phone system to access eligibility, benefits, and/or claim status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. How would you rate the level of service that you receive when you speak with a PTC Customer Advocate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Overall, how would you rate the BCBSIL Provider Telecommunication Center (PTC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you or your office staff accessed our online/internet tools, such as NDAS Online/Ecare (eligibility, benefits, and claim status inquiry tool) and iExchange (precertification tool)? Yes No (If No, skip to question 3.)

	Excellent	Very Good	Good	Fair	Poor	No Experience
2a. How would you rate your experience with our online tools?						
• NDAS Online/Ecare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• iExchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate the Chicago Customer Assistance Unit (CAU) at (312) 653-7433 on the following:

	Excellent	Very Good	Good	Fair	Poor	No Experience
• Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Courtesy exhibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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BCBSIL Quality On-Site Audit

1. Have you had a BCBSIL Quality On-Site Audit (site survey and medical records) in the past year? Yes No (If No, skip to Access)

2. Did you receive a copy of the results of the BCBSIL Quality On-Site Audit from the IPA? Yes No

	Excellent	Very Good	Good	Fair	Poor
3. How would you rate the knowledge of the BCBSIL Quality On-Site Audit staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate the courtesy of the BCBSIL Quality On-Site Audit staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access

1. How do patients contact you after hours?
 Answering Service Answering Machine Voice Mail Pager Through the hospital Other _____

2. How long does it usually take you to respond to urgent or emergent after-hours calls from your patients?
 Over 2 hrs. 1 - 2 hrs. 30 min. - 1 hr. Less than 30 min.

Member Education

	Excellent	Very Good	Good	Fair	Poor	No Experience
1. How would you rate HMO Illinois/BlueAdvantage HMO members' understanding of your role as a Primary Care Physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate HMO Illinois/BlueAdvantage HMO members' understanding of health care benefits that are available under their health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuity and Coordination

1. How would you rate feedback from the following facilities to which you have referred HMO patients in the past year?

	Excellent	Very Good	Good	Fair	Poor	No Experience
• Hospital inpatient reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outpatient surgery/ surgicenter reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Skilled nursing facility reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Home health care reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Room visit reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate feedback from the following specialists to whom you have referred HMO patients in the past year?

	Excellent	Very Good	Good	Fair	Poor	No Experience
• General surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Orthopedic surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dermatologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Behavioral health specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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