

MEDICAL ASSOCIATES HEALTH PLANS
ADMINISTRATIVE POLICY AND PROCEDURES MANUAL

POLICY NUMBER: 7

POLICY TITLE: Satisfaction Surveys

POLICY STATEMENT: Level of satisfaction with care and services are monitored on a regular basis through surveys. Several populations are randomly surveyed on a regular basis. Sources include: new, current, and dis-enrolled members, physicians, other health care providers and brokers. The data collected is utilized to identify problem areas, develop plans for corrective action, and to monitor continuous quality improvement.

PROCEDURE:

1. MAHP conducts annual Consumer Assessment of Health Providers and Systems (CAHPS) surveys using a certified vendor to collect data to assist in improving services. These survey results are also submitted to NCQA and CMS to be used in accreditation, health plan, and star ratings.
2. Dis-enrolled member surveys are conducted on all subscribers who are not dependent students. Results and the rate of returned Disenrollment Surveys are tabulated by the Executive Assistant and are reported to the Compliance Specialist through the quarterly Sales and Marketing report. The Compliance Specialist submits the reports to the Illinois Department of Public Health Reporting as required by the State of Illinois.
3. Returned survey questions or comments requiring follow-up are directed to the appropriate department for action.
4. Member Services, Utilization Management, and Claims Department staff offer a satisfaction survey at the end of each member call.
5. Patient Services Department sends surveys to a sample of members that have utilized services of the department. Surveys are conducted annually to identify any opportunities for improvement.
6. A Disease Management (DM) survey is sent to members who have received an interactive contact with the DM Nurse. The purpose of the survey is to obtain feedback on the DM services. Results are reviewed at the Utilization Management (UMC) and Quality Improvement Committee (QIC) meetings.
7. Case Management, Complex Case Management and Health Coach survey is sent to members who have been discharged from the program. The purpose of the survey is to obtain member feedback and help provide quality services to our members. Survey results are compiled and presented at the UMC and QIC meetings.
8. Annual Practitioner surveys are conducted on plan practitioners. MAHP departments are provided with results to help identify improvement opportunities. Results are reported to the QIC by the Quality Improvement Department staff. Results and any recommendations are forwarded to the Clinic BOD for review and approval.
9. Behavioral Health surveys are sent out annually in the month following the first month of the year that the member was seen for an appointment in either the Psychology or Psychiatry department. Results are presented to the QIC.
10. As necessary and directed by the Clinic BOD, other surveys including telephone surveys, department-specific surveys and/or service-specific surveys are conducted (i.e. post-hospital admission, disease management, behavioral health services etc.) as needed to meet NCQA requirements.

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Zach Keeling
Chief Executive Officer
Medical Associates Clinic & Health Plans

Date

Jill Mitchell
Chief Operating Officer
Medical Associates Health Plans

Date

Dr. Westpheling
Interim Acting QIC Chair
Medical Associates Clinics & Health Plans

Date

Chad Nachtman, MD
President, Board of Directors
Medical Associates Clinic

Date

Original Effective Date: 04/96
Revised Dates: 06/97, 06/98, 08/00, 01/03, 07/03, 02/04, 01/05, 02/06, 02/07, 01/08, 10/08, 11/09, 11/10, 11/11, 10/13, 11/14, 11/15, 11/16, 9/18, 12/19,
9/20, 9/21, 9/22, 9/23
Reviewed Dates: 06/99, 08/01, 02/02, 11/12, 11/17

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