



# AmeriHealth Caritas™

## New Hampshire

### 2023 PROVIDER/PRACTITIONER SATISFACTION SURVEY

All responses are kept confidential and will be used solely for quality improvement purposes.

Network status will not be impacted by responses.

Please place an 'X' in only one box for each question.

#### DEMOGRAPHICS

- A. Please indicate the area of healthcare in which you practice.  Specialist  Primary Care  Behavioral Health
- B. How many providers are in your practice?  Solo  2 – 5 Physicians  More than 5 Physicians
- C. What percentage of your managed care volume is covered by AmeriHealth Caritas New Hampshire?
- None  1 - 10%  11 - 20%  21 - 30%
- 31 - 50%  51 - 75%  76 - 100%
- D. Please mark who is completing this survey. (Mark only one)
- Practitioner/provider  Nurse  Practice Manager/Practice Staff  Billing Manager

#### NETWORK OPERATIONS/NETWORK MANAGEMENT

THESE ARE THE FIELD REPRESENTATIVES WHO COME TO YOUR PRACTICE AND ARE RESPONSIBLE FOR ORIENTATION, EDUCATION, COMMUNICATION OF PLAN POLICIES AND PROCEDURES, AND PROBLEM RESOLUTION.

1. Do you know who your Provider Account Executive is?  Yes  No

Please rate your experience with the...	Excellent	Very Good	Good	Fair	Poor	Not Applicable
2. Responsiveness and courtesy of your Network Management Account Executive						
AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness to answer questions and/or resolve problems						
AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Relevance and timeliness of written communications, policy bulletins, and manuals						
AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### NETWORK

5. Specialist network has an adequate number of specialists to whom I can refer my patients  Yes  No  Not Applicable
6. My practice is aware of AmeriHealth Caritas New Hampshire efforts to assist members with social determinants (e.g., education, transportation, food security, etc.)  Yes  No
- If yes, go to #7  
If no, go to #8
- |  | Excellent                | Very Good                | Good                     | Fair                     | Poor                     | Not Applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Rate your understanding of how to request assistance for these services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**PROVIDER SERVICES**

THIS IS THE DEPARTMENT RESPONSIBLE FOR HANDLING YOUR PHONE CALLS REGARDING POLICY AND PROCEDURE QUESTIONS, CLAIM INQUIRIES AND PAYMENT (INSERT NUMBER).

# New Hampshire

Please rate your experience with the...

Excellent   Very Good   Good   Fair   Poor   Not Applicable

8. Timeliness of Provider Contact Center staff in resolving claims payment issues

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Knowledge, accuracy and helpfulness of responses to telephone inquiries

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CLAIMS**

Please rate your experience with the...

Excellent   Very Good   Good   Fair   Poor   Not Applicable

10. Timeliness of claims processing

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Accuracy of claims processing

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Resolution of claims payment problems or disputes

All AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**UTILIZATION MANAGEMENT**

Please rate your experience with the...

Excellent   Very Good   Good   Fair   Poor   Not Applicable

13. Plan's timeliness with providing an authorization response for elective and non-urgent services

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Access to UM staff

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Consistency of review decisions

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Timeliness of UM appeal decisions

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Ease of obtaining a peer-to-peer review with the Medical Director

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**QUALITY MANAGEMENT**

Please rate your experience with the...

Excellent   Very Good   Good   Fair   Poor   Not Applicable

18. Degree to which the plan promotes and encourages preventive care and wellness program

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Process of obtaining your provider specific HEDIS results

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CARE MANAGEMENT**

Please rate your experience with the...

**Excellent**   **Very Good**   **Good**   **Fair**   **Poor**   **Not Applicable**

20. Health plan's facilitation/support of appropriate clinical care and coordination of alternative care and community resources for members

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your experience with the following during care transitions and when coordinating care when a member moves between practitioners.

21. Timeliness of information exchanged

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PHARMACY SERVICES**

Please rate your experience with the...

**Excellent**   **Very Good**   **Good**   **Fair**   **Poor**   **Not Applicable**

25. Utilization of the online prior authorization tool

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Ease of obtaining material regarding prior authorization (PA) criteria and request forms

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Ease of access to pharmacy information (such as formulary changes and medications listed on the preferred drug list on the website)

AmeriHealth Caritas New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other Medicaid Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CULTURAL RESPONSIVENESS**

RESPONSES TO THESE QUESTIONS ARE VOLUNTARY.

28. Please indicate which of the following best describes your practice providers' racial/ethnic backgrounds. **Please indicate all that apply.**

- American Indian or Alaska Native       Native Hawaiian or Other Pacific Islander       North African/Arabic
- Asian       Black or African American       White       Decline to state       Other (please state) \_\_\_\_\_

29. Ethnicity

- 🇺🇸🇻🇪🇵🇷🇨🇺🇩🇪🇸🇵🇦 or Latino       Non-Hispanic       Decline to state
- Other \_\_\_\_\_

30. Please indicate which languages, other than English (by native and/or certified speakers) you, or your practice, uses to communicate with members.

\_\_\_\_\_

31. For Limited English Proficient (LEP) members, for whom you or your practice provide care, please indicate how frequently the following occur. (Please select one answer for each item.)

**Always**   **Sometimes or occasionally**   **Seldom or Never**   **Not Applicable**

a. You, or your practice, conducts the medical visit using the members' preferred language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Family and friends interpret for the member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide communications (visual or written) to members on the availability of language services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide access to health education materials in the native or preferred languages of members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff members (such as nurses, aides, or your practice staff) interpret for members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certified medical interpreters (paid and/or volunteer) are provided for members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# AmeriHealth Caritas New Hampshire

32. Rate your experience using AmeriHealth Caritas New Hampshire's telephonic interpreter services available to members and their providers.
- |  |                          |                          |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|  | <u>Excellent</u>         | <u>Very Good</u>         | <u>Good</u>              | <u>Fair</u>              | <u>Poor</u>              | <u>Not aware of services/ Never use services</u> |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                         |
33. How do you, or your practice, meet the cultural needs of members?  
Please indicate whether your practice has or uses each of the following (select all that apply).
- a. Use professional guidelines or best practices when working with members from (other than your own) religions, cultures, language backgrounds, or special needs.
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
|                          | <u>Yes</u>               | <u>No</u>                | <u>Not Applicable</u>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- b. Specific training of staff to meet the cultural needs of members for care received. (Examples include training on such topics as: awareness of dietary restrictions, family traditions, blood transfusions, treatment restrictions or preferences, examination by provider gender of choice.) Such training excludes the training listed in 33 (c).
- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|
- c. General training in any of the following:  
 Cultural Responsiveness    Medical bias    LGBTQIA+ Cultural Responsiveness   Most recent year training completed: \_\_\_\_\_
- d. Provide member access to health education materials in the following areas:  
 Native or preferred language of member    Culture    Religion    LGBTQIA+ health    Non-discrimination
- e. Use patient intake forms to collect sexual orientation, expanded gender identity, and pronoun data
- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### OVERALL SATISFACTION AND LOYALTY

34. AmeriHealth Caritas New Hampshire takes physician input and recommendations seriously
- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

For **Question #35**, please select one number:

**Very Likely** ←————→ **Not at all Likely**

35. How likely are you to recommend AmeriHealth Caritas New Hampshire to other physicians' practices?
- 10    9    8    7    6    5    4    3    2    1    0

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <u>Excellent</u>         | <u>Very Good</u>         | <u>Good</u>              | <u>Fair</u>              | <u>Poor</u>              | <u>Not Applicable</u>    |
| 36. Rate your overall satisfaction with AmeriHealth Caritas New Hampshire.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Rate your overall satisfaction with each of the following Medicaid plans: |                          |                          |                          |                          |                          |                          |
| a. [Insert COMPETITOR #1]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. [Insert COMPETITOR #2]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. [Insert COMPETITOR #3]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. [Insert COMPETITOR #4]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. [Insert COMPETITOR #5]   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

38. How can we improve AmeriHealth Caritas New Hampshire?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU.** The results of this survey are completely anonymous. However, if you would like to be contacted by AmeriHealth Caritas New Hampshire, please provide your name and contact number to Provider Services at **1-888-599-1479**.

Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_

Or fill out the fields below and then **return the completed survey in the postage-paid envelope to:**

**Press Ganey, PO Box 7313, South Bend, IN 46699-0457**