



Centennial Care Reporting Instructions Provider Satisfaction Survey – Report #12

Report Objective

The Provider Satisfaction Survey provides a standardized question set and methodology to be employed by all managed care organizations (MCOs) for the evaluation of Centennial Care. Streamlining through Centennial Care will result in improved health care experiences for recipients, providers, and efficiencies in program administration for the state.

Related Contract Requirements

1. Section 4.12.6 – Provider Satisfaction Survey
2. Section 4.21 – Reporting Requirements
3. Section 7.3 – Failure to Meet Agreement Requirements

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in the report prior to submitting the report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of \$5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each report submitted. Failure to submit a signed attestation form by the report due date will result in the entire report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of \$1,000 per report, per calendar day. The \$1,000 per calendar day damage amounts will double every ten calendar days.

Instructions

The managed care organization (MCO) is required to submit the following documents to the New Mexico Human Services Department (HSD) on an annual basis:

1. Proposed Survey – An electronic version of the proposed Provider Satisfaction Survey (proposed survey) that the MCO intends to distribute to its contracted providers during the current calendar year. The proposed survey shall be distributed by the MCO and completed by providers during the months of June through September of each year.

Required Questions – A template of the required Provider Satisfaction Survey questions and rating system are attached as Appendix A to these instructions. Appendix A shall be strictly adhered to and shall not be altered.

Additional Questions – Additional questions may be appended to the proposed survey; however, questions may not be substituted or omitted from those included within Appendix A. **All additional questions shall be submitted to HSD on a document that is independent of the questions included in Appendix A.**



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Rating System – **The MCO may not make changes to the rating system included within Appendix A.** Should the MCO choose to include additional questions to the survey, it may utilize a rating system of its choice that is only applicable to questions other than those identified in Appendix A.

Due Date – The electronic version of the proposed survey must be submitted to HSD annually on or before March 30th of the year in which the survey will be administered for review and approval. HSD will review and respond to MCOs by April 15th.

Naming Convention and Submission – The MCO shall submit the proposed survey with the following file name: [MCO.HSD12ProposedSurvey.CY##.v#]. With each report submission, change the calendar year (e.g., CY20) and the version number (e.g., v1), as appropriate. CY## shall correspond to the calendar year that aligns with the year the survey will be administered. The version number should be “1” unless the MCO is required to resubmit a report for a specified reporting period. In those instances, the MCO will use “2” and so on for each resubmission. Update the MCO acronym and version number, as appropriate. The report must be submitted via the State’s secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

2. Provider Survey Report – An electronic version of the Provider Satisfaction Survey Report that is based upon the results of the survey administered by the MCO during the previous calendar year (the Report). The Report shall not exceed 45 pages and must be submitted in Word format using 12-point font (Times Roman or Arial) but no smaller than 10 point. The Report must also include a copy of the Provider Satisfaction Survey upon which the results included in the report are based.

Due Date – The MCO must submit the Report to HSD annually on or before March 30th of the following year in which the data is collected.

Naming Convention and Submission – The MCO shall submit the Report with the following file name: [MCO.HSD12.CY##.v#]. With each report submission, change the calendar year (e.g., CY20) and the version number (e.g., v1), as appropriate. CY## shall correspond to the calendar year the survey was administered and the data collected. The version number should be “1” unless the MCO is required to resubmit a report for a specified reporting period. In those instances, the MCO will use “2” and so on for each resubmission. Update the MCO acronym and version number, as appropriate. The Report shall be submitted via the State’s secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

Provider Satisfaction Survey Requirements (Proposed Survey)

The MCO must submit the following with the proposed Provider Satisfaction Survey:

1. A narrative that addresses the following:
 - a) An overall description of the provider survey methodology;
 - b) A description of the survey design;
 - c) Policies and procedures for conducting the survey;
 - d) The objective of the survey; and
 - e) The target populations include physical health, behavioral health, long-term care.



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2. As displayed within Appendix A, the survey must include the following topics:
 - a) Care coordination/continuity of care;
 - b) Overall satisfaction;
 - c) Claims;
 - d) Provider relations;
 - e) Provider network;
 - f) Utilization and quality management; and
 - g) Pharmacy and drug benefits.
3. A template of the required Provider Satisfaction Survey questions and rating system is attached as Appendix A to these instructions. The MCO may add questions to the end of the template provided, if deemed necessary, however, **the MCO shall make no revisions to the questions or the rating system included within Appendix A.** The MCO must ensure that all added survey questions are clear, concise, and unambiguous to providers. Survey questions must be neutral and not illicit favorable responses to the MCO.

Provider Satisfaction Survey Report Requirements (Report)

The Provider Satisfaction Report shall include the following:

1. A detailed description of the findings of the survey, including both qualitative and quantitative assessments of the results, identified limits of the survey, and any considerations that should be included as best practices for completing follow-up surveys.
2. Include a detailed description of the sampling methodology including details of the target population, sampling measures used to collect the data, the size of the sample, and considerations put in place to ensure sample is accurately representative of provider contracted with the MCO. Summary Rate results shall represent the rating system as follows:

Excellent	-- 6
Very Good	-- 5
Good	-- 4
Fair	-- 3
Poor	-- 2
Don't know	-- 1

3. Demonstrate consistent and sustainable patterns of acceptable performance and/or improvement from year to year in the overall survey results.
4. Demonstrate an action plan that addresses areas for improvement based on the results of the survey.
5. Establish mechanisms to incorporate survey results in the Quality Management (QM) and Quality Improvement (QI) plans for program and system improvements;
6. Must submit the annual Provider Satisfaction Survey with the Report.