ALAMEDA Alliance FOR HEALTH

Health care you can count on.
Service you can trust.

POLICY AND PROCEDURE TEMPLATE

Policy Number	UM-049
Policy Name	Utilization Management Satisfaction Survey
Department Name	Medical Services
Policy Owner	Director Utilization Management
Lines of Business	Medi-Cal and Group Care
Effective Date	10/22/2015
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	TBD
Compliance Committee Approval Date	TBD

POLICY STATEMENT

Alameda Alliance for Health (the Alliance) conducts an annual provider and member satisfaction survey. The satisfaction survey is conducted in accordance with valid and reliable survey methodology. It is designed to solicit feedback from Alliance contracted physician / non- physician medical and mental health providers and from Alliance members about their experience with the plan's Utilization Management (UM) process, which includes Behavioral Health (BH) UM processes. The purposes of the annual survey are to:

- Inform the Alliance how well provider and member expectations and needs are being met;
- Identify improvement opportunities and;
- Support the design of actions to improve provider and member experience with the Alliance's UM services.

PROCEDURE

1. UM Satisfaction Surveys

    a. Provider Survey

i. The Alliance contracts each year with a nationally certified survey vendor to conduct a Provider satisfaction survey;

ii. The survey consists of a two-wave mail and internet with phone follow-up survey methodology conducted over a 90-day period;
iii. The survey vendor chooses a statistically valid and stratified sample of Alliance providers from the Alliance's provider database;
iv. The survey questions cover a variety of Alliance operations to include UM services;
v. The vendor submits a report that includes:

1. Summary Rate that is the proportion of respondents who selected the most positive response for the individual questions that focused on UM;
2. Rates that measure providers' access to knowledgeable UM/BH staff, procedures and timeliness for prior authorization information, health plan facilitation/support of appropriate clinical patient care, access to plan case managers, and the degree to which the plan encourages preventive care and wellness;
3. All Other Health Plans comparison allows providers to rate Alameda Alliance for Health versus all other health plans in the market;
4. Comparison to the vendor's Medicaid Book of Business is a benchmark containing data from all eligible provider satisfaction surveys; and
5. Provider Pass/Fail summaries.

b. Member Survey

1. Sources:

a. Annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) conducted by the Department of Health Care Services (DHCS) contracted vendor for Medi-Cal Adults; and
b. Annual CAHPS conducted by the Alliance's contracted vendor for Medi-Cal Children and Adults.
c. Annual CAHPs conducted by the Alliance's contracted vendor for Group Care.

2. Sample members contacted by mail and/or phone are asked to respond to "Getting Needed Care" questions:

a. How easy was it to get specialty appointments within last 6 months?
b. How easy was it to get the care, tests, or treatment you thought you needed within last 6 months?

3. The DHCS CAHPS report contains key findings, conclusions, and recommendations.
4. The Alliance Quality, Utilization Management and Behavioral Health Department staff reviews the findings of the Alliance vendor CAHPS report and develop conclusions and recommendations.

2. Annual UM Satisfaction Survey Analyses and Reports

   a. Designated Quality, UM and BH Department staff review UM satisfaction survey results and prepare a report with findings, conclusions, and recommendations for Quality Improvement Health Equity Committee (QIHEC) review and approval;
   b. The UM/BH Satisfaction Survey findings, conclusions and recommendations are incorporated into the annual UM Program Evaluation and the UM Program Work Plan for the upcoming year.

3. UM/BH Satisfaction reported in Member Grievance and Appeals Cases

   a. Member grievance and appeal cases may provide evidence of satisfaction or dissatisfaction with Alliance UM services;
   b. Designated Quality, UM, and BH Department staff will review quarterly Grievance and Appeal reports for cases involving UM/BH satisfaction or dissatisfaction and will:

      i. Take appropriate follow-up action on individual cases;
      ii. Monitor quarterly reports for trends and patterns; and
      iii. Develop and implement improvement plans, when appropriate.

DEFINITIONS / ACRONYMS

Utilization Management (UM) is an organization-wide, interdisciplinary approach to balancing quality, risk, and cost concerns in the provision of patient care (Kongstevdt, 2001). It is the process of evaluating the medical necessity, appropriateness, and efficiency of health care services, and includes behavioral health care.

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AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

QI-101 Quality Improvement Health Equity Program

QI-117 Member Satisfaction Survey

QI-118 Provider Satisfaction Survey

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

Alameda Alliance for Health Utilization Management Program Description

REVISION HISTORY

01/10/2016, 12/15/2016, 04/16/2019, 05/21/2020, 03/22/2022, 6/20/2023, 04/25/2024

REFERENCES

DHCS Contract for Medi-Cal 2011, Exhibit A, Attachment 4 Quality Improvement System, § 9. D. Customer Satisfaction Survey

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MONITORING

The Compliance, Utilization Management, and Behavioral Health Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Quality Improvement Health Equity Committee annually.