

# One Care Implementation Council Provider Feedback Survey

## Survey Intro

The One Care Implementation Council is gathering feedback and input from providers regarding their experiences with One Care. This is an important opportunity for the provider community to give direct feedback to the Implementation Council (Council) on their experiences and satisfaction with One Care and to help shape the Council's priorities.

As you may know, One Care is a new integrated health care option for adults ages 21 to 64 who are eligible for both MassHealth and Medicare. One Care is serving over 18,800 Massachusetts residents across nine counties with the goal of integrating the delivery of medical care, behavioral health care and long-term services and supports.

The Implementation Council developed a confidential 10-minute online survey to learn how One Care is working for you and the people you serve. The Council was convened by the Massachusetts Executive Office of Health Human Services (EOHHS) to play a key role in providing support and input to the EOHHS regarding the implementation of One Care. The Council will use the information it collects from this survey to inform and make recommendations to EOHHS.

Thank you for taking time to complete this important survey.

The survey will remain open until August 28th 2014.

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## Privacy Statement

The purpose of this survey is to collect data on One Care provider experiences with One Care. Data collected from this survey will assist the Implementation Council to monitor the implementation of One Care and provide valuable feedback to MassHealth.

This survey is being collected anonymously, that is, without any names identified (unless the respondent volunteers his/her name). Respondents may voluntarily provide their name and contact information; however, survey data will not be associated with an individual respondent.

Multiple choice survey responses will be published as overall responses only (ex: "14 respondents said Yes"). Some open-ended responses may be published to communicate a concept raised by respondents.

To maintain confidentiality, each respondent is responsible for ensuring that entries do not contain information that would identify an organization or member.

Only staff from UMass Medical School conducting the research will have access to the raw survey results.

If you have any questions about the survey, please contact, Kate Russell at [Kate.Russell@umassmed.edu](mailto:Kate.Russell@umassmed.edu)

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## 1. Identify your provider category or categories. (Please check all that apply)

- Aging Services Access Point
- Community Behavioral Health Center
- Community Health Center
- Home Health Agency
- Independent Living Center
- Individuals with Developmental Disabilities Provider
- Hospital: General
- Hospital: Psychiatric
- Hospital: Special (e.g. Rehabilitation)
- Physician Organization: Primary Care Practice
- Physician Organization: Specialty Group
- Recovery Learning Community
- Other (please specify)

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## Demographics

**2. Annual number of people served by your organization:**

**3. Total One Care enrollees served as of today:**

**4. How many One Care plans does your organization have contracts with? (Please check all that apply)**

- Commonwealth Care Alliance
- Fallon Total Care
- Network Health Unify

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## Overall Satisfaction

Please rate your satisfaction with the plans and include any comments as necessary.

### 5. Contracting and Billing: Please rate your overall satisfaction with.....

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable (N/A)
Contracting to become a One Care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rates of payment under One Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing and payments under One Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The timeliness of prior authorizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The outcomes of prior authorization requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

### 6. Communication: Please rate your overall satisfaction with.....

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable (N/A)
The effectiveness of care coordinator communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall communication with the One Care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific communication regarding approval of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific communication regarding coordination of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

### 7. Services and Performance: Rate your overall satisfaction with....

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable (N/A)
The effectiveness of coordination of services and providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proper use of Long Term Services and Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How One Care plans are measuring your performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One Care plan performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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## Open-Ended Questions

**8. What has been the most positive aspect of One Care?**

**9. What has been the most challenging aspect of One Care?**

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## Thank You

Thank you for the completing the One Care Implementation Council Provider Feedback Survey. On this page you have the option to provide your name and contact information for information on survey results.

**10. Organization (Optional):**

**11. Name (Optional):**

**12. Email Address (Optional):**