

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:
COUNTIES:

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:
 Medical Group/ IPA/MSO
Primary Care

- IPA/MSO
- Directs
- MMG

Specialists

- Directs
- IPA

 Hospitals
Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL
PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

122233	127685	121934
127690	127657	114378
120104	127879	111131

Riverside/San Bernardino Counties

128007	126215	126556
128010	127709	123251

Sacramento County

127140	126232
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San Diego County

121588	120098	126236
121587	126225	121057

Imperial County

125680	121588
121587	

HEALTH MANAGEMENT ASSOCIATES SURVEY

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the Health Management Associates survey.

The perspectives and feedback of providers are critical to the ongoing effort to improve health plan business practices and to ensure responsiveness to health plan enrollees. Many of the patients you serve are enrolled in Medi-Cal. We are interested in hearing from you about how managed care plans can better partner with you to improve the care provided to Medi-Cal members.

To inform and improve this partnership, Health Management Associates (HMA) is conducting a survey of provider organizations in the Inland Empire on behalf of Molina Healthcare of California, one of two health plans serving Medi-Cal members in the Inland Empire. HMA is a health care consulting firm specializing in programs that serve the underserved. HMA is conducting this provider survey to better understand the perspectives of provider organizations in the Inland Empire.

We hope that you will take the time to complete the attached survey and give us your honest and direct feedback. While your input and advice will be kept strictly private, it is also extremely important to us.

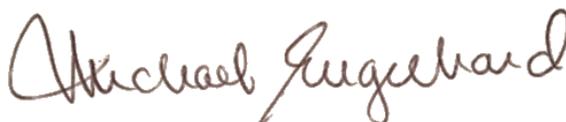
If you have any questions about this process, please feel free to contact Kristina Faeldan at (714) 549-2790 ext. 480.

Thank you in advance for your participation in this important exercise.

Please respond by October 16, 2015. You can provide your completed survey in one of the following ways:

- Email to kfaeldan@healthmanagement.com
- Fax to 1-866-379-3794
- Mail to Kristina Faeldan, 950 South Coast Drive, Suite 280, Costa Mesa, CA 92626

Sincerely,



Michael Engelhard
 Managing Principal, Health Management Associates

HMA PROVIDER SURVEY: AUGUST 2015

Provider Name: _____

NPI, if applicable: _____

Date: _____

Available to participate in interview: _____ (yes or no)

Title/Contact Phone or Email: _____/_____

1. I am the following type of provider in Molina Healthcare of California’s Medi-Cal network:

Type	✓	Describe practice or provider type
Primary Care Physician - Solo		
PCP- Medical Group/IPA – Size?		
Specialty Care - Solo		
Specialty Care - Medical Group/IPA		
FQHC Clinic		
RHC Clinic		
Other clinic		
Other:		

2. Relationship with Molina Healthcare of California in the Inland Empire Service Area:

Contracted with Molina for: <ul style="list-style-type: none"> - Under one year - Between one and three years - More than three years 	Fill in answer:
What is the percentage of Molina patients compared to your overall volume? <ul style="list-style-type: none"> - 0-10% - 10%-25% - More than 25% 	
Do you also accept Medicare and Commercial patients? <ul style="list-style-type: none"> - Yes - No 	

3. How would you rate Molina Healthcare of California overall in terms of a business partner:

Rating	✓	Comments
Excellent and responsive		
Better than most plans		
Worse than most plans		

HMA PROVIDER SURVEY: AUGUST 2015

4. Do you also contract with Inland Empire Health Plan? _____ Yes; _____ No.

5. Does Molina compare favorably with Inland Empire Health Plan? _____ Yes; _____ No.

If no, please provide areas and reasons why IEHP compares more favorably than Molina:

6. Would you recommend that other providers contract with Molina?

Yes	No	Why or Why Not?

7. Please answer the following statements regarding claims processing as 'true' or 'false', or not applicable. Comment as you wish:

Statement	T	F	Not Applicable	Comments
a. Molina's provider portal is helpful for claims.				
b. Molina provider relations staff are courteous, knowledgeable, and responsive about claims or capitation payments and questions about payment.				
c. My claims are processed in a timely manner.				
d. I receive my capitation payments in a timely manner.				
e. My claims are processed according to my participating provider agreement (i.e., paid accurately).				
f. My claims inquiries are answered promptly.				

HMA PROVIDER SURVEY: AUGUST 2015

Statement	T	F	Not Applicable	Comments
g. Denial notifications consistently provide clear denial reasons.				
h. The provider claim appeals process is easy to follow.				
i. Provider grievance and appeals processes are easily accessible on the website.				
j. Provider appeals are resolved in a timely manner.				
k. The ACA physician payment increase was handled well.				

8. Please answer the following statements regarding Provider Relations as 'true' or 'false' and comment as you wish:

Statement	T	F	Comments
a. Molina Provider Relations staff are courteous, knowledgeable, and responsive.			
b. Molina Provider Relations staff visit me regularly and frequently enough for my needs.			
c. Molina's provider trainings are informative and meet my needs.			
d. Molina's written communications and manuals provide helpful information and are easy to access.			
e. Molina provides me with timely notice of credentialing and re-credentialing requirements.			
f. Molina updates me in a timely manner on regulatory updates and notices from the state.			
g. Molina has an effective contracting department.			
h. Amendments to my participating provider agreement are clear, delivered in a timely manner, and easy to understand.			

9. Please answer the following statements regarding Medical Management as 'true' or 'false' and comment as you wish:

Statement	T	F	Comments
a. Utilization Management (UM) is always timely.			
b. Utilization Management representatives are friendly and helpful.			
c. Medical Management effectively communicates and assists with coordination of medical care, when necessary.			
d. I understand Molina's prior authorization (PA) and referral processes.			

HMA PROVIDER SURVEY: AUGUST 2015

Statement	T	F	Comments
e. Molina's processes and criteria for UM, PA, and referrals are clear and available on the website.			
f. Molina's staff is helpful and timely in obtaining a specialist referral for your patient.			
g. Molina's processes for appeal are clear and available on the website.			

10. Please answer the following statements regarding Quality as 'true' or 'false' and comment as you wish:

Statement	T	F	Comments
a. Molina has a clear and easy to understand quality program.			
b. Molina has a Pay-for-Performance (P4P) program.			
c. Molina's P4P program drives quality, if applicable.			
d. Molina does not have an adequate quality focus.			
e. Molina drives quality through provider incentives.			
f. Molina keeps me informed of quality improvement activities that impact my practice.			

11. Please answer the following statements regarding Pharmacy as 'true' or 'false' and comment as you wish:

Statement	T	F	Comments
a. The medications included on the Molina formulary adequately meet the needs of my practice.			
b. Prior Authorization drug requests are processed in a timely manner.			
c. Molina's online formulary is easy to use.			
d. Molina's Pharmacy Director is knowledgeable and responsive.			

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