



DWMHA Provider Network Satisfaction Survey-Practitioner

Welcome to DWMHA Provider Network Satisfaction Survey-Practitioner

DWMHA is seeking feedback from our valued network of Providers, including MCPNs, Organizations/Providers and Practitioners. We would like to gather, from each group, feedback on your experiences with DWMHA over the last 12 months. We are requesting your feedback specific to direct contracts in the following business lines, MI Health Link, Autism, Substance Use Disorder (SUD), Serious Emotional Disturbance (SED) and Supported Employment/EBP.

Three surveys have been developed and vary slightly to ensure questions are specific to the recipient. Depending upon your role, you may receive more than one survey. We respectfully ask that you complete each survey that you receive. Follow the instructions provided. Please note that the electronic survey must be completed in one session.

The survey will be available until Sunday, August 20, 2017 12:00AM.

Thank you for participating in our survey. Your feedback is important.



PRACTITIONER INFORMATION

* 1. Which Detroit Wayne Mental Health Authority (DWMHA) organization do you represent: (Please Check All That Apply).

- Substance Use Disorder (SUD)
- Serious Emotional Disturbance (SED)
- Supported Employment/EBP
- Autism
- MI Health Link
- Other (please specify)

* 2. Please indicate your role(s) within the DWMHA Behavioral Health System:

- | | |
|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Care Coordinator |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Practitioner |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Clinician |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Peer |
| <input type="checkbox"/> Other (please specify) | |

* 3. How many years of experience do you have in the behavioral health field?

- Less than 4
- 5-10
- 11-15
- 16 or more

* 4. Are you impaneled with other private insurers/payors?

Yes

No

* 5. Which population(s) do you serve? (Please check all that apply)

Children-SED

Substance Use Disorders

Adults-SMI

Co-Occurring Disorders (MI/SUD)

Intellectual/Developmental Disability-Adults

Autism Spectrum Disorders

Intellectual/Developmental Disability -Children/Adolescents

Supported Employment

* 6. What is your average monthly caseload of DWMHA consumers?

0-50

201-300

51-100

More than 300

101-200

Not Applicable / Does Not Apply

* 7. What is your preferred method of receiving communications from DWMHA?

Mail

Online Portal

Telephone

Email

Fax

In-person from your Managed Care Operations Contract, Program or Clinical Manager

* 8. Are you familiar with DWMHA's wellness program, myStrength™?

Yes, I've referred a consumer(s)

Yes, DWMHA invited my consumer(s) to participate

Yes, but none of my consumer(s) participate

No, I'm not familiar with this program



DWMHA COMPARISON & RATING

This section asks you to think about DWMHA compared to all of the other authorities, regions, PIHPs/CMHs, health plans, insurers/payors that your entity works with.

* 9. How would you rate DWMHA compared to all other insurers/payors with which you contract?

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 10. What is your overall satisfaction with DWMHA?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 11. How satisfied are you with DWMHA's communication of actions, policies, concerns, and other notices to you and your organization?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |



UTILIZATION MANAGEMENT

* 12. How satisfied are you with the ease of obtaining DMWHA's initial authorizations through MCPNs, COPE, SUD, Autism Spectrum Disorder, and/or MI Health Link?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 13. How satisfied are you with the ease of obtaining DMWHA's reauthorizations through MCPNs, COPE, Substance Use Disorder, Autism Spectrum Disorder, and/or MI Health Link?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 14. How satisfied are you with the consistency of application of Medical Necessity Criteria for determination of appropriate level of care?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 15. How satisfied are you with the ease of placement in the suitable setting necessary for reduction or stabilization of symptoms/disability and improvement/ stabilization of level of functioning?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 16. How satisfied are you with the Provider Appeal process for denials?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 17. How satisfied are you with MH-WIN authorization functions?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |



UTILIZATION AND QUALITY IMPROVEMENT

Please rate DWMHA in the following service areas when compared to your experience with other insurers/payors you work with:

* 18. Access to knowledgeable DWMHA Utilization Management staff.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 19. Procedures for obtaining pre-certification/referral/authorization information.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 20. Timeliness of obtaining pre-certification/referral/authorization information.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 21. DWMHA's facilitation/support of appropriate clinical care for patients.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 22. Access to Case/Care Managers from DWMHA.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 23. Degree to which DWMHA covers and encourages preventive care and wellness.

Well Above Average

Somewhat Below Average

Somewhat Above Average

Below Average

Average

Not Applicable

* 24. Access to knowledgeable DWMHA Quality Improvement staff.

Well Above Average

Somewhat Below Average

Somewhat Above Average

Below Average

Average

Not Applicable



NETWORK/COORDINATION OF CARE/INTEGRATED HEALTH

Please rate DWMHA in the following service areas when compared to your experience with other insurers/payors you work with.

* 25. The number of specialists in DWMHA's provider network.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 26. The quality of specialists in DWMHA's provider network.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 27. The timeliness of feedback/reports from specialists in DWMHA's provider network.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 28. How satisfied are you with the information you receive on the course of treatment between Mental Health Care Practitioners and SUD Practitioner on an ongoing basis (at least once a month)?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 29. How satisfied are you with the information you receive on the course of treatment between the Psychiatrist and SUD Providers on an ongoing basis (at least once a month)?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 30. How satisfied are you with the information you receive on the course of treatment between the Supports Coordinator and Direct Care Worker on an ongoing basis (at least once a month)?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 31. In your specific role, how satisfied are you with the communication related to treatment, services, and supports among all Healthcare Practitioners, Psychiatrist, and Support Personnel* within your system? (*Direct Care Workers, Coaches or Peer Support Specialists)

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |



PHARMACY

These questions ask about DWMHA's formulary. Please rate DWMHA in the following service areas when compared to your experience with other insurers/payors you work with.

* 32. Consistency of the formulary over time.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 33. Extent to which formulary reflects current standards of care.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 34. Variety of branded medications on the formulary.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 35. Ease of prescribing your preferred medications within formulary guidelines.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 36. Availability of comparable medications to substitute those not included in the formulary.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |



DWMHA CUSTOMER SERVICE & ACCESS CENTER

Please rate DWMHA in the following service areas when compared to your experience with other insurers/payors you work with.

* 37. Ease of reaching DWMHA Customer Service staff over the phone.

- | | |
|--|--|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable |

* 38. Process of obtaining member information from DWMHA's Access Center (eligibility, benefit coverage, special programs).

- | | |
|--|---|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable/Does Not Apply |

* 39. Helpfulness of DWMHA Access Center staff in obtaining referrals for individuals in your care.

- | | |
|--|---|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable/Does Not Apply |

* 40. Overall satisfaction with DWMHA Access Center.

- | | |
|--|---|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable/Does Not Apply |

* 41. Overall satisfaction with Community Outreach of Psychiatric Emergencies (COPE).

- | | |
|--|---|
| <input type="radio"/> Well Above Average | <input type="radio"/> Somewhat Below Average |
| <input type="radio"/> Somewhat Above Average | <input type="radio"/> Below Average |
| <input type="radio"/> Average | <input type="radio"/> Not Applicable/Does Not Apply |

* 42. Overall satisfaction with ProtoCall.

Well Above Average

Somewhat Above Average

Average

Somewhat Below Average

Below Average

Not Applicable/Does Not Apply



CHILDREN'S SERVICES

* 43. How would you rate your overall experience with the coordination of the Children's System of Care through the Children's Initiatives Staff at DWMHA?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 44. How would you rate your experience with the Children's Practice Standards with adopting and establishing guidelines for children's services?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 45. How would you rate your experience in communicating with the Children's Initiative staff and ease of accessibility?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 46. How would you rate your experience with Children's Initiatives ensuring parent and youth voice/involvement within the Children's System of Care?

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable / Does Not Apply |

* 47. How would you rate your overall experience with the coordination of the Children's System of Care through the Children's Initiatives Staff at DWMHA?

Completely Satisfied

Somewhat Dissatisfied

Somewhat Satisfied

Completely Dissatisfied

Neither Dissatisfied or Satisfied

Not Applicable / Does Not Apply



OVERALL SATISFACTION

* 48. How would you rate your overall satisfaction with DWMHA?

- Completely Satisfied
- Somewhat Satisfied
- Neither Dissatisfied or Satisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Not Applicable / Does Not Apply

* 49. Specific to the MI Health Link Program, please rate your overall satisfaction with Aetna.

- Completely Satisfied
- Somewhat Satisfied
- Neither Dissatisfied or Satisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Not Applicable/ Does Not Apply

* 50. Specific to the MI Health Link Program, please rate your overall satisfaction with AmeriHealth.

- Completely Satisfied
- Somewhat Satisfied
- Neither Dissatisfied or Satisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Not Applicable/Does Not Apply

* 51. Specific to the MI Health Link Program, please rate your overall satisfaction with HAP Midwest.

- Completely Satisfied
- Somewhat Satisfied
- Neither Dissatisfied or Satisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Not Applicable/Does Not Apply

* 52. Specific to the MI Health Link Program, please rate your overall satisfaction with Michigan Complete Health *formerly Fidelis*.

- Completely Satisfied
- Somewhat Satisfied
- Neither Dissatisfied or Satisfied
- Somewhat Dissatisfied
- Completely Dissatisfied
- Not Applicable/Does Not Apply

* 53. Specific to the MI Health Link Program, please rate your overall satisfaction with Molina.

- | | |
|---|---|
| <input type="radio"/> Completely Satisfied | <input type="radio"/> Somewhat Dissatisfied |
| <input type="radio"/> Somewhat Satisfied | <input type="radio"/> Completely Dissatisfied |
| <input type="radio"/> Neither Dissatisfied or Satisfied | <input type="radio"/> Not Applicable/Does Not Apply |

* 54. DWMHA makes every effort to honor its commitments.

- | | |
|--|---|
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree |
| <input type="radio"/> Neither Agree nor Disagree | |

* 55. DWMHA is accurate and honest in representing itself and its intentions.

- | | |
|--|---|
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree |
| <input type="radio"/> Neither Agree nor Disagree | |

* 56. DWMHA balances its interests with provider interests and doesn't take advantage of providers

- | | |
|--|---|
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree |
| <input type="radio"/> Neither Agree nor Disagree | |

* 57. Please rate the quality of DWMHA's online information/education resources compared to your experience with other insurers/payors you work with.

- | | |
|--|---|
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree |
| <input type="radio"/> Neither Agree nor Disagree | |

* 58. Please rate the quality of DWMHA's online functionality and provider transaction capabilities compared to your experience with other insurers/payors you work with.

- | | |
|--|---|
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree |
| <input type="radio"/> Neither Agree nor Disagree | |

59. What can DWMHA do to improve its service to you and/or your organization?