APPENDIX C: Indian Health Care Provider Evaluation of Managed Care Entities

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

RESPONDENT INFORMATION

In gratitude for your participation, we will be sending all respondents who fully complete this survey a $20 gift card for Amazon or Starbucks (your choice). For this purpose, to keep track of who participated, and to follow up if we have questions about any of your answers, we are asking for your name and contact information. WE WILL NOT LINK YOUR NAME (IDENTITY) TO YOUR RESPONSES IN ANY REPORT OR ANY OTHER USE OF THE DATA.

1. Contact Information

Name ____________________

Name of Your Tribe or Urban Indian Health Program ____________________

Email Address ____________________

Phone Number ____________________

2. If you fully complete the survey, what gift card would you like to receive?

- ◯ Amazon
- ◯ Starbucks

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

GREAT RIVERS BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

3. Has your IHCP ever had a contract with GREAT RIVERS BHO that your IHCP chose to end? (Counties served by Great Rivers BHO are Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum)

- ○ Yes
- ○ No

4. What issues led your IHCP to end the contract with GREAT RIVERS BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

5. Does your IHCP have a current contract with GREAT RIVERS BHO?

- ◯ Yes
- ◯ No

6. Why does your IHCP NOT have a current contract with GREAT RIVERS BHO? (Choose all that apply)

- ☐ Don't see a clear benefit to our IHCP from contracting
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ Reimbursement rates are too low
- ☐ Would take too long to receive reimbursement payments
- ☐ Other (please specify)
- ☐ Would take too much staff time to have claims fully processed
- ☐ Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers is too burdensome
- ☐ Need to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements cause too many delays and barriers
- ☐ Case management services lack cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

7. Has GREAT RIVERS BHO provided you with a specific contact for communication and service coordination?

- ◯ Yes
- ◯ No

8. Has your GREAT RIVERS BHO contact offered timely and competent assistance when you have interacted with them?

- ◯ Have not had a need to interact with the contact
- ◯ Yes
- ◯ No

9. Based on your interactions with GREAT RIVERS BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

10. How often has GREAT RIVERS BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

11. Has GREAT RIVERS BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

12. Has GREAT RIVERS BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

13. Compared to other plans, how would you describe the timeliness of GREAT RIVERS BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

14. How frequently does GREAT RIVERS BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

15. Approximately, how much of your staff time (provider time and administrative staff time) does GREAT RIVERS BHO's initial (first time) credentialing/certification process require for one provider?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

16. Approximately, how much of your staff time (provider time and administrative staff time) does GREAT RIVERS BHO's ongoing <u>re</u>credentialing/<u>re</u>certification process require for one provider, each time you have to <u>re</u>credential/<u>re</u>certify?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

17. Does GREAT RIVERS BHO provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this BHO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

18. For what types of services does GREAT RIVERS BHO require prior authorization? (Choose all that apply)

- ☐ NONE
- ☐ Inpatient SUD treatment
- ☐ Evaluation
- ☐ Medication management
- ☐ Medication assisted therapy (MAT)
- ☐ Other (please specify)

____

19. To what extent do GREAT RIVERS BHO's prior authorization requirements delay access to care?

- ◯ Prior authorization <u>significantly delays</u> access to care
- ◯ Prior authorization <u>somewhat delays</u> access to care
- ◯ Prior authorization <u>does not delay</u> access to care

20. To what extent do GREAT RIVERS BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

21. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by GREAT RIVERS BHO as a result of preauthorization?

- Yes
- No

22. Does GREAT RIVERS BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

23. Are non-tribal crisis responders and designated crisis responders (DCRs) from GREAT RIVERS BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- Never
- Sometimes
- Usually
- Always

24. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from GREAT RIVERS BHO are coordinating care with your providers.

- GREAT RIVERS BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- GREAT RIVERS BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- GREAT RIVERS BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- GREAT RIVERS BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

25. Does GREAT RIVERS BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

26. Does GREAT RIVERS BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

27. Does GREAT RIVERS BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

28. Does GREAT RIVERS BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

29. Do your IHCP's patients/clients who are insured with a GREAT RIVERS BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

30. Do your IHCP's patients/clients who are insured with a GREAT RIVERS BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- Yes
- No

31. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a GREAT RIVERS BHO plan have access to because they are insured with GREAT RIVERS BHO. These patients/clients would not have access to these services or benefits if they were not on a GREAT RIVERS BHO plan.

- [ ] Acupuncture
- [ ] Housing assistance
- [ ] Employment assistance
- [ ] Non-emergency transportation to care
- [ ] Other (please specify)

32. Please provide specific examples that demonstrate poor (unsatisfactory) service by GREAT RIVERS BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

33. Please provide specific examples that demonstrate good (satisfactory) service by GREAT RIVERS BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

GREATER COLUMBIA BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

34. Has your IHCP ever had a contract with GREATER COLUMBIA BHO that your IHCP chose to end? (Counties served are Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima)

- ◯ Yes
- ◯ No

35. What issues led your IHCP to end the contract with GREATER COLUMBIA BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

36. Does your IHCP have a current contract with GREATER COLUMBIA BHO?

- ◯ Yes
- ◯ No

37. Why does your IHCP NOT have a current contract with GREATER COLUMBIA BHO? (Choose all that apply)

- ☐ Don't see a clear benefit to our IHCP from contracting
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ Reimbursement rates are too low
- ☐ Would take too long to receive reimbursement payments
- ☐ Other (please specify)
- ☐ Would take too much staff time to have claims fully processed
- ☐ Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers is too burdensome
- ☐ Need to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements cause too many delays and barriers
- ☐ Case management services lack cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

38. Has GREATER COLUMBIA BHO provided you with a specific contact for communication and service coordination?

- ◯ Yes
- ◯ No

39. Has your GREATER COLUMBIA BHO contact offered timely and competent assistance when you have interacted with them?

- ◯ Have not had a need to interact with the contact
- ◯ Yes
- ◯ No

40. Based on your interactions with GREATER COLUMBIA BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protectionsthat apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

41. How often has GREATER COLUMBIA BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

42. Has GREATER COLUMBIA BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

43. Has GREATER COLUMBIA BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

44. Compared to other plans, how would you describe the timeliness of GREATER COLUMBIA BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

45. How frequently does GREATER COLUMBIA BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

46. Approximately, how much of your staff time (provider time and administrative staff time) does GREATER COLUMBIA BHO's initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

47. Approximately, how much of your staff time (provider time and administrative staff time) does GREATER COLUMBIA BHO's ongoing <u>re</u>credentialing/<u>re</u>certification process require for one provider, each time you have to <u>re</u>credential/<u>re</u>certify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

48. Does GREATER COLUMBIA BHO provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this BHO
- Sometimes
- Usually
- Always

49. For what types of services does GREATER COLUMBIA BHO require prior authorization? (Choose all that apply)

- [ ] NONE
- [ ] Inpatient SUD treatment
- [ ] Evaluation
- [ ] Medication management
- [ ] Medication assisted therapy (MAT)
- [ ] Other (please specify)

50. To what extent do GREATER COLUMBIA BHO's prior authorization requirements delay access to care?

- Prior authorization <u>significantly delays</u> access to care
- Prior authorization <u>somewhat delays</u> access to care
- Prior authorization <u>does not delay</u> access to care

51. To what extent do GREATER COLUMBIA BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

52. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by GREATER COLUMBIA BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

53. Does GREATER COLUMBIA BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

54. Are non-tribal crisis responders and designated crisis responders (DCRs) from GREATER COLUMBIA BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

55. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from GREATER COLUMBIA BHO are coordinating care with your providers.

- ◯ GREATER COLUMBIA BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ GREATER COLUMBIA BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ GREATER COLUMBIA BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ GREATER COLUMBIA BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

56. Does GREATER COLUMBIA BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

57. Does GREATER COLUMBIA BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

58. Does GREATER COLUMBIA BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

59. Does GREATER COLUMBIA BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

60. Do your IHCP's patients/clients who are insured with a GREATER COLUMBIA BHO plan have access to <u>providers</u> they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

61. Do your IHCP's patients/clients who are insured with a GREATER COLUMBIA BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ○ Yes
- ○ No

62. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a GREATER COLUMBIA BHO plan have access to because they are insured with GREATER COLUMBIA BHO. These patients/clients would not have access to these services or benefits if they were not on a GREATER COLUMBIA BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

63. Please provide specific examples that demonstrate poor (unsatisfactory) service by GREATER COLUMBIA BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

64. Please provide specific examples that demonstrate good (satisfactory) service by GREATER COLUMBIA BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)
KING COUNTY BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

65. Has your IHCP ever had a contract with KING COUNTY BHO that your IHCP chose to end? (County served is King County only)

- ◯ Yes
- ◯ No

66. What issues led your IHCP to end the contract with KING COUNTY BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

67. Does your IHCP have a current contract with KING COUNTY BHO?

- Yes
- No

68. Why does your IHCP NOT have a current contract with KING COUNTY BHO? (Choose all that apply)

- Don't see a clear benefit to our IHCP from contracting
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- Reimbursement rates are too low
- Would take too long to receive reimbursement payments
- Would take too much staff time to have claims fully processed
- Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- Requirements for credentialing/certifying our providers is too burdensome
- Need to do data entry twice on claims to receive reimbursement
- Preauthorization requirements cause too many delays and barriers
- Case management services lack cultural competency
- Poor coordination between non-IHCP services and IHCP services
- Other (please specify)

69. Has KING COUNTY BHO provided you with a specific contact for communication and service coordination?

- Yes
- No

70. Has your KING COUNTY BHO contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

71. Based on your interactions with KING COUNTY BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

72. How often has KING COUNTY BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

73. Has KING COUNTY BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

74. Has KING COUNTY BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

75. Compared to other plans, how would you describe the timeliness of KING COUNTY BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

76. How frequently does KING COUNTY BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

77. Approximately, how much of your staff time (provider time and administrative staff time) does KING COUNTY BHO's initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

78. Approximately, how much of your staff time (provider time and administrative staff time) does KING COUNTY BHO's ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

79. Does KING COUNTY BHO provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this BHO
- Sometimes
- Usually
- Always

80. For what types of services does KING COUNTY BHO require prior authorization? (Choose all that apply)

- NONE
- Inpatient SUD treatment
- Evaluation
- Other (please specify)
- Medication management
- Medication assisted therapy (MAT)

81. To what extent do KING COUNTY BHO's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

82. To what extent do KING COUNTY BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

83. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by KING COUNTY BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

84. Does KING COUNTY BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

85. Are non-tribal crisis responders and designated crisis responders (DCRs) from KING COUNTY BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

86. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from KING COUNTY BHO are coordinating care with your providers.

- ◯ KING COUNTY BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ KING COUNTY BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ KING COUNTY BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ KING COUNTY BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

87. Does KING COUNTY BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

88. Does KING COUNTY BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

89. Does KING COUNTY BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

90. Does KING COUNTY BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

91. Do your IHCP's patients/clients who are insured with a KING COUNTY BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

92. Do your IHCP's patients/clients who are insured with a KING COUNTY BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

93. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a KING COUNTY BHO plan have access to because they are insured with KING COUNTY BHO. These patients/clients would not have access to these services or benefits if they were not on a KING COUNTY BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

94. Please provide specific examples that demonstrate poor (unsatisfactory) service by KING COUNTY BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

95. Please provide specific examples that demonstrate good (satisfactory) service by KING COUNTY BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

NORTH CENTRAL BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

96. Has your IHCP ever had a contract with NORTH CENTRAL BHO that your IHCP chose to end? (Counties served are Chelan, Douglas, Grant)

- ◯ Yes
- ◯ No

97. What issues led your IHCP to end the contract with NORTH CENTRAL BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

98. Does your IHCP have a current contract with NORTH CENTRAL BHO?

- ○ Yes
- ○ No

99. Why does your IHCP NOT have a current contract with NORTH CENTRAL BHO? (Choose all that apply)

- ☐ Don't see a clear benefit to our IHCP from contracting
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ Reimbursement rates are too low
- ☐ Would take too long to receive reimbursement payments
- ☐ Other (please specify)
- ☐ Would take too much staff time to have claims fully processed
- ☐ Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers is too burdensome
- ☐ Need to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements cause too many delays and barriers
- ☐ Case management services lack cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

100. Has NORTH CENTRAL BHO provided you with a specific contact for communication and service coordination?

- ○ Yes
- ○ No

101. Has your NORTH CENTRAL BHO contact offered timely and competent assistance when you have interacted with them?

- ○ Have not had a need to interact with the contact
- ○ Yes
- ○ No

102. Based on your interactions with NORTH CENTRAL BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protectionsthat apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

103. How often has NORTH CENTRAL BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

104. Has NORTH CENTRAL BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

105. Has NORTH CENTRAL BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

106. Compared to other plans, how would you describe the timeliness of NORTH CENTRAL BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

107. How frequently does NORTH CENTRAL BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

108. Approximately, how much of your staff time (provider time and administrative staff time) does NORTH CENTRAL BHO's initial (first time) credentialing/certification process require for one provider?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

109. Approximately, how much of your staff time (provider time and administrative staff time) does NORTH CENTRAL BHO's ongoing <u>re</u>credentialing/<u>re</u>certification process require for one provider, each time you have to <u>re</u>credential/<u>re</u>certify?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

110. Does NORTH CENTRAL BHO provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this BHO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

111. For what types of services does NORTH CENTRAL BHO require prior authorization? (Choose all that apply)

- ☐ NONE
- ☐ Inpatient SUD treatment
- ☐ Evaluation
- ☐ Other (please specify)
- ☐ Medication management
- ☐ Medication assisted therapy (MAT)

____

112. To what extent do NORTH CENTRAL BHO's prior authorization requirements delay access to care?

- ◯ Prior authorization <u>significantly delays</u> access to care
- ◯ Prior authorization <u>somewhat delays</u> access to care
- ◯ Prior authorization <u>does not delay</u> access to care

113. To what extent do NORTH CENTRAL BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

114. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by NORTH CENTRAL BHO as a result of preauthorization?

- Yes
- No

115. Does NORTH CENTRAL BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

116. Are non-tribal crisis responders and designated crisis responders (DCRs) from NORTH CENTRAL BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- Never
- Sometimes
- Usually
- Always

117. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from NORTH CENTRAL BHO are coordinating care with your providers.

- NORTH CENTRAL BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- NORTH CENTRAL BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- NORTH CENTRAL BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- NORTH CENTRAL BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

118. Does NORTH CENTRAL BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

119. Does NORTH CENTRAL BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

120. Does NORTH CENTRAL BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

121. Does NORTH CENTRAL BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

122. Do your IHCP's patients/clients who are insured with a NORTH CENTRAL BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

123. Do your IHCP's patients/clients who are insured with a NORTH CENTRAL BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

124. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a NORTH CENTRAL BHO plan have access to because they are insured with NORTH CENTRAL BHO. These patients/clients would not have access to these services or benefits if they were not on a NORTH CENTRAL BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

125. Please provide specific examples that demonstrate poor (unsatisfactory) service by NORTH CENTRAL BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

126. Please provide specific examples that demonstrate good (satisfactory) service by NORTH CENTRAL BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)
NORTH SOUND BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

127. Has your IHCP ever had a contract with NORTH SOUND BHO that your IHCP chose to end? (Counties served are Island, San Juan, Skagit, Snohomish, Whatcom)

- ○ Yes
- ○ No

128. What issues led your IHCP to end the contract with NORTH SOUND BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

129. Does your IHCP have a current contract with NORTH SOUND BHO?

- ◯ Yes
- ◯ No

130. Why does your IHCP NOT have a current contract with NORTH SOUND BHO? (Choose all that apply)

- ☐ Don't see a clear benefit to our IHCP from contracting
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Would impose an unreasonable administrative burden to enter into a contract
- ☐ Would impose an unreasonable administrative burden on an ongoing basis
- ☐ Reimbursement rates are too low
- ☐ Would take too long to receive reimbursement payments
- ☐ Other (please specify)
- ☐ Would take too much staff time to have claims fully processed
- ☐ Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers is too burdensome
- ☐ Need to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements cause too many delays and barriers
- ☐ Case management services lack cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

131. Has NORTH SOUND BHO provided you with a specific contact for communication and service coordination?

- ◯ Yes
- ◯ No

132. Has your NORTH SOUND BHO contact offered timely and competent assistance when you have interacted with them?

- ◯ Have not had a need to interact with the contact
- ◯ Yes
- ◯ No

133. Based on your interactions with NORTH SOUND BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protectionsthat apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

134. How often has NORTH SOUND BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

135. Has NORTH SOUND BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

136. Has NORTH SOUND BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

137. Compared to other plans, how would you describe the timeliness of NORTH SOUND BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

138. How frequently does NORTH SOUND BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

139. Approximately, how much of your staff time (provider time and administrative staff time) does NORTH SOUND BHO's initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

140. Approximately, how much of your staff time (provider time and administrative staff time) does NORTH SOUND BHO's ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

141. Does NORTH SOUND BHO provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this BHO
- Sometimes
- Usually
- Always

142. For what types of services does NORTH SOUND BHO require prior authorization? (Choose all that apply)

- NONE
- Inpatient SUD treatment
- Evaluation
- Other (please specify)
- Medication management
- Medication assisted therapy (MAT)

143. To what extent do NORTH SOUND BHO's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

144. To what extent do NORTH SOUND BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

145. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by NORTH SOUND BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

146. Does NORTH SOUND BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

147. Are non-tribal crisis responders and designated crisis responders (DCRs) from NORTH SOUND BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

148. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from NORTH SOUND BHO are coordinating care with your providers.

- ◯ NORTH SOUND BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ NORTH SOUND BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ NORTH SOUND BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ NORTH SOUND BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

149. Does NORTH SOUND BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

150. Does NORTH SOUND BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

151. Does NORTH SOUND BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

152. Does NORTH SOUND BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

153. Do your IHCP's patients/clients who are insured with a NORTH SOUND BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

154. Do your IHCP's patients/clients who are insured with a NORTH SOUND BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

155. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a NORTH SOUND BHO plan have access to because they are insured with NORTH SOUND BHO. These patients/clients would not have access to these services or benefits if they were not on a NORTH SOUND BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

156. Please provide specific examples that demonstrate poor (unsatisfactory) service by NORTH SOUND BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

157. Please provide specific examples that demonstrate good (satisfactory) service by NORTH SOUND BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

OPTUM PIERCE BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

158. Has your IHCP ever had a contract with OPTUM PIERCE BHO that your IHCP chose to end? (County served is Pierce)

- ○ Yes
- ○ No

159. What issues led your IHCP to end the contract with OPTUM PIERCE BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

160. Does your IHCP have a current contract with OPTUM PIERCE BHO?

- Yes
- No

161. Why does your IHCP NOT have a current contract with OPTUM PIERCE BHO? (Choose all that apply)

- Don't see a clear benefit to our IHCP from contracting
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- Reimbursement rates are too low
- Would take too long to receive reimbursement payments
- Other (please specify)
- Would take too much staff time to have claims fully processed
- Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- Requirements for credentialing/certifying our providers is too burdensome
- Need to do data entry twice on claims to receive reimbursement
- Preauthorization requirements cause too many delays and barriers
- Case management services lack cultural competency
- Poor coordination between non-IHCP services and IHCP services

162. Has OPTUM PIERCE BHO provided you with a specific contact for communication and service coordination?

- Yes
- No

163. Has your OPTUM PIERCE BHO contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

164. Based on your interactions with OPTUM PIERCE BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protectionsthat apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

165. How often has OPTUM PIERCE BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

166. Has OPTUM PIERCE BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

167. Has OPTUM PIERCE BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

168. Compared to other plans, how would you describe the timeliness of OPTUM PIERCE BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

169. How frequently does OPTUM PIERCE BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

170. Approximately, how much of your staff time (provider time and administrative staff time) does OPTUM PIERCE BHO's initial (first time) credentialing/certification process require for one provider?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

171. Approximately, how much of your staff time (provider time and administrative staff time) does OPTUM PIERCE BHO's ongoing <u>re</u>credentialing/<u>re</u>certification process require for one provider, each time you have to <u>re</u>credential/<u>re</u>certify?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

172. Does OPTUM PIERCE BHO provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this BHO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

173. For what types of services does OPTUM PIERCE BHO require prior authorization? (Choose all that apply)

- ☐ NONE
- ☐ Inpatient SUD treatment
- ☐ Evaluation
- ☐ Medication management
- ☐ Medication assisted therapy (MAT)
- ☐ Other (please specify)

174. To what extent do OPTUM PIERCE BHO's prior authorization requirements delay access to care?

- ◯ Prior authorization <u>significantly delays</u> access to care
- ◯ Prior authorization <u>somewhat delays</u> access to care
- ◯ Prior authorization <u>does not delay</u> access to care

175. To what extent do OPTUM PIERCE BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

176. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by OPTUM PIERCE BHO as a result of preauthorization?

- Yes
- No

177. Does OPTUM PIERCE BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

178. Are non-tribal crisis responders and designated crisis responders (DCRs) from OPTUM PIERCE BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- Never
- Sometimes
- Usually
- Always

179. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from OPTUM PIERCE BHO are coordinating care with your providers.

- OPTUM PIERCE BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- OPTUM PIERCE BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- OPTUM PIERCE BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- OPTUM PIERCE BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

180. Does OPTUM PIERCE BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

181. Does OPTUM PIERCE BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

182. Does OPTUM PIERCE BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

183. Does OPTUM PIERCE BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

184. Do your IHCP's patients/clients who are insured with a OPTUM PIERCE BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

185. Do your IHCP's patients/clients who are insured with a OPTUM PIERCE BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

186. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a OPTUM PIERCE BHO plan have access to because they are insured with OPTUM PIERCE BHO. These patients/clients would not have access to these services or benefits if they were not on a OPTUM PIERCE BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

187. Please provide specific examples that demonstrate poor (unsatisfactory) service by OPTUM PIERCE BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

188. Please provide specific examples that demonstrate good (satisfactory) service by OPTUM PIERCE BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

SALISH BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

189. Has your IHCP ever had a contract with SALISH BHO that your IHCP chose to end? (Counties served are Clallam, Jefferson, Kitsap)

- ○ Yes
- ○ No

190. What issues led your IHCP to end the contract with SALISH BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

191. Does your IHCP have a current contract with SALISH BHO?

- Yes
- No

192. Why does your IHCP NOT have a current contract with SALISH BHO? (Choose all that apply)

- Don't see a clear benefit to our IHCP from contracting
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- Reimbursement rates are too low
- Would take too long to receive reimbursement payments
- Would take too much staff time to have claims fully processed
- Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- Requirements for credentialing/certifying our providers is too burdensome
- Need to do data entry twice on claims to receive reimbursement
- Preauthorization requirements cause too many delays and barriers
- Case management services lack cultural competency
- Poor coordination between non-IHCP services and IHCP services
- Other (please specify)

193. Has SALISH BHO provided you with a specific contact for communication and service coordination?

- Yes
- No

194. Has your SALISH BHO contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

195. Based on your interactions with SALISH BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

196. How often has SALISH BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

197. Has SALISH BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

198. Has SALISH BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

199. Compared to other plans, how would you describe the timeliness of SALISH BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

200. How frequently does SALISH BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

201. Approximately, how much of your staff time (provider time and administrative staff time) does SALISH BHO's initial (first time) credentialing/certification process require for one provider?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

202. Approximately, how much of your staff time (provider time and administrative staff time) does SALISH BHO's ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

203. Does SALISH BHO provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this BHO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

204. For what types of services does SALISH BHO require prior authorization? (Choose all that apply)

- ☐ NONE
- ☐ Inpatient SUD treatment
- ☐ Evaluation
- ☐ Medication management
- ☐ Medication assisted therapy (MAT)
- ☐ Other (please specify)

205. To what extent do SALISH BHO's prior authorization requirements delay access to care?

- ◯ Prior authorization significantly delays access to care
- ◯ Prior authorization somewhat delays access to care
- ◯ Prior authorization does not delay access to care

206. To what extent do SALISH BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

207. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by SALISH BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

208. Does SALISH BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

209. Are non-tribal crisis responders and designated crisis responders (DCRs) from SALISH BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

210. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from SALISH BHO are coordinating care with your providers.

- ◯ SALISH BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ SALISH BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ SALISH BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ SALISH BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

211. Does SALISH BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

212. Does SALISH BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

213. Does SALISH BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

214. Does SALISH BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

215. Do your IHCP's patients/clients who are insured with a SALISH BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

216. Do your IHCP's patients/clients who are insured with a SALISH BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ○ Yes
- ○ No

217. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a SALISH BHO plan have access to because they are insured with SALISH BHO. These patients/clients would not have access to these services or benefits if they were not on a SALISH BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

218. Please provide specific examples that demonstrate poor (unsatisfactory) service by SALISH BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

219. Please provide specific examples that demonstrate good (satisfactory) service by SALISH BHO to your IHCP and/or your IHCP's patients.

Behavioral Health Organizations (BHOs)

SPOKANE COUNTY REGIONAL BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

220. Has your IHCP ever had a contract with SPOKANE COUNTY REGIONAL BHO that your IHCP chose to end? (Counties served are Adams, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens)

○ Yes

○ No

221. What issues led your IHCP to end the contract with SPOKANE COUNTY REGIONAL BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

222. Does your IHCP have a current contract with SPOKANE COUNTY REGIONAL BHO?

- Yes
- No

223. Why does your IHCP NOT have a current contract with SPOKANE COUNTY REGIONAL BHO? (Choose all that apply)

- Don't see a clear benefit to our IHCP from contracting
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- Reimbursement rates are too low
- Would take too long to receive reimbursement payments
- Other (please specify)
- Would take too much staff time to have claims fully processed
- Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- Requirements for credentialing/certifying our providers is too burdensome
- Need to do data entry twice on claims to receive reimbursement
- Preauthorization requirements cause too many delays and barriers
- Case management services lack cultural competency
- Poor coordination between non-IHCP services and IHCP services

224. Has SPOKANE COUNTY REGIONAL BHO provided you with a specific contact for communication and service coordination?

- Yes
- No

225. Has your SPOKANE COUNTY REGIONAL BHO contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

226. Based on your interactions with SPOKANE COUNTY REGIONAL BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protectionsthat apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

227. How often has SPOKANE COUNTY REGIONAL BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

228. Has SPOKANE COUNTY REGIONAL BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

229. Has SPOKANE COUNTY REGIONAL BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

230. Compared to other plans, how would you describe the timeliness of SPOKANE COUNTY REGIONAL BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

231. How frequently does SPOKANE COUNTY REGIONAL BHO require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

232. Approximately, how much of your staff time (provider time and administrative staff time) does SPOKANE COUNTY REGIONAL BHO's initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

233. Approximately, how much of your staff time (provider time and administrative staff time) does SPOKANE COUNTY REGIONAL BHO's ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

234. Does SPOKANE COUNTY REGIONAL BHO provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this BHO
- Sometimes
- Usually
- Always

235. For what types of services does SPOKANE COUNTY REGIONAL BHO require prior authorization? (Choose all that apply)

- NONE
- Inpatient SUD treatment
- Evaluation
- Other (please specify)
- Medication management
- Medication assisted therapy (MAT)

236. To what extent do SPOKANE COUNTY REGIONAL BHO's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

237. To what extent do SPOKANE COUNTY REGIONAL BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

238. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by SPOKANE COUNTY REGIONAL BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

239. Does SPOKANE COUNTY REGIONAL BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

240. Are non-tribal crisis responders and designated crisis responders (DCRs) from SPOKANE COUNTY REGIONAL BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

241. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from SPOKANE COUNTY REGIONAL BHO are coordinating care with your providers.

- ◯ SPOKANE COUNTY REGIONAL BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ SPOKANE COUNTY REGIONAL BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ SPOKANE COUNTY REGIONAL BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ SPOKANE COUNTY REGIONAL BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

242. Does SPOKANE COUNTY REGIONAL BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

243. Does SPOKANE COUNTY REGIONAL BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

244. Does SPOKANE COUNTY REGIONAL BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

245. Does SPOKANE COUNTY REGIONAL BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

246. Do your IHCP's patients/clients who are insured with a SPOKANE COUNTY REGIONAL BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

247. Do your IHCP's patients/clients who are insured with a SPOKANE COUNTY REGIONAL BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

248. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a SPOKANE COUNTY REGIONAL BHO plan have access to because they are insured with SPOKANE COUNTY REGIONAL BHO. These patients/clients would not have access to these services or benefits if they were not on a SPOKANE COUNTY REGIONAL BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

249. Please provide specific examples that demonstrate poor (unsatisfactory) service by SPOKANE COUNTY REGIONAL BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

250. Please provide specific examples that demonstrate good (satisfactory) service by SPOKANE COUNTY REGIONAL BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Behavioral Health Organizations (BHOs)

THURSTON-MASON BHO

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require you to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

251. Has your IHCP ever had a contract with THURSTON-MASON BHO that your IHCP chose to end? (Counties served are Mason, Thurston)

- ◯ Yes
- ◯ No

252. What issues led your IHCP to end the contract with THURSTON-MASON BHO? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services
- ☐ We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- ☐ Other (please specify)

253. Does your IHCP have a current contract with THURSTON-MASON BHO?

- Yes
- No

254. Why does your IHCP NOT have a current contract with THURSTON-MASON BHO? (Choose all that apply)

- Don't see a clear benefit to our IHCP from contracting
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- Would impose an unreasonable administrative burden to enter into a contract
- Would impose an unreasonable administrative burden on an ongoing basis
- Reimbursement rates are too low
- Would take too long to receive reimbursement payments
- Other (please specify)
- Would take too much staff time to have claims fully processed
- Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- Requirements for credentialing/certifying our providers is too burdensome
- Need to do data entry twice on claims to receive reimbursement
- Preauthorization requirements cause too many delays and barriers
- Case management services lack cultural competency
- Poor coordination between non-IHCP services and IHCP services

255. Has THURSTON-MASON BHO provided you with a specific contact for communication and service coordination?

- Yes
- No

256. Has your THURSTON-MASON BHO contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

257. Based on your interactions with THURSTON-MASON BHO staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

258. How often has THURSTON-MASON BHO met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

259. Has THURSTON-MASON BHO included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

260. Has THURSTON-MASON BHO provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

261. Compared to other plans, how would you describe the timeliness of THURSTON-MASON BHO's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

262. How frequently does THURSTON-MASON require your IHCP to credential/certify your providers?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

263. Approximately, how much of your staff time (provider time and administrative staff time) does THURSTON-MASON BHO's initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

264. Approximately, how much of your staff time (provider time and administrative staff time) does THURSTON-MASON BHO's ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

265. Does THURSTON-MASON BHO provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this BHO
- Sometimes
- Usually
- Always

266. For what types of services does THURSTON-MASON BHO require prior authorization? (Choose all that apply)

- NONE
- Inpatient SUD treatment
- Evaluation
- Other (please specify)
- Medication management
- Medication assisted therapy (MAT)

267. To what extent do THURSTON-MASON BHO's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

268. To what extent do THURSTON-MASON BHO's prior authorization requirements result in NO ACCESS (or denied access) to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

269. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by THURSTON-MASON BHO as a result of preauthorization?

- ◯ Yes
- ◯ No

270. Does THURSTON-MASON BHO notify the appropriate tribal authority when they provide crisis services on tribal land?

- ◯ Does not apply (no tribal land)
- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

271. Are non-tribal crisis responders and designated crisis responders (DCRs) from THURSTON-MASON BHO debriefing the appropriate providers at your IHCP after they provide crisis services?

- ◯ Never
- ◯ Sometimes
- ◯ Usually
- ◯ Always

272. Please describe how well non-tribal crisis responders and designated crisis responders (DCRs) from THURSTON-MASON BHO are coordinating care with your providers.

- ◯ THURSTON-MASON BHO crisis responders and designated crisis responders (DCRs) are not coordinating at all with our providers
- ◯ THURSTON-MASON BHO crisis responders and designated crisis responders (DCRs) are coordinating poorly with our providers
- ◯ THURSTON-MASON BHO crisis responders and designated crisis responders (DCRs) are coordinating adequately with our providers
- ◯ THURSTON-MASON BHO crisis responders and designated crisis responders (DCRs) are coordinating very well with our providers

273. Does THURSTON-MASON BHO consult with your IHCP's behavioral health providers regarding the determination to detain for involuntary commitment?

- Never
- Sometimes
- Usually
- Always

274. Does THURSTON-MASON BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations on tribal lands - including when non-Designated Crisis Responders (DCRs) conduct ITA evaluations on tribal land?

- Does not apply (no tribal land)
- Never
- Sometimes
- Usually
- Always

275. Does THURSTON-MASON BHO coordinate with your providers on Involuntary Treatment Act (ITA) mental health and Involuntary Treatment Act (ITA) substance use disorder evaluations NOT conducted on tribal lands - in particular, during transportation to a site for evaluation or detention?

- Never
- Sometimes
- Usually
- Always

276. Does THURSTON-MASON BHO coordinate with your providers on inpatient discharge planning and discharge activities?

- Never
- Sometimes
- Usually
- Always

277. Do your IHCP's patients/clients who are insured with a THURSTON-MASON BHO plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

278. Do your IHCP's patients/clients who are insured with a THURSTON-MASON BHO plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

279. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a THURSTON-MASON BHO plan have access to because they are insured with THURSTON-MASON BHO. These patients/clients would not have access to these services or benefits if they were not on a THURSTON-MASON BHO plan.

- ☐ Acupuncture
- ☐ Housing assistance
- ☐ Employment assistance
- ☐ Non-emergency transportation to care
- ☐ Other (please specify)

280. Please provide specific examples that demonstrate poor (unsatisfactory) service by THURSTON-MASON BHO to your IHCP and/or your IHCP's patients. (What has not gone well?)

281. Please provide specific examples that demonstrate good (satisfactory) service by THURSTON-MASON BHO to your IHCP and/or your IHCP's patients.

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Managed Care Organizations (MCOs) - AMERIGROUP

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

282. Has your IHCP ever had a contract with AMERIGROUP that your IHCP chose to end?

- ○ Yes
- ○ No

283. What issues led your IHCP to end the contract with AMERIGROUP? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Other (please specify)
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

284. Does your IHCP have a current contract with AMERIGROUP?

- ○ Yes
- ○ No

285. Why not? (Choose all that apply)

- [ ] Don't see a clear benefit to our IHCP from contracting
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] Reimbursement rates are too low
- [ ] Would take too long to receive reimbursement payments
- [ ] Would take too much staff time to have claims fully processed
- [ ] Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers is too burdensome
- [ ] Need to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements cause too many delays and barriers
- [ ] Case management services lack cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services
- [ ] Other (please specify)

286. Has AMERIGROUP provided you with a specific contact for communication and service coordination?

- ( ) Yes
- ( ) No

287. Has your AMERIGROUP contact offered timely and competent assistance when you have interacted with them?

- ( ) Have not had a need to interact with the contact
- ( ) Yes
- ( ) No

288. Based on your interactions with AMERIGROUP's staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- ( ) Poor
- ( ) Adequate
- ( ) Good

289. How often has AMERIGROUP met with you or others at your IHCP?

- Never
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

290. How often has AMERIGROUP met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

291. Has AMERIGROUP included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

292. Has AMERIGROUP provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

293. Compared to other plans, how would you describe the timeliness of AMERIGROUP's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

294. How frequently does AMERIGROUP require your IHCP to credential/certify your provider?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

295. Approximately, how much of your staff time (provider time and administrative staff time) does the initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

296. Approximately, how much of your staff time (provider time and administrative staff time) does the ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

297. Does AMERIGROUP provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this MCO
- Sometimes
- Usually
- Always

298. For what types of services does AMERIGROUP require prior authorization?

- [ ] Imaging
- [ ] Specialty care provider visits
- [ ] Non-emergency surgery
- [ ] Prescriptions
- [ ] Physical therapy
- [ ] Rehabilitative care
- [ ] Home Health care
- [ ] Chiropractic
- [ ] Durable medical equipment
- [ ] NONE
- [ ] Other (please specify)

299. To what extent do AMERIGROUP's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

300. To what extent do AMERIGROUP's prior authorization requirements result in NO ACCESS to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

301. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by AMERIGROUP as a result of preauthorization?

- Yes
- No

302. Please describe how well AMERIGROUP coordinates care with your providers on OUTPATIENT CARE.

- AMERIGROUP is not coordinating care at all with our providers on outpatient care
- AMERIGROUP is coordinating care poorly with our providers on outpatient care
- AMERIGROUP is coordinating care adequately with our providers on outpatient care
- AMERIGROUP is coordinating care very well with our providers on outpatient care

303. Does AMERIGROUP coordinate with your providers on inpatient discharge planning and discharge activities?

- AMERIGROUP is not coordinating at all on inpatient discharge planning and discharge activities
- AMERIGROUP is coordinating poorly on inpatient discharge planning and discharge activities
- AMERIGROUP is coordinating adequately on inpatient discharge planning and discharge activities
- AMERIGROUP is coordinating very well on inpatient discharge planning and discharge activities

304. Do your IHCP's patients/clients who are insured with an AMERIGROUP plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

305. Do your IHCP's patients/clients who are insured with an AMERIGROUP plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- Yes
- No

306. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with an AMERIGROUP plan have access to because they are insured with AMERIGROUP. These patients/clients would not have access to these services or benefits if they were not on an AMERIGROUP plan.

- [ ] Vision exams
- [ ] Eyeglasses
- [ ] Hearing aids
- [ ] Traditional healing
- [ ] Acupuncture
- [ ] Massage
- [ ] Gym membership
- [ ] Cell phones
- [ ] Breast pumps
- [ ] Non-emergency transportation to care
- [ ] Other (please specify)

307. Please provide specific examples that demonstrate poor (unsatisfactory) service by AMERIGROUP to your IHCP and/or your IHCP's patients. (What has not gone well?)

308. Please provide specific examples that demonstrate good (satisfactory) service by AMERIGROUP to your IHCP and/or your IHCP's patients. (What has gone well?)

Indian Healthcare Provider Evaluation of Managed Care Entities in Washington

Managed Care Organizations (MCOs) - COMMUNITY HEALTH PLAN OF WASHINGTON

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

309. Has your IHCP ever had a contract with COMMUNITY HEALTH PLAN OF WASHINGTON that your IHCP chose to end?

- ○ Yes
- ○ No

310. What issues led your IHCP to end the contract with COMMUNITY HEALTH PLAN OF WASHINGTON?

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Other (please specify)

311. What issues led your IHCP to end the contract with COMMUNITY HEALTH PLAN OF WASHINGTON? (Choose all that apply)

- [ ] It took too long to receive reimbursement payments
- [ ] Reimbursement rates were too low
- [ ] It took too much staff time to have claims fully processed
- [ ] Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers was too burdensome
- [ ] Needed to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements caused too many delays and barriers
- [ ] Case management services lacked cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - the contract required us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Other (please specify)

312. Does your IHCP have a current contract with COMMUNITY HEALTH PLAN OF WASHINGTON?

- ( ) Yes
- ( ) No

313. Why not? (Choose all that apply)

- [ ] Don't see a clear benefit to our IHCP from contracting
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] Reimbursement rates are too low
- [ ] Would take too long to receive reimbursement payments
- [ ] Would take too much staff time to have claims fully processed
- [ ] Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers is too burdensome
- [ ] Need to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements cause too many delays and barriers
- [ ] Case management services lack cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services
- [ ] Other (please specify)

314. Has COMMUNITY HEALTH PLAN OF WASHINGTON provided you with a specific contact for communication and service coordination?

- Yes
- No

315. Has your COMMUNITY HEALTH PLAN OF WASHINGTON contact offered timely and competent assistance when you have interacted with them?

- Have not had a need to interact with the contact
- Yes
- No

316. Based on your interactions with COMMUNITY HEALTH PLAN OF WASHINGTON's staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- Poor
- Adequate
- Good

317. How often has COMMUNITY HEALTH PLAN OF WASHINGTON met with you or others at your IHCP?

- Never
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

318. How often has COMMUNITY HEALTH PLAN OF WASHINGTON met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

319. Has COMMUNITY HEALTH PLAN OF WASHINGTON included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

320. Has COMMUNITY HEALTH PLAN OF WASHINGTON provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

321. Compared to other plans, how would you describe the timeliness of COMMUNITY HEALTH PLAN OF WASHINGTON's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

322. How frequently does COMMUNITY HEALTH PLAN OF WASHINGTON require your IHCP to credential/certify your provider?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

323. Approximately, how much of your staff time (provider time and administrative staff time) does the initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

324. Approximately, how much of your staff time (provider time and administrative staff time) does the ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

325. Does COMMUNITY HEALTH PLAN OF WASHINGTON provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this MCO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

326. For what types of services does COMMUNITY HEALTH PLAN OF WASHINGTON require prior authorization?

- ☐ Imaging
- ☐ Specialty care provider visits
- ☐ Non-emergency surgery
- ☐ Prescriptions
- ☐ Physical therapy
- ☐ Rehabilitative care
- ☐ Home Health care
- ☐ Chiropractic
- ☐ Durable medical equipment
- ☐ NONE
- ☐ Other (please specify)

327. To what extent do COMMUNITY HEALTH PLAN OF WASHINGTON's prior authorization requirements delay access to care?

- ◯ Prior authorization significantly delays access to care
- ◯ Prior authorization somewhat delays access to care
- ◯ Prior authorization does not delay access to care

328. To what extent do COMMUNITY HEALTH PLAN OF WASHINGTON's prior authorization requirements result in NO ACCESS to care?

- ◯ Prior authorization often results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for a reasonable number of cases
- ◯ Prior authorization rarely results in NO ACCESS to care

329. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by COMMUNITY HEALTH PLAN OF WASHINGTON as a result of preauthorization?

- ◯ Yes
- ◯ No

330. Please describe how well COMMUNITY HEALTH PLAN OF WASHINGTON coordinates care with your providers on OUTPATIENT CARE.

- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is not coordinating care at all with our providers on outpatient care
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating care poorly with our providers on outpatient care
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating care adequately with our providers on outpatient care
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating care very well with our providers on outpatient care

331. Does COMMUNITY HEALTH PLAN OF WASHINGTON coordinate with your providers on inpatient discharge planning and discharge activities?

- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is not coordinating at all on inpatient discharge planning and discharge activities
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating poorly on inpatient discharge planning and discharge activities
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating adequately on inpatient discharge planning and discharge activities
- ◯ COMMUNITY HEALTH PLAN OF WASHINGTON is coordinating very well on inpatient discharge planning and discharge activities

332. Do your IHCP's patients/clients who are insured with a COMMUNITY HEALTH PLAN OF WASHINGTON plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

333. Do your IHCP's patients/clients who are insured with a COMMUNITY HEALTH PLAN OF WASHINGTON plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

334. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a COMMUNITY HEALTH PLAN OF WASHINGTON plan have access to because they are insured with COMMUNITY HEALTH PLAN OF WASHINGTON. These patients/clients would not have access to these services or benefits if they were not on a COMMUNITY HEALTH PLAN OF WASHINGTON plan.

- [ ] Vision exams
- [ ] Eyeglasses
- [ ] Hearing aids
- [ ] Traditional healing
- [ ] Acupuncture
- [ ] Other (please specify)
- [ ] Massage
- [ ] Gym membership
- [ ] Cell phones
- [ ] Breast pumps
- [ ] Non-emergency transportation to care

335. Please provide specific examples that demonstrate poor (unsatisfactory) service by COMMUNITY HEALTH PLAN OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has not gone well?)

336. Please provide specific examples that demonstrate good (satisfactory) service by COMMUNITY HEALTH PLAN OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has gone well?)

Managed Care Organizations (MCOs) - COORDINATED CARE OF WASHINGTON

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

337. Has your IHCP ever had a contract with COORDINATED CARE OF WASHINGTON that your IHCP chose to end?

- ○ Yes
- ○ No

338. What issues led your IHCP to end the contract with COORDINATED CARE OF WASHINGTON? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Other (please specify)
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

339. Does your IHCP have a current contract with COORDINATED CARE OF WASHINGTON?

- ○ Yes
- ○ No

340. Why not? (Choose all that apply)

- [ ] Don't see a clear benefit to our IHCP from contracting
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] Reimbursement rates are too low
- [ ] Would take too long to receive reimbursement payments
- [ ] Other (please specify)
- [ ] Would take too much staff time to have claims fully processed
- [ ] Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers is too burdensome
- [ ] Need to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements cause too many delays and barriers
- [ ] Case management services lack cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services

341. Has COORDINATED CARE OF WASHINGTON provided you with a specific contact for communication and service coordination?

- ( ) Yes
- ( ) No

342. Has your COORDINATED CARE OF WASHINGTON contact offered timely and competent assistance when you have interacted with them?

- ( ) Have not had a need to interact with the contact
- ( ) Yes
- ( ) No

343. Based on your interactions with COORDINATED CARE OF WASHINGTON's staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- ( ) Poor
- ( ) Adequate
- ( ) Good

344. How often has COORDINATED CARE OF WASHINGTON met with you or others at your IHCP?

- Never
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

345. How often has COORDINATED CARE OF WASHINGTON met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

346. Has COORDINATED CARE OF WASHINGTON included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

347. Has COORDINATED CARE OF WASHINGTON provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

348. Compared to other plans, how would you describe the timeliness of COORDINATED CARE OF WASHINGTON's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

349. How frequently does COORDINATED CARE OF WASHINGTON require your IHCP to credential/certify your provider?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

350. Approximately, how much of your staff time (provider time and administrative staff time) does the initial (first time) credentialing/certification process require for one provider?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

351. Approximately, how much of your staff time (provider time and administrative staff time) does the ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- ◯ One hour or less
- ◯ 1.5 to 3 hours
- ◯ More than 3 hours

352. Does COORDINATED CARE OF WASHINGTON provide your IHCP's patients/clients with access to culturally competent care?

- ◯ Never - not available from this MCO
- ◯ Sometimes
- ◯ Usually
- ◯ Always

353. For what types of services does COORDINATED CARE OF WASHINGTON require prior authorization?

- ☐ Imaging
- ☐ Specialty care provider visits
- ☐ Non-emergency surgery
- ☐ Prescriptions
- ☐ Physical therapy
- ☐ Rehabilitative care
- ☐ Home Health care
- ☐ Chiropractic
- ☐ Durable medical equipment
- ☐ NONE
- ☐ Other (please specify)

354. To what extent do COORDINATED CARE OF WASHINGTON's prior authorization requirements delay access to care?

- ◯ Prior authorization significantly delays access to care
- ◯ Prior authorization somewhat delays access to care
- ◯ Prior authorization does not delay access to care

355. To what extent do COORDINATED CARE OF WASHINGTON's prior authorization requirements result in NO ACCESS to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

356. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by COORDINATED CARE OF WASHINGTON as a result of preauthorization?

- Yes
- No

357. Please describe how well COORDINATED CARE OF WASHINGTON coordinates care with your providers on OUTPATIENT CARE.

- COORDINATED CARE OF WASHINGTON is not coordinating care at all with our providers on outpatient care
- COORDINATED CARE OF WASHINGTON is coordinating care poorly with our providers on outpatient care
- COORDINATED CARE OF WASHINGTON is coordinating care adequately with our providers on outpatient care
- COORDINATED CARE OF WASHINGTON is coordinating care very well with our providers on outpatient care

358. Does COORDINATED CARE OF WASHINGTON coordinate with your providers on inpatient discharge planning and discharge activities?

- COORDINATED CARE OF WASHINGTON is not coordinating at all on inpatient discharge planning and discharge activities
- COORDINATED CARE OF WASHINGTON is coordinating poorly on inpatient discharge planning and discharge activities
- COORDINATED CARE OF WASHINGTON is coordinating adequately on inpatient discharge planning and discharge activities
- COORDINATED CARE OF WASHINGTON is coordinating very well on inpatient discharge planning and discharge activities

359. Do your IHCP's patients/clients who are insured with a COORDINATED CARE OF WASHINGTON plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

360. Do your IHCP's patients/clients who are insured with an COORDINATED CARE OF WASHINGTON plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- Yes
- No

361. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a COORDINATED CARE OF WASHINGTON plan have access to because they are insured with COORDINATED CARE OF WASHINGTON. These patients/clients would not have access to these services or benefits if they were not on a COORDINATED CARE OF WASHINGTON plan.

- [ ] Vision exams
- [ ] Eyeglasses
- [ ] Hearing aids
- [ ] Traditional healing
- [ ] Acupuncture
- [ ] Massage
- [ ] Gym membership
- [ ] Cell phones
- [ ] Breast pumps
- [ ] Non-emergency transportation to care
- [ ] Other (please specify)

362. Please provide specific examples that demonstrate poor (unsatisfactory) service by COORDINATED CARE OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has not gone well?)

363. Please provide specific examples that demonstrate good (satisfactory) service by COORDINATED CARE OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has gone well?)

Managed Care Organizations (MCOs) - MOLINA HEALTHCARE OF WASHINGTON

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

364. Has your IHCP ever had a contract with MOLINA HEALTHCARE OF WASHINGTON that your IHCP chose to end?

- ○ Yes
- ○ No

365. What issues led your IHCP to end the contract with MOLINA HEALTHCARE OF WASHINGTON? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Other (please specify)
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

366. Does your IHCP have a current contract with MOLINA HEALTHCARE OF WASHINGTON?

- ○ Yes
- ○ No

367. Why not? (Choose all that apply)

- [ ] Don't see a clear benefit to our IHCP from contracting
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] Reimbursement rates are too low
- [ ] Would take too long to receive reimbursement payments
- [ ] Would take too much staff time to have claims fully processed
- [ ] Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers is too burdensome
- [ ] Need to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements cause too many delays and barriers
- [ ] Case management services lack cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services
- [ ] Other (please specify)

368. Has MOLINA HEALTHCARE OF WASHINGTON provided you with a specific contact for communication and service coordination?

- ( ) Yes
- ( ) No

369. Has your MOLINA HEALTHCARE OF WASHINGTON contact offered timely and competent assistance when you have interacted with them?

- ( ) Have not had a need to interact with the contact
- ( ) Yes
- ( ) No

370. Based on your interactions with MOLINA HEALTHCARE OF WASHINGTON's staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- ( ) Poor
- ( ) Adequate
- ( ) Good

371. How often has MOLINA HEALTHCARE OF WASHINGTON met with you or others at your IHCP?

- Never
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

372. How often has MOLINA HEALTHCARE OF WASHINGTON met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

373. Has MOLINA HEALTHCARE OF WASHINGTON included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

374. Has MOLINA HEALTHCARE OF WASHINGTON provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

375. Compared to other plans, how would you describe the timeliness of MOLINA HEALTHCARE OF WASHINGTON's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

376. How frequently does MOLINA HEALTHCARE OF WASHINGTON require your IHCP to credential/certify your provider?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

377. Approximately, how much of your staff time (provider time and administrative staff time) does the initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

378. Approximately, how much of your staff time (provider time and administrative staff time) does the ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

379. Does MOLINA HEALTHCARE OF WASHINGTON provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this MCO
- Sometimes
- Usually
- Always

380. For what types of services does MOLINA HEALTHCARE OF WASHINGTON require prior authorization?

- [ ] Imaging
- [ ] Specialty care provider visits
- [ ] Non-emergency surgery
- [ ] Prescriptions
- [ ] Physical therapy
- [ ] Rehabilitative care
- [ ] Home Health care
- [ ] Chiropractic
- [ ] Durable medical equipment
- [ ] NONE
- [ ] Other (please specify)

381. To what extent do MOLINA HEALTHCARE OF WASHINGTON's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

382. To what extent do MOLINA HEALTHCARE OF WASHINGTON's prior authorization requirements result in NO ACCESS to care?

- ◯ Prior authorization <u>often</u> results in NO ACCESS to care
- ◯ Prior authorization results in NO ACCESS to care for <u>a reasonable number</u> of cases
- ◯ Prior authorization <u>rarely</u> results in NO ACCESS to care

383. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by MOLINA HEALTHCARE OF WASHINGTON as a result of preauthorization?

- ◯ Yes
- ◯ No

384. Please describe how well MOLINA HEALTHCARE OF WASHINGTON coordinates care with your providers on OUTPATIENT CARE.

- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>not coordinating care at all</u> with our providers on outpatient care
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating care poorly</u> with our providers on outpatient care
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating care adequately</u> with our providers on outpatient care
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating care very well</u> with our providers on outpatient care

385. Does MOLINA HEALTHCARE OF WASHINGTON coordinate with your providers on inpatient discharge planning and discharge activities?

- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>not coordinating at all</u> on inpatient discharge planning and discharge activities
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating poorly</u> on inpatient discharge planning and discharge activities
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating adequately</u> on inpatient discharge planning and discharge activities
- ◯ MOLINA HEALTHCARE OF WASHINGTON is <u>coordinating very well</u> on inpatient discharge planning and discharge activities

386. Do your IHCP's patients/clients who are insured with a MOLINA HEALTHCARE OF WASHINGTON plan have access to <u>providers</u> they have a need for, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

387. Do your IHCP's patients/clients who are insured with a MOLINA HEALTHCARE OF WASHINGTON plan have access to <u>services or benefits</u> that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- ◯ Yes
- ◯ No

388. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a MOLINA HEALTHCARE OF WASHINGTON plan have access to because they are insured with MOLINA HEALTHCARE OF WASHINGTON. These patients/clients would not have access to these services or benefits if they were not on a MOLINA HEALTHCARE OF WASHINGTON plan.

- ☐ Vision exams
- ☐ Eyeglasses
- ☐ Hearing aids
- ☐ Traditional healing
- ☐ Acupuncture
- ☐ Other (please specify)
- ☐ Massage
- ☐ Gym membership
- ☐ Cell phones
- ☐ Breast pumps
- ☐ Non-emergency transportation to care

389. Please provide specific examples that demonstrate poor (unsatisfactory) service by MOLINA HEALTHCARE OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has not gone well?)

390. Please provide specific examples that demonstrate good (satisfactory) service by MOLINA HEALTHCARE OF WASHINGTON to your IHCP and/or your IHCP's patients. (What has gone well?)

Managed Care Organizations (MCOs) - UNITED HEALTHCARE COMMUNITY PLAN

PURPOSE. The purpose of this survey is to evaluate the performance of "service coordination organizations or service contracting entities as defined in RCW 70.320.010 in order to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers." See SB 5415(3)(d).

INSTRUCTIONS. Questions that show responses with circles require to choose one of the answers provided. Questions that show responses with squares allow you to select as many responses as appropriate.

391. Has your IHCP ever had a contract with UNITED HEALTHCARE COMMUNITY PLAN that your IHCP chose to end?

- ○ Yes
- ○ No

392. What issues led your IHCP to end the contract with UNITED HEALTHCARE COMMUNITY PLAN? (Choose all that apply)

- ☐ It took too long to receive reimbursement payments
- ☐ Reimbursement rates were too low
- ☐ It took too much staff time to have claims fully processed
- ☐ Customer service representatives did not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- ☐ Requirements for credentialing/certifying our providers was too burdensome
- ☐ Other (please specify)
- ☐ Needed to do data entry twice on claims to receive reimbursement
- ☐ Preauthorization requirements caused too many delays and barriers
- ☐ Case management services lacked cultural competency
- ☐ Poor coordination between non-IHCP services and IHCP services

393. Does your IHCP have a current contract with UNITED HEALTHCARE COMMUNITY PLAN?

- ○ Yes
- ○ No

394. Why not? (Choose all that apply)

- [ ] Don't see a clear benefit to our IHCP from contracting
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] We do not have the capacity to provide Behavioral Health services to non-Native clients - a contract would require us to provide Behavioral Health services to any individual enrolled in the plan
- [ ] Would impose an unreasonable administrative burden to enter into a contract
- [ ] Would impose an unreasonable administrative burden on an ongoing basis
- [ ] Reimbursement rates are too low
- [ ] Would take too long to receive reimbursement payments
- [ ] Other (please specify)
- [ ] Would take too much staff time to have claims fully processed
- [ ] Customer service representatives do not fully understand issues specific to the Indian healthcare delivery system and/or benefits and legal protections that apply to American Indians and Alaska Natives
- [ ] Requirements for credentialing/certifying our providers is too burdensome
- [ ] Need to do data entry twice on claims to receive reimbursement
- [ ] Preauthorization requirements cause too many delays and barriers
- [ ] Case management services lack cultural competency
- [ ] Poor coordination between non-IHCP services and IHCP services

395. Has UNITED HEALTHCARE COMMUNITY PLAN provided you with a specific contact for communication and service coordination?

- ○ Yes
- ○ No

396. Has your UNITED HEALTHCARE COMMUNITY PLAN contact offered timely and competent assistance when you have interacted with them?

- ○ Have not had a need to interact with the contact
- ○ Yes
- ○ No

397. Based on your interactions with UNITED HEALTHCARE COMMUNITY PLAN's staff, how would you describe their understanding of the Indian healthcare delivery system and the benefits and legal protections that apply to American Indians and Alaska Natives?

- ○ Poor
- ○ Adequate
- ○ Good

398. How often has UNITED HEALTHCARE COMMUNITY PLAN met with you or others at your IHCP?

- Never
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

399. How often has UNITED HEALTHCARE COMMUNITY PLAN met with you or others at your IHCP?

- Never
- Quarterly
- 1 or more times every 6 months
- About once every 1 year
- About once every 2 years
- Less than once every 2 years

400. Has UNITED HEALTHCARE COMMUNITY PLAN included you or others at your IHCP to develop a plan for coordinating care and services?

- Yes
- No

401. Has UNITED HEALTHCARE COMMUNITY PLAN provided an effective process for your IHCP to suggest how they can better serve the needs of your IHCP and your community members?

- Yes
- No

402. Compared to other plans, how would you describe the timeliness of UNITED HEALTHCARE COMMUNITY PLAN's payments?

- Very slow
- Somewhat slower
- About the same
- Somewhat faster
- Much faster

403. How frequently does UNITED HEALTHCARE COMMUNITY PLAN require your IHCP to credential/certify your provider?

- Once every six months (or less)
- Once every year
- Once every 18 months or more

404. Approximately, how much of your staff time (provider time and administrative staff time) does the initial (first time) credentialing/certification process require for one provider?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

405. Approximately, how much of your staff time (provider time and administrative staff time) does the ongoing recredentialing/recertification process require for one provider, each time you have to recredential/recertify?

- One hour or less
- 1.5 to 3 hours
- More than 3 hours

406. Does UNITED HEALTHCARE COMMUNITY PLAN provide your IHCP's patients/clients with access to culturally competent care?

- Never - not available from this MCO
- Sometimes
- Usually
- Always

407. For what types of services does UNITED HEALTHCARE COMMUNITY PLAN require prior authorization?

- [ ] Imaging
- [ ] Specialty care provider visits
- [ ] Non-emergency surgery
- [ ] Prescriptions
- [ ] Physical therapy
- [ ] Other (please specify)
- [ ] Rehabilitative care
- [ ] Home Health care
- [ ] Chiropractic
- [ ] Durable medical equipment
- [ ] NONE

408. To what extent do UNITED HEALTHCARE COMMUNITY PLAN's prior authorization requirements delay access to care?

- Prior authorization significantly delays access to care
- Prior authorization somewhat delays access to care
- Prior authorization does not delay access to care

409. To what extent do UNITED HEALTHCARE COMMUNITY PLAN's prior authorization requirements result in NO ACCESS to care?

- Prior authorization often results in NO ACCESS to care
- Prior authorization results in NO ACCESS to care for a reasonable number of cases
- Prior authorization rarely results in NO ACCESS to care

410. Has your tribe or urban Indian health program had to cover costs (paid out of your own funds) for care that was denied or delayed by UNITED HEALTHCARE COMMUNITY PLAN as a result of preauthorization?

- Yes
- No

411. Please describe how well UNITED HEALTHCARE COMMUNITY PLAN coordinates care with your providers on OUTPATIENT CARE.

- UNITED HEALTHCARE COMMUNITY PLAN is not coordinating care at all with our providers on outpatient care
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating care poorly with our providers on outpatient care
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating care adequately with our providers on outpatient care
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating care very well with our providers on outpatient care

412. Does UNITED HEALTHCARE COMMUNITY PLAN coordinate with your providers on inpatient discharge planning and discharge activities?

- UNITED HEALTHCARE COMMUNITY PLAN is not coordinating at all on inpatient discharge planning and discharge activities
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating poorly on inpatient discharge planning and discharge activities
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating adequately on inpatient discharge planning and discharge activities
- UNITED HEALTHCARE COMMUNITY PLAN is coordinating very well on inpatient discharge planning and discharge activities

413. Do your IHCP's patients/clients who are insured with a UNITED HEALTHCARE COMMUNITY PLAN plan have access to providers they have a need for, but would not have access to if they had other insurance coverage?

- Yes
- No

414. Do your IHCP's patients/clients who are insured with a UNITED HEALTHCARE COMMUNITY PLAN plan have access to services or benefits that make a significant impact on their health status, but would not have access to if they had other insurance coverage?

- Yes
- No

415. What services or benefits (that make a significant impact on health status) do your IHCP patients/clients who are insured with a UNITED HEALTHCARE COMMUNITY PLAN plan have access to because they are insured with UNITED HEALTHCARE COMMUNITY PLAN. These patients/clients would not have access to these services or benefits if they were not on a UNITED HEALTHCARE COMMUNITY PLAN plan.

- [ ] Vision exams
- [ ] Eyeglasses
- [ ] Hearing aids
- [ ] Traditional healing
- [ ] Acupuncture
- [ ] Massage
- [ ] Gym membership
- [ ] Cell phones
- [ ] Breast pumps
- [ ] Non-emergency transportation to care
- [ ] Other (please specify)

416. Please provide specific examples that demonstrate poor (unsatisfactory) service by UNITED HEALTHCARE COMMUNITY PLAN to your IHCP and/or your IHCP's patients. (What has not gone well?)

417. Please provide specific examples that demonstrate good (satisfactory) service by UNITED HEALTHCARE COMMUNITY PLAN to your IHCP and/or your IHCP's patients. (What has gone well?)