

HMO Illinois / BlueAdvantage HMO 2008 PCP Survey (continued)



HMO Illinois / BlueAdvantage HMO 2008 PCP Survey

Please answer all the questions by filling the appropriate box. Please mark only one box for each question.

IPA Name :

IPA # :

Hospital Information

1. Do you see patients in the hospital? Yes No (If No, skip questions 2-8.)
2. Using the enclosed list of hospitals and associated codes, enter the code for your primary hospital: Other: _____

Please answer questions 3 - 8 as they pertain to the primary hospital you have listed in question 2 above.

3. How would you rate the following:
- | | Excellent | Very Good | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Overall quality of care in this hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pharmacy, in terms of providing medication correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequacy of the number of nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Competence of the nursing staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accuracy of processing physician orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quality of discharge plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. How frequently are hospital discharges delayed because the discharge plan has not been finalized?
- Always Usually Sometimes Rarely Never
5. How strongly do you agree or disagree with the following:
- | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Orders that I write for inpatients are implemented in a timely manner, so that care is not delayed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The timeliness of imaging and/or lab reports usually meets my needs for clinical decision-making. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The hospital takes appropriate steps to protect the safety of my patients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I usually receive ER reports for my patients who are not admitted to the hospital by the time they contact me for follow-up care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The nursing staff have the necessary clinical skills to provide appropriate care in the specific units in which they work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. How long have you been admitting to this hospital? < 1 yr 1 - 5 yrs > 5 yrs
7. Do you foresee making a change in your primary hospital in the next 12 months? Yes No
8. Would you recommend this facility to your family/friends? Yes No

Thank you for completing this survey. Please return survey(s) in envelope provided, or mail directly to:
BlueCross BlueShield of Illinois
300 East Randolph, QI Dept. - 24th floor
Chicago, IL 60601

Blue Cross and Blue Shield of Illinois (BCBSIL) values physician input. Please complete and return this survey. BCBSIL utilizes the results for ongoing operations and the annual BCBSIL Hospital Profile.

Who was involved in completing this form? (Please check all that apply.)

- Physician Physician Assistant/Nurse Practitioner Nurse Office Manager Other _____

The following questions apply to the IPA shown above.

Please answer all the questions by filling the appropriate box. Please mark only one box for each question.

IPA Overall

- | | Excellent | Very Good | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overall, how would you rate the managed care operations of the IPA shown above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IPA UM

1. Do you know how to obtain the IPA Utilization Management (UM) Plan? Yes No (If No, skip to question 2.)
- 1a. Have you *obtained* the IPA UM Plan? Yes No
- 1b. Have you *reviewed* the IPA UM Plan? Yes No
2. Do you know how to obtain the IPA's Utilization Management criteria (e.g., Milliman USA, Interqual, etc.)? Yes No

3. How would you rate the IPA's handling of the following:

- | | Excellent | Very Good | Good | Fair | Poor | No Experience |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Utilization Review | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Case Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Timeliness of UM decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Communication with you regarding the HMO UM standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Overall, how would you rate the IPA's UM process?

IPA Referral Procedures

- | | Excellent | Very Good | Good | Fair | Poor | No Experience |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How would you rate the <i>adequacy</i> of the specialist network? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How would you rate the <i>quality</i> of the specialist network? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How would you rate the IPA timeliness for referral decisions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How would you rate the IPA's handling of referrals to out-of-network practitioners? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall, how would you rate the IPA's referral process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. In the past year, has the IPA denied referral(s) that you requested? Yes No (If No, skip to IPA Claims Payment)
- 6a. In your opinion, was the IPA denial appropriate? Yes No
- 6b. Did you or your patient appeal the denied referral(s) to the IPA or the HMO? Yes No
- | | Excellent | Very Good | Good | Fair | Poor | No Experience |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6c. If you directed your appeal(s) to the IPA, how would you rate the IPA appeal process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. If you directed your appeal(s) to the HMO, how would you rate the HMO appeal process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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IPA Claims Payment	Excellent	Very Good	Good	Fair	Poor	No Experience
1. How would you rate the <i>timeliness</i> of payments (fee-for-service or capitation) from the IPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the <i>accuracy</i> of payments (fee-for-service or capitation) from the IPA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPA Reports
1. Are you familiar with the following reports:
<ul style="list-style-type: none"> • Monthly HMO eligibility list <input type="checkbox"/> Yes <input type="checkbox"/> No • IPA utilization results <input type="checkbox"/> Yes <input type="checkbox"/> No • HMO member complaint reports <input type="checkbox"/> Yes <input type="checkbox"/> No • HMO member satisfaction by IPA report <input type="checkbox"/> Yes <input type="checkbox"/> No • HMO pharmacy utilization report <input type="checkbox"/> Yes <input type="checkbox"/> No

IPA Customer Service	Excellent	Very Good	Good	Fair	Poor
1. How would you rate the IPA administrative services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the IPA communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BCBSIL Services																									
1. Have you or your office staff called the BCBSIL Provider Telecommunication Center (PTC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, go to question 2.)</i>																								
1a. How would you rate the automated phone system to access eligibility, benefits, and/or claim status?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
1b. How would you rate the level of service that you receive when you speak with a PTC Customer Advocate?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
1c. Overall, how would you rate the BCBSIL Provider Telecommunication Center (PTC)?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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2. Have you or your office staff accessed the NDAS Online/Ecare (eligibility, benefits, and claim status inquiry tool) online/ internet tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, skip to question 3.)</i>																								
2a. How would you rate your experience with NDAS Online/Ecare?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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2b. How would you rate your experience with the initial setup for NDAS Online/Ecare?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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3. Please rate the Chicago Customer Assistance Unit (CAU) at (312) 653-6600 on the following:	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Accessibility <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Courtesy exhibited <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Accessibility <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Courtesy exhibited <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Are you familiar with the Blue Star SM Hospital Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, skip to next section.)</i>																								
4a. Overall, how would you rate the Blue Star Hospital Report?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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HMO Illinois / BlueAdvantage HMO 2008 PCP Survey (continued)

BCBSIL Quality On-Site Audit											
1. Have you had a BCBSIL Quality On-Site Audit (site survey and medical record review) in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, skip to Access.)</i>										
1a. Did you receive a copy of the results of the BCBSIL Quality On-Site Audit from the IPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
1b. How would you rate the knowledge of the BCBSIL Quality On-Site Audit staff?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
1c. How would you rate the courtesy of the BCBSIL Quality On-Site Audit staff?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Access
1. How do patients contact you after hours? <i>(Please check all that apply.)</i>
<input type="checkbox"/> Answering Service <input type="checkbox"/> Answering Machine <input type="checkbox"/> Voice Mail <input type="checkbox"/> Pager <input type="checkbox"/> Through the hospital <input type="checkbox"/> Other _____
2. How long does it usually take you to respond to urgent or emergent after-hours calls from your patients?
<input type="checkbox"/> Less than 30 min. <input type="checkbox"/> 30 min. - 1 hr. <input type="checkbox"/> 1 - 2 hrs. <input type="checkbox"/> Over 2 hrs.

Member Education	Excellent	Very Good	Good	Fair	Poor	No Experience
1. How would you rate HMO Illinois/BlueAdvantage HMO members' understanding of your role as a Primary Care Physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate HMO Illinois/BlueAdvantage HMO members' understanding of health care benefits that are available under their health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuity and Coordination																																											
1. How would you rate feedback from the following facilities to which you have referred HMO patients <u>in the past year</u> ?	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Excellent</th> <th style="padding: 2px;">Very Good</th> <th style="padding: 2px;">Good</th> <th style="padding: 2px;">Fair</th> <th style="padding: 2px;">Poor</th> <th style="padding: 2px;">No Experience</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Hospitals <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Outpatient surgery/ surgicenters <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Skilled nursing facilities <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> • Home health care facilities <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </tbody> </table>	Excellent	Very Good	Good	Fair	Poor	No Experience	<ul style="list-style-type: none"> • Hospitals <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Outpatient surgery/ surgicenters <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Skilled nursing facilities <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Home health care facilities <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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