

Medical Care Advisory Subcommittee for Long-term Care
Tuesday, July 14, 2015
Conference Room A

Team Leads:

DD Pickle (AHCA)
Eunice Medina (AHCA)

Attendees:

Rachel LaCroix (AHCA)
Terry Boylen (AHCA) *via phone*
Marcy Hajdukiewicz (Department of Elder Affairs)
Madeline Nobles (Department of Elder Affairs)
Dr. Cathy Moffitt (Plan/FAHP)
Anne Swerlick (Florida Legal Services)

I. Materials

- Agenda
- LTC Enrollee Survey Tool

II. Discussion

A. Enrollee Survey for LTC Plans

- A copy of the survey tool was sent to the subcommittee members yesterday afternoon.
- LTC Plans are required to conduct an enrollee satisfaction survey annually.
- There are specific requirements that the LTC Plans must follow in conducting the survey:
 - The plans must use this survey tool. If they would like to add questions to the survey, they may be added to the end of the core survey, and must be submitted to the Agency contract manager for review and approval prior to being included in the survey.
 - LTC Plans are required to contract with an Agency-approved independent survey vendor to administer the surveys.
 - The minimum sample size is 1700, with a target of 411 completed surveys.
 - The survey must be administered according to the National Committee for Quality Assurance (NCQA) mixed mode protocol (mail with telephone follow-up).
 - The first two rounds of surveys are of LTC Plan members residing in the community. A simple random sample per the NCQA protocol should be used.

- To be included in the survey sample, enrollees must have been enrolled in the LTC plan for at least six months with no more than a 1-month gap in enrollment.
- LTC Plans are to use the results of the annual member satisfaction survey to develop and implement plan-wide activities designed to improve member satisfaction.
- Main areas covered in the survey:
 - Experiences with the LTC Plan's customer service
 - Experiences filling out forms
 - Ratings of LTC Plan, Case Manager, LTC Services (0 – 10)
 - Ease in contacting case manager
 - Experiences with moving, if applicable
 - Timeliness of LTC services
 - Self-rating of overall health
 - Potential improvement in overall health and quality of life since joining the LTC Plan
- Committee member, Anne Swerlick, provided comments for some of the questions on the survey tool related to customer service questions.
- Rachel mentioned that any future comments can be submitted to the committee for consideration.

B. Provider Satisfaction Survey

- Plans are also required to conduct a Provider Satisfaction Survey annually.
- Surveys are required to use a four-point Likert scale for survey items (e.g., excellent, good, fair, poor)
- Surveys are required to include items for the following domains:
 - Provider relations and communication
 - Clinical management processes
 - Authorization processes including denials and appeals
 - Timeliness of claims payment and assistance with claims processing
 - Complaint resolution process
 - Care coordination/case management support

III. Action Items

- Provide results of the LTC Enrollee Survey
- Forward next Quarterly Report link; alternate format available by request.