

<b>Policy and Procedure</b>			
Policy Name:	Provider Satisfaction Survey	Policy ID:	QM.041.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	All States	Revision Date:	N/A
Application:	All Programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

### **Purpose**

To describe the process and performance tool used by Premier Access to measure provider satisfaction with service and programs according to sound scientific principles.

### **Policy**

Premier Access recognizes the value of maintaining a positive relationship with its providers. To evaluate whether the Plan is providing satisfactory services on an ongoing basis, Premier Access shall distribute and evaluate returned Provider Satisfaction Surveys on a quarterly basis.

### **Definitions**

There are currently no applicable terms to be defined for this policy.

### **Procedure**

1. Premier Access shall mail out surveys to providers on a quarterly basis to assess provider satisfaction with the Plan by Program and/or Product.
2. An electronic survey shall be sent to all providers with email contact information.
3. The IS Department, under the direction of the Director, Provider Relations shall be responsible for coordinating survey mailings and following-up with providers to ensure the maximum numbers of responses are received.
4. Survey tool questions shall focus on availability of care, access to care and overall satisfaction with Plan and staff.
5. Questions shall be reviewed annually by the QM committee and modified as needed to ensure regulatory compliance and consistency with dental managed care industry trends.
6. Individual and aggregate survey results shall be reported to the Dental Director and QM committee quarterly. Results shall be reported to regulatory agencies, as required.
7. The Dental Director or his/her designee shall be responsible for developing and implementing corrective actions for providers, as needed.
8. The VP, Plan Administration or his/her designee shall be responsible for developing and implementing corrective actions for Plan processes, as needed.
9. The QM committee shall be responsible for monitoring the effectiveness of corrective actions on an on-going basis.

### **References**

There are currently no applicable references for this policy.

### **Revision History**

Date:	Description
01/01/2013	Written policy developed.