

Care Management Survey Reporting Instructions

Care Management Survey results are to be reported ANNUALLY to MO HealthNet.

Members who are in Care Management are to be surveyed after they reach their 30-day threshold. Surveys should be conducted between their 31st-60th day of enrollment (essentially, during the

The Annual Summary of all Care Management Surveys conducted during the calendar year is due the following June 30th. For example, data for CY2017 is due June 30, 2018. Your summary should include surveys for the year in which the survey is CONDUCTED, not necessarily the year

Print out and use the survey instrument on the "Patient Survey" tab to administer individual patient surveys. Refer to the "Patient Survey Instructions" tab for information on how to administer

Surveys should be conducted for BOTH types of care management: behavioral health care management and medical (non-behavioral health) care management.

Use the appropriate "Annual Analysis Summary" tab to summarize the annual results: "Annual Analysis Summary_BH" for behavioral health survey results, and "Annual Analysis Summary_MED" for medical/non-behavioral health results.

- At the top of the Annual Analysis Summary, complete the:
 - Reporting Calendar Year
 - Health Plan Name
 - Health Plan Region
 - Total Members Contacted for Survey
 - Total Members Surveyed
- Enter the COUNT of patients that responded as indicated ("Strongly Agree", "Agree", etc.) for each of the 8 questions.
- If a patient did not answer a particular question, include that count in the "Did Not Answer"
- Column J has cells that are highlighted Red or Green, to assist you with your data entry. Cells highlighted in RED indicate that you have data missing for that particular question. (That is, the number of responses that you have entered for "Strongly Agree", "Agree", "Neither Agree or Disagree", "Disagree", "Strongly Disagree", and "Did Not Answer" does not add up to the total number of members surveyed, as shown in Cell B11). Once the numbers add up properly,

Confirm that all cells in Column J of the Annual Analysis Summary tab are Green before you submit your summary. If any are not green, check your math.

Survey results are due to MHD each year on June 30 for the prior calendar year.

Survey results shall be reported on the "Annual Analysis Summary" tab of this workbook, as described above. Please return the entire Excel workbook to MHD.

Be sure to use THIS workbook. DO NOT create your own version of this workbook. The workbook provided by MHD has hidden sheets with formulas and calculations on them. These will be lost if you submit a different workbook, and you will have to resubmit your results.

Annual Report to MO HealthNet Division

MO HealthNet Managed Care Behavioral Health Case Management Satisfaction Survey

Reporting Year: _____

Health Plan Name: _____

Health Plan Region: _____

Total Members Contacted for Survey: _____

Total Members Surveyed: _____

Question #:	Question:	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree or Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Did Not Answer</i>	Comments	
1	Your care manager listened to you and answered your questions.								0
2	You were able to talk to your case manager by telephone when you needed to.								0
3	Your case manager was as helpful as you thought he/she should have been.								0
4	Your case manager assisted you in getting the mental health services you needed.								0
5	Case management services have helped you deal (or cope) better with problems								0
6	Your case manager helped you understand when you should call your doctor.								0
7	Your case manager was respectful of your customs, beliefs and special needs.								0
8	Overall, case management services were beneficial for you.								0

This column will turn Green when your counts add up. If any cell is still Red after you've entered all numbers for that row, please re-check your math.

Annual Report to MO HealthNet Division

MO HealthNet Managed Care Medical (Non-Behavioral Health) Case Management Satisfaction Survey

Reporting Year: _____
 Health Plan Name: _____
 Health Plan Region: _____

Total Members Contacted for Survey: _____
 Total Members Surveyed: _____

Question #:	Question:	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree or Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Did Not Answer</i>	Comments	
1	Your care manager listened to you and answered your questions.								0
2	You were able to talk to your case manager by telephone when you needed to.								0
3	Your case manager was as helpful as you thought he/she should have been.								0
4	Your case manager assisted you in getting the services you needed.								0
5	Case management services have helped you deal (or cope) better with problems								0
6	Your case manager helped you understand when you should call your doctor.								0
7	Your case manager was respectful of your customs, beliefs and special needs.								0
8	Overall, case management services were beneficial for you.								0

This column will turn Green when your counts add up. If any cell is still Red after you've entered all numbers for that row, please re-check your math.

Care Management Survey Instructions

MO HealthNet Managed Care health plans (MCOs) will outreach to 100% of members who have received care management for at least 30 days from day of admission to care management. This will include members currently enrolled or members who have completed care management. If a member leaves care management after being surveyed and returns to care management, he/she will be surveyed again after 30 days of enrollment.

Members who refuse care management or drop out before the 30 day threshold will not be surveyed with this survey tool but will be captured on the care management Tracking log.

This survey will be administered by telephone by someone other than the case manager.

your patients.

Sample Telephone Script:

“Hello, my name is (*first name*) with (*name of organization*).”

“(Member’s first name), I would like to ask you a couple of questions about your experience with the care management services program.”

“This will only take a few minutes and help us make the program better. Your answers to the survey will be kept confidential.”

“Can we get started?”

(If member does not want to do the survey, try to arrange a follow-up appointment)

“(Member’s first name), you have been working with (*first and last name of case manager*). Is that correct?”

Start with survey question 1. Check the appropriate answer for each question. Be aware that Question #4 differs slightly between the BH and MED versions of the survey.

Ask the member if they have any comments and record them on the survey. Thank the member for their time in completing the survey.

Each year, you must summarize the results of all your Patient Surveys. Please refer to the Annual Analysis Instructions tab in this workbook for further instructions.

**MO HealthNet Managed Care
Care Management Satisfaction Survey**

Date: _____

Member Name: _____

Member DCN: _____

(Check the appropriate answer for each question)

Question #	Question:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Comments
1	Your care manager listened to you and answered your questions.						
2	You were able to talk to your case manager by telephone when you needed to.						
3	Your case manager was as helpful as you thought he/she should have been.						
4	Your case manager assisted you in getting the mental health services you needed.						
5	Case management services have helped you deal (or cope) better with problems						
6	Your case manager helped you understand when you should call your doctor.						
7	Your case manager was respectful of your customs, beliefs and special needs.						
8	Overall, case management services were beneficial for you.						

HealthPlanName	HealthPlanRegion	DataYear
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0	0	0
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0	0	0
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NewMeasureName	MeasureValue
CMSurvey_1CM listened/answered questions_Total	0
CMSurvey_2Able to reach CM by phone_Total	0
CMSurvey_3CM as helpful as you expected_Total	0
CMSurvey_4CM assisted in getting MH services_Total	0
CMSurvey_5CM services helped you cope better_Total	0
CMSurvey_6CM helped you understand when to call doctor_Total	0
CMSurvey_7CM respectful of your customs/beliefs/special needs_Total	0
CMSurvey_8CM services beneficial_Total	0
CMSurvey_Completed_Count	0
CMSurvey_Contacted_Count	0
CMSurvey_1CM listened/answered questions_Respondents	0
CMSurvey_2Able to reach CM by phone_Respondents	0
CMSurvey_3CM as helpful as you expected_Respondents	0
CMSurvey_4CM assisted in getting MH services_Respondents	0
CMSurvey_5CM services helped you cope better_Respondents	0
CMSurvey_6CM helped you understand when to call doctor_Respondents	0
CMSurvey_7CM respectful of your customs/beliefs/special needs_Respondents	0
CMSurvey_8CM services beneficial_Respondents	0
CMSurvey_1CM listened/answered questions_Total	0
CMSurvey_2Able to reach CM by phone_Total	0
CMSurvey_3CM as helpful as you expected_Total	0
CMSurvey_4CM assisted in getting MH services_Total	0
CMSurvey_5CM services helped you cope better_Total	0
CMSurvey_6CM helped you understand when to call doctor_Total	0
CMSurvey_7CM respectful of your customs/beliefs/special needs_Total	0
CMSurvey_8CM services beneficial_Total	0
CMSurvey_Completed_Count	0
CMSurvey_Contacted_Count	0
CMSurvey_1CM listened/answered questions_Respondents	0
CMSurvey_2Able to reach CM by phone_Respondents	0
CMSurvey_3CM as helpful as you expected_Respondents	0
CMSurvey_4CM assisted in getting MH services_Respondents	0
CMSurvey_5CM services helped you cope better_Respondents	0
CMSurvey_6CM helped you understand when to call doctor_Respondents	0
CMSurvey_7CM respectful of your customs/beliefs/special needs_Respondents	0
CMSurvey_8CM services beneficial_Respondents	0

SurveyType

BH

BH

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MED

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