



600 City Parkway West Suite 800
 Orange, CA 92868
 800-708-3230
www.prospectmedical.com

State License or Tax ID #: _____

Please rate the service you have received in the elements listed below

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SPECIALTY NETWORK	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Overall satisfaction with specialist panel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of care between specialist & PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Necessary records being received timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough requests and referral follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients being seen in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Overall satisfaction with lab provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of obtaining lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimen handling/results turn-around-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERRALS & AUTHORIZATIONS	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
STAT Line answered promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral turn-around-time within 5 business days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease and clarity of authorization process from IPA Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls handled courteously and responsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE MANAGEMENT PROGRAM Prospect360 (P360)	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Overall satisfaction with P360 Programs (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease and responsiveness referring patients to P360 Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response and turn-around-time from Case Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP discharge notification: Were you notified within 24 hours of your patient's discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP admission notification: Were you notified within 48 hours of your patient's admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you schedule a face to face post discharge meeting in five (5) days and follow up within thirty (30) days with your member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CODING PROGRAM (IF APPLICABLE)	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Overall satisfaction with program/processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Wellness Assessment summary accurately reflects patient status/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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REWARDS PROGRAMS (P4P, HEDIS, STARS)	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Access to reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with user-friendliness of reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventative services scheduling assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLAIMS AND CAPITATION	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Promptness of claims payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of Remittance Advice Summary (RA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE	1 Extremely Unsatisfied	2 Unsatisfied	3 Neither Satisfied nor Unsatisfied	4 Satisfied	5 Extremely Satisfied
Customer Service Department Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution Provided during initial call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with assigned Network Manager (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with Prospect Medical OC Region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Questions/Suggestions:

If you would like to leave additional details, have questions, or would like to discuss your comments or suggestions, please leave your name and phone number and a Network Management representative will contact you.

Name : _____ Phone: _____

Role within the office/title: _____ Date: _____

Please Respond By:

Fax: (714) 560-7613
Mail to: Prospect Medical – Network Management
 600 City Parkway West, Suite 800
 Orange, CA 92868
Phone: (800) 708-3230, prompt 1 then prompt 7