



May 29, 2020

Dear Physician/Administrator:

MMM of Florida, Inc. is presently conducting an annual short survey to measure your satisfaction with our services to you and your MMM-covered patients. We encourage our Providers to complete and return the survey, as your participation is invaluable and will assist us to further develop and enhance our company's services.

**Please return the completed by July 1, 2020 survey to either the address, email, or FAX number listed below:**

ATTN: Provider Network Department  
MMM Health Plan  
5775 Blue Lagoon, Suite 450  
Miami, FL 33126

- Fax the survey to 1-877-722-7544
- E-mail the survey to [Providers@mmm-fl.com](mailto:Providers@mmm-fl.com)
- You may contact your Provider Services Executive to conveniently schedule a pickup at your office.

If you have any questions and/or concerns, please contact our Provider Services Department directly at 1-888-722-7559. We are available to assist you Monday through Friday between the hours of 8:30 a.m. to 5:00 p.m.

Thank you for your continued care of your MMM-covered patients and for our partnership.

Sincerely,

DocuSigned by:  
*Alex Wilder*  
9E3660BB4977420...

Alex Wilder  
Director of Contracting & Network Development

Provider Name \_\_\_\_\_

Network \_\_\_\_\_

Specialty \_\_\_\_\_

Date \_\_\_\_\_



## PROVIDER SATISFACTION SURVEY - 2020

Please answer the following questions to help MMM Health Plan identify opportunities or improving operations for providers.

**1. How many MMM members are assigned to your clinic (if you are a specialist, please go to # 2)?**

Under 25

51-100

250-500

26-50

101-250

Over 500

**During the past 12 months please rate your experience with the following:**

**2. The quality of specialists contracted with MMM (if you are a specialist, please go to # 3).**

Excellent

Good

Poor

Very Good

Fair

No experience

**3. The quality of ancillary providers contracted with MMM.**

Excellent

Good

Poor

Very Good

Fair

No experience

**4. Experience with MMM's Member Services Department.**

Excellent

Good

Poor

Very Good

Fair

No experience

**5. Experience with MMM's UM Department and authorizations.**

Excellent

Good

Poor

Very Good

Fair

No experience

**6. Experience with MMM's Provider Network Department & its responsiveness.**

Excellent

Good

Poor

Very Good

Fair

No experience

**7. Experience with MMM's case management programs.**

Excellent

Good

Poor

Very Good

Fair

No experience

**8. MMM's care coordination services are sufficient to meet the needs of your patients?**

Definitely Agree

Neutral

Disagree

Somewhat Agree

Somewhat Disagree

No experience

**9. Are you satisfied with the health, education, and wellness services/programs available through MMM for your patients?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Very satisfied     | <input type="checkbox"/> Neither satisfied | <input type="checkbox"/> Somewhat dissatisfied |
| <input type="checkbox"/> Somewhat satisfied | or dissatisfied                            | <input type="checkbox"/> Very dissatisfied     |

**10. Experience with MMM's Part D/pharmacy services & its responsiveness to your patient's needs.**

- |                                    |                               |  |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor          |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> No experience |

**11. What is your overall satisfaction with MMM?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Very satisfied     | <input type="checkbox"/> Neither satisfied | <input type="checkbox"/> Somewhat dissatisfied |
| <input type="checkbox"/> Somewhat satisfied | or dissatisfied                            | <input type="checkbox"/> Very dissatisfied     |

**12. In comparison to other HMOs, how would you rate your satisfaction with MMM?**

- More satisfied with MMM
- Neither more or less satisfied with MMM
- Less satisfied with MMM

**13. In the past 12 months, did MMM's overall performance get better, stay the same, or get worse?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Much better     | <input type="checkbox"/> Stayed the same | <input type="checkbox"/> Somewhat worse |
| <input type="checkbox"/> Somewhat better |  | <input type="checkbox"/> Much worse     |

**14. Would you be likely to recommend MMM to other providers?**

- |                                      |                                  |                                      |
|--------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Neutral | <input type="checkbox"/> Less likely |
| <input type="checkbox"/> Likely      |                                  | <input type="checkbox"/> Not likely  |

**Comments or Suggestions:**

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