

## **Provider Survey**

Below is a link to a provider survey from the New Jersey Department of Human Services, Division of Medical Assistance and Health Services. This survey is intended for providers who care in some way for New Jersey Medicaid clients and families. We hope that this provider feedback can help focus initiatives and resources where they matter most and support providers in delivering needed care to New Jersey residents who use Medicaid as their health coverage.

Please know that we are using the term provider very broadly and hope that this survey captures feedback from different provider types in a variety of roles. We are hoping to collect feedback from a diverse array of individuals employed in the health care system, including both providers and managerial/administrative staff.

The survey is primarily focused on gaining provider feedback on the Medicaid program and covers several topic areas. These include questions on provider satisfaction, payment rates, health care workforce needs, and an opportunity to provide open-ended feedback. The survey should take approximately 10–15 minutes to complete and does not ask for identifying information outside of provider type and zip code.

Thank you in advance for taking the time to share your thoughts and experiences in support of the New Jersey Medicaid program.

**Survey Link:** <https://forms.office.com/r/3XXJKXR7E> (Click the link or copy and paste it into your browser)

**To submit questions or concerns about this survey please email New Jersey's Provider Survey Mailbox at:** [DMAHS.ProviderSurvey@dhs.state.nj.us](mailto:DMAHS.ProviderSurvey@dhs.state.nj.us).