



2011 Passport Health Plan Practitioner Satisfaction Survey

**Note: If you prefer to complete this survey electronically, please go to
<http://www.surveymonkey.com/s/PHPsatisfactionSurvey>**

In the past 12 months, how would you rate your satisfaction with the following?

(Note: If no interaction has occurred in the last 12 months, please mark "No Experience.")

Claims	No Experience	Very Satisfied	Somewhat Satisfied	Neither Dissatisfied Nor Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Office Manager and Physician Input Recommended						
1. Do you use a billing agency to submit claims on your behalf?	<input type="checkbox"/> Yes (Please proceed to question 8.)					
	<input type="checkbox"/> No					
2. Timeliness of claims payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accuracy of claims payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Timeliness of unpaid/rejected claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accuracy of remittance advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knowledge/accuracy of response to telephone inquiries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please rank Plan's ability to respond to questions you have regarding:						
A. Claims denied for no referral/authorization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Third Party Liability or subrogation disagreements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Plan billing policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Incorrect payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Services						
Office Manager Input Recommended						
8. Knowledge/accuracy/helpfulness of responses to non-claims related telephone inquiries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Timeliness of responses to non-claims related telephone inquiries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Courtesy of telephone staff for non-claims related inquiries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to resolve issues without repeat inquiries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Relations Representation						
Office Manager Input Recommended						
12. Do you know who your representative is?	<input type="checkbox"/> Yes					
	<input type="checkbox"/> No (Please proceed to question 16.)					
13. Accessibility of Provider Relations representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Courtesy demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Please rank your representative in his/her ability to:						
A. Answer questions about billing and claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Answer questions about your contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Respond to questions about policies (e.g. presumptive eligibility, authorizations, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Answer questions regarding programs (e.g. Disease Management, Case Management, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization Management Prior Authorization Process (Not related to medications received from a pharmacy)						
Office Manager and Physician Input Recommended						
16. Ease of process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Timeliness of process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

