

**Department of Mental Health and Addictions Services  
Advanced Behavioral Health, Inc  
Mental Health Waiver Program**

**Provider Satisfaction Survey 2009**

**General Information**

Please answer the following questions, so that we may have a better understanding of your role within the organization and the type of services that your facility provides. Check appropriate boxes.

Are you a(n):

- Case Manager                       Administrator                       Administrative Assistant  
 Billing Staff                               Other: \_\_\_\_\_

Type of MH Waiver Services provided:

- ACT                       CSP                       Short Term Crisis Stabilization                       Recovery Assistant  
 Transitional Case Management                       Supported Employment                       Peer Support

**Credentialing**

Please rate your satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
a) The ease of contacting ABH Provider Relations Staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The accuracy of the information provided by Provider Relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The timeliness of Provider Relations response to your request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The ability of Provider Relations to resolve your questions/answers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Educational sessions/trainings conducted by ABH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Overall satisfaction with ABH Provider Relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Claims Processing**

Please rate your satisfaction with the MFP/MH Waiver claims processed by ABH:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
a) The accuracy of your claims payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The timeliness of your claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The claims staff ability to resolve your questions and issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Overall satisfaction with ABH Claims processing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Appeals

Please rate your satisfaction with administrative claims and appeals:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
a) The ease of submitting an appeal request to ABH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The timeliness of the response to your appeal request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Overall satisfaction with the Claim appeals process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Overall Satisfaction

Please rate your satisfaction based on experiences with ABH over the past year:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
a) The ability of ABH to resolve questions/issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The accuracy of information provided by ABH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The timeliness of ABH in responding to questions/issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Overall satisfaction with ABH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e) Please list any additional comments in the space provided below. Is there anything that you felt ABH did particularly well? Do you have any ideas about how we can improve our services?