



Connecticut Medical Assistance Program Provider Satisfaction Survey

The Department of Social Services is conducting this Provider Satisfaction Survey to obtain your feedback on the services provided by DXC Technology. Our goal is to consistently improve our service to you in all areas. Your comments on DXC Technology's performance as well as areas which still require attention are appreciated and will assist us in serving you better. If you wish, you may fill in your contact information below (optional). For assistance, contact us directly at 1-800-842-8440.

Thank you in advance for completing this survey and we ask that you respond by September 30, 2017.

You may submit this survey:

- From the Provider Survey link on the home page of our Web site www.ctdssmap.com; or
- From the <https://www.surveymonkey.com/r/providersatisfaction> ; or
- Fill out on paper and mail to the following address:

DXC Technology Provider Satisfaction Survey
P.O. Box 2991
Hartford, CT 06104

NPI _____

Contact Name _____

Phone _____

Please circle the type of services you provide to Connecticut Medical Assistance Program clients:

<i>Acquired Brain Injury</i>	<i>Behavioral Health</i>	<i>Connecticut Homecare Program</i>	<i>Chiropractic</i>
<i>Clinic</i>	<i>Dental</i>	<i>Durable Medical Equipment</i>	<i>Home Health</i>
<i>Inpatient/Outpatient Hospital</i>	<i>Laboratory</i>	<i>Nurse Practitioner/Midwife</i>	<i>Nursing Home</i>
<i>Personal Care Attendant</i>	<i>Pharmacy</i>	<i>Physician</i>	<i>Podiatry</i>
<i>Transportation</i>	<i>Vision</i>		

Other (please specify) _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Provider Assistance Center (PAC Call Center)

The Provider Assistance Center is responsible for telephone/written inquiries and assisting the provider community with eligibility, program coverage and claim submission questions and researching problems with claim issues. This call center can be reached by calling 1-800-842-8440.

1. Timeliness of response to telephone inquiries	5	4	3	2	1
2. Timeliness of response to written inquiries	5	4	3	2	1
3. Accuracy & consistency of information	5	4	3	2	1
4. Depth of knowledge	5	4	3	2	1
5. Courtesy/Professionalism	5	4	3	2	1
6. PAC performance compares favorably to other insurers with whom you work	5	4	3	2	1

Comments _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Provider Enrollment/Re-enrollment

The Provider Enrollment/Re-enrollment unit is responsible for processing provider enrollment and re-enrollment applications as well as changes to provider demographic information, such as address, NPI/taxonomy and Electronic Funds Transfer information.

7. Timeliness of provider enrollment process	5	4	3	2	1
8. Accuracy & consistency of information	5	4	3	2	1
9. Ease of application and enrollment process	5	4	3	2	1
10. Online enrollment Wizard process	5	4	3	2	1

Comments _____

Provider Relations Representatives

The Provider Relations Representative staff is responsible for addressing complex eligibility and program coverage issues, resolving complex claim billing issues, addressing provider concerns, and facilitating workshops relevant to Connecticut Medical Assistance Program billing practices.

11. Accessibility of Provider Representatives	5	4	3	2	1
12. Timeliness of response to telephone inquiries	5	4	3	2	1
13. Timeliness of response to written inquiries	5	4	3	2	1
14. Accuracy & consistency of information	5	4	3	2	1
15. Depth of knowledge	5	4	3	2	1
16. Courtesy/Professionalism	5	4	3	2	1

Comments _____

Provider Training

The training team is responsible for delivering training to providers to either reinforce existing billing practices or to introduce changes to the claims processing requirements.

17. Convenient location	5	4	3	2	1
18. Relevance of provider training	5	4	3	2	1
19. Positively impacted my business	5	4	3	2	1
20. Presentation skills	5	4	3	2	1
21. Frequency	5	4	3	2	1

Comments _____

Suggestions for future training _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Virtual Room Training

HPE MyRoom Training allows providers to log into the training session from the convenience of their own office.

22. Instructions for logging into the Virtual Room	5	4	3	2	1
23. Access to the Virtual Room	5	4	3	2	1
24. Audio quality	5	4	3	2	1
25. Handouts	5	4	3	2	1
26. Ability to ask questions	5	4	3	2	1

Comments _____

Provider Education Materials

Our goal is to deliver information to the provider community in a clear, concise and timely manner using the most efficient and cost effective method.

27. Bulletins	5	4	3	2	1
28. Remittance Advice Banner Messages	5	4	3	2	1
29. Quarterly Newsletters	5	4	3	2	1
30. Provider Manuals	5	4	3	2	1
31. Important Messages	5	4	3	2	1

Comments _____

Electronic Health Records (EHR) Incentive Payment Program

The Medicaid EHR Incentive Payment Program provides incentive payments to eligible professionals (physicians, advance practice registered nurses, certified nurse midwives and dentists), eligible hospitals and critical access hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

32. Have you heard about the EHR Incentive Payment Program?	Yes	No
33. Do you use an EHR System?	Yes	No
34. If you use an EHR, which system are you using? _____		
35. Does that system meet the most current CMS/ONC Federal certification standards?	Yes	No
36. Is your EHR able to generate Continuity of Care Documents (CCD)?	Yes	No
37. Is your EHR able to generate Consolidated-Clinical Document Architecture (C-CDA)?	Yes	No
38. Is your EHR able to generate Quality Reporting Document Architecture (QRDA)?	Yes	No
39. Direct Message E-Mail Address: _____		

Comments _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Electronic Visit Verification (EVV) Provider Support

DXC Technology provides EVV provider support by responding to inquiries sent to the ctevv@dxc.com E-mail box. DXC Technology addresses client eligibility, prior authorization, claim submission and any escalated EVV issues.

40. Timeliness of response	5	4	3	2	1
41. Accuracy & consistency of information	5	4	3	2	1
42. Depth of knowledge	5	4	3	2	1
43. Courtesy/Professionalism	5	4	3	2	1

Comments _____

www.ctdssmap.com Web site

How frequently do you visit the www.ctdssmap.com Web site?

_____ Daily _____ Weekly _____ Monthly _____ Occasionally _____ Never

Please rate our Web site.

44. Organization/ease of navigation	5	4	3	2	1
45. Program information	5	4	3	2	1
46. Fee schedule access	5	4	3	2	1
47. Claim inquiry	5	4	3	2	1
48. Claim submission/resubmission	5	4	3	2	1
49. Claim adjustment	5	4	3	2	1
50. Claim void	5	4	3	2	1
51. Client eligibility inquiry	5	4	3	2	1

If you do not use the Web site, please tell us why. Please check all that apply.

_____ We do not have a computer _____ We do not have access to the internet _____ We find it difficult to use

_____ We would rather speak to a customer service representative _____ We need training on the internet or the www.ctdssmap.com Web site

Comments _____

Which of the following current methods of provider communication do you prefer DSS to use? Please check all that apply:

_____ Bulletins _____ RA Banner Page Messages _____ Important Messages

_____ Newsletters _____ Provider Workshops _____ eMessaging Notifications

DXC Technology and the Department of Social Services have implemented several initiatives to reduce costs associated with mailing provider communications such as bulletins, remittance advices, newsletters and provider workshop invitations.

Do you receive provider communications via the CMAP eMessaging solution: Yes No

Comments _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Automated Voice Response System (AVRS)

Providers can utilize the AVRS by calling 1-800-842-8440.

52. Ease of use	5	4	3	2	1
53. Claim inquiry	5	4	3	2	1
54. Client eligibility inquiry	5	4	3	2	1
55. Adequacy of information	5	4	3	2	1

Comments _____

Electronic Data Interchange (EDI)

EDI is responsible for enrolling Trading Partners who wish to submit electronic transactions and for resolving issues related to the electronic ASC X12N 837 claim transaction, the ASC X12N 835 electronic remittance advice, the ASC X12N 270/271 paired eligibility verification transactions.

56. Accessibility of EDI Representatives	5	4	3	2	1
57. Timeliness of response to telephone inquiries	5	4	3	2	1
58. Accuracy & consistency of information	5	4	3	2	1
59. Courtesy/Professionalism	5	4	3	2	1
60. Support on HIPAA transactions	5	4	3	2	1

Comments _____

Claims Processing

DXC Technology's goal is to provide timely and accurate processing of claims submitted to the Connecticut Medical Assistance Program.

61. Timeliness and accuracy of claims processing	5	4	3	2	1
62. Claims processing compares favorably with other insurers with whom you work	5	4	3	2	1

Comments _____

Please rate each area based on the following scale: 5 = Superior 4 = Good 3 = Satisfactory 2 = Fair 1 = Poor

Overall Performance

Provider assistance is adequate and timely	5	4	3	2	1
Claims are accurately processed the first time the claim is submitted	5	4	3	2	1
DXC Technology's performance as the Fiscal Agent for the Connecticut Medical Assistance Program	5	4	3	2	1

Comments _____

This bulletin and other program information can be found at www.ctdssmap.com
Questions regarding this bulletin may be directed to the Provider Assistance Center - Monday through Friday from 8:00 a.m. to 5:00 p.m. at:

Toll free **1-800-842-8440**

DXC Technology
PO Box 2991
Hartford, CT 06104

