Provider Bulletin 2023-03 January 2023

Connecticut Medical Assistance Program Provider Satisfaction Survey

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

Thank you in advance for completing this on-line survey. We ask that you respond by February 15, 2023.

You may access this survey by:

- From the information/publications page of the www.ctdssmap.com Web site, select provider bulletin PB23-03 and click on the link to the Provider Satisfaction Survey; or
- Click on the following link: https://www.surveymonkey.com/r/CMAPSatisfactionSurvey2023

The following demonstrates the questions that will be presented in the on-line survey.

Acquired Brain Injury Behavioral Health Connecticut Homecare Program Chiropractic

Clinic Dental Durable Medical Equipment Home Health Hospice

Inpatient/Outpatient Hospital Laboratory Nurse Practitioner/Midwife Nursing Home

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

Personal Care Attendant Pharmacy Physician Podiatry Radiology Transportation

Vision 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	5	4	3	2	1
	insurers with whom you work					

Comments_			
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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, re-enrollment and add alternate service location address applications as well as changes to provider demographic information, such as NPI/taxonomy, W-9 tax and license 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. Convenience of virtual training	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:	<i>5</i> – S	nowiow.	1 – C	and 1	2 – Sati	ofo otowy	
2 = Fair 1 = Poor	5 – Sul	perior	4 – G	oou .	5 – Sau	stactory	
Virtual Training Microsoft Teams Training allows providers to log into the office.	he trainiı	ng sessi	on fron	the co	nvenien	ce of their	own
22. Instructions for logging into MS Teams		5	4	3	2	1	
23. Access to MS Teams		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 commost efficient and cost effective method.	unity in	a clear,	concise	and tin	nely ma	nner using	the
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							

		5	4	3	2	1
32. Timeliness of response33. Accuracy & consistency of information		5	4	3		1
•						
34. Depth of knowledge		5		3		1
35. Courtesy/Professionalism		5	4	3	2	1
Comments						
ww.ctdssmap.com Web site						
Iow frequently do you visit the www.ctdssmap.com V	Veb site?					
Daily Weekly Monthly Occ	casionally		Never			
lease rate our Web site.						
36. Organization/ease of navigation	5	4	3	2	1	
37. Program information	5	4	3	2	1	
		4		2	1	
38. Fee schedule access	5			_		
38. Fee schedule access39. Claim inquiry	5 5	4	3	2	1	
	_	4 4		2	1	
39. Claim inquiry	5		3			
39. Claim inquiry40. Claim submission/resubmission	5	4	3	2	1	
39. Claim inquiry40. Claim submission/resubmission41. Claim adjustment	5 5 5	4 4	3	2 2	1	
39. Claim inquiry40. Claim submission/resubmission41. Claim adjustment42. Claim void	5 5 5 5	4 4	3 3 3	2 2 2	1	
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Please rate each area based on the following scale: 5 =Superior 4 =Good 3 =Satisfactory

	Newsletters Provider Workshops eMessag	ing Notit	fication	S			
reduce newslet	Il Technologies and the Department of Social Services costs associated with mailing provider communication ters and provider workshop invitations. Treceive provider communications via the CMAP eMess	ns such	as bull				
Y	es No						
Comme	nts						_
2 = Fai Automa	rate each area based on the following scale: 5 = Sur 1 = Poor ated Voice Response System (AVRS) rs can utilize the AVRS by calling 1-800-842-8440.	ıperior	4 = G	food	3 = Sat	isfactory	
liovide	45. Ease of use	5	4	3	2	1	
	46. Claim inquiry	5	4		2		
	47. Client eligibility inquiry	5	4		2		
	48. Adequacy of information	5	4	3	2	1	
Comme	nts						
Electro EDI is resolvin	nic Data Interchange (EDI) responsible for enrolling Trading Partners who wish g issues related to the electronic ASC X12N 837 ic remittance advice, the ASC X12N 270/271 paired eli	claim tr	ansactio	on, th	e ASC	X12N 83	
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Claims Processing

Gainwell Technologies' goal is to provide timely and accurate processing of claims submitted to the Connecticut Medical Assistance Program.

54. Timeliness and accuracy of claims processing 5 4 3 2 1 55. Claims processing compares favorably with 5 4 3 2 1 other insurers with whom you work

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
Gainwell Technologies' 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: 1-800-842-8440

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Gainwell Technologies PO Box 2991 Hartford, CT 06104

