

## **Provider Survey Questions for Early Warning System Provider Payment Metrics**

All of the following questions relate to claims/encounters from the previous month. (E.g. When completing this survey in February, please answer these questions based on claims/encounters in January.)

**Please complete this brief survey by the 5th day of each month.** It is estimated to take only 6 minutes. (If the 5th of the month falls on a weekend day, then the due date for survey submissions is the following Monday.) We cannot guarantee that concerns expressed within survey responses that are submitted after the due date will be addressed in that month's Early Warning System webinar.

**Disclaimer: This survey tool does not replace regular communications between you and your contracted Managed Care Organizations (MCOs) and Behavioral Health-Administrative Services Organization (BH-ASO). If you are experiencing issues with transmitting claims/encounters to or receiving payment from an MCO/BH-ASO, you should notify the MCO(s)/BH-ASO as soon as the problem arises.**

**Please ensure HIPAA compliance in your survey responses. This includes not inputting personally identifiable information.**

Your Full Name:

Your Organization:

Your E-mail Address:

The Primary/Main Regional Service Area where you provide services: Spokane Region, Pierce County, Greater Columbia Region, Okanogan County

- 1) Since the last reporting cycle, have you had any claims or encounters denied/rejected by the payers that you are contracted with, or at the clearinghouse level? If so, how many claims or encounters have been rejected/denied?

<b>MCOs/BH-ASO</b>	<b>Encounter or Claim Rejected/Denied? (Y/N/NA)</b>	<b># of Rejections/Denials</b>
Molina		
Amerigroup (AMG)		
Coordinated Care of Washington (CCW)		
Community Health Plan of Washington (CHPW)		
United		
BH-ASO		

- 2) If you are experiencing issues submitting claims or encounters, please provide a narrative explanation describing those issues, including the payer or clearinghouse that you are experiencing the issue with. If you are experiencing the same issue with all/multiple payers, please note that. This information will be transmitted to the appropriate payers so they can reach out to assist.

- 3) Since the last reporting cycle, have you received a payment from the MCOs/BH-ASO that you are contracted with?
- a. Yes No or NA for Molina
  - b. Yes no or NA for AMG
  - c. Yes no or NA for CCW
  - d. Yes no or NA for CHPW
  - e. Yes no or NA for United
  - f. Yes no or NA for BH-ASO
- 4) For any payer that you answered “no” for question 3, please provide a narrative response to indicate whether the payer is already aware of this issue and working to address it, or whether you would like this information to be relayed to the payer for assistance.