

Provider Orientation Feedback and Knowledge Assessment Survey

Thank you for participating in the Amerigroup Washington, Inc. provider orientation. Please answer this brief survey to let us know how we can better support you.

Use the *Comments* area below each question in the Satisfaction Survey section to provide background or explanation for any response you marked as Disagree or Strongly disagree.

Fill in your information here.

Name:

Practice name:

Your role:

(provider, office manager, office administrator, credentialing, contract management, billing contact, administrative assistant)

Phone number:

Email address:

State/market in which your practice is located:

Date of the provider orientation you attended:

Satisfaction survey:

1. Overall, I considered this presentation to be very beneficial.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Comments: _____

2. The organization and sequence of the orientation content were logical and easy to understand.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Comments: _____

3. The materials and resources provided were appropriate and helpful.

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neutral | |

Comments: _____

4. The presenter demonstrated knowledge of the orientation content, was well prepared, and was responsive to questions.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neutral

Comments: _____

Knowledge assessment:

1. Which of the following is not a member's right?

- Right to receive reviews of appeals decisions
- Right to change PCPs
- Right to obtain second opinions by other providers in their health plans when they disagree with the initial provider's recommended treatment plans
- Right to refuse showing their Amerigroup Washington, Inc. membership card and/or government ID when requested by provider
- Right to file appeals with their health plans or the Health Care Authority if they are not satisfied with their decisions

2. If you suspect fraud, waste, or abuse, which of the methods below can you use to report the incident to Amerigroup?

- Amerigroup website
Contact your Provider Experience representative
- Both
- None of the above

3. Providers are required to offer [24/7 access for their assigned patients and can provide after-hours phone coverage via a 24-hour telephone service.] The service may be answered by a designee such as an on-call physician or nurse practitioner with physician backup.

- True
- False

4. Which of the below documents tells the provider(s) what a member does or does not want when a terminal condition arises or if the member becomes permanently unconscious?

- Durable power of attorney for healthcare
- Amerigroup ID card
- Explanation of Payment
- Living will
- None of the above

5. Providers are encouraged to do which of the following to help with claims submission and payment processing?

- Submit claims electronically (using either claims submission functions on the Amerigroup provider website or the 837 batch claims submission process)
- Submit claims electronically using a clearinghouse via electronic data interchange (EDI)
- Use the Clear Claim Connection tool on the Amerigroup website to determine if procedure codes and modifiers will likely pay for the patient's diagnosis
- All of the above
- None of the above

Summary:

If you could improve this presentation or would like Amerigroup to address additional topics in future presentations, please outline your suggestions below.

Thank you for your feedback!

Would you like us to follow up with you?

- Yes
- No