|  |  |
| --- | --- |
|  |  |

**2024 PROVIDER SATISFACTION SURVEY**

Please take a few minutes to fill out this survey on the timeliness and quality of the service you receive from Imperial Health Plan of the Southwest, Inc. and **FAX** it back to **214-452-1190**. Thank you for your participation.

**ADMINISTRATIVE SECTION**

**Provider Relations**

1. I have been supplied with:

A Provider orientation YES  NO

Access to the Web Portal YES  NO

1. My Provider Relations Representative is knowledgeable and able to answer my questions

Strongly Agree  Agree  Disagree  Strongly Disagree

1. My Provider Relations Representative responds to my needs or concerns in a timely manner

Strongly Agree  Agree  Disagree  Strongly Disagree

**Claims**

1. My claims are processed in a timely manner

Strongly Agree  Agree  Disagree  Strongly Disagree

1. Claims inquiries are answered promptly

Strongly Agree  Agree  Disagree  Strongly Disagree

1. Are you aware IIC accepts electronic claims submission through Office Ally?

YES  NO

**Utilization Management**

1. UM Representatives are helpful

Strongly Agree  Agree  Disagree  Strongly Disagree

(cont’d)

1. Referrals are processed in a timely manner

Strongly Agree  Agree  Disagree  Strongly Disagree

1. Denial notifications consistently provided denial reasons

Strongly Agree  Agree  Disagree  Strongly Disagree

**Credentialing**

1. The Credentialing process occurred in a timely manner

Strongly Agree  Agree  Disagree  Strongly Disagree

1. Did I receive appropriate notice on need to Re-credential?

Strongly Agree  Agree  Disagree  Strongly Disagree

1. Credentialing Coordinator is courteous and knowledgeable

Strongly Agree  Agree  Disagree  Strongly Disagree

|  |
| --- |
| Please provide additional comments or suggestions: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.