



February 14, 2005

Dear CareOregon Provider,

Thank you for your participation in CareOregon. We appreciate your commitment to serving Oregon's vulnerable population. In our ongoing effort to improve our service to you, we ask for your assessment of our performance in the annual provider survey. As in the past, we will use this information to enhance our services. Results will be published in a future issue of CareNews.

We know your time is valuable. Completing this form should take 5-10 minutes, and we have included a postage-paid envelope and our fax number for your convenience. Thank you in advance for completing this survey.

Patrick Curran  
Provider Services Director

Margaret S. Rowland, MD  
Chief Medical Officer

### Response Time and Service

For each of the following please circle the number that most closely represents how strongly you disagree or agree with each statement (**1 is strongly disagree and 5 is strongly agree**).

	Strongly Disagree					Strongly Agree				
1. I know whom to contact at CareOregon when I have a question or issue.	1	2	3	4	5	1	2	3	4	5
2. I am promptly directed to the appropriate person when I contact CareOregon.	1	2	3	4	5	1	2	3	4	5
3. Once I have made contact my issues are resolved in a timely fashion.	1	2	3	4	5	1	2	3	4	5
4. My issues are resolved with a high degree of accuracy.	1	2	3	4	5	1	2	3	4	5
5. My interactions with the CareOregon staff are handled in a professional manner.	1	2	3	4	5	1	2	3	4	5
6. The CareOregon staff is knowledgeable.	1	2	3	4	5	1	2	3	4	5
7. The CareOregon staff understands my issues.	1	2	3	4	5	1	2	3	4	5
8. Do you have additional comments regarding CareOregon's response time and service?										

### Tools for Providers

9. Does your clinic have Internet access?                      Yes                      No  
 If **yes**, which CareOregon online systems do you utilize? (*Please mark all that you use*)

- |                            |       |                     |       |
|----------------------------|-------|---------------------|-------|
| a. Medical Benefit Tracker | _____ | e. Formulary Search | _____ |
| b. Electronic Billing      | _____ | f. Provider Search  | _____ |
| c. Prioritized List        | _____ | g. Provider Manual  | _____ |
| d. MCNet                   | _____ |                     |       |

	Poor					Excellent				
10. Compared to other health plans, how do you rate CareOregon's online systems?	1	2	3	4	5	1	2	3	4	5
11. Please rate the quality of the training you have received for using CareOregon's online systems?	1	2	3	4	5	1	2	3	4	5
12. What additional online services would you like to see CareOregon offer?										

13. Please **rank** the following ways you would like to receive periodic information from CareOregon where **1 is the most desired method and 4 is the least desired method of communication**.

- |   |       |
|---|-------|
| a. E-mail updates   | _____ |
| b. Provider Representative visits to your office                | _____ |
| c. Newsletters mailed to your office                            | _____ |
| d. Informational forums open to multiple providers in your area | _____ |

## Referrals and Authorizations

**\*\* Please rate CareOregon compared to other health plans**

*Strongly Disagree*

*Strongly Agree*

14. I have an adequate understanding of the CareOregon referral and authorization guidelines and processes.

1      2      3      4      5

15. I am satisfied with referral and authorization turnaround time.

1      2      3      4      5

16. I am satisfied with the CareOregon referral and authorization process.

1      2      3      4      5

17. Do you have additional comments regarding CareOregon's referral process?

18. Do you have additional comments regarding CareOregon's authorization process?

## Claims

**\*\* Please rate CareOregon compared to other health plans**

*Strongly Disagree*

*Strongly Agree*

19. CareOregon's claims turnaround is timely.

1      2      3      4      5

20. CareOregon accurately processes claims.

1      2      3      4      5

21. CareOregon's payment disbursement register is easy to understand.

1      2      3      4      5

22. Do you have any additional comments regarding CareOregon's claims process?

## Pharmacy

*Poor*

*Excellent*

23. How does CareOregon's drug formulary compare to other OHP drug formularies?.

1      2      3      4      5

24. Do you have any additional comments regarding CareOregon's pharmacy benefits?

## General

24. Are there specific things we can do to better serve you that are not addressed elsewhere in this survey?

## Respondent Information

Clinic Name \_\_\_\_\_

Specialty \_\_\_\_\_

Individual Responding \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_

*If you have any questions regarding this questionnaire, please contact Kim Thomas at 503/416-1737.*

*Please return in the postage paid envelope enclosed with this survey or  
fax to us at (503) 416-1478, Attention Kim Thomas*

**PLEASE RETURN TO CAREOREGON BY FRIDAY MARCH 14, 2005**