

Provider Survey

(Return by September 15, 2003)

Please have a person who does the office work/billing complete the attached survey and return it by mail or fax by September 15 to:

County of Los Angeles
Department of Mental Health
Special Projects – HIPAA
3160 W. 6th Street 2nd floor
Los Angeles, CA 90020
Fax: (213) 736-9360

PART I : Please update your contact information (Please Print)

Provider #	Provider Name		
Street Address		City	Zip
Contact Person	Phone	Fax	
Email		Website Address	

PART II : Survey

1) Do you currently have a computer?..... yes no

If "Yes" which of the following features does your computer have?

- Microsoft Windows. *Version?* _____
- Microsoft Internet Explorer. *Version?* _____
- CD ROM Drive
- Speakers or Headphones

2) Do you currently have access to the internet?..... yes no

If "Yes" who is your service provider, and what type of connection do you have?

Internet Service Provider: _____ (e.g. AOL, Earthlink, etc...)

- Dial-Up
- Cable / DSL
- Other: _____

3) In order of priority 1 to 5, how would you prefer to receive training for a new computer billing/prescription system? (1= highest priority).

- ___ Internet based training
- ___ CD ROM computer training
- ___ Classroom training (8 - 16 hours)
- ___ Group presentation (4 - 8 hours)
- ___ Print self study materials

4) What is your level of experience using Microsoft Windows and Internet Explorer?

- High Medium Low None

5) Do you submit claims directly to EDS?..... yes no

If "Yes" do you submit HCFA-1500 paper claims or Electronic claims?

6) Please provide current number of staff that are involved with preparation and/or submission of claims? ___

7) Would you be interested in using the new DMH internet based claims system? yes no
 If "Yes", how many clinical staff ___ and support staff ___ would need access?

8) Are you interested in submitting electronic claims to DMH?..... yes no unsure
 If Yes, what type? SFT (Secure File Transfer) or EDI (Electronic Data Interchange)?

9) Excluding MHMIS, please name all software products you use that are in anyway related to processing claims or electronic billing. (e.g. Echo, Lytech, Medi-Soft, Validator, etc...).

Software Name	Version	Software Function

If more room is needed, please continue in PART III

10) Please list organizations/insurance companies (other than DMH) that you send claims to.

Organization Name	How are claims submitted? (Paper, Electronic, Clearinghouse, etc.....)

If more room is needed, please continue in PART III

11) Please list any/all companies that provide a billing service for you. (e.g. biller, clearinghouse, information system provider, data processing, etc...)

Company Name		Contact Person	
Phone	Fax	E-mail	Website Address
<input type="checkbox"/> Biller <input type="checkbox"/> Clearinghouse <input type="checkbox"/> IS Provider <input type="checkbox"/> Other		How do they receive required information from you?	
Description of Services			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to contact them directly?			

Company Name		Contact Person	
Phone	Fax	E-mail	Website Address
<input type="checkbox"/> Biller <input type="checkbox"/> Clearinghouse <input type="checkbox"/> IS Provider <input type="checkbox"/> Other		How do they receive required information from you?	
Description of Services			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to contact them directly?			

Company Name		Contact Person	
Phone	Fax	E-mail	Website Address
<input type="checkbox"/> Biller	<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> IS Provider	<input type="checkbox"/> Other
Type	How do they receive required information from you?		
Description of Services	Do we have your permission to contact them directly?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III : Comments & Additional Information

1) Please Provide Comments, Questions, and/or additional information.

2) **If** you have already started planning for HIPAA, please give a brief description of your plans, including any expected changes in your business processes.

Thank you