

BEHAVIORAL HEALTH PROVIDER SURVEY



Provider Name: _____ Provider Medicaid ID/NPI: _____

Practice Name: _____

Practice Address: _____

Practice Questions:

How many facilities are practicing under this provider Name? _____

How long has this practice been in business? _____

What is the total number of full-time-equivalent (FTE) mental health direct care staff employed at this practice? _____ LMHP _____ QMHP _____

What is the current approximate number of active patients in your practice? _____

Are you currently taking new patients? _____

How are patients referred to your practice? _____

Are you and your staff members familiar with the eligibility, staffing, and documentation requirements pertaining to the provision of behavioral health services under the Virginia Medicaid program, or would additional training be beneficial? _____

Improving the Audit Process:

Would you prefer audits be performed onsite, or would you prefer to mail records for an offsite desk audit? _____ Reason(s) why you prefer? _____

What are any specific concerns you have related to the audit process? _____

What should behavioral health audits focus on in order to help ensure that high quality care is being provided and appropriately paid for? _____

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How would you prefer to receive updates on the audit program results, and educational materials? Please check all that apply

- Newsletters mailed to your practice
- Newsletters sent electronically by e-mail
- In person meetings and presentations
- Live webinars
- Recorded webinars that you can watch independently

Other than educational opportunities deemed appropriate based on audit outcomes, what other educational information do you feel would be helpful in your practice _____

Additional comments or suggestions: _____

Please return the survey in one of two ways:

1. Mail: HMS, 350 Worthington Road, Suite H, Westerville, OH 43082
Attention – Dawn Davis
2. Scan completed survey and e-mail to : kmoore@hms.com