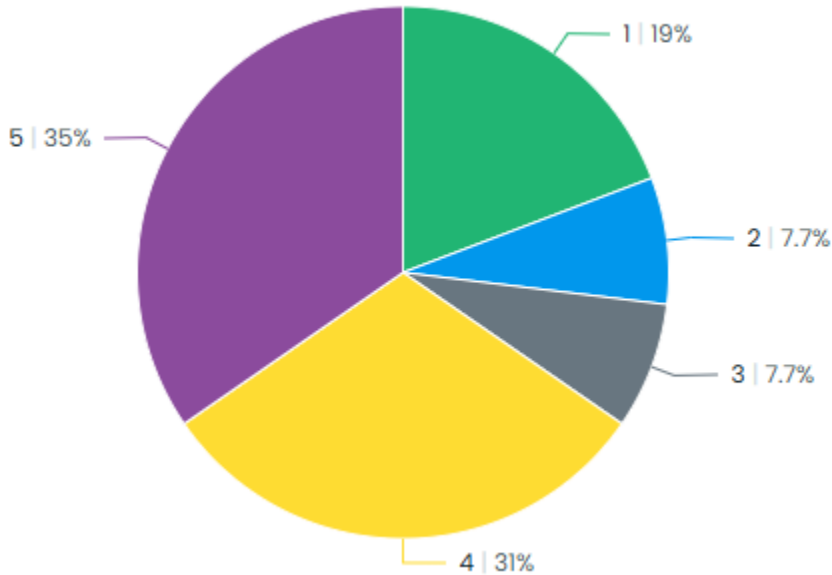


Provider Satisfaction Survey Results CYE 2025

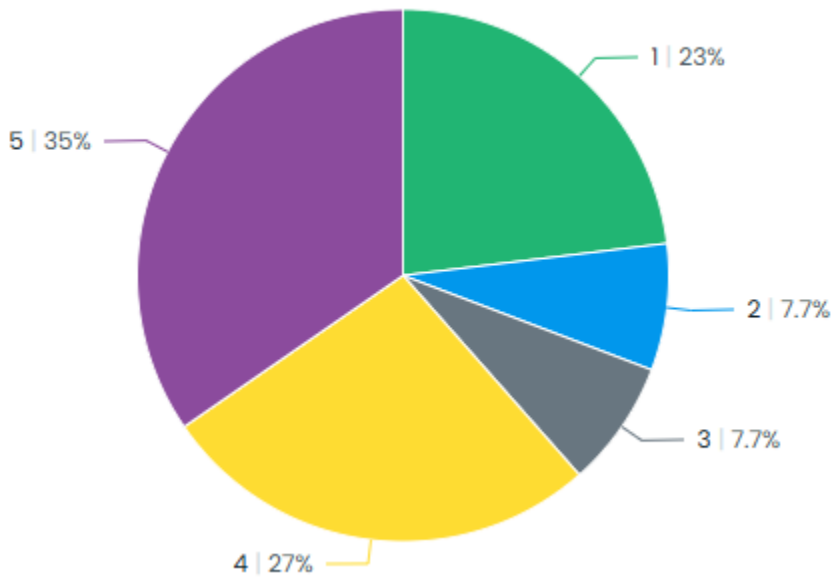
Questions

On a scale of 1-5, with 1 being "strongly disagree" and 5 being "strongly agree", please select the rating that best describes your level of agreement with each of the following statements.

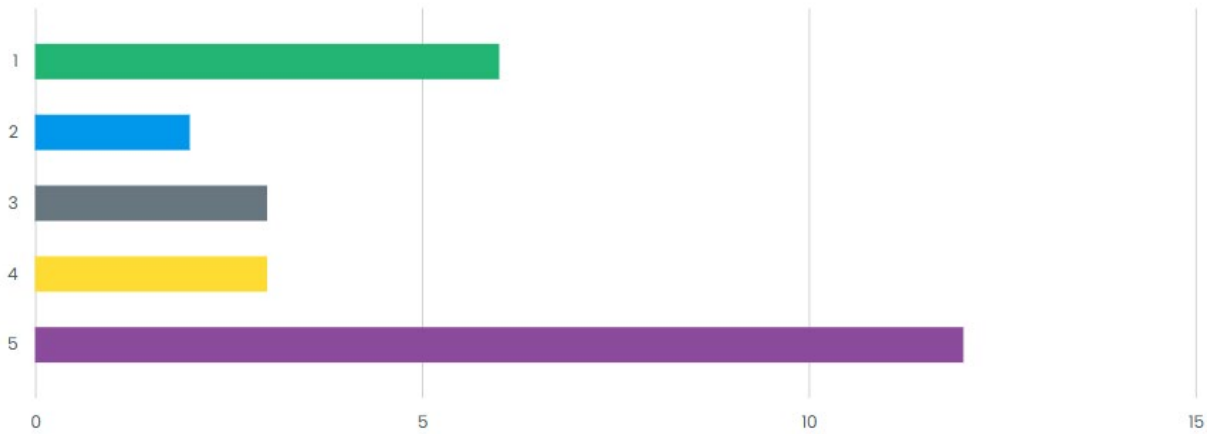
1. Overall, I am satisfied with Banner's timeliness of processing claims.



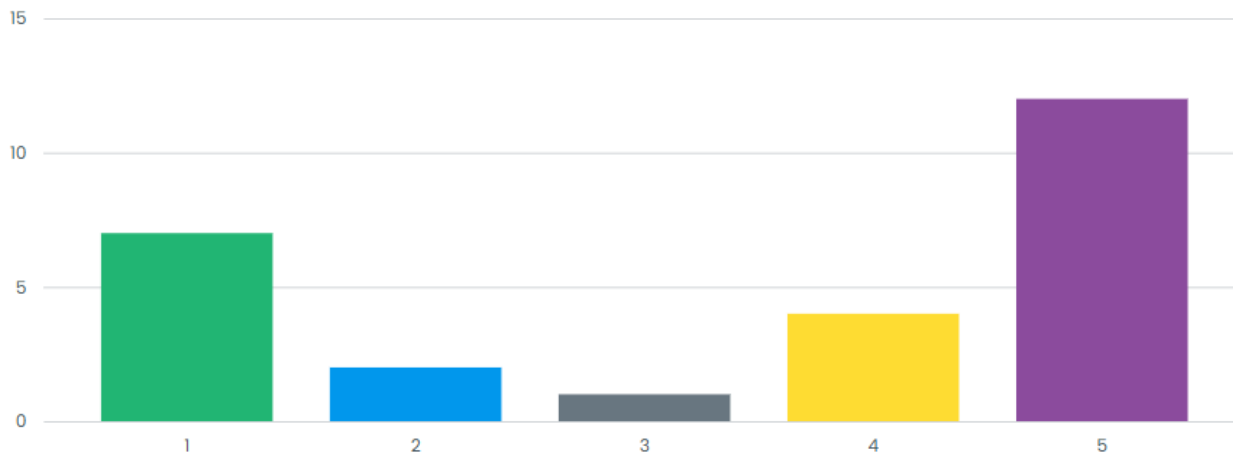
2. Overall, I am satisfied with Banner's accuracy of processing claims.



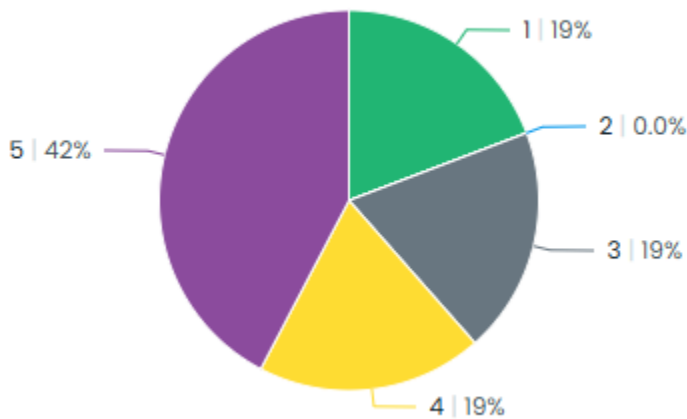
3. Overall, I am satisfied with the ease of contacting the correct Banner Provider Experience Center Representative.



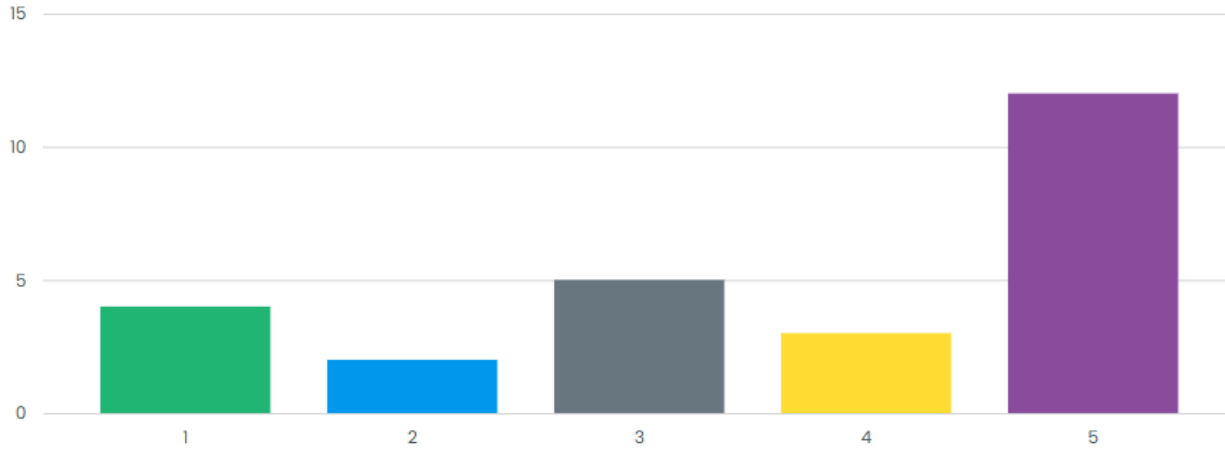
4. Overall, I am satisfied with Banner's Provider Experience Representatives accuracy of responses and/or ability to resolve inquiries.



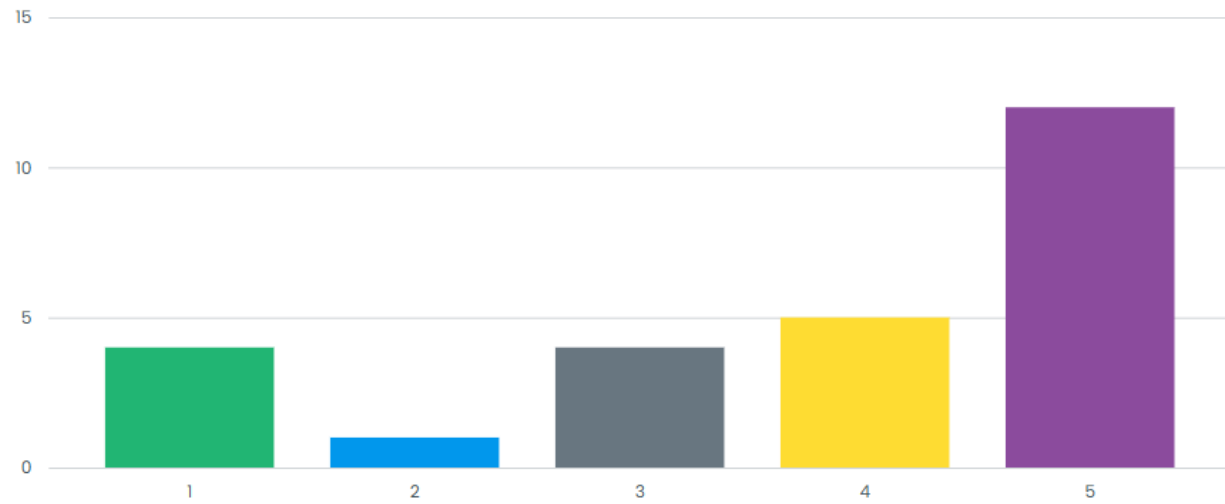
5. Overall, I am satisfied with Banner's Provider System & Project Specialist (PSPS) courtesy, responsiveness and assistance to resolve my inquiries.



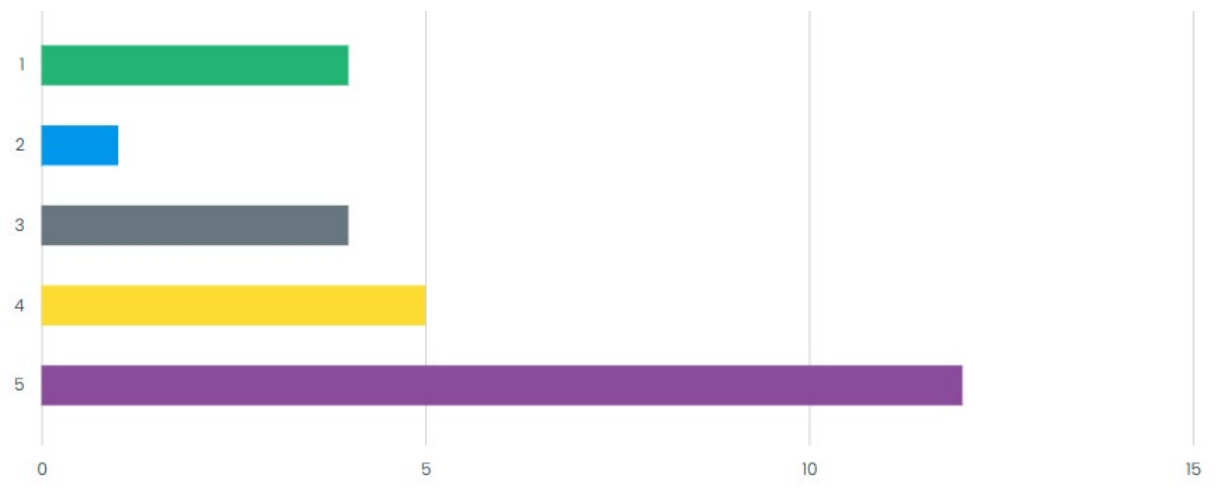
6. Overall, I am satisfied with Banner's Care Transformation Specialist/Consultants engagement and overall support.



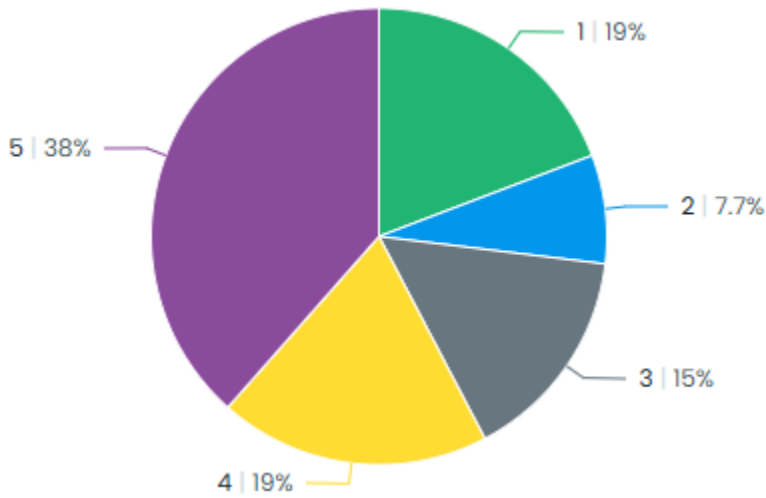
7. Overall, I am satisfied with Banner's Contracting process.



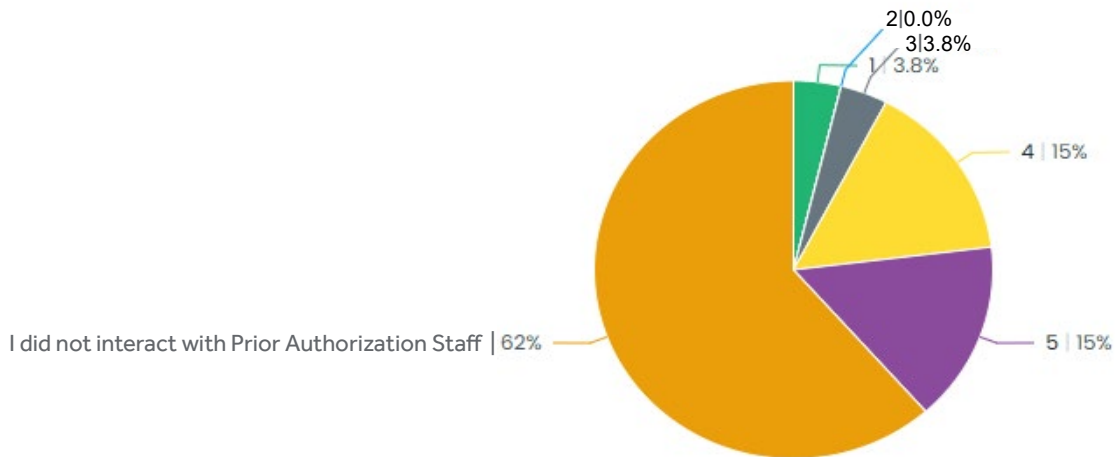
8. Overall, I am satisfied with Banner's Credentialing process.



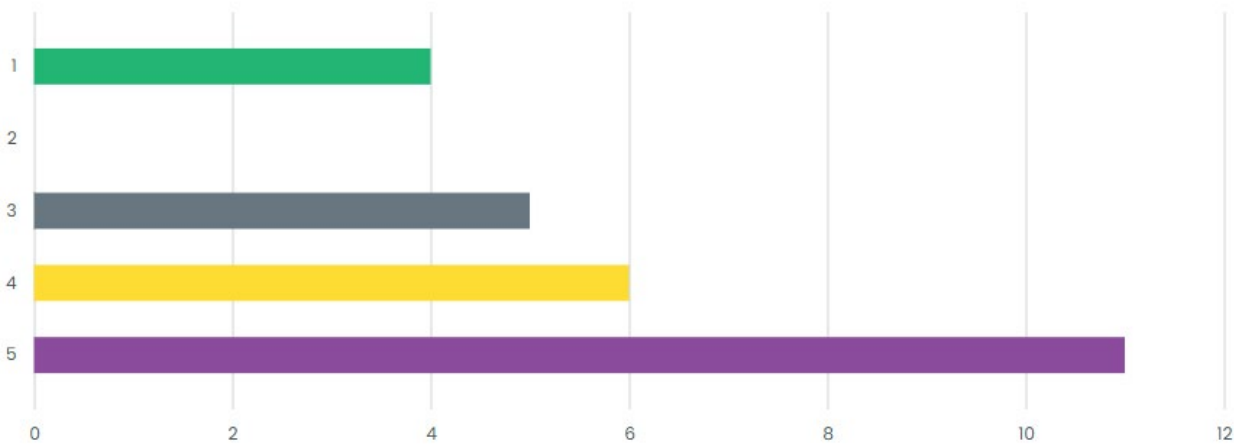
9. Over the past 6 months, I'm satisfied with Banner's Provider Data loading process regarding timeliness and accuracy.



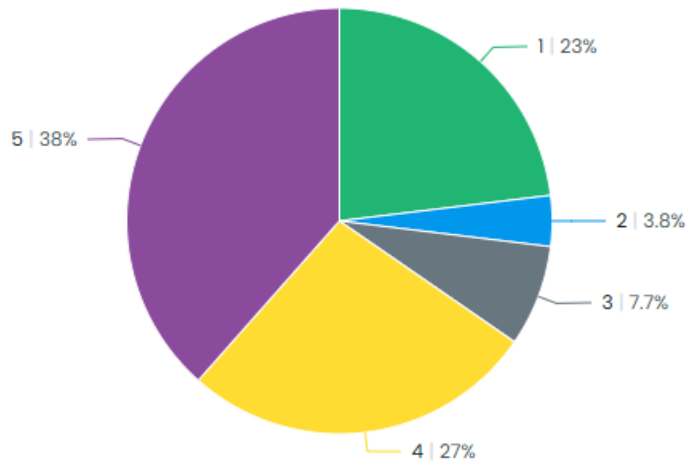
10. In the last year, I have been satisfied with Banner Insurance Division Prior Authorization process.



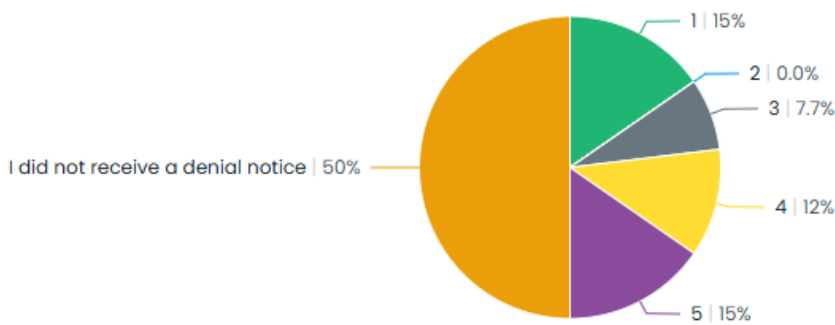
11. In the last year, I have been satisfied with the peer-to-peer discussion process.



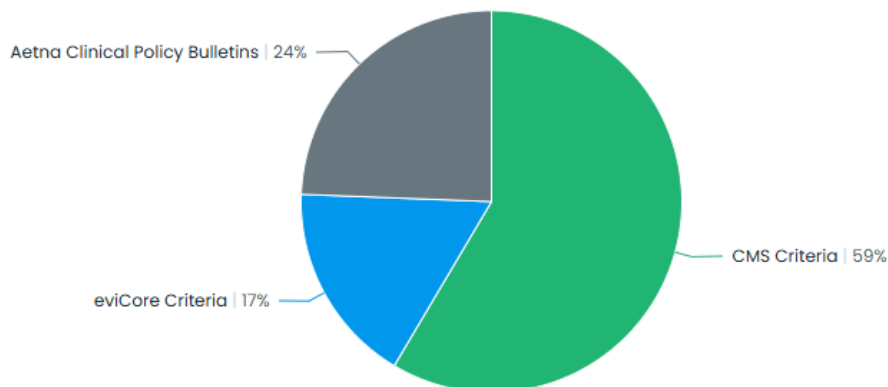
12. Overall, I am satisfied with Banner's self-service tools and resources.



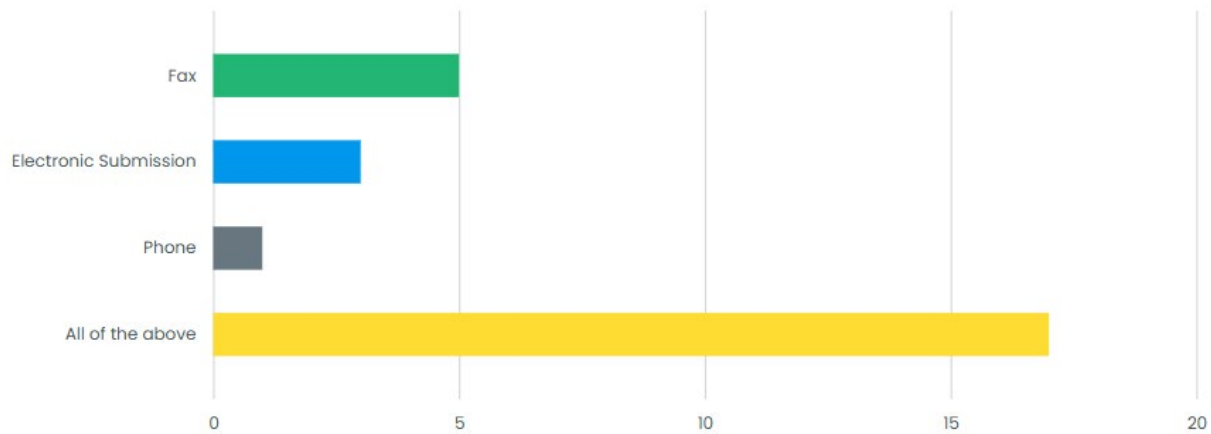
13. In the last year, I received a denial notice for a prior authorization request and was satisfied that the denial explanation helped me understand what was needed to get an approval.



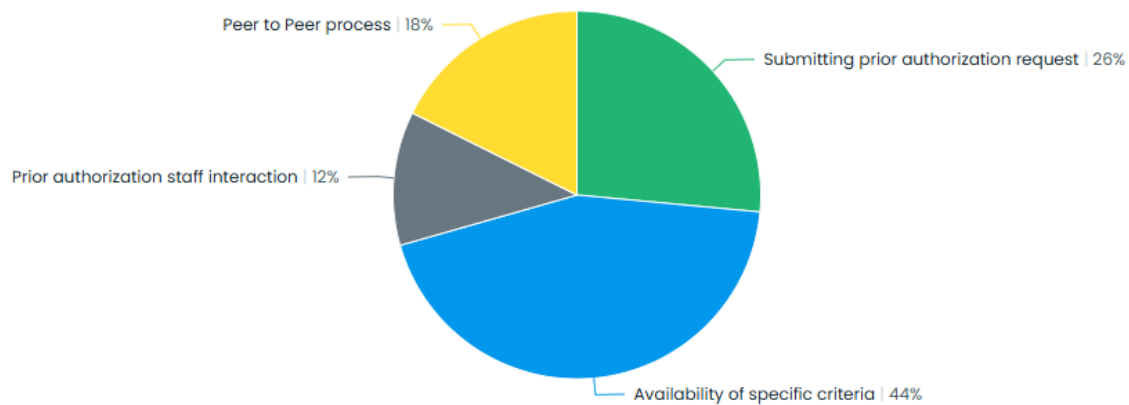
14. I would be interested in having links to the following criteria available on the provider portal.



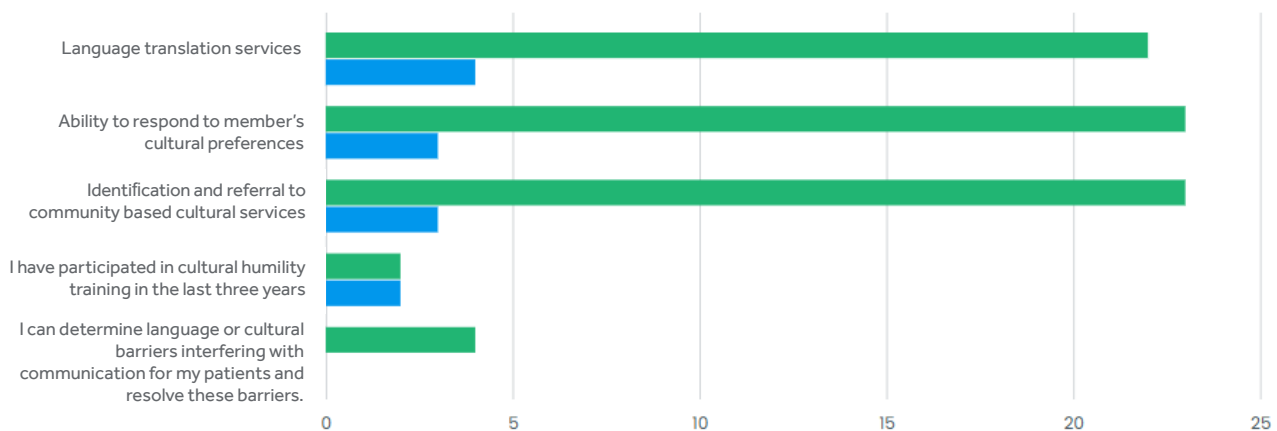
15. What is your preferred method for submitting a prior authorization request?



16. Do you have any suggestions for the following?



17. In order to better meet the cultural/ethnic needs of our members, our office is set up to provide the following:



18. I am satisfied with the communication and coordination of care among network providers and specialties.

