

Alaska Mental Health Care Provider Survey

The purpose of this survey is to collect information that is used to assess, develop, and manage mental health care health professional shortage areas (HPSAs) in Alaska. HPSAs serve as a qualifier for state and federal resources including loan repayment opportunities for qualifying mental health care professionals. Information collected as a function of this survey is used only for shortage designation management, and is considered proprietary and exempt from disclosure to third parties under AS 40.25.120.

Please complete a separate survey for each psychiatrist working at this practice location.

Physician First Name: _____ Middle: _____ Last: _____

National Provider Identifier (NPI) #: _____

Degree (mark one):

Is Physician a Federal Employee?

Practice Name: _____

Phone: _____

Practice Street Address: _____

Fax: _____

Suite: _____

Email: _____

City: _____

Zip: _____

PSYCHIATRIST'S PRACTICE INFORMATION

How many hours per week is the provider engaged in patient care, including time working on a patient's care, such as chart work or researching medications for a patient (do not include administrative, education, or training time)?

_____ hours per week

How many weeks of annual leave does the physician take each calendar year?

_____ weeks per year

SLIDING FEE SCALE

Does this psychiatrist offer a sliding fee schedule? (Defined as a formal, posted discount policy based on income and ability to pay. Bad debt write-off policies are excluded.)

If Yes, please estimate the percent of physician's patients that utilize a sliding fee. (Estimate based the average per week of the providers employed and working at the time of the survey.)

_____ % of patients

POPULATIONS SERVED

Does the psychiatrist serve the following patients? If Yes, estimate the percentage of total patients based on the average per week of the providers employed and working at the practice at the time of the survey.

Medicaid: _____% of patients

Alaska Native/American Indian: _____% of patients

Homeless: _____% of patients

Homelessness is defined as sheltered or unsheltered; no permanent residence.

NEW PATIENTS

Is the psychiatrist accepting:

New Patients?

New Medicaid?

New Sliding Fee Scale?

Does the physician practice at additional locations? Please list location and fill out additional surveys for each additional practice location.

Additional Practice: _____ City: _____

Zip: _____

Physical Street Address: _____ County: _____

SURVEY COMPLETED BY:

Name: _____ Title: _____

Phone: _____ Email: _____

Questions? Contact Eric Peter at 907-465-8509 or eric.peter@alaska.gov or Liza Root at 907-334-2423 or elizabeth.root@alaska.gov. Return

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