

+-----+
| LOCAL COMMISSIONERS MEMORANDUM |
+-----+

DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-60

Date: June 1, 1995

Division: Management Support &
Quality Improvement

TO: Local District Commissioners

SUBJECT: Questionnaire for claiming process

ATTACHMENTS: Claiming Questions Form (available on-line)

Attached is a questionnaire created by the Automated Claiming System task force which was formed to make recommendations on the redesign of the financial claiming process. The goal of the group is to make claims data entry easier, more straightforward, and to provide more financial information through user-friendly inquiry.

As users of the system your input is very much needed to help identify the main areas of concern.

We would appreciate it if the staff responding to this questionnaire be those most involved with the claiming system. This would probably be the Accounting Supervisor and/or the persons directly responsible for each claim. Please duplicate the attached questionnaire as necessary and return all completed questionnaires by June 30, 1995 to:

Bureau of Local Financial Operations
ATTN: Dennis Lassi
Floor 8C
40 N. Pearl Street
Albany, NY 12243

Thank you very much for your cooperation and input.

John M. Sweeney
Assistant Commissioner
Office of Financial Management

CLAIMING QUESTIONS FOR LOCAL DISTRICTS

Organizational Identifier

Local District _____
(county)

- 1) Should the certification documents be produced as part of initial or final accept?

++
++ Initial
++
++ Final

- 2) Are the claim schedules disabled so frequently that it affects your work schedule?

++
++ Often two weeks a month
++
++ Sometimes one week a month
++
++ Slightly two days a month
++
++ Never less than one day a month

- 3) Besides the work of using the claiming system, for what percentage of the claim schedules do you find yourself manually preparing the claim forms?

++
++ All Schedules 100% of all claim schedules
++
++ Most Schedules 75% of all claim schedules
++
++ Some Schedules 50% of all claim schedules
++
++ A few Schedules 25% of all claim schedules
++
++ None No claims are prepared manually

- 4) Do you find the BICS/ACS interface useful or unnecessary?
- +--+
 - +--+ Very usefulful
 - +--+
 - +--+ Somewhat useful
 - +--+
 - +--+ Slightly useful
 - +--+
 - +--+ Not useful at all
 - +--+
 - +--+ It is very confusing
- 5) Is the information well displayed and useful on the inquiry screens?
- +--+
 - +--+ The information is very well displayed
 - +--+
 - +--+ The information is somewhat well displayed
 - +--+
 - +--+ The information is very hard to read
- 6) How long does it take to complete the monthly claim schedules in ACS?
- +--+
 - +--+ 1 day a month
 - +--+
 - +--+ 3 days a month
 - +--+
 - +--+ 5 days a month
 - +--+
 - +--+ 10 days a month
 - +--+
 - +--+ 15 days a month
 - +--+
 - +--+ 20 days a month
 - +--+
 - +--+ 25 days a month
 - +--+
 - +--+ 30 days a month
- 7) Would it be useful for the system to generate a General Ledger?
- +--+
 - +--+ Very useful
 - +--+
 - +--+ Often Useful
 - +--+
 - +--+ Sometimes useful
 - +--+
 - +--+ Not useful

- 8) How often do you inquire into the Automated Claiming System?
- +++
 - +++ Never
 - +++
 - +++ Seldom 2 times a month
 - +++
 - +++ Regularly 5 times a month
 - +++
 - +++ Often 10 times a month
 - +++
 - +++ A great deal 25 times a month
- 9) How often do you inquire about payment/settlement data not on the Automated Claiming System?
- +++
 - +++ Never
 - +++
 - +++ Seldom 2 times a month
 - +++
 - +++ Regularly 5 times a month
 - +++
 - +++ Often 10 times a month
 - +++
 - +++ A great deal 25 times a month
- 10) If the payment/settlement data is not on the Automated Claiming System, how do you get the information?
- +++
 - +++ Written Report from another Office
 - +++
 - +++ Phone call to Appropriate Staff
 - +++
 - +++ Access to various Microsystem
 - +++
 - +++ Other _____
- 11) Would it be helpful to have current payment/settlement information available on the Automated Claiming System?
- +++
 - +++ Yes
 - +++
 - +++ No

12) Would it be useful to have a history of payment/settlement information available on the Automated Claiming System?

+--+

+--+ Very Useful

+--+

+--+ Often Useful

+--+

+--+ Sometimes Useful

+--+

+--+ Not Useful

13) Do you find that the current format of the Notice of Claim Settlement is?

+--+

+--+ Very Useful

+--+

+--+ Somewhat Useful

+--+

+--+ Slightly Useful

+--+

+--+ Not Useful at all

+--+

+--+ It is very Confusing

14) Do you find that the current process of mailing of notice of claim settlements is?

+--+

+--+ Adequate

+--+

+--+ Needs Improvement

15) Would it be useful to have ceiling data available on the Automated Claiming System?

+--+

+--+ Very Useful

+--+

+--+ Somewhat Useful

The following items have been identified as possible problems/shortcomings within the current automated claiming system. Please indicate whether or not you have any concerns with these areas, and rate them in order of importance to you. Use a scale of 1-8 with #1 having the highest priority.

- | | Rating (1-8) |
|--|--------------|
| 1. The claim schedules are time consuming to prepare | _____ |
| 2. The system is down frequently | _____ |
| 3. The BICS/ACS interface is useful | _____ |
| 4. The Certification should be at final accept | _____ |
| 5. The system should generate a General Ledger | _____ |
| 6. The system should generate a Claims Register | _____ |
| 7. There is not enough inquiry available | _____ |
| 8. The screens are hard to read. (i.e. no comas) | _____ |

Additional Comments/Problems/Concerns:

+-----+
| LOCAL COMMISSIONERS MEMORANDUM |
+-----+
DSS-4037EL (Rev. 9/89)

Transmittal No:

Date:

Division: Management Support &
Quality Improvement

TO: Local District Commissioners

SUBJECT: Questionnaire for claiming process

ATTACHMENTS: Claiming Questions Form

Attached is a questionnaire created by the Automated Claiming System task force which was formed to make recommendations on the redesign of the financial claiming process. The goal of the group is to make claims data entry easier, more straightforward, and to provide more financial information through user-friendly inquiry.

As users of the system your input is very much needed to help identify the main areas of concern.

We would appreciate it if the staff responding to this questionnaire be those most involved with the claiming system. This would probably be the Accounting Supervisor and/or the persons directly responsible for each claim. Please duplicate the attached questionnaire as necessary and return all completed questionnaires by June 30, 1995 to:

Bureau of Local Financial Operations
ATTN: Dennis Lassi
Floor 8C
40 N. Pearl Street
Albany, NY 12243

Thank you very much for your cooperation and input.

John M. Sweeney
Assistant Commissioner
Office of Financial Management