



MEMBER SATISFACTION SURVEY 2011

December 1, 2011

Dear Member:

You have been chosen to help us make the Rhody Health Partners Program better.

We ask that you complete this survey and send it back within two weeks. Your answers are confidential. This survey is voluntary. Your decision to complete and return it (or not) will not affect your health coverage in any way. If you need help with this survey please call 401-462-3113.

**PLEASE RETURN THIS SURVEY BY DECEMBER 19th IN THE ENCLOSED ENVELOPE.
NO POSTAGE IS NEEDED.
THANK YOU FOR HELPING US.**

If you cannot read this notice, please call the Info Line at 401-462-5300.

Si vous ne pouvez pas lire cette notification, s'il vous plaît appeler la ligne d'information à 401-462-5300.

Se você não pode ler este aviso, por favor chama a linha de info em 401-462-5300.

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → If Yes, go to #1 on page 1*
 No

1. Our records show that you are now in RHODY HEALTH PARTNERS. Is that right?

- ¹ Yes → **If Yes, go to #3**
² No

2. What is the name of your health plan?

Please print: _____

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

- ¹ Yes
² No → **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you thought you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

5. In the last 6 months, **not** counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- ¹ Yes
² No → **If No, go to #7**

6. In the last 6 months, **not** counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → **If None, go to #9**
 1
 2
 3
 4
 5 to 9
 10 or more

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0 Worst health care possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health care possible

9. In the last 6 months, did you need any treatment or counseling for a personal or family problem?

- ¹ Yes
² No → **If No, go to #11**

10. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

11. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- ¹ Yes
² No → **If No, go to #13**

12. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

13. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- ¹ Yes
² No → **If No, go to #15**

14. In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

15. After hours care is health care when your usual doctor's office or clinic is closed. In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?

- ¹ Yes
² No → **If No, go to #18**

16. In the last 6 months, how often was it easy to get the after hours care you thought you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

17. Were any of the following a reason it was not easy to get the after hours care you thought you needed?

- a) You did not know where to go for after hours care Yes No
- b) You weren't sure where to find a list of doctor's offices or clinics in your health plan or network that are open for after hours care Yes No
- c) The doctor's office or clinic that had after hours care was too far away Yes No
- d) Office or clinic hours for after hours care did not meet your needs Yes No
- e) Some other reason, Please specify:

Your Personal Doctor

18. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

¹ Yes

² No → **If No, go to #31**

19. How many months or years have you been going to your personal doctor?

¹ Less than 6 months

² At least 6 months but less than 1 year

³ At least 1 year but less than 2 years

⁴ At least 2 years but less than 5 years

⁵ 5 years or more

20. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

None → **If None, go to #25**

1

2

3

4

5 to 9

10 or more

21. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

22. In the last 6 months, how often did your personal doctor listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

23. In the last 6 months, how often did your personal doctor show respect for what you had to say?

¹ Never

² Sometimes

³ Usually

⁴ Always

24. In the last 6 months, how often did your personal doctor spend enough time with you?

¹ Never

² Sometimes

³ Usually

⁴ Always

25. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0 Worst personal doctor possible

1

2

3

4

5

6

7

8

9

10 Best personal doctor possible

26. When you visited your personal doctor's office in the last 6 months, how often were you examined on the examination table?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
27. When you visited your personal doctor's office in the last 6 months, how often did someone weigh you?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
28. In the last 6 months, did you and your personal doctor talk about pain?
- ¹ Yes
² No
29. In the last 6 months, how often did pain limit your ability to do the things you needed to do?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
30. In the last 6 months, do you think that your personal doctor understood the impact that pain has on your life?
- ¹ Yes
² No

Getting Health Care from Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

31. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?
- ¹ Yes
² No → **If No, go to #35**
32. In the last 6 months, how often was it easy to get appointments with specialists?
- ¹ Never
² Sometimes
³ Usually
⁴ Always
33. How many specialists have you seen in the last 6 months?
- ⁰ None → **If None, go to #35**
¹ 1 specialist
² 2
³ 3
⁴ 4
⁵ 5 or more specialists

34. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

35. In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?

- Yes
- No → **If No, go to #37**

36. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

37. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
- No

38. In the last 6 months, did you try to get information or help from your health plan's customer service?

- Yes
- No → **If No, go to #41**

39. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

40. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **If No, go to #43**

42. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

43. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

About You

44. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

45. In the past 6 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ¹ Yes
- ² No → **If No, go to #47**

46. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
- ² No

47. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control.

- ¹ Yes
- ² No → **If No, go to #49**

48. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- ¹ Yes
- ² No

49. What is your age?

- ¹ 18 to 24
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 or older

50. Are you male or female?

- ¹ Male
- ² Female

51. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

52. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

53. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

54. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

55. How did that person help you? Mark all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Please print: _____

Thank you.

Please return the completed survey in the postage-paid envelope.