



Member Experience – Annual Assessment of Behavioral Healthcare and Services survey.

Quality Improvement Process

Quality Management Annual Report
2016 Behavioral Health Member Survey
Review Cycle: September, 2016
Date of Assessment: December 2016

Mercy Care Plan

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Executive Summary

This survey is designed to document member experiences and satisfaction with the behavioral health care that that Mercy Care Plan Dual/SNP members and LTSS members receive. Results will be used to evaluate staff performance, identify gaps in service and key items that are causing dissatisfaction so that action can be taken to improve member experiences. Below is a summary of the findings.

- More than eight in 10 are pleased with the services they receive from their behavioral healthcare provider and would tell others to use the plan.
- Doctors, office staff and the health plan continue to receive high ratings. Agreement exceeds 80% on most measures.
- All measures are stable in total, but one measure decreased among LTSS members. A significantly lower percentage than in 2015 agree that their doctor explains things in a way that they understand.
- There are no significant differences between Dual/SNP members and LTSS members. Due to a low number of responses to the child survey, adult and child results are not tested for significant differences.

Background

Quality and continuous improvement are essential components of the Mercy Care Plan operational strategy. Members are encouraged to provide feedback regarding their health care and services. In an effort to enhance this activity Mercy Care Plan participated with a project led by National Medicaid Quality Management Team, which was approved by AHCCCS, to implement a member survey specific to behavioral healthcare and services. The cross-functional national team represented nine Health Plans, including clinical expertise from both behavioral and physical health care services.

The resulting survey is designed to help Mercy Care Plan better understand the experience and the challenges members have in using their behavioral healthcare services. By engaging members, Mercy Care Plan can work toward making the member Behavioral Healthcare experience more productive and satisfying resulting in better outcomes.

Purpose

The purpose of this exercise is to solicit member feedback about their experience with behavioral health care services. The information is used to evaluate practitioner/provider performance, to identify gaps in

service and other areas that are causing dissatisfaction so that action can be taken to improve the member experience with behavioral health care.

Methodology

Member Survey

Decision Support Systems (DSS) was selected by Mercy Care Plan to conduct its Behavioral Health Dual/SNP and LTSS Member Satisfaction Survey. Both adults and children were included in survey outreach. Adults were defined as members aged 18 and older. Children were defined as aged 13 and younger. Children age 14-17 were mailed a survey but no telephone follow up call was conducted to ensure the right to privacy of this age group.

Data collection was conducted by mail and telephone. First, a mailed survey was sent with a postage-paid reply envelope and cover letter explaining the purpose of the survey. Survey materials were sent to all members in both English and Spanish. Surveys for children were sent to the parent/guardian. If a member expressed a desire to complete the survey in another language, MercyCarePlan provided the survey in that language via phone or mail to that member.

DSS interviewers then conducted live telephone outreach to those who did not respond to the mailed survey. All data were collected via computer-aided telephone interviews (CATI) by DSS in Fort Worth, Texas. CATI is a telephone surveying technique in which the interviewer follows a script provided by a software application. The survey duration was approximately seven minutes. Telephone survey outreach for child members was conducted with the parent/guardian. Participants had the option to complete the phone survey in English or Spanish. If a member requested another language, Mercy Care Plan arranged for a language translator to complete the telephone survey in the language as requested by the member.

The data collection schedule was as follows:

- Survey mailed: September 1, 2016.
- Telephone follow-up conducted: October 3 – 21, 2016.
- Data collection cut-off: October 21, 2016.

DSS securely received a file of members for outreach from the MercyCare Project Manager. Eligible plan members were defined as:

- Currently enrolled Dual/SNP members and LTSS members.
- Had at least three visits from a BH specialist.
- Adult: 18 years old or older as of the date of survey outreach.
- Child: 13 years old or younger as of the date of survey outreach.

A total of 14,941 records were received for Mercy Care Plan, of which 8,427 were eligible to be surveyed. A stratified random sample of 2,000 members was selected for survey outreach. Details are shown below.

- Adults aged 18+: 1,940
- Children aged 13 and under: 60

Member addresses were run through the National Change of Address database to ensure that DSS had the most current addresses available.

DSS also attempted to obtain a valid phone number for records that were missing a phone number or had an invalid phone number. DSS used a 3rd party service called Relevate to do this. Numbers are not always able to be located/updated. Only unique telephone numbers were called.

We received 246 (186 adult, 60 child) returned undeliverable mail pieces. (NOTE: As long as the member had a useable telephone number, he or she was contacted by telephone.)

Response Rate

Response rate is defined as the total number of completed surveys divided by all eligible members of the sample. To be considered “complete” and included in the analysis, the member had to respond to the mail survey (answering at least one question) or answer at least one question in the telephone survey.

Eligible members include members available for outreach minus ineligible members. Ineligible members met at least one of the following criteria: were mentally or physically incapacitated or were deceased.

Response Rate: 20.7%; *Response Rate = Number of Completed Surveys / (Members sampled for outreach – Ineligibles)*

- Eligible sample received: 8,427
- Members sampled for outreach: 2,000
- Sampled members determined ineligible: 10
- Eligible members sampled: 1,990
- Completed surveys: 411 total (398 adult / 13 child)
 - 188 phone (180 adult / 8 child)
 - 223 mail (218 adult / 5 child)

The number of completed surveys represents a statistically valid sample (90% confidence, +/- 3.2% MOE, p=0.8, using a finite population correction factor based on the sample received, 14,941).

All calculations in this report use the “base” (shown as n=XX) as the denominator. Responses such as “Do not know” and “Prefer not to answer” are excluded from the base.

Totals reported on graphs may not be equal to the sum of the individual components due to the rounding of all figures to whole numbers.

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.

Indicators/ Goals

Member Survey

The numerator and denominator for all survey questions, both Adult and Child surveys, are described below:

- Numerator: Member's ratings are measured using a 5 point scale using Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree. The numerator represents the number of eligible members who responded as either Strongly Agree or Agree.
- Denominator: The denominator represents the number of valid responses collected for the measure.
- Goal: Baseline

Audit Population

Member Survey

The survey is administered to those members who received behavioral health services as identified through three or more administrative claims for behavioral health services in the past 12 months. Paid and denied claims are included. A combination of diagnosis code, procedure code and provider specialty is used to identify the population. Qualifying claims have a provider which is behavioral health related, defined by using key words/terms from the provider specialty description in QNXT an integrated information management system. This includes both the primary and secondary specialties for a provider. The population is limited to members who are active at the time the report is generated. The population is further divided into age groups adults, ages eighteen and older, and children under fourteen years of age.

DSS receives a secure a file of members for outreach from the Mercy Care Project Manager in cooperation with the Mercy Care Plan staff. Eligible plan members were defined as:

- Currently enrolled
- Primary coverage through Medicaid/Medicare
- Adult: 14 years old or older or 18 years or older as of the date of survey outreach
- Child: 13 years old or younger as of the date of survey outreach
- Had at least 3 visits with the BH provider/ practitioner at least once within the past 12 months.

Results

Member Survey

Objectives. This research assesses the following areas:

- Access to and timeliness of behavioral health care.
- Perceived outcome of behavioral health care.
- Communication with clinicians.
- Patient rights.
- Member services and assistance.
- Overall rating of the behavioral health provider.
- The trend from 2015 to 2016 and comparisons between Dual/SNP members and LTSS members.

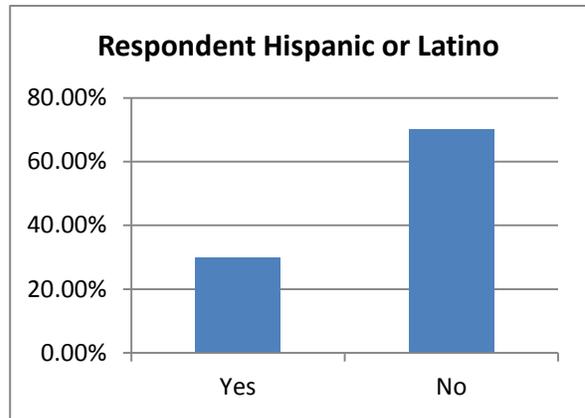
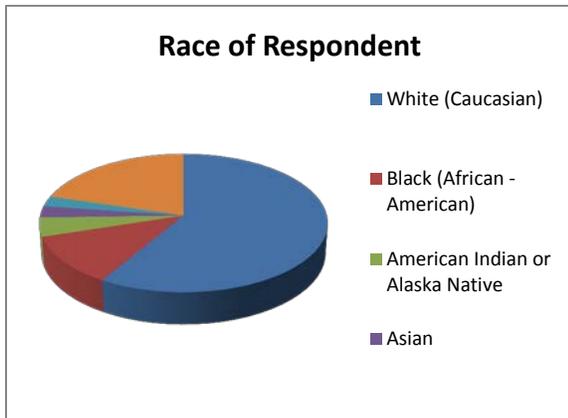
Table 1 Adult Member Survey Responses

	Question	Numerator	Denominator	Rate	Baseline from 2015	
1.	I have a doctor in a location that is good for me.	300	368	82%	80.7%	
2.	I am able to get an appointment as soon as I need it.	253	364	70%	71.1%	
3.	My doctor listens to me and understands what I say.	297	364	82%	81.1%	
4.	My doctor explains things in a way that I understand.	298	366	81%	82.4%	
5.	My doctor treats me with respect.	322	365	88%	89.8%	
6.	My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.	308	356	87%	88.4%	
7.	My doctor and my primary care provider (PCP) work as a team.	268	339	78.9%	78.9%	
8.	The office staff is polite and helpful.	308	351	88%	86.0%	
9.	I work with my doctor on my treatment	289	351	82%	83.8%	

	Question	Numerator	Denominator	Rate	Baseline from 2015	
	options and goals.					
10.	I understand my medicines and the risks they may have.	301	358	84%	85.1%	
11.	I can ask my doctor about my care plan and medicines.	306	356	86%	87.6%	
12.	Because of the help from my doctor, I get along better with my family and friends.	228	303	75%	76.1%	
13.	Because of the help from my doctor, I do better in school and/or work.	87	136	64%	69.2%	
14.	I feel better because I see this doctor.	275	343	86%	81.0%	
15.	I would send my friends or family to this doctor.	270	340	79%	82.5%	
16.	I am pleased with the services I receive.	296	358	83%	84.2%	
17.	My health plan staff is friendly and helpful.	304	359	85%	86.8%	
18.	My health plan helps me with the information I need to get care.	295	357	83%	85.4%	
19.	I would tell others to use my health plan.	290	353	82%	85.4%	

Figure 1 Adult Demographics

Analysis of respondent profile provides insights into the utilization of healthcare services provided. The following figures provide an overview of the eligible members who responded to the survey.



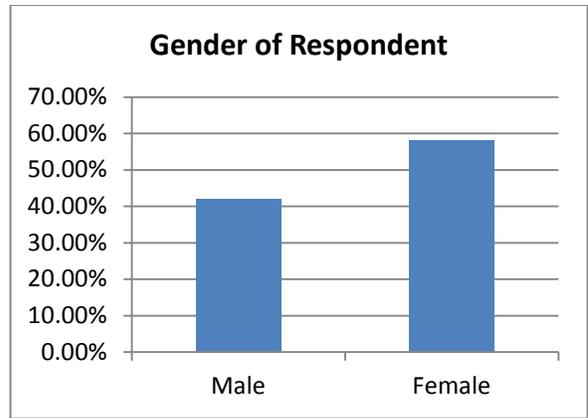
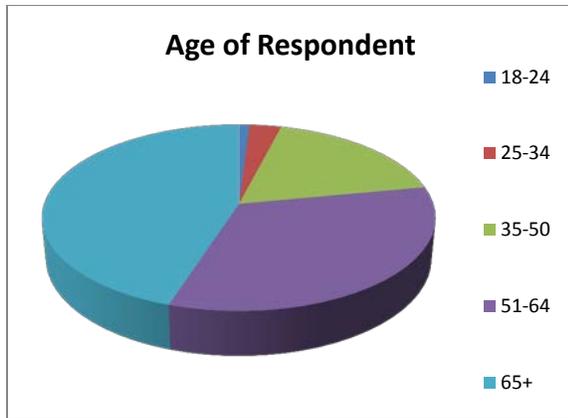


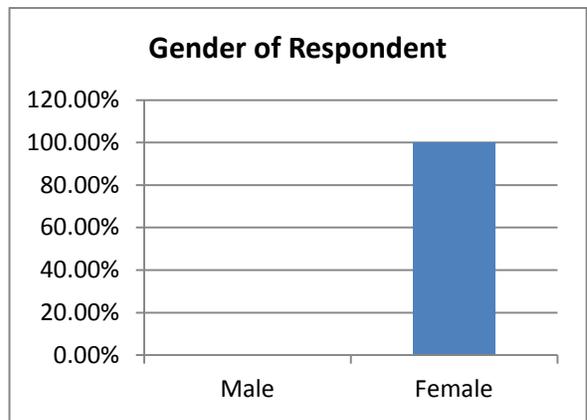
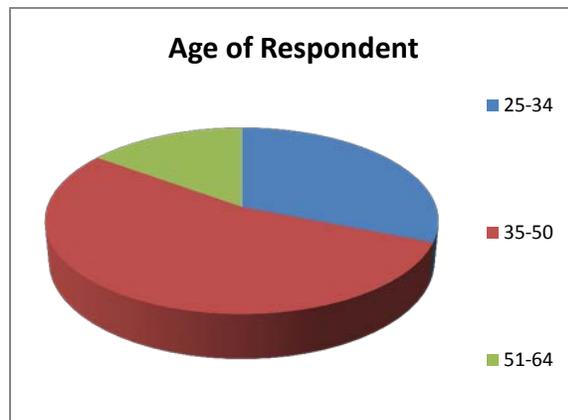
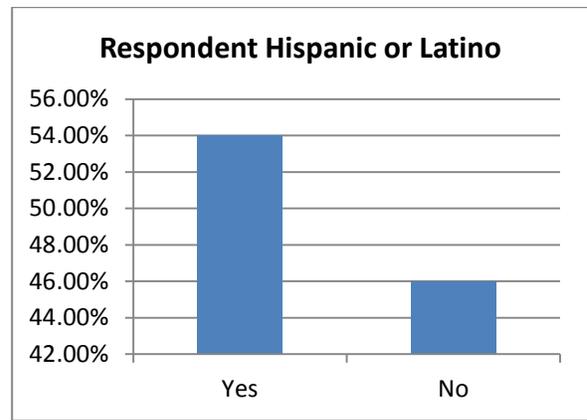
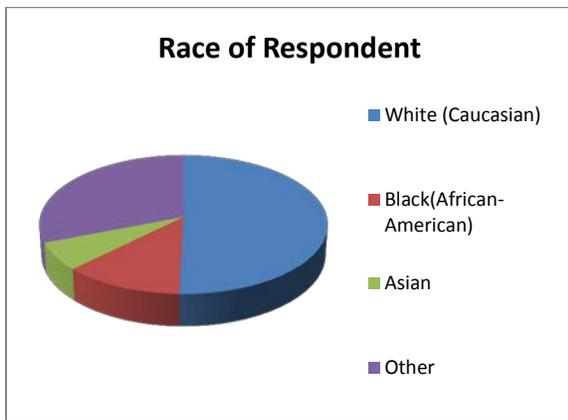
Table 2 Child Member Survey Responses

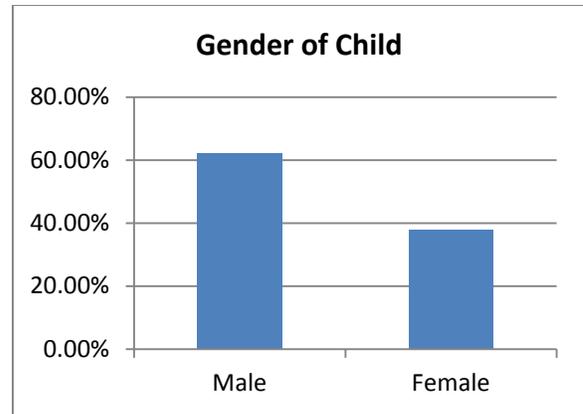
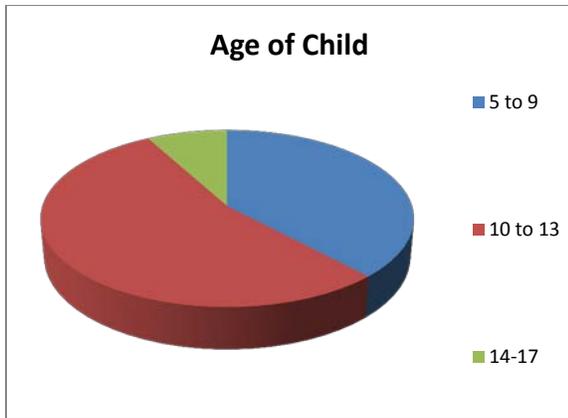
Question	Numerator	Denominator	Rate	Baseline from 2015
1. The doctor is in a location that is good for me.	11	13	85%	81.8%
2. We are able to get an appointment as soon as my child needs it	11	13	85%	72.7%
3. The doctor listens and understands what I say.	12	13	92%	100%
4. The doctor explains things in a way that I understand.	10	12	83%	100%
5. The doctor treats me with respect.	12	13	92%	90.9%
6. The doctor is sensitive to who I am. This includes his/ her race, religion, ethnicity, gender identification, language, disability, etc.	12	13	92%	90.9%
7. This doctor and the primary care provider (PCP) work as a team	10	13	77%	100%
8. The office staff is polite and helpful.	11	13	85%	100%
9. I work with my doctor on the treatment options and goals	8	10	80%	100%
10. I understand the medicines and the risks they may have.	10	12	83%	71.4%
11. I can ask the doctor about the care plan and medicines.	12	13	92%	77.8%
12. Because of the help from my doctor, I get along better with family and friends	8	10	80%	42.9%
13. Because of the help from my doctor, I do better in school and/or work.	8	10	80%	57.1%
14. I feel better because I see this doctor.	9	11	82%	100%
15. I would send my friends or family to this	11	13	85%	90.9%

Question		Numerator	Denominator	Rate	Baseline from 2015	
	doctor.					
16.	I am pleased with the services I receive.	12	13	92%	90.9%	
17.	My child’s heath plan staff is friendly and helpful.	12	13	92%	90.9%	
18.	My child’s health plan helps me with the information I need to get my child care.	12	13	92%	91.7%	
19.	I would tell others to use my child’s health plan.	11	13	85%	90.9%	

Figure 2: Child Demographics

Analysis of respondent profile provides insights into the utilization of healthcare services provided. The following figures provide an overview of the parents or who responded for the child and the age and gender of the child.

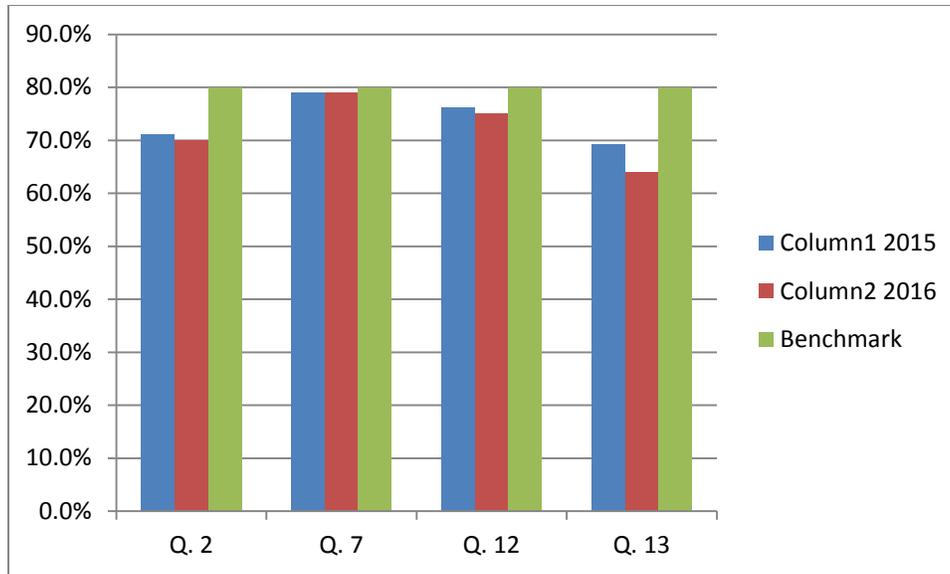




Quantitative Analysis

MCP conducted a comparative review of the 2015 and 2016 **Adult Survey** and determined that overall, the results continue to be positive overall. However, the plan was able to identify four questions in 2015 in which fewer than 80% of the respondents indicated that they strongly agree or agree with the topic in question. Those questions included:

	Question	Numerator (2016)	Denominator (2016)	Rate 2015	Rate 2016	
2.	I am able to get an appointment as soon as I need it.	253	364	71.1%	70%	
7.	My doctor and my primary care provider (PCP) work as a team.	268	339	78.9%	78.9	
12.	Because of the help from my doctor, I get along better with my family and friends.	228	303	76.1%	75%	
13.	Because of the help from my doctor, I do better in school and/or work.	187	136	69.2%	64%	



As noted in the table above, within these four questions, the member response rate varies. Of note, only 35.9% of the respondents answered Question 13 in 2015 and 34% in 2016: “Because of the help from my doctor, I do better in school and/or work,” making the sample size for this question smaller than the others. (57% responded to Question 13 with N/A) Additionally, MCP feels that Question 2: “I am able to get an appointment as soon as I need it” and Question 7: “My doctor and my primary care provider (PCP) work as a team” had a higher likelihood of being positively impacted by plan interventions than Questions 12 and 13. As such, the plan has selected to focus interventions on those measures. It is noted however there is little to no change in the response rate for question 2 and 7 for the 2016 results. As such additional interventions will be put into place.

MCP also reviewed **the Child Survey** and determined that while the denominator of respondents was significantly smaller, overall, the results also appeared to be positive. However, the plan identified the three lowest scoring questions for this population in 2015 as Question 10, 12 and 13. The MCP pediatric case management team focused on question 10 however there was a significant improvement in all three questions.

For 2016 Question 7 indicated a significant decline in “This doctor and the primary care provider (PCP) work as a team”. (highlighted below)

Question		Numerator	Denominator	Rate 2015	Rate 2016	
10.	I understand the medicines and the risks they may have.	10	12	71.4%	83%	
12.	Because of the help from my doctor, I get along better with family and friends	8	10	42.9%	80%	
13.	Because of the help from the doctor, my child	8	10	57.1%	80%	

	Question	Numerator	Denominator	Rate 2015	Rate 2016	
	does better in school and/or work.					
7.	This doctor and the primary care provider (PCP) work as a team	10	13	100%	77%	

Qualitative Analysis

Through MCP’s analysis of the results, potential factors contributing to the results may include:

- Perception by members that their provider should be more available/that wait times are excessive (even if they are within the AHCCCS required timelines)
- Members receiving mixed messages from various providers
- Parents may have very strong feelings about their child being on behavioral health meds but may not be comfortable or able to ask the prescriber to review the medications with them
- Providers may not always be proactive in taking extra time to educate and encourage the parents to ask questions.
- Parents may not request and/or the provider may not suggest/require follow-up appointments to discuss behavioral health meds and ongoing treatment plans.

Barriers

Potential barriers include:

- the limited availability of behavior health providers.
- Behavioral Health doctors have requirements to coordinate with PCPs and this is audited through the AMRR process. PCPs are not as compliant with sharing information with other providers.
- Age of participants for both ALTCS and Medicare Adult survey so N/A response to question #13, “Because of the help from my doctor, I do better in school and/or work.” N/A for adult survey 57%.
- Low number of children receiving BH treatment in this population (60 identified and survey mailed) and low response rate for Childrens survey (all responses collected via phone follow-up).

Opportunities for Improvement

Brainstorming or analysis does occur within specific departments, BH managers and staff for both ALTCS and Medicare. Opportunities for improvement are identified for those areas that can be directly impacted by case management or BH staff. Other interventions are applied to areas that cannot be directly impacted related to the identified barriers. Recommendations for interventions and plans for implementation are included.

Table 3 Opportunities for Improvement

Opportunities for Improvement	Action Plan/Responsible Person	Status Update
Child Survey, Question 10: "I understand the medicines and the risks they may have."	Making this an area of focus for the Pediatric Case Management staff so they can work more closely with parents to ensure parents understand the medications their child is on, and can assist them with important questions to ask the physician/provider during every visit. [ALTCS Case Management]	Significant improvement was noted in the child survey related to Question 10. The Pediatric Case Management staff will continue with the intervention in place to maintain the improvement in this area.
Child Survey, Question 10: "I understand the medicines and the risks they may have."	Provider education through provider newsletters and during site visits by provider relations staff to stress the importance of discussing medications in detail and ensuring parent/member understanding. [ALTCS Case Management]	As noted above, interventions will continue. Provider relations will be given a copy of the survey results as a handout to providers during on site visits.
Adult Survey, Question 2: "I am able to get an appointment as soon as I need it." Adult and Child Question 7: "My doctor and my primary care provider (PCP) work as a team."	Add provider notifications through both provider newsletter and web site. [Behavioral Health Department]	No statistical difference in scores from 2015 to 2016. Provider newsletter will be updated and distributed. Newsletter will contain information re: contract requirement for appointments. Survey results will be posted on website and shared with providers by provider relations during onsite visits.
Adult Survey, Question 2: "I am able to get an appointment as soon as I need it." Adult and Child Question 7: "My doctor and my primary care provider (PCP) work as a team."	When BH team member conducts PCP trainings related to behavioral health topics, add information related to survey findings to heighten awareness. [Behavioral Health Department]	BH team member will update provider training to include addressing current survey results and will create a checklist to indicate training information provided.
Question 7: "My doctor and my primary care provider (PCP) work as a team."	If during assessment of member by BH CaseManager members response to questions related to mood or sadness indicate	New intervention by ALTCS team for 2017.

Opportunities for Improvement	Action Plan/Responsible Person	Status Update
	<p>potential for depression the ALTCS CM will:</p> <ol style="list-style-type: none">1. Send a letter to the PCP notifying him/her the member could be suffering from depression.2. A letter is sent to the member, "Help for Depression" with community resources and encouragement to contact CM for assistance with scheduling a visit with a counselor or doctor.3. QID-SR form (Quick inventory of depressive symptoms, self report) is sent to PCP to assist member and coordinate care.	

Re-Measurement

The survey will be conducted annually with re-measurement and comparison to previous survey findings occurring in late 2017/early 2018.

Conclusion

The objective of conducting and analyzing this survey was to obtain information regarding member experiences with utilization of behavioral health services and identify opportunities for improvement, and this objective has been met.

Action / Interventions

As noted above

References

N/A

Study Contacts (as appropriate)

Quality Management, Sandra Verheijde, Vice President, 602-453-8337, verheijdes@mercyareplan.com

Behavioral Health, David Erlich, Manager, 602-659-1910, ErlichD@MercyCarePlan.com

ALTCS Case Management, Pamela Moreno, Behavioral Health Manager, 602-453-6071,
morenop@mercyareplan.com

- Appendix I: Member Survey Tool

Adult and Child survey tools

Together, we can improve the quality of your health care.

We want to hear what you have to say about the care you received during the last year. This survey covers the people who gave this care and the progress you feel you made. All health care providers (doctors and counselors) are called “doctors” in this survey.

Please mark an answer for each question. Use a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Or if the question doesn't apply to you, you can mark **N/A**.

	Strongly Disagree				Strongly Agree		
	1	2	3	4	5	N/A	
YOUR BEHAVIORAL HEALTH CARE							
1. I have a doctor in a location that is good for me.	<input type="checkbox"/>						
2. I am able to get an appointment as soon as I need it.	<input type="checkbox"/>						
3. My doctor listens to me and understands what I say.	<input type="checkbox"/>						
4. My doctor explains things in a way that I understand.	<input type="checkbox"/>						
5. My doctor treats me with respect.	<input type="checkbox"/>						
6. My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.	<input type="checkbox"/>						
7. My doctor and my primary care provider (PCP) work as a team.	<input type="checkbox"/>						
8. The office staff is polite and helpful.	<input type="checkbox"/>						
9. I work with my doctor on my treatment options and goals.	<input type="checkbox"/>						
10. I understand my medicines and the risks they may have.	<input type="checkbox"/>						
11. I can ask my doctor about my care plan and medicines.	<input type="checkbox"/>						
12. Because of the help from my doctor, I get along better with my family and friends.	<input type="checkbox"/>						
13. Because of the help from my doctor, I do better in school and/or work.	<input type="checkbox"/>						
14. I feel better because I see this doctor.	<input type="checkbox"/>						
15. I would send my friends or family to this doctor.	<input type="checkbox"/>						
16. I am pleased with the services I receive.	<input type="checkbox"/>						
YOUR HEALTH PLAN							
17. My health plan staff is friendly and helpful.	<input type="checkbox"/>						
18. My health plan helps me with the information I need to get care.	<input type="checkbox"/>						
19. I would tell others to use my health plan.	<input type="checkbox"/>						

DEMOGRAPHICS

20. What is your Race? (select one or more races to indicate what you consider yourself to be)

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- White (Caucasian)
- Black (African - American)
- Other, specify _____

21. Are you of Hispanic or Latino cultural/ethnic background?

- Yes
- No

22. What is your age?

- Under 18
- 18-24
- 25-34
- 35-50
- 51-64
- 65+

23. What is your gender?

- Male
- Female

24. What is **your child's** age?

- 0-4
- 5-9
- 10-13
- 14-17
- 18+

25. What is **your child's** gender?

- Male
- Female

Thank you for participating in our survey!
Please mail the survey back in the enclosed postage-paid,
self-addressed reply envelope.
DSS Research • P.O. Box 985009 • Ft. Worth, TX 76185-9976



Together, we can improve the quality of your child’s health care.

We want to hear what you have to say about the care your child received during the last year. This survey covers the people who gave this care and the progress you feel your child made. All health care providers (doctors and counselors) are called “doctors” in this survey.

Please mark an answer for each question. Use a scale of **1** (Strongly Disagree) to **5** (Strongly Agree). Or if the question doesn’t apply to you, you can mark **N/A**.

	Strongly Disagree			Strongly Agree		N/A
	1	2	3	4	5	
YOUR CHILD’S BEHAVIORAL HEALTH CARE						
1. The doctor is in a location that is good for me.	<input type="checkbox"/>					
2. We are able to get an appointment as soon as my child needs it.	<input type="checkbox"/>					
3. The doctor listens and understands what my child says.	<input type="checkbox"/>					
4. The doctor explains things in a way that my child understands.	<input type="checkbox"/>					
5. The doctor treats my child with respect.	<input type="checkbox"/>					
6. The doctor is sensitive to who my child is. This includes his/her race, religion, ethnicity, gender identification, language, disability, etc.	<input type="checkbox"/>					
7. This doctor and the primary care provider (PCP) work as a team.	<input type="checkbox"/>					
8. The office staff is polite and helpful.	<input type="checkbox"/>					
9. My child works with the doctor on the treatment options and goals.	<input type="checkbox"/>					
10. I understand my child’s medicines and the risk they may have.	<input type="checkbox"/>					
11. I can ask the doctor about my child’s care plan and medicines.	<input type="checkbox"/>					
12. Because of the help from the doctor, my child gets along better with family and friends.	<input type="checkbox"/>					
13. Because of the help from the doctor, my child does better in school and/or work.	<input type="checkbox"/>					
14. My child feels better because he/she sees this doctor.	<input type="checkbox"/>					
15. I would send my friends or family to this doctor.	<input type="checkbox"/>					
16. I am pleased with the services my child receives.	<input type="checkbox"/>					
YOUR CHILD’S HEALTH PLAN						
17. My child’s health plan staff is friendly and helpful.	<input type="checkbox"/>					
18. My child’s health plan helps me with the information I need to get my child care.	<input type="checkbox"/>					
19. I would tell others to use my child’s health plan.	<input type="checkbox"/>					

Appendix II-Member Survey Cover Letter



Mercy Care Plan
4350 E. Cotton Center Blvd., Bldg D
Phoenix, Arizona 85040



<<First>> <<Last>>
<<Address>> <<Suite>>
<<City>>, <<State>> <<Zip>>-<<Plus4>>

Notice Date
<<Date>>

Let us know what's important to you so we can make your care better

Dear Member,

At Mercy Care Plan, we design our benefits and programs to match what's important to our members. After all, you and your family are at the center of everything we do. So today, we want to hear from you.

Take our survey and tell us about your experience with our behavioral health services. This is care for mental or emotional concerns. Your answers will let us know if your needs are being met. And we'll use your input to improve care for the future.

We hired DSS Research to do this survey. Along with questions about your care, DSS will ask you about your behavioral health doctor. This kind of doctor can be a:

- Counselor
- Therapist
- Psychologist
- Psychiatrist

Your doctors and health care providers will never see your answers. And your answers will not change your health plan benefits and services in any way. This includes your behavioral health care plan.

This survey should take less than 15 minutes. Simply complete the form and mail it back to DSS by <<Date>>. Use the return envelope provided by DSS. It doesn't need a stamp.

Have questions?

We can help. Just call us toll-free at 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1. Also keep in mind that you don't have to respond to the survey.

Thank you for helping to make health care better for everyone!

Sincerely,

Member Services
Mercy Care Plan

19066-1
02/05/09



Mercy Care Plan
4350 E. Cotton Center Blvd., Bldg D
Phoenix, Arizona 85040

Fecha del Aviso
<<Date>>

Díganos lo que es importante para usted, para que nosotros podamos mejorar su atención

Estimado/a Miembro,

En Mercy Care Plan, diseñamos nuestros beneficios y programas para satisfacer lo que es importante para nuestros miembros. Después de todo, usted y su familia se encuentran en el centro de todo lo que hacemos. Así que el día de hoy deseamos escuchar de usted.

Conteste nuestra encuesta, y díganos sobre su experiencia con nuestros servicios para la salud del comportamiento. Esto es, atención para problemas mentales o emocionales. Sus respuestas nos dejarán saber si sus necesidades están siendo satisfechas. Y nosotros usaremos sus opiniones para mejorar la atención para el futuro.

Nosotros contratamos a la empresa DSS Research para hacer esta encuesta. Además de las preguntas sobre su atención, DSS le preguntará sobre su doctor de la salud del comportamiento. Este tipo de doctor puede ser:

- Asesor/a
- Terapeuta
- Psicólogo/a
- Psiquiatra

Sus doctores y proveedores del cuidado de la salud nunca verán sus respuestas. Y sus respuestas no cambiarán sus beneficios y los servicios del plan de salud en forma alguna. Esto incluye a su plan del cuidado de la salud del comportamiento.

Esta encuesta le debe llevar menos de 15 minutos. Sencillamente llene la forma y envíela por correo de regreso a DSS antes de <<Date>>. Use el sobre de retorno provisto por DSS. No necesita estampilla.

¿Tiene preguntas?

Nosotros podemos ayudar. Sólo llámenos al número de larga distancia gratuita 1-800-624-3879. Si usted está sordo/a ó tiene problemas auditivos, llame al 7-1-1. También tenga en mente que usted no tiene que contestar la encuesta.

¡Muchas gracias por ayudarnos a mejorar el cuidado de la salud para todos!

Atentamente,

Servicios al Miembro
Mercy Care Plan

19600-1
12345678
338

- Appendix III: Telephone Survey Tool

Behavioral Health – Adult #19868

Aetna Better Health of Illinois
Aetna Better Health of Michigan
Aetna Better Health of Texas
Coventry Health Care of Florida
CoventryCares of Virginia
CoventryCares of West Virginia
Mercy Care Plan (Arizona)
Aetna Better Health of Ohio

Hello, may I please speak to <<NAME IN SAMPLE>>?

Hola. ¿Me permite por favor hablar con <<NAME IN SAMPLE>>?

When connected say:

Hello, I'm _____ from DSS Research, a national survey opinion research company. I'm calling on behalf of <<INSERT HEALTH PLAN NAME>>. We want you to get the best behavioral health care. This is care for mental or emotional concerns. We need to know what you think about the behavioral health care you received during the last year. We will ask about the people who gave this care and the progress you feel you made. The healthcare providers (doctors and counselors) are called "doctors" in this survey.

Hola, soy _____ de DSS Research, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Nosotros deseamos que usted reciba la mejor atención para la salud del comportamiento. Esto es, atención para problemas mentales o emocionales. Nosotros necesitamos saber lo que usted piensa sobre la atención para la salud del comportamiento que usted recibió durante el año pasado. Le preguntaremos sobre las personas que le proporcionaron dicha atención y el progreso que usted siente que realizó. En esta encuesta, a los proveedores del cuidado de la salud (doctores y asesores) se les llama "doctores".

IF CALLBACK, SAY :

We spoke before. You said this is a good time to take this survey.

Nosotros hablamos antes. Usted dijo que éste sería un buen momento para contestar esta encuesta.

(IF NOT A GOOD TIME, SAY):

When would be a good time for us to call you back?

¿Cuándo sería un buen momento para que le volvámos a llamar?

Qlang. INTERVIEWER: SELECT LANGUAGE FOR INTERVIEW. ASK WHICH IS PREFERRED IF NOT CLEAR.

- 1 English
- 2 Spanish

For each question please tell me how strongly you Agree or Disagree. Use a scale of 1 to 5 where 1 is Strongly Disagree and 5 is Strongly Agree. If the question does not apply to you, please tell me. (Interviewer: repeat scale as needed)

Para cada pregunta por favor dígame si usted está de Acuerdo o en Desacuerdo. Use una escala del 1 al 5 en la cual el 1 significa Totalmente en Desacuerdo y el 5 significa Totalmente de Acuerdo. Si la pregunta no es aplicable a usted, por favor dígamelo. (Entrevistador/a: repita la escala si es necesario.)

YOUR BEHAVIORAL HEALTH CARE
SU ATENCIÓN PARA LA SALUD DEL COMPORTAMIENTO
(PROGRAMMER: SHOW Q1-2 ON THE SAME PAGE)

- 1. I have a doctor in a location that is good for me.
 - 2. I am able to get an appointment as soon as I need it.
-
- 1. *Yo tengo a un/a doctor/a en una ubicación que se me acomoda.*
 - 2. *Yo puedo ir a una cita tan pronto como la necesite.*

- 1 1 Strongly Disagree
- 2 2
- 3 3
- 4 4
- 5 5 Strongly Agree
- 6 N/A

- 1 1 *Totalmente en Desacuerdo*
- 2 2
- 3 3
- 4 4
- 5 5 *Totalmente de Acuerdo*
- 6 N/A

(PROGRAMMER: SHOW Q3-8 ON THE SAME PAGE)

- 3. My doctor listens to me and understands what I say.
- 4. My doctor explains things in a way that I understand.
- 5. My doctor treats me with respect.
- 6. My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.
- 7. My doctor and my primary care provider, or PCP, work as a team.
- 8. The office staff is polite and helpful.

- 3. *Mi doctor/a me escucha y entiende lo que le digo.*

- 4. Mi doctor/a explica las cosas en una forma en la que yo pueda entender.
- 5. Mi doctor/a me trata con respeto.
- 6. Mi doctor/a es sensible hacia quien yo soy. Esto incluye mi raza, religión, origen étnico, identificación sexual, idioma, discapacidad, etc.
- 7. Mi doctor/a y mi proveedor/a de cuidado primario (PCP) trabajan como equipo.
- 8. El personal de la oficina es cortés y servicial.

1 1 Strongly Disagree
2 2
3 3
4 4
5 5 Strongly Agree
6 N/A

1 1 Totalmente en Desacuerdo
2 2
3 3
4 4
5 5 Totalmente de Acuerdo
6 N/A

(PROGRAMMER: SHOW Q9-11 ON THE SAME PAGE)

- 9. I work with my doctor on my treatment options and goals.
- 10. I understand my medicines and the risks they may have.
- 11. I can ask my doctor about my care plan and medicines.

- 9. Yo trabajo con mi doctor/a en mis metas y opciones de tratamiento.
- 10. Yo entiendo mis medicinas y los riesgos que puedan tener.
- 11. Yo puedo preguntarle a mi doctor/a sobre mi plan de atención y medicamentos.

1 1 Strongly Disagree
2 2
3 3
4 4
5 5 Strongly Agree
6 N/A

1 1 Totalmente en Desacuerdo
2 2
3 3
4 4
5 5 Totalmente de Acuerdo
6 N/A

(PROGRAMMER: SHOW Q12-15 ON THE SAME PAGE)

- 12. Because of the help from my doctor, I get along better with my family and friends.
- 13. Because of the help from my doctor, I do better in school and/or work.
- 14. I feel better because I see this doctor.
- 15. I would send my friends or family to this doctor.

- 12. Debido a la ayuda de mi doctor/a, me llevo mejor con mi familia y amigos.
- 13. Debido a la ayuda de mi doctor/a, voy mejor en la escuela y/o en el trabajo.
- 14. Me siento mejor porque veo a este/a doctor/a.
- 15. Yo enviaría a mis amigos y a mi familia a ver a este/a doctor/a.

1	1	Strongly Disagree
2	2	
3	3	
4	4	
5	5	Strongly Agree
6	N/A	

1	1	Totalmente en Desacuerdo
2	2	
3	3	
4	4	
5	5	Totalmente de Acuerdo
6	N/A	

- 16. I am pleased with the services I receive.
Estoy contento/a con los servicios que recibo.

1	1	Strongly Disagree
2	2	
3	3	
4	4	
5	5	Strongly Agree
6	N/A	

1	1	Totalmente en Desacuerdo
2	2	
3	3	
4	4	
5	5	Totalmente de Acuerdo
6	N/A	

YOUR HEALTH PLAN

SU PLAN DE SALUD

(PROGRAMMER: SHOW Q17-19 ON THE SAME PAGE)

My next few questions are about your health plan, <<INSERT HEALTH PLAN NAME>>.
Mis siguientes preguntas son sobre su plan de salud, <<INSERT HEALTH PLAN NAME>>.

- 17. My health plan staff is friendly and helpful.
- 18. My health plan helps me with the information I need to get care.
- 19. I would tell others to use my health plan.

- 17. El personal de mi plan de salud es amigable y servicial.

18. Mi plan de salud me ayuda con la información que necesito para obtener atención.
19. Yo les recomendaría a otros que usen a mi plan de salud.

1	1	Strongly Disagree
2	2	
3	3	
4	4	
5	5	Strongly Agree
6	N/A	

1	1	Totalmente en Desacuerdo
2	2	
3	3	
4	4	
5	5	Totalmente de Acuerdo
6	N/A	

DEMOGRAPHICS

DATOS DEMOGRÁFICOS

My last few questions are about you.
Mis últimas preguntas son sobre.

20. What is your Race? (Please tell me yes to one or more races to indicate what you consider yourself to be)
¿Cuál es su raza? (Por favor dígame sí a una o más razas para indicar lo que usted considera que usted es)

- a American Indian or Alaska Native
- b Native Hawaiian or Other Pacific Islander
- c Asian
- d White (Caucasian)
- e Black (African - American)
- f Other, specify: _____
- g Refused

- a. Indio/a americano/a o nativo/a de Alaska
- b. Nativo/a de Hawái o de otras islas del Pacífico
- c. Asiático/a
- d. Blanco/a (caucásico/a)
- e. Negro/a (afro americano/a)
- f. Otra, especifique
- g. Se rehusó

21. Are you of Hispanic or Latino cultural/ethnic background?
¿Su ascendencia cultural/étnica es hispana o latina?

1	Yes
2	No

- 3 Refused
- 1 Sí
- 2 No
- 3 Se rehusó

22. What is your age?
¿Cuántos años tiene?

- 1 18-24
- 2 25-34
- 3 35-50
- 4 51-64
- 5 65+
- 6 Refused

- 1 18-24
- 2 25-34
- 3 35-50
- 4 51-64
- 5 65+
- 6 Se rehusó

23. Interviewer record gender by voice:
Entrevistador registre el género/sexo de acuerdo a la voz.

- 1 Male
- 2 Female
- 1 Masculino
- 2 Femenino

Thank you. Have a good day/night.

Muchas gracias. Tenga un buen día.

Behavioral Health – Child #19869

Aetna Better Health of Illinois
Aetna Better Health of Michigan
Aetna Better Health of Texas
Coventry Health Care of Florida
CoventryCares of Virginia
CoventryCares of West Virginia
Mercy Care Plan (Arizona)

Hello, may I please speak to the parent/guardian of <<NAME IN SAMPLE>>?

Hola. ¿Me permite por favor hablar con el padre, la madre o el custodio de <<NAME IN SAMPLE>>?

When connected say:

Hello, I'm _____ from DSS Research, a national survey opinion research company. I'm calling on behalf of <<INSERT HEALTH PLAN NAME>>. We want your child to get the best behavioral health care. This is care for mental or emotional concerns. We need to know what you think about the behavioral health care your child received during the last year. We will ask about the people who gave this care and the progress you feel your child made. The healthcare providers (doctors and counselors) are called "doctors" in this survey.

Cuando le conecten diga:

Hola, soy _____ de DSS Research, una compañía nacional de encuestas de opiniones. Estoy llamando a nombre de <<INSERT HEALTH PLAN NAME>>. Nosotros deseamos que su hijo/a reciba la mejor atención para la salud del comportamiento. Esto es, atención para problemas mentales o emocionales. Nosotros necesitamos saber lo que usted piensa sobre la atención para la salud del comportamiento que recibió su hijo/a durante el año pasado. Le preguntaremos sobre las personas que le proporcionaron dicha atención y el progreso que usted siente que realizó su hijo/a. En esta encuesta, a los proveedores del cuidado de la salud (doctores y asesores) se les llama "doctores".

IF CALLBACK, SAY :

We spoke before. You said this is a good time to take this survey.

SI ESTÁ VOLVIENDO A LLAMAR, DIGA:

Nosotros hablamos antes. Usted dijo que éste sería un buen momento para contestar esta encuesta.

(IF NOT A GOOD TIME, SAY):

When would be a good time for us to call you back?

(SI NO ES UN BUEN MOMENTO, DIGA):

¿Cuándo sería un buen momento para que le volvamos a llamar?

Q1lang. INTERVIEWER: SELECT LANGUAGE FOR INTERVIEW. ASK WHICH IS PREFERRED IF NOT CLEAR.

- 1 English
- 2 Spanish

For each question please tell me how strongly you Agree or Disagree. Use a scale of 1 to 5 where 1 is Strongly Disagree and 5 is Strongly Agree. If the question does not apply to you, please tell me.

(Interviewer: repeat scale as needed)

Para cada pregunta por favor dígame si usted está de Acuerdo o en Desacuerdo. Use una escala del 1 al 5 en la cual el 1 significa Totalmente en Desacuerdo y el 5 significa Totalmente de Acuerdo. Si la pregunta no es aplicable a usted, por favor dígamelo. (Entrevistador/a: repita la escala si es necesario.)

YOUR CHILD'S BEHAVIORAL HEALTH CARE

ATENCIÓN PARA LA SALUD DEL COMPORTAMIENTO DE SU HIJO/A

(PROGRAMMER: SHOW Q1-2 ON THE SAME PAGE)

- 1. The doctor is in a location that is good for me.
 - 2. We are able to get an appointment as soon as my child needs it.
-
- 1. El/la doctor/a está en una ubicación que se me acomoda.
 - 2. Nosotros podemos ir a una cita tan pronto como la necesita mi hijo/a.

- 1 1 Strongly Disagree
- 2 2
- 3 3
- 4 4
- 5 5 Strongly Agree
- 6 N/A

- 1 1 Totalmente en Desacuerdo
- 2 2
- 3 3
- 4 4
- 5 5 Totalmente de Acuerdo
- 6 N/A

(PROGRAMMER: SHOW Q3-8 ON THE SAME PAGE)

- 3. The doctor listens and understands what my child says.
- 4. The doctor explains things in a way that my child understands.
- 5. The doctor treats my child with respect.
- 6. The doctor is sensitive to who my child is. This includes his or her race, religion, ethnicity, gender identification, language, disability, etc.
- 7. This doctor and the primary care provider, or PCP, work as a team.
- 8. The office staff is polite and helpful.

- 3. El/la doctor/a escucha y entiende lo que dice mi hijo/a.

- 4. El/la doctor/a explica las cosas en una forma en la que mi hijo/a pueda entender.
- 5. El/la doctor/a trata a mi hijo/a con respeto.
- 6. El/la doctor/a es sensible hacia quien mi hijo/a es. Esto incluye su raza, religión, origen étnico, identificación sexual, idioma, discapacidad, etc.
- 7. El/la doctor/a y el/la proveedor/a de cuidado primario (PCP) trabajan como equipo.
- 8. El personal de la oficina es cortés y servicial.

1 1 Strongly Disagree
2 2
3 3
4 4
5 5 Strongly Agree
6 N/A

1 1 Totalmente en Desacuerdo
2 2
3 3
4 4
5 5 Totalmente de Acuerdo
6 N/A

(PROGRAMMER: SHOW Q9-11 ON THE SAME PAGE)

- 9. My child works with the doctor on the treatment options and goals.
- 10. My child understands the medicines and the risks they may have.
- 11. My child can ask the doctor about the care plan and medicines.

- 9. Mi hijo/a trabaja con su doctor/a en las metas y opciones de tratamiento.
- 10. Mi hijo/a entiende las medicinas y los riesgos que puedan tener.
- 11. Mi hijo/a puede preguntarle al/la doctor/a sobre el plan de atención y los medicamentos.

1 1 Strongly Disagree
2 2
3 3
4 4
5 5 Strongly Agree
6 N/A

1 1 Totalmente en Desacuerdo
2 2
3 3
4 4
5 5 Totalmente de Acuerdo
6 N/A

(PROGRAMMER: SHOW Q12-15 ON THE SAME PAGE)

- 12. Because of the help from the doctor, my child gets along better with family and friends.
- 13. Because of the help from the doctor, my child does better in school and/or work.
- 14. My child feels better because he or she sees this doctor.
- 15. I would send my friends or family to this doctor.

- 12. Debido a la ayuda del/la doctor/a, mi hijo/a se lleva mejor con la familia y sus amigos.

- 13. Debido a la ayuda del/la doctor/a, mi hijo/a va mejor en la escuela y/o en el trabajo.
- 14. Mi hijo/a se siente mejor porque ve a este/a doctor/a.
- 15. Yo enviaría a mis amigos y a mi familia a ver a este/a doctor/a.

1	1	Strongly Disagree
2	2	
3	3	
4	4	
5	5	Strongly Agree
6	N/A	

1	1	Totalmente en Desacuerdo
2	2	
3	3	
4	4	
5	5	Totalmente de Acuerdo
6	N/A	

- 16. I am pleased with the services my child receives.
Estoy contento/a con los servicios que recibe mi hijo/a.

1	1	Strongly Disagree
2	2	
3	3	
4	4	
5	5	Strongly Agree
6	N/A	

1	1	Totalmente en Desacuerdo
2	2	
3	3	
4	4	
5	5	Totalmente de Acuerdo
6	N/A	

YOUR CHILD'S HEALTH PLAN
EL PLAN DE SALUD DE SU HIJO/A
(PROGRAMMER: SHOW Q17-19 ON THE SAME PAGE)

My next few questions are about your child's health plan, <<INSERT HEALTH PLAN NAME>>.
Mis siguientes preguntas son sobre el plan de salud de su hijo/a, <<INSERT HEALTH PLAN NAME>>.

- 17. My child's health plan staff is friendly and helpful.
- 18. My child's health plan helps me with the information I need to get my child care.
- 19. I would tell others to use my child's health plan.

- 17. El personal del plan de salud de mi hijo/a es amigable y servicial.
- 18. El plan de salud de mi hijo/a me ayuda con la información que necesito para obtener atención para mi hijo/a.

19. Yo les recomendaría a otros que usen al plan de salud de mi hijo/a.

- 1 1 Strongly Disagree
- 2 2
- 3 3
- 4 4
- 5 5 Strongly Agree
- 6 N/A

- 1 1 Totalmente en Desacuerdo
- 2 2
- 3 3
- 4 4
- 5 5 Totalmente de Acuerdo
- 6 N/A

DEMOGRAPHICS

DATOS DEMOGRÁFICOS

20. What is your Race? (Please tell me yes to one or more races to indicate what you consider yourself to be)
¿Cuál es su raza? (Por favor dígame sí a una o más razas para indicar lo que usted considera que usted es)

- a American Indian or Alaska Native
- b Native Hawaiian or Other Pacific Islander
- c Asian
- d White (Caucasian)
- e Black (African - American)
- f Other, specify: _____
- g Refused

- a. Indio/a americano/a o nativo/a de Alaska
- b. Nativo/a de Hawái o de otras islas del Pacífico
- c. Asiático/a
- d. Blanco/a (caucásico/a)
- e. Negro/a (afro americano/a)
- f. Otra, especifique
- g. Se rehusó

21. Are you of Hispanic or Latino cultural/ethnic background?
¿Su ascendencia cultural/étnica es hispana o latina?

- 1 Yes
- 2 No
- 3 Refused

- 1 Sí
- 2 No
- 3 Se rehusó

22. What is your age?
¿Cuántos años tiene?

- 1 18-24
- 2 25-34
- 3 35-50
- 4 51-64
- 5 65+
- 6 Refused

- 1 18-24
- 2 25-34
- 3 35-50
- 4 51-64
- 5 65+
- 6 Se rehusó

23. Interviewer record gender by voice:
Entrevistador registre el género/sexo de acuerdo a la voz.

- 1 Male
- 2 Female

- 1 Masculino
- 2 Femenino

22. What is **your child's** age?
¿Cuántos años tiene **su hijo/a**?

- 1 0-4
- 2 5-9
- 3 10-14
- 4 15-17
- 5 18+
- 6 Refused

- 1 0-4
- 2 5-9
- 3 10-14
- 4 15-17
- 5 18+
- 6 Se rehusó

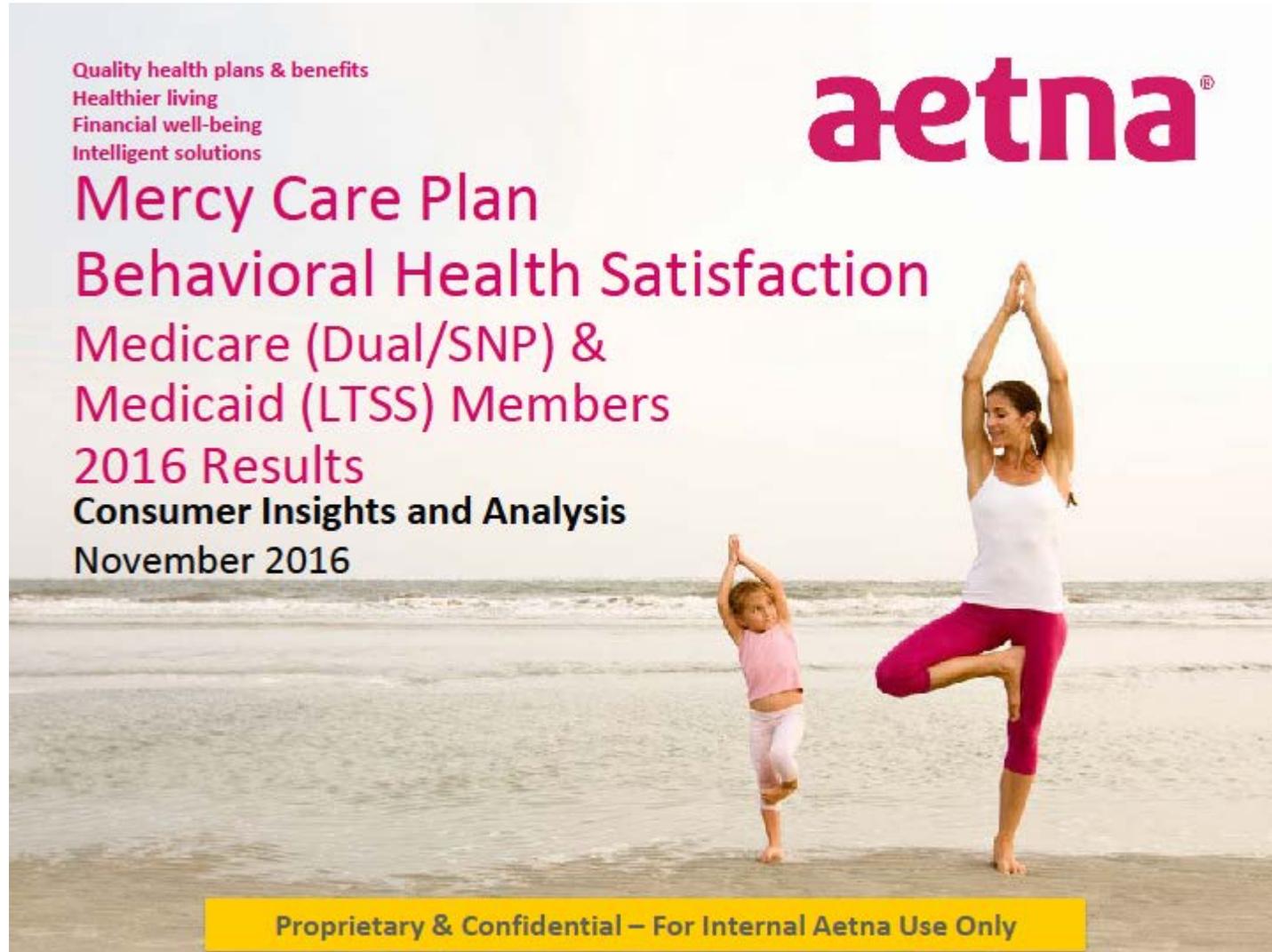
23. What is **your child's** gender?
¿Cuál es el género/sexo **de su hijo/a**?

- 1 Male
- 2 Female
- 3 Refused

- 1 Masculino
- 2 Femenino
- 3 Se rehusó

Thank you. Have a good day/night.
Muchas gracias. Tenga un buen día.

- Appendix IV Final Report from Survey Vendor



Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Mercy Care Plan
Behavioral Health Satisfaction
Medicare (Dual/SNP) &
Medicaid (LTSS) Members
2016 Results
Consumer Insights and Analysis
November 2016

Proprietary & Confidential – For Internal Aetna Use Only