



Member Experience – Annual Assessment of Behavioral Healthcare and Services

Quality Improvement Process

Quality Management Annual Report
2016 Behavioral Health Member Survey
Review Cycle: January 2017
Date of Assessment: May 2017

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Executive Summary

The behavioral healthcare member survey was sent to a random sample of adult and children who had or has received services from Mercy Maricopa. The purpose of the Adult and Child Behavioral Healthcare Surveys is to document member experiences and satisfaction with the behavioral health care they received across the following areas of care:

- Access to and timeliness of behavioral health care from health care providers
- Perceived outcome of the member's behavioral health care
- Members' communication with all behavioral health care providers and clinicians (to include psychiatrists, psychologists, counselors and therapists),
- Understanding of/experience with patient rights
- Member services and assistance
- Overall rating of their health care providers

Survey results will be used to evaluate staff performance and identify gaps in service and key items that are causing dissatisfaction so that action can be taken to improve member experience with the behavioral health care services they receive.

Background

Quality and continuous improvement are essential components of Mercy Maricopa operational strategy. Members are encouraged to provide feedback regarding their health care and services. In an effort to promote continuous quality improvement, Mercy Maricopa participated with a project led by the National Medical Management Integrated Behavioral Health Care Team, which was approved by AHCCCS, to implement a member survey specific to behavioral healthcare and services. The cross-functional team represented fourteen health plans, including clinical expertise from both behavioral and physical health care services.

The resulting survey is designed to help Mercy Maricopa better understand the experience and challenges members have in using their behavioral healthcare services. By engaging members, Mercy Maricopa 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 Experience

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, MercyMaricopa provided the survey in that language via phone or mail to that member.

Decision Support Systems (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 Maricopa 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: January 17, 2017
- Telephone follow-up conducted: February 7-17, 2017
- Data collection end date: February 17, 2017

DSS securely received a file of members for outreach from the MercyMaricopa Quality Management Consultant. Eligible plan members for participation were defined as:

- Currently enrolled Seriously Mentally Ill (SMI) members, General Mental Health/Substance Abuse (GMH/SA) members, Child members
- Members who had at least 3 visits with a BH specialist
- Adults, 18 years old or older as of the date of survey outreach
- Children, 13 years old or younger as of the date of survey outreach
- Members who received behavioral healthcare services from 5/1/2015 and 6/30/2016

A total of 69,301 records were received for Mercy Maricopa Integrated Care, of which 52,011 were eligible to be surveyed. A stratified random sample of 2,000 members was selected for survey outreach by DSS. Details are shown below:

- Adults age 18+: 1,500
- Children age 13 and under: 500

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 325 (249 adult, 76 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: 11.8%; *Response Rate = Number of Completed Surveys / (Members sampled for outreach – Ineligibles)*

- Eligible sample received: 52,011
- Members sampled for outreach: 2,000
- Sampled members determined ineligible: 1
- Eligible members sampled: 1,999
- Completed surveys: 235 total (169 adult / 66 child)
 - 131 phone (83 adult / 48 child)
 - 104 mail (86 adult / 18 child)

The number of completed surveys represents a statistically valid sample (90% confidence, +/- 4, 3 % MOE, p=0.8, using a finite population correction factor based on the sample received, 69,301).

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 survey was developed and distributed in 2016. Goals will be set based on survey results. There are no available benchmarks for complaints and appeal related to behavioral health.

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: 2016 Baseline

Results

Table 1 Adult Member Survey Responses

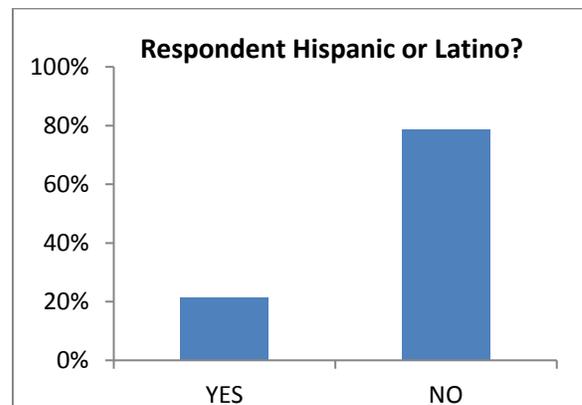
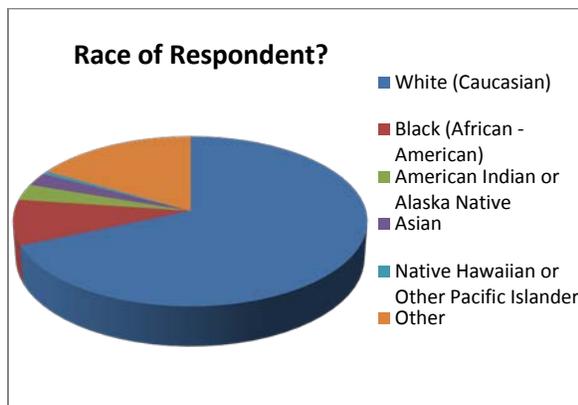
Measure	Numerator (Strongly Agree or Agree)	Number of Responses	Rate	Goal	Goal Met (Y/N)
Access and timeliness					
I have a doctor in a location that is good for me.	133	165	81%	85%	NO
I am able to get an appointment as soon as I need it.	110	164	67%	85%	NO
Perceived outcome					
Because of the help from my doctor, I get along better with my family and friends.	106	143	74%	85%	NO
Because of the help from my doctor, I do better in school and/or work.	64	99	65%	85%	NO
I feel better because I see this doctor.	117	150	78%	85%	NO
Communication with clinicians					
My doctor listens to me and understands what I say.	130	162	80%	85%	NO
My doctor explains things in a way that I understand.	133	163	82%	85%	NO
I work with my doctor on my treatment options and goals.	128	155	83%	85%	NO
I understand my medicines and the risks they may have.	131	154	85%	85%	YES
I can ask my doctor about my care plan and medicines.	130	158	82%	85%	NO
Coordination of care					

Measure	Numerator (Strongly Agree or Agree)	Number of Responses	Rate	Goal	Goal Met (Y/N)
My doctor and my primary care provider (PCP) work as a team.	98	148	66%	85%	NO
Patient rights					
My doctor treats me with respect.	143	162	88%	85%	YES
My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.	137	156	88%	85%	YES
Member services and assistance					
My health plan staff is friendly and helpful.	129	155	83%	85%	NO
My health plan helps me with the information I need to get care.	125	155	81%	85%	NO
I would tell others to use my health plan.	119	152	78%	85%	NO
Overall rating of behavioral healthcare provider					
I would send my friends or family to this doctor.	115	154	75%	85%	NO
The office staff is polite and helpful.	137	161	85%	85%	YES
I am pleased with the services I receive.	124	161	77%	85%	NO

Source: For illustration purposes only

Figure 1 Adult Demographics

Analysis of respondent profile for 2016 provides insights into the utilization of healthcare services provided. The following figures provide an overview of the eligible members who responded to the survey.



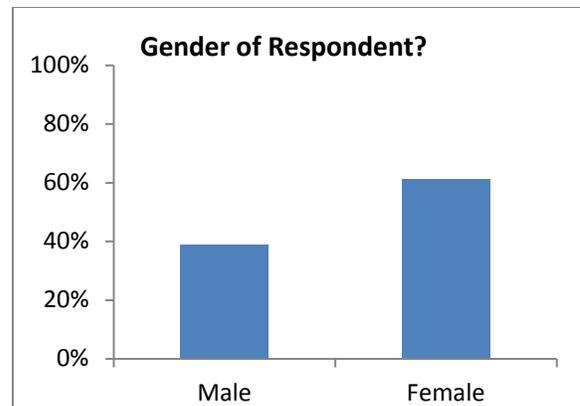
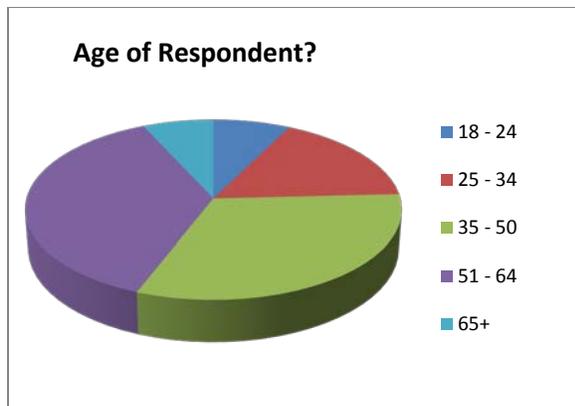


Table 2 Child Member Survey Responses

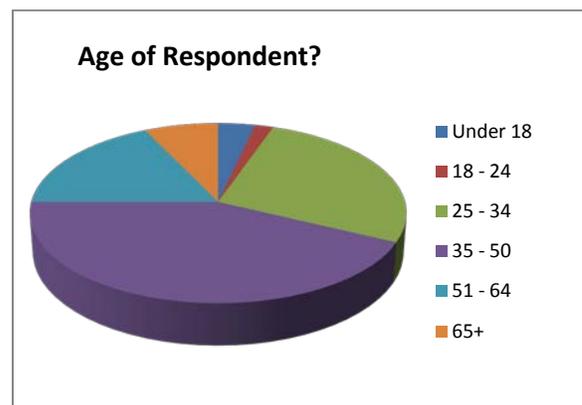
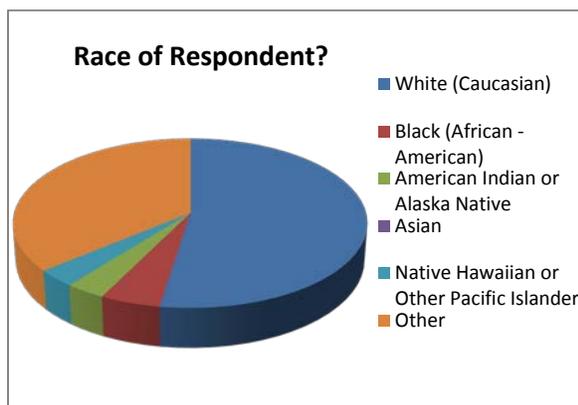
Measure	Numerator (Strongly Agree or Agree)	Number of Responses	Rate	Goal	Goal Met (Y/N)
Access and timeliness					
The doctor is in a location that is good for me.	54	64	84%	85%	NO
We were able to get an appointment as soon as my child needs it.	43	66	65%	85%	NO
Perceived outcome					
Because of the help from my doctor, my child gets along better with family and friends.	45	57	79%	85%	NO
Because of the help from the doctor, my child does better in school and/or work.	44	55	80%	85%	NO
My child feels better because he/she sees this doctor.	47	59	80%	85%	NO
Communication with clinicians					
The doctor listens and understands what my child says.	56	63	89%	85%	YES
The doctor explains things in a way that my child understands.	54	63	86%	85%	YES
My child works with the doctor on the treatment options and goals	45	58	78%	85%	NO
I understand my child's medicines and the risks they may have.	53	56	95%	85%	YES
I can ask the doctor about my child's care plan and medicines.	56	59	95%	85%	YES
Coordination of care					
This doctor and the primary care provider (PCP) work as a team.	41	55	75%	85%	NO

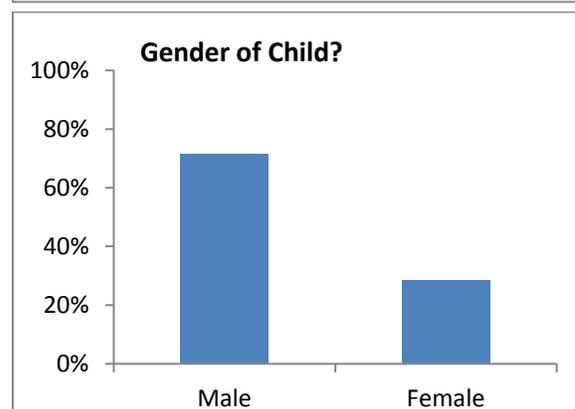
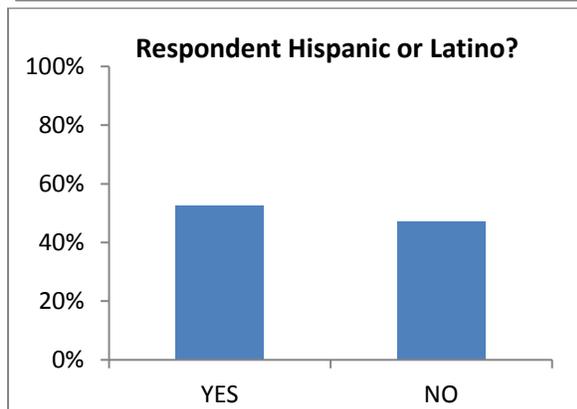
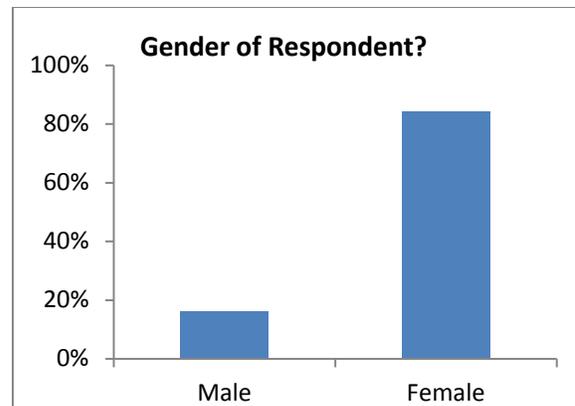
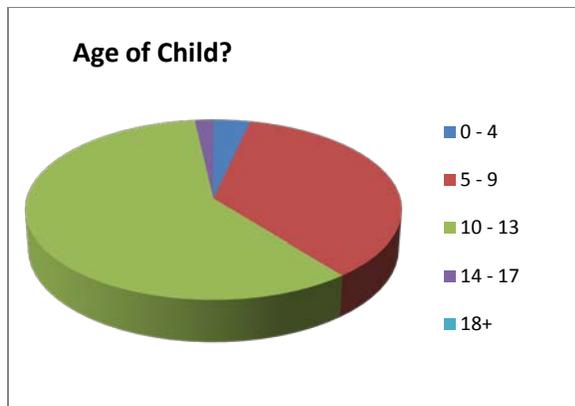
Measure	Numerator (Strongly Agree or Agree)	Number of Responses	Rate	Goal	Goal Met (Y/N)
Patient rights					
The doctor treats my child with respect.	61	64	95%	85%	YES
The doctor is sensitive to who my child is. This includes his/her race, religion, ethnicity, gender identification, language, disability, etc.	58	62	94%	85%	YES
Member services and assistance					
My child's health plan staff is friendly and helpful.	49	54	91%	85%	YES
My child's health plan helps me with the information I need to get my child care.	45	54	83%	85%	NO
I would tell others to use my child's health plan.	45	56	80%	85%	NO
Overall rating of behavioral healthcare provider					
I would send my friends or family to this doctor.	51	61	84%	85%	NO
The office staff is polite and helpful.	56	61	92%	85%	YES
I am pleased with the services my child receives.	47	60	78%	85%	NO

Source: For illustration purposes only

Figure 2 Child Demographics

Analysis of respondent profile for 2016 provides insights into the utilization of healthcare services provided. The following figures provide an overview of the eligible members who responded to the survey.





Quantitative Analysis

The majority of members have convenient access to care. 82% agree that the doctor is in a good location and 67% agree that they are able to get an appointment as soon as needed.

Doctors and their staff receive high scores.

- More than three-quarters are pleased with the services they receive and would send friends or family to their doctor.
- Nine out of 10 agree that the doctor treats the patient with respect and is sensitive to who the patient is.
- Nearly nine out of 10 agree that the office staff is polite and helpful.
- More than eight out of 10 agree that the doctor listens to and understands what the patient says and explains things in a way that the patient understands.
- Nearly seven out of 10 agree that their doctor and their PCP work as a team.

Doctors and patients work well together.

- Eight out of 10 members agree that they work with their doctor on their treatment options and goals.
- Also, nearly nine out of 10 agree that they understand prescriptions and the risks they may have and that they can ask the doctor about their care plan and prescriptions.

Nearly eight out of 10 agree that seeing their doctor makes them feel better. Furthermore, three-quarters get along better with family and friends and seven in 10 do better in school or work because of help from the doctor.

The health plan also receives high ratings.

- More than eight out of 10 agree that the health plan staff is friendly and helpful.
- Eight out of 10 agree that the plan helps them with the information they need to get care and that they would tell others to use the plan.

Child survey scores are significantly higher than adult scores on five measures. Higher percentages of respondents to the child survey agree that:

- The doctor listens to and understands them.
- The doctor treats them with respect.
- They understand prescriptions and the risks they may have.
- They can ask the doctor about their care plan and medicines.
- They do better in school or work because of help from their doctor.

All scores are similar between General Mental Health Substance Abuse (GMHSA) and Integrated members

Opportunities for Improvement

The Mercy Maricopa Quality Management department will review the 2016 Member Survey baseline results in the J Quality Management Committee meeting. The results will be discussed with representation from Adult System of Care, Children System of Care, and Quality Management at a minimum. Areas to focus on will be determined in the committee and a work plan around the areas will be developed following the meeting. The work plan will include: brainstorming, opportunities for improvement, recommendations, and plans for implementation.

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

The 2016 Member Survey baseline results will be discussed in the Quality Management Committee and a work plan developed on key areas identified for improvement.

References

N/A

Study Contacts

Quality Management, Sandra Dale, Quality Management Administrator, 602-453-8007,
WendtS@mercymaricopa.org

Quality Management, Amy Hadley, Provider Monitoring Manager, 602-453-8044,
Hadleya@mercymaricopa.org

Quality Management, Jennifer Kanihan, Quality Management Consultant, 602-291-8734,
KanihanJ@MercyMaricopa.org

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

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

IS15091 - 21879



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		
	1	2	3	4	5	N/A
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"/>					

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

IS15094 - 21880



Appendix II-Member Survey Cover Letter

Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040
www.MercyMaricopa.org

MEMBER
ORGANIZATION
Jane Doe
123 Main St.
Springfield, AZ 12345

Notice Date
<<Date>>

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

Dear Member,

At Mercy Maricopa Integrated Care, 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 providers. 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 mail this survey. DSS Research will collect your results, and will also conduct follow up survey phone calls to members that did not mail in the paper copy. Along with questions about your care, DSS will ask you about your behavioral health provider. This kind of provider can be a:

- Counselor
- Therapist
- Psychologist
- Psychiatrist

Your doctors and health care providers will never see your answers. All of your survey results are confidential. 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 1-800-564-5465. 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 Maricopa Integrated Care

 21879-85-1
12045678
361
IL15063

21879

Mercy Maricopa

Mercy Maricopa Integrated Care
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040
www.MercyMaricopa.org

Fecha del Aviso
<<Date>>

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

Estimado/a Miembro:

En Mercy Maricopa Integrated Care, nosotros 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 cuál ha sido su experiencia con nuestros proveedores. Sus respuestas nos dejarán saber si sus necesidades están siendo satisfechas. Y nosotros usaremos sus opiniones para mejorar la atención en el futuro.

Nosotros contratamos a la empresa DSS Research para enviar por correo esta encuesta. DSS Research recolectará sus resultados y también llevará a cabo encuestas por teléfono de los miembros que no regresen por correo postal la copia en papel de la encuesta. Además de las preguntas sobre su atención, DSS le preguntará sobre su proveedor de la salud del comportamiento. Este tipo de proveedor puede ser:

- Asesoría
- Terapeuta
- Psicólogo/a
- Psiquiatra

Sus doctores y proveedores del cuidado de la salud nunca verán sus respuestas. Todos los resultados de su encuesta son confidenciales. 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. Sólo 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 1-800-564-5465. Si usted está sordo/a ó tiene problemas auditivos, llame al 7-1-1. También tenga en mente que usted no tiene que responder a la encuesta.

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

Atentamente,
Servicios al Miembro
Mercy Maricopa Integrated Care

 21879-85-1
12045678
361

Appendix III: Telephone Survey Tool

Behavioral Health – Adult Phone Survey
#19868

- Aetna Better Health of Illinois
- Aetna Better Health of Michigan
- Aetna Better Health of Texas
- Coventry Health Care of Florida
- Aetna Better Health of Virginia
- Coventry Cares of West Virginia
- Mercy Care Plan (Arizona)
- Aetna Better Health of Ohio
- Mercy Maricopa Integrated Care (Arizona) – NEW IN 2016
- Aetna Better Health of Kentucky – NEW IN 2016
- Aetna Better Health of Louisiana – NEW IN 2016
- Aetna Better Health of Missouri – NEW IN 2016
- Aetna Better Health of Pennsylvania – NEW IN 2016
- Aetna Better Health of New Jersey – NEW IN 2016

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?

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

1 English

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
- Aetna Better Health of Virginia
- Coventry Cares of West Virginia
- Mercy Care Plan (Arizona)
- Aetna Better Health of Ohio
- Mercy Maricopa Integrated Care (Arizona) – NEW IN 2016
- Aetna Better Health of Kentucky – NEW IN 2016
- Aetna Better Health of Louisiana – NEW IN 2016
- Aetna Better Health of Missouri – NEW IN 2016
- Aetna Better Health of Pennsylvania – NEW IN 2016
- Aetna Better Health of New Jersey – NEW IN 2016

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 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 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. I understand my child's medicines and the risks they may have.
- 11. I can ask the doctor about my child's care plan and medicines.
- 9. [Mi hijo/a trabaja con su doctor/a en las metas y opciones de tratamiento.](#)
- 10. [Yo entiendo los medicamentos de mi hijo/a y los riesgos que puedan tener.](#)
- 11. [Yo puedo preguntarle al/la doctor/a sobre el plan de acción y los medicamentos 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	

(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
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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.