

Along with Legal Services of Southern Piedmont, the National Health Law Program has drafted the following managed care questionnaire and flyer. We have found ready use for these documents in legal aid waiting rooms, for surveying clients at public meetings, and while they wait at department of social services offices. This questionnaire can identify both individual and systemic problems. Legal aid and consumer-based organizations should feel free to tailor these documents to meet the consumer education and informational needs of your program and community.

Medicaid Managed Care: Client Questionnaire

1. ☐ Are you or your children getting Medicaid? Yes / No (If no, stop).

2. ☐ Are you or your children enrolled in ? Yes / No

[name of managed care program]

(If no, stop. If client is not sure, briefly describe the program's features.)

3. ☐ What plan did you choose?

If you didn't choose a plan, what plan were you assigned to?

[If applicable] Did you get a copy of the Medicaid agency's member handbook (show it)?

Yes | No

Did you get a copy of the health plan's member handbook? Yes | No

4. □ *How long have you been in this plan?*

Who is your doctor?

5. □ *[If applicable] Did you know you can switch plans or doctors if you want to? Yes | No*

Have you ever switched ? Yes | No

If yes, when and why?

Do you know how to switch plans? Yes | No

Do you know how to switch doctors? Yes | No

6. ☐ *[If applicable (North Carolina's contract requires HMOs to provide an initial face-to-face assessment of each member.)]*

Have you and your kids each been to the doctor for a check up since you enrolled? Yes | No

If not, has your plan or doctor contacted you about scheduling a visit? Yes | No

7. ☐ *Have you had any problems getting care for you or your children? Yes | No*

Is there any type of care you thought you needed or asked for that you didn't get? Yes | No

If you had a problem getting care, what was it?:

If you did not get care that you asked for, did you get a written notice

[if applicable, show a blank form]? Yes | No

Have you been able to see a doctor as soon as you needed to? Yes | No

8. ☐ Since you have been in the plan, have you been to the emergency room? Yes | No

When?

Did you call the doctor or plan first? Yes | No

Were you billed for that visit? Yes | No

9. ☐ Have you asked your doctor to refer you to a specialist? Yes | No

If yes, were you able to get the referral? Yes | No

If not, were you told why? Yes | No

10. ☐ Have you gotten a bill for any medical care since you enrolled?

Yes | No

If yes, explain?

11. ☐ Have you complained to anyone about a problem with your doctor or plan?

Yes | No (If no, stop)

Who did you complain to?

Did the problem get fixed? Yes | No

Explain:

If client identified any problem above, did client ask for legal aid's assistance?

Yes | No (if no, stop)

Name:

Address:

City, State Zip:

Phone number: