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Children's Health Insurance Program
Member Satisfaction Survey Results

Introduction:

The Department of Finance and Administration has requested a survey to be conducted of the participants of the Children's Health Insurance Program. Surveys were mailed to the parents of 2,000 randomly selected children actively enrolled in the program as of August 1, 2005. This year the Department of Finance and Administration requested that the survey mail out exclude the fifteen coastal counties deemed most devastated by Hurricane Katrina. These counties are: Amite, Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wilkinson. Responses were accepted until December 15, 2005. A total of 275 useable responses were received, resulting in a 13.75% response rate.

Major Objectives:

- ◇ Determine current satisfaction levels with claims services, customer services, the Key Physician Network, and the administration of the program by Blue Cross & Blue Shield of Mississippi.
- ◇ Compare current satisfaction levels with 2004 and 2005.
- ◇ Identify areas for improvement (based on issues mentioned in comments received):
  - Improve communication with physicians
  - Enhance orthodontic benefits
  - Adjust program to include children over the age of 18

Satisfaction Rate:

The results of the survey are indicated below. The satisfaction with Blue Cross & Blue Shield of Mississippi administration of specific service areas were determined by responses to overall questions. The results of these questions are indicated by the "◇" symbol. Additional questions related to specific service areas were asked throughout the survey. These have been compiled and are indicated by the "•" symbol.

- ◇ 93.10% Satisfaction with Blue Cross & Blue Shield of Mississippi's administration of Claims Service

- ◇ 95.28% Satisfaction with Blue Cross & Blue Shield of Mississippi's administration of Customer Service
  - 93.82% Ease of getting a person by phone
  - 93.81% Courtesy of the person you spoke with
  - 93.82% Knowledge of the person you spoke with
  - 92.79% Ability to answer your questions

◊ 95.72% Satisfaction with Blue Cross & Blue Shield of Mississippi's administration of Provider Access

- 95.48% Doctor's explanation of your child's illness
- 94.66% Advice on treatment
- 97.70% Overall quality of care received
- 95.82% Convenience of the doctor's office location
- 91.50% Ease of scheduling an appointment
- 80.00% Wait time in office to see doctor
- 83.82% Access to care in an emergency situation

Comparison of Specific Components

	2006	2005	2004
Satisfaction with Claims Services	93.10%	95.44%	94.08%
Satisfaction with Provider Access	95.72%	96.34%	92.74%
Doctor's explanation of your child's illness	95.48%	96.48%	95.20%
Advice on treatment	94.66%	97.06%	94.89%
Overall quality of care received	97.70%	97.63%	94.60%
Convenience of the doctor's office location	95.82%	94.38%	94.15%
Ease of scheduling an appointment	91.50%	93.49%	89.85%
Wait time in office to see doctor	80.00%	81.31%	78.03%
Access to care in an emergency situation	83.82%	83.65%	80.74%
Satisfaction with Customer Service	95.28%	94.77%	93.64%
Ease of getting a person by phone	93.82%	95.00%	92.55%
Courtesy of the person you spoke with	93.81%	95.76%	92.50%
Knowledge of the person you spoke with	93.82%	94.06%	92.31%
Ability to answer your questions	92.79%	92.38%	93.71%
Contacted the 24-hour nurse line:			
Ease of getting a person by phone	92.31%	94.83%	93.34%
Courtesy of the person you spoke with	90.39%	96.49%	91.78%
Knowledge of the person you spoke with	82.69%	93.10%	86.30%
Ability to answer your questions	78.84%	92.98%	86.49%
Convenience of pharmacy location	98.82%	99.07%	98.51%
Pharmacist helpfulness	96.44%	97.21%	94.50%

1. Has your child received care from a doctor?

	Responses	Percent
Yes	259	97.00%
No	8	3.00%
Total	**267**	**100.00%**

If yes, how satisfied were you with the following:

a. Doctor's explanation of your child's illness

	Responses	Percent
Very Satisfied	217	81.89%
Somewhat Satisfied	36	13.59%
Neutral	10	3.77%
Dissatisfied	2	0.75%
Very Dissatisfied	0	0.00%
Total	**265**	**100.00%**

b. Advice on treatment

	Responses	Percent
Very Satisfied	203	77.48%
Somewhat Satisfied	45	17.18%
Neutral	11	4.20%
Dissatisfied	3	1.14%
Very Dissatisfied	0	0.00%
Total	**262**	**100.00%**

c. Overall quality of care received

	Responses	Percent
Very Satisfied	207	79.62%
Somewhat Satisfied	47	18.08%
Neutral	5	1.92%
Dissatisfied	1	0.38%
Very Dissatisfied	0	0.00%
Total	**260**	**100.00%**

If yes, how satisfied were you with the following:

d. Convenience of the doctor's office location

	Responses	Percent
Very Satisfied	212	80.61%
Somewhat Satisfied	40	15.21%
Neutral	9	3.42%
Dissatisfied	1	0.38%
Very Dissatisfied	1	0.38%
Total	**263**	**100.00%**

e. Ease of scheduling an appointment

	Responses	Percent
Very Satisfied	197	76.06%
Somewhat Satisfied	40	15.44%
Neutral	19	7.34%
Dissatisfied	2	0.77%
Very Dissatisfied	1	0.39%
Total	**259**	**100.00%**

f. Wait time in office to see doctor

	Responses	Percent
Very Satisfied	138	53.08%
Somewhat Satisfied	70	26.92%
Neutral	41	15.77%
Dissatisfied	6	2.31%
Very Dissatisfied	5	1.92%
Total	**260**	**100.00%**

g. Access to care in an emergency situation

	Responses	Percent
Very Satisfied	154	63.90%
Somewhat Satisfied	48	19.92%
Neutral	31	12.86%
Dissatisfied	6	2.49%
Very Dissatisfied	2	0.83%
Total	**241**	**100.00%**

Comments Continued:

47. My child was able to receive care from a doctor because of the access to this program - They do a great job.

48. This survey has been completed satisfied with your service. Thank you. "signed"

49. I have a 16 year old son and I am concerned about having his heart checked regularly because he is very athletic. As far as I know, he has had no problems with his heart but to make sure, could you send me some advice?

50. I am very pleased with the service that CHIP provides. I am very grateful to have the card.

51. Thank you for being there when I need you. You're doing a great job.

52. Very satisfied with the program & services. Grateful to be able to have insurance whenever it is needed.

53. My son and wife were killed in an accident so ya'll helped us 100%. Thanks.

54. Not at this time.

55. My child and I were in an MVA, I'm still receiving bills; due to CHIP won't pay.

56. None.

57. He had a major problem with his teeth, Medicaid was paying, I got switched over to CHIP and they said it wouldn't cover them, but they took some of the payments off, and worked out some payments for him.

58. I'm very pleased with the program for my children.

59. Thanks. I could not afford health insurance for my child and with CHIP it's made both our lives a lot easier.

60. Thank you for this service.

Blue Cross & Blue Shield of Mississippi
Children's Health Insurance Program
Member Satisfaction Survey

Our records show that you have a child covered under the Children's Health Insurance Program (CHIP). We would like to find out what you think about the services you have received for your child under CHIP. Please mark you answer to each question, and send this survey back to us in the enclosed postage paid return envelope. Please call CHIP Customer Service at 1-877-870-3110 if you have any questions about completing this survey.

1. Has your child received care from a doctor? ☐ Yes ☐ No
If yes, how satisfied were you with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied	Very Dissatisfied
A. Doctor's explanation of your child's illness	5	4	3	2	1
B. Advice on Treatment	5	4	3	2	1
C. Overall quality of care received	5	4	3	2	1
D. Convenience of the doctor's office location	5	4	3	2	1
E. Ease of scheduling an appointment	5	4	3	2	1
F. Wait time in office to see doctor	5	4	3	2	1
G. Access to care in an emergency situation	5	4	3	2	1

2. Have you called the CHIP Customer Service Unit at Blue Cross and Blue Shield of Mississippi? ☐ Yes ☐ No If yes, how satisfied were you with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied	Very Dissatisfied
A. Ease of getting a person by phone	5	4	3	2	1
B. Courtesy of the person you spoke with	5	4	3	2	1
C. Knowledge of the person you spoke with	5	4	3	2	1
D. Ability to answer your questions	5	4	3	2	1

3. Have you contacted the 24 hour nurse line? ☐ Yes ☐ No
If yes, how satisfied were you with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied	Very Dissatisfied
A. Ease of getting a person by phone	5	4	3	2	1
B. Courtesy of the person you spoke with	5	4	3	2	1
C. Knowledge of the person you spoke with	5	4	3	2	1
D. Ability to answer your questions	5	4	3	2	1

4. Have you gone to a pharmacy to buy prescription drugs for your child? ☐ Yes ☐ No
If yes, how satisfied were you with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied	Very Dissatisfied
A. Convenience of pharmacy location	5	4	3	2	1
B. Pharmacist helpfulness	5	4	3	2	1

5. **Have you needed care for your child but have been unable to get it?** ☐ **Yes** ☐ **No**
If yes, what type of Provider did your child need to see?
☐ Doctor ☐ Hospital
☐ Dentist ☐ Optometrist (Eye Doctor)
☐ Other _____

6. **Why couldn't you get the care your child needed?**
☐ Provider wouldn't accept CHIP payment
☐ Provider wouldn't/couldn't make an appointment
☐ No transportation
☐ Couldn't afford the co-payment
☐ Other _____

7. **Please select one of the following to describe any change in your child's health since he/she became a member of CHIP:**
☐ Much Better ☐ Somewhat Better ☐ No Difference
☐ Somewhat Worse ☐ Much Worse

8. **All things considered, how satisfied are you with the administration of the program by Blue Cross & Blue Shield of Mississippi?**

	Very Satisfied	Somewhat Satisfied	Neutral	Dissatisfied	Very Dissatisfied
A. Claims Service	5	4	3	2	1
B. Customer Service	5	4	3	2	1
C. Provider Access	5	4	3	2	1

9. **How many times have you contacted us with a question?**
☐ None ☐ 1 time ☐ 2 times
☐ 3 times ☐ More than 3 times

10. **From the day you contacted us, about how long did it take to get an answer from us?**
☐ Same Day ☐ 1 week ☐ 2 weeks
☐ 3 weeks ☐ More than 3 weeks

Thank you for taking the time to complete and return this survey. If you have a concern or comment you would like to share, please do so in the following space provided:_____

_____

_____

OPTIONAL:
If you would like for us to contact you regarding your concern, please list your name, identification number, and a daytime phone number. A representative will contact you.

Name:_____ ID Number:_____

Daytime Phone Number:_____

The information you provide is confidential. We will not share any information that would identify you individually. All information will be compiled and analyzed as a group to identify areas where service can be improved.

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.