

Health Rights Hotline Follow-up Survey

Case #: _____ Client Name: _____

Issue Category(s): _____ Caller Name: _____

Case Counselor: _____ Date Case Closed: _____

Client Phone #: _____ Alt Phone #: _____

(for Q.2) Referrals Given? ____ Yes ____ No Referral Letter Sent? ____ Yes ____ No

SURVEY COUNSELOR: _____ DATE SURVEY CONDUCTED: _____

CONTACT ATTEMPTS: _____

TIMEKEEPING Time Started: _____ Time Completed: _____ Elapsed Time: _____

IF SURVEY NOT COMPLETED, WHY NOT? (PULL-DOWN)

- Caller refused
- Caller incompetent to complete survey
- Unable to contact after three attempts
- Wrong (or no) telephone number
- Other _____

INTRODUCTION:

Hello. My name is _____ and I am calling from the Health Rights Hotline. You contacted us for assistance [month -- early vs. late -- e.g., in early October]. I would like to ask you a few questions about the services of the Health Rights Hotline and the issue you called us about. Your responses are totally confidential and will help us better serve other callers. My questions should take about 10 minutes. Is now an OK time or should we schedule another time to talk?

After some of my questions, I will read a list of answer choices for you to choose from. After other questions, I will just ask you for a response.

1. [ASK ONLY IF PRINT MATERIAL WAS SENT] The Health Rights Hotline sent you some *educational material*. How helpful would you describe the *material* you received?
 - a. Very helpful
 - b. Somewhat helpful
 - c. Not very helpful
 - d. Not at all helpful

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e. Don't know

2. [ASK ONLY IF REFERRALS WERE GIVEN] **When you called, the counselor gave you contact information for a *group or groups*. I'd like to ask some questions about those groups.**

a. How helpful was _____ [Write in Referral #1] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

b. How helpful was _____ [Write in Referral #2] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

c. How helpful was _____ [Write in Referral #3] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

d. How helpful was _____ [Write in Referral #4] in solving your problem or providing you the information you needed?

- 1) Very helpful

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- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

e. How helpful was _____ [Write in Referral #5] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

f. How helpful was _____ [Write in Referral #6] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

g. How helpful was _____ [Write in Referral #7] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

h. How helpful was _____ [Write in Referral #8] in solving your problem or providing you the information you needed?

- 1) Very helpful
- 2) Somewhat helpful

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- 3) Not very helpful
- 4) Not at all helpful
- 5) Did not contact
- 6) Don't know

3. [ASK ONLY IF REFERRALS WERE GIVEN AND CONFIRMATION LETTER SENT.] **How helpful did you think it was to receive the *letter* which restated the referrals we gave you?**

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't know

4. [ASK IF REFERRALS WERE GIVEN] **Beyond those groups we referred you to, did you contact *anyone else* for assistance?**

[ASK IF NO REFERRALS WERE GIVEN] **Other than the Health Rights Hotline, did you contact anyone else for assistance?**

- a. No, I did not contact anyone else
- b. Yes, I did contact others: choose from following list (maximum three (3))

- 1. FAMILY MEMBER/FRIEND
- 2. HEALTH PLAN
- 3. MEDICAL GROUP
- 4. PRIMARY CARE DOCTOR
- 5. SPECIALTY DOCTOR
- 6. STAFF IN DOCTOR_S OFFICE
- 7. EMPLOYER
- 8. INSURANCE AGENT/BROKER
- 9. ELECTED OFFICIAL
- 10. LAWYER or ATTORNEY
- 11. D.O.LABOR
- 12. D.MANAGED HEALTH CARE /D.O.CORPORATIONS
- 13. D.O.INSURANCE
- 14. D. of HEALTH SERVICES
- 15. HICAP
- 16. Other [notes] _____

(ask follow-up questions below, for each contact selected in 4 above)

- i. How helpful was _____ [WRITE IN] in resolving your problem or providing you the information you needed?

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- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't know

ii. How helpful was _____ [WRITE IN] in resolving your problem or providing you the information you needed?

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't know

iii. How helpful was _____ [WRITE IN] in resolving your problem or providing you the information you needed?

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't know

5. **Overall, how *helpful* was the Health Rights Hotline to you in resolving your problem or providing you the information you sought?**

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't know

6. **Which of the following best describes the *resolution* of your problem or your need for information?**

- a. The problem was resolved or you got the information you needed and you were completely satisfied. (*Go to Q7*)
- b. The problem was resolved or you got some of the information you needed and you were not completely satisfied, but you did get something. (*Go to Q7*)
- c. The problem was resolved or you got some information but you were not at all satisfied with the result. (*Go to Q7*)

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- d. The problem has not yet been resolved or you have not yet gotten the information you needed. (*Go to Q6.1*)

6.1 Which of the following best summarizes the status of the problem or your need for the information now?

- a. I am currently working with the medical group, health plan, government agency or other office to resolve the problem or to get the information I need. (*Go to Q6.2*)
- b. I am waiting for a decision on the problem or an answer to my question from the medical group, health plan, government agency or some other office. (*Go to Q6.2*)
- c. A “final” action or decision on the problem has been made but I do not agree with it and I will not consider the problem to be resolved until I get what I want, or I am not satisfied with the answer I got and I am working on getting a different answer. (*Go to Q6.2*)
- d. I am no longer pursuing a resolution of the problem or answer to my question (*Go to Q7a*).

6.2 Would you like any further assistance from the Health Rights Hotline to resolve the problem or get the information you need?

- a. Yes

Please call the Hotline toll-free at 1-888-354-4474 between the hours of 9:00 and 5:00 Monday through Friday and let them know you would like further assistance. (*go to Q7a.*)

- b. No.

Go to Q7a.

7. How long did it take to resolve the problem or get the information after <CLIENT> became aware of it?

- a. 1 - 7 days
- b. More than 1 week, up to 1 month
- c. More than 1 month, up to 2 months
- d. More than 2 months
- e. Unsure/don't know

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8. What was the *most* important *action* you took or *resource* you used that lead to the resolution of your problem or getting the information you sought?

[Note: Do NOT read this list. Just record what the caller says. Choose ONLY ONE.]

- a. Read/understood HEALTH PLAN DOCUMENTS/EOC
 - b. Better able to ADVOCATE FOR SELF with plan or provider.
 - c. Threatened to SUE/LEGAL ACTION.
 - d. Assistance from FAMILY MEMBER/FRIEND
 - e. Assistance from HEALTH RIGHTS HOTLINE
 - f. Assistance from HEALTH PLAN
 - g. Assistance from MEDICAL GROUP
 - h. Assistance from PRIMARY CARE DOCTOR
 - i. Assistance from SPECIALTY DOCTOR
 - j. Assistance from STAFF IN DOCTOR_S OFFICE
 - k. Assistance from EMPLOYER
 - l. Assistance from INSURANCE AGENT/BROKER
 - m. Assistance from ELECTED OFFICIAL
 - n. Assistance from a LAWYER or ATTORNEY
 - o. Assistance from D.O.LABOR
 - p. Assistance from D.O.CORPORATIONS
 - q. Assistance from D.O.INSURANCE
 - r. Assistance from D. of HEALTH SERVICES
 - s. Assistance from HICAP
 - t. Other [notes]
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NOTE: ONLY ASK QUESTIONS 9, 10 and 11 IF THE CASE HAS ISSUES OTHER THAN CE – “Consumer Education”

IF THE ONLY ISSUE IS CE1 GO TO 12.

9. Did the problem result in *financial* loss to your family?

[Note: if caller asks for clarification _ loss should not include “appropriate” co-pays or out-of-pockets. It should include medical bills paid (or bills C is obligated to pay) and financial losses (e.g. lost wages) from time lost at work.]

- a. Yes (*go to Q9.1*)
- b. No (*go to Q10*)

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- c. Don't know (*go to Q10*)

9.1 Was the *amount* of the financial loss due to the problem (read response options)

- a. Less than \$50
- b. \$50 to \$200
- c. \$200 to \$1,000
- d. \$1,000 to \$5,000
- e. Over \$5,000
- f. Unsure/ don't know

10. Do you believe the problem resulted in or had the potential to result in *physical injury* to [CLIENT]?

- a. Yes (*go to Q10.1*)
- b. No (*go to Q11*)
- c. Don't know (*go to Q11*)

10.1 Which of the following *best* describes the potential or actual *injury*?

- a. There was the potential for injury, but no injury actually occurred. (*Go to Q11*).
- b. <CLIENT> experienced pain and suffering that continued longer than it should have, which was relieved when care was eventually received. (*Go to Q11*)
- c. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which were cured when care was eventually received. (*Go to Q11*)
- d. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which continued beyond any care received. (*Go to Q11*)
- e. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which have caused permanent disability and affected daily living activities. (*Go to Q11*)
- f. Unsure/don't know. (*Go to Q11*)

11. Did the problem cause <CLIENT> or anyone else to *lose time* from work, school, or other major activities?

- a. Yes (*go to Q11.1*)
- b. No (*go to Q12*)
- c. Don't know (*go to Q12*)

11.1 How *much* time was lost due to the problem?

- a. Less than 3 hours (*go to Q12*)

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- b. 3 to 5 hours (*go to Q12*)
- c. 6 to 10 hours (1 day) (*go to Q12*)
- d. 2 to 5 days (*go to Q12*)
- e. 6 to 10 days (*go to Q12*)
- f. More than 10 days (*go to Q12*)
- g. Unsure/don't know (*go to Q12*)

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Non-resolved problem severity branch, questions 7a. 9a., 9.1a. 10a., 10.1a, 11a., 11.1a

Q7a. Even though the problem has not yet been resolved, or you have not yet obtained the information you were seeking, I would like to ask a few additional questions about the effect of the problem or of not having the information.

How long has <CLIENT> been attempting to resolve the problem or get the information?

- a. 1-7 days
- b. More than 1 week, up to 1 month
- c. More than 1 month, up to 2 months
- d. More than 2 months
- e. Unsure/don't know

NOTE: ONLY ASK QUESTIONS 9a. 10a. and 11a. IF THE CASE HAS ISSUES OTHER THAN CE – “Consumer Education”

IF THE ONLY ISSUE IS CE, GO TO Q12.

Q9a. Is it possible that the problem could end up causing *financial* loss to your family?

- a. Yes (*Go to Q9.1a*)
- b. No (*Go to Q10a*)
- c. Don't know (*Go to Q10a*)

Q9.1a What is the *amount* of the financial loss that the problem could cause?

- a. Less than \$50
- b. \$50 to \$200
- c. \$200 to \$1,000
- d. \$1,000 to \$5,000
- e. Over \$5,000
- f. Unsure/Don't know

Q10a. Do you believe the problem has resulted in or had the potential to result in *physical injury* to [CLIENT]?

- a. Yes (*go to Q10.1a*)
- b. No (*go to Q11a*)
- c. Don't know (*go to Q11a*)

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Q10.1a. Which of the following best describes the potential or actual *injury*?

- a. There was the potential for injury, but no injury actually occurred. (*Go to Q11a*).
- b. <CLIENT> experienced pain and suffering that continued longer than it should have, which was relieved when care was eventually received. (*Go to Q11a*)
- c. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which were cured when care was eventually received. (*Go to Q11a*)
- d. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which continued beyond any care received. (*Go to Q11a*)
- e. The problem led to the worsening of <CLIENT'S> health condition or led to other conditions not previously present, which have caused permanent disability and affected daily living activities. (*Go to Q11a*)
- f. Unsure/don't know. (*Go to Q11a*)

11a. So far, has the problem cause <CLIENT> or anyone else to *lose time* from work, school, or other major activities?

- a. Yes (*go to Q11.1a*)
- b. No (*go to Q12*)
- c. Don't know (*go to Q12*)

11.1a How *much* time was lost due to the problem so far?

- a. Less than 3 hours (*go to Q12*)
- b. 3 to 5 hours (*go to Q12*)
- c. 6 to 10 hours (1 day) (*go to Q12*)
- d. 2 to 5 days (*go to Q12*)
- e. 6 to 10 days (*go to Q12*)
- f. More than 10 days (*go to Q12*)
- g. Unsure/don't know (*go to Q12*)

Q12. Thank you for your time. If you ever need additional assistance please feel free to call the Health Rights Hotline.