

# Survey 4

Record ID \_\_\_\_\_

We are exploring the issues related to insurance that parents have when providing care for your child. No system is perfect, but with your input, we hope to be able to improve these processes that can sometimes be unreasonably frustrating and time consuming. By sharing this information, you are telling us about what really happens so that we can take the next step toward improvement!

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## PART 1: General Questions

Have you ever had any insurance-related problems while trying to provide care for your medically complex child?

- Yes  
 No

Which of the following issues have you had a problem with?

- Getting a preauthorization  
 Getting a referral  
 Getting my child's medications  
 Getting my child's medical supplies  
 Getting homecare for my child  
 Billing issues  
 Other  
(Please select all that apply.)

Other issue \_\_\_\_\_

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## PART 2: Specific Problem

Please think about one particular problem regarding your child's insurance that you encountered and tell us what you had to go through to sort it out (e.g., calls, emails, letters). This problem can involve one or many different issues (preauthorization's, referrals, medications or medical supplies, homecare, etc.).

What were you trying to do when you had this problem?

- Getting a preauthorization  
 Getting a referral  
 Getting my child's medications  
 Getting my child's medical supplies  
 Getting homecare for my child  
 Billing issues  
 Other  
(Please select all that apply.)

Other issue \_\_\_\_\_

Very briefly, what was the problem with your child's insurance company? (You will have the opportunity to provide more details later in this survey.)

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## Did the people involved make the problem better, worse, or no different?

	Not involved	They made it worse	They made no difference	They made it better
Primary care doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care office staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Specialist
- Specialist office staff
- Local pharmacy
- Compounding pharmacy
- Medical supply company
- Insurance case manager
- Hospital case manager
- Other

Other person \_\_\_\_\_

**For the following questions, please describe what it took for you to try to resolve this problem.**

About how many days did you work on this problem? \_\_\_\_\_  
(Number of days)

About how many telephone calls did you have to make? \_\_\_\_\_  
(Number of calls)

About how many emails or letters did you have to send? \_\_\_\_\_  
(Total number of emails and letters)

About how many different people did you have to involve? \_\_\_\_\_  
(Number of people)

Were there any other actions (other than calls, letters and emails) that you took to address this problem?  
 Yes  
 No

What did you do? \_\_\_\_\_

Have you been able to resolve this problem?  
 Yes  
 No - we gave up  
 No - it is still ongoing

Were you satisfied with the outcome?  
 Yes  
 No

What weren't you satisfied with? \_\_\_\_\_

What was the main thing that caused you to give up on resolving this problem? \_\_\_\_\_

In your opinion, what could your primary care doctor have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your primary care office staff have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your specialist have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your specialist office staff have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your local pharmacy have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your compounding pharmacy have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your medical supply company have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your insurance case manager have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your hospital case manager have done to help resolve this problem? \_\_\_\_\_

In your opinion, what could your [other] have done to help resolve this problem? \_\_\_\_\_

In your opinion, could this problem have been prevented?   
  Yes   
  No

How could it have been prevented? \_\_\_\_\_

Did this problem affect your child's health?   
  Yes   
  No

How did it affect your child's health? \_\_\_\_\_

How else did this problem affect you or your family?   
  Did not affect me/my family   
  Stress on me/my family   
  Financial burden for me/my family   
  Tension between me and my child's caregiver(s)   
  Other   
 (Select all that apply.)

Other effect \_\_\_\_\_

**Additional Details**

Thank you for all of the information you have provided in this survey. It would be very helpful to us if you would be willing to take a few more minutes to take us step-by-step through the process you went through to address this problem. \_\_\_\_\_

Please tell us any other important details about this problem. \_\_\_\_\_

**Part 3: Parents Speak Out**

What would you like to tell other parents about working with insurance providers? \_\_\_\_\_

What would you like to tell insurance providers about providing care for a medically complex child? \_\_\_\_\_

**Part 4: Tell Us About This Project So Far**

Did you receive the emailed summary of the results from Survey #3?   
  Yes   
  No

Were the results easy to understand?   
  Yes   
  No

What was hard to understand? \_\_\_\_\_

Was the summary helpful to you?

- Yes
- No

Did the information in the summary help you think about your responses in this survey?

- Yes
- No

Were the comments that the parents shared with other parents helpful?

- Yes
- No

What did we forget in this survey?

\_\_\_\_\_

What would you like us to include in future surveys?

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### Thank you!

Thank you so much for taking the time to complete this survey.

Your responses will make a difference!

If you know other parents who have a child with a complex medical condition, please ask them to enroll - the more parent voices, the better. They can enroll at: <http://franciscanhospital.org/parent-project/>.