

## Survey Questionnaire

### DMAS Family Planning Waiver Evaluation

**The Department of Medical Assistance Services requests your help to improve Medicaid services to women covered by the Family Planning Waiver.**

Are you...	<u>Yes</u>	<u>No</u>
Currently accepting Medicaid patients?	<input type="checkbox"/>	<input type="checkbox"/>
Aware of the Medicaid Family Planning Waiver?	<input type="checkbox"/>	<input type="checkbox"/>
Familiar with claims codes reimbursable under the Family Planning Waiver?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered "Yes" to any of these questions, please continue with the survey. If you answered "No" to **all** of the questions above, you are finished; please mail or fax your completed evaluation.*

Please indicate to what extent the following are barriers to care. For each question, please place a check in the appropriate column:

Barriers to care . . .	Major	Minor	Not a Barrier	Don't Know
Waiver does not cover the full range of family planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver does not cover referrals or follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver does not cover complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments are not adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems getting bills paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice is full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver clients do not keep appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver clients are not compliant with prescribed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver clients are uninformed about program/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Services that are covered under the Family Planning Waiver include annual gynecological exams, Pap tests, laboratory services for family planning and STD testing, family planning education and counseling, and contraceptives.*

	<u>Yes</u>	<u>No</u>
Are you providing services that are eligible to be covered under the Family Planning Waiver?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide services to patients covered by the Medicaid Family Planning Waiver?	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how you handle patient needs for primary medical care not reimbursed by Medicaid under the waiver. Check "Not Applicable" if you do not provide services to patients covered by the Family Planning Waiver.

For primary care needs care not covered by the Family Planning Waiver, I/we . . . . .	Usually	Sometimes	Rarely or Never	Not Applicable
Treat and bill patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treat patient free of charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patient to local health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patient to community health center or free clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patient to hospital emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage patient to find a provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for your help.*

**Please mail completed questionnaire in the postage-paid envelope provided, or fax to (804) 827-3793.**