



## Blue Cross and Blue Shield of Georgia, Inc. Care Management Program Evaluation

Thank you for your participation in Blue Cross and Blue Shield of Georgia’s Care Management Program. We hope you have found the case manager’s support helpful. We would like to ask you for your opinion regarding your experience with our care management program. The information from this survey will be used to improve our care management program services and best meet the needs of individual members.

Below are some of the issues that tend to be important to our members. Please read each question carefully and mark the one answer which best describes your experience. For most people, this survey will take 10 minutes or less to complete.

We will use information from this survey internally only to the extent necessary to improve our care management program and address quality issues brought to our attention through the survey process. We will not disclose your specific responses to any person outside of Blue Cross and Blue Shield of Georgia without your consent.

1. How would you rate your satisfaction with . . .	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied	Not Applicable
a. The services provided by your case manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The professional and courteous manner of the case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Being able to contact your case manager when you had a question or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall experience with your Care Management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The case manager . . .	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
e. Was knowledgeable about my health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Helped me be more involved in my own healthcare management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provided me with information about available resources and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Effectively coordinated needed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helped me make the best use of my health plan benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Overall, the care management program helped me to improve my quality of life.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Please turn over to continue)*



**Blue Cross and Blue Shield of Georgia, Inc.  
Care Management Program Evaluation (cont.)**

4. What did you like the **most** about Blue Cross and Blue Shield of Georgia's Care Management Program?

5. What did you like the **least** about Blue Cross and Blue Shield of Georgia's Care Management Program?

6. Please include any **additional comments** you would like to share with us about our care management program, including any ideas to improve the program.

7. In the future, I would most prefer to complete a survey like this: by mail  by telephone  online

***Thank you for taking the time to provide your feedback!***

Please return your completed evaluation to:  
Blue Cross and Blue Shield of Georgia, Inc.  
PO BOX 7368  
Columbus, GA 31993-9821  
Mail Stop: GAG301-0005