

Alaska Medicaid Coordinated Care Initiative (AMCCI) Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your answers will help us improve these services. All answers will be kept confidential and you will not be identified. Thank you for your time.



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
My Case Manager:					
• Listened to me	5	4	3	2	1
• Answered my questions	5	4	3	2	1
• Was respectful and helpful to me	5	4	3	2	1
Overall, I would describe my relationship with my case manager as:	5	4	3	2	1
Staff at Alaska Medicaid Office:					
• Listened to me	5	4	3	2	1
• Answered my questions	5	4	3	2	1
• Was respectful and helpful to me	5	4	3	2	1

Would you be interested in continuing in this program? Yes _____ No _____

What did you like best about the program? _____

What did you like least about the program? _____

Ideas to make the program better? _____

Thank you for completing our Survey!