Appendix 6

Text for   
Child Survey Letters and

Reminder Postcards

APPENDIX 6

TEXT FOR CHILD SURVEY LETTERS AND REMINDER POSTCARDS

Letter for First Questionnaire (Child Survey)

[Health Plan Letterhead]

[Name of Parent/Caretaker]  
[Name of Child Member]  
[Address of Parent/Caretaker or Child Member]

Dear [Name of Parent/Caretaker]:

How can [Health Plan Name] better serve your family? How can consumers choose the health care plan that is best for them?

The survey in this package gives you the chance to tell us what you think about the care and service we provide to your child at [Health Plan Name]. It will take less than 20 minutes to complete. The person who knows the most about your child’s health care should fill out the survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps consumers learn more about health care plans around the country. NCQA uses survey results to rate the quality of care and service delivered by health plans. The results will help consumers like you learn more about health care plans.

[Survey Vendor Name] is an independent research firm that is helping us conduct the survey. No one but  
the staff at [Survey Vendor Name] will see your answers. Please call them at the toll-free number   
(1-800-[Number]) if you have any questions.

You are among only a few [Health Plan Name] members I am asking to help us. **It is very important that you fill out the survey and return it right away.** We have enclosed a pre-paid envelope.

The survey will be useful only if everyone who gets the survey sends it in. Thank you for helping to make health care better for everyone.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]

First and Second Reminder Postcards (Child Survey)

[Health Plan Logo]

**We need your help!** We recently sent you a survey about your child’s health care.It should take less than 20 minutes to complete and your answers will help us improve the health care and service we provide to children. The survey will also help people around the country to learn more about health care plans but it will be useful only if everyone who gets the survey sends it in.

When you have completed the survey, please return it in the prepaid envelope to [Survey Vendor Name]. [Survey Vendor Name] is a research firm working with us to carry out this study. Only the staff at [Survey Vendor Name] will see your answers.

**If you did not get the survey, or if you have lost it,** please call [Survey Vendor Name] at the toll-free number (1-800 [Number]). They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, please ignore this message.

Thanks again for your help!

Letter for Second and Third Questionnaires (Child Survey)

[Health Plan Letterhead]

[Name of Parent/Caretaker]  
[Name of Child Member]  
[Address of Parent/Caretaker or Child Member]

Dear [Name of Parent/Caretaker]:

About three weeks ago we sent you a survey about the care and service we give your child at [Health Plan Name]. If you have already sent it in, we thank you for your help and please ignore this letter.

If you have not had time to respond or if you have lost the survey, please take a little time today to complete the enclosed survey now. Please answer the questions **only for the child whose name is listed above.** Do not answer for any other children. The survey should take you less than 20 minutes.

You are among only a few [Health Plan Name] members I am asking to help us. The survey gives you the chance to tell us what you think about the care and service we provide to your child at [Health Plan Name].

Other families across the country are filling out the same survey. The survey results will help consumers like you learn more about health care plans. The survey results are useful only if everyone who receives the survey completes it and sends it in.

[Survey Vendor Name] is a survey research organization working with us to carry out this survey. After you have completed the survey, please send it back in the enclosed pre-paid envelope. No one but the staff at [Survey Vendor Name] will see your answers. Please call the toll-free number (1-800-[Number]) if you have any questions.

Thank you for helping to improve health care for all children.

Sincerely,

[Signature of Health Plan Executive]  
[Health Plan Executive’s Name]  
[Health Plan Executive’s Title]