**Michigan Primary Care Association Outreach and Enrollment Quality Survey**

Please answer the following questions about your enrollment experience. The results of this anonymous survey are used to help us improve our services and will not affect your enrollment application or access to services.

Please circle the response for each question:

1. **My enrollment specialist treated me with respect.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **My enrollment specialist listened to my concerns.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **My enrollment specialist answered my questions.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **My enrollment specialist respected my privacy.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **I received enough information about the health insurance program I was enrolled in.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **I understand how to use the health services available through my health insurance program.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **I understand what to do or who to contact to answer questions I have in the future.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **I understand what to do to complete the yearly renewal process to maintain my health insurance coverage.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **It was easy to find enrollment help.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. **I would recommend/refer others to the MPCA staff member that assisted me for enrollment.**

Strongly Agree Agree Neutral Disagree Strongly Disagree

**Please feel free to write any comments that may help us improve the quality of our enrollment process on the back of this sheet.**