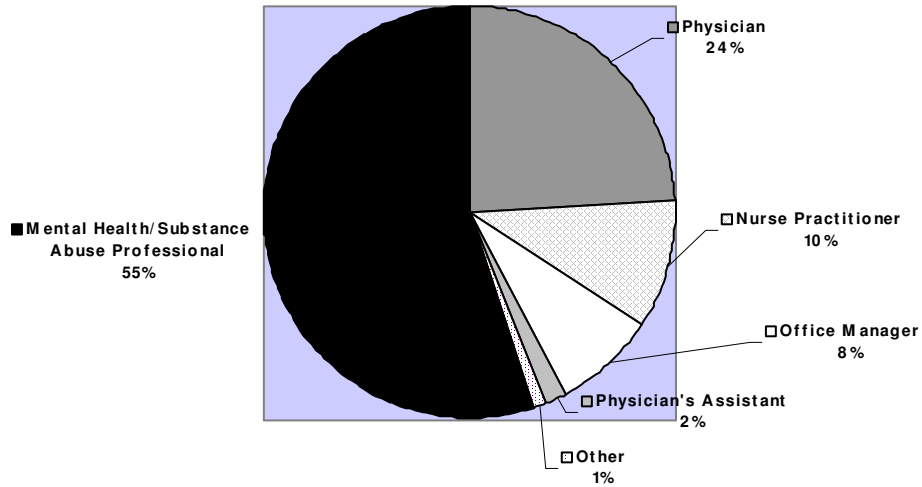


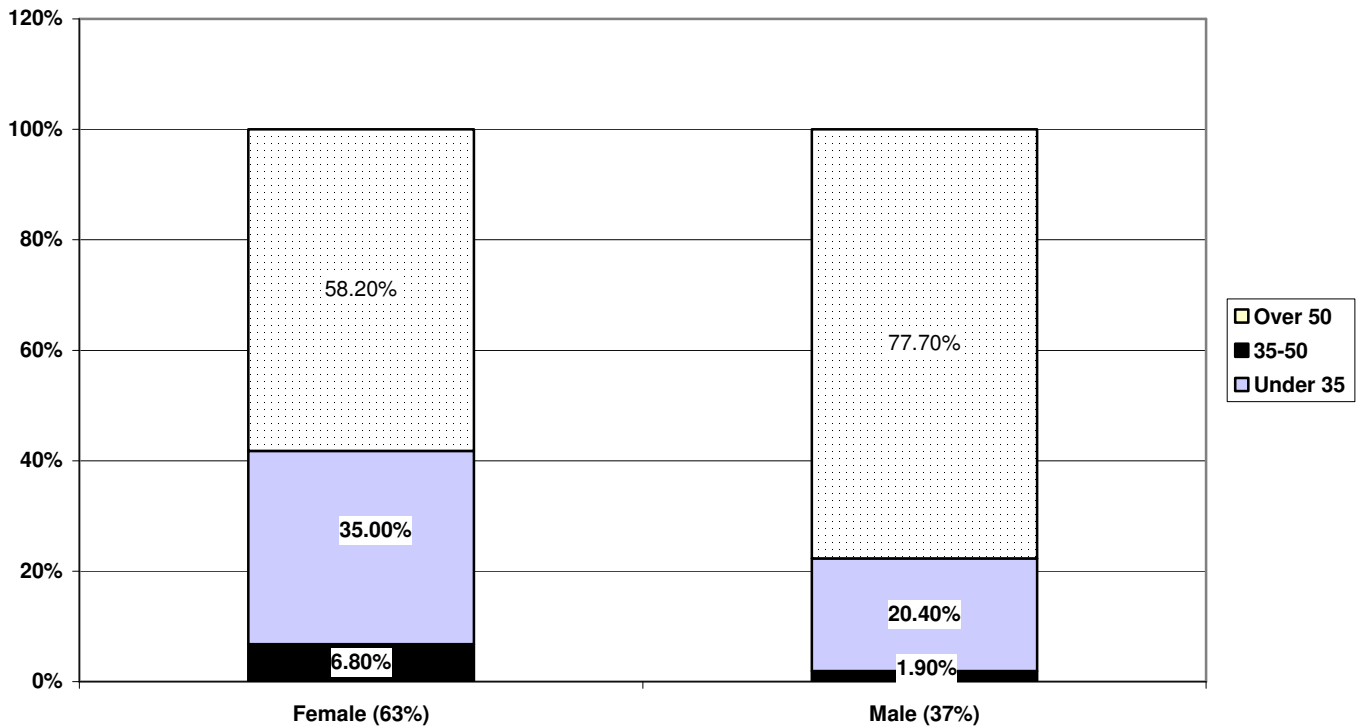
# 2009 VERMONT HEALTH CARE SATISFACTION SURVEY

Total responses: 280

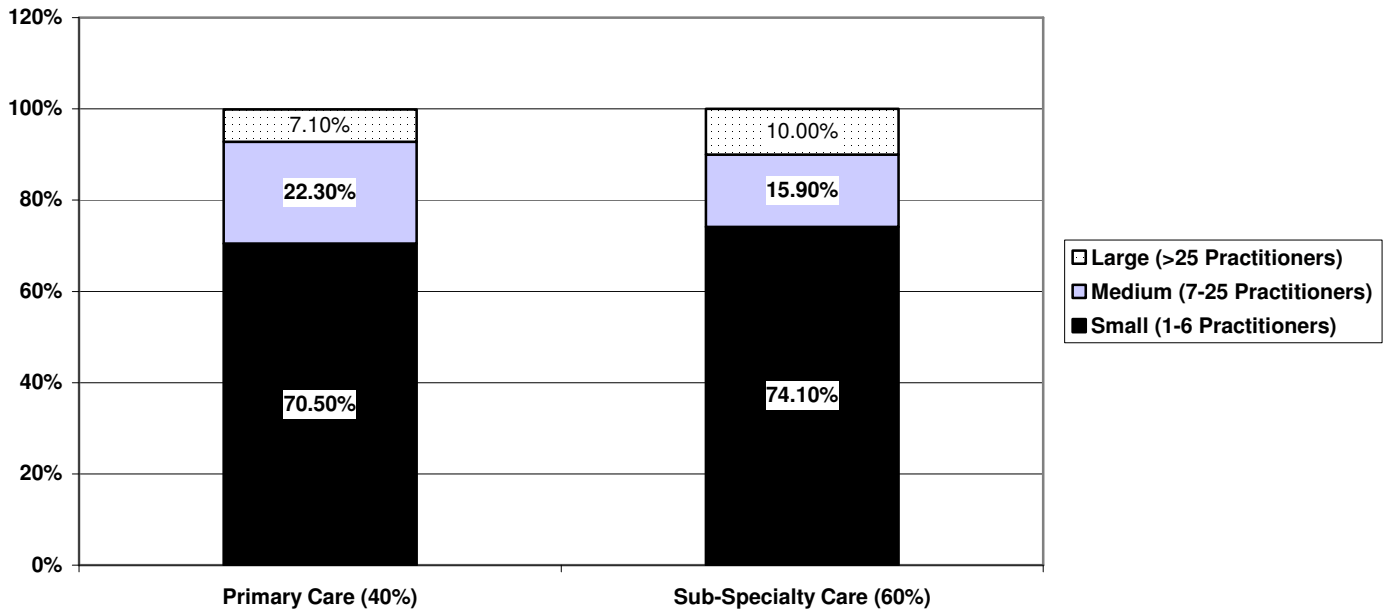
1. Person completing this form



2. Age range and gender of person completing this form



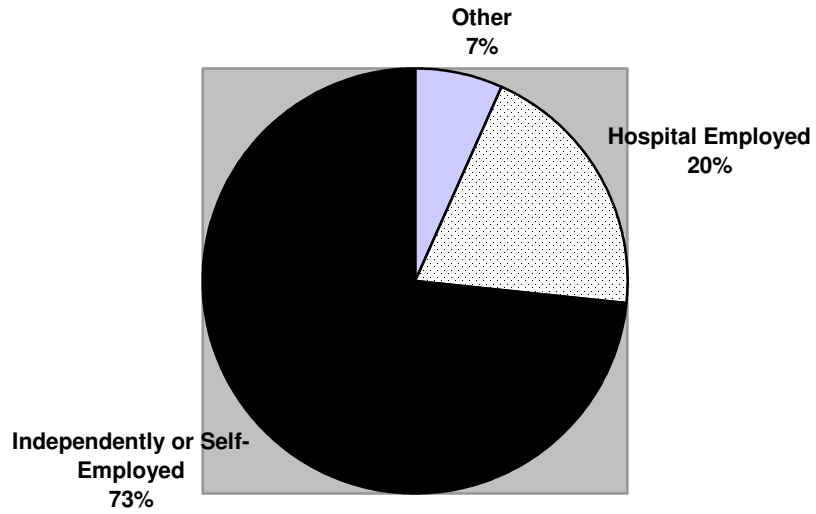
### 3. Care type and size



### 4. Your specialty (where you spend the majority of your practice time)

	Response Percent	Response Count
Psychology	46.4%	111
Family Practice	14.6%	35
Psychiatry	7.9%	19
Other	6.7%	16
Pediatrics	5.4%	13
Internal Medicine	5.0%	12
Obstetrics and Gynecology	2.5%	6
Orthopedics	2.5%	6
Cardiovascular Diseases	2.1%	5
Anesthesiology	1.7%	4
Surgery	1.7%	4
Gastroenterology	1.3%	3
Neurology	1.3%	3
Dermatology	0.8%	2
Emergency medicine	0.0%	0
Radiology	0.0%	0

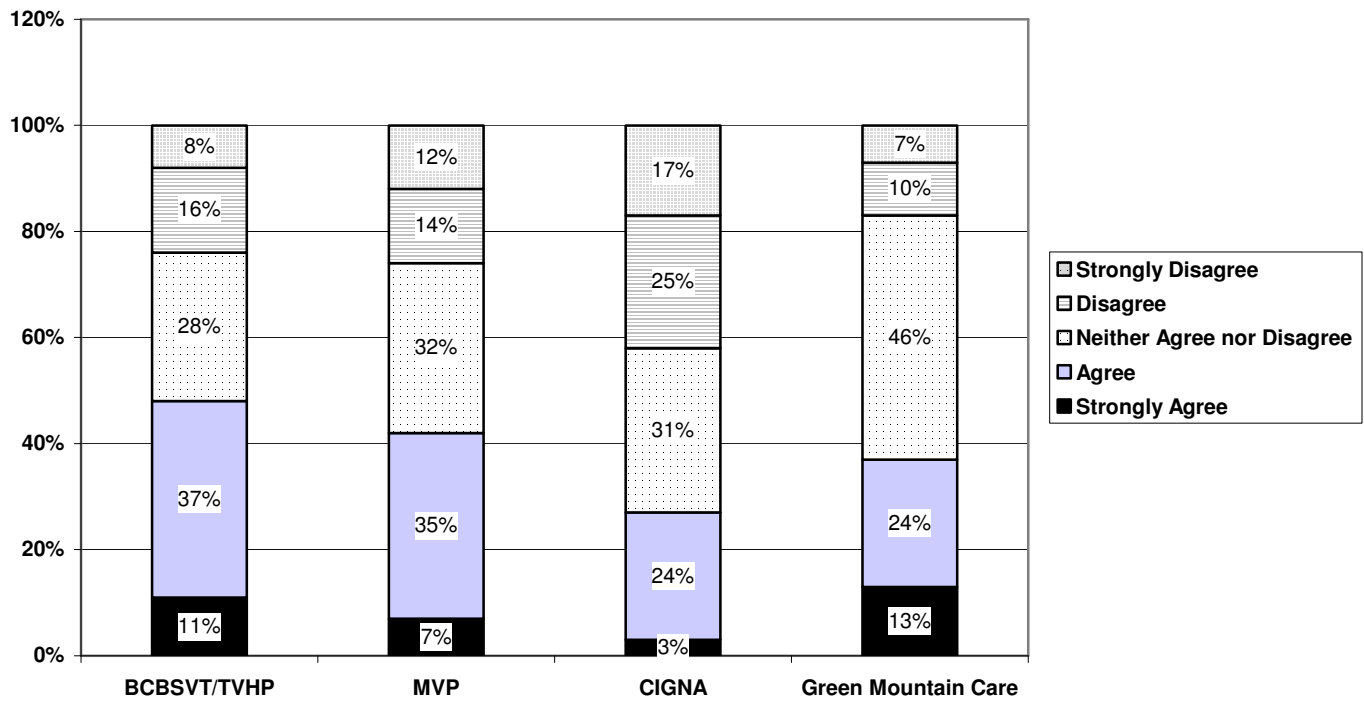
5. Practice type



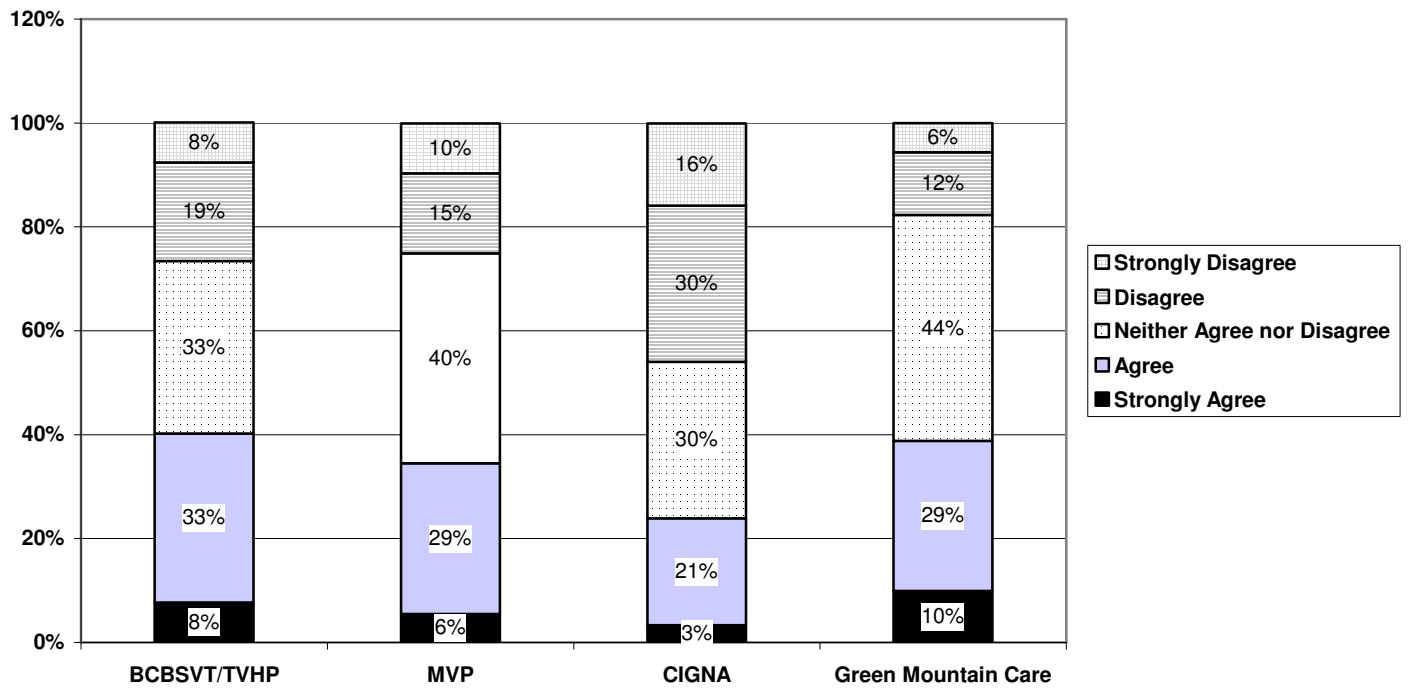
6. Primary practice area

	Response Percent	Response Count
Chittenden	42.9%	120
Washington	15.0%	42
Rutland	8.9%	25
Windham	7.9%	22
Windsor	5.0%	14
Lamoille	3.9%	11
Addison	3.6%	10
Bennington	3.2%	9
Caledonia	3.2%	9
Franklin	2.1%	6
Orange	2.1%	6
Orleans	1.8%	5
Grand Isle	0.0%	0
Essex	0.4%	1

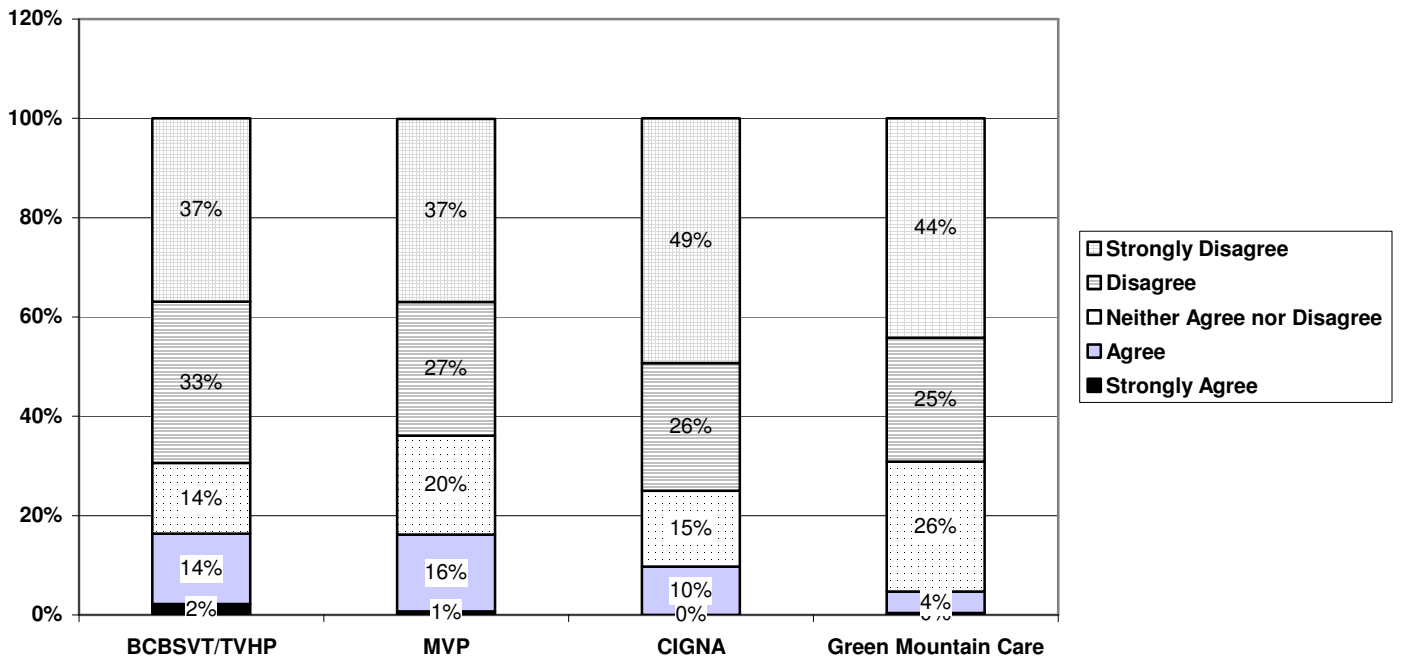
**7. The insurer provides adequate coverage of health promotion/disease prevention**



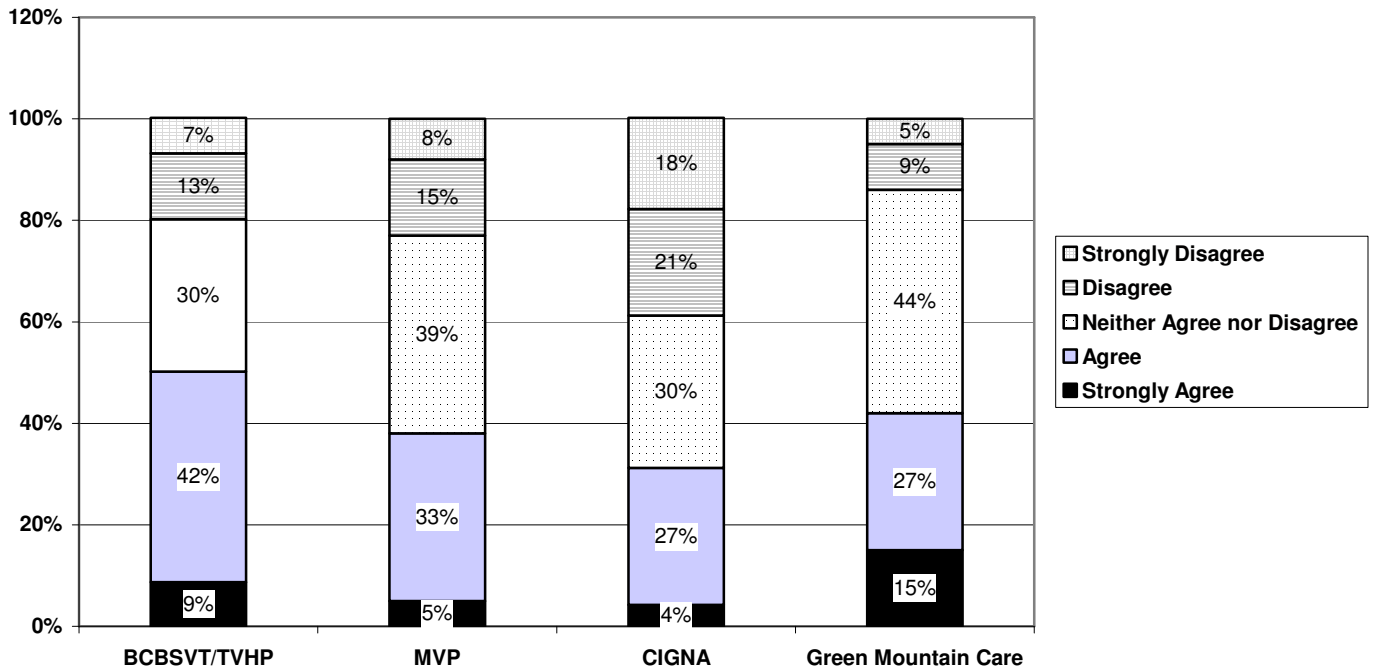
**8. The insurer provides adequate support to my patients with chronic conditions, or other serious illness**



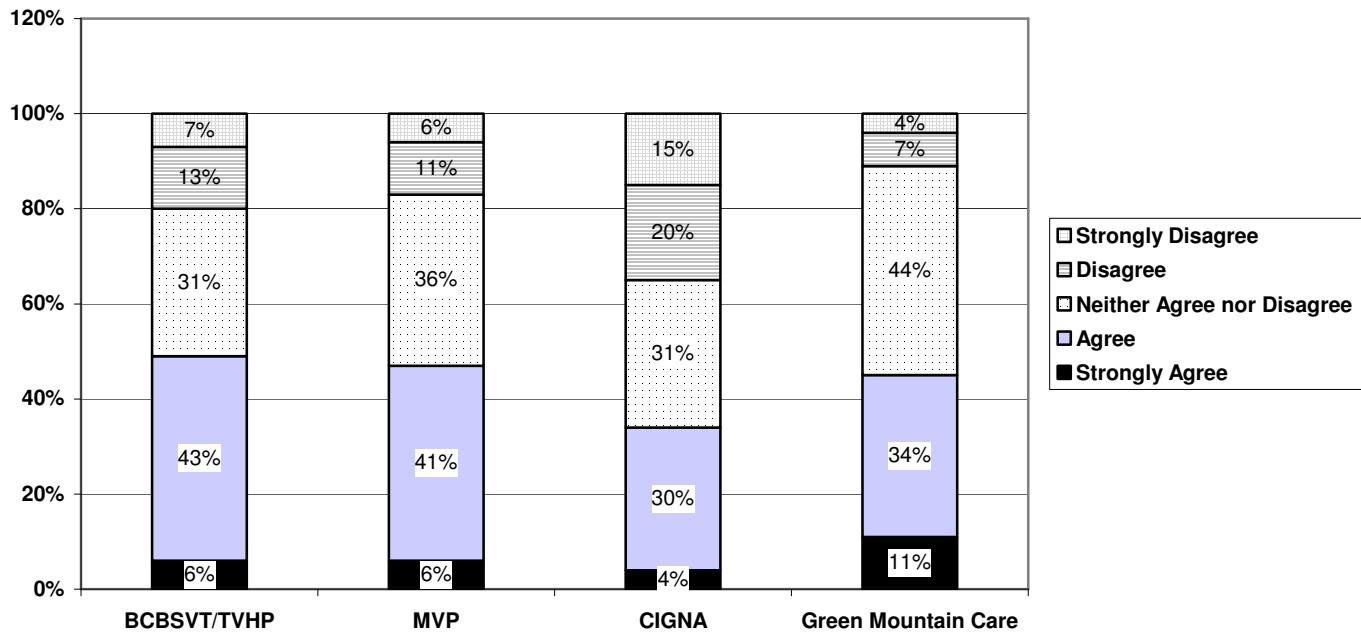
9. The insurer's reimbursement levels are adequate



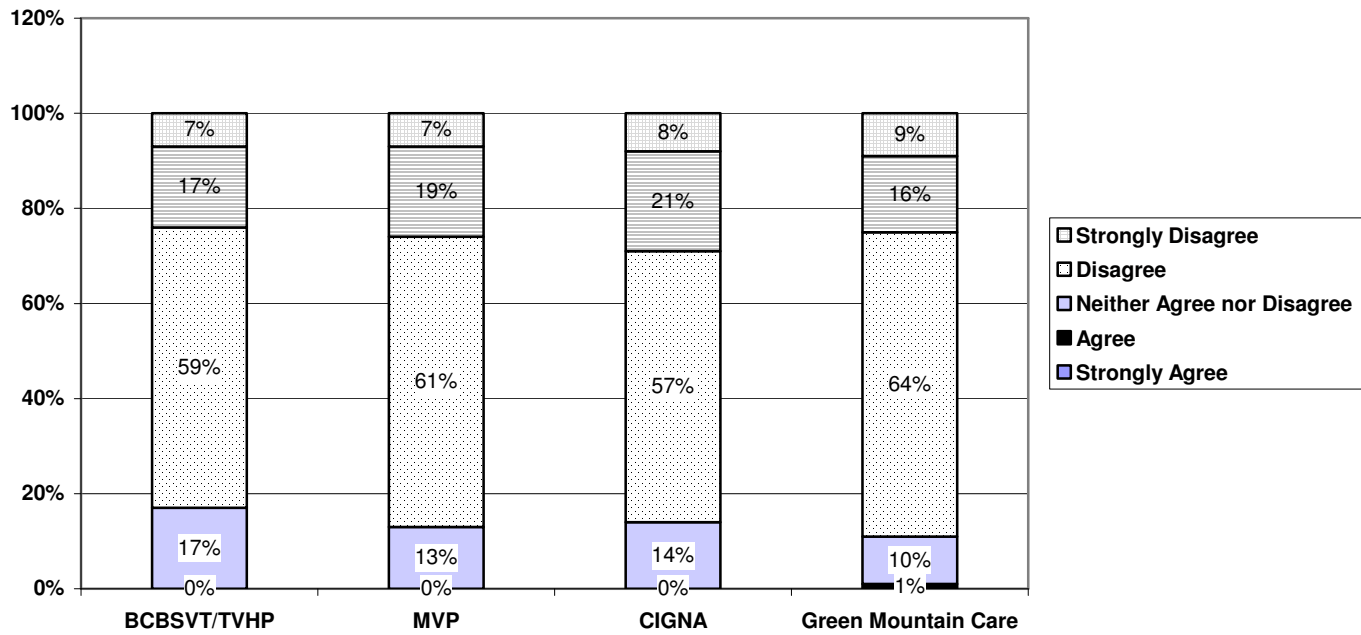
10. The insurer's claims payments are timely



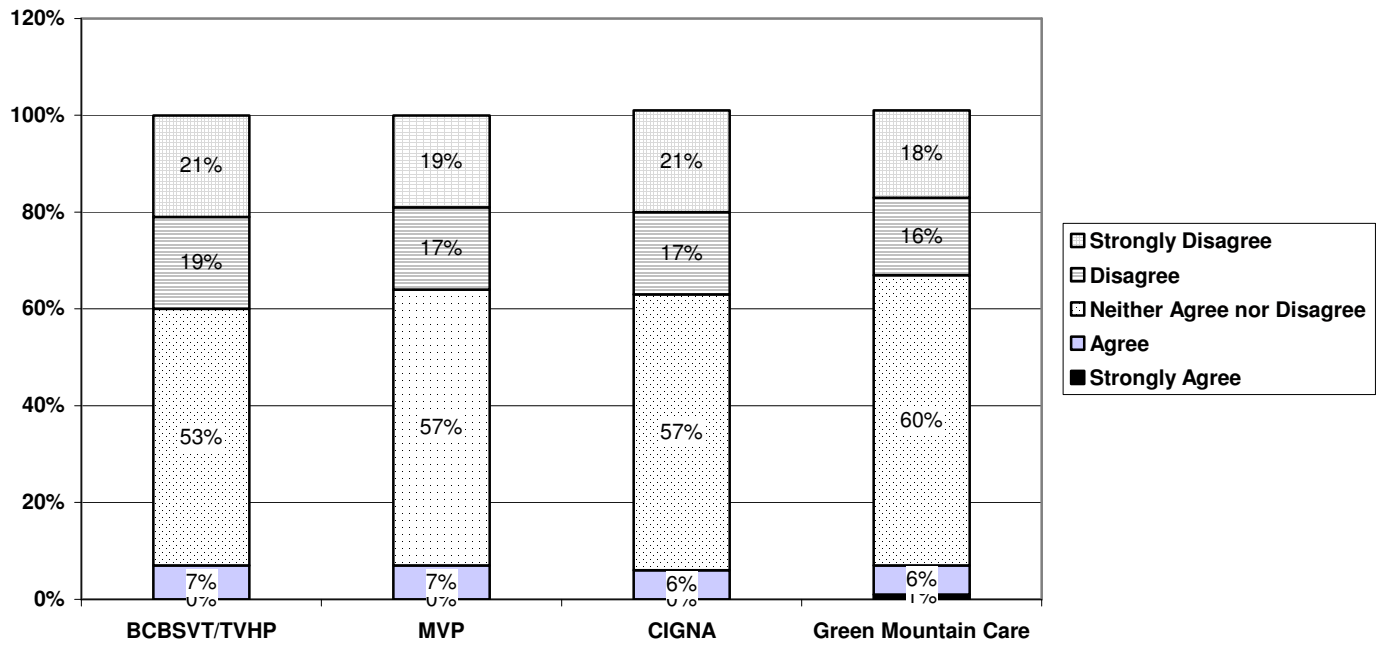
**11. The insurer's claims processing is accurate**



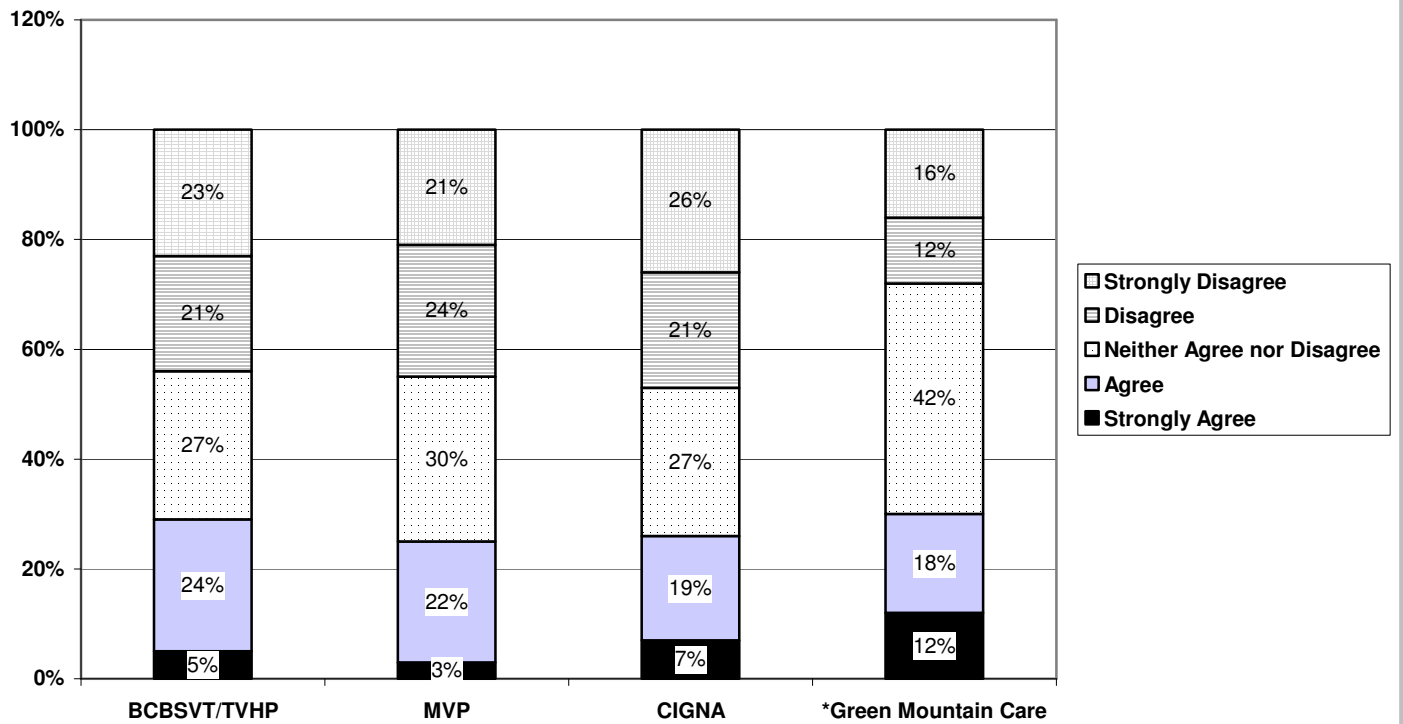
**12. The insurer's prescription drug formulary is adequate**



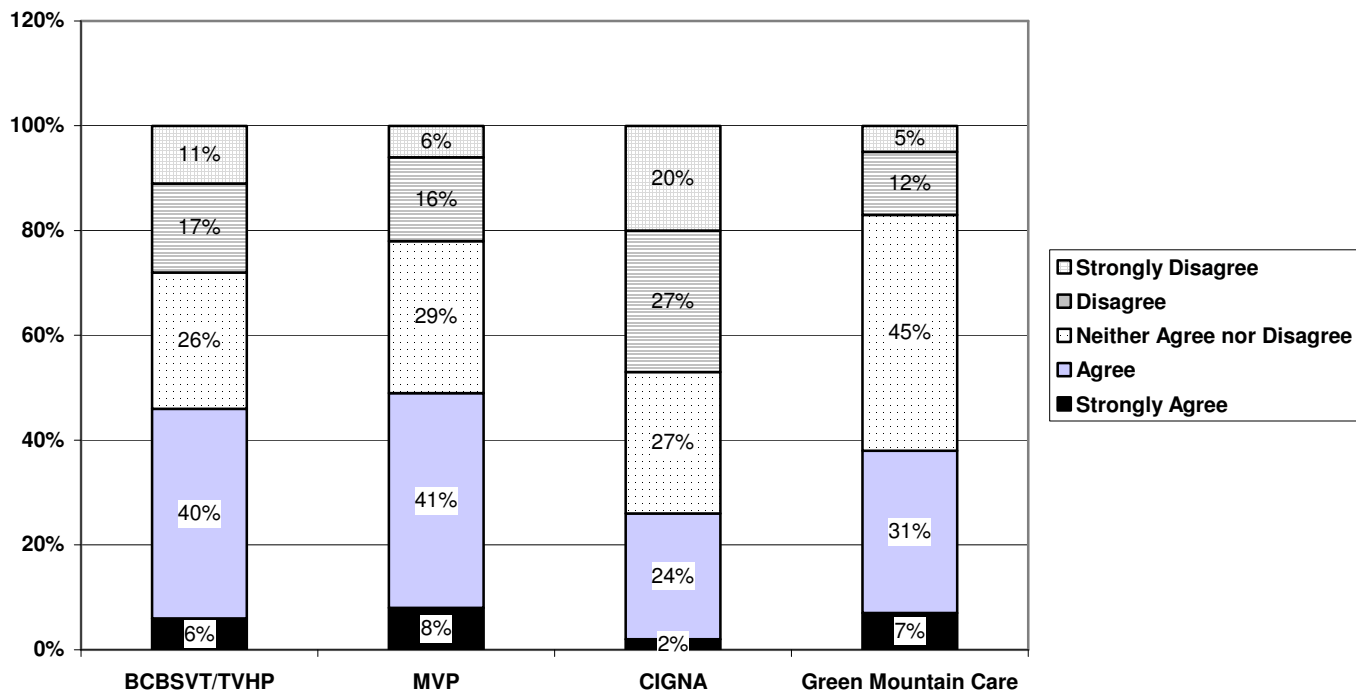
13. The amount of time spent obtaining insurer pre-approval for select prescription drugs is appropriate



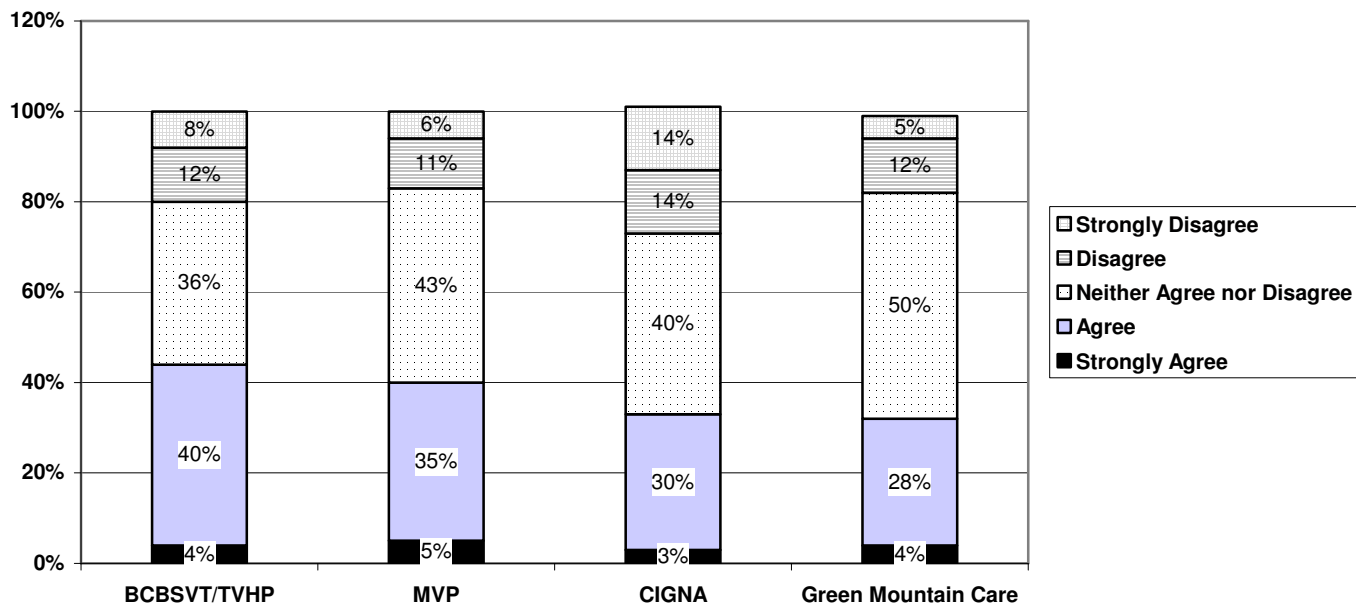
14. The amount of time spent obtaining insurer pre-approval for other services for my patients is appropriate



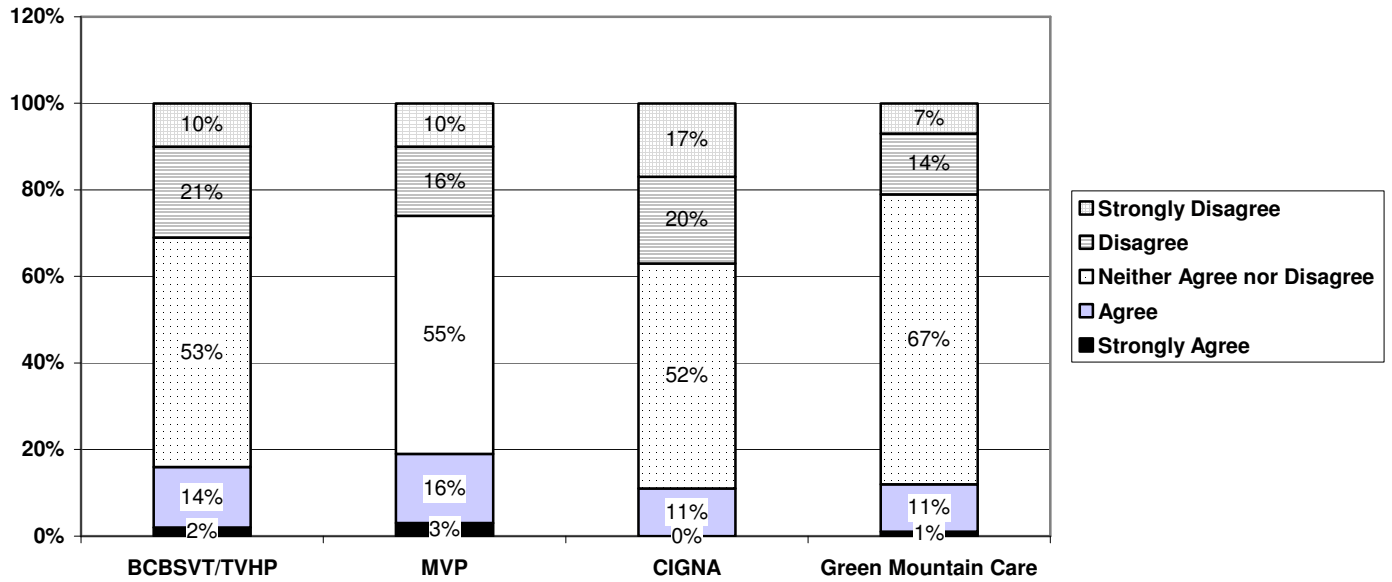
15. The insurer's staff is responsive when I need assistance.



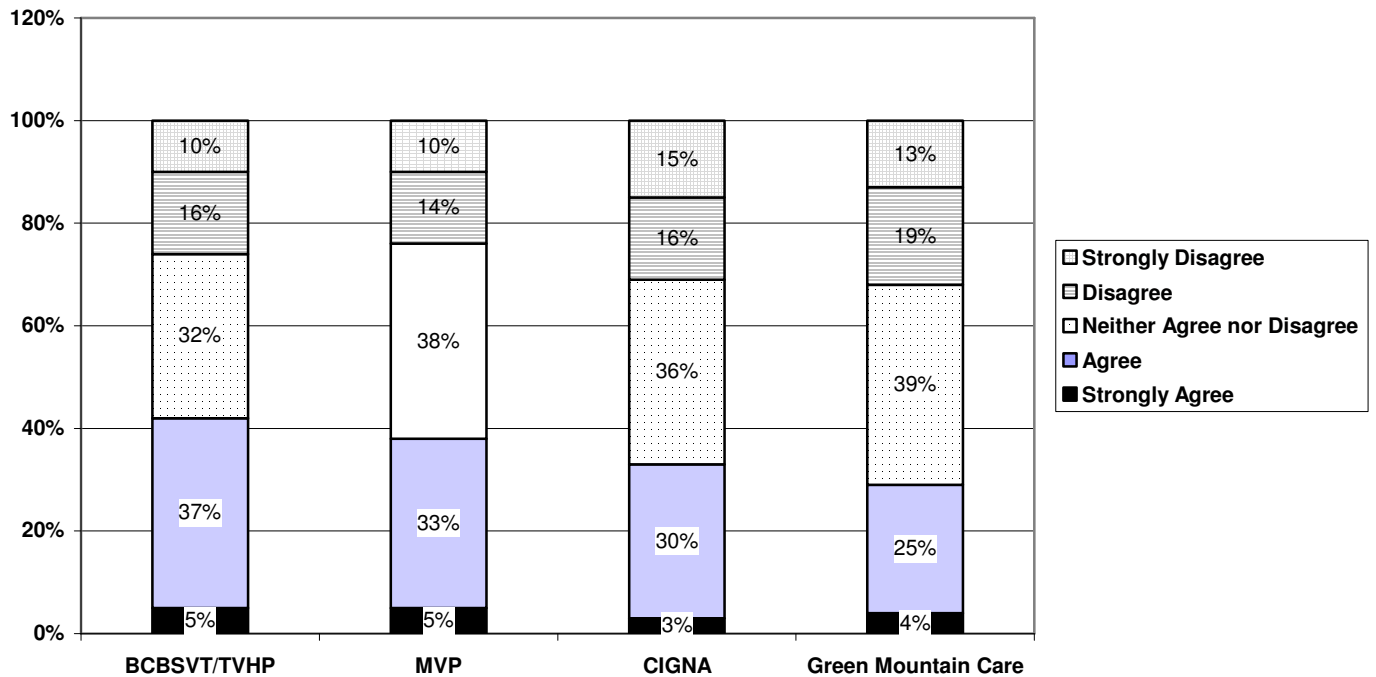
16. The insurer's quality of communications, such as care management tools, policy bulletins and manuals, is adequate.



17. I have adequate access to the insurer's Vermont medical director (e.g., when coverage for a service has been denied)



18. There are an adequate number and breadth of practitioners in the insurer's network when I need to refer patients for other services



**19. Overall, I am satisfied with the insurer and I would recommend it to other practitioners and to my patients**

