



# EQUALITYCARE Provider SURVEY



This survey pertains to all children/adolescents enrolled in EqualityCare (Wyoming Kid Care Health Plans A & B) where ACS is billed for services.

Attached are the three Health Check (EPSDT) bulletins that were sent to Kid Care families; the Well-Child Check-Up bulletin was sent in May 2002, the Dental bulletin was sent in October 2002, and the Adolescents bulletin was sent January 2003. To determine the efficacy of these bulletins, please answer the following questions:

- 1. Have your patients mentioned the above bulletins? Yes No
- 2. Have you experienced an increase in Well-Child check-ups? Yes No
- 3. When a Teen comes in for a check-up, do you talk about the health information listed in the January 2003 bulletin? Yes No
- 4. Do you encourage your patients to come back for yearly well-child check-ups if they are adolescents? Yes No

- 5. How many EqualityCare patients do you see on a monthly basis?
- 6. How would you rate the attached bulletins regarding the information provided?  
To download the bulletins in color please access the EqualityCare website at:

<http://wyequalitycare.acs-inc.com>

Go to Publications, Newsletters then click on Health Check 01/2003, Health Check 05/2002 & Dental News

Least Informative    1    2    3    4    5    Very informative

- 7. Please circle the top 4 topics you feel should be in future client bulletins?  

Mental Health	Obesity/Physical Activity	Healthy Eating Habits	
Unintentional Injuries	Violence	Safe Play	STD
Other: _____			

- 8. Your provider specialty (pediatric, family practice, etc.) \_\_\_\_\_
- 9. What county do you provide care in? \_\_\_\_\_
- 10. Other Comments: \_\_\_\_\_

**Please return the survey by August 4, 2003**  
**THANK YOU!!**

Please mail your survey to ACS, Inc., PO Box 667, Cheyenne, WY 82003, or Fax 307-772-8405.