



#4025

**CIGNA DENTAL OFFICE TRANSACTION STUDY  
QUESTIONNAIRE  
2/27/13**

Hello, I'm \_\_\_\_\_ calling on behalf of Cigna Dental from Convergys Research. May I please speak to (INSERT NAME)?

As part of Cigna Dental's effort to continually improve the quality of services you receive, Cigna has asked us to gather feedback from members who have recently visited a dental office. My questions should take no more than 5 minutes. May I continue?

QA For verification purposes, did you personally receive dental care at the office of (INSERT DENTAL OFFICE NAME) within the past few months?  
(RECORD ONE)

- 1 Yes (SKIP TO BUSINESS ASSOCIATE AGREEMENT WORDING)
- 2 Yes, rec'd dental care, but different office (SKIP TO QC)
- 2 No (CONTINUE)
- DK (CONTINUE)
- REF (TALLY & TERMINATE)

QB May I please speak with a member of your household who did personally visit the office of (INSERT DENTAL OFFICE NAME) within the past few months?  
(RECORD ONE)

- 1 Yes – available (RESTART SURVEY WITH CORRECT PERSON)
- 2 No – not available (SET UP CALLBACK)
- 3 No – no one went (TALLY & TERMINATE)
- REF (TALLY & TERMINATE)

QC What is the correct name of the office at which you received dental care?  
(RECORD NAME)

(READ ONLY IF NEEDED: Cigna has a confidentiality agreement in place with Convergys to ensure that your Protected Health Information (PHI) is safeguarded. Your answers WILL remain confidential. If you have any questions regarding the confidentiality of your information, I can provide you a phone number for the Cigna Privacy Office. (IF ASKED, PHONE NUMBER IS 800.762.9940.)

For your information this conversation may be recorded for quality control purposes.

Q1 Considering everything about your visit to this dental office, how would you rate your overall experience with this visit? Please use a scale of 1 to 5, where 1 is poor and 5 is excellent, and you may use any number between 1 and 5.  
(RECORD ONE)

5 Excellent  
4  
3  
2  
1 Poor  
DK  
REF

(ASK Q2 IF RATED 1-2 AT Q1; OTHERWISE SKIP TO Q3.)

Q2 Why do you rate your experience a (INSERT RATING FROM Q1)?  
(PROBE AND CLARIFY FULLY)  
(ALLOW DK & REF)

Q3 Based on your experience, how likely would you be to recommend this dentist's office to a friend or relative? Please use a scale of 1 to 5, where 1 is not at all likely and 5 is extremely likely, and you may use any number between 1 and 5.  
(RECORD ONE)

5 Extremely likely  
4  
3  
2  
1 Not at all likely  
DK  
REF

(ASK Q3A – Q4 FOR ONE-HALF GROUP A ONLY. GROUP B SKIP TO Q4)

Q3a Do you see the same dentist each time you visit this office, or do you go to an office where you see multiple dentists?  
(RECORD ONE)

1 Same dentist each time  
2 Multiple dentists  
DK  
REF  
NULL (NULL = does not apply/first time saw that dentist)

Q3b Based on your experience, how likely would you be to return to this same dentist? Please use the same scale of 1 to 5, where 1 is not at all likely and 5 is extremely likely.  
(IF NEEDED OR MEMBER SAYS IT WAS A ONE TIME THING, ROOT CANAL, ETC.: How likely would you be to return if a similar situation arose?)  
(RECORD ONE)

- 5 Extremely likely
- 4
- 3
- 2
- 1 Not at all likely
- DK
- REF
- NULL (NULL = not applicable)

(ASK Q3C IF RATING OF 1 OR 2 AT Q3B; OTHERWISE SKIP TO Q4.)

Q3c Why aren't you likely to return to this same dentist?  
(DO NOT READ LIST)  
(RECORD ALL THAT APPLY)

- 1 Didn't like/care for dentist/staff
- 2 Difficulty getting appointment
- 3 Hours/days of operation
- 4 Location not convenient
- 5 Moved
- 6 Not gentle
- 7 Prefer dentist who is more up-to-date/trained on newer procedures
- 8 Wait time
- 9 Wanted dentist that offered more services (i.e. tooth whitening, cosmetic work, etc.)
- 10 Other (SPECIFY)
- DK
- REF

Q4 Thinking now about various aspects of this visit, I'd like you to rate these aspects using a scale of 1 to 5, where 1 is poor and 5 is excellent, and you may use any number between 1 and 5. If a statement does not apply to you during this visit, you can just tell me that it doesn't apply. First/next, how would you rate...  
(RECORD ONE) (ROTATE ATTRIBUTES C - N)

- a. The overall dental care received from the dentist (ALWAYS ASK FIRST)
- b. The overall dental care received from the dental hygienist (ALWAYS ASK SECOND)  
(ASK ONLY IF HYGIENIST PROCEDURE CODE)
- g. The dentist or staff explaining the treatment procedures
- j. Discussing treatment options with you
- o. The amount of time waiting in the office to see the dentist or hygienist (ALWAYS ASK LAST)
- 5 Excellent
- 4
- 3
- 2
- 1 Poor
- DK
- REF
- NULL (not applicable)

(ISSUE POB ALERT **QPAT** IF RATED 5 TO ALL ATTRIBUTES.)

(ISSUE MANAGEMENT ALERT **QMGT** IF RATED 1 TO ALL ATTRIBUTES.)

Q6 How many days were there between the time you called for an appointment and when you visited the office?

(READ LIST IF NECESSARY)

(RECORD ONE)

- 1 2 weeks or less (1-14 days)
  - 2 More than 2 weeks to 3 weeks (15-21 days)
  - 3 More than 3 weeks to 4 weeks (22-28 days)
  - 4 More than 4 weeks to 10 weeks (29-70 days)
  - 5 More than 10 weeks (71+ days)
  - 6 Made appointment at last visit/when in office
- DK  
REF

(ASK Q8 FOR PPO ONLY; DHMO SKIP TO Q10 INTRO)

We now would like you to think about the most recent claims processed by Cigna Dental.

Q8 Overall, how would you rate Cigna Dental's handling of your dental claims in the past three months? Again, please use a scale of 1 to 5, where 1 is poor and 5 is excellent (IF NEEDED: and you may use any number between 1 and 5).

(RECORD ONE)

- 5 Excellent
  - 4
  - 3
  - 2
  - 1 Poor
- DK  
REF  
NULL (haven't seen/received claims) (SKIP TO Q10 INTRO)

For these next questions, please think about your Cigna Dental benefits plan overall, and not just this specific visit or claim.

Q10 Overall, how would you rate your Cigna Dental benefits plan? Please use the same scale of 1 to 5, where 1 is poor and 5 is excellent (IF NEEDED: and you may use any number between 1 and 5).

(RECORD ONE)

- 5 Excellent
  - 4
  - 3
  - 2
  - 1 Poor
- DK  
REF

MEMBER INFORMATION
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(ASK Q14A – Q14D FOR ONE-HALF GROUP A ONLY GROUP B SKIP TO CLOSING.)

Q14a How long have you been a patient at the office of (INSERT DENTAL OFFICE NAME)?  
(READ LIST ONLY IF NECESSARY)  
(RECORD ONE)

- 1 Less than 3 months
- 2 3 months to less than 6 months
- 3 6 months to less than 1 year
- 4 1 year to less than 2 years
- 5 2 years to less than 3 years
- 6 3 years to less than 5 years
- 7 5 years to less than 10 years
- 8 10 years or more
- DK
- REF

Q14b Why did you choose this dental office?  
(DO NOT READ LIST)  
(RECORD ALL THAT APPLY)

- 1 Already a patient/have been with the dentist before
- 2 Auto-assigned/not my choice (DHMO ONLY)
- 3 Close to home
- 4 Close to work
- 5 Dentist is in-network/switched to get in-network dentist
- 6 Referral/recommended by family/friend/co-worker
- 7 Reputation of the dentist
- 8 Specialty
- 9 Other (SPECIFY)
- DK
- REF

Q14c The last time you enrolled for dental insurance, did your household have a choice of plans from more than one dental insurance company?  
(IF ASKED: This could include plans offered by your spouse/partner's employer.)  
(RECORD ONE)

- 1 Yes
- 2 No
- DK
- REF

Q14d Did you have a choice of dental plans within Cigna?  
(IF NEEDED: For instance, a choice of a PPO or DHMO plan)  
(RECORD ONE)

- 1 Yes
- 2 No
- DK
- REF

## CLOSING

Those are all of my questions. Thank you so much for your time. Your opinions have been very helpful, and will be shared with Cigna as early as tomorrow. Have a nice day/evening.