

AMERICAN SAMOA MEDICAID STATE AGENCY OFFICE OF THE GOVERNOR PO BOX 998383 AMERICAN SAMOA 96799 PH: (684) 699-4777 | FAX: (684) 699-4780



OMRNZ Survey Questionnaire

Directions: From 1 (Very Poor) to 5 (Excellent), please rate your experience and level of satisfaction with the Medicaid OMRNZ program.

Questions	1	2	3	4	5
Please rate your experience at LBJ.					
1. Doctors had knowledge or provided some information on your referral to NZ.	0	0	0	0	0
2. LBJ provided ample information and guidelines on the NZ medical referral	0	0	0	0	0
program.		Ŭ	Ŭ	0	
3. Transition of your referral from LBJ to Medicaid was smooth and was clearly	0	0	0	0	0
explained.				•	Ľ
Please rate your experience at the Medicaid Office.	1	1	1		
1. Medicaid staff clearly explained the purpose of a Patient Consent Form.	0	0	0	0	0
2. Medicaid staff clearly explained the purpose of the Patient Designation Form.	0	0	0	0	0
3. Medicaid staff gave you time to read the forms listed above.	0	0	0	0	0
4. Medicaid clearly explained about program expectations and requirements	0	0	0	0	0
during orientation.		Ŭ	Ŭ)	
5. Medicaid provided all documentation needed in order to travel to NZ.	0	0	0	0	0
Please rate your experience with our NZ medical providers.					
1. Transportation Flights with Samoa Airways	0	0	0	0	0
2. Transportation Taxi and Hotel Drivers in Samoa & NZ	0	0	0	0	0
3. Accommodations Samoa	0	0	0	0	0
4. Accommodations New Zealand	0	0	0	0	0
5. Doctors and hospitals	0	0	0	0	0
6. PMAL	0	0	0	0	0
Additional Comments (e.g. need more information on program, orientation not clear)					