

# YOUR VOICE MATTERS

## ND MEDICAID MEMBER SURVEY

Take our confidential 17-question survey and share your feedback and experiences to improve Medicaid for its members and build a strong, member-based committee. We need just 5-10 minutes of your time.

### Who should take the survey:

- **Current or former** Medicaid members and their family members
- **Caregivers** of Medicaid members

**Details:** Survey is open from  
**May 1-30, 2025**



### TAKE OUR SURVEY

Scan the QR code to take the survey or visit: [hhs.nd.gov/medicaid-member-engagement/feedback](https://hhs.nd.gov/medicaid-member-engagement/feedback)

Paper copies available upon request

For more information or to request  
an accommodation to participate in the survey contact:  
Jen Sheppard • [medicaidmembers@nd.gov](mailto:medicaidmembers@nd.gov) • 701.328.8666 , 711 (TTY)