Dear Member:

TML MultiState Intergovernmental Employee Benefits Pool (IEBP) appreciates the opportunity to provide your healthcare benefit plan. IEBP is responsible to ensure your healthcare experience meets your satisfaction.

By answering the questions included in this brief survey, you will help IEBP assess your access to care, satisfaction of care provided and your plan benefit and services.

IEBP hopes you will take this survey. Please return the completed survey in the enclosed postage paid envelope. If you prefer to participate online, please access www.iebp.org.

If you prefer not to participate, please return the blank survey in the enclosed envelope. This will alert IEBP to remove you from the mailing list.

If you have any questions, please contact our Customer Care team at (800) 348-7879. I appreciate your time in this matter.

Sincerely,

Susan Smith
Executive Director

Thank You. Please return the completed survey in the postage paid envelope.
PATIENT SATISFACTION SURVEY

Your Feedback is Important

Per the attached healthcare visit, TML MultiState Intergovernmental Employee Benefits Pool (IEBP) would be appreciative of your feedback so we can work with the healthcare providers in delivering performance based services and clinical outcomes to the membership we serve. Please complete the attached survey and return to IEBP in the self-addressed enclosed envelope. For ease, we also have this survey online at www.iebp.org. Click on the "Login" button, then click on "My Tools", then "Online Forms".

I. Locating a Network Participating Mental Health and Behavioral Health Practitioner

1. When trying to locate a participating provider, were the services from your health plan (Customer Care or health plan’s website):
   - Not at all useful
   - A little useful
   - Somewhat useful
   - Very useful
   Please provide details: __________________________________________________________________________

2. When you located a participating provider and contacted their office to schedule an appointment, were they accepting new patients?
   - Yes
   - No

3. When calling this provider’s office, if you had to leave a message, how soon did they return your call?
   - 24 Hours same day
   - 48 Hours
   - 72 Hours
   - No call was returned
   - You are still waiting for help
   Please provide details: __________________________________________________________________________

II. Getting Timely Appointments, Care and Information from your Practitioner

1. When you phoned the Practitioner’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?
   - Always
   - Usually
   - Sometimes
   - Never

2. When you made an appointment for a check-up or routine care with this Practitioner, how often did you get an appointment as soon as you thought you needed?
   - Always
   - Usually
   - Sometimes
   - Never
3. When you contacted the provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
   - Always
   - Usually
   - Sometimes
   - Never

4. When you contacted this provider’s office after regular office hours, how often did you get an answer to your medical questions as soon as you needed?
   - Always
   - Usually
   - Sometimes
   - Never

5. How often did you see this provider within 15 minutes of your appointment time? Wait time includes time spent in the waiting room and exam room.
   - Always
   - Usually
   - Sometimes
   - Never

6. After hours care is health care when you usual Practitioner’s office or clinic is closed. In the last twelve months, did you need to visit a Practitioner’s office or clinic for afterhours care?
   - Yes
   - No

7. In the last twelve months, how often was it easy to get the afterhours care you thought you needed?
   - N/A
   - Never please explain: ____________________________________________________________
   - Sometimes please explain: _______________________________________________________
   - Usually
   - Always

8. Did the Practitioner have office hours that were convenient for your schedule?
   - Yes
   - No

9. Did the Practitioner offer after 8:00-5:00 business office hours?
   - Yes
   - No

10. Did the Practitioner offer after hour services for urgent situations?
    - Yes
    - No

11. Were any of the following, a reason it was not easy to get the afterhours care you thought you needed?
    - You did not know where to go for afterhours care.
    - You weren’t sure where to find a list of Practitioner’s offices or clinics in your health plan or network that are open for afterhours care.
    - The Practitioner’s office or clinic that had after hours care was too far away.
    - Office or clinic hours for afterhours care did not meet your needs.
    - Some other reason
    Please specify: ________________________________________________________________
III. Rating the Behavioral Health Practitioner

1. How would you rate the emergency room services?
   - Best possible
   - Average
   - Worst possible

IV. How well did the Practitioner Communicate Treatment Information

1. Did the practitioner explain things in a way that was easy to understand?
   - Yes, definitely
   - Yes, Somewhat
   - No

2. Did the practitioner listen carefully to you?
   - Yes, definitely
   - Yes, Somewhat
   - No

3. Did the practitioner give you easy to understand instructions about taking care of your health problems or concerns?
   - Yes, definitely
   - Yes, Somewhat
   - No

4. Did the practitioner seem to know the important information about your medical history?
   - Yes, definitely
   - Yes, Somewhat
   - No

5. Did the practitioner show respect for what you had to say? Please provide.
   - Yes, definitely
   - Yes, Somewhat
   - No
   Details (if appropriate): ________________________________________________________________

V. Practitioner’s Office Staff

1. Were the office staff as helpful as you thought they should be?
   - Yes, definitely
   - Yes, Somewhat
   - No

2. Did the office staff treat you with courtesy and respect?
   - Yes, definitely
   - Yes, Somewhat
   - No

3. If somewhat or no, please explain: _______________________________________________________

4. Did you think your personal health information and privacy were respected during your treatment visit?
   - Yes
   - No
VI. Ease of Mobility if Practitioner’s Office

5. When you visited the practitioner’s office, did you try to use the restroom?
   ○ Yes
   ○ No

6. If so, was it easy to move around the restroom?
   ○ Never please explain: ____________________________________________________________
   ○ Sometimes please explain: _______________________________________________________
   ○ Usually
   ○ Always

7. Mobility equipment includes things like a wheelchair, scooter, walker, or cane. In the last twelve months, have you used any mobility equipment to move around in your home or community?
   ○ Yes
   ○ No

8. Was the restroom clean?
   ○ Yes
   ○ No

VII. Prescription Medicine

1. Did the practitioner prescribe medication for you during your visit?
   ○ Yes
   ○ No

2. In the last twelve months, did you get any new prescription medicines or refill a prescription?
   ○ Yes
   ○ No

3. In the last twelve months, how often was it easy to get your prescription medicine from your health plan?
   ○ Never please explain: ___________________________________________________________
   ○ Sometimes please explain: _______________________________________________________
   ○ Usually
   ○ Always

4. In the last twelve months, how often did you get the prescription medicine you needed through your health plan?
   ○ Never please explain: ___________________________________________________________
   ○ Sometimes please explain: _______________________________________________________
   ○ Usually
   ○ Always

5. In some health plans the amount you pay for a prescription medicine can vary for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last twelve months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?
   ○ Yes
   ○ No

6. In the last twelve months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?
   ○ Never please explain: ___________________________________________________________
   ○ Sometimes please explain: _______________________________________________________
   ○ Usually
   ○ Always
VIII. Benefit Plan Customer Service

1. In the last twelve months, how often did your health plan’s customer service give you the information you needed?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ___________________________________________________________
   - Usually
   - Always

2. Were any of the following a reason you did not get the information or help you needed from your health plan’s customer service?
   - You had to call several times before you could speak with someone
   - The information customer service gave you was not correct
   - Customer service did not have the information you needed
   - No one called you back
   - Some other reason: ________________________________________________________________

3. How many calls did it take for you to get the help or information you needed from your health plan’s customer service?
   - 1 call
   - 2
   - 3
   - 4
   - 5 or more calls
   - You are still waiting for help

4. On average, how long would you have to be on hold for the next available Customer Service Representative?
   - Less than a minute
   - 3 minutes
   - 5 minutes
   - 10 minutes
   - 20 minutes
   - Disconnected the call – held too long

5. In the last twelve months, how often did your health plan’s customer service give you the information you needed?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ___________________________________________________________
   - Usually
   - Always

6. In the last twelve months, how often did your health plan’s customer service staff treat you with courtesy and respect?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ___________________________________________________________
   - Usually
   - Always

7. In the last twelve months, if you left a message with a Customer Service Representative or in the after-hours general voicemail, how long did it take you to receive a callback?
   - 24 Hours same day
   - 48 Hours
   - 72 Hours
   - No call was returned
   - You are still waiting for help
   Please provide details: ________________________________________________________________
8. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
   ○ 0 Worst health plan possible
   ○ 1
   ○ 2
   ○ 3
   ○ 4
   ○ 5
   ○ 7
   ○ 8
   ○ 9
   ○ 10
   ○ For any answers between 1-6, please explain:

IX. Health Plan Information and Materials

1. In the last twelve months, did you look access written benefit information, information on the Website or communication through Customer Services?
   ○ Yes
   ○ No

2. How much of the information were you given before you signed up for the plan or at plan renewal that was correct?
   ○ All of it
   ○ Most of it
   ○ Some of it
   ○ None of it

3. In the last twelve months, how often did the written materials, the Website or Phone Applications provide the information you needed about how your health plan works?
   ○ Never please explain: ________________________________________________________________
   ○ Sometimes please explain: ___________________________________________________________
   ○ Usually
   ○ Always

4. In the last twelve months, how often was it easy to use the information on how your health plan works?
   ○ Never please explain: ________________________________________________________________
   ○ Sometimes please explain: ___________________________________________________________
   ○ Usually
   ○ Always

5. What kind of information was not easy to use to access from the Website or the Phone application?
   ○ Benefits and coverage for practitioner or specialist visits
   ○ Benefits and coverage for pharmacy
   ○ Using the Phone Application (MyIEBP Mobile App)
   ○ After hours or urgent care
   ○ Choosing a health provider
   ○ Getting care outside the network
   ○ Something else (Please specify): ______________________________________________________
6. When unable to access this information from the Website or Phone application, where did you get that information? Mark one or more.
   - From your health plan
   - From your employer
   - From your practitioner’s office
   - From some other source
   - Not sure where you got it

7. How useful was the information you found on your health plan’s Website?
   - Not at all useful (Please explain: ________________________________________________________________)
   - A little useful
   - Somewhat useful
   - Very useful

X. About You

1. In general how would you rate your overall health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

2. In general, how would you rate your overall mental or emotional health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

3. In the last twelve months, did you get health care 3 or more times for the same condition or problem?
   - Yes
   - No

4. Is this a condition or problem that has lasted for at least three months? Do not include pregnancy or menopause.
   - N/A
   - Yes
   - No

5. Do you now need or take medicine prescribed by a Practitioner? Do not include contraceptive/birth control.
   - Yes
   - No

6. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
   - Yes
   - No

7. What is your age?
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65-74
   - 75 and older
8. Are you male or female?
   - Male
   - Female

9. What is the highest grade or level of school that you have completed?
   - 8th grade or less
   - Some high school, but did not graduate
   - High school graduate or GED
   - Some college or 2 year degree
   - 4 year college graduate
   - More than 4 year college degree

10. Are you of Hispanic or Latino origin or descent?
    - Yes, Hispanic or Latino
    - No, not Hispanic or Latino

11. What is your Race? Mark one or more.
    - White
    - Black or African American
    - Asian
    - Native Hawaiian or Other Pacific Islander
    - American Indian or Alaska Native
    - Other: __________________________________________________________

12. Did someone help you complete this survey?
    - Yes
    - No

13. How did that person help you? Mark one or more.
    - N/A
    - Read the questions to me
    - Wrote down the answers I gave
    - Answered the questions for me
    - Translated the questions into my language
    - Helped in some other way

14. A quarter mile is about five city blocks. In the last twelve months, were you able to walk that far?
    - Yes
    - No

15. In the last twelve months, did you have difficulty or need assistance to walk?
    - Yes
    - No

16. Any additional feedback you would like to provide, please specify below: ________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
Optional:

Member Name: ________________________________
Member ID: ________________________________
Employer: ________________________________
Daytime Number: ________________________________

May we contact you to discuss any comments/complaints related to this survey?

☐ Yes
☐ No