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. The surveys will be available online August 3, 2015. 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) 282-5385. I appreciate your time in this matter.

Sincerely,

Susan Smith
Executive Director

Thank You. Please return the completed survey within 30 days of receipt 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 Practitioner

1. When trying to locate a network 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 your 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. Your Personal Practitioner

1. A personal Practitioner is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal Practitioner?
   - Yes
   - No

2. In the last twelve months, how many times did you visit your personal Practitioner to get care for yourself?
   - None
   - 1 time
   - 2
   - 3
   - 4
   - 5 to 9
   - 10 times or more

3. In the last twelve months, how often did your personal Practitioner explain things in a way that was easy to understand?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

4. In the last twelve months, how often did your personal Practitioner listen carefully to you?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

5. In the last twelve months, how often did your personal Practitioner show respect for what you had to say?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

6. In the last twelve months, how often did your personal Practitioner spend enough time with you?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

7. Using any number from 0 to 10, where 0 is the worst personal Practitioner possible and 10 is the best personal Practitioner possible, what number would you use to rate your personal Practitioner?
   - 0 Worst Personal Practitioner Possible
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Best personal Practitioner possible
8. In the last twelve months, how often did you have a hard time speaking with or understanding your personal Practitioner because you spoke a different languages?
   ○ Never please explain: ____________________________________________
   ○ Sometimes please explain: _________________________________________
   ○ Usually
   ○ Always

9. Did you have the same personal Practitioner before you joined this health plan?
   ○ Yes
   ○ No

10. Since you joined your health plan, how often was it easy to get a personal Practitioner you are happy with?
    ○ N/A
    ○ Never please explain: ____________________________________________
    ○ Sometimes please explain: _________________________________________
    ○ Usually
    ○ Always

11. In the last twelve months, did you phone your personal Practitioner’s office during regular office hours to get help or advice for yourself?
    ○ Yes
    ○ No

12. In the last twelve months, when you phoned during regular office hours, how often did you get the help or advice you needed?
    ○ Never please explain: ____________________________________________
    ○ Sometimes please explain: _________________________________________
    ○ Usually
    ○ Always

13. In the last twelve months, did you phone your personal Practitioner’s office after regular office hours to get help or advice for yourself?
    ○ Yes
    ○ No

IV. Practitioner Office Visit Rating
1. Per your experience, please rate the office visit service.
   ○ Excellent
   ○ Very good
   ○ Good
   ○ Fair
   ○ Poor

V. 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): ________________________________________________________________

VI. 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: ____________________________________________________

VII. Ease of Mobility
1. When you visited your personal practitioner’s office in the last twelve months, how often were you examined on the examination table?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

2. When you visited your personal practitioner’s office in the last twelve months, how often did someone weigh you?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always

3. When you visited your practitioner’s office in the last twelve months, did you try to use the restroom?
   - Yes
   - No

4. In the last twelve months, how often was it easy to move around the restroom at the practitioner’s office?
   - Never please explain: ________________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always
5. Was the practitioner office clean and comfortable?
   - Yes
   - No

6. Did you think your personal health information and privacy were respected during your treatment visit?
   - Yes
   - No

7. In the last twelve months, did you and your personal practitioner talk about pain?
   - Yes
   - No

8. In the last twelve months, how often did pain limit your ability to do the things you needed to do?
   - Never please explain: ______________________________________
   - Sometimes please explain: ________________________________
   - Usually
   - Always

9. In the last twelve months, do you think that your personal practitioner understood the impact that pain has on your life?
   - Yes
   - No

10. In the last twelve months, how often did fatigue limit your ability to perform daily living skills?
    - Never please explain: ______________________________________
    - Sometimes please explain: ________________________________
    - Usually
    - Always

11. In the last twelve months, do you think that your practitioner understood the impact fatigue has on your life?
    - Yes
    - No

12. 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

13. In the last twelve months, did your try to get your mobility equipment repaired through your health plan?
    - Yes
    - No

14. In the last twelve months, how often was it easy to get your mobility equipment repaired through your health plan?
    - Never please explain: ______________________________________
    - Sometimes please explain: ________________________________
    - Usually
    - Always
VIII. Getting Health Care from Specialists

When you complete the below questions, please do not include dental visits or care you received during a hospital stay.

1. Specialists are practitioners like pediatricians, OB/GYN’s, heart practitioners, oncologist, allergy practitioners, skin practitioners and other practitioners who specialize in one area of health care. In the last twelve months, did you make an appointment to see a specialist?
   ○ Yes
   ○ No

2. In the last twelve months, how often did you get an appointment to see a specialist as soon as you needed?
   ○ Never please explain: ____________________________________________
   ○ Sometimes please explain: __________________________________________
   ○ Usually
   ○ Always

3. How many specialist have you seen in the last twelve months?
   ○ None
   ○ 1 specialist
   ○ 2
   ○ 3
   ○ 4
   ○ 5 or more specialists

4. We want to know your rating of the specialist you saw in the last twelve months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?
   ○ 0 Worst specialist possible
   ○ 1
   ○ 2
   ○ 3
   ○ 4
   ○ 5
   ○ 6
   ○ 7
   ○ 8
   ○ 9
   ○ 10 Best specialist Possible

5. In the last twelve months, and not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a specialist provider?
   ○ Same day
   ○ 1 day
   ○ 2 to 3 days
   ○ 4 to 7 days
   ○ 8 to 14 days
   ○ 15 to 30 days
   ○ 31 to 60 days
   ○ 61 to 90 days
   ○ 91 days or longer

6. In the last twelve months, how often was it easy to get appointments with specialists?
   ○ Never please explain: ____________________________________________
   ○ Sometimes please explain: __________________________________________
   ○ Usually
   ○ Always
7. Were any of the following a reason it was not easy to get an appointment with a specialist?

- Your practitioner did not think you needed to see a specialist.
- Your health plan approval or authorization was delayed.
- You weren’t sure where to find a list of specialists in your health plan network.
- The specialists you had to choose from were too far away.
- You did not have enough specialists to choose from.
- The specialist you wanted did not belong to your health plan or network.
- You could not get an appointment at a time that was convenient.
- Some other reason. Please specify: ______________________________________________________________
   _____________________________________________________________________________________________

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**IX. 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

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**X. 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 were you 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, did you get the information or help from your health plan’s customer service?
   - Yes
   - No

6. 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

7. 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

8. 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: ____________________________________________________________
9. 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
   - 6
   - 7
   - 8
   - 9
   - 10
   - For any responses 1-6, please explain: __________________________

XI. Health Plan Information and Materials

1. In the last twelve months, did you access written benefit materials, online benefit information a contact the customer care service team?
   - 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 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

XII. 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