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".

1. Please explain the reason for your rating

I. Your Telehealth Experience

1. Where you able to connect to the telehealth services promptly?
   □ Yes
   □ No

2. Did the practitioner call you back promptly?
   □ 0-5 minutes
   □ 5-15 minutes
   □ 15-30 minutes
   □ >30 minutes

3. 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 practitioner?
   □ 0 Worst Personal practitioner Possible
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6
   □ 7
   □ 8
   □ 9
   □ 10 Best personal practitioner possible

4. In the last twelve months, how often have you accessed telehealth for services?
   □ Never please explain: ________________________________________________________________
   □ Sometimes please explain: ____________________________________________________________
   □ Usually
   □ Always
   □ No

5. What could we have done differently to improve your experience with Healthiest You today?
   ___________________________________________________________________________________
6. How likely are you to use Healthiest You in the future? '10' means 'Extremely Likely' and '1' means 'Extremely Unlikely'
   - 1 Extremely Unlikely
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Extremely Likely

7. Based on this recent experience how likely would you be to recommend Healthiest You to a friend or colleague? '10' means 'Extremely Likely' and '1' means 'Extremely Unlikely'
   - 1 Extremely Unlikely
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 Extremely Likely

II. Prescription Medicine

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

2. In the last twelve months, did you get any new prescription medicine 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

III. 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 was the longest you had to 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
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 answers between 1-6, please explain:

   ____________________________________________________________

IV. Health Plan Information and Materials

10. In the last twelve months, did you look for written benefit information, information on the Website or communication through Customer Services?
   - Yes
   - No

11. 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

12. 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

13. In the last twelve months, how often was it easy to access the information on how your health plan works?
   - Never please explain: ____________________________________________________________
   - Sometimes please explain: ____________________________________________________________
   - Usually
   - Always
14. What kind of information was not easy to use via the Website or the Phone application?
   - Benefits and coverage for practitioner or specialist visits
   - Benefits and coverage for pharmacy
   - Using the Phone Application (MylIEBP Mobile App)
   - After hours or urgent care
   - Choosing a health provider
   - Getting care outside the network
   - Something else (Please specify): ________________________________

15. 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

16. 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

V. 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