

Enrollee Satisfaction Survey

Dear Enrollee: Carolina Behavioral Health Alliance (CBHA) currently manages your behavioral health benefit. We answer the 1-800 number, make referrals and benefit authorizations, process claims and payments, and monitor the activities of network providers who are dedicated to serving you. We want to do a good job and we need your help to identify ways we can provide a better service. Please take sixty seconds to complete the following survey questions, then fold on the dotted lines and seal so the CBHA address and stamp are on the outside. Thank you for your participation!

Please rate your satisfaction with CBHA over the past year.

	Strongly Agree	Agree Somewhat	Disagree	Strongly Disagree	Does Not Apply
Phone calls to CBHA were answered promptly & directed appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBHA staff returned calls to you as promised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBHA staff answered all of your benefit questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You received your authorization letter in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Claims Department staff helped you resolve any billing issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your satisfaction with your behavioral health provider.

	Strongly Agree	Agree Somewhat	Disagree	Strongly Disagree	Does Not Apply
You are able to get appointments with your provider within a reasonable time frame.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your provider's office is conveniently located, has adequate parking or is near public transportation, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time you wait in your provider's waiting room is generally reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your provider shows understanding and concern for you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have confidence in your provider's ability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your treating physician explained your medication, why you need to take it and any side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have noted improvement as a result of the treatment you are receiving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: Please share any additional thoughts you may have. _____

If you have had a particular experience with the CBHA office or your provider that you wish to discuss further, please feel free to call us at (800) 475-7900 and ask for the Quality Improvement Manager. All contacts are confidential. The hearing impaired may reach the TDD-TTY service at (800) 735-2962, Monday through Friday between the hours of 8:30 am and 5:00 pm. This survey also may be found on the CBHA interactive website – www.cbhallc.com.