CBHA Member Survey

Carolina Behavioral Health Alliance (CBHA) manages the behavioral health part of your healthcare benefits. You may or may not have had direct contact with us before. We answer the behavioral health 1-800 number on your insurance card, help with referrals, provide authorizations, and process claims. We also monitor a large network of over 3,000 providers and facilities located mostly in North Carolina.

We'd like to ask for one (1) minute of your time to answer these brief questions on how we are doing. We value your opinion. Please let us know what we do well and where can do better. After answering the questions, please use the enclosed, pre-paid postage envelope to return the survey with your answers to us.

Please return to: CBHA Surveys PO Box 271137 Winston-Salem, NC 27157

1. Based on	your expen	rience witl	h CBHA, h	ow likely	are you to	o recomn	nend ເ	us to your	[.] family o	r friends?	
1	2	3	4	5	6	7	8	9	10		_
Would not circle number which represents your answer								Definitely Recommend			
Recommend											
2. Based on	vour exper	rience witl	h vour be l	havioral h	nealth pro	vider , ho	ow like	lv are vo	u to reco	mmend v	our provider to
your family o	• •		,			,,,		.,,			
1	2	3	4	5	6	7	8	9	10		
Would not circle number which represents your answer Definitely Recommend									-		
Recommend					,				,		
2						- le					
3. How much	h improven	nent have	you made	e this yea	r due to b	ehaviora	l healt	h service	s you've	received?	
	•		•	•					•		
3. How much	n improven 10%	20%	30%	40%	50%	609	%	70%	80%	received? 90%	100%
	•	20%	•	40%	50%	609	%	70%	80%		
	•	20%	30%	40%	50%	609	%	70%	80%		
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0%	10%	20% cire	30% cle number	40% which repr	50% esents how	60% much imp	% roveme	70% nt you've r	80% nade		

Thank you for the feedback and responses. We appreciate your time and help.

Jay Hale, LCMHC Director, Clinical & Quality Operations Carolina Behavioral Health Alliance