

# Client Services Survey

This survey can also be completed electronically:



<https://redcap.link/clientservices>

Your participation in this survey is completely **anonymous, voluntary**, and your individual responses will not be shared with any third party; all responses collected will be used for aggregate analysis and service quality improvement only.

**\*Please do not write your name or contact information on this form. If you have specific feedback or concerns about any of your provided feedback and would like to be contacted directly, please email [Client.Services@maryland.gov](mailto:Client.Services@maryland.gov).\***

Thank you for your participation.

## Eligibility and Application Determination Insurance Verification:

|   |  |   |
|---|--|---|
| 1) Applications and forms are easily accessible.  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Strongly Disagree<br>Disagree<br>Neutral<br>Agree<br>Strongly Agree |
| If you disagreed with this statement, please feel free to provide additional comments:  |  |   |
| 2) I have been able to easily submit a client services application for recertification with supporting documentation via email, walk-in, fax or mail. | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Strongly Disagree<br>Disagree<br>Neutral<br>Agree<br>Strongly Agree |
| If you disagreed with this statement, please feel free to provide additional comments:  |  |   |
| 3) When I have not submitted all the necessary supporting documents or have incorrectly filled out a client services application, a client services   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | Strongly Disagree<br>Disagree<br>Neutral<br>Agree                   |

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| representative has reached out to me to obtain the missing information.  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |
| 4) I have been notified regarding my eligibility/recertification status by mail in a timely manner.  | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |
| 5) My most recent eligibility/recertification mailed notification contained a welcome letter with a client services ID Card containing my client services ID number. | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |
| 6) The client services customer service is available to assist me with questions or concerns as needed.  | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |

**Insurance Verification and Coordination of Benefits:**

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| 1) I have been able to utilize my insurance benefits that client services covers to obtain/seek medical care without issue or breaks in medical care. | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |
| 2) I have been able to utilize my client services pharmacy benefits to obtain medication without issue, breaks or delays in receiving medication.     | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |

### Client Services Plus: Premium Payment Assistance Program:

|  |                          |                   |
|--|--------------------------|-------------------|
| 1) Instructions for how to submit required documents for Client Services Plus are clear and easily accessible. | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:                         |                          |                   |
| 2) I have been notified regarding my Client Services Plus eligibility status by mail in a timely manner.       | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:                         |                          |                   |

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| 3) I have never experienced a lapse in Client Services Plus insurance coverage due to non payment of an invoice.                            | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |
| 4) I am always notified by mail regarding my Client Services Plus premium payment.  | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |
| 5) If I have received a check from an insurance vendor, I understand that it is my responsibility to provide that check to client services. | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |
| 6) <u>When applicable</u> , client services staff have reached out to me regarding premium tax credits.                                     | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |
|   | <input type="checkbox"/> | Neutral           |
|   | <input type="checkbox"/> | Agree             |
|   | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:  |                          |                   |
| 7) <u>When applicable</u> , the client services insurance and payment units are readily available and accessible by                         | <input type="checkbox"/> | Strongly Disagree |
|   | <input type="checkbox"/> | Disagree          |

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| phone to assist when I have a loss or lapse in coverage.                               | <input type="checkbox"/> | Neutral        |
|  | <input type="checkbox"/> | Agree          |
|  | <input type="checkbox"/> | Strongly Agree |
| If you disagreed with this statement, please feel free to provide additional comments: |                          |                |

### Pharmacy:

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| 1) Medications that require a client services prior authorization have <u>NEVER</u> delayed or hindered me from receiving medication that is covered by client services.   | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |
| 2) I have <u>NEVER</u> experienced not being able to get client services covered medications at the pharmacy due to medication costs including co-pays and/or deductibles. | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |
| 3) <u>When applicable</u> , client services staff assists with prescription refills upon request via phone.  | <input type="checkbox"/> | Strongly Disagree |
|  | <input type="checkbox"/> | Disagree          |
|  | <input type="checkbox"/> | Neutral           |
|  | <input type="checkbox"/> | Agree             |
|  | <input type="checkbox"/> | Strongly Agree    |
| If you disagreed with this statement, please feel free to provide additional comments:   |                          |                   |

## Client Services Survey

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|---|--|---|
| <b>Outreach:</b>  |  |   |
| 1) The client services website is regularly updated, clear and concise.   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <div style="background-color: #cccccc;">Strongly Disagree</div> <div style="background-color: #cccccc;">Disagree</div> <div style="background-color: #cccccc;">Neutral</div> <div style="background-color: #cccccc;">Agree</div> <div style="background-color: #cccccc;">Strongly Agree</div> |
| If you disagreed with this statement, please feel free to provide additional comments:  |  |   |
| 2) <u>When applicable</u> , client services has reached out to me during open enrollment to encourage me to enroll in health coverage with plans that best meet my needs.     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <div style="background-color: #cccccc;">Strongly Disagree</div> <div style="background-color: #cccccc;">Disagree</div> <div style="background-color: #cccccc;">Neutral</div> <div style="background-color: #cccccc;">Agree</div> <div style="background-color: #cccccc;">Strongly Agree</div> |
| If you disagreed with this statement, please feel free to provide additional comments:  |  |   |
| 3) <u>When applicable</u> , client services has reached out to me to ensure that I was familiar with and aware of my Medicare specific insurance plan and medication options. | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <div style="background-color: #cccccc;">Strongly Disagree</div> <div style="background-color: #cccccc;">Disagree</div> <div style="background-color: #cccccc;">Neutral</div> <div style="background-color: #cccccc;">Agree</div> <div style="background-color: #cccccc;">Strongly Agree</div> |
| If you disagreed with this statement, please feel free to provide additional comments:  |  |   |

Thank you for your participation in this survey.

|   |  |  |
|---|--|--|
| <p><u>Completed surveys can be mailed to:</u></p> <p>Client Services<br/>1223 W. Pratt Street<br/>Baltimore, MD 21223</p> | <p><u>Completed surveys can be faxed to:</u></p> <p>(410) 333-2608 or<br/>(410) 244-8617</p> | <p><u>Completed surveys can be emailed to:</u></p> <p>Client.Services@maryland.gov</p> |
|---|--|--|