

# **Beneficiary Care Management Program (BCMP)**

## **Beneficiary Experience Survey**

If you are a Medicare beneficiary/family member/caregiver who has been provided assistance or educational materials by the BCMP, we want to hear from you. Please let us know how we did by completing a few questions.

1. Did we spend enough time addressing your need?
2. Do you feel that we listened to you and treated you with courtesy and respect?
3. Did we involve your family as much as you wanted?
4. Using any number from zero to five, where zero represents the worst care management services possible and five represents the best; what number would you use to rate the overall care management services that we provided to you?
5. Do you have any suggestions that we could use to improve the BCMP services and processes?
6. Is there anything else we can do for you today before we end our call?
7. On a scale of one to five, where one is definitely NO and five is absolutely YES, please tell us: Would you contact the BCMP again if you needed help with health care management?
8. On a scale of one to five, where one is definitely NO and five is absolutely YES, please tell us: Would you recommend the BCMP to your friends if they needed help with health care management?
9. On a scale of one to five, where one is the lowest score possible and five is the highest score possible, how would you rate the BCMP?
10. On a scale of zero to five, how likely is it that you would recommend the BCMP to a fellow Medicare beneficiary or use the program again?