FNHA Health Benefits
Client Satisfaction Survey

FNHA is committed to quality improvement and we want to hear from you! This purpose of this survey is for you, as a client of Health Benefits, with the opportunity to provide feedback on the quality of service received in your most recent experience. Survey data will be used to improve Health Benefits services for BC First Nations. This survey should only take 5 minutes of your time.

Today's Date (MM/DD/YY): ______________ / ______________ / ______________

“I confirm that I am 19 years or older”  □ Required to proceed

Who are you responding to this survey on behalf of?
☐ Myself  ☐ A minor for whom I am the parent or guardian  ❑ Another adult who requires assistance

PART 1
Satisfaction with your Recent Health Benefits Experience

What was your most recent experience with Health Benefits in regards to? (Select one)
☐ Pharmacy  ☐ Medical Supplies (Wheelchair, glucose test strips, ostomy supplies, etc.)
☐ Dental  ☐ Counselling
☐ Vision Care  ☐ Eligibility and/or BC Medical Service Plan (MSP)
☐ Medical Transportation

How long ago was your most recent experience with Health Benefits?
☐ Less than 3 months ago  ☐ 7-12 months ago
☐ 3-6 months ago  ☐ More than 12 months ago

Claim was covered to my expectation.
☐ Yes  ☐ No  ☐ I'm not sure / still in process  ☐ Not applicable

If you answered no, is there anything you would like to tell us about the experience?
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Revised July, 2019
Who were you in contact with regarding your claim?
- First Nations Health Authority representative (e.g. Claim Assessor, Benefit Service Representative)
- Local First Nations health service organization staff
- Benefit provider only (e.g. pharmacist, optometrist, dentist)
- I'm not sure
- Prefer not to answer

If you answered “Local First Nations health service organization staff” to above:
**What is the name of the First Nations health service organization you received services from regarding your claim?**

__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

Complete the following if you received service from FNHA or a local First Nation health service organization:

<table>
<thead>
<tr>
<th>Measures of satisfaction</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was easy to get in contact with a representative</td>
<td></td>
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<tr>
<td>The representative was knowledgeable</td>
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<tr>
<td>The representative was committed to helping me</td>
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<tr>
<td>The representative was respectful</td>
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</tbody>
</table>

All respondents please complete the following:

<table>
<thead>
<tr>
<th>Measures of satisfaction</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>My claim (or request) was processed quickly</td>
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<tr>
<td>It was easy to find the information I was looking for</td>
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<tr>
<td>I was satisfied with the service overall from Health Benefits</td>
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</tr>
</tbody>
</table>
Did your recent experience change your level of satisfaction with the program overall?

- Satisfaction increased significantly
- Satisfaction increased somewhat
- No change in satisfaction
- Satisfaction decreased somewhat
- Satisfaction decreased significantly
- Not applicable

What is one thing we could do to improve customer service? *(Optional)*

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__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
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What is one thing we are doing well in terms of customer service? *(Optional)*

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Do you have any additional comments or questions? *(Optional)*

__________________________________________________________________________________________________________________________
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__________________________________________________________________________________________________________________________
PART 2
Some information about you to provide context for your response (Optional)

In which region do you live?
- Fraser Salish
- Interior
- Vancouver Coastal
- Vancouver Island
- Northern
- Prefer not to answer

What are the first three digits of your home address postal code? (Optional): ________________________

Which age group are you in?
- 18 years or younger
- 19 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 64 years
- 65+ years
- Prefer not to answer

How did you hear about this survey?
- FNHA website
- FNHA e-blast newsletter
- FNHA representative
- FNHA Facebook page
- Local First Nations health service organization
- Band office or local administration office
- Other (Specify) _________________________________
- Prefer not to answer

Thank you for completing the survey!

MAIL: First Nations Health Authority
First Nations Health Benefits program
540-757 West Hastings Street
Vancouver, BC V6C 1A1

FAX: 1-888-299-9222

E-MAIL: HealthBenefits@fnha.ca

YOU CAN SEND US YOUR PAPER COPY BY: