



March 30, 2010
TML IEBP POOL REGIONAL MEETING EVALUATION

Email to register@tmliebp.org or fax to 512-719-6520

Group Name (optional): _____

Evaluated by (optional): _____

	Very Useful	Useful	Adequate	Not Useful
1. How would you rate the presentation on Healthcare Reform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate the Business Alignment presentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate the presentation regarding Evidence Based Prescriptions and the Pharmacy Benefit Management information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate the presentation regarding the Health Information Technology (HIT) Service Update?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate the presentation regarding the Medical Management Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How would you rate the presentation regarding Benefit, Eligibility and New Hire Discussion for 2010-20011?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate the presentation regarding Healthcare Regulatory compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How would you rate the presentation regarding the preparation of the Cost of the Healthcare for the 2010-2011 plan year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How would you rate the Regional Meeting presentations overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What service areas would you like to see TML IEBP improve?

11. Comments and Suggestions:

12. Would you like your Benefit Service Specialist to contact you? *(If so, please provide your contact information)*