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**Healthy Indiana Plan 2.0 Beneficiary Survey: New Enrollees**

**Introductions and Directions for Completing the Survey**The Centers for Medicare & Medicaid Services is conducting this survey to ask about your recent experiences receiving health care and should take about 15 minutes to complete.

Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. You may skip any questions that you do not feel comfortable answering. Your participation in this research is private, and we will not share your name or any other identifying information with any outside organization. You may notice a number on the cover of the survey. This number is ONLY used to let us know if you returned the survey. Please contact Thoroughbred Research Group toll-free at 1-800-264-1576 with questions about this research.

# About Your HIP 2.0 Enrollment

The State of Indiana currently runs an insurance program called the Healthy Indiana Plan (or HIP 2.0) for Hoosiers ages 19 to 64.

1. Are you currently enrolled in the “Healthy Indiana Plan” or “HIP 2.0”?
	1. Yes
	2. No 🡪 GO TO END
	3. Not sure/ Don’t know 🡪 GO TO END
2. Did you enroll in HIP 2.0 in 2016?
3. Yes
4. No 🡪 GO TO END

# Healthy Indiana Plan (HIP) 2.0

1. HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:

***Universe: HIP Basic and HIP Plus***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not sure |
| 1. HIP Plus
 |  |  |  |
| 1. HIP Basic
 |  |  |  |

1. When you enrolled in HIP 2.0, did you look for any information in written materials or on the Internet about your benefits package?

***Source: Adapted from CAHPS QHP survey***
***Universe: HIP Basic and HIP Plus***

1. Yes
2. No 🡪 GO TO QUESTION 6
3. How helpful was the information about your benefits package?
***Universe: HIP Basic and HIP Plus***
4. Very helpful
5. Somewhat helpful
6. Not at all helpful
7. When you enrolled in HIP 2.0, did you get information or help from a customer service representative?

***Source: Adapted from CAHPS QHP survey***
***Universe: HIP Basic and HIP Plus***

1. Yes
2. No 🡪 GO TO QUESTION 8
3. How helpful was the information you got?

***Universe: HIP Basic and HIP Plus***

1. Very helpful
2. Somewhat helpful
3. Not at all helpful
4. When you enrolled in HIP 2.0, did you receive any forms to fill out?

***Source: Adapted from CAHPS QHP survey***
***Universe: HIP Basic and HIP Plus***

1. Yes
2. No 🡪 GO TO QUESTION 10
3. How easy or hard was it to fill out the forms?

***Universe: HIP Basic and HIP Plus***

1. Very easy
2. Somewhat easy
3. Neither easy nor hard
4. Somewhat hard
5. Very hard
6. How long did it take you to get HIP 2.0 coverage?

***Universe: HIP Basic and HIP Plus***

1. A few days
2. A few weeks
3. A few months
4. More than a few months
5. When you enrolled in HIP 2.0, did you have a choice between HIP Basic and HIP Plus?

***Source: Adapted from CAHPS Supplemental Medicaid Enrollment questions***
***Universe: HIP Basic and HIP Plus***

1. Yes
2. No 🡪 GO TO QUESTION 16
3. Unsure/Don’t know 🡪 GO TO QUESTION 16
4. How important were the following factors in helping you choose between HIP Basic and HIP Plus?

***Universe: Those with a choice are at or below 100% FPL***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very important | Somewhat important | Not at all important |
| 1. Making a monthly or annual contribution
 |  |  |  |
| 1. Paying a copay at each visit
 |  |  |  |
| 1. Having dental and vision benefits
 |  |  |  |
| 1. Fits within my budget
 |  |  |  |
| 1. Getting coverage more quickly
 |  |  |  |

1. When you enrolled in HIP 2.0, how easy or hard was it to understand the differences between HIP Basic and HIP Plus?
***Universe: Those with a choice are at or below 100% FPL***
2. Very easy
3. Somewhat easy
4. Neither easy nor hard
5. Somewhat hard
6. Very hard
7. Did you get any help in deciding which benefits package would be best for you? *Mark one or more*

***Universe: Those with a choice are at or below 100% FPL***

1. I got help from family or friends
2. I got help from my doctor or health care provider
3. I got help from a HIP toll free number
4. I got help from an online HIP representative
5. I did not get any help
6. How easy or hard was it to decide which benefits package would be best for you?

***Universe: Those with a choice are at or below 100% FPL***

1. Very easy
2. Somewhat easy
3. Neither easy nor hard
4. Somewhat hard
5. Very hard
6. Please tell us whether you agree or disagree with the following statements:

***Universe: HIP Basic and HIP Plus***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Agree | Disagree | Not sure |
| A $10 “fast track” payment would get me coverage quickly |  |  |  |
| Choosing to make a $10 “fast track” payment would not allow me to change health plans (e.g. Anthem, MDwise, MHS)  |  |  |  |
| There was nothing I could have done to get coverage quickly |  |  |  |

1. Did you do to get your HIP 2.0 coverage quickly? *Mark one or more*

***Universe: HIP Basic and HIP Plus***

1. Yes, I made my monthly or annual contribution
2. Yes, I made a $10 payment or “fast track” payment
3. Yes, My health plan, health care provider, or a non-profit organization made a $10 payment or “fast track” payment for me
4. No, I did not do anything to get my HIP 2.0 coverage more quickly
5. How satisfied were you with how long it took to get your HIP 2.0 coverage?
***Universe: HIP Basic and HIP Plus***
6. Very satisfied
7. Satisfied
8. Neutral
9. Dissatisfied
10. Very dissatisfied

For the next few questions, please think about **your current HIP 2.0 benefits package**.

1. For each of the following items, please tell us whether they are part of your HIP 2.0 benefits package. Copays are payments you make at the time you visit your doctor’s office, go to the hospital or get prescription drugs.

***Source: Set- up similar to HRMS, KFF for ACA components***

***Universe: HIP Basic and HIP Plus***

|  |  |  |  |
| --- | --- | --- | --- |
| My HIP benefits package includes …… | Yes | No | Not sure |
| 1. Vision and dental care
 |  |  |  |
| 1. A way I can get prescriptions in the mail
 |  |  |  |
| 1. Copays for doctor care
 |  |  |  |
| 1. Copays for prescription drugs
 |  |  |  |
| 1. Copays for hospital stays
 |  |  |  |
| 1. A required monthly or annual contribution
 |  |  |  |

1. How well do you think you understand **your** benefits package?

***Universe: HIP Basic and HIP Plus***

1. Very well
2. Somewhat
3. Not at all well
4. What do you think will happen, if anything, if **your** monthly or annual contribution is not made on time? *Please select the best answer.*

***Universe: HIP Plus and Basic***

1. I am not required to make contributions
2. Nothing will change
3. My HIP 2.0 coverage will end
4. I will get automatically moved to HIP Basic
5. Not sure/Don’t know

# Satisfaction with HIP

1. Thinking about your overall experience with HIP 2.0, would you say you are:

***Source: Lewin Basic and Plus survey and MPR Enrollee survey
Universe: HIP Basic and Plus***

1. Very Satisfied 🡪 GO TO THE DEMOGRAPHICS SECTION, PAGE 8
2. Somewhat Satisfied 🡪 GO TO THE DEMOGRAPHICS SECTION, PAGE 8
3. Neither Satisfied nor Dissatisfied 🡪 GO TO THE DEMOGRAPHICS SECTION, PAGE 8
4. Somewhat Dissatisfied
5. Very Dissatisfied
6. Not sure/ Don’t know 🡪 GO TO THE DEMOGRAPHICS SECTION, PAGE 8
7. Why are you dissatisfied? *Mark one or more*

***Universe: HIP Basic and Plus***

1. Long wait for coverage to begin
2. Can’t see my doctor with HIP 2.0
3. Dissatisfied with choice of doctors in HIP 2.0
4. Does not cover services that I need
5. Hard understand how POWER account works
6. Have to pay too much for POWER account
7. Have to pay too much for copays
8. Shifted from HIP Plus to HIP Basic
9. Dissatisfied with administrative issue(s) or process
10. Other reason not listed above: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Demographics/About You

1. Would you say that in general your health is:
***Source: BRFSS***

***Universe: HIP Basic and HIP Plus***

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. What is the highest grade or level of school that you have completed?
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
7. 8th grade or less
8. Some high school, but did not graduate
9. High school graduate or GED
10. Some college or 2-year degree
11. 4-year college graduate
12. More than 4-year college degree
13. What best describes your employment status?  ***Universe: HIP Basic and HIP Plus***
14. Employed full- or part-time
15. Unemployed
16. What is your age?
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
17. 18 to 24
18. 25 to 34
19. 35 to 44
20. 45 to 54
21. 55 to 64
22. 65 to 74
23. 75 or older
24. Are you male or female?
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
25. Male
26. Female
27. Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
28. No, not of Hispanic, Latino/a, or Spanish origin
29. Yes, Mexican, Mexican American, Chicano/a
30. Yes, Puerto Rican
31. Yes, Cuban
32. Yes, another Hispanic, Latino, or Spanish origin
33. What is your race? *Mark one or more*

***Source: Nationwide Medicaid CAHPS***

***Universe: HIP Basic and HIP Plus***

1. White
2. Black or African-American
3. American Indian or Alaska Native
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander
15. Some other race
16. [display response items based on table below]

Please mark the category that best describes your family’s total income over the last year before taxes and other deductions. Your best estimate is fine.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family size answer** | **Response item 1****At or below 50% FPL** | **Response item 2 Above 50% and less than 100%** | **Response item 3** **At or above 100% and less than 138%** | **Response item 4****Above 138% FPL** |
| One person | At or below $6,000 | Above $6,000 and less than $12,000 | At or above $12,000 and less than $16,000 | At or above $16,000 |
| Two  people | At or below $8,000 | Above $8,000 and less than $16,000 | At or above $16,000 and less than $22,000 | At or above $22,000 |
| Three people | At or below $10,000 | Above $10,000 and less than $20,000 | At or above $20,000 and less than $28,000 | At or above $28,000 |
| Four people | At or below $12,000 | Above $12,000 and less than $24,000 | At or above $24,000 and less than $33,000 | At or above $33,000 |
| Five people | At or below $14,000 | Above $14,000 and less than $28,000 | At or above $28,000 and less than $39,000 | At or above $39,000 |
| Six people | At or below $16,000 | Above $16,000 and less than $33,000 | At or above $33,000 and less than $45,000 | At or above $45,000 |
| Seven people | At or below $18,000 | Above $18,000 and less than $37,000 | At or above $37,000 and less than $51,000 | At or above $51,000 |
| Eight people | At or below $20,000 | Above $20,000 and less than $41,000 | At or above $41,000 and less than $56,000 | At or above $56,000 |
| Nine people | At or below $23,000 | Above $23,000 and less than $45,000 | At or above $45,000 and less than $62,000 | At or above $62,000 |
| Ten or more people | At or below $25,000 | Above $25,000 and less than $49,000 | At or above $49,000 and less than $68,000 | At or above $68,000 |

1. Did someone help you complete this survey?
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
2. Yes
3. No → GO TO END
4. How did that person help you? *Mark one or more*
***Source: Nationwide Medicaid CAHPS
Universe: HIP Basic and HIP Plus***
5. Read the questions to me
6. Wrote down the answers I gave
7. Answered the questions for me
8. Translated the questions into my language

**THANK YOU
Please return the completed survey in the postage-paid envelope.**

**THOROUGHBRED RESEARCH GROUP**

**<INSERT RETURN ADDRESS HERE>**