

OMB Control Number: 0938-1300

CMS-10615

HIP 2.0 Beneficiary S	
Tab/Columns	
Tab: Enrollee Survey	
Tab: New Enrollee Survey	
Tab: Disenrollee & Lockout Survey	
Enrollee/New Enrollee/Disenrollee & Lockout Survey Question	
New Survey Section/Survey Question	
Column: Survey Section	
Column: Edited?	
Column: Changes	
Column: Justification	
(colored in grey)	
(colored in green)	
<b>GENERAL NOTE:</b>	

## Survey Crosswalk: Changes from Instrument Testing

Details
Outlines Survey Questions for the Enrollee Survey
Outlines Survey Questions for the New Enrollee Survey
Outlines survey Questions for the Disenrollee & Lockout Survey
N/A - a survey question was added; no previous question exists to perform changes
Indicates what the new survey question is Indicates whether there was a new survey section added N/A - new survey question does not exist; no changes were made
Indicates survey section where question resides
Y - Yes, edits were made N- No, edits were not made
Indicates what changes were made N/A - no changes to report
Indicates why the changes were made N/A - no justification needed; no changes were made
Indicates a change was made from the Testing Version to the 30-day Public Comment version
Indicates a change was made from the 30-day Public comment version for seeking OMB approval
<b>Skip logic changes are only noted if things were deleted or changed.</b>
<b>New Survey Section/Question (Column D - in all tabs) does not include the survey source or universe, but the universes and sources are captured elsewhere for survey development documentation purposes</b>

Survey Section	Enrollee Survey Questions (Testing Version)
About Your HIP 2.0 Enrollment	<p>1. Are you currently enrolled in the “Healthy Indiana Plan 2.0” or “HIP 2.0”?</p> <p>a. Yes  b. No →END  c. Not sure/ Don’t know → END</p>
N/A	N/A
About Your HIP 2.0 Enrollment	<p>2. HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:</p> <p>Universe: HIP Basic and HIP Plus  Yes No Not sure</p> <p>a. HIP Plus  b. HIP Basic</p>
About Your HIP 2.0 Enrollment	<p>3. For the next question, please think about your HIP 2.0 benefits package. For each of the following items, please indicate 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</p> <p>My HIP 2.0 benefits package includes ..... Yes No Not sure</p> <p>a. Vision and dental care  b. A way I can get prescriptions in the mail  c. Copays for doctor care  d. Copays for prescription drugs  e. Copays for hospital stays  f. A monthly or annual contribution</p>

<p>About Your HIP 2.0 Enrollment</p>	<p>4. Thinking about HIP Plus and HIP Basic, how well do you think you understand the differences between the two benefits packages?  Universe: HIP Basic and HIP Plus  a. Very well  b. Somewhat  c. Not at all well</p>
<p>Transportation/NEMT</p>	<p>The next set of questions is about your transportation going to and from health care visits.  Please think about your health care visits in the last 6 months. Do not include visits to the emergency room or ER.</p>
<p>Transportation/NEMT</p>	<p>5. Sometimes Medicaid or a benefits package provides transportation or covers the costs of transportation to and from health care visits. This could include mileage or taxi reimbursement or having a number to call your health plan to arrange transportation for you.   Does Medicaid or your HIP 2.0 benefits package provide transportation or cover any of the costs of your transportation?  Source: Adapted from Iowa Wellness Plan Survey  Universe: HIP Basic and HIP Plus  a. Yes  b. No  c. Unsure/ Don't know</p>
<p>Transportation/NEMT</p>	<p>6. In the last 6 months, have you used transportation paid for by Medicaid or your HIP 2.0 benefits package to get to or from a health care visit?  Source: Adapted from Iowa Wellness Plan Survey  Universe: HIP Basic and HIP Plus  a. Yes  b. No</p>
<p>N/A</p>	<p>N/A</p>

<p>Transportation/NEMT</p>	<p>7. In the last 6 months, how much have you worried about your ability to pay for the cost of transportation or your ability to get transportation to a health care visit?  Source: Adapted Iowa Wellness Plan Survey  Universe: HIP Basic and HIP Plus  a. Not at all  b. A little  c. Somewhat  d. A great deal</p>
<p>Transportation/NEMT</p>	<p>8. In the last 6 months, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO EMERGENCY ROOM SECTION, PAGE 5  c. Not sure/ Don't know → GO TO EMERGENCY ROOM SECTION, PAGE 5</p>
<p>Transportation/NEMT</p>	<p>9. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: HIP Basic and HIP Plus  Could not pay for transportation    Could not get transportation    No trouble with transportation  a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care and vision (eye) care  e. Prescription drugs  f. Emergency room care</p>
<p>Access</p>	<p>39. In the last 6 months, was there any time you needed health care but did not get it because of cost?  Source: Adapted from BRFSS  Universe: HIP Basic and Plus  a. Yes  b. No → GO TO SATISFACTION SECTION, PAGE 14  c. Not sure → GO TO SATISFACTION SECTION, PAGE 14</p>

<p>Access</p>	<p>40. In the last 6 months, what types of health care were you unable to get because of cost?  Source: Adapted from BRFSS  Universe: HIP Basic and Plus  Yes No  g. A visit to the doctor when you were sick  h. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  i. A follow up visit to get tests or care recommended by your doctor  j. Dental care and vision (eye) care  k. Prescription drugs  l. Emergency room care</p>
<p>Emergency Room</p>	<p>The next set of questions is about emergency room (ER) care and treatment.</p> <p>Some people use emergency rooms for both emergency and non-emergency care. An emergency is defined as any condition that could endanger your life or cause permanent disability if not treated immediately.</p>
<p>Emergency Room</p>	<p>10. How easy or hard is it for you to know when your health condition is an emergency?  Source: Adapted from Iowa Wellness Plan survey  Universe: HIP Basic and HIP Plus  a. Very easy  b. Somewhat easy  c. Somewhat hard  d. Very hard</p>
<p>Emergency Room</p>	<p>11. What does HIP 2.0 say you should do if you think you need to go to the emergency room? Mark one or more  Universe: HIP Basic and HIP Plus  a. Go directly to the emergency room  b. Call the phone number or hotline provided by HIP  c. Call my doctor  d. Ask my family or friends</p>

Emergency Room	<p>Please think about how HIP 2.0 would work for you if you went to the emergency room for care. Copays are payments you make at the time when you visit your doctor's office, go to the hospital or get prescription drugs.</p> <p>12. If you go to the emergency room when your condition is an emergency, do you have to pay a copay?  Universe: HIP Basic and HIP Plus  a. Yes  b. No  c. Not sure/ Don't know</p>
Emergency Room	<p>13. If you go to the emergency room when your condition is not an emergency, do you have to pay a copay?  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO QUESTION 15  c. Not sure/ Don't know → GO TO QUESTION 15</p>
Emergency Room	<p>14. If you go to the emergency room when your condition is not an emergency more than one time, your copay would be....  Universe: HIP Basic and HIP Plus  a. Higher  b. Lower  c. The same  d. Not sure/ Don't know</p>
Emergency Room	<p>15. In the last 6 months, was there a time you thought about going to the emergency room for care?  Source: Adapted from CAHPS Nationwide Medicaid  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO POWER ACCOUNTS SECTION, PAGE 8</p>
Emergency Room	<p>16. The last time you thought about going to the emergency room for care, did you go to the emergency room?  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO QUESTION 20</p>

Emergency Room	<p>18. Did you pay a copay?  Source: Adapted from HIP 1.0 survey 2013  Universe: HIP Basic and HIP Plus</p> <p>a. Yes  b. No → GO TO POWER ACCOUNTS SECTION, PAGE 8  c. Not sure → GO TO POWER ACCOUNTS SECTION, PAGE 8</p>
N/A	N/A
N/A	N/A
Emergency Room	<p>19. How was that copay paid?  Universe: HIP Basic and HIP Plus</p> <p>a. I paid it → GO TO POWER ACCOUNTS SECTION, PAGE 8  b. Someone paid for it for me → GO TO POWER ACCOUNTS SECTION, PAGE 8  c. The copay has not been paid → GO TO POWER ACCOUNTS SECTION, PAGE 8  d. Not sure → GO TO POWER ACCOUNTS SECTION, PAGE 8</p>
Emergency Room	<p>20. What was the main reason you did not go to the emergency room for care?  Universe: HIP Basic and HIP Plus</p> <p>a. Did not have a way to get there or could not afford to get there  b. Went to my doctor's office or clinic instead  c. Did not want to pay the copay  d. Some other reason</p>
POWER accounts and monthly or annual contributions	The following questions are about your understanding and experience with HIP POWER accounts.



<p>POWER accounts and monthly or annual contributions</p>	<p>21. Do you have a POWER account? POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts. Universe: HIP Basic and HIP Plus a. Yes b. No</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>29. Do you know how much is in your POWER account today? Source: Adapted from MPR HIP 1.0 enrollee survey Universe: HIP Basic and HIP Plus a. Yes, I know exactly how much b. Yes, I have a pretty good idea c. I don't really know at all</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>22. Some people are required to make monthly or annual contributions to their POWER account. Do you currently contribute to your POWER account? Universe: HIP Basic and HIP Plus a. I currently contribute b. I made an up front annual payment c. Someone else contributes for me d. I do not contribute → GO TO QUESTION 24</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>23. How is that monthly or annual contribution paid? Universe: HIP Plus a. I pay it b. Someone pays the full amount for me c. I pay part and someone else pays part d. The contribution has not been paid e. Not sure</p>

<p>POWER accounts and monthly or annual contributions</p>	<p>24. Would you say the amount you are required to contribute monthly or annually to your POWER account is:  Source: Adapted from HIP 1.0 2010 survey  Universe: HIP Plus  a. More than I can afford  b. The right amount  c. Less than I can afford  d. Not sure</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>25. In the last 6 months, how worried were you about not having enough money to pay your monthly or annual contribution?  Source: Adapted from Lewin HIP Plus survey  Universe: HIP Plus  a. Not at all worried  b. Somewhat worried  c. Very worried</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>27. Why do you not contribute to a POWER account?  Universe: HIP Basic  Yes No Not sure  a. I do not have to contribute  b. I could not afford to make the contributions  c. I do not understand how to contribute/too confusing to understand  d. I do not think contributing to a POWER account helps me  e. Other  f. Unsure/ Don't know</p>
<p>N/A</p>	<p>N/A</p>

N/A	N/A
POWER accounts and monthly or annual contributions	<p>26. 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</p> <ul style="list-style-type: none"> <li>a. Nothing will change</li> <li>b. My HIP 2.0 coverage will end → GO TO QUESTION 28</li> <li>c. I will get automatically moved to HIP Basic → GO TO QUESTION 28</li> <li>d. Not sure/Don't know → GO TO QUESTION 28</li> </ul>
N/A	N/A
POWER accounts and monthly or annual contributions	<p>28. How easy or hard is it to understand how to use your POWER account?  Universe: HIP Basic and HIP Plus</p> <ul style="list-style-type: none"> <li>a. Very easy</li> <li>b. Somewhat easy</li> <li>c. Neither easy nor hard</li> <li>d. Somewhat hard</li> <li>e. Very hard</li> </ul>

<p>POWER accounts and monthly or annual contributions</p>	<p>30. For each of the following statements about your POWER account, please tell us whether you agree, disagree, or are not sure. Universe: HIP Basic and HIP Plus</p> <p>Agree Disagree Not sure</p> <p>a. The State of Indiana contributes to my POWER account b. My POWER account helps me pay for my health care services c. My POWER account helps me get the health care services I need d. My POWER account makes me feel comfortable about paying for my health care services</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>31. How easy or hard is it to understand what happens to any left over money in your POWER account at the end of year? Universe: HIP Basic and HIP Plus</p> <p>a. Very easy b. Somewhat easy c. Neither easy nor hard d. Somewhat hard e. Very hard</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>Preventive services are routine health care that includes getting a flu shot or annual checkups to prevent illness, disease, and other health-related problems. The following questions ask about your experience with preventive services and your POWER account.</p> <p>32. Is the cost of preventive services deducted from your POWER account? Source: Adapted from MPR survey Universe: HIP Basic and HIP Plus</p> <p>a. Yes b. No c. Not sure/ Don't know</p>

<p>POWER accounts and monthly or annual contributions</p>	<p>33. If you get all or some of your recommended preventive services, will some of the remaining money in your POWER account get rolled over into next year?  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO ACCESS SECTION, PAGE 12  c. Not sure/ Don't know → GO TO ACCESS SECTION, PAGE 12</p>
<p>POWER accounts and monthly or annual contributions</p>	<p>34. Does having a POWER account make it more likely that you will try to get all of your recommended preventive services?  Universe: HIP Basic and HIP Plus  a. Yes  b. No  c. Not sure/ Don't know</p>
<p>Access</p>	<p>For the following questions please think about your health care experience in the last 6 months.</p>
<p>Access</p>	<p>35. In the last 6 months, did you go to a doctor, nurse, or any other health professional?  Source: Adapted from BRFSS  Universe: HIP Basic and Plus  a. Yes  b. No → GO TO QUESTION 41  c. Not sure/Don't know → GO TO QUESTION 41</p>
<p>Access</p>	<p>36. Were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.  Source: Lewin HIP Basic survey  Universe: HIP Basic  a. Yes  d. No → GO TO QUESTION 38  e. Not sure/Don't know GO TO QUESTION 38</p>

<p>Access</p>	<p>37. How was that copay paid?  Universe: HIP Basic  a. I paid it  b. Someone paid it for me  c. The copay has not been paid  d. Not sure/Don't know</p>
<p>Access</p>	<p>38. In the last 6 months, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  Source: Adapted from BRFSS  Universe: HIP Basic  a. Yes  b. No  c. Not sure</p>
<p>Satisfaction with HIP</p>	<p>41. 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  a. Very Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 15  b. Somewhat Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 15  c. Neither Satisfied nor Dissatisfied → GO TO DEMOGRAPHICS SECTION, PAGE 15  d. Somewhat Dissatisfied  e. Very Dissatisfied  f. Not sure/ Don't know → GO TO DEMOGRAPHICS SECTION, PAGE 15</p>

<p>Satisfaction with HIP</p>	<p>42. Why are you dissatisfied? Mark one or more  Universe: HIP Basic and Plus  a. Long wait for coverage to begin  b. Can't see my doctor with HIP 2.0  c. Dissatisfied with choice of doctors in HIP 2.0  d. Does not cover services that I need  e. Hard understand how POWER account works  f. Have to pay too much for POWER account  g. Have to pay too much for copays  h. Shifted from HIP Plus to HIP Basic  i. Dissatisfied with administrative issue(s) or process  j. Other reason not listed above: (specify)_____</p>
<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>

N/A	N/A
Demographics/About You	<p>43. Would you say that in general your health is: Source: BRFSS Universe: HIP Basic and HIP Plus</p> <ul style="list-style-type: none"><li>a. Excellent</li><li>b. Very good</li><li>c. Good</li><li>d. Fair</li><li>e. Poor</li></ul>
Demographics/About You	<p>44. What is the highest grade or level of school that you have completed? Source: Nationwide Medicaid CAHPS Universe: HIP Basic and HIP Plus</p> <ul style="list-style-type: none"><li>a. 8th grade or less</li><li>b. Some high school, but did not graduate</li><li>c. High school graduate or GED</li><li>d. Some college or 2-year degree</li><li>e. 4-year college graduate</li><li>f. More than 4-year college degree</li></ul>



Demographics/About You	45. What best describes your employment status? Universe: HIP Basic and HIP Plus a. Employed full- or part-time b. Unemployed
Demographics/About You	46. What is your age? Source: Nationwide Medicaid CAHPS Universe: HIP Basic and HIP Plus a. 18 to 24 b. 25 to 34 c. 35 to 44 d. 45 to 54 e. 55 to 64 f. 65 to 74 g. 75 or older
Demographics/About You	47. Are you male or female? Source: Nationwide Medicaid CAHPS Universe: HIP Basic and HIP Plus a. Male b. Female

<p>Demographics/About You</p>	<p>48. 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 a. No, not of Hispanic, Latino/a, or Spanish origin b. Yes, Mexican, Mexican American, Chicano/a c. Yes, Puerto Rican d. Yes, Cuban e. Yes, another Hispanic, Latino, or Spanish origin</p>
<p>Demographics/About You</p>	<p>49. What is your race? Mark one or more Source: Nationwide Medicaid CAHPS Universe: HIP Basic and HIP Plus a. White b. Black or African-American c. American Indian or Alaska Native d. Asian Indian e. Chinese f. Filipino g. Japanese h. Korean i. Vietnamese j. Other Asian k. Native Hawaiian l. Guamanian or Chamorro m. Samoan n. Other Pacific Islander o. Some other race</p>

Demographics/About You	<p>50. [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.</p> <p>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</p> <p>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</p>
Demographics/About You	<p>51. Did someone help you complete this survey?  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO END</p>
Demographics/About You	<p>52. How did that person help you? Mark one or more  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. Read the questions to me  b. Wrote down the answers I gave  c. Answered the questions for me  d. Translated the questions into my language</p>
	N/A

Emergency Room	17. The last time you went to the emergency room, was it for an emergency? Universe: HIP Basic and HIP Plus a. Yes → GO TO POWER ACCOUNTS SECTION, PAGE 8 b. No
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

**HIP 2.0 Beneficiary Survey Crosswalk: Enrollee Survey**  
 OMB Control Number: 0938-1300

CMS-10615

Survey Question #	New Survey Section/Question (Submitted for 30-day Public Comment)
1	N/A
N/A	With which HIP 2.0 health plan are you enrolled? a. Anthem b. MDwise c. MHS – Managed Health Services d. Not sure/Don't know
2	N/A
3	For the next question, please think about your HIP 2.0 benefits package. For each of the following items, please indicate 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. Mark one box in each row  My HIP 2.0 benefits package includes ..... Yes No Not sure a. Vision and dental care b. A way I can get prescriptions in the mail c. Copays for doctor care d. Copays for prescription drugs e. Copays for hospital stays f. A monthly or annual contribution

4	N/A
	N/A
5	<p>Sometimes people need help getting to and from health care visits. This could include mileage or taxi reimbursement or having a number to call your health plan to arrange transportation for you.</p> <p>Does your HIP 2.0 benefits package provide transportation or cover the costs of transportation to and from health care visits (not including an ambulance)?</p> <p>a. Yes  b. No → GO TO QUESTION 9  c. Not sure/Don't know → GO TO QUESTION 9</p>
6	<p>In the last 6 months, have you used transportation paid for by your HIP 2.0 benefits package to get to or from a health care visit?</p> <p>a. Yes  b. No</p>
N/A	<p>In the last 6 months, did you have transportation to get to and from your most recent health care visit?</p> <p>a. Yes  b. No  c. I did not have a health care visit in the last 6 months</p>

7	N/A
8	<p>In the last 6 months, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?</p> <p>a. Yes  b. No → GO TO QUESTION 13  c. Not sure/ Don't know → GO TO QUESTION 13</p>
9	<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation?</p> <p>Please mark one box in each row. Could not pay for transportation    Could not get transportation    No trouble with transportation for this type of care</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care</p>
39	N/A

40	<p>In the last 6 months, what types of health care were you unable to get because of cost?  Please mark one box in each row. Yes No</p> <ul style="list-style-type: none"> <li>a. A visit to the doctor when you were sick</li> <li>b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)</li> <li>c. A follow up visit to get tests or care recommended by your doctor</li> <li>d. Dental care</li> <li>e. Vision (eye) care</li> <li>f. Prescription drugs</li> <li>g. Emergency room care</li> </ul>
N/A	N/A
10	N/A
11	<p>What does HIP 2.0 say you should do if you think you need to go to the emergency room? Mark one or more  Universe: HIP Basic and HIP Plus</p> <ul style="list-style-type: none"> <li>a. Go directly to the emergency room</li> <li>b. Call the phone number or hotline provided by HIP 2.0</li> <li>c. Call my doctor</li> <li>d. Ask my family or friends</li> </ul>



12	N/A
13	If you go to the emergency room when your condition is not an emergency, do you have to pay a copay? a. Yes b. No c. Not sure/ Don't know
14	N/A
15	In the last 6 months, was there a time you thought about going to the emergency room when you needed care? a. Yes b. No → GO TO POWER ACCOUNTS SECTION, QUESTION 23
16	In the last 6 months, when you needed care did you go to the emergency room? a. Yes b. No → GO TO QUESTION 22

18	<p>Did you pay a copay for the care you received in the emergency room?</p> <p>a. Yes  b. No → GO TO QUESTION 23  c. Not sure → GO TO QUESTION 23</p>
N/A	N/A
N/A	N/A
19	<p>The last time you went to the emergency room, how was that copay paid?</p> <p>a. I paid it → GO QUESTION 23  b. Someone paid for it for me → GO QUESTION 23  c. The copay has not been paid → GO QUESTION 23  d. Not sure → GO QUESTION 23</p>
20	<p>What was the main reason you did not go to the emergency room for care?  Universe: HIP Basic and HIP Plus</p> <p>a. Did not have a way to get there or could not afford to get there  b. Went to my doctor's office or clinic instead  c. Did not want to pay the copay  d. Waited to see if I would get better on my own  e. Some other reason</p>
N/A	<p>The following questions are about your understanding and experience with HIP monthly and annual contributions and POWER accounts.</p>

21	<p>Do you have a POWER account? POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts.</p> <ul style="list-style-type: none"><li>a. Yes</li><li>b. No → GO TO QUESTION 25</li><li>c. Not sure/Don't know → GO TO QUESTION 25</li></ul>
29	<p>Do you know how much is in your POWER account today?</p> <ul style="list-style-type: none"><li>a. Yes, I know exactly how much</li><li>b. Yes, I have a pretty good idea</li><li>c. I don't really know at all</li></ul>
22	<p>Some people are required to make monthly or annual contributions. Do you currently contribute?</p> <ul style="list-style-type: none"><li>a. I currently contribute</li><li>b. I made an up front annual payment</li><li>c. Someone else contributes for me</li><li>d. I do not contribute → GO TO QUESTION 29</li></ul>
23	<p>How is that monthly or annual contribution paid, if at all?</p> <ul style="list-style-type: none"><li>a. I pay it</li><li>b. Someone pays the full amount for me</li><li>c. I pay part and someone else pays part</li><li>d. The contribution has not been paid</li><li>e. Not sure/Don't know</li></ul>

24	<p>Would you say the amount you are required to contribute monthly or annually is:</p> <ul style="list-style-type: none"> <li>a. More than I can afford</li> <li>b. The right amount</li> <li>c. Less than I can afford</li> <li>d. Not sure</li> </ul>
25	<p>In the last 6 months, how worried were you about not having enough money to pay your monthly or annual contribution?</p> <ul style="list-style-type: none"> <li>a. Not at all worried → GO TO QUESTION 32</li> <li>b. Somewhat worried → GO TO QUESTION 32</li> <li>c. Very worried → GO TO QUESTION 32</li> </ul>
27	<p>Why do you not contribute to a POWER account?</p> <p>Yes No Not sure</p> <ul style="list-style-type: none"> <li>a. I do not have to contribute</li> <li>b. I could not afford to make the contributions</li> <li>c. I do not understand how to contribute/too confusing to understand</li> <li>d. I do not think contributing to a POWER account helps me</li> </ul>
N/A	<p>Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. Would you say the amount you are required to pay for copays is:</p> <ul style="list-style-type: none"> <li>a. More than I can afford</li> <li>b. The right amount</li> <li>c. Less than I can afford</li> <li>d. Not sure/Don't know</li> </ul>

N/A	<p>In the last 6 months, how worried were you about not having enough money to pay your copays?</p> <ul style="list-style-type: none"> <li>a. Not at all worried</li> <li>b. Somewhat worried</li> <li>c. Very worried</li> </ul>
26	<p>What do you think will happen, if anything, if your monthly or annual contribution is not made on time? Please select the best answer.</p> <ul style="list-style-type: none"> <li>a. Nothing will change → GO TO QUESTION 34</li> <li>b. My HIP 2.0 coverage would end</li> <li>c. I will get automatically moved to HIP Basic → GO TO QUESTION 34</li> <li>d. Not sure/Don't know → GO TO QUESTION 34</li> </ul>
N/A	<p>How long do you think you would need to wait to re-enroll in HIP 2.0?</p> <ul style="list-style-type: none"> <li>a. 3 months</li> <li>b. 6 months</li> <li>c. 12 months</li> <li>d. No wait time</li> <li>e. Not sure/Don't know</li> </ul>
28	<p>How easy or hard is it to understand how to use a POWER account?</p> <ul style="list-style-type: none"> <li>a. Very easy</li> <li>b. Somewhat easy</li> <li>c. Neither easy nor hard</li> <li>d. Somewhat hard</li> <li>e. Very hard</li> </ul>

30	<p>For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.</p> <p>Please mark one box in each row. Agree Disagree Not sure</p> <p>a. The State of Indiana contributes to POWER accounts</p> <p>b. HIP 2.0 monthly or annual contribution(s) go to POWER accounts</p> <p>c. POWER accounts help people pay for the health care services they need</p> <p>d. POWER accounts help people understand the cost of their health care services</p> <p>e. POWER accounts make people feel comfortable about paying for their health care services</p>
31	<p>How easy or hard is it to understand what happens to any left over money in a POWER account at the end of year?</p> <p>a. Very easy</p> <p>b. Somewhat easy</p> <p>c. Neither easy nor hard</p> <p>d. Somewhat hard</p> <p>e. Very hard</p>
32	<p>Preventive services are routine health care services that includes getting a flu shot, annual checkups, blood pressure checks, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about your experience with preventive services and POWER accounts.</p> <p>39. Is the cost of preventive services paid from the POWER account?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure/ Don't know</p>

33	<p>If someone gets all or some of their recommended preventive services, will some of the remaining money in a POWER account get rolled over into next year?</p> <p>a. Yes b. No c. Not sure/ Don't know</p>
34	<p>Please tell us whether you agree or disagree with the following statement: POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.</p> <p>a. Agree b. Disagree c. Not sure/Don't know</p>
N/A	N/A
35	<p>In the last 6 months, did you go to a doctor, nurse, or any other health professional or get prescription drugs?</p> <p>a. Yes b. No → GO TO QUESTION 44 c. Not sure/Don't know → GO TO QUESTION 44</p>
36	<p>Were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>a. Yes d. No → GO TO QUESTION 43 e. Not sure/Don't know GO TO QUESTION 43</p>

37	<p>How was that copay paid, if at all?</p> <ul style="list-style-type: none"><li>a. I paid it</li><li>b. Someone paid it for me</li><li>c. The copay has not been paid</li><li>d. Not sure/Don't know</li></ul>
38	<p>In the last 6 months, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p> <p>Source: Adapted from BRFSS Universe: HIP Basic</p> <ul style="list-style-type: none"><li>a. Yes</li><li>b. No</li><li>c. Not sure/Don't know</li></ul>
41	<p>Thinking about your overall experience with HIP 2.0, would you say you are:</p> <ul style="list-style-type: none"><li>a. Very Satisfied → GO TO QUESTION 48</li><li>b. Somewhat Satisfied → GO TO QUESTION 48</li><li>c. Neither Satisfied nor Dissatisfied → GO TO QUESTION 48</li><li>d. Somewhat Dissatisfied</li><li>e. Very Dissatisfied</li><li>f. Not sure/ Don't know → GO TO QUESTION 48</li></ul>



42	<p>Why are you dissatisfied? Mark one or more  Universe: HIP Basic and Plus</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin</li> <li>b. Can't see my doctor with HIP 2.0</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0</li> <li>d. Does not cover services that I need</li> <li>e. Hard understand how POWER account works</li> <li>f. Have to pay too much for POWER account</li> <li>g. Have to pay too much for copays</li> <li>h. Shifted from HIP Plus to HIP Basic</li> <li>i. Dissatisfied with administrative issue(s) or process</li> <li>j. Other reason</li> </ul>
N/A	<p>Health Coverage Cost and Payment Options</p> <p>We are studying ways to meet people's health care needs, and would like your thoughts about some possible benefits package choices. For the next few questions, please think about what things you would like in any benefits package.</p>
N/A	<p>People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>If you could choose how to pay for your health care services, what would you choose?</p> <ul style="list-style-type: none"> <li>a. I would choose to pay copays at my health care visits</li> <li>b. I would choose to make monthly or annual contributions</li> <li>c. It does not matter to me</li> </ul>

N/A	<p>How important were the following factors when thinking about enrolling in Benefits Package X and Benefits Package Y? Please mark one box in each row. Very important Somewhat important Not at all important</p> <ul style="list-style-type: none"><li>a. The cost of monthly contributions</li><li>b. The cost of copays</li><li>c. The length of time I would have no coverage if I missed a monthly contribution</li><li>d. The ability to pay the amount I owe to get my coverage back</li></ul>
43	N/A
44	N/A

45

N/A

46

N/A

47

N/A

48

N/A

49

N/A

50	<p>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. <i>Mark only one white box</i></p> <p>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</p> <p>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</p>
51	N/A
52	N/A
	<p>When you enrolled in HIP 2.0, did you have a choice between HIP Basic and HIP Plus?</p> <p>a. Yes  b. No  c. Not sure/Don't know</p>

17	N/A
N/A	<p>In general, do you like having a choice between benefits packages?</p> <p>a. No, I do not like having a choice  b. Yes, I like having a choice  c. Having a choice does not matter to me</p>
N/A	<p>When you answer the following questions we would like you to think about a time when you might need to choose your benefits package and what things are important for you and your health care needs. Below we show two different benefits package choices, Benefits Package X and Benefits Package Y.</p> <p>In Benefits Package X:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and no copays</li> <li>• If you miss your monthly contribution, your coverage will end for six months</li> </ul> <p>In Benefits Package Y:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and may have copays</li> <li>• If you miss your monthly contribution, you will not have coverage until you pay the amount owed or until three months have passed</li> </ul>
N/A	<p>How likely would you be to enroll in Benefits Package X?</p> <p>a. Very likely  b. Somewhat likely  c. Not likely</p>
N/A	<p>How likely would you be to enroll in Benefits Package Y?</p> <p>a. Very likely  b. Somewhat likely  c. Not likely</p>

Survey Section	Survey Question #	Edited?	Changes
About Your HIP 2.0 Enrollment	1	N	N/A
About Your HIP 2.0 Enrollment	2	Y	Question added
Healthy Indiana Plan (HIP 2.0)	3	N	N/A
Healthy Indiana Plan (HIP 2.0)	4	Y	Mark one box in each row' was added

Healthy Indiana Plan (HIP 2.0)	5	N	N/A
N/A	N/A	N	N/A
Transportation/NEMT	7	Y	Medicaid was deleted; language was simplified
Transportation/NEMT	8	Y	Medicaid was deleted
Transportation/NEMT	9	Y	New Question Added



Transportation/NEMT	10	N	N/A
Transportation/NEMT	11	N	N/A
Transportation/NEMT	12	Y	Dental and Vision were separated; "for this type of care" was added to the "No trouble with transportation" column.
Access	44	N	N/A

Access	45	Y	Dental and Vision separated into two items
Emergency Room	N/A	N	N/A
Emergency Room	13	N	N/A
Emergency Room	14	N	N/A

Emergency Room	15	N	N/A
Emergency Room	16	Y	The skip pattern was removed
Emergency Room	17	N	N/A
Emergency Room	18	Y	The phrase "When you needed" was added to the question; Instructions were changed
Emergency Room	19	Y	Time reference added: "when you needed" care

Emergency Room	20	Y	Added "for the care your received in the emergency room"
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Emergency Room	21	Y	Added "The last time you went to the emergency room." Instructions changed.
Emergency Room	22	Y	Added "waited to see if I would get better on my own" answer option
POWER accounts and monthly or annual contributions	N/A	Y	Monthly and annual contributions added

POWER accounts and monthly or annual contributions	23	Y	"Not sure/Don't know" answer option added; skip logic added
POWER accounts and monthly or annual contributions	24	Y	This question was moved to follow the question assessing if participants knew they had a POWER account; skip was added
POWER accounts and monthly or annual contributions	25	Y	The phrases "to their POWER account" and "your POWER account" were deleted
POWER accounts and monthly or annual contributions	26	Y	"If it all" added

POWER accounts and monthly or annual contributions	27	Y	"To your POWER account" deleted
POWER accounts and monthly or annual contributions	28	N	N/A
POWER accounts and monthly or annual contributions	29	Y	"Other" & "Unsure/Don't know" were removed; the question order was also changed
POWER accounts and monthly or annual contributions	30	Y	Question added

POWER accounts and monthly or annual contributions	31	Y	Question added
POWER accounts and monthly or annual contributions	32	Y	Skip logic was changed
POWER accounts and monthly or annual contributions	33	Y	Question added
POWER accounts and monthly or annual contributions	34	Y	Change from "your" to "a" POWER account

POWER accounts and monthly or annual contributions	35	Y	Answer option "b" was added; "my" was deleted; "me" was replaced with "people"; answer option "d" was added
POWER accounts and monthly or annual contributions	36	Y	Change from "your" POWER account to "a" POWER account
POWER accounts and monthly or annual contributions	37	Y	Added "blood pressure checks, cholesterol screenings, or cancer screenings" ; Change from "your" POWER account to "the"



POWER accounts and monthly or annual contributions	38	Y	Change from "you" to "someone," change from "your" POWER account to "a" POWER account
POWER accounts and monthly or annual contributions	39	Y	Question structure changed
Access	N/A	N	N/A
Access	40	Y	"Prescription drugs" added
Access	41	N	N/A

Access	42	Y	Added "If at all"
Access	43	Y	"Don't know" was added to an answer option
Satisfaction with HIP	46	Y	Skip logic was changed

Satisfaction with HIP	47	Y	"Specify" option in "other" answer option deleted
Health Coverage Cost and Payment Options	N/A	Y	New Section Added
Health Coverage Cost and Payment Options	49	Y	New Question Added

Health Coverage Cost and Payment Options	52	Y	New Question Added
Demographics/About You	53	N	N/A
Demographics/About You	54	N	N/A

Demographics/About You	55	N	N/A
Demographics/About You	56	N	N/A
Demographics/About You	57	N	N/A

Demographics/About You	58	N	N/A
Demographics/About You	59	N	N/A

Demographics/About You	60	Y	Formatting changes to occur, will vary per survey mode.
Demographics/About You	61	N	N/A
Demographics/About You	62	N	N/A
Healthy Indiana Plan (HIP 2.0)	6	Y	New Question Added

Emergency Room	N/A	Y	Question was deleted
Health Coverage Cost and Payment Options	48	Y	New Question Added
Health Coverage Cost and Payment Options	N/A	Y	New Statement added
Health Coverage Cost and Payment Options	50	Y	New Question Added
Health Coverage Cost and Payment Options	51	Y	New Question Added



Justification
N/A
NEMT analysis report identified that one of the MCE's (Anthem) serving HIP 2.0 beneficiaries is providing NEMT
N/A
Increases clarity

N/A

N/A

Noted in public comments that use of "Medicaid" was not consistent with the language used throughout the surveys and was not necessary here.

Maintains consistency with changes made in prior question

Helps assess if participants have a dependable source of transportation to get to and from their health care visits in general

N/A

N/A

Captures participants experience related to getting transportation and transportation costs for separate health care services.

N/A

Instrument testing  
participants reported thinking  
of these as separate health  
care services

N/A

N/A

N/A

N/A

Instrument testing participants did not understand the skip pattern and dismissed it; removal of the skip makes the question less likely to lead respondents

N/A

Increases clarity of question

Instrument testing participants needed clarity on the time reference for this question; language was added to mirror previous question

Helps participants to continue think of the appropriate environment; i.e., the emergency room.
N/A
N/A
Increases clarity of question and time reference.
Provides more detail on possible reason; public comment recommendation
Increases clarity

Instrument testing  
participants expressed  
confusion about whether they  
had a POWER account; public  
comment recommendation

Increases quality of data  
collected by only asking  
question of those who are  
aware of having a POWER  
account

Instrument testing  
participants expressed  
confusion about whether they  
had a POWER account and  
POWER accounts in general;  
reduces tendency to lead  
participants; public comment  
recommendation

Increases clarity; includes  
option of non-payment in  
question

Instrument testing participants expressed confusion about whether they had a POWER account and POWER accounts in general; reduces tendency to lead participants; public comment recommendation

N/A

No need for those answer options; instrument testing participants did not think they were necessary; question moved to improve survey flow with the addition of new questions

Public comment recommendations; maintains consistency with asking financial burden questions to both HIP Plus and HIP Basic populations



Public comment recommendations; maintains consistency with asking financial burden questions to both HIP Plus and HIP Basic populations

Sends participants to the appropriate newly added question

Public comment recommendations; helps assess lockout policy knowledge

Instrument testing participants expressed confusion about whether they had a POWER account and POWER accounts in general; reduces tendency to lead participants; public comment recommendation

Instrument testing  
participants expressed  
confusion about whether they  
had a POWER account and  
POWER accounts in general;  
reduces tendency to lead  
participants; public comment  
recommendation

Instrument testing  
participants expressed  
confusion about whether they  
had a POWER account and  
POWER accounts in general;  
reduces tendency to lead  
participants; public comment  
recommendation

Instrument testing  
participants expressed  
confusion about POWER  
accounts; reduces tendency to  
lead participants; public  
comment recommendation;  
included other preventive  
services examples noted by  
testing participants

Instrument testing  
participants expressed  
confusion about whether they  
had a POWER account and  
POWER accounts in general;  
reduces tendency to lead  
participants; public comment  
recommendation

Public comment  
recommendation; diminishes  
leading participants

N/A

Public comment  
recommendation

N/A

Increases clarity; includes option of non-payment in question

Maintains consistent use of "Not sure/Don't know" among surveys

Sends participants to the appropriate next section

Not needed

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Increase clarity and reduce burden on participants

N/A

N/A

Will allow for better comparison in analysis

Public comment recommendation; instrument testing participants expressed confusion with this question; sufficient to assess seeking non-emergency care in the ED if participants indicate that they paid a copay

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

New Survey Section/Question (Submitted for OMB Approval)	Survey Section
<p>Are you currently enrolled in the “Healthy Indiana Plan 2.0” (also called “HIP 2.0”)?</p> <p>a. Yes  b. No →END  c. Not sure/ Don’t know → END</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>With which HIP 2.0 health plan are you enrolled?</p> <p>a. Anthem  b. MDwise  c. MHS – Managed Health Services  d. Not sure/Don’t know</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:  Please mark one answer in each row.  Yes No Not sure</p> <p>a. HIP Plus  b. HIP Basic</p>	<p>Healthy Indiana Plan (HIP 2.0)</p>
<p>For the next question, please think about your HIP 2.0 benefits package. For each of the following items, please indicate 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. Please mark one answer box in each row.</p> <p>My HIP 2.0 benefits package includes ..... Yes No Not sure</p> <p>a. Vision and dental care  b. A way I can get prescriptions in the mail  c. Copays for doctor care  d. Copays for prescription drugs  e. Copays for hospital stays  f. Contribution(s)</p>	<p>Healthy Indiana Plan (HIP 2.0)</p>

<p>Thinking about HIP Plus and HIP Basic, how well do you think you understand the differences between the two benefits packages?</p> <p>a. Very well b. Somewhat c. Not at all well</p>	<p>Healthy Indiana Plan (HIP 2.0)</p>
<p>The next set of questions is about your transportation going to and from health care visits. Please think about your health care visits in the last 6 months. Do not include visits to the emergency room or ER.</p>	<p>Transportation/NEMT</p>
<p>Does your HIP 2.0 benefits package provide transportation or cover the costs of transportation to and from health care visits (not including an ambulance)?</p> <p>a. Yes b. No → GO TO QUESTION 8 c. Not sure/Don't know → GO TO QUESTION 8</p>	<p>Transportation/NEMT</p>
<p>In the last 6 months, have you used transportation paid for by your HIP 2.0 benefits package to get to or from a health care visit?</p> <p>a. Yes b. No</p>	<p>Transportation/NEMT</p>
<p>In the last 6 months, did you have transportation to get to and from the doctor's office to get any health care services you need?</p> <p>a. Yes b. No c. I did not have a health care visit in the last 6 months</p>	<p>Transportation/NEMT</p>

<p>In the last 6 months, how much have you worried about your ability to pay for the cost of transportation or your ability to get transportation to a health care visit?</p> <p>a. Not at all  b. A little  c. Somewhat  d. A great deal</p>	<p>Transportation/NEMT</p>
<p>In the last 6 months, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?</p> <p>a. Yes  b. No →GO TO QUESTION 12  c. Not sure/Don't know →GO TO QUESTION 12</p>	<p>Transportation/NEMT</p>
<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation?  Please mark one answer in each row. Could not pay for transportation Could not get transportation No trouble with transportation for this type of care</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care for a non-emergency condition</p>	<p>Transportation/NEMT</p>
<p>In the last 6 months, was there any time you needed health care but did not get it because of costs other than transportation?</p> <p>a. Yes  b. No →GO TO QUESTION 14  c. Not sure →GO TO QUESTION 14</p>	<p>Transportation/NEMT</p>

<p>In the last 6 months, what types of health care were you unable to get because of cost others than transportation?</p> <p>Please mark one answer in each row. Yes No</p> <ul style="list-style-type: none"> <li>a. A visit to the doctor when you were sick</li> <li>b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services or cholesterol or cancer screenings)</li> <li>c. A follow up visit to get tests or care recommended by your doctor</li> <li>d. Dental care</li> <li>e. Vision (eye) care</li> <li>f. Prescription drugs</li> <li>g. Emergency room care</li> </ul>	<p>Transportation/NEMT</p>
<p>The next set of questions is about emergency room (ER) care and treatment.</p> <p>Some people use emergency rooms for both emergency and non-emergency care. An emergency is defined as any condition that could endanger your life or cause permanent disability if not treated immediately.</p>	<p>Emergency Room</p>
<p>How easy or hard is it for you to know when your health condition is an emergency?</p> <ul style="list-style-type: none"> <li>a. Very easy</li> <li>b. Somewhat easy</li> <li>c. Somewhat hard</li> <li>d. Very hard</li> </ul>	<p>Emergency Room</p>
<p>What does HIP 2.0 say you should do if you think you may need to go to the emergency room, but are not sure? Mark one or more.</p> <ul style="list-style-type: none"> <li>a. Go directly to the emergency room</li> <li>b. Call the phone number or hotline provided by HIP 2.0</li> <li>c. Call my doctor</li> <li>d. Ask my family or friends</li> </ul>	<p>Emergency Room</p>

<p>Please think about how HIP 2.0 would work for you if you went to the emergency room for care.</p> <p>If you go to the emergency room when your condition is an emergency and you did not call the 24-hour nurse helpline, do you have to pay a copay?</p> <p>a. Yes b. No c. Not sure/Don't know</p>	<p>Emergency Room</p>
<p>If you go to the emergency room when your condition is not an emergency and you did not call the 24-hour nurse helpline, do you have to pay a copay?</p> <p>a. Yes b. No c. Not sure/Don't know</p>	<p>Emergency Room</p>
<p>If you go to the emergency room more than once a year for a non-emergency condition, your copay would be ....</p> <p>a. Higher than \$8 b. \$8 c. Lower than \$8 d. Not sure/Don't know</p>	<p>Emergency Room</p>
<p>In the last 6 months, was there a time you thought about going to the emergency room when you needed care?</p> <p>a. Yes b. No → GO TO QUESTION 26</p>	<p>Emergency Room</p>
<p>In the last 6 months, when you needed care did you go to the emergency room?</p> <p>a. Yes b. No →GO TO QUESTION 25</p>	<p>Emergency Room</p>

<p>The last time you went to the emergency room, were you asked to pay a copay for the care you received in the emergency room?</p> <p>a. Yes  b. No →GO TO QUESTION 26  c. Not sure →GO TO QUESTION 26</p>	<p>Emergency Room</p>
<p>Were you told the reason for the copay was because your condition was not an emergency?</p> <p>a. Yes  b. No  c. Not sure/Don't know</p>	<p>Emergency Room</p>
<p>Were you told about another available provider where you could get the care you needed without the emergency room copay?</p> <p>a. Yes  b. No  c. Not sure/Don't know</p>	<p>Emergency Room</p>
<p>The last time you went to the emergency room, how was that copay paid, if at all?</p> <p>a. I paid it →GO TO QUESTION 26  b. Someone paid for it for me →GO TO QUESTION 26  c. The copay has not been paid →GO TO QUESTION 26  d. Not sure →GO TO QUESTION 26</p>	<p>Emergency Room</p>
<p>What was the main reason you did not go to the emergency room for care?</p> <p>a. Did not have a way to get there or could not afford to get there  b. Went to my doctor's office or clinic instead  c. Did not want to pay the copay  d. Waited to see if I would get better on my own  e. Some other reason</p>	<p>Emergency Room</p>
<p>The following questions are about your understanding and experience with HIP contributions and POWER accounts.</p>	<p>POWER accounts and contributions</p>



<p>Do you have a POWER account? POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts.</p> <p>a. Yes  b. No →GO TO QUESTION 28  c. Not sure/Don't know →GO TO QUESTION 28</p>	<p>POWER accounts and contributions</p>
<p>Do you know how much is in your POWER account today?</p> <p>a. Yes, I know exactly how much  b. Yes, I have a pretty good idea  c. I don't really know at all</p>	<p>POWER accounts and contributions</p>
<p>Do you currently contribute?</p> <p>a. I currently contribute monthly  b. Someone else contributes for me  c. I do not contribute → GO TO QUESTION 32  d. Not sure/Don't know → GO TO QUESTION 33</p>	<p>POWER accounts and contributions</p>
<p>How is that contribution paid, if at all?</p> <p>a. I pay it  b. Someone pays the full amount for me  c. I pay part and someone else pays part  d. The contribution has not been paid  e. Not sure/Don't know</p>	<p>POWER accounts and contributions</p>

<p>Would you say the amount you contribute is:</p> <ul style="list-style-type: none"> <li>a. More than I can afford</li> <li>b. An amount that I can afford</li> <li>c. Less than I can afford</li> <li>d. Not sure</li> </ul>	<p>POWER accounts and contributions</p>
<p>In the last 6 months, how worried were you about not having enough money to pay your contribution(s)?</p> <ul style="list-style-type: none"> <li>a. Not at all worried →GO TO QUESTION 35</li> <li>b. A little worried →GO TO QUESTION 35</li> <li>c. Somewhat worried →GO TO QUESTION 35</li> <li>d. Very worried →GO TO QUESTION 35</li> <li>e. Extremely worried →GO TO QUESTION 35</li> <li>f. Not sure/Don't know →GO TO QUESTION 35</li> </ul>	<p>POWER accounts and contributions</p>
<p>Why do you not contribute? Please mark one answer in each row. Yes No Not sure</p> <ul style="list-style-type: none"> <li>a. I do not have to contribute</li> <li>b. I could not afford to make the contributions</li> <li>c. I do not understand how to contribute/too confusing to understand</li> <li>d. I do not think contributing helps me</li> </ul>	<p>POWER accounts and contributions</p>
<p>Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. Would you say the amount you are required to pay for copays is:</p> <ul style="list-style-type: none"> <li>a. More than I can afford</li> <li>b. An amount that I can afford</li> <li>c. Less than I can afford</li> <li>d. Not sure</li> </ul>	<p>POWER accounts and contributions</p>

<p>In the last 6 months, how worried were you about not having enough money to pay your copays?</p> <ul style="list-style-type: none"> <li>a. Not at all worried</li> <li>b. A little worried</li> <li>c. Somewhat worried</li> <li>d. Very worried</li> <li>e. Extremely worried</li> </ul>	<p>POWER accounts and contributions</p>
<p>What do you think will happen, if anything, if a person's contribution(s) is not made on time?</p> <ul style="list-style-type: none"> <li>a. Nothing will change →GO TO QUESTION 37</li> <li>b. Their HIP 2.0 coverage will end</li> <li>c. They will get automatically moved to HIP Basic →GO TO QUESTION 37</li> <li>d. Not sure/Don't know →GO TO QUESTION 37</li> </ul>	<p>POWER accounts and contributions</p>
<p>How long do you think a person would need to wait to re-enroll in HIP 2.0?</p> <ul style="list-style-type: none"> <li>a. No wait time</li> <li>b. 3 months</li> <li>c. 6 months</li> <li>d. 12 months</li> <li>e. Not sure/Don't know</li> </ul>	<p>POWER accounts and contributions</p>
<p>How easy or hard is it to understand how a POWER account works?</p> <ul style="list-style-type: none"> <li>a. Very easy</li> <li>b. Somewhat easy</li> <li>c. Neither easy nor hard</li> <li>d. Somewhat hard</li> <li>e. Very hard</li> </ul>	<p>POWER accounts and contributions</p>

<p>For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.</p> <p>Please mark one answer in each row. Agree Disagree Not sure</p> <p>a. The State of Indiana contributes to POWER accounts  b. HIP 2.0 contribution(s) go to POWER accounts  c. POWER accounts help people pay for the health care services they need  d. POWER accounts help people understand the cost of their health care services  e. POWER accounts make people feel comfortable about paying for their health care services</p>	<p>POWER accounts and contributions</p>
<p>How easy or hard is it to understand what happens to any left over money in a POWER account at the end of year?</p> <p>a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	<p>POWER accounts and contributions</p>
<p>Preventive services are routine health care services that includes getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about preventive services and POWER accounts.</p> <p>Is the cost of preventive services paid from the POWER account?</p> <p>a. Yes  b. No  c. Not sure/ Don't know</p>	<p>POWER accounts and contributions</p>

<p>If someone gets all or some of their recommended preventive services, will some of the remaining money in a POWER account get rolled over into next year?</p> <p>a. Yes b. No c. Not sure/ Don't know</p>	<p>POWER accounts and contributions</p>
<p>Please tell us whether you agree, disagree, or are not sure with the following statement: POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.</p> <p>a. Agree b. Disagree c. Not sure/Don't know</p>	<p>POWER accounts and contributions</p>
<p>For the following questions please think about your health care experience in the last 6 months.</p>	<p>Access</p>
<p>In the last 6 months, did you go to a doctor, nurse, or any other health professional or get prescription drugs?</p> <p>a. Yes b. No →GO TO QUESTION 47 c. Not sure/Don't know →GO TO QUESTION 47</p>	<p>Access</p>
<p>Were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>a. Yes b. No →GO TO QUESTION 46 c. No, I was asked to pay the whole bill →GO TO QUESTION 46 d. Not sure/Don't know →GO TO QUESTION 46</p>	<p>Access</p>

<p>How was that copay paid, if at all?</p> <ul style="list-style-type: none"> <li>a. I paid it</li> <li>b. Someone paid it for me</li> <li>c. The copay has not been paid</li> <li>d. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>In the last 6 months, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>Thinking about your overall experience with HIP 2.0, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied</li> <li>b. Somewhat Satisfied</li> <li>c. Neither Satisfied nor Dissatisfied →GO TO QUESTION 49</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know →GO TO QUESTION 49</li> </ul>	<p>Satisfaction with HIP</p>

<p>Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below.  Please mark one answer in each row.  Very Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied</p> <ul style="list-style-type: none"> <li>a. Length of time for coverage to begin</li> <li>b. Ability to see my doctors with HIP 2.0</li> <li>c. Choice of doctors in HIP 2.0</li> <li>d. Coverage of health care services that I need</li> <li>e. Understanding how POWER accounts work</li> <li>f. Cost of contribution(s)</li> <li>g. HIP 2.0 Administrative issue(s) or process</li> </ul>	<p>Satisfaction with HIP</p>
<p>Health Coverage Cost and Payment Options</p> <p>We are studying ways to meet people’s health care needs, and would like your thoughts about what things you would like in your benefits package.</p>	<p>Health Coverage Cost and Payment Options</p>
<p>People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor’s office, go to the hospital, or get prescription drugs.</p> <p>If you could choose how to pay for your health care services, what would you choose?</p> <ul style="list-style-type: none"> <li>a. I would choose to pay copays at my health care visits</li> <li>b. I would choose to make monthly contributions</li> <li>c. It does not matter to me</li> </ul>	<p>Health Coverage Cost and Payment Options</p>

<p>How important are each of the following factors when thinking about enrolling in a benefits package? Please mark one answer in each row. Very important Somewhat important Not at all important</p> <ul style="list-style-type: none"> <li>h. The cost of monthly contributions</li> <li>i. The cost of copays for doctors visits</li> <li>j. The cost of copays for non-emergency visits to the emergency room</li> <li>k. The cost of copays for prescription drugs</li> <li>l. The length of time with no coverage if I miss a monthly contribution</li> <li>m. If I lose coverage, being able to pay a missed contribution to get my coverage back</li> </ul>	<p>Health Coverage Cost and Payment Options</p>
<p>Would you say that in general your health is:</p> <ul style="list-style-type: none"> <li>a. Excellent</li> <li>b. Very good</li> <li>c. Good</li> <li>d. Fair</li> <li>e. Poor</li> </ul>	<p>Demographics/About You</p>
<p>What is the highest grade or level of school that you have completed?</p> <ul style="list-style-type: none"> <li>a. 8th grade or less</li> <li>b. Some high school, but did not graduate</li> <li>c. High school graduate or GED</li> <li>d. Some college or 2-year degree</li> <li>e. 4-year college graduate</li> <li>f. More than 4-year college degree</li> </ul>	<p>Demographics/About You</p>



<p>What best describes your employment status?</p> <ul style="list-style-type: none"><li>a. Employed full-time</li><li>b. Employed part-time</li><li>c. Self-employed</li><li>d. A homemaker</li><li>e. A full-time student</li><li>f. Unable to work for health reasons</li><li>b. Unemployed</li></ul>	<p>Demographics/About You</p>
<p>What is your age?</p> <ul style="list-style-type: none"><li>a. 18 to 24</li><li>b. 25 to 34</li><li>c. 35 to 44</li><li>d. 45 to 54</li><li>e. 55 to 64</li><li>f. 65 to 74</li><li>g. 75 or older</li></ul>	<p>Demographics/About You</p>
<p>Are you male or female?</p> <ul style="list-style-type: none"><li>a. Male</li><li>b. Female</li></ul>	<p>Demographics/About You</p>

<p>Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)</p> <ul style="list-style-type: none"><li>a. No, not of Hispanic, Latino/a, or Spanish origin</li><li>b. Yes, Mexican, Mexican American, Chicano/a</li><li>c. Yes, Puerto Rican</li><li>d. Yes, Cuban</li><li>e. Yes, another Hispanic, Latino, or Spanish origin</li></ul>	<p>Demographics/About You</p>
<p>What is your race? Mark one or more.</p> <ul style="list-style-type: none"><li>a. White</li><li>b. Black or African-American</li><li>c. American Indian or Alaska Native</li><li>d. Asian Indian</li><li>e. Chinese</li><li>f. Filipino</li><li>g. Japanese</li><li>h. Korean</li><li>i. Vietnamese</li><li>j. Other Asian</li><li>k. Native Hawaiian</li><li>l. Guamanian or Chamorro</li><li>m. Samoan</li><li>n. Other Pacific Islander</li><li>o. Some other race</li></ul>	<p>Demographics/About You</p>

<p>60. Please circle the number of people in your family including yourself. Mark only one answer that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.</p> <p>Family size (including yourself)  Family Income Per Year  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</p>	<p>Demographics/About You</p>
<p>Did someone help you complete this survey?  a. Yes  b. No → GO TO END</p>	<p>Demographics/About You</p>
<p>How did that person help you? Mark one or more.  a. Read the questions to me  b. Wrote down the answers I gave  c. Answered the questions for me  d. Translated the questions into my language</p>	<p>Demographics/About You</p>
<p>N/A</p>	<p>N/A</p>

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Survey Question #	Edited?	Changes	Justification
1	Y	Added in 'also called'	Noted in public comment; increases clarity.
2	Y	Typo correction	Formatted version of the survey has been updated.
3	Y	Updated instructions	Instruction update for consistency.
4	Y	Updated instructions; Omitted mention of annual and monthly contribution	Instruction update for consistency; Per CMS request, omitted "monthly or annual" qualifier before "contributions".

5	N	N/A	N/A
N/A	N	N/A	N/A
6	Y	Description of NEMT benefit was omitted	Noted in public comments that it could increase confusion since description does not directly apply to HIP 2.0 NEMT benefits
7	N	N/A	N/A
8	Y	your most recent health care visit' was omitted; 'the doctor's office to get any health care services you need' was added	Increases clarity.

9	N	N/A	N/A
10	N	N/A	N/A
11	Y	Updated instructions; included 'family planning services' prenatal services' in answer option b; included 'for a non-emergency condition' in answer option g	Instruction update for consistency; Noted in public comments to be more inclusive of specific women's preventive services; Noted in public comments the need for more clarity in answer option g.
12	Y	Addition of 'other than transportation'; Order of question was changed; survey section was changed	To increase clarity and improve survey flow.

13	Y	Addition of 'other than transportation'; inclusion of 'family planning services, prenatal services'; Order of question was changes; survey section was changed	To increase clarity and improve survey flow; Noted in public comments to be more inclusive of women's preventive services
N/A	N	N/A	N/A
14	N	N/A	N/A
15	Y	Added in 'may' and 'but are not sure'	To increase clarity and be consistent with HIP 2.0 ER protocols; Noted in public comments as well as comments from CMS.



16	Y	Removed copay definition; Added in language on the 24-hour nurse helpline	To increase clarity and be consistent with HIP 2.0 ER protocols; Noted in public comments.
17	Y	Added in language on the 24-hour nurse helpline	To increase clarity and be consistent with HIP 2.0 ER protocols; Noted in public comments.
18	Y	Language in question was updated; Inclusion of \$8 in answer options	Noted in public comments to help increase clarity
19	N	N/A	N/A
20	N	N/A	N/A

21	Y	Time reference was updated	Noted in public comments to increase clarity.
22	Y	New question added	Noted in public comments.
23	Y	New question added	Noted in public comments.
24	Y	If at all' was included in question	Noted in public comments to increase clarity and reduce bias.
25	N	N/A	N/A
NA	Y	Omitted mention of annual and monthly contribution	References to 'monthly' and 'annual' were omitted per CMS request.

26	N	N/A	N/A
27	N	N/A	N/A
28	Y	Some people are required to make monthly or annual contributions' was omitted; Answer option referencing an annual payment was omitted; 'Not sure/Don't know' has been added	Noted in public comment; distinguishing between monthly and annual were omitted per CMS request; Addition of answer option helps increase clarity among survey modes.
29	Y	Omitted mention of annual and monthly contribution	Distinguishing between monthly and annual were omitted per CMS request.

30	Y	are required to' was omitted; answer option b was edited; Omitted mention of annual and monthly contribution	Noted in public comment as biased; Increases clarity; Distinguishing between monthly and annual were omitted per CMS request.
31	Y	Answer options expanded from 3 point Likert scale to a 5 point Likert scale; 'Not sure/Don't know' has been added.	Noted in public comments and CMS feedback; Addition of answer option helps increase clarity among survey modes.
32	Y	Updated instructions	Instruction update for consistency.
33	Y	Answer option b was edited	Noted in public comment as biased; Increases clarity and maintains consistency.

34	Y	Answer options expanded from 3 point Likert scale to a 5 point Likert scale.	Noted in public comments and CMS feedback.
35	Y	Language updated to increase clarity and make question more general	Increase clarity.
36	Y	Language updated to increase clarity and make question more general; reorder answer options for clarity	Increase clarity .
37	Y	Omitted 'use'	Noted in public comment to increase clarity.

38	Y	Updated instructions; Omitted mention of annual and monthly contribution	Instruction update for consistency; Distinguishing between monthly and annual were omitted per CMS request.
39	N	N/A	N/A
40	Y	Inclusion of 'family planning services, prenatal services' and the reference to their experience with preventive services and POWER accounts have been omitted	Noted in public comments to be more inclusive of women's preventive services and to help increase clarity of the intent of these particular survey questions following the description.

41	N	N/A	N/A
42	Y	or are not sure about' was added.	Helps increase clarity of question structure.
N/A	N	N/A	N/A
43	N	N/A	N/A
44	Y	Answer option c was added.	Noted in public comments; Helps increase clarity.

45	N	N/A	N/A
46	N	N/A	N/A
47	Y	Skips updated to jump to a revised question	Noted in public comments.



48	Y	Answer options made more general to assess both satisfaction and dissatisfaction	Noted in public comments.
N/A	Y	Language updated	Increase clarity given the changes in this survey section.
49	N	Annual' was omitted.	Noted in public comments and CMS feedback.

50	Y	Question was updated	Noted in public comments; Per CMS request; Increase clarity given the survey revisions in the survey section.
51	N	N/A	N/A
52	N	N/A	N/A

53	Y	Expanded answer options	Noted in public comment.
54	N	N/A	N/A
55	N	N/A	N/A

56	N	N/A	N/A
57	N	N/A	N/A

58	Y	Formatted and language revisions were made	Noted in public comment to help increase clarity.
59	N	N/A	N/A
60	N	N/A	N/A
N/A	Y	Survey question has been omitted	Noted in public comments.

N/A	N/A	N/A	N/A
N/A	Y	Question was omitted	Noted in public comments; Per CMS request.
N/A	Y	Question was omitted	Noted in public comments; Per CMS request.
N/A	Y	Question was omitted	Noted in public comments; Per CMS request.
N/A	Y	Question was omitted	Noted in public comments; Per CMS request.

Survey Section	Enrollee Survey Questions (Testing Version)
About Your HIP 2.0 Enrollment	<p>1. Are you currently enrolled in the “Healthy Indiana Plan 2.0” or “HIP 2.0”?</p> <p>a. Yes  b. No → GO TO END  c. Not sure/ Don’t know → GO TO END</p>
About Your HIP 2.0 Enrollment	<p>2. Did you enroll in HIP 2.0 in 2016?</p> <p>a. Yes  b. No → GO TO END</p>
N/A	N/A
Healthy Indiana Plan (HIP) 2.0	<p>3. HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:</p> <p>Universe: HIP Basic and HIP Plus  Yes No Not sure</p> <p>a. HIP Plus  b. HIP Basic</p>
Healthy Indiana Plan (HIP) 2.0	<p>4. When you enrolled in HIP 2.0, did you look for any information in written materials or on the Internet about your benefits package?</p> <p>Source: Adapted from CAHPS QHP survey  Universe: HIP Basic and HIP Plus</p> <p>a. Yes  b. No → GO TO QUESTION 6</p>

<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>5. How helpful was the information about your benefits package? Universe: HIP Basic and HIP Plus a. Very helpful b. Somewhat helpful c. Not at all helpful</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>6. 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 a. Yes b. No → GO TO QUESTION 8</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>7. How helpful was the information you got? Universe: HIP Basic and HIP Plus a. Very helpful b. Somewhat helpful c. Not at all helpful</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>10. How long did it take you to get HIP 2.0 coverage? Universe: HIP Basic and HIP Plus a. A few days b. A few weeks c. A few months d. More than a few months</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>21. 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 a. I am not required to make contributions b. Nothing will change c. My HIP 2.0 coverage will end d. I will get automatically moved to HIP Basic e. Not sure/Don't know</p>



N/A	N/A
Healthy Indiana Plan (HIP) 2.0	<p>16. 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</p>
Healthy Indiana Plan (HIP) 2.0	<p>17. Did you do to get your HIP 2.0 coverage quickly? Mark one or more  Universe: HIP Basic and HIP Plus  a. Yes, I made my monthly or annual contribution  b. Yes, I made a \$10 payment or "fast track" payment  c. Yes, My health plan, health care provider, or a non-profit organization made a \$10 payment or "fast track" payment for me  d. No, I did not do anything to get my HIP 2.0 coverage more quickly</p>
N/A	N/A

<p>N/A</p>	<p>N/A</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>13. 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 a. Very easy b. Somewhat easy c. Neither easy nor hard d. Somewhat hard e. Very hard</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>14. 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 a. I got help from family or friends b. I got help from my doctor or health care provider c. I got help from a HIP toll free number d. I got help from an online HIP representative e. I did not get any help</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>20. How well do you think you understand your benefits package? Universe: HIP Basic and HIP Plus a. Very well b. Somewhat c. Not at all well</p>

<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>For the next few questions, please think about your current HIP 2.0 benefits package.</p> <p>19. 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</p> <p>My HIP benefits package includes ..... Yes No Not sure</p> <ul style="list-style-type: none"> <li>a. Vision and dental care</li> <li>b. A way I can get prescriptions in the mail</li> <li>c. Copays for doctor care</li> <li>d. Copays for prescription drugs</li> <li>e. Copays for hospital stays</li> <li>f. A required monthly or annual contribution</li> </ul>
<p>Satisfaction with HIP</p>	<p>22. Thinking about your overall experience with HIP 2.0, would you say you are:</p> <p>Source: Lewin Basic and Plus survey and MPR Enrollee survey Universe: HIP Basic and Plus</p> <ul style="list-style-type: none"> <li>a. Very Satisfied → GO TO THE DEMOGRAPHICS SECTION, PAGE 8</li> <li>b. Somewhat Satisfied → GO TO THE DEMOGRAPHICS SECTION, PAGE 8</li> <li>c. Neither Satisfied nor Dissatisfied → GO TO THE DEMOGRAPHICS SECTION, PAGE 8</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know → GO TO THE DEMOGRAPHICS SECTION, PAGE 8</li> </ul>
<p>Satisfaction with HIP</p>	<p>23. Why are you dissatisfied? Mark one or more</p> <p>Universe: HIP Basic and Plus</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin</li> <li>b. Can't see my doctor with HIP 2.0</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0</li> <li>d. Does not cover services that I need</li> <li>e. Hard understand how POWER account works</li> <li>f. Have to pay too much for POWER account</li> <li>g. Have to pay too much for copays</li> <li>h. Shifted from HIP Plus to HIP Basic</li> <li>i. Dissatisfied with administrative issue(s) or process</li> <li>j. Other reason not listed above: (specify) _____</li> </ul>

N/A	N/A
N/A	N/A
N/A	N/A
Demographics/About You	24. Would you say that in general your health is: Source: BRFSS Universe: HIP Basic and HIP Plus a. Excellent b. Very good c. Good d. Fair e. Poor

<p>Demographics/About You</p>	<p>25. What is the highest grade or level of school that you have completed?  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. 8th grade or less  b. Some high school, but did not graduate  c. High school graduate or GED  d. Some college or 2-year degree  e. 4-year college graduate  f. More than 4-year college degree</p>
<p>Demographics/About You</p>	<p>26. What best describes your employment status?  Universe: HIP Basic and HIP Plus  a. Employed full- or part-time  b. Unemployed</p>
<p>Demographics/About You</p>	<p>27. What is your age?  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. 18 to 24  b. 25 to 34  c. 35 to 44  d. 45 to 54  e. 55 to 64  f. 65 to 74  g. 75 or older</p>
<p>Demographics/About You</p>	<p>28. Are you male or female?  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. Male  b. Female</p>

<p>Demographics/About You</p>	<p>29. 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  a. No, not of Hispanic, Latino/a, or Spanish origin  b. Yes, Mexican, Mexican American, Chicano/a  c. Yes, Puerto Rican  d. Yes, Cuban  e. Yes, another Hispanic, Latino, or Spanish origin</p>
<p>Demographics/About You</p>	<p>30. What is your race? Mark one or more  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. White  b. Black or African-American  c. American Indian or Alaska Native  d. Asian Indian  e. Chinese  f. Filipino  g. Japanese  h. Korean  i. Vietnamese  j. Other Asian  k. Native Hawaiian  l. Guamanian or Chamorro  m. Samoan  n. Other Pacific Islander  o. Some other race</p>

Demographics/About You	<p>31. [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</p>
Demographics/About You	<p>32. Did someone help you complete this survey?  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. Yes  b. No → GO TO END</p>
Demographics/About You	<p>33. How did that person help you? Mark one or more  Source: Nationwide Medicaid CAHPS  Universe: HIP Basic and HIP Plus  a. Read the questions to me  b. Wrote down the answers I gave  c. Answered the questions for me  d. Translated the questions into my language</p>

<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>8. 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 a. Yes b. No → GO TO QUESTION 10</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>9. How easy or hard was it to fill out the forms? Universe: HIP Basic and HIP Plus a. Very easy b. Somewhat easy c. Neither easy nor hard d. Somewhat hard e. Very hard</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>11. 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 a. Yes b. No → GO TO QUESTION 16 c. Unsure/Don't know → GO TO QUESTION 16</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>12. 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 a. Making a monthly or annual contribution b. Paying a co-pay at each visit c. Having dental and vision benefits d. Fits within my budget e. Getting coverage more quickly</p>
<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>15. 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 a. Very easy b. Somewhat easy c. Neither easy nor hard d. Somewhat hard e. Very hard</p>



<p>Healthy Indiana Plan (HIP) 2.0</p>	<p>18. How satisfied were you with how long it took to get your HIP 2.0 coverage?  Universe: HIP Basic and HIP Plus  a. Very satisfied  b. Satisfied  c. Neutral  d. Dissatisfied  e. Very dissatisfied  For the next few questions, please think about your current HIP 2.0 benefits package.</p>
<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>

## HIP 2.0 Beneficiary Survey Crosswalk: New Enrollee Survey

OMB Control Number: 0938-1300

CMS-10615

Survey Question #	New Survey Section/Question (Submitted for 30-day Public Comment)	Survey Section
1	N/A	About Your HIP 2.0 Enrollment
2	N/A	About Your HIP 2.0 Enrollment
N/A	With which HIP 2.0 health plan are you enrolled? a. Anthem b. MDwise c. MHS - Managed Health Services d. Not sure/Don't know	About Your HIP 2.0 Enrollment
3	N/A	Healthy Indiana Plan (HIP) 2.0
4	When you enrolled in HIP 2.0, did you look for any information in written materials or on the Internet about your benefits package? a. Yes b. No → GO TO QUESTION 7	Healthy Indiana Plan (HIP) 2.0

5	N/A	Healthy Indiana Plan (HIP) 2.0
6	<p>When you enrolled in HIP 2.0, did you get information or help from a customer service representative?</p> <p>a. Yes b. No → GO TO QUESTION 9</p>	Healthy Indiana Plan (HIP) 2.0
7	N/A	Healthy Indiana Plan (HIP) 2.0
10	<p>11. From the time you submitted your application, how long did it take you to get HIP 2.0 coverage?</p> <p>a. A few days b. A few weeks c. A few months d. More than a few months</p>	Healthy Indiana Plan (HIP) 2.0
21	<p>What do you think will happen, if anything, if your monthly or annual contribution is not made on time? Please select the best answer.</p> <p>a. I am not required to make contributions → GO TO QUESTION 24 b. Nothing will change → GO TO QUESTION 24 c. My HIP 2.0 coverage will end d. I will get automatically moved to HIP Basic → GO TO QUESTION 24 e. Not sure/Don't know → GO TO QUESTION 24</p>	Healthy Indiana Plan (HIP) 2.0

N/A	<p>How long do you think you would need to wait to re-enroll in HIP 2.0?</p> <p>a. 3 months  b. 6 months  c. 12 months  d. No wait time  e. Not sure/Don't know</p>	Healthy Indiana Plan (HIP) 2.0
16	<p>Please tell us whether you agree or disagree with the following statement: A person could have done something to get coverage quickly.</p> <p>a. Agree  b. Disagree  c. Not sure/Don't know</p>	Healthy Indiana Plan (HIP) 2.0
17	N/A	Healthy Indiana Plan (HIP) 2.0
18	N	N/A

18	N	N/A
13	N/A	Healthy Indiana Plan (HIP) 2.0
14	<p>15. Did you get any help in deciding which benefits package would be best for you? Mark one or more</p> <ul style="list-style-type: none"> <li>a. I got help from family or friends</li> <li>b. I got help from my doctor or health care provider</li> <li>c. I got help from a HIP toll free number</li> <li>d. I got help from a HIP representative in-person or online</li> <li>e. I did not get any help</li> </ul>	Healthy Indiana Plan (HIP) 2.0
20	N/A	Healthy Indiana Plan (HIP) 2.0

19	<p>For the next few questions, please think about your current HIP 2.0 benefits package.</p> <p>20. 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. Mark one box in each row</p> <p>My HIP benefits package includes ..... Yes No Not sure</p> <ul style="list-style-type: none"> <li>a. Vision and dental care</li> <li>b. A way I can get prescriptions in the mail</li> <li>c. Copays for doctor care</li> <li>d. Copays for prescription drugs</li> <li>e. Copays for hospital stays</li> <li>f. A required monthly or annual contribution</li> </ul>	Healthy Indiana Plan (HIP) 2.0
22	<p>Thinking about your overall experience with HIP 2.0, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied → GO TO THE HEALTH COVERAGE COST SECTION, QUESTION 28</li> <li>b. Somewhat Satisfied → GO TO THE HEALTH COVERAGE COST SECTION, QUESTION 28</li> <li>c. Neither Satisfied nor Dissatisfied → GO TO THE HEALTH COVERAGE COST SECTION, QUESTION 28</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know → GO TO THE HEALTH COVERAGE COST SECTION, QUESTION 28</li> </ul>	Satisfaction with HIP
23	<p>Why are you dissatisfied? Mark one or more</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin</li> <li>b. Can't see my doctor with HIP 2.0</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0</li> <li>d. Does not cover services that I need</li> <li>e. Hard to understand how POWER account works</li> <li>f. Have to pay too much for POWER account</li> <li>g. Have to pay too much for copays</li> <li>h. Shifted from HIP Plus to HIP Basic</li> <li>i. Dissatisfied with administrative issue(s) or process</li> <li>j. Other reason</li> </ul>	Satisfaction with HIP

N/A	<p>Health Coverage Cost and Payment Options</p> <p>We are studying ways to meet people's health care needs, and would like your thoughts about some possible benefits package choices. For the next few questions, please think about what things you would like in any benefits package.</p>	Health Coverage Cost and Payment Options
N/A	<p>People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>If you could choose how to pay for your health care services, what would you choose?</p> <p>a. I would choose to pay copays at my health care visits  b. I would choose to make monthly or annual contributions  c. It does not matter to me</p>	Health Coverage Cost and Payment Options
N/A	<p>How important were the following factors when thinking about enrolling in Benefits Package X and Benefits Package Y? Please mark one box in each row. Very important Somewhat important Not at all important</p> <p>a. The cost of monthly contributions  b. The cost of copays  c. The length of time I would have no coverage if I missed a monthly contribution  d. The ability to pay the amount I owe to get my coverage back</p>	Health Coverage Cost and Payment Options
24	N/A	Demographics/About You

25	N/A	Demographics/About You
26	N/A	Demographics/About You
27	N/A	Demographics/About You
28	N/A	Demographics/About You



29	N/A	Demographics/About You
30	N/A	Demographics/About You

31	<p>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. <i>Mark only one white box</i></p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>	Demographics/About You
32	N/A	Demographics/About You
33	N/A	Demographics/About You

8	<p>When you enrolled in HIP 2.0, did you receive any forms to fill out?</p> <p>a. Yes b. No → GO TO QUESTION 11</p>	Healthy Indiana Plan (HIP) 2.0
9	N/A	Healthy Indiana Plan (HIP) 2.0
11	<p>12. When you enrolled in HIP 2.0, did you have a choice between HIP Basic and HIP Plus?</p> <p>a. Yes b. No → GO TO QUESTION 17 c. Not sure/Don't know → GO TO QUESTION 17</p>	Healthy Indiana Plan (HIP) 2.0
12	<p>13. How important were the following factors in helping you choose between HIP Basic and HIP Plus?</p> <p>Please mark one box in each row. Very important Somewhat important Not at all important</p> <p>a. Making a monthly or annual contribution b. Paying a copay at each visit c. Having dental and vision benefits d. Being able to afford costs e. Getting coverage more quickly</p>	Healthy Indiana Plan (HIP) 2.0
15	N/A	Healthy Indiana Plan (HIP) 2.0

18	N/A	Healthy Indiana Plan (HIP) 2.0
N/A	<p>In general, do you like having a choice between benefits packages?</p> <p>a. No, I do not like having a choice  b. Yes, I like having a choice  c. Having a choice does not matter to me</p>	Health Coverage Cost and Payment Options
N/A	<p>When you answer the following questions we would like you to think about a time when you might need to choose your benefits package and what things are important for you and your health care needs. Below we show two different benefits package choices, Benefits Package X and Benefits Package Y.</p> <p>In Benefits Package X:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and no copays</li> <li>• If you miss your monthly contribution, your coverage will end for six months</li> </ul> <p>In Benefits Package Y:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and may have copays</li> <li>• If you miss your monthly contribution, you will not have coverage until you pay the amount owed or until three months have passed</li> </ul>	Health Coverage Cost and Payment Options
N/A	<p>How likely would you be to enroll in Benefits Package X?</p> <p>a. Very likely  b. Somewhat likely  c. Not likely</p>	Health Coverage Cost and Payment Options
N/A	<p>How likely would you be to enroll in Benefits Package Y?</p> <p>a. Very likely  b. Somewhat likely  c. Not likely</p>	Health Coverage Cost and Payment Options

Survey Question #	Edited?	Changes	Justification
1	N	N/A	N/A
2	N	N/A	N/A
3	Y	Question Added	NEMT analysis report identified that one of the MCE's (Anthem) serving HIP 2.0 beneficiaries is providing NEMT
4	N	N/A	N/A
5	N	N/A	N/A

6	N	N/A	N/A
7	N	N/A	N/A
8	N	N/A	N/A
11	Y	"From the time you submitted your application" was added	Public comment recommendations; increases clarity of time reference
22	Y	Skip logic was added	Sends participants to the appropriate new survey questions

23	Y	Question Added	Public comment recommendations; helps assess lockout policy knowledge
17	Y	Answer options were changed and adapted	Public comment recommendation; diminishes leading participants
18	N	N/A	N/A
N/A	N	N/A	N/A

N/A	N	N/A	N/A
14	N	N/A	N/A
15	Y	Added "in-person or online"	Increases clarity, more specific
21	N	N/A	N/A



20	Y	"Mark one box in each row" was added	Increases clarity for how to respond to question
24	Y	Skip logic was changed	Sends participants to the appropriate next section
25	Y	"Specify" in "other" answer option deleted	Not needed

N/A	Y	New Section added	Helps assess beneficiary health plan choices and preferences, etc.
27	Y	Statement Added	Helps assess beneficiary health plan choices and preferences, etc.
30	Y	Question Added	Helps assess beneficiary health plan choices and preferences, etc.
31	N	N/A	N/A

32	N	N/A	N/A
33	N	N/A	N/A
34	N	N/A	N/A
35	N	N/A	N/A

36	N	N/A	N/A
37	N	N/A	N/A

38	Y	Formatting changes to occur and will vary per survey mode.	Increase clarity and reduce burden on participants
39	N	N/A	N/A
40	N	N/A	N/A

9	N	N/A	N/A
10	N	N/A	N/A
12	Y	"Unsure" changed to "Not sure"	Maintains consistent use of "Not sure/Don't know" among surveys
13	Y	"Fits within my budget" was changed to "Being able to afford costs"	Public comment; increases clarity, more specific
16	N	N/A	N/A

19	N	N/A	N/A
26	Y	Question Added	Helps assess beneficiary health plan choices and preferences, etc.
N/A	Y	Question Added	Helps assess beneficiary health plan choices and preferences, etc.
28	Y	Question Added	Helps assess beneficiary health plan choices and preferences, etc.
29	Y	Question Added	Helps assess beneficiary health plan choices and preferences, etc.

**New Survey Section/Question (Submitted for OMB Approval)**

Are you currently enrolled in the “Healthy Indiana Plan 2.0” (also called “HIP 2.0”)?

- a. Yes
- b. No →GO TO END
- c. Not sure/ Don’t know → GO TO END

Did you enroll in HIP 2.0 in 2016?

- a. Yes
- b. No → GO TO END

With which HIP 2.0 health plan are you enrolled?

- a. Anthem
- b. MDwise
- c. MHS - Managed Health Services
- d. Not sure/Don’t know

HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:  
Please mark one answer in each row.

- Yes No Not sure
- a. HIP Plus
  - b. HIP Basic

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

- a. Yes
- b. No → GO TO QUESTION 7



How helpful was the information about your benefits package?

- a. Very helpful
- b. Somewhat helpful
- c. Not at all helpful

When you enrolled in HIP 2.0, did you get information or help from a customer service representative?

- a. Yes
- b. No → GO TO QUESTION 9

How helpful was the information you got?

- a. Very helpful
- b. Somewhat helpful
- c. Not at all helpful

From the time you submitted your application, how much time did it take for your HIP 2.0 coverage to start?

- a. Less than a month
- b. 1 to 3 months
- c. More than 3 months
- d. Not sure/Don't know

What do you think will happen, if anything, if your contribution(s) is not made on time?

- a. I am not required to make contributions →GO TO QUESTION 12
- b. Nothing will change →GO TO QUESTION 12
- c. My HIP 2.0 coverage will end
- d. I will get automatically moved to HIP Basic →GO TO QUESTION 12
- e. Not sure/Don't know →GO TO QUESTION 12

How long do you think you would need to wait to re-enroll in HIP 2.0?

- a. No wait time
- b. 3 months
- c. 6 months
- d. 12 months
- e. Not sure/Don't know

For the next few questions, please think about your HIP 2.0 enrollment experience.

Please tell us whether you agree, disagree, or are not sure about the following statement: You can do something to get coverage while your application is still being processed.

- a. Agree
- b. Disagree
- c. Not sure/Don't know

Which of the following things could you do to get your HIP 2.0 coverage as soon as possible?

Please mark one answer in each row. Yes No Not sure

- a. Pay my contribution(s) when I get my invoice
- b. Pay \$10 or make a "fast track" payment
- c. My health plan, health care provider, or a non-profit organization pays \$10 or makes a "fast track" payment for me
- d. Apply for temporary coverage with the help of someone at a health care providers' office or hospital
- e. Return my completed application quickly
- f. Ask for help to complete my application quickly

When you enrolled in HIP 2.0, did you do any of the following things to get your HIP 2.0 coverage as soon as possible?

Please mark one answer in each row. Yes No Not sure

- a. Paid my contribution(s) when I got my invoice
- b. Paid \$10 or made a "fast track" payment
- c. My health plan, health care provider, or a non-profit organization paid \$10 or made a "fast track" payment for me
- d. Applied for temporary coverage with the help of someone at a health care providers' office or hospital
- e. Returned my completed application quickly
- f. Asked for help to complete my application quickly

When you enrolled in HIP 2.0, did you think it was easy or hard to ...  
Please mark one answer in each row. Very easy Somewhat easy Neither easy nor hard Somewhat hard Very hard

- a. Pay my contribution(s) when I get my invoice
- b. Pay \$10 or make a "fast track" payment
- c. My health plan, health care provider, or a non-profit organization pays \$10 or makes a "fast track" payment for me
- d. Apply for temporary coverage with the help of someone at a health care providers' office or hospital
- e. Return my completed application quickly
- f. Ask for help to complete my application quickly

When you enrolled in HIP 2.0, how easy or hard was it to understand the differences between HIP Basic and HIP Plus?

- a. Very easy
- b. Somewhat easy
- c. Neither easy nor hard
- d. Somewhat hard
- e. Very hard

Did you get any help in understanding the differences between HIP Basic and HIP Plus? Mark one or more.

- a. I got help from family or friends
- b. I got help from my doctor or health care provider
- c. I got help from a HIP toll free number and/or a HIP representative in-person or online
- d. I got help from my health plan (i.e. Anthem, MDwise, MHS - Managed Health Services)
- e. I got help from another source
- f. I did not get any help

How well do you think you understand your benefits package?

- a. Very well
- b. Somewhat
- c. Not at all well

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. Please mark one answer in each row.

My HIP benefits package includes ..... Yes No Not sure

- a. Vision and dental care
- b. A way I can get prescriptions in the mail
- c. Copays for doctor care
- d. Copays for prescription drugs
- e. Copays for hospital stays
- f. Contribution (s)

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

- a. Very Satisfied
- b. Somewhat Satisfied
- c. Neither Satisfied nor Dissatisfied → GO TO QUESTION 22
- d. Somewhat Dissatisfied
- e. Very Dissatisfied
- f. Not sure/ Don't know → GO TO QUESTION 22

Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below. Please mark one answer in each row. Very Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied

- a. Length of time for coverage to begin
- b. Ability to see my doctors with HIP 2.0
- c. Choice of doctors in HIP 2.0
- d. Coverage of health care services that I need
- e. Understanding how POWER accounts work
- f. Cost of contribution(s)
- g. HIP 2.0 enrollment process

## Health Coverage Cost and Payment Options

We are studying ways to meet people's health care needs, and would like your thoughts about what things you would like in your benefits package.

People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.

If you could choose how to pay for your health care services, what would you choose?

- a. I would choose to pay copays at my health care visits
- b. I would choose to make monthly contributions
- c. It does not matter to me

How important are each of the following factors when thinking about enrolling in a benefits package?

Please mark one answer in each row. Very important Somewhat important Not at all important

- h. The cost of monthly contributions
- i. The cost of copays for doctors visits
- j. The cost of copays for non-emergency visits to the emergency room
- k. The cost of copays for prescription drugs
- l. The length of time with no coverage if I miss a monthly contribution
- m. If I lose coverage, being able to pay a missed contribution to get my coverage back

Would you say that in general your health is:

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

What is the highest grade or level of school that you have completed?

- a. 8th grade or less
- b. Some high school, but did not graduate
- c. High school graduate or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. More than 4-year college degree

What best describes your employment status?

- a. Employed full-time
- b. Employed part-time
- c. Self-employed
- d. A homemaker
- e. A full-time student
- f. Unable to work for health reasons
- b. Unemployed

What is your age?

- a. 18 to 24
- b. 25 to 34
- c. 35 to 44
- d. 45 to 54
- e. 55 to 64
- f. 65 to 74
- g. 75 or older

Are you male or female?

- a. Male
- b. Female

Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)

- a. No, not of Hispanic, Latino/a, or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano/a
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, another Hispanic, Latino, or Spanish origin

What is your race? Mark one or more.

- a. White
- b. Black or African-American
- c. American Indian or Alaska Native
- d. Asian Indian
- e. Chinese
- f. Filipino
- g. Japanese
- h. Korean
- i. Vietnamese
- j. Other Asian
- k. Native Hawaiian
- l. Guamanian or Chamorro
- m. Samoan
- n. Other Pacific Islander
- o. Some other race

60. Please circle the number of people in your family including yourself. Mark only one answer that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

Family size (including yourself)

Family Income Per Year

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

Did someone help you complete this survey?

a. Yes

b. No → GO TO END

How did that person help you? Mark one or more.

a. Read the questions to me

b. Wrote down the answers I gave

c. Answered the questions for me

d. Translated the questions into my language



N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Survey Section	Survey Question #	Edited?	Changes
About Your HIP 2.0 Enrollment	1	Y	Added in 'also called'
About Your HIP 2.0 Enrollment	2	N	N/A
About Your HIP 2.0 Enrollment	3	N	N/A
Healthy Indiana Plan (HIP) 2.0	4	Y	Updated instructions
Healthy Indiana Plan (HIP) 2.0	5	N	N/A

Healthy Indiana Plan (HIP) 2.0	6	N	N/A
Healthy Indiana Plan (HIP) 2.0	7	N	N/A
Healthy Indiana Plan (HIP) 2.0	8	N	N/A
Healthy Indiana Plan (HIP) 2.0	9	Y	Added in more specific time frames of reference in each answer option
About Your HIP 2.0 Enrollment	10	Y	Survey question re-ordered

About Your HIP 2.0 Enrollment	11	Y	Survey question re-ordered; Answer options re-ordered
About Your HIP 2.0 Enrollment	12	Y	Introductory language referencing the appropriate time frame of reference was added; Inclusion of 'are not sure'; Edited to refer to respondents themselves vs. a person; Statement was revised to include an action taken to get coverage while their application was still being processed
About Your HIP 2.0 Enrollment	13	Y	Survey question was revised to be more broad and assess beneficiary awareness of actions they could take to get their HIP 2.0 coverage as soon as possible. Answer options were expanded to include 'd', 'e', and 'f'.
About Your HIP 2.0 Enrollment	14	Y	New question added

About Your HIP 2.0 Enrollment	15	Y	New question added
About Your HIP 2.0 Enrollment	16	Y	Order of this question was revised
About Your HIP 2.0 Enrollment	17	Y	Order of this question was revised; Answer options were combined; Answer option d and e were added
About Your HIP 2.0 Enrollment	18	Y	Survey question re-ordered

About Your HIP 2.0 Enrollment	19	Y	Survey question re-ordered; Updated instructions for consistency; answer option f. was updated and no longer distinguishes between monthly or annual contributions
Satisfaction with HIP	20	Y	Skip logic was removed for answer option a and b
Satisfaction with HIP	21	Y	Survey structure and answer options were updated appropriately in order assess satisfaction and dissatisfaction

Health Coverage Cost and Payment Options	N/A	Y	Language updated
Health Coverage Cost and Payment Options	22	Y	Annual' was omitted.
Health Coverage Cost and Payment Options	23	Y	Question was updated
Demographics/About You	24	N	N/A



Demographics/About You	25	N	N/A
Demographics/About You	26	Y	Expanded answer options
Demographics/About You	27	N	N/A
Demographics/About You	28	N	N/A

Demographics/About You	28	N	N/A
Demographics/About You	30	N	N/A

Demographics/About You	31	Y	Formatted and language revisions were made
Demographics/About You	32	N	N/A
Demographics/About You	33	N	N/A

N/A	N/A	Y	Survey question has been omitted
N/A	N/A	Y	Survey question has been omit
N/A	N/A	Y	Survey question has been omit
N/A	N/A	Y	Survey question has been omit
N/A	N/A	Y	Survey question has been omitted

N/A	N/A	Y	Survey question has been omitted
N/A	N/A	Y	Question was omitted
N/A	N/A	Y	Question was omitted
N/A	N/A	Y	Question was omitted
N/A	N/A	Y	Question was omitted
N/A	N/A	Y	Question was omitted

<b>Justification</b>
Noted in public comment; increases clarity
N/A
N/A
Instruction update for consistency.
N/A

N/A

N/A

N/A

Noted in public comments;  
increases clarity

Increases clarity and survey flow  
given the changes in the survey.

Increases clarity; Answer options are now listed from shortest to longest time periods.

Noted in public comments and CMS feedback to be more inclusive of specific actions that could be done during application processing vs. being more general about and referring to 'something'.

Noted in public comments and CMS feedback and interest in further exploring additional beneficiary actions (in addition to fast track) that would allow beneficiaries to get HIP 2.0 coverage quickly.

CMS feedback and interest in further exploring additional beneficiary actions (in addition to fast track) that would allow beneficiaries to get HIP 2.0 coverage quickly.



CMS feedback and interest in further exploring additional beneficiary actions (in addition to fast track) that would allow beneficiaries to get HIP 2.0 coverage quickly.

Survey question re-ordered to increase clarity based on survey question revisions made in response to CMS feedback and items noted in public comments.

Survey question re-ordered to increase clarity based on survey question revisions made in response to CMS feedback and items noted in public comments; additions to the answer options were noted in public comments.

Increases clarity and allows respondents to first report their perception of their understanding of their HIP 2.0 benefits package before indicating what they think their HIP 2.0 benefits package includes

Noted in public comments; Re-order helped increased clarity given the other survey changes

Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options

Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options

Increase clarity given the changes in this survey section

Noted in public comments and CMS feedback.

Noted in public comments; Per CMS direction; Increase clarity given the survey revisions in the survey section

N/A

N/A

Noted in public comment

N/A

N/A

N/A

N/A

Noted in public comment to help increase clarity.

N/A

N/A

Noted in public comments

Noted in public comments

Noted in public comments

Noted in public comments; the concept of 'beneficiary choice' with respect to HIP 2.0 has been omitted across all surveys making this survey question irrelevant.

Noted in public comments as inapplicable to the HIP 2.0 program.

Given the survey revisions this question ended up being duplicative.

Noted in public comments; Per CMS request

Noted in public comments; Per CMS request

Noted in public comments; Per CMS request

Noted in public comments; Per CMS request



Survey Section	Enrollee Survey Questions (Testing Version)	Survey Question #
About Your HIP 2.0 Enrollment	1. Are you currently enrolled in the “Healthy Indiana Plan 2.0” or “HIP 2.0”? a. Yes → GO TO HIP BASIC ENROLLED, FORMERLY HIP PLUS ENROLLED, PAGE 12 b. No c. Don’t know → GO TO END	1
About Your HIP 2.0 Enrollment	2. Have you ever been enrolled in HIP 2.0? Source: MPR Leaver survey a. Yes b. No → GO TO END c. Don’t know → GO TO END d. Refuse → GO TO END	2
About Your HIP 2.0 Enrollment	3. Were you enrolled in HIP 2.0 within the last 12 months? Source: MPR Leaver survey a. Yes b. No → GO TO END	3
N/A	N/A	N/A
Experiences After Leaving HIP 2.0	4. Do you have any health insurance coverage right now? Source: MPR leaver and Lewin leaver and previous member survey Universe: Disenrollee and those locked out a. Yes b. No → GO TO QUESTION 7	4

<p>Experiences After Leaving HIP 2.0</p>	<p>5. How long have you had your current health insurance coverage?  Universe: Disenrollees and those locked out  a. Less than one month  b. Between 1 and 6 months  c. More than 6 months</p>	<p>5</p>
<p>Experiences After Leaving HIP 2.0</p>	<p>6. After you were no longer enrolled in HIP 2.0, how long did it take you to get your current health insurance coverage?  Universe: Disenrollees and those locked out  a. Less than one month  b. Between 1 and 6 months  c. More than 6 months</p>	<p>6</p>
<p>Experiences After Leaving HIP 2.0</p>	<p>9. After you were no longer enrolled in HIP 2.0, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: Disenrollees and those locked out  a. Yes  b. No → GO QUESTION 11  c. Not sure → GO QUESTION 11</p>	<p>9</p>
<p>Experiences After Leaving HIP 2.0</p>	<p>10. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: Disenrollees and those locked out  Could not pay for transportation Could not get transportation No trouble with transportation  g. A visit to the doctor when you were sick  h. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  i. A follow up visit to get tests or care recommended by your doctor  j. Dental care and vision (eye) care  k. Prescription drugs  l. Emergency room care</p>	<p>10</p>

<p>Experiences After Leaving HIP 2.0</p>	<p>7. After you were no longer enrolled in HIP 2.0, was there any time you needed health care but did not get it because of cost?  Source: Adapted from BRFSS  Universe: Disenrollees and those locked out  a. Yes  b. No → GO QUESTION 9  c. Not sure → GO QUESTION 9</p>	<p>7</p>
<p>Experiences After Leaving HIP 2.0</p>	<p>8. After you were no longer enrolled in HIP 2.0, what types of health care were you unable to get because of cost?  Source: Adapted from BRFSS  Universe: Disenrollees and those locked out  Yes No  a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care and vision (eye) care  e. Prescription drugs  f. Emergency room care</p>	<p>8</p>

Experiences After Leaving HIP 2.0	<p>13. What are the reasons why you left HIP 2.0?  Universe: Disenrollees  Yes No Not sure  a. I had to pay a copay for the emergency room. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.  b. I could not afford it  c. I did not need it anymore  d. I could not get transportation to my health care visits  e. I did not understand how to use my POWER account. POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts.  f. Other</p>	13
Experiences After Leaving HIP 2.0	<p>12. Would you try to reenroll in HIP 2.0 if you became eligible for the program again?  Source: Adapted from Lewin Basic and Plus survey and MPR Enrollee survey  Universe: Disenrollees and those locked out  a. Yes → GO TO POWER ACCOUNTS SECTION, PAGE 5  b. No → GO TO POWER ACCOUNTS SECTION, PAGE 5  c. Unsure/ Don't know → GO TO POWER ACCOUNTS SECTION, PAGE 5</p>	12
POWER accounts and monthly contributions	The following questions are about your understanding and experiences while you were in HIP 2.0.	N/A
POWER accounts and monthly contributions	<p>14. While you were in HIP 2.0, did you have a POWER account?  POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts.  Universe: Disenrollees and those locked out  a. Yes  b. No</p>	14

<p>POWER accounts and monthly contributions</p>	<p>22. While you were in HIP 2.0, did you know how much money was in your POWER account?  Source: Adapted from MPR HIP 1.0 enrollee survey  Universe: Disenrollees and those locked out  a. Yes, I knew exactly how much  b. Yes, I had a pretty good idea  c. No, I did not really know at all</p>	<p>22</p>
<p>POWER accounts and monthly contributions</p>	<p>15. While you were in HIP 2.0, were you required to make a monthly or annual contribution to your POWER account?  Source: Adapted from Lewin leaver or previous member survey  Universe: Disenrollees and those locked out  a. Yes  b. No → GO TO QUESTION 20</p>	<p>15</p>
<p>POWER accounts and monthly contributions</p>	<p>16. While you were in HIP 2.0, how was that monthly or annual contribution paid?  Universe: HIP Plus Disenrollees and those locked out  a. I paid it  b. Someone paid the full amount for me  c. I paid part and someone else paid part  d. The contribution has not been paid  e. Not sure</p>	<p>16</p>
<p>POWER accounts and monthly contributions</p>	<p>17. While you were in HIP 2.0, would you say the amount you were required to contribute monthly or annually to your POWER account was:  Source: Adapted from HIP 1.0 2010 survey  Universe: HIP Plus Disenrollees and those locked out  a. More than I could afford  b. The right amount  c. Less than I could afford  d. Not sure</p>	<p>17</p>

<p>POWER accounts and monthly contributions</p>	<p>18. While you were in HIP 2.0, how worried were you about not having enough money to pay your monthly or annual contribution?  Source: Adapted from Lewin leaver or previous member survey and MPR leaver survey  Universe: HIP Plus Disenrollees and those locked out  a. Not at all worried  b. Somewhat worried  c. Very worried</p>	<p>18</p>
<p>POWER accounts and monthly contributions</p>	<p>19. After you were no longer enrolled in HIP 2.0, was any portion of your monthly or annual contributions returned to you or refunded?  Source: Adapted from MPR leaver member survey  Universe: HIP Plus Disenrollees and those locked out  a. Yes  b. No  c. Account had zero balance  d. Unsure/ Don't know</p>	<p>19</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

POWER accounts and monthly contributions	<p>20. While you were in HIP 2.0, what did you think would happen, if anything, if your monthly or annual contribution was not made on time? Please select the best answer.</p> <p>Universe: Disenrollees and those locked out</p> <p>a. Nothing would change  b. My HIP 2.0 coverage would end  c. I would get automatically moved to HIP Basic  d. Not sure/Don't know</p>	20
N/A	N/A	N/A
POWER accounts and monthly contributions	<p>21. How easy or hard was it to understand how to use your POWER account?</p> <p>Universe: Disenrollees and those locked out</p> <p>a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	21
POWER accounts and monthly contributions	<p>23. For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.</p> <p>Universe: Disenrollees and those locked out</p> <p>Agree Disagree Not sure</p> <p>a. The State of Indiana contributed to my POWER account  b. My POWER account helped me get the health care services I needed  c. My POWER account helped me pay for my health care services  d. My POWER account made me feel less worried about being able to pay for my health care services</p>	23

<p>POWER accounts and monthly contributions</p>	<p>24. How easy or hard was it to understand what happens to any left over money in your POWER account at the end of year?  Universe: Disenrollees and those locked out  a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	<p>24</p>
<p>POWER accounts and monthly contributions</p>	<p>Preventive services are routine health care that includes getting a flu shot or annual checkups to prevent illness, disease, and other health-related problems. The following questions ask about your experience with preventive services and your POWER account while you were in HIP 2.0.  25. Was the cost of preventive services deducted from your POWER account?  Source: Adapted from MPR survey  Universe: Disenrollees and those locked out  a. Yes  b. No  c. Not sure/ Don't know</p>	<p>25</p>
<p>POWER accounts and monthly contributions</p>	<p>26. If you got all or some of your recommended preventive services, would some of the remaining money in your POWER account get rolled over to next year?  Universe: Disenrollees and those locked out  a. Yes  b. No → GO TO ACCESS SECTION, PAGE 9  c. Not sure/Don't know → GO TO ACCESS SECTION, PAGE 9</p>	<p>26</p>



POWER accounts and monthly contributions	<p>27. Did having a POWER account make it more likely that you would try to get all of your recommended preventive services?  Universe: Disenrollees and those locked out  a. Yes → GO TO ACCESS SECTION, PAGE 9  b. No → GO TO ACCESS SECTION, PAGE 9  c. Not sure/ Don't know → GO TO ACCESS SECTION, PAGE 9</p>	27
Access	<p><b>Access</b>  For the following questions please think about your health care experience in the last 6 months.</p>	N/A
Access	<p>28. In the last 6 months, did you go to a doctor, nurse, or any other health professional?  Source: Adapted from BRFSS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Yes  b. No → GO TO THE SATISFACTION SECTION, PAGE 11  c. Not sure/Don't know → GO TO THE SATISFACTION SECTION, PAGE 11</p>	28
Access	<p>29. Were you asked to pay a copay at your most recent visit?  Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.  Source: Lewin HIP Basic survey  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Yes  d. No → GO TO QUESTION 31  e. Not sure/Don't know → GO TO QUESTION 31</p>	29

<p>Access</p>	<p>30. How was that copay paid?  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. I paid it  b. Someone paid it for me  c. The co-payment was not paid  d. Not sure/Don't know</p>	<p>30</p>
<p>Access</p>	<p>31. In the last 6 months, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  Source: Adapted from BRFSS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Yes  b. No  c. Not sure</p>	<p>31</p>
<p>Satisfaction with HIP</p>	<p>32. 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: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Very Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16  b. Somewhat Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16  c. Neither Satisfied nor Dissatisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16  d. Somewhat Dissatisfied  e. Very Dissatisfied  f. Not sure/ Don't know → GO TO DEMOGRAPHICS SECTION, PAGE 16</p>	<p>32</p>

<p>Satisfaction with HIP</p>	<p>33. Why are you dissatisfied with HIP 2.0? Mark one or more  Source: Adapted Lewin Basic and Plus survey and MPR Enrollee survey  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Long wait for coverage to begin  b. Can't see my doctor with HIP 2.0  c. Dissatisfied with choice of doctors in HIP 2.0  d. Does not cover services that I need  e. Hard understand how POWER account works  f. Have to pay too much for POWER account  g. Have to pay too much for copays  h. Shifted from HIP Plus to HIP Basic  i. Dissatisfied with administrative issue(s) or process  j. Other reason not listed above:  (specify) _____  → GO TO DEMOGRAPHICS SECTION, PAGE 17</p>	<p>33</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>34. Are you currently in HIP Basic?  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  a. Yes  b. No → GO TO END</p>	<p>34</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>35. Thinking about your current HIP Basic coverage, how does it compare to HIP Plus? Is better, worse, or about the same?  Source: Adapted from NHIS  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  a. Better  b. Worse → GO TO QUESTION 37  c. About the same → GO TO QUESTION 38</p>	<p>35</p>

<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>36. Why do you think your current HIP Basic coverage is better?  Mark one or more  Universe: HIP Basic enrolled, formerly HIP Plus (locked out below 100%FPL)  a. I like the benefits in HIP Basic better than HIP Plus → GO TO QUESTION 38  b. I think HIP Basic is cheaper than HIP Plus → GO TO QUESTION 38  c. Other reason → GO TO QUESTION 38</p>	<p>36</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>37. Why do you think your current HIP Basic coverage is worse?  Mark one or more  Universe: HIP Basic enrolled, formerly HIP Plus (locked out below 100%FPL)  a. I liked the benefits in HIP Plus better than HIP Basic  b. I think HIP Plus is cheaper than HIP Basic  c. Other reason</p>	<p>37</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>38. Would you try to re-apply for HIP Plus if you became eligible for HIP Plus again?  Source: Adapted from Lewin Basic and Plus survey and MPR Enrollee survey  Universe: HIP Basic enrolled, formerly HIP Plus (locked out below 100%FPL)  a. Yes  b. No  c. Unsure/ Don't know</p>	<p>38</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>39. While you were in HIP Plus, what did you think would happen, if anything, if your monthly or annual contribution was not made on time?  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  a. Nothing would change  b. My HIP 2.0 coverage would end  c. I would get automatically moved to HIP Basic  d. Not sure/Don't know</p>	<p>39</p>

<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>42. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  a. Yes  b. No → GO TO QUESTION 44  c. Not sure/Don't know → GO TO QUESTION 44</p>	<p>42</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>43. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?  Source: Adapted from BRFSS  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  Could not pay for transportation Could not get transportation No trouble with transportation  a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care and vision (eye) care  e. Prescription drugs  f. Emergency room care</p>	<p>43</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>40. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because of cost?  Source: Adapted from BRFSS  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  a. Yes  b. No → GO TO QUESTION 42  c. Not sure/Don't know → GO TO QUESTION 42</p>	<p>40</p>

<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>41. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, what types of health care were you unable to get because of cost?  Source: Adapted from BRFSS  Universe: HIP Basic enrolled, formerly HIP Plus enrolled (locked out below 100%FPL)  Yes No  a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care and vision (eye) care  e. Prescription drugs  f. Emergency room care</p>	<p>41</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>44. Thinking about your experience in HIP Basic, would you say you are:  Source: Lewin Basic and Plus survey and MPR Enrollee survey  Universe: HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Very Satisfied → GO TO QUESTION 46  b. Somewhat Satisfied → GO TO QUESTION 46  c. Neither Satisfied nor Dissatisfied → GO TO QUESTION 46  d. Somewhat Dissatisfied  e. Very Dissatisfied  f. Not sure/ Don't know → GO TO QUESTION 46</p>	<p>44</p>

<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>45. Why are you dissatisfied with HIP Basic? Mark one or more Source: Adapted Lewin Basic and Plus survey and MPR Enrollee survey Universe: HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL) a. Long wait for coverage to begin b. Can't see my doctor with HIP 2.0 c. Dissatisfied with choice of doctors in HIP 2.0 d. Does not cover services that I need e. Hard understand how POWER account works f. Have to pay too much for POWER account g. Have to pay too much for copays h. Shifted from HIP Plus to HIP Basic i. Dissatisfied with administrative issue(s) or process j. Other reason not listed above: (specify) _____ (specify) _____</p>	<p>45</p>
<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>46. Thinking about your previous experience in HIP Plus, would you say you are: Source: Lewin Basic and Plus survey and MPR Enrollee survey Universe: HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL) g. Very Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16 h. Somewhat Satisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16 i. Neither Satisfied nor Dissatisfied → GO TO DEMOGRAPHICS SECTION, PAGE 16 j. Somewhat Dissatisfied k. Very Dissatisfied l. Not sure/ Don't know → GO TO DEMOGRAPHICS SECTION, PAGE 16</p>	<p>46</p>

<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>	<p>47. Why are you dissatisfied with HIP Plus? Mark one or more  Source: Adapted Lewin Basic and Plus survey and MPR Enrollee survey  Universe: HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  k. Long wait for coverage to begin  l. Can't see my doctor with HIP 2.0  m. Dissatisfied with choice of doctors in HIP 2.0  n. Does not cover services that I need  o. Hard understand how POWER account works  p. Have to pay too much for POWER account  q. Have to pay too much for copays  r. Shifted from HIP Plus to HIP Basic  s. Dissatisfied with administrative issue(s) or process  t. Other reason not listed above:</p>	<p>47</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>



N/A	N/A	N/A
Demographics/About You	<p>48. Would you say that in general your health is:  Source: BRFSS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)</p> <ul style="list-style-type: none"> <li>a. Excellent</li> <li>b. Very good</li> <li>c. Good</li> <li>d. Fair</li> <li>e. Poor</li> </ul>	48
Demographics/About You	<p>49. What is the highest grade or level of school that you have completed?  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)</p> <ul style="list-style-type: none"> <li>a. 8th grade or less</li> <li>b. Some high school, but did not graduate</li> <li>c. High school graduate or GED</li> <li>d. Some college or 2-year degree</li> <li>e. 4-year college graduate</li> <li>f. More than 4-year college degree</li> </ul>	49

<p>Demographics/About You</p>	<p>50. What best describes your employment status?  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Employed full or part-time  b. Unemployed</p>	<p>50</p>
<p>Demographics/About You</p>	<p>51. What is your age?  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. 18 to 24  b. 25 to 34  c. 35 to 44  d. 45 to 54  e. 55 to 64  f. 65 to 74  g. 75 or older</p>	<p>51</p>
<p>Demographics/About You</p>	<p>52. Are you male or female?  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Male  b. Female</p>	<p>52</p>

<p>Demographics/About You</p>	<p>53. Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. No, not of Hispanic, Latino/a, or Spanish origin  b. Yes, Mexican, Mexican American, Chicano/a  c. Yes, Puerto Rican  d. Yes, Cuban  e. Yes, another Hispanic, Latino, or Spanish origin</p>	<p>53</p>
<p>Demographics/About You</p>	<p>54. What is your race? Mark one or more  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. White  b. Black or African-American  c. American Indian or Alaska Native  d. Asian Indian  e. Chinese  f. Filipino  g. Japanese  h. Korean  i. Vietnamese  j. Other Asian  k. Native Hawaiian  l. Guamanian or Chamorro  m. Samoan  n. Other Pacific Islander  o. Some other race</p>	<p>54</p>

<p>Demographics/About You</p>	<p>below 100% FPL)  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</p>	<p>55</p>
<p>Demographics/About You</p>	<p>56. Did someone help you complete this survey?  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Yes  b. No → GO TO END</p>	<p>56</p>

<p>Demographics/About You</p>	<p>57. How did that person help you? Mark one or more  Source: Nationwide Medicaid CAHPS  Universe: All HIP disenrollees, those locked out above 100% FPL, and HIP Basic enrolled formerly HIP Plus enrolled (locked out below 100% FPL)  a. Read the questions to me  b. Wrote down the answers I gave  c. Answered the questions for me  d. Translated the questions into my language</p>	<p>57</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Experiences After Leaving HIP 2.0</p>	<p>11. Why are you no longer enrolled in HIP 2.0?  Source: Adapted from Lewin leavers or previous member survey and MPR leaver survey  Universe: Disenrolled and those locked out  a. I did not pay my monthly or annual contribution (e.g. forgot, was too late, did not have money)  b. I did not finish my paperwork to stay in HIP 2.0 another year  c. Other reason → GO TO QUESTION 13</p>	<p>11</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

N/A	N/A	N/A
N/A	N/A	N/A

**HIP 2.0 Beneficiary Survey Crosswalk: Disenrollee Survey**  
 OMB Control Number: 0938-1300

CMS-10615

New Survey Section/Question (Submitted for 30-day Public Comment)	Survey Section
Are you currently enrolled in the “Healthy Indiana Plan 2.0” or “HIP 2.0”? a. Yes → GO TO QUESTION 40 b. No c. Not sure/Don’t know → GO TO END	About Your HIP 2.0 Enrollment
Have you ever been enrolled in HIP 2.0? a. Yes b. No → GO TO END c. Not sure/Don’t know → GO TO END	About Your HIP 2.0 Enrollment
<p align="center">N/A</p>	About Your HIP 2.0 Enrollment
With which HIP 2.0 health plan were you enrolled? a. Anthem b. MDwise c. MHS – Managed Health Services d. Not sure/Don’t know	About Your HIP 2.0 Enrollment
Do you have any health insurance coverage right now? a. Yes b. No → GO TO QUESTION 9	Experiences After Leaving HIP 2.0

<p>N/A</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>N/A</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>After you were no longer enrolled in HIP 2.0, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?  a. Yes  b. No → GO QUESTION 13  c. Not sure → GO QUESTION 13</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation?  Please mark one box in each row. Could not pay for transportation    Could not get transportation    No trouble with transportation for this type of care  a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care</p>	<p>Experiences After Leaving HIP 2.0</p>



<p>After you were no longer enrolled in HIP 2.0, was there any time you needed health care but did not get it because of cost?</p> <p>a. Yes  b. No → GO QUESTION 11  c. Not sure → GO QUESTION 11</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>After you were no longer enrolled in HIP 2.0, what types of health care were you unable to get because of cost?</p> <p>Please mark one box in each row. Yes No</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care</p>	<p>Experiences After Leaving HIP 2.0</p>

<p>Why did you leave HIP 2.0? . Mark one box in each row  I left HIP 2.0 because .... Yes No Not sure  a. I got an increase in my income and was no longer eligible for HIP 2.0  b. I could not get transportation to and from my health care visits  c. I had other health insurance available to me</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>Would you try to re-enroll in HIP 2.0 if you became eligible for the program again?  a. Yes  b. No  c. Not sure/Don't know</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>The following questions are about your understanding and experiences with HIP monthly and annual contributions and POWER accounts while you were in HIP 2.0.</p>	<p>POWER accounts and monthly contributions</p>
<p>While you were in HIP 2.0, did you have a POWER account? POWER accounts are special savings accounts called Personal Wellness and Responsibility Accounts.  a. Yes  b. No → GO TO QUESTION 18  c. Not sure/Don't know → GO TO QUESTION 18</p>	<p>POWER accounts and monthly contributions</p>

<p>While you were in HIP 2.0, did you know how much money was in your POWER account?</p> <p>a. Yes, I knew exactly how much  b. Yes, I had a pretty good idea  c. No, I did not really know at all</p>	<p>POWER accounts and monthly contributions</p>
<p>While you were in HIP 2.0, were you required to make a monthly or annual contribution?</p> <p>a. Yes  b. No → GO TO QUESTION 23</p>	<p>POWER accounts and monthly contributions</p>
<p>N/A</p>	<p>POWER accounts and monthly contributions</p>
<p>While you were in HIP 2.0, would you say the amount you were required to contribute monthly or annually to your POWER account was:</p> <p>a. More than I could afford  b. The right amount  c. Less than I could afford  d. Not sure/Don't know</p>	<p>POWER accounts and monthly contributions</p>

<p style="text-align: center;">N/A</p>	<p>POWER accounts and monthly contributions</p>
<p>After you were no longer enrolled in HIP 2.0, was any part of your monthly or annual contributions returned to you or refunded?</p> <p>a. Yes → GO TO QUESTION 26  b. No → GO TO QUESTION 26  c. Account had zero balance → GO TO QUESTION 26  d. Not sure/Don't know → GO TO QUESTION 26</p>	<p>POWER accounts and monthly contributions</p>
<p>Why did you not contribute?  Please mark one box in each row. Yes No Not sure</p> <p>a. I did not have to contribute  b. I could not afford to make the contributions  c. I did not understand how to contribute/too confusing to understand  d. I did not think contributing helps me</p>	<p>POWER accounts and monthly contributions</p>
<p>Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. While you were in HIP 2.0, would you say the amount you were required to pay in copays was:</p> <p>a. More than I could afford  b. The right amount  c. Less than I could afford  d. Not sure/Don't know</p>	<p>POWER accounts and monthly contributions</p>
<p>While you were in HIP 2.0., how worried were you about not having enough money to pay your copays?</p> <p>a. Not at all worried  b. Somewhat worried  c. Very worried</p>	<p>POWER accounts and monthly contributions</p>

<p>26. While you were in HIP 2.0, what did you think would happen, if anything, if your monthly or annual contribution was not made on time? Please select the best answer.</p> <p>a. Nothing would change → GO TO QUESTION 28  b. My HIP 2.0 coverage would end  c. I would get automatically moved to HIP Basic → GO TO QUESTION 28  d. Not sure/Don't know → GO TO QUESTION 28</p>	<p>POWER accounts and monthly contributions</p>
<p>How long do you think you would need to wait to re-enroll in HIP 2.0?</p> <p>a. 3 months  b. 6 months  c. 12 months  d. No wait time  e. Not sure/Don't know</p>	<p>POWER accounts and monthly contributions</p>
<p>How easy or hard was it to understand how to use a POWER account?</p> <p>a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	<p>POWER accounts and monthly contributions</p>
<p>For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.</p> <p>Please mark one box in each row. Agree Disagree Not sure</p> <p>a. The State of Indiana contributes to POWER accounts  b. HIP 2.0 monthly or annual contribution(s) go to POWER accounts  c. POWER accounts help people pay for the health care services they need  d. POWER accounts help people understand the cost of their health care services  e. POWER accounts make people feel comfortable about paying for their health care services</p>	<p>POWER accounts and monthly contributions</p>

<p>How easy or hard was it to understand what happened to any left over money in a POWER account at the end of the year?</p> <ul style="list-style-type: none"> <li>a. Very easy</li> <li>b. Somewhat easy</li> <li>c. Neither easy nor hard</li> <li>d. Somewhat hard</li> <li>e. Very hard</li> </ul>	<p>POWER accounts and monthly contributions</p>
<p>Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about your experience with preventive services and POWER accounts while you were in HIP 2.0.</p> <p>Was the cost of preventive services paid from the POWER account?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>POWER accounts and monthly contributions</p>
<p>If someone got all or some of their recommended preventive services, would some of the remaining money in a POWER account get rolled over to next year?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>POWER accounts and monthly contributions</p>

<p>Please tell us whether you agree or disagree with the following statement: POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.</p> <p>a. Agree  b. Disagree  c. Not sure/Don't know</p>	<p>POWER accounts and monthly contributions</p>
<p><b>Access</b>  For the following questions please think about your health care experience since you left HIP.</p>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, did you go to a doctor, nurse, or any other health professional or get prescription drugs?</p> <p>a. Yes  b. No → GO TO QUESTION 38  c. Not sure/Don't know → GO TO QUESTION 38</p>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>a. Yes  b. No → GO TO QUESTION 37  c. Not sure/Don't know → GO TO QUESTION 37</p>	<p>Access</p>

<p>How was that copay paid, if at all?</p> <ul style="list-style-type: none"> <li>a. I paid it</li> <li>b. Someone paid it for me</li> <li>c. The co-payment was not paid</li> <li>d. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>Thinking about your overall experience with HIP 2.0, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 42</li> <li>b. Somewhat Satisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 42</li> <li>c. Neither Satisfied nor Dissatisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 42</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 42</li> </ul>	<p>Satisfaction with HIP</p>



<p>Why are you dissatisfied with HIP 2.0? Mark one or more</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin → GO QUESTION 54</li> <li>b. Can't see my doctor with HIP 2.0→ GO QUESTION 54</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0→ GO QUESTION 54</li> <li>d. Does not cover services that I need→ GO QUESTION 54</li> <li>e. Hard to understand how POWER account works→ GO QUESTION 54</li> <li>f. Have to pay too much for POWER account→ GO QUESTION 54</li> <li>g. Have to pay too much for copays → GO QUESTION 54</li> <li>h. Shifted from HIP Plus to HIP Basic → GO QUESTION 54</li> <li>i. Dissatisfied with administrative issue(s) or process → GO QUESTION 54</li> <li>j. Other reason → GO QUESTION 54</li> </ul>	<p>Satisfaction with HIP</p>
<p>Are you currently in HIP Basic?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No → GO TO END</li> <li>c. Not sure/Don't know</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Thinking about your current HIP Basic coverage, how does it compare to HIP Plus? Is better, worse, or about the same?</p> <ul style="list-style-type: none"> <li>a. Better</li> <li><b>b. Worse → GO TO END</b></li> <li>c. About the same → GO TO QUESTION 44</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Why do you think your current HIP Basic coverage is better? Mark one or more</p> <p>a. I like the benefits in HIP Basic better than HIP Plus → GO TO QUESTION 44</p> <p>b. I think HIP Basic is cheaper than HIP Plus → GO TO QUESTION 44</p> <p>c. Other reason → GO TO QUESTION 44</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>N/A</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Would you try to re-apply for HIP Plus if you became eligible for HIP Plus again?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure/Don't know</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>While you were in HIP Plus, what did you think would happen, if anything, if your monthly or annual contribution was not made on time? <i>Please select the best answer</i></p> <p>a. Nothing would change</p> <p>b. My HIP 2.0 coverage would end</p> <p>c. I would get automatically moved to HIP Basic</p> <p>d. Not sure/Don't know</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p style="text-align: center;">N/A</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation?</p> <p>Please mark one box in each row. Could not pay for transportation Could not get transportation No trouble with transportation for this type of care</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because of cost?</p> <p>a. Yes  b. No → GO TO QUESTION 48  c. Not sure/Don't know → GO TO QUESTION 48</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, what types of health care were you unable to get because of cost? Please mark one box in each row. Yes No</p> <ul style="list-style-type: none"> <li>a. A visit to the doctor when you were sick</li> <li>b. Preventive care (such as blood pressure check, flu shot, or cholesterol or cancer screenings)</li> <li>c. A follow up visit to get tests or care recommended by your doctor</li> <li>d. Dental care</li> <li>e. Vision (eye) care</li> <li>f. Prescription drugs</li> <li>g. Emergency room care</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p style="text-align: center;">N/A</p>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Why are you dissatisfied with HIP Basic? Mark one or more</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin</li> <li>b. Can't see my doctor with HIP 2.0</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0</li> <li>d. Does not cover services that I need</li> <li>e. Hard to understand how POWER account works</li> <li>f. Have to pay too much for copays</li> <li>g. Shifted from HIP Plus to HIP Basic</li> <li>h. Dissatisfied with administrative issue(s) or process</li> <li>i. Other</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Thinking about your previous experience in HIP Plus, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 56</li> <li>b. Somewhat Satisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 56</li> <li>c. Neither Satisfied nor Dissatisfied → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 56</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know → GO TO HEALTH COVERAGE COST AND PAYMENT OPTIONS SECTION, QUESTION 56</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Why are you dissatisfied with HIP Plus? Mark one or more</p> <ul style="list-style-type: none"> <li>a. Long wait for coverage to begin</li> <li>b. Could not see my doctor with HIP 2.0</li> <li>c. Dissatisfied with choice of doctors in HIP 2.0</li> <li>d. Did not cover services that I need</li> <li>e. Hard to understand how POWER account works</li> <li>f. Had to pay too much for POWER account</li> <li>g. Had to pay too much for copays</li> <li>h. Shifted from HIP Plus to HIP Basic</li> <li>i. Dissatisfied with administrative issue(s) or process</li> <li>j. Other reason</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Health Coverage Cost and Payment Options</p> <p>We are studying ways to meet people's health care needs, and would like your thoughts about some possible benefits package choices. For the next few questions, please think about what things you would like in any benefits package.</p>	<p>Health Coverage Cost and Payment Options</p>
<p>People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>If you could choose how to pay for your health care services, what would you choose?</p> <ul style="list-style-type: none"> <li>a. I would choose to pay copays at my health care visits</li> <li>b. I would choose to make monthly or annual contributions</li> <li>c. It does not matter to me</li> </ul>	<p>Health Coverage Cost and Payment Options</p>

<p>How important were the following factors when thinking about enrolling in Benefits Package X and Benefits Package Y? Please mark one box in each row. Very important Somewhat important Not at all important</p> <ul style="list-style-type: none"> <li>a. The cost of monthly contributions</li> <li>b. The cost of copays</li> <li>c. The length of time I would have no coverage if I missed a monthly contribution</li> <li>d. The ability to pay the amount I owe to get my coverage back</li> </ul>	<p>Health Coverage Cost and Payment Options</p>
<p>N/A</p>	<p>Demographics/ About You</p>
<p>N/A</p>	<p>Demographics/ About You</p>

N/A	Demographics/ About You
N/A	Demographics/ About You
N/A	Demographics/ About You



N/A	Demographics/ About You
N/A	Demographics/ About You

<p>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. <i>Mark only one white box</i></p> <p>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</p> <p>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</p>	<p>Demographics/ About You</p>
<p>N/A</p>	<p>Demographics/ About You</p>

<p style="text-align: center;">N/A</p>	<p style="text-align: center;">Demographics/ About You</p>
<p>When you enrolled in HIP 2.0, did you have a choice between HIP Basic and HIP Plus?  a. Yes  b. No  c. Not sure/Don't know</p>	<p style="text-align: center;">About Your HIP 2.0 Enrollment</p>
<p>Why are you no longer enrolled in HIP 2.0?  a. I did not pay my monthly or annual contribution (for example, forgot, was too late, did not have money) → GO TO QUESTION 15  b. I did not finish my paperwork and return it in time to stay in HIP 2.0 another year → GO TO QUESTION 15  c. Other reason</p>	<p style="text-align: center;">Experiences After Leaving HIP 2.0</p>
<p>In general, would you like having a choice between benefits packages?  a. No, I do not like having a choice  b. Yes, I like having a choice  c. Having a choice does not matter to me</p>	<p style="text-align: center;">Health Coverage Cost and Payment Options</p>
<p>When you answer the following questions we would like you to think about a time when you might need to choose your benefits package and what things are important for you and your health care needs. Below we show two different benefits package choices, Benefits Package X and Benefits Package Y.</p> <p>In Benefits Package X:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and no copays</li> <li>• If you miss your monthly contribution, your coverage will end for six months</li> </ul> <p>In Benefits Package Y:</p> <ul style="list-style-type: none"> <li>• You have monthly contributions and may have copays</li> <li>• If you miss your monthly contribution, you will not have coverage until you pay the amount owed or until three months have passed</li> </ul>	<p style="text-align: center;">Health Coverage Cost and Payment Options</p>

<p>How likely would you be to enroll in Benefits Package X?</p> <ul style="list-style-type: none"><li>a. Very likely</li><li>b. Somewhat likely</li><li>c. Not likely</li></ul>	<p>Health Coverage Cost and Payment Options</p>
<p>How likely would you be to enroll in Benefits Package Y?</p> <ul style="list-style-type: none"><li>a. Very likely</li><li>b. Somewhat likely</li><li>c. Not likely</li></ul>	<p>Health Coverage Cost and Payment Options</p>

Survey Question #	Edited?	Changes
1	y	Not sure" added
2	Y	"Not sure" added and "Refuse" was deleted
3	N	N/A
5	Y	Question added
6	N	N/A

7	N	N/A
8	N	N/A
11	N	N/A
12	Y	Dental and Vision separated; the phrase "for this type of care" was added to the "no trouble with transportation" column

9	N	N/A
10	Y	Dental and Vision separated into two items

14	Y	Answer options were changed
15	Y	The order was changed due to skips
N/A	Y	With HIP monthly and annual contributions and POWER accounts was added
16	Y	"Not sure/Don't know" was added; skip logic was added



17	Y	This question was moved to follow the question assessing if participants knew they had a POWER account; skip was added
18	N	N/A
19	N	N/A
20	N	N/A

21	N	N/A
22	Y	Not sure" was added; "part" replaced "portion"
23	Y	Question added
24	Y	Question added
25	Y	Question Added

26	Y	Skip logic was changed
27	Y	Question Added
28	Y	Change from "your" to "a" POWER account
29	Y	Answer option "b" was added; "my" was deleted; "me" was replaced with "people"; answer option "d" was added

30	Y	Tense changed; "your" was replaced with "a" POWER account
31	Y	Added "blood pressure checks, cholesterol screenings, or cancer screenings" ; Change from "your" POWER account to "the"
32	Y	Change from "you" to "someone", change from "your" POWER account to "a" POWER account

33	Y	Question structure changed
N/A	Y	Since you left HIP" was added and "last 6 months" was deleted
34	Y	After you were no longer enrolled in HIP 2.0" replaced "in the last 6 months"
35	Y	Instructions changed; Format changed

36	Y	If at all" was added
37	Y	Time specification changed; Source and Universe sections deleted
38	Y	Skip logic was changed

39	Y	Specify" option in "other" answer option deleted
40	Y	Not sure/Don't know' was added
41	N	N/A

42	N	N/A
43	N	N/A
44	Y	Not sure" added
45	Y	Please select the best answer was added'



48	N	N/A
49	Y	Dental and Vision separated; "for this type of care" was added to the no trouble with transportation answer
46	N	N/A

47	Y	Dental and Vision separated
50	N	N/A

51	Y	Have to pay too much for POWER account" and "Specify" option in "other" answer option deleted
52	Y	Skip logic was changed

53	Y	Specify" option in "other" answer option deleted; tense was changed
N/A	Y	Section added
55	Y	Statement added

58	Y	Question added
59	N	N/A
60	N	N/A

61	N	N/A
62	N	N/A
63	N	N/A

64	N	N/A
65	N	N/A

66	Y	Formatting changes will occur and vary per survey mode.
67	N	N/A



68	N	N/A
4	Y	Question added
13	Y	"Return it in time" was added in answer option "b"; skip logic was updated
54	Y	Question added
N/A	Y	Question added

56	Y	Question added
57	Y	Question added

Justification
Maintains consistent use of "Not sure/Don't know" among surveys
Maintains consistent use of "Not sure/Don't know" among surveys; not needed
N/A
NEMT analysis report identified that one of the MCE's (Anthem) serving HIP 2.0 beneficiaries is providing NEMT
N/A

N/A

N/A

N/A

Instrument testing participants reported thinking of these as separate health care services

N/A

Instrument testing participants reported thinking of these as separate health care services

Change resulted due to findings in survey testing and review of realistic answer options

Increases clarity; adjusted to accommodate survey flow due to change in skip logic

Increases clarity

Insturment testing participants expressed confusion about having or not having a POWER account; public comment recommendation

Increases quality of data collected by only asking of those who are aware of having a POWER account

N/A

N/A

N/A

N/A

Maintains consistent use of "Not sure/Don't know" among surveys; increases clarity

Ensures inclusion of those voluntarily disenrolling from HIP Basic

Public comment recommendations; maintains consistency with asking financial burden questions to both HIP Plus and HIP Basic populations

Public comment recommendations; maintains consistency with asking financial burden questions to both HIP Plus and HIP Basic populations



Sends participants to the appropriate newly added question

Public comment recommendations; helps assess lockout policy knowledge

Testing participants expressed confusion about POWER accounts; diminishes leading participants; public comment recommendation

Instrument testing participants expressed confusion about POWER accounts; helps test POWER account knowledge; diminishes leading participants; public comment recommendation

Instrument testing participants expressed confusion about POWER accounts; diminishes leading participants; public comment recommendation; tense changed to increase clarity for those who left HIP

Instrument testing participants expressed confusion about POWER accounts; diminishes leading participants; public comment recommendation; included other preventive services examples noted by testing participants

Instrument testing participants expressed confusion about POWER accounts; diminishes leading participants; public comment recommendation

Public comment recommendation; diminishes leading participants

Public comment recommendation; helps assess the appropriate time period we are interested in with respect to disenrollees and HIP Plus lockouts

Public comment recommendation; helps assess the appropriate time period we are interested in with respect to disenrollees and HIP Plus lockouts

Public comment recommendation; helps assess the appropriate time period we are interested in with respect to disenrollees and HIP Plus lockouts

Increases clarity

Public comment recommendation; helps assess the appropriate time period we are interested in with respect to disenrollees and HIP Plus lockouts

Sends participants to the appropriate next section

Not needed

Public comment recommendation; some respondents might not be sure

N/A

N/A

N/A

Maintains consistent use of 'Not sure/Don't know' among surveys

Increases clarity

N/A

Instrument testing participants reported thinking of these concepts as related to transportation and costs as separate health care services

N/A

Instrument testing participants reported thinking of these concepts as related to transportation and costs as separate health care services

N/A



Did not apply; not needed

Sends participants to the appropriate next section

Not needed; increases clarity

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Increase clarity and reduce burden on participants

N/A

N/A

Will allow for better plan comparison in analysis

Increases clarity; skip logic adjusted to send participants to the appropriate survey questions

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.

Helps assess beneficiary health plan choices and preferences, etc.



New Survey Section/Question (Submitted for OMB Approval)	Survey Section
<p>Are you currently enrolled in the “Healthy Indiana Plan 2.0” (also called or “HIP 2.0”)?</p> <p>a. Yes →GO TO QUESTION 38  b. No  c. Not sure/Don’t know →GO TO END</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>Have you ever been enrolled in HIP 2.0?</p> <p>a. Yes  b. No → GO TO END  c. Not sure/Don’t know → GO TO END</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>Were you enrolled in HIP 2.0 within the last 12 months?</p> <p>a. Yes  b. No →GO TO END</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>With which HIP 2.0 health plan were you enrolled?</p> <p>a. Anthem  b. MDwise  c. MHS - Managed Health Services  d. Not sure/Don’t know</p>	<p>About Your HIP 2.0 Enrollment</p>
<p>Do you have any health insurance coverage right now?</p> <p>a. Yes  b. No → GO TO QUESTION 8  c. Not sure/Don't know → GO TO QUESTION 8</p>	<p>Experiences After Leaving HIP 2.0</p>

<p>How long have you had your current health insurance coverage?</p> <ul style="list-style-type: none"> <li>a. Less than one month</li> <li>b. Between 1 and 6 months</li> <li>c. More than 6 months</li> </ul>	<p>Experiences After Leaving HIP 2.0</p>
<p>After you were no longer enrolled in HIP 2.0, how long did it take you to get your current health insurance coverage?</p> <ul style="list-style-type: none"> <li>a. Less than one month</li> <li>b. Between 1 and 6 months</li> <li>c. More than 6 months</li> </ul>	<p>Experiences After Leaving HIP 2.0</p>
<p>After you were no longer enrolled in HIP 2.0, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No →GO QUESTION 10</li> <li>c. Not sure/Don't know →GO QUESTION 10</li> </ul>	<p>Experiences After Leaving HIP 2.0</p>
<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation? Please mark one answer in each row. Could not pay for transportation Could not get transportation No trouble with transportation for this type of care</p> <ul style="list-style-type: none"> <li>a. A visit to the doctor when you were sick</li> <li>b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, or cholesterol or cancer screenings)</li> <li>c. A follow up visit to get tests or care recommended by your doctor</li> <li>d. Dental care</li> <li>e. Vision (eye) care</li> <li>f. Prescription drugs</li> <li>g. Emergency room care for a non-emergency condition</li> </ul>	<p>Experiences After Leaving HIP 2.0</p>

<p>After you were no longer enrolled in HIP 2.0, was there any time you needed health care but did not get it because of costs other than transportation?</p> <p>a. Yes  b. No →GO QUESTION 12  c. Not sure/Don't know →GO QUESTION 12</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>After you were no longer enrolled in HIP 2.0, what types of health care were you unable to get because of costs other than transportation? Please mark one answer in each row.</p> <p>Yes No</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services ,or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care</p>	<p>Experiences After Leaving HIP 2.0</p>

<p>Why did you leave HIP 2.0? Please mark one box in each row.  I left HIP 2.0 because ...  Yes No Not sure  a. I got an increase in my income and was no longer eligible for HIP 2.0  b. I had other health insurance available to me  c. I did not finish my paperwork and return it in time to stay in HIP 2.0  d. I did not pay my monthly or annual contribution (for example, forgot, was too late, did not have money)</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>Would you try to re-enroll in HIP 2.0 if you became eligible for the program again?  a. Yes  b. No  c. Not sure/Don't know</p>	<p>Experiences After Leaving HIP 2.0</p>
<p>The following questions are about your understanding and experiences with HIP contributions and POWER accounts while you were in HIP 2.0.</p>	<p>POWER Accounts and Contributions</p>
<p>While you were in HIP 2.0, did you have a POWER account? POWER accounts are health savings accounts called Personal Wellness and Responsibility Accounts.  a. Yes  b. No → GO TO QUESTION 16  c. Not sure/Don't know → GO TO QUESTION 16</p>	<p>POWER Accounts and Contributions</p>

<p>While you were in HIP 2.0, did you know how much money was in your POWER account?</p> <p>a. Yes, I knew exactly how much  b. Yes, I had a pretty good idea  c. No, I did not really know at all</p>	<p>POWER Accounts and Contributions</p>
<p>While you were in HIP 2.0, were you required to make a contribution?</p> <p>a. Yes  b. No → GO TO QUESTION 21  c. Not sure/Don't know → GO TO QUESTION 22</p>	<p>POWER Accounts and Contributions</p>
<p>While you were in HIP 2.0, how was that contribution(s) paid?</p> <p>a. I paid it  b. Someone paid the full amount for me  c. I paid part and someone else paid part  d. The contribution has not been paid  e. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>
<p>While you were in HIP 2.0, would you say the amount you were required to contribute was:</p> <p>a. More than I could afford  b. An amount I could afford  c. Less than I could afford  d. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>

<p>While you were in HIP 2.0, how worried were you about not having enough money to pay your contribution(s)?</p> <ul style="list-style-type: none"> <li>a. Not at all worried</li> <li>b. A little worried</li> <li>c. Somewhat worried</li> <li>d. Very worried</li> <li>e. Extremely worried</li> </ul>	<p>POWER Accounts and Contributions</p>
<p>After you were no longer enrolled in HIP 2.0, was any part of your contributions returned to you or refunded?</p> <ul style="list-style-type: none"> <li>a. Yes → GO TO QUESTION 24</li> <li>b. No → GO TO QUESTION 24</li> <li>c. Account had zero balance → GO TO QUESTION 24</li> <li>d. Not sure/Don't know → GO TO QUESTION 24</li> </ul>	<p>POWER Accounts and Contributions</p>
<p>Why did you not contribute? Please mark one answer in each row. Yes No Not sure</p> <ul style="list-style-type: none"> <li>a. I did not have to contribute</li> <li>b. I could not afford to make the contributions</li> <li>c. I did not understand how to contribute/too confusing to understand</li> <li>d. I did not think contributing helps me</li> </ul>	<p>POWER Accounts and Contributions</p>
<p>Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. While you were in HIP 2.0, would you say the amount you were required to pay in copays was:</p> <ul style="list-style-type: none"> <li>a. More than I could afford</li> <li>b. An amount that I could afford</li> <li>c. Less than I could afford</li> <li>d. Not sure/Don't know</li> </ul>	<p>POWER Accounts and Contributions</p>
<p>While you were in HIP 2.0., how worried were you about not having enough money to pay your copays?</p> <ul style="list-style-type: none"> <li>a. Not at all worried</li> <li>b. A little worried</li> <li>c. Somewhat worried</li> <li>d. Very worried</li> <li>e. Extremely worried</li> </ul>	<p>POWER Accounts and Contributions</p>

<p>While you were in HIP 2.0, what did you think would happen, if anything, if a person's contribution was not made on time?</p> <p>a. Nothing would change →GO TO QUESTION 26  b. Their HIP 2.0 coverage would end  c. They would get automatically moved to HIP Basic →GO TO QUESTION 26  d. Not sure/Don't know →GO TO QUESTION 26</p>	<p>POWER Accounts and Contributions</p>
<p>How long did you think a person would need to wait to re-enroll in HIP 2.0?</p> <p>a. No wait time  b. 3 months  c. 6 months  d. 12 months  e. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>
<p>How easy or hard was it to understand how to use a POWER account?</p> <p>a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	<p>POWER Accounts and Contributions</p>
<p>For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.</p> <p>Please mark one answer in each row.  Agree Disagree Not sure</p> <p>a. The State of Indiana contributes to POWER accounts  b. HIP 2.0 contribution(s) go to POWER accounts  c. POWER accounts help people pay for the health care services they need  d. POWER accounts help people understand the cost of their health care services  e. POWER accounts make people feel comfortable about paying for their health care services</p>	<p>POWER Accounts and Contributions</p>

<p>How easy or hard was it to understand what happened to any left over money in a POWER account at the end of the year?</p> <p>a. Very easy  b. Somewhat easy  c. Neither easy nor hard  d. Somewhat hard  e. Very hard</p>	<p>POWER Accounts and Contributions</p>
<p>Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about preventive services and POWER accounts in HIP 2.0.</p> <p>Is the cost of preventive services paid from the POWER account?</p> <p>a. Yes  b. No  c. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>
<p>If someone gets all or some of their recommended preventive services, would some of the remaining money in a POWER account get rolled over to next year?</p> <p>a. Yes  b. No  c. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>



<p>Please tell us whether you agree, disagree, or are not sure about with the following statement: POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.</p> <p>a. Agree  b. Disagree  c. Not sure/Don't know</p>	<p>POWER Accounts and Contributions</p>
<p>Access  For the following questions please think about your health care experience since you left HIP.</p>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, did you go to a doctor, nurse, or any other health professional or get prescription drugs?</p> <p>a. Yes  b. No → GO TO QUESTION 36  c. Not sure/Don't know → GO TO QUESTION 36</p>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>a. Yes  b. No → GO TO QUESTION 35  c. No, I was asked to pay the whole bill → GO TO QUESTION 35  d. Not sure/Don't know → GO TO QUESTION 35</p>	<p>Access</p>

<p>How was that copay paid, if at all?</p> <ul style="list-style-type: none"> <li>a. I paid it</li> <li>b. Someone paid it for me</li> <li>c. The co-payment was not paid</li> <li>d. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>After you were no longer enrolled in HIP 2.0, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>Access</p>
<p>Thinking about your overall experience with HIP 2.0, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied</li> <li>b. Somewhat Satisfied</li> <li>c. Neither Satisfied nor Dissatisfied → GO TO QUESTION 22</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know → GO TO QUESTION 22</li> </ul>	<p>Satisfaction with HIP</p>

<p>Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below.  Please mark one answer in each row. Very Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied</p> <ul style="list-style-type: none"> <li>a. Length of time for coverage to begin</li> <li>b. Ability to see my doctors with HIP 2.0</li> <li>c. Choice of doctors in HIP 2.0</li> <li>d. Coverage of health care services that I need</li> <li>e. Understanding how POWER accounts work</li> <li>f. Cost of contribution(s)</li> <li>g. HIP 2.0 enrollment process</li> </ul>	<p>Satisfaction with HIP</p>
<p>Are you currently in HIP Basic?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No → GO TO END</li> <li>c. Not sure/Don't know → GO TO END</li> </ul>	<p>HIP Basic enrolled,  formerly HIP Plus enrolled</p>
<p>Thinking about your current HIP Basic coverage, how does it compare to HIP Plus? Is it better, about the same, or worse?</p> <ul style="list-style-type: none"> <li>a. Better than HIP Plus coverage</li> <li>b. About the same as HIP Plus coverage →GO TO QUESTION 42</li> <li>c. Worse than HIP Plus coverage→GO TO QUESTION 41</li> <li>d. Not sure/Don't know →GO TO QUESTION 42</li> </ul>	<p>HIP Basic enrolled,  formerly HIP Plus enrolled</p>

<p>Why do you think your current HIP Basic coverage is better? Mark one or more</p> <ul style="list-style-type: none"> <li>a. I like the benefits in HIP Basic better than HIP Plus → GO TO QUESTION 42</li> <li>b. I think HIP Basic is cheaper than HIP Plus → GO TO QUESTION 42</li> <li>c. Other reason → GO TO QUESTION 42</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Why do you think your current HIP Basic coverage is worse? Mark one or more.</p> <ul style="list-style-type: none"> <li>a. I liked the benefits in HIP Plus better than HIP Basic</li> <li>b. I think HIP Plus is cheaper than HIP Basic</li> <li>c. Other reason</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Would you try to re-apply for HIP Plus if you became eligible for HIP Plus again?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Not sure/Don't know</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>While you were in HIP Plus, what did you think would happen, if anything, if your contribution(s) were not made on time?</p> <ul style="list-style-type: none"> <li>a. Nothing would change</li> <li>b. My HIP 2.0 coverage would end</li> <li>c. I would get automatically moved to HIP Basic</li> <li>d. Not sure/Don't know</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because you could not pay for transportation or could not get transportation?</p> <p>a. Yes  b. No →GO TO QUESTION 46  c. Not sure/Don't know →GO TO QUESTION 46</p>	<p>HIP Basic enrolled,  formerly HIP Plus  enrolled</p>
<p>What types of health care were you unable to get because you could not pay for transportation or could not get transportation?</p> <p>Please mark one answer in each row. Could not pay for transportation  Could not get transportation No trouble with transportation for this type of care</p> <p>a. A visit to the doctor when you were sick  b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, or cholesterol or cancer screenings)  c. A follow up visit to get tests or care recommended by your doctor  d. Dental care  e. Vision (eye) care  f. Prescription drugs  g. Emergency room care for a non-emergency condition</p>	<p>HIP Basic enrolled,  formerly HIP Plus  enrolled</p>
<p>Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because of costs other than transportation?</p> <p>a. Yes  b. No →GO TO QUESTION 48  c. Not sure/Don't know →GO TO QUESTION 48</p>	<p>HIP Basic enrolled,  formerly HIP Plus  enrolled</p>

<p>Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, what types of health care were you unable to get because of costs other than transportation? Please mark one answer in each row. Yes No</p> <ul style="list-style-type: none"> <li>a. A visit to the doctor when you were sick</li> <li>b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, or cholesterol or cancer screenings)</li> <li>c. A follow up visit to get tests or care recommended by your doctor</li> <li>d. Dental care</li> <li>e. Vision (eye) care</li> <li>f. Prescription drugs</li> <li>g. Emergency room care</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Thinking about your experience in HIP Basic, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied</li> <li>b. Somewhat Satisfied</li> <li>c. Neither Satisfied nor Dissatisfied →GO TO QUESTION 50</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know →GO TO QUESTION 50</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in HIP Basic.</p> <p>Please mark one answer in each row. Very Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied</p> <ul style="list-style-type: none"> <li>a. Length of time for coverage to begin</li> <li>b. Ability to see my doctors with HIP 2.0</li> <li>c. Choice of doctors in HIP 2.0</li> <li>d. Coverage of health care services that I need</li> <li>e. Understanding how POWER accounts work</li> <li>f. Cost of contribution(s)</li> <li>g. HIP 2.0 enrollment process</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Thinking about your previous experience in HIP Plus, would you say you are:</p> <ul style="list-style-type: none"> <li>a. Very Satisfied</li> <li>b. Somewhat Satisfied</li> <li>c. Neither Satisfied nor Dissatisfied →GO TO QUESTION 52</li> <li>d. Somewhat Dissatisfied</li> <li>e. Very Dissatisfied</li> <li>f. Not sure/ Don't know →GO TO, QUESTION 52</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>

<p>Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in HIP Plus. Please mark one answer in each row. Very Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied</p> <ul style="list-style-type: none"> <li>a. Length of time for coverage to begin</li> <li>b. Ability to see my doctors with HIP 2.0</li> <li>c. Choice of doctors in HIP 2.0</li> <li>d. Coverage of health care services that I need</li> <li>e. Understanding how POWER accounts work</li> <li>f. Cost of contribution(s)</li> <li>g. HIP 2.0 enrollment process</li> </ul>	<p>HIP Basic enrolled, formerly HIP Plus enrolled</p>
<p>Health Coverage Cost and Payment Options</p> <p>We are studying ways to meet people's health care needs, and would like your thoughts about what things you would like in your benefits package.</p>	<p>Health Coverage Cost and Payment Options</p>
<p>People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.</p> <p>If you could choose how to pay for your health care services, what would you choose?</p> <ul style="list-style-type: none"> <li>a. I would choose to pay copays at my health care visits</li> <li>b. I would choose to make monthly contributions</li> <li>c. It does not matter to me</li> </ul>	<p>Health Coverage Cost and Payment Options</p>



<p>How important are each of the following factors when thinking about enrolling in a benefits package? Please mark one answer in each row. Very important Somewhat important Not at all important</p> <ul style="list-style-type: none"> <li>h. The cost of monthly contributions</li> <li>i. The cost of copays for doctors visits</li> <li>j. The cost of copays for non-emergency visits to the emergency room</li> <li>k. The cost of copays for prescription drugs</li> <li>l. The length of time with no coverage if I miss a monthly contribution</li> <li>m. If I lose coverage, being able to pay a missed contribution to get my coverage back</li> </ul>	<p>Health Coverage Cost and Payment Options</p>
<p>Would you say that in general your health is:</p> <ul style="list-style-type: none"> <li>a. Excellent</li> <li>b. Very good</li> <li>c. Good</li> <li>d. Fair</li> <li>e. Poor</li> </ul>	<p>Demographics/About You</p>
<p>What is the highest grade or level of school that you have completed?</p> <ul style="list-style-type: none"> <li>a. 8th grade or less</li> <li>b. Some high school, but did not graduate</li> <li>c. High school graduate or GED</li> <li>d. Some college or 2-year degree</li> <li>e. 4-year college graduate</li> <li>f. More than 4-year college degree</li> </ul>	<p>Demographics/About You</p>

<p>What best describes your employment status?</p> <ul style="list-style-type: none"><li>a. Employed full-time</li><li>b. Employed part-time</li><li>c. Self-employed</li><li>d. A homemaker</li><li>e. A full-time student</li><li>f. Unable to work for health reasons</li><li>b. Unemployed</li></ul>	<p>Demographics/About You</p>
<p>What is your age?</p> <ul style="list-style-type: none"><li>a. 18 to 24</li><li>b. 25 to 34</li><li>c. 35 to 44</li><li>d. 45 to 54</li><li>e. 55 to 64</li><li>f. 65 to 74</li><li>g. 75 or older</li></ul>	<p>Demographics/About You</p>
<p>Are you male or female?</p> <ul style="list-style-type: none"><li>a. Male</li><li>b. Female</li></ul>	<p>Demographics/About You</p>

<p>Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)</p> <ul style="list-style-type: none"><li>a. No, not of Hispanic, Latino/a, or Spanish origin</li><li>b. Yes, Mexican, Mexican American, Chicano/a</li><li>c. Yes, Puerto Rican</li><li>d. Yes, Cuban</li><li>e. Yes, another Hispanic, Latino, or Spanish origin</li></ul>	<p>Demographics/About You</p>
<p>What is your race? Mark one or more.</p> <ul style="list-style-type: none"><li>a. White</li><li>b. Black or African-American</li><li>c. American Indian or Alaska Native</li><li>d. Asian Indian</li><li>e. Chinese</li><li>f. Filipino</li><li>g. Japanese</li><li>h. Korean</li><li>i. Vietnamese</li><li>j. Other Asian</li><li>k. Native Hawaiian</li><li>l. Guamanian or Chamorro</li><li>m. Samoan</li><li>n. Other Pacific Islander</li><li>o. Some other race</li></ul>	<p>Demographics/About You</p>

<p>Family size (including yourself)</p> <p>Family Income Per Year</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>	<p>Demographics/About You</p>
<p>Did someone help you complete this survey?</p> <p>a. Yes</p> <p>b. No → GO TO END</p>	<p>Demographics/About You</p>

How did that person help you? Mark one or more. a. Read the questions to me b. Wrote down the answers I gave c. Answered the questions for me d. Translated the questions into my language	Demographics/About You
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

N/A	N/A
N/A	N/A

Survey Question #	Edited?	Changes	Justification
1	Y	Added in 'also called'	Noted in public comment; increases clarity
2	N	N/A	N/A
3	N	N/A	N/A
4	N	N/A	N/A
5	Y	Not sure/Don't know' answer option added	Increases clarity and consistency among modes.

6	N	N/A	N/A
7	N	N/A	N/A
8	Y	Survey question was re-ordered.	Noted in public comments; Revised order helps increase clarity.
9	Y	Survey question was re-ordered; 'family planning services, prenatal services' were added to answer option b; 'for a non-emergency condition' was added to answer option g	Noted in public comments; Revised order helps increase clarity.



10	Y	Survey question was re-ordered; 'Costs other than transportation' were added to the end of the survey question	Noted in public comments; Revised order and additional survey question language increases clarity.
11	Y	Survey question was re-ordered; 'family planning services, prenatal services' were added to answer option b.	Noted in public comments; Revised order helps increase clarity.

12	Y	Answer option related to transportation was omitted; Answer options c and d were added	Noted in public comments; Increases clarity.
13	N	N/A	N/A
N/A	Y	Monthly or annual' has been omitted.	Noted in public comments and CMS feedback.
14	Y	Special' was replaced with 'health'.	Noted in public comments.

15	N	N/A	N/A
16	Y	Monthly or annual' has been omitted; 'Not sure/Don't know' has been added.	Noted in public comments and CMS feedback; Increases clarity and consistency among modes.
17	Y	Monthly or annual' has been omitted.	Noted in public comments and CMS feedback.
18	Y	Monthly or annual' has been omitted; Answer option b was updated for consistency among the other answer options	Noted in public comments and CMS feedback; Answer option changes helps increase clarity

19	Y	Monthly or annual' has been omitted; Answer options expanded from 3 point Likert scale to a 5 point Likert scale.	Noted in public comments and CMS feedback.
20	Y	Monthly or annual' has been omitted.	Noted in public comments and CMS feedback.
21	Y	Updated instructions for consistency.	Instruction update for consistency
22	Y	Answer option b was updated for consistency among the other answer options	Noted in public comments and CMS feedback; Answer option changes helps increase clarity
23	Y	Answer options expanded from 3 point Likert scale to a 5 point Likert scale.	Noted in public comments and CMS feedback.

24	Y	Monthly or annual' has been omitted; Updated instructions for consistency; Revised question to make it more general.	Noted in public comments; Question revision helps increase clarity.
25	Y	Revised question to make more general; Re-ordered answer options.	Survey revisions help increase clarity; Answer options are now list from shortest to longest time periods.
26	N	N/A	N/A
27	Y	Updated instructions for consistency; 'Monthly or annual' has been omitted.	Noted in public comments and CMS feedback; Instructions updated for consistency.

28	N	N/A	N/A
29	Y	Family planning services, prenatal services' was added; 'your experience with' and 'while you were' were omitted; Tense was changed to present tense.	Noted in public comments; Helps increase clarity.
30	Y	Tense was changed to present tense.	Helps increase clarity.

31	Y	or are not sure about' was added.	Helps increase clarity of question structure.
N/A	N	N/A	N/A
32	N	N/A	N/A
33	Y	Answer option c was added.	Noted in public comments; Helps increase clarity.

34	N	N/A	N/A
35	N	N/A	N/A
36	Y	Skip logic was removed for answer option a and b	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options



37	Y	Survey structure and answer options were updated appropriately in order assess satisfaction and dissatisfaction	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options
38	Y	Skip logic was updated appropriately in answer option c.	Increase clarity.
39	Y	Answer options updated; The reference to 'HIP Plus' was added in each answer option; Answer options were re-ordered; 'Not sure/Don't know' has been added.	Noted in public comments; Revisions and answer option re-ordering helps increase clarity; Addition of answer option helps increase clarity among survey modes.

40	N	N/A	N/A
41	N	N/A	N/A
42	N	N/A	N/A
43	Y	Monthly or annual' has been omitted; Tense was changed to past tense; Updated instructions.	Noted in public comments; Revisions help increase clarity and maintain consistency.

44	N	Survey question re-order	Revisions help increase clarity and improve survey flow.
45	Y	Family planning services, prenatal services' was added to answer option b; Survey question was re-ordered; Updated instructions for consistency.	Noted in public comments; Survey re-order helps increase clarity.
46	Y	Other than transportation' was added to the end of the survey question.	Noted in public comments, Revisions help increase clarity.

47	Y	Other than transportation' was added to the end of the survey question; Updated instructions for consistency; 'family planning services, prenatal services' added to answer option b.	Noted in public comments; Revisions help increase clarity.
48	Y	Skip logic was removed for answer option a and b	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options

49	Y	Survey structure and answer options were updated appropriately in order assess satisfaction and dissatisfaction	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options
50	Y	Skip logic was removed for answer option a and b	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options

51	Y	Survey structure and answer options were updated appropriately in order assess satisfaction and dissatisfaction	Noted in public comments; Satisfaction and dissatisfaction will be assessed equally among identical HIP 2.0 answer options
N/A	Y	Language updated	Increase clarity given the changes in this survey section
52	Y	Annual' was omitted.	Noted in public comments and CMS feedback.

53	Y	Question was updated	Noted in public comments; Per CMS direction; Increase clarity given the survey revisions in the survey section
54	N	N/A	N/A
55	N	N/A	N/A

56	Y	Expanded answer options	Noted in public comment
57	N	N/A	N/A
58	N	N/A	N/A



59	N	N/A	N/A
60	N	N/A	N/A

61	Y	Formatted and language revisions were made	Noted in public comment to help increase clarity.
62	N	N/A	N/A

63	N	N/A	N/A
N/A	Y	Survey question has been omitted	Noted in public comments
N/A	Y	Survey question has been omitted and combined with another survey question.	Noted in public comments; Increases clarity.
N/A	Y	Question was omitted	Noted in public comments; Per CMS direction
N/A	Y	Question was omitted	Noted in public comments; Per CMS direction

N/A	Y	Question was omitted	Noted in public comments; Per CMS direction
N/A	Y	Question was omitted	Noted in public comments; Per CMS direction