

HealthCare.gov Site Wide Survey
Revised November 3, 2015

Launch from sticky button on selected trigger pages. *For methodology see document 'Site Wide Survey Approach'*

Invitation:

"HealthCare.gov is looking for your feedback. Thanks for taking a moment to tell us about your experience today on HealthCare.gov!" – Insert OMB clearance number and related information about here.

Overall Experience

1. **(RADIO)** Including today, how many times have you visited HealthCare.gov since [INSERT Relevant Date: e.g., November 1, 2015]?
 - a. Today was the only time
 - b. 2 to 3 times
 - c. 4 to 5 times
 - d. 6 to 10 times
 - e. More than 10 times

2. **(RADIO)** How much time did you spend on Healthcare.gov today?
 - a. Less than 1 hour
 - b. 1 to 2 hours
 - c. 2 to 3 hours
 - d. 3 to 4 hours
 - e. 4 to 5 hours
 - f. 5 hours or more

3. **(RADIO)** Which of these best describes you?
 - a. An individual or family interested in getting Marketplace health insurance for the first time (code as 'new') (Go to Q4)
 - b. An individual or family interested in getting Marketplace health insurance again (code as 're-enrolling') (Go to Q4)
 - c. A small business employee (skip to Q23)
 - d. A small business employer (skip to Q23)
 - e. A CMS call center representative (skip to Q23)
 - f. A CMS certified assister or navigator (Go to Q4)
 - g. A CMS certified broker or agent (skip to Q23)
 - h. An insurance company representative (skip to Q23)
 - i. None of these (skip to Q23)

4. **(RADIO)** What did you do most recently today on HealthCare.gov?
 - a. Looked at information about Marketplace health insurance [Go to Q5]
 - b. [if Q3=a] Created an account [Go to Q7]
 - c. Viewed plans and prices **BEFORE** filling out an application (“**See Plans and Prices**”) [Go to Q8]
 - d. Started or continued an Application [Go to Q10]
 - e. Shopped and compared plans **AFTER** filling out the Application [Go to Q15]
 - f. Enrolled or renewed a plan[Go to Q18]
 - g. I didn’t do any of these today[Go to Q23]

Looking for/reading information

5. **(RADIO) (if Q4=a or Q4=b)** Did you find the information you were looking for on HealthCare.gov?
 - a. Yes (Go to Q23)
 - b. No (Go to Q6)
 - c. Not applicable

6. **(TEXT AREA)** What information were you looking for that you couldn’t find? (Open-end)

(Go to overall satisfaction – Q23)

Creating a HealthCare.gov Account

7. **(RADIO) [if Q4=b]** Overall, how easy or difficult was it to create your account?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult

(Go to overall satisfaction – Q23)

Viewing plans and costs

8. **(RADIO)** Before you apply/applied for insurance, how helpful was **See Plans and Prices** in showing plans that may be available to you and the estimated prices?
 - a. Very helpful
 - b. Somewhat helpful
 - c. Not very helpful
 - d. Not at all helpful
 - e. Not applicable

9. How much do you agree or disagree that **See Plans and Prices** made it clear that the plan prices were an estimate and not the final prices?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Not applicable

(Go to overall satisfaction - Q23)

Starting or completing the Application

10. **(RADIO) (if Q4=d)** Overall, how easy or difficult was it to fill out the Application?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - Not applicable
11. **(RADIO)** Did you submit your application for health insurance on Healthcare.gov by pressing the SUBMIT APPLICATION button?
- Yes (Go to Q12)
 - No (**Go to overall satisfaction - Q23**)
12. **(RADIO)** After you submitted your application, did the website give you a detailed Eligibility Report (a PDF file to download) showing if you are eligible to get help paying for insurance?
- Yes (Go to Q13)
 - No (Go to overall satisfaction - Q23)
 - I don't know (Go to overall satisfaction - Q23)
13. **(CHECK BOXES)** Did the Eligibility Report say that someone in your household qualifies for any of these? (Check all that apply, except e. is exclusive)
- A health plan with reduced deductibles or copayments (called cost-sharing reduction plans)
 - A health plan with a premium tax credit to lower your monthly premium
 - A health plan, but no cost-sharing reduction and no tax credit
 - A state insurance program for people with low income, such as Medicaid or CHIP
 - I don't know (accept only if a-d are not checked)
14. **(RADIO)** Overall, how easy or difficult was it to understand your Eligibility Report?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - I didn't read the Eligibility Report

(Go to overall satisfaction - Q23)

Shopping and comparing health plans

15. **(RADIO) (if Q4=e)** Overall, how easy or difficult was it to shop for a health plan on HealthCare.gov?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - I didn't shop for a health plan
16. **(CHECKBOX)** When reviewing plans, did you do any of these activities? (Check all that apply, except h. is exclusive)
- Read "3 Things to know" about how to select a plan
 - View monthly premiums
 - View out-of-pocket costs (like deductible, copayment, or coinsurance)
 - View maximum out-of-pocket cost (the most you would pay in a year)
 - View plan details (such as benefits, types of medical services included, etc.)
 - Look for a directory of doctors or hospitals
 - Compare two or more plans
 - I didn't do any of these things [accept only if a-g not checked]
17. **(RADIO) (if Q16g is checked)** Overall, how easy or difficult was it to compare plans?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - I didn't compare plans

(Go to overall satisfaction - Q23)

Enrolling in a plan

18. **(RADIO) (if Q 4 = f)** How easy or difficult was it to enroll in the plan that you selected on HealthCare.gov?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
 - I did not enroll in a plan (Go to Q23)
19. **(RADIO)** How confident are you that you enrolled in a health plan that meets your health and financial needs?
- Very confident
 - Somewhat confident
 - Not very confident
 - Not at all confident
 - I did not enroll in a plan (Go to Q23)

20. **(CHECKBOX)** What was the most difficult part of the process of getting insurance on HealthCare.gov, if any? (Check all that apply, except h. is exclusive)
- Creating or accessing my account
 - Completing or revising the application
 - Finding out how much my plan would cost
 - Understanding the tax credit or subsidy
 - Choosing a plan
 - Finding the information I needed
 - Something else
 - None of these (accept only if a-g not checked)

21. **(CHECKBOX)** Did you get help enrolling in a Health Insurance Marketplace plan from any of the following? (Choose all that apply, except d. is exclusive)
- An in-person assister
 - A customer service representative at the Marketplace 1-800 number
 - An insurance agent or broker
 - I did not contact any of these (accept only if a-c not checked)

(MATRIX TABLE) How satisfied are you with the following?

	Very satisfied	Somewhat satisfied	Not very satisfied	Not at all satisfied	N/A
22. The overall enrollment or re-enrollment process?	€	€	€	€	

(Go to overall satisfaction - Q23)

Overall satisfaction

(MATRIX TABLE) How satisfied are you with the following:

	Very satisfied	Somewhat satisfied	Not very satisfied	Not at all satisfied	N/A
23. The information provided about the Health Insurance Marketplace?	€	€	€	€	€
24. The way information was explained on HealthCare.gov?	€	€	€	€	€
25. How well the HealthCare.gov website worked today?	€	€	€	€	€
26. Your overall experience on Healthcare.gov?	€	€	€	€	€

27. **(TEXT AREA)** [If Q26=not very satisfied or not at all satisfied] Please tell us the reason that you were not satisfied. (Open-end text to be output along with corresponding categorical information from Q3, Q13, Q26, Q29, Q34, Q35, Q36.)

28. **(RADIO)** How likely are you to recommend HealthCare.gov to family or friends who need health insurance?
- a. Very likely
 - b. Somewhat likely
 - c. Not very likely
 - d. Not at all likely
 - e. Not applicable

About You

29. **(RADIO)** Which of the following was true regarding your insurance before today?
- a. I was uninsured for more than 2 years
 - b. I was uninsured for between 1 and 2 years
 - c. I was uninsured for between 6 months and 1 year
 - d. I was uninsured for less than 6 months
 - e. I enrolled in a Health Insurance Marketplace health plan for 2015 and I came to HealthCare.gov to change plans or re-enroll in my current plan
 - f. I had other health insurance in 2015, but came to HealthCare.gov to get a new plan
30. **(RADIO)** (If Q29=e) Did you enroll in the same Health Insurance Marketplace plan as in 2015?
- a. Yes, I enrolled in the same plan
 - b. No, I enrolled in a different plan
 - c. I have not re-enrolled yet
31. **(RADIO)** (Q29=e) Which of the following is true about your 2015 plan, if any?
- a. My plan costs increased
 - b. My plan costs decreased
 - c. My plan costs stayed the same
 - d. I don't know
32. **(RADIO)** (Q29=e) Which of the following is true about your 2015 plan, if any?
- a. My plan moved to a higher metal level (example: silver to gold)
 - b. My plan moved to a lower metal level (example: silver to bronze)
 - c. My plan stayed at the same metal level
 - d. I don't know
33. **(RADIO)** (Q29=e) Which of the following is true about your 2015 plan, if any?
- a. The coverage changed and is better for me now
 - b. The coverage changed and it is not as good for me now
 - c. The coverage did not change
 - d. My plan was discontinued
 - e. I don't know
34. **(TEXT)** What year were you born?

35. **(RADIO)** How many people in your household are applying/have applied for coverage for 2016?
- a. None (not applying for coverage)
 - b. One
 - c. Two
 - d. Three
 - e. Four
 - f. Five
 - g. Six
 - h. Seven
 - i. Eight or more
 - j. I have not decided

36. **(RADIO)** What is your household's total annual income before taxes?
- a. \$0-14,999
 - b. \$15,000-24,999
 - c. \$25,000-34,999
 - d. \$35,000-49,999
 - e. \$50,000-74,999
 - f. \$75,000-99,999
 - g. \$100,000-149,999
 - h. \$150,000 or more
 - i. I prefer not to answer

WE INVITE YOU TO PARTICIPATE IN FUTURE RESEARCH.

If you would like to be notified of future research by email, provide your name and email address:

Q37. Name: _____

Q38. Email Address: _____

Thank you for taking the time to fill out this survey.

(Expiration Date MM/DD/YY)

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