

Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

0%

OMB Control Number: 0938-NEW
OMB Expiration Date: TBD

Introduction and Directions for Completing the Survey

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

Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. You may skip any questions that you do not feel comfortable answering. Your participation in this research is private, and we will not share your name or any other identifying information with any outside organization. You may notice a number on the cover of the survey. This number is ONLY used to let us know if you returned the survey. Please contact the survey help desk toll-free at 1-855-443-2692 with questions about this research.

PRA Disclosure Statement

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0%

About Your HELP Enrollment

The State of Montana currently runs an insurance program called the Montana Health and Economic Livelihood Partnership (HELP) Plan for adults ages 19 to 64.

Are you currently enrolled in the "Montana Health and Economic Livelihood Partnership Plan" (also called "HELP")?

- Yes
- No
- Not sure/Don't know

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2%

Have you ever been enrolled in HELP?

- Yes
- No
- Not sure/Don't know

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4%

Were you enrolled in HELP within the last 12 months?

- Yes
- No

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5%

How long ago did your HELP enrollment end?

- Less than 3 months
- 3 to 6 months
- More than 6 months
- Not sure/Don't know

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Why did your HELP enrollment end?

Please mark one answer in each row.

My HELP enrollment ended because ...	Yes	No	Not Sure
I got an increase in my income and was no longer eligible for HELP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had other health insurance available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not afford my monthly HELP premiums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I no longer wanted HELP coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not pay my premium within 90 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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11%

Would you try to re-enroll in HELP if you could?

- Yes
- No
- Not sure/Don't know

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11%

Experiences After Leaving HELP

The following questions are about your understanding and experiences since you left HELP.

After you were no longer enrolled in HELP, was there any time you needed health care but did not get it because of cost?

- Yes
- No
- Not sure/Don't know

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13%

After you were no longer enrolled in HELP, what types of health care were you unable to get because of cost?

Please mark one answer in each row.

	Yes	No	N/A
A visit to the doctor when I was sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A follow up visit to get tests or care recommended by my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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19%

After you were no longer enrolled in HELP, did you go to a doctor, nurse, or any other health professional or get prescription drugs?

- Yes
- No
- Not sure/Don't know

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20%

After you were no longer enrolled in HELP, 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.

- Yes
- No
- Not sure/Don't know

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22%

Do you have **any** health insurance coverage right now?

- Yes
- No
- Not sure/Don't know

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23%

What type of health insurance do you have?

Mark one or more.

- Private (insurance from an employer or union or purchased directly from insurance company)
- TRICARE or other military health care, including Veterans Health (VA enrollment)
- Medicaid
- Medicare
- Indian Health Service
- Other
- Not sure/Don't know

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24%

How long have you had your current health insurance coverage?

- Less than one month
- Between 1 and 6 months
- More than 6 months

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26%

After you were no longer enrolled in HELP, how long did it take you to get your current health insurance?

- Less than one month
- Between 1 and 6 months
- More than 6 months

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Premiums and Copays 26%

The following questions are about your understanding and experiences with HELP monthly premiums and copays while you were in HELP.

While you were in HELP, how much was your monthly HELP premium?

- \$0 to \$9
- \$10 to \$19
- \$20 to \$29
- \$30 to \$39
- \$40 to \$49
- \$50 and above
- Not sure/Don't know

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28%
How was that monthly premium paid, if at all?

- I paid it
- Someone paid the full amount for me
- I paid part and someone else paid part
- The premium has not been paid
- Not sure/Don't know

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30%

Which of the following groups helped pay for your monthly premium? *Mark one or more.*

- Family or friends
- Community or non-profit organization (such as church, multi-cultural organization)
- Health services organizations
- Health care provider
- Employer
- Other

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31%

While you were in HELP, would you say the amount of your monthly premium was:

- More than I could afford
- An amount that I could afford
- Less than I could afford
- Not sure/Don't know

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33%

While you were in HELP, how worried were you about not having enough money to pay your monthly premium?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

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34%

While you were in HELP, what did you think would happen, if anything, if your monthly premium was **not paid** within 90 days?

- Nothing would change
- My HELP coverage would end
- Not sure/Don't know

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35%

For each of the following statements, please tell us whether you thought it was part of your HELP plan.

Please mark one answer in each row.

	Part of your HELP plan	Not part of your HELP plan	Not sure
Payment of any unpaid premiums within 90 days would have allowed me to keep my HELP coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment of any unpaid premiums after 90 days would have allowed me to re-enroll in HELP within 12 months of my HELP plan start date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any unpaid premium balance may be collected from my future state income tax refunds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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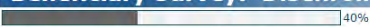
38%

While you were in HELP, did you pay any copays? Copays are payments owned by you to your health care provider for health care services that you receive. You are responsible for paying the provider after the claim has been processed.

- Yes
- No
- Not sure/Don't know

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While you were in HELP, would you say the amount you were required to pay for copays was:

- More than I could afford
- An amount that I could afford
- Less than I could afford
- Not sure/Don't Know

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41%

While you were in HELP, how worried were you about not having enough money to pay copays?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

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42%

How easy or hard was it to understand how HELP copays work?

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard

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44%

For each of the following HELP health care services, please tell us whether or not it has a copay.

Please mark one answer in each row.

	Yes, has a copay	No, does not have a copay	Not sure
Preventive health screenings and services (such as getting a flu shot, annual checkups, blood pressure checks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergencies in the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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48%

For each of the following statements about **HELP premiums, premium credits, and copays**, please tell us whether you thought they were part of your HELP plan.

Please mark one answer in each row.

	Part of your HELP plan	Not part of your HELP plan	Not sure
Monthly premiums depend on my income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copays depend on which health care service(s) I use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premium credits go toward copays owed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copays must be paid out of my own pocket once my premium credit is used up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copays will not be collected at the time of my health care service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid premiums may be collected against my future state income tax refunds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Access to Care

52%

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.

For the following questions, please think about your experience while you were in HELP.

As part of your HELP plan, was there an \$8 copay for going to the emergency room for a non-emergency condition?

- Yes
- No
- Not sure/Don't know

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

54%

While you were in HELP, was there a time you thought about going to the emergency room when you needed care?

- Yes
- No

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55%

While you were in HELP, when you needed care, did you go to the emergency room?

- Yes
- No

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57%

What was the main reason you **did not** go to the emergency room for care?

- Did not have a way to get there or could not afford to get there
- Went to my doctor's office or clinic instead
- Did not want to pay a copay
- Waited to see if I would get better on my own
- Some other reason

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Satisfaction with HELP

57%

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

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know

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60%

Please tell us how satisfied or dissatisfied you are with each **HELP** item below.

Please mark one answer in each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How copays work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of premiums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying the same amount each month for premiums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

Health Coverage Cost and Payment Options 65%

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

People pay for their health care services in different ways. Some people pay monthly premiums, some people pay copays, and some people pay both. Copays are payments owed by you to your health care provider for health care services that you receive. You are responsible for paying the provider after the claim has been processed.

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

- I would choose to pay copays
- I would choose to pay monthly premiums
- It does not matter to me

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67%

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
The cost of monthly premiums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for doctor visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for non-emergency visits to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of time with no coverage if I miss a monthly premium payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I lose coverage, being able to pay a missed monthly premium to get my coverage back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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About You

71%

Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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73%

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

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2 year degree
- 4-year college graduate
- More than 4-year college degree

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75%

What best describes your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- A homemaker
- A full-time student
- Unable to work for health reasons
- Unemployed

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76%

What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

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77%

Are you male or female?

- Male
- Female

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79%

Are you of Hispanic, Latino/a, or Spanish origin?

Mark one or more.

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

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80%

What is your race?

Mark one or more.

- White
- Black or African-American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Some other race

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82%

What is the number of people in your family (including yourself) that live in your household?

Family size (Including yourself)

- One person
- Two people
- Three people
- Four people
- Five people
- Six people
- Seven people
- Eight people
- Nine people
- Ten or more people

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83%

Mark only one answer that best describes your family's income over the last year before taxes and other deductions. Your best estimate is fine.

Family Income Per Year

- At or below \$6,000
- Above \$6,000 and up to \$12,000
- Above \$12,000 and less than \$17,000
- At or above \$17,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

84%

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 Income Per Year

- At or below \$8,000
- Above \$8,000 and up to \$16,000
- Above \$16,000 and less than \$22,000
- At or above \$22,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

86%

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 Income Per Year

- At or below \$10,000
- Above \$10,000 and up to \$20,000
- Above \$20,000 and less than \$28,000
- At or above \$28,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

87%

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 Income Per Year

- At or below \$12,000
- Above \$12,000 and up to \$25,000
- Above \$25,000 and less than \$34,000
- At or above \$34,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

88%

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 Income Per Year

- At or below \$14,000
- Above \$14,000 and up to \$29,000
- Above \$29,000 and less than \$40,000
- At or above \$40,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

90%

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 Income Per Year

- At or below \$16,000
- Above \$16,000 and up to \$33,000
- Above \$33,000 and less than \$45,000
- At or above \$45,000

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

91%

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 Income Per Year

- At or below \$19,000
- Above \$19,000 and up to \$37,000
- Above \$37,000 and less than \$51,000
- At or above \$51,000

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93%

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 Income Per Year

- At or below \$21,000
- Above \$21,000 and less than \$41,000
- Above \$41,000 and less than \$57,000
- At or above \$57,000

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94%

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 Income Per Year

- At or below \$23,000
- Above \$23,000 and up to \$45,500
- Above \$45,500 and less than \$63,000
- At or above \$63,000

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95%

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 Income Per Year

- At or below \$25,000
- Above \$25,000 and up to \$50,000
- Above \$50,000 and less than \$69,000
- At or above \$69,000

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97%

Did someone help you complete this survey?

- Yes
- No

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

98%

How did that person help you?

Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language

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99%

Thank You

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Submit