

Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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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.

- Use pen with blue or black ink.
- Mark all your answers with an 'X'.
- If you make an error, cross it out with a single line and mark the correct answer.
- If you are told to skip a question, follow the arrow for instructions about what question to answer next.

Study ID

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.

1. Are you currently enrolled in the “Montana Health and Economic Livelihood Partnership Plan” (also called “HELP”)?

Yes

No

Not sure/Don't know

} **GO TO END**

2. How long have you been enrolled in HELP?

1 to 3 months

4 to 6 months

7 to 12 months

More than 12 months

3. Since you enrolled in HELP, was there ever a time you lost your coverage or were disenrolled from HELP?

Yes

No

Not sure/Don't know

} **GO TO QUESTION 5**

4. About how long were you disenrolled from HELP?

Less than 1 month

1 to 3 months

More than 3 months

Not sure/Don't know

Before You Enrolled in Your HELP Plan

For the next few questions, please think back to the 12 months **before you enrolled** in HELP.

5. In the 12 months **before you enrolled** in HELP, did you have any health insurance?

Yes

No

Not sure/Don't know

} GO TO QUESTION 9

6. How long did you have that health insurance?

All 12 months

6 to 11 months

Less than 6 months

7. What type of health insurance did you have? *Mark one or more.*

Medicaid

Private (insurance from an employer or union or purchased directly from insurance company)

TRICARE or other military health care, including Veterans Health (VA enrollment)

Indian Health Service

Other

Not sure/Don't know

8. In the 12 months **before you enrolled** in HELP, did you get any preventive care (such as a routine check up, blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screening)?

Yes

No

Not sure/Don't know

About Your HELP Plan

For the following questions please think about your **current** experience in your HELP plan.

9. How well do you think you understand how your HELP plan works?

- Very well
- Somewhat
- Not at all

10. When you enrolled in HELP, did you look for any information in written materials or on the Internet about the HELP plan?

- Yes
- No → **GO TO QUESTION 12**

11. How helpful was the information about the HELP plan?

- Very helpful
- Somewhat helpful
- Not at all helpful

12. When you enrolled in HELP, did you get information or help from a customer service representative?

- Yes
- No → **GO TO QUESTION 14**

13. How helpful was the information you got?

- Very helpful
- Somewhat helpful
- Not at all helpful

14. From the time you submitted your application until your HELP coverage started, how much time did it take?

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

Premiums and Copays

The following questions are about your understanding and experience with HELP premiums and copays.

15. How much is 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

16. How is that monthly premium paid, if at all?

- I pay it → **GO TO QUESTION 18**
 - Someone pays the full amount for me
 - I pay part and someone else pays part
 - The premium has not been paid
 - Not sure/Don't know
- } **GO TO QUESTION 18**

17. Which of the following groups help 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

18. **Would you say the amount of your monthly premium is:**

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

19. **In the last 6 months, 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

20. **What do you think will happen, if anything, if your monthly premium is not paid within 90 days?**

- Nothing will happen → GO TO QUESTION 22
- My HELP coverage could end
- Not sure/Don't know → GO TO QUESTION 22

21. **For each of the following statements, please tell us whether you think it is 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
a. Payment of any unpaid premiums <u>within 90 days</u> will allow me to keep my HELP coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Payment of any unpaid premiums <u>after 90 days</u> will allow me to re-enroll in HELP within 12 months of my HELP plan start date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any unpaid premium balance may be collected from my future state income tax refunds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. In the last 6 months, have you paid any copays? 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.

Yes

No

Not sure/Don't know

} **GO TO QUESTION 26**

23. In the last 6 months, 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

24. The last time you received a bill for a copay, how was that copay paid, if at all?

I paid it

Someone paid it for me

The copay has not been paid

Not sure/Don't know

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

Very easy

Somewhat easy

Neither easy nor hard

Somewhat hard

Very hard

26. For each of the following statements about **HELP premiums, premium credits, and copays**, please tell us whether you think it is 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
a. Monthly premiums depend on my income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Copays depend on which health care service(s) I use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Premium credits go toward copays owed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Copays must be paid out of my own pocket once my premium credit is used up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Copays will not be collected at the time of my health care service(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Unpaid premiums may be collected against my future state income tax refunds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Care

For the following questions please think about your health care experiences in the **last 6 months**.

27. In the last 6 months, did you go to a doctor, nurse, or any other health professional or get prescription drugs?

Yes

No

Not sure/Don't know

} **GO TO QUESTION 29**

28. 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.

Yes

No

Not sure/Don't know

29. In the last 6 months, was there any time you needed health care but did not get it because of cost?

Yes

No → **GO TO QUESTION 31**

30. In the last 6 months, 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. A visit to the doctor when I was sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A follow up visit to get tests or care recommended by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Vision (eye) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency room care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is about emergency room (ER) care and treatment.

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.

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

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

32. In the last 6 months, was there a time you thought about going to the emergency room when you needed care?

- Yes
- No → GO TO QUESTION 35

33. In the last 6 months, when you needed care did you go to the emergency room?

- Yes → GO TO QUESTION 35
- No

34. 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

Satisfaction with HELP

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

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → **GO TO QUESTION 37**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 37**

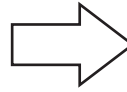
36. Please tell us how satisfied or dissatisfied you are with each HELP item below.

Please mark one answer in each row.

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

Now think about your current HELP plan compared to the health insurance plan you had in the 12 months before you enrolled in HELP.

If you did not have a health insurance plan in the 12 months before you enrolled in HELP



GO TO QUESTION 38

37. For each of the following items, how does your current HELP plan compare to your previous health insurance plan? Please mark one answer in each row.

	Better	The same	Worse	Not sure
a. Ability to afford my plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Coverage of health care services that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to see my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to get health care services that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About You

38. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

39. 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

40. 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

41. 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

42. Are you male or female?

- Male
- Female

43. 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

44. What is your race? Mark one or more.

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

45. Please circle the number of people in your family (including yourself) that live in your household. 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	<input type="checkbox"/> At or below \$6,000	<input type="checkbox"/> Above \$6,000 and up to \$12,000	<input type="checkbox"/> Above \$12,000 and less than \$17,000	<input type="checkbox"/> At or above \$17,000
Two people	<input type="checkbox"/> At or below \$8,000	<input type="checkbox"/> Above \$8,000 and up to \$16,000	<input type="checkbox"/> Above \$16,000 and less than \$22,000	<input type="checkbox"/> At or above \$22,000
Three people	<input type="checkbox"/> At or below \$10,000	<input type="checkbox"/> Above \$10,000 and up to \$20,000	<input type="checkbox"/> Above \$20,000 and less than \$28,000	<input type="checkbox"/> At or above \$28,000
Four people	<input type="checkbox"/> At or below \$12,000	<input type="checkbox"/> Above \$12,000 and up to \$25,000	<input type="checkbox"/> Above \$25,000 and less than \$34,000	<input type="checkbox"/> At or above \$34,000
Five people	<input type="checkbox"/> At or below \$14,000	<input type="checkbox"/> Above \$14,000 and up to \$29,000	<input type="checkbox"/> Above \$29,000 and less than \$40,000	<input type="checkbox"/> At or above \$40,000
Six people	<input type="checkbox"/> At or below \$16,000	<input type="checkbox"/> Above \$16,000 and up to \$33,000	<input type="checkbox"/> Above \$33,000 and less than \$45,000	<input type="checkbox"/> At or above \$45,000
Seven people	<input type="checkbox"/> At or below \$19,000	<input type="checkbox"/> Above \$19,000 and up to \$37,000	<input type="checkbox"/> Above \$37,000 and less than \$51,000	<input type="checkbox"/> At or above \$51,000
Eight people	<input type="checkbox"/> At or below \$21,000	<input type="checkbox"/> Above \$21,000 and up to \$41,000	<input type="checkbox"/> Above \$41,000 and less than \$57,000	<input type="checkbox"/> At or above \$57,000
Nine people	<input type="checkbox"/> At or below \$23,000	<input type="checkbox"/> Above \$23,000 and up to \$45,500	<input type="checkbox"/> Above \$45,500 and less than \$63,000	<input type="checkbox"/> At or above \$63,000
Ten or more people	<input type="checkbox"/> At or below \$25,000	<input type="checkbox"/> Above \$25,000 and up to \$50,000	<input type="checkbox"/> Above \$50,000 and less than \$69,000	<input type="checkbox"/> At or above \$69,000

46. Did someone help you complete this survey?

- Yes
- No → **THANK YOU. Please return the completed survey in the postage-paid envelope.**

47. 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

THANK YOU

Please return the completed survey in the postage-paid envelope.

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