

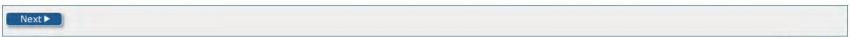
Introduction and Directions

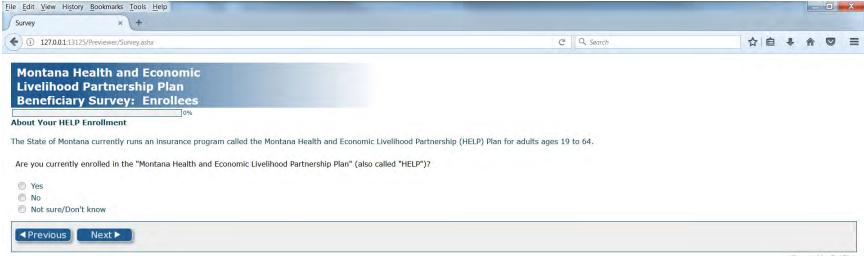
The Centers for Medicare & Medicaid Services is conducting this survey to ask about your recent experiences receiving health care and should take about 15 minutes to complete.

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.

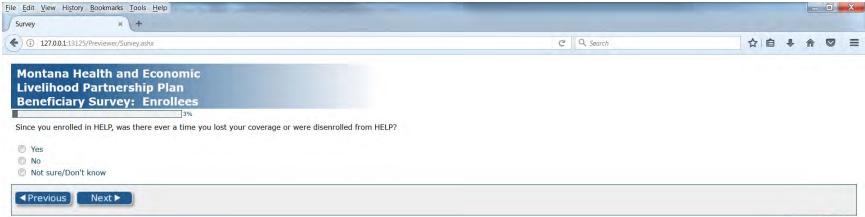
PRA Disclosure Statement

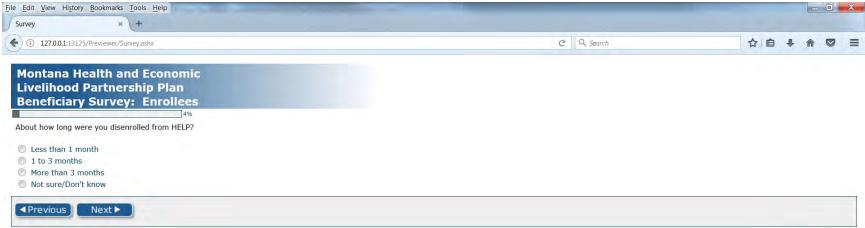
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

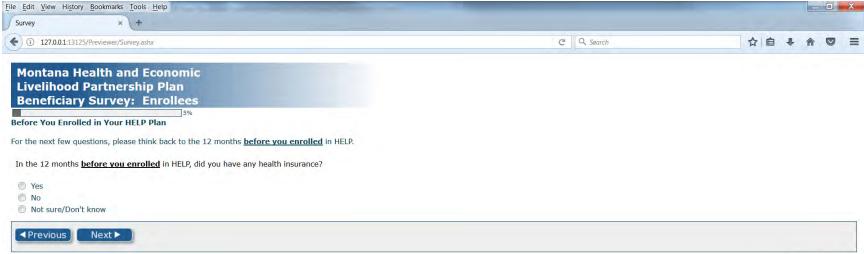


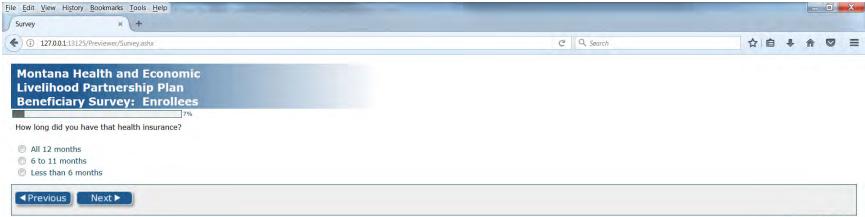




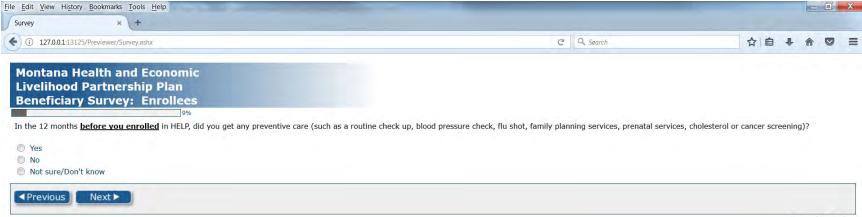


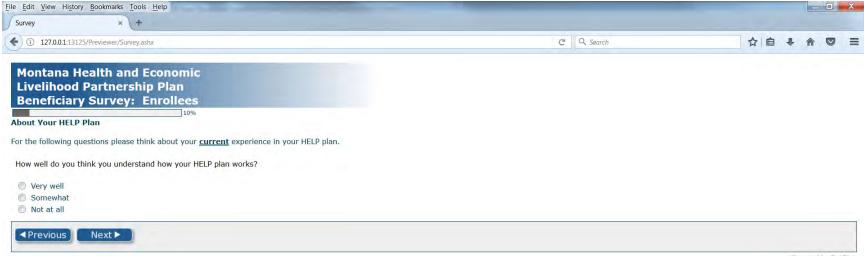




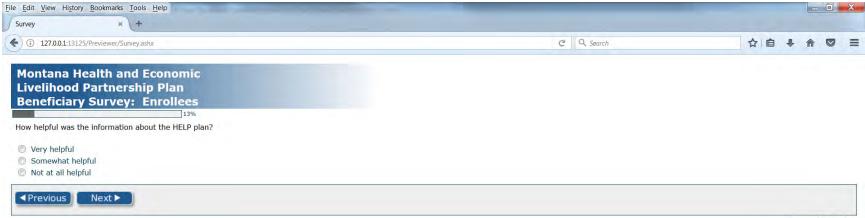


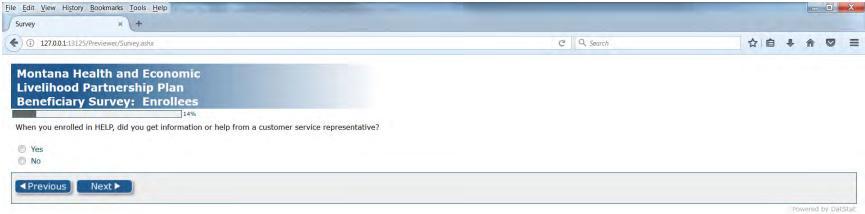




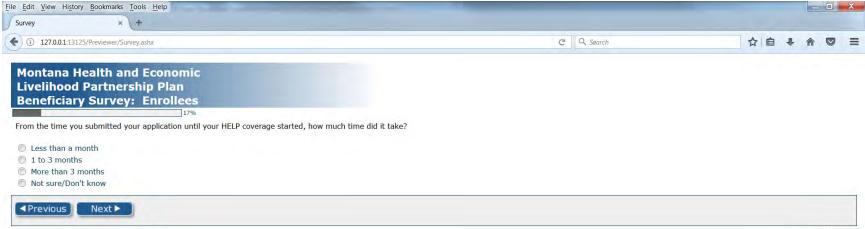


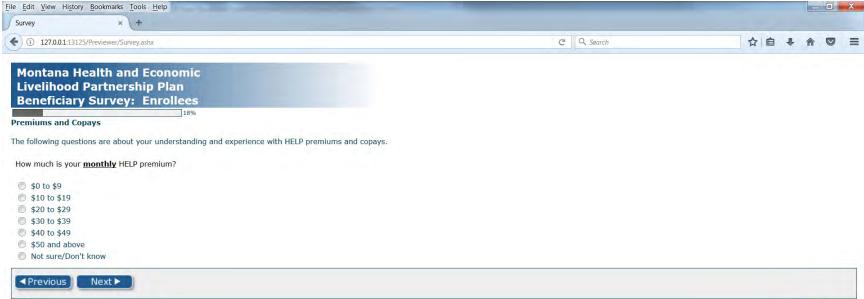


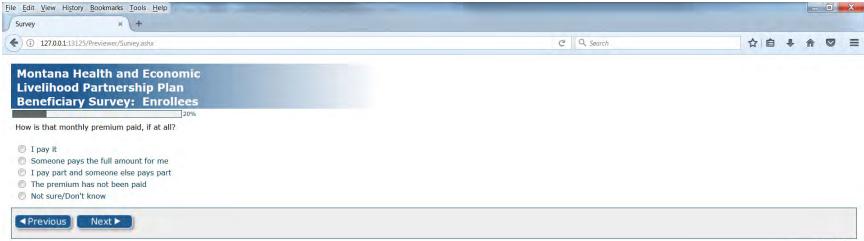


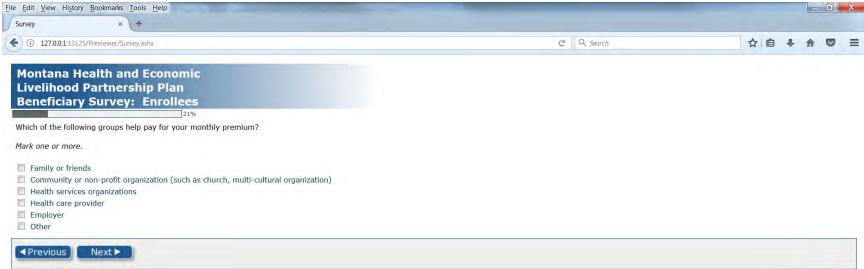




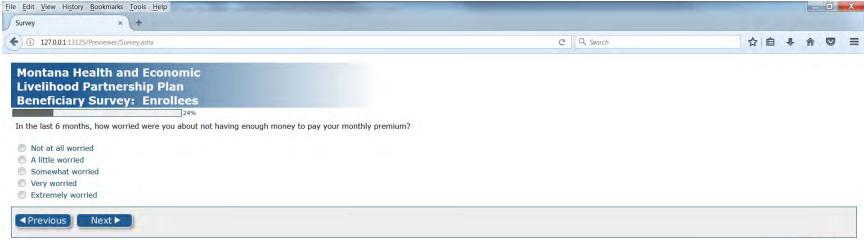
















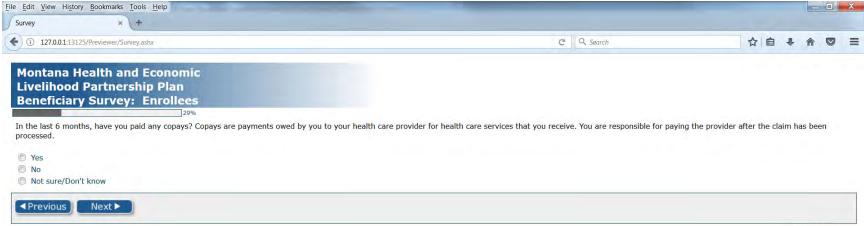
Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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
ayment of any upaid premiums <u>within 90 days</u> will allow me to keep my HELP coverage	0	0	0
ayment of any upaid premiums after 90 days will allow me to re-enroll in HELP within 12 months of my HELP plan start date	O	Ō.	0
Any unpaid premium balance may be collected from my future state income tax refunds.	0	0	0

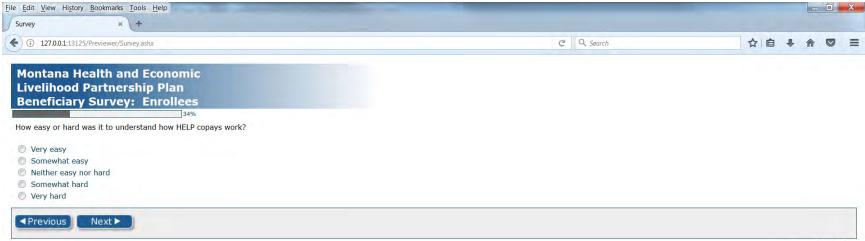












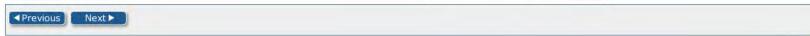


Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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)	0	0	0
Family planning services	O	0	0
Transportation	0	0	0
Emergencies in the emergency room	0	0	0
Generic drugs	0	0	0





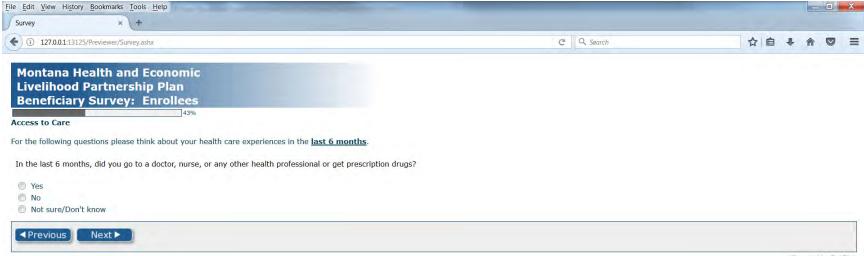
Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

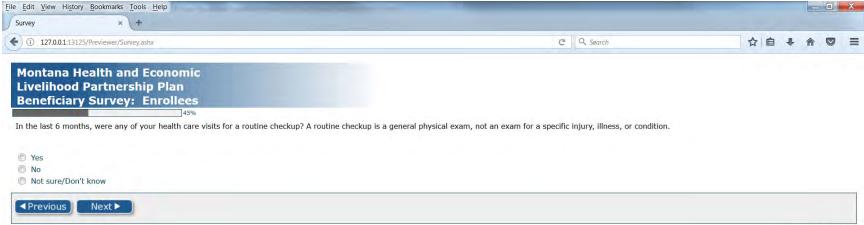
For each of the following statements about HELP premiums, premium credits, and copays, please tell us whether you think it is part of your HELP plan.

Please mark one answer in each row.

	Part of your HELP plan	Not part of your HELP plan	Not sure
Monthly premiums depend on my income	0	0	0
Copays depend on which health care service(s) I use	0	0	O
Premium credits go toward copays owed	0	0	0
Copays must be paid out of my own pocket once my premium credit is used up	0	0	0
Copays will not be collected at the time of my health care service(s)	0	0	0
Unpaid premiums may be collected against my future state income tax refunds	Ō	6	Ō











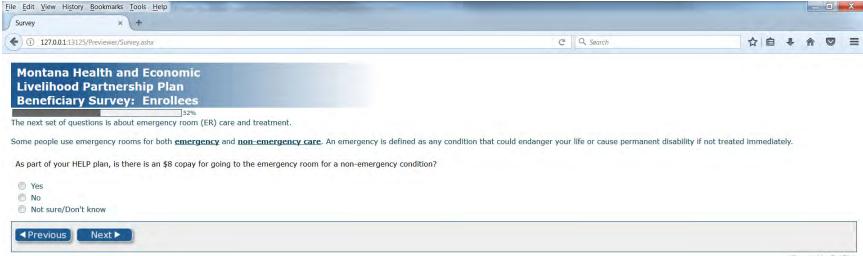
Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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.

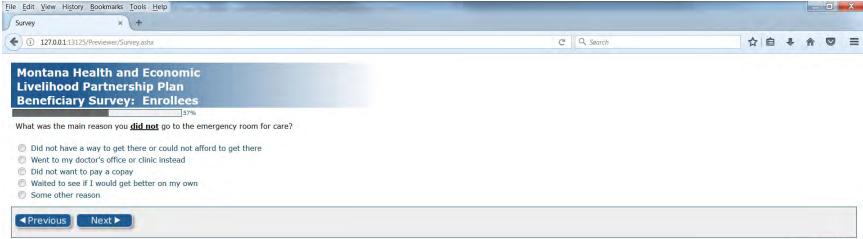
	Yes	No	N/A
A visit to the doctor when I was sick	0	0	0
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings)	0	0	Q
A follow up visit to get tests or care recommended by my doctor	0	0	0
Dental care	0	0	0
Vision (eye) care	0	0	0
Prescription drugs	0	Ō	0
Emergency room care	0	0	0

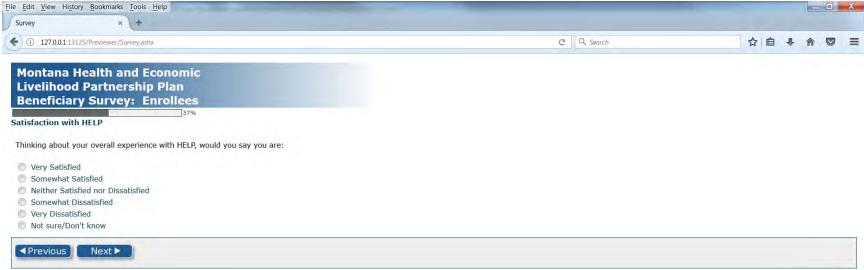














Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

Please tell us how satisfied or dissatisfied you are with each ${\color{red}{\bf HELP}}$ item below.

Please mark one answer in each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Enrollment process	0	0	0	0	0
Length of time for coverage to begin	0	Q	0	0	O
Ability to see my doctor	0	0	0	0	0
Choice of doctors	0	0	0	0	0
Coverage of health care services that I need	0	0	0	0	0
How copays work	0	0	0	0	O
Cost of premiums	0	0	0	0	0
Paying the same amount each month for premiums	0	0	0	0	0





Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

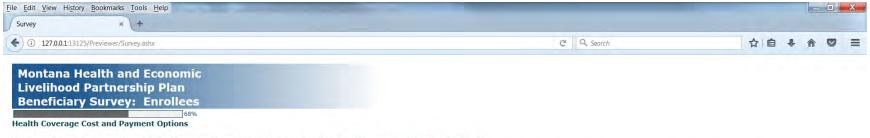
Now think about your current HELP plan compared to the health insurance plan you had in the 12 months before you enrolled in HELP.

For each of the following items, how does your <u>current HELP plan</u> compare to your <u>previous health insurance plan?</u>

Please mark one answer in each row.

	Better	The same	Worse	Not sure
Ability to afford my plan	0	0	0	0
Coverage of health care services that I need	Ö	0	0	0
Ability to see my doctor	0	0	0	0
Ability to get health care services that I need	0	0	0	0





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





Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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	0	0	0
The cost of copays for doctor visits	0	0	0
The cost of copays for non-emergency visits to the emergency room	0	0	0
The cost of copays for prescription drugs	0	0	0
The length of time with no coverage if I miss a monthly premium payment	0	0	0
If I lose coverage, being able to pay a missed monthly premium to get my coverage back	0	(Ĉ)	0



