



Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

0%

OMB Control Number: 0938-NEW
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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

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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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1%
How long have you been enrolled in HELP?

- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- More than 12 months

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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

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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

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5%
Before You Enrolled in Your HELP Plan

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

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

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

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7%

How long did you have that health insurance?

- All 12 months
- 6 to 11 months
- Less than 6 months

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8%

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

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9%

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

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About Your HELP Plan

10%

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

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

- Very well
- Somewhat
- Not at all

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12%

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

- Yes
- No

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13%

How helpful was the information about the HELP plan?

- Very helpful
- Somewhat helpful
- Not at all helpful

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14%

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

- Yes
- No

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16%

How helpful was the information you got?

- Very helpful
- Somewhat helpful
- Not at all helpful

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17%

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

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Premiums and Copays

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

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

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20%

How is that monthly premium paid, if at all?

- I pay it
- 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

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21%

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

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22%

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

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24%

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

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25%

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

- Nothing will happen
- My HELP coverage could end
- Not sure/Don't know

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26%

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
Payment of any unpaid premiums within 90 days will allow me to keep my HELP coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment of any unpaid premiums after 90 days will allow 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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29%

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

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30%

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

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31%

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

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33%

In the last 6 months, how worried were you about not having enough money to pay your copays?

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

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

34%

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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

35%

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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39%

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	<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

43%

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

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

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45%

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

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46%

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

- Yes
- No

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

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

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54%

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

- Yes
- No

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

55%

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

- Yes
- No

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

59%

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"/>

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65%

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 **current HELP plan** compare to your **previous health insurance plan**?

Please mark one answer in each row.

	Better	The same	Worse	Not sure
Ability to afford my plan	<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"/>
Ability to see my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to get health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

Health Coverage Cost and Payment Options 68%

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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70%

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

74%

Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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75%

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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77%

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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

78%

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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79%

Are you male or female?

- Male
- Female

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

81%

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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82%

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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83%

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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

85%

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: Enrollees

86%

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 \$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: Enrollees

87%

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 \$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: Enrollees

88%

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 \$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: Enrollees

90%

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 \$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: Enrollees

91%

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 \$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: Enrollees

92%

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 \$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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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

94%

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

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95%

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 \$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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96%

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 \$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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98%
Did someone help you complete this survey?

- Yes
- No

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Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Enrollees

99%

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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Submit