

Montana Health and Economic Livelihood Partnership Plan Beneficiary Survey: Disenrollees

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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.

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 → **GO TO END**
- No
- Not sure/Don't know → **GO TO END**

2. Have you ever been enrolled in HELP?

- Yes
- No
- Not sure/Don't know } **GO TO END**

Study ID

3. Were you enrolled in HELP within the last 12 months?

- Yes
- No → **GO TO END**

4. 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

5. Why did your HELP enrollment end? Please mark one answer in each row.

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

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

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

Experiences After Leaving HELP

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

7. 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

} **GO TO QUESTION 9**

8. 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. 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"/>

9. 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

} **GO TO QUESTION 11**

10. 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

11. Do you have any health insurance coverage right now?

- Yes
 - No
 - Not sure/Don't know
- } **GO TO QUESTION 15**

12. 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

13. How long have you had your current health insurance?

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

14. 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

Premiums and Copays

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

15. 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

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

- I paid it → **GO TO QUESTION 18**
 - 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
- } **GO TO QUESTION 18**

17. 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

18. 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

19. 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

20. 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 → GO TO QUESTION 22
- My HELP coverage would end
- Not sure/Don't know → GO TO QUESTION 22

21. 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
a. Payment of any unpaid premiums within 90 days would have allowed me to keep my HELP coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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="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. While you were in HELP, did you pay 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 25

23. 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

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

Very easy

Somewhat easy

Neither easy nor hard

Somewhat hard

Very hard

25. 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
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

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**.

26. **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

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

- Yes
- No → GO TO QUESTION 30

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

- Yes → GO TO QUESTION 30
- No

29. **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

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

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → **GO TO QUESTION 32**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 32**

31. 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"/>

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

33. 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

34. 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

35. 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

36. Are you male or female?

- Male
- Female

37. 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

38. 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

39. 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

40. Did someone help you complete this survey?

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

41. 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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