

# Healthy Indiana Plan 2.0 Beneficiary Survey: Enrollees

## SURVEY INSTRUCTIONS

- Answer each question by filling in the circle to the left of your answer, like this:  Yes
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **GO TO QUESTION 1**

No

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 Thoroughbred Research Group toll-free at 844-859-7862 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 **0938-1300**. 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.

## About Your HIP 2.0 Enrollment

The State of Indiana currently runs an insurance program called the Healthy Indiana Plan (also called HIP 2.0) for Hoosiers ages 19 to 64.

1. Are you currently enrolled in the “Healthy Indiana Plan 2.0” (also called “HIP 2.0”)?

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

2. With which HIP 2.0 health plan are you enrolled?

- Anthem
- MDwise
- MHS – Managed Health Services
- Not sure/Don’t know

<<BARCODE>>

<<SORT POSITION>>



## Healthy Indiana Plan (HIP) 2.0

3. HIP 2.0 offers different benefits packages. Are you aware that HIP 2.0 offers:

*Please mark one answer in each row.*

	Yes	No	Not sure
a. HIP Plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. HIP Basic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. For the next question, please think about your HIP 2.0 benefits package. For each of the following items, please mark whether they are part of your HIP 2.0 benefits package. Copays are payments you make at the time you visit your doctor's office, go to the hospital or get prescription drugs. *Please mark one answer in each row.*

*My HIP 2.0 benefits package includes...*

	Yes	No	Not sure
a. Vision and dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A way I can get prescriptions in the mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copays for doctor care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Copays for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Copays for hospital stays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Thinking about HIP Plus and HIP Basic, how well do you think you understand the differences between the two benefits packages?

- Very well
- Somewhat
- Not at all well

## Transportation

The next set of questions is about your transportation going to and from health care visits.

Please think about your health care visits in the last 6 months. Do not include visits to the emergency room (ER).

6. Does your HIP 2.0 benefits package provide transportation or cover the costs of transportation to and from health care visits (not including an ambulance)?
- Yes
  - No → GO TO QUESTION 8
  - Not sure/Don't know → GO TO QUESTION 8
7. In the last 6 months, have you used transportation paid for by your HIP 2.0 benefits package to get to or from a health care visit?
- Yes
  - No
8. In the last 6 months, did you have transportation to get to and from the doctor's office to get any health care services you needed?
- Yes
  - No
  - I did not have a health care visit in the last 6 months
9. In the last 6 months, how much have you worried about your ability to pay for the cost of transportation or your ability to get transportation to a health care visit?
- Not at all
  - A little
  - Somewhat
  - A great deal
10. In the last 6 months, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?
- Yes
  - No → GO TO QUESTION 12
  - Not sure/Don't know → GO TO QUESTION 12

**11. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?**

*Please mark one answer in each row.*

	Could not pay for transportation	Could not get transportation	No trouble with transportation for this type of care	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>	<input type="radio"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care for a non-emergency condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. In the last 6 months, was there any time you needed health care but did not get it because of costs other than transportation?**

- Yes
- No → **GO TO QUESTION 14**

**13. In the last 6 months, what types of health care were you unable to get because of costs other than transportation?**

*Please mark one answer in each row.*

	Yes	No	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Emergency Room

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.

14. How easy or hard is it for you to know when your health condition is an emergency?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard

15. What does HIP 2.0 say you should do if you think you may need to go to the emergency room, but are not sure? *Mark one or more.*

- Go directly to the emergency room
- Call the phone number or hotline provided by HIP 2.0
- Call my doctor
- Ask my family or friends

Please think about how HIP 2.0 would work for you if you went to the emergency room for care.

16. If you go to the emergency room when your condition is an emergency and you did not call the 24-hour nurse helpline, do you have to pay a copay?

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

17. If you go to the emergency room when your condition is not an emergency and you did not call the 24-hour nurse helpline, do you have to pay a copay?

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

18. If you go to the emergency room more than once a year when your condition is not an emergency and you did not call the 24-hour nurse helpline, your copay would be...

- Higher than \$8
- \$8
- Lower than \$8
- Not sure/Don't know

19. 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 26
20. In the last 6 months, when you needed care, did you go to the emergency room?
- Yes
  - No → GO TO QUESTION 25
21. The last time you went to the emergency room, were you asked to pay a copay for the care you received in the emergency room?
- Yes
  - No → GO TO QUESTION 26
  - Not sure/Don't know → GO TO QUESTION 26
22. Were you told the reason for the copay was because your condition was not an emergency?
- Yes
  - No
  - Not sure/Don't know
23. Were you told about another available provider where you could get the care you needed without the emergency room copay?
- Yes
  - No
  - Not sure/Don't know
24. The last time you went to the emergency room, how was that copay paid, if at all?
- I paid → GO TO QUESTION 26
  - Someone paid for it for me → GO TO QUESTION 26
  - The copay has not been paid → GO TO QUESTION 26
  - Not sure/Don't know → GO TO QUESTION 26
25. 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 the copay
  - Waited to see if I would get better on my own
  - Some other reason

## POWER Accounts and Contributions

The following questions are about your understanding and experience with HIP contributions and POWER accounts.

**26. Do you have a POWER account? POWER accounts are health savings accounts called Personal Wellness and Responsibility Accounts.**

- Yes
- No → **GO TO QUESTION 28**
- Not sure/Don't know → **GO TO QUESTION 28**

**27. Do you know how much is in your POWER account today?**

- Yes, I know exactly how much
- Yes, I have a pretty good idea
- No, I do not really know at all

**28. Do you currently contribute?**

- I currently contribute
- Someone else contributes for me
- I do not contribute → **GO TO QUESTION 32**
- Not sure/Don't know → **GO TO QUESTION 33**

**29. How is that contribution paid, if at all?**

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

**30. Would you say the amount you contribute is:**

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

**31. In the last 6 months, how worried were you about not having enough money to pay your contribution(s)?**

- Not at all worried → **GO TO QUESTION 35**
- A little worried → **GO TO QUESTION 35**
- Somewhat worried → **GO TO QUESTION 35**
- Very worried → **GO TO QUESTION 35**
- Extremely worried → **GO TO QUESTION 35**
- Not sure/Don't know → **GO TO QUESTION 35**

**32. Why do you not contribute?**

*Please mark one answer in each row.*

	Yes	No	Not sure
a. I do not have to contribute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I cannot afford to make the contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I do not understand how to contribute/too confusing to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I do not think contributing helps me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. Would you say the amount you are required to pay for copays is:**

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

**34. 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

**35. What do you think will happen, if anything, if a person's contribution(s) is not made on time?**

- Nothing will change → **GO TO QUESTION 37**
- Their HIP 2.0 coverage will end
- They would automatically get moved to HIP Basic → **GO TO QUESTION 37**
- Not sure/Don't know → **GO TO QUESTION 37**



**36. How long did you think a person would need to wait to re-enroll in HIP 2.0?**

- No wait time
- 3 months
- 6 months
- 12 months
- Not sure/Don't know

**37. How easy or hard is it to understand how a POWER account works?**

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

**38. For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.**

*Please mark one answer in each row.*

	<b>Agree</b>	<b>Disagree</b>	<b>Not sure</b>
a. The State of Indiana contributes to POWER accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. HIP 2.0 monthly contribution(s) go to POWER accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. POWER accounts help people pay for the health care services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. POWER accounts help people understand the cost of their health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. POWER accounts make people feel comfortable about paying for their health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**39. How easy or hard is it to understand what happens to any leftover money in a POWER account at the end of year?**

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

Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about preventive services and POWER accounts.

40. Is the cost of preventive services paid from the POWER account?

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

41. If someone gets all or some of their recommended preventive services, will some of the remaining money in a POWER account get rolled over into next year?

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

42. Please tell us whether you agree, disagree or are not sure about the following statement: POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.

- Agree
- Disagree
- Not sure/Don't know

## Access

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

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

- Yes
- No → GO TO QUESTION 47
- Not sure/Don't know → GO TO QUESTION 47

44. Were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.

- Yes
- No → GO TO QUESTION 46
- No, I was asked to pay the whole bill → GO TO QUESTION 46
- Not sure/Don't know → GO TO QUESTION 46

**45. 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

**46. 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

**Satisfaction with HIP**

**47. Thinking about your overall experience with HIP 2.0, would you say you are:**

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → **GO TO QUESTION 49**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 49**

**48. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below.**

*Please mark one answer in each row.*

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
a. Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Health Coverage Cost and Payment Options

We are studying ways to meet people’s health care needs, and would like your thoughts about what things you would like in your benefits package.

People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor’s office, go to the hospital, or get prescription drugs.

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

- I would choose to pay copays at my health care visits
- I would choose to make monthly contributions
- It does not matter to me

50. 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
a. The cost of monthly contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The cost of copays or doctor visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The cost of copays for non-emergency visits to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The cost of copays for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The length of time with no coverage if I miss a monthly contribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. If I lose coverage, being able to pay a missed contribution to get my coverage back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Demographics/About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

52. 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

53. 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

54. 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

**55. Are you male or female?**

- Male
- Female

**56. Are you of Hispanic, Latino/a, or Spanish origin? *One or more categories may be selected.***

- 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

**57. What is your race? *Mark one or more.***

- |  |  |
|--|--|
| <input type="radio"/> White                            | <input type="radio"/> Vietnamese             |
| <input type="radio"/> Black or African-American        | <input type="radio"/> Other Asian            |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian        |
| <input type="radio"/> Asian Indian                     | <input type="radio"/> Guamanian or Chamorro  |
| <input type="radio"/> Chinese                          | <input type="radio"/> Samoan                 |
| <input type="radio"/> Filipino                         | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Japanese                         | <input type="radio"/> Some other race        |
| <input type="radio"/> Korean                           |  |

58. 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	
<b>One person</b>	<input type="radio"/> At or below \$6,000	<input type="radio"/> At or above \$12,000 and less than \$16,000
	<input type="radio"/> Above \$6,000 and less than \$12,000	<input type="radio"/> At or above \$16,000
<b>Two people</b>	<input type="radio"/> At or below \$8,000	<input type="radio"/> At or above \$16,000 and less than \$22,000
	<input type="radio"/> Above \$8,000 and less than \$16,000	<input type="radio"/> At or above \$22,000
<b>Three people</b>	<input type="radio"/> At or below \$10,000	<input type="radio"/> At or above \$20,000 and less than \$28,000
	<input type="radio"/> Above \$10,000 and less than \$20,000	<input type="radio"/> At or above \$28,000
<b>Four people</b>	<input type="radio"/> At or below \$12,000	<input type="radio"/> At or above \$24,000 and less than \$33,000
	<input type="radio"/> Above \$12,000 and less than \$24,000	<input type="radio"/> At or above \$33,000
<b>Five people</b>	<input type="radio"/> At or below \$14,000	<input type="radio"/> At or above \$28,000 and less than \$39,000
	<input type="radio"/> Above \$14,000 and less than \$28,000	<input type="radio"/> At or above \$39,000
<b>Six people</b>	<input type="radio"/> At or below \$16,000	<input type="radio"/> At or above \$33,000 and less than \$45,000
	<input type="radio"/> Above \$16,000 and less than \$33,000	<input type="radio"/> At or above \$45,000
<b>Seven people</b>	<input type="radio"/> At or below \$18,000	<input type="radio"/> At or above \$37,000 and less than \$51,000
	<input type="radio"/> Above \$18,000 and less than \$37,000	<input type="radio"/> At or above \$51,000
<b>Eight people</b>	<input type="radio"/> At or below \$20,000	<input type="radio"/> At or above \$41,000 and less than \$56,000
	<input type="radio"/> Above \$20,000 and less than \$41,000	<input type="radio"/> At or above \$56,000
<b>Nine people</b>	<input type="radio"/> At or below \$23,000	<input type="radio"/> At or above \$45,000 and less than \$62,000
	<input type="radio"/> Above \$23,000 and less than \$45,000	<input type="radio"/> At or above \$62,000
<b>Ten or more people</b>	<input type="radio"/> At or below \$25,000	<input type="radio"/> At or above \$49,000 and less than \$68,000
	<input type="radio"/> Above \$25,000 and less than \$49,000	<input type="radio"/> At or above \$68,000

59. Did someone help you complete this survey?

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

60. 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.***

**Thoroughbred Research Group, Inc.  
PO Box 80490  
Conyers, GA 30013-9903**



0268