

Healthy Indiana Plan 2.0 Beneficiary Survey: New Enrollees Survey

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. Did you enroll in HIP 2.0 in 2016?

- Yes
- No → **GO TO END**

<<BARCODE>>

<<SORT POSITION>>



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

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

Healthy Indiana Plan (HIP) 2.0

4. 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"/>

5. When you enrolled in HIP 2.0, did you look for any information in written materials or on the Internet about your benefits package?

- Yes
- No → GO TO QUESTION 7

6. How helpful was the information about your benefits package?

- Very helpful
- Somewhat helpful
- Not at all helpful

7. When you enrolled in HIP 2.0, did you get information or help from a customer service representative?

- Yes
- No → GO TO QUESTION 9

8. How helpful was the information you got?

- Very helpful
- Somewhat helpful
- Not at all helpful

9. From the time you submitted your application, how much time did it take for your HIP 2.0 coverage to start?

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

10. What do you think will happen, if anything, if your contribution(s) is not made on time?

- I am not required to make contributions → GO TO QUESTION 12
- Nothing will change → GO TO QUESTION 12
- My HIP 2.0 coverage will end
- They would automatically get moved to HIP Basic → GO TO QUESTION 12
- Not sure/Don't know → GO TO QUESTION 12

11. How long do you think you 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

For the next few questions, please think about your HIP 2.0 enrollment experience.

12. Please tell us whether you agree, disagree, or are not sure about the following statement: You can do something to get coverage while your application is still being processed.

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

13. Which of the following things could you do to get your HIP 2.0 coverage as soon as possible?

Please mark one answer in each row.

	Yes	No	Not sure
a. Pay my contribution(s) when I get my invoice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pay \$10 or make a "fast track" payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My health plan, health care provider, or a non-profit organization pays \$10 or makes a "fast track" payment for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Apply for temporary coverage with the help of someone at a health care provider's office or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Return my completed application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ask for help to complete my application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. When you enrolled in HIP 2.0, did you do any of the following things to get your HIP 2.0 coverage as soon as possible?

Please mark one answer in each row.

	Yes	No	Not sure
a. Paid my contribution(s) when I got my invoice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Paid \$10 or made a "fast track" payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My health plan, health care provider, or a non-profit organization paid \$10 or made a "fast track" payment for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Applied for temporary coverage with the help of someone at a health care provider's office or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Returned my completed application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Asked for help to complete my application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. When you enrolled in HIP 2.0, did you think it was easy or hard to do any of the following?

Please mark one answer in each row.

	Very easy	Somewhat easy	Neither easy nor hard	Somewhat hard	Very hard
a. Pay my contribution(s) when I get my invoice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pay \$10 or make a “fast track” payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My health plan, health care provider, or a non-profit organization pays \$10 or makes a “fast track” payment for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Apply for temporary coverage with the help of someone at a health care provider's office or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Return my completed application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ask for help to complete my application quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. When you enrolled in HIP 2.0, how easy or hard was it to understand the differences between HIP Basic and HIP Plus?

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

**17. Did you get any help in understanding the differences between HIP Basic and HIP Plus?
Mark one or more.**

- I got help from family or friends
- I got help from my doctor or health care provider
- I got help from a HIP toll free number and/or a HIP representative in-person or online
- I got help from my health plan (i.e. Anthem, MDwise, MHS – Managed Health Services)
- I got help from another source
- I did not get any help

For the next few questions, please think about your current HIP 2.0 benefits package.

18. How well do you think you understand your benefits package?

- Very well
- Somewhat
- Not at all well

19. For each of the following items, please tell us 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.*

<i>My HIP benefits package includes...</i>	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"/>
d. 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"/>

Satisfaction with HIP

20. 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 22**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 22**

21. 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 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.

22. 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

23. How important are each of the following factors when thinking about enrolling in a benefits package?

<i>Please mark one answer in each row.</i>	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"/>

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

- Excellent
- Very good
- Good
- Fair
- Poor

25. 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

26. 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

27. 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

28. Are you male or female?

- Male
- Female

29. 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

30. 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

31. 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="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
Two people	<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
Three people	<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
Four people	<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
Five people	<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
Six people	<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
Seven people	<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
Eight people	<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
Nine people	<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
Ten or more people	<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

32. Did someone help you complete this survey?

Yes

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

33. 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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