# 2019 Qualified Health Plan (QHP) Enrollee Experience Survey

English

April 2, 2018

2019 Qualified Health Plan (QHP) Enrollee Experience Survey

## Introduction

We are asking you to complete this survey about your experiences with [QHP ISSUER NAME] in the last 6 months. If you changed your health plan for 2019, please answer the questions in the survey based on your experience with the health plan you had from July through December 2018.

**Your Privacy is Protected.** What you have to say is private and will only be used for this study. Your answers will be part of a pool of information. We will not share your name or answers with anyone, except if required by law.

**Your Participation is Voluntary.** You do not have to answer any questions that you do not want to answer. If you choose not to answer, it will not affect the benefits you get.

**What To Do When You’re Done.** Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [SURVEY VENDOR ADDRESS].

**What To Do If You Have Questions.** [QHP ISSUER NAME] has contracted with [SURVEY VENDOR NAME] to conduct this study. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between [XX:XX] a.m. and [XX:XX] p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays) or  
e-mail [SURVEY VENDOR E-MAIL].

## Survey Instructions

Answer each question by marking the box to the left of your answer.

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:

Checkbox Yes

Marked Checkbox No then, **If No, go to #1**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221; approval expires 09/30/2020. The time required to complete this information collection is estimated to average 12.5 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.

1. Our records show that you are now in [QHP ISSUER NAME]. Is that right?

1 Checkbox Yes then,  **If Yes, go to #3**

2 Checkbox No

1. What is the name of your health plan?

*Please print: (Blank line for filling in.)*

### Your Health Plan

The next series of questions ask about your experiences with your health plan. If you changed your health plan for 2019, please answer the questions based on your experience with the health plan you had from July through December 2019.

1. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not look for any information about my health plan

1. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not look for any information about how much I would have to pay for services or equipment

1. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not look for any information about how much I would have to pay for prescription medicines

1. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not get any information from my health plan’s customer service then, **If Not Applicable, go to #9**

1. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did the time that you waited to talk to your health plan’s customer service staff take longer than you expected?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often were the forms from your health plan easy to fill out?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; health plan did not give me forms to fill out then, **If Not Applicable, go to #12**

1. In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not need forms in a special format

1. In the last 6 months, how often did your health plan **not** pay for care that your doctor said you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did you delay visiting or **not** visit a doctor because you were worried about the cost?*Do* ***not*** *include dental care*.

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did you delay filling or **not** fill a prescription because you were worried about the cost?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. How confident are you that you understand health insurance terms?

1 Checkbox Not at all confident

2 Checkbox Slightly confident

3 Checkbox Moderately confident

4 Checkbox Very confident

1. How confident are you that you know most of the things you need to know about using health insurance?

1 Checkbox Not at all confident

2 Checkbox Slightly confident

3 Checkbox Moderately confident

4 Checkbox Very confident

1. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?

Checkbox 0 Worst health plan possible

Checkbox 1

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5

Checkbox 6

Checkbox 7

Checkbox 8

Checkbox 9

10 Best health plan possible



### Your Health Care in the Last 6 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. If you changed your health plan for 2019, please answer the questions based on your experience with the health plan you had from July through December 2018.

1. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not need care right away

1. In the last 6 months, how often did you get an appointment for a **check-up or routine** **care** at a doctor's office or clinic as soon as you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not make any appointments

1. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor’s office or clinic to get health care for yourself?

Checkbox None then, **If None, go to #26**

Checkbox 1 time

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5 to 9 times

Checkbox 10 or more times

1. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. An interpreter is someone who helps you talk to others who do not speak your language. In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not need an interpreter

1. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Checkbox 0 Worst health care possible

Checkbox 1

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5

Checkbox 6

Checkbox 7

Checkbox 8

Checkbox 9

Checkbox 10 Best health care possible

### Your Personal Doctor

1. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

Checkbox None then,  **If None, go to #37**

Checkbox 1 time

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5 to 9 times

10 or more times



Checkbox Not Applicable; do not have a personal doctor then, **If Not Applicable, go to #37**

1. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did your personal doctor listen carefully to you?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did your personal doctor show respect for what you had to say?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did your personal doctor spend enough time with you?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor’s office follow up to give you those results?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not have a blood test, x-ray, or other test then, **If Not Applicable, go to #34**

1. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; did not take any prescription medicines

1. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

1 Checkbox Yes

2 Checkbox No then, **If No, go to #38**

1. In the last 6 months, did you need help from anyone in your personal doctor’s office to manage your care among these different providers and services?

1 Checkbox Yes

2 Checkbox No then, **If No, go to #38**

1. In the last 6 months, how often did you **get the help that you needed** from your personal doctor’s office to manage your care among these different providers and services?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Checkbox 0 Worst personal doctor possible

Checkbox 1

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5

Checkbox 6

Checkbox 7

Checkbox 8

Checkbox 9

Checkbox 10 Best personal doctor possible

### Getting Health Care From Specialists

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other providers who specialize in one area of health care.

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

1. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; I did not need to see a specialistthen, **If Not Applicable, go to #43**

1. How many specialists have you seen in the last 6 months?

Checkbox None then, **If None, go to #43**

Checkbox 1 specialist

Checkbox 2

Checkbox 3

Checkbox 4

5 or more specialists



1. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

5 Checkbox Not Applicable; I do not have a personal doctor

1. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

Checkbox 0 Worst specialist possible

Checkbox 1

Checkbox 2

Checkbox 3

Checkbox 4

Checkbox 5

Checkbox 6

Checkbox 7

Checkbox 8

Checkbox 9

Checkbox 10 Best specialist possible

### About You

1. In general, how would you rate your overall health?

1 Checkbox Excellent

2 Checkbox Very good

3 Checkbox Good

4 Checkbox Fair

5 Checkbox Poor

1. In general, how would you rate your overall **mental or emotional** health?

1 Checkbox Excellent

2 Checkbox Very good

3 Checkbox Good

4 Checkbox Fair

5 Checkbox Poor

1. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

1 Checkbox Yes

2 Checkbox No

3 Checkbox Don’t know

1. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

1 Checkbox Every day

2 Checkbox Some days

3 Checkbox Not at all then, **If Not at all, go to #50**

4 Checkbox Don’t know then,  **If Don’t know,   
 go to #50**

1. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

1 Checkbox Never

2 Checkbox Sometimes

3 Checkbox Usually

4 Checkbox Always

1. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

1 Checkbox Yes

2 Checkbox No then, **If No, go to #52**

1. Is this a condition or problem that has lasted for at least 3 months? *Do* ***not*** *include pregnancy or menopause*.

1 Checkbox Yes

2 Checkbox No

1. Do you now need or take medicine prescribed by a doctor? *Do* ***not*** *include birth control*.

1 Checkbox Yes

2 Checkbox No then, **If No, go to #54**

1. Is this medicine to treat a condition that has lasted for at least 3 months? *Do* ***not*** *include pregnancy or menopause*.

1 Checkbox Yes

2 Checkbox No

1. Are you deaf or do you have serious difficulty hearing?

1 Checkbox Yes

2 Checkbox No

1. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Checkbox Yes

2 Checkbox No

1. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Checkbox Yes

2 Checkbox No

1. Do you have serious difficulty walking or climbing stairs?

1 Checkbox Yes

2 Checkbox No

1. Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

1 Checkbox Yes

2 Checkbox No

1. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1 Checkbox Yes

2 Checkbox No

1. What is your age?

1 Checkbox 18 to 24

2 Checkbox 25 to 34

3 Checkbox 35 to 44

4 Checkbox 45 to 54

5 Checkbox 55 to 64

6 Checkbox 65 to 74

7 Checkbox 75 or older

1. What is your sex?

1 Checkbox Male

2 Checkbox Female

1. What is the highest grade or level of school that you have completed?

1 Checkbox 8th grade or less

2 Checkbox Some high school, but did not graduate

3 Checkbox High school graduate or GED

4 Checkbox Some college or 2-year degree

5 Checkbox 4-year college graduate

6 Checkbox More than 4-year college degree

1. What **best** describes your employment status? *Mark only ONE*.

1 Checkbox Employed full-time

2 Checkbox Employed part-time

3 Checkbox A homemaker

4 Checkbox A full-time student

5 Checkbox Retired

6 Checkbox Unable to work for health reasons

7 Checkbox Unemployed

8 Checkbox Other

1. Are you of Hispanic, Latino/a, or Spanish origin?

1 Checkbox Yes, of Hispanic, Latino/a, or Spanish origin

2 Checkbox No, not of Hispanic, Latino/a, or Spanish origin then, **If No, go to #60-**

1. Which group best describes you?

1 Checkbox Mexican, Mexican American, Chicano/a

2 Checkbox Puerto Rican

3 Checkbox Cuban

4 Checkbox Another Hispanic, Latino/a, or Spanish Origin

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

1 Checkbox White

2 Checkbox Black or African American

3 Checkbox American Indian or Alaska Native

4 Checkbox Asian Indian

5 Checkbox Chinese

6 Checkbox Filipino

7 Checkbox Japanese

8 Checkbox Korean

9 Checkbox Vietnamese

10 Checkbox Other Asian

11 Checkbox Native Hawaiian

12 Checkbox Guamanian or Chamorro

13 Checkbox Samoan

14 Checkbox Other Pacific Islander

1. Did someone help you complete this survey?

1 Checkbox Yes

2 Checkbox No then,  **Thank you. Please return** **the completed survey in** **the postage-paid envelope.**

1. How did that person help you? *Mark one or more*.

1 Checkbox Read the questions to me

2 Checkbox Wrote down the answers I gave

3 Checkbox Answered the questions for me

4 Checkbox Translated the questions into my language

5 Checkbox Helped in some other way

**Thank you.  
Please return the completed survey in the postage-paid envelope.**