

Centers for Medicare & Medicaid Services Health Insurance Literacy Survey

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. This is a national survey that will be conducted with consumers who currently have health insurance through the Health Insurance Marketplace or are uninsured, and people who currently have Medicare. The survey is designed to examine confidence in making healthcare decisions, confidence in ability to understand key health insurance concepts, health insurance knowledge, and health insurance decision making specific to the Health Insurance Marketplace and Medicare. Utilizing the answers from the confidence and health insurance knowledge sections, will give insight regarding how health insurance literacy impacts health insurance decisions. The valid OMB control number for this information collection is **0938-1247**. The time required to complete this voluntary, non-confidential information collection is estimated to average **15 minutes** per survey, 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. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Matthew Yuen at matthew.yuen@cms.hhs.gov.**

Introduction

This survey is being conducted on behalf of the Centers for Medicare and Medicaid Services, the government agency that oversees Medicare, Medicaid, and HealthCare.gov. Your responses are very important in helping improve how the Centers for Medicare and Medicaid Services serves the people in their programs. Your responses will be confidential and at no time will any identifying information about you be stored or shared with anyone.

This survey will take about 15 minutes.

Screening Questions

DG2. In what year were you born?

_____ (four digit year)

[IF DG2 >2004 → TERMINATE

[IF DG2 >1960 & DG2 <2004 → SERIES==1 (POTENTIAL MARKETPLACE)]

[IF DG2 <1960 → SERIES==2 (POTENTIAL MEDICARE)]

DG12. What is your ZIP code?

_____ (five digit zip code)

[IF SERIES 1: Discontinue if zip code is not in state that uses HealthCare.gov]

ING1 Do you currently have health insurance?

1. Yes (1)
2. No (2) [IF SERIES 1, GO TO MAIN QUESTION SET; IF SERIES 2, TERMINATE]
3. Don't Know (98) -> TERMINATE
4. Prefer not to answer (99) -> TERMINATE

ING2. How do you currently get health insurance to cover your hospital expenses or doctor's visits? Do you get it through:

1. Your current or former employer (1) TERMINATE
2. Your spouse or partner's current or former employer (2) TERMINATE
3. [SHOW IF S1>1997] Your parents' health insurance plan (3) TERMINATE
4. A health insurance plan you purchased on your own, directly from a health insurance company (4) TERMINATE
5. A COBRA health insurance plan (5) TERMINATE
6. A health insurance plan you purchased through the Health Insurance Marketplace or HealthCare.gov, sometimes also referred to as an Affordable Care Act or ACA plan (6) [IF SERIES = 1, GO TO MAIN QUESTION SET]
7. Medicare (7) [IF SERIES = 2, GO TO ING7]
8. INSERT MEDICAID STATE NAME (8) TERMINATE
9. TRICARE, VA, or Veteran's Health Insurance (9) TERMINATE
10. Other: Specify (97) _____ TERMINATE
11. Don't Know (98) TERMINATE
12. Prefer not to answer (99) TERMINATE

ASK IF SERIES 2

ING7. Here is a list of the kinds of Medicare health insurance plans that some people have. Please select all that you have:

1. Medicare Part A (1) TERMINATE if only option selected otherwise GO TO MAIN QUESTION SET
2. Medicare Part B (2) TERMINATE if only option selected otherwise GO TO MAIN QUESTION SET
3. Medicare and a supplemental insurance policy, sometimes called Medigap (3) [GO TO MAIN QUESTION SET]
4. A Medicare HMO or PPO plan, also known as Medicare Advantage, where you have to see a doctor from the health insurance plan's list (4) [GO TO MAIN QUESTION SET]
5. Medicaid or State Assistance (9) TERMINATE
6. VA or Veterans' Health Insurance (10) TERMINATE

7. Tricare (11) TERMINATE
8. Indian Health Services (12) TERMINATE
9. Other: Specify (97) _____ TERMINATE
10. DK (98) TERMINATE
11. Prefer not to answer (99) TERMINATE

Main Question Set

Health Insurance Familiarity and Confidence

The next questions are about your familiarity and confidence with health insurance terms and resources.

- ATG1. How much do you agree with each of the following statements:
1. Strongly agree (1)
 2. Somewhat agree (2)
 3. Somewhat disagree (3)
 4. Strongly disagree (4)
 5. Don't Know (98)
 6. Prefer not to answer (99)
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- a. I can easily understand health insurance terms.
 - b. I am confident that I can make the best healthcare decisions for myself.
 - c. I am confident in my ability to make an informed decision about which health insurance plans would be best for me.
 - d. If I have questions about health insurance, I look for answers on my own.
 - e. I would feel uncomfortable making decisions about health insurance without talking to someone first.
 - f. I understand how the Health Insurance Marketplace works. [ASK IF SERIES = 1]
 - g. I am familiar with HealthCare.gov. [ASK IF SERIES = 1]
 - h. I understand how Medicare works. [ASK IF SERIES = 2]
 - i. I am familiar with Medicare.gov. [ASK IF SERIES = 2]

Health Insurance Knowledge

KG7. To the best of your knowledge, are the following statements about health insurance true or false.

1. True (1)
 2. False (2)
 3. Don't know (3)
 4. Prefer not to answer (99)
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- a. A health insurance premium is only paid during the months when you use your health care services. (F)

- b. Deductible is the amount that is deducted from your paycheck each year to pay for your policy. (F)
- c. A copayment (i.e. a “copay”) is a fixed amount you pay for covered health care services. (T)
- d. A health insurance network is the facilities, providers, and suppliers your health insurance plan has contracted with to provide health care services. (T)
- e. A Preferred Provider Organization (PPO) health insurance plan only allows you to use services from providers who are in the health insurance plan’s network. (F)
- f. Benefits are health care items or services covered by a health insurance plan. (T)
- g. A formulary is a list of services covered by a health insurance plan. (F)
- h. If your health insurance plan refuses to pay for a service, it is considered a denial. (T)
- i. If your health insurance plan denies payment for a service, you cannot appeal the denial with your health insurance plan. (F)
- j. The out-of-pocket maximum is the most your health insurance plan will pay for covered services in a plan year. (F)

Health Insurance Marketplace Knowledge

[ASK IF SERIES = 1, OTHERWISE SKIP TO MEDICARE KNOWLEDGE SECTION]

KG7a. To the best of your knowledge, are the following statements about the Health Insurance Marketplace true or false.

- 1. True (1)
 - 2. False (2)
 - 3. Don't know (3)
 - 4. Prefer not to answer (99)
- a. All health insurance plans in the Health Insurance Marketplace cover the same list of benefits. (F)
 - b. Depending on income, people can save on premiums and out-of-pocket costs with some Marketplace plans. (T)
 - c. Marketplace plans can opt not to cover pre-existing conditions that a person had prior to getting insurance. (F)
 - d. Marketplace plans include preventive care services such as screenings and annual wellness visits at no cost. (T)

[IF SERIES==1 GO TO PE4a [MARKETPLACE HEALTH INSURANCE DECISION MAKING]]

Medicare Knowledge

[ASK IF SERIES = 2, OTHERWISE SKIP TO PE4a [MARKETPLACE DECISION MAKING SECTION]]

KG7b. To the best of your knowledge, are the following statements about Medicare true or false.

1. True (1)
 2. False (2)
 3. Don't know (3)
 4. Prefer not to answer (99)
- a. You need to have both Medicare Part A and Medicare Part B before you can enroll in a Medicare Advantage plan. (T)
 - b. You need to have both Medicare Part A and Medicare Part B before you can enroll in a Medigap (supplemental) policy. (T)
 - c. All Medicare Advantage plans cover the same list of benefits. (F)
 - d. All Medicare Advantage plans have the same out-of-pocket costs. (F)
 - e. All Prescription Drug plans cover the same list of prescription drugs. (F)
 - f. Out-of-pocket costs are the same in all Medicare prescription drug plans. (F)
 - g. All Medicare prescription drug plans cover the same list of prescription drugs. (F)
 - h. Medicare covers preventive care services such as screenings and annual wellness visits at no cost. (T)

[IF SERIES==1 GO TO PE4a MARKETPLACE HEALTH INSURANCE DECISION MAKING]; IF SERIES==2 GO TO PE4b [MEDICARE HEALTH INSURANCE DECISION MAKING]]

Marketplace Health Insurance Decision Making

Now, you are going to be shown some example health insurance choices and answer some questions about them.

[ASK IF SERIES = 1, OTHERWISE SKIP TO MEDICARE DECISION-MAKING SECTION]

For the next set of questions, you are going to be shown two example health insurance plan choices and answer some questions about them.

	HEALTH INSURANCE PLAN A	HEALTH INSURANCE PLAN B
Health Insurance Plan Type	HMO	PPO
Premium	\$310.74	\$515.90
Deductible	\$9,450	\$500
Primary Care	\$0 after deductible	\$5
Specialist Care	\$0 after deductible	\$75
Urgent Care	\$0 after deductible	\$50
Emergency Room	\$0 after deductible	\$500 after deductible
Generic Drugs	\$0 after deductible	\$3
Maximum Out of Pocket Costs	\$9,450	\$4,000

PE4a: Use the two example health insurance plans to answer the following questions. Select the option that you think best answers each question.

Response options:

1. Health Insurance Plan A (1)
 2. Health Insurance Plan B (2)
 3. Don't know (3)
 4. Prefer not to answer (99)
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- a. If you wanted to be able to see a specialist without having to get a referral, which health insurance plan would you choose? (B)
 - b. If you were not planning to use services regularly, and do not take any regular medications, which health insurance plan would be most cost effective for you? (A)
 - c. If you needed to see your primary care doctor on the day your insurance coverage started, which health insurance plan would charge less for that visit? (B)
 - d. If you knew that you would be using a lot of expensive healthcare services in the next year, including a hospital stay, which health insurance plan do you think would be the best fit for you? (B)
 - e. Which health insurance plan would cost less each month to keep the insurance policy active? (A)
 - f. Which health insurance plan has the higher amount that you would pay before the policy starts paying for covered expenses? (B)
 - g. If you wanted to have the most choice of providers, which health insurance plan would you choose? (B)
 - h. Without health insurance, going to an urgent care costs \$280. Which health insurance plan offers this service to you at a lower cost as soon as you are enrolled? (B)

[IF SERIES = 1, SKIP TO DEMOGRAPHICS]

Medicare Health Insurance Decision-Making

[ASK IF SERIES = 2, OTHERWISE SKIP TO DEMOGRAPHICS]

For the next set of questions, you are going to be shown two example health insurance plan choices and answer some questions about them.

	HEALTH INSURANCE PLAN A	HEALTH INSURANCE PLAN B
Health Insurance Plan Type	HMO	PPO
Monthly Plan Premium	\$0	\$20
Health Deductible	\$0	\$800
Drug Deductible	\$0	\$0
Primary Doctor	\$5 copay per visit	\$0 copay per visit
Specialist	\$45 copay per visit	\$40 copay per visit
Emergency Care	\$100 copay per visit	\$80 copay per visit
Inpatient Hospital Coverage	\$350 per day for days 1 through 5, \$0 per day for days 6 through 90	\$350 per day for days 1 through 5, \$0 per day for days 6 through 90
Generic Drugs	Preferred \$5, Non-preferred \$15	Preferred \$5, Non-preferred \$20

Brand-Name Drugs	Preferred \$45, Non-Preferred \$100	Preferred \$55, Non-Preferred \$125
Specialty Drugs	33% copay	33% copay
Maximum Out of Pocket In-Network	\$7,550	\$4,500
Maximum Out of Pocket Out-of-Network	Not Applicable	\$8,300
Plan Benefits	Vision, dental, hearing, fitness, telehealth, over-the-counter drugs	Vision, dental, fitness, worldwide emergency, telehealth, over-the-counter drugs

PE4b: Use the two example health insurance plans to answer the following questions. Select the option that you think best answers each question.

Response options:

1. Health Insurance Plan A (1)
2. Health Insurance Plan B (2)
3. Don't know (3)
4. Prefer not to answer (99)
 - a. If you wanted to be able to see a specialist without having to get a referral, which health insurance plan would you choose? (B)
 - b. If you were not planning to use services regularly, and do not take any regular medications, which health insurance plan would be most cost effective for you? (A)
 - c. If you knew that you would be using a lot of expensive healthcare services in the next year, including a hospital stay, which health insurance plan do you think would be the best fit for you? (B)
 - d. Which health insurance plan would cost less each month to keep the insurance policy active? (A)
 - e. Which health insurance plan has the higher amount that you would pay before the policy starts paying for covered expenses? (B)
 - f. If you wanted to have the most choice of providers, which health insurance plan would you choose? (B)
 - g. Which health insurance plan would cost more if you used multiple services from out of network providers? (A)
 - h. Without coverage, getting a new hearing aid costs an average of \$3,000. Which health insurance plan offers this service to you at a lower cost? (A)

Demographics

The final few questions will help us to better understand the people who take this survey.

DG1. Are you:

1. Mark all that apply. Female
2. Male
3. Transgender, non-binary, or another gender
4. Don't Know (98)
5. Prefer not to answer (99)

DG3. Are you Hispanic or Latino?

1. Yes
2. No
3. I Don't Know (98)
4. Prefer not to answer (99)

DG4. What is your race? (Select all that apply)

1. White
2. African American or Black
3. Asian
4. American Indian or Alaska Native
5. Native Hawaiian or other Pacific Islander
6. Another race (specify)
7. Don't Know (98)
8. Prefer not to answer (99)

DG5. What is the highest level of education you have completed?

1. Less than high school
2. High school graduate
3. Some college
4. College graduate
5. Post graduate
6. Prefer not to answer (99)

DG6. What is your marital status?

1. Single, never married
2. Married
3. In a committed relationship
4. Living with a partner
5. Separated
6. Divorced
7. Widowed
8. Prefer not to answer (99)

DG9. What is your current employment status?

1. Employed full time
2. Employed part time
3. Retired
4. Unemployed <and not looking/and looking>
5. Not in the labor force (student, homemaker, etc.)
6. Other (Specify)
7. Don't Know (98)
8. Prefer not to answer (99)

DG10. What is your household's total annual income before taxes?

1. \$0-14,999
2. \$15,000-24,999
3. \$25,000-34,999
4. \$35,000-49,999
5. \$50,000-74,999
6. \$75,000-99,999
7. 100,000-149,999
8. \$150,000 or more
9. Don't Know (98)
10. Prefer not to answer (99)

Thank you for taking this survey today.