2027 Qualified Health Plan (QHP) Enrollee Experience Survey

English

2027 [QHP ISSUER NAME] Enrollee Experience Survey

Introduction

We are asking you to complete this survey about your experiences with [QHP ISSUER NAME]. Please answer the questions in the survey based on your experience with the health plan you had from July through December 2026.

Your Privacy is Protected. What you have to say is private and will only be used for this survey. 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 [VENDOR ADDRESS].

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

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:

☐ Yes
☒ No ⟶ **If No, go to #1**

1. Our records show that you are now enrolled in the health plan named on the front page. Is that right?

[1] ☐ Yes → **If Yes, go to #3**
[2] ☐ No

2. What is the name of your health plan?

Please print:

_____

_____

_____

Your Health Plan

The next series of questions ask about your experiences with your health plan. Please answer the questions based on your experience with the health plan you had from July through December 2026.

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

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always
[99] ☐ Not Applicable; did not look for any information about my health plan

4. 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] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always
[99] ☐ Not Applicable; did not look for any information about how much I would have to pay for services or equipment

5. 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] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always
[99] ☐ Not Applicable; did not look for any information about how much I would have to pay for prescription medicines

6. In the last 6 months, did you try to get information or help from your health plan's customer service?

[1] ☐ Yes
[2] ☐ No → **If No, go to #10**

7. How often did your health plan's customer service give you the information or help you needed?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

8. How often did your health plan's customer service staff treat you with courtesy and respect?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

9. How often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

10. In the last 6 months, did your health plan give you any forms to fill out?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #15**

11. How often were the forms from your health plan easy to fill out?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

12. How often did the health plan explain the purpose of a form before you filled it out?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

13. How often were the forms that you had to fill out available in the language you prefer?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

14. How often were the forms that you had to fill out available in the format you needed, such as large print or braille?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
99 ☐ Not Applicable; did not need forms in a different format

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

16. 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 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

17. 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 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

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

1 ☐ Not at all confident
2 ☐ Slightly confident
3 ☐ Moderately confident
4 ☐ Very confident

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

1 ☐ Not at all confident
2 ☐ Slightly confident
3 ☐ Moderately confident
4 ☐ Very confident

21. 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?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. Please answer the questions based on your experience with the health plan you had from July through December 2026.

22. In the last 6 months, when you **needed care right away**, in an emergency room, doctor's office, or clinic, how often did you get care in person, by phone, or by video as soon as you needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 99 ☐ Not Applicable; did not need care right away

23. How often did you get an appointment in person, by phone, or by video for a **check-up or routine care** at a doctor's office or clinic as soon as you needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 99 ☐ Not Applicable; did not make any appointments

24. **Not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic in person, by phone, or by video to get health care for yourself?

- ☐ None ⟶ **If None, go to #27**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9 times
- ☐ 10 or more times

25. How often was it easy to get the care, tests, or treatment you needed in person, by phone, or by video?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

26. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your in person, phone, or video appointment at your doctor's office or clinic, how often did you get one?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 99 ☐ Not Applicable; did not need an interpreter

27. 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 that you got in person, by phone, or by video in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

Your Personal Doctor

These questions ask about your personal doctor. Please answer the questions based on your experience with the health plan you had from July through December 2026.

28. A personal doctor is the provider you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #44**

29. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

- [1] ☐ Yes
- [2] ☐ No
- [3] ☐ Don't know

30. How many times did you visit your personal doctor in person, by phone, or by video to get care for yourself?

- ☐ None ⟶ **If None, go to #44**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9 times
- ☐ 10 or more times

31. How often did your personal doctor explain things in a way that was easy to understand?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

32. How often did your personal doctor listen carefully to you?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

33. How often did your personal doctor show respect for what you had to say?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

34. How often did your personal doctor spend enough time with you?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

35. When you visited your personal doctor for a scheduled in person, phone, or video appointment, how often did he or she have your medical records or other information about your care?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

36. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #39**

37. 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 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

38. 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 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
99 ☐ Not Applicable; did not take any prescription medicines

40. In the last 6 months, did you get care in person, by phone, or by video from more than one kind of health care provider or use more than one kind of health care service?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #43**

41. Did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

1 ☐ Yes
2 ☐ No ⟶ **If No, go to #43**

42. 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 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

43. 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?

☐ 0 Worst personal doctor possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor possible

Getting Health Care from Specialists

When you answer the next questions, include care you got in person, by phone, or by video in a clinic, emergency room, or doctor's office from July through December of 2026. Do **not** include dental visits or care you got when you stayed overnight in a hospital.

44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #49**

45. How often did you get an in person, phone, or video appointment to see a specialist as soon as you needed?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

46. How many specialists have you seen in person, by phone, or by video in the last 6 months?

- ☐ None ⟶ **If None, go to #49**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

47. How often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always
- [99] ☐ Not Applicable; I do not have a personal doctor

48. 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?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

About You

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

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

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

- [1] ☐ Excellent
- [2] ☐ Very good
- [3] ☐ Good
- [4] ☐ Fair
- [5] ☐ Poor

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

- [1] ☐ Yes
- [2] ☐ No ⟶ **If No, go to #53**

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No ⟶ **If No, go to #55**

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

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

[1] ☐ Yes
[2] ☐ No

60. 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] ☐ Yes
[2] ☐ No

61. What is your age?

[1] ☐ 18 to 24
[2] ☐ 25 to 34
[3] ☐ 35 to 44
[4] ☐ 45 to 54
[5] ☐ 55 to 64
[6] ☐ 65 to 74
[7] ☐ 75 or older

62. What is your sex?

[1] ☐ Male
[2] ☐ Female

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

[1] ☐ 8th grade or less
[2] ☐ Some high school, but did not graduate
[3] ☐ High school graduate or GED
[4] ☐ Some college or 2-year degree
[5] ☐ 4-year college graduate
[6] ☐ More than 4-year college degree

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

[1] ☐ Employed full-time
[2] ☐ Employed part-time
[3] ☐ A homemaker
[4] ☐ A full-time student
[5] ☐ Retired
[6] ☐ Unable to work for health reasons
[7] ☐ Unemployed
[8] ☐ Other

65. What is your race and/or ethnicity? *Mark one or more.*

- [1] ☐ American Indian or Alaska Native
- [2] ☐ Asian
- [3] ☐ Black or African American
- [4] ☐ Hispanic or Latino
- [5] ☐ Middle Eastern or North African
- [6] ☐ Native Hawaiian or Pacific Islander
- [7] ☐ White

66. Did someone help you complete this survey?

- [1] ☐ Yes
- [2] ☐ No ⟶ **Thank you. Please return the completed survey in the postage-paid envelope.**

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

- [1] ☐ Read the questions to me
- [2] ☐ Wrote down the answers I gave
- [3] ☐ Answered the questions for me
- [4] ☐ Translated the questions into my language
- [5] ☐ Helped in some other way

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

CMS Accessible Communications

CMS provides free auxiliary aids and services including information in accessible formats like Braille, large print, data/audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you will get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. **Call us:**
   - For Medicare: 1-800-MEDICARE (1-800-633-4227)
     TTY: 1-877-486-2048
   - For Marketplace: 1-800-318-2596
     TTY: 1-855-889-4325
2. **Email us:** altformatrequest@cms.hhs.gov
3. **Send us a fax:** 1-844-530-3676
4. **Send us a letter:**
   Centers for Medicare & Medicaid Services Offices of Hearings and Inquiries (OHI)
   7500 Security Boulevard, Mail Stop DO-01-20 Baltimore, MD 21244-1850
   Attn: Customer Accessibility Resource Staff (CARS)

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

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You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. **Online:**
   hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.
2. **By phone:**
   Call 1-800-368-1019. TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:
   Office for Civil Rights
   U.S. Department of Health and Human Services
   200 Independence Avenue, SW
   Room 509F, HHH Building
   Washington, D.C. 20201