

Medicaid.gov Feedback Tool

Page 1



We are interested in your opinion to continuously improve our website for you. This short survey will take approximately 1 minute to complete.

All responses to this survey are voluntary and anonymous.

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 0938-1382. This number is valid thru 12/31/2026.



ADDING THE TRUST QUESTION



20% Survey Completion

Meta

These browser metrics will not be displayed to the recipient.

Browser	Edge
Version	146.0.0.0
Operating System	Windows
Resolution	1920x1080
User Agent	Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/146.0.0.0 Safari/537.36 Edg/146.0.0.0

Timing

These page timing metrics will not be displayed to the recipient

First click	00:00:00
Last click	00:00:00
Page submit	00:00:00
Click count	0 clicks

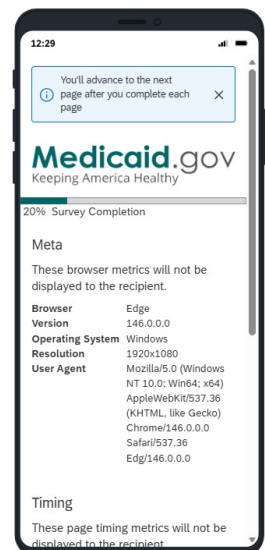
*Based on my experience on Medicaid.gov, I trust that Medicaid is working in the best interest of the American public.

☐ Yes

☐ No

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Which of these best describes you?

- ☐ Looking for Medicaid Information for Myself
- ☐ Looking for Medicaid Information for Someone Else
- ☐ Healthcare professional or administrative staff
- ☐ Government employee
- ☐ Academic researcher or healthcare policy analyst
- ☐ Other (Please specify)

12:29
Meta

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Browser	Edge
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Timing

These page timing metrics will not be displayed to the recipient

First click 00:00:04

MINIMAL CHANGES TO WORDING

You'll advance to the next page after you complete each page

Medicaid.gov
Keeping America Healthy

50% Survey Completion

*Which of these best describes you?

- ☐ I Have or am Applying for Medicaid
- ☐ I am a Caregiver, Friend, of Family Member
- ☐ Healthcare Professional
- ☐ Government Employee
- ☐ Researcher or Policy Analyst
- ☐ None of These Apply (Please specify)

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12:29

page

Medicaid.gov
Keeping America Healthy

50% Survey Completion

*Which of these best describes you?

- ☐ I Have or am Applying for Medicaid
- ☐ I am a Caregiver, Friend, of Family Member
- ☐ Healthcare Professional
- ☐ Government Employee
- ☐ Researcher or Policy Analyst
- ☐ None of These Apply (Please specify)

*How satisfied are you with your overall experience on Medicaid.gov?

☐ Extremely dissatisfied

☐ Slightly dissatisfied

☐ Neither satisfied nor dissatisfied

☐ Slightly satisfied

12:29

*How satisfied are you with your overall experience on Medicaid.gov?

☐ Extremely dissatisfied

☐ Slightly dissatisfied

☐ Neither satisfied nor dissatisfied

☐ Slightly satisfied

☐ Extremely satisfied

How can we improve your overall experience on Medicaid.gov?

Please be specific, but protect your privacy - don't include personal information, like your phone number, address, or Social Security number.

Submit >

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How can we improve your overall experience on Medicaid.gov?

Please be specific, but protect your privacy - don't include personal information, like your phone number, address, or Social Security number.

Submit >

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