

Current to Future Medicaid.gov Desktop and Mobile Survey

Page 1: **Added line for comments to Medicaid_Feedback inbox**

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



0% Survey Completion

We are interested in your opinion to continuously improve our website for you.
This short survey will take approximately 2 minutes 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.

Medicaid_Feedback@cms.hhs.gov.

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Page 2: **No change**

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



17% Survey Completion

*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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Page 3: **Minor wording change**

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

Medicaid.gov
Keeping America Healthy

42% Survey Completion

*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)

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*note: selecting "Other" provides the opportunity to add free text

MINOR WORDING CHANGES TO EXISTING CATEGORIES

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, or Family Member
- ☐ Healthcare Professional
- ☐ Government Employee
- ☐ Researcher or Policy Analyst
- ☐ None of These Apply (Please specify)

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12:20

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

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50% Survey Completion

*Which of these best describes you?

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

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



50% Survey Completion

*What was the main reason you came to Medicaid.gov today? If you came for more than one reason, please pick the main one.

☐ Medicaid eligibility or coverage information

☐ Federal policy or regulatory guidance

☐ CHIP information

☐ Data

☐ Resources for states

☐ Other (Please specify)

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*note: selecting "Other" provides the opportunity to add free text

Page 5: **Shown if the Trust Question is answered "Yes"**

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



58% Survey Completion

*What about today's interaction made the difference? (Select all that apply)

- ☐ I accomplished my task
- ☐ The website was easy to navigate
- ☐ Found what I needed quickly
- ☐ The information was easy to understand
- ☐ Something else

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Page 5: **Shown if the Trust Question is answered "No"**

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



58% Survey Completion

*What could have been better? (Select all that apply)

- ☐ I did not complete my task
- ☐ The website was difficult to navigate
- ☐ It took too long to do what I needed to do
- ☐ The information was hard to understand
- ☐ Something else

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Submit 

Page 6: **Question deleted (no longer relevant)**

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

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75% Survey Completion

*If you used the Medicaid.gov search feature, did it help you find what you were looking for today?

☐ Yes

☐ No

☒ Does not apply

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ADDING/Replacing with this question

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

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80% Survey Completion

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

☐ Extremely dissatisfied

☐ Somewhat dissatisfied

☐ Neither satisfied nor dissatisfied

☐ Somewhat satisfied

☐ Extremely satisfied

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12:29

Medicaid.gov
Keeping America Healthy

80% Survey Completion

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

☐ Extremely dissatisfied

☐ Somewhat dissatisfied

☐ Neither satisfied nor dissatisfied

☐ Somewhat satisfied

☐ Extremely satisfied

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Powered by Qualtrics 

Page 7: **Shown if the Trust question is answered "Yes"**

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



Medicaid.gov
Keeping America Healthy

83% Survey Completion

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.

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Submit >

Page 7: **Shown if the Trust question is answered "No"**

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



Medicaid.gov
Keeping America Healthy

83% Survey Completion

You told us you were dissatisfied with one or more parts of your experience. To help us improve, please tell us why.

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

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Submit >

