Arkansas HEALTH ... CONNECTOR

2014 Consumer Health Care Survey



Si gusta recibir la versión en español de esta encuesta, favor llamar al 1-877-650-2362.

DATA COLLECTION AND ANALYSIS BY



THIS QUESTIONNAIRE WAS ADAPTED FROM THE CAHPS HEALTH PLAN SURVEY,
WHICH WAS DEVELOPED AND FUNDED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, ROCKVILLE, MD.

Survey Instructions

IMPORTANT: Please read before answering questions!

Answer the questions by checking the box to the left of your answer.

You may be asked to skip some questions that don't apply to you. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

1 Yes 2 ✓ NO → Go to question 13

Your privacy is protected. All information that would let someone identify you or your family will be kept private. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders. Neither the Arkansas Foundation for Medical Care (AFMC) nor your insurance company will see your name or other information. All surveys are anonymous.

We appreciate your help in completing the survey.

If you choose not to, however, it will not affect the benefits you get.

If you have questions about this survey or want to know more about this study, please call toll-free 1-877-650-2362.

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Your health care in the last 6 months

These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

| 1) | In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? 1 ☐ Yes 2 ☐ NO → Go to Question 4 | 5) | 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 Never 2 Sometimes 3 Usually 4 Always |
|----|--|----|--|
| 2) | In the last 6 months, when you needed care | 6) | In the last 6 months, not counting the times you went to an emergency room, how many |
| _, | right away, how often did you get care as soon | | times did you go to a doctor's office or clinic to |
| | as you needed? | | get health care for yourself? □ NONE → Go to Question 12 |
| | ¹ ☐ Never | | 1 ☐ 1 time |
| | ² Sometimes | | 2 🗆 2 |
| | 3 Usually | | 3 🔲 3 |
| | 4 Always | | 4 🔲 4 |
| | | | 5 \(\sigma \) 5 to 9 |
| 3) | In the last 6 months, how many times did you | | 6 10 or more times |
| | go to an emergency room? | | |
| | ∘ □ None | 7) | In the last 6 months, did you and a doctor or |
| | 1 | | other health provider talk about specific things |
| | ² | | you could do to prevent illness? |
| | 3 <u> </u> | | ¹ ☐ Yes |
| | 5 □ 5 to 9 | | 2 ☐ No |
| | 6 10 or more times | | |
| | | | |

In the last 6 months, did you make any

at a doctor's office or clinic?

1 Yes

appointments for a check-up or routine care

2 ☐ NO → Go to Question 6

| 8) | 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? 00 0 Worst health care possible 01 1 02 2 03 3 04 4 | Your personal doctor These questions are about your personal doctor or health care provider. For this survey, consider your personal doctor as anyone you see for your regular health care, including nurse practitioners and physician assistants. 12) A personal doctor is the one you would see |
|-----|--|--|
| | 05 | 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 → Go to Question 31 |
| 9) | In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? 1 Never 2 Sometimes 3 Usually 4 Always | 13) Check who you consider to be your personal doctor. 1 Physician (MD or DO) 2 Nurse practitioner (APN) 3 Physician assistant (PA) 4 Other (Please specify. Please print.) |
| 10) | An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter to help you speak with anyone at your doctor's office or clinic? 1 ☐ Yes 2 ☐ NO → Go to Question 12 | 14) In the last 6 months, how many times did you visit your personal doctor to get care for yourself? |
| 11) | In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one? 1 Never 2 Sometimes 3 Usually 4 Always | 0 |

| 15) | In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? 1 Never 2 Sometimes 3 Usually | 20) | In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you? 1 ☐ Yes 2 ☐ NO → Go to Question 23 |
|-----|---|-----|---|
| 16) | Always In the last 6 months, how often did your personal doctor listen carefully to you? 1 □ Never 2 □ Sometimes 3 □ Usually 4 □ Always | 21) | 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 Never 2 Sometimes 3 Usually 4 Always |
| 17) | In the last 6 months, how often did your personal doctor show respect for what you had to say? 1 Never 2 Sometimes 3 Usually 4 Always | 22) | In the last 6 months, when your personal docto 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 |
| 18) | In the last 6 months, how often did your personal doctor spend enough time with you? 1 Never 2 Sometimes 3 Usually 4 Always | 23) | In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? 1 ☐ Yes 2 ☐ NO → Go to Question 25 |
| 19) | 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 Never 2 Sometimes 3 Usually 4 Always | 24) | In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? 1 Never 2 Sometimes 3 Usually 4 Always |

| 25) | Using any number from 0 to 10, where 0 is the | 30) In the last 6 months, how often did you get |
|-------------|--|--|
| | worst personal doctor possible and 10 is the | the help that you needed from your personal |
| | best personal doctor possible, what number | doctor's office to manage your care among |
| | would you use to rate your personal doctor? | these different providers and services? |
| | 00 ☐ 0 Worst personal doctor possible | ¹ ☐ Never |
| | 01 🔲 1 | ² ☐ Sometimes |
| | 02 🔲 2 | ₃ ☐ Usually |
| | 03 🔲 3 | 4 ☐ Always |
| | 04 4 | _ , |
| | 05 | |
| | 06 | |
| | | Getting health care |
| | 08 🔲 8 | from specialists |
| | | Hom specialists |
| | 10 10 Best personal doctor possible | M/how you are growth a most grootions do not |
| | | When you answer the next questions, do <u>not</u> |
| | | include dental visits or care you got when you |
| 26) | In the last 6 months, did you take any | stayed overnight in a hospital. |
| | prescription medicine? | |
| | 1 🔲 Yes | 31) Specialists are doctors like surgeons, heart |
| | 2 ☐ NO → Go to Question 28 | doctors, allergy doctors, skin doctors, and other |
| | | doctors who specialize in one area of health |
| | | care. In the last 6 months, did you make any |
| 27) | In the last 6 months, how often did you | appointments to see a specialist? |
| | and your personal doctor talk about all the | 1 ☐ Yes |
| | prescription medicines you were taking? | 2 □ NO → Go to Question 35 |
| | ¹ ☐ Never | - In the Cotto Question 35 |
| | 2 Sometimes | |
| | 3 Usually | 32) In the last 6 months, how often did you get |
| | 4 Always | an appointment to see a specialist as soon as |
| | • | you needed? |
| | | ¹ ☐ Never |
| 28) | In the last 6 months, did you get care from | 2 ☐ Sometimes |
| | more than one kind of health care provider or | 3 ☐ Usually |
| | use more than one kind of health care service? | 4 ☐ Always |
| | 1 🔲 Yes | 7.iiiiu |
| | 2 ☐ NO → Go to Question 31 | |
| | | 33) How many specialists have you seen in the |
| | | last 6 months? |
| 29) | In the last 6 months, did you need help from | 0 ☐ NONE → Go to Question 35 |
| | anyone in your personal doctor's office to | 1 ☐ 1 specialist |
| | manage your care among these different | 2 □ 2 |
| | providers and services? | 3 □ 3 |
| | ¹ ☐ Yes | 4 4 |
| | 2 □ NO → Go to Question 31 | 5 5 or more specialists |
| | | |

| | want to know your rating of the specialist u saw most often in the last 6 months. Using | Getting information in person |
|-----|--|--|
| spe | y number from 0 to 10, where 0 is the worst ecialist possible and 10 is the best specialist ssible, what number would you use to rate at specialist? 00 0 Worst specialist possible 01 1 02 2 03 3 04 4 05 5 | The following questions ask about your experiences when you met in person with anyone from an agency or organization that helps people get health insurance through the Health Insurance Marketplace between October 1, 2013, and September 30, 2014. 35) Between October 1, 2013, and September 30, 2014, did you meet in person with anyone |
| | 06 | from an organization that helps people get health insurance through the Health Insurance Marketplace? |
| | 09 ☐ 9 10 ☐ 10 Best specialist possible | 1 |
| | | 36) Between October 1, 2013, and September 30, 2014, did you want in-person help but were unable to get it because the building was not accessible for persons with disabilities? 1 ☐ YES → Go to Question 46 2 ☐ NO → Go to Question 46 |
| | | 37) Who helped you get health insurance through the Health Insurance Marketplace? Mark one or more. |
| | | Insurance agent □ Guide or navigator □ Certified application counselor □ Other (Please specify. Please print.) |
| | | |

| 38) | Between October 1, 2013, and September 30, | 41) | What kind | of information was not easy to |
|---------|---|-----|-------------|--|
| | 2014, how often did you get the information | | understan | d when you met in person with |
| | or help you needed when you met in person | | someone a | about getting health insurance |
| | with someone about getting health insurance | | from the H | lealth Insurance Marketplace? |
| | from the Health Insurance Marketplace? | | Mark one | or more. |
| | ¹ ☐ Never | | | |
| | 2 ☐ Sometimes | | Not easy t | o understand: |
| | 3 Usually | | • | |
| | 4 ☐ ALWAYS → Go to Question 40 | | АШ | How to get help paying for your |
| | 4 ALWAYS 4 GO to Question 40 | | | health insurance |
| | | | | Important deadlines |
| 39) | Were any of the following a reason why you did | | СП | Benefits and coverage for doctor |
| <i></i> | not get the information or help you needed | | _ | or specialist visits |
| | when you met in person with someone about | | D 📙 | Benefits and coverage for |
| | getting health insurance from the Health | | | prescription drugs |
| | Insurance Marketplace? Mark one or more. | | E \square | Benefits and coverage for prenatal |
| | misurance marketplace: mark one of more. | | | care or childbirth |
| | Did not get the information or help because: | | F | How much you would have to pay |
| | A There was not enough time | | | for each health plan |
| | B ☐ They did not have the information | | G 🔲 | How much you would have to pay |
| | you needed | | | out-of-pocket for health care |
| | | | | services in each health plan |
| | hard to understand | | н 🔲 | What is included in a "wellness visit" |
| | □ | | | and what you would have to pay |
| | was wrong | | Ι 🔲 | Which doctors are in each |
| | E You could not talk or sign to | | | health plan |
| | someone in the language you prefer | | J 🔲 | What you would have to pay if you |
| | F Some other reason | | | used a doctor outside of the |
| | (Please specify. Please print.) | | | health plan |
| | (| | К | How to figure out your family size |
| | | | | or income |
| | | | L \square | Which doctors in each health plan |
| | | | | have offices that are accessible |
| | | | | for people with disabilities |
| | | | М | How to find a health plan that |
| | | | | meets your family's needs |
| | | | N 🔲 | Something else |
| 40) | Between October 1, 2013, and September 30, | | | (Please specify. Please print.) |
| , | 2014, how often was it easy to understand the | | | |
| | information you got when you met in person | | | |
| | with someone about getting health insurance | | | |
| | from the Health Insurance Marketplace? | | | |
| | Never | | | |
| | 2 Sometimes | | | |
| | _ | | | |
| | 3 Usually | | | |
| | 4 ☐ ALWAYS → Go to Question 42 | • | | |

| 42) | Between October 1, 2013, and September 30, | 45) | We want to | kn | ow your rating of the in-person |
|-----|--|-----|-------------|------|-----------------------------------|
| | 2014, how often were the persons you met | | assistance | you | got to help you use the Health |
| | with about getting health insurance from the | | Insurance I | Mar | ketplace between October 1, |
| | Health Insurance Marketplace as helpful as you | | 2013, and 9 | Sep | tember 30, 2014. Using any |
| | thought they should be? | | number fro | om (| to 10, where 0 is the worst |
| | ¹ ☐ Never | | in-person a | ssis | tance possible and 10 is the best |
| | 2 Sometimes | | in-person a | ssis | tance possible, what number |
| | 3 Usually | | would you | use | to rate the assistance you got |
| | 4 Always | | when you | met | in person with someone about |
| | _ , | | getting hea | alth | insurance from the Health |
| | | | Insurance I | Mar | ketplace? |
| 43) | Between October 1, 2013, and September 30, | | 00 🔲 | 0 | Worst in-person |
| | 2014, how often did the persons you met with | | | | assistance possible |
| | about getting health insurance from the Health | | 01 | 1 | |
| | Insurance Marketplace use words or phrases | | 02 | 2 | |
| | you did not understand? | | 03 | 3 | |
| | ¹ ☐ Never | | 04 | 4 | |
| | ² Sometimes | | 05 | 5 | |
| | 3 Usually | | 06 | 6 | |
| | 4 🔲 Always | | 07 | 7 | |
| | | | 08 | 8 | |
| | | | 09 | 9 | |
| 44) | Between October 1, 2013, and September 30, | | 10 | 10 | Best in-person |
| | 2014, how often did the persons you met with | | | | assistance possible |
| | about getting health insurance from the Health | | | | |
| | Insurance Marketplace treat you with courtesy | | | | |
| | and respect? | | | | |
| | ¹ ☐ Never | | | | |
| | ² Sometimes | | | | |
| | 3 Usually | | | | |
| | 4 🔲 Always | | | | |
| | | | | | |

Choosing a health plan

The following questions ask about your experience choosing a health plan through the Health Insurance Marketplace between October 1, 2013, and September 30, 2014.

| and September 30, 2014. | | |
|-------------------------|---|--|
| 46) | Between October 1, 2013, and September 30, 2014, were you looking for health insurance for yourself or for another family member through the Health Insurance Marketplace? 1 Yes 2 No | |
| 47) | Between October 1, 2013, and September 30, 2014, did you consider the services covered by the health plans available to you in the Health Insurance Marketplace and how much you would have to pay? 1 ☐ Yes 2 ☐ NO → Go to Question 50 | |
| 48) | Between October 1, 2013, and September 30, 2014, how often was it easy to understand the services covered by the health plans available to you? 1 Never 2 Sometimes 3 Usually 4 Always | |
| 49) | Between October 1, 2013, and September 30, 2014, how often was it easy to understand how much you would have to pay? 1 Never 2 Sometimes 3 Usually 4 Always | |

| 50) | Between October 1, 2013, and September 30, 2014, did you try to find out which plans in the Health Insurance Marketplace had the doctors or hospitals you wanted? 1 ☐ Yes 2 ☐ NO → Go to Question 52 |
|-----|---|
| 51) | Between October 1, 2013, and September 30, 2014, how often was it easy to understand which health plans had the doctors or hospitals you wanted? 1 Never 2 Sometimes 3 Usually 4 Always |
| 52) | Did you choose a health plan through the Health Insurance Marketplace? 1 ☐ Yes 2 ☐ NO → Go to Question 54 |
| 53) | Was it easy to choose a health plan? 1 Yes, definitely 2 Yes, somewhat 3 No |

Your health plan

The next questions ask about your experience with your health plan.

| 54) | December 31, 2013, have you ever had any kind of health insurance? 1 Yes, individual insurance plan 2 Yes, under parent's plan | | aid, or oxygen. In the last 6 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment? |
|-----|--|-----|--|
| | Yes, under parent's plan and individual insurance plan No, this is my first insurance plan → Go to Question 56 | 59) | 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? 1 Never |
| 55) | In the 6 months before you enrolled in the Health Insurance Marketplace, were you covered by health insurance? 1 Yes | | 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always |
| | 2 ☐ No 3 ☐ Not applicable | 60) | In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different |
| 56) | In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works? 1 ☐ Yes 2 ☐ NO → Go to Question 58 | | for prescriptions filled by mail instead of at the pharmacy. In the last 6 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines before you got them? 1 ☐ Yes 2 ☐ NO → Go to Question 62 |
| 57) | 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 Never 2 Sometimes 3 Usually 4 Always | 61) | 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 |

58) Sometimes people need services or

equipment beyond what is provided in a regular or routine office visit, such as care

from a specialist, physical therapy, a hearing

| | In the last 6 months, did you get information or help from your health plan's customer service? 1 ☐ Yes 2 ☐ NO → Go to Question 65 In the last 6 months, how often did your health plan's customer service give you the | 67) In the last 6 months, 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 |
|-----|---|--|
| | information or help you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always | 68) In the last 6 months, did you need the forms in a different format, such as large print or braille? 1 ☐ Yes 2 ☐ NO → Go to Question 70 |
| 64) | In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? 1 Never 2 Sometimes 3 Usually 4 Always | 69) 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 Never 2 Sometimes 3 Usually 4 Always |
| 65) | In the last 6 months, did your health plan give you any forms to fill out? 1 ☐ Yes 2 ☐ NO → Go to Question 70 | 70) Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may send them to your health plan for you. In the last 6 months, did you or anyone else send in any claims for payment of your health care costs to your |
| 66) | In the last 6 months, how often were the forms from your health plan easy to fill out? 1 Never 2 Sometimes 3 Usually 4 Always | health plan? 1 ☐ Yes 2 ☐ NO → Go to Question 73 3 ☐ Don't know → Go to Question 73 |

| 71) | In the last 6 months, how often did your health plan handle your claims quickly? 1 Never 2 Sometimes 3 Usually 4 Always 5 Don't know | р | the last 6 months, how often did your health lan not pay for a service that your doctor said ou needed? 1 Never 2 Sometimes 3 Usually 4 Always |
|-----|---|-------------|---|
| 72) | In the last 6 months, how often did your health plan handle your claims correctly? 1 Never 2 Sometimes 3 Usually 4 Always 5 Don't know | to | the last 6 months, how often did you have pay out of your own pocket for care that you hought your health plan would pay for? 1 Never 2 Sometimes 3 Usually 4 Always |
| 73) | 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? 00 | 78) Ir a ti | the last 6 months, did you delay or not visit doctor because you were worried about the ost? Do not include dental care. 1 |
| 74) | In the last 6 months, before you went for care, how often did your health plan make it clear how much you would have to pay? 1 Never 2 Sometimes 3 Usually 4 Always | - | rescription because you were worried about he cost? 1 Yes 2 No |

About you

| 80) | In general, how would you rate your overall health? 1 | 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 Never 2 Sometimes 3 Usually 4 Always |
|-----|--|--|
| 81) | In general, how would you rate your overall mental or emotional health? 1 | 85) 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 quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. 1 Never 2 Sometimes |
| 82) | Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1 ☐ Every day 2 ☐ Some days 3 ☐ Not at all → Go to Question 86 4 ☐ Don't know → Go to Question 86 | 3 Usually 4 Always 86) Do you take aspirin daily or every other day? 1 Yes 2 No 3 Don't know |
| 83) | 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 Never 2 Sometimes 3 Usually 4 Always | 87) Do you have a health problem or take medication that makes taking aspirin unsafe for you? 1 Yes 2 No 3 Don't know |

84) In the last 6 months, how often was medication

recommended or discussed by a doctor or

| 88) | Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? 1 Yes 2 No | | Do you now need or take medicine prescribed by a doctor? Do not include birth control. 1 ☐ Yes 2 ☐ NO → Go to Question 95 |
|-----|--|---|---|
| 89) | Are you aware that you have any of the following conditions? Mark one or more. A High cholesterol B High blood pressure C Parent or sibling with heart attack before the age of 60 | Í | 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 |
| | gg | | What is the highest grade or level of school that you have completed? |
| 90) | Has a doctor ever told you that you have any of the following conditions? Mark one or more. A | | 8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than 4-year college degree |
| 91) | In the last 6 months, did you get health care 3 or more times for the same condition or problem? 1 ☐ Yes 2 ☐ NO → Go to Question 93 | | What best describes your employment status? Are you: [Mark only ONE.] 1 |
| 92) | Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause. 1 Yes 2 No | | 6 ☐ Unable to work for health reasons 7 ☐ Unemployed 8 ☐ Other |

| 97) | Are you of Hispanic or Latino origin or descent? | 100) How well do you speak English? |
|-----|--|---|
| | ¹ ☐ Yes, Hispanic or Latino | ¹ □ Very well |
| | 2 No, not Hispanic or Latino | ₂ ☐ Well |
| | | 3 ☐ Not well |
| | | 4 ☐ Not at all |
| 98) | What is your race? Mark one or more. | |
| | A 🔲 White | |
| | B Black or African American | 101) Did someone help you complete this survey? |
| | ⊂ | 1 ☐ YES → Go to Question 102 |
| | □ Native Hawaiian or | 2 □ NO → Thank you. |
| | Other Pacific Islander | Please return the |
| | E American Indian or Alaska Native | completed survey in the |
| | F Other (Please specify. Please print.) | postage-paid envelope. |
| | | |
| | | |
| | | 102) How did that person help you? |
| | | Mark one or more. |
| | | A Read the questions to me |
| | | B ☐ Wrote down the answers I gave |
| | | C ☐ Answered the questions for me |
| | | □ Translated the questions into |
| 99) | What is your preferred language? | my language |
| | 1 🔲 English | E Helped in some other way |
| | If English → Go to Question 101 | (Please specify. Please print.) |
| | 2 Spanish | , , , , , , , |
| | 3 ☐ Chinese | |
| | 4 Other (Please specify. Please print.) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

THANK YOU!

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



