
Qualified Health Plan Survey

Language: English

Reference Period: 6 months

Each item has been labeled to indicate the domain, CAHPS survey indicator, and construct source for this review process; the lists below provide the abbreviations used. For example, the label **AC/HP5-AM-3** means the survey item came from the Access to Care domain, and the question wording is the original version of the CAHPS Health Plan 5.0 Adult Medicaid Question #3. The headings in this survey are from the CAHPS Health Plan 5.0 survey except where we have added in new domain headings.

Qualified Health Plan Domain Name

AC=Access to Care

PC=Provider Communication

PA=Plan Administration

AI=Access to Information

CaC=Care Coordination

CuC=Cultural Competence

CL=Claims Processing

CO=Cost

GR=Global Ratings

UT=Utilization

PR=Prevention

CM=Case Mix Adjusters

All the questions have a domain label.

CAHPS Survey Indicator

HP5-AM-Q# = CAHPS Health Plan 5.0, Adult Medicaid, Question #

HP5H-AM-Q# = CAHPS Health Plan 5.0 HEDIS, Adult Medicaid, Question #

HP5H-AC-Q# = CAHPS Health Plan 5.0 HEDIS, Adult Commercial, Question #

HP4-AS-Q# = CAHPS Health Plan 4.0, Adult Supplemental, Question #

HP5-AS-Q# = CAHPS Health Plan 5.0, Adult Supplemental, Question #

(These are new CAHPS questions that are not in public documentation yet)

CG2-AS-Q# = CAHPS Clinician & Group 2.0, Adult Supplemental, Question #

CG2-AS-mQ# = CAHPS Clinician & Group 2.0, Adult Supplemental, Modified Question #

Questions that don't have a CAHPS survey indicator are new questions written for the QHP survey.

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-XXXX**. The time required to complete this information collection is estimated to average **0.35 hours** per response, 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.

New Questions (#'s):

43, 52-54, 74, 76-79

Construct Source

L=Lit Review

F=Focus Groups

S=Stakeholder Interviews

T=TEP

C=CMS

N=NCQA

Questions that don't have a construct source came directly from the original CAHPS Health Plan 5.0 survey, the starting place (core content) for the QHP survey.

OVERVIEW QUALIFIED HEALTH PLAN SURVEY

I. ACCESS TO CARE (HEALTH PLAN 5.0)

- Got care for illness/injury as soon as needed
- Got non-urgent appointment as soon as needed
- How often it was easy to get necessary care, tests, or treatment
- Have a personal doctor
- Got appointment with specialists as soon as needed

II. PROVIDER COMMUNICATION (HEALTH PLAN 5.0)

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully to enrollee/[respondent]
- Doctor showed respect for what enrollee/[respondent] had to say
- Doctor spent enough time with enrollee

III. PLAN ADMINISTRATION (HEALTH PLAN 5.0)

- Customer service gave necessary information/help
- Customer service staff courteous and respectful
- Forms easy to fill out

IV. ACCESS TO INFORMATION (HEALTH PLAN 4.0 SUPPLEMENTAL)

- Internet provided information needed about how plan works
- Found out from health plan about cost for health care service or equipment
- Found out from health plan about cost for specific prescriptions

V. CARE COORDINATION (HEALTH PLAN 4.0 SUPPLEMENTAL/NEW CAHPS QUESTIONS)

- Got care from provider besides personal doctor
- Doctor seemed informed and up-to-date about care from other health providers
- Doctor have your medical records
- Doctor order blood test, x-ray
- Doctor follow up about blood test, x-ray results
- Got blood test, x-ray results as soon as you needed them
- Doctor talk about prescription drugs you are taking
- Got care from more than one kind of provider
- Doctor's office manage your care among different providers
- Got help you needed from doctor's office manage your care among different providers

VI. CULTURAL COMPETENCE (NEW CAHPS QUESTIONS)

- Need interpreter at doctor's office
- How often got an interpreter
- Forms available in preferred language

VII. CLAIMS PROCESSING (HEALTH PLAN 4.0 SUPPLEMENTAL)

- Claims handled correctly

- Clear how much you would pay before getting health care
- Claims handled quickly
- Refused to pay for service you thought they should pay for

VIII. COST

- Unexpected costs
- Forgo care because of cost

IX. PREVENTION (HEDIS)

- Flu shot in past year
- Frequency of tobacco use
- Advised to quit smoking or tobacco use
- Medication recommended to quit smoking
- Other strategies to quit smoking
- Frequency of aspirin use
- Health problem that makes aspirin unsafe
- Risks and benefits of aspirin use
- Health conditions

GLOBAL RATINGS

- Rating of all health care
- Rating of personal doctor
- Rating of specialist
- Rating of health plan

UTILIZATION

- Times visited doctor's office or clinic
- Times visited personal doctor for care
- Number of specialists seen

CASE MIX ADJUSTERS

- Rating of overall health
- Rating of overall mental or emotional health
- Got health care 3 or more times for same condition
- Take medicine prescribed by a doctor
- Respondent age
- Respondent male or female
- Respondent highest grade level completed
- Employment
- Enrollee Hispanic or Latino
- Enrollee race
- Language spoken at home
- Ever covered by private insurance
- Covered by Medicaid in past 5 years
- Someone help you complete this survey

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 on page 6**

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right? (HP5-AM-1)

¹ Yes → **If Yes, go to #3**

² No

2. What is the name of your health plan? (HP5-AM-2)

Please print: _____

Your Health Care in the Last 6 Months

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

3. 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? (AC/HP5-AM-3)

¹ Yes

² No → **If No, go to #5**

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed? (AC/HP5-AM-4)

¹ Never

² Sometimes

³ Usually

⁴ Always

5. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor's office or clinic? (AC/HP5-AM-5)

¹ Yes

² No → **If No, go to #7**

6. 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? (AC/HP5-AM-6)

¹ Never

² Sometimes

³ Usually

⁴ Always

[Type text]

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? (UT/HP5-AM-7)

- None → **If None, go to #12**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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? (GR/HP5-AM-8)

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

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? (AC/HP5-AM-9)

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

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? (CuC/S,T/ HP5-AS-New_Q#)

- ¹ Yes
- ² No

11. In the last 6 months, when you needed an interpreter at your doctor's office or clinic, how often did you get one?(CuC/S,T/ HP5-AS-New_Q#)

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

Your Personal Doctor

12. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (AC/HP5-AM-10)

- ¹ Yes
- ² No → **If No, go to #30**

13. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? (UT/HP5-AM-11)

- None → **If None, go to #30**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

14. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (PC/HP5-AM-12)

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

15. In the last 6 months, how often did your personal doctor listen carefully to you? (PC/HP5-AM-13)

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

16. In the last 6 months, how often did your personal doctor show respect for what you had to say? **(PC/HP5-AM-14)**

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

17. In the last 6 months, how often did your personal doctor spend enough time with you? **(PC/HP5-AM-15)**

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

18. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? **(CaC/S,F,T/HP4-AS-OHP1)**

- ¹ Yes
- ² No → **If No, go to #20**

19. 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? **(CaC/S,F,T/HP4-AS-OHP2)**

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

20. 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? **(GR/HP5-AM-16)**

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

[Type text]

21. 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? **(CaC/S,F,T/ HP5-AS-New_Q#)**

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

22. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you? **(CaC/S,F,T/ HP5-AS-New_Q#)**

- ¹ Yes
- ² No → **If No, go to #25**

23. 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? **(CaC/S,F,T/ HP5-AS-New_Q#)**

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

24. In the last 6 months, 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? **(CaC/S,F,T/ HP5-AS-New_Q#)**

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

25. In the last 6 months, did you take any prescription medicine? **(CaC/S,F,T/ HP5-AS-New_Q#)**

- ¹ Yes
- ² No → **If No, go to #27**

26. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? **(CaC/S,F,T/ HP5-AS-New_Q#)**

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

27. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? (CaC/S,F,T/ HP5-AS-New_Q#)

¹ Yes

² No → **If No, go to #30**

28. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? (CaC/S,F,T/ HP5-AS-New_Q#)

¹ Yes

² No

29. In the last 6 months, did you **get the help that you needed** from your personal doctor's office to manage your care among these different providers and services? (CaC/S,F,T/ HP5-AS-New_Q#)

¹ Yes, definitely

² Yes, somewhat

³ No

Getting Health Care From Specialists

When you answer the next questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

30. 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 make any appointments to see a specialist? (AC/HP5-AM-17)

¹ Yes

² No → **If No, go to #34**

31. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? (AC/HP5-AM-18)

¹ Never

² Sometimes

³ Usually

⁴ Always

32. How many specialists have you seen in the last 6 months? (UT/HP5-AM-19)

- None → **If None, go to #34**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

33. 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? (GR/HP5-AM-20)

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

Your Health Plan

34. In the last 6 months, did you look for any information in written materials or on the Internet about your health plan? (AI/L,F/HP4-AS-HP2)

- ¹ Yes
- ² No → **If No, go to #36**

35. 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? (AI/L,F/HP4-AS-HP3)

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

36. 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 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? (AI/L,F/HP4-AS-HP4)

¹ Yes

² No → **If No, go to #38**

37. 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? (AI/L,F/HP4-AS-HP5)

¹ Never

² Sometimes

³ Usually

⁴ Always

38. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different 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? (AI/L,F/HP4-AS-HP6)

¹ Yes

² No → **If No, go to #40**

39. 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? (AI/L,F/HP4-AS-HP7)

¹ Never

² Sometimes

³ Usually

⁴ Always

40. In the last 6 months, did you get information or help from your health plan's customer service? (PA/HP5-AM-21)

¹ Yes

² No → **If No, go to #44**

41. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? (PA/HP5-AM-22)

¹ Never

² Sometimes

³ Usually

⁴ Always

42. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? **(PA/HP5-AM-23)**

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

43. Did the wait time to talk to your health plan's customer service staff take longer than you expected? **(PA/C)**

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

44. In the last 6 months, did your health plan give you any forms to fill out? **(PA/HP5-AM-24)**

- ¹ Yes
- ² No → **If No, go to #47**

45. In the last 6 months, how often were the forms from your health plan easy to fill out? **(PA/HP5-AM-25)**

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

46. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer? **(CuC/S,T/CG2-AS-mHL32)**

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

47. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 6 months, did you or anyone else send in any claims for your care to your health plan? **(CL/L,S/HP4-AS-CP1)**

- ¹ Yes
- ² No → **If No, go to #50**
- ³ Don't know → **If Don't know, go to #50**

48. In the last 6 months, how often did your health plan handle your claims quickly? (CL/L,S/HP4-AS-H14)

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

49. In the last 6 months, how often did your health plan handle your claims correctly? (CL/L,S/HP4-AS-CP2)

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ Don't know

50. 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? (GR/HP5-AM-26)

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

51. 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? (CL/L,S/HP4-AS-CP3)

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

52. In the last 6 months, did your health plan refuse to pay for a service that your doctor said you needed? (CL/L,S)

- ¹ Yes
- ² No

[Type text]

53. In the last 6 months, how often did you experience unexpected costs associated with your care? (CO/F,T)

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

54. In the last 6 months did you delay or not visit a doctor because you could not afford it? (CO/F,T)

- ¹ Yes
- ² No

55. In the last 6 months did you delay or not fill a prescription because you could not afford it? (CO/F,T)

- ¹ Yes
- ² No

About You

56. In general, how would you rate your overall health? (CM/HP5-AM-27)

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

57. In general, how would you rate your overall **mental or emotional health? (CM/HP5-AM-28)**

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

58. Have you had a flu shot since September 1, {YYYY FILL THE MEASUREMENT YEAR (2012 FOR THE SURVEY FIELDDED IN 2013)}? (PR/NCQA/ HP5H-AC-45)

- ¹ Yes
- ² No
- ³ Don't know

59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? (PR/NCQA/ HP5H-AM-38)

- ¹ Every day
- ² Some days
- ³ Not at all → **If Not at all, Go to Question 63**
- ⁴ Don't know → **If Don't know, Go to question 63**

60. 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? (PR/NCQA/ HP5H-AM-39)

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

61. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication. (PR/NCQA/ HP5H-AM-40)

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

62. 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 with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. (PR/NCQA/ HP5H-AM-41)

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

63. Do you take aspirin daily or every other day? (PR/NCQA/ HP5H-AM-42)

- ¹ Yes
- ² No
- ³ Don't know

64. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
(PR/NCQA/ HP5H-AM-43)

- Yes
- No
- Don't know

65. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? (PR/NCQA/ HP5H-AM-44)

- Yes
- No

66. Are you aware that you have any of the following conditions? Check all that apply. (PR/NCQA/ HP5H-AM-45)

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

67. Has a doctor ever told you that you have any of the following conditions? Check all that apply.
(PR/NCQA/ HP5H-AM-46)

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

68. In the past 6 months, did you get health care 3 or more times for the same condition or problem?
(CM/HP5-AM-29)

- Yes
- No → **If No, go to #670**

69. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause. (CM/HP5-AM-30)

- Yes
- No

70. Do you now need or take medicine prescribed by a doctor? Do **not** include birth control. (CM/HP5-AM-31)

- Yes
- No → **If No, go to #72**

[Type text]

71. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause. (CM/HP5-AM-32)

- ¹ Yes
² No

72. What is your age? (CM/HP5-AM-33)

- 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

73. Are you male or female? (CM/HP5-AM-34)

- ¹ Male
² Female

74. What is the highest grade or level of school that you have completed? (CM/HP5-AM-35)

- 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

75. Are you employed full-time, part-time, or not employed? (CM/C)

- ¹ Full-time
² Part-time
³ Not employed

76. Are you of Hispanic or Latino origin or descent? (CM/HP5-AM-36)

- ¹ Yes, Hispanic or Latino
² No, not Hispanic or Latino

77. What is your race? Mark one or more. (CM/HP5-AM-37)

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian or Other Pacific Islander
- ⁵ American Indian or Alaska Native
- ⁶ Other

78. Do you speak a language other than English at home? (CM/T,C)

- ¹ Yes
- ² No → **If No, go to #80**

79. What is this language? (CM/T,C)

- ¹ Spanish
- ² Other Language

Please specify: _____

80. Have you had been covered by health insurance you bought yourself or got through your job? (CM/T,C)

- ¹ Yes
- ² No

81. Have you been covered by medical assistance programs ({INSERT STATE NAME FOR MEDICAID, ALSO KNOWN AS MEDICAID}) in the last 5 years? (CM/T,C)

- ¹ Yes
- ² No

82. Did someone help you complete this survey? (CM/HP5-AM-38)

- ¹ Yes
- ² No → **Thank you. Please return the completed survey in the postage-paid envelope.**

83. How did that person help you? Mark one or more. (CM/HP5-AM-39)

- 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

Please print: _____

Thank you.

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