

Pennsylvania Health Insurance Survey

Mark the best answers with a ☒ or ☑. Please complete all the questions that you can. It is okay to take breaks. You do not need to complete the survey in one sitting. Please return it even if you are unable to answer all the questions.

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**

About BenePhilly and You

1. BenePhilly is the organization that submitted your insurance application over the phone last time. How likely are you to apply for benefits through BenePhilly again?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

2. How would you rate your **overall experience** applying for benefits through BenePhilly?

- Excellent
- Very good
- Good
- Fair
- Poor

3. How likely are you to **recommend** BenePhilly to a friend or relative who is in need of benefits?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

4. In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

MEDICAL Clinic Location

5. Is there a particular doctor's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health?

- No → if No, go to #6**
- Yes**

5a. What is the **name** of the clinic or medical office where you usually get your care? (Please print):

5b. What is the **address** of the clinic or medical office where you usually get your care? (if you do not remember, write the name of a nearby intersection or cross-street) (Please print)

5c. How do you usually **get** to the clinic or medical office where you usually get your medical care? **(CHECK ALL THAT APPLY)**

- Bus, SEPTA, train, or other public transportation
- Drive myself
- A shared van service like LogistiCare or Paratransit
- Driven by someone else (including family, friends or a taxi)
- Walk
- Some other way

5d. How **long** does it take you to get to the clinic or medical office where you usually get your medical care?

- Less than 15 minutes
- 15 – 30 minutes
- 31 – 60 minutes (1 hour)
- 61 – 90 minutes
- 91 – 120 minutes (2 hours)
- More than 2 hours

5e. Did you **choose** the clinic or place where you usually get your medical care or was it **assigned** to you by your insurance plan?

- I chose this place → **Go to #7**
- This place was assigned to me → **Go to #7**

6. What is the **main** reason you do **not** have a usual source of health care? **(CHECK ONE)**

- Seldom or never get sick
- Recently moved into area
- Don't know where to go for care
- Regular place for medical care in this area is no longer available
- Can't find a provider who speaks my language
- Like to go different places for different health needs
- Just changed insurance plans / Just got my insurance / I haven't selected a clinic yet
- Don't use doctors, I treat myself
- Cost of medical care, even with insurance

7. What is the **most** important factor in choosing the clinic or medical office to get regular medical care? (CHECK ONE)

- I went there before
- I know someone that goes there
- It is close to where I live
- They can see me right away
- They have a good reputation
- They take my insurance
- Other (specify): _____

Health Plan and Health Care

8. Medicaid (also called Medical Assistance) is a state program that pays for health care for persons in need. Are you currently enrolled in a **Medicaid insurance plan** (for example, Keystone First, United Healthcare Community Plan, Aetna Better Health, Coventry Cares Health Plan, Health Partners)?

- Yes
- No → **If No, go to #17**
- Not sure

9. Did you have any health insurance **immediately before** you enrolled in this plan?

- Yes
- No

10. How **long** have you had your **current Medicaid** insurance?

- 0 – 3 months
- 4 – 6 months
- 7 – 9 months
- 10 – 12 months
- Over 12 months

11. What did you use your **current Medicaid** insurance for, if at all? (CHECK ALL THAT APPLY)

- Get a check-up
- See a provider because I was sick
- See a specialist doctor
- Prescription medications
- See a dentist
- A surgery
- Lab or radiology tests
- To go to the emergency room or be hospitalized
- Other (specify): _____
- None of the above

12. Compared to how you thought it would be, using your **current Medicaid** insurance to get medical care was:

- Much easier
- Easier
- The same as I thought it would be
- Harder
- Much harder

13. Compared to how you thought it would be, the **overall quality of the care** you received with your **current Medicaid** insurance was:

- Much better
- Better
- The same as I thought it would be
- Worse
- Much worse

14. Since you received your **current Medicaid** insurance, have you been **unable** to obtain medical care, tests or treatment you or a doctor believed necessary?

- Yes
- No → **If No, go to #16**

15. Which of these best describes the **main** reason you were unable to get medical care, tests or treatment (including medications) you or a doctor believed necessary? (CHECK ALL THAT APPLY)

- Couldn't afford care, even though I had insurance
- Insurance company wouldn't approve, cover or pay for care
- Doctor didn't take my insurance plan
- Pharmacy didn't take my insurance plan
- Problems getting to doctor's office
- Couldn't get time off work
- Didn't know where to get care
- Couldn't get child care
- Didn't have time or took too long

16. Overall, how **satisfied** are you with your **current Medicaid** insurance?

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- Unsatisfied
- Very unsatisfied

DENTAL Clinic Location

25. A regular dentist is the one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist or dental clinic?

- No → if No, go to #26**
- Yes**

25a. What is the **name** of the **dental** clinic where you usually get your dental care? (Please print):

25b. What is the **address** of the **dental** clinic where you usually get your dental care? (if you do not remember, write the name of a nearby intersection or cross-street)? (Please print)

25c. How do you usually **get** to the **dental** clinic where you usually get your dental care? (**CHECK ALL THAT APPLY**)

- Bus, SEPTA, train, or other public transportation
- Drive myself
- A shared van service like LogistiCare or Paratransit
- Driven by someone else (including family, friends or a taxi)
- Walk
- Some other way

25d. How **long** does it take you to get to the **dental** clinic where you usually get your dental care?

- Less than 15 minutes → **Go to #27**
- 15 – 30 minutes → **Go to #27**
- 31 – 60 minutes (1 hour) → **Go to #27**
- 61 – 90 minutes → **Go to #27**
- 91 – 120 minutes (2 hours) → **Go to #27**
- More than 2 hours → **Go to #27**

26. What is the **main** reason you do **not** have a usual source of **dental** care? (**CHECK ONE**)

- Seldom or never need it
- Recently moved into area
- Don't know where to go for dental care
- Regular place for dental care in this area is no longer available
- Can't find a provider who speaks my language
- Like to go different places for different health needs
- Just changed insurance plans / Just got my insurance / I haven't selected a dentist yet
- Don't use dentists, I treat myself
- Cost of dental care, even with insurance

27. In general, how would you rate the overall condition of your teeth and gums?

- Excellent
- Very good
- Good
- Fair
- Poor

Your Dental Care

Since you got your **current Medicaid insurance plan**, please rate each of the following on a scale of Very Easy to Very Difficult if you have done any of the following:

	Very Easy	Easy	Not easy or difficult	Difficult	Very Difficult	Not applicable
28. Finding a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Getting an appointment on a day and time that was convenient for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Getting to a dentist's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Getting covered by your insurance company to see a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Getting covered by your insurance company for a test or procedure ordered by a dentist (for example, an X-ray or root canal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Getting covered by your insurance company for a prescription written by a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Getting the dental care, tests or treatment you needed overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Challenges

35. Within the past 12 months, have you cancelled a doctor's appointment or not scheduled one when you needed it because of transportation problems?

- Yes
- No
- I have not needed an appointment

36. Within the past 12 months, have you worried whether food would run out before you got money to buy more?

- Yes
- No

37. Within the past 12 months, has the food you bought not lasted and you didn't have money to get more?

- Yes
- No

38. During the last 12 months, was there a time when you and your family were not able to pay your mortgage, rent or utility bills?

- Yes
- No

39. During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent or utility bills?

- Yes
- No

40. At the end of the month do you generally have more than enough, just enough, or not enough money to pay your bills?

- More than enough
- Just enough
- Not enough

About You

41. What is your age?

- 18 to 24 years
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

42. What is your sex?

- Male
- Female

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

- 8th grade or less
- Some high school, but did not receive a high school diploma
- High school graduate or GED
- Vocational, technical or trade school training
- Some college or 2-year degree
- 4-year college or above

44. Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No

45. What is your race? (**CHECK ALL THAT APPLY**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other (specify):

46. What is your total household income (the total of all the income earned by all members of your household) before taxes last year?

- <\$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- >\$100,000

47. What is your employment at this time? (**CHECK ALL THAT APPLY**)

- Student
- Working full-time
- Working part-time
- Unemployed and looking for work
- Temporarily laid off
- On sick or other leave
- Disabled
- Retired
- Homemaker
- Other (specify):

48. Your input is very important. Please let us know if you are willing to be contacted in the future about your experience using your health insurance or getting health care:

- Yes
- No

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

If you have comments about this survey, or about your insurance and health care experience, please share them with us. Enclose a note or include your comments on the back of this form so that we can learn how to improve the experience for people enrolling in Medicaid health insurance in the future.

Please return the completed survey in the postage-paid envelope. No stamp is required. Simply place the envelope in any mailbox.