**CoveredCA.com Enrollment Survey**

**Thank you for enrolling in health care coverage through Covered California.**

**Please take a moment to tell us more about your experience with Covered California and to help us serve you better.**

There are 18 survey questions and the survey should take approximately 5 minutes to complete.

Your answers are completely confidential. You can opt out at any time, and your participation will not in any way affect your application for health care coverage or your eligibility for financial assistance.

START SURVEY

**Consent to Participate**

Consent to participate: By clicking “I agree” below, I agree to participate in voluntary, confidential surveys conducted by Covered California, or its authorized representatives on its behalf, to provide feedback regarding my experience with Covered California’s services and for research purposes. I know that I can opt-out at any time, and that my participation will not in any way affect my application for health care coverage or my eligibility for financial assistance. I understand that Covered California will *not* sell my information, will *not* share it with unauthorized parties, and will *not* disclose it in a manner that violates its [Privacy Policy](http://www.coveredca.com/privacy/), federal law, or California state law.

🞎 I agree. Take me to the survey!

🞎 No, thanks.

1. Were you here today to renew existing coverage or to enroll in health coverage for the first time with Covered California?
   1. Enroll in new coverage
   2. Renew in existing coverage

***Applying and Enrolling through Covered California***

*The following questions ask about your experiences when you applied or renewed your health coverage through Covered California in the last 6 months.*

1. Overall, how easy was it to complete your enrollment for your 2015 coverage through Covered California?
   1. Very Easy
   2. Easy
   3. Somewhat Easy
   4. Difficult
   5. Very Difficult

[CoveredCA.com 2014 survey, modified]

1. Did you get information or help with the application from any of the following? *[check all that apply]*
2. A Covered California customer service representative, by phone
3. A Covered California customer service representative, via website chat at CoveredCA.com
4. A licensed insurance agent
5. An enrollment counselor who works for a local community organization, such as a church, a hospital or a clinic
6. A health plan representative
7. A government office where you can enroll in social service s
8. Someone else: [Fill in \_\_\_\_\_\_\_]
9. No, I completed the application by myself and did not receive assistance.

[Covered California New]

1. When you got help from a [*automatically fill with service channel checked in Q4],* how often did you get the information or help you needed?
2. Never
3. Sometimes
4. Usually
5. Always

[CMS Marketplace Survey 2014 #38, modified]

***Choice of Health Plan***

*Covered California offers a variety of plans in each region. These questions ask about your experience choosing a health plan for your 2015 coverage through Covered California.*

1. Which of the following was the *most* important factor that made you choose your current health plan or insurance company over the other choices available? *[Randomize display order]*
   1. The monthly premium costs
   2. The deductibles and copays you have to pay when you use services
   3. The choice of doctors and hospitals available
   4. The health plan’s overall quality
   5. Recommendations from friends or family
   6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[KFF CA 2014 #B47, modified]

1. For your 2015 coverage, will you personally get financial assistance from the government, such as a premium tax credit or premium assistance, to help pay for your health insurance?
2. Yes, I will get financial assistance
3. No, I will not get financial assistance
4. I don‘t know

[KFF CA 2014 #B40, modified]

1. Did you try to find out which health plans offered through Covered California had the doctors or hospitals you wanted?
2. Yes
3. No [if N 🡪 go to Q10 ]

[CMS Marketplace Survey 2014 #50]

1. How often was it easy to understand which health plans had the doctors or hospitals you wanted?
2. Never
3. Sometimes
4. Usually
5. Always

[CMS Marketplace Survey 2014 #51]

***Health Insurance Coverage In 2014***

*These questions ask about your source of health insurance coverage in 2014.*

1. Did you have health insurance during every month of 2014?
   1. Yes [ if Y 🡪 go to Q12]
   2. No

[Covered California new]

1. For how many months of 2014 did you have no health insurance at all?
2. I had no insurance for less than 3 months
3. I had no insurance for 3 to 6 months
4. I had no insurance for 7 months to 11 months
5. I had no insurance for all 12 months [if d, go to 🡪 Q13]

[Covered California new]

1. When you were insured during 2014, what was your main source of health insurance coverage?
2. My employer or union, or a family member’s employer or union
3. A plan I purchased myself from an insurance company and not through Covered California
4. A plan I purchased myself through Covered California
5. I was covered by Medi-Cal
6. I received health insurance from somewhere else
7. I was uninsured for all of 2014

[Covered California new, modified from KFF CA 2014 #B32]

***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.*

*(Reminder: your responses are confidential and will not affect your application for coverage or your eligibility for financial assistance in any way.)*

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?
2. Yes
3. No *[if No 🡪 go to Q15]*

[CAHPS 5.0 Commercial #3, modified]

1. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed?
2. Never
3. Sometimes
4. Usually
5. Always

[CAHPS 5.0 Commercial #4, modified]

1. In the last 6 months, did you make any appointments for a **check-up or routine care** at a doctor’s office or clinic?
2. Yes
3. No *[if No 🡪 go to Q17]*

[CAHPS 5.0 Commercial #5, modified]

1. 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?
2. Never
3. Sometimes
4. Usually
5. Always

[CAHPS 5.0 Commercial #6, modified]

1. In the last 6 months, how often **did you delay or not visit a doctor** because you were worried about the cost? (Do not include dental care.)
2. Never
3. Sometimes
4. Usually
5. Always

[CMS QHP enrollee survey 2014 #68]

1. In the last 6 months, how often **did you delay or not fill a prescription** because you were worried about the cost?
2. Never
3. Sometimes
4. Usually
5. Always

[CMS QHP enrollee survey 2014 #69]

1. *[Skip if answered d to Q11]* When thinking about your 2014 health coverage, 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?

[Scale 0 to 10]

[CAHPS 5.0 Commercial #6]

***How Can We Serve You Better?***

1. Please share your specific suggestions about how we can improve your enrollment experience with Covered California or its website application:

[Please note, for specific assistance with your case – including to appeal or register a complaint – please call us at 1-800-300-1506 rather using this survey box.]

[User entered paragraph text box.]

[CoveredCA.com 2014 survey, modified]