# 2025 Qualified Health Plan (QHP) Enrollee Experience Survey

## Internet Survey Script

**Language: English**

**Data Collection: 2025**

**Reference Period: 6 months**

### Internet Survey Script Conventions

* Programmer instructions and survey question numbers appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS] and must ***not*** be displayed on webpages.
* Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
* Dashed RED lines that appear above and below all gate item questions (i.e., questions that include a skip pattern) indicate these questions must be displayed as a single question on a separate webpage. All remaining questions (i.e., non-gate items), except for Questions 2, 50, and 67, must be displayed with at least two questions per webpage but no more than three questions per webpage. Vendors use their discretion to determine how many questions are displayed per webpage (two but no more than three) for the non-gate questions.
* Solid RED lines indicate webpage breaks between survey sections. Vendors may not include non-gate questions spanning different survey sections on a single webpage (e.g., Question 19 [Your Health Plan] and Question 20 [Your Health Care in the Last 6 Months] cannot be displayed on the same webpage).
* Unless otherwise noted, skipped questions follow the same skip pattern as the “NO”, “NONE”, or “NOT APPLICABLE” response options.

***Note:*** *A comprehensive list of internet survey requirements is available in the Prepare for Data Collection section of the 2025 QHP Enrollee Survey Technical Specifications.*

### Programming Specifications and System Requirements

* The internet survey instrument must be programmed to adhere to all survey skip patterns.
* Unless otherwise noted, all questions are programmed to accept only one response.
* Each question must be programmed to allow the respondent to skip the question without providing a response and to proceed to the next appropriate survey question.
* Each question includes the appropriate section header as specified throughout the script.
* The presentation of questions and response categories ***cannot*** deviate from the format presented in the script. All response categories must be listed vertically. Matrix format is not permitted.
* Each webpage must include a “Questions” link with the following text.

“[Vendor Name] is an independent research firm that is helping your health plan conduct the survey. Please call us toll-free at (XXX) [XXX-XXXX] if you have any questions.”

***Note:*** *In addition to the toll-free number, vendors may also provide an email address through which sampled enrollees can submit questions.*

* After the last survey question, an exit page provides confirmation of survey receipt and thanks the sampled enrollee for participating.

### Text Convention Requirements

* Vendors ***cannot*** bold text that is not bold in the script (e.g., question stems, response categories).
* Vendors ***must*** bold text that is bold in the script (i.e., emphasized words).
* Vendors ***cannot*** underline text that is bold in the script.
* Vendors ***must*** italicize text that is italicized in the script.
* Vendors use either black or dark blue readable font for all survey questions and response options; the font color used for survey questions and response options must be consistent throughout the survey. Vendors may opt to use a highlight color for instructions and survey headings.

### Internet Survey Login Page

[VENDOR LOGO] and/or [QHP ISSUER LOGO]

OMB No. 0938-1221: Approval Expires 09/30/2026

[VENDORS MUST INCLUDE A LOGIN PAGE FOR ENROLLEES TO ENTER THE LOGIN CREDENTIALS PROVIDED ON THE MAILED LETTER]:

If you would like to proceed with the survey, please enter the [TYPE OF LOGIN CREDENTIAL(S)] provided in the letter that you received:

[LOGIN CREDENTIAL(S) INCLUDE USER NAME AND/OR PASSWORD. ONCE LOGIN CREDENTIALS ARE ENTERED, ENROLLEES MUST BE DIRECTED TO A LANDING PAGE.]

[VENDORS MUST INCLUDE A LANDING PAGE THAT OFFERS ENROLLEES THE OPTION TO TAKE THE SURVEY IN ENGLISH OR SPANISH. ENROLLEES WHO ACCESS THE SURVEY THROUGH A LINK IN THEIR EMAIL OR BY SCANNING THE QR CODE ARE AUTOMATICALLY ROUTED TO THIS LANDING PAGE.]

### 2025 Qualified Health Plan (QHP) Enrollee Experience Survey

[VENDOR LOGO] and/or [QHP ISSUER LOGO]

OMB No. 0938-1221: Approval Expires 09/30/2026

Thank you for visiting the Qualified Health Plan Enrollee Survey website. We are asking you to complete this survey about your experiences with the health plan named on the email or letter you received. Please answer the questions in the survey based on your experience with the health plan you had from July through December 2024.

**Your Privacy is Protected.** What you have to say is private and will only be used for this survey. Your answers will be part of a pool of information. We will not share your name or answers with anyone, except if required by law.

**Your Participation is Voluntary.** You do not have to answer any questions that you do not want to answer. If you choose not to answer, it will not affect the benefits you get.

**What To Do If You Have Questions.** Your health plan has contracted with [VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [VENDOR NAME] toll free at (XXX) [XXX-XXX] between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

#### Survey Instructions

[VENDORS MUST INCLUDE INSTRUMENT-SPECIFIC INSTRUCTIONS ON HOW TO COMPLETE THE INTERNET SURVEY HERE. THIS INCLUDES:

* INSTRUCTIONS ON HOW TO USE THE “PREVIOUS” BUTTON TO RETURN TO PREVIOUS SURVEY QUESTIONS TO CHECK, CHANGE, OR DELETE AN ANSWER.
* INSTRUCTIONS ON HOW TO USE THE “NEXT” BUTTON TO ADVANCE TO SUBSEQUENT SURVEY QUESTIONS.
* ADDITIONAL INSTRUCTIONS SPECIFIC TO THE VENDOR’S INTERNET SURVEY INSTRUMENT OR PLATFORM, IF NEEDED.]

[VENDORS MUST INCLUDE THE BELOW OMB STATEMENT.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221; this control number is valid until 09/30/2026. The time required to complete this information collection is estimated to average 10 minutes 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.

#### Internet Survey Script



1. Our records show that you are now in {QHP ISSUER NAME}. Is that right?

[ ]  Yes  [IF YES, GO TO #3]

[ ]  No

[IF Q1 IS SKIPPED, SURVEY MUST BE PROGRAMMED TO PROCEED TO Q2.]



1. What is the name of your health plan?

*Please type:*

[TEXT BOX MUST BE PROGRAMMED TO ACCEPT AT LEAST A 250-CHARACTER RESPONSE. IN ADDITION TO THE TEXT BOX, A DROPDOWN MENU OF QHP ISSUER ALIASES IS ALSO ALLOWABLE.]



##### Your Health Plan

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE THAT INCLUDES QUESTIONS 3-19.]

The next series of questions ask about your experiences with your health plan. Please answer the questions based on your experience with the health plan you had from July through December 2024.

1. In the last 6 months, how often did written materials or the internet provide the information you needed about how your health plan works?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not look for any information about my health plan

1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not look for any information about how much I would have to pay for services or equipment

1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not look for any information about how much I would have to pay for prescription medicines



1. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not contact my health plan’s customer service for information or help  [IF NOT APPLICABLE, GO TO #9]



1. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did the time that you waited to talk to your health plan’s customer service staff take longer than you expected?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always



1. In the last 6 months, how often were the forms from your health plan easy to fill out?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; health plan did not give me forms to fill out
[IF NOT APPLICABLE, GO TO #13]



1. In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not need forms in a different format

1. In the last 6 months, how often did your health plan **not** pay for care that your doctor said you needed?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did you delay visiting or **not** visit a doctor because you were worried about the cost?*Do* ***not*** *include dental care*.

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did you delay filling or **not** fill a prescription because you were worried about the cost?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. How confident are you that you understand health insurance terms?

[ ]  Not at all confident

[ ]  Slightly confident

[ ]  Moderately confident

[ ]  Very confident

1. How confident are you that you know most of the things you need to know about using health insurance?

[ ]  Not at all confident

[ ]  Slightly confident

[ ]  Moderately confident

[ ]  Very confident

1. 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 in the last 6 months?

[ ]  0 Worst health plan possible

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10 Best health plan possible



##### Your Health Care in the Last 6 Months

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE THAT INCLUDES QUESTIONS 20-26.]

These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor’s office, by telephone, or by video appointments. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits. Please answer the questions based on your experience with the health plan you had from July through December 2024.

1. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Not Applicable; do not have a personal doctor

1. In the last 6 months, when you **needed care right away**, in an emergency room, doctor’s office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not need care right away

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? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not make any appointments



1. 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? *Include in-person, telephone, or video appointments.*

[ ]  None [IF NONE, GO TO #27]

[ ]  1 time

[ ]  2

[ ]  3

[ ]  4

[ ]  5 to 9 times

[ ]  10 or more times



1. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not need an interpreter

1. 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? *Include in-person, telephone, or video appointments.*

[ ]  0 Worst health care possible

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10 Best health care possible



##### Your Personal Doctor

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE THAT INCLUDES QUESTIONS 27-39.]



These questions ask about your personal doctor. A personal doctor is the one you would see or talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Please answer the questions based on your experience with the health plan you had from July through December 2024.

1. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? *Include in-person, telephone, or video appointments.*

[ ]  None [IF NONE, GO TO #40]

[ ]  1 time

[ ]  2

[ ]  3

[ ]  4

[ ]  5 to 9 times

[ ]  10 or more times

[ ]  Not Applicable; do not have a personal doctor [IF NOT APPLICABLE, GO TO #40]



1. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did your personal doctor listen carefully to you?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did your personal doctor show respect for what you had to say?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did your personal doctor spend enough time with you?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. 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? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always



1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not have a blood test, x-ray, or other test
[IF NOT APPLICABLE, GO TO #35]



1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not take any prescription medicines



1. 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? *Include in-person, telephone, or video appointments.*

[ ]  Yes

[ ]  No [IF NO, GO TO #39]



1. 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?

[ ]  Yes

[ ]  No [IF NO, GO TO #39]



1. In the last 6 months, how often did you **get the help that you needed** from your personal doctor’s office to manage your care among these different providers and services?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. 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?

[ ]  0 Worst personal doctor possible

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10 Best personal doctor possible



##### Getting Health Care From Specialists

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE THAT INCLUDES QUESTIONS 40-43.]



Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

When you answer the next questions, include care you got in a clinic, emergency room, doctor’s office, by telephone, or by video appointments. Do **not** include dental visits or care you got when you stayed overnight in a hospital.

1. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? *Include in-person, telephone, or video appointments.*

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; did not need to see a specialist
[IF NOT APPLICABLE, GO TO #44]



1. How many specialists have you seen in the last 6 months? *Include in-person, telephone, or video appointments.*

[ ]  None [IF NONE, GO TO #44]

[ ]  1 specialist

[ ]  2

[ ]  3

[ ]  4

[ ]  5 or more specialists



1. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

[ ]  Not Applicable; do not have a personal doctor

1. 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?

[ ]  0 Worst specialist possible

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10 Best specialist possible



##### About You

[SECTION HEADING MUST APPEAR ON EACH WEBPAGE THAT INCLUDES QUESTIONS 44-67.]

1. In general, how would you rate your overall health?

[ ]  Excellent

[ ]  Very good

[ ]  Good

[ ]  Fair

[ ]  Poor

1. In general, how would you rate your overall **mental or emotional** health?

[ ]  Excellent

[ ]  Very good

[ ]  Good

[ ]  Fair

[ ]  Poor



1. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

[ ]  Every day

[ ]  Some days

[ ]  Not at all [IF NOT AT ALL, GO TO #50]

[ ]  Don’t know[IF DON’T KNOW, GO TO #50]



1. 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?

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. 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.

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always

1. 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.

[ ]  Never

[ ]  Sometimes

[ ]  Usually

[ ]  Always



1. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

[ ]  Yes

[ ]  No [IF NO, GO TO #52]



1. Is this a condition or problem that has lasted for at least 3 months? *Do* ***not*** *include pregnancy or menopause*.

[ ]  Yes

[ ]  No



1. Do you now need or take medicine prescribed by a doctor? *Do* ***not*** *include birth control*.

[ ]  Yes

[ ]  No [IF NO, GO TO #54]



1. Is this medicine to treat a condition that has lasted for at least 3 months? *Do* ***not*** *include pregnancy or menopause*.

[ ]  Yes

[ ]  No

1. Are you deaf or do you have serious difficulty hearing?

[ ]  Yes

[ ]  No

1. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

[ ]  Yes

[ ]  No

1. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

[ ]  Yes

[ ]  No

1. Do you have serious difficulty walking or climbing stairs?

[ ]  Yes

[ ]  No

1. Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?

[ ]  Yes

[ ]  No

1. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

[ ]  Yes

[ ]  No

1. What is your age?

[ ]  18 to 24

[ ]  25 to 34

[ ]  35 to 44

[ ]  45 to 54

[ ]  55 to 64

[ ]  65 to 74

[ ]  75 or older

1. What is your sex?

[ ]  Male

[ ]  Female

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

[ ]  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

1. What **best** describes your employment status?

[ ]  Employed full-time

[ ]  Employed part-time

[ ]  A homemaker

[ ]  A full-time student

[ ]  Retired

[ ]  Unable to work for health reasons

[ ]  Unemployed

[ ]  Other



1. Are you of Hispanic, Latino/a, or Spanish Origin? *Select one or more.*

[ ]  No, not of Hispanic, Latino/a, or Spanish origin

[ ]  Yes, Mexican, Mexican American, or Chicano/a

[ ]  Yes, Puerto Rican

[ ]  Yes, Cuban

[ ] [ ]  Yes, another Hispanic, Latino/a, or Spanish origin

[Q64 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]



1. What is your race? *Select one or more*.

[ ]  American Indian or Alaska Native

[ ]  Asian Indian

[ ]  Chinese

[ ]  Filipino

[ ]  Japanese

[ ]  Korean

[ ]  Vietnamese

[ ]  Other Asian

[ ]  Black or African American

[ ]  Native Hawaiian

[ ]  Guamanian or Chamorro

[ ]  Samoan

[ ]  Other Pacific Islander

[ ]  White

[Q65 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]



1. Did someone help you complete this survey?

[ ]  Yes

[ ]  No[IF NO, GO TO EXIT PAGE]



1. How did that person help you? *Select* *one or more*.

[ ]  Read the questions to me

[ ]  Wrote down the answers I gave

[ ]  Answered the questions for me

[ ]  Translated the questions into my language

[ ]  Helped in some other way

[Q67 MUST BE PROGRAMMED TO ALLOW MULTIPLE RESPONSES.]



[EXIT PAGE]

Thank you for your participation in the survey. This confirms your responses have been received.

