

Healthy Michigan Voices Beneficiary Survey

Interim Report

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INTRODUCTION

The University of Michigan Institute for Healthcare Policy and Innovation (IHPI) is conducting the evaluation of the Healthy Michigan Plan (HMP) as required by the Centers for Medicare and Medicaid Services (CMS) under contract with the Michigan Department of Health and Human Services (MDHHS). This report presents the interim findings from responses of the Healthy Michigan Voices (HMV) beneficiary survey. As of mid-June 2016, 2,059 Healthy Michigan Plan beneficiaries had completed the survey. The interim findings presented here are organized by the following topics: insurance coverage prior to HMP enrollment, current health behaviors, HRA completion, primary care utilization prior to HMP enrollment, primary care utilization in past 12 months, care experiences in past 12 months, access to care in past 12 months, emergency room use in past 12 months, HMP impact on daily activities, perspectives on HMP coverage, out-of-pocket healthcare spending prior to HMP enrollment, MI health account, out-of-pocket healthcare spending in past 12 months, information seeking behaviors, perspectives on cost-sharing, challenges using HMP coverage, knowledge and understanding of HMP coverage, and knowledge and understanding of HMP cost-sharing requirements. This report of interim findings is not intended to support conclusions about the total sample. Reports summarizing the findings from the full sample of 4,050 beneficiaries participating in the 2016 Healthy Michigan Voices beneficiary survey and the 450 beneficiaries who have been disenrolled will be available in 2017.

METHODS

Sampling for the Healthy Michigan Voices survey was performed monthly, beginning in January 2016.

At time of sample selection, beneficiaries must have had:

- Initial HMP enrollment, defined as fee for service (FFS) or managed care (MC) at least 12 months prior
- HMP-MC in the month sampled
- HMP enrollment (FFS or MC) in 10 of past 12 months
- Have HMP-MC enrollment in 9 of past 12 months
- Age less than 64 years 8 months
- Filed address, phone number, and FPL fields in the warehouse
- MI address

Exclusion in one month of sampling did not prohibit inclusion in a subsequent month. Each month's sample was drawn to reflect the target sampling plan, proportional to the characteristics of Healthy Michigan Plan beneficiaries; this plan was based on four grouped prosperity regions in the state (Upper Peninsula/North West/North East; West/East Central/East; South Central/South West/South East; Detroit) and three FPL categories (0-35%; 36-99%; ≥100%).

Sampling Plan

	Prosperity Region				Total
	UP/NW/NE	W/EC/E	SC/SW/SE	DET	
Federal Poverty Level					
0-35%	7.0%	12.0%	8.0%	12.8%	39.9%
36-99%	6.0%	10.5%	7.0%	11.2%	34.8%
≥100%	4.9%	7.5%	5.0%	8.0%	25.5%

The 2,059 surveys included in this preliminary report closely mirror the sampling plan:

Characteristics of 2,059 HMV Survey Respondents

	Prosperity Region				Total
	UP/NW/NE	W/EC/E	SC/SW/SE	DET	
Federal Poverty Level					
0-35%	146	258	153	241	798
	7.1%	12.5%	7.4%	11.7%	38.8%
36-99%	127	230	155	214	726
	6.2%	11.2%	7.5%	10.4%	35.3%
≥100%	106	162	101	166	535
	5.2%	7.9%	4.9%	8.1%	26.0%
Total N complete	379	650	409	621	2059
Total % complete	18.4%	31.6%	19.9%	30.2%	100.00%

Healthy Michigan Plan beneficiaries selected for the HMV Beneficiary survey sample were mailed an introductory packet that contained a cover letter explaining the project, a brochure about the project, and a postage-paid postcard that could be used to indicate preferred time/day for interview. A toll-free number was provided for beneficiaries who wished to call in at their convenience; otherwise, Healthy Michigan Voices interviewers placed phone calls to sampled beneficiaries between the hours of 9 am and 9 pm. Surveys were conducted in English, Arabic and Spanish; beneficiaries who could not speak one of those three languages were excluded from the project.

Responses were recorded in a computer-assisted telephone interviewing (CATI) system programmed with the HMV survey. The survey instrument can be found in the Appendix.

We calculated descriptive statistics for responses to all questions in the survey. In a small number of cases, beneficiaries asked to end the survey early or did not follow the intended skip patterns.

Cases where responses of either “do not know” or “refused” did not exceed 1% of the total responses are excluded from the tables presented below, so in some cases, the sample size for a particular question will be close but not equal to the sum of the response option totals in the tables.

RESULTS

Table 1. Personal characteristics		N	%
Gender			
Male		867	42.1%
Female		1192	57.9%
Age			
18-29		489	23.7%
30-39		370	18.0%
40-49		444	21.6%
50-59		587	28.5%
>=60		169	8.2%
Race			
White		1403	69.3%
Black or African American		385	19.0%
Other		159	7.9%
Mixed		78	3.9%
Ethnicity			
Hispanic or Latino		90	4.4%
Arab, Chaldean, or Middle Eastern		102	5.0%
Region			
Upper Peninsula/Northwest/Northeast		379	18.4%
West/East Central/East		650	31.6%
South Central/Southwest/Southeast		409	19.9%
Detroit Metro		621	30.2%
Federal Poverty Level			
0-35		798	38.8%
36-99		726	35.3%
100-138		535	26.0%
Medicaid Health Plan			
Aetna		27	1.3%
Blue Cross		165	8.0%
Harbor		10	0.5%
McLaren		332	16.1%
Meridian		628	30.5%
Midwest		1	0.1%

Molina	365	17.7%
Priority	135	6.6%
Total Health Care	45	2.2%
United	225	10.9%
Upper Peninsula Health Plan	124	6.0%
Employment Status		
Employed or self-employed	1039	51.1%
Out of work for 1 year or more	336	16.5%
Out of work for less than 1 year	118	5.8%
A homemaker	114	5.6%
A student	72	3.5%
Retired	94	4.6%
Unable to work	254	12.4%
Veteran of the United States Military Armed Forces		
Yes	60	2.9%
No	1986	97.0%
Household composition		
Married	517	25.2%
Partnered	105	5.1%
Divorced	432	21.1%
Widowed	75	3.7%
Separated	56	2.7%
Never married	855	41.7%
Other household member(s) enrolled in HMP		
Yes	826	40.3%
No	1122	54.8%
Do not know	98	4.8%

Insurance Coverage Prior to HMP

Most survey respondents did not have health insurance in the 12 months prior to HMP enrollment. Of those who reported having health insurance at some point during the 12 months prior to HMP enrollment, the majority had health insurance for all 12 months. The majority of survey respondents who reported having health insurance at any time in the 12 months prior to HMP enrollment had Medicaid, MiChild, or coverage through another state health program that pays for health care. Among those who reported purchasing private insurance for themselves or for someone else, approximately half purchased the insurance on the healthcare.gov website. 63.2% of respondents who purchased health insurance on the healthcare.gov website reported receiving a subsidy.

Table 2. At any time during the 12 months BEFORE you enrolled in the Healthy Michigan Plan, did you have any type of health insurance?	N	%
No	1183	57.5%
Yes	853	41.4%
{If Yes} Did you have health insurance for all 12 months, 6-11 months, less than 6 months, or not at all? (n=853)		
All 12 months	628	73.6%
6-11 months	130	15.2%
Less than 6 months	69	8.1%
Not at all	2	0.2%
Do not know	24	2.8%
What type of health insurance did you have? (n=827)*		
Medicaid, MiChild, or other state health program that pays for health care	418	50.5%
Private insurance provided through a job or union	196	23.7%
Private insurance purchased by you or someone else	75	9.1%
County health plan	70	8.5%
Veterans Health or VA care	12	1.5%
Some other type of insurance	8	1.0%
Medicare	4	0.5%
CHAMPUS, TRICARE, or other military coverage	2	0.2%
Indian Health Service	0	0.0%
Other	100	12.1%
Do not know	13	1.6%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Among those who purchased private insurance:

Table 3. Was this insurance purchased on the healthcare.gov exchange? (n=75)		
Do not know	4	5.3%
No	33	44.0%
Yes	38	50.7%
{If Yes} Did you receive a subsidy? (n=38)		
Yes	24	63.2%
No	12	31.6%
Do not know	2	5.3%

Current Health Status

Over two-thirds of survey respondents rated their health as either excellent; very good; or good. Since HMP enrollment, 47.5% of respondents reported that their physical health has

gotten better, 38% of respondents reported that their mental and emotional health has gotten better, and 39.6% of respondents reported that their dental health has gotten better. About a third of survey respondents reported losing weight in the past year. About three-quarters of respondents reported having at least one chronic condition. Hypertension was the most prevalent chronic condition. A substantial portion reported learning of a chronic condition after enrolling in HMP.

Table 4. In general, would you say your health is excellent; very good; good; fair; or poor? (n=2057)	N	%
Excellent	160	7.8%
Very good	515	25.0%
Good	720	35.0%
Fair	494	24.0%
Poor	163	7.9%

Table 5. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (n=2057)	N	%
0 days	918	44.6%
1-5 days	411	20.0%
6-30 days	690	33.5%
Do not know	34	1.7%
Overall, since you enrolled in the Healthy Michigan Plan, would you say your physical health has gotten better, stayed the same, OR gotten worse? (n=2057)		
Gotten better	978	47.5%
Stayed the same	947	46.0%
Gotten worse	119	5.8%
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (n=2057)		
0 days	1167	56.7%
1-5 days	293	14.2%
6-30 days	540	26.3%
Do not know	50	2.4%
Overall, since you enrolled in the Healthy Michigan Plan, would you say your mental and emotional health has gotten better, stayed the same, OR gotten worse? (n=2057)		
Gotten better	781	38.0%
Stayed the same	1170	56.9%

Gotten worse	86	4.2%
During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (n=2057)		
0 days	1215	59.1%
1-5 days	275	13.4%
6-30 days	528	25.7%
Do not know	36	1.8%
Thinking about your dental health, since you enrolled in the Healthy Michigan Plan, has the health of your teeth and gums gotten better, stayed the same, OR gotten worse? (n= 2057)		
Gotten better	815	39.6%
Stayed the same	940	45.7%
Gotten worse	199	9.7%
Do not know	99	4.8%

Table 6. Compared to 12 months ago, how would you describe your weight? (n=2057)	N	%
Lost weight	628	30.5%
Gained weight	517	25.1%
Stayed about the same	904	44.0%

Table 7. Has a doctor or other health professional ever told you that you had any of the following? (n=2055)	N	%	Diagnosis Before HMP*	Diagnosis After HMP*
Hypertension	701	34.1%	492	204
A mood disorder	595	29.0%	444	147
Asthma	369	18.0%	326	41
Diabetes	273	13.3%	187	84
Chronic bronchitis, COPD or emphysema	241	11.7%	160	80
Heart condition or heart disease	217	10.6%	152	63
Cancer, other than skin cancer	102	5.0%	63	38
A substance use disorder	82	4.0%	74	8
A stroke	48	2.3%	30	18
Any other ongoing health issue	721	35.1%	459	253

**Respondents were asked: Did you find out you had [read the condition] before or after you enrolled in the Healthy Michigan Plan?*

Current Health Behaviors

When asked about the past seven days, 32.8% of survey respondents reported exercising every day for at least 20 minutes, 30.1% of respondents reported drinking sugary drinks every day, and 38.7% of respondents reported eating three or more servings of fruits or vegetables every day. Half of respondents reported talking with a health professional about exercise and diet and nutrition in the past 12 months. Among those who reported binge drinking behavior in the past seven days, 30.3% reported talking to a health professional about safe alcohol use. 37.3% of survey respondents reported smoking or using tobacco in the past thirty days. Among those who smoked or used tobacco in the past thirty days, 77.1% reported wanting to quit. Of those who said they would like to quit smoking or using tobacco, 89.0% reported working on cutting back or quitting right now. Among those currently working on quitting or reducing tobacco use, over half of respondents reported receiving advice or assistance from a health professional or health plan on how to quit in the past 12 months. 5.7% of survey respondents reported using drugs or medications to affect mood or aid in relaxation in the past thirty days. Among those who reported using drugs or medications for mood or to aid in relaxation, 48.3% used these drugs or medications almost every day. Half of respondents who used these drugs sometimes or every day reported speaking with a health professional about the use of these drugs or medications. Lastly, over one-third of respondents reported receiving a flu vaccine past fall or winter.

Table 8. The next questions are about things people do that can affect their health. This is sometimes called a Health Risk Assessment.	Every day	3-6 days	1-2 days	0 days
In the last 7 days, how many days did you exercise for at least 20 minutes? (n=2054)	673 (32.8%)	654 (31.8%)	318 (15.5%)	405 (19.7%)
In the last 7 days, how many days did you drink sugary drinks, like soda or pop, sweetened fruit drinks, sports drinks, or energy drinks? (n=2054)	619 (30.1%)	324 (15.8%)	444 (21.6%)	663 (32.3%)
In the last 7 days, how many days did you eat 3 or more servings of fruits or vegetables in a day? (n=2054)	795 (38.7%)	706 (34.4%)	310 (15.1%)	225 (11.0%)

Table 9. In the last 12 months, has a doctor, nurse, or other health professional talked with you about exercise? (n=2054)	N	%
Yes	1061	51.7%
No	982	47.8%
In the last 12 months, has a doctor, nurse, or other health professional talked with you about diet and nutrition? (n=2054)		
Yes	1059	51.6%
No	985	48.0%

Table 10. In the last 7 days, how many days did you have (5 or more alcoholic drinks if male, 4 or more alcoholic drinks if female)? (n=2054)	N	%
0 days	1690	82.3%
1-2 days	278	13.5%
3-6 days	63	3.1%
Every day	19	0.9%
{If response other than '0 days'} In the last 12 months, has a doctor, nurse, or other health professional talked with you about safe alcohol use? (n=360)		
Yes	109	30.3%
No	248	68.9%

Table 11. In the last 30 days have you smoked or used tobacco? (n=2054)	N	%
No	1287	62.7%
Yes	767	37.3%
{If Yes} Do you want to quit smoking or using tobacco (n=767)		
Do not know	13	1.7%
No	162	21.1%
Yes	591	77.1%
{If Yes} Are you working on cutting back or quitting right now? (n=591)		
No	64	10.8%
Yes	526	89.0%
In the last 12 months, did you receive any advice or assistance from a health professional or your health plan on HOW to quit smoking? (n=767)		
No	310	40.4%
Yes	452	58.9%

Table 12. In the last 30 days, have you used drugs or medications to affect your mood or help you relax? This includes prescription drugs taken differently than how you were told to take them, as well as street drugs. (n=2054)	N	%
No	1932	94.1%
Yes	118	5.7%
{If yes} How often? Would you say Almost every day, Sometimes, Rarely, or Never? (n=118)		
Never	1	0.8%
Rarely	25	21.2%
Sometimes	35	29.7%

Almost every day	57	48.3%
{if response was 'Sometimes' or 'Almost every day'} In the last 12 months, has a doctor, nurse, or other health professional talked with you about your use of these drugs or medications? (n=92)		
No	46	50.0%
Yes	46	50.0%

Table 13. Did you get a flu vaccine last fall or winter? (n=2054)	N	%
Yes	768	37.4%
No	1270	61.8%

Health Risk Assessment (HRA) Completion

Just over half of survey respondents reported that they remembered completing the HRA. Among those who reported completing the HRA, the most common reasons for completion were that their PCP suggested it, they got it in the mail, and/or that they completed it during enrollment on the phone. 75.5% of respondents who reported getting the HRA in the mail reported that they took the form to their PCP. A majority of those who reported completing the HRA felt that the HRA was valuable for their own health improvement. A majority of those who reported completing the HRA felt that the HRA was valuable for their own health improvement and was helpful for their PCP to understand their health needs. About a third of those who said they completed the HRA felt that they already knew what they needed to do to be healthy, so the HRA was not that helpful to them. Among those who reported completing the HRA, 81.2% chose to work on at least one healthy behavior. The most common behaviors chosen were related to nutrition/diet, exercise, and reducing/quitting tobacco use. Among respondents who chose to work on a healthy behavior, 65.2% said their health care provider or health plan helped them work on this behavior, though 9.5% said there was help they wanted that they did not get. 39.8% of survey respondents agreed that information about healthy behavior rewards helped them do something they might not have done otherwise.

Table 14. Do you remember completing the Health Risk Assessment? (n=2054)	N	%
Do not know	180	8.8%
No	776	37.8%
Yes	1097	53.4%
{if yes} What led you to complete it? (n=1097)*		
PCP suggested	508	46.3%
Got it in the mail	371	33.8%
At enrollment on the phone	129	11.8%
Health plan suggested	85	7.7%
Gift card/money/reward	34	3.1%
To stay on top of my health (anything related to staying healthy)	34	3.1%

To save money on co-pays/cost-sharing	2	0.2%
Do not know	26	2.4%
Other	71	6.5%
{If response was “got it in the mail”} Did you take the form to your primary care provider? (n=330)	N	%
Yes	249	75.5%
No	60	18.2%
Do not know	21	6.4%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Table 15. For HMP beneficiaries who have completed their HRA, to what degree do they agree with the following statements?	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know
I think doing the HRA was valuable for me to improve my health (n=1097)	216 (19.7%)	692 (63.1%)	120 (10.9%)	56 (5.1%)	4 (0.4%)	8 (0.7%)
I think doing the HRA was helpful for my primary care provider to understand my health needs (n=1097)	280 (25.5%)	702 (63.9%)	63 (5.7%)	35 (3.2%)	3 (0.3%)	12 (1.1%)
I know what I need to do to be healthy, so the HRA wasn't that helpful (n=1097)	54 (4.9%)	308 (28.1%)	150 (13.7%)	516 (47.0%)	53 (4.8%)	15 (1.4%)

Table 16. After going through the Health Risk Assessment, or at a primary care visit, did you choose to work on a healthy behavior or do something good for your health? (n=1097)	N	%
No	199	18.1%
Yes	891	81.2%
{If yes} What did you choose to do? (n=890)*		
Nutrition/diet	522	58.7%
Exercise/activity	483	54.3%
Reduce/quit tobacco use	172	19.3%
Lose weight	107	12.0%
Reduce/quit alcohol consumption	31	2.8%
Monitor my blood pressure/blood sugar	20	2.2%
Take medicine regularly	18	2.0%
Flu shot	17	1.9%
Go to the dentist	5	0.6%

Follow-up appointment for chronic disease	5	0.6%
Treatment for substance use disorder	2	0.2%
Other	85	9.6%
Did your health care provider or health plan help you work on this healthy behavior? (n=886)		
NA – did not need help	136	15.4%
No	167	18.9%
Yes	578	65.2%
{if yes or no} Was there help that you wanted that you didn't get? (n=745)		
NA –did not need help	9	1.2%
No	661	88.7%
Yes	71	9.5%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Table 17. Information about the healthy behavior rewards that I can earn has led me to do something I might not have done otherwise (n=2047)	N	%
Strongly agree	103	5.0%
Agree	713	34.8%
Neutral	228	11.1%
Disagree	482	23.5%
Strongly disagree	41	2.0%
Do not know	477	23.3%

Primary Care Utilization Prior to HMP

Over one-fifth of survey respondents reported not having a place they would usually go for a checkup, when they felt sick, or when they wanted advice about their health in the 12 months prior to HMP enrollment. Among respondents who reported having a place that they would usually go for healthcare in the 12 months prior to HMP enrollment, a doctor’s office was the most common place reported. 12.2% reported emergency rooms as their usual place for care. Over one-third of respondents reported not getting the health care they needed in the 12 months prior to HMP enrollment. The most common reasons for not getting the care they needed were being worried about the cost and not having health insurance. For those that responded “other,” the most common reason was that the insurance plan did not cover certain procedures, treatments, or medications. Over half of survey respondents had not had a primary care visit in the year before HMP enrollment and 20% had not had a primary care visit in five years or more.

Table 18. In the 12 months before enrolling in the Healthy Michigan Plan, was there a place that you usually would go for a checkup, when you felt sick, or when you wanted advice about your health? (n=2058)	N	%
NA – did not need care	49	2.4%
No	454	22.1%
Yes	1549	75.3%
{If yes} What kind of a place was it? A clinic, doctor's office, urgent care or walk-in clinic, emergency room, or other place? (n=1549)		
Doctor's office	761	49.1%
Urgent care or walk-in clinic	273	17.6%
Clinic	264	17.0%
Emergency Room	189	12.2%
Other Place	61	3.9%

Table 19. In the 12 months before enrolling in the Healthy Michigan Plan, was there any time when you didn't get the health care you needed? (n=2058)	N	%
No	1323	64.3%
Yes	714	34.7%
{If yes} Why didn't you get the care you needed? (n=714) *		
You were worried about the cost	592	82.9%
You did not have health insurance	462	64.7%
Your plan wouldn't pay for the treatment	53	7.4%
The doctor or hospital wouldn't accept your insurance	37	5.2%
You couldn't get an appointment soon enough	37	5.2%
You didn't have transportation	20	2.8%
Other	109	15.3%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Table 20. Before you enrolled in the Healthy Michigan Plan, about how long had it been since you had a primary care visit? (n=2057)	N	%
Less than 1 year before HMP	842	40.9%
1-5 years	768	37.3%
More than 5 years	412	20.0%
Do not know	33	1.6%

Primary Care Utilization in Past 12 months

The majority of survey respondents indicated that in the past 12 months of HMP enrollment there is a place they usually go when they need a checkup, feel sick, or want advice about their health. The doctor’s office was the most common place respondents went to for health care in the 12 months enrolled in HMP and just 1.7% reported the emergency room. 58.0% of respondents who usually go to a doctor’s office or clinic for health care reported that this is not the same place they went prior to HMP enrollment. Among respondents who reported going to a doctor’s office or clinic for their health care, most respondents said this was their primary care provider (PCP) through their HMP coverage. Of those respondents who chose urgent care or the emergency room as their usual place for care while enrolled in HMP, 29.0% of respondents said they did not have a PCP through HMP. Among those respondents who used urgent care or the emergency room as their usual place of care and who had a PCP through their HMP coverage, 51.9% chose their provider and 46.2% said their plan assigned one. 88.7% of respondents who reported having a PCP reported seeing their PCP in the 12 months enrolled in HMP. For survey respondents who reported not seeing their PCP in the 12 months enrolled in HMP, the most common reason for not going was that they were healthy and did not need to see a provider. 91.4% of respondents who had seen their PCP reported talking about things they can do to be healthy and prevent medical problems. 86% of respondents with a PCP through their HMP coverage said it was easy or very easy to get an appointment to see their PCP. For those who said it was difficult or very difficult to schedule an appointment, the most common reason for this difficulty was not getting an appointment soon enough.

Table 21. In the last 12 months, is there a place you usually go when you need a checkup, feel sick, or want advice about your health? (n=2058)	N	%
NA – did not need care	24	1.2%
No	86	4.2%
Yes	1947	94.6%
{If yes} What kind of a place was it? A clinic, doctor's office, urgent care or walk-in clinic, emergency room, or other place? (n=1947)		
Doctor’s office	1455	74.7%
Clinic	328	16.5%
Urgent care or walk-in clinic	93	4.8%
Emergency Room	33	1.7%
Other Place	37	1.9%
{If response was Doctor’s office or Clinic} Is this the same place where you went before you enrolled in Healthy Michigan? (n=1783)		
Yes	749	42.0%
No	1034	58.0%
And is this your primary care provider for your Healthy Michigan Plan Coverage? (n=1783)		
Yes	1717	96.3%

No	58	3.4%
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Among those who reported that the place they usually go for care is not their PCP or who indicated that their usual place of care is an urgent care/walk-in clinic or the ER:

Table 22. Do you have a primary care provider through your Healthy Michigan Plan coverage? (n=341)	N	%
Do Not Know	17	5.0%
No	99	29.0%
Yes	225	66.0%
{If yes} Did you choose your primary care provider or did your plan assign you to one? (n=104)		
Chose my primary care provider	54	51.9%
Plan assigned my primary care provider	48	46.2%
Do not know	2	1.9%

Among those who reported having a PCP through their Healthy Michigan Plan coverage:

Table 23. Have you seen your primary care provider in the past 12 months? (n=1939)	N	%
Yes	1720	88.7%
{If Yes} Did you and your primary care provider talk about things you can do to be healthy and prevent medical problems? (n=1720)		
Yes	1572	91.4%
No	141	8.2%
In the last 12 months, how easy or difficult was it to get an appointment to see your primary care provider? (n=1719)		
Very easy	741	43.1%
Easy	737	42.9%
Neutral	121	7.0%
Difficult	76	4.4%
Very difficult	42	2.4%
{If response was difficult or very difficult} What made it difficult? (n=118)*		
Could not get an appointment soon enough	88	74.6%
Inconvenient hours	28	23.7%
Could not get through on the telephone	11	9.3%
Transportation	4	3.4%
Other	52	44.1%
No	213	11.0%
{If No} Why Not? (n=213)*		
Healthy/did not need to see a doctor	125	58.7%
Could not get an appointment	17	8.0%
Transportation difficulties/ too far	11	5.2%

Do not like my PCP staff	9	4.2%
Do not like doctors in general	6	2.8%
See a specialist instead	5	2.3%
Inconvenient hours	4	1.9%
Other response	80	37.6%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Primary Care

A majority of respondents reported that their ability to get primary care through HMP is better compared to before HMP.

Table 24. Would you say that your ability to get primary care through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	1231	59.9%
Worse	46	2.2%
About the same	731	35.6%
Do not know	47	2.3%

Specialty Care

A majority of respondents reported that their ability to get specialist care through HMP is better compared to before HMP.

Table 25. Would you say that your ability to get specialist care through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	953	46.4%
Worse	88	4.3%
About the same	439	21.4%
Do not know	575	28.0%

Dental Care

About half of respondents reported that their ability to get dental care through HMP is better compared to before HMP.

Table 26. Would you say that your ability to get dental care through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	974	47.4%
Worse	132	6.4%

About the same	553	26.9%
Do not know	395	19.2%

Mental Health Care

While half of respondents did not know if their ability to get mental health care through HMP was better, worse, or about the same compared to before HMP, 25.1% said it was better.

Table 27. Would you say that your ability to get mental health care through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	516	25.1%
Worse	51	2.5%
About the same	440	21.4%
Do not know	1047	50.9%

Substance Use Treatment Services

85% of respondents did not know if their ability to get substance use treatment services through HMP was better, worse, or about the same compared to before HMP.

Table 28. Would you say that your ability to get substance use treatment services through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	151	7.3%
Worse	5	0.2%
About the same	151	7.3%
Do not know	1746	85.0%

Prescription Medication

A majority of respondents reported that their ability to get prescription medications through HMP is better compared to before HMP.

Table 29. Would you say that your ability to get prescription medications through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	1287	62.6%
Worse	60	2.9%
About the same	496	24.1%
Do not know	212	10.3%

Cancer Screening

While most respondents did not know if their ability to get cancer screening through HMP was better, worse, or about the same compared to before HMP, 28.3% said it was better.

Table 30. Would you say that your ability to get cancer screening through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	582	28.3%
Worse	12	0.6%
About the same	297	14.5%
Do not know	1164	56.6%

Prevention of Health Problems

A majority of respondents reported that their ability to get help staying healthy or preventing health problems through HMP is better compared to before HMP.

Table 31. Would you say that your ability to get help with staying healthy or preventing health problems through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	1084	52.7%
Worse	24	1.2%
About the same	656	31.9%
Do not know	291	14.2%

Birth Control/Family Planning

74.5% of respondents said they did not know if their ability to get birth control/family planning services through HMP is better, worse, or the about the same compared to before HMP.

Table 32. Would you say that your ability to get birth control/family planning services through the Healthy Michigan Plan is better, worse or about the same, compared to before? (n=2056)	N	%
Better	267	13.0%
Worse	9	0.4%
About the same	245	11.9%
Do not know	1531	74.5%

Access to Care in Past 12 months

24.2% of survey respondents reported that there was a time when they needed help or advice when their usual clinic or doctor’s office was closed. Among these respondents, 42.9% said they tried to contact their provider’s office after they were closed to get help for advice. Among those who tried to contact their provider’s office after it was closed, 56.4% said they were able to talk to someone. Among respondents who did not contact their provider’s office when they needed help or advice and their usual clinic was closed, the main reason for not contacting them was because it was closed.

15.7% of respondents said that in the past 12 months there was a time when they did not get the medical or dental care they needed. Of these respondents, most reported a reason other than the options supplied for not getting the medical or dental care they needed. Common reasons provided by those that chose “other” included specific treatments and/or procedures not being covered or not knowing if something was covered. Many respondents reported that dental procedures such as crowns and root canals are not covered and indicated that it was difficult to find a dentist who accepted their insurance. Among respondents who did not get needed care because they could not afford it, 61.8% reported dental care as the type of care they wanted.

Table 33. In the last 12 months was there a time when you needed help or advice when your usual clinic or doctor’s office was closed? (n=2035)	N	%
No	1536	75.5%
Yes	492	24.2%
{If Yes} In the most recent case, did you try to contact your provider’s office after they were closed to get help or advice? (n=492)		
Yes	211	42.9%
{If Yes} Were you able to talk to someone? (n=211)		
Yes	119	56.4%
No	91	43.1%
No	279	56.7%
{If No} Why didn’t you try to contact your provider’s office? (n=279)*		
It was closed	197	70.6%
I felt it was an emergency and went to ER/ called 911	47	16.8%
Decided to wait to see if condition resolved	14	5.0%
Unsure how to contact provider	3	1.1%
Other	82	29.4%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Table 34. In the last 12 months, was there any time when you didn’t get the medical or dental care you needed? (n=2033)	N	%
No	1702	83.7%
Yes	320	15.7%

{If Yes} Why didn't you get the care you needed? (n=320)*		
Your plan wouldn't pay for the treatment	104	32.5%
You were worried about the cost	87	27.2%
The doctor or hospital wouldn't accept your health insurance	64	20.0%
You couldn't get an appointment soon enough	40	12.5%
You didn't have transportation	18	5.6%
You didn't have health insurance	17	5.3%
Other	176	55%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Among individuals who did not get the care needed because of issues of affordability {plan would not pay for the treatment, worried about the cost, the doctor or hospital would not accept their health insurance, or they did not have health insurance}:

Table 35. Was there any time in the last 12 months when you needed or wanted any of the following but could not afford it? (n=191)*	N	%
Dental care (including check-ups)	118	61.8%
To see a specialist	41	21.5%
Prescription medication [not over the counter]	36	18.8%
A checkup, physical or wellness visit	24	12.6%
Mental health care or counseling	21	11.0%
Substance use treatment services	1	0.5%
None	16	8.4%
Other	36	18.8%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Emergency Room Use in Past 12 months

36.9% of survey respondents reported going to a hospital emergency room (ER) for care in the past 12 months. 86.2% of these individuals who went to the ER in the past 12 months felt that the problem needed to be handled in the ER. 30.0% of respondents with an ER visit in the past 12 months said they tried to contact their usual provider's office before going to the ER. Of those who contacted their provider, 73.5% reported talking to someone. Among respondents who contacted their provider's office before going to the ER, the most common reason for going to the ER was because the provider said to go. Among respondents who did not contact their provider before going to the ER: 18.4% arrived to the ER by ambulance, 71.9% went to the ER because it was the closest place to receive care, 16.0% went to the ER because they get most of their care at the ER, 69.5% felt the problem was too serious for a doctor's office or clinic, 64.1% reported their usual clinic was closed, and 25.3% said they needed to get care at a time and place that would not force them to miss school or work. Most survey respondents

reported that compared to before having HMP coverage, they are more likely to contact their usual doctor’s office before going to the ER.

Table 36. During the past 12 months, did you go to a hospital emergency room about your own health (whether or not you were admitted overnight)? (n=2050)		
	N	%
No	1287	62.8%
Yes	756	36.9%
{If Yes} Thinking about the last time you were at the emergency room, did you think your problem needed to be handled in the emergency room? (n=755)		
Yes	651	86.2%
No	93	12.3%
Do not know	10	1.3%
Thinking about the last time you were at the emergency room, did you try to contact your usual provider’s office to get help or advice before going to the emergency room? (n=755)		
No	526	69.7%
Yes	226	30.0%
{If Yes} Did you talk to someone? (n=226)		
No	60	26.5%
Yes	166	73.5%
{If Yes} Why did you end up going to the ER? (n=166)*		
Provider said to go to the ER	126	75.9%
Symptoms didn’t improve or got worse	21	12.7%
You couldn’t get an appointment soon enough	21	12.7%
Provider advice wasn’t helpful	8	4.8%
No response from the provider	3	1.8%
Other	52	31.3%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

For respondents who said that they did not contact their usual provider’s office to get help or advice before going to the emergency room:

Table 37. Which of these were true of this particular ER visit? (n=499)		
	N	%
You arrived by ambulance or other emergency vehicle		
Yes	92	18.4%
No	407	81.6%
You went to the ER because it’s your closest place to receive care		
Yes	359	71.9%
No	134	26.9%

Do not know	6	1.2%
You went to the ER because you get most of your care at the emergency room		
Yes	80	16.0%
No	417	83.6%
The problem was too serious for a doctor's office or clinic		
Yes	347	69.5%
No	141	28.3%
Do not know	11	2.2%
Your doctor's office or clinic was not open		
Yes	320	64.1%
No	151	30.3%
Do not know	27	5.4%
You needed to get care at a time that would not make you miss work or school		
Yes	126	25.3%
No	364	72.9%
Do not know	9	1.8%

Table 38. In general, compared to before you had the Healthy Michigan Plan, are you more likely, less likely, or about as likely to contact your usual doctor's office before going to the emergency room? (n=2048)	N	%
More likely	1381	67.4%
Less likely	142	6.9%
About as likely	448	21.9%
Do not know	70	3.4%

HMP Impact on Daily Activities

While most respondents indicated that the number of days they missed school in the past year was about the same compared to the 12 months before, 23.6% reported that they missed fewer days in the past year compared to the 12 months before. Among employed or self-employed respondents, a majority felt that getting health insurance through HMP helped them do a better job at work. Among respondents who were employed or self-employed, 23.0% reported changing jobs in the past 12 months. 34.4% of those who changed jobs in the past 12 months felt that HMP helped them get a better job while 43.1% disagreed. For those out of work for less than or more than a year, 57.7% of respondents felt that having HMP coverage has made them better able to look for a job. The majority of respondents indicated that this was about the same as the twelve months prior to this year. Two-thirds of respondents said that they get together with friends or relatives who live outside their home socially at least once a week. Most respondents reported that the amount they are involved with friends, family, and/or their community is about the same as prior to HMP enrollment.

Table 39. If a student: In the past 12 months, about how many days did you miss school because of illness or injury (do not include maternity leave)? (n=72)	N	%
0 days	41	56.9%
1-10 days	29	40.3%
11-365	2	2.8%
Compared to the 12 months before this time, was this more, less, or about the same? (n=72)		
More	3	4.2%
Less	17	23.6%
About the same	52	72.2%

Table 40. If employed or self-employed: In the past 12 months, about how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)? (n=1157)	N	%
0 days	557	48.1%
1-10 days	456	39.4%
11-365	128	11.1%
Do not know	16	1.4%
Compared to the 12 months before this time, was this more, less, or about the same? (n=1157)		
More	155	13.4%
Less	196	16.9%
About the same	783	67.7%
Do not know	21	1.8%

Table 41. If employed or self-employed: Has getting health insurance through the Healthy Michigan Plan helped you do a better job at work? (n=1039)	N	%
Yes	694	66.8%
No	292	28.1%
Do not know	51	4.9%
Have you changed jobs in the last 12 months? (n=986)		
No	759	77.0%
Yes	227	23.0%
{If Yes} How much do you agree or disagree with the following statement: Having health insurance through the Healthy Michigan Plan helped me get a better job. (n=227)		

Strongly agree	15	6.6%
Agree	63	27.8%
Neutral	46	20.3%
Disagree	82	36.1%
Strongly disagree	16	7.0%
Do not know	5	2.2%

Table 42. If out of work for less than or more than a year: How much do you agree or disagree with the following statement: Having health insurance through the Healthy Michigan Plan has made me better able to look for a job (n=454)	N	%
Strongly agree	65	14.3%
Agree	197	43.4%
Neutral	82	18.1%
Disagree	62	13.7%
Strongly disagree	21	4.6%
Do not know	24	5.3%

Table 43. If homemaker, retired, or unable to work: In the past 12 months, about how many days did were you unable to do your activities because of illness or injury? (n=462)	N	%
0 days	124	26.8%
1-10 days	58	12.6%
11-365 days	244	52.8%
Do not know	36	7.8%
Compared to the 12 months before this time, was this more, less, or about the same? (n=462)		
More	75	16.2%
Less	83	18.0%
About the same	283	61.3%
Do not know	20	4.3%

Table 44. How often do you get together socially with friends or relatives who live outside your home? (n=2033)	N	%
Every day	265	13.0%
Every few days	501	24.6%
Every week	593	29.2%
Every month	448	22.0%
Once a year or less	206	10.1%
Since enrolling in the Healthy Michigan Plan are you involved with your family, friends or community more, less, or about the same? (n=2033)		

More	276	13.6%
Less	103	5.1%
About the same	1637	80.5%

Perspectives on HMP Coverage

97.7% of survey respondents agreed that it was very important for them personally to have health insurance, 70.2% of respondents agreed that they do not worry as much about something bad happening to their health since HMP enrollment, 89.7% of respondents agreed that HMP coverage has taken a lot of stress off of them, 84.1% of respondents agreed that without HMP coverage they would not be able to go to the doctor, and 90% of respondents agreed that having HMP coverage has helped them live a better life.

Table 45. For the following statements, tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
It is very important to me personally to have health insurance. (n=2047)	952 (46.5%)	1048 (51.2%)	20 (1.0%)	20 (1.0%)	2 (0.1%)
I don't worry as much about something bad happening to my health since enrolling in the Healthy Michigan Plan. (n=2046)	371 (18.1%)	1065 (52.1%)	201 (9.8%)	339 (16.6%)	45 (2.2%)
Having the Healthy Michigan Plan has taken a lot of stress off me. (n=2045)	597 (29.2%)	1237 (60.5%)	100 (4.9%)	94 (4.6%)	7 (0.3%)
Without the Healthy Michigan Plan, I wouldn't be able to go to the doctor. (n=2045)	614 (30.0%)	1107 (54.1%)	79 (3.9%)	212 (10.4%)	19 (0.9%)
Having the Healthy Michigan Plan has helped me live a better life. (n=2045)	521 (25.5%)	1319 (64.5%)	131 (6.4%)	53 (2.6%)	7 (0.3%)

Out-of-pocket Healthcare Spending Prior to HMP Enrollment

In the 12 months prior to HMP enrollment, 58.5% of survey respondents spent more than \$50 out-of-pocket for medical and dental care. 45.8% of respondents reported having problems paying medical bills in the 12 months prior to HMP enrollment. Of those who reported having problems paying their medical bills in the 12 months prior to HMP enrollment, the majority reported being contacted by a collections agency. Among those who were contacted by a collections agency, 29.4% thought about filing for bankruptcy and 18.4% of those respondents (51 people) actually filed for bankruptcy.

Table 46. During the 12 months BEFORE you were enrolled in the Healthy Michigan Plan, about how much did you spend out-of-pocket for your own medical and dental care? (n=2059)	N	%
Less than \$50	808	39.2%
From \$51-100	208	10.1%
From \$101-500	500	24.3%
From \$501-2,000	315	15.3%
From \$2,001-3,000	69	3.4%
From \$3,001-5,000	63	3.1%
More than \$5,000	48	2.3%
Did not know OR Refused	48	2.3%

Table 47. In the 12 months before enrolling in the Healthy Michigan Plan, did you have problems paying medical bills? (n=2058)	N	%
No	1102	53.6%
Yes	943	45.8%
{If Yes} Because of these problems paying medical bills, have you or your family been contacted by a collections agency? (n=943)		
No	296	31.4%
Yes	642	68.1%
Because of these problems paying medical bills, have you or your family thought about filing for bankruptcy? (n=943)		
No	661	70.1%
Yes	277	29.4%
{If Yes} Did you file for bankruptcy? (n=277)		
No	225	81.2%
Yes	51	18.4%

MI Health Account

About three-quarters of survey respondents reported receiving a MI Health Account statement.

Table 48. Have you received a bill or statement from the state that showed the services you received and how much you owe for the Healthy Michigan Plan? It's called your MI Health Account Statement. (n=2048)	N	%
Yes	1533	74.9%
No	440	21.9%
Do not know	75	3.7%

Out-of-pocket Healthcare Spending in Past 12 months

In the past 12 months, the majority of respondents reported spending less than \$50 for their own medical or dental care. Among survey respondents who previously had problems paying their medical bills {in the 12 months prior to HMP}, most felt that since enrolling in HMP, their problems paying medical bills have gotten better.

Table 49. During the last 12 months, about how much did you spend out-of-pocket for your own medical and dental care? (n=2059)	N	%
Less than \$50	1257	61.0%
From \$51-100	251	12.2%
From \$101-500	353	17.1%
From \$501-2,000	113	5.5%
From \$2,001-3,000	13	0.6%
From \$3,001-5000	4	0.2%
More than \$5,000	8	0.4%
Did not know OR Refused	60	2.9%

Among those who reported having difficulty paying for medical bills in the 12 months prior to HMP enrollment:

Table 50. Since enrolling in Healthy Michigan, have your problems paying medical bills gotten worse, stayed the same, or gotten better? (n=943)	N	%
Gotten worse	26	2.8%
Stayed the same	90	9.5%
Gotten better	818	86.7%

Information Seeking Behaviors

Among respondents who reported receiving a MI Health Account statement, 88.7% agreed that they carefully review each statement to see how much they owe, 87.8% agreed that the statements help them be more aware of the cost of health care, 54.6% disagreed that the information in the statement led them to change some of their health care decisions, and 57.3% agreed that the amount they might have to pay for prescriptions influences their decisions about filling prescriptions.

Among all survey respondents, 72.1% reported being somewhat or very likely to find out how much they might have to pay for a health service before going to get the service, 67% reported being somewhat or very likely to talk with their doctor about how much different health care options would cost them, 77.4% reported that they were somewhat or very likely to ask their

doctor to recommend a less costly prescription drug, and 76.1% reported that they were somewhat or very likely to check reviews or ratings of quality before choosing a doctor or hospital.

Table 51. For the following statements, tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know
I carefully review each MI Health Account statement to see how much I owe. (n=1538)	414 (26.9%)	951 (61.8%)	48 (3.1%)	102 (6.6%)	12 (0.7%)	9 (0.6%)
The MI Health Account statements help me be more aware of the cost of health care. (n=1536)	354 (23.0%)	995 (64.8%)	65 (4.2%)	92 (6.0%)	11 (0.7%)	18 (1.2%)
Information I saw in a MI Health Account statement led me to change some of my decisions about health care. (n=1534)	69 (4.5%)	373 (24.3%)	213 (13.9%)	781 (50.9%)	56 (3.7%)	40 (2.6%)
The amount I might have to pay for my prescription influences my decisions about filling prescriptions. (n=2047)	321 (15.7%)	851 (41.6%)	155 (7.6%)	580 (28.3%)	70 (3.4%)	67 (3.3%)

Table 52. Please tell me how likely you are to do the following.	Very likely	Somewhat likely	Somewhat unlikely	Unlikely	Do not know
Find out what you might have to pay for a health service before you go to get it. (n=2037)	880 (43.2%)	589 (28.9%)	252 (12.4%)	267 (13.1%)	46 (2.3%)
Talk with your doctor about how much different health care options would cost you. (n=2035)	761 (37.4%)	602 (29.6%)	301 (14.8%)	314 (15.4%)	53 (2.6%)
Ask your doctor to recommend a less costly prescription drug. (n=2034)	1025 (50.4%)	549 (27.0%)	170 (8.4%)	232 (11.4%)	54 (2.7%)
Check reviews or ratings of quality before choosing a doctor or hospital. (n=2034)	982 (48.3%)	565 (27.8%)	199 (9.8%)	223 (11.0%)	61 (3.0%)

Perspectives on Cost-Sharing

88.8% of survey respondents agreed that the amount they have to pay for HMP coverage seems fair, 90.6% of respondents agreed that the amount they pay for HMP coverage is affordable, and 74.5% of respondents agreed that they would rather take some responsibility to pay something for their health care than not pay anything.

Table 53. For the following statements, tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know
The amount I have to pay overall for the Healthy Michigan Plan seems fair. (n=2048)	566 (27.6%)	1254 (61.2%)	75 (3.7%)	72 (3.5%)	11 (0.5%)	66 (3.2%)
The amount I pay for the Healthy Michigan Plan is affordable. (n=2048)	563 (27.5%)	1293 (63.1%)	64 (3.1%)	61 (3.0%)	13 (0.6%)	50 (2.4%)
I'd rather take some responsibility to pay something for my health care than not pay anything. (n=2048)	362 (17.7%)	1164 (56.8%)	170 (8.3%)	257 (12.5%)	38 (1.9%)	45 (2.2%)

Challenges Using HMP Coverage

16.1% of survey respondents reported that they had questions or problems using their HMP insurance. Among those who had questions or problems, half reported getting help. The most commonly reported sources of help were from someone at the doctor's office and an option outside of the provided responses. Among those who reported an option other than the ones provided, common responses were getting help from a case worker or someone at the pharmacy. 71.8% of those who reported receiving help said that they got an answer or solution to their question. Most respondents did not report feeling judged or treated unfairly by medical staff in the past 12 months because of their race or because of how well they spoke English; however, 12.9% of respondents felt judged or treated unfairly by medical staff in the past 12 months because of their ability to pay for care or the type of health insurance they had.

Table 54. Have you had any questions or problems using your Healthy Michigan Plan insurance? (n=2048)	N	%
No	1715	83.7%
Yes	329	16.1%
{If Yes} Did anyone give you help or advice? (n=329)		
No	163	49.5%
Yes	163	49.5%
{If Yes} Who helped you? (n=163)*		
Someone at my doctor's office	47	28.8%
Health Plan Hotline (Toll free # on back of health plan card)	42	25.8%
Helpline (undistinguished)	25	15.3%
HMP Beneficiary Hotline (Toll free # on the back of the MiHealth card)	24	14.7%
Friend/relative	5	3.1%
Community health worker (Promotora)	4	2.5%
Other	57	35.0%
Did you get an answer or solution to your question(s)? (n=163)		
Do not know	2	1.2%
No	44	27.0%
Yes	117	71.8%

**Respondents were able to choose more than one response for this question; As a result, percentages may exceed 100%.*

Table 55. Now, thinking about all of the experiences you have had with health care in the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of your race or ethnic background? (n=2032)	N	%
Yes	58	2.9%
No	1953	96.1%
Now, thinking about all of the experiences you have had with health care in the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of how well you speak English? (n=2032)		
Yes	41	2.0%
No	1968	96.9%
Now, thinking about all of the experiences you have had with health care in the last 12 months, have you ever felt that the doctor or medical staff judged you unfairly or treated you with disrespect because of your ability to pay for care or the type of health insurance you have? (n=2032)		
Yes	262	12.9%
No	1735	85.4%
Do not know	31	1.5%

Knowledge and Understanding of HMP Coverage

The majority of respondents reported rarely or never needing help reading instructions, pamphlets, or other written material from a doctor, pharmacy or health plan. Survey respondents were asked about whether or not HMP covers certain healthcare services in order to gauge their understanding of their health care coverage. 17.4% of survey respondents did not know if HMP covers dental visits, 26.6% of survey respondents did not know if HMP covers eyeglasses, 40% of respondents did not know if HMP covers counseling for mental or emotional problems, and 41.6% of respondents did not know if only generic medicines were covered by HMP.

Table 56. How often do you need to have someone help you read instructions, pamphlets, or other written material from a doctor, pharmacy or health plan? (n=2057)	N	%
Never	1556	75.6%
Rarely	190	9.2%
Sometimes	175	8.5%
Often	49	2.4%
Always	86	4.2%

Table 57. I'm going to make some statements about your health plan. If you think the statement is correct, say "yes." If you think it is incorrect, say "no." If you don't know, say "don't know". Don't worry if you don't know the answer - the state is just trying to understand what people know about Healthy Michigan Plan.	N	%
My Healthy Michigan Plan covers routine dental visits. (n=2040)		
Yes	1616	79.2%
No	68	3.3%
Do not know	354	17.4%
My Healthy Michigan Plan covers eyeglasses. (n=2040)		
Yes	1337	65.5%
No	159	7.8%
Do not know	542	26.6%
My Healthy Michigan Plan covers counseling for mental or emotional problems. (n=2040)		
Yes	1179	57.8%
No	42	2.1%
Do not know	817	40.0%
Only generic medicines are covered by my Healthy Michigan Plan. (n=2040)		
Yes	751	36.8%
No	437	21.4%
Do not know	849	41.6%

Knowledge and Understanding of HMP Cost-Sharing Requirements

Survey respondents were asked questions to gauge their understanding of cost-sharing requirements within HMP. 47.7% of respondents did not know if contributions were charged monthly regardless of health care use, 56.1% of respondents did not know if there was a limit/maximum on the amount they can pay in copays or contributions, 51.8% of respondents did not know if they could be disenrolled from HMP for not paying their bill, 60.1% of respondents did not know if they could get a reduction in the amount they pay for completing the HRA, and 78.4% of respondents said that some kinds of visits, tests, and medicines have no copays.

Table 58. I'm going to make some statements about your health plan. If you think the statement is correct, say "yes." If you think it is incorrect, say "no." If you don't know, say "don't know". Don't worry if you don't know the answer - the state is just trying to understand what people know about Healthy Michigan Plan.	N	%
Contributions are what I am charged every month for Healthy Michigan Plan coverage even if I do not use any health care. (n=2040)		
Yes	570	27.9%
No	493	24.2%
Do not know	973	47.7%
There is no limit or maximum on the amount I might have to pay in copays or contributions. (n=2038)		
Yes	435	21.3%
No	457	22.4%
Do not know	1143	56.1%
I could be dropped from the Healthy Michigan Plan for not paying my bill. (n=2038)		
Yes	678	33.3%
No	302	14.8%
Do not know	1055	51.8%
I may get a reduction in the amount I might have to pay if I complete a health risk assessment. (n=2038)		
Yes	589	28.9%
No	220	10.8%
Do not know	1225	60.1%
Some kinds of visits, tests and medicines have no copays. (n=2038)		
Yes	1598	78.4%
No	73	3.6%
Do not know	364	17.9%

APPENDIX

Healthy Michigan Voices Survey OPERATIONALIZED VERSION – Use for Programming the CATI System

First of all, I'd like to confirm that I'm talking with the right person.

I have you born in [DOB MonthYear autofilled] Is that correct? **Record info**_____

I have you listed as enrolled in [plan auto-filled] Is that correct? Yes/No
[If not the same] Do you know the name of your health plan now? **Record info**_____

And you first enrolled in the Healthy Michigan Plan in about [HMP first month/year autofilled].
Does that sound about right? **Record info**
[If not the same – establish first month]

For these first few questions, I am going to ask you to think back to the 12 months before you enrolled in the Healthy Michigan Plan.

1. During the 12 months BEFORE you enrolled in the Healthy Michigan Plan, did you have any type of health insurance at any time? Yes/No

If YES:

- a) Did you have health insurance for: all 12 mos, 6-11 mos, Less than 6 months; Not at all.
- b)
- c) What type of health insurance did you have? Was it:
 1. Private insurance provided through a job or union
 2. Private insurance purchased by you or someone else
 - a. If YES: Was this insurance purchased on the healthcare.gov exchange?
 - i. If YES: Did you receive a subsidy?
 3. Medicaid, MiChild, or other state health program that pays for health care
 4. Veterans Administration or VA care
 5. Some other type of insurance
 - CHAMPUS, TRICARE
 - Medicare
 - County health plan
 - Other: **Record info**_____

2. **During the 12 months BEFORE you were enrolled** in the Healthy Michigan Plan, about how much did you spend out-of-pocket for your own medical and dental care? **Record** \$_____ / don't know

If DON'T KNOW: I'll read some categories, and you stop me when I get to the amount: less than \$50, from \$51-100, \$101-500, \$501 to \$2,000, \$2,001 to \$3,000, \$3,001 to \$5,000, or more than \$5,000?

Prompt if questions/difficulty answering: (1) Your best estimate is fine. (2) Include anything paid for prescription drugs, co-payments, insurance premiums and deductibles. Do not include anything paid by your health insurance.

3. **In the 12 months BEFORE enrolling** in the Healthy Michigan Plan, did you have problems paying medical bills? Yes/No

If YES:

Because of these problems paying medical bills, have you or your family...

a) Been contacted by a collections agency? Yes/No

b) Thought about filing for bankruptcy? Yes/No

If YES: Did you file for bankruptcy? Yes/ No

c) **Since enrolling in Healthy Michigan**, have your problems paying medical bills gotten worse, stayed the same, or gotten better?

4. **In the 12 months BEFORE enrolling** in the Healthy Michigan Plan, was there a place that you usually would go for a checkup, when you felt sick, or when you wanted advice about your health? Yes/No / Don't know/NA-didn't need care

a) **If YES** What kind of a place was it? a clinic, doctor's office, urgent care or walk-in clinic, emergency room, or other place _____

INTERVIEWER NOTE: If respondent says there was more than one place: "Think about the place you went most often. What kind of place was it."

5. **In the 12 months BEFORE enrolling** in the Healthy Michigan Plan, was there any time when you didn't get the *health care* you needed? Yes/No

If YES: Why didn't you get the care you needed?

If not already described: I'm going to read some options; let me know if any apply to you.

- You were worried about the cost
- You did not have health insurance
- The doctor or hospital wouldn't accept your health insurance
- Your health plan wouldn't pay for the treatment
- You couldn't get an appointment soon enough
- You didn't have transportation

Now I'm going to ask about your recent experiences getting health care – while you have been enrolled in the Healthy Michigan Plan.

8. **In the last 12 months**, is there a place you usually go when you need a checkup, feel sick, or want advice about your health? Yes/ No/ Don't know/NA – haven't gotten care

If YES to 8

- a) What kind of a place was it? a clinic, doctor's office, urgent care/walk-in clinic, emergency room, other

INTERVIEWER NOTE: If respondent says there was more than one place: "Think about the place you went most often. What kind of place was it."

If clinic or doctor's office:

- b) Is this the same place than where you went **before you enrolled** in Healthy Michigan? Yes/No
c) And is this your **primary care provider** for your Healthy Michigan Plan Coverage? Yes/No

If YES then SKIP to Q9

IF Q8=URGENT CARE/WALK-IN, EMERGENCY ROOM, N/A no care OR if Q8C=No

9. Do you have a **primary care provider** through your Healthy Michigan Plan coverage? Yes/No

If YES:

- a. Did you choose your primary care provider or did your health plan assign you to one? Chose /Plan assigned

10. **If YES to 8c or 9a:** Have you seen your primary care provider in the past 12 months? (Yes/ No/Don't know)

If NO: Why have you NOT seen your primary care provider? (**open-ended, check all that apply**)

- Healthy/didn't need to see doctor
- Couldn't get appointment
- Transportation difficulties/too far
- Don't like doctor/staff
- See a specialist instead
- Inconvenient hours
- Don't like doctors in general
- **Record other response** _____

If YES to Q10:

- a) Did you and the primary care provider talk about things you can do to be healthy and prevent medical problems? Yes/No/DK
b) **In the last 12 months**, when you felt sick or wanted advice about your health, how easy or difficult was it to get an appointment to see your primary care provider? Would you say: Very easy/Easy/Neutral/ Difficult/Very Difficult

If DIFFICULT OR VERY DIFFICULT:

- a) What made it difficult? (**open-ended, check all that apply**)

- Couldn't get through on the telephone
- Couldn't get an appointment soon enough
- Inconvenient hours
- Transportation
- Record other response _____

20. Before you enrolled in the Healthy Michigan Plan, about how long had it been since you had a primary care visit?

a) < 1 year [before HMP]

- 1-5 years
- >5 years

Now I'm going to ask about your health.

6. In general, would you say your health is: Excellent; Very Good; Good; Fair; OR Poor

7. Now thinking about your physical health, which includes physical illness and injury: for how many days during the past 30 days was your physical health not good? _____

11. Overall, since you enrolled in the Healthy Michigan Plan, would you say your physical health has gotten better, stayed the same, OR gotten worse?

12. Now thinking about your mental health, which includes stress, depression, and problems with emotions: for how many days during the past 30 days was your mental health not good?

13. Overall, since you enrolled in the Healthy Michigan Plan, would you say your mental and emotional health has gotten better, stayed the same, OR gotten worse?

14. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

15. Thinking about your dental health, since you enrolled in the Healthy Michigan Plan, has the health of your teeth and gums gotten better, stayed the same, OR gotten worse?

16. How tall are you without shoes? _____

17. How much do you weigh without shoes? _____

18. Compared to 12 months ago, how would you describe your weight? Have you lost weight; gained weight; or stayed about the same

19. How often do you need to have someone help you read instructions, pamphlets, or other written material from a doctor, pharmacy or health plan? Never /Rarely/Sometimes/Often/Always

21. Next I'm going to ask about different categories of health care. Tell me if your ability to get that type of care through the Healthy Michigan Plan is better, worse, or about the same, compared to before you had Healthy Michigan Plan. You can also say if you don't know, or if that type of care doesn't apply to you. The first one is primary care. Would you say that your ability to get primary care through the Healthy Michigan Plan is better, worse or about the same, compared to before.

- a) Primary care: better/worse/same; not applicable, don't know
- b) Specialist care: better/worse/same; not applicable, don't know
- c) Dental care: better/worse/same; not applicable, don't know
- d) Mental health care: better/worse/same; not applicable, don't know
- e) Substance use treatment services: better/worse/same; not applicable, don't know
- f) Prescription medications: better/worse/same; not applicable, don't know
- g) Cancer screening: better/worse/same; not applicable, don't know
- h) Help with staying healthy or preventing health problems better/worse/same; not applicable, don't know
- i) Birth control/ Family planning services better/worse/same, not applicable, don't know

22. Has a doctor or other health professional ever told you that you had any of the following?

- a) Hypertension, also called high blood pressure? Yes/No
- b) A heart condition or heart disease? Yes/No
- c) Diabetes or sugar diabetes (other than during pregnancy)? Yes/No
- d) Cancer, other than skin cancer? Yes/No
- e) A mood disorder, (For example, depression, anxiety, bipolar disorder)? Yes/No
- f) A stroke? Yes/No
- g) Asthma? Yes/No
- h) Chronic bronchitis, COPD or emphysema? Yes/No
- i) A substance use disorder? Yes/No
- j) Any other ongoing health condition that can be controlled but not cured? Yes/No If YES: What is the condition? _____

For each condition, if YES: Did you find out you had [autofill condition from Q22] before or after you enrolled in the Healthy Michigan Plan?

The next questions are about things people do that can affect their health. This is sometimes called a Health Risk Assessment

23. In the last 7 days, how many days did you exercise for at least 20 minutes? **Read categories if needed:** Every day; 3-6 days; 1-2 days; 0 days

24. In the last 7 days, how many days did you drink sugary drinks like soda or pop, sweetened fruit drinks, sports drinks, or energy drinks? (Do not include diet soda) **Read if needed:** Every day 3-6 days 1-2 days 0 days

25. In the last 7 days, how many days did you eat 3 or more servings of fruits or vegetables in a day? **Read if needed:** Every day 3-6 days 1-2 days 0 days

26. In the last 12 months, has a doctor, nurse, or other health professional talked with you about exercise? Yes/ No

27. In the last 12 months, has a doctor, nurse, or other health professional talked with you about diet and nutrition? Yes/ No

28. In the last 7 days, how many days did you have (autofill 5 or more for men, 4 or more for women) alcoholic drinks? **Read if needed:** Every day 3-6 days 1-2 days 0 days

If Q28=ANY RESPONSE OTHER THAN 0 days: In the last 12 months, has a doctor, nurse, or other health professional talked with you about safe alcohol use? Yes/No

29. In the last 30 days have you smoked or used tobacco? Yes /No

If YES: Do you want to quit smoking or using tobacco? Yes/No

If Yes Are you working on cutting back or quitting right now? Yes/No

a) In the last 12 months, did you receive any advice or assistance from a health professional or your health plan on HOW to quit smoking? Yes/No/Don't know

30. In the last 30 days, have you used drugs or medications to affect your mood or help you relax? This includes prescription drugs taken differently than how you were told to take them, as well as street drugs. Yes/No

If YES: How often? Almost every day/Sometimes/Rarely/Never

IF ALMOST EVERY DAY OR SOMETIMES: In the last 12 months, has a doctor, nurse, or other health professional talked with you about your use of these drugs or medications? Yes/N

31. Since July 1, 2015, have you had a flu vaccine? Yes/No

32. Many people answered these questions, called a Health Risk Assessment, either on the phone when they enrolled in the Healthy Michigan Plan, or at a primary care visit, or both. Do you remember completing the Health Risk Assessment? Yes/No/Don't know

If YES: What led you to complete it? _____ (open-ended, check any mentioned)

- PCP suggested
- Got it in mail – f/u Q:
- At enrollment on the phone – f/u Q:
- Gift card/money/reward
- Health plan suggested
- To save money on copays/cost-sharing
- To stay on top of my health (anything related to staying healthy)
- Other _____

If 32a response is “got it in mail” or “at enrollment on phone”:

b) Did you take the form to your primary care provider? Yes/No

For the following statements about the Health Risk Assessment, tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree.

33. I think doing the Health Risk Assessment was valuable for me to improve my health.

SA/A/N/D/SD

34. I think doing the Health Risk Assessment was helpful for my primary care provider to understand my health needs. SA/A/N/D/SD

35. I know what I need to do to be healthy, so the Health Risk Assessment wasn't that helpful.

SA/A/N/D/SD

36. After going through the Health Risk Assessment, or at a primary care visit, did you choose to work on a healthy behavior or do something good for your health? Yes/No/Don't know

INTERVIEWER NOTE: Prompt with: It could have been something like trying to exercise or eat better, quit smoking, get a flu shot, those types of things.

If YES: What did you choose to do? (open ended-check all mentioned)

<ul style="list-style-type: none"> • Exercise/activity • Nutrition/diet • Lose weight • Reduce/quit tobacco use • Flu shot • Reduce/quit alcohol consumption • Treatment for substance use disorder 	<ul style="list-style-type: none"> • Take medicine regularly • Monitor my blood pressure/blood sugar • Go to the dentist • Follow-up appointment for chronic disease • Other _____
--	---

b) Did your health care provider or health plan help you work on this healthy behavior? Yes/No/Don't know/NA-didn't need help

b) Was there help that you wanted that you didn't get? Yes/No/Don't know/NA

If YES: What help did you want that you didn't get? (open-ended; record)

37. Sometimes people need health care help or advice when their usual clinic or doctor's office is closed.

In the last 12 months was there a time when you needed help or advice when your usual clinic or doctor's office was closed? Yes/No

If YES: In the most recent case, did you try to contact your provider's office after they were closed to get help or advice?

If YES to a: Were you able to talk to someone? Yes/ No

If NO to Contact: Why didn't you try to contact your provider's office? (open-ended)

- It was closed
- I felt it was an Emergency and went to ER/called 911
- Decided to wait to see if condition resolved,
- Unsure how to contact provider;
- Other (record) _____

Emergency Department Use

38. **During the past 12 months**, did you go to a hospital emergency room about your own health (whether or not you were admitted overnight)? Yes/No **If 38=NO, skip to Q43**

39. Thinking about the last time you were at the emergency room, did you think your problem needed to be handled in the emergency room? Yes/No

40. Thinking about the last time you were at the emergency room, did you try to contact your usual provider's office before going to the emergency room? Yes/No

If 40=YES:

a) Did you talk to someone? Yes/No

b) Why did you end up going to the ER? **(open-ended, check any mentioned)**

- No response from the provider
- Provider said go to the ER
- Provider advice wasn't helpful
- Symptoms didn't improve or got worse
- You couldn't get an appointment soon enough
- Other **(record)** _____

If 40=NO

41. Which of these were true of this particular ER visit?

a) You arrived by ambulance or other emergency vehicle; (Yes/No/Don't know)

b) You went to the ER because it's your closest place to receive care; (Yes/No/Don't know)

c) You went to the ER because you get most of your care at the emergency room; (Yes/No/Don't know)

d) The problem was too serious for a doctor's office or clinic (Yes/No/Don't know)

e) Your doctor's office or clinic was not open (Yes/No/Don't know)

f) You needed to get care at a time that would not make you miss work or school (Yes/No/Don't know)

g) Any other reason you decided to go to the ER? **(record)** _____

42. Compared to before you had the Healthy Michigan Plan, are you (more likely, less likely, OR about as likely) to contact your usual doctor's office before going to the emergency room?

Now I'm going to ask you some questions about your Healthy Michigan coverage.

43. Have you had any questions or problems **using** your Healthy Michigan Plan insurance? Yes/No

INTERVIEWER NOTE: If questioned: Like knowing what provider you can go to, how much you have to pay, or whether something is covered.)

If YES: Did anyone give you help or advice? Yes/No

If YES: Who helped you? **(open-ended; mark anything mentioned)**

- Helpline (undistinguished)

- HMP Beneficiary Hotline (Toll free # on the back of the MiHealth card)
- Health Plan Hotline (Toll free # on back of health plan card)
- Friend/relative
- Community health worker (Promotora)
- Someone at my doctor's office
- Other (record) _____

Did you get an answer or solution to your question(s)? Yes/No

44. Have you received a bill or statement from the state that showed the services you received and how much you owe for the Healthy Michigan Plan? It's called your MI Health Account Statement. Yes/No/Not sure

INTERVIEWER NOTE: You should get one of these statements in the mail every few months, even if you don't owe anything. Do you remember anything like that?

If No/Not sure to Q45, SKIP to Q47

45. For the following statements, tell me if you strongly agree, agree, are neutral, disagree, or strongly disagree.

- a) I carefully review each MI Health Account statement to see how much I owe;
- b) The MI Health Account statements help me be more aware of the cost of health care;
- c) Information I saw in a MI Health Account statement led me to change some of my decisions about health care

46. *Still SA/A/N/D/SD.*

- a) The amount I have to pay overall for the Healthy Michigan Plan seems fair.
- b) The amount I pay for the Healthy Michigan Plan is affordable.
- c) I'd rather take some responsibility to pay something for my health care than not pay anything.
- d) It is very important to me personally to have health insurance.
- e) The amount I might have to pay for my prescription influences my decisions about filling prescriptions.
- f) Information about the healthy behavior rewards that I can earn has led me to do something I might not have done otherwise
- g) I don't worry as much about something bad happening to my health since enrolling in the Healthy Michigan Plan.
- h) Having the Healthy Michigan Plan has taken a lot of stress off me.
- i) Without the Healthy Michigan Plan, I wouldn't be able to go to the doctor.
- j) Having the Healthy Michigan Plan has helped me live a better life.

For these next statements about the Healthy Michigan Plan coverage and costs: if you think the statement is correct, say “yes.” If you think it is incorrect, say “no.” If you don’t know, say “don’t know”.

47. My Healthy Michigan Plan covers routine dental visits.
48. My Healthy Michigan Plan covers eyeglasses.
49. My Healthy Michigan Plan covers counseling for mental or emotional problems.
50. Only generic medicines are covered by my Healthy Michigan Plan .
51. Contributions are what I am charged every month for Healthy Michigan Plan coverage even if I do not use any health care.
52. There is no limit or maximum on the amount I might have to pay in copays or contributions.
53. I could be dropped from the Healthy Michigan Plan for not paying my bill.
54. I may get a reduction in the amount I might have to pay if I complete a health risk assessment.
55. Some kinds of visits, tests and medicines have no copays.
56. Please tell me how likely you are to do the following: The choices are very likely/somewhat likely/somewhat unlikely/very unlikely.
 - a) Find out what you might have to pay for a health service before you go to get it.
 - b) Talk with your doctor about how much different health care options would cost you.
 - c) Ask your doctor to recommend a less costly prescription drug
 - d) Check reviews or ratings of quality before choosing a doctor or hospital.
57. **In the last 12 months**, about how much did you spend out-of-pocket for your own medical and dental care? Record \$ _____ / don’t know

If DON’T KNOW: I’ll read some categories, and you stop me when I get to the amount you think is about right. less than \$50, \$51-100, \$101-500, \$501 to \$2,000, \$2,001 to \$3,000, \$3,001 to \$5,000; more than \$5,000

INTERVIEWER NOTE: (1) Your best estimate is fine. (2) Include anything paid for prescription drugs, co-payments, insurance premiums and deductibles. Do not include anything paid by your health insurance.

58. **In the last 12 months**, was there any time when you didn’t get the medical or dental care you needed? Yes/No

If YES:

- a) Why didn’t you get the care you needed? I’m going to read some options; let me know if any apply to you. **(Read all and code all that apply)**
 1. You were worried about the cost
 2. You did not have health insurance
 3. The doctor or hospital wouldn’t accept your health insurance
 4. Your health plan wouldn’t pay for the treatment

5. You couldn't get an appointment soon enough
6. You didn't have transportation
7. Other (record) _____

If YES to Q59a/1, 2, 3 or 4:

- b) Was there any time in the last 12 months when you needed or wanted any of the following but could not afford it?
 1. A checkup, physical or wellness visit; Yes/No.
 2. To see a specialist; Yes/No.
 3. Mental health care or counseling; Yes/No.
 4. Substance use treatment services; Yes/No.
 5. Prescription medication [not over the counter] Yes/No
 6. Dental care (including check-ups); Yes/No.

Next we have just a few questions about you.

59. What is your current job status. Are you currently...?
Employed or Self-employed; Out of work for 1 year or more; Out of work for less than 1 year; A Homemaker; A Student; Retired; Unable to work

If a STUDENT:

- a) **In the past 12 months...**about how many days did you miss school because of illness or injury (do not include maternity leave)? _____
- b) Compared to the 12 months before this time, was this more, less, or about the same?

If EMPLOYED/SELF-EMPLOYED, OR OUT OF WORK FOR LESS THAN 1 YEAR:

- c) **In the past 12 months...**about how many days did you miss work because of illness or injury (do not include maternity leave)? _____
- d) Compared to the 12 months before this time, was this more, less, or about the same?

If EMPLOYED/SELF-EMPLOYED:

- e) Has getting health insurance through the Healthy Michigan Plan helped you do a better job at work? Yes/No
- f) Have you changed jobs in the last 12 months? Yes/No

If YES: How much do you agree or disagree with the following statement: Having health insurance through the Healthy Michigan Plan helped me get a better job.SA/A/N/D/SD

If OUT OF WORK FOR LESS THAN OR MORE THAN A YEAR:

- g) How much do you agree or disagree with the following statement: Having health insurance through the Healthy Michigan Plan has made me better able to look for a job. Strongly agree/agree/neutral/disagree/strongly disagree

If A HOMEMAKER; RETIRED; UNABLE TO WORK:

- h) **In the past 12 months**...about how many days were you unable to do your activities because of illness or injury? _____
- i) Compared to the 12 months before this time, was this more, less, or about the same?
60. How often do you get together socially with friends or relatives who live outside your home? Every day/Every few days/Every week/Every month/Once a year or less
61. Since enrolling in the Healthy Michigan Plan, are you involved with your family, friends or community more/less/about the same?
62. Now, thinking about all of the experiences you have had with health care in the last 12 months, have you ever felt that a doctor or medical staff judged you unfairly or treated you with disrespect because of...
- a) Your race or ethnic background Yes/No/Don't know
- b) How well you speak English Yes/No/Don't know
- c) Your ability to pay for care or the type of health insurance you have Yes/No/Don't know
63. Are you Hispanic or Latino? Yes/No
64. Are you of Arab or Chaldean or Middle Eastern descent? Yes/No
65. What race or races do you consider yourself to be? **(open question, check all that they mention)**
1.White 2.Black or African American 3.American Indian or Alaska Native 4. Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian 5.Pacific Islander: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander
66. Are you...1. Married 2. Partnered, 3. Divorced, 4. Widowed, 4. Separated, 5. Never Married
67. Is anyone else in your household enrolled in the Healthy Michigan Plan? Yes/No
68. Are you a Veteran of the U.S. Military Armed Forces? Yes/No
69. Would you like to add anything else about the Healthy Michigan Plan?
Record response _____

Contact information

That's the end of the survey. Can you just confirm your address so we can send your gift card:
[AUTO FILL address]

You should receive the gift card in 1-3 weeks at that address.

We may be conducting a few follow-up surveys. Would you be willing to have us recontact you for those? We're just asking for contact information – you can decide at that time if you'd like to participate. Yes/No

If YES: I already have your mail address.

Is this the best phone number to call you? *Yes/Better number:* _____

Can this number get text messages? Yes/No

Is there an email address we can use you to contact you? _____

Thanks so much for talking with me today! Look for your gift card in 1-3 weeks.