



Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC)  
 Insure Oklahoma  
 Individual Plan (IP) Participant Evaluation Survey

1. Please check the box that best describes your O-EPIC IP eligibility category.
- Self-employed. How long have you been self-employed? \_\_\_\_\_
- No access to health coverage through employer
- Temporarily unemployed, looking for work. How long have you been looking for work? \_\_\_\_\_
- Disabled with ticket to work
2. Please check the box that best describes where you live.
- City (50,000+)  Town (2,500-50,000)  Rural (2,500 or less)
3. Please check the box that tells how old you are.
- 19 to 25 years old
- 26 to 40 years old
- 41 to 55 years old
- 56-65 years old
4. Please check the box that tells the highest level of education you've had.
- Some high school
- High school diploma or GED
- Some college
- College degree
- Some postgraduate or postgraduate degree
5. What type of work do you do? Please write your job or type of business on the line provided. \_\_\_\_\_
6. Including yourself, how many people live in your home? Please check the box or write in the number in the space provided.
- 1  2  3  4  5  more than 5, how many? \_\_\_\_\_
7. How did you hear about the O-EPIC Individual Plan?
- From your employer
- From a friend or co-worker (word of mouth)
- Newspaper, radio or TV ad
- Insurance agent
- Health care provider
- Other, please list: \_\_\_\_\_
8. How did you apply for O-EPIC?
- Online Application
- Paper Application
9. How long have you had O-EPIC IP coverage? \_\_\_\_\_ (months)

10. Did you have health insurance coverage before O-EPIC IP?
- YES. If YES, what type of coverage did you have?
- With employer
- Private insurance
- Spouse or family coverage
- NO. If NO, how long had you been without coverage before O-EPIC IP?
- Never had health insurance before
- Without coverage for less than 1 year
- Without coverage for from 1 to 5 years
- Without coverage for more than 5 years
11. Who or what convinced you to apply for O-EPIC IP coverage? Please check the best answer.
- O-EPIC coverage was affordable
- My spouse or family member
- Have a medical need
- Other (please describe): \_\_\_\_\_
12. How long did it take you complete the application ?
- 15 min or less  16-30 min  31-60 min
- 61-120 min  121 min or longer
13. In general, what do you think about the O-EPIC IP health plan?

| Very Bad                 | Bad                      | Okay                     | Good                     | Very Good                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questions 14 through 18 ask your opinion about some of the O-EPIC IP help or support services. Please check the box that best describes how you felt about each underlined part of the program or check N/A (not applicable) if you did not use that service.

14. Based on requests from last year's survey, OHCA worked to increase the number of primary care providers accepting O-EPIC IP participants. How easy was it for you to find 3 primary care providers (PCPs) in your area?

| Very Hard                | Hard                     | Okay                     | Easy                     | Very Easy                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. How helpful was the O-EPIC online provider directory?

| Very Unhelpful           | Not Helpful              | Neutral                  | Helpful                  | Very Helpful             | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. How helpful was the O-EPIC information brochure?

| Very Unhelpful           | Not Helpful              | Neutral                  | Helpful                  | Very Helpful             | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. How helpful was the O-EPIC member's handbook?

| Very Unhelpful           | Not Helpful              | Neutral                  | Helpful                  | Very Helpful             | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. How helpful was the O-EPIC Call Center?

| Very Unhelpful           | Not Helpful              | Neutral                  | Helpful                  | Very Helpful             | N/A                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. Please tell us what you would do to improve the O-EPIC application process.

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20. Please write any other comments or suggestions you have about the O-EPIC program.

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\_\_\_\_\_

21. OPTIONAL. Contact Information. If we may contact you for additional information or to possibly participate in discussions about the O-EPIC program, please write your contact information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Thank you for completing this important survey.