



MARKET DECISIONS

RESEARCH • INSIGHT • STRATEGY

Health Insurance Survey Questions Manual

UPDATED September, 2008

Prepared for:

**Vermont Department of Banking, Insurance, Securities and
Health Care Administration**

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I. Survey Lead-in Statement, Introduction, Respondent Selection

Interviewer persuader statement

We are doing this study on behalf of the Vermont Division of Health Care Administration to help the state learn more about the health insurance coverage of Vermont residents.

Your interview will count for a lot because your household represents many others in your community. For our results to be valid and useful, it is very important that we interview the people we select.

The study should take less than 20 minutes, depending on the size of your household. Your telephone number was randomly generated by a computer program.

All of the information you provide will be kept strictly confidential. Your answers will be combined with those of others WITHOUT your name or phone number.

If you would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 between 8 AM and 5 PM or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906 between 9 AM and 4 PM Monday through Friday. Or you can leave a voice mail message after hours.

Lead in statement

Q:LEAD

T:

Hello, I'm _____ calling for the Vermont Division of Health Care Administration. We are doing an important study to learn about health insurance coverage in Vermont.

Let me assure you that this is not a sales call, will you help us?

First, Is this a residence?

INTS READ AS NEEDED: your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 15 to 20 minutes depending on answers.

- 11 YES
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER
- 19 CONTACT ONLY
- 21 BUSINESS
- 23 LANGUAGE
- 25 INFIRM
- 27 GROUP QUARTERS, INSTITUTION (DORMS)
- 29 WRONG NUMBER
- 31 HANG UP
- 33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
- 88 WILL NOT HELP, HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

Information screen for interviewers

Q:INFOQ

T:

INFORMATION:

GENERAL RELUCTANCE

Your participation in this study is very important. We need to know more about health insurance coverage in Vermont to better guide state policy and programs. Will you help us by doing this study?

STUDY LENGTH

The study will take about 15 to 20 minutes, depending on the size of your household. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906. After hours you can also leave a voice mail message.

[ENTER <1> TO CONTINUE]I:

Q:RES1

T:

Is this a...

- 1 Private residence where SOMEONE lives at least 6 months of the year
- 2 Vacation residence or vacation rental?
- 3 An institutional residence?
- 4 A group home?

8 DK

9 REFUSED

Q:PHONE1

T:

Did I reach you on a cell phone?

IF YES ASK: IS THIS THE ONLY PHONE THAT YOUR HOUSEHOLD USES FOR TELEPHONE CALLS OR DO YOU ALSO HAVE A LANDLINE?

- 1 YES, CELL PHONE ONLY PHONE (CONTINUE)
- 2 YES, CELL PHONE BUT WE HAVE A LANDLINE (TERMINATE)
- 3 NO, NOT A CELL PHONE, LANDLINE (CONTINUE)

8 DK

9 REF

Q:SEL1

T:

I'd like to talk with the adult in the household who knows the most about the health insurance coverage and health care of the people living there. Is that you?

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY

- 8 DK
- 9 REF

Q:FND1

T:

Is there someone who can help you answer the question?

IF NO, GET A TIME WHEN THEY MIGHT BE AVAILABLE AND SCHEDULE A CALLBACK

- 1 YES
- 3 NO (CALLBACK)

- 8 DK
- 9 REF

Q:SELR

T:

Is this person available now?

- 1 YES (ASK RPH)
- 2 SPEAKING (ASK PH2)
- 3 NOT AVAILABLE NOW - SCHEDULE CALLBACK
- 4 OTHER
- 5 LANGUAGE
- 6 INFIRM
- 7 UNAVAILABLE DURING DATA COLLECTION

- 9 REF

Q:RPH

T:

Hello, I'm _____ calling for the Vermont Division of Health Care Administration. We are doing an important study to learn about health insurance coverage in Vermont.

Your participation counts for a lot because you represent many others in your community.

Do you have some time to answer some questions for me?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 15 to 20 minutes depending on answers.

- 1 YES
- 5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)
- 7 WANT MORE INFORMATION ABOUT STUDY

- 9 REF

Q:PH2
T:

Could you answer some questions for me now?

1 YES

5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

Statement of implied consent

Q:INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

- 1 PROCEED WITH STUDY
- 5 NOT A GOOD TIME, CALL BACK
- 9 REFUSED

Persuader statement for initial refusals

Q:PER

T:

We are doing this study on behalf of the Vermont Division of Health Care Administration to help the state learn more about the health insurance coverage of Vermont residents. Your interview will count for a lot because your household represents many others in your community.

The study will take about 15 to 20 minutes, depending on the size of your household.

Your telephone number was randomly generated by a computer program. All of the information you provide will be kept strictly confidential. Your answers will be combined with those of others.

If you would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906.

- 1 AGREES TO COOPERATE
- 3 NOT A GOOD TIME, CALL BACK
- 5 SOFT REFUSAL (RESPONDENT KNOWN)
- 6 SOFT REFUSAL (HOUSEHOLD)
- 7 HARD REFUSAL (RESPONDENT KNOWN)
- 8 HARD REFUSAL (HOUSEHOLD)
- 9 FINAL REFUSAL CONVERSION ATTEMPT

Message left on answering machine dispositions

Q:ANMACH

T:

INTS: LEAVE MESSAGE ON IDENTIFIED RESIDENTIAL ANSWERING
MACHINES
ON THE 1st, 3rd, and 7th ATTEMPTS.

Hello, my name is _____ and I am calling on behalf of the
Vermont Division of Health Care Administration. We are conducting an
important study to learn about health insurance coverage in Vermont.
Another interviewer will be contacting your household in the next few days.

If you have any questions about the survey or need to
verify it as legitimate, please feel free to call:
Dr. Brian Robertson at 1-800-293-1538, extension 102.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

- 1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE
- 2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

II. Household Level Information

Q:Q00

T:

First we need to know a little about your household.

PROMPT IF RELUCTANT:

We need this information to assure all Vermont residents are represented in the study.

Thank you for your patience.

ENTER <1> TO CONTINUE

Q:HHQ01 (Q2)

T:

In what Vermont County is your home located?

- 10 Addison
- 11 Bennington
- 12 Caledonia
- 13 Chittenden
- 14 Essex
- 15 Franklin
- 16 Grand Isle
- 17 Lamoille
- 18 Orange
- 19 Orleans
- 20 Rutland
- 21 Washington
- 22 Windham
- 23 Windsor
- 98 DK
- 99 REF

Q: HH01a (Q3)

T:

In what Vermont town or city is your household located?

[ASK FOR NEAREST TOWN FOR RURAL RESIDENTS].

| | | | |
|-------------------|---------------|------------------|-------------------|
| 10 BARRE CITY | 27 GEORGIA | 44 MOUNT HOLLY | 61 SO. BURLINGTON |
| 11 BARRE TOWN | 28 GRANVILLE | 45 NEW HAVEN | 62 STOWE |
| 12 BELLOWS FALLS | 29 GREENSBORO | 46 NEWFANE | 63 STRAFFORD |
| 13 BENNINGTON | 30 HARDWICK | 47 NEWPORT CITY | 64 THETFORD |
| 14 BERLIN | 31 HIGHGATE | 48 NORTHFIELD | 65 WALLINGFORD |
| 15 BRAINTREE | 32 HINESBURG | 49 POULTNEY | 66 WATERBURY |
| 16 BRANDON | 33 HUNTINGTON | 50 RANDOLPH | 67 WEATHERSFIELD |
| 17 BRATTLEBORO | 34 JERICHO | 51 RICHMOND | 68 WESTMINSTER |
| 18 BURLINGTON | 35 JOHNSON | 52 READING | 69 WILLIAMSTOWN |
| 19 CHARLOTTE | 36 KILLINGTON | 53 ROCHESTER | 70 WILLISTON |
| 20 CHELSEA | 37 LOWELL | 54 ROCKINGHAM | 71 WILMINGTON |
| 21 COLCHESTER | 38 LUDLOW | 55 ROXBURY | 72 WINDSOR |
| 22 DANVILLE | 39 MANCHESTER | 56 RUTLAND | 73 WINOOSKI |
| 23 DOVER | 40 MILTON | 57 ST. ALBANS | 74 WORCESTER |
| 24 DUXBURY | 41 MONTGOMERY | 58 ST. JOHNSBURY | 95 OTHER |
| 25 ESSEX | 42 MONTPELIER | 59 SHAFTSBURY | 98 DK |
| 26 ESSEX JUNCTION | 43 MORRISTOWN | 60 SHELBURNE | 99 REFUSE |

Q: HH02 (Q4)

T:

What is your zip code?

INTS: ENTER LAST 4 DIGITS ONLY

5001-5999 ENTER NUMBER

8888 DK

9999 REF

Q: HH02a (Q5)

T:

How long have you lived in Vermont?

0 LESS THAN 1 YEAR

1 TO 97 ENTER NUMBER OF YEARS

98 DON'T KNOW

99 REF

Q:HH03

T:

Do you own or rent your current home?

- 1 OWN
- 2 RENT

- 8 DK
- 9 REF

Q:HH04 (Q7)

T:

How many telephone numbers do you have in your household?

IF MORE THAN ONE:

Do not include cell phones UNLESS this is the only phone you have OR numbers used for computers, faxes or modems.

How many of these are residential numbers?

IF RESPONDENT ONLY HAS CELL PHONE, CODE AS 1.

- 1 TO 6 ENTER NUMBER OF LINES
- 7 7 OR MORE LINES

- 8 DON'T KNOW
- 9 REF

Q:HH05 (Q8, Q9)

T:

Was there anytime in the last 12 months that you did not have a working telephone for one week or longer? Please think about only phones in your house and not any cell phones you or others may have.

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK IF YES TO HH05

Q:HH05a (Q8, Q9)

T:

For how many months of the past 12 months did you not have a working telephone for one week or longer?

0 LESS THAN ONE MONTH

1 - 12 ENTER NUMBER OF MONTHS

98 DK

99 REF

Identification of household members for survey questions

Q:HHCOMP

T:

Now I need to find out how many people live in your household. This includes family, boarders, roommates and anyone else who lives there most of the year. Including yourself, how many people are in your household?

INTS: Include those temporarily absent such as traveling, or in the hospital. DO NOT include those living elsewhere such as those on military duty or at school for more than 6 months of the year

INTS: IF 9 OR MORE ASK: Is this a dorm or some other type of group quarters where people live together who are not related?
CODE AS 11 IF YES

0 NO ONE

1 – 8 ENTER NUMBER

9 9 OR MORE

98 DK

99 REF

11 GROUP QUARTERS, INSTITUTE (TERMINATE)

Q:HHCMP1

T:

Please give me just the **FIRST NAMES** of the people who are living in your household. I'll ask for the names one at a time.

INTS: IF THEY ARE UNCOMFORTABLE ABOUT GIVING NAMES:
If you would prefer just give me a label that will allow you to identify each person when I ask questions about them.

[PRESS 1 TO CONTINUE]

Q:CNAME

T:

FOR 1ST PERSON

Please tell me the first name of the person who **OWNS/RENTS** this house or apartment. Let me know if this is you.

FOR OTHER PEOPLE

Please tell me (your name)/the name of the next member of the household.

IF ONLY ONE PERSON

ENTER 1 TO CONTINUE

ENTER NAME AS YOU ON NEXT SCREEN

IF THERE ARE MORE THAN 8 PEOPLE – ON THE 8th PERSON

For this survey, I will only be asking about 8 people in the household. Of those who you have not mentioned, who had the most recent birthday?

INTS: IF THE RESPONDENT IS NOT THE HEAD OF HOUSEHOLD THEN ALWAYS PUT THEM AS THE SECOND PERSON

FOR THE RESPONDENT ENTER THE NAME AS "YOU"

IF THERE ARE NO MORE PEOPLE THEN SELECT NO MORE PEOPLE

1 SELECT TO ENTER PERSON'S NAME

2 NO MORE PEOPLE

Q:HHNAME

T:

INTS: ENTER THE NAME OF THE PERSON HERE

INTS IF THIS IS THE RESPONDENT ENTER "YOU"

IF RELUCTANT: If you'd rather not give names, just provide some way that you can tell household members apart.

ENTER NAME AND PRESS ENTER:

III. Person Level Demographics

ASKED ABOUT EACH HOUSEHOLD MEMBER

Q:DEM01

T:

Next, I am going to ask a few questions about each member in the household.

[PRESS 1 TO CONTINUE]

I:

key 1

Q:GEND

T:

Are/is FILL NAME male or female?

[INTERVIEWER: CODE WITHOUT ASKING IF DISCERNABLE BY NAME OR VOICE FOR RESPONDENT.]

- 1 Male
- 2 Female

- 8 DK
- 9 REF

Q:AGE1

T:

And FILL NAME's age on her/his/your last birthday?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

- | | |
|---------|-----------------------|
| 0 | IF UNDER ONE YEAR OLD |
| 1 TO 96 | ENTER AGE OF PERSON |
| 97 | 97 OR GREATER |
| 98 | DK |
| 99 | REF |

ASK OF THOSE INDICATING DK OR REF TO AGE1

Q:AGE2

T:

We would like to have a rough age for people in the household. {Are/is you/she/he}

IF STILL DON'T KNOW ASK: Is this a child or an adult?

YOU WILL GO BACK TO AGE1 AND ENTER THE VALUE LISTED

[INTERVIEWER: READ LIST]

10 0 - 5 years old (ENTER 3)

11 6 - 13 years old (ENTER 9)

12 14 - 17 years old (ENTER 15)

13 18 - 23 years old (ENTER 20)

14 24 - 29 years old (ENTER 26)

15 30 - 39 years old (ENTER 35)

16 40 - 49 years old (ENTER 45)

17 50- 59 years old (ENTER 54)

18 60 - 69 years old (ENTER 65)

19 70 - 80 years old (ENTER 75)

20 80 - 89 years old (ENTER 85)

21 90 and older (ENTER 90)

98 DK

99 REF

ASK OF THOSE 16 AND OLDER

Q:MAR

T:

Are/is FILL NAME
(READ RESPONSES)

INT: CODE CIVIL UNIONS ARE CURRENTLY MARRIED

- 1 Currently married (PARTNER IN A CIVIL UNION)
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married
- 6 Member of an unmarried couple

- 8 DK
- 9 REF

ASK OF THOSE 18 AND OLDER

Q:EDU

T:

What was the highest grade in school that FILL NAME
have/has completed?

READ ONLY IF NECESSARY:

- 1 LESS THAN HIGH SCHOOL
- 2 HIGH SCHOOL/GED
- 3 SOME COLLEGE/JUNIOR COLLEGE/ASSOCIATES DEGREE/TECHNICAL DEGREE
- 4 4 YEAR COLLEGE (BACHELORS DEGREE)
- 5 GRADUATE DEGREE (MASTERS/MA, MS)
- 6 GRADUATE DEGREE (PHD/MD/JD)
- 8 DK
- 9 REF

ASK OF THOSE AGE 18-23

Q:INSCH1 (Q10a, Q10b)

T:

Is/Are FILL NAME

a full-time high school or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS
DEFINED BY THIS PERSON'S SCHOOL.]

1 YES

2 NO

8 DK

9 REF

Q:ETHN (ETHN)

T:

Is/Are FILL NAME Hispanic or Latino?

1 YES

2 NO

8 DK

9 REF

Q:RACEA-E (**ETHN**)

Which of the following would you say

is FILL NAME(r/s) race?

(READ RESPONSES - SELECT ALL MENTIONED BY RESPONDENT)

10 White

11 Black or African American

12 Asian

13 Native Hawaiian or Other Pacific Islander

14 American Indian, Alaska Native

95 Other (SPECIFY)

77 NO MORE

98 DK

99 REF

ASK OF THOSE INDICATING MORE THAN ONE RACE IN RACE05a-e

Q:RACE1 (ETHN)

T:

Which one of these groups would you say best represents your/his/her race?

10 White

11 Black or African American

12 Asian

13 Native Hawaiian or Other Pacific Islander

14 American Indian, Alaska Native

95 Other (SPECIFY)

98 DK

99 REF

IV. Family Unit Formation

Q:SETUNIT

T:

INTS THIS VARIABLE INITIALIZES THE FAMILY UNITS. IF THERE ARE PROBLEMS IN ASSIGNMENT AT THE END, YOU'LL COME BACK HERE AND GO THROUGH THE SECTION AGAIN

ENTER 1 TO CONTINUE

ASK OF ALL BUT THE HEAD OF HOUSEHOLD

Q:FAM1 (Q11)

T:

What is FILL NAME (r/s) relationship to FILL HEAD OF HOUSEHOLD ?

- 0 Head of household
- 11 Husband
- 12 Wife
- 13 Domestic partner/Civil Union Partner
- 14 Child, Son or Daughter - Own/Adopted
- 15 Stepchild
- 16 Foster Child
- 17 Grandchild
- 18 Parent
- 19 Mother-in-law/Father-in-law
- 20 Grandparent
- 21 Brother/Sister
- 22 Son-in-law/Daughter-in-law
- 23 Step parent
- 24 Step brother/step sister
- 25 Other Relative
- 26 Non Relative/Cohabitee/room-mate/renter
- 99 DK OR REF

**ASK OF THOSE 16+ INDICATING THEY WERE MARRIED
EXCEPT SPOUSE OF HEAD OF HOUSEHOLD**

Q:FAM2 (Q12a)

T:

Is/Are FILL NAME married to anyone who currently lives here
or to someone outside the household?

IF YES ASK: Which member of the household are they married to?

- | PERSON | AGE | GENDER (1=M 2=F) | MARRIED? (1 = YES) |
|--------|---|------------------|--------------------|
| 10 | PERSON 1 | | |
| 11 | PERSON 2 | | |
| 12 | PERSON 3 | | |
| 13 | PERSON 4 | | |
| 14 | PERSON 5 | | |
| 15 | PERSON 6 | | |
| 16 | PERSON 7 | | |
| 17 | PERSON 8 | | |
| 18 | PERSON MARRIED TO SOMEONE OUTSIDE THE HH | | |
| 77 | PERSON IS NOT MARRIED/MARRIED TO SOMEONE UNDER 16 | | |
| 98 | DK | | |
| 99 | REF | | |

ASK OF THOSE < 18 AND NOT CHILDREN OF THE PRIMARY FAMILY IN THE HOUSEHOLD

Q:FAM3 (Q14a)

T:

Is anyone living here the parent or guardian of FILL NAME ?

INTS: SOMEONE UNDER 18 CANNOT BE THE GUARDIAN
IF YES: Which member of the household?

- | PERSON | AGE |
|--|-----|
| 10 PERSON 1 | |
| 11 PERSON 2 | |
| 12 PERSON 3 | |
| 13 PERSON 4 | |
| 14 PERSON 5 | |
| 15 PERSON 6 | |
| 16 PERSON 7 | |
| 17 PERSON 8 | |
| 18 NO ONE IN HH IS THE PARENT/GUARDIAN | |
| 98 DK | |
| 99 REF | |

**ASK OF ALL CHILDREN WHO ARE NOT WARDS OF SOMEONE IN THE HH TO
FAM03 (any answer > 17)**

Q:FAM3a

T:

Who in the household is main person taking care of FILL NAME?

| PERSON | AGE |
|--------------------------------------|-----|
| 10 PERSON 1 | |
| 11 PERSON 2 | |
| 12 PERSON 3 | |
| 13 PERSON 4 | |
| 14 PERSON 5 | |
| 15 PERSON 6 | |
| 16 PERSON 7 | |
| 17 PERSON 8 | |
| 97 NO ONE IN HH TAKING CARE OF CHILD | |
| 98 DK | |
| 99 REF | |

Q:FAM5 (Q15a0)

T:

Just to verify these relationships...

INTS: READ RELATIONSHIPS BETWEEN MEMBERS OF HOUSEHOLD

PERSON UNIT AGE MARRIED (1=Y) REL

Head of Household

LIST WILL DISPLAY HERE OF RELATIONSHIPS

Is this correct?

1 YES

2 No

3 NEED TO CHANGE UNIT NUMBERS

ASK OF THOSE WITH MORE THAN ONE FAMILY UNIT

Q:UNITSCRN

T:

For the rest of the interview I'll ask you to give me health related information about everyone you listed.

If there is anyone in the household you think you couldn't answer these questions about, please let me know now.

INTS: SELECT MEMBERS RESPONDENTS INDICATED THEY ARE NOT FAMILIAR WITH.

10

11

12

13

14

15

16

17

97 NO MORE

18 FAMILIAR WITH EVERYONE

V. Insurance Coverage

Q:INS01

T:

The next questions will be about HEALTH INSURANCE. By this I mean any program or plan that pays any part of hospital and doctor bills. For example, Medicare or Medicaid programs including VHAP, PC Plus, or Dr. Dynasaur.

This also includes insurance you might get through an employer, a group or pay for on your own through companies like Blue Cross Blue Shield, MVP and CIGNA. It also includes Catamount Health.

IF NEEDED:

It includes health insurance that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and Medicaid that help pay medical bills.

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid

Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older, people who are blind or disabled, children, pregnant women and parents. Enrollees may be in programs such as traditional Medicaid, VHAP, or Dr. Dynasaur.

ENTER <1> TO CONTINUE

Q:INS02A-D

T:

Are/is FILL NAME covered by ANY type of health insurance?

IF YES ASK: Which of the following types of insurance is this person covered by?
(READ RESPONSES AND SELECT ALL MENTIONED)

IF STATE INSURANCE ASK: Is this private insurance provided through your employer, or state provided insurance?

- 10 Private health insurance (such as thru Employer, Blue Cross, MVP and Cigna)
- 11 Medicare
- 12 Medicaid
- 13 Dr. Dynasaur
- 14 Vermont Health Access Program or VHAP
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance (SPECIFY)

- 23 CATAMOUNT HEALTH
- 92 GREEN MOUNTAIN CARE
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 97 NO INSURANCE COVERAGE
- 98 DK/REF

Coverage Verification Variables

ASK OF ALL INDICATING NO INSURANCE, DK, OR REF TO INS02

Q:INS03

T:

You indicated FILL NAME is not covered by health insurance, is this correct?

INTS: USE AS NEEDED:

Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and Medicaid that help pay medical bills.

- 1 YES IS CORRECT - NOT COVERED BY INSURANCE
- 2 NO NOT CORRECT - IS COVERED BY INSURANCE

- 8 DK
- 9 REF

ASK OF THOSE INDICATING YES TO INS03

Q:INS03a (Q49b)

T:

Does anyone else pay for FILL NAME 's bills when they seek medical care?

IF YES ASK: who pays their medical expenses?
IF NO ASK: do you or other family members pay out of pocket?
Do you pay with your own money?

- 20 Workers compensation for specific injury/illness
- 21 Employer pays for bills, but not an insurance policy
- 22 Family member pays out of pocket for any bills
- 26 Pays out of pocket with their own money
- 27 Charity organizations, church
- 23 THROUGH HEALTH INSURANCE - ANY TYPE (GOTO INS02)
- 25 THROUGH FREE CLINICS, FREE MEDICAL SERVICES
- 95 OTHER (SPECIFY)

- 97 NONE NO MEDICAL BILLS
- 98 DK
- 99 REF

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH SSI, THROUGH THE STATE, THROUGH WELFARE, OR THROUGH DISABILITY TO INS02

Q:INS02a

T:

How did FILL NAME apply for or receive the health insurance through the state?

INTS: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY MEDICAID.

IF THEY MENTION THE MILITARY:

- SELECT 1 AND CODE AS 16 MILITARY IN INS02

IF THEY MENTION THEY ARE GETTING THROUGH A PRIVATE COMPANY OR MENTION THE NAME OF AN INSURANCE COMPANY

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY MENTION THEY GET INSURANCE AS A STATE EMPLOYEE, SPOUSE OR CHILD

OF STATE EMPLOYEE, OR AS A STATE RETIREE

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY DO NOT MENTION ANY OF THESE

- SELECT 2

1 WILL GO BACK AND CORRECT TYPE OF INSURANCE

2 NO THIS IS CORRECT/NO FURTHER INFORMATION

NOTE UNLESS THERE IS A CLEAR INDICATION OTHERWISE ALL CASES WHERE RESPONDENT INDICATES THEY GET COVERAGE THROUGH SSI WELFARE, THROUGH THE STATE, THROUGH DISABILITY WILL BE TREATED AS IF THEY ARE COVERED UNDER MEDICAID FOR THE REMAINDER OF THE SURVEY

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH GREEN MOUNTAIN CARE TO INS02

Q:INS02b

T:

Green Mountain Care is a family of low-cost and free health coverage programs for Vermonters and is offered by the state of Vermont and its partners. Green Mountain Care provides uninsured Vermonters with access to quality, comprehensive health care coverage at a reasonable cost. It is a program that is run by the state of Vermont

Some of the programs you may know - such as Medicaid, Dr. Dynasaur, and Vermont Health Access Plan (VHAP) some are new, like Catamount Health which includes Premium Assistance and Employer-Sponsored Insurance (ESI) Premium Assistance.

Do you know the specific program in which FILL NAME is enrolled? (IF YES: Which program?)

INTS: IF YES YOU WILL GO BACK TO INS02 AND CORRECT THERE.

IF NO ASK: IS IS PROVIDED THROUGH YOUR EMPLOYER? - CODE AS CATMOUNT IN INS02

- 1 YES THEY KNOW NAME OF SPECIFIC PROGRAM – (GOTO INS02)
- 2 DO NOT KNOW NAME OF SPECIFIC PROGRAM

Medicare and Medicaid Questions For Verifications

MEDICARE CHECK FOR THOSE 65 AND OLDER ASK OF ALL 65 AND OLDER WHO DID NOT INDICATE MEDICARE COVERAGE

Q:INS04

T:

I noticed that FILL NAME is 65 or older and you indicated this person was NOT covered by Medicare.

READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Is this correct?

- 1 YES – NOT COVERED BY MEDICARE
- 2 NO – PERSON IS COVERED BY MEDICARE

- 8 DK
- 9 REF

Medicare check to determine if private insurance is a Medicare supplement

ASK OF ALL 65 AND OLDER AND INDICATED COVERED BY PRIVATE INSURANCE

Q:INS05

T:

You indicated FILL NAME is covered by private insurance.
Is this private insurance policy a PRIVATE Medicare supplement such as Blue Cross Vermont Blue 65 or other plans that help cover expenses not paid by Medicare OR is this a separate private health insurance plan?

IF YES, ASK: What is the name of this Medicare supplement?

12 AARP

13 Blue Cross Vermont Blue 65

14 Medigap

15 MedPlus

20 Aetna

21 American Progressive

22 Banker's Life

23 Blue Cross

24 Cigna

26 Progressive

27 United Health Care

95 OTHER MEDICARE SUPPLEMENT (SPECIFY)

97 NO, THIS IS PRIVATE INSURANCE ONLY, NOT A SUPPLEMENT

98 DK/REF

IF A PERSON IS IDENTIFIED AS HAVING A MEDICARE SUPPLEMENT, WE ASK THEM THE SET OF QUESTIONS WE ALSO ASK THOSE WITH PRIVATE HEALTH INSURANCE (BEGINNING AT INSP06) TO GET ADDITIONAL INFORMATION ABOUT THE SUPPLEMENT

Medicare Verification

***ASK OF THOSE INDICATED COVERED BY MEDICARE
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND
YOUNGER THAN 65***

Q:INS06

T:

Just to verify, is **FILL NAME** covered by national MEDICARE,
or are they covered through the state's MEDICAID program which
also includes VHAP and Dr. Dynasaur or both Medicaid AND Medicare?

INTERVIEWERS READ TO RESPONDENTS AS NEEDED:

Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older, people who are blind or disabled, children, pregnant women and parents. Enrollees may be in programs such as traditional Medicaid, VHAP or Dr. Dynasaur.

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID
(Including Dr. Dynasaur/VHAP)
- 3 COVERED BY MEDICAID ONLY (Including Dr. Dynasaur/VHAP)

- 8 DK
- 9 REF

ASK IF THEY NOW INDICATE MEDICAID COVERAGE IN INS06 ASK:

Q:INS07

T:

Is FILL NAME covered by...?

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Program or VHAP

95 Some other type of insurance (SPECIFY)

92 GREEN MOUNTAIN CARE

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

98 DK/REF

Medicaid Verification

***ASK OF THOSE INDICATED COVERED BY MEDICAID
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE)
AND 65 AND OLDER***

Q:INS08

T:

Just to verify, is **FILL NAME** covered by the **STATE MEDICAID** program including **VHAP** or are they covered through the **NATIONAL MEDICARE** program for those 65 and older, or by both **MEDICAID** and **MEDICARE**?

INTERVIEWERS READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older and people who are blind or disabled. Enrollees may be in programs such as traditional Medicaid and Healthy Horizons

- 1 COVERED BY MEDICAID ONLY (INCLUDING VHAP)
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (INCLUDING VHAP)
- 3 COVERED BY MEDICARE ONLY
- 8 DK
- 9 REF

Follow-up MEDICARE Question to determine if they have a supplement

ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65 AND NOT INDICATING PRIVATE INSURANCE COVERAGE

Q:INS09

T:

Does FILL NAME have a PRIVATE Medicare supplement such as Blue Cross Vermont Blue 65 or a similar plan, to help cover expenses not paid by Medicare?

IF YES, ASK: What is the name of this Medicare supplement?

- 12 AARP
- 13 Blue Cross Vermont Blue 65
- 14 Medigap
- 15 MedPlus
- 20 Aetna
- 21 American Progressive
- 22 Banker's Life
- 23 Blue Cross
- 24 Cigna
- 26 Progressive
- 27 United Health Care
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)

- 97 NO MEDICARE SUPPLEMENT
- 98 DK/REF

IF A PERSON IS IDENTIFIED AS HAVING A MEDICARE SUPPLEMENT, WE ASK THEM THE SET OF QUESTIONS WE ALSO ASK THOSE WITH PRIVATE HEALTH INSURANCE (BEGINNING AT INSP06) TO GET ADDITIONAL INFORMATION ABOUT THE SUPPLEMENT

ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65

Q:INS09a

T:

Is FILL NAME enrolled in Medicare PART D prescription drug coverage plan?

PROMPT:

Medicare PART D prescription drug coverage is insurance that covers both brand-name and generic prescription drug. It is a federal program that went into effect in January 2006.

Everyone with Medicare is eligible for this coverage and you may have signed up when you first become eligible for Medicare.

For Medicare PART D you generally pay a monthly premium, a yearly deductible, and you will also pay a part of the cost of your prescriptions, including a copayment.

1 YES

2 NO

8 DK

9 REF

VI. Private Insurance

***ASK OF ALL INDICATED COVERED BY PRIVATE INSURANCE AND
IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE***

Q:INSP01

T:

Are the people you indicated above as covered by private health insurance
ALL covered under the SAME health insurance plan?

IF YES: Who is the policy holder for this plan?

IF NO: Which members of the household are policy holders
for a private health insurance plan?

INTS: PRIVATE HEALTH INSURANCE PLANS CAN BE PROVIDED THROUGH
AN EMPLOYER,
A GROUP OR ASSOCIATION, A RETIREMENT PLAN, A SCHOOL, OR
PURCHASED DIRECTLY

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87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER

96 NO MORE

97 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

***IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY
HOLDER AND ASK PRIVATE INSURANCE QUESTIONS***

***ASK OF ALL INDICATED AS POLICY HOLDERS AND
IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE***

Q:INSP02

T:

Next, I need to know which members of the household are covered by each of these private health insurance plans.

Who is covered under FILL NAME's policy?

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96 NO MORE
97 NO ONE IN HH
98 DK
99 REF

***IF DK OR REFUSE - TREAT EACH INDIVIDUAL AS A SEPARATE POLICY
HOLDER AND ASK PRIVATE INSURANCE QUESTIONS***

***VERIFY THAT ALL COVERED BY PRIVATE INSURANCE AS LINKED TO A
POLICY HOLDER***

ASK OF ALL INDICATED AS COVERED BY PRIVATE INSURANCE AND NOT LINKED TO A SPECIFIC POLICY FROM INSP02

Q:INSP02a

T:

The following household members do not have a policy holder listed for their private insurance:

Are any of these household members covered under _____ 's policy?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP03

T:

Is **FILL NAME** 's HEALTH INSURANCE provided through Blue Cross Blue Shield, MVP, CIGNA, The Vermont Health Plan, or some other company or employer plan?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

15 CIGNA

16 BLUE CROSS AND BLUE SHIELD (OF VERMONT)

17 CONNECTICUT GENERAL LIFE INSURANCE

18 MVP HEALTH PLAN

19 MVP INSURANCE COMPANY

20 THE VERMONT HEALTH PLAN (TVHP)

22 Aetna

24 Anthem, Anthem Blue Cross

27 CBA

32 Great West

36 United Health Care

95 OTHER PROVIDER (SPECIFY)

11 MEDICARE

80 MEDICARE SUPPLEMENT

12 MEDICAID, VHAP, DR DYNASAUR

81 CATAMOUNT HEALTH

93 THROUGH THE STATE, SOCIAL SERVICES SSI/WELFARE, DISABILITY

98 DK/REF

Q:INSP03a

T:

READ FIRST TIME:

For FILL NAME 's private health insurance, it is important that we have additional information about how your insurance works. Any information you give us from the insurance card will not identify individuals and will be kept strictly confidential.

What is the group number associated with this policy?

PROMPT: The group policy number is the number that your health insurance provider assigns all of the people who are covered under your type of policy

PROMPT: The group number can be found on the front of the card provided by the insurance company.

I can wait for you to get the card.

IF HESITANT: Please be assured that this information is confidential

ENTER POLICY NUMBER:

ENTER 8 for DK or 9 for REF

8 DK

9 REF

ASK OF THOSE INDICATING COVERAGE SOURCE IS BLUE CROSS OR MVP:

Q:INSP04

T:

Is this insurance provided through Vermont's Catamount Health Program?

PROMPT: Catamount Health is a new health insurance plan, offered in cooperation with the state of Vermont, by Blue Cross Blue Shield of Vermont and MVP Health Care. Catamount Health is part of Vermont's Green Mountain Care program.

Catamount Health provides comprehensive, quality health coverage at a reasonable cost no matter how much you earn. Depending on your income, you may even receive premium assistance.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP06 (Q25)

T:

Is 's plan provided through YOUR OR SOMEONE ELSE'S EMPLOYER?

This includes insurance coverage from an employer, and also through a labor union, through your business, a family business or farm, or some other employer based plan?

1 YES

2 NO

8 DK

9 REF

ASK IF THEY ARE INSURED THROUGH AN EMPLOYER

Q:INSP06a

T:

Is FILL NAME receiving premium assistance from the state of Vermont's of the Green Mountain Care program to help pay the cost of FILL NAME 's monthly premium?

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO INSP06a

Q:INSP06b

T:

How much does FILL NAME receive per month in premium assistance?

PROMPT: This would be a payment received each month

1 – 996 ENTER DOLLARS

998 DK

999 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSP09 (Q25)

T:

Is _____'s insurance provided through...
(READ RESPONSES)

PROMPT: IF THROUGH STATE, ASK: IS THIS THROUGH THE STATE'S
MEDICAID PROGRAM?

- 12 COBRA or a former employer,
- 13 A retirement plan,
- 14 A school, college, or university, or
- 15 Was the plan purchased directly or the premium paid out of pocket?
- 95 OTHER (SPECIFY)

- 92 DISABILITY
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE

- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP12

T:

Does FILL NAME 's health insurance plan cover at least some of the
cost of prescription drugs?

- 1 YES
- 2 NO, BUT HAVE OTHER COVERAGE
- 3 NO

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP20

T:

What is the monthly premium paid for FILL NAME 's health insurance?

PROMPT: The premium is the amount paid each month for health insurance coverage. This is the amount that would be taken out of a paycheck or the amount paid directly to the insurance company every month.

0 - 9996 ENTER NUMBER OF DOLLARS

9997 \$9997 OR MORE

9998 DK, UNSURE OF MONTHLY AMOUNT

9999 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP24

T:

Has the amount paid in premiums for PERSON's health insurance plan increased during the past year?

- 1 YES
- 2 NO
- 6 DO NOT PAY PREMIUM

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP25

T:

How much is the deductible for everyone covered under this health insurance? This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

IF LESS THAN \$500, READ: Is this the amount paid for medical care BEFORE the insurance begins to pay medical bills? The deductible is NOT the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions. This is usually based on a calendar year.

IF UNSURE:

The health insurance deductible will be listed in the materials provided to **FILL NAME** by their health insurance company.

- 0 NONE, NO DEDUCTIBLE

- 1 - 9996 ENTER NUMBER OF DOLLARS

- 9997 \$9997 OR MORE

- 9998 DK
- 9999 REF

ASK if RESPONDENT INDICATES YES TO INSP25

Q:INSP27

T:

Does this deductible cover...

(SELECT ALL MENTIONED)

- 1 FILL NAME 's Spouse
- 2 FILL NAME 's Children
- 3 Only FILL NAME

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP28

T:

What is the ANNUAL maximum amount FILL NAME would ever have to pay out-of-pocket each year? Out-of-pocket expenses may include co-payments for doctor and emergency room visits, coinsurance amounts for hospital care, deductibles.

IF UNSURE:

The out of packet maximum will be listed in the materials provided to FILL NAME by their health insurance company.

Is it possible for you to look at these materials and get the amount?

0 - 99996 ENTER NUMBER OF DOLLARS

99997 \$99997 OR MORE

99998 DK

99999 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP29

T:

Does FILL NAME have a Health Savings Account or HSA?

PROMPT: a health savings account is a tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The money in the account can only be spent for health care and can grow from year to year.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL SAYING YES TO INSP29

Q:INSP29A

How much did FILL NAME contribute to their HSA account during the past 12 months?

- 0 NONE
- 1-9996 ENTER AMOUNT
- 9997 \$9,997 OR MORE
- 9998 DK
- 9999 REF

Q:INSP16

T:

Using any number from 1 to 10 with 1 being the worst health plan ever and 10 being the best health plan ever, how would you rate this current plan?

1 WORST PLAN EVER

10 BEST PLAN EVER

98 DK

99 REF

Q:INSP16a

T:

Are there any benefits you feel are lacking from this health insurance coverage?

IF YES: What benefits are lacking?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING DK TO INSP20/22, INSP26, or INSP28

ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF VERMONT MEDICAID, VHAP, PC PLUS, DR. DYNASAUR, SSI, WELFARE, DISABILITY TO INSP03 – ASK FOR EACH PERSON LISTED UNDER POLICY

Q:INSP05

T:

Earlier you stated that FILL NAME 's insurance was provided through Through the state, through SSI, or through disability coverage.

Just to check again, is FILL NAME covered by...

(READ RESPONSES)

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Program or VHAP

10 Private health insurance

90 Some other type of insurance (SPECIFY)

96 CATAMOUNT HEALTH

92 GREEN MOUNTAIN CARE

98 DK/REF

VII. Insurance Follow-up Questions

Q:Q39

T:

Is anyone in your family also receiving benefits from SSI, a program for the aged, blind or disabled?

[IF YES: ASK: WHO IS ALSO RECEIVING BENEFITS FROM SSI?
SELECT ALL RESPONSES]

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96 NO MORE

97 NO ONE IS RECEIVING BENEFITS FROM SSI

98 DK

99 REF

A. MEDICAID/VHAP/DR. DYNASAUR FOLLOW-UPS

Q:Q42xdrd

T:

How much does your household pay in premiums EACH month for all children covered under Dr. Dinosaur.

PROMPT: A premium is the monthly payment you make for insurance regardless of whether you use it.

0 NONE, NO PREMIUM

1-997 ENTER DOLLARS:

998 DK

999 REF

Q:Q42x

T:

For these next questions, please think about the household members that are currently covered by state health insurance programs, such as Medicaid, VHAP, or Doctor Dynasaur.

ENTER <1> TO CONTINUE

ASK OF PERSON ENROLLED IN VHAP, Dr. DYNASUAR, OR GREEN MOUNTAIN CARE

ASK OF EACH HH WITH CHILDREN ON DR. DYNASAUUR PROGRAM

Q:Q42xdrd

T:

How much does your household pay in premiums EACH month for all children covered under Dr. Dynasaur.

PROMPT: A premium is the monthly payment you make for insurance regardless of whether you use it.

0 NONE, NO PREMIUM

1-997 ENTER DOLLARS:

998 DK

999 REF

Q:Q42x1

T:

How much does FILL PERSON pay in premiums EACH month for FILL PROGRAM?

PROMPT: A premium is the monthly payment you make for insurance regardless of whether you use it.

0 NONE, NO PREMIUM

1-997 ENTER DOLLARS:

998 DK

999 REF

ASK OF EACH PERSON ON ANY MEDICAID PROGRAM

Q:MC16

T:

How long ago did FILL NAME enroll in FILL PROGRAM and become eligible for benefits?

INTS: ROUND WEEKS TO THE NEAREST MONTH BY ROUNDING DOWN

1 Less than One Month Ago

2 ENTER PERIOD IN NUMBER OF MONTHS

3 ENTER PERIOD IN NUMBER OF YEARS

8 DK

9 REF

Q:MC16a

T:

1 – 97 ENTER NUMBER

98 DK

99 REF

***ASK OF ALL HOUSEHODL WITH ANY RESIDENT COVERED THROUGH -ANY
MEDICAID PROGRAM***

Q:Q42

T:

If state health insurance programs were no longer available for members of your household, would they be able to get private health insurance coverage?

PROMPT: State sponsored health insurance programs include Medicaid, Dr. Dynasaur and VHAP.

(READ RESPOMSES)

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably not
- 4 Definitely not

- 8 DK
- 9 REF

**ASK IF ANY PERSON IN HOUSEHOLD IS COVERED THROUGH ANY STATE
MEDICAID PROGRAM**

Q:Q43

T:

How did the family find out about state health insurance programs in Vermont? PROMPT: How else did you find out about the these programs?

- 54 ASSISTANCE DEPARTMENT, ASSISTANCE OFFICE
- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 32 EMPLOYER
- 52 GOVERNMENT OFFICE - GENERAL
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 10 MAIL, THROUGH THE MAIL
- 30 PERSON - FRIEND/FAMILY/WORD OF MOUTH/OTHER CHILDREN
- 23 RETAIL STORES
- 24 SCHOOL, CHILDREN'S SCHOOL
- 51 SOCIAL SERVICES
- 16 TELEPHONE, 800 NUMBER, CALL GREEN MTN CARE
- 31 TV/RADIO/NEWSPAPER ADVERTISEMENT
- 20 WEBSITE - GREEN MOUNTAIN CARE
- 33 WEBSITE - GENERAL, OWN RESEARCH
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 95 OTHER (SPECIFY)
- 98 DK/REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q44

T:

Where did the family actually apply for state health insurance?
At what location and which agency or organization?

PROMPT: Was there anywhere else? (MAY HAVE APPLIED AT MORE THAN ONE LOCATION)

- 54 ASSISTANCE DEPARTMENT, ASSISTANCE OFFICE
- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 32 EMPLOYER
- 52 GOVERNMENT OFFICE - GENERAL
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 10 MAIL, THROUGH THE MAIL
- 24 SCHOOL, CHILDREN'S SCHOOL
- 51 SOCIAL SERVICES
- 16 TELEPHONE, 800 NUMBER, CALL GREEN MTN CARE
- 31 TV/RADIO/NEWSPAPER ADVERTISEMENT
- 20 WEBSITE - GREEN MOUNTAIN CARE
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 90 APPLIED BUT WAS DENIED
- 95 OTHER (SPECIFY)
- 98 DK/REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q45

T:

Was there anything that made the family consider NOT enrolling members of the family in a state health insurance program?

PROMPT: Were there barriers that made you think about NOT enrolling those in the family that are currently enrolled in a state health insurance program?

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO Q45

Q:OQ45

T:

What were the barriers that made you consider NOT enrolling?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 10 CAN'T READ FORMS, TROUBLE READING FORMS
- 21 COST ISSUES, OUT OF POCKET COSTS, COULD NOT AFFORD
- 22 DENIED APPLICATION, SAID NOT QUALIFIED
- 11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
- 23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID
- 12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
- 13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
- 24 LOST APPLICATION, STAFF LOST APPLICATION
- 26 MEDICAID WON'T COVER SOME EXPENSES, COSTS
- 14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
- 15 QUESTIONS HARD TO ANSWER, UNDERSTAND
- 16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
- 17 STIGMA, SHAME OF APPLYING
- 18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
- 19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
- 30 ASSUMED APPROVALS WERE NEEDED FOR TREATMENT
- 31 ASSUMED THERE WERE DELAYS IN GETTING APPROVALS/APPOINTMENTS
- 32 NOT FAMILIAR WITH THE PROGRAM
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q46

T:

How easy was it to enroll in the state's health insurance programs?
Would you say it was..

IF NOT "EASY" ASK: Why do you say that? What could have been done to make the enrollment process easier?

- 1 Very Easy
- 2 Somewhat easy (SPECIFY)
- 3 Somewhat difficult, or (SPECIFY)
- 4 Very Difficult? (SPECIFY)

- 8 DK
- 9 REF

ASK IF SOMEWHAT EASY OR DIFFICULT TO Q46

Q:OQ46

T:

Why do you say that? What could have been done to make the enrollment process easier?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 10 CAN'T READ FORMS, TROUBLE READING FORMS
- 11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
- 12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
- 13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
- 14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
- 15 QUESTIONS HARD TO ANSWER, UNDERSTAND
- 16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
- 17 STIGMA, SHAME OF APPLYING/EMBARRASED TO APPLY
- 18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
- 19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q47

T:

Did your household experience any problems when enrolling in any state health insurance program?

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO Q47

Q:OQ47

T:

What were these problems?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED

10 CAN'T READ FORMS, TROUBLE READING FORMS

21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS

22 DENIED APPLICATION, SAID NOT QUALIFIED

11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND

23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID

12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH

13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE

24 LOST APPLICATION, STAFF LOST APPLICATION

25 LOST COVERAGE, NO LONGER HAVE MEDICAID

26 MEDICAID WON'T COVER SOME EXPENSES, COSTS

14 NEEDED HELP IN FILLING OUT APPLICATION FORMS

15 QUESTIONS HARD TO ANSWER, UNDERSTAND

16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP

17 STIGMA, SHAME OF APPLYING/EMBARRASSED TO APPLY

18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS

19 TOOK TOO LONG, TOO MUCH TIME TO APPLY

95 OTHER (SPECIFY)

98 DK

99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q49

T:

Has your household experienced any problems since they have been enrolled?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO Q49

Q:OQ49

T:

What were these problems?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED

10 CAN'T READ FORMS, TROUBLE READING FORMS

21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS

22 DENIED APPLICATION, SAID NOT QUALIFIED

11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND

23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID

12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH

13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE

24 LOST APPLICATION, STAFF LOST APPLICATION

25 LOST COVERAGE, NO LONGER HAVE MEDICAID

26 MEDICAID WON'T COVER SOME EXPENSES, COSTS

14 NEEDED HELP IN FILLING OUT APPLICATION FORMS

15 QUESTIONS HARD TO ANSWER, UNDERSTAND

16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP

17 STIGMA, SHAME OF APPLYING/EMBARRASSED TO APPLY

18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS

19 TOOK TOO LONG, TOO MUCH TIME TO APPLY

95 OTHER (SPECIFY)

98 DK

99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q48

T:

Based on your experiences, what could the state of Vermont have done to better communicate with your household about enrollment?

- 11 MAKE DIRECTIONS EASIER TO UNDERSTAND
- 27 ELIGIBILITY, BETTER INFORMATION, PUBLICIZE WHO IS ELIGIBLE
- 12 INCOME - CHANGE INCOME REQUIREMENTS
- 28 INFORM PEOPLE ABOUT ELIGIBILITY, WHO IS ELIGIBLE
- 29 INFORM PEOPLE ABOUT PROGRAMS, IN GENERAL
- 30 INFORMATION PROVIDE THROUGH SERVICE AGENCIES, SSI, DISABILITY, WIC
- 31 INFORMATION PROVIDE THROUGH DOCTORS, OTHER PROVIDERS
- 13 LANGUAGE DIFFICULTIES, OFFER FORMS IN OTHER LANGUAGES
- 14 HELP IN FILLING OUT APPLICATION FORMS, PAPERWORK
- 32 STAFF COMMUNICATION, RETURN CALLS, ANSWER QUESTIONS
- 16 STAFF, IMPROVE ATTITUDE, BETTER SERVICE,
- 33 STAFF NEEDS TO BE MORE UNDERSTANDING OF PEOPLE'S SITUATION
- 18 SIMPLIFY PAPERWORK, FORMS
- 19 REDUCE TIME TO PROCESS APPLICATION
- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

VIII. Questions of Those Who Are UNINSURED

ASK OF THOSE INDICATED AS UNINSURED IN INS02

Q:INSU01

T:

How long have/has FILL NAME been without health insurance coverage?

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 NEVER HAD HEALTH INSURANCE
- 98 DK
- 99 REF

Q:INSU02 (Q50)

T:

How does cost rate as the reason why FILL NAME is not currently covered by insurance? Would you say it is...

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 5 Not applicable (has insurance)

- 8 DK
- 9 REF

**ASK OF THOSE INDICATED AS UNINSURED IN INS02 AND
UNINSURED FOR 12 MONTHS OR LESS**

Q:INSU03A-D (Q51)

T:

What are the main reasons that FILL NAME is not currently covered by any government or private health insurance plan?

INTS: SELECT ALL MENTIONED BY RESPONDENT PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, DR. DYNASAUR, VHAP, PC PLUS: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB
- 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB
- 16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 28 PERSON CUT THEMSELV BACK TO PART TIME STATUS
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID, VHAP, DR DYN (SPECIFY)
- 24 DON'T NEED INSURANCE
- 29 NOT WORTH THE COST
- 95 OTHER (SPECIFY)
- 97 NONE
- 98 DK/REF

ASK IF PERSON INDICATED 12 MONTHS OR FEWER TO INSU01

Q:INSU05 (Q52, Q53)

T:

Earlier you indicated that FILL NAME had health insurance coverage during the past 12 months.

What type of health insurance coverage did have?

(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES - UP TO THREE RESPONSES]

- 10 Private health insurance through an employer or union
- 16 Private health insurance bought directly, paid out of pocket
- 11 Medicare
- 12 Medicaid
- 13 Dr. Dynasaur
- 14 Vermont Health Access Program or VHAP
- 23 Catamount Health
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance (SPECIFY)
- 97 NO INSURANCE COVERAGE
- 98 DK/REF

ASK IF PERSON INDICATED 12 MONTHS OR FEWER TO INSU01

Q:INSU06 (Q54)

T:

Approximately how many of the past 12 months was FILL NAME WITHOUT health insurance coverage? This can be from 1-12 months.

1 - 12 ENTER NUMBER

- 98 DK
- 99 REF

IX. Medicaid Awareness and Knowledge
Ask this section if there are 1 or more uninsured residents

Q:MCA01

T:

Next, I would like to ask a few questions about the State health insurance Programs which provides health insurance benefits.

How knowledgeable are you about Medicaid?
(READ RESPONSES)

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable

- 8 DK
- 9 REF

Q:MCA02

T:

How knowledgeable are you about the Vermont Health Access Plan, or VHAP?
(READ RESPONSES AS NEEDED)

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable

- 8 DK
- 9 REF

Q:MCA03

T:

How knowledgeable are you about Dr. Dynasaur?
(READ RESPONSES AS NEEDED)

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable
- 8 DK
- 9 REF

Q:MCA03a

T:

How knowledgeable are you about Green Mountain Care?

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable
- 8 DK
- 9 REF

Q:MCA03b

T:

How knowledgeable are you about Catamount Health?

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable
- 8 DK
- 9 REF

Q:MCA03c

T:

How knowledgeable are you about Catamount Health Premium Assistance?

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable

8 DK

9 REF

Q:MCA03d

T:

How knowledgeable are you about employer sponsored insurance premium assistance?

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable

8 DK

9 REF

Q:MCDESC

T:

As you may know, the state of Vermont offers health insurance programs for certain individuals and families with low incomes and resources.

The state resource for Medicaid and other programs offering health insurance is Green Mountain Care. Green Mountain Care is a family of low-cost and free health coverage programs for Vermonters

Some of the programs you may know - such as Dr. Dynasaur and Vermont Health Access Plan (VHAP) - and some are new, like Catamount Health which includes Premium Assistance and Employer-Sponsored Insurance (ESI) Premium Assistance.

If you would like more information about any of these programs, you can visit the Green Mountain Care website at www.greenmountaincare.org or reach them by telephone at 1-800-250-8247.

ENTER <1> TO CONTINUE

**ASK OF ALL HOUSEHOLDS UNLESS ALL HOUSEHOLD MEMBERS HAVE
MEDICAID**

Q:MCA04

T:

What are the reasons that members of the household have not enrolled in one of the State's Health Insurance Programs?

ENTER ALL MENTIONED BY RESPONDENT

PROBE FOR SPECIFICS AND DETAILS - ARE THERE ANY OTHER REASONS?

- 12 NOT FAMILIAR WITH THE MEDICAID PROGRAM
- 13 DON'T KNOW WHERE OR HOW TO APPLY
- 14 PROBABLY NOT ELIGIBLE DUE TO INCOME
- 15 TOO MUCH TROUBLE, PAPERWORK, LONG WAITING LIST
- 16 DON'T WANT TO BE ON PUBLIC ASSISTANCE
- 17 RARELY SICK
- 18 DON'T WANT OR NEED HEALTH INSURANCE
- 20 HAVE APPLIED AND NOW ENROLLED
- 21 COSTS TOO MUCH
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 24 PROBABLY NOT ELIGIBLE OTHER
- 31 LOST MEDICAID BECAUSE OF AGE
- 32 HAD COVERAGE BUT WAS DROPPED
- 33 I'M NOT DISABLED
- 34 SELF-EMPLOYED
- 35 Waiting to apply for Medicare
- 36 Doesn't cover enough, Dr. won't accept
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE Medicare, Military
- 92 WAITING FOR COVERAGE/ENROLLMENT THROUGH EMPLOYER
- 95 OTHER
- 97 NO REASON IN PARTICULAR
- 98 DK
- 99 REF

Q:MCA05

T:

In thinking about people in your household, have any or anyone in the household applied for any of the following programs during the past 12 months...

- 1 Medicaid
- 2 VHAP of Vermont Health Access Plan
- 3 Dr. Dynasaur
- 4 Catamount Health
- 5 Catamount Health Premium Assistance
- 6 Employer sponsored insurance premium assistance
- 7 NONE OF THESE
- 8 DK
- 9 REF

ASK IF ANY PROGRAM TO MCA05

Q:MCA05o

T:

Where did you or other household members enroll? At what location and through which agency or organization?

- 10 Department of Children and Families/AHS
- 11 Doctor, at office of health care provider
- 12 Green Mountain Care
- 13 Government office - general
- 14 Office of Vermont Health Access
- 15 Hospital
- 16 Health fair/community event
- 17 Insurance Provider
- 20 DEPARTMENT OF CHILDREN AND FAMILIES/AHS
- 21 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 22 MAIL, THROUGH THE MAIL
- 23 SCHOOL
- 24 SOCIAL SERVICES
- 25 WELFARE OFFICE, SOCIAL WELFARE, WIC, WIC OFFICE

- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK IF ANY PROGRAM TO MCA05

Q:MCA05a

T:

What happened with the application(s)?
are you...

(READ RESPONSES)

- 1 Still waiting to hear
- 2 The application was accepted
- 3 The application was denied
- 4 Just need to send in application
- 5 On waiting list
- 6 Costs too much
- 7 OTHER (SPECIFY)

- 8 DK
- 9 REF

Q:MCA06

T:

Based on what you know, what are the requirements for enrolling in the state's health insurance programs?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 INCOME, INCOME BASED, LOW INCOME
- 11 AGE, FOR CERTAIN AGES
- 12 NO INSURANCE PROVIDED BY EMPLOYER
- 14 CAN NOT HAVE PRIVATE INSURANCE, INSURANCE THROUGH EMPLOYER
- 15 NO OTHER INSURANCE IN GENERAL, UNINSURED
- 16 MUST BE A CITIZEN (BIRTH CERTIFICATE, PHOTO ID)
- 17 DISABLED, HAVE A DISABILITY
- 18 HAVE A BABY, HAVE A CHILD
- 22 MUST HAVE CHILDREN, DEPENDENTS
- 23 MUST BE PREGNANT
- 24 NO RESOURCES, NO ASSETS
- 26 WHETHER YOU CAN AFFORD PRIVATE INSURANCE
- 27 NO ACCESS TO ANY OTHER TYPE OF INSURANCE
- 28 BASED ON SIZE OF FAMILY
- 29 ON PUBLIC ASSISTANCE, FOOD STAMPS, SSI
- 30 HAVE HEALTH NEEDS, HEALTH CONCERNS
- 31 UNEMPLOYED
- 32 UNABLE TO AFFORD, PAY FOR MEDICAL CARE
- 13 MUST HAVE REASON WHY UNINSURED
- 19 FILLING OUT PAPERWORK
- 20 PROOF OF ADDRESS/ RESIDENCY STATUS
- 21 MUST BE UNINSURED
- 25 MUST BE WORKING
- 33 MUST PAY PREMIUM, PART OF COSTS

- 95 OTHER
- 98 DK, REF

***ASK OF ALL HOUSEHOLDS UNLESS ALL HOUSEHOLD MEMBERS HAVE
MEDICAID***

Q:MCA07

T:

Is there anything preventing household members from applying for
any of the state's health insurance programs?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO MCA07

Q:MCA07a

T:

What is preventing household members from applying?

- 10 COST, PREMIUMS
- 11 FORMS TOO COMPLICATED, DIFFICULT TO APPLY
- 12 ELIGIBILITY REQUIREMENTS - INCOME, INCOME TOO HIGH
- 13 NOT SURE OF ELIGIBILITY REQUIREMENTS
- 14 BUSY, NO TIME TO APPLY, TAKE TIME OFF WORK
- 15 WOULD NOT QUALIFY IN GENERAL
- 16 DO NOT HAVE ANY CHILDREN
- 17 PROBLEMS WITH STAFF, RUDE, HELP IN FILLING OUT FORMS
- 18 WOULD NOT GIVE MEDICAID TO ME, WOULD NOT QUALIFY
- 19 NEED MORE INFORMATION
- 20 STIGMA OF PUBLIC ASSISTANCE, RATHER NOT BE ON ASSISTANCE
- 21 APPLICATION WAS DENIED IN PAST
- 22 TOO MANY RESOURCES, ASSETS
- 23 HAVE TO BE A CITIZEN TO APPLY
- 24 UNAWARE OF PROGRAM/ HOW TO APPLY
- 25 AGE
- 26 WAITING LIST
- 30 HEALTH OR MEDICAL REASONS
- 31 RELIGIOUS OR PERSONAL REASONS
- 32 NOT MOTIVATED TO APPLY
- 33 WAITING FOR HEALTH INSURANCE THROUGH EMPLOYER

- 95 OTHER
- 96 ALREADY HAVE INSURANCE
- 97 NO NEED, DO NOT NEED INSURANCE
- 98 DK, REF

Q:MCA08

T:

If you wanted more information about enrolling in one of the state's health insurance programs, who would you talk to?

PROMPT: If you wanted more information which person, agency, or organization would you go to for information?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 CONTACT BY PHONE, 800 NUMBER - IN GENERAL
- 11 GO TO OFFICE, AGENCY OFFICE - IN GENERAL
- 12 SPEAK WITH DOCTOR, HOSPITAL, HEALTH CARE PROVIDER
- 13 ASK AGENCY TO SEND INFORMATION BY MAIL
- 14 TALK WITH CPA, ACCOUNTANT, LAWYER, BUSINESS SERVICE PROVIDERS
- 15 CONTACT STATE, STATE OFFICE, STATE AGENCY - IN GENERAL
- 16 ECONOMIC SERVICE DEPARTMENT, OFFICE
- 17 MEDICARE AGENCY, SOCIAL SECURITY OFFICE
- 18 INTERNET - GENERAL
- 20 SOCIAL SECURITY OFFICE
- 21 DEPARTMENT OF AGING
- 22 AGENCY OF HUMAN SERVICES
- 23 GREEN MOUNTAIN CARE – BY PHONE, IN PERSON
- 24 INTERNET - GREEN MOUNTAIN CARE SITE
- 27 DEPARTMENT OF HEALTH & HUMAN RESOURCES
- 28 MEDICAID AGENCY, MEDICAID PEOPLE
- 30 SOCIAL WELFARE OFFICE, COUNTY ASSISTANCE, VISIT, CONTACT
- 31 TALK TO FAMILY, FRIENDS
- 32 CHILD'S SCHOOL
- 33 EMPLOYER/ HUMAN RESOURCES
- 35 WIC OFFICE, PROGRAM
- 36 FAMILY SERVICES
- 37 TOWN, MUNICIPAL, COUNTY OFFICES
- 39 SOCIAL WORKER, CASE MANAGER
- 60 INSURANCE PROVIDERS/ AGENTS
- 61 ELECTED OFFICIALS; STATE REP., SENATOR
- 62 UNEMPLOYMENT OFFICES, CAREER LINK

- 95 OTHER
- 97 NO NEED FOR INFORMATION, HAVE OTHER INSURANCE
- 98 DK, REF

Q:MCA09

T:

Next, I'll list some places you might go to find out information about the state's health insurance programs

For each let me know how likely you would be to ask about enrolling yourself or someone in your family.

A health care provider such as a doctor or hospital staff?

Would you be..

(READ RESPONSES)

1 Very Likely

2 Somewhat Likely

3 Not Very Likely, or

4 Not at all likely to ask about enrolling?

7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE

8 DK

9 REF

Q:MCA10

T:

Your local office where you apply for assistance programs.

(READ RESPONSES AS NEEDED)

PROMPT: How likely would you be to ask _____ about the state's health insurance programs?

1 Very Likely

2 Somewhat Likely

3 Not Very Likely, or

4 Not at all likely to ask about enrolling?

7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE

8 DK

9 REF

Q:MCA11

T:

In-person at a local economic services division where you would apply for Health Care Assistance or by mail through the Health Access Eligibility Office.

PROMPT: How likely would you be to ask _____ about the state's health insurance programs?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at all likely to ask about enrolling?

- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
- 8 DK
- 9 REF

Q:MCA11a

T:

Your employer.

PROMPT: How likely would you be to ask _____ about the state's health insurance programs?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at all likely to ask about enrolling?

- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
- 8 DK
- 9 REF

Q:INSU09

T:

There are certain requirements based on age and income for eligibility to enroll one of the state's health insurance programs.

If members of your household were eligible to enroll in these programs how much interest would there be in enrolling members of the household? Would you say the household would be...

(READ RESPONSES)

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 4 Not at all interested

- 8 DK
- 9 REF

Q:MCA15

T:

How could the state better inform you and other Vermonters about its state health insurance programs and how to enroll in these programs?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 NEWS COVERAGE, NEWS STORIES, NEWS ARTICLES
- 11 PROVIDE INFORMATION TO HEALTH CARE PROVIDERS
- 12 FLYERS, POSTERS
- 13 BROCHURES OR PAMPHLETS
- 14 LETTER, SEND LETTER TO RESIDENTS DIRECTLY, BY MAIL
- 15 THROUGH MEDICARE, MEDICARE OFFICE
- 16 AT RESTAURANTS, COFFEE SHOPS, BUSINESSES WHERE PEOPLE GO
- 17 TELEVISION ADVERTISING
- 18 NEWSPAPER ADVERTISING
- 19 RADIO ADVERTISING
- 20 ADVERTISING IN GENERAL
- 21 COMMUNITY FORUMS, COMMUNITY MEETINGS
- 22 PROVIDE INFO, VISIT SCHOOLS, SEND INFO HOME WITH KIDS
- 23 TELEPHONE NUMBER, 800 NUMBER
- 24 PROVIDE INFORMATION AT, THROUGH LIBRARIES
- 25 ON-LINE, WEB SITE, EMAIL
- 26 INFORMATION ON TAX FORMS, DRIVERS LICENSE RENEWAL
- 27 PHONE BOOKS
- 28 SENIOR CENTERS
- 29 PUBLIC SERVICE ANNOUNCEMENTS
- 30 PROVIDE INFORMATION TO NON PROFIT ORGANIZATIONS
- 31 PROVIDE THROUGH EMPLOYERS
- 32 SOCIAL SECURITY OFFICE
- 33 UNEMPLOYMENT OFFICE/ CAREER LINK
- 34 SIMPLIFY APPLICATION PROCESS
- 35 PROVIDE THROUGH SOCIAL SERVICES OFFICES, HUMAN SERVICES
- 90 NEED TO PROVIDE INFO IN GENERAL, GET INFO OUT IN GENERAL
- 91 ALREADY HAVE INFORMATION I NEED
- 92 DOING GOOD JOB OF PROVIDING INFORMATION NOW
- 93 CHANGE ELIGIBILITY REQUIREMENTS - INCOME
- 94 CONTACT VIA PHONE, IN PERSON

- 95 OTHER
- 97 NO NEED TO LOOK FOR INFORMATION, ALREADY HAVE INFO I NEED
- 98 DK, REF

A. Catamount Health Follow-ups among uninsured adults
Ask this section if there are 1 or more uninsured adults

Q:CHINS01

T:

Through Green Mountain Care the state of Vermont offers comprehensive, reasonably priced health insurance for uninsured adults who qualify.

If adult members of your household were eligible to enroll in this program how likely would they be to actually enroll in such a health insurance program?

(READ RESPONSES)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 WOULD NEED TO KNOW MORE ABOUT COST, BENEFITS
- 8 DK
- 9 REF

Q:CHINS02

T:

If the uninsured adults were eligible for coverage, how likely would they be to enroll in this program if the monthly premium was \$400 per adult?

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 WOULD NEED TO KNOW MORE ABOUT BENEFITS
- 8 DK
- 9 REFF

Q:CHINS03

T:

How likely would they be to enroll if the monthly premium was \$200?

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 WOULD NEED TO KNOW MORE ABOUT BENEFITS
- 8 DK
- 9 REFF

Q:CHINS03a

T:

How likely would they be to enroll if the monthly premium was \$100?

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 WOULD NEED TO KNOW MORE ABOUT BENEFITS
- 8 DK
- 9 REFF

Q:CHINS03b

T:

How likely would they be to enroll if the monthly premium was \$60?

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 WOULD NEED TO KNOW MORE ABOUT BENEFITS
- 8 DK
- 9 REFF

Q:CHINS04

T:

Next I would like to ask you about possible reasons why the uninsured adults in the household have chosen not to enroll in this Program.

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

ENTER <1> TO CONTINUE

Q:CHINS04a

T:

I don't think we would be eligible for it because our employer offers health insurance.

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04b

T:

I don't think we would be eligible because my household makes too much money.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04c

T:

We would be concerned about being able to see the doctors or health care providers I want to.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04d

T:

Our household wouldn't want to be receiving government assistance.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04e

T:

The uninsured members of our household don't really need health insurance coverage.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04g

T:

Our household would worry that the costs would be too high.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

X. Interruptions in Coverage

ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

Q:INSW01 (Q57)

T:

Have/has FILL NAME been without coverage
anytime in the last 12 months?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE COVERED BY INSURANCE AND WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS

Q:INSW02 (Q57B)

T:

Approximately how many of the past 12 months was FILL NAME
WITHOUT health insurance coverage? This can be from 1-12 months.

1 TO 12 ENTER NUMBER

98 DK

99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:insw02a

T:

Was FILL NAME Without coverage at any time during the past 3 months?

1 YES

2 NO

8 DK

9 REf

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:insw02b

T:

Was FILL NAME without coverage at any time during the period from
4 to 6 months ago?

1 YES

2 NO

8 DK

9 REf

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:insw02c

T:

Was FILL NAME Without coverage at any time during the period from
7 to 9 months ago?

1 YES

2 NO

8 DK

9 REf

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:insw02d

T:

Was FILL NAME Without coverage at any time during the period from
10 to 12 months ago?

1 YES

2 NO

8 DK

9 REf

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:INSWC03A-E

T:

Why was FILL NAME without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, VHAP, DR. DYNASAUR: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB
- 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB
- 16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR VHAP/PC PLUS, MEDICAID, Dr. D (SPECIFY)
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:INSW04

T:

How long has FILL NAME been covered under their CURRENT health insurance?

1 TO 11 ENTER NUMBER

12 12 MONTHS

13 13 OR MORE MONTHS

98 DK

99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS
ASK IF COVERED LESS THAN 12 MONTHS**

Q:INSW05

T:

IF LESS THAN 12 MONTHS:

What type of health insurance coverage did FILL PERSON have prior to your current coverage during the past 12 months?

10 Private health insurance (Examples include Blue Cross, MVP and Cigna)

11 Medicare

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Plan or VHAP

23 Catamount Health

16 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)

92 GREEN MOUNTIAN CARE

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

97 NO INSURANCE COVERAGE

98 DK

99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS
ASK IF COVERED LESS THAN 12 MONTHS**

Q:INSW06

T:

Why did FILL PERSON change health insurance coverage?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB
- 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB
- 16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS
- 18 COST IS TOO HIGH, INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR VHAP, MEDICAID, Dr. Dyn.
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

XI. Loss of Insurance

ASK IF ANYONE IN HOUSEHOLD IS COVERED BY INSURANCE

Q:INSLO01 (Q27)

T:

Are you concerned that anyone in your household
may lose {your/his/her} coverage within the next 12 months?

IF YES ASK: Who are you concerned might lose coverage?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE, NOT CONCERNED

98 DK

99 REF

Q:INSLO02 (Q28)

T:

What are the reasons that there is a risk for losing health insurance coverage within the next 12 months?

[INTERVIEWER: ACCEPT ALL RESPONSES.]

IF NOT ELIGIBLE FOR MEDICAID, VHAP, DR> DYNASAUR: Why is this?

- 10 PERSON WITH HEALTH INSURANCE WILL LOSE JOB
- 11 PERSON WILL CUT BACK TO PART TIME
- 12 CURRENT EMPLOYER MAY STOP OFFERING HEALTH INSURANCE
- 25 PERSON WILL CHANGE EMPLOYERS AND MAY NOT BE ELIGIBLE FOR INSURANCE
- 26 PERSON WILL CHANGE EMPLOYERS AND NEW EMPLOYER MAY NOT OFFER INSURANCE
- 15 BENEFITS FROM FORMER EMPLOYER/COBRA WILL RUN
- 16 DIVORCE OR SEPARATION
- 17 WILL BECOME INELIGIBLE BECAUSE OF AGE - LEAVING SCHOOL
- 18 PREMIUM COST INCREASES
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR VHAP/PC PLUS, MEDICAID, Dr. D (SPECIFY)
- 24 WON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

XII. Dental and Vision Insurance

Q:INSD01

T:

Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS DENTAL INSURANCE

98 DK

99 REF

Q:INSV01

T:

Is anyone now covered by an insurance plan that pays for routine vision care including regular eye exams?

IF YES: Who is that?

PROMPT: This includes any coverage you may have through your health insurance or through a separate plan.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS VISION INSURANCE

98 DK

99 REF

XIV. Health Care Barriers

Q:EXP01

T:

Over the last 12 months, about how much has your household had to pay
OUT OF POCKET for:

Your family's prescription medications.

Please include all "out of pocket" expenses, regardless of who actually
pays for them, and also include any co-payments or coinsurance payments

PROMPT: Out of pocket expenses are the amount of money paid that is NOT
covered by any insurance or special assistance you might have. It DOES
NOT include the premium you may pay for your insurance coverage.

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

Q:EXP02

T:

Dental and Vision care.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? You best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

Q:EXP03

T:

All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? You best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

Q:HC01

T:

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

ENTER <1> TO CONTINUE

Q:HCB02 (Q59)

T:

Medical care from a doctor or surgery?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB04

T:

Mental health care or counseling?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB05 (Q59b)

T:

Dental care including checkups?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 96 NO MORE
- 97 NO ONE
- 98 DK
- 99 REF

Q: HCB05a

T:

A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 96 NO MORE
- 97 NO ONE IN HH
- 98 DK
- 99 REF

Q: HCB03 (Q60)

T:

Prescription Medicines?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get them because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB05c

T:

During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB06

T:

During the past 12 months, did anyone in the household receive any medical bill for more than \$500 that had to be paid out-of-pocket?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE

98 DK

99 REF

Q:HCB10

T:

During the last 12 months, were there times that there were problems paying for medical bills for anyone in your family ?

1 YES

2 NO

8 DK

9 REF

Q:HCB11

T:

In the last 12 months, was anyone in your family contacted by a collection agency about owing money for unpaid medical bills ?

1 YES

2 NO

8 DK

9 REF

Q:HCB12

T:

Over the last 12 months, did you or anyone in your family have to change their life significantly in order to pay medical bills?

1 YES

2 NO

8 DK

9 REF

Q:HCB13

T:

Have any of the following happened to your family because of medical bills ? You or others in the household were...

(READ AND SELECT ALL MENTIONED BY RESPONDENT)

1 Unable to pay for basic necessities like food, heat or rent

2 Used up all or most of savings

3 Had large credit card debt or had to take a loan or debt against the home

6 NO MORE

7 NONE OF THESE

8 DK

9 REF

ASK OF ALL

Q:HCB09 (Q64)

T:

To what extent are you concerned about
being able to afford prescription medicines?

[INTERVIEWER: READ LIST]

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not very concerned
- 4 Not concerned at all
- 8 DK
- 9 REF

Q:BA01

T:

Has anyone in the household ever delayed or not gotten care because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BA01

Q:BA01a

T:

What type of care did FILL NAME delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

Q:BA02

T:

Has anyone in the household ever gotten care at a hospital emergency room because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:BA03

T:

During the past 12 months, did anyone covered need but not get medical care from a doctor or surgery due to the amount of deductible required to be paid out of pocket?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE/NO ONE INSURED

98 DK

99 REF

Q:BA04

T:

During the past 12 months, did anyone need but not get diagnostic tests such as CAT scan, MRI, lab work, or x-ray that was recommended by a health care provider due to the amount of deductible required to be paid out of pocket?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE/NO ONE INSURED

98 DK

99 REF

**ASK IF ANY PERSON IN HOUSEHOLD COVERED BY MEDICAID, VHAP, DR
DYNASAUR**

Q:BAMC01

T:

Has anyone in your household ever delayed or not gotten care because they could not find or did not know a doctor or other health care provider who accepts Medicaid/VHAP/Dr. Dynasaur?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC01

Q: BAMC01a

T:

What type of care did FILL NAME delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

XIV. Doctor Visits and Location Receive Medical Attention

Q:DOCV01

T:

Next, I would like to ask you about doctors visits and medical care.
Within the past 12 months, about how many times
did **FILL NAME** see a doctor or health care provider about
your/his/her health, **NOT COUNTING** when you/he/she may have stayed
overnight in the hospital?

**INTS: THIS DOES NOT INCLUDE INSTANCES SUCH AS GETTING A FLU SHOT
THROUGH WORK OR CHECKING THEIR BLOOD PRESSURE AT THE
PHARMACY**

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01

Q:DOCV02

T:

How many of those visits were for strictly routine
checkups, that is when, **FILL NAME** were/was not sick?

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

Q:DOCV03

T:

Is there one kind of place that EVERYONE living in the household usually goes when they are sick or need medical attention OR do they typically go to different places?

INTS: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

- 1 YES, EVERYONE USUALLY GOES ONE PLACE
- 2 NO, GO TO DIFFERENT PLACES
- 3 NO ONE GOES TO THE DOCTOR

- 8 DK
- 9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:DOCV04

T:

What kind of place is this...
(READ RESPONSES)

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

- 10 A private doctor's office (or group practice)
- 11 Community health center (or clinic)
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (specify)

- 97 DO NOT GO ONE PLACE MOST OFTEN
- 98 DK
- 99 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:DOCV05

T:

Is this the same place EVERYONE goes when they need routine or preventive care, such as a regular check-up?

1 YES

2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION AND THEY SAY NO, DK, REF TO DOCV05

Q:DOCV06

T:

What kind of place do household members usually go when they need routine or preventive care, such as a regular check-up?

(READ RESPONSES)

10 A private doctor's office (or group practice)

11 Community health center (or clinic)

12 Hospital outpatient department,

13 Emergency room,

14 Walk-in or urgent care, or

15 Some other place? (specify)

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03

Q:DOCV07

T:

Is there a place that FILL NAME usually go/goes when you/he/she are/is sick or needs medical attention?

- 1 YES
- 2 NO, NO USUAL PLACE
- 3 YES, MORE THAN ONE USUAL PLACE
- 4 NEVER GO TO THE DOCTOR

- 8 DK
- 9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03

Q:DOCV08

T:

What kind of place do/does FILL NAME go most often...

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

READ RESPONSES

- 10 A private doctor's office (or group practice)
- 11 Community health center (or clinic)
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care, or
- 15 Some other place (specify)

- 97 DOES NOT GO ONE PLACE MOST OFTEN
- 98 DK
- 99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND

ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03

Q:DOCV09

T:

Is this the same place FILL NAME usually go/goes when you/he/she need(s) routine or preventive care, such as a regular checkup/well baby check-up?

1 YES

2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND

ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR TO DOCV03

Q:DOCV10

T:

What kind of place do/does usually go to when you/she/he needs routine or preventive care, such as a

FILL REGULAR CHECKUP/WELL BABY CHECKUP?

READ RESPONSES

10 A private doctor's office (or group practice)

11 Community health center (or clinic)

12 Hospital outpatient department,

13 Emergency room,

14 Walk-in or urgent care, or

15 Some other place? (specify)

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

Q:DOCV11

T:

Within the past 12 months, did anyone in the household stay overnight in a hospital?

IF YES ASK: Which members of the household stayed overnight in a hospital?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH STAYED OVERNIGHT IN A HOSPITAL

98 DK

99 REF

Q:DOCV12

T:

DURING THE PAST 12 MONTHS did you or anyone in the household seek medical care in a hospital emergency room for any reason?

PROMPT: Do not include any visits to walk in treatment centers.

IF YES ASK: Who was that?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH SOUGHT ER CARE

98 DK

99 REF

XV. Rx Expenses section

Q:RXU01

T:

How many different types of prescription drugs does FILL NAME take on a regular basis?

0 NONE

1 - 96 ENTER NUMBER

97 97 OR MORE

98 DK

99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS

Q:RXU02 (based on RX04 from 2000 survey)

T:

Which category best represents the amount that FILL NAME pays per month out of pocket for prescription drugs that FILL NAME uses on a regular basis?

(READ RESPONSES)

10 Less than \$50

11 \$50 to \$99

12 \$100 to \$199

13 \$200 to \$299

14 \$300 to \$399

15 \$400 to \$499

16 \$500 to \$599

17 More than \$600

18 ONLY KNOW HOW MUCH ANNUALLY (ASK RXU03)

98 DK

99 REF

**ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS AND I
PERSON CAN ONLY PROVIDE ANNUAL AMOUNT SPENT**

Q:RXU03

T:

How much does FILL NAME spend annually on
prescription drugs used on a regular basis?

10 \$10 or less

11 - 99996 ENTER DOLLAR AMOUNT

99997 \$99,997 OR MORE

8 DK

9 REF

XVI. General Health Status and Health Care Assessment

Q:HSTAT01 – SECTION INTRODUCTION

T:

Now, I'd like to ask several questions about the health of each member of your family.

PRESS 1 TO CONTINUE

Q:HSTAT02 (Q67)

T:

Would you say FILL NAME 's health, in general, is

[INTERVIEWER: READ LIST]

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor

- 8 DK
- 9 REF

Q:MAWD

T:

Is PERSON LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

XVII. Chronic Conditions

Q:QE1b

T:

Next I'm going to ask about several medical conditions.
Does anyone in the household currently have Asthma?

IF YES ASK: Who has asthma?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

ASK FOR EVERY PERSON IN THE HH WITH ASTHMA

Q:QE1ba

T:

Did a doctor say that FILL NAME has Asthma?

1 YES

2 NO

8 DK

9 REF

Q:QE1d

T:

Has anyone in the household ever been told by a doctor that they have diabetes or high blood sugar?

INTS: DO NOT INCLUDE PRE-DIABETES, POTENTIAL DIABETES, OR BORDERLINE DIABETES

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

ASK FOR EVERY PERSON IN THE HH WITH DIABETES AND FEMALE > 14

Q:QE1da

T:

Did _____ have diabetes or high blood sugar ONLY during pregnancy?

1 YES

2 NO

8 DK

9 REF

Q:QE1e

T:

Has anyone in the household ever been told by a doctor that they have high blood pressure or hypertension?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE1f

T:

Has anyone in the household ever been told by a doctor that they have high cholesterol?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE1g

T:

Has anyone in the household every been told by a doctor that they have Heart disease; such as hardening of the arteries, angina, congestive heart failure, or heart attach

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE1h

T:

Has anyone in the household ever been told by a doctor or other health care provider that they have depression?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE1i

T:

Has anyone in the household ever been told by a doctor that they have Lung Disease such as Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis or Emphysema?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE1j

T:

Has anyone in the household ever been told by a
doctor that they have cancer?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QE11

T:

Has anyone in the household ever been told by a doctor that they had a stroke?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH WITH CONDITION

98 DK

99 REF

XVIII. Employment

ASK OF THOSE 18 AND OLDER

Q:EMP01

T:

We are almost done with the survey.

This next series of questions is about jobs and employment.

PROMPT: Answers to these questions are important because they help us understand about health issues and sources of health insurance. Also, I want to emphasize that the information you provide will be kept confidential and will only be used in combined form.

[PRESS 1 TO CONTINUE]

ASK OF THOSE 18 AND OLDER

EMP02 (Q70)

Are/Is FILL NAME working, keeping house,
going to school, or something else?

IF ON VACATION ASK: Does this person generally work?

IF SOMETHING ELSE ASK:

Are/Is FILL NAME PRIMARILY unemployed, not at
your/his/her job temporarily, retired, disabled, unable to work,
or something else?

- 10 WORKING (INCLUDE THOSE ON VACATION)
- 11 KEEPING HOUSE
- 12 GOING TO SCHOOL
- 13 WITH A JOB, BUT NOT AT WORK TEMPORARILY
- 14 UNEMPLOYED, LAID OFF, LOOKING FOR WORK
- 15 RETIRED
- 16 DISABLED
- 17 UNABLE TO WORK

- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

**ASK OF THOSE 18 AND OLDER AND
GOING TO SCHOOL, KEEPING HOUSE, RETIRED, OTHER, DK, OR REF TO
EMP02**

Q:EMP03 (Q71)

T:

Do/Does FILL NAME typically work for pay?

1 YES

2 NO

8 DK

9 REF

Q:EMP04 (Q71a)

T:

Does/do have more than one paying job?

1 YES

2 NO

8 DK

9 REF

Q:EMP04a

T:

Now thinking about the job FILL NAME works the most hours. Is this a permanent or temporary job?

1 Permanent

2 Temporary

8 DK

9 REF

***ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR
PAY***

Q:EMP05 (Q72)

T:

For the job _____ works the most hours,
What is the total number of hours FILL NAME
usually works per week?

1-96 ENTER NUMBER
97 97 OR MORE HOURS
98 DK
99 REF

***ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR
PAY***

Q:EMP05a

T:

What kind of work do you do?
[For example, are you a registered nurse, a logger, an accountant...
If you have more than one job, please answer the question for the
job that you spend the most hours doing.]

1 SPECIFY

8 DON'T KNOW/NOT SURE

9 REFUSED

***ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR
PAY***

Q:EMP05b

T:

What are your most important activities or duties at work?

[For example, a nurse's most important duties may be patient care.]

1 SPECIFY

8 DON'T KNOW/NOT SURE

9 REFUSED

Q:EMP05c

T:

Is PERSON typically paid an hourly wage or does PERSON receive an annual salary?

1 Hourly Wage

2 Annual Salary

8 DK

9 REF

ASK IF ANSWER 1 to EMP05c

Q:EMP05d

T:

What is PERSON's normal hourly wage?

PROMPT: Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

ENTER IN DOLLARD AND CENTS AS ONE NUMBER

I.E. \$7.50 SHOULD BE ENTERED AS 750 AND \$9.00 AS 900

1 – 99996 ENTER HOURLY WAGE

99997 \$999.97 OR MORE PER HOUR

99998 DK

99999 REF

ASK IF ANSWER DK OR REF TO EMP05d

Q:EMP05d1

T:

Could you at least give me a rough estimate of FILL NAME 's normal hourly wage? Is it...

PROMPT: This information is very important for the state to develop health insurance policies. Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 Less than \$8

2 Between \$9 and \$15

3 Between \$15 and \$20

4 More than \$20

8 DK

9 REF

ASK IF ANSWER 2 or GREATER to EMP05c

Q:EMP05e

T:

What is PERSON's annual salary? /How much does PERSON make in a year?

ENTER IN DOLLARD AND CENTS AS ONE NUMBER

I.E. \$7.50 SHOULD BE ENTERED AS 750 AND \$9.00 AS 900

PROMPT: Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 – 999996 ENTER DOLLARS

999997 \$999,997 OR MORE

999998 DK

999999 REF

ASK IF ANSWER DK OR REF TO EMP05e

Q:EMP05e1

T:

Could you at least give me a rough estimate of FILL NAME 's annual salary?
Is it...

Could you at least give me a rough estimate of what FILL NAME makes in a
year? Is it...

PROMPT: This information is very important for the state to develop health
insurance policies. Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 Less than \$20,000

2 Between \$20,000 and \$35,000

3 Between \$35,000 and \$50,000

4 More than \$50,000

8 DK

9 REF

***ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR
PAY***

Q:EMP06 (Q75)

T:

On this job, are/is FILL NAME employed by a private company or business, a government agency, in active military duty, self-employed, working in a family business or farm, or something else?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.

IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS IS A STATE OR PRIVATE COLLEGE OR UNIVERSITY OR A PRIVATE OR PUBLIC SCHOOL

- 10 PRIVATE COMPANY
- 11 GOVERNMENT AGENCY
- 12 MILITARY DUTY
- 13 SELF-EMPLOYED
- 14 FAMILY-BUSINESS OR FARM (NOT SELF-EMPLOYED)
- 15 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 16 PRIVATE EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 95 OTHER (SPECIFY)

- 98 DK
- 99 REF

ASK OF THOSE EMPLOYED BY A PRIVATE COMPANY

Q:EMP07

T:

Is this company a manufacturing company, a retail company, a company that provides services, or something else?

- 1 MANUFACTURING
- 2 RETAIL
- 3 SERVICE
- 4 SOMETHING ELSE (SPECIFY)

- 8 DK
- 9 REF

Q:EMP07a

T:

What kind of services or products does this company provide?

- 1 SPECIFY (SPECIFY)

- 8 DK
- 9 REF

ASK OF THOSE EMPLOYED BY A GOVERNMENT AGENCY

Q:EMP08 (Q75)

T:

Does FILL NAME work for the federal government, state government, or local government such as a county or city?

- 1 FEDERAL GOVERNMENT
- 2 STATE GOVERNMENT
- 3 LOCAL GOVERNMENT
- 4 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 5 OTHER (SPECIFY)

- 8 DK
- 9 Ref

Change categories to ha

Q:EMP09 (Q76)

T:

About how many people are employed by this employer, at all locations?

IF SELF EMPLOYED OR FAMILY BUSINESS OR FARM

About how many people are employed by your/his/her business or farm?

[INTERVIEWER: READ IF NECESSARY]

- 19 1 person
- 10 2-4
- 11 5-9
- 12 10-24
- 13 25-49
- 14 50-99
- 15 100-199
- 16 200-499
- 17 500-999
- 18 1,000 & over
- 98 DK
- 99 REF

***ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR
PAY***

Q:EMP10a

T:

How long has PERSON worked for this employer?

IF LESS THAN ONE YEAR - ENTER 0 YOU WILL ENTER THE MONTHS IN THE
NEXT QUESTION

0 LESS THAN ONE YEAR

1-96 ENTER NUMBER OF YEARS

97 97 OR MORE YEARS

98 DK

99 REF

ASK OF THOSE SAYING 0 TO EMP10a

Q:EMP10a1

T:

INTS: ENTER NUMBER OF MONTHS:

1 ONE MONTH OR LESS

2-11 ENTER NUMBER OF MONTHS

98 DK

99 REF

ASK OF THOSE 18 AND OLDER AND UNEMPLOYED

Q:EMP10

T:

Have/has FILL NAME been out of work for less than one year,
or for one year or more?

1 < 1 YEAR

2 1 YEAR +

8 DK

9 REF

ASK OF THOSE 18 AND OLDER AND UNABLE TO WORK

Q:EMP011

T:

What is the reason FILL NAME is unable to work?

1 CARETAKER FOR CHILD

2 CARETAKER FOR SPOUSE

3 CARETAKER FOR PARENT

4 DISABLED (ASK EMP11a)

5 EMOTIONAL PROBLEMS

6 OTHER (SPECIFY)

8 DK

9 REF

ASK OF THOSE 18 AND OLDER AND DISABLED IN EMP02 OR EMP011

Q:EMP11a

T:

Is FILL NAME (r/s) disability permanent or temporary?

1 TEMPORARY DISABILITY

2 PERMANENT DISABILITY

3 NO DISABILITY

8 DK

9 REF

XIX. Employer Sponsored Insurance

Q:ESIINTO

T:

Next, I am going to ask a few questions about health insurance that may be offered by the employers of those living in the household.

ENTER <1> TO CONTINUE

ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND Not A PRIVATE HEALTH INSURANCE POLICY HOLDER

Q:EMP12 (Q77)

T:

Does FILL NAME (r/s) employer or labor union offer health insurance coverage?

IF SELF EMPLOYED, FAMILY BUSINESS OR FARM

Does your/his/her business or farm offer any health insurance plans to any of its employees?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP14a

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for doctor's visits?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP14b

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Hospital visits and care.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP14c

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Outpatient services, medical or diagnostic tests.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP14d

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Prescription medications.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP15a1

T:

Does the health insurance offered through PERSON's employer or labor union also provide an option to include coverage for PERSON's spouse?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP15b1

T:

Does the health insurance offered through PERSON's employer also provide an option to include coverage for PERSON's child dependents?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13A-E (Q79)

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13FR

T:

Next, I am going to read some possible reasons why PERSON may not have coverage through their employer's or labor union's health insurance benefit or plan. For each let me know if this is a reason why PERSON did not enroll in their employer's health insurance plan.

ENTER <1> TO CONTINUE

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13

Q: EMP13F

T:

PERSON has not worked for their employer long enough to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 11
INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13**

Q: EMP13G

T:

PERSON works too few hours to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 13
WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13**

Q: EMP13H

T:

The health insurance offered through PERSON's employer costs too much.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

***ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 19
COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO
EMP13***

Q: EMP13i

T:

The health insurance offered through PERSON's employer does not meet
PERSON's needs in terms of what type of health care is covered.

PROMPT: IS this a reason why PERSON does not have health insurance coverage
through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13**

Q: EMP13F1_1

T:

You indicated that PERSON has not worked for their employer long enough to qualify for health insurance benefits. How long must PERSON work for their employer to qualify for health insurance benefits?

ENTER NUMBER OF MONTHS 30 DAYS = 1 MONTH

IF LESS THAN ONE MONTH OR TO ENTER DAYS PLEASE SELECT 0

- 0 LESS THAN ONE MONTH (OR TO ENTER DAYS)
- 1-96 ENTER NUMBER OF MONTHS
- 97 97 OR MORE MONTHS
- 98 DK
- 99 REF

ASK OF THOSE ANSWERING 0 TO EMP13F1_1

Q: EMP13F1_2

T:

USE TO ENTER NUMBER OF DAYS:

- 1-96 ENTER NUMBER OF DAYS
- 97 97 OR MORE DAYS
- 98 DK
- 99 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13**

Q: EMP13F2

T:

How likely is PERSON to enroll in their employer's health insurance plan
once PERSON becomes eligible? Would you say...

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 8 DK/9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F2

Q: OEM13F2

T:

Reason person is not likely to enroll in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON HAS A SPOUSE AND EMP13F2 is definitely, very likely, or somewhat likely

Q: EMP13F3

T:

How likely is PERSON to enroll their spouse in their employer's health insurance plan once PERSON becomes eligible? Would you say...

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE, NO SPOUSE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F3

Q: OEM13F3

T:

Reason person is not likely to enroll their spouse in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 15 SPOUSE COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 SPOUSE HAS OWN HEALTH INSURANCE EMPLOYER OR BOUGHT ON OWN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 26 ON DISABILITY
- 27 SPOUSE IS COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON
HAS CHILDREN DEPENDENTS AND EMP13F2 is definitely, very likely, or
somewhat likely**

Q: EMP13F4

T:

How likely is PERSON to enroll their dependent children in their
employer's health insurance plan once PERSON becomes eligible?
(READ RESPONSES AS NEEDED)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE, NO CHILDREN DEPENDENTS
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F4

Q: OEM13F4

T:

Reason person is not likely to enroll their child in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER CHILD
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD
- 12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD
- 14 CHILD DOES NOT NEED HEALTH INSURANCE
- 15 CHILD COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 CHILDREN ARE COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES EMP13G OR INDICATING 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13

Q: EMP13G1

T:

You indicated that PERSON works too few hours to qualify for health insurance benefits. How many hours a week must PERSON work to qualify for health insurance benefits?

ENTER NUMBER OF HOURS:

1-96 ENTER NUMBER OF HOURS

97 97 OR MORE HOURS

98 DK

99 REF

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q: EMP13H1

T:

You indicated the health insurance offered through PERSON's employer costs too much. Approximately how much would PERSON have to pay in premiums per month for health insurance coverage for themselves?

This is the premium paid for the employee ONLY not to provide coverage to a spouse or children

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q: EMP13h2

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage BOTH themselves AND a spouse?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE A SPOUSE WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q: EMP13h3

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage BOTH themselves AND any CHILDREN dependents?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE CHILDREN WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q: EMP13h4

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage for an ENTIRE family, that is PERSON, a spouse AND children dependents?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE A SPOUSE/CHILDREN WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13i OR INDICATING 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

Q: EMP13i1

T:

You indicated that the health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered. What is lacking from this health insurance plan?

1 SPECIFY (SPECIFY)

8 DK

9 REF

ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 – EMP13F4

Q: EMP15

T:

If PERSON had the option, how likely would PERSON be to enroll in their employer's health insurance plan?

(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

1 Definitely

2 Very likely,

3 Somewhat Likely, (SPECIFY)

4 Not Very Likely, or (SPECIFY)

5 Not at all likely? (SPECIFY)

6 NOT APPLICABLE

8 DK

9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15

Q: OEMP15

T:

Reason person is not likely to enroll in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

***ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED
EMP13F1 – EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR
SOMEWHAT LIKELY TO EMP15 AND IF PERSON HAS A SPOUSE***

Q: EMP15a

T:

If PERSON had the option, how likely would PERSON be to enroll
their SPOUSE in their employer's health insurance plan?

(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15a

Q: OEMP15a

T:

Reason person is not likely to enroll their spouse in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 15 SPOUSE COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 SPOUSE HAS OWN HEALTH INSURANCE EMPLOYER OR BOUGHT ON OWN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 SPOUSE IS COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

***ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED
EMP13F1 – EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR
SOMEWHAT LIKELY TO EMP15 AND IF PERSON HAS CHILDREN***

Q: EMP15b

T:

If PERSON had the option, how likely would PERSON be to enroll
their CHILDREN dependents in their employer's health insurance plan?
(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15b

Q: OEMP15b

T:

Reason person is not likely to enroll their child in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER CHILD
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD
- 12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD
- 14 CHILD DOES NOT NEED HEALTH INSURANCE
- 15 CHILD COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 CHILDREN ARE COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

Q:EMP15c

T:

For those who qualify, the state of Vermont offers financial assistance to help pay for an employee's portion of monthly premiums associated with an employer's health insurance plan.

If FILL NAME had the option to enroll in the premium assistance program, how likely would FILL NAME be to enroll in their employer's health insurance plan?

(READ RESPONSES)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAS A SPOUSE THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

Q: EMP16

T:

You indicated that PERSON currently has private health insurance through their employer. Why is PERSON's spouse not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 21 SPOUSE HAS OWN HEALTH INSURANCE THROUGH EMPLOYER OR BOUGHT ON OWN
- 15 SPOUSE COVERED THROUGH OTHER SOURCE - MEDICARE/MILITARY/MEDICAID (WHY NOT EMP?)
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR SPOUSE
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 27 SPOUSE IS COVERED
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAVE CHILDREN THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

T: EMP16a

Q:

(You indicated that PERSON currently has private health insurance through their employer)

Why are PERSON's children not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER CHILD

11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD

12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS

21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN

15 CHILD COVERED THROUGH OTHER SOURCE –
MEDICARE/MILITARY/MEDICAID (WHY NOT EMP?)

13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD

40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR CHILDREN

29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD

19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF CHILD

14 CHILD DOES NOT NEED HEALTH INSURANCE

27 CHILDREN ARE COVERED

95 OTHER (SPECIFY)

97 NO REASON

98 DK

99 REF

XX. Family Income

QUESTIONS WILL BE ASKED FOR EACH IDENTIFIED FAMILY UNIT

Q:INC01 (Q83a)– INTRODUCTION TO SECTION

T:

The next questions are about income that your FAMILY received during 2007. This includes money from all sources including wages, cash from government programs, alimony and child support. This is before taxes and other deductions.

This information helps explain whether people can afford the health insurance and health care they need.

Your information is strictly confidential and will be kept private.

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:

The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

Q:INC02 (Q83b)

T:

During the entire year of 2007, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on

[PROBE FOR MILD RESISTANCE: ANSWERS TO QUESTIONS ON EARNINGS ARE IMPORTANT BECAUSE THEY HELP EXPLAIN WHETHER PEOPLE CAN AFFORD THE HEALTH CARE THEY NEED. ALSO, THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN SUMMARY REPORTS. PROBE FOR DK OR HESITATION: IF YOU DO NOT KNOW EXACTLY, YOUR BEST ESTIMATE WOULD BE FINE. VERIFY IF <\$5,000 OR >\$500,000. CODE 999997 IF RESPONSE IS \$1 MILLION OR MORE.]

| | |
|-----------------|---------------------|
| 0 | NONE |
| 10 | \$10 OR LESS |
| 11 TO \$999,998 | ENTER DOLLAR AMOUNT |
| 999,999 | \$1 MILLION OR MORE |
| 8 | DK |
| 9 | REF |

ONLY ASK THOSE WHO DON'T KNOW OR REFUSED THE PREVIOUS QUESTION

Q:INC03 (Q84)

T:

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to their family's 2007 total income from all sources?

[INTERVIEWER: PROBE: YOUR BEST ESTIMATE WOULD BE FINE]

- 10 Under \$10,000
- 12 \$10,000 to less than \$20,000
- 13 \$20,000 to less than \$25,000
- 14 \$25,000 to less than \$30,000
- 15 \$30,000 to less than \$35,000
- 16 \$35,000 to less than \$40,000
- 17 \$40,000 to less than \$50,000
- 18 \$50,000 to less than \$60,000
- 19 \$60,000 to less than \$80,000
- 20 \$80,000 to less than \$100,000
- 21 Over \$100,000

98 DK

99 REF

XXI. Permission to re-contact household in future

Q:Agan

T:

In the future, the State of Vermont may be interested in gathering more information on health insurance issues

May we contact you again in the future on some of these issues?

IF THEY DO NOT MIND ASK THEIR FIRST NAME

1 NO - DO NOT CALL BACK

2 YES - CALL ME BACK (SPECIFY)

XXII. Closing of the Survey

***ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS
EXCLUDED IN UNITSCRN***

Q:CLOSE0

T:

Thank you, those are all the questions I have for your family.
In order for me to complete this survey, I would like to identify
the person in the household who is familiar with the health of...

FILL NAMES OF THOSE EXCLUDED ABOVE

Who would be the person I should ask for?

10

11

12

13

14

15

16

17

18 PERSON DOES NOT LIVE IN THIS HH

98 DK

99 REF

**ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS
EXCLUDED IN UNITSCRN**

Q:CLOSE1

T:

I will call back and ask for this person at a later time.

INTS: IF THEY SAY THEY ARE AVAILABLE NOW SAY: It will take some time for us to set up the program for this person, so I cannot complete the interview now.

1 ENTER TO CONTINUE

2 PERSON IS AT A DIFFERENT TELEPHONE NUMBER

Q:THNX

T:

That is the conclusion of this interview for your family.

If you have any questions about HEALTH INSURANCE or HMOs you can call the state at 1-800-631-7788 for assistance. (Allow interviewee to get a pen or pencil, then repeat the number.) That number is 1-800-631-7788.

If you or anyone else is interested in finding out about state health insurance programs for people WITHOUT insurance, call the Office of Vermont Health Access at a toll-free number 1 (800) 250 - 8427.

IF SOMEONE IN HOUSEHOLD IS UNINSURED:

Thanks again and good-bye.

XXXIII. Call Back Section for ESI Questions

These questions will be asked in a follow-up call if the respondent does not know the employer sponsored insurance status of another member of the household. For this callback you will likely not be speaking with the original respondent so make sure and get the name of the person to speak with.

Q:INFOQCB1

T:

INFORMATION:

GENERAL RELUCTANCE

Your participation in this study is very important. We need to know more about health insurance coverage in Vermont to better guide state policy and programs. Will you help us by doing this study?

STUDY LENGTH

The study will take about 5 minutes, Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906. After hours you can also leave a voice mail message.

[ENTER <1> TO CONTINUE]

Q:CPER1

T:

We are doing this study on behalf of the State of Vermont to help the state evaluate the health insurance coverage and health insurance needs of Vermont residents.

The study will take less than 5 minutes.

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906. After hours you can also leave a voice mail message.

1 YES

2 NO

3 NEED MORE INFORMATION

8 DK

9 REF

Q:SRYREF

T:

We understand not everyone wants to participate in surveys.

Thank you for your time.

INTERVIEWERS: IF THERE ARE ADDITIONAL PEOPLE THAT NEED TO BE CALLED BACK ABOUT THEIR HEALTH INSURANCE, RETURN TO CBDIAL AND ENTER OTHER PERSON'S CONTACT INFO. OTHERWISE, SELECT <1> TO END SURVEY. NOTE: YOU WILL NOT BE ABLE TO RETURN TO THE SURVEY AFTER CONTINUING.

ENTER <1> TO END SURVEY

C: END OF CASE----->

Q:CB1

T:

Thank you for your time.
I will call back at a later time.

INTS: IF THEY SAY THEY ARE AVAILABLE NOW SAY: ENTER <1> TO
CONTINUE

INTS: YOU WILL NEED TO RECORD INFORMATION ON THE WHITE
TRACKING SHEET SO
WE CAN GET IN TOUCH WITH THIS PERSON, SO WRITE THE FOLLOWING
INFORMATION
DOWN AFTER YOU EXIT THE SURVEY! USE THE WHITE SHEET NOW!!!!

1. THE RECORD NUMBER
2. THE NAMES OF THOSE EXCLUDED FOR WHICH WE WILL CALL BACK
AND ASK ABOUT
3. THE NAME OF THE PERSON WHO WILL ANSWER THE QUESTIONS
4. A GOOD TIME TO REACH THIS PERSON

- 1 PERSON IS AVAILABLE NOW
- 2 PERSON IS NOT AVAILABLE

Q:CB2

T:

CONTACT NAME:

INTERVIEWERS - INPUT CONTACT NAME IN FIELD BELOW!
IF THERE IS A NAME ABOVE RE-ENTER THIS NAME IF IT IS NOT ALREADY
THERE!

MAKE SURE TO GET A SCHEDULE CALLBACK DAY AND TIME (ON CB1
SCREEN)

MAKE SURE AND PUT IN MESSAGE FIELD THAT THIS IS A PARTIAL
CALLBACK FOR THE
CALLBACK PORTION OF THE SURVEY. (ON CBDIAL SCREEN)

Q:PDUM

T:

ENTER <1> TO CONTINUE

Q:CBDIAL

T:

NAME OF CONTACT:
TELEPHONE # :

INTERVIEWERS:

IF YOU ARE SCHEDULING A CALLBACK PRESS CTRL END AND SELECT
"PARTIAL AT CALLBACK SECTION" FROM THE DISPOSITION LIST

DO NOT PRESS <1> IF YOU ARE SCHEDULING A CALLBACK NOW!!!!!!

IF THIS IS YOUR CALLBACK ATTEMPT - DIAL NUMBER AND IF AVAILABLE
PRESS 1 TO
CONTINUE OR IF NOT AVAILABLE USE CTRL END TO CODE APPROPRIATE
DISPOSITION

Q:THNXCB

T:

Thank you, those are all the questions I have for you. In order for me to complete this survey, I need to speak with others about health insurance that may be offered through their employer. This is...

(READ NAMES BELOW)

Is this person/Are any of these people available?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NEED MORE INFORMATION

97 NO ONE IS CURRENTLY AVIALABLE/CANNOT SPEAK WITH ANYONE

98 DK

99 REF

Q:INFOQCB

T:

INFORMATION:

GENERAL RELUCTANCE

Your participation in this study is very important. We need to know more about health insurance coverage in Vermont to better guide state policy and programs. Will you help us by doing this study?

STUDY LENGTH

The study will take about 5 minutes, Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906. After hours you can also leave a voice mail message.

Q:LEADCB1

T:

ASK FOR:

Number:

Hello, I'm _____ calling for the Vermont Division of Health Care Administration. We are doing an important study to learn about health insurance coverage in Vermont.

Let me assure you that this is not a sales call, will you help us?

INTS READ AS NEEDED: your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 5 minutes.

1 YES (GOTO aEMP12)

5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK) (GOTO CB1)

7 WANT MORE INFORMATION ABOUT STUDY

9 REF/REFUSES TO FINISH SURVEY

Q:aEMP12

T:

To start with, does your employer or labor union offer health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP14a

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for doctor's visits?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP14b

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Hospital visits and care.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP14c

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Outpatient services, medical or diagnostic tests.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP14d

T:

Does the health insurance offered by PERSON's employer or labor union cover most of the medical expenses for Prescription medications.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP15a1

T:

Does the health insurance offered through PERSON's employer or labor union also provide an option to include coverage for PERSON's spouse?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP15b1

T:

Does the health insurance offered through PERSON's employer also provide an option to include coverage for PERSON's child dependents?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP13A-E (Q79)

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:AEMP13FR

T:

Next, I am going to read some possible reasons why PERSON may not have coverage through their employer's or labor union's health insurance benefit or plan. For each let me know if this is a reason why PERSON did not enroll in their employer's health insurance plan.

ENTER <1> TO CONTINUE

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13

Q:A EMP13F

T:

PERSON has not worked for their employer long enough to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 11
INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13**

Q:A EMP13G

T:

PERSON works too few hours to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 13
WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13**

Q:A EMP13H

T:

The health insurance offered through PERSON's employer costs too much.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

***ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 19
COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO
EMP13***

Q:A EMP13i

T:

The health insurance offered through PERSON's employer does not meet
PERSON's needs in terms of what type of health care is covered.

PROMPT: IS this a reason why PERSON does not have health insurance coverage
through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13**

Q:A EMP13F1_1

T:

You indicated that PERSON has not worked for their employer long enough to qualify for health insurance benefits. How long must PERSON work for their employer to qualify for health insurance benefits?

ENTER NUMBER OF MONTHS 30 DAYS = 1 MONTH

IF LESS THAN ONE MONTH OR TO ENTER DAYS PLEASE SELECT 0

0 LESS THAN ONE MONTH (OR TO ENTER DAYS)

1-96 ENTER NUMBER OF MONTHS

97 97 OR MORE MONTHS

98 DK

99 REF

ASK OF THOSE ANSWERING 0 TO EMP13F1_1

Q:A EMP13F1_2

T:

USE TO ENTER NUMBER OF DAYS:

1-96 ENTER NUMBER OF DAYS

97 97 OR MORE DAYS

98 DK

99 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T ORKED LONG ENOUGH TO EMP13**

Q:A EMP13F2

T:

How likely is PERSON to enroll in their employer's health insurance plan
once PERSON becomes eligible? Would you say...

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 8 DK/9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F2

Q:A OEM13F2

T:

Reason person is not likely to enroll in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON HAS A SPOUSE AND EMP13F2 is definitely, very likely, or somewhat likely

Q:A EMP13F3

T:

How likely is PERSON to enroll their spouse in their employer's health insurance plan once PERSON becomes eligible? Would you say...

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE, NO SPOUSE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F3

Q:A OEM13F3

T:

Reason person is not likely to enroll their spouse in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 15 SPOUSE COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 SPOUSE HAS OWN HEALTH INSURANCE EMPLOYER OR BOUGHT ON OWN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 26 ON DISABILITY
- 27 SPOUSE IS COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON
HAS CHILDREN DEPENDENTS AND EMP13F2 is definitely, very likely, or
somewhat likely**

Q:A EMP13F4

T:

How likely is PERSON to enroll their dependent children in their
employer's health insurance plan once PERSON becomes eligible?
(READ RESPONSES AS NEEDED)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE, NO CHILDREN DEPENDENTS
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F4

Q:A OEM13F4

T:

Reason person is not likely to enroll their child in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER CHILD
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD
- 12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD
- 14 CHILD DOES NOT NEED HEALTH INSURANCE
- 15 CHILD COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 CHILDREN ARE COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES EMP13G OR INDICATING 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13

Q:A EMP13G1

T:

You indicated that PERSON works too few hours to qualify for health insurance benefits. How many hours a week must PERSON work to qualify for health insurance benefits?

ENTER NUMBER OF HOURS:

1-96 ENTER NUMBER OF HOURS

97 97 OR MORE HOURS

98 DK

99 REF

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:A EMP13H1

T:

You indicated the health insurance offered through PERSON's employer costs too much. Approximately how much would PERSON have to pay in premiums per month for health insurance coverage for themselves?

This is the premium paid for the employee ONLY not to provide coverage to a spouse or children

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:A EMP13h2

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage BOTH themselves AND a spouse?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE A SPOUSE WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:A EMP13h3

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage BOTH themselves AND any CHILDREN dependents?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE CHILDREN WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:A EMP13h4

T:

Approximately how much would PERSON have to pay in premiums per month for health insurance coverage for an ENTIRE family, that is PERSON, a spouse AND children dependents?

PROMPT: EVEN IF YOU/THIS PERSON DO/DOES NOT HAVE A SPOUSE/CHILDREN WE ARE STILL INTERESTED IN WHAT THE MONTHLY PEMIUM MIGHT BE

PROMPT: YOUR BEST ESTIMATE IS FINE

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13i OR INDICATING 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

Q:A EMP13i1

T:

You indicated that the health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered. What is lacking from this health insurance plan?

1 SPECIFY (SPECIFY)

8 DK

9 REF

ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 – EMP13F4

Q:A EMP15

T:

If PERSON had the option, how likely would PERSON be to enroll in their employer's health insurance plan?

(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

1 Definitely

2 Very likely,

3 Somewhat Likely, (SPECIFY)

4 Not Very Likely, or (SPECIFY)

5 Not at all likely? (SPECIFY)

6 NOT APPLICABLE

8 DK

9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15

Q:A OEMP15

T:

Reason person is not likely to enroll in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

***ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED
EMP13F1 – EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR
SOMEWHAT LIKELY TO EMP15 AND IF PERSON HAS A SPOUSE***

Q:A EMP15a

T:

If PERSON had the option, how likely would PERSON be to enroll
their SPOUSE in their employer's health insurance plan?

(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15a

Q:A OEMP15a

T:

Reason person is not likely to enroll their spouse in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 15 SPOUSE COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 SPOUSE HAS OWN HEALTH INSURANCE EMPLOYER OR BOUGHT ON OWN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 SPOUSE IS COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

***ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED
EMP13F1 – EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR
SOMEWHAT LIKELY TO EMP15 AND IF PERSON HAS CHILDREN***

Q:A EMP15b

T:

If PERSON had the option, how likely would PERSON be to enroll
their CHILDREN dependents in their employer's health insurance plan?
(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all likely? (SPECIFY)
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15b

Q:A OEMP15b

T:

Reason person is not likely to enroll their child in their employer's health insurance plan

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO COVER CHILD
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD
- 12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD
- 14 CHILD DOES NOT NEED HEALTH INSURANCE
- 15 CHILD COVERED OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 26 ON DISABILITY
- 27 CHILDREN ARE COVERED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD,
- 31 CATASTROPHIC COVERAGE ONLY
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

Q:AEMP15c

T:

For those who qualify, the state of Vermont offers financial assistance to help pay for an employee's portion of monthly premiums associated with an employer's health insurance plan.

If FILL NAME had the option to enroll in the premium assistance program, how likely would FILL NAME be to enroll in their employer's health insurance plan?

(READ RESPONSES)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAS A SPOUSE THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

Q:A EMP16

T:

You indicated that PERSON currently has private health insurance through their employer. Why is PERSON's spouse not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 21 SPOUSE HAS OWN HEALTH INSURANCE THROUGH EMPLOYER OR BOUGHT ON OWN
- 15 SPOUSE COVERED THROUGH OTHER SOURCE - MEDICARE/MILITARY/MEDICAID (WHY NOT EMP?)
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR SPOUSE
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 27 SPOUSE IS COVERED
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAVE CHILDREN THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

Q:AEMP16a

T:

(You indicated that PERSON currently has private health insurance through their employer)

Why are PERSON's children not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER CHILD

11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD

12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS

21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN

15 CHILD COVERED THROUGH OTHER SOURCE –
MEDICARE/MILITARY/MEDICAID (WHY NOT EMP?)

13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD

40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR CHILDREN

29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD

19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF CHILD

14 CHILD DOES NOT NEED HEALTH INSURANCE

27 CHILDREN ARE COVERED

95 OTHER (SPECIFY)

97 NO REASON

98 DK

99 REF