



**MARKET DECISIONS**

RESEARCH • INSIGHT • STRATEGY

# **Rhode Island Health Insurance Survey DRAFT Questions**

**Prepared for:  
The State of Rhode Island**

**Prepared by:  
Dr. Brian Robertson  
Dr. Jason Maurice  
Patrick Madden**

## Table of Contents

<b>I. Survey Lead-in Statement, Introduction, Respondent Selection</b> .....	<b>1</b>
<b>II. Household Level Information</b> .....	<b>12</b>
<b>III. Person Level Demographics</b> .....	<b>16</b>
<b>IV. Family Unit Formation</b> .....	<b>21</b>
<b>V. Insurance Coverage</b> .....	<b>26</b>
<b>VI. Private Insurance</b> .....	<b>35</b>
<b>VII. Medicaid Insurance Follow-up Questions</b> .....	<b>45</b>
<b>VIII. Questions of Those Who Are UNINSURED</b> .....	<b>50</b>
<b>IX. Medicaid Awareness and Knowledge</b> .....	<b>55</b>
<b>X. Interruptions in Coverage</b> .....	<b>64</b>
<b>XI. Dental Insurance</b> .....	<b>68</b>
<b>XII. Health Care Barriers</b> .....	<b>69</b>
<b>XIII. Doctor Visits and Location Receive Medical Attention</b> .....	<b>78</b>
<b>XIV. General Health Status</b> .....	<b>86</b>
<b>XV. Employment</b> .....	<b>88</b>
<b>XVI. Employer Sponsored Insurance</b> .....	<b>93</b>
<b>XVII. Family Income</b> .....	<b>104</b>
<b>XVIII. Closing of the Survey</b> .....	<b>108</b>
<b>XIX. ESI CALLBACKS</b> .....	<b>110</b>

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

## **Interviewer Persuader Statement**

We are doing this study on behalf of the Rhode Island Office of the Health Commissioner to help the state evaluate the health insurance coverage and health insurance needs of Rhode Island 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.

The study is being sponsored by the Rhode Island Office of the Health Commissioner. 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.

## **Lead In Statement**

Q:LEAD

T:

Hello, I'm \_\_\_\_\_ calling for the Rhode Island Office of the Health Commissioner. We are doing an important study to learn about health insurance coverage and the health insurance needs of Rhode Island residents. 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 Rhode Island 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 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.

[PRESS 1 TO CONTINUE]

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?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES

2 NO

8 DK

9 REF

Q:PHONE3

T:

Are you 18 years of age or older?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE ON A CELL PHONE**

Q:PHONE2

T:

Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 3

Thank you and goodbye.

- 1 YES (R GIVES SPECIFIC TIME)
- 2 NO (R DOES NOT GIVE SPECIFIC TIME)
- 3 CALL BACK AT A DIFFERENT NUMBER

- 8 DK
- 9 REF

Q:PHONE4

T:

What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALLBACK

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 SELR1)
- 2 SPEAKING (ASK PH2)
- 3 NOT AVAILABLE NOW - SCHEDULE CALLBACK (ASK SELR1)
- 4 OTHER
- 5 LANGUAGE
- 6 INFIRM
- 7 UNAVAILABLE DURING DATA COLLECTION
  
- 9 REF

Q:RPH

T:

Hello, I'm \_\_\_\_\_ calling for the Rhode Island Office of the Health Commissioner. We are doing an important study to learn about health insurance coverage and the health insurance needs of Rhode Island residents.

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

**ASK OF THOSE ANSWERING ON A CELL PHONE**

Q:SELR1

T:

Is this a good number for you to complete the survey or would you prefer I call you at a different number?

I would be happy to call back to your landline number.

1 GOOD NUMBER (PROCCED WITH SURVEY)

2 NO CALL AT DIFFERENT NUMBER

**ASK OF THOSE INDICATING NO TO SELR1**

Q:SELR2

T:

What is the new number I should try?

Is there a good time for me to call?

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

Thanks, I will call you back at this new number.

IF THEY WANT TO BE CALLED BACK IMMEDIATLY WHEN YOU EXIT CASE, WRITE DOWN THE RECORD NUMBER AND RETREIVE THIS IN INTERVIEWER

INTS: IF THEY WANT A CALLBACK GET A TIME AND A NAME!

IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALLBACK

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

**ASK OF THOSE ANSWERING ON A CELL PHONE**

Q:SELR1a

T:

Is this a good number for you to complete the survey or would you prefer I call you at a different number?

I would be happy to call back to your landline number.

1 GOOD NUMBER (PROCCED WITH SURVEY)

2 NO CALL AT DIFFERENT NUMBER

**ASK OF THOSE INDICATING NO TO SELR1a**

Q:SELR2a

T:

What is the new number I should try?

Is there a good time for me to call?

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

Thanks, I will call you back at this new number.

IF THEY WANT TO BE CALLED BACK IMMEDIATLY WHEN YOU EXIT CASE, WRITE DOWN THE RECORD NUMBER AND RETREIVE THIS IN INTERVIEWER

INTS: IF THEY WANT A CALLBACK GET A TIME AND A NAME!

IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALLBACK

## **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 Rhode Island Office of the Health Insurance Commissioner to help the state evaluate the health insurance coverage and health insurance needs of Rhode Island 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 you can leave a voice mail message after hours.

- 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:

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the Rhode Island Office of the Health Insurance Commissioner. We are conducting an important study to learn about health insurance coverage in Rhode Island. 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 Rhode Island residents are represented in the study.

Thank you for your patience.

ENTER <1> TO CONTINUE

Q:HHQ01

T:

In what Rhode Island County is your home located?

- 1 Bristol
- 2 Kent
- 3 Newport
- 4 Providence
- 5 Washington

8 DK

9 REF

Q:HH02

T:

What is your zip code? 0\_\_\_\_?

2801-2940 ENTER LAST 4 DIGITS OF NUMBER

8888 DK

9999 REF

***FILL BASED ON WHETHER THE RESPONDENT IS CONDUCTING SURVEY VIA  
CELL OR LANDLINE***

Q:HH04

T:

Do you or any other member of the household have a cell phone? Does this household also have a landline phone?

1 YES

2 NO

8 DK

9 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 1<sup>ST</sup> 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 8<sup>th</sup> 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 PERSON 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 PERSON'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 AGE01***

Q:AGE2

T:

We would like to get a rough estimate of the age of each person living in the household.  
{Are/is you/she/he}

[INTERVIEWER: READ LIST]

10	0 - 5 years old
11	6 - 13 years old
12	14 - 18 years old
13	19 - 23 years old
14	24 - 29 years old
15	30 - 44 years old
16	45 - 64 years old
17	65 - 84 years old
18	85 years or older
98	DK
99	REF

**ASK OF THOSE 16 AND OLDER**

Q:MAR

T:

Are/is PERSON...?

(READ RESPONSES)

- 1 Currently married
- 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 PERSON have/has completed?

READ ONLY IF NECESSARY:

- 10 LESS THAN HIGH SCHOOL
- 11 HIGH SCHOOL/GED
- 12 SOME COLLEGE/JUNIOR COLLEGE/ASSOCIATES DEGREE/TECHNICAL DEGREE
- 13 FOUR YEAR COLLEGE (BACHELORS DEGREE)
- 14 GRADUATE DEGREE (MASTER/MA,MS)
- 15 GRADUATE DEGREE (PHD/MD/JD)
  
- 98 Don't know/Not sure
- 99 Refused

**ASK OF THOSE AGE 18-23 (OR 18-26?)**

Q:INSCH1

T:

Is/Are PERSON 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

T:

Is/Are PERSON Hispanic or Latino?

1 YES

2 NO

8 DK

9 REF

Q:RACEA-E

Which of the following would you say is PERSON (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 RACEa-e**

Q:RACE1

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

Q:BORN

T:

Was PERSON born in the United States?

- 1 YES
- 2 NO
  
- 8 DK
- 9 REF

**ASK OF THOSE INDICATING YES TO BORN**

Q:BORN1

T:

For how many years has PERSON lived in the United States

- 0 LESS THAN 1 YEAR
- 1 – 96 ENTER NUMBER
  
- 97 97 OR MORE YEARS
  
- 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

T:

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

- 0 Head of household
- 11 Husband
- 12 Wife
- 13 Domestic 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/Roommate/Renter
- 99 DK OR REF

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

Q:FAM2

T:

Is/Are PERSON 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

T:

Is anyone living here the parent or guardian of PERSON?

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 the main person taking care of PERSON?

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



***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 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

77 NO MORE

18 FAMILIAR WITH EVERYONE

## V. Insurance Coverage

*(FOR THE INTRODUCTION, WE'LL ADD IN THE NAMES OF SOME OF THE COMMON PRIVATE INSURANCE PLANS IN THIS INTRODUCTION.)*

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 or doctor bills. For example, Medicare, Medicaid, Rite Care, Military or Veteran benefits, Blue Cross, United Health Care or Neighborhood Health Plan.

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 a NATIONAL health insurance program for people 65 years and older and for certain people with disabilities.

Traditional Medicaid, Rite Care, Rhody Health Partners, and ConnectCare Choice are insurance programs offered through the STATE OF RHODE ISLAND for persons with incomes below a certain limit or with certain disabilities.

Rite Care is coverage provided to pregnant women, children, and families with children whose incomes are below a certain limit.

Rhody Health Partners and ConnectCare Choice provide coverage to children and adults with disabilities.

ENTER <1> TO CONTINUE

Q:INS02

T:

Is PERSON 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)

- 10 Private health insurance (Employer based or company like Blue Cross)
- 11 Medicare
- 12 RItE Care
- 13 Medicaid or Rhode Island Medical Assistance
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance? (SPECIFY)
- 14 RHODY HEALTH PARTNERS
- 15 CONNECTCARE CHOICE
- 17 RITE SHARE
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 21 INDIAN HEALTH SERVICES
- 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 PERSON is not covered by health insurance, is this correct?

**READ IF THEY MENTION INDIAN HEALTH SERVICES**

While covering health care expenses, Indian Health Services is not considered insurance so do not consider this as insurance.

**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, Medicaid, and RItE Care 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

T:

Does anyone else pay for your/their bills when you (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
- 31 INDIAN HEALTH 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 PERSON 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**

## **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 PERSON is 65 or older and you indicated this person was NOT covered by Medicare. Is this correct?

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.

- 1 YES IS CORRECT - NOT COVERED BY MEDICARE
- 2 NO IS NOT CORRECT - 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 PERSON is covered by private insurance. Is this private insurance policy a PRIVATE Medicare supplement such those offered by AARP, United Health Care, or Blue Cross Blue Shield, 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?

IF SUPPLEMENT: Is this ONLY a plan under Medicare Part D which is used to pay ONLY for prescription drugs? **CODE AS PART D**

- 10 AARP
- 11 United Healthcare Health Insurance
- 13 Blue Cross/Blue Shield of Rhode Island Plan 65
- 14 Colonial Penn Insurance/Bankers Life & Casualty
- 15 Continental Life Insurance
- 16 Combined Insurance
- 17 Globe Life and Accidental Insurance
- 18 Humana Insurance
- 19 Liberty National Life Insurance
- 20 United American Insurance
- 76 PART D - MEDICARE PART D Prescription Drug Plan
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 97 NO, THIS IS PRIVATE INSURANCE ONLY, NOT A SUPPLEMENT
- 98 DK/REF

## **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 PERSON covered by national MEDICARE, or are they covered through the state's MEDICAID program including Rite Care, Connect Care, or Rhody Health Partners, or by both MEDICARE and MEDICAID?

INTS: READ AS NEEDED: Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.

Medicaid or medical assistance is a program offered through the state of Rhode Island generally to people who are 64 or younger.

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (RiteCare, Connect Care, Rhody)
- 3 COVERED BY MEDICAID ONLY (RiteCare, Connect Care, Rhody)

- 8 DK
- 9 REF

***ASK IF THEY NOW INDICATE MEDICAID COVERAGE IN INS06 ASK:***

Q:INS07

T:

Is PERSON covered by...?

- 12 Medicaid or Medical Assistance (White Card with anchor)
- 13 Rhody Health Partners
- 14 Connect Care Choice
- 15 RiteCare
- 95 Some other type of insurance (SPECIFY)?
- 20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES

- 98 DK
- 99 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 PERSON covered by the STATE MEDICAID program including Rite Care, Connect Care, or Rhody Health Partners 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 age 65 or older and people who are blind or disabled. Enrollees may be in programs such as traditional Medicaid and RiteCare

- 1 COVERED BY MEDICAID ONLY (RiteCare, Connect Care, Rhody)
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (RiteCare, Connect Care, Rhody)
- 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 PERSON have a PRIVATE Medicare supplement such as those offered by AARP, United Health Care, or Blue Cross Blue Shield, or other plans to help cover expenses not paid by Medicare?

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

IF SUPPLEMENT: Is this ONLY a plan under Medicare Part D which is used to pay ONLY for prescription drugs? CODE AS PART D

- 10 AARP
- 11 United Healthcare Health Insurance
- 13 Blue Cross/Blue Shield of Rhode Island Plan 65
- 14 Colonial Penn Insurance/Bankers Life & Casualty
- 15 Continental Life Insurance
- 16 Combined Insurance
- 17 Globe Life and Accidental Insurance
- 18 Humana Insurance
- 19 Liberty National Life Insurance
- 20 United American Insurance
- 76 PART D - MEDICARE PART D Prescription Drug Plan
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 97 NO MEDICARE SUPPLEMENT
- 98 DK/REF

**IF YES – TREAT AS COVERED BY PRIVATE INSURANCE AND ASK PRIVATE INSURANCE QUESTIONS, BUT TREAT INDIVIDUAL AS A SEPARATE POLICY HOLDER**

## 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 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 INSURANCE PLANS CAN BE PROVIDED THROUGH AN EMPLOYER, A RETIREMENT PLAN, A SCHOOL, OR PURCHASED DIRECTLY

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER

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, which members of the household are covered by each private health insurance plan?

Which members are covered under PERSON's policy?

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

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

***VERIFY THAT ALL COVERED BY PRIVATE INSURANCE ARE 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 PERSON's policy?

- 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 NONE
- 98 DK
- 99 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP03

T:

Is PERSON's PRIVATE HEALTH INSURANCE provided through Blue Cross, United Healthcare, Neighborhood Health Plan, , or some other company?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

- 40 AARP
- 41 Aetna
- 42 Blue Cross Blue Shield (of RI)
- 43 Cigna
- 44 First Health Life & Health Insurance
- 45 Harvard Pilgrim
- 46 Humana Insurance
- 47 Metropolitan Life Insurance
- 48 Neighborhood Health Plan (of RI Inc.)
- 49 United Healthcare (of New England Inc.), UHC
- 20 Unum Life Insurance
- 95 OTHER PROVIDER (SPECIFY)
- 80 MEDICARE, MEDICARE SUPPLEMENT
- 12 MEDICAID, RITECARE, RHODY HEALTH, CONNECT CARE
- 94 SSI, WELFARE, DISABILITY, SOCIAL SERVICES, THE STATE
- 98 DK/REF



**FOR THOSE COMPANIES FLAGGED AS POTENTIALLY MISIDENTIFIED PRIVATE INSURANCE COVERAGE WHEN COVERAGE IS THROUGH STATE PROGRAM – RITE CARE, RHODY HEALTH, CONNECT CARE CHOICE – SCREEN BASED ON ENROLLMENT IN UNITED HEALTH CARE OR NEIGHBORHOOD HEALTH**

Q:INSP04

T:

Does PERSON have insurance through Rhode Island's RItE Care Program?

PROMPT: RItE Care Program is a program offered by the state of Rhode Island, generally to people who are 64 or younger.

RItE Care is Rhode Island's Medicaid managed care program for families on the RI Works Program and eligible uninsured pregnant women, children, and parents. Members enroll in a participating health plan: UnitedHealthcare of New England or Neighborhood Health Plan of RI.

XXX GET A DESCRIPTION OF RITE CARE CARD

1 YES (CODE AS COVERED BY RITECARE)

2 NO

8 DK

9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP06

T:

Is PERSON's plan provided through their or someone else's employer?

PROMPT: 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 PERSON receiving premium assistance from the state of Rhode Island's Rite Share program to help pay the cost of PERSON's monthly premium?

PROMPT: Rite Share is Rhode Island's Premium Assistance Program that helps Rhode Island families afford health insurance through their employer by paying for some or all of the employee's cost.

1 YES

2 NO

8 DK

9 REF

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

Q:INSP09

T:

Is PERSON (r/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 A STATE EMPLOYEE)

94 SSI/SSDI/WELFARE

98 DK

99 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP12

T:

Do/Does PERSON (r/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 PERSON's health insurance?

AS NEEDED: If you let me know the amount taken out of each paycheck and how often you/this person get(s) paid then I can calculate the amount.

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.

PROMPT: INTS VERIFY THAT THIS IS THE MONTHLY PAYMENT AND NOT THE AMOUNT TAKEN OUT OF EACH PAYCHECK - IF IT IS THE AMOUNT TAKEN OUT OF EACH PAYCHECK YOU WILL NEED TO ASK HOW OFTEN THEY ARE PAID AND THEN CALCULATE (PAID WEEKLY MULTIPLY BY 4 / EVERY 2 WEEKS MULTIPLY BY 2)

- 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 PERSON by their health insurance company.

- 0 NONE, NO DEDUCTIBLE
  
- 1 - 9996 ENTER NUMBER OF DOLLARS
  
- 9997 \$9997 OR MORE
  
- 9998 DK
- 9999 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP29

T:

Does PERSON 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 PERSON 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:INSP29B

T:

How much did PERSON's employer 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

**ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF RHODE ISLAND PROGRAM – ASK FOR EACH PERSON LISTED UNDER POLICY**

Q:INSP05

T:

Earlier you stated that PERSON's insurance was provided through a state sponsored health insurance program such as RItE Care or Medicaid.

Just to check again, is PERSON covered by...? (READ RESPONSES)

12 RItE Care

13 Medicaid or Rhode Island Medical Assistance

14 Rhody Health Partners

15 Connectcare choice

10 Private Insurance, or

95 Some other type of insurance (SPECIFY)?

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

98 DK/REF

## VII. Medicaid Insurance Follow-up Questions

Q:Q42x

T:

For these next questions, please think about the household members that are currently covered by RItE Care or other state sponsored health insurance programs, such as Medicaid or medical assistance programs like Rhody Health Partners or Connect Care Choice.

ENTER <1> TO CONTINUE

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

Q:Q42

T:

If state sponsored 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 RItE Care, Medicaid, and medical assistance programs like Rhody Health Partners or Connect Care Choice.

(READ RESPONSES)

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably Not
- 4 Definitely Not
  
- 8 DK
- 9 REF

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

Q:Q43

How did the family find out about the RItE Care or Medicaid program in Rhode Island?

PROMPT: How else did you find out about the RItE Care or Medicaid program?

- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 32 EMPLOYER
- 62 FAMILY RESOURCE COUNSELOR
- 52 GOVERNMENT OFFICE - RI DHS
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 60 INSURANCE DEPARTMENT
- 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,
- 31 TV/RADIO/NEWSPAPER ADVERTISEMENT
- 20 WEBSITE (RITECARE, RI DHS)
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 95 OTHER (SPECIFY)
- 98 DK/REF



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

Q:Q45

T:

Was there anything that made the family consider NOT enrolling members of the family in RItE Care or Medicaid??

PROMPT: Were there barriers that made you think about NOT enrolling those in the family that are currently covered by RItE Care or Medicaid?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE SAYING “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/RITE CARE 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 STATE-SPONSORED HEALTH INSURANCE PROGRAM**

Q:Q46

T:

How easy was it to enroll in RItE Care or Medicaid? Would you say it was...?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult, or
- 4 Very difficult?

8 DK

9 REF

**ASK OF THOSE SAYING SOMEWHAT OR VERY 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
- 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/RITE CARE 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/ RITE CARE
- 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/ RITE CARE
- 26 MEDICAID/ RITE CARE 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
- 95 OTHER (SPECIFY)
- 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 PERSON been without health insurance coverage?

INTS: ENTER IN NUMBER OF MONTHS

- 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

T:

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

(READ RESPONSES)

- 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

T:

What are the main reasons that PERSON is not currently covered by any government or private health insurance plan? SELECT ALL MENTIONED

PROMPT: Was there any other reason?

IF LOST COVERAGE ASK: Why was coverage lost?

IF NOT ELIGIBLE FOR RITECARE: 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 RITE CARE, RITE SHARE, MEDICAID
- 23 LOST RITE CARE, RITE SHARE, MEDICAID COVERAGE (OTHER)
- 24 DON'T NEED INSURANCE
- 29 NOT WORTH THE COST
- 95 OTHER (SPECIFY)
- 97 NONE
- 99 DK/REF

Q:insu03x

T:

Next, I am going to read some possible reasons why PERSON may no longer have health insurance coverage.

ENTER <1> TO CONTINUE

***ASK IF UNINSURED AND THEY DID NOT RESPOND “10 PERSON WITH HEALTH INSURANCE LOST JOB” TO INSU03***

Q:insu03a

T:

You or another member of the family lost their job.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

***ASK IF UNINSURED AND THEY DID NOT RESPOND “11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS” TO INSU03***

Q:insu03b

T:

You or another member of the family are no longer eligible for insurance through their employer because of a reduction in the number of hours they work.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

**ASK IF UNINSURED AND THEY DID NOT RESPOND “12 EMPLOYER STOPPED OFFERING COVERAGE” TO INSU03**

Q:insu03c

T:

An employer stopped offering health insurance coverage to you or another family member.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

Q:insu03d

T:

Our family could no longer afford the cost of the premiums for health insurance through an employer for PERSON.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

Q:insu03e

T:

PERSON lost their coverage through or became ineligible for RIte Care or Medicaid.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

**ASK IF PERSON INDICATED 12 MONTHS OR FEWER TO INSU01**

Q:INSU05

T:

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

What type of health insurance coverage did PERSON have?

(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES]

- 10 Private health insurance through an employer
- 30 Private health insurance purchased directly
- 11 Medicare
- 12 RItE Care
- 13 Medicaid or Rhode Island Medical Assistance
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance? (SPECIFY)
- 14 RHODY HEALTH PARTNERS
- 15 CONNECTCARE CHOICE
- 17 RITE SHARE
- 97 NO INSURANCE COVERAGE (VERIFY!)
- 98 DK/REF



## IX. Medicaid Awareness and Knowledge

*(ASK THIS SECTION OF QUESTIONS IF ONE OR MORE HOUSEHOLD MEMBERS ARE CURRENTLY UNINSURED)*

Q:MCA01

T:

Next, I would like to ask a few questions about some state sponsored health insurance programs that provide health insurance benefits through the state of Rhode Island.

How knowledgeable are you about the RItE Care Program?  
(READ RESPONSES)

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

Q:MCA03

T:

How knowledgeable are you about the RItE Share program?

(READ RESPONSES AS NEEDED)

- 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, Rhode Island's RItE Care program pays for medical insurance for certain individuals and families with low incomes.

ENTER <1> TO CONTINUE

***ASK IF ANYONE IN THE HH IS UNINSURED***

Q:INSU09

T:

There are certain requirements based on age and income for eligibility to enroll in RItE Care.

If the uninsured members of your household were eligible to enroll in the RItE Care program, how interested would they be in enrolling?

Would you say...?

(READ RESPONSES)

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

**ASK IF ANYONE IN THE HH IS UNINSURED**

Q:INSU09a

T:

How likely would the uninsured members of the household be to enroll in a private health insurance plan if there was a program to help pay monthly insurance premiums?

Would you say...?

(READ RESPONSES)

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

- 8 DK
- 9 REF

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

Q:MCA04

T:

What are the reasons that the uninsured members of the household have not enrolled in any state-sponsored 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
- 24 PROBABLY NOT ELIGIBLE OTHER (SPECIFY WHY DO YOU FEEL THAT WAY?)
- 15 TOO MUCH TROUBLE/PAPERWORK
- 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
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 21 COSTS TOO MUCH
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE Medicare, Military
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR
- 98 DK
- 99 REF

Q:CHINS04

T:

Next I would like to ask you about possible reasons why the uninsured residents in the household have not enrolled in RItE Care.

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 residents in the household have not enrolled in RItE Care.

- 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 residents in the household have not enrolled in RItE Care.

- 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 residents in the household have not enrolled in RItE Care.

- 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 residents in the household have not enrolled in RItE Care.

- 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 residents in the household have not enrolled in RItE Care.

- 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 residents in the household have not enrolled in RItE Care.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All
  
- 8 DK
- 9 REF

Q:CHINS04h

T:

I would be concerned about the quality of care.  
(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 residents in the household have not enrolled in RItE Care.

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

- 8 DK
- 9 REF

Q:CHINS04i

T:

I would be concerned that health care professionals would treat me or my family differently.  
(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 residents in the household have not enrolled in RItE Care.

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

- 8 DK
- 9 REF



Q:MCA05

T:

In thinking about people in your household, has anyone in the household applied for RItE Care during the past 12 months...?

Please include any instances where an adult filled out an application for a child.

1 YES

2 NO

8 DK

9 REF

***ASK IF YES 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
- 7 OTHER (SPECIFY)

8 DK

9 REF

## **X. Interruptions in Coverage**

*ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE*

Q:INSW01

T:

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

1 YES

2 NO

8 DK

9 REF

Q:INSW02

T:

APPROXIMATELY how many of the past 12 months was PERSON 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:INSW03

T:

Why were/was PERSON without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

- 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 RITE CARE, RITE SHARE, MEDICAID
- 23 LOST RITE CARE, RITE SHARE, MEDICAID COVERAGE (OTHER)
- 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 PERSON 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 PERSON have prior to your current coverage during the past 12 months?

- 10 Private health insurance through an employer
- 30 Private health insurance purchased directly
- 11 Medicare
- 12 Rite Care
- 13 Medicaid or Rhode Island Medical Assistance
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance? (SPECIFY)
- 14 RHODY HEALTH PARTNERS
- 15 CONNECTCARE CHOICE
- 17 RITE SHARE
- 97 NO INSURANCE COVERAGE (VERIFY!)
- 98 DK/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 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 MEDICAID.RITE CARE
- 23 LOST RITE CARE, RITE SHARE, MEDICAID COVERAGE (OTHER)
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK/REF

## **XI. Dental 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

97 NO ONE IN HH COVERED BY DENTAL INSURANCE COVERAGE

98 DK

99 REF

## XII. Health Care Barriers

Q:EXP01

T:

Over the last 12 months, about how much has your FAMILY 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? You 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 FAMILY 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 FAMILY 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

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

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
- 97 NO ONE
- 98 DK
- 99 REF

Q:HCB05

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
- 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 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:HCB03

T:

Prescription Medicines?

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

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

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 household?

1 YES

2 NO

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 PERSON 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

### **XIII. Doctor Visits and Location Receive Medical Attention**

Q:DOCV01

T:

How many times did PERSON see a doctor or health care provider during the past 12 months?

PROMPT: Did PERSON see a doctor or health care provider about his/her health, NOT COUNTING when he/she may have stayed overnight in the hospital? Your best guess is fine.

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 check-ups, that is, when PERSON were/was not sick?

INTS: ROUTINE CARE INCLUDES ANY TREATMENT NOT RELATED TO ILLNESS OR INJURY AND CAN INCLUDE PHYSICALS, CHECK-UPS, AND FOLLOW-UP VISITS.

- 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?

PROMPT: 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,
- 11 Neighborhood health center,
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (specify)
- 20 VA Clinic

- 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?

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

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)

PROMPT: 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.

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

15 Some other place, or (SPECIFY)

20 VA Clinic

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 PERSON usually goes when he/she is sick or needs medical attention?

PROMPT: 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
- 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 PERSON go to most often...?

(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
- 15 Some other place, or (SPECIFY)
- 20 VA Clinic

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 PERSON usually go/goes when you/he/she need(s) routine or preventive care, such as a regular check-up/well baby check-up?

PROMPT: 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

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 does PERSON usually go to when he/she needs routine or preventive care, such as a check-up?

(READ RESPONSES)

PROMPT: 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.

- 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
- 15 Some other place, or (SPECIFY)
- 20 VA Clinic?
- 97 DOES NOT GO ONE PLACE MOST OFTEN
- 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 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 SOUGHT ER CARE

98 DK

99 REF

**ASK OF ALL THAT HAVE SOUGHT CARE IN AN ER**

Q:DOCV13

T:

I'm going to read you a list of reasons why some people go to the emergency room.

Please tell me if any of these were important reasons for PERSON'S last visit to a hospital emergency room.

1 We were unable to get an appointment at a doctor's office as soon as needed

2 They needed care after normal hours at the doctor's office or clinic

3 The family owed money to the doctor's office or clinic

4 It was more convenient to go to the hospital emergency room

5 The doctor's office or clinic told them to go to the emergency room

7 NONE OF THESE

8 DK

9 REF

## XIV. General Health Status

Q:HSTAT01 – SECTION INTRODUCTION

T:

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

ENTER <1> TO CONTINUE

Q:HSTAT02 – ASK OF ALL FAMILY UNIT MEMBERS

T:

Would you say PERSON's health, in general, is...?

(READ RESPONSES)

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor
- 8 DK
- 9 REF



Q:MAWD

T:

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

IF YES ASK: Who is this?

- 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

***RESPONSE OPTIONS WILL ONLY SHOW WOMEN IN HH OVER THE AGE OF 13 AND UNDER THE AGE OF 60***

Q:PREG

T:

Is anyone in your household currently pregnant?

IF YES ASK: Who is this?

- 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

## **XV. 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.

ENTER <1> TO CONTINUE

### ***ASK OF THOSE 18 AND OLDER***

Q:EMP02

T:

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

IF ON VACATION ASK: Does this person generally work?

IF SOMETHING ELSE ASK: Are/Is PERSON PRIMARILY unemployed, not at your/his/her job temporarily, retired, 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

T:

Do/Does PERSON typically work for pay?

1 YES

2 NO

8 DK

9 REF

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

Q:EMP05

T:

What is the total number of hours PERSON usually works per week?

1-96 ENTER NUMBER

97 97 OR MORE HOURS

98 DK

99 REF

**Occupational Categories**

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

Q:EMP05a

T:

What kind of work do/does PERSON do?

PROMPT: 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/is PERSON's most important activities or duties?

PROMPT: For example, a nurse's most important duties may be patient care.

1 SPECIFY

8 DON'T KNOW/NOT SURE

9 REFUSED

**Responses from these two questions will be coded into Bureau of Labor Statistics occupations:**

- 11 Management Occupations
- 13 Business and Financial Operations Occupations
- 15 Computer and Mathematical Occupations
- 17 Architecture and Engineering Occupations
- 19 Life, Physical, and Social Science Occupations
- 21 Community and Social Services Occupations
- 23 Legal Occupations
- 25 Education, Training, and Library Occupations
- 27 Arts, Design, Entertainment, Sports, and Media Occupations
- 29 Healthcare Practitioners and Technical Occupations
- 31 Healthcare Support Occupations
- 33 Protective Service Occupations
- 35 Food Preparation and Serving Related Occupations
- 37 Building and Grounds Cleaning and Maintenance Occupations
- 39 Personal Care and Service Occupations
- 41 Sales and Related Occupations
- 43 Office and Administrative Support Occupations
- 45 Farming, Fishing, and Forestry Occupations
- 47 Construction and Extraction Occupations
- 49 Installation, Maintenance, and Repair Occupations
- 51 Production Occupations
- 53 Transportation and Material Moving Occupations
- 55 Military Specific Occupations
- 66 Government Employee
- 95 Other
- 98 DK

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

Q:EMP06

T:

On this job, are/is PERSON 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 CONSTRUCTION
- 5 FARMING/AGRICULTURE
  
- 7 SOMETHING ELSE (SPECIFY)
- 8 DK
- 9 REF

**ASK OF THOSE EMPLOYED BY A GOVERNMENT AGENCY**

Q:EMP08

T:

Does PERSON work for the federal government, state government, or local government such as a county or city, or a public school or college?

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

8 DK

9 Ref

Q:EMP09

T:

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

INTS: 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

## **XVI. Employer Sponsored Insurance**

***(ASK FOR ALL HOUSEHOLDS WITH AT LEAST ONE WORKING MEMBER – EACH WORKING PERSON WILL BE ASKED QUESTIONS INDIVIDUALLY.)***

***(THOSE WITH PRIVATE HEALTH INSURANCE THROUGH THEIR EMPLOYER WILL BE ASKED ESI01 AND THEN SKIP TO EMP16.)***

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 FOR ALL HOUSEHOLDS WITH AT LEAST ONE WORKING MEMBER – EACH WORKING PERSON WILL BE ASKED QUESTIONS INDIVIDUALLY.***

***THOSE WITH PRIVATE HEALTH INSURANCE THROUGH THEIR EMPLOYER WILL BE ASKED ESI01 AND THEN SKIP TO EMP16.***

***SKIP QUESTION IF PERSON IS RESPONDENT.***

Q:ESI01

T:

Next, I am going to ask a few questions about health insurance through PERSON's employer or business.

IF PERSON IS NOT RESPONDENT: Do you feel you know enough about any potential health insurance that is offered through PERSON's employer or business to answer these questions?

1 YES, KNOW ENOUGH/SPEAKING WITH RESPONDENT

2 NO

8 DK

9 REF

Q:ESI01a

T:

Do you know if PERSON's employers or business offers any type of health insurance to their employees?

IF DOES NOT OFFER - SELECT OPTION #2

OTHERWISE SELECT 3, 4, 8, or 9 to SKIP SECTION FOR THIS PERSON AND READ:

Then for PERSON, we will skip this section and at the end of the survey I will make arrangements to speak with PERSON about their employer offered insurance.

2 EMPLOYER DOES NOT OFFER HEALTH INSURANCE

3 DO NOT KNOW ENOUGH ABOUT HEALTH INSURANCE OFFERED BY EMPLOYER

4 YES, EMPLOYER OFFERS

8 DK

9 REF

**IF ANSWER IS NO, DO NOT KNOW ENOUGH, DK, OR REF – the person will be flagged in the program. After completing the interview with the respondent, the interviewer will ask to speak directly to the individual about whom the respondent had no knowledge. If available they will ask the ESI series of questions. If not available, the interviewer will schedule a callback and the case will be coded as a partial complete.**

***ASK OF THOSE WHO ARE WORKING AND WHO ARE NOT POLICY HOLDERS OF PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER***

Q:EMP12

T:

Does PERSON'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 SAYING 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?

PROMPT: Even if you/this person do/does not have a spouse, we are still interested in whether a spouse could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE SAYING YES TO EMP12**

Q:EMP15b1

T:

PERSON's child dependents?

PROMPT: Does the health insurance offered through PERSON's employer also provide an option to include coverage for...?

PROMPT: Even if you/this person do/does not have children, we are still interested in whether a child could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

**CHECK QUESTION – IF PERSON IS UNSURE ABOUT THE CHARACTERISTICS OF THE INSURANCE POLICY, THEY WILL BE SKIPPED – WE WILL THEN RECONTACT THE HOUSEHOLD TO OBTAIN INFORMATION DIRECTLY FROM THE PERSON.**

Q:ESICHK

T:

INTERVIEWER: IF THE PERSON IS THE RESPONDENT, SELECT <1> TO CONTINUE

OTHERWISE SELECT <2> TO SKIP SECTION FOR THIS PERSON AND READ:

Thank you, but for this survey, we need to know about PERSON's employer offered insurance. At the end of the survey, I can make arrangements to speak with PERSON about their employer offered insurance.

1 SPEAKING WITH RESPONDENT

2 NOT THE RESPONDENT

**ASK OF THOSE INDICATING YES TO EMP12**

Q:EMP13

T:

Why was health insurance 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 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH

16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID

15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID

21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN

22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE

14 DOES NOT NEED HEALTH INSURANCE

19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS

24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE

25 SELF-EMPLOYED

35 NOT SURE HOW TO ENROLL

30 LOST JOB/TEMPORARILY NOT AT WORK

32 QUIT JOB

27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)

95 OTHER (SPECIFY)

97 NO REASON

98 DK/REF

Q:EMP13FR

T:

Next, I am going to read some possible reasons why PERSON may not have coverage through their employer or labor union. 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 his/her employer long enough to qualify for health insurance benefits.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through his/her 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 his/her 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 his/her 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 his/her employer or labor union?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

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

Q:EMP15

T:

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

(READ RESPONSES)

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

**ASK IF PERSON IS SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY TO ENROLL TO EMP16**

Q:OEM15

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

Q:EMP15c

T:

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

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

(READ RESPONSES)

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

**ASK OF THOSE INDICATING THEY HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAVE 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 his/her 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 (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
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF



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

Q:EMP16a1

T:

You indicated that PERSON currently has private health insurance through his/her 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 (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
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF

## **XVII. Family Income**

*(QUESTIONS WILL BE ASKED FOR EACH IDENTIFIED FAMILY UNIT)*

Q:INC01 – INTRODUCTION TO SECTION

T:

The next questions are about income that your FAMILY received during 2011.

PROMPT: 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.

ENTER <1> TO CONTINUE

Q:INC01a

T:

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.

I need to know the family income for the family that includes the following members of the household. Please consider only the following people when thinking about income

I will ask you about the other family units shortly

INTS: SELECT <1> AND CONTINUE TO INCOME QUESTIONS

INTS: READ NAMES BELOW ONLY IF QUESTION TEXT APPEARS ABOVE

1 ENTER TO CONTINUE

2 DO NOT KNOW ENOUGH ABOUT THIS FAMILY

Q:INC02

T:

During the entire year of 2011, 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 999999 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

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 your family's 2011 total income from all sources?

[INTERVIEWER: PROBE: Your best estimate would be fine]

CATEGORIES WILL BE DETERMINED BASED ON FPL CATEGORIES

98 DK

99 REF

**Note: at this point if anyone was skipped in the ESI Section XIX we will ask to speak with them and administer the ESI questions**

## **XVIII. 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 PERSONS OF THOSE EXCLUDED ABOVE.

- 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 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 SOMEONE IN HOUSEHOLD IS UNINSURED:

If you or anyone else is interested in finding out about state health insurance programs for people WITHOUT insurance, you can find out more from the Office of the Health Insurance Commissionerer by visiting their web site:

[www.ohic.ri.gov](http://www.ohic.ri.gov)

Under the consumer section, click on frequently asked questions

Thanks again and good-bye.

## **XIX. ESI CALLBACKS**

Q:INCPASS

T:

ENTER <1> TO CONTINUE

I:

Q:INFOQCB1

T:

INFORMATION:

### **GENERAL RELUCTANCE**

We are doing this study on behalf of the Rhode Island Office of the Health Insurance Commissioner to help the state evaluate the health insurance coverage and health insurance needs of Rhode Island residents.

### **STUDY LENGTH**

The study will only take less than 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 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.

[ENTER <1> TO CONTINUE]



Q:CPER1

T:

We are doing this study on behalf of the Rhode Island Office of the Health Insurance Commissioner to help the state evaluate the health insurance coverage and health insurance needs of Rhode Island residents.

The study will take less than 5 minutes.

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.

- 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: PRESS CTRL END TO END SURVEY  
IF PROMPTED, SELECT "TERMINATE AT CALLBACK" FROM THE DISPOSITION LIST

Q:SRYREFa

T:

INTERVIEWERS: PRESS CTRL END TO END SURVEY  
IF PROMPTED, SELECT "TERMINATE AT CALLBACK" FROM THE DISPOSITION LIST

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

We are doing this study on behalf of the Rhode Island Office of the Health Insurance Commissioner to help the state evaluate the health insurance coverage and health insurance needs of Rhode Island residents.

#### STUDY LENGTH

The study will only take less than 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 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.

[ENTER <1> TO CONTINUE]

Q:LEADCB1

T:

ASK FOR:

Number:

Hello, I'm \_\_\_\_\_ calling for the Rhode Island Office of the Health Insurance Commissioner. We are doing an important study to learn about health insurance coverage and the health insurance needs of Rhode Island residents.

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

Does your business offer any health insurance plans to any employees?

Q:aEMP15a1

T:

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

PROMPT: Even if you/this person do/does not have a spouse, we are still interested in whether a spouse could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

Q:aEMP15b1

T:

Your child dependents?

PROMPT: Does the health insurance offered through your employer or labor union also provide an option to include coverage for...

PROMPT: Even if you/this person do/does not have children we are still interested in whether a child could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

Q:aEMP13

T:

Why was health insurance 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 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

Q:aEMP13FR

T:

Next, I am going to read some possible reasons why you 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 you did not enroll in your employer's health insurance plan.

ENTER <1> TO CONTINUE

I:

Key 1



Q:aEMP13F

T:

You have not worked for your employer long enough to qualify for health insurance benefits.

PROMPT: Is this a reason why you do not have health insurance coverage through your employer or labor union?

1 YES

2 NO

8 DK

9 REF

Q:aEMP13G

T:

You work too few hours to qualify for health insurance benefits.

PROMPT: Is this a reason why you do not have health insurance coverage through your employer or labor union?

1 YES

2 NO

8 DK

9 REF

Q:aEMP13H

T:

The health insurance offered through your employer costs too much.

PROMPT: Is this a reason why you do not have health insurance coverage through your employer or labor union?

1 YES

2 NO

8 DK

9 REF

Q:aEMP13i

T:

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

PROMPT: Is this a reason why you do not have health insurance coverage through your employer or labor union?

1 YES

2 NO

8 DK

9 REF

Q:aEMP15

T:

If you had the option, how likely would you be to enroll in your 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

Q:aOEM15

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

Q:aEMP15c

T:

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

If you had the option to enroll in the premium assistance program, how likely would you be to enroll in your 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