2018 Medical Expenditure Panel Survey - Insurance Component Pre-test Protocol July 23, 2018

Sample Criteria:

- Include employers who responded to the 2017 Medical Expenditure Panel Survey Insurance Component (MEPS-IC). Note that we also refer to the MEPS-IC as the Health Insurance Cost Study, since that is the name with which respondents are most familiar.
- Sample selection is establishment based and no firm will be sampled for more than one location.
- Sample cases within the following firm size categories:

Privates (35 total)

(10) 1-10, (10) 11-50, (5) 51-100, (5) 101-250, (5) 250+ Governments (15 total)

(3) 1-10, (3) 11-50, (3) 51-100, (3) 101-250, (3) 250+

Include a sufficient number of cases to result in 50 completed interviews (approximately 35 privates and 15 governments). However, taking into consideration that the criteria is different for each question, we may need to exceed the target of 50 completed interviews to ensure we have sufficient feedback for each question. We will attempt to obtain at least 25 responses for each question. If we do not achieve this goal from the first 50 completed interviews, we will continue with the interviews until we reach our target for each question, up to 100 completed interviews in total.

- To reduce respondent burden, exclude cases that were contacted during problem resolution /CATI TFU and cases that were part of either of the 2017 Pre-tests.
- In addition to the criteria mentioned above, a set of question-specific criteria has been developed based on the type of information we seek to obtain from the respondent. This question-specific criteria is listed **prior** to each Pre-test question in the Protocol. We will only sample cases that meet criteria for at least 3 or more of the Pre-test questions.
- For question 5 (Qualified Small Employer Health Reimbursement Arrangement), we
 would like to sample an additional 50 cases that did NOT offer health insurance with the
 goal of obtaining 15 responses from non-insurance cases. These cases would not meet
 criteria to be asked the other questions in the Pre-test.

Introduction to the interview:

- Introduce self, purpose of call, and thank them for responding to 2017 Health Insurance Cost Study.
- Our records show that you are the person who responded to the survey. Confirm.
- Do you have a few minutes to answer some additional questions?
- This interview will take 15 to 30 minutes. Your participation is voluntary and your data will be kept confidential.
- If you have an easily accessible copy of your completed form, you can reference it during our conversation.

O If not, you can see a copy of the survey form you responded to online at this web address: https://bhs.econ.census.gov/bhs/meps/form.html (use drop down box to select 10(s) or 10 for privates and the 11(s) or 11 for governments.)

Questions:

I would like to ask you a few questions, we are considering for future versions of the Health Insurance Cost Study. The answers you give to these questions will not be recorded as official survey responses. In addition, I will be asking some follow-up questions about your interpretation of what is being asked, and we'll use your feedback to make improvements to the questions.

Section I

The first set of questions refer to the health care plans that you reported on the Health Insurance Cost Study. Please answer for health care plan *[Plan Name]* offered by your organization during 2017.

Question 1 Specific Criteria: C001 = '1' and C103 = '1'

READ TO RESPONDENT: A 'tiered health' plan is a plan that ranks physicians and hospitals according to the cost and quality of the care they provide and gives patients financial incentives to visit providers placed in a preferred tier.

- 1. In the 2017 Health Insurance Cost Study, you reported that (Plan Name) was only available through exclusive providers? Was (Plan Name) a 'tiered health plan'?
 - a. Yes
 - b. No
 - c. Don't know

READ IF NECESSARY: Exclusive provider - enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

Thank you for your answer. Now, we have a few follow-up questions for you, regarding that question.

- Are you familiar with the term 'tiered health' plan?

- **If the respondent answered 'Yes' -** In your own words, could you describe what a 'tiered health' plan is?

Question 2 Specific Criteria: C001 = '1' and C105 = '2'

READ TO RESPONDENT: A level funded plan is a self-insured plan that allows employers to pay a fixed monthly amount toward a fund that covers employee healthcare claims, stop-loss and the costs of administration.

- 2. In the 2017 Health Insurance Cost Study, you reported that (Plan Name) was a self-insured plan. Was this plan a 'level funded' type of plan'?
- a. Yes
- b. No
- c. Don't know

READ IF NECESSARY: In a Self-Insured Plan the organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

Thank you for your answer. Now, we have a few follow-up questions for you, regarding that question.

- Are you familiar with the term 'level funded plan'?
- **If the respondent answered 'Yes' -** In your own words, could you describe what a 'level funded plan' is?

Question 3 Specific Criteria: C001 = '1' and C570 = '1' and C151 = '1' and [(40 LE C146 LE 5,000) or (50 LE C149 LE 12,000 and C137 = '1')]

- 3a. In the 2017 Health Insurance Cost Study, you reported that (Plan Name) had an annual deductible of \$_____ for single coverage and \$_____ for family coverage. Was there a different deductible level for 'employee-plus-one' coverage?
 - a. Yes (Go to question 3b)
 - b. No (Go to question probes below)

c. Don't know (Go to question 4)

READ IF NECESSARY: Employee-plus-one coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child at a lower premium than family coverage.

- 3b. What was the annual deductible for employee-plus-one coverage?
- Did you have to look up any information or consult any records to answer these questions?
- If so, how are these records stored?

Question 4 Specific Criteria: C001 = '1' and C570 = '1' and [(300 LE C161 LE 10,000)] or (1,000 LE C162 LE 20,000) and C137 = '1'

- 4a. In the 2017 Health Insurance Cost Study, you reported that (Plan Name) had an annual out-of-pocket maximum amount of \$_____for single coverage and \$_____for family coverage. Was there a different out-of-pocket maximum amount for employee-plus-one coverage?
 - a. Yes (Go to question 4b)
 - b. No (Go to question probes)
 - c. Don't know(Go to question 5)

READ IF NECESSARY: Employee-plus-one coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child at a lower premium than family coverage. **READ IF NECESSARY**: Out-of-pocket expenses are those costs paid directly by the enrollee.

- 4b. What was the out-of-pocket maximum amount for employee-plus-one coverage?
- Did you have to look up any information or consult any records to answer these questions?

If so, how are these records stored?

Question 5 Specific Criteria: CYTE LT or EQ 50

READ TO RESPONDENT: Qualified Small Employer Health Reimbursement Arrangement or QSEHRA, also known as a Small Business HRA, allows businesses with fewer than 50 full-time equivalent employees to provide tax-free reimbursements to employees to help cover their medical expenses including insurance premiums for plans purchased on the individual market.

- 5. In 2017, did your organization/government unit offer a Qualified Small Employer Health Reimbursement Arrangement or QSEHRA or a Small Business HRA to its employees?
 - a. Yes
 - b. No
 - c. Don't know

Thank you for your answer. Now, we have a few follow-up questions for you, regarding that question.

- Are you familiar with the terms 'Qualified Small Employer Health Reimbursement Arrangement or QSEHRA' or 'Small business HRA'?
- If respondent is familiar with either term Are you more familiar with the term Small Business HRA, Qualified Small Employer Health Reimbursement Arrangement or QSEHRA? In your own words, could you please describe ('Qualified Small Employer Health Reimbursement Arrangements or QSEHRA'/'Small business HRAs')?
- **If Respondent answered 'Yes' to 5-** Could you please tell me more about the Qualified Small Employer Health Reimbursement Arrangement, QSEHRA, or Small Business HRA offered by your company/government unit?

READ IF NECESSARY: We are looking for information about eligibility criteria, number of enrollees, and other related criteria

If Respondent answered 'No' to 5- Is your company/government unit considering offering a Qualified Small Employer Health Reimbursement Arrangement or Small

Business HRA in the future?

Yes

b. No

c. Don't Know

Section II

Note to Interviewer: The following questions are an extension of the 2017 Offer Insurance field

test that was conducted by the Health Surveys Branch in 2017. Our goal is to have a better

understanding of how our respondents interpret certain insurance related questions.

Section II Criteria: C001 = 1

READ TO RESPONDENT: As part of the 2017 Heath Insurance Cost Study, you were asked if your organization made available or contributed to the cost of any health insurance plans for its active employees at this location in 2017? Since you answered 'Yes' to this question, we would

like to follow up with the following questions:

1. In your own words, could you please briefly explain what "make available" means to

you?

2. In your own words, could you please briefly explain what "active employees" means

to you?

READ TO RESPONDENT: The next set of questions refer to the owner of the organization.

3. Is the organization's owner(s) considered an employee of the organization? Why or

why not?

4. Are the health benefits offered by your organization different for owners than

they are for other employees? Please describe.

Completion of Interview

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That's all the questions I have for you today. Thank you very much for your time and contribution to our evaluation. Do you have any questions or comments for us?