MEPS Health Verification Module Questionnaire for Cognitive Testing

Respondent ID No. _____

5 Minutes

INTRODUCTION

Hello, my name is_____and I work for Westat, a survey research company in Rockville, Maryland. Thank you for taking the time to participate in this research study. Westat is working with the Agency for Healthcare Research and Quality (AHRQ) which is the lead Federal agency charged with improving the safety and quality of America's health care
system. AHRQ has developed some new questions for a national survey of medical expenditures known as the Medical Expenditure Panel Survey. It is important to try out these questions with the help of people such as yourself to ensure that they make sense, are easy to answer, and that everyone understands the questions the same way.

If you agree to take part in this study, I will ask the survey questions of you and then of other people in your household. I may also refer to some of the information about you and your household that you shared when our recruiter spoke with you. Finally, I'll talk with you about how you answered the survey questions. There are no right or wrong answers. Our purpose is not to compile information on you. Instead, your interview along with those of others will show us how to improve these questions.

INFORMED CONSENT

Before we get started, there are a few things I should mention. This is a research project, and your participation is voluntary. If you prefer not to answer any questions just say so and we'll go on to the next one. It's also okay if you change your mind after starting and would rather not participate. All your answers, everything you say, will be kept confidential. We will not use your name or other identifying information in any reports. The interview will take about 60 minutes and you will receive $60. We will also need to audio record our conversation. This helps me so I can listen to what you are saying and won't have to take a lot of detailed notes while you are talking; it will also help when we write up a summary of this interview. Only project staff will have access to the recording and other project materials. These materials will be destroyed once we have completed the project {Finally, some of the project staff from AHRQ and healthcare researchers from other Federal agencies are here today observing our interview to learn if there are things that might need to be changed to improve the survey questionnaire.}

HAND CONSENT FORMS TO RESPONDENT. This form contains all of the things I just told you about your rights in this interview. Please read it over and sign both copies if you are willing to take part in the study.

TURN ON RECORDER. The date and time is_____. Now that the recorder is running, let me ask again, is it okay with you if we record this interview?

GENERAL INTERVIEWER INSTRUCTIONS:

1. Administer verification module questions
2. Ask respondent to describe household health insurance situation
3. Retrospectively administer cognitive interview probes for verification module questions
4. Close

WHEN ADMINISTERING THE HEALTH VERIFICATION MODULE QUESTIONS NOTE ANY OF THE FOLLOWING BEHAVIORS TO PROBE ON RETROSPECTIVELY:
- Any verbal reaction.
- Item where R displays signs of being uncertain with verbal or non-verbal reaction.
- Items where R seems uncomfortable sharing information.

FOR ANY NON-VERBAL REACTIONS, ASK ONLY, TELL ME WHAT YOU'RE THINKING HERE. DO NOT PROBE BEYOND THAT UNTIL AFTER THE VERIFICATION MODULE QUESTIONS HAVE BEEN ADMINISTERED.

Color Key:
Purple – Interviewer instructions
Blue – Routing instructions
Black – Item text
Gold – Item numbers
Red – Cognitive interview probe

Section 1: Administering the questionnaire

I will begin by first asking the questions we are testing.

Ask all respondents

Cover

How many people in your household are currently covered by any kind of health plan or health coverage?

| |__| No. covered (incl. adults and children)

DK/NotSure

NotCover

How many people in your household are not currently covered by any kind of health plan or health coverage?

| |__| No. not covered (Incl. adults and children)

DK/NotSure

IF NOT ALREADY DISCUSSED:

DKCover

Is there anyone in your household you are unsure about?

□ Yes
□ No

NoDKCover

How many people in your household are you unsure about?

| |__| No. unsure about (Incl. adults and children)

A ZERO RESPONSE IS ACCEPTABLE

INTERVIEWER: COMPARE ANSWER WITH NUMBER OF PEOPLE RECORDED IN THE HOUSEHOLD SCREENING GRID.

- If total number of HH members reported is <u>equal to</u> total number of people recorded at screening, go to IHS.
- If total number reported is <u>higher than</u> total number of people recorded at screening, then collect screening grid information for additional person(s) then go back to *Cover*.
- If total number reported is <u>fewer than</u> total number of people recorded at screening, ask:.

- **Our recruiter recorded that there were XX members of your household but I am only able to account for XX. Did I miss any members of your household?**

CHECK TOTAL NUMBER OF HOUSEHOLD MEMBERS AND ESTABLISH TOTAL NUMBER WITH / WITHOUT HEALTH COVERAGE OR ABOUT WHOM THE RESPONDENT IS UNSURE. COLLECT SCREENING GRID INFORMATION FOR ANY ADDITIONAL PERSON(S)

Go to IHS

IHS

May I just check, is anyone in your household covered by the Indian Health Service?

- Yes
- No
- DK
- REF

IF YES, ASK RESPONDENT <u>NOT</u> TO CONSIDER THAT PARTICULAR TYPE OF INSURANCE WHEN ANSWERING THE SURVEY QUESTIONS. Go to HX.

HX

INTERVIEWER: CONFIRM NAMES OF ALL HOUSEHOLD MEMBERS AS REPORTED AT SCREENING. THEN ASK: Is there anyone else living in your household who we have not accounted for?

LOOP THROUGH ALL QUESTIONS FOR EACH HOUSEHOLD MEMBER BEFORE ASKING LOOP OF NEXT HH MEMBER

Now let's talk about {you/PERSON}.

CoverNow

{Are you/is PERSON} currently covered by any kind of health plan or health coverage that includes hospital and physician benefits?

> Yes…. Go to HX215
> No……Go to CoverPast
> REF….Go to CoverPast
> DK…...Go to Coverpast

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

CoverPast (HX210)

IF NO/DK/REF at *COVERNOW*

{Were you/was PERSON} covered at any time since February 1, 2017, even if just for one day, by any kind of health plan or health coverage that included hospital and physician benefits?

> Yes, covered ……………Go to HX215
> No, not covered …………End, Go to CoverNow for next person
> Refused……………….......End, Go to CoverNow for next person
> Don't know………………End, Go to CoverNow for next person

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

IF NO-ONE IN THE HOUSEHOLD HAS HAD ANY HEALTH COVERAGE SINCE FEBRUARY 1, 2017, GO TO SECTION 2

HX 215

For that coverage, {{do/did} you/ {{does/did}PERSON}}} get it through a job, the government or state, is it privately purchased, for example through an insurance company or HMO, or {{do/did} you/ {{does/did} {he/she}}} get it some other way?

CODE ONE ONLY

(IF RESPONDENT MENTIONS MORE THAN ONE HEALTH PLAN FOR ANY HH MEMBER ASK THEM TO THINK ABOUT THE ONE THEY CONSIDER TO BE THE "MAIN" ONE.)

> IF NEEDED, SAY:
> **JOB:** Former job/Retiree, Union, Spouse/parent's job, Job with the government, COBRA
>
> **GOVERNMENT OR STATE:** Medical Assistance, Maryland Children's Health Program, Medicare (Parts A+B; Part C), Medicare Advantage, Military health coverage (TRICARE, CHAMPVA, VA); State-provided health coverage
>
> **PRIVATELY PURCHASED:** From an insurance agent, insurance company, HMO, Exchange plan/Marketplace
>
> **OTHER:** Parent or spouse, Group or association, Medicare Supplements
>
> DK / REF NOT ALLOWED

> Job (current or former) …………..Go to HX225
> Government or state……………...Go to HX220
> Privately purchased………………Go to HX300
> Some other way………………….Go to HX300

P1 (R)	Job	GovStat	PrivPur	Other
P2	Job	GovStat	PrivPur	Other
P3	Job	GovStat	PrivPur	Other
P4	Job	GovStat	PrivPur	Other
P5	Job	GovStat	PrivPur	Other
P6	Job	GovStat	PrivPur	Other

HX220

Is that coverage related to a job with the government or state?

IF NECESSARY, SAY: Include coverage through former employers and unions, and COBRA plans.

> Yes………………Go to HX225
> No……………….Go to HX230
> Refused………….Go to HX230
> Don't know……....Go to HX230

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

HX225

Is that plan related to military service in any way?

IF NECESSARY, SAY: Examples of military plans include: VA Care, TRICARE, TRICARE for Life, CHAMPVA, or other military care.

> Yes……………….Go to HX260
> No………………..Go to HX300
> Refused…………..Go to HX300
> Don't know………Go to HX300

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

HX230

From which of the government or state sources on card HX-x {{are/were you} {is/was {PERSON}} covered by?

CODE ALL THAT APPLY

Medicare……………………………………………If person is <65 go to HX240

If > =65 end

Medical Assistance …………………………….....Ask HQ, then go to HX250

Maryland Children's Health Program ………...........Ask HQ, then go to HX250

TRICARE……………………………………………..Go to HX260

CHAMPVA……………………………..………..Go to HX260

VA…………………………………………….……Go to HX260

Other government program providing
hospital/physician benefits…………………………Go to HX270

P1 (R)	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other
P2	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other
P3	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other
P4	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other
P5	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other
P6	Medicare	MedAssist	MCHP	TRICARE	CHAMPVA	VA	Other

HX240

{Do/Does} {you/{PERSON}} receive Medicare because of a medical condition or a disability?

Yes
No
Refused
Don't know

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

IF PERSON <65 AND NO OTHER SOURCE AT HX230 FOR THIS PERSON - END.

ELSE RETURN TO HX230 AND FOLLOW NEXT SKIP INSTRUCTION.

HX250

Is the coverage with Medical Assistance or Maryland Children's Health Program through Maryland Health Connection (which may also be known as marylandhealthconnection.gov)?

> Yes
> No
> Don't know
> Refused

P1 (R)	*Yes*	*No*	*REF*	*DK*
P2	*Yes*	*No*	*REF*	*DK*
P3	*Yes*	*No*	*REF*	*DK*
P4	*Yes*	*No*	*REF*	*DK*
P5	*Yes*	*No*	*REF*	*DK*
P6	*Yes*	*No*	*REF*	*DK*

IF NO OTHER SOURCE AT HX230 FOR THIS PERSON - END.

ELSE RETURN TO HX230 AND FOLLOW NEXT SKIP INSTRUCTION.

HX260

What types of military health coverage {do/does} {you/{PERSON}} have? {Do you/Does {he/she}} have TRICARE Standard, TRICARE Prime, TRICARE Extra, TRICARE for Life, CHAMPVA, or VA (Veteran's Administration)?

CODE ALL THAT APPLY.

> TRICARE Standard
> TRICARE Prime
> TRICARE Extra
> TRICARE for Life
> CHAMPVA
> VA (Veteran's Administration)

DK/REF NOT ALLOWED – ASK R FOR THEIR BEST GUESS

P1(R)	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*
P2	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*
P3	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*
P4	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*
P5	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*
P6	*Tri Stand*	*Tri Prime*	*Tri Extra*	*Tri Life*	*CHAMPVA*	*VA*

PROBE: Any other type of military health coverage?

GO TO HQ AND RETURN TO HX260 IF MULTIPLE RESPONSE.

THEN RETURN TO HX230 IF MULTIPLE RESPONSE (NOT MILITARY) AND FOLLOW NEXT SKIP INSTRUCTION.

ELSE END

HX270

What is the name of the program from any state or local government agency which provided hospital and physician benefits?

ONLY ONE PROGRAM NAME IS ALLOWED PER HOUSEHOLD. FOR COGNITIVE INTERVIEW RECORD IF MORE THAN ONE IS MENTIONED BY RESPONDENT.

P1 (R)_____

P2_____

P3_____

P4_____

P5_____

P6 _____

GO TO HQ THEN RETURN TO HX280

HX280

Is the coverage with {PROGRAM NAME FROM HX270}**, the program sponsored by a state or local government agency which provided hospital and physician benefits, through Maryland Health Connection which may also be known marylandhealthconnection.gov?**

Yes……………………….END
No……………………..Go to HX300
Refused………………..Go to HX300
Don't know……………Go to HX300

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

HX300

From which source on card HX-4 did {you/{PERSON}} purchase or obtain this health insurance coverage?

> From a group or association
> Directly through a school
> Directly from an insurance agent
> Directly from an insurance company
> Directly from an HMO
> From a union
> From anyone's previous employer
> From spouse's/deceased spouse's previous employer
> From some other employer
> Under a plan of someone not living here
> Directly from Maryland Health Connection
> Other source Specify_____
> Refused
> Don't know

P1 (R)	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK
P2	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK
P3	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK
P4	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK
P5	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK
P6	Grp	Schl	Agent	Com	HMO	Uni	Prev	Spou	OthEmp	NotLiv	MHC	Oth	REF	DK

GO TO HQ

HQ

HQ10_01

{Were/Was} {you/ {PERSON}} covered the whole time from February 1, 2017 until today, or only part of the time?

> Whole time…………..Return to HX
> Part of the time………Go to HQ10_03 or HQ10_04
> Refused………………Return to HX
> Don't know…………..Return to HX

P1 (R)	Whole	Part	REF	DK
P2	Whole	Part	REF	DK
P3	Whole	Part	REF	DK
P4	Whole	Part	REF	DK
P5	Whole	Part	REF	DK
P6	Whole	Part	REF	DK

HQ10_03

{Have/Has} {you/{PERSON}} been covered continuously, since the first of May through today?

> Yes……………………Go to HQ10_05
> No……………….……Go to HQ10_05
> Refused……….….……Go to HQ10_05
> Don't know……...…….Go to HQ10_05

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

HQ10_04

{Were/Was} {you/{PERSON}} covered at all during May?

> Yes……………………Go to HQ10_05
> No………………..……Go to HQ10_05
> Refused……………..….Go to HQ10_05
> Don't know…...…………Go to HQ10_05

P1 (R)	Yes	No	REF	DK
P2	Yes	No	REF	DK
P3	Yes	No	REF	DK
P4	Yes	No	REF	DK
P5	Yes	No	REF	DK
P6	Yes	No	REF	DK

HQ10_05 - HQ10-09

[5] In February, 2017, {were/was} {you/{PERSON}} covered the whole month, part of the month, or not at all during the month?

INTERVIEWER PROBE IF PART MONTH WHETHER COVERAGE INCLUDED THE FIRST OF THE MONTH OR NOT?"

> Whole month
> Part of month (including first of month)
> Part of month (not including first of month)
> Not covered
> Refused
> Don't know

P1 (R)	Whole	First	Not first	Not cov	REF	DK
P2	Whole	First	Not first	Not cov	REF	DK
P3	Whole	First	Not first	Not cov	REF	DK
P4	Whole	First	Not first	Not cov	REF	DK
P5	Whole	First	Not first	Not cov	REF	DK
P6	Whole	First	Not first	Not cov	REF	DK

[6] How about in March? {Were/Was} {you/he/she} covered the whole month, part of the month, or not at all during the month?

Whole month
Part of month (including first of month)
Part of month (not including first of month)
Not covered
Refused
Don't know

P1 (R)	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P2	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P3	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P4	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P5	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P6	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*

[7] What about in April?

Whole month
Part of month (including first of month)
Part of month (not including first of month)
Not covered
Refused
Don't know

P1 (R)	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P2	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P3	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P4	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P5	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*
P6	*Whole*	*First*	*Not first*	*Not cov*	*REF*	*DK*

RETURN TO HX

10 minutes

Section 2: Understanding the household situation

Let's set these survey questions aside for the moment and I'd like for you just in your own words to describe all the different health insurance plans that everyone in your household has, including any supplemental plans or additional coverage plans. Make sure I understand what they're called, what they cover, whose name they're in, and who is on which plan. I would also be interested to know if you or members of your household have changed (or been without health coverage at all since February 1st 2017).

INTERVIEWER: ENSURE YOU HAVE ESTABLISHED HEALTH COVERAGE MATRIX FOR HOUSEHOLD

- **Policy type**
- **Policy holder**
- **Dependents**
- **HH or non HH members**
- **Job type**

IF NECESSARY (no HH member reported as a dependent):
- **Is anyone covered <u>as a dependent</u> under the policies we have discussed?**
  - ○ **Who is that?**

PROBE: Situation if policy holder not a household member

IF NECESSARY:

- **You mentioned that someone in the family is covered by a health insurance plan of <u>someone not living here</u>. How does that policyholder get this insurance?**

IF NECESSARY <u>Job (Not Military)</u>

- **Whose job/policy holder?**
- **Is policy holder currently employed at the job, previously employed at job/retired from job, some other situation?**
- **Under {your/PERSON's} plan, does the plan cover {you/them} to go to any provider or does it only pay if {you/they}they go to certain providers?**

PROBE: Industry: government or state, private sector etc.

PROBE:

If at least one person in the household has health coverage obtained through **Maryland Health connection** (HX250 = YES) ask respondent to explain the process they went through to obtain that health coverage and whether they think of it as public or private health coverage.

PROBE:
If at least one person in the household has **no health coverage**, ask respondent to explain why they have no coverage and establish length of time without coverage.

If at least one person in the household has been **in and out of coverage** (HQ) ask respondent to explain further why they are in and out of coverage and establish length of time without coverage, even if just for one day?

IF DK OR NOT SURE OF COVERAGE OR COVERAGE DETAIL FOR OTHER HOUSEHOLD MEMBERS

- **Discuss reasons for lack of knowledge e.g. relationship with HH member.**
- **Ask if R could provide any information at all about other households members and establish what knowledge is known e.g., name of plan / public or private. Follow up on probe to HX230 asking for best guess.**
- **Ask if anyone else in the household (besides the person you are talking about) would know whether they had health coverage or not. Why does this other person have more information?**

If a **household member was not reported or reported incorrectly** as not having health coverage during initial questioning.

IF NECESSARY:
- **At the start of this interview you did not initially report health coverage for [NAME]. Was there anything in particular about this person's situation that made it difficult for you to report on them?**

COMPARE EMPLOYMENT INFORMATION AND AGE RECORDED IN SCREENER WITH COVERAGE REPORTED AND CLARIFY ANY POSSIBLE DISCREPANCIES E.G.:

- **HH member has military service but no military service coverage reported, or vice versa.**
- **HH member is 65 or over but not reported to have Medicare.**

Section 3: Retrospective Probing

INTERVIEWER: IF ANY OF THE FOLLOWING ISSUES HAVE ALREADY BEEN ADDRESSED YOU CAN SKIP THAT QUESTIONING.

Now I would like to ask you some specific questions about the survey questions we're testing, the ones you answered at the start of this interview.

ALL RESPONDENTS

HX210 (CoverNow and CoverPast)

(I began by asking you whether you or members of your household were currently covered by any kind of health plan or health coverage that includes hospital and physician benefits.)

PROBE:

- **We used the phrase "health plan or health coverage" in the questions. What does that phrase mean to you?**

- **Do the terms "health plan" and "health coverage' mean the same thing or are they different? In what way are they different?**

- **Do these terms mean the same as "health insurance" or do they have a different meaning to you?**

- **When answering the questions did you consider whether the "health plan" or "health coverage" you were thinking about included hospital and physician benefits?**

- **What do you understand by 'hospital and physician benefits'?**

FOR THOSE WHO PROVIDED A RESPONSE TO *COVERPAST:*

- **How easy or difficult was it for you to remember whether {you/other people} in your household were covered since February 1 of this year? What made it easy or difficult?**

HX215

CARD SORT

I am now going to provide you with a set of cards. Each card describes a different source of health coverage. Please look at each card one at a time and place each card under the heading that best describes that source. As you place the card under each heading talk me through your thinking and tell me what made you decide to put it there. The headings are: coverage through a job, coverage through the government or state, coverage that is privately purchased or coverage obtained some other way. This is not a test. There are no right or wrong answers. If you do not recognize the source or do not know anything about it please place it under the "not sure" heading.
ENCOURAGE RESPONDENT TO THINK ALOUD AS THEY ARE PLACING THE CARDS

INTERVIEWER DEMO

So for example, this card says "Current job of a household member". You might tell me something like, "This means that health coverage is obtained through the job of someone who lives in a household and I would include this card under the heading 'Job'."

CARD CATEGORIES

HEALTH COVERAGE SOURCE	HEALTH COVERAGE SOURCE	HEALTH COVERAGE SOURCE	HEALTH COVERAGE SOURCE	NOT SURE
JOB	GOVERNMENT OR STATE	PRIVATELY PURCHASED	OTHER	

CARDS

[Current job of a household member]
Current job of someone who is not a
      Household member
A Union
A Job with the government
COBRA
Job of someone who is retired
Previous job of a household member
Medical Assistance
Medicaid
Maryland Children's Health Program
CHIP
Medicare
Medicare Advantage
PROBE:

TRICARE
CHAMPVA
VA (Veterans Administration)
Medigap
Directly from an insurance agent
Directly from an insurance company
Directly from an HMO
Directly through a school
Exchange plan
Marketplace
Group or Association
Medicare Supplement

- **How easy or difficult would you rate this task?** Why?

IF NECESSARY PROBE SPECIFICALLY ON:

- **What do you understand by the term "<u>Medicare Supplement</u>"?**
- **Have you heard of the term <u>Medigap</u>?**

GOV/STATE COVERAGE RELATED TO JOB (IF ANY HH MBR = YES AT HX220)

HX220
PROBE:
- **You mentioned that you/PERSON's government or state coverage was related to a job. Can you tell me a bit more about that job?**

   IF NECESSARY:
   - **What made you choose government or state coverage rather than coverage through a job?**
   If DK/REF: Establish reason for response.

HX250 = ANY coverage with Medical Assistance/Maryland Children's Health Program

HX250

PROBE:
- **Before today were you familiar with the term Maryland Health Connection?** How?

   IF HX250 = Yes

   PROBE:
   - **Have you used the website marylandhealthconnection.gov?** Explain.

      IF NECESSARY:

HX225 AND HX260 - MILITARY SERVICE PLANS ANY IN HX260

HX225/HX260

IF NECESSARY:
- **In relation to the military service plan(s) you mentioned earlier, how sure are you of the types of plan that you/PERSON has?** Why?

   o **How would you describe the differences between TRICARE standard, TRICARE prime, TRICARE extra, TRICARE for Life?**

   o **What is the difference between CHAMPVA and VA?**

20

HX270 = DK or REF

HX270

- Establish why not sure of program name or REF.

HX280 = ANY

HX280

- Discuss the process that was gone through in obtaining this health coverage and whether respondent considers it to be private or public coverage.

ALL AT HX300 (NOT CODED GOVERNMENT OR STATE AT HX215)

HX300

If any item selected

PROBE:

- **How easy or difficult was it for you to select from this card the source from which health insurance coverage was purchased or obtained?** Why?

IF School

- **Does the insurance from the school cover only injuries caused by accidents, or does it have general health coverage?**
- **Would the insurance from the school cover health services outside of a school clinic?**

IF Group or Association/ School/ Directly from an insurance agent or company/ HMO/ Other

- **Is this through the STATE EXCHANGE?** Maryland Health Connection? (Maryland health connection.gov).

HQ: IF ANY HOUSEHOLD MEMBER COVERED FOR PART OF THE TIME:

IF NECESSARY:

- **How easy or difficult was it for you to remember when {you were/PERSON was} covered since February 1, 2017.**

If more than one military plan (and at least one plan type coded 'part of the time':

PROBE: Thinking of all of your military plans together (as a whole), would you say that you were covered the whole time from February 1, 2017 until today or only 'part of the time'.

GENERAL PROBING

PROBE:

- **In general, how easy or difficult did you find it to answer the survey questions about other people in your household? What made it easy or difficult?**

    IF NECESSARY:
    - **How confident are you in the answers you gave to the survey questions on behalf of others in the household? Why?**

    - **Were there some household members who were more difficult to answer about than others? Which household members were they and why?**

PROBE:

- **Who would you say is the best person to ask in your household about health coverage for all household members - is it you or someone else?** Why?

    IF NECESSARY:
    - **Who would you say was the most knowledgeable about the health insurance your family/household have?**

5 minutes

Section 4: Closing

IF OBSERVERS ARE PRESENT, CHECK TO SEE IF THEY HAVE FURTHER QUESTIONS.

Those are all the questions I have for you. Is there anything we haven't discussed that you would like to mention?

DISCUSS ANY RESPONDENT COMMENTS.

Thank you for your time.

STOP TAPE RECORDER.

GIVE INCENTIVE AND HAVE RESPONDENT SIGN RECEIPT.