

**2021 Medical Expenditure Panel Survey – Insurance Component  
COVID-19  
Pre-test Protocol  
September 2020**

**Sample Criteria:**

- Include employers who responded to the 2019 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.
- To reduce respondent burden, exclude cases that were contacted during problem resolution /CATI TFU and cases that were part of either of the 2020 Pre-tests.

**Introduction to the interview:**

- Introduce self, purpose of call, and thank them for responding to 2019 Health Insurance Cost Study.
- Our records show that you are the person who responded to the survey. Is that correct?
- Do you have a few minutes to answer some additional questions?
- This interview will take about 15 minutes. Your participation is voluntary and your data will be kept confidential. *Read PIA statement to respondent over the phone. Alternatively, the statement can be emailed.* See Attachment

**General probes:**

- Reflect back on respondent’s answer: “you said...”
- In your own words, what is this question asking?
- How did you arrive at this number/answer this question?
- What records (if any) did you look at? What line or lines were of interest?
- Specifically, what did you include in this number? What did you exclude?
- Would you consult other people to obtain this answer?

**Questions:**

I would like to ask you a few questions we are considering for future versions of the Health Insurance Cost Study about the impact of the COVID-19 pandemic. 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.

The following questions refer to **[NAME OF SAMPLED BUSINESS]** located at **[BUSINESS ADDRESS]**.

Please respond to these questions with the plan referred to as **[NAME OF PLAN]** in mind

Probe: Were you the person who responded to the 2019 Health Insurance Cost Study?

-Yes

-No

Probe: If 'yes':

If you were responding to the Health Insurance Cost Study today, instead of last year, would there be challenges due to the coronavirus pandemic that would make it difficult for you to respond to the survey?

-Yes

-No

Probes: For example, was your company closed? Were knowledgeable employees available?

If 'no':

If you were responding to a government survey such as the Health Insurance Cost Study today, would there be challenges due to the coronavirus pandemic that would make it difficult for you to respond to the survey?

-Yes

-No

If 'yes' to 0b continue with 0c, otherwise skip to 1a:

Describe these challenges and how they might have impacted your experience with the survey?  
What (if anything) would have made it easier for you to answer the survey?

Probe: Was it easy or difficult to continue to receive communication that was mailed to the organization's physical location? Were you able to receive phone calls on your regular work number, while working from home?

1a) Did your organization make any of the following changes to the number of active employees in response to the coronavirus pandemic or related economic conditions?

(check all that apply)

- Furloughed employees
- Terminated employees
- Hired additional employees
- Paid employees who are not working
- Reduced employee hours
- Increased employee hours
- Don't know
- No changes

- Other – specify

1b) If respondent selected 1, 4, or 5 (from Question 1a), continue with 1b, otherwise skip to 1d.

Did your organization continue group health insurance coverage for [furloughed workers/paid employees who are not working/employees with reduced hours]?

- Yes, enrollee contributions did not change
- Yes, with increase to enrollee contributions
- Yes, with decrease to enrollee contributions
- No
- Don't know

1c) If 'no' to Question 1b, continue with 1c, otherwise skip to 1d.

Was COBRA available to [furloughed workers/paid employees who are not working/employees with reduced hours]?

- Yes, employee paid full cost
- Yes, employer paid some or all of the cost
- No
- Don't know

Probe: If 'don't know' to Question 1b, continue with 1d, otherwise skip to 1d.

Could you tell me more about why you chose the answer option 'Don't know'?

Probe: Are you unsure if your organization continued group health insurance for [furloughed workers/paid employees who are not working/employees with reduced hours], or are you unsure if the employee contribution changed?

Probe: Could you describe the term 'furlough' in your own words?

1d) Did your organization receive a loan or other financial assistance to maintain payroll and/or to continue providing health insurance benefits?

- Yes, from the Paycheck Protection Program (PPP) or another Federal program.
- Yes, from a state or local government program.
- Yes, from another source.
- No
- Don't know

Probe: If answered 'Yes, from another source'

Could you specify from what other source your organization received a loan or other financial assistance?

If answered 'Don't Know' (from Question 1e), continue with 1g, otherwise skip to 2a.

Did your organization continue group health insurance?

Probe: Did the employee contribution towards health insurance change?

2) Due to the COVID-19 situation, did your organization make any changes to leave policies [check all that apply]

- Yes, expanded the amount of paid leave available to employees.
- Yes, newly permitted or expanded use of unpaid leave for employees.
- Other (please explain)
- No changes
- Don't know

Probe: If either 'yes' category is selected in question 2a, continue with 2b, otherwise, skip to 3a.

Probe: Could you describe some of the reasons for expanded [paid/unpaid leave]? For example, employee illness, minimizing employee exposure to COVID-19, caring for a family member.

3) What percentage of your organization's employees telework on a regular basis?

Probe: How would you define 'on a regular basis'?

What percentage of your organization's employees are able to do their jobs by teleworking if necessary?

Did the number of teleworking employees or the hours employees teleworked increase as a result of the coronavirus pandemic?

- Yes, increased telework
- No, telework did not change
- No, decreased telework

4) Did your organization offer an employee assistance program (EAP) to its employees?

- Yes
- No
- Don't know

Read if Necessary: EAPs may provide mental health, substance abuse, wellness, work/life, or other support services to employees and their families.

5a) Are you familiar with the term telemedicine? If yes, please describe telemedicine in your own words.

Probe: Are you familiar with the terminology of onsite and near-site clinics? If yes, please describe onsite and near-site clinics in your own words.

5) Does your organization provide access to in-person or virtual clinic(s) for the delivery of health care services to employees?

- Yes

- No
- Don't know

If Yes, Select all that apply.

- Onsite clinic
- Near-site clinic
- Telemedicine clinic

6) What can you tell me about the coverage of telemedicine in the health plans offered to your employees?

Probes: For example, is video chat involved? Are regular office visits covered, or service for calling a nurse, etc.?

Read if necessary: Telemedicine is the provision of healthcare services through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring.

7) Do your organization's employees have access to free or reduced out of pocket costs for COVID-19 testing or treatment?

- Yes
- No
- Don't Know

If yes,

- Yes, testing
- Yes, treatment
- Yes, testing and treatment

Probe: Due to the COVID-19 situation, do you plan to make any changes to the health insurance you offer to your employees?

If yes, could you describe these changes?

9) Do you plan to make any other changes in response to the COVID-19 situation? If yes, describe.

10) Are there any other COVID-19 issues your organization is facing that we have not discussed?

Probes: For example, these issues could relate to: benefits, health insurance, health care, work environment, reduced pay for employees, reduced business hours, temporary closures, interior changes to abide by social distance rules, provide additional hand sanitizing stations, provide masks/gloves/protective gear, etc.

**Completion of Interview.** *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?*