

2021 Medical Expenditure Panel Survey – Insurance Component
Pre-test Protocol
February 20, 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.
- Sample sufficient cases to meet the following quotas by firm size category:
 - 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+
- 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.
- For section 1, only include employers that offered insurance in 2019 and that reported both a deductible and out-of-pocket maximum for individual coverage for at least one health insurance plan. If multiple plans within an establishment meet this criteria, sample the plan with the largest enrollment.
- For section 2, sample nine additional employers who responded that their organization offered a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or Individual Coverage HRA (ICHRA) in 2020. Section 2 requires the use of 2020 data, since the 2019 questionnaire did not include this question. Since 2020 survey responses will come in on a flow starting in July of 2020, section 2 of the pre-test will be on a later time frame than section 1.

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 B*

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.

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

Section 1:

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

1a. What was the annual deductible an enrollee paid out-of-pocket for care provided by an out-of-network provider? \$_____

Question 1 Probes:

1b. How easy or difficult was it to answer this question?

1c. Did you have to consult any records or another person to answer this question?

2a. What was the maximum annual out-of-pocket expense for care provided by an out-of-network provider? \$_____

Question 2 Probes:

2b. How easy or difficult was it to answer this question?

2c. Did you have to consult any records or another person to answer this question?

2d. In your own words, please describe 'out-of-network' provider.

Thank you for your answers. The next three questions relate to copayments and/or coinsurance for out-of-network providers.

3a. For an out-of-network provider, how much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?

Report for pre-certified hospital admissions (if applicable), and do not include any physician charges incurred during the hospital admission.

\$ _____ Copayment

AND/OR

_____ % Coinsurance

Question 3 Probes:

3b. How easy or difficult was it to answer this question?

3c. Did you have to consult any records or another person to answer this question?

4a. For an out-of-network provider, how much and/or what percentage of the total bill did an enrollee pay out-of-pocket for a specialist physician office visit after any annual deductible was met?

\$ _____ Copayment

AND/OR

_____ % Coinsurance

Question 4 Probes:

4b. How easy or difficult was it to answer this question?

4c. Did you have to consult any records or another person to answer this question?

5a. For an out-of-network provider, how much and/or what percentage of the total bill did an enrollee pay out-of-pocket for a General Practitioner office visit after any annual deductible was met?

\$_____ Copayment

AND/OR

_____ % Coinsurance

Question 5 Probes:

5b. How easy or difficult was it to answer this question?

5c. Did you have to consult any records or another person to answer this question?

Thank you for your answers. I just have one more question for you regarding optional coverage.

6. On the 2019 questionnaire, we asked if any of the following optional coverage services were offered at a premium separate from the comprehensive health plan premium. We asked about dental, vision, prescription drugs and long-term care. Are there any additional optional coverage services that you would include on our list?

Skip to completion of interview.

Section 2:

In your 2020 response, you reported that your organization offered a [Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)/ Individual Coverage Health Reimbursement Arrangement (ICHRA)]. The following questions are follow-ups regarding the [QSEHRA/ICHRA] that was offered.

1a. In your own words, could you please describe a [QSEHRA/ICHRA]?

Now I am going to read you a definition for [QSEHRA/ICHRA].

READ If QSEHRA offered: A Qualified Small Employer Health Reimbursement Arrangement, also known as a Small Business HRA, allows businesses with fewer than 50 FTE employees to provide tax-free reimbursements up to a maximum dollar amount to employees to help cover their medical expenses including insurance premiums for plans purchased on the individual market.

READ If ICHRA offered: An Individual Coverage Health Reimbursement Arrangement is a new type of health reimbursement arrangement (HRA) that allows businesses of all sizes to provide tax-free reimbursement to employees for individually purchased health insurance premiums (or other medical care expenses) up to a maximum dollar amount set by the employer each year. Employers can offer an ICHRA and a traditional group health plan, but they have to be offered to different classes of employees (e.g. part-time versus full-time).

1b. Is there anything you would add to or remove from the definition I just read?

Now I am going to ask some questions about the [QSEHRA/ICHRA] that your organization offered.

2a. What determines eligibility for the [QSEHRA/ICHRA]?

2b. How many employees were eligible for the [QSEHRA/ICHRA]?

2c. How many employees were enrolled in the [QSEHRA/ICHRA]?

Question 2 Probes:

2d. How easy or difficult was it to answer these questions?

2e. Did you have to consult any records or another person to answer these questions?

3. Could you please tell me more about the type of [QSEHRA/ICHRA] that was offered?

4. Do you consider the [QSEHRA/ICHRA] to be a type of health insurance offered by your organization?

If respondent answers 'yes' to question 4 - Could you please explain your answer?

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?*