August 26, 2003

Lawrence R. Poole, M.B.A.
Acting Director
Division of Grants Management Operations
Operations Management and Program Support
4350 East-West Highway, Room 11-2D2
Bethesda, MD 20814

Dear Mr. Poole:

Enclosed are two copies of the Year 1 interim report for the Alabama State Planning Grant (SPG),
1 P09 OA 00045-01. I appreciate the State Planning Grant Office's allowing Alabama additional time in which to submit this report.

If you have any questions, please contact me (fshinbaum@adph.state.al.us (334) 206-5568).

Sincerely,

Fern M. Shinbaum, R.N., M.S.N.
Project Director
Alabama State Planning Grant

Enclosure

Alabama State Planning Grant
Interim Report – Year 1
August 2003

<u>Executive Summary</u>

Data Collection Activities:
> Statewide 7,200 household telephone survey
> Eight focus groups with consumers and employers
> Secondary data reviews using the Multi-State Integrated Database and other secondary databases

Policy options selected to increase health insurance coverage in the state:
> Of the 14 options that would offer health insurance coverage to uninsured populations in Alabama, the following four options are being contemplated for further research (modeling) in Year 2 of this project:

>> <u>1931 Medicaid Expansion</u> – This would raise the Medicaid income eligibility level for non-pregnant adults from its current level of approximately 13% FPL.
>> <u>HIFA Medicaid Waiver</u> - This option would provide coverage to uninsured parents of Medicaid and CHIP enrollees as well as childless adults.
>> <u>Full Cost Buy like Local Government</u> – This option would establish a program modeled after the local government program currently administered by the AL State Employees Insurance Board.
>> <u>HIPP Medicaid Waiver</u> – This option would expand Medicaid's current Health Insurance Premium Payment Program.

> It should also be noted that the state of Alabama is not currently in a position to implement any options to expand coverage. However, supported by the work of this project, *Voices for Alabama's Children*, a statewide advocacy group for children, is preparing a grant application to implement the options that pertain to increasing public education and awareness of health insurance options currently available to employers and employees.

Recommendations for federal and state actions to support state efforts to provide health insurance for the remaining uninsured:

Periodic funding to conduct the telephone survey and analyses as well as the focus group implementation and analyses would assist the state and the federal government in knowing how/if the uninsured population is changing over time. Continued funding of this project would allow additional data analysis and focus group implementation which would provide input into future policy decisions.

Because this project revealed that a significant number of Alabamians are eligible but unenrolled in current programs, work needs to be done to reduce the barriers to their enrollment. The project also highlighted the need for public education and guidance for businesses with regard to insuring the uninsured.

1.1 What is the overall level of uninsurance in your State?

Overall, 11.2% are uninsured telephone of people in Alabama according to the IDEA survey.

1.2 What are the uninsured?

Income: Alabamians less than 134% whose family income is FPL (Federal Poverty Level) have higher rates of uninsurance. A striking 3 in 10 people below 15% FPL are uninsured, while 3 in 100 people above 300% FPL are without insurance.

characteristics of the

Marital Status	Uninsurance Rate
Widowed	6.3%
Married	8.9%
Divorced	15.1%
Separated	20.0%
Living with Partner	34.8%
Single	16.5%

Family Income (% FPL)	Uninsurance Rate
<15%	29.8%
15-100%	26.7%
101-133%	20.3%
134-150%	16.3%
151-200%	15.5%
201-250%	8.7%
251-300%	7.5%
>300%	2.8

Age:

Adults ages 25-34 have the highest rate of uninsurance, at 23.1%, compared to he overall state uninsurance rate of 11.2%. A separate analysis shows that the uninsured are statistically much more likely to be between the ages of 19-34 years old, and less likely to be uninsured if they are under 19 or over 64 years of age. This latter finding is most likely attributable to enrollment in Medicaid/CHIP and Medicare programs.

Age	Uninsurance Rate
0 - 5 years	4.3%
6 - 18 years	7.6%
19 -24 years	20.5%
25 –34 years	23.1%
35-54 years	13.0%
55-64 years	11.6%
65 years and over	1.1%

Gender:

The survey did not capture this information.

Family Composition:

Health Status:

Health Status	Uninsurance Rate
Excellent	6.5%
Very Good	10.0%
Good	12.0%
Fair	19.3%
Poor	21.7%

Employment Status:

Status	Uninsurance Rate
Self-Employed	17.3%
Employed by Someone Else	8.4%
Not Employed/Unemployed Worker	25.7%
Retired	2.2%
Student	14.3%
For Those Who are Employed	
Number of Jobs	
One Job	9.1%
More than one job	11.3%
Hours Worked per Week	
0-10	5.9%
11-20	19.7%
21-30	23.2%
31-39	11.8%
40 hours or more	7.9%
Type of Job	
Permanent	8.4%
Temporary	28.4%
Seasonal	27.8%
Full-time	7.9%
Part-time	15.7%
Size of Employer	
<11 employees	23.3%
11-50 employees	10.3%
>50 employees	4.9%

Availability of private coverage (including offered but not accepted):
Of the total population in Alabama, 53.7% have employer-sponsored coverage and 3.7% have individual coverage. Of the 11.2% who are uninsured, 20.8% are potentially eligible for employer-sponsored coverage.

Availability of public coverage:
Of the total population in Alabama, 31.4% are insured under public programs. Of the 11.2% who are uninsured, 16.1% are potentially eligible for coverage under existing public programs.
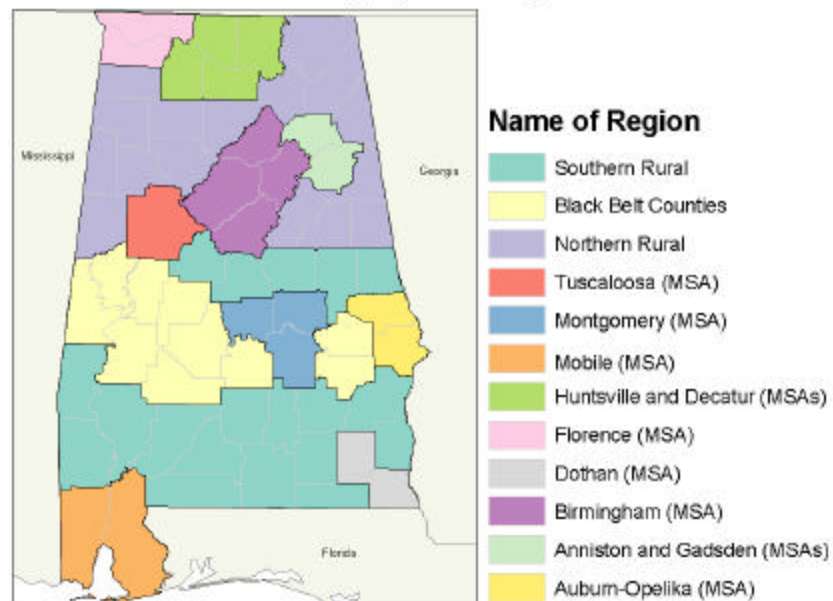
Race/ethnicity:

Race/ethnicity	Uninsurance Rate
African American/Black	13.2%
American Indian	10.9%
Asian	5.5%
Hispanic*	22.0%
White	10.2%
Other	0.1%

Immigration status:
The survey did not capture this information.

Geographic location (as defined by State)
For the purposes of this project, the state was divided into 12 geographic regions (see map below).

The table below displays Alabama's uninsurance rates by region. People living in rural areas have slightly higher uninsurance rates than those who live in urban areas. Using point-in-time estimates, the areas with the highest levels of uninsurance are the Northern Rural (15.6%) and

the Southern Rural (14.9%) regions. By contrast, Birmingham (7.7%) and Florence (8.4%) have the lowest rates of uninsurance among the geographic regions examined in this analysis.

Geographic Region	Uninsurance Rate	Number of uninsured people in the region
Urban	9.7%	239,170
Rural	12.4%	245,697
Anniston	13.0%	21,611
Auburn	10.7%	22,936
Birmingham	7.7%	71,464
Black Belt Counties	10.0%	13,822
Dothan	13.6%	19,384
Florence	8.4%	41,603
Huntsville	13.3%	72,561
Mobile	9.1%	30,422
Montgomery	10.9%	17,992
Northern Rural	15.6%	100,973
Southern Rural	14.9%	27,387
Tuscaloosa	11.8%	59,429
All Regions	11.2%	500,008

Duration of Uninsurance:

Throughout this report, unless otherwise indicated, the analyses refer to the "point-in-time" uninsured.

Definition	Uninsurance Rate
Point-in-Time	11.2%
Uninsured All Year	8.8%
Uninsured Part Year	5.8%
Uninsured at Some Point During Year	14.6%

1.3 Summarizing the information provided above, what population groupings were particularly important for your State in developing targeted coverage expansion options?

From the information above it is evident that the following population groups are at the greatest risk for uninsurance:
- Adults ages 19-34 years, especially 25-34 years of age;
- Individuals living in families with incomes of less than 133% FPL, specifically between 15% and 100% FPL;
- Adults with less than a high school education; and,
- Individuals working for firms with less than 10 employees.

1.4   What is affordable coverage? How much are the uninsured willing to pay?

The household telephone survey revealed that of the population who have access to employer-sponsored health insurance but who remain uninsured, 61% said that the reason they do not have health insurance is because it is too expensive. When focus group participants were asked to define "affordable health care," the average monthly cost they felt they could afford for comprehensive family health care coverage was approximately $116.

1.5   Why do uninsured individuals and families not participate in public programs for which they are eligible?

The telephone survey revealed that over three quarters of uninsured people surveyed would be willing to enroll in a public program is they learned that they were eligible. When asked if they would enroll if the programs were free, this figure increased to 86%. These results indicated that the "eligible but not enrolled" group would enroll if they learned more about public programs.

The majority of consumers in the focus groups felt that people who receive health care through public programs are treated like "second class citizens." Many participants also feel that patients with private or employer-provided health insurance receive superior care as compared to people with public coverage or no insurance.

1.6   Why do uninsured individuals and families disenroll from public programs?

This question was not addressed through either surveys or focus groups. However, information from Alabama's CHIP reveals that families who do not seek to renew their children's CHIP coverage even though these children subsequently become uninsured, do not purposely disenroll their children. Rather, the disenrollment is due to oversight.

1.7   Why do uninsured individuals and families not participate in employer-sponsored coverage for which they are eligible?

The most common reason, according to the telephone survey, is that employer sponsored coverage is too expensive. The overall number of responses to this question was low, so the reasons given are grouped under broad categories described below.

> Categories:
>> Desire/Adequacy (didn't need or want insurance, rarely sick, too much hassle/paperwork, own plan cheaper, benefits don't meet needs, child is covered under school plan)
>> Covered Soon (expect to be covered soon, after waiting period will be covered)
>> Don't Qualify (don't work enough hours, not worked long enough, parent not eligible), and

<u>Other</u> (e.g. afraid of doctors, no particular reason, goes to a naturalist, uses walk-in clinics, etc.)

- ◘ Expensive - 61%
- ◘ Desire/Adequacy - 3%
- ◘ Other - 10%
- ◘ Don't Qualify - 25%
- ◘ Covered Soon - 1%
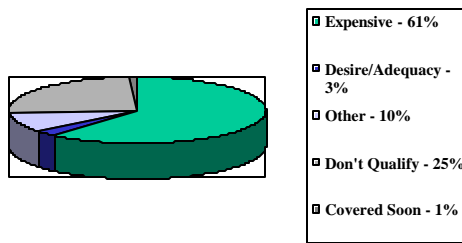
1.8   Do workers want their employers to play a role in providing insurance or would some other method be preferable?
A question concerning responsibility for providing health insurance was posed in focus groups to both uninsured consumers and employers.

In consumer groups opinions were diverse among the groups with many indicating the individual, the employer, and the government should share the responsibility. There was no consensus among the groups for preferring to receive coverage through an employer vs. through a governmental program. Hispanics expressed reservations regarding a government administered plan because of concerns over their citizenship/legal status.

When employers were asked the same type of questions, a small majority of employers felt that the workers themselves should be mostly responsible for taking care of their health insurance. At the same time, a larger majority of employers felt that the state government should play some role in helping to provide coverage to workers. However most did not support the idea of the state making direct payments to workers for their health care. Participants did feel that the state could help hold health care costs down through better regulation of insurance providers and tort reform. Many employers also expressed a need for the state to educate small businesses on the possible benefits (such as tax advantages) of providing health care coverage to employees and to make health care information more readily available to the general public.

1.9   How likely are individuals to be influenced by:
Availability of subsidies, tax credits, or other incentives?:
The only question asked consumers with regard to this concerned their willingness to enroll in a public program. Please see section 1.5 of this document.

1.10   What other barriers besides affordability prevent the purchase of health insurance?
While cost was the major barrier perceived by both consumers and employers, the telephone survey and focus groups did reveal other barriers. In consumer focus groups these barriers included: unemployment, not qualifying for private insurance, pre-existing conditions, no coverage available for part-time employees; waiting periods, and coverage not offered through employer. Many of the Hispanic participants indicated that not having the proper INS documentation is a major health care barrier in Alabama. When employers were asked their opinions concerning the barriers, other than cost, to offering health insurance plans to employees, reasons mentioned were: "younger

employees prefer higher pay over insurance coverage," "retired military employees already have coverage," and the administrative cost of providing coverage.

Please see 1.5 and 1.7 above for other reasons.

1.11 How are the uninsured getting their medical needs met?

According to focus group data, less than one-half of the uninsured consumers stated they visit a health care provider for regular check-ups and screenings. Additionally, about one-half of the participants felt that all the health care needs of their families were not currently being met.

The chart below (from telephone survey data) shows that the percentage of the uninsured with a regular place to go for medical care is far lower than the percentage of people with insurance from either public or private sources.

Alabamians with a Regular Source of Care by Type of Coverage
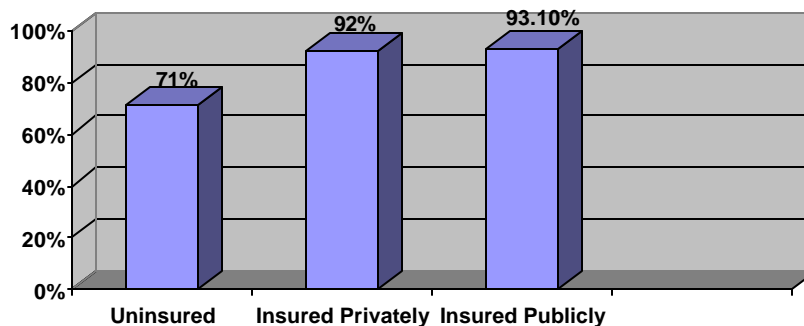
A doctor's office is where most people seek medical care, particularly those with private health insurance. Public program enrollees, as well as the uninsured, are likely to use a public health or community clinic. A higher proportion of the uninsured are more likely to use an emergency room than people with either private or public coverage.

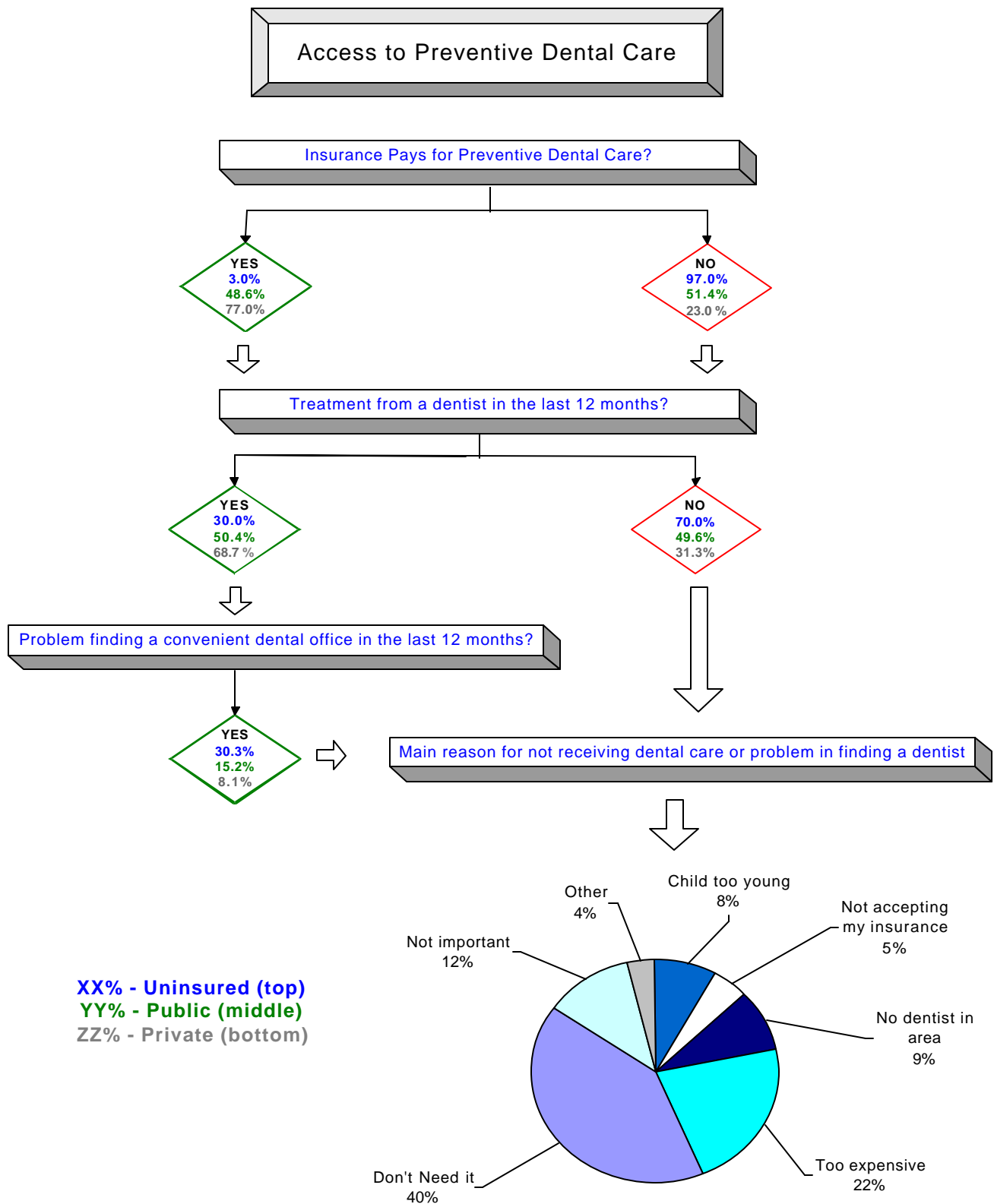Distributions of Health Care Sources for those with a Regular Source of Care

Source	Type of Insurance		
	Uninsured	Public	Private
Emergency Room	13.5%	2.3%	2.1%
Doctor's Office	58.5%	72.9%	85.7%
Clinic	25.9%	21.2%	10.9%
Other	2.1%	3.6%	1.3%
	100.0%	100.0%	100.0%

Alabama residents use different type of clinics. People who were uninsured were more likely to use a free clinic, as were people who are insured through public programs. People who have private health insurance coverage were more likely to use private clinics.

Distributions of Clinic types for those with a Regular Source of Care

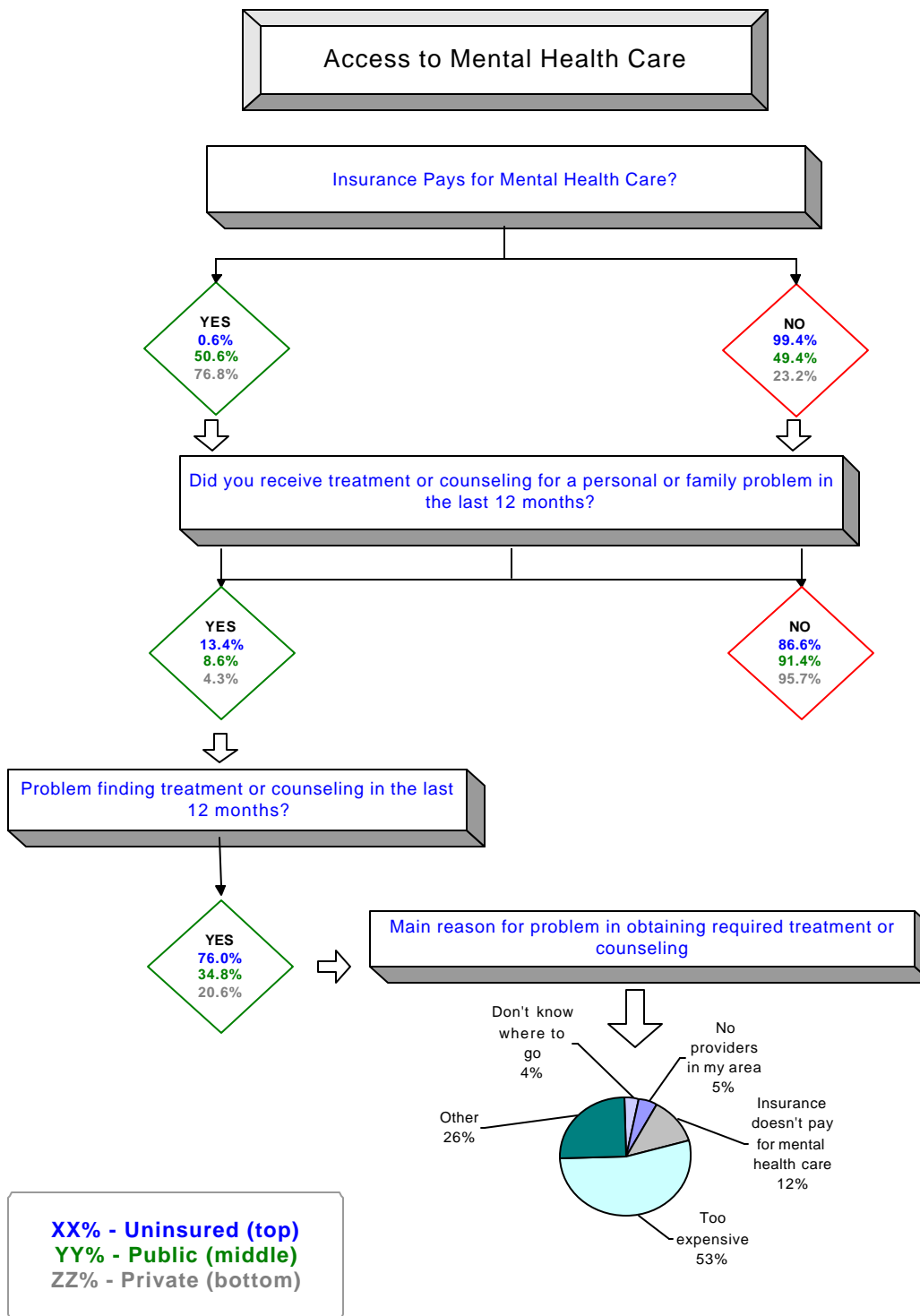| Source	Type of Insurance		
	Uninsured	Public	Private
Free Clinic	71.0%	44.9%	26.7%
Hospital Clinic	16.3%	24.5%	24.1%
Private Clinic	9.1%	23.7%	45.8%
Other	3.7%	6.9%	3.5%
	100.0%	100.0%	100.0%

According to the telephone survey, dental coverage is held by 3%, 49%, and 77% of uninsured, publicly insured, and privately insured Alabamians, respectively. Following this pattern, the uninsured were the least likely (30%), followed next by the publicly insured (50.4%), and finally by the privately insured (68.7%) to have received dental treatment in the past 12 months. Of those that sought dental care in the past 12 months, the uninsured were twice as likely as the publicly insured and more than three times more likely than the privately insured to experience problems finding a convenient dental office in the past year. The main reasons for not obtaining dental care or having problems finding a dentist, regardless of insurance source, were that they felt they did not need it (40%) or that it was too expensive (22%).

Access to Preventive Dental Care

Insurance Pays for Preventive Dental Care?

YES
3.0%
48.6%
77.0%

NO
97.0%
51.4%
23.0 %

Treatment from a dentist in the last 12 months?

YES
30.0%
50.4%
68.7 %

NO
70.0%
49.6%
31.3%

Problem finding a convenient dental office in the last 12 months?

YES
30.3%
15.2%
8.1%

Main reason for not receiving dental care or problem in finding a dentist

XX% - Uninsured (top)
YY% - Public (middle)
ZZ% - Private (bottom)

Pie chart:
- Other 4%
- Child too young 8%
- Not accepting my insurance 5%
- No dentist in area 9%
- Too expensive 22%
- Don't Need it 40%
- Not important 12%

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How Do the Uninsured Access Mental Health Care?

Over half (57%) of the publicly insured and over three-quarters (77%) of privately insured individuals have mental health care coverage. What was surprising was that few Alabamians seek mental health care and that the uninsured were more likely than the publicly and privately insured to receive treatment or counseling for a personal or family problem in the last 12 months.

Subsequently, the uninsured were also more likely to have a problem finding mental health care in the past year relative to their insured counterparts. Regardless of coverage source, the main reason given for the reported problems obtaining treatment or counseling was cost.

Access to Mental Health Care

Insurance Pays for Mental Health Care?

YES
0.6%
50.6%
76.8%

NO
99.4%
49.4%
23.2%

Did you receive treatment or counseling for a personal or family problem in the last 12 months?

YES
13.4%
8.6%
4.3%

NO
86.6%
91.4%
95.7%

Problem finding treatment or counseling in the last 12 months?

YES
76.0%
34.8%
20.6%

Main reason for problem in obtaining required treatment or counseling

Don't know where to go
4%

No providers in my area
5%

Other
26%

Insurance doesn't pay for mental health care
12%

Too expensive
53%

XX% - Uninsured (top)
YY% - Public (middle)
ZZ% - Private (bottom)

1.12   What are the features of an adequate, barebones benefit package?

This question was not directly asked in either the telephone survey or the focus groups. However, consumer focus group participants were asked what components of health care cost were most important to those struggling to pay for health care. Participants generally identified the cost of medication as especially troubling. In one group, close to one half of the participants stated that they sometimes borrow prescription medicine from a friend or relative. Other elements of health care cost mentioned frequently were: health insurance premium costs; copays and deductibles; ER visits; and, lab work.

1.13   How should underinsured be defined? How many of those defined as insured are underinsured?

The term underinsured has been defined by the Kaiser Commission on Medicaid and the Uninsured, in the publication, *Underinsured in America: Is Health Coverage Adequate*, as those who have "health insurance but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services." In Alabama, the problem of underinsurance may be on the rise. According to the telephone survey, approximately 7% of the publicly insured and 11% of the privately insured have forgone care due to cost in the past year, a commonly used measure of underinsurance. This rate is substantially lower than the national rates for the insured obtained by the National Survey on Health Care conducted in 2002 (18% had postponed care they thought they needed). For context, over half of the uninsured report foregoing needed care in the past year.

SECTION 2. SUMMARY OF FINDINGS: EMPLOYER-BASED COVERAGE

2.1   What are the characteristics of firms that do not offer coverage, as compared to firms that do?

The table below provides information on the health insurance offer rates by employer characteristics as identified through the telephone survey.

Health Insurance Offer Rates by Selected Employer Characteristics	
	OFFER RATE
Overall rate of employers offering insurance coverage	72.6%
EMPLOYER SIZE	
<11 employees	39.0%
11-50 employees	69.8%
>50 employees	84.1%
INDUSTRY SECTOR	
Arts & entertainment, Recreation, Accommodation & Food Service	57.3%
Educational, Health Care & Social Services	81.5%
Agricultural	58.9%
Construction	64.1%
Manufacturing	82.6%
Transportation, Warehousing	81.3%
Retail	65.1%
Finance	81.7%
Public Administration	74.4%
Business and Personal	52.1%
Professional	77.6%
Other	64.7%
EMPLOYEE INCOME (AS % OF FPL)	
<15%	49.1%
15-100%	35.7%
101-133%	53.7%
134-150%	51.7%
151-200%	70.9%
201-250%	72.2%
251-300%	72.3%
>300%	84.0%
TYPE OF EMPLOYMENT	
Permanent	74.7%
Temporary	34.7%
Seasonal	42.3%
Full-Time	77.2%
Part-Time	55.4%
GEOGRAPHIC LOCATION	
Urban	74.3%
Rural	71.3%

Employer size (including self-employed):
The likelihood that an employer will offer coverage is related to firm size. Only 39.0% of employees working for firms with fewer than eleven employees are offered health care coverage. In larger companies (50+ employees) 84.1% of employees are offered coverage. It is clear from this analysis that there are sizeable differences between the people who are offered health insurance coverage by their employers and those who are not.

Industry Sector
People in the arts and entertainment, recreation, accommodation and food service industries are the least likely to be offered health insurance by their employers. These individuals are likely to be either self-employed or work from small employers, so the coverage findings are consistent with the findings in the paragraph above.

Employee Income Brackets
Employee income is related to the offer of employer-sponsored health insurance. Just over a third of working people earning below the poverty level are offered health insurance coverage. People earning more than 300% FPL are about three times more likely to be working for firms that offer health insurance.

Percentage of Part-Time and Seasonal Workers
Part-time, temporary, and seasonal workers are less likely to be offered coverage than their full-time or permanent counterparts.

Geographic Location
Employers in urban areas are slightly more likely to offer coverage (74.3%) than employers in rural areas of Alabama (71.3%).

Other
People covered by employer-sponsored insurance or public programs are more likely to have dental coverage than those with individual plans or those on public programs. Dental coverage is offered less frequently than prescription drug coverage, except for those with employer-sponsored coverage. Dental coverage is purchased by 0.6% of the uninsured.

Cost
People who have individual coverage are less likely to have deductibles, compared to those with employer-sponsored coverage or public coverage. In general, people with employer-sponsored coverage have lower deductibles than public program enrollees.

Percentage of Employees offered coverage who participate
While available quantitative data does not answer this specific question, the telephone survey did reveal that 53.7% of the people in Alabama have employer-sponsored health coverage and that an additional 20.8% of the uninsured indicated that they were potentially eligible for employer-sponsored insurance.

2.2   What influences the employer's decision about whether or not to offer coverage? What are the primary reasons employers give for electing not to provide coverage?

From summary data gathered from employer focus groups, there was a consensus among small employers that cost was the primary factor in deciding not to offer health insurance coverage to their employees. Other reasons mentions were: "younger employees prefer higher pay over insurance coverage;" "retired military employees already have coverage;" and, "administrative cost."

2.3 How do employers make decisions about the health insurance they will offer to their employees? What factors go into their decisions regarding premium contributions, benefit package, and other features of the coverage?

This question was not specifically addressed in Alabama's data collection. However, according to focus group data, employers generally agreed that those companies offering health care coverage to employees enjoy a distinct advantage when recruiting in the labor market. Further, some participants expressed the belief that companies without employee insurance plans are at a competitive disadvantage when compared to companies that do offer health insurance. It was noted that health care coverage contributes to the "longevity of employment" and produces a "healthier, more productive" workforce resulting in fewer absences due to illness.

2.4 What would be the likely response of employers to an economic downturn or continued increases in costs?

An economic downturn or continued increases in health insurance costs would likely deter small employers from continuing to provide health insurance as a benefit for their employees. It would also deter employers who do not now offer health insurance as a benefit from picking up this option.

2.5 What employer and employee groups are most susceptible to crowd out.

This has not yet been determined.

2.6 How likely are employers who do not offer coverage to be influenced by: Expansion/development of purchasing alliances? Individual or employer subsidies? Additional tax incentives?

From December 2002 through July 2003, multi-interest study committees researched various health insurance options which might be applicable in Alabama. Also during this time period a broad based workgroup (which included many of the study committees' members) met to review the work of the study committees and to receive information from the data collection part of the project. In June 2003, the study committees put forth 14 health insurance options for consideration by the project. In July 2003, a large meeting of stakeholders, including employers, in the issue of uninsurance was held to discuss the impact and feasibility of each of these options. Pooling, subsidies, and tax incentives were among the 14 options considered. It was the prevailing thought in the meeting that these options were either not feasible in Alabama or they did not merit consideration in the near future.

2.7 What other alternatives might be available to motivate employers not now providing or contributing to coverage?

Please see Section 4 below for a summary of the options which the stakeholders considered and the prevailing opinions of the stakeholders regarding these options.

SECTION 3. SUMMARY OF FINDINGS: HEALTH CARE MARKETPLACE

The project's data collection and research efforts did not specifically address the areas under sections 3.1-3.3, 3.5, and 3.9. Rather, these were included as an integral part of the discussion on the feasibility of different health insurance options explained in more detail in Section 4 below. Questions 3.6 and 3.7 will be addressed in Year 2 of the project.

3.4   What impact does your State have as a purchaser of health care (e.g., Medicaid, SCHIP and State employees)?

Alabama's public health insurance programs have had a significant impact on the uninsurance rate in the state. According to the telephone survey, public programs provide health insurance coverage to 31.4% of the population.
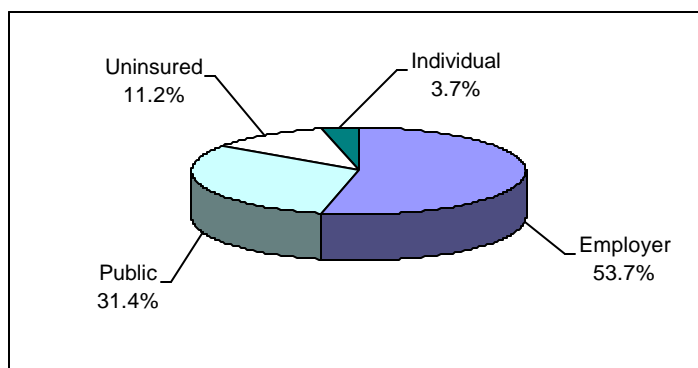
This percentage reflects a large number of children enrolled in the state's CHIP and Medicaid programs. As can be seen in the table on page 1 of this document, the birth to 18 year old age group has the lowest percentage of uninsurance in the state among the state's non-elderly populations.

SECTION 4. OPTIONS FOR EXPANDING COVERAGE

4.1   Which coverage expansion options were selected by the State (e.g., family coverage through SCHIP, Medicaid Section 1115, Medicaid Section 1931, employer buy-in programs, tax credits for employers or individuals, etc)?

During the first year of the project, Alabama studied many health insurance options and by the end of Year 1, a total of 19 options were put forth as candidates for Year 2 study. Of these 19 options, two pertained to increasing public education and awareness of health insurance options currently available to employers and employees, two pertained to changing the Alabama code to be more aligned with the current health care market and federal legislation, one pertained to changing the Alabama code to reflect a bias in awarding state contracts which would favor businesses that offer health insurance to employees, and 14 that would offer health insurance coverage to uninsured populations in Alabama. Appendix III contains a list of each of the 19 options and a synopsis of the research conducted by the study committees on each of these options.

Of the 14 options that would offer health insurance coverage to uninsured populations in Alabama, the following four options are being contemplated for further research (modeling) in Year 2 of this project:

> 1931 Medicaid Expansion – This would raise the Medicaid income eligibility level for non-pregnant adults from its current level of approximately 13% FPL.
> HIFA Medicaid Waiver - This option would provide coverage to uninsured parents of Medicaid and CHIP enrollees as well as childless adults.
> Full Cost Buy like Local Government – This option would establish a program modeled after the local government program currently administered by the AL State Employees Insurance Board.
> HIPP Medicaid Waiver – This option would expand Medicaid's current Health Insurance Premium Payment Program.

The project has applied for supplemental funding to allow further modeling of two to four options. The above four options are being considered for this modeling. However, whether or not these four options have enough political will to support their modeling is currently being determined. Further, how many options will be studied and to what extent they will be studied is dependent upon the receipt and amount of supplemental funds.

It should also be noted that the state of Alabama is not currently in a position to implement any options to expand coverage. However, supported by the work of this project, *Voices for Alabama's Children*, a statewide advocacy group for children, is preparing a grant application to implement the options that pertain to increasing public education and awareness of health insurance options currently available to employers and employees.

4.2 – 4.15 What is the target eligibility group under the expansion?
How will the program be administered?
How will outreach and enrollment be conducted?
What will the enrollee (and/or employer) premium-sharing requirements be?
What will the benefits structure be (including co-payments and other cost-sharing)?
What is the projected cost of the coverage expansion? How was this estimate reached?
How will the program be financed?
What strategies to contain costs will be used?
How will services be delivered under the expansion?
What methods for ensuring quality will be used?
How will the coverage program interact with existing coverage programs and Sate insurance reforms (e.g., high-risk pools and insurance market reforms), as well as private sector coverage options (especially employer-based coverage)?
How will crowd-out be avoided and monitored?
What enrollment data and other information will be collected by the program and how will the data be collected and audited?
How (and how often) will the program be evaluated?

Descriptors of the options under consideration for further study in Year 2 are contained in Appendix III. Further study on these options is necessary before Sections 4.2-4.15 can be answered.

4.16   For each expansion option selected (or currently being given strong consideration), discuss the major political and policy considerations that worked in favor of, or against, that choice (e/g/, financing, administrative ease, provider capacity, focus group and survey results). What factors ultimately brought the State to consensus on each of these approaches?

The following four options are currently being given consideration for further study in Year 2 of the project:

> 1931 Medicaid Expansion – This would raise the Medicaid income eligibility level for non-pregnant adults from its current level of approximately 13% FPL.
> HIFA Medicaid Waiver - This option would provide coverage to uninsured parents of Medicaid and CHIP enrollees as well as childless adults.
> Full Cost Buy like Local Government – This option would establish a program modeled after the local government program currently administered by the AL State Employees Insurance Board.
> HIPP Medicaid Waiver– This option would expand Medicaid's current Health Insurance Premium Payment Program.

Each of the above four options was researched by at least one study committee and discussed in the statewide meeting that was held July 25, 2003 with stakeholders. Discussions on options centered on the following factors:

> 1931 Medicaid Expansion – This option offers the state flexibility. The state can use a phased-in expansion, and gradually expand its income limits. The state can determine the income level based on a percentage of the FPL or use a flat income level, such as $1,000/month to determine eligibility. It is not a waiver. With regard to cost, it should draw down federal dollars. Uncompensated care would go down, which is good for rural areas.
> HIFA Medicaid Waiver - This option could have a positive impact on current Medicaid program coverage. State legislation and CMS approval would be required. Administrative costs could be significant and eligibility would have to be clarified.
> Full Cost Buy like Local Government – This option preserves coverage in the private market rather than a creation or expansion of a public program. The option offers a well managed benefit design. It allows the state to influence access and choice for small employers without creating a new program with large overhead expenses. This option does not address issues for those firms already offering coverage, therefore it will not influence stability of the market. Mandating take-up thresholds may be administratively burdensome.
> HIPP Medicaid Waiver – This option could be funded through a 50-50 match with state and federal funds. Uninsured family members may benefit from this premium payment is family coverage is required to enroll the Medicaid recipient.

During the feasibility meeting, each health insurance coverage option was discussed and an automated, wireless audience response system was used to gather participants' opinions on each option. The above four options received the highest ratings on the following questions:

1. Would this option provide coverage to a significant part of the uninsured in Alabama?
2. Is this option feasible in Alabama?
3. Does this option merit further study in the next 12 months, 36 months, or in a longer range?

4.17 What has been done to implement the selected policy options? Describe the actions already taken to move these initiatives toward implementation (including legislation proposed, considered or passed), and the remaining challenges.

The Alabama Department of Public Health has applied for supplemental funding to perform modeling of these options. The modeling will include actuarial studies, economic forecasting, and other projected results correlating with the implementation of each option.

4.18 Which policy options were not selected? What were the major political and policy considerations that worked in favor of, or against, each choice? What were the primary factors that ultimately led to the rejection of each of these approaches (e.g., cost, administrative burden, federal restrictions, constituency/provider concerns)?

Of the eleven remaining options to increase health insurance coverage, the discussions surrounding them were as follows:

Purchasing pools – cost; possibility for adverse selection; could act as a disincentive for employers who already provide coverage. Do you provide disincentive when you only allow people who are a part of this to participate?

Full cost buy-in to Medicaid and/or CHIP – more interest in other options pertaining to these programs;

1115 Medicaid demonstration - more interest in other options pertaining to this program;

CHIP expansion to cover unborn – While there was much support for this, the state has already done actuarial studies on this and plans to implement it if state funding is available.

Tax incentives/deductions – Usually meant for individuals, not groups; this would make more sense for federal income tax because state income tax is so much lower but this option may be very difficult to implement on the federal level; it is unknown whether or not this would benefit middle and higher income individuals; government currently provides 100% deductible of health insurance for self employed; effect on state income is unknown;

Pay or Play – Applies to large companies only; not popular with businesses; ERISA preempts federal government;

HRAs – complexity of the issue;

MSAs – short legislative lifespan;

4.19   How will your state address the eligible but not enrolled in existing programs? Describe your state's efforts to increase enrollment (e.g., outreach and enrollment simplifications). Describe efforts to collaborate with partners at the county and municipal levels.

It was recognized, through this project, that a significant portion of Alabama's uninsured are potentially eligible for existing coverage programs (20.8% potentially eligible for employer-sponsored insurance; 16.1% potentially eligible for public programs). Because this is the first time that these data have been available, stakeholders have not yet had an opportunity to develop strategies to address this. However, because the state is currently in a financial crisis, plans to increase enrollment in public programs have been frozen due to the uncertainty of FY 2004 funding for these programs.

It should be recognized that a state referendum on a tax package, which would potentially provide the needed funding to sustain current public health insurance programs, will be decided on September 9, 2003. Following the referendum and prior to October 1, 2003, the state legislature will develop a state funding budget for these programs for FY 2004. All of these important decisions will be made after the submission of this report. Therefore, information on efforts to increase enrollment in existing health insurance programs will be more fully addressed in the final report for this project.

With regard to collaboration with partners at the county and municipal levels, representatives of these areas were invited to the project's feasibility meeting on July 25, 2003, during which all of the options for expanding coverage were discussed.

SECTION 5. CONSENSUS BUILDING STRATEGY

5.1   What was the governance structure used in the planning process and how effective was it as a decision-making structure? How were key State agencies identified and involved? How were key constituencies (e.g., providers, employers, and advocacy groups) incorporated into the governance design? How were key State officials in the executive and legislative branches involved in the process?

The governance structure used in Year 1 of the project was a five-tiered structure consisting of (1) a broad based workgroup which met almost monthly beginning in December 2002, (2) four study committees which met almost continuously beginning in January 2003 and (3) a broadly representative feasibility group (which included some members of the Workgroup and study committees as well as others) which met once to give input on the feasibility of various health insurance options and guide the project in selecting options for further study, (4) a core group of decision makers who met periodically for the purposes of keeping both the Workgroup and the subcommittees on track, and making decisions on the information presented to the Workgroup, and (5) project staff which worked closely with these four groups and with the project's contractors.

Workgroup: This group was representative of providers, health care facilities, advocacy groups, insurance programs, the legislative fiscal office, the legislature, businesses, the governor's budget office, special interest groups, researchers, state agencies, etc. See Appendix IV. The Workgroup met to review data, learn of various health insurance options that other states have implemented, and make any necessary requests to the Project Director for additional research/information. Initially the membership was devised to include representatives all of the stakeholders in the issue of uninsurance in

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Alabama. Members were chosen based on their knowledge and official positions. Throughout Year 1 others were added to the Workgroup as important areas for inclusion were identified and requests were made.

Study Committees: Four study committees were formed from the membership of the Workgroup as well as other individuals as time progressed. (See Appendix V for membership.). The four committees were: Options for Large Employers, Options for Small Employers, Options for Public Programs, Options available under Current and new state statutes. Each committee had two chairpersons who were all mid- and high-level representatives of key state agencies, health care facilities or advocacy groups. These committees met frequently from January through June 2003 to review data, research the feasibility and prerequisites for health insurance options, and provide information for the Workgroup to consider.

Feasibility Group: This group was comprised of selected members of the Workgroup, selected members of the study committees, and other individuals. See Appendix VI for a list of membership. This group met on July 25, 2003 to give input on the feasibility of various health insurance options and to guide the project in selecting options for further study. In this meeting, a wireless electronic audience response system was used to anonymously gather the opinions of the group.

Core Decision Making Group: This group was composed of the high level staff within Alabama Department of Public Health, high level staff within the Alabama Medicaid Agency, and at least one advocacy group. This group met on an ad hoc basis to provide overall direction and input to the project.

Project Staff: Project staff continues to consist of a project director, data manager, and clerical support.

5.2   **What methods were used to obtain input from the public and key constituencies (e.g., town hall meetings, policy forums, focus groups, or citizen surveys)?**
In addition to meetings of the Workgroup, four study committees, the Feasibility Group, and the core Decision Making Group, the project conducted, through contractors, a 7,200 household telephone survey and a total of eight focus groups with consumers, employers, and Hispanic consumers. Further qualitative data was obtained from eight focus groups held with consumers, employers, and Hispanics.

5.3   **What other activities were conducted to build public awareness and support (e.g., advertising, brochures, web site development)?**
To date other activities have included the creation and maintenance of a website (see Appendix II for the web address) and occasional news articles. During Year 2 the project will work with the American Institutes for Research (AIR) to develop and possibly implement a communications strategy centered on the findings of the project.

5.4   **How has this planning effort affected the policy environment? Describe the current policy environment in the state and the likelihood that the coverage expansion proposals will be undertaken in full.**
During Year 1 of the project, the state of Alabama elected a new governor as well as several new legislators. This administration has been focused on the state's current budget crisis.   However, the project has used the survey and focus group data to educate a cross section of Alabamians who can educate/influence policy makers in the state on

the effects of uninsurance, the demographics of the uninsured, and options that could effect change in Alabama's uninsurance rate.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

6.1 **How important was State-specific data to the decision-making process? Did more detailed information on uninsurance within specific subgroups of the State population help identify or clarify the most appropriate coverage expansion alternatives? How important was the qualitative research in identifying stakeholder issues and facilitating program design?**

The data gathered in this project was the first time this type of data had been gathered in Alabama on such a large scale. The fact that the data had been gathered solely from Alabamians and that it had been gathered so recently, confirmed the fact that Alabama does indeed have an uninsurance problem and it re-energized interest in addressing the problem.   The initial sub-state data (data on 12 regions in the state) has been of some use but the small area analyses, to be conducted in Year 2, will be far more useful because they will reveal statistics by county, a geographical division to which more people can relate.

While the data supported some long held suppositions about the uninsured, it gave credibility to some of those suppositions as well as enlightenment as to the magnitude of the population eligible for currently available programs. The data also let stakeholders see that no one approach will "fix" the problem of uninsurance in Alabama.

Both quantitative data and qualitative data were important in the process of understanding uninsurance in Alabama. The quantitative data revealed the magnitude of the problem. Quantitative data also confirmed that the state had taken the right approaches with regard to covering children. The qualitative data revealed the interests, abilities, and knowledge deficits that are necessary to both understand the problem as well as develop plans to address it. Both of these types of data were used in researching health insurance options and prioritizing them for study.

6.2 **Which of the data collection activities were the most effective relative to resources expended in conducting the work?**

All the data collection activities were effective relative to the resources expended in conducting the work. However, the quantitative data stands out as the most helpful in terms of focusing on which health insurance options to study further.

6.3 **What (if any) data collection activities were originally proposed or contemplated that were not conducted: What were the reasons (e.g., excessive cost or methodological difficulties)?**

The direct collection of data at the county level was considered initially (before the proposal was submitted) but the idea was dismissed due to the high cost and the option of imputing this data from the 7,200 household telephone survey.

6.4 **What strategies were effective in improving data collection? How did they make a difference (e/g/, increasing response rates)?**

The single most important factor that improved data collection was the advice given by previous grantees. This advice was invaluable in the grant preparation process as well as

in project implementation. As a part of this, the value of the consultation from SHADAC is incalculable. SHADAC has very capable staff and has had recent experience with the Round 1 and 2 states. Value was added because HRSA was funded to provide free consultation to the grantees.

Academy Health, through its state coverage initiative, provided strong assistance to the project in the areas of researching health insurance options and selecting which options to pursue through further study.

A third important factor in the successful implementation of the project was the professional conduct and support that Southeast Research Inc. provided in the collection of the qualitative data.

6.8   What additional data collection activities are needed and why? What questions of significant policy relevance were left unanswered by the research conducted under the HRSA grant? Does the State have plans to conduct that research?
Small area (county by county) analyses of the uninsured need to be done to gain a more understandable picture of the uninsured in Alabama. This level of data is the most useful to legislators and other policy makers. Alabama plans to use carry-over funds from Year 1 of this project to conduct these analyses.

Modeling of selected options needs to be conducted in order to understand the policy and fiscal requirements necessary to implement any of the selected options. If the state receives supplemental funding for this project in a sufficient amount, this modeling of options will be done.

Additional focus groups need to be held in order to gain additional qualitative data on selected options. If the state receives supplemental funding for this project in a sufficient amount, these focus groups will be conducted.

6.9   How did your State's political and economic environment change during the course of your grant?
During Year 1 of the project, the state elected a new governor and experienced several changes in state agency directors. However, this had no adverse effects on the progress of the project. Economic forecasting, which projected declines in state funds however, has made it difficult for the state to contemplate program expansions. This has been especially frustrating since funding for the state agencies that provide current public health insurance programs, is uncertain. However, strong leadership from the State Health Officer and from the Alabama Medicaid Agency and earnest staff in both departments provided a steadying and optimistic balance in the project.

6.10   How did your project goals change during the grant period?
The goals did not change.

6.11   What will be the next steps of this effort once the grant comes to a close?
Alabama has applied for supplemental funds, which, with carry-over funds, will allow the project to perform actuarial and economic forecasting (modeling) for at least two of the

four options chosen for further study. The project will extrapolate data from the household telephone survey to develop county-level uninsurance data. The project will also develop and, if funding permits, implement a communications plan that will provide guidance as state officials think and talk about uninsurance in Alabama. The project is planning to continue to have meetings (at least twice in the coming year) of the Workgroup so that stakeholders can remain abreast of what is happening with the modeling, the data extrapolations, and the communications plan. Additionally, in Year 2, the project plans to convene a small group of policy makers to act as a steering committee for major project directions. Updates on project progress will be posted to the project's website which will continue to be maintained.

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

7.1   **What coverage expansion options selected require federal waiver authority or other changes in federal law (e.g., SCHIP regulations, ERISA)?**
Not applicable to the options selected for further study in this project.

7.2   **What coverage expansion options not selected require changes in federal law? What specific federal actions would be required to implement those options, and why should the federal government make those changes?**
Not applicable.

7.3   **What additional support should the federal government provide in terms of surveys or other efforts to identify the uninsured in states?**
Periodic funding to conduct the telephone survey and analyses as well as the focus group implementation and analyses would assist the state and the federal government in knowing how/if the uninsured population is changing over time. Continued funding of this project would allow additional data analysis and focus group implementation which would provide input into future policy decisions.

7.4   **What additional research should be conducted (either by the federal government, foundations, or other organizations) to assist in identifying the uninsured or developing coverage expansion programs?**
Because this project revealed that a significant number of Alabamians are eligible but unenrolled in current programs, work needs to be done to reduce the barriers to their enrollment. The project also highlighted the need for public education and guidance for businesses with regard to insuring the uninsured.

Population: 4,486,580

Number and percentage of uninsured (current and trend): According to the project's FY 2003 telephone survey, 11.2% of Alabama's population is uninsured. When applying this percentage to the 2001 population of 4,486,580, it appears that there are 502,497 uninsured Alabamians.

Average age of population: Median age of the population in 2001 was 36.1years.

Percent of population living in poverty (<100%FPL):

Primary industries:
The largest type of employer in Alabama is the micro-employer (<10 employees).

Number and percent of employers offering coverage: Not obtainable at this time.

Number and percent of self-insured firms: Not obtainable at this time.

Payer mix: Of the total population in Alabama, 53.7% have employer-sponsored coverage and 3.7% have individual coverage.

Provider competition: Not applicable.

Insurance market reforms: To date Alabama has not had any recent insurance market reforms. The largest insurer in the state (insuring 80-95% of the insured lives in AL) is Blue Cross Blue Shield of Alabama.

Eligibility for existing coverage programs (Medicaid/SCHIP/other): Over a third (36.9%) of the uninsured in Alabama have potential access to health care coverage through an employer or a public program.

Use of federal waivers: These have been studied and some Medicaid are being proposed for further study through this project.

**APPENDIX II: LINKS TO RESEARCH FINDINGS
AND METHODOLOGIES**

The internet address for this project, a part of the website for the Alabama Department of Public Health, is: www.adph.org/idea.

The following pages contain a copy of the telephone survey tool and copies of the focus group discussion guides.

TELEPHONE SURVEY FORM

GENERAL INTRODUCTION:

Hello, my name is *insert* from the *name of institution*. As you may know, *state name* is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. We are doing a survey of people at randomly selected phone numbers for the *sponsor of survey* to better understand how to improve access to affordable health insurance. I would appreciate a few moments of your time to ask you some questions about the health insurance coverage.

START OF SURVEY:

S1. Is this your year-round residence?

1 yes

2 no Thank you. We are only interviewing people at their main residence.

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

1 yes **GOTO S4**

2 no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

1 yes✍ ✍ **GET PERSON ON PHONE AND GOTO S4**

2 no ✍ ✍ **CALL BACK** ✍ **Who should I speak with? What is a good time to call back?**

GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE S3A _____

S4. What county do you live in?

(Enter code) __ __ __

777 Don't know **GOTO S4A**

999 Outside of [STATE] **GOTO S4A**

S4A. Is your household located in [STATE]?

1 yes✍ ✍ **GOTO S5**

2 no ✍ ✍ ✍ ✍ ✍ ✍ Thank you. We are only interviewing people who reside in [STATE].

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7 don't know Thank you. We are only interviewing people who reside in [STATE].

9 refused ✍ ✍ ✍ ✍ ✍ ✍ Thank you. We are only interviewing people who reside in [STATE].

S5. What is your zip code? ___ ___ ___ ___ ___

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S6. How many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending

college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.) _____

County Codes (FILL WITH COUNTY NAME AND 3 DIGIT FIPS COUNTY CODE)
County FIP County FIP County FIP County FIP County FIP
Appling 123 Cobb 134 Grady 145 McDuffie 156 Sumter 167

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Now I have a form here that will help select one person. Please tell me the age and *sex* of each person in the household.

S7. Starting with yourself, what is your age as of your last birthday?
(Record gender) (THIS IS PERSON #1)
And the next person's age?
Is this (child/person) (a boy or a girl/male or female)?
NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 GOTO S8
The program has randomly selected the (age) year old (sex).
NAME. What is the first name or initials of the person I selected?
FIRST NAME OF TARGET: _____ (PERSON SELECTED IS "TARGET")
Now I need to know each person's relationship to the person selected. What is your (PERSON #1) relationship to the person selected?
FILL IN RELATIONSHIP COLUMN: (READ OFF LIST ONE AT A TIME. START WITH PERSON # 2.)
What is the (AGE) year old's relationship to (TARGET NAME)?

Household
Member Age
M=male
F=female
SEX
SELECT TARGET
AT RANDOM
Relationship
to TARGET
Relationship Codes
(DO NOT READ)
Person #1 S7_1AGE S7_1SEX (S7_NUM) S7_1REL 1=Self/target
Person #2 S7_2AGE S7_2SEX NUMBER____ S7_2REL 2=Mother/Stepmother
Person #3 S7_3AGE S7_3SEX S7_3REL 3=Father/Stepfather
Person #4 S7_4AGE S7_4SEX (S7_AGE) S7_4REL 4=Spouse
Person #5 S7_5AGE S7_5SEX AGE_____ S7_5REL 5=Partner
Person #6 S7_6AGE S7_6SEX S7_6REL 6=Son/Daughter
Person #7 S7_7AGE S7_7SEX (S7_SEX) S7_7REL 7=Sibling/Sister/Brother
Person #8 S7_8AGE S7_8SEX SEX_____ S7_8REL 8=Grandparent
Person #9 S7_9AGE S7_9SEX S7_9REL 9=Other relative
Person #10 S7_10AGE S7_10SEX S7_10REL 10=NON-RELATIVE
Person #11 S7_11AGE S7_11SEX S7_11REL
Person #12 S7_12AGE S7_12SEX S7_12REL

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S8. **INTERVIEWER: IS A PROXY SPEAKING FOR THE TARGET?**
1 yes
2 no ✍ ✍ **GOTO S11**
S9. **INTERVIEWER: REASON FOR PROXY (SELECT ONE):**
1 minor

2 college student living away from home

3 temporarily living outside home (NOT at college)

4 cognitively impaired

5 hearing/speech

6 language barrier

7 too sick to come to phone or answer survey

8 TARGET is unavailable

9 proxy can provide information about health insurance

10 other _____

I need to indicate who is answering questions for TARGET.

S10. What is your relationship to TARGET? (DO NOT READ. MAP TO RESPONSE)

1 Mother/Stepmother

2 Father/Stepfather

3 Spouse

4 Partner

5 Son/Daughter

6 Sibling/Sister/Brother

7 Grandparent

8 Other relative

9 NON-RELATIVE

97 Other

S10B. **INTERVIEWER: RECORD SEX OF PROXY IF KNOWN**

1 male

2 female

97 cannot ascertain

INSTRUCTIONS: The following questions are about "TARGET".

IF TARGET AGE >2 YRS ✍✍ GOTO S11

IF TARGET AGE =< 2 YRS ✍✍ GOTO S12

S11. How long have you (has TARGET) lived in [STATE]?

S11A. _____ # years S11B. _____ # months

-7 don't know

-9 refused

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SKIP S12

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

45

S12. How long has (TARGET's) parents or guardian lived in [STATE]?

S12A. _____ years S12B. _____ months

-7 don't know

-9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

INSTRUCTIONS:

Section H.

In the following section, each type of insurance should be read:

"Do you (does TARGET) CURRENTLY have (type of insurance)?

If NO, proceed to next item in the roster. A response of DON'T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE:
"Besides this, do you (does the TARGET) have any other type of health insurance coverage?"
If YES, proceed with roster.
If NO, proceed to H15.
CATI BUILD IN MAX OF 3 TYPES.
The PROBE should not be asked in response to YES to H12.
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H. I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

NOTE TO STATES ADAPTING THE Ci3 SOFTWARE: question order and numbering in section H must remain consistent with model below.

Do you (Does TARGET) CURRENTLY have: **Y N D K REF**

H1
Medicare?
READ IF NECESSARY: Medicare is the health insurance for
persons 65 years old and over or persons with disabilities. This
is a red, white and blue card. 1 2 7 9

**IF YES ✍ GOTO MEDIGAP, PUBMEDIGAP, MEDDRG,
THEN H2**
IF ELSE GOTO H2
MEDIGAP. Do you (does R) have additional
insurance to supplement Medicare, such as a selfpurchased
Medigap policy like Blue Cross Blue
Shield C+, or a retiree benefit? 1 2 7 9
PUBMEDIGAP. Do you (does TARGET) have
coverage through Medicaid QMB, SLMB, QI1 or QI2? 1 2 7 9
MEDDRG. Do you (does TARGET) have insurance that
pays for prescription drugs? 1 2 7 9
IF TARGET < 18, GO TO H3
H2 A Railroad Retirement Plan? 1 2 7 9
H3
TRICARE/CHAMPUS, through either an active duty
military member, retiree or through the Veteran's
Affairs service connected to a disability? 1 2 7 9
H4 Indian Health Service? 1 2 7 9
IF TARGET < 18, GO TO H3
H5
Medicaid coverage for family planning or pregnancy
related services also known as Plan First or SOBRA
Medicaid? 1 2 7 9
H6
Medicaid coverage for children, aged, blind or
disabled? 1 2 7 9
H6a
ALL Kids Children's Health Insurance Program, or
CHIP?

Skip for targets age 19 and older 1 2 7 9
H7
Alabama Child Caring Foundation through Blue
Cross Blue Shield of Alabama?
Skip for targets age 19 and older 1 2 7 9
H8
Insurance purchased by you through the Alabama Health
Insurance Plan (known as AHIP)? 1 2 7 9
H9
Health insurance through your (TARGET's) work or
union? 1 2 7 9
H10 Health insurance through someone else's work or 1 2 7 9
47
union?
H11 Health insurance bought directly by you (TARGET)? 1 2 7 9
H12 Health insurance bought directly by someone else? 1 2 7 9
IF H9, H10, H11 OR H12 YES & H1~=1 ✍ GOTO
POLICY
IF H9, H10, H11 OR H12 YES & H1=1 ✍ GOTO H15
ELSE GOTO H13
48
POLICY. Is this an individual or family policy?
1 individual policy
2 family (covers more than one person)
7 don't know
9 refused
PREM How much do you (does TARGET) pay each month for
your (TARGET's) health insurance premium?
PREM1A. $_____monthly
PREM1B. $ _____ biweekly
PREM1C. $ _____ quarterly
PREM1D. $ _____ semi-annually
PREM1E. $ _____ annually
-7 don't know
-9 refused
DED1. Does your (TARGET'S) health insurance include a deductible?
READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket
each year before your insurance will pay for any services.
1 yes ® **GOTO DED2**
2 no ® **GOTO DRUG**
7 don't know ® **GOTO DRUG**
9 refused ® **GOTO DRUG**
DED2. How much is that (READ: DO NOT INCLUDE PREMIUM EXPENSES)?
$ _____
777 don't know
999 refused
DRUG. Do you (does TARGET) have insurance that pays for prescription drugs?
1 yes
2 no

7 don't know
9 refused
GO TO H15
H13
According to the information you provided, you do
(TARGET does) not have health insurance coverage. Does
anyone else pay for your (TARGET's) bills when you
(they) go to a doctor or hospital?
IF YES ✍ GOTO H14
IF NO/DK/REF ✍ GOTO H19 1 2 7 9
IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER
FORMS OF INSURANCE ✍ ✍ **GOTO H13A ELSE GO TO H14**
H13A
You've just told me you receive (TARGET receives)
services through the Indian Health Service but do (does)
not have health INSURANCE. Does anyone else pay for
your (TARGET's) bills when you (they) go to a doctor or
hospital? NOTE TO INTERVIEWER: Indian Health
Service is not considered comprehensive insurance for the
purposes of this survey.
IF YES GOTO H14 IF NO/DK/REF ✍ ✍ GOTO H19 1 2 7 9
49
50
H14
And who is that?
(DO NOT READ, SELECT ANSWER)
1 Medicare
2 Railroad Retirement Plan
3 TRICARE/CHAMPUS, through an active duty military member, retiree or
through the Veteran's Affairs service connected to a disability
4 Medicaid coverage for family planning or pregnancy related services
5 Medicaid for children, aged, blind or disabled
6 ALL Kids Health Insurance Program or CHIP
9 Health insurance through your (TARGET) work or union
10 Health insurance through someone else's work or union
11 Health insurance bought directly by you (TARGET)
12 Health insurance bought directly by someone else
13 Alabama Child Caring Foundation
14 Insurance through the Alabama Health Insurance Plan known as AHIP
[15-18 ARE NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF
MENTIONED]
15 Workers compensation for specific injury/illness
16 Employer pays for bills, but not an insurance policy
17 Family member pays out of pocket for any bills
18 Indian Health Service
19 No Private or Public Insurance
IF 1-14 à GOTO H15
IF 15-18, say:

"For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance."

THEN GOTO H19

H15-19 establish annual coverage status.

Asking H15 and H18 ensures that respondents switching plans part way through the year do not get the uninsured part year long form. **Y N D K REF**

H15

Have you (Has TARGET) had insurance coverage for all of the past 12 months?

IF YES ✍ ✍ **GOTO STAT** 1 2 7 9

H18

Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance?

GOTO STAT 1 2 7 9

H18b

How many months during the past year were you without coverage? __ # months 7 9

H19

Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? 1 2 7 9

51

The next questions concern health insurance that other people in your household may have at this time.

STAT(#). Does the (age) (sex) person currently have health insurance?

1 yes **®GOTO TYPE**

2 no **®REPEAT FOR NEXT PERSON ON ROSTER**

7 don't know **®REPEAT FOR NEXT PERSON ON ROSTER**

9 refused **®REPEAT FOR NEXT PERSON ON ROSTER**

TYPE(#). What type of insurance is this person covered by?

1 Medicare

2 Railroad Retirement Plan

3 TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.

4 Medicaid coverage for family planning or pregnancy related services

5 Medicaid for children, aged, blind or disabled

6 CHIP, or the Children's Health Insurance Plan

7 Alabama Child Caring Foundation

8 Insurance through the Alabama Health Insurance Plan known as AHIP

9 Health insurance through your (TARGET) work or union

10 Health insurance through someone else's work or union

11 Health insurance bought directly by you (TARGET)

12 Health insurance bought directly by someone else

20 Other (Probe for type) (SPECIFY)_____

97 don't know

99 refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

37

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?

1 yes ®ENTER "O" IN VERIFY COLUMN for EACH UNINSURED

2 no ® What type of insurance is this person covered by?

Household
Member Age
M=male
F=female
SEX
Insured
1=yes
2=no
Insurance
Type *Insurance Status Codes*
Verify
0=yes,
uninsured
OR Enter
type

Person #1 S7_1AGE S7_1SEX STAT1 TYPE1 Blank = Uninsured VERIFY1
Person #2 S7_2AGE S7_2SEX STAT2 TYPE2 1=Medicare VERIFY2
Person #3 S7_3AGE S7_3SEX STAT3 TYPE3 2=other Public VERIFY3
Person #4 S7_4AGE S7_4SEX STAT4 TYPE4 3=own employer VERIFY4
Person #5 S7_5AGE S7_5SEX STAT5 TYPE5
4=someone else's
employer VERIFY5
Person #6 S7_6AGE S7_6SEX STAT6 TYPE6 5=individual policy VERIFY6
Person #7 S7_7AGE S7_7SEX STAT7 TYPE7
6=CHAMPUS, VA/any
military VERIFY7
52
Person #8 S7_8AGE S7_8SEX STAT8 TYPE8 8= student insurance VERIFY8
Person #9 S7_9AGE S7_9SEX STAT9 TYPE9 10= other VERIFY9
Person #10 S7_10AGE S7_10SEX STAT10 TYPE10 77=don't know VERIFY10
Person #11 S7_11AGE S7_11SEX STAT11 TYPE11 99=refused VERIFY11
Person #12 S7_12AGE S7_12SEX STAT12 TYPE12 VERIFY12

CATEGORIZATION OF TARGET RESPONDENT BY ANNUAL INSURANCE COVERAGE

Detailed description of CATI SORT for long form questions:

1. If the TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months, then code as "GROUP" and use GROUP long form.

2. If the TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months, then code as "ON/GROUP" and use UNINSURED PART YEAR long form.

3. If the TARGET has health insurance through some kind of government sponsored program, a self purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months, then code as "ON/ELSE" and use UNINSURED PART YEAR long form.

4. If the TARGET bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months then code

as "INDIVIDUAL" and use INDIVIDUAL long form. For the purposes of this survey, AHIP is considered in INDIVIDUAL policy.

5. If the TARGET has not been covered by health insurance in the past 12 months code as "UNINSURED" and use UNINSURED long form.

6. If the TARGET has had health insurance some time during the past 12 months, but does not have insurance now then code as "OFF" and use UNINSURED PART YEAR long form.

7. If the TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months, or if the TARGET answers "don't know" or "refuses" to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance, then code as "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.

8. TARGETs currently on a public program and covered all year should be coded "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.

9. All cases not yet sorted should be coded as "SCREEN" " and go to the UTILIZATION AND DEMOGRAPHIC questions..

CATI SORT--

If [H9 or H10 = 1 and H15 = 1] or [H14 = 9,10 and H15 = 1] à CODE AS GROUP (Can randomly select respondents for long form rather than all group)

If (H9 or H10 = 1 or H14 = 9,10) and H15 = 2,7,9 and H18 = 1à CODE AS ON/GROUP
53

If [(ANY H1-H3, H5-H7=1 or H14 = 1-6, 13) and H15 = 2,7,9 and H18 = 1] à CODE AS ON/ELSE

If [(H11=1 or H12=1 or H14=11,12,14) and H15 = 2,7,9 and H18 = 1] à CODE AS ON/ELSE

* This DO IF/END IF block prevents those who have both work and purchased insurance from * being coded as Individual (they should be Group)

DO IF NOT [(ANY H9,H10)] AND NOT H15 = 1] OR NOT [H14 = 9,10]

If [(H11 = 1 or H12 = 1) and H15 = 1] or (H14 = 11,12 and H15 = 1) à CODE AS INDIVIDUAL

If [H8 = 1 and H15 = 1] or (H14 = 14 and H15 = 1) à CODE AS INDIVIDUAL

END IF

If H19 = 2 à CODE AS UNINSURED

If H19 = 1 à CODE AS OFF

If H18 = 7,9 à CODE AS SCREEN

If H19 = 7,9 à CODE AS SCREEN

ANY ELSE à CODE AS SCREEN
54

"LONG FORM" questions are available based on the respondent's annual insurance status (e.g., CATISORT)

Four sets of long form sections of the survey are available for those:

1. Uninsured all year [CSCS_uninsured all long.doc]

2. Uninsured part year [CSCS_uninsured part long.doc]

3. Group insured all year[CSCS_group long.doc]

4. Covered by an individual policy all year [CSCS_individual long.doc]

All long form items are optional.
If no long form items are of interest, all respondents go to the
UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey
Once long form questions are complete, respondents go to the
UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey
55

UTILIZATION ITEMS ASKED OF ALL RESPONDENTS

UNEASE. How worried are you that over the next year:

UNEASEa. You won't be able to afford prescription drugs? Are you very worried, somewhat worried, not too worried, or not worried at all?
1 very worried
2 somewhat worried
3 not too worried
4 not worried at all
7 don't know
9 refused

UNEASEb. You won't be able to afford health services you think you need? Are you very worried, somewhat worried, not too worried, or not worried at all?
1 very worried
2 somewhat worried
3 not too worried
4 not worried at all
7 don't know
9 refused

UNEASEc. Health insurance will become so expensive you won't be able to afford it? Are you very worried, somewhat worried, not too worried, or not worried at all?
1 very worried
2 somewhat worried
3 not too worried
4 not worried at all
7 don't know
9 refused

UNEASEd. Your benefits under your current health care plan will be cut back substantially? Are you very worried, somewhat worried, not too worried, or not worried at all?
1 very worried
2 somewhat worried
3 not too worried
4 not worried at all
7 don't know
9 refused

UNEASEe. You will lose your health insurance benefits? Are you very worried, somewhat worried, not too worried, or not worried at all?
1 very worried **GO TO UNWHY**
2 somewhat worried **GO TO UNWHY**
56
3 not too worried **SKIP TO UNINS**

4 not worried at all **SKIP TO UNINS**

7 don't know **SKIP TO UNINS**

9 refused **SKIP TO UNINS**

UNWHY. Why do you feel this change might happen?

DO NOT READ. MAP TO RESPONSE.

01 Premium cost increases

02 Loss of employment

03 Change of employment

04 Employer no longer offering

05 Divorce or separation

06 COBRA will end

07 Change in income, age, family composition will make me ineligible

08 Other (please specify)

97 don't know

99 refused

UNDERINS. Was there any time during the past 12 months when you needed to see a doctor but could not because of the cost?

1 yes

2 no

7 don't know

9 refused

USC. Is there a regular place that you (TARGET) go for medical care?

1 yes

2 no ✍ ✍ **GOTO WHYNOUSC**

7 don't know ✍ ✍ **GOTO WHYNOUSC**

9 refused ✍ ✍ **GOTO WHYNOUSC**

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

1 emergency room or urgent care center ✍ ✍ **GOTO USCPERS**

2 clinic **GOTO CLINIC**

3 doctor's office ✍ ✍ **GOTO USCPERS**

4 or some place else (specify) _____ ✍ **GOTO USCPERS**

7 don't know **GOTO CONFID**

9 refused ✍ ✍ **GOTO CONFID**

CLINIC. Is this clinic a . . .

1 public health, community, or free clinic

2 hospital outpatient clinic

3 private clinic

57

4 Other (please specify) _____

7 don't know

9 refused

USCPERS. Is there a particular health care professional or traditional healer you (TARGET) usually see when you (TARGET) go there?

1 yes

2 no

7 don't know

9 refused

GOTO CONFID

58

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

_____

_____

DO NOT READ. MAP TO RESPONSE.

1 can't afford it

2 DO NOT have health insurance

3 rarely get sick

4 clinic hours don't fit my schedule

5 transportation difficulties

6 language barrier

7 do not like/trust/believe in doctors

8 clinic I used to go to closed

9 just moved, DO NOT have a regular place yet

10 just switched insurance, DO NOT have regular place yet

11 two or more places depending on what's wrong

12 other (specify above)

97 don't know

99 refused

CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:

CONFID. Please tell me how strongly you agree or disagree with the following statement:

P: " I am confident that (TARGET) can get the care she/he needs when she/he needs it."

R: " I am confident that I can get the care I need when I need it."

Do you:

1 Strongly agree

2 Somewhat agree

3 Somewhat disagree

4 Strongly disagree

7 Don't know

9 Refused

59

DOC6M. In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

97 don't know

99 refused

IF NO VISITS GOTO INPUSE

DOC3M. In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

97 don't know

99 refused

INPUSE. During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?
1 yes ✍ ✍ **GOTO INPUSE2**
2 no ✍ ✍ **GOTO ERUSE**
7 don't know ✍ ✍ **GOTO ERUSE**
9 refused ✍ ✍ **GOTO ERUSE**
INPUSE2. How many times have you (TARGET) been admitted to a hospital **DURING THE PAST 12 MONTHS**?
_____ times
-7 don't know
-9 refused
ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room?
1 yes
2 no
7 don't know
9 refused
DENTAL. Do you have insurance that pays for preventive dental care?
1 yes
2 no
7 don't know
9 refused
DENTUSE. In the last 12 months did you get care from a dentist's office or dental clinic?
1 yes
2 no **SKIP TO DENTBAR**
7 don't know **SKIP TO DENTBAR**
60
9 refused **SKIP TO DENTBAR**
DENTPROB. In the last 12 months how much of a problem, if any, was it to find a convenient dental office to go to?
1 a big problem
2 a small problem
3 not a problem **SKIP TO MENTAL**
4 did not have any dental care in the last 12 months **SKIP TO MENTAL**
7 don't know **SKIP TO MENTAL**
9 refused **SKIP TO MENTAL**
DENTBAR. If you did not get care from a dentist in the last 12 months or had a problem finding a dentist, what is the main reason you did not receive dental care?
DO NOT READ. MAP TO RESPONSE.
01 Child is too young to need dental care
02 No dentist in my area
03 Dentist does not accept insurance
04 Dentist is not accepting new patients
05 I don't have insurance that covers dental care
06 Dental care is too expensive
07 Did not need dental care during 12 month period
08 Not important
97 Don't know

99 Refused

MENTAL. Do you have insurance that pays for mental health care?

1 yes

2 no

7 don't know

9 refused

BEHAVUSE. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

1 yes

2 no **SKIP TO HSTAT**

7 don't know **SKIP TO HSTAT**

9 refused **SKIP TO HSTAT**

BEHAVPRB. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed?

1 a big problem

2 a small problem

3 not a problem **SKIP TO HSTAT**

4 did not need to get any treatment/counseling in the last 12 months **SKIP TO HSTAT**

61

7 don't know **SKIP TO HSTAT**

9 refused **SKIP TO HSTAT**

BEHAVBAR. If you had a problem obtaining needed treatment or counseling, what was the main reason?

DO NOT READ. MAP TO RESPONSE.

1 Don't know where to get this care

2 No mental health providers in my area

3 Insurance does not pay for mental health care

4 Too expensive to get treatment or counseling

5 Other (please specify)

7 don't know

9 refused

62

DEMOGRAPHIC QUESTIONS--Asked of all respondents

The following questions are about (TARGET).

HSTAT. Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?

1 excellent

2 very good

3 good

4 fair

5 poor

7 don't know

9 refused

PWD1. Are you limited in any way in any activities because of physical, mental or emotional problems?

1 yes

2 no

7 don't know

9 refused

PWD2. Do you now have any health problem that requires you to use special equipment such as a cane, a wheelchair, a special bed or special telephone?

1 yes

2 no

7 don't know

9 refused

RACE1. Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1 no, not of Hispanic origin

2 yes, Mexican, Mexican American, Chicano

3 yes, Puerto Rican

4 yes, Cuban

5 yes, other Spanish/Hispanic/Latino

9 refused

RACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE] **READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.**

01 White

63

02 Black, African-American

03 Asian Indian

04 Chinese

05 American Indian or Alaska Native

06 Korean

07 Vietnamese

08 Hmong

09 Filipino

10 Japanese

11 Other Pacific Islander

12 Some other race? What race is that? _____

97 don't know

99 refused

IF AGE < 18 YEARS ✍✍ GOTO TO CHARGE

MARSTAT. Are you (Is TARGET) currently

1 single

2 married

3 living with partner

4 divorced

5 separated

6 widowed

7 don't know

9 refused

EDUC. What is the highest level of education you have (TARGET has) completed?

1 no formal education

2 grade school (1 to 8 years)

3 some high school (9 to 11 years)

4 high school graduate or GED (received a high school equivalency diploma)

5 some college/technical or vocational school/training after high school

6 college graduate

7 postgraduate degree/study

97 don't know

99 refused

VA. Have you ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard?

1 yes

2 no

7 don't know

9 refused

64

EMPSTAT1. Are you (Is TARGET) currently:

1 self employed or own your business

2 employed by someone

3 an unpaid worker for family business, farm, or home **GOTO PHONE**

4 retired ✍ ✍ **GOTO PHONE**

5 unemployed, or not working ✍ ✍ **GOTO PHONE**

6 full-time student (greater than three-fourths time) ✍ ✍ **GOTO PHONE**

7 don't know **GOTO PHONE**

9 refused **GOTO PHONE**

EMPSTAT2. Do you (Does TARGET) have more than one paying job?

1 yes ✍ ✍ **GOTO EMPHRS**

2 no

9 refused

HOURS. What is the total number of hours usually worked per week?

_____ hours

-7 don't know

-9 refused

GOTO EMPERM

EMPHRS. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week?

_____ hours

-7 don't know

-9 refused

EMPERM. Is this a permanent, temporary, or seasonal job?

1 permanent

2 temporary

3 seasonal

7 don't know

9 refused

TENURE. How long have you been employed in this position?

1 Less than 1 month

2 More than 1 month but less than 6 months

3 More than 6 months but less than 1 year

4 More than 1 year but less than 5 years

5 More than 5 years

7 don't know

9 refused

ALLSITES. Thinking about the employer
you work (TARGET works) for, about how
many people are employed there? If you

65

work (TARGET works) for a firm that has
multiple locations in your city or across
states, please include the number of people
at ALL locations.

01 Just one

02 Between 2 and 10

03 11 and 24

04 25 and 50

05 51 and 100

06 101 and 500

07 over 500

97 don't know

99 refused

INDUST. Thinking about the employer you work (TARGET works) for, what industry most
closely describes the employer? (**Listen to the whole list of choices before deciding**)

01 Government, public administration

02 Health care

03 Education

04 Social Services

05 Agriculture, farming, forestry and fishing

06 Construction, mining

07 Manufacturing *

08 Transportation, communications and utilities**

09 Retail and wholesale trade/sales ***

10 Banking, finance, insurance, real estate

11 Entertainment

12 Business and repair services (such as mechanic, electrician, plumber)

13 Personal services (such as child care, house cleaning, stylist)

14 Professional and related services (such as legal services, financial planning, web
design)

15 Other (specify) _____

97 Don't know

99 Refused

* Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic
equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

** Public Utilities examples: electric company, air transportation, trucking, busing, television
and radio services/broadcasting, telecommunications)

*** Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

IF TARGET IS >= 18 YEARS   GOTO PHONE

Lead in to CHARGE below:

IF MINOR TARGET CURRENTLY INSURED:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

66

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

CHARGE. Would that be you or someone else?

1 person on phone ✍ ✍ **GOTO YOUAGE**

2 someone else ✍ ✍ **GOTO ELSAGE**

IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON" IN ALL HH ITEMS.

YOUAGE. What is your age?

AGE _____

GOTO HHRACE1

ELSAGE. What is their age?

AGE _____

ELSEX. And is this person male or female?

1 male

2 female

HHRACE1. Is this person (Are YOU) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1 yes, Mexican, Mexican American, Chicano

2 yes, Puerto Rican

3 yes, Cuban

4 yes, other Spanish/Hispanic/Latino

9 refused

HHRACE2. Now choose one or more races
for this person (YOURSELF). Which race
or races do you consider this person
(YOURSELF) to be: [MAY SELECT
MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

01 White

02 Black, African-American

03 Asian Indian

04 Chinese

05 American Indian or Alaska Native

06 Korean

07 Vietnamese

67

08 Hmong

09 Filipino

10 Japanese

11 Other Pacific Islander

12 Some other race? What race is that? _____

97 don't know

99 refused

HHMAR. Is this person (Are YOU) currently

1 single

2 married

3 living with partner

4 divorced

5 separated

6 widowed

7 don't know

9 refused

HHEDUC. What is the highest level of education this person has (YOU have) completed?

01 no formal education

02 grade school (1 to 8 years)

03 some high school (9 to 11 years)

04 high school graduate or GED (received a high school equivalency diploma)

05 some college/technical or vocational school/training after high school

06 college graduate

07 postgraduate degree/study

97 don't know

99 refused

HHVA. Have you ever served on active duty in the U.S. Armed Forces, military reserves or National Guard?

1 yes

2 no

7 don't know

9 refused

HHEMP1. Is this person (Are YOU) currently:

1 self employed or own your business

2 employed by someone

3 an unpaid worker for family business, farm, or home **GOTO PHONE**

4 retired ✍ ✍ **GOTO PHONE**

5 unemployed, or not working ✍ ✍ **GOTO PHONE**

6 full-time student (greater than three-fourths time) ✍ ✍ **GOTO PHONE**

7 don't know ✍ ✍ **GOTO PHONE**

68

9 refused **GOTO PHONE**

HHEMP2. Does this person (Do YOU) have more than one paying job?

1 yes ✍ ✍ **GOTO HHEMP2B**

2 no **GOTO HHOURS**

9 refused ✍ ✍ **GOTO HHPERM**

HHOURS. What is the total number of hours usually worked per week?

_____ hours

-7 don't know

-9 refused

GOTO HHPERM

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of

hours usually worked per week?

_____ hours

-7 don't know

-9 refused

HHPERM. Is this a permanent, temporary, or seasonal job?

1 permanent

2 temporary

3 seasonal

7 don't know

9 refused

HTENURE. How long have you been employed in this position?

1 Less than 1 month

2 More than 1 month but less than 6 months

3 More than 6 months but less than 1 year

4 More than 1 year but less than 5 years

5 More than 5 years

7 don't know

9 refused

HSITES. Thinking about the employer this person works (YOU work) for, about how
many people are employed there? If this person works (YOU work) for a firm
that has multiple locations in your city or across states, please include the
number of people at ALL locations.

01 Just one

02 Between 2 and 10

03 11 and 24

04 25 and 50

05 51 and 100

06 101 and 500

69

07 over 500

97 don't know

99 refused

HINDUST. Thinking about the employer you work (TARGET works) for, what industry most
closely describes the employer? (**Listen to the whole list of choices before deciding**)

01. Government, public administration

02. Health care

03. Education

04. Social Services

05. Agriculture, farming, forestry and fishing

06. Construction, mining

07. Manufacturing *

08. Transportation, communications and utilities**

09. Retail and wholesale trade/sales ***

10. Banking, finance, insurance, real estate

11. Entertainment

12. Business and repair services (such as mechanic, electrician, plumber)

13. Personal services (such as child care, house cleaning, stylist)

14. Professional and related services (such as legal services, financial planning, web

design)

15. Other (specify) _____

97. Don't know

99. Refused

* Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

*** Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

PHONE. Besides this phone number, are there any other telephone numbers in this household, such as fax or data lines, a children's or business line? Do not include cell phones.

1 yes

2 no **GOTO PHONE3**

3 Not Respondent's # ✍ **GOTO PHONE3**

PHONE2. How many of these telephone numbers are connected to phones that can be answered by a person?

Number _____

77 don't know

99 refused

PHONE3. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

70

1 yes **GOTO PHONE4**

2 no **GOTO S13**

7 don't know ✍ ✍ **GOTO S13**

9 refused ✍ ✍ **GOTO S13**

71

PHONE4. Over the past year, what was the total number of days, weeks, or months your household was without telephone service?

Number _____

1 Days

2 Weeks

3 Months

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

TOTCNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college or boarding school)

____ ____ people

97 don't know

99 refused

IF COUNT = 1 ✍ ✍ GOTO INCOME

KIDCNT. How many of these people are children under age 21?

____ ____ children

INCOME. What was your household's gross, pretax income from all sources for the

year 2000? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.)

$ ____ ____ ____, ____ ____ ____

777777 don't know

999999 refused

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, GOTO INCOME2

INCOME2. How about if I give you some categories? Would you say income is…

01 Less than $4430

02 $4430 and $8860

03 $8860 and $11784

04 $11784 and $16391

05 $16391 and $17720

06 $17720 and $22150

07 $2150 and $26580

97 don't know

72

99 refused

NOTE: The CATI can be programmed to tailor questions to "income above" or "income below" different federal poverty guideline thresholds – corresponding to existing or anticipated public program eligibility thresholds.

END OF SURVEY.

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

Employers IDEA Project Focus Groups
Proposed Discussion Guide
April 1, 2003

- ? *Facilitator introduces self and thanks those in attendance for participating.*

- ? *Facilitator explains purpose of discussion*
  - o The State Health Department has received a grant from the Federal government to examine health insurance coverage in Alabama and to examine alternative ways for covering uninsured, underinsured and unstably insured Alabamians. This project is known as the IDEA project (Insurance Directions for Every Alabamian)
  - o We have asked you here tonight to talk about health care coverage in Alabama and the role of employers in providing health care coverage.

- ? *Explanation of focus group conduct*
  - o Give and take conversation
  - o I have questions I want to ask you, but you will do most of the talking
  - o There are no right or wrong answers
  - o You are not expected to be an expert on health care coverage, we just want your opinion
  - o You don't have to answer any questions you are uncomfortable answering
  - o Purpose of videotaping
  - o It is important to speak one at a time because we are recording this conversation
  - o Your names will not be used when tapes are transcribed, comments will not be associated with who said what
  - o I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to "hold on a minute" while I hear from someone else, so don't take offense.
  - o Please feel free to help yourselves to more food or use the restrooms at anytime
  - o Any questions before we get started?

- ? *Introduction of participants*
  Let's go around the table and introduce ourselves to each other. I'd like each of you to tell us your name, the name of your company, and anything about your company you'd like to share with us (number of employees, etc).

A.   Written Exercise: First, I would like for you to complete a brief exercise. *Facilitator goes over instructions. (EXERCISE 1)*

1.   From the perspective of your employees (i.e. Which benefits do they value most)
2.   From the perspective of your company (i.e. Which are most advantageous for your company to offer?)

B.   Discussion
?   What company benefits do your employees value most?
?   Which benefits, not offered by your company, would be valued most by your employees?
?   Are there any benefits which you feel are not essential for companies to offer their employees.

Let's talk for a minute about health insurance coverage

SHOW OF HANDS – How many of you do not currently have a health care plan for employees?

CURRENTLY NOT OFFERING HEALTH INSURANCE COVERAGE

?? Has your company ever offered health benefits to its employees?
1.   What led the company to no longer offer health insurance benefits?
2.   How did the employees react to the fact that the company was no longer offering coverage?
?? Are some of your employees covered elsewhere (i.e by spouse) or just uninsured? Please explain.

CURRENTLY OFFERING HEALTH INSURANCE COVERAGE

?? How would you describe your company's attitude toward providing health coverage for employees?
?? What types of health benefits do you currently offer employees?
?? How many plans do you offer?
?? Are you able to offer health insurance to all of your employees?
?? What percentage of the premium is paid by the employee?
?? What percentage of your employees participates in the insurance program?
o   Describe the types of employees who participate (age, family status (married, with children, single, etc), salary) - PROFILES
?? Of those employees who do not participate, are they covered elsewhere or uninsured? Please explain.
?? Are there any situations where some of your employees are not offered coverage? For the employees not offered coverage, what are the reasons you do not offer them coverage?

I want to talk about your own experiences with health care as an employer.

CURRENTLY <u>NOT</u> OFFERING

    C.   What would you say are the main reasons your company does NOT offer health care benefits to employees?

    D.   What do you see as the main advantage/disadvantage of a company not offering coverage?

    E.   Is there a competitive advantage?

    F.   For those of you who have employees without health care coverage, what do you do when they get sick? Where do they go for care?

    G.   Discuss the role of the following in decisions not to offer health insurance coverage:

        1.   The cost of the plan per employee (premium rates and employer/employee contribution ratio)

        2.   Administrative time/Paperwork

        3.   Pre-existing conditions limitations

        4.   Any other factors?

CURRENTLY OFFERING

    a)   What would you say are the main reasons your company decided to offer health benefits to employees?

    b)   Of all these reasons, which is the most important reason why your company offers health insurance to employees.

    c)   How does your company benefit from offering employees health coverage?

    d)   How do you think employees benefit from having coverage?

    e)   Can you recall an example at your company that highlights the advantage of offering health insurance?

    f)   What are the main drawbacks to offering coverage from the company's perspective?

    g)   Can you recall an example at your company that highlights the disadvantages of providing coverage?

    h)   How does your company respond to <u>premium increases</u>? Please explain (Listen for: reducing/discontinuing benefits, increasing co-payments/employee contributions, raising prices, delay increase on salary etc.)

    i)   Can you think of any situations where your company have to <u>seriously reassess</u> the decision to offer health coverage? Please explain.

    j)   In what situations would you <u>not offer coverage</u> to employees? (Probe as to what % of a premium increase would be unacceptable)

    k)   What do you see as the <u>biggest barriers</u> to employers offering health insurance to all of their employees? (Probe for administrative costs, administrative time, cost to company, lack of employee interest, regulations etc.)

H.   **DO NOT OFFER** - Which factors pose the biggest barriers to small companies offering coverage in Alabama?

I.   **DO NOT OFFER** - Under what conditions would your company consider offering health coverage? Please explain (probe as necessary)

J.   Describe the responsibility for providing health coverage in Alabama that each of the following parties carries:

> Employers
> Government
> Employees

K.   Has the burden of providing health coverage to employees in Alabama <u>shifted</u> over the years? *EXPLAIN*

L.   Are insurers offering attractive plan options to small employers? If NO, please explain.

Now, let's assume that this group has been asked by the state of Alabama to come up with ideas and practical ways to provide health coverage to all Alabama employees.

<u>Guidance</u>: As we work on these ideas, consider the roles and responsibilities of employees, employers, the state and insurance companies.

M.   What approach do you think we should take in providing access to care for all Alabamians?

A.   How can we make your idea for providing access to health care for all Alabamians work? Does the state have enough money to help out?

A.   (If not yet discussed) How appealing is the idea of your company participating in a government-funded insurance program? What are some advantages/disadvantages. ✍ Explore what government-funded insurance program means to participants (i.e. is it similar to welfare, done through tax incentives, how would it differ from workman's comp)

A.   How do you feel about state funds being used to help make coverage more affordable to lower-wage employees in Alabama? Please explain.

A.   There are a number of options under considerations for providing access to health care for more Alabamians. This paper I am passing out to you contains several ideas that have been proposed. Please read each option and indicate the extent that you favor and oppose each one by checking the appropriate box. **EXERCISE 2**

6. **DISCUSS RATINGS**
There's one last thing I'd like to do today before we finish up. I'd like to go around the table and have each of you tell me two things:

A.   What would be your final recommendation to increase coverage of Alabama employees and should the government play a role. If so, how?

2. Are there any additional comments that you would like to make regarding health care for Alabama employees?

Thank you for participating this evening. Your answers have been very interesting and will definitely help the state as they develop plans expand health care coverage for all Alabamians.

COLLECT BOTH QUESTIONNAIRE & EXERCISES!!!!

Consumers IDEA Project Focus Groups
Proposed Discussion Guide
Sheffield/Guntersville - March 15, 2003

? ==*Facilitator introduces self and thanks those in attendance for participating.*==

? *Facilitator explains* ==*purpose of discussion*==
- o The State Health Department has received a grant from the Federal government to examine health insurance coverage in Alabama and to look at different ways for providing insurance coverage to all Alabamians. ==This project is known as the IDEA project (Insurance Directions for Every Alabamian)==
- o We have asked you here tonight because we want to hear what Alabamians think about health care insurance so that your opinions and ideas can be incorporated into this process. As we told you when we invited you to this meeting, you will be receiving a ==$40 stipend at the end of the session==.

? ==*Explanation of focus group conduct*==
- o Give and take conversation
- o I have questions I want to ask you, but you will do most of the talking
- o There are no right or wrong answers
- o You are not expected to be an expert on health care coverage, we just want your opinion
- o You don't have to answer any questions you are uncomfortable answering
- o ==Purpose of videotaping – Does anyone object?==
- o It is important to speak one at a time because we are recording this conversation
- o Your names will not be used when tapes are transcribed, comments will not be associated with who said what
- o I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to "hold on a minute" while I hear from someone else, so don't take offense.
- o Please feel free to help yourselves to more snacks or use the restrooms at anytime – directions
- o How you were selected – selected those who have concerns about their health care coverage
- o Any questions before we get started?

? *Introduction of participants*
Let's go around the table and introduce ourselves. I'd like to know your name, how long you've lived in Alabama, your current occupation if you are employed, and a little bit about your family.

A.   For those of you who work or have a spouse or partner who works for a company, does the employer offer any type of health coverage for its employees? Are you eligible for that coverage now? Probe: Why are you not eligible for coverage through employer.

B.   Are any of you in a situation where you are eligible, but have not signed up for the insurance at work? EXPLAIN

A.   Why do you feel some people don't have health insurance or just don't sign up for coverage when it is available? (probe: healthy status, expensive, can get care any way, etc.)

A.   How many of you feel that you are eligible for public health insurance programs? If so, have you signed up? What would keep people from signing up for some type of public insurance?

A.   Some people said that they have had problems finding information about insurance plans including what programs exist and where to enroll. How many of you have these concerns? (i.e. Public health care programs – Are their major barriers to participating in public programs?)

Now, let's talk about your own experiences with health care services in Alabama.

A.   If you get sick or needed medical care, where would you likely go for care? Are you satisfied with the health care services you receive? If yes, why? If not, why not?

A.   How do you usually pay for health services now? (probe)

A.   Do you ever go for regular check-ups or screening for other conditions when you are not sick?

A.   From what you've heard or experienced, do you think people who are uninsured have a harder time or easier time getting health care?

A.   I'd like to know whether you and your family are able to get all the health care services you need? If not, please tell me about the problems you have in getting health services. (i.e. barriers to care)

A.   Some of you mentioned the high cost of health care. When you think about the high cost of health care, what specific things are you thinking about? What concerns you most? (Look for doctors' visits, medications, monthly premiums, deductibles, co-pays, hospital visits, etc. vs. cost of health insurance premiums, deductibles, needed services not covered, or unable to get insurance)

A.   Why do you think health care costs are so high?

A.   Do you have any ideas about how we can control health care costs?

A.   People sometimes talk in terms of wanting "affordable" health care, and I want to see if we can try to identify what "affordable" may mean to your family. Let's start out by talking about "affordability" relative to other expenses in your life. Can you identify a monthly expenditure in your budget that if you had to pay the same amount for health insurance, then you would say health insurance is "unaffordable" to you?

How many of you would say that health insurance is unaffordable if you had to pay as much for it on a monthly basis as you do for the place where you live? How about for the car you drive? The amount you spend on food? Your monthly power bill?

A.   What would or could your family have to give up in order to afford health insurance? What would you definitely not give up in order to afford health insurance?

A.   Now in dollar terms, how much, if anything, would you be willing to pay each month out of your own pocket for a health plan that provides basic coverage for doctor visits, hospitalization and prescription drugs?

BREAK

A.   Do you believe everyone in Alabama should receive the health care services they need regardless of whether or not they have insurance coverage? Why or why not?

A.   What would be the advantages of everyone having health insurance in Alabama?

A.   Do you think there are a lot of people in this part of the state who have trouble getting health care services? Why do they have trouble getting health care?

A.   Do you think there are a lot of people in this part of the state who are uninsured? How big of a problem is this?

A.   Describe what you believe to be the profile of an average uninsured person in this part of the state. Why are they uninsured?

A.   Who do you think should be responsible for providing health insurance coverage? Should it be the people themselves? Employers? The government? Who?

A.   Would you prefer getting health insurance from an employer or through a government program? Please explain why.

A.   What would be the best way to provide access to care for all Alabamians?

A.   How can we make your idea for providing access to health care for all Alabamians work?

A.   There are a number of options for providing access to health care for all Alabamians.
- ?   Expanding state funded ALL Kids programs to cover more Alabamians (include parents keeping same qualifications, but changing the age requirement) – Identify ALL Kids parents
- ?   Expand Medicaid to cover more Alabamians (change qualifications)
- ?   Buy in opportunities in a state insurance pool (have the state establish a statewide insurance program partially funded by tax dollars, for individuals, families, self-employed, students to buy into at lesser cost than individual insurance)

Ask for preferred options, then:
        How many of you would be interested in this option?
        How much would you be willing to pay for this?

B.   Before you came here tonight, did you think we needed to make changes to our system of how people pay for health care in Alabama? Was that an important concern to you? How about to other people you know? Do you ever hear your friends and family voice their concerns about the way they pay for health care?

A.   Are there any other health care issues you wanted to discuss before we close?

A.   Complete participant questionnaire….

Thank you for participating this evening. Your remarks have been very interesting and will definitely help the state as they continue this effort to develop a plan to expand access to health care insurance for all Alabamians. ✍ Pass out stipends!

APPENDIX III: OPTION REVIEW SHEET

<u>Health Insurance Options Overview Form</u>

1. Name of Option:

2. Description:

3. Coverage:

      Who would it cover?

      How many people would it cover?

      What would the benefit package look like?

      Compare this coverage to what is available now.

4. Cost:

      Estimate how much would it cost (per year, per member per month, etc.)?

      Funding sources (indicated how much of the cost would be covered by each funding source.)

5. What would it take to enable AL to do this (waiver, legislation, coalition, etc.)?

Alabama Academy of Family Physicians
Alabama Arise
Alabama Chamber of Commerce
Alabama Coalition Against Domestic Violence - ASU
Alabama Department of Children's' Affairs
Alabama Department of Human Resources*(5)
Alabama Department of Insurance
Alabama Department of Mental Health Mental Retardation*(2)
Alabama Department of Public Health*(34)
Alabama Department of Rehabilitation Services*
Alabama Department of Senior Services*(2)
Alabama Health Plans
Alabama Hospital Association
Alabama Latin American Association
Alabama Medicaid Agency*(3)
Alabama Partnership for Children
Alabama State Employees Insurance Board
ALFA Insurance
American Association of Retired Persons – Alabama Chapter
American Academy of Pediatrics – Alabama Chapter
Auburn University
Birmingham Independent Living Center
Blue Cross Blue Shield of Alabama*(5)
Bodenheimer Counseling
Chick-fil-A
Children's Health System
Children's Rehabilitation Service*(2)
Commerce South*(2)
Covering Alabama Kids and Families*(2)
Drummond Company
Executive Budget Office*(2)
Franklin Primary Health Care
Governor's Office – Executive Budget Office
Governor's Office - Policy Analyst*(2)
Legislative Fiscal Office*(3)
Medical Association of the State of Alabama (MASA)*(2)
Noble Manor, LLC
St. Vincent's Hospital
Shelby County Child Policy Council
Southeast Research*(2)
State Representative
Super Foods
University of Alabama @ Birmingham*(2)
University of South Alabama
University of South Alabama Health Systems*(2)

Voices of Alabama Children
Western Supermarkets

* Indicates more than one member from the organization

IDEA Study Committees

Large Business Study Committee
Alabama Chamber of Commerce
Alabama Department of Public Health
Alabama Hospital Association
Alabama Latin American Association
ALFA Insurance
Blue Cross Blue Shield of Alabama
Bodenheimer Counseling
Commerce South
Drummond Company
Legislative Fiscal Office
Medical Association of the State of Alabama
Super Foods
Western Supermarkets

Small Business Study Committee
Alabama Arise
Alabama Department of Human Resources
Alabama Department of Public Health
Blue Cross Blue Shield of Alabama
Covering Alabama Kids and Families
Medical Association of the State of Alabama
Small Business Owner

Statute Study Committee
Alabama Department of Human Resources
Alabama Department of Insurance
Alabama Department of Public Health
Alabama Department of Rehabilitative Services
Alabama Health Plans
American Association of Retired Persons
Blue Cross Blue Shield of Alabama
Children's Health Systems
Medical Association of the State of Alabama
St. Vincent's Hospital
University of South Alabama Health Systems
Voices for Alabama Children

Publicly Funded Options Study Committee
Alabama Arise
Alabama Department of Human Resources
Alabama Medicaid Agency
Alabama Department of Mental Health Mental Retardation
Alabama Department of Public Health
Alabama Department of Senior Services
Alabama Department Rehabilitative Services – Early Intervention
Alabama State Employees Insurance Board
American Association of Retired Persons
Auburn University
Blue Cross Blue Shield of Alabama
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