Connecticut
State Planning Grant to
Develop Coverage Options

Interim Report

Submitted to:
THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
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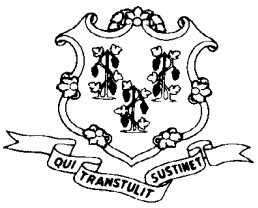
Submitted by:



The State of Connecticut
Office of Health Care Access
Raymond J. Gorman
Commissioner

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This executive summary will provide an overview of the project work conducted under Connecticut's HRSA State Planning Grant to date, including a description of the insurance environment in the State as revealed by data collection activities, and policy options under consideration to increase health care coverage in the State.

Overview of Project Progress

Connecticut's HRSA grant project has progressed steadily since March 1, 2001when $668,110 in grant funds were awarded to the Office of Health Care Access (OHCA). Major activities have included contracting with entities to perform data collection and provide policy analysis and consultation. A considerable effort has been expended in defining an interagency collaboration framework, and in detailed discussions with the Connecticut Business and Industry Association (CBIA) related to their potential role in coordinating with employer-sponsored insurance.

Data Collection Activities

The planning grant project initiated two significant data collection activities; a household survey and a business survey. OHCA has contracted with the University of Connecticut's Center for Survey Research and Analysis (CSRA) to field a household survey sampling 4,500 Connecticut households. The CSRA has also added coverage questions related to our planning grant to an existing quarterly business survey. In addition to the household and business survey we anticipate that we will conduct focus groups in order to gain insights regarding uninsured small firms and their potential to serve as a venue for subsidized coverage for their employees and dependents.

OHCA has also contracted with the Institute for Health Policy Solutions (IHPS) to conduct health policy development and analysis of the characteristics of uninsured people in Connecticut and the available market of employer-sponsored health insurance. IHPS is providing technical assistance and expertise as we explore possibilities related to the design of an employer-based health insurance premium subsidy option for the HUSKY health plan in Connecticut.

During this initial portion of our grant period, IHPS has also provided overall guidance to facilitate discussions with CBIA related to its potential role in an employer premium subsidy

option. Meeting Notes from the first four meeting facilitated by IHPS have been appended to this report. Future assistance expected from IHPS will include identification of key policy and operational issues that are known or suspected barriers to optimal program implementation and results, and meeting with key stakeholders identified by OHCA to discuss and address policy concerns related to the project.

IHPS will prepare benefit package option(s) that describe the basic options of each benefit package and these packages will be reviewed with stakeholders and with OHCA and adjusted as needed. IHPS will also consult with the State and its actuaries, 1) to complete a benefit comparison, 2) prepare a cost-effectiveness test required by the U.S. Department of Health and Human Services Center for Medicare and Medicaid Services (CMS), and 3) compare the benchmark to CBIA health plans. IHPS will consult and assist the HRSA State Planning Grant team in resolving policy issues affecting program design options identified by the State.

Conclusion

To date, Connecticut's specific planning effort has been directed toward the development of preliminary models for subsidy approaches that will allow us to take advantage of the current federal policy environment at CMS and its favorable attitude toward waivers and state flexibility as articulated in the new Health Insurance Flexibility and Accountability (HIFA) demonstration initiative. We are working to select appropriate policy options to increase health care coverage in the state, especially for low-income working uninsured families. Since 80% of uninsured children live in households where one or both of the adults are working, we believe it is important to make a case to small business on the need to provide health insurance coverage, emphasizing the importance of worker health to business, and its corresponding human capital impact. As a result of a series of working meetings with the Department of Social Services (DSS) and CBIA, we have started to explore options and possible opportunities to reach working uninsured families through existing CBIA health insurance programs. Structural advantages of utilizing an existing small group purchasing cooperative include centralized administration, standardized benefits, and plan choice. We believe our discussions with CBIA have been very useful because CBIA Health Connections is already a successful health care purchasing pool. They have broad market penetration, provide an opportunity to do business with a large array of plans, offer choice, have a standardized benefit package, and centralized administration.

Connecticut has targeted its current planning efforts on employer sponsored insurance because we want to provide a cost-effective way to keep families together in coverage, we want to use our Title XXI funds, we want to reach our families without a stigma for a government program, and we want to help Connecticut businesses attract and retain employees.

Next Steps

During the remainder of our grant period we plan to further develop alternative models or options for the design of a premium assistance/employer-based subsidy option for the HUSKY plan in Connecticut and to frame out recommendations for Federal action to support State efforts to provide health insurance for the uninsured. Flexibility to tailor our programs to meet the needs of our various populations is of critical importance to us as we move forward.

SECTION 1. SUMMARY OF FINDINGS: UNINSURED INDIVIDUALS AND FAMILIES

The purpose of this section is to describe (1) who the uninsured are in your State; (2) what strategy was used to obtain this information; and (3) how these findings are reflected in the coverage options that your State has selected or is currently considering. In discussing your survey findings, please be sure to link the results directly to your State's coverage expansion strategy.

More detailed survey findings (reports, spreadsheets, etc.), as well as survey instruments and other descriptions of the research methodology, should be referenced in Appendix II.

*Questions 1.1 through 1.3 focus on the **quantitative** research work conducted by the State. If possible, please use the Current Population Survey definitions and data breaks, even if alternate data sources are used. This will allow comparisons across all states in the summary report*

Fielding of the household survey was completed mid-October. The data analysis from our Household Survey will be included in the final report.

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

Under its State Planning Grant to Develop Coverage Options, The Connecticut Office of Health Care Access (OHCA) has contracted with the University of Connecticut's Center for Survey Research and Analysis (CSRA) to conduct a statewide survey. This survey will provide comprehensive data on the state's uninsured population and support our initiatives to provide the uninsured with access to health care by expanding health insurance coverage to all state residents. Data are scheduled to be available in November 2001. At that time, OHCA will be able to accurately describe the characteristics of the uninsured in Connecticut.

The Census Bureau is currently examining some Connecticut-specific results of the 2001 Current Population Survey due to considerable variation in estimates from the previous year. For example, while the overall drop in the state's uninsured rate from 9 percent in 1999 to 8.5 percent in 2000 is reasonable, survey results show the uninsured rate for children has dropped from 8.7 percent to 2.5 percent over that same time period and that there are 384,000 fewer children in the state than in the previous year. Census Bureau staff are in the process of determining if this large difference is due to sample variation or if there is a problem in the weighting process. Consequently, OHCA prefers not to use CPS data in answering questions 1.1 and 1.2, but will use its own survey results in its final report to HRSA.

1.2 What are the characteristics of the uninsured? **See response above.**

Income:

Age:

Gender:

Family composition:

Health status:

Employment status (including seasonal and part-time employment and multiple employers):

Availability of private coverage (including offered but not accepted):

Availability of public coverage:

Race/ethnicity:

Immigration status:

Geographic location (as defined by State -- urban/suburban/rural, county-level, etc.):

Duration of uninsurance:

Other(s):

1.3 Summarizing the information provided above, what population groupings were particularly important for your State in developing targeted coverage expansion options? **To be answered in the final report.**

*Questions 1.4 through 1.13 focus primarily on the **qualitative** research work conducted by the State:* **We have provided information where available at this interim point.**

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

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

Independent of the State Planning Grant project, to expand enrollment and encourage more parents to take advantage of the opportunities HUSKY offers, the legislative Medicaid Managed Care Council's Consumer Access Subcommittee and the Department of Social Services (DSS) joined to fund and sponsor several focus groups with parents of uninsured children. The focus group project asked parents of uninsured children for their attitudes about HUSKY and for their suggestions to improve outreach. The focus groups proved to be very valuable in identifying problems and solutions for HUSKY enrollment. The findings were not surprising. Enrolling children in health coverage is not as simple as sending out brochures and waiting for clients to apply. In many cases, enrollment is a complex process involving information, advocacy, application assistance, follow-up and sometimes persuasion.

METHODOLOGY

Four focus groups were conducted at different locations around Connecticut. Fifty-four adults participated in total, representing 104 children. Ages of the participants ranged from 17 to 59 years. Nineteen each were African American and Hispanic, 15 Caucasian and 1 Asian. Forty-four were women and ten were men. Six participants required translation. Family incomes varied from zero to 346% of the federal poverty level, averaging just below the poverty level (94.5%).

In all but two cases, participants were parents or caretakers of children who were either uninsured or had recently applied or enrolled in HUSKY. The other two participants were 17 years old and applying for themselves. Participants were recruited with the assistance of local community-based organizations - a child care center, a child advocacy organization, a school resource center and a community health center. Parents in the focus groups identified several barriers to HUSKY enrollment, generally falling into four categories -- lack of information, suspicion and stigma of public programs, cultural barriers, and enrollment problems.

1.6 Why do uninsured individuals and families disenroll from public programs?
The Childrens Health Council and DSS have conducted a series of enrollment studies that track enrollment in HUSKY, survey consumers, and examine the number of uninsured children in the state. The reports can be found at http://www.childrenshealthcouncil.org/outreach/enrollment.htm

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

1.8 Do workers want their employers to play a role in providing insurance or would some other method be preferable?

1.9 How likely are individuals to be influenced by:

Availability of subsidies?:

Tax credits or other incentives?:

1.10 What other barriers besides affordability prevent the purchase of health insurance?

1.11 How are the uninsured getting their medical needs met?

1.12 What is a minimum benefit?

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

SECTION 2. SUMMARY OF FINDINGS: EMPLOYER-BASED COVERAGE

The purpose of this section is to document your State's research activities related to employer-based coverage: (1) what is the state of employer-based coverage? (2) how was the information obtained (surveys, focus groups, etc.)?; and (3) how are the findings reflected in the coverage options that have been selected (or are being considered) by the State?

*Questions within 2.1 focus on the **quantitative** research work conducted by the State:*

Quantitative research conducted by the State to date is included in this report. The first quarter business survey data is included below, second quarter business data will be available for the final report.

2.1 Background Information on the Business Survey

Business Quarterly Methodology

Under the State Planning Grant, OHCA contracted with the CSRA to add questions to the Standard Business Quarterly Survey that CSRA currently fields on behalf of the Connecticut Department of Economic and Community Development. Results are based on 403 telephone interviews conducted across the state. The interviews were conducted by trained interviewers from the CSRA research facility in Storrs, Connecticut between June 19 and July 17, 2001.

The sample was generated using databases and software from Dun and Bradstreet. Once selected, each telephone number was contacted a minimum of four times to attempt to reach an eligible respondent. Businesses where a viable contact was made were called additional times.

The sample frame is designed to include all businesses located in the State of Connecticut with two or more employees. The sample frame excludes government agencies and other public facilities such as public schools. The sample is drawn from databases maintained by Dunn and Bradstreet. The sample is disproportionately stratified according to industry clusters as designated by the Department of Economic and Community Development. Final results are weighted to be proportional to the overall population of businesses in the State of Connecticut.

Table 1 lists each industry sector, estimated total number and proportion of businesses in each sector, the expected and actual number of businesses in each industry sector, and the appropriate weight for each industry sector.

Table 1
Population Estimates and Sample Weights
Business Quarterly Survey
Second Quarter 2001

Industry Sector	Estimated Total Businesses	Percent of Total Businesses	Expected Businesses in Proportional Sample of 403 Interviews	Actual Businesses in Survey	Weight
Financial	4,117	3.04%	12.3	46	0.266481
Health	1,214	0.90%	3.6	46	0.078579
HiTech	3,886	2.87%	11.6	45	0.257119
MFG	3,094	2.29%	9.2	45	0.204716
Telcom	1,889	1.40%	5.6	45	0.124986
Tour/Ent	4,089	3.02%	12.2	45	0.27055
Other	117,062	86.49%	348.5	131	2.660653
	135,351	100%	403	403	

Source: Center for Survey Research and Analysis at the University of Connecticut, Storrs, CT.

What are the characteristics of firms that do not offer coverage, as compared to firms that do? **Please See Tables of Results below**
Employer size (including self-employed):
Geographic location:
Other(s):
For those employers offering coverage, please discuss the following:
Cost of policies:
Level of contribution:
Percentage of employees offered coverage who participate:

Office of Health Care Access Employer Questions
Connecticut Business Quarterly Survey
Do you currently offer health insurance to ANY of your employees?

2.1 Employer size:		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
EC.1. Do you currently offer health insurance to any of your	Yes	52%	20%	40%	76%	87%	25%	81%	87%	99%
	No	45%	77%	53%	24%	13%	74%	16%	9%	1%
	Don't Know	1%		3%			0%	3%		
	Refused	2%	4%	5%			2%	0%	4%	
Total	Unweighted Count	403	82	109	59	99	179	78	79	54

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

What is the primary reason for electing not to provide coverage?

[Base: Businesses who do not provide coverage]

2.2		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
EC.1.a What are the primary reasons for electing not to pro	Can't afford to	26%	17%	29%	21%	62%	30%	3%	33%	
	Too few employees	43%	56%	39%	3%	3%	50%	19%		
	Employees don't need health insurance	9%	8%	8%	24%	32%	4%	50%	31%	
	Company just started	0%	0%			3%	0%		3%	
	No employees/Family run	8%	13%	5%	18%		9%			
	Part-time/Seasonal employees/ Independent Contractors	7%	5%	4%	35%		4%	6%	3%	100%
	Other (Specify)	2%	1%	4%			0%	2%		
	Don't know	3%	0%	7%			2%	16%		
	Refused	2%		4%			0%	3%	31%	
Total	Unweighted Count	166	67	57	14	7	124	23	9	1

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately what percentage of your employees are currently eligible for health insurance from your business?

[Base: Businesses who provide coverage to some employees]

		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
Less than 25%		4%	15%		6%	5%	10%	4%		1%
25% through 49%		3%			0%	0%		4%	4%	0%
50% through 74%		14%	16%	24%	17%	5%	7%	12%	21%	2%
75% through 99%		21%	2%	12%	23%	28%	5%	21%	30%	32%
100%		53%	67%	64%	37%	56%	77%	55%	39%	38%
Don't know		5%			12%	6%		4%	1%	26%
Refused		1%			6%				4%	
Total	Unweighted Count	237	15	52	45	92	55	55	70	53

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately what percentage of eligible employees actually take health insurance from your business?

[Base: Businesses who provide coverage to some employees]

2.1 Employees offered who participate		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
Less than 25%		3%	15%	0%	0%	5%	6%	4%	0%	
25% through 49%		2%		1%	1%	1%	1%	1%	0%	3%
50% through 74%		20%	16%	29%	23%	12%	7%	31%	23%	5%
75% through 99%		26%	0%	20%	13%	52%	6%	14%	44%	60%
100%		40%	69%	45%	44%	24%	81%	42%	22%	5%
Don't know		8%		5%	12%	7%		8%	6%	27%
Refused		1%			6%				4%	
Total	Unweighted Count	237	15	52	45	92	55	55	70	53

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

What is the monthly premium for the least expensive health insurance plan that you offer?

[Base: Businesses who provide coverage to some employees]

2.1 Cost of policy		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
Less than $100		7%	0%	6%	6%	15%	6%	0%	5%	38%
$100 through $249		23%	32%	23%	24%	20%	29%	20%	18%	38%
$250 through $499		20%	16%	18%	26%	23%	27%	15%	26%	5%
$500 through $749		6%		6%	1%	13%	1%	8%	9%	0%
$750 and over		7%	17%	6%	7%	2%	12%	8%	5%	2%
Don't know		31%	20%	40%	31%	19%	25%	44%	25%	16%
Refused		5%	15%	1%	6%	9%		4%	13%	1%
Total	Unweighted Count	237	15	52	45	92	55	55	70	53

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately how much of this does your company pay?

[Base: Businesses who provide coverage to some employees]

2.1 Level of contribution		Total	Gross Revenue Current Calendar Year				Number of Employees			
Banner 1			Under $100,000	$100,000 to $500,000	$500,000 to $1 Million	$1 Million or more	1 - 4	5 - 9	10 - 49	50 or more
Less than 25%		4%	1%		8%	5%	6%	0%	6%	1%
25% through 49%		2%		1%		5%	1%	0%		20%
50% through 74%		19%		23%	18%	14%	3%	25%	25%	26%
75% through 99%		16%	1%	11%	2%	27%	1%	7%	31%	39%
100%		50%	80%	65%	57%	38%	89%	56%	22%	9%
Refused		9%	19%		15%	11%		11%	16%	5%
Total	Unweighted Count	178	10	42	35	70	45	42	54	36

Geographic Locations by County

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Do you currently offer health insurance to ANY of your employees?

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
EC.1. Do you currently offer health insurance to any of your	Yes	52%	40%	64%	52%	54%
	No	45%	56%	33%	45%	46%
	Don't Know	1%	0%	2%	0%	
	Refused	2%	5%	1%	3%	0%
Total	Unweighted Count	403	119	118	117	48

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

What is the primary reason for electing not to provide coverage?

[Base: Businesses who do not provide coverage]

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
EC.1.a What are the primary reasons for electing not to pro	Can't afford to	26%	25%	25%	23%	44%
	Too few employees	43%	36%	47%	46%	52%
	Employees don't need health insurance	9%	16%	0%	12%	0%
	Company just started	0%	0%		1%	
	No employees/Family run	8%	8%	6%	11%	3%
	Part-time/Seasonal employees/ Independent Contractors	7%	11%	8%	1%	
	Other (Specify)	2%	4%		0%	
	Don't know	3%	0%	12%		1%
	Refused	2%		1%	6%	0%
Total	Unweighted Count	166	57	40	46	23

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately what percentage of your employees are currently eligible for health insurance from your business?

[Base: Businesses who provide coverage to some employees]

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
Less than 25%		4%	5%	7%		1%
25% through 49%		3%	0%	7%	0%	
50% through 74%		14%	8%	10%	25%	12%
75% through 99%		21%	14%	19%	28%	28%
100%		53%	61%	51%	45%	57%
Don't know		5%	11%	4%	1%	2%
Refused		1%		3%		
Total	Unweighted Count	237	62	78	71	25

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately what percentage of eligible employees actually take health insurance from your business?

[Base: Businesses who provide coverage to some employees]

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
Less than 25%		3%		7%	0%	1%
25% through 49%		2%	6%	1%	0%	2%
50% through 74%		20%	9%	24%	26%	12%
75% through 99%		26%	28%	13%	39%	42%
100%		40%	40%	48%	32%	30%
Don't know		8%	17%	4%	2%	14%
Refused		1%		3%		
Total	Unweighted Count	237	62	78	71	25

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

What is the monthly premium for the least expensive health insurance plan that you offer?

[Base: Businesses who provide coverage to some employees]

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
Less than $100		7%	11%	7%	7%	2%
$100 through $249		23%	18%	16%	31%	35%
$250 through $499		20%	28%	16%	25%	4%
$500 through $749		6%	11%	4%	6%	
$750 and over		7%	1%	10%	11%	2%
Don't know		31%	30%	37%	20%	44%
Refused		5%	0%	11%	0%	12%
Total	Unweighted Count	237	62	78	71	25

Office of Health Care Access Employer Questions

Connecticut Business Quarterly Survey

Approximately how much of this does your company pay?

[Base: Businesses who provide coverage to some employees]

Banner 2		Total	Fairfield County	Hartford/ Litchfield Counties	New Haven/ Middlesex Counties	East of River
Less than 25%		4%	0%	8%	0%	
25% through 49%		2%		4%	1%	
50% through 74%		19%	14%	23%	22%	2%
75% through 99%		16%	20%	12%	16%	26%
100%		50%	65%	41%	55%	51%
Refused		9%	1%	13%	6%	20%
Total	Unweighted Count	178	40	63	60	15

*Questions 2.2 through 2.7 focus primarily on the **qualitative** research work conducted by the State:*

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?

2.3 What criteria do offering employers use to define benefit and premium participation levels?

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

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

2.6 How likely are employers who do not offer coverage to be influenced by:

Expansion/development of purchasing alliances?:

Connecticut has a private small business purchasing alliance In response to this question we are providing information about CBIA Health Connections that can also be found on their website http://www.cbia.com/home.htm

CBIA Health Connections is designed for companies with 3-50 employees, and allows small businesses to take advantage of the competitive premium rates that health care cooperatives typically provide their employees. The program gives employees a choice for four top health care companies (Aetna U.S. Healthcare, CIGNA Healthcare, ConnectiCare and Health Net), with 7,000 participating primary care physicians throughout Connecticut.

There are 18 medical options in the plan ranging from a $10 HMO plan to a comprehensive indemnity plan for members out of state. CBIA also offers Massachusetts residents working for Connecticut companies, comprehensive HMO and POS plans through ConnectiCare. They also have a Medicare primary plan available through Anthem Blue Cross & Blue Shield for Connecticut retirees and active employees eligible for Medicare.

CBIA offers an array of ancillary lines, including dental plans, life, and short-term and long-term disability. By giving employees so many managed care options, they can keep the costs down. And CBIA takes care of all administrative support. Employees can choose from among four superior health plan companies and everything will appear on just one billing statement.

With simple administrative procedures and CBIA as its sole administrator, CBIA Health Connections is convenient, flexible and affordable.

Individual or employer subsidies?:

Additional tax incentives?:

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

SECTION 3. SUMMARY OF FINDINGS: HEALTH CARE MARKETPLACE

The purpose of this section is to document your State's research activities related to the State's health care marketplace. The State should discuss (1) findings relating to the marketplace; (2) how the information was obtained; and (3) how the findings affected policy deliberations in the State.

3.1 How adequate are existing insurance products for persons of different income levels or persons with pre-existing conditions? How did you define adequate? Suitable for what is required.

RPM Health Management performed a perform a market assessment of Connecticut Health Plans in October, 2000 as part of OHCA's ACHIEVE health purchasing inititative The conclusions from this assessment were as follows:

- Health plan acquisitions, consolidations and closures have significantly reduced the number of vendors with an established presence within Connecticut.
- There are currently 10 HMO's licensed to do business in the Connecticut.
- The State currently contracts with three health plans. (Anthem, ConnectiCare, HealthNet, formerly PHS) to provide health insurance coverage to its employee and retiree population. None of the three national health plan vendors (Aetna, CIGNA and United Healthcare) provide coverage for this population.
- There are four health plans providing coverage to the Medicaid population (Anthem, Community Health Network, Preferred One -First Choice, and HealthNet) . The issue of how other vendors with a Connecticut presence can be encouraged to compete for the HUSKY business must be addressed.
- There are a sufficient number of viable health plans in Connecticut to support a competitive joint procurement process for the State.

Additional insurance market data will be included in our final report.

3.2 What is the variation in benefits among non-group, small group, large group and self-insured plans?

3.3 How prevalent are self-insured firms in your State? What impact does that have in the State's marketplace?

The unweighted percentage of self-insured companies in the state of Connecticut is 2.4%. The weighted response is 3.1%.

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

The State of Connecticut covers 179,000 State employee/retirees lives and 237,000 HUSKY lives. Spending by the State is $465 million for employees/retirees and $410 million for the HUSKY program.

3.5 What impact would current market trends and the current regulatory environment have on various models for universal coverage? What changes would need to be made in current regulations?

3.6 How would universal coverage affect the financial status of health plans and providers?

3.7 How did the planning process take safety net providers into account?
The medical safety net in Connecticut provides services to the poor, the uninsured and those with special needs. Safety net providers are often located in inner cities or rural areas where there are shortages of health care professionals. Many of their clients are insured but use safety net providers because they represent one among a limited source of medical care providers in the community.

3.8 How would utilization change with universal coverage?

3.9 Did you consider the experience of other States with regard to:

Expansions of public coverage?:

Public/private partnerships?:

Several Connecticut staff members attended the State Planning Grant Meeting in Arlington Virginia in July. At that meeting, several states, Massachusetts, Wisconsin and Oregon, discussed their experiences in financing the expansion of health care for the uninsured in their state. IHPS has expertise in assisting states in developing public private partnerships and has shared information with Connecticut. In addition, the March 2001 SCI Issue Brief *Employer Buy-in Programs: How Four States Subsidize Employer Sponsored Insurance* was used as a reference.

Incentives for employers to offer coverage?:

Regulation of the marketplace?:

SECTION 4. OPTIONS FOR EXPANDING COVERAGE

The purpose of this section is to provide specific details about the policy options selected by the State. Those states that have not reached a consensus on a coverage expansion strategy may answer questions 4.1 through 4.15 as applicable, but should focus primarily on questions 4.16, 4.18, and 4.19.

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.)?

For each option identified, complete questions 4.2 through 4.15 (if relevant to your State's planning process):

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

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?

At the planning meetings attended by staff from OHCA, DSS, and CBIA, participants have assessed implications of and refined ideas for four different options presented by IHPS for expanding coverage to uninsured low-income individuals working for small employers in Connecticut. These options vary based on the eligibility process used and the process for applying the subsidy and are still under consideration, but all are based on a partnership between the DSS and the "Health Connections" small-employer purchasing pool operated by CBIA.

Option 1: Under the first option, an eligible individual would go through the normal DSS eligibility process, and if determined eligible and subsequently enrolled in his or her employer plan, would receive a direct subsidy to offset the amount he or she contributes to health coverage. The employer would treat the employee like any other, would receive a bill for the full premium from CBIA, and would deduct the necessary employee-contribution amount from the employee's paycheck. The subsidy payment would be sent from the DSS or its appropriate vendor to the employee, and CBIA would notify the DSS or its vendor of the continued enrollment of subsidy-eligible individuals.

Option 2: Under the second option, an individual would go through the normal DSS eligibility process, and if determined eligible and subsequently enrolled in his or her employer plan, the appropriate subsidy amount would be transferred from the DSS or its vendor directly to CBIA. CBIA would send the employer a premium bill that specifies, for each worker, the employer's share and the worker's share of premium based on the employer's contribution policy. For workers eligible for a subsidy, the worker's share would be shown net of the subsidy amount payable. CBIA would notify the DSS or its vendor of the continued enrollment of subsidy-eligible individuals and would transfer the subsidies it receives from the DSS with the employer and employee payments as payment in full to the health plans.

Option 3: Under the third option, an employee would not complete a formal application to DSS for a subsidy but instead would be able to "self-declare" their eligibility for a subsidy (with some form of employer wage verification) based on information regarding the maximum family income limits for subsidy eligibility. The subsidy could be recouped from the individual at a later date if family income is found, through a reconciliation process based on the worker's tax return, to have exceeded the specified limits by more than some pre-set amount. Instead of receiving a direct subsidy payment from the state, the employee's tax withholding would be reduced to offset the employer's health insurance payroll deduction. Other than potentially changing the employee's tax withholding, the employer would treat the employee like any other and would receive a bill for the full premium from CBIA and would deduct the necessary employee-contribution amount from the employee's paycheck. Since no funds would be sent to the employee, CBIA would only have to notify the appropriate state agency of the number of months an employee received health coverage.

Option 4: This option would combine options two and three. The employee would self-declare his or her eligibility for a subsidy but instead of the employee's tax withholding being altered, the employer would receive a bill from CBIA that specifies, for each worker, the employer's share and the worker's share of premium based on the employer's contribution policy. For workers who self-declare for a subsidy, the worker's share would be shown net of the subsidy amount payable. The DSS or its vendor would transfer the appropriate subsidy amounts to CBIA, which would then combine them with the employer and employee payments received as payment in full to the health plans. Since CBIA would notify the DSS or its vendor of the continued enrollment of self-declared individuals, the DSS or its vendor would notify the appropriate state agency of the number of months an employee received health coverage and this agency would recoup any funds if necessary based upon the employee's tax return.

Given that these four options are still being discussed, the major political considerations have not been fully evaluated. Probably the most significant political consideration involves the structure of the subsidy. Under options one and two, the subsidy would be just that, a subsidy. Under options three and four, the subsidy would be structured as a tax credit. A tax credit approach may be more politically palatable than a direct subsidy approach.

In terms of policy considerations, discussions have addressed several different dimensions. Option one would require the least changes in the activities and roles of CBIA or participating employers and would also have the advantages of the employer possibly not knowing that an employee is receiving a subsidy (if no special qualifying event occurs or the employee is not the recipient of supplemental coverage), thereby reducing employee equity concerns and the possibility of employer crowd out. The disadvantages of this option are that the subsidy-recipient may have cash-flow problems unless the subsidy is paid prospectively or may not be eligible for coverage without a special qualifying event. In addition, because the employer is not aware of the existence of subsidized coverage, this option may only succeed in enrolling individuals who declined existing employer coverage and not encourage many uninsured small firms to begin offering coverage to subsidy-eligible individuals.

Option two, on the other hand, may have a better chance of encouraging uninsured small employers to begin offering coverage because the direct benefit of the subsidy would be known. However, employee confidentiality may suffer since the employer would know who was receiving a subsidy, and, depending on the size of the firm, every employee would know as well, thereby potentially causing employee equity concerns. In addition, because the employer would know the amount of the subsidy received by each employee, with respect to coverage of decliners in already insured firms, the possibility of crowd-out of employer contributions would be much greater. Another significant policy issue concerning this option is that CBIA would become an agent of the state with regard to the receipt and accounting for subsidy dollars received

The policy issues for option three would be very similar to option two if the employer must certify that an employee's wage would make the employee potentially available for a tax credit/subsidy. The employer would know that an employee is eligible for a subsidy and since the employer would potentially alter the employee's tax withholding, could determine the relative amount of the subsidy received (and thus could increase the potential for crowd out). However, because the bill would be for the full premium amount due, the potential for equity concerns among employees would be reduced. In addition, this option would preclude CBIA handling any subsidy funds, but may only succeed best at enrolling subsidy-eligible individuals who declined existing employer coverage. Also, options three and four would have to rely on requesting copies of federal tax returns since individuals earning less than $25,000 in total family income are not required to file returns in Connecticut.

The policy issues for option four would be almost identical to those for option two. However, given the nature of employee self-declaration for subsidy eligibility, this option could raise other policy issues for both the State and CBIA if either a large number of self-declared individuals are subsequently found to be ineligible or if newly enrolled groups are found to have a large number of ineligible self-declared individuals.

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.

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)?

Among the four options, staff from OHCA, DSS, and CBIA have decided against option three. This decision was made based upon concerns regarding the need to adjust the tax withholding of individuals eligible for assistance and the fact that individuals with family income less than $25,000 are not required to file state tax returns.

4.19 How will your State address the eligible but unenrolled 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.

The State has made a conscious decision to pursue a private rather than a public approach to reaching individuals who are eligible but unenrolled in existing programs. It is the State's hope that by working with CBIA, employer-based coverage can be extended to individuals who otherwise might not ever enroll in a public program either because they do not consider themselves eligible or do not want to be associated with public coverage for whatever reason.

In addition, although this approach may not result in reaching all individuals who are eligible but not enrolled in existing programs, the State believes it will generate many additional benefits. For one, this approach would extend the reach of state and federal funding by including private employer contributions towards coverage and may further reduce the number of uninsured by making employer group coverage, and employer contributions, available to uninsured workers who are not eligible for public programs. In addition, this approach may have positive effects on the labor market by reinforcing the value and benefits of employment for eligible individuals and may benefit Connecticut small employers by stabilizing an aspect of their work force that normally may be subject to significant turnover. Finally, by increasing the prevalence of coverage among small employers and committing private employer contributions towards coverage, the State may be able to better weather reductions in state and federal outlays for coverage through public programs.

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?

A workgroup was formed to explore the potential for a partnership between the Department of Social Services (DSS) and the Connecticut Business Industry Association (CBIA). The purpose of the group is to identify subsidy process options for job-based healthcare coverage for the uninsured population of Connecticut. Several consultants from the Institute for Health Policy Solutions were contracted to assist OHCA staff with the following: 1) Conduct policy development and analysis to explore the possibilities related to the design of an employer-based subsidy options for the HUSKY plan in Connecticut, 2) Provide overall guidance and facilitate discussion with CBIA related to their potential role in an employer subsidy option, 3) Identify key policy and operational issues that are known or suspected barriers to optimal program implementation and results, 4) Using data analysis, prepare benefit package options which describe the basic options of each benefit package and assist OHCA in report creation, preparation and publication of the final report to the U.S. Secretary of Health and Human Services. The consultants and the OHCA staff make up the remainder of the membership of the workgroup.
The group has met on a regular basis since the initial meeting in May, 2001. The minutes of each meeting are included in the Appendices.

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)?

5.3 What other activities were conducted to build public awareness and support (e.g., advertising, brochures, Web site development)?

The planning grant team meets regularly with OHCA's Director of Public and Government Relations to develop a communications plan and discuss opportunities to educate legislators on State Planning Grant Activities. The Project Director attended and presented Connecticut Planning Grant Activities Update at the Council of State Governments' Eastern Regional Conference. The Project Director has also met with advocacy organizations, including the Health Care for all Coalition and its member organizations and the CT Health Policy Project Director.

The Office of Health Care Access has published several issue briefs that have been mailed to other state agencies, state senators and representatives and other interested stakeholders. These issues briefs are included in the appendix section of the report under Household Survey Tool and Attachments.

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.

The policy environment in Connecticut and the nation has been significantly impacted by the events of September 11th. Governor Rowland has scheduled a special legislative session in November to address state budget issues. It is unclear at this time how this will impact the current policy environment related to coverage expansion proposals.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

To be addressed in Final Report

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?

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

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)?

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

6.5 What additional data collection activities are needed and why? What questions of significant policy relevance were left unanswered by the research conducted under HRSA grant? Does the State have plans to conduct that research?

6.6 What organizational or operational lessons were learned during the course of the grant? Has the State proposed changes in the structure of health care programs or their coordination as a result of the HRSA planning effort?

6.7 What key lessons about your insurance market and employer community resulted from the HRSA planning effort? How have the health plans responded to the proposed expansion mechanisms? What were your key lessons in how to work most effectively with the employer community in your State?

6.8 What are the key recommendations that your State can provide other States regarding the policy planning process?

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

To be addressed in Final Report

7.1 What coverage expansion options selected require Federal waiver authority or other changes in Federal law (e.g., SCHIP regulations, ERISA)?

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?

7.3 What additional support should the Federal government provide in terms of surveys or other efforts to identify the uninsured in States?

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?

APPENDIX I: BASELINE INFORMATION

Please provide the following baseline information about your State (if possible). Also include any additional baseline information especially relevant to your coverage expansion strategies:

Population:

Year	Resident Population for the State of CT
2000	3,405,565
1990	3,287,116

Source: US Census Bureau, Census 2000.

Number and percentage of uninsured (1999):

Methods for Estimating Connecticut's Uninsured		
Method	**Percent**	**Numbers**
Current Population Survey	9.0	295,383
Behavioral Risk Factor Surveillance Survey	10.1	331,485
Inpatient Adjusted Estimates	8.4	275,389

Source: ACHIEVE Issue Brief, Estimates of Connecticut's Uninsured Using Different Methods, April 2001.

Median age of Connecticut population: 37.4 years (Source: US Census Bureau, Census 2000.)

Percent of population living in poverty (<100% FPL):
According to the US Census Bureau figures, 8.4% of Connecticut's population has incomes below the poverty level. This figure is a three year average based on data from the Current Population Survey from March 1998, 1999 and 2000.

Primary industries:

Business Profile (1997)		
Sector	**Firms**	**% of Total**
Agriculture	3,840	2%
Construction and Mining	26,840	16%
Manufacturing	9,554	6%
Transportation and utilities	5,316	3%
Trade	38,843	23%
Finance, Insurance and Real Estate	13,426	8%
Services	67,707	40%
Government	1,706	1%
Total	**167,232**	**100%**

Source: The Connecticut Department of Economic and Community Development 1997 Business Profile.

Number and percent of employers offering coverage: 1998 MEPS Survey for the State of CT

Firm Size	Number of Establishments	State % of Business Establishments Offering Health Insurance
< 10	50,351	47.9%
10 - 24	10,586	75.1%
25 - 99	5,789	90.5%
100 - 999	5,368	97.3%
1000 +	8,527	98.9%
< 50	64,220	54.4%
50 +	16,400	97.9%
Total	**80,621**	**63.2%**

Source: 1998 MEPS Survey of Private-Sector Business Establishments for AHRQ

Number and percent of self-insured firms:

Does the company contract directly? (weighted responses)

State of Connecticut

Response	Frequency	Percent	Cumulative Percent
N/A, not self-insured, single svc plan, or state/federal government	92,885	87.6	87.6
Not ascertained	1,309	1.2	88.8
Refused	82	0.1	88.9
Don't know	505	0.5	89.4
Yes	3,314	3.1	92.5
No	7,973	7.5	**100%**
Total	**106,069**	**100%**	

Does the company contract directly? (unweighted responses)

State of Connecticut

Response	Frequency	Percent	Cumulative Percent
N/A, not self-insured, single svc plan, or state/federal government	1,798	91.3	91.3
Not ascertained	29	1.5	92.8
Refused	1	0.1	92.8
Don't know	10	0.5	93.3
Yes	48	2.4	95.8
No	83	4.2	**100%**
Total	**1,969**	**100%**	

Source: 1997 Robert Wood Johnson Foundation Employer Health Insurance Survey completed by the Rand Corporation

Payer mix:

Primary Payer Mix for Connecticut's Acute Care Inpatient Charges*, FYs 1998 - 1999

	FY 1999			FY 1998		
Primary Payer	# of Discharges	Total Charges ($)	Share of Total (%)	# of Discharges	Total Charges ($)	Share of Total (%)
Medicare	140,035	2,186,362,522	50	144,626	2,195,204,455	52
Medicaid	54,127	517,937,130	12	54,074	490,431,297	12
Commercial Insurance	34,095	346,374,876	8	36,887	360,411,796	9
CHAMPUS	1,692	11,235,561	0	1,554	10,112,660	0
Other	140,944	1,318,389,165	30	132,329	1,164,021,037	28
Total	370,893	4,380,299,254	100	369,470	4,220,181,245	100

*** Charges are pre-reimbursements**

Source: Hospital Inpatient Discharge Data compiled by the Connecticut Office of Health Care Access

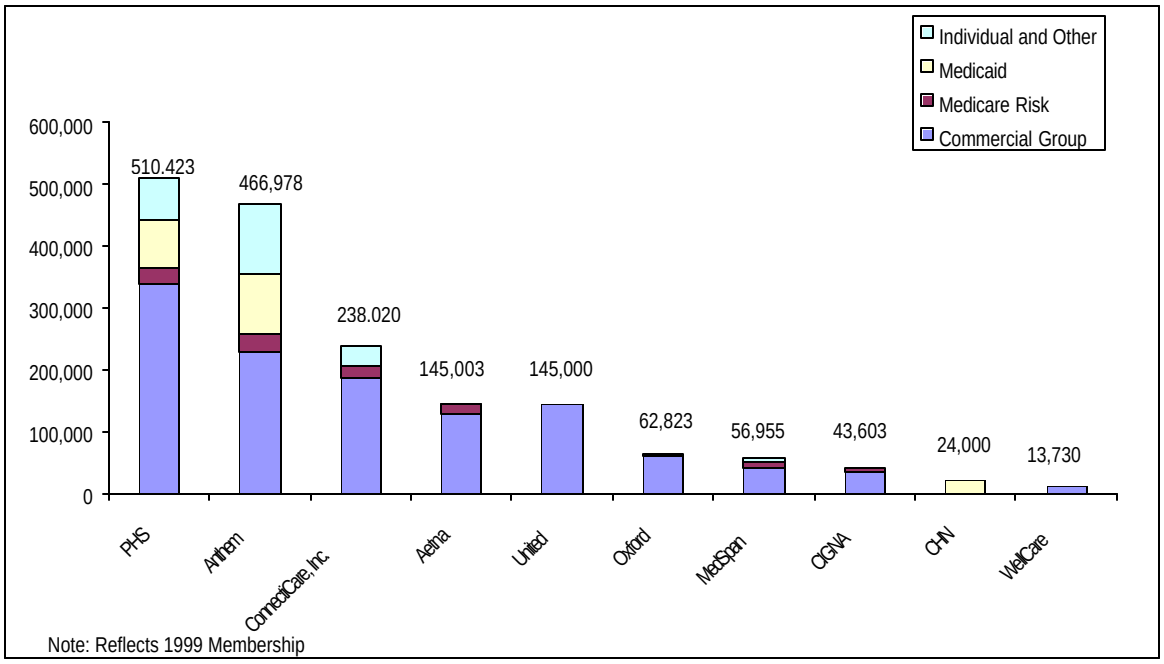
Provider competition:

Product Capability of Connecticut Health Plans

Source: RPM Health, Market Assessment of Connecticut Health Plans, October 23, 2000

	Indemnity	HMO	POS	PPO	Medicare Risk	Medicare Supp.
Aetna US Healthcare Inc.	*	*	*	*	*	
Anthem Health Plans, Inc.		*	*	*	*	*
CIGNA Healthcare of CT	*	*	*	*	*	
Community Health Network						
ConnectiCare, Inc.		*	*		*	
MedSpan Health Options, Inc.		*	*	*	*	
Oxford Health Plans, Inc.		*	*		*	
PHS of CT, Inc.		*	*		*	
United Healthcare	*	(EPO only)	*	*		
WellCare of CT, Inc.			*			
Note: Reflects 1999 product offerings.						
Aetna US Healthcare Inc., Anthem Health Plans, Inc., and CIGNA will not be offering Medicare Risk products 1/1/2001						

Membership for Competing Providers



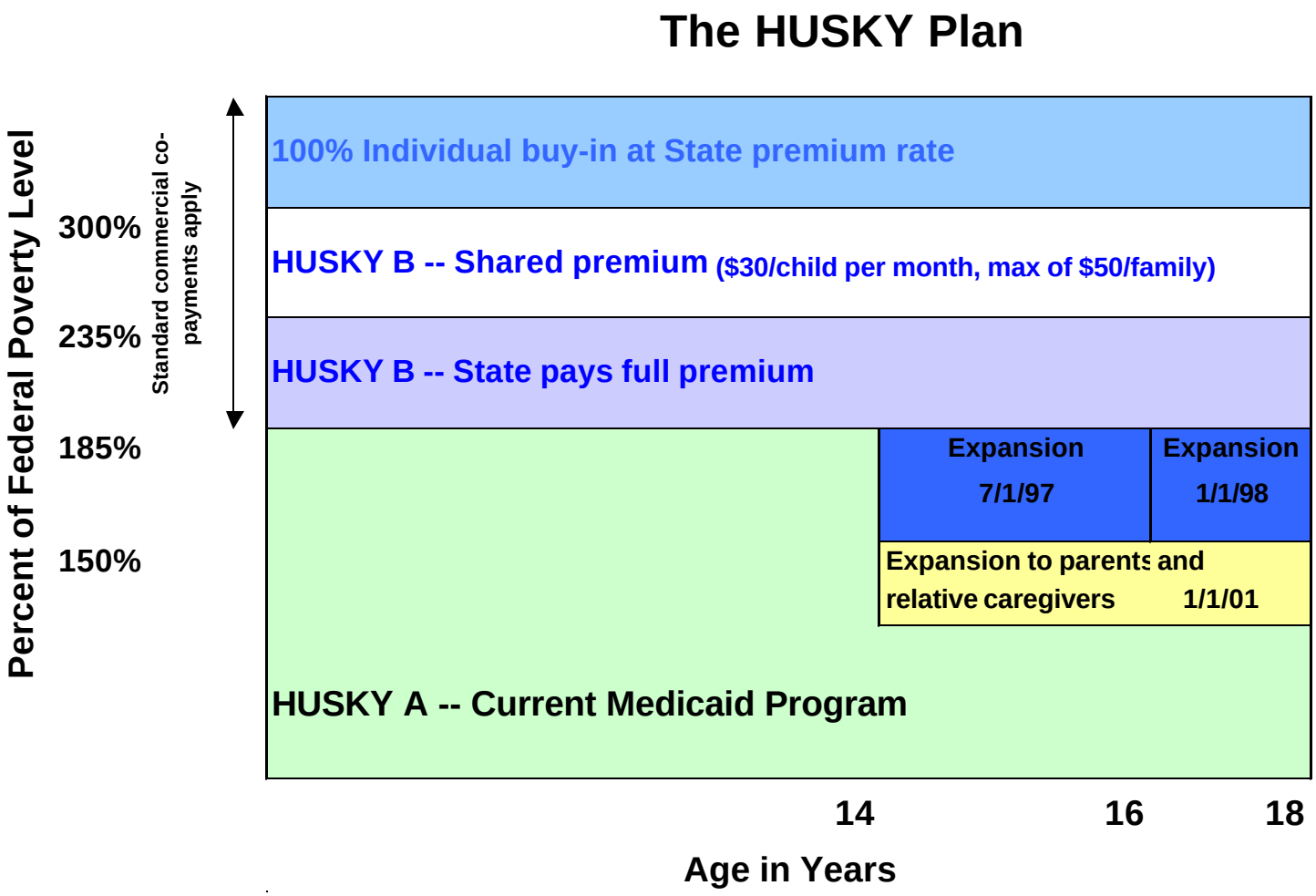
Source: RPM Health, Market Assessment of Connecticut Health Plans, October 23, 2000.

Eligibility for existing coverage programs (Medicaid/SCHIP/other):

Connecticut has significantly increased the number of children with health insurance through implementation of its Title XXI SCHIP program by expanding Medicaid coverage to children (now known as HUSKY part A) and creating a new health insurance program for previously uninsured children (HUSKY part B). HUSKY A is a Medicaid expansion program that includes all children up to age 19 from families with incomes up to and including 185% of the FPL. HUSKY B, a separate insurance program, covers children up to age 19 with a family income of up to 300% of the FPL. HUSKY B also includes an unsubsidized buy-in opportunity for uninsured children in families with income over 300% of the FPL. As of June 1, 2000, 176,376 children and 57,370 eligible adults were enrolled in HUSKY A and 5,761 children were enrolled in HUSKY B. Children enrolled in HUSKY represent about 20% of all children in the state. In addition, expansion of HUSKY A health care benefits to parents and caretaker relatives with incomes under 150% of the FPL was implemented in January 2001.

HUSKY Family Income Guidelines (See link below)

Family of 2	Family of 3	Family of 4	HUSKY Plan features
under $17,416	under $21,946	under $26,475	**HUSKY Part A for parents or a relative caregiver** who live with a child. Full health benefit package; free
under 21,479	under $27,066	under $32,653	**HUSKY Part A for children under 19; and pregnant women (note: for eligibility of pregnant women, unborn child is also counted as a family member).** Full health benefit package; free
from $21,479 to $27,283	from $27,066 to $34,380	from $32,653 to $41,477	**HUSKY Part B for children under 19.** Full health benefit package, with no premiums; some co-payments. Eligible for HUSKY Plus.*
from $27,284 to $34,830	from $34,381 to $43,890	from $41,478 to $52,950	**HUSKY Part B** for children under 19. Full health benefit package, with monthly premium of $30 for first child; maximum monthly premium of $50, regardless of number of children; some co-payments. Eligible for HUSKY Plus.*
Over $34,830	over $43,890	over $52,950	**HUSKY Part B for children under 19**. Full health benefit package. Group premium rate, currently ranging from $137 to $200 monthly per child; some co-payments.



Use of Federal Waivers:

The Department of Social Services has obtained a 1915B waiver in reference to Children and Family Services. The waiver overrides a client's choice in Medicaid programs and requires mandatory enrollment in a managed care Medicaid program.

APPENDIX II: LINKS TO RESEARCH FINDINGS AND METHODOLOGIES

Indicate the Web site addresses for any additional sources of information regarding your State's research work, including detailed data spreadsheets, cross-tabs, focus group and key informant interview summary reports, survey instruments, and summaries of research methodology.

See attachments for additional documents listed in the Table of Contents.

Links The following are useful weblinks:

CBIA	http://www.cbia.com/busecon/srvpub/default.htm
HUSKY	http://www.huskyhealth.com/about.htm
Childrens Health Council	http://www.childrenshealthcouncil.org/resources/publications.hrtml
State Coverage Initiatives	http://www.statecoverage.net/statereports/index.htm#ct
OHCA	http://www.state.ct.us/ohca

Data from the 1998 MEPS Survey of Private-Sector Business Establishments for All CONNECTICUT Establishments

Number of Employees in Firm:	Total	<50	50+	<10	10-24	25-99	100-999	1,000+	Check Diff 1 (s/b 0)	Check Diff 2 (s/b 0)
Total Employees in All Establishments (in thousands):										
# of Employees (Ees) in All Establishments	1,524.1	448.1	1,076.1	207.5	141.5	214.7	263.2	697.2	1	0
# of Ees COVERED (thru own job)	912.6	189.5	721.8	78.9	63.4	107.5	167.0	495.1	687	1,240
# of Ees Who DECLINED Coverage Offered	162.3	53.1	109.8	20.1	21.2	27.7	27.9	65.6	(221)	(604)
# of Ees NOT ELIGIBLE for Coverage (When Est Offers)	312.1	81.7	230.5	24.4	29.9	61.3	60.5	135.8	56	(153)
Est DOES NOT OFFER Coverage (# Ees)	137.2	123.7	14.0	84.0	27.0	18.0	7.9	.7	(521)	(483)
Check Difference	.0	.0	.0	.0	.0	.0	.0	.0	(0)	0
Full-Time Employees in All Establishments:										
# of F-T Employees (Ees) in All Establishments	1,230.4	322.7	907.8	145.2	103.8	160.4	214.7	606.3	0	0
# of F-T Ees COVERED (thru own job)	873.3	182.5	691.2	74.5	61.7	106.2	159.5	471.6	(238)	(357)
# of F-T Ees Who DECLINED Coverage Offered	142.2	43.6	98.7	16.2	17.8	25.1	26.0	57.1	(31)	(215)
# of F-T Ees NOT ELIGIBLE for Coverage (When Est Offers)	141.1	32.0	108.7	9.9	13.3	17.1	22.9	77.6	384	356
Est DOES NOT OFFER Coverage (# F-T Ees)	73.8	64.5	9.1	44.6	11.1	12.0	6.2	.0	(116)	217
Check Difference	.0	.0	.0	.0	.0	.0	.0	.0	(0)	(0)
Part-Time Employees in All Establishments:										
Warning! Estimates for P-T Ees often do not meet standard of precision!										
# of Part-Time (P-T) Ees in All Establishments	293.7	125.4	168.3	62.3	37.7	54.2	48.5	90.9	1	0
# of P-T Ees COVERED (thru own job)	38.2	6.9	31.3	4.3	1.8	1.3	7.4	23.4	42	23
# of P-T Ees Who DECLINED Coverage Offered	20.1	9.4	10.8	3.8	3.4	2.7	1.8	8.5	(9)	(28)
# of P-T Ees NOT ELIGIBLE for Coverage (When Est Offers)	171.3	49.8	121.7	14.6	16.7	44.3	37.8	58.1	(144)	(161)
Est DOES NOT OFFER Coverage (# P-T Ees)	64.0	59.3	4.5	39.6	15.8	6.0	1.6	1.0	112	165
Check Difference	.0	.0	.0	.0	.0	.0	.0	.0	0	(0)
Check Difference: All-FT-PT										
# of Employees (Ees) in All Establishments	.0	.0	.0	.0	.0	.0	.0	.0	0	0
# of Ees COVERED (thru own job)	1.0	.2	-.7	.1	-.1	.0	.0	.1	883	1,574
# of Ees Who DECLINED Coverage Offered	.0	.1	.3	.0	.0	.0	.1	.0	(180)	(360)
# of Ees NOT ELIGIBLE for Coverage (When Est Offers)	-.4	-.1	.1	.0	-.1	.0	-.2	.1	(185)	(349)
Est DOES NOT OFFER Coverage (# Ees)	-.7	-.2	.4	-.1	.1	.0	.1	-.3	(517)	(865)
Check Difference	.0	.0	.0	.0	.0	.0	.0	.0	0	0

IHPS analysis of published data from the 1998 MEPS Insurance Component (employer survey) by the U.S. Agency for Healthcare Quality and Research.
[See www.meps.ahrq.gov.]

August 2001

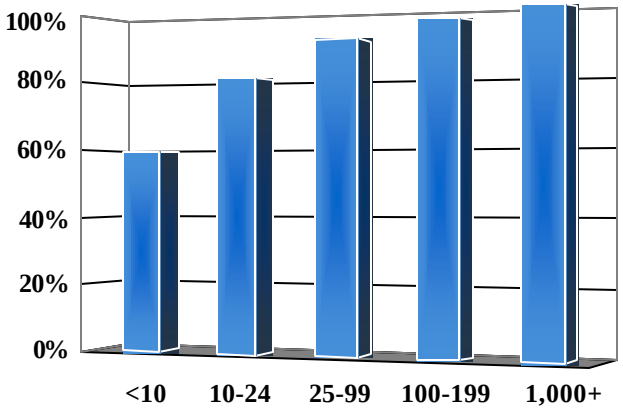
Employer-Sponsored Health Insurance

Although Connecticut has one of the lowest uninsured rates for health insurance, it is still good policy to seeks ways to expand health insurance coverage. Research has shown that people with health insurance are more likely to get preventive care and timely treatment for medical conditions,[1] reducing the costs of illnesses through appropriate treatment and a reduction of lost work time.

Estimates of the rate of people in Connecticut with health insurance are between 90 and 92 percent.[2] Most workers (60%) receive health insurance through their workplace; some of these policies also cover family members.[3] Firms with larger numbers of employees are more likely to offer this benefit. For example, nearly all (99.9%) of the largest firms in Connecticut, those with over 1,000 employees, offer health insurance. In contrast, less than two-thirds (60%) of firms with less than ten employees offer it.

Figure 1:

Larger Firms Are More Likely to Offer Insurance Than Smaller Firms

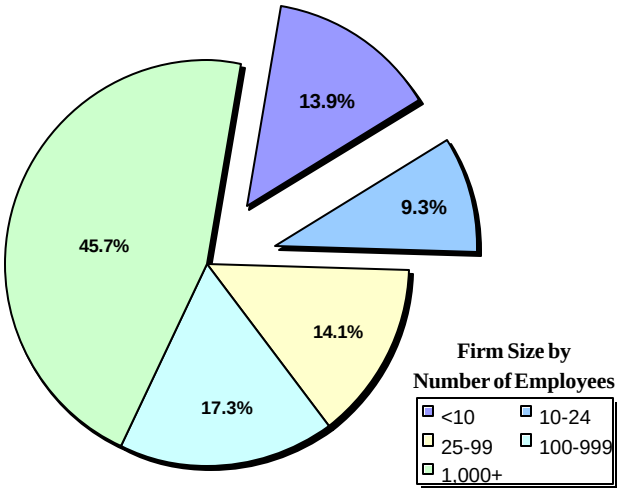


Size of Firm by Number of Employees

These smaller firms are significant, because nearly one-quarter (23 %) of Connecticut workers are employed in firms with fewer than 24 employees.

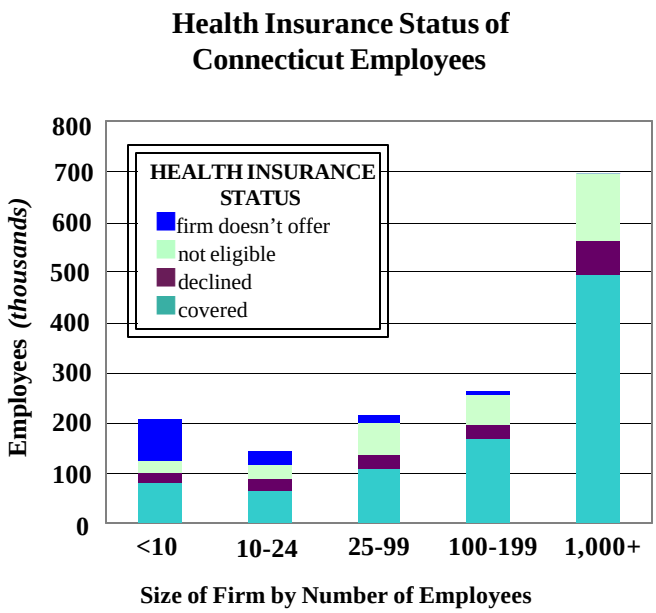
Figure 2:

One-Quarter of Employees Work at Firms with Less than 24 Employees



Even though the majority of small firms offer health insurance, some of their employees are not enrolled for two main reasons. Either the employee is not eligible for the benefit (usually because only full- time workers are offered insurance and many workers in small firms are part-time employees), or the employee declines the coverage, usually due to the high cost of his or her share of the insurance premium. The average monthly employee's contribution for employer-sponsored health insurance is $30 for single coverage or $111 for family coverage.[4] *(see Figure 3)*

Figure 3:



The status of employee-sponsored health insurance during the next few years, and its effect on health insurance coverage in the state, is uncertain.

Decreased economic growth or increased health insurance premiums will make it more difficult for employers to carry the expense of this benefit. Some employers will respond to these conditions by increasing the premium portion paid by employees or eliminating the health plan entirely, either of which will erode the rate of health insurance coverage.

On the other hand, competition for workers resulting from Connecticut's continuing low unemployment rate makes it difficult for employers to reduce this popular benefit. About one-quarter of employers nationally responding to a survey stated that they are very concerned that health insurance costs will increase faster than they can afford (23%) or cause them to switch plans (28%).[5]

The Office of Health Care Access recently received a one-year State Planning Grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration. The purpose of the grant is to explore ways to expand health coverage to Connecticut citizens by lowering barriers to employee-sponsored health insurance.

A survey of Connecticut households will be done to provide a more recent description of those who are without health insurance and to better understand their usual sources of health care. A second survey of Connecticut businesses will ascertain if changes in the workforce structure or the increasing cost for insurance premiums has changed the rate at which businesses offer and employees enroll in employment sponsored health insurance. Results from these surveys will be available in future ACHIEVE Issue Briefs.

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[1] Kaiser Commission on Medicaid and the Uninsured, *Uninsured in America: A Chart Book.* Washington, D.C: Kaiser Commission on Medicaid and the Uninsured, 1998.

[2] See ACHIEVE Issue Brief, April 2001, "Estimating Connecticut's Uninsured Using Different Methods."

[3] Unless otherwise noted, all data is from the 1998 Medical Expenditure Panel Survey, Agency for Health Research and Quality, Department of Health and Human Services.

[4] Kaiser Family Foundation and Health Research and Education Trust. Employer Health Benefits 2000 Annual Survey, page 76. Menlo Park CA: Kaiser Family Foundation, 2000.

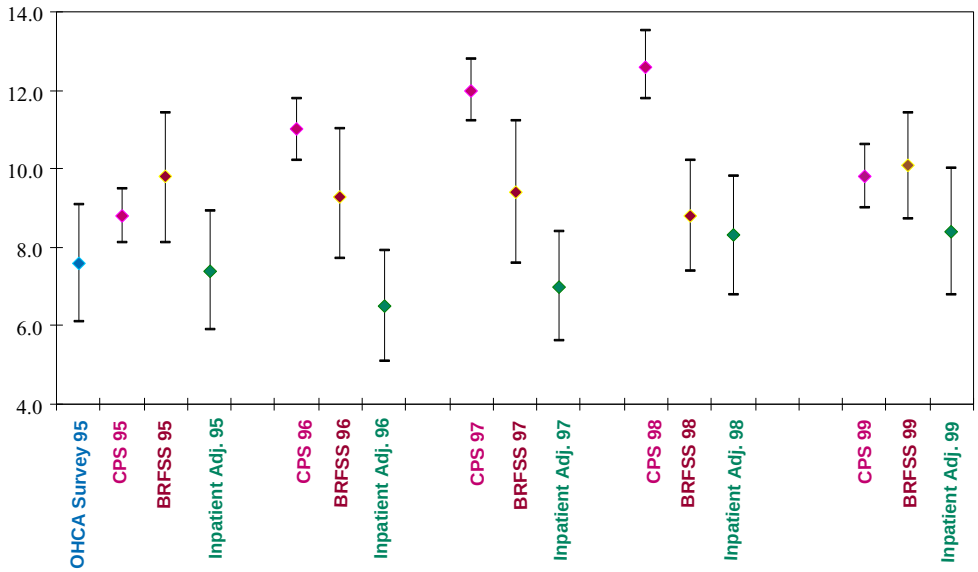
[5] Ibid. Pages 157-158.

ACHIEVE *Issue Brief*

April 2001 STATE OF CONNECTICUT ❖ OFFICE OF HEALTH CARE ACCESS

Estimates of Connecticut's Uninsured Using Different Methods

Comparison of Current Population Survey (CPS) and Benchmark Estimates of Connecticut's Uninsured, FY 1995 - FY 1999



The Office of Health Care Access Health (OHCA) has undertaken a mission to ensure that the citizens of Connecticut have access to quality health care. In order to achieve this goal, OHCA monitors and provides information on the rate of uninsured in the state, the variation in the rate over time, the cause of these changes, and the distribution across specific demographic groups to facilitate policy formulation. The purpose of this brief is to examine and describe several different methods of estimating the uninsured. The chart shows sets of estimates of Connecticut's uninsured derived by different sources for fiscal years 1995 through 1999. In the chart, the point estimates are in bold, and the upper and lower limits of the estimates are presented as lines. Interval estimates give a more accurate measure since they provide a range within which the true point lies. The four different methods used to estimate uninsurance rates are described here.

Office of Health Care Access (OHCA) Survey 1995

http://www.state.ct.us/ohca

The OHCA survey, "A Connecticut Family Health Care Access Survey" was fielded in 1995, the year Medicaid Managed Care went into effect but prior to the passage of the State Children's Health Insurance Program (SCHIP) known as the HUSKY Plan (**H**ealthcare for **U**nin**S**ured **K**ids and **Y**outh). OHCA expects to re-administer the survey in 2001 and is cooperating with other states fielding similar surveys to ensure comparability of results.

Current Population Survey (CPS)

http://www.census.gov/

The second set of estimates is from the U.S. Census Bureau's March CPS Annual Demographic Supplement, which includes insurance coverage questions. Individuals who did not report coverage under three major categories - private insurance, Medicaid or other coverage- are considered uninsured. The CPS interprets these uninsured to have lacked coverage for the entire prior year.

Behavioral Risk Factor Surveillance Survey (BRFSS)

http://www.cdc.gov/nccdphp/brfss/

The third set is from the monthly BRFSS conducted by the Centers for Disease Control and Prevention (CDC). BRFSS tracks preventative health practices and health risk behaviors of the adult population in the United States and its territories. It provides state-specific data to state health agencies that play the crucial role of developing measures for reducing these behavioral risks and their consequent illnesses. The CDC adjusts the responses to a question on

ACHIEVE is a grant initiative funded by the Robert Wood Johnson Foundation State Coverage Initiatives Program. The Office of Health Care Access functions as the lead agency for the grant.

health care coverage according to population demographics and uses this as its estimate of the uninsured.

Inpatient-Adjusted Estimates

Unlike the others, the inpatient-adjusted estimates are not based on survey methods. They were derived using OHCA's hospital discharge database. Newborns, appendectomies, and heart attacks were the conditions used to estimate the number of residents without insurance coverage. These conditions were selected because they require hospitalization regardless of insurance coverage status. The derived percentages were adjusted to reflect age, gender, race and ethnic composition of the state's population.

Observations

Several observations can be made about the different estimates. First, aside from 1995 and 1999 when each of the methods yielded estimates of approximately 10%, the trends from the different approaches displayed varying characteristics. Second, the BRFSS estimates were the most consistent over the years while the CPS estimates experienced the largest changes; the latter showed a 25% increase (the highest) from 8.8% in FY 1995 to 11.0% in 1996, with a peak at 11.8% in 1998. Third, for each year, the inpatient-adjusted methodology estimated the lowest percentages of uninsured in the state while the CPS showed the highest for three years in a row. Remarkably, although the BRFSS and inpatient methods did not always yield similar estimates, the results were lower than the CPS and the two moved in unison, except in 1998 - when there was no statistically significant difference between the two estimates.

		Uninsured	
State's Pop.	Method	Percent	Numbers
3,282,031	CPS	9.0	295,383
	BRFSS	10.1	331,485
	Inpatient-Adjusted	8.4	275,389

Analyses

The reasons for these differences are related to the various methods of estimation. While the CPS used a 90% level of accuracy, the OHCA survey, BRFSS and inpatient-adjusted interval estimates were derived using a 95% level. Due to the lower level of accuracy, the spread for the CPS interval estimates are the smallest. The width of the inpatient-adjusted interval estimates was additionally affected by racial differences in insurance coverage; Whites (3.4%) and Native Americans (4.1%) had relatively lower uninsured rates compared with Blacks (5.9%) and Hispanics (6.6%).

One of the possible causes of the CPS over-estimation of the uninsured is its restricted size; for each year, there were only 630 respondents, so demographic groups were inadequately represented and some were not represented at all. Generally, in estimating population percentages, increasing the samples increases precision, and adjusting for demographic characteristics improves the inferences to be made about the population. BRFSS uses a minimum of 1,829 respondents and the inpatient-adjusted method utilizes an average of 52,800 discharges each year; each of these samples truly reflect the state's demographic composition. Recognizing that having a larger sample will enhance precision, CPS has increased its sample to 1,800 effective December 2000.

Some researchers believe that some CPS respondents may have reported their insurance coverage at time of the interview rather than the prior year, leading to data inconsistencies. In addition, the CPS data has been noted to underreport the number of individuals receiving Medicaid compared with participation data reported to Health and Financing Administration (HCFA) by the states. Majority of the states have a different name for the Medicaid State Children's Health Insurance Program (S-CHIP) program therefore CPS may have wrongly labeled participating residents of such states as uninsured.

Conclusions

Most deliberations concerning the extension of health insurance coverage and measures on the level of success utilize the CPS estimates. The CPS was intended to serve as an estimate of the overall nation's benchmark of various issues, for instance the allocation of funding for the S-CHIP. Uninsured rates vary widely across states and demographic groups, but the CPS does not report insurance status by demographic characteristics. Furthermore, the lower estimates yielded by the other three methods illustrate how the CPS tends to over-estimates the level of uninsured in a state. National estimates of the uninsured available to state policymakers are inadequate for precise statewide or local strategies and this affirms the need for additional reliable sources of data. OHCA is currently considering use of a coordinated state household survey instrument that, if adopted by a number of states, would provide an opportunity for cross state comparisons and greatly enhance our ability to estimate the uninsured in Connecticut.

This information is presented by OHCA to inform policy makers, the public and the health care industry. For further details, please call (860) 418-7028.

April 2001

OHCA Receives State Planning Grant

In March 2001, the Office of Health Care Access (OHCA) was awarded a $668,110 grant from the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA). The grant will fund a study of Connecticut's uninsured population and support the development of initiatives to provide the state's uninsured with access to health insurance. According to OHCA's most recent estimates, Connecticut's uninsured rate is shown to be at roughly 8.3 percent. Although it has one of the lowest uninsured rates in the nation, Connecticut continues to explore new opportunities to further expand coverage. Through data collection, analysis and collaboration, OHCA expects to obtain the information necessary to accomplish this goal.

Earlier Achievements in Expanding Coverage

Earlier efforts to improve primary care access and control rising Medicaid costs in the late 1980s included the implementation of a mandatory managed care program in October 1995 which, by the fall of 1997, enrolled 220,000 Medicaid recipients (including children ages 0-13). The state further increased coverage to children by implementing the federal State Children's Health Insurance Program (SCHIP) known in Connecticut as HUSKY (**H**ealthcare for **U**nin**S**ured **K**ids and **Y**outh). This initiative expanded Medicaid coverage to children and created a new health insurance program for previously uninsured children (HUSKY B). The HRSA planning grant funds will empower Connecticut to build on this previous success and provide more comprehensive access to coverage.

Planning Grant Objectives

The planning grant will enable the State of Connecticut to develop a realistic plan to increase the state's relatively high rates of health insurance coverage by**:**

- Identifying the characteristics of Connecticut's remaining uninsured population using a household survey;
- Conducting an insurance market analysis in order to identify eligible populations and explore the feasibility of premium subsidies, such as a buy-in program for employer sponsored insurance; and,
- Designing proposals to provide all uninsured citizens with access to health insurance through insurance expansion options.

This grant project will build upon OHCA's previous efforts to study the uninsured and serve as a mechanism to further explore the feasibility of premium assistance options under SCHIP.

Projected Results

OHCA will function as the lead agency in developing the program and will work in collaboration with the Department of Social Services (the state's Medicaid and SCHIP agency), the Office of Policy and Management (the state budget office), members of the executive and legislative branches of state government, and private sector organizations. OHCA staff, experienced in the management of consulting contracts for data collection and policy analysis, has a proven record of acting quickly and effectively to implement and accomplish health policy objectives. Policy proposals to increase health insurance access to the uninsured will be provided to the Governor's office, members of the state legislature and to the Secretary of Health and Human Services by April 2002. The findings of this project will be used to advance the state's commitment to improve access to affordable health care coverage.

For more information, contact Marybeth Reinhardt at (860) 418-7014.

OHCA
OFFICE OF HEALTH CARE ACCESS
Planning tomorrow's health care system today.

June 2001

Who Were the Primary Payers of Inpatient Acute Care Hospital Charges, FYs 1991 to 1999?

This is the third report in a series that explores recent trends shaping Connecticut's hospitals. The first report detailed changes in the delivery of care that followed the 1994 deregulation of the hospital industry and the subsequent development of a more competitive health services market. Specifically, care was increasingly shifted to outpatient settings, as the number of outpatient visits leapt by 19% and inpatient discharges fell by over 5%. In addition, the average hospital stay fell from seven days to five days.

The second report in this series revealed that despite the drop in the number of inpatients, total inpatient charges rose from $3.4 billion in FY 1991 to $4.4 billion in FY 1999 (the hospital fiscal year runs from October 1st through September 30th). During this time, the median patient charge expanded from nearly $5,000 to $7,000. Hospital charges grew due to a number of factors including an increase in the severity of inpatient illnesses, an aging patient population, the burgeoning cost of medical technology, inflation and other factors. Net operating expenses for all of Connecticut's acute care hospitals climbed from $3.3 billion in FY 1992 to $3.9 billion in FY 1999. During this period, hospitals' net revenue barely kept pace with costs, rising from $3.4 billion to $3.9 billion.

This report identifies the primary payers of inpatient charges and examines the changing patterns of hospital reimbursements. Although there may be several payers responsible for a patient's total charges, the primary payer is the one expected to reimburse the largest share of those charges. The Office of Health Care Access' (OHCA) inpatient database records the top three payers for every discharge and ranks their relative importance. It does not, however, record the payers' shares of each discharge's total charges. In FY 1991, about one in every three hospital discharges had a secondary payer but by FY 1999 this had grown to one in every two. During that time frame, the proportion of those with a third payer leapt from a mere 3% to 22%.

Significant Primary Payers of Inpatient Hospital Charges*

Medicare (Title II of the Social Security Act): Established in 1965 to provide health insurance coverage to those 65 years and

* For more information, see OHCA's *The Health of Connecticut's Hospitals*.)

older as well as the disabled, Medicare is the nation's largest payer of inpatient charges. Hospital Insurance (Part A) covers inpatient care and for Connecticut's hospitals in FY 1998, Medicare gross revenue was $3 billion, just less than half of their total gross revenue. In 1983, Medicare moved from reimbursements based upon fee-for-service to the Prospective Payment System (PPS).

Under the PPS, hospitals are reimbursed a fixed, predetermined amount based upon a patient's diagnosis using the Diagnosis Related Group classification system. These reimbursements are adjusted to account for local wages, urban versus rural location, and whether or not the hospital is a teaching hospital. In FY 1996, Connecticut introduced Medicare Managed Care. However, its development has been slow and only 11% of hospitals' Medicare revenues (FY 1998) were from its managed care component.

Medicaid (Title XIX of the Social Security Act): Within federal guidelines, states administer their own Medicaid programs, which provide health insurance coverage for low-income families and the disabled. In FY 1998, Medicaid payments to hospitals represented 10% of Connecticut hospitals' gross revenue ($792 million). Connecticut's reimbursement rate relative to costs is 71% -- the nation's third lowest.

The state also pays 50% of its Medicaid program's total costs, the largest share that any state is required to contribute.

Connecticut introduced Medicaid Managed Care in FY 1995. As of mid-1999, 71% of enrollees were in managed care, however, 60% of the program's costs were in its fee-for-service portion.

HMO/PPO: Managed care rapidly expanded in Connecticut following the establishment of the competitive health care market in the mid-1990s. From the early 1990s to the decade's end, HMO enrollment grew from 24% to 43% of the state's population. Managed care is a broad term encompassing many types of plans, but is generally characterized by a network of providers and financial incentives for enrollees to stay within this network.

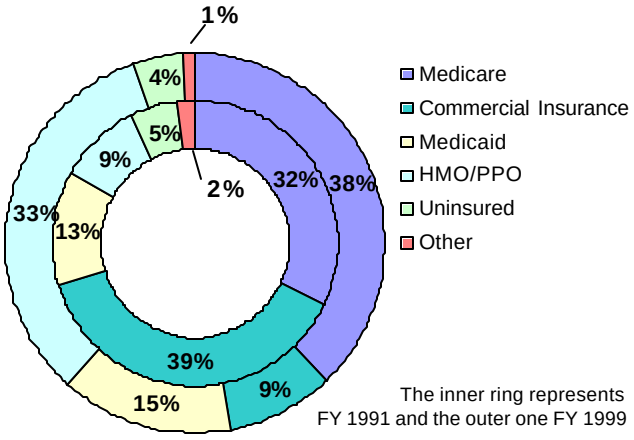
Managed care organizations seek to limit their costs through gatekeepers, utilization reviews, and practice protocols. They reimburse hospitals upon the basis of negotiated fee schedules (predetermined amounts based upon diagnoses), or capitated rates. From FY 1994 to FY 1998, aggregate managed care discounts for all of Connecticut's acute care hospitals grew from 9% to 30% of all charges, or $2.25 billion.

Commercial/Indemnity Insurance: Traditional fee-for-service reimbursement has increasingly been discarded over the last decades of the 20th century. Commercial insurers have for the most part adopted managed care practices. As a result the distinction between commercial insurers and managed care organizations has been largely eroded.

Other Payers: These include Title V, the Maternal and Child Health Block Grant; the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Worker's Compensation; and Other Federal Programs.

Uninsured: This refers to those whose payer categories were either "Self-pay," "Other," or "No charge." The number of uninsured may be under-counted because hospitals may retroactively enroll in the Medicaid program those without health insurance coverage who qualify.

Fig 1: Primary Payers' Share of Total Discharges, FYs 1991 to 1999



In Figure 1, the varying sizes of the color bands on the inner (FY 1991) and outer (FY 1999) rings illustrate changes in the primary payers' share of discharges. The most striking change has been the growth of HMO/PPOs (from 9% to 33%) and the precipitous decline of commercial/indemnity insurance (from 39% to 9%). In FY 1991, Blue Cross/Blue Shield of Connecticut was a mutual insurance company but in FY 1997, Anthem Inc., an HMO, acquired it.

The graph understates the extent of managed care, because the differences between traditional commercial insurers and HMOs vanished as commercial insurers adopted managed care practices. Furthermore, by FY 1999, 71% of Medicaid enrollees were in managed care plans, as were increasing numbers of Medicare recipients. The proportions of Medicare and Medicaid patients increased slightly so that by FY 1999, public programs were the primary payers for over half of all inpatient discharges.

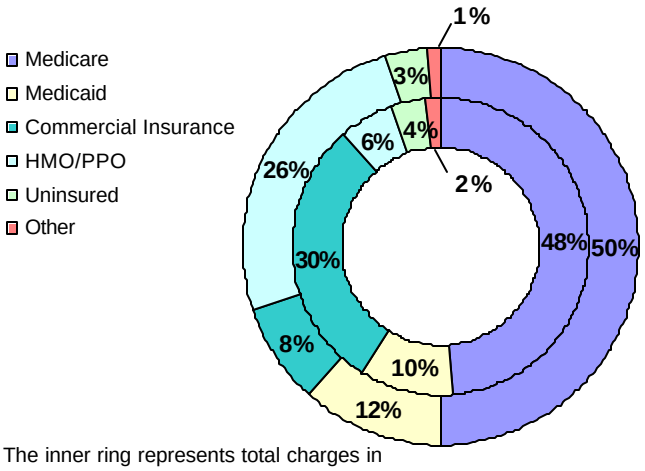
Primary Payers' Share of Total Charges

Charges are the amounts that hospitals billed payers, whether HMOs, the government, or individual patients. They are not, however, identical with either the hospitals' actual cost of care or the reimbursements that they collected. Discounts to public and private payers reduce reimbursements.

OHCA's inpatient database records up to three payers for each discharge and identifies the primary payer. It does not record the proportion of a patient's charges that each payer was responsible for.

For the following analysis of total charges by primary payer, the patient's entire charge was imputed to the primary payer. For example, if a patient's charges totaled $10,000 and an HMO was the primary payer but there was also a secondary payer, the HMO was considered the sole payer for the entire $10,000. In FY 1999, 47% of all discharges had a secondary payer and 22% had a tertiary payer.

Fig 2: Total Inpatient Charges by Primary Payer, FYs 1991 and 1999



The inner ring represents total charges in FY 1991 and the outer ring represents those in FY 1999

In Figure 2, the changes in total charges by primary payer from FY 1991 (inner ring) to FY 1999 (outer ring) reflect those for total discharges, namely the dramatic expansion of HMO/PPOs and the concurrent decline of commercial insurance. It also reflects the dominance of public programs as primary payers for inpatient care.

Comparing Figures 1 and 2, Medicare and Medicaid were the primary payers for *half of all discharges* in FY 1999, but were the primary payer for *two-thirds of total charges*. These programs cover the elderly and the disabled who are more likely to have higher average charges than other types of patients (See OHCA's *Rising Acute Care Inpatient Hospital Charges, FYs 1991 to 1999*). In contrast, HMO/PPOs were the primary payers for 33% of all discharges but only 26% of total charges.

Conclusion

From FY 1991 to FY 1999, the number of acute care hospital patients whose primary payer was an HMO or PPO swelled significantly as traditional indemnity insurance coverage evaporated. During this time, public payers such as Medicare and Medicaid became the primary payers for the majority of inpatient care. The spread of managed care includes the establishment of Medicaid and Medicare managed care in the mid-1990s and the commercial insurers' adoption of managed care practices.

In one form or another, most Connecticut residents are covered by managed care as public and private payers have sought to limit their costs. Since the mid-1990s, average annual growth for inpatient charges was less than 2% and net revenue averaged 1%, while hospital net operating expenses grew at an average of 3%.

Meeting Notes

***Introductory Meeting* May 9, 2001**

Reaching Uninsured Workers and Families Through Coordination of HUSKY Subsidies and CBIA Job-Based Coverage

Agenda Item	Discussion	Action/Results
Overview and Introductions	➢ Rick Curtis (IHPS) presented an overview of the potential partnership between the Department of Social Services(DSS) and Connecticut Business Industry Association(CBIA). ➢ David Parrella and Phil Vogel provided an overview of their current programs, Health Connections and HUSKY A & B, and their perspectives on the proposed project to coordinate employer subsidies.	The group noted the following positives related to the proposed project:: ➢ Reduce number of uninsured ➢ Healthier, productive employees ➢ Enhance Connecticut employers' ability to compete worldwide.
Defining – Target Populations **Discussion and Definition**	➢ Ees in small firms currently eligible for employer coverage who decline due to employee cost sharing. (This will be the group we target first) ➢ Ees currently working in low wage small uninsured firms (National studies show that 90% of uninsured work for employers with under 50 employees that do not offer insurance). ➢ Low wage ees in larger firms.	Need to define the parameters of the target group. IHPS will develop options for the group consideration. ➢ OHCA will conduct a household survey ➢ Review MEPS survey results for 1998 published in 1999.
Current Status/Funding/ Political Landscape	➢ Project has bipartisan legislative support – Kathy Cook, Jack Thompson ➢ Secretary Ryan -allocated $500,000 in SFY 2002 for planning and drafting of 1115 waiver. ➢ HRSA grant funds will be used to support survey and IHPS technical assistance.	David suggested a business meeting to: ➢ Define the role of each entity ➢ Define available resources ➢ Develop a budget ➢ Estimate actuarial resource needs Marybeth will execute a contract with IHPS.
Identify preliminary key planning and implementation steps	1. Propose options/models 2. Propose benefit levels 3. Select target populations 4. Determine cost impact of models/options 5. Determine administrative logistics of various models 6. Determine method and structure for subsidies 7. Address communications aspect 8. Define risk assumptions - key information needed for health plan negotiations 9. Assess political environment and related strategy development 10. Define data needs and sources 11. Target funding sources for implementation activities 12. Determine what will be needed to track and monitor program once implemented. 13. Define ongoing resource needs (people and $$) for implementation and operation phases	➢ IHPS will create preliminary options & circulate to group for comments prior to the next meeting. ➢ IHPS will look at the different benefit levels of HUSKY A & B and CBIA Health Connections and report back to the group. ➢ Group needs to discuss each implementation step in greater detail, especially with respect to administrative aspects of coordination between DSS and CBIA. ➢ Marybeth will coordinate future meetings in consultation with IHPS.
Next Steps/Next Meeting	OHCA will contact members to arrange date and time of next month's meeting.	OHCA will compile & distribute meeting notes.

Attendees: Phil Vogel, Jan Spegele, Tom Day, Donna Klisiewicz, CBIA; Rick Curtis, Rafe Forland, IHPS; David Parrella, Jim Gaito, DSS; Lynne Garner, Marybeth Reinhardt, Marcia Benson, Donna Longo, Michael Sabados, OHCA

Meeting Notes

July 2, 2001, Second Meeting

Preliminary Options/Models for Subsidy Approaches

Agenda Item	Discussion	Action/Results
Basic Subsidy-Process Options	Rick Curtis and Rafe Forland led a discussion on proposed coverage expansions options and models for possible approaches to reaching uninsured working families through CBIA programs. The discussion included a review of flowcharts for the four subsidy/process options. Under Option 1, the employer deducts the worker's share of the premium from the worker's paycheck. Under Option 2, the monthly bills generated by CBIA to the employer would specify the employer's share and the workers share of the premium. Under Option 3 and 4, workers earning less than a specified amount would be allowed to self-declare their eligibility for a subsidy. The subsidy is then subject to recoupment at the end of the year if the family income is found to exceed the specified limit.	IHPS will modify the options to reflect the discussion and decisions made at the meeting.
Issues and Pros/Cons for Each Option	The group discussed and reviewed the advantages and disadvantages of each option.	Additions and modifications will be added and distributed back to the group.
Supplemental Benefits	The group favored using a rider approach versus a wrap around benefit plan. The group also decided it would be preferable to structure a waiver application to request the employer subsidy plan be as similar to commercial plans as possible.	IHPS will include administrative and policy issues discussed in updated materials.
Target Population	The group discussed the potential target populations for employment- based subsidies. Adults with children who declined coverage and small companies that don't offer insurance would be the focus of the partnership initiative.	IHPS will include administrative and policy issues discussed in updated materials.
Recommendations and Policy Issues Identified by Group Members	**Recommendations:** The group recommended that Option 4 be eliminated and that Option 2 be delineated as a tax credit option and a directed payment option. It was suggested that a timeline be created that would identify all the different elements and steps needed for future planning and implementation. Rick suggested using Issue Briefs help explain options to senior state policy makers and others who have not participated in the meetings. **Policy Issues:** <u>CBIA</u> • CBIA needs to track contributions so the employer can be billed for the standard plan, DSS billed for the supplemental cost and the client can be assessed his share of the premium if applicable. They might also need to track the effective date of the subsidy. • The options that required reconciliation would be more of a hardship	IHPS will incorporate the missing elements identified during the meeting. IHPS will recommend the next steps in the process, the decisions points and the preferred subsidy structure.

	on CBIA. • CBIA stated they wanted to avoid writing and sending checks to employees • CBIA's current premium structure is composed of the following categories: employee, employee and spouse, employee and child, and family. <u>DSS</u> • DSS group members felt it was important that clients be given the opportunity to choose between Medicaid insurance program and other benefit designs. • Several privacy issues were discussed. David stated the application for health insurance could incorporate statements waiving the privacy issues. • It was pointed out that CBIA has open enrollment once a year while DSS has continual enrollment through the year. • DSS needs certification of citizenship for adults seeking Medicaid coverage. Citizenship is not reviewed for children. • There are several eligibility periods that need to be taken into consideration – Medicaid, CBIA and the small business. <u>Agents and Brokers</u> • Agents and brokers would need to be brought into the process at some point in time. • It was noted that agents would maintain their normal commission on the standard premium. <u>Financial</u> • It was noted that a tax credit could exceed the taxes withheld. Under a tax credit scenario, some mechanism would have to be set up to reimburse clients for their insurance costs. • Tax credits are advantageous in that they can be put to the revenue side of the budget and not effect the state's spending cap. <u>General</u> • One of the policy decisions that was identified was implementing a family premium model versus just trying to reach more children that lack coverage. • It was acknowledged the benefit package most out of the box would have the greatest ability to reach small business that currently don't offer health insurance. • The group agreed that any option chosen should minimize the	

	burden on the employer. • The impact COBRA has on subsidies needs further consideration. • Two variables, the instability of the business and the instability of the workforce (churning) would need to be considered.	
Next Steps/Next Meeting		

Attendees: Phil Vogel, Jan Spegele, Tom Day, Donna Klisiewicz, Lynn Sorrentino CBIA; Rick Curtis, Rafe Forland, Ed Neuschler, IHPS; David Parrella, Jim Gaito, DSS; Marybeth Reinhardt, Marcia Benson, Michael Sabados, OHCA

Meeting Notes

Potential Partnership to Reach Uninsured Workers and Families through Coordination of Husky Subsidies an CBIA Job –Based Coverage

August 30, 2001, Third Meeting

Agenda Item	Discussion	Action/Results
New Federal Health Insurance Flexibility and Accountability (HIFA) Demonstration (1115 Waiver) under Medicaid and SCHIP	The group discussed and determined that HIFA waiver could provide Connecticut a good opportunity to develop more flexible options. David Parrella listed the following waiver possibilities: 1. HIFA waiver (M-caid and SCHIP) 2. 1115 Waiver (SCHIP, no waiver) 3. 1115 waiver(Medicaid) and 4. No waiver. There needs to be a policy clarification as to whether a cap can be placed on the number of people that are allowed to participate in any insurance expansion initiative developed under the waiver	IHPS agreed to try to get clarification on whether of not caps will be allowed. Marybeth agreed to set up a meeting with Secretary Ryan to review our progress. IHPS will assist the State to define and document pros and cons of various waiver approaches
Preliminary Discussion of Size and Scope of State Subsidies	IHPS indicated that the number of decliners in current CBIA Health Connections businesses is relatively small, the group discussed the possibility of also targeting uninsured small low wage firms. Phil Vogel expressed interest in targeting that group, but also concern about health plans willingness to cover these employees based on risk profile.	We will continue to look for ways to better estimate the various target populations so that we can begin to develop cost estimates for the various scenarios.
Data Needed for Target Population Estimate and Preliminary Cost-Effectiveness Analysis	The group discussed methods for obtaining data that would be useful in estimating the size of the on target population and the cost of coverage. One area that needs to be researched is CT business wage profiles. Using OHCA household survey data and CPS March supplement data on the uninsured to estimate target population was discussed.	Marybeth will research wage profile data available at the Department of Labor
Decision on a “Tax Credit” Approach	This approach was discussed, and then tabled until some direction from OPM can be obtained. David suggested that we find out more about the HMO tax credit from the OPM budget analyst, Tom Fiore	Marybeth agreed to contact Tom Fiore and OPM to see if he has data available on HMO tax liability as it relates to the HMO tax credit already in place.
Next Steps on Subsidy-Process Options.	Options 1, 2 and 3 were discussed by the group. The need to obtain actuarial assistance to cost out the options was identified.	Marybeth and David will follow up with Mark Ryan to see if funding is available
Next Steps/Next Meeting	The next meeting is scheduled for Thursday October 4, 2001 from 11 am to 3 pm. and will be held at the Office of Health Care Access Hearing Room	

Attendees: Phil Vogel, Jan Spegele, Tom Day, Donna Klisiewicz, Lynn Sorrentino CBIA; Rick Curtis, Rafe Forland, Ed Neuschler, IHPS; David Parrella, DSS; Marybeth Reinhardt, Marcia Benson, Lynne Garner, Donna Longo, Kaila Riggott, OHCA

Meeting Notes

Potential Partnership to Reach Uninsured Workers and Families through Coordination of Husky Subsidies and CBIA Job–Based Coverage

October 4, 2001, Fourth Meeting
11:00 – 3:00 p.m.

Agenda Item	Discussion	Action/Results
State Update • Policy makers' level of interest • State fiscal picture • State executive branch authority to act; waiver application • Household survey data update	Marybeth and David summarized the results of their meeting with Secretary Ryan communicating his continued support of the planning process. Discussion identifying the need for additional financial support for actuarial analysis followed. David stated that a greater level of detail was needed in order to support any options selected, formulate a plan, and identify a timetable for submitting a waiver implementing job-based coverage. The state's fiscal picture was described, it was noted that the next legislative session runs from 2/6/02 to 5/8/02. David also explained the process for applying for a Medicaid waiver from CMS. Marcia updated the group on CSRA's progress with the household and business survey data collection efforts.	Marybeth will update Secretary Ryan on our progress October 26. She will also pursue resources to support an actuarial analysis of selected options. IHPS will follow up with David/or Steve Schram from Mercer to obtain utilization and cost data.
CBIA Update • Board discussion • Current thinking on critical issues	Phil conveyed to the group that the CBIA Board of Directors was supportive of going forward and continuing to talk with OHCA, DSS, and IHPS about options to coordinate employer subsidies with job based coverage. He also identified some critical issues such as the need to establish a detailed plan that would identify the steps in the process and the time frames for completion. He also stated he anticipates some resistance from the health plans when the coverage options are introduced. Privacy and administrative separation issues were also briefly discussed.	IHPS and OHCA will work together to address Phil's stated "need to develop a game plan". Phil anticipates starting to talk to health plans about this in November and December. Privacy issues related to brokers, employers, and plan administrators need to be addressed in greater detail
Current Status – What the Project Might Look Like • Potential size and shape • Synopsis of subsidy administration concerns	Rick and Ed discussed the potential size and shape of project, waiver and associated subsidies and gave a synopsis of subsidy administration concerns. Discussion followed related to the potential to utilize a payroll firm to administer the subsidies.	Need to quantify unspent $ under CT's SCHIP allotment. Determine if we want to include childless adults.
Subsidy Structure and Administration	Rick distributed to the group information on uninsured workers. The group brainstormed on the possible structures for administering public subsides that would be a win-win situation for both the State and CBIA.	IHPS will continue to identify and collect data needed to refine estimates. David will supply DSS data as needed.
Next Steps	The next meeting will be held on Tuesday, November 13, 2001 at OHCA's hearing room from 10:30am to 3:00 pm	

Attendees: Phil Vogel, Jan Spegele, Tom Day, Donna Klisiewicz, Lynn Sorrentino CBIA; Rick Curtis, Rafe Forland, Ed Neuschler, IHPS; David Parrella, DSS; Marybeth Reinhardt, Marcia Benson, Michael Sabados, Donna Longo, Kaila Riggott, OHCA

Connecticut Business Quarterly Survey
Special Health Insurance Questions
July 2001

I now have a few questions about health insurance coverage

N=.....
Continue 01

EC.1. Do you currently offer health insurance to any of your employees?

N=.....

Yes	01	=> EC2
No	02	
Don't Know	98	
Refused	99	

EC.1.a "What are the primary reasons for electing not to provide coverage?"

N=.....

Can't afford to	01	=> IQ62
Too few employees	02	=> IQ62
Employees don't need health insurance	03	=> IQ62
Company just started	04	=> IQ62
No employees/ Family run business	05	=> IQ62
Part-time/Seasonal Employees/ Independent Contractors	06	=> IQ62
Other (Specify)	80	=> IQ62
Don't know	98	=> IQ62
Refused	99	=> IQ62

EC.2. Approximately what percentage of your employees are currently eligible for health insurance from your business? (ENTER 3 DIGITS)

$E 0 100

N=.....
Less than 25% .....
25% through 49% .....
50% through 74% .....
75% through 99% .....
100% .....
Don't Know 888
Refused 999

EC.3. Approximately what percentage of the eligible employees actually take health insurance from your business? (ENTER 3 DIGITS)

N=.....
Less than 25% .....
25% through 49%.....
50% through 74%.....
75% through 99%.....
100%.....
Don't Know 888
Refused..... 999

EC.4. What is the approximate total monthly premium for the least expensive health insurance plan that you offer? (NOTE: FOR ONE PERSON)(ENTER 3 DIGITS)

N=.....
Less than $100.....
$100 through $249.....
$250 through $499.....
$500 through $749.....
$750 and over .....
Don't Know 888
Refused..... 999

EC. 5. Approximately how much of this does your company pay? (RECORD PERCENTAGE -ENTER 3 DIGITS)

N=.....
Less than 25% .....
25% through 49%.....
50% through 74%.....
75% through 99%.....
100%.....
Don't Know 888
Refused..... 999

OHCA SURVEY QUESTION LIST (INVISIBLE AND DUMMY VARIABLES LEFT OUT)					
SECTION 1: HOUSEHOLD LEVEL INFORMATION					
INT1	Hello, my is $I, calling from the University of Connecticut on behalf of the State of Connecticut…				
INT2	We will gather some general information about the health insurance status of everyone…				
S6	How many people currently live or stay in this house, apartment, or mobile home?				
AGE01	What is your age as of your last birthday?				
SEX01	(DO NOT ASK - RECORD GENDER)				
AGE02	And the next person's age?				
SEX02	Is this person male or female?				
AGE03	And the next person's age?				
SEX03	Is this person male or female?				
AGE04	And the next person's age?				
SEX04	Is this person male or female?				
AGE05	And the next person's age?				
SEX05	Is this person male or female?				
AGE06	And the next person's age?				
SEX06	Is this person male or female?				
AGE07	And the next person's age?				
SEX07	Is this person male or female?				
AGE08	And the next person's age?				
SEX08	Is this person male or female?				
AGE09	And the next person's age?				
SEX09	Is this person male or female?				
AGE10	And the next person's age?				
SEX10	Is this person male or female?				
AGE11	And the next person's age?				
SEX11	Is this person male or female?				
AGE12	And the next person's age?				
SEX12	Is this person male or female?				
SEL	The program has randomly selected the <age> year old <sex> as the person I will need to get more detailed information about.				
STUD	Are you (Is <TARGE>) currently a full-time student?				
REL1	Now I need to know each person's relationship to the person selected. What is your relationship to <TARGE>?				
REL2	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL3	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL4	What is the <age> year old <sex>'s relationship to <TARGE>?				

REL5	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL6	What is the <age> year old <sex>'s relationship to <TARGE>?	GROUP	GROUP	ON/Group	ON/Group
REL7	What is the <age> year old <sex>'s relationship to <TARGE>?	adult non-student	minor or student	adult non-student	minor or student
REL8	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL9	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL10	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL11	What is the <age> year old <sex>'s relationship to <TARGE>?				
REL12	What is the <age> year old <sex>'s relationship to <TARGE>?				
ISTA1	The next questions are about the health insurance that people in your household may have at this time.				
STAT1	Do you currently have health insurance?				
TYPE1	What type of insurance are you covered by?				
STAT2	Does the <age> year old <sex> currently have health insurance?				
TYPE2	What type of insurance is this person covered by?				
STAT3	Does the <age> year old <sex> currently have health insurance?				
TYPE3	What type of insurance is this person covered by?				
STAT4	Does the <age> year old <sex> currently have health insurance?				
TYPE4	What type of insurance is this person covered by?				
STAT5	Does the <age> year old <sex> currently have health insurance?				
TYPE5	What type of insurance is this person covered by?				
STAT6	Does the <age> year old <sex> currently have health insurance?				
TYPE6	What type of insurance is this person covered by?				
STAT7	Does the <age> year old <sex> currently have health insurance?				
TYPE7	What type of insurance is this person covered by?				
STAT8	Does the <age> year old <sex> currently have health insurance?				
TYPE8	What type of insurance is this person covered by?				
STAT9	Does the <age> year old <sex> currently have health insurance?				
TYPE9	What type of insurance is this person covered by?				
STAT10	Does the <age> year old <sex> currently have health insurance?				
TYPE10	What type of insurance is this person covered by?				
STAT11	Does the <age> year old <sex> currently have health insurance?				
TYPE11	What type of insurance is this person covered by?				
STAT12	Does the <age> year old <sex> currently have health insurance?				
TYPE12	What type of insurance is this person covered by?				
IVER1	According to the information you have provided, the following do NOT currently have health care coverage:				
VER1	The <age> year old <sex>. Is this correct?				
VER2	The <age> year old <sex>. Is this correct?				
VER3	The <age> year old <sex>. Is this correct?				

VER4	The <age> year old <sex>. Is this correct?				
VER5	The <age> year old <sex>. Is this correct?				
VER6	The <age> year old <sex>. Is this correct?				
VER7	The <age> year old <sex>. Is this correct?				
VER8	The <age> year old <sex>. Is this correct?				
VER9	The <age> year old <sex>. Is this correct?				
VER10	The <age> year old <sex>. Is this correct?				
VER11	The <age> year old <sex>. Is this correct?				
VER12	The <age> year old <sex>. Is this correct?				
SECTION 2: FIGURING OUT WHAT KIND OF INSURANCE TARGET HAS (IN DETAIL)					
X1	INTERVIEWER: PLEASE INDICATE WHO YOU ARE SPEAKING WITH				
X2	Are you familiar with the health care and insurance coverage of the <age> year old <sex>?				
X3	May I please speak with an adult who is familiar with the health care and insurance coverage of the <age> year old <sex>?				
XX1	Now I need to ask some more detailed questions about <TARGE >'s health insurance coverage. May I speak				
XX2	Are you familiar with the health care and insurance coverage of the <age> year old <sex>?				
XX3	May I please speak with an adult who is familiar with the health care and insurance coverage of the <age> year old <sex>?				
IH1	I am going to read you a list of different types of health insurance. Please tell me if you (<TARGE) CURRENTLY have/has any of the following. Answer for each type that ap				
H1	Do you (Does <TARGE>) currently have Medicare?				
H1A	Do you (Does <TARGE>) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?				
H1B	Do you (Does <TARGE>) have insurance that pays for prescription drugs?				
H1P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H2	A Railroad Retirement plan?				
H2P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H3	CHAMPUS, Veteran's Affairs service connected to a disability, or military health care?				
H3P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H4	Indian Health Service?				
H4P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H5	Medical Assistance or Medicaid?				
H5P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H6A	A health insurance plan for children and families called Husky?				
H6P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H9	Health insurance through your (<TARGE>'s) work or union?				
H9P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H10	Health insurance through someone else's work or union?				
H10P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				

H11	Health insurance bought directly by you (<TARGE>)?				
H11P	Besides this, do you (does <TARGE>) have any other type of health insurance coverage?				
H12	Health insurance bought directly by someone else?				
IPOL	You have indicated that you have (<TARGE> has) health insurance you (he/she) purchased and insurance purchased by someone else…				
POLIC	Is the purchased health insurance an individual or family policy?				
PREM1	Do you (Does <TARGE>) pay the health insurance premium weekly, biweekly, monthly, quarterly, semi-annually, or annually?				
PREM2	How much do you (does <TARGE>) pay <PREM1> for the health insurance premium?				
DED1	Does your (<TARGE>'s) health insurance include a deductible?				
DED2	How much is that NOT INCLUDING PREMIUM EXPENSES?				
DRUG	Do you (Does <TARGE>) have insurance that pays for prescription drugs?				
H12A	Other than the types of health insurance I've just mentioned, what types of health insurance do you have?				
H13	According to the information you have provided, you do (<TARGE> does) not have health insurance coverage. Does anyone else pay for your (his/her) bills when you go (he				
H13A	You've just told me you receive (<TARGE> receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your				
H14	And who is that?				
H14A	For the purposes of this survey, we'll assume you do (<TARGE>) does not have insurance.				
H15	Have you (Has <TARGE>) had insurance coverage for all of the past 12 months?				
H18	Was there anytime IN THE PAST 12 MONTHS that you were (<TARGE > was) not covered by insurance?				
H19	Have you (Has <TARGE>) been covered by any health insurance IN THE PAST 12 MONTHS?				
SECTION 3: THE CATEGORIES TARGET CAN BE PLACED IN (THIS HAPPENS BEHIND THE SCENES)					
SORT1	GROUP: Has had insurance for the last 12 months through own work or union and/or someone else's work or union.				
SORT2	ON/GROUP: Currently has, but has not had for entire last 12 months, insurance through own work and/or someone else's work or union.				
SORT4	ON/Individual: Currently has, but has not had for entire last 12 months, insurance they purchased and/or someone else purchased				
SORT5	Individual: Has had insurance for the last 12 months through plan they purchased and/or someone else purchased.				
SORT3	ON/ELSE: Currently has, but has not had for entire last 12 months, some type of insurance other than purchases or through work.				
SOR3A	ELSE: Has had insurance for the last 12 months that is a type other than purchased or through work.				
SORT6	SCREEN: Listed "Other" insurance to question H14 or H12A but had none of the insurance types we specifically asked about.				
SORT7	UNINSURED: Currently has no insurance and has not had any during last 12 months.				
SORT8	OFF: Currently has no insurance, but had some type of insurance in the last 12 months.				
SORT9	SCREEN: Refused to say or didn't know whether or not they have had insurance over the last 12 months (H18 or H19)				
SECTION 3: INSURANCE ACCESS QUESTIONS (x means a person in the category could NEVER get the particular question and P means it is possible that they can get the question					
		GROUP	GROUP	ON/Group	ON/Group
		adult non-student	minor or student	adult non-student	minor or student
IPATU	The next set of questions is about your (<TARGE>') history of insurance coverage over the past 12	x	x	P	P

PATHU	You have just explained that you are not covered by health insurance but were covered at some pc	x	x	x	x
PROB	Can you please briefly describe your (<TARGE>'s) current health insurance situation and what this	x	x	x	x
UNIN1	What type of insurance were you covered by most recently? Was it…	x	x	x	x
UIN1A	How many months ago did that coverage end?	x	x	x	x
UNIN2	And what is the main reason your coverage ended?	x	x	x	x
YOUNG	Was this insurance coverage through your (<TARGE>'s) parents' or guardians' plan?	x	x	x	x
UNIN3	Did you (<TARGE>) get this insurance coverage less than 12 months ago?	x	x	x	x
UNIN4	What was the main reason you (<TARGE> got this insurance coverage?	x	x	x	x
UNIN5	Was there another period of time WITHIN THE PAST 12 MONTHS before you (<TARGE>) had the	x	x	x	x
PATHI	You have just explained to me that currently you are (<TARGE> is) covered by health insurance bu	x	x	P	P
PROB2	Can you please briefly describe your (<TARGE>'s) current health insurance situation and what this	x	x	P	P
INSD1	Was there more than one period of time you were (<TARGE> was) not covered by insurance in the	x	x	P	P
INSD2	Thinking back to the time you (<TARGE>) got your (his/her) current form of insurance, what is the r	x	x	P	P
YOUN2	Was this insurance coverage through your (<TARGE>'s) parents' or guardians' plan?	x	x	P	P
INSD3	Before you (<TARGE>) got your (his/her) current coverage, did you (he/she) go with NO insurance	x	x	P	P
ISD3A	How many years?	x	x	P	P
ISD3B	How many months?	x	x	P	P
ICOV1	Now I'd like to ask a few questions about your (<TARGE>'s) access to insurance.	P	x	P	x
COV1	Does your (<TARGE>'s) spouse or partner have insurance through their work or union?	P	x	P	x
COV2	Could this insurance policy be extended to cover you (<TARGE>)?	P	x	P	x
COV3	Is your spouse or partner ELIGIBLE for health insurance through their work or union, but chosen nc	P	x	P	x
COV4	If that family member were to sign up for that health insurance, could the policy be extended to cov	P	x	P	x
COV5	What is the main reason you do (<TARGE> does) not get insurance through that family member?	P	x	P	x
OWNCO	What is the main reason you have not bought health insurance on your own?	x	x	x	x
EMCO1	Does the firm you work for offer health insurance as a benefit to any of its employees?	x	x	x	x
IEMC2	You have explained to me that you get (<TARGE gets) insurance through your (his/her) own emplc	P	x	P	x
EMCO2	Can your (<TARGE>'s) employer coverage be extended to cover dependents?	P	x	P	x
EMCO3	Does your (<TARGE>'s) employer contribute to health insurance costs for those employees covere	P	x	P	x
EMCO4	Why aren't you (isn't <TARGE>) included in your (his/her) employer's group health insurance plan?	P	x	P	x
IUIO	Now I'd like to ask a few questions about <TARGE>'s access to insurance through a parent or gua	x	P	x	P
PACO1	Does the firm <TARGE>'s parent or guardian works for offer health insurance as a benefit to any o	x	P	x	P
PACO2	Does this employer contribute to health insurance costs for those employees covered by this benef	x	P	x	P
PACO3	Is <TARGE> covered under this plan?	x	P	x	P
PACO4	Can this coverage be extended to cover dependents?	x	P	x	P
PACO5	What is the main reason <TARGE> is not included in this employer's health insurance plan as a de	x	P	x	P
OWNCO2	What is the main reason <TARGE>'s parents or guardian have not bought health insurance for tarc	x	x	x	x

SECTION 4: HEALTH CARE QUESTIONS (EVERYONE ENDS UP HERE)					
Q31	Next, I'd like to talk about your (<TARGE>'s) health care. Is there a doctor's office, health maintenance organization, hospital or some other place you (they) usually go to if y				
Q32	What kind of place is that?				
Q34	What is the MAIN reason you don't (<TARGE> doesn't) have a usual source of medical care?				
Q35	During the past year, was there any time when <TARGE> needed emergency medical care but did not get it?				
Q36	Why didn't <TARGE> receive emergency medical care?				
Q37	What is the MAIN reason <TARGE> did not receive emergency medical care?				
Q38	During the past year, was there any time that you <TARGE> needed a doctor or other health care provider because of illness or injury other than an emergency, but did not g				
Q39	Why didn't <TARGE> receive (non-emergency) medical care from a doctor or other health care provider?				
Q310	What is the MAIN reason you <TARGE> did not receive (non-emergency) medical care?				
DENT	Do you (Does <TARGE>) currently have insurance that pays for dental care.				
HSTAT	Would you say your (<TARGE>'s) health, in general, is excellent, very good, good, fair, or poor?				
SECTION 5: DEMOGRAPHICS (EVERYONE GETS THESE)					
IRACE	The following questions are for classification purposes only.				
RACE1	Are you (Is <TARGE>) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?				
RACE2	Now choose one or more races for yourself (<TARGE>). Which race or races do you consider yourself (him/her) to be?				
MSTAT	Are you (Is <TARGE>) currently single, married, living with a partner, divorced, separated or widowed?				
EDUC	What is the highest level of education you have (<TARGE> has) completed?				
VSTAT	Have you (Has <TARGE>) ever served on active duty in the U.S. Armed Forces…				
EST1	Are you (Is <TARGE>) currently self-employed or own your (their) own business…				
EST2	Do you (Does <TARGE>) have more than one paying job?				
HOURS	What is the total number of hours worked per week?				
EMHRS	For the job you work (<TARGE> works) at the most hours, what is the total number of hours usually worked per week?				
EPERM	Is this a permanent, temporary or seasonal job?				
ALLS	Thinking about the employer you work (<TARGE> works) for, about how many people are employed there?				
IMI	Now I'd like to ask a few questions about the person this child gets their insurance benefits through.				
CHARG	Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household…				
YOUAGE	What is your age?				
YOUS	(RECORD GENDER)				
ELAG	What is their age?				
ELSEX	And is this person male or female?				
HHR1	Are you (Is <TARGE>) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?				
HHR2	Now choose one or more races for yourself (<TARGE>). Which race or races do you consider yourself (him/her) to be?				
HHMAR	Is this person (Are you) currently single, married, living with a partner, divorced, separated or widowed?				

HHED	What is the highest level of education this person has (you have) completed?				
HHVA	Has this person (have you) ever served on active duty in the U.S. Armed Forces…				
HHEM1	Is this person (Are you) currently self-employed or own (their) your own business…				
HHEM2	Does this person (Do you) have more than one paying job?				
HHRS	What is the total number of hours worked per week?				
HEM2B	For the job this person works (you work) at the most hours, what is the total number of hours usually worked per week?				
HPERM	Is this a permanent, temporary or seasonal job?				
HSITE	Thinking about the employer this person works (you work) for, about how many people are employed there?				
PH1	Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.				
PH2	How many of these telephone numbers are connected to phones that can be answered by a person?				
PH3	During the past 12 months, has your household ever been without telephone service for more than 24 hours?				
PH4A	Over the past year, was your household ever telephone service for days, weeks, or months?				
PH4B	Over the past year, what was the total number of <PH4A> your household was without telephone service?				
ICOUN	Now I am going to ask some questions about your household income. This income information is important…				
COUNT	How many people live on you or your family's income who CURRENTLY LIVE in the household?				
KIDS	How many of these people are children under the age of 21?				
INCM1	For classification purposes only, is the total yearly income of all of the members of your family now living at home…				
INCM2	And is that…				
INCM3	And is that…				
GOVP	Do you or your family (Does <TARGE> or his/her family) currently receive any of the following:				
THAN2	Thank you for your contribution to this important research.				

ELSE	ELSE	ON/Else	ON/Else	Individual	Individual	ON/Individual	ON/Individual	UNINSURED	UNINSURED
adult non-student	minor or student	adult non-student	minor or student	adult non-student	minor or student	adult non-student	minor or student	adult non-student	minor or student

olies.									

/she goes) to a doctor or hospital?									
(his/her) bills when you go (he/she goes) to a doctor or hospital?									

x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
x	x	P	P	x	x	P	P	x	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
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P	x	P	x	P	x	P	x	P	x
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P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
P	x	P	x	P	x	P	x	P	x
x	P	x	P	x	P	x	P	x	P
x	P	x	P	x	P	x	P	x	P
x	P	x	P	x	P	x	P	x	P
x	P	x	P	x	P	x	P	x	P
x	P	x	P	x	P	x	P	x	P
x	P	x	P	x	P	x	P	x	P
x	x	x	x	x	x	x	x	x	P

ou (they) are sick or need advice about your (their) health?									
et it?									

OFF	OFF	SCREEN
adult non-student	minor or student	

P	P	x
P	P	x
P	P	x
P	P	x
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P	P	x
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x	P	x

Office of Health Care Access
2001 Household Survey

Final Draft

1: **PHONE**

*** Imported Value - PHONE

(1/ 56)

«PHONE »

2: **PLACE**

*** Imported Value - PLACE

(1/ 66)

«PLACE »

3: **STATE**

***Imported variable: STATE

(1/ 86)

«STATE »

4: **FIPS**

*** IMPORTED VALUE - FIPS

(1/ 88)

«FIPS »

5: **ADI**

***IMPORTED VALUE -ADI

(1/ 93)

«ADI »

6: **ADIR**

***IMPORTED VALUE-ADIR

(1/ 96)

«ADIR »

7: **DMA**

***IMPORTED VALUE-DMA

(1/ 99)

«DMA »

8: **DMAR**

***IMPORTED VALUE-DMAR

(1/ 102)

«DMAR »

9: **MSA**

***IMPORTED VALUE-MSA

(1/ 105)

«MSA »

10: **MSC**

***IMPORTED VALUE-MSC

(1/ 109)

«MSC »

11: **NIELS**

***IMPORTED VALUE-NIELS

(1/ 110)

«NIELS »

12: **CENSU**

*** Imported Value - CENSUS DIVISION

(1/ 111)

«CENSU »

13: **TIMEZ**

*** Imported Value - GENESYS TIME ZONE

(1/ 112)

EASTERN ..... E
CENTRAL C
MOUNTAIN ..... M
PACIFIC ..... P

«TIMEZ »

14: **MOS**

***IMPORTED VALUE-MOS

(1/ 113)

«MOS »

15: **REP**

*** Imported Value - REPLICATE

(1/ 119)

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..... 074
..... 075

«REP »

16: **REG**

**** IMPORTED VALUE-Census Region

(1/ 122)

N-East..... 1
N-Central..... 2
South..... 3
West..... 4

«REG »

17: **TZONE**

This is the Time Zone Question

(1/ 123)

Newfoundland 1
Atlantic 2
Eastern..... 3
Central 4
Mountain 5
Pacific..... 6

«TZONE »

18: **INT1**

SCHEDULE CALL BACK IF NO ONE AT HOME IS FAMILAR WITH HEALTHCARE.

Hello, my name is $I , calling from the University of Connecticut on behalf ofthe State of Connecticut. We are conducting a state wide survey to find out about people's health and insurance coverage. The results of this survey will help guide health policy decisions that affect the people of Connecticut. Because the survey

concerns health issues, I'd like to speak to the adult, age 18 or older, who is familiar with the health care of the people who live here.

(1/ 124)

Continue	01		
Answering Machine	AM		=> /END
Business	BU	R	=> /END
Busy	BZ	R	=> /END
Disconnected	DC	R	=> /END
Deaf/Health Issue	DH	R	=> /END
Fax/Modem	FX	R	=> /END
Hard Call back (specific date/time)	HC		=> /NAME
Ineligible	IL	R	=> /END
Interviewer Terminated	IT		=> /END
Non-English Speaking Household	LA	R	=> /END
Spanish Speaking Household	SP	R	=> /END
Log-off	LO		=> /END
No answer	NA	R	=> /END
Other	OT	I	=> /END
Partial Complete	PC		=> /NAME
Proxy Refusal	PR		=> /END
Refusal	RE		=> /END
Refused Information	RI		=> /END
Respondent Terminiated	RT		=> /END
Soft Call back (Non-specific date/time)	SC	R	=> /END
Soft Unscreened Call-Back	SU	R	=> /END
ALL OTHER CODES	99		=> /INT

«INT1 »

19: **INT2**

We will gather some general information about the health insurance status of everyone who lives here as well as more detailed information about one person in particular. But before we start with the questions about health insurance, I will need to ask you a few other questions in order to randomly select the person we will talk about in more detail later in the survey.

(1/ 126)

Continue	01		
Deaf/Heatlh Issue	DH	R	=> /END
Hard Call back (specific date/time)	HC		=> /NAME
Interviewer Terminated	IT		=> /END
Log-off	LO		=> /END
Other	OT	I	=> /END
Partial Complete	PC		=> /NAME
Proxy Refusal	PR		=> /END
Refusal	RE		=> /END
Refused Information	RI		=> /END
Respondent Terminiated	RT		=> /END
Soft Call back (Non-specific date/time)	SC	R	=> /END
Soft Unscreened Call-Back	SU	R	=> /END
ALL OTHER CODES	99		=> /INT

«INT2 »

20: **S6**

ENTER NUMBER OF PEOPLE BETWEEN 1 and 12

How many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include children, foster children, roomers, housemates not related to you, or 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.)

(1/ 128)

$E 1 12

Don't Know	98	=> INT99
Refused	99	=> INT99

«S6 »

21: **RAND**

=> * if TRC(RAN(1.0000,(S6+0.9999)))

Random number between 1 and the number of persons

(1/ 130)

«RAND »

01/07/31 12:45

22: **AGE01**

What is YOUR age as of your last birthday? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 132)

$E 1 97

97 or older	97	=> SEX01
Don't Know	98	=> INT99
Refused	99	

«AGE01 »

01/07/31 12:23

23: **AGE1R**

=> +1 if AGE01<=97

This information is very important to our research and will be kept completely confidential.

(1/ 134)

$E 1 97

Willing to answer	01	=> AGE01
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE1R »

24: **SEX01**

(DO NOT ASK-RECORD GENDER)

(1/ 136)

Male 01
Female 02

«SEX01 »

01/07/31 12:48

25: **AGE02**

=> +5 if	S6<2

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 138)

$E 0 97

97 or older	97	=> SEX02
Don't Know	98	=> AGE2D
Refused	99	

«AGE02 »

01/07/31 12:49

26: **AGE2R**

=> +2 if	AGE02<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 140)

Willing to answer	01	=> AGE02
Don't Know	98	
Refused	99	=> INT99

«AGE2R »

01/07/31 12:45

27: **AGE2D**

Can you give me your best guess?

(1/ 142)

Willing to answer	01	=> AGE02
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE2D »

01/07/31 12:24

28: **SEX02**

Is this person male or female?

(1/ 144)

Male	01	=> AGE03
Female	02	=> AGE03
Don't Know	98	
Refused	99	

«SEX02 »

01/07/31 12:51

29: **SEX2P**

=> +1 if	SEX02<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 146)

Willing to answer	01	=> SEX02
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX2P »

01/07/31 12:24

30: **AGE03**

=> +5 if	S6<3

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 148)

$E 01 97

97 or older	97	=> SEX03
Don't Know	98	=> AGE3D
Refused	99	

«AGE03 »

01/07/31 12:49

31: **AGE3R**

=> +2 if	AGE03<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 150)

Willing to answer	01	=> AGE03
Don't Know	98	
Refused	99	=> INT99

«AGE3R »

01/07/31 12:45

32: **AGE3D**

Can you give me your best guess?

(1/ 152)

Willing to answer	01	=> AGE03
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE3D »

01/07/31 12:29

33: **SEX03**

Is this person male or female?

(1/ 154)

Male	01	=> AGE04
Female	02	=> AGE04
Don't Know	98	
Refused	99	

«SEX03 »

01/07/31 12:15

34: **SEX3P**

=> +1 if SEX03<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 156)

Willing to answer	01	=> SEX03
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX3P »

01/07/31 12:25

35: **AGE04**

=> +5 if S6<4

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 158)

$E 01 97

97 or older	97	=> SEX04
Don't Know	98	=> AGE4D
Refused	99	

«AGE04 »

01/07/31 12:50

36: **AGE4R**

=> +2 if AGE04<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 160)

Willing to answer	01	=> AGE04
Don't Know	98	
Refused	99	=> INT99

«AGE4R »

01/07/31 12:45

37: **AGE4D**

Can you give me your best guess?

(1/ 162)

Willing to answer	01	=> AGE04
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE4D »

01/07/31 12:29

38: **SEX04**

Is this person male or female?

(1/ 164)

Male	01	=> AGE05
Female	02	=> AGE05
Don't Know	98	
Refused	99	

«SEX04 »

01/07/31 12:15

39: **SEX4P**

=> +1 if SEX04<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 166)

Willing to answer	01	=> SEX04
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX4P »

01/07/31 12:25

40: **AGE05**

=> +5 if S6<5

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 168)

$E 01 97

97 or older	97	=> SEX05
Don't Know	98	=> AGE5D
Refused	99	

«AGE05 »

01/07/31 12:50

41: **AGE5R**

=> +2 if AGE05<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 170)

Willing to answer	01	=> AGE05
Don't Know	98	
Refused	99	=> INT99

«AGE5R »

01/07/31 12:46

42: **AGE5D**

Can you give me your best guess?

(1/ 172)

Willing to answer	01	=> AGE05
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE5D »

01/07/31 12:29

43: **SEX05**

Is this person male or female?

(1/ 174)

Male	01	=> AGE06
Female	02	=> AGE06
Don't Know	98	
Refused	99	

«SEX05 »

01/07/31 12:15

44: **SEX5P**

=> +1 if SEX05<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 176)

Willing to answer	01	=> SEX05
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX5P »

01/07/31 11:49

45: **AGE06**

=> +5 if	S6<6

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 178)

$E 01 97

97 or older	97	=> SEX06
Don't Know	98	=> INT99
Refused	99	

«AGE06 »

01/07/31 12:50

46: **AGE6R**

=> +2 if	AGE06<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 180)

Willing to answer	01	=> AGE06
Don't Know	98	
Refused	99	=> INT99

«AGE6R »

01/07/31 12:47

47: **AGE6D**

Can you give me your best guess?

(1/ 182)

Willing to answer	01	=> AGE06
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE6D »

01/07/31 12:30

48: **SEX06**

Is this person male or female?

(1/ 184)

Male	01	=> AGE07
Female	02	=> AGE07
Don't Know	98	
Refused	99	

«SEX06 »

01/07/31 12:26

49: **SEX6P**

=> +1 if	SEX06<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 186)

Willing to answer	01	=> SEX06
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX6P »

01/07/31 12:26

50: **AGE07**

=> +5 if	S6<7

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 188)

$E 1 97

97 or older	97	=> SEX07
Don't Know	98	=> AGE7D
Refused	99	

«AGE07 »

01/07/31 12:50

51: **AGE7R**

=> +2 if	AGE07<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 190)

Willing to answer	01	=> AGE07
Don't Know	98	
Refused	99	=> INT99

«AGE7R »

01/07/31 12:47

52: **AGE7D**

Can you give me your best guess?

(1/ 192)

Willing to answer	01	=> AGE07
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE7D »

01/07/31 12:30

53: **SEX07**

Is this person male or female?

(1/ 194)

Male	01	=> AGE08
Female	02	=> AGE08
Don't Know	98	
Refused	99	

«SEX07 »

01/07/31 12:16

54: **SEX7P**

=> +1 if	SEX07<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 196)

Willing to answer	01	=> SEX07
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX7P »

01/07/31 11:49

55: **AGE08**

=> +5 if	S6<8

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 198)

$E 01 97

97 or older	97	=> SEX08
Don't Know	98	=> INT99
Refused	99	

«AGE08 »

01/07/31 12:50

56: **AGE8R**

=> +2 if	AGE08<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 200)

Willing to answer	01	=> AGE08
Don't Know	98	
Refused	99	=> INT99

«AGE8R »

01/07/31 12:47

57: **AGE8D**

Can you give me your best guess?

(1/ 202)

Willing to answer	01	=> AGE08
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE8D »

01/07/31 12:30

58: **SEX08**

Is this person male or female?

(1/ 204)

Male	01	=> AGE09
Female	02	=> AGE09
Don't Know	98	
Refused	99	

«SEX08 »

01/07/31 12:16

59: **SEX8P**

=> +1 if SEX08<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 206)

Willing to answer	01	=> SEX08
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX8P »

01/07/31 12:26

60: **AGE09**

=> +5 if S6<9

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 208)

$E 01 97

97 or older	97	=> SEX09
Don't Know	98	=> AGE9D
Refused	99	

«AGE09 »

01/07/31 12:50

61: **AGE9R**

=> +2 if AGE09<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 210)

Willing to answer	01	=> AGE09
Don't Know	98	
Refused	99	=> INT99

«AGE9R »

01/07/31 12:47

62: **AGE9D**

Can you give me your best guess?

(1/ 212)

Willing to answer	01	=> AGE09
Don't Know	98	=> INT99
Refused	99	=> INT99

«AGE9D »

01/07/31 12:30

63: **SEX09**

Is this person male or female?

(1/ 214)

Male	01	=> AGE10
Female	02	=> AGE10
Don't Know	98	
Refused	99	

«SEX09 »

01/07/31 12:17

64: **SEX9P**

=> +1 if SEX09<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 216)

Willing to answer	01	=> SEX09
Don't know	98	=> INT99
Refused	99	=> INT99

«SEX9P »

01/07/31 12:47

65: **AGE10**

=> +5 if	S6<10

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 218)

$E 01 97

97 or older	97	=> SEX10
Don't Know	98	=> AG10D
Refused	99	

«AGE10 »

01/07/31 12:50

66: **AG10R**

=> +2 if	AGE10<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 220)

Willing to answer	01	=> AGE10
Don't Know	98	=> INT99
Refused	99	

«AG10R »

01/07/31 12:47

67: **AG10D**

Can you give me your best guess?

(1/ 222)

Willing to answer	01	=> AGE10
Don't Know	98	=> INT99
Refused	99	=> INT99

«AG10D »

01/07/31 12:30

68: **SEX10**

Is this person male or female?

(1/ 224)

Male	01	=> AGE11
Female	02	=> AGE11
Don't Know	98	
Refused	99	

«SEX10 »

01/07/31 12:17

69: **SX10P**

=> +1 if	SEX10<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 226)

Willing to answer	01	=> SEX10
Don't know	98	=> INT99
Refused	99	=> INT99

«SX10P »

01/07/31 12:48

70: **AGE11**

=> +5 if	S6<11

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 228)

$E 01 97

97 or older	97	=> SEX11
Don't Know	98	=> AG11D
Refused	99	

«AGE11 »

01/07/31 12:51

71: **AG11R**

=> +2 if	AGE11<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 230)

Willing to answer	01	=> AGE11
Don't Know	98	
Refused	99	=> INT99

«AG11R »

01/07/31 12:48

72: **AG11D**

Can you give me your best guess?

(1/ 232)

Willing to answer	01	=> AGE11
Don't Know	98	=> INT99
Refused	99	=> INT99

«AG11D »

01/07/31 12:28

73: **SEX11**

Is this person male or female?

(1/ 234)

Male	01	=> AGE12
Female	02	=> AGE12
Don't Know	98	
Refused	99	

«SEX11 »

01/07/31 12:28

74: **SX11P**

=> +1 if SEX11<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 236)

Willing to answer	01	=> SEX11
Don't know	98	=> INT99
Refused	99	=> INT99

«SX11P »

01/07/31 12:28

75: **AGE12**

=> +5 if S6<12

And the next person's age? (ENTER NUMBER BETWEEN 1 AND 99)

(1/ 238)

$E 01 97

97 or older	97	=> SEX12
Don't Know	98	=> AG12D
Refused	99	

«AGE12 »

01/07/31 12:51

76: **AG12R**

=> +2 if AGE12<=97

This information is very important to our research and will be kept completely confidential. Will you tell me their age or don't you know how old they are?

(1/ 240)

Willing to answer	01	=> AGE12
Don't Know	98	
Refused	99	=> INT99

«AG12R »

01/07/31 12:48

77: **AG12D**

Can you give me your best guess?

(1/ 242)

Willing to answer	01	=> AGE12
Don't Know	98	=> INT99
Refused	99	=> INT99

«AG12D »

01/07/31 12:28

78: **SEX12**

Is this person male or female?

(1/ 244)

Male	01	=> AGEF
Female	02	=> AGEF
Don't Know	98	
Refused	99	

«SEX12 »

01/07/31 12:18

79: **SX12P**

=> +1 if SEX12<98

This information is very important to our research and will be kept completely confidential. Is this person male or female?

(1/ 246)

Willing to answer	01	=> SEX12
Don't know	98	=> INT99
Refused	99	=> INT99

«SX12P »

80: **AGEF**

=> * if PRJ(RAND,AGE01,AGE02,AGE03,AGE04,AGE05,AGE06,AGE07,AGE08,AGE09,AGE10,AGE11,AGE12)_

(1/ 248)

«AGEF »

81: **SEXF**

=> * if PRJ(RAND,SEX01,SEX02,SEX03,SEX04,SEX05,SEX06,SEX07,SEX08,SEX09,SEX10,SEX11,SEX12)

(1/ 250)

Male	1
Female	2

«SEXF »

01/07/31 11:57

82: **SEL**

The program has randomly selected the <AGEF > year old <SEXF > as the person I will need to get more detailed insurance information about. <RAND >

(1/ 251)

Continue ..... 01 => TARGE
All other codes..... 99

«SEL »

83: **TARGE**

ASK FOR CORRECT SPELLING IF NECESSARY--NAME GETS RECALLED IN SURVEY

What is that person's first name or initials?

(1/ 253)

«TARGE »

84: **STUD**

=> +1 if AGEF<18 OR AGEF>25

Are you (Is <TARGE>) currently a full-time student?

(1/ 293)

Yes..... 01
No 02
Don't know 98
Refused..... 99

«STUD »

85: **REL1**

Now I need to know each person's relationship to the person selected. What is your relationship to <TARGE >?

(1/ 295)

Self/TARGET..... 01
Mother/Stepmother..... 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter..... 06
Sibling/Sister/Brother..... 07
Grandparent..... 08
Other relative..... 09
NON-RELATIVE 10
Don't Know 98
Refused..... 99

«REL1 »

86: **REL2**

=> ISTA1 if S6==01

What is <age02 > year old <sex02 >'s relationship to <TARGE >?

(1/ 297)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL2 »

87: **REL3**

=> ISTA1 if S6==02

What is <age03 > year old <sex03 >'s relationship to <TARGE >?

(1/ 299)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL3 »

88: **REL4**

=> ISTA1 if S6==03

What is <age04 > year old <sex04 >'s relationship to <TARGE >?

(1/ 301)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL4 »

89: **REL5**

=> ISTA1 if S6==04

What is <age05 > year old <sex05 >'s relationship to <TARGE >?

(1/ 303)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL5 »

90: **REL6**

=> ISTA1 if S6==05

What is <age06 > year old <sex06 >'s relationship to <TARGE >?

(1/ 305)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL6 »

91: **REL7**

=> ISTA1 if S6==06

What is <age07 > year old <sex07 >'s relationship to <TARGE >?

(1/ 307)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL7 »

92: **REL8**

=> ISTA1 if S6==07

What is <age08 > year old <sex08 >'s relationship to <TARGE >?

(1/ 309)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL8 »

93: **REL9**

=> ISTA1 if S6==08

What is <age09 > year old <sex09 >'s relationship to <TARGE >?

(1/ 311)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL9 »

94: **REL10**

=> ISTA1 if S6==09

What is <age10 > year old <sex10 >'s relationship to <TARGE >?

(1/ 313)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL10 »

95: **REL11**

=> ISTA1 if S6==10

What is <age11 > year old <sex11 >'s relationship to <TARGE >?

(1/ 315)

Self/TARGET 01
Mother/Stepmother 02
Father/Stepfather 03
Spouse 04
Partner 05
Son/Daughter 06
Sibling/Sister/Brother 07
Grandparent 08
Other relative 09
NON-RELATIVE 10
Don't Know 98
Refused 99

«REL11 »

96: **REL12**

=> ISTA1 if S6==11

What is <age12 > year old <sex12 >'s relationship to <TARGE >?

(1/ 317)

Self/TARGET	01	
Mother/Stepmother	02	
Father/Stepfather	03	
Spouse	04	
Partner	05	
Son/Daughter	06	
Sibling/Sister/Brother	07	
Grandparent	08	
Other relative	09	
NON-RELATIVE	10	
Don't Know	98	
Refused	99	

«REL12 »

97: **ISTA1**

The next questions are about the health insurance that people in your household may have at this time.

(1/ 319)

Continue	01	

«ISTA1 »

98: **STAT1**

Do you currently have health insurance?

(1/ 321)

Yes	01	
No	02	=> STAT2
Don't Know	98	=> STAT2
Refused	99	=> STAT2

«STAT1 »

99: **TYPE1**

What type of insurance are you covered by?

(1/ 323)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«TYPE1 »
«O_TYPE1 »

100: **STAT2**

=> IVER1 if S6==01

Does the <age02 >year old <sex02 >, currently have health insurance?

(1/ 325)

Yes 01
No ..... 02 => STAT3
Don't Know ..... 98 => STAT3
Refused ..... 99 => STAT3

«STAT2 »

101: **TYPE2**

What type of insurance is this person covered by?

(1/ 327)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«TYPE2 »
«O_TYPE2 »

102: **STAT3**

=> IVER1 if S6==02

Does the <age03 >year old <sex03 > currently have health insurance?

(1/ 329)

Yes 01
No ..... 02 => STAT4
Don't Know ..... 98 => STAT4
Refused ..... 99 => STAT4

«STAT3 »

103: **TYPE3**

What type of insurance is this person covered by?

(1/ 331)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«TYPE3 »
«O_TYPE3 »

104: **STAT4**

=> IVER1 if S6==03

Does the <age04 >year old <sex04 > currently have health insurance?

(1/ 333)

Yes 01
No ..... 02 => STAT5
Don't Know ..... 98 => STAT5
Refused ..... 99 => STAT5

«STAT4 »

105: **TYPE4**

What type of insurance is this person covered by?

(1/ 335)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«TYPE4 »
«O_TYPE4 »

106: **STAT5**

=> IVER1 if S6==04

Does the <age05 >year old <sex05 > currently have health insurance?

(1/ 337)

Yes 01
No ..... 02 => STAT6
Don't Know ..... 98 => STAT6
Refused ..... 99 => STAT6

«STAT5 »

107: **TYPE5**

What type of insurance is this person covered by?

(1/ 339)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«TYPE5 »
«O_TYPE5 »

108: **STAT6**

=> IVER1 if S6==05

Does the <age06 >year old <sex06 > currently have health insurance?

(1/ 341)

Yes 01
No ..... 02 => STAT7
Don't Know ..... 98 => STAT7
Refused ..... 99 => STAT7

«STAT6 »

109: **TYPE6**

What type of insurance is this person covered by?

(1/ 343)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«TYPE6 »
«O_TYPE6 »

110: **STAT7**

=> IVER1 if S6==06

Does the <age07 >year old <sex07 > currently have health insurance?

(1/ 345)

Yes 01
No ..... 02 => STAT8
Don't Know ..... 98 => STAT8
Refused ..... 99 => STAT8

«STAT7 »

111: **TYPE7**

What type of insurance is this person covered by?

(1/ 347)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«TYPE7 »
«O_TYPE7 »

112: **STAT8**

=> IVER1 if S6==07

Does the <age08 >year old <sex08 > currently have health insurance?

(1/ 349)

Yes 01
No ..... 02 => STAT9
Don't Know ..... 98 => STAT9
Refused ..... 99 => STAT9

«STAT8 »

113: **TYPE8**

What type of insurance is this person covered by?

(1/ 351)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«TYPE8 »
«O_TYPE8 »

114: **STAT9**

=> IVER1 if S6==08

Does the <age09 >year old <sex09 > currently have health insurance?

(1/ 353)

Yes 01
No ..... 02 => STA10
Don't Know ..... 98 => STA10
Refused ..... 99 => STA10

«STAT9 »

115: **TYPE9**

What type of insurance is this person covered by?

(1/ 355)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
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_____
_____

Don't Know 98
Refused 99

«TYPE9 »
«O_TYPE9 »

116: **STA10**

=> IVER1 if S6==09

Does the <age10 >year old <sex10 > currently have health insurance?

(1/ 357)

Yes 01
No ..... 02 => STA11
Don't Know ..... 98 => STA11
Refused ..... 99 => STA11

«STA10 »

117: **TYP10**

What type of insurance is this person covered by?

(1/ 359)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
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_____
_____

Don't Know 98
Refused 99

«TYP10 »
«O_TYP10 »

118: **STA11**

=> IVER1 if S6==10

Does the <age11 >year old <sex11 > currently have health insurance?

(1/ 361)

Yes 01
No ..... 02 => STA12
Don't Know ..... 98 => STA12
Refused ..... 99 => STA12

«STA11 »

119: **TYP11**

What type of insurance is this person covered by?

(1/ 363)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
_____
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_____

Don't Know 98
Refused 99

«TYP11 »
«O_TYP11 »

120: **STA12**

=> IVER1 if S6==11

Does the <age12 >year old <sex12 > currently have health insurance?

(1/ 365)

Yes 01
No ..... 02 => IVER1
Don't Know ..... 98 => IVER1
Refused ..... 99 => IVER1

«STA12 »

121: **TYP12**

What type of insurance is this person covered by?

(1/ 367)

Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
_____
_____
_____
_____

Don't Know 98
Refused 99

«TYP12 »
«O_TYP12 »

122: **IVER1**

=> X1 if	(STAT1<>02 AND STAT2<>02 AND STAT3<>02 AND STAT4<>02 AND STAT5<>02 AND STAT6<>02 AND STAT7<>02 AND STAT8<>02 AND STAT9<>02 AND STA10<>02 AND STA11<>02 AND STA12<>02)_

According to the information you have provided, the following do NOT currently have health care coverage:

(1/ 369)

Continue 01

«IVER1 »

123: **VER1**

=> +1 if	STAT1==01

The <age01 > year old <sex01 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 371)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
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_____
_____

Don't Know 98
Refused 99

«VER1 »
«O_VER1 »

124: **VER2**

=> +1 if	STAT2==01 OR S6<02

The <age02 > year old <sex02 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 373)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
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_____

Don't Know 98
Refused 99

«VER2 »
«O_VER2 »

125: **VER3**

=> +1 if STAT3==01 OR S6<03

The <age03 > year old <sex03 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 375)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O
_____
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_____
Don't Know 98
Refused 99

«VER3 »
«O_VER3 »

126: **VER4**

=> +1 if	STAT4==01 OR S6<04

The <age04 > year old <sex04 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 377)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

_____
_____
_____
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_____

Don't Know 98
Refused 99

«VER4 »
«O_VER4 »

127: **VER5**

=> +1 if	STAT5==01 OR S6<05

The <age05 > year old <sex05 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 379)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«VER5 »
«O_VER5 »

128: **VER6**

=> +1 if	STAT6==01 OR S6<06

The <age06 > year old <sex06 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 381)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O
_____
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_____
Don't Know 98
Refused 99

«VER6 »
«O_VER6 »

129: **VER7**

=> +1 if	STAT7==01 OR S6<07

The <age07 > year old <sex07 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 383)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«VER7 »
«O_VER7 »

130: **VER8**

=> +1 if	STAT8==01 OR S6<08

The <age08 > year old <sex08 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 385)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«VER8 »
«O_VER8 »

131: **VER9**

=> +1 if STAT9==01 OR S6<09

The <age09 > year old <sex09 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 387)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O
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_____
Don't Know 98
Refused 99

«VER9 »
«O_VER9 »

132: **VER10**

=> +1 if	STA10==01 OR S6<10

The <age10 > year old <sex10 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 389)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«VER10 »
«O_VER10 »

133: **VER11**

=> +1 if	STA11==01 OR S6<11

The <age11 > year old <sex11 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 391)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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_____

Don't Know 98
Refused 99

«VER11 »
«O_VER11 »

134: **VER12**

=> +1 if	STA12==01 OR S6<12

The <age12 > year old <sex12 >. Is this correct? (IF CORRECT, CODE "yes, uninsured" IF INCORRECT, ASK "What type of insurance is this person covered by?")

(1/ 393)

yes, uninsured 00
Medicare 01
some other form of public insurance such as Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) or HUSKY 02
insurance through their own employer or union 03
insurance through someone else's employer or union 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
Student health insurance 08
Other (Specify) ..... 10 O

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Don't Know 98
Refused 99

«VER12 »
«O_VER12 »

01/07/31 11:58

135: **X1**

=> X2 if	AGEF<18

(INTERVIEWER: PLEASE INDICATE WHO YOU ARE SPEAKING WITH.) (NOTE: <TARGE > is the <agef > year old <sexf > and is the TARGET/PERSON SELECTED.

(1/ 395)

TARGET ..... 01 => IH1
OTHER ..... 02 => XX1

«X1 »

01/07/31 11:59

136: **X2**

Are you familiar with the healthcare and insurance coverage of the <agef> year old <sexf > ?

(1/ 397)

Yes ..... 01 => IH1
No 02
DK 98
Refused 99

«X2 »

01/07/31 11:12

137: **X3**

May I please speak with an adult who is familiar with the healthcare and insurance coverage of the <agef> year old <sexf > ?

(1/ 399)

Yes	01	=> INT5
No	02	=> INT4
DK	98	=> INT4
Refused	99	=> INT4

«X3 »

01/07/31 11:12

138: **XX1**

Now I need to ask detailed questions about <TARGE >'s healthcare and insurance coverage. May I please speak with this person?

(1/ 401)

Yes	01	=> INT5
Person on phone said can't speak to Target-code proxy refusal	02	=> INT4
Target at home but unable to speak due to health problem	03	
Target currently UNAVAILABLE, schedule call back	04	=> INT4
DK	98	
Refused	99	

«XX1 »

01/07/31 11:13

139: **XX2**

Are you familiar with the healthcare and insurance coverage of the <agef> year old <sexf > ?

(1/ 403)

Yes	01	=> IH1
No	02	
DK	98	
Refused	99	

«XX2 »

01/07/31 11:13

140: **XX3**

May I please speak with an adult who is familiar with the healthcare and insurance coverage of the <agef > year old <sexf > ?

(1/ 405)

Yes	01	=> INT5
No-code as Proxy Refusal	02	
DK-schedule callback	98	

«XX3 »

141: **INT4**

INTERVIEWER: SCHEDULE CALLBACK OR CODE OUTCOME APPROPRIATELY.

(1/ 407)

Hard callback (specific date/time)	HC	=> NAME
Household complete	CH	=> END
Proxy Refusal	PR	=> END
Soft callback (nonspecific date/time)	SC	=> END

«INT4 »

142: **INT5**

READ WHEN NEW PERSON GETS ON THE PHONE: Hi, my name is $I , and I am calling from the University of Connecticut on behalf of the State of Connecticut. We are conducting a state-wide survey to find out about people's health and insurance coverage. The results of this survey will help guide health policy decisions that affect the people of Connecticut.

(1/ 409)

Continue	01	
Refusal	RE	=> END
Respondent terminate	RT	=> END
Hard call back (specific date/time)	HC	=> NAME
Soft call back (non-specific date/time)	SC	=> END

«INT5 »

01/07/31 11:06

143: **IH1**

IH1. I am going to read you a list of different types of health insurance. Please tell me if you (<targe >) CURRENTLY have/has any of the following. Answer for each type that applies.

(1/ 411)

Continue 01

«IH1 »

144: **H1**

H1. Do you (Does <targe >) currently have 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/ 413)

Yes	01	
No	02	=> H2
Don't Know	98	=> H2
Refused	99	=> H2

«H1 »

145: **H1A**

MEDIGAP. Do you (Does <targe >) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?

(1/ 415)

Yes	01	
No	02	
Don't Know	98	
Refused	99	

«H1A »

146: **H1B**

MEDDRG. Do you (Does <targe >) have insurance that pays for prescription drugs?

(1/ 417)

Yes	01	
No	02	
Don't Know	98	
Refused	99	

«H1B »

147: **H1P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 419)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H1P »

148: **H2**

H2. A Railroad Retirement Plan?

(1/ 421)

Yes	01	
No	02	=> H3
Don't Know	98	=> H3
Refused	99	=> H3

«H2 »

149: **H2P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 423)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H2P »

150: **H3**

H3. CHAMPUS, Veteran's Affairs service connected to a disability, or military health care ?

(1/ 425)

Yes	01	
No	02	=> H4
Don't Know	98	=> H4
Refused	99	=> H4

«H3 »

151: **H3P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 427)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H3P »

152: **H4**

H4. Indian Health Service?

(1/ 429)

Yes	01	
No	02	=> H5
Don't Know	98	=> H5
Refused	99	=> H5

«H4 »

153: **H4P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 431)

Yes	01	
No	02	=> H13A
Don't Know	98	=> H13A
Refused	99	=> H13A

«H4P »

154: **H5**

H5. Medical Assistance or Medicaid?

(1/ 433)

Yes	01	
No	02	=> H6A
Don't Know	98	=> H6A
Refused	99	=> H6A

«H5 »

155: **H5P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 435)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H5P »

156: **H6A**

H6A. A health insurance plan for children and families called Husky?

(1/ 437)

Yes	01	
No	02	=> H9
Don't Know	98	=> H9
Refused	99	=> H9

«H6A »

157: **H6P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 439)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H6P »

158: **H9**

H9. Health insurance through your (<targe >) work or union?

(1/ 441)

Yes	01	
No	02	=> H10
Don't Know	98	=> H10
Refused	99	=> H10

«H9 »

159: **H9P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 443)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H9P »

160: **H10**

H10.Health insurance through someone else's work or union?

(1/ 445)

Yes	01	
No	02	=> H11
Don't Know	98	=> H11
Refused	99	=> H11

«H10 »

161: **H10P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 447)

Yes	01	
No	02	=> H15
Don't Know	98	=> H15
Refused	99	=> H15

«H10P »

162: **H11**

H11. Health insurance bought directly by you (<targe >)?

(1/ 449)

Yes	01	
No	02	=> H12
Don't Know	98	=> H12
Refused	99	=> H12

«H11 »

163: **H11P**

Besides this, do you (does <targe >) have any other type of health insurance coverage?

(1/ 451)

Yes	01	
No	02	=> POLIC
Don't Know	98	=> POLIC
Refused	99	=> POLIC

«H11P »

164: **H12**

Health insurance bought directly by someone else?

(1/ 453)

Yes	01
No	02
Don't Know	98
Refused	99

«H12 »

165: **DUM1**

=> +1 else => H12A if H11==01 OR H12==01

Dummy screen to execute complex skip

(1/ 455)

«DUM1 »

166: **IPOL**

=> +1 if H11>01 OR H12>01

You have indicated that you have (<targe > has) health insurance you (he/she)purchased and insurance purchased by someone else. Please think about which purchased health insurance policy you would consider more important and answer the next few questions about THAT insurance.

(1/ 457)

Continue 01

«IPOL »

167: **POLIC**

POLICY. Is the purchased health insurance an individual or family policy? (NOTE: IF RESPONDENT STATES THEY HAVE MORE THAN 1 POLICY SAY "Please think about the purchased policy that you think is the most important".)

(1/ 459)

individual policy	01	=> PREM1
family (covers more than one person)	02	=> PREM1
more than 1 plan purchased	03	
don't know	98	=> PREM1
refused	99	=> PREM1

«POLIC »

01/07/31 11:59

168: **PREM1**

PREM. Do you (Does <targe >) pay the health insurance premium weekly, monthly, biweekly, quarterly, semi-annually or annually?

(1/ 461)

weekly	00	
monthly (PREM1A)	01	
biweekly (PREM1B)	02	
quarterly (PREM1C)	03	
semi-annually (PREM1D)	04	
annually (PREM1E)	05	
don't know	98	=> DED1
refused	99	=> DED1

«PREM1 »

169: **PREM2**

How much do you (does <targe >) pay <prem1 > for the health insurance premium?

(1/ 463)

$R.2 00000.00
99997.99
don't know 99998.99
refused 99999.99
«PREM2 »

01/07/31 12:09

170: **DED1**

DED1. Does your (<targe >'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/ 471)

yes..... 01
no..... 02 => DRUG
don't know ..... 98 => DRUG
refused ..... 99 => DRUG
«DED1 »

01/07/31 11:59

171: **DED2**

DED2. How much is the deductible NOT INCLUDING PREMIUM EXPENSES?

(1/ 473)

$R.2 00000.00
99997.99
don't know 99998.99
refused 99999.99
«DED2 »

172: **DRUG**

=> H15 if H1==01

DRUG. Do you (Does <TARGE >) have insurance that pays for prescription drugs?

(1/ 481)

yes ..... 01 => H15
no ..... 02 => H15
don't know ..... 98 => H15
refused ..... 99 => H15
«DRUG »

173: **H12A**

=> H15 if	H1P>01 AND H2P>01 AND H3P>01 AND H4P>01 AND H5P>01 AND H6P>01 AND H9P>01 AND H10P>01 AND H11P>01

Other than the types of health insurance I've just mentioned, what types of health insurance do you have?

(1/ 483)

RECORD VERBATIM ..... 01 O => H15

_____

_____

_____

_____

_____

None 02
DK 98
Refused 99

«H12A »

«O_H12A »

01/07/31 12:09

174: **H13**

=> H15 if	H1==01 OR H2==01 OR H3==01 OR H5==01 OR H6A==01 OR H9==01 OR H10==01 OR H11==01 OR H12==01

H13. According to the information you provided, you do (<targe > does) not have health insurance coverage. Does anyone else pay for your (his/her) bills when you go (he/she goes) to a doctor or hospital?

(1/ 485)

YES ..... 01 => H14
NO ..... 02 => H19
don't know ..... 98 => H19
refused ..... 99 => H19

«H13 »

01/07/31 12:10

175: **H13A**

=> H15 if	H1==01 OR H2==01 OR H3==01

H13A. You've just told me you receive (<TARGE > receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (his/her) bills when you go (he/she goes) to a doctor or hospital?

(1/ 487)

YES 01
NO ..... 02 => H14A
don't know ..... 98 => H14A
refused ..... 99 => H14A

«H13A »

01/07/31 12:10

176: **H14**

H14. And who is that? (DO NOT READ LIST)

(1/ 489)

Medicare	01		
Railroad Retirement Plan	02		
CHAMPUS, Veteran's Affairs service connected to a disability, military health care ?	03		
Medical Assistance or Medicaid	04		
Connecticut General Assistance Program [GA; SAGA	05		
A health insurance program for children and families called HUSKY	06		
Health insurance through your (TARGET) work or union	09		
Health insurance through someone else's work or union	10		
Health insurance bought directly by you (TARGET)	11		
Health insurance bought directly by someone else	12		
Workers compensation for specific injury/illness	13		=> H14A
Employer pays for bills, but not an insurance policy	14		=> H14A
Family member pays out of pocket for any bills	15		=> H14A
Indian Health Service	18		=> H14A
No Private or Public Insurance	16		=> H14A
Other (specify)	17	O	=> H15

_____

_____

_____

_____

_____

don't know	98	=> H19
refused	99	=> H19

«H14 »

«O_H14 »

01/07/31 12:12

177: **H14A**

=> H18 if H14<13

For purposes of this survey, we'll assume you do (<targe > does) not have insurance.

(1/ 491)

Continue	01	=> H19

«H14A »

178: **H15**

H15. Have you (Has <TARGE >) had insurance coverage for all of the past 12 months?

(1/ 493)

YES	01	=> SORT1
No	02	=> H18
don't know	98	=> H18
refused	99	=> H18

«H15 »

179: **H18**

H18. Was there anytime IN THE PAST 12 MONTHS that you were (<TARGE > was) not covered by insurance?

(1/ 495)

YES	01	=> SORT1
No	02	=> SORT1
don't know	98	=> SORT1
refused	99	=> SORT1

«H18 »

180: **H19**

H19. Have you (Has <TARGE >) been covered by any health insurance IN THE PAST 12MONTHS?

(1/ 497)

YES	01	=> SORT1
No	02	=> SORT1
don't know	98	=> SORT1
refused	99	=> SORT1

«H19 »

01/07/31 12:00

181: **SORT1**

=> * if	IF((((H9==01 OR H10==01) AND H15==01) OR ((H14==09 OR H14==10) AND H15==01)),01,07)

Dummy screen for CATI Sort

(1/ 499)

Group	01	=> SKIP1
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	

«SORT1 »

182: **SORT2**

=> * if	IF(((H9==01 OR H10==01 OR H14==09 OR H14==10) AND ((H15==02 OR H15==98 OR H15==99) AND H18==01)),02,07)

(1/ 501)

Group	01	
On/Group	02	=> IPATU
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	

«SORT2 »

183: **SORT4**

=> * if	IF(((H11==01 OR H12==01 OR H14==11 OR H14==12) AND ((H15==02 OR H15==98 OR H15==99) AND H18==01)),09,07)

(1/ 503)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	
Else	08	
On/individual	09	=> IPATU

«SORT4 »

184: **SORT5**

=> * if	IF(((H11==01 OR H12==01 OR H14==11 OR H14==12) AND H15==01),04,07)

(1/ 505)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	=> SKIP1
Uninsured	05	
Off	06	
Screen	07	

«SORT5 »

185: **SORT3**

=> * if	IF((((H1==01 OR H2==01 OR H3==01 OR H5==01 OR H6A==01) OR (H14==01 OR H14==02 OR H14==03 OR H14==04 OR H14==05 OR H14==06)) AND ((H15==02 OR H15==98 OR H15==99) AND H18==01)),03,07)_

(1/ 507)

Group	01	
On/Group	02	
On/Else	03	=> IPATU
Individual	04	
Uninsured	05	
Off	06	
Screen	07	

«SORT3 »

186: **SOR3A**

=> * if	IF((((H1==01 OR H2==01 OR H3==01 OR H5==01 OR H6A==01) OR H14==01 OR H14==02 OR H14==03 OR H14==04 OR H14==05 OR H14==06) AND H15==01),08,07)

(1/ 509)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	
Else	08	=> SKIP1

«SOR3A »

01/07/30 10:42

187: **SORT6**

=> * if	IF(((H14==17 OR H12A==01) AND (H1>01 AND H2>01 AND H3>01 AND H5>1 AND H6A>01 AND H9>01 AND H10>01 AND H11>01 AND H12>01 AND (H14==13 OR H14==14 OR H14==15 OR H14==16 OR H14==17))),07)_

(1/ 511)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	=> Q31

«SORT6 »

188: **SORT7**

=> * if	IF((H19==02),05,07)

(1/ 513)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	=> SKIP1
Off	06	
Screen	07	

«SORT7 »

189: **SORT8**

=> * if	IF((H19==01),06,07)

(1/ 515)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	=> IPATU
Screen	07	

«SORT8 »

190: **SORT9**

=> * if	IF((H18==98 OR H18==99 OR H19==98 OR H19==99),07)

(1/ 517)

Group	01	
On/Group	02	
On/Else	03	
Individual	04	
Uninsured	05	
Off	06	
Screen	07	=> Q31

«SORT9 »

191: **IPATU**

The next set of questions is about your (<TARGE >'s) history of insurance coverage OVER THE PAST 12 MONTHS.

(1/ 519)

Continue	01	

«IPATU »

01/07/30 15:47

192: **PATHU**

=> PATHI if	(SORT2==02 OR SORT3==03 OR SORT4==09)

You have just explained to me that currently you are (<TARGE > is) NOT covered by health insurance but were (was) covered at some point IN THE PAST 12 MONTHS. Is this correct?

(1/ 521)

yes	01	=> UNIN1
no	02	
don't know	98	
refused	99	

«PATHU »

193: **PROB**

Can you please briefly describe you current health insurance situation and what this situation has been during the past 12 months? (RECORD CURRENT AND

PAST YEAR INSURANCE STATUS AND TYPE OF INSURANCE AS BEST UNDERSTOOD.)

(1/ 523)

TYPE VERBATIM ..... 01 O => Q31
_____
_____
_____
_____
_____
don't know ..... 98 => Q31
refused ..... 99 => Q31

«PROB »
«O_PROB »

194: **UNIN1**

UNIN1. What type of insurance were you (was <TARGE >) covered by most recently? Was it . .(NOTE:NAME OF INSURANCE COMPANY IS NOT A SUFFICIENT ANSWER.)

(1/ 525)

Medicare 01
some other form of public insurance (Medical Assistance (MA), Medicaid, CT General Assistance Program (GA/SAGA) Husky 02
insurance through own or someone else's employer or union 03
student health insurance 04
insurance bought directly by you or by someone else 05
Veterans Administration (VA, Champus, Anything Military Related) 06
COBRA 07
Other (Probe for type) (SPECIFY) ..... 08 O
_____
_____
_____
_____
_____
don't know 98
refused 99

«UNIN1 »
«O_UNIN1 »

195: **UIN1A**

How many months ago did that coverage end? (ENTER 2 DIGITS)

(1/ 527)

$E 0 97
Don't Know 98
Refused 99

«UIN1A »

01/07/31 12:01

196: **UNIN2**

UNIN2. And what is the main reason your (<TARGE >'s) coverage ended? (DO NOT READ RESPONSES.)

(1/ 529)

job that provided coverage ended 01
employer stopped offering coverage but still have job 02
could no longer afford to buy health insurance 03
COBRA coverage ran out 04
no longer eligible under public insurance program 05
never got around to reapplying for public insurance 06
moved to state recently and haven't gotten new insurance 07
left school, no longer eligible for parents' policy 08
decided no longer needed or wanted insurance 09
other (SPECIFY) ..... 10 O

_____
_____
_____
_____
_____

don't know 98
refused 99

«UNIN2 »
«O_UNIN2 »

197: **YOUNG**

=> +1 if AGEF>25

YOUNG. Was this insurance coverage through your (<TARGE >'s) parents' or guardian's plan?

(1/ 531)

yes 01
no 02
don't know 98
refused 99

«YOUNG »

198: **UNIN3**

UNIN3. Did you (<TARGE >) get this insurance coverage less than 12 months ago?

(1/ 533)

yes 01
no 02
don't know 98
refused 99

«UNIN3 »

01/07/31 12:01

199: **UNIN4**

UNIN4. What was the main reason you (<TARGE >) got this insurance coverage? (DO NOT READ RESPONSES.)

(1/ 535)

got a new job offering insurance	01	
family member got a new job with coverage	02	
became eligible for insurance through work	03	
became eligible for insurance through someone else's work	04	
became eligible for public insurance/not eligible before	05	
applied for public insurance/knew already eligible	06	
could afford to buy health insurance	07	
needed or wanted health insurance	08	
became sick	09	
other (SPECIFY)	10	O

_____

_____

_____

_____

_____

don't know	98	
refused	99	

«UNIN4 »

«O_UNIN4 »

200: **UNIN5**

UNIN5. Was there another period of time WITHIN THE PAST 12 MONTHS, before you (<TARGE >) had the coverage we just talked about, that you were not covered by health insurance?

(1/ 537)

yes	01	=> SKIP1
no	02	=> SKIP1
don't know	98	=> SKIP1
refused	99	=> SKIP1

«UNIN5 »

201: **PATHI**

PATHI. You have just explained to me that currently you are (<TARGE > is) covered by health insurance but were (was) NOT covered at some point IN THE PAST 12 MONTHS. Is this correct?

(1/ 539)

yes	01	=> INSD1
no	02	
don't know	98	
refused	99	

«PATHI »

202: **PROB2**

Can you please briefly describe your current health insurance situation and what this situation has been during the past 12 months? (RECORD CURRENT AND

PAST YEAR INSURANCE STATUS AND TYPE OF INSURANCE AS BEST UNDERSTOOD).

(1/ 541)

TYPE VERBATIM ..... 01 O => Q31
_____
_____
_____
_____
_____
don't know ..... 98 => Q31
refused ..... 99 => Q31

«PROB2 »
«O_PROB2 »

203: **INSD1**

INSD1. Was there more than one period of time you were (<TARGE > was) not covered by insurance in the past 12 months?

(1/ 543)

yes 01
no 02
don't know 98
refused 99

«INSD1 »

01/07/31 12:01

204: **INSD2**

INSD2. Thinking back to the time you (<TARGE >) got your (their) current form of insurance, what is the main reason you (their) got coverage at that time? (DO NOT READ RESPONSES.)

(1/ 545)

got a new job offering health insurance 01
family member got a new job with coverage 02
became eligible for insurance through work 03
became eligible for insurance through someone else's work 04
became eligible for public insurance/not eligible before 05
applied for public insurance/knew already eligible 06
could afford to buy health insurance 07
needed or wanted health insurance 08
became sick 09
other (Specify) ..... 10 O
_____
_____
_____
_____
_____
don't know 98
refused 99

«INSD2 »
«O_INSD2 »

205: **YOUN2**

=> +1 if	AGEF>25

Was this insurance coverage through your (<TARGE >'s) parents' or guardians' plan?

(1/ 547)

yes 01
no 02
don't know 98
refused 99
«YOUN2 »

206: **INSD3**

Before you (<TARGE >) got your (his/her) current coverage, did you go with NO insurance for a number of months or a number of years?

(1/ 549)

months ..... 01 => ISD3B
years 02
don't know ..... 98 => SKIP1
refused ..... 99 => SKIP1
«INSD3 »

207: **ISD3A**

How many years? (ENTER NUMBER OF YEARS AS 2 DIGITS) (NOTE: TARGET may had had another form of coverage prior to current coverage but still experienced a GAP in coverage DURING THE PAST YEAR. We want to know HOW LONG they were without insurance during their most recent GAP, even if this goes back beyond the past 12 months, as long as some part of that GAP extended into the PAST YEAR.)

(1/ 551)

$E 1 97
Don't Know 98
Refused 99
«ISD3A »

208: **ISD3B**

=> +1 if	ISD3A>0

How many months? (ENTER NUMBER OF MONTHS AS 2 DIGITS BETWEEN 1 AND 11)(NOTE: TARGET may had had another form of coverage prior to current coverage but still experienced a GAP in coverage DURING THE PAST YEAR. We want to know HOW LONG they were without insurance during their most recent GAP, even if this goes back beyond the past 12 months, as long as some part of that GAP extended into the PAST YEAR.)

(1/ 553)

$E 1 11
Don't Know 98
Refused 99
«ISD3B »

209: **SKIP1**

=> IUIO else => +1 if STUD==01 OR AGEF<18

Dummy screen to execute complex skip

(1/ 555)

«SKIP1 »

210: **SKIP2**

=> EMCO1 else => +1 if (H10==01 OR H14==10) AND H9<>01

Dummy screen to execute complex skip

(1/ 556)

«SKIP2 »

211: **SKIP3**

=> EMCO2 else => +1 if H9==01 AND H10==01

Dummy screen to execute complex skip

(1/ 557)

«SKIP3 »

212: **ICOV1**

Now I'd like to ask a few questions about your (<TARGE >'s) access to insurance.

(1/ 559)

Continue 01

«ICOV1 »

213: **COV1**

COV1. Does your (<TARGE >'s) spouse or partner have insurance through their work or union?

(1/ 561)

yes	01	=> COV2
no	02	=> COV3
spouse/partner does not work	03	=> EMCO1
no spouse/partner in household or in area	04	=> EMCO1
don't know	98	=> COV3
refused	99	=> COV3

«COV1 »

214: **COV2**

COV2. Could this insurance policy be extended to cover you (<TARGE >)?

(1/ 563)

yes	01	=> COV5
no	02	
don't know	98	
refused	99	

«COV2 »

215: **DUM2**

=> EMCO1 else => +1 if SOR3A==08 OR SORT3==03

dummy screen to execute skip

(1/ 565)

«DUM2 »

216: **DUM2A**

=> EMCO2 else => +1 if SORT1==01 OR SORT2==02

dummy screen to execute complex skip

(1/ 566)

«DUM2A »

01/07/31 10:31

217: **DUM2B**

=> OWNCO else => +1 if SORT8==06 OR SORT7==05 OR SORT4==09 OR SORT5==04

dummy screen to execute complex skip

(1/ 567)

«DUM2B »

218: **COV3**

COV3. Is your (<TARGE >'s) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it?

(1/ 568)

yes	01	=> COV4
no	02	
don't know	98	
refused	99	

«COV3 »

219: **DUM3**

=> EMCO1 else => +1 if SOR3A==08 OR SORT3==03

dummy screen to execute skip

(1/ 570)

«DUM3 »

220: **DUM3A**

=> EMCO2 else => +1 if SORT1==01 OR SORT2==02

dummy screen to execute complex skip

(1/ 571)

«DUM3A »

01/07/31 10:31

221: **DUM3B**

=> OWNCO else => +1 if SORT8==06 OR SORT7==05 OR SORT4==09 OR SORT5==04

dummy screen to execute complex skip

(1/ 572)

«DUM3B »

222: **COV4**

COV4. If that family member were to sign up for that health insurance, could the policy be extended to cover you (<TARGE >)?

(1/ 573)

yes..... 01
no 02
don't know 98
refused 99

«COV4 »

223: **DUM4**

=> EMCO1 else => +1 if SOR3A==08 OR SORT3==03

dummy screen to execute skip

(1/ 575)

«DUM4 »

224: **DUM4A**

=> EMCO2 else => +1 if SORT1==01 OR SORT2==02

dummy screen to execute complex skip

(1/ 576)

«DUM4A »

01/07/31 10:31

225: **DUM4B**

=> OWNCO else => +1 if SORT8==06 OR SORT7==05 OR SORT4==09 OR SORT5==04

dummy screen to execute complex skip

(1/ 577)

«DUM4B »

01/07/31 12:02

226: **COV5**

COV5. What is the MAIN reason you (<TARGE >) do not get insurance through that family member? (DO NOT READ RESPONSES.)

(1/ 578)

do not need or want any health insurance 01
rarely sick 02
too much hassle/paperwork 03
could not afford/too expensive 04
own plan through work is cheaper/benefits better 05
expect to get my own health insurance soon 06
after waiting period will be covered by family member's policy 07
benefit package didn't meet needs 08
doubt eligible/rejected because of health condition 09
other (specify) ..... 10 O

_____
_____
_____
_____
_____

don't know 98
refused 99

«COV5 »
«O_COV5 »

227: **DUM5**

=> EMCO1 else => +1 if SOR3A==08 OR SORT3==03

dummy screen to execute skip

(1/ 580)

«DUM5 »

228: **DUM5A**

=> EMCO2 else => +1 if SORT1==01 OR SORT2==02

dummy screen to execute complex skip

(1/ 581)

«DUM5A »

01/07/31 10:31

229: **DUM5B**

=> OWNCO else => +1 if SORT8==06 OR SORT7==05 OR SORT4==09 OR SORT5==04

dummy screen to execute complex skip

(1/ 582)

«DUM5B »

230: **OWNCO**

OWNCOV.What is the main reason you have (<TARGE > has) not bought health insurance on your (their) own? (DO NOT READ RESPONSES)

(1/ 583)

do not need or want any health insurance 01
rarely sick 02
do not know where to begin/where to go 03
too much hassle/paperwork 04
could not afford/too expensive 05
expect to be covered by a health insurance policy shortly 06
benefit package didn't meet needs 07
not eligible for reason other than health 08
in waiting period 09
doubt eligible/rejected because of health condition 10
other (Specify) ..... 11 O

_____
_____
_____
_____
_____

don't know 98
refused 99

«OWNCO »
«O_OWNCO »

231: **EMCO1**

=> +1 if	H9==01 OR H14==9

EMCOV1. Does the firm you (<TARGE >) work for offer health insurance as a benefit to any of its employees?

(1/ 585)

yes ..... 01 => EMCO2
no ..... 02 => Q31
NOT applicable, NOT employed (VOL) ..... 03 => Q31
don't know ..... 98 => Q31
refused ..... 99 => Q31

«EMCO1 »

232: **IEMC2**

=> +1 if	H9<>01 AND H14<>09

You have explained to me that you get (<TARGE > gets) insurance through your (their) own employer.

(1/ 587)

Continue 01

«IEMC2 »

01/07/31 10:25

233: **EMCO2**

=> EMCO4 if SORT7==05 OR SORT8==06

EMCOV2. Can your (<Targe >'s) employer coverage be extended to cover dependents?

(1/ 589)

yes	01	
no	02	=> EMCO4
TARGET does NOT have ACCESS to insurance through OWN employer	03	=> Q31
don't know	98	=> EMCO4
refused	99	=> EMCO4

«EMCO2 »

01/07/31 10:27

234: **EMCO3**

=> +1 if SORT7==05 OR SORT8==06

EMPCOV3. Does your (<TARGE >'s) employer contribute to health insurance costs for those employees covered by this benefit?

(1/ 591)

yes	01
no	02
don't know	98
refused	99

«EMCO3 »

235: **EMCO4**

=> Q31 if H9==01 OR H14==9

EMPCOV4. Why aren't you (<TARGE >) included in your employer's group health insurance plan? (DO NOT READ RESPONSES)

(1/ 593)

do not need or want any health insurance	01		=> Q31
rarely sick	02		=> Q31
too much hassle/paperwork	03		=> Q31
could not afford/too expensive	04		=> Q31
DO NOT work enough hours in a week	05		=> Q31
have NOT worked there long enough	06		=> Q31
doubt eligible/rejected because of health condition	07		=> Q31
benefit package didn't meet needs	08		=> Q31
other (specify)	09	O	=> Q31

_____

_____

_____

_____

_____

don't know	98	=> Q31
refused	99	=> Q31

«EMCO4 »

«O_EMCO4 »

236: **IUIO**

Now I'd like to ask a few questions about <TARGE >'s access to insurance through a parent or guardian.

(1/ 595)

Continue 01

«IUIO »

01/07/31 12:02

237: **PACO1**

PACOV1.Does the organization <TARGE >'s parent or guardian works for offer health insurance as a benefit to any of its employees? (PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD.)

(1/ 597)

yes	01	=> PACO2
no	02	=> SKIP4
Not Applicable/Parent not employed	03	=> SKIP4
don't know	98	=> SKIP4
refused	99	=> SKIP4

«PACO1 »

238: **PACO2**

PACOV2. Does this employer contribute to health insurance costs for those employees covered by this benefit?

(1/ 599)

yes	01
no	02
don't know	98
refused	99

«PACO2 »

239: **PACO3**

PARCOV3. Is <TARGE > covered under this plan?

(1/ 601)

yes	01	=> Q31
no	02	=> PACO4
don't know	98	=> SKIP4
refused	99	=> SKIP4

«PACO3 »

240: **PACO4**

PARCOV4. Can this coverage be extended to cover dependents?

(1/ 603)

yes	01
no	02
don't know	98
refused	99

«PACO4 »

01/07/31 10:29

241: **SKIP4**

=> PACO5 else => +1 if PACO4==01 AND H10>01 AND (H14<10 OR H14>10)

Dummy screen to execute complex skip

(1/ 605)

«SKIP4 »

242: **SKIP5**

=> OWCO2 else => Q31 if (SORT8==06 OR SORT7==05) AND PACO4>01

Dummy screen to execute complex skip

(1/ 607)

«SKIP5 »

243: **PACO5**

PARCOV5. What is the main reason <TARGE > is not included in this employer's health insurance plan AS A DEPENDENT? (NOTE: DO NOT READ. MAP RESPONSE TO RESPONSE.)

(1/ 609)

child doesn't need insurance 01
rarely sick 02
parent is NOT ELIGIBLE to receive coverage 03
child is covered through another adult's employer plan 04
too much hassle/paperwork 05
could not afford/too expensive 06
their benefit package didn't meet this child's needs 07
expect this child will be covered by a policy shortly 08
child is covered under a school plan 09
other (specify) ..... 10 O

_____
_____
_____
_____
_____

don't know 98
refused 99

«PACO5 »
«O_PACO5 »

01/07/31 10:32

244: **SKIP7**

=> Q31 else => +1 if SORT1==01 OR SORT2==02 OR SOR3A==08 OR SORT3==03 OR SORT5==04 OR SORT4==09

Dummy screen to execute skip

(1/ 611)

«SKIP7 »

01/07/31 12:03

245: **OWCO2**

=> Q31 if H12==1 OR H14==12

OWNCOV2. What is the main reason the parents or guardian have not bought health insurance for <TARGE > on your (their) own? (NOTE:DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY.)

(1/ 613)

don't need or want any health insurance	01		=> Q31
rarely sick	02		=> Q31
don't know where to begin/where to go	03		=> Q31
too much hassle/paperwork	04		=> Q31
could not afford/too expensive	05		=> Q31
expect they will be covered by a health insurance policy shortly	06		=> Q31
benefit package didn't meet this child's needs	07		=> Q31
not eligible for reason other than health	08		=> Q31
doubt eligible/rejected because of health condition	09		=> Q31
other (specify)	10	O	=> Q31

_____
_____
_____
_____
_____

don't know	98		=> Q31
refused	99		=> Q31

«OWCO2 »
«O_OWCO2 »

246: **Q31**

Q3.1. Next, I'd like to talk about your (<TARGE >'s) health care. Is there a particular doctor's office, health maintenance organization, hospital or some other place you (they) usually go to if you (they) are sick or need advice about your (their) health?

(1/ 615)

yes	01	
no	02	=> Q34
don't know	98	=> Q34
refused	99	=> Q34

«Q31 »

01/07/31 12:03

247: **Q32**

Q3.2 What kind of place is that? (IF CLINIC ASK: Is it a hospital outpatient clinic, company clinic, school clinic, or some other kind of clinic? IF HOSPITAL, ASK: Is it a hospital outpatient clinic or a hospital emergency room? IF SOME OTHER PLACE, ASK: Where was this?)

(1/ 617)

DOCTOR'S OFFICE OR GROUP PRACTICE	01		=> Q35
HEALTH MAINTENANCE ORGANIZATION (HMO)	02		=> Q35
HOSPITAL OUTPATIENT CLINIC	03		=> Q35
HOSPITAL EMERGENCY ROOM	04		=> Q35
COMMUNITY HEALTH CENTER	05		=> Q35
INDIAN HEALTH SERVICE	06		=> Q35
PUBLIC HEALTH DEPARTMENT	07		=> Q35
COMPANY INDUSTRIAL CLINIC	08		=> Q35
SCHOOL CLINIC	09		=> Q35
WALK-IN CENTER	10		=> Q35
OTHER {SPECIFY}	11	O	=> Q35

_____

_____

_____

_____

_____

DON'T KNOW	98		=> Q35
REFUSED	99		=> Q35

«Q32 »

«O_Q32 »

248: **Q34**

Q3.4 What is the MAIN reason <TARGE > doesn't have a usual source of medical care?

(1/ 619)

NO INSURANCE/CAN'T AFFORD IT	01	
CHANGED INSURANCE	02	
NO CARE AVAILABLE/DOCTOR WON'T ACCEPT INSURANCE	03	
TWO OR MORE USUAL DOCTORS OR PLACES DEPENDING ON WHAT IS WRONG (E.G. GENERAL PRACTITIONER/FAMILY DOCTOR AND GYNECOLOGIST)	04	
DO NOT NEED A DOCTOR - RARELY GET SICK	05	
DO NOT LIKE/TRUST/BELIEVE IN DOCTORS	06	
SPEAK A DIFFERENT LANGUAGE	07	
CARE TOO FAR AWAY	08	
OTHER (SPECIFY)	09	O

_____

_____

_____

_____

_____

DON'T KNOW	98	
REFUSED	99	

«Q34 »

«O_Q34 »

249: **Q35**

Q3.5 During the past year, was there any time when you (<TARGE >) needed emergency medical care but did not get it?

(1/ 621)

YES	01	
NO	02	=> Q38
DON'T KNOW	98	=> Q38
REFUSED	99	=> Q38

«Q35 »

01/07/31 10:39

250: **Q36**

Q3.6 Why didn't you (<TARGE >) receive emergency medical care? (ACCEPT UP TO 9 RESPONSES)

(1/ 623 - 625 - 627 - 629 - 631 - 633 - 635 - 637 - 639)

NO INSURANCE/CAN'T AFFORD IT	01	
PROVIDER WOULDN'T ACCEPT INSURANCE	02	
DOES NOT LIKE/TRUST/BELIEVE IN DOCTORS	03	
THOUGHT PROBLEM WOULD GO AWAY/DIDN'T THINK IT WAS SERIOUS ENOUGH	04	
USED HOME REMEDY/SELF CURE	05	
DID NOT KNOW WHERE TO GO/HOW TO MAKE AN APPOINTMENT	06	
TRANSPORTATION PROBLEM - COULD NOT GET TO CLINIC/ DOCTOR	07	
CARE TOO FAR AWAY, NOT CONVENIENT	08	
OTHER (SPECIFY)	09	O

_____

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_____

DON'T KNOW	98	X
REFUSED	99	X

«Q36_01 »
«Q36_02 »
«Q36_03 »
«Q36_04 »
«Q36_05 »
«Q36_06 »
«Q36_07 »
«Q36_08 »
«Q36_09 »
«O_Q36 »

01/07/31 10:35

251: **Q37**

=> Q38 if NBR(Q36)<2

Q3.7 What is the MAIN reason <TARGE > did not receive emergency medical care?

(1/ 641)

NO INSURANCE/CAN'T AFFORD IT 01
PROVIDER WOULDN'T ACCEPT INSURANCE 02
DOES NOT LIKE/TRUST/BELIEVE IN DOCTORS 03
THOUGHT PROBLEM WOULD GO AWAY/DIDN'T THINK IT WAS SERIOUS ENOUGH 04
USED HOME REMEDY/SELF CURE 05
DID NOT KNOW WHERE TO GO/HOW TO MAKE AN APPOINTMENT 06
TRANSPORTATION PROBLEM - COULD NOT GET TO CLINIC/ DOCTOR07
CARE TOO FAR AWAY, NOT CONVENIENT 08
OTHER (SPECIFY) ..... 09 O

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_____
_____
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_____

DON'T KNOW 98
REFUSED 99

«Q37 »
«O_Q37 »

252: **Q38**

Q3.8. During the past year, was there any time that you (<TARGE >) needed a doctor or other health care provider because of illness or injury other than an emergency, but did not get it? (PROBE: DO NOT COUNT THE EMERGENCY MEDICAL CARE MENTIONED IN THE PREVIOUS QUESTIONS).

(1/ 643)

Yes 01
No ..... 02 => DENT
Don't Know ..... 98 => DENT
Refused ..... 99 => DENT

«Q38 »

01/07/31 10:39

253: **Q39**

Q3.9 Why didn't you (<TARGE >) receive non-emergency medical care from a doctor or other health care provider? (ACCEPT UP TO 9 RESPONSES)

(1/ 645 - 647 - 649 - 651 - 653 - 655 - 657 - 659 - 661)

NO INSURANCE/CAN'T AFFORD IT 01
PROVIDER WOULDN'T ACCEPT INSURANCE 02
DOES NOT LIKE/TRUST/BELIEVE IN DOCTORS 03
THOUGHT PROBLEM WOULD GO AWAY/DIDN'T THINK IT WAS SERIOUS ENOUGH 04
USED HOME REMEDY/SELF CURE 05
DID NOT KNOW WHERE TO GO/HOW TO MAKE AN APPOINTMENT 06
TRANSPORTATION PROBLEM - COULD NOT GET TO CLINIC/ DOCTOR07
CARE TOO FAR AWAY, NOT CONVENIENT 08
OTHER (SPECIFY) ..... 09 O

_____
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_____

DON'T KNOW ..... 98 X
REFUSED ..... 99 X

«Q39_01 »
«Q39_02 »
«Q39_03 »
«Q39_04 »
«Q39_05 »
«Q39_06 »
«Q39_07 »
«Q39_08 »
«Q39_09 »
«O_Q39 »

01/07/31 10:36

254: **Q310**

=> +1 if NBR(Q39)<2

Q3.10 What is the MAIN reason (<TARGE >) did not receive non-emergency medical care?

(1/ 663)

NO INSURANCE/CAN'T AFFORD IT 01
PROVIDER WOULDN'T ACCEPT INSURANCE 02
DOES NOT LIKE/TRUST/BELIEVE IN DOCTORS 03
THOUGHT PROBLEM WOULD GO AWAY/DIDN'T THINK IT WAS SERIOUS ENOUGH 04
USED HOME REMEDY/SELF CURE 05
DID NOT KNOW WHERE TO GO/HOW TO MAKE AN APPOINTMENT 06
TRANSPORTATION PROBLEM - COULD NOT GET TO CLINIC/ DOCTOR07
CARE TOO FAR AWAY, NOT CONVENIENT 08
OTHER (SPECIFY) ..... 09 O

_____
_____
_____
_____
_____

DON'T KNOW 98
REFUSED 99

«Q310 »
«O_Q310 »

255: **DENT**

DENTAL. Do you (does <TARGE >) currently have insurance that pays for dental care?

(1/ 665)

Yes 01
No 02
Don't Know 98
Refused 99

«DENT »

01/07/31 11:07

256: **HSTAT**

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

(1/ 667)

excellent 01
very good 02
good 03
fair 04
poor 05
don't know 98
refused 99

«HSTAT »

01/07/31 11:11

257: **IRAC1**

The following questions are for classification purposes only...

(1/ 669)

Continue 01

«IRAC1 »

01/07/31 11:07

258: **RACE1**

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

(1/ 671)

No 00
yes, Mexican, Mexican American, Chicano 01
yes, Puerto Rican 02
yes, Cuban 03
yes, other Spanish/Hispanic/Latino 04
refused 99

«RACE1 »

01/07/31 10:44

259: **RACE2**

RACE2. Now choose one or more races for yourself (<TARGE >). Which race or races do you consider yourself (him/her) to be: (MAY SELECT MORE THAN ONE. READ LIST IF NECESSARY.)

(1/ 673 - 675 - 677 - 679 - 681 - 683 - 685 - 687 - 689 - 691 - 693)

White 01
Black, African-American 02
Asian Indian 03
Chinese 04
American Indian or Alaska Native 05
Korean 06
Vietnamese 07
Filipino 08
Japanese 09
Other Pacific Islander 10
Some other race? What race is that? ..... 11 RO

_____
_____
_____
_____
_____

don't know ..... 98 X
refused ..... 99 X

«RACE2_01 »
«RACE2_02 »
«RACE2_03 »
«RACE2_04 »
«RACE2_05 »
«RACE2_06 »
«RACE2_07 »

«RACE2_08 »
«RACE2_09 »
«RACE2_10 »
«RACE2_11 »
«O_RACE2 »

260: **MSTAT**

=> CHARG if AGEF<18

MSTAT. Are you (Is <TARGE >) currently single, married, living with a partner, divorced, separated or widowed?

(1/ 695)

single 01
married 02
living with partner 03
divorced 04
separated 05
widowed 06
don't know 98
refused 99
«MSTAT »

261: **EDUC**

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

(1/ 697)

no formal education 00
grade school (1 to 8 years) 01
some high school (9 to 11 years) 02
high school graduate or GED (received a high school equivalency diploma) 03
some college/technical or vocational school/training after high school 04
college graduate 05
postgraduate degree/study 06
don't know 98
Refused 99
«EDUC »

262: **VSTAT**

VSTAT. Have you (Has <TARGE >) ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard? (PROBE:Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)

(1/ 699)

yes 01
no 02
don't know 98
refused 99
«VSTAT »

01/07/31 12:04

263: **EST1**

EST1. Are you (Is <TARGE >) ...(READ LIST 1-6) (PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS)

(1/ 701)

self employed or own your business	01	
employed by someone	02	
an unpaid worker for family business, farm, or home	03	=> PH1
retired	04	=> PH1
unemployed, or not working	05	=> PH1
full-time student (greater than three-fourths time)	06	=> PH1
don't know	98	
refused	99	=> PH1

«EST1 »

264: **EST2**

EST2. Do you (Does <TARGE >) have more than one paying job?

(1/ 703)

yes	01	=> EMHRS
no	02	
don't know	98	
refused	99	

«EST2 »

265: **HOURS**

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

(1/ 705)

$E 0 97

don't know	98	=> EPERM
refused	99	=> EPERM

«HOURS »

266: **EMHRS**

=> EPERM if HOURS>0

EMHRS. For the job you work (<TARGE > works) at the most hours, what is the total number of hours usually worked per week?

(1/ 707)

$E 1 97

don't know	98	
refused	99	

«EMHRS »

267: **EPERM**

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

(1/ 709)

permanent 01
temporary 02
seasonal 03
don't know 98
refused 99

«EPERM »

268: **ALLS**

ALLS. Thinking about the employer you work (<TARGE > works) for, about how many people are employed there? If you work (TARGET works) for a firm that has multiple locations in your city or across states, please include the number ofpeople at ALL locations.

(1/ 711)

Just one 01
Between 2 and 10 02
11 and 50 03
51 and 100 04
101 and 500 05
over 500 06
don't know 98
refused 99

«ALLS »

269: **IMI**

=> PH1 if AGEF>=18

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

(1/ 713)

Continue 01

«IMI »

270: **CHARG**

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. Would that be you or someone else?

(1/ 715)

person on phone ..... 01 => YOUAG
someone else ..... 02 => ELAG
Don't Know 98
Refused 99

«CHARG »

271: **YOUAG**

YOUAGE. What is your age? (NOTE: ENTER 2 DIGITS, ROUND TO THE NEAREST WHOLE NUMBER)

(1/ 717)

$E 0 96
97 or older 97
don't know 98
refused 99
«YOUAG »

272: **YOUS**

(RECORD GENDER)

(1/ 719)

Male..... 01 => HHR1
Female ..... 02 => HHR1
«YOUS »

273: **ELAG**

=> HHR1 if YOUS>0

ELAG. What is their age? (NOTE: ENTER 2 DIGITS, ROUND TO THE NEAREST WHOLE NUMBER)

(1/ 721)

$E 0 96
97 or older 97
don't know 98
refused 99
«ELAG »

274: **ELSEX**

ELSEX. And is this person male or female?

(1/ 723)

male 01
female 02
don't know 98
refused 99
«ELSEX »

01/07/31 10:39

275: **HHR1**

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

(1/ 725)

No, not Spanish/Hispanic/Latino 01
yes, Mexican, Mexican American, Chicano 02
yes, Puerto Rican 03
yes, Cuban 04
yes, other Spanish/Hispanic/Latino 05
don't know 98
refused 99

«HHR1 »

01/07/31 10:43

276: **HHR2**

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 LIST IF NECESSARY)

(1/ 727 - 729 - 731 - 733 - 735 - 737 - 739 - 741 - 743 - 745 - 747)

White 01
Black, African-American 02
Asian Indian 03
Chinese 04
American Indian or Alaska Native 05
Korean 06
Vietnamese 07
Filipino 08
Japanese 09
Other Pacific Islander 10
Some other race? What race is that? ..... 11 RO

_____
_____
_____
_____
_____

don't know ..... 98 X
refused ..... 99 X

«HHR2_01 »
«HHR2_02 »
«HHR2_03 »
«HHR2_04 »
«HHR2_05 »
«HHR2_06 »
«HHR2_07 »
«HHR2_08 »
«HHR2_09 »
«HHR2_10 »
«HHR2_11 »
«O_HHR2 »

277: **HHMAR**

HHMAR. Is this person (Are YOU) currently single, married, living with your partner, divorced, separated or widowed?

(1/ 749)

single 01
married 02
living with partner 03
divorced 04
separated 05
widowed 06
don't know 98
refused 99

«HHMAR »

278: **HHED**

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

(1/ 751)

no formal education 01
grade school (1 to 8 years) 02
some high school (9 to 11 years) 03
high school graduate or GED (received a high school equivalency diploma) 04
some college/technical or vocational school/training after high school 05
college graduate 06
postgraduate degree/study 07
don't know 98
refused 99

«HHED »

279: **HHVA**

HHVA. Has this person (Have YOU) ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard? (PROBE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)

(1/ 753)

yes 01
no 02
don't know 98
refused 99

«HHVA »

280: **HHEM1**

HHEMP1. Is this person (Are YOU) currently self employed or own your business,employed by someone, an unpaid worker for family business, farm, or home, retired, unemployed, or not working, or a full-time student (greater than three-fourths time) (PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS)

(1/ 755)

self employed or own your business	01	
employed by someone	02	
an unpaid worker for family business, farm, or home->PHONE	03	=> PH1
retired	04	=> PH1
unemployed, or not working	05	=> PH1
full-time student (greater than three-fourths time)	06	=> PH1
don't know	98	
refused	99	=> PH1

«HHEM1 »

281: **HHEM2**

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

(1/ 757)

yes	01	=> HEM2B
no	02	
don't know	98	
refused	99	=> HPERM

«HHEM2 »

282: **HHRS**

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

(1/ 759)

$E 1 97

don't know	98	=> HPERM
refused	99	=> HPERM

«HHRS »

283: **HEM2B**

=> HPERM if HHRS>0

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of hours usually worked per week?

(1/ 761)

$E 0 97

don't know	98	=> HPERM
refused	99	=> HPERM

«HEM2B »

284: **HPERM**

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

(1/ 763)

permanent	01	
temporary	02	
seasonal	03	
don't know	98	
refused	99	

«HPERM »

285: **HSITE**

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 firmthat has multiple locations in your city or across states, please include the number of people at ALL locations.

(1/ 765)

Just one	01	
Between 2 and 10	02	
11 and 50	03	
51 and 100	04	
101 and 500	05	
over 500	06	
don't know	98	
refused	99	

«HSITE »

286: **PH1**

PH1. Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

(1/ 767)

yes	01	
no	02	=> PH3
Not Respondent's #	03	=> PH3
Don't Know	98	=> PH3
Refused	99	=> PH3

«PH1 »

287: **PH2**

PH2. How many of these telephone numbers are connected to phones that can be answered by a person?

(1/ 769)

$E 0 97

don't know	98	
refused	99	

«PH2 »

288: **PH3**

PH3. During the past 12 months, has your household ever been without telephoneservice for more than 24 hours?

(1/ 771)

yes	01	
no	02	=> ICOUN
don't know	03	=> ICOUN
refused	04	=> ICOUN

«PH3 »

289: **PH4A**

PH4A. Over the past year, was your household without telephone service for days, weeks or months?

(1/ 773)

days	01	
weeks	02	
months	03	
don't know	98	=> ICOUN
refused	99	=> ICOUN

«PH4A »

290: **PH4B**

PH4B. Over the past year, what was the total number of <ph4A > your household was without telephone service?

(1/ 775)

$E 1 97

don't know	98
refused	99

«PH4B »

01/07/31 11:07

291: **ICOUN**

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

(1/ 777)

Continue	01

«ICOUN »

292: **COUNT**

COUNT. How many people live on your or your family's income who CURRENTLY LIVEin the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college orboarding school) (ENTER 2 DIGITS)

(1/ 779)

$E 1 97

don't know	98
refused	99

«COUNT »

293: **KIDS**

=> INCM1 if COUNT==01

KIDCNT. How many of these people are children under age 21? (ENTER 2 DIGITS)

(1/ 781)

$E 0 97
don't know 98
refused 99
«KIDS »

01/07/31 12:04

294: **INCM1**

INCOME. For classification purposes only, is the total yearly income of all of the members of your family now living at home $40,000 or more, or would it be less that $40,000?

(1/ 783)

Less than $40,000 01	
$40,000 or more 02	=> INCM3
don't know 98	=> GOVP
refused 99	=> GOVP

«INCM1 »

295: **INCM2**

INCOME2. And is that... (READ CHOICES 1-4)

(1/ 785)

Under $10,000 01	=> THAN2
$10,000 to less than $20,000 02	=> GOVP
$20,000 to less than $30,000 03	=> GOVP
$30,000 to less than $40,000 04	=> GOVP
Don't Know 98	=> GOVP
Refused 99	=> GOVP

«INCM2 »

296: **INCM3**

INCOME3. And is that... (READ CHOICES 1-4)

(1/ 787)

$40,000 to less than $50,000 01	=> THAN2
$50,000 to less than $60,000 02	=> THAN2
$60,000 to less than $75,000 03	=> THAN2
$75,000 or more 04	=> THAN2
Don't Know 98	=> THAN2
Refused 99	=> THAN2

«INCM3 »

01/07/31 12:05

297: **GOVP**

GOVPROG. Do you (Does TARGET or TARGET'S family) currently receive any of the following (READ ENTIRE LIST. ACCEPT MULTIPLE ANSWERS):

(1/ 789 - 791 - 793 - 795 - 797 - 799 - 801 - 803 - 805)

Earned Income Tax Credit (EITC) 01
Free or Reduced School lunches 02
Section 8 housing (HUD, housing assistance, housing voucher) 03
Women, Infants & Children (or WIC)..... 04
Head Start..... 05
SSI (Supplemental Security Income), SSDI (Disabled), RSDI, CSA (CT Supplemental Assistance) 06
AFDC, TANF, GA (general assistance) SAGA 07
Low income energy assistance 08
Food Stamps..... 09
don't know 98
refused..... 99

«GOVP_01 »
«GOVP_02 »
«GOVP_03 »
«GOVP_04 »
«GOVP_05 »
«GOVP_06 »
«GOVP_07 »
«GOVP_08 »
«GOVP_09 »

01/07/31 12:05

298: **INT99**

=> +1 if INCM1>0

Thank you very much those are all the questions I have. (Terminate Interview--Respondent did not provide adequate information to continue the interview)

(1/ 807)

Respondent Terminate..... RT => END

«INT99 »

299: **THAN2**

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

(1/ 809)

Continue 01

«THAN2 »

300: **INT**

SUMMARY RESULT: NOTE REASON

(1/ 811)

PRE-TEST COMPLETION	PT	NI	=> /END
COMPLETED	CO	C	=> /END
Household complete	CH		=> /END
left message on answering machine	LM	NI	=> /END
Partial Completion	PC	R	=> /NAME
No Answer	NA	R	=> /END
Answering Machine	AM	NI	=> /END
Busy	BZ	R	=> /END
Soft Callback (Non-Specific Date/Time)	SC	R	=> /END
Soft Unscreened Callback	SU	R	=> /END
Refusal (Respondent said NO)	RE	R	=> /END
Refused Information	RI	R	=> /END
Proxy Refusal	PR	R	=> /END
Respondent Terminated	RT		=> /END
Non-English Household	LA		=> /END
Spanish Speaking Household	SP		=> /END
Disconnected	DC		=> /END
Business	BU		=> /END
Fax/Modem/Pager	FX		=> /END
Hard Callback (Specific Date/Time)	HC	R	=> /NAME
Deaf/Language problem	DH		=> /END
Ineligible	IL		=> /END
Interviewer Terminated (PUT REASON in F8)	IT		=> /END
Log Off	LO	R	=> /END
Other	OT	I	=> /END
Refusal Conversion (RE)	VE	RI	=> /END
Refusal Conversion (RI)	VI	RI	=> /END
Refusal Conversion (PR)	VP	RI	=> /END
Need this code to print report	NO	NI	
Need this code to print report	MO	NI	
Need this code to print report	SO	NI	
Need this code to print report	UR	NI	
Need this code to print report	NS	NI	
Need this code to print report	UA	NI	

«INT »

301: **F8**

INCLUDE QUESTION NUMBER IF COMMENTS ARE ABOUT A CERTAIN QUESTION.

TO VIEW/EDIT COMMENTS PRESS [ENTER

(1/ 813)

«F8 »

«O_F8 »

302: **NAME**

In that case we will call back. Who should we ask for?

(1/ 814)

«NAME »

303: **TEL01**

THIS MUST NEVER BE BLANK OR HAVE LETTERS IN IT!!!

Just to confirm, the phone number is....$N . IF PHONE IS THE SAME PRESS [ENTER] ... IF PHONE IS DIFFERENT TYPE NUMBER AND PRESS [ENTER] (ENTER 10 DIGITS-AREA CODE AND PHONE NUMBER)

(1/ 844)

«TEL01 »

304: **CB**

=> END if $A>25

today is $D it is $H questionnaire:$Q

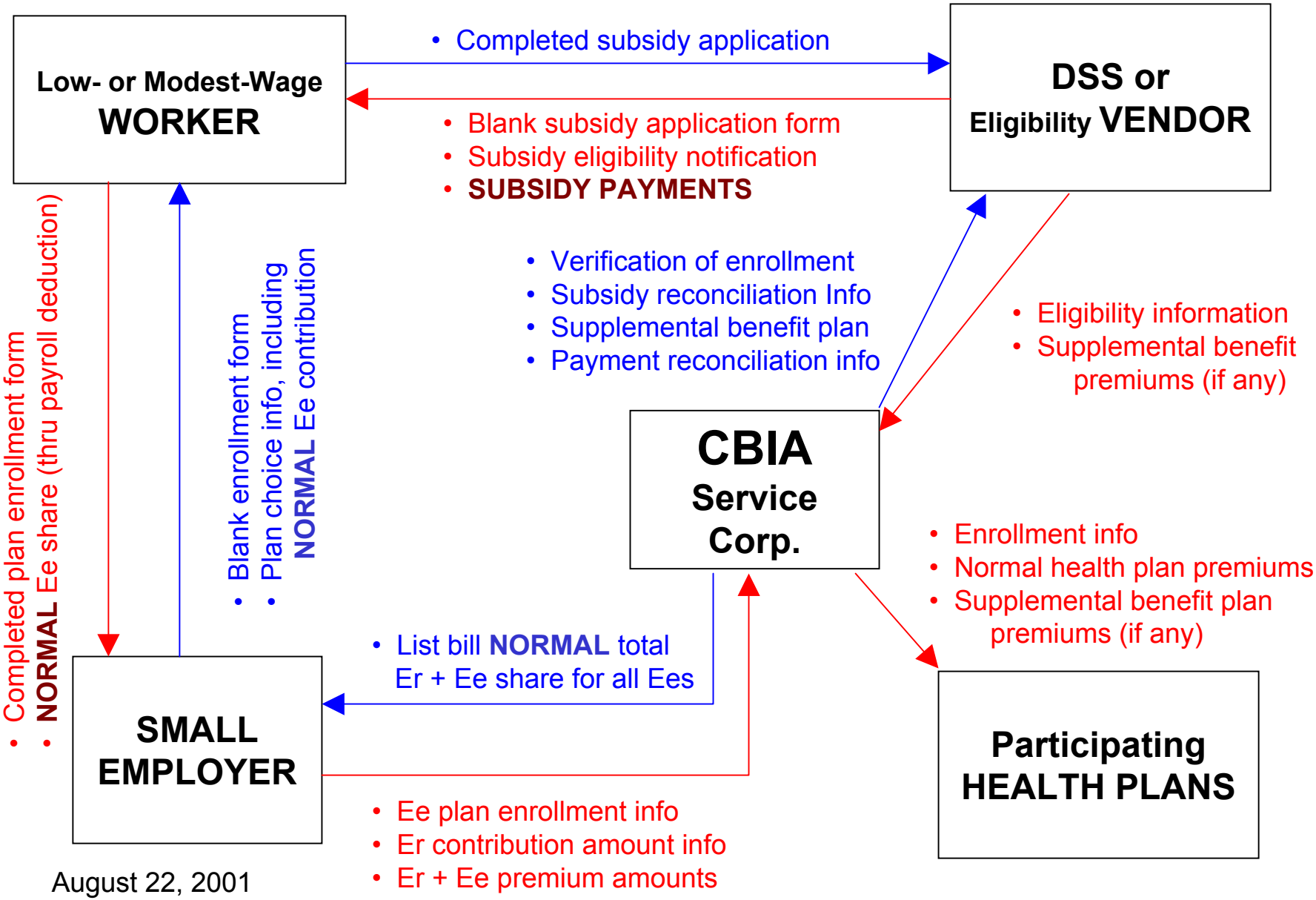
When is best to call back?

(1/ 854)

$CHS I=05

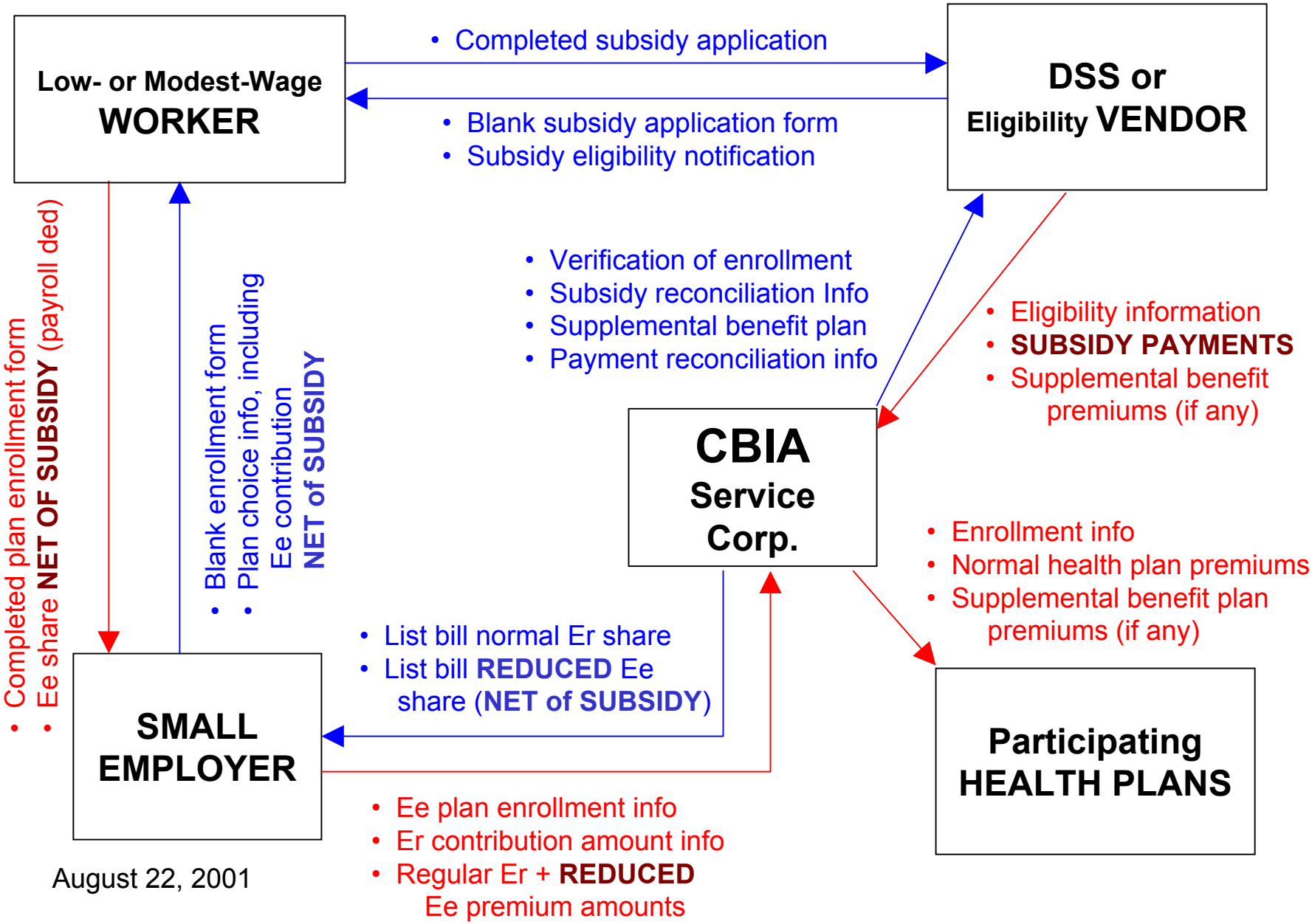
«CB »

SUBSIDY OPTION 1: REIMBURSE WORKER DIRECTLY



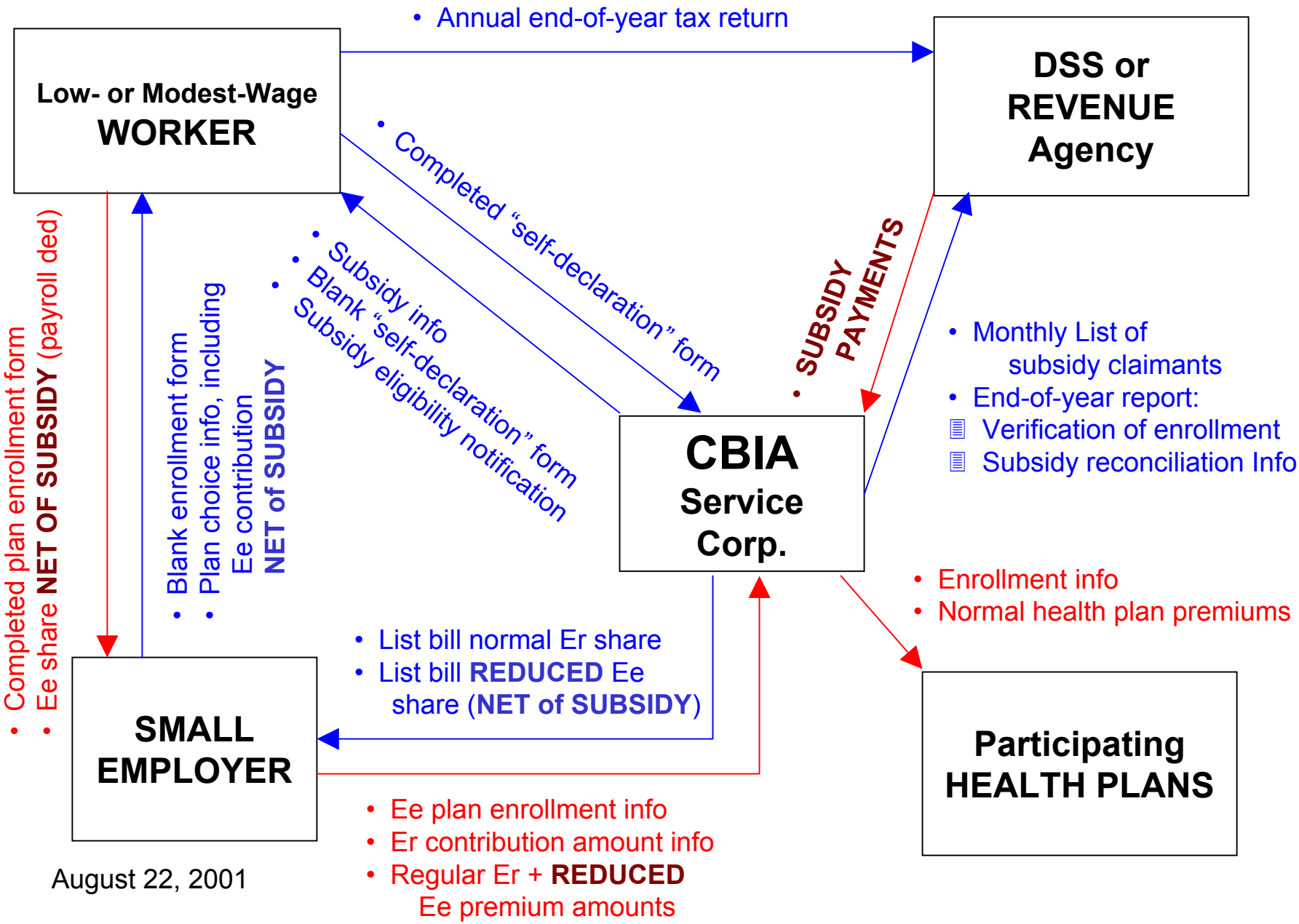
August 22, 2001

SUBSIDY OPTION 2: OFFSET PAYROLL DEDUCTION



August 22, 2001

SUBSIDY OPTION 3: WAGE-BASED PRESUMPTIVE ELIGIBILITY



August 22, 2001