

**Cognitive Testing of the 2004 Current Population Survey
Health Insurance Questions**

Joanne Pascale, U.S. Census Bureau;
Paul Beatty and Marsha Woo, National Center for Health Statistics

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This report summarizes findings from cognitive testing of the 2004 Current Population Survey's series of questions on health insurance coverage. The current research is part of an ongoing exploration of alternative questionnaires used to measure the uninsured, and an assessment of the accuracy of the estimates those questionnaires produce.

Interviewing for the current research was conducted September through November, 2004, by researchers at both the U.S. Census Bureau's Center for Survey Methods Research and at the National Center for Health Statistics' Office for Research and Methodology. Altogether 27 interviews were conducted with respondents recruited through a newspaper ad in the Washington Post, social service agencies and word-of-mouth. Each interview lasted somewhere between 45 minutes and 1 ½ hours, and respondents were paid \$40 for their participation. Respondents varied in terms of demographic characteristics. There were 15 women and 12 men; 12 were white, 14 were black and 1 was Asian (none were Hispanic); age ranged from 25 to 74; education ranged from 8th grade to a professional degree; and household income ranged from below the poverty line to \$70K/year or more.

In terms of interviewing technique, we used a retrospective think-aloud approach. There were three main stages to this: orienting the respondent to the task, administering the questionnaire in a fairly standard way, and then administering the retrospective cognitive probes. See Appendix A for the task orientation and Appendix B for a complete set of questions and the retrospective cognitive probes. Note that the questionnaire included several questions not related to health insurance. In order to partially simulate the context of the actual CPS interview (without adding too much length to the interview) we included questions on the household roster and demographics, and a selected set of questions on work history and program participation. As in the real CPS, these questions were followed by the target set of questions on health insurance.

RESULTS

Following is a summary of respondents' answers, comments and reactions to the questions and the probes. Note that the report is organized into three main sections – private (and military) coverage, public coverage, and cross-cutting themes. We grouped military coverage in with private plans because it is often reported by respondents as a job-based plan. The reporting on private plans is done on a question-by-question basis, while public plans are discussed in terms of themes. This is because there is so much overlap in public plans and respondents often talk about several different types of plans during probing of any one type of public plan. Following the private and public discussion, we provide findings on themes that cut across all types of coverage: time period (i.e.: the 12-month reference period), household composition, sources of underreporting...

Although the primary purpose of this testing was to illuminate the meanings of responses and to document potential sources of error, we also note some potential modifications that might improve clarity and reduce errors, when appropriate.

A. Private Plans and Military Plans

13. These next questions are about health insurance coverage during the past 12 months. The questions apply to ALL persons of ALL ages. At any time during the past 12 months, (were you/was anyone in this household) covered by a health insurance plan provided through (their/your) current or former employer or union?

(MILITARY HEALTH INSURANCE WILL BE COVERED LATER IN ANOTHER QUESTION.)

- Yes → go to 13a (21)
- No → go to 14 (5)
- DK → go to 14 (1)
- Ref → go to 14

Of the twenty-seven respondents who were asked this question, twenty-one answered 'yes,' five answered 'no,' and one did not know the answer. Most respondents seemed to clearly understand the question. When asked if they could describe the meaning of the question in their own words, respondents often gave straightforward explanations such as "Somebody who's employing me or a group I'm a member of is providing the health insurance" (J2).

A few respondents initially answered 'no' incorrectly. One respondent (P1) initially answered 'no' because he did not catch that insurance from "former employers" applied to this question. He was retired from his regular job but still carried over the insurance.

Another respondent (S2) also initially answered 'no' incorrectly, missing her mother's HMO coverage offered through a former employer. This coverage was identified in the verification question (Q21). Apparently there were two reasons for the error: at first, she thought the question applied only to her and not the rest of the members in her household. This problem may have been averted by changing the second sentence to "the questions apply to ALL persons living in this household." But also, the respondent interpreted "covered by" as meaning that the former employer paid all or part of the premium, which was not the case for her. The phrase "covered by" may be too general and could be

interpreted differently by respondents who are not familiar with health insurance coverage, especially if they are not the policyholder.

Another respondent (P5) did not include his brother's insurance plan, which was provided by the brother's current employer. This error may have occurred because there were numerous family members with different health care arrangements living under the same roof; also, his brother's status had until recently been unemployed and without coverage. The respondent mentioned that he tried to get his brother Medicaid coverage during his brother's period of unemployment and may have focused on that particular time of unemployment when answering the question. Also, the respondent appeared to focus more on his parents, his son, and himself as 'family members,' and, as a result, may have been less likely to include his brother when answering the question.

Occasionally this question captured health insurance plans that were intended to be addressed by other questions. For example, one respondent (J5) was not sure how to classify TRICARE, a managed health care program for active duty and retired members and their family members, because it was a health insurance plan that was provided through his former employer, the military. It is understandable that the respondent would report military-based coverage because the note on military coverage (in parentheses) is not read aloud to the respondents. Furthermore, an interpretation that the military is their employer seems quite reasonable. This misunderstanding could be avoided if the respondent was made aware that military insurance would be captured in subsequent questions. In addition, this respondent did not provide a yes/no answer as prompted by the question, but instead answered it categorically with his/her 'former employer' as the answer. This question may have been too long and complex for this respondent the first time around.

Another respondent (J6) initially answered yes to this question, reporting her husband's insurance through his job—however, this husband did not currently live in the household. It seems that this type of insurance should have been captured at Q15 rather than here, but considering the question wording, it is understandable that it was picked up here. The question does not specify that it is limited to insurance plans where the policyholder lives in this household, if that is its intention.

One respondent (M2) interpreted this question to incorporate all insurance provided by a current or former employer that could potentially cover medical expenses, such as workers compensation (which he referred to as 'on-the-job' insurance). Due to his uncertainty as to whether worker's compensation insurance applied to this question, he answered 'don't know.' This respondent had a portion of his wages deducted for FICA, which he thought was for insurance purposes, and this deduction may have led him to believe that he was paying a premium for worker's compensation insurance. Field interviewers would presumably be able to clarify any points of confusion along these lines.

Another issue worth noting is that the questionnaire does not always capture multiple insurance plans of the same type during a given year—unless prompted, some

respondents focus only on their current plans. For example, one respondent's (P6) health insurance policy changed several times in the past year as his company was bought out. Probing revealed that their family had been covered by three different plans, but this information was not captured by the survey questions. There were no gaps in insurance and no changes in the overall type of insurance. Another respondent's (S4) wife had two different jobs in the past 12 months and had two separate health insurance plans that did not overlap. In between the two jobs, she took advantage of COBRA for a few months. She was covered by Aetna HMO before and after the coverage from COBRA. The questionnaire did not originally capture these changes in policies during the past 12 months.

A third respondent (J2) had a several-month lapse in coverage between employers. His initial answer to this question gave no indication that his insurance had changed, leading him to suggest that "you may ask whether or not anyone has changed positions and there's been a lapse. Because that's not in there, and that did happen." When asked what his answer would have been if he were interviewed during the gap in coverage, he stated his answer would have remained 'yes' because "it says within the past 12 months and I'm going to follow that. Even if I was covered for a day I would have said 'yes – I was covered.'"

Those respondents with a COBRA plan seemed to understand that this referred to coverage from a formal employer, and that it was appropriate to include here. As one respondent (J3) noted, "if you say 'former employer' it's COBRA."

Summary: This type of insurance is very common and answering this question is generally straightforward for respondents in traditional circumstances. When problems were noted, they seemed to be attributable to the respondent not fully understanding the range of possible insurance plans that we planned to cover. Thus, it might be helpful to provide respondents with some sort of initial orientation so they can make sense of the general categories of insurance that they will be asked to consider. Other problems may have emerged because the question puts the burden on respondents to remember the circumstances of all family members. Specifically prompting about individual members (e.g., is X covered by this type of insurance? Is Y covered by this type of insurance?) might have reduced some omissions.

Changing the wording to "all people *living in this household*" might improve the clarity of the question.

It would be interesting to explore whether the same errors found here would have been averted through alternative designs (e.g., asking about the insurance coverage of individual family members one person at a time, or somehow presenting the range of possible answer categories to respondents before asking them to classify themselves.) Such considerations are certainly worthy of additional research.

13a. Who in this household were policyholders? (21)

PROBE: Anyone else?

This question was asked of the 21 respondents who answered ‘yes’ to Q13. Seven respondents answered that they were the policyholders and the other fourteen named other members of the household to be the policyholder. Probing indicated that some respondents generally found the meaning of the term “policyholder” to be self-evident.

In one case, a respondent (P1) indicated that his mother was a policyholder, but this turned out to be for Medicare. Apparently he did not understand that the question referred specifically to policyholders of employer-based insurance—that is, he did not recognize that this question was a subset of Q13. As a result, the respondent believed that this question was independent of the previous question and began to report all policies and policyholders related to the household. This problem could probably be avoided if the question made specific reference to the policies reported in the previous question.

**13a1. In addition to (you/name), who else in this household was covered by (name's/your) plan?
PROBE: Anyone else? (21)**

Like the previous question, this was administered to all 21 respondents who answered ‘yes’ to Q13. The question seemed to accurately capture a variety of circumstances—some plans that covered everyone living in a household, some that covered only the respondent, and some that covered only a subset of people living in a household.

There was only one case where a respondent expressed significant uncertainty about who was covered: P5 thought his mother was covered under his father’s plan, but was uncertain. This household included multiple plans with different people covered in different ways—it seems reasonable that respondent knowledge may be relatively limited under such circumstances.

The wording of this question almost assumes that there are others who are covered. That is, the question asks *who else* is covered rather than *whether* anyone else is covered. We speculate that this wording could make respondents more likely to include people in their answers when they are not completely certain. That seems to have happened with the respondent (P5) mentioned above, who answered “mother” without being certain. However, we have no real evidence that this is a potentially pervasive problem.

13a2. Did (name's/your) plan cover anyone living outside this household?

- <1> Yes
- <2> No (21)
- <8> DK
- <9> Ref

All twenty-one respondents who received this question answered ‘no.’ All appeared to understand the question and seemed certain of their responses. No errors were detected and we uncovered no evidence that any respondents’ answers were incorrect.

13a3. Did (name's/your) former or current employer or union pay for all, part, or none of the health insurance premium?

(NOTE: REPORT HERE EMPLOYER'S CONTRIBUTION TO EMPLOYEE'S HEALTH INSURANCE PREMIUMS, NOT THE EMPLOYEE'S MEDICAL BILLS.)

- <1> All
- <2> Part
- <3> None
- <8> DK
- <9> Ref

This question was administered to the 21 respondents who answered 'yes' to Q13. Most respondents seemed to understand the concept of premiums as referring to the regular cost of the policy. One exception (P1) originally answered "all," meaning that the insurance company covered all *medical expenses after deductibles*. The correct answer was actually that the former employer pays for part of the premium and he pays the rest. At least one other respondent (P3, a non policyholder) queried about the definition of premium. It is, of course, very important for field interviewers to have a formal definition that they can draw from when necessary.

While most respondents were able to answer this question, a fairly significant portion expressed some uncertainty. This uncertainty seemed greatest when the respondent was not the policyholder, but even some policyholders were uncertain. For example, one respondent (L1) could not recall whether his employer covered all or part of the premium, but he did know the amount that was deducted from his paycheck for health insurance each month (\$140 for him and his wife). He compared this amount to the premium amount that he knew others paid (\$700-800/month) and made the assumption that his company must pay for part of his premium. Several other respondents gave qualified answers such as "I think [my employer] pays part."

Some respondents expressed further uncertainty regarding health insurance coverage of other members in the household not under the same health insurance policy as themselves. One respondent (J4) answered 'don't know' for his brother's health insurance plan and said it was difficult to answer because he "just doesn't know such 'sensitive or invasive' information about someone, unless it's your spouse." General information regarding type of insurance appeared easier for respondents to report, but respondents appeared uncomfortable guessing about more specific information.

14. At any time during the past 12 months, (were you/was anyone in this household) covered by a health insurance plan that (you/they) PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment?

- Yes → go to 14a (1)
- No → go to 15 (25)
- DK → go to 15 (1)
- Ref → go to 15

Of the twenty-seven respondents, twenty-five respondents initially answered 'no,' one answered 'yes' and one answered 'don't know' to this question. Probing revealed that the initial 'yes' response was in error. The respondent who originally answered 'yes' to this question (P5) was referring to Medicaid. When probed he said he at first answered

‘yes’ because he was thinking of it as insurance he ‘got on his own,’ that is, not thru an employer. This is not unreasonable, given the phrasing of the second half of the question.

As indicated earlier, respondents may have trouble understanding where they should report various kinds of insurance because they do not know in advance how the questionnaire will categorize their various options. In some cases, respondents might incorrectly say yes to something, not realizing that there may be a more appropriate response option yet to come. Later questions picked up the Medicaid as intended.

Another respondent (S2) initially responded ‘no’ but probing revealed that her answer should have been ‘yes’ based on her nephew (living in the same household) who purchases his own insurance. In her initial response, she was only thinking about herself.

Probing revealed that one respondent (A1) had purchased incidental insurance coverage as part of an insurance package for a European cruise. During the vacation, the respondent did have an infection and received treatment that was covered by this particular insurance. This was not reported in the original response to the question (we believe correctly.)

However, at least a few participants expressed confusion about whether certain forms of supplemental insurance plans should be included here. One respondent (L4) interpreted this as referring to “an external plan offered by the employer, including optional plans like dental and vision, which are recommended but not paid for at all by the employer.” Another respondent (L1) was not sure whether to include Medigap, a supplemental health insurance that covers expenses beyond Medicare.

Somewhat surprisingly, several respondents queried us as to whether they should include other forms of insurance here, such as auto insurance or life insurance. It appears that the phrase “purchased directly from an insurance company” was generic enough that some respondents started to consider any insurance that they normally purchase directly, even if it is not health related. Respondents may not think of directly-purchased health insurance when answering this question because it’s a rather uncommon type of coverage.

14a. Who in this household were policyholders?

PROBE: Anyone else?

This question was administered to the respondent who originally answered Q14 incorrectly. Consequently, when asked “who were the policyholders,” he reported about policies that should have been reported elsewhere. While this was caught and resolved, it might be useful for this question to make specific reference to the policy referred to in the previous question (as recommended for Q13a as well).

Another respondent should have answered this question, but her false ‘no’ response was not discovered until probing, and the follow up questions were never administered.

14a1. In addition to (you/name), who else in this household was covered by (name's/your) plan?

14a2. Did (name's/your) plan cover anyone living outside this household?

- <1> Yes
- <2> No
- <8> DK
- <9> Ref

15. At any time during the past 12 months, (were you/was anyone in this household) covered by the health plan of someone who does not live in this household?

- Yes → go to 15a (3)
- No → go to 16 (24)
- DK → go to 16
- Ref → go to 16

Twenty-four respondents initially answered ‘no’ and three respondents answered ‘yes’ to this question. One of the original ‘no’ responses appeared to be incorrect: respondent J6 answered ‘no,’ but her husband had been living out of the household since February 2003, and her family had been covered on his insurance for part of 2004. This respondent apparently answered no because she thought she had reported this insurance already at Q13.

Another respondent (J5) answered no, but during the interview it was revealed that her mother received Tricare for life (Medigap) through the respondent’s deceased father. This raises the issue of how to classify insurance coverage through deceased family members. It is not completely clear whether such coverage should be reported here or somewhere else.

Probing also revealed that respondent P2’s sister has a long on-going relationship with her ex-husband who lives in another state. When prompted, he thought it was possible that his sister, who had been in an accident, might have had some of her medical expenses covered by her ex-husband’s health insurance plan. This was purely speculation on his part, and he did not have any definite reason to believe that she had such coverage. However, the situation does highlight the fact that respondent knowledge about non-dependent family members is sometimes incomplete.

15a. Who was that?

PROBE: Anyone else?

This question was only administered to the three respondents who answered ‘yes’ to Q15. Their situations were described above; there did not appear to be any noteworthy issues related to this question.

[Public plan questions]

19. At any time during the past 12 months, (were you/was anyone in this household) covered by TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service?

NOTE: "CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.

- Yes → go to 19a (7)
- No → go to 20 (20)

- DK → go to 20
- Ref → go to 20

Of the twenty-seven respondents, twenty answered ‘no’ and seven answered ‘yes’ to this question. Some of the respondents were unfamiliar with the military health insurance options, but expressed certainty they were not covered by military health insurance because they had never heard of these programs before. For example, one respondent (L1) answered ‘no’ because she had never heard of any of these options and made the assumption that she must not have them. While this seemed to work, it seems likely that labeling this category of insurance up front would be useful—for example, asking whether they are “covered by any form of military health insurance, including...” If this was done, respondents would answer because they know they are not veterans or members of the armed forces, not merely because they fail to recognize any of the categories.

Those who had military health coverage seemed to recognize the terms and answer this question without difficulty. One respondent (S3) was even able to distinguish between military health care and the other options listed in the question. He said that military health care covers those who are actively serving in the armed forces and the other options are focused toward veterans.

One respondent (J3) appeared to have modest difficulties with this question, not being certain whether VA benefits counted. This confusion could be due to the fact that VA coverage is included in the middle of a long list of options—and as mentioned above, the question doesn’t ever “frame” the fact that it is about military coverage. On the other hand, the interviewer also noted that this respondent was hyper and may not have been fully engaged in the interview.

19a. Who was that?

PROBE: Anyone else?

This question was administered to the seven respondents who answered ‘yes’ to Q19. One respondent (P5) was sure that military insurance covered his father, but was unsure whether it covered his mother. As noted earlier, it seems likely that the weakest quality of reports come from respondents reporting about non-dependents such as parents or siblings—they simply seem less likely to know what sort of insurance these family members have.

There did not appear to be any other issues or problems related to this question.

19a1. What plan (were/was) (name/you) covered by? (7)

- <1> TRICARE, CHAMPUS or military health care (1)
- <2> CHAMPVA
- <3> VA (5) – state reports for all members of the HH
- <4> Indian Health Service
- <5> Other
- <8> DK (1)
- <9> Refused

Five of the seven respondents who received this question answered “VA.” Of the other two, one respondent (J5) answered that his family had TRICARE and the other respondent (P5) did not know what type of military plan his father was covered by. The latter respondent was certain that his father received health care at a VA-oriented facility. One respondent (P2) was covered by military health insurance that thought that he had some form of VA coverage, but was very unsure of the details. When he said that he had “VA” coverage, he meant that in a generic military sense, rather than being certain that that’s what it was. He was unfamiliar with other forms of military coverage.

B. Public Plans

16. At any time during the past 12 months, (were you/was anyone in this household) covered by Medicare?

READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities

- Yes → go to 16a
- No → go to 17
- DK → go to 17
- Ref → go to 17

16a. Who was that?

PROBE: Anyone else?

17. At any time during the past 12 months, (were you/was anyone in this household) covered by Medicaid/(fill state name)?

State fills:

D.C.: DC Healthy Families

Maryland: HealthChoice

Virginia: [None]

READ IF NECESSARY: Medicaid/ (fill state name) is the government assistance program that pays for health care.

- Yes → go to 17a
- No → go to CK1
- DK → go to CK1
- Ref → go to CK1

17a. Who was that?

PROBE: Anyone else?

17a1. How many of the past 12 months (were/was) (name/you) covered by Medicaid/(local name)?

18. In (state), the (fill state name) program (also) helps families get health insurance for CHILDREN. (Just to be sure,) Were any of the children in this household covered by that program?

State fills:

D.C.: DC Healthy Families

Maryland: Maryland Children’s Health Program

Virginia: FAMIS

READ IF NECESSARY: (fill state CHIP pgm name) is the name of (state)’s CHIP program. It is the same as the Children’s Health Insurance Program, which helps pay for children’s health care.

- Yes → go to 18a
- No → go to 19
- DK → go to 19

Ref → go to 19

18a. Who was that?

PROBE: Anyone else?

[Military plan questions]

20. Other than the plans I have already talked about, at any time during the past 12 months, was anyone in this household covered by a health insurance plan such as the (fill state name) plan or any other type of plan?

State fills:

D.C.: Medical Charities Program

Maryland: Subsidized Adoption (SA), Primary Care for Medically Indigent

Virginia: State/Local Hospitalization

Yes → go to 20a

No → go to CK3

DK → go to CK3

Ref → go to CK3

20a. Who has insurance?

PROBE: Anyone else?

21. I have recorded that (name/you) (was/were) not covered by a health plan at any time during the past 12 months. Is that correct?

9 Yes (not covered/none covered) ≡ go to 22

9 No ≡ go to 21a

9 DK ≡ go to 22

9 Ref ≡ go to 22

B.1. Confusion over public plans

There was ample evidence in this test that some respondents confuse Medicaid and Medicare, and/or that some respondents are confused in general about their public coverage. The first question in the series on public coverage (Q16, on Medicare) tended to bring out this kind of confusion but we would not suggest that respondents are more confused about Medicare and less confused about Medicaid. The two programs sound so similar, and respondents on Medicaid who might be confused about the exact name of their coverage may be inclined to either report their coverage at the Medicare question, or at least raise the issue. Furthermore, due to the nature of the cognitive interviewing task, interviewers probe any confusion at the point it happens, which would also result in most confused respondents discussing things at the Medicare question, rather than the Medicaid or SCHIP question.

In some cases this confusion was benign in terms of correct reporting. Many respondents who are not covered by these programs express a general ignorance of the programs but this ignorance is unimportant for reporting purposes because they aren't covered. These respondents say they're vaguely familiar with the programs, some mention a connection with age, disability or low-income status as part of the eligibility, but many say they don't really know what the programs are so they must not be covered by them. Other

respondents happen to have a good grasp of the programs, even though they are not now and have never been covered.

For other respondents, however, their confusion did have reporting consequences. In one case, when reporting for her daughter's son, in response to the Medicare question the respondent said, 'I don't know if he's covered under Medicare or not, so I'm just going to take the lesser of two evils and say Medicaid.' In another case the respondent was confused between the two programs, even after definitions were read. She thought she had Medicare until she looked at her card and saw it was Medicaid. In a third case, in which several household members were covered by both Medicare and Medicaid, there was rather pronounced confusion.

First, as noted above, at the question on coverage from someone outside the household (Q15a), the respondent volunteered that in addition to coverage from his ex-wife, he had Medicaid for himself. At the next question on Medicare (Q16) he said 'yes' and when asked who (Q16a) said he had it, and so did his niece and nephew, saying he thought they had Maryland Medicaid. When probed for whether he (and his niece and nephew) were covered by Medicaid or Medicare (since he'd mentioned Medicaid at Q15a), he said 'one of the two – I don't know.' When the definition of Medicare was read the respondent said 'that's me – that's what I have. They (niece and nephew) must have the other kind.'

Interestingly, the respondent failed to report his 75-year-old mother here at the Medicare questions, even after the definition was read. Later, at the Medicaid question, he reported that his mother had Medicaid. When probed about his niece and nephew he said they have 'some Maryland thing – like Medicaid or whatever.' Then at the SCHIP question (Q18) he said 'I'm not sure..I don't know.' Finally, at the question on months of Medicaid coverage (Q17a1) he said (about his mother), 'I guess all her life. You know, you get it because she's old. She's retired now.' After probing to try and clarify whether his mother had Medicare, Medicaid or both he said, 'I don't know what she has.'

Basically this respondent seemed to know he was on Medicare due to a disability, and that his mother, niece and nephew were covered by some type of government plan. Given the contamination that occurs during the cognitive probing, it's difficult to say how he would have reported this information in a production survey setting. However, if we just consider his initial answers to the questions he would have reported himself as having Medicare and his mother as having Medicaid. It's unclear if he would have reported his niece and nephew at the Medicaid question but likely that he would have reported them at least at the verification question if probed that they appeared to be uninsured. Whether they would have been correctly reported as having Medicaid or Medicare is unclear. Regarding his mother, however, it seems she would have been incorrectly reported as having Medicaid but not Medicare.

We had one other case of a respondent who is not now covered by public insurance but is looking into it. When asked to paraphrase the Medicare and Medicaid questions, he said he thinks Medicare is for people with 'some money' and that Medicaid is for people who can't afford to pay anything. In his case, he recently lost his job after being insured

through his employer for 7 years, and is just in the process of applying for public coverage through the Department of Health and Human Services. It's not clear what the source of his confusion is over the difference between Medicare and Medicaid, and since he isn't actually covered by either one it wasn't a real issue in this case. However it does indicate that even respondents actively seeking public assistance may not be clear on the programs and their intended beneficiaries.

Finally one respondent (L3, age 65, living alone) is covered by Medicare and VA and reported both at the appropriate questions. However, when later probed explicitly about whether she was insured or not she said 'don't know' because she doesn't consider Medicare and VA health insurance per se. Since she does not pay into a plan (ie: a premium) she doesn't consider herself covered by health insurance. She feels she has a health care *plan*, not *insurance*.

B.2. Medicaid, state/local Medicaid names, and other public programs

The respondents confused about public coverage notwithstanding, many respondents covered by Medicaid seemed to have quite a good grasp of how the program worked, the names of the various programs, and the relationships among them. In DC, the relevant program names include Medicaid, DC Healthy Families, DC Alliance and AmeriGroup. According to various websites, DC Healthy Families is the local name for Medicaid, DC Alliance is designed for low-income DC residents who do not qualify for Medicaid or Medicare, and AmeriGroup is a private managed care company that is contracted to administer Medicaid in DC. So it appears that Medicaid/DC Healthy Families and DC Alliance are distinct programs; that is, an individual cannot be enrolled in both. However, it's quite conceivable that an individual would shift back and forth from one program to the other.

Following are some of the scenarios that played out in probing DC-based respondents on these programs:

District of Columbia

- One respondent flip-flopped on the Medicaid question (Q17) because she had DC Alliance, and ended up reporting this coverage at the other/catch-all question (Q20). At first she said 'no' in response to the Medicaid part of the question, but then on hearing the 'DC Healthy Families' part of the question (which was the DC state-specific fill) she said 'myself'. Then after thinking about it, she changed her answer back to 'no' because she was actually covered by DC Alliance, which she said was not part of DC Healthy Families. She said you have to have children to be eligible for DC Healthy Families. When asked if DC Alliance was related to Medicaid, she said 'It's for people like between jobs. It's free for underemployed or disadvantaged. But you can't have both – if you have Medicaid you can't have DC Alliance and vice versa.' She did, however, report her DC Alliance coverage at the catch-all 'other' question (Q20), saying 'DC Alliance would be equivalent to that.' On further probing for various names, the respondent said '...initially I thought DC Alliance was a part of

it but it's not, because DC Healthy Families is for families. For single coverage you'd need DC Alliance if you sought free coverage. So it's not related but it comes to mind because it's like a free insurance.' So this respondent appears to have reported her coverage at the questions designed to pick it up. She had fairly limited exposure and experience with public assistance. She'd always had a job and had never received any public assistance but got laid off in 2002, and a friend told her about DC Alliance. When she applied, it was fairly straightforward, the forms were called DC Alliance, and so on. She never did receive a card, but hasn't had a problem – she just gives her name and SSN when getting care.

- Another respondent had a very good understanding of the relationship between Medicaid and AmeriGroup. When probed about the Medicaid question she said, 'It's Medicaid you apply for..you have children so you have to choose an HMO and a doctor. They inform you that it's through AmeriGroup – you have no choice. That's the assigned HMO under Medicaid. They're like subsidiaries – all under Medicaid.' The respondent had no doubts it was Medicaid she was on, and that's the main term she uses (even though she's aware of the AmeriGroup HMO name and how it relates to Medicaid). When probed about 'Medical Assistance, Medical Card' she said 'at one time when I applied, the paperwork said 'medical assistance.' I don't know the difference between that and Medicaid. It seems like that's the general term – Medicaid – everybody understands it.' This respondent has never come across "SCHIP" or "CHIP." When probed about DC Healthy Families she said, 'Yeah I think it's inclusive...it's all in the package of Medicaid...We applied for Medicaid but our carrier is 'AmeriGroup' and they send pamphlets talking about DC Healthy Families so it all falls under the initial application of Medicaid.'
- Another respondent described Medicaid as 'for people of low income.' She first learned about Medicaid through HHS 10 years ago, when she was unemployed and had a baby, but only stayed on for a year. She was unfamiliar with SCHIP/CHIP but knew of Medicaid and DC Healthy Families because she'd 'been a member.' When probed about the various terms for Medicaid she said 'DC Healthy Families also is in partnership with DC Chartered Health Plans, which is the Medicaid HMO. You either go to the DC Healthy Families facility, or DC Chartered Health Plans has a van and they'll come pick you up and take you wherever you have to go.' She does not think of all the names synonymously. 'Even though it's Medicaid, DC Chartered Health plan is the HMO for Medicaid, and DC Healthy Families is the subsidiary...If the facilitator [i.e.: the interviewer] knows how to mark it off, understand that a person may not understand that they're on Medicaid but if you ask if they're part of DC Chartered Health Plan, understand that it is part of Medicaid. Same with DC Healthy Families. If you ask about Medicaid and they say no and then you ask about DC Healthy Families and they say yes, understand that that's part of Medicaid as well.' So the respondent is suggesting the methodology already being used in some surveys – to ask about Medicaid and if the answer is no, ask about the various other names the program goes by in case a respondent isn't familiar with all the different names.
- Another respondent said 'yes' at the Medicaid question, but in probing he explained that he had 2 kinds of Medicaid: 'national' Medicaid administered by the federal government, and DC Alliance, which he described as a locally-administered Medicaid program. He reported the DC Alliance later, at Q20.

- One respondent may have been somewhat confused, but the consequences in this case did not have serious consequences in terms of reporting. Years ago she'd been on Medicaid, but lost that coverage when she lost custody of her children. At that point she got covered by DC Alliance, and was on that up until two months ago. After meeting with a case worker two months ago about SSI and other benefits, she applied for and received DC Medicaid. So in terms of reporting, she (correctly) said 'yes' to Medicaid but 'no' to the catch-all 'other' question (Q20). Technically speaking, she should have reported the DC Alliance coverage at Q20, since that coverage was within the last 12 months. However, the fact that she at least reported the Medicaid means that she would not be incorrectly classified as uninsured. It would have been interesting to see if the respondent was currently uninsured, whether she would have reported her DC Alliance coverage from the first 10 months of the reference period. It is precisely this type of scenario that is suspected to be a source of underreporting, but we have not yet to observe this type of error in the lab setting.

Maryland

- One respondent had a benign misunderstanding at the Medicaid question. When it was first read she said "Medicaid but not Health Choice" then corrected herself and said 'yes it's under HealthChoice.' This is an instance of a respondent perceiving this not as a yes/no question (do you have Medicaid or not) but as a categorical question – which type do you have? This is similar to the case cited above, where J5 thought the job-based question (Q13) was a categorical question and answered 'former employer' instead of simply 'yes'.
- Another respondent had been on Medicaid as a child (in New York state), and on-and-off as an adult for about the past 12 years, ever since she had a baby. She said 'yes' to the Medicaid question and during probing explained that she was with AmeriGroup, one of the options under HealthChoice. Once she picked AmeriGroup she received a card saying AmeriGroup. When probed for the most common term she uses for her coverage, she said 'Amerigroup is the program. If you just say 'Medicaid' they have to know what program you're under.' That is, "Medicaid" is too broad a term. Some doctors would accept Medicaid, but not specifically AmeriGroup. So this respondent seems to know all the terms (Medicaid, HealthChoice and AmeriGroup) and how they relate to each other. So for purposes of survey reporting, in her case any of them would prompt a 'yes' response. However, for functional purposes, when she needs to access services, she uses the term AmeriGroup because there's only a subset of doctors who are enrolled in that program.
- We only spoke with one respondent who was familiar with the names listed in the SCHIP question. This respondent said 'no' to the question, but explained that in the late 1990s, when her husband was unemployed, she looked into the Maryland Children's Health Program as a lower-cost source of insurance than COBRA. The only other observation regarding SCHIP was that one respondent said 'no' because, like other respondents' rationale, she'd never heard of the program, and because she knew there were no children living in the household.
- One respondent said she has Medicaid and also AmeriGroup which, she said 'is paired with Medicaid and supplements any expense Medicaid doesn't cover.' She

reported Medicaid for herself, and her two teenage nephews, at Q17, but at the ‘other plan’ question (Q20) she wasn’t sure what to say. At first she was considering whether to say “yes” for the AmeriGroup plan but she decided NOT to because the state-fill examples (Subsidized Adoption [SA] and Primary Care for Medically Indigent) threw her off. She didn’t see AmeriGroup as fitting in with those two examples. We are not familiar enough with the distinctions (if any) in Maryland between Medicaid and AmeriGroup to judge whether this was a reporting error or not. However, as in another case reported above, any reporting error may not be all that severe since the respondent did report at least the Medicaid coverage, and would not have been incorrectly counted as uninsured.

C. Cross-cutting Themes

C.1. Questionnaire Structure

Given that the CPS is an interviewer-administered survey, the structure of the series on health insurance is not apparent to the respondents. That is, respondents get no indication up-front that there will be a series of eight different questions, one on each plan type, and that they are to report their plan at the appropriate question. Rather, each question is asked, one after the other, leaving the respondent to judge which question is most appropriate without the advantage of knowing all the options to come (or indeed that there are more options coming).

This may explain why some respondents answered the discrete questions early in the series with a yes or no, but then also offered other related information. For example, one respondent said ‘yes’ to the job-based question (Q13), and at the next question on policyholder (Q13a), she volunteered the health insurance situation for everyone in the household: ‘I’m primary, my husband and the girls are on mine. Mom’s on Medicare and TRICARE for Life through my father’s plan.’ Another respondent did something very similar. He lives with his mother and reported his own coverage at the job-based question, and then at policyholder question attempted to report his mother’s Medicare (thinking of her as a ‘policyholder’ of Medicare). Finally a third respondent reported his dependent coverage through his ex-wife at the question on plans through someone outside the household (Q15), and then volunteered that he also has Medicaid.

This kind of volunteered information was only observed in the first three main questions (Q13 through Q15). This is possibly due to a kind of ‘learning curve.’ When respondents volunteered this information they may have learned that it didn’t really aid the interview process. The information didn’t get recorded anywhere, and the interview moved along with seemingly unrelated questions that did not explicitly acknowledge the volunteered information. So perhaps after a few questions, respondents learned to provide only the most basic answers. Indeed, some respondents did comment that they felt the questionnaire was redundant. One respondent, who reported for both him and his wife (both on Medicare and a job-based retirement plan), said that once he reported those he felt the other questions were redundant. He thought the section should have been reduced to just two questions: do you have coverage and if so, what type. Another respondent

didn't know some of the acronyms (e.g.: CHAMPUS) and found that some of the questions did not apply to him and said 'if I have to answer questions that don't apply to me, you lose my attention.'

This type of problem could manifest in various types of misreporting. Some examples below may appear to be due to a misunderstanding between private and public plans, but may actually be more due to respondents being blind to the structure of the series, and their anxiousness to simply report the type of plan they do have. For example:

- L1 (age 74) reported his job-based plan at the first main question in the series (Q13), and at the second main question (Q14, on direct purchase plans) he asked 'how would you consider Medicare?' This respondent turned out to have 2 plans – Medicare and a job-based plan – and appeared anxious to report them both early in the series.
- When asked about job-based policyholders (Q13a), P1 reported his mother as a 'policyholder' of Medicare
- As noted above in Q14, P5 reported his Medicaid at the direct-purchase question because he 'got it on his own,' not through an employer.
- M3 said 'no' to the job-based question (Q13) but during probing, she was inclined to talk about her Medicaid.

C.2. 12-Month Reference Period

In order to better understand whether respondents were attending to the 12-month reference period, we asked them what time period they had in mind – specifically, what months – when answering the questions about their health insurance coverage. Some respondents accurately had the past 12 months in mind:

- J2, S1: From November, 2003 thru the current day.
- J3: November to November, the 12 month period from this day back.
- J4: Well you said the past year, so not particular months. Just went by, starting a year ago. You specifically said November of last year.

Some respondents just reiterated that they thought of the 'past 12 months,' per the instruction and a few felt the question was silly because the answer was obvious.

Several respondents, however, did not specifically think of the 12 month period stated in the question, but rather, they were thinking about the circumstances that defined the current spell of the insurance. When asked what time period they had in mind, they responded:

- J1: Yes, the time that I myself was eligible, and only because of my pregnancy (focus was placed on the time an event took place).
- J6, J7: 'how long we've had it...I was just thinking about what we have.' One of the respondents referred to her pregnancy as anchoring the time frame. Another wondered if the question was referring to the number of months he/she had health insurance.
- L3: was not consistent – said both 'current' and 'the last 12-24 months' depending on the question. She may have thought of the 24-month time frame because she'd

recently finished participating in a medical study through a pharmaceutical company that offered some health exams and for much of those 2 years she had no other health insurance.

- M1: started her current job 3 years ago, her plan covers all members of the household (herself and her two teenage children) and the health insurance situation has not changed in those 3 years.

Two respondents said they were thinking about the past 12 months, but also offered that their health insurance situation had been static for the past several years. For example, M2 has been uninsured for the entire time past 12 months, and said he didn't have any trouble with time period because he's been uninsured for a very long time. He said he has had temporary employment during that time but insurance was not offered. L1 said she was thinking about last 12 months but it was an easy task because her situation has been the same for past 10 years

One respondent (L2) thought of the time period between January 2004 to January 2005 and another respondent (M1) thought of December 2003 to today, rather than the last 12 months from the date of the interview in November. While we didn't identify any definite errors due to such interpretations, the time frame was not literally accurate and could potentially lead to a response error if a change of health insurance coverage took place between November and December of 2003.

Finally, some respondents displayed careful attentiveness toward the time frame. S1 had been insured by job-based coverage for 7 years but lost it 11 months prior to the interview. Nevertheless, she did report this coverage since it was 'at any time during the past 12 months.' Another respondent (A2) is 65 and has had job-based coverage for years, and just 5 months ago also began receiving Medicare, and reported both plans.

C.3. Household Composition

The initial question to gather names of those living in the household asks "What are the names of all persons living or staying here?" and the subsequent questions used to gather information on health insurance employ the phrase "anyone in the household." In order to better understand whether respondents were really thinking of all household members when reporting health insurance coverage, we asked them specifically who comes to mind when answering those questions.

As in the probing on reference period, some respondents simply repeated the household roster they had initially reported and gave the impression they thought this was a silly use of time. For others, however, a distinction emerged between who they consider their 'household' and who they actually live with. During explicit probing about 'household members' one respondent, who lived with two of her brothers, said she was also thinking of her brother's wives and their children (who did not live with them). But she did not actually list the wives and children on the roster, and did not report on their health insurance during that series of questions. Another respondent (M3) had a difficult time with the concept of 'household' because she lived in a shelter, and it was therefore quite

difficult for her to define her living space. When asked who she considered to be members of her household, she answered her two youngest daughters even though they do not stay with her at the shelter, but instead they live with her mother. In terms of reporting on health insurance, however, she reported only for herself (not her daughters). Another respondent (M1) has an 18-year-old child who is living away at college. But her job-based insurance covers him so she included him in reporting (in Q13a1 on dependents of job-based coverage). She was well aware that the focus of the survey was health insurance and answered the questions and defined “household” under that context. If the survey covered a different topic, she may not have defined ‘household members’ as those covered under her insurance.

The 12-month reference period added another dimension to the respondents’ conception of who ‘lives in the household.’ One respondent (L5) had a brother who lived in the household from December to June 2004, but not currently. The respondent felt the question was asking about “anyone who lived at the home at anytime in the past 12 months” and, therefore, included his brother as a member of the household.

In terms of response error, however, these distinctions are rather benign. The real consequences of difficulties with the household composition appeared mostly in complex, non-traditional households where the respondent may not know all household members very well. One respondent (M2), who lives with several non-related housemates, said the series was not difficult except when it came to providing detail on his housemates’ health insurance situation. One respondent (S2) lived with her mother and father, and three nephews (14, 15 and 20). In general this respondent had difficulty remembering that the whole series was asking about everyone in the household. At the first question in the series (Q13) she said ‘no’ because she knows she didn’t have this type of coverage (even though other household members do). She was mistakenly only thinking of herself at this point. Then at the next main question (Q14), she forgot to report her nephew’s coverage because she wasn’t thinking of him. Another respondent (P5) focused on his parents, his son and himself as members of the household and neglected to report his brother’s coverage even though his brother was mentioned in previous questions. A third respondent (S2) forgot to include her mother, in Q13, and her nephew in Q14, even though they were both covered. Three other respondents made reports for other household members but expressed doubt. One (S3), who lives with his partner and her 21-year-old son, could answer questions for them but had to think about it. Another (P5) was not sure whether his mother was covered by his father’s military health insurance and did not know the name of that military coverage. A third respondent (P2) was not sure whether his sister’s insurance currently covered him as well.

It’s quite understandable that some respondents would find it a difficult task to think about different types of coverage *and* a rather long list of household members at the same time, particularly if those household members are not immediate family. In nuclear families, it is much more likely that most household members are covered by the same plan type, simply because health insurance eligibility rules generally revolve around a nuclear family structure. But when there is a household of more distant relatives (or non-relatives) there is more likely to be a mix of plan types and this could pose a real

challenge for respondents – to think of both the distant relatives/non-relatives *and* the many different plan types they might have.

Similarly, respondents may not know much about any other policy in the household aside from their own. Indeed, few errors or issues were reported for respondents who were policyholders reporting on their own policies and individuals covered under that policy. It seems fitting that respondents would know more about their own personal health coverage than coverage of others in the household that do not share the same policy.

The questions regarding policyholders were, however, not straightforward. While many respondents provided what appeared to be appropriate answers, a couple of respondents provided different definitions of who or what they considered to be ‘policyholders.’ Two respondents (J5, A2) believed that policyholders are those individuals whose names are on the policy and reported everyone under that policy. One of those respondents (J5) explained that she thinks of herself only as the ‘sponsor’ of the coverage for her husband and children and named her husband and her children to also be policyholders. Another respondent (A1), referring to group plans provided by a current or former employer, understood a policyholder to be the company and that the respondent is the certificate holder. Even though the respondent believed this statement, he understood the intent of the question and reported himself as the policyholder during the interview. Respondents should be provided with a definition of “policyholder” as to not be confused.

D. Summary

This round of testing revealed that some respondents have little trouble with the question series. They expressed little confusion or doubt when going through the questions, and when probed for why they answered the way they did, they provided reasonable answers. For example, some people on public assistance said they signed up for the plan when they got pregnant or because of a disability, those on Medicare talked about turning 65, and those with job-based insurance talked about signing up through their employer.

Among those respondents who did express some confusion or demonstrated misreporting, it appears there was no one main aspect of the CPS design that caused this, but rather a series of potential sources of reporting error manifest for some respondents.

First, as mentioned above, it appears problematic for some respondents that the general structure of the questionnaire is not revealed at the beginning of the series. We realize that the structure exists as it does in part in the spirit of flexibility. That is, as new programs emerged (e.g.: state-specific public programs, SCHIP) the CPS adapted and included plan-specific questions or fills to capture that type of coverage. However the end result could cause reporting problems. Specifically, it seems to cause some respondents to ‘overreport’ their plans in the beginning of the series and possibly get annoyed with the later questions. In a field setting it’s not clear whether the interviewer and respondent would even notice such misreporting. For example, if a respondent reported a Medicare plan at the direct-purchase question, unless there was some reason to probe the interviewer would likely simply record this. Later when the real Medicare question would

be asked, it's unclear if the respondent would notice that he/she had already reported the coverage, how motivated the respondent might be to sort out any misunderstanding, and how able the interviewer might be to negotiate the correction within the CAPI instrument.

For some types of insurance, the questions in the series are not mutually exclusive, and this caused some degree of misreporting. Specifically, a plan could be both job-based and military if the policyholder is employed by the military. Similarly, household members who are insured by a job-based plan of someone living outside the household would be in a dilemma over whether to report this at the job-based question or at the question on coverage from someone outside the household. We observed instances of misreporting stemming from both these scenarios.

Another general source of reporting error stemmed from the respondent's lack of knowledge about other household members, particularly those with whom the respondent was not especially close. The types of household members forgotten about were quite varied, and the reasons the coverage was omitted did not seem to fit any neat pattern. One respondent didn't even really grasp that the series was asking about *all* household members (not just her) and at least one respondent said she thought the questionnaire only pertained to adults. This relates to another comment that came up during probing of the SCHIP question. A respondent said 'no' to the SCHIP question mainly because she knew there were no "children" in the household. This has the potential to lead to underreporting since the definition of 'children' is vague. Individuals aged 19 (or even older) in some states are eligible for SCHIP and respondents may not be thinking of individuals who are teenaged or older as "children."

Within the private coverage questions, again the reasons for misreporting were rather diverse. The term 'former' employer was not noticed, some discounted the coverage if the employer wasn't contributing to the premium, and some included out-of-scope plans (e.g.: workers compensation).

Regarding public coverage, it's clear that some respondents only have a loose grasp of the distinctions between Medicare and Medicaid and other public programs. This confusion seems to be compounded when respondents are asked to report for other household members who may be on some kind of public program. Somewhat surprisingly, we encountered a number of respondents on Medicaid who seemed to have quite a good grasp of the various program names, even with the commercial managed care names as part of the mix. However there were certainly some respondents who were somewhat uncertain about all the programs and names.

In sum, there seems to be a wide range of potential sources of reporting error. Some of this error would likely result in a household member being recorded as having the wrong *type* of insurance, rather than being incorrectly classified as uninsured. However, in some cases household members who do have coverage could be misclassified as uninsured. Due to the nature of the cognitive interview it's impossible to know how the verification question might have operated to correct any misreports of uninsurance.

Given that the CPS is so important for time series measurement, this report stops short of recommendations for any type of drastic redesign. We could, however, suggest that an introduction to the series could be developed and tested. The introduction could explain that there will be a set of eight questions – each one on a specific type of plan – and the respondent will be asked to indicate which type of plan, if any, they and other household members have. This may help orient respondents to the task and help them recognize their plan more easily in the series, and give a more accurate report.

APPENDIX A

CPS Health Insurance Questions 2004 Cognitive Interviewing Procedures

1. Gather all necessary materials:
 - Hard copy questionnaire, roster grid & protocol (all one document)
 - Consent form
 - Voucher form
 - Payment (\$40)
 - Tape recorder, batteries and two tapes (at least two hours' worth of tape)
2. Greet respondent: "Hello. My name is _____. I work for the Census Bureau. Thanks for agreeing to participate in our study."
3. Explain observers (if appropriate) and confidentiality
 - Observers: "Before we get started let me mention that there are some observers behind this window, for research, training and staff development purposes. Is that ok with you?"
 - Confidentiality: "Our session today is completely confidential. Any names you provide will never be used in our reports. Your participation in this study is completely voluntary and you can decline to answer any particular question. Please feel free to ask me any questions at anytime."
4. Explain Census Bureau, CPS and task.
 - Census: Let me start by telling you a little bit about what we're doing here. The Census Bureau conducts many surveys in addition to the head count every 10 years. Since so many agencies rely on data from the Census Bureau it is extremely important that this information be as accurate as possible.
 - CPS: The survey we'll talk about today is called the Current Population Survey. It's a major survey used to produce a wide range of statistics, including the number of people unemployed, the number in poverty, and the number without health insurance. The research we're doing today will help us to improve the questionnaire.
 - Task: In order to help us improve on our ongoing surveys, we turn to people like you to find out if our questions make sense and are fairly easy to understand and answer.

So I'm going to go through the questionnaire as if it was a real interview, but afterwards we'll talk about your general reactions to the questionnaire -- what sorts of things came into your mind, how you interpreted certain questions, and so on. But before we get to that point, during the interview, if you have any questions or comments or if there's any part that is confusing, just interrupt me and tell me what you're thinking.

I'd like to stress that there are no right or wrong answers. Whatever you think and however you want to answer is exactly what I want to know.

Let's go through an example. Let's say I asked you 'How many windows are in your house?' [Let respondent think about it and answer]. Then probe for how the respondent came up with their answer – did they mentally enter the front door of the house, count the windows then move room by room, or just think of an overall ballpark number, or what?

5. Explain taping and get consent

Taping: Before we get started with the interview I'd like to ask for your permission to audio tape the session today. The main reason we tape these interviews is so that we don't have to rely on sketchy notes or our memories later. This allows us to concentrate on what you're saying during the interview.

Consent: If it's all right with you I'd like you to sign this form which says that you've agreed to be taped. (HAND CONSENT FORM).
Thanks.

6. [If necessary]: Ask where the respondent lives (Maryland, Virginia or DC).
7. Conduct the interview. Follow up any pauses, confused expressions, etc., with the respondent as necessary.
8. Administer retrospective protocol, probing as necessary.
9. When complete, thank the respondent and ask him/her to fill out the voucher form. Ask them to print name and address in the box in the upper middle of the form and sign and date below that box under "Received by." Then hand him/her an envelope with \$40.
10. Record details of the completed interview on the log, including demographics of the respondent.

APPENDIX B: QUESTIONNAIRE AND PROTOCOL

DEMOGRAPHICS						
<p>2. (I am going to read a list of relationship categories.) How (are/is) (name/you) related to (name of reference person)? [for each person, write code in grid]</p> <p><3> Spouse <4> Child <5> Grandchild <6> Parent <7> Brother/Sister <8> Other relative of reference person go to 3</p> <p><9> Foster child <11> Partner/Roommate <13> Non-relative of reference person <14> Unmarried Partner <98> DK <99> Refused</p>	_____	_____	_____	_____	_____	_____
<p>3. What is [your/name's] age? [for each person, write age in grid] → go to 4</p>	_____	_____	_____	_____	_____	_____
WORK EXPERIENCE						
<p>4. We would like to begin with some questions about your work experience during the past 12 months – that is, [today's date, 2003] up through today. Did you work at a job or business at any time during the past 12 months?</p> <p><input type="checkbox"/> Yes → go to 8 <input type="checkbox"/> No → go to 5 <input type="checkbox"/> DK → go to 5 <input type="checkbox"/> Ref → go to 5</p>						
<p>5. Did you do any temporary, part-time, or seasonal work even for a few days during the past 12 months?</p> <p><input type="checkbox"/> Yes → go to 8 <input type="checkbox"/> No → go to 6 <input type="checkbox"/> DK → go to 6 <input type="checkbox"/> Ref → go to 6</p>						

<p>6. Even though you did not work during the past 12 months, did you spend any time trying to find a job or on layoff?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> Ref</p> <p>→ go to 7</p>						
<p>7. What was the main reason you did not work during the past 12 months? READ CATEGORIES IF NECESSARY.</p> <p><input type="checkbox"/> Ill, or disabled and unable to work</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Taking care of home or family</p> <p><input type="checkbox"/> Going to school</p> <p><input type="checkbox"/> Could not find work</p> <p><input type="checkbox"/> Doing something else</p> <p>→ go to 11</p>						

<p>8. For how many employers did you work in the past 12 months? If more than one at the same time, only count it as one employer.</p> <p><input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more <input type="checkbox"/> DK <input type="checkbox"/> Ref → go to 9</p>						
<p>9. In the weeks that you worked, how many hours did you usually work per week?</p> <p>_____ [enter number of hours] → go to 10</p>						
<p>10. In your longest job during the past 12 months, what kind of work were you doing? FOR EXAMPLE: ELECTRICAL ENGINEER, STOCK CLERK, TYPIST</p> <p>_____</p> → go to 11						
GOVERNMENT PROGRAMS						
<p>11. During the past 12 months did (anyone in this household receive/you receive) any SSI payments, that is, Supplemental Security Income? NOTE: SSI ARE ASSISTANCE PAYMENTS TO LOW-INCOME AGED, BLIND AND DISABLED PERSONS AND COME FROM STATE OR LOCAL WELFARE OFFICES, THE FEDERAL GOVERNMENT, OR BOTH.</p> <p><input type="checkbox"/> Yes → go to 11a <input type="checkbox"/> No → go to 12 <input type="checkbox"/> DK → go to 12 <input type="checkbox"/> Ref → go to 12</p>						
<p>11a. Who received SSI? (SUPPLEMENTAL SECURITY INCOME) PROBE: Anyone else? [for each person, mark X in grid] → go to 11a1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>11a1. What were the reasons (name/you) (was/were) getting Supplemental Security Income during the past 12 months? MARK ALL THAT APPLY.</p> <p>PROBE: Any other reason?</p> <p>[for each person, write code in grid]</p> <p><1> Disabled <2> Blind <3> On behalf of a disabled child <4> On behalf of a blind child <5> Other <8> DK <9> Refused</p> <p>REPEAT FOR EACH PERSON MARKED IN 11a</p> <p>→ go to 12</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
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<p>12. At any time during the past 12 months did (anyone in this household receive/you receive) any Veterans' (VA) payments? INCLUDE ASSISTANCE RECEIVED BY CHILDREN OF VETERANS <input type="checkbox"/> Yes → go to 12a <input type="checkbox"/> No → go to 13 <input type="checkbox"/> DK → go to 13 <input type="checkbox"/> Ref → go to 13</p>						
<p>12a. Who received Veterans' (VA) payments? [for each person, mark X in grid] → go to 12a1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12a1. What type of Veterans' payments did (name/you) receive? PROBE: Any other? [for each person, write code in grid] <1> Service-connected disability compensation <2> Survivor Benefits <3> Veterans' pension <4> Educational assistance (including assistance received by children of veterans) <5> Other Veterans' payments <8> DK <9> Refused REPEAT FOR EACH PERSON MARKED IN 12a → go to 13</p>	_____	_____	_____	_____	_____	_____
HEALTH INSURANCE						
<p>13. These next questions are about health insurance coverage during the past 12 months. The questions apply to ALL persons of ALL ages. At any time during the past 12 months, (were you/was anyone in this household) covered by a health insurance plan provided through (their/your) current or former employer or union? (MILITARY HEALTH INSURANCE WILL BE COVERED LATER IN ANOTHER QUESTION.) <input type="checkbox"/> Yes → go to 13a <input type="checkbox"/> No → go to 14</p>						

<input type="checkbox"/> DK → go to 14 <input type="checkbox"/> Ref → go to 14						
<p>13a. Who in this household were policyholders? PROBE: Anyone else? [for each person, mark X in grid] → go to 13a1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13a1. In addition to (you/name), who else in this household was covered by (name's/your) plan? PROBE: Anyone else? [for each person, mark X in grid] → go to 13a2</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>13a2. Did (name's/your) plan cover anyone living outside this household? [for each person, write code in grid] <1> Yes <2> No <8> DK <9> Ref → go to 13a3</p>	_____	_____	_____	_____	_____	_____
<p>13a3. Did (name's/your) former or current employer or union pay for all, part, or none of the health insurance premium? (NOTE: REPORT HERE EMPLOYER'S CONTRIBUTION TO EMPLOYEE'S HEALTH INSURANCE PREMIUMS, NOT THE EMPLOYEE'S MEDICAL BILLS.) [for each person, write code in grid] <1> All <2> Part <3> None <8> DK <9> Ref REPEAT 13a1-13a3 FOR EACH PERSON MARKED IN 13a → go to 14</p>	_____	_____	_____	_____	_____	_____
<p>14. At any time during the past 12 months, (were you/was anyone in this household) covered by a health insurance plan that (you/they) PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment? <input type="checkbox"/> Yes → go to 14a <input type="checkbox"/> No → go to 15 <input type="checkbox"/> DK → go to 15 <input type="checkbox"/> Ref → go to 15</p>						
<p>14a. Who in this household were policyholders? PROBE: Anyone else? [for each person, mark X in grid] → go to 14a1</p>	□	□	□	□	□	□

<p>14a1. In addition to (you/name), who else in this household was covered by (name's/your) plan? PROBE: Anyone else? [for each person, mark X in grid] → go to 14a2</p>	□	□	□	□	□	□
<p>14a2. Did (name's/your) plan cover anyone living outside this household? [for each person, write code in grid] <1> Yes <2> No <8> DK <9> Ref REPEAT 14a1-14a2 FOR EACH PERSON MARKED IN 14a → go to 15</p>	_____	_____	_____	_____	_____	_____

<p>15. At any time during the past 12 months, (were you/was anyone in this household) covered by the health plan of someone who does not live in this household?</p> <p><input type="checkbox"/> Yes → go to 15a <input type="checkbox"/> No → go to 16 <input type="checkbox"/> DK → go to 16 <input type="checkbox"/> Ref → go to 16</p>						
<p>15a. Who was that? PROBE: Anyone else? [for each person, mark X in grid] → go to 16</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. At any time during the past 12 months, (were you/was anyone in this household) covered by Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities</p> <p><input type="checkbox"/> Yes → go to 16a <input type="checkbox"/> No → go to 17 <input type="checkbox"/> DK → go to 17 <input type="checkbox"/> Ref → go to 17</p>						
<p>16a. Who was that? PROBE: Anyone else? [for each person, mark X in grid] → go to 17</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. At any time during the past 12 months, (were you/was anyone in this household) covered by Medicaid/(fill state name)? State fills: D.C.: DC Healthy Families Maryland: HealthChoice Virginia: [None] READ IF NECESSARY: Medicaid/ (fill state name) is the government assistance program that pays for health care.</p> <p><input type="checkbox"/> Yes → go to 17a</p>						

<input type="checkbox"/> No → go to CK1 <input type="checkbox"/> DK → go to CK1 <input type="checkbox"/> Ref → go to CK1						
17a. Who was that? PROBE: Anyone else? [for each person, mark X in grid] → go to 17a1	□	□	□	□	□	□
17a1. How many of the past 12 months (were/was) (name/you) covered by Medicaid/(local name)? [for each person, write number of months in grid] REPEAT 17a1 FOR EACH PERSON MARKED IN 17a → go to CK1	_____	_____	_____	_____	_____	_____
CK1: ARE THERE ANY CHILDREN UNDER 20 (SEE QUESTION 3)? <input type="checkbox"/> Yes → go to CK2 <input type="checkbox"/> No → go to 19						

<p>CK2: WERE ALL THESE CHILDREN COVERED BY MEDICAID (SEE QUESTION 17a)?</p> <p><input type="checkbox"/> Yes → go to 19</p> <p><input type="checkbox"/> No → go to 18</p>						
<p>18. In (state), the (fill state name) program (also) helps families get health insurance for CHILDREN. (Just to be sure,) Were any of the children in this household covered by that program?</p> <p>State fills:</p> <p>D.C.: DC Healthy Families</p> <p>Maryland: Maryland Children’s Health Program</p> <p>Virginia: FAMIS</p> <p>READ IF NECESSARY: (fill state CHIP pgm name) is the name of (state)’s CHIP program. It is the same as the Children’s Health Insurance Program, which helps pay for children’s health care.</p> <p><input type="checkbox"/> Yes → go to 18a</p> <p><input type="checkbox"/> No → go to 19</p> <p><input type="checkbox"/> DK → go to 19</p> <p><input type="checkbox"/> Ref → go to 19</p>						
<p>18a. Who was that?</p> <p>PROBE: Anyone else?</p> <p>[for each person, mark X in grid]</p> <p>→ go to 19</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>19. At any time during the past 12 months, (were you/was anyone in this household) covered by TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service?</p> <p>NOTE: "CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.</p> <p><input type="checkbox"/> Yes → go to 19a</p> <p><input type="checkbox"/> No → go to 20</p> <p><input type="checkbox"/> DK → go to 20</p> <p><input type="checkbox"/> Ref → go to 20</p>						

<p>19a. Who was that? PROBE: Anyone else? [for each person, mark X in grid] → go to 19a1</p>	□	□	□	□	□	□
<p>19a1. What plan (were/was) (name/you) covered by? [for each person, write code in grid] <1> TRICARE, CHAMPUS or military health care <2> CHAMPVA <3> VA <4> Indian Health Service <5> Other <8> DK <9> Refused REPEAT 19a1 FOR EACH PERSON MARKED IN 19a → go to 20</p>	_____	_____	_____	_____	_____	_____

<p>20. Other than the plans I have already talked about, at any time during the past 12 months, was anyone in this household covered by a health insurance plan such as the (fill state name) plan or any other type of plan? State fills: D.C.: Medical Charities Program Maryland: Subsidized Adoption (SA), Primary Care for Medically Indigent Virginia: State/Local Hospitalization <input type="checkbox"/> Yes → go to 20a <input type="checkbox"/> No → go to CK3 <input type="checkbox"/> DK → go to CK3 <input type="checkbox"/> Ref → go to CK3</p>						
<p>20a. Who has insurance? PROBE: Anyone else? [for each person, mark X in grid] → go to 20a1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20a1. What type of health insurance did (was/were) (name/you) covered by during the past 12 months? Any other type of plan? [for each person, write code in grid] <1> Medicare <2> Medicaid <3> TRICARE or CHAMPUS <4> CHAMPVA ("CHAMPVA" is the civilian health and medical program of the Department of Veteran's Affairs.) <5> VA health care <6> Military health care <7> Children's Health Insurance Program (CHIP) <8> Indian Health Service <9> Other government health care <10> Employer/union-provided (policyholder) <11> Employer/union-provided (as dependent) <12> Privately purchased (policyholder) <13> Privately purchased (as dependent) <14> Plan of someone outside the household</p>						

<p><15> Other <98> DK <99> Refused REPEAT 20a1 FOR EACH PERSON MARKED IN 20a → go to CK3</p>	_____	_____	_____	_____	_____	_____
<p>CK3: ARE ALL HOUSEHOLD MEMBERS INSURED (SEE QUESTIONS 13a, 13a1, 14a, 14a1, 15a, 16a, 17a, 18a, 19a, 20a)? <input type="checkbox"/> Yes → go to 22 <input type="checkbox"/> No → go to 21 <input type="checkbox"/> DK → go to 21 <input type="checkbox"/> Ref → go to 21</p>						
<p>21. I have recorded that (name/you) (was/were) not covered by a health plan at any time during the past 12 months. Is that correct? <input type="checkbox"/> Yes (not covered/none covered) → go to 22 <input type="checkbox"/> No → go to 21a <input type="checkbox"/> DK → go to 22 <input type="checkbox"/> Ref → go to 22</p>						
<p>21a. Who should be marked as covered? PROBE: Anyone else? [for each person, mark X in grid] → go to 21a</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21a1. What type of health insurance (was/were) (name/you) covered by during the past 12 months? Any other type of plan? <1> Medicare <2> Medicaid <3> TRICARE or CHAMPUS <4> CHAMPVA ("CHAMPVA" is the civilian health and medical program of the Department of Veteran's Affairs.) <5> VA health care <6> Military health care <7> Children's Health Insurance Program (CHIP) <8> Indian Health Service <9> Other government health care</p>						

<p> <10> Employer/union-provided (policyholder) <11> Employer/union-provided (as dependent) <12> Privately purchased (policyholder) <13> Privately purchased (as dependent) <14> Plan of someone outside the household <15> Other <98> DK <99> Refused REPEAT 21a1 FOR EACH PERSON MARKED IN 21a → go to 22 </p>	_____	_____	_____	_____	_____	_____
<p> 22. An important factor in evaluating a person's or family's health insurance situation is their current health status and/or the current health status of other family members. Would you say (name's/your) health in general is: [for each person, write code in grid] <1> Excellent <2> Very good <3> Good <4> Fair <5> Poor <8> DK <9> Refused </p>	_____	_____	_____	_____	_____	_____

<p>1. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns/rents this home. [write names in column headers]</p> <p>What is the name of the next person living or staying here?</p> <p>MARK BOX OF RESPONDENT</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Protocol Guidelines

A. General reactions

1. First I'd just like to get your general reaction. What were you thinking about as I was asking those questions?
2. Did any of the topic areas seem any more difficult than others? [Which ones, why?]
3. What about the questions on health insurance?
 - A. Were the questions generally easy to understand?
 - B. Were they reasonably easy for you to answer?
 - C. Were there any particular questions that confused you at all?
 - D. Did you have any doubts or trouble deciding which category or categories to choose for your health insurance?

B. Accuracy of data

4. [Summarize the health insurance plans reported for each household member] Does that accurately describe the health insurance coverage for each household member?
5. Does it capture everything each household member had during the entire past 12 months?
6. Is there anything missing, or have I recorded anyone's health insurance by mistake?
7. [If there are any additions or deletions] Ok let's try and figure out how I got that wrong.
 - A. for additional plans not initially reported:
 1. identify the appropriate question that should have captured the plan
 2. reread the question
 3. probe to find out why the question didn't prompt the report
 - B. for plans reported in error:
 1. identify the question that prompted the report
 2. probe to find out why the plan was reported (e.g.: possibly the person had the plan more than 12 months ago, or the respondent was thinking of the wrong household member, etc.)
8. [For each household member with coverage] Can you tell me how [NAME] actually obtained the coverage? Was it by signing up through an employer (or someone else's employer), going to a government agency, or something else?
[Probe if the plan type contradicts the way the person obtained the coverage]

C. Time Period

9. What about the time period?
10. What months did you have in mind when I was asking the questions about health insurance?
11. Why those months/that time period?
12. Were there any changes in your health insurance over the past 12 months? If so...
13. What type of change?
14. Did you think about those changes during the interview?
15. Were you covered by more than one plan over the past 12 months? That is...
16. Did you switch from one plan type to another during the past 12 months?
17. Were you covered by more than one plan at the same time?
18. If so, did you report all plans or only one?
19. If you only reported one, why did you choose that one?
[repeat series for other household members' plans]

D. Household composition

20. In several of these questions we use the phrase “At any time during the past 12 months was *anyone in this household* covered by...”
21. What comes to mind with that phrase “anyone in the household”?
22. Which household members were you thinking of?
23. When we began the interview I recorded that these individuals live here [summarize household composition]. Have they lived here for all of the past 12 months?

E. Private coverage

24. What about the phrase “a health insurance plan provided through (their/your) current or former employer or union” – can you tell me in your own words what that means to you?
25. And the phrase “a health insurance plan that (you/they) PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment?” In your own words what does that phrase mean to you?
26. What does the term “policyholder” mean to you?
27. What about this question: “In addition to (policyholder), who else in this household was covered by (policyholder’s) plan?”
28. Can you tell me in your own words what that question is asking?

[For Rs who reported dependents]

29. What were you thinking when you were asked who was covered by a policyholder’s plan?
30. Which household members came to mind? Why?

31. Did you have any doubts about which household members were covered by other household member's plans?
32. What about the phrase "covered by the health plan of someone who does not live in this household?" What does that phrase mean to you?

F. Public coverage

33. What about the term "Medicare"? What does that word mean to you?
34. And the question "At any time during the past 12 months was anyone in this household covered by Medicaid/[D.C.: DC Healthy Families/MD: HealthChoice/VA: None]?" In your own words, what is that question asking?
35. And this sentence: "Medicaid/ (fill state name) is the government assistance program that pays for health care." In your own words, what does that mean to you?
36. What about this question: "In [DC/MD/VA], the [DC: DC Healthy Families/MD: Maryland Children's Health Program/VA: FAMIS] program (also) helps families get health insurance for CHILDREN. (Just to be sure,) Were any of the children in this household covered by that program?" What does that question mean to you?
37. Is there a difference, in your mind, between Medicaid and [DC: DC Healthy Families/MD: HealthChoice or Maryland Children's Health Program/VA: FAMIS]?

[For Rs who reported Medicaid, ask 23-25]

38. Can you say more about how you became familiar with that [fill plan respondent uses]? Was it through a social service agency, an insurance card, paperwork about the plan, friends and neighbors, or something else?
39. What program did you apply for?
40. Once you started filling out the paperwork, was the program you were applying for called something different from what you expected?
41. Did you get a card in the mail?
42. Did that have a name for the insurance that was different from what you expected?
43. What is the name you use for the health insurance you are enrolled in?
44. How long have you been covered by this particular Medicaid plan that you're enrolled in now?
45. Before this coverage, were you covered by Medicaid at some point in the past?
46. How long ago was that?
47. When did you first sign up for Medicaid?
48. Roughly how many times were you on and off Medicaid in the past?
49. Have you ever received any other type of public assistance in the past?

G. Military coverage [for Rs who reported military plans]

50. What about this question "At any time during the past 12 months, (were you/was anyone in this household) covered by TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service?" Can you tell me in your own words what that question is asking?

For any uninsured household member:

51. If [you/NAME] got sick or injured, where would you go for medical help?
52. Do you know how [you/NAME] would pay for the medical care?

For any household member who appeared to be uninsured but insurance was reported at verification question:

53. Can you help me figure how I missed that coverage earlier?