

# Survey Measurement of Health Insurance Coverage

## Cognitive Testing Results of Experimental Questions on Integrated Current and Calendar Year Coverage

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Joanne Pascale

### EXECUTIVE SUMMARY

#### A. Introduction

The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) is used to collect annual data on health insurance coverage, program participation and a number of other topics. Due to measurement error associated with the calendar year reference period, a research program was begun to explore the feasibility of a set of “integrated” questions asking about both current and past calendar year coverage, with the aim of producing more accurate estimates and developing better ways of capturing past year coverage. Prior research suggests that a current reference period is less saddled with measurement error and will produce more accurate estimates. It is further hypothesized that asking about current coverage may also serve as an anchor which can be used to elicit more accurate reports of past year coverage.

#### B. The Experimental Questionnaire

We undertook several stages in the development of a first draft of questions to be tested in the cognitive lab, including a literature review, a synthesis of cognitive testing findings on health insurance questions, split-ballot field tests, an examination of other national and state surveys that included questions on both current and calendar year coverage, and consultation with staff at state agencies on data quality of health insurance measures. These steps fed in to the development of a draft questionnaire, which was informally tested with family, friends and colleagues in order to correct any fatal flaws before conducting testing with live, paid respondents. The resulting first round draft is shown in Appendix A. There are four sections to the questionnaire:

- (1) determine whether the respondent has any coverage and, if so, the plan type (Q1-14)
- (2) determine the months of coverage (Q16-22)
- (3) identify other household members with the same type of coverage (Q23-25)
- (4) ask about any additional plans (current or during the previous calendar year) (Q26-30)

The basic flow of the questionnaire is to start by asking the household respondent about his/her coverage, given respondents’ tendencies to be most knowledgeable about their own coverage. First a general question determines whether he/she has any type of coverage and, if so, a followup question identifies the general source (employment, government or other). Each of these has followup questions to gather more detail about the plan type. Once the specific plan is identified, a set of questions is asked to determine the months of coverage since January 1 of the previous calendar year. Very generally, this section begins by asking if the coverage began before or after January 1, 2007. If before, we ask whether the coverage was continuous, and if so we ask no more questions about time frame because we infer that the coverage lasted from at least January 1, 2007 through the date of the interview, and this produces the key data of interest: coverage status during

all 12 months of the year, and coverage status on the day of the interview. If the coverage began after January 1, 2007, we ask what month it began, and then ascertain whether there was any other coverage during the calendar year. If the respondent reports having no coverage at the time of the interview, we ask about coverage at any time during the 2007 calendar year.

Then a set of questions determines whether other household members were also covered by the same plan and, if so, the months of their coverage. Next, the household respondent is asked if he/she has any additional plans and, if so, the series repeats for that plan. Next, the second person listed on the household roster is asked about. If that person was reported as having any coverage so far, a question determines whether they had any additional plans. If no coverage had yet been reported for the second person, the full series is asked. This routine repeats for all remaining household members.

### **C. Methods**

Interviewing was conducted from early April through mid June of 2008 by researchers at the U.S. Census Bureau's Statistical Research Division and the Data Integration Division. Altogether 36 interviews were conducted, each lasting less than an hour, with respondents diverse in demographic characteristics. They were paid \$40 for their participation. A retrospective think-aloud approach was used (see Appendix B for the complete protocol).

### **D. Results**

Below are highlights of question-by-question results and recommendations. If no problems were detected the results are not shown here in the executive summary, but complete details can be found in the full report.

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#### **3 [Do you/Does NAME] have any type of health plan or health coverage?**

- Yes => Q8
  - No => Q4
  - DK/REF => Q4
- 

#### **Results:**

1. No evidence of comprehension problems were detected
2. Some respondents had only limited knowledge of other household members' coverage situation.
3. Some respondents volunteered more detail than what was asked for – about the particular source and/or plan type, and about other household members' status.

#### **Recommendations:**

1. Train interviewers not to accept “don't know” as an initial response, but always to probe “your best guess is fine” and code “don't know” only as second response.
  2. Add “ask or verify” to subsequent questions on plan type, in case the respondent has already volunteered the relevant detail. Training should emphasize that the purpose of the “ask or verify” instruction is to allow the interviewer to acknowledge when the respondent has already offered some relevant information, to verify that information quite explicitly, and to give the respondent a chance to reflect and change his/her answer if appropriate. The purpose is not to encourage the interviewer to skip the question entirely.
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**4** [Are you/Is NAME] covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?

- Yes => Q16
- No => CK5
- DK/REF => CK5

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**Results:** No evidence of comprehension or reporting problems was detected

**Recommendations:** None

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**2/5** [Are you/Is NAME] covered by Medicare?

- Yes => Q16
- No => Q6
- DK/REF => Q6

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**Results:** Some respondents confused Medicare with Medicaid, particularly when reporting for other household members.

**Recommendation:** Add a definition of Medicare to the question itself:

**Medicare is the health insurance for persons 65 years old and over or persons with disabilities. [Are you/Is NAME] covered by Medicare?**

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**6** [Are you/Is NAME] covered by  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?  
**IN MARYLAND:** Health Choice or the Maryland Children's Health Program?  
**IN VIRGINIA:** FAMIS Plus?

- Yes => Q16
- No => Q7
- DK/REF => Q7

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**Results:** No evidence of comprehension or reporting problems was detected

**Recommendations:** None

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**7** **OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?**

- Yes (not covered) => Q28
- No (covered) => Q8
- DK/REF => Q28

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**Results:** No evidence of comprehension or reporting problems was detected

**Recommendations:** None

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**8. Is that coverage provided through an employer or union, the government, or some other way?**

PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer.

PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union. It also includes coverage through former employers and unions, and COBRA.

FR: CHECK ALL THAT APPLY

- Employer or union (current or former) => 15
  - Government => 9
  - Other => 14
  - DK/REF => 13
- 

**Results:** Overlapping response categories sometimes caused respondents to question which was the most appropriate answer. Issues were detected at Q8 that had implications for related subsequent questions, so all are discussed here as a group:

1. Respondents with coverage through a parent’s or spouses’s employer (versus their own employer) had trouble choosing between “employer” and “other” (the “other” being their parent or spouse).
2. Respondents with retiree coverage had trouble choosing between “employer” and “other,” since they were no longer working.
3. “Tricare for Life” was missing from the list of response categories in Q12
4. Respondents with coverage through a job with a government agency had trouble choosing between “government” and “employer.”

**Recommendations:**

1. The instrument is designed to route respondents to the correct path, regardless of which answer they choose in these ambiguous situations. However, there was an oversight. If respondents with coverage through a parent or spouse chose “other” they were routed to a question (Q14) to capture whether it was parent/spouse, direct purchase, etc., but there were no questions to determine who the policyholder was, and whether the policyholder got the coverage through work, direct purchase or some other way. Add new questions to Q14 if respondents chose parent/spouse:

**N1. Who [provides/provided] the coverage?**

- [display household roster] => CKN2
- someone outside the household => N2
- DK/REF => N3

CKN2

- if Q14=direct => CK16
- else => N2

**N2. And [is/was] that coverage provided through their job, direct purchase from the insurance company, or some other way?**

- job (current or former)
- direct purchase from the insurance company
- some other way => N3
- DK/REF => N3

**N3. What type of plan is/was this?**

2. Because capturing job-sponsored coverage is a high priority, it may be worth testing an alternative version of Q8 which is more explicit about job-related plans – that is, that it includes plans from one’s *own* employer and dependent coverage through others’ employers. Below are two candidates:
  - a. **[Is/Was] that coverage provided through an employer or union – either your own or someone else’s – the government, or some other way?**
  - b. **[Is/Was] that coverage provided through a job – either your own job or someone else’s job – the government, or some other way?**
3. Shorten the probe on dependent coverage, separate it from the retiree/COBRA probe, and move it up to be first:  
PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union.
4. Separate the retiree/COBRA probe, move it up to be second, and emphasize the word “former”:
5. Add “Tricare for Life” to the response categories in Q12.
6. Carefully map out “don’t know” paths, being particularly mindful of respondents who may feel that multiple response categories are applicable to their situation and so choose “don’t know” rather than make their best guess at a substantive response category.

NOTE: Though government employees often chose the “government” option at this question, when later asked if the coverage was related to a JOB with the government all said “yes” and were then successfully rerouted back to the employment path.

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**9. Is that coverage related to a JOB with the government?**

- Yes => 11
- No => 10
- DK/REF => 10

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**Results:** Some respondents who were former government employees and now had coverage through a job-based retirement plan were thrown off by the present-tense “Is” since they are no longer working.

**Recommendation:** Given the recommendations to Q8 above, some confusion on the part of retiree enrollees may be alleviated by the time respondents reach this question. Nevertheless, add a parenthetical “or was” to the question, and a probe specifying that coverage through former employers should be included here.

**[Is (or was)/Was] that coverage related to a JOB with the government?**

PROBE: Include coverage through **former** employers and unions, and COBRA plans.

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- 10. (ASK OR VERIFY): What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?**  
READ IF NECESSARY: Some of the government programs in [STATE] are:  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.  
**IN MARYLAND:** Health Choice and the Maryland Children’s Health Program.  
**IN VIRGINIA:** FAMIS Plus.  
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.  
FR: CHECK ALL THAT APPLY
- Medicare => CK16
  - Medicaid, Medical Assistance or S-CHIP => circle program name(s) above that were selected by respondent then => CK16
  - Military or VA => Q12
  - Other => Q13
  - DK/REF => Q13
- 

**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendations:** None

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- 11. (ASK OR VERIFY): Is that plan related to military service in any way?**
- Yes => Q12
  - No => Q15
  - DK/REF => Q15
- 

**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** Though not detected as a problem, in some cases respondents may report multiple plans under the same employer. To avoid redundancy, add a “Read if Necessary” instruction for cases where the respondent already answered this question for the first plan reported, so that it does not get asked again when collecting details about subsequent plans from the same employer.

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- 12. [Earlier you reported coverage through a military plan.] (ASK OR VERIFY): Which plan [are you/is NAME] covered by? Is it TRICARE, CHAMPVA, VA, military health care, or something else?**
- TRICARE
  - CHAMPVA
  - VA
  - Military health care
  - Other (specify)
  - DK/REF
- => CK16
- 

**Results:** “Tricare for Life” was missing from the list of response categories.

**Recommendation:**

1. Add “Tricare for Life” to the list of response categories (see Q8 above)
2. Correct for an oversight. In some cases military coverage will be tied to employment and in some cases respondents may not consider it job-related (eg: VA coverage). If it is

job-related, respondents should be asked for the policyholder (Q15) before establishing months of coverage. Add check item CK15.

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**13. Is it a government assistance-type plan?**

- Yes => CK16
- No => CK16
- DK/REF => Q27

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** Given the creation of the new other/specify question (N3) noted in Q8 above, respondents should be routed to N3 to gather more details on the nature of the miscellaneous plan.

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**14. [Earlier you reported coverage through another plan.] How is that coverage provided? Is it through...**

- a parent or other relative
  - a college, university or school or
  - direct purchase from the insurance company or a trade association
  - or some other way?
  - DK/REF
- => CK16

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:**

1. Add followup questions N1-N3 (see Q8 above) to capture policyholder and further detail on source (employment, direct purchase or other).
2. Though no specific problems were detected with this item in particular, we note as an oversight that dependents on a parent's OR spouse's job-based plan would be routed here if they chose "other" in Q8 (since it was not their own job). Thus this response category should include explicit references to both parents and spouses: "...parent, spouse or other relative."
3. The question as a whole is rather long, particularly given the addition of spouse. Shorten "college, university or school" to just "college or school," and drop "trade association."

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**15. And who [is/was] the policyholder? [include "Someone outside household"]**

Name of policyholder \_\_\_\_\_  
=> CK16

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**Results:** Some respondents gave the name of an employer, health plan or other institution, rather than the name of a person who is the policyholder.

**Recommendation:** Add probe:

PROBE: What is the name of the person who has the policy?

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**16. Did that coverage start before or after January 1, 2007?**

[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]  
[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

- Before January 1, 2007 => CK20
- On or after January 1, 2007 => Q18
- DK/REF => Q17

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**Results:** No evidence of comprehension or reporting problems was detected, but one respondent suggested a calendar would help.

**Recommendation:** If the survey is face-to-face, add a calendar as a job aid.

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**17. Did [you/NAME] have the coverage at any time during 2007?**

- Yes => 22
- No => CK23
- DK/REF => CK23

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** None

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**18. In what month did that coverage start?**

- Month [1-12] in 2007 => Q20
- Month [1-4] in 2008 => CK26
- DK/REF => 19

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**Results:** No evidence of comprehension or reporting problems was detected, though the question does not explicitly request a year

**Recommendation:** Add pop-up after “month”: (READ IF NECESSARY): And what year was that?

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**19. Do you know if it was before or after January 1, 2008?**

PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

- Before January 1, 2008 => Q22
- On or after January 1, 2008 => CK26
- DK/REF => Q22

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No respondents were routed to this question.

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**20. And has it been continuous since then?**

- Yes => CK23
- No => Q21
- DK/REF => Q21

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**Results:** One respondent, who was a dependent, had switched from one plan to another (but both were from her father’s employment). Initially she had blended these plans together, but at this question she explained that there had actually been two plans.

**Recommendation:** Add the probes from Q16, explaining that consecutive job-based plans are considered one plan for our purposes.

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**21. In what month did this most recent spell of coverage start?**

- Month [1-12] => CK23
  - Month [1-4] in 2008 => CK26
  - DK/REF => CK23
- 

No respondents were routed to this question.

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**22. What months in 2007 were you covered by that plan?**

- Month [1-12] =>
  - DK/REF =>
- => CK23
- 

**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** None

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**23. [Is/Was] anyone else within this household also covered by [if job-based or directly-purchased fill: your/policyholder's/else fill name of plan (e.g.: that Medicaid, Medicare, VA) plan?**

- Yes => 24
  - No => CK26
  - DK/REF => CK26
- 

**24. Who? (Who else [is/was] covered by that plan)? => Q25**

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** Though we did not observe this as a problem, in a two-person household Q23 and Q24 could be collapsed into a single, more efficient question:

**And [is/was] NAME also covered by [plan]?**

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**25. And [was NAME/were NAMES] covered during the same months in 2007 as [you/NAME] were?**

- Yes, all were covered during same time => CK26
  - No, DK, REF => Q25a
- 

**25a. What months in 2007 was NAME covered? [repeat as needed] => CK26**

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**Results:** This was problematic when the person for whom the coverage was initially reported was covered for a shorter time period than other household members also on the plan. This was particularly evident for Medicare, when the younger of an elderly couple was interviewed and reported starting coverage at some point during 2007. Then they reported their spouse as being covered, but the spouse's coverage began years prior. This meant the older spouse was, technically, covered in the "same" months as the initial, younger respondent, but also had additional months of coverage.

**Recommendation:** Revise the question wording and skip patterns. If the initial enrollee was covered the entire 12 months of 2007, ask a revised Q25:

**Q25. And [was NAME/were NAMES] also covered all 12 months of 2007?**

- Yes =>
- No => N4
- DK/REF => N4

If the initial enrollee was covered for only some months of 2007, ask a new question:

**N4. What months during 2007 [was NAME/were NAMES] covered?**

- Same months as initial enrollee [display months]
- [Months 1-12]
- DK/REF

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**26. Ok now I'd like to ask you about other plans through either [your/NAME's own] or someone else's job. Were there any months in 2007 that [you were/NAME was] covered by a different job-sponsored health plan?**

- Yes => Q15
- No, DK, REF => Q27

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**Results:** One respondent was confused because he had switched plans within the same employer and thought the question was asking only about plans through different *employers*.

**Recommendation:**

1. Simplify the wording to be clear that we mean *any* job-sponsored plan:  
**And before that plan, were you covered by any other job-sponsored health plan at any time in 2007?**
2. Add the probe on switching plans and/or employers:  
PROBE: If [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.
3. Consider adding an open-text field after the policyholder name is collected in Q15 which would enable the interviewer to enter a respondent-defined label (such as the name of the employer or the insurance company).
4. We included a parallel question for direct-purchased plans but no respondents were routed to it. Given the low prevalence of switching from one directly-purchased plan to another within the past 15 months, we recommend dropping this question, since all respondents are later routed to Q27 and Q28 to determine if they have or had any other plans.

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**27. Other than [plan(s)], [are you/is NAME] also covered by any other type of health plan or health coverage?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

- Yes => Q8
- No => Q28
- DK/REF => [Your best estimate is fine] => Q28

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**Results:** No evidence of comprehension or reporting problems was detected, though respondents did mention single-service plans.

**Recommendation:** Build the probe on excluding these plan types into the question itself.

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**28. How about during 2007? (Other than [plan(s)] [were you/was NAME] covered by any (other) type of health plan or health coverage at any time during 2007?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

- Yes => Q8
- No => CK29a
- DK/REF => CK29a

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** None

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**29. Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => Q30

DK/REF => Q30

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**30. How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => go back to CK29a

DK/REF => go back to CK29a

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**Results:** No evidence of comprehension or reporting problems was detected.

**Recommendation:** None

## **E. Summary**

Testing did not turn up any fatal flaws. However, there were three main issues that arose which could benefit from further testing. The first had to do with dependents. They were a bit reluctant to choose "employer" as a source of coverage (in Q8) since the source was not actually *their* employer (but a parent's or spouse's), and so they chose "other." They were then routed to a more detailed question to determine the source (Q14), but the response options were limited, and did not include a question on policyholder. The questionnaire now includes three new followup questions (N1 through N3) to capture who their policyholder was, and whether the plan was job-related or directly purchased, but this path was developed too late in testing to evaluate. We also developed two alternatives for the initial question on source (Q8), to encourage dependents to report job-based coverage as "employer" plans, but these alternatives have not yet been tested on any respondents.

A second issue had to do with months of coverage. When a respondent reported coverage, the routine was to first determine plan type, then months of coverage (between January 1, 2007 and the date of interview), then whether other household members were also covered on the plan and, if so, the months they were covered. If the initial enrollee and subsequent household members were covered in different months, we found a flaw in the question wording. Thus a new question (N4) was developed but, again, could not be evaluated. In this case, however, the question wording is almost identical to another item in the questionnaire (Q22) which was tested and shown not to be problematic. Thus the only concern with the new item could be that it appears in a different context. We also note that in the vast majority of cases, when multiple household members are covered by the same plan, they are covered during the same months.

Lastly, one of the main goals of the test was to evaluate whether the revised questionnaire functions as intended for people who had transitions in coverage over the 15-months – either from

one plan to another or on and off coverage. While we did have some respondents who transitioned, and the questionnaire worked smoothly, these respondents may not have been in sufficient numbers, with diverse enough circumstances, to reveal any flaws in the questionnaire.

Thus, on the whole we feel the questionnaire functioned well in a number of different circumstances, but we did find a few flaws and made repairs and these new questions have not yet been tested. We also note that respondents with certain problematic circumstances may not have fallen into our sample.

## **F. Next Steps**

Given that there are only four new items, and only fairly minor wording changes to other items, an additional round of cognitive testing is not warranted. However, testing of these new items could possibly be incorporated into the pretest planned for March, 2009. Decisions have yet to be made regarding the staff and procedures for this test. If research professionals serve as interviewers it would be possible to explore these new items using protocols similar to cognitive testing.

With regard to the goal of testing the questionnaire on people who have had transitions, plans for the pretest sample include incorporating seeded sample from enrollment records from the Blue Cross/Blue Shield Association and the Centers for Medicare and Medicaid Services. These records can be selected based on specified characteristics, such as date of enrollment. Thus it should be possible to recruit respondents who have recently enrolled in a plan and/or recently left a plan in order to examine whether the questionnaire accurately captures these transitions.

# Survey Measurement of Health Insurance Coverage

## Cognitive Testing Results of Experimental Questions on Integrated Current and Calendar Year Coverage

### I. INTRODUCTION

The U.S. health care system is a patchwork of public and private programs and plans, thus there are no definitive centralized records on the number of individuals without insurance. Researchers must rely on surveys for this estimate, and the Current Population Survey (CPS) is the most widely-cited source for this statistic. It is not without its critics, however, and recent official reports have included caveats regarding the data quality. One design feature of the survey that is suspected to be problematic is the calendar year reference period. The survey is conducted in March and questions ask about coverage “at any time” during the past calendar year. Thus respondents are asked to think back across a 15-month time span, focus on coverage they’d had at any time during the first 12 months of that period (even for as little as a day), and ignore any coverage they’d had in the most recent three months. Qualitative research has demonstrated that for some respondents this task is not communicated effectively in the question. When asked what time period they had in mind, some subjects reported the appropriate calendar year months, but others said they were simply thinking about their current situation – either their coverage at that moment, or the time period of their current spell of insurance (e.g.: the time span since they had started a job that provided coverage) (Pascale, 2008/2009). Quantitative research corroborates these findings – at least with regarding to Medicaid – showing that coverage during the past year was more accurately reported for those currently enrolled than those who were not currently covered. Results also demonstrated a problem with recall; the further back in time enrollees were covered the less likely it was to be reported accurately (Pascale, Roemer and Resnick, in press).<sup>1</sup> While it is clear that measurement error is associated with the calendar year reference period, the CPS is nevertheless charged with providing data on coverage throughout the calendar year. Thus a research program was begun to explore the feasibility of a set of “integrated” questions asking about both current and past calendar year coverage, with the aim of producing more accurate estimates and developing better ways of capturing past year coverage. Given findings like those cited above – specifically, that at least some segment of respondents essentially ignore the calendar year reference period and report on their current situation – it appears that the current reference period is less saddled with measurement error and will produce more accurate estimates. It is further hypothesized that asking about current coverage may also serve as an anchor which can be used to elicit more accurate reports of past year coverage.

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<sup>1</sup>For further reading on measurement error and the calendar year reference period see Bhandari (2004), Bennefield (2006), Lynch (2006), Marquis and Moore (1990), Pascale et al (in press), Pascale (1999), Resnick et al (2004), Rosenbach and Lewis (1998) and Swartz (1986).

## II. DEVELOPMENT of the EXPERIMENTAL QUESTIONNAIRE

We undertook several stages in the development of a first draft of questions to be tested in the cognitive lab. To investigate the hypotheses above further, we first conducted a review of relevant general survey methods literature on memory and recall, which suggested there was some advantage to providing multiple time frames to enhance the accuracy of retrospective reports. Second, we examined other national and state surveys that included questions on both current and calendar year coverage. Third, since several state surveys contain integrated questions, we consulted with researchers at the State Health Access Data Assistance Center (SHADAC) and various state agencies in order to learn whether staff had findings from any type of data quality assessments of these questions. Results from all these efforts were used to develop a routine for asking about both current and past calendar year coverage.

Very generally, the series begins by asking about current coverage, and if the respondent does have coverage at the time of the interview, we then ask whether that coverage started before or after January 1, 2007. If before, we ask whether the coverage was continuous, and if so we ask no more questions about time frame because we infer that the coverage lasted from at least January 1, 2007 through the date of the interview, and this produces the key data of interest: coverage status during all 12 months of the year, and coverage status on the day of the interview. If the coverage began after January 1, 2007, we ask what month it began, and then ascertain whether there was any other coverage during the calendar year. If the respondent reports having no coverage at the time of the interview, we ask about coverage at any time during the 2007 calendar year.

While the literature on reference period was developing, other studies on health insurance surveys were producing results suggesting that additional design features were associated with measurement error. One such feature is the household-level approach – that is, asking questions like “Is anyone in the household covered by [plan type]?” Though this has benefits in terms of respondent burden, a failure to name each household member individually does seem to risk forgetting about some members, particularly in larger or complex households (Blumberg et al. 2004; Hess et al. 2001). On the other hand, administering the entire series for each household member individually also risks respondent fatigue and associated underreporting (Blumberg et al. 2004; Pascale, 2000). Thus a hybrid approach was developed, whereby the first person listed on the roster (ie: the household respondent) is asked to report for him/herself, and if/when any plans are reported a question is asked to determine whether anyone else in the household also has that plan type. Upon completion of the series for the first person, the series repeats for the second person but capitalizes on any previously-gathered information about that second person. For example, if a husband reported himself and his wife on his job-based plan, the series for his wife starts by verifying that she is a dependent on her husband’s job-based plan and asking whether she has any other plans. This hybrid approach allows for questioning each household member by name, but avoids repeating the full series for each member (unless, of course, each member has his or her own unique plan, not shared with any other member). Furthermore, recent research demonstrated that capitalizing on “shared coverage”(that is, household members who are covered by the same plan type) results in more accurate reporting (at least for Medicaid); respondents are more likely to accurately report the Medicaid coverage of other household members when they (the respondents themselves) also have Medicaid (Pascale, Roemer and Resnick forthcoming).

Another design feature that was found to be problematic in cognitive testing (Pascale, 2008/2009) is the general “type-by-type” structure – that is, asking a series of eight questions, each on a particular plan type. The overall structure proved to be problematic both because several individual questions were too detailed and complex, and because the sequence was rather long. In an interviewer-administered mode, respondents were not exposed to all options at once, but rather one question at a time, and they were often unsure whether their coverage fit the description in any given question. This resulted in underreporting, double-reporting and misreporting of plan type. Thus an alternative design was explored, beginning with a global question asking a more simple question on whether the respondent has coverage or not, and then asking about specific plan type in a “tiered” fashion. For example, for respondents who report some kind of coverage, a followup question first determines the general source of coverage (e.g., through some type of employment, the government, or some other source). Subsequent questions then tease out the necessary detail (e.g., for government plans, whether they were Medicare or Medicaid; and for employer-sponsored plans, the names of policyholders and dependents).

This redesigned structure was meshed with the hybrid household-person level design discussed above and cognitive testing on the redesign was conducted (Pascale, 2003). Testing was done iteratively in rounds, such that when problems were identified the questionnaire was modified accordingly and tested in the next round. By the final round, no major flaws were detected. This redesign was then evaluated through a quantitative field test comparing it to the CPS. Results showed that the redesign produced significantly higher rates of Medicare coverage and unspecified “other” coverage, and a non-significant lower rate of uninsured (Pascale, 2007),

Finally, this redesigned questionnaire structure was merged with the routine described above for asking about both current and calendar year coverage to produce a first rough draft of questions to be tested. Our final preparation step was to conduct informal testing of the experimental draft with family, friends and colleagues and to correct any fatal flaws before conducting testing with “live” paid respondents. The resulting first round draft is shown in Appendix A.

### **III. THE EXPERIMENTAL QUESTIONNAIRE: OVERVIEW**

The basic flow of the questionnaire is to start by asking the household respondent about his/her coverage. First a general question determines whether he/she has any type of coverage and, if so, a followup question identifies the general source (employment, government or other). Each of these has followup questions to gather more detail about the plan type. Once the specific plan is identified, a set of questions is asked to determine the months of coverage since January 1 of the previous calendar year. Then a set of questions determines whether other household members were also covered by the same plan and, if so, the months of their coverage. Next, the household respondent is asked if he/she has any additional plans and, if so, the series repeats for that plan. Next, the second person listed on the household roster is asked about. If that person was reported as having any coverage so far, a question determines whether they had any additional plans. If no coverage had yet been reported for the second person, the full series is asked. This routine repeats for all remaining household members.

Below is a summary of the questions. Section A covers questions on plan type

(employer-sponsored, Medicare, etc.), and Section B covers questions on months of coverage and whether other household members are (or were) also covered under the same plan. Below is a very brief question-by-question description of the series. (Note that wording differed slightly if the plan was currently held versus having been held at some point during the previous calendar year. For example, for current plans Q8 was worded “Is that coverage provided through an employer or union...” and for plans not currently held but held at some point in the past year the question was worded “Was that coverage...”].

## A. Any Coverage and Plan Type

- 
1. PERSON 1: These next questions are about health insurance coverage. [IF MULTI-PERSON HOUSEHOLD: First I’d like to ask you about yourself.]  
PERSONS 2+: Next I’d like to ask you about NAME.
- 

This statement simply orients the respondent to the particular individual being asked about.

- 
2. [Are you/Is NAME] covered by Medicare?
- 

Respondents over 65 begin with this question; all other respondents are asked a more general question (Q3) on whether they have any kind coverage.

- 
3. [Do you/Does NAME] have any type of health plan or health coverage?
- 

This question determines whether the respondent has any type of coverage at all.

- 
4. [Are you/Is NAME] covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?  
5. [Are you/Is NAME] covered by Medicare?  
6. [Are you/Is NAME] covered by [in DC: DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?/ in MD: Health Choice or the Maryland Children’s Health Program?/ in VA: FAMIS Plus?]
- 

These questions are asked of respondents who say they have no coverage in order to explicitly prompt them with the names of public programs that are often discounted and sometimes underreported by respondents.

- 
7. OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?
- 

This question is asked to verify that those who did not report any coverage thus far are actually uninsured. If somehow the coverage was missed earlier, the respondent goes to Q8 to determine plan type.

---

8. Is that coverage provided through an employer or union, the government, or some other way?

---

This is the central question on general source of coverage.

---

9. Is that coverage related to a JOB with the government?

---

For respondents who chose “government” in Q7, this question determines whether that “government” coverage is actually provided through employment with a government agency, and if so, respondents are “rerouted” back to the employer path. If it is truly government-sponsored coverage, then respondents are routed to Q9 to determine the type of government coverage.

---

11. Is that plan related to military service in any way?

12. Which plan [are you/is NAME] covered by? Is it TRICARE, CHAMPVA, VA, military health care, or something else?

---

These questions determines whether the employer-sponsored coverage is related to military service in any way and, if so, the specific type of military coverage.

---

10. What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?

13. Is it a government assistance-type plan?

---

These questions determine the type of government-sponsored coverage (eg Medicare, Medicaid).

---

14. How is that coverage provided? Is it through a parent or other relative, a college, university or school, direct purchase from the insurance company or trade association, or some other way?

---

For respondents who said their source of coverage was “other” in Q7 (that is, not employer- or government-sponsored) this question is asked to obtain further detail on the source of coverage.

---

15. And who [is/was] the policyholder?

---

For employer-sponsored and directly purchased plans, this question determines the name of the policyholder.

## **B. Months of Coverage and Other Household Members Under the Same Plan**

---

16. Did that coverage start before or after January 1, 2007?

18. In what month did that coverage start?

20. And has it been continuous since then?

---

Q16 determines whether the current coverage began before or after January 1, 2007. If before we simply ask if it was continuous since then and if so we infer coverage was held during all 12 months of 2007 and all months of 2008 up to the date of the interview. If the coverage started after January 1, 2007, we ask what month the coverage started and follow the routine above (ask if coverage was continuous, etc.) [Note that Q20 is not asked for Medicare because it is assumed that once a person is on Medicare, the coverage lasts for a lifetime].

---

17. Did [you/NAME] have the coverage at any time during 2007?

19. Do you know if it was before or after January 1, 2008?

22. What months in 2007 [were you/was NAME] covered by [fill plan type]?

---

For respondents who cannot or will not say when coverage started, these questions attempt to determine whether the coverage was held at any time in 2007 and, if so, what months. Q22 (on

what months covered) is also asked of respondents who do not now have coverage, but had it at some point during 2007.

---

21. In what month did this most recent spell of coverage start?

---

For current coverage that was not continuous since the reported start month, this question determines the start month of the most recent spell.

### **Other Household Members' Covered by Same Plan**

---

23. [Is/Was] anyone else within this household also covered by [fill Pubcov plan type]?

24. Who? (Who else is covered by [fill plan type])?

25. And [was NAME/were NAMES] covered during the same months in 2007 as [you were/NAME was]?

---

These questions determine whether other household members were covered by the same plan and, if so, the months of coverage.

### **Additional Plans**

---

26. Ok now I'd like to ask you about other plans through either [your/NAME's own] or someone else's job. Were there any months in 2007 that [you were/NAME was] covered by a different job-sponsored health plan?

---

For employer-based coverage that did not last the entire 12 months of 2007, this question determines whether there was a different employer-based plan that was in effect during other months of 2007. The primary purpose of this question was to facilitate reporting when a person switched coverage within the calendar year – e.g. from one job to another, or from one insurance carrier another (e.g.: Blue Cross to Aetna) – and reported these as distinct plans. [Note that during testing there was a parallel question asking about directly-purchased plans but no respondents were routed to it].

---

27. Other than [plan(s)], [are you/is NAME] also covered by any other type of health plan or health coverage?

28. How about during 2007? (Other than [plan(s)] [were you/was NAME] covered by any (other) type of health plan or health coverage at any time during 2007?)

---

All respondents who report coverage are asked if they now have (or had any time in 2007) any additional plans and the question is repeated until they say “no” – they have no other coverage.

---

29. Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?

30. How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?

---

For household members who are reported to have had coverage under a plan already reported in a previous household members' series of questions, these questions are asked to determine whether there were any additional plans.

## IV. METHODS

Interviewing was conducted from early April through mid June of 2008 by researchers at the U.S. Census Bureau's Statistical Research Division and the Data Integration Division. Altogether 36 interviews were conducted with respondents recruited through a Census Bureau staff recruiter, flyers, social service agencies and word-of-mouth. In some cases interviews were carried out at the Census Bureau's cognitive laboratory facilities; in other cases the location was the respondent's home or a neutral third place such as a public library. Interviews lasted less than an hour, and respondents were paid \$40 for their participation. Respondents varied in terms of demographic characteristics. There were 26 women and 10 men; 11 were white, 17 were black, 5 were Asian and 3 were of other or mixed race. Five were Hispanic. Age ranged from 18 to 87 and averaged 47. Education ranged from 9<sup>th</sup> grade to a professional degree; and 11 households were below the poverty line and 25 were above.

In terms of interviewing technique, we used a retrospective think-aloud approach (Willis, 2005). 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 B for the complete protocol.

## V. RESULTS

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**Q3 [Do you/Does NAME] have any type of health plan or health coverage?**

Yes => Q8

No => Q4

DK/REF => Q4

---

No serious issues were detected with this question. When asked to paraphrase the question and to describe what they thought was meant by "any type of health plan or health coverage" most respondents offered a broad range of plan types, including private and public. For example, one respondent said he considers them all, and listed several commercial companies, then said "individual, from parent, Medicare, Medicaid." Another said "You are covered. Period." and included coverage from a spouse, parent, and free government plans. Another said he considers Veterans Administration (VA) to be coverage because it's comprehensive: "Any time I get sick, need a physical...I'm here today to get my teeth pulled..." Others said explicitly they would include both coverage they pay for in some way (e.g.: paying out-of-pocket thru an employer) and coverage supplied by the government. Regarding supplemental plans such as dental, vision, nursing home care and college plans, some said they would include those as "coverage" and some said they would not.

Some respondents went on to say that the source of the coverage is not what matters, but rather the function it serves and the services that are covered:

- It's all insurance as long as it covers my medical expenses...doesn't matter where it comes from

- I am able to access health care without paying extreme out-of-pocket
- Health coverage means to cover injuries, medications, hospitalizations...even though I don't have to pay for it I consider it coverage because I'm able to get the benefits of a health plan.

And one respondent said the question was unambiguous because “The way the question is asked is identical to the way it’s normally posed if I go to a doctor or hospital: ‘Do you have any health insurance?’”

As has been reported in other studies (Pascale, 2008), many respondents volunteered more detail at this point than was asked for, providing information on the general source (e.g.: employer), the specific employer name, the specific health insurance company, or the government plan (general and specific):

- He’s on his grandmother’s plan at the Kennedy center
- I have DC Alliance
- I’m with Aetna
- He has it through his job
- Only thru the VA
- Yes Medicaid
- Yes through County Schools
- Medicare
- I don’t know but I’m sure her work covers her

The only potential reporting issue with this question did not have to do with comprehension, but with a limit to respondents’ knowledge of other household members’ coverage situation. Some offered reasons for knowing or not knowing what to report. For example, one respondent with three roommates said that he knew about the situation of one roommate because the roommate is disabled and going through the same process of applying for disability benefits and Medicare as he (the respondent) was. He knew about another roommate’s coverage because they have been friends since their school days. For the third roommate, however, he said: “I don’t know. I’ve never known him to be sick so I really can’t tell you...we don’t sit around and talk about this.” Another respondent said her roommate was unemployed when he first moved in to the house, and then got a job. She said it was “just a common question to ask: ‘What are the benefits of the new job – when does health insurance kick in?’” She also mentioned that mail for everyone comes to the house, so she can see what health insurance-related information is being sent to her roommates. It was on the basis of the mail that she reported that her second roommate was covered, even though they’d never had a conversation about it. Another respondent said the question was very easy to answer for himself but that he “had to guess for roommate.” And finally, one respondent said she had recently moved in with new roommates and doesn’t know their health insurance status because she hasn’t discussed with them what they do (or would do) if they got sick.

One other issue to note, mainly because it has been such a dominant theme in the literature, is the time frame. Some respondents wanted to confirm that we meant their coverage status “right now” and another talked about coverage he’d had in the past and after extensive probing said he has no coverage now.

## **RECOMMENDATION**

**Question wording:** No change

**Other instructions:**

1. Respondents' lack of knowledge about other household members' health insurance status is a chronic issue. We did find some respondents unwilling to estimate coverage unless they were 100% certain. Training could include an instruction for interviewers not to accept a "don't know" as a first response, but always to probe "your best guess is fine" and code "don't know" only as second response.
2. Given the tendency for some respondents to volunteer more detail than is asked for – about the particular source and/or plan type, and about other household members' status – add an instruction to subsequent questions on source, plan type and other household members' status to "Ask or Verify" the question, rather than read it verbatim. Training should emphasize that the purpose of this instruction is mainly to allow the interviewer to acknowledge when the respondent has already offered some relevant information, to verify that information quite explicitly, and to give the respondent a chance to reflect and change his/her answer if appropriate. The purpose is not to encourage the interviewer to skip the question entirely.

---

**Q4 [Are you/Is NAME] covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?**

Yes => Q16

No => CK5

DK/REF => CK5

---

Several respondents were covered by these programs, but they had already been captured in the prior global question on coverage (Q3) and routed to other items. Thus relatively few respondents were asked this question outright. Those who did get routed here were asked how they chose their answer, and those enrolled were asked how they came to know the program names they use for the coverage. All respondents were asked for their interpretation of the term "Medicaid, Medical Assistance, S-CHIP." On this topic, respondents generally fell into one of two categories. Some (both enrolled and not enrolled) described it as a government assistance program for the poor/disabled/low income. Some respondents who were not enrolled said they didn't know anything about the program. As for how enrollees came to know of the program name they used, most cited some type of interaction with the Medicaid system. For example, one enrollee said she had originally signed up for food stamps. When she received a packet in the mail she learned she was also eligible for DC Alliance, and contacted a case worker who helped her with the paperwork. She later received another packet in the mail notifying her that she was eligible for Medicaid, which was better coverage than her DC Alliance. Other enrollees said they learned about the program names through forms and signs on the walls of social service agencies. One respondent, interviewed in late-May, had a particularly complicated story. She first said "no" to this item, and at the later item on S-CHIP (Q6) she said "yes" and explained her situation in detail. She had applied for the Maryland Children's Health Plan (MDCHP) in May of 2006, while she was pregnant with her first child. Soon afterward she received two separate cards – one for

Medical Assistance and one for MDCHIP. But due to a misunderstanding at her first doctor's appointment (6 months after the birth) she was led to believe that the Medical Assistance had "expired" because her doctor no longer accepted her card. More than a year later (a couple of months prior to the interview) she received a letter informing her that the Medical Assistance she'd been enrolled in during the past two years was going to expire in May, 2008. She later surmised that she may have presented only the MDCHIP card to the doctor, which she had used successfully throughout her pregnancy, but the doctor's office required her Medical Assistance card for post-natal care. The result, though, was that she assumed she was not covered during most of the time that she was in fact covered.

She also thought the MDCHIP covered comprehensive services for her child, but only covered birth control, pap smears and annual check-ups for her. A final complicating factor was that her husband was employed off-and-on during these two years and had private insurance that covered the entire family for a stretch of months. At some point during that time she learned that she was not "allowed" to have dual coverage, so she disenrolled the child and, as a consequence, she also lost the MDCHIP coverage for herself.

In terms of reporting, when asked the Medicaid item she said "no" even though she now knew she was covered by Medical Assistance. Her rationale was that the coverage was going to expire in a matter of days, and she had never used it as intended, so she dismissed the it as trivial. When next asked the SCHIP item (Q6), even though she was no longer covered, she said "yes" because she reasoned that technically speaking she should have reported her Medical Assistance at the previous item.

Overall, we found no evidence that the question wording itself induced problems, though we did observe general ignorance of the Medicaid program among those without coverage. And in the complicated scenario described above, the respondent had a fundamental misunderstanding of her status as an enrollee until very recently, and this affected her reporting. Indeed, if the respondent had been asked these questions before receiving the letter from Medicaid, she would have likely said "no" to both the Medicaid and the SCHIP items because she wouldn't have known she was enrolled. We also found that a second attempt to extract a positive report was needed in this case.

### **RECOMMENDATION**

**Question wording:** No change

**Other instructions:** Maintain as a followup for respondents who say "no" the global question on coverage, since it may help trigger reports of coverage that respondents initially dismiss.

---

**Q2/5 [Are you/Is NAME] covered by Medicare?**

Yes => Q16

No => Q6

DK/REF => Q6

---

This question appeared in two different places in the flow of the instrument. Respondents age 65

and over were asked this as the very first item in the instrument. All other respondents were first asked a global question on any type of coverage (Q3) and if “no” they were asked if they were covered by Medicaid (Q4). If they also said “no” to Medicaid, they were asked the Medicare question. Thus, not all respondents were asked the Medicare item at all. With regard to the testing protocol, respondents who were not explicitly asked the question were still probed on their understanding of the meaning of Medicare.

For this item two main probes were used: the meaning of the term “Medicare” and how respondents chose their answer. Several respondents (both with and without Medicare) had a general grasp of what Medicare is, using words like “elderly, senior, disabled, certain age.” Others understood it to be some kind of government program but said outright they did not know the difference between Medicare and Medicaid, and some thought the two programs were one and the same. And other respondents talked more generally about government programs but their understanding of the details was partial, or incorrect. For example, one respondent thought Medicare and Food Stamps “snap together...I think if you get Food Stamps then [Medicare] goes with that -- it's connected with that. I think the medicAID is for the older people, right? Senior citizens.” Some respondents who got the programs confused said that one program was through the federal government and the other was through the state government (Medicare is federal and Medicaid is actually a joint federal/state program). And some only understood the program to be “health insurance” or they simply said they don’t know anything about Medicare. Finally, there were some miscellaneous comments; one respondent thought of both programs as supplemental to job-based coverage, and one thought (tentatively) that it “covers all the bases...health, burial.”

When asked how they decided on their answer, most respondents provided reasonable answers, and we turned up no evidence of a respondent answering incorrectly for his or her own coverage. One respondent (58 years old and disabled) volunteered that she was covered by Medicare at the question on general source of coverage (Q8). Other respondents who were covered said they answered “yes” based on a range of reasons: they were notified by letter when they became old enough, they had a card, they were disabled. One respondent said she transitioned from SSI to Medicare when she became age-eligible. Those who said “no” did so because they knew they were not old enough to be eligible (one was pregnant).

The only case of apparent misreporting was with a respondent reporting for her sister (age 44). The respondent (herself covered by directly purchased insurance) first said “no” to the question on any coverage (Q3) and then said “no” to the Medicaid question (Q4), and said that her sister doesn’t go to the doctor. But then at the Medicare question she said “yes” adding “I was a little confused at first, but after hearing the first one [the question on Medicaid] it got me thinking about the connection between Food Stamps and health care.” Then on hearing the second question [on Medicare] she said “but then that last one the door opened for me...that last one Medicaid thing just light bulb went on...first one [Medicaid] got me thinking about the connection but still didn't get me till I heard you say the last one [Medicare].” It remains unclear what her sister is actually covered by but chances are it is Medicaid, since there is a connection between Food Stamps and Medicaid (but not between Food Stamps and Medicare). In terms of capturing some report of public coverage, this case is somewhat similar to the case described above in the Medicaid item, where it was only after a second item on public coverage was asked that the respondent reported

the coverage.

There is ample evidence that this question does not pose problems for self-reports of coverage; those with and without Medicare provided a solid rationale for their answers. However, when asked the more abstract question about what Medicare actually is, there was a fair amount of confusion (consistent with other studies), and this misunderstanding of the program seems to have led at least one respondent to misreport for another household member. So although it appears that those covered by Medicare do know it, it's possible that proxy reporting could benefit from enhanced question wording that briefly describes what Medicare is.

The CPS currently employs the following Medicare definition:

Medicare is the health insurance for persons 65 years old and over or persons with disabilities.

However, this wording is not embedded in the question; rather, it appears after the item with a “read if necessary” instruction. An earlier split-ballot experiment compared this standard CPS version to an experimental version that embedded the definition directly into the question text as follows:

Medicare is the health insurance for persons 65 years old and over or persons with disabilities. At any time during the past 12 months, were you covered by Medicare?

The experimental version resulted in increased Medicare reporting, particularly among the disabled (Pascale, 2004). Given the observed confusion between Medicare and Medicaid, and the fact that indeed there is some overlap in the programs (ie: they both could cover disabled people), these findings could raise concerns that respondents who mean to report Medicaid are induced to say “yes” to Medicare by mistake if it is asked about first in the sequence. However, the same experiment on definitions included an experiment on order effects (asking about Medicare before Medicaid and vice versa) and found no interaction effect between order and definition. In other words, the definition had the same effect on Medicare reporting, whether it came before or after the question on Medicaid.

**RECOMMENDATION**

**Question wording:** Add a definition of Medicare to the question itself:

**Medicare is the health insurance for persons 65 years old and over or persons with disabilities. [Are you/Is NAME] covered by Medicare?**

**Other instructions:** Maintain as a followup for respondents who say “no” the global question on coverage and “no” to the Medicaid item.

- 
- Q6 [Are you/Is NAME] covered by**  
**IN DC: DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?**  
**IN MARYLAND: Health Choice or the Maryland Children’s Health Program?**  
**IN VIRGINIA: FAMIS Plus?**  
 Yes => Q16  
 No => Q7  
 DK/REF => Q7
- 

As with the Medicaid item (Q4), several respondents were covered by these programs, but they had already been captured in either the global question on coverage (Q3) or the Medicaid item (Q4). Only those respondents who said “no” to Q3 and “no” to both subsequent questions on Medicaid and Medicare were asked this question, thus relatively few respondents were asked this SCHIP question outright. Among those who were, some recognized DC Alliance and HealthChoice. One said she thought HealthChoice was for “little children” whose parents couldn’t afford insurance. Another said she knows her niece (who lived with her) was not covered because prior to her current coverage (on her mother’s plan) she was on the respondent’s plan. Thus no problems were detected but there were very few cases from which to draw conclusions.

**RECOMMENDATION**

**Question wording:** None

**Other instructions:** Maintain as a followup for respondents who say “no” the global question on coverage and “no” to the Medicaid and Medicare items.

- 
- 7. OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?**  
 Yes (not covered) => Q28  
 No (covered) => Q8  
 DK/REF => Q28
- 

No problems were detected with this question. All respondents and household members who had not been reported as having coverage earlier in the interview were verified to be truly uninsured, and respondents reported no comprehension or reporting difficulties.

## **RECOMMENDATION**

**Question wording:** None

**Other instructions:** None

---

### **8. Is that coverage provided through an employer or union, the government, or some other way?**

PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer.

PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union. It also includes coverage through former employers and unions, and COBRA.

FR: CHECK ALL THAT APPLY

- Employer or union (current or former) => 15
  - Government => 9
  - Other => 14
  - DK/REF => 13
- 

#### **8.A. General Understanding of Response Categories**

Respondents were asked about each of the three major response categories in the abstract – that is, regardless of their own coverage type, what did they think each of these categories meant and what types of plans did they think of. For the most part these categories proved non-problematic.

##### **8.A.1 Employer**

Respondents with and without job-based coverage described it in various ways, such as:

- part of the cost is paid by the employer...a plan is offered by you or your spouse’s place of employment; you sign up through them and part of the cost is covered by the employer
- working for an organization, school, or some type of serious company with more than five people
- HMO, private health insurance, unions
- the company or union provides the plan
- employers want employees to be healthy so they provide insurance
- insurance premium is partially paid by the employer

Only one respondent said she didn’t know what this meant, because she had never had a job. She was 80 years old and explained that her son had special needs so rather than working she stayed home to look after him.

##### **8.A.2 Government**

Respondents generally interpreted this category to mean government assistance programs. Some said simply that Medicaid and/or Medicare came to mind, and others gave more general descriptions mentioning features such as free, subsidized, low cost care, seniors and underserved populations. However, with regard to choosing an answer, some respondents included coverage provided through a government employer (discussed below

in Section 8.C.1).

### **8.A.3 Other**

For the “other” category most respondents understood it to be a catch-all category, saying it would cover anything not provided by the two other sources (employer and government). Others were more specific, saying they would include plans like those directly purchased and school-based plans. For example, one said “It’s for people like me – I work for myself as an independent contractor...It’s for people who make a salary but don’t get benefits.” Another said, “If you were rich and could afford it on your own.” Some respondents, however, had difficulty defining the category in the abstract. One guessed: “I’m not familiar with ‘other.’ What would go into that – paying out of pocket?” Others were more perplexed:

- I can’t imagine what that means...sounds like something maybe not legitimate, or...bad.
- What other ways are there? How can I find out about them?

### **8.B. Strategy for Choosing an Answer**

Respondents were also probed on their reasons for choosing their answers and no serious problems were detected. Some respondents found the categories to be unambiguous and had no difficulty choosing an answer; many said they “just knew” what they had. Others cited their relatively simple situation (having only one plan, through an employer, where there was a “direct correlation”), or being covered for a number of years by the same plan. Below are more specific reasons respondents gave for choosing the answer they did. The only real issue that arose was some uncertainty as to which response category was the most appropriate, given that the categories could overlap for some people (e.g.: those with job-based coverage through a government employer). This is covered in Section 8.C below. The other (inevitable) issue was that respondents did not always feel entirely confident of their answers on behalf of other household members, which arose when discussing the job-based category (Section 8.B.1).

#### **8.B.1 Employer**

Those with coverage through their job cited various interactions with their employer as reasons for choosing this response category. For example, one said “I know that my employer provides it and I know that I’m enrolled.” Another had been employed for five years but was ending the job in May and her employer made it clear that the health coverage would end in June. And another said it was quite easy to answer because she is on disability and has retiree coverage through her former employer. Another respondent, who was a graduate student receiving coverage through her fellowship at school, reported her coverage as job-based, saying she wouldn’t consider her role as a student to be an employee per se, but since the coverage was from a wage-based fellowship she considered it job-based coverage.

We only had one respondent with coverage through self-employment. His father was self-employed and both he and his father had coverage through the father’s business. The respondent said that while he was not an employee of the business, he nevertheless got coverage through his father’s employment (and chose “employer” here, rather than

“other”).

Reporting for other household members was sometimes straightforward. One respondent, reporting for her husband, said she knew about his coverage because the premium was deducted from his paycheck. Another said she knew her husband was covered through his job because they both had the same coverage and they both changed plans at the same time. Another respondent, reporting for his unmarried partner, said he knows his partner gets coverage through his job because (1) he (the respondent) was disabled and has discussed the fact that he could not care for his partner if his partner got sick and (2) he’s had the job for 18 years and it’s part of his benefits package.

Other respondents, reporting for more distant household members, were less certain. For example, one respondent knew one of her roommates had job-based coverage because they had talked about it, but she assumed her other roommate also had job-based coverage because “it was the most obvious source.” Another, who was 23 and living with a roommate (who was also 23), said she had to guess for her roommate. She assumed her roommate got insurance through her job when she got hired (in February of 2007) and that before that she was covered by her parents because that was her own (the respondent’s) experience. And one respondent, reporting for an “other relative” said “I assume it’s through her job, but I don’t know” and thus chose “don’t know” rather than “employer.” So we observed a range in the comfort level of respondents when faced with having to make what could be considered informed guesses about the status of other household members.

### **8.B.2 Government**

Respondents covered by Medicare, Medicaid and other types of government assistance plans had no trouble choosing “government.” One said he chose “government” because “It’s through TANF, and TANF IS the government..it was obvious. When I went to apply it says ‘government’ on the building, the forms...” Others said they carry a card and/or were mailed “tons” of materials. One respondent, who had volunteered earlier (at Q3) that her coverage was Medicaid, interrupted and said “government” before the question was completed (and was later annoyed with what she felt was an unnecessary question).

### **8.B.3 Other**

While some respondents expressed some confusion about this general response category in the abstract, they did use it successfully, often by process of elimination (ie: noting that the coverage was not provided by an employer or the government). For example one respondent, age 21 and receiving coverage through her mother’s job, said “other” since she didn’t have a job herself, and she didn’t have government coverage. Another respondent, reporting her directly-purchased Medigap plan, first responded “private.” She knew it wasn’t through a job or the government so she eventually chose “other.” A second respondent with Medigap (through AARP) said she wasn’t sure what the question meant at first, and wondered about directly-purchased plans because she knew that was her plan type. After the question was repeated she chose “other” and then at Q14 she chose direct purchase. Another reasoned that she “paid myself – out of pocket – it wasn’t provided through anything...so would that be some other way?” and she later (at Q14) chose the

direct purchase category. She said she did expect to see “direct purchase” on the original list (with employer and government) because “those are the three ways I know of to get it. But that’s only because I’ve done direct before. Maybe if I hadn’t I wouldn’t expect to see that.” In all these cases the respondents flowed through the instrument correctly (choosing “other” at Q8 and then “direct purchase” or “parent” at Q14).

### **8.C. Overlapping Response Categories**

It was inevitable that response categories could overlap for some respondents. For example, someone working for a government agency may be unsure whether to choose “government” or “employer.” The instrument was designed to account for these types of ambiguous situations by using followup questions to route respondents down the correct path regardless of which response category they chose when faced with some ambiguity or doubt. Some respondents did experience this expected ambiguity, but in all cases the followup questions successfully routed them to the correct response category. Below are the scenarios that played out in testing. It is important to keep in mind, however, that the cognitive lab setting encourages discussion of respondents’ doubts so it is difficult to say with certainty what respondents would do in a production interview setting. Some respondents may opt for “don’t know” rather than make their best guess if they are uncertain.

#### **8.C.1 Government vs. Employer**

In the case of the government employee mentioned above, ideally the respondent would choose “employer” (versus “government”) since the “government” category is meant to capture government assistance programs. But if he did choose “government” we followed up by asking if the plan was related to a *job* with the government, and if so the respondent was re-routed to questions in the employer-sponsored coverage path. In all but one case this successfully routed respondents employed by government agencies back to the employer-sponsored coverage path. The exception was a respondent with retiree military coverage, who did not report it was job-related since it was through a *former* job (see Section 8.C.2.B for details).

Several respondents were (or had been) employed by government agencies and this often made them pause in trying to decide between “employer” and “government.” One said “It’s a little confusing because I’ve been employed by the government. I assume ‘government’ in the question refers to programs like Medicare and Medicaid, versus government *employment*.” Others thought the distinction came down to whether the employment was for a government agency or for a private company. For example, one respondent said “She works for the county schools so I said ‘government’ since it’s not a private company.” Another said it was clear because he works for a private company, but if he had worked for a government agency he would have found it ambiguous. Other respondents just handed the issue back to the interviewer by saying something like “Well he works for the district government, so...”

One respondent, covered by Tricare for Life (a military retiree plan) found the series a little confusing – not because of doubts about the employer/government distinction but because she had doubts about whether a retiree plan was employment-related (discussed in Section

8.C.2.B below).

**8.C.2 Employer vs. Other:** There were two categories of ambiguity: those covered through someone else's employer, and those with retiree coverage.

**8.C.2.A Coverage through Parent's/Spouse's Employer**

Some respondents reporting coverage from a parent or spouse were unsure whether to choose "other" (since the coverage was through the parent or spouse and "other" was the default category) or "employer" (since they knew the coverage was indirectly through the parent's/spouse's employer). This was particularly relevant for young adults covered by their parents. In one case a 20-year-old respondent was covered by her father's job-based plan, which she knew because her father's employer was listed on her insurance card. She was reluctant to choose "employer" because the coverage was not through *her own* job. The interviewer read the probe ("Employer/union' coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union...") and the respondent said once she heard the keyword "parents" that gave her the reassurance to answer "employer." Another 23-year-old respondent said she chose "other" because she was "focused more on source (her father) than on the actual plan," but she later wondered whether she should have chosen "employer." Adults covered by spouses faced similar issues. One respondent, covered by his wife's plan, said he knew to eliminate "government" (since he didn't have benefits like Medicaid or Medicare) and between "employer" and "other" he chose "other" because, like the younger respondent above, the coverage was not through *his own* job. The issue also arose for a grandparent who was reporting for her grandchild who lived with her. The grandchild was covered by her parents' employers and the grandparent chose "other."

**8.C.2.B Retiree Coverage**

In some cases respondents with retiree coverage were uncertain whether to choose "employer" or "other" here because the coverage was from a *former* employer and they weren't *currently* working. This ambiguity occurred for both policyholders and dependents.

In a somewhat involved case (mentioned above) the respondent was covered by Tricare for Life (a military retiree plan) and found the series a little confusing due to doubts about whether a retiree plan was employment-related. She chose "government" at Q8 without doubt (since she reasoned she wasn't actively working so it was a government plan) but at Q9 (was the plan job-related) she wasn't sure whether to consider this plan job related since she was no longer working. She ended up saying "no" (that is was not job-related) and then at Q10 (on type of government coverage) she chose "Military." She was then routed to Q12 (on type of military coverage) and said "Tricare" (note that there was no category for "Tricare for Life."). So although this series presented some ambiguity for the respondent, she did get categorized correctly. Furthermore, if she had made

different choices along the way she very likely would have still been correctly categorized. That is, if at Q9 she had said “yes” (that it was job-related) she would have gone to Q11 and very likely have said “yes” (that it was related to the military). And finally, if at Q8 she had chosen “employer” (rather than government) she would have been routed directly to Q11 to determine whether it was related to the military, and then to Q12 to determine military plan type.

And similar to the comment above on the probe for a parent/spouse employer, a separate probe on former employer plans could increase the chances that the interviewer will find and read the probe when appropriate.

#### **8.D. Volunteered Information**

Some respondents volunteered details about their plan (e.g.: that it was through their job, or that it was Medicaid), even at the very first question on whether they had coverage. Thus, in some of these cases, Q8 seemed redundant. For example, one respondent said at Q3 that she had Medicaid, and when asked Q8 she said “You’re asking me the same question you asked at first. It’s like you’re trying to trip the person up.” While the question is not redundant (Q3 asks about any kind of coverage, and Q8 asks about general source), when respondents volunteer the answer to Q8 at Q3, they can feel that the later question is redundant.

### **RECOMMENDATION**

#### **Question wording:**

1. Regarding the decision over “employment” versus “other” when the coverage is provided by a parent’s/spouse’s employer, regardless of which avenue respondents choose, the instrument is designed to route respondents to capture the correct plan type. If they choose “employment” at Q8, they are routed to the employer loop and asked for the name of the policyholder (at which point the parent/spouse can be reported). If they choose “other” they are routed to Q14 (parent/spouse, school, direct purchase, etc.). In order to capture the employment connection, the “parent/spouse” response category should have followup questions on which household member (if any) provides the coverage (in order to capture policyholder) and whether that coverage was obtained through the parent’s/spouse’s employer, direct purchase or some other way. Also include an open-text “other/specify” question to capture the type of plan if it is not reported as a category. In some cases the respondent will only know parent/spouse (and not the detail on whether it’s job-related, direct purchase, etc.) but this routine captures the detail if the respondent does know. Add new items N1, N2 and N3:

#### **N1. Who [provides/provided] the coverage?**

- [display household roster] => CKN2
- someone outside the household => N2
- DK/REF => N3

#### **CKN2**

- if Q14=direct => CK16
- else => N2

**N2. And [is/was] that coverage provided through their job, direct purchase from the insurance company, or some other way?**

- job (current or former)**
- direct purchase from the insurance company**
- some other way => N3**
- DK/REF => N3**

**N3. What type of plan is/was this?**

2. There is some risk, however, that dependents who choose “other” will fail to flow through the series correctly and the employment connection will be lost. Because this is a high priority, it may be worth testing an alternative version of the question which is more explicit about job-related plans – that is, that it includes plans from one’s *own* employer and dependent coverage through others’ employers. Below are two candidates:

- a. [Is/Was] that coverage provided through an employer or union – either your own or someone else’s – the government, or some other way?**
- b. [Is/Was] that coverage provided through a job – either your own job or someone else’s job – the government, or some other way?**

The first candidate is slightly awkward, but does include all the key concepts. The second alternative swaps the phrase “employer or union” for “job,” in the hope that respondents construe “job” broadly enough to encompass both employers and unions.

3. Another minor improvement for the employer/other overlap would be to move the probe explaining that “employment” could be one’s own or someone else’s, and to shorten this probe and separate it from the former employer/COBRA part of the probe. This could increase the chances that the interviewer will find the discreet information needed and read it to the respondent when appropriate.

PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union.

4. With regard to retiree coverage, it may be beneficial (as noted above) to separate the probe from the employer/union probe, to move it up higher in the display, and to emphasize the word “former”:

PROBE: Include coverage through **former** employers and unions, and COBRA plans.

5. Add “Tricare for Life” to the response categories in Q12. If respondents flowed through the way the test respondent did, the employment connection could be captured since Tricare for Life itself indicates retiree coverage through employment.

**Other instructions:**

1. Carefully map out “DK” paths, being particularly mindful of respondents who may feel that multiple response categories are applicable to their situation and so choose DK rather than make their best guess at a substantive response category. For example, at Q8, DK responses skip to Q13, which asks if the plan is a government-assistance type plan. If the answer here is also DK, rather than giving up on plan type (since at this point the respondent did say at Q3 that he/she was covered), the respondent could be skipped to the new other/specify (N3) question mentioned above.
2. Several questions following Q8 anticipate that some respondents will have volunteered certain detail along the way and include an “ask or verify” instruction (e.g.: Q10 on type of government coverage; Q11 on a military connection). Given that some respondents volunteer information at the very first mention of coverage, it may be warranted to add an “ask or verify” instruction even as early as Q8.
3. The “Check All That Apply” allows respondents to report multiple sources of coverage at the same time. For example, a retiree may have both Medicare through the government, and medigap through a former employer. The instrument was designed to capture both of these here, and to follow up on each plan, one at a time, in the order in which they were recorded (that is, if “employer” and “government” were checked, first the “employer” path would be followed to collect detail on that plan, and then the “government” path would be followed). In an earlier field test, a similar version of this question was tested, but it included four response categories (employer, direct purchase, government, other). In total, 5% of the sample chose multiple response categories (Pascale, 2007). Though this was successful, it required extremely complicated programming to develop the instrument and process the plan-level data. Given the low prevalence of multiple reports, and the fact that there is a catch-all question at the end, asking essentially “Other than any plans already reported, do/did you have any other type of plan.” the programming complications may not warrant the benefit.

---

**9. Is that coverage related to a JOB with the government?**

- Yes => 11
  - No => 10
  - DK/REF => 10
- 

Respondents seemed to understand the objective of the question – to tease out government assistance plans from employer-based plans where the employer happens to be a government agency. The felt it was straightforward, asking whether they were working in the government and were covered under their health plan. One respondent, reporting for his roommate, hesitated for a moment because his roommate worked for a government *contractor*, but then said yes it is job-related. Apparently he was rethinking his answer to the previous question on employer versus government as a source of coverage – wondering if “government” was correct since it was employment indirectly tied to the government through a contract agency. But ultimately the respondent knew it was job-related.

Other respondents who were unemployed and covered by government assistance plans clearly knew that the plan was not related to employment since they were unemployed. One said he knows government employees get coverage but he is not employed.

The only issue that arose was over retiree coverage (as discussed in Section 8.C.2.B above) among respondents who were former government employees and now had coverage through a job-based retirement plan. One respondent said she was initially thrown off because the question asks ‘IS that coverage..’ versus “WAS that coverage...” Though this issue could have come up at Q8, it did not, and she replied “government.” But with this follow-up question she hesitated. After reading the probe on former employers from Q8 the intent of this question became clear and she answered “yes” with no hesitation.

### **RECOMMENDATION**

**Question wording:** Given the recommendations to Q8 above, some confusion on the part of retiree enrollees may be alleviated by the time respondents reach this question. Nevertheless, adding a parenthetical “or was” to the question, and a probe specifying that coverage through former employers should be included here, could be beneficial for those who begin to question the issue here at Q9.

**[Is (or was)/Was] that coverage related to a JOB with the government?**

PROBE: Include coverage through **former** employers and unions, and COBRA plans.

**Other instructions:** None

- 
- 10. (ASK OR VERIFY): What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?**  
READ IF NECESSARY: Some of the government programs in [STATE] are:  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.  
**IN MARYLAND:** Health Choice and the Maryland Children’s Health Program.  
**IN VIRGINIA:** FAMIS Plus.  
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.  
FR: CHECK ALL THAT APPLY
- Medicare => CK16
  - Medicaid, Medical Assistance or S-CHIP => circle program name(s) above that were selected by respondent then => CK16
  - Military or VA => Q12
  - Other => Q13
  - DK/REF => Q13
- 

In many cases Q4, Q2/5 and Q8 (8.A.2, 8.B.2 and 8.C.1 above) prompted discussion about the

specific types of government plans, thus little new information came out in probing on this question. All respondents in our sample covered by Medicare had already reported it, so respondents who reached this point all had Medicaid or military coverage. Like other respondents above, they cited some kind of interaction with social services as the reason they came to know of the program, and the name they used for it. One who chose “medical assistance” said that when he went to social services to sign up there were big “Medical Assistance” signs on the wall. When read the probe on state-specific names, he recognized the program as also being called DC Alliance. He was aware of Medicaid and Medicare but knew he was not covered by them because his case worker said he wasn’t eligible. Another respondent, who had private coverage herself but reported Medicaid for her two sisters living with her, said she has heard of DC Alliance, noting “I’ve seen signs all over, in Southeast, on billboards, buses, little laptop bags...” She thinks it is for people with moderately low income, their kids, and the disabled, and that it is free and different from Medicare and Medicaid. Another respondent, age 40, recently went on Medicaid for the first time and said she knew it was Medicaid because for Medicare she needed to be 65.

Other respondents had a longer history with Medicaid and had no trouble choosing Medicaid. One respondent, covered for about 15 years due to AIDS, said “DC Medicaid” after just the stem question was read. She said she knows of many other program names but hers is just called “DC Medicaid.” Another respondent had been covered by Medicaid since she went on welfare 30 years ago, when she got a slip (not a card) that said Medicaid. She thought her current plan was Medicaid because it was associated with TANF. In 2007 her case worker told her the program was DC Healthy Families and the plan was Charter Health, but she reasoned it was all Medicaid due to the welfare connection she’s had all along.

Respondents with military coverage expressed no difficulty with this question.

### **RECOMMENDATION**

**Question wording:** None

**Other instructions:** As in Q8 above, this item includes a “Check All That Apply” instruction, allowing respondents to report multiple sources of coverage at the same time. In the field test mentioned above, 11.2% of the sample chose multiple response categories, and the majority of these (45%) were respondents reporting both Medicare and Medicaid (Pascale, 2007). Another 25% reported both Medicaid and some “other” plan. Given underreporting of public plans and the higher prevalence of multiple reports at this item, in spite of the programming complications it may be worth maintaining the “Check All That Apply” in this item.

---

**11. (ASK OR VERIFY): Is that plan related to military service in any way?**

- Yes => Q12
  - No => Q15
  - DK/REF => Q15
- 

No comprehension or reporting problems were detected. Respondents whose coverage had no connection to the military had no doubts selecting “no” and offered a range of reasons for their

answer – e.g.: the work was through a private company, they are a civilian, or had never been in the military. All agreed that the question did not seem odd or out of place, and some noted that the question could apply to some people because the military does offer coverage to its personnel. One respondent also said, “You’re used to it. Every form you get, from post office, etc., asks about military service.” And one respondent, a Chinese immigrant who had married an American G.I., explained that “I was married to an American boy, but my insurance didn’t come from that.”

## **RECOMMENDATION**

**Question wording:** None

**Other instructions:** In some cases it may be redundant to ask this question. Some respondents will be with the same employer during the entire course of the reference period, but switch insurance plans offered by the employer within that time period. For our purposes we would consider these one continuous “plan” since they are both employer-based (note that Q16, which establishes whether “that coverage” started before or after January 1, includes a probe explaining this). However, due to the inherent ambiguity of what constitutes a distinct plan (that is, whether it is a particular insurance carrier or an employer), respondents may report these as multiple plans. For example, if a respondent worked for the same employer during the entire reference period, but switched from Blue Cross to Kaiser in March, 2007, then when asked when his employer-based plan started he may say “March” (thinking of only the Kaiser plan). Later (at Q29), when asked if he had any additional plans during 2007, he would likely say “yes” and then report his Blue Cross plan held from January through March. In this case it would not be necessary to ask a second time if the coverage was related to the military. This cannot be scripted, since the questionnaire does not explicitly ask for employer name, but the respondent may well volunteer that he was with the same employer and simply switched carriers. Therefore, this question should include a “Read if Necessary” instruction.

- 
12. **[Earlier you reported coverage through a military plan.] (ASK OR VERIFY): Which plan [are you/is NAME] covered by? Is it TRICARE, CHAMPVA, VA, military health care, or something else?**
- TRICARE
  - CHAMPVA
  - VA
  - Military health care
  - Other (specify)
  - DK/REF
- => CK16
- 

The only issue detected with this question had to do with Tricare for Life (a retiree plan) discussed in Section 8.C.2.B above. This is a plan distinct from Tricare, and should be added to the list of plan types. This would reduce confusion for respondents on Tricare for Life who are uncomfortable selecting “Tricare,” and it would enable the capture of an employer connection if the respondent had reported this as a government plan not related to employment (due to the fact that they are now retired and no longer working).

### **RECOMMENDATION**

**Question wording:** Add “Tricare for Life” to the list of response categories (as specified in recommendations in Q8 above).

**Other instructions:** While this did not manifest as a problem in the test, an oversight was noted. In some cases military coverage will be tied to employment (ie: those respondents coming from Q11) and in some cases the coverage may not be related to employment (eg: VA coverage reported in Q10). If it is job-related, respondents should be asked for the policyholder (Q15) before establishing months of coverage. (Add CK15).

---

13. **Is it a government assistance-type plan?**

- Yes => CK16
  - No => CK16
  - DK/REF => Q27
- 

No respondents were routed to this question. However, given the creation of the new other/specify question (N3) respondents should be routed here to gather more details on the nature of the miscellaneous plan.

### **RECOMMENDATION**

**Question wording:** None

**Other instructions:** If No, DK or REF, route to QN3

---

14. **[Earlier you reported coverage through another plan.] How is that coverage provided? Is it through...**

- a parent or other relative
  - a college, university or school or
  - direct purchase from the insurance company or a trade association
  - or some other way?
  - DK/REF
- => CK16
- 

Respondents reporting having no doubts about which category to choose, and seemed to have an understanding of each discreet response category. However, one respondent, who had directly-purchased coverage, misunderstood the parent/relative category when asked about it in the abstract, saying “When a parent is older, and may not afford insurance, so you’re working maybe you put that parent on your plan.” School-based plans were described as college-based and provided as part of tuition. One respondent said “It’s for students away from home. The parent has coverage but the student needs something on campus. It’s provided through the school – they have a nurse, maybe even hospital, for broken arms, etc.” With regard to direct purchase, one respondent said she was expecting to hear “private coverage” as an option, but when the full set of response categories was repeated she had no trouble choosing “direct purchase.” Another with direct purchase said she had forgotten that one can get coverage through parents and school, so she

considered those options to see if any of them applied and came to “direct purchase” with no doubts. Another, with AARP Medigap, said “I guess direct purchase because I pay the insurance company every month.”

## **RECOMMENDATION**

### **Question wording:**

1. Add followup questions N1-N3 (see recommendations for Q8 above).
2. Though no specific problems were detected with this item in particular, we note as an oversight that dependents on a parent’s OR spouse’s job-based plan would be routed here if they chose “other” in Q8 (since it was not their own job). Thus this response category should include explicit references to both parents and spouses: “...parent, spouse or other relative.”
3. Though not detected as a problem, the question as a whole is rather long and it may be advisable to tighten the wording if at all possible. For example, “college, university or school” could be shortened to just “college or school,” and “trade association” could be dropped.

### **How [is/was] that coverage provided? [Is/Was] it through...**

- a parent, spouse or other relative =>
- a college or school =>
- direct purchase from the insurance company =>
- or some other way?

**Other instructions:** None

---

15. **And who [is/was] the policyholder?** [include “Someone outside household”]

Name of policyholder \_\_\_\_\_  
=> CK16

---

For the most part respondents understood this question, and answered fairly quickly that they were the policyholder, or another household member was. When asked about the term “policyholder” some respondents were very specific, e.g.: “the person whose job has the insurance that’s covering the family” and “head of household.” One respondent said he considers his wife and son to be “policyholders” because they carry insurance cards, but he is the “primary policyholder” because he has the job that provides the coverage. In some cases respondents gave the name of the employer, the school, or the health plan itself, or asked for clarification (e.g.: “Me? Or the employer who sponsored it?”). In some cases respondents corrected themselves, and in some cases interviewers followed up with something like: “Whose name is the policy in?”

## **RECOMMENDATION**

**Question wording:** In order to provide interviewers with the means to clarify when respondents offer the names of health plans, employers and other institutions, add probe:

PROBE: What is the name of the person who has the policy?

**Other instructions:** None

---

16. **Did that coverage start before or after January 1, 2007?**

[If this is a **job-based plan** fill: PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]

[If this is a **directly-purchased plan** fill: PROBE: When we say “that coverage” we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

Before January 1, 2007 => CK20

On or after January 1, 2007 => Q18

DK/REF => Q17

---

Respondents whose coverage had begun years ago answered “before” with no hesitation or doubt, and said it was an easy question. Some said they just thought about the fact that they had been covered for several years, and thus could easily deduce that they started before January 1, 2007. Several mentioned the particular event that prompted the start of their coverage, such as beginning a job, turning 65, starting school and retiring. Others thought more specifically about the January 1 date. One respondent, who had been on the same plan for five years, did say he had to stop and think about his status on January 1, 2007, because that was the date specified in the question. He also said he recognized that the question was not asking for a start date – just before or after a certain date – so “It just took me a minute to think about it but the wording made sense.” Another had no trouble reporting, but thought the January 1 date was rather arbitrary and that a calendar would be helpful. And some respondents with coverage for less than two years had to think more carefully about what the current year was (“Let’s see – where are we now – 2008?”), when the coverage started, and what the question was asking. For example, one respondent said her roommate’s job started in November, 2006, and that he had a 90-day waiting period before he could get coverage, and so determined that the coverage started in February, 2007.

With regard to reporting for others, one respondent learned about another household members insurance status through experience. She took her to see a doctor four times last year, and so had to track down her insurance card and knew from the medical appointments that the coverage was “in full force.”

One other miscellaneous note: a respondent had been on Medicare since 1996 and said “before,” though she noted that “they changed the program” and she added Part D in 2007. She recognized this as a change to the benefits, but did not consider this recent change as causing her Medicare to “start” in 2007.

One respondent, who reported that her roommate had job-based coverage, said she couldn’t remember exactly when he started his job (she thought it was some time in 2006) and she knew he had to wait for a period of time before he was eligible to sign up for coverage, so she answered

“don’t know” to the before/after question. She reported her second roommate as also having job-based coverage and also said “DK” to this question. She said he had recently graduated from college and started the job in fall, 2007. When probed why she was not confident that the coverage started after January 1, 2007 (since the job clearly started after), she said she’d never been part of a survey before and was reluctant to answer unless she was certain.

**RECOMMENDATION**

**Question wording:** None

**Other instructions:** If the survey is face-to-face, add a calendar as a job aid.

---

17. **Did [you/NAME] have the coverage at any time during 2007?**

Yes => 22

No => CK23

DK/REF => CK23

---

Only respondents who don’t know whether the coverage started before or after January 1 are skipped to this question, so we had only one respondent for this item. Answering for two roommates, she said she knew they were covered at some point during the year but wasn’t sure when their jobs started, and whether there was a waiting period before they could get the coverage.

**RECOMMENDATION**

**Question wording:** None

**Other instructions:** None

---

18. **In what month did that coverage start?**

Month [1-12] in 2007 => Q20

Month [1-4] in 2008 => CK26

DK/REF => 19

---

Some respondents could provide a specific month and year with a fair amount of confidence. For example, one said he was just talking with his wife recently about the fact that they’d been on their plan for a year, thus the start date was April, 2007. Another cited her husband’s start date at a job, and another said the start date coincided with her birthday. And some provided a month but not a year, which required follow-up from the interviewer.

**RECOMMENDATION**

**Question wording:** add pop-up after “month”: (READ IF NECESSARY): And what year was that?

**Other instructions:** None

---

**19. Do you know if it was before or after January 1, 2008?**

[If this is a **job-based plan** fill: PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]

[If this is a **directly-purchased plan** fill: PROBE: When we say “that coverage” we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

- Before January 1, 2008 => Q22
- On or after January 1, 2008 => CK26
- DK/REF => Q22

---

No respondents were routed to this question.

---

**20. And has it been continuous since then?**

- Yes => CK23
- No => Q21
- DK/REF => Q21

---

In all but one case the answer was “yes” and respondents answered with no hesitation and expressed no difficulty. On probing, one respondent explained that the benefits and costs have changed over the 40 years she has been with her employer, and that open season allows for changing plans. But since she’s been with the same employer for 40 years, and always had coverage through the job, she considered this “continuous” coverage. In another case, however, the respondent viewed things differently. She was enrolled in two different consecutive job-based plans through her father. One began in July 2006 and ran through November, 2007, and the other began in December, 2007 and continued to the present. It was only on probing at this question that the respondent explained there had really been two plans during the course of the past 15 months. In earlier questions she’d reported the coverage as “other” and then through a parent/relative but blended the two plans. For purposes of this survey, either way is acceptable. There is a probe at Q16 which explains that all job-based plans can be lumped together, and it could be useful to repeat the probe here in case respondents raise the issue at this point rather than earlier.

**RECOMMENDATION**

**Question wording:** add probes from Q16

**Other instructions:** None

---

**21. In what month did this most recent spell of coverage start?**

- Month [1-12] => CK23
- Month [1-4] in 2008 => CK26
- DK/REF => CK23

No respondents were routed to this question.

---

**22. What months in 2007 were you covered by that plan?**

Month [1-12] =>

DK/REF =>

=> CK23

---

Some respondents had no trouble with this question, particularly those who were covered the entire year and had only recently lost or switched coverage. And some who had transitions during 2007 had specific reasons for knowing which months they had coverage. For example, one respondent had been working as a contractor for three years and paying for coverage out-of-pocket. Then in February 2007 she got hired as a federal employee and enrolled in job-based coverage. She said her start date as a federal employee is used for lots of other administrative reasons and that's why she remembered it. She also had a gap in between plans of about 3 days where she wasn't covered, and she remembers when those days were. Another respondent said he had been covered for years and wasn't sure when the coverage started, but he knew it ended when he turned 19, in September of 2007. As noted before, some respondents simply did not have the knowledge about other household members and either made tentative guesses or said "don't know."

**RECOMMENDATION**

**Question wording:** None

**Other instructions:** None

---

**23. [Is/Was] anyone else within this household also covered by [if job-based or directly-purchased fill: your/policyholder's/else fill name of plan (e.g.: that Medicaid, Medicare, VA) plan?**

Yes => 24

No => CK26

DK/REF => CK26

---

**24. Who? (Who else [is/was] covered by that plan)? => Q25**

---

The routine of Q23 and Q24 – identifying a household member as being covered by a certain plan, and then asking if others are also covered – has generally been used only for private plans. The policyholder is usually identified first and then dependents are asked about. In this experimental design the goal was to explore whether this same general structure could be applied to public plans, even though there is not a formal policyholder-dependent aspect to the coverage.

With regard to public coverage, in most cases when there were multiple people in a household covered by the same plan type, respondents reported the household members as a "unit." That is, when asked Q23 they said "yes" and then reported the names of the other household members at

Q24. With regard to Medicare, all respondents over 65 reported Medicare and answered “yes” to Q23 and then reported their spouse as also being covered at Q24. For Medicaid and SCHIP respondents also reported multiple people as a unit, whether or not the respondent him/herself had the coverage. For example, one of the simplest cases was a 2-person household (a single mother living with her 13-year-old son). She reported Medicaid for herself and at Q23 said “yes” and then reported her son at Q24. In another fairly simple case (a married couple and baby) the respondent (the mother) reported SCHIP for herself and at Q23 said yes the baby was also covered (but the husband was not). In another household the situation was similar – the mother reported Medicaid for herself and youngest child – but said the coverage did not extend to her unmarried partner or her older child.

Other cases were a bit more complicated because the respondent did not share the coverage with other household members, but they shared coverage with each other. For example, a woman was on Medicare due to a disability, and reported that her husband was on Medicaid due to a disability. At Q23 she said no one else was on her Medicare plan, but when asked about her husband’s Medicaid she report that their 6-year-old daughter was also covered. Similarly, a husband reported that his wife had Medicaid and said “yes” to Q23, and reported both children at Q24. And we had two cases of adult siblings living together. In one case a brother, who had comprehensive VA coverage for himself, reported that his sister and her two children were all covered by Medicaid. In another case, a woman lived with her two adult sisters. She herself had directly-purchased coverage and when asked if others were also on her plan she said “No. I couldn’t carry them because they’re older.” Then she reported her first sister as covered by Medicare (though this was most likely Medicaid; see above Q2/5) and at Q23 said yes, and at Q24 said the second sister was also covered.

There was one exception to the reporting of multiple enrollees in public programs as a unit. A respondent, living with three unrelated roommates, reported public insurance (DC Alliance) for himself and when asked if anyone else was covered he said “no.” However, he later reported that the third roommate was also covered by DC Alliance (he knew this because they were both in the process of applying for disability coverage, and DC Alliance was a stop-gap measure). When probed he said he didn’t think of reporting his roommate at the time he reported his own coverage because “He has his own; he is not covered by MY plan. It’s my coverage; I can’t help him.” The coverage did ultimately get reported – just not as efficiently as it could have been.

We had one instance of would-be over-reporting. A respondent reported that her daughter was covered by the daughter’s grandmother (who lived outside the household). When asked Q24 the respondent reported the grandmother, but was reminded that the survey only covered people living within the household.

Regarding non-public coverage, this set of questions worked smoothly across a wide range of situations. In households of unrelated roommates, with the exception of the case of two roommates being on the same public plan discussed above, all had their own discreet plan not shared with other household members (or they were uninsured). Among traditional families this question was quite straightforward. Members of married couples reported their spouses and children as being on their plan, and a college student (living with her parents and two younger siblings) reported all five

of them as covered by her father's job-based plan. We had several cases of what might be considered complex households, and/or situations where family members were covered by a mix of different plans for various reasons (cost, health status, disability, etc.). In all cases, there was no evidence of reporting problems. The range of situations included:

- A. Each household member had distinct coverage:
  - A husband had comprehensive VA coverage for himself and his wife had her own job-based coverage.
  - An unmarried couple lived with her adult son. The woman had Medicare due to a disability, her partner had job-based coverage, and her son had his own job-based coverage.
  - The respondent lived with her grandchild and another relative. The respondent had Medicaid, the grandchild was covered by her parents (living outside the household), and the relative had her own coverage.
  - Among an unmarried couple, one was covered by Medicare due to disability and the other had job-based coverage.
  - A woman and her unmarried partner each had their own job-based coverage. They lived with another relative and his child, who were both uninsured.
  - An uninsured man lived with his father, who had job-based coverage.
  
- B. Some members shared the same coverage; others did not:
  - The respondent reported being on his wife's job-based plan (and also mentioned that their son, living at college, was also on the same plan) but the nephew was uninsured.
  - A 21-year-old respondent lived with her mother and two older siblings. The respondent reported directly-purchased coverage through her mother. One sibling had job-based coverage; the other was uninsured.
  
- C. Household members shared coverage, some with additional plans
  - A wife reported that both she and her husband were on Medicare, and that her husband also had job-based retiree coverage. They had considered putting her on the policy but determined it was too expensive. In a similar case, both spouses had Medicare, and each had their own directly-purchased Medigap plan.

In sum we found no evidence of respondents misreporting other household members as being covered when they were not, and no evidence of household members' coverage being missed (see Q7 above on verifying the uninsured). In one case the respondent had her own job-based coverage and her husband had both Medicare and medigap. She complained that the questions on whether other household members were covered seemed repetitive, but she could see how this would apply to some people, just not her.

## **RECOMMENDATION**

### **Question wording:**

1. Though we did not observe this as a problem, in a two-person household Q23 and Q24 could be collapsed into a single, more efficient question:  
**And [is/was] NAME also covered by [plan]?**

2. Also, while the question set worked as intended, it will be important to maintain the correct fill for plan type.

**Other instructions:** None

---

**25. And [was NAME/were NAMES] covered during the same months in 2007 as [you/NAME] were?**

- Yes, all were covered during same time => CK26  
 No, DK, REF => Q25a
- 

**25a. What months in 2007 was NAME covered? [repeat as needed] => CK26**

---

When the coverage began before January 1, 2007, and had been continuous up to the date of the interview, we observed very few problems; in most cases all household members were covered all 12 months of 2007.

However, when there had been transitions in the past 15 months, and when respondents were not covered during the same months of 2007, there were problems. For example, in a few cases, elderly couples were both covered by Medicare but they had become eligible at different times of the 2007 calendar year. In one case a wife, who was a year younger than her husband, reported starting on Medicare in October, 2007, but her husband had been covered since 2006. So she answered “yes” to Q25 – that he was covered the same months as she was – but that he’d also been covered in all the earlier months of 2007 (January through September). And in another case, a 19-year-old respondent (living with her mother, eight-year-old brother, and four non-relatives) reported that she had been covered by SCHIP up until she turned 19 in September of 2007. At Q23/Q24 she reported that her brother was also covered. Then at Q25 she said “yes” – that her brother was covered in the same months as she was. The interviewer probed: “So January through September?” and the respondent said “Well he’s still covered because he’s only eight.” This revealed a flaw in the wording of Q25; if the first enrollee identified was covered for less than 12 months – in this case January thru September -- other enrollees could have been covered in those same months (in which case “yes” would technically be correct) but they could also be covered in *additional* months, and those months could go unreported.

### **RECOMMENDATION**

**Question wording:** Revise the question wording and skip patterns. If the initial enrollee was covered the entire 12 months of 2007, ask a revised Q25:

**Q25. And [was NAME/were NAMES] also covered all 12 months of 2007?**

- Yes =>  
 No => N4  
 DK/REF => N4

If the initial enrollee was covered for only some months of 2007, ask new question:

**N4. What months during 2007 [was NAME/were NAMES] covered?**

- Same months as initial enrollee [display months]
- [Months 1-12]
- DK/REF

**Other instructions:** Add check item as described above

- 
- 26. Ok now I'd like to ask you about other plans through either [your/NAME's own] or someone else's job. Were there any months in 2007 that [you were/NAME was] covered by a different job-sponsored health plan?**
- Yes => Q15
  - No, DK, REF => Q27
- 

In several cases this question worked smoothly. However, one respondent was confused because he had switched plans within the same employer and thought the question was asking only about plans through different *employers*. And in one case the family had been through several transitions within the year – two different employer-based plans, and two different public plans – and each plan covered different household members at different times. In this case it became too complicated to track on hard copy. However, it became apparent that a respondent-defined label for the job-based coverage could be useful for distinguishing one plan from another, in cases where the same policyholder went from one employer to the next (or from one insurance plan to the next).

### **RECOMMENDATION**

#### **Question wording:**

1. The wording is ambiguous and should be simplified. Modify wording to be clear that we mean *any* job-sponsored plan:  
**And before that plan, were you covered by any other job-sponsored health plan at any time in 2007?**
2. Add the probe on switching plans and/or employers.

#### **Other Instructions**

3. Consider adding an open-text field after the policyholder name is collected in Q15 which would enable the interviewer to enter a respondent-defined label (such as the name of the employer or the insurance company).
4. We included a parallel question for direct-purchased plans but no respondents were routed to it. Given the low prevalence of switching from one directly-purchased plan to another within the past 15 months, we recommend dropping this question, since all respondents are later routed to Q27 and Q28 to determine if they have or had any other plans.

---

**27. Other than [plan(s)], [are you/is NAME] also covered by any other type of health plan or health coverage?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => Q28

DK/REF => [Your best estimate is fine] => Q28

---

For the most part this question seemed to work as intended. Some respondents reported in-scope secondary plans, such as Medigap, college-based plans, and spouses being covered on each other's job-based plans. Several respondents said other plans came to mind – single-service plans such as dental, vision and prescription drug plans – but they discounted them because they thought the survey was only asking about comprehensive plans. Others reported these types of plans, but when the probe was read they understood these types of plans didn't "count" for the purposes of this question. Similarly, some respondents brought up non-health-related plans like life insurance. Some only mentioned these plans and said they discounted them because they were not health related; others sought clarification and, on hearing the probe, their answer to the question was "no." In one case a respondent reported what turned out to be a life insurance plan, which was discovered when he reported two children as policyholders (they were actually beneficiaries of the life insurance policy).

Some offered that their situation was fairly straightforward now, since they had been on the same plan for a number of years. One respondent said she knew that later she could have additional plans (like Medicare or Medicaid) but "for now it's easy." Another respondent said she knows her husband only had one plan because in February he went on her job-based plan, so she knows his status.

Others said reporting was straightforward because their plan was quite comprehensive, providing everything they needed, so they had no need for a secondary or supplemental plan. One respondent said the question made her think of prescription drug plans but then remember that over summer she needed a prescription and learned that her plan included that benefit, so she wasn't tempted to report this as a second plan. And one respondent, who said she would soon be graduating and lose her coverage, said she has only one plan at the moment but is beginning to look for coverage so she won't be uninsured when she graduates.

There was only one case that seemed ambiguous. The respondent reported being on both Medicare and Blue Cross/Blue Shield Medigap, but she went back-and-forth in considering this one plan or two. She said both plans are paid through an arrangement with her former employer (the Chicago Board of Education), who pays most of the premium.

### **RECOMMENDATION**

**Question wording:** Given the degree to which respondents thought of and/or reported single-service plans, build the probe on excluding these plan types into the question itself.

**Other instructions:** None

---

**28. How about during 2007? (Other than [plan(s)] [were you/was NAME] covered by any (other) type of health plan or health coverage at any time during 2007?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

- Yes => Q8
  - No => CK29a
  - DK/REF => CK29a
- 

As in Q27 above, some respondents offered that their situation was straightforward because they had only one plan that was quite comprehensive and satisfactory so they've had no changes over the past several years. Respondents who did have changes showed evidence of thinking this through. One respondent said she was thinking back to the beginning of January because that's "when it gets renewed." Another respondent said her husband changed employers three times since January, 2007, so she thought about the dates he was with which employer. She remembered that in his current job there was a three-month waiting period before the coverage began so the family was uninsured during that time. Another respondent, who said she had the entire 2007 calendar year in mind, said she knew she'd been covered for most of 2007 by her current employer, and she knew she had something before that so answered "yes" – that there had been an additional plan in 2007. She then reported her directly purchased plan from January, 2007. When reporting for her husband, she knew about his coverage from February up to the present since he was on the same plan as she was. As for the January gap, she didn't think he was covered but said she couldn't be sure.

There was only one case in which a plan went unreported. The respondent reported Medicaid from February to the present, but she did have another form of public coverage (DC Alliance) from December, 2007 until her Medicaid began in February, 2008. She didn't think of the DC Alliance plan because (1) she was only on it for the tail end of 2007 and very briefly in 2008 and (2) she was on it for such a short amount of time that she never used it, and she considered it to "roll over" into Medicaid, which she did report.

**RECOMMENDATION**

**Question wording:** None. While it was recommended to include the probe on excluding single-service plans into the actual question at Q27, we don't make that same recommendation here. All household respondents will be asked Q27 about their own coverage, and it is presumably at that point that they are most likely to bring up single-service plans. If they do, interviewers will have the opportunity to clarify that these plans are excluded. So for the sake of brevity, the clarification here could be left as a probe, rather than be built in to the question.

**Other instructions:** None

---

**29. Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => Q30

DK/REF => Q30

---

**30. How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?**

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => go back to CK29a

DK/REF => go back to CK29a

---

These questions are asked about people who were reported as having coverage during the course of another household member's earlier interview. The wording parallels Q27 and Q28, which are asked of the household respondent, and of household members who were not reported as being covered during another household member's earlier interview. As with Q27 and Q28, no comprehension difficulties were detected, and some respondents made the similar comment that the questions were very straightforward since the other household members had been on the same kind of coverage for a number of years.

However, as has been demonstrated elsewhere, when reporting for others some respondents expressed uncertainty. Some, for example, assumed the other household members had only had one plan during 2007 but could not be certain. One respondent said she thought about her roommate's fluctuating situation over the past year – he was first a student, then an intern, then a full-time employee – and she wasn't certain about his coverage during all those transitions. Another respondent said she found the questions going back to 2007 easy for herself, but she had to make some assumptions about her roommates because she had not been living with them for the entire calendar year.

### **RECOMMENDATION**

**Question wording:** While no evidence surfaced to suggest problems regarding single-service plans, it could in some cases be useful to display the probe, just in case the issue was not thoroughly discussed or understood in prior questions.

**Other instructions:** None. While reporting for other household members' past coverage was shown to present challenges for respondents, the issue was simply that they did not have the knowledge about the status of other household members – not that they misunderstood the question. See below for general recommendations on “don't know” answers.

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### **General Comments**

#### **G1. Respondent Concerns over Specificity and Accuracy**

Some respondents said they were anticipating more detailed questions, expressed concern that we

would be asking for more detail than they could provide. For example, when a respondent was asked about his wife he said “She worked for HEW for years but I don’t know what type of coverage she has.” Another respondent, when asked about her adult daughter, volunteered “I know she has insurance and she's also a veteran. But I don’t know who her insurance is. I’m pretty sure she gets it through her job.” Some respondents were also reluctant to guess (see Section 8.B.1 and 17 above).

### **RECOMMENDATION**

**Question wording:** In the introduction, include a statement that the questions are very basic and we will not be asking about specific health insurance companies or carriers.

**Other instructions:** Train interviewers to use probes like “Your best estimate is fine” if respondents provide partial answers and express some uncertainty. Also train interviewers not to accept a “don’t know” as an initial response (as specified in Q3 recommendations above).

### **G2. Time Period**

Some respondents thought the “January 1, 2007” anchor date was rather arbitrary. Others thought we would be asking questions going back to when their coverage first started.

### **RECOMMENDATION**

**Question wording:** In the introduction, include a statement that the goal of the survey is to determine health insurance status for the previous calendar year only.

**Other instructions:** None

### **G3. Proxy Reporting**

Some respondents felt less than confident reporting for other household members (for examples, see Q3, Section 8.B.1, Q23 and Q32). Given the cost and other issues involved in a self-response design, the only avenue for this issue may be to reassure respondents that absolute precision is not required (as discussed in G1 above).

### **G4. Specificity and Efficiency in 2-Person Households**

In 2-person households there are certain situations where questions can be asked in more precise ways than in a larger household. For example, if a plan is reported for the first person, rather than ask “Is anyone else in the household also covered?” the question could be worded “Is [name of second person] also covered?” Similarly, if a dependent is asked about first and reports that another household member is the policyholder, and that he/she (the dependent) was covered the entire 15-month time period, that data can be copied to the policyholder’s record, rather than ask explicitly about the policyholder. These modifications have been specified in Q15 and in CK23.

## APPENDIX A: First Draft of Instrument for Cognitive Test

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**1** PERSON 1: **These next questions are about health insurance coverage. [IF MULTI-PERSON HOUSEHOLD: First I'd like to ask you about yourself.] PERSONS 2+: Next I'd like to ask you about NAME.**  
=> CK2

---

CK2:

- if NAME is 65+ => Q2
  - else go to Q3
- 

**2** **[Are you/Is NAME] covered by Medicare?**  
 Yes => 16  
 No => 3  
 DK/REF => 3

---

**3** **[Do you/Does NAME] have any type of health plan or health coverage?**  
 Yes => Q8  
 No => Q4  
 DK/REF => Q4

---

**4** **[Are you/Is NAME] covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?**  
 Yes => Q16  
 No => CK5  
 DK/REF => CK5

---

CK5:

- If Medicare already asked go to Q6
  - else go to Q5
- 

**5** **[Are you/Is NAME] covered by Medicare?**  
 Yes => Q16  
 No => Q6  
 DK/REF => Q6

---

**6** **[Are you/Is NAME] covered by**  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?  
**IN MARYLAND:** Health Choice or the Maryland Children's Health Program?  
**IN VIRGINIA:** FAMIS Plus?  
 Yes => Q16  
 No => Q7  
 DK/REF => Q7

---

**7** **OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?**  
 Yes (not covered) => Q28  
 No (covered) => Q8  
 DK/REF => Q28

---

- 
- 8 Is that coverage provided through an employer or union, the government, or some other way?**  
PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer.  
PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union. It also includes coverage through former employers and unions, and COBRA.  
FR: CHECK ALL THAT APPLY  
 Employer or union (current or former) => 15  
 Government => 9  
 Other => 14  
 DK/REF => 13
- 
- 9 Is that coverage related to a JOB with the government?**  
 Yes => 11  
 No => 10  
 DK/REF => 10
- 
- 10 (ASK OR VERIFY): What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?**  
READ IF NECESSARY: Some of the government programs in [STATE] are:  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.  
**IN MARYLAND:** Health Choice and the Maryland Children’s Health Program.  
**IN VIRGINIA:** FAMIS Plus.  
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.  
FR: CHECK ALL THAT APPLY  
 Medicare => CK16  
 Medicaid, Medical Assistance or S-CHIP => circle program name(s) above that were selected by respondent then => CK16  
 Military or VA => Q12  
 Other => Q13  
 DK/REF => Q13
- 
- 11 (ASK OR VERIFY): Is that plan related to military service in any way?**  
 Yes => Q12  
 No => Q15  
 DK/REF => Q15
-

---

**12** [Earlier you reported coverage through a military plan.] (ASK OR VERIFY): Which plan [are you/is NAME] covered by? Is it TRICARE, CHAMPVA, VA, military health care, or something else?

- TRICARE
  - CHAMPVA
  - VA
  - Military health care
  - Other (specify)
  - DK/REF
- => CK16

---

**13** Is it a government assistance-type plan?

- Yes => CK16
- No => CK16
- DK/REF => Q27

---

**14** [Earlier you reported coverage through another plan.] How is that coverage provided? Is it through...

- a parent or other relative
  - a college, university or school or
  - direct purchase from the insurance company or a trade association
  - or some other way?
  - DK/REF
- => CK16

---

**15** And who [is/was] the policyholder? [include "Someone outside household"]

Name of policyholder \_\_\_\_\_

=> CK16

---

CK16

- if this is a currently-held plan => Q16
- else if this is a plan not currently held but held at some point in 2007 or Q26=yes =>Q22

---

**16** Did that coverage start before or after January 1, 2007?

[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]

[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

- Before January 1, 2007 => CK20
  - On or after January 1, 2007 => Q18
  - DK/REF => Q17
-

---

**17 Did [you/NAME] have the coverage at any time during 2007?**

- Yes => 22
  - No => CK23
  - DK/REF => CK23
- 

**18 In what month did that coverage start?**

- Month [1-12] in 2007 => Q20
  - Month [1-4] in 2008 => CK26
  - DK/REF => 19
- 

**19 Do you know if it was before or after January 1, 2008?**

[If this is a **job-based plan** fill: PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]  
[If this is a **directly-purchased plan** fill: PROBE: When we say “that coverage” we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

- Before January 1, 2008 => Q22
  - On or after January 1, 2008 => CK26
  - DK/REF => Q22
- 

CK20:

- If this is a Medicare plan => Q23
  - else => Q20
- 

**20 And has it been continuous since then?**

- Yes => CK23
  - No => Q21
  - DK/REF => Q21
- 

**21 In what month did this most recent spell of coverage start?**

- Month [1-12] => CK23
  - Month [1-4] in 2008 => CK26
  - DK/REF => CK23
- 

**22 What months in 2007 were you covered by that plan?**

- Month [1-12] =>
  - DK/REF =>
  - => CK23
- 

CK23:

- if single-person household => CK26
  - else => Q23
- 

**23 [Is/Was] anyone else within this household also covered by [if job-based or directly-purchased fill: your/policyholder’s/else fill name of plan (e.g.: that Medicaid, Medicare, VA) plan?**

- Yes => 24
  - No => CK26
  - DK/REF => CK26
- 
-

- 24 Who? (Who else [is/was] covered by that plan)? => Q25**
- 
- 25 And [was NAME/were NAMES] covered during the same months in 2007 as [you/NAME] were?**  
 Yes, all were covered during same time=> CK26  
 No, DK, REF => Q25a
- 
- 25a What months in 2007 was NAME covered? [repeat as needed] => CK26**
- 
- CK26:  
 · If this is a job-based plan and NAME was covered for less than 12 months of 2007 by this plan => Q26  
 · else => Q27
- 
- 26 Ok now I'd like to ask you about other plans through either [your/NAME's own] or someone else's job. Were there any months in 2007 that [you were/NAME was] covered by a different job-sponsored health plan?**  
 Yes => Q15  
 No, DK, REF => Q27
- 
- 27 Other than [plan(s)], [are you/is NAME] also covered by any other type of health plan or health coverage?**  
 PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.  
 Yes => Q8  
 No => Q28  
 DK/REF => [Your best estimate is fine] => Q28
- 
- 28 How about during 2007? (Other than [plan(s)] [were you/was NAME] covered by any (other) type of health plan or health coverage at any time during 2007?**  
 PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.  
 Yes => Q8  
 No => CK29a  
 DK/REF => CK29a
- 
- CK29a:  
 · If there are more household members on the roster who have not been asked about yet => CK29b  
 · else end
- 
- CK29b:  
 · If the next person on the roster was reported as having coverage (now or during 2007) during the course of any previous person's interview => Q29 for that person  
 · else => Q1 for that person
-

---

**29** Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?  
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => Q30

DK/REF => Q30

---

**30** How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?  
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.

Yes => Q8

No => go back to CK29a

DK/REF => go back to CK29a

---

## **APPENDIX B: Protocol Guidelines**

- A. REQUEST CONSENT TO TAPE:** Explain the purpose of the taping and ask for the respondent's consent to tape:

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 just our memories when we go back and do our research.

Would you mind signing this form, which says that you've agreed to be taped? (HAND CONSENT FORM). Thanks. I also need to get your agreement on tape. (START TAPE). Is it okay with you if I tape record this interview?

- B. CONDUCT STANDARD INTERVIEW**

- C. CONDUCT COGNITIVE INTERVIEW**

**INTRODUCTORY SCRIPT:** OK now I would like to talk over the questionnaire with you in some detail. I'll ask you about:

- how you interpreted certain questions, phrases and terms
- how you came up with your answers
- whether you found certain questions easy or hard
- whether you had any doubt about any of your answers
- and any other thoughts you have about the questionnaire and the process you went through to answer the questions

## D. QUESTION-BY-QUESTION GUIDE

### I. General Reactions

- A. First I'd just like to get your general reactions about the health insurance questions. What were you thinking about as I was asking those questions?
- B. Overall...
- Were the questions generally easy to understand?
  - Were they reasonably easy for you to answer?
  - Were there any particular questions that confused you at all?
  - Did you have any doubts or trouble deciding which answer category to choose?

### II. Plan Type

Note: read questions verbatim from actual completed questionnaire and then follow probes:

Now I'd like to go over some of the specific questions with you. The first set of questions asked about your current coverage.

- Q2. [Medicare]
- What does the term "Medicare" mean to you?
  - How did you decide on your answer?

- Q3. [any kind of coverage]
- Can you tell me in your own words what that question means to you?
  - What types of health plans did you include or exclude when you thought about how to answer?

\*\*\*\*\* **FOR INSURED** \*\*\*\*\*

- Q8. [general source of coverage]
- Can you tell me how you interpreted that question?
  - What does the phrase "provided through an employer or union" mean to you?
  - And the phrase "provided through the government"?
  - And what types of health plans would you include in the "other" category?
  - How did you decide which answer category, or categories, to pick?
  - [Read, or re-read probes] Can you tell me in your own words what those statements mean to you?

- Q9. [coverage related to JOB with government]
- What did you think this question was asking?
  - How did you decide on your answer?

- Q10. [type of government plan]
- How did you decide which category to choose?

- Did you have any doubts or trouble deciding which plan to choose?
- What comes to mind with the term “Medicare”?
- And how about “Medicaid”?
- [Read state-specific program names] Do you recognize any of those plan names?
- How did you come to learn about the coverage you have? [Was it through a social service agency, a friend or relative, etc.?)

For those on Medicaid or other public assistance:

- What is the name (or names) you use for the coverage?
- How long have you been covered by this particular plan?
- Before this coverage, were you covered by a Medicaid-type plan at some point in the past?
- How long ago was that?
- When did you first sign up for Medicaid?
- Roughly how many times were you on and off Medicaid in the past?
- Have you ever received any other type of public assistance in the past?

Q11:[military service]

- What does that phrase “plan related to military service” mean to you?
- How did you come up with your answer?

Q13:[government assistance-type plan]

- What does the phrase “government assistance-type plan” mean to you?
- How did you come up with your answer?

Q14:[parent/relative, college, direct-purchase, other plan]

- What were you thinking about as I read that question?
- What comes to mind when I ask about plans obtained by “direct purchase from the insurance company or a trade association”?
- And what about coverage through a college, university or school?
- And coverage through a parent or other relative?
- Can you tell me how you decided on which answer category to choose?
- Did you have any doubts about which category best “fit” your situation?

Q27:[any other plans now]

- What came to mind with this question?
- What “other” types of plans would you include or exclude?
- [Read probe]

Q7:[verification of uninsured]

- Can you tell me in your own words what this question is asking?
- [if a plan was missed] Can you help me figure out how I missed that plan earlier?

Q28:[any other plans in 2007]

- What were you thinking about when I asked this question?
- What time period did you have in mind – that is, what months specifically?
- How did you decide on your answer?

Q29:[other household members' additional current plans]

- How did you come up with your answer?
- How confident do you feel about your answer?

Q30:[other household members' 2007 plans]

- How did you come up with your answer?
- What time period did you have in mind – that is, what months specifically?
- How confident do you feel about your answer?

### **III. Time Period**

Then I asked some questions about the time period you were covered:

Q16. [coverage start before or after January 1, 2007]

- [if employer-sponsored] What does the term “that coverage” mean to you?
- [if employer-sponsored or directly-purchased read PROBE] Can you tell me in your own words what that statement means to you?
- How did you decide on your answer?
- What event triggered the coverage to start [was it a new job, an injury, a pregnancy, etc.]?

Q17. [coverage at any time in 2007]

- How did you come up with your answer?

Q18. [month coverage started]

- How did you decide on that month?

Q19. [coverage start before or after January 1, 2008]

- How did you decide on your answer?

Q20. [continuous since then]

- What was going through your mind when you thought about how to answer this question?

Q21. [month most recent spell started]

- What does the phrase “most recent spell” mean to you?
- What event triggered the coverage to start [was it a new job, an injury, a pregnancy, etc.]?

Q22. [other months covered in 2007]

- How did you decide on those months?

Q23. [what months covered in 2007]

- How did you decide on those months?

**FOR EMPLOYER-BASED AND DIRECTLY-PURCHASED:**

Q15.[Who is policyholder]

- What does the term “policyholder” mean to you?
- How did you decide on your answer?

#### IV. Other Household Members

And finally, I asked some questions about other household members covered under that same plan:

Q24. [other household members covered]

- Who were you thinking about; which household members came to mind?
- How did you decide on your answer?
- How confident do you feel in your answer?

Q25.[Which other household members]

- How did you decide on that/those individual(s)?

Q25a.[Time period of other household members’ coverage]

- How did you decide on your answer?
- How confident do you feel in your answer?

\*\*\*\*\* **FOR UNINSURED** \*\*\*\*\*

Q4: [Medicaid, Medical Assistance, etc.]

- What does the term “Medicaid” mean to you?
- Have you heard of these other programs – “Medical Assistance” or “S-CHIP”?
- How did you decide on your answer?

For those on Medicaid or other public assistance:

- How did I miss that in the early question (Q3) on any type of coverage?
- What is the name (or names) you use for the coverage?
- How long have you been covered by this particular plan?
- Roughly how many times were you on and off Medicaid in the past?

Q5. [Medicare]

- What does the term “Medicare” mean to you?
- [if covered] How did I miss that in the early question (Q3) on any type of coverage?
- How did you decide on your answer?

Q6: [State-specific programs]

- What do those program names mean to you?
- Have you heard of any of them?
- [if covered] What is the name (or names) you use for the coverage?
- [if covered] How did I miss that in the early question (Q3) on any type of coverage?

Q7:[verification of uninsured]

- Can you tell me in your own words what this question is asking?
- How did you decide on your answer?

## **F. MAIN THEMES TO PROBE**

### **Time Period:**

- strategy for remembering whether plan started before/after January 1, 2007/8
- strategy for remembering which month the coverage started
- strategy for remembering which months covered
- interpretation of “continuous” question; how did R decide on answer
- strategy for remembering any coverage in 2007

### **Household members:**

- how did R decide whether other household members were covered, and which ones
- how did R answer for other household members – what is R’s source of knowledge about other household members’ coverage
- is R more knowledgeable about some household members than others

### **Coverage and Plan type:**

- how did R decide covered or not
- how did R decide general source of coverage (employer, government, other)
- how did R decide plan type within source (policyholder; type of government plan; type of “other” plan)
- for Rs with public coverage:
  - what is R’s understanding of terms “Medicare” and “Medicaid”
  - does R recognize any of the state-specific names within the question
  - what is best term R uses for their public coverage
  - how did R come to know of the coverage by that name

**APPENDIX C: SHIPP HEALTH INSURANCE QUESTIONS**  
**Revisions Based on Cognitive Testing**

- 
1. PERSON 1: **These next questions are about health insurance coverage. [IF MULTI-PERSON HOUSEHOLD: First I'd like to ask you about yourself.] PERSONS 2+: Next I'd like to ask you about NAME.**  
=> CK2
- 

CK2:

- if NAME is 65+ => 2
  - else go to 3
- 

2. **[Are you/Is NAME] covered by Medicare?**  
 Yes => 16  
 No => 3  
 DK/REF => 3
- 

**Author Note:** Create grid with household members (rows), months of coverage (columns) and plan types (within grid).

---

3. **[Do you/Does NAME] have any type of health plan or health coverage?**  
 Yes => 8  
 No => 4  
 DK/REF => 4
- 

4. **[Are you/Is NAME] covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?**  
 Yes => 16  
 No => CK5  
 DK/REF => CK5
- 

CK5:

- If Medicare already asked go to Q6
  - else go to Q5
- 

5. **[Are you/Is NAME] covered by Medicare?**  
 Yes => 16  
 No => 6  
 DK/REF => 6
- 

6. **[Are you/Is NAME] covered by**  
**IN DC: DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?**  
**IN MARYLAND: Health Choice or the Maryland Children's Health Program?**  
**IN VIRGINIA: FAMIS Plus?**  
 Yes => 16  
 No => 7  
 DK/REF => 7
- 

7. **OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?**  
 Yes (not covered) => 28  
 No (covered) => 8  
 DK/REF => 28
-

**AUTHOR NOTE ON FILLS:**

- if the plan is currently held, fill Q8 thru Q15, Q23, Q24, QN2 and QN3 with “is” and fill N1 with “provides.”
- else if the plan was held at some point in 2007 but is not currently held, or if Q26=yes, fill Q8 thru Q15, Q23, Q24, QN2 and QN3 with “was” and fill N1 with “provided.”

---

**NOTE:** Test each alternative (8a-c) in the pretest.

**8. (ASK OR VERIFY)**

- [Is/Was] that coverage provided through an employer or union – either your own or someone else’s – the government, or some other way?**
- [Is/Was] that coverage provided through a job – either your own job or someone else’s job – the government, or some other way?**
- [Is/Was] that coverage provided through an employer or union, the government, or some other way?**

PROBE: “Employer/union” coverage includes coverage from someone’s own employer or union as well as coverage from a spouse’s or parent’s employer or union.

PROBE: Include coverage through **former** employers and unions, and COBRA plans.

PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer.

PROBE: If this is a military plan (not related to employment) consider it government coverage.

Employer or union (current or former) => 11

Government => 9

Other => 14

DK/REF => 13

---

**9. (ASK OR VERIFY)**

**[Note the ‘or was’ is to avoid confusion for respondents with currently-held retiree plans].**

**[Is (or was)/Was] that coverage related to a JOB with the government?**

PROBE: Include coverage through **former** employers and unions, and COBRA plans.

Yes => 11

No => 10

DK/REF => 10

---

- 
- 10. (ASK OR VERIFY)**  
What type of government plan [is/was] it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?  
READ IF NECESSARY: Some of the government programs in [STATE] are:  
**IN DC:** DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.  
**IN MARYLAND:** Health Choice and the Maryland Children’s Health Program.  
**IN VIRGINIA:** FAMIS Plus.  
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.
- Medicare => CK16
  - Medicaid, Medical Assistance or S-CHIP => circle program name(s) above that were selected by respondent then => CK16
  - Military or VA => 12
  - Other => 13
  - DK/REF => 13
- 
- 11. (ASK OR VERIFY, IF NECESSARY)**  
[Is/Was] that plan related to military service in any way?
- Yes => Q12
  - No => Q15
  - DK/REF => Q15
- 
- 12. (ASK OR VERIFY)**  
Which plan [are you/is NAME/were you/was NAME] covered by? [Is/Was] it TRICARE, CHAMPVA, VA, military health care, or something else?
- TRICARE
  - TRICARE for Life
  - CHAMPVA
  - VA
  - Military health care
  - Other (specify)
  - DK/REF
- => CK15
- 
- 13. [Is/Was] it a government assistance-type plan?**
- Yes => CK16
  - No => N3
  - DK/REF => N3
- 
- 14. (ASK OR VERIFY)**  
How [is/was] that coverage provided? [Is/Was] it through...
- a parent, spouse or other relative => QN1
  - a college or school => CK16
  - direct purchase from the insurance company => QN1
  - or some other way? => QN3
  - DK/REF => QN3
-

---

**N1. (ASK OR VERIFY)**

**Who [provides/provided] the coverage?**

- [display household roster] => CKN2
  - someone outside the household => CK16
  - DK/REF => N3
- 

CKN2

- if Q14=direct => CK16
  - else => N2
- 

**N2. And [is/was] that coverage provided through their job, direct purchase from the insurance company, or some other way?**

- Employer or union (current or former)[store name selected in N1 in Q15 as policyholder] => CK16
  - direct purchase from the insurance company ) [store name selected in N1 in Q15 as policyholder] => CK16
  - some other way => N3
  - DK/REF => N3
- 

**N3. What type of plan is/was this?**

=> CK16

---

CK15

- if this is a job-based military plan => Q15
  - else => CK16
- 

**15. And who [is/was] the policyholder? [include "Someone outside household"]**

Name of policyholder \_\_\_\_\_

PROBE: What is the name of the person who has the policy?

=> CK16

Author note:

- if NAME is different from the policyholder named selected in Q15, flag the policyholder as having coverage [now/in 2007] for purposes of routing in CK29b
  - include an open-text field (25 characters) to capture a respondent-defined name or label for the plan (such as employer name or insurance carrier) in case there was extensive turnover (e.g.: multiple jobs and/or multiple plans from the same employer within the year) and/or complexity (e.g.: different members transitioned on and off the plans).
- 

CK16:

- if this is a currently-held plan => Q16
  - else if this is a plan not currently held but held at some point in 2007, or if Q26=yes => Q22
- 

**16. Did that coverage start before or after January 1, 2007?**

PROBE: Your best estimate is fine.

[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]

[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]

- Before January 1, 2007 => CK20
  - On or after January 1, 2007 => Q18
  - DK/REF => Q17
-

---

**17. Did [you/NAME] have the coverage at any time during 2007?**

- Yes => Q22
  - No => CK23
  - DK/REF => CK23
- 

**18. In what month did that coverage start?**

- Month [1-12] => pop-up: (READ IF NECESSARY) And what year was that?
    - 2007 => CK20
    - 2008 => CK23
  - DK/REF => Q19
- 

**19. Do you know if it was before or after January 1, 2008?**

- [If this is a **job-based plan** fill: PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]
- [If this is a **directly-purchased plan** fill: PROBE: When we say “that coverage” we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]
- Before January 1, 2008 => Q22
  - On or after January 1, 2008 => CK23
  - DK/REF => Q22
- 

CK20:

- If this is a Medicare plan => Q23
  - else => Q20
- 

**20. And has it been continuous since then?**

- [If this is a **job-based plan** fill: PROBE: When we say “that coverage” we mean any coverage through [policyholder’s] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]
- [If this is a **directly-purchased plan** fill: PROBE: When we say “that coverage” we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]
- Yes => CK23
  - No => 21
  - DK/REF => 21
- 

**21. In what month did this most recent spell of coverage start?**

- Month [1-12] =>
  - Month [1-4] in 2008
  - DK/REF  
=> CK23
- 

**22. What months in 2007 were you covered by that plan?**

- Month [1-12] => CK23
  - None => Q27
  - DK/REF => CK23
- 

CK23:

- if single-person household => CK26
- else if 2-person household and NAME is a dependent (Q15, the policyholder, is the name of the other household member)
  - and if the plan began sometime in 2008 => Q27

- if the plan began prior to January 1, 2008 => CK25
  - else => Q23
- 
- 23. [If 2-person household fill] And [is/was] NAME also covered by [if job-based or directly-purchased fill: your/policyholder's/else fill name of plan (e.g.: that Medicaid, Medicare, VA) plan?**  
**[Else fill]: [Is/Was] anyone else within this household also covered by [if job-based or directly-purchased fill: your/policyholder's/else fill name of plan (e.g.: that Medicaid, Medicare, VA) plan?**
- Yes => CK24
  - No => CK26
  - DK/REF => CK26

Author note: ensure fill correctly displays plan name

CK24

- If 2-person household
  - and the plan began sometime in 2008 flag all names selected in Q23 as having coverage now for purposes of routing in CK29b and then => Q27
  - and the plan began prior to January 1, 2008 => CK25
- else => Q24

**24. Who? (Who else [is/was] covered by that plan)? => CK25**

CK25

- If the initial enrollee was covered the entire 12 months of 2007 => Q25
- else if the plan began sometime in 2008 => flag all names selected in Q24 as having coverage now for purposes of routing in CK29b and then => Q27
- else => QN4

**25. And [was NAME/were NAMES] also covered all 12 months of 2007?**

- Yes => CK26
- No => QN4
- DK/REF => QN4

**N4. [For first person selected in Q24 and for the policyholder in 2-person household where the first person reporting was the dependent (see CK23, 2<sup>nd</sup> bullet)]: What months during 2007 [was NAME] covered?**

**[For all others selected in Q24]: How about NAME? (What months during 2007 was NAME covered?) [repeat for each additional name selected in Q24]**

- Same months as initial enrollee [display months]
- [Months 1-12]
- DK/REF

=> CK26

CK26:

- If this is a job-based plan and NAME was covered less than 12 months of 2007 by this plan => Q26
- else => Q27

**26. And before that plan, [were you/was NAME] covered by any other job-sponsored health plan at any time in 2007?**

- Yes => Q15
- No, DK, REF => Q27

- 
27. **Other than [plan(s)], [are you/is NAME] also covered by any other type of health plan or health coverage? Do not include plans that cover only one type of care, such as dental or vision plans.**  
 Yes => Q8  
 No, DK, REF => Q28
- 

28. **How about during 2007? (Other than [plan(s)] [were you/was NAME] covered by any (other) type of health plan or health coverage at any time during 2007?**  
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.  
 Yes => Q8  
 No, DK, REF => CK29a
- 

CK29a:

- If there are more household members on the roster who have not been asked about yet => CK29b
- else end

CK29b:

- If the next person on the roster was reported as having coverage (now or during 2007) during the course of any previous person's interview => Q29 for that person
  - else => Q1 for that person
- 

29. **Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?**  
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.  
 Yes => Q8  
 No => Q30  
 DK/REF => Q30
- 

30. **How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?**  
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.  
 Yes => Q8  
 No => go back to CK29a  
 DK/REF => go back to CK29a
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