

Interviewer: Hello, this is _____ calling on behalf of the State of Maryland. I am collecting information about health insurance in Maryland.

Are you the person who knows the most about health care in your household? *(If NO, then ask to speak with the adult who knows the most about health care in the home). If no one is available, then ask when would be a better time to call back.)*

Upon reaching the appropriate adult, repeat the introduction and then continue:

If you would like to participate in this interview, I'll ask you some questions. This interview will take about fifteen minutes.

Your participation is voluntary. Your decision to participate and your answers to my questions will not affect your family's current or future health services or benefits.

Your answers will be kept completely confidential and you will not be identified in any way. You do not have to answer all the questions, only those you feel comfortable with.

Will you please tell me the first name, age, and relationship of everyone in your household?

1< **In the past year*, (were you/was anyone in this household) covered by a health plan provided through (their/your) current or former employer or union? (MILITARY HEALTH INSURANCE WILL BE COVERED LATER IN ANOTHER QUESTION.)**

<1> Yes (Skip to Question 2 *unless single-person household)

<2> No (Skip to Question 3)

*** "Past Year" defined as past 12 months.**

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>2<

Who was covered?	LN NAME RELATION
	(person 1)
	(person 2)
	(person 3)
	(person 4)
	(person 5)
	(person 6)
	(person 7)
	(person 8)
	(person 9)
	(person 10)
	(person 11)

PROBE:
Anyone else?

| (person 12)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>3< **Did (name's/your) former or current employer or union pay for all, part, or none of the health insurance premium?**

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

<1> All (Skip to Question 4)

<2> Part (Skip to Question 4)

<3> None (Skip to Question 4)

>4< **At anytime in the past year, (were you/was anyone in this household) covered by a plan that (you/they) PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment?**

<1> Yes (Skip to Question 5 *unless single-person household)

<2> No (Skip to Question 6)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>5< (Skip to Question 6)

Who was covered?	LN NAME RELATION
	(person 1)
	(person 2)
	(person 3)
	(person 4)
	(person 5)
	(person 6)
	(person 7)
	(person 8)
	(person 9)
	(person 10)
	(person 11)

PROBE:
Anyone else?

| (person 12)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>6< **At any time in the past year, (were you/was anyone in this household) covered by the health plan of someone who does not live in this household?**

<1> Yes (Skip to Question 7 *unless single-person household)

<2> No (Skip to Question 8)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>7< (Skip to Question 8)

	LN NAME	RELATION
Who was that?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
	(person 11)	
PROBE: Anyone else?	(person 12)	

>8< **At any time in the past year, (were you/was anyone in this household) covered by Medicare?**

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

<1> Yes (Skip to Question 9 *unless single-person household)

<2> No (Skip to Question 10)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>9< Who was that? (Skip to Question 10)

	LN NAME	RELATION
Who was that?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
	(person 11)	
PROBE: Anyone else?	(person 12)	

>10< At any time in the past year, (were you/was anyone in this household) covered by Medicaid/HealthChoice?

READ IF NECESSARY: Medicaid/HealthChoice is the government assistance program that pays for health care.

<1> Yes (Skip to Question 11 *unless single-person household)

<2> No (If household has children* skip to Question 12, if no children, skip to 14)

**"children" defined as under 21

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>11< (If household has children skip to Question 12, if no children skip to 14)

	LN NAME	RELATION
Who was that?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
	(person 11)	
	PROBE: Anyone else?	(person 12)

Note: (Ask Question 12 only of households with children. If no children, skip to question 14.)

>12< **In Maryland, the Maryland Children’s Health Program helps families get health insurance for CHILDREN. Were any of the children in this household covered by that program?**

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

<1> Yes (any covered/all covered) (Skip to Question 13)

<2> No (none covered) (Skip to Question 14)

>13< **Who was that?**

	LN NAME	RELATION
Who was that?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
PROBE: Anyone else?	(person 11)	

>14< **At any time in the past year, (were you/was anyone in this household) covered by TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service?**

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

<1> Yes (Skip to Question 15 *unless single-person household)

<2> No (Skip to Question 16)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>15< (Skip to Question 16)

	LN NAME	RELATION
Who was that?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
PROBE: Anyone else?	(person 11)	
	(person 12)	

>16< Other than the plans I have already talked about, in the past year, was anyone in this household covered by a health insurance plan (such as Subsidized Adoption (SA) or Primary Care for Medically Indigent plan or any other type of plan/of any other type)?

<1> Yes (Skip to Question 17 *unless single-person household. If a single-person household, skip to 18))

<2> No (Skip to Question 19)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>17< (Ask 18 for each person listed in 17)

Who has insurance?	LN NAME RELATION	
	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	Probe: Anyone else?	(person 8)
		(person 9)
	(person 10)	

>18< What type of health insurance (was/were) (name/you) covered by in the past year? Any other type of plan? (then skip to question 29)

<1> Medicare

<2> Medicaid

<3> TRICARE or CHAMPUS

<4> CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)

<5> VA health care

<6> Military health care

<7> Children's Health Insurance Program (CHIP)

<8> Indian Health Service

<9> Other government health care

<10> Employer/union-provided (policyholder)

<11> Employer/union-provided (as dependent)

- <12> Privately purchased (policyholder)
- <13> Privately purchased (as dependent)
- <14> Plan of someone outside the household
- <15> Other

====>__

>19< [HOUSEHOLD ROSTER OF PERSONS NOT COVERED AT ALL DURING 2003]

	LN NAME	RELATION
I have recorded that (name/you)	(person 1)	
(was/were)		
not covered by a health plan at any time	(person 2)	
during 2003. Is that correct?		
	(person 3)	
	(person 4)	
<1> Yes, (not covered/none covered Skip to	(person 5)	
Question 22)		
<2> No (Skip to Question 20)	(person 6)	
	(person 7)	
	(person 8)	
>20< Who should be marked as		
covered? (Ask 21 for each		
person listed in 20)		
	(person 9)	
PROBE: Anyone else?	(person 10)	
	(person 11)	
ENTER LINE NUMBER OF INSURED	(person 12)	
PERSON		
<N> No more	(person 13)	
	(person 14)	
	(person 15)	
	(person 16)	

>21< What type of health insurance (was/were) (name/you) covered by in the past year? Any other type of plan? (then skip to question 29)

- <1> Medicare
- <2> Medicaid
- <3> TRICARE or CHAMPUS
- <4> CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)
- <5> VA health care
- <6> Military health care
- <7> Children's Health Insurance Program (CHIP)
- <8> Indian Health Service

- <9> Other government health care
- <10> Employer/union-provided (policyholder)
- <11> Employer/union-provided (as dependent)
- <12> Privately purchased (policyholder)
- <13> Privately purchased (as dependent)
- <14> Plan of someone outside the household
- <15> Other/Specify

We're almost finished with the survey, I would just like to ask you just a few more questions to make sure we have complete information.

>22< ~~Ask this question for everyone in the household, except those individuals recorded as <Yes> in Question 10 or 12 and those who selected Option 2 (Medicaid) or Option 7 (MCHP) for Questions 18 or 21 (For all others Skip to Question 29):~~

Were you ~~Wor~~ as anyone in the household /were (name/you) enrolled in the Medical Assistance program in the past year?

<1> Yes (Skip to Question 23)

<2> No (Skip to Question 24)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>23< (Skip to Question 24)

Who was covered?	LN NAME	RELATION
	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
PROBE: Anyone else?	(person 11)	
	(person 12)	

>24< (~~Ask this question for anyone for whom the response was “No” in question 22~~)

Did (nameyou/anyone in your household/you) have a “red & white” health insurance card in the past year?

<1> Yes (Skip to Question 25)

<2> No (Skip to Question 26)

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>25< (Skip to Question 26)

	LN NAME	RELATION
Who was covered?	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
	(person 11)	
	(person 12)	

PROBE: Anyone else?

>26< (~~Ask this question for anyone for whom the response was “no” in Question 24.~~)

I would like to verify whether (name/you/anyone in your household) were/was enrolled in any of the following health plans or programs in the last year.

(*Read items <a> through <m> and record response).

<1> Yes (Skip to question 27)

<2> No (Skip to question 29)

<a> Amerigroup

 Diamond Plan from Coventry

<c> Helix Family Choice

<d> JAI Medical Systems

<e> Maryland Physicians Care

<f> Priority Partners

<g> United Health Care

- <h> REM (Rare and Expensive Case Management)
- <i> Fee-for-service
- <j> DD Waiver (Developmental Disabilities)
- <k> Autism Waiver
- <l> Living At Home: Maryland Community Choices Waiver
- <m> Older Adults Waiver

NOTE: THIS ITEM DOES NOT APPEAR FOR SINGLE PERSON HOUSEHOLDS

>27< (Ask 27 for each person listed as “Yes” in 26)

Who was covered?	LN NAME	RELATION
	(person 1)	
	(person 2)	
	(person 3)	
	(person 4)	
	(person 5)	
	(person 6)	
	(person 7)	
	(person 8)	
	(person 9)	
	(person 10)	
PROBE: Anyone else?	(person 11)	
	(person 12)	

>28< (Skip to Question 29)

**Which
plan
(were/was)
(you/they)
enrolled
in?**

| LN NAME RELATION
| (person 1)

| (person 2)
| (person 3)
| (person 4)
| (person 5)
| (person 6)
| (person 7)

Probe:
Anyone
else?

| (person 8)

| (person 9)
| (person 10)

>29<

An important factor in evaluating a person's or family's health insurance situation is their current health status and/or the current health status of other family members.

Would you say (name's/your) health in general is: (* ask for each member of the household)

<1> Excellent

<2> Very good

<3> Good

<4> Fair

<5> Poor