

**APPENDIX A**  
**DIRIGOCHOICE MEMBER SURVEY**

# QUESTIONS

Q1

Option

How did you first hear about Dirigo Choice?  
(DO NOT READ)

|    |                                 |      |
|----|---------------------------------|------|
| Q1 | 1 MY EMPLOYER                   | Q3   |
| Q1 | 2 HEALTH CARE PROVIDER          | Q3   |
| Q1 | 3 NEWSPAPER/RADIO/TV            | Q3   |
| Q1 | 4 LEAFLET SENT HOME FROM SCHOOL | Q3   |
| Q1 | 5 OTHER                         | NEXT |
| Q1 | 8 DK                            | Q3   |
| Q1 | 9 NA                            | Q3   |

Q2

Text Entry

OTHER SOURCE:

|    |                         |      |
|----|-------------------------|------|
| Q2 | 0 SOURCE (98=DK, 99=NA) | NEXT |
|----|-------------------------|------|

Q3

Option

When you enrolled in the Dirigo health plan, were you covered by any health insurance plan, including HMOs, government plans, MaineCare and so on?

|    |       |      |
|----|-------|------|
| Q3 | 1 YES | NEXT |
| Q3 | 2 NO  | Q9   |
| Q3 | 8 DK  | Q9   |
| Q3 | 9 NA  | Q9   |

Q4

Multiple Check

What was that coverage?

IWER NOTE! IF R DOESN'T MENTION COBRA, ALWAYS ASK "Did you have COBRA?"  
(CHECK ALL THAT APPLY)

|    |                                 |      |
|----|---------------------------------|------|
| Q4 | 1 MEDICARE ONLY                 | Q8   |
| Q4 | 2 MEDICARE PLUS SUPPLEMENTAL    | Q8   |
| Q4 | 3 MAINECARE/MEDICAID            | Q8   |
| Q4 | 4 CUB CARE                      | Q8   |
| Q4 | 5 MILITARY OR VA                | Q8   |
| Q4 | 6 AETNA                         | NEXT |
| Q4 | 7 ANTHEM/BLUE CROSS/BLUE SHIELD | NEXT |
| Q4 | 8 CIGNA                         | NEXT |
| Q4 | 9 COBRA                         | Q7   |
| Q4 | 10 OTHER COVERAGE               | NEXT |
| Q4 | 98 DK                           | NEXT |
| Q4 | 99 NA                           | NEXT |
| Q4 | 11 Other                        | NEXT |

Q5

Option

Was that coverage obtained through an employer?

|    |       |      |
|----|-------|------|
| Q5 | 1 YES | NEXT |
| Q5 | 2 NO  | Q8   |
| Q5 | 8 DK  | Q8   |
| Q5 | 9 NA  | Q8   |

Q6

Option

Was that employer the same as your current employer?

|    |       |    |
|----|-------|----|
| Q6 | 1 YES | Q8 |
| Q6 | 2 NO  | Q8 |
| Q6 | 8 DK  | Q8 |
| Q6 | 9 NA  | Q8 |

Q7

Option

Did you choose Dirigo Choice because your COBRA coverage would end soon?

|    |                     |      |
|----|---------------------|------|
| Q7 | 1 YES               | NEXT |
| Q7 | 2 NO                | NEXT |
| Q7 | 3 DIDN'T HAVE COBRA | NEXT |
| Q7 | 8 DK                | NEXT |
| Q7 | 9 NA                | NEXT |

Q8

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that you were NOT covered by any health insurance plan?

|    |       |     |
|----|-------|-----|
| Q8 | 1 YES | Q11 |
| Q8 | 2 NO  | Q11 |
| Q8 | 8 DK  | Q11 |
| Q8 | 9 NA  | Q11 |

Q9

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that you WERE covered by any health insurance plan?

|    |       |      |
|----|-------|------|
| Q9 | 1 YES | NEXT |
| Q9 | 2 NO  | Q21  |
| Q9 | 8 DK  | Q21  |
| Q9 | 9 NA  | Q21  |

Q10

Multiple Check

What was that coverage?  
(CHECK ALL THAT APPLY)

|     |                                 |      |
|-----|---------------------------------|------|
| Q10 | 1 MEDICARE ONLY                 | NEXT |
| Q10 | 2 MEDICARE PLUS SUPPLEMENTAL    | NEXT |
| Q10 | 3 MAINECARE/MEDICAID            | NEXT |
| Q10 | 4 CUB CARE                      | NEXT |
| Q10 | 5 MILITARY OR VA                | NEXT |
| Q10 | 6 AETNA                         | NEXT |
| Q10 | 7 ANTHEM/BLUE CROSS/BLUE SHIELD | NEXT |
| Q10 | 8 CIGNA                         | NEXT |
| Q10 | 10 OTHER COVERAGE               | NEXT |
| Q10 | 98 DK                           | NEXT |
| Q10 | 99 NA                           | NEXT |
| Q10 | 11 Other                        | NEXT |
| Q10 | 9 COBRA                         | NEXT |

Q11

Option

Was your previous health insurance coverage just for you, or were other family members covered on the same plan?

|     |              |      |
|-----|--------------|------|
| Q11 | 1 INDIVIDUAL | NEXT |
| Q11 | 2 FAMILY     | NEXT |
| Q11 | 8 DK         | NEXT |
| Q11 | 9 NA         | NEXT |

Q12 Option  
 Did your PREVIOUS insurance cover any of the following:  
 First, routine check-ups . . .if you met the deductible, were routine check-ups covered?

|     |       |      |
|-----|-------|------|
| Q12 | 1 YES | NEXT |
| Q12 | 2 NO  | NEXT |
| Q12 | 8 DK  | NEXT |
| Q12 | 9 NA  | NEXT |

Q13 Option  
 (Did your PREVIOUS insurance cover . . . )  
 Screenings such as blood tests, cholesterol tests, etc. . . .if you met the deductible, were screenings covered?

|     |       |      |
|-----|-------|------|
| Q13 | 1 YES | NEXT |
| Q13 | 2 NO  | NEXT |
| Q13 | 8 DK  | NEXT |
| Q13 | 9 NA  | NEXT |

Q14 Option  
 (Did your PREVIOUS insurance cover . . . )  
 Prescription drugs . . .(if you met the deductible, were prescriptions covered?)

|     |       |      |
|-----|-------|------|
| Q14 | 1 YES | NEXT |
| Q14 | 2 NO  | NEXT |
| Q14 | 8 DK  | NEXT |
| Q14 | 9 NA  | NEXT |

Q15 Option  
 (Did your PREVIOUS insurance cover . . . )  
 Mental health care . . .(if you met the deductible, was mental health care covered?)

|     |       |      |
|-----|-------|------|
| Q15 | 1 YES | NEXT |
| Q15 | 2 NO  | NEXT |
| Q15 | 8 DK  | NEXT |
| Q15 | 9 NA  | NEXT |

Q16 Option  
 How much was your DEDUCTIBLE on that health insurance plan?

|     |                       |      |
|-----|-----------------------|------|
| Q16 | 1 NO DEDUCTIBLE, NONE | NEXT |
| Q16 | 2 \$500 OR LESS       | NEXT |
| Q16 | 3 \$501- \$1000       | NEXT |
| Q16 | 4 \$1001- \$2500      | NEXT |
| Q16 | 5 \$2501- \$5000      | NEXT |
| Q16 | 6 MORE THAN \$5000    | NEXT |
| Q16 | 8 DK/ DON'T REMEMBER  | NEXT |
| Q16 | 9 NA                  | NEXT |

Q17

Option

How much was your OUT-OF-POCKET LIMIT on that health insurance plan?

- |     |                      |      |
|-----|----------------------|------|
| Q17 | 1 NO LIMIT, NONE     | NEXT |
| Q17 | 2 \$1- \$2000        | NEXT |
| Q17 | 3 \$2001- \$10,000   | NEXT |
| Q17 | 4 \$10,001- \$20,000 | NEXT |
| Q17 | 5 OVER \$20,000      | NEXT |
| Q17 | 8 DK/ DON'T REMEMBER | NEXT |
| Q17 | 9 NA                 | NEXT |

Q18

Option

While you were enrolled in that insurance, was there ever a time you thought you needed medical care, but did NOT get it?

(IWER: IF R ANSWERS "NO", PROBE "Do you mean you needed care and got it (CHECK 2), or you didn't need care?" (CHECK

- |     |                                       |      |
|-----|---------------------------------------|------|
| Q18 | 1 YES, NEEDED CARE BUT DID NOT GET IT | NEXT |
| Q18 | 2 NEEDED CARE AND GOT IT              | Q21  |
| Q18 | 3 DID NOT NEED CARE                   | Q21  |
| Q18 | 8 DK                                  | Q21  |
| Q18 | 9 NA                                  | Q21  |

Q19

Multiple Check

Why didn't you get that medical care?

IWER NOTE: IF R ANSWERS "COST" AND ANYTHING ELSE, ASK "What was the main reason?"

- |     |  |     |
|-----|--|-----|
| Q19 | 1 COST   | Q20 |
| Q19 | 2 THOUGHT I WOULD GET BETTER ANYWAY                        | Q21 |
| Q19 | 3 COULDN'T GET TIME OFF FROM WORK                          | Q21 |
| Q19 | 4 DID NOT HAVE TIME TO GO                                  | Q21 |
| Q19 | 5 COULDN'T GET AN APPOINTMENT FOR SOON ENOUGH              | Q21 |
| Q19 | 6 NO WAY TO GET THERE (TRANSPORTATION)                     | Q21 |
| Q19 | 7 OFFICE/CLINIC WASN'T OPEN WHEN NEEDED                    | Q21 |
| Q19 | 8 DIDN'T KNOW WHERE TO GO TO GET CARE                      | Q21 |
| Q19 | 9 COULDN'T GET A REFERRAL/REFERRAL PROCESS TOO COMPLICATED | Q21 |
| Q19 | 11 OTHER REASON  | Q21 |
| Q19 | 12 Other   | Q21 |
| Q19 | 98 DK  | Q21 |
| Q19 | 99 NA  | Q21 |
| Q19 | 10 HEALTH INSURANCE DIDN'T COVER IT                        | Q21 |

Q20

Multiple Check

What is it that you felt cost too much?  
(DO NOT READ, CHECK ALL THAT APPLY)

|     |                 |      |
|-----|-----------------|------|
| Q20 | 1 COPAY         | NEXT |
| Q20 | 2 DEDUCTIBLE    | NEXT |
| Q20 | 3 OTHER EXPENSE | NEXT |
| Q20 | 4 Other         | NEXT |
| Q20 | 8 DK            | NEXT |
| Q20 | 9 NA            | NEXT |

Q21

Option

Now we have some questions about each person in your household who is covered under your Dirigo health plan. According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled \3. Is this correct?

|     |       |      |
|-----|-------|------|
| Q21 | 1 YES | NEXT |
| Q21 | 2 NO  | Q24  |
| Q21 | 8 DK  | Q24  |
| Q21 | 9 NA  | Q24  |

Q22

Option

And she/he is your \4. Is this correct?

|     |       |      |
|-----|-------|------|
| Q22 | 1 YES | NEXT |
| Q22 | 2 NO  | NEXT |
| Q22 | 8 DK  | NEXT |
| Q22 | 9 NA  | NEXT |

Q23

Option

When you enrolled in DIRIGO, was \3, covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q23 | 1 YES | NEXT |
| Q23 | 2 NO  | NEXT |
| Q23 | 8 DK  | NEXT |
| Q23 | 9 NA  | NEXT |

Q24

Option

And now, how about \5? According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled him/her. Is this correct?

|     |       |      |
|-----|-------|------|
| Q24 | 1 YES | NEXT |
| Q24 | 2 NO  | Q27  |
| Q24 | 8 DK  | Q27  |
| Q24 | 9 NA  | Q27  |

Q25

Option

And she/he is your \6. Is this correct?

|     |       |      |
|-----|-------|------|
| Q25 | 1 YES | NEXT |
| Q25 | 2 NO  | NEXT |
| Q25 | 8 DK  | NEXT |
| Q25 | 9 NA  | NEXT |

Q26

Option

When you enrolled in Dirigo, was \5 covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q26 | 1 YES | NEXT |
| Q26 | 2 NO  | NEXT |
| Q26 | 8 DK  | NEXT |
| Q26 | 9 NA  | NEXT |

Q27

Option

And now, how about \7? According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled him/her. Is this correct?

|     |       |      |
|-----|-------|------|
| Q27 | 1 YES | NEXT |
| Q27 | 2 NO  | Q30  |
| Q27 | 8 DK  | Q30  |
| Q27 | 9 NA  | Q30  |

Q28

Option

And she/he is your \8. Is this correct?

|     |       |      |
|-----|-------|------|
| Q28 | 1 YES | NEXT |
| Q28 | 2 NO  | NEXT |
| Q28 | 8 DK  | NEXT |
| Q28 | 9 NA  | NEXT |

Q29

Option

When you enrolled in Dirigo, was \7 covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q29 | 1 YES | NEXT |
| Q29 | 2 NO  | NEXT |
| Q29 | 8 DK  | NEXT |
| Q29 | 9 NA  | NEXT |

Q30

Option

And now, how about \9? According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled him/her. Is this correct?

|     |       |      |
|-----|-------|------|
| Q30 | 1 YES | NEXT |
| Q30 | 2 NO  | Q33  |
| Q30 | 8 DK  | Q33  |
| Q30 | 9 NA  | Q33  |

Q31

Option

And she/he is your \10. Is this correct?

|     |       |      |
|-----|-------|------|
| Q31 | 1 YES | NEXT |
| Q31 | 2 NO  | NEXT |
| Q31 | 8 DK  | NEXT |
| Q31 | 9 NA  | NEXT |

Q32

Option

When you enrolled in Dirigo, was \9 covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q32 | 1 YES | NEXT |
| Q32 | 2 NO  | NEXT |
| Q32 | 8 DK  | NEXT |
| Q32 | 9 NA  | NEXT |

Q33

Option

And now, how about \11? According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled him/her. Is this correct?

|     |       |      |
|-----|-------|------|
| Q33 | 1 YES | NEXT |
| Q33 | 2 NO  | Q36  |
| Q33 | 8 DK  | Q36  |
| Q33 | 9 NA  | Q36  |

Q34

Option

And she/he is your \12. Is this correct?

|     |       |      |
|-----|-------|------|
| Q34 | 1 YES | NEXT |
| Q34 | 2 NO  | NEXT |
| Q34 | 8 DK  | NEXT |
| Q34 | 9 NA  | NEXT |

Q35

Option

When you enrolled in Dirigo, was \11 covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q35 | 1 YES | NEXT |
| Q35 | 2 NO  | NEXT |
| Q35 | 8 DK  | NEXT |
| Q35 | 9 NA  | NEXT |

Q36

Option

And now, how about \13? According to our records, at the time you enrolled in the Dirigo health plan, you also enrolled him/her. Is this correct?

|     |       |      |
|-----|-------|------|
| Q36 | 1 YES | NEXT |
| Q36 | 2 NO  | Q39  |
| Q36 | 8 DK  | Q39  |
| Q36 | 9 NA  | Q39  |

Q37

Option

And she/he is your \14. Is this correct?

|     |       |      |
|-----|-------|------|
| Q37 | 1 YES | NEXT |
| Q37 | 2 NO  | NEXT |
| Q37 | 8 DK  | NEXT |
| Q37 | 9 NA  | NEXT |

Q38

Option

When you enrolled in Dirigo, was \13 covered by any health insurance plan, including HMOs, government plans, MaineCare, Medicare and so on?

|     |       |      |
|-----|-------|------|
| Q38 | 1 YES | NEXT |
| Q38 | 2 NO  | NEXT |
| Q38 | 8 DK  | NEXT |
| Q38 | 9 NA  | NEXT |

Q39

Option

Now think of all the people who you just told me were previously enrolled in some health insurance plan. While they were enrolled in that insurance, was there ever a time any of them needed medical care, but did NOT get it? (IWER: IF R ANSWERS "NO", PROBE "Do you mean he/she needed care and got it (CHECK 2), or he/she didn't need care?"(CHECK 3))

|     |                                       |      |
|-----|---------------------------------------|------|
| Q39 | 1 YES, NEEDED CARE BUT DID NOT GET IT | NEXT |
| Q39 | 2 NEEDED CARE AND GOT IT              | Q42  |
| Q39 | 3 DID NOT NEED CARE                   | Q42  |
| Q39 | 8 DK                                  | Q42  |
| Q39 | 9 NA                                  | Q42  |

Q40

Multiple Check

Why didn't he/she get that medical care?

IWER NOTE: IF R ANSWERS "COST" AND ANYTHING ELSE, ASK "What was the main reason?"

- Q40 1 COST NEXT
- Q40 2 THOUGHT HE/SHE WOULD GET BETTER Q42  
ANYWAY
- Q40 3 COULDN'T GET TIME OFF FROM WORK Q42
- Q40 4 DID NOT HAVE TIME TO GO Q42
- Q40 5 COULDN'T GET AN APPOINTMENT FOR SOON Q42  
ENOUGH
- Q40 6 NO WAY TO GET THERE Q42  
(TRANSPORTATION)
- Q40 7 OFFICE/CLINIC WASN'T OPEN WHEN NEEDED Q42
- Q40 8 DIDN'T KNOW WHERE TO GO TO GET CARE Q42
- Q40 9 COULDN'T GET A REFERRAL/REFERRAL Q42  
PROCESS TOO COMPLICATED
- Q40 11 OTHER REASON Q42
- Q40 12 Other Q42
- Q40 98 DK Q42
- Q40 99 NA Q42
- Q40 10 HEALTH INSURANCE DIDN'T COVER IT Q42

Q41

Multiple Check

What is it that you felt cost too much?

(DO NOT READ, CHECK ALL THAT APPLY)

- Q41 1 COPAY NEXT
- Q41 2 DEDUCTIBLE NEXT
- Q41 3 OTHER NEXT
- Q41 4 Other NEXT
- Q41 8 DK NEXT
- Q41 9 NA NEXT

Q42

Option

Do you currently have a spouse or partner living with you?

- Q42 1 YES NEXT
- Q42 2 NO NEXT
- Q42 8 DK NEXT
- Q42 9 NA NEXT

Q43

Option

Do you currently have any children living in your home?

|     |       |      |
|-----|-------|------|
| Q43 | 1 YES | NEXT |
| Q43 | 2 NO  | NEXT |
| Q43 | 8 DK  | NEXT |
| Q43 | 9 NA  | NEXT |

Q44

Option

Is there anyone currently living in your household who is NOT covered on your Dirigo policy?

|     |       |      |
|-----|-------|------|
| Q44 | 1 YES | NEXT |
| Q44 | 2 NO  | Q51  |
| Q44 | 8 DK  | Q51  |
| Q44 | 9 NA  | Q51  |

Q45

Option

Is your spouse/partner covered on your health insurance plan?

|     |       |      |
|-----|-------|------|
| Q45 | 1 YES | Q48  |
| Q45 | 2 NO  | NEXT |
| Q45 | 8 DK  | Q48  |
| Q45 | 9 NA  | Q48  |

Q46

Option

Is he/she covered under any health insurance plan?

|     |       |      |
|-----|-------|------|
| Q46 | 1 YES | Q48  |
| Q46 | 2 NO  | NEXT |
| Q46 | 8 DK  | Q48  |
| Q46 | 9 NA  | Q48  |

Q47

Multiple Check

Why not?

|     |                                 |      |
|-----|---------------------------------|------|
| Q47 | 1 TOO EXPENSIVE                 | NEXT |
| Q47 | 8 DK                            | NEXT |
| Q47 | 9 NA                            | NEXT |
| Q47 | 2 NOT ELIGIBLE/ DENIED COVERAGE | NEXT |
| Q47 | 3 DON'T QUALIFY YET             | NEXT |
| Q47 | 4 OTHER REASON                  | NEXT |
| Q47 | 5 Other                         | NEXT |

Q48

Option

Are there any children living in your household who are not covered under your health insurance plan?

|     |       |      |
|-----|-------|------|
| Q48 | 1 YES | NEXT |
| Q48 | 2 NO  | Q51  |
| Q48 | 8 DK  | Q51  |
| Q48 | 9 NA  | Q51  |

Q49

Option

Is he/she (are they) covered under any health insurance plan?

|     |       |      |
|-----|-------|------|
| Q49 | 1 YES | Q51  |
| Q49 | 2 NO  | NEXT |
| Q49 | 8 DK  | Q51  |
| Q49 | 9 NA  | Q51  |

Q50

Multiple Check

Why not?

|     |  |      |
|-----|--|------|
| Q50 | 4 Other  | NEXT |
| Q50 | 1 TOO EXPENSIVE                                  | NEXT |
| Q50 | 2 EX-SPOUSE SHOULD PROVIDE COVERAGE, BUT DOESN'T | NEXT |
| Q50 | 8 DK   | NEXT |
| Q50 | 9 NA   | NEXT |
| Q50 | 3 OTHER REASON                                   | NEXT |

Q51

Option

Overall, how does the COST for Dirigo compare to your family's previous health insurance costs? Would you say it costs.

|     |   |      |
|-----|---|------|
| Q51 | 6 NEVER HAD HEALTH INSURANCE            | NEXT |
| Q51 | 1 much less                             | NEXT |
| Q51 | 2 somewhat less                         | NEXT |
| Q51 | 3 about the same                        | NEXT |
| Q51 | 4 somewhat more, or                     | NEXT |
| Q51 | 5 much more than your previous coverage | NEXT |
| Q51 | 8 DK                                    | NEXT |
| Q51 | 9 NA                                    | NEXT |

Q52

Option

Overall, how does COVERAGE under Dirigo compare to your family's previous coverage? Would you say it is . . .

- Q52 6 DIDN'T HAVE HEALTH INSURANCE NEXT
- Q52 1 much better NEXT
- Q52 2 somewhat better NEXT
- Q52 3 about the same NEXT
- Q52 4 somewhat worse, or NEXT
- Q52 5 much worse NEXT
- Q52 8 DK NEXT
- Q52 9 NA NEXT

Q53

Option

And now I have just a few more questions.

In general, would you say your health is . . .

- Q53 1 excellent NEXT
- Q53 2 good NEXT
- Q53 3 fair, or NEXT
- Q53 4 poor NEXT
- Q53 8 DK NEXT
- Q53 9 NA NEXT

Q54

Option

Did you complete a health risk assessment?

(IWER NOTE: IF NECESSARY, EXPLAIN: That's part of the Healthy Me Incentive Program)

- Q54 1 YES NEXT
- Q54 2 NO NEXT
- Q54 8 DK NEXT
- Q54 9 NA NEXT

Q55

Option

What do you like best about Dirigo Choice?

- Q55 1 COST Q57
- Q55 2 COVERAGE Q57
- Q55 3 PREVENTIVE CARE Q57
- Q55 4 WOULDN'T HAVE HEALTH CARE WITHOUT IT Q57
- Q55 5 OTHER NEXT
- Q55 8 DK Q57
- Q55 9 NA Q57

Q56

Text Entry

What is it that you like best?

Q56

0 DESCRIPTION (98=DK, 99=NA)

NEXT

Q57

Option

What is your biggest concern about Dirigo Choice?

Q57

1 COST

END

Q57

2 COVERAGE

END

Q57

3 WILL IT LAST/ STILL BE IN BUSINESS/  
SUSTAINABILITY

END

Q57

4 OTHER

NEXT

Q57

8 DK

END

Q57

9 NA

END

Q58

Text Entry

BIGGEST CONCERN:

Q58

0 CONCERN (98=DK, 99=NA)

END