

DirigoChoice Member Survey

A Snapshot of the Program's Early Adopters:
April 1, 2005 – August 31, 2005

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August 2006

ACKNOWLEDGEMENTS

Thanks to Muskie Research staff who assisted in the construction of the survey and interpretation of survey results, especially Maureen Booth, Gino Nalli, Elizabeth Kilbreth, Allan Leighton and Prashant Mittal.

This paper was supported with funds from the Cooperative Agreement between the University of Southern Maine and the Dirigo Health Agency. The views and opinions expressed in this paper are the authors' and should not be attributed to collaborating organizations, funders, or the University of Southern Maine.

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EXECUTIVE SUMMARY

This study is part of an effort to obtain an initial snapshot of Maine adults and their dependents newly enrolled in DirigoChoice as part of a small business, or as a sole proprietor/self-employed person or individual. Enrollment of small businesses and sole proprietors began on January 1, 2005, while enrollment of individuals, including parents of MaineCare children, began April 1, 2005. This report presents findings from a telephone survey of all three types of contract holders who enrolled in the program beginning on April 1, 2005 and ending August 31, 2005.

Interviewers at the Muskie School Survey Center completed surveys with a total of 1747 respondents, representing nearly 71 percent of total enrollment for the 5 month period. The survey gathered information on members' prior insurance status and ability to access health care, as well as their reasons for enrolling in DirigoChoice and perceptions of the program thus far.

Key survey findings include:

DirigoChoice is serving a largely low income population, particularly now that the program has opened up its enrollment to individuals. Sixty-six percent of all respondents and 82 percent of individual contract holders came from households with incomes at or less than 200 percent of the federal poverty level.

DirigoChoice is offering coverage to a segment of the population who was uninsured or had less than adequate coverage prior to enrolling in the program.

- Seventy-two percent of all respondents, including 81 percent of individual contract holders, were either uninsured at some point in the year prior to DirigoChoice or had temporary COBRA coverage or reported having prior deductibles that were greater than five percent of their income.
- Half of all respondents, including 58 percent of individual contract holders, did not have insurance at the time of enrollment or had insurance for only some of the previous 12 months or had temporary COBRA coverage.

Respondents and dependents from lower income groups were more likely to have gone without insurance during the 12 months prior to DirigoChoice enrollment when compared with enrollees (respondents and dependents) who came from the highest income group, where no DirigoChoice discount is applied. About 47 percent of respondents who received discounts through DirigoChoice were uninsured at some point during the year prior to enrollment compared with 33 percent of respondents who were not eligible for discounts.

Most respondents who had coverage at the time they enrolled in DirigoChoice were covered through a private health plan.

- Approximately sixty percent of previously covered respondents were insured by Anthem/Blue Cross/Blue Shield, while about 8 percent and 2 percent were covered by Aetna and Cigna respectively. An additional 4 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE).

- A relatively large proportion of respondents were covered by COBRA at the time of enrollment. Just over eleven percent of respondents had COBRA coverage when they enrolled in DirigoChoice, and of these, about 71 percent reported that they enrolled in DirigoChoice because their COBRA insurance was about to terminate.
- Compared with enrollees in the highest income category, lower income enrollees were more likely to have been insured by Anthem and less likely to have been insured by other private health plans, such as Aetna, MegaLife or Cigna. In addition, lower income enrollees were more likely to have received prior health insurance through MaineCare.

Of those respondents who dropped prior coverage for DirigoChoice, a high proportion came from health plans with high deductibles and had considerable gaps in coverage.

- About 43 percent of previously insured respondents who remembered their prior deductibles had deductibles that were greater than \$2,500.
- For small business members and sole proprietors, respondents in the lowest income categories were more likely to have had deductibles greater than \$2,500 when compared with respondents in the highest income groups. About 59 percent of small business members/sole proprietors with incomes at or less than 150 percent of the Federal Poverty Level had deductibles over \$2,500 compared with 37 percent for those with incomes between 250 and 300 percent of the Federal Poverty Level and 29 percent of non-discounted enrollees (above 300 percent FPL).
- One quarter of all respondents did not have prescription drug coverage (25 percent), and about the same share lacked coverage for screenings (22 percent) and routine check-ups (21 percent). About 19 percent of respondents reported that they did not have access to mental health care.
- Income seems to have been a factor in predicting the extent of coverage offered by respondents' prior health plans. Compared with respondents in the highest income group, respondents in lower income categories were more likely to have had prior health plans lacking basic coverage, such as routine check-ups, screenings, prescription coverage and mental health care.

Previously insured respondents with high deductibles were more likely to go without care.

- Respondents who were required to pay high deductibles on previous insurance plans were significantly more likely to go without medical care than respondents whose plans required lower deductibles. This same finding was also true of dependents.
- About 26 percent of previously insured individuals and 23 percent of small business members/sole proprietors reported not getting care when they needed it. Of these, about 83 percent of individuals and 80 percent of small business members/sole proprietors said the reason they did not receive care was because it was too costly to do so.

Income also seemed to have played a role in respondents' ability to access needed care. Respondents in lower income groups were nearly twice as likely to have gone without needed care (27 percent) compared with respondents in the highest income category (14 percent). This same finding was true for respondents' family members.

The media played a major role in educating individuals about DirigoChoice. For those who enrolled as an individual, nearly two thirds (64 percent) reported that they first learned about the program through the newspaper, radio and/or television. For small business members and sole proprietors, about 51 percent learned of the program through the media, while over a quarter (27 percent) reported that their employer provided them with their initial information on the health plan.

When asked to compare DirigoChoice with prior insurance coverage, respondents perceived DirigoChoice to be a better value. Almost two-thirds of individuals (63 percent) and more than half of small business members/sole proprietors (53 percent) considered DirigoChoice to be more affordable than their prior health plan. About half of each group thought that DirigoChoice provided better coverage.

Early perceptions of DirigoChoice are favorable in terms of its cost and coverage; however, there is concern about the sustainability of the program. About 47 percent of individuals and 42 percent of small business members and sole proprietors said that they were most worried about whether the plan would still be in business in the future.

I. PURPOSE

In 2005, as part of a Cooperative Agreement, the Dirigo Health Agency contracted with the Muskie School of Public Service, University of Southern Maine to survey Maine adults newly enrolled in DirigoChoice. Respondents were surveyed on behalf of themselves and their dependents. The purpose of this survey was to obtain a snapshot of the program's early adopters and acquire information about members' prior insurance status, ability to access health care, reasons for enrolling in DirigoChoice and perceptions of the program thus far.

DirigoChoice is a state-sponsored, voluntary program designed to offer affordable health insurance coverage to small businesses, self-employed persons and individuals. Workers and individuals who meet income guidelines receive financial discounts to participate in the program. Although targeted to businesses and persons without health insurance, persons with insurance coverage may enroll. Enrollment in the program began on January 1, 2005 for small businesses and sole proprietors. Phase two enrollment of individuals, including parents of MaineCare children, began April 1, 2005. A third planned strategy for reaching the uninsured through modest expansions of the MaineCare program for childless adults could not occur because of federal regulatory restrictions.

This document reports select findings from the survey of adults who enrolled in DirigoChoice beginning on April 1, 2005 and ending August 31, 2005.

II. METHODOLOGY

Sample Selection

The sample for this survey was the entire population of adults enrolled in DirigoChoice between April 1, 2005 and August 31, 2005. This number represents adults who enrolled as part of a small business or as a sole proprietor/self-employed person, or who purchased the plan as an individual. April 2005 was the first month when individuals were eligible to enroll.

Survey Administration

The surveys were administered entirely by telephone. Calls to those who enrolled in April, May and June 2005 began on July 7, 2005 and ended on December 5, 2005, while calls to those who enrolled in July and August 2005 began on February 22, 2006 and ended on April 10, 2006. Professional interviewers trained in quantitative survey research methods used a computer-assisted telephone interviewing (CATI) instrument developed by the Muskie School to collect data from respondents. Interviewers asked to speak with the DirigoChoice contract holder. On some occasions, the contract holder explained that his/her spouse or partner handled all of their health insurance details. In those cases, the spouse or partner was interviewed, rather than the contract holder. The interviews included questions on enrollment, prior insurance status (both the respondents' and their dependents') and experience accessing health care prior to enrollment in DirigoChoice. Respondents were also asked to compare DirigoChoice to previous insurance coverage and report their perceptions of the program thus far. A complete copy of the survey instrument is presented in Appendix A.

The survey collected information from a total of 1747 respondents for a response rate of 70.8 percent. Only about 9 percent of all possible respondents (212 individuals) refused to complete

the interview, while the remainder were unreachable by telephone. The Dirigo Health Agency provided information on 2614 contract holders who enrolled in DirigoChoice between April and August 2005. Subsequent to receiving this information, survey staff found that 145 persons were not eligible for the survey because they had either disenrolled from DirigoChoice, reported that they were not currently enrolled in the program, or were ineligible for other reasons, such as death, out of state residency or serious health problems. This left a total population size of 2469. To determine whether respondents reflected the total population of DirigoChoice contract holders, select demographic and programmatic characteristics were compared between respondents and non-respondents, as well as between respondents and all DirigoChoice contract holders. Characteristics examined included gender, contract type, DirigoChoice discount group, number of dependents and average contract size.

As Table 1 indicates, there were several differences between respondents and non-respondents. Compared with respondents, non-respondents were more likely to have purchased DirigoChoice coverage through a small group plan and were less likely to have enrolled as a sole proprietor or individual. Non-respondents had a smaller share of enrollees coming from discount group B, the most heavily subsidized discount group, and had a higher share of enrollees in discount group F (the highest income category in which no discount is provided). Relative to respondents, non-respondents also tended to have fewer dependents and a smaller average contract size. While these differences may or may not have affected survey results in ways we cannot measure, it is important to note that, despite these differences, the respondent group was very similar to the entire population of DirigoChoice contract holders from which they were drawn (see Table 1).

Table 1: Characteristics of Non-respondents vs. Respondents and All Contract Holders

Characteristic	All Contract Holders (N=2469) Percent	Respondents (N=1747) Percent	Non-respondents ⁱ (N=722) Percent
Gender			
Female	52.6	54.2	48.7
Male	47.4	45.8	51.3
Contract Type			
Individual	53.0	55.5	47.0
Small group	35.1	31.3	44.3
Sole proprietor	12.0	13.3	8.7
Discount Group			
<u>Group A</u> - MaineCare eligible	0.5	0.1	1.4
<u>Group B</u> - Less than or equal to 150% poverty level	48.7	51.1	43.1
<u>Group C</u> - Less than or equal to 200% poverty level	14.8	15.0	14.2
<u>Group D</u> - Less than or equal to 250% poverty level	10.0	9.9	10.3
<u>Group E</u> - Less than or equal to 300% poverty level	5.5	5.1	6.5
<u>Group F</u> - Above 300% poverty level	20.5	18.9	24.6
Number of Dependents Enrolled in DirigoChoice			
0	69.3	67.0	74.7
1	18.2	19.5	15.0
2	5.6	5.8	5.1
3	4.9	5.3	3.7
4	1.3	1.5	0.8
5	0.6	0.6	0.4
6 or more	0.2	0.2	0.3
Average Contract Size	1.54	1.57	1.44

Notes:

- i. There was a statistically significant difference between the distribution of non-respondents and respondents for every characteristic at a 95 percent confidence level.
- ii. Percentages may not add up to 100 percent due to rounding.

Table 2 breaks down the categories of non-respondents. Besides the completed interviews (1747) and those ineligible to be interviewed (145), 98 contract holders had phones that were no longer in service, 57 had wrong telephone numbers and 86 had no telephone number at all. Only about 9 percent of all possible respondents (212 individuals) refused to complete the interview. Two hundred and twenty persons received all 15 call attempts and were never reached, and calls to 49 people were still in process at the time the calling ended.

Table 2: Types of Non-respondents (N=722)

Types of Non-respondents	Freq.	%
All 15 calls made	220	30.5
Missing phone number	86	11.9
Phone number not in service/disconnected	98	13.6
Wrong Phone Number	57	7.9
Refused	212	29.4
Still in progress when calling stopped	49	6.8
Total	722	100.0

Note:
i. Excludes 145 individuals determined to be ineligible for the survey.

Analysis

Survey responses were analyzed by the health policy research staff at the Muskie School, and the findings from the survey make up the remainder of this report. Findings reflect respondents' self-reported information and represent primarily descriptive data, although in a few instances questions have been analyzed to determine the relationship between variables.

Organization of Report Findings

Findings are generally presented by contract type. This method of organization was chosen because the sample consisted of two distinct groups of enrollees: (1) those who enrolled in DirigoChoice as an individual and were therefore eligible to receive a discount on the full premium, and (2) those who enrolled in DirigoChoice as part of a small business or as a sole proprietor and had a different cost-sharing structure.¹ Some analyses, particularly those focusing on prior insurance status and type, compare lower income enrollees who currently receive discounts through DirigoChoice with higher income enrollees who are not eligible for subsidies. By breaking out the findings in this way, one is able to home in on the prior insurance experiences of those for whom DirigoChoice is targeted, i.e. uninsured and under-insured persons and people who would otherwise have difficulty affording insurance. Occasionally, findings are reported in the aggregate when there was no notable variation between groups.

III. FINDINGS

Respondent Characteristics

A total of 1747 individuals, representing 70.8 percent of total enrollment for the 5 month period, were surveyed on behalf of themselves and 1001 dependents. For all respondents, basic demographic characteristics were gathered, including gender, contract type, DirigoChoice discount group, number of dependents and health status. As Table 3 indicates, respondent demographics varied according to contract type.

¹ Small business owners and sole proprietors are required to pay 60 percent of the monthly coverage cost for themselves and their employees (not including dependents), while a discount, if applicable, applies to the remaining 40 percent of the premium. Small business employees pay 40 percent of the monthly coverage cost minus any discounts they may have qualified for, while individuals are eligible to receive discounts on full cost of coverage.

Individuals: About 55 percent of respondents (969 persons) enrolled in DirigoChoice through individual non-group contracts during the time period covered by this study. Individual contract holders were more likely to be female (65.8 percent) than male (34.2 percent) and were clustered around the lowest income level as indicated by their enrollment in DirigoChoice discount group B. Sixty-nine percent of individuals fell into this discount group, meaning that their incomes were at or below 150 percent of the poverty level. Individual contract holders also had fewer dependents enrolled in DirigoChoice. Only 24.3 percent had some type of dependent enrolled in the program, while in general, 55.9 percent of individuals had a spouse and 18.0 percent had one or more children.

In terms of health status, the vast majority of individual contract holders reported having excellent (31.9 percent) or good (49.4 percent) health. About sixteen percent reported having fair health, and 2.5 percent stated that their health was poor.

Small business members and sole proprietors: About 45 percent of respondents (778 persons) enrolled in DirigoChoice as part of a small business or as a sole proprietor. A breakdown of this sub-group shows that there were more males (60.3 percent) than females (39.7 percent) and that respondents were clustered around the lowest and highest income levels as represented by DirigoChoice discount groups B and F. About 29 percent of small business members and sole proprietors fell into group B, meaning that their incomes were at or below 150 percent of the poverty level, while 32.8 percent fell into group F, meaning that their incomes were above 300 percent of the poverty level. Compared to individuals, more small business members and sole proprietors had dependents enrolled in DirigoChoice (43.8 percent) and in general, more had spouses (76.3 percent) and children (40.9 percent).

Nearly half of small business members and sole proprietors (47.3 percent) reported having excellent health, while 43.4 percent said their health was good and 8.2 percent said their health was fair. Less than one percent of small business members and sole proprietors stated that their health was poor.

Table 3: Sample Characteristics for All Respondents and by Contract Type (N=1747)

Characteristic	Individuals (N=969) <u>Percent</u>	Small Business/Sole Prop. (N=778) <u>Percent</u>	Total Respondents (N=1747) <u>Percent</u>
Gender			
Female	65.8	39.7	54.2
Male	34.2	60.3	45.8
Contract Type			
Individual	100.0	--	55.5
Small group	--	70.2	31.3
Sole proprietor	--	29.8	13.3
Discount Group			
<u>Group A</u> - MaineCare eligible ⁱ	0.0	0.3	0.1
<u>Group B</u> - Less than or equal to 150% poverty level	69.0	28.7	51.1
<u>Group C</u> - Less than or equal to 200% poverty level	13.4	17.0	15.0
<u>Group D</u> - Less than or equal to 250% poverty level	6.8	13.6	9.9
<u>Group E</u> - Less than or equal to 300% poverty level	3.0	7.7	5.1
<u>Group F</u> - Above 300% poverty level	7.7	32.8	18.9
Number of Dependents Enrolled in DirigoChoice			
0	75.8	56.2	67.0
1	18.2	21.2	19.5
2	3.1	9.3	5.8
3	2.2	9.3	5.3
4	0.3	3.0	1.5
5	0.4	0.9	0.6
6	0.1	0.3	0.2
Average Contract Size	1.35	1.85	1.57

Notes:

- i. Group A consists of individuals eligible for DirigoChoice/MaineCare.

Finding Out About the Program

All respondents were asked how they first heard about DirigoChoice. For those that enrolled through individual contracts, nearly two thirds (63.6 percent) reported that they first learned about the program through the newspaper, radio and/or television. About 8 percent of these individuals said that they found out about DirigoChoice through an insurance agent, while a much smaller share said they learned about the program through an employer (2.6 percent) or health care provider (2.4 percent). Twenty-two percent of individuals said they heard about the program through some ‘other’ source, such as a family member, friend, co-worker or state employee.

The majority of small business members and sole proprietors also heard about DirigoChoice through the media. About 51 percent of this group said they first learned of the program through the newspaper, radio and/or television, while over a quarter (27.0 percent) reported that their employer provided them with their initial information on the health plan. About six percent of

small business members/sole proprietors heard about DirigoChoice through an insurance agent, and 14.1 percent learned of the program through another source, such as a health care provider, family member, friend or colleague.

Prior Health Insurance Status

One of the goals of DirigoChoice is to increase access to affordable health care and decrease the number of uninsured within the state of Maine. In order to get a clearer picture of the types of Maine citizens that are selecting DirigoChoice, respondents were asked about their prior insurance status, specifically whether or not they were covered by any health insurance plan, including HMOs, government plans, or MaineCare, at the time they enrolled in DirigoChoice.

Insurance Status During Prior Year

Because an individual's insurance status is often dynamic, respondents were asked to report on their coverage for the entire year preceding DirigoChoice enrollment. Two survey questions were used to determine (a) the number of respondents who were insured when they enrolled in DirigoChoice, but who were without health insurance some time during the previous year and (b) the number of respondents who were uninsured at the time they enrolled in DirigoChoice, but had access to coverage some time during the previous year. The results are shown in Table 4.

For those who enrolled in DirigoChoice as an individual, half (50.2 percent) were insured for the full 12 month period preceding enrollment and half (49.8 percent) were uninsured or insured for only part of the year. For small business members and sole proprietors, rates of prior insurance were higher. Nearly two thirds (63.0 percent) of small business members and sole proprietors were insured for the entire year prior to enrollment, while 37.0 percent were uninsured or only insured for part of the year.

Table 4: Insurance Status of Respondents during the Year Prior to DirigoChoice Enrollment (N=1737)ⁱ

Insurance Status During the Entire Year Prior to Enrollment	Respondents					
	Individuals N=964		Small Business/Sole Prop. N=773		All Respondents N=1737	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Insured for entire year	484	50.2	487	63.0	971	55.9
Uninsured at some time during prior year	480	49.8	286	37.0	766	44.1
- Insured at enrollment, but uninsured at some time during prior year	75	7.8	56	7.2	131	7.5
- Uninsured at enrollment, but insured at some time during prior year	173	17.9	69	8.9	242	13.9
- Uninsured for all of the previous 12 months	232	24.1	161	20.8	393	22.6
Total	964	100.0	773	100.0	1737	100.0

Note:

i. A small number of don't know and not applicable responses were not included when calculating percentages.

Insurance Status at Time of Enrollment

The survey also gathered information on the insurance status of respondents and their dependents at the time of DirigoChoice enrollment. These results are shown in Table 5. For those who enrolled in DirigoChoice as an individual, 57.7 percent said they were covered by health insurance at the time of enrollment, while 42.1 percent reported being uninsured at this time. For small business members and sole proprietors, levels of prior insurance were significantly higher with 70.2 percent of these respondents citing coverage at the time of enrollment and 29.7 percent reporting that they were uninsured at this time.

Dependent Insurance Status

Compared with respondents, a larger portion of dependents had health insurance at the time of enrollment. Of the 338 dependents associated with individual contract holders, 70.7 percent had health insurance at the time they enrolled in DirigoChoice, while 29.3 percent were uninsured at this time. Of the 663 dependents associated with small business members and sole proprietors, 79.2 percent were insured when they enrolled in DirigoChoice, whereas 20.5 percent were uninsured at this time. One explanation for the higher rate of prior insurance among dependents is that respondents with dependents were more likely to have been insured at the time of enrollment than respondents without dependents. [The results of this analysis can be found in Table B-1 in the Appendix.]

Table 5: Insurance Status of Respondents and Dependents at the Time of DirigoChoice Enrollment (N=2748)

Insurance Status at the Time of Enrollment	Respondents		Dependents		Total Enrollees Represented by Survey	
	Individuals N=969	Small Business/Sole Prop. N=778	Individuals N=338	Small Business/Sole Prop. N=663	Individuals N=1307	Small Business and Sole Prop. N=1441
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Insured	57.7	70.2	70.7	79.2	61.1	74.3
Uninsured	42.1	29.7	29.3	20.5	38.8	25.5
DK or NA	0.2	0.1	0.0	0.3	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0

Prior Insurance Status by Discount Group

Further analysis reveals that respondents and dependents from lower income groups were more likely to have gone without insurance during the 12 months prior to DirigoChoice enrollment when compared with enrollees who came from the highest income group, where no DirigoChoice discount is applied. About 43 percent of enrollees (respondents and dependents) who received discounts through DirigoChoice were uninsured at some point during the year prior to enrollment compared with 30.7 percent for enrollees for whom no discounts are applied. Table 6 presents these results.

Table 6: Percentage of Respondents and Dependents who were Uninsured during the Year Prior to DirigoChoice - by Discount Level (N=2669)ⁱ

	Rates of Uninsurance in Year Prior to DirigoChoice					
	Subsidized (Discount Groups A-E)		Non-Subsidized (Discount Group F)		Total	
	Freq.	%	Freq.	%	Freq.	%
Respondents	659	46.8	107	32.5	766	44.1
Dependentsⁱⁱ	268	34.7	43	27.0	311	33.4
Total Enrollees	927	42.5	150	30.7	1077	40.4

Notes:

- i. A small number of don't know and not applicable responses were not included when calculating percentages.
- ii. Dependents that were uninsured some time during the 12 months prior to enrollment may be understated. Fifty-nine dependents who were insured at enrollment were not assigned to a category because the respondents associated with these dependents were administered an earlier version of the survey in which they were not asked to comment on their dependents insurance status during the 12 months prior to enrollment.

Prior Health Insurance Type

Respondents who were insured at the time they enrolled in DirigoChoice were asked to specify their prior insurance type. In addition, respondents with one or more dependent currently enrolled in DirigoChoice were asked to indicate their dependents' prior insurance coverage if their dependents were covered at the time of enrollment. This information was elicited from respondents to better understand the types of health plan coverage DirigoChoice enrollees switch from, as well as the components of DirigoChoice that might be attractive to persons who are already insured.

About 74 percent of respondents who were insured at the time of enrollment reported that their prior insurance was through a private health plan. Approximately sixty percent were insured by Anthem/Blue Cross/Blue Shield, while 7.7 percent and 2.2 percent were covered by Aetna and Cigna respectively. An additional 4.4 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE).²

Individuals and members of small businesses who were insured by private insurers at the time of enrollment (N=936) were asked whether their prior coverage was obtained through an employer. Approximately forty percent of these respondents said that their prior coverage was obtained through an employer, and of this group (N=380), 59.5 percent said that the employer who sponsored their previous health plan was the same as their current employer.

² All respondents that specified that they were covered by MegaLife or NASE were assigned to this category.

A relatively large proportion of respondents were covered by COBRA, a health benefit provision that provides individuals with an option to temporarily buy into their prior group coverage plan when that would otherwise be terminated. Just over eleven percent of respondents had COBRA coverage when they enrolled in DirigoChoice, and of these (N=125), 71.2 percent reported that they enrolled in DirigoChoice because their COBRA insurance was about to terminate.

About three percent of respondents were previously covered through MaineCare, and 9.2 percent said that they had some type of ‘other’ health insurance beyond the answer options listed.

Table 7 presents these results along with the prior insurance types of dependents. Dependents’ prior coverage largely mirrored that of respondents. Three noteworthy differences are that, compared with respondents, slightly more dependents came from MaineCare and MegaLife and fewer dependents were covered by COBRA. A complete list of prior insurance types broken out for individuals and small business members/sole proprietors is available in Table B-2 in the Appendix.

Table 7: Prior Insurance Type of Respondents and Dependents Insured at the Time of DirigoChoice Enrollment (N=1871)

Insurance Type	Respondents N=1107		Dependents N=764		Total Enrollees N=1871	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
Anthem Blue Cross/Blue Shield	664	60.0	443	58.0	1107	59.2
Aetna	85	7.7	70	9.2	155	8.3
MegaLife	49	4.4	80	10.5	129	6.9
Cigna	24	2.2	13	1.7	37	2.0
COBRA	125	11.3	54	7.1	179	9.6
MaineCare/Medicaid	34	3.1	40	5.2	74	4.0
Medicare Only	6	0.5	1	0.1	7	0.4
Medicare Plus Supplement	2	0.2	0	0.0	2	0.1
Military or VA	6	0.5	2	0.3	8	0.4
Other coverage	102	9.2	73	9.6	175	9.4
Don't know	28	2.5	29	3.8	57	3.0

Note:

- i. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Prior Coverage by Discount Group

Enrollees' prior insurance types were also analyzed by discount level to determine if there were different patterns in prior insurance coverage for lower income enrollees. Compared with enrollees in the highest income category, lower income enrollees were considerably more likely to have been insured by Anthem and less likely to have been insured by other private health plans, such as Aetna, MegaLife or Cigna. In addition, lower income enrollees were more likely to have been covered by MaineCare. These results are shown in Table 8.

Table 8: Prior Insurance Type of Respondents and Dependents Insured at the Time of DirigoChoice Enrollment – by Discount Level (N=1871)

Insurance Type	Subsidized Enrollees (Discount Groups A-E) N=1480		Non-Subsidized Enrollees (Discount Group F) N=391	
	Freq.	Percent	Freq.	Percent
Anthem Blue Cross/Blue Shield	925	62.5	182	46.6
Aetna	92	6.2	63	16.1
MegaLife	91	6.2	38	9.7
Cigna	23	1.6	14	3.6
COBRA	144	9.7	35	9.0
MaineCare/Medicaid	67	4.5	7	1.8
Medicare Only	6	0.4	1	0.3
Medicare Plus Supplement	2	0.1	0	0.0
Military or VA	4	0.3	4	1.0
Other coverage	136	9.2	39	10.0
Don't know	41	2.8	13	4.1

Note:

- i. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Current Health Insurance Status of Dependents

The survey also looked at the current health insurance status of the respondents' spouses and children. Respondents were asked if they currently had a spouse or child living with them and if so, whether their spouse or child was covered under DirigoChoice or by any other health insurance plan. When compared with small business members and sole proprietors, individual contract holders were generally less likely to have spouses and children, but were more likely to have a spouse or child not covered under DirigoChoice. Of individuals with spouses (N=542), 51.1 percent reported that their spouse was not covered by DirigoChoice and of these (N=277), 88.1 percent (or 244) said that their spouse had health coverage through another insurance plan. Of individuals with children (N=174), 48.3 percent had children who were not enrolled in DirigoChoice and of these (N=84), 89.3 percent (or 75) reported that their child or children had other coverage.

The findings for small business members and sole proprietors are as follows. For those with spouses (N=594), 32.7 percent reported that their spouse was not covered by DirigoChoice and of these (N=194), 78.4 percent (or 152) said that their spouse had health coverage through another insurance plan. Of those with children (N=318), 33.6 percent had children who were not enrolled in DirigoChoice and of these (N=107), 90.7 percent (or 97) reported that their child or children had other coverage.

Health Care Access

Respondents who reported having health insurance at some point during the previous year were asked a number of questions about their prior health coverage, including deductible levels and whether or not they received the care they needed.³ The purpose of these questions was to explore the adequacy of the coverage for persons reporting having health insurance in the year preceding DirigoChoice.

About 79 percent of respondents with prior insurance remembered the deductible from their previous health plan. Of these, more than half reported that their annual deductible exceeded \$1,000. About 45 percent of individuals reported that their deductible was greater than \$2,500, while about 9 percent had deductibles between \$1,001 and \$2,500. The remaining 46.6 percent of individuals reported that they had deductibles between \$1 and \$1,000, or did not have any deductible associated with health care services.

For small business members and sole proprietors these proportions are similar. Approximately 42 percent of small business members and sole proprietors had deductibles that were greater than \$2,500. Compared with individuals, slightly more small business members and sole proprietors reported deductibles in the \$1,001 to \$2,500 range (15.8 percent) and fewer reported that they had no deductibles or deductibles less than \$1,000 (42.7 percent). Table 9 displays these findings. Please note that these numbers may under-represent the actual deductible of previously insured respondents. Because of the way that health insurance policies are structured, deductibles are often listed at the individual level, while a separate and additional deductible applies to dependents on the plan. Respondents who remembered their deductible and reported that other family members were covered on their prior insurance plan were asked to report on their family deductible. Of this group (N=426), 66.7 percent reported that their family deductible was over \$1,000, with 36.9 percent reporting family deductibles in excess of \$5,000. [For more information, see Table B-3 in the Appendix.]

Table 9: Description of Respondent's Deductible before DirigoChoice for Those Who Knew Deductible (N=1071)ⁱ

Prior Deductible Level	Respondents		All Respondents N=1071 (%)
	Individuals N=576 (%)	Small Business/Sole Prop. N=495 (%)	
No deductible	21.4	17.8	19.7
\$500 or less	19.6	16.6	18.2
\$501 - \$1,000	5.6	8.3	6.8
\$1,001 - \$2,500	8.7	15.8	12.0
\$2,501 - \$5,000	30.9	29.5	30.3
More than \$5,000	13.9	12.1	13.1
Total	100.0	100.0	100.0

Note:

- i. Does not include 158 individuals and 121 small business members/sole proprietors who said that they did not know their prior deductible or that the question was not applicable.

³ Respondents were also asked to report their previous out-of-pocket limit; however, these results are not reported here as the majority of respondents (73.9 percent of individuals; 74.5 percent of small business members/sole props.) said that did not know or could not remember how much their previous out-of-pocket limit was.

Deductible by Discount Group

A further analysis of respondents' deductible levels by DirigoChoice discount group reveals that for small business members and sole proprietors, respondents in the lowest income category, DirigoChoice discount group B, were more likely to have had deductibles greater than \$2,500 when compared with respondents in the highest income groups represented by DirigoChoice discount groups E and F. About 59 percent of small business members/sole proprietors in group B had deductibles over \$2,500 compared with 36.7 percent in group E and only 29.1 percent of those in discount group F, the highest income category. These results are displayed in Table 10. The results for individuals, shown in Table B-4 in the Appendix, did not exhibit statistically significant differences in deductibles by discount group.

Table 10: Respondent's Deductible by DirigoChoice Discount Group for Small Business Members and Sole Proprietors (N=495)ⁱ

Prior Deductible Level	Small Business Members and Sole Proprietors				
	Group B	Group C	Group D	Group E	Group F
	150% FPL or Less (%)	200% FPL or Less (%)	250% FPL or Less (%)	300% FPL or Less (%)	Above 300% FPL (%)
No deductible	13.1	17.1	23.2	16.7	20.6
\$500 or less	13.1	18.6	14.5	20.0	19.4
\$501 - \$1,000	4.4	5.7	11.6	10.0	11.5
\$1,001 - \$2,500 ⁱⁱ	10.0	18.6	17.4	16.7	19.4
\$2,501 - \$5,000 ⁱⁱ	40.0	28.6	21.7	30.0	22.4
More than \$5,000	19.4	11.4	11.6	6.7	6.7
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0	100.0

Notes:

- i. Does not include 121 small business members/sole proprietors who said that they did not know their prior deductible or that the question was not applicable.
- ii. A separate chi-square test was run on Groups B, C with Groups E, F by the two deductible categories of \$2,500 or less and greater than \$2,500. Results showed Group B to be significantly different from Groups E and F therefore indicating a significant difference in deductibles between the lowest and highest income categories.
- iii. Percentages may not add up to 100 percent due to rounding.

Reported Access Barriers

Previously insured respondents were asked to think back to their prior insurance and recall if there was ever a time when they thought they needed medical care, but did not get it. Eighty-four percent of individuals reported that they needed medical care at some point, compared with about 78 percent of small business members and sole proprietors. Of those individuals who reported a need for care (N=617), 31.1 percent said that they did not get the care they desired, while for small business members and sole proprietors (N=479), this number was 29.2 percent.

Respondents reporting an unmet health care need were asked to further elaborate on why they did not receive medical care. A large majority of respondents cited cost as the major barrier to care. About 83 percent of individuals and 80 percent of small business members/sole proprietors said that cost was the main reason for not getting care when they needed it, and of these, more than three-quarters of each group said that the deductible was the most costly component of care. Complete results for these questions are shown in Tables B-5 and B-6 in the Appendix.

To better understand the relationship between cost and access to care, respondents' prior deductible levels were cross tabulated with whether or not they needed care and did not get it.

The findings are shown in Table 11 and confirm that cost, particularly high deductibles, was a major barrier to care. For both groups of respondents, those who went without medical care when they needed it were significantly more likely to have deductibles exceeding \$2,500 than respondents who received the care they desired. Of those respondents with unmet care needs, 76.7 percent of individuals and 76.2 percent of small business members/sole proprietors had deductibles in excess of \$2,500.

Table 11: Prior Deductible Levels by Respondent's Need for Care (N=1067)ⁱ

Prior Deductible Level	Need for Care			Total (percent)
	Yes, Needed Care, Didn't Get it (percent)	Needed Care and Got It (percent)	Did Not Need Care (percent)	
Individuals (N=573)				
No deductible	5.7	32.9	12.2	21.3
\$500 or less	5.1	28.0	18.9	19.5
\$501 - \$1,000	4.6	6.8	3.3	5.6
\$1,001 - \$2,500 ⁱⁱ	8.0	7.8	12.2	8.6
\$2,501 - \$5,000 ⁱⁱ	51.7	16.9	38.9	31.1
More than \$5,000	25.0	7.5	14.4	14.0
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0
Small Business Members/Sole Proprietors (N=494)				
No deductible	2.4	26.0	15.2	17.8
\$500 or less	4.8	21.9	17.2	16.6
\$501 - \$1,000	3.2	8.2	15.2	8.3
\$1,001 - \$2,500 ⁱⁱ	13.5	17.1	15.2	15.8
\$2,501 - \$5,000 ⁱⁱ	45.2	21.6	30.3	29.4
More than \$5,000	31.0	5.2	7.1	12.1
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0

Notes:

- i. The table does not include 158 individuals and 121 small business members/sole proprietors who reported that they did not know their prior deductible and 3 individuals and 1 small business member/sole proprietor who did not remember if there was ever a time they needed care.
- ii. A separate chi-square test was run on respondents' experiences the times they needed care by the two deductible categories of \$2,500 or less and greater than \$2,500. Results came out significant at a 95 percent confidence level, indicating that respondents with deductibles exceeding \$2,500 were significantly more likely to go without medical care when they needed it than respondents in the lower deductible category.
- iii. Percentages may not add up to 100 percent due to rounding and a small number of 'don't know' and 'N/A' responses that were excluded from the table.

These findings also hold true for respondents' family members. Respondents with one or more dependents insured at the time of DirigoChoice enrollment (N=435) were asked if there was ever a time when any of their family members needed medical care but did not get it. Eighty-eight percent of individuals reported that their family members had needed care at some point, and of these (N=146), 29.5 percent said that their family members did not get the care they needed. For small business members and sole proprietors these numbers are slightly lower. About 85 percent said that their family members needed care at some point, and of these (N=228), 18.4 percent said that family members did not get the care they desired.

Respondents with family members with unmet care needs were probed as to why their dependents did not receive medical care when they required it and, again the primary reason cited for not getting care was cost, namely expensive deductibles. [See Tables B-7 and B-8 in the Appendix

for complete results.] A cross tabulation of respondents' prior deductible levels with whether their family members received needed care, confirms that for both groups, respondents with family members with unmet care needs were more likely to have had high deductibles than respondents with family members who got the care they required.

Table 12: Prior Deductible Level by Family Members' Need for Care (N=352)ⁱ

Prior Deductible Level	Need for Care			Total (percent)
	Yes, Needed Care, Didn't Get it (percent)	Needed Care and Got It (percent)	Did Not Need Care (percent)	
Individuals (N=131)				
No deductible	10.0	23.1	7.7	17.6
\$500 or less	2.5	20.5	7.7	13.7
\$501 - \$1,000	2.5	3.9	15.4	4.6
\$1,001 - \$2,500 ⁱⁱ	0.0	6.4	0.0	3.8
\$2,501 - \$5,000 ⁱⁱ	47.5	25.6	38.5	33.6
More than \$5,000	37.5	20.5	30.8	26.7
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0
Small Business Members/Sole Proprietors (N=221)				
No deductible	0.0	17.8	9.7	13.6
\$500 or less	2.6	18.4	0.0	13.1
\$501 - \$1,000	0.0	9.2	3.2	6.8
\$1,001 - \$2,500 ⁱⁱ	15.8	13.8	16.1	14.5
\$2,501 - \$5,000 ⁱⁱ	42.1	30.9	41.9	34.4
More than \$5,000	39.5	9.9	29.0	17.6
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0

Notes:

- i. The table does not include responses for 25 individuals and 41 small business members/sole proprietors who reported that they did not know their prior deductible and 1 individual and 2 small business members/sole proprietors who did not remember if there was ever a time one of their dependents needed care.
- ii. A separate chi-square test was run on dependents' experiences the times they needed care by the two deductible categories of \$2,500 or less and greater than \$2,500. Results came out significant at a 95 percent confidence level, indicating that dependents with deductibles exceeding \$2,500 were significantly more likely to go without medical care when they needed it than dependents in the lower deductible category.
- iii. Percentages may not add up to 100 percent due to rounding.

Reported Access Barriers by Discount Level

Respondents' income level also seemed to have played a role in their ability to access needed health care under prior insurance plans. Respondents in DirigoChoice discount groups A-E were twice as likely to have gone without needed care (27.4 percent) compared with respondents in discount group F, the highest income category (13.7 percent). This same finding was true for respondents' family members. About 22 percent of respondents in discount groups A-E had family members who did not get care when they needed it compared with only 9.6 percent for respondents in the highest income group. These results are shown in Table 13.

Table 13: Respondent's and Family Members' Need for Care - by Discount Level

	Yes, Needed Care, Didn't Get it (percent)	Need for Care¹ Needed Care and Got It (percent)	Did Not Need Care (percent)
Subsidized- Discount Groups A-E			
Respondents (N=1073)	27.4	54.4	17.8
Family Members (N=352)	21.9	63.1	13.9
Unsubsidized- Discount Group F			
Respondents (N=277)	13.7	65.0	20.6
Family Members (N=83)	9.6	80.7	9.6

Notes:
i. Percentages may not add up to 100 percent due to rounding and a small number of 'don't know' and 'N/A' responses that were excluded from the table.

Limits in Covered Services

Respondents who had insurance were also asked to recall whether their prior health plan covered basic services such as routine check-ups, screenings, mental health care and prescription drugs. All of these services are covered under DirigoChoice and may or may not have been covered under respondents' previous insurance policies. Findings show that a considerable portion of respondents reported missing some type of basic coverage and that contract type does not seem to have been a factor in predicting the extent of coverage offered by respondents' prior health plans. Nearly one quarter of all respondents did not have prescription drug coverage (24.9 percent), and about the same share lacked coverage for screenings (21.9 percent) and routine check-ups (20.5 percent). About 19 percent of respondents reported that they did not have access to mental health care. These numbers are broken down for individuals and small business members/sole proprietors in Table 14.

Table 14: Description of Respondent's Coverage before Enrolling in DirigoChoice (N=1350)

	Status of Benefit on Respondent's Prior Plan			Total (percent) ⁱ
	Yes (percent)	No (percent)	Don't Know (percent)	
Individuals (N=734)				
Routine check-ups	71.4	20.2	8.0	100.0
Screenings	67.0	21.9	10.8	100.0
Prescription coverage	68.3	25.2	6.3	100.0
Mental health care	54.4	18.7	26.7	100.0
Small Business Members and Sole Proprietors (N=616)				
Routine check-ups	71.8	20.9	7.0	100.0
Screenings	62.7	21.9	15.3	100.0
Prescription coverage	70.1	24.5	5.2	100.0
Mental health care	50.0	19.0	30.8	100.0

Note:
i. Percentages may not add up to 100 percent due to rounding and a small number of 'N/A' responses that were excluded from the table.

Income seems to have been a factor in predicting the extent of coverage offered by respondents' prior health plans. Compared with respondents in the highest income group, respondents in lower income categories were more likely to have had prior health plans lacking basic coverage. These results are presented in Table 15.

Table 15: Description of Respondent's Coverage before Enrolling in DirigoChoice - by Discount Level (N=1350)

	Status of Benefit on Respondent's Prior Plan			Total (percent) ⁱ
	Yes (percent)	No (percent)	Don't Know (percent)	
Subsidized (N=1073) - Discount Groups A-E				
Routine check-ups	70.8	21.2	7.6	100.0
Screenings	64.5	23.1	12.2	100.0
Prescription coverage	67.6	26.3	6.0	100.0
Mental health care	50.8	20.0	29.0	100.0
Unsubsidized (N=277) - Discount Group F				
Routine check-ups	74.4	18.1	7.2	100.0
Screenings	67.2	17.3	15.2	100.0
Prescription coverage	75.1	19.5	5.1	100.0
Mental health care	58.5	14.1	27.1	100.0

Note:
i. Percentages may not add up to 100 percent due to rounding and a small number of 'N/A' responses that were excluded from the table.

Uninsurance, Temporary Insurance and Underinsurance

In order to better understand whether or not DirigoChoice is reaching its target population of the uninsured, under-insured and people who would otherwise have difficulty affording insurance, we conducted further analyses to determine the percentage of respondents who were either (1) uninsured at some point in the year prior to DirigoChoice, (2) held temporary COBRA coverage at the time of enrollment, or (3) who reported having prior deductibles that were greater than 5 percent of their income.⁴ The results of these analyses are displayed in Table 16 and show that 72 percent of all respondents (81 percent of individuals; 61 percent of small business members/sole proprietors) were uninsured or had less than adequate coverage prior to enrolling in DirigoChoice.

Table 16: Uninsurance, Temporary Insurance or Underinsurance Among Respondents Prior to DirigoChoiceⁱ (N=1747)

	Respondents Without Adequate Coverage Prior to DirigoChoice	
	Freq.	Percent
Individuals	782	80.7
Small Business Members and Sole Proprietors	475	61.1
Total Respondents	1257	72.0

Note:

- i. A separate analysis was conducted to determine which respondents met one or more of the following conditions: uninsured at some point in the year prior to DirigoChoice (Table 4), held temporary COBRA coverage at the time of enrollment (Table B-2), and/or reported prior deductibles that were greater than 5 percent of annual income (Tables 10 and B-4).

Health Risk Assessment

One of the highlights of DirigoChoice is its comprehensive coverage of wellness and prevention benefits. The plan's Healthy ME incentives program provides financial incentives to enrollees who select a primary care physician and complete a health risk assessment. The incentives program is intended both to inform DirigoChoice enrollees and their physicians about their health status/needs and enable enrollees to be more proactive about their care. One of the survey questions asked respondents if they had completed a health risk assessment as part of this program. About 25 percent of all respondents recalled having a health risk assessment, while 61.5 percent said that they had not yet completed an assessment of this type. About 14 percent of respondents said that they could not remember whether or not they had completed a health risk assessment. Results for individuals and small business members/sole proprietors were nearly identical and therefore, are not broken out separately.

⁴ The definition of underinsured used for this analysis was established in a 2005 Commonwealth Fund study that defined an underinsured person as one who has insurance all year but has inadequate financial protection, as indicated by one of three conditions: (1) annual out-of-pocket medical expenses amount to 10 percent or more of income; (2) among low-income adults out-of-pocket medical expenses amount to 5 percent or more of income; or (3) health plan deductibles equal or exceed 5 percent of income.

Schoen, C., Doty, M., Collins, S. and Holmgren, A. (June, 2005) Insured but not protected: how many adults are underinsured? Health Affairs Web Exclusive.

Comparison of DirigoChoice to Prior Insurance

Respondents who had insurance in the year prior to enrolling in DirigoChoice were asked to compare their families' prior health insurance costs with the costs for DirigoChoice. Nearly two-thirds of individuals (63.3 percent) and more than half of small business members/sole proprietors (52.8 percent) considered DirigoChoice to be more affordable than their prior health plan. Another 11 percent of individuals and 19 percent of small business members/sole proprietors thought that DirigoChoice cost about the same. About 21 percent of individuals and 25 percent of small business members/sole proprietors felt that DirigoChoice was somewhat more or much more expensive than what they previously paid for insurance. It is worth noting that respondents who gave this latter answer came disproportionately from the highest income category and were therefore not eligible to receive financial discounts through DirigoChoice.

When these same respondents were asked to compare DirigoChoice's coverage to that of their families' prior health insurance plan, about half of each group said that DirigoChoice's coverage was more comprehensive. Approximately 49 percent of individuals and 48 percent of small business members/sole proprietors thought that DirigoChoice provided much better or somewhat better coverage. Twenty-nine percent of individuals and about 27 percent of small business members/sole proprietors said that coverage was about the same. Finally, 14.5 percent of individuals and 17.7 percent of small business members and sole proprietors felt that DirigoChoice's coverage was somewhat worse or much worse.

A complete breakdown of each of these questions can be found in Table B-9 in the Appendix.

Perceptions about DirigoChoice

All respondents were asked to share their early perceptions of DirigoChoice including what they liked best about the plan and their biggest concern with the program. Respondents perceived DirigoChoice's strengths to be its affordable rates and comprehensive benefits. Approximately 43 percent of individuals reported that their favorite thing about DirigoChoice was its cost, while 18.0 percent reported that they liked DirigoChoice's coverage best. For small business members and sole proprietors, these numbers were 31.4 percent in favor of cost and 19.4 percent in favor of coverage. About 15 percent of individuals and 22.1 percent of small business members and sole proprietors said that the best aspect of DirigoChoice was something 'other' than the answer options listed. Common 'other' responses included liking the choice of providers, valuing the prescription drug benefit and appreciating the ease and convenience of use and chance to provide health coverage to employees.

Both groups of respondents expressed concern with the long term sustainability of the program. About 47 percent of individuals and 42 percent of small business members/sole proprietors said that they were most worried about whether the plan would still be in business in the future. Eleven percent of individuals and 17.0 percent of small business members/sole proprietors answered that they were most concerned with the cost of DirigoChoice. 'Other' responses ranged from concerns around billing and reimbursement to fears that prices, benefit structure and/or eligibility would change. A breakdown of responses is presented in Table 17.

Table 17: Respondents' Early Perceptions of DirigoChoice (N=1747)

	Respondents	
	Individuals N=969 (%)	Small Business/Sole Prop. N=778 (%)
What do you like best?		
Cost	43.3	31.4
Coverage	18.0	19.4
Preventive care	3.3	3.3
Wouldn't have had health care without it	12.6	8.7
Other	15.0	22.1
Don't know/not applicable	7.8	15.0
Totalⁱ	100.0	100.0
What is your biggest concern?		
Cost	11.0	17.0
Coverage	4.8	5.5
Will it last/sustainability	47.4	42.2
Reimbursement problems	5.4	3.1
Other	13.6	14.8
Don't know/not applicable	17.9	17.5
Totalⁱ	100.0	100.0

Note:
i. Percentages may not add up to 100 percent due to rounding.

IV. MAJOR FINDINGS

Some of the key findings of the survey are summarized below:

DirigoChoice is serving a largely low income population, particularly now that the program has opened up its enrollment to individuals. Sixty-six percent of all respondents and 82 percent of individual contract holders came from households with incomes at or less than 200 percent of the federal poverty level.

DirigoChoice is offering coverage to a segment of the population who was uninsured or had less than adequate coverage prior to enrolling in the program.

- Seventy-two percent of all respondents, including 81 percent of individual contract holders, were either uninsured at some point in the year prior to DirigoChoice or had temporary COBRA coverage or reported having prior deductibles that were greater than five percent of their income.
- Half of all respondents, including 58 percent of individual contract holders, did not have insurance at the time of enrollment or had insurance for only some of the previous 12 months or had temporary COBRA coverage.

Respondents and dependents from lower income groups were more likely to have gone without insurance during the 12 months prior to DirigoChoice enrollment when compared with enrollees (respondents and dependents) who came from the highest income group, where no DirigoChoice discount is applied. About 47 percent of respondents who received discounts through DirigoChoice were uninsured at some point during the year prior to enrollment compared with 33 percent of respondents who were not eligible for discounts.

Most respondents who had coverage at the time they enrolled in DirigoChoice were covered through a private health plan.

- Approximately sixty percent of previously covered respondents were insured by Anthem/Blue Cross/Blue Shield, while about 8 percent and 2 percent were covered by Aetna and Cigna respectively. An additional 4 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE).
- A relatively large proportion of respondents were covered by COBRA at the time of enrollment. Just over eleven percent of respondents had COBRA coverage when they enrolled in DirigoChoice, and of these, about 71 percent reported that they enrolled in DirigoChoice because their COBRA insurance was about to terminate.
- Compared with enrollees in the highest income category, lower income enrollees were more likely to have been insured by Anthem and less likely to have been insured by other private health plans, such as Aetna, MegaLife or Cigna. In addition, lower income enrollees were more likely to have received prior health insurance through MaineCare.

Of those respondents who dropped prior coverage for DirigoChoice, a high proportion came from health plans with high deductibles and had considerable gaps in coverage.

- About 43 percent of previously insured respondents who remembered their prior deductibles had deductibles that were greater than \$2,500.
- For small business members and sole proprietors, respondents in the lowest income categories were more likely to have had deductibles greater than \$2,500 when compared with respondents in the highest income groups. About 59 percent of small business members/sole proprietors with incomes at or less than 150 percent of the Federal Poverty Level had deductibles over \$2,500 compared with 37 percent for those with incomes between 250 and 300 percent of the Federal Poverty Level and 29 percent of non-discounted enrollees (above 300 percent FPL).
- One quarter of all respondents did not have prescription drug coverage (25 percent), and about the same share lacked coverage for screenings (22 percent) and routine check-ups (21 percent). About 19 percent of respondents reported that they did not have access to mental health care.
- Income seems to have been a factor in predicting the extent of coverage offered by respondents' prior health plans. Compared with respondents in the highest income group, respondents in lower income categories were more likely to have had prior health plans lacking basic coverage, such as routine check-ups, screenings, prescription coverage and mental health care.

Previously insured respondents with high deductibles were more likely to go without care.

- Respondents who were required to pay high deductibles on previous insurance plans were significantly more likely to go without medical care than respondents whose plans required lower deductibles. This same finding was also true of dependents.
- About 26 percent of previously insured individuals and 23 percent of small business members/sole proprietors reported not getting care when they needed it. Of these, about 83 percent of individuals and 80 percent of small business members/sole proprietors said the reason they did not receive care was because it was too costly to do so.

Income also seemed to have played a role in respondents' ability to access needed care. Respondents in lower income groups were nearly twice as likely to have gone without needed care (27 percent) compared with respondents in the highest income category (14 percent). This same finding was true for respondents' family members.

The media played a major role in educating individuals about DirigoChoice. For those who enrolled as an individual, nearly two thirds (64 percent) reported that they first learned about the program through the newspaper, radio and/or television. For small business members and sole proprietors, about 51 percent learned of the program through the media, while over a quarter (27 percent) reported that their employer provided them with their initial information on the health plan.

When asked to compare DirigoChoice with prior insurance coverage, respondents perceived DirigoChoice to be a better value. Almost two-thirds of individuals (63 percent) and more than half of small business members/sole proprietors (53 percent) considered DirigoChoice to be more affordable than their prior health plan. About half of each group thought that DirigoChoice provided better coverage.

Early perceptions of DirigoChoice are favorable in terms of its cost and coverage; however, there is concern about the sustainability of the program. About 47 percent of individuals and 42 percent of small business members and sole proprietors said that they were most worried about whether the plan would still be in business in the future.

APPENDIX A – DIRIGOCHOICE MEMBER SURVEY (Round II)

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
Q1	6 INSURANCE AGENT	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 ANTHEM/BLUE CROSS/BLUE SHIELD	NEXT
Q4	2 AETNA	NEXT
Q4	3 NASE (NAT'L ASSOC. OF SELF EMPL.)	NEXT
Q4	4 MEGALIFE	NEXT
Q4	5 CIGNA	NEXT
Q4	6 COBRA	Q7
Q4	7 MAINECARE/MEDICAID	Q8
Q4	9 MEDICARE PLUS SUPPLEMENTAL	Q8
Q4	10 MILITARY OR VA	Q8
Q4	12 OTHER COVERAGE	NEXT
Q4	98 DK	NEXT
Q4	99 NA	NEXT
Q4	13 Other coverage	NEXT
Q4	11 CUB CARE	Q8
Q4	8 MEDICARE ONLY	Q8

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

How long were you uninsured? Would you say . . .

Q9	1 less than 6 months	NEXT
Q9	2 6 months to 1 year, or	NEXT
Q9	3 more than 1 year	Q23
Q9	8 DK	Q23
Q9	9 NA	Q23

Q10

Multiple Check

What was that coverage?
(CHECK ALL THAT APPLY)

- | | | |
|-----|-------------------------------------|------|
| Q10 | 1 ANTHEM/BLUE CROSS/BLUE SHIELD | NEXT |
| Q10 | 2 AETNA | NEXT |
| Q10 | 3 NASE (NAT'L ASSOC. OF SELF EMPL.) | NEXT |
| Q10 | 4 MEGALIFE | NEXT |
| Q10 | 5 CIGNA | NEXT |
| Q10 | 6 COBRA | NEXT |
| Q10 | 7 MAINECARE/MEDICAID | NEXT |
| Q10 | 8 MEDICARE ONLY | NEXT |
| Q10 | 10 MILITARY OR VA | NEXT |
| Q10 | 12 OTHER | NEXT |
| Q10 | 13 Other coverage | NEXT |
| Q10 | 11 CUB CARE | NEXT |
| Q10 | 9 MEDICARE PLUS SUPPLEMENTAL | NEXT |
| Q10 | 98 DK | NEXT |
| Q10 | 99 NA | 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	Q19
Q16	9 NA	Q19

Q17 Option
 Was that deductible just for you, or was that the family deductible?

Q17	1 INDIVIDUAL	NEXT
Q17	2 FAMILY	Q19
Q17	8 DK	Q19
Q17	9 NA	Q19

Q18 Option
 How much was the family deductible?

Q18	1 NO DEDUCTIBLE, NONE	NEXT
Q18	2 \$500 OR LESS	NEXT
Q18	3 \$501- \$1000	NEXT
Q18	4 \$1001- \$2500	NEXT
Q18	5 \$2501- \$5000	NEXT
Q18	6 MORE THAN \$5000	NEXT
Q18	8 DK/ DON'T REMEMBER	NEXT
Q18	9 NA	NEXT

Q19 Option
 How much was your OUT-OF-POCKET LIMIT on that health insurance plan?

Q19	1 NO LIMIT, NONE	NEXT
Q19	2 \$1- \$2000	NEXT
Q19	3 \$2001- \$10,000	NEXT
Q19	4 \$10,001- \$20,000	NEXT
Q19	5 OVER \$20,000	NEXT
Q19	8 DK/ DON'T REMEMBER	NEXT
Q19	9 NA	NEXT

Q20

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 3))

- Q20 1 YES, NEEDED CARE BUT DID NOT GET IT NEXT
- Q20 2 NEEDED CARE AND GOT IT Q23
- Q20 3 DID NOT NEED CARE Q23
- Q20 8 DK Q23
- Q20 9 NA Q23

Q21

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?"

- Q21 1 COST Q22
- Q21 2 THOUGHT I WOULD GET BETTER ANYWAY Q23
- Q21 3 COULDN'T GET TIME OFF FROM WORK Q23
- Q21 4 DID NOT HAVE TIME TO GO Q23
- Q21 5 COULDN'T GET AN APPOINTMENT FOR SOON ENOUGH Q23
- Q21 6 NO WAY TO GET THERE (TRANSPORTATION) Q23
- Q21 7 OFFICE/CLINIC WASN'T OPEN WHEN NEEDED Q23
- Q21 8 DIDN'T KNOW WHERE TO GO TO GET CARE Q23
- Q21 9 COULDN'T GET A REFERRAL/REFERRAL PROCESS TOO COMPLICATED Q23
- Q21 11 OTHER REASON Q23
- Q21 12 Other Q23
- Q21 98 DK Q23
- Q21 99 NA Q23
- Q21 10 HEALTH INSURANCE DIDN'T COVER IT Q23

Q22

Multiple Check

What is it that you felt cost too much?

(DO NOT READ, CHECK ALL THAT APPLY)

- Q22 1 COPAY NEXT
- Q22 2 DEDUCTIBLE NEXT
- Q22 3 OTHER EXPENSE NEXT
- Q22 4 Other NEXT
- Q22 8 DK NEXT
- Q22 9 NA NEXT

Q23 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?

- Q23 1 YES NEXT
- Q23 2 NO Q29
- Q23 8 DK Q29
- Q23 9 NA Q29

Q24 Option

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

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

Q25 Option

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

- Q25 1 YES NEXT
- Q25 2 NO Q28
- Q25 8 DK Q29
- Q25 9 NA Q29

Q26 Multiple Check

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

- Q26 1 ANTHEM/BLUE CROSS/BLUE SHIELD NEXT
- Q26 2 AETNA NEXT
- Q26 3 NASE (NAT'L ASSOC. OF SELF EMPL.) NEXT
- Q26 4 MEGALIFE NEXT
- Q26 5 CIGNA NEXT
- Q26 6 COBRA NEXT
- Q26 7 MAINECARE/MEDICAID NEXT
- Q26 8 MEDICARE ONLY NEXT
- Q26 9 MEDICARE PLUS SUPPLEMENTAL NEXT
- Q26 10 MILITARY OR VA NEXT
- Q26 11 CUB CARE NEXT
- Q26 12 OTHER NEXT
- Q26 13 Other coverage NEXT
- Q26 98 DK NEXT
- Q26 99 NA NEXT

Q27

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \3 was NOT covered by any health insurance plan?

Q27	1 YES	Q29
Q27	2 NO	Q29
Q27	8 DK	Q29
Q27	9 NA	Q29

Q28

Option

How long was \3 uninsured? Would you say . . .

Q28	1 less than 6 months	NEXT
Q28	2 6 months to 1 year, or	NEXT
Q28	3 more than 1 year	NEXT
Q28	8 DK	NEXT
Q28	9 NA	NEXT

Q29

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?

Q29	1 YES	NEXT
Q29	2 NO	Q35
Q29	8 DK	Q35
Q29	9 NA	Q35

Q30

Option

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

Q30	1 YES	NEXT
Q30	2 NO	NEXT
Q30	8 DK	NEXT
Q30	9 NA	NEXT

Q31

Option

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

Q31	1 YES	NEXT
Q31	2 NO	Q34
Q31	8 DK	Q35
Q31	9 NA	Q35

Q32

Multiple Check

What was that coverage?

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

- Q32 1 ANTHEM/BLUE CROSS/BLUE SHIELD NEXT
- Q32 2 AETNA NEXT
- Q32 3 NASE (NAT'L ASSOC. OF SELF EMPL.) NEXT
- Q32 4 MEGALIFE NEXT
- Q32 5 CIGNA NEXT
- Q32 6 COBRA NEXT
- Q32 7 MAINECARE/MEDICAID NEXT
- Q32 8 MEDICARE ONLY NEXT
- Q32 9 MEDICARE PLUS SUPPLEMENTAL NEXT
- Q32 10 MILITARY OR VA NEXT
- Q32 11 CUB CARE NEXT
- Q32 12 OTHER NEXT
- Q32 13 Other coverage NEXT
- Q32 98 DK NEXT
- Q32 99 NA NEXT

Q33

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \5 was NOT covered by any health insurance plan?

- Q33 1 YES Q35
- Q33 2 NO Q35
- Q33 8 DK Q35
- Q33 9 NA Q35

Q34

Option

How long was \5 uninsured? Would you say . . .

- Q34 1 less than 6 months NEXT
- Q34 2 6 months to 1 year, or NEXT
- Q34 3 more than 1 year NEXT
- Q34 8 DK NEXT
- Q34 9 NA NEXT

Q35

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?

- Q35 1 YES NEXT
- Q35 2 NO Q41
- Q35 8 DK Q41
- Q35 9 NA Q41

Q36 Option

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

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

Q37 Option

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

- Q37 1 YES NEXT
- Q37 2 NO Q40
- Q37 8 DK Q41
- Q37 9 NA Q41

Q38 Multiple Check

What was that coverage?

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

- Q38 1 ANTHEM/BLUE CROSS/BLUE SHIELD NEXT
- Q38 2 AETNA NEXT
- Q38 3 NASE (NAT'L ASSOC. OF SELF EMPL.) NEXT
- Q38 4 MEGALIFE NEXT
- Q38 5 CIGNA NEXT
- Q38 6 COBRA NEXT
- Q38 7 MAINECARE/MEDICAID NEXT
- Q38 8 MEDICARE ONLY NEXT
- Q38 9 MEDICARE PLUS SUPPLEMENTA NEXT
- Q38 10 MILITARY OR VA NEXT
- Q38 11 CUB CARE NEXT
- Q38 12 OTHER NEXT
- Q38 13 Other coverage NEXT
- Q38 98 DK NEXT
- Q38 99 NA NEXT

Q39 Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \7 was NOT covered by any health insurance plan?

- Q39 1 YES Q41
- Q39 2 NO Q41
- Q39 8 DK Q41
- Q39 9 NA Q41

Q40

Option

How long was \7 uninsured? Would you say . . .

Q40	1 less than 6 months	NEXT
Q40	2 6 months to 1 year, or	NEXT
Q40	3 more than 1 year	NEXT
Q40	8 DK	NEXT
Q40	9 NA	NEXT

Q41

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?

Q41	1 YES	NEXT
Q41	2 NO	Q47
Q41	8 DK	Q47
Q41	9 NA	Q47

Q42

Option

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

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

Q43

Option

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

Q43	1 YES	NEXT
Q43	2 NO	Q46
Q43	8 DK	Q47
Q43	9 NA	Q47

Q44

Multiple Check

What was that coverage?

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

- Q44 1 ANTHEM/BLUE CROSS/BLUE SHIELD NEXT
- Q44 2 AETNA NEXT
- Q44 3 NASE (NAT'L ASSOC. OF SELF EMPL.) NEXT
- Q44 4 MEGALIFE NEXT
- Q44 5 CIGNA NEXT
- Q44 6 COBRA NEXT
- Q44 7 MAINECARE/MEDICAID NEXT
- Q44 8 MEDICARE ONLY NEXT
- Q44 9 MEDICARE PLUS SUPPLEMENTAL NEXT
- Q44 10 MILITARY OR VA NEXT
- Q44 11 CUB CARE NEXT
- Q44 12 OTHER NEXT
- Q44 13 Other coverage NEXT
- Q44 98 DK NEXT
- Q44 99 NA NEXT

Q45

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \9 was NOT covered by any health insurance plan?

- Q45 1 YES Q47
- Q45 2 NO Q47
- Q45 8 DK Q47
- Q45 9 NA Q47

Q46

Option

How long was \9 uninsured? Would you say . . .

- Q46 1 less than 6 months NEXT
- Q46 2 6 months to 1 year NEXT
- Q46 3 more than 1 year NEXT
- Q46 8 DK NEXT
- Q46 9 NA NEXT

Q47

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?

- Q47 1 YES NEXT
- Q47 2 NO Q53
- Q47 8 DK Q53
- Q47 9 NA Q53

Q48 Option

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

Q48	1 YES	NEXT
Q48	2 NO	NEXT
Q48	8 DK	NEXT
Q48	9 NA	NEXT

Q49 Option

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

Q49	1 YES	NEXT
Q49	2 NO	Q52
Q49	8 DK	Q53
Q49	9 NA	Q53

Q50 Multiple Check

What was that coverage?

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

Q50	1 ANTHEM/BLUE CROSS/BLUE SHEILD	NEXT
Q50	2 AETNA	NEXT
Q50	3 NASE (NAT'L ASSOC. OF SELF EMPL.)	NEXT
Q50	4 MEGALIFE	NEXT
Q50	5 CIGNA	NEXT
Q50	6 COBRA	NEXT
Q50	7 MAINECARE/MEDICAID	NEXT
Q50	8 MEDICARE	NEXT
Q50	9 MEDICARE PLUS SUPPLEMENTAL	NEXT
Q50	10 MILITARY OR VA	NEXT
Q50	11 CUB CARE	NEXT
Q50	12 OTHER	NEXT
Q50	13 Other coverage	NEXT
Q50	98 DK	NEXT
Q50	99 NA	NEXT

Q51 Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \11 was NOT covered by any health insurance plan?

Q51	1 YES	Q53
Q51	2 NO	Q53
Q51	8 DK	Q53
Q51	9 NA	Q53

Q52 Option

How long was \11 uninsured? Would you say . . .

Q52	1 less than 6 months	NEXT
Q52	2 6 months to 1 year, or	NEXT
Q52	3 more than 1 year	NEXT
Q52	8 DK	NEXT
Q52	9 NA	NEXT

Q53 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?

Q53	1 YES	NEXT
Q53	2 NO	Q59
Q53	8 DK	Q59
Q53	9 NA	Q59

Q54 Option

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

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

Q55 Option

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

Q55	1 YES	NEXT
Q55	2 NO	Q58
Q55	8 DK	Q59
Q55	9 NA	Q59

Q56

Multiple Check

What was that coverage?

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

- Q56 1 ANTHEM/BLUE CROSS/BLUE SHIELD NEXT
- Q56 2 AETNA NEXT
- Q56 3 NASE (NAT'L ASSOC. OF SELF EMPL.) NEXT
- Q56 4 MEGALIFE NEXT
- Q56 5 CIGNA NEXT
- Q56 6 COBRA NEXT
- Q56 7 MAINECARE/MEDICAID NEXT
- Q56 8 MEDICARE ONLY NEXT
- Q56 9 MEDICARE PLUS SUPPLEMENTAL NEXT
- Q56 10 MILITARY OR VA NEXT
- Q56 11 CUB CARE NEXT
- Q56 12 OTHER NEXT
- Q56 13 Other coverage NEXT
- Q56 98 DK NEXT
- Q56 99 NA NEXT

Q57

Option

Thinking about the year before you enrolled in Dirigo, was there any time during that year that \13 was NOT covered by any health insurance plan?

- Q57 1 YES Q59
- Q57 2 NO Q59
- Q57 8 DK Q59
- Q57 9 NA Q59

Q58

Option

How long was \13 uninsured? Would you say . . .

- Q58 1 less than 6 months NEXT
- Q58 2 6 months to 1 year, or NEXT
- Q58 3 more than 1 year NEXT
- Q58 8 DK NEXT
- Q58 9 NA NEXT

Q59

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))

- Q59 1 YES, NEEDED CARE BUT DID NOT GET IT NEXT
- Q59 2 NEEDED CARE AND GOT IT Q62
- Q59 3 DID NOT NEED CARE Q62
- Q59 8 DK Q62
- Q59 9 NA Q62

Q60

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?"

- Q60 1 COST NEXT
- Q60 2 THOUGHT HE/SHE WOULD GET BETTER ANYWAY Q62
- Q60 3 COULDN'T GET TIME OFF FROM WORK Q62
- Q60 4 DID NOT HAVE TIME TO GO Q62
- Q60 5 COULDN'T GET AN APPOINTMENT FOR SOON ENOUGH Q62
- Q60 6 NO WAY TO GET THERE (TRANSPORTATION) Q62
- Q60 7 OFFICE/CLINIC WASN'T OPEN WHEN NEEDED Q62
- Q60 8 DIDN'T KNOW WHERE TO GO TO GET CARE Q62
- Q60 9 COULDN'T GET A REFERRAL/REFERRAL PROCESS TOO COMPLICATED Q62
- Q60 11 OTHER REASON Q62
- Q60 12 Other Q62
- Q60 98 DK Q62
- Q60 99 NA Q62
- Q60 10 HEALTH INSURANCE DIDN'T COVER IT Q62

Q61

Multiple Check

What is it that you felt cost too much?

(DO NOT READ, CHECK ALL THAT APPLY)

- Q61 1 COPAY NEXT
- Q61 2 DEDUCTIBLE NEXT
- Q61 3 OTHER NEXT
- Q61 4 Other NEXT
- Q61 8 DK NEXT
- Q61 9 NA NEXT

Q62

Option

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

- Q62 1 YES NEXT
- Q62 2 NO NEXT
- Q62 8 DK NEXT
- Q62 9 NA NEXT

Q63

Option

Do you currently have any children living in your home?

- Q63 1 YES NEXT
- Q63 2 NO NEXT
- Q63 8 DK NEXT
- Q63 9 NA NEXT

Q64 Option

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

Q64	1 YES	NEXT
Q64	2 NO	Q71
Q64	8 DK	Q71
Q64	9 NA	Q71

Q65 Option

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

Q65	1 YES	Q68
Q65	2 NO	NEXT
Q65	8 DK	Q68
Q65	9 NA	Q68

Q66 Option

Is he/she covered under any health insurance plan?

Q66	1 YES	Q68
Q66	2 NO	NEXT
Q66	8 DK	Q68
Q66	9 NA	Q68

Q67 Multiple Check

Why not?

Q67	1 TOO EXPENSIVE	NEXT
Q67	8 DK	NEXT
Q67	9 NA	NEXT
Q67	2 NOT ELIGIBLE/ DENIED COVERAGE	NEXT
Q67	3 DON'T QUALIFY YET	NEXT
Q67	4 OTHER REASON	NEXT
Q67	5 Other	NEXT

Q68 Option

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

Q68	1 YES	NEXT
Q68	2 NO	Q71
Q68	8 DK	Q71
Q68	9 NA	Q71

Q69 Option

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

Q69	1 YES	Q71
Q69	2 NO	NEXT
Q69	8 DK	Q71
Q69	9 NA	Q71

Q70

Multiple Check

Why not?

- Q70 4 Other NEXT
- Q70 1 TOO EXPENSIVE NEXT
- Q70 2 EX-SPOUSE SHOULD PROVIDE COVERAGE, NEXT
BUT DOESN'T
- Q70 8 DK NEXT
- Q70 9 NA NEXT
- Q70 3 OTHER REASON NEXT

Q71

Option

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

- Q71 6 DIDN'T HAVE HEALTH INSURANCE NEXT
- Q71 1 much less NEXT
- Q71 2 somewhat less NEXT
- Q71 3 about the same NEXT
- Q71 4 somewhat more, or NEXT
- Q71 5 much more than your previous coverage NEXT
- Q71 8 DK NEXT
- Q71 9 NA NEXT

Q72

Option

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

- Q72 6 DIDN'T HAVE HEALTH INSURANCE NEXT
- Q72 1 much better NEXT
- Q72 2 somewhat better NEXT
- Q72 3 about the same NEXT
- Q72 4 somewhat worse, or NEXT
- Q72 5 much worse NEXT
- Q72 8 DK NEXT
- Q72 9 NA NEXT

Q73

Option

And now I have just a few more questions.

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

- Q73 1 excellent NEXT
- Q73 2 good NEXT
- Q73 3 fair, or NEXT
- Q73 4 poor NEXT
- Q73 8 DK NEXT
- Q73 9 NA NEXT

Q74 Option

Did you complete a health risk assessment?

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

Q74	1 YES	NEXT
Q74	2 NO	NEXT
Q74	8 DK	NEXT
Q74	9 NA	NEXT

Q75 Option

What do you like best about Dirigo Choice?

Q75	1 COST	Q77
Q75	2 COVERAGE	Q77
Q75	3 PREVENTIVE CARE	Q77
Q75	4 WOULDN'T HAVE HEALTH CARE WITHOUT IT	Q77
Q75	5 OTHER	NEXT
Q75	8 DK	Q77
Q75	9 NA	Q77

Q76 Text Entry

What is it that you like best?

Q76	0 DESCRIPTION (98=DK, 99=NA)	NEXT
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Q77 Option

What is your biggest concern about Dirigo Choice?

Q77	1 COST	Q79
Q77	2 COVERAGE	Q79
Q77	3 WILL IT LAST/ STILL BE IN BUSINESS/ SUSTAINABILITY	Q79
Q77	4 OTHER	NEXT
Q77	8 DK	Q79
Q77	9 NA	Q79
Q77	5 REIMBURSEMENT PROBLEMS	Q79

Q78 Text Entry

BIGGEST CONCERN:

Q78	0 CONCERN (98=DK, 99=NA)	NEXT
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APPENDIX B – ADDITIONAL TABLES

Table B-1: Respondent’s Prior Insurance Status by Whether or Not Respondents had Dependents (N=1747)

Insurance Status at the Time of Enrollment	Respondents with Dependents		Respondents with NO Dependents		Total Respondents	
	Individuals N=235	Small Business/Sole Prop. N=341	Individuals N=734	Small Business/Sole Prop. N=437	Individuals N=969	Small Business/Sole Prop. N=778
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Insured	64.7	76.5	55.5	65.2	57.7	70.2
Uninsured	35.3	23.5	44.3	34.6	42.1	29.7
DK or NA	0.0	0.0	0.3	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table B-2: Prior Insurance Type of Respondents and Dependents Insured at the Time of DirigoChoice Enrollment – by Contract Type

Respondent’s Insurance Type	Individuals N=561		Small Business/Sole Prop. N=546	
	<u>Freq.</u>	<u>Percent</u>	<u>Freq.</u>	<u>Percent</u>
Anthem Blue Cross/Blue Shield	359	64.0	305	55.9
Aetna	20	3.6	65	11.9
MegaLife	36	6.4	61	11.2
Cigna	9	1.6	15	2.7
COBRA	89	15.9	36	6.6
MaineCare/Medicaid	17	3.0	17	3.1
Medicare Only	2	0.4	4	0.7
Medicare Plus Supplement	2	0.4	0	0.0
Military or VA	2	0.4	4	0.7
Other coverage	56	10.0	46	8.4
Don’t know	12	2.1	16	2.9

Dependents’ Insurance Type	Individuals N=239		Small Business/Sole Prop. N=525	
	<u>Freq.</u>	<u>Percent</u>	<u>Freq.</u>	<u>Percent</u>
Anthem Blue Cross/Blue Shield	149	18.6	294	27.5
Aetna	4	0.5	66	6.2
MegaLife	23	2.9	57	5.3
Cigna	0	0.0	13	1.2
COBRA	30	3.8	24	2.2
MaineCare/Medicaid	16	2.0	24	2.2
Medicare Only	0	0.0	1	0.1
Medicare Plus Supplement	0	0.0	0	0.0
Military or VA	1	0.1	1	0.1
Other coverage	23	2.9	50	4.7
Don’t know	12	1.5	17	1.6

Note:

- i. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Table B-3: Description of Respondent's Deductible before DirigoChoice for Those Who Knew Deductible and Reported Family Coverage (N=426)

Prior Deductible Level	Respondents		
	Individuals N=177 (%)	Small Business/Sole Prop. N=249 (%)	All Respondents N=426 (%)
No deductible	14.7	12.4	13.4
\$500 or less	13.6	10.0	11.5
\$501 - \$1,000	10.2	7.2	8.5
\$1,001 - \$2,500	8.5	14.5	12.0
\$2,501 - \$5,000	15.8	19.3	17.8
More than \$5,000	37.3	36.5	36.9
Total	100.0	100.0	100.0

Notes:

- i. Does not include small group of people who were asked an earlier version of the survey which did not have this question.

Table B-4: Deductible by DirigoChoice Discount Group for Individuals (N=576)ⁱ

Prior Deductible Level	Individuals				
	Group B 150% FPL or Less (%)	Group C 200% FPL or Less (%)	Group D 250% FPL or Less (%)	Group E 300% FPL or Less (%)	Group F Above 300% FPL (%)
No deductible	20.4	28.8	16.1	16.7	23.6
\$500 or less	18.5	16.7	12.9	27.8	32.7
\$501 - \$1,000	6.4	3.0	6.5	11.1	0.0
\$1,001 - \$2,500	8.1	9.1	19.4	5.6	7.3
\$2,501 - \$5,000	31.3	25.8	32.3	27.8	34.6
More than \$5,000	15.3	16.7	12.9	11.1	1.8
Totalⁱⁱ	100.0	100.0	100.0	100.0	100.0

Notes:

- i. Does not include 158 individuals who said that they did not know their prior deductible or that the question was not applicable.
- ii. Percentages may not add up to 100 percent due to rounding.

Table B-5: Respondent's Need for Care - Individuals

Respondent's Need for Care	Respondents (N=734)		Reasons for Not Receiving Care ⁱⁱ	Respondents with Unmet Care Need (N=192)		Components of Care that were Too Costly ⁱⁱ	Respondents Deterred by Cost (N=159)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	192	26.2	Cost	159	82.8	Copay	20	12.6
Needed Care and Got It	425	57.9	Health Insurance Didn't Cover It	29	15.1	Deductible	121	76.1
Did Not Need Care	112	15.3	Thought Would Get Better	8	4.2	Other Expense	26	16.4
DK	5	0.7	Other	11	5.7			
NA	--	--						
Totalⁱ	734	100.0						

Notes:

i. Percentages may not add up to 100 percent due to rounding.

ii. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Table B-6: Respondent's Need for Care – Small Business Members and Sole Proprietors

Respondent's Need for Care	Respondents (N=616)		Reasons for Not Receiving Care ⁱⁱ	Respondents with Unmet Care Need (N=140)		Components of Care that were Too Costly ⁱⁱ	Respondents Deterred by Cost (N=112)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	140	22.7	Cost	112	80.0	Copay	24	21.4
Needed Care and Got It	339	55.0	Health Insurance Didn't Cover It	22	15.7	Deductible	86	76.8
Did Not Need Care	136	22.1	Thought Would Get Better	3	2.1	Other Expense	14	12.5
DK	--	--	Other	14	10.0			
NA	1	0.2						
Totalⁱ	616	100.0						

Notes:

i. Percentages may not add up to 100 percent due to rounding.

ii. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Table B-7: Family Member's Need for Care - Individuals

Family Member's Need for Care	Respondents with Family Members (N=166)		Reasons for Not Receiving Care ⁱⁱ	Family Members with Unmet Care Need (N=43)		Components of Care that were Too Costly ⁱⁱ	Family Members Deterred by Cost (N=37)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	43	25.9	Cost	37	86.0	Copay	5	13.5
Needed Care and Got It	103	62.1	Health Insurance Didn't Cover It	7	16.3	Deductible	29	78.4
Did Not Need Care	18	10.8	Thought Would Get Better	3	7.0	Other Expense	4	10.8
DK	2	1.2	Other	--	--			
NA	--	--						
Totalⁱ	166	100.0						

Notes:

i. Percentages may not add up to 100 percent due to rounding.

ii. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Table B-8: Family Member's Need for Care – Small Business Members and Sole Proprietors

Family Member's Need for Care	Respondents with Family Members (N=269)		Reasons for Not Receiving Care ⁱⁱ	Family Members with Unmet Care Need (N=42)		Components of Care that were Too Costly ⁱⁱ	Family Members Deterred by Cost (N=31)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	42	15.6	Cost	31	73.8	Copay	7	22.6
Needed Care and Got It	186	69.1	Health Insurance Didn't Cover It	8	19.0	Deductible	24	77.4
Did Not Need Care	39	14.5	Thought Would Get Better	2	4.8	Other Expense	6	19.4
DK	1	0.4	Other	2	4.8			
NA	1	0.4						
Totalⁱ	269	100.0						

Notes:

i. Percentages may not add up to 100 percent due to rounding.

ii. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.

Table B-9: Comparison of DirigoChoice to Respondent's Prior Insurance

	Respondents	
	Individuals (%)	Small Business/Sole Prop. (%)
COSTⁱ	N=732	N=615
Much less	45.9	29.4
Somewhat less	17.4	23.4
About the same	11.3	19.2
Somewhat more	10.7	14.8
Much more	10.3	10.4
Never had health insurance	0.1	0
DK	3.4	2.1
NA	1.0	0.7
Totalⁱⁱ	100.0	100.0
COVERAGEⁱⁱⁱ	N=681	N=592
Much better	36.0	32.4
Somewhat better	12.9	15.4
About the same	28.9	27.0
Somewhat worse	12.0	12.8
Much worse	2.5	4.9
DK	7.2	7.1
NA	0.4	0.3
Total	100.0	100.0

Note:

- i. Missing data for 2 individuals and 1 small business member/sole proprietor.
- ii. Totals may not add to 100 percent due to rounding.
- iii. Missing data for 53 individuals and 24 small business members/sole proprietors.