

DirigoChoice Member Survey

A Snapshot of the Program's Early Adopters

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CONTENTS

Executive Summary	1
I. Purpose	3
II. Methodology	3
Sample Selection.....	3
Survey Administration.....	3
Analysis.....	5
III. Findings	5
Respondent Characteristics.....	5
Finding Out About the Program.....	6
Prior Health Insurance Status.....	6
Prior Health Insurance Type.....	7
Current Health Insurance Status of Dependents.....	9
Health Care Access.....	9
Health Risk Assessment.....	13
Comparison of DirigoChoice to Prior Insurance.....	14
Perceptions about DirigoChoice.....	14
IV. Major Findings	15
Appendix A: Survey Instrument	

TABLES

Table 1: Sample Characteristics.....	4
Table 2: Types of Non-Responders.....	5
Table 3: Respondents and Dependents by DirigoChoice Discount Group.....	6
Table 4: Insurance Status of Respondents and Dependents at the Time of DirigoChoice Enrollment.....	7
Table 5: Insurance Status of Respondents during the Year Prior to DirigoChoice Enrollment.....	7
Table 6: Prior Insurance Type of Respondents Insured at the Time of DirigoChoice Enrollment.....	8
Table 7: Top Two Prior Insurance Plans by Deductible Level.....	9
Table 8: Description of Respondent’s Deductible before DirigoChoice.....	10
Table 9: Respondent’s Deductible by DirigoChoice Discount Group.....	10
Table 10: Respondent’s Need for Care.....	11
Table 11: Prior Deductible Level by Respondent’s Need for Care.....	11
Table 12: Family Members’ Need for Care.....	12
Table 13: Prior Deductible Level by Family Members’ Need for Care.....	13
Table 14: Description of Respondent’s Coverage before Enrolling in DirigoChoice	13

EXECUTIVE SUMMARY

This study presents findings from a survey of first quarter DirigoChoice enrollees. A telephone survey was carried out between March 24, 2005 and June 15, 2005, and interviews were completed for 1564 of the 2061 total enrollees. This survey is part of an effort to obtain an initial snapshot of Maine adults newly enrolled in DirigoChoice as part of a small business or as a sole proprietor/self-employed person. Open enrollment for individuals and MaineCare expansion for parents did not begin until April 1, 2005 and consequently, these persons are not represented by the sample. 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 an overwhelmingly low income population.*** Approximately 39 percent of respondents and their dependents come from households with income at or less than 150 percent of poverty. Nearly 59 percent have household income at or less than 200 percent of poverty.
- ***Prior to enrollment in DirigoChoice, thirty-eight percent of respondents did not have insurance at all or had insurance for only some of the previous twelve months or had temporary COBRA coverage. Sixty-two percent were insured for the full twelve month period.*** A higher portion of dependents were insured at the time they enrolled in DirigoChoice. About 81 percent of spouses had health insurance at this time, compared with 88.9 percent of children.
- ***A high proportion of the previously insured respondents came from plans with high deductibles and had significant gaps in coverage.***
 - Slightly over 40 percent of previously insured respondents had deductibles that were greater than \$2,500.
 - Individuals in the lowest income categories were more likely to have had deductibles greater than \$2,500 when compared with individuals in the highest income groups.
 - Nearly one third of previously insured respondents did not have coverage for routine check-ups (29.8 percent), and about the same share of respondents lacked coverage for screenings (30.3 percent) and prescriptions (29.5 percent). About a quarter of respondents (25.8 percent) did not have access to 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.
 - Approximately 28 percent of previously insured respondents reported not getting care when they needed it and of these, just over 80 percent said it was too costly to do so.

- ***Insurance brokers did not play a major role in educating individuals about DirigoChoice.*** The majority of respondents (63.2 percent) learned about the program through the newspaper, radio and/or television, while 18.7 percent said that they found out about DirigoChoice through an employer.
- ***Most respondents who had coverage at the time they enrolled in DirigoChoice were covered through a private health plan.*** About fifty percent switched from Anthem/Blue Cross/Blue Shield, and 16.3 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE). The remaining 11.9 percent and 5.5 percent were covered by Aetna and Cigna respectively.
- ***When asked to compare DirigoChoice with prior insurance coverage, respondents perceived DirigoChoice to be of better value.*** Approximately 58 percent said that DirigoChoice's coverage was better and about 54 percent of respondents with prior insurance said that the cost of DirigoChoice was less than their families' previous health plan.
- ***Early perceptions of DirigoChoice are favorable in terms of its cost and coverage; however, there is concern about the sustainability of the program.*** The most common concern expressed by 40 percent of respondents was whether the plan would still be in business in the future and whether their coverage would last.

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 complete a survey of Maine adults newly enrolled in DirigoChoice. 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 subsidies 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. The program's initial major 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 on selected findings from the survey.

II. METHODOLOGY

Sample Selection

The sample for this survey was the entire first quarter population of adults who enrolled in DirigoChoice between January 1, 2005 and March 31, 2005. This number represents adults who enrolled either as part of a small business or as a sole proprietor/self-employed person. Open enrollment for individuals and MaineCare expansion for parents did not begin until April 1, 2005 and consequently, these persons are not represented by the sample.

Survey Administration

The surveys were administered entirely by telephone. Calls began on March 24, 2005 and ended on June 15, 2005. Interviewers trained on survey instruments used a computer-assisted telephone interviewing instrument (CATI) developed by the Muskie School to collect data from respondents. Interviewers asked to speak with the DirigoChoice contract holder and on rare occasion, when this person was unavailable, conducted the interview with the contract holder's spouse or partner. 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 1564 respondents for a response rate of 75.9 percent. In March 2005, the Dirigo Health Agency provided information on 2132 contract holders. Subsequent to receiving this information, survey staff found that 71 persons had disenrolled or reported that they were not currently enrolled and, therefore, were not interviewed.

This left a total population size of 2061. To determine whether respondents reflected the total population of DirigoChoice members, select demographic and programmatic characteristics were compared between respondents and non-responders and respondents and 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-responders. Compared with respondents, non-responders were more likely to be male and to have purchased DirigoChoice coverage through a small group plan and were less likely to have come from Discount Group B, the most heavily subsidized discount group. In addition, non-responders had a higher share of enrollees in Discount Group E (the lowest subsidy level) and also tended to have fewer dependents and a smaller average contract size when compared to respondents. 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: Sample Characteristics

Characteristic	All Contract Holders (N=2061)	Respondents (N=1564)	Non-Respondersⁱ (N=497)
	<u>Percentⁱⁱ</u>	<u>Percentⁱⁱ</u>	<u>Percentⁱⁱ</u>
Gender			
Female	42.4	43.7	38.0*
Male	57.6	56.3	62.0*
Contract Type			
Small group	51.4	46.7	66.2*
Sole proprietor	48.6	53.3	33.8*
Discount Group			
Group A	0.2	0.2	0.0
Group B	34.6	36.3	29.2*
Group C	17.8	17.4	18.9
Group D	11.9	11.9	12.1
Group E	7.8	7.0	10.1*
Group F	27.8	27.2	29.8
Number of Dependents Enrolled in DirigoChoice			
0	59.3	55.6	71.4*
1	23.7	26.0	16.3*
2	6.5	7.0	4.8
3	7.0	7.7	4.6*
4	2.6	2.6	2.6
5	0.7	0.8	0.2
6	0.2	0.3	0.0
Average Contract Size			
	1.73 persons	1.79 persons	1.51 persons*

Notes:

- i. *Asterisk* denotes a significant difference between the distribution of non-responders and respondents at a 95 percent confidence level in the category indicated.
- ii. Percentages may not add up to 100 percent due to rounding.

Table 2 breaks down the categories of non-responders. Besides the completed interviews (1564) and those ineligible to be interviewed (71 persons who were no longer enrolled), 51 contract holders had phones that were no longer in service, 43 had wrong telephone numbers and 21 had no telephone number at all. Fewer than 9 percent of all contract holders (191) refused to complete the interview. One hundred and sixty-nine persons received all 15 call attempts and were never reached, and calls to 22 people were still in process at the time the calling ended.

Table 2: Types of Non-Responders (N=497)

Types of Non-Responders	Freq.	%
All 15 calls made	169	34.0
Missing phone number	21	4.2
Phone number not in service/disconnected	51	10.3
Wrong Phone Number	43	8.7
Refused	191	38.4
Still in progress when calling stopped	22	4.4
Total	497	100.0

Analysis

Survey responses were analyzed by the health 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.

III. FINDINGS

Respondent Characteristics

A total of 1564 individuals were surveyed on behalf of themselves and 1242 dependents. For all respondents, basic demographic characteristics were gathered, including gender, contract type, DirigoChoice discount group, type of dependents and health status. More respondents were male (56.3 percent) than female (43.7 percent), and slightly more respondents purchased coverage as a sole proprietor (53.3 percent) than through a small group plan (46.7 percent).

Respondents were clustered around the lowest and highest income levels as represented by DirigoChoice discount groups B and F. Approximately 36 percent of respondents fell into group B, meaning that their incomes were at or below 150 percent of the poverty level, while 27.2 percent fell into group F, meaning that their incomes were above 300 percent of the poverty level. About 17 percent of respondents were in Group C (income less than or equal to 200 percent poverty of level); 11.9 percent were in Group D (income less than or equal to 250 percent of poverty level); and 7.0 percent were in Group E (income less than or equal to 300 percent of poverty level). Dependents were much more heavily weighted towards lower income levels as represented by DirigoChoice discount groups B and C. These breakdowns are shown in Table 3.

Table 3: Respondents and Dependents by DirigoChoice Discount Group

DirigoChoice Discount Group	Respondents		Dependents	
	Freq.	%	Freq.	%
Group A				
MaineCare eligible	3	0.2	3	0.2
Group B				
Less than or equal to 150% poverty level	568	36.3	527	42.4
Group C				
Less than or equal to 200% poverty level	272	17.4	279	22.5
Group D				
Less than or equal to 250% poverty level	186	11.9	136	11.0
Group E				
Less than or equal to 300% poverty level	110	7.0	56	4.5
Group F				
Above 300% of poverty level	425	27.2	241	19.4
Total	1564	100	1242	100

About 70 percent of respondents had a spouse, while only 37.5 percent had one or more children. Seventy-seven percent had some type of dependent. In terms of health status, the vast majority of respondents reported having excellent (45.2 percent) or good (46.1 percent) health. About eight percent reported having fair health, and less than one percent stated that their health was poor.

Finding Out About the Program

All respondents were asked how they first heard about DirigoChoice. Nearly two thirds of respondents (63.2 percent) reported that they learned about the program through the newspaper, radio and/or television. This may reflect the level of press coverage the program received during its development and initial enrollment period. Another 18.7 percent said that they found out about DirigoChoice through an employer. Only about 13 percent said they heard about the program through some ‘other’ source, such as a family member, friend, or insurance broker, and small share of respondents (2.8 percent) said they learned about the program through their health care provider.

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. Seventy-two percent of respondents said they were covered by health insurance when they enrolled, while 28.4 percent reported being uninsured at this time. Table 4 displays these results.

Respondents were also asked about their dependents’ prior coverage. Interviewers presented respondents with the names of dependents and asked whether or not each individual was covered at the time of enrollment. Results show that the portion of previously insured in the dependent population was slightly higher than that found in the respondent group both for spouses and for children. Of the 592 spouses associated with survey respondents, 80.6 percent had health insurance at the time they enrolled in DirigoChoice, whereas 18.9 percent were uninsured when they enrolled. Of the 650 children, 88.9 percent were insured when they enrolled in DirigoChoice, while 10.9 percent were uninsured at this time. The high proportion of previously

insured children may reflect a group of dependents that were able to access coverage through S-CHIP or MaineCare. This suggestion is consistent with the data presented in Table 3 which shows a large share of dependents in lower income groups.

Table 4: Insurance Status of Respondents and Dependents at the Time of DirigoChoice Enrollment (N=2805)ⁱ

Insurance Status at the Time of Enrollment	Respondents		Spouses		Children		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Insured	1118	71.5	477	80.6	578	88.9	2173	77.5
Uninsured	444	28.4	112	18.9	71	10.9	627	22.4
DK	0	0.0	2	0.3	1	0.2	3	0.1
NA	1	0.1	1	0.2	0	0.0	2	0.1
Total	1563	100.0	592	100.0	650	100.0	2805	100.0

Note:

i. There was one missing response for respondents.

The data presented in Table 4 shows the insurance status of respondents at the time they enrolled in DirigoChoice. However, 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 5. Nearly two thirds of respondents (64.9 percent) were insured for the full 12 month period preceding DirigoChoice enrollment, while the remaining 34.7 percent were uninsured or only partially insured during this year.

Table 5: Insurance Status of Respondents during the Year Prior to DirigoChoice Enrollment (N=1563)ⁱ

Insurance Status During the Entire Year Prior to Enrollment	Respondents	
	Freq.	%
Insured for entire year	1015	64.9
Insured at enrollment, but uninsured at some time during prior year	101	6.5
Uninsured at enrollment, but insured at some time during prior year	159	10.2
Uninsured for all of the previous 12 months	282	18.0
DK	5	0.3
NA	1	0.1
Total	1563	100.0

Note:

i. There was one missing response for respondents.

Prior Health Insurance Type

Respondents who were insured at the time they enrolled in DirigoChoice (N=1118) were asked to provide additional information about their prior insurance type. 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 84 percent of respondents who were asked this question reported that their prior insurance was through a private health plan. Approximately fifty percent were insured by Anthem/Blue Cross/Blue Shield, while 11.9 percent and 5.5 percent were covered by Aetna and Cigna respectively. An additional 16.3 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE).¹

Members of small groups who were insured by private insurers at the time of enrollment (N=511) were asked whether their prior coverage was obtained through an employer. Approximately three quarters of these respondents (75.3 percent) said that their prior coverage was obtained through an employer, and of this group (N=385), 90.4 percent said that the employer who sponsored their previous health plan was the same as their current employer.

A handful of respondents (3.7 percent) had coverage through Cobra, a health benefit provision that provides continuation of group health coverage that would otherwise be terminated. Of these, the majority (61.0 percent) said that they chose DirigoChoice because their Cobra insurance was about to end.

About two percent were previously covered through MaineCare, and the remaining 9.2 percent said that they had some type of ‘other’ health insurance beyond the answer options listed. These results are displayed in Table 6.

Table 6: Prior Insurance Type of Respondents Insured at the Time of DirigoChoice Enrollment (N=1118)

Insurance Type	Freq.	%ⁱ
Anthem/BC/BS	565	50.5
MegaLife ⁱⁱ	182	16.3
Aetna	133	11.9
Cigna	61	5.5
Cobra	41	3.7
MaineCare/Medicaid	21	1.9
Military VA	3	0.3
Medicare only	2	0.2
Medicare plus supplemental	0	0.0
Cub Care	0	0.0
Other coverage	103	25.5
Don't know	27	2.4

Notes:

- i. Percentages do not add up to 100 percent due to the fact that respondents were allowed to give more than one answer.
- ii. MegaLife was not in the original list of answer options presented to respondents. The percentage of respondents previously insured by MegaLife was calculated from respondents’ ‘other’ responses. All respondents that specified that they were covered by MegaLife or NASE were assigned to this category.

A cross tabulation of respondent’s prior insurance type by deductible level for the two most popular insurance plans showed that the majority of respondents covered by Anthem/Blue Cross/Blue Shield or MegaLife had deductibles exceeding \$2,500. Approximately half of

¹ MegaLife was not in the original list of answer options presented to respondents. The percentage of respondents previously insured by MegaLife was calculated from respondents’ ‘other’ responses. All respondents that specified that they were covered by MegaLife or NASE were assigned to this category.

respondents who had Anthem as their prior insurer reported that their deductibles were greater than \$2,500, while nearly three-fourths of respondents who had MegaLife coverage reported having deductibles at this level.²

**Table 7: Top Two Prior Insurance Plans by Deductible Level
(Anthem: N=565; MegaLife; N=182)**

Prior Deductible Level	Insurance Type	
	Anthem/BC/BS (%)	MegaLife (%)
No deductible	7.9	0.0
\$1 - \$1,000	13.3	5.5
\$1,001 - \$2,500	14.5	17.0
More than \$2,500	51.9	74.7
DK	11.9	2.8
NA	0.5	0.0
Totalⁱ	100.0	100.0

Notes:

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

Current Health Insurance Status of Dependents

The survey also looked at the current health 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. Of those respondents with spouses (N=1098), 28.1 percent reported that their spouse was not covered by DirigoChoice and of these (N=308), 82.5 percent said that their spouse had health coverage through another insurance plan. For respondents with children (N=587), the proportions were slightly higher. About 35 percent had children who were not enrolled in DirigoChoice and of these (N=205), 88.8 percent 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 (N=1277) 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.

As Table 8 illustrates, more than half of previously insured respondents experienced high deductibles. About 40 percent reported that their deductible was greater than \$2,500. About 31 percent had deductibles between \$1 and \$2,500, while 11.9 percent did not have any deductible associated with health care services. It is unclear whether respondents were citing individual or family deductibles.

² It is unclear whether respondents were citing individual or family deductibles.

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 (69.5 percent) said that did not know or could not remember how much their previous out-of-pocket limit was.

Table 8: Description of Respondent's Deductible before DirigoChoice (N=1277)

Prior Deductible Level	Respondents	
	Freq.	%
No deductible	152	11.9
\$500 or less	138	10.8
\$501 - \$1,000	65	5.1
\$1,001 - \$2,500	195	15.3
\$2,501 - \$5,000	360	28.2
More than \$5,000	158	12.4
DK	204	16.0
NA	5	0.4
Total	1277	100.0

A further analysis of respondents' deductible levels by DirigoChoice discount group reveals that individuals in the lowest income categories, namely groups B and C, were more likely to have had deductibles greater than \$2,500 when compared with individuals in the highest income groups represented by DirigoChoice discount groups E and F. These results are displayed in Table 9.

Table 9: Respondent's Deductible by DirigoChoice Discount Group (N=1277)

Prior Deductible Level	Respondents				
	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	11.8	10.3	9.8	5.9	14.7
\$500 or less	7.5	9.4	11.8	17.7	13.4
\$501 - \$1,000	2.3	7.5	7.2	5.9	6.1
\$1,001 - \$2,500 ⁱ	11.1	15.0	17.7	15.3	19.5
\$2,501 - \$5,000 ⁱ	35.8	28.5	26.1	24.7	21.1
More than \$5,000	19.0	15.9	8.5	7.1	5.5
DK	12.2	13.6	19.0	23.5	19.0
NA	0.5	0.0	0.0	0.0	0.8
Totalⁱⁱ	100.0	100.0	100.0	100.0	100.0

Notes:

i. 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 came out significant at a 95 percent confidence level for three of the four tests indicating a significant difference in deductibles between the lowest and highest income categories.

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

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. About three quarters of respondents (74.5 percent) reported that they needed medical care at some point, and of these (N=952), 37.9 percent said that they did not get the care they desired.

Respondents reporting an unmet health care need (N=361) were asked to further elaborate on why they did not receive medical care. By and large, respondents cited cost as the major barrier to care. Eighty percent said that cost was the main reason for not getting care when they needed it, and of these, (N=290), 66.9 percent said that the deductible was the most costly, while another 19.7 percent said that it was the copay that made care unaffordable. About 24 percent of

respondents with an unmet health care need said that they did not receive medical care because their health insurance did not cover it.

Table 10: Respondent's Need for Care

Respondent's Need for Care	Respondents (N=1277)		Reasons for Not Receiving Care ⁱⁱ	Respondents with Unmet Care Need (N=361)		Components of Care that were Too Costly ⁱⁱ	Respondents Deterred by Cost (N=290)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	361	28.3	Cost	290	80.3	Copay	57	19.7
Needed Care and Got It	591	46.3	Health Insurance Didn't Cover It	88	24.4	Deductible	194	66.9
Did Not Need Care	319	25.0	Other	26	7.2	Other Expense	44	15.2
DK	5	0.4						
NA	1	0.1						
Totalⁱ	1277	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.

Respondents' prior deductible levels were cross tabulated with whether or not they needed care and did not get it. The findings are shown below in Table 11 and confirm that cost, particularly high deductibles, was a major barrier to care. Respondents with deductibles exceeding \$2,500 were significantly more likely to go without medical care when they needed it than respondents with lower deductibles.

Table 11: Prior Deductible Levels by Respondent's Need for Care (N=1271)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)	
No deductible	4.2	18.1	9.1	11.9
\$500 or less	3.9	15.2	10.7	10.9
\$501 - \$1,000	3.3	5.8	5.6	5.0
\$1,001 - \$2,500 ⁱⁱ	12.7	16.9	15.4	15.3
\$2,501 - \$5,000 ⁱⁱ	46.3	18.1	26.3	28.2
More than \$5,000	24.9	7.4	7.5	12.4
DK	4.7	18.1	24.5	15.9
NA	0.0	0.3	0.9	0.4
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0

Notes:

- i. The table does not include 6 respondents who reported that they did not know if there was ever a time they needed care but did not get it.
- 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.

These findings also hold true for respondents' family members. Respondents with one or more dependents insured at the time of DirigoChoice enrollment (N=583) were asked if there was ever a time when any of their family members needed medical care but did not get it. About 79 percent of respondents reported that their family members had needed care at some point, and of these (N=462), 26.0 percent said that their family members did not get the care they needed. When this latter group of respondents was probed as to why their dependents did not receive medical care (N=120), the vast majority of them (79.2 percent) said it was due to cost. Of these (N=95), 66.3 percent said that it was the deductible that cost too much, while 24.2 percent said it was the copay.

Table 12: Family Members' Need for Care

Family Member's Need for Care	Respondent's Family Members (N=583)		Reasons for Not Receiving Care ⁱⁱ	Family Members with Unmet Care Need (N=120)		Components of Care that were Too Costly ⁱⁱ	Family Members Deterred by Cost (N=95)	
	Freq.	%		Freq.	%		Freq.	%
Didn't Get Care and Needed It	120	20.6	Cost	95	79.2	Copay	23	24.2
Needed Care and Got It	342	58.7	Health Insurance Didn't Cover It	33	27.5	Deductible	63	66.3
Did Not Need Care	117	20.1	Other	10	8.3	Other Expense	11	11.6
DK	4	0.7						
NA	0	0						
Totalⁱ	583	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.

Again, a cross tabulation of respondents' prior deductible levels with whether their family members needed care and did not get it, confirms that respondents with higher deductibles were more likely to have family members who did not receive needed care.

Table 13: Prior Deductible Level by Family Members' Need for Care (N=556)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)	
No deductible	4.3	13.8	9.7	11.0
\$500 or less	4.3	9.5	9.7	8.5
\$501 - \$1,000	2.6	5.8	4.4	4.9
\$1,001 - \$2,500 ⁱⁱ	7.8	18.3	10.6	14.6
\$2,501 - \$5,000 ⁱⁱ	44.8	26.9	35.4	32.4
More than \$5,000	32.8	10.7	15.0	16.2
DK	3.4	14.4	14.2	12.1
NA	0.0	0.6	0.9	0.5
Totalⁱⁱⁱ	100.0	100.0	100.0	100.0

Notes:

- i. The table does not include 25 people who did not respond and 2 respondents who said that they did not know if there was ever a time their dependents needed care but did not get it.
- 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.

Respondents who had insurance (N=1277) 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. As Table 14 shows, a substantial portion of respondents reported missing some type of basic coverage. Nearly one third of respondents did not have coverage for routine check-ups (29.8 percent), and about the same share of respondents lacked coverage for screenings (30.3 percent) and prescriptions (29.5 percent). About a quarter of respondents (25.8 percent) reported that they did not have access to mental health care.

Table 14: Description of Respondent's Coverage before Enrolling in DirigoChoice (N=1277)

	Status of Benefit on Respondent's Prior Plan			Total (percent) ⁱ
	Yes (percent)	No (percent)	Don't Know (percent)	
Routine check-ups	63.8	29.8	6.3	100
Screenings	58.0	30.3	11.6	100
Prescription coverage	66.2	29.5	4.3	100
Mental health care	46.6	25.8	27.6	100

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.

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 complete a health risk assessment with their primary care physician which is intended to

both 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 15 percent of respondents recalled having a health risk assessment, while 61.0 percent said that they had not yet completed an assessment of this type. About one quarter (23.7 percent) of respondents said that they could not remember whether or not they had completed a health risk assessment.

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. The majority of respondents that were asked this question considered DirigoChoice to be more affordable than prior plans. About 27 percent said that the cost of DirigoChoice was much less than their families' previous health insurance, and 27.4 percent reported that it was somewhat less. Another 18.0 percent thought that DirigoChoice costs were about the same, and 24.6 percent said that DirigoChoice was somewhat more or much more expensive than what they had previously paid for insurance.

When the same group of respondents was asked to compare DirigoChoice's coverage to that of their families' prior health insurance plan, about 58 percent deemed DirigoChoice's coverage to be more comprehensive. About 41 percent said that DirigoChoice provided much better coverage, and 17.4 percent felt that DirigoChoice's coverage was somewhat better. About a quarter of these respondents (24.6 percent) thought that coverage was about the same, and only 9.7 percent thought that DirigoChoice's coverage was somewhat worse or much worse.

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 34 percent of respondents reported that their favorite thing about DirigoChoice was its cost, while 18.6 percent reported that they liked DirigoChoice's coverage best. About 21 percent said that the best aspect of DirigoChoice was something 'other' than the answer options listed. Common 'other' responses included liking the choice of providers and ability to select one's own physician, enjoying the feeling of 'security' that comes from having health insurance and appreciating the chance to provide health coverage to employees. About 8 percent of respondents reported that they would not have had health care without DirigoChoice.

Nevertheless, there is concern about the long term sustainability of the program. The most common concern expressed by 40.0 percent of respondents was whether the plan would still be in business in the future and whether their coverage would last. About 13 percent answered that they were most concerned with the cost of DirigoChoice and, a small number of respondents (3.7 percent) said they were most concerned with the coverage. Approximately 14 percent said that they did not know what their primary concern was at this time, and 27.1 percent gave an answer 'other' than those mentioned above. 'Other' responses ranged from concerns around program administration and billing to fears that prices would increase dramatically.

IV. MAJOR FINDINGS

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

- ***DirigoChoice is serving an overwhelmingly low income population.*** Approximately 39 percent of respondents and their dependents come from households with income at or less than 150 percent of poverty. Nearly 59 percent have household income at or less than 200 percent of poverty.
- ***Prior to enrollment in DirigoChoice, thirty-eight percent of respondents did not have insurance at all or had insurance for only some of the previous twelve months or had temporary COBRA coverage. Sixty-two percent were insured for the full twelve month period.*** A higher portion of dependents were insured at the time they enrolled in DirigoChoice. About 81 percent of spouses had health insurance at this time, compared with 88.9 percent of children.
- ***A high proportion of the previously insured respondents came from plans with high deductibles and had significant gaps in coverage.***
 - Slightly over 40 percent of previously insured respondents had deductibles that were greater than \$2,500.
 - Individuals in the lowest income categories were more likely to have had deductibles greater than \$2,500 when compared with individuals in the highest income groups.
 - Nearly one third of previously insured respondents did not have coverage for routine check-ups (29.8 percent), and about the same share of respondents lacked coverage for screenings (30.3 percent) and prescriptions (29.5 percent). About a quarter of respondents (25.8 percent) did not have access to 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.
 - Approximately 28 percent of previously insured respondents reported not getting care when they needed it and of these, just over 80 percent said it was too costly to do so.
- ***Insurance brokers did not play a major role in educating individuals about DirigoChoice.*** The majority of respondents (63.2 percent) learned about the program through the newspaper, radio and/or television, while 18.7 percent said that they found out about DirigoChoice through an employer.

- ***Most respondents who had coverage at the time they enrolled in DirigoChoice were covered through a private health plan.*** About fifty percent switched from Anthem/Blue Cross/Blue Shield, and 16.3 percent were covered by MegaLife, the health plan offered through the National Association for the Self-Employed (NASE). The remaining 11.9 percent and 5.5 percent were covered by Aetna and Cigna respectively.
- ***When asked to compare DirigoChoice with prior insurance coverage, respondents perceived DirigoChoice to be of better value.*** Approximately 58 percent said that DirigoChoice's coverage was better and about 54 percent of respondents with prior insurance said that the cost of DirigoChoice was less than their families' previous health plan.
- ***Early perceptions of DirigoChoice are favorable in terms of its cost and coverage; however, there is concern about the sustainability of the program.*** The most common concern expressed by 40 percent of respondents was whether the plan would still be in business in the future and whether their coverage would last.

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