



2021 Vermont Household Health Insurance Survey:

REVISED

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**Prepared for:
Vermont Department of Health**

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I. Survey Lead-in Statement, Introduction, Respondent Selection

INTERVIEWER PERSUADER STATEMENT

We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance for Vermont residents, their access to care and how that may have changed since the beginning of the COVID-19 pandemic. That's why it is so important to hear from your household.

Your interview will count for a lot because your household represents many others in your community. For our results to be valid and useful, it is very important that we interview the people we select.

The study should take about 20 to 25 minutes, depending on the size of your household. Your telephone number was randomly generated by a computer program.

All of the information you provide will be kept strictly confidential. Your answers will be combined with those of others WITHOUT your name or phone number.

If you would like to find out more about our study or if you would like to opt out of future calls, you can visit vthealthsurvey.com or contact call Jotham Illuminati of Market Decisions Research at 1-800-293-1538, ext. 100.

LEAD-IN STATEMENT

LEAD

Hello. My name is _____ and I'm calling on behalf of the State of Vermont.
We are working on a study about health care and health insurance in Vermont. Will you help us?

First, is this a residence?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

- 11 YES
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER
- 19 CONTACT ONLY
- 21 BUSINESS
- 23 LANGUAGE
- 25 INFIRM
- 27 GROUP QUARTERS, INSTITUTION (DORMS)
- 29 WRONG NUMBER
- 31 HANG UP
- 33 NOT AVAILABLE DURING DATA COLLECTION PERIOD
- 88 WILL NOT HELP, HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

INFORMATION SCREEN FOR INTERVIEWERS

INFOQ

GENERAL RELUCTANCE:

Your participation in this study is very important. We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance for Vermont residents, their access to care and how that may have changed since the beginning of the COVID-19 pandemic. That's why it is so important to hear from your household.

STUDY LENGTH

The study will take about 20 to 25 minutes, depending on the size of your household. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can visit vermonthis.com or contact call Jotham Illuminati of Market Decisions Research at 1-800-293-1538, ext. 100.

ASK ONLY IF % OF RESPONDENTS AGE 65 EXCEEDS % IN POPULATION
AGESCRN

Is anyone who primarily lives in your household under the age of 65?

1 YES

2 NO (THANK & TERM)

8 DK (THANK & TERM)

9 REF (THANK & TERM)

RES1

Is this a...

- 1 Private residence where SOMEONE lives at least 6 months of the year
- 2 Vacation residence or vacation rental? (THANK AND TERM)
- 3 An institutional residence? (THANK AND TERM)
- 4 A group home? (THANK AND TERM)
- 5 NONE OF THESE (THANK AND TERM)
- 6 DO NOT LIVE IN VERMONT (THANK AND TERM)
- 7 HOMELESS PERSON
- 8 DON'T KNOW (THANK AND TERM)
- 9 REFUSED (THANK AND TERM)

RES2

Is your primary residence located in Vermont?

- 1 YES
- 2 NO (THANK AND TERM)

- 8 DK (THANK AND TERM)
- 9 REF (THANK AND TERM)

PHONE1

Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES

2 NO

8 DK

9 REF

PHONE3

Are you 18 years of age or older?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE ON A CELL PHONE
PHONE2

Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 3

Thank you and goodbye.

- 1 YES (R GIVES SPECIFIC TIME)
- 2 NO (R DOES NOT GIVE SPECIFIC TIME)
- 3 CALL BACK AT A DIFFERENT NUMBER

- 8 DK
- 9 REF

SEL1

I'd like to talk with the adult who knows the most about the HEALTH INSURANCE coverage of the people living there.
Is that you?

PROMPT: This would include the type of health insurance coverage, where each person gets their health insurance, and how much is paid for the health insurance.

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY

- 8 DK
- 9 REF

FND1

Is there someone who can help you answer the questions?

IF NO, GET A TIME WHEN THEY MIGHT BE AVAILABLE AND
SCHEDULE A CALLBACK

- 1 YES
- 3 NO (CALLBACK)

- 8 DK
- 9 REF

SELR

Is this person available now?

- 1 YES (ASK RPH)
- 2 SPEAKING (ASK PH2)
- 3 NOT AVAILABLE NOW - SCHEDULE CALLBACK
- 4 OTHER
- 5 LANGUAGE
- 6 INFIRM
- 7 UNAVAILABLE DURING DATA COLLECTION

- 9 REF

RPH

Hello. My name is _____ and I'm calling on behalf of the State of Vermont. We are not selling anything. We are working on a study about health care and health insurance in Vermont.

Do you have some time to answer some questions for me?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 20 to 25 minutes depending on answers.

- 1 YES
- 5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)
- 7 WANT MORE INFORMATION ABOUT STUDY

- 9 REF

PH2

Could you answer some questions for me now?

- 1 YES
- 5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK
- 7 WANT MORE INFORMATION ABOUT STUDY

- 9 REF

STATEMENT OF IMPLIED CONSENT
INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My Supervisor may listen to or record all or part of the call to evaluate my performance it that is alright with you.

- 1 PROCEED WITH STUDY
- 5 NOT A GOOD TIME, CALL BACK
- 9 REFUSED

PERSUADER STATEMENT FOR INITIAL REFUSALS
PER

Your participation in this study is very important.

We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance for Vermont residents, their access to care and how that may have changed since the beginning of the COVID-19 pandemic. That's why it is so important to hear from your household.

The study will take about 20 to 25 minutes, depending on the size of your household.

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Jotham Illuminati of Market Decisions Research at 1-800-293-1538, ext. 100.

- 1 AGREES TO COOPERATE
- 3 NOT A GOOD TIME, CALL BACK
- 5 SOFT REFUSAL (RESPONDENT KNOWN)
- 6 SOFT REFUSAL (HOUSEHOLD)
- 7 HARD REFUSAL (RESPONDENT KNOWN)
- 8 HARD REFUSAL (HOUSEHOLD)
- 9 FINAL REFUSAL CONVERSION ATTEMPT

MESSAGE LEFT ON ANSWERING MACHINE DISPOSITIONS
ANMACH

LEAVE MESSAGE ON IDENTIFIED RESIDENTIAL ANSWERING MACHINES
ON THE 1st and 3rd ATTEMPTS

Hello. My name is _____ and I'm calling on behalf of Vermont Department of Health.
We are working on a study about health care and health insurance in Vermont.

Another interviewer will be contacting your household in the next few days.

If you would like to find out more about our study or if you would like to opt
out of future calls, you can visit vermonthis.com or contact call Jotham Illuminati of
Market Decisions Research
at 1-800-293-1538, ext. 100.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

- 1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE (YOU KNOW FOR CERTAIN)
- 2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

II. Household Level Information

Q00

First we need to know a little about your household.

PROMPT IF RELUCTANT: We need this information to assure all Vermont residents are represented in the study.

Thank you for your patience.

HHQ01 (Q2)

Which county do you live in?

- 10 Addison
- 11 Bennington
- 12 Caledonia
- 13 Chittenden
- 14 Essex
- 15 Franklin
- 16 Grand Isle
- 17 Lamoille
- 18 Orange
- 19 Orleans
- 20 Rutland
- 21 Washington
- 22 Windham
- 23 Windsor
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

THESE ARE THE MOST COMMON TOWNS, OTHERS WILL BE ENTERED IN COMMENTS AND CODED

HH01a (Q3)

Which town do you live in?

[ASK FOR NEAREST TOWN FOR RURAL RESIDENTS].

- 10 BARRE TOWN
- 11 BENNINGTON
- 12 BRATTLEBORO
- 13 BURLINGTON
- 14 COLCHESTER
- 15 ESSEX
- 16 ESSEX JUNCTION
- 17 HARTFORD
- 18 HINESBURG
- 19 JERICHO
- 20 MIDDLEBURY
- 21 MILTON
- 22 MONTPELIER
- 23 NEWPORT CITY
- 24 RICHMOND
- 25 RUTLAND
- 26 SHELBURNE
- 27 SOUTH BURLINGTON
- 28 SPRINGFIELD
- 29 ST. ALBANS
- 30 ST. JOHNSBURY
- 31 WATERBURY
- 32 WILLISTON
- 33 BARRE CITY
- 34 POULTNEY
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

HH02 (Q4)

What is your zip code?

INTS: ENTER LAST 4 DIGITS ONLY

5001-5999 ENTER NUMBER

8888 DK

9999 REF

HH02a

How many years have you lived in Vermont?

NUMBER OF YEARS:

- 0 LESS THAN 1 YEAR
- 1 TO 97 ENTER NUMBER OF YEARS
- 98 DK
- 99 REF

*FILL BASED ON WHETHER THE RESPONDENT IS CONDUCTING SURVEY VIA CELL OR
LANDLINE*

HH04

Do you or any other member of the household have a cell phone?
Does this household also have a landline phone?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

IDENTIFICATION OF HOUSEHOLD MEMBERS FOR SURVEY QUESTIONS
HHCOMP

How many people currently live or stay at your household?

PROMPT: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the armed forces, including National Guard members who are deployed but typically live in your household.

Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the armed forces stationed somewhere else.

INTS: IF 9 OR MORE ASK: Is this a dorm or some other type of group quarters where people live together who are not related?
CODE AS 10 IF YES

INTS IF THEY REFUSE:

We need this information to ensure all people living in Vermont are represented in the study.

I want to reassure you that this study is completely confidential. Any potentially personally identifying information, like names or phone numbers, are never shared. All your information will always be combined with the responses we receive from thousands of other Vermont households.

Would you be willing to share with me the number of people living in your household?

- 0 NO ONE
- 1 - 8 ENTER NUMBER
- 9 9 OR MORE
- 98 DK
- 99 REF
- 11 GROUP QUARTERS, INSTITUTE (TERMINATE)

HHCMP1

IF HHCOMP > 1

Next, it is important for us to know a little bit about the people living in your household so that we can understand how their health insurance works.

First, I'll need a way to refer to each person in the household. If you could, please give me some way to identify each of them one at a time. We could use first names or any other label as long as you can tell household members apart throughout the survey.

I'll ask for them one at a time.

IF HHCOMP = 1

Next, it is important for us to know a little bit about you so that we can understand how your health insurance works

[PRESS ENTER TO CONTINUE]

HHNAME

THIS IS PERSON [NUMBER] OF [HHCOMP]

FOR FIRST PERSON ASK:

Please tell me the first name of the person who owns or rents this house or apartment.
Let me know if this is you

FOR ALL OTHERS ASK:

Please tell me (your name)/the name of the next member of the household.

INTS: IF THIS IS THE RESPONDENT ENTER "You"

INTS: ENTER THE NAME OF THE PERSON BELOW

IF RELUCTANT: If you'd rather not give names, just provide some way that you can tell household members apart.

PRESS ENTER AFTER ENTERING NAME

III. Person Level Demographics

ASKED ABOUT EACH HOUSEHOLD MEMBER
DEM01

Next, I am going to ask a few questions about each member in the household.

AGE1

What is PERSON's age?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

0 IF UNDER ONE YEAR OLD

1 TO 96 ENTER AGE OF PERSON

97 97 OR GREATER

98 DK

99 REF

ASK OF THOSE INDICATING DK OR REF TO AGE1
AGE2

Can you tell the approximate age? Is it...
(READ RESPONSES)

IF STILL DK OR REF ASK: Is this a child or an adult?
IF AN ADULT SELECT 35
IF A CHILD SELECT 9

INTS: DO YOUR BEST TO GET THEM TO IDENTIFY AS A CHID OR AND ADULT

- 3 0 - 5 years old (ENTER 3)
- 9 6 - 13 years old (ENTER 9 - CHILD)
- 15 14 - 18 years old (ENTER 15)
- 21 19 - 23 years old (ENTER 21)
- 26 24 - 29 years old (ENTER 26)
- 35 30 - 44 years old (ENTER 35)
- 45 45 - 64 years old (ENTER 50 - ADULT)
- 65 65 - 84 years old (ENTER 70)
- 85 85 years or older (ENTER 85)

GEND

What was your sex at birth? Was it male or female?

- 1 MALE
- 2 FEMALE

- 8 DK
- 9 REF

TGEND

What is PERSON's gender identity?
(READ AS NEEDED)

IF ASKED ABOUT DEFINITION OF TRANSGENDER: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual.

IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

- 1 MALE
- 2 FEMALE
- 3 TRANSGENDER FEMALE-TO-MALE
- 4 TRANSGENDER MALE-TO-FEMALE
- 5 GENDERQUEER
- 7 SOMETHING ELSE? (SPECIFY)
- 8 DK
- 9 REF

ASK OF THOSE 18 AND OLDER -
TGEND1

Which of the following best represents how PERSON thinks of themselves?

(READ RESPONSES INCLUDING NUMBER OR RESPONSE)

PROMPT: READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTS: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD. IF THE RESPONDENT DOES NOT UNDERSTAND THE QUESTION TOPIC, CODE AS 8

- 1 1 Gay
- 2 2 Straight, that is, not gay
- 3 3 Bisexual
- 4 4 Something else

- 8 DK
- 9 REF

ASK OF THOSE 16 AND OLDER
MAR

Is PERSON...
(READ RESPONSES)

INT: CODE CIVIL UNIONS ARE CURRENTLY MARRIED

- 1 Currently married (INCLUDING CIVIL UNION)
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married
- 6 Member of an unmarried couple

- 8 DK
- 9 REF

ASK OF THOSE 17 AND OLDER

EDU

What was the highest grade in school that PERSON has completed?

READ ONLY IF NECESSARY:

- 1 LESS THAN HIGH SCHOOL
- 2 HIGH SCHOOL/GED
- 3 SOME COLLEGE/JUNIOR COLLEGE/ASSOCIATES DEGREE/TECHNICAL DEGREE
- 4 4 YEAR COLLEGE (BACHELORS DEGREE)
- 5 GRADUATE DEGREE (MASTERS/MA, MS)
- 6 GRADUATE DEGREE (PHD/MD/JD)
- 8 DK
- 9 REF

ETHN

Is PERSON of Hispanic, Latino, or Spanish origin?

IF YES ASK: Is PERSON...

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 5 Another Hispanic, Latino, or Spanish origin
- 6 HISPANIC/LATINO NO OTHER DETAIL
- 7 NOT HISPANIC OR LATINO
- 8 DK
- 9 REF

RACE

Which one or more of the following would you say is PERSONS's race?
(READ RESPONSES - SELECT ALL MENTIONED BY RESPONDENT)

- 10 White
- 11 Black or African American
- 12 Asian (ASK RACE2)
- 13 Pacific Islander (ASK RACE3)
- 14 American Indian or Alaska Native
- 95 Some Other Race (SPECIFY)

- 98 DK
- 99 REF

ASK OF THOSE ANSWERING "ASIAN" TO RACE...

RACE2

Is that...
(READ RESPONSES)

- 1 Asian Indian
- 2 Chinese
- 3 Filipino
- 4 Japanese
- 5 Korean
- 6 Vietnamese
- 7 Other Asian
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING "PACIFIC ISLANDER" TO RACE...

RACE3

Is that...

(READ RESPONSES)

- 1 Guamanian or Chamorro
- 2 Micronesian
- 3 Native Hawaiian
- 4 Samoan
- 5 Tongan
- 6 Other Pacific Islander
- 8 DK
- 9 REF

ASK IF THEY INDICATE MORE THAN ONE RACE IN RACE

RACE1

Which one of these groups would you say best represents PERSON's race?

- 10 White
- 11 Black or African American
- 12 Asian (ASK RACE2)
- 13 Pacific Islander (ASK RACE3)
- 14 American Indian or Alaska Native
- 95 Some Other Race (SPECIFY)

- 98 DK
- 99 REF

BORN1

Was PERSON born in the United States?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE NOT BORN IN THE UNITED STATES...

BORN2

For how many years has PERSON lived in the United States?

0 LESS THAN ONE YEAR

1 - 96 ENTER NUMBER OF YEARS

97 97 OR MORE YEARS

98 DK

99 REF

IV. Family Unit Formation

ASK OF ALL BUT THE HEAD OF HOUSEHOLD

FAM1

What is PERSON's relationship to HEAD OF HOUSEHOLD ?

- 11 Husband
- 12 Wife
- 13 Domestic partner/Civil Union Partner
- 14 Child, Son or Daughter - Own/Adopted
- 15 Stepchild
- 16 Foster Child
- 17 Grandchild
- 18 Parent
- 19 Mother-in-law/Father-in-law
- 20 Grandparent
- 21 Brother/Sister
- 22 Son-in-law/Daughter-in-law
- 23 Step parent
- 24 Step brother/step sister
- 25 Other Relative
- 26 Non Relative/Cohabitee/room-mate/renter
- 99 DK OR REF

ASK OF THOSE 16+ INDICATING THEY WERE MARRIED EXCEPT SPOUSE OF HEAD OF HOUSEHOLD

FAM2

Is/Are PERSON married to anyone who currently lives here or to someone outside the household?

IF YES ASK: Which member of the household are they married to?

PERSON AGE GENDER (1=M 2=F) MARRIED? (1 = YES)

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

18 PERSON MARRIED TO SOMEONE OUTSIDE THE HH

77 PERSON IS NOT MARRIED/MARRIED TO SOMEONE UNDER 16

98 DK

99 REF

ASK OF THOSE < 18 AND NOT CHILDREN OF THE PRIMARY FAMILY IN THE HOUSEHOLD
FAM3

Is anyone living here the parent or guardian of PERSON?

IF YES: Which member of the household?

- | PERSON | AGE |
|--------|-------------------------------------|
| 10 | PERSON 1 |
| 11 | PERSON 2 |
| 12 | PERSON 3 |
| 13 | PERSON 4 |
| 14 | PERSON 5 |
| 15 | PERSON 6 |
| 16 | PERSON 7 |
| 17 | PERSON 8 |
| 18 | NO ONE IN HH IS THE PARENT/GUARDIAN |
| 98 | DK |
| 99 | REF |

ASK OF ALL CHILDREN WHO ARE NOT WARDS OF SOMEONE IN THE HH TO FAM03 (ANY ANSWER > 17)

FAM3a

Who in the household is the main person taking care of PERSON?

- | PERSON | AGE |
|--------------------------------------|-----|
| 10 PERSON 1 | |
| 11 PERSON 2 | |
| 12 PERSON 3 | |
| 13 PERSON 4 | |
| 14 PERSON 5 | |
| 15 PERSON 6 | |
| 16 PERSON 7 | |
| 17 PERSON 8 | |
| 97 NO ONE IN HH TAKING CARE OF CHILD | |
| 98 DK | |
| 99 REF | |

ASK OF THOSE WITH MORE THAN ONE FAMILY UNIT
UNITSCRN

For the rest of the interview I'll ask you to give me health related information about everyone you listed. If there is anyone in the household you think you couldn't answer these questions about, please let me know now.

INTS: SELECT MEMBERS RESPONDENTS INDICATED THEY ARE NOT FAMILIAR WITH.

THEY MUST BE FAMILIAR WITH THE HEAD OF HOUSEHOLD!

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO MORE

18 FAMILIAR WITH EVERYONE

V. Insurance Coverage

INS01

Next, I am going to ask about different types of health insurance coverage.

By this I mean any program or plan that pays any part of hospital and doctor bills. For example, Medicare, Medicaid or Medicaid also known as Green Mountain Care and Dr. Dynasaur, private insurance through an employer, private insurance purchased directly from an insurance company or private insurance purchased through Vermont's health insurance marketplace also known as Vermont Health Connect or the health insurance exchange.

Please do not include any health insurance plan that covers only ONE type of service like plans for dental care, cancer or prescription drugs.

PROMPT IF NEEDED:

Medicare is a NATIONAL health insurance program for people 65 years and older and for certain people with disabilities.

Medicaid provides health care coverage for low-income Vermonters from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. This includes Green Mountain Care and the Dr. Dynasaur program that provides coverage for children in low income families.

PRESS ENTER TO CONTINUE

INS02A-D

Are/is PERSON covered by ANY type of health insurance?

IF YES ASK: Is that...?

(READ RESPONSES AND SELECT ALL MENTIONED)

- 10 Private health insurance (THRU EMPLOYER OR COMPANY LIKE BLUE CROSS)
- 11 Medicare
- 12 Medicaid or Green Mountain Care
- 13 Dr, Dynasaur
- 16 Military, Veterans, TRICARE or CHAMPVA
- 95 Some other type of insurance? [SPECIFY]
- 18 VT HEALTH CONNECT, HEALTH INSURANCE EXCHANGE, OBAMACARE
- 93 THROUGH THE STATE NOT AS STATE EMPLOYEE
- 94 SSI/SSDI/WELFARE/DISABILITY
- 21 INDIAN HEALTH SERVICES
- 97 NO INSURANCE COVERAGE
- 98 DK/REF

Coverage Verification Variables

ASK OF ALL INDICATING NO INSURANCE, DK, OR REF TO INS02

INS03

Just to be sure I have this right, PERSON does not have health insurance coverage. Is this correct?

IF PERSON IS COVERED BY INDIAN HEALTH SERVICES:

While covering health care expenses, Indian Health Services is not considered insurance so we do not consider this as insurance for the purposes of this survey

INTS: USE AS NEEDED:

Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and the Vermont Health Connect that help pay medical bills.

INTS: IF THE RESPONDENT KNOWS THIS PERSON HAS HEALTH INSURANCE BUT DOESN'T KNOW ANY OTHER DETAILS, PLEASE SELECT 5.

1 YES IS CORRECT - NOT COVERED BY INSURANCE

2 NO NOT CORRECT - IS COVERED BY INSURANCE

8 DK

9 REF

ASK IF PERSON ON PHONE DOES NOT KNOW ABOUT HEALTH INSURANCE STATUS OF HEAD OF HOUSEHOLD (INS03 = 5,8,9)

INS03HHSKIP

I'm sorry but for this survey we need to speak with the person who knows about the health care coverage of the person who owns or rents the home.

We need to speak with someone who knows if PERSON has health coverage.

Is there someone who can help me?

- 1 YES, THE PERSON IS AVAILABLE NOW (GOTO INS01)
- 2 YES, PERSON IS NOT AVAILABLE NOW (SCHEDULE CALLBACK)
- 3 NO ONE KNOWS ABOUT PERSON (THANK AND TERMINATE)
- 8 DK (THANK AND TERMINATE)
- 9 REF (THANK AND TERMINATE)

ASK OF THOSE INDICATING YES TO INS03

INS03a

Does anyone else pay for PERSON's bills when they seek medical care?

IF YES ASK: who pays their medical expenses?

IF NO ASK: do you or other family members pay out of pocket?

Do you pay with your own money?

- 26 PAYS OUT OF POCKET WITH OWN MONEY
- 22 FAMILY PAYS OUT OF POCKET FOR ANY BILLS
- 25 THROUGH FREE CLINICS, FREE MEDICAL SERVICES
- 27 CHARITY ORGANIZATIONS, CHURCH
- 31 INDIAN HEALTH SERVICES
- 20 WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS
- 21 EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY
- 23 HEALTH INSURANCE (GOTO INS02)
- 40 ALTERNATIVE TO HEALTH INSURANCE, MEDICAL COST SHARING, MEMBERSHIP PROGRAM, DISCOUNT CARDS
- 95 OTHER (SPECIFY)
- 97 HAVE NO MEDICAL BILLS
- 98 DK
- 99 REF

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH SSI, THROUGH THE STATE, THROUGH WELFARE, OR THROUGH DISABILITY TO INS02

INS02a

How did PERSON apply for or receive the health insurance through the state? Did they obtain this insurance through Medicare, Medicaid, Vermont Health Connect, or some other way?

INTS: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY MEDICAID.

IF THEY MENTION THE MILITARY: - SELECT 1 AND CODE AS 16 MILITARY IN INS02.

IF THEY MENTION THEY ARE GETTING THROUGH A PRIVATE COMPANY OR MENTION THE NAME OF AN INSURANCE COMPANY - SELECT 1 AND CODE INS02 AS 10 PRIVATE INSURANCE

IF THEY MENTION THEY GET INSURANCE AS A STATE EMPLOYEE, SPOUSE OR CHILD OF STATE EMPLOYEE, STATE RETIREE- SELECT 1 AND CODE INS02 AS 10 PRIVATE INSURANCE

IF THEY DO NOT MENTION ANY OF THESE - SELECT 2.

1 WILL GO BACK AND CORRECT TYPE OF INSURANCE

2 NO THIS IS CORRECT/NO FURTHER INFORMATION

NOTE UNLESS THERE IS A CLEAR INDICATION OTHERWISE ALL CASES WHERE RESPONDENT INDICATES THEY GET COVERAGE THROUGH SSI WELFARE, THROUGH THE STATE, OR THROUGH DISABILITY WILL BE TREATED AS IF THEY ARE COVERED UNDER MEDICAID OR MEDICARE BASED ON AGE FOR THE REMAINDER OF THE SURVEY

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH VERMONT'S HEALTH INSURANCE MARKETPLACE, VT HEALTH CONNECT, ALSO KNOWN AS THE VT HEALTH EXCHANGE,

INS02d

Vermont's health insurance marketplace, known as Vermont Health Connect is where Vermont residents can go find to health insurance. It also provides a way for residents to know whether they qualify for health insurance through Medicaid or through a private health insurance plan for which a monthly premium is paid.(By "premium" we mean your monthly insurance bill)

Do you know if PERSON is enrolled in Medicaid, also known as Green Mountain Care or Dr. Dynasaur or is PERSON is enrolled in a private health plan?

READ PROMPTS AS NEEDED:

Offered by the State of Vermont's Green Mountain Care program, Medicaid and Dr. Dynasaur are part of a family of low-cost and free health coverage programs for Vermonters.

The PRIVATE health plans available through Vermont Health Connect are organized into four "metal" categories: Bronze, Silver, and Gold, and Platinum. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

PROMPT: By "premium" we mean your monthly insurance bill.

- 1 PERSON ENROLLED IN MEDICAID OR DR. DYNASAUR
- 3 PERSON ENROLLED IN PRIVATE HEALTH INSURANCE PLAN
- 7 PERSON ENROLLED IN OTHER TYPE OF INSURANCE (GOTO INS02)
- 8 UNSURE

Medicare and Medicaid Questions For Verifications

MEDICARE CHECK FOR THOSE 65 AND OLDER ASK OF ALL 65 AND OLDER WHO DID NOT INDICATE MEDICARE COVERAGE

INS04

I noticed that PERSON is 65 or older and you indicated this person was NOT covered by Medicare.

READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Is this correct?

- 1 YES – NOT COVERED BY MEDICARE
- 2 NO – PERSON IS COVERED BY MEDICARE

- 8 DK
- 9 REF

Medicare Check to Determine if Private Insurance is a Medicare Supplement

ASK OF ALL 65 AND OLDER AND INDICATED COVERED BY PRIVATE INSURANCE
INS05

You indicated PERSON is covered by private insurance. Is this private insurance policy a PRIVATE Medicare supplement, a Medicare Advantage Plan OR is this another type of private insurance?

PROMPT: Medicare supplements such as plans offered by AARP, Blue Cross Blue Shield or Banker's Life that help cover expenses not paid by PERSON's Medicare.

PROMPT: Medicare Advantage is an all in one alternative to Original Medicare. These bundled plans include Part A, Part B, and usually Part D. Most plans offer extra benefits that Original Medicare doesn't cover like vision, hearing, dental, and more.

PROMPT: Instances of private health insurance plans that ARE NOT Medicare supplements OR a Medicare Advantage Plan include those that you may receive if you are still working or receive from your employer as a part of your retirement.

- 1 MEDICARE SUPPLEMENT
- 2 MEDICARE ADVANTAGE PLAN
- 3 ANOTHER TYPE OF PRIVATE INSURANCE

- 8 DK
- 9 REF

Medicare Verification

ASK OF THOSE INDICATED COVERED BY MEDICARE (THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND YOUNGER THAN 65

INS06

Just to verify is PERSON covered by national MEDICARE, or are they covered through the state's MEDICAID program or by both?

INTS: READ AS NEEDED: Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.

Offered by the State of Vermont's Green Mountain Care program, Medicaid and Dr. Dynasaur are part of a family of low-cost and free health coverage programs for Vermonters.

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (Including Green Mountain Care and Dr. Dynasaur)
- 3 COVERED BY MEDICAID ONLY (Including Green Mountain Care and Dr. Dynasaur)

8 DK

9 REF

Medicaid Verification

ASK OF THOSE INDICATED COVERED BY MEDICAID (THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND 65 AND OLDER

INS08

Just to verify, is PERSON covered by the STATE MEDICAID program or are they covered through the national MEDICARE program, or by both?

INTERVIEWERS READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Medicaid or Green Mountain Care is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older and people who are blind or disabled.

- 1 COVERED BY MEDICAID ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID
- 3 COVERED BY MEDICARE ONLY
- 8 DK
- 9 REF

ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65 AND NOT INDICATING PRIVATE INSURANCE COVERAGE

INS09

Does PERSON have a private Medicare supplement such as those offered by AARP, Blue Cross Blue Shield or a Medicare Advantage Plan?

IF YES ASK: IS THAT A SUPPLEMENT OR MEDICARE ADVANTAGE PLAN?

- 1 MEDICARE SUPPLEMENT
 - 2 MEDICARE ADVANTAGE PLAN
 - 3 DOES NOT HAVE MEDICARE SUPPLEMENT OR MEDICARE ADVANTAGE PLAN
- 8 DK
- 9 REF

IF A PERSON IS IDENTIFIED AS HAVING A MEDICARE SUPPLEMENT, WE ASK THEM THE SET OF QUESTIONS WE ALSO ASK THOSE WITH PRIVATE HEALTH INSURANCE (BEGINNING AT INSP06) TO GET ADDITIONAL INFORMATION ABOUT THE SUPPLEMENT

VI. Private Insurance and Medicare Supplement Follow-up

ASK OF ALL INDICATED COVERED BY PRIVATE INSURANCE AND IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE

INSP01

A policy holder is the person who obtains their insurance through an employer, school, or a retirement plan. They may also purchase it directly through Vermont Health Connect. It may cover others in the family besides themselves.

Are the people you indicated previously as covered by private health insurance ALL covered under the SAME health insurance plan?

IF YES: Are they all covered by your health plan or by another member of the family (which member)?

IF NO: Which members of your family are policy holders for a private health insurance plan?

INTS: THIS LIST WILL NOT INCLUDE THOSE WITH A MEDICARE SUPPLEMENT SO IF THEY PICK SOMEONE NOT ON THE LIST:

PROMPT: For this question, do not include those with a Medicare Supplement. We will ask about these supplements shortly.

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8
- 97 NO ONE IN HH IS A POLICY HOLDER
- 98 DK
- 99 REF

IF DK, REF WILL BE TREATED AS A SEPARATE POLICY HOLDER AND ASK PRIVATE INSURANCE QUESTIONS

INTS: ONCE YOU HAVE ASSIGNED THE POLICY HOLDERS YOU WILL GO TO THE CARD SORT. MOVE THE CARDS OF THOSE WHO ARE NOT POLICY HOLDERS TO THE STACK OF THE CORRECT POLICY HOLDER.

ASK OF ALL INDICATED AS POLICY HOLDERS

INSP03

These next questions are about PERSON's private insurance.

Is PERSON's health insurance provided through Blue Cross Blue Shield of Vermont, MVP, the Vermont Health Plan, or some other company?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

IF BC/BS ASK: Is this Blue Cross Blue Shield of Vermont?

15 CIGNA

16 BLUE CROSS AND BLUE SHIELD OF VERMONT

40 BLUE CROSS AND BLUE SHIELD (OTHER PLANS)

17 CONNECTICUT GENERAL LIFE INSURANCE

18 MVP HEALTH PLAN

19 MVP INSURANCE COMPANY

22 AETNA

24 ANTHEM, ANTHEM BLUE CROSS

32 GREAT WEST

36 UNITED HEALTH CARE

95 OTHER PROVIDER (SPECIFY)

50 VERMONT HEALTH CONNECT, VERMONT HEALTH INSURANCE EXCHANGE

11 MEDICARE

80 MEDICARE SUPPLEMENT

12 MEDICAID, DR DYNASAUR, GREEN MOUNTAIN CARE

93 THROUGH THE STATE, SOCIAL SERVICES SSI/WELFARE, DISABILITY

98 DK/REF

ASK OF THOSE INDICATING COVERAGE SOURCE IS BLUE CROSS OR MVP BUT NOT A MEDICARE SUPPLEMENT

INSP04

Was this health insurance coverage obtained through the Vermont's health insurance marketplace, Vermont Health Connect also known as the Vermont health insurance exchange?

PROMPT FOR BC/BS: If you enrolled through VT Health Connect, you will see the Vermont Health Connect Logo in the upper right hand corner of your insurance card.

PROMPT FOR MVP: If you enrolled through VT Health Connect, you will see the VT Health Connect Logo on the back of your insurance card at the bottom.

READ AS NEEDED:

These plans are organized into four "metal" categories: Bronze, Silver, and Gold, and Platinum. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING COVERAGE SOURCE VT HEALTH CONNECT OR THE EXCHANGE

INSP04a

Please think about the insurance PERSON purchased through Vermont Health Connect.

Is PERSON 's HEALTH INSURANCE provided through Blue Cross Blue Shield of Vermont or MVP?

1 Blue Cross Blue Shield

2 MVP

8 DK

9 REF

INSP06

Is PERSON's health insurance through...
(READ RESPONSES)

PROMPT: This includes insurance coverage from an employer, through a business, a family business or farm, through a labor union, or some other employer based plan.

PROMPT IF MORE THAN ONE KIND OF INS: To clarify, I mean a private insurance policy.

- 1 PERSON 's work, or a union, association, or trust
- 2 Someone else's work, or a union, association, or trust
- 3 Some other source?

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS AND NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION BUT DO NOT ASK OF THOSE WITH A PLAN THROUGH THE EXCHANGE

INSP09

Is PERSON's insurance provided through...
(READ RESPONSES)

IF THROUGH STATE, ASK: Is this through the state's Medicaid program or Green Mountain Care?

IF YES CODE AS 91

- 12 COBRA or a former employer,
- 13 A retirement plan,
- 14 A school, college, or university,
- 20 Purchased through Vermont's health insurance marketplace, Vermont Health Connect
- 15 Purchased directly from an insurance company or the premium paid out of pocket
- 95 OTHER (SPECIFY)
- 91 MEDICAID OR GREEN MOUNTAIN CARE
- 51 DR. DYNASAUR
- 92 DISABILITY
- 93 THROUGH THE STATE (BUT NOT AS A STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE
- 98 DK
- 99 REF

ASK IF PERSON HAS A PLAN THROUGH THE EXCHANGE

INSP60

Did PERSON receive financial help or tax credits also known as premium tax credits or advance premium tax credits or APTC to pay for the health insurance plan PERSON purchased through Vermont Health Connect?

PROMPT: Financial assistance is provided to certain people to help them pay their monthly premiums. The amount is based on you and your family's income.

PROMPT: By "premium" we mean your monthly insurance bill.

- 1 YES
- 2 NO
- 3 DID NOT PURCHASE THOROUGH VT HEALTH CONNECT
- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

INSP20

What is the monthly premium paid for PERSON's health insurance?

IF THEY HAVE A PLAN THROUGH VERMONT HEALTH CONNECT

This would be the amount paid after financial help is applied

PROMPT: The premium is the amount paid each month for health insurance coverage. This is the amount that would be taken out of a paycheck or the amount paid directly to the insurance company every month.

AS NEEDED: If you let me know the amount taken out of each paycheck and how often you/this person get(s) paid then I can calculate the amount.

0 NONE, DO NOT PAY MONTHLY PREMIUM

1 - 99996 ENTER NUMBER OF DOLLARS

99997 ENTER FOR \$99997 OR MORE

99998 ENTER FOR DK

99999 ENTER FOR REFUSE

ASK OF ALL INDICATED AS POLICY HOLDERS

INSP21

Has this amount increased or decreased since MAY 2021 or has the monthly premium stayed the same?

- 1 INCREASED
- 2 DECREASED
- 3 STAYED THE SAME
- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

INSP25

How much is the deductible for everyone covered under this health insurance?

READ FIRST TIME:

This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

IF LESS THAN \$500, READ:

Is this the amount paid for medical care BEFORE the insurance begins to pay medical bills? The deductible is NOT the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions. This is usually based on a calendar year.

IF THEY ARE UNSURE:

The health insurance deductible will be listed in the materials provided to PERSON by their health insurance company.

PROMPT: By "premium" we mean your monthly insurance bill

0 NONE, NO DEDUCTIBLE

1 - 99996 ENTER NUMBER OF DOLLARS

99997 ENTER FOR \$99997 OR MORE

99998 ENTER FOR DK

99999 ENTER FOR REFUSE

ASK OF ALL INDICATED AS POLICY HOLDERS

INSP29

Does PERSON have a Health Savings Account or HSA?

PROMPT: A Health Savings Account is a tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The money in the account can only be spent for health care and can grow from year to year.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL SAYING YES TO INSP29

INSP29A

How much did PERSON contribute to their HSA account during the past 12 months?

0 NONE, DO NOT PAY MONTHLY PREMIUM

1 - 99996 ENTER NUMBER OF DOLLARS

99997 ENTER FOR \$99997 OR MORE

99998 ENTER FOR DK

99999 ENTER FOR REFUSE

ASK OF ALL SAYING YES TO INSP29 WITH AN EMPLOYER SPONSERED PLAN (INSP06 = 1 OR 2)

INSP29B

How much did PERSON's employer contribute to their HSA account during the past 12 months?

0 NONE

1 - 99996 ENTER NUMBER OF DOLLARS

99997 ENTER FOR \$99997 OR MORE

99998 ENTER FOR DK

99999 ENTER FOR REFUSE

ASK OF ALL INDICATED AS POLICY HOLDERS WITH A PLAN THROUGH EMPLOYMENT

INSP29C

Does PERSON have a Health Reimbursement Account or HRA?

PROMPT: A Health Reimbursement Account is an account funded by an employer that employees can use for qualified health care expenses.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL SAYING YES TO INSP29C

INSP29D

How much did PERSON's employer contribute to their HRA during the past 12 months?

0 NONE

1 - 99996 ENTER NUMBER OF DOLLARS

99997 ENTER FOR \$99997 OR MORE

99998 ENTER FOR DK

99999 ENTER FOR REFUSE

ASK OF ALL WITH AN HSA OR HRA:

INSP29E

During the past 12 months, were there any health care bills you had to pay that were NOT covered by an HSA or HRA?

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO INSP29E

INSP29G

Were those health care bill paid for by...

1 You or your family,

2 Your employer, or

3 Someone else? (SPECIFY)

8 DK

9 REF

ASK IF YES TO INSP29E

INSP29H

What was the amount of the health care bills not covered by your [FILL: HSA/HRA]?

0 NONE

1 - 99996 ENTER NUMBER OF DOLLARS

99997 \$99997 OR MORE

99998 DK

99999 REF

INSP30

Can a spouse or other dependents be covered under PERSON'S health insurance?

1 YES

2 NO

8 DK

9 REF

ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF VERMONT MEDICAID, , DR. DYNASAUR, SSI, WELFARE, DISABILITY TO INSP03 – ASK FOR EACH PERSON LISTED UNDER POLICY

INSP05

Earlier you stated that PERSON's insurance was provided through the state, through SSI, or through disability coverage.

Just to check again, is PERSON covered by...

(READ RESPONSES)

- 12 Medicaid, Green Mountain Care, or Dr. Dynasaur
- 50 Private health insurance through Vermont Health Connect, The health exchange
- 10 Another type of PRIVATE health insurance
- 16 Military, Veterans, or TRICARE
- 11 Medicare, or
- 96 Some other type of health insurance (SPECIFY)
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 98 DK
- 99 REF

VII. Medicaid Insurance Follow-up Questions

Q42x

For these next questions, please think about the household members that are currently covered by Medicaid, Green Mountain Care or Doctor Dynasaur.

ASK IF PERSON IS COVERED BY MEDICAID, GREEN MOUNTAIN CARE OR DR. DYNASAUR
MC16

How long has PERSON had health insurance through the Medicaid program, Green Mountain Care or Dr. Dynasaur?

PROMPT: That is, how long has it been since PERSON first enrolled in the state program they are currently enrolled in?

PROMT: How long have you been continuously covered under Medicaid, Green Mountain Care or Dr. Dynasaur?

INTS: ENTER IN NUMBER OF MONTHS

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 DOES NOT HAVE MEDICAID
- 98 DK
- 99 REF

ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY MEDICAID PROGRAM – MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR

MCSAT01

For these next questions, I would like to know how you would rate the quality of the health insurance provided by Medicaid, Green Mountain Care or Dr. Dynasaur for anyone in your household with such coverage.

How would you rate the choice of doctors and other providers available?
(READ RESPONSES)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DID NOT RECEIVE CARE
- 8 DK
- 9 REF

ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY MEDICAID PROGRAM – MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR

MCSAT02

How would you rate the range of services covered by Medicaid, Green Mountain Care or Dr. Dynasaur?

(READ RESPONSES AS NEEDED)

PROMPT IF NEEDED: The range of services means the types of medical services that are covered, such as acute care, preventive care, specialty care, and surgical care.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DID NOT RECEIVE CARE
- 8 DK
- 9 REF

ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY MEDICAID PROGRAM – MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR
MCSAT06

Have any of those with Medicaid wanted to see a health care provider for care but their insurance through Medicaid did not cover it?

IF YES ASK: What type of care?

(READ AND SELECT ALL MENTIONED)

- 1 Primary care,
- 2 Dental Care,
- 3 Substance use treatment,
- 4 Mental health care,
- 5 Vision care, or
- 6 Some other type of care? (SPECIFY)
- 7 NO INSTANCE WHERE INSURANCE DID NOT COVER
- 8 DK
- 9 REF

VIII. Questions of Those who are Uninsured

ASK OF THOSE INDICATED AS UNINSURED IN INS02

INSU01

(READ FIRST TIME)

These next questions ask about those without health insurance.

How long has PERSON been without health insurance?

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 NEVER HAD HEALTH INSURANCE
- 98 DK
- 99 REF

INSU02 (Q50)

How does cost rate as the reason why PERSON is not currently covered by insurance?
Would you say it is....

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason (GOTO INSU03X)
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
INSU03A-D

INSU03

What are the main reasons that FILL NAME is not currently covered by any government or private health insurance plan?

INTS: SELECT ALL MENTIONED BY RESPONDENT PROMPT: Was there any other reason?

IF THEY LOST MEDICAID COVERAGE ASK: Why is this?

- 18 COST - TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 25 CHANGED EMPLOYERS - NOT ELIGIBLE FOR INSURANCE
- 26 CHANGED EMPLOYERS - NEW EMPLOYER DOES NOT OFFER INSURANCE
- 28 CUT HOURS - PERSON CUT THEMSELVES BACK TO PART TIME STATUS
- 11 CUT HOURS - EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER OFFER - STOPPED OFFERING COVERAGE
- 13 EMPLOYER OFFER - DOES NOT OFFER COVERAGE
- 16 GOT DIVORCED OR SEPARATED OR DEATH OF SPOUSE OR PARENT
- 10 LOST JOB - PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 27 LOST JOB - PERSON QUIT JOB
- 20 MEDICAID - NOT ELIGIBLE OR NO LONGER QUALIFY FOR MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR
- 23 MEDICAID - LOST MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR FOR SOME OTHER REASON (SPECIFY)
- 19 REFUSED OR TERMINATED COVERAGE - INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 14 WAITING PERIOD
- 24 DON'T NEED INSURANCE
- 29 NOT WORTH THE COST
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR
- 98 DK/REF

insu03x

Next, I am going to read some possible reasons why PERSON may no longer have health insurance coverage.

For each, please let me know if it is a reason PERSON does not have health insurance coverage.

ASK IF UNINSURED AND THEY DID NOT RESPOND 10 PERSON WITH HEALTH INSURANCE LOST JOB TO INSU03

insu03a

PERSON lost their job.

PROMPT: Is this a reason PERSON no longer has health insurance?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK IF UNINSURED AND THEY DID NOT RESPOND 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS TO INSU03

insu03b

PERSON is no longer eligible for insurance through their employer because of a reduction in the number of hours PERSON works.

PROMPT: Is this a reason PERSON no longer has health insurance?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK IF UNINSURED AND THEY DID NOT RESPOND 12 EMPLOYER STOPPED OFFERING
COVERAGE TO INSU03**

insu03c

PERSON's employer stopped offering health insurance.

PROMPT: Is this a reason PERSON no longer has health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02

insu03d

Our family could no longer afford the cost of the premiums for health insurance through
PERSON's employer

PROMPT: Is this a reason PERSON no longer has health insurance?

PROMPT: By "premium" we mean your monthly insurance bill.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
insu03e

PERSON lost coverage or became ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur.

PROMPT: Is this a reason PERSON no longer has health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
insu03g

PERSON is not interested in insurance.

PROMPT: Is this a reason PERSON no longer has health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
insu03k

PERSON is eligible for free care from a local hospital.

PROMPT: Is this a reason PERSON no longer has health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
INSU03L

Is the reason PERSON does not have health insurance related to the COVID-19 pandemic?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO INSU03e OR ANSWERED
INSU03M

You indicated that PERSON lost their coverage or became ineligible for Medicaid, Green Mountain Care or Dr. Dynasaur.

Was it due to any of the following reasons:
(READ RESPONSES AND SELECT ALL MENTIONED)

- 1 Information was requested and our family could not provide it
- 2 There was too much documentation required
- 3 The right documentation was not submitted
- 4 Our family didn't know what information they needed to provide
- 5 Our family didn't know how to get the information that was requested
- 6 Our family didn't know how to submit the information or who to send it to
- 7 NONE OF THESE
- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02
INSU03N

Has PERSON been screened within the last six months to see if they are eligible for Medicaid, also known as Green Mountain Care or Dr. Dynasaur or screened for eligibility for private insurance through Vermont's health insurance marketplace, Vermont Health Connect?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK UNLESS THEY INDICATED NEVER HAD INSURANCE IN INSU01
INSU05

Thinking back to the last time PERSON had health insurance,
what type of insurance did PERSON have?

(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES - UP TO THREE RESPONSES]

- 10 Private health insurance through an employer
- 20 Private health insurance purchased through Vermont Health Connect, the health insurance exchange
- 15 Private health insurance bought directly from an insurance company
- 11 Medicaid, Green Mountain Care or Dr. Dynasaur
- 12 Medicare
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance (SPECIFY)
- 97 NO INSURANCE COVERAGE, NEVER HAD COVERAGE
- 98 DK/REF

IX. Enrollment in Medicaid or Insurance through VT Health Connect

ASK THIS SECTION IF THERE ARE ONE OR MORE UNINSURED RESIDENTS

MCA04

What are the reasons that members of the household have not enrolled in Medicaid (Green Mountain Care or Dr. Dyansuar or private health insurance through Vermont's health insurance marketplace, Vermont Health Connect)?

ENTER ALL MENTIONED BY RESPONDENT

PROBE FOR SPECIFICS AND DETAILS - ARE THERE ANY OTHER REASONS?

- 21 COST - COSTS TOO MUCH
- 22 APPLIED - WAITING TO HEAR
- 23 APPLIED - APPLICATION WAS DENIED
- 18 DON'T WANT OR NEED HEALTH INSURANCE
- 16 DON'T WANT OR NEED TO BE ON PUBLIC ASSISTANCE
- 17 DON'T WANT OR NEED - RARELY SICK
- 12 FAMILIAR - NOT FAMILIAR WITH THE MEDICAID PROGRAM OR VT HEALTH CONNECT
- 13 FAMILIAR - DON'T KNOW WHERE OR HOW TO APPLY
- 33 ELIGIBILITY - NOT DISABLED
- 31 ELIGIBILITY - LOST MEDICAID BECAUSE OF AGE
- 41 ELIGIBILITY - LOST MEDICAID BECAUSE OF INCOME OR SOME OTHER REASON
- 14 ELIGIBILITY - PROBABLY NOT ELIGIBLE DUE TO INCOME
- 24 ELIGIBILITY - PROBABLY NOT ELIGIBLE FOR SOME OTHER REASON
(SPECIFY WHY DO YOU FEEL THAT WAY?)
- 15 PAPERWORK - TOO MUCH TROUBLE/PAPERWORK
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR
- 98 DK
- 99 REF

ASK THIS SERIES OF QUESTIONS UNLESS THEY HAVE APPLIED (MCA04 = 22 OR 23)

CHINS04

Next I would like to ask you about specific reasons why the uninsured members of the household have chosen not to enroll in health insurance through Medicaid also known as Green Mountain Care and Dr. Dynasaur.

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

CHINS04a

We don't think we would be eligible for it because our employer offers health insurance.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04b

We don't think we would be eligible because my household makes too much money.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04c

We would be concerned about being able to see the doctors or health care providers we want to.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04d

Our household wouldn't want to be receiving government assistance or be on Medicaid.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04e

The uninsured members of our household don't really need health insurance.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04g

Our household would worry that the costs would be too high.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04h

We would be concerned about the quality of care.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04i

We would be concerned that health care professionals would treat me or my family differently.

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied for Medicaid or Green Mountain Care?

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

CHINS04j

When was the last time your family looked at the cost of health insurance for those currently without coverage?

(READ RESPONSES)

- 1 Since this summer
- 2 Within the past year
- 3 One to two years ago
- 4 Two to three years ago
- 5 Three to four years ago
- 6 Five or more years ago
- 7 NEVER
- 8 DK
- 9 REF

INSU09

There are certain requirements based on age and income for eligibility to enroll in Medicaid, also known as Green Mountain Care or Dr. Dynasaur .

If members of your household were eligible to enroll in these programs, how much interest would there be in enrolling members of the household? Would you say the household would be...

(READ RESPONSES)

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 4 Not at all interested

- 8 DK
- 9 REF

INSU21

At any time During the prior 12 months, did any of the uninsured members of your household apply for health insurance through Medicaid, also known as Green Mountain Care or Dr. Dynasaur, or apply for private insurance through Vermont's health insurance marketplace, Vermont Health Connect?

- 1 YES
- 2 NO, DID NOT APPLY
- 8 DK
- 9 REF

ASK IF HH APPLIED FOR HEALTH INSURANCE

INSU22

Did the uninsured members of the household apply for...
(READ AND SELECT ALL MENTIONED)

- 1 Medicaid Green Mountain Care or Dr. Dynasaur
- 3 Private Health Insurance through Vermont Health Connect
- 7 SOME OTHER INSURANCE (SPECIFY)
- 8 DK
- 9 REF

ASK IF HH APPLIED FOR HEALTH INSURANCE
INSU23

What happened with the application(s)?
(SELECT ALL MENTIONED)

- 10 STILL WAITING TO HEAR
- 11 THE APPLICATION WAS ACCEPTED
- 12 THE APPLICATION WAS DENIED
- 13 STILL NEED TO SEND IN APPLICATION
- 15 COSTS TOO MUCH (DID NOT ENROLL BECAUSE OF COST)
- 21 NEED TO SUBMIT ADDITIONAL INFORMATION
- 16 DECIDED NOT TO ENROLL (SPECIFY: WHY?)
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK IF INDICATE APPLICATION WAS DENIED TO INSU23
INSU23a

What was the reason the application was denied?
(SELECT ALL MENTIONED BY RESPONDENT)

- 1 PERSON IS NOT A RESIDENT OF VERMONT
- 2 PERSON IS NOT ELIGIBLE DUE TO IMMIGRATION STATUS
- 3 PERSON IS INCARCERATED
- 5 OTHER (SPECIFY)
- 8 DK
- 9 REF

X. Interruptions in Coverage

ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

INSW01

Next, I'd like to ask you about any gaps in having health insurance.
Please think about those that CURRENTLY have insurance.
Has everyone had insurance FOR ALL of the past 12 months?

IF NO, ASK: Who did not have insurance within the past 12 months?

INTS: SELECT ALL WHO HAVE NOT HAD INSURANCE

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 EVERYONE HAD INSURANCE

98 DK

99 REF

*ASK OF ALL HOUSEHOLD MEMBERS INDICATED AS HAVING A GAP IN HEALTH
INSURANCE COVERAGE IN INSW01...*

INSW02

For how long was PERSON without health insurance, even if that gap in coverage was
longer than 12 months?

INTS: ENTER IN NUMBER OF MONTHS

1 ONE MONTH OR LESS

2 - 60 ENTER NUMBER OF MONTHS

61 MORE THAN 5 YEARS

97 NEVER HAD HEALTH INSURANCE PRIOR TO CURRENT COVERAGE

98 DK

99 REF

ASK OF THOSE WITH A GAP IN HEALTH INSURANCE

INSWC03A-E

Can you please tell me the main reason that PERSON did not have health insurance at that time?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

- 18 COST - TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 25 CHANGED EMPLOYERS - NOT ELIGIBLE FOR INSURANCE
- 26 CHANGED EMPLOYERS - NEW EMPLOYER DOES NOT OFFER INSURANCE
- 28 CUT HOURS - PERSON CUT THEMSELV BACK TO PART TIME STATUS
- 11 CUT HOURS - EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER OFFER - STOPPED OFFERING COVERAGE
- 13 EMPLOYER OFFER - DOES NOT OFFER COVERAGE
- 16 GOT DIVORCED OR SEPARATED OR DEATH OF SPOUSE OR PARENT
- 10 LOST JOB - PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 27 LOST JOB - PERSON QUIT JOB
- 20 MEDICAID - NOT ELIGIBLE OR NO LONGER QUALIFY FOR MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR
- 23 MEDICAID - LOST MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR FOR SOME OTHER REASON
- 19 REFUSED OR TERMINATED COVERAGE - INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 14 WAITING PERIOD
- 24 DIDN'T NEED INSURANCE
- 29 NOT WORTH THE COST
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR
- 98 DK/REF

ASK OF THOSE WITH A GAP IN HEALTH INSURANCE
INSW03F

Were any of the changes that resulted in a gap in health insurance related to the COVID-19 pandemic?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF THOSE WITH A GAP IN HEALTH INSURANCE INSW01
INSW05

What type of health insurance did PERSON have PRIOR to their current coverage?
(READ RESPONSES)

- 10 Private health insurance through an employer
- 15 Private health insurance bought directly from an insurance company
- 20 Private health insurance purchased through Vermont's health insurance marketplace (also known as Vermont Health Connect, the health insurance exchange).
- 11 Medicaid, Green Mountain Care or Dr. Dynasaur
- 12 Medicare
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance (SPECIFY)

- 97 NO INSURANCE COVERAGE
- 98 DK/REF

ASK OF THOSE WITH A GAP IN HEALTH INSURANCE
INSW07

During the gap in health insurance coverage did PERSON
(READ RESPONSES)

- 1 Think about applying for Medicaid
- 2 Apply for Medicaid
- 3 NEITHER
- 8 DK
- 9 REF

XI. Dental and Vision Insurance and Care

INSD01

These next questions ask about dental insurance and dental care.

Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

IF YES: Who is that?

PROMPT: For example, Vermont Medicaid, also known as Green Mountain Care or Dr. Dynasaur, often pays for routine dental care for members who have full Medicaid benefits. People may also have private dental insurance, like through Northeast Delta Dental.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS DENTAL INSURANCE

98 DK

99 REF

INSV01

Is anyone now covered by an insurance plan that pays for routine vision care including regular eye exams?

IF YES: Who is that?

PROMPT: For example, Vermont Medicaid, also known as Green Mountain Care or Dr. Dynasaur, often pays for routine vision care like eye examinations for members who have full Medicaid benefits. People may also have private health insurance that pays for routine vision care like eye examinations.

PROMPT: This includes any coverage you may have through your health insurance or through a separate plan.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS VISION INSURANCE

98 DK

99 REF

XII. Visits to Physical and Mental Health Providers and Point of Medical Care

DOCV00

Next, I would like to ask about visits to doctors' offices and medical care.

This includes visits to doctors and other health care providers such as physician's assistants, nurse practitioners, or anyone else you might go to for medical care. It includes anytime that care was provided by telehealth services through your computer, laptop, tablet or cell phone.

Do not include things such as getting a flu shot through work or checking your blood pressure at a pharmacy, if a person hospitalized overnight or in hospital emergency room.

PROMPT: Telehealth is a service delivered through technology that allowed your provider to see and hear you, and you to see and hear your provider or visits where you talked to your doctor/health care provider over the phone.

PRESS ENTER TOI CONTINUE

DOCV01

How many times did <HHNAME> see a doctor or health care provider in person or through telehealth services during the past 12 months?

PROMPT: Did <HHNAME> see or speak with a doctor or health care provider about their health, not counting when he may have stayed overnight in the hospital? Your best guess is fine.

PROMT: This does not include instances such as getting a flu shot through work or checking their blood pressure at the pharmacy.

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01
DOCV02

How many of those visits were for strictly routine checkups, that is when, PERSON was not sick?

PROMPT: Routine and preventive care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up visits.

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01
DOCV02a

How many visits were with a specialist?

PROMPT: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

PROMPT: Please do not include care <HHNAME> received when <HHNAME> was hospitalized overnight or in hospital emergency rooms.

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

DOCV03

Is there one TYPE of place that everyone living in the household usually goes when they are sick or need medical attention?

If care is provided by telehealth please think of the type of place that is providing care.

PROMPT: By place I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

- 1 YES, EVERYONE USUALLY GOES ONE PLACE
- 2 NO, GO TO DIFFERENT PLACES
- 3 NO ONE GOES TO THE DOCTOR

- 8 DK
- 9 REF

*ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION
OR NO ONE GOES TO THE DOCTOR*

NDOCV20

How long does it usually take to travel to the household's usual place for routine medical care?

IF THE HOUSEHOLD DOES NOT GO TO THE DR.

If someone in the household needed urgent care, how long would it take to travel to see a doctor or other health care provider?

PROMPT: You best estimate is fine.

1 - 240 ENTER NUMBER OF MINUTES

241 > 4 HOURS

995 IT VARIES (SPECIFY)

997 NO TIME, USE TELEHEALTH SERVICES

998 DK

999 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03

ASK SEPARATELY FOR EACH PERSON

DOCV07

Is there a place that PERSON usually goes when sick or in need of medical attention?

If care is provided by telehealth please think of the type of place that is providing care.

PROMPT: By place I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as one place even if those in the household might go to several private doctors or different private doctors.

- 1 YES
- 2 NO, NO USUAL PLACE
- 3 YES, MORE THAN ONE USUAL PLACE
- 4 NEVER GO TO THE DOCTOR

- 8 DK
- 9 REF

DOC144

During the past 12 months, was anyone unable to get an appointment at the doctor's office or clinic as soon as one was needed?

IF YES ASK: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

DOC147

During the past 12 months, did anyone choose not to go to the doctor because they could not afford the co-pay or deductible?

IF YES ASK: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

DOCV12

During the past 12 months did you or anyone in the household seek medical care in a hospital emergency room for any reason?

PROMPT: Do not include any visits to walk in treatment centers.

1 YES

2 NO

8 DK

9 REF

ASK FOR EACH PERSON VISITING ER
DOCV13

I'm going to read you a list of reasons why some people go to the emergency room.

Please tell me if any of these were important reasons for a visit to a hospital emergency room.

(READ RESPONSES AND SELECT ALL MENTIONED)

10 They were so ill or injured that they needed immediate medical attention

13 They needed care after normal hours at the doctor's office or clinic

14 The family owed money to the doctor's office or clinic

15 It was more convenient to go to the hospital emergency room

16 The doctor's office or clinic told them to go to the emergency room

95 SOME OTHER REASON (SPECIFY)

97 NONE OF THESE

98 DK

99 REF

DOCV30

During the past 12 months, did anyone visit a walk-in, or urgent care facility when they were sick or injured?

1 YES

2 NO

8 DK

9 REF

DOCV15

During the past 12 months did anyone in the household seek treatment for substance misuse?

1 YES

2 NO

8 DK

9 REF

ASK OF HOUSEHOLD WITH MEMBERS RECEIVING SUBSTANCE MISUSE CARE

DOCV16

Did those seeking care experience any problems accessing this care?

IF YES ASK: What types of problems?

- 10 INSURANCE WOULD NOT COVER ANY OF COST
- 11 INSURANCE WOULD NOT COVER ENOUGH OF THE COST
- 12 LONG WAIT TIME TO GET AN APPOINTMENT
- 13 HAD TO TRAVEL LONG DISTANCES TO ACCESS CARE
- 14 NOT ABLE TO FIND A PROVIDER AT ALL
- 15 NOT ABLE TO FIND A PROVIDER ACCEPTING PATIENTS
- 95 OTHER (SPECIFY)
- 97 NO, DID NOT EXPERIENCE ANY PROBLEMS
- 98 DK
- 99 REF

DOCV17

During the past 12 month did anyone in the household receive mental health care?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ADD TO ASK ABOUT MENTAL HEALTH

ASK OF HOUSEHOLD WITH MEMBERS RECEIVING MENTAL HEALTH CARE

DOCV17a

Did those seeking care experience any problems accessing this care?

IF YES ASK: What types of problems?

- 10 INSURANCE WOULD NOT COVER ANY OF COST
- 11 INSURANCE WOULD NOT COVER ENOUGH OF THE COST
- 12 LONG WAIT TIME TO GET AN APPOINTMENT
- 13 HAD TO TRAVEL LONG DISTANCES TO ACCESS CARE
- 14 NOT ABLE TO FIND A PROVIDER AT ALL
- 15 NOT ABLE TO FIND A PROVIDER ACCEPTING PATIENTS
- 95 OTHER (SPECIFY)
- 97 NO, DID NOT EXPERIENCE ANY PROBLEMS
- 98 DK
- 99 REF

TELE02

In the past 12 months have you or anyone else in your family used health care by phone, computer or video or other telehealth?

Please do not include any times you or others emailed a doctor or nurse for advice, scheduled or changed an appointment or renewed a prescription.

IF YES ASK: What types of care did you or other family members receive through telehealth?

PROMPT: Telehealth is a service delivered through technology that allowed your provider to see and hear you, and you to see and hear your provider or visits where you talked to your doctor/health care provider over the phone.

- 1 YES (SPECIFY)
- 2 NO
- 3 DK
- 8 REF

XIII. Prescription Drug Expenses

RXU01

These next questions are about prescription medications.

Does anyone take prescription drugs on a regular basis?

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH TAKES PRESCRIPTION MEDICATIONS

98 DK

99 REF

RXU02

How many different types of prescription drugs does FILL NAME take on a regular basis?

0 NONE

1 - 96 ENTER NUMBER

97 97 OR MORE

98 DK

99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS

RXU03

Which category best represents the amount that PERSON pays per month out of pocket for prescription drugs that PERSON uses on a regular basis?

(READ RESPONSES)

- 10 Less than \$50
- 11 \$50 to \$99
- 12 \$100 to \$199
- 13 \$200 to \$299
- 14 \$300 to \$399
- 15 \$400 to \$499
- 16 \$500 to \$599
- 17 More than \$600
- 18 ONLY KNOW HOW MUCH ANNUALLY (ASK RXU04)
- 98 DK
- 99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS AND I PERSON CAN ONLY PROVIDE ANNUAL AMOUNT SPENT

RXU04

How much does PERSON spend annually on prescription drugs used on a regular basis?

- 10 \$10 or less
- 11 - 99996 ENTER DOLLAR AMOUNT
- 99997 \$99,997 OR MORE

- 8 DK
- 9 REF

XIV. Medical Expenses and Health Care Barriers

EXP01

Over the last 12 months, about how much has your household had to pay OUT OF POCKET for:

Your family's prescription medications.

Please include all "out of pocket" expenses, regardless of who actually pays for them, and also include any co-payments or coinsurance payments.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage any HSA or health savings account contributions.

PROMPT: By "premium" we mean your monthly insurance bill.

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

EXP02

Dental and Vision care.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

PROMPT: By "premium" we mean your monthly insurance bill.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

EXP02a

Mental health care.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

PROMPT: By "premium" we mean your monthly insurance bill.

PROMPT: Mental health expenses would also include any expenses for substance misuse.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

EXP03

All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

PROMPT: By "premium" we mean your monthly insurance bill.

| | |
|-----------|------------------|
| 0 | NOTHING |
| 1 - 99996 | ENTER DOLLARS |
| 99997 | \$99,997 OR MORE |
| 99998 | DK |
| 99999 | REF |

HC01

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford i

HC07

Routine medical care that that was needed?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE

98 DK

99 REF

HCB02 (Q59)

Medical care from a doctor or surgery?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

HCB04

Mental health care or counseling?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

HCB05 (Q59b)

Dental care including checkups?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

HCBO5a

A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH

98 DK

99 REF

HCB03 (Q60)

Prescription Medicines?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get them because they could not afford it?

IF YES: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 96 NO MORE
- 97 NO ONE
- 98 DK
- 99 REF

HCB05c

During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

HCBO6

During the past 12 months, did anyone in the household receive any SINGLE medical bill for more than \$500 that had to be paid out-of-pocket?

IF YES: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE
- 98 DK
- 99 REF

ASK FOR EACH PERSON WITH A SINGLE BILL OF MORE THAN \$500

HCBO6a

Did a Health Savings Account or Health Reimbursement Account cover any amount of PERSON's bill?

- 1 YES (ASK HCB06B)
- 2 NO
- 8 DK
- 9 REF

ASK IF YES TO HCB06a

HCB06b

How much of the bill did it cover?

PROMPT: How much of PERSON's bill was covered by a Health Savings Account or Health Reimbursement Account?

- 1 Less than half
- 2 About Half
- 3 More than half
- 4 All of the bill
- 8 DK
- 9 REF

HCB10

During the last 12 months, were there times that there were problems paying for medical bills for anyone in your family ?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

HCB10a

During the past 12 months, has fear of medical debt impacted you or anyone in the household when making decisions about whether to seek medical care?

- 1 YES (ASK HCB10B)
- 2 NO

- 8 DK
- 9 REF

ASK IF YES TO HCB10A

HCB10B

What type of medical care did you or your family NOT seek due to fear of medical debt?

INT: SELECT ALL MENTIONED

- 10 EMERGENCY OR URGENT CARE
- 11 PRIMARY CARE
- 12 DENTAL CARE
- 13 VISION RELATED CARE
- 14 OB/GYN RELATED CARE
- 15 MENTAL HEALTH RELATED CARE
- 16 HOSPICE / LONG-TERM CARE
- 17 CARE FOR CHILDREN AND/OR DEPENDENT(S)
- 18 VACCINATION(S)
- 19 OTHER OUTPATIENT OR ONGOING MEDICAL CARE
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

HC11a

In the past 12 months, have you owed money for medical-related expenses that is now past due, likely to become past due, or will be paid through a payment plan or other financial assistance?

1 YES (ASK HC11B)

2 NO

8 DK

9 REF

ASK IF YES TO HC11A

HC11b

Who are the bills and/or medical debt owed to?

(READ RESPONSES AND SELECT ALL MENTIONED)

1 A hospital,

2 A private clinic or doctor's office,

3 An emergency room,

4 An urgent care center,

5 An outpatient specialty center, or

6 Someone else (SPECIFY)

8 DK

9 REF

HC13

During the past 12 months, have any of the following happened to your family because of medical bills? Was your household...

(READ AND SELECT ALL MENTIONED BY RESPONDENT)

- 1 Unable to pay for basic necessities like food, heat or rent
- 2 Used up all or most of savings
- 3 Had large credit card debt or had to take a loan or debt against the home
- 4 Filed for medical bankruptcy

7 NONE OF THESE

8 DK

9 REF

BA01

Has anyone in the household ever delayed or not gotten PHYSICAL, MENTAL or DENTAL health care because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BA01

BA01a

What type of PHYSICAL, MENTAL or DENTAL HEALTH care did PERSON delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

*ASK IF ANY PERSON IN HOUSEHOLD COVERED BY MEDICAID, GREEN MOUNTAIN CARE,
DR DYNASAUR*

BAMC01

Has anyone in your household ever delayed or not gotten care because they could not find or did not know a doctor or other health care provider who accepts their insurance?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC01

BAMC01a

What type of care did PERSON delay or not get?

PROMPT: Was there any other type of care?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (SPECIFY)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

ASK OF ALL

BAMC05

During the past 12 months, did anyone in your household ever delayed or not get PHYSICAL, MENTAL, or DENTAL health care because changes in their health insurance plan resulted in their doctor no longer accepting their health insurance?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC05

BAMC05a

What type of care did PERSON not get?

PROMPT: Was there any other type of care?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (SPECIFY)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

BA06

Is there a service and/or benefit that you or other family members need that is not currently covered by health insurance?

IF YES ASK: What service would that be?

- 1 YES (SPECIFY)
- 2 NO
- 8 DK
- 9 REF

COVID01

These next questions are specifically about the COVID-19 pandemic.

ASK IF IS 18 YEARS OF AGE OR OLDER

COVID02

Has PERSON experienced any of the following changes in employment due to COVID?

- 1 PERSON started working remotely
- 2 PERSON was furloughed all or part of the time during COVID-19 (ASK COVID03)
- 3 PERSON lost their job due to COVID-19 (ASK COVID03)
- 7 NONE OF THESE
- 8 DK
- 9 REF

ASK IF PERSON LOST JOB OR WAS FURLOUGHED

COVID03

Did PERSON maintain health insurance coverage while unemployed?

- 1 YES (ASK COVID04)
- 2 NO

- 8 DK
- 9 REF

ASK IF YES TO COVID03

COVID04

How did they maintain health insurance during that time?
(READ RESPONSES AND SELECT ALL MENTIONED)

- 1 Through COBRA with their old employer's health insurance,
- 2 By purchasing health insurance through Vermont Health Connect, the health exchange,
- 3 By enrolling in Medicaid or Green Mountain Care,
- 4 By enrolling in Medicare, or
- 5 Some other way? (SPECIFY)
- 8 DK
- 9 REF

XV. General Health Status and Chronic Conditions

HSTAT01 – SECTION INTRODUCTION

These next questions are about the physical and mental health of members of the household.

HSTAT02

Would you say PERSON's health, in general, is...

[INTERVIEWER: READ LIST]

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor

- 8 DK
- 9 REF

MAWD01

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Is anyone in the household deaf or have serious difficulty hearing?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

MAWD02

Is anyone in the household blind or have serious difficulty seeing, even when wearing glasses?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

MAWD03

Because of a physical, mental, or emotional condition does anyone in the household have serious difficulty concentrating, remembering, or making decisions?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

MAWD04

Does anyone in the household have serious difficulty walking or climbing stairs?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

MAWD05

Does anyone in the household have difficulty dressing or bathing?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

MAWD06

Because of a physical, mental, or emotional condition, does anyone in the household have difficulty doing errands alone such as visiting a doctor's office or shopping?

IF YES ASK: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

HCDISP04

How often, if ever, have you personally experienced discrimination or prejudice in your health care encounters based on your race, ethnicity, sexual orientation or gender identity or any disability you may have?

(READ RESPONSES)

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 8 DK
- 9 REF

XVI. Employment

EMP01

We are almost done with the survey. This next series of questions is about jobs and employment.

PROMPT: Answers to these questions are important because they help us understand about health issues and sources of health insurance. Also, I want to emphasize that the information you provide will be kept confidential and will only be used in combined form.

ASK OF THOSE 18 AND OLDER

EMP02

Is PERSON currently...
(READ AND SELECT ALL MENTIONED)

- 10 Self-employed
- 11 Employed by the military
- 12 Employed by someone else
- 13 An unpaid worker for a family business or firm
- 14 Unemployed and looking for work, or
- 95 Something else? (SPECIFY)

- 15 NOT EMPLOYED AND NOT LOOKING FOR WORK OUTSIDE THE HOME
- 16 RETIRED
- 17 UNABLE TO WORK DUE TO A DISABILITY
- 21 STAY AT HOME CAREGIVER
- 22 GOING TO SCHOOL
- 98 DK
- 99 REF

*ASK OF THOSE 18 AND OLDER AND GOING TO SCHOOL, KEEPING HOUSE, RETIRED,
OTHER TO EMP02*

EMP03

Do/Does PERSON typically work for pay?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK OF THOSE 18 AND OLDER AND EMPLOYED

EMP05

For the job PERSON works the most hours, what is the total number of hours PERSON usually works per week?

- 1-96 ENTER NUMBER
- 97 97 OR MORE HOURS
- 98 DK
- 99 REF

ASK OF THOSE 18 AND OLDER AND EMPLOYED

EMP06

On this job, is PERSON employed by a private company or business or a government agency?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.
IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS IS A STATE OR PRIVATE COLLEGE OR UNIVERSITY OR A PRIVATE OR PUBLIC SCHOOL

- 10 PRIVATE COMPANY
- 11 GOVERNMENT AGENCY
- 12 MILITARY DUTY
- 13 SELF-EMPLOYED
- 14 FAMILY-BUSINESS OR FARM - NOT SELF-EMPLOYED
- 15 PUBLIC ELEMENTARY, MIDDLE, JUNIOR, HIGH SCHOOL
- 16 PUBLIC COLLEGE OR UNIVERSITY
- 17 PRIVATE ELEMENTARY, MIDDLE, JUNIOR, HIGH SCHOOL
- 18 PRIVATE COLLEGE OR UNIVERSITY
- 95 OTHER (SPECIFY)

- 98 DK
- 99 REF

ASK OF THOSE EMPLOYED BY A PRIVATE COMPANY

EMP07

IF SELF EMPLOYED:

Which industry most closely describes PERSON's business?

IF THEY WORK FOR SOMETHING ELSE

Thinking about the employer PERSON works for, which industry most closely describes the employer's main business

(READ RESPONSES AS NEEDED)

- 10 AGRICULTURE, FARMING, FORESTRY AND FISHING
- 11 CONSTRUCTION
- 12 EDUCATION
- 13 HEALTH CARE
- 14 LEISURE AND HOSPITALITY
- 15 MINING AND MANUFACTURING
- 16 SERVICE INCLUDING PROFESSIONAL AND RELATED SERVICES
- 17 RETAIL AND WHOLESALE TRADES/SALES
- 95 SOMETHING ELSE? (SPECIFY)
- 98 DK
- 99 REF

ASK OF THOSE EMPLOYED BY A GOVERNMENT AGENCY OR PUBLIC SCHOOL

EMP08

Does PERSON work for the federal government, state government, a local government such as a county or city, a local public school, or a state college or university?

- 1 FEDERAL GOVERNMENT
- 2 STATE GOVERNMENT
- 3 LOCAL GOVERNMENT
- 5 PUBLIC ELEMENTARY, MIDDLE, JUNIOR, HIGH SCHOOL
- 6 PUBLIC COLLEGE OR UNIVERSITY
- 7 OTHER (SPECIFY)

- 8 DK
- 9 REF

ASK IF EMPLOYED BY A PRIVATE COMPANY

EMP08a

Is PERSON's company headquartered in Vermont or outside the state?

- 1 IN VERMONT
- 2 OUTSIDE THE STATE

- 8 DK
- 9 REF

ASK IF INDICATES WORKS FOR COMPANY OUTSIDE VT TO EMP08A

EMP08b

Does PERSON work remotely for the company or is there an office of the company based in VT for which PERSON works?

- 1 WORKFOR COMPANY REMOTELY
- 2 COMPANY HAS AN OFFICE IN VERMONT
- 3 GO TO EMPLOYER'S OFFICE LOCATED OUT OF STATE

- 8 DK
- 9 REF

EMP09

About how many people are employed by this employer, at all locations?

IF SELF EMPLOYED OR FAMILY BUSINESS OR FARM

About how many people are employed by your/his/her business or farm?

[INTERVIEWER: READ IF NECESSARY]

19 1 person

10 2-4

11 5-9

12 10-24

13 25-49

14 50-99

15 100-199

16 200-499

17 500-999

18 1,000 & over

98 DK

99 REF

XVII. Employer Sponsored Insurance

ASK OF EMPLOYED THAT ARE NOT POLICY HOLDER OR EMPLOYER PLAN, IN THE MILITARY OR SOLE PROPRIETORSHIP
EMP12

READ FIRST TIME:

Next, I am going to ask a few questions about health insurance that may be offered by employers.

Does the place where PERSON works at offer health insurance as a benefit to any of its employees?

PROMPT: Does their main job offer health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12
EMP15a1

Can dependents be covered under that health insurance?

PROMPT: This could include a spouse or any children

PROMPT: Even if PERSON does not have any dependents, we are still interested in whether a dependent could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

EMP13

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - LESS EXPENSIVE TO HAVE MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR
- 19 COVERAGE NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 14 DOES NOT NEED HEALTH INSURANCE
- 35 ENROLLMENT - NOT SURE HOW TO ENROLL
- 24 INCENTIVE - EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 30 JOB STATUS - LOST JOB/TEMPORARILY NOT AT WORK
- 32 JOB STATUS - QUIT JOB
- 15 OTHER INSURANCE COVERAGE - MEDICARE, MEDICAID, GREEN MOUNTAIN CARE MILITARY
- 21 OTHER INSURANCE COVERAGE - PRIVATE INSURANCE - BETTER PLAN
- 22 OTHER INSURANCE COVERAGE - PRIVATE INSURANCE - LESS EXPENSIVE
- 25 SELF-EMPLOYED
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

ASK OF THOSE INDICATING YES TO EMP12

EMP13FR

Are any of the following reasons why PERSON did not enroll in a health plan offered by the employer?

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13

EMP13F

PERSON has not worked for their employer long enough to qualify for health insurance benefits.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13

EMP13G

PERSON works too few hours to qualify for health insurance benefits.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

EMP13H

The health insurance offered through PERSON's employer costs too much.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

EMP13i

The health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK IF INDICATE IT COST TOO MUCH TO EMP13 or EMP13H

EMP13J

Did PERSON check Vermont's health insurance marketplace, Vermont Health Connect, to see if the cost of their employer-sponsored insurance meets the marketplace definition of affordable?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 – EMP13F4

EMP15

If PERSON had the option, how likely would PERSON be to enroll in their employer's health insurance plan?

(READ RESPONSES)

1 Definitely

2 Very Likely,

3 Somewhat Likely, (ASK OEM15)

4 Not Very Likely, or (ASK OEM15)

5 Not at all Likely? (ASK OEM15)

6 NOT APPLICABLE

8 DK

9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15

OEM15

What is the reason PERSON is not likely to enroll in their employer's health insurance plan?

- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - LESS EXPENSIVE TO HAVE MEDICAID, GREEN MOUNTAIN CARE, DR. DYNASAUR
- 19 COVERAGE NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 14 DOES NOT NEED HEALTH INSURANCE
- 35 ENROLLMENT - NOT SURE HOW TO ENROLL
- 24 INCENTIVE - EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 30 JOB STATUS - LOST JOB/TEMPORARILY NOT AT WORK
- 32 JOB STATUS - QUIT JOB
- 15 OTHER INSURANCE COVERAGE - MEDICARE, MEDICAID, GREEN MOUNTAIN CARE, MILITARY
- 21 OTHER INSURANCE COVERAGE - PRIVATE INSURANCE - BETTER PLAN
- 22 OTHER INSURANCE COVERAGE - PRIVATE INSURANCE - LESS EXPENSIVE
- 25 SELF-EMPLOYED
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

XVIII. Family Income

QUESTIONS WILL BE ASKED FOR EACH IDENTIFIED FAMILY UNIT
INC01 – INTRODUCTION TO SECTION

The next questions are about income that your FAMILY received during 2020.

PRESS ENTER TO CONTINUE

INC01a

I need to know the family income for the family that includes the following members of the household. Please consider only the following people when thinking about income.

LIST FAMILY MEMBERS

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:

The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

- 1 ENTER TO CONTINUE
- 2 DO NOT KNOW THIS FAMILY'S INCOME

INC02

During the entire year of 2020, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, COVID relief payments from the Federal Government and so on.

PROBE FOR MILD RESISTANCE: Answers to questions on earnings are important because they help explain whether people can afford the health care they need. Also, the information you provide will be kept confidential and will only be used in summary reports and will not be combined with other information that could identify you in any way.

FOR DK OR HESITATION: If you do not know exactly, your best guess is fine.
VERIFY IF LESS THAN \$5,000 OR GREATER THAN \$500,000

ENTER:

8 FOR DK

9 FOR REF

0 FOR NONE

10 FOR \$10 OR LESS

999,999 FOR \$1 MILLION OR MORE

ONLY ASK THOSE WHO DON'T KNOW OR REFUSED INC02
INC03 (Q84)

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to the family's 2020 total income from all sources?

INTERVIEWER: PROBE: Your best estimate would be fine

- 10 Under \$10,000
- 12 \$10,000 to less than \$20,000
- 13 \$20,000 to less than \$25,000
- 14 \$25,000 to less than \$30,000
- 15 \$30,000 to less than \$35,000
- 16 \$35,000 to less than \$40,000
- 17 \$40,000 to less than \$50,000
- 18 \$50,000 to less than \$60,000
- 19 \$60,000 to less than \$80,000
- 20 \$80,000 to less than \$100,000
- 21 Over \$100,000

98 DK

99 REF

INC04

Was 2020 a typical year for THIS FAMILY in terms of income?

- 1 YES
- 2 NO (ASK INC05)

8 DK

9 REF

ASK IF NO TO INC04

INC05

Was THIS FAMILY's income higher or lower than usual?

1 INCOME WAS HIGHER

2 INCOME WAS LOWER

8 DK

9 REF

XIX. Survey Close

AGAN

In the future, Vermont may be interested in gathering more information on health insurance issues. May we contact you again in the future on some of these issues?

IF YES: May I have your first name?

- 1 YES - YOU HAVE PERMISSION TO CALL BACK
- 2 NO - PLEASE DO NOT CALL BACK

ASK IF HOUSEHOLD SENT A PRE-NOTIFICATION LETTER **GETLETTER**

By the way, do you recall receiving a letter about this survey?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

THNX

That is the conclusion of this interview for your household.

If you would like more information about Medicaid or to learn how the American Rescue Plan Act lowers health insurance costs through Vermont's insurance marketplace, Vermont Health Connect, visit VermontHealthConnect.gov or call 1-855-899-9600.

Thanks again and good-bye.