

Minnesota Health Access Survey

(NOTE: Current and annual coverage questions in Section H apply to randomly selected person in household. This is followed by questions asking the current insurance status of other household members.)

I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

[Response options: Yes, No, DK, RE]

- H1. Medicare?
READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.
- H2. A Railroad Retirement Plan?
- H3. CHAMPUS, Veteran's Affairs service connected to a disability, military health care?
- H4. Indian Health Service?
- H5. Medical Assistance, Medicaid, PMAP (Prepaid Medical Assistance Plan), also known as Minnesota Health Care Programs?
- H6. General Assistance Medical Care, or GAMC?
- H6A. Children's Health Insurance Program, or CHIP?
- H7. Insurance through MinnesotaCare (A state sponsored program that offers health insurance at a subsidized rate)?
- H8. Insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (known as MCHA)?
- H9. Health insurance through your (TARGET's) work or union?
- H10. Health insurance through someone else's work or union?
- H11. Health insurance bought directly by you (TARGET)?
IF NO TO PROBE → GOTO POLICY
- H12. Health insurance bought directly by someone else?
IF H11 OR H12 YES & H1~1 → GOTO POLICY
IF H11 OR H12 YES & H1=1 → GOTO H15
ELSE GOTO H13
- H13. According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?
IF YES → GOTO H14
IF NO/DK/REF → GOTO H19
IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE → GOTO H13A.
- H13A. You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?
- NOTE TO INTERVIEWER: Indian Health Service is not considered comprehensive insurance for the purposes of this survey.
IF YES → GOTO H14
IF NO/DK/REF → GOTO H19
- H14. And who is that? **(DO NOT READ, SELECT ANSWER)**
- 1 Medicare
 - 2 Railroad Retirement Plan

- 3 CHAMPUS, Veteran's Affairs service connected to a disability, military health care ?
- 4 Medical Assistance or Medicaid
- 5 GAMC, or General Assistance Medical Care
- 6 CHIP, or the Children's Health Insurance Plan
- 7 Insurance through MinnesotaCare (A state sponsored health insurance program)
- 8 Insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (known as MCHA)
- 9 Health insurance through your (TARGET) work or union
- 10 Health insurance through someone else's work or union
- 11 Health insurance bought directly by you (TARGET)
- 12 Health insurance bought directly by someone else

[NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED]

- 13 Workers compensation for specific injury/illness
- 14 Employer pays for bills, but not an insurance policy
- 15 Family member pays out of pocket for any bills
- 15A Indian Health Service

16 No Private or Public Insurance

IF 1-12 → GOTO H15

IF 13-16, say:

**“For purposes of this survey, we’ll assume you/TARGET (do/does) not have insurance.”
THEN GOTO H19**

H15. Have you (Has TARGET) had insurance coverage for all of the past 12 months?

IF YES → GOTO CATISORT

H18. Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance?

GOTO CATI SORT

H19. Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS?

GOTO CATI SORT

[The following STAT, TYPE and VERIFY questions fill in the grid for insurance status of other household members]

The next questions concern health insurance that other people in your household may have at this time.

- STAT(#). Does the (age) (sex) person currently have health insurance?
1 yes → **GOTO TYPE**
2 no → **REPEAT FOR NEXT PERSON ON ROSTER**
7 don't know → **REPEAT FOR NEXT PERSON ON ROSTER**
9 refused → **REPEAT FOR NEXT PERSON ON ROSTER**

- TYPE(#). What type of insurance is this person covered by?
1 Medicare
2 some other form of public insurance such as Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?
3 insurance through their own employer or union
4 insurance through someone else's employer or union
5 insurance bought directly by you or by someone else, including MCHA
6 Veterans Administration (VA, Champus, Anything Military Related)
8 Student health insurance
10 Other (Probe for type) (SPECIFY) _____
77 don't know
99 refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

- VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?
1 yes → ENTER "O" IN VERIFY COLUMN for EACH UNINSURED
2 no → What type of insurance is this person covered by?

<i>Household Member</i>	AGE	SEX	Insured 1 = yes 2 = no	Insurance Type	<i>Insurance Status Codes</i>	Verify 0=yes, uninsured OR Enter type
Person #1	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured 1 = Medicare 2 = other Public (not MCHA) 3 = own Employer 4 = someone else's empl 5 = individual policy, or MCHA 6 = CHAMPUS, VA/any military 8 = student insurance 10 = other 77 = <i>Don't know</i> 99 = <i>Refused</i>	VERIFY1
Person #2	S7_2AGE	S7_2SEX	STAT2	TYPE2		VERIFY2
Person #3	S7_3AGE	S7_3SEX	STAT3	TYPE3		VERIFY3
Person #4	S7_4AGE	S7_4SEX	STAT4	TYPE4		VERIFY4
Person #5	S7_5AGE	S7_5SEX	STAT5	TYPE5		VERIFY5
Person #6	S7_6AGE	S7_6SEX	STAT6	TYPE6		VERIFY6
Person #7	S7_7AGE	S7_7SEX	STAT7	TYPE7		VERIFY7
Person #8	S7_8AGE	S7_8SEX	STAT8	TYPE8		VERIFY8
Person #9	S7_9AGE	S7_9SEX	STAT9	TYPE9		VERIFY9
Person #10	S7_10AGE	S7_10SEX	STAT10	TYPE10		VERIFY10
Person #11	S7_11AGE	S7_11SEX	STAT11	TYPE11		VERIFY11
Person #12	S7_12AGE	S7_12SEX	STAT12	TYPE12		VERIFY12