Patient Liability Survey - Draft Questions

Introduction:

RIREACH is interested in learning about how Rhode Islanders with commercial insurance are affected by high health care costs. Commercial insurance is the insurance you get from an employer or that you pay for yourself. (Medicaid – either RIte Care or Rhody Health Partners – is not commercial insurance.

In particular, we want to know about how people with commercial insurance make health care decisions if they have high co-pays, deductibles, or co-insurance. A co-pay is the amount you pay at the doctor's office before you can see the doctor. Deductibles and co-insurance are the costs you pay before your insurance begins to cover your medical expenses.

Your responses are voluntary and will be kept confidential. Responses will not be identified individually. All responses will be combined together before we analyze them. Would you like to continue with the survey?

Questions:

1)	Do you have commercial insurance, either from your employer or that you pay for yourself (paid to an insurance company or HealthSource RI)?
	□YES
	\square NO
2)	What is your deductible?
	□\$100
	□\$250
	□\$500
	□\$1000
	☐ Between \$1000 and \$2500
	☐Between \$2500 and \$5000
	□ Over \$5000
	□Don't know
	□ No deductible

3)	Do you have co-insurance?
	□10%
	□20%
	□30%
	□Don't know
	□No co-insurance
4)	Have you ever put off care/going to the doctor because you could not afford your copay, deductible, or co-insurance?
	□YES
	\square NO
	If YES: a. Was the care you put off: □For emergency or urgent care? □For treating a serious illness (like cancer or diabetes)? □For primary care? (Like a check-up) □For mental health care? □For elective care? (Like plastic surgery) b. For how long did you put off care? □Until you saved the money? □Until you were more sick and it was more urgent?
	c. Did you put off care for: □ Days □ Weeks □ Months □ A year or more
	 d. Did you put off care because you owed for previous services and hadn't paid, or because you could not afford the new services? □ PREVIOUS □ NEW

	e. Did you look for a different kind of care – a cheaper alternative – because you could not afford the service you needed? □YES □NO a. If so, what alternative care did you get:
5)	Finally, have you ever used a tool offered to you by your health insurer to help you look up what medical services cost?
	□YES
	\square NO
	a. If yes, how many times? □ Once □ Twice □ 3 or more times
Next v	ve have some general demographic questions for you.
6)	What is your gender?
	□Male □Female
7)	What is your age?
	□ 18-29 years old □ 30-49 years old □ 50-64 years old □ 65 years and over
8)	What is the highest level of education you have completed?
	□ Less than high school □ Some high school, no diploma □ High school graduate or equivalent (ex. GED) □ Some college □ Trade/technical/vocational training □ College graduate or higher
9)	Please specify your ethnicity or race (check all that apply):
	☐ Hispanic or Latino

Draft as of 1/8/2015

□ Non-Hispanic White
□ Black or African American
□ Native American or American Indian
☐ Asian/Pacific Islander
□ Other – please specify.
10) What is your marital status?
□Single, never married
☐ Married or domestic partnership
□Widowed
□Divorced
□Separated
11)What is your employment status?
\square Employed
□Self-employed
□ Out of work and looking for work
□ Out of work but not currently looking for work
□Homemaker
□Student
□Military
□Retired
□ Unable to work
12)What was your total household income before taxes during the past 12 months?
□Less than \$25,000
□\$25,000 to \$34,999
□\$35,000 to \$49,999
□\$50,000 to \$74,999
□\$75,000 to \$99,999
□\$100,000 or more
13) Is there anything else that you would like to tell us about this topic?

Thank you so much for your time.