Module 9

We would like to find out about your child's health insurance and your out-of-pocket expenses for diabetes care in the last 12 months.

| 1. Has your child had | health ir | nsurance continuously for the last 12 months? {Ins12Month_QOCS} | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|
| $_{1}$ Yes | | | | | | | | | |
| ₂□ No → | For how many months was he/she not covered by health insurance? | | | | | | | | |
| | {noinsmonths_qocs_s4} | | | | | | | | |
| | 1 - 3 months | | | | | | | | |
| | $_{2}$ 4 – 6 months | | | | | | | | |
| | $_{3}\square$ 7 or more months | | | | | | | | |
| | ₄ □ Don't know | | | | | | | | |
| | ⁵ Prefer not to answer | | | | | | | | |
| | | | | | | | | | |
| ₃└┘ Don't → know | Does you | r child currently have health insurance? {inscurrent} | | | | | | | |
| | ₁ □ Yes | | | | | | | | |
| ₄□ Prefer —► | 1 | | | | | | | | |
| not to | 2 No | Why not? | | | | | | | |
| answer | 2 | (Check all that apply) | | | | | | | |
| {nc | oinsafford} | U We can't afford to purchase health insurance for my child | | | | | | | |
| {p | noinsoffer} | My work/my spouse or partner's work does not offer health | | | | | | | |
| | | insurance for my child | | | | | | | |
| {noinst | inemploy} | ☐ My child does not have health insurance due to a job layoff, job loss, or any other reason related to unemployment in the family | | | | | | | |
| {noi | nshealthy} | □ We chose not to get health insurance for my child because our | | | | | | | |
| family is generally healthy [noinsva] My child is able to go to VA or military hospital/facility for medical | | | | | | | | | |
| | (1101110+4) | care | | | | | | | |
| | {noinsoth} | Other (specify) <u>{noinsotsp}</u> | | | | | | | |
| | {noinsdk} | Don't know | | | | | | | |
| {noin | spreferno} | Prefer not to answer | | | | | | | |
| | | Please go to Question 11 | | | | | | | |
| | | CAARAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | | | | | | | |
| | ³ Don't know <i>Please go to Question 11</i> | | | | | | | | |
| | ₄└ Prefe | er not to answer | | | | | | | |
| L | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 2. My child currently receives his/her health insurance (Check all that apply): | | | | | | |
|--|--|--|--|--|--|--|
| Through a union or professional association {insunion} | | | | | | |
| | | | | | | |
| Through my child's school or college {insschool} Through my work or my partner/spouse's work {insspouse} | | | | | | |
| | | | | | | |
| Through the Indian Health Service {insindian} Through the military (my shild's respect (my ardian is active duty) (in a itical) | | | | | | |
| Through the military (my child's parent/guardian is active duty) {insmilitary} | | | | | | |
| Through Medicaid {insmedicaid} | | | | | | |
| I/we buy private health insurance {inspriv} Is this purchased through a health insurance exchange or marketplace? {insprivexch} | | | | | | |
| \square Yes \square No \square Don't know | | | | | | |
| Is this purchase subsidized? {insprivsub} | | | | | | |
| \square Yes \square No \square Don't know | | | | | | |
| My child has health insurance, but I do not know what kind it is {insunk} | | | | | | |
| Other (specify) {insother} {insothsp} | | | | | | |
| $\Box \text{ Don't know } \{\text{insdk}\}$ | | | | | | |
| Prefer not to answer {inspref} | | | | | | |
| | | | | | | |
| 3. About how much did you pay in the past year for your family's health insurance premiums? inspremium 1 None 5 \$301-500 9 Other (specify){inspremothsp} 2 Less than \$100 6 \$501-1000 3 \$101-200 7 \$1001-5000 4 \$201-300 | | | | | | |
| 4. Does your health insurance plan have an annual deductible? {insdeduct} 1 Yes → What is the (family) annual deductible for your health insurance plan? (If there is a separate deductible for prescription drugs, hospitalizations, or out-of-network care, do not include those deductible amounts here). {insfamdeduct} 1 \$1 - \$1,300 2 \$1,301 - \$2,600 3 \$2,601 - \$5,000 2 No | | | | | | |
| $_{3}\square$ Don't know | | | | | | |
| $_{3}\square$ Don't know $_{4}\square$ Prefer not to answer | | | | | | |
| 4 refer not to answer | | | | | | |
| | | | | | | |
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| 5. Does your health insurance plan require that a specific number of family members meet their individual deductibles before the family deductible is met? {insfamdeductind} ¹ Yes 2 No 3 Does not apply (I don't have a family plan) 4 Don't know 5 | | | | | | | | | |
|--|---|----------------------------|-------------------|--------------------|--------------------|----------------------|---------------------|---------------|----------------------|
| 6. Does your health insurance plan cover any costs for in-hospital care (overnight stay in a hospital)? {insinhosp} | | | | | | | | | |
| ₁□ Yes | $_2$ No $_3$ Don't know $_4$ Prefer not to answer | | | | | | | | |
| 7. In the last 12 months, did you have a co-payment? (Some health insurance plans may have both a dollar copayment and a percentage co-insurance.) {hplancopay} | | | | | | | | | |
| ₁∐ Yes | What was the co-pay an | nount per \$0 (none) | \$1 to \$19 | \$20 to \$49 | \$50 to \$99 | \$100 to \$199 | \$200 or more | Don't know | Does not apply |
| | Diabetes clinic visit {inscpamtdm} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Specialist clinic visit {inscpamtspec} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Primary care clinic visit {inscpamtprim} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Emergency room {inscpamter} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Urgent care {inscpamturg} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | Overnight hospital stay {inscpamthosp} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| $_{2}$ No $_{3}$ Don't know $_{4}$ Prefer not to answer | | | | | | | | | |

| 8. In the last 12 months, did you have co-insurance for any of your child's medical visits? (Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.) {inscoinsure} | | | | | | | | | |
|--|---|--------------|-----------------|------------------|------------------|--|---------------|-------------------|--|
| ₁□ Yes | 2 No | 3 | Don't know | 4 | Prefer no | ot to answer | | | |
| 9. What percentage of the total bill did you pay out-of-pocket for the following health care visits and services after any annual deductible was met? | | | | | | | | | |
| | | 0% (none) | 1% to 10% | 11% to 20% | 21% to 30% | 31% or more | Don't know | Does not apply | |
| Diabetes clinic visit | {insptotdm} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Other clinic visit | {insptototh} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Emergency room | {insptoter} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Urgent care | {insptoturg} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Overnight hospital | stay {insptothosp} | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 10. In the last 12 months, did you have to pay all or a portion of a facility fee for any of your child's medical visits? (A facility fee is a fee or charge for a visit that takes place in a clinic associated with a hospital. It is separate from the bill for the doctor or other services like lab work or nurse visit.) {insfacfee} | | | | | | | | | |
| ₁ Yes | Yes \longrightarrow How much did you have to pay for the facilit 1 \$1-\$10 2 \$11-\$50 3 \$51-\$100 4 \$101-\$200 5 \$201-\$300 | | | | | (instacteeamt) $_{6}$ \$301-\$500 $_{7}$ More than \$500 $_{8}$ Don't know $_{9}$ Prefer not to answer | | | |
| 3 □ Don't know 4 □ Prefer not to answer | | | | | | | | | |

| 11. Has your child's primary health insurance plan changed in the last 12 months? {insrchng_heaq_s4} | | | | | | | |
|--|---|-------------------------------------|--|--|--|--|--|
| $_1$ Yes \longrightarrow | What were the reasons his/her health insurance plan changed? (Check all that apply). | | | | | | |
| {insrempl_heaq} | Employer stopped offering this plan | Change in jobs {insrjob_heaq} | | | | | |
| {insrdoc_heaq} | Doctor was no longer covered by this plan | ☐ Other (specify) _{insrothr_heag} | | | | | |
| | Unhappy with benefits/coverage | {insrotsp_heaq} | | | | | |
| {insrdiff_heaq} | \Box Too difficult to get care | Don't know {insrknow_heaq} | | | | | |
| {insrmove_heaq} | □ I moved | Prefer not to answer {insrwant_head | | | | | |
| $_2$ No $_3$ Don't know $_4$ Prefer not | | | | | | | |
| 1 Very Satisfie | d are you with your child's current insurance co ed 2 Satisfied 3 Somewhat satisfied 4 d's main diabetes provider changed in the last | □ Not satisfied 5 □ Don't know | | | | | |
| $_1$ Yes \longrightarrow | What were the reason(s) he/she had a change in pr (Check all that apply) | rovider? | | | | | |
| | My child's provider was no longer covered by my health plan {diacover_heaq_s4} | | | | | | |
| | Too difficult to get care {diadiff_heaq} | | | | | | |
| | Not satisfied with care {diasatis_heaq} | | | | | | |
| | Changed from pediatric to adult diabetes provider {chgpedadult} | | | | | | |
| | Provider retired, moved, or closed the practice {provretire} | | | | | | |
| | I moved {diamoved_heaq} | | | | | | |
| | Other (specify) <u>{diaother_heaq}</u> {diaothsp_heaq} | | | | | | |
| | Don't know {diaknow_heaq} | | | | | | |
| | Prefer not to answer {diawant_heaq} | | | | | | |
| $_2$ No $_3$ Don't knov $_4$ Prefer not | | | | | | | |