
ECONOMETRICA, INC.

Final Report

Task B.1.F.2

Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation)

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Project No.: 2701-000

Submitted To:

**Agency for Healthcare Research
and Quality**

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Reference: Contract No. HHSA290201400007I; Task Order No. HHSA29032001T; “Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation)” (Project No. 2701-000).

Dear Dr. Rhoades:

Econometrica is pleased to submit the Final Report to the Agency for Healthcare Research and Quality, produced under the above-referenced contract.

If you wish to discuss any aspect of this submission, please feel free to contact me at (240) 333-4814 or KCorey@EconometricaInc.com.

Sincerely,

Econometrica, Inc.

A handwritten signature in black ink, appearing to read 'K. Corey', written in a cursive style.

Kristen Corey
Project Director

cc: Contract File

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1. Introduction

The Agency for Healthcare Research and Quality (AHRQ) sponsors the Medical Expenditure Panel Survey (MEPS), a nationally representative survey of the civilian non-institutionalized population of all ages in the United States conducted annually since 1996 that collects comprehensive data on healthcare coverage and expenditures from all payors (including private payors, Medicare Medicaid, the U.S. Department of Veterans Affairs, and out-of-pocket) over a 2-year period. The MEPS Household Component collects data on health insurance use, cost, and coverage directly from individuals and supplements it with information from medical providers. Participants in the MEPS Household Component are drawn from a subsample of households that participated in the National Health Interview Survey, conducted by the National Center for Health Statistics.

AHRQ has contracted with Econometrica Team—consisting of Econometrica, Inc. and Westat—to assess the feasibility of enhancing data collection practices in the 2020 fielding of the MEPS Household Component to collect more detailed information about insurance coverage from respondents. The Econometrica Team conducted a feasibility study to assess how individuals with varying types of insurance access information about their health insurance benefits and coverage and to test the feasibility of collecting plan documentation. The assessment included:

- Exploring the type of information individuals collect on the details of their insurance plans.
- Whether that information can be linked to publicly available information about their plans.
- Whether the information is current.
- The burden of collection.

Plan types included in the study were private employer-sponsored, State government employee, local government employee, Marketplace, and individual market plans. Individual market plan participants were divided into two groups: Medicare supplemental or Medigap plans (including employer retiree plans) and non-Medigap individual market plans.

The study methods included background research and primary data collection through cognitive interviews and focus groups. The background research consisted of web-based research and interviews with key informants from the health insurance field. For the interviews and focus groups, the Econometrica Team recruited participants, conducted interviews, collated data, analyzed data, presented findings, discussed options with the AHRQ team, and projected the impact of collecting these data on the 2020 fielding of MEPS.

This report:

- Describes the study methods and participants.
- Summarizes the key findings.
- Outlines the strengths and weaknesses of various collection approaches.
- Provides recommendations about implementation of data collection.

Appendix D through Appendix I include full reports on the findings of the studies conducted for each plan type.

2. Methods

The research for this study occurred in two main phases:

1. Background research on the documentation available to insured individuals.
2. Cognitive interviews and focus groups with insured individuals about how they access information about their health insurance benefits and coverage and to test the feasibility of collecting cost-sharing documentation during the MEPS Household Component interview.

2.1. Background Research

The background research phase consisted of interviews with subject matter experts (SMEs) and web-based research using publicly available sources. The Econometrica Team conducted 5 interviews and 1 email correspondence with a total of 11 SMEs to inform the data collection process and final recommendations. The AHRQ staff and Econometrica Team identified potential SMEs to inform the process. The Econometrica Team reached out via email to confirm and schedule the interviews. One organization representative provided responses to questions via email.

The Econometrica Team hosted conference calls to discuss pertinent discussion topics that aligned with the specific SME's area of expertise. Interviews were conducted with representatives from the following organizations:

- Employee Benefit Services.
- Leverage Global Consulting.
- Kaiser Family Foundation.
- Blue Cross Blue Shield Association (BCBSA).
- Centers for Medicare & Medicaid Services' Center for Consumer Information and Insurance Oversight.

The BCBSA representatives invited the team to a second conversation with representatives from various Blue Cross Blue Shield companies that participate in a Summary of Benefits and Coverage (SBC) workgroup and handle the SBC distribution process.

The web-based research was conducted to gather information on the following:

- The number and characteristics of individuals receiving health insurance in each type of plan.
- The types and formats of documentation carriers and/or employers are required to provide to insured parties (e.g., SBC).
- Other types of documents commonly available to insured parties (e.g., ID cards, Evidence of Coverage (EOC)).
- For Marketplace, State government employee, and local government employee groups, the types of documentation that is publicly available and where it can be found.

- The major carriers for each type of insurance.
- Other information.

Web searches included general keyword searches as well as targeted review of Federal agency websites with resources on insurance requirements, State and local employee benefit websites, Healthcare.gov and State marketplaces, carrier websites, and other industry organization websites.

2.2. Cognitive Interviews and Focus Groups

For the cognitive interview and focus group phase, the study team conducted 66 individual interviews and 3 focus groups (with 13 individuals total) with a convenience sample of participants who receive their health insurance through the plan types of interest to the study. Of the 66 individual interviews, 32 were conducted in person at Econometrica's office in Bethesda, Maryland, 24 were conducted by telephone, and 10 were conducted in the participant's home. One in-home interview took place in a public location, representing a small portion of MEPS Household Component interviews done in settings other than a respondent's home.

The study team recruited participants through a variety of methods, including Craigslist postings, postings on social media sites, flyers distributed to local businesses, and internal email blasts to employees of Econometrica and Westat. To be eligible, an individual had to be 18 years of age or older and have insurance through one of the plan types. Eligibility was determined through an online screening survey hosted on Qualtrics.com. Initially, eligibility for the local government employee, State government employee, and Marketplace plans was limited to individuals in the District of Columbia, Maryland, and Virginia metro area to accommodate in-person interviews. To increase recruitment, the team expanded the protocol to include telephone interviews and was able to expand them to participants in the Nation.

After individuals were scheduled for an interview or focus group, they received a package of information on study participation, including a consent form and instructions for locating the information requested via email. Appendix A provides the package of information sent to participants. The participant follow-up protocol varied depending on whether the interview was conducted by phone or in person/in home.

In-home interview, in-person interview, and focus group participants also received a notice mailed via FedEx if the scheduling was more than 1 week in advance of the interview. Participants also received three follow-up phone calls before the interview or focus group (roughly 7 days, 3 days, and 1 day prior) to remind them of their upcoming participation and to answer any questions about the documents they were asked to provide. Some participants elected to receive reminders via text message or email instead of additional phone calls; explicit approval was obtained from participants prior to sending text reminders.

Telephone interview participants received the package of information only via email and were instructed to return copies of their documents and the consent form via email to the interviewer prior to the phone call. Participants in phone interviews did not receive follow-up phone calls or mailings before the interview because their interviews generally took place within a week and/or the interviewer was in contact with the participant via email.

Appendix B provides the interview guide, and Appendix C contains the focus group protocol. All interviewers were trained to conduct the scripted interview by Westat and Econometrica staff, and they were trained on procedures for identifying document types as well as note-taking and recording procedures. One staff member, assisted by two notetakers, conducted the focus groups at Econometrica's office in Bethesda, MD. One of two staff members conducted each in-person and telephone interview. Two experienced household interviewers conducted the in-home interviews to better emulate the MEPS Household Component environment. We were particularly interested in documenting any variation in checklist usage, success in producing documents, document format or media differences, time spent on the document collection task, willingness of the participant to explain search methods or search for additional documents, and perceived burden. The in-person, in-home, and telephone interviews lasted roughly 30 minutes. All participants received an incentive of \$70 for participating as well as parking validation, where applicable.

All interviews and focus groups were audiotaped for reference. Study team staff members photocopied documents provided by focus group and in-person interview participants when they arrived. Telephone interview participants were instructed to email copies of their documents to the interviewer prior to the phone call. In-home interviewers secured photos of documents using a Westat-issued iPhone and downloaded the documents after the interview. All retained documents were de-identified to protect personally identifiable information (PII). After the interviews, the information collected was entered on a person-by-person and question-by-question basis into a Microsoft Excel file for review and analysis.

3. Participants

The study team conducted interviews and focus groups with 79 individuals with insurance of several types. Participants had plans through 18 insurance carriers, as Table 1 shows. Sixty-nine participants were the primary policyholder, nine were dependents on a spouse's policy, and one was a dependent on a parent's policy.

Table 1. Insurance Carriers of Participants

Insurance Carrier	Private Employer	State Government	Local Government	Marketplace	Individual Market (Non-Medigap)	Medigap	Total
Aetna	4	0	1	0	0	3	8
Anthem	3	0	0	0	0	0	3
Blue Cross Blue Shield of North Carolina	0	3	1	0	0	0	4
CareFirst	6	3	2	5	0	0	16
Cigna	5	0	1	1	0	1	8
Excellus BlueCross BlueShield	0	1	1	0	0	0	2
Kaiser Permanente	3	2	3	3	1	2	14
UnitedHealthcare	8	1	0		1	1	12
Other*	1	0	1	3	3	4	12

* Includes one participant with a plan through the following carriers: Blue Cross Blue Shield of Illinois, EmblemHealth, Felra-UFCW Health and Welfare Fund, FirstHealth, Freedom Life, Highmark Blue Cross Blue Shield Delaware, Independence Blue Cross, Blue Cross Blue Shield of Massachusetts, Johns Hopkins, Maryland Physicians Care, Standard Life, and USAA.

Table 2 describes the age of participants by plan type. The average ages of participants in the private employer, State government, local government, and individual market (non-Medigap) groups were similar, ranging from 35 to 39. Medigap participants were the oldest, with an average age of 67.

Table 2. Age of Participants

Plan Type	N	Mean	Median	Range
Private Employer	30	35	31	24–58
State Government	10	38	36	31–50
Local Government	10	38	33	27–59
Marketplace	13	47	50	26–64
Individual Market (non-Medigap)	5	39	36	29–63
Medigap	11	67	69	40–76

Table 3 provides detail on the demographic characteristics of participants with each plan type. Overall, most participants were white or African American and non-Hispanic. Most participants in all groups had either a bachelor’s degree or a graduate/professional degree. Overall, more than half of participants (n=41) reported incomes ranging from \$35,000 to \$99,999. Participants in the Marketplace and Medigap groups had a relatively larger concentration of incomes in the lower ranges (below \$75,000) and participants in the private employer group had a larger concentration of incomes above \$75,000.

Table 3. Demographic Characteristics

Demographic Characteristics	Private Employer	State Government	Local Government	Marketplace	Individual Market (Non-Medigap)	Medigap	Total
Total	30	10	10	13	5	11	79
Ethnicity							
Hispanic	1	0	2	0	1	0	4
Non-Hispanic	29	10	8	12	4	11	74
Prefer not to say	0	0	0	1	0	0	1
Race							
White	17	5	8	6	5	7	48
Asian	6	0	0	1	0	0	7
Black or African American	7	5	2	5	0	4	23
Prefer not to say	0	0	0	1	0	0	1
Educational Attainment							
High school diploma or GED	3	0	0	0	0	2	5
Some college or associate's degree	0	1	0	3	0	3	7
Bachelor's degree	16	4	3	8	1	4	36
Graduate or professional degree	11	5	7	2	4	2	31
Income Level							
Less than \$25,000	1	0	0	4	0	2	7
\$25,000 to \$34,999	3	0	0	2	0	0	5
\$35,000 to \$49,999	6	2	0	2	2	3	15
\$50,000 to \$74,999	3	3	4	1	1	2	14
\$75,000 to \$99,999	5	3	2	1	0	1	12
\$100,000 to \$149,999	6	1	1	0	0	0	8
\$150,000 or more	4	0	3	1	2	1	11
Prefer not to say	2	1	0	2	0	2	7

4. Overview of Findings

This report summarizes the key findings from several constituent reports designed to assess the feasibility of collecting key cost-sharing information from participants with private insurance coverage from six sources. These include private employer, local government, State government, Marketplace, individual market, and Medigap. With the exception of the Medigap plans, many of the findings and insights hold across the various sources. The individual study reports in Appendix D through Appendix I provide detail on the experience of participants with plans from each source. This section provides a summary of key findings.

4.1. Finding Documents Online

With regard to finding documents online, most employer-sponsored respondents found documents online through insurer or employer portals. Some of these participants had to create a login for their online portal prior to searching for cost-sharing information associated with their plans. Cost-sharing information found online was generally easier to verify and in date. Some respondents who went to their portal could not find the SBC on their portal. Some respondents found cost-sharing information on sites or portals that was not easy to capture or print as it was on the web page and available only on multiple screens or menus. In addition, respondents and in-home interviewers thought that people who were computer literate would have an easier time finding documents.

4.2. Documents From Personal Records

Documents from files tended to be dated or harder to verify. A recently retrieved document was easier to place as current. Older respondents (65+) were more likely to provide paper documents from personal records. Participants who brought documents from files were likely to bring a large number of irrelevant documents that did not focus on the cost-sharing elements. They had them in file cabinets, spent less time reviewing what they had, and used a “kitchen sink” approach to cooperation. While some brought 2018 documents that may be current depending on plan year, only the SBCs reliably had clearly stated coverage effective dates.

4.3. General Findings on Locating Documents

While the rate of production for cost-sharing documentation was moderate with mixed quality, SBC production was relatively low for State government employees and individual market participants. Employer-sponsored, Marketplace, and local government participants had higher rates of SBC production (60 percent, 70 percent, and 80 percent, respectively). Table 4 shows the number and percentage of participants in each group that brought the SBC and that brought any useful cost-sharing information. “Useful” information was defined as documentation (not including insurance ID cards or prescription drug plan ID cards) with the following:

1. A current date or no date
2. Included the following five cost-sharing elements:
 - a. Overall deductible.
 - b. Overall maximum out of pocket.
 - c. Hospital coinsurance or copay.
 - d. General physician coinsurance or copay.

- e. Specialist physician coinsurance or copay amounts.

Table 4. Documents Provided With Useful Cost-Sharing Information

Insurance Type	N	Average Age	Brought SBC	% That Brought SBC	Brought Any Useful Cost Sharing Information	% That Brought Any Useful Cost Sharing Information
Employer	30	35	18	60%	20	67%
State	10	38	3	30%	9	90%
Local	10	38	8	80%	8	80%
Marketplace	10	46	7	70%	8	80%
Individual Market	5	39	0	0%	2	40%
Medigap	11	67	n/a	n/a	1	9%

This suggests more-specific targeting and instruction may be required to ensure key data elements are collected. Across insurance types, respondents said the image of the SBC provided in the instructions was helpful; however, this did not help respondents reliably produce SBC or comparable documentation. It appears participants understood what was needed but had more difficulty obtaining the documentation. Even when participants directly requested SBCs from carriers, some insurance carriers provided documents with a name similar to the SBC (e.g., Summary of Benefits). These documents typically have useful or even SBC-comparable cost-sharing content, but they were not consistently organized; some would require an analyst to page through the contents to find information.

4.4. Insurance Type Specific Findings

For employer-sponsored plans, most respondents (private employer, State government, local government) found the SBC either through the insurance portal or their Human Resources (HR) website/department. Several participants started with one source, such as their HR department, and then tried the insurance portal if the first efforts failed to produce an SBC. For State plans, the study revealed that some basic search engine terms produced current SBCs. This group would benefit from these instructions. Some local employees also found their SBC via Google and public websites. For State and local government-sponsored plans, the information may be publicly available online and relatively easy to confirm.

The Medigap group tended to bring hardcopy Medicare documents and prescription drug documents along with supplemental plan documents. Specific instruction regarding documentation for Medigap plans only, containing plan letter information, would be helpful for identifying the plan characteristics and cost-sharing elements for this group.

4.5. Limitations

Given the scope of this study, there are some limitations to consider when determining feasibility for the MEPS Household Component. This study did not include Medicare Advantage or Medicare Part D plans; it also did not include Federal employees. The study did not ask people to find policies of other household members or documentation for multiple policies. It tested a protocol with wide breadth designed to assess many document types for ease of collection and suitability rather than a protocol that narrowly targeted to SBC or Medicare plan letters. While SBC-focused, the study asked for several types of cost-sharing documents with more equal weight. Therefore, it is unknown if the response rate of SBCs is accurate or not.

5. Strengths and Weaknesses of Selected Options for Implementation

Many factors influence the viability of implementing a process to collect key cost-sharing information within the MEPS Household Component interview. In this section, we weigh the strengths and weaknesses of a variety of implementation strategies. We discuss which documents should be collected and how. While assessing these strategies, we considered the following criteria:

- Risk of jeopardizing MEPS response rate.
- Risk of misidentifying the plan.
- Maximizing the response rate of having cost-sharing information.
- Respondent burden.
- Time costs to identify plans and search for benefit information during the interview and after the interview.
- Interviewer burden.
- Training issues.
- Processing costs.

5.1. Options for Source Documents to Collect

This section details various options for which documents to collect or which documents to collect in succession from respondents. We evaluated each document type by the criteria set forth previously.

Table 5. Target SBC or Known Named Alternative for Specific Carriers Rather Than Other Types of Documentation

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Focus helps reduce potential burden from confusion or search for multiple documents. 	<ul style="list-style-type: none"> Any additional task adds burden that may result in study attrition.
Risk of misidentifying the plan	<ul style="list-style-type: none"> SBCs clearly state the date of coverage and name of plan. 	<ul style="list-style-type: none"> SBCs located online without verifying a plan match have a higher risk of plan misidentification.
Maximizing the response rate of having cost-sharing information	<ul style="list-style-type: none"> Focuses on a document that is consistently named, provided for most plan types, and contains the information needed. 	<ul style="list-style-type: none"> May exclude accurate cost-sharing information available in alternate documentation due to higher nonresponse. Some insurance carriers may not provide an SBC even upon request. Our SME interviews and feasibility study showed that some provide requesting participants with a similar, alternate document that may confuse respondents and interviewers.
Respondent burden	<ul style="list-style-type: none"> Method allows for clear direction to the respondent, which reduces respondent burden. 	<ul style="list-style-type: none"> May add respondent burden if they already had an alternative document. Not all participants in the feasibility study were able to find their SBC.
Time costs	<ul style="list-style-type: none"> Focuses respondents on a single quality document rather than prompting time-consuming searches for documents that may have redundant or no useful information. 	<ul style="list-style-type: none"> Will need to ensure sufficient time is provided for the task. Some participants may have been unable to find the SBC due to lack of time between contact and interview (e.g., for telephone participants).
Interviewer burden	<ul style="list-style-type: none"> Reduces interviewer burden for reviewing documents and answering questions from respondents. 	<ul style="list-style-type: none"> May increase burden if the respondent is unable to locate an SBC and asks for assistance rather than relying on other documentation.
Training issues	<ul style="list-style-type: none"> Simplifies the operational protocol and training. 	<ul style="list-style-type: none"> Will need alternate submission for specific types of plans (e.g., Medicare supplemental plans)
Processing costs	<ul style="list-style-type: none"> Allows for easier processing and abstraction, reducing costs. 	<ul style="list-style-type: none"> None.
Other considerations	<ul style="list-style-type: none"> Consistent formatting will allow for better troubleshooting and during collection. 	<ul style="list-style-type: none"> May require more steps and effort to obtain than other cost-sharing documents.

Table 6. Allow Other Documentation of Coverage Even If Current Status and All Content Cannot Be Verified

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> • None beyond other options. 	<ul style="list-style-type: none"> • None beyond other options.
Risk of misidentifying the plan	<ul style="list-style-type: none"> • Less likely to misidentify if SBC pushed until determined it cannot be located. 	<ul style="list-style-type: none"> • Many of the documents produced during the feasibility study were difficult to verify as current. If allow anything but SBC or strict equivalent, higher risk of misidentifying plan.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> • Increases the response rate • Increases the likelihood of collecting some amount of cost sharing information. • The EOC and plan comparison documents may be options that could be easily identified by name and contain all or most of the information needed. 	<ul style="list-style-type: none"> • May increase submission of unusable documents, even from willing participants. • Many of the documents produced during the feasibility study did not provide the cost-sharing information needed. • Some participants stated that they stopped looking for the SBC when they found documents they thought contained similar information because the instructions implied that other documents were acceptable. Providing such an option to all respondents may reduce the number of SBCs that respondents locate
Respondent burden	<ul style="list-style-type: none"> • May reduce the burden of locating the SBC. 	<ul style="list-style-type: none"> • If these documents are requested after the SBC was not found, then this increases burden to search for new documents • Many of the documents provided vary by insurance type and carrier; would be difficult to have consistent instructions that are not confusing to participants.
Time costs	<ul style="list-style-type: none"> • Reduces time spent on locating and producing other document types. 	<ul style="list-style-type: none"> • If the SBC is not available, effort attempting to locate will be wasted and additional document locating will be necessary.
Interviewer burden	<ul style="list-style-type: none"> • May reduce help needed by respondents who have extreme difficulty locating the SBC as alternatives are possible. 	<ul style="list-style-type: none"> • Increased interviewer burden to evaluate documents for completeness, accuracy, and timing
Training issues	<ul style="list-style-type: none"> • Easier to train interviewers on this protocol versus one that allows submission of many document types from the beginning. SBC focus simplifies protocol compared to one with more breadth. 	<ul style="list-style-type: none"> • Must train interviewers on wider array of documents (even if we take all forms provided, the respondent may have more questions during the follow-up call process that would require the interviewer to comment).
Processing costs		<ul style="list-style-type: none"> • Likely increases post-processing time.

Factors	Strengths	Weaknesses
Other considerations	<ul style="list-style-type: none"> Likely improves response rates. If focus only on the SBCs, a number of similarly named or similar content will be missed even though they have appropriate content. 	<ul style="list-style-type: none"> May produce lower SBC submissions than an SBC only approach.

Table 7. Collect Insurance Cards (and/or Prescription Medicine Insurance Cards

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Respondents may feel insurance card collection is intrusive and resist providing insurance cards or information. There is some risk this could cause respondents to refuse the MEPS Household Component interview; however, the risk is minimal.
Risk of misidentifying the plan	<ul style="list-style-type: none"> May allow confirmation of plan name. Allows confirmation of insurance carrier. 	<ul style="list-style-type: none"> Does not consistently confirm plan name. Many insurance cards collected did not contain plan name or date information. Does not consistently contain plan date for confirmation of currency.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> 100% of respondents provided an ID card. 	<ul style="list-style-type: none"> Provides little in the way of cost-sharing information.
Respondent burden	<ul style="list-style-type: none"> Low respondent burden. 	<ul style="list-style-type: none"> Contains PII that may lead to a higher rate of refusal for this task.
Time costs	<ul style="list-style-type: none"> Collecting this information takes minimal time. 	<ul style="list-style-type: none"> If images are needed, this would require additional equipment.
Interviewer burden	<ul style="list-style-type: none"> May help verify the SBC or other documentation is for the correct plan. 	<ul style="list-style-type: none"> Adds an additional task during the in-home interview.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Requires some level of additional training to verify the card is current and captures additional information.
Processing costs	<ul style="list-style-type: none"> SBC processing can use this information to help verify the cost-sharing information submitted is for the correct plan. 	<ul style="list-style-type: none"> Contains PII that must be secured. Card usually not in electronic form, so respondent needs to make a copy or field interviewer needs to transcribe into computer-assisted personal interviewing (CAPI) or a hardcopy form.
Other considerations	<ul style="list-style-type: none"> Generally allows for better quality control. 	<ul style="list-style-type: none"> Obtaining cards for insurance covering household members other than the respondent may be difficult.

Table 8. Collection of Prescription Medicine SBCs

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Adds additional plan document collection, increasing burden.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Would require proper identification of the prescription medicine plan and if successful would allow the interviewer to ensure the proper plan documents were identified. 	<ul style="list-style-type: none"> Difficult to know when main insurance plans have a separate prescription carve-out.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Covers prescription medicine cost sharing in a way not possible if not collected. 	<ul style="list-style-type: none"> Difficult to identify plan in need of prescription SBC (as it is not collected in CAPI).
Respondent burden	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Difficult to instruct respondents on how to obtain this information as it is available. May require additional plan collection for respondents with separate prescription drug coverage, doubling the effort needed to collect for those with a separate prescription medicine SBC.
Time costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> May double time needed to locate and provide cost-sharing information.
Interviewer burden	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Requires additional explanation and support from the interviewer.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Interviewers must be trained to address potentially confusing issues related to prescribed medicine carve-out plans.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Requires additional plan processing for each prescribed medicine-only SBC collected.
Other considerations	<ul style="list-style-type: none"> Provides a complete cost-sharing picture for plans where prescribed medicines require a separate SBC. 	<ul style="list-style-type: none"> None known.

Table 9. Collection of a Variety of Documents From the Outset

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Reduced burden for respondents as other types of documents (or one of many) should be easier to locate. May reduce likelihood of study attrition. 	<ul style="list-style-type: none"> May cause confusion or added burden if all types are pursued. Some respondents will “over-collect.”
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Many documents provided by participants did not have information to ensure the information was in date.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> May result in the largest number of documents collected. May result in the best chance of collecting some relevant cost-sharing information. 	<ul style="list-style-type: none"> May increase submission of unusable documents, even from willing participants. Many of the documents produced during the feasibility study did not provide the cost-sharing information needed.
Respondent burden	<ul style="list-style-type: none"> May reduce effort on the part of the respondent as multiple, potentially easier-to-secure documents may be available. 	<ul style="list-style-type: none"> May also increase confusion if many document types are pursued, adding additional time and effort.
Time costs	<ul style="list-style-type: none"> Respondent may spend less time looking for the SBC if other documents are available that seem to provide the information. 	<ul style="list-style-type: none"> Explaining to the respondent all document types and how to collect versus focusing on the SBC could take additional time and support.
Interviewer burden	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Interviewer will need to capture a potentially larger amount of documents provided by participants either in hardcopy or electronically Interviewer will need to answer questions about a larger number of document types and troubleshoot respondent problems regarding a large breadth of documentation.
Training issues	<ul style="list-style-type: none"> May reduce interviewer training since they will not need to identify the usefulness of the document in the field. 	<ul style="list-style-type: none"> Interviewers will require a larger amount of training to differentiate document type issues, assess problems with the collection of these, and review them for collection.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> May greatly increase the burden of data extraction because most documents will not have information that is consistently organized or presented. SBC collection rates will surely be much lower.
Other considerations	<ul style="list-style-type: none"> May promote collection of some cost-sharing information in cases where the SBC or equivalents are not possible to collect. 	<ul style="list-style-type: none"> While response rates may seem higher as more document types are collected and overall burden may be less, there is greater risk to the quality of the documents with regard to proper plan identification and accurate cost-sharing information.

5.2. Options for Collecting the Source Documents Within the MEPS Household Component Framework

The following section details methods for obtaining documents from MEPS respondents. The methods were evaluated using the same criteria previously noted.

5.2.1. Collecting Information and Documentation Directly From the Respondent Prior to the Interview

Option: Prior to the interview, send an advance mailing with instructions such as “If you or one of the members of your household receive health insurance coverage through an employer, please ask this employer for a Summary of Benefits and Coverage.”

Table 10. Advanced Mailing (Round 3 Only)

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Could prompt lower response rate for MEPS Household Component if respondents see this as a difficult task, and it threatens current round interview rather than future.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Additional time may allow for proper protocol adherence, producing more timely and accurate documents. 	<ul style="list-style-type: none"> Without proper interviewer explanation, respondents may misinterpret instructions and obtain the wrong documents for a different plan.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Could improve response rates for this group. Provides an additional contact or priming for collection. Allows additional time for collection. 	<ul style="list-style-type: none"> Without interviewer intervention for explanation, may require additional post-interview steps or higher rate of unusable documents. Document quality may be poorer due to a lack of training for the respondent by interviewer.
Respondent burden	<ul style="list-style-type: none"> Allows the respondent substantial time for proper document retrieval. May lessen perceived respondent burden by allowing more time for the process. Targeting employer-sponsored insurance with its specific employer protocol would reduce time pressure when the need to contact the employer/HR arises 	<ul style="list-style-type: none"> If respondents are not clear on the instructions or would have benefited more from interviewer instruction/help, burden may be greater.
Time costs	<ul style="list-style-type: none"> Reduces immediacy and time pressure of task for respondents. 	<ul style="list-style-type: none"> If the respondent is confused and produces unusable materials, could take additional time if later prompted for correct documents.

Factors	Strengths	Weaknesses
Interviewer burden	<ul style="list-style-type: none"> • Could reduce interviewer burden if the document could be collected at the time of the interview (i.e., less explanation and follow-up). • May reduce return trips for households with no adult self-administered questionnaires (SAQs) or authorization forms (AFs) to collect. 	<ul style="list-style-type: none"> • None known if interviewer takes only what the respondent produces even if the document does not satisfy collection needs. Otherwise, there is additional burden convincing a respondent to find additional documents.
Training issues	<ul style="list-style-type: none"> • None known. 	<ul style="list-style-type: none"> • Collecting on both sides of the interview adds complexity in the protocol requiring more training.
Processing costs	<ul style="list-style-type: none"> • None known. 	<ul style="list-style-type: none"> • May be greater if quality of documentation is reduced by the reduction of oversight introduced through a pre-interview packet.
Other considerations	<ul style="list-style-type: none"> • None known. 	<ul style="list-style-type: none"> • Overall allows for less guidance on behalf of the interviewer to help steer the respondent and ensure collection. • Collecting on both sides of the interview adds complexity in administration and oversight. • May be requesting documents from respondents no longer covered by employer-sponsored insurance.

Table 11. Advanced Mailing (Round 1) for Employer-Sponsored Insurance

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> • None known. 	<ul style="list-style-type: none"> • Significant risk of lower response rate for MEPS Household Component, especially for Round 1 respondents. • Provides impression tasks are necessary prior to the interview and appears intrusive without first having established some sense of rapport.
Risk of misidentifying the plan	<ul style="list-style-type: none"> • Additional time may allow for proper protocol adherence, producing more timely and accurate documents. 	<ul style="list-style-type: none"> • Without proper interviewer explanation, respondents may misinterpret instructions and obtain the wrong documents for a different plan. • Round 1 respondents would not have the MEPS context to ground them or any connection to an interviewer for help.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> • Could improve response rates for this group. • Provides an additional contact or priming for collection. 	<ul style="list-style-type: none"> • Without interviewer intervention for explanation, may require additional post-interview steps or higher rate of unusable documents. • Document quality may be poorer due to lack of training for respondent by interviewer.

Factors	Strengths	Weaknesses
Respondent burden	<ul style="list-style-type: none"> Allows respondent substantial time for proper document retrieval. May lessen respondent burden by allowing more time for the process. 	<ul style="list-style-type: none"> If respondents are not clear on the instructions or would have benefits more from interviewer instruction/help, burden may be greater. Round 1 respondents may be more easily overwhelmed and less likely to search for help.
Time costs	<ul style="list-style-type: none"> Reduces immediacy and time pressure of the task for respondents. 	<ul style="list-style-type: none"> If respondent is confused and produces unusable materials, could take additional time if later prompted for correct documents.
Interviewer burden	<ul style="list-style-type: none"> Could reduce interviewer burden if the document could be collected at the time of the interview (i.e., less explanation and follow-up). May reduce return trips for households with no SAQs or AFs to collect. 	<ul style="list-style-type: none"> None known if interviewer takes only what respondent produces even if the document does not satisfy collection needs. Otherwise, there is additional burden convincing a respondent to find additional documents. May increase interviewer need to solicit and maintain cooperation on all MEPS tasks, particularly for Round 1 respondents.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Collecting on both sides of the interview adds complexity in the protocol requiring more training. Interviewers may need additional refusal aversion training and guidelines for prioritizing Round 1 tasks.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> May be greater if quality of documentation is reduced by the reduction of oversight introduced through a pre-interview packet.
Other considerations	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> May be requesting documents from respondents no longer covered by employer-sponsored insurance. Overall allows for less guidance on behalf of the interviewer to help steer the respondent and ensure collection. Collecting on both sides of the interview adds complexity in administration and oversight.

Table 12. Discussion at Appointment Call for Round 3

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Could prompt an increase in response rates for the task. Allows additional time for mail and web searches. 	<ul style="list-style-type: none"> May have a slight negative effect on MEPS Household Component response rates. Could have other cost implications by prompting higher rates of avoidance.

Factors	Strengths	Weaknesses
Risk of misidentifying the plan	<ul style="list-style-type: none"> Reduced in comparison to mail-only approach prior to the interview as interviewer can intercede prior to interview and pickup. 	<ul style="list-style-type: none"> Respondent activity still occurs prior to the interview and in-person description of task, so higher likelihood of failure to identify plan.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Allows for some explanation by the interviewer to improve accuracy and additional coaching to gain cooperation. 	<ul style="list-style-type: none"> Training for the respondent is by phone rather than in person, which may reduce cooperation and accuracy of documents.
Respondent burden	<ul style="list-style-type: none"> Could lower overall perceived burden by giving the respondent more time and be less error prone/time consuming with some direction by the interviewer. 	<ul style="list-style-type: none"> If respondents are not clear on the instructions prior to the call or would have benefited more from interviewer instruction/help, burden may be greater.
Time costs	<ul style="list-style-type: none"> Reduces immediacy and time pressure of task for respondents. 	<ul style="list-style-type: none"> Interviewers may field more pre-interview questions.
Interviewer burden	<ul style="list-style-type: none"> Could reduce interviewer burden if the document could be collected at the time of the interview (i.e., less explanation and follow-up). May reduce return trips for households with no SAQs or AFs to collect. 	<ul style="list-style-type: none"> Interviewer must be able to balance answering health policy collection questions when trying to set appointments for MEPS HC in addition to within interview and post-interview interactions.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Collecting on both sides of the interview adds complexity in the protocol, requiring more training. Interviewers may need additional refusal aversion training and guidelines for prioritizing Round 1 tasks.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Other considerations	<ul style="list-style-type: none"> Generally better quality and reduced risk of burden if the interviewer can assist in planning and completing the task, even by phone. 	<ul style="list-style-type: none"> Does not allow face-to-face explanation, so if they spend time and produce the wrong materials, it would be difficult or unwise to have a renewed request at the time of the interview If not part of an advanced mailing, the respondent does not have any hardcopy to reference.

Table 13. No Change in Protocol Prior to Interview

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Avoidance risk is reduced. 	<ul style="list-style-type: none"> May decrease overall cooperation rate in future rounds due to added perceived burden but does not threaten current round response rates.

Factors	Strengths	Weaknesses
Risk of misidentifying the plan	<ul style="list-style-type: none"> Greater likelihood of accurate document submission due to better respondent training. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Greater likelihood of accurate document submission due to better respondent training. 	<ul style="list-style-type: none"> May have lower collection rate due to compressed collection period.
Respondent burden	<ul style="list-style-type: none"> Does not add any pre-interview burden to respondent. 	<ul style="list-style-type: none"> Asks the respondent to complete the task in shorter period of time, which may increase perceived burden.
Time costs	<ul style="list-style-type: none"> Reduces erroneous document collection or superfluous document collection due to a lack of in-person respondent training from the interviewer. 	<ul style="list-style-type: none"> Shortens the collection period for paper requests and web searches. Increases the number of forms, requiring an additional post-interview trip.
Interviewer burden	<ul style="list-style-type: none"> Does not add any pre-interview burden to the respondent. 	<ul style="list-style-type: none"> Forces collection assistance and follow-up to take place as a post-interview process rather than spread out between pre- and post-interview.
Training issues	<ul style="list-style-type: none"> Less complex training protocol for interviewers and respondents. 	<ul style="list-style-type: none"> None known.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Other considerations	<ul style="list-style-type: none"> Allows face-to-face assistance and explanation from the interviewer and helps promote response due to rapport. 	<ul style="list-style-type: none"> Limits follow-ups and collection trip to 14 days following the interview but allows for business reply envelope submission following this.

5.2.2. During the Interview Visit

Table 14. Ask/Help Respondent to Call Insurance Company (Number on Insurance Card) to Request SBC

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> The interviewer can help mitigate the impact of this task on a respondent through assistance and rapport. 	<ul style="list-style-type: none"> Adds an in-home, in-person task to an already lengthy CAPI interview session.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Reduces drastically the chance that the plan is misidentified as the insurance company is directly interacting with the insured party. 	<ul style="list-style-type: none"> None known.

Factors	Strengths	Weaknesses
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Ensures that the SBC collected is current. Help from interviewer can ensure a current and accurate form and provide reminders. Could match the SBC with other insurance documents the respondent has. 	<ul style="list-style-type: none"> There may need to be a backup plan. Some respondents in the feasibility study did not locate an SBC by contacting their insurance company. Many respondents will be more comfortable visiting an insurance portal online to locate an SBC.
Respondent burden	<ul style="list-style-type: none"> The burden on respondents of locating the document independently could be reduced in many cases due to interviewer assistance. 	<ul style="list-style-type: none"> May be perceived as extra burden if the respondent feels this must be done as part of the interview session.
Time costs	<ul style="list-style-type: none"> May reduce the number of cases where follow-up and tracking are necessary. 	<ul style="list-style-type: none"> This process takes a significant amount of inflexible time.
Interviewer burden	<ul style="list-style-type: none"> May reduce number of help sessions and follow-up sessions. 	<ul style="list-style-type: none"> Would still require the interviewer to return to pick up the SBC in most cases but would also increase the length of the interview session by an unpredictable amount of time.
Training issues	<ul style="list-style-type: none"> A straightforward protocol for this task may be developed with discrete steps and a script. 	<ul style="list-style-type: none"> The interviewer would need to be trained to deal with collection and insurance issues and questions on the spot and would need to be able to direct the interviewer throughout the call and request.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Other considerations	<ul style="list-style-type: none"> Good alternative for non-computer literate respondents or respondents with no or complicated insurance portals. 	<ul style="list-style-type: none"> Potential burden on insurance carriers of receiving calls/requests. Many SBCs are available on the web and could be submitted through a secure portal. Help at the time of the interview may not be possible due to time constraints and the presence of policyholders/covered persons at that time. The respondent may not have all household insurance cards available.

Table 15. Ask/Help Respondent to Log in to the Insurance Carrier’s Online Portal

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> The interviewer can help mitigate the impact of this task on a respondent through assistance and rapport. 	<ul style="list-style-type: none"> Adds an in-home, in-person task to an already lengthy CAPI interview session.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Reduces drastically the chance that the plan is misidentified as long as the respondent is logging into their account rather than a general insurance website. 	<ul style="list-style-type: none"> None known.

Factors	Strengths	Weaknesses
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Ensures that the SBC collected is current. Ensures the document is an SBC or equivalent if the interviewer is present and can confirm. Could match up the SBC with other insurance documents the person has. 	<ul style="list-style-type: none"> If the general carrier website is used without the participant logging in and is not specific to the respondent’s plan, the wrong plan documents could be collected, particularly if there is no other information to confirm the correct plan name.
Respondent burden	<ul style="list-style-type: none"> The burden on respondents of locating the document independently could be reduced in many cases. 	<ul style="list-style-type: none"> Would also increase the length of the interview session by an unpredictable amount of time.
Time costs	<ul style="list-style-type: none"> May reduce the number of cases where follow-up and tracking are necessary. 	<ul style="list-style-type: none"> Potential time burden during the interview when it is difficult to locate on the portal. Some feasibility study respondents could not locate it there, and those who did locate the SBC found it in different places on the site. Potential time burden during the interview of setting up a portal account. A few respondents had to take extra time to set up an account. Some participants reported that navigating the websites was the most time-consuming part of the process. This may be a time-consuming process. It would not be feasible for the interviewer to spend more than a few minutes during the interview, but he or she could help through follow-up phone calls (e.g., 10 days out, 7 days out, and the day before returning to pick up the file). This process takes a significant amount of inflexible time.
Interviewer burden	<ul style="list-style-type: none"> May reduce number of help sessions and follow-up sessions. May reduce return trips. 	<ul style="list-style-type: none"> Would also increase the length of the interview session by an unpredictable amount of time.
Training issues	<ul style="list-style-type: none"> A straightforward protocol for this task may be developed with discrete steps. 	<ul style="list-style-type: none"> The interviewer would need to be trained to answer questions about insurance carrier portals in person and direct the respondent through any calls to the insurer about logging into and using the carrier’s insurance portal to find information.
Processing costs	<ul style="list-style-type: none"> Mail costs and return trips will be reduced. 	<ul style="list-style-type: none"> A higher number of electronic documents, if in-home assistance promotes this mode, will necessitate procedures to house and evaluate the quality of images as well as track respondents.

Factors	Strengths	Weaknesses
Other considerations	<ul style="list-style-type: none"> An interviewer may be able to help a respondent who is not fully computer literate through this process and find an SBC or equivalent document where one would not have been obtained otherwise. 	<ul style="list-style-type: none"> An in-home web search creates a large risk for increased interview time and respondent frustration or embarrassment. It also necessitates proper access and accounts to get to key insurance information, which may take time or additional setup/procedures.

Table 16. Ask Respondent to Check Existing Paper/Electronic Files

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Reduced burden may make this task seem less complicated. 	<ul style="list-style-type: none"> None known beyond requesting another task of the respondent that adds to the burden.
Risk of misidentifying the plan	<ul style="list-style-type: none"> The plan material is in hand rather than from a web search, which may or may not be the actual plan. 	<ul style="list-style-type: none"> May be that documentation for plan no longer active.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Increase response rate. Simplify collection instructions for respondent. 	<ul style="list-style-type: none"> Cooperation may be higher, but there may be significantly lower rates of valid, current, and complete documents.
Respondent burden	<ul style="list-style-type: none"> Reduce respondent burden required to request the SBC. 	<ul style="list-style-type: none"> May not have adequate documents available and search times may be excessive.
Time costs	<ul style="list-style-type: none"> Avoids account setup and portal searches or a phone call to the insurance company. 	<ul style="list-style-type: none"> If asked to locate during interview, could be time consuming during the interview, depending on how organized the respondent is.
Interviewer burden	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Interviewer may need to evaluate the documents for suitability at a much higher rate and work more with the respondent to try to find a suitable document. The interviewer would need to work more on the logistics of submitting larger documents.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Would need additional interviewer training to try to verify current documents and documents that had any/most cost-sharing information. Complicates respondent training materials and protocol.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> It could be difficult to verify onsite that the documents are current. Processing a larger variety of documents would be more time consuming and costly.

Factors	Strengths	Weaknesses
Other considerations	<ul style="list-style-type: none"> May produce more documentation, but a large amount of unacceptable documentation with dates that cannot be verified. 	<ul style="list-style-type: none"> Some people do not keep paper records. Some study participants said they do not keep hardcopies of documents like this. Makes follow-up calls more difficult as materials are harder to describe

Table 17. Provide Instructions at End of Interview, Walk Through Process, and Offer to Assist

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> The interviewer can help mitigate the impact of this task on a respondent through assistance and rapport. 	<ul style="list-style-type: none"> None known beyond requesting another task of the respondent that adds to the burden.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Reduces the chance that the plan is misidentified as long as the respondent is clear on the protocol and interviewer answers questions. 	<ul style="list-style-type: none"> Relies on respondent understanding once the interviewer leaves or requires follow-up. Document cannot be verified onsite to be for correct plan when collected.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Reduces the number of unusable documents compared to pre-interview collection. Does not rush the process while the interviewer is in the home. Allows for thorough explanation at the time of interview. 	<ul style="list-style-type: none"> Relies on respondent understanding once the interviewer leaves or requires follow-up. Document cannot be verified onsite to be for correct plan when collected.
Respondent burden	<ul style="list-style-type: none"> Does not require the respondent to complete another task at the time of interview. 	<ul style="list-style-type: none"> Interviewer is not on hand to answer questions when task starts.
Time costs	<ul style="list-style-type: none"> Respondent and interviewer may need to cover questions on the phone at a later time. This can be time consuming if the respondent has a hard time describing the problem. 	<ul style="list-style-type: none"> Requires returning to the home to collect with other hardcopy materials or even just for these documents.
Interviewer burden	<ul style="list-style-type: none"> Does not require the interviewer to stay in the home for lengthy searches. Questions can be answered at more convenient times as the interviewer will not be forced to troubleshoot on the spot. 	<ul style="list-style-type: none"> Requires additional interviewer time to manage these activities. Depending on number of different protocols, could have multiple packets for the interviewer to manage.
Training issues	<ul style="list-style-type: none"> Allows for respondent training. Gives the interviewer clear instructions and is easier to maintain this protocol. Help desk can field complex issues rather than training interviewers for every scenario. 	<ul style="list-style-type: none"> May be difficult to train interviewers to properly troubleshoot and provide direction by phone for uncommon scenarios.

Factors	Strengths	Weaknesses
Processing costs	<ul style="list-style-type: none"> To the extent this approach produces more SBCs and SBC equivalents rather than other document types, requires less specialized processing than a large variety of documents. 	<ul style="list-style-type: none"> None known.
Other considerations	<ul style="list-style-type: none"> Provides flexibility for respondents who may prefer to privately call the insurance company or go into secure access websites/portals. Provides multiple options for participating and does not limit collection timeframe to interviewer case schedule. 	<ul style="list-style-type: none"> Provides only the 2-week interviewer collection window with reminders following the MEPS interview, followed by more passive collection via business reply envelope or electronic submission through an online portal.

5.2.3. After the Interview (Treated as a Block)

In addition to the following option below, other options to collect documents after the interview may include the following:

- Instructions/help to guide respondents to find documents at the end of the interview.
- A phone/help line that respondents can call for aid in finding the correct documents.
- Test protocol of telephone assistance calls/reminders 10 days before document pickup, 7 days before document pickup, and 1 day before document pickup before a return trip to procure these documents and to remind them to search.

Table 18. Call to Explain Web or BSM Submission (If Pickup Is Not Possible Within 14 days)

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Makes the task easier for respondents and is designed to reduce overall respondent burden. 	<ul style="list-style-type: none"> Two-week window may add pressure to respondent and respondent non-compliance could promote future-round attrition.
Risk of misidentifying the plan	<ul style="list-style-type: none"> Reminders and Q&A calls should help ensure proper plan identified. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Additional direction and follow-up will help ensure accuracy and timeliness of documents and help ensure compliance in general. 	<ul style="list-style-type: none"> Answering questions by telephone rather than in person may make it difficult for interviewers to ensure the quality of documents.
Respondent burden	<ul style="list-style-type: none"> Allows for clarification to reduce respondent burden. 	<ul style="list-style-type: none"> Requires additional contacts by phone. Could be perceived as more burdensome due to higher number of contacts.
Time costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Takes additional time for both the interviewer and respondent to follow up multiple times in a 2-week period.
Interviewer burden	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Increases interviewer and home office support burden for managing follow-up and retrieval efforts.

Factors	Strengths	Weaknesses
Training issues	<ul style="list-style-type: none"> Does not require interviewers to be able to answer every question. Complex items can be referred to a help desk. 	<ul style="list-style-type: none"> Requires reminder call protocol training and extra case-management planning.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.

5.3. Options for Document Submissions

The following section provides options for document submissions: electronic secure submission, the interviewer returns to pick up documents, and the respondent returns documents by mail. These options provide the most flexibility to accommodate different preferences of respondents, since study participants had varied preferences for submitting documents.

Table 19. Electronic Secure Submission

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> For computer-literate respondents, may reduce task burden for printing or material pick-up and thus overall MEPS burden. 	<ul style="list-style-type: none"> None known.
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Some respondents may see this as easier than paper production and submission and be more likely to engage in the task. 	<ul style="list-style-type: none"> Other respondents may see this as more difficult than paper production and be less likely to engage in the task.
Respondent burden	<ul style="list-style-type: none"> May require less time and coordination than providing files/paper back to the interviewer. 	<ul style="list-style-type: none"> Requires computer skills not all respondents have. May cause frustration if electronic document acquisition is problematic or submission problems occur.
Time costs	<ul style="list-style-type: none"> Electronic documents can be submitted without interviewer return and more quickly. 	<ul style="list-style-type: none"> Respondents with difficulty may take more time to submit this way compared to paper submission.
Interviewer burden	<ul style="list-style-type: none"> Reduced burden for interviewers returning to pick up materials. 	<ul style="list-style-type: none"> Interviewers may need to support or troubleshoot this process by phone which could be problematic.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Specific instructions for capture and submission would need to be developed to train both interviewers and respondents. Cost-sharing information not in the SBC format could be useful but will be hard to train respondents to evaluate and submit.

Factors	Strengths	Weaknesses
Processing costs	<ul style="list-style-type: none"> Electronic documents are easier to store and process than hardcopy even though processes to process both hard-copy and electronic will be necessary. 	<ul style="list-style-type: none"> Non-portal documents could be submitted or documents related to other plans may be submitted. Verifying accuracy and correct plan will be more complicated. Would need to ensure deidentification of documents. Also need infrastructure to accept, evaluate, and process electronic documents.
Other considerations	<ul style="list-style-type: none"> Some study participants reported they preferred to submit documents electronically. Many documents are only available electronically. 	<ul style="list-style-type: none"> If original copies of documents are not electronic, some people may have difficulty providing them (e.g., do not have access to a scanner). Some study participants found what they thought was relevant documentation on web portals, but it was not easily saved in a useable format (e.g., “accordion” style pages that expand one option or tab at a time and no consolidated version is available). Some participants expressed hesitation over submitting documents electronically (e.g., via email). Computer ownership Internet access and some level of computer literacy are necessary.

Table 20. Interviewer Returns to Pick Up the Documents

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> Often interviewers will need to return to pick up additional materials, so these would not be extra trips. 	<ul style="list-style-type: none"> An additional trip for cases with no other hard-copy to retrieve would be subjected to an additional trip.
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Interviewer pick-up ensures a much greater response than mail-only and allows for some evaluation of the document quality. 	<ul style="list-style-type: none"> Compared to collecting during the interview, the rate may be higher, but quality may be lower as the interviewer cannot verify cost-sharing information on the spot.
Respondent burden	<ul style="list-style-type: none"> Does not require computer literacy or web searches to find and verify content. 	<ul style="list-style-type: none"> Requires either respondent or interviewer to request a paper SBC or print/make copies.
Time costs	<ul style="list-style-type: none"> Computer submission times not necessary. Respondent may ask interviewer to pick up at convenient time. 	<ul style="list-style-type: none"> May require time for respondent to allow for an extra visit if no other materials are to be collected.

Factors	Strengths	Weaknesses
Interviewer burden	<ul style="list-style-type: none"> Does not have to wait in home for searches or phone calls to take place and will have fewer troubleshooting calls related to electronic submission. 	<ul style="list-style-type: none"> Requires either respondent or interviewer to make copies and coordinate a pick-up visit.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Higher mail costs for submission.
Other considerations	<ul style="list-style-type: none"> Most synced with AF/SAQ pickup for cases with these items. 	<ul style="list-style-type: none"> Overall field time increased due to additional trips.

Table 21. Respondent Returns Documents by Mail

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> As a supplemental option, useful for collecting late-arriving documents/lagging collection where web submission is not an option. 	<ul style="list-style-type: none"> Greatly reduces likelihood of cooperation even with follow-up phone calls. A very passive collection method that should only be used as a supplement/last resort if SBC collection extends past the 14-day mark.
Respondent burden	<ul style="list-style-type: none"> At the convenience of the respondent. 	<ul style="list-style-type: none"> Requires minimal effort to place in mail, but may be burdensome for the computer literate with another submission option.
Time costs	<ul style="list-style-type: none"> Less time consuming than web or scheduling in person pick-up. 	<ul style="list-style-type: none"> None known.
Interviewer burden	<ul style="list-style-type: none"> Little to no burden for interviewer. 	<ul style="list-style-type: none"> None known.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Processing costs	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Higher mail costs and hard-copy process costs.
Other considerations	<ul style="list-style-type: none"> While not the ideal, mail can serve as an alternative to in-home pickup for remote and on-travel cases and still benefit from phone follow-up in addition to cases who receive materials after the 14-day window. 	<ul style="list-style-type: none"> If documents are electronic, respondents will need some means to provide them by mail. Most study participants who were interviewed in person provided hardcopies of the SBC; however, some thought the EOC was too long to print. In addition, some study participants found what they thought was relevant documentation on web portals, but it was not easily printed in a useable format (e.g., “accordion” style pages that expand one option or tab at a time and no consolidated version is available). Participants mentioned lack of access to a printer as a reason for preferring electronic provision of documents.

Table 22. Scan Using a Smartphone Provided by the Interviewer

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> May allow for the collection of documents where copies and scanning not possible. 	<ul style="list-style-type: none"> If a known method to the respondent, may promote capture of information that is incomplete or not clear by phone where another method of submission would have been viable.
Respondent burden	<ul style="list-style-type: none"> Eliminates the need for respondents to provide separate copies. 	<ul style="list-style-type: none"> None known.
Time costs	<ul style="list-style-type: none"> May be faster for interviewer and respondent than finding a way to submit hard-copy documents, particularly of a non-SBC type. 	<ul style="list-style-type: none"> Requires in-home searching, time for the interviewer to capture images in a subsequent visit, or both. Interviewers would need to evaluate, tag, and submit photos.
Interviewer burden	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Would need to train interviewers on use of the phones, how to evaluate the photos, how to manage the photos, and how to transmit.
Processing costs	<ul style="list-style-type: none"> Capture of relevant hard-copy portions may be more efficient than having an analyst locate content in a large document. 	<ul style="list-style-type: none"> Quality of documents may not be desirable, so home office evaluation of documents and a processing system designed for these images will be necessary.
Other considerations	<ul style="list-style-type: none"> Allows great flexibility for collection as the phones could capture hard-copy as well as some possibility of capturing usable computer screen content. 	<ul style="list-style-type: none"> Cost of smartphones for interviewers. Need to develop software to manage the image capture and encrypt for transmission.

5.4. Analyst Finds Benefits Information After Interview

Table 23. Respondent Picks Plan From List and Analyst Finds SBC Online

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> None known.

Factors	Strengths	Weaknesses
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Picking plans from lists, even with an insurance card present, may be error prone as slight variations in the name may translate to large variations in coverage. Many plans have large variation in coverage even though plan names are extremely similar. Complete plan lists with current names are difficult to maintain.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Task can be completed at time of interview and is very low in burden in comparison. Rate of cooperation should be very high. 	<ul style="list-style-type: none"> Accuracy of data is at risk without some way to validate plan. Insurance card often fails as a consistent validation tool.
Respondent burden	<ul style="list-style-type: none"> Lowest burden on respondent. 	<ul style="list-style-type: none"> None known.
Time costs	<ul style="list-style-type: none"> Requires least amount of time for interviewer and respondent. 	<ul style="list-style-type: none"> None known.
Interviewer burden	<ul style="list-style-type: none"> Interviewer burden for this task is minimal unless a plan name validation task is used beyond the insurance card, particularly compared to a document collection protocol with follow-up. 	<ul style="list-style-type: none"> None known.
Training issues	<ul style="list-style-type: none"> Requires less training than a document collection protocol. 	<ul style="list-style-type: none"> Would require interviewer training on use of lists; however, this is minimal compared to other protocols.
Processing costs	<ul style="list-style-type: none"> Higher burden on the analyst to locate plan information. 	<ul style="list-style-type: none"> If even possible, list generation and maintenance would be time consuming and difficult.
Other considerations	<ul style="list-style-type: none"> Could work for Marketplace and State government employee plans if master list of plans could be generated. 	<ul style="list-style-type: none"> Will not work for most plan types. It would be difficult to generate a list of private employer, local government, and individual market plans, and to find plan information publicly online.

Table 24. Analyst Uses Plan ID Card to Find SBC Online

Factors	Strengths	Weaknesses
Risk of jeopardizing MEPS response rate	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Small risk that privacy issues related to sharing insurance card could influence future participation.

Factors	Strengths	Weaknesses
Risk of misidentifying the plan	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Capture of the insurance card may be error prone as a source of an identifiable plan name with known cost-sharing details. Many plans have large variation in coverage even though plan names are extremely similar. Complete plan lists with current names are difficult to maintain.
Maximizing the response rate of having cost sharing information	<ul style="list-style-type: none"> Task can be completed at time of interview and is very low in burden in comparison. Rate of cooperation should be very high despite some respondent reluctance to sharing card or card information. 	<ul style="list-style-type: none"> Accuracy of data is at risk without some way to validate plan. Insurance card often fails as a consistent validation tool.
Respondent burden	<ul style="list-style-type: none"> Lowest burden on respondent. 	<ul style="list-style-type: none"> Capture of personal information or at a minimum exposing this to the interviewer may be perceived as a “privacy” burden.
Time costs	<ul style="list-style-type: none"> Requires minimal time for interviewer and respondent beyond card locating task. 	<ul style="list-style-type: none"> None known.
Interviewer burden	<ul style="list-style-type: none"> Interviewer burden for this task is minimal unless a plan name validation task is used beyond the insurance card, particularly compared to a document collection protocol with follow-up. 	<ul style="list-style-type: none"> Additional task to capture card image or information.
Training issues	<ul style="list-style-type: none"> None known. 	<ul style="list-style-type: none"> Would need to train interviewers on use of the phones if phones used for card image capture. Interviewers would need to know how to evaluate the photos, how to manage the photos, and how to transmit. If card content abstracted, interviewers would require additional training on this step.
Processing costs	<ul style="list-style-type: none"> Higher burden on analyst to locate the plan information. 	<ul style="list-style-type: none"> If even possible, list generation and maintenance would be very time consuming and difficult. Processes and procedures as well resources would be needed to process card images or card content.

Factors	Strengths	Weaknesses
Other considerations	<ul style="list-style-type: none"> • May be viable for very selective plan types if current list can be maintained; however, there are risks with this approach highest for misidentifying the plan. 	<ul style="list-style-type: none"> • Will not work for most plan types. Insurance cards provided by study participants provided inconsistent information identifying plans. Even if plans could be identified, it would be difficult to find publicly available plan information, particularly current information. • Higher burden on analyst to locate the plan information. • If captured using phone, phone equipment is a significant cost.

6. Recommendations

Based on the combined results of the study, we believe a data collection effort designed to capture key cost-sharing information for private plans from a variety of sources is possible using a standardized collection protocol. While there is some burden associated with this task, we feel a number of factors increase the viability of a health policy information collection within the context of the MEPS Household Component interview.

The number of participants who provided an SBC or similar documentation with a current date varied depending on insurance type with some types exhibiting lower rates for these documents; however, a significant number provided documents with some or all of the cost-sharing elements desired. More targeted instruction, designed specifically to capture the SBC or key elements, will result in a higher rate of response and success. The feasibility study was focused on breadth of documents and an examination of their contents for suitability in addition to specific cost-sharing data collection. While the amount of time spent on the document retrieval task varied, it was significant and not always successful; however, most of the participants did not find the experience overly arduous.

Based on the results from the protocol used in the feasibility test and a number of interviews with SMEs, the following factors decrease the potential burden of the task and are likely to increase cooperation:

- A packet with instructions, graphical examples, and a checklist of steps to complete the task.
- Reminder calls and staff to answer questions.
- A single protocol to apply to all plan sources.
- A heavy initial focus on the SBC that does not allow unsuitable substitutions.
- Clear document descriptions and alternative names for documents.
- An incentive to acknowledge the extra level of burden.
- Scripted dialogue for contact with insurance companies and/or HR departments.

- Infrastructure and instructions for electronic submission.
- Sufficient time to acquire current documents.
- A return trip from the interviewer to retrieve documents.
- A supplemental return mechanism, such as a business reply envelope.

A combination of these factors should improve response, increasing the likelihood that the task is feasible and improving the quality of the documents submitted to provide analytically viable data.

Several factors could limit the feasibility or analytic value based on the results of this study, including the following:

- Complicated instructions for the respondent.
- Requesting multiple plans from the same person.
- Prescribed medicine coverage included as part of major medical coverage but administered separately.
- The need to print documents, particularly large documents.
- Additional MEPS Household Component requests that could compete for respondent time.
- Allowing for the submission of document types with unknown quality and timing.

There is great risk in collecting large numbers of unusable documents if too wide a net is cast trying to collect any information from many respondents, rather than focusing on quality information from those respondents capable of locating it.

Overall, a cost-sharing collection task is feasible in the MEPS Household Component given some constraints in its application and with moderated expectations for response given the burden associated with the task. Follow-up must be limited to avert the risks of MEPS survey nonresponse in future rounds.

Appendix A: MEPS Packet for Participants

Dear Participant:

You have been selected to participate in a study to help us better understand whether individuals can provide key pieces of information about their health insurance benefits and coverage. We also would like to understand the amount of time it takes to provide this information. This study is being conducted for the Agency for Healthcare Research and Quality (AHRQ) by Econometrica, Inc., a research company located in Bethesda, MD.

Before your interview, we ask that you gather a few documents to bring with you to the interview, including your Insurance Card or Medical ID Card, your Summary of Benefits and Coverage (SBC), and any other plan coverage information that might be available electronically or provided to you by your current insurance plan over the past 12 months. Please use the enclosed instructions and checklist to assist you in gathering the materials.

Remember, some of these records might be paper or electronic. You may need to access them online either through the insurance site or through a portal (e.g. employer benefit portal, insurance broker or marketplace portal). If you are able to print electronic documents, it will make it easier for us to review the information; however, you can save them to a flash drive or write down the web address if you are unable to print.

The records storage envelope, also located in this kit, will help you keep track of your insurance materials. When you find a document, just place it into the folder. When you find materials for a category on the checklist, check the box on the checklist; we will use this list to help us move through the sections of the interview. ***We ask that you bring these materials in the records storage envelope with your health insurance card when you come to your session.***

An interviewer will contact you to confirm the appointment date and time and answer any questions. Following the interview, you will receive a \$70 check in the mail to thank you for your participation.

Your participation is important to us. We greatly appreciate your help. Please be assured that privacy is a priority for this study. The confidentiality of information given to the study is protected by law.

Sincerely,



Kristen Corey, Ph.D.
Project Director
Econometrica, Inc.

CONSENT FORM

The Agency for Healthcare Research and Quality (AHRQ) and its employees, agents, and partner statistical agencies will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. The Privacy Act notice on the next page describes the conditions under which information related to this study will be used by AHRQ employees and agents.

The purpose of this research is to help AHRQ better understand whether individuals can provide key pieces of information about their health insurance benefits and coverage and the time it takes to provide this information.

During your interview, you may be audio and/or videotaped, or you may be observed. If you do not wish to be taped, you still may participate in this research.

During your interview, the researchers will make digital copies of the health insurance benefit information that you provide. These copies are for research purposes only; they will be stored securely and will not be shared with any individuals outside the research team. These copies will not be included in any reporting on the findings from the study, and they will be discarded upon completion of the study.

We estimate it will take you an average of 60 minutes to participate in this part of the research (ranging from 40 minutes to 80 minutes).

Your participation in this research project is voluntary, and you have the right to stop at any time.

The research does not involve any foreseeable risks. There are no direct benefits to participants in the research.

If you have questions about this research or your rights as a participant in this study, please contact Kristen Corey, Project Director, at (240) 333-4814.

If you agree to participate, please sign below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. The OMB control number is 0935-0124 and expires 11/30/2020.

I have read and understand the statements above. I consent to participate in this study.

Participant's signature

Date

Participant's printed name

Researcher's signature
OMB Control Number: 0935-0124
Expiration Date: 11/30/2020

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by Agency for Healthcare Research and Quality (AHRQ). Your voluntary participation is important to the success of this study and will enable AHRQ to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of AHRQ information collections. AHRQ, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

Health Insurance Coverage and Benefits Checklist

What do I have to do?

3. Make sure you have your Insurance Card/Medical ID Card.
4. Collect your current Summary of Benefits and Coverage (SBC). This document is described below. You may be able to call your employer or insurance company to request this document be sent to you by mail or to find out about accessing it electronically, or you may already have a copy of this document at home. If possible, please try more than one approach to access your SBC (e.g., electronic and mail).
5. Collect any other documents you can obtain that provide information about the services your health plan covers and the costs associated with those services, such as a health policy booklet or plan comparison documents, as described on page 2.
6. Complete the checklist on page 3.
7. Put the documents in the envelope provided and bring it and your Insurance Card/Medical ID Card with you to the interview.

Where can I find the documents?

There are various places you may find information about your health insurance plan:

- Online from your health insurance company member portal.
- Contact your insurance company and request the documents be mailed to you.
- Contact your employer or insurance broker and request the documents.
- Online from your employer or insurance broker website.
- Hardcopy documents that you have at home.

How do I know I have the right documents?

Use the description of the requested documents on page 2 and the checklist on page 3 to decide which documents to bring.

How do I bring them to the interview?

Please print documents that you find online and bring the hardcopies to the interview. If you are unable to print the documents, please save them to a flash drive, email them to MEPS@econometricainc.com, or bring the web address and login information you used to access the information with you to the interview.

Document	Description
Summary of Benefits and Coverage (SBC)	This is usually a table that includes information about what the plan covers and what you would pay for covered services. It will list services, like a visit to a specialist, and what you will pay for that service. An image of an SBC is below. The coverage period should include today's date.
Insurance Card/Medical ID Card	Your current insurance card identifies your current healthcare plan.
Health Policy Booklet	This is a bound booklet that your insurance company provides specific to your health plan. The cover will indicate the specific plan. The contents include a summary of benefits and information about your insurance policy.
Insurance Plan Documents	A summary of benefits for your plan, including eligibility and coverage.
Plan Comparison Document	A document that compares the plan you selected to other health plans offered to you.
Other Insurance Coverage Documents	Any promotional documents or other documents that describe your health insurance plan.

Figure 1. Sample SBC Document

Insurance Company 1: Plan Option 1

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2013 – 12/31/2013

Coverage for: Individual + Spouse | Plan Type: PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-[insert] or visit us at [www.\[insert\]](#).
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

1 of 8

Corrected on May 11, 2012

Your interview is scheduled on:

_____ / ____ / ____
 DAY OF THE WEEK MM DD YY

at _____ : _____
 APPOINTMENT TIME

The interview will be held at Econometrica’s office, located at 7475 Wisconsin Ave, Bethesda, MD, 20814. Directions to the office are included in this packet of information.

For each item on the checklist, record where you found the document and the time you spent locating the document. These documents may be printed or electronic.

Document	How Did You Find It?	How Much Time Did You Spend Locating It?
<input type="checkbox"/> Summary of Benefits and Coverage (SBC)		
<input type="checkbox"/> Your Insurance Card		
<input type="checkbox"/> Health Policy Booklets		
<input type="checkbox"/> Insurance Plan Summary Documents		
<input type="checkbox"/> Plan Comparison Document		
<input type="checkbox"/> Other Insurance Coverage Documents		

If you have any questions, please contact Hallie Whitman at (240) 204-5158 or MEPS@EconometricaInc.com.

Appendix B: Interview Guide

Participant Information

Participant name:

Insurance type:

Number in household (on this plan):

Primary policyholder or dependent:

Pre-Interview Steps:

- Welcome and thank the participant for coming in.
- Provide participant with consent form, cover content with participant. Explain that they are also consenting to allow us to record the interview.
 - Let the participant know that the recording will only be used to validate his/her answers for notetaking purposes and that it will be destroyed after the study ends.
- Collect signed form (or collect if completed ahead of time).
- Begin the recording. When the recording begins, state:
 - “This is a MEPS interview at Econometrica on [DATE] with [NAME].”

Interview:

Today, we are going to discuss your health insurance benefits and coverage information based on what you looked for and brought in for us to review. Let’s start by going through the documents you brought with you today.

Insurance Card

1. First, let’s talk about your insurance card. Where do you usually keep your insurance card? Was it difficult to locate your insurance card?
 - a. Did you know about this document before you were asked to find it for this study?
 - b. What would you call this item?
 - i. What are other names or words that you use to describe your insurance card?
 - ii. Is this called by a different name in different settings. For example, does your insurance carrier (e.g., Blue Cross Blue Shield) use the same word that your doctor does?
 - c. Did you have a copy of your [CARD] before you were asked to participate in this study?
 - i. [IF YES FOR PRIMARY POLICY HOLDER] Have you ever had to request a replacement card from your insurance company?
 - 1) [IF YES] How did you make the request?

- ii. [IF DEPENDENT] Have you ever had to request a replacement card, or from the primary policyholder on your plan if you are a dependent?
 - 1) [IF YES] Who did you request the replacement card from?
 - 2) [IF YES] How did you make the request?
- iii. [IF NO] Please walk me through the steps you took to request the card.
 - 1) [USE FOLLOW-UP PROBES AS NEEDED IF DETAIL NOT PROVIDED]
 - 2) How did you make the request? Online? By phone?
 - 3) Who did you request it from? Your HR department? The insurance company? ([IF DEPENDENT] A family member?)
 - 4) Did you know how to request the card?
 - a) [IF NO] Did you look for or ask for help with the request process?
 - i) [IF YES] What kind of help? Who did you contact or where did you search?

[Show participant card defining the scale.]

- d. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to locate your insurance card for the interview today?
 - i. What made it easy/difficult to find?
- e. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to bring in your insurance card today?
 - i. Can you tell me more about why this was easy/difficult to bring?
- f. Do you have a separate prescription drug ID card?
 - i. [IF YES] Can you tell me more about it? Where do you usually keep it? How do you usually use it?

[FOR DC AND MD MARKETPLACE POLICY HOLDERS ONLY, SHOW POLICY LIST]

- g. Can you tell me which policy on this list is the one that you have?
- h. What words on the list were most meaningful in helping you figure out which plan was yours?

Summary of Benefits and Coverage (SBC)

- 2. Next, we'd like to talk about the Summary of Benefits and Coverage (SBC). This is the document that looks like this [SHOW DOCUMENT].
 - a. Did you know about this document before this study?

- b. What would you call this document?
 - i. How would you describe this document?
 - c. Did you have a copy of your [SBC] before you were asked to participate in this study?
 - i. [IF YES] Had you requested this document or was it provided to you without you having to request it?
 - 1) Did you receive it via mail? Online?
 - 2) Who did you receive it from? Your HR department? The insurance company?
 - 3) Do you recall when you received it? Was it after open enrollment?
 - 4) What steps did you go through to request this document?
 - ii. [IF NO] Please walk me through the steps you took to request the SBC?
 - 1) [USE FOLLOW-UP PROBES AS NEEDED IF DETAIL NOT PROVIDED]
 - 2) Did you know how to find the SBC?
 - a) [IF NO] Did you look for or ask for help locating it?
 - i) [IF YES] What kind of help? Who did you contact or where did you search?
 - 3) Where did you find it? Did you find it online (what search strings did you use)? Through your HR department? By calling your insurance company?
 - a) [IF found online] On what website did you find this document? Where on that website did you locate it?
- [Show participant card defining the scale.]
- d. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to locate your SBC?
 - i. What made it easy/difficult to find?
 - e. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to bring in your SBC?
 - i. Can you tell me more about why this was easy/difficult to bring?
 - 1) [USE FOLLOW-UP PROBES AS NEEDED IF DETAIL NOT PROVIDED]
 - a) Was it difficult because you don't have access to printer?
 - b) Was it difficult because you don't have access to a computer?

- c) Was it difficult because you had no way to bring the document electronically?
- f. What advice would you provide to others on how to go about locating and bringing your SBC?

Other Documents

- 3. Did you bring other information or documents today (e.g., plan comparison chart, benefits summary, drug formulary, employee benefits summary, etc.)?
 - a. [Review documents and ask the following questions about each document:]
 - i. What do you call this document?
 - ii. Why did you decide to bring this document today?
 - iii. Did you know about this document before this study?
 - iv. Where did you locate this document? What was the process of finding it?
 - v. [IF found online] On what website did you find this document? Where on that website did you locate it?

[Show participant card defining the scale.]

- vi. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to find this document?
 - 1) What made it easy/difficult to find?
- vii. On a scale of 1-5, with 1 being the easiest and 5 being the hardest, how easy was it for you to bring in this document?
 - 1) Can you tell me more about why this was easy/difficult to bring?
 - a) [USE FOLLOW UP PROBES AS NEEDED IF DETAIL NOT PROVIDED]
 - b) Was it difficult to bring because you don't have access to a printer?
 - c) Was it difficult to bring because you don't have access to a computer?
 - d) Was it difficult to bring because you had no way to bring the document electronically?

Experience Preparing for Interview

- 4. Next, we'd like to talk about your experience preparing for the interview today and gathering information about your health insurance benefits.
 - a. Did you use the health insurance benefits and coverage checklist that was provided in the interview kit?
 - i. [IF YES] How did you use it?

- 1) What was the most helpful part of the checklist? What was the least useful part?
- 2) Was anything missing from the checklist that would have been useful?
 - ii. [IF NO] Why not?
- b. I see you provided [printed/electronic versions/web links] for these documents today. What factors influenced your decision to provide them this way?
 - i. [If needed, use follow-up probes] Did you have access to a printer? Access to a computer? A way to provide the documents electronically?
 - ii. If you had a choice, would you have preferred to provide documents in some other manner?
- c. Did you have or find information that you could not bring with you today?
 - i. [IF YES] What information and why?
- d. About how much time did you spend in total collecting materials before we met today?
 - i. What took the most time to find? How much time?
- e. Do you feel other people that we ask to collect health insurance benefits information would find the process easy or difficult?
 - i. Why?
- f. Are there people in your household who have different health insurance coverage than you?
 - i. [IF YES] Would you feel comfortable accessing their insurance card? SBC?
 - ii. Do you think you would be successful in getting these documents? Why or why not?
 - iii. What is their relationship to you?

Appendix C: Moderator Guide for Employer-Sponsored Plan Focus Groups

Pre-Focus Group Steps:

- Welcome and thank everyone for coming in.
- Call in to the phone line. 877-594-8353 extension 4054 4743 charge code 2701-001
- Introduce the moderator and note taker. Explain that other researchers are on the line.
- Provide participants with the consent form, cover content with participants. Explain that they are also consenting to allow us to record the focus group.
 - o Let the participants know that the recording will only be used to validate answers for research purposes, and that it will be destroyed after the study ends.
- Collect signed forms.
- Begin the recording. When the recording begins, state:
 - o “This is the MEPS focus group for the employer-sponsored insurance group at Econometrica on [DATE].”
- Do a round robin to introduce each person and their insurance plan carrier.

Today we are going to discuss your health insurance benefits and coverage information based on what you looked for and brought in today. To frame the conversation, we are going to talk through the specific documents that you brought.

[Prior to the interview we will know the type of insurance each participant has, their carrier, and plan name. The moderator will have this information for each person.]

As we get started today, I’m curious if anyone has a different insurance card or documentation for their Pharmacy or Behavioral health benefits. Does anyone have, for example, their medical insurance through Kaiser and their Prescription Drug through CVS Caremark? If so did you bring a card for both, or are your insurance cards all together?

Insurance Card

1. First, let’s talk about your insurance card. Was everyone able to locate their insurance card?
 - a. Was it difficult to locate your insurance card?
 - b. Did you know about this document before you were asked to find it for this study?
 - c. What would you call this item?
 - i. What are other names or words that you use to describe your insurance card?
 - ii. Is this called by a different name in different settings. For example, does your insurance carrier (e.g., Blue Cross Blue Shield) use the same word that your doctor does?

- d. Did you have a copy of your insurance card before you were asked to participate in this study?
 - i. [IF YES] Have you ever had to request a replacement card from your insurance company, or from the primary policyholder on your plan if you are a dependent?
 - 1) [IF YES] Who did you request the card from?
 - 2) [IF YES] How did you make the request?
 - ii. [IF NO] How did you request a card?
 - 1) Did you request it online? By phone?
 - 2) Who did you request it from? Your HR department? The insurance company? ([IF DEPENDENT] A family member?)
 - 3) Did you know how to request the card?
 - a) [IF NO] Did you look for or ask for help with the request process?
 - i) [IF YES] What kind of help? Who did you contact or where did you search?

Summary of Benefits and Coverage (SBC)

- 2. Next, we'd like to talk about the Summary of Benefits and Coverage (SBC). This is the document that looks like this [SHOW DOCUMENT].
 - a. Did you know about this document before this study?
 - b. What would you call this document?
 - i. How would you describe this document?
 - c. Did you have a copy of your SBC before you were asked to participate in this study?
 - i. [IF NO] Where did you get your SBC from? How did you go about finding it?
 - 1) Who found their SBC online? Through your HR department? By calling your insurance company? [If one or more answers yes to each of these questions, the moderator will ask them to walk through the process.]
 - ii. [IF YES] Did you receive it via mail? Online?
 - 1) Who did you receive it from? Your HR department? The insurance company?
 - 2) When did you receive it?

Other Documents

3. Did anyone bring other information or documents today (e.g., explanation of benefits, plan comparison chart, benefits summary, drug formulary, employee benefits summary, etc.)?
 - a. [IF YES, hold up example document and ask if anyone else brought that document. Ask the following questions about each document:]
 - i. What do you call this document?
 - ii. Why did you decide to bring this document today?
 - iii. Did you know about this document before this study?
 - iv. Where did you locate this document? What was the process of finding it?

Experience Preparing for Group

4. Next, we'd like to talk about your experience preparing for the group today and gathering information about your health insurance benefits.
 - a. What information was easy to find?
 - i. [If no response, probe with each document type.]
 - 1) What made it easy to find?
 - b. What information was easy to bring with you today?
 - i. [If no response, probe with each document type.]
 - 1) Can you tell me more about why this was easy to bring?
 - c. Was any information difficult to find?
 - i. What information and why?
 - d. Did you find information that you could not bring with you today?
 - i. What information and why?
 - e. I see you provided [printed/electronic versions/web links] for these documents today. What factors influenced your decision to provide them this way?
 - i. If you had a choice, would you have preferred to provide documents in some other manner?
 - f. Did you have or find information that you could not bring with you today?
 - i. What information and why?
 - g. About how much time did you spend in total collecting materials before we met today?
 - h. Did you use the health insurance benefits and coverage checklist that was provided in the interview kit?

- i. [IF YES] How did you use it?
 - 1) What was the most helpful part of the checklist? What was the least useful part?
 - 2) Was anything missing from the checklist that would have been useful?
- ii. [IF NO] Why not?
- i. Do you feel other people that we ask to collect health insurance benefits and coverage information would find the process easy or difficult?
 - i. Why?
- j. Are there people in your household who have different health insurance coverage than you?
 - i. [IF YES] Would you feel comfortable accessing their insurance card? SBC?
 - ii. Do you think you would be successful in getting these documents? Why or why not?
 - iii. What is their relationship to you?

Appendix D: Final Findings on Local Government Employee Plans

D.1. Introduction

This report presents the findings relevant to Task B.1.D of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals who are employed by local governments or agencies and receive health insurance through that entity (i.e., local employee insurance plans) during the MEPS Household Component interview. In this document, we provide the findings of in-person and telephone interviews conducted with individuals who have local government employee insurance plans to understand how they receive and access information about their health insurance benefits and coverage. We also draw on background research and interviews with key informants from the health insurance field. Section 2 provides information on study methods.

D.2. Participants

The study team conducted 10 individual interviews with a convenience sample of 10 participants who receive their health insurance through a local government employee plan. Seven of the interviews were conducted in person and three were conducted via telephone. The 10 participants had plans through 7 insurance carriers, as Table D-1 details. Eight respondents were primary policyholders, and two were a dependent on a spouse's policy.

Table D-1. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
Aetna	1
Blue Cross Blue Shield of North Carolina	1
CareFirst	2
Cigna	1
EmblemHealth	1
Excellus BlueCross BlueShield	1
Kaiser Permanente	3

The study team attempted to recruit participants with a range of ages and educational attainment. The average age of the local employee plan interviewees was 38 years old, with an age range of 27–59 years. Eight of the participants were white, and the remaining two participants were Black/African American. Two participants were Hispanic. Three participants had a bachelor's degree, and seven had a graduate or professional degree. The 10 participants who provided information on their income levels reported a wide range of incomes from \$50,000–\$150,000 or more, although 6 of the participants reported incomes of more than \$75,000.

Table D-2. Characteristics of Participants

Participant	Age	Race	Ethnicity	Education	Income Level
LG01	59	White	Not Hispanic	Graduate or professional degree	\$150,000 or more
LG02	27	Black or African American	Not Hispanic	Bachelor's degree	\$50,000 to \$74,999
LG03	27	White	Hispanic	Bachelor's degree	\$50,000 to \$74,999
LG04	59	White	Not Hispanic	Bachelor's degree	\$75,000 to \$99,999
LG05	42	White	Not Hispanic	Graduate or professional degree	\$150,000 or more
LG06	30	White	Not Hispanic	Graduate or professional degree	\$50,000 to \$74,999
LG07	33	White	Hispanic	Graduate or professional degree	\$150,000 or more
LG08	28	Black or African American	Not Hispanic	Graduate or professional degree	\$50,000 to \$74,999
LG09	32	White	Not Hispanic	Graduate or professional degree	\$75,000 to \$99,999
LG10	43	White	Not Hispanic	Graduate or professional degree	\$100,000 to \$149,999

Note: Participants are identified using a randomly assigned participant number (e.g., LG02).

D.3. Findings

The purpose of the research is to identify the feasibility of expanding the MEPS Household Component interview to include data collection on specific cost-sharing elements of respondents’ insurance coverage. There are two options for this process: one is to collect insurance documents directly from respondents during the interview. In this scenario, participants would gather their insurance documents prior to or during the MEPS interview. An alternative option for data collection is for a MEPS analyst or data processor to access participants’ benefits information after the interview. The findings presented here explore the feasibility of these options.

D.3.1. Collect Documents Directly From Participants

Findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to the interview. Participants were specifically asked to locate their insurance card and Summary of Benefits and Coverage (SBC). Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or a third-party administrator, as a standard operating procedure.¹ The SBC is federally mandated to be provided to insured members. The instructions participants were given placed a primary focus on the SBC and gave specific direction for finding or obtaining the SBC.

¹ S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association representatives (background research), interview, February 6, 2019.

Participants were also asked to locate as many other types of documents that provide information about the services that their health plans cover and the costs associated with those services as they were willing to find. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

Overall, all participants were able to produce some form of documentation for their plans with useful cost-sharing information. A majority of participants were able to locate their SBC. The two participants who did not produce their SBCs produced other documents that provided information on cost sharing and their plans, and the research team was able to locate their SBCs online after the interview.

D.3.1.1. Documents Brought to the Interviews

Interview participants provided a variety of documents, as Table D-3 shows. Five participants had 14 or more days to collect the documents, and five had 7 or fewer days. All participants were provided the packet electronically on the date their interview was scheduled. All 10 local government employee plan participants were able to provide their insurance cards. Three individuals also had separate insurance cards for prescription drug coverage. Two of these respondents had a CVS Caremark plan. Eight of the participants located their SBC.

Table D-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Employer/HR Website or Employer HR	Other
Insurance Card	10	10			
Prescription Drug Coverage ID Card	3				3 ^a
SBC	8 ^b	1	4	6	
EOC	3		1	1	1 ^c
Plan Comparison Document	4	1	1	2	
Plan Summary Document	6	1	2	3	

^a Two participants stated that they have a physical prescription insurance card and their insurance information is also saved on an online app. One participant stated that her prescription insurance card is on file at her pharmacy.

^b Some participants located their SBC through multiple ways (e.g., through their employer’s Human Resources (HR) website and through their carrier’s online portal).

^c One participant provided their EOC electronically but did not state how they found it.

Table D-4 describes the information included in the documents that participants provided or that could be copied. Except for the SBC, many of the documents had plan names, but fewer had cost-sharing information or contained dates that indicated the documents were current. All participants provided documents with cost-sharing information. Only two participants did not provide an SBC, but some cost-sharing information for their plans was included in the other documents they brought, such as the EOC and plan comparison and summary documents.

Table D-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card ^a	6	<ul style="list-style-type: none"> 4 had a plan name. 	<ul style="list-style-type: none"> 5 did not have a date. 1 was from calendar year (CY) 2018. 	<ul style="list-style-type: none"> 2 cards contained copay information. 1 card contained copay and coinsurance information.
Prescription Drug Coverage ID Card ^b	3	<ul style="list-style-type: none"> 1 had a plan name. 	<ul style="list-style-type: none"> 0 had a date. 	<ul style="list-style-type: none"> No information.
SBC	8	<ul style="list-style-type: none"> All had a plan name 	<ul style="list-style-type: none"> All had a valid date. 	<ul style="list-style-type: none"> All had cost-sharing information.
EOC ^c	3	<ul style="list-style-type: none"> 2 had a plan name. 	<ul style="list-style-type: none"> 2 were from CY 2018. 1 was dated July 1, 2016. 	<ul style="list-style-type: none"> 1 contained deductibles, overall maximum out of pocket, and copay information for medical expenses. 1 contained all information. 1 was assumed to contain all information, but it was too long to copy or do a detailed review during interview.
Plan Comparison Document	4	<ul style="list-style-type: none"> 3 had a plan name. 1 did not have a plan name. 	<ul style="list-style-type: none"> 2 had a valid date. 2 did not have a date. 	<ul style="list-style-type: none"> 1 contained an overall deductible for medical expenses, an overall maximum out of pocket amount, and hospital copay amount. 1 contained an overall deductible for medical expenses, hospital copay amount, and general physician copay amount. 2 contained employee rate information.
Plan Benefit Summary/Table ^c	10	<ul style="list-style-type: none"> 8 had a plan name. 2 did not have a plan name. 	<ul style="list-style-type: none"> 6 had a valid date. 2 had an invalid date. 2 did not have a date. 	<ul style="list-style-type: none"> All contained some cost-sharing information. 1 included all cost-sharing information of interest.

^a The three people who participated in telephone interviews discussed the insurance card, but did not provide a copy to review due to privacy concerns with email transmission. The ID card for one in-person participant was not copied.

^b One in-person interview participant discussed the prescription drug plan card but did not bring it to the interview. One telephone interview participant discussed the prescription drug plan card but did not provide a copy to review due to privacy concerns with email transmission.

^c Only one page of the plan summary document for one in-person interview participant was copied, so cost-sharing information could not be verified.

Seven participants also brought in other types of documents that they had received from their insurance companies. This included Benefits at a Glance documents, Summary of Your Benefits, and notice of privacy statements.

Document naming was a source of confusion for participants in identifying documents and could make it difficult to specify the documents that a MEPS respondent should gather for the interview. Insurance documents that participants brought were often titled similarly, even though the content and/or layout of the content was different. For example, participants brought documents titled Benefits at a Glance, Eligibility and Benefits, a Summary of Your Benefits, Employee Benefit Summary, and Evidence of Benefits and Coverage. Participants reported that they looked at the title of the documents to understand if they had selected the correct document to bring to the interview. Some participants brought in what they thought was the SBC but was instead the Employee Benefits Summary or a document called a Summary of Your Benefits.²

Participants often compared what they thought should be included in an SBC with what they were finding in accessible documentation to determine if they were finding the “right information,” even if they weren’t finding the correct documents.

D.3.1.2. How Participants Located Documents

Participants located documents through a variety of mechanisms, as shown in Table 3. Most documents were located through their employers’ public or private HR website, through their carrier’s online insurance portal, and in participants’ personal files (hardcopy and electronic). Half of the participants found documents through more than one mechanism. Sometimes, participants located the same document using two mechanisms (e.g., they found their SBC on their employer’s public benefits website and on their carrier’s online member portal), and sometimes participants found a few of the documents using one mechanism and a few using another one (e.g., participant found their plan comparison document in their hardcopy personal files and their benefits description through their portal). All participants had their insurance cards before the study and noted that a replacement insurance card could be accessed through the carrier’s online portal or by calling the insurance company.

Personal Records: All participants had their insurance cards as hardcopies. All but one of the participants reported that they always carry their insurance card on their person, usually in their wallet. Two participants reported that they have gotten temporary cards through their online portals in the past. Four participants had requested replacement cards. All 10 participants knew they could call their insurance company or go online to the company’s website to get a new card.

Two of the three people who had separate pharmacy insurance cards said they regularly carried the card on their person. Both participants who had separate prescription drug insurance cards noted that their pharmacies have the information from the cards saved on file or saved in an online app and that they would only need to present the card if they went to a new pharmacy.

Two participants found other documents in their personal records, including their SBC, plan summary, and plan comparison document. One participant, who is a dependent on his spouse’s plan, searched his wife’s email to locate the SBC. He used search terms to identify an email from

² Interviewers categorized the documents that participants provided according to their content and format, not according to what participants called them.

his wife's employer with the attached SBC. A second participant identified hardcopies of documents with plan summary and comparison information in her personal files. The participant reported that she keeps insurance information stored in a central location. She noted that many of the documents came from her company's orientation or from a packet of information that her carrier, Kaiser Permanente, sent to her when she enrolled. Both participants who found documents in their personal records also found additional documentation through their carrier's online insurance portal, which may mean that they could have found all of their documentation electronically, if requested.

One major challenge with documents kept in personal records is validating that they are the most current plan documents that accurately reflect the actual coverage. When participants provided documents that they received prior to enrolling in the study, it was difficult to ensure that the documents accurately reflected their current plan. The one SBC that was located in a participant's personal files was confirmed to be current. Some of the other documents provided from personal files lacked effective start dates or date ranges. Documents that did have dates often referenced years prior to the interview (e.g., 2018), and it was not possible to determine if the plan year was based on the calendar year or another interval.

Carrier's Online Member Portal: Four participants located their documents through their carrier's online insurance portal. Participants located their SBC, EOC, plan summary document, and plan comparison documents through their carrier's online portal. Participants who found documents through their carrier's online member portal had a variety of insurance types including Kaiser Permanente, CareFirst, Cigna, Excellus BlueCross BlueShield, and EmblemHealth.

Those who found their SBC through their carrier's member portal did so by logging in to their portal and finding a link on the homepage after logging in, navigating to the Benefits and Coverage tab after logging in, or by using the search bar after logging in. These three individuals had plans through Excellus, Cigna, CareFirst, and EmblemHealth. The individual who found their SBC through CareFirst originally signed in to their account, was directed to their employer's HR website (where they found the SBC), and then again looked on CareFirst's portal and found it. One participant identified their EOC in their Kaiser Permanente member portal. Three participants found other documentation that described their benefits through their portals. These individuals found their documentation under a variety of tabs, including My Documents and Coverage and Benefits. The information provided through the online portals seems to be specific to the plan that an individual has purchased, and it appears to be current.

Employer/HR Website: Eight participants searched their publicly accessible local government websites and their employee portals to locate their SBC, EOC, plan summary documents, and plan comparison documents. Participants found their SBC on publicly accessible local government websites and through their employee portals. Three participants reported using a search engine (e.g., Google), inputting their county employer's name and health benefits or health plans. They were led to their employer's website with information on the health plans. One participant went directly to their county employer's HR website and identified the documents there. Two participants signed in to their employee portal/employer's intranet and located their SBC under Benefits and HR, respectively.

Two participants located a summary of benefits or an employee benefits guide. One of the participants found this on the public website, while the other signed in to their employer intranet. These documents described the multiple benefits offered by the local government employer, including other insurances (e.g., short-term disability). One of the participant's documentation allowed for them to compare the different plans available to them to select from in detail and in a small plan comparison table. Both participants had a fee schedule included in the document. Participants reported having to search more on their HR websites for the plan comparison documentation when it was not included in the employee benefits guides.

Participants largely reported being knowledgeable of the documentation, other than the SBC, that they found through their HR websites. Many reported that they had come into contact with the document during open enrollment or when they began their jobs.

D.3.1.3. Time Spent Locating Documents

Participants reported that they spent between less than 10 minutes and 60 minutes looking for the documents, with an average time of 35 minutes and a median time of 28 minutes. Participants had varied responses in what took the longest to find. Three participants stated that the SBC took the longest, two stated that the plan comparison document took the longest, one stated that the health policy booklet took the longest, one stated that the benefits booklet took the longest, and two stated that just getting set up took the longest (e.g., printing packet, identifying how to find the documents). One person noted that they had to establish a new password for their carrier's insurance portal, which added to the time they spent. Participants were only looking for the documentation for their plan, and eight of ten participants were primary insurance holders.

D.3.1.4. Relative Ease of Locating Documents

Participants had varied experience with locating their documents. One participant ranked finding their SBC as very easy, four as easy, one as not hard or easy, two as hard, and none as very hard. Participants all ranked finding their insurance card as very easy. Participants felt that the miscellaneous documents (e.g., cost-comparison document, benefits description) were the most difficult to locate because they did not find links to the documents and had to search for the documents more (e.g., it took more clicks to get to the document). Most of these harder-to-locate documents were on the participant's employer public webpage.

Participants tended to feel that finding documents in their personal files was easiest and had varied experiences finding documents through their employer's website. Participants ranked finding documents through their carrier's online portal as very easy to not hard or easy. Participants ranked finding documents in their personal files (hardcopy or electronic) as very easy or easy. Participants ranked findings documents on their employer's website as ranging from very easy to very hard.

D.3.1.5. Efficacy of Study Instructions

Participants said that the instructions provided prior to the interview helped them locate documents. Many agreed that the checklist of the documents of interest and image of the SBC were the most helpful piece of the instructions. Participants stated that the information about the "other documents" could have been clearer. For instance, people were not sure if we wanted plan comparison documents for the current plan year they were in or for the open enrollment period that was upcoming. Participants recommended that we describe the differences between the

summary of benefits for the plan and other insurance plan documents, which may be a reflection of how documents are often named similarly but have varied content.

Participants tended to use the visual of the first page of the SBC to either ensure that they selected the correct document or to compare what is included in the SBC with the content of the other documents to make sure they were on the right path. This substitution effect should be considered when developing the protocol for the MEPS Household Component. It is likely more important to include the visual of the SBC than not, but the instructions should be clear if substituting similar documents (e.g., EOC) is acceptable.

D.3.1.6. Knowledge of Documentation

All participants were aware of the insurance card prior to the study. Participants were generally knowledgeable about documentation that described their insurance plan, but few could have named the documents prior to the study. Two participants knew about their SBC prior to our research. Participants knew about many of the documents from their open enrollment period — particularly the documents that were supplied on their employer’s website (e.g., Employee Summary of Benefits, cost comparison charts).

D.3.1.7. Factors in Document Collection

Participants noted that computer literacy would be a factor in success and that understanding how to navigate websites influenced their success. Internet access may also influence the ability of someone to provide their insurance documentation. All participants used the Internet to gain access to their documents.

Participants noted that the setup of the carrier’s insurance portal or employer website are also major factors in how easy it would be to access these documents. Participants noted that finding the documents on their portal or employer’s website was not necessarily intuitive. Participants suspected that other people may have difficulty if the websites are not intuitive. One participant noted that smaller insurance carriers may not provide this information online at all. Participants stated that newer employees may have a harder time locating this information since they would be less familiar with their HR information.

Participants who attended the interview in person provided their documents in hardcopy or via flash drive; telephone-interview participants emailed their documents. Participants stated that a participant’s ability to print documents may be a factor in being successful. Participants reported that some information, such as a Welcome Booklet, was too long to print. Participants had mixed opinions if they would rather provide an electronic format or printed. Some felt that printing was a burden, while others preferred it. Given this kind of challenge, online and hardcopy submission of materials may be key to successful implementation of the data collection in MEPS.

D.3.2. Analyst Finds Benefits Information After the Interview

This data collection strategy would involve a MEPS analyst finding key elements of local employee insurance plans after the in-home component of the MEPS interview. For this strategy to be successful, the local government employer would need to post their insurance information publicly online, and the interviewer would need to collect accurate information on the respondents’ health plan during the interview — particularly on the plan name and their employer. The biggest challenge with this strategy would be the reliability of information the interviewer could obtain

from the participant and the publication of benefits information on a publicly facing website. Local governments may offer their own insurance or may pool with the State, which will impact where the health insurance information is found. Attachment A in Section D.5 includes a list of States that allow pooling with local entities.

Some participants were able to find their SBC on their local government employer's publicly facing website, while some could not. Our background research shows that local governments do not provide consistent documentation. Of the 25 local entities we looked into, only five did not post the SBC. Unfortunately, four of the five that did not post the SBC also did not post any information about the health insurance offered on their publicly facing website. For more information on the documents that the local governments did include, please see Attachment B in Section D.6.

There may be a concern about the reliability of participants being able to identify which plan they are on. Although all participants could provide their insurance cards, the information available on the cards varies by insurance carrier; some insurance cards do not clearly outline the specific plan name.

Of the two interview participants who did not produce their SBCs during the interview, the research team was able to identify their SBC using an online search engine for SBC and the key terms of the name of their local government employer, health benefits carrier, and/or plan name information from the ID card or other summary document.

D.4. Recommendations for Collecting Insurance Information for Local Government Employee Plans

The general method, including a checklist, 10-day period for collection, and reminder calls, was effective at motivating participants to look for and produce coverage-related material. All participants produced the lower-effort insurance card and some related documents, but these were often original hardcopy materials and are at risk for being out of date. Eight of ten participants produced their SBCs. The two participants who did not produce their SBCs produced other documents that provided information on cost sharing and their plans, and the research team was able to locate their SBC online after the interview.

The local government employee group was more successful at producing the SBC than other groups; however, they relied heavily on Internet searches and insurance web portals to access information, requiring a significant amount of computer literacy. A site for electronic submission of documents would be critical for this group. In addition, this group was able to leverage employer sites for additional information. If additional acceptable document types are identified by Agency for Healthcare Research and Quality, these should be sought only after exhausting the SBC search efforts. The approach should be tailored to help the respondent more easily navigate the specifics of plans having this source. For instance, we should be versed in the various terminology and provide the respondent specific technical language to use in correspondence with the insurance carrier. The tailored approach could focus on the employer sites as a secondary SBC source.

D.5. Attachment A: Local Employee Plans Pooled With State Employees

Table D-1. Local Employee Plans Pooled With State Employees

States That Allow Pooling With Cities, Towns, and Counties	States That Allow Pooling With Universities and Colleges	States That Allow Pooling With Public Schools
<ul style="list-style-type: none"> • Alaska • Alabama • California • Hawaii • Illinois • Louisiana • Maine • Maryland • Massachusetts • Missouri • New Jersey • North Dakota • New Mexico • New York • Oklahoma • South Carolina • Tennessee • Utah • Virginia • Washington • West Virginia • Wisconsin 	<ul style="list-style-type: none"> • California • Hawaii • Illinois • Louisiana • Massachusetts • Nevada • New Jersey • North Carolina • North Dakota • Oklahoma • Oregon • Texas • West Virginia • Missouri • Utah • Washington 	<ul style="list-style-type: none"> • Arkansas • Delaware • Georgia • Hawaii • Kentucky • Louisiana • Mississippi • Missouri • Nevada • New Jersey • New York • North Carolina • Oklahoma • South Carolina • Tennessee • Utah • Virginia • Washington • West Virginia

Source: National Conference of State Legislatures. (2018, September 16). *State Employee Health Benefits, Insurance, and Cost*. Retrieved from <http://www.ncsl.org/research/health/State-employee-health-benefits-ncsl.aspx>.

D.6. Attachment B: Preliminary Findings on Publicly Available Information for the 25 Local Entities

Table D-1. Preliminary Findings on Publicly Available Information for the 25 Local Entities

Entity	SBC	Premium Rates/Rate Charts	Summary Plan Description	Plan Booklet	Plan Guide	Plan Brochure	Benefits Summary	Claims Forms	Notices (e.g., COBRA)	Out-of-Pocket Cost Comparison	Provider/plan Comparison	Evidence or Certificate of Coverage	Member handbook
Government of the District of Columbia	✓	✓	✓										
Montgomery County	✓	✓	✓			✓	✓	✓			✓		
Prince George’s County	✓						✓						
City of Rockville													
Arlington County	✓	✓	✓				✓		✓	✓			
DC Public Schools	✓	✓	✓				✓				✓		
Montgomery County Public Schools	✓	✓	✓				✓	✓				✓	
Prince George’s County Public Schools	✓	✓	✓					✓					
Clifford Township	✓		✓				✓				✓		
Calvert County													
New York City	✓	✓	✓				✓						
Houston Independent School District	✓	✓					✓		✓				
Miami-Dade County	✓						✓				✓		
Monroe County													
Public Education Employees Health Insurance Plan	✓	✓	✓	✓	✓		✓	✓				✓	✓
Los Angeles County	✓	✓	✓		✓		✓		✓		✓		
Los Angeles Unified School District	✓						✓				✓	✓	

Entity	SBC	Premium Rates/Rate Charts	Summary Plan Description	Plan Booklet	Plan Guide	Plan Brochure	Benefits Summary	Claims Forms	Notices (e.g., COBRA)	Out-of-Pocket Cost Comparison	Provider/plan Comparison	Evidence or Certificate of Coverage	Member handbook
Pulaski County	✓												
Provo City	✓						✓						
Cook County	✓	✓					✓	✓	✓			✓	✓
Canton City													
Essex County	✓	✓									✓		
South Carolina Public Charter School District	✓	✓							✓				
Abilene City		✓	✓				✓						
Grays Harbor County	✓	✓									✓	✓	

Appendix E: Final Findings on State Employee Plans

E.1. Introduction

This report presents the findings relevant to Task B.1.C of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals who receive insurance through a State government (i.e., State employee insurance plans) during the MEPS Household Component interview. In this document, we provide the results of background research, key informant interviews from the health insurance field, and cognitive interviews with ten individuals who receive insurance through a State employee insurance plan. Section 2 provides information on study methods.

E.2. Participants

The study team interviewed 10 participants: 5 in person and 5 by telephone. The average age of the participants was 38 years old, with an age range of 31 to 50 years. Half of the 10 participants were white, and the remaining 5 participants were Black/African American. One participant had attended some college or had an associate's degree, four participants had a bachelor's degree, and five had a graduate or professional degree. The 9 participants who provided information on their income levels reported a wide range of incomes from \$35,000 to \$149,999, although 5 reported incomes below \$75,000. Six participants had insurance through the Maryland Employee Health Plan, three participants had insurance through the North Carolina State Employee Health plan, and one participant had insurance through the New York State Employee Health Plan.

Table E-1. Characteristics of Participants

Participant	Age	Race	Education	Income Level	State of Employment
SG01	31	Black or African American	Bachelor's degree	\$50,000 to \$74,999	MD
SG02	40	White	Graduate degree	\$75,000 to \$99,999	NC
SG03	34	Black or African American	Graduate degree	\$50,000 to \$74,999	MD
SG04	50	Black or African American	Some college or associate's degree	\$35,000 to \$49,999	MD
SG05	48	White	Graduate degree	Prefer not to answer.	NY
SG06	43	Black or African American	Bachelor's degree	\$35,000 to \$49,999	MD
SG07	37	White	Bachelor's degree	\$100,000 to \$149,999	MD
SG08	32	Black or African American	Bachelor's degree	\$75,000 to \$99,999	MD
SG09	32	White	Graduate degree	\$75,000 to \$99,999	NC
SG10	31	White	Graduate degree	\$50,000 to \$74,999	NC

Note: Participants are identified by a randomly assigned participant number (e.g., SG01).

Participants had plans through five insurance carriers, as Table E-2 details. All participants were the primary policyholder.

Table E-2. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
CareFirst	3
Kaiser Permanente	2
UnitedHealthcare	1
Blue Cross Blue Shield of North Carolina	3
Excellus BlueCross BlueShield	1

E.3. Findings

The purpose of the research is to identify whether the MEPS Household Component interview can be expanded to include collecting data on people’s health insurance cost-sharing information. At this point, there are two options for collecting the insurance information. One option is to collect documentation or data points directly from the participant during or after the interview: In this scenario, participants would have their insurance documentation accessible during the interview either by collecting the documentation prior to the interview or accessing it during the interview, which the analyst could then collect. The second option is for a MEPS analyst or data processor to access benefits information independently from the participant after the interview.

E.3.1. Collect Documents Directly From Participants

Findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to or after the interview. Participants were specifically asked to locate their insurance card and Summary of Benefits and Coverage (SBC). Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or a third-party administrator, as a standard operating procedure.³ The SBC is federally mandated to be provided to insured members. The instructions participants were given placed a primary focus on the SBC and gave specific direction for finding or obtaining the SBC.

Participants were also asked to locate as many other types of documents that provide information about the services that their health plans cover and the costs associated with those services as they were willing to find. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

³ S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association (BCBSA) representatives (background research), interview, February 6, 2019.

Overall, participants were able to find documentation with cost-sharing information, but most were not able to locate their SBC. There was no discernable difference in document type or quantity production between the in-person participants with the full protocol and those done by phone with a shorter timeframe; however, the sample size is very small.

E.3.1.1. Documents Brought to the Interviews

Interview participants provided a variety of documents that contained cost-sharing information, as Table E-3 shows. All 10 participants brought their insurance ID cards. One participant also brought a prescription drug plan ID card. Three participants provided their SBCs. All participants provided some kind of plan summary document, and four provided a plan comparison. Many of the plan summaries and comparisons were included in State employee benefit handbooks that are readily available on the publicly State employee health benefits website. These handbooks provide information on a specific plan or on the multiple policies offered to employees. Half of the participants had more than 10 days to collect the documents.

Table E-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Employer/HR Website or Employer HR	Other
Insurance Card	10	10			
Prescription Drug Coverage ID Card	1	1			
SBC	3			2	1 ^a
EOC	1		1		
Plan Comparison Document	4	1		3	
Plan Summary Document	10	5	1	3	1 ^b

^a Participant indicated that she could not find the SBC but had actually provided it in her documentation. It is unclear how she located it.

^b Received this document after calling the carrier to request the SBC.

Table E-4 describes the information included in the documents that participants provided or that could be copied. Many individual documents had plan names, but fewer contained dates that indicate the documents were current or that had cost-sharing information.

Table E-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card ^a	10	<ul style="list-style-type: none"> 6 had a plan name. 	<ul style="list-style-type: none"> 6 had a valid date. 3 did not have a date. 	<ul style="list-style-type: none"> 2 cards contained copay information. 3 cards contained ER and urgent care copay information. 1 card contained ER, general physician, and specialist copay amounts. 3 cards did not contain any cost-sharing information.
Prescription Drug Coverage ID Card ^b	1	<ul style="list-style-type: none"> No plan name. 	<ul style="list-style-type: none"> No date. 	<ul style="list-style-type: none"> No information.
EOC ^c	1	<ul style="list-style-type: none"> Had a plan name. 	<ul style="list-style-type: none"> No date. 	<ul style="list-style-type: none"> Assumed to contain all information, but was too long to copy or do a detailed review during interview.
Plan Comparison Document	4	<ul style="list-style-type: none"> All had a plan name. 	<ul style="list-style-type: none"> All had a valid date. 	<ul style="list-style-type: none"> 3 contained all cost-sharing information. 1 contained premium rates for medical and prescription drug coverage.
Plan Summary Document ^c	17	<ul style="list-style-type: none"> 15 had a plan name. 2 did not have a plan name. 	<ul style="list-style-type: none"> 14 had a valid date. 2 had an invalid date in calendar year 2018. 1 did not have a date. 	<ul style="list-style-type: none"> All but 2 contained some cost-sharing information. 3 included all the cost-sharing information of interest.

^a One telephone interview participant discussed the insurance card but did not provide a copy to review due to privacy concerns with email transmission.

^b One in-person interview participant discussed the prescription drug plan card but did not bring it to the interview. One telephone interview participant discussed the prescription drug plan card but did not provide a copy to review due to privacy concerns with email transmission.

^c Only one page of the plan summary document for one in-person interview participant was copied, so cost-sharing information could not be verified.

E.3.1.2. How Participants Located Documents

Participants located documents through a variety of mechanisms. Most documents were located mainly in hardcopy files and through the State’s employee benefits website. All participants had their insurance cards before the study. Participants noted that a replacement insurance card could be ordered through the portal, requested by calling their insurance company, or contacting their Human Resources (HR) department.

Online Member Insurance Portal: Only two participants located documents through their online member insurance portals. One participant found the EOC in a section of the portal labeled “Benefits” and the other participant found a plan summary by “clicking around” the website.

None of the participants found their SBC through the online portal for their insurance company. One participant reported that she searched on the phone application that she uses to interact with her insurance company. This participant reported that she uses her telephone application to interact with her insurance portal often but was unable to find documentation through it.

Another participant reported that he searched on his online portal and could not locate the appropriate documents. He called his insurance company, CareFirst, a Blue Cross Blue Shield licensee, to request the SBC for the study. CareFirst emailed him a document similar to the SBC but not equivalent. This is customary for Blue Cross Blue Shield companies, as indicated in our interview with BCBSA representatives.⁴

Employer/HR Website: Some participants searched their publicly accessible State’s employee health benefits website to locate their SBC, plan summaries, and plan comparison documents. Participants reported that navigating the State’s website was easy once they knew to look for documentation there. One participant used a Google search in addition to exploring the website. Additionally, the employees reported that they had seen the information that they collected in print or online during open enrollment, so they were familiar with the documents before the study. Two participants found SBCs on the State website, three found plan comparisons, and three found plan summaries.

Only one individual signed into their private employee portal to access information. The individual reported that they are often on their employee portal and knew where to look to locate the document.

Personal Records: Five participants provided plan summaries and/or plan comparison documents from documents they already had in their personal files (four in hardcopy, one electronic). All were confirmed to be current for this year. Four of the five Maryland State employees provided a hardcopy of their States’ benefits guides that they received during open enrollment. One participant informed the study team that moving forward, the Maryland benefits guide will be provided to employees electronically only. One participant also provided plan comparison documents from their hardcopy personal records.

⁴ BCBSA representatives, interview, February 6, 2019.

E.3.1.3. Time Spent Locating Documents

Participants reported they spent between 10 and 120 minutes looking for the documents, with an average time of 40 minutes and a median time of 25 minutes. Participants stated that the most time-consuming parts were navigating the website, having to call the insurance carrier for support, locating documents with specific names, and comparing the information in the documents they found to the image of the SBC in the directions. Participants were only looking for the documentation for their plan, and most were the primary insurance holder. As a result, we cannot speak to the burden of collecting documentation for plans to which other members of the household belong but the respondent does not, although we assume the burden would be greater.

E.3.1.4. Relative Ease of Locating Documents

Participants generally identified documents that they already had in their possession (e.g., Maryland’s health benefits guide, insurance card) as the easiest to find and bring to the interview. Two individuals who found their SBCs were employees of North Carolina and reported that they did not know to look on the State website for the document, although the instructions provided did suggest that information could be located on an employer’s website. They also reported that the SBC was not obvious to find once on the State’s website. Participants had mixed feelings about whether it was easier to print the resources and bring them or if it was easier to provide the resources electronically. This seemed to depend on whether the document was already in hardcopy format and/or the length of the document.

E.3.1.5. Efficacy of Study Instructions

Participants pointed out that the instructions provided before the interview helped them locate documents. Participants stated that the image of the sample SBC was the most helpful piece of the instructions. They stated that the table explaining the documents was helpful and specific. Participants liked the checklist that we provided as well. Participants determined that it would be helpful to provide more information on what not to bring to the interviews.

Despite participant reports that the instructions were helpful, only 3 of 10 were able to find their SBCs. The two who found their SBCs on their State Employee Health plan websites recommended instructing people to search their State employer’s public website. From our interview with a subject matter expert, we learned that using a search engine with “[STATE NAME] Employee Health Plan SBC” as the key terms often yields the SBC.⁵ Directions could be modified to include this specific instruction moving forward. Alternatively, it may be possible to determine whether another document is an acceptable replacement for the SBC.

E.3.1.6. Knowledge of Documentation

All participants were aware of the insurance card before the study. Participants were generally knowledgeable about the documentation that is provided by their State employer during open enrollment (i.e., employee benefits guide, plan comparison documents). One participant had heard of the SBC before; another participant thought that the EOC was the SBC.

⁵ Leverage Global Consulting representative, interview, December 5, 2018.

E.3.1.7. Factors in Document Collection

Participants stated that people with low computer literacy may not be able to navigate the websites to find the appropriate documents. One participant stated that their State's benefits website had so much information that it made it difficult to find the right documentation. One participant advised that the instructions should recommend that State employees search the State benefits website for the documents.

Participants who attended the interview in person provided their documents in hardcopy; telephone-interview participants emailed their documents. Participants stated that a participant's ability to print documents may be a factor in being successful. Participants reported that some information on websites was not in a printer-friendly format and was long and difficult to interpret once printed due to the headers not printing as shown on the website. The participants who printed their documents did so from their work computers for this study. Given this kind of challenge, online submission of materials may be key to successful implementation of the data collection in MEPS.

Internet access may also influence the ability of someone to provide their insurance documentation. Some participants used the internet to gain access to their documents.

E.3.2. Analyst Finds Benefits Information After the Interview

An analyst could be successful at identifying plan information for participants who receive their insurance through a State employee's insurance program. State employee benefits information is widely available online; the main difficulty is ensuring that the analyst identifies the correct plan name and ensures that the documentation is for the correct year. For an analyst to find the SBC online, they would need to know the carrier and plan name, which may be available on the insurance ID card. Six State employees had insurance cards that contained plan names and we were able to find SBCs after the interview. In other cases, the insurance card did not provide the plan name information, but the SBC could be located through a Google search of the State name employee health plan plus the insurance carrier name and SBC.

As compared to employer-sponsored or local government plans, State employee health insurance plan details are the most accessible,⁶ but specific web locations of these materials vary. Some States, such as Virginia,⁷ post the information on their HR department's website, while others, such as Pennsylvania,⁸ have separate websites designated to provide this information. Attachment A in Section E.5 details the location of all State employee benefits websites.

Health plan information is accessible through simple internet searches. According to our key informant, this information is easy to access across States, even through simple web searches. Key search terms included "[STATE NAME] Employee Health Plan Information" or "[STATE NAME] Employee Health Plan SBC." The research team did find that some benefits information is out of date. For instance, when the research team Googled for North Carolina's SBCs, they

⁶ Leverage Global Consulting representative, interview, December 5, 2018.

⁷ Virginia Department of Human Resources Management. (2019). *Health Coverage*. Retrieved from <http://www.dhrm.virginia.gov/healthcoverage>.

⁸ Pennsylvania Employees Benefit Trust Fund. (2018). Home page. Retrieved from <https://www.pebtf.org/>.

located SBCs for the previous year. Maryland also had SBCs that were for the current plan year and the previous year, but Maryland’s information was clearly labeled.

The research team was interested that very few participants provided their SBC. Maryland State employee SBCs can be located by Googling “Maryland state employee SBC,” yet none of the Maryland employees brought the document. This may be due to a substitution effect based on the accessibility of other plan summary documents that include much of the same information. It may also be that participants felt that they had found enough appropriate documentation and chose to stop looking for the SBC.

E.4. Recommendations for Collecting Insurance Information for State Employee Plans

While the general method was effective at motivating participants to look for and produce coverage-related material, most participants did not produce SBCs even though they were the focus of the effort and readily available on the web in most cases. Participants produced plan summary or comparison information that they thought represented the information on the SBC. Participants also provided lower-effort insurance cards and some related documents, but these were less informative and would be more difficult to manage with regard to analytic extraction than an SBC. Several participants utilized an online search of either public sites or employee-specific portals, making it more likely that this group would utilize online retrieval and submission of documents.

One option to maximize the likelihood of collecting current cost-sharing information would be to focus exclusively on the SBC, with the possibility of extending this to State employee benefit guides that contain comparison charts or other summary information for State employees where current information is likely to be available online, and provide specific instructions about where to find these documents. From a data extraction perspective, even if other document types contain most or all of the cost-sharing information available on the SBC, their length and file size may present challenges for submission and abstraction. The strategy should focus collection on the SBC and summary/comparison documents rather than other document types and provide common variations in terminology as well as specific steps to locate—for instance, an attempt to access the SBC from the State benefits website first in conjunction with a web portal for submission, followed by a telephone call with specific instructions, including language to use when making the request of the benefits administrator.

Sufficient time should be given for the mail task. Other aspects of the protocol should remain intact, including 10 to 14 days to collect, a checklist with examples (modified to represent steps to obtain the SBC rather than document types), and reminder calls. While we recommend maintaining the same general protocol for this and other sources, the approach should be tailored to help the respondent more easily navigate the specifics of plans with this source. For instance, we should continue to try to collect cost-sharing information directly from the respondent for State employee plans while providing customized checklists and instructions geared specifically toward this group. While there may be some success in determining the SBC information for this group by researching it analytically following data collection, this should be a secondary approach to fill in information that the respondent could not provide rather than a primary collection approach for this source.

E.5. Attachment A. State Employee Health Plan Agencies

Table E-1. List of State Employee Health Plan Agencies With Links*

State	Agency Administering State Employee Health	Links
Alabama	Alabama State Employees Insurance Board; Public Education Employees' Health Insurance Plan	https://www.alseib.org/HealthInsurance/SEHIP/Health.aspx ; https://www.rsa-al.gov/peehip/
Alaska	Alaska Benefits Section, Department of Administration	http://doa.alaska.gov/drb/index.html
Arizona	Arizona Benefit Options, Department of Administration	http://www.benefitoptions.az.gov/
Arkansas	Employee Benefits Division, Department of Finance and Administration	https://www.dfa.arkansas.gov/employee-benefits-division
California	California Public Employees' Retirement System	https://www.calpers.ca.gov/
Colorado	Colorado Department. of Personnel & Administration, Division of Human Resources	https://www.colorado.gov/dhr
Connecticut	Healthcare Policy & Benefits Services, Office of the State Comptroller	https://www.osc.ct.gov/benefits.htm
Delaware	Statewide Benefits Office, Department of Human Resources	https://dhr.delaware.gov/benefits/
Florida	Division of State Group Insurance, Department of Management Services	http://dms.myflorida.com/human_resource_support/state_group_insurance
Georgia	State Health Benefit Plan, Georgia Department. of Community Health	https://shbp.georgia.gov/ ; https://georgia.gov/agencies/georgia-department-community-health
Hawai'i	Hawaii Employer-Union Health Benefits Trust Fund	https://eutf.hawaii.gov/
Idaho	Office of Group Insurance	https://ogi.idaho.gov/benefits-plans/
Illinois	State Employee Benefits, Department of Central Management Services	https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/default.aspx
Indiana	State Personnel Department, Benefit Information	https://www.in.gov/spd/2337.htm
Iowa	Department of Administrative Services, Human Resources	https://das.iowa.gov/human-resources/employee-and-retiree-benefits/employees

State	Agency Administering State Employee Health	Links
Kansas	Department of Health and Environment	http://www.kdheks.gov/hcf/health_reform/default.htm
Kentucky	Kentucky Employee's Health Plan; Kentucky Personnel	https://personnel.ky.gov/Pages/healthinsurance.aspx
Louisiana	State Civil Service	https://www.civilservice.louisiana.gov/
Maine	Office of Employee Health & Benefits	http://www.state.me.us/beh/
Maryland	Department of Budget and Management	https://dbm.maryland.gov/pages/default.aspx
Massachusetts	Group Insurance Commission	https://www.mass.gov/orgs/group-insurance-commission
Michigan	Michigan Civil Service Commission	https://www.michigan.gov/mdcs/0,4614,7-147-22854---,00.html
Minnesota	Employee Relations, Minnesota Management and Budget	https://mn.gov/mmb/employee-relations/
Missouri	Missouri Consolidated Health Care Plan	http://www.mchcp.org/
Mississippi	State Insurance Administrator, Department of Finance and Administration	http://www.dfa.ms.gov/dfa-offices/insurance/ ; http://www.dfa.state.ms.us/
Montana	Health Care & Benefits Division, Department of Administration	https://benefits.mt.gov/
Nebraska	Employee Wellness & Benefits, Department of Administrative Services	http://das.nebraska.gov/benefits.html
Nevada	Public Employees' Benefit Program	https://pebp.state.nv.us/
New Hampshire	Department of Administrative Services; Human Resources	https://das.nh.gov/ ; https://das.nh.gov/hr/
New Jersey	Division of Pensions and Benefits, Department of the Treasury	https://www.state.nj.us/treasury/pensions/
New Mexico	General Services Department	http://www.generalservices.state.nm.us/
New York	Department of Civil Service; NYSHIP	https://www.cs.ny.gov/ ; https://www.cs.ny.gov/employee-benefits/login/
North Carolina	North Carolina State Health Plan	https://www.shpnc.org/
North Dakota	North Dakota Public Employees Retirement System, Dakota Plan	https://ndpers.nd.gov/employers/join-ndpers-plans/health-plan/
Ohio	Benefits Administration, Department of Administrative Services	http://das.ohio.gov/Divisions/Human-Resources/Benefits-Administration
Oklahoma	Oklahoma Employee Benefits Department	https://www.ebd.ok.gov/Pages/default.aspx

State	Agency Administering State Employee Health	Links
Oregon	Public Employees' Benefit Board, Oregon Health Authority	http://oregon.gov/DAS/PEBB/
Pennsylvania	Pennsylvania Employees Benefit Trust Fund	https://www.pebtf.org/default.aspx
Rhode Island	Office of Employee Benefits	http://www.employeebenefits.ri.gov/index.php
South Carolina	South Carolina Public Employee Benefit Authority	http://www.peba.sc.gov/
South Dakota	Bureau of Human Resources	https://bhr.sd.gov/
Tennessee	ParTNers for Health, Benefits Administration	https://www.tn.gov/partnersforhealth.html
Texas	Employees Group Benefits Program, Employees Retirement System of Texas	http://www.ers.state.tx.us/insurance/default.aspx
Utah	Public Employees Health Program, Utah Retirement Systems	http://www.pehp.org/
Vermont	Benefits and Wellness, Department of Human Resources	http://humanresources.vermont.gov/benefits-wellness
Virginia	Employee Benefits, Department of Human Resource Management	http://www.dhrm.virginia.gov/employeebenefits
Washington	Public Employees Benefit Board, Health Care Authority	http://www.pebb.hca.wa.gov/
West Virginia	Public Employees Insurance Agency	https://peia.wv.gov/Health-Plans/Pages/default.aspx
Wisconsin	Department of Employee Trust Funds	http://etf.wi.gov/
Wyoming	Department of Administration & Information, Human Resources Division	https://ai.wyo.gov/divisions/human-resources

* Adapted from <http://www.ncsl.org/research/health/State-employee-health-benefits-ncsl.aspx>.

Appendix F: Final Findings on Medicare Supplemental/Medigap Plans

F.1. Introduction

This report presents the portion of findings relevant to Task B.1.B of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project as they pertain to Medigap plans. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals with Medigap insurance plans during the Medical Expenditure Panel Survey (MEPS) Household Component interview. In this document, we provide the findings of in-person and telephone interviews conducted with individuals who have Medicare supplemental or Medigap plans (including coverage through an employer retiree plan) to understand how they receive and access information about their health insurance benefits and coverage. We also draw on background research and interviews with key informants from the health insurance field. Section 2 provides information on study methods.

F.2. Participants

The study team conducted 11 individual interviews with a convenience sample of 11 participants who had Medicare wraparound plans (Medigap). Of the 11 Medigap interviews, 8 were held in-person, and 3 were held via telephone. Participants had plans through eight insurance carriers, as Table F-1 details. Ten participants were the primary policyholder and one was covered under a spouse’s policy.

Table F-1. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
Aetna	3
Cigna	1
Felra-UFCW Health and Welfare Fund	1
Johns Hopkins	1
Kaiser Permanente	2
Standard Life	1
UnitedHealthcare AARP	1
USAA	1

The study team sought to recruit participants with a range of ages and educational attainment. The average age of the Medigap interviewees was 67.1 years old. More than half of the participants were white (n=7) and the remaining three participants were Black/African American. Four participants had a bachelor’s degree, two had a graduate or professional degree, three had some college or associate’s degree, and two had a high school diploma or GED. The 9 participants who provided information on their income levels reported a wide range of incomes from less than \$25,000 to \$150,000 or more.

Table F-2. Characteristics of Participants

Participant (Mode)	Age	Race	Ethnicity	Education	Income Level
IM-01 (In-Person)	71	Black or African American	Not Hispanic	Some college or Associate's degree	Less than \$25,000
IM-02 (In-Person)	72	Black or African American	Not Hispanic	Bachelor's degree	\$35,000 to \$49,999
IM-03 (In-Person)	40	Black or African American	Not Hispanic	High school diploma or GED	Less than \$25,000
IM-04 (In-Person)	67	White	Not Hispanic	Some college or Associate's degree	\$35,000 to \$49,999
IM-05 (In-Person)	66	White	Not Hispanic	Bachelor's degree	\$75,000 to \$99,999
IM-06 (In-Person)	75	White	Not Hispanic	Bachelor's degree	\$35,000 to \$49,999
IM-07 (In-Person)	67	White	Not Hispanic	Graduate or professional degree	\$50,000 to \$74,999
IM-09 (In-Person)	65	Black or African American	Not Hispanic	Some college or Associate's degree	\$50,000 to \$74,999
IM-11 (Phone)	69	White	Not Hispanic	High school diploma or GED	Prefer not to say
IM-12 (Phone)	76	White	Not Hispanic	Graduate or professional degree	\$150,000 or more
IM-14 (Phone)	70	White	Not Hispanic	Bachelor's degree	Prefer not to say

Note: Participants are randomly assigned a participant number (e.g., IM-02).

F.3. Findings

The purpose of this research is to identify the feasibility of expanding the MEPS Household Component interview to include data collection on specific cost-sharing elements of respondents' insurance coverage. One option for this process is to collect insurance documents directly from respondents during the interview. In this scenario, participants would gather their insurance documents prior to, during, or following the MEPS interview. This approach is consistent with the current effort designed to examine the breadth of insurance documents participants can provide that may contain cost-sharing information. The alternative option for data collection for Medigap enrollees is document collection specifically geared toward identifying the Medigap plan letter so analysts can match available cost-sharing indicators.

F.3.1. Collect Documents Directly From Participants

Findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to or after the interview. Participants were specifically asked to locate their insurance card. Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or a third-party administrator, as a standard operating procedure.⁹

⁹ S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association representatives (background research), interview, February 6, 2019.

While this group does not receive SBCs for Medigap plans, the group was asked to produce documentation of various types to help inform plan identification and cost-sharing components. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

Overall, participants were able to produce some form of documentation for their plans, though the types of documents provided varied among the subgroup. While this group does not receive SBCs for Medigap plans, eight participants did provide documents with some cost-sharing information. There was no discernable difference in document type or quantity production between the in-person participants with the full protocol and those done by phone with a shorter timeframe; however, the sample size is very small and document production was relatively low.

F.3.1.1. Documents Brought to the Interviews

Interview participants located a variety of documents that contained cost-sharing information, as Table F-3 shows. Ten of the 11 participants brought their insurance card for the supplemental policy. The remaining participant brought only his Medicare card, but knew where he kept his supplemental plan card. Six participants brought prescription drug coverage ID cards. Seven participants brought a documents with plan summary information, four brought plan comparisons, and three brought an EOC. Of the 10 participants who received instructions,¹⁰ 4 had fewer than 7 days to collect the documents, 3 had 7 or 8 days, and 3 had 14 or more days.

Table F-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Other
Insurance Card	11	11		
Prescription Drug Coverage ID Card	7	7		
EOC	4 ^a	3		1
Plan Comparison Document	4 ^c	1	1	1 ^b
Plan Summary	7	3	3	1 ^d

^a One participant provided an EOC but did not discuss how it was located.

^b Participant called insurance company to ask for items on the checklist and was able to obtain a plan comparison document.

^c One participant provided a plan comparison document but did not discuss where it was located.

^d One participant with coverage through an employer retiree plan located a plan summary document from the employer website.

Table F-4 describes the information include in the documents that participants provided or that could be copied. Many individual documents had plan letters or names, but fewer contained dates that indicate the documents were current or cost-sharing information.

¹⁰ One participant was sent a mailer but did not receive it.

Table F-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Letter or Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card ^a	9	<ul style="list-style-type: none"> 7 supplemental plan cards had the plan letter. 2 of 2 Medicare Advantage¹¹ plan cards had a plan name. 	<ul style="list-style-type: none"> 3 could be current based on printed or effective date on the card. 8 had no date or a printed/effective date from more than a year earlier. 	<ul style="list-style-type: none"> 1 card contained copay information.
Prescription Drug Coverage ID Card ^b	7	<ul style="list-style-type: none"> 4 had a plan name. 	<ul style="list-style-type: none"> 3 could be current based on printed or effective date on the card. 	<ul style="list-style-type: none"> No information.
EOC ^c	3	<ul style="list-style-type: none"> 2 had a plan name. 	<ul style="list-style-type: none"> 1 had a current effective date range. 1 was from CY2018. 	<ul style="list-style-type: none"> Assumed to contain all information, but was too long to copy or do a detailed review during interview.
Plan Comparison Document	3	<ul style="list-style-type: none"> The 2 supplemental plan documents had the plan letter, but nothing indicating the participant's plan. The Medicare Advantage plan document had a plan name. 	<ul style="list-style-type: none"> 2 did not have a date. 1 had the date the document was printed from the website (which was current). 	<ul style="list-style-type: none"> 2 contained deductibles for medical expenses. 1 did not provide specific details.
Plan Benefit Summary/Table ^d	7	<ul style="list-style-type: none"> 1 included plan letter. 	<ul style="list-style-type: none"> 2 had a valid date. 	<ul style="list-style-type: none"> 2 contained some copay information.

^a The three people who participated in telephone interviews discussed the insurance card but did not provide a copy to review due to privacy concerns with email transmission.

^b One telephone interview participant discussed the prescription drug plan card but did not provide a copy to review due to privacy concerns with email transmission.

^c One telephone interview participant was not able to scan the EOC before the interview.

^d For two of the plan summary documents, only the first page was copied. One participant sent a link to their member portal with the plan summary document, which we could not access.

¹¹ Based on the insurance card and/or interview, we determined that three participants had Medicare Advantage plans. One of these did not bring his insurance card to the interview.

Six participants brought other documents such as coverage confirmation letters, drug policy handbooks, notices, notices of policy changes, physician information and provider listings, and drug formularies. These were not of use to the study because they did not contain cost-sharing information and generally directed people to refer to their policy documents for specific coverage details. Six participants brought insurance company-produced member or welcome booklets that provide general process information, such as contact information, how to find a provider, and the claims process.

Several Medigap participants brought other documents they had received from their insurance companies such as explanations of benefits and claims documents. Explanations of benefits and claims documents were not copied or discussed during the interviews due to privacy concerns. Although participants with Medicare supplements were instructed to bring only documents relevant to their supplemental plans, not their primary Medicare coverage, several brought Medicare booklets and information.

F.3.1.2. How Participants Located Documents

Participants located documents through multiple mechanisms. Most documents were printed materials that participants had saved from mailings and distributions from their insurance provider, located in participants' personal files, while some documents were located through an online insurance portal. All participants had their insurance cards before the study and many noted that a replacement insurance card could be accessed through the online portal or by calling the insurance company. While effective, the tendency to locate documents in personal files increases the risk that the information cannot be confirmed as current. A review of many of the materials revealed no obvious date to verify and a number of participants indicated it was the material they were given when they first enrolled with the plan. Given this, fresh contact with the insurer to procure current documents seems necessary.

Personal Records: Many participants in this group provided documents that they received prior to being invited to join the study, including the insurance card, EOC, plan comparison documents, and other documents. Most Medigap participants who brought in documents they had printed before the beginning of the study reported that they keep certain documentation in a hardcopy file within their home or office. Most received these documents when their plan began or in mailings from the insurance company.

All participants had their insurance cards, but only ten brought one to the interview. All ten participants reported that they always carry their insurance card on their person, usually in their wallet, purse, pocket, or briefcase. One person reported he kept his insurance card at home in a folder with his social security card and other important documents. Three participants had requested a replacement card in their experiences. One participant reported that he had requested a new card from the insurance company's online member portal and received the card in the mail, and two had called their insurance company's customer service number to make the request. Of the eight who had not requested a replacement card, six would call their insurance company or representative, one would request one online, and one would either make the request by phone or online.

Five of the seven participants who had separate prescription drug insurance cards reported that they also carry these in their wallets or generally have them on their person. One participant who had a separate prescription drug insurance card keeps it at home with other records. Two participants noted that that pharmacy has the information from the card saved on file so he does not need to carry the card unless he went to a goes to a new pharmacy.

One major challenge with documents kept in personal records is validating they are the most current plan documents or accurately reflect the actual coverage. When participants provided documents they received prior to enrolling in the study, it was difficult to ensure the documents accurately reflected their current insurance. Many of the documents lacked effective start dates or date ranges. Documents that did have dates did not clearly identify the coverage period or were for years prior to the survey (e.g., 2018).

Contacted the Insurance Company: Three participants went to their online insurance portals and two called their insurance companies for assistance finding documents that contained information described in the document collection instructions (e.g., SBC, plan comparison). Only one participant had success finding documents through their insurance companies. This person found a plan comparison document after calling the insurance company, who directed him to the website.

Other Online Locations: One participant located a comparison chart of Medigap plan options from Medicare.gov. This was also one of the three people who looked on their online insurance portal.

F.3.1.3. Time Spent Locating Documents

Participants reported they spent between a few and 120 minutes looking for the documents, with an average time of 39 minutes and a median time of 25 minutes. Participants were only looking for the documentation for their plan, and all but one was the primary insurance holder. Although Medicare wraparound participants were instructed to locate and bring in documents relevant to their Medicare supplemental plan, not their Medicare coverage, many did bring Medicare documents and documents without cost-sharing information for other plans such as prescription drug coverage (e.g. drug formularies, carrier drug handbook). As a result, the burden of collecting documentation for these participants may be higher than participants with other insurance types due to the extra documents they searched for.

F.3.1.4. Efficacy of Study Instructions

Participants pointed out that the instructions provided prior to the interview helped them locate documents. Many agreed that the checklist of the documents of interest was the most helpful piece of the instructions. They expressed confusion over some items on the list that did not apply to their plan types, such as the SBC or plan comparison documents. Participants recommended that the instructions be as specific as possible, including differentiating between alternative names that might be used to refer to the documents and more detailed suggestions for where to look for the documents.

F.3.1.5. Knowledge of Documentation

All participants were aware of the insurance card prior to the study. Participants were generally knowledgeable about documentation that described their insurance plan, but few could have named the documents prior to the study. Participants did not have access to SBCs, but some expressed that they had seen other similar plan summary information included in other documents they possessed.

F.3.1.6. Factors in Document Collection

Participants stated people who are organized and retain hardcopies of their files would have an easier time gathering and providing documents. Many participants in this subgroup said they had specific file cabinets or areas in their homes where they kept hardcopies of the documents, which allowed them to quickly gather records from one location. Participants also described knowledge about one's insurance plan and about insurance in general as important factors in finding these documents. Others mentioned computer and general health literacy, education, and the specific insurance company and its online setup as additional factors in ease of document collection. One participant was frustrated that the customer service representative she spoke to at her insurance company did not know what documents she was asking for or how to direct her to find them.

Of the eight in-person participants who had the option to provide documents in hardcopy, via email, on a flash drive, or as a weblink, seven provided hardcopies. Most of these commented that they prefer to keep important documents in hardcopy files. One person brought a weblink to pull up the PDF file of the policy information, since she knew it would be too long to print. The other two participants provided their documents via email because they were participating in telephone interviews, and as such were instructed to do so specifically.

F.3.2. Find Benefits Information After the Interview

Some participants provided additional insurance information that may help identify the plan letter associated with the Medigap plan. In MEPS Household Component, the document collection activity would be focused on providing documentation of the Medigap plan letter, which has known cost-sharing details. The protocol would specifically direct those covered by a Medigap plan to search for and submit documentation only pertaining to the plan letter rather than trying to identify documents covering all cost-sharing elements.

A significant challenge to this approach would be the reliability of information the interviewer could obtain from the participant. As we learned from interview participants, the documents policyholders have in their possession are not always accurate or current. These documents are inconsistent in the level of detail available to help identify the plan, and further vary by type of document and carrier. Many Medicare wraparound participants had a large number of documents in their possession, since they have coverage from multiple sources (Medicare and at least one supplement). This would be challenging for an analyst to sort through and validate.

Although all participants had their insurance cards, the information available on the cards varies by insurance carrier; some insurance cards do not clearly outline the specific plan name or letter. Some Medigap insurance cards include the carrier name and the associated plan letter on the card, but in cases where this is not available, the MEPS interviewer would need to work with the respondent to identify and obtain additional documentation containing the plan letter.

F.4. Recommendations for Collecting Insurance Information for Medigap Plans

The general method, including the checklist of documents of interest, 10-day period for collection, and reminder calls, was effective at motivating participants to look for and produce coverage-related material. Participants produced the lower-effort insurance card and some related documents, but these were often original hardcopy materials and risk being out of date. A few participants utilized an online portal, which may have been effective at locating materials, but they could not easily locate coverage information.

To maximize the potential to collect current documentation, one option might be to focus primarily on dated plan letter documentation (as opposed to other document types) and provide both common variations in terminology and specific steps a participant could take to locate these documents. For instance, a participant may be directed to check the insurance card, then look for a current hardcopy, followed by an online search, if an online portal is available, with a web portal through which a participant could submit documents to the MEPS team. If a participant is unable to search online or could not find their plan letter or name through the online portal, the next steps would direct them to call their insurance provider by telephone, with provided instructions including language to use when making the request. Sufficient time should be given to allow participants to request and receive the materials by mail if necessary. Other aspects of the protocol should remain intact, including a collection period of 10–14 days, a checklist with examples (modified to represent steps to obtain information, rather than document types), and reminder calls.

Appendix G: Final Findings on Individual Market Plans (Excluding Medigap)

G.1. Introduction

This report presents the portion of findings relevant to Task B.1.B of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project pertaining to non-Medigap individual market plans. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals with individual market insurance plans during the Medical Expenditure Panel Survey (MEPS) Household Component interview. In this document, we provide the findings of in-person and telephone interviews conducted with individuals who have individual market insurance plans excluding Medigap to understand how they receive and access information about their health insurance benefits and coverage. We also draw on background research and interviews with key informants from the health insurance field. Reference to individual market throughout this report is specific to plans other than Medigap. Section 2 provides information on study methods.

G.2. Participants

The study team conducted interviews with a sample of five participants who receive their health insurance through the individual market. For the purposes of this study, individual market insurance is defined as insurance that is privately purchased outside of insurance exchanges and excludes Medigap. Three interviews were conducted in person, and two were conducted via telephone.

Of the five respondents, three had plans purchased directly from an insurance company, and two had insurance provided through a school. Participants had plans through five different insurance carriers, as Table G-1 shows. Four respondents were the primary policyholder, and one was a dependent on a spouse’s policy.

Table G-1. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
Blue Cross Blue Shield of Massachusetts	1
Freedom Life	1
Kaiser Permanente	1
UnitedHealthcare	1
FirstHealth	1

The average age of the individual market interviewees was 39.2 years old, with an age range of 29 to 63 years. All five participants in this group were white. One participant had a bachelor’s degree, and four had a graduate or professional degree. The participants reported income levels from \$35,000 to \$150,000 or more.

Table G-2. Characteristics of Participants

Participant	Age (Mode)	Race	Ethnicity	Education	Income Level
IM-08 (In-person)	29	White	Not Hispanic	Graduate or professional degree	\$150,000 or more
IM-10 (In-person)	36	White	Hispanic	Graduate or professional degree	\$35,000 to \$49,999
IM-13 (In-person)	63	White	Not Hispanic	Bachelor’s degree	\$35,000 to \$49,999
IM-16 (Telephone)	37	White	Not Hispanic	Graduate or professional degree	\$150,000 or more
IM-17 (Telephone)	31	White	Not Hispanic	Graduate or professional degree	\$50,000 to \$74,999

Note: Participants are randomly assigned participant number (e.g., IM-02).

G.3. Findings

The purpose of this research is to identify the feasibility of expanding the MEPS Household Component interview to include data collection on specific cost-sharing elements of respondents’ insurance coverage. One option for this process is to collect insurance documents directly from respondents during the interview. In this scenario, participants would gather their insurance documents prior to, during, or after the MEPS interview. An alternative option for data collection is for a MEPS analyst or data processor to access participants’ benefits information after the interview. The findings presented here explore the feasibility of these options.

G.3.1. Collect Documents Directly From Participants

Findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to the interview. Participants were specifically asked to locate their insurance card and Summary of Benefits and Coverage (SBC). Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or a third-party administrator, as a standard operating procedure.¹² The SBC is federally mandated to be provided to insured members. The instructions participants were given placed a primary focus on the SBC and gave specific direction for finding or obtaining the SBC.

Participants were also asked to locate as many other types of documents that provide information about the services that their health plans cover and the costs associated with those services as they were willing to find. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

¹² S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association representatives (background research), interview, February 6, 2019.

Overall, participants were able to produce some form of documentation for their plans, though the types of documents provided varied greatly among the individual market subgroup. Despite the focus of the instructions on the SBC, no participant located this document; however, all participants provided documents with some kind of cost-sharing information. This presents a significant challenge to this method of data collection, particularly when combined with the difficulty of verifying that the documents provided by a participant are for their current policy. There were no substantive differences in the number or type of documents provided by phone and in-person respondents, but samples are small and document production was relatively low.

G.3.1.1. Documents Brought to the Interviews

Interview participants provided a variety of documents, as Table G-3 shows. Of the five participants, three had 13 or 14 days to collect the documents and two had 2 days. All participants were provided the packet electronically on the date their interview was scheduled. All five individuals were able to provide their insurance cards. None of the participants in this group provided an SBC. All participants brought one or two other pieces of documentation, including an EOC, a plan summary, or a plan comparison document.

Table G-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Other
Insurance Card	5	5		
Prescription Drug Coverage ID Card	0			
SBC	0			
EOC	2		2	
Plan Summary Document	4	1	3	
Plan Comparison Document	3	1	1	1 ^a

^a One participant had insurance through a university student health plan. She located the plan comparison document on the university’s student health plan website.

Document naming was a source of confusion for participants in identifying documents and could make it difficult to specify the documents a MEPS respondent should gather for the interview. Insurance documents that participants brought were often titled similarly even though the content and/or layout of the content was different. For example, participants brought documents titled Benefits at a Glance, Eligibility and Benefits, and Evidence of Benefits and Coverage. Participants reported that they looked at the title of the documents to understand if they had selected the correct document to bring to the interview. One participant brought in what they thought was the SBC but was instead the Evidence of Benefits and Coverage.¹³

Table G-4 describes the information included in the documents that participants provided or that could be copied. Only about half of the documents had plan names or potentially current dates. Some cost-sharing information was included in the documentation provided by each participant.

¹³ Interviewers categorized the documents that participants provided according to their content and format, not according to what participants called them.

Table G-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card ^a	5	<ul style="list-style-type: none"> • 1 had a plan name. 	<ul style="list-style-type: none"> • 1 had a valid date. • 1 had an invalid date. • 1 did not have a date. 	<ul style="list-style-type: none"> • 2 cards contained office visit copays. • 1 card contained the overall deductible.
EOC	2	<ul style="list-style-type: none"> • 1 had a plan name. 	<ul style="list-style-type: none"> • 1 had a valid date. • 1 did not have a date. 	<ul style="list-style-type: none"> • Assumed to contain all information, but was too long to copy or do a detailed review during interview.
Plan Comparison Document	3	<ul style="list-style-type: none"> • 3 had a plan name. 	<ul style="list-style-type: none"> • 2 had a valid date. • 1 did not have a date. 	<ul style="list-style-type: none"> • All contained some cost-sharing information.
Plan Summary	4	<ul style="list-style-type: none"> • 4 did not have a plan name. 	<ul style="list-style-type: none"> • 2 had a valid date. • 2 did not have a date. 	<ul style="list-style-type: none"> • All contained some cost-sharing information.

^a The two people who participated in telephone interviews discussed the insurance card, but did not provide a copy to review due to privacy concerns with email transmission. The ID card for one in-person participant was not copied.

G.3.1.2. How Participants Located Documents

Participants located documents through a variety of processes. Even if hardcopy materials were printed and brought to the interview, most documents were located online through an online insurance portal. All participants had their insurance cards before the study and noted that a replacement insurance card could be accessed through the online portal or by calling the insurance company.

Personal Records: All participants had their insurance cards and reported that they always carry their insurance card on their person, usually in their wallet, purse, pocket, or briefcase. One participant had to request a card through the insurance portal when first enrolled. The other four participants reported they never had to request a replacement card but would either call the insurance company or go to the insurance website to request one if needed. One of the four specifically mentioned a button on the insurance portal for requesting a replacement card with a link to a temporary card.

Two participants also brought a plan summary document or plan comparison document from their personal records, which they had received these documents when their plan began or in mailings from the insurance company.

One major challenge with documents kept in personal records is validating they are the most current plan documents or accurately reflect the actual coverage. When participants provided documents they received prior to enrolling in the study, it was difficult to ensure the documents accurately reflected their current insurance. Many of the documents lacked effective start dates or date ranges. Documents that did have dates were often for years prior to the survey (e.g., 2017).

Online Member Portal: Three participants located the EOC, plan summaries, or plan comparison documents in their online insurance member portal. One participant set up a portal account through her carrier's website after she had called the company asking for the SBC. She reported that the person she spoke with on the phone did not know what she was asking for and directed her to set up an online account, where she was able to locate a PDF version of her policy. Another participant located an EOC and a plan summary document on the online portal. The third participant mentioned they found a plan summary and a plan comparison on the online portal. The participants who went to their online member portal had insurance through USAA and UnitedHealthcare.

G.3.1.3. Time Spent Locating Documents

Participants reported they spent between 5 and 60 minutes looking for the documents, with an average time of 36 minutes and a median time of 47 minutes. Participants were only looking for the documentation for their plan, and all but one was the primary insurance holder.

G.3.1.4. Efficacy of Study Instructions

Participants pointed out that the instructions provided prior to the interview helped them locate documents. Many agreed that the checklist of the documents of interest was the most helpful piece of the instructions. They expressed confusion over some items on the list that did not apply to their plan types, such as other insurance coverage documents or plan comparison documents. Participants liked the checklist that we provided as well. Participants recommended that the instructions be as specific as possible, including differentiating between alternative names that might be used to refer to the documents and more detailed suggestions for looking for documents.

G.3.1.5. Knowledge of Documentation

All participants were aware of the insurance card prior to the study. Participants were generally knowledgeable about documentation that described their insurance plan, but few could have named the documents prior to the study. No participants provided the SBC, but some expressed that they had seen other similar plan summary information included in other documents they possessed, such as the plan booklet.

G.3.1.6. Factors in Document Collection

Participants described knowledge about one's insurance plan and about insurance in general as important factors in finding these documents. Others mentioned computer and general health literacy, education, and the specific insurance company and its online setup as additional factors in ease of document collection.

Three participants that attended the in-person interview provided hardcopy documents. The other two participants provided their documents via email because they were participating in telephone interviews, and as such were instructed to do so specifically. All participants went online, either to their personal email, university web site, or insurance portal.

Internet access may also influence the ability of someone to provide insurance documentation. All participants attempted online searches of email and the web. Some participants used the internet to gain access to their documents. Even the participant that called their insurance company was directed to establish an online member portal to find their documents.

G.3.2. Analyst Finds Benefits Information After the Interview

Rather than collecting insurance documents from MEPS participants, this data collection strategy would require a MEPS analyst to find key elements of individual market respondents' insurance plans after the Household Component of the MEPS interview. For this strategy to be successful, the interviewer would need to collect accurate information on a respondent's health plan during the interview, particularly the plan name. A significant challenge to this approach would be the reliability of information the interviewer could obtain from the participant. As we learned from interview participants, the documents policyholders have in their possession are not always accurate or current. These documents are inconsistent in the level of detail available to help identify the plan, and further vary by type of document and carrier.

Although all participants could provide their insurance cards, the information available on the cards varies by insurance carrier; some insurance cards do not clearly outline the specific plan name. Even with this information, it is not clear that the analyst could accurately link back to an exact plan. Additionally, access to cost-sharing information to match by plan name is less likely to be available for plans of this type in comparison to State, local, or Medigap plans.

G.4. Recommendations for Collecting Insurance Information for Individual Market Plans

While the general method—including the checklist of documents, 10-day period for collection, and reminder calls—was effective at motivating participants to look for and produce coverage-related material, this approach did not produce SBCs, even though these were the focus of the effort. Participants produced the lower-effort insurance card and some related documents but no SBCs. Some participants utilized an online portal, which may have been effective at locating materials, but they could not easily locate the SBC. It is possible that, had we asked participants only to find the SBC, we would have seen a higher success rate in finding it. This group seemed inclined to use online resources to search and explore variations on the instructions by searching for email attachments. This may be another option for document retrieval that is appealing as it is dated and electronic.

To maximize the potential to collect current documentation, one option might be to focus primarily on SBC collection (as opposed to other document types) and provide both common variations in terminology and specific steps a participant could take to locate the SBC. For instance, a participant may be directed to search for documents online first, providing a web portal through which a participant could submit documents to the MEPS team. If a participant is unable to search online or could not find their SBC through the online portal, the next steps would direct them to call their insurance provider by telephone, with instructions including language to use when making the request. Sufficient time should be given to allow participants to request and receive the SBC by mail if necessary. Other aspects of the protocol should remain intact, including a collection period of 10–14 days, a checklist with examples (modified to represent steps to obtain the SBC, rather than document types), and reminder calls. The benefits of this approach would need to be weighed against the risk of losing participants because they could not locate the SBC.

Appendix H: Final Findings on Private Employer-Sponsored Plans

H.1. Introduction

This report presents the findings relevant to Task B.1.E of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals with employer-sponsored insurance plans during the MEPS Household Component interview. In this document, we provide the results of focus groups, telephone interviews, and in-home interviews conducted with individuals who have employer-sponsored insurance plans. We also draw on background research and interviews with key informants from the health insurance field. Section 2 provides information on study methods.

H.2. Participants

The study team conducted 3 focus groups with 13 participants and cognitive interviews with 17 participants who receive their health insurance through a private employer.¹⁴ Seven of the interviews were conducted by telephone, and three were conducted in home. Participants had plans through seven insurance carriers, as Table H-1 details. Twenty-four participants were the primary policyholder, five were dependents on a spouse’s policy, and one was a dependent on a parent’s policy.

Table H-1. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
Aetna	4
Anthem ^a	3
Blue Cross Blue Shield of Illinois ^a	1
CareFirst ^a	6
Cigna	5
Kaiser Permanente	3
UnitedHealthcare	8

^a Anthem, Blue Cross Blue Shield of Illinois, and CareFirst are subsidiaries of Blue Cross Blue Shield.

The study team attempted to recruit participants with a range of ages, educational attainment, income, and size of employer. The average age of the participants was 34.7 years old, with an age range of 24 to 58 years. More than half of the participants were white (n=17) and the remaining 13 participants were either Asian or Black/African American. Only one participant reported Hispanic ethnicity. Sixteen participants had a bachelor’s degree, 11 had a graduate or professional degree, and 3 had a high school diploma or GED. The 28 participants who provided information on their income levels reported a wide range of incomes, from \$25,000 to \$150,000 or more, although more than half (n=15) had incomes greater than \$75,000. The size of the employer through which participants received their insurance varied. Eight participants received their insurance through an employer with less than 50 employees; 6 participants received their insurance

¹⁴ Two other individuals attended the focus groups, but they are included in the State government employee plan and individual market plan groups.

through an employer with 50 to 199 employees; 3 participants received their insurance through an employer with 200 to 499 employees; 1 participant received their insurance through an employer with 500 to 999 employees; and 11 participants received their insurance through an employer with more than 1,000 employees.¹⁵

Table H-2. Characteristics of Participants

Participant	Age	Ethnicity	Race	Education	Income Level	Size of Employer
FG1-P1	29	Not Hispanic	Black or African American	Bachelor's degree	\$50,000 to \$74,999	50 to 199
FG1-P2	46	Not Hispanic	White	Bachelor's degree	\$25,000 to \$34,999	20 to 49
FG1-P3	57	Not Hispanic	White	Bachelor's degree	Prefer not to answer	50 to 199
FG1-P4	27	Hispanic	Asian	Bachelor's degree	\$75,000 to \$99,999	1 to 19
FG2-P1	39	Not Hispanic	White	High school diploma or GED	\$100,000 to \$149,999	Over 1,000
FG2-P2	31	Not Hispanic	Black or African American	Graduate or professional degree	\$150,000 or more	50 to 199
FG2-P3	27	Not Hispanic	White	Bachelor's degree	\$25,000 to \$34,999	20 to 49
FG2-P4	31	Not Hispanic	Asian	Bachelor's degree	\$35,000 to \$49,999	20 to 49
FG2-P5	31	Not Hispanic	White	Graduate or professional degree	\$100,000 to \$149,999	Did not provide.
FG2-P6	29	Not Hispanic	Black or African American	Bachelor's degree	\$50,000 to \$74,999	20 to 49
FG2-P7	24	Not Hispanic	White	Bachelor's degree	\$35,000 to \$49,999	50 to 199
FG3-P1	28	Not Hispanic	White	Bachelor's degree	\$35,000 to \$49,999	1 to 19
FG3-P2	30	Not Hispanic	Asian	Graduate or professional degree	\$35,000 to \$49,999	Over 1,000
TPI-1	31	Not Hispanic	Black or African American	Bachelor's degree	\$100,000 to \$149,999	Over 1,000
TPI-2	30	Not Hispanic	White	Bachelor's degree	\$25,000 to \$34,999	20 to 49
TPI-3	28	Not Hispanic	White	Bachelor's degree	\$50,000 to \$74,999	Over 1,000
TPI-4	32	Not Hispanic	White	Graduate or professional degree	\$100,000 to \$149,999	1 to 19
TPI-5	29	Not Hispanic	White	Graduate or professional degree	\$75,000 to \$99,999	Did not provide.
TPI-6	51	Not Hispanic	White	High school diploma or GED	\$75,000 to \$99,999	200 to 499

¹⁵ Two participants did not provide this information.

Participant	Age	Ethnicity	Race	Education	Income Level	Size of Employer
TPI-7	54	Not Hispanic	White	Graduate or professional degree	Prefer not to say	Over 1,000
INHI-1	32	Not Hispanic	Black or African American	Bachelor's degree	\$35,000 to \$49,999	Over 1,000
INHI-2	32	Not Hispanic	Asian	Bachelor's degree	\$150,000 or more	500 to 999
INHI-3	28	Not Hispanic	Black or African American	Bachelor's degree	Less than \$25,000	200 to 499
INHI-4	51	Not Hispanic	White	Graduate or professional degree	\$100,000 to \$149,999	Over 1,000
INHI-5	26	Not Hispanic	Asian	Graduate or professional degree	\$35,000 to \$49,999	101-200
INHI-6	38	Not Hispanic	White	High school diploma or GED	\$75,000 to \$99,999	Over 1,000
INHI-7	30	Not Hispanic	Asian	Graduate or professional degree	\$75,000 to \$99,999	51-100
INHI-8	29	Not Hispanic	Black or African American	Graduate or professional degree	\$100,000 to \$149,999	Over 1,000
INHI-9	32	Not Hispanic	White	Graduate or professional degree	\$150,000 or more	Over 1,000
INHI-10	58	Not Hispanic	White	Bachelor's degree	\$150,000 or more	200 to 499

Note: Participants are identified with a randomly assigned participant number.

Table H-3 and Table H-4 provide a summary of participants’ demographic characteristics.

Table H-3. Summary of Participant Age (n=30)

Demographic Characteristic	Mean	Median	Range
Age, years	34.7	31	24–58

Table H-4. Summary of Participant Demographic Characteristics (n=30)

Demographic Characteristics	Frequency
Ethnicity	
Hispanic	1
Non-Hispanic	29
Race	
White	17
Asian	6
Black or African American	7
Educational Attainment	
High School Diploma or GED	3
Bachelor’s Degree	16
Graduate or professional degree	11

Demographic Characteristics	Frequency
Income Level	
Less than \$25,000	1
\$25,000 to \$34,999	3
\$35,000 to \$49,999	6
\$50,000 to \$74,999	3
\$75,000 to \$99,999	5
\$100,000 to \$149,999	6
\$150,000 or more	4
Prefer not to say	2
Employer Size	
Less than 50 employees	8
50 to 199 employees	6
200 to 499 employees	3
500 to 999 employees	1
More than 1,000 employees	11
Did not provide the information	2

H.3. Findings

The purpose of the research is to identify the feasibility of expanding the MEPS Household Component interview to include data collection on specific cost-sharing elements of respondents’ insurance coverage. There are two options for this process: one is to collect insurance documents directly from respondents during the interview. In this scenario, participants would gather their insurance documents prior to or during the MEPS interview. An alternative option for data collection is for a MEPS analyst or data processor to access participants’ benefits information after the interview. The findings presented here explore the feasibility of these options.

H.3.1. Collect Documents Directly From Participants

Findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to the interview. Participants were specifically asked to locate their insurance card and Summary of Benefits and Coverage (SBC). Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or a third-party administrator, as a standard operating procedure.¹⁶ The SBC is federally mandated to be provided to insured members. The instructions participants were given placed a primary focus on the SBC and gave specific direction for finding or obtaining the SBC.

Participants were also asked to locate as many other types of documents that provide information about the services that their health plans cover and the costs associated with those services as they were willing to find. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and

¹⁶ S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association representatives (background research), interview, February 6, 2019.

plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

Overall, all participants were able to produce some form of documentation for their plans with cost-sharing information. Nearly two-thirds of participants were able to locate their SBC. Five participants who did not produce their SBCs produced other documents that provided information on cost sharing and their plans. There were not substantive differences in the number of participants that provided their SBC by focus group, telephone, and in-home respondents (69 percent of the 13 focus group respondents, 57 percent of the seven telephone respondents, and 50 percent of the ten in home respondents), but samples are small.

H.3.1.1. Documents Brought to the Focus Groups

Participants provided a variety of documents, as Table H-5 shows. Half of the participants had more than 10 days to collect documents. All participants brought their insurance cards to the interview. Most participants provided the physical card or a copy of it since they routinely keep it in their wallets, but two provided digital copies that they use instead of the physical card. One participant had misplaced her card, which she normally keeps in her wallet, and printed out a replacement card from her insurance portal for the interview. Four individuals had separate insurance cards for prescription drug coverage. Three of these participants had insurance coverage through UnitedHealthcare and one through Anthem. Three of the cards were for CVS Caremark prescription drug coverage. Only one of these participants provided any documentation of prescription drug cost-sharing, and that was included in a one-page overview of CVS Caremark benefits.

Eighteen participants located and brought in their SBC. Only five participants reported they knew how to find the SBC, and four asked for assistance from the insurance company, their employer, or the primary policyholder. The 12 participants who did not find their SBC were covered by a variety of carriers. There was no evidence that the SBC is more difficult to obtain from a single carrier. Participants who could not find their SBC were only slightly older (average age of 37.6 years) than those who found their SBC (average age of 32.7 years).

Twenty participants also provided some kind of plan summary document, and eight provided a plan comparison document. Three participants said they located their EOC, but one did not provide the document because it was too long to print.

Table H-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Employer/HR Website or Employer HR	Other
Insurance Card	30	29	1		
Prescription Drug Coverage ID Card	4	4			
SBC	18 ^a	2	11	6	2 ^b
EOC	3		3		
Plan Summary Document	20	3	8	5	4 ^c

Document	Count of Participants	Personal Records	Online Insurance Portal	Employer/HR Website or Employer HR	Other
Plan Comparison Document	8	2		4	2 ^d

^a One participant found their SBC in their personal records and by signing into her insurance portal and requesting the document through the live chat. Another participant found their SBC in their online insurance portal and on their employer/Human Resources (HR) website.

^b Participant called the insurance company, which emailed the document.

^c Four participants did not state where they found their plan summary documents.

^d Two participants did not state where they found their plan comparison documents.

It is important to note that some participants stated they stopped looking for documents after they found their SBC since the instructions focused on SBC collection. Therefore, they may have been able to find other documents had they continued to look. A few participants across plan types said that they stopped looking for the SBC after finding other documents that seemed to provide the right information.

Document naming was a source of confusion for participants in identifying documents and could make it difficult to specify the documents a MEPS respondent should gather for the interview. Insurance documents that participants brought were often titled similarly even though the content and/or layout of the content was different. For example, participants brought documents titled the Summary of Benefits and Coverage, Summary of Benefits, Benefits Booklet, and Evidence of Benefits and Coverage. Participants reported that they looked at the title of the documents to understand if they had selected the correct document to bring to the focus group. As with other coverage types, a few participants brought in what they thought was the SBC but instead it was the Evidence of Benefits and Coverage or a Summary of Benefits.¹⁷

Table H-6 describes the information included in the documents that participants provided or that could be copied. A total of 23 participants provided a document that could be used to identify at least some of the cost-sharing elements in which the Agency for Healthcare Research and Quality is interested. Eighteen participants produced their SBCs. Five of the participants who did not provide an SBC were able to provide a different document that showed valid date and all or some cost-sharing information.

¹⁷ Interviewers categorized the documents that participants provided according to their content and format, not according to what participants called them.

Table H-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card	30	<ul style="list-style-type: none"> • 6 had a plan name. • 18 had no plan name. • 6 unknown.^a 	<ul style="list-style-type: none"> • 2 had a valid date. • 2 had an invalid date. • 20 had no date. • 6 unknown.^a 	<ul style="list-style-type: none"> • 16 contained office visit copays and/or prescription drug copays. • 8 did not contain any cost-sharing information. • 6 unknown.^a
Prescription Drug Coverage ID Card ^b	4	<ul style="list-style-type: none"> • No plan names. 	<ul style="list-style-type: none"> • No dates. 	<ul style="list-style-type: none"> • No information.
SBC	18	<ul style="list-style-type: none"> • All had a plan name. 	<ul style="list-style-type: none"> • All had a valid date. 	<ul style="list-style-type: none"> • All had cost-sharing information.
EOC	3	<ul style="list-style-type: none"> • 1 had a plan name. • 1 had no plan name. • 1 unknown.^b 	<ul style="list-style-type: none"> • 1 had a valid date. • 1 had no date. • 1 unknown.^b 	<ul style="list-style-type: none"> • Assumed to contain all information but was too long to copy or do a detailed review during interview. • 1 unknown.^b
Plan Comparison Document	8	<ul style="list-style-type: none"> • All had a plan name. 	<ul style="list-style-type: none"> • Three had a valid date. • 1 had an invalid date. • 4 had no date. 	<ul style="list-style-type: none"> • 1 contained all cost-sharing information. • 7 contained partial information.
Plan Summary Document	20	<ul style="list-style-type: none"> • 15 had a plan name. • 4 had no plan name. • 1 unknown.^c 	<ul style="list-style-type: none"> • 6 had a valid date. • 2 had an invalid date. • 11 did not have a date. • 1 unknown.^c 	<ul style="list-style-type: none"> • 16 contained some cost-sharing information. • 2 included all cost-sharing information. • 2 unknown.^c

^a Six telephone interview participants discussed the insurance card but did not provide a copy to review due to privacy concerns with email transmission.

^b One person discussed the EOC but did not provide a copy due to the length of the document.

^c Participants did not copy enough of the document to determine.

H.3.1.2. How Participants Located Documents

Participants located documents through a variety of mechanisms, as shown in Table H-5. Most documents were located through participants' online insurance carrier member portals or in printed materials that participants had saved from mailings and distributions through their employer or insurance provider at open enrollment. All participants had their insurance cards before the study and noted that a replacement insurance card could be accessed by calling the insurance company, printing it from the portal, or ordering it through the portal. Participants located their SBCs on their insurance company's online portal, by directly contacting their insurance company by phone, on their employer or HR website, through an internet search, and in hardcopy personal records. Firm size did not appear to influence how employees located documents.

Online Member Portal: Eighteen participants found their SBCs, health benefits booklet, EOC documents, and insurance cards through their insurance carrier's online member portal. Twelve participants found their SBCs through their online member portal under tabs with names such as "My Documents," "Benefits and Coverage," "Benefits," and "Coverage." These participants had coverage through Aetna, Anthem, CareFirst Cigna, or UnitedHealthcare. One person insured through Cigna used the live chat feature within the member portal to request the document and received it through the electronic mail system within the portal. Three participants who had Cigna reported they could not find the SBC on their member portal. One participant was not able to find their SBC on their CareFirst member portal. Participants that were successful first ensured that they were able to access the portal with current login credentials. When necessary, they contacted the insurance company by telephone or chat for help locate the documents. However, the steps for locating the documents were carrier specific.

Some participants also located other documents in their online portal, although participants were not able to consistently find these documents. Four participants identified a health benefits booklet on their online portal. One participant contacted her insurance carrier through the portal for the health benefits booklet but was told to contact her HR department for the information (her HR referred her back to the insurance portal for the document). Three participants (covered by Anthem, Cigna, and Kaiser Permanente) found their EOC in their online portal. One participant looked for more than an hour and could not find her EOC on her portal, but she did find the health benefits booklet.

A challenge in providing information from web portals was the format of the information on the web. Some participants noted that information on benefits and coverage was provided in a format that was not printer-friendly. These participants described an accordion-type feature that expands content for a selected section of the page and hides content for other sections of the page, making it difficult to print all of the content on the page at once. While participants provided some form of documentation, their comments indicated they may not have provided more useful documentation because it was hard to access or print.

HR Websites or Departments: Eleven participants searched their company's HR website or contacted HR directly to locate their SBC, health benefits booklet, and plan comparison documents. Seven individuals found their SBC by searching on their company's HR website, and one found it by contacting the HR department. Three of those individuals were at small firms with less than 50 employees. Two people found their health benefits booklet on their HR website and one by contacting HR. One participant emailed HR requesting the health benefits booklet and was

sent the SBC instead. Another participant requested their health benefits booklet and did not receive it. Two participants found plan comparison documents on their HR website. Another participant took screenshots from a benefits orientation video that their organization had produced.

Personal Records: Participants also provided documents they received before being invited to join the study, including the SBC, health benefits booklet, plan comparison documents, privacy policy booklet, and insurance card. Most participants who brought in documents they already had printed reported they keep certain documentation in a hardcopy file within their home or office. One participant keeps all pertinent documents in electronic files. Four participants had their SBCs, two had their health policy booklets, three had a plan comparison document, and one had a privacy policy booklet in printed files prior to enrolling in the study. Most had received these documents during open enrollment or once their plan began.

Twenty-nine participants had their insurance cards. Twenty-nine participants reported that they always carry their insurance card on their person, usually in their wallet. This includes the one person that did not bring an insurance card to an interview because she misplaced it. The remaining person that brought their insurance card keeps it in a separate wallet that she does not always carry. Two people reported they keep their insurance cards digitally on the cloud or on a cell phone. Though none of the participants had to request a replacement card for our study, 16 participants knew they could print a card on demand through their insurance portal by calling their insurance company to request a new one.

A potential challenge with non-SBC documents obtained prior to the study request is ensuring they are the most current plan documents. When participants provided documents they received prior to enrolling in the study, it was difficult to ensure the documents accurately reflected their current insurance. Many of the documents lacked effective start dates or date ranges. Documents that did have dates were generally for years prior to the survey (e.g., 2017).

Other Methods: One participant used a Google search of the plan name and her carrier, Aetna, to identify her SBC. This individual remembered the document from her open enrollment period and used the image in our directions to ensure she selected the correct type of document (as opposed to a health policy booklet). We had no way to verify if this was the correct document for her specific plan.

H.3.1.3. Time Spent Locating Documents

Participants reported they spent between 3 and 240 minutes looking for the documents, with an average time of 36 minutes and a median time of 20 minutes. Twenty participants spent 30 minutes or less looking for documents, and another 7 spent between 30 and 60 minutes. Participants were only looking for the documentation for their plan, and most were the primary insurance holder. As a result, we cannot speak to the burden of collecting documentation for other plans that the respondent is not on, although we assume the burden would be greater.

H.3.1.4. Relative Ease of Locating Documents

Participants rated the insurance card as the easiest document to locate and bring to the interview, with 16 of 17 cognitive interview participants providing a rating of 1 or 2 on a scale of 1 to 5, where 1 is the easiest and 5 is the hardest. Participants reported the SBC was more difficult to find than the insurance card. About half of the interview participants provided a rating of 1 or 2, and about half provided a rating of 3 or 4. Most of the 18 participants who found the SBC reported that the SBC was not difficult to find, but it was not obvious where to find it on the insurance portal or HR website. Participants had mixed feelings about whether it was easier to print the resources and bring them or if it was easier to provide the resources electronically. This seemed to depend on whether the document was already in hardcopy format and/or the length of the document.

H.3.1.5. Efficacy of Study Instructions

Participants pointed out that the instructions provided prior to the interview helped them locate documents. Participants stated that the image of the sample SBC was the most helpful piece of the instructions. They stated that the table explaining the documents was generally helpful, but the vague document descriptions were confusing (e.g., other insurance plan documents). Participants liked the checklist that we provided as well. Participants recommended that the instructions be as specific as possible, including where to look for documents and pictures of those documents. One participant suggested providing a checklist that can be filled in electronically to track progress.

H.3.1.6. Knowledge of Documentation

All participants were aware of the insurance card prior to the study. Participants were generally knowledgeable about documentation that described their insurance plan, but few could have named the documents prior to the study. Nineteen participants had heard or seen the SBC prior to the study. Several participants recalled previously seeing the document after reviewing the image of an SBC that was included in the instructions provided in their packets. They noted they had seen it during open enrollment or in documentation provided by their employer or insurance company. Participants whose employers offer more than one plan option noted they had seen a plan comparison document or chart during open enrollment but may not have access to it after open enrollment.

Documentation may be provided to insured individuals at various points throughout the year, including during the open enrollment period, once officially enrolled in a plan, and on demand. Sam Wheelless, a subject matter expert from Employee Benefit Services of Maryland, a broker, explained that open enrollment periods vary by organization, but the largest proportion of employees go through open enrollment in the fall and their plan year begins on January 1. Our discussions with the focus group participants confirmed that open enrollment periods vary by organization, as do plan start dates. The research suggests that many open enrollment periods occur from October to December and plan years start January 1. However, this timeline seems to fluctuate the most for smaller employers.

H.3.1.7. Factors in Document Collection

Participants stated people with low computer literacy and/or health literacy may not be able to navigate to their insurance member portal and/or to find the appropriate documents once they arrived at the portal. Several participants commented it was not obvious where the documents would be located on insurance or employer portals. One participant felt her insurance portal was convoluted and found it difficult to navigate, though she considers herself computer literate. One

participant who has a volunteer position helping people to navigate health insurance advised she found many people are overwhelmed by their plans and the documents they receive. Participants advised providing specific instructions on how to get to the insurance member portal and to find documents afterward.

Although most participants provided documents in hardcopy, the ability to print documents may also be a factor. Eleven participants provided hardcopy documents; one participant provided a flash drive with the documents included; and one participant provided her documents in hardcopy for shorter documents and via flash drive for longer documents. Some participants did not bring specific documents that would have been relevant to the study because the documents were too long to print (e.g., EOC) or were not displayed in a printable format on their insurance portal. Many participants printed their documents from their work computers for this study. One participant went to the public library to print documents for the study.

Internet access may also influence the ability of someone to provide their insurance documentation. Most participants used the internet to gain access to their documents. Even the participant that called their insurance company was directed to establish an online member portal to find their documents.

H.3.1.8. The In-Home Interview Experience

The bulk of findings from the in-home interview experience mimic what we learned in the focus group setting. Most in-home participants declined to search for additional documentation or demonstrate their method for finding online content. However, three went online and showed the interviewer the steps used to locate content. One participant specifically searched for the SBC on the insurance portal but was still unsuccessful at locating the document. Portal access was generally required for these activities, and while printing was not an easily accommodated option, the interviewers took photos of the computer screens.

The process of recording interviews by iPhone and capturing photos of documents to identify them and verify content was successful. It required phone distribution and training but worked well in this limited test. While encouraging, capturing data elements using this method would be much more difficult due to the size of documents and easily distorted or blurred text in photographs of full-page documents. The interviewers were trained to take several images, with the goal being to document identification rather than data collection. Phones, software development, and training to facilitate and manage image collection would be necessary to implement on a wider scale, even for this purpose.

A debriefing of the in-home interviewers provided an additional perspective with regard to feasibility during the MEPS Household Component. Interviewer comments indicate these participants could have provided the SBC if that was the only document sought; however, these participants were somewhat younger and more tech savvy than many of the MEPS respondents. The interviewers indicated that while MEPS interviewers could be trained to explain the SBC at the end of the interview and some respondents would comply, an extra incentive would be necessary to improve response. Training also would be complicated due to the variations in terminology surrounding documents similar to the SBC.

The interviewers offered several additional suggestions. They felt a less elaborate, shorter explanation was needed to introduce the request as the packet felt dense. They felt the trip to retrieve documents would add to interviewer burden, and a method for online submission would be critical, particularly if longer substitute SBC documents were accepted. In addition, if it required more interviewer assistance, the task would not work well for interviews completed outside the respondent's home. One interviewer felt respondents should be instructed to call the insurance company early in the process to reduce search time and burden. She felt respondents with high computer and health literacy would be successful while the task would be more difficult for others.

H.3.1.9. Other Issues

Another potential challenge for the collection of benefits and coverage information may be the reliability of the SBC across carriers and employers. In our subject matter expert interviews, representatives of the Blue Cross Blue Shield (BCBS) companies explained that although the organization routinely prepares SBCs, they have challenges for use in the study because of the layers of interpretation and number of entities that edit them before releasing them to the insured individual. BCBS representatives explained that the SBCs are sometimes hard to interpret because of aspects of the Affordable Care Act that make specific services (e.g., preventative care) covered prior to the deductible. BCBS representatives also explained that for some employer-sponsored plans (e.g., self-insured), the insurer may begin the SBC, but the SBC is edited and finalized by the employer. BCBS stated it cannot validate the SBC once it is released to employees. For these reasons, if a member requests an SBC, the insurance company typically sends a document titled the Summary of Benefits instead of the SBC. The Summary of Benefits produced by this BCBS company includes most of the information of an SBC but is laid out differently (not all in a table and with stock photos) and includes more explanatory text.

H.3.2. Analyst Finds Benefits Information After the Interview

Two key challenges make this option infeasible for MEPS respondents with insurance through a private employer. Firstly, most insurance cards that participants provided did not contain a plan name to identify a specific plan, or a date to verify it is a current card. Secondly, even if a plan name could be identified, there are no mechanisms to access detailed information on cost-sharing for the large number of individual employer-sponsored plans in the nation.

H.4 Recommendations for Collecting Insurance Information for Private Employer-Sponsored Plans

The strategy should focus collection on the SBC rather than other document types and provide common variations in terminology as well as specific steps to locate (e.g., an attempt to access the SBC from the insurance web portal for submission, followed by a telephone call with specific instructions including language to use when making the request of the benefits administrator). Respondents should be provided sufficient time for the mail task. Other aspects of the protocol should remain intact, including 10–14 days to collect, a checklist with examples (modified to represent steps to obtain the SBC rather than document types), and reminder calls. If additional acceptable document types are identified by the Agency for Healthcare Research and Quality, these should be sought only after exhausting the SBC search efforts. The approach should be tailored to help respondents more easily navigate the specifics of plans having this source. For instance, we should be versed in the various terminology and provide the respondent specific technical language to use in correspondence with the insurance carrier.

Appendix I: Final Findings for Marketplace Plans

I.1. Introduction

This report presents the findings relevant to Task B.1.A of the Support for Enhancements to the Medical Expenditure Panel Survey (MEPS Evaluation) project. This subtask aims to assess the feasibility of collecting health policy coverage and benefits information from individuals who purchase insurance on the Healthcare Insurance Exchanges (i.e., Marketplace plans) during the MEPS Household Component interview. In this document, we present the findings of in-person and telephone interviews conducted with individuals who have insurance plans purchased through a Marketplace. We also draw on background research and interviews with key informants from the health insurance field. This subtask study includes data collection aimed at understanding how individuals with Marketplace plans receive and access information about their health insurance benefits and coverage. Section 2 provides information on study methods.

I.2. Participants

The study team conducted 13 individual interviews with a convenience sample of 13 participants who receive their health insurance through the Marketplace. Nine of the interviews were held in person, and four were held via telephone. Of the 13 respondents, 8 had plans purchased through Maryland’s Marketplace (Maryland Health Connection), 3 had plans purchased through the federally facilitated Exchange (Healthcare.gov), and 2 had plans purchased through the District of Columbia’s Marketplace (DC Health Link). Of those who purchased plans through Healthcare.gov, one lived in Virginia, one lived in Delaware, and one lived in Pennsylvania. Three respondents had enrolled in Medicaid coverage through Maryland Health Connection. Although we did not intend to include Medicaid recipients in this study, those who had enrolled in a managed care organization through the Marketplace were not captured by the participant screening survey. These three respondents have been removed for subsequent analysis.

Participants had plans through five insurance carriers, as Table I-2 details. All respondents were the primary policyholder.

Table I-1. Marketplaces From Which Participants Purchased Plans

Marketplace/Exchange Name	Number of Participants
Maryland Health Connection	5
DC Health Link	2
Federal Exchange (Healthcare.gov)	3

Table I-2. Count of Insurance Carriers for Participants

Insurance Carrier	Number of Participants
CareFirst	5
Cigna	1
Highmark Blue Cross Blue Shield Delaware	1
Kaiser Permanente	2
Independence Blue Cross	1

The study team attempted to recruit participants with a range of ages and educational attainment. The average age of Marketplace interviewees was 46 years old, with an age range of 26 to 64 years. Of the nine participants who reported their race, five were white, three were Black/African American, and one was Asian. Six participants had a bachelor’s degree, two had a graduate or professional degree, and two had completed some college or an associate’s degree. The 9 participants who provided information on their income levels reported a wide range of incomes from less than \$25,000 to \$150,000 or more, although 8 reported incomes below \$75,000.

Table I-3. Characteristics of Participants

Participant	Age	Race	Ethnicity	Education	Income Level
MP-01	60	White	Not Hispanic	Some college or associate’s degree	\$35,000 to \$49,999
MP-02	50	Black or African American	Not Hispanic	Bachelor’s degree	\$25,000 to \$34,999
MP-05	30	White	Not Hispanic	Graduate or professional degree	\$75,000 to \$99,999
MP-07	39	Black or African American	Not Hispanic	Bachelor’s degree	\$35,000 to \$49,999
MP-08	64	White	Not Hispanic	Bachelor’s degree	Prefer not to say
MP-09	29	White	Not Hispanic	Bachelor’s degree	\$150,000 or more
MP-10	54	Black or African American	Not Hispanic	Some college or associate’s degree	\$25,000 to \$34,999
MP-11	26	Asian	Not Hispanic	Bachelor’s degree	Less than \$25,000
MP-12	49	White	Not Hispanic	Graduate or professional degree	\$50,000 to \$74,999
MP-13	59	Prefer not to say	Prefer not to say	Bachelor’s degree	Less than \$25,000

Note: Participants are randomly assigned participant numbers (e.g., MP-02).

I.3. Findings

The purpose of the research is to identify the feasibility of expanding the MEPS Household Component interview to include data collection on specific cost-sharing elements of respondents’ insurance coverage. There are two options for this process. One option is to collect insurance documents directly from respondents during the interview. In this scenario, participants would gather their insurance documents prior to or during the MEPS interview. An alternative option for data collection is for a MEPS analyst or data processor to access participants’ benefits information after the interview. The findings presented here explore the feasibility of these options.

I.3.1. Collect Documents Directly From Participants

The findings from the cognitive interviews speak to the feasibility and level of burden associated with asking participants to gather and provide documents prior to the interview.

Participants were specifically asked to locate their insurance card and Summary of Benefits and Coverage (SBC). Carriers are not required to provide an insurance ID card to enrollees but automatically send a card to enrollees at their address on file, either from the insurance carrier or

a third-party administrator, as a standard operating procedure.¹⁸ The SBC is federally mandated to be provided to insured members. The instructions participants were given placed a primary focus on the SBC and gave specific direction for finding or obtaining the SBC.

Participants were also asked to locate as many other types of documents that provide information about the services that their health plans cover and the costs associated with those services as they were willing to find. One of these documents is the Evidence of Coverage (EOC), the contract between the insurance company and the insured that details the coverage and cost information. Other documents that contained cost-sharing information were categorized as plan summaries and plan comparisons. Plan summaries included information on the coverage and cost information for a specific plan, while plan comparisons included information on multiple plans offered by an employer or insurance company.

Overall, participants were able to provide some form of documentation for their plans. Most of the Marketplace respondents could produce a SBC, which is the main document of interest for this study. Of the three that did not provide an SBC, two provided summary documents that contained some cost-sharing information.

1.3.1.1. Documents Brought to the Interviews

Interview participants provided a variety of documents, as Table I-4 shows. Of the 10 participants who received the instructions via mail or email, 5 had 10 or more days to collect the documents. All 10 individuals were able to provide their insurance cards. Seven participants located and brought in their SBCs. Participants who could not find their SBC tended to be slightly older (average age of 51) than those who did find their SBC (average age of 44). Nine participants also located one or two additional documents that included cost sharing information, including the EOC, plan summaries, and plan comparison documents.

Table I-1. Documents Provided and How Participants Found Them

Document	Count of Participants	Personal Records	Online Insurance Portal	Marketplace Website	Other
Insurance Card	10	10			
Prescription Drug ID Card	0				
SBC	7	2	2	2	1 ^a
EOC ^b	3		2		
Plan Summary Document	6	1	5		
Plan Comparison Document	3	1		2	

^a One participant located the SBC via a Google search.

^b Three participants found their EOC, but two discussed it during the interview.

Five participants also brought in a wide variety of other types of documents they had received from their insurance companies. These included an enrollment agreement, a notice of

¹⁸ S. Wheelless (Subject Matter Expert at Employee Benefit Services of Maryland), interview, November 9, 2018. Blue Cross Blue Shield Association representatives (background research), interview, February 6, 2019.

nondiscrimination, an open enrollment letter, member handbooks and a rewards program booklet. A few participants brought explanations of benefits or claims documents, but these were not copied or discussed during the interviews due to privacy concerns.

Document naming was a source of confusion for participants in identifying documents and could make it difficult to specify the documents a MEPS respondent should gather for the interview. Insurance documents that participants brought were often titled similarly even though the content and/or layout of the content was different. For example, participants brought documents titled Member Guide, Eligibility and Benefits, and Evidence of Benefits and Coverage. Participants reported that they looked at the title of the documents to understand if they had selected the correct document to bring to the interview by matching with the list provided in the instructions. Some participants brought in what they thought was the SBC but was instead the Evidence of Benefits and Coverage or a Summary of Benefits.¹⁹

Table I-5 describes the information included in the documents that participants provided or that could be copied. Many individual documents had plan names, but fewer contained dates that indicate the documents were current or that had cost-sharing information. Seven participants provided current SBCs, and two additional participants provided other documents that contained some cost-sharing information. The remaining participant provided a portion of an undated summary document that included some cost-sharing information.

¹⁹ Interviewers categorized the documents that participants provided according to their content and format, not according to what participants called them.

Table I-2. Contents of Documents Provided During the Interviews

Document	Number	Contained Plan Name	Evidence of Currency	Contained Cost-Sharing Information
Insurance Card	10	<ul style="list-style-type: none"> 9 had a plan name. 	<ul style="list-style-type: none"> 1 had a valid date. 9 did not have a date. 	<ul style="list-style-type: none"> 9 contained partial cost-sharing information. 1 did not contain any cost-sharing information.
SBC	7	<ul style="list-style-type: none"> All had a plan name. 	<ul style="list-style-type: none"> All had a valid date. 	<ul style="list-style-type: none"> All contained all cost-sharing information.
EOC ^c	3	<ul style="list-style-type: none"> 1 had a plan name. 	<ul style="list-style-type: none"> 2 had a valid date. One had an invalid date. 	<ul style="list-style-type: none"> Assumed to contain all information but was too long to copy or do a detailed review during interview.
Plan Summary Document ^a	6	<ul style="list-style-type: none"> 3 had a plan name. 	<ul style="list-style-type: none"> 3 had a valid date. 3 did not have a date. 	<ul style="list-style-type: none"> 3 included all the cost-sharing information of interest. 3 contained partial information.
Plan Comparison Document	3	<ul style="list-style-type: none"> 2 had a plan name. 	<ul style="list-style-type: none"> 1 had a valid date. 2 did not have a date. 	<ul style="list-style-type: none"> 2 contained all cost-sharing information. 1 contained partial information.

^a Only one page of the plan summary document for one in-person interview participant was copied, so information could not be verified.

1.3.1.2. How Participants Located Documents

Participants located documents through a variety of mechanisms, as shown in Table 3. Many were located online through an online insurance portal or through the website of the Marketplace from which the coverage was purchased. Some documents were located in participants' personal files, since they were printed materials that participants had saved from mailings and distributions from their insurance provider or other sources. All participants had their insurance cards before the study.

Personal Records: Some participants in this group provided documents they received before being invited to join the study, including the insurance card, SBC, policy or benefits booklet, plan comparison documents, and other documents. Most participants who brought in documents they already had printed reported that they keep certain documentation in a hardcopy file within their home or office. Two had their SBCs, two had their health policy or benefits booklets, and two had a plan comparison document in printed files prior to enrolling in the study. Most had received these documents when they enrolled in the plan or in periodic mailings from the insurance company.

All participants had their insurance cards. Nine participants reported they always carry their insurance card on their person, usually in their wallet, purse, or pocket. One person reported she kept her insurance card at home in a drawer with other important documents. Three had requested a replacement card in the past and had done so by calling their insurance company. Others knew that a replacement card could be accessed through the online portal or requested by calling the insurance company. One participant noted that Kaiser automatically sends a new copy of the card annually.

Two participants reported they had hardcopy versions of their SBCs that they located in their personal files. One had received the SBC from a navigator who had helped her enroll in the plan. This participant also had a plan comparison document that she had received from the navigator. The other participant who brought an SBC from her personal files had received it via email from the insurance company immediately after enrollment. When she received it, she had printed it out and saved it in her records.

One potential challenge with documents kept in personal records is validating they are the most current plan documents or accurately reflect the actual coverage. When participants provided documents they received prior to enrolling in the study, it was difficult to ensure the documents accurately reflected their current insurance because it is not clear if they are for the correct plan or year. However, the two SBCs provided from participants' personal files did display the coverage dates, so they could be confirmed to be current for this year's coverage.

Online Member Portal: Several participants located other documents in their online insurance company member portals. Two participants identified SBCs this way. Both had insurance through CareFirst. One specified that the SBC was located under a section of the portal called "My Documents." Two participants located their EOC on their online member portals. These individuals had insurance through CareFirst and Kaiser Permanente. The participant with CareFirst found the EOC under the "My Documents" section, and the participant with Kaiser Permanente found it under "Coverage Documents." One individual found plan comparison information on her insurance company's website, but it was not behind a password-protected member gate.

Marketplace Website: Some participants located their documents online through the Marketplace itself. Two participants, who both had purchased their insurance through DC Health Link, located SBCs on their DC Health Link accounts. Two participants also created a plan comparison document through the Marketplace website. Both utilized the Marketplace’s comparison feature to do so. One had purchased insurance through DC Health Link, and the other one purchased their policy through Maryland Health Connection. At the request for this study, the Maryland Health Connection participant’s results were downloaded as a PDF, while the DC Health Link results were printed directly from the website.

Other Methods: One participant used a Google search of the plan name plus the term “SBC” to identify her SBC. This individual had insurance through Independence Blue Cross. This individual reported that she had to first figure out what the SBC was and used the image in our directions for guidance. She then was able to locate the SBC through a simple online search. The SBC was current for plan year 2019 and the plan name on it matched the name listed on the individual’s insurance card.

1.3.1.3. Time Spent Locating Documents

Participants reported they spent between 20 and 75 minutes looking for documents, with an average time of 38 minutes and a median time of 30 minutes. Participants were only looking for the documentation for their plan, and all were the primary insurance holder. As a result, we cannot speak to the burden of collecting documentation for Marketplace plans where the respondent is not the primary policyholder, though we assume the burden would be greater.

1.3.1.4. Relative Ease of Locating Documents

Participants rated the insurance card as the easiest document to locate and bring to the interview. On a scale of 1 to 5, with 1 being the easiest and 5 being the hardest, 9 out of 10 rated it a one. The 10th participant rated it a 2. Participants who found an SBC reported it was slightly harder to find on average (average rating of 1.78 on a scale of 1 to 5, with 1 being the easiest and 5 being the hardest) than the insurance cards. Four of the seven participants who provided an SBC rated difficulty level as 2. No participant rated it higher than 2.5.

1.3.1.5. Efficacy of Study Instructions

Participants pointed out the instructions provided prior to the interview helped them locate documents. Many agreed that the checklist and the descriptions of the documents of interest was the most helpful piece of the instructions. One added that the image of the sample SBC helped her identify this document. Some expressed confusion over the items on the list that did not pertain to their plan types, and had trouble differentiating between the categories of documents, such as insurance plan summary documents versus the SBC. Participants recommended the instructions be as specific as possible, including detailed suggestions for common places where the documents might be and samples of the actual documents.

1.3.1.6. Knowledge of Documentation

All participants were aware of the insurance card prior to the study. Participants were generally knowledgeable about documentation that described their insurance plan, but few could have named the documents prior to the study. Five had heard of SBC prior to the study or recalled previously seeing it. While some reported they knew about other documents prior to the study, such as the EOC, plan comparison document, and benefits booklet, others were unfamiliar with these. One

participant reported she did not know about the health insurance booklet prior to the study and had stumbled upon it accidentally while looking for other documents.

1.3.1.7. Timing of Document Provision

Documentation is typically provided to insured individuals after initial enrollment. Timing of enrollment, and hence document provision, can vary based on the Marketplace from which coverage is purchased. On the Federal Exchange (covering 39 States for 2019 plans) and on Maryland Health Connection, coverage began on January 1, 2019.^{20 21} DC Health Link offered three different start dates for 2019 coverage: January 1, February 1, and March 1.²² Despite this slight variation, many individuals with Marketplace plans will still receive their policy documentation early in the calendar year. Special enrollment periods add more variance to this: they allow individuals to enroll in plans throughout the year if they have experienced a qualifying life event, such as losing health coverage, having a baby, or getting married.²³

1.3.1.8. Factors in Document Collection

Participants stated that people who are organized and retain hardcopies of their files would have an easier time gathering and providing documents. Participants also described knowledge and interest in one's insurance plan and insurance in general as important factors in finding these documents. Many thought that computer literacy and competency with technology would determine how easy or hard it would be to find documents. Other factors mentioned included general health literacy, age, and the specific insurance company and its online setup as additional factors in the ease of document collection. One participant noted timing is important as well; since she had just recently enrolled in a new plan before she was asked to participate in the study, she had the documents more readily accessible. Internet access may also influence the ability of someone to provide his or her insurance documentation, as many participants used the internet to gain access to their documents. In our study sample, education levels across the board were higher than the MEPS average, which may speak to computer literacy as well. Our sample may overestimate computer literacy and ownership.

Of the six in-person participants who had the option to provide documents in hardcopy, via email, on a flash drive, or as a weblink, five provided hardcopies. Of the hardcopies, two had been provided to the participants, and three had been printed from a website. Two people brought a flash drive, one with weblinks to the documents and one with the files themselves. Three individuals sent some or all of their documents via email. One did not have access to a printer. The other could not print the EOC because it was long and she was having printer issues, so she sent it via email. One participant sent screenshots from the Cigna website via email. The other four participants provided documents via email because they were participating in telephone interviews, and as such were instructed to do so specifically.

²⁰ <https://www.healthcare.gov/blog/when-is-2019-open-enrollment/>.

²¹ <https://www.marylandhealthconnection.gov/how-to-enroll/>.

²² <https://dchealthlink.com/open-enrollment>.

²³ <https://www.healthcare.gov/glossary/special-enrollment-period/>.

I.3.2. Analyst Finds Benefits Information After the Interview

This data collection strategy would involve a MEPS interviewer or analyst finding key elements of Marketplace respondents' insurance plans after the in-home component of the MEPS interview. For this strategy to be successful, the interviewer would need to collect accurate information on the respondents' health plan during the interview, particularly on the plan name. This may be feasible for individuals with Marketplace insurance, as some information about these plans is publicly available online. If an individual with Marketplace insurance can provide a plan name that matches known plan names from the Marketplace during the MEPS Household Component interview, there are details that could be collected online about their insurance plan elements. The biggest challenge with this strategy would be ensuring the analyst identifies the correct plan name, given that each Marketplace has several variations on similar plan names. The insurance card often does not provide the entire plan name and therefore is not a viable way to identify the plan.

One goal of the Marketplace interviews was to determine the degree to which individuals could accurately select their exact plan, including metal level and cost-sharing reduction/silver plan variations, from a list of plans available on their State's Exchange. Although background research suggested that plan names for Marketplace plans would be widely available, we had difficulty compiling an exhaustive list of all plans offered to Maryland, District of Columbia, and Virginia consumers. Plans available on HealthCare.gov to a given individual are specific to that person's unique combinations of individual characteristics, such as income level and geographic locations within a State.

Two respondents were able to accurately identify plans from the list provided: one with Maryland Health Connection plans and one with a DC Health Link plan. One participant with a Maryland Health Connection Plan identified her plan as "BlueChoice HMO Silver," while the full name of her plan, according to the SBC, is actually "BlueChoice HMO Silver \$3,000 B VisionPlus." This longer version of the name was not on the list. The plan names available on public listings do not always match plan documentation such as the SBC, as they are often abbreviated. One participant with a Virginia HealthCare.Gov plan guessed that her plan was called "Cigna Connect 1500" from the list options; we were not able to verify the exact name of her plan to ensure this was accurate. Phone interview participants were not asked to identify their plans from a list of all plans available to them. Attachment A in Section I.5 shows the plan lists used for District of Columbia, Maryland, and Virginia Marketplace participants.

The plan names on the SBC, research lists, insurance cards, and as reported by participants may all have differences or varying levels of detail that make it difficult to properly identify an exact plan. Although all participants could provide their insurance cards, the level of detail available on the cards varies by insurance carrier; for example, CareFirst cards give plan name details such as "Open Access BlueChoice HMO Bronze," while Kaiser Permanente cards do not. These variations suggest it would not be possible to consistently link back to an exact Marketplace plan using the insurance card alone.

I.4. Recommendations for Collecting Insurance Information for Marketplace Plans

The general method, including checklist, 10-day period for collection, and reminder calls, was effective at motivating participants to look for and produce coverage-related material. For this subgroup, the approach did produce SBCs from most participants. Some participants utilized an online portal or Marketplace account, which seemed to have been effective at locating materials, including the SBC. One option to maximize the likelihood of collecting current cost-sharing information would be to focus extensively on SBC collection rather than other document types and provide common variations in terminology as well as specific steps to locate these (e.g., online first if that is available in conjunction with a web portal for submission, followed by telephone with specific instructions including language to use when making the request). Sufficient time should be given for the mail task. Other aspects of the protocol should remain intact, including 10–14 days to collect, a checklist with examples (modified to represent steps to obtain the SBC rather than document types), and reminder calls.

I.5. Attachment A: List of Marketplace Plans

Table I-1. DC Health Link Plans

DC Health Link Plans
CareFirst
BlueChoice HMO HSA Standard Bronze \$6,200
BlueChoice HMO Standard Bronze \$6,650
BlueChoice HMO Standard Silver \$3,500
BluePreferred PPO Standard Bronze \$6,650
BluePreferred PPO HSA Standard Bronze \$6,200
BluePreferred PPO Standard Silver \$3,500
BlueChoice HMO HSA Gold \$1,500
BluePreferred PPO HSA Gold \$1,500
BlueChoice HMO Standard Gold \$500
BluePreferred PPO Standard Gold \$500
BlueChoice HMO Standard Platinum \$0
BluePreferred PPO Standard Platinum \$0
BlueChoice HMO Young Adult \$7,900
Kaiser
KP DC Bronze 6500/60/Dental
KP DC Standard Bronze 6200/20%/HSA/Dental
KP DC Standard Bronze 6650/50/Dental
KP DC Standard Silver 3500/40/Dental
KP DC Gold 0/20/Dental
KP DC Gold 1500/25%/HSA/Dental
KP DC Silver 3200/30%/HSA/Dental
KP DC Gold 1000/20/Dental
KP DC Silver 2500/30/Dental
KP DC Standard Gold 500/25/Dental
KP DC Standard Platinum 0/20/Dental
KP DC Catastrophic 7900/0/Dental

Table I-2. Maryland Health Connection Plans

Maryland Health Connection Plans
CareFirst
BlueChoice HMO Bronze \$7,900
HealthyBlueHMO Gold \$1,750
BlueChoice HMO HSA Silver \$3,000 VisionPlus
BluePreferred PPO Bronze \$7,900
HealthyBluePPO Gold \$1,750
BluePreferred PPO HSA Silver \$3,000 VisionPlus
BlueChoice HMO Silver \$3,000
BluePreferred PPO Silver \$3,000
BlueChoice HMO Young Adult \$7,900
Kaiser
KP MD Bronze 6200/20%/HSA/Dental
KP MD Bronze 6000/50/Dental
KP MD Silver 6000/35/Dental
KP MD Gold 1500/20/Dental
KP MD Gold 1000/20/Dental
KP MD Silver 3200/20%/HSA/Dental
KP MD Gold 0/20/Dental
KP MD Silver 2500/30/Dental
KP MD Platinum 0/5/Dental
KP MD Silver 2200/30/CSR/Dental (2500)
KP MD Silver 0/10/CSR/Dental (2500)
KP MD Silver 0/5/CSR/Dental (2500)
KP MD Silver 6000/35/Dental
KP MD Silver 3500/30/CR/Dental (6000)
KP MD Silver 0/15/CSR/Dental (6000)
KP MD Silver 0/5/CSR/Dental (6000)
KP MD Silver 1700/20%/CSR/HDHP/Dental (3200)
KP MD Silver 500/10%/CSR/HDHP/Dental (3200)
KP MD Silver 100/5%/CSR/HDHP/Dental (3200)
KP MD Catastrophic 7900/0/Dental
KP MD 0/0 AI/Dental
KP MD Limited/AI/Dental

Table I-3. Virginia HealthCare.gov Plans

Virginia HealthCare.gov Plans
CareFirst
BlueChoice HMO HSA Silver \$3,000
HealthyBlue HMO Gold \$1,750
BluePreferred PPO Silver \$3,000
HealthyBlue PPO Gold \$1,750
BlueChoice HMO Young Adult \$7,900
Cigna
Cigna Connect 1500
Cigna Connect 4500
Cigna Connect 5000
Cigna Connect 6500
Cigna Connect 6750
Cigna Connect 7000
Kaiser
KP VA Bronze 5500/50/Dental
KP VA Gold 0/20/Dental
KP VA Gold 1000/20/Dental
KP VA Gold 1500/20/Dental
KP VA Platinum 0/5/Dental
KP VA Silver 2500/30/Dental
KP VA Silver 3200/20%/HSA/Dental
KP VA Silver 6000/35/Dental
KP VA AI Platinum 0/5/Dental (AI_0)
KP VA AI Platinum 0/5/Dental (AI_Ltd)
KP VA AI Gold 0/20/Dental (AI_0)
KP VA AI Gold 0/20/Dental (AI_Ltd)
KP VA AI Gold 1000/20/Dental (AI_0)
KP VA AI Gold 1000/20/Dental (AI_Ltd)
KP VA AI Gold 1500/20/Dental (AI_0)
KP VA AI Gold 1500/20/Dental (AI_Ltd)
KP VA AI Silver 2500/30/Dental (AI_0)
KP VA AI Silver 2500/30/Dental (AI_Ltd)
KP VA Silver 2200/30/CSR/Dental (2500)
KP VA Silver 0/10/CSR/Dental (2500)
KP VA Silver 0/5/CSR/Dental (2500)
KP VA AI Silver 6000/35/Dental (AI_0)
KP VA AI Silver 6000/35/Dental (AI_Ltd)
KP VA Silver 3500/30/CSR/Dental (6000)
KP VA Silver 0/15/CSR/Dental (6000)
KP VA Silver 0/5/CSR/Dental (6000)
KP VA AI Silver 3200/20%/HSA/Dental (AI_0)

Virginia HealthCare.gov Plans

KP VA AI Silver 3200/20%/HSA/Dental (AI_Ltd)

KP VA Silver 1700/20%/CSR/HDHP/Dental (3200)

KP VA Silver 500/10%/CSR/HDHP/Dental (3200)

KP VA Silver 100/5%/CSR/HDHP/Dental (3200)

KP VA AI Bronze 5500/50/Dental (AI_0)

KP VA AI Bronze 5500/50/Dental (AI_Ltd)

KP VA Catastrophic 7900/0/Dental

Virginia Premier Health Plan, Inc.

Preferred Bronze 6600

Preferred Silver 6500

Preferred Silver 4500

Preferred Gold 1600

Anthem HealthKeepers

Anthem HealthKeepers Bronze X 5250

Anthem HealthKeepers Bronze X 6500

Anthem HealthKeepers Bronze X 5900

Anthem HealthKeepers Bronze X 4900 for HSA

Anthem HealthKeepers Bronze X 5700 Online Plus

Anthem HealthKeepers Gold X 1350

Anthem HealthKeepers Silver X 6100

Anthem HealthKeepers Silver X 1800

Anthem HealthKeepers Catastrophic X 7900

Optima Health Plan, Inc.

OptimaFit Gold 1500 M

OptimaFit Silver 4600 20% M

OptimaFit Silver 2850 20% HSA M

OptimaFit Bronze 7200 20% M

OptimaFit Bronze 6000 HSA M

OptimaFit Catastrophic 7350 M

OptimaFit Silver 2900 (04) M

OptimaFit Silver 600 (05) M

OptimaFit Silver 150 (06) M

OptimaFit Silver 1600 20% (04) M

OptimaFit Silver 500 10% (05) M

OptimaFit Silver 100 5% (06) M

OptimaFit Gold 1600 10% Direct M

OptimaFit Silver 1800 25% Direct M

OptimaFit Silver 1800 (04) Direct M

OptimaFit Silver 400 (05) Direct M

OptimaFit Silver 100 (06) Direct M

OptimaFit Silver 6600 30% Direct M

OptimaFit Silver 2800 (04) Direct M

Virginia HealthCare.gov Plans

OptimaFit Silver 700 (05) Direct M
OptimaFit Silver 230 (06) Direct M
OptimaFit Silver 6600 30% Direct M
OptimaFit Bronze 6000 20% HSA Direct M
OptimaFit Bronze 7200 20% Direct M
OptimaFit Bronze 7200 20% M
OptimaFit Bronze 6000 HSA M
OptimaFit Catastrophic 7350 M
OptimaFit Bronze 7200 20% M Select
OptimaFit Gold 1000 10% Direct CH M
OptimaFit Gold 1000 10% Direct RK M
OptimaFit Silver 1500 30% Direct CH M
OptimaFit Silver 1500 30% Direct RK M
OptimaFit Bronze 5600 25% HSA Direct CH M
OptimaFit Bronze 5600 25% HSA Direct RK M
OptimaFit Bronze 6700 40% Direct CH M
OptimaFit Bronze 6700 40% Direct RK M
OptimaFit Silver 6600 30% Select CH M
OptimaFit Silver 6600 30% Select RK M
OptimaFit Silver 2800 (04) Select CH M
OptimaFit Silver 2800 (04) Select RK M
OptimaFit Silver 700 (05) Select CH M
OptimaFit Silver 700 (05) Select RK M
OptimaFit Silver 230 (06) Select CH M
OptimaFit Silver 230 (06) Select RK M
OptimaFit Gold 1000 10% Direct CH M
OptimaFit Gold 1000 10% Direct RK M
OptimaFit Silver 1500 30% Direct CH M
OptimaFit Silver 1500 30% Direct RK M
OptimaFit Bronze 5600 25% HSA Direct CH M
OptimaFit Bronze 5600 25% HSA Direct RK M
OptimaFit Bronze 6700 40% Direct CH M
OptimaFit Bronze 6700 40% Direct RK M
Piedmont Community HealthCare HMO, Inc.
Piedmont Choice POS Bronze Standard 6800
Piedmont Choice POS Bronze Standard 6800 Native American Zero Cost Share
Piedmont Choice POS Bronze Standard 6800 Native American Limited Cost Share
Piedmont Choice POS Bronze 7800
Piedmont Choice POS Bronze 7800 Native American Zero Cost Share
Piedmont Choice POS Bronze 7800 Native American Limited Cost Share
Piedmont Choice POS Bronze HSA 5500
Piedmont Choice POS Bronze HSA 5500 Native American Zero Cost Share

Virginia HealthCare.gov Plans

Piedmont Choice POS Bronze HSA 5500 Native American Limited Cost Share
Piedmont Choice POS Gold 1600/35/60
Piedmont Choice POS Silver 6600/20%
Piedmont Choice POS Silver 4500/40/25%
Piedmont Choice POS Gold 16500/35/60 Native American Zero Cost Share
Piedmont Choice POS Gold 16500/35/60 Native American Limited Cost Share
Piedmont Choice POS Silver 6600/20% Native American Zero Cost Share
Piedmont Choice POS Silver 6600/20% Native American Limited Cost Share
Piedmont Choice POS Silver 6600/20% (CSR 73%)
Piedmont Choice POS Silver 6600/20% (CSR 87%)
Piedmont Choice POS Silver 6600/20% (CSR 94%)
Piedmont Choice POS Silver 4500/40/25% Native American Zero Cost Share
Piedmont Choice POS Silver 4500/40/25% Native American Limited Cost Share
Piedmont Choice POS Silver 4500/40/25% (CSR 73%)
Piedmont Choice POS Silver 4500/40/25% (CSR 87%)
Piedmont Choice POS Silver 4500/40/25% (CSR 94%)
Piedmont Choice POS Catastrophic 7900
Piedmont Choice POS AH Gold 1600/35/60
Piedmont Choice POS AH Gold 1600/35/60 Native American Zero Cost Share
Piedmont Choice POS AH Gold 1600/35/60 Native American Limited Cost Share
Piedmont Choice POS AH Silver 6600/20%
Piedmont Choice POS AH Silver 6600/20% Native American Zero Cost Share
Piedmont Choice POS AH Silver 6600/20% Native American Limited Cost Share
Piedmont Choice POS AH Silver 6600/20% (CSR 73%)
Piedmont Choice POS AH Silver 6600/20% (CSR 87%)
Piedmont Choice POS AH Silver 6600/20% (CSR 94%)
Piedmont Choice POS AH Silver 4500/40/25%
Piedmont Choice POS AH Silver 4500/40/25% Native American Zero Cost Share
Piedmont Choice POS AH Silver 4500/40/25% Native American Limited Cost Share
Piedmont Choice POS AH Silver 4500/40/25% (CSR 73%)
Piedmont Choice POS AH Silver 4500/40/25% (CSR 87%)
Piedmont Choice POS AH Silver 4500/40/25% (CSR 94%)
Piedmont Choice POS AH Bronze HSA 5500
Piedmont Choice POS AH Bronze HSA 5500 Native American Zero Cost Share
Piedmont Choice POS AH Silver 4500/40/25% Native American Limited Cost Share
Piedmont Choice POS AH Catastrophic 7900

Appendix J: Participant Tables

Table J-1. Detail on Local Government Participant Document Collection

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	Evidence of Coverage (EOC)	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
LG01 (in person)	59 Not Hispanic White Graduate/professional \$150,000 or more	19	53	Keeps in wallet	On app				Employer website/HR ^a	
LG02 (in person)	27 Not Hispanic Black or African American Bachelor's degree \$50,000 to \$74,999	3	60	Keeps in wallet		Employer website/HR ^a				
LG03 (in person)	27 Hispanic White Bachelor's degree \$50,000 to \$74,999	14	15	Keeps in wallet		Employer website/HR ^a	Online insurance portal		Online insurance portal ^a	Benefits at a glance ^b
LG04 (in person)	59 Not Hispanic White Bachelor's degree \$75,000 to \$99,999	2	60	Keeps in wallet	Keeps in wallet	Online insurance portal ^a	Employer website/HR	Online insurance portal ^b	Online insurance portal ^b	Out of area benefits at a glance
LG05 (phone)	42 Not Hispanic White Graduate/professional \$150,000 or more	4	25	Keeps in wallet		Had electronic copy in personal records ^a				

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	Evidence of Coverage (EOC)	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
LG06 (in person)	30 Not Hispanic White Graduate/professional \$50,000 to \$74,999	14	10	Keeps in wallet			Employer website/HR ^a			
LG07 (in person)	33 Hispanic White Graduate/professional \$150,000 or more	14	60	Keeps in wallet			Provided electronically but did not state how found	Had copy in personal records ^b	Had copy in personal records ^b	
LG08 (in person)	28 Not Hispanic Black or African American Graduate/professional \$50,000 to \$74,999	14	20	Keeps in wallet			Online insurance portal ^a	Employer website/HR	Provided but did not state how found	Benefits at a glance, ^b prescription drug plan
LG09 (phone)	32 Not Hispanic White Graduate/professional \$75,000 to \$99,999	7	30	Keeps in wallet	Keeps in wallet/on app		Online insurance portal ^a	Employer website/HR		
LG10 (phone)	43 Not Hispanic White Graduate/professional \$100,000 to \$149,999	7	15	Keeps in wallet			Employer website/HR ^a			Benefits booklet ^a

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

Table J-2. Detail on State Government Participant Document Collection

Participant	Characteristics	State	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
SG01 (In person)	31 Not Hispanic Black or African American Bachelor's degree \$50,000 to \$74,999	MD	11	25	Keeps in wallet			Online insurance portal ^a		Had copy in personal records ^a	
SG02 (Phone)	40 Not Hispanic White Graduate/professional degree \$75,000 to \$99,999	NC	3	10	Keeps in wallet		Employer website/HR ^a		Employer website/HR ^a	Employer website/HR	Benefits booklet, ^a drug formulary, preventive medication list
SG03 (In person)	34 Not Hispanic Black or African American Graduate/professional \$50,000 to \$74,999	MD	20	120	Keeps in wallet				Had copy in personal records	Had copy in personal records	Benefits booklet, ^a online access to benefits instructions, open enrollment dates, open enrollment instructions, wellness plan activities

Participant	Characteristics	State	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
SG04 (In person)	50 Not Hispanic Black or African American Some college/Associate's \$35,000 to \$49,999	MD	12	60	Keeps in wallet	Keeps in wallet				Had electronic copy in personal records ^b	Benefits booklet ^a
SG05 (Phone)	48 Not Hispanic White Graduate/professional Prefer not to say	NY	7	25	Keeps in wallet					Online insurance portal	
SG06 (Phone)	43 Not Hispanic Black or African American Bachelor's degree \$35,000 to \$49,999	MD	7	15	Keeps in wallet					Had copy in personal files	Benefits booklet ^a
SG07 (In person)	37 Not Hispanic White Bachelor's degree \$100,000 to \$149,999	MD	7	60	Keeps in wallet					Requested via phone from insurance carrier ^b	Benefits booklet ^a
SG08 (In person)	32 Not Hispanic Black or African American Bachelor's degree \$75,000 to \$99,999	MD	14	75	Keeps in wallet		Provided but did not state how found ^a			Had copy in personal records	Benefits booklet ^a
SG09 (Phone)	32 Not Hispanic White Graduate/professional \$75,000 to \$99,999	NC	5	53	Keeps in wallet		Employer website/HR ^a		Employer website/HR ^a	Employer website/HR	Benefits booklet ^a

Participant	Characteristics	State	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
SG10 (Phone)	31 Not Hispanic Graduate/professional \$50,000 to \$74,999	NC	1	18	Keeps in wallet				Employer website/HR	Employer website/HR	Benefits booklet ^a

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

Table J-3. Detail on Medigap Participant Document Collection

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	Evidence of EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
IM01 (in person)	71 Not Hispanic Black or African American Some college/Associate's Less than \$25,000	8	15	Keeps in wallet			Provided but did not discuss how found		Drug formulary, member guide, notice of changes
IM02 (in person)	72 Not Hispanic Black or African American Bachelor's degree \$35,000 to \$49,999	6	43	Keeps in wallet	Keeps in wallet			Online insurance portal	
IM03 (in person)	40 Not Hispanic Black or African American High school/GED Less than \$25,000	14	20	Keeps in wallet		Had hardcopy		Online insurance portal	
IM04 (in person)	67 Not Hispanic White Some college/Associate's \$35,000 to \$49,999	29	13	Keeps in wallet					Welcome guide, notice of changes
IM05 (in person)	66 Not Hispanic White Bachelor's degree \$75,000 to \$99,999	7	60	Keeps in wallet	Keeps in wallet		Online insurance portal	Had hardcopy	Enrollment confirmation

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	Evidence of EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
IM06 (in person)	75 Not Hispanic White Bachelor's degree \$35,000 to \$49,999	2	120	Keeps in wallet	Keeps in wallet	Had hardcopy ^a			Policy overview, notice of changes, Rx plan welcome guide
IM07 (in person)	67 Not Hispanic White Graduate/professional \$50,000 to \$74,999	14	18	Keeps in wallet	Keeps in wallet	Had hardcopy ^a	Had hardcopy		Drug handbook, formulary, plan welcome guide, Medicare & You
IM09 (in person)	65 Not Hispanic Black or African American Some college/Associate's \$50,000 to \$74,999	14	75	Keeps in personal files	Keeps in personal files		Medicare.gov ^b		
IM11 (Phone)	69 Not Hispanic White High school/GED Prefer not to say	0	40	Keeps in wallet	Had copy in personal records			Benefits administrator website ^b	
IM12 (phone)	76 Not Hispanic White Graduate/professional \$150,000 or more	4	25	Keeps in wallet	Keeps in wallet			Online insurance portal (provided link we could not access)	

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	Evidence of EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
IM14 (phone)	70 Not Hispanic White Bachelor's degree Not provided	7	5	Keeps in wallet		Had hardcopy ^a			Plan welcome guide, notice of changes

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts). For the EOC, the document was too long to copy or review in detail during the interview, but it is assumed to contain all cost-sharing items.

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

Table J-4. Detail on Individual Market (Non-Medigap) Participant Document Collection

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
IM08 (In person)	29 Not Hispanic White Graduate/professional degree \$150,000 or more	14	5	Keeps in wallet				Online insurance portal	Online insurance portal ^a	Promotional materials
IM10 (In person)	36 Hispanic White Graduate/professional degree \$35,000 to \$49,999	13	53	Keeps in wallet/purse				Had copy in personal records ^b		Enrollment summary
IM13 (In person)	63 Not Hispanic White Bachelor's degree \$35,000 to \$49,999	14	60	Keeps in wallet			Online insurance portal ^a	Online insurance portal ^a		
IM16 (Phone)	37 Not Hispanic White Graduate/professional degree \$150,000 or more	2	40	Keeps in wallet					Had copy in personal records ^a	Drug formulary, enrollment form, promotional materials, health and wellness plan materials
IM17 (Phone)	31 Not Hispanic White Graduate/professional degree \$50,000 to \$74,999	2	20	Keeps in wallet			Online insurance portal ^b		Online insurance portal ^b	

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

Table J-5. Detail on Private Employer Participant Document Collection

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/Summary Table	Other Documents
FG1-P3	57 Not Hispanic White Bachelor's degree Prefer not to say	8	90	Keeps in wallet				Had but did not state where found ^b	Had but did not state where found ^a	Membership agreement, Rx discount card, Vision ID card, vision plan description
FG1-P2	46 Not Hispanic White Bachelor's degree \$25,000 to \$34,999	14	15	Keeps in wallet			Online insurance portal (but did not bring in for review)		Online insurance portal ^b	Notice of privacy practices
FG1-P4	27 Hispanic Asian Bachelor's degree \$75,000 to \$99,999	13	15	Keeps in wallet		Internet search ^a				
FG1-P1	29 Not Hispanic Black or African American Bachelor's degree \$50,000 to \$74,999	13	60	Keeps in wallet		Online insurance portal ^a		Had copy in personal records ^a	Had but did not state where found ^b	

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/Summary Table	Other Documents
FG2-P5	31 Not Hispanic White Graduate or professional degree \$100,000 to \$149,999	14	30	Keeps in wallet		Online insurance portal ^a				
FG2-P7	24 Not Hispanic White Bachelor's degree \$35,000 to \$49,999	12	30	Keeps in wallet		Employer website/HR ^a		Employer website/HR ^a	Had copy in personal records ^a	
FG2-P3	27 Not Hispanic White Bachelor's degree \$25,000 to \$34,999	15	15	Had copy in personal records		Online insurance portal ^a				
FG2-P1	39 Not Hispanic White High school diploma/GED \$100,000 to \$149,999	14	10	Keeps in wallet			Online insurance portal ^a		Had but did not state where found ^a	Healthy rewards
FG2-P6	29 Not Hispanic Black or African American Bachelor's degree \$50,000 to \$74,999	12	15	Keeps in wallet		Online insurance portal ^a		Had but did not state where found ^a	Had but did not state where found ^b	Notice of changes, plan enrollment instructions, plan rate schedule

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/Summary Table	Other Documents
FG2-P2	31 Not Hispanic Black or African American Graduate or professional degree \$150,000 or more	14	15	Keeps in wallet					Had copy in personal records ^a	
FG2-P4	31 Not Hispanic Asian Bachelor's degree \$35,000 to \$49,999	13	3	Keeps in wallet		Online insurance portal ^a			Employer website/HR	
FG3-P1	28 Not Hispanic White Bachelor's degree \$35,000 to \$49,999	12	5	Keeps in wallet		Online insurance portal and personal records				Member guide
FG3-P2	30 Not Hispanic Asian Graduate or professional degree \$35,000 to \$49,999	1	50	Keeps in wallet		Employer website/HR ^a				

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/Summary Table	Other Documents
TPI-1	31 Not Hispanic Black or African American Bachelor's degree \$100,000 to \$149,999	2	25	Keeps in wallet	Keeps in wallet				Online insurance portal	Summary plan description
TPI-2	30 Not Hispanic White Bachelor's degree \$25,000 to \$34,999	3	60	Keeps in wallet		Employer website/HR ^a				Plan handbook
TPI-3	28 Not Hispanic White Bachelor's degree \$50,000 to \$74,999	6	60	Keeps digital copy on phone		Online insurance portal ^a		Employer website/HR ^a		Employer benefit summary
TPI-4	32 Not Hispanic White Graduate or professional degree \$100,000 to \$149,999	3	20	Keeps in wallet			Online insurance portal ^a		Online insurance portal ^b	Employee benefit guide

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/ Summary Table	Other Documents
TPI-5	29 Not Hispanic White Graduate or professional degree \$75,000 to \$99,999	3	30	Keeps in wallet					Online insurance portal ^a	
TPI-6	51 Not Hispanic White High school diploma/GED \$75,000 to \$99,999	3	60	Keeps in wallet		Employer website/HR ^a		Had copy in personal records ^a	Employer website/HR ^b	Member guide
INHI-1	32 Not Hispanic Black or African American Bachelor's degree \$35,000 to \$49,999		270	Keeps in wallet		Online insurance portal			Online insurance portal ^b	
INHI-2	32 Not Hispanic Asian Bachelor's degree \$150,000 or more		20	Keeps in wallet						Benefit description
INHI-3	28 Not Hispanic Black or African American Bachelor's degree Less than \$25,000		10	Keeps in wallet		Had copy in personal records ^a			Had copy in personal records ^b	

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/Summary Table	Other Documents
INHI-4	51 Not Hispanic White Graduate or professional degree \$100,000 to \$149,999		60	Keeps in wallet		Insurance company		Employer website/HR ^a	Online insurance portal ^a	
INHI-5	26 Not Hispanic Asian Graduate or professional degree \$35,000 to \$49,999		15	Keeps in wallet						
INHI-6	38 Not Hispanic White High school diploma/GED \$75,000 to \$99,999		20	Keeps in wallet						
INHI-7	30 Not Hispanic Asian Graduate or professional degree \$75,000 to \$99,999		5	Keeps in wallet		Online insurance portal ^a				

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit/ Summary Table	Other Documents
INHI-8	29 Not Hispanic Black or African American Graduate or professional degree \$100,000 to \$149,999		10	Keeps in wallet	Keeps in wallet	Online insurance portal and employer website/HR		Employer website/HR ^b		
INHI-9	32 Not Hispanic White Graduate or professional degree \$150,000 or more		20	Keeps in wallet	Keeps in wallet			Employer website/HR ^b		
INHI-10	58 Not Hispanic White Bachelor's degree \$150,000 or more		60	Keeps in wallet	Keeps in wallet			Online insurance portal ^b		
TPI-7	54 Not Hispanic White Graduate or professional degree Prefer not to say	1	20	Keeps in wallet		Employer website/HR ^a		Employer website/HR ^a		HSA information, Member guide

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts). For the EOC, the document was too long to copy or review in detail during the interview, but it is assumed to contain all cost-sharing items.

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).

Table J-6. Detail on Marketplace Participant Document Collection

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
MP01 (In person)	60 Not Hispanic White Some college/Associate's degree \$35,000 to \$49,999	14	60	Keeps in wallet		Had copy in personal records ^a		Had copy in personal records ^a		
MP02 (In person)	50 Not Hispanic Black or African American Bachelor's degree \$25,000 to \$34,999	3	75	Keeps in wallet		Online insurance portal ^a			Online insurance portal	Enrollment letter, welcome letter
MP03 (In person)	61 Not Hispanic White Bachelor's degree Prefer not to say	14	60	Keeps in wallet				Marketplace website		Prescription discount card
MP04 (In person)	36 Not Hispanic Black or African American Some college/Associate's degree Less than \$25,000	9	360	Keeps in pocket				Online insurance portal ^a		
MP05 (In person)	30 Not Hispanic White Graduate/professional \$75,000 to \$99,999	14	30	Keeps in pocket		Marketplace website ^a	Online insurance portal ^a	Marketplace website ^b		

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
MP06 (In person)	57 Not Hispanic Black or African American Bachelor's degree Less than \$25,000	10	150	Keeps in pocket						Member handbook
MP07 (In person)	39 Not Hispanic Black or African American Bachelor's degree \$35,000 to \$49,999	14	30	Keeps in pocket			Provided but did not state how located ^a		Online insurance portal ^b	
MP08 (Phone)	64 Not Hispanic White Bachelor's degree Prefer not to say	2	40	Keeps in pocket					Had copy in personal records ^b	Schedule of benefits, benefit booklet
MP09 (Phone)	29 Not Hispanic White Bachelor's degree \$150,000 or more	3	20	Keeps in pocket		Marketplace website ^a	Online insurance portal ^a			Letter
MP10 (In person)	54 Not Hispanic Black or African American Some college/Associate's degree \$25,000 to \$34,999	10	45	Keeps in pocket		Had copy in personal records ^a				Enrollment agreement, notice of nondiscrimination

Participant	Characteristics	Days for Document Collection	Time to Collect (min.)	Insurance Card	Rx ID Card	SBC	EOC	Plan Comparison Document	Plan Benefit Summary/ Table	Other Documents
MP11 (Phone)	26 Not Hispanic Asian Bachelor's degree Less than \$25,000	2	20	Keeps in pocket		Internet search ^a			Online insurance portal ^a	
MP12 (In person)	49 Not Hispanic White Graduate degree \$50,000 to \$74,999	16	30	Had copy in personal records					Online insurance portal ^a	
MP13 (Phone)	59 Prefer not to say Prefer not to say Bachelor's degree Less than \$25,000	2	30	Keeps in pocket		Online insurance portal ^a		Marketplace website ^a	Online insurance portal	Blue Rewards booklet

^a Includes a valid or no date and contains all items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts). For the EOC, the document was too long to copy or review in detail during the interview, but it is assumed to contain all cost-sharing items.

^b Includes a valid or no date and contains some items (overall deductible, overall maximum out of pocket, hospital coinsurance or copay, general physician coinsurance or copay, and specialist physician coinsurance or copay amounts).