

FORM **MEPS-11**
(6-17-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey

**HEALTH INSURANCE
COST STUDY**

Government Questionnaire

Collection of this information is authorized under Title IX, Section 902(a) of the Public Health Service Act. Sections 903(c) and 308(d) of that Act specify that all information will be held in strict confidence by the staff of the Agency for Health Care Policy and Research and their authorized contractors.

RETURN TO

Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001

If you have any questions concerning this survey, please call 1-888-273-3878.

Paperwork Reduction Act and Burden Estimates – We expect that it will take 20 minutes, on average, to complete the basic questionnaire. If you offer more than one plan, we expect that it will take an additional 10 minutes per plan up to the maximum of four plans to be reported. In addition, we estimate 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0105, Agency for Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

Please correct errors in name, address, and ZIP Code.
ENTER number and street if not shown. ↗

Government name

Secondary name

Number and street

City, State, and ZIP Code

A FEW IMPORTANT INSTRUCTIONS

Start here

1. Please report for the government unit located at the address shown in the label above.
2. Please report data for 1997, unless otherwise specified.
3. Estimates are acceptable.
4. Please refer to the Definition Sheet included with this package for explanations of any unfamiliar terms. If you have further questions or need assistance in completing the questionnaire, please call the number shown in the box above.

Section A – NUMBER OF PLANS

Health insurance coverage

Please respond for the location on the label above unless otherwise specified.

1a. Did you make available or contribute to the cost of any health insurance plans for your employees in 1997?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – Continue with Question 1b
2 No – SKIP to Page 9, Section D

b. How many different health insurance plan choices did you make available or contribute to for your employees during your 1997 plan year?

Plans offered by the same insurance company which offer:

- Single and family plans providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

Do not count single service plans (optional plans) such as dental or vision.

003 Continue with Page 2, Section B

Section B – PLAN INFORMATION

General plan information

FOR CENSUS USE ONLY

Complete Section B for the plan with largest enrollment of active employees.

1a. For 1997, what was the name of the health insurance plan with the largest enrollment of active employees?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna HMO

100

Name of plan

012

b. What was the name of the insurance company or carrier providing this plan?

Examples:

- Blue Cross Blue Shield
- Alliance
- Charter Health

102

Name of insurance carrier

2. Which type of health care provider was available through this plan?

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

103

- 1 Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
- 2 Any providers
(Examples: Most conventional or indemnity plans)
- 3 Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104

- 1 Yes
- 2 No

4. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1 Purchased – SKIP to page 3, Section B, Question 6
- 2 Self-insured – Continue with Page 3, Section B, Question 5a

Section B – PLAN INFORMATION – Continued

Copayments

14a. Was hospital care covered under this plan?

- 155 1 Yes – Continue with Question 14b
 2 No – SKIP to Question 14c

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals.

Do not include any physician charges incurred during the hospital stay.

152 \$, . 0 0 Amount paid by enrollee for hospital care

- 154 1 Per day
 2 Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

- 218 1 Yes – Continue with Question 14d
 2 No – SKIP to Question 15a

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

156 \$. 0 0 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

159 \$, , . 0 0

OR

158 No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

160 \$, , . 0 0

OR

221 No annual maximum

16a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Include all copayments and deductibles.

This is often referred to as a catastrophic limit.

161 \$, . 0 0

OR

163 No individual maximum

b. What was the maximum annual out-of-pocket expense for a typical family of four?

162 \$, . 0 0

OR

222 No family maximum

Section B – PLAN INFORMATION – Continued

Plan characteristics	
17a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	183 1 <input type="checkbox"/> Yes – Continue with Question 17b 2 <input type="checkbox"/> No – SKIP to Question 18
b. Did this happen in 1997?	184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. In what month did the plan year begin? <i>Enter a two-digit numeric response.</i> <i>Example: January = 01; May = 05</i>	123 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Month
20. Which of the services listed were covered by this plan? <i>Mark (X) all that apply.</i>	164 <input type="checkbox"/> Routine mammograms 165 <input type="checkbox"/> Adult routine physical exams 166 <input type="checkbox"/> Routine pap smears 167 <input type="checkbox"/> Office visits for prenatal care 168 <input type="checkbox"/> Adult immunizations 169 <input type="checkbox"/> Child immunizations 170 <input type="checkbox"/> Well-baby care, under 1 year 171 <input type="checkbox"/> Well-child care, 1–4 years 173 <input type="checkbox"/> Chiropractic care 174 <input type="checkbox"/> Other non-physician providers (such as physical therapists, podiatrists, and midwives) 175 <input type="checkbox"/> Outpatient prescriptions 176 <input type="checkbox"/> Routine dental care 177 <input type="checkbox"/> Orthodontic care 178 <input type="checkbox"/> Skilled nursing facility (convalescent care) 179 <input type="checkbox"/> Home health care 180 <input type="checkbox"/> Inpatient mental illness 181 <input type="checkbox"/> Outpatient mental illness 182 <input type="checkbox"/> Alcohol/substance abuse treatment
Current plan information	
Question 21 refers to the 1998 plan year.	
21a. Is this plan also being offered in the 1998 plan year?	186 1 <input type="checkbox"/> Yes – SKIP to Question 21c 2 <input type="checkbox"/> No – Continue with Question 21b
b. If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?	187 1 <input type="checkbox"/> Replaced with similar plan 2 <input type="checkbox"/> Replaced by a substantially different plan 3 <input type="checkbox"/> Dropped without offering replacement – SKIP to Page 8, Section C, Question 1 <div style="float: right; margin-top: -20px;"> } Continue with Question 21c </div>
<i>Please answer for this plan or the one which replaced it.</i> c. For 1998, how many active employees are enrolled in single coverage during a typical pay period?	188 <input style="width: 100px; height: 25px;" type="text"/> Active employees enrolled in single coverage
d. For 1998, how many active employees are enrolled in family coverage during a typical pay period?	189 <input style="width: 100px; height: 25px;" type="text"/> Active employees enrolled in family coverage
e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?	190 \$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> 0 <input style="width: 30px;" type="text"/> 0 Single coverage premium
f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?	191 \$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> 0 <input style="width: 30px;" type="text"/> 0 Family coverage premium

Section D – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

1a. How many employees were on this government units' payroll for a typical pay period in 1997?

Include part-time and temporary employees.

Exclude leased, contract or agency workers.

200

All employees

b. If you offered health insurance, how many of these employees, reported in 1a, were ELIGIBLE for health insurance coverage through this government unit?

201

Eligible employees

c. How many of these eligible employees, reported in 1a, were ENROLLED in a health insurance plan offered by this government unit?

202

Enrolled employees

2a. For the same typical pay period in 1997, how many of the employees, reported in 1a, at this government unit worked part-time?

203

Part-time employees

b. If you offered health insurance, how many of these part-time employees, reported in 2a, were ELIGIBLE for health insurance coverage through this government unit?

204

Eligible part-time employees

c. How many of these eligible part-time employees, reported in 2a, were ENROLLED in a health insurance plan offered by this government unit?

205

Enrolled part-time employees

3a. For the same typical pay period in 1997, how many of the employees, reported in 1a, at this government unit were temporary or seasonal employees?

206

Temporary (seasonal) employees

b. If you offered health insurance, how many of these temporary employees, reported in 3a, were ELIGIBLE for health insurance coverage through this government unit?

207

Eligible temporary (seasonal) employees

c. How many of these eligible temporary employees, reported in 3a, were ENROLLED in a health insurance plan offered by this government unit?

208

Enrolled temporary (seasonal) employees

Section D – EMPLOYMENT CHARACTERISTICS – Continued

Estimates are acceptable.

Provide information for a typical pay period in 1997.

4a. What percentage of the employees at this government unit were women?

016 % Women employees

b. What percentage of the employees at this government unit were 50 years old or older?

017 % Employees 50 years old or older

c. What percentage of the employees at this government unit were union members?

018 % Union members

d. For the employees at this government unit in 1997, approximately what percentage earned –

Less than \$6.50 per hour?
Approximately \$13,000 a year or less

022 % Earned less than \$6.50 per hour

Between \$6.50 and \$15.00 per hour?
Approximately \$13,000 to \$30,000 a year

023 % Earned between \$6.50 and \$15.00 per hour

More than \$15.00 per hour?
Approximately \$30,000 or more a year

024 % Earned more than \$15.00 per hour

5. How many hours per week must an employee work to be considered full-time at this government unit?

041 Hours

6. Which of the following fringe benefits do you offer?

Mark (X) all that apply.

- 050 Paid vacation
- 051 Paid sick leave
- 052 Life insurance
- 053 Disability insurance
- 054 Retirement/pension plans
- 055 Medical Savings Accounts (MSAs)
- 056 Flexible spending accounts
- 057 Cafeteria plan –
Enter the average annual value per employee →

058 \$, . 0 0

500 Remarks

Section E – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)

213 Title

Signature

214 Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
				1	9	9	

215 Telephone number
()

220 Extension

216 FAX number
()

217 E-Mail address