**Insurance Survey**

Include only those people who identify as living in the US based on prior survey results.

**PREAMBLE:**

We would like to learn more about insurance issues that might impact IBD. In this module, we ask for information about your experience with health insurance to better understand how this has affected your care.

1. Did you have health insurance last year that helped to cover visits and/or medications?
2. Yes
3. No [Exit]
4. This module covers health insurance, costs, out-of-pocket expenses, and income levels. If you need to collect information to answer some of the questions, you can leave the module and come back to it later. If you do not have exact numbers, please provide your best estimate. This module will take about 20 minutes of your time.

Would you like to complete the insurance module?

1. Yes
2. No [Exit]

**MODULE:**

For this module, we would like you to consider last year (2016), so that we can have a better understanding of medical expenses during a full plan year.

1. What type of health insurance did you have last year (please check all that apply, as some people have more than one type of insurance):
   1. Medicaid
   2. Medicare
   3. Insurance through employer or private pay
   4. Affordable care act health plan (Obamacare)
   5. Veteran’s affairs coverage (VA)
   6. Don’t know

[If 1=b (Medicare)] Which type(s) of Medicare insurance did you have?

1. Medicare Advantage
2. Medicare Part D
3. Traditional Medicare with supplemental plan
4. Traditional Medicare without supplemental plan
5. Don’t know
6. Please select your primary health insurance plan (from last year) from the list below (if you have more than one, please choose the insurance that covers your medications).

[List of primary health insurance plans. Option will be added for “I cannot find my current plan”]

1. How many years have you been on this primary health insurance plan?
   1. Numeric
2. [if # 3 is <3] How many times have you changed your primary insurance plan in the past 3 years?
   1. No change
   2. Once
   3. Twice
   4. 3 times
   5. 4 times
   6. 5 times
   7. 6 or more times
3. Who was the primary holder of your insurance policy last year?
   1. Me
   2. Spouse or partner
   3. Parent
   4. Don’t know
4. How many people, including yourself, were currently covered by your insurance plan last year?
   1. Numeric
5. The **premium** is the amount of money charged by your insurance company for the plan you have chosen. It is usually paid on a monthly basis. You must pay your premium to keep your coverage active, regardless of whether you use the insurance.

How much did you pay each month (in US dollars) to your health insurance company as a **premium**?

1. Numeric
2. Part of employment benefits, don’t know
3. Don’t know
4. The **deductible** is the amount you have to pay every year toward your medical bills **before** your insurance company starts covering your bills. Some plans do not have a deductible.

How much was your deductible last year? (Enter 0 if you don’t have a deductible)

1. Numeric
2. Don’t know
3. [Only if #8 >0] Did you “meet” your deductible for your insurance plan last year? This would mean that your medical expenses met or exceeded the amount of the deductible.
   1. Yes
   2. No
   3. Don’t know
4. [Only if #8 >0 and #9 is not equal to c] How many months into your plan year did you “meet” your deductible last year? (For example, if your plan started in January and you met your deductible in March, you would enter “2”)
5. Numeric
6. Don’t know
7. Your **coinsurance** is the **percentage** of your medical bill you share with your insurance company **after** you pay your deductible. For example, some plans are 80/20 (meaning the insurance pays 80% of the expense and you are required to pay 20%).

How much is your coinsurance? (Enter 0 if you do not have coinsurance)

1. Numeric
2. Don’t know
3. [If 11 is >0 and not equal to don’t know] How much did you have to pay in coinsurance for your plan last year?
4. Numeric
5. Don’t know
6. Your **copay** is a flat fee you pay every time you go to the doctor or fill a prescription. Copays do **not** count towards your deductible.

How much is your copay for visits to your gastroenterologist/specialist? (Enter 0 if you don’t have a copay)

1. Numeric
2. Don’t know
3. How much did **you have to pay** in copays for doctor visits and prescriptions over the past year? (Include specialists, primary care physician visits, ER visits and prescriptions)
4. Numeric
5. Don’t know
6. How many times did you have a pharmacy fill a prescription for oral steroids in the past year? (Examples: prednisone, budesonide, solumedrol)
7. Numeric
8. Don’t know
9. How many times did you visit an emergency room or an urgent care clinic in the past year for your IBD? (Enter 0 for never)
10. Numeric
11. Don’t know
12. What is the total # of endoscopic procedures (endoscopy, colonoscopy, sigmoidoscopy, pouchoscopy) that you had in the past year? (Enter 0 for none)
13. Numeric
14. Don’t know
15. Have you had a visit to the emergency room or urgent care visit denied by your insurance company over the past year? (This means the insurance company did not pay for or reimburse this visit.)
16. Yes
17. No
18. Don’t know
19. Have you had a hospitalization denied by your insurance company over the past year? (This means the insurance company did not pay for or reimburse this visit.)
20. Yes
21. No
22. Don’t know
23. Have you had an IBD medication denied by your insurance company over the past year? (This means the insurance company did not pay for or reimburse this medication.)
24. Yes
25. No
26. Don’t know
27. Have you had an IBD procedure (endoscopy, colonoscopy, sigmoidoscopy, pouchoscopy) denied by your insurance company over the past year? (This means the insurance company would not pay for this procedure)
28. Yes
29. No
30. Don’t know
31. Did your health insurer make it more difficult for you to use an IBD medication that your doctor tried to prescribe for you? (Check all that apply in regards to difficulty with IBD medications)
    1. Denied coverage of a new medication
    2. Denied coverage of a medication that you were already taking
    3. Required a prior authorization that delayed medication use
    4. Denied coverage and required that you try a different type or class of medication first (Example: Denied Entyvio and required use of Humira first)
    5. Denied coverage and required that you try another medication within the same class (Example: Denied Asacol HD and required use of Apriso first)
    6. Don’t know
32. Did your insurer force you to switch from one IBD medication that was working to a different IBD medication last year?
    1. Yes
    2. No
    3. Don’t know
33. [Show only if reported ever biologic use in surveys]

When you were most recently prescribed a biologic medication [xx from survey], how long did it take until it was approved by your insurance company (in weeks)?

1. Numeric
2. Don’t know
3. Have you ever used a drug company-funded patient assistance program (to help with your deductible) or a copay assistance program (to help with your copay)? (Examples include Remistart, Entyvio Connect, Abbvie patient assistance, Lialda copay card, etc.)
4. Yes
5. No
6. Don’t know
7. Did your doctor try to prescribe an anti-TNF biologic for you last year?
8. Yes
9. No
10. Don’t know
11. [If #25 is yes] Please rate your difficulty in getting anti-TNF biologic covered by your insurance company last year.
    1. No difficulty
    2. Minor difficulty
    3. Major difficulty
    4. Not able to get coverage
    5. Don’t know
12. Did your doctor try to prescribe Entyvio (vedolizumab), an anti-integrin biologic, last year?
13. Yes
14. No
15. Don’t know
16. [If #27 is yes] Please rate your difficulty in getting Entyvio covered by your insurance company last year.
    1. No difficulty
    2. Minor difficulty
    3. Major difficulty
    4. Not able to get coverage
    5. Don’t know
17. Did your doctor try to prescribe Stelara (ustekinumab), an anti-IL 12/23 biologic, last year?
18. Yes
19. No
20. Don’t know
21. [If #29 is yes] Please rate your difficulty in getting Stelara covered by your insurance company last year.
    1. No difficulty
    2. Minor difficulty
    3. Major difficulty
    4. Not able to get coverage
    5. Don’t know
22. If #31 b-d, As Stelara is given as an infusion followed by injections, which type (infusion or injection) did you have trouble getting covered?
    1. Infusion
    2. Injection
    3. Both infusion and injection
    4. Don’t know
23. If #32 b-c, You report problems getting the injection covered, did you ever receive the infusion of Stelara?
    1. Yes
    2. No
    3. Don’t know
24. If #32 b-c, Did you ever receive the injections of Stelara that follow the infusion?
    1. Yes
    2. No
    3. Don’t know
25. If 34=b, Why were you unable to receive the injections of Stelara?
    1. Insurance denied
    2. Co-payment was unmanageable
    3. Did not qualify for assistance from the manufacturer
    4. Other [write in]
    5. Don’t know
26. Did your doctor try to prescribe a non-biologic medication for your IBD last year? (Examples include Imuran, methotrexate, asacol HD, lialda, etc.)
27. Yes
28. No
29. Don’t know
30. [if #36 is yes] Please rate your difficulty in getting non-biologic IBD medications covered by your insurance company last year.
    1. No difficulty
    2. Minor difficulty
    3. Major difficulty
    4. Not able to get coverage
    5. Don’t know
31. [Only if reported ever use of biologic medication in surveys] Have you ever had a gap in your biologic treatment **because** of insurance? (Examples may include gaps due to delays in new prior authorizations, etc.)
    1. Yes
    2. No
    3. Don’t know
32. [Only if 38= yes] How long (in weeks) was the longest gap you have had due to insurance?
33. Numeric
34. Don’t know
35. [Only if 38=yes] How many separate times have you had a gap in biologic therapy (defined as a week or more late) due to insurance?
36. Numeric
37. Don’t know
38. [Only if 38=yes] During therapy with which of the following biologics have you had a gap in your therapy due to insurance?
39. Remicade
40. Humira
41. Cimzia
42. Simponi
43. Entyvio
44. Tysabri
45. Stelara
46. Don’t know
47. [Only if 38=yes] Why did you have a gap in biologic therapy due to insurance reasons?
    1. Denial by same insurer (after prior approval)
    2. Slow re-approval/ prior authorization renewal
    3. Gap when I changed insurance
    4. Lost insurance for a while
    5. Other (write in)
    6. Don’t know
48. [Only if 38=yes] A blood test can be performed to check a drug level and whether there are antibodies to some biologics. Antibodies cause the drug to no longer be effective. After your gap in medication coverage, did you develop antibodies to your biologic?
    1. Yes
    2. No
    3. Never tested
    4. Don’t know
49. ([Only if 38=yes] During your gap in coverage, were you also on an immunomodulator like methotrexate or azathioprine/6mp?
50. Yes
51. No
52. Don’t know
53. How would you rate your level of satisfaction with your health insurance plan last year? [Use Likert scale]
    1. Highly unsatisfied
    2. Moderately unsatisfied
    3. Somewhat unsatisfied
    4. Neutral
    5. Somewhat satisfied
    6. Moderately satisfied
    7. Highly satisfied
    8. Don’t know
54. Would you recommend your health insurance plan from last year to someone else with IBD?
55. Yes
56. No
57. Don’t know
58. Do you currently work outside the home?
59. Yes
60. No
61. Don’t know
62. [If 47=no] For which of the following reasons do you NOT work outside the home? (Check all that apply)
    1. Not working by choice
    2. Student
    3. Disabled
    4. Unable to find work
    5. Retired
    6. Don’t know
63. What is your annual household income?
    1. Less than $13,000
    2. $13,001 - $23,000
    3. $23,001 - $32,000
    4. $32,001 - $44,000
    5. $44,001 - $54,000
    6. $54,001 - $71,000
    7. $71,001 - $89,000
    8. $89,001 - $116,000
    9. $116,001 - $160,000
    10. More than $160,000
    11. Don’t know/ choose not to answer
64. Is your primary GI doctor an IBD specialist?
    1. Yes
    2. No
    3. Don’t know
65. Please provide your zip code [if not previously collected data]
66. Numeric
67. Don’t know

**END**