Satisfaction with Children's Health Care: Families' Evaluation of Medicaid and the State Children's Health Insurance Program (SCHIP)
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Families’ Evaluation of Medicaid and the State 
Children’s Health Insurance Program (SCHIP) 

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University of Southern Maine 

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II. PURPOSE

In 2001 staff at the Muskie School of Public Service, under contract with the Bureau of Medical Services (Maine’s Medicaid and SCHIP Agency), completed a survey of Medicaid and SCHIP child members. The purpose of this survey was to measure the experience and satisfaction with the Medicaid and SCHIP program among families whose children were enrolled in Medicaid and the State Children’s Health Insurance Program (SCHIP). This survey complements two additional surveys that were conducted among families with children newly enrolled in and disenrolled from Medicaid and SCHIP during 2001.¹

This document summarizes the findings from the survey of families with Medicaid or SCHIP-enrolled children that was conducted during the summer of 2001. Survey staff interviewed a total of 845 adults about the health care experiences of a specific child in their care. The survey content included questions on reasons for participating in Medicaid and SCHIP, parental employment status, health status, access to health services and satisfaction with care.

II. METHODS

Sample Selection

This survey examines the experiences of a random sample of households with Medicaid or SCHIP child members who had been continuously enrolled for at least nine months prior to the survey date. Children with at least nine months of continuous enrollment were selected so that the survey would reflect the perspective of families who had solid experience with the Medicaid or SCHIP program. If a household with more than one eligible child was selected to participate in the survey, one child from that household was randomly selected so that no family would be interviewed about the experiences of multiple children.

One of the purposes of this survey was to obtain data on the experiences of children enrolled in SCHIP through the SCHIP eligibility categories of “Medicaid Expansion” and “CubCare.” Because SCHIP represents less than 15 percent of the entire enrolled population, Bureau of Medical Services staff in consultation with survey staff decided to over-sample for children enrolled through SCHIP. As a result, approximately half of the survey respondents were enrolled under an SCHIP eligibility category (see Table 1).

Table 1 depicts select characteristics of the children who were included in the survey compared to the entire population of children enrolled in Medicaid or SCHIP for at least nine continuous months. Despite the intentional over-sampling of SCHIP members, the characteristics of the sample compared to the population do not differ substantively. Although there is some slight variation in the distribution of age and county of residence for the sample compared to the population, these differences are too small to yield significant statistical test results.

Table 1: Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent in Sample (N=838)</th>
<th>Percent in Population (N=14,512)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 5</td>
<td>21.9</td>
<td>21.1</td>
</tr>
<tr>
<td>6 – 12</td>
<td>39.1</td>
<td>42.7</td>
</tr>
<tr>
<td>13 – 20</td>
<td>39.1</td>
<td>36.2</td>
</tr>
<tr>
<td>Gender*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50.9</td>
<td>48.9</td>
</tr>
<tr>
<td>Female</td>
<td>49.1</td>
<td>51.1</td>
</tr>
<tr>
<td>County*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Androscoggin</td>
<td>6.4</td>
<td>6.2</td>
</tr>
<tr>
<td>Aroostook</td>
<td>10.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Cumberland</td>
<td>12.2</td>
<td>13.2</td>
</tr>
<tr>
<td>Franklin</td>
<td>2.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Hancock</td>
<td>3.6</td>
<td>2.9</td>
</tr>
<tr>
<td>Kenebec</td>
<td>8.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Knox</td>
<td>4.5</td>
<td>3.2</td>
</tr>
<tr>
<td>Lincoln</td>
<td>2.7</td>
<td>2.8</td>
</tr>
<tr>
<td>Oxford</td>
<td>6.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Penobscot</td>
<td>15.4</td>
<td>15.5</td>
</tr>
<tr>
<td>Piscataquis</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Sagadahoc</td>
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<tr>
<td>Somerset</td>
<td>6.0</td>
<td>7.0</td>
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<tr>
<td>Waldo</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Washington</td>
<td>4.9</td>
<td>5.9</td>
</tr>
<tr>
<td>York</td>
<td>8.4</td>
<td>7.8</td>
</tr>
<tr>
<td>Program**</td>
<td></td>
<td></td>
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<tr>
<td>Medicaid</td>
<td>49.0</td>
<td>85.2</td>
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<tr>
<td>Medicaid Expansion</td>
<td>41.7</td>
<td>11.9</td>
</tr>
<tr>
<td>CubCare</td>
<td>9.4</td>
<td>2.9</td>
</tr>
<tr>
<td>Respondent’s Relationship to Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>94.8</td>
<td>-</td>
</tr>
<tr>
<td>Other relative</td>
<td>4.4</td>
<td>-</td>
</tr>
<tr>
<td>Foster parent/guardian</td>
<td>0.8</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Proportions in this table differ slightly from the final sample because it includes seven surveys that were ineligible for the full survey because they were no longer enrolled in Medicaid or SCHIP.

*Differences between sample and population NS by chi-square test

**Differences between sample and population significant at p ≤ .0001 because of intentional over-sampling of SCHIP members.
Survey Administration

The survey was administered by telephone between June 20\textsuperscript{th} and August 21\textsuperscript{st}, 2001 by the Muskie School of Public Service. Interviewers trained on the survey instruments used a computer-assisted interviewing instrument (CATI) developed by Muskie School staff to collect data from respondents. Upon reaching a randomly selected household, the interviewers would ask to speak to the adult who was most knowledgeable about the selected child’s health and health care use. As Table 1 indicates, for the most part the respondent was the child’s parent (95 percent of respondents) although occasionally the respondent was another relative or the child’s foster parent or guardian.

A total of 1015 eligible households were contacted and invited to participate in the survey. Of these, 845 households agreed to participate, however, in seven cases the preliminary screening questions revealed that the child was no longer covered by Medicaid or SCHIP and consequently ineligible for the survey. A total of 838 eligible adult respondents participated in the survey on behalf of an identified child, for a final response rate of 83 percent.

File Construction and Data Analysis

Staff at the Muskie School reviewed the survey for response validity, coded open-ended questions, and imported the data into SAS for analysis. This report presents primarily descriptive data, although some questions have been analyzed for differences based on the characteristics or program enrollment of the respondents. For the most part, subgroup comparisons are presented only when there was a statistically significant difference between the groups. If subgroup analyses are reported, this paper will include the probability values obtained through chi-square tests in order to inform the reader about the magnitude of statistical significance for the reported differences.

III. FINDINGS

Program Recognition

The first question of the survey asked respondents to confirm whether or not they were enrolled in Medicaid or SCHIP, in order to screen whether they were eligible for the survey. Ninety-nine percent of those who were contacted affirmed their enrollment based on their own recognition of the program’s name. One half of one percent (4 respondents) needed additional probing information in order to recognize that their child was receiving health insurance through Medicaid or SCHIP. Another seven potential respondents indicated that the child was no longer enrolled in the program.

Parental Characteristics

Respondents were asked to describe the employment status of the primary wage earner in the household, if any. More than 80 percent of the respondents reported that there was a primary wage earner employed in the household (Figure 1). Approximately half of all children in the survey lived in a household where at least one adult worked full-time for an employer, while 14
percent were self-employed. Another 14 percent of children lived in a household where the primary wage earner worked part-time or seasonally. In approximately one-fifth of the households, there was no primary wage earner or s/he was not employed at the time.

As one might expect, among SCHIP children, the proportion that had an adult household member working full-time was significantly higher than among children enrolled in Medicaid (63 versus 44 percent). Similarly, the SCHIP members were less likely to live in a household with no working adult (14 percent) compared to other children enrolled in Medicaid (21 percent).

In the 633 households where a main wage earner was identified and the size of their employer known, more than half the time (54 percent) he or she worked for a firm with fewer than 25 employees. Around 12 percent worked for a firm with 25-50 employees, while 34 percent worked for a firm with more than 50 employees.

Figure 1: Parental Employment Status (n=838)

![Parental Employment Status Chart]

Note: Differences between SCHIP and Medicaid members significant where p ≤ .001

Nearly all of the respondents (89 percent) reported that they had at least a high school education. Almost one-third (29%) of the total respondents had attended some college or held a two-year college degree, while eight percent had a four-year college degree or higher. Children enrolled in SCHIP were more likely to have a parent who had completed high school or college. Only seven percent of SCHIP children had parents with less than a high school degree compared to twelve percent of Medicaid children (p = .03).

Health Status

The survey asked respondents to rate the health care status of children in their care, from excellent to poor. In general, respondents reported that the children were in good or better health (Figure 2). More than half of all children (55 percent) were reported to be in excellent health, with another 42 percent in very good or good health. Only three percent of respondents stated that their child was in fair or poor health. Health care status did not vary significantly by program enrollment.
The health status of children in the survey varied somewhat by the child’s age, with older children having slightly poorer health overall. While 93 percent of children aged five and younger had a reported health status of very good or excellent, only 79 percent of teens and young adults had health status in these two categories. Similarly, among children 13 and older, four percent were reported to be in fair or poor health compared to only one percent in the age five and under group.

Although nearly all the children were reported to be in good or better health, a substantial number of respondents identified their child as having a limiting condition. Survey staff asked the respondents whether or not the child in their care had an emotional, developmental, physical or behavioral condition that limits their ability to do what other children his/her age can do. More than one-fifth (21 percent) stated that their child has a condition that limits his/her daily activities. As shown in Figure 4, the proportion of children with a limiting condition varied significantly by age, with children aged 13 and older being more than three times as likely to have limiting condition compared to children aged 5 and under (29 versus 9 percent).
were no significant differences between eligibility categories in the proportion of children identified as having a limiting condition.

Figure 4: Children With Limiting Conditions, By Age (n = 831)

Note: Differences in limiting conditions by age significant where p ≤ .001

Health Care Use

Respondents were queried about the health care use and access to care of the children included in this survey. Nearly every respondent reported that the child in his/her care has one usual place s/he goes to get regular or routine health care (Figure 5). Only one percent of respondents indicated that the child did not have a usual source of care (11 children in all). When asked why the child did not have a usual source of care, approximately half (five respondents) reported that the child did not need a routine provider because s/he used care infrequently, was generally healthy, or that the family relied on alternative health care. Several respondents stated the child didn’t have a usual source of care because the family had recently moved or the respondent had recently gained custody of the child. Two respondents indicated that it was difficult to find a provider who would accept Medicaid or SCHIP.

Figure 5: Usual Source of Health Care Location Type (n=838)

Note: Totals exceed 100 percent due to rounding.
Nearly three-fourths of all children in the survey get their primary health care from a doctor’s office (73 percent) while one-fourth visit a clinic or health center. Approximately 2 percent of respondents indicated that their children obtain primary health care from another provider location, including school-based health centers, emergency rooms and other hospital-based providers. As Figure 6 indicates, more than half of all children see the same provider every time they go to their usual source of care and one-third of all children usually do.

**Figure 6: Child Sees Same Provider at Usual Source of Care (n=827)**

![Pie chart showing the percentage of children who see the same provider every time they go to their usual source of care.](image)

Because continuity of care can be an important indicator of access and quality of care for children, respondents were asked to estimate the length of time that their child had been receiving care from their current health care provider. As Figure 7 indicates, nearly half of all children (49 percent) had been under the care of the same provider for more than five years. When one considers that the mean and median age of children included in the survey is 10, this suggests children enrolled in Medicaid and SCHIP have good access to the same provider over time. Among teenaged children, two-thirds had the same provider for more than five years (data not shown).

**Figure 7: Length of Relationship with Current Provider (n = 827)**

![Pie chart showing the distribution of children's length of relationship with their current provider.](image)
Satisfaction With Care

Approximately three-fourths of all children (72 percent) had visited their usual health care provider within the six months prior to the survey. The adults responding on behalf of these children were asked a series of questions designed to identify how satisfied families are with quality of care their children receive from their usual source of care. Only families whose children had seen the provider in the past six months received these questions because prior research suggests that recall about quality indicators is most accurate when limited to a six-month period of time.

The first question about family satisfaction with care addressed respondent’s perceptions of the providers’ office staff. Respondents were asked to evaluate the frequency with which office staff treated the family with courtesy and respect during visits to the provider’s office. As Figure 8 indicates, 90 percent stated that the office staff always treats them with courtesy and respect, while only two percent felt this happened only sometimes. No respondent reported that they are never treated respectfully by provider staff. The level of satisfaction with provider office staff varied somewhat by eligibility group, with a higher proportion of the SCHIP families reporting that office staff always treated them well (93 versus 86 percent; p. ≤ .01).

Figure 8: Treated Respectfully by Provider Staff (n = 603)

Like the high level of satisfaction with office staff, respondents tended to be pleased with the interactions they had with the child’s provider. Eighty-eight percent of respondents reported that when they visited the child’s health care provider, s/he always explained the medical needs of the child to them in a way that they could understand (Figure 9). Only three percent of respondents felt that the provider sometimes or never explained things in a way that they could understand. The satisfaction with providers’ ability to present information in an understandable way did not vary significantly by eligibility category.
Although respondents were slightly less satisfied with the amount of time the child’s provider spent with them during office visits in the past six months, satisfaction continued to be quite high. More than three-fourths of respondents indicated that the provider always spent enough time with their child and 16 percent felt that the provider usually spent enough time. Approximately five percent felt that the provider never or only sometimes spent enough time with their child. Respondents with children in the SCHIP eligibility group were significantly more likely to report that the provider had spent enough time with their child compared to children enrolled through Medicaid eligibility (84 versus 73 percent; \( p \leq .01 \)).

The survey asked respondents to rate their child’s usual health provider on a scale from ‘0’ to ‘10,’ where ‘0’ was the worst health care provider possible and ‘10’ was the best provider possible. Given the generally high level of satisfaction that families reported for each of these individual indicators, it is not surprising that their overall rating of children’s primary health care providers was also relatively high. More than half of all respondents gave their child’s provider
a rating of ‘10’ (see Figure 11), while another 38 percent rated the provider an ‘8’ or ‘9.’ Only four percent rated the child’s provider as a ‘6’ or lower, with the lowest rating being ‘4’ (selected by only two respondents). The provider ratings did not differ significantly between program eligibility categories.

**Figure 11: Overall Rating of Child’s Usual Health Care Provider (n = 603)**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘10’</td>
<td>52%</td>
</tr>
<tr>
<td>‘8’ or ‘9’</td>
<td>38%</td>
</tr>
<tr>
<td>‘7’</td>
<td>6%</td>
</tr>
<tr>
<td>‘6’ or less</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Access to Health Care**

**Emergency Room Use**

Approximately one-fourth (23 percent) of respondents indicated that their child had gone to the emergency room for care in the past six months. Of these, the most common reason for the visit (given by half the respondents) was that the child had suffered an injury or accident or else had symptoms that the family had interpreted as a serious condition, such as a high fever or difficulty breathing (Figure 12). Approximately five percent of children with a reported emergency room visit had experienced a “flair up” of a chronic illness such as asthma or diabetes.

More than one-fourth of respondents (28 percent) indicated that they had taken the child to the emergency room due to a minor illness such as the flu, an earache or rash. This suggests that these families either need better education about when to seek emergency care, or else had difficulty accessing the child’s usual source of care. There is some evidence that children visited the emergency room because of inadequate access to primary care after normal office hours. For approximately 14 percent of children with an emergency room visit, the reason given for the visit was that the child’s usual source of care (USC) was closed, or in two cases, that the provider did not have an available appointment time for the child. Another three percent reported that they brought the child to the emergency room at the instruction of the provider, however, it is unclear whether these cases constituted actual emergencies or if the provider was unavailable to treat the child.
Figure 12: Reason for Emergency Room Visit (n = 192)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident/serious condition</td>
<td>51%</td>
</tr>
<tr>
<td>Minor illness</td>
<td>28%</td>
</tr>
<tr>
<td>Chronic illness flair up</td>
<td>5%</td>
</tr>
<tr>
<td>Provider instruction</td>
<td>3%</td>
</tr>
<tr>
<td>USC unavailable</td>
<td>14%</td>
</tr>
</tbody>
</table>

Telephone Access to Providers
The survey asked participants if they had tried to obtain care from their child’s usual health care provider over the telephone in the six months prior to the survey. More than 300 respondents (40 percent of the full sample) indicated that they had tried to get care for their child over the telephone. Of these, 84 percent stated that they had not had any problem trying to get care or advice for their child over the telephone, however 13 percent reported that it had been a small problem, and three percent a big problem, to get this care or advice (Figure 13).

Figure 13: Problems Getting Care/Advice Over Telephone (n=338)

Respondents who indicated that they had encountered a problem calling the child’s provider for care or advice were asked why, in their own words, there had been a problem. For the 55 respondents who had problems, approximately half (49 percent) stated that the provider’s office was slow to respond to their request for advice (22 respondents), or else the telephone was always busy (5 respondents). In one case a respondent stated, “I told them that he was having a problem breathing, but they took over two hours to call me back. In the meantime I had to take him to the hospital.” Another respondent reported, “You have to wait for them to call you back.”
The center would close before you get called back.” A third example of this issue was evident in
the statement “They will not speak unless you call at ‘call time’, but since they are busy you can
spend the whole 45 minutes trying to get through.”

**Figure 14: Reason For Problem Getting Care/Advice Over the Telephone (n=55)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate on-call service</td>
<td>11%</td>
</tr>
<tr>
<td>No appointment available</td>
<td>7%</td>
</tr>
<tr>
<td>Can’t speak to provider</td>
<td>11%</td>
</tr>
<tr>
<td>Require appointment</td>
<td>22%</td>
</tr>
<tr>
<td>Slow to return calls/Busy</td>
<td>49%</td>
</tr>
</tbody>
</table>

Another common complaint about telephone access to the child’s provider was that the provider
would not give any advice over the telephone but required the child to come in for a visit before
receiving any care. A number of respondents expressed frustration with this practice, such as the
one who stated “They wouldn’t give me any information without seeing her, even though they
had just seen her about the same thing.” Another respondent reported that “She kept getting
head lice and I was trying to find out from her doctor what else I could do to get rid of it. They
wouldn’t tell me and wouldn’t see her and advised me to take her to a walk-in clinic.”

About 11 percent of respondents stated that the problem they experienced was that nursing or
administrative staff would not let the respondent speak directly with the child’s provider.
Approximately seven percent reported that they had trouble because the provider could not see
the child when they needed care. Finally, another six respondents (11 percent) reported that they
had difficulty getting advice or care because the provider was unavailable. According to one
respondent “If the doctor is on vacation or you call him at the office and you can’t get him, you
have to call the emergency room.” Another respondent indicated, “It’s hard to get them on the
phone, especially after hours.”

**Trouble Getting Needed Health Care**
The survey asked respondents if their child had needed health care in the past six months but had
not gotten it. Approximately 62 percent (522 respondents) indicated that their child had needed
care, the vast majority of whom had gotten the care they needed. Only four percent of children
who had needed care were reportedly unable to get it, for a total of 21 children.

Of the children who had needed care but didn’t get it, nearly half (10 children) had been unable
to get dental care, while another was reportedly unable to get needed orthodontic care. When
asked why they had been unable to get dental care for their child, nearly all stated that they could
not find a dentist willing to accept Medicaid or SCHIP. According to one respondent, “Nobody (no dentist) takes Medicaid. When you call for an appointment the dentist won’t get them in even for what you would consider emergency care.” Another respondent reported that their family had to travel 70 miles to find a dentist who would provide care for the child. The respondent whose child had not gotten orthodontic care stated, “His teeth are buck in front but they wouldn’t pay for orthodontist,” suggesting that the Medicaid or SCHIP program had not agreed with the respondent’s perception about the need for orthodontic care.

Eight respondents indicated that their child had needed some type of primary care that they were unable to get, such as a gynecological exam, physical exam or immunization. These respondents generally reported that the child had not gotten needed care because the provider was unresponsive or over-booked. As one respondent stated, “They were booked and just offered advice over the phone.” Another reported, “If her doctor’s office isn’t open I have to take her to express care or the emergency room and I’ve had bad experiences with express care so I just don’t take [her] there.”

Two respondents stated that their child had needed mental health services but not gotten them, while another respondent had a child who had not gotten a needed prescription. Both of the respondents who reported that their child had gone without needed mental health care stated that they were on waiting lists for child psychiatrists who would accept Medicaid. The respondent whose child had not gotten a needed prescription indicated that it was because “Medicaid would not pay for her psychiatric care and her psychiatrist would not see her.” Because Medicaid and SCHIP cover mental health services, it is possible that the provider was unwilling to accept Medicaid or SCHIP, and so the child went without a prescription.

Program Satisfaction

Reason for Enrollment

Respondents were asked to identify the primary reason(s) that they had decided to enroll their child in the Medicaid or SCHIP plan. The most common reason given for the child’s enrollment was financial, with the affordability of the program and of medical care when enrolled in the program cited by nearly half of all respondents (Figure 15). A large number of these respondents asserted that without the Medicaid or SCHIP program they would have no access to health insurance or health care services. One respondent reported, “I can’t afford any insurance whatsoever, even though I’m working full time. Money is just too tight lately.” Another stated, “I don’t have to worry about where I’m going to get the money to pay for it.”

Another 42 percent of respondents stated that they had gotten Medicaid or SCHIP for their child in order to access primary care services. These respondents felt that the increased ability to get routine care or check-ups was the most important reason for having the child enrolled in the program. This category includes a number of “other” responses in which the respondents emphasized the importance of getting preventive or well-child care. For example, one respondent stated that the primary reason for enrolling his/her child was “to get medical care so that he grows up to be healthy.” Similarly, another respondent reported, “Now I don’t have to worry that she (the child) is not seeing a doctor regularly.” Along similar lines, about two percent
of respondents reported that they enrolled their child in Medicaid or SCHIP in order to get a primary care provider (PCP) for the child.

**Figure 15: Primary Reason Child is Enrolled (n = 838)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting a PCP</td>
<td>2%</td>
</tr>
<tr>
<td>Chronic care</td>
<td>4%</td>
</tr>
<tr>
<td>Dental/Orthodontics</td>
<td>5%</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>7%</td>
</tr>
<tr>
<td>Specialty care</td>
<td>4%</td>
</tr>
<tr>
<td>Emergency care</td>
<td>12%</td>
</tr>
<tr>
<td>Routine care</td>
<td>42%</td>
</tr>
<tr>
<td>Quality/Convenience</td>
<td>11%</td>
</tr>
<tr>
<td>Having Insurance</td>
<td>30%</td>
</tr>
<tr>
<td>Affordable</td>
<td>47%</td>
</tr>
</tbody>
</table>

Note: Totals greater than 100% because respondents were permitted up to two answers

Approximately one-tenth of respondents stated that they had enrolled the child in Medicaid or SCHIP because of the quality or convenience of the program and/or the quality of health care providers available. Multiple respondents stated that Medicaid or SCHIP was easier to deal with than private health insurance, while others expressed satisfaction with having a broader range of providers to choose from compared to private plans. Other comments that were included in this category were that the benefit package is comprehensive, that families receive reminders about preventive care, or simply that “it’s a good program.” One respondent stated, “He gets better care and it is broader than what other insurance companies offer.” Another reported, “Medicaid has a group of people who go over certain things to make sure things are being done correctly (for example, that providers are doing tests that they should).”

A small number of respondents cited having greater access to prescriptions, specialty care or dental/orthodontic care as the most important reason for enrolling a child in Medicaid or SCHIP. Another 12 percent stated that having access to emergency care was a primary reason for enrollment. Thirty percent of respondents reported that they had enrolled the child simply so that s/he would have health insurance, but did not specify the type of care they wanted to be able to access. This category includes four responses that spoke more vaguely about wanting Medicaid or SCHIP for “security” or “just in case,” suggesting that these respondents were most concerned about the risk protection that insurance provides.

Four percent of respondents stated that they had enrolled the child in Medicaid or SCHIP primarily because the child had chronic health condition for which s/he needed ongoing care. For example, one respondent stated that the most important reason for the child to be enrolled
was that “He’s asthmatic and he has a lot of ear infections.” Other conditions that respondents identified included diabetes, allergies, a “disability”, hearing problems, recurrent bronchitis, a “birth defect”, and autism.

**Reasons for Satisfaction**

The survey asked respondents to categorize their level of satisfaction with Medicaid and SCHIP as a health insurance plan. As Figure 16 demonstrates, satisfaction with Medicaid and SCHIP as a plan is quite high, with nearly 95 percent of respondents stating that they were very or somewhat satisfied. Only three percent of respondents indicated that they were somewhat or very dissatisfied with Medicaid and SCHIP as a health plan. Respondents were also asked whether or not they would recommend the plans to a family member or friend, to which an overwhelming 98 percent responded that they would recommend it.

**Figure 16: Level of Satisfaction with Medicaid or SCHIP as a Health Plan (n=838)**

![Pie chart showing satisfaction levels]

The survey asked participants, in their own words, why they would or would not recommend the program to a friend or family member. The most common response for recommending Medicaid or SCHIP, given by approximately one-third of respondents, was that the program is affordable (Figure 17). For example, one respondent compared the program to private health insurance costs saying, “The high cost of health insurance; benefits on jobs are almost more important than the wages now.” Others echoed this statement by reporting, “They’ve been saviors for us. We work very hard and still cannot make it,” and “We get it because we can’t afford health insurance.” Some respondents also commented that Medicaid or SCHIP makes health care for their children affordable, saying “It’s the best way to get medical care for your children when you can’t afford it,” and “I have girlfriend with two small children and her husband has insurance and they still can t pay for medical care. She has to go without food and things to pay for medical bills.”

Twenty-one percent of respondents reported that they would recommend Medicaid or SCHIP because they felt it was important to have health insurance. “Everybody needs some kind of insurance but not everyone that has a job can afford it,” said one, while another stated, “All children need health insurance whether or not they can afford it.” Another described the way the SCHIP allows families to work and maintain benefits, “CubCare allows me to work, have an
income and receive health insurance. I don’t have to be on welfare.” This response category also includes individuals who felt that Medicaid or SCHIP offers families security, arguably the primary purpose of health insurance. One response that reflected this view was, “It gives us as a family some peace of mind regarding our children’s health care.” Said another “I don’t have to worry about my children.”

Eighteen percent of respondents felt that they would recommend Medicaid or SCHIP because these programs improve families’ ability to access health care services for their children. “It gives you more health care options so that you can get the care that your child needs,” replied one while another stated “You get immediate access to health care at no cost if you qualify.” A number of respondents specifically identified access to preventive services as an advantage of Medicaid and SCHIP, with comments like, “It allows the parent to be able to take children to the doctor for routine things, rather than just when there’s a problem,” and “Makes wellness and routine care available to kids that otherwise would not get it.” As one respondent pointed out, “You don’t have to wait until your kid is half dead to take them to the doctor.”

Figure 17: Reason for Recommending Medicaid or SCHIP to a Friend (n = 818)

Note: Totals are greater than 100% because some respondents gave multiple responses.

Another reason that participants gave for recommending Medicaid or SCHIP was the comprehensiveness of the benefit package (11 percent of respondents). For example, one stated “They’re really good and they cover everything the kids need,” while another reported “It’s good coverage for kids because it offers complete coverage like teeth, eyes, and total health.” A number of respondents favorably compared the Medicaid and SCHIP benefits to those of other insurances saying, “They cover a number of things that other insurances don’t provide.”

Nearly one-fourth of respondents (23 percent) stated that they would recommend Medicaid or SCHIP because of the quality and/or convenience of the program as a health plan. Many of these
participants pointed out the benefit of preventive care reminders saying, “Because they do follow up” and “If you forget anything they remind you (for example, immunizations and checkups).” Other participants praised the responsiveness of program representatives over the telephone with comments like, “All the people I’ve talked to on the phone are easy to deal with,” and “They seem to care about the people in the program and are very eager to help.” Others echoed this statement by reporting, “Everybody has been so courteous. It has made things easy. Medicaid has meant a lot to our family.” According to one respondent, “It’s helpful. You get information. I know that when I had to sign her up for a primary care physician they gave me a list of people. They make sure she’s up to date on her shots more than an HMO does.” It is likely that many of these favorable comments, such as those about preventive care reminders, are attributable to member services.

A surprising number of respondents also compared Medicaid and SCHIP favorably to private health insurance plans. According to one participant, s/he would recommend Medicaid “Because you don’t get all the hidden costs and there isn’t a lot of paper work like with other insurance.” This comment was echoed by multiple respondents, who said things like, “There’s a lot less red tape,” “It’s easy to deal with, usually no forms to submit,” and “It’s easier than most insurances.” One respondent also felt that Medicaid was better than other insurance because, “I’ve had other insurance and Medicaid holds information more confidential and covers more health problems.” Said another, “You get the best medical insurance and the doctors and the emergency rooms and everywhere you go they please you and take care of you. Not like with private insurances.”

A small percentage of respondents identified the quality and/or range of choice of providers available to Medicaid and SCHIP members. Said one respondent, “We were able to keep the provider we’ve always had.” Another respondent remarked that having coverage made it possible to be choosier about the child’s provider, saying, “It’s easy to get the doctor you want, you don’t just have to take the cheapest doctor.” This sentiment was echoed by the comment “It’s the best insurance available because you can pick your own provider.” A number of participants felt that Medicaid and SCHIP are widely accepted by providers in Maine, saying, “A lot of doctors accept it,” and “Anywhere you go, doctors accept it, although dentists are another story.”

**Reasons for Dissatisfaction**

Only twelve respondents indicated that they would not recommend Medicaid or SCHIP to a friend or family member. Of these, half (six respondents) stated that they would not recommend the program because of the large amount of paperwork or other administrative problems. One stated, “Because it seems like more of a hassle than anything. I had to find out how much money my ex-wife makes. It was like being put through a wringer.” Another respondent replied, “It’s a hassle—all of the paperwork, having to take them for check ups all the time when they don’t need it.” A third dissatisfied participant said, “I sent the wrong wage statement and then they did not give enough time to get the correct statement back in. They take too long to pay bills and are difficult to deal with.”

Four of the respondents expressed dissatisfaction with the primary care provider requirement and/or the quality of providers they could choose from. According to one respondent, “You’re treated differently by providers because of Medicaid.” Another complained, “I’m very
disappointed…in getting primary care referrals.” Still another felt that, “You get doctors who don’t care. Before Medicaid we had a good doctor who listened to us. Now we have a doctor who pushes us out the door. The reimbursement rates are too low.” The fourth reported, “You’re given a list of people to go to, but they don’t always have openings.”

The other two reasons that people gave for not recommending Medicaid or SCHIP were less clear. One respondent stated simply, “The whole system is a nightmare. It is difficult to get what you need. Private health insurance is the way to go.” The other respondent felt, “It’s underhanded for them to urge kids to go to the doctor independently. They are taking over parents’ role.”
IV. **SUMMARY**

In general, the results of this survey suggest that the children enrolled in Medicaid and SCHIP are healthy and have good access to health care services. Families tended to be satisfied both with the quality of the health care services their children receive and the Medicaid and SCHIP programs in general. Some of the key findings of the survey are:

- **Health Status**: The children included in the survey were generally very healthy, with 97 percent reported to be in good or better health. There was some variation by age, with older children tending to be in poorer health. Although the reported health status of the children was good, more than one-fifth of them have a physical, developmental, emotional or behavioral condition that limits their ability to do things other children their age can do. Again, the likelihood of this increased with the child’s age.

- **Usual Source of Care**: Only one percent of the children in the survey lacked a regular source of health care, and only two respondents indicated that this was because it was difficult to find a provider willing to accept Medicaid or SCHIP. For seventy-two percent of children, the usual source of care is an office-based provider, with clinic or health center being the second most common provider type at 25 percent. All but 14 percent of families reported that their children see the same provider every time or almost every time they seek care at their usual source of care. The relationships with these providers tended to be relatively long, with approximately half of children having been to the same usual source of care for more than five years.

- **Satisfaction with Care**: Families generally reported very high levels of satisfaction with their children’s health care providers. Ninety percent stated that they were always treated respectfully by office staff and 88 percent said that the provider always explains things to them in a way that is easy to understand. Although a slightly smaller percentage, most respondents felt that the provider always spends enough time with their child during medical visits. When asked to rate the overall quality of the child’s usual source of care on a scale from “0” to “10”, 90 percent gave the provider a score of ”8” or higher.

- **Emergency Room Usage**: One fourth of respondents stated that they had sought care for their child from a hospital emergency room in the six months prior to the survey. The majority of these visits were for an accident or serious condition, however nearly 30 percent were for a minor illness such as a “flu”, earache or rash. Another 14 percent sought care from the emergency room because the child’s usual source of care was unavailable. These findings suggest that Medicaid and SCHIP families continue to need education about appropriate emergency room use and that providers may need to improve access to medical advice outside of normal office hours.

- **Telephone Access**: As suggested by the number of families seeking emergency care after normal provider hours, telephone access to providers was a problem for some families. Sixteen percent of respondents stated that they had a problem trying to get care or advice from the provider over the telephone, although for the most part this occurred during normal office hours. The most common complaint was that providers’ offices take too long to return
phone calls or are hard to reach. In addition, a number of families expressed frustration with not being allowed to speak to the provider directly or having the provider refuse to give advice over the telephone.

- **Trouble Getting Care**: Nearly every child who had needed health care in the six months prior to the survey was reportedly able to get the care they needed. However, about four percent of all children had been unable to get needed health care services. Of these, approximately half had been unable to get dental care because their families could not find dentists willing to accept Medicaid or SCHIP. A small number of respondents stated that they had been unable to get primary care or mental health services for their child.

- **Reasons for Enrolling**: Nearly half of the families surveyed (47 percent) stated that their child was enrolled in Medicaid or SCHIP primarily because of its affordability. Another 42 percent said that they had enrolled the child in order to have better access to primary care services. The third most common reason given for enrollment was simply that it is important to have health insurance, a response category that included a number of respondents who said the child was enrolled to give the family “peace of mind,” or for a similar reason.

- **Satisfaction with Medicaid and SCHIP**: Overall, satisfaction with the Medicaid and SCHIP programs as health plans was quite high. Ninety-five percent of respondents reported that they were somewhat or very satisfied with the program, with 98 percent stated that they would recommend it to a friend or family member. As with the reason for enrollment, affordability was the most common reason given for being willing to recommend Medicaid or SCHIP. The second most common reason for recommending the program was its quality and/or convenience. Also, like the enrollment question, access to health care services was identified as an important reason for recommending Medicaid or SCHIP to other potentially eligible families.

Perhaps one of the more surprising findings of the survey was the number of respondents who rated Medicaid very favorably compared to private insurance plans. Approximately 80 respondents (about 10 percent of the sample) commented that Medicaid or SCHIP was superior to the private plans they had experienced because of the more generous benefits, the limited paperwork, the greater likelihood of claims being paid, the more courteous customer service representatives, and the confidentiality of information.

- **Reasons for Dissatisfaction**: Only a very small number of respondents stated that they would not recommend Medicaid or SCHIP to a friend or family member. Of these, half (six respondents) complained that the enrollment process or other administrative requirements were overly burdensome. The other primary reason that families gave for not being willing to recommend Medicaid or SCHIP was that they had difficulty finding providers who would see their child, or they were unsatisfied with the quality of care their child had received from the providers available to them.

- **Differences between Medicaid and SCHIP members**: For the most part, there were no significant differences in the responses from families with children enrolled in Medicaid compared to SCHIP. However, as one might expect, SCHIP member families were much
more likely to have a full time worker as the primary wage earner than were Medicaid member families (63 versus 44 percent). Also, the respondents for SCHIP members tended to have slightly higher levels of education than the respondents for Medicaid members did. Finally, SCHIP member families were slightly more likely to report that provider office staff always treated them well during office visits.
APPENDIX A: SURVEY INSTRUMENT

Q1 Option
The Department of Human Service's records indicate that \( \odot \) is enrolled in \( \{3\} \). Is this correct?
IF 'NO' OR 'UNSURE', PROBE: FOR MEDICAID: Medicaid is health insurance provided by the Department of Human Services at no cost. They send an ID card, a white piece of paper, every month to people who are eligible. FOR CUB CARE: Cub Care is health insurance provided by the Department of Human Services for a small monthly premium. They send an ID card, a white piece of paper, every month to people who are eligible.
Q1 1 YES Q8
Q1 2 YES, AFTER PROBE Q8
Q1 3 NO NEXT
Q1 8 DK/UNSURE END
Q1 9 NA END

Q2 Option
If \( \odot \) was covered by \( \{3\} \) and is no longer participating, what happened?
(DO NOT READ.)
Q2 1 \( \odot \) WAS NO LONGER ELIGIBLE DUE TO AGE END
Q2 2 \( \odot \) WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL END
Q2 3 \( \odot \) WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN END
Q2 4 I DID NOT SUBMIT RENEWAL APPLICATION Q4
Q2 5 OTHER NEXT
Q2 8 DK END
Q2 9 NA END

Q3 Text Entry
What is the other reason?
Q3 0 (DK=98 NA=99) END

Q4 Option
What is the main reason you did not send in the renewal application?
(DO NOT READ; SELECT FIRST REASON R MENTIONS.)
Q4 1 DID NOT RECEIVE APPLICATION END
Q4 2 APPLICATION TOO DIFFICULT TO FILL OUT END
(NOTES)
Q4 3 PREMIUMS TOO HIGH END
Q4 4 HEALTH CARE AVAILABLE FOR FREE AT SCHOOL END
Q4 5 \( \{3\} \) WAS TOO MUCH OF A HASSLE END
Q4 6 DISSATISFIED WITH THE PROGRAM (NOTES) END
Q4 7 DIDN'T KNOW I NEEDED TO REAPPLY
Q4 8 DIDN'T THINK CHILD WOULD QUALIFY
Q4 9 GOT OTHER INSURANCE
Q4 10 OTHER
Q4 98 DK
Q4 99 NA

Q5 Text Entry

What is that other reason?
Q5 0 (DK=98 NA=99)

Q6 Option

What kind of health insurance does \0 have?
Q6 1 PRIVATE INSURANCE FROM AN EMPLOYER
Q6 2 PRIVATE INSURANCE YOU BUY DIRECTLY FROM THE INSURANCE COMPANY
Q6 3 OTHER PUBLIC HEALTH INSURANCE
Q6 8 DK
Q6 9 NA

Q7 Text Entry

What is the other type of public health insurance?
Q7 0 (DK=98 NA=99)

Q8 Option

Do you have one place you go to get regular or routine health care for \0?

PROBE: Regular or routine care means things like check-ups, shots or care when you have the flu. It's sometimes called primary or preventive care.
Q8 1 YES
Q8 2 NO
Q8 8 DK
Q8 9 NA
Q9  Option

I'm going to read a list of types of places; please pick the one that best describes the kind of place that \( \text{\textbackslash}0 \) goes to get health care.

(READ)

Q9 1 doctor's office Q11
Q9 2 health center or clinic Q11
Q9 3 school-based health center Q11
Q9 4 emergency room at a hospital Q11
Q9 5 some other place NEXT
Q9 8 DK Q11
Q9 9 NA Q11

Q10  Text Entry

What is that other place?
Q10 0 (DK=98 NA=99) NEXT

Q11  Option

How often does \( \text{\textbackslash}0 \) see the same health care provider when \( \text{\textbackslash}0 \) goes there? Is it . . . (READ)

Q11 1 always NEXT
Q11 2 usually NEXT
Q11 3 sometimes, or NEXT
Q11 4 never NEXT
Q11 8 DK NEXT
Q11 9 NA NEXT

Q12  Option

How long has \( \text{\textbackslash}0 \) been going there to get health care?

PROBE: Your best estimate is fine.

Q12 1 LESS THAN 6 MONTHS Q15
Q12 2 6 MONTHS TO 1 YEAR Q15
Q12 3 1-3 YEARS Q15
Q12 4 3-5 YEARS Q15
Q12 5 OVER 5 YEARS Q15
Q12 8 DK Q15
Q12 9 NA Q15
Q13  Option

What is the main reason that \0 does not have a regular place to go to get health care?

(DO NOT READ.)

Q13 1 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW PATIENTS

Q13 2 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW \3 PATIENTS

Q13 3 DON'T GO TO THE HEALTH CARE PROVIDER UNLESS SICK OR HAVE AN ACCIDENT

Q13 4 PREFER TO GO TO THE EMERGENCY ROOM

Q13 5 CHILD IS BASICALLY HEALTHY/ DOESN'T NEED A REGULAR HEALTH CARE PROVIDER

Q13 6 OTHER

Q13 8 DK

Q13 9 NA

Q14  Text Entry

What is the other reason?

Q14 0 (DK=98 NA=99)

Q15  Option

{Q8=1}{In the last 6 months has \0 been to \G2 regular health care provider?}{In the last 6 months, has \0 been to a health care provider?}

Q15 1 YES

Q15 2 NO

Q15 8 DK

Q15 9 NA

Q16  Option

In the last 6 months, how often did staff at the place where \0 usually goes to get health care treat you and your child with courtesy and respect? Was it . . . (READ)

Q16 1 never

Q16 2 sometimes

Q16 3 usually, or

Q16 4 always

Q16 8 DK

Q16 9 NA
Q17 Option

In the last 6 months, how often did \( \text{child's usual health care provider} \) explain things in a way you could understand? Was it . . .

(READ)

Q17 1 never NEXT
Q17 2 sometimes NEXT
Q17 3 usually, or NEXT
Q17 4 always NEXT
Q17 8 DK NEXT
Q17 9 NA NEXT

Q18 Option

In the last 6 months, how often did \( \text{child's usual health care provider} \) spend enough time with \( \text{child} \)? Was it . . .

(READ)

Q18 1 never NEXT
Q18 2 sometimes NEXT
Q18 3 usually, or NEXT
Q18 4 always NEXT
Q18 8 DK NEXT
Q18 9 NA NEXT

Q19 Text Entry

We want to know your rating of \( \text{child's usual health care provider} \). If your child has more than one provider, choose the person your child sees most often. Use any number from 0 to 10 where 0 is the worst health care provider possible, and 10 is the best provider possible. How would you rate your child's health care provider now?

Q19 0 (DK=98 NA=99) NEXT

Q20 Option

GETTING HEALTH CARE
In the last 6 months, did \( \text{child} \) go to an emergency room to get health care?

Q20 1 YES NEXT
Q20 2 NO Q23
Q20 8 DK Q23
Q20 9 NA Q23

Q21 Option

What was the main reason \( \text{child} \) went to the emergency room? (DO NOT READ)
Q21 1 NIGHT OR WEEKEND OR USUAL SOURCE OF CARE WAS CLOSED Q23
Q21 2 HEALTH CARE PROVIDER INSTRUCTED TO GO THERE Q23
Q21 3 ACCIDENT OR INJURY Q23
Q21 4 LIFE-THREATENING CONDITION (HIGH FEVER, CHEST PAINS, TROUBLE BREATHING, ETC.) Q23
Q21 5 MINOR ILLNESS (FLU, EAR ACHE, RASH, ALLERGIC REACTION, ETC.) Q23
Q21 6 CHRONIC ILLNESS FLAIR UP (ASTHMA, DIABETES) Q23
Q21 7 REGULAR OR ROUTINE CARE (CHECK-UP, SHOTS, ETC.) Q23
Q21 8 OTHER NEXT
Q21 98 DK Q23
Q21 99 NA Q23

Q22 Text Entry

What is the other reason?
Q22 0 (DK=98 NA=99) NEXT

Q23 Option

In the last 6 months, did you try to get care or advice from 0's usual health care provider over the telephone?
Q23 1 YES NEXT
Q23 2 NO Q27
Q23 8 DK Q27
Q23 9 NA Q27

Q24 Option

When you tried to get care or advice over the telephone, how much of a problem was it to get the care or advice you needed? Was it . . .(READ)
Q24 1 a big problem NEXT
Q24 2 a small problem, or NEXT
Q24 3 not a problem Q27
Q24 8 DK Q27
Q24 9 NA Q27

Q25 Text Entry

You said that it was a problem to get advice from 0's usual health care provider over the telephone. In your own words, please tell me why it was a problem.
Q25 0 (DK=98 NA=99) NEXT
Q26  Option

Did this problem (when you had trouble getting advice on the telephone) occur . . . (READ)
Q26  1 during the day  NEXT
Q26  2 on a week night, or  NEXT
Q26  3 on a weekend  NEXT
Q26  8 DK  NEXT
Q26  9 NA  NEXT

Q27  Option

In the last 6 months, was there a time you needed health care but did not get it?
(If "R" answers "NO"; Ask "Do you mean didn't need any care (CHECK #3), or needed care and got it?" (CHECK #2))
Q27  1 YES- NEEDED CARE BUT DID NOT GET IT  NEXT
Q27  2 NO- NEEDED CARE AND GOT IT  Q30
Q27  3 DID NOT NEED CARE  Q30
Q27  8 DK  Q30
Q27  9 NA  Q30

Q28  Multiple Check

What type of care did you need but didn't get? Please tell me all the types of care you can think of.
(DO NOT READ. CHECK ALL THAT APPLY)
Q28  1 DENTAL CARE  NEXT
Q28  6 PRESCRIPTION MEDICINE  NEXT
Q28  2 ORTHODONTIC CARE  NEXT
Q28  7 HOME HEALTH SERVICES  NEXT
Q28  3 VISION CARE  NEXT
Q28  8 MEDICAL EQUIPMENT  NEXT
Q28  4 PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY  NEXT
Q28  9 OTHER TYPE  NEXT
Q28  5 SUBSTANCE ABUSE SERVICES  NEXT
Q28  10 DK  NEXT
Q28  12 Other  NEXT
Q28  11 NA  NEXT

Q29  Text Entry

Please tell me why you could not get the care for that you needed?
Q29  0 (DK=98 NA=99)  NEXT
Q30 Multiple Check
MEDICAID/CUB CARE
Overall, what are the two most important reasons for having \1 enrolled in \3?

(Do not read. Only record first 2 responses.)

Q30  1 GETTING CARE FROM SPECIALISTS          NEXT
Q30  5 KNOWING SHE/HE IS COVERED IN CASE OF       NEXT
     AN EMERGENCY/ACCIDENT
Q30  2 KNOWING THAT SHE/HE CAN GET REGULAR       NEXT
     CHECK UPS AND ROUTINE CARE
Q30  6 NOT HAVING TO GO TO THE EMERGENCY          NEXT
     ROOM FOR ROUTINE CARE
Q30  3 HAVING PRESCRIPTIONS PROVIDED             NEXT
Q30  7 DENTAL COVERAGE                           NEXT
Q30  4 GETTING A PRIMARY CARE PROVIDER FOR       NEXT
     CHILD
Q30  9 OTHER2 Reason                            NEXT
Q30  11 Other                                   NEXT
Q30  12 Other2                                  NEXT
Q30  10 DK/NA                                   NEXT
Q30  8 KNOWING THAT HE/SHE HAS INSURANCE         NEXT

Q31 Option

In general, how satisfied are you with \3 as a health insurance plan? Are you . . . (Read)

Q31  1 very satisfied                           NEXT
Q31  2 somewhat satisfied                       NEXT
Q31  3 neither satisfied nor dissatisfied        NEXT
Q31  4 somewhat dissatisfied, or                NEXT
Q31  5 very dissatisfied                         NEXT
Q31  8 DK                                       NEXT
Q31  9 NA                                       NEXT

Q32 Option

Would you recommend \3 to a family member or friend?

Q32  1 YES                                      NEXT
Q32  2 NO                                       NEXT
Q32  8 DK                                       NEXT
Q32  9 NA                                       NEXT

Q33 Text Entry

(Q32=1){In your own words, please tell me why you would recommend \3?}{In your own words, please tell me why you
would not recommend \3?}

Q33  0 (DK=98 NA=99)                            NEXT
### Q34 Option

**CHILD’S HEALTH STATUS**

In general, how would you rate \( \text{child}'s \) overall health now? This would be \( \text{G2 overall, general health} \ldots \) Not if \( \text{G0 currently has a cold or other short-term problem. Would you say it is} \ldots \) (READ)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>Q34 1</td>
<td>excellent</td>
</tr>
<tr>
<td>Q34 2</td>
<td>very good</td>
</tr>
<tr>
<td>Q34 3</td>
<td>good</td>
</tr>
<tr>
<td>Q34 4</td>
<td>fair, or</td>
</tr>
<tr>
<td>Q34 5</td>
<td>poor</td>
</tr>
<tr>
<td>Q34 8</td>
<td>DK</td>
</tr>
<tr>
<td>Q34 9</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Q35 Option

Does \( \text{child} \) have any kind of condition that limits \( \text{G2} \) ability to do what other kids \( \text{G2 age can do? This condition might be emotional, developmental, physical or behavioral.} \)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Q35 1</td>
<td>YES</td>
</tr>
<tr>
<td>Q35 2</td>
<td>NO</td>
</tr>
<tr>
<td>Q35 8</td>
<td>DK</td>
</tr>
<tr>
<td>Q35 9</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Q36 Option

**DEMOGRAPHICS**

The last few questions are about you. What is the highest grade or level of school that you have completed so far?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q36 1</td>
<td>8TH GRADE OR LESS</td>
</tr>
<tr>
<td>Q36 2</td>
<td>SOME HIGH SCHOOL, BUT DID NOT GRADUATE</td>
</tr>
<tr>
<td>Q36 3</td>
<td>HIGH SCHOOL GRADUATE OR GED</td>
</tr>
<tr>
<td>Q36 4</td>
<td>SOME COLLEGE OR 2-YEAR DEGREE</td>
</tr>
<tr>
<td>Q36 5</td>
<td>4-YEAR COLLEGE DEGREE</td>
</tr>
<tr>
<td>Q36 6</td>
<td>MORE THAN 4-YEAR COLLEGE DEGREE</td>
</tr>
<tr>
<td>Q36 8</td>
<td>DK</td>
</tr>
<tr>
<td>Q36 9</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Q37 Option

How are you related to \( \text{child} \)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q37 1</td>
<td>MOTHER OR FATHER</td>
</tr>
<tr>
<td>Q37 2</td>
<td>GRANDPARENT</td>
</tr>
<tr>
<td>Q37 3</td>
<td>LEGAL GUARDIAN</td>
</tr>
<tr>
<td>Q37 4</td>
<td>OTHER RELATIVE</td>
</tr>
<tr>
<td>Q37 8</td>
<td>DK</td>
</tr>
<tr>
<td>Q37 9</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Q38 Option

Which of the following best describes the work status of the main wage earner in your household?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>End/Next</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>works full time</td>
<td>NEXT</td>
</tr>
<tr>
<td>2</td>
<td>works part time</td>
<td>NEXT</td>
</tr>
<tr>
<td>3</td>
<td>works seasonally</td>
<td>NEXT</td>
</tr>
<tr>
<td>4</td>
<td>self-employed</td>
<td>NEXT</td>
</tr>
<tr>
<td>5</td>
<td>unemployed, looking for work, or not working</td>
<td>END</td>
</tr>
<tr>
<td>6</td>
<td>not working</td>
<td>END</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
<td>END</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
<td>END</td>
</tr>
</tbody>
</table>

### Q39 Option

Approximately how many employees are in the company or organization where he or she is employed?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>End/Next</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LESS THAN 25</td>
<td>END</td>
</tr>
<tr>
<td>2</td>
<td>25 TO 50 EMPLOYEES</td>
<td>END</td>
</tr>
<tr>
<td>3</td>
<td>MORE THAN 50 EMPLOYEES</td>
<td>END</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
<td>END</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
<td>END</td>
</tr>
</tbody>
</table>
EDMUND S. MUSKIE SCHOOL OF PUBLIC SERVICE educates leaders, informs public policy, and broadens civic participation. The School links scholarship with practice to improve the lives of people of all ages, in every county in Maine, and in every state in the nation.