Children Entering Medicaid and the State Children's Health Insurance Program (SCHIP) The Experience of Newly Enrolled Families
Children Entering Medicaid and the State Children’s Health Insurance Program (SCHIP):
The Experience of Newly Enrolled Families

Stephenie Loux, M.S.
Erika C. Ziller, M.S.

The Institute for Health Policy
Edmund S. Muskie School of Public Service
University of Southern Maine

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I. PURPOSE

In 2001, the Bureau of Medical Services (Maine's Medicaid and SCHIP agency) contracted with the Muskie School of Public Service to complete a survey of families with children newly enrolled in Medicaid or SCHIP (the State Children’s Health Insurance Program). The purpose of this survey was to measure the marketing, enrollment, and overall program experiences of new members in order to provide the Bureau with a better understanding of what is working well, and where potential problems areas may exist in the enrollment process.

This document reports on selected findings from the survey of new members that was conducted between February and August 2001. A total of 217 respondents agreed to participate in the survey on behalf of a new child member. The survey content included questions about the enrollment process, reasons for enrollment and the decision to apply, current and past insurance coverage, and access to health care services.

II. METHODOLOGY

Sample Selection

This survey examines the experiences of a random sample of Medicaid and SCHIP enrollees in the state of Maine during 2001. Children enrolled in SCHIP were intentionally over-sampled so that they represented approximately one-half of the sample, although they were only 23 percent of the population.

Families with at least one child that was newly enrolled in Medicaid or SCHIP during February, April, June or August of 2001 were selected at random from administrative files. For households with more than one newly enrolled child, one child in the household was selected at random so that no family was surveyed on behalf of multiple children. Since the enrollees were children, when interviewers reached the household of a sampled child they asked to speak to the person over 18 who was most knowledgeable about the child’s healthcare. For 96 percent of sampled children, this person was the child’s parent.

Survey Administration

The surveys were administered entirely by telephone. Interviewers trained on survey instruments used a computer-assisted telephone interviewing instrument (CATI) developed by the Muskie School staff to collect data from respondents. The interviews included questions on enrollment processes, prior insurance status, reasons for enrolling, and attempts to get care since enrollment (a copy of the survey instrument is attached as Appendix A). Families were surveyed one month after enrolling their child in Medicaid or SCHIP to ensure the greatest degree of recall about marketing and enrollment factors.

The survey collected information from a total of 217 respondents for a final response rate of 83 percent. To determine whether there was any obvious bias in the surveyed households, select demographic and programmatic characteristics were compared for the final sample of enrollees and the Medicaid and SCHIP enrollee population. These characteristics included eligibility type,
gender, age, and county of residence. The data for these comparisons came from administrative eligibility records. Age was calculated by subtracting the child’s date of birth from the date one month after enrollment.

As Table 1 indicates, the final sample and the Medicaid and SCHIP enrollee population did not differ significantly for most of the characteristics measured. There was a significant difference between the sample and population for eligibility type due to the intentional oversampling of children enrolled through SCHIP.

Table 1: Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent in Sample</th>
<th>Percent in Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>*54.6</td>
<td>76.8</td>
</tr>
<tr>
<td>SCHIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>*19.3</td>
<td>12.1</td>
</tr>
<tr>
<td>Cub Care</td>
<td>*26.2</td>
<td>11.1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>51.4</td>
<td>50.1</td>
</tr>
<tr>
<td>Female</td>
<td>48.6</td>
<td>49.9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 or younger</td>
<td>35.3</td>
<td>32.0</td>
</tr>
<tr>
<td>6 to 12 years</td>
<td>32.1</td>
<td>38.7</td>
</tr>
<tr>
<td>13 to 20 years</td>
<td>32.6</td>
<td>29.0</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Androscoggin</td>
<td>7.3</td>
<td>9.8</td>
</tr>
<tr>
<td>Aroostook</td>
<td>9.2</td>
<td>6.7</td>
</tr>
<tr>
<td>Cumberland</td>
<td>17.9</td>
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</tr>
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<td>Franklin</td>
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<td>3.2</td>
</tr>
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<td>Hancock</td>
<td>3.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Kennebec</td>
<td>6.4</td>
<td>9.2</td>
</tr>
<tr>
<td>Knox</td>
<td>3.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Lincoln</td>
<td>1.8</td>
<td>1.9</td>
</tr>
<tr>
<td>Oxford</td>
<td>3.2</td>
<td>5.7</td>
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<tr>
<td>Penobscot</td>
<td>12.4</td>
<td>11.7</td>
</tr>
<tr>
<td>Piscataquis</td>
<td>2.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Sagadahoc</td>
<td>.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Somerset</td>
<td>6.4</td>
<td>5.6</td>
</tr>
<tr>
<td>Waldo</td>
<td>3.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Washington</td>
<td>6.4</td>
<td>4.8</td>
</tr>
<tr>
<td>York</td>
<td>11.9</td>
<td>15.4</td>
</tr>
</tbody>
</table>

* Statistically significant difference between sample and population at p. < .001 due to intentional oversampling of SCHIP children.
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 represents primarily descriptive data, although some questions have been analyzed to determine the relationship between variables. These relationships have been reported only where they were statistically significant. Where the report includes these analyses, the probability values obtained by chi square tests are included to inform readers about the magnitude of statistical significance.

III. FINDINGS

Enrollee Characteristics

A total of 217 individuals were surveyed on behalf of a specified new child member. Two of these individuals stated the child was not enrolled in Medicaid or SCHIP or that they were unsure if the child was enrolled. Since the survey ended after the first question for these two individuals, they were excluded from further analyses. For all enrollees, basic demographic characteristics were gathered, including gender, age, county of residence, eligibility type, and status. Slightly more enrollees were male (51.2%) than female (48.8%). Approximately 35 percent of enrollees were five years of age or younger. Nearly equal numbers of enrollees were six to twelve and 13 to 20 years old (32.1% and 32.6%, respectively). The greatest percentages of enrollees came from Cumberland (17.2%), Penobscot (12.6%), York (12.1%), Aroostook (9.3%), and Androscoggin (7.4%) counties. For all other counties, the number of enrollees from each county represented six percent or less of the sample. Please note that these distributions do not precisely equal those found in Table 1 because they exclude the two children that were deemed ineligible for the survey.

Of the 215 new enrollees surveyed, 118 were enrolled through Medicaid and 97 through the SCHIP eligibility category. According to administrative data, approximately half (49 percent) of the children were enrolled in Medicaid or SCHIP for the first time while the remaining 51 percent had been enrolled at some time in the past. Figure 1 illustrates the prior enrollment status of enrollees by their eligibility type. Of the SCHIP enrollees, 40 percent were in the program for the first time, while 60 percent had participated in Medicaid or SCHIP in the past. These percentages were reversed for Medicaid, with 57 percent being enrolled for the first time and 43 percent having been in Medicaid or SCHIP before. This relationship between eligibility type and enrollment status was found to be statistically significant (p<.05).
Respondent Characteristics

Because the new enrollees were under 18 years old, adults responded to the survey on behalf of their children. These respondents were most often the child’s mother or father (95.8%). A few respondents were grandparents, legal guardians, or stepparents.

Respondents were more likely to have a high school diploma, GED, some college or a two-year degree (74.4%). Approximately 11 percent had a four-year college degree, while 9.8 percent had some high school. Less than 5 percent each had an 8th grade education or less or more than a four-year degree. The main wage earner in the child’s household was most likely to be working full-time (50.2%). Approximately 11 percent worked part-time, while 14 percent were self-employed. Nearly equal numbers of wage earners were not working or unemployed and looking for work. (12.6 % & 12.1%, respectively). In addition, the main wage earner was more likely to be working for an employer with fewer than 25 employees (54.7%). Approximately 30 percent of wage earners worked for firms with more than 50 employees. Lastly, 10.6 percent of wage earners worked for an employer with 25 to 50 employees.

Finding Out About the Program

All respondents were asked how they found out about the program. As shown in Figure 2, a little more than one quarter of respondents said they heard about the program from a friend or relative. Another 21 percent found out about it through a social service organization. Ten percent heard about the program through school and seven percent through their doctor’s office. Others found out through the TV or radio, a hospital, health center or clinic.

Nearly 33 percent of respondents said they heard about the program through some “other” source. The most common “other” response was that respondents had previously been in the
Medicaid or TANF programs (31.4%). Typically, the newly enrolled child or his/her older siblings had been enrolled in Medicaid or SCHIP in the past. Others said that the availability of this program was common knowledge (22.9%). Another popular “other” response was that they had found it through the Internet, newspaper or some other written media source (15.7%).

Figure 2: How Did You Find Out About the Program? (N=215)

During the survey, respondents were given the opportunity to provide more than one response for how they heard about the program. Thirty-two respondents provided more than one response. For these respondents, the interviewer asked which source most affected their decision to apply. Seven said a social service organization, five a friend or relative, four a school, and one the TV or radio. Seven respondents listed a health care organization (i.e., hospital) as the most influential. Of the eight respondents who gave “other” as the source that most affected their decision to apply, respondents most commonly listed some form of printed media, including flyers and newspaper articles.

Reason for Enrolling

Respondents were asked for the two most important reasons for enrolling in the program. The results for this question are shown in Figure 3. Approximately 37 percent listed knowing their child could get covered for regular checkups and routine care as one of their most important reasons. Thirty-five percent said an important reason was knowing that their child was covered in case of an emergency or accident. Having dental coverage for their child was another important reason (13%).
Most respondents (53%) said they had some “other” reason. These responses can be found in Figure 4 below. The most common “other” reason was financial (44.3%). One respondent said, “she and her husband own their own business and other insurance is way too expensive”. Another respondent said they would have to pay “over $600 a month for insurance and could not afford it”. Another common reason was that their child had a specific medical need for insurance coverage (19.9%). Some of these respondents said their child had braces, needed immunizations, or a checkup before leaving for college. Another respondent said their child “has only one kidney and is in need of medical attention”. Other reasons were getting insurance that wasn’t available any other way or supplementing their current insurance coverage (15.3%), being unemployed (9.2%), having peace of mind (4.6%), having coverage that was good or helpful (3.8%), and personal reasons (3.1%).

Figure 4: Other Reasons for Enrolling (N=110)
In order to better understand respondents’ reasons for enrolling, the relationships between eligibility type, status, and reason for enrolling was examined. As shown in Figure 5, this analysis found a statistically significant difference in the numbers of Medicaid and SCHIP respondents that enrolled in the program to obtain coverage in case of an emergency or accident (Chi Square significant at p<.01). Only 25.8 percent of respondents for SCHIP-enrolled children had signed up for the program for this reason. However, approximately 43 percent of Medicaid-covered children had been enrolled in the program for this type of coverage. Also, nearly 18 percent of SCHIP families entered the program to obtain dental coverage, while only 9 percent of Medicaid families identified this type of coverage as an important reason for enrolling. This difference was not found to be statistically significant, but suggested a trend toward significance (Chi Square, p=.075).

**Figure 5: Reason for Enrolling: Coverage in Case of Emergency/Accident by Eligibility Type (N=215)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>43.2</td>
<td>56.8</td>
</tr>
<tr>
<td>S-CHIP</td>
<td>25.8</td>
<td>74.2</td>
</tr>
</tbody>
</table>

Enrolling to obtain dental coverage also varied by enrollment status. Close to 6 percent of respondents with a child entering the program for the first time said they enrolled to obtain dental coverage. However, roughly 20 percent of respondents whose child had previously been in the program enrolled for this reason. This difference was found to be statistically significant (Chi Square, p<.01).

**The Enrollment Process**

Respondents were asked a number of questions about the enrollment process and any problems they may have had. First, they were asked where they obtained an application. Approximately 75 percent obtained their applications directly from the Department of Human Services. An additional seven percent received their application from school. Respondents also obtained applications from WIC (5%), the hospital (3.3%), or a doctor, health center or dentist’s office (4.7%). Sixteen respondents said they got the application from some other place. This other place was most commonly the Internet, an employer or a friend or relative.
Respondents were also asked how difficult it was to apply. Most (83.6%) found that applying was not a problem. Approximately 16 percent said applying was either a small or big problem. These respondents were asked why applying was a problem. Of these 37 respondents, most felt there was too much paperwork (n=9) or had a problem with the paperwork (n=7). For example, one respondent said that they “have a business and needed to provide lots of paperwork and tax returns”. Another respondent said she “had to submit forms three times and they [DHS] say they never got them”. Some respondents (n=7) had a problem with the Department of Human Services staff. They said the staff “gave them the run around.”

Next, respondents were asked whether they received an eligibility letter from the Department of Human Services after they applied. Ninety-four percent said they had received this letter. Less than four percent did not and two percent were unsure. Respondents who received the letter were asked if it was understandable. Approximately 96 percent felt the letter was understandable, while three percent did not.

The next two questions focused on benefit information. When asked, 80.4 percent of respondents said they had received information about benefits that they could get for their child through the program. However, nearly 12 percent said they did not receive this information. An additional eight percent were unsure if they had. Of those that received the benefit information, 97 percent said it was understandable. Less than two percent found the literature difficult to understand.

Lastly, respondents were asked if they knew where to call if they had questions or concerns. Approximately 95 percent said they knew where to call. Less than 5 percent did not know.

It is important to note that new members get eligibility information and managed care enrollment information at approximately the same time and that respondents were not asked to differentiate between these two sources of information in their responses. As a result, it is unclear whether respondents’ answers to the questions on eligibility status, benefits, and who to call were based on experience with Medicaid/SCHIP or with Member Services. Consequently, we infer that many of the respondents were referring to the managed care enrollment information when they responded to these questions.

**Previous Insurance Status**

All respondents were asked if their child had any health insurance at any time during the last 12 months. Approximately, 52 percent said their child had health insurance at some time during the last 12 months. Forty-seven percent said that their child had been uninsured for the last 12 months.

Previous insurance status was further examined to determine its relationship with eligibility type and enrollment status. A statistically significant relationship was not found for eligibility type, but was found for enrollment status. Approximately 47 percent of SCHIP enrollees were insured at some time during the previous year, while 57 percent of Medicaid enrollees were insured over this period. For enrollment status, close to 59 percent of first time enrollees had insurance over
the last year, while only 45 percent of previously enrolled respondents had insurance during this period. This difference was found to be statistically significant (Chi Square, p<.05).

Respondents who had been insured at some point over the last 12 months were asked three additional questions. First, they were asked what kind of insurance they had prior to enrollment. Seventy-three percent had insurance available from a current or past employer. Another nearly 11 percent said they had some other government insurance. The majority of these respondents were on Medicaid in another state. In addition, nine percent said they had had insurance from a former spouse. The rest of the respondents said they had bought insurance directly from the insurance company or through school (6.3%, .9%, respectively).

Second, previously insured respondents were asked how long the child was covered by this insurance. The numbers of responses for each time period category was nearly equal. Approximately 19 percent said their child had been on this insurance for one to six months, six months to one year, or two to four years. Another 16.4 percent had been covered for one to two years. Lastly, 21.8 percent were insured for four years or more.

Third, respondents were asked why their child was no longer covered by this insurance. Almost 38 percent said the insurance was no longer available because they had left or changed their job. Another 21 percent had dropped their coverage because it was too expensive. A number of respondents gave an “other” reason (18.9%). The most common reasons in this category were relocation, change in custody or living arrangements, or ineligibility.

Other Insurance Coverage

Since enrollees with Medicaid can have another type of health insurance at the same time, the respondents for these enrollees were asked if they had health insurance besides Medicaid. Only 21 percent reported having additional insurance. Of the 33 respondents who reported their child having other insurance, the majority had insurance through a current or past employer or through a former spouse (n=29). Respondents with other insurance were also asked how long their child had been covered on this insurance. Approximately 36 percent said four years or more. Another 27 percent said two to four years. Others said one to two years (15.2%), one to six months (12.1%), or six months to one year (6.1%).

CubCare

Families with children enrolled in CubCare received two additional questions. First, since they are charged a monthly premium, these families were asked to rate how easy was it for them to pay the premium on a regular basis. Approximately 68 percent of the respondents for CubCare enrollees found the premiums very or somewhat easy to pay. Nearly 12 percent said it was neither easy nor hard. Only ten percent felt the premium was somewhat or very hard to pay on a regular basis. The remaining ten percent of respondents were either unsure about how difficult it was to pay premiums or chose not to answer the question.

Respondents for CubCare enrollees were also asked if the child was covered by any other type of health insurance. Although CubCare enrollees are not eligible to have additional insurance, we
found that one enrollee reportedly did have other coverage. However, every other respondent (93.3%) stated that the child did not currently have any other source of health insurance.

**Access to Health Care Services**

All respondents were asked whether their children have needed health services since they enrolled in the program, and whether they had problems getting these needed services. Approximately 58 percent of respondents said their child needed health care services, leaving 42 percent who had not needed health care services. Of those with children needing health care services, 90 percent said they did not have a problem getting them. Approximately 9 percent had a small or big problem getting the services their child needed.

The 11 respondents who had a problem obtaining health care services for their child were asked to explain, in their own words, why they had a problem. Most of these respondents said they had difficulty finding physicians or health care providers. One respondent said, “No doctors will accept Medicaid. The offices that do accept Medicaid don’t return calls and I haven’t been able to get him in yet. As far as dentists, there is no dental care available”. Others had problems with the referral system or with getting their Medicaid card. Another respondent said, “The referral process is a pain. I went up to the eye doctor and didn’t know I had to get a referral from the primary [care] doctor.” The remaining respondents were unclear or unsure about why there had been a problem accessing care for their child.

**Other Questions**

All respondents were asked if they knew that they had to reapply for the program every six months. As shown in Figure 6, nearly 53 percent said they did know. However, over 44 percent did not know they needed to reapply every six months. Furthermore, whether respondents knew they needed to reapply varied by eligibility type and enrollment status. First, 53 percent of respondents for Medicaid enrollees did not know they needed to reapply in six months, while 37 percent of respondents for SCHIP enrollees did not know. This difference was statistically significant (Chi Square, p<.05). Second, 50.5 percent of respondents for first time enrollees did not know they needed to reapply in six months. On the other hand, 41 percent of previously enrolled respondents said they did not know that they needed to reapply. These findings, however, were not found to be statistically significant.
Lastly, respondents were asked if they knew any unenrolled families that might be eligible for the program, and why they think they had not applied. The majority of respondents said they did not know anyone who might be eligible (86.5%). Nearly 11 percent said they did know families. Most of these respondents said that they thought these families had not applied because they were too proud or ashamed to apply. One respondent said, “some people see it as welfare and are ashamed to depend on the state for health care.” Others said that the families did not know about the program or thought they would not be eligible. One respondent said that one family thought, “They made too much money.” Still others said these families felt that they did not need the coverage, did not want to be in “the system,” or were hoping to find a new job with benefits. A couple of respondents said that the families were in the process of applying and they just needed to get the required information together.

IV. RECOMMENDATIONS FOR FUTURE STUDY

The survey revealed that, for a number of questions high percentages of respondents chose the other response category. This was especially true for questions about where respondents heard about Medicaid or SCHIP and the reason for enrollment. For the question, where did you hear about the program 70 respondents or nearly 33 percent of sampled respondents answered “through other source”. When asked the most important reason for enrolling, 114 respondents or 53 percent of sampled respondents had some “other” reason for enrolling. Also for both of these questions, many “other” responses fit into a few distinct categories. Given these findings, some of these “other” responses might be included as specific survey response categories in future surveys.
Some of the key findings of the survey are:

- **Enrollment Status and Eligibility Type:** One result from the surveys concerned the relationship between enrollment status and eligibility type. When examining this relationship, it was found that SCHIP enrollees were more likely than Medicaid enrollees were to have been previously enrolled, and this relationship was found to be a statistically significant difference.

- **Finding Out about the Program:** Most respondents heard about the program through a friend or relative, a social service organization, or some other source. Those with “other” responses typically found out by previous participation in the program, common knowledge or a printed media source. However, fairly few heard about the program from a doctor’s office (n=15), hospital (n=11), or health center/clinic (n=8). Therefore, future efforts to increase knowledge about Medicaid or SCHIP might best be focused on health care organizations.

- **Reason for Enrolling:** The most important reasons for enrolling, according to respondents, were obtaining coverage for regular check-ups and routine care (37.2%) and having coverage in case of an emergency or accident (35.4%). A number of respondents (n=70) provided some “other” reason for enrollment. Most respondents from this category said they enrolled for financial reasons.

  The reason for enrollment varied by eligibility type and enrollment status. Respondents for Medicaid enrollees were more likely than those for SCHIP enrollees to say they enrolled to obtain coverage in case of an emergency or accident. Also, more families with previously enrolled respondents than families with first time enrollees said they enrolled to obtain dental coverage.

- **The Enrollment Process:** Overall, enrollees did not have a problem with the enrollment process. Most obtained their application from the Department of Human Services or a school. The majority of respondents did not have a problem applying, received their eligibility letter, and knew where to call with questions or concerns. Furthermore, nearly all respondents who received information from the program found it to be understandable. However, in comparison to other information received, a fairly high number (n=25) reported that they did not receive any information on benefits. And, although satisfaction with the enrollment process was generally quite high, it is important to recall that many of these responses may actually reflect experiences with managed care Member Services and not the Medicaid/SCHIP programs themselves.

- **Previous Insurance Status:** A little more than half of respondents reported having insurance at some time during the 12 months prior to enrollment. The previously insured were more likely to be Medicaid or first time enrollees. Not surprisingly, they were also more likely to have been insured through a current or past employer. Nearly equal proportions of respondents said they had been on this insurance for one to six months, six months to one
year, one to two years, two to four years, or four or more years. Lastly, most respondents no longer had this insurance because they had left or changed jobs or the insurance was too expensive.

Approximately 47 percent of enrollees were previously uninsured. The previously uninsured were more likely to be in SCHIP or previously enrolled.

- **Supplemental Insurance:** Respondents for Medicaid and Cub Care enrollees were asked if the child had additional insurance coverage besides Medicaid or Cub Care. Although Cub Care enrollees are not supposed to have additional insurance, one respondent reported that his/her CubCare-enrolled child had another source of health insurance coverage. Only 21 percent, or 33 Medicaid enrollees, reportedly had additional insurance. They were most likely to obtain this insurance through a current or past employer or through a former spouse. Also the majority of those with supplemental coverage (63%) had been covered for at least 2 years.

- **Access to Health Care Services:** Close to 58 percent of respondents said that their child needed health care services since they enrolled. Of these respondents, the majority (90%) said they had no problem getting the services they needed. In fact, only 11 respondents reported having a problem obtaining needed care for their child. Most commonly, these respondents had difficulty finding physicians or health care providers.

- **Knowledge of Reapplying:** Perhaps the results that were cause for the most concern was the number of respondents who reported not knowing they needed to reapply in six months. Ninety-five (about 44% of the sample) stated that they did not know. Furthermore, respondents’ knowledge of this varied by eligibility type and enrollment status. Respondents with children enrolled in Medicaid were less likely than those with children enrolled in SCHIP to know they were required to reapply in six months. As might be expected, a high percentage (50.5%) of respondents for first time enrollees did not know about reapplying. Yet, 41 percent of respondents with previously enrolled children reportedly did not know.
### APPENDIX A: SURVEY INSTRUMENT

#### Q1 Option

The Department of Human Service’s records indicate that \( \text{\textgreater} 0 \) is enrolled in \( \text{\textless} 3 \). Is this correct? IF NO OR UNSURE PROBE; IF CUBCARE: CubCare 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. IF MEDICAID: Medicaid is health insurance provided by the Department of Human Services They send an ID card, a white piece of paper, every month to people who are eligible.

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<tr>
<th>Q1</th>
<th>Option</th>
<th>NEXT</th>
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<tbody>
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<td>YES</td>
<td>NEXT</td>
</tr>
<tr>
<td>2</td>
<td>YES, AFTER PROBE</td>
<td>NEXT</td>
</tr>
<tr>
<td>3</td>
<td>NO (THANK YOU, THAT’S ALL THE QUESTIONS WE HAVE)</td>
<td>END</td>
</tr>
<tr>
<td>4</td>
<td>UNSURE (THANK YOU, THAT’S ALL THE QUESTIONS WE HAVE)</td>
<td>END</td>
</tr>
</tbody>
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#### Q2 Multiple Check

How did you hear about \( \text{\textless} 3 \) (CHECK ALL THAT APPLY)

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<th>Q2</th>
<th>Option</th>
<th>NEXT</th>
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<tbody>
<tr>
<td>10</td>
<td>Social Service Organization</td>
<td>NEXT</td>
</tr>
<tr>
<td>1</td>
<td>TV/Radio</td>
<td>NEXT</td>
</tr>
<tr>
<td>2</td>
<td>School</td>
<td>NEXT</td>
</tr>
<tr>
<td>3</td>
<td>Doctor’s Office</td>
<td>NEXT</td>
</tr>
<tr>
<td>4</td>
<td>Health Center or Clinic</td>
<td>NEXT</td>
</tr>
<tr>
<td>5</td>
<td>Faith-based organization (Church, etc.)</td>
<td>NEXT</td>
</tr>
<tr>
<td>6</td>
<td>Hospital</td>
<td>NEXT</td>
</tr>
<tr>
<td>7</td>
<td>Friend/Relative</td>
<td>NEXT</td>
</tr>
<tr>
<td>8</td>
<td>OTHER Source</td>
<td>NEXT</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td>NEXT</td>
</tr>
</tbody>
</table>

#### Q3 Option

You named several ways that you heard about \( \text{\textless} 3 \). Which ONE most strongly affected your decision to apply (DO NOT READ)?

<table>
<thead>
<tr>
<th>Q3</th>
<th>Option</th>
<th>NEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>( \text{\textless} 2 )</td>
<td>NEXT</td>
</tr>
<tr>
<td>1</td>
<td>( \text{\textless} 2a )</td>
<td>NEXT</td>
</tr>
<tr>
<td>2</td>
<td>( \text{\textless} 2c )</td>
<td>NEXT</td>
</tr>
<tr>
<td>3</td>
<td>( \text{\textless} 2e )</td>
<td>NEXT</td>
</tr>
<tr>
<td>4</td>
<td>( \text{\textless} 2g )</td>
<td>NEXT</td>
</tr>
<tr>
<td>5</td>
<td>( \text{\textless} 2i )</td>
<td>NEXT</td>
</tr>
<tr>
<td>6</td>
<td>( \text{\textless} 2b )</td>
<td>NEXT</td>
</tr>
<tr>
<td>7</td>
<td>( \text{\textless} 2d )</td>
<td>NEXT</td>
</tr>
<tr>
<td>8</td>
<td>( \text{\textless} 2f )</td>
<td>NEXT</td>
</tr>
</tbody>
</table>
Q4 Option

Where did you get your application for \3 (DO NOT READ)?
Q4 1 School
Q4 2 WIC
Q4 3 Department of Human Services
Q4 4 Hospital
Q4 5 Doctor/Health Center/Dentist's office
Q4 6 Other
Q4 8 Don't Know
Q4 9 NA

Q5 Text Entry

What is that other place?
Q5 0 OTHER PLACE

Q6 Option

How much of a problem, if any, was it to apply for \3 for your child? Was it
Q6 1 A big problem
Q6 2 A small problem, or
Q6 3 Not a problem
Q6 8 DK
Q6 9 NA

Q7 Text Entry

Please tell me why it was a problem to apply for \3
Q7 0 PROBLEM

Q8 Option

After you applied, did you receive a letter from the Department of Human Services telling you that \0 was eligible for \3?
Q8 1 Yes
Q8 2 No (Go to Q10)
Q8 8 Unsure (Go to Q10)
Q8 9 NA
Q9  Option

Was the eligibility letter easy to understand?
Q9  1 Yes  NEXT
Q9  2 No  NEXT
Q9  8 Unsure  NEXT
Q9  9 NA  NEXT

Q10  Option

Have you received information from the Department of Human Services about the benefits your child can get through Medicaid?
Q10  1 Yes  NEXT
Q10  2 No (Go to Q12)  Q12
Q10  8 Unsure (Go to Q12)  Q12
Q10  9 NA  Q12

Q11  Option

Was the benefit information easy to understand?
Q11  1 Yes  NEXT
Q11  2 No  NEXT
Q11  8 DK  NEXT
Q11  9 NA  NEXT

Q12  Option

Do you know where to call if you have a question or concern about Medicaid?
Q12  1 Yes  NEXT
Q12  2 No  NEXT
Q12  8 Unsure  NEXT
Q12  9 NA  NEXT

Q13  Multiple Check

Overall, what were the two most important reasons for enrolling your child in Medicaid? (Check first two items R says)
Q13  8 Getting care from specialists  NEXT
Q13  1 Getting a primary care provider for child  NEXT
Q13  2 Knowing that child can get regular checkups and routine care  NEXT
Q13  3 Having dental coverage  NEXT

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Q13 | 4 | Having prescriptions covered | NEXT  
Q13 | 5 | OTHER Reason | NEXT  
Q13 | 6 | Knowing that child is covered in case of an emergency/accident | NEXT  
Q13 | 7 | Other | NEXT  

Q14 | Option  
FOR MEDICAID EXPANSION ONLY.  
People with Medicaid can have another type of health insurance at the same time. In addition to Medicaid, is the child covered by any other health insurance now?  
Q14 | 1 | Yes | NEXT  
Q14 | 2 | No (skip to Q17) |  
Q14 | 8 | DK |  
Q14 | 9 | NA |  

Q15 | Multiple Check  
What kind of insurance is the child currently covered by in addition to Medicaid? (Check all that apply)  
Q15 | 1 | Insurance available from a current or past employer | NEXT  
Q15 | 2 | Insurance available from a union or trade association | NEXT  
Q15 | 3 | Insurance available from a former spouse | NEXT  
Q15 | 4 | Insurance you bought right from the insurance company | NEXT  
Q15 | 5 | CHAMPUS, CHAMP-VA, TRICARE, VA or some other military health care | NEXT  
Q15 | 6 | OTHER private insurance | NEXT  
Q15 | 7 | OTHER2 government insurance | NEXT  
Q15 | 8 | Other | NEXT  
Q15 | 9 | Other2 |  

Q16 | Option  
How long has the child been covered by this other insurance? (IWER NOTE: IF CHILD IS COVERED BY MORE THAN ONE OTHER INSURANCE, WE WANT THE ONE THAT CHILD HAS BEEN ON THE LONGEST)  
Q16 | 1 | 1 to 6 months | NEXT  
Q16 | 2 | 6 months to 1 year | NEXT  
Q16 | 3 | 1 to 2 years | NEXT  
Q16 | 4 | 2 to 4 years | NEXT  
Q16 | 5 | 4 years or more | NEXT  
Q16 | 8 | DK | NEXT  
Q16 | 9 | NA | NEXT
Q17 Option

{Q14=1} {Was \( \Rightarrow \) covered by any other health insurance at any time during the 12 months before \( \leftarrow \) was enrolled in \( \leftarrow \) ?}

Q17 1 Yes NEXT
Q17 2 No (Go to Q24) Q24
Q17 8 DK Q24
Q17 9 NA Q24

Q18 Option

What kind of insurance was it? (IWER NOTE: IF CHILD WAS COVERED BY MORE THAN ONE INSURANCE, ASK ABOUT THE ONE JUST BEFORE STARTING ON MEDICAID OR CUB CARE)

Q18 1 Insurance available from a current or past Q21 employer
Q18 2 Insurance available from a union or trade Q21 association
Q18 3 Insurance available from a former spouse Q21
Q18 4 Insurance you bought right from the Q21 insurance company
Q18 5 CHAMPUS, CHAMP-VA, Tricare, VA or some Q21 other military health care
Q18 6 Other private insurance Q19
Q18 7 Other government insurance Q20
Q18 8 DK Q21
Q18 9 NA Q21

Q19 Text Entry

What is that other private insurance?

Q19 0 PRIVATE INSURANCE Q21

Q20 Text Entry

What is the other government insurance?

Q20 0 GOVERNMENT INSURANCE NEXT
Q21  Option

How long was \( O \) covered by this insurance before \( I \) was enrolled in \( J \)?

Q21  1  1 to 6 months  NEXT
Q21  2  6 months to 1 year  NEXT
Q21  3  1 to 2 years  NEXT
Q21  4  2 to 4 years  NEXT
Q21  5  4 years or more  NEXT
Q21  8  DK  NEXT
Q21  9  NA  NEXT

Q22  Option

Which of the following reasons best describes why \( O \) is no longer covered by this insurance? Was it because---

Q22  1  You dropped coverage because it had too many rules/restrictions
Q22  2  You dropped coverage because it was too expensive
Q22  3  You dropped coverage (in order to get CubCare) because your child was eligible for Medicaid
Q22  4  The coverage was dropped because of a divorce
Q22  5  The coverage was dropped by employer or association
Q22  6  The coverage was no longer available--left or changed job
Q22  7  Other  NEXT
Q22  8  DK/NA

Q23  Text Entry

What is that other reason?

Q23  0  REASON  NEXT

Q24  Option

FOR CUBCARE ONLY: You currently are charged a premium every month for your child(ren) in CubCare. How easy is it to afford to pay the premium on a regular basis? Is it . . .

Q24  1  Very easy  NEXT
Q24  2  Somewhat easy  NEXT
Q24  3  Neither easy or hard  NEXT
Q24  4  Somewhat hard  NEXT
Q24  5  Very hard  NEXT
Q24 8 DK/NA NEXT

Q25 Option

Besides CubCare, is \( \text{\textdollar} \) covered by another health insurance plan?

<table>
<thead>
<tr>
<th>Q25</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>DK/R</td>
</tr>
</tbody>
</table>

Q26 Option

Since \( \text{\textdollar} \) enrolled in \( \text{\textdollar} \) has \( \text{\textdollar} \) needed any health care services?

<table>
<thead>
<tr>
<th>Q26</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No (Go to Q29)</td>
</tr>
<tr>
<td>8</td>
<td>Unsure (Go to Q29)</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Q27 Option

How much of a problem was it to get the health care services that \( \text{\textdollar} \) needed?

<table>
<thead>
<tr>
<th>Q27</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A big problem</td>
</tr>
<tr>
<td>2</td>
<td>A small problem, or</td>
</tr>
<tr>
<td>3</td>
<td>Not a problem</td>
</tr>
<tr>
<td>8</td>
<td>DKQ29</td>
</tr>
<tr>
<td>9</td>
<td>NAQ29</td>
</tr>
</tbody>
</table>

Q28 Text Entry

In your own words, please tell me why it was a problem to get the health care services that \( \text{\textdollar} \) needed?

<table>
<thead>
<tr>
<th>Q28</th>
<th>PROBLEM</th>
</tr>
</thead>
</table>

Q29 Option

Did you know that you must reapply every six months for \( \text{\textdollar} \) to keep \( \text{\textdollar} \) \( \text{\textdollar} \) benefits?

<table>
<thead>
<tr>
<th>Q29</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Unsure</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>
Q30 Option

Do you know any families that you think would be eligible for Medicaid or CubCare for their children, but who have not applied?

Q30 1 Yes NEXT
Q30 2 No (Go to Q32) Q32
Q30 8 DK Q32
Q30 9 NA Q32

Q31 Text Entry

In your own words, please tell me why you think they have not applied.

Q31 0 WHY NEXT

Q32 Option

The last few questions are about YOU.

What is the highest grade or level of school that you have completed so far?

Q32 1 8th grade or less NEXT
Q32 2 Some high school, but did not graduate NEXT
Q32 3 High School graduate or GED NEXT
Q32 4 Some college or 2-year degree NEXT
Q32 5 4-year college degree NEXT
Q32 6 More than 4-year college degree NEXT
Q32 8 DK NEXT
Q32 9 NA NEXT

Q33 Option

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

Q33 1 Mother or father
Q33 2 Grandparent
Q33 3 Legal guardian
Q33 4 Other relative NEXT
Q33 8 DK
Q33 9 NA Q35

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Q34 Text Entry

What is that other relative?
Q34 0 RELATIVE NEXT

Q35 Option

Which of the following best describes the work status of the main wage earner in your household?
Q35 1 Works full time NEXT
Q35 2 Works part time NEXT
Q35 3 Works seasonally NEXT
Q35 4 Self-employed NEXT
Q35 5 Unemployed, looking for work (END) END
Q35 6 Not working (END) END
Q35 7 DK/R (END) END

Q36 Option

Approximately how many employees are in the company or organization where the main wage earner is employed?
Q36 1 Less than 25 END
Q36 2 25 to 50 employees END
Q36 3 More than 50 employees END
Q36 8 DK END
Q36 9 NA END
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