Children Entering Medicaid and SCHIP: The Experience of Newly Enrolled Families

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I. PURPOSE

In 2002, Maine’s Bureau of Medical Services 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 January and October 2002. A total of 401 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 2002. Children enrolled in SCHIP were intentionally over-sampled so that they represented approximately 40% of the sample.

Families with at least one child that was newly enrolled in Medicaid or SCHIP between January and September 2002 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 90 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 401 respondents for a final response rate of 88 percent.

File Construction and Data Analysis

Staff at the Muskie School’s Health Policy Institute and the Survey Research Center reviewed the survey for response validity, coded open-ended questions, and imported the data into SAS for
analyse. 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 401 individuals were surveyed on behalf of a specified new child member. Eight respondents stated the child was not enrolled in Medicaid or SCHIP and one respondent was unsure if the child was enrolled in either of these programs, leaving 392 individuals eligible for the survey. Since ineligible respondents were not asked to answer any further questions in the survey, they were excluded from further analyses. For all new enrollees, basic demographic characteristics were gathered, including gender, age, county of residence, eligibility type, and enrollment status. More new enrollees were male (55.1%) than female (44.9%). Approximately 36 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 (31% and 33.5 %, respectively). Enrollees were most likely to reside in York (13.8%), Cumberland (12.0%), Penobscot (11.5%), Kennebec (9.7%) or Aroostook (8.7%) counties. For all other counties, the number of enrollees from each county represented eight percent or less of the sample.

Of the 392 new enrollees surveyed, 235 were enrolled through Medicaid and 157 through the SCHIP eligibility category. According to administrative data, only 30 percent of the children were enrolled in Medicaid or SCHIP for the first time, while the remaining 70 percent had been enrolled at some time in the past. Figure 1 illustrates the enrollment status of new enrollees by their eligibility type. Of the SCHIP enrollees, 22 percent were in the program for the first time, while 78 percent had participated in Medicaid or SCHIP in the past. However, 36 percent of Medicaid enrollees were enrolling for the first time, while 64 percent had been enrolled before. Enrollment status also varied by age. Not surprisingly, children six to twelve years old and teenagers and young adults were more likely to have previously been in the program than enrolling for the first time. Both of these relationships were found to be statistically significant (Chi Square, p<.01).
Figure 1: Enrollee Status by Eligibility Type (N = 392)

Note: Differences between SCHIP and Medicaid members were significant at p <.01.

Respondent Characteristics

Since the enrollees were children, the adult with the most knowledge about the enrollee’s health care was surveyed. Approximately 90 percent of these respondents were the child’s mother or father. Eight percent of respondents were the child’s other relative and two percent were legal guardians for the child. Approximately 88 percent of all respondents had attained at least a high school diploma, including 40% who had some college or a two year degree, and ten percent with a four year college degree or more. Approximately 12 percent of respondents had less than a high school degree, including two percent that had not attended high school.

Respondents were also asked about the employment status of the main wage earner in the household. Half of respondents were currently working full-time, while 12 percent were working only part-time or seasonally. An additional 13 percent were self-employed. Approximately one quarter of respondents was unemployed or not working, but currently seeking employment. Employment status varied by eligibility type. SCHIP respondents were more likely than Medicaid respondents to be working full-time (58% versus 45%, respectively), while Medicaid respondents were more likely to be unemployed and looking for work or not working (31% versus 15%, respectively).
For those currently employed, 47 percent worked for firms with fewer than 25 employees and 38 percent worked for firms with more than 50 employees. Approximately 15 percent were employed by firms with 25 to 50 employees. Firm size did not vary by eligibility type.

Finding Out About the Program

Each respondent was asked how they heard about SCHIP or Medicaid. Thirty percent had heard about the program through a social service agency, while an additional 23 percent found out about the program through a friend or relative. Schools were also an important source of information, with eight percent of respondents stating they heard about the program from the child’s school. Relatively small numbers of respondents said they heard about the program through the television or radio, a hospital, a doctor’s office, health center or clinic or a faith-based organization, such as a church.

Respondents also reportedly found out about the program through “other” sources. Of the 113 respondents informed by another source, 45 respondents knew about the program because they had previously been enrolled in Medicaid in Maine or another state. Another common response (21 respondents) was that they heard about the program through a government agency or program like DHS, TANF or WIC. Fifteen respondents said they knew about the program through general knowledge. Other respondents (13) found the program through their own research on the internet or from mailings they received. An additional six respondents found out about the program through a current or previous employer. Finally, a few respondents were directed to the program through a health professional, foster care or adoption agency, or the court system.

During the survey, respondents were given the opportunity to provide more than one response for how they heard about the program. Fourteen respondents provided more than one response.
For these respondents, the interviewer asked which source most affected their decision to apply. Eight of the fourteen respondents said a friend or relative, two a social service organization, one a school, and one a hospital. Two others reported that information gathered from their town or through a direct presentation most influenced their decision to apply.

**Reason for Enrolling**

Respondents were asked to give their top two reasons for enrolling the child in Medicaid or SCHIP. More than one quarter of respondents felt getting their children regular or routine care was an important reason for enrolling, while only six percent enrolled to get their child a primary care provider. Another 12 percent enrolled the child to ensure that he or she was covered in case of an emergency or accident. Other respondents stated they enrolled the child to obtain specific health care services, including dental coverage (5 percent), prescription drug coverage (5 percent), and care from specialists (5 percent).

**Figure 3: Reason for Enrolling (N = 392)**

The majority (45 percent) of respondents, however, had some “other” reason for enrolling the child. Of the 178 respondents reporting some “other” reason for enrolling, 60 percent enrolled because the insurance coverage was affordable or more affordable than other insurance. Another 12 percent enrolled to obtain care for specific health care needs. For example, one respondent stated his or her daughter needed “psychological evaluations and psychiatry and counseling services.” Other respondents enrolled because their employer didn’t offer health insurance coverage (8 percent), they were currently unemployed (7 percent), or coverage was automatic or mandatory (4 percent).
Enrollment Process

Respondents were asked a number of questions about their experiences with the enrollment process. First, they were asked where they obtained their application for enrollment in SCHIP and Medicaid. The majority (81 percent) received their application directly from the Department of Human Services. Another seven percent obtained their application from the child’s school, while six percent got the application from a health care provider. Of six percent citing “other” places, many received their application from a community, government or social service organization, a current or previous employer, or the internet.

Respondents were also asked how difficult it was to apply for the program. Nearly 90 percent of respondents did not have a problem applying. Approximately two percent and eight percent reported having a big or small problem applying, respectively. The 39 respondents having difficulty were asked why they had a problem applying. Forty-one percent of these respondents reported having problems gathering the information needed to fill out the application. For example, one respondent stated, “being self-employed, I had to come up with a lot of tax papers.” Another respondent explained, “Our situation isn’t simple. We had to wait for dividend and income statements to include with our application.”

Another 33 percent of respondents felt the application was too time consuming or difficult to fill out. One respondent stated, “The forms are repetitive and [I don’t feel I] should have to give all the information again that DHS has in their files.” Nearly 16 percent of respondents had a problem with a DHS staff member. One respondent had problems with a case worker at the Sanford Office, stating “Workers at DHS don’t know what they’re doing. She was mixed up.” Another respondent said, “The lady (case worker) was resistant. The lady made me feel like I really had to work to prove that I needed [it] right now. Her attitude was very frustrating.” Others had problems with the income limits and other program regulations, getting the provider they wanted and language barriers to filling out the application.

Next, respondents were asked whether they received a letter from the Department of Human Services telling them they were eligible for the program. Most respondents (93 percent) had received this letter, while another two percent said they did not and five percent were unsure. For those that received the letter, 96 percent felt that the letter was understandable. Only four percent could not understand the letter or were unsure if they could understand the letter.

Respondents also reportedly received information from the Department of Human Services about the benefits they could get through Medicaid or SCHIP. However, respondents were less likely to have received this information with only three quarters receiving the information about benefits. Eleven percent reportedly did not receive this information and 13 percent did not know if they had received this information. Of those getting benefits information, nearly all (98 percent) found the information to be understandable.

Lastly, all respondents were asked if they knew where to call if they needed help or had questions. Again, most respondents (89 percent) reported knowing where to call. Only eight percent did not know and three percent were unsure.
Previous Insurance Status

All respondents were asked if their child had any health insurance at any time during the last 12 months. Approximately 49 percent of newly enrolled children had had some insurance coverage during the previous 12 months, while 51 percent had not.

Respondents who had been insured at some time during the last year were asked three additional questions. First, they were asked what kind of insurance they had prior to enrollment. Seventy-five percent of enrollees had had insurance through a current or past employer. Nearly 11 percent of respondents stated their child had previously been enrolled in another state’s Medicaid program. Small numbers of respondents reported previously having insurance from a union or trade organization, a former spouse, other private insurance or had bought directly from the insurance company.

Second, previously insured respondents were asked how long the child was covered by this insurance. More than two thirds of these children had been covered with the same insurance for one year or more with 27 percent being covered one to two years and 23 percent being covered for four or more years. Only 13 percent of children had been covered for six months or less.

Third, respondents were asked why their child was no longer covered by this insurance. Most commonly respondents lost their insurance when they left or changed their employment (42%). An additional 21 percent dropped the insurance because it was too expensive. Only four respondents reported dropping their insurance in order to get SCHIP or Medicaid. Other reasons identified included moving to another state, a change in living arrangements for the child, or a change in income making the parent or guardian ineligible for coverage.

Figure 4: Reason Child No Longer Covered by Previous Insurance (N = 162)
Other Insurance Coverage

Since Medicaid enrollees can have another type of health insurance coverage at the same time, the respondents for children with Medicaid were asked if they had additional health insurance. Only 14 percent reported having another type of insurance. Of these 46 respondents, nearly three quarters had coverage through a current or past employer. Respondents with other insurance were also asked how long their child had been covered on this insurance. Approximately 27 percent said four or more years, while 23 percent said one to six months. Others reportedly have had additional insurance for one to two years (21%), two to four years (18%), and six months to one year (11%).

CubCare (Maine’s Separate Child Health Program)

Families with children enrolled in CubCare were asked two additional questions. First, since these enrollees are charged a monthly premium, these families were asked to rate how difficult it was to pay the premium on a regular basis. Approximately 63 percent of the respondents found the premiums very or somewhat easy to pay. More than one quarter of respondents felt it was somewhat or very hard to pay on a regular basis. An additional 11 percent found it neither easy nor hard to pay.

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 five enrollees reportedly did have other coverage. However, 93 percent of respondents 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 needed health care services since they enrolled in the program and whether they had problems getting these needed services. Two thirds of enrolled children needed health care services, while one third did not. Enrollees’ need for health care services varied by eligibility type. As shown in Figure 5, 72 percent of SCHIP enrollees needed health care services compared to 63 percent of Medicaid enrollees. This difference was not found to be statistically significant, but suggested a trend toward significance (Chi Square, p=.064).
Figure 5: Need for Health Care Services by Program Eligibility (N = 392)

Among those children needing health care services, the majority (86 percent) did not have a problem obtaining care. However, ten percent reported having a small problem and four percent reported having a big problem getting this care. The 36 respondents who reported having a problem getting health care services for their child were asked to explain, in their own words, why they had a problem. Half of these respondents had difficulty finding a provider or had a long waiting period for an appointment. One respondent stated, “So many practitioners do not take Medicaid because the rates are so low and the people that take it have long waiting lists.” An additional 42 percent of respondents had problems with dental care. For example, one respondent said, “There are very few pediatric dentists that accept Medicaid. We had two choices. To get an appointment, it was months in the future, even for an emergency.” Another respondent reportedly had to wait a year to get an orthodontist. Approximately 17 percent of respondents also had some billing problems. One respondent explained, “Providers are still billing me even though I have MaineCare now. They aren’t up to speed on the new insurance.”

Other Questions

All respondents were also asked if they knew they needed to reapply for the program after one year. Approximately 60 percent of respondents knew they needed to reapply, while 38 percent did not. An additional three percent were unsure. Whether respondents knew they needed to reapply varied by enrollment status. Approximately 55 percent of respondents for first time enrollees did not know they needed to reapply, while only 34 percent of previously enrolled respondents did not know. These findings were statistically significant (Chi Square, p <.001).
Lastly, respondents were asked if they knew any unenrolled families that might be eligible for the program and why they think they have not applied. The majority of respondents (88 percent) did not know any families who might be eligible. However, nine percent (37 respondents) were aware of families that were eligible, but not enrolled. Some (11 respondents) felt the families did not think they were eligible or were unaware of the program, while others (9 respondents) thought that the families were too proud or did not want to be involved with a state program. For example, one respondent felt the family did not apply, “Because they think they make too much money.” Another respondent stated, “They are too proud to apply. They don’t want the State paying for them.” Another ten respondents did not know why the families had not applied. Lastly, four respondents said that the families had applied, but had either been denied coverage or had not heard yet.
IV. SUMMARY

This survey was intended to provide the Bureau of Medical Services with a better understanding of new enrollees’ experiences with the enrollment process and accessing health care services. Key findings of the survey include:

- **Enrollee Characteristics:** Of the 392 new enrollees surveyed, only 30 percent were enrolled in Medicaid or SCHIP for the first time, while 70 percent had been enrolled at some time in the past. The enrollment status of new enrollees varied by eligibility type and by age. Medicaid enrollees were more likely to be first time enrollees than SCHIP enrollees. Not surprisingly, children five years old and younger were more likely to be first time enrollees than either six to twelve year olds or teenagers and young adults were.

- **Respondent Characteristics:** Less than 14 percent of respondents had obtained less than a high school degree, while nearly half of respondents had attended at least some college. Employment status of the main wage earner in the household varied by eligibility type. SCHIP respondents were more likely than Medicaid respondents to be working full-time, while Medicaid respondents were more likely to be unemployed and looking for work or not working at all than SCHIP respondents.

- **Finding Out About the Program:** More than 50 percent of respondents heard about the program through a social service agency or from friends or relatives. Those with “other” responses typically knew about the program through previous experience with it or heard about it from a government agency or program. Few respondents found out about the program from a health care organization, such as a doctor’s office or clinic. Future efforts to increase awareness of Medicaid or SCHIP might best be focused on health care providers or organizations.

- **Reason for Enrolling:** The two most common reasons for enrolling in Medicaid or SCHIP were affordability and obtaining a regular or routine care for the child covered. Several respondents also enrolled to ensure they had coverage in case of an accident or an emergency. A few respondents enrolled their children to get health care services for specific health care conditions.

- **The Enrollment Process:** Overall, enrollees had few problems with the enrollment process. Most obtained their application from the Department of Human Services (DHS). The majority of respondents did not have a problem applying, receiving their eligibility letter or benefits information. Nearly all respondents who received information through the mail found it to be understandable. However, in comparison to information received in the mail, a fairly high number (n=45) reportedly did not know where to call with questions or concerns. For those that reported difficulty or frustration with the application process, some of the difficulty could be remedied by having a single application for multiple DHS programs that could limit gathering of repetitive information.
• **Previous Insurance Status:** A little less than half of all respondents reported having insurance at some time during the last 12 months. Not surprisingly, the majority with insurance during the last year had obtained their coverage through a current or past employer. Over 60 percent of those with coverage had lost it when they left or changed their job or had dropped the insurance because it was too expensive. Approximately two percent had dropped their insurance in order to get CubCare or Medicaid. Furthermore, the majority of the previously insured had been covered by the same insurance for one year or more. These last two findings suggest that crowd-out is not a significant problem for MaineCare.

• **Supplemental Coverage:** Although CubCare enrollees are prohibited from having additional insurance coverage, five enrollees reportedly had another source of health insurance. Only 14 percent of Medicaid enrollees had additional coverage (Medicaid enrollees are allowed to have supplemental coverage). Nearly 75 percent of these Medicaid enrollees had coverage through an employer and a quarter of these respondents had had this insurance for four or more years.

• **Access to Health Care Services:** Two thirds of enrolled children reportedly had needed health care services since their enrollment. Furthermore, SCHIP enrollees were more likely to have needed services than Medicaid enrollees. The majority of enrollees who needed health care services did not have a problem with obtaining care. Of the 36 respondents that reported having a problem, most had trouble finding a provider or dental care.

• **Knowledge of Reapplying:** Approximately 38 percent of respondents did not know they needed to reapply for the program after one year. As might be expected, more first time enrollees were unaware that they needed to reapply than those that had been previously enrolled.
APPENDIX A: SURVEY INSTRUMENT

Q1 Option

The Department of Human Service’s records indicate that \( \& \) is enrolled in \( \{3\} \). 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.

Q1 1 YES NEXT
Q1 2 YES, AFTER PROBE NEXT
Q1 3 NO (THANK YOU, THAT’S ALL THE QUESTIONS WE HAVE) END
Q1 4 UNSURE (THANK YOU, THAT’S ALL THE QUESTIONS WE HAVE) END

Q2 Multiple Check

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

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

Q3 Option

(Q2)

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

Q3 10 (Q2j) NEXT
Q3 1 (Q2a) NEXT
Q3 2 (Q2c) NEXT
Q3 3 (Q2e) NEXT
Q3 4 (Q2g) NEXT
Q3 5 (Q2i) NEXT
Q3 6 (Q2b) NEXT
Q3 7 (Q2d) NEXT
Q3 8 (Q2f) NEXT
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  NEXT
Q4  8  Don't Know
Q4  9  NA

Q5  Text Entry

What is that other place?
Q5  0  OTHER PLACE  NEXT

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  NEXT
Q6  2  A small problem, or  NEXT
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  NEXT

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  NEXT
Q8  2  No (Go to Q10)
Q8  8  Unsure (Go to Q10)
Q8  9  NA
<table>
<thead>
<tr>
<th>Q9</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the eligibility letter easy to understand?</td>
<td></td>
</tr>
<tr>
<td>Q9 1</td>
<td>Yes NEXT</td>
</tr>
<tr>
<td>Q9 2</td>
<td>No NEXT</td>
</tr>
<tr>
<td>Q9 8</td>
<td>Unsure NEXT</td>
</tr>
<tr>
<td>Q9 9</td>
<td>NA NEXT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you received information from the Department of Human Services about the benefits you can get through</td>
<td></td>
</tr>
<tr>
<td>Q10 1</td>
<td>Yes NEXT</td>
</tr>
<tr>
<td>Q10 2</td>
<td>No (Go to Q12)Q12</td>
</tr>
<tr>
<td>Q10 8</td>
<td>Unsure (Go to Q12)Q12</td>
</tr>
<tr>
<td>Q10 9</td>
<td>NAQ12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the benefit information easy to understand?</td>
<td></td>
</tr>
<tr>
<td>Q11 1</td>
<td>Yes NEXT</td>
</tr>
<tr>
<td>Q11 2</td>
<td>No NEXT</td>
</tr>
<tr>
<td>Q11 8</td>
<td>DK NEXT</td>
</tr>
<tr>
<td>Q11 9</td>
<td>NA NEXT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know where to call if you have a question or concern about</td>
<td></td>
</tr>
<tr>
<td>Q12 1</td>
<td>Yes NEXT</td>
</tr>
<tr>
<td>Q12 2</td>
<td>No NEXT</td>
</tr>
<tr>
<td>Q12 8</td>
<td>Unsure NEXT</td>
</tr>
<tr>
<td>Q12 9</td>
<td>NA NEXT</td>
</tr>
</tbody>
</table>
Q13  Multiple Check

Overall, what were the two most important reasons for enrolling '0 in '3? (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
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 '0 covered by any other health insurance now?

Q14  1 Yes  NEXT
Q14  2 No (skip to Q17)Q17
Q14  8 DKQ17
Q14  9 NAQ17

Q15  Multiple Check

What kind of insurance is '0 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  NEXT
Q16  Option
How long has \0 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 \0 covered by any other health insurance at any time during the 12 months before \4 was enrolled in \3 ?}{Was \0 covered by any health insurance at any time during the 12 months before \4 was enrolled in \3 ?}

Q17  1  Yes  NEXT
Q17  2  No (Go to Q24)Q24
Q17  8  DKQ24
Q17  9  NAQ24

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 spouseQ21
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 insuranceQ19
Q18  7  Other government insuranceQ20
Q18  8  DKQ21
Q18  9  NAQ21

Q19  Text Entry
What is that other private insurance?
Q19  0  PRIVATE INSURANCEQ21

Edmund S. Muskie School of Public Service  A-5
Q20  
What is the other government insurance?

Q20  
0  GOVERNMENT INSURANCE  
NEX

Q21  
Option

How long was \(\text{they}\) covered by this insurance before \(\text{you}\) was enrolled in \(\text{it}\)?

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

Q22  
Option

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

Q22  
1  You dropped coverage because it had too many rules/restrictions  
Q24
Q22  
2  You dropped coverage because it was too expensive  
Q24
Q22  
3  You dropped coverage (in order to get CubCare)/(because your child was eligible for Medicaid)  
Q24
Q22  
4  The coverage was dropped because of a divorce  
Q24
Q22  
5  The coverage was dropped by employer or Q24 association  
Q24
Q22  
6  The coverage was no longer available--left orQ24 changed job  
Q24
Q22  
7  Other  
NEX
Q22  
8  DK/NA  
Q24

Q23  
Text Entry

What is that other reason?

Q23  
0  REASON  
NEX

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

Q25

Besides CubCare, is \( Y \) covered by another health insurance plan?
1 Yes
2 No
8 DK/R

Q26

Since \( Y \) enrolled in \( \) has \( \) needed any health care services?
1 Yes
2 No (Go to Q29)Q29
8 Unsure (Go to Q29)Q29
9 NAQ29

Q27

How much of a problem was it to get the health care services that \( Y \) needed?
Was it . . .
1 A big problem
2 A small problem, or
3 Not a problemQ29
8 DKQ29
9 NAQ29

Q28

In your own words, please tell me why it was a problem to get the health care services that \( Y \) needed?
0 PROBLEM

Q29

Did you know that you must reapply every six months for \( Y \) to keep \( \) benefits?
1 Yes
2 No
8 Unsure
9 NA
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 DKQ32
Q30  9 NAQ32

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 \0?

Q33  1 Mother or fatherQ35
Q33  2 GrandparentQ35
Q33  3 Legal guardianQ35
Q33  4 Other relative     NEXT
Q33  8 DKQ35
Q33  9 NAQ35

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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