The Children's Health Insurance Program in Texas:
The Disenrollee Survey Report
Fiscal Year 2006

Measurement Period:
December 2005 – April 2006

Prepared by

Texas External Quality Review Organization
Institute for Child Health Policy
University of Florida
Gainesville, Florida

Submitted:
May 26, 2006

Final Submitted:
December 27, 2006

Table of Contents

Table of Tables

Table of Figures

Overview

Report Title:	**The Children's Health Insurance Program in Texas: The Disenrollee Survey Report for Fiscal Year 2006**
Prepared by:	**The Institute for Child Health Policy University of Florida**
Measurement Period:	**December 2005 – April 2006**
Date Submitted By EQRO:	**May 26, 2006**
Final Submitted by EQRO:	**December 27, 2006**

Purpose

The purpose of this report is to describe the sociodemographic and health characteristics of disenrollees and their reasons for disenrollment from the Children's Health Insurance Program (CHIP) in Texas during fiscal year 2006. More specifically, the intent of this report is to:

- identify the sociodemographic and health characteristics of those who disenroll from CHIP;
- ascertain why disenrollees leave the program;
- discover if disenrollees obtained health insurance coverage after leaving the program; and
- determine disenrollees' opinions on premium affordability.

Summary of Major Findings

There are some specific areas in which the results of the fiscal year 2006 disenrollee survey are very similar to those of the fiscal year 2004 survey. Areas in which fiscal year 2006 and fiscal year 2004 results are similar include:

- Satisfaction levels of respondents were very similar for both years. In 2006, 94 percent of respondents indicated that they would have kept their children in CHIP if that were an option. In 2004, 92 percent of respondents would have kept their child in the program if possible. In fiscal year 2006, 70 percent of respondents indicated that their experiences with CHIP were "very good" to "excellent." In fiscal year 2004, 67 percent of respondents reported their experiences were "very good" to "excellent".
- Overall, there were some similar opinions regarding the ease of renewal for both years. Seventy-nine percent of respondents thought the renewal process was "about as easy as it could be" in 2006 compared to the 80 percent of respondents who were surveyed in 2004.
- The percentage of children with special health care needs was similar for both surveys. Twenty-two percent of children who disenrolled from CHIP in Texas were identified as having a special health care need in both the fiscal year 2004 and fiscal year 2006 surveys.
- The breakdown of the insurance coverage type that children had post-disenrollment by racial/ethnic group was similar for fiscal years 2004 and 2006. Of those who obtained insurance post-disenrollment for fiscal year 2006, a higher percentage of Hispanics were enrolled in Medicaid compared to White, non-Hispanics and Black, non-Hispanics (55 percent compared to 29 percent and 33 percent, respectively). Only 30 percent of Hispanics and 33 percent of those categorized as Other racial/ethnic groups obtained

employer-sponsored insurance compared to 42 percent of White, non-Hispanics and Black, non-Hispanics.

- Overall, reasons provided for disenrollment in fiscal year 2006 are similar to those provided in fiscal year 2004. For fiscal year 2006, the most frequently cited reason for leaving the program was "child switched to Medicaid" (35 percent). This was followed by 30 percent of respondents who indicated that they were ineligible due to their income. Twenty-eight percent of respondents indicated they could not or did not complete the renewal process. Obtaining another insurance policy (27 percent) and ineligibility due to the child's age (15 percent) also were frequently cited reasons for disenrollment.

There are some specific areas in which the results of the fiscal year 2006 disenrollee survey differ from that of the fiscal year 2004 survey. These areas include:

- A higher percentage of Hispanics are disenrolling from CHIP than in the past. Sixty-three percent of those children who disenrolled from CHIP during the time period studied were Hispanic. This can be compared to fiscal year 2004 when 56 percent of disenrollees were Hispanic.
- The percent of disenrollees who obtained insurance post-disenrollment during fiscal year 2006 (31 percent) is six points lower than the percent of disenrollees who were covered by insurance post-disenrollment in fiscal year 2004 (37 percent). For fiscal year 2006, 45 percent enrolled in Medicaid, 35 percent enrolled in employer-sponsored insurance, and 9 percent enrolled in direct purchase insurance.
- Overall in fiscal year 2006, a higher percentage of Hispanics (74 percent) who disenrolled from CHIP in Texas did not obtain new coverage compared to White, non-Hispanics or Black, non-Hispanics (61 and 57 percent, respectively). The percentage of Hispanics who did not obtain coverage post-disenrollment in 2006 (74 percent) is higher than the percentage of those who did not obtain insurance coverage in 2004 (68 percent).
- Recoding "other" responses for the 2006 survey responses for reason for disenrollment yielded a new category – "difficulties with the enrollment process" – that did not appear in the 2004 survey responses. Approximately five percent of respondents reported difficulties with the enrollment process in that their paperwork was lost, they had to file paperwork repeatedly, or they completed the enrollment paperwork but never received any follow-up confirmation from the Enrollment Broker.

EQRO Recommendations

- **Increased outreach, coordination, and education efforts with Hispanic families should be considered**. Hispanic children are particularly vulnerable to being uninsured post-disenrollment from CHIP. In addition, Hispanic families are least likely to view having insurance for their children positively compared to other racial/ethnic groups. Outreach efforts should include educating families about the value of primary and preventive care for children.

- **Coordination efforts between CHIP and Medicaid programs should be reviewed**. A small percentage of families indicated that they had no coverage because they were told they qualified for Medicaid but later found out they were not eligible.

- **Strategies to ensure children with special health care needs maintain coverage should be developed**. Twenty-two percent of children disenrolled from CHIP in Texas were identified as having a special health care need.

- **Strategies to encourage parents of healthy children to maintain insurance coverage should be considered.** Healthy children need access to primary and preventive care services. Preventive care, which includes early detection of problems in growth and development, the provision of vaccinations, and other routine screening procedures are of significant health benefit.[1] In addition, there may be financial implications for the program if healthy children continue to disenroll and sicker children remain enrolled.

Introduction

In 1997, Congress created the State Children's Health Insurance Program (SCHIP) in an effort to reduce the number of low-income, uninsured children in families with incomes too high to qualify for Medicaid. SCHIP allows states to use federal matching funds to expand Medicaid eligibility and subsidize children's health insurance through public-private partnerships. To date, states have been successful in using SCHIP funds to significantly expand the number of children covered by health insurance in the United States. States, including Texas, worked to develop and implement outreach strategies to encourage families to enroll their children in SCHIP. With its multifaceted outreach, enrollment, and advocacy strategies, Texas has been considered a model state in SCHIP roll-out.[2] In the first nine months of the program, Texas enrolled more than 212,000 in its SCHIP program, outpacing the enrollment in comparable states such as California, New York, and Florida.

However, due to planned changes in the federal funding for SCHIP and other fiscal constraint concerns, Texas along with many other states reversed successful outreach strategies and enacted changes to their SCHIP initiative in an effort to reduce costs. **Figure 1** illustrates states that implemented freezes in enrollment, cuts to the program, or no change in 2003 and 2004. Some of the changes that states implemented include: increased family cost-sharing in the form of higher premiums, more stringent application processes, and more stringent renewal processes at the end of continuous eligibility periods.

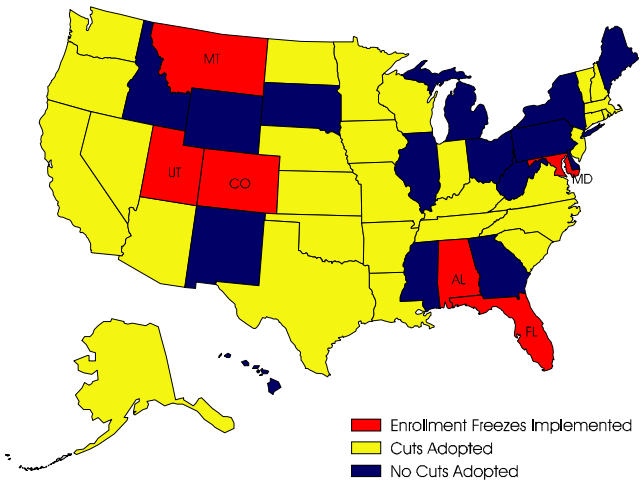

Figure 1. States with Freezes or Cuts in SCHIP Programs, 2003 and 2004

In fiscal year 2004, Texas implemented several changes, including: 1) decreasing the continuous coverage period from 12 months to 6 months, 2) increasing premiums for families above 100 percent of the FPL and cost-sharing for families below 185 percent of the FPL, 3) elimination of income deductions for items such as child care costs, and 4) implementing a 90 day waiting period for coverage. After these changes were implemented, the number of children enrolled in CHIP in Texas declined from 507,259 in September 2003 to 361,464 by July 2004, about 29 percent.

As a result of statewide advocacy efforts, several changes were implemented to CHIP in Texas during the 2005 legislative session. Dental, vision, hospice, and mental health services were

restored to the benefit package; premiums were reduced; additional funds were allocated to increase enrollment; and services were maintained for legal immigrant children. Despite these additional policy changes, the number of children enrolled in CHIP in Texas declined an additional 18 percent from 359,734 in August 2004 to 294,189 in April 2006. Although continued disenrollment from CHIP in Texas could be the result of changes in employment, income, access to employer-sponsored insurance, or other factors, there is ongoing concern among advocates and policy analysts that administrative barriers such as re-enrollment procedures, reinstatement of cost-sharing, and confusion among parents of enrolled children regarding benefits offered are significant causes of disenrollment.[3] The purpose of this report is to describe the sociodemographic and health characteristics of disenrollees and their reasons for disenrollment in the Children's Health Insurance Program in Texas during fiscal year 2006.[4]

More specifically, the intent of this report is to:

- identify the sociodemographic and health characteristics of those who disenroll from CHIP;
- ascertain why disenrollees leave the program;
- discover if disenrollees obtained health insurance coverage after leaving the program; and
- determine disenrollees' opinions on premium affordability.

Methods

Sample Selection Procedures

A random sample of families was selected to participate in the disenrollee survey using the following criteria:

1) the child had to have been enrolled in CHIP in Texas for six months or longer and
2) disenrolled for two months or longer between the time period of December 2005 through April 2006.

These criteria were chosen to ensure that the child was enrolled long enough in CHIP for the family to have some experience with the program (six months of enrollment) and to ensure that the child was disenrolled (two months of disenrollment). A target was set of 400 completed telephone surveys with families of disenrollees.

This sample size was selected to provide a reasonable confidence interval for the survey responses. The disenrollee survey is comprised of many different types of questions, and the confidence interval information provided is based on selected items with uniformly distributed responses. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided in the tables and figures are within ±4.8 percentage points of the "true" responses.

The University of Florida Health Sciences Center Institutional Review Board (HSC-IRB) reviewed the External Quality Review Organization Project. Informed consent was obtained when the interviewer contacted the respondent via telephone using a protocol that meets all HSC-IRB requirements, and the respondent's verbal response was recorded.

Attempts were made to contact 1,699 families. Using the contact information provided, 16 percent could not be located, and of those located, 22 percent refused to participate. The response rate was 56 percent and the cooperation rate was 67 percent.[5] These contact,

refusal, response, and participation rates are comparable to those obtained with other low-income families in Medicaid and in SCHIP.[6,7,8,9] There were 400 completed surveys.

Moreover, the respondents did not significantly differ from the non-respondents in terms of child race/ethnicity, gender, age, family income, or child health status (measured using the Clinical Risk Groups described below). Due to random sample selection procedures and the lack of significant differences between responders and non-responders on key sociodemographic and health indices, the results of this survey are believed to be generalizable to the larger population of disenrollees.

Data Sources

Three categories of data were used in these analyses. The first category of data included administrative data to identify disenrollees and the disenrollee telephone survey data. Specifically, Enrollment Broker for CHIP in Texas provided files to the Institute for Child Health Policy (ICHP). These files were used to identify the children who met the sample selection criteria and to obtain telephone contact information for the families contacted to participate in the Disenrollee Telephone Survey. The telephone survey data obtained from families of children disenrolled from CHIP for two months or more were also used in this report. These surveys were conducted from December 2005 through April 2006.

The second category of data included telephone survey data collected from families of established enrollees and new enrollees from CHIP. Established enrollees are those children enrolled in CHIP in Texas for 12 months or longer. These data were used to provide comparisons between children who disenrolled from CHIP in Texas and those who were continuously enrolled. These surveys were conducted from December 2005 through April 2006.[10,11] Included in the second category of data were telephone survey data collected from families whose children newly enrolled in CHIP in Texas. New Enrollee Surveys were also conducted from December 2005 through April 2006. These data were used to provide comparisons between those children who disenrolled and those who were newly enrolled.[12]

The third category of data included telephone survey data obtained from families of children recently disenrolled from CHIP during fiscal year 2004. These surveys were conducted from April 2004 through July 2004. These data were used to provide comparisons between families who were disenrolled during fiscal year 2006 and families who were disenrolled during fiscal year 2004. Results from this survey data are referred to as the “fiscal year 2004 disenrollee survey” throughout this report.

Measures

The Disenrollee Telephone Survey is comprised of the following sections: 1) a household listing table, 2) a series of questions about families' reasons for disenrollment and their choices about other insurance (if any) for their children, 3) families' attitudes about paying for premiums, 4) the Children With Special Health Care Needs (CSHCN) Screener, 5) a series of questions about family members' employment status and access to employer-based health insurance, and 6) demographic questions. The survey instrument is comparable to the instrument used to survey disenrollees during fiscal year 2004; however, some survey questions were eliminated to assist in decreasing survey administration time and increase response rates.

The household listing table was developed originally for use in the Florida KidCare evaluation and adopted for use in CHIP in Texas. It was developed in consultation with survey-design experts from Mathematica and the Urban Institute. The question series has been used in approximately 30,000 surveys conducted with families of child Medicaid recipients and CHIP enrollees in Texas, Florida, and New Hampshire.

The questions about families' reasons for disenrollment, their experiences with the renewal process, and their insurance choices for their children post-disenrollment were developed by ICHP and the Children's Health Insurance Research Initiative (CHIRI) funded by the Agency for Health Care Research and Quality (AHRQ).[13] The collaborating investigators on the item development (in addition to ICHP at the University of Florida) were from the University of Rochester, the Kansas Health Institute, the University of Alabama at Birmingham, George Washington University, and Northwestern University. These items have been used in more than 12,000 telephone surveys in New York, Florida, Texas, Kansas, and Oregon.

The CSHCN Screener was used to determine whether the child had special health care needs by asking about 1) the child's dependence on medications, 2) the child's need for or use of increased medical care beyond what is normally expected, and 3) the presence of any functional limitations.[14] The child was considered to have a special health care need if, based on parent report, he or she was experiencing one or more of these criteria due to a condition that had lasted or was expected to last for 12 months or longer. The instrument was scored according to the developers' instructions.

The question series about employment, access to employer-based coverage, and sociodemographic characteristics were developed by ICHP and have been used in more than 25,000 surveys with Medicaid and CHIP enrollees in Texas and in Florida. The items were adapted from questions used in the National Health Interview Survey,[15] the Current Population Survey,[16] and the National Survey of America's Families.[17] On average, the entire telephone survey takes 29.5 minutes to complete, less than the 40 minutes it took to complete the 2004 disenrollee survey.

Families were given the option for most items to indicate that they did not know the answer. They also were given the choice to refuse to answer any particular item. The percentage of respondents indicating that they did not know an answer or refusing to answer was very small for most individual items (three percent or less). If a respondent refused to answer an individual item or items, their responses were used in the analyses. If the respondent broke off an interview before all questions had been asked, his or her responses were not used.

Some items had an option for an open-ended response in addition to close-ended choices. If the respondent provided an open-ended response that fit one of the response categories, the interviewer reminded the respondent of the response categories, and if the respondent agreed with the category, the response was coded into a pre-existing category. After all interviews were complete, a staff member experienced in survey and qualitative research reviewed all open-ended responses. If possible, responses were re-coded into pre-existing categories, and new categories were created when there were a sufficient number of consistent responses to do so. The percentages reported in the "other" category reflect those isolated responses that could not be re-coded into new or existing categories.

Survey Data Collection Techniques

All potential participants in the sample were mailed a letter describing the purpose of the study and requesting their participation. Each letter included both English and Spanish translations. The surveys were conducted by telephone using computer-assisted-telephone-interviewing (CATI). The survey vendor, the Bureau of Economic and Business Research (BEBR) at the University of Florida, was selected due to their experience administering health-care related surveys to multi-lingual and multi-cultural populations. Survey calls were conducted in English and in Spanish from 10 a.m. Central Time to 9 p.m. Central Time, 7 days a week. Of the 400 completed survey interviews, 71 (18 percent) were conducted in Spanish. Calls were rotated throughout the morning, afternoon, and evening using the Sawtooth Software System in order to maximize the likelihood of reaching the enrollees.

A minimum of 35 attempts were made to reach an enrollee, and if the enrollee was not reached after that time, the software system selected the next individual on the list. Bad phone numbers were sent to a company that specializes in locating individuals; any updated information was loaded back into the software system. Additional attempts were made to reach the adult enrollee using the updated contact information. No financial incentives were offered to participate in the surveys. The respondent was selected by asking to speak to the person in the household who was most knowledgeable about the child's health and health care. The respondent also was asked to confirm that the child had been enrolled in CHIP for at least six months, had been disenrolled for at least two months, and was disenrolled at the time of the interview.

Telephone surveys may be subject to bias since they do not include responses from respondents who do not have telephones. This is a particularly salient issue with Medicaid recipients who, due to limited resources, may not have telephone service. However, research has shown that "transient" telephone households—those who have lost or gained telephone service in the recent past—are similar demographically to households without telephone service.[18] In an attempt to understand potential sources of bias in this survey, respondents were asked questions about their telephone service in the past six months.

Overall, five percent of respondents indicated they experienced an interruption in telephone service. For those who had interrupted service, 55 percent reported that they were without telephone service due to cost. Respondents who reported transient telephone service were compared with individuals who reported continuous telephone service across several demographic factors such as race, gender, education, and marital status. There were no statistically significant differences in demographic factors among respondents with transient phone service and those with continuous phone service.

Data Analysis

Descriptive statistics and Chi-square tests were used in this report and calculated using STATA Version 8.[19] Descriptive results for each item are provided to HHSC.

Results

Demographics and Health Status

CHIP disenrollees in Texas represent a diverse group (See **Figure 2**). Sixty-three percent of those children who disenrolled from CHIP during the time period studied were Hispanic. This can be compared to fiscal year 2004 when 56 percent of disenrollees were Hispanic. Twenty-four percent of those who disenrolled were White, non-Hispanic, 8 percent were Black, non-Hispanic, and the remaining 5 percent represented other racial/ethnic groups. The distribution of race and ethnicity among disenrollees was compared to that of children who were newly enrolled or continuously enrolled in the program for 12 months or longer (established enrollees) during the same time period. There are more Hispanics among the disenrollee and established enrollee groups compared to the new enrollee group. Statistical testing indicates there is a significant difference between the race distribution of these three groups (X^2 =21.28, p=0.002).

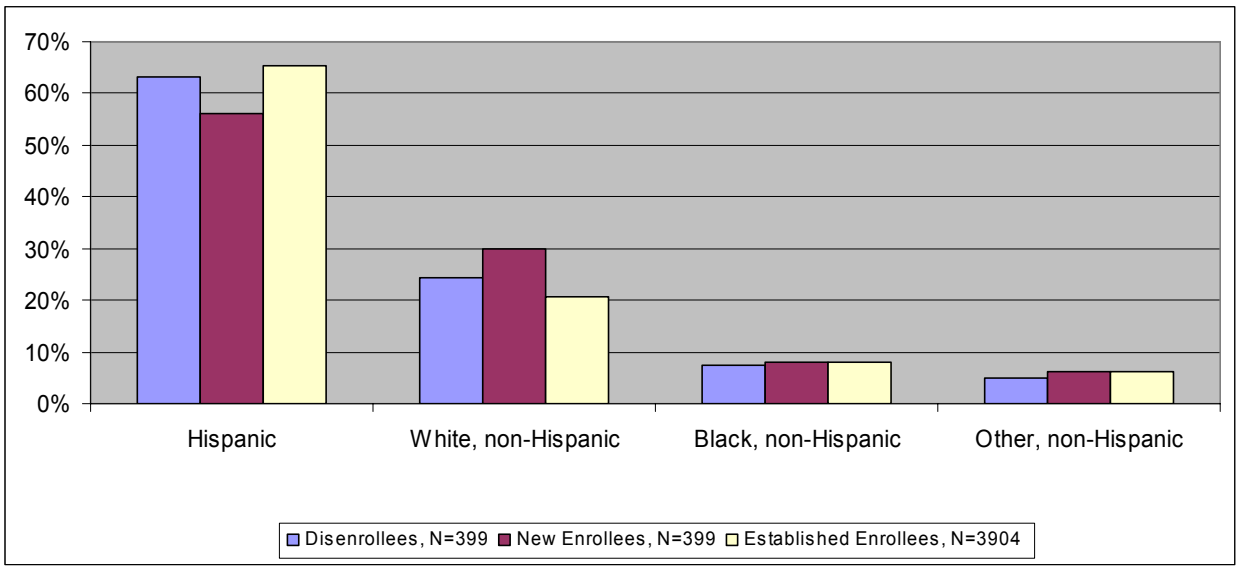

Figure 2. Comparison of Race and Ethnicity of Children Who Have Disenrolled, Are Newly Enrolled, or Have Established Enrollment in CHIP in Texas during Fiscal Year 2006

The mean age of children who were disenrolled was 11.38 (±5.3 9). This is slightly older than the mean age of children who disenrolled in fiscal year 2004 (10.9 years old (± 5.20)). A slight majority of disenrollees (53 percent) were male.

The CSHCN Screener was used to identify the presence of special health care needs among the children who were disenrolled using parent report. Almost 22 percent of children disenrolled from CHIP in Texas were identified as having a special health care need. This is similar to the 22 percent of children reported to have a special health care need by parents responding to the disenrollee survey in fiscal year 2004. Statistical testing supports there is no significant difference between the percentage of disenrollees with special health care needs in fiscal year 2004 and fiscal year 2006 (X^2 =0.012, p=0.914).

Insurance Status Post-Disenrollment and Reasons for Not Obtaining Other Coverage

Health insurance is one of the primary determinants of access to and use of health care services among children. Children without insurance coverage are three times as likely as those who are insured to go without needed medical care.[20] Uninsured children from low income families are four times as likely to rely on an emergency department for routine care or have no usual source of care.[21,22] Thirty-one percent of those disenrolled subsequently obtained other insurance while 69 percent were uninsured and less than 1 percent did not know if other insurance coverage had been selected. **Figure 3** shows the different types of insurance that the 31 percent of CHIP disenrollees obtained after their disenrollment from CHIP in Texas during fiscal year 2006. The percent of disenrollees who obtained insurance post-disenrollment during fiscal year 2006 (31 percent) is 6 points lower than the percent of disenrollees who were covered by insurance post-disenrollment in fiscal year 2004 (37 percent). The difference in the percentage of those who obtained insurance post-disenrollment is statistically significant (X^2 =5.32, p=0.070). Insurance status post-disenrollment results for fiscal year 2006 are also comparable to results of the CHIP disenrollee survey administered in fiscal year 2002 in which 37 percent of disenrollees obtained another type of insurance and 63 percent were uninsured after disenrolling from CHIP.[23]

Of those who obtained other insurance coverage, a majority enrolled in Medicaid (45 percent). This is followed by those who enrolled in employer-sponsored insurance (35 percent) and direct purchase insurance (9 percent). The type of insurance chosen by those who obtained other insurance coverage during fiscal year 2004 is slightly different from current findings with more disenrollees enrolling in Medicaid (58 percent) and fewer obtaining employer-sponsored insurance (29 percent) in fiscal year 2004. The trend of disenrollees enrolling in employer-sponsored insurance during fiscal years 2002, 2004, and 2006 is interesting. The percentage of disenrollees obtaining employer-sponsored insurance post-disenrollment in fiscal year 2006 (35 percent) is similar to that of fiscal year 2002 (38 percent) with a marked dip in the percentage covered in fiscal year 2004 (29 percent). It is difficult to determine specific reasons for this phenomenon; however, this could indicate that economic factors such as job loss or income reduction had a greater effect on members disenrolling from CHIP in fiscal year 2004 as compared to fiscal years 2002 and 2006.

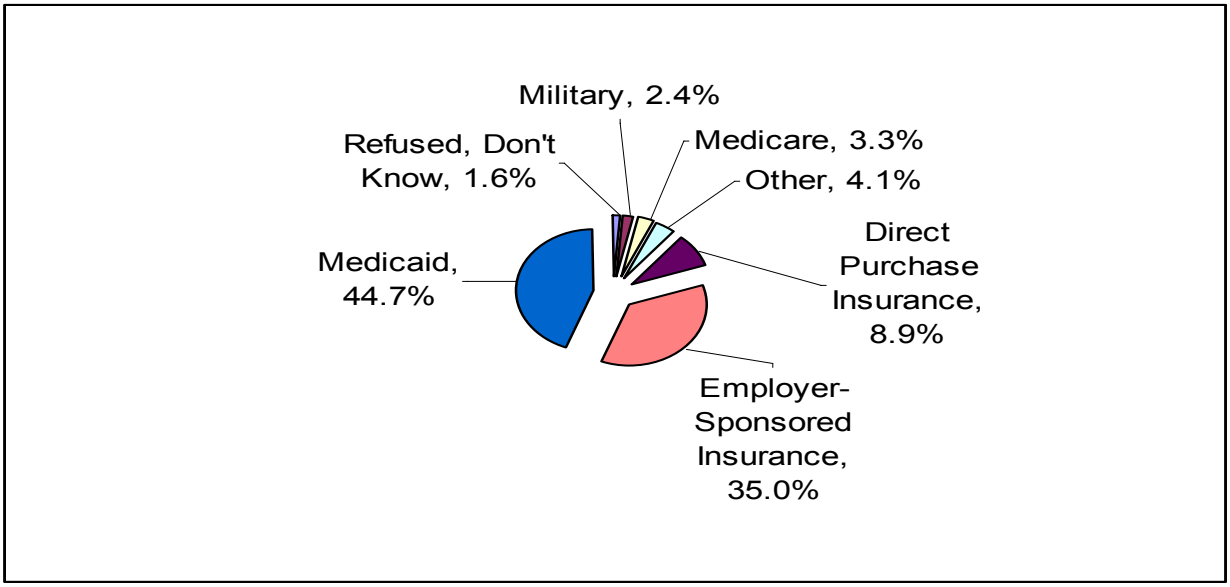

Figure 3. Type of Insurance for the 31 Percent of CHIP Disenrollees Obtaining Other Coverage in Fiscal Year 2006 (N=123)

Studies have shown that racial and ethnic minorities often lack access to employer-based health insurance.[24] Research has also shown that Hispanics in particular do not have access to insurance through the workplace and face declining availability of employer-based insurance due to changes in population characteristics and economic shifts.[25] For these reasons, CHIP has been a particularly important coverage source for minorities. **Figures 4 and 5** provide information on the insurance status of disenrollees by race/ethnicity. Overall, a higher percentage of Hispanics (74 percent) who disenrolled from CHIP in Texas did not obtain new coverage compared to White, non-Hispanics or Black, non-Hispanics (61 and 57 percent, respectively). The difference in the percentages of racial and ethnic groups who obtained insurance post-enrollment is statistically significant (X^2 =27.84, p=0.000). The percentage of Hispanics who did not obtain coverage post-disenrollment in 2006 (74 percent) is higher than the percentage of those who did not obtain insurance coverage in 2004 (68 percent).

Of those who did obtain insurance, only 30 percent of Hispanics and 33 percent of those categorized as Other racial/ethnic groups obtained employer-sponsored insurance compared to 42 percent of White, non-Hispanics and Black, non-Hispanics. Also of note, a higher percentage of Hispanics who did obtain insurance after disenrollment from CHIP were enrolled in Medicaid compared to White, non-Hispanics and Black, non-Hispanics (55 percent compared to 29 percent and 33 percent, respectively). These differences, however, were not statistically significant (X^2 =24.40, p=0.274).

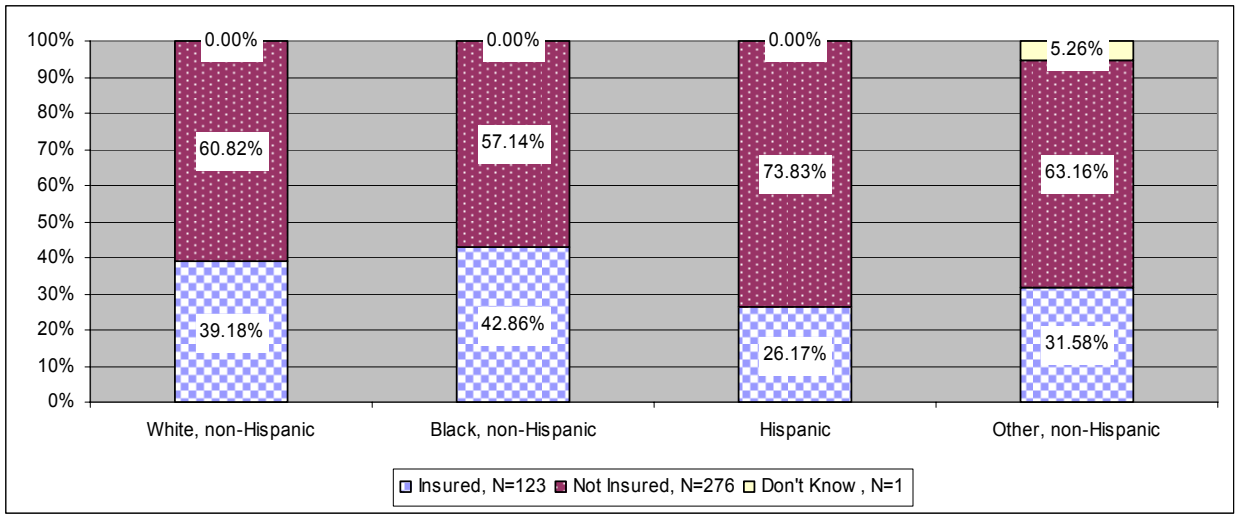

Figure 4. Insurance Status of CHIP in Texas Disenrollees by Race/Ethnicity, Fiscal Year 2006 (N=400)

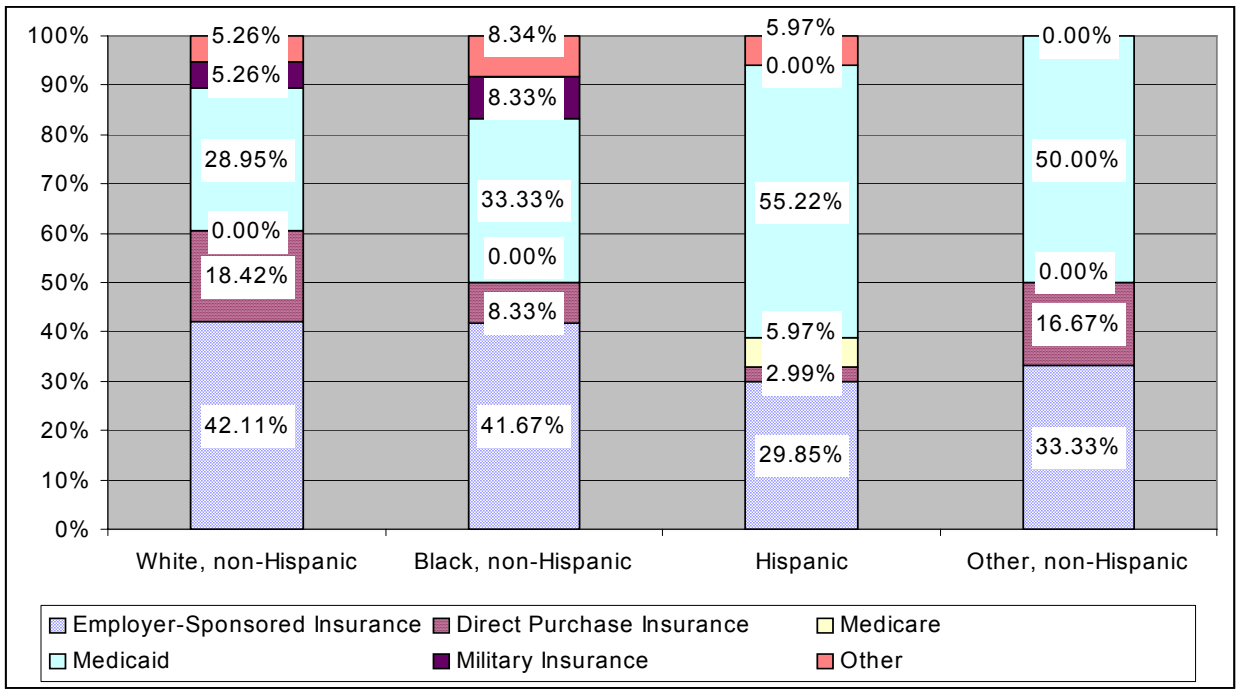

Figure 5. Type of Insurance for the 31 Percent of Disenrollees Obtaining Other Coverage by Race/Ethnicity (N=123)

Families who did not obtain other coverage for their children post-disenrollment from CHIP were asked to provide their reasons for not selecting another policy. Their responses are summarized in **Table 1**. Respondents could provide more than one answer; therefore, the percentages will not equal 100 percent. The largest group of respondents were those who indicated that they could not afford other coverage for their children (61 percent). This category was followed by the 38 percent of respondents who reported they were waiting to re-enroll their children in CHIP. Some families reported free or inexpensive care was readily available (11 percent) or that their children were usually healthy (10 percent) and thus, health insurance was not needed.

Table 1. Reasons for Not Obtaining Other Insurance Coverage for the 69 Percent with No Coverage Post-Disenrollment from CHIP

Category	N=276	Percent
For those who have not selected another health insurance policy for your child, what are the main reason(s) why you have not selected a policy?		
Medical problems/Pre-existing condition	9	3.26
Too expensive/Can't afford it/Premium too high	167	60.51
Don't believe in insurance	9	3.26
Don't need insurance/Child usually healthy	28	10.14
Free or inexpensive care is readily available	29	10.51
Waiting to get back in CHIP	105	38.04
Other	63	22.83
Don't Know	5	1.81
Refused	1	0.36
Other-Does not qualify for insurance	1	0.36
Other-Will soon have other insurance (e.g. through work or military)	5	1.81
Other-Don't know of a good insurance/Needs more info	2	0.72
Other-Satisfied with current insurance	1	0.36
Other-Don't have time or transportation	4	1.45

Satisfaction with CHIP While Enrolled

Table 2 contains a summary of families' responses about their satisfaction with CHIP while their children were enrolled. Overall, caregivers of disenrollees were satisfied with CHIP in Texas. Also, satisfaction levels of respondents were very similar in fiscal years 2004 and 2006. Ninety-four percent of respondents indicated that they would have kept their children in CHIP if that were an option. This can be compared to the 92 percent of respondents in fiscal year 2004 who reported they would have kept their child in the program if possible. In fiscal year 2006, five percent of respondents indicated that they would not have kept their child in CHIP in Texas while eight percent of respondents in fiscal year 2004 reported they would not have kept their child in the program. In fiscal year 2006, 70 percent of respondents indicated that their experiences with CHIP were "very good" to "excellent." This is slightly higher than the 67 percent of respondents who reported that their experiences were "very good" to "excellent" in the 2004 survey. Satisfaction levels with children's physicians while enrolled in CHIP were very similar for both surveys. Ninety-three percent of respondents reported they were satisfied with their child's physician in the 2006 survey while 92 percent of respondents reported they were satisfied in the 2004 survey. For both the 2004 and 2006 surveys, 80 percent of respondents rated their children's overall quality of care as "very good" to "excellent."

Table 2. Satisfaction with the Program While in CHIP

Category	N=400	Percent
If you could have kept your child in CHIP, would you have stayed in the program or not?		
Would have stayed in CHIP	374	93.50
Would NOT have stayed in CHIP	21	5.25
Don't Know	4	1.00
Refused	1	0.25
Thinking about your experiences having your child in CHIP, how would you rate CHIP?		
Excellent	180	45.00
Very Good	98	24.50
Good	91	22.75
Fair	21	5.25
Poor	7	1.75
Don't Know	3	0.75
Refused	0	0.00
When your child was enrolled in Texas CHIP, how satisfied were you with your child's physician?		
Very Satisfied	317	79.25
Somewhat Satisfied	53	13.25
Neither	5	1.25
Somewhat Dissatisfied	10	2.50
Very Dissatisfied	8	2.00
Don't Know	4	1.00
Refused	3	0.75
In general, the quality of care that your child received through the program was….		
Excellent	243	60.75
Very Good	77	19.25
Good	61	15.25
Fair	8	2.00
Poor	5	1.25
Don't Know	3	0.75
Refused	3	0.75

Reasons for Disenrolling From CHIP

Table 3 contains a summary of the reasons families provided for disenrolling their child from CHIP in Texas. Families were able to give multiple reasons, so responses do not add up to 100 percent. The most frequently cited reason for leaving the program was “child switched to Medicaid” (35 percent). This was followed by 30 percent of respondents who indicated that they were ineligible due to their income. Twenty-eight percent of respondents indicated they could not or did not complete the renewal process. Obtaining another insurance policy (27 percent) and ineligibility due to the child’s age (15 percent) also were frequently cited reasons for disenrollment. Approximately five percent of respondents reported difficulties with the enrollment process in that their paperwork was lost, they had to file paperwork repeatedly, or

they completed the enrollment paperwork but never received any follow-up confirmation from the Enrollment Broker.

Overall, reasons provided for disenrollment in fiscal year 2006 are similar to those provided in fiscal year 2004. Recoding "other" responses for the 2006 survey responses yielded a new category – "difficulties with the renewal process" – that did not appear in the 2004 survey responses.

Table 3. Respondent Reasons for Disenrollment from CHIP in Texas

Category	N=400	Percent
Child switched from CHIP to Medicaid	141	35.25
Child no longer eligible for this program because your income was too high	120	30.00
Could not or did not complete the renewal process	110	27.50
Obtained other insurance policy	107	26.75
Child no longer eligible for this program because of his or her age	58	14.50
Dissatisfied with child's health care providers	22	5.5
Program not as told it would be when child was enrolled	17	4.25
Dissatisfied with the amount of money paid at the time of the health care visit	17	4.25
Dissatisfied with the amount of money that you paid every month for the health insurance policy	15	3.75
Policy was cancelled because of nonpayment of premium	14	3.50
Dissatisfied with the clinic or office setting where child received most of his or her health care	9	2.25
Other-Income too low to afford premium, job loss	8	2.00
Other-Dissatisfied with changes in CHIP benefits	3	0.75
Other-Referred to Medicaid, but unable to ascertain if covered	9	2.25
Other-Ineligible due to assets (vehicle, savings, etc.)	4	1.00
Other-Difficulties with the renewal process (paperwork lost by broker, enrolled but never received confirmation from broker, etc.)	19	4.75
Other-Don't Know	9	2.25
Other-Miscellaneous responses	32	8.00

Premiums

During fiscal year 2004, Texas eliminated its annual enrollment fees and newly required CHIP premium payments for families between 101 and 150 percent of the Federal Poverty Level (FPL) and increased premium payments for families above 150 percent FPL. The disenrollee survey included questions to assess family opinions regarding premiums. The results are summarized in **Table 4**. Eighty-six percent of respondents perceived that the premium amount was just about right. This is slightly higher than the 81 percent of respondents who reported they thought the premiums were just about right in the 2004 disenrollee survey. In both fiscal years 2004 and 2006, about 18 percent of respondents reported they experienced difficulty paying the premium either every month or every few months. Overall, respondents were largely in favor of contributing financially for their child's health care coverage. Ninety-four percent replied that they felt better paying part of the cost of their child's health care coverage, and 96

percent indicated that paying the premium was worth the peace of mind it provided. These results are similar to those expressed by respondents in the fiscal year 2004 disenrollee survey.

Family member opinions about premiums were also analyzed to see if there were differences in opinions among racial/ethnic groups (See **Table 4**). Overall, opinions among the racial/ethnic groups were similar. However, 54 percent of Hispanics agreed or strongly agreed that paying for premiums sometimes seemed to be a waste of money because their child was healthy. This can be compared to the 12 percent of White, non-Hispanic respondents, 43 percent of Black, non-Hispanic respondents, and 32 percent of those representing other racial/ethnic groups who perceived that paying for premiums sometimes was a waste of money. Statistical testing indicates there is a significant difference between the attitudes towards paying premiums among the racial/ethnic groups (X^2 =65.81, p=0.000).

Table 4. Respondent Opinion Regarding Premium by Race

Category	Total N=400	Hispanic N=256	White, non-Hispanic N=97	Black, non-Hispanic N=28	Other, non-Hispanic N=19
In your opinion, was the premium:					
About the right amount	85.50	87.11	82.47	89.29	73.68
Too much	3.25	2.73	3.09	7.14	5.26
Too little	8.00	7.42	11.34	0.00	10.53
Don't Know	2.00	1.56	1.03	3.57	10.53
Refused	1.25	1.17	2.06	0.00	0.00
How often, if at all, was paying that amount difficult for you financially? Was it difficult:*					
Almost every month	7.49	8.84	2.13	15.38	5.56
Every couple of months	10.34	11.24	8.51	11.54	5.56
Rarely	20.93	19.28	29.79	11.54	11.11
Never was paying difficult	58.91	58.63	58.51	61.54	61.11
Don't Know	1.03	0.80	0.00	0.00	11.11
Refused	1.29	1.20	1.06	0.00	5.56
Sometimes I felt like paying the premium was a waste of money since my child is healthy and doesn't need medical care very often.					
Strongly Agree	19.75	26.56	5.15	14.29	10.53
Somewhat Agree	22.00	26.95	7.22	28.57	21.05
Somewhat Disagree	10.25	8.59	11.34	21.43	10.53
Strongly Disagree	45.00	34.77	74.23	32.14	52.63
Don't Know	1.25	1.56	0.00	0.00	5.26
Refused	1.75	1.56	2.06	3.57	0.00

*The second question was only asked to respondents who did not think the premium is “Too much”. As a result, a total of 387 respondents (249 Hispanic, 94 White, non-Hispanic, 26 Black, non-Hispanic, and 18 Other, non-Hispanic) answered this question.

Table 4. Respondent Opinion Regarding Premium by Race (Continued)

Category	Total N=400	Hispanic N=256	White, non-Hispanic N=97	Black, non-Hispanic N=28	Other, non-Hispanic N=19
Paying the premium was worth the peace of mind I had knowing my child had health care coverage.					
Strongly Agree	87.50	87.89	93.81	82.14	57.89
Somewhat Agree	8.00	9.38	4.12	3.57	15.79
Somewhat Disagree	0.75	0.39	0.00	3.57	5.26
Strongly Disagree	1.25	0.39	1.03	3.57	10.53
Don't Know	1.50	1.56	0.00	0.00	10.53
Refused	1.00	0.39	1.03	7.14	0.00
I was happy to pay the premium because I felt better paying part of the cost for my child's health care coverage.					
Strongly Agree	73.75	72.27	82.47	64.29	63.16
Somewhat Agree	20.25	22.66	14.43	21.43	15.79
Somewhat Disagree	2.00	2.34	0.00	3.57	5.26
Strongly Disagree	1.75	1.56	1.03	3.57	5.26
Don't Know	1.00	0.78	0.00	0.00	10.53
Refused	1.25	0.39	2.06	7.14	0.00

Comparison of Opinions of Caregivers in Fiscal Year 2004 and Fiscal Year 2006 – Multivariate Results

Several factors could account for changes in disenrollment from CHIP in Texas through time such as changes in incomes of families or satisfaction with CHIP in Texas while enrolled. In order to assess whether such changes between 2004 and 2006 have had an impact on disenrollment from CHIP in Texas, multivariate analyses were conducted controlling for child health and sociodemographic characteristics.

The following outcome variables were analyzed: perceptions of quality of care received through CHIP in Texas, satisfaction with child's physician while enrolled in CHIP in Texas, switching from CHIP in Texas to Medicaid, and disenrolling due to ineligibility in CHIP in Texas because of high income. These outcome variables were constructed as binary variables with two possible outcomes:

(1) perceptions of quality of care received through CHIP in Texas (i.e., quality) = 1, if the respondent thought that the quality of care was 'excellent', 'very good' or 'good' and quality = 0 otherwise;
(2) satisfaction with child's physician while enrolled in CHIP in Texas (i.e., doctor) = 1, if the respondent was 'very satisfied' or 'somewhat satisfied' with the child's physician while enrolled in CHIP in Texas and doctor = 0 otherwise;
(3) switching from CHIP in Texas to Medicaid (i.e., Medicaid) = 1, if the response to the question, "Did your child stop participating in this program because he/she switched from CHIP to Medicaid?" was 'yes' and Medicaid = 0 otherwise; and
(4) ineligibility in CHIP in Texas because of high income (i.e., income) = 1, if the response to the question, "Did your child stop participating in this program because your child was no

longer eligible for this program because your income was too high?" was 'yes' and income = 0 otherwise.

As a result, a logit model was used in the estimations.

For each outcome variable, two regressions models were estimated. In the first model, the following health and sociodemographic variables were used:

(1) whether the child had a special health care need as measured by the CSHCN Screener (the reference group[26] is no special needs) and
(2) the child's race/ethnicity characterized as White, non-Hispanic; Black, non-Hispanic; Hispanic; or Other (the reference group is White, non-Hispanic).

The second model that was estimated expanded on the first model. Specifically, the second model used health and sociodemographic variables and added a temporal variable and interactions between the temporal variable and the health and sociodemographic variables. The temporal variable indicated whether the caregiver was interviewed in fiscal year 2004 or fiscal year 2006 (where the reference group was fiscal year 2004). Likelihood-ratio tests were used to compare these two regression models. The primary interest in comparing these two models was to explore if time was a significant factor affecting the responses of caregivers. The results from these two models are contained in Appendix A.

For the two regression models analyzing whether caregivers reported *satisfaction with quality of care received through CHIP in Texas*, results from the likelihood-ratio test showed that there were no changes in perceptions of quality of care received in CHIP in Texas between 2004 and 2006 ($X^2(5) = 2.20$, $p=0.821$).

For the two regression models analyzing whether caregivers reported *satisfaction with child's physician while enrolled in CHIP in Texas*, results from the likelihood-ratio test showed that there were no changes in satisfaction with child's physician while enrolled in CHIP in Texas between 2004 and 2006 ($X^2(4) = 2.69$, $p=0.611$).

For the two regression models analyzing whether caregivers reported *switching from CHIP in Texas to Medicaid* as the reason for disenrolling from CHIP in Texas, results from the likelihood-ratio test showed that there were no changes between 2004 and 2006 ($X^2(5) = 9.18$, $p=0.102$).

For the two regression models analyzing whether caregivers reported *disenrolling due to ineligibility in CHIP in Texas because of high income*, results from the likelihood-ratio test showed that the second model had more explanatory power ($X^2(5) = 12.35$, $p=0.030$). Expected probabilities from the second model after controlling for health and sociodemographic variables revealed that 30 percent of families reported disenrolling from CHIP in Texas due to ineligibility because of high income in 2006 compared to 23 percent of families reporting ineligibility due to income in 2004. This difference may partly result from policy changes that implemented asset testing for families with incomes at or above 150 percent of FPL.

Summary and Recommendations

CHIP in Texas has undergone substantial changes since its inception, including policy changes and changes in management of certain aspects of enrollment and renewal processes. A survey of families who disenrolled from the program during fiscal year 2006 compared with those who disenrolled from the program in fiscal year 2004 helps to illuminate the sociodemographic and health characteristics of those leaving the program, why families disenrolled their children, and if their children have health care coverage post-disenrollment.

There are some specific areas in which the results of the fiscal year 2006 disenrollee survey are very similar to those of the fiscal year 2004 survey. Areas in which fiscal year 2006 and fiscal year 2004 results are similar include:

- Satisfaction levels of respondents were very similar for both years. In 2006, 94 percent of respondents indicated that they would have kept their children in CHIP if that were an option. In 2004, 92 percent of respondents would have kept their child in the program. In fiscal year 2006, 70 percent of respondents indicated that their experiences with CHIP were "very good" to "excellent." In fiscal year 2004, 67 percent of respondents reported that their experiences were "very good" to "excellent."
- Overall, there were some similar opinions regarding the ease of renewal for both years. Seventy-nine percent of respondents thought the renewal process was "about as easy as it could be" in 2006 compared to the 80 percent of respondents who were surveyed in 2004.
- The percentage of children with special health care needs was similar for both surveys. Twenty-two percent of children disenrolled from CHIP in Texas in fiscal year 2004 and fiscal year 2006 surveys were identified as having a special health care need.
- The breakdown of the insurance coverage type that children had post-disenrollment by racial/ethnic group was similar for fiscal years 2004 and 2006. Of those who obtained insurance post-disenrollment for fiscal year 2006, a higher percentage of Hispanics were enrolled in Medicaid compared to White, non-Hispanics and Black, non-Hispanics (55 percent compared to 29 percent and 33 percent, respectively). Only 30 percent of Hispanics and 33 percent of those categorized as Other racial/ethnic groups obtained employer-sponsored insurance compared to 42 percent of White, non-Hispanics and Black, non-Hispanics.
- Overall, reasons provided for disenrollment in fiscal year 2006 are similar to those provided in fiscal year 2004. For fiscal year 2006, the most frequently cited reason for leaving the program was "child switched to Medicaid" (35 percent). This was followed by 30 percent of respondents who indicated that they were ineligible due to their income. Twenty-eight percent of respondents indicated they could not or did not complete the renewal process. Obtaining another insurance policy (27 percent) and ineligibility due to the child's age (15 percent) also were frequently cited reasons for disenrollment.

There are some specific areas in which the results of the fiscal year 2006 disenrollee survey differ from those of the fiscal year 2004 survey. These areas include:

- A higher percentage of Hispanics are disenrolling from CHIP than in the past. Sixty-three percent of those children who disenrolled from CHIP during the time period studied were Hispanic. This can be compared to the 56 percent of disenrollees who were Hispanic who disenrolled during fiscal year 2004.
- The percent of disenrollees who obtained insurance post-disenrollment during fiscal year 2006 (31 percent) is six points lower than the percent of disenrollees who were covered by insurance post-disenrollment in fiscal year 2004 (37 percent). For fiscal year 2006, 45 percent enrolled in Medicaid, 35 percent enrolled in employer-sponsored insurance, and 9 percent enrolled in direct purchase insurance.
- Overall in fiscal year 2006, a higher percentage of Hispanics (74 percent) who disenrolled from CHIP in Texas did not obtain new coverage compared to White, non-Hispanics or Black, non-Hispanics (61 and 57 percent, respectively). The percentage of Hispanics who did not obtain coverage post-disenrollment in 2006 (74 percent) is higher than the percentage of those who did not obtain insurance coverage in 2004 (68 percent).
- Recoding "other" responses for the 2006 survey responses for reason for disenrollment yielded a new category – "difficulties with the enrollment process" – that did not appear

in the 2004 survey responses. Approximately five percent of respondents reported difficulties with the enrollment process in that their paperwork was lost, they had to file paperwork repeatedly, or they completed the enrollment paperwork but never received any follow-up confirmation from the Enrollment Broker.

The Texas Health and Human Services Commission might want to consider the following strategies when developing future policy regarding health insurance for children from low-income families:

- **Increased outreach, coordination, and education efforts with Hispanic families should be considered**. Hispanic children are particularly vulnerable to being uninsured post-disenrollment from CHIP. In addition, Hispanic families are least likely to view having insurance for their children positively compared to other racial/ethnic groups. Outreach efforts should include educating families about the value of primary and preventive care for children.

- **Coordination efforts between CHIP and Medicaid programs should be reviewed**. A small percentage of families indicated that they had no coverage because they were told they qualified for Medicaid but later found out they were not eligible.

- **Strategies to ensure children with special health care needs maintain coverage should be developed**. Twenty-two percent of children disenrolled from CHIP in Texas were identified as having a special health care need.

- **Strategies to encourage parents of healthy children to maintain insurance coverage should be considered.** Healthy children need access to primary and preventive care services. Preventive care, which includes early detection of problems in growth and development, the provision of vaccinations, and other routine screening procedures are of significant health benefit.[27] In addition, there may be financial implications for the program if healthy children continue to disenroll and sicker children remain enrolled.

Appendix A. Multivariate Results for Selected Disenrollee Survey Questions

Difference in the Perception of Quality of Care in Fiscal Year 2004 and Fiscal Year 2006

First Model:

```
logit quality shcn hispanic black other if year==1 | year==2

Iteration 0:   log likelihood = -157.40581
Iteration 1:   log likelihood = -154.41041
Iteration 2:   log likelihood = -154.12465
Iteration 3:   log likelihood = -154.12296
Iteration 4:   log likelihood = -154.12296

Logit estimates                           Number of obs   =        899
                                          LR chi2(4)      =       6.57
                                          Prob > chi2     =     0.1607
Log likelihood = -154.12296               Pseudo R2       =     0.0209

------------------------------------------------------------------------------
     quality |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.5906353   .3565299    -1.66   0.098    -1.289421    .1081505
    hispanic |   .4236173   .3899952     1.09   0.277    -.3407593    1.187994
       black |  -.4179304   .5194599    -0.80   0.421    -1.436053    .6001923
       other |  -.1343793   .6661655    -0.20   0.840     -1.44004    1.171281
       _cons |   3.118867   .3321638     9.39   0.000     2.467837    3.769896
------------------------------------------------------------------------------
```

Second Model:

```
logit quality shcn hispanic black other cshcn06 hispanic06 black06 other06 fy0
> 6 if year==1 | year==2

Iteration 0:   log likelihood = -157.40581
Iteration 1:   log likelihood =   -154.156
Iteration 2:   log likelihood = -153.04732
Iteration 3:   log likelihood = -153.02472
Iteration 4:   log likelihood =  -153.0247

Logit estimates                           Number of obs   =        899
                                          LR chi2(9)      =       8.76
                                          Prob > chi2     =     0.4595
Log likelihood =  -153.0247               Pseudo R2       =     0.0278

------------------------------------------------------------------------------
     quality |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.6887627   .4387504    -1.57   0.116    -1.548698    .1711724
    hispanic |    .434885   .4929639     0.88   0.378    -.5313065    1.401076
       black |  -.6184693   .6004539    -1.03   0.303    -1.795337    .5583988
       other |  -.0742426   .8191285    -0.09   0.928    -1.679705     1.53122
     cshcn06 |   .2378094   .7600447     0.31   0.754    -1.251851     1.72747
  hispanic06 |  -.0823213   .8114458    -0.10   0.919    -1.672726    1.508083
     black06 |    .845359   1.287637     0.66   0.511    -1.678364    3.369082
     other06 |  -.1470168   1.409966    -0.10   0.917      -2.9105    2.616466
        fy06 |   .2758711   .6987255     0.39   0.693    -1.093606    1.645348
       _cons |   3.020693   .4140775     7.29   0.000     2.209116     3.83227
------------------------------------------------------------------------------
```

Difference in Satisfaction with Child's Physician in Fiscal Year 2004 and Fiscal Year 2006

First Model:

```
logit doctor shcn hispanic black other if year==1 | year==2

Iteration 0:   log likelihood = -212.37275
Iteration 1:   log likelihood = -208.64739
Iteration 2:   log likelihood =  -208.2679
Iteration 3:   log likelihood = -208.26586
Iteration 4:   log likelihood = -208.26586

Logit estimates                           Number of obs   =        899
                                  LR chi2(4)      =       8.21
                                  Prob > chi2     =     0.0841
Log likelihood = -208.26586               Pseudo R2       =     0.0193

------------------------------------------------------------------------------
      doctor |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.6894066   .2941487    -2.34   0.019    -1.265927   -.1128856
    hispanic |   .1864275   .3187421     0.58   0.559    -.4382955    .8111505
       black |   .3837519   .5732811     0.67   0.503    -.7398583    1.507362
       other |  -.5270906   .5048033    -1.04   0.296    -1.516487    .4623057
       _cons |   2.787182   .2828149     9.86   0.000     2.232875    3.341489
------------------------------------------------------------------------------
```

Second Model:

```
logit doctor shcn hispanic black other cshcn06 hispanic06 black06  fy06 if yea
> r==1 | year==2

Iteration 0:   log likelihood = -212.37275
Iteration 1:   log likelihood = -207.55947
Iteration 2:   log likelihood = -206.92459
Iteration 3:   log likelihood = -206.91995
Iteration 4:   log likelihood = -206.91995

Logit estimates                           Number of obs   =        899
                                  LR chi2(8)      =      10.91
                                  Prob > chi2     =     0.2071
Log likelihood = -206.91995               Pseudo R2       =     0.0257

------------------------------------------------------------------------------
      doctor |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.6377851   .3833089    -1.66   0.096    -1.389057    .1134866
    hispanic |   .4998385   .3967119     1.26   0.208    -.2777026     1.27738
       black |   .8546758   .7788209     1.10   0.272    -.6717851    2.381137
       other |  -.5072496   .5073321    -1.00   0.317    -1.501602    .4871031
    cshcn06 |  -.1070818   .5998119    -0.18   0.858    -1.282691    1.068528
  hispanic06 |  -.8543295   .6270629    -1.36   0.173     -2.08335    .3746912
    black06 |  -1.222526   1.143439    -1.07   0.285    -3.463625    1.018573
       fy06 |   .7675613   .5543055     1.38   0.166    -.3188575     1.85398
       _cons |   2.516337   .3298586     7.63   0.000     1.869826    3.162848
------------------------------------------------------------------------------
```

Difference in Switching from CHIP to Medicaid in Fiscal Year 2004 and Fiscal Year 2006

First Model:

```
logit medicaid shcn hispanic black other if year==1 | year==2

Iteration 0:   log likelihood = -570.36002
Iteration 1:   log likelihood = -566.08989
Iteration 2:   log likelihood = -566.07264
Iteration 3:   log likelihood = -566.07264

Logit estimates                           Number of obs   =        899
                                          LR chi2(4)      =       8.57
                                          Prob > chi2     =     0.0727
Log likelihood = -566.07264               Pseudo R2       =     0.0075

------------------------------------------------------------------------------
   medicaid |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
------------+-----------------------------------------------------------------
       shcn |   .2434451   .1718454     1.42   0.157    -.0933657    .5802559
   hispanic |   .2935503   .1709059     1.72   0.086     -.041419    .6285197
      black |  -.3318041   .2991363    -1.11   0.267    -.9181005    .2544924
      other |   .0352527   .3332448     0.11   0.916    -.6178951    .6884005
      _cons |  -.9139052   .1532306    -5.96   0.000    -1.214232   -.6135787
------------------------------------------------------------------------------
```

Second Model:

```
logit medicaid shcn hispanic black other cshcn06 hispanic06 black06 other06 fy
> 06 if year==1 | year==2

Iteration 0:   log likelihood = -570.36002
Iteration 1:   log likelihood = -561.53331
Iteration 2:   log likelihood = -561.48165
Iteration 3:   log likelihood = -561.48164

Logit estimates                           Number of obs   =        899
                                          LR chi2(9)      =      17.76
                                          Prob > chi2     =     0.0381
Log likelihood = -561.48164               Pseudo R2       =     0.0156

------------------------------------------------------------------------------
   medicaid |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
------------+-----------------------------------------------------------------
       shcn |   .1476889   .2335245     0.63   0.527    -.3100108    .6053885
   hispanic |    -.127018   .2238335    -0.57   0.570    -.5657236    .3116877
      black |  -.6511593   .3860512    -1.69   0.092    -1.407806    .1054871
      other |  -.3080342   .4329263    -0.71   0.477    -1.156554    .5404858
    cshcn06 |   .2059779   .3480412     0.59   0.554    -.4761703     .888126
  hispanic06 |   .9720719   .3539416     2.75   0.006     .2783592    1.665785
    black06 |   .8047911   .6145747     1.31   0.190    -.3997531    2.009335
    other06 |   .8746691      .6826     1.28   0.200    -.4632023     2.21254
       fy06 |  -.6046194   .3199665    -1.89   0.059    -1.231742    .0225034
      _cons |   -.672727   .1949686    -3.45   0.001    -1.054858   -.2905956
------------------------------------------------------------------------------
```

Difference in Ineligibility due to High Income in Fiscal Year 2004 and Fiscal Year 2006

First Model:

```
logit income shcn hispanic black other if year==1 | year==2

Iteration 0:   log likelihood = -515.44992
Iteration 1:   log likelihood = -510.98814
Iteration 2:   log likelihood = -510.95005
Iteration 3:   log likelihood = -510.95004

Logit estimates                           Number of obs   =        899
                                          LR chi2(4)      =       9.00
                                          Prob > chi2     =     0.0611
Log likelihood = -510.95004               Pseudo R2       =     0.0087

------------------------------------------------------------------------------
      income |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.3336371   .1961995    -1.70   0.089     -.718181    .0509068
    hispanic |  -.2461911   .1756628    -1.40   0.161    -.5904839    .0981017
       black |  -.5810199    .314325    -1.85   0.065    -1.197086    .0350457
       other |  -.7365999   .3941629    -1.87   0.062    -1.509145    .0359452
       _cons |  -.7446163   .1527436    -4.87   0.000    -1.043988   -.4452443
-------------------------------------------------------------------------------
```

Second Model:

```
logit income shcn hispanic black other cshcn06 hispanic06 black06 other06 fy06
>  if year==1 | year==2

Iteration 0:   log likelihood = -515.44992
Iteration 1:   log likelihood = -504.95521
Iteration 2:   log likelihood = -504.77348
Iteration 3:   log likelihood = -504.77342

Logit estimates                           Number of obs   =        899
                                          LR chi2(9)      =      21.35
                                          Prob > chi2     =     0.0112
Log likelihood = -504.77342               Pseudo R2       =     0.0207

------------------------------------------------------------------------------
      income |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.1067397   .2663696    -0.40   0.689    -.6288145    .4153351
    hispanic |   .0922974   .2518644     0.37   0.714    -.4013477    .5859426
       black |  -.1675337   .4096717    -0.41   0.683    -.9704755    .6354081
       other |  -.2160191   .4981077    -0.43   0.665    -1.192292     .760254
     cshcn06 |   -.484338   .3967073    -1.22   0.222     -1.26187     .293194
  hispanic06 |  -.7452528   .3575211    -2.08   0.037    -1.445981   -.0445242
     black06 |  -.8720554   .6493016    -1.34   0.179    -2.144663    .4005523
     other06 |  -1.201677   .8286853    -1.45   0.147     -2.82587    .4225165
        fy06 |   1.029858   .3130698     3.29   0.001     .416252    1.643463
       _cons |  -1.221016   .2211088    -5.52   0.000    -1.654381   -.7876502
------------------------------------------------------------------------------
```

Endnotes

[1] Newacheck, P. W., and B. Starfield. 1988. "Morbidity and Use of Ambulatory Care Services Among Poor and Non-Poor Children." *American Journal of Public Health* 78 (8): 927-933.

[2] The Kaiser Commission on Medicaid and the Uninsured. 2006. *Outreach Strategies for Medicaid and SCHIP: An Overview of Effective Strategies and Activities*. Available at http://www.kff.org/medicaid/upload/7495.pdf.

[3] Woolridge, J., I. Hill, M. Harrington, G. Kenney, C. Hawkes, and J. Haley. 2003. *Interim Evaluation Report: Congressionally Mandated Evaluation of the State Children's Health Insurance Program*. Mathematica Policy Research.

[4] This report is one of three in a series of reports about CHIP enrollees in Texas. One report in the series addresses families' experiences with the application and enrollment processes. A second report focuses on families whose children are pending disenrollment from CHIP due to non-payment of premiums. The third report focuses on the program satisfaction of families whose children have been enrolled in CHIP for 12 months or longer. Each report can be viewed alone or read in conjunction with the others.

[5] American Association of Public Opinion Research. *Standards and Best Practices*. Available at http://www.aapor.org/standards.asp.

[6] Nogle, J., and E. Shenkman. 2004. *The Florida KidCare Evaluation*. Gainesville, Florida: The Institute for Child Health Policy, The University of Florida.

[7] Anarella, J., P. Roohan, E. Balistreri, and F. Gesten. 2004. "A Survey of Medicaid Recipients with Asthma - Perceptions of Self-Management, Access, and Care." *Chest* 125 (4): 1359-1367.

[8] Dick, A. W., C. Brach, R. A. Allison, E. Shenkman, L. P. Shone, P. G. Szilagyi, J. D. Klein, and E. M. Lewit. 2004. "SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare?" *Health Affairs* 23 (5): 63-75.

[9] Coughlin, T.A., S. K. Long, and S. Kendell. 2002. "Health Care Access, Use, and Satisfaction Among Disabled Medicaid Beneficiaries." *Health Care Financing Review* 24 (2): 115-136.

[10] Established enrollees in CHIP are identified by searching enrollment files for children enrolled in CHIP for 12 months or longer. Telephone surveys were conducted from December 2005 through April 2006 with a random sample of families whose children met the preceding criterion. A full description of the sampling and methodology and complete results from the Established Enrollee Survey are contained in a report that will be provided to the Health and Human Services Commission in July 2006.

[11] The established enrollee surveys were designed to detect differences in sociodemographic characteristics and family satisfaction between managed care organizations participating in CHIP. Therefore, the Established Enrollee Survey has a larger sample size than the disenrollee or new enrollee surveys.

[12] Disenrollees in CHIP are identified by searching enrollment files for children enrolled in CHIP for six months or longer and had disenrolled for two months or longer between the time period of December 2005 through April 2006 with a random sample of families whose children met the preceding criterion. A full description of the sampling and methodology and complete results from the Disenrollee Survey are contained in a companion report to this one.

[13] Shenkman, E. *The Impact of SCHIP on Adolescent Health Care*. Funded through a cooperative agreement from the Agency for Healthcare Research and Quality (AHRQ) [# U01 HS10465], and part of the Children's Health Insurance Research Initiative (CHIRI), which is co-funded by AHRQ, the David and Lucile Packard Foundation and the Health Resources Services Administration.

[14] Bethell, C. D., D. Read, R. E. K. Stein, S. J. Blumberg, N. Wells, and P. W. Newacheck. 2002. "Identifying Children With Special Health Care Needs: Development and Evaluation of a Short Screening Instrument." *Ambulatory Pediatrics* 2 (1): 38-48.

[15] Centers for Disease Control and Prevention, National Center for Health Statistics. *National Health Interview Survey*. See http://www.cdc.gov/nchs/nhis.htm for information.

[16] U.S. Census Bureau. 2002. *Current Population Survey: Design and Methodology.* Available at http://www.census.gov/prod/2002pubs/tp63rv.pdf..

[17] Urban Institute. *National Survey of America's Families.* See http://www.urban.org/center/anf/nsaf.cfm for information.

[18] Keeter, S. 1995. "Estimating Telephone Noncoverage Bias with a Telephone Survey." *The Public Opinion Quarterly* 59 (2): 196-217.

[19] STATA 8 Statistical Software for Professionals. http://www.stata.com/.

[20] Newacheck, P. W., D. C. Hughes, Y. Y. Hung, S. Wong, and J. J. Stoddard. 2000. "The Unmet Needs of America's Children." *Pediatrics* 105: 989-997.

[21] Stussman, B. J. 1997. "National Hospital Ambulatory Medical Care Survey: 1995 Emergency Department Summary." *Adv. Data* (285): 1-19.

[22] Johnson, W.G., and M. E. Rimsza. 2004. "The Effects of Access to Pediatric Care and Insurance Coverage on Emergency Department Utilization." *Pediatrics* 113: 483-487.

[23] Shenkman, E., V. Schaffer, and D. Vargas. 2002. *An Analysis of Disenrollment Patterns in the Children's Health Insurance Program in Texas*. Gainesville, Florida: Institute for Child Health Policy. (Available from the Texas Health and Human Services Commission.)

[24] Zuvekas, S., and G. S. Taliaferro. 2003. "Pathways to Access: Health Insurance, The Health Care Delivery System, and Racial/Ethnic Disparities, 1996-1999." *Health Affairs* 22 (2): 139-153.

[25] Doty, M.M., and A. L. Holmgren. 2004. "Unequal Access: Insurance Instability Among Low-Income Workers and Minorities." *Issue Brief (The Commonwealth Fund) (729): 1-6.*

[26] The reference group is the group that serves as the comparison group. For example, using the CSHCN variable, the experiences of children with special needs are compared to those without special needs. The children without special needs constitute the reference group for analyses presented in this report.

[27] Newacheck, P. W., and B. Starfield. 1988. "Morbidity and Use of Ambulatory Care Services Among Poor and Non-Poor Children." *American Journal of Public Health* 78 (8): 927-933.