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

Measurement Period:
December 2005 – April 2006

Prepared by

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Table of Contents

Overview 1
Introduction 3
Methods 6
Sample Selection Procedures 6
Data Sources 7
Measures 7
Survey Data Collection Techniques 8
Data Analysis 9
Results 9
Demographics and Health Status 9
Ease of Enrollment 11
Premiums 13
Usual Source of Care 17
Initial Experiences with CHIP 19
Comparison of Opinions of Caregivers in Fiscal Year 2004 and Fiscal Year 2006 – Multivariate Results 21
Summary and Recommendations 22
Appendix A. Multivariate Results for Selected New Enrollee Survey Questions 25
Endnotes 28

Table of Tables

Table 1. Families' Experiences with the Texas CHIP Application and Enrollment Process 12
Table 2. Respondent Opinion Regarding Premium by Race/Ethnicity 14
Table 3. Respondent Opinion Regarding Premium by Special Health Care Need Status 16
Table 4. New Enrollees' Usual Source of Care 18
Table 5. New Enrollees' Initial Experiences with CHIP 19

Table of Figures

Figure 1. Percentage of Established Enrollees with a Personal Doctor or Nurse by MCO/MCO Site (Using the CAHPS) 5
Figure 2. Comparison of Race and Ethnicity of Children Who Are Newly Enrolled, Have Established Enrollment, and Have Disenrolled From CHIP in Texas during Fiscal Year 2006 10

Overview

Report Title:	The Children's Health Insurance Program in Texas: The New Enrollee Survey Report for Fiscal Year 2006
Prepared by:	The Institute for Child Health Policy University of Florida
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Purpose

The purpose of this report is to provide an analysis of families' experiences in applying to and enrolling in 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 newly enrolled in CHIP;
- ascertain the experiences of those involved in the enrollment process;
- discover new enrollees' opinions and attitudes regarding insurance premiums;
- determine the usual source of health care immediately upon entering; and
- identify the impact of policy changes implemented since fiscal year 2004 on families' experiences applying to and enrolling in CHIP in Texas.

Summary of Findings

- Fifty-six percent of the new enrollees were Hispanic, indicating CHIP continues to be an important resource for minority families.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee 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:
    - In fiscal year 2006, 95 percent of families thought the application process was convenient, and 94 percent reported the application was easy to understand. In fiscal year 2004, 95 percent of families thought the application process was convenient and easy to understand.
    - In fiscal year 2006, about 23 percent of families reported they would have problems paying the premium at least "every couple of months." In the survey for fiscal year 2004, about 25 percent of families reported problems paying the premium with a similar frequency.
    - In fiscal year 2006, 83 percent of respondents reported their child had a personal doctor or nurse. This is similar to the 82 percent of respondents who reported their child had a usual source of care in fiscal year 2004. In fiscal year 2006, 59 percent reported their child had the same personal doctor or nurse before they enrolled in CHIP in Texas, indicating a high rate of continuity of care.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey differ from that of the fiscal year 2004 survey. These areas include:
    - Almost 25 percent of newly enrolled children had special health care needs. This is higher than the 18 percent identified in the fiscal year 2004 new enrollee survey and is also higher than expected, based on general population estimates (about 12 percent of the general childhood population in Texas have special health care

needs). The population estimate is based on parent report using the Children with Special Health Care Needs (CSHCN) Screener.
  - Twelve percent of respondents indicated that from the time they submitted their children's applications up until the time they received coverage was over three months, and 68 percent of families stated they were kept informed of the status of their children's applications while awaiting coverage. This is a substantial improvement over the 22 percent of respondents in the fiscal year 2004 survey who reported their application took over three months to process.
  - For fiscal year 2006, 96 percent of newly enrolled families indicated they were either "satisfied" or "very satisfied" with the benefits offered through CHIP in Texas. While this is only four percent higher than the 92 percent of respondents who reported satisfaction with benefits in the survey conducted in fiscal year 2004, the improvement is significant.

EQRO Recommendations

- **Monitor care of children with special health care needs in the program**. A higher percentage of children with special health care needs are enrolling in the program than what one might expect based on state estimates (almost 25 percent among new enrollees compared to 12 percent in the general Texas population). Also, the percentage of new enrollees with special health care needs appears to be increasing. While the findings for this survey indicate almost 25 percent of new enrollees have special health care needs per parent report, a previous new enrollee survey conducted in fiscal year 2004 indicated 18 percent of new enrollees had special health care needs. Based on the finding that an increasing number of children with special health care needs are enrolling, the State's initiative to monitor the quality of care for these children is timely.

- **Consider implementing outreach strategies to encourage families whose children are healthy to enroll in the program**. Health insurance is an important foundation for ensuring access to care for important services such as preventive care visits and acute care. All children need access to these types of care, not only those with special needs.

- **Texas might want to consider a survey of families who apply for coverage but their children do not become enrolled.** While the new enrollee survey results are very positive and show little change from fiscal year 2004 to fiscal year 2006, they reflect the experiences of those who were successful in obtaining coverage. Surveys of those who apply but do not obtain coverage may provide important insights into potential barriers to enrollment. Given the declining enrollment in CHIP in Texas, this type of survey might be very valuable.

- **Strategies to assist parents who can not afford co-payment fees or a restructuring of the co-payment schedule should be considered.** When surveyed three months post-enrollment, 17 percent of families reported they did not seek medical care for their child because of the money they would have to pay at the time of the visit. Strategies should be developed to educate families regarding the consequences of forgoing medical care and the co-payment structure used in the program.

- **Monitor disenrollment related to failure to pay premiums.** While the majority of families thought the premium price was fair, 23 percent of respondents reported they would have difficulty paying the premium on a regular basis. Ongoing monitoring is needed to determine if decreasing enrollment is related to disenrollment due to failure to pay premiums.

Introduction

The State Children's Health Insurance Program (SCHIP) was established in 1997 to provide federal matching funds to states for coverage of children and some parents with incomes too high to qualify for Medicaid but for whom private health insurance was either unavailable or unaffordable. Covering approximately 5 million children, SCHIP has played a vital role in reducing the number of uninsured children in America.[1] Historically, the state of Texas has been successful in reducing the number of uninsured children living in Texas by enrolling children in SCHIP. In the first year of operation, the Children's Health Insurance Program (CHIP) in Texas enrolled over 300,000 children. By the second year, it covered over half a million children.

However, due to planned changes in the federal funding for SCHIP and other budgetary concerns, Texas along with other states enacted changes to their SCHIP initiatives in an effort to reduce costs. During fiscal year 2004, Texas implemented several changes that included decreasing the continuous coverage period from 12 months to 6 months, newly required CHIP premium payments for families between 101 and 150 percent of the Federal Poverty Level (FPL), increasing premium payments for families above 150 percent of FPL, cost-sharing for families below 185 percent of FPL, elimination of income deductions for items such as child care costs, and implementing a 90-day waiting period for coverage. After these changes were implemented, the number of children enrolled in CHIP in Texas declined by about 29 percent from September 2003 to July 2004. This decline was due to both a reduction in enrollment and an increase in disenrollment.[2]

In an effort to understand the experiences of families during the application and enrollment process and to determine if there were any barriers to enrollment in CHIP, the Texas Health and Human Services Commission (HHSC) contracted with the Institute for Child Health Policy (ICHP) to evaluate new enrollees' experiences. The results of this evaluation are available in a report titled "Child Health Insurance Program in Texas: The New Enrollee Survey Report for SFY 04." There have been several major policy changes implemented since the fiscal year 2004 report. The major changes that have occurred since the last new enrollee survey was conducted include:

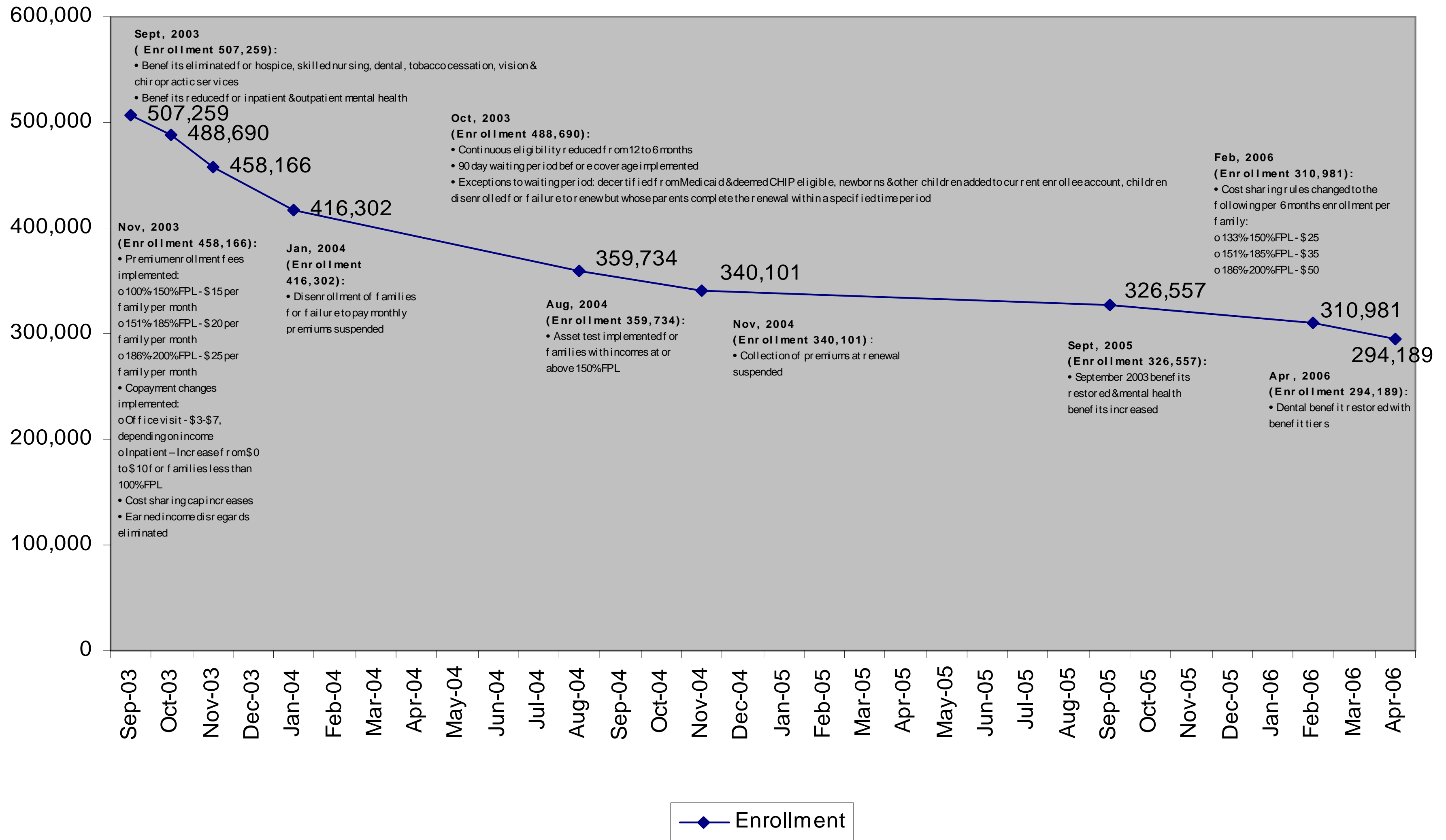
- asset testing for children of families with incomes at or above 150 percent of FPL;
- change to collecting the first month's premium on initial enrollment but not at renewal;
- restoration of benefits, including hospice care services, skilled nursing care, tobacco cessation programs, vision care, chiropractic services, and behavioral health services;
- increased behavioral health benefits, including increases in inpatient and outpatient mental health benefits, increases in inpatient and outpatient substance abuse benefits, and the addition of medically necessary inpatient detoxification/stabilization services; and
- reinstatement of the collection of cost sharing obligations for families using the following criteria:
    - families at 133-150 percent of FPL paying $25 per six-month enrollment period per family;
    - families at 151-185 percent of FPL paying $35 per six-month enrollment period per family; and
    - families at 186-200 percent of FPL paying $50 per six-month enrollment period per family.

After these additional policy changes were implemented, the number of children enrolled in CHIP in Texas declined an additional 18 percent from 359,734 in August of 2004 to 294,189 in April of 2006. **Figure 1** summarizes major CHIP in Texas policy changes from September 2003 though April 2006

and provides information regarding program enrollment when these policy changes were implemented.

Figure 1. Percentage of Established Enrollees with a Personal Doctor or Nurse by MCO/MCO Site (Using the CAHPS)

Texas Title XXI Enrollment and Major Program Changes



The purpose of this report is to provide an analysis of families' experiences in applying to and enrolling in 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 newly enrolled in CHIP;
- ascertain the experiences of those involved in the enrollment process;
- discover new enrollees' opinions and attitudes regarding insurance premiums;
- determine the usual source of health care immediately upon entering; and
- identify the impact of policy changes implemented since fiscal year 2004 on families' experiences applying to and enrolling in CHIP in Texas.

Methods

Sample Selection Procedures

A random sample of families with children enrolled in CHIP in Texas was selected to participate in the new enrollee survey using the following criteria:

1) the child had to have been enrolled in CHIP in Texas for three months or less and
2) the child was not enrolled in CHIP in Texas in the previous fiscal year.

A target was set of 400 completed telephone surveys with families of new enrollees. This sample size was selected to provide a reasonable confidence interval for the survey responses. The new enrollee 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.[3] The "true" response is the response that would be obtained if there were no measurement error.

The University of Florida Health Sciences Center Institutional Review Board (HSC-IRB) reviewed the External Quality Review Organization (EQRO) 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 1,224 families with children who were newly enrolled in CHIP in Texas. Twenty-five percent of families could not be located, and of those located, 17 percent refused to participate. The response rate was 69 percent and the cooperation rate was 80 percent.[4] These contact, refusal, response, and participation rates are comparable to those obtained by other states and surveys of low-income families in Medicaid and in SCHIP.[5,6,7,8] There were 400 completed surveys.

The respondents (individuals interviewed) did not significantly differ from the non-respondents (individuals who were not sampled or interviewed) in terms of child race/ethnicity, gender, age, family income, or child health status. 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 group of new enrollees.

Data Sources

Three categories of data were used in these analyses. The first category of data included administrative data to identify new enrollees and the new enrollee telephone survey data. Specifically, the 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 new enrollee telephone survey. The telephone survey data obtained from families of children newly enrolled in SCHIP for three months or less also were 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 disenrollees 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 newly enrolled in CHIP in Texas and those who were continuously enrolled. These surveys were conducted from December 2005 through April 2006.[9,10] Also included in the second category of data were telephone survey data collected from families whose children disenrolled from CHIP in Texas. Disenrollee 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.[11]

The third category of data included telephone survey data obtained from families of children newly enrolled in SCHIP 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 newly enrolled during fiscal year 2006 and families who were newly enrolled during fiscal year 2004. Results from this survey data are referred to as the "fiscal year 2004 new enrollee survey" throughout this report.

Measures

The New Enrollee Survey is comprised of the following sections: 1) a household listing table, 2) a series of questions about families' satisfaction with the application and enrollment process, 3) the child's usual source of pediatric health care, 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 new enrollees during fiscal year 2004; however, some survey questions were eliminated to assist in decreasing survey administration time and increase enrollee response rates.

The household listing table was originally developed 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.[12,13] The question series has been used in over 30,000 surveys conducted with families of child Medicaid recipients and CHIP enrollees in Texas, Florida, and New Hampshire.

The questions about families' satisfaction with the application and enrollment process were developed by ICHP and the Children's Health Insurance Research Initiative (CHIRI), which is funded by the Agency for Health Care Research and Quality (AHRQ).[14] 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 over 10,000 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 based on parent report 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.[15] The child was considered to have a special health care need if 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,[16] the Current Population Survey,[17] and the National Survey of America's Families.[18] On average, the entire telephone survey takes 29 minutes to complete.

For most items, families were given the option to indicate they did not know the answer. They also were given the choice to refuse to answer any particular item. The percentage of respondents indicating they did not know an answer or refused 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 survey 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, he/she coded the response 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, these were re-coded into pre-existing categories, or when there were a sufficient number of consistent responses to do so, new categories were created. 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

Advance letters written in both English and Spanish were sent to all potential participants in the sample, explaining the purpose of the study and requesting their participation. The Bureau of Economic and Business Research (BEBR) at the University of Florida conducted the telephone surveys using computer-assisted-telephone-interviewing (CATI). Calls were made from 10 a.m. Central Time to 9 p.m. Central Time, 7 days a week. BEBR utilized the Sawtooth Software System to handle telephone calls. The system rotated calls throughout the morning, afternoon, and evening to maximize the likelihood of reaching the families. Calls were conducted with staff fluent in both English and Spanish. Of the 400 completed survey interviews, 63 (16 percent) were conducted in Spanish.

A minimum of 35 attempts were made to reach a family, and if the family was not reached after that time, the software system selected the next individual on the list. Incorrect phone numbers were sent to a company that specializes in locating individuals. Any updated information was loaded back into the software system, and attempts were made to reach the family 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 in Texas for three months or less.

Some researchers are concerned that telephone surveys are biased in that they do not include responses from populations that do not have phones. This is an important issue with the families of CHIP enrollees who may not have telephone service due to low incomes. One study 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.[19] 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.

Six percent of new enrollee survey respondents reported their household had not had a phone in the past six months. Seventy-two percent of these respondents reported they were without telephone service due to cost. The percentage of new enrollee survey respondents who reported transient phone service can be compared to the percentage of established enrollee and disenrollee survey respondents who reported interruptions in phone service. Five percent each of those responding to the established enrollee and the disenrollee surveys reported their household had been without telephone service in the past six months. Chi-square testing indicates there is no significant difference between the percentages for these three groups ($X^2 = 6.53$, $p=0.366$). Chi-square testing also indicates no significant difference among new enrollees who had interrupted telephone service in terms of race/ethnicity ($X^2 = 6.84$, $p=0.336$).

Data Analysis

Descriptive statistics and Chi-square tests are used in this report and are calculated using STATA Version 8. [20] Descriptive results for each survey question are provided to HHSC.

Results

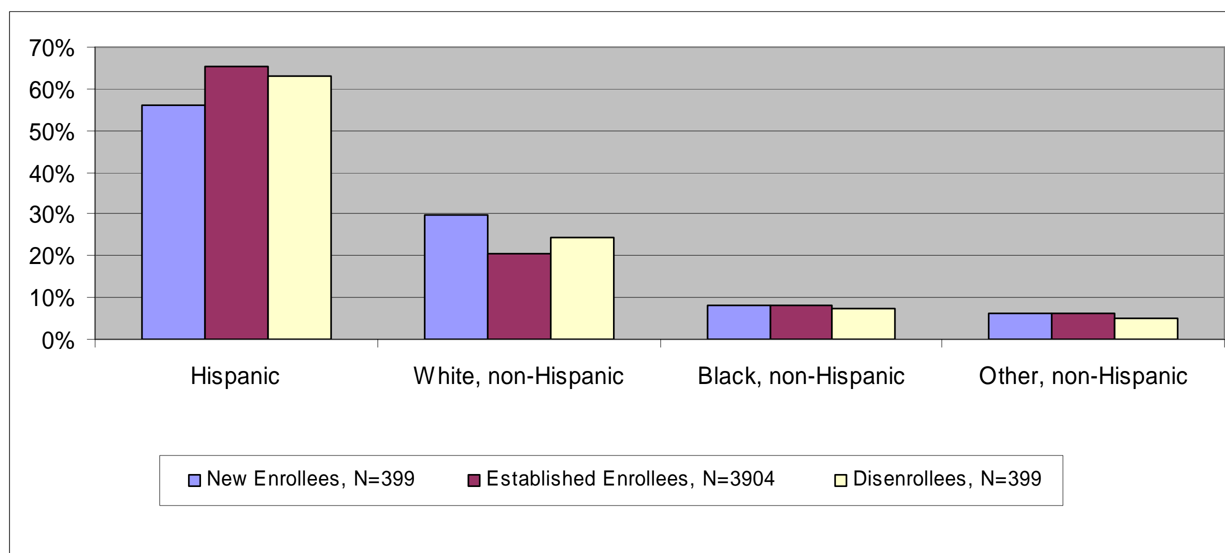
Demographics and Health Status

Figure 2 provides information on the race and ethnicity of the children who were:

1. newly enrolled,
2. have established enrollment (enrolled for 12 months or longer), or
3. have disenrolled from CHIP in Texas during fiscal year 2006.

Among newly enrolled children, 56 percent were Hispanic, 30 percent were White, non-Hispanic, 8 percent were Black, non-Hispanic, and the remaining 6 percent represented Other racial/ethnic groups, non-Hispanic. There is some variation in overall distribution of race and ethnicity for the three groups surveyed. There are more Hispanics among the established enrollee and disenrollee groups compared to the new enrollee group. There also are more White, non-Hispanic respondents among the new enrollee group compared to the established enrollee and disenrollee groups. 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 Are Newly Enrolled, Have Established Enrollment, and Have Disenrolled From CHIP in Texas during Fiscal Year 2006



The mean age of children who were newly enrolled was 9.3 years (±4.70). This is slightly older than the average age of new enrollees in the fiscal year 2004 report (7.5 years (±4.99)). A slight majority of new enrollees (54 percent) were male. This is consistent with membership enrollment data.

Thirty percent of the families reported they were single-parent households. This is similar to the 33 percent of established enrollee households that are headed by a single parent and the 27 percent of disenrollee single parent households. Statistical testing indicates there is not a significant difference between the household characteristics of these three groups ($X^2=10.78$, $p=0.214$).

The CSHCN Screener was used to identify the presence of special health care needs among the children who were newly enrolled using parent report. Almost 25 percent of newly enrolled children were identified as having a special health care need. This is higher than the 18 percent of children reported to have a special health care need by parents responding to the new enrollee survey in fiscal year 2004. It is also higher than the 16 percent of children reported to have a special health care need by parents responding to the new enrollee survey in fiscal year 2002. Statistical testing shows there is a significant difference between the percentage of children with special health care needs in fiscal year 2004 and fiscal year 2006 ($X^2=6.50$, $p=0.011$).

Based on these data, it appears that a higher percentage of children with special health care needs may be enrolling in CHIP in Texas than were enrolling in previous years. Also, it appears that new enrollees in CHIP in Texas comprise a higher percentage of CSHCN than might be expected based on national population estimates. Using the CSHCN Screener, it has been estimated the national percentage of children with special health care needs is 12.8 percent.[21] Furthermore, the National Survey of Children with Special Health Care Needs 2001, which identifies children using the CSHCN Screener, estimated that 12.02 percent of children in Texas have a special health care need.[22] This higher percentage could be due to "adverse selection," a phenomenon whereby families who know their children have a higher risk for using health

care services purchase insurance; whereas, those who have a below-average risk for using health care services may decide it is too expensive to be worth buying.

Ease of Enrollment

The Balanced Budget Act of 1997 requires states to develop a child health plan which includes "outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs to inform these families of the availability of, and to assist them in enrolling their children in, such a program."[23] Additionally, the Centers for Medicare and Medicaid Services (CMS) has encouraged states to simplify application and enrollment processes to ensure as many eligible children as possible obtain health insurance coverage.

Table 1 provides information regarding the respondent's enrollment experience in CHIP in Texas. Overall, respondents expressed satisfaction with the enrollment process. Also, respondents' satisfaction levels were similar to those reported in fiscal year 2004. Ninety-four percent of respondents perceived the application was easy to understand. This is similar to the 95 percent of respondents who reported the application was easy to understand in the previous survey. Ninety-five percent of families agreed the mail-in application process was convenient for surveys conducted in both fiscal years 2004 and 2006. Also, 90 percent of new enrollees who used the toll-free number for assistance reported they could reach someone easily, and 82 percent of respondents who called the number perceived the person who answered as either "helpful" or "very helpful." This is comparable to fiscal year 2004 in which 93 percent of new enrollees who used the toll-free number perceived they could reach someone easily, and 84 percent of respondents who called the number characterized the person who answered as "helpful."

Twelve percent of families reported their applications took over three months to process. This is substantially less than the 22 percent of respondents in the fiscal year 2004 survey who reported their application took over three months to process. For fiscal year 2006, the majority of families (68 percent) stated they were kept informed of the status of their child's application while awaiting coverage.

In fiscal year 2006, there was some improvement over the length of time elapsing from application to coverage; however, the time frames still fall short of those reported by survey respondents who participated in surveys conducted in 2000 and 2002. In the fiscal year 2006 survey, 50 percent of respondents reported the time elapsed between application and coverage was one month or less. This can be compared to the 44 percent of families that reported they had received coverage in a month's time or less for the fiscal year 2004 survey. Sixty percent of families reported the time elapsed between application and coverage was one month or less in 2000, and 58 percent of families reported they received coverage within one month in 2002. These differences could be attributed to enrollment and application policy changes implemented by the Texas Legislature in September 2003. These changes included implementing a 90-day waiting period for coverage, which probably served to lengthen the application process.

Table 1. Families' Experiences with the Texas CHIP Application and Enrollment Process

Category	N=400	Percent
How long did it take from the time you submitted the application until the time your child received insurance coverage?		
Two weeks or less	53	13.25
Three weeks	39	9.75
One month	107	26.75
Over one month but less than two months	42	10.50
Two months	44	11.00
Over two months but less than 3 months	16	4.00
Three months	37	9.25
Over three months	48	12.00
Don't know	12	3.00
Refused	2	0.50
Would you say you were kept informed about the status of your child's application while you were awaiting coverage?		
Yes	272	68.00
No	119	29.75
Don't Know	8	2.00
Refused	1	0.25
Would you say the application was easy to understand?		
Strongly Agree	137	34.25
Agree	240	60.00
Disagree	14	3.50
Strongly Disagree	2	0.50
Don't Know	6	1.50
Refused	1	0.25
How much of a problem was it for you to provide a Social Security Number for your child's application?		
A big problem	1	0.25
A small problem	13	3.25
Not a problem	385	96.25
Don't Know	1	0.25
Refused	0	0.00
Would you say the mail-in process was convenient?		
Strongly Agree	144	36.00
Agree	237	59.25
Disagree	6	1.50
Strongly Disagree	6	1.50
Don't Know	4	1.00
Refused	3	0.75

Table 1. Families' Experiences with the Texas CHIP Application and Enrollment Process (Continued)

Category	N=400	Percent
Did you use the toll-free number for assistance?		
Yes	294	73.50
No	104	26.00
Don't Know	1	0.25
Refused	1	0.25
Were you able to reach someone at the toll-free number easily? (N=294)		
Yes	265	90.14
No	26	8.84
Don't Know	3	1.02
Refused	0	0.00
When you spoke to the person at the toll-free number would you say they were… (N=294)		
Very helpful	140	47.62
Helpful	102	34.69
Somewhat helpful	37	12.59
Not helpful at all	12	4.08
Don't Know	2	0.68
Refused	1	0.34

Premiums

There have been several policy changes regarding premiums for CHIP in Texas. During fiscal year 2004, Texas eliminated the annual enrollment fees and newly required CHIP premium payments for families between 101 and 150 percent FPL and increased premium payments for families above 150 percent FPL. Early in fiscal year 2005, collection of monthly premiums was suspended. Also, in fiscal year 2006 during the administration of this new enrollee survey, cost sharing obligations for families were reinstated on a sliding fee scale.

Table 2 contains respondent opinions regarding premiums associated with CHIP in Texas. Eighty-nine percent of respondents of new enrollees perceived the premium amount was just about right; however, 11 percent of respondents anticipated having difficulty paying the premium every month, and 13 percent of respondents reported they would have difficulty paying the premium every couple of months. Respondents indicated they wanted to contribute financially for their child's health care coverage. Ninety-three percent replied they felt better paying part of the cost of their child's health care coverage while 97 percent indicated paying the premium provided them with peace of mind knowing their child had health care coverage.

Despite changes in premium policies, respondents to the 2006 survey expressed similar opinions to those expressed by respondents to the 2004 survey. While 89 percent of the respondents in 2006 perceived the premium amount was just about right, 88 percent of respondents in 2004 perceived the premium amount to be appropriate. Ninety-four percent of respondents in 2004 and 93 percent of respondents in 2006 reported they felt better paying part of the cost of their child's health care coverage. While 97 percent of respondents to the 2006 survey reported paying the premium provided them with peace of mind regarding their child's

health care coverage, 98 percent of respondents to the 2004 survey indicated paying a premium gave them peace of mind.

Respondent opinions about premiums were also analyzed to see if there were differences in opinions among racial/ethnic groups. Results from the majority of the premium questions revealed that opinions among the racial/ethnic groups were similar. However, two categories indicated notable differences. Forty-six percent of Hispanics and 43 percent of respondents representing Other racial/ethnic groups perceived paying for premiums sometimes seemed to be a waste of money because their children were healthy compared to 12 percent of White, non-Hispanic and 18 percent of Black, non-Hispanic respondents. Statistical testing indicates there is a significant difference between the attitudes towards paying premiums among the racial/ethnic groups (X^2 =66.24, p=0.000). These results are similar to results presented in the fiscal year 2004 new enrollee report.

Table 2. Respondent Opinion Regarding Premium by Race/Ethnicity

Category	Total N=400	Hispanic N=228	White, non-Hispanic N=116	Black, non-Hispanic N=33	Other, non-Hispanic N=23
In your opinion, was the premium:					
About the right amount	88.50	90.79	87.07	87.88	73.91
Too much	4.75	3.07	4.31	9.09	17.39
Too little	4.50	4.39	5.17	3.03	4.35
Don't Know	1.75	1.32	2.59	0.00	4.35
Refused	0.50	0.44	0.86	0.00	0.00
How often, if at all, was paying the amount difficult for you financially?*					
Almost every month	10.50	12.67	8.11	10.00	0.00
Every couple of months	12.60	11.76	12.61	6.67	31.58
Rarely	23.36	21.27	26.13	33.33	15.79
Never was paying difficult	45.41	47.06	44.14	50.00	26.32
Don't Know	5.25	4.07	5.41	0.00	26.32
Refused	2.89	3.17	3.60	0.00	0.00
Paying a premium is well worth it for the care and coverage my child is getting in return.					
Strongly Agree	73.00	69.74	77.56	81.82	69.57
Somewhat Agree	23.25	27.19	18.10	12.12	26.09
Somewhat Disagree	0.75	0.00	1.72	0.00	4.35
Strongly Disagree	0.75	0.88	0.00	3.03	0.00
Don't Know	1.25	0.88	1.72	3.03	0.00
Refused	1.00	1.32	0.86	0.00	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 381 respondents (221 Hispanic, 111 White, non-Hispanic, 30 Black, non-Hispanic, and 19 Other, non-Hispanic) answered this question.

Table 2. Respondent Opinion Regarding Premium by Race/ Ethnicity (Continued)

Category	Total N=400	Hispanic N=228	White, non-Hispanic N=116	Black, non-Hispanic N=33	Other, non-Hispanic N=23
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	17.04	24.67	6.03	3.03	17.39
Somewhat Agree	16.79	21.59	6.03	15.15	26.09
Somewhat Disagree	14.04	10.57	18.97	24.24	8.70
Strongly Disagree	47.12	36.12	66.38	57.58	43.48
Don't Know	3.01	3.52	2.59	0.00	4.35
Refused	2.01	3.52	0.00	0.00	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	73.50	72.81	75.00	78.79	65.22
Somewhat Agree	19.75	20.61	18.97	18.18	17.39
Somewhat Disagree	2.25	2.19	2.59	0.00	4.35
Strongly Disagree	1.75	1.75	0.86	3.03	4.35
Don't Know	1.75	1.75	0.86	0.00	8.70
Refused	1.00	0.88	1.72	0.00	0.00
Paying the premium was worth the peace of mind I had knowing my child had health care coverage.					
Strongly Agree	86.75	86.40	87.07	90.91	82.61
Somewhat Agree	10.00	9.65	10.34	9.09	13.04
Somewhat Disagree	0.75	0.88	0.86	0.00	0.00
Strongly Disagree	0.50	0.88	0.00	0.00	0.00
Don't Know	1.25	1.32	0.86	0.00	4.35
Refused	0.75	0.88	0.86	0.00	0.00

Respondent opinions about premiums were also analyzed to see if there were differences in opinions among respondents with children with special health care needs compared to respondents with children with no reported special health care need. There were differences in opinions between the groups for each question with a slightly higher percentage of respondents with CSHCN responding to questions in a manner indicating they placed a higher value on insurance coverage for their children. For example, 93 percent of respondents with CSHCN perceived the premium amount was just about right compared to 87 percent of respondents with children without a special health care need. Also, 99 percent of respondents with CSHCN reported paying the premium was worth it for care and coverage their child was getting in return compared to 95 percent of respondents who reported no special health care need for their child. Ninety-six percent of respondents with CSHCN responded they were happy to pay the premium because they felt better paying part of the cost for their child’s health care coverage compared to 92 percent of respondents who did not have CSHCN. However, the differences were statistically significant in only one category. Thirty-seven percent of respondents with children who did not have a special health care need perceived paying for premiums sometimes seemed

to be a waste of money because their children were healthy as compared to 23 percent of respondents who reported their child had a special health care need (X^2 =15.25, p=0.009).

Table 3. Respondent Opinion Regarding Premium by Special Health Care Need Status

Category	Total N=400	No Special Health Care Need N=301	Children with Special Health Care Need N=99
In your opinion, was the premium:			
About the right amount	88.50	87.04	92.93
Too much	4.75	5.32	3.03
Too little	4.50	4.98	3.03
Don't Know	1.75	1.99	1.01
Refused	0.50	0.66	0.00
How often, if at all, was paying the amount difficult for you financially?*			
Almost every month	10.50	9.82	12.50
Every couple of months	12.60	14.04	8.33
Rarely	23.36	23.16	23.96
Never was paying difficult	45.41	43.51	51.04
Don't Know	5.25	5.61	4.17
Refused	2.89	3.86	0.00
Paying a premium is well worth it for the care and coverage my child is getting in return.			
Strongly Agree	73.00	71.43	77.78
Somewhat Agree	23.25	23.92	21.21
Somewhat Disagree	0.75	1.00	0.00
Strongly Disagree	0.75	0.66	1.01
Don't Know	1.25	1.66	0.00
Refused	1.00	1.33	0.00
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	17.04	19.00	11.11
Somewhat Agree	16.79	18.33	12.12
Somewhat Disagree	14.04	15.00	11.11
Strongly Disagree	47.12	41.67	63.64
Don't Know	3.01	3.67	1.01
Refused	2.01	2.33	1.01

*The second question was only asked to respondents who did not think the premium is “Too much.” As a result, a total of 381 respondents (285 in the “No Special Health Care Need” category and 96 in the “Children with Special Health Care Need” category) answered this question.

Table 3. Respondent Opinion Regarding Premium by Special Health Care Need Status (Continued)

Category	Total N=400	No Special Health Care Need N=301	Children with Special Health Care Need N=99
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	73.50	72.09	77.78
Somewhat Agree	19.75	20.27	18.18
Somewhat Disagree	2.25	2.66	1.01
Strongly Disagree	1.75	1.99	1.01
Don't Know	1.75	1.99	1.01
Refused	1.00	1.00	1.01
Paying the premium was worth the peace of mind I had knowing my child had health care coverage.			
Strongly Agree	86.75	85.38	90.91
Somewhat Agree	10.00	10.63	8.08
Somewhat Disagree	0.75	1.00	0.00
Strongly Disagree	0.50	0.66	0.00
Don't Know	1.25	1.66	0.00
Refused	0.75	0.66	1.01

Information was also sought from family members regarding how co-pay affected care-seeking and if there were differences among parents who had children with special health care needs. Seventeen percent of new enrollees (69 respondents) did not seek care since joining CHIP in Texas due to co-pay. Of that 17 percent, 80 percent (55 respondents) indicated their child did not have a special health care need and 20 percent (14 respondents) indicated their child had a special health care need. This indicates co-pay may have an impact upon the care-seeking behaviors of parents of children with special needs.

Usual Source of Care

Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[24, 25] Other benefits of a usual source of care include early detection of health care problems and reduced costs of care.[26] Some studies have also suggested an identified usual source of care can reduce emergency department visits.[27, 28]

Information is presented in this section using questions from the CAHPS about the presence of a personal doctor or nurse as a usual source of care. Overall, 83 percent of respondents reported their child has a personal doctor or nurse (See **Table 4**).

Table 4 also provides a breakdown of the type of health care provider named as a personal doctor or nurse. Eighty-three percent of respondents whose children had a personal doctor or nurse reported the provider was a general doctor. The category "general doctor" includes both family doctors and pediatricians. Eleven percent of respondents reported their child's personal

doctor or nurse was a specialty physician. Five percent of respondents indicated their child's personal doctor or nurse was a physician's assistant or a nurse.

Respondents who reported their children had a personal doctor or nurse also provided information on the length of time their child had been seen by this person. A high percentage of respondents reported longevity with their child's provider. Twenty-five percent of respondents reported their child had been with this personal doctor or nurse for over five years while 25 percent of respondents reported seeing their child's doctor for two to five years.

Table 4. New Enrollees' Usual Source of Care

Category	N=400	Percent
Do you have one person you think of as your child's personal doctor or nurse?		
Yes	333	83.25
No	62	15.50
Don't Know	3	0.75
Refused	2	0.50
Is this person a general doctor, a specialist doctor, a physician's assistant or a nurse? (N=333)		
General doctor (Family practice or general pediatrician)	276	82.88
Specialist doctor	37	11.11
Physician's assistant	13	3.90
Nurse	3	0.90
Don't Know	4	1.20
Refused	0	0.00
How many months or years has your child been going to your personal doctor or nurse? (N=333)		
Less than 6 months	73	21.92
At least 6 months but less than 1 year	37	11.11
At least 1 year but less than 2 years	48	14.41
At least 2 years but less than 5 years	84	25.23
Five years or more	83	24.92
Don't Know	6	1.80
Refused	2	0.60
Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse? (N=333)	8.95 ($\pm$1.52)	
Did your child have the same personal doctor or nurse before you joined this health plan? (N=333)		
Yes	196	58.86
No	136	40.84
Don't Know	1	0.30
Refused	0	0.00

Table 4. New Enrollees' Usual Source of Care (Continued)

Category	N=400	Percent
Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with? (N=204)		
A big problem	22	10.78
A small problem	35	17.16
Not a problem	144	70.59
Don't Know	2	0.98
Refused	1	0.49

Initial Experiences with CHIP

Overall, respondents for children newly enrolled in CHIP in Texas report positive initial experiences with the program (See **Table 5**). Sixty percent of families reported they were able to choose their child's health plan. This is comparable to the 56 percent that reported they were able to choose their health plan in the fiscal year 2004 report. In some areas of the state, only one health plan is available, so those families would not have a choice. Sixty percent of newly enrolled families received written materials from their selected/assigned health plan, which is slightly less than the 70 percent who reported they received written materials in the 2004 survey. Respondents with children newly enrolled in CHIP in Texas continue to be satisfied with the program. Ninety-six percent of newly enrolled families indicate they were either "very satisfied" or "satisfied" with the benefits offered through CHIP in Texas. This is slightly higher than the 92 percent of respondents in the 2004 survey who reported they were satisfied with benefits. Statistical testing indicates this difference is significant (X^2 =7.87, p=0.005).

Table 5. New Enrollees' Initial Experiences with CHIP

Category	N=400	Percent
Did you choose your child's HMO or Health Plan or was it assigned to you?		
Chose own HMO/Health Plan	240	60.00
HMO/ Health Plan assigned to me	139	34.75
Don't Know	17	4.25
Refused	4	1.00
Have you received your membership card yet?		
Yes	338	84.50
No	58	14.50
Don't Know	3	0.75
Refused	1	0.25

Table 5. New Enrollees' Initial Experiences with CHIP (Continued)

Category	N=400	Percent
About how long after you applied did you receive your card? (N=338)		
Two weeks or less	62	18.34
Three weeks	47	13.91
One month	83	24.56
Over one month but less than two months	35	10.36
Two months	39	11.54
Over two months but less than 3 months	20	5.92
Over three months	37	10.95
Don't Know	12	3.55
Refused	3	0.89
Have you received other written materials from CHIP in Texas or the insurance company?		
Yes	240	60.00
No	156	39.00
Don't Know	3	0.75
Refused	1	0.25
About how long after you applied did you receive this material? (N=240)		
Two weeks or less	57	23.75
Three weeks	26	10.83
One month	62	25.83
Over one month but less than two months	18	7.50
Two months	29	12.08
Over two months but less than 3 months	8	3.33
Over three months	24	10.00
Don't Know	15	6.25
Refused	1	0.42
Since joining CHIP in Texas did you not seek medical care for your child because of the money that you would have been required to pay at the time of the visit?		
Yes	69	17.25
No	321	80.25
Don't Know	7	1.75
Refused	3	0.75
Has your child been seen by a CHIP in Texas provider since you joined the program?		
Yes	272	68.00
No	121	30.25
Don't Know	6	1.50
Refused	1	0.25

Table 5. New Enrollees' Initial Experiences with CHIP (Continued)

Category	N=400	Percent
How many times has your child been seen by a provider since you joined the program? (N=272)		
One	59	21.69
Two – three	106	38.97
Four – nine	72	26.47
Ten – twelve	9	3.31
Thirteen or more	16	5.88
Don't Know	10	3.68
Refused	0	0.00
In general, how satisfied are you with the CHIP in Texas benefits?		
Very Satisfied	206	51.50
Satisfied	178	44.50
Dissatisfied	8	2.00
Very Dissatisfied	5	1.25
Don't Know	2	0.50
Refused	1	0.25

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

Several major policy changes were implemented in CHIP in Texas since the new enrollee survey was conducted during fiscal year 2004. In order to assess whether policy changes implemented in the interim have had an impact on the perceptions of caregivers of new enrollees, multivariate analyses were conducted, controlling for child health and sociodemographic characteristics.

The following outcome variables were analyzed: perception that insurance was a waste of money because the child is usually healthy and satisfaction with CHIP in Texas benefits. These outcome variables were selected because they reflected two areas that were influenced by policy changes in the time period between the two surveys: an increase in cost sharing and changes in the benefit package. These outcome variables were constructed as binary variables with two possible outcomes:

(1) a perception that insurance was a waste of money (i.e., waste = 1), if the response was 'strongly agree' or 'somewhat agree' with the sentence, "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," and waste = 0 otherwise and
(2) satisfaction with CHIP in Texas benefits (i.e., benefit = 1), if the respondent was 'very satisfied' or 'satisfied' with the benefits included in CHIP in Texas and benefit = 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[29] 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 perceived *paying a premium was a waste as their child was usually healthy*, results from the likelihood-ratio test showed that the second model had more explanatory power ($X^2(5) = 12.32$, $p=0.031$). Expected probabilities from the second model, after controlling for health and sociodemographic variables, revealed that 39 percent of families perceived that paying the premium was a waste in 2006 compared to 32 percent of families in 2004. This difference may reflect policy changes that reinstated collection of cost-sharing obligations for families.

For the two regression models analyzing whether caregivers reported *satisfaction with CHIP in Texas benefits*, results from the likelihood-ratio test showed that the second model had more explanatory power ($X^2(4) = 13.80$, $p=0.008$). Expected probabilities from the second model after controlling for health and sociodemographic variables revealed that 97 percent of families reported satisfaction with CHIP in Texas benefits in 2006 compared to 92 percent of families reporting satisfaction with CHIP in Texas benefits in 2004. This difference can possibly be explained by the restoration of benefits, including hospice care services, skilled nursing care, tobacco cessation programs, vision care, and chiropractic services in 2005 following their elimination in 2003. Similarly, increases in behavioral health benefits in 2005, following reductions in 2003, may have contributed to this difference.

Summary and Recommendations

While CHIP in Texas has undergone substantial changes since its inception, it remains a vital source of health insurance for children from low-income families. This survey of families who were newly enrolled in the program during fiscal year 2006 helps to illuminate the characteristics, opinions, and initial experiences of families with children enrolled in CHIP in Texas.

The major findings of this survey are as follows:

- Fifty-six percent of the new enrollees were Hispanic, indicating CHIP continues to be an important resource for minority families.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee 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:

    - In fiscal year 2006, 95 percent of families thought the application process was convenient, and 94 percent reported the application was easy to understand. In fiscal year 2004, 95 percent of families thought the application process was both convenient and easy to understand.
    - In fiscal year 2006, about 23 percent of families reported they would have problems paying the premium at least "every couple of months." In the survey for fiscal year 2004, about 25 percent of families reported they would have problems paying the premium with a similar frequency.
    - In fiscal year 2006, 83 percent of respondents reported their child had a personal doctor or nurse. This is similar to the 82 percent of respondents who reported their child had a usual source of care in fiscal year 2004. In 2006, 59 percent reported their child had the same personal doctor or nurse before they enrolled in CHIP in Texas, indicating a high rate of continuity of care.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey differ from that of the fiscal year 2004 survey. These areas include:
    - Almost 25 percent of newly enrolled children had special health care needs, which is higher than the 18 percent identified in the fiscal year 2004 New Enrollee Survey and is also higher than expected based on general population estimates (about 12 percent of the general childhood population in Texas have special health care needs). The population estimate is based on parent report using the Children with Special Health Care Needs (CSHCN) Screener.
    - Twelve percent of respondents indicated their children's applications took over three months to process, and 68 percent of families stated they were kept informed of the status of their child's application while awaiting coverage. This is a substantial improvement over the 22 percent of respondents in the fiscal year 2004 survey who reported their application took over three months to process.
    - For fiscal year 2006, 96 percent of newly enrolled families indicated they were either "satisfied" or "very satisfied" with the benefits offered through CHIP in Texas. While this is only four percent higher than the 92 percent of respondents who reported satisfaction with benefits in the survey conducted in fiscal year 2004, the improvement is significant.

Texas HHSC may wish to consider the following strategies when developing future policy regarding health insurance for children from low-income families:

- **Monitor care of children with special health care needs in the program.** A higher percentage of children with special health care needs are enrolling in the program than what one might expect based on state estimates (almost 25 percent among new enrollees compared to 12 percent in the general Texas population). Also, the percentage of new enrollees with special health care needs appears to be increasing. While the findings for this survey indicates almost 25 percent of new enrollees have special health care needs per parent report, a previous new enrollee survey conducted in fiscal year 2004 indicated 18 percent of new enrollees had special health care needs. Based on the finding that an increasing number of children with special health care needs are enrolling, the State's initiative to monitor the quality of care for these children is timely.

- **Consider implementing outreach strategies to encourage families whose children are healthy to enroll in the program.** Health insurance is an important foundation for

ensuring access to care for important services such as preventive care visits and acute care. All children need access to these types of care, not only those with special needs.

- **Texas might want to consider a survey of families who apply for coverage but their children do not become enrolled.** While the new enrollee survey results are very positive and show little change from fiscal year 2004 to fiscal year 2006, they reflect the experiences of those who were successful in obtaining coverage. Surveys of those who apply but do not obtain coverage may provide important insights into potential barriers to enrollment. Given the declining enrollment in CHIP in Texas, this type of survey might be very valuable.

- **Strategies to assist parents who can not afford co-payment fees or a restructuring of the co-payment schedule should be considered.** When surveyed three months post-enrollment, 17 percent of families reported they did not seek medical care for their child because of the money they would have to pay at the time of the visit. Strategies should be developed to educate families regarding the consequences of forgoing medical care and the co-payment structure used in the program.

- **Monitor disenrollment related to failure to pay premiums.** While the majority of families thought the premium price was fair, 23 percent of respondents reported they would have difficulty paying the premium on a regular basis. Ongoing monitoring is needed to determine if decreasing enrollment is related to disenrollment due to failure to pay premiums.

Appendix A. Multivariate Results for Selected New Enrollee Survey Questions

Difference in Perception of Benefits in Fiscal Year 2004 and Fiscal Year 2006

First Model:

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

Iteration 0:   log likelihood = -195.63342
Iteration 1:   log likelihood = -191.28864
Iteration 2:   log likelihood = -190.73031
Iteration 3:   log likelihood = -190.72292
Iteration 4:   log likelihood = -190.72291

Logit estimates                                   Number of obs   =        895
                                                  LR chi2(4)      =       9.82
                                                  Prob > chi2     =     0.0436
Log likelihood = -190.72291                       Pseudo R2       =     0.0251

------------------------------------------------------------------------------
     benefit |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |   -.759169   .3094199    -2.45   0.014    -1.365621   -.1527172
    hispanic |   .0312498   .3317742     0.09   0.925    -.6190156    .6815152
       black |  -.5938822   .4560605    -1.30   0.193    -1.487744    .2999798
       other |   1.081603   1.044374     1.04   0.300    -.9653318    3.128539
       _cons |    3.02733   .2914808    10.39   0.000     2.456038    3.598622
------------------------------------------------------------------------------
```

Difference in Perception of Benefits in Fiscal Year 2004 and Fiscal Year 2006

Second Model:

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

Iteration 0:   log likelihood = -195.63342
Iteration 1:   log likelihood = -188.71442
Iteration 2:   log likelihood = -184.15459
Iteration 3:   log likelihood = -183.91803
Iteration 4:   log likelihood = -183.85763
Iteration 5:   log likelihood = -183.83552
Iteration 6:   log likelihood =  -183.8274
Iteration 7:   log likelihood = -183.82441
Iteration 8:   log likelihood = -183.82332
Iteration 9:   log likelihood = -183.82291
Iteration 10:  log likelihood = -183.82276
Iteration 11:  log likelihood = -183.82271
Iteration 12:  log likelihood = -183.82269
Iteration 13:  log likelihood = -183.82268
Iteration 14:  log likelihood = -183.82268
Iteration 15:  log likelihood = -183.82268
Iteration 16:  log likelihood = -183.82268
Iteration 17:  log likelihood = -183.82268

Logit estimates                                   Number of obs   =        895
                                                  LR chi2(9)      =      23.62
                                                  Prob > chi2     =     0.0049
Log likelihood = -183.82268                       Pseudo R2       =     0.0604
```

benefit	Coef.	Std. Err.	z	P>|z|	[95% Conf.	Interval]
shcn	-.9973063	.370443	-2.69	0.007	-1.723361	-.2712515
hispanic	-.1079507	.3960297	-0.27	0.785	-.8841547	.6682532
black	-.8419135	.523019	-1.61	0.107	-1.867012	.1831848
other	17.05861	1.125198	15.16	0.000	14.85326	19.26396
cshcn06	.3853183	.6996729	0.55	0.582	-.9860154	1.756652
hispanic06	.4674708	.7419474	0.63	0.529	-.9867193	1.921661
black06	1.14966	1.232231	0.93	0.351	-1.265469	3.564789
other06	-17.14261	.	.	.	.	.
fy06	.5301762	.6428239	0.82	0.410	-.7297355	1.790088
_cons	2.847817	.350684	8.12	0.000	2.160489	3.535145

Difference in Perceptions of Insurance Being a Waste as Child is Healthy in Fiscal Year 2004 and Fiscal Year 2006

First Model:

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

Iteration 0:   log likelihood = -580.10645
Iteration 1:   log likelihood = -541.80121
Iteration 2:   log likelihood =  -541.0221
Iteration 3:   log likelihood = -541.01998

Logit estimates                                   Number of obs   =        894
                                                  LR chi2(4)      =      78.17
                                                  Prob > chi2     =     0.0000
Log likelihood = -541.01998                       Pseudo R2       =     0.0674

------------------------------------------------------------------------------
       waste |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.6078514   .1966275    -3.09   0.002    -.9932343   -.2224685
    hispanic |   1.313706   .1843493     7.13   0.000     .9523876    1.675024
       black |   .3840069   .3044959     1.26   0.207    -.212794     .9808079
       other |    1.00137   .3284944     3.05   0.002      .357533    1.645207
       _cons |  -1.373598    .165138    -8.32   0.000    -1.697263   -1.049934
------------------------------------------------------------------------------
```

Second Model:

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

Iteration 0:   log likelihood = -580.10645
Iteration 1:   log likelihood = -535.79951
Iteration 2:   log likelihood = -534.86464
Iteration 3:   log likelihood =  -534.8613
Iteration 4:   log likelihood =  -534.8613

Logit estimates                                   Number of obs   =        894
                                                  LR chi2(9)      =      90.49
                                                  Prob > chi2     =     0.0000
Log likelihood =  -534.8613                       Pseudo R2       =     0.0780

------------------------------------------------------------------------------
       waste |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-------------+----------------------------------------------------------------
        shcn |  -.6563326   .2890316    -2.27   0.023    -1.222824   -.0898411
    hispanic |   .9917338   .2427155     4.09   0.000     .5160202    1.467447
       black |   .4667226   .3799354     1.23   0.219    -.2779371    1.211382
       other |   .4546873   .4690629     0.97   0.332    -.4646592    1.374034
     cshcn06 |   .0510932   .3995473     0.13   0.898    -.7320052    .8341916
  hispanic06 |    .718574   .3751818     1.92   0.055    -.0167688    1.453917
     black06 |  -.2707842   .6441719    -0.42   0.674    -1.533338    .9917695
     other06 |   1.149357   .6727744     1.71   0.088    -.1692566    2.467971
        fy06 |  -.1905522   .3371789    -0.57   0.572    -.8514107    .4703064
       _cons |  -1.289161   .2133423    -6.04   0.000    -1.707305   -.8710181
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Endnotes

[1] Kaiser Family Foundation. Retrieved April 2006, from http://www.kff.org/medicaid/index.cfm.

[2] Enrollment data provided by Texas Health and Human Services Commission, July 2004.

[3] All statistical analyses, including survey responses, are measured with error. This can be offset by gathering more data (repeatedly or from more people in the population of interest). The "true" response can be thought of as the actual response or the response we would get from the survey if there was no error or if no mistakes were made. Another way of looking at this is to take a question such as "Would you say that the application is easy to understand?" In this survey, 34.25 percent of respondents strongly agreed with that statement. Due to our confidence interval, we can say that we are 95 percent certain that between 39.05 percent and 29.45 percent of all members actually strongly agree with this statement.

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[9] 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 companion report.

[10] 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.

[11] Disenrollees in CHIP are identified by searching enrollment files for children enrolled in CHIP for six months or longer that had disenrolled for two months or longer during the time period of December 2005 through April 2006. Telephone surveys were conducted 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.

[12] Mathematica Policy Research, Inc. is a nonpartisan firm that conducts research and surveys in healthcare, education, welfare, employment, nutrition, and early childhood development. More information can be found at: www.mathematica-mpr.com/.

[13] The Urban Institute is a nonpartisan economic and social policy research organization. More information can be found at: www.urban.org/.

[14] 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.

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[29] 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.