

Survey of Children Served by MaineCare



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MaineCare Services

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EXECUTIVE SUMMARY

The main purpose of the annual Survey of Children Served by MaineCare is to monitor the quality of services delivered by MaineCare, the state of Maine's Medicaid and Child Health Insurance program (CHIP). The 2013 survey uses a standardized instrument---the Consumer Assessment of Healthcare Providers and Systems (CAHPS 4.0H)—as its primary means of examining the experiences of families with children enrolled in MaineCare. The CAHPS 4.0H is designed to provide feedback to Medicaid fee-for-service and managed care plans by identifying performance dimensions in which they excel and areas in which they need improvement.¹

The sample frame for the 2013 survey included children aged 17 or younger who were enrolled in MaineCare for at least five months between September 2012 and February 2013. Computer-assisted telephone interviews were conducted by trained interviewers from the Muskie School Survey Research Center from May to September of 2013. Of the total 2,413 eligible families who were contacted, 1,077 interviews were completed, for an overall response rate of 44.6%.

Key Findings

- **MaineCare higher than the national average on most patient experience measures.** As in the previous year, MaineCare's patient experience scores compared favorably to those of other state child Medicaid programs² on CAHPS measures related to providing needed care, providing care quickly, doctor's communication skills, and doctor's knowledge of the child, with ratings at or above the 75th percentile on all the composites and individual items in these four areas. Overall ratings of the child's personal doctor and of health care professionals' provision of information were also among the highest nationally (at or above the 75th percentile).
- **Significant improvements in MaineCare provider/family communication and care coordination.** Compared to last year, the percentage of parents who reported that the child's personal doctor consistently spent enough time with the child increased from 75% in 2012 to 82% in 2013. Moreover, the proportion of parents indicating that providers always answered their questions increased from 80% to 85%. The percentage of those stating that they received help with care coordination also improved, increasing from 41% to 49%.
- **MaineCare lower than national average on customer service, availability of treatment choices, and care coordination among providers.** As in the previous year's survey, only half (49%) of parents reported that customer service at MaineCare consistently provided the information or help they needed. MaineCare's score on this item fell in the 25th-50th percentile range nationally. However 69% of parents said that customer service staff were always courteous and respectful, which was above the national average and a significant improvement over the prior year (59%). As in 2012, just 46% of

¹ In 2011, the Centers for Medicare and Medicaid Services (CMS) released a set of 24 pediatric quality measures, the Child Health Program Reauthorization Act (CHIPRA) Core Measures, for use by state Medicaid and CHIP programs. The same year, MaineCare Services was awarded a CHIPRA Quality Demonstration Grant from CMS to improve the quality of care delivered to children. One objective of the grant is to pilot the collection and reporting the CHIPRA Core Measures. The MaineCare survey instrument and sampling methodology were revised in 2011 to comply with the CHIPRA measure specifications, and facilitate benchmarking of the MaineCare results with other state Medicaid and CHIP programs that use the CAHPS 4.0 Health Plan Survey. The sampling methodology was revised again in 2013 to comply with provisions of CHIPRA that were effective this year.

² National comparisons are based on the latest available national CAHPS data available as of the writing of this report, which was for 2011.

parents said that their child's MaineCare provider always offered more than one treatment choice. Ratings on this measure were in the bottom quartile relative to other child Medicaid programs nationwide. However, when providers did discuss treatment or care options, almost all families reported that the provider discussed the pros and cons of each choice (97%) and asked the parent which treatment they thought was best for their child (92%). In addition, only 49% stated that they routinely received help in coordinating their child's care among different providers. Although this rating represented an improvement over last year's 41%, performance on this measure was still in the lowest quartile nationally.

- **Patient experience generally similar for Medicaid and CHIP enrollees.** The experience reported by Medicaid and CHIP enrollees was largely the same on almost all CAHPS measures. The only significant difference between the two groups was that families enrolled in MaineCare under CHIP were significantly less likely than those enrolled under Medicaid to report that their child's personal doctor always understood how the child's health conditions affected his/her daily life (89% vs. 95%).
- **Many MaineCare children have special health care needs. 35% of children enrolled in MaineCare have special health care needs, according to the 2013 survey.** Although this prevalence estimate is lower than the 2012 survey's estimate of 39%, it still far exceeds the prevalence of special health care needs in the general population of children in Maine (19.4%) and in the US as a whole (15.1%).³
- **Experience of children with special health care needs (CSHCN) generally similar to other MaineCare children.** The CSHCN and non-CSHCN groups gave similar ratings on nearly all CAHPS measures. The only measures on which CSHCN statistically differed significantly from children without such needs were related to accessing prescription medications and treatment choices. Parents of CSHCN were significantly less likely than those in the non-CSHCN group to report that it was always easy for them to obtain prescription medications for their child (68% vs. 82%). On the other hand, parents of CSHCN were significantly more likely to state that their provider always offered more than one treatment choice for their child (53% vs. 42%). While not significant, parents of CSHCN were less likely to indicate that it was always easy to access special therapy for the child (59% vs. 69%) or to obtain special medical equipment (69% vs 79%), that they always received the help they needed from providers in contacting the child's school or day care (89% vs. 100%), and that customer service always gave them the information or help they needed (42% vs. 56%).

Other MaineCare Priority Areas

In addition to CAHPS, Maine's annual survey includes supplemental questions that focus on priority areas for the Department including the degree to which providers discuss recommended preventive topics at well-child visits, the prevalence of childhood obesity and tobacco use/second-hand smoke exposure among children served by MaineCare, oral health access and unmet need, the affordability of Child Health Program (CHP) premiums, and availability/access to employer-sponsored health insurance. Key findings include:

- **For nearly three quarters of MaineCare children, physicians discussed physical activity, nutrition/diet, avoiding sugar-sweetened drinks.** Physicians also discussed television viewing and other screen

³ Population prevalence from the National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [11/12/2013] from www.childhealthdata.org.

time with two thirds of MaineCare Children. We also found that for children who are overweight, providers are even more likely to discuss these issues to encourage healthy behaviors. These rates were comparable or slightly higher, although not significantly than in the prior year survey, which could be an indication of the success of First STEPS and other learning initiatives in the state to increase provider focus on childhood obesity prevention. Nonetheless, rates of obesity and being overweight within MaineCare children as calculated from parent reported height and weight remain approximately the same as the prior year with 29% of MaineCare children being obese and 16% being overweight.

- **Significant increase in discussion of mental health during well-child visits.** Sixty percent of parents indicated that their child's provider discussed mental health issues with the child or parent, which was a significant increase from 53% the previous year ($p < 0.05$). Discussions of use of tobacco products (60%), drug and alcohol use (57%) and reproductive health (48%) at recommended ages during well-child visits also all increased over the prior year, although not significantly.
- **Majority of MaineCare children get dental care and give high ratings on quality of care received.** Nearly two-thirds (62%) of all children enrolled in MaineCare received dental services in the past six months, and one in five (20%) had more than one visit with a dental provider. By comparison, in a study using 2008 Medicaid administrative data from nine states, 34% of children had a dental preventive service and 19% had used a dental treatment service provided by Medicaid in the past year.⁴ For those MaineCare members that received dental services in 2013, the overall rating of the child's dental care was quite high, with a mean score of 8.9 on a scale of 1 to 10, and 68% of respondents rating the quality of their child's dental care a 9 or 10.
- **Most children served by MaineCare (77%) had a usual source of dental care.** However, these rates varied by age. Having a usual source of dental care was less common among children aged 5 or younger (61%), relative to children aged 6 through 12 and teens, who had rates of 89% and 85%, respectively.
- **Some shifts in access to employer-sponsored coverage and affordability of CHIP premiums, but no significant change.** Fewer parents of children on MaineCare were employed full-time (38%) or part-time (20%) than in the prior year (41% and 22% respectively) but these changes were not significant. For employed parents, similar to previous years, nearly half of employers (45%) did not offer insurance. More parents were ineligible for employer sponsored insurance (ESI) coverage that was offered (19% vs. 16% in 2012) and fewer that were eligible for ESI purchased it (16% vs. 20% in 2012) primarily due to the parents not being able to afford the premiums. Similarly the percent of parents paying CHIP premiums that indicated that it was very or somewhat easy dropped from 47% in 2012 to only 40% in 2013. However, none of these changes were statistically significant.

Conclusions and Recommendations

These survey results help identify areas for improvement for future initiatives both for the MaineCare program and for providers serving this population. In particular, the results suggest that the vast majority of providers are talking with MaineCare children and their parents about important preventive health behaviors and screenings including several of those that have been the focus of the First STEPS learning initiative. In future surveys, MaineCare may wish to include more questions specific to the learning initiative focus areas (e.g. developmental

⁴ Bouchery, E. Utilization of dental services among Medicaid-enrolled children. *Medicare and Medicaid Research Review*, 2013; 3:E1-E15. Available at http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/Downloads/MAX_IB9_DentalCare.pdf. [Retrieved 12/14/2013.]

screening) to assess whether providers are discussing these topics with parents and children and to measure any change over time. We recommend continued administration of the Child CAHPS Child Medicaid Health Plan Survey in 2014 and beyond to allow for continued monitoring of patient experience with the MaineCare program. Ongoing use of the CAHPS Survey will allow assessment of program performance changes over time, and will also enable MaineCare to comply with federal CHIPRA reporting requirements.⁵

As recommended in prior reports, MaineCare administrators may wish to explore strategies described in the CAHPS Improvement Guide available from the Agency for Healthcare Research and Quality (AHRQ) to address areas for potential improvement identified in the 2013 survey.⁶

For example, given lower than national average performance in customer service, MaineCare may wish to:

- implement “listening posts” to systematically collect and regularly review complaints and compliments from members, convene a Patient and Family Advisory Council to provide input on MaineCare program development and evaluation, or
- implement a service recovery program that provides protocols and training on how to respond to member dissatisfaction.

Strategies for improving care coordination and access to needed care include:

- ensuring that MaineCare providers have up to date information about the rules and requirements for prior authorization, which would help to speed up the referral process and minimize denied referrals,
- encouraging the participation of pediatric practices in MaineCare’s new Health Homes Stage A and Stage B Initiatives, in which qualified practices will receive financial incentives to partner with a Community Care Team and to provide comprehensive care management and care coordination to MaineCare members with specified chronic conditions.⁷

⁵ Annual reporting of the CHIPRA Core Measures, including the CAHPS survey, is a deliverable for the CHIPRA Quality Demonstration Grant described above. Moreover, provisions of CHIPRA effective 2013 require states to report separate CAHPS data for children enrolled in Medicaid and CHIP programs.

⁶ Available at <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>

⁷ *Maine Patient Centered Medical Home Pilot – Phase 2 Expansion and MaineCare Health Homes Initiative Summary*. http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/ME_PCMH_Pilot%20Expansio_HH_Summary_02132012.pdf [Retrieved 11/12/2013]

INTRODUCTION

The annual Survey of Children Served by MaineCare has two purposes: (1) to monitor the quality of services delivered to children enrolled in MaineCare, the state of Maine's Medicaid and Child Health Insurance (CHIP) program, and (2) to ascertain whether certain subgroups of MaineCare members have unmet health care needs that could be better addressed through targeted interventions.

As one means of accomplishing these ends, the 2013 survey included a standardized instrument—the Consumer Assessment of Healthcare Providers and Systems (CAHPS 4.0H). The CAHPS 4.0H is designed specifically to provide feedback to Medicaid fee-for-service and managed care plans by identifying performance dimensions in which they excel and areas in which they need improvement.⁸ Participant responses to the CAHPS were used in several ways to generate insights into MaineCare's performance. First, we compared CAHPS results from the entire MaineCare survey sample to results from other child state Medicaid programs to determine how the MaineCare program as a whole ranked against national benchmarks.⁹ We also compared MaineCare's CAHPS results from 2013 to those of past years.

Further, we analyzed CAHPS results separately for children eligible for MaineCare under Medicaid (Title XIX) and for those eligible under the Medicaid Expansion or Child Health Programs, both of which are funded by the federal CHIP program (Title XXI) in order to assess differences between children enrolled in each of these programs and to comply with Child Health Program Reauthorization Act (CHIPRA) reporting requirements.¹⁰

Finally, we compared CAHPS responses provided by families of children with special health care needs to those obtained from families of children without such special needs, to arrive at a better understanding of how these two groups differed with respect to their appraisals of MaineCare.

In addition to the standardized CAHPS instrument, the 2013 survey incorporates supplemental questions designed to provide insights on topics of special interest selected by MaineCare program managers. These topics include the degree to which providers discuss recommended preventive topics at well-child visits, related child health behaviors, the prevalence of childhood obesity and tobacco use/second-hand smoke exposure among children served by MaineCare, enrollee access to and satisfaction with dental services, availability and access to employer-sponsored health insurance, and the affordability of CHIP premiums.

METHODS

The 2012 Survey of Children Served by MaineCare was fielded according to instructions provided in the CAHPS Health Plan Survey 5.0H, Child Medicaid version.¹¹ The sample frame included children aged 17 years or younger who were enrolled in MaineCare for at least five months between 9/1/2012 and 2/28/2013. One

8 For more information on the CAHPS survey, see: <http://www.cahps.ahrq.gov/Surveys-Guidance/HP.aspx>

9 National comparisons are based on the latest available national CAHPS data available as of the writing of this report, which was for 2011.

10 See Center for Medicare and Medicaid Services (December, 2012). *Collecting and reporting the CAHPS Survey as required under the Children's Health Insurance Program Reauthorization Act (CHIPRA)*. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf> [Retrieved December 4, 2013]

11 We used the sampling instructions available on the national CAHPS website at the time of survey administration (CAHPS 5.0H), which also provided more detailed instructions for oversampling Title XXI members to comply with CHIPRA guidelines. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSBrief.pdf>

child per household was randomly selected so that no family would be interviewed about the experience of more than one child. To reduce respondent burden, children living in households that participated in the 2012 survey of children with MaineCare coverage were excluded from the sample. Children living in households where a child had recently died were excluded, as were children where no adult parent or guardian could be identified (i.e., children in state custody). Also among those excluded were children who received only wraparound services through MaineCare, and who had comprehensive health insurance from a third-party payer. A total of 116,176 eligible children were included in the final sample frame.

To ensure that sample sizes would be sufficient to conduct separate analyses for children in Title XXI eligibility categories and for children with chronic conditions, we used a stratified random sample design that over-sampled these two groups. Children with a chronic condition diagnosis were identified during the sampling process using diagnosis codes from MaineCare claims for outpatient, inpatient and Emergency Department visits. Note that the actual determination of whether a child has a chronic condition in the CAHPS survey is made based on responses to a five-item CSHCN Screener (described below). The purpose of using diagnosis codes in the sampling process is to identify children in the sampling frame who are more likely to screen positive for a chronic condition. Prescreening with claims diagnosis codes reduces the total sample size needed to obtain a sufficient number of children with chronic conditions for analysis and reporting.¹² Using this sampling process, a group of 2,413 families were selected to be surveyed.

The survey instrument included all the core questions from the CAHPS 4.0H Child Medicaid Health Plan Survey, as well as the Children with Chronic Conditions item set. Questions addressing additional priority topics identified by MaineCare Services were inserted after the CAHPS questions. The complete survey instrument is included in Appendix B. Consent to participate in the survey was obtained verbally through the use of a script. All survey protocols, including the survey instrument and consent script, were reviewed and approved by the University of Southern Maine Institutional Review Board.

Computer-assisted telephone interviews were conducted by trained interviewers from the Muskie School Survey Research Center from May to September of 2013. Of the 2,413 eligible families that were contacted, 1,077 interviews were completed — including 553 children enrolled in Title XXI programs and 469 who were identified as having a chronic condition diagnosis in the claims data — for an overall response rate of 44.6%. Table 1 displays a summary of the characteristics of target children living in households with completed interviews (n=1,077), and a comparison to the eligible population (N=116,176). As noted above, children in Title XXI programs and those with a chronic condition diagnosis were oversampled to ensure adequate sample sizes for these subgroups; children in these categories were therefore more likely to be included in the sample. Weights were developed to adjust for the unequal probability of selection and for non-response. More information on the development of sample weights is included in Appendix C.

Unless otherwise specified, all the results presented below are based on weighted data, so that they will more closely represent the prevalence of the population of children enrolled in MaineCare. All statistical tests were calculated using Statistical Analysis System (SAS) version 9.2 with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data.

¹² This approach is referred to as the “Enriched Sampling Approach” in the CAHPS guidance. For more information, see [Fielding the CAHPS Health Plan Survey 4.0: Medicaid Version. Sampling Guidelines and Protocols for Surveying Adults and Children.](#)

Table 1. Characteristics of 2013 Survey Sample and of the Eligible Population*

Characteristic	% of Target Children n=1,077	% of Population N=116,176
MaineCare Eligibility		
CHP/Cubcare & Expansion (Title XXI)**	51.3	16.1
Medicaid (Title XIX)	48.7	83.9
Household Density		
One enrolled child living in household	26.6	32.4
Two or more enrolled children	73.4	67.6
Chronic Condition Diagnosis		
Chronic condition diagnosis in claims**	43.5	32.3
No chronic condition	56.5	67.7
Age of Child		
1-5	30.0	34.1
6-12	41.8	39.9
13-18	28.2	25.9
Gender of Child		
Female	49.1	48.3
Male	50.9	51.7
Minority Status		
White, Not Hispanic	96.0	94.0
Non-White or non-Hispanic	4.0	6.1
Region of Residence (Country)		
Region I (York and Cumberland)	27.3	28.1
Region II (Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo)	45.8	45.3
Region III (Aroostook, Hancock, Penobscot, Piscataquis and Washington)	26.9	26.6

*Due to rounding, percentages may not add to 100% for all demographic characteristics.

**Denotes subpopulations that were oversampled.

RESPONDENT CHARACTERISTICS

The following table shows the unweighted distribution of respondents' age, gender, education level, and relationship to the target child. Ninety-one percent of respondents were between the ages of 25 and 54, 88% were women, and 95% were the parent or step-parent of the target child. Forty-seven percent of respondents have a high school education or less.

Table 2. Characteristics of Survey Respondents*

Characteristic	% of Respondents n=1,077
<i>Respondent Age</i>	
18-24	4%
25-34	38%
35-44	39%
45-54	14%
55-64	4%
65 OR OLDER	0.7%
<i>Respondent Gender</i>	
Male	12%
Female	88%
<i>Respondent Education Level</i>	
Less than HS	6%
HS graduate/GED	41%
Some college/2 year degree	37%
Four year degree	14%
More than four year degree	2%
<i>Relationship to Child</i>	
Parent to Step-parent	95%
Grandparent	3%
Legal Guardian	0.8%
Other	0.7%

*Totals are based on valid percentages. Missing data were less than 1% for each demographic variable.

FINDINGS

MaineCare Patient Experience

Core Patient Experience Measures

The Core CAHPS 4.0H questions focus on the following areas: Getting Needed Care, Getting Care Quickly, How Well the Child’s Doctors Communicate, Health Plan Information and Customer Service, and Overall Ratings (of child’s personal doctor, specialist, health care, and health plan). We compared results from the 2013 MaineCare survey with data from children served by other state Medicaid programs using the 2011 CAHPS Database.¹³ In Table 3, we display Top Box scores for each of the CAHPS 4.0 Health Plan survey items and composite scores. Top Box scores represent the percent of respondents reporting the most positive response for a given composite, rating, or question item. For example, on scales that use “Always” to “Never”, the Top Box score is the percentage of respondents who chose “Always”; on rating scales where 0 is the worst and 10 is the best score, the Top Box score is the percentage selecting 9 or 10. Composite scores are the average of all items within a given composite; they reflect the responses of participants who provided answers to any individual items

¹³ <http://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>. Data from the 2011 CAHPS Database were used because they were the most recent available. Data from 2012 had not yet been added to the database at the time this report was prepared.

in the composite. The last two columns in Table 3 provide summary ratings using comparative data obtained from the national CAHPS database.¹⁴ The summary ratings indicate how the MaineCare results compare to Top Box scores from respondents served by 129 participating Medicaid managed care and fee for service plans in 14 states. The third column in the table gives MaineCare’s Top Box category, which indicates the program’s percentile rank relative to the Top Box scores of other state Medicaid programs for children. The Top Box summary rating categories are defined as follows:

Top Box Rating Categories

Symbol	Percentile
◆◆◆◆	90th percentile or higher
◆◆◆	75th - 90th percentile
■ ■	50th - 75th percentile
■	25th - 50th percentile
□	Less than 25th percentile

The fourth column contains the median Top Box scores for child Medicaid programs in 2011.

The results in Table 3 indicate that MaineCare scores compared favorably to those of other Medicaid programs that reported on CAHPS measures for receiving necessary care, obtaining care quickly, and quality of doctors’ communication—with ratings at or above the 75th percentile nationwide on all the composites and individual items in these three categories. While above the national average, fewer MaineCare members reported they always got the care they needed (65%) than those that indicated they always got care quickly (83%) or who reported that doctors’ always communicated with them (84%), suggesting this may be an area for continued quality improvement in order to ensure members get the services they need.

MaineCare’s performance was more variable in the area of Health Plan Information and Customer Service. Courtesy of customer service was a relative strength for MaineCare. Sixty-nine percent of parents said that customer service staff at MaineCare were always courteous and respectful; this outcome placed MaineCare in the 50th-75th percentile range for this item, and it represented an improvement over last year’s result of 59%. On the other hand, as in the 2012 survey, only about half (49%) of parents reported that customer service at MaineCare consistently provided the information or help they needed, which was below the national average, within the 25th-50th percentile range.

Overall ratings of the child’s personal doctor were among the highest nationally. Seventy-three percent of parents gave their child’s personal doctor top ratings, thus placing MaineCare in the 75th-90th percentile range for this item nationally. MaineCare also ranked above the national median for ratings of the child’s specialist (67%) and of health care provided to the child (63%). In contrast, only 62% of parents gave top ratings to the child’s health plan. This score was below the national average, in the 25th-50th percentile range.

In addition to comparing MaineCare’s 2013 CAHPS results to national benchmarks, we also conducted formal statistical analyses comparing MaineCare CAHPS scores for 2013 and 2012 (not shown). We found only one statistically significant change. The percentage of parents who reported that their child’s personal doctor consistently spent enough time with the child increased from 75% in 2012 to 82% in 2013 ($p < 0.05$).

¹⁴ Comparisons based on most recent CAHPS data available as of November 12, 2013. National 2011 Child Medicaid 4.0 Percentile Top Box Scores downloaded from CAHPS Database: <http://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>.

Table 3. CAHPS 4.0H Core Items: Results for Entire 2013 Sample with National Medicaid Comparisons

Composite/Item	2013 MaineCare Results		National Comparisons*	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	2011 National Child Medicaid Median
Core CAHPS 4.0 Health Plan Item Set				
<i>Getting Needed Care for a Child Composite</i>	65%		◆◆◆◆	54%
How often was easy to get appointments with specialists for child	58%	(50% - 66%)	◆◆◆	50%
How often was easy to get needed care, tests or treatment for child	72%	(68% - 76%)	◆◆◆◆	59%
<i>Getting Care Quickly for a Child Composite</i>	83%		◆◆◆◆	71%
Child got urgent care for illness, injury or condition as soon as wanted	90%	(86% - 94%)	◆◆◆◆	76%
Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed	77%	(73% - 81%)	◆◆◆◆	65%
<i>How well the Child's Doctors Communicate Composite</i>	84%		◆◆◆◆	75%
Child's personal doctor explained things clearly	86%	(82% - 89%)	◆◆◆◆	78%
Child's personal doctor listened carefully	85%	(82% - 88%)	◆◆◆◆	79%
Child's personal doctor respected consumer comments	88%	(85% - 91%)	◆◆◆◆	82%
Child's personal doctor explained things in a way that was easy for child to understand	77%	(72% - 82%)	◆◆◆	71%
Child's personal doctor spent enough time with child	82%	(78% - 85%)	◆◆◆◆	64%
<i>Health Plan Information and Customer Service Composite</i>	59%		■	61%
Customer service at child's health plan gave information or help needed	49%	(38% - 61%)	■	53%
Customer Service staff at child's health plan courteous and respectful	69%	(58% - 80%)	■ ■	68%
Overall Ratings				
Rating of child's personal doctor	73%	(69% - 77%)	◆◆◆	70%
Rating of child's specialist	67%	(59% - 76%)	■ ■	66%
Rating of all child's health care	63%	(58% - 76%)	■ ■	61%
Rating of child's health plan	62%	(58% - 66%)	■	63%

*Comparisons based on most recent CAHPS data available as of November 12, 2013. National 2011 Child Medicaid 4.0 Percentile Top Box Scores downloaded from CAHPS Database: <http://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>.

Results are weighted to represent the entire population of children enrolled in MaineCare.

MaineCare Patient Experience with Chronic Care Services

The CAHPS survey also includes a supplemental set of items designed to measure health plans' performance in addressing topics that tend to be of more concern to families of children with chronic conditions. These

questions were asked of all survey participants, regardless of the chronic condition status of the child, in order to allow for comparisons across groups of children with and without chronic conditions. The measures in the supplemental chronic care item set include Access to Prescription Medicines, Access to Specialized Services, Family-Centered Care (including having a personal doctor who knows the child, shared decision-making, and getting needed information) and Coordination of Care and Services. We again computed the Top Box results for each measure and compared them against national results from the CAHPS Database (Table 4). Note that the findings in Table 4 pertain to all 2013 survey participants, including children with and without chronic conditions. Analyses comparing children with special health care needs to those without such needs are presented below (see “MaineCare Patient Experience of Children with Special Health Care Needs”).

The 2013 results show that MaineCare’s performance on measures of access to specialized services and prescription medication was at or above the median for child Medicaid programs nationwide. An area of particular strength was MaineCare’s provision of specialized medical equipment or devices, with 73% of families reporting that it was always easy to obtain such items for their child. MaineCare performed better on this measure than 90% of state child Medicaid programs. Moreover, nearly two thirds (62%) of families said it was always easy to get special therapy, and over half (56%) stated that it was always easy to get treatment or counseling for their child.¹⁵

In the realm of family-centered care, results were more mixed. MaineCare excelled with respect to health care professionals’ provision of information. Eighty-five percent of families said that their child’s providers always answered their questions. This score placed MaineCare above the 90th percentile in comparison to other Medicaid programs across the country. MaineCare likewise showed strengths with regard to providers’ knowledge of patients and their families. Eighty-nine percent of respondents reported that their child’s doctor talked about how the child was feeling, growing or behaving; 94% said that their child’s personal doctor had a good understanding of how health conditions affected the child’s everyday life; and 90% indicated that their child’s doctor understood how the child’s health conditions affected the family’s day-to-day life. For each of these items, MaineCare’s scores fell within the 75th-90th percentile range. In contrast, only 46% of parents said that their child’s MaineCare provider offered more than one choice for treatment or care, a rating that is in the bottom quartile nationally. When providers did discuss various treatment or care options with parents, almost all families reported that the provider discussed pros and cons of each choice (97%), and asked the parent which treatment they thought was best for their child (92%).

Care coordination was another area in which MaineCare providers showed relative strengths and weaknesses. Ninety-two percent of families surveyed said that they consistently got the help they needed in contacting their child’s school or day care; this score was equal to the national median Top Box score. On the other hand, only 49% stated that they routinely got the help they needed to coordinate care among the child’s different providers. The Top Box score for this item was below the 25th percentile for state child Medicaid programs. We noted two statistically significant changes in the chronic conditions measures since last year’s survey. The proportion of parents reporting that providers always answered their questions increased from 80% to 85% ($p < 0.05$). The percentage of those stating that they received help with health care coordination also improved, increasing from 41% to 49% ($p < 0.05$).

¹⁵ A screening question precedes each one of the rating questions upon which these results are based, so that the ratings are based solely on the responses of survey participants who said they had recently tried to get special medical equipment, etc., for their child.

Table 4. MaineCare Members' Experience with Chronic Care Services: Results for Entire 2013 Sample with National Medicaid Comparisons

Composite/Item	2013 MaineCare Results		National Comparisons*	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	2011 National Child Medicaid Median
<i>Children with Chronic Conditions Item Set</i>				
<i>Getting Specialized Services</i>				
How often was easy to get special medical equipment or devices for child	73%	(60% - 87%)	◆◆◆◆ +	59%
How often was easy to get special therapy for child	62%	(52% - 73%)	◆◆◆	54%
How often was easy to get treatment or counseling for child	58%	(50% - 67%)	◆◆◆	52%
<i>Getting Prescription Medicine</i>				
How often was easy to get prescription medicines for child through health plan	74%	(69% - 79%)	■ ■	71%
<i>Family Centered Care: Personal Doctor Who Knows Child</i>				
Child's personal doctor talked about how child was feeling, growing or behaving	89%	(86% - 92%)	◆◆◆	86%
Child's personal doctor understood how health conditions affected child's day-to-day life	94%	(91% - 97%)	◆◆◆	91%
Child's personal doctor understood how health conditions affected child's family's day-to-day life	90%	(86% - 94%)	◆◆◆	88%
<i>Family Centered Care: Shared Decision-Making</i>				
Child's doctor or health provider offered more than one choice for child's treatment of care	46%	(41% - 51%)	□	54%
Doctor or health provider discussed pros & cons of each choice for child's treatment or care (2 point scale)	97%	(94% - 99%)		<i>not available</i>
Doctor of health provider asked parent/guardian which treatment/care choice was best for child (2 point scale)	92%	(88% - 95%)		<i>not available</i>
<i>Family Centered Care: Getting Needed Information</i>				
How often questions answered by child's doctors or health providers	85%	(82% - 88%)	◆◆◆◆	70%
<i>Coordination of Care and Services</i>				
Got help needed from child's doctors or health providers in contacting child's school or daycare	92%	(86% - 98%)	■ ■	92%
Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services	49%	(43% - 56%)	□	62%

* National comparisons based on most recent CAHPS data available as of 11/12/2013 National 2011 Child Medicaid 4.0 Percentile Top Box Scores were downloaded from CAHPS Database: <http://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>. Note that, as within Maine, national comparison data for chronic services were obtained from all children in state Medicaid programs, not only those with chronic conditions. Results are weighted to represent the entire population of children enrolled in MaineCare.

+ Sample size for the 2013 MaineCare Survey is less than 100 for this item. Use results with caution.

MaineCare Patient Experience by Eligibility Category

We examined CAHPS results separately for Title XIX and Title XXI MaineCare eligibility groups to assess whether the MaineCare experiences of children in these groups differed significantly. The Title XIX group includes children enrolled in the Medicaid eligibility category of MaineCare, while the Title XXI group comprises children in the Medicaid Expansion and CHP categories, both of which are supported by funding from the federal Children’s Health Insurance Program (CHIP).¹⁶ We analyzed differences for both the CAHPS core and chronic care supplemental measures.

As Table 5 shows, MaineCare member experience as measured by CAHPS core items was largely similar for children enrolled in Title XIX and Title XXI programs. We found no statistically significant differences between the groups on any core measures. Both Title XIX and Title XXI groups gave scores at or above 77% on all measures for obtaining care quickly and for physicians’ communication. Both groups also assigned relatively high overall ratings (61% or above) to the child’s personal doctor, specialist, health care, and health plan. In the area of obtaining necessary care, a large majority of both Title XIX and Title XXI respondents (72% and 73%, respectively) said that it was always easy to get needed care, tests, or treatment. However, fewer families (59% in Title XIX and 56% in Title XXI) said that it was always easy to get appointments with specialists. In the realm of health plan information and customer service, cell sizes for each item were less than 100%; therefore, results should be interpreted with caution. The survey findings indicated that while 70% of Title XIX families reported that customer service was always respectful, only 59% of Title XIX respondents indicated they were always respectful. In contrast, while 48% of the Title XIX group said that customer service always provided needed information and help, 58% of the Title XXI group said they always were provided needed information and help.

Table 6 shows differences by eligibility category on the CAHPS chronic care supplemental item set. We found only one measure on which the two groups differed significantly: Title XXI families were less likely than Title XIX families to report that their child’s personal doctor always understood how the child’s health conditions affected his/her day-to-day life (89% versus 95%)($p < 0.05$).

In the area of specialized services, 60% or more of the respondents in each eligibility group reported that it was always easy to get special medical equipment or special therapies. Fifty-nine percent of Title XIX families and 52% of those in the Title XXI group stated that it was always easy to get special treatment or counseling for their child. More than 70% in each group said that it was always easy to obtain prescription medications for their child. Large proportions of both Title XIX and Title XXI groups gave top ratings on items assessing physicians’ knowledge of the child; scores on all measures in this performance area were at or above 87%. In the realm of shared decision-making, over 90% of respondents in each group reported that their doctor always discussed pros and cons of treatment choices and consulted with parents about treatment. However, only 46% of families in both Title XIX and Title XXI stated that the provider offered more than one choice for their child’s care. More than 80% of families in each group indicated that their child’s health care providers always gave them the information that they needed. Finally, with regard to care coordination, over 90% of families in each eligibility group said that they received the help they needed in contacting their child’s school or daycare. In contrast, only 50% of Title XIX respondents and 46% of those in Title XXI programs reported that they got necessary help with coordinating their child’s care.

¹⁶ See Appendix A for data on family income eligibility limits, premium payments, and funding sources for each MaineCare eligibility group.

Table 5. CAHPS 4.0H Core Items by MaineCare Title XIX and Title XXI Eligibility

Composite/Item	2013 MaineCare Title XIX Results		2013 MaineCare Title XXI Results	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	95% Confidence Interval
<i>Core CAHPS 4.0 Health Plan Item Set</i>				
<i>Getting Needed Care for a Child Composite</i>	65%		65%	
How often was easy to get appointments with specialists for child	59%	(49% - 68%)	56%	(47% - 65%)
How often was easy to get needed care, tests or treatment for child	72%	(67% - 77%)	73%	(68% - 77%)
<i>Getting Care Quickly for a Child Composite</i>	83%		82%	
Child got urgent care for illness, injury or condition as soon as wanted	90%	(86% - 95%)	86%	(81% - 91%)
Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed	77%	(72% - 81%)	78%	(74% - 83%)
<i>How well the Child's Doctors Communicate Composite</i>	83%		84%	
Child's personal doctor explained things clearly	86%	(82% - 90%)	87%	(83% - 90%)
Child's personal doctor listened carefully	85%	(81% - 89%)	86%	(83% - 90%)
Child's personal doctor respected consumer comments	89%	(85% - 92%)	86%	(82% - 90%)
Child's personal doctor explained things in a way that was easy for child to understand	77%	(71% - 82%)	77%	(73% - 82%)
Child's personal doctor spent enough time with child	82%	(77% - 86%)	82%	(78% - 86%)
<i>Health Plan Information and Customer Service Composite</i>	59%	+	58%	+
Customer service at child's health plan gave information or help needed	48%	(34% - 61%) +	58%	(45% - 70%) +
Customer Service staff at child's health plan courteous and respectful	70%	(57% - 83%) +	59%	(47% - 71%) +
<i>Overall Ratings</i>				
Rating of child's personal doctor	73%	(69% - 77%)	73%	(69% - 76%)
Rating of child's specialist	69%	(59% - 78%)	57%	(48% - 67%) +
Rating of all child's health care	63%	(58% - 68%)	61%	(56% - 66%)
Rating of child's health plan	63%	(58% - 67%)	61%	(56% - 65%)

+ Sample size for the 2013 MaineCare Survey is less than 100 for this item. Use results with caution. Results are weighted to represent the entire population of children enrolled in MaineCare.

Table 6. CAHPS 4.0H Chronic Care Items by MaineCare Title XIX and Title XXI Eligibility

Composite/Item	2013 MaineCare Title XIX Results		2013 MaineCare Title XXI Results	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	95% Confidence Interval
Children with Chronic Conditions Item Set				
<i>Getting Specialized Services</i>				
How often was easy to get special medical equipment or devices for child	75%	(58% - 91%) +	68%	(53% - 83%) +
How often was easy to get special therapy for child	63%	(51% - 74%) +	60%	(47% - 73%) +
How often was easy to get treatment or counseling for child	59%	(50% - 69%)	52%	(42% - 61%)
<i>Getting Prescription Medicine</i>				
How often was easy to get prescription medicines for child through health plan	73%	(67% - 79%)	78%	(73% - 83%)
<i>Family Centered Care: Personal Doctor Who Knows Child</i>				
Child's personal doctor talked about how child was feeling, growing or behaving	88%	(86% - 92%)	91%	(88% - 94%)
Child's personal doctor understood how health conditions affected child's day-to-day life	95%	(91% - 97%)	89%	(84% - 93%)
Child's personal doctor understood how health conditions affected child's family's day-to-day life	91%	(86% - 94%)	87%	(82% - 92%)
<i>Family Centered Care: Shared Decision-Making</i>				
Child's doctor or health provider offered more than one choice for child's treatment of care	46%	(41% - 52%)	46%	(41% - 51%)
Doctor or health provider discussed pros & cons of each choice for child's treatment or care (2 point scale)	97%	(93% - 100%)	96%	(93% - 99%)
Doctor or health provider asked parent/guardian which treatment/care choice was best for child (2 point scale)	92%	(87% - 96%)	90%	(86% - 95%)
<i>Family Centered Care: Getting Needed Information</i>				
How often questions answered by child's doctors or health providers	86%	(82% - 90%)	81%	(77% - 85%)
<i>Coordination of Care and Services</i>				
Got help needed from child's doctors or health providers in contacting child's school or daycare	92%	(84% - 99%) +	94%	(90% - 99%) +
Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services	50%	(42% - 58%)	46%	(39% - 54%)

+ Sample size for the 2013 MaineCare Survey is less than 100 for this item. Use results with caution. Results are weighted to represent the entire population of children enrolled in MaineCare.

MaineCare Patient Experience of Children with Special Health Care Needs (CSHCN)

A group of particular interest is children with special health care needs (CSHCN)—defined as children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally.¹⁷ Several federal and state programs target CSHCN, including children in the foster care or adoption assistance programs (Title IV-E), Supplemental Security Income (SSI), Title V-funded care coordination services¹⁸, or services under a 1903(3) (3) option, known as the Katie Beckett option.

Prevalence of CSHCN in MaineCare

We identified CSHCN in our survey sample using the CSHCN Screener developed by Bethell et al. (2002).¹⁹ The CSHCN Screener is included in the CAHPS 4.0H Child Medicaid survey, and identifies children who experience at least one of five different health consequences: (1) use or need of prescription medication, (2) above-average use or need of medical, mental health or educational services, (3) functional limitations compared with others of same age, (4) use or need of specialized therapies, and (5) treatment or counseling for emotional or developmental problems. To qualify as a CSHCN, the following must all be present:

- The child must currently experience one of the five specific consequences noted above;
- The consequence must be due to a medical, behavioral, or other health condition;
- The duration or expected duration of the condition is 12 months or longer.

An estimated 35% of all children who are currently enrolled in MaineCare meet the CSHCN screening criteria (Table 7). Of the five qualifying health consequences, use or need of prescription medications is the most prevalent at 24%, followed by above-average use of services (20%), and current treatment or counseling for emotional, behavioral, or developmental problems (20%).

The prevalence of children with special health care needs is significantly higher among children enrolled in MaineCare than in the general population of children in Maine. Data from a national survey conducted in 2009-2010 showed that 15.1% of children nationwide have special health care needs, and that 19.4% of all children in Maine have special health care needs.²⁰ Children enrolled in MaineCare are almost twice as likely (at 35%) to have a special health care need compared with other children in Maine.

17 McPherson, M., et al. A new definition of children with special health care needs. *Pediatrics*, 1998; 102: 137-40.

18 The Title V Program is funded by the federal Maternal and Child Health block grant and supports children with the following conditions: blood disorders, cardiac defects, childhood oncology, craniofacial anomalies, gastrointestinal disorders, metabolic disorders, ophthalmologic diseases, orthopedic, neurological neurosensory, neuromuscular, or respiratory conditions.

19 For more information, see Bethell, C.D., Read, D., Stein, R., et al. Identifying children with special health care needs: development and evaluation of a short screening instrument. *Ambulatory Pediatrics*. 2002;2:49-57. <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chttoolbx/bethellscreener.pdf>; The complete CSHCN Screener is also available at: <http://depts.washington.edu/dbpeds/Screening%20Tools/CSHCN-CAMHIScreener.pdf>

20 National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [11/12/2013] from www.childhealthdata.org.

Table 7. CSHCN Screener Results

Item	Results		
	n	%	95% CI
<i>Health consequence of child's chronic condition or special health care needs</i>			
Use or need of prescription medication	1055	24%	(22% - 27%)
Above average use or need of medical, mental health or educational services	1049	20%	(18% - 23%)
Functional limitations compared with others of the same age	1061	12%	(9% - 14%)
Use or need of specialized therapies (occupational therapy, physical therapy, speech therapy, etc.)	1064	9%	(7% - 11%)
Treatment or counseling for emotional, behavioral or developmental problems	1055	20%	(17% - 23%)
<i>Child with Special Health Care Needs (experiences one or more of these health consequences)</i>	1073	35%	(32% - 39%)

n=unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Differences in Experience of Care for CSHCN and non-CSHCN Groups

Ensuring that children with special health care needs enrolled in MaineCare have adequate access to needed services is important not only for the health and well-being of these children, but also for the control of current and future MaineCare expenditures. By helping children and families to better manage their chronic conditions, MaineCare can help avoid the use of more costly emergency and hospital services.

To identify areas where MaineCare may be able to improve the quality of services delivered to CSHCN, we compared Top Box scores for CSHCN and non-CSHCN on all 32 of the core and chronic care CAHPS items. Between-group differences were statistically significant at the 0.05 level for only two items: parents of CSHCN were significantly less likely than parents in the non-CSHCN group to report that it was always easy for them to obtain prescription medications for their child (68% vs. 82%). However, parents of CSHCN were significantly more likely to state that their provider always offered more than one treatment choice for their child (53% vs. 42%).

Although the between-group differences did not reach statistical significance for any of the remaining 30 CAHPS items, we did find discrepancies of more than 10% on a total of seven items which may indicate a need for further monitoring or inquiry (see Table 8). Parents of CSHCN were less likely than parents of children without special health care needs to indicate that customer service always gave them the information or help they needed (42% vs. 56%); that it was always easy to access special therapy for the child (59% vs. 69%); that it was always easy to obtain special medical equipment for the child (69% vs. 79%); and that they always received the help they needed from providers in contacting the child's school or day care (89% vs. 100%). On the other hand, parents of CSHCN were more likely to report that they got help in coordinating the child's care among different providers (54% vs. 43%).

Table 8. CAHPS 4.0H Item Comparison of CSHCN and non-CSHCN Groups

Composite/Item	n	CSHCN	Non-CSHCN	CSHCN Comparison
<i>Core CAHPS 4.0 Health Plan Item Set</i>				
Customer service at child’s health plan gave information ore help needed +	129	42%	56%	↓
How often was easy to get special therapy for child +	142	59%	69%	↓
How often was easy to get prescription medicines for child through health plan +	515	68%	82%	↓
<i>Children with Chronic Conditions Item Set</i>				
How often was easy to get special medical equipment or devices for child (% “Always”) +	63	69%	79%	↓
Child’s doctor or health provider offered more than one choice for child’s treatment or care (% “Always”) *	739	53%	42%	↑
Got help needed from child’s doctors or health providers in contacting child’s school or daycare +	167	89%	100%	↓
Got help from child’s health plan, doctor’s office, or clinic to coordinate child’s care among different providers/services	388	54%	43%	↑

n=unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

+ Sample size for one or more categories <100. Use results with caution.

* Differences significant at p< .05.

↑	CSHCN at least 10% higher
↓	CSHCN at least 10% lower

Other Areas Relevant to MaineCare Policy

Well-Child Visit Topics

Bright Futures is a comprehensive set of health supervision guidelines developed by multidisciplinary child health experts to provide a framework for well-child care from birth to age 21.²¹ These guidelines indicate how often well-child visits should occur, specify which immunizations, examinations, and screening should be conducted at each visit, and describe how developmental milestones should be monitored. In addition, the guidelines outline age-specific “anticipatory guidance” that should be provided to parents and their child at each visit. Examples of such guidance include information about child-proofing the home for parents of infants, monitoring TV viewing for middle-school age children, or counseling adolescents to avoid drugs and alcohol. MaineCare Services adopted the Bright Futures guidelines as a standard of care for all pediatric patients in 1998. Use of the guidelines was encouraged by convening a group of pediatric providers to develop clinical forms that were user-friendly, and by offering enhanced reimbursement rates for providers who used the forms.²² More recently, through MaineCare’s Improving Health Outcomes for Children CHIPRA quality demonstration grant, Maine Quality Counts is leading the First STEPS (Strengthening Together Early Preventive Services)

21 Available at: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

22 Available at: <http://www.maine.gov/dhhs/oms/provider/childrens.html>

initiative, to support Maine’s pediatric and family practices serving a high volume of MaineCare children in improving preventive and screening processes recommended within Bright Futures guidelines.

To examine the extent to which MaineCare providers follow Bright Futures recommendations for anticipatory guidance, we asked parents to indicate how frequently their child’s primary care provider (PCP) talks with them or their child about selected health and behavioral issues during well-child visits.²³

Table 9. Topics Discussed in Well-Child Visits

Composite/Item	Results		
	n	%	95% CI
<i>In the last 6 months, did your child’s personal doctor talk with your about... (% “Always”)</i>			
Physical activity or exercise (age 3+)	633	76%	(72% - 81%)
Sugar-sweetened drinks	743	75%	(71% - 79%)
Nutrition and diet	745	75%	(71% - 79%)
Risks of second hand smoke	741	70%	(66% - 74%)
Weight	743	70%	(66% - 75%)
Television viewing/screen time	741	67%	(62% - 71%)
Use of tobacco products (age 8+)	403	60%	(54% - 67%)
Mental Health (age 3+)	614	60%	(55% - 65%)
Drug or alcohol use (age 8+)	396	57%	(50% - 64%)
Reproductive health (age 8+)	395	48%	(42% - 55%)

n=unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Survey results indicate that MaineCare providers commonly discuss risk factors for obesity with families of children enrolled in the program (Table 9). Among children whose parent reported having at least one visit with their personal doctor in the past six months, more than three fourths had discussed physical activity or exercise with their doctor. Seventy-five per cent had discussed nutrition/diet and sugar-sweetened drinks, and 70% had discussed weight. These rates were comparable or slightly higher than what was reported in the 2012 survey. Physician discussions of television-viewing/other screen time lagged behind the other obesity-related measures somewhat, at 67%, but increased from 63% in 2012. These results could be an indication of greater attention to these topics by practices as a result of First STEPS and other learning initiatives in the state focusing on childhood obesity.

We also checked to see if children who were obese were any more likely than children who were not obese to discuss obesity-related behaviors with their doctor. We found a significant difference with respect to nutrition/diet and consumption of sugar-sweetened drinks. Pediatric providers were more likely to discuss these issues with obese children and their families in an effort to encourage healthy behaviors. These rates can serve as a baseline for measuring the impact of First STEPS Phase III which focuses on targeted treatments and interventions for children at-risk of being overweight.

²³ Respondents who said their child who had not visited a doctor in the past 6 months, and those who said their child does not have a personal doctor were not asked this series of questions.

In addition to including obesity-related questions, for children ages eight and older, we asked parents if their child’s provider discussed use of tobacco products, risks of second hand smoke, drug or alcohol use, mental health, and reproductive health. Seventy percent of parents reported that providers discussed risks of second-hand smoke. Sixty percent of parents indicated that their child’s provider discussed mental health issues—a statistically significant increase from last year when just 53% of parents reported discussing mental health with their child’s doctor ($p < 0.05$). While not statistically significant, there was an increase from 2012 to 2013 in the percent of parents reporting that doctors discussed tobacco products, drug and alcohol use, and reproductive health at recommended ages. Sixty percent of doctors’ discussed use of tobacco products, up from 57% in 2012. Fifty seven percent discussed drug or alcohol use, up from 52% in 2012, and 48% discussed reproductive health, up from (44%) in 2012.

Prevalence of Childhood Obesity

To determine the weight status of children with MaineCare coverage, we asked parents to report the height and weight of their children; we then used Centers for Disease Control (CDC) guidelines to calculate the body mass index (BMI) and their BMI-for-age percentile ranking based on growth charts for both boys and girls.²⁴ The CDC classifies weight status according to the following table:

Weight status category	BMI age and sex-specific percentile range
Underweight	Less than the 5 th percentile
Healthy weight	5 th percentile to less than the 85 th percentile
Overweight	85 th to less than the 95 th percentile
Obese	Equal to or greater than the 95 th percentile

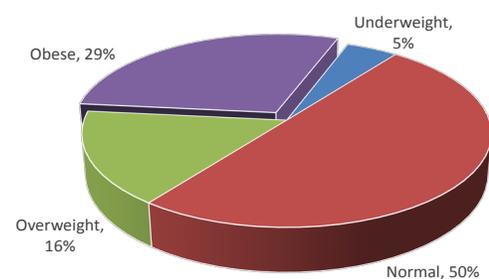
Overall, according to CDC classification, more than one fourth of children with MaineCare coverage (29%) were obese, and 41% were obese or overweight. These results were not significantly different from 2012 findings. Moreover, there were no significant differences in rates of obesity by age or by region of residence.

Table 10. Body Mass Index

Composite/Item	Results		
	n	%	95% CI
<i>Parent-reported BMI</i>			
Underweight (<5th percentile)	880	5%	(3% - 7%)
Normal weight (5th - 84th)	880	50%	(46% - 55%)
Overweight (85th - 94th)	880	16%	(13% - 20%)
Obese (95th percentile)	880	29%	(25% - 33%)

n=unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.



²⁴ Centers for Disease Control and Prevention. *About Body Mass Index for Children and Teens*. http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html Accessed Nov 12, 2013.

Dental Services and Unmet Need for Care

The MaineCare program has identified oral health and ensuring access to dental care as a priority. Therefore, several questions related to dental services were included in the 2013 survey (Table 11). We found that nearly two-thirds (62%) of all children enrolled in MaineCare had received dental services in the past six months, and one in five (20%) had had more than one visit with a dental provider. The overall rating of the child's dental care was quite high, with a mean score of 8.9 (out of 10), and a 68% Top Box score. This was more favorable than the Top Box rating of 63% given by respondents for all of their child's health care (see Table 3).

Survey results showed that a majority of children served by MaineCare had a usual source of dental care (77%), as measured by the question: "Is there a particular dentist or dental clinic that [your child] usually goes to if he/she needs dental care or dental advice?" Having a usual source of dental care was less common among children ages 5 or younger (61%), relative to children ages 6 – 12 and teens, who had rates of 89% and 85%, respectively. These results were comparable to and not significantly different from what was reported in 2012.

Eleven percent of children with MaineCare coverage had dental care that was delayed or not received at some time in the past 6 months. While not statistically significant, this was an improvement over 2012 when 14% reported delaying or not receiving dental care. There were no significant differences in the prevalence of unmet dental needs in 2013 by age, MaineCare eligibility, or region of residence. However, in comparing the CSHCN and non-CSHCN groups, we found that a higher proportion of CSHCN children (14.7% vs. 8.7%) had unmet dental care needs. When those with unmet needs were asked to state the main reason why their child's dental care was delayed, 40% said that their dental provider refused to accept MaineCare (down from 47% in 2012), and another 9% said they could not afford to pay for care.

Among the 42 respondents who provided some "other reason" why their child's dental care, tests, or treatments were delayed, 12 stated that their children's dentists were unable to offer timely appointments due to their heavy patient loads. Five parents reported scheduling problems attributable to other factors, (e.g., inconvenient hours at the dental clinic, long travel times between home and clinic). Three respondents stated that they had been unable to find dentists who could accommodate their children's special needs; three said that their dentists had not been available at scheduled appointment times; and two reported that their children's care had been delayed due to the need to coordinate dental services with other medical care.

Table 11. Rating of Dental Care and Prevalence of Unmet Need

Composite/Item	Results		
	n	%	95% CI
<i>Any Dental Care</i>			
Child received care from a dentist/ dental clinic in past 6 months	1070	62%	(58% - 66%)
<i>Number of Visits to Dentist/Dental Clinic (past 6 mo)</i>			
None	1069	39%	(35% - 42%)
1	1069	29%	(25% - 33%)
2-4	1069	18%	(15% - 21%)
5 or more	1069	2%	(1% - 3%)
<i>Overall Rating of Dental Care</i>			
Rating of all child's dental care (% responding 9 or higher on 10 point rating scale)	697	68%	(63% - 73%)
<i>Usual Source of Dental Care</i>			
Particular dentist or dental clinic child goes to for dental needs or advice	1073	77%	(74% - 81%)
Age 5 or younger	323	61%	(54% - 67%)
Ages 6-12	447	89%	(86% - 93%)
Age 13 or older	303	85%	(80% - 91%)
<i>Unmet Need for Dental Care</i>			
Dental care delayed or not received at some time in past 6 months	1064	11%	(8% - 13%)
<i>Reasons for Unmet Need for Dental Care</i>			
Dental provider refused MaineCare	118	40%	(27% - 52%)
Could not afford care	118	9%	(2% - 16%)
MaineCare would not cover care	118	4%	(0% - 7%)
Did not know where to get care	118	5%	(0% - 11%)
Other reason	118	36%	(24% - 48%)

n=weighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Tobacco Use and Environmental Tobacco Smoke

The health risks of smoking are well-known, and environmental tobacco smoke (ETS) has been shown to increase the likelihood of asthma exacerbations in pre-school children.²⁵ Parents of children aged eight or older were asked whether their child used tobacco products. No children under the age of 13 were reported as smoking or using tobacco. The estimated rate of tobacco use among teens age 13 through 18 who are enrolled in MaineCare was 1%, down from 6% in 2012 (Table 12). By comparison, results from the Maine's 2011 Youth Risk Behavior Survey, in which teens self-reported their use of tobacco products, showed that 20.3% (19.0 – 21.6%) of Maine high school students currently use tobacco in some form.²⁶ Smoking behavior among teens is

25 Institute of Medicine. (2000). *Clearing the Air: Asthma and Indoor Air Exposures*. Washington, D.C.: National Academy Press, p. 438.

26 Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance—United States, 2011*. Morbidity and Mortality Weekly Report

likely underreported by parents participating in the MaineCare survey due to social acceptability bias or because the parent may not be aware that the child smokes.

We also asked how many people smoke or use tobacco products in the home. An estimated 41% of all children with MaineCare coverage live in a household with at least one adult smoker. This rate is substantially higher than the national rate of household tobacco use in children’s homes, which was 24.1% according to the 2011/2012 National Survey of Children’s Health.²⁷

Table 12. Smoking Behaviors

Composite/Item	Results		
	n	%	95% CI
<i>Child smoking behavior</i>			
Child smokes or uses tobacco products (age 13+ only)	662	1%	(0% - 3%)
<i>Second-hand smoke in home</i>			
Child lives in household where 1 or more adults smoke	1070	41%	(37% - 45%)

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Parent Employment Status

Interviewers asked respondents to identify the main wage earner in the household, and then asked for the employment status of that person.²⁸ Just over 59% of respondents said they were the main wage earner, and 38.5% identified their spouse or unmarried partner as such (unweighted results).

Table 13 and its accompanying graph show the employment status of parents of CHP (150-200% FPL), Medicaid Expansion (125-150% or 133-150% FPL), and Medicaid enrollees. Consistent with prior surveys, we found that children from the lowest income households – those enrolled in MaineCare under the Medicaid eligibility category – were more likely to live in a home where the main adult wage earner was unemployed, disabled, or engaged in part-time or seasonal employment. Seven percent of CHP children and 6% of Medicaid Expansion children lived with a primary wage earner who is disabled, while 15% of Medicaid children lived with a disabled main wage earner. The unemployment rate among the Medicaid group (13%) was about twice the unemployment rate found in CHP (6%) and Medicaid Expansion households (7%). Although not statistically significant, the percent of parents of children on MaineCare and CHP that were employed either full-time (38%) or part-time (20%) declined from 2012 (41% and 22% respectively) while the percent disabled/not working increased (from 10% to 14%).

2010;59(SS-5) [accessed 2013 Nov 12].

27 National Survey of Children’s Health. NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [11/12/2013] from www.childhealthdata.org.

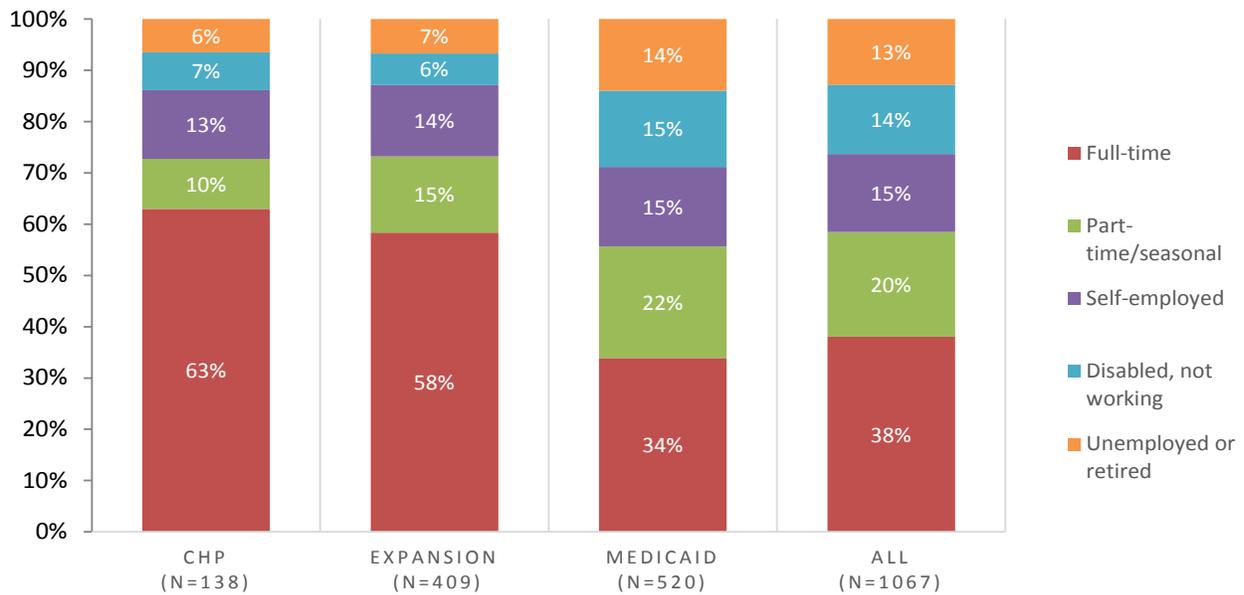
28 When necessary, interviewers explained that main wage earner refers to, “...the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.”

Table 13. Employment Status of Main Wage Earner by MaineCare Eligibility

Item/Response	Child's Eligibility Category			All (n=1067)
	CHP (n=138)	Expansion (n=409)	Medicaid (n=520)	
<i>Work status of main wage earner in the household</i>				
Full-time	63%	58%	34%	38%
Part-time/seasonal	10%	15%	22%	20%
Self-employed	13%	14%	15%	15%
Disabled, not working	7%	6%	15%	14%
Unemployed or retired	6%	7%	14%	13%

Note: Distribution of employment status is different across eligibility categories at p<.05

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.



Parent Insurance Status

Several studies have shown that children with uninsured parents are less likely to use health care services, even when the children are insured.²⁹ Another study showed that children are more likely to use preventive services and seek needed care when their parents are insured.³⁰ Because of the importance of parental insurance to the care received by children with MaineCare coverage, we asked respondents about their own insurance status.

29 Hanson, K. L. (2001). Patterns of insurance coverage within families with children. *Health Affairs*, 20(1), 240-246; Minkovitz, C. S., O'Campo, P. J., Chen, Y.-H., & Grason, H. A. (2002). Association between maternal and child health status and patterns of medical care use. *Ambulatory Pediatrics*, 2(2), 85-92.; Newacheck, P. W. (1992). Characteristics of children with high and low usage of physician services. *Medical Care*, 30(1), 30-42.

30 Davidoff, A., Dubay, L., Kenney, G. et al.(2003). The Effect of Parents' Insurance Coverage on Access to Care for Low-Income Children, *Inquiry*, 40(3), 254-68.

The majority of respondents in the 2013 survey reported having some sort of insurance coverage. MaineCare was the primary source of insurance mentioned. More than eight out of ten (84%) of MaineCare children lived in a household with a parent who was also enrolled in MaineCare, up from 82% in 2012. Only 12% of children lived with an adult who had employer-sponsored coverage. As with employment status, the percent of parents covered through employer coverage declined since in 2012 (from 15%). Twelve percent of children lived with a parent who had other public coverage (mostly Medicare), up from 8% in 2012, and 7% lived with a parent who was uninsured. However, none of these shifts in insurance status between 2012 and 2013 were statistically significant.

Table 14. Current Insurance Status of Main Wage Earner in the Household

Item/Response	Results		
	n	%	95% CI
<i>Insurance Type</i>			
MaineCare	1039	84%	(81% - 86%)
Normal weight (5th - 84th)	1052	12%	(10% - 15%)
Overweight (85th - 94th)	1052	12%	(9% - 14%)
Obese (95th percentile)	1052	7%	(5% - 9%)

n=unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Percentages do not add to 100 because respondents could select more than one type of coverage.

Children in Families Whose Main Wage Earner is Employed: Access to Employer-Sponsored Insurance

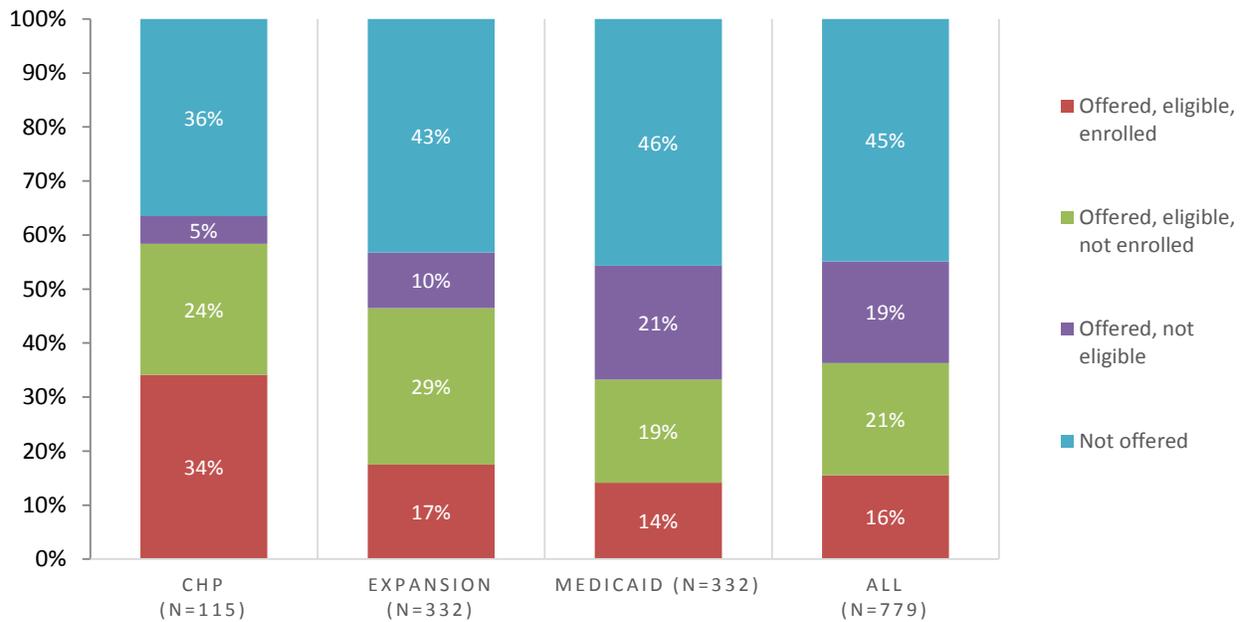
Taking a closer look at the availability of employer-sponsored insurance to parents of children with MaineCare coverage, we found that among families where the main wage earner is employed (n=779), 45% were employed by companies that did not offer any kind of health insurance, and 19% were not eligible for coverage through their employer (Table 16). For comparison, in the 2012 survey, 46% of employed main wage earners were not offered coverage, and 16% were ineligible for the coverage offered. In the current year, 37% of employed parents reported that they were eligible for coverage, but only 16% were actually enrolled in these employer-sponsored programs. In 2012, the percentage of parents stating that they were eligible for employer-based insurance was nearly the same as in the present year (38%), but a larger proportion (20%) actually enrolled in their employers' programs.

Not surprisingly, we also found that availability of employer-sponsored insurance was greater among higher-income families – those with children enrolled through the CHP eligibility category. About half (58%) of main wage earners in this group were offered insurance by their employer, versus 46% in the Expansion group and 33% in the Medicaid category.

Among respondents who said they had not enrolled in available employer coverage (n=164), 93% said the reason was the high cost of premiums, and one quarter (25%) said the available coverage was too limited (not shown). This was slightly different than last year's survey, when 94% of respondents in this group cited high premiums as their reason for not enrolling, and 35% said that their decision not to enroll was due to coverage limitations.

Table 15. Employed Main Wage Earner's Access to ESI by Child's MaineCare Eligibility

Item/Response	Child's Eligibility Category			All (n=779)
	CHP (n=115)	Expansion (n=332)	Medicaid (n=332)	
<i>Access to Employer Sponsored Insurance</i>				
Offered, eligible, enrolled	34%	17%	14%	16%
Offered, eligible, not enrolled	24%	29%	19%	21%
Offered, not eligible	5%	10%	21%	19%
Not offered	36%	43%	46%	45%

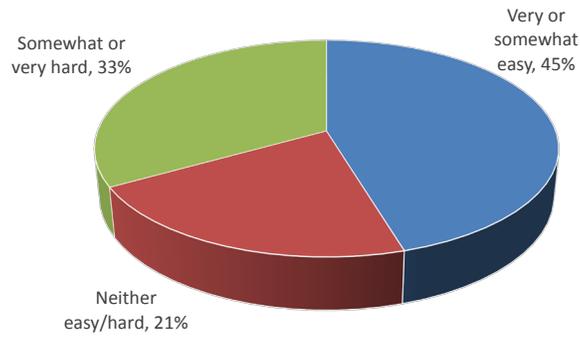


Children in Child Health Program (CHP): Affordability of CHP Premiums

Parents whose children are enrolled in MaineCare through the CHP eligibility category pay monthly premiums between \$8 and \$64, depending upon family income and number of children (see Appendix A). State and federal policymakers are interested in monitoring the extent to which this premium is burdensome to parents. The survey showed that 45% of all parents of CHP-eligible children said it was “very easy” or “somewhat easy” to pay the premium, down from 47% in 2012. Twenty-one percent reported difficulty paying the premium. The 2013 MaineCare survey did not include follow-up questions to ascertain whether these parents did not pay premiums because they were unable to afford them; this topic may warrant further investigation in future surveys of children served by MaineCare.

Table 16. Affordability of MaineCare premium (CHP only)

Composite/Item	Results		
	n	%	95% CI
<i>How easy or hard has it been to afford to pay the MaineCare premium?</i>			
Very or somewhat easy	121	45%	(36% - 55%)
Neither easy/hard	121	21%	(14% - 29%)
Somewhat or very hard	121	33%	(25% - 42%)



Appendix A: MaineCare Coverage for Children

Eligibility Group	Family Income Eligibility Limits (Percent of Federal Poverty Level)			Premium Payments	Funding Source
	Children Ages 0 to 1*	Children Ages 1 to 5	Children Ages 6 to 18		
Medicaid	185%	133%	125%	No monthly premiums	Medicaid (Title XIX)
Medicaid Expansion	n/a	133 – 150%	125 – 150%	No monthly premiums	SCHIP (Title XXI)
Separate Child Health Program (CHP)	185 – 200%	150 -- 200%		Monthly premiums of \$8 to \$64, on sliding scale	SCHIP (Title XXI)

* Infants are not included in the target population for the purposes of this survey.

Note: Children up to age 18 with a disabling condition and monthly income up to 300% of the federal SSI income eligibility limit (approximately 225% FPL) are also eligible for MaineCare. These children are grouped with the “Medicaid” group for the purposes of the survey.

Sources:

Heberlein, Martha; Brooks, Tricia; Alker, Joan; Artiga, Samantha; and Jessica Stephens, January 2013. Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012–2013. Kaiser Commission on Medicaid and the Uninsured: Washington, DC. <http://www.kff.org/medicaid/upload/8401.pdf>

Kaye, Neva; Pernice, Cynthia and Ann Cullen. September 2006. Charting SCHIP III: An Analysis of the Third Comprehensive Survey of State Children’s Health Programs. National Academy for State Health Policy: Portland, Maine. <http://www.allhealth.org/briefingmaterials/ChartingSCHIPIIIAnAnalysisoftheThirdComprehensive-539.pdf>

Note: To be eligible for the infant category, the child has not yet reached their first birthday. To be eligible for the “1 to 5” category, the child is age one or older but has not yet reached his or her sixth birthday. To be eligible in the “6 through 18” category, the child is age six or older, but has not yet reached their 19th birthday.

Age Group	Income Eligibility Limits (% of Federal Poverty Level)		
Age 0 to 1	Traditional Medicaid 0 – 185% FPL		CHP 185 – 200%
Ages 1 to 5	Traditional Medicaid 0 – 133% FPL	Expansion 133 – 150%	CHP 150 – 200%
Ages 6 to 18	Traditional Medicaid 0 – 125% FPL	Expansion 125 – 150%	CHP 150 – 200%

Appendix B: 2013 Survey Instrument

Q1	Option			
The Department of Health and Human Services records indicate that \0 IS ENROLLED in MaineCare. Is this correct? (IF "NO" OR "UNSURE", PROBE: MaineCare is health insurance provided by DHHS. They give you a plastic ID card if you are eligible)				
Q1	5	NA	Q129	
Q1	1	YES	Q5	
Q1	2	YES. AFTER PROBE	Q5	
Q1	3	NO	NEXT	
Q1	4	YES, SECONDARY, DENTAL, VISION, ETC	Q5	
Q1	6	DK	Q129	
Q2	Option			
Why is \0 no longer enrolled in MaineCare?				
Q2	1	\0 WAS NO LONGER ELIGIBLE DUE TO AGE	Q4	
Q2	2	\0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL	Q4	
Q2	3	\0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN	Q4	
Q2	4	I DID NOT SUBMIT RENEWAL APPLICATION/ON TIME	Q4	
Q2	5	NEVER ENROLLED	Q129	
Q2	6	MOVED OUT OF STATE	Q129	
Q2	7	OTHER	NEXT	
Q2	8	DK	Q4	
Q2	9	NA	Q4	
Q3	Text Entry			
What is that other reason?				
Q3	0	What is that other reason?	NEXT	
Q4	Multiple Check Entry			
What kind of health insurance, if any, does \0 have now? [MULTIPLE CHECK ENTRY]				
Q4	1	PRIVATE INS. FROM AN EMPLOYER	Q129	
Q4	2	DIRIGO CHOICE (THEY GIVE YOU A PLASTIC ID-SAYS DIRIGO CHOICE/HARVARD PILGRIM HEALTHCARE)	Q129	
Q4	3	PRIVATE INS. YOU BUY DIRECTLY FROM INSUR. CO.	Q129	
Q4	4	TRICARE/CHAMPUS/VA (other MILITARY COVERAGE)	Q129	
Q4	5	OTHER PUBLIC HEALTH INSUR. (SUCH AS SSDI/MEDICARE) - SPECIFY	Q129	

Appendix B: 2013 Survey Instrument (continued)

Q4	6	other Public Health Insurance	Q129	
Q4	7	NONE	Q129	
Q4	8	DK	Q129	
Q4	9	NA	Q129	
Q5	Option			
<p>These questions ask about \0's health care over the last 6 months. Do not include dental visits or care your child got when \G0 stayed OVERNIGHT in a hospital.</p> <p>In the last 6 months, did \0 have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?</p>				
Q5	1	YES	NEXT	
Q5	2	NO	Q7	
Q5	8	DK	Q7	
Q5	9	NA	Q7	
Q6	Option			
<p>In the last 6 months, when \0 needed care right away, how often did \G0 get care as soon as you thought \G0 needed?</p>				
Q6	1	Never	NEXT	
Q6	2	Sometimes	NEXT	
Q6	3	Usually	NEXT	
Q6	4	Always	NEXT	
Q6	8	DK	NEXT	
Q6	9	NA	NEXT	
Q7	Option			
<p>In the last 6 months, not counting the times \0 needed care right away, did you make any appointments for \G2 health care at a doctor's office or clinic?</p>				
Q7	1	YES	NEXT	
Q7	2	NO	Q9	
Q7	8	DK	Q9	
Q7	9	NA	Q9	
Q8	Option			
<p>[In the last 6 months], not counting the times \0 needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought \G0 needed?</p>				
Q8	1	Never	NEXT	
Q8	2	Sometimes	NEXT	
Q8	3	Usually	NEXT	
Q8	4	Always	NEXT	
Q8	8	DK	NEXT	
Q8	9	NA	NEXT	
Q9	Option			

Appendix B: 2013 Survey Instrument (continued)

[In the last 6 months], not counting the times \0 went to an emergency room, how many times did \G0 go to a doctor's office or clinic to get health care?				
Q9	1	1	NEXT	
Q9	2	2	NEXT	
Q9	3	3	NEXT	
Q9	4	4	NEXT	
Q9	5	5 to 9	NEXT	
Q9	6	10 or more	NEXT	
Q9	7	NONE	Q15	
Q9	8	DK	Q15	
Q9	9	NA	Q15	
Q10	Option			
[In the last 6 months], how often did you have your questions answered by your child's doctors or other health providers?				
Q10	1	Never	NEXT	
Q10	2	Sometimes	NEXT	
Q10	3	Usually	NEXT	
Q10	4	Always	NEXT	
Q10	8	DK	NEXT	
Q10	9	NA	NEXT	
Q11	Option			
Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did \0's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?				
Q11	1	YES	NEXT	
Q11	2	NO	Q14	
Q11	8	DK	Q14	
Q11	9	NA	Q14	
Q12	Option			
[In the last 6 months], did \0's doctor or other health provider talk with you about the pros and cons of each choice for \G2 treatment or health care?				
Q12	1	YES	NEXT	
Q12	2	NO	NEXT	
Q12	8	DK	NEXT	
Q12	9	NA	NEXT	
Q13	Option			
[In the last 6 months], when there was more than one choice for your child's treatment or health care, did \0's doctor or other health provider ask you which choice was best for \G1?				
Q13	1	YES	NEXT	
Q13	2	NO	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q13	8	DK	NEXT	
Q13	9	NA	NEXT	
Q14	Text Entry			
Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all \0's health care in the last 6 months?				
Q14	0	RESPONSE (98=DK, 99=NA)	NEXT	
Q15	Option			
The next questions are about dental care, school, specialized services, etc.				
In the last 6 months, did \0 get care from a dentist's office or dental clinic?				
Q15	1	YES	NEXT	
Q15	2	NO	Q18	
Q15	8	DK	Q18	
Q15	9	NA	Q18	
Q16	Option			
[In the last 6 months], how many times did \0 go to a dentist's office or dental clinic for care?				
Q16	1	1	NEXT	
Q16	2	2	NEXT	
Q16	3	3	NEXT	
Q16	4	4	NEXT	
Q16	5	5 to 9	NEXT	
Q16	6	10 or more	NEXT	
Q16	7	NONE	Q18	
Q16	8	DK	NEXT	
Q16	9	NA	NEXT	
Q17	Text Entry			
Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of \0's dental care in the last 6 months?				
Q17	0	RESPONSE (98=DK, 99=NA)	NEXT	
Q18	Option			
UNMET NEED FOR DENTAL CARE				
Sometimes people have difficulty getting dental care when they need it. During the past 6 months, was there any time when \0 needed dental care but it was delayed or not received?				
Q18	1	YES	NEXT	
Q18	2	NO	Q21	
Q18	8	DK	Q21	
Q18	9	NA	Q21	
Q19	Option			

Appendix B: 2013 Survey Instrument (continued)

Which of the following best describes the main reason \0 was delayed in getting dental care, tests, or treatments you or a dentist believed necessary?				
Q19	1	Couldn't afford care	Q21	
Q19	2	Mainecare wouldn't approve, cover, or pay for care	Q21	
Q19	3	Dental provider refused to accept Maine-care	Q21	
Q19	4	Problems getting to dental provider's office	Q21	
Q19	5	Didn't know where to go to get care, or	Q21	
Q19	6	Some other reason	NEXT	
Q19	8	DK	Q21	
Q19	9	NA	Q21	
Q20	Text Entry			
What is that other reason?				
Q20	1	ENTER REASON (DK=8, NA=9)	NEXT	
Q21	Option			
Is there a particular dentist or dental clinic that \0 usually goes to if he/she needs dental care or dental advice?				
Q21	1	YES	NEXT	
Q21	2	NO	NEXT	
Q22	Multiple Check Entry			
It is important for MaineCare to keep members informed. Which of the following is the best way for MaineCare to keep you informed and aware of resources? (READ, CHECK ALL THAT APPLY)				
Q22	1	telephone	Q24	
Q22	2	email	Q24	
Q22	3	regular mail (US Postal Service)	Q24	
Q22	4	text message	Q24	
Q22	5	MaineCare website	Q24	
Q22	6	some OTHER way	Q24	
Q22	7	DK	Q24	
Q22	8	NA	Q24	
Q22	9	other way	Q24	
Q23	Option			
RESERVED – ALWAYS CHECK 1				
Q23	1	YES	NEXT	
Q24	Option			
Has \0 been enrolled in any kind of school or daycare in the past 6 months?				
Q24	1	YES	NEXT	
Q24	2	NO	Q27	

Appendix B: 2013 Survey Instrument (continued)

Q24	8	DK	Q27	
Q24	9	NA	Q27	
Q25	Option			
[In the last 6 months], did you need \0's doctors or other health providers to contact a school or daycare center about \G2 health or health care?				
Q25	1	YES	NEXT	
Q25	2	NO	Q27	
Q25	8	DK	Q27	
Q25	9	NA	Q27	
Q26	Option			
[In the last 6 months], did you get the help you needed from your child's doctors or other health providers in contacting \G2 school or daycare?				
Q26	1	YES	NEXT	
Q26	2	NO	NEXT	
Q26	8	DK	NEXT	
Q26	9	NA	NEXT	
Q27	Option			
SPECIALIZED SERVICES				
Special medical equipment or devices include things such as a walker, wheelchair, nebulizer, feeding tubes, oxygen equipment and so on.				
In the last 6 months, did you get or try to get any special medical equipment or devices for \0?				
Q27	1	YES	NEXT	
Q27	2	NO	Q30	
Q27	8	DK	Q30	
Q27	9	NA	Q30	
Q28	Option			
[In the last 6 months], how OFTEN was it easy to get special medical equipment or devices for your child?				
Q28	1	Never	NEXT	
Q28	2	Sometimes	NEXT	
Q28	3	Usually	NEXT	
Q28	4	Always	NEXT	
Q28	8	DK	NEXT	
Q28	9	NA	NEXT	
Q29	Option			
Did anyone from \0's doctor's office, clinic or MaineCare help you get special medical equipment or devices for your child?				
Q29	8	DK	NEXT	
Q29	9	NA	NEXT	
Q29	1	YES	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q29	2	NO	NEXT	
Q29	3	(VOL) SOMEONE ELSE HELPED	NEXT	
Q30	Option			
In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for \0?				
Q30	1	YES	NEXT	
Q30	2	NO	Q33	
Q30	8	DK	Q33	
Q30	9	NA	Q33	
Q31	Option			
[In the last 6 months], how OFTEN was it easy to get this therapy for \G1?				
Q31	1	Never	NEXT	
Q31	2	Sometimes	NEXT	
Q31	3	Usually	NEXT	
Q31	4	Always	NEXT	
Q31	8	DK	NEXT	
Q31	9	NA	NEXT	
Q32	Option			
Did anyone from \0's doctor's office, clinic or MaineCare help you get this therapy for \G1?				
Q32	1	YES	NEXT	
Q32	2	NO	NEXT	
Q32	3	(VOL) SOMEONE ELSE HELPED	NEXT	
Q32	8	DK	NEXT	
Q32	9	NA	NEXT	
Q33	Option			
In the last 6 months, did you get or try to get treatment or counseling for \0 for an emotional, developmental, or behavioral problem?				
Q33	1	YES	NEXT	
Q33	2	NO	Q36	
Q33	8	DK	Q36	
Q33	9	NA	Q36	
Q34	Option			
[In the last 6 months], how OFTEN was it easy to get this treatment or counseling for your child?				
Q34	1	Never	NEXT	
Q34	2	Sometimes	NEXT	
Q34	3	Usually	NEXT	
Q34	4	Always	NEXT	
Q34	8	DK	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q34	9	NA	NEXT	
Q35	Option			
Did anyone from \0's doctor's office, clinic or MaineCare help you get this treatment or counseling for \G1?				
Q35	1	YES	NEXT	
Q35	2	NO	NEXT	
Q35	3	(VOL) SOMEONE ELSE HELPED	NEXT	
Q35	8	DK	NEXT	
Q35	9	NA	NEXT	
Q36	Option			&Q9>6
In the last 6 months, did \0 get care from more than one kind of health care provider or use more than one kind of health care service?				
Q36	1	YES	NEXT	
Q36	2	NO	Q38	
Q36	8	DK	NEXT	
Q36	9	NA	NEXT	
Q37	Option			&Q9>6
[In the last 6 months], did anyone from \0's doctor's office, clinic or MaineCare help coordinate your child's care among these different providers or services?				
Q37	1	YES	NEXT	
Q37	2	NO	NEXT	
Q37	3	(VOL) SOMEONE ELSE HELPED	NEXT	
Q37	8	DK	NEXT	
Q37	9	NA	NEXT	
Q38	Option			
YOUR CHILD'S PERSONAL DOCTOR				
A personal doctor is the one your child would see if \G0 needs a check-up or gets sick or hurt. Does \0 have a personal doctor?				
Q38	1	YES	NEXT	
Q38	2	NO	Q61	
Q38	8	DK	Q61	
Q38	9	NA	Q61	
Q39	Option			
In the last 6 months, how many times did \0 visit \G2 personal doctor for care?				
Q39	1	1	NEXT	
Q39	2	2	NEXT	
Q39	3	3	NEXT	
Q39	4	4	NEXT	
Q39	5	5 to 9	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q39	6	10 or more	NEXT	
Q39	7	NONE	Q47	
Q39	8	DK	NEXT	
Q39	9	NA	NEXT	
Q40	Option			
In the last 6 months, how OFTEN did \G2 personal doctor explain things in a way that was easy to understand?				
Q40	1	Never	NEXT	
Q40	2	Sometimes	NEXT	
Q40	3	Usually	NEXT	
Q40	4	Always	NEXT	
Q40	8	DK	NEXT	
Q40	9	NA	NEXT	
Q41	Option			
[In the last 6 months], how often did \0's personal doctor listen carefully to you?				
Q41	1	Never	NEXT	
Q41	2	Sometimes	NEXT	
Q41	3	Usually	NEXT	
Q41	4	Always	NEXT	
Q41	8	DK	NEXT	
Q41	9	NA	NEXT	
Q42	Option			
[In the last 6 months], how often did \G2 personal doctor show respect for what you had to say?				
Q42	1	Never	NEXT	
Q42	2	Sometimes	NEXT	
Q42	3	Usually	NEXT	
Q42	4	Always	NEXT	
Q42	8	DK	NEXT	
Q42	9	NA	NEXT	
Q43	Option			
Is \0 able to talk with doctors about \G2 health care?				
Q43	1	YES	NEXT	
Q43	2	NO	Q45	
Q43	8	DK	Q45	
Q43	9	NA	Q45	
Q44	Option			
In the last 6 months, how OFTEN did \0's personal doctor explain things in a way that was easy for \G1 to understand?				
Q44	1	Never	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q44	2	Sometimes	NEXT	
Q44	3	Usually	NEXT	
Q44	4	Always	NEXT	
Q44	8	DK	NEXT	
Q44	9	NA	NEXT	
Q45	Option			
In the last 6 months, how often did \0's personal doctor spend enough time with \G1?				
Q45	1	Never	NEXT	
Q45	2	Sometimes	NEXT	
Q45	3	Usually	NEXT	
Q45	4	Always	NEXT	
Q45	8	DK	NEXT	
Q45	9	NA	NEXT	
Q46	Option			
In the last 6 months, did \0's personal doctor talk with you about how \0 is feeling, growing, or behaving?				
Q46	1	YES	NEXT	
Q46	2	NO	NEXT	
Q46	8	DK	NEXT	
Q46	9	NA	NEXT	
Q47	Text Entry			
Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate \0's personal doctor?				
Q47	0	RESPONSE (98=DK, 99=NA)	NEXT	
Q48	Option			
Does \0 have any medical, behavioral, or other health conditions that have lasted for more than 3 months?				
Q48	1	YES	NEXT	
Q48	2	NO	Q51	
Q48	8	DK	Q51	
Q48	9	NA	Q51	
Q49	Option			&Q38=2
Does \0's personal doctor understand how these medical, behavioral, or other health conditions affect \0,S day-to-day life?				
Q49	1	YES	NEXT	
Q49	2	NO	NEXT	
Q49	8	DK	NEXT	
Q49	9	NA	NEXT	
Q50	Option			&Q38=2
Does \0's personal doctor understand how these medical, behavioral, or other health conditions affect your FAMILY's day-to-day life?				

Appendix B: 2013 Survey Instrument (continued)

Q50	1	YES	NEXT	
Q50	2	NO	NEXT	
Q50	8	DK	NEXT	
Q50	9	NA	NEXT	
Q51	Option			&Q38=2 OR Q39=7
PROVIDER EDUCATION				
In the last 6 months, did \0's personal doctor talk with you about: Nutrition and diet?				
Q51	1	YES	NEXT	
Q51	2	NO	NEXT	
Q51	8	DK	NEXT	
Q51	9	NA	NEXT	
Q52	Option			&\5<3 OR Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . .] Physical activity or exercise?				
Q52	1	YES	NEXT	
Q52	2	NO	NEXT	
Q52	8	DK	NEXT	
Q52	9	NA	NEXT	
Q53	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . .] Weight?				
Q53	1	YES	NEXT	
Q53	2	NO	NEXT	
Q53	8	DK	NEXT	
Q53	9	NA	NEXT	
Q54	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . .] Television viewing or other screen time?				
Q54	1	YES	NEXT	
Q54	2	NO	NEXT	
Q54	8	DK	NEXT	
Q54	9	NA	NEXT	
Q55	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . .] Sugar-sweetened drinks?				
Q55	1	YES	Q61	
Q55	2	NO	Q61	

Appendix B: 2013 Survey Instrument (continued)

Q55	8	DK	Q61	
Q55	9	NA	Q61	
Q56	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . . .] Use of tobacco products?				
Q56	1	YES	Q61	
Q56	2	NO	Q61	
Q56	8	DK	Q61	
Q56	9	NA	Q61	
Q57	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . . .] Risks of second-hand smoke?				
Q57	1	YES	Q61	
Q57	2	NO	Q61	
Q57	8	DK	Q61	
Q57	9	NA	Q61	
Q58	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . . .] Drug or alcohol use?				
Q58	1	YES	Q61	
Q58	2	NO	Q61	
Q58	8	DK	Q61	
Q58	9	NA	Q61	
Q59	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . . .] Mental health?				
Q59	1	YES	Q61	
Q59	2	NO	Q61	
Q59	8	DK	Q61	
Q59	9	NA	Q61	
Q60	Option			&Q38=2 OR Q39=7
[In the last 6 months, did \0's personal doctor talk with you about . . .] Reproductive health?				
Q60	1	YES	NEXT	
Q60	2	NO	NEXT	
Q60	8	DK	NEXT	
Q60	9	NA	NEXT	
Q61	Option			

Appendix B: 2013 Survey Instrument (continued)

CARE FROM SPECIALISTS				
Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.				
In the last 6 months, did you try to make any appointments for \0 to see a specialist? Please do not include dental visits or care your child got when he or she stayed OVERNIGHT in a hospital.				
Q61	1	YES	NEXT	
Q61	2	NO	Q65	
Q61	8	DK	Q65	
Q61	9	NA	Q65	
Q62	Option			
[In the last 6 months], how often was it easy to get appointments for \0 with specialists?				
Q62	8	DK	NEXT	
Q62	9	NA	NEXT	
Q62	1	Never	NEXT	
Q62	2	Sometimes	NEXT	
Q62	3	Usually	NEXT	
Q62	4	Always	NEXT	
Q63	Option			
How many specialists has your child seen in the last 6 months?				
Q63	1	1 specialist	NEXT	
Q63	2	2	NEXT	
Q63	3	3	NEXT	
Q63	4	4	NEXT	
Q63	5	5 or more specialists	NEXT	
Q63	7	NONE	Q65	
Q63	8	DK	Q65	
Q63	9	NA	Q65	
Q64	Text Entry			
{Q63=1}{We want to know your rating of the specialist \0 saw in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?}{We want to know your rating of the specialist \0 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?}				
Q64	0	RESPONSE (98=DK, 99=NA)	NEXT	
Q65	Option			
The next questions ask about your experience with MaineCare as your child's health plan.				
In the last 6 months, did you try to get ANY kind of care, tests, or treatment for \0 through MaineCare? IF NECESSARY: That would include any doctor visits. PROBE IF "NO": Was it through another health plan?				
Q65	1	YES	NEXT	
Q65	2	NO	Q67	

Appendix B: 2013 Survey Instrument (continued)

Q65	3	YES, THROUGH ANOTHER HEALTH PLAN	Q67	
Q65	8	DK	Q67	
Q65	9	NA	Q67	
Q66	Option			
[In the last 6 months], how OFTEN was it easy to get the care, tests, or treatment you thought \0 needed through MaineCare?				
Q66	1	Never	NEXT	
Q66	2	Sometimes	NEXT	
Q66	3	Usually	NEXT	
Q66	4	Always	NEXT	
Q66	8	DK	NEXT	
Q66	9	NA	NEXT	
Q67	Option			
In the last 6 months, did you try to get information or help for \0 from MaineCare staff?				
Q67	1	YES	NEXT	
Q67	2	NO	Q70	
Q67	8	DK	Q70	
Q67	9	NA	Q70	
Q68	Option			
In the last 6 months, how OFTEN did MaineCare staff give you the information or help you needed for \0?				
Q68	1	Never	NEXT	
Q68	2	Sometimes	NEXT	
Q68	3	Usually	NEXT	
Q68	4	Always	NEXT	
Q68	8	DK	NEXT	
Q68	9	NA	NEXT	
Q69	Option			
In the last 6 months, how often did MaineCare staff treat you with courtesy and respect?				
Q69	1	Never	NEXT	
Q69	2	Sometimes	NEXT	
Q69	3	Usually	NEXT	
Q69	4	Always	NEXT	
Q69	8	DK	NEXT	
Q69	9	NA	NEXT	
Q70	Option			
In the last 6 months, did MaineCare give you any forms to fill out for \0?				
Q70	1	YES	NEXT	
Q70	2	NO	Q72	

Appendix B: 2013 Survey Instrument (continued)

Q70	8	DK	Q72	
Q70	9	NA	Q72	
Q71	Option			
[In the last 6 months], how OFTEN were the forms from MaineCare easy to fill out?				
Q71	1	Never	NEXT	
Q71	2	Sometimes	NEXT	
Q71	3	Usually	NEXT	
Q71	4	Always	NEXT	
Q71	8	DK	NEXT	
Q71	9	NA	NEXT	
Q72	Text Entry			
Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate \0's MaineCare?				
Q72	0	RESPONSE (98=DK, 99=NA)	NEXT	
Q73	Option			\6<>30
MaineCare requires a premium to be paid every month. How easy or hard has it been to afford to pay the premium? Is it . . .				
Q73	1	Very easy	NEXT	
Q73	2	Somewhat easy	NEXT	
Q73	3	Neither easy nor hard	NEXT	
Q73	4	Somewhat hard, or	NEXT	
Q73	5	Very hard	NEXT	
Q73	6	DOESN'T PAY PREMIUM	NEXT	
Q73	8	DK	NEXT	
Q73	9	NA	NEXT	
Q74	Option			
In the last 6 months, did you get or refill any prescription medicines for \0?				
Q74	1	YES	NEXT	
Q74	2	NO	Q77	
Q74	8	DK	Q77	
Q74	9	NA	Q77	
Q75	Option			
[In the last 6 months], how OFTEN was it easy to get prescription medicines for \0 through MaineCare?				
Q75	1	Never	NEXT	
Q75	2	Sometimes	NEXT	
Q75	3	Usually	NEXT	
Q75	4	Always	NEXT	
Q75	8	DK	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q75	9	NA	NEXT	
Q76	Option			
Did anyone from \0's doctor's office, clinic or MaineCare help you get \G2 prescription medicines?				
Q76	1	YES	NEXT	
Q76	2	NO	NEXT	
Q76	8	DK	NEXT	
Q76	9	NA	NEXT	
Q76	3	SOMEONE ELSE HELPED (VOL.)	NEXT	
Q77	Option			
ABOUT YOUR CHILD AND YOU				
In general, how would you rate \0's overall health?				
Q77	1	Excellent	NEXT	
Q77	2	Very Good	NEXT	
Q77	3	Good	NEXT	
Q77	4	Fair	NEXT	
Q77	5	Poor	NEXT	
Q77	8	DK	NEXT	
Q77	9	NA	NEXT	
Q78	Option			
Does \0 currently need or use medicine prescribed by a doctor (other than vitamins)?				
Q78	1	YES	NEXT	
Q78	2	NO	Q81	
Q78	8	DK	Q81	
Q78	9	NA	Q81	
Q79	Option			
Is this because of any medical, behavioral, or other health condition?				
Q79	1	YES	NEXT	
Q79	2	NO	Q81	
Q79	8	DK	Q81	
Q79	9	NA	Q81	
Q80	Option			
Is this a condition that has lasted or is expected to last for at least 12 months?				
Q80	1	YES	NEXT	
Q80	2	NO	NEXT	
Q80	8	DK	NEXT	
Q80	9	NA	NEXT	
Q81	Option			

Appendix B: 2013 Survey Instrument (continued)

Does \0 need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?				
Q81	1	YES	NEXT	
Q81	2	NO	Q84	
Q81	8	DK	Q84	
Q81	9	NA	Q84	
Q82	Option			
Is this because of any medical, behavioral, or other health condition?				
Q82	1	YES	NEXT	
Q82	2	NO	Q84	
Q82	8	DK	Q84	
Q82	9	NA	Q84	
Q83	Option			
Is this a condition that has lasted or is expected to last for at least 12 months?				
Q83	1	YES	NEXT	
Q83	2	NO	NEXT	
Q83	8	DK	NEXT	
Q83	9	NA	NEXT	
Q84	Option			
Is \0 limited or prevented in any way in \G2 ability to do the things most children of the same age can do?				
Q84	1	YES	NEXT	
Q84	2	NO	Q87	
Q84	8	DK	Q87	
Q84	9	NA	Q87	
Q85	Option			
Is this because of any medical, behavioral, or other health condition?				
Q85	1	YES	NEXT	
Q85	2	NO	Q87	
Q85	8	DK	Q87	
Q85	9	NA	Q87	
Q86	Option			
Is this a condition that has lasted or is expected to last for at least 12 months?				
Q86	1	YES	NEXT	
Q86	2	NO	NEXT	
Q86	8	DK	NEXT	
Q86	9	NA	NEXT	
Q87	Option			
Does \0 need or get special therapy such as physical, occupational, or speech therapy?				

Appendix B: 2013 Survey Instrument (continued)

Q87	1	YES	NEXT	
Q87	2	NO	Q90	
Q87	8	DK	Q90	
Q87	9	NA	Q90	
Q88	Option			
Is this because of any medical, behavioral, or other health condition?				
Q88	1	YES	NEXT	
Q88	2	NO	Q90	
Q88	8	DK	Q90	
Q88	9	NA	Q90	
Q89	Option			
Is this a condition that has lasted or is expected to last for at least 12 months?				
Q89	1	YES	NEXT	
Q89	2	NO	NEXT	
Q89	8	DK	NEXT	
Q89	9	NA	NEXT	
Q90	Option			
Does \0 have any kind of emotional, developmental, or behavioral problem for which \G0 needs or gets treatment or counseling?				
Q90	1	YES	NEXT	
Q90	2	NO	Q92	
Q90	8	DK	Q92	
Q90	9	NA	Q92	
Q91	Option			
Has this problem lasted or is it expected to last for at least 12 months?				
Q91	1	YES	NEXT	
Q91	2	NO	NEXT	
Q91	8	DK	NEXT	
Q91	9	NA	NEXT	
Q92	Text Entry			\5<2
BMI/OBESITY				
How tall is \0 now? (PROBE: "Your best guess is fine.")				
Q92	0	HEIGHT/FEET (98=DK, 99=NA)	NEXT	
Q93	Text Entry			\5<2
BMI/OBESITY				
INCHES:				
Q93	0	INCHES (98=DK, 99=NA)	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q94	Text Entry			\5<2
How much does \0 weigh now?				
Q94	0	WEIGHT/LBS (998=DK, 999=NA)	Q104	
QUESTIONS 95 THROUGH 103 WERE NOT ASKED (SKIPPED) IN 2013 SURVEY. INCLUDED FOR FUTURE USE.				
Q95	Text Entry			\5<99
DO NOT ASK IN 2013				
During the past week, on how many days did \0 exercise, play a sport, or participate in physical activity for at least 20 minutes that made \G1 sweat and breathe hard? (IWER NOTE: INCLUDE ACTIVE SPORTS SUCH AS BASEBALL, SOFTBALL, BASKETBALL, SWIMMING, SOCCER, TENNIS, OR FOOTBALL; RIDING A BIKE OR ROLLERSKATING; WALKING OR JOGGING; JUMPING ROPE; GYMNASTICS; AND ACTIVE DANCE SUCH AS BALLET.)				
Q95	0	NUMBER OF DAYS (98=DK, 99=NA)	Q104	
Q96	Option			\5<99
DO NOT ASK IN 2013				
How many times a week does \0 have physical education at school? IWER NOTE: IF 2 TIMES ONE WEEK, 3 TIMES THE NEXT, CHECK OPTION 2				
Q96	1	ONCE A WEEK	Q104	
Q96	2	2 TIMES PER WEEK	Q104	
Q96	3	3 OR MORE TIMES PER WEEK	Q104	
Q96	4	CHILD DOESN'T TAKE IT	Q104	
Q96	5	SCHOOL DOESN'T OFFER	Q104	
Q96	6	DOESN'T GO TO SCHOOL	Q104	
Q96	8	DK	Q104	
Q96	9	NA	Q104	
Q97	Option			\5<99
DO NOT ASK IN 2013				
Now, we have a few questions about the kinds of food \0 eats. In the past week, about how often did \0 drink . . .100% fruit juice? [DO NOT COUNT SUGAR-SWEETENED FRUIT DRINKS LIKE SUNNY D]				
Q97	1	NEVER	Q104	
Q97	2	1 - 2 TIMES PER WEEK	Q104	
Q97	3	3 - 4 TIMES PER WEEK	Q104	
Q97	4	5 - 6 TIMES PER WEEK	Q104	
Q97	5	ONCE PER DAY	Q104	
Q97	6	TWO TIMES PER DAY	Q104	
Q97	7	3 OR MORE TIMES PER DAY	Q104	
Q97	8	DK	Q104	
Q97	9	NA	Q104	
Q98	Option			\5<99

Appendix B: 2013 Survey Instrument (continued)

DO NOT ASK IN 2013				
[In the past week, about how often did \0 eat . . .] green salad, with or without other vegetables?				
Q98	1	NEVER	Q104	
Q98	2	1 - 2 TIMES PER WEEK	Q104	
Q98	3	3 - 4 TIMES PER WEEK	Q104	
Q98	4	5 - 6 TIMES PER WEEK	Q104	
Q98	5	ONCE A DAY	Q104	
Q98	6	TWO TIMES PER DAY	Q104	
Q98	7	3 OR MORE TIMES PER DAY	Q104	
Q98	8	DK	Q104	
Q98	9	NA	Q104	
Q99	Option			\5<99
DO NOT ASK IN 2013				
[In the past week, about how often did \0 eat . . .] baked, boiled or mashed potatoes? [DO NOT COUNT FRENCH FRIES OR FRIED POTATOES - POTATO SALAD COUNTS]				
Q99	1	NEVER	Q104	
Q99	2	1 - 2 TIMES PER WEEK	Q104	
Q99	3	3 - 4 TIMES PER WEEK	Q104	
Q99	4	5 - 6 TIMES PER WEEK	Q104	
Q99	5	ONCE A DAY	Q104	
Q99	6	TWO TIMES PER DAY	Q104	
Q99	7	3 OR MORE TIMES PER DAY	Q104	
Q99	8	DK	Q104	
Q99	9	NA	Q104	
Q100	Option			\5<99
DO NOT ASK IN 2013				
[In the past week, about how often did \0 eat . . .] vegetables, NOT COUNTING potatoes and salad?				
Q100	1	NEVER	Q104	
Q100	2	1 - 2 TIMES PER WEEK	Q104	
Q100	3	3 - 4 TIMES PER WEEK	Q104	
Q100	4	5 - 6 TIMES PER WEEK	Q104	
Q100	5	ONCE A DAY	Q104	
Q100	6	TWO TIMES PER DAY	Q104	
Q100	7	3 OR MORE TIMES PER DAY	Q104	
Q100	8	DK	Q104	
Q100	9	NA	Q104	
Q101	Option			\5<99

Appendix B: 2013 Survey Instrument (continued)

DO NOT ASK IN 2013				
[In the past week, about how often did \0 eat . . .] fruit, NOT COUNTING juices.				
Q101	1	NEVER	Q104	
Q101	2	1 - 2 TIMES PER WEEK	Q104	
Q101	3	3 - 4 TIMES PER WEEK	Q104	
Q101	4	5 - 6 TIMES PER WEEK	Q104	
Q101	5	ONCE A DAY	Q104	
Q101	6	TWO TIMES PER DAY	Q104	
Q101	7	3 OR MORE TIMES PER DAY	Q104	
Q101	8	DK	Q104	
Q101	9	NA	Q104	
Q102	Option			\5<99
DO NOT ASK IN 2013				
[In the past week, about how often did \0 drink . . .] a can or a glass of regular soda or sweetened fruit drinks?				
Q102	1	NEVER	Q104	
Q102	2	1 - 2 TIMES PER WEEK	Q104	
Q102	3	3 - 4 TIMES PER WEEK	Q104	
Q102	4	5 - 6 TIMES PER WEEK	Q104	
Q102	5	ONCE A DAY	Q104	
Q102	6	TWO TIMES PER DAY	Q104	
Q102	7	3 OR MORE TIMES PER DAY	Q104	
Q102	8	DK	Q104	
Q102	9	NA	Q104	
Q103	Text Entry			\5<99
DO NOT ASK IN 2013				
On an average WEEKDAY, about how many hours does \0 usually watch TV, watch videos, or play video games? (IWER NOTE: THIS INCLUDES MONDAY-FRIDAY, AM AND PM)				
Q103	0	NUMBER OF HOURS (97=DON'T OWN A TV, VIDEO PLAYER OR VIDEO GAMES, 98=DK, 99=NA)	NEXT	
Q104	Option			\5<8
TOBACCO USE				
Does \0 smoke or use tobacco products?				
Q104	1	YES	NEXT	
Q104	2	NO	NEXT	
Q104	8	DK	NEXT	
Q104	9	NA	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q105	Option			
How many people in your household smoke or use tobacco products? (PROBE: "Even if they go outside to smoke, please count them.")				
Q105	1	ONE	Q111	
Q105	2	TWO	Q111	
Q105	3	3 OR MORE	Q111	
Q105	4	NONE	Q111	
Q105	5	SOMEBODY SMOKES, UNKNOWN #	Q111	
Q105	8	DK	Q111	
Q105	9	NA	Q111	
Q106	Option			
TRANSPORTATION				
MaineCare helps with transportation for your child to get to doctors' offices or clinics. In the last 6 months, did you call the regional transportation agency in your area to get help with transportation for \0? (PROMPT RESPONDENT WITH NAMES OF REGIONAL AGENCIES FROM THAT COUNTY IF NECESSARY.)				
Q106	1	YES	NEXT	
Q106	2	NO	Q111	
Q106	8	DK	Q111	
Q106	9	NA	Q111	
Q107	Option			
In the last 6 months, when you called the transportation agency to get help with transportation, how often did you get it?				
Q107	1	Never	Q111	
Q107	2	Sometimes	NEXT	
Q107	3	Usually	NEXT	
Q107	4	Always	NEXT	
Q107	8	DK	NEXT	
Q107	9	NA	NEXT	
Q108	Option			
In the last 6 months, how often did the help with transportation for your child meet your needs? Would you say . . .				
Q108	1	Never	NEXT	
Q108	2	Sometimes	NEXT	
Q108	3	Usually	NEXT	
Q108	4	Always	NEXT	
Q108	8	DK	NEXT	
Q108	9	NA	NEXT	
Q109	Multiple Check Entry			

Appendix B: 2013 Survey Instrument (continued)

In the last 6 months, what type of help with transportation did you receive? Was it . . . READ OPTIONS AND CHECK ALL THAT APPLY				
Q109	1	A voucher for a bus or taxi	NEXT	
Q109	2	Payments for mileage	NEXT	
Q109	3	Ride from a volunteer driver	NEXT	
Q109	4	Ride in an agency van	NEXT	
Q109	5	OTHER TYPE	NEXT	
Q109	6	other type of transportation assistance	NEXT	
Q109	8	DK	NEXT	
Q109	9	NA	NEXT	
Q110	Option			
How satisfied were you with the service you received from THE TRANSPORTATION AGENCY? Were you . . .				
Q110	1	Very satisfied	NEXT	
Q110	2	Somewhat satisfied	NEXT	
Q110	3	Somewhat dissatisfied	NEXT	
Q110	4	Very dissatisfied	NEXT	
Q110	8	DK	NEXT	
Q110	9	NA	NEXT	
Q111	Option			
The next few questions are about you.				
What is your age?				
Q111	99	NA	NEXT	
Q111	1	Under 18	NEXT	
Q111	2	18 to 24	NEXT	
Q111	3	25 to 34	NEXT	
Q111	4	35 to 44	NEXT	
Q111	5	45 to 54	NEXT	
Q111	6	55 to 64	NEXT	
Q111	7	65 to 74	NEXT	
Q111	8	75 or older	NEXT	
Q111	98	DK	NEXT	
Q112	Option			
MALE OR FEMALE				
Q112	1	MALE	NEXT	
Q112	2	FEMALE	NEXT	
Q112	8	DK	NEXT	
Q112	9	NA	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q113	Option			
What is the highest grade or level of school that you have completed so far?				
Q113	5	4-year college graduate	NEXT	
Q113	6	More than 4-year college degree	NEXT	
Q113	8	DK	NEXT	
Q113	9	NA	NEXT	
Q113	1	8th grade or less	NEXT	
Q113	2	Some high school, but did not graduate	NEXT	
Q113	3	High school graduate or GED	NEXT	
Q113	4	Some college or 2-year degree	NEXT	
Q114	Option			
How are you related to \0?				
Q114	1	PARENT/ STEP PARENT	Q116	
Q114	2	GRANDPARENT	Q116	
Q114	3	AUNT OR UNCLE	Q116	
Q114	4	OLDER SIBLING	Q116	
Q114	5	OTHER RELATIVE	Q116	
Q114	6	LEGAL GUARDIAN	Q116	
Q114	7	FOSTER PARENT	Q116	
Q114	8	OTHER	NEXT	
Q114	9	PARTNER/ BOYFRIEND/ GIRLFRIEND OF PARENT	Q116	
Q114	98	DK	Q116	
Q114	99	NA	Q116	
Q115	Text Entry			
OTHER RELATIONSHIP				
Q115	0	OTHER RELATIONSHIP	NEXT	
Q116	Option			
ACCESS TO EMPLOYER SPONSORED INSURANCE				
The last few questions are about the main wage earner in your household. Who is the main wage earner? (IWER NOTE: IF NECESSARY, EXPLAIN "The main wage earner is the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.") (PROBE IF NECESSARY: "How are you related to that person? So he/she's your . . .")				
Q116	1	I AM/ SELF (THE RESPONDENT)	Q118	
Q116	2	MY SPOUSE	Q118	
Q116	3	MY UNMARRIED PARTNER (BOYFRIEND/ GIRLFRIEND)	Q118	
Q116	4	MY CHILD (R IS MWE'S PARENT)	Q118	
Q116	5	MY PARENT (R IS MWE'S CHILD)	Q118	

Appendix B: 2013 Survey Instrument (continued)

Q116	6	MY OTHER RELATIVE	NEXT	
Q116	7	MY ROOMMATE	Q118	
Q116	8	OTHER	NEXT	
Q116	10	DK	Q118	
Q116	11	NA	Q118	
Q117	Text Entry			
R'S RELATIONSHIP TO MAIN WAGE EARNER: (PROBE IF NECESSARY: "So he/she's your . . . ")				
Q117	0	MAIN WAGE EARNER (98=DK, 99=NA	NEXT	
Q118	Option			
{Q116=1}{Are you enrolled in MaineCare?}{Is he/she enrolled in MaineCare?}				
Q118	1	YES	NEXT	
Q118	2	NO	NEXT	
Q118	8	DK	NEXT	
Q118	9	NA	NEXT	
Q119	Option			
{Q116=1}{Which of the following best describes your current work status?}{Which of the following best describes the work status of the main wage earner in your household?}				
Q119	5	Self-employed	NEXT	
Q119	1	Works full-time	NEXT	
Q119	2	Works 1 part-time job	NEXT	
Q119	3	Works more than 1 part-time job	NEXT	
Q119	4	Works seasonally	NEXT	
Q119	6	Disabled, not working	Q128	
Q119	7	Retired, not working	Q128	
Q119	8	Unemployed, looking for work, or	Q128	
Q119	9	Not working	Q128	
Q119	10	DK	Q128	
Q119	11	NA	Q128	
Q120	Option			
{Q116=1}{Approximately how many employees are in the company or organization where you work? (IWER NOTE: IF MORE THAN ONE JOB, COUNT THE ONE WITH THE MOST HOURS.)}{Approximately how many employees are in the company or organization where he/she works? (IWER NOTE: IF MORE THAN ONE JOB, COUNT THE ONE WITH THE MOST HOURS.)}				
Q120	1	FEWER THAN 25	NEXT	
Q120	2	25 TO 50 EMPLOYEES	NEXT	
Q120	3	MORE THAN 50 EMPLOYEES	NEXT	
Q120	8	DK	NEXT	
Q120	9	NA	NEXT	
Q121	Option			

Appendix B: 2013 Survey Instrument (continued)

Does the company or organization currently offer health insurance to any of its employees?				
Q121	1	YES	NEXT	
Q121	2	NO	Q128	
Q121	8	DK	Q128	
Q121	9	NA	Q128	
Q122	Option			
{Q116=1}{Are you eligible to receive that health insurance?}{Is he/she eligible to receive that health insurance?}				
Q122	1	YES	NEXT	
Q122	2	NO	Q128	
Q122	8	DK	Q128	
Q122	9	NA	Q128	
Q123	Option			
{Q116=1}{Are you enrolled in the employer's health insurance program?}{Is he/she enrolled in the employer's health insurance program?}				
Q123	8	DK	Q125	
Q123	9	NA	Q125	
Q123	1	YES	Q125	
Q123	2	NO	NEXT	
Q124	Multiple Check Entry			
{Q116=1}{Now I'll read a list of possible reasons why you may not be enrolled in the insurance offered by that employer. Is one reason you're not enrolled because . . .(IWER: READ OPTIONS, CHECK ALL THAT APPLY)}{Now I'll read a list of possible reasons why he/she may not be enrolled in the insurance offered by that employer. Is one reason he/she isn't enrolled because . . . (IWER: READ OPTIONS, CHECK ALL THAT APPLY)}				
Q124	5	other	NEXT	
Q124	1	It is too expensive	NEXT	
Q124	2	The coverage is too limited	NEXT	
Q124	3	You have other coverage (through spouse, military or other source), or	NEXT	
Q124	4	SOME OTHER REASON(specify)	NEXT	
Q124	8	DK	NEXT	
Q124	9	NA	NEXT	
Q125	Option			
Does the employer offer an insurance plan that COULD cover \0?				
Q125	8	DK	Q128	
Q125	9	NA	Q128	
Q125	1	YES	NEXT	
Q125	2	NO	Q128	
Q126	Option			
Is \0 enrolled in that insurance?				

Appendix B: 2013 Survey Instrument (continued)

Q126	1	YES	Q128	
Q126	2	NO	NEXT	
Q126	8	DK	Q128	
Q126	9	NA	Q128	
Q127	Multiple Check Entry			
Now I'll read a list of possible reasons why you may not be enrolled in the insurance offered by that employer. Is it because . . . (IWER: READ OPTIONS. THEN PROBE ONCE WITH "Anything else?")				
Q127	10	NA	NEXT	
Q127	1	It is too expensive	NEXT	
Q127	2	The coverage is too limited	NEXT	
Q127	3	MaineCare offers better coverage	NEXT	
Q127	4	MaineCare is less expensive	NEXT	
Q127	5	You have other coverage (through spouse, military or other source), or	NEXT	
Q127	6	SOME OTHER REASON (specify)	NEXT	
Q127	8	other	NEXT	
Q127	9	DK	NEXT	
Q128	Multiple Check Entry			
{Q116=1}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, you have. (IWER: READ OPTIONS AND CHECK FIRST RESPONSE. THEN PROBE ONCE WITH "Anything else?")}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, the main wage earner has. (IWER: READ OPTIONS AND CHECK FIRST RESPONSE. THEN PROBE ONCE WITH "Anything else?")}				
Q128	1	Mainecare	NEXT	
Q128	2	Medicare	NEXT	
Q128	3	Health insurance through main wage earner's work or union	NEXT	
Q128	4	Dirigo Choice (CARD FROM DIRIGO CHOICE/HARVARD PILGRIM)	NEXT	
Q128	5	Health insurance through someone else's work or union	NEXT	
Q128	6	Health insurance bought directly from an insurance company	NEXT	
Q128	7	(TriCare CHAMPUS, Veteran's Svcs)	NEXT	
Q128	8	SOME OTHER health insurance, or	NEXT	
Q128	9	other	NEXT	
Q128	10	No health insurance	NEXT	
Q128	11	DK/NA	NEXT	
Q128	12	NA	NEXT	

Appendix B: 2013 Survey Instrument (continued)

Q129	Option			&Q19=1 OR Q19=4 OR Q19=6 OR Q19=8 OR Q19=9
Earlier, you mentioned you were having trouble finding a dentist for \0. If you have access to a computer, you can go to www.insurekidsnow.gov or you can call Member Services at 1-800-977-6740. [INTERVIEWER: ALWAYS CHECK "1" HERE]				
Q129	1	ALWAYS CHECK "1" HERE	NEXT	
Q130	Option			
DISPOSITION				
Those are all the questions we have. Thank you very much for your time. [INTERVIEWER: ALWAYS CHECK "1" HERE]				
Q130	1	ALWAYS CHECK "1" HERE	NEXT	
Q131	Option			
DISPOSITION				
RECORD FINAL DISPOSITION HERE				
Q131	2	NEVER ENROLLED-PARENT SAID CHILD NEVER ENROLLED, SURVEY ENDED	Q133	
Q131	3	MOVED OUT OF STATE, SURVEY ENDS	Q133	
Q131	4	LANGUAGE-NOBODY SPEAKS ENGLISH WELL ENOUGH	Q133	
Q131	5	DON'T KNOW IF ENROLLED NOW	Q133	
Q131	6	INEL - DECEASED, ALREADY DID IT, ETC.	Q133	
Q131	7	WRONG NUMBER	Q133	
Q131	8	NIS	Q133	
Q131	9	REFUSED	Q133	
Q131	10	ALL CALLS MADE	Q133	
Q131	11	STILL IN PROCESS	Q133	
Q131	12	OTHER	NEXT	
Q131	13	DISENROLLED	Q133	
Q131	14	NO PHONE	Q133	
Q131	15	INEL - DHHS CUSTODY	Q133	
Q131	16	PARTIAL	Q133	
Q131	1	FULL COMPLETE, ALL QS ANSWERED AS EXPECTED	Q133	
Q132	Text Entry			
OTHER DISPOSITION				
Q132	0	DISPOSITION	NEXT	
Q133	Option			
Was this on a . . .				

Appendix B: 2013 Survey Instrument (continued)

Q133	2	LANDLINE	NEXT	
Q133	9	NA	NEXT	
Q133	1	CELL PHONE	NEXT	
Q134	Text Entry			
INTERVIEWER: PLEASE RECORD NUMBER OF ATTEMPTS MADE TO THIS NUMBER				
Q134	0	TEXT	NEXT	

Appendix C: Survey Weights and Estimation Procedures

Constructing Weights. The purposes of survey weights are to remove bias from the sample and to allow for generalization of the findings to the whole population rather than just to those who completed interviews. Weights adjust for differences in the likelihood that a member of the target population is selected for an interview (design effects) and differences between respondents and non-respondents (nonresponse bias).

We constructed weights for the analysis of the 2013 survey using standard procedures, outlined in Table C-1. The first step is to compute the probability that a child within each stratum of the population was selected as a target child for an interview (column C). There were a total of 8 strata defined for the 2013 survey based on MaineCare eligibility category (Expansion or CHP/Cubcare versus Medicaid), presence of a chronic condition diagnosis in the MaineCare claims data, and number of children enrolled in MaineCare who live in the household (one versus multiple). The design weight, which adjusts for differences in the probability of selection, is computed as the inverse (column D). Because the CHP/Cubcare eligibility and children with a chronic condition diagnosis categories were oversampled in the sampling process – meaning that children enrolled in CHP/Cubcare and those with a chronic condition diagnosis had a higher probability of selection--the design weights for strata that include these categories are smaller.

Next, we adjusted for differences in non-response using a method suggested by Little and Vartivarian (2003).³¹ We ran a logistic regression model predicting the likelihood that a given sample member completed an interview using age, gender, minority status and region of residence as predictors and controlling for eligibility category, chronic condition status, and number of children in the household. The nonresponse weight was computed as the inverse of the probability of response for each child generated from these regression models. Column E lists the sum of the product of the design and nonresponse weights.

The final step was to compute a poststratification weight, designed to rebalance the response data to reflect the distribution of the population. Because we know the number of children in each stratum in the original population (listed in column A), we do not need to rely on an external source of population data to compute the poststratification weight. We simply divided the population size (column A) by the combined non-response and design weight results in column E. The final weight, incorporating all of the previous adjustments, is the product of the design, nonresponse, and poststratification weights (column G). The average value of the final weight was 107.9, ranging from 24 to 376.

Estimation Procedures. Unless otherwise specified in the report, all results presented are based on weighted data, correcting for the stratified random sampling design used in the study.

All statistical tests were calculated using SAS version 9.4 with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data.

³¹ Little R, Vartivarian S. On weighting the rates in non-response weights. *Statistics in Medicine*.2003;22:1589-1599.

Table C-1. 2013 Survey Weight Construction

Eligibility Category	Chronic Condition*	Children in HH	Population of Children in Stratum (A)	Number in Sample (B)	pr(being sampled) (C) = B/A	Design Weight (D) = 1/C	Sum of Design x Non-response Weights (E)	Poststratification Weight (F)= A/E	Sum of Final Weights (G) (=A)
CHP/Cubcare or Expansion	No CC	One	3,541	191	0.054	18.54	3,874.8	0.914	3,541.0
CHP/Cubcare or Expansion	No CC	Multiple	9,602	551	0.057	17.43	10,310.1	0.931	9,602.0
CHP/Cubcare or Expansion	CC diagnosis	One	1,959	128	0.065	15.30	2,131.4	0.919	1,959.0
CHP/Cubcare or Expansion	CC diagnosis	Multiple	3,621	254	0.070	14.26	3,899.9	0.928	3,621.0
Medicaid	No CC	One	19,864	174	0.009	114.16	19,141.0	1.038	19,864.0
Medicaid	No CC	Multiple	45,644	455	0.010	100.32	40,544.7	1.126	45,644.0
Medicaid	CC diagnosis	One	12,248	210	0.017	58.32	10,974.7	1.116	12,248.0
Medicaid	CC diagnosis	Multiple	19,697	448	0.023	43.97	19,244.6	1.024	19,697.0
TOTAL			116,176	2,411			110,121		116,176

Note: Non-response weights were estimated using logistic regression models on sample members predicting response based on age, gender, minority status, and region of residence, and controlling for CSHCN status, household density and eligibility. The non-response weight is equal to the inverse of the predicted probability of response for a given set of characteristics.

*Presence of chronic condition determined based on diagnosis codes in MaineCare claims.

Final Weight (FINWGT) = Design Weight x Non-response Weight x Poststratification Weight
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