

Child Exits from Medicare and the State  
Children's Health Insurance Program (SCHIP):  
A Survey of Disenrolled Families

**Child Exits from Medicaid and the State  
Children's Health Insurance Program (SCHIP):  
A Survey of Disenrolled Families**

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

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

May 2002

## CONTENTS

---

<b>Tables and Figures</b> .....	<b>iii</b>
<b>I. Purpose</b> .....	<b>1</b>
<b>II. Methodology</b> .....	<b>1</b>
Sample Selection.....	1
Survey Administration.....	1
File Construction and Data Analysis .....	2
<b>III. Findings</b> .....	<b>4</b>
Disenrollee Characteristics .....	4
Respondent Characteristics.....	4
Main Reason for Disenrolling.....	4
Current Insurance Status .....	6
Insurance Status, Employment Status, and Firm Size .....	7
Access for Currently Uninsured.....	8
Health Status .....	9
Satisfaction with Medicaid and SCHIP .....	10
<b>IV. Recommendations for Future Study</b> .....	<b>12</b>
<b>V. Summary</b> .....	<b>13</b>
<b>Appendix A: Survey Instrument</b> .....	<b>A-1</b>

## TABLES AND FIGURES

---

Table 1: Sample Characteristics.....	3
Figure 1: What Happened When You Submitted a Renewal Application? (N = 65).....	5
Figure 2: Percent of Children that were Denied Coverage (N = 321).....	5
Figure 3: Main Reason For Not Submitting Renewal Application (N=253) .....	6
Figure 4: Current Insurance Status by Program (N=323) .....	7
Figure 5: Current Insurance Status by Employment Status.....	7
Figure 6: Insurance Status by Firm Size.....	8
Figure 7: Concern with Getting Health Care Since Child Has No Insurance (N=158) .....	9
Figure 8: Health Status (N=321) .....	9
Figure 9: Level of Difficulty Paying Cub Care Premium (N=133) .....	10
Figure 10: Level of Satisfaction with Quality of Health Care (N=320) .....	10
Table 2: Reasons for Recommending or Not Recommending the Program.....	12

## **I. PURPOSE**

---

In 2001 the Bureau of Medical Services (Maine's Medicaid and SCHIP agency) contracted with the Muskie School of Public Service to complete a survey of disenrollees from Medicaid and SCHIP (the State Children's Health Insurance Program). This survey was designed to measure disenrollees' satisfaction with the program, current insurance status, and reasons for leaving the program.

This document reports on selected findings from the survey of Medicaid or SCHIP disenrollees that was conducted in February, April, June, and August 2001. A total of 346 disenrollees agreed to participate in the survey. The survey content included questions about reasons for disenrolling, current insurance status, employment status of the main wage earner, health status, and satisfaction with the program.

## **II. METHODOLOGY**

---

### **Sample Selection**

This survey examines the experiences of a random sample of Medicaid and SCHIP children who disenrolled from Medicaid or SCHIP during 2001. Children enrolled in SCHIP were intentionally over-sampled so that they represented approximately one-half of the sample, although they were only 38 percent of the population.

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

### **Survey Administration**

The surveys were administered entirely by telephone. Interviewers trained on the survey instruments used a computer-assisted telephone interviewing instrument (CATI) developed by Muskie School staff to collect data from respondents. The Muskie School's Survey Research Center administered the survey on a bimonthly basis, in March, May, July and September 2001. A copy of the instrument is included as Appendix A.

Interviewers attempted to call 840 households, however, 30 percent of the numbers were invalid or no longer in service. Of the 484 eligible households, 346 agreed to participate in the survey for a final response rate of 71 percent. Because such a large proportion of telephone numbers were invalid, it is possible that the survey findings could be biased if the experiences of families who had moved or lost telephone service differed substantively from those with eligible

numbers. To evaluate whether there was any obvious bias in the surveyed households, select demographic and programmatic characteristics were compared for the final sample of disenrollees and the entire population of children disenrolled from Medicaid or SCHIP during the survey months. These characteristics included eligibility type, gender, age and county of residence.

The data for these comparisons came from administrative records. For the sample and population comparison, survey staff calculated the ages for the population on February 28, April 30, June 30 or August 31, 2001, whichever was the last day of enrollment in the program. Age was calculated by subtracting the last day of enrollment from birth date.

As Table 1 indicates, the final samples and the total disenrollee population did not differ significantly for most of the characteristics measured. There was a significant difference between the sample and population for eligibility type because of the intentional over-sampling of children enrolled through an SCHIP eligibility category. Although there was some variation between the sample and population with respect to county of residence, these variations did not yield statistically significant results.

### **File Construction and Data Analysis**

Staff at the Muskie School reviewed the survey for response validity, coded open-ended questions, and imported the data into SAS for analysis. This report represents primarily descriptive data, although some questions have been analyzed to determine the relationship between variables. These relationships have been reported only where they were statistically significant. Where the report includes these analyses, the probability values obtained by chi square tests are included to inform readers about the magnitude of statistical significance.

**Table 1: Sample Characteristics**

---

<b>Characteristic</b>	<b>Percent in Sample</b>	<b>Percent in Population</b>
<b>Eligibility Type</b>		
Medicaid	*46.5	61.7
SCHIP		
Medicaid Expansion	*12.7	12.1
CubCare	*40.8	26.1
<b>Gender</b>		
Male	49.7	52.2
Female	50.3	47.8
<b>Age</b>		
5 or younger	26.0	26.5
6 to 12 years	37.3	38.0
13 to 20 years	36.4	35.4
Data error**	0.3	0.1
<b>County</b>		
Androscoggin	6.9	10.0
Aroostook	7.8	5.0
Cumberland	12.1	13.2
Franklin	2.0	2.3
Hancock	5.5	3.9
Kennebec	11.0	9.9
Knox	3.8	3.7
Lincoln	2.9	2.5
Oxford	4.6	5.7
Penobscot	13.9	12.8
Piscataquis	3.8	2.4
Sagadahoc	3.5	2.5
Somerset	3.8	5.1
Waldo	3.5	3.8
Washington	2.9	4.6
York	12.1	12.6

---

Due to rounding some categories might not total to 100 percent.

\*Differences in eligibility type between population and sample were significant at  $p < .001$  due to intentional over-sampling of SCHIP children.

\*\*For a very small number of records, age calculation resulted in ages over 100.

### **III. FINDINGS**

---

A total of 346 respondents agreed to participate in the survey on behalf of an identified child. Of these, 16 respondents reported that their child was enrolled in Medicaid or SCHIP at the time of the survey. Because this survey was designed to understand the experiences of disenrolled families, these respondents were deemed to be ineligible for the survey and were excluded from the analysis. Consequently, the final sample included 330 respondents.

#### **Disenrollee Characteristics**

During the survey, basic demographic characteristics for disenrollees were gathered, including gender, age, and county of residence. Slightly more disenrollees were female (50.6%) than male (49.4%). Approximately 28 percent of disenrollees were five years old or younger. Nearly equal numbers of disenrollees were six to twelve years of age (36.7%) and 13 to 24 years old (34.6%). The greatest percentages of disenrollees came from Cumberland (11.8%), Kennebec (11.2%), Penobscot (13.9%), and York Counties (12.4%). Approximately seven and eight percent of disenrollees were from Androscoggin and Aroostook Counties, respectively. For all other counties, the number of disenrollees for each county represented less than 6 percent of the overall sample. Please note that these distributions do not precisely equal those found in Table 1 because they exclude the 16 children that were deemed ineligible for the survey.

#### **Respondent Characteristics**

Since the disenrollees were under 18 years of age, adults responded to the survey on behalf of their children. These respondents were most often the child's mother or father (96.3%). A few respondents were grandparents, legal guardians or siblings of the disenrollee.

Respondents were more likely to have a high school diploma, GED, two- year degree or some college education (83.5%). Approximately seven percent had some high school education and six percent had a four-year college degree. Less than 3 percent each had less than some high school or more than a four-year college degree. The main wage earner in the child's household was most likely to be working full-time (73.3%). Ten percent were self-employed. Others were working part-time (6.8%), seasonally (3.1%), looking for work (2.2%), or not working (4.4%). In addition, the main wage earner was more likely to be working for an employer with more than 50 employees (48%). Nearly 37 percent worked for an employer with fewer than 25 employees, while 12 percent worked for firms with between 25 and 50 employees.

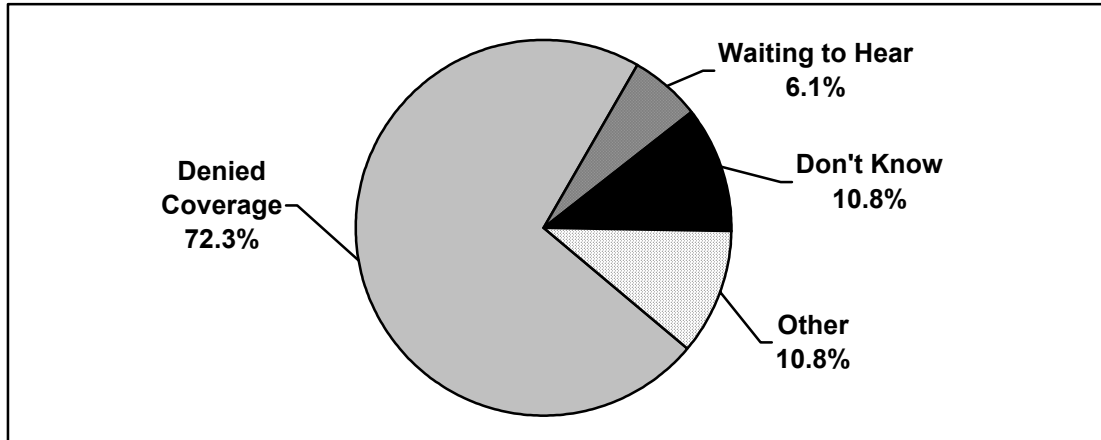
#### **Main Reason for Disenrolling**

Approximately 23 percent of respondents (N = 74) indicated that they had submitted a renewal application for their child to continue receiving Medicaid or SCHIP. Of these, 9 indicated that the child was currently enrolled in Medicaid or SCHIP and were excluded from the rest of the survey. Of the remaining 65 respondents who had submitted renewal applications, four (6.1%) stated that they were still waiting to hear about the child's application and seven (10.8%) did not know the status of their application (Figure 1). Another seven respondents indicated that they had submitted a renewal application, but that their children were disenrolled for another reason,



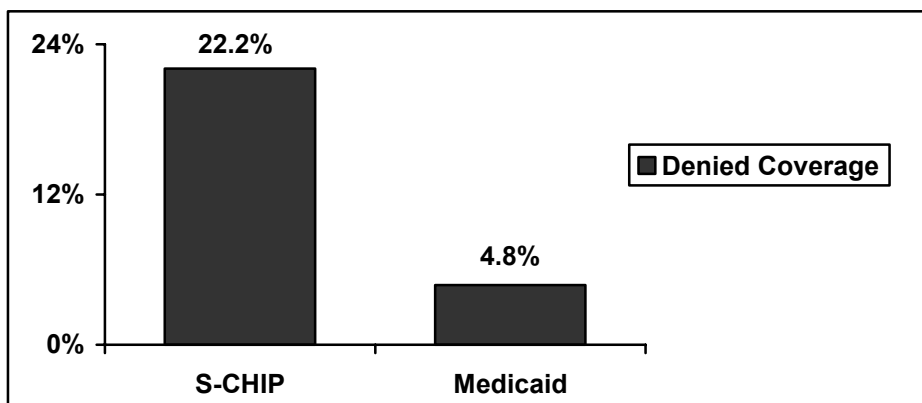
including application issues such as missing paperwork and voluntary disenrollment. As an example of the latter, one respondent stated that s/he had disenrolled the child because the family was “borderline” eligible and felt uncomfortable using the program.

**Figure 1: What Happened When You Submitted a Renewal Application? (N = 65)**



Of the respondents who indicated that they had submitted a renewal application, nearly three-fourths (72.3 percent) reported that the child had been denied continuing Medicaid or SCHIP coverage (Figure 1). This was particularly true for children who had disenrolled from SCHIP. As Figure 2 demonstrates, more than one-fifth (22.2%) of respondents whose children had exited from SCHIP reported that their children had been denied coverage, compared to only 4.8 percent of respondents for children disenrolled from Medicaid.

**Figure 2: Percent of Children that were Denied Coverage (N = 321)**

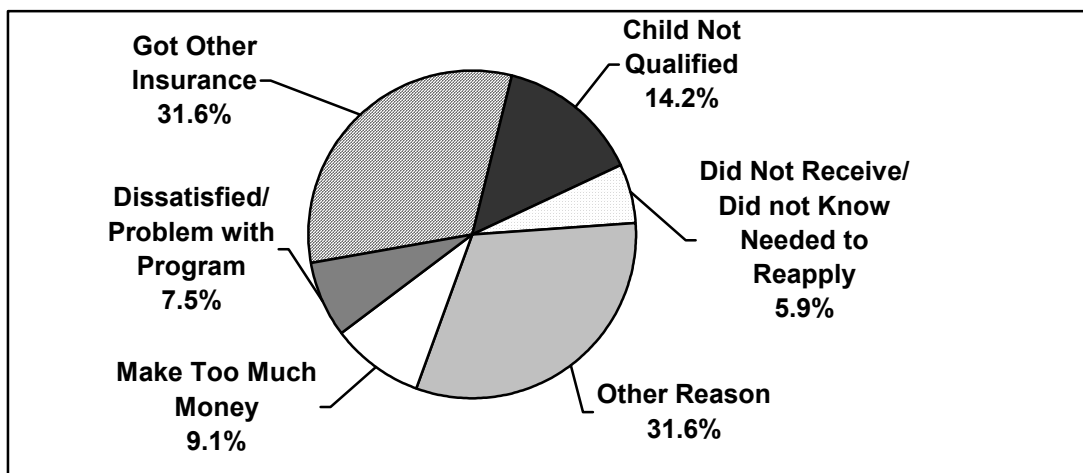


Note: Chi-square is significant at  $p. \leq .001$

Approximately three-fourths (77%) of respondents reported that they had not submitted a renewal application for their child. These respondents were asked to give the main reason they did not reapply for SCHIP or Medicaid. As shown in Figure 3, nearly 32 percent said they had obtained other insurance. Another 14 percent said their child no longer qualified, while nine

percent said they made too much money to be eligible for coverage. Fewer than eight percent of respondents disenrolled because they were dissatisfied or had a problem with the program. Approximately 31 percent of respondents had some other reason for not reapplying. Among the “other reason” responses, the most common reason for not reapplying was that they simply forgot or were unable to find time to fill out the application (40.5%). However, a number of disenrollees did not reapply because they had some problem with the paperwork (15.2%). One respondent said she “needed pay stubs that she did not have yet”, while another said, “DHS didn’t respond to her application twice”. Other respondents were no longer interested in the program (11.4%). One respondent said that they were “only qualified for 3 months of the year when her husband did not work overtime”. Other response categories included a change or expected change in financial status (7.6%), personal reasons (5.1%) and a change in living arrangements (3.8%). Very few respondents felt they couldn’t pay the premium or were dissatisfied with the program (7.6%).

**Figure 3: Main Reason For Not Submitting Renewal Application (N=253)**

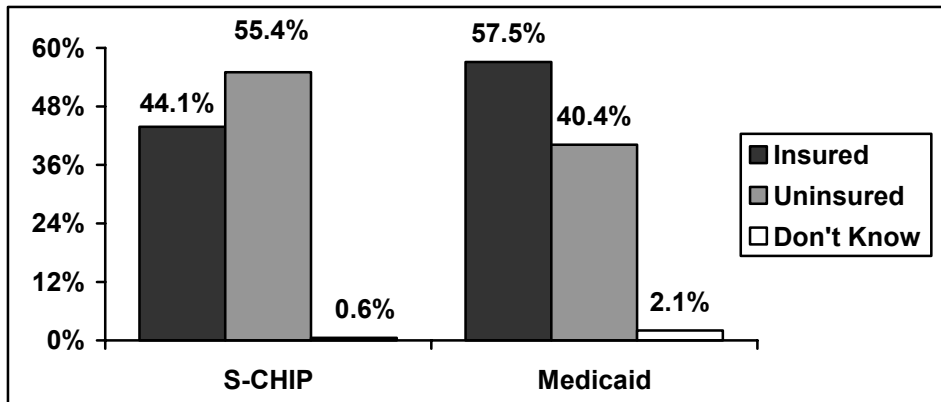


### Current Insurance Status

All respondents were asked whether their child currently had health insurance. About 50 percent said that their child had health insurance now. Another 49 percent said they did not and about 1 percent said they did not know. As seen in Figure 4, disenrollees’ current health insurance status varied significantly by eligibility type (Chi Square significant at  $p < .05$ ). SCHIP disenrollees were more likely to be uninsured than Medicaid disenrollees (55.4% vs. 40.4%)

Of those respondents that were currently insured (N=162), the majority were insured with a current or past employer (80%). Ten percent had insurance through a former spouse. Few respondents said they had Champus, Champus-VA, Tricare or some other military health care (2.5%), bought their insurance directly from the insurance company (2.5%), had some other private insurance (3.8%) or had some other government insurance (1.9%).

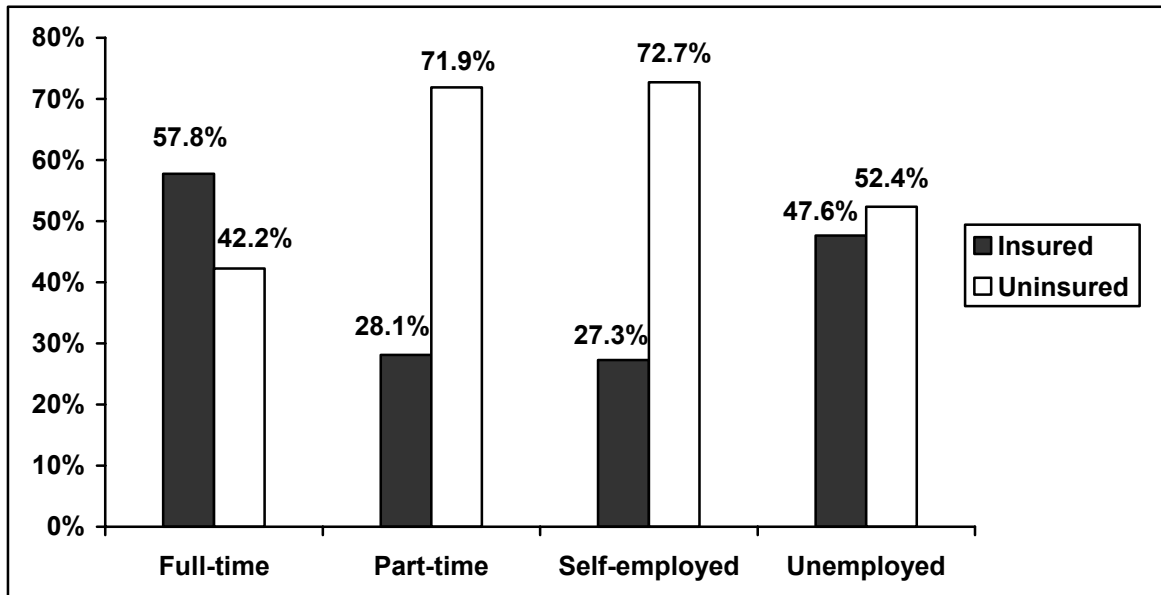
**Figure 4: Current Insurance Status by Program (N=323)**



### Insurance Status, Employment Status, and Firm Size

The main wage earner's employment status was also related to whether the disenrollee was currently insured or not. As shown in Figure 5, disenrollees were most likely to be insured if the main wage earner in their household was working full-time. Children of part-time and self-employed workers were much more likely to be uninsured than those of full-time and unemployed workers. In fact, only 28.1 and 27.3 percent of part-time workers and the self-employed were insured.

**Figure 5: Current Insurance Status by Employment Status**

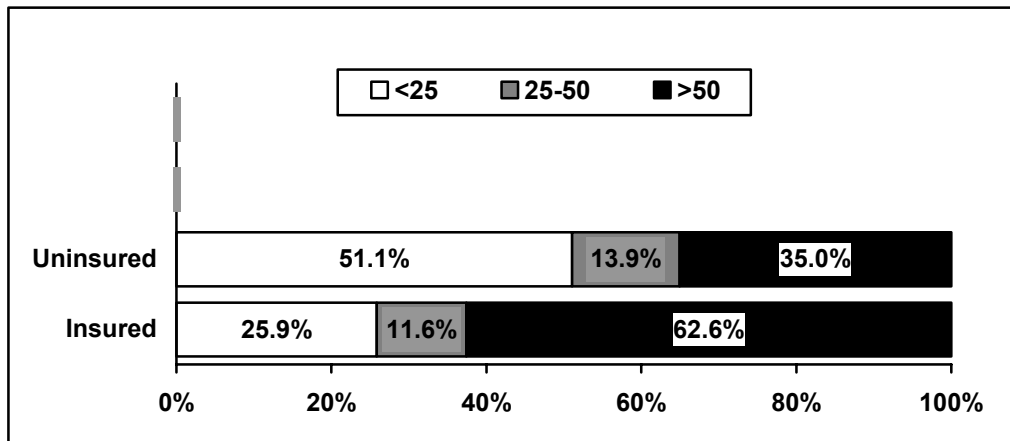


Note: Chi-Square is significant at  $p < .001$

Since previous research on insurance status has shown that employees working for small businesses are less likely to be insured, we examined the relationship between insurance status and firm size. Figure 6 illustrates this relationship. Among respondents that said their children

were currently uninsured, 51 percent worked for firms with fewer than 25 employees. Thirty-five percent worked for firms with more than 50 employees and nearly 14 percent for firms with 25 to 50 employees. On the other hand, for respondents that said their children were currently insured, nearly 63 percent worked for firms with more than 50 employees. Twenty-six percent worked for firms with fewer than 25 employees, while 12 percent worked for firms with 25-50 employees.

**Figure 6: Insurance Status by Firm Size**



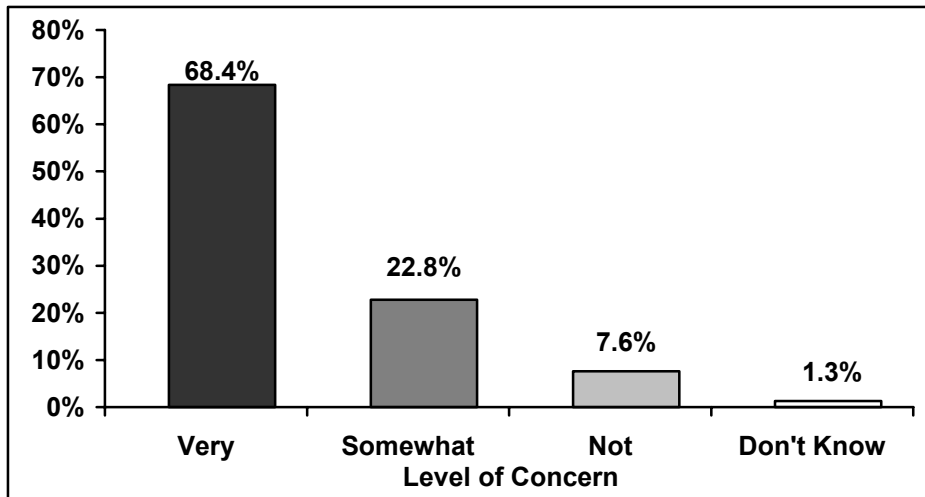
**Access for Currently Uninsured**

The respondents who said their child was currently uninsured or did not know if their child was currently insured were asked two additional questions. First, they were asked if they knew where they would get health care services if their child needed them. The most common response was the doctor (38.5%). About 25 percent said they did not know where they would take their child if he or she needed health care services. Others said they would go to a hospital (16%), clinic (13%) or some other place (6%). Among the “other” place responses was health center.

Next uninsured respondents were asked how concerned they were about getting health care services now that they did not have health insurance for their child. As shown in Figure 7, most respondents were very concerned (68%) or somewhat concerned (23%) about getting health care services. Only 8 percent were not concerned at all.

For those who were very or somewhat concerned about getting health care services, we looked at the main reason they gave for leaving the program. A number of these respondents gave ineligibility as a reason for disenrolling. About 11 percent of respondents said they made too much money while approximately 18 percent said their child was not qualified for the program. Of those very or somewhat concerned, approximately 49 percent (N=51) had given some “other” reason. The most common “other” reason (N=22) was that the respondent either forgot or had too many things to do at the time. Nine others had some kind of paperwork problem, while 5 others thought their child was no longer eligible. Very few people (N=6) were dissatisfied or could not pay the premium.

**Figure 7: Concern with Getting Health Care Since Child Has No Insurance (N=158)**

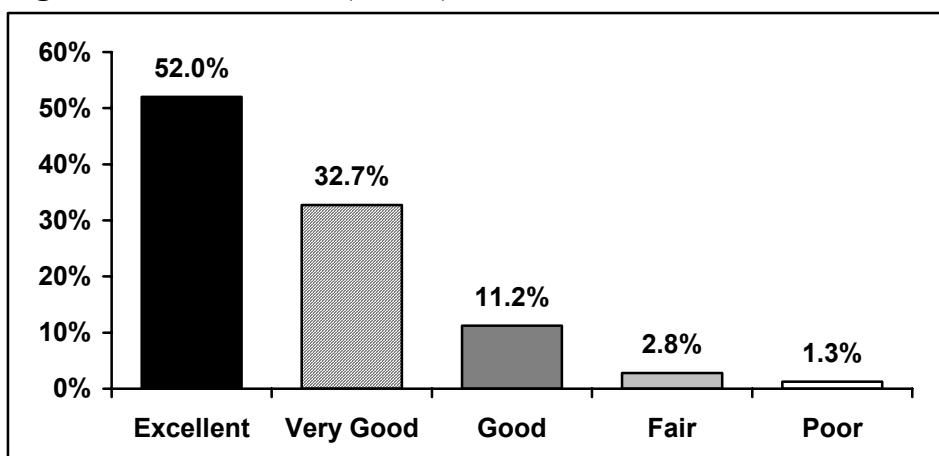


Of the 41 respondents that did not know where their child would go for health care, 65.9 percent were very concerned and approximately 22 percent were somewhat concerned about getting health care. Less than 8 percent were not concerned.

### Health Status

The children in the survey were generally in good health. As Figure 8 indicates, most respondents (95.9%) rated their child's overall health as excellent, very good, or good. Less than 5 percent of respondents rated their child's health as fair or poor. Children had similar health status based on eligibility type and insurance status.

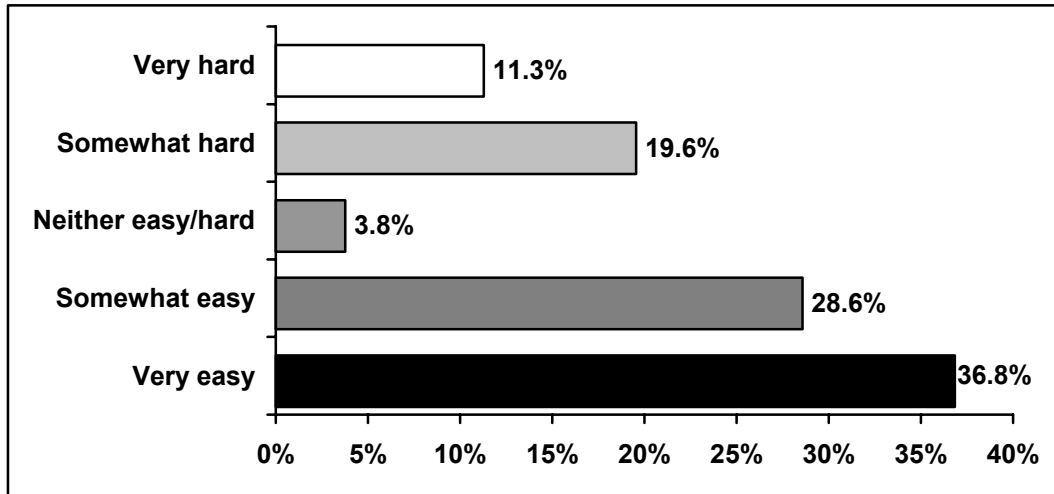
**Figure 8: Health Status (N=321)**



## Satisfaction with Medicaid and SCHIP

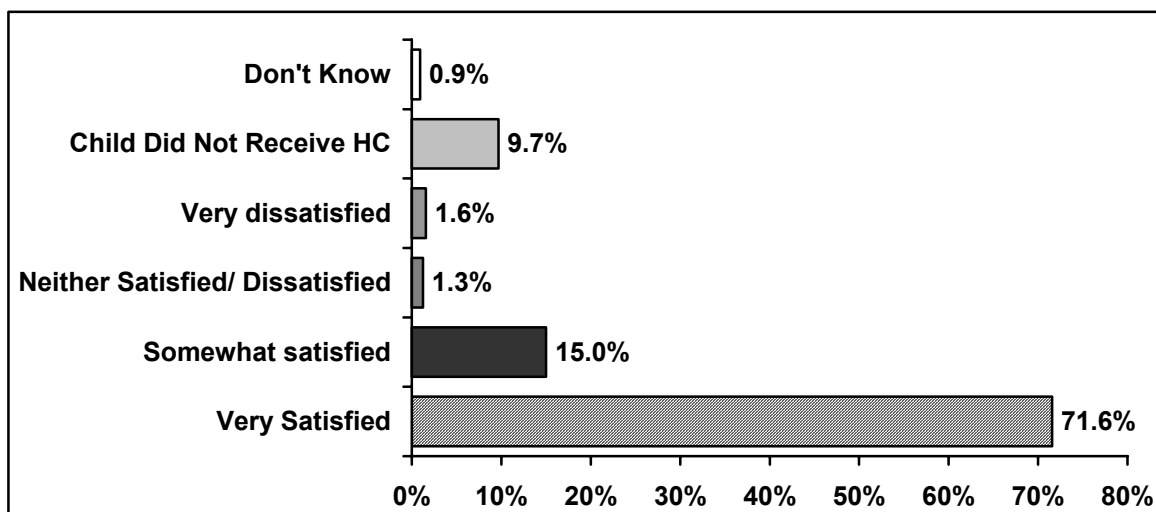
Disenrollees were asked a series of questions about their satisfaction with different aspects of the program. First, Cub Care disenrollees were asked how difficult it was for them to pay the premium on a regular basis. As seen in Figure 9, the majority of them found the premium either very easy (36.8%) or somewhat easy (28.6%) to pay on a regular basis. On the other hand, a number of disenrollees found it either somewhat hard (19.6%) or very hard (11.3%) to pay the premiums.

**Figure 9: Level of Difficulty Paying Cub Care Premium (N=133)**



Second, all disenrollees were asked how satisfied they were with the quality of the health care their children received. Their responses can be found in Figure 10. Nearly 72 percent of respondents were very satisfied with the health care quality. Another 15 percent were somewhat satisfied. Very few were very dissatisfied (1.6%). Approximately 10 percent of disenrollees never received health care services while in the program.

**Figure 10: Level of Satisfaction with Quality of Health Care (N=320)**



Third, disenrollees were also asked about their satisfaction with the program overall. Again, the majority were either very satisfied (68.5%) or somewhat satisfied (18.6%) with the program. Very few respondents were either somewhat dissatisfied (4.4%) or very dissatisfied (1.6%).

Also, disenrollees were asked whether they would recommend the program to a family member or friend. Nearly all respondents (93%) said they would recommend the program. Only about 6 percent said they would not recommend the program to others and less than 2 percent said they did not know.

In addition, respondents were asked why they would or would not recommend the program. Table 2 delineates the different categories of responses made. Many respondents provided more than one reason, therefore the total number of responses for why or why not (395 and 19, respectively) is greater than the total number of respondents (298 and 18, respectively).

As can be seen in the table, respondents gave the program's affordability as the most common reason for recommending it. One person said, "there is no co-pay so you don't have to worry about the cost like with private insurance". Another said, "it makes insurance affordable when you can't afford it". Another common reason for recommending the program was that it was good for those who do not have or cannot afford health insurance. One person said, "it's the program for the people who are in between, not rich or poor, or are self-employed like we are and can't afford other insurance". Another person felt it was good "for those who have a hard time getting medical coverage. If you can't afford it through your employer, getting it on your own is almost impossible". About 18 percent of respondents felt that the program provided as good or better health care than other insurance plans. For instance, one person said that it was the "best health care available for low income people and it was better than anything you could get at work". Other respondents would recommend it because it was a good program overall (4.8%), while some just felt that it was better than having no insurance at all (7.3%). Others said that the program was there when they needed it (11.9%) or that the program was helpful or convenient (6.6%). Lastly, some felt that all kids needed health care or health care coverage (7.3%).

Very few respondents (N=19) said that they would not recommend the program to others. Most of these respondents would not recommend the program because they were dissatisfied with it. One person felt that the program "didn't cover anything when he or she used it". Another person thought, "there were too many strings attached to it. They tell you that it is easy to get referrals and that everything is covered. But what you have to do is call and get referrals and authorization and you end up waiting. It's just like an HMO". Respondents also said that they would not recommend the program because of paperwork problems that they had. One person said, "they are way too disorganized and they give incorrect information". Others thought the program was too expensive or that the employees of the program were too intrusive.

**Table 2: Reasons for Recommending or Not Recommending the Program**

<b>Reason Would Recommend</b>	<b>n</b>	<b>Percent</b>
<b>Responses (N=395)</b>		
Affordability	89	22.5%
Good For Those Who Do Not Have Insurance or Can't Afford It	82	20.8%
As Good or Better Health Care/Coverage than Other Insurance	72	18.2%
There When You Need It	47	11.9%
Better Than Nothing	29	7.3%
Kids Need Health Care/Health Care Coverage	29	7.3%
Helpful/Convenient	26	6.6%
Good Program/Liked the Program	19	4.8%
Don't Know	2	.5%
<b>Reason Would Not Recommend</b>		
<b>Responses (N=19)</b>		
Dissatisfied with the Program	9	47.4%
Paperwork Problems	6	31.6%
Too Expensive	2	10.5%
Too Intrusive	2	10.5%

#### **IV. RECOMMENDATIONS FOR FUTURE STUDY**

The surveys revealed that a number of respondents disenrolled because they forgot or did not have time to reapply for the program (12.6%). Also some disenrollees did not recall having received the renewal application or did not know they needed to reapply (5.9%). However, some of these respondents exhibited an interest in reapplying or stated they expected to reapply for the program. Tracking these types of disenrollees and determining if they have re-entered the program may provide beneficial information. This research could tell us how many of these disenrollees have re-enrolled, how long they remained off the program, and the impact that this period of disenrollment has had on the child's health status and access to health care services. Therefore, in the future, research might match enrollee data with previous disenrollment data.



## V. SUMMARY

---

This survey was intended to provide the Bureau of Medical Services with a better understanding of why children exit from Medicaid and SCHIP, and their subsequent health insurance and health care status. Key findings of the survey include:

- **Reason for Disenrolling:** Nearly 32 percent of respondents said they not renewed their children's applications for Medicaid or SCHIP because they had obtained other health insurance. Very few families disenrolled because they were dissatisfied or had some problem with the program. Some of these respondents felt the application was too difficult to fill out, the premiums were too high, or the program was too much of a hassle. Many respondents said their children disenrolled from the program for reasons other than no longer needing coverage or being dissatisfied with the program. These respondents wanted to continue with the program, but were unable to renew for some reason. For example, approximately 13 percent said they simply forgot to fill out the renewal application. This problem might easily be remedied by sending individuals a reminder a week or two before the application is due.
- **Current Insurance Status:** Equal numbers of disenrollees are currently insured and uninsured. However, disenrollees from SCHIP were more likely to be uninsured than disenrollees from Medicaid (55.4% vs. 40.4%). Typically, SCHIP members are categorized as the working poor. These individuals may have incomes low enough that prevent them from purchasing private coverage, yet high enough to make them financially ineligible for continued SCHIP enrollment. This is supported by the fact that respondents for SCHIP members were much more likely to report that their children were denied coverage than respondents for Medicaid members were. In addition, we found that, among SCHIP families whose children were currently uninsured, nearly one-third (32.8%) had not submitted a renewal application because they believed they were no longer eligible for SCHIP. This compares to 22.4% of respondents for Medicaid disenrollees who believed their children were no longer eligible.

Among those that are currently insured, most are insured with a current or past employer. Another 10 percent are insured through a former spouse. Very few disenrollees (2.5%) have bought insurance directly from an insurance company.

As expected, employment status and firm size had an impact on insurance status. Those working full-time were more likely to be insured than those working part-time, for themselves, or not working. Also, employees of large firms were more likely to be insured than employees of small or medium sized firms.

- **Access for Currently Uninsured:** Nearly one quarter of all those uninsured do not know where they will get health care services for their child. Also approximately 88 percent of these respondents were very or somewhat concerned about getting health care services. These findings suggest that uninsured disenrollees may have difficulty getting access to health care services in the future.

- **Health Status:** As expected, most respondents rated their child's health as excellent, very good or good. Less than 5 percent said their child's health was fair or poor. Furthermore, the child's health insurance status did not have an effect on their health status. No differences in health status were found between the insured and uninsured disenrollees.
- **Cub Care Premium:** Although the majority of disenrollees found paying the Cub Care premium either very or somewhat easy, nearly 31 percent felt it was very or somewhat hard. Of these 35 respondents, only six disenrolled because they could not or had not paid the premium. These findings suggest that although some find the premium difficult to pay, most did not disenroll because the premiums were too expensive.
- **Satisfaction with the Program:** The majority of respondents said they were satisfied with the quality of health care they received through the program. Most were also satisfied with the program overall. Moreover, 93 percent said they would recommend the program to a family member or friend. The reasons most commonly given for recommending the program were the program's affordability, comprehensiveness, and helpfulness to those who do not have or cannot afford insurance.

Although most were satisfied, a few disenrollees were dissatisfied with the health care their child received or with the program overall. Less than 2 percent of disenrollees said they were dissatisfied with the quality of health care, while 6 percent were either somewhat or very dissatisfied with the program overall. When asked if they would recommend the program to others, only 18 respondents (5.6%) said they would not. The most common reasons for not recommending the program were dissatisfaction with the range of coverage and the referral system and paperwork difficulties. Others said the program was too expensive or intrusive.

In summary, the majority of disenrolled families were satisfied with Medicaid or SCHIP. Most had disenrolled their child because they had obtained other coverage, thought they were no longer qualified, or simply forgot to fill out the renewal application. Nearly half of disenrollees were uninsured, but this lack of insurance was not related to the child's health status. Most respondents (93%) rated their child's health as excellent, very good or good. However, some uninsured disenrollees were very concerned about where they would get health care services in the future without health insurance.

## APPENDIX A: SURVEY INSTRUMENT

---

Q1 Option

Our records show that \0 was enrolled in \3 but that \2 coverage ended when the Department of Human Services did not receive your renewal application. Is that correct?

Q1	1 YES (GO TO Q4)	Q4
Q1	2 NO	NEXT
Q1	8 DK	NEXT
Q1	9 NA	NEXT

---

Q2 Option

When you reapplied for \3, what happened with your application?

Q2	1 CURRENTLY ENROLLED	END
Q2	2 DENIED COVERAGE	Q6
Q2	3 STILL WAITING TO HEAR ABOUT APPLICATION	Q6
Q2	4 DON" T KNOW WHAT HAPPENED	Q6
Q2	5 SOMETHING ELSE HAPPENED	NEXT
Q2	9 NA	Q6

---

Q3 Text Entry

What happened?

Q3	0 DK=DON" T KNOW, NA=NO ANSWER	Q6
----	--------------------------------	----

---

Q4 Option

What is the main reason you did not send in the renewal application? (IWER NOTE: SELECT THE FIRST REASON R MENTIONS)

Q4	1 DID NOT RECEIVE APPLICATION	Q6
Q4	2 APPLICATION TOO DIFFICULT TO FILL OUT	Q6
Q4	3 PREMIUMS TOO HIGH	Q6
Q4	4 HEALTH CARE AVAILABLE FOR FREE AT SCHOOL	Q6
Q4	5 \3 WAS TOO MUCH OF A HASSLE	Q6
Q4	6 DISSATISFIED WITH THE PROGRAM	Q6
Q4	7 DIDN" T KNOW I NEEDED TO REAPPLY	Q6
Q4	8 DIDN" T THINK \0 WOULD QUALIFY	Q6
Q4	9 GOT OTHER INSURANCE (GO TO Q10)	Q10
Q4	10 WE MAKE TOO MUCH MONEY NOW	Q6

Q4	11 SOME OTHER REASON	NEXT
Q4	12 DK/NA	Q6

---

Q5 Text Entry

What is that other reason?

Q5	0 DK=DON" T KNOW, NA=NO ANSWER	NEXT
----	--------------------------------	------

---

Q6 Option

Does \0 have other health insurance now?

Q6	1 YES	Q10
Q6	2 NO	NEXT
Q6	8 DK	NEXT
Q6	9 NA	NEXT

---

Q7 Option

Do you know where you will get health care services if \0 needs them?

Q7	1 Yes, hospital	Q9
Q7	2 Yes, doctor	Q9
Q7	3 Yes, clinic	Q9
Q7	4 Yes, school	Q9
Q7	5 Yes, other	NEXT
Q7	6 No	Q9
Q7	8 DK	Q9
Q7	9 NA	Q9

---

Q8 Text Entry

What other place is that?

Q8	0 DK= DON" T KNOW, NA= NO ANSWER	NEXT
----	----------------------------------	------

---

Q9 Option

How concerned are you about getting health care services for \0 now that \4 does not have health insurance? Are you . . .

Q9	1 Very concerned	Q12
----	------------------	-----

Q9	2 Somewhat concerned	Q12
Q9	3 Not concerned	Q12
Q9	8 DK	Q12
Q9	9 NA	Q12

---

Q10 Multiple Check

What kind of health insurance does \0 have?

Q10	1 INSURANCE AVAILABLE FROM A CURRENT OR PAST EMPLOYER	Q12
Q10	2 INSURANCE AVAILABLE FROM A UNION OR TRADE ASSOCIATION	Q12
Q10	3 INSURANCE AVAILABLE FROM A FORMER SPOUSE	Q12
Q10	4 INSURANCE YOU BOUGHT RIGHT FROM THE INSURANCE COMPANY	Q12
Q10	5 CHAMPUS, CHAMP-VA, TRICARE, VA OR SOME Other MILITARY HEALTH CARE	Q12
Q10	6 OTHER PRIVATE INSURANCE	Q12
Q10	7 OTHER2 GOVERNMENT INSURANCE	Q12
Q10	8 Other	Q12
Q10	9 Other2	Q12

---

Q11 Text Entry

What insurance is that?

Q11	0 DK=DON'T KNOW, NA= NO ANSWER	NEXT
-----	--------------------------------	------

---

Q12 Option

In general, how would you rate your child's overall health? Would you say it is . . .

Q12	1 Excellent	NEXT
Q12	2 Very Good	NEXT
Q12	3 Good	NEXT
Q12	4 Fair, or	NEXT
Q12	5 Poor	NEXT
Q12	8 DK	NEXT
Q12	9 NA	NEXT

---

Q13 Option

My next questions are about your experiences while \0 was enrolled in \3.

FOR CUB CARE ONLY: When your child had CubCare, you paid a premium every month. How easy or hard was it to afford to pay the premium on a regular basis? Was it . . .

- |     |                         |      |
|-----|-------------------------|------|
| Q13 | 1 Very easy             | NEXT |
| Q13 | 2 Somewhat easy         | NEXT |
| Q13 | 3 Neither easy nor hard | NEXT |
| Q13 | 4 Somewhat hard         | NEXT |
| Q13 | 5 Very hard             | NEXT |
| Q13 | 8 DK                    | NEXT |
| Q13 | 9 NA                    | NEXT |
- 

Q14 Option

My next questions are about your experiences while \0 was enrolled in \3.

In general, how satisfied were you with the quality of health care that \0 received through \3? Would you say you were . . .

- |     |   |      |
|-----|---|------|
| Q14 | 1 Very satisfied                            | NEXT |
| Q14 | 2 Somewhat satisfied                        | NEXT |
| Q14 | 3 Neither satisfied nor dissatisfied        | NEXT |
| Q14 | 4 Somewhat dissatisfied                     | NEXT |
| Q14 | 5 Very dissatisfied, or                     | NEXT |
| Q14 | 6 Your child didn't receive any health care | NEXT |
| Q14 | 8 DK  | NEXT |
| Q14 | 9 NA  | NEXT |
- 

Q15 Option

In general, how satisfied were you with \3 as a health insurance plan? Were you . . .

- |     |                                      |      |
|-----|--------------------------------------|------|
| Q15 | 1 Very satisfied                     | NEXT |
| Q15 | 2 Somewhat satisfied                 | NEXT |
| Q15 | 3 Neither satisfied nor dissatisfied | NEXT |
| Q15 | 4 Somewhat dissatisfied              | NEXT |
| Q15 | 5 Very dissatisfied                  | NEXT |
| Q15 | 8 DK                                 | NEXT |
| Q15 | 9 NA                                 | NEXT |
- 

Q16 Option

Would you recommend \3 to a family member or friend?

- |     |       |      |
|-----|-------|------|
| Q16 | 1 YES | NEXT |
| Q16 | 2 NO  | NEXT |
| Q16 | 8 DK  | Q18  |
| Q16 | 9 NA  | Q18  |

---

Q17 Text Entry

{Q16=1}{In your own words, please tell me why you would recommend \3.}{In your own words, please tell me why you would not recommend \3}

Q17 0 DK= DON"T KNOW, NA= NO ANSWER NEXT

---

Q18 Option

DEMOGRAPHICS: The last few questions are about YOU.

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

Q18	1 8th GRADE OR LESS	NEXT
Q18	2 SOME HIGH SCHOOL, BUT DID NOT GRADUATE	NEXT
Q18	3 HIGH SCHOOL GRADUATE OR GED	NEXT
Q18	4 SOME COLLEGE OR 2-YEAR DEGREE	NEXT
Q18	5 4-YEAR COLLEGE DEGREE	NEXT
Q18	6 MORE THAN 4-YEAR COLLEGE DEGREE	NEXT
Q18	9 NA	NEXT

---

Q19 Option

How are you related to \0?

Q19	1 MOTHER OR FATHER	Q21
Q19	2 GRANDPARENT	Q21
Q19	3 LEGAL GUARDIAN	Q21
Q19	4 OTHER RELATIVE	NEXT
Q19	9 NA	Q21

---

Q20 Text Entry

How are you related?

Q20 0 DK=DON"T KNOW, NA= NO ANSWER NEXT

---

Q21

Option

Which of the following best describes the work status of the main wage earner in your household?

Q21	1 Works full time	NEXT
Q21	2 Works part time	NEXT
Q21	3 Works seasonally	NEXT
Q21	4 Self-employed	NEXT
Q21	5 Unemployed, looking for work	END
Q21	6 Not working	END
Q21	8 DK	END
Q21	9 NA	END

---

Q22

Option

Approximately how many employees are in the company or organization where (she/he) is employed?

Q22	1 LESS THAN 25	END
Q22	2 25 TO 50 EMPLOYEES	END
Q22	3 MORE THAN 50 EMPLOYEES	END
Q22	8 DK	END
Q22	9 NA	END





EDMUND S. MUSKIE SCHOOL OF PUBLIC SERVICE educates leaders, informs public policy, and broadens civic participation. The School links scholarship with practice to improve the lives of people of all ages, in every county in Maine, and in every state in the nation.

---

EDMUND S. MUSKIE SCHOOL OF PUBLIC SERVICE  
96 Falmouth Street  
PO Box 9300  
Portland, ME 04101-9300

TELEPHONE (207) 780-4430  
TTY (207) 780-5646  
FAX (207) 780-4417  
[www.muskie.usm.maine.edu](http://www.muskie.usm.maine.edu)