

**Children's Health Insurance
Program Reauthorization Act
(CHIP10) 10—State Evaluation**

**Supporting Statement Part B:
Data Collection Procedures
and Statistical Methods**

Final

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ATTACHMENT A: CHIPRA 10—STATE EVALUATION: EVALUATION DESIGN REPORT

ATTACHMENT B: CHIP SURVEY OF ENROLLEES AND DISENROLLEES

ATTACHMENT B2: CHIP DATA ELEMENTS AND QUESTION SOURCES

ATTACHMENT C: PRETEST REPORT

ATTACHMENT D: RESPONDENT MATERIALS (CONSENT FORM, LETTERS, FAQ)

BACKGROUND

The Children's Health Insurance Program Reauthorization Act (CHIPRA) 10—State Evaluation will provide the federal government with new and detailed insights into how the Children's Health Insurance Program (CHIP) has evolved since its early years, what impacts on children's coverage and access to care have occurred, and what new issues have arisen as a result of policy changes related to CHIPRA and the Patient Protection and Affordable Care Act (PPACA) of 2010 (PL 111-148). The evaluation will address numerous key questions regarding the structure and impact of CHIP and Medicaid programs for children, including (1) to what extent CHIP has reduced uninsurance among children, and how this has been impacted by expansions to the program to cover more children with family incomes above 200 percent of the federal poverty level; (2) how enrollment and disenrollment trends have changed over time in CHIP, and what economic and policy factors appear to be driving those trends (such as reductions in access to employer coverage as a result of the economic downturn); and (3) what outreach, enrollment, and retention policies are most successful at increasing enrollment and retention in Medicaid and CHIP, particularly for children of racial and ethnic minorities and children with special health care needs. To answer these and other questions, the Assistant Secretary for Planning and Evaluation (ASPE) will draw on three new primary data collection efforts, including a survey of selected CHIP enrollees and disenrollees in 10 states (and Medicaid enrollees and disenrollees in 3 of these states), qualitative case studies in the 10 states, and a survey of State Program Administrators in all 50 States and the District of Columbia. ASPE seeks a three-year clearance for the first two information collections at this time. Each collection will take place once.

Survey of enrollees and disenrollees. The parent or primary caregiver of CHIP/Medicaid eligible children will be interviewed for this study. They will be selected from all eligible children in the 10 states' CHIP and Medicaid administrative files. Three groups of children will be eligible for the study: new CHIP/Medicaid enrollees (child enrolled in CHIP/Medicaid at least two months and less than three months at time of sample selection), established CHIP/Medicaid enrollees (child enrolled in CHIP/Medicaid five or more months at the time of sample selection), and recent CHIP/Medicaid disenrollees (child disenrolled from CHIP at least two months but less than three months at the time of sample selection). The sample will be divided into two domains: a multi-stage, clustered sample that will be interviewed by telephone (using computer-assisted telephone interviewing, or CATI) with a face-to-face follow-up of non-telephone households; and a stratified, unclustered random sample that will be interviewed by telephone only. While the clustered design is more costly than the unclustered design, it results in high response rates and improved population coverage. Without this design, children in non-telephone households (often subgroups such as Hispanics, Native Americans, and African Americans) would not be represented in the

study. The survey will collect data on application and enrollment; access, use, content of care, and satisfaction; program retention, renewal, and disenrollment; health insurance coverage; and child and family characteristics, including child health.

Case studies. The qualitative case studies in the 10 states will include site visit interviews with CHIP and Medicaid administrators and other public and child health stakeholders. In addition, researchers will conduct focus groups in the 10 states; participants will include parents of (1) CHIP enrollees, (2) CHIP disenrollees; (3) CHIP eligible but uninsured, and (4) children covered by employer-sponsored insurance. The case studies will characterize the program implementation and impacts, implications of the Affordable Care Act, and enrollment retention, access, and utilization trends.

Attachment A is the Final Design Report submitted to ASPE by the contractors on April 21, 2011. As per ASPE's agreement with OMB (based on the December 9, 2010 OMB Guidance), the pages referenced below may be found in the Design Report. Because the Design Report was written without reference to the OMB questions, there is some page overlap.

B. Supporting Statement

1. Respondent Universe and Sampling Methods

Information on the respondent universe and sampling methods can be found on pages 47 - 53 of Attachment A.

2. Procedures for the Collection of Information

- CHIP Survey (2002 - 2003)
- Statistical methods for stratification and sample selection can be found on pages 50 - 55 of Attachment A.
- ASPE will not be using estimation.
- Discussion of the statistical degree of accuracy required (also described in OMB Supporting Statement Part A) can be found on pages 55 - 59 of Attachment A.
- There are no unusual statistical problems to be addressed.
- Survey data collection
 - A description of instrument design can be found on pages 59 - 64 of Attachment A.
 - The data collection approach is discussed on pages 67 - 70 of Attachment A.

Attachment B consists of the final pretested questionnaire.

3. Methods to Maximize Response Rates and Deal with Nonresponse

A discussion of maximizing response rates and minimizing nonresponse can be found on pages 67 - 70 of Attachment A. In addition, the way nonresponse is accommodated in the weights is described on pages 52 - 54. A discussion of the recruiting and training of high quality, convincing interviewers is found on pages 71 - 72 of Attachment A. Attachment D contains all materials that will be seen by respondents, including advance letters, Sorry I Missed You cards, locating letters, and consent procedures.

4. Tests of Procedures or Methods to be Undertaken

Discussions of the two pretests are found on pages 65 - 66 of Attachment A. A copy of the pretest report based on the finding of the first pretest is attached to Supporting Statement Part B as Attachment C.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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