

ATTACHMENT C

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PRETEST REPORT

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**Children's Health Insurance
Program Reauthorization Act
(CHIPRA) 10-State Evaluation**

**Children's Health Insurance
Program (CHIP) Pretest Report**

Final

July 20, 2011

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CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PRETEST REPORT

A. Overview of the Pretest

The CHIP survey instrument combines three separate surveys into one: new enrollees, established enrollees, and recent disenrollees. Our pretest goal was to test each instrument with not more than 9 respondents. We completed 6 disenrollee instruments, 7 established enrollee instruments (plus one partially completed), and 3 new enrollee instruments (plus one partially completed). Both partially completed surveys related to participant cell phone technology failures.

The CHIP survey consists of six sections:

- Section 1 (Application, Enrollment, Redetermination, Disenrollment) asks how the respondent heard about the program and the ease or difficulty of the enrollment and reenrollment processes. Section 2 (Child's Health Care Coverage) asks about the respondent's past and current experiences with health care coverage for his/her child.
- Section 3 (Child's Health) asks about a respondent's child's health and any special health care needs that child might have.
- Section 4 (Access & Barriers to and Satisfaction with Usual Place of Care) asks about where a respondent usually goes to get care for his/her child when that child needs medical care.
- Section 5 (Patient-Centeredness of Health Care) asks about health care services a respondent's child received and the respondent's satisfaction with these services.
- Section 6 (Socio-demographics and Attitudes) asks about the socio-demographics and attitudes towards health care of the respondent.

This report summarizes the results of the CHIP pretest conducted in late March and early April 2011. The purpose of the pretest was to test the language, question flow, respondent comprehension, and to determine the overall burden of administering the CHIP survey to parents or guardians of new, established, and recent disenrollees in CHIP. The pretest was conducted in two stages. First, the Mathematica project team recruited 4 participants who were current or past enrollees in CHIP from among Mathematica contacts and conducted cognitive interviews with them via telephone (group 1). Based on participants' comments, some refinements were made to the instrument. Second, after ASPE obtained the necessary permissions, a health care clinic recruited 20 individuals who fit the CHIP sample profiles of new and established enrollees and recent disenrollees (group 2). Professional Mathematica interviewers conducted structured interviews with 12 of these recruits using a paper and pencil method to record responses. Parents were given \$50 gift cards for participating in the cognitive interview (group 1) and a \$30 gift card for participating in the structured interview (group 2). Participants in the cognitive interviews received a higher incentive because that interview was longer and involved more thoughtfulness on the part of participants.

A copy of the pretest instrument is found in Appendix A. In this document, the interviewer instructions were highlighted in yellow to help the interviewer successfully manage the pathing logistics. At the end of each pretest interview (cognitive or structured), we asked participants whether any particular questions or sections were difficult to answer (see Appendix B to examine the group 1 and group 2 debriefing protocols). Immediately following the interview, interviewers recorded their own observations about trouble spots when administering the survey. All interviews were digitally recorded. In order to understand where there were problems in the survey, Mathematica and the Urban Institute researchers listened to “live” interviews or accessed the digital audio file after an interview was completed. At the end of the pretest, the team conducted a telephone debriefing with the interviewers to identify questions that either participants found difficult to understand or answer or interviewers found difficult to ask and code responses, any questions that seemed irrelevant or repetitive, or any questions where the response categories proved confusing or too lengthy for coding.

The CHIP pretest took an average of 45 minutes to complete (with a range of 30 minutes to one hour and a half). During the pretest, interviewers were required to manually control the survey logistics, such as pathing based on current and sometimes previous responses, and range checks, which are normally handled by computer programs. We estimate that using a paper questionnaire added approximately 10 – 15 minutes to the pretest interview time - especially to the earlier interviews when interviewers were first becoming familiar with the instrument. We estimate that conducting the survey using Computer Assisted Telephone Interviewing (CATI) will reduce the interview length to approximately 30 to 35 minutes, which is our targeted goal.

The remainder of this report outlines which questions we recommend to modify or eliminate in each section and reasons why we recommend this action. In each section we present the pretest question (as asked), the problem with that question and the recommended changes, and the new survey question. When applicable, changes were noted in red on the amended survey question.

SECTION 1: APPLICATION, ENROLLMENT, REDETERMINATION, DISENROLLMENT

Section 1 had the most need for modifications based on the pretest. Many questions had lengthy response categories that either took a long time for the interviewer to read aloud or code in a timely manner. The lengthy response categories were also confusing to the respondents who often requested that the categories be repeated. Overall, the Section 1 recommendations are designed to clarify the question intent and to reduce the amount of time required to read and code responses.

A. CHILD’S COVERAGE

Pretest Question:

- 1.1 First, is [CHILD] covered by [CHIP/Medicaid] right now?
 PROBE: This is the health insurance program you call [CHIP STATE NAME/MEDICAID STATE NAME].
 YES 01 (GO TO 1.9)
 NO 00 (GO TO 1.3)
 DK D (GO TO 6.1)
 REF R

Discussion. When asked if her child was covered by CHIP, an established enrollee answered “no” and went on to explain that her child recently had switched from CHIP to Medicaid coverage. If the respondent had not explained her child’s coverage situation, the only codeable answer would have been “No” (child is not covered by CHIP). That would have resulted in the parent being asked questions for the uninsured when, in fact, the child was insured.

Recommendation: Change the response categories to reflect this possible scenario.

Proposed Revision:

- 1.1 First, is [CHILD] covered by [CHIP/Medicaid] right now?
 PROBE: This is the health insurance program you call [CHIP STATE NAME/MEDICAID STATE NAME].
YES, COVERED BY NAMED PROGRAM01 GO TO Q1.8
YES, CHANGED FROM CHIP TO MEDICAID ... 02 GO TO Q1.8
YES, CHANGED FROM MEDICAID TO CHIP ...03 GO TO Q1.8
 NO 00 GO TO Q1.3
 DK D GO TO Q6.1
 REF..... R GO TO Q7.1

B. REASONS WHY CHILD’S COVERAGE ENDED

Pretest Question:

1.7 Now I am going to read some reasons why [CHILD]’s [CHIP/Medicaid] coverage may have ended. As I read each one, please tell me if it is true for [CHILD]’s coverage.

	YES (01)	NO (00)	DK (D)	REF (R)
01. You obtained some other kind of insurance for [CHILD]?				
02. [CHILD] was too old to remain enrolled?				
03. Your income changed so that [CHILD] was no longer eligible?				
04. The payment to stay enrolled was late or not paid?				
05. [CHILD] moved out of state?				

Discussion. The Technical Expert Panel (TEP) advised adding more response categories to this question as it did not seem comprehensive. In addition, in the previous CHIP survey, a high percentage of survey respondents did not answer this question, suggesting that the missing data may be explained by an insufficient number of choices.

Recommendation: Add more categories and allow respondents to specify an answer if no response categories fit their particular reasons why coverage ended.

Proposed Revision:

1.6 Now I am going to read some reasons why [CHILD]’s [CHIP/Medicaid] coverage may have ended. Did [his/her] coverage end because.... CODE ONE RESPONSE PER ROW.

	YES (01)	NO (00)	DK (D)	REF (R)
01. You obtained some other kind of insurance for [CHILD]?				
02. [CHILD] was too old to remain enrolled?				
03. Your income changed so that [CHILD] was no longer eligible?				
04. The payment to stay enrolled was late or not paid?				
05. [CHILD] moved out of state?				
06. [CHILD] left household – for example, [he/she] is living with another family member or is in foster care?				
07. You decided not to re-enroll [CHILD]?				
08. Some other reason I didn’t mention (SPECIFY)				

C. WAYS LEARNED ABOUT CHIP

Pretest Question:

1.9 I’m going to read a list of ways you might have heard about [CHIP/Medicaid]. Did you hear about it from...

CODE ALL THAT APPLY

- A friend or family member 01
Some other person or place 02
Hospital, emergency room, clinic, doctor’s office, pharmacy..... 03
[CHILD]’s school or school-related event 04
Phone hot line, help line, referral service 05
At work 06
Church/ Mosque/ Temple 07
Through another program such as TANF, SNAP, WIC 08
TV 09
Radio 10
Newspaper/ magazine..... 11
Something you got in the mail 12
Poster/ billboard 13
Internet 14
DK D (GO TO 1.11)
REF..... R (GO TO 1.11)

Discussion. During the pretest, it took a long time for the interviewer to read each of the 14 possible response categories. Also, during training some interviewers mentioned not knowing what the acronyms TANF, SNAP, and WIC stood for in case a participant asked. A parallel issue arose when a participant mentioned hearing about CHIP through the “AIM” program.1 Neither the participant nor the interviewer knew what this acronym stood for and the interviewer did not know where to code it based on the existing categories.

Recommendation: In order to decrease the length of time it takes to read it, reduce the 14 categories to 7 categories and allow respondents to specify an answer if no response categories fit how they heard about the program. If a participant asks about what the TANF, WIC, or SNAP acronyms mean, include an interviewer probe explaining these terms. Note that we will customize state acronyms to the federal listed below.

1 AIM stands for “Access for Infants and Mothers” and is a California program that provides insurance to pregnant women who do not have private insurance but have incomes that prohibit them from qualifying for Medi-Cal.

Proposed Revision:

1.8 How did you hear about [CHIP/Medicaid]? Was it from...

PROBES IF NEEDED:

TANF = TEMPORARY ASSISTANCE TO NEEDY FAMILIES

WIC = WOMEN, INFANTS, & CHILDREN

SNAP = SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

NOTE: WE WILL LIST STATE PROGRAMS BY STATE WHEN STATES ARE IDENTIFIED

CODE ALL THAT APPLY

- A friend or family member? 01
- A hospital or doctor’s office or clinic? 02
- School 03
- Another program such as TANF, SNAP or WIC? 04**
- TV, radio, newspaper or the internet? 05**
- Religious Group or Organization? 06**
- Some other way? (SPECIFY) 07**
- DK D GO TO Q1.10
- REF R GO TO Q1.10

D. REASONS WHY WANTED CHILD ENROLLED

Pretest Questions:

1.12 Is there another important reason [CHILD] was enrolled in [CHIP/Medicaid] that I did not mention?

PROBE: IF R SAYS “I WANTED [CHILD] TO BE INSURED”, CODE 01 = YES.

- YES01
- NO00 (GO TO 1.14)
- DK D (GO TO 1.14)
- REF R (GO TO 1.14)

1.13 Why did you want [CHILD] to be insured?

CODE ALL THAT APPLY

- PARENT LOST/CHANGED JOB 01
- LOST OTHER HEALTH INSURANCE 02
- AFFORDABLE/LESS EXPENSIVE THAN OTHER HEALTH INSURANCE 03
- HELPS TO PAY MEDICAL BILLS 04
- HELPS TO GET GOOD CARE/BETTER CARE THAN OTHER COVERAGE 05
- PEACE OF MIND 06
- CHILD NEEDED TO VISIT A DOCTOR/HAD A MEDICAL CONDITION 07
- WAS TOLD TO ENROLL BY SOMEONE (FRIEND/CLINIC/SCHOOL/ETC) 08
- OTHER FAMILY MEMBER ALREADY ENROLLED 09
- IN CASE CHILD GOT SICK/NEEDED A DOCTOR 10
- TO GET PREVENTATIVE CARE 11
- SCHOOL REQUIRED PHYSICAL/VACCINATIONS 12
- DID NOT HAVE ANY INSURANCE 13
- SOME OTHER REASON (SPECIFY) 14
- DK D

Discussion. When we asked if there was another important reason that the respondent wanted his/her child insured, the length of the response categories (question Q1.13) made it difficult for interviewers to find the right code in the moment. Also, when a respondent answered that he/she “wanted my child insured” (Q1.12) he/she did not always have a reason “why” (Q1.13), and so both the respondent and the interviewer were left unsure as to how to proceed. Also unexpectedly, a participant in California stated that CHIP, “was required” but did not specify by whom (e.g., the school). None of the states asked to participate in this study require parents to enroll children in some type of health insurance (including California).

Recommendation: Combine the 14 reasons listed into 3 or 4 categories so that it is easier for the interviewer to code in the moment. If a respondent states “I want my child to be insured” add a probe that asks if there is any other reason he/she wanted that child insured. Also, if a participant states that enrolling “was required” add an interviewer probe to ask the participant to specify “by whom?”

Proposed Revisions:

1.11 Is there another important reason you decided to enroll [CHILD] in [CHIP/Medicaid] that I did not already mention?

- YES, WANTED CHILD TO BE INSURED 01**
- YES, OTHER REASON/S 02**
- NO 00 **GO TO 1.13**
- DK D **GO TO 1.13**
- REF R **GO TO 1.13**

1.12 Why else did you want [CHILD] to be insured by [CHIP/Medicaid]?

PROBE: ANYTHING ELSE? UNTIL R SAYS: NOTHING ELSE.
INSTRUCTION: IF R ANSWERS “BECAUSE IT WAS/IS REQUIRED,” ASK WHO REQUIRED YOU TO GET INSURANCE FOR [CHILD]? WAS IT A SCHOOL, SPORTS PROGRAM, OR SOME OTHER ORGANIZATION?

CODE ALL THAT APPLY

LOST OTHER INSURANCE

- PARENT LOST OR CHANGED JOB 01
- LOST OTHER HEALTH INSURANCE 02

AFFORDABILITY

- COULD NOT AFFORD OTHER COVERAGE..... 03
- CHIP/MEDICAID IS LESS EXPENSIVE..... 04

OTHER

- CHILD HAS A MEDICAL CONDITION 05
- GET BETTER CARE THAN WITH OTHER COVERAGE 06
- REQUIRED BY SCHOOL (PHYSICAL/VACCINATIONS) 07
- SOME OTHER REASON (SPECIFY) 09
- DK D
- REF R

E. HOW AND WHERE COMPLETED APPLICATION

Pretest Questions:

1.14 [If Q1.1 = 00: The last time that you enrolled [CHILD] [CHIP/Medicaid]/ If 1.1=01: When you enrolled [CHILD] in [CHIP/Medicaid]], how did you complete the application form? Did you... CODE ALL THAT APPLY.

	YES (01)	NO (00)	DK (D)	REF (R)
01. Complete it by mail?				
02. Complete it by telephone?				
03. Complete it online – that is, by using the internet or a website?				
04. Complete it in-person at a government office?				

Q1.15 is asked only if the respondent answers NO or don't know or refused to all 4 response categories in Q1.14.

1.15 So, how did you complete the application?

CODE ALL THAT APPLY

- HOTLINE/HELP TELEPHONE LINE 01
- WELFARE OFFICE OR OTHER AGENCY OFFICE
(OR SOCIAL WORKER OR OTHER STAFF THERE) 02
- HOSPITAL, HOSPITAL EMERGENCY ROOM OR CLINIC
(OR DOCTOR, NURSE OR OTHER STAFF THERE) 03
- DOCTOR'S OFFICE (OR DOCTOR OR OTHER STAFF THERE) 04
- PHARMACY (OR PHARMACIST OR OTHER STAFF THERE) 05
- SCHOOL OF CHILD (OR STAFF AT THE SCHOOL) 06
- CHURCH (OR CHURCH STAFF) 07
- COMMUNITY CENTER (OR STAFF THERE) 08
- STORE OR SHOPPING CENTER (OR STAFF THERE) 09
- WORK PLACE/YOUR SCHOOL (OR COWORKERS,
TEACHERS, SUPERVISORS, ETC.) 10
- FRIEND OR RELATIVE (OR AT THEIR HOUSE) 11
- OTHER PLACE OR PERSON 12
- DK D
- REF R

Note: In Q1.14 the interviewer read the response categories and in Q1.15 the interviewer field coded the answers provided by the respondent. Note also that questions have been renumbered so that Q1.14 became Q1.13 and Q1.15 became Q1.14.

Discussion. Some response categories in Q1.14 and Q1.15 overlapped (e.g., telephone). Further, in Q1.15 there were many response categories, which was difficult for interviewers to find the right code in the moment, again extending the time this question took to answer.

Recommendation: Make the two questions and response categories discrete. Q1.14 should ask *how* the respondent completed the application and Q1.15 *where* the respondent completed the application.

Proposed Revisions:

1.13 New enrollee, currently enrolled. When you enrolled [CHILD] in [CHIP/Medicaid] did you complete an application form...

New enrollee, currently disenrolled. The last time that you enrolled [CHILD] in [CHIP/Medicaid], did you complete an application form ...

INSTRUCTION: STOP AFTER FIRST YES (01) RESPONSE.

	YES (01)	NO (00)	DK (D)	REF (R)
01. By mail or fax?				
02. By telephone?				
03. Online – that is, by using the internet or a website?				
04. In-person?				

1.14 So, where did you complete the application?

CODE ALL THAT APPLY

- WELFARE OFFICE OR OTHER AGENCY OFFICE 01
- HOSPITAL OR HOSPITAL EMERGENCY ROOM 02
- DOCTOR’S OFFICE..... 03
- PHARMACY 04
- SCHOOL OR CHURCH/RELIGIOUS ORGANIZATION..... 05
- HOME OF FRIEND OR RELATIVE 06
- SOME OTHER PLACE 07
- DK D
- REF R

F. EASE OF FILLING OUT APPLICATION

Pretest Questions

1.16 [If 1.1=00, D, R: Thinking about [CHILD]’s most recent application for [CHIP/Medicaid], how/ If 1.1=01: How] easy or hard was it to fill out the application form? Was it...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

1.17 Thinking about the entire application process, how easy or hard was it to get the required documents together? Was it...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- WAS NOT REQUIRED TO GET ANY DOCUMENTS 05
- DK D
- REF R

1.24 Thinking about all the experiences you just told me about, would you say your overall experience applying for [CHIP/Medicaid] was it...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

Discussion. The interviewer, research, and survey teams all felt that these questions were redundant and added extra time to the overall length of administering the survey. With the exception of one respondent, all answers to these questions were exactly the same or similar (e.g., stating that it was “somewhat easy” to get the required documents together and fill out the application and “very easy” overall).

Recommendation: Drop one of these three questions.

Proposed revisions:

1.15 Thinking about **the entire application process**, how easy or hard was it to get the required documents together? Was it...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- WAS NOT REQUIRED TO GET ANY DOCUMENTS 05
- DK D
- REF R

1.21 Thinking about all the experiences you just told me about, would you say your overall experience applying for [CHIP/Medicaid] was...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

G. HELP IN COMPLETING APPLICATION/RENEWAL APPLICATION

Pretest Questions:

1.21 Who helped you complete the application form? Was it a person... CODE ALL THAT APPLY

	YES (01)	NO (00)	DK (D)	REF (R)
01. ...you spoke with on the telephone?				
02. ...at a hospital, a clinic, or a doctor's office?				
03. ... at a government office?				
04. ... at an agency or another place in the community?				
05. ... who came to your home? or				
06. Some other person I did not mention? (Specify)				

1.35 Who helped you complete the renewal form? Was it a person... CODE ALL THAT APPLY

	YES (01)	NO (00)	DK (D)	REF (R)
01. You spoke to on the phone?				
02. At a hospital, clinic, or doctor's office?				
03. At a government office?				
04. At an agency or another place in your community?				
05. Who came to your home?				
06. Some other person I did not mention? (SPECIFY)				

Discussion. The TEP advised editing these two questions as the response categories did not match the question: the question asked *who* helped but some of the response categories were more about *where* the respondent was helped. CHIP researchers are interested in who assisted not where the person was assisted. Also, some respondents stated they did not know whether they applied or received help with their CHIP application at a government office or not. It was also not clear whether the agency that provided assistance with their CHIP applications was actually funded by state or federal government.

Recommendation: Change the response categories so that all pertain to *who* assisted the respondent fill out the application. Given that a person at a government office – or federally supported agency – may be the most likely to provide help with applications combine the terms and create a broader response category.

Proposed Revision:

1.19 Who helped you complete the application form? Was it...

	YES (01)	NO (00)	DK (D)	REF (R)
01. Someone from a government office or community organization?				
02. Someone at a hospital, clinic, or doctor's office?				
03. A friend or family member?				
04. Some other person? (Specify)				

1.32 Who helped you complete the renewal form?

	YES (01)	NO (00)	DK (D)	REF (R)
01. Someone from a government office or agency?				
02. Someone at a hospital, clinic, or doctor’s office?				
03. A friend or family member?				
04. Some other person? (Specify)				

H. EASE OF GETTING HELP WITH APPLICATION

Pretest Questions:

1.22 How easy or hard was it to get help to complete the application? Would you say it was...

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

1.23 How helpful were the people who helped you complete the application? Would you say they were...

- Very helpful 01
- Somewhat helpful 02
- Not very helpful..... 03
- Not at all helpful..... 04
- DK D
- REF..... R

Discussion. Similar to the “Ease of Filling Out Application” issue, the interviewer, research, and survey teams all felt that these questions were redundant and added extra time to the overall length of administering the survey.

Recommendation: Only ask one of the two current questions.

Proposed Revision:

1.20 How helpful [was the person/were the people] who helped you complete the application? Would you say [the person was/they were]...

CODE ONE ONLY

- Very helpful 01
- Somewhat helpful 02
- Not very helpful..... 03
- Not at all helpful..... 04
- DK D
- REF..... R

I. RENEWAL/REDETERMINATION OF APPLICATION

Pretest Question:

1.30 How did you or your family member get the renewal form or packet? Was it....

	YES (01)	NO (00)	DK (D)	REF (R)
01. Through the mail or someone gave it to you?				
02. From a website?				
03. You picked it up at an office?				
04. or some other way (SPECIFY)?				

Discussion. In the pretest, an interviewer pointed out that “someone gave it to you” (in response category 01) should be separated from received “through the mail” as it is a more similar response to “you picked it up at an office” (in response category 03). Also, researchers noted that “you picked it up at an office” was unclear and needed to be more specified in order to be a useful variable to analyze.

Recommendation: Only include “through the mail” as the first response category and specify what type of office a respondent picked up the renewal application from.

Proposed Revision:

1.27 How did you or your family member get the renewal form or packet? Did you....

	YES (01)	NO (00)	DK (D)	REF (R)
01. Get it in the mail?				
02. Get it from a website?				
03. Get it at a government office or a community organization?				
04. Get it some other way (SPECIFY)?				

J. REASONS DID NOT COMPLETE FORM

Pretest Question:

1.32 Why did you not return the form?

CODE ALL THAT APPLY

- FORGOT 01
- FORM WAS CONFUSING/TOO MUCH WORK TO COMPLETE 02
- GATHERING DOCUMENTS WAS TOO DIFFICULT 03
- CHILD OBTAINED OTHER INSURANCE 04
- CHILD TOO OLD TO BE ELIGIBLE 05
- FINANCIAL SITUATION CHANGED/
DID NOT MEET INCOME RULES 06
- COULD NOT AFFORD PREMIUM/CO-PAYMENT 07
- DID NOT PAY THE PREMIUM 08
- MOVED OUT OF STATE 09
- NOT SATISFIED/DID NOT LIKE THE HEALTH CARE CHILD RECEIVED 10

NOT CONVENIENT/SERVICES NOT AVAILABLE WHEN NEEDED	11
NOT NEEDED/CHILD DOES NOT GET SICK	12
OTHER _____	13
DK	D
REF.....	R

Discussion. Interviewers found that there were too many response categories and it was difficult to identify the correct codes in the moment.

Recommendation: Collapse the 13 reasons listed into 3 broad categories with subcategories to help the interviewer code more efficiently.

Proposed Revision:

1.29 Why did you not return the form?

PROBE: What else, till R answers: “nothing”

CODE ALL THAT APPLY

[CHILD] NO LONGER ELIGIBLE

GOT OTHER INSURANCE.....	01
CHILD TOO OLD	02
DID NOT MEET INCOME RULES.....	03
MOVED OUT OF STATE.....	04

DID NOT WANT TO RE-ENROLL

COULD NOT AFFORD IT	05
NOT INTERESTED/NOT SATISFIED/NOT NEEDED	06

OTHER REASONS

FORGOT	07
FORMS CONFUSING	08
GATHERING DOCUMENTS DIFFICULT.....	09
SOME OTHER REASON (SPECIFY _____)	10
DK.....	D
REF.....	R

SECTION 2: CHILD'S HEALTH CARE COVERAGE

A. REASONS COVERAGE ENDED

Pretest Question

2.13 Now I'm going to read you some reasons why [CHILD]'s [CHIP/Medicaid] coverage may have ended around [F6]. Please tell me if these reasons are true. Did [CHILD]'s coverage end because you... CODE ONE RESPONSE PER QUESTION 01 – 06.

REASON COVERAGE ENDED	YES (01)	NO (00)	DK (D)	REF (R)
01. obtained other insurance for [him/her]?				
02. [he/she] was too old to remain enrolled?				
03. your income changed so [he/she] was no longer eligible				
04. [CHIP/Medicaid] coverage ended because the payment to stay enrolled was late or not paid?				
05. [CHIP/Medicaid] coverage ended because [CHILD] moved out of state?				
06. [CHIP/Medicaid] coverage ended for some other important reason that I did not mention?				

Discussion. Researchers and interviewers felt that some of the response categories were awkwardly worded and difficult to read over the phone. In addition, in cognitive interviews with group 1, respondents said that they kept forgetting the stem question as it was only asked once.

Recommendation: Edit the response categories to make it easier for the interviewer to ask and the respondent to understand over the telephone. Also, put in a programming instruction to repeat the “Did [CHILD]'s coverage end because...” stem question every two responses.

Proposed Revision:

2.13 Now I'm going to read you some reasons why [CHILD]'s [CHIP/Medicaid] coverage may have ended in [F6 DATE]. CODE ONE RESPONSE PER ROW. Did [CHILD]'s coverage end because...

REASON COVERAGE ENDED	YES (01)	NO (00)	DK (D)	REF (R)
01. you obtained other insurance for [him/her]?				
02. [he/she] was too old to remain enrolled?				
03. your income changed so [he/she] was no longer eligible?				
04. the payment to stay enrolled was late or not paid?				
05. [CHILD] moved out of state?				
06. [he/she] left the household, and, is living with another family member or is in foster care, for example?				
07. You decided not to re-enroll?				
08. of some other important reason that I did not mention?				

B. TYPE OF INSURANCE PRIOR TO CHIP

Pretest Questions:

Each of the following questions (Q2.17.1 – Q2.17.8) has response categories of Yes, No, DK, and REF. We have not shown the response categories after Q2.17.1.

2.17.1 Just prior to [being uninsured/enrolling in [CHIP/Medicaid], was [CHILD] covered by insurance from a current or past employer or union?

- YES01
- NO00
- DKD
- REF.....R

2.17.2 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by a private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or those that cover only one type of service, such as dental care, vision care, nursing home care, or accidents.

2.17.3 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by [CHIP]?

2.17.4 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by Medicaid or a Medicaid HMO, the government assistant program for people in need?

2.17.5 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by TRICARE, CHAMPUS, CHAMP-VA, VA, or any other military health insurance, service?

2.17.6 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by the Indian Health Service?

2.17.7 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

2.17.8 Just prior to [being uninsured/enrolling in [CHIP/Medicaid]], was [CHILD] covered by some other type of coverage, I have not yet mentioned?

- YES- SPECIFY01
- NO00
- DKD
- REF.....R

Discussion. During the debriefing with respondents, three respondents commented that they did not know that private insurance purchased from an insurance company is different from insurance from an employer. They arbitrarily decided to pick one or the other. This suggested the possibility of measurement error. Also, no respondent mentioned having prior coverage provided by the military, the Indian Health Service, or Medicare. Asking each of these questions extended the overall time this section took for the interviewer- especially given that there was an opportunity for the respondent to specify another type of insurance not mentioned (see 2.17.8).

Recommendation: Revise the first two response categories to distinguish between private insurance “purchased through a job or union” and private insurance “purchased directly from an insurer (not through a job or union).” Eliminate the questions about prior coverage being provided by the military, Indian Health Service, or Medicare but keep the open-ended “please specify” response category to ensure that future respondents who had those types of insurance will be included in the data.

Proposed Revisions:

2.17.1 **If Q2.14 = 02, d, r.** Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01 d, r and Q2.15 = <12 months. Just prior to being uninsured, was [CHILD] covered by insurance from a current or past employer or union?

- YES01 GO TO Q2.18
- NO00
- DK D
- REF..... R

2.17.2 **If Q2.14 = 02, d, r.** Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured, was [CHILD] covered by a private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or those that cover only one type of service, such as dental care, vision care, nursing home care, or accidents.

2.17.3 **If Q2.14 = 02, d, r. Just prior to enrolling in [Medicaid]**
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured, was [CHILD] covered by [CHIP]?

2.17.4 **If Q2.14 = 02, d, r.** Just prior to enrolling in [CHIP]
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured, was [CHILD] covered by Medicaid or a Medicaid HMO, the government assistant program for people in need?

2.17.5 **If Q2.14 = 02, d, r.** Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01, d, r and Q2.15 = <12 month. Just prior to being uninsured, was [CHILD] covered by some other type of coverage, I have not yet mentioned?

- YES- SPECIFY01
- NO00 (GO TO Q3.1)
- DK D (GO TO Q3.1)
- REF..... R (GO TO Q3.1)

SECTION 3: CHILD’S HEALTH

Most of this section was taken from the National Survey of Children’s Health (NSCH) which was psychometrically tested and normed on a similar population. Therefore, we cannot change or re-order these questions. We do, however, want to mention an issue that arose in this section during the pretest.

A. HEIGHT AND WEIGHT OF CHILD

Pretest Question:

3.5 How tall is [CHILD] now?

PROBE: Your best estimate is fine. You may answer in feet and inches or meters and centimeters.

Feet: |__| and |__ __| Inches

OR

Meters: |__| and |__ __| Centimeters

3.6 How much does [CHILD] weigh now?

PROBE: Your best estimate is fine. You may answer in pounds or kilograms.

Pounds: |__|__|__| AND |__|__|Ounces

OR

Kilograms: |__|__|__| . |__|

Discussion. In cognitive interviews and debriefings, a few participants mentioned having to “guess” their child’s height and weight. A respondent with an infant said that she only felt certain of her response because her child was just measured and weighed the week before. A respondent with a teenage son stated that she cannot “keep track” of her son’s weight as it fluctuates depending on whether he is playing a sport or not. We are concerned about the possibility of measurement error.

Recommendation: We conducted a literature review on the topic. We found that while some studies have found certain types of parents/ guardians to be inaccurate sources of children’s heights and weights when compared with scientific objective measurements, other evidence suggests responses to these questions are reasonably reliable and valid (e.g., Akinbami and Ogden (Obesity 2009); Himes (Pediatrics 2009).. Finally, these questions are the only questions designed to provide estimates of what percentage of the sample is obese – a key area of health policy concern. We therefore recommend keeping the questions as they currently are written.

B. ASTHMA

Pretest Questions:

3.31 Has a doctor or other health care provider ever told you that [CHILD] had asthma?

- YES01
- NO00
- DK.....D
- REF.....R

3.32 How old was [CHILD] when [he/she] had [his/her] first episode of asthma or first asthma attack?

- ___ AGE IN YEARS (IF LESS THAN 1, CODE 0)
- DK D
- REF..... R

3.33 Does [CHILD] currently have asthma?

- YES01
- NO00
- DK D
- REF..... R

3.37 During the past 12 months, that is since [DATE ONE YEAR PRIOR TO INTERVIEW DATE] about how many days did [CHILD] miss school because of asthma? Was it ...

- None00
- 1-2 days01
- 3-4 days02
- 5-10 days03
- More than 10 days04
- DK D
- REF..... R

Discussion. Interviewers did not understand why there were so many questions about asthma that seemed repetitive.

Recommendation: During training, inform interviewers that even when a child does not “currently” have asthma, he/she may have had an asthma attack within the past 12 months. Also, a child may not be diagnosed by a physician as having asthma but still have an asthma attack. As asthma is a key health policy concern, we felt it was important to allow respondents as many ways as possible to discuss their children’s asthma.

SECTION 4: ACCESS AND BARRIERS TO AND SATISFACTION WITH USUAL PLACE OF CARE

Similar to section 3, most of this section was taken from the NSCH which was psychometrically tested and normed on a similar population. Therefore, we do not recommend modifying or re-ordering these questions. We do however want to point out the two issues that arose in this section during the pretest.

Pretest Question:

4.35 Now I am going to ask you some questions about experiences [CHILD] may have had getting health care. [If S3.1 or S3.2 = less than 12 months: Since [CHILD]’s birth, \ If S3.1 or S3.2 = 12 months or more: During the past 12 months,] was there a time [CHILD] did not get or postponed...

	YES (01)	NO (00)	DK (D)	REF (R)
01. ...getting <u>hospital care</u> when you thought [he/she] needed it?				
02. ...getting care <u>from a specialist</u> when you thought [he/she] needed it?				
03. ...getting care from a <u>regular doctor or other health care provider for an illness, accident or injury</u> when you thought [he/she] needed it?				
04.getting <u>dental care</u> when you thought [he/she] needed it? (If S4 = 12 month or more)				
05. ...getting <u>physical, occupational, speech therapy</u> when you thought [he/she] needed it?				
06. ...getting <u>eyeglasses or vision care</u> when you thought [he/she] needed it? (If S4 = 24 months or more)				
07. ...getting <u>mental health services</u> when you thought [he/she] needed it?				
08. ...getting a <u>prescription drug</u> when you thought [he/she] needed it?				

Discussion. Some respondents had difficulty understanding what ‘postponed’ meant and assumed it meant ‘having to wait a long time to see the doctor’ when they went for a visit. In addition, we realized that though we had asked about postponing dental care, we had not asked about postponing medical treatment.

Recommendation: Include a probe to clarify the difference between postponement and waiting a long time. We added a question on postponing medical care.

Proposed Revision:

4.35 Now I am going to ask you some questions about experiences [CHILD] may have had getting health care. During the past 12 months, was there a time [he/she] did not get or postponed...

PROBE: REREAD STEM IF NEEDED. [IF R SAYS CHILD HAD TO WAIT A LONG TIME IN THE WAITING ROOM, THIS IS NOT A POSTPONEMENT. POSTPONE MEANS “PUT OFF DOING SOMETHING TILL A LATER TIME.”

CODE ONE FOR EACH ROW

	YES (01)	NO (00)	DK (D)	REF (R)
01. ...getting <u>hospital care</u> when you thought [he/she] needed it?				
02. ...getting care <u>from a specialist</u> when you thought [he/she] needed it?				
03. ...getting care from a <u>regular doctor or other health care provider for an illness, accident or injury</u> when you thought [he/she] needed it?				
04. ...getting a medical test, treatment or follow-up recommended by a doctor?				
05. ...(If S4 = 12 month or more) getting <u>dental care</u> when you thought [he/she] needed it?				
06. ...getting <u>physical, occupational, speech therapy</u> when you thought [he/she] needed it?				
07. ...getting <u>eyeglasses or vision care</u> when you thought [he/she] needed it?				
08. ...getting <u>mental health services</u> when you thought [he/she] needed it?				
09.getting a <u>prescription drug</u> when you thought [he/she] needed it?				

SECTION 5: PATIENT- CENTEREDNESS OF HEALTH CARE

Section 5 contains questions that capture the concept of a patient centered “medical home.” Similar to Sections 3 and 4, questions are taken from the NSCH. Their content and order already is standardized and cannot be modified. This was the only section where the debriefing did not produce any comments or suggestions from our respondents or interviewers. Specifically, our respondents felt this section was “very easy” and “clear.”

SECTION 6: SOCIO- DEMOGRAPHICS AND ATTITUDES

The pretest revealed that this section was too lengthy and that some questions were challenging for interviewers to ask and for respondents easily to answer. We recommend reducing the scale of Section 6.

A. HEALTH CARE PLAN PREFERENCES

Pretest Question:

6.8.05. [Groups 1 & 2]. Next, I'm going to read a list of factors that some people consider when choosing a health plan. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, how important to you are each of these factors? PROBE: If asked: out-of-pocket means the amount you pay in deductibles and co-pays when you use services.

The premium, that is, the monthly cost of paying for coverage?	01
The amount of out-of pocket costs required to use services?	02
Your choice of providers in the plan?.....	03
Your ability to keep [CHILD]'s current providers?	04
Whether the plan includes coverage for everyone in the family?	05
Whether the plan covers speech, occupational, or other therapy services?.....	06
Whether the plan covers services with a mental health provider?	07
Whether the plan covers transportation to and from services?.....	08
Dk	d
REF.....	r

Discussion. A key evaluation question is, “How are families of CHIP enrollees likely to respond to coverage options introduced through health reform? Do parents value having everyone in the family under the same coverage (CHIP or ESI)?” In an open-ended question to the first group of pretest respondents however (i.e., “tell me what you know about health care reform”), respondents reported either not knowing that much about it or wanting to wait to see what “happens” and how it “affects me” before learning too much about its specifics. Based on this information, we designed a question (see pretest question above) for the second pretest group that indicated what type of *preferences* respondents had for different types of health care service options outlined in the federal legislation rather than directly asking opinions on the legislation itself. We then created two different orderings of the questions and two sets of question response categories (i.e., “On a scale of 1 to 10” or “please tell me if it is very important, somewhat important, somewhat unimportant, or not at all important”) in order to determine whether one type of response category or ordering of questions would be easier for respondents than the other. We learned that both interviewers and respondents found it easier to rate their preferences on a scale of 1 to 10 versus rating the level of importance.

Recommendation: We recommend the 10-point scale be used. However, as the pretest was not designed to test order effects (e.g., the sample was not large enough), we will re-examine this question after the first 100 cases are completed. In order to do so, it is recommended that two different ordering of questions are kept in the survey.

Proposed Revision:

6.7 Next, I’m going to read a list of factors that some people consider when choosing a health plan. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, how important to you are each of these factors? PROBE: If asked: out-of-pocket means the amount you pay in deductibles and co-pays when you use services.

	Not at all important Very Important	DK (D)	REF (R)
	1 2 3 4 5 6 7 8 9 10		
01. The premium, that is, the monthly cost of paying for coverage?	1.....10		
02. The amount of out-of-pocket costs required to use services?	1.....10		
03. Your choice of providers in the plan?	1.....10		
04. Your ability to keep [CHILD]’s current providers?	1.....10		
05. Whether everyone in the family who is covered has health insurance coverage in the same plan?	1.....10		
06. Whether the plan covers speech, occupational, or other therapy services?	1.....10		
07. Whether the plan covers services with a mental health provider?	1.....10		
08. Whether the plan covers transportation to and from services?	1.....10		

- OR -

6.8. Next, I’m going to read a list of factors that some people consider when choosing a health plan. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, how important to you are each of these factors?

PROBE: If asked: out-of-pocket means the amount you pay in deductibles and co-pays when you use services.

	Not at all important Very Important	DK (D)	REF (R)
	1 2 3 4 5 6 7 8 9 10		
01. Whether the plan covers speech occupational, or other therapy services?	1.....10		
02. Whether the plan covers services with a mental health provider?	1.....10		
03. Whether the plan covers transportation to and from services?	1.....10		
04. The premium, that is, the monthly cost of paying for coverage?	1.....10		
05. The amount of out-of-pocket costs required to use services?	1.....10		
06. Your choice of providers in the plan?	1.....10		
07. Your ability to keep [CHILD]’S C current providers?	1.....10		
08. Whether everyone in the family who is covered has health insurance coverage in the same plan?	1.....10		

B. WORKING STATUS**Pretest Questions:**

6.51 In the past 12 months, did (LPER1-2) work at a job or business, either full-time or part-time, for pay or profit?

	YES (01)	NO (00)	DK (D)	REF (R)
01. LPER1				
02.LPER2				

6.52 What is [your/LPER1's/LPER2's] correct working status? I will read each category for you. Please answer first for yourself, then [LPER1/ LPER2]. (INTERVIEWER: ANSWER ONLY ONE FOR EACH PERSON.)

	LPER1	LPER2
01. Working for pay at a job or business.		
02. With a job or business but not at work.		
03. Looking for work (GO TO 6.60, PAGE 77)		
04. Working, but not for pay, at a family-owned job or business.		
05. Not working at a job or business and not looking for work. (GO TO 6.60, PAGE 77)		
D. DK		
R. REF		

6.54 Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is [your/LPER1's/LPER2's] job at [your/his/her] job temporary?

	YES (01)	NO (00)	DK (D)	REF (R)
01. LPER1		GO TO 6.56, PG 77	GO TO 6.56, PG 77	GO TO 6.56, PG 77
02. LPER2		GO TO 6.56, PG 77	GO TO 6.56, PG 77	GO TO 6.56, PG 77

6.55 Is [your/LPER1's/LPER2/s] job with this employer a year round job or is it only available during certain time of the year? PROBE: Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.

	YES (01)	NO (00)	DK (D)	REF (R)
01. LPER1				
02.LPER2				

Discussion. Q6.51 (is the respondent working full-time or part-time) allowed respondents to decide what constitutes full-or-part-time work. There could be a wide range of conceptualizations of what constitutes full or part time work among participants. This lack of specification might affect the specificity of the analysis.² Q6.52 (“correct working status”) seemed to over specify ways a respondent could not be working.

Recommendation: The questions about temporary and seasonal work are not key analysis variables and should be removed. The question about full and part time work should be modified to reflect the current national standard classification of full versus part time work.

Proposed Revisions:

6.35 In the past 12 months, did (you, L2 or L4 NAME) work at a job or business, either full-time or part-time, for pay or profit? What about [L5 NAME]?

	YES (01)	NO (00)	DK (D)	REF (R)
6.35.1 L1 or L2 or L3 or L4				
6.35.2 L5				

6.36 What is [your/L2 or L4 NAME]’s current working status? I will read each category for you. Please answer first for [yourself\L2 or L4 NAME] then [L5 NAME]

INSTRUCTION: ANSWER ONLY ONE STATUS FOR EACH PERSON.)

Work Status	L1 – L4	L5
01. Working 35 or more hours per week at main full time job		
02. Working 35 or more hours per week at one or more jobs		
03. Working less than 35 hours per week on one or more jobs		
04. Not working		
D. DK		
R. REF		

² For example, if the current question was kept as is, a respondent who works 35 hours a week but considers him or herself part time would be analyzed in the same category respondent who works 20 hours a week and considers him or herself part time.