



SCHIP vs. FHIAP:
Oregon's Alternatives for Insuring Low-Income Children

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Methods and Data

- Telephone survey of parents of children enrolled in OHP's SCHIP and in FHIAP
- Conducted in both English and Spanish in 2002.
- Included both currently enrolled, and recently disenrolled, children
- N= 1,545 (1,206 SCHIP and 339 FHIAP)
- Response rate=54%

Study Questions

- Who enrolls in SCHIP vs. FHIAP?
- What factors affect parent's choice of one program over the other?
- Does the choice of program make a difference for the children? Do program differences in benefit package and copayments affect the use of services?

Prior Knowledge of Programs

- Almost all FHIAP parents had heard of SCHIP (96%), but only 14% of SCHIP parents had heard of FHIAP.
- Why did FHIAP parents choose FHIAP over SCHIP?
 - Over half (52%) thought their child was ineligible for SCHIP.
 - Some did not want to be in a public program (12%).
 - Others wanted to have the entire family insured (16%).
- Of those SCHIP parents familiar with FHIAP, why did they choose SCHIP?
 - One-fifth (20%) preferred the SCHIP benefit package.
 - Some said the cost of insurance purchased through FHIAP was too high (12%).
 - Others did not know how to apply (13%).
 - And 19% said that they were on the FHIAP waiting list.

How Do Parents First Learn About Programs?

- One-fourth of all parents hear from a friend or relative.
- The remaining SCHIP parents learn from someone in a health care setting (25%) or in a welfare setting (32%).
- FHIAP parents are somewhat less likely to hear from someone in these two settings (22%).
- Remaining FHIAP parents hear from an employer (7%), when applying for OHP (12%), or when turned down for private insurance (8%).

The Application Process

	<u>SCHIP</u>	<u>FHIAP</u>
Wanted or needed assistance with application (% yes)	30.9	26.5
Received assistance (%)	39.6	36.8
Very/somewhat satisfied with assistance (%)	91.6	92.9
Application easy to read: % somewhat or strongly agree	87.7	91.6
Collecting documentation easy: % somewhat or strongly agree	74.7	71.9

Who Enrolls?

	<u>SCHIP</u>	<u>FHIAP</u>
Child's age (in years, %):		
0-5	22.6	24.8
6-12	50.0	45.2
13-18	27.3	30.0
Hispanic (%)	29.3	8.1*
Two parent family (%)	60.2	69.5*
At least one parent employed full-time (%)	74.6	84.5*
Parent is high school graduate (%)	70.9	95.2*
Family lives in:		*
Portland MSA	33.6	23.2
Other urban	31.7	38.7
Rural	34.7	38.1

* Statistically significant from SCHIP children at <0.05 level.

Health Status of Children and Their Families

	<u>SCHIP</u>	<u>FHIAP</u>
Child's general health status is excellent/very good (%)	69.6	79.5*
Child has special health care needs (% with based on LWI screener)	26.2	17.8*
Sibling has special health care needs (% yes)	26.8	23.2
Parent has special health care needs (% yes)	39.3	37.5

* Statistically significant from SCHIP children at <0.05 level.

Child's Insurance History at Time of Enrollment

	<u>SCHIP</u>	<u>FHIAP</u>
Child insured at least 1 month of prior 12 (%)	50.3	50.7
Type of insurance (% distribution):		
Employer-sponsored	27.7	31.9
Other private	5.6	23.6*
Oregon Health Plan	66.8	47.4*
Other	9.6	6.0
Main reason child was uninsured:		*
Insurance not available from employer	17.8	12.8
Cost was too high	49.5	77.4
Not eligible for OHP/FHIAP	10.4	6.0
Other	22.3	3.8

* Statistically significant from SCHIP children at <0.05 level.

Eligibility for Employer-Sponsored Health Insurance

- At the time of application, SCHIP and FHIAP parents were equally likely to have been eligible for ESI (23% and 28%).
- But FHIAP parents were more likely to actually have had that insurance (82% of those eligible vs. 57% of eligible SCHIP parents).
- At time of application, FHIAP children were more likely to be eligible for ESI – 27% vs. 18% for SCHIP.
- Of those eligible, FHIAP children also more likely to actually have that insurance.

Family History with Health Insurance and Assistance Programs (% yes)

	<u>SCHIP</u>	<u>FHIAP</u>
Enrolled in the Oregon Health Plan	78.1	73.2
Covered by private insurance	58.9	78.1*
Paid a premium for health insurance	58.6	70.1*
Received Food Stamps, TANF, or AFDC	71.8	60.9*

* Statistically significant from SCHIP children at <0.05 level.



What Factors Explain Choice of FHIAP Over SCHIP?

- Prior experience paying premiums for private health insurance.
- Belief that insurance is important for paying for possible **future** accident or illness.
- At least one parent is employed.
- Parent is high school graduate and/or has been to college.
- Not of Hispanic origin.

Usual Source of Care

	<u>SCHIP</u>	<u>FHIAP</u>
% with usual source	94.7	97.7
Location of usual source (% distribution):		*
Emergency room	2.0	1.0
Hospital clinic	18.0	7.9
Doctor's office or HMO	58.1	84.8
Community health center	21.9	6.2
Child sees a particular doctor at this place (% yes)	81.6	87.3*

* Statistically significant from SCHIP children at <0.05 level.

Utilization of Health Care Services

(% within past 6 months)

	<u>SCHIP</u>	<u>FHIAP</u>
Routine exam/check-up	55.4	49.3
Primary care visit (including check-up)	74.6	70.2
Inpatient stay	5.0	2.5
Emergency room visit	26.5	15.8*

* Statistically significant from SCHIP children at <0.05 level.

Unmet Need for Services (% within past 6 months)

	<u>SCHIP</u>	<u>FHIAP</u>
Primary care visits	4.1	1.3*
Specialist care	2.5	0.8*
Dental care	17.2	27.2*
Prescription medicines	2.0	2.9
Mental health care	2.2	1.3

* Statistically significant from SCHIP children at <0.05 level.

Satisfaction with Care

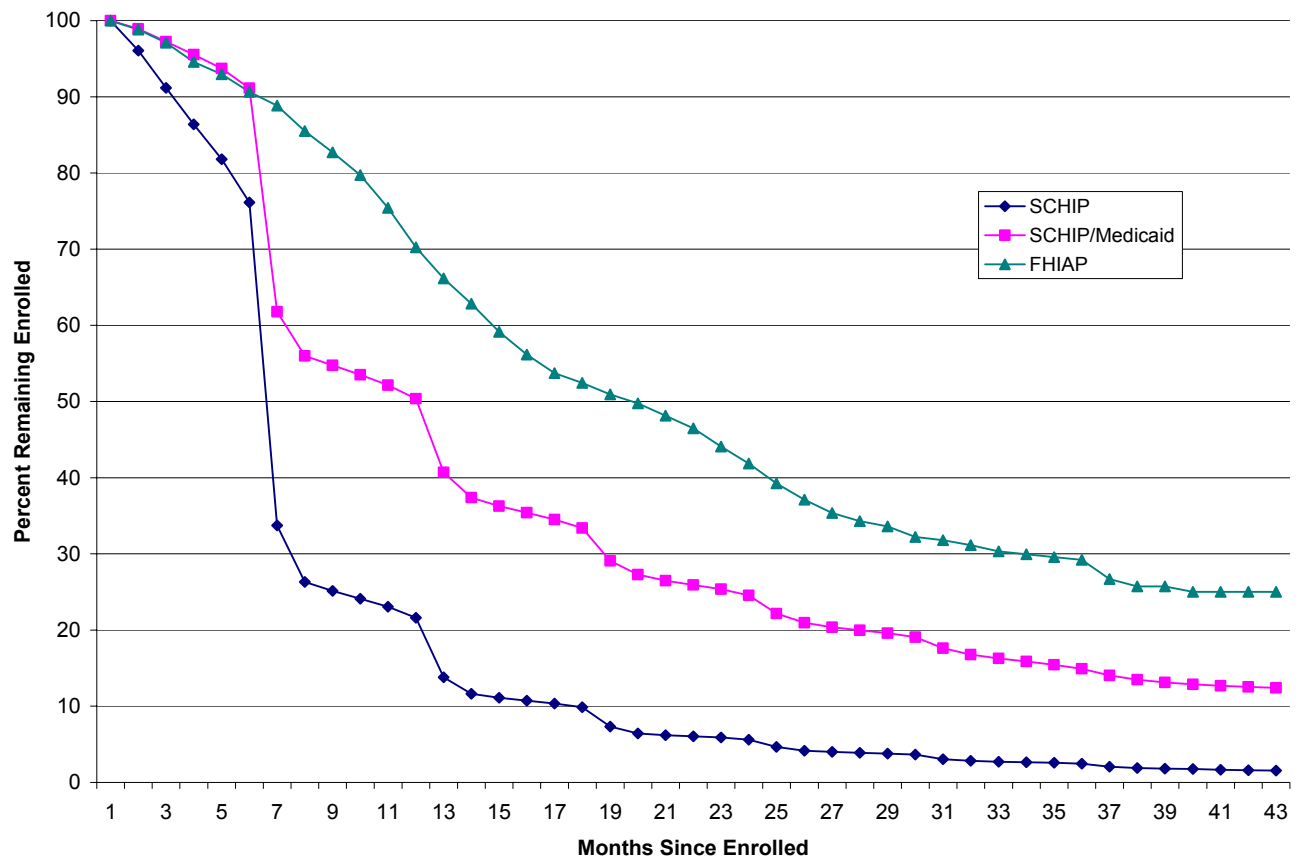
	<u>SCHIP</u>	<u>FHIAP</u>
Average rating of child's health care (scale of 0-10)	8.1	8.8*
Parent very or somewhat satisfied with program benefit package (%)	88.2	89.9
Paid out-of-pocket for some of child's health care costs (% yes)	16.6	85.8*

* Statistically significant from SCHIP children at <0.05 level.

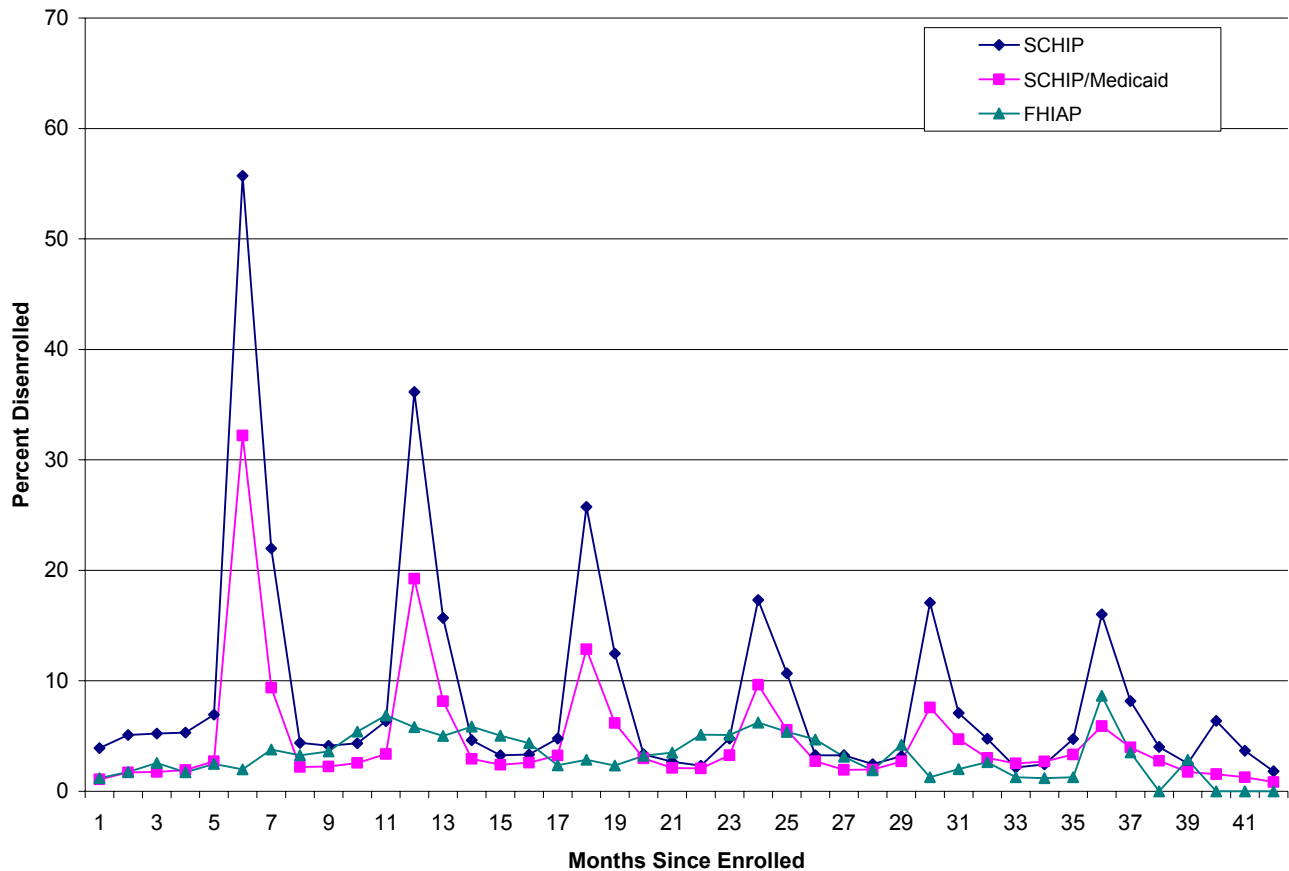
Study Questions

- Why do large numbers of SCHIP children disenroll after 6 months? How does this compare with FHIAP?
- What happens to children after they lose coverage?
- Are these children transitioning to private health insurance, or are they uninsured?

Children Remaining Covered by Time Since Enrolled



Children Losing Coverage by Time Since Enrolled



Why Is Child No Longer Enrolled?

	<u>SCHIP</u>	<u>FHIAP</u>
Did not reapply at all	31.9	27.7
Started but did not finish, or did not send in, application	9.7	13.5
Sent in application, but program did not receive it	7.5	1.9
Reapplied but child no longer qualified	50.9	56.9

Why Didn't Parent Reapply?

- One-third of SCHIP parents did not think their child was eligible (36%).
- Over one-third had gotten private insurance (40%).
- Others found the paperwork too difficult (7%) or forgot or missed the deadline (7%)
- One-third of FHIAP parents (37%) no longer needed assistance with premiums.
- One-quarter had enrolled their child in OHP (25%)
- Others did not think their child was eligible (10%) or could not afford the premiums (10%).

Why Did Child No Longer Qualify?

	<u>SCHIP</u>	<u>FHIAP</u>
Family's income too high	79.8%	67.4%
Family's assets too high	1.4	13.8
Did not have all the needed paperwork	6.6	4.8
Other	12.2	14.0

Outcomes for Children Following Disenrollment

	<u>SCHIP</u>	<u>FHIAP</u>
Child is currently insured (%)	32.6	53.2*
Type of insurance (% distribution):		*
Private insurance from employer or union	85.8	69.9
Private insurance purchased from insurer	6.3	25.3
Other	7.9	4.8
Family must pay premium for this insurance (% yes)	79.8	88.6
Premium is big or moderate financial hardship (% yes)	58.0	67.1

* Statistically significant from SCHIP children at <0.05 level.

Outcomes for Children Following Disenrollment (continued)

	<u>SCHIP</u>	<u>FHIAP</u>
Child goes to same usual source of care as when enrolled (% yes)	67.8	74.0
Child has seen doctor since disenrolling (% yes)	45.6	74.1*
Unmet need for doctor care since disenrolling (% yes)	19.0	10.1
Family would have kept child in program if possible (% yes)	89.4	85.2

* Statistically significant from SCHIP children at <0.05 level.

Hispanic Children in SCHIP

- Nearly one-third of SCHIP population is Hispanic
 - 71% of Hispanic parents do not speak English at home
 - 55% of Hispanic children do not speak English at home
- Do Hispanic children differ from non-Hispanic children?
 - Are these differences explained by acculturation (as measured by language)?
- Do the differences between these populations have implications for using insurance premium subsidies as a strategy for covering uninsured children?

Characteristics of SCHIP Children

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Child's age (in years, %)	*	*	
0-5	32.0	29.0	19.1
6-12	54.0	54.4	48.4
13-18	14.0	16.6	32.5
Two parent family (%)	78.1 ^{*,†}	55.3	55.9
At least one-parent employed full-time (%)	87.6 [*]	82.6 [*]	69.8
Parent is high school graduate (%)	22.3 ^{*,†}	85.4	83.8
Parent born outside US (%)	94.0 ^{*,†}	10.3	8.4
Family lives in (%):	*,†	*	
Portland MSA	45.3	44.3	28.9
Other urban	32.8	19.9	32.8
Rural	21.9	35.8	38.4

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level.

Health Status of SCHIP Children

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
General health status is excellent/very good (%)	51.7 ^{*,†}	76.5	74.1
Special health care needs (% with based on LWI screener)	12.0 ^{*,†}	25.2	30.5

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level.

Insurance History of SCHIP Children at Time of Enrollment

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Child insured at least 1 month of prior 12 (%)	69.3 ^{*,†}	43.4	47.7
Type of insurance (%):			
Employer-sponsored	11.7 [*]	20.4	35.9
Other private	1.6 [*]	4.9	7.5
Oregon Health Plan	89.8 ^{*,†}	72.7	55.5
Other	3.3 ^{*,†}	13.7	12.0
Main reason child was uninsured (%):	†		
Insurance not available from employer	18.9	12.0	18.2
Cost was too high	28.4	75.2	49.8
Not eligible for OHP	21.7	0.0	9.9
Other	31.0	12.8	22.1

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Reason for Having Health Insurance for SCHIP Child

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
To pay for possible future accident of illness	^{*,†} 52.4	34.9	44.3
To pay for current medical condition	10.8	12.8	17.5
To pay for routine checkups	35.9	52.4	36.0
Other	1.0	0.0	2.3

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Eligibility of SCHIP Families for Employer-Sponsored Health Insurance

- About one-quarter of Hispanic and non-Hispanic parents were eligible for ESI at the time of application.
 - Among those employed full-time, Spanish-speaking Hispanic parents were less likely to be eligible for ESI.
- About half of eligible Hispanic and non-Hispanic parents actually had ESI.
- About one-fifth of Hispanic and non-Hispanic children were eligible for ESI at the time of application.
 - No difference in the likelihood for children whose parents work full-time
- Of those eligible, Spanish-speaking Hispanic children were more likely to actually have that insurance – 32% vs. 12-17%.

SCHIP Family History with Health Insurance and Assistance Programs (% yes)

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Enrolled in the Oregon Health Plan	83.3*	81.1	76.2
Covered by private insurance	29.7*†	66.4	66.7
Paid a premium for health insurance	30.2*†	55.2	67.4
Received Food Stamps, TANF, or AFDC	55.4*†	77.9	75.9

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

How Do SCHIP Parents First Learn about OHP?

- Half of Spanish-speaking Hispanic parents learn about SCHIP from someone in the health care setting, but less than 20% of other parents
- Over one-third of English-speaking Hispanic and non-Hispanic parents learn about SCHIP in a welfare setting, but only 13% of Spanish-speaking Hispanic parents

The OHP Application Process

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Wanted or needed assistance with application (% yes)	59.7 ^{*,†}	22.7	23.4
Received assistance (%)	61.3 ^{*,†}	35.1	33.8
Very/somewhat satisfied with assistance (%)	95.4	82.2	90.7
Application easy to read: % somewhat or strongly agreed	83.1 [*]	90.8	88.7
Collecting documentation easy: % somewhat or strongly agree	80.5 ^{*,†}	73.4	71.7

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Usual Source of Care for SCHIP Children

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
% with usual source	92.5 [†]	98.3	94.9
Location of usual source (% distribution):	*, [†]		
Emergency room	4.2	0.4	1.6
Hospital clinic	32.7	20.3	13.6
Doctor's office or HMO	14.2	63.3	69.7
Community health center	48.9	16.1	15.0
Child sees a particular doctor at this place	68.0 ^{*,†}	88.4	84.7

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Utilization of Health Care Services by SCHIP Children (% within past 6 months)

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Routine exam/check-up	48.3*	53.2	57.7
Primary care visit (including check-up)	66.0*	69.9	77.7
Inpatient stay	5.1	6.9	4.7
Emergency room visit	25.3	28.9	26.6

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Unmet Need for Services among SCHIP Children (% within past 6 months)

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Primary care visits	0.6 ^{*,†}	3.9	5.2
Specialist care	1.3	0.0	3.1
Dental care	9.1 ^{*,†}	21.9	18.9
Prescription medicines	0.6	0.4 [*]	2.6
Mental health care	0.5 ^{*,†}	2.7	2.7

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

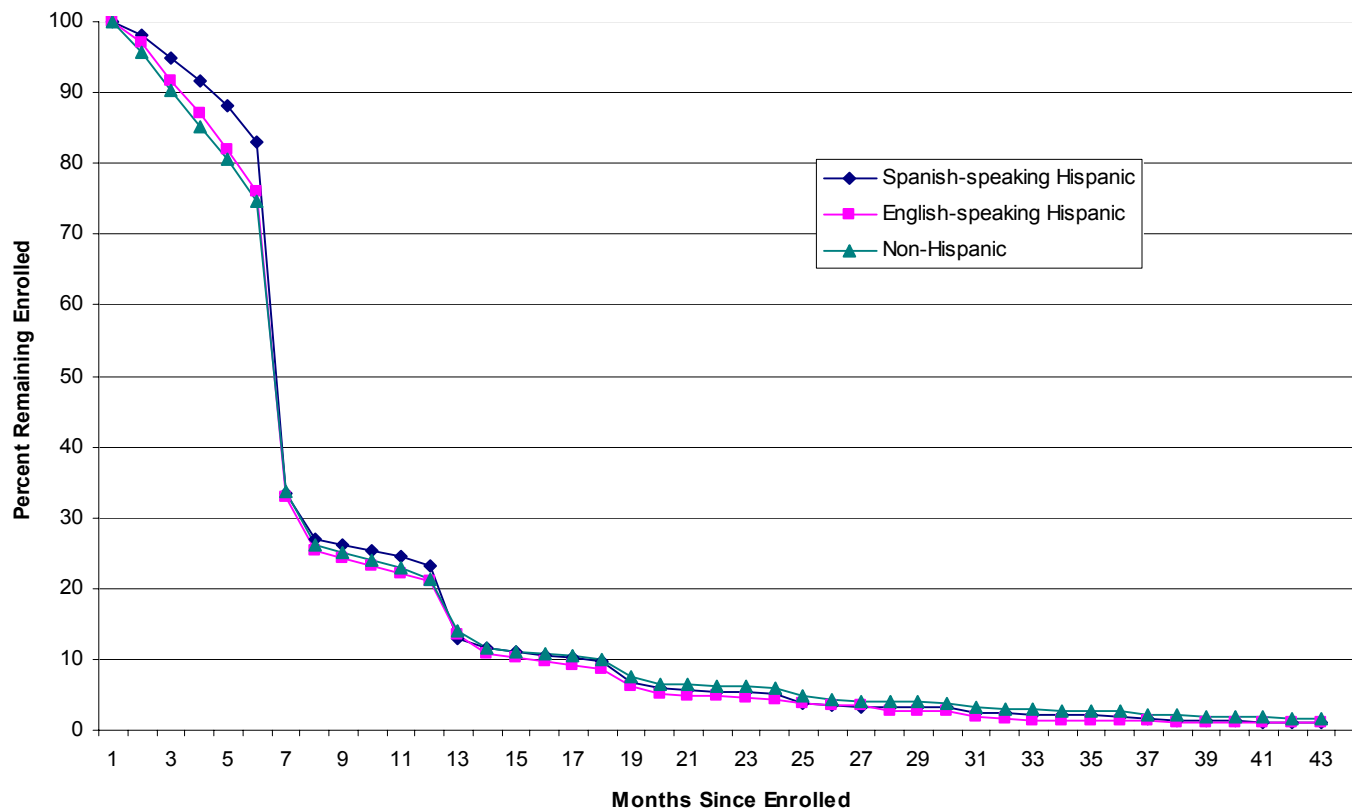
Satisfaction with Care for SCHIP Children

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Average rating of child's health care (scale of 0-10)	8.4	8.6	8.1
Parent very or somewhat satisfied with benefit package (%)	90.7 ^{*,†}	81.6	87.5
Paid out-of-pocket for some of child's health care costs (% yes)	9.9 [*]	13.3	18.9

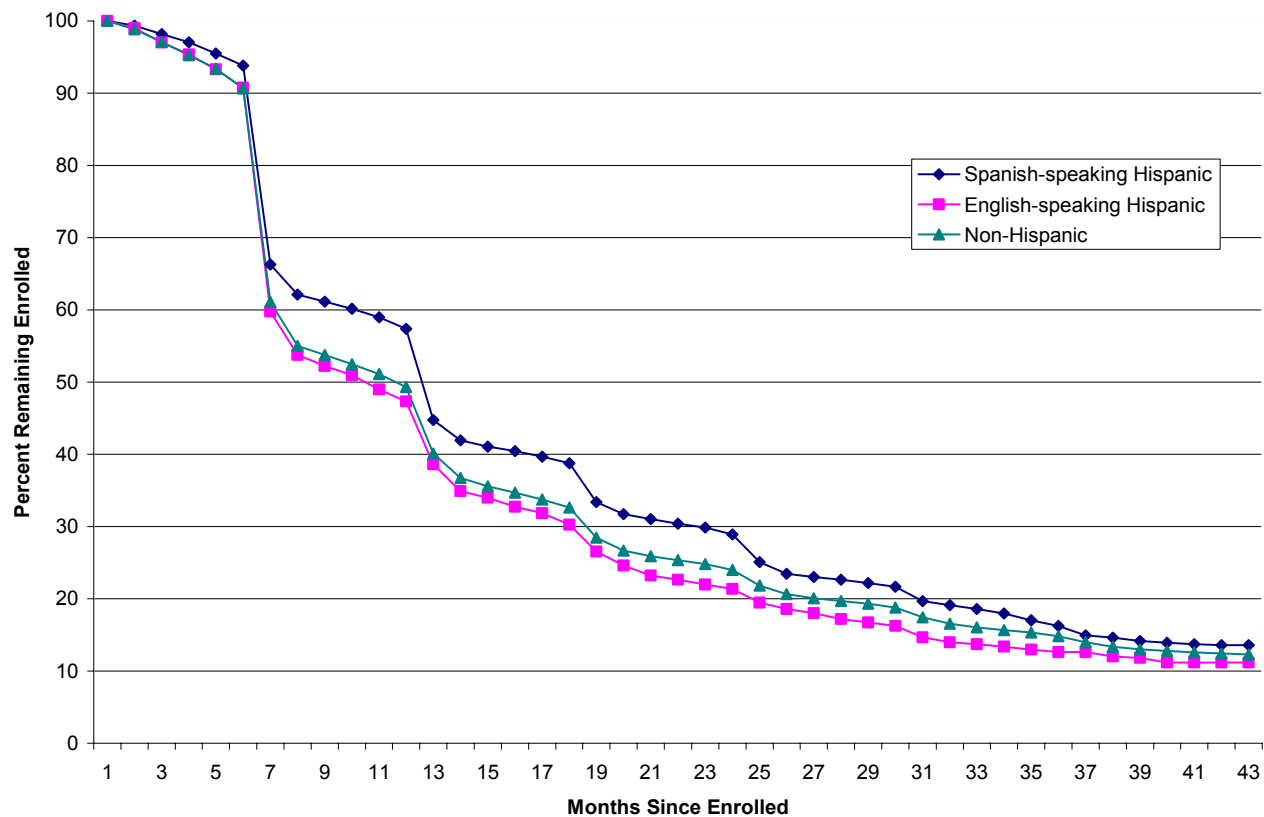
*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Children Remaining Covered in SCHIP by Time Since Enrolled



Children Remaining Covered in SCHIP/Medicaid by Time Since Enrolled



Why is SCHIP Child No Longer Enrolled?

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u> *	<u>English-speaking</u>	
Did not reapply at all	23.1	19.6	35.1
Started but did not finish, or did not send in, application	2.8	10.3	11.3
Sent in application, but program did not receive it	12.7	2.1	6.6
Reapplied but child no longer qualified	61.4	68.1	47.0

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

Why Didn't SCHIP Parent Reapply?

- Non-Hispanic and English-speaking Hispanic parents
 - One-third did not think child was eligible.
 - Over 40% had gotten private insurance.
- Spanish-speaking Hispanic parents.
 - One-fifth reported each of these reasons.
 - More likely to say child was healthy and didn't need insurance, the paperwork was too difficult, or they missed deadline.

Why Did SCHIP Child No Longer Qualify?

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Family's income too high	72.9	76.0	82.4
Family's assets too high	0.0	6.8	1.2
Did not have all the needed paperwork	15.0	6.2	4.0
Other	12.1	11.1	12.4

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

SCHIP Child's Insurance Status Following Disenrollment

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Child is currently insured (%)	22.4 [†]	50.7	33.2
Type of insurance (% distribution):			
Private insurance from employer or union	79.8	75.9	87.6
Private insurance purchased from insurer	0.0	11.8	6.5
Other	20.2	12.3	6.0
Family must pay premium for this insurance (% yes)	94.8 [†]	66.1	79.2
Premium is big or moderate financial hardship (% yes)	47.0	68.0	59.1

*Statistically significant from non-Hispanic children at <0.05 level.

†Statistically significant from English-speaking Hispanic children at <0.05 level

SCHIP Child's Service Use Following Disenrollment

	<u>Hispanic</u>		<u>Non-Hispanic</u>
	<u>Spanish-speaking</u>	<u>English-speaking</u>	
Child has usual source of care (%)	70.6*	83.4	88.2
Child goes to same usual source of care as when enrolled (% yes)	61.1	74.1	68.9
Child has seen doctor since disenrolling (% yes)	36.7	57.4	46.9
Unmet need for doctor care since disenrolling (% yes)	13.6 [†]	34.7	19.3
Family would have kept child in program if possible (% yes)	98.9*	94.9	87.3

*Statistically significant from non-Hispanic children at <0.05 level.

[†]Statistically significant from English-speaking Hispanic children at <0.05 level

Conclusions

- SCHIP and FHIAP appear to be equally effective in ensuring access to care for low-income children.
- Despite copayments in FHIAP, there were no meaningful differences in utilization and unmet need (with the exception of dental care.
- FHIAP has advantage of covering parents as well.
- Barriers to enrollment in FHIAP:
 - Limited access to ESI, even among full-time working parents.
 - Lack of experience with private health insurance and with paying premiums.

Conclusions (continued)

- SCHIP's 6 month eligibility period contributes to high disenrollment rates.
- Increases in family income is the most important reason SCHIP and FHIAP children lose coverage.
- The majority of these children, especially those in SCHIP, do not transition to private insurance. Instead, they become uninsured.

Conclusions (continued)

- Covering Spanish-speaking Hispanic children through policies that promote ESI may be challenging.
 - Lack of experience with private insurance.
 - Reliance on traditional safety net providers.
- Despite having poorer health status, Spanish-speaking Hispanic children in SCHIP use fewer services.
 - Differences in perceptions of need for care.
 - May be cultural differences in rating health status.
- Important to consider acculturation when analyzing the experience of Hispanic children.