

Congressionally Mandated Evaluation of the State Children's Health Insurance Program

**Presentation to the National Committee
on Vital And Health Statistics**

November 28, 2000

SCHIP Program Background

- ◆ Title XXI of the Social Security Act (BBA 1997)
- ◆ Provides funds for states to expand insurance to low-income (<200 FPL) children (<19 years old)
- ◆ Considered the most significant children's health insurance expansion since the creation of Medicaid
- ◆ States have flexibility on design, scope of benefits, target populations, implementation
- ◆ As of July all 50 states and 6 territories have programs, covering over 2 million children

SCHIP Evaluation Background

- ◆ Through BBA 1999, Congress directed DHHS to conduct an independent evaluation of SCHIP
- ◆ Purpose of the evaluation:
 - Help Congress, DHHS and the States take stock of the program's first few years and provide information to determine future policies for children's health insurance
- ◆ Specific language:
 - *"... 10 States that utilize diverse approaches to providing child health assistance, represent various geographic areas (including a mix of rural and urban areas), and contain a significant portion of uncovered children..."*
 - surveys of target population
 - report to Congress, December 31, 2001
 - \$10 million

Main Evaluation Questions (1)

◆ Program Design Features

- benefit designs, eligibility levels, enrollment practices, screen & enroll functions, payment rates, delivery system structures
- impact of program design on enrollment and enrollee satisfaction

◆ Impact on the Uninsured

- effect on low income kids' health insurance coverage rates
- coverage of children in specified target groups

◆ Enrollment Trends

- rates and trends for enrollment, disenrollment, terminations,
- rates and trends for redeterminations, and denials

◆ Cost Sharing, Premiums

- effects of cost-sharing on enrollment, utilization, retention
- effects of cost-sharing design and structure on enrollment, utilization and retention
- issues faced by States in implementing cost-sharing

Main Evaluation Questions (2)

◆ Barriers to Enrollment

- (in)effective enrollment practices
- principal barriers to enrollment
- barriers posed by Medicaid eligibility
- practices to enroll special populations
- reasons for eligible but not enrolled
- reasons for disenrollment
- impact of coordination (or lack of it) between Medicaid and SCHIP on enrollment in both programs
- effectiveness/barriers of strategies to prevent substitution of private coverage for SCHIP (waiting periods)

◆ Access and Utilization

- enrollee experiences seeking and obtaining services, and comparison to before enrollment
- proportion of enrollees with usual source of care, medical home
- impact of program and benefit on access and service utilization
- enrollee satisfaction with services
- adequacy of provider networks

Main Evaluation Questions (3)

◆ Outreach Strategies

- (in)effective outreach strategies for Medicaid and SCHIP
- effect on families' knowledge of public programs, motivation to enroll

◆ Relationship with Medicaid and Private Coverage

- effects of SCHIP on Medicaid (e.g., structure, scope, enrollee perceptions, relationship with other coverage, etc.)
- effects on movement of low income kids among insurance statuses
- SCHIP as a short-term vs. long-term coverage approach for low-income children
- variation among States in role of public coverage and SCHIP's effect on this role

Evaluation Research Components (1)

◆ Enrollee Surveys

- new enrollees (<5 months) and established enrollees
- disenrollees
- n=18,000 - 24,0000 (total)
- oversampling of policy relevant subgroups

◆ Survey of eligible but not enrolled (SLAITS)

- HRSA/NCHS: expansion of children w. special health care needs survey
- n=11,000 (across 50 states)

◆ State case studies

- all 10 states, minimum of 30 respondents per state
- program representatives, other government officials, enrollee and policy groups, provider, employers, health plans
- includes 50-state survey of SCHIP program administrators
- individual case study reports
- cross-cutting report

Evaluation Research Components (2)

◆ Secondary data analysis

- State SCHIP and Medicaid data systems
- Medicaid Statistical Information System (MSIS)
- other secondary data: CPS, MEPS, NHIS, NSAF, HSC

◆ Focus Groups

- families of enrollees and disenrollees
- SCHIP enrollees, disenrollees, ESI, eligible but not enrolled
- multiple (40) focus groups in nine states, 8-10 participants

◆ SCHIP Program Database

- comprehensive, user-friendly profile of programs
- information drawn from SCHIP plans and other State-produced documents
- policy variables and program characteristics

◆ Special Studies

- smaller, focused studies targeted on particular issues of interest, special populations
- provide flexibility in timing, topics, and scope

Evaluation Topics by Research Component

- Primary Strategy for addressing topic
- Secondary Strategy for addressing topic

Enrollee Surveys
State Case Studies
Secondary Data Analysis

Focus Groups
Program Database
SLAITS Survey
Special Studies

Program Design Features
 Impact on Uninsured
 Enrollment Trends
 Barriers to Enrollment
 Cost-Sharing and Premiums
 Outreach
 Access and Utilization
 Relat. w/XIX & Private Ins.

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Evaluation Challenges

Challenges

◆ Program variability, generalizability, selection/recruitment of states

◆ Comparison groups

◆ Evaluation of a young program

◆ Multiple evaluation components
◆ Integration of related research

◆ Need for early results

Responses

- multi-faceted data collection strategies
- purposive state selection
- coverage of large portion of enrollees
- early data system review, incentive \$\$

- multiple data sets, & research activities
- eligible but not enrolled (SLAITS)
- optional Medicaid sample
- retrospective data collection
- subgroup, state/regional comparisons

- focus on proximate outcomes

- main contractor has integrating task

- phased completion of research activities
- ongoing dissemination activities

Timeline Highlights* and Status

◆ Calendar 2000

- Contract awards: **December**

◆ Calendar 2001

- State selection: **February**; recruitment completed: **May**
- Focus groups: **March - June**
- First 6 case studies completed: **July**
- Program and secondary data analysis: **Sept/October**
- Initial SLAITS analysis: **November**
- Integrative 2001 Evaluation Report: **December**

◆ Calendar 2002

- Survey fielding begins: **February**
- Cross-cutting Case Study Report: **March**
- Final SLAITS & program data analysis: **September**

◆ Calendar 2003

- Survey fielding ends: **January**
- Data analysis finished: **August**
- Integrative 2003 Evaluation Report: **December**

Dissemination activities and research integration will occur regularly during the evaluation

**Note: all dates are approximate*