Disenrollment from SCHIP: The Role of Health Status, Program Experiences, and Beliefs

Jane E. Miller, Ph.D.[1], Dorothy Gaboda M.S.W., Ph.D.[2], Thomas Trail, M.A.[3], and Joel C. Cantor, Sc.D.[4]

WHAT WE LEARNED

- NJ FamilyCare (New Jersey's SCHIP program) enrollees from the lowest income families were more likely to be uninsured following disenrollment than children in moderate income families (e.g., 200% to 350% of the Federal Poverty Level), who were more likely to obtain private coverage. Most of the children who became uninsured after leaving the program appear to remain eligible.

- Patterns of disenrollment from NJ FamilyCare do not suggest adverse health risk retention. Rather, comparatively unhealthy children appear most likely to become uninsured.

- Respondents for disenrolled-and-uninsured children are more likely to express beliefs that would make them reluctant to seek care, which raise serious challenges for program administrators seeking to prevent children from becoming uninsured.

BACKGROUND

The State Children's Health Insurance Program (SCHIP) is a federally-funded program designed to provide health insurance for children in low-income families.

Insured children are more likely to receive coordinated, comprehensive preventive health services; hence an important policy goal is not only to enroll children, but to retain them.

To maximize coverage among eligible children, an understanding of the mechanisms behind retention in SCHIP is needed.

METHODS

The New Jersey FamilyCare Family Health Survey (NJFC FHS) is a random probability sample of children enrolled in NJ FamilyCare/NJ KidCare as of May 2002. It was designed to provide information about experiences with enrollment, renewal, utilization of health care, and health status. The survey questionnaire was developed in consultation with the Division of Medical Assistance and Health Services (DMAHS).

The sample was stratified by:
- NJ FamilyCare plan (A, B/C, or D; Table 1)
- Enrollment status of the child as of January 2003
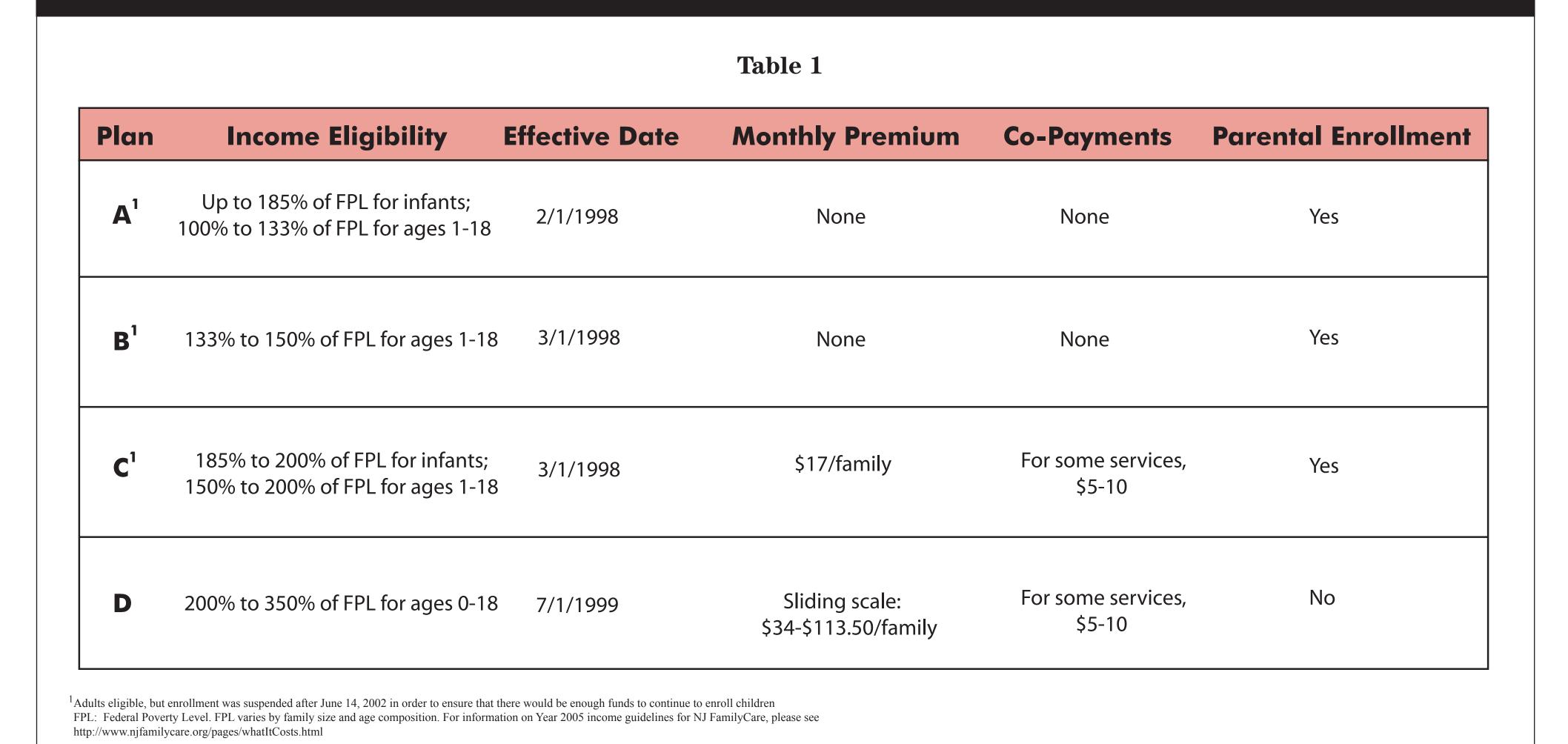- and whether or not parents were also enrolled in NJ FamilyCare

To assure that children from each NJ FamilyCare plan and each premium level were included in adequate numbers for analysis, some groups (e.g., children in plan D) were oversampled. All estimates are weighted to reflect accurately the children enrolled in NJ FamilyCare as of May 31, 2002.

Data were collected between late May 2003 and early September 2003 by telephone interviews conducted with the person most knowledgeable about the child's experience with NJ FamilyCare. A total of 679 families including 2,966 individuals were interviewed. The survey response rate was 52%.

Data from the 2000 New Jersey Family Health Survey (Core NJFHS) of the general New Jersey population provide comparison for the income-eligible population. The comparison figures from the Core NJFHS are based on children in families with income <350% of the Federal Poverty Level (FPL) (response rate 59%).

Groups are compared using bivariate statistical tests, confirmed using multinomial logistic regression.
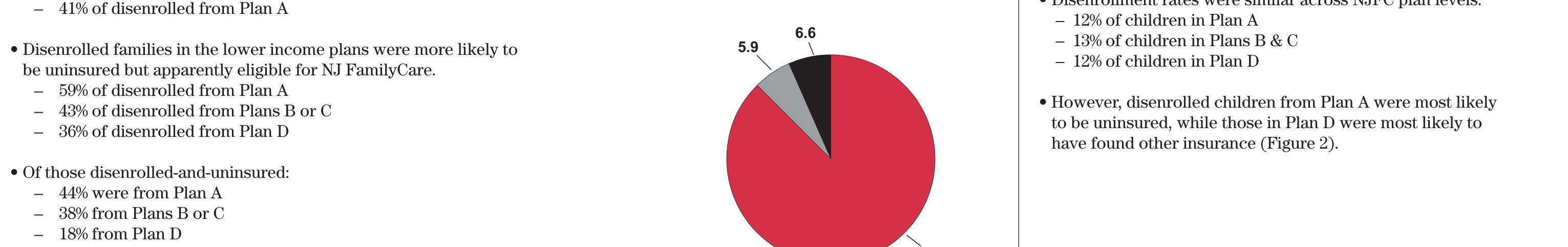
NEW JERSEY'S SCHIP PROGRAM

Table 1

Plan	Income Eligibility	Effective Date	Monthly Premium	Co-Payments	Parental Enrollment
A[1]	Up to 185% of FPL for infants; 100% to 133% of FPL for ages 1-18	2/1/1998	None	None	Yes
B[1]	133% to 150% of FPL for ages 1-18	3/1/1998	None	None	Yes
C[1]	185% to 200% of FPL for infants; 150% to 200% of FPL for ages 1-18	3/1/1998	$17/family	For some services, $5-10	Yes
D	200% to 350% of FPL for ages 0-18	7/1/1999	Sliding scale: $34-$113.50/family	For some services, $5-10	No

[1] Adults eligible, but enrollment was suspended after June 14, 2002 in order to ensure that there would be enough funds to continue to enroll children
FPL - Federal Poverty Level. FPL varies by family size and age composition. For information on Year 2005 income guidelines for NJ FamilyCare, please see http://www.njfamilycare.org/pages/whatHC/enr.html

RESULTS

DISENROLLMENT

- Disenrolled families in Plan D were more likely than those disenrolled from other plans to have found other insurance for their children.
  - 64% of disenrolled from Plan D
  - 57% of disenrolled from Plans B or C
  - 41% of disenrolled from Plan A
- Disenrolled families in the lower income plans were more likely to be uninsured but apparently eligible for NJ FamilyCare.
  - 59% of disenrolled from Plan A
  - 43% of disenrolled from Plans B or C
  - 36% of disenrolled from Plan D
- Of those disenrolled-and-uninsured:
  - 44% were from Plan A
  - 38% from Plans B or C
  - 18% from Plan D

Figure 1

Legend: Other Insurance; Disenrolled-and-Uninsured; Currently Enrolled
(6.6, 5.9, 87.5)

DISENROLLMENT BY PLAN

- Disenrollment rates were similar across NJFC plan levels.
  - 12% of children in Plan A
  - 13% of children in Plans B & C
  - 12% of children in Plan D
- However, disenrolled children from Plan A were most likely to be uninsured, while those in Plan D were most likely to have found other insurance (Figure 2).

Figure 2

Legend: Other insurance; Disenrolled but eligible
Y-axis: Percent of Disenrolled within Plan
X-axis: Plan (A, B&C, D, All)

DEMOGRAPHIC FACTORS

- Disenrollment by # of enrolled children. Chances of finding other insurance decreased with increasing number of enrolled children.
  - Roughly 10% of families with one enrolled child
  - Less than 3% of families with three or more enrolled children
  Being disenrolled-and-uninsured increased with number of enrolled children.
  - About 5% of families with one enrolled child
  - About 9% of families with three or more children
- Disenrollment by # of enrolled adults (Plans A, B & C only; Plan D doesn't cover adults) Families with one or more enrolled adults were less likely to leave NJ FamilyCare than those with no enrolled adults.
  - 3% of disenrolled children with 1+ enrolled adults found other insurance, compared to 10% with no enrolled adults
  - 5% of disenrolled children with 1+ enrolled adults were disenrolled-and-uninsured, compared to 8% of those with no enrolled adults
- Multiple logistic regression revealed that:
  - Infants were more likely than other age groups to be disenrolled and uninsured
  - Families with one or more adults enrolled in NJ FamilyCare were less likely to find other insurance
  - No other demographic factors were associated with disenrollment

Table 2

HEALTH STATUS

- One-third of families reported at least one adult with low self-rated health (SRH = "fair" or "poor").
- One in seven families reported at least one child with low SRH.
- Low SRH for children and adults was more likely for disenrolled and uninsured families ($p<.05$ in a multivariate model).
- Prevalence of low SRH among respondents with currently-enrolled children was similar to respondents of comparable income in the general New Jersey population core NJFHS.
- Prevalence of asthma and diabetes did not differ by enrollment status at the time of the survey, or between NJFC participants and children of comparable family income in the general New Jersey population.

Figure 3

Legend: Currently Enrolled; Other Insurance; Disenrolled-and-Uninsured; All; Core NJFHS
Y-axis: Percent of Cases
X-axis: Family Member (Sampled Child, Any Child in Family, Any Adult in Family)

EXPERIENCE WITH RENEWALS

- Among families who had been asked to renew, suggestions of ways to make renewal easier included:
  - Providing assistance (10.1%); more common among disenrolled ($p<.01$)
  - Allowing for a different format, such as phone, electronic or preprinted forms for renewals (8.6%)
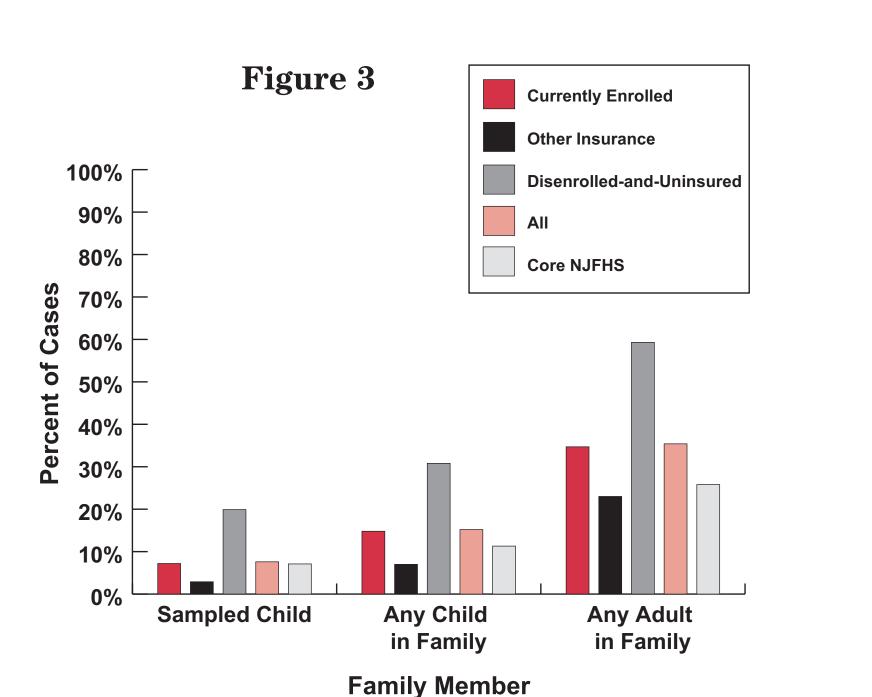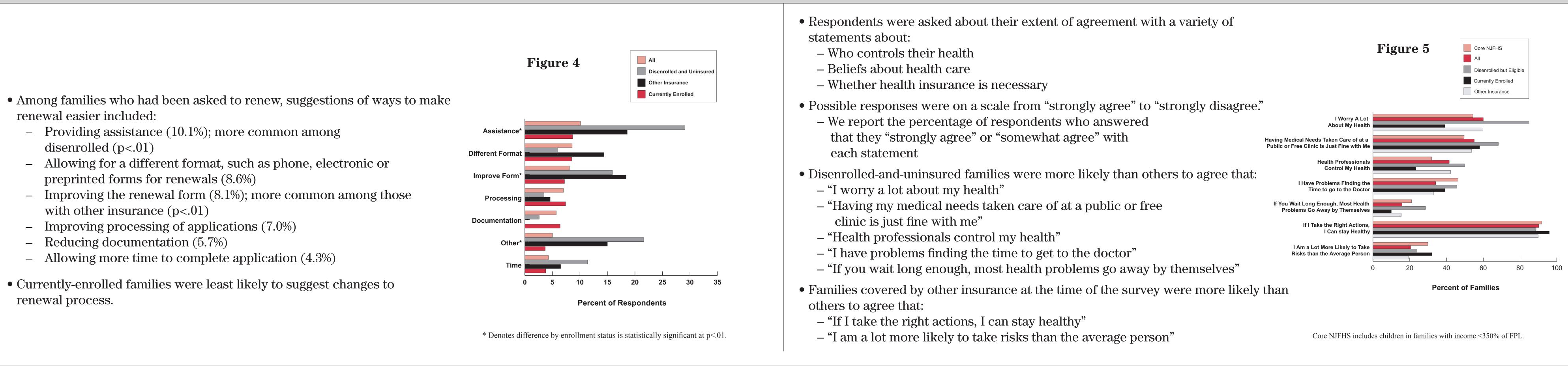 - Improving the renewal form (8.1%); more common among those with other insurance ($p<.01$)
  - Improving processing of applications (7.0%)
  - Reducing documentation (5.7%)
  - Allowing more time to complete application (4.3%)
- Currently-enrolled families were least likely to suggest changes to renewal process.

Figure 4

Legend: All; Disenrolled and Uninsured; Other Insurance; Currently Enrolled
Y-axis categories: Assistance, Different Format, Improve Form?, Processing, Documentation, Other?, Time
X-axis: Percent of Respondents

* Denotes difference by enrollment status is statistically significant at $p<.01$.

ATTITUDES ABOUT HEALTH, HEALTH CARE & HEALTH INSURANCE

- Respondents were asked about their extent of agreement with a variety of statements about:
  - Who controls their health
  - Beliefs about health care
  - Whether health insurance is necessary
- Possible responses were on a scale from "strongly agree" to "strongly disagree."
  - We report the percentage of respondents who answered that they "strongly agree" or "somewhat agree" with each statement
- Disenrolled-and-uninsured families were more likely than others to agree that:
  - "I worry a lot about my health"
  - "Having my medical needs taken care of at a public or free clinic is just fine with me"
  - "Health professionals control my health"
  - "I have problems finding the time to get to the doctor"
  - "If you wait long enough, most health problems go away by themselves"
- Families covered by other insurance at the time of the survey were more likely than others to agree that:
  - "If I take the right actions, I can stay healthy"
  - "I am a lot more likely to take risks than the average person"

Figure 5

Legend: Core NJFHS; All; Disenrolled but Eligible; Currently Enrolled; Other Insurance
Statement categories: I Worry a Lot About My Health; Having Medical Needs Taken Care of at a Public or Free Clinic is Just Fine with Me; Health Professionals Control My Health; I Have Problems Finding the Time to go to the Doctor; If You Wait Long Enough, Most Health Problems Go Away by Themselves; If I Take the Right Actions, I Can Stay Healthy; I Am a Lot More Likely to Take Risks than the Average Person
X-axis: Percent of Families

Core NJFHS includes children in families with income <350% of FPL.

CONCLUSIONS

Policy Implications

Our findings suggest important challenges for retaining children in SCHIP, but in-depth qualitative interviews or focus groups are needed to develop specific retention messages and strategies. Despite extensive efforts by NJ FamilyCare to keep families informed about renewal, survey responses suggest that parents with large families or very ill children may require additional assistance with their renewal applications. Moreover, our findings are limited to New Jersey, which has higher income-eligibility thresholds than any other state, and is one of the few states that enroll parents in SCHIP.

ACKNOWLEDGEMENTS

AFFILIATIONS

1. Dr. Miller is an Associate Research Professor with the Institute for Health, Health Care Policy and Aging Research and an Associate Professor with the Edward J. Bloustein School of Planning and Public Policy, Rutgers University.

2. Dr. Gaboda is the Associate Director for Data Analysis with the Rutgers Center for State Health Policy.

3. Mr. Trail was previously a Research Analyst with the Rutgers Center for State Health Policy and is now pursuing a doctoral degree at Princeton University.

4. Dr. Cantor is the Director of the Rutgers Center for State Health Policy and Professor of Public Policy at the Edward J. Bloustein School of Planning and Public Policy at Rutgers.

Correspondence: Jane E. Miller, Institute for Health, Health Care Policy and Aging Research
Rutgers University
30 College Avenue
New Brunswick, NJ 08901
Email: jmiller@ifh.rutgers.edu

CSHP
Rutgers Center for State Health Policy