



Temporarily Closing Healthy Families in a Time of Budget Shortage: Applicant Experiences and Opinions

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EXECUTIVE SUMMARY

Ongoing budgetary shortfalls in California eventually led to reduced funding for the Healthy Families Program (HFP) in early 2009. The significant reduction in funding led to hard choices about how to absorb the cuts. After considering the available regulatory options for limiting program expenditures, the Managed Risk Medical Insurance Board (MRMIB) decided to close the program to new enrollment, while preserving coverage for those already enrolled. A further decision was made to keep track of those who applied while the program was closed to new enrollment through a waiting list, and to reach out to these applicants after the program reopened.

The HFP wanted to learn about the experiences of the families on the waiting list during the time the program was closed – whether they needed care, and if so, whether they were able to obtain it. The HFP also wanted to learn, what applicants thought about the decision to close the program to new enrollment, as opposed to making other types of cuts within the program. To address these topics, a survey was sent to a random sample of families who were placed on the waiting list. Key findings from the survey follow.

- Almost three-quarters of the respondents (74%) believed that – IF A REDUCTION OF FUNDS WAS NECESSARY – it was better to close the program to new applicants and to preserve coverage of children already in the program.
 - However, a full 20% of the respondents did not answer the question. This is a much higher proportion than for other questions in the survey, indicating possibly that respondents were uncomfortable with the options they were given: namely, closing the program to new enrollment or disenrolling children already in the program at their Annual Eligibility Review (AER). In fact, some respondents

wrote in broader answers, such as “tax the rich more,” while others simply said “I don’t like either answer” and “I find it difficult to answer this question.”

- Underscoring the preference for preserving coverage for currently enrolled children, 77% of respondents said they would “consider the HFP waiting list to be a *successful process*, if it preserved coverage for all currently enrolled children by closing the program to new enrollment for a two-month period.”
- Respondents clearly favored using a *waiting list* and *outreach*, should the program need to close enrollment, as opposed to relying on publicity to alert the public that enrollment had re-opened.
 - 91% said that a waiting list should be used to track eligible children.
 - 93% said that the waiting list should keep track of the order people apply (presumably so that they could be enrolled in order when the program re-opened).
 - 91% said that there is value in the program reaching out when coverage becomes available.
- Almost all respondents (96%) thought their applications were complete and included all needed documentation, but in fact, many were not. About half of them were asked for more or valid documentation when the program re-opened.
 - This speaks to the need for assistance in submitting valid or missing documentation. Furthermore, with respect to going down the waiting list, if additional time is needed to complete applications, and the next person on the waiting list is processed in the meantime, it can give the impression of going out of turn.

- Obtaining care during the time the program was closed could be challenging.
 - Only 10% said they DID NOT need care, implying that most respondents did need care.
 - Almost 40% needed care and obtained it in a variety of settings, including community health centers as well as their own doctors. Some needed to use another doctor or the emergency room. This could mean that they paid out of pocket but this could not be ascertained from the survey results.
 - Many of those who did not use care, said they could not afford it (36%), implying that their children needed care, but did not get it because of cost.
- The study had important limitations.
 - Only approximately 10% of those to whom surveys were mailed, returned them. While this is not unusual for a mail survey to a low-income population, it does mean that results could be skewed.
- In the survey, respondents were asked to make choices, given that as a result of the budgetary reduction and the MRMIB limited options for controlling expenditures, HFP needed to deny or delay coverage to some new eligible applicants. Respondents were asked which type of reduction seemed “fairer” to them. The survey did not ask respondents to consider other options, and respondents were clearly uncomfortable choosing between two types of reductions (as evidenced by 20% not answering the question).

INTRODUCTION

Ongoing budgetary shortfalls faced by the State of California in early 2009 led to the creation of an 18 month budget, enacted in January 2009, which reduced state General Funds (GF) for the Healthy Families Program (HFP) by \$14 million. In addition to the cuts enacted through the budget, the Governor and Legislators proposed additional cuts to the HFP funding. The significant reduction in funding meant that the Managed Risk Medical Insurance Board (MRMIB), which oversees the HFP, needed to make hard choices about spending from the available regulatory options. The MRMIB believed that among the difficult options for accommodating the budget reduction, the least disruptive option was to close the HFP to new enrollments, but maintain coverage for those already on the program. Then, having decided to close the program, a second choice MRMIB needed to make was to determine how to deal with the applications submitted during the closure period. Specifically, should MRMIB create a list of the applicants so that HFP could reach out to those families after the program re-opened, or should HFP simply rely on aggressive publicity after the program re-opened?

Ultimately, MRMIB decided to close the HFP to new enrollment and put anyone who was screened as potentially eligible during the time the program was closed on a waiting list. The waiting list was put in place on July 17, 2009. It remained in place for the next two months, ending on September 17, 2009, when more state funds became available, shown in Figures 1 and 2. The program was able to reopen due to the passage of AB 1422 (Bass), which provided funding for the program from a tax paid by Medi-Cal (California Medicaid program) managed care plans, funding from the First Five Commission, and HFP changes such as increased subscriber premiums and copayments for health care services.

The HFP received approximately 50,000 applications for 93,000 children during the two month period that the program was closed to new enrollment. The names of these applicants

were put on the waiting list, and were processed beginning September 17, 2009. By December 16, 2009, MRMIB reported that the HFP waiting list had been cleared and all waiting list applications had been processed. The HFP contracts with an outside vendor, *Maximus*, to administer the day-to-day operations of the HFP including management of the waiting list. However, because sufficient funds existed for both children on the waiting list and others, when the program reopened, the vendor began processing applications of children who were on the waiting list as well as those who were newly applying or reapplying.

The MRMIB wanted to learn about families' experiences on the waiting list during the time the program was closed – whether they needed care, and if so, whether they were able to obtain it. The MRMIB further wanted to know, what applicants thought about the decision made to close the program to new enrollment or to make other types of cuts, as well as learn views about the value to applicants of maintaining the waiting list versus not accepting any new applications, including returning them to the applicants.

To address these topics, a survey was distributed to families who were placed on the waiting list. The purpose of this study was to determine the effects of the program closing on applicants, and to ascertain, to the extent possible, the effects of the programmatic decisions around closing enrollment and creating a wait list.

Figure 1: Overall new enrollment in HFP from January 2008- December 2010

Additions to the HFP dropped dramatically during the time the program was closed.

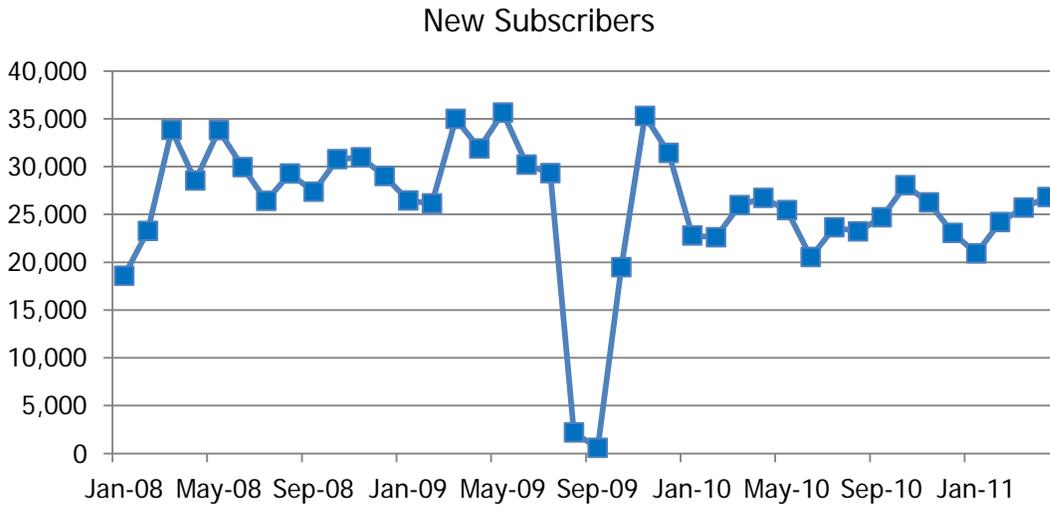


Figure 2: Current HFP subscribers from January 2008- December 2010

Overall enrollment in the HFP dropped by approximately 50,000 between July 17, 2009 and September 17, 2009.



METHODS AND SAMPLE

Table 1: Study sample demographics

Demographics	Survey Participants
Gender	
Male	16%
Female	84%
Age	
18-24	3%
25-34	32%
35-44	42%
45-54	20%
55-64	3%
65 or older	1%
Highest level of education	
Elementary school or less	13%
Middle school/ junior high	10%
Some high school	10%
High school graduate/ GED	20%
Some college	26%
Hold a college degree (trade school included)	17%
Hold an advanced degree	4%
Marital status	
Married	66%
Divorced	8%
Widowed	2%
Separated	7%
Single-never married	6%
Part of an unmarried couple living together	11%
Language spoken at home	
English	34%
Spanish	55%
Asian (Chinese, Japanese, Mandarin, Vietnamese)	7%
Other	4%
Reported Race/Ethnicity	
White, not Latino/ Latina	19%
Latino/Latina	62%
American Indian or Alaskan Native	<1%
Black, not Latino/ Latina	4%
Asian, Pacific Islander	12%
Multiracial	2%
Other	1%
Missing/ Not Given	1%

Table 1 Continued: Study sample demographics

Demographics	Survey Participants
Age of children	
0-5 years	44%
6-11 years	48%
12-17 years	36%
Older than 17	5%
Number of children living with respondent	
1	46%
2	37%
3	13%
4	3%
5 or more	1%

Survey Methods

A 22 question survey designed by the HFP and researchers at Cincinnati Children’s Hospital Medical Center (CCHMC) was mailed to 10,000 waiting list families in late March 2011. Surveys were received by staff at CCHMC between April 4 and May 6, 2011; a total of 1,017 were received, for a response rate of about 10%. Most families had either one (46%) or two (37%) children on the waiting list, but 17% had three or more. This represented about 1,700 children total in the sample.

The survey was designed to collect information about families on the waiting list, including age and number of children per family, reasons for applying during the waiting list period, experience with the waiting list and access to care during the two month period.

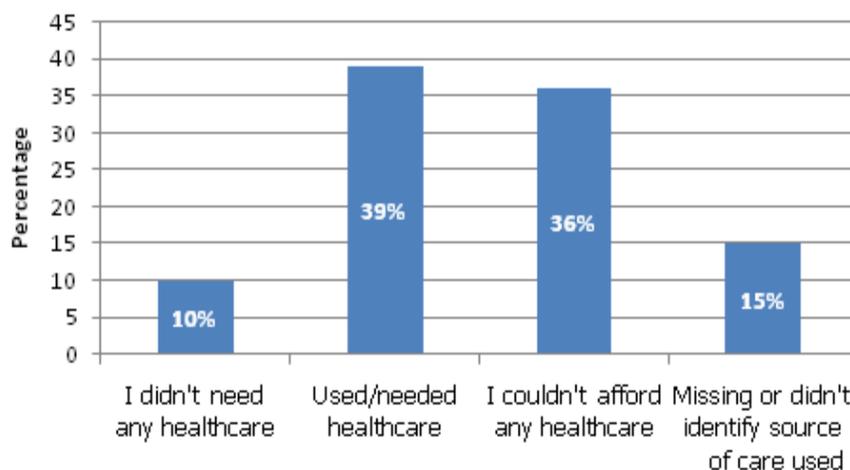
The survey was administered in both English and Spanish. The Spanish version was translated by members of the HFP staff who are fluent in Spanish. The surveys were mailed to a statistically valid random sample of the waiting list families which should be demographically representative of the overall population on the waiting list. Families receiving the survey had at least one child who was put on the waiting list, but also might have had other children enrolled at that time. In addition, the waiting list letter sent to families during the two month period, reminded families to provide the HFP with address updates. *Maximus* and the HFP worked with the United States Postal Service (USPS) to track address changes.

SURVEY FINDINGS

Obtaining Health Care During The Time the Program Was Closed Was Challenging

An overridingly important concern around closing the program is the need to determine whether and how medical needs were met during the time the program was closed. In this case, since the program was closed for two months and it took another two months to clear the waiting list, eligible children would have continued to be uninsured and without coverage for an additional two to four months. Our survey asked where children got care during this time. Remarkably, only 10% of the respondents said they DID NOT need health care during the time they were on the waiting list, as shown in Figure 3. Thus, even though the time the program

Figure 3: Where did you get health care while you were on the waiting list?



was closed was relatively short, most people apparently needed care for their children.

Another 39% needed care and sought it in a variety of settings, including community health centers (24%), which have sliding scale fee schedules, or their own doctor (7%). However, some had to change providers to be seen (5%), contact another program (4%), or use the emergency room (7%) during this period. For this question, respondents could choose more than one setting for care; for this reason, percentages add up to more than 39%. Another large percent did not use care and responded that they couldn't afford care (36%), possibly implying that they needed care, but did not get it because of cost.

Informing Clients of Other Ways To Secure Care

Being told about other avenues through which care could be provided may be important for families. The survey asked respondents if they were “told about other ways to get care (for example, on the HFP waiting list notification letter), such as Share of Cost Medi-Cal, the County Healthy Kids Program or the Kaiser Care for Kids Health Plan.” The initial letter sent to those on the waiting list did in fact provide information on other ways to get care while on the waiting list. However, only slightly more than half, 57%, said “yes” they were told, while 41% said they were not provided with information on other programs, shown in Table 2.

Table 2: Other ways to get care

Question	Yes	No	Missing
Were you told about other ways to get care?	57%	41%	2%
Were you moving from no-cost Medi-Cal to Healthy Families when you were put on the waiting list?	37%	61%	2%

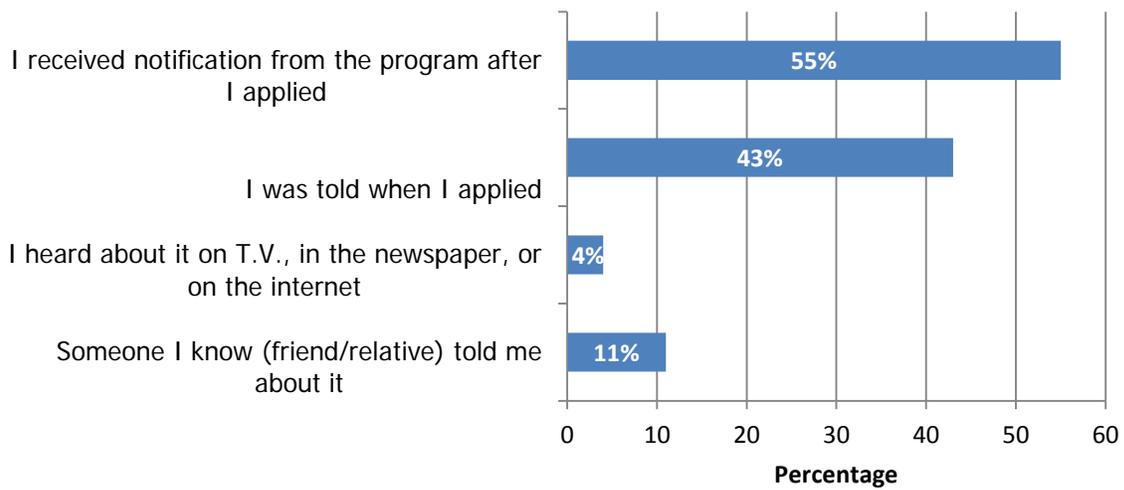
All applications received during the waiting list period were screened for no-cost Medi-Cal eligibility, and if eligible were forwarded to the county for final determination. If the family met the criteria they were provided accelerated enrollment (presumptive eligibility) which provided Medi-Cal fee-for-service coverage until the county completed the final determination. Almost 40% of the respondents had been on Medi-Cal and were transitioning to Healthy Families when they were put on the waiting list, shown in Table 2.

Learning That The Healthy Families Program Was Closed

Survey respondents were asked about experiences with the waiting list, beginning with how they heard about the waiting list. Figure 4 shows that 43% of the respondents heard the program was closed and that they were to be put on a waiting list when they applied. Another 55% said they received notification after they turned in the application. Both of these

responses are consistent with the outreach to clients that the HFP had in place. In addition, 11% said they heard about the program closing and about the waiting list from a friend or relative and 4% heard about it on TV, in the newspaper, or on the internet. Respondents could check more than one option, and thus, could indicate that they heard from the program as well as a friend/relative, for example. Many respondents checked more than one option.

Figure 4: How did you know about the waiting list?



Values will not add up to 100% because participants were able to select multiply categories

A few respondents wrote in comments on the survey in response to this question about how they knew about the waiting list;

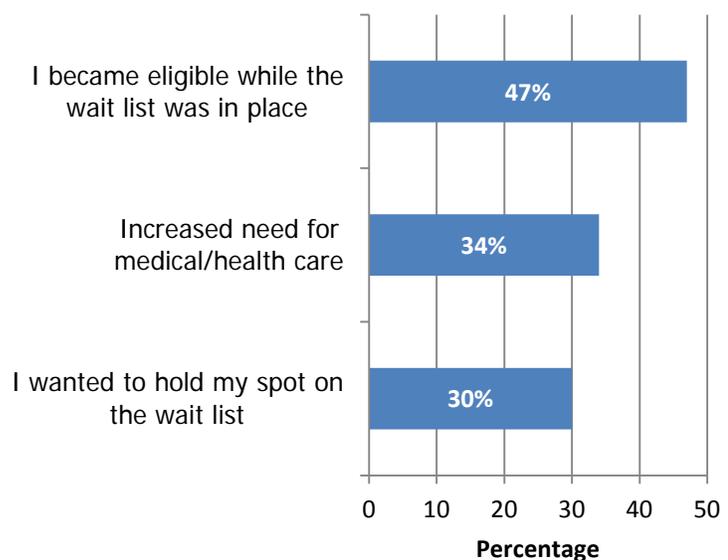
- "This survey is our notification that there was a waiting list"
- "When I called to follow-up on the application"
- "Don't remember why my child was on the waiting list"

This data reflects the need for increased marketing efforts to ensure that California residents are aware of program changes, i.e. a waiting list.

Figure 5 shows that most of the applicants (47%) became eligible for the program during the time that it was closed and a waiting list was in place. Further, 34% of the respondents reported that there was an increased medical need during the time the program was closed. Finally, 30% said that they applied while the program was closed so they could hold a spot on the waiting list.

Again, in this question, respondents could select more than one answer; thus, for example, a child could have both become eligible during the time the program was closed AND had an increased need for medical care. In addition, a child could have become eligible during the time the program was closed, AND the parent could have put in an application to hold a spot on the waiting list.

Figure 5: Why did you apply for Healthy Families while there was a waiting list?



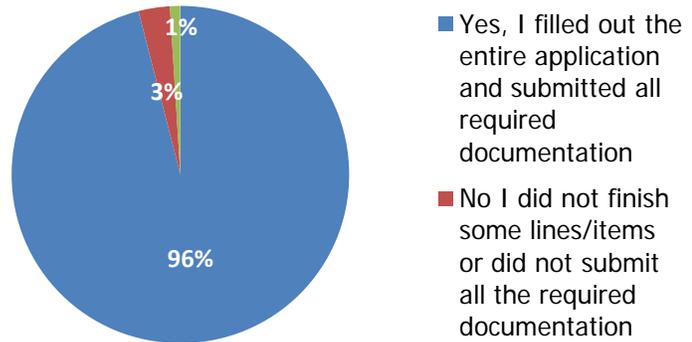
Values will not add up to 100% because participants were able to select multiply categories

Most Respondents Believed Their Applications Were Complete, But Often This Was NOT The Case.

The HFP plan for enrolling wait-listed children when the program re-opened was to follow the waiting list in order of the time that family applied. The application did not need to be completed, with all necessary documentation to be placed on the waiting list. Thus, there were incentives to put in an application to reserve a space, even though the program was closed. Because individuals would be put on the waiting list in order of the receipt of

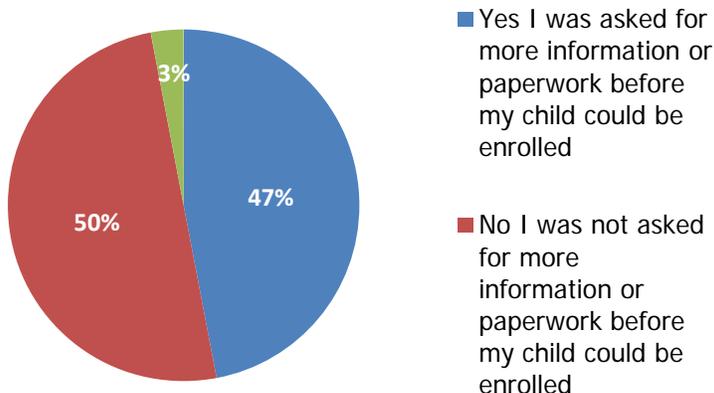
application, whether or not the application was complete, respondents were asked if they believed their application was complete. The concern was that families might put in an incomplete application, to secure a favorable spot on the waiting list. Figure 6 shows that this concern was not borne out: overwhelmingly, families believed they turned in a complete application (a full 96% thought that they had done so).

Figure 6: Did you complete the entire application?



However, despite believing that they had turned in a complete application, this apparently was true in only about 50% of the families, as shown in Figure 7. Another 47% of families were asked for more or valid information, indicating that although they believed that they had turned in a complete application, this was not the case (the remaining 3% did not answer this question). This fact is important because not only does it indicate that families can

Figure 7: When the program reopened, were you asked for more information or paperwork before your child could be enrolled?



be confused about application and documentation

requirements, but also because

this caused problems with the

order in which applicants were

enrolled once the waiting list

was re-opened. An application

that was incomplete, but early in

the waiting list would be

processed in order, but because it was incomplete, the administrative vendor would reach out to the applicant for missing information. While waiting for the requested missing information, the administrative vendor processed the next application on the waiting list. If the second application was complete and the child was eligible, the child would be enrolled. This could create an appearance of enrolling children out of order through the waiting list.

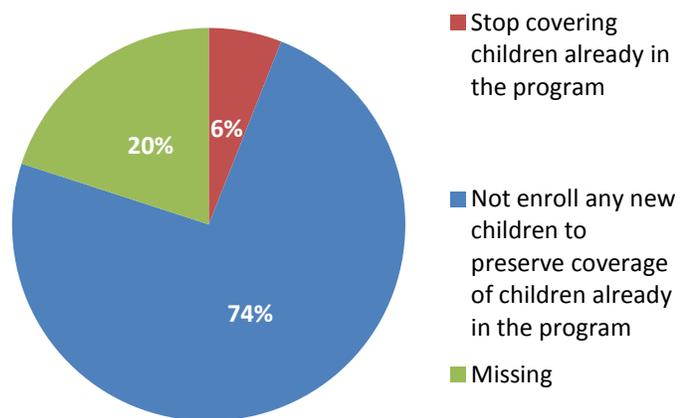
Clients Views/Opinions of Closing The Program

The MRMIB particularly wanted to learn applicant perceptions of the decisions that were made given insufficient funds, of closing the program to new enrollment, as opposed to selecting among children already in the program for termination at their annual eligibility review of coverage. To ascertain these views, respondents were simply asked their opinion of what a program like Healthy Families should do “if there was not enough money to cover all children who may qualify”.

Respondents could choose between the options: “stop covering children already in the program” and “not enroll any new children to preserve coverage of children already in the program”. Only 6% of the

respondents chose the first option, while almost three-quarters of the respondents (74%) chose the second option, as shown in Figure 8. This second option is actually the choice that the HFP made – to close the program to new entrants, as opposed to stopping coverage of children already in the program.

Figure 8: What should a program like Healthy Families do if there is not enough money to cover all who may qualify?



However, a full 20% of the respondents did not answer this item. This is a very large number of missing responses – much larger than for other items on the survey -- indicating possibly that respondents did not like the choices. Indeed, some wrote in comments to explain more fully. While two of the write-in comments indicated a belief that sick children should be given priority, most write-in comments indicated lack of comfort with the choices presented. Some write-in comments indicated that resources should be found so that the program would not need to be closed (“tax the rich first” or “increase prices”). Others simply indicated discomfort with both options (“I don’t like either option” and “I find it difficult to answer this question.”)

Write- in comments included:

- “Stop covering healthy kids to make room for children with diseases (type 1 diabetes).”
- “I don’t like either answer”
- “Re-evaluate the financial situation of families already on the waiting list”
- “Tax the rich more.”
- “Increase prices”
- “I find it difficult to answer this question”
- “Children with health problems first”
- “Make a waiting list”

The advocacy community has opinions about the choice that is included in the response in Appendix B.

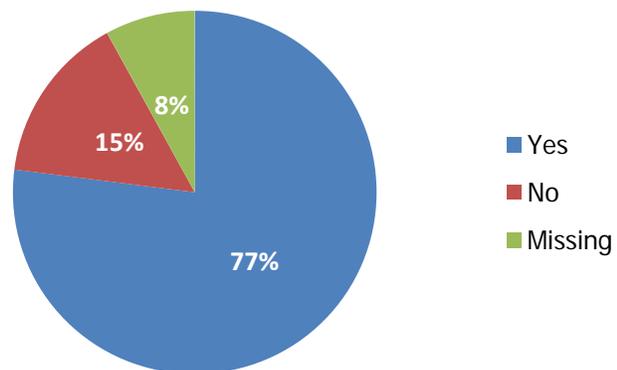
We conducted additional analyses to determine if need for health care affected the opinions of wisdom of closing the program or willingness to answer the question. We thought that parents whose children needed health care during the time the program was closed would be less likely to think program closure was a good idea, and also might be uncomfortable enough with the question to decline to answer. While parents whose children used health care were somewhat less likely to choose “stop enrolling new children” than those parents whose

children did not need health care, the differences did not reach statistical significance (77% vs. 71%). Likewise, individuals who did not answer the question were more likely to have unfavorable opinion of closing the program (19% vs. 22%), but the differences were not significant.

In another attempt to learn whether the HFP closing the program to new enrollment, instead of denying coverage to current applicants, was consistent with values of the constituency, the survey asked: "Would you consider the HFP waiting list to be a successful process, if it preserved coverage for all currently enrolled children by closing the program to new enrollment for two months?"

Figure 9: Would you consider the HFP waiting list to be a successful process, if it preserved coverage for all currently enrolled children by closing the program to new enrollment for two months?

Over three-fourths of the respondents (77%) selected "yes" (Figure 9), indicating that they would consider the waiting list strategy to be a successful process if it preserved coverage for the



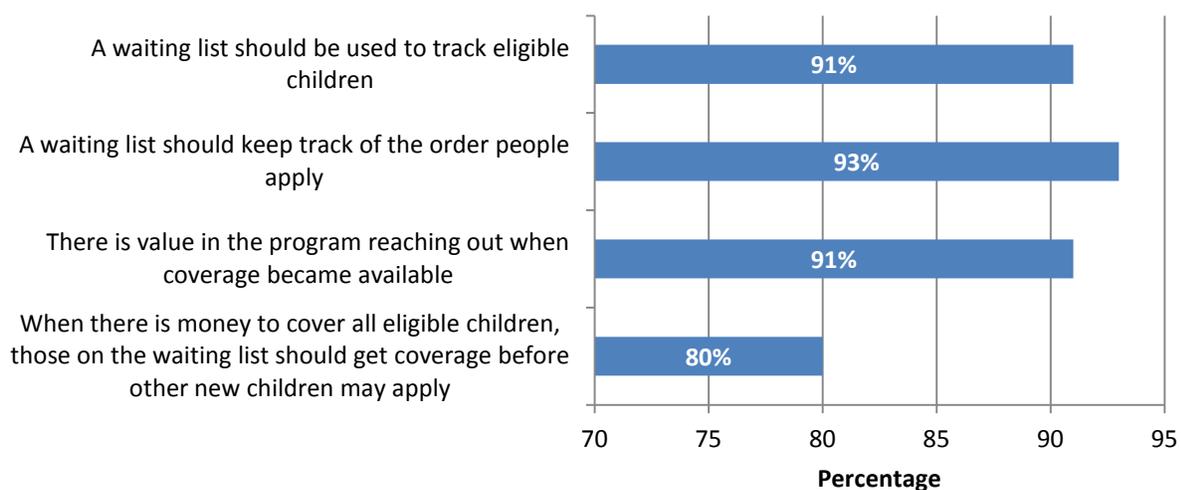
currently enrolled children by closing the program to new enrollments for two months. However, 15% said "no" and again a fairly high proportion 8% did not answer, possibly indicating discomfort with the question.

Respondents Favored Using a Waiting List, *Should The Program Need To Be Closed*

When it works optimally, a waiting list provides a mechanism for reaching out to families when the program re-opens and for processing applications in the order they were placed on the waiting list when the program opens. It also provides a labor intensive mechanism for keeping applications on file, so that families are ready to go when the program re-opens. On the other hand, the benefits of a waiting list are diminished if families move, difficult to reach, or if the mechanisms of executing the waiting list are not optimal.

The MRMIB wanted to learn about the value to clients of using a waiting list as opposed to not keeping track of families, and instead of using aggressive outreach and marketing to reach families. Figure 10 shows some views of a waiting list and how it should operate. A caveat is that the backdrop for these questions was that funds were short and something needed to be done. Respondents were not asked to respond broadly about other policy options. However, within the constraints, respondents to this survey overwhelmingly believed that a waiting list should be used to track eligible children should the program need to be closed (91%).

Figure 10: Using the waiting list

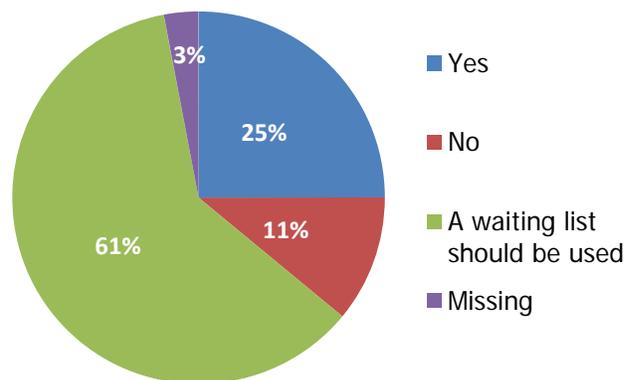


Further endorsing the concept of a waiting list (though not endorsing the concept of closing the program), a full 91% of the respondents said they found value in having the program reach out to them when coverage became available. The only way the program could have reached out, was to keep names on a list.

Furthermore, respondents also believed that if a waiting list were used, it should keep track of the order people apply (93%). Although the question could not go into detail as to why, presumably respondents wanted to know the order of application so that this could be used when the program re-opened. However, when given a slightly different scenario – when money is available to cover all eligible children, should those on the waiting list get coverage before other new children that may apply -- only 80% said “yes”, while 17% said “no, the waiting list should not stop other new children from being covered. (This is the procedure that HFP followed. There was sufficient money, in fact, to both enroll all children on the waiting list and others as well, and thus, when the program re-opened, it enrolled from the waiting list and at the same time, began enrolling new children that applied.)

Respondents were then asked about their view about a scenario in which a waiting list was NOT used. Presumably, if there is not a waiting list, and thus no way of contacting families, the HFP would need to rely on publicity and outreach to find eligible children. Specifically, respondents were asked if the program should require families to reapply again, after they publicly announce that they are open for new enrollment. Importantly, as shown in Figure

Figure 11: If a waiting list should not be used, should the program require families to reapply again after they publicly announce they are open for new enrollment?



11 only 25% said “yes” to that option, while 11% said “no.” Strikingly, feelings about the “fairness” and appropriateness of a keeping track of families through a waiting list were so strong that 61% of the respondents to this question answered that “a waiting list should be used.” All these responses taken together clearly indicate a preference for use of a waiting list, *should the program need to be closed.*

LIMITATIONS

There were several limitations to the study. First, the response rate was only approximately 10%. While this is not unusual for a mail survey to low-income families, it does mean the results may be skewed. As is the case for all surveys, individuals who respond may be different than those who do not. They may, for example, have more to say because they have had poor experiences – or

even because they have had unusually good experiences.

We know that the survey respondents are slightly more likely to be Latino or White than the general HFP population (Latinos are the largest population in the general population and White/Asians are nearly tied as the second largest population in the general

Table 3: Demographics of survey respondents compared to HFP subscribers in January 2009

Demographics	Survey Respondents	HFP Subscribers January 2009	²
Language spoken at home			
English	34%	46%	75.2*
Spanish	55%	45%	41.2*
Asian (Chinese, Japanese, Mandarin, Vietnamese)	7%	6%	
Other	4%	2%	
Reported Race/Ethnicity			
White, not Latino/ Latina	19%	10%	95.1*
Latino/Latina	62%	54%	26.6*
American Indian or Alaskan Native	<1%	<1%	
Black, not Latino/ Latina	4%	2%	
Asian, Pacific Islander	12%	10%	
Multiracial	2%	N/A	
Other	1%	21%	
Missing/ Not Given	1%	3%	

*P value < 0.0001

population), and also more likely to report that they speak Spanish in the home. Table 3 shows that there was a statistically significant difference in language and ethnicity between the survey respondents and HFP subscribers (the subscribers in January 2009 were used for the comparison), with p values <0.0001. They may also be different in other ways that we could not measure or compare.

Secondly, respondents were asked to make choices, given that the HFP had its budget reduced and needed to reduce program expenditures using the available regulatory options. Respondents were asked which type of reduction seemed preferable or “fairer” to them. The survey did not consider other options, such as options involving finding additional funding. Hence, some choices, which might have been preferable to the respondents, were not response options.

CONCLUSIONS

The study had some important limitations, but despite these, the results showed that, *should the program need to reduce expenditures*, respondents generally believed that coverage for children currently enrolled should be preserved, and reductions should occur by ceasing new enrollment. However, some respondents were clearly uncomfortable with the idea of any reductions, and with choosing between two types of reductions. Overwhelmingly, respondents favored using a waiting list, *should the program need to be closed to new enrollment*, endorsed reaching out to individuals on the waiting list after the program enrollment re-opened, and favored going in order down the waiting list for enrollment. Most respondents reported that their children needed care during the time the program was closed, and reported challenges in getting care.

The issue of waiting lists for children enrolled in the HFP is now moot because of the Maintenance of Effort (MOE) requirement contained in the 2010 Affordable Care Act. The MOE requirement means that a state cannot implement any restrictive changes to eligibility requirements, methodologies or procedures for its CHIP (which could include implementing a waiting list or disenrolling current subscribers). An MOE violation would put a state at risk for loss of its federal funding.

APPENDIX A: SURVEY INSTRUMENT

Dear current or former Healthy Families Program beneficiary:

Why did you receive this?

Records show that your child(ren) were placed on the Healthy Families waiting list that was in effect from July 17, 2009 through September 17, 2009. We need your thoughts and perspective on whether there was any value of the waiting list process. This process included having the program follow up with you once there was available funding to enroll your child, without requiring you to submit a new application. We value your feedback on how the process should be managed in case funding is ever short again in the future. This survey is part of a larger research project funded by The California Endowment to assess the wait list.

Why should you complete and return the survey?

Taking the survey is your choice. By participating in this research, you will help us know more about what is valuable to families needing assistance through the Healthy Families Program and help us improve the program process to better serve the needs of families.

Do you have to complete the survey?

Participating or refusing to participate in this survey will in no way change the benefits you receive or for which you are eligible, and information about you will not be given to anyone. There are no risks to you in participating. Should you choose to take the survey, you can refuse to answer any questions that you do not want to answer. Your completed survey will be kept in a secure, locked cabinet, separate from your signed consent form, and any responses used will **not** be connected to your name/identity. Anonymous copies of the surveys and a de-identified dataset will be sent to the Managed Risk Medical Insurance Board (MRMIB).

Thank You!

Your participation in this important study is greatly appreciated. Please sign and date this form and return it with your completed survey, indicating your willingness to participate and give input into the study.

Authorization

I have freely and voluntarily filled out the accompanying survey. Information I provide may be used as part of the research study. My name/identifying information will not be connected with the study or my responses or given to anyone:

Signature_____

Date:_____

Questions or Concerns?

For any questions or concerns about this study or participant rights you can contact the researcher, Dr. Gerry Fairbrother at (513) 803-2109. You can also call the Cincinnati Children's Hospital Medical Center Institutional Review Board at (513) 636-8039 with any questions you might have. The researchers have no conflicts of interest to disclose.

Survey Questions: Please fill in the bubbles completely

1. **What was/were the age(s) of your child(ren) placed on the Healthy Families Program waiting list?**
(Mark all that apply)
 - 0 – 5 years old
 - 6 – 11 years old
 - 12 – 17 years old
 - Older than 17 years

2. **How many children (under 18) living with you were on the waiting list?**
 - 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more

3. **How did you know about the waiting list?**
 - Someone I know (friend/relative) told me about it
 - I heard about it on TV, in the newspaper, or on the internet
 - I was told about it when I applied
 - I received notification from the program after I applied

4. **Why did you apply for Healthy Families while there was a waiting list?**
 - I had a new or increased need for medical/health care
 - I became eligible while the wait list was in place
 - I wanted to hold my spot on the list for future enrollment when I heard about it

5. **Did you complete everything on your application before turning it in?**
 - Yes (I filled out the entire application and submitted all required documentation)
 - No (I did not finish some lines/items or did not submit all the required documentation)

6. **When the program reopened were you asked for more information or paperwork before your children could be enrolled?**
 - Yes
 - No

7. **Did you find value in having the program reach out to you when coverage became available for your child(ren)?**
 - Yes
 - No

8. **What should a program like Healthy Families do if there is not money to cover all who may qualify?**
 - Stop covering children already in the program, *OR*
 - Not enroll any new children to preserve coverage of children already in the program

9. **Should a waiting list be used to track eligible children who are waiting for coverage?**
 - Yes
 - No

10. If a waiting list should not be used, should the program require families to reapply again after they publicly announce they are open for new enrollment?
 Yes No A waiting list should be used

11. If there is a waiting list, should it keep track of the order people apply?
 Yes No

12. When there is money to cover all eligible children, should those on the waiting list get coverage before other new children that may apply?
 Yes (Those on the waiting list should be given coverage first)
 No (The waiting list should not stop other new children from being covered)

13. Where did you get health care while you were on the waiting list?
 I *couldn't afford any* health care
 I *didn't need any* health care
 My *usual providers*
 I had to *change my doctor*
 I went to a *community health center/clinic*
 I went to the *emergency room*
 I contacted one of other health coverage options from the HFP wait list notification letter
 Other (please specify): _____

14. Were you told about other ways to get care (for example on the HFP wait list notification letter) like Share of Cost Medi-Cal, the County Healthy Kids Program, or the Kaiser Cares for Kids Health Plan?
 Yes No

15. Were you moving from no-cost Medi-Cal to Healthy Families when you were put on the waiting list?
 Yes (I was in Medi-Cal transitioning to Healthy Families)
 No (I was not on Medi-Cal before applying to Healthy Families)

16. Would you consider the HFP waiting list to be a successful process, if it preserved coverage for all currently enrolled children by closing the program to new enrollment for a two month period?
 Yes No

Please complete the following questions based on the information of the person completing the survey:

17. Are you:
 Male Female

18. How old are you?
 18 – 24
 25 – 34
 35 – 44
 45 – 54
 55 – 64
 65 or older

19. Are currently you: (select one)

- Married Part of an unmarried couple living together
 Divorced Separated
 Widowed Single – Never Married

20. How much school have you had?

- Elementary school or less
 Middle school/junior high
 Some high school
 High school graduate/GED
 Some college
 Hold a college degree (*trade school included*)
 Hold an advanced degree

21. What language do you most commonly speak at home?

- | | | | |
|---|-------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> Tagalog |
| <input type="radio"/> Vietnamese | <input type="radio"/> Korean | <input type="radio"/> Armenian | <input type="radio"/> Japanese |
| <input type="radio"/> Persian | <input type="radio"/> German | <input type="radio"/> French | |
| <input type="radio"/> Other – <i>please specify</i> _____ | | | |

22. Which best describes you? (pick all that apply)

- White, not Latino/Latina Black, not Latino/Latina
 Latino/Latina Asian or Pacific Islander
 American Indian or Alaskan Native Other _____

*Thank you for your time.
We appreciate your valuable time and feedback.*

APPENDIX B: ADVOCATE'S OPINIONS

ADVOCATES' VIEWS OF THIS REPORT

California children's health advocates appreciated the opportunity to review a pre-release version of this study. It contains valuable information to help the state and other stakeholders understand how the waiting list affected children and their families, such as:

- A general lack of knowledge about how the waiting list underscored the need for more public outreach and education about coverage availability and any program changes.
- Nearly 40% of respondents were transitioning from Medi-Cal to Healthy Families when their children were put on the waiting list, reflecting a major loss of coverage for eligible children.
- Children lacked access to needed services while on the waiting list, as only 10% of respondents reported their children did not need health care, and 36% reported not being able to afford care.
- The vast majority of respondents thought that Healthy Families should enroll children from the waiting list before it began to cover other children who were newly applying or reapplying. This is what the advocacy community was told was occurring, so community workers advised families to hold their place on the waiting list rather than reapply. However, as noted in the report, this is not what actually occurred. Instead, when additional funds were made available to the program, applications were processed from the waiting list at the same time as new applications. This created a confusing and duplicative situation for families and those who were trying to assist them.

The report also has important limitations, including:

- Due to a lack of information, many parents believed that the program was completely closed and were not aware of the waiting list. Thus, not all children who were closed out of the program were on the waiting list. The sample for the survey was drawn only from those families put on the waiting list; this bias limits the study.
- As noted, the response options for the question "What should a program like Healthy Families do if there is not money to cover all who may qualify?" are overly limited. For example, response options could have included: *the state should find ways to fully fund the program such as raising revenues, children with chronic or severe conditions should have been exempted from the enrollment freeze, or the state should find other ways to reduce program costs.* The large percentage of non-responses to this question and the tone of the write-in answers may reflect parents' dissatisfaction with the survey choices.
- The study could have provided more meaningful information if families were asked about the impact of denied coverage on their trust in the Healthy Families Program.
- The report does not indicate what percentage of the respondents' children were ultimately enrolled in Healthy Families, which would have been valuable in assessing the survey results.

As noted, this report on the waiting list must be viewed in the larger context of the issue at hand – that is, when the state does not fully fund the Healthy Families Program, one of the consequences is that children needing health insurance do not get coverage and do not get needed health care. Moreover, there are responsible policy options that can avoid the need to freeze enrollment in the first place.

¹ See the Managed Risk Medical Insurance Board's June 30, 2010 meeting materials, item 7a, at www.mrmib.ca.gov/MRMIB/Agenda_Minutes_063010/Agenda_Item_7a_2009_HFP_WaitList_Eval_Report_and_Letter_from_CHC.pdf.