

**RESULTS OF THE 2002 MARYLAND CHILDREN'S
HEALTH PROGRAM (MCHP) PREMIUM FOCUS
GROUP PROJECT**

**Prepared for:
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Funded by Maryland's HRSA State Planning Grants Program

**Prepared by:

SHUGOLL RESEARCH
7475 Wisconsin Avenue
Suite 200
Bethesda, Maryland 20814
www.shugollresearch.com**

May 2003

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
EXECUTIVE SUMMARY	1
1.0 OVERVIEW	7
1.1 Background and Purpose.....	7
1.2 Objectives.....	9
1.3 Methodology and Study Procedures	10
1.4 Limitations of Qualitative Research	14
2.0 SUMMARY OF FINDINGS: FOCUS GROUPS WITH DROPPED APPLICANTS.....	15
2.1 What is the Relative Importance that Parents Place on Maintaining Their Children’s Health?.....	15
2.2 How do Parents Assess the Relative Value of Health Care Coverage for Their Children?.....	18
2.3 Do Parents Currently Have Health Care Coverage for Their Children, Why and What Impacts Selection of a Health Plan?.....	21
2.4 For What Reasons did Parents Apply to MCHP Premium for Health Care Coverage for Their Children?	28
2.5 What were Parents’ Experiences with MCHP Premium During the Application Process?.....	30
2.6 How do Parents Evaluate Key MCHP Premium Application Materials?.....	33
2.7 For What Reasons did Parents Not Enroll Their Children in MCHP Premium?.....	43
2.8 What is the Perceived Importance of Current MCHP Premium Health Plan Benefits?.....	46
2.9 What Pricing Structure is Most Preferable?	48
2.10 What Amount of Co-Pay and Monthly Premium are Parents Willing to Pay for MCHP Premium Coverage for Their Children?.....	52
2.11 How Appealing are Proposed Premium Payment Options and What is the Likelihood that Parents Would Enroll Their Children in MCHP Premium if the Proposed Premium Payment Option was Available?.....	55
3.0 SUMMARY OF FINDINGS: IN-DEPTH TELEPHONE INTERVIEWS WITH DISENROLLEES	61
3.1 What is the Relative Importance that Parents Place on Maintaining Their Children’s Health?.....	61
3.2 How do Parents Assess the Relative Value of Health Care Coverage for Their Children?.....	63
3.3 Do Parents Currently Have Health Care Coverage for Their Children and What are the Reasons for Having or Not Having Health Care Coverage?.....	68
3.4 For What Reasons did Parents Apply to MCHP Premium for Health Care Coverage for Their Children?	70

3.5 What were Parents’ Experiences with MCHP Premium while Their Children were Enrolled in the Program? 73

3.6 For What Reasons did Parents Disenroll Their Children from MCHP Premium?..... 79

3.7 What is the Perceived Importance of Current MCHP Premium Health Plan Benefits?..... 82

3.8 What Pricing Structure is Most Preferable? 83

3.9 What Amount of Co-Pay and Monthly Premium are Parents Willing to Pay for MCHP Premium Coverage for Their Children?..... 86

3.10 How Appealing are Proposed Premium Payment Options and what is the Likelihood that Parents would Re-enroll Their Children in MCHP Premium if the Proposed Premium Payment Option was Available? 88

4.0 FINDINGS AND CONSIDERATIONS

APPENDIX A: RESPONDENT PROFILES A-1

APPENDIX B: RECRUITMENT SCREENERS B-1

APPENDIX C: MODERATOR’S TOPIC GUIDES C-1

EXECUTIVE SUMMARY

Under the auspices of the Maryland State Planning Grant, the Maryland Department of Health and Mental Hygiene (DHMH) contracted with Shugoll Research to conduct a series of focus groups with parents and caregivers of Maryland Children's Health Program (MCHP) Premium applicants and disenrollees. The purpose of the research, called the 2002 MCHP Premium Focus Group Project, is twofold: (1) to assist the Department in understanding why a significant number of MCHP Premium program applicants terminate the application process and hence do not enroll in the program; and (2) to help the Department better understand why some children are disenrolled from the program.

A total of eight mini-focus groups were conducted with two segments of dropped applicants, four with those from whom there was no initial contact after 60 days, and four with those who rejected premium payment at the outset. Within each segment, two groups were conducted with parents whose children currently are not insured, and two groups were conducted with parents whose children currently are insured. Furthermore, a total of 10 in-depth telephone interviews were conducted with disenrollees, reflecting a mix of those who were disenrolled by MCHP for nonpayment of premium, and those who disenrolled for unidentified reasons.

Summary of Findings

Attitudes Toward Health Care Coverage

- ? **Parents understand the importance of health care coverage for their children.** Most have had health care coverage for their children in the past. Many indicate they have made, or have tried to make financial concessions in order to obtain health care coverage for their children. Having health care coverage assists parents with maintaining their children's health, which is a top priority. Therefore, parents look for health care plans that include preventive care, a prescription plan, hospitalization, as well as dental and vision benefits.

Factors Influencing Health Plan Selection for Children's Coverage

- ? **Parents determine the relative value of a health plan based on the amount of coverage provided for the cost.** Specifically, parents consider the range of benefits provided, including the availability of 'rich' vision and dental benefits afforded for the cost.
- ? **Aspects of a health plan's physician network also will influence a parent's decision when evaluating health care coverage for their child.** Aspects of most importance to parents, include:

- Quality of medical care/quality of physicians who participate in plan
 - Whether or not their child’s pediatrician is a participating provider
 - Size of physician network
 - Accessibility of participating physician practices/location relative to area of residence
- ? **Cost is often the determining factor in selecting a health plan for children.** Parents evaluate all aspects and issues related to cost, including:
- Monthly premium
 - Any co-pays and amount of co-pays
 - Any deductibles and amount of deductibles
 - Costs associated with going out-of-network
 - Whether or not their employer is contributing to premium payment

Reasons for Applying to MCHP for Health Care Coverage for Children

- ? **A major event affecting their child’s health care coverage is what led most parents to apply to the Maryland Children’s Health Program for health care coverage.** Either out of admitted desperation or as a ‘short term solution’, parents say they turned to MCHP for a fast solution to a problem, ensuring their child had health care coverage during a period of transition. While many applicants hope they will be accepted into the free program, if financially feasible, they are willing to pay the monthly premium in order to obtain health care coverage for their children. Types of events that triggered an application to MCHP include:
- Death of a spouse
 - Loss of employment
 - Change of job/no health care coverage during probationary period

- Unexpected major financial obligation that depleted family’s resources and made payment of health care premium impossible
- Termination of Social Services benefits/no longer covered by Medicaid

Why Dropped Applicants do not Continue with the MCHP Application Process

- ? **While the MCHP application form is easy to complete, the process is confusing.** Applicants, because they are applying to MCHP for a “quick solution,” expect to have their application processed within a few weeks. Also, applicants are told an MCHP representative will contact them to complete the enrollment process; however, for many respondents this did not happen. Rather, they received a follow-up letter from MCHP indicating their application had been denied because of lack of follow through.
- ? **Written materials sent by MCHP during the application process are contributing to some applicants’ lack of follow through. This includes information contained in the cover sheet of the application form.** Several issues are contributing to applicants’ confusion, resulting in their not continuing with the MCHP Premium application process. Key issues include:
 - Family size and income requirements may indicate eligibility for free program, but applicant is denied, and applicant does not realize they are required to take next steps.
 - Cover letter of MCHP Premium packet indicates that applicant ‘may’ be eligible for MCHP Premium
 - First sentence in cover letter of MCHP Premium packet tells applicant they are ineligible for MCHP/deters applicant from reading entire cover letter and enclosed materials
 - Invoice for initial premium payment is perceived to be an additional application fee
- ? **Identified ‘premium rejecters’ answer ‘no’ to Q.6 on the MCHP application form because they already have health care coverage.** Almost all respondents who say they answered ‘no’ to Q.6 on the initial MCHP application also say they had health care coverage when they applied to MCHP for their children. The purpose of applying to MCHP was to:
 - Determine the relative value of paying two separate premiums instead of one premium for a family plan

- Obtain health care coverage for child during interim period while child was being added to parent’s plan
- Obtain “supplemental” insurance for child

Why Parents Disenroll from MCHP Premium

- ? **Non payment of premium is why some parents are cancelled from MCHP Premium.**
Specifically, some parents indicate that continued financial problems prevented them from paying the premium for their MCHP Premium coverage. Hence, they were cancelled and their children were dropped from the plan. However, parents are reluctant to contact MCHP about their continued financial problems out of embarrassment. They either believe nothing can be done to help them, or hope that their adverse financial situation will reverse itself in time.
- ? **Increased family income is why a number of parents actively disenroll from MCHP Premium.**
Several parents indicate they had experienced a considerable increase in family income during their MCHP Premium tenure, and as a result, had become ineligible for health care coverage through the plan. This included a spouse taking a new job with a significantly higher salary or a non-working spouse returning to work either full or part-time.

Impressions of MCHP Premium Health Plan

- ? **Parents are fairly unfamiliar with the specific benefits of MCHP Premium when they initially apply.** Most admit that their goal is simply to obtain health care coverage for their child, preferably retaining their child’s pediatrician in the process. However, upon reviewing a brief summary of coverage through MCHP Premium, parents are impressed, stating that it is much ‘richer’ than anticipated. Particularly appealing benefits include transportation to medical appointments, prescriptions, and lab work and testing.
- ? **Enrollees have mixed impressions of MCHP Premium, influenced greatly by their personal experiences.** Several previous enrollees indicate they were highly satisfied with their MCHP Premium experience, complimenting the quality of care of their specific health plan, as well as the size of its physician network, and the accessibility of the physician practices. Others, however, are critical of their MCHP Premium experience, commenting on how difficult it was to find participating providers in their area, or how difficult it was to find a participating provider who was accepting new patients.

- ? **The dental plan of MCHP Premium is not meeting enrollees' needs.** Several disenrolled members indicate they were dissatisfied with their dental experiences for a number of reasons, including:
- Limited dentist network/very few area dentists belong to any HealthChoice MCOs
 - Limited dental coverage/only covers one annual teeth cleaning per child
 - Limited dental coverage/does not cover fillings
 - Poor quality service/being restricted by time of day when scheduling appointments
 - Unresponsive service/being kept waiting for a scheduled appointment while other patients were seen first
 - Rude service/being told how much money the dentist is 'losing' by treating HealthChoice members

Relative Importance of MCHP Premium Health Plan Benefits

- ? **Each of the current ten MCHP Premium health plan benefits are considered at least somewhat important by parents. However, four are regarded as highly important, and essential to MCHP Premium coverage.** Emergency room services, well childcare, hospital inpatient care and hospital outpatient care are consistently rated as highly important by parents (mean score of 6.8 or higher using a 7-point scale). Parents utilize these benefits most often for their children. Thus, having coverage that helps to defray the cost of these services is not only appealing, but also highly important.

Attitudes Toward and Expectations Regarding Health Plan Pricing

- ? **The number of children, their perceived relative health, as well as estimations about number of physician visits and required prescription refills per year all influence parents' selection of a preferred premium pricing structure.** Parents who have one child, or who identify their children as 'very healthy' and only require an annual physical prefer a co-pay only pricing structure. They believe this 'pay as you go' method is less expensive and more cost effective than paying a monthly premium. Parents who have more than one child, or have children who require numerous physician visits or prolonged use of prescribed medications prefer paying a monthly premium and no co-pay for

the same reasons. They believe, given their circumstances, that paying a monthly premium is less expensive and more cost effective than paying a co-pay for every doctor visit and prescription.

- ? **The current MCHP Premium pricing structure and actual cost are acceptable to parents. Also, the range of benefits provided for the monthly premium makes MCHP Premium a good value for the money.** Several target parents have children who have chronic to severe medical conditions that require considerable medical attention. Also, regardless of their children's current health, many parents comment on their limited financial resources. For all of these reasons, the current MCHP Premium monthly premium pricing structure is appealing to a number of target parents for two reasons: it is a reasonable amount given the comprehensive coverage; and it is a routine payment that can be integrated into the family budget. Not having co-pays means parents do not have to worry about unanticipated costs, or denying their children care because they do not have the money for a doctor visit.

- ? **Parents believe paying a monthly premium and a co-pay is excessive and makes a health plan cost prohibitive.** Even many parents who currently have this pricing structure do not like it because of additional costs created by unexpected doctor visits (e.g., 'sick visits), or because of an unanticipated need for prescribed medication.

- ? **A coupon book with stubs that can be mailed in each month is the preferred premium payment option among parents.** This method is familiar in that many parents already use coupon books to pay car notes, rent, mortgage and so forth, so there is an established routine. Also, the coupon book premium payment option puts the client in control because the payment is not made until they send in the stub with their check.

- ? **However, parents like having a Pay-by-Phone premium payment option available should they need to wait until the due date to pay their premium.** Having a Pay -by-Phone premium payment option available gives added flexibility, allowing those parents who need the 'extra time' to pay their premium without incurring late fees.

1.0 OVERVIEW

1.1 Background and Purpose

The MCHP Premium Program is part of Maryland's State Children's Health Insurance Program (S-CHIP). It is funded through a combination of federal and state dollars under Title XXI of the Social Security Act. For a monthly premium of \$40 or \$50 per family, depending on family income, MCHP Premium provides health care coverage to children through HealthChoice, the State's Medicaid Managed Care Program. A premium of \$40 per family is required of participating children living in families with incomes between 200 and 250 percent of the Federal Poverty Level. Children living in families with incomes between 250 and 300 percent of poverty pay a \$50 monthly premium per family. Maryland's MCHP Premium program was implemented on July 1, 2001. As of July 2002, roughly twice as many parents and caregivers had contacted the MCHP Premium program to initiate the application process as were actually enrolled. A much smaller proportion (approximately 5%) of enrollees were disenrolled from the MCHP Premium program.

Under the auspices of the Maryland State Planning Grant, the Maryland Department of Health and Mental Hygiene (DHMH) contracted with Shugoll Research to conduct a series of focus groups with parents and caregivers of Maryland Children's Health Program (MCHP) Premium applicants and disenrollees. The purpose of the research, called the 2002 MCHP Premium Focus Group Project, is twofold: (1) to assist the Department in understanding why a significant number of MCHP Premium program applicants terminate the application process and hence do not enroll in the program; and (2) to help the Department better understand why some children are disenrolled from the program, usually for non-payment of premium.

The research will be used to determine modifications and adjustments that the Department might make to improve the program. The research also will assist the Department in modifying or changing the program and/or its enrollment processes in order to retain more applicants and enrollees. Finally, through the research the Department strives to explore different premium and co-pay structures that might make the MCHP Premium more appealing to applicants.

A total of eight mini-focus groups were conducted with two segments of dropped applicants: four with those from whom there was no initial contact after 60 days, and four with those who rejected premium payment at the outset. Additionally, an in-depth telephone interview was conducted with 10 individuals representing a mix of those who were disenrolled by MCHP due to nonpayment of premium, as well as those who disenrolled for unidentified reasons.

This report presents the findings of the qualitative research with parents and caregivers of MCHP Premium applicants and disenrollees. The study was conducted in geographically diverse markets throughout the State of Maryland.

1.2 Objectives

The objectives of the focus groups with both **dropped applicants and disenrollees** are as follows:

- ? What is the relative importance that parents place on maintaining their children's health?
- ? How do parents assess the relative value of health care coverage for their children?
- ? Do parents currently have health insurance coverage for their children, why and what impacts selection of a health plan?
- ? For what reasons did parents apply to MCHP Premium for health care coverage for their children?
- ? What is the perceived importance of current MCHP Premium health plan benefits?
- ? What pricing structure is most preferable?
- ? What amount of co-pay and monthly premium are parents willing to pay for MCHP Premium coverage for their children?
- ? How appealing are proposed premium payment options and what is the likelihood that parents would enroll their children in MCHP Premium if the proposed premium payment options were available?

Additional objectives of the focus groups with **dropped applicants** included:

- ? What were parents' experiences with MCHP Premium during the application process?
- ? How do parents evaluate key MCHP Premium application materials?
- ? For what reasons are parents not enrolling their children in MCHP Premium?
- ? For what reasons might parents consider enrolling their children in MCHP Premium for health care coverage?

Additional objectives of the in-depth telephone interviews with **disenrollees** included:

- ? What were parents' experiences with MCHP Premium while their children were enrolled in the program?
- ? For what reasons did parents disenroll their children from MCHP Premium?
- ? For what reasons might parents consider re-enrolling their children in the MCHP Premium program?

1.3 Methodology and Study Procedures

The original contract called for conducting a total of 7 focus groups as follows:

- ? Two groups with designated CO1s – no initial contact after 60 days – in system previously
- ? Two groups with applicants who rejected premium payment at the outset or stated they were not willing to participate
- ? Two groups with designated CO7s – referred but declined to participate for unknown reasons
- ? One group with MCHP disenrollees

However, upon project approval Medicaid and MCHP program staff conducted a more detailed analysis of lists of potential study participants by MCHP client designation code and it was determined that there were insufficient numbers of designated individuals from which to recruit the 7 focus groups as originally designed. Therefore, the

study approach was modified to consist of two qualitative methodologies to meet the study objectives; mini-focus groups were conducted with dropped applicants and in-depth telephone interviews with disenrollees. The mini-focus groups were in two geographic regions of Maryland. The in-depth telephone interviews were conducted with individuals who reside throughout the State of Maryland.

A mini-focus group is a panel discussion with 4 to 6 representatives of a select target market for a particular service or product. The technique is especially useful for gathering in-depth information on a topic or reactions to service or benefits concepts. The discussion is led by a moderator who is trained in consumer behavior theories and marketing principles. Participants in the group are encouraged to relate to each other, share attitudes and provide candid opinions regarding the topics presented to them by the moderator or generated by the dynamics of the group. Consensus is not sought. The moderator is not supposed to proselytize or educate respondents. Rather, he or she uses his or her skills to question, probe and clarify responses as well as direct the flow of the conversation to cover all relevant areas of interest to the client.

In-depth telephone interviews are used when it is not feasible to conduct group discussions, such as when there are insufficient numbers of a target population within a specified geographic area from which to recruit respondents. In-depth telephone interviews also are used to explore sensitive issues that individuals may be reluctant to discuss in a group setting, such as the impact of personal finances on the decision to disenroll a child from the MCHP Premium program. As with mini-focus groups, in-depth telephone interviews are conducted by a moderator/interviewer who is trained in consumer behavior theories and marketing principles. Again, the moderator does not proselytize or educate the respondent, nor does the moderator encourage a respondent to agree with the opinions of previously interviewed individuals. Rather, he or she uses his or her skills to question, probe and clarify responses as well as direct the flow of the discussion to cover all relevant areas of interest to the client.

Mini-Focus Groups with Dropped Applicants

The following design and schedule was followed for the mini-focus groups with dropped applicants:

<u>DATE</u>	<u>LOCATION</u>	<u>MCHP DESIGNATION</u>	<u>CHILDREN'S HEALTH COVERAGE</u>
April 29, 2003	Baltimore Metro Area	Dropped/no contact 60 days (1 group)	Currently uninsured
		Dropped/no contact 60 days (1 group)	Currently insured
April 30, 2003	Washington, DC MD Suburbs (Bethesda)	Dropped/no contact 60 days (1 group)	Currently uninsured
		Dropped/no contact 60 days (1 group)	Currently insured
May 6, 2003	Baltimore Metro Area	Dropped/rejected premium (1 group)	Currently uninsured
		Dropped/rejected premium (1 group)	Currently insured
May 7, 2003	Washington, DC MD Suburbs (Bethesda)	Dropped/rejected premium (1 group)	Currently uninsured
		Dropped/rejected premium (1 group)	Currently insured

In each location, the groups were conducted at 5 pm and 7 pm on the dates presented above. In each location, the groups were conducted in specially equipped focus group facilities. Each facility has state-of-the-art operations and equipment including focus group suites each with a one-way mirror, client observation room, audiotaping and videotaping equipment and Internet access.

Shugoll Research designed a recruitment screener (see Appendix A) to screen and qualify participants. MCHP provided lists segmented by “dropped” status; that is, either CO1/CO2/CO7 or CARES. In order to qualify for participation in any group with dropped applicants, respondents had to meet the following criteria:

- ? Be the primary decision maker for evaluating health insurance or medical plans for the household, or be equally involved in such decisions

- ? Be personally responsible for deciding to apply to the Maryland's Children Health Program/MCHP for health insurance for their children
- ? Do not have any children who are currently enrolled in MCHP Premium
- ? Have at least one child 18 years of age or younger living in the household

In addition, respondents in the groups whose children are not insured could not have children who are currently enrolled in any type of medical or health plan. Respondents in the groups whose children are insured must have children currently enrolled either in MCHP, one of the six HealthChoice Managed Care Organizations (MCOs) or through a private insurer.

A mix of respondents by age, gender, area of residence, number of children under the age of 19 in the household, whether or not personally insured and household income was sought for each group. For the groups with individuals whose children currently are covered, a mix of public and private insurance carriers was sought.

In-depth Telephone Interviews with Disenrollees

A 30-minute in-depth telephone interview was conducted with 10 individuals designated by MCHP as C26 or C28. Respondents were recruited from a list of 55 individuals provided by DHMH, and represented various geographic areas throughout the state of Maryland. The interviews were conducted between April 29 and May 9, 2003. The interviews were audiotaped with respondents' permission.

Shugoll Research also designed a recruitment screener (see Appendix A) to screen and qualify participants for the in-depth telephone interviews. In order to qualify for participation, respondents had to meet the following criteria:

- ? Be the primary decision maker for evaluating health insurance or medical plans for the household, or be equally involved in such decisions
- ? Be personally responsible for deciding to apply to the Maryland's Children Health Program/MCHP for health insurance for their children
- ? Do not have any children who are currently enrolled in MCHP Premium
- ? Have at least one child 18 years of age or younger living in the household

A mix of respondents by age, gender, area of residence, number of children under 19 in the household, whether or not children currently are enrolled in any type of health plan, whether or not personally insured and household income was sought.

Recruitment Procedures

As previously noted, all respondents were recruited from lists provided by DHMH. Once a potential respondent was screened and it was determined that he or she qualified, a cash honorarium was offered to encourage participation in the study and to encourage prospective respondents to show up for their assigned focus group session or to be available for their scheduled in-depth telephone interview. When a respondent agreed to participate in one of the focus group sessions, a confirmation letter was sent out. The letter confirmed the group session time, date, location and promised honorarium, and provided detailed directions to the location where the group was being held. All respondents were reconfirmed by telephone the day before their focus group session or scheduled in-depth telephone interview.

Moderating and Tape Transcription

Shugoll Research designed two topic guides (see Appendix B) to be used by the moderator; one for conducting the focus groups with dropped applicants and one for conducting the in-depth telephone interviews with disenrollees. The guides were designed to meet the study objectives for each respondent segment.

Each focus group was audiotaped. The Maryland SPG Program Director and representatives of MHCC and MCHP observed all groups. The in-depth telephone interviews also were audiotaped with respondents' permission.

Shugoll Research transcribed the results of all focus groups and in-depth telephone interviews from the audiotapes of the discussions. Copies of the transcripts were submitted to DHMH at the conclusion of the focus groups.

1.4 Limitations of Qualitative Research

Focus groups and in-depth interviews are qualitative methodologies. The techniques seek to develop directions rather than quantitatively precise or absolute measures. Because of the limited number of respondents involved in this type of research, the study should be regarded as exploratory in nature, and the results used to generate hypotheses for marketing decision making and further testing. The non-statistical nature of qualitative research means the results cannot be generalized to the population under study with a known level of statistical precision.

2.0 SUMMARY OF FINDINGS: FOCUS GROUPS WITH DROPPED APPLICANTS

2.1 What is the Relative Importance that Parents Place on Maintaining Their Children's Health?

? Parents who have dropped out of the MCHP application process indicate that maintaining their children's health is one of the most important responsibilities of being a parent. They cite numerous reasons for this belief, including the following:

- A healthy child has a better quality of life than a “sickly” child
- A child's overall health affects other aspects of his or her life (e.g., school performance, overall physical development, etc.)
- Maintaining a child's health minimizes the risk of the child developing significant health or medical conditions as he or she matures

“It's [maintaining child's health] definitely number 1 with me because if my children are not well, I'm not well. Without our health there is no life, no quality life...to keep them healthy, from not being sick all of the time because that has to be a miserable life...so, maintaining their health is very important to me. Dance classes come later, you know?” (Premium Rejecter/Insured)

“Yes, it's [maintaining child's health] very important, in the top five along with getting an education. When my daughter was first born I knew the importance of inoculations, getting her check-ups on time...getting her ears checked, her eyes checked on a regular basis. I think that a child's health is very important, especially when they're young.” (No Contact after 60 Days/Uninsured)

? In fact, several parents who currently do not have health care coverage for their children say they worry about their children's health because they cannot afford to take their children to the doctor for routine health assessments. As a result, these parents say they continually worry about whether or not their children are developing serious medical or health conditions due to this lack of regular medical care.

- Some of these parents comment about incurring significant emergency room or urgi-center costs because a fairly routine medical condition escalated into a serious condition because they could

not afford to take their children to the doctor for an annual physical. Because of the “astronomical” costs of emergency room care, these parents are once again assessing their ability to obtain health care coverage for their children.

“Health issues worry me all the time because if my daughter goes outside and falls or something, I can’t carry her to the emergency room because I know I have a bill right now. When she was sick before and I had to take her to the emergency room, I’m still paying that bill. I paid the emergency [services] part, but they keep sending me the doctor’s bill. You know, it’s just ridiculous. You can’t live without health care, at least not for your children.” (Premium Rejecter/Uninsured)

- ? Because parents are concerned about their children’s health, and having health insurance to help defray the costs of medical care, several indicate they have been willing to make financial concessions in order to pay for health care coverage. Some acknowledge that they have been unsuccessful in “scaling back” because their income is “virtually exhausted” by paying for the “essentials” such as mortgage/rent, food, utility bills and so forth.

“I struggled with the decision [about health care for my daughter] because to add her to my BlueCrossBlueShield plan was astronomical. They didn’t have a parent child plan, only a family plan, so adding my daughter was so expensive. If my daughter was a sickly person I would have kept her on my health plan and just cut back someplace else or gotten a second job.” (No Contact after 60 Days/Uninsured)

“I keep saying I’m going to get it [health coverage] for my family, but it always gets pushed to the bottom because you have all these other expenses that you have to take care of...your rent, your car, whatever else, just to live and survive. I keep praying that neither of my kids get really sick because an emergency will wipe me out...so I know it’s something that I have to do, but like I said, it keeps getting pushed to the back burner because of economics.” (Premium Rejecter/Uninsured)

? Others, particularly those who currently have health care coverage for their children, admit to making the following concessions in order to obtain health care coverage for their children:

- Taking a second job/taking a part-time job
- Using retirement/pension monies
- Using savings
- Giving up personal health-related visits
- Becoming delinquent in the payment of some “essential” financial obligations such as rent and utilities
- Eliminating “luxury” items such as cable television, cellular telephone, etc.

“Within the past year I’ve found out that my son has a hearing problem that he’s actually had his entire life and we just didn’t know. I’ve also found out that my insurance, no insurance will pay for the hearing aides that he needs, or the other services that go along with it. By the time I pay the mortgage, put food on the table and pay for our health insurance, there’s nothing left, but the insurance company says they won’t pay for what my son needs. I’ve gone through my savings, I’ve gone into my retirement account, just to pay for these things that he needs, but the insurance companies won’t pay for.” (No Contact after 60 days/Insured)

“I will let go of bills in order to cover the pharmaceutical cost and the health insurance. The plan that I have now is not great, but it’s the only one that I can afford. It’s still very expensive, and costs keep going up. It’s devastating. I’ve gone two months without paying gas and electric. I’ve waited two months to pay my Verizon bill.” (No Contact after 60 Days/Insured)

“We made a lot of concessions because I stopped working when I had my baby, and going from two incomes to one was not great. It was very difficult. We cut back on everything, not just because I wasn’t working, but I wanted to make sure we still had health coverage for the entire family. That was a necessity, and our premium went from \$8.75 to \$150 a pay period. That’s a huge difference, especially with me not working, so we just cut back on everything except the essentials. Mortgage, car, those things had to stay, but other things had to go. We just got cable back last month.” (Premium Rejecter/Insured)

2.2 **How do Parents Assess the Relative Value of Health Care Coverage for Their Children?**

- ? Regardless of whether or not parents currently have health care coverage for their children, many indicate that they assess the relative value of a specific health plan based on the amount of coverage they receive for the total cost (e.g., premium, co-pay, etc.). Specifically, parents say they evaluate the specific benefits of a health plan, including the availability of:
- Preventive care
 - Hospitalization
 - Prescription plan
 - Dental and vision

“I look at the entire package, including hospitalization coverage. You’ve got to have that [hospitalization coverage]. God forbid anything happens to them [your children] and they’ve not covered. It’s \$200 just to walk through the doors of an emergency room.” (No Contact after 60 days/Insured)

“Well, when I was looking at health plans, I would look at what they covered. It’s important that they pay for doctor visits, for prescriptions.” (No Contact after 60 Days/Uninsured)

“Well, before we had Kaiser [Permanente] and it covered a lot more than my current plan. The plan that my work offers now has three tiers. They have a real low tier, which doesn’t cover much of anything. Then, you have a medium tier that covers a little bit more. I went for the top tier even though it’s more expensive. The top tier covers everything, so it makes the cost worth it. In the long run you need the best coverage you can afford for your kids.” (Premium Rejecter/Insured)

? Nonetheless, parents acknowledge that cost is important when evaluating a specific health plan. Furthermore, parents say they look at the ‘total cost’ of a plan, which includes:

- Monthly premium
- Whether or not there are co-pays and the amount of co-pays
- Whether or not there are deductibles and the amount of required deductible
- Costs associated with going out-of-network (PPO plans)
- The proportion, if any, an employer is willing to contribute
- Cost differential in premium between single coverage (e.g., employee only) and family plan

“I look at cost...I look at how much it will cost for a week or a month, however they [insurer] charge [for premium]. I also look at deductibles.” (Premium Rejecter/Insured)

“I went out and bought supplemental dental insurance because the dental coverage through my BlueCrossBlueShield plan wasn’t very good. For a few dollars more [per month for the supplemental insurance], I was able to bring down my out-of-pocket costs for my dental

coverage. The supplemental took care of the co-pay, it covered x-rays and things like that.” (No Contact after 60 Days/Uninsured)

“It was important to us how much my husband’s employer was willing to pay. That would tell us whether or not we could afford the insurance. The other thing we looked at was the costs for the 20 percent, you know the 80 percent that’s covered and the 20 percent that’s not [for going out-of-network]. Those were the most important considerations for us.” (No Contact after 60 Days/Insured)

- ? Other aspects of a health plan that some parents say they evaluate or consider to determine its relative value, include:
- Quality of medical care/quality of physicians who participate in plan network
 - Whether or not child’s pediatrician is a participating provider
 - Size of physician network/number of participating providers
 - Accessibility/number of participating physician practices located near place of residence

“I look at the competency of care, someone who is going to be attentive to their needs. Someone who isn’t so incredibly overwhelmed that they can’t even remember my child’s name.” (No Contact after 60 Days/Insured)

“Well, when I was working for the law firm they had two plans, an HMO and a PPO. With the HMO plan you’re stuck with a pool of doctors and if I wasn’t happy there was nothing I could do about it. I actually elected to go with the more expensive PPO because first, my daughter’s doctor accepted the plan, and I could chose other doctors, too.” (No Contact after 60 Days/Uninsured)

“...the availability of doctors because you call of them [area physicians] and they don’t accept this, they don’t accept that. I was paying for a [health care] plan with my job and everybody you called, nobody accepted the coverage that I had. I was just wasting my money.” (Premium Rejecter/Uninsured)

2.3 **Do Parents Currently Have Health Care Coverage for Their Children, Why and What Impacts Selection of a Health Plan?**

- ? As noted in the Methodology Section of this report, respondents were segmented by whether or not they currently have health care coverage for their children. Specifically, half of the groups were conducted with parents who currently do not have health care coverage for their children, and half of the groups were conducted with parents who do.

- ? However, at one point almost all respondents, regardless of whether or not their children are currently covered, had health care coverage for their children in the past. According to parents, having health insurance for their children is important because it helps to defray costs associated with maintaining their child’s health, such as:
 - Covering preventive care

 - Reducing costs associated with emergency services/emergency care

 - Reducing costs of prescription medications

“I liked my CareFirst plan because when I took my kids to the doctor all I had to do was show my card and pay a little co-pay. Everything else was covered. I liked that because I could take them [to the doctors] whenever they were sick, when they needed their shots...” (Premium Rejecter/Uninsured)

“My daughter suffers from allergies and asthma. When I had health insurance I liked the prescription plan because it cost very little to buy her medicines, and of course she’s on medicine that she has to have monthly.” (No Contact after 60 Days/Uninsured)

- ? Also, according to several parents who currently have health care coverage for their children, such coverage ensures that a physician will treat their child. A number of parents indicate that some physicians refuse to see children who do not have health care coverage. Therefore, parents are “almost forced” to obtain health care coverage in order for their children to receive routine medical care.

“You have to have health insurance for a doctor to see your child. Doctors won’t accept you, they won’t see your kids if you don’t have health insurance. That’s the first thing they ask you when you make an appointment, ‘How will you be paying for this? What insurance do you have?’ If you don’t have health insurance, your kids don’t get seen.” (No Contact after 60 Days/Insured)

“[Not having health insurance] makes a major difference because the doctors will come back to the administrative office and say, ‘What type of coverage do they have?’...and then the doctor will make a decision about how far they will go with the level of care they give.” (Premium Rejecter/Insured)

- ? Given these findings, it is not too surprising to find that it is pure economics that is currently preventing some parents from obtaining health care coverage for their children. Reasons cited most often are:
- Can’t afford premium for family plan
 - Unemployed
 - Limited financial resources/other financial obligations prevent obtaining health care coverage for any family members

“Like I said, I really struggled with the decision [about taking daughter off employer’s plan], but I just couldn’t afford it. The cost of keeping her on the plan was just astronomical, so I had to take her off and keep it for myself. I really didn’t want to do that, but I had no choice. It was just too expensive.” (No Contact after 60 Days/Uninsured)

“My Medical Assistance ran out. That was nice because it covered everything for my son during his first year, his shots and what not. Now, it’s \$75 to take him to the doctors and I can’t afford it. I’m not working. I don’t know what to do, my son needs to go to the doctors.” (Premium Rejecter/Uninsured)

? Hence, most parents whose children currently are not covered say they would obtain health care coverage if the health plan was reasonably priced:

- Free
- Low premium
- Low co-pays
- No co-pays
- Employer paid a larger proportion of premium cost

“I’m looking at insurance right now. I just started a new job and I’m figuring out which plan I should get because one plan is for less money and one is for more money...but the money I make an hour, shoot, I don’t have a dollar to spare...that’s why I put it [selecting a health plan] on the back burner. With my daughter and me, the more expensive one would be like \$60 something a month. That’s a light bill. The less expensive one for the two of us would be like \$20 every 2 weeks, about \$40. I just don’t know. It just all costs so much.” (Premium Rejecter/Uninsured)

“One of the reasons I applied to MCHP [for health care coverage for my child] is because I was unemployed at the time and I needed help. I liked that it [MCHP] was free because I needed to make sure that my daughter got her [prescription] medicines.” (No Contact after 60 Days/Uninsured)

- ? Among parents who currently have health care coverage for their children, both HMO and PPO plans are popular. Specific health insurers mentioned, include:
- CareFirst
 - Aetna/US HealthCare
 - Alliance
 - United HealthCare
- ? Several reasons cited by parents for selecting their specific health plan are related to cost, and include the following:
- Low premium
 - Low or no co-pays
 - Low prescription costs/good prescription coverage
 - Employer pays a proportion of premium
 - Only affordable plan offered
 - As compared to other available offerings, less expensive for similar coverage

“I knew with this health plan I would be paying a \$10 co-pay for doctor visits and \$15 for prescriptions. I knew what my costs would be, and while that’s a little higher than some other plans we were looking at, I’m also very comfortable with the plan...with the doctors and the care that my children are receiving. I think I’m actually getting better coverage for a cost that’s not that much more.” (No Contact after 60 Days/Insured)

“Like I said, the only reason I have my current plan is because it’s the only one that I can afford and it’s getting more expensive by the minute. I’m not happy with the coverage, and the costs keep going up. My only alternative is not having insurance [for my children] and that’s not an option.” (No Contact after 60 Days/Insured)

- ? This is reflected in the monthly premium amounts several parents indicate they pay in order to include their children on their health care plan. Several indicate they are paying no more than \$350 per month in premium for their current family plan.
 - Worth noting, some parents whose spouse also is employed indicate they purposely placed their children on the plan with the lower family premium amount. Also, some parents indicate that their monthly premium would be considerably less if their children were not covered, decreasing by more than half if they were paying solely for health care coverage for themselves.

“Both my husband and I have insurance, but his family plan was just way too expensive. That’s why I chose my plan for our sons because it [premium] costs a lot less to put them on my plan than to put them on my husband’s plan.” (Premium Rejecter/Insured)

- ? In addition to cost, some parents say they selected their health care plan because they were able to retain their child’s pediatrician. According to most parents, retaining their child’s pediatrician is important because they trust and value this health professional’s opinions, and their child has established a rapport with the physician. Therefore, if possible, parents say they would like to retain their child’s pediatrician when considering health plans.
- ? Aspects of their health care plan that parents say they like, include the following:
 - Able to retain child’s pediatrician
 - Reasonable costs

- Included dental and vision benefits
- Included prescription plan/reasonable costs for prescription medications
- Few network plan restrictions

“I like the plan that I have right now because it’s an HMO. The costs are very reasonable. It doesn’t cost that much per month [premium payments] and the co-pays are very low.” (No Contact after 60 Days/Insured)

“My employer just switched health plans. We used to have NYLCare, which I really liked because it covered everything. The coverage was really good, it even had a dental plan.” (No Contact after 60 Days/Insured)

“My plan covers everything for a very low price. The co-payment is like \$5. I’m okay.” (Premium Rejecter/Insured)

? Aspects of their health care plan that parents say they do not like, include:

- Cumbersome referral process/complicated process to see specialists
- Had to select a new pediatrician
- Inordinate length of time required to schedule an appointment
- Expensive/increasing premium and co-pay costs
- Expensive/significant charges for going out-of-network
- Limited number of pediatricians within physician network
- Too restrictive overall/too many policies and procedures to follow
- Limited dental coverage/would not cover costs of braces
- Limited vision coverage/would not cover costs of eyeglasses

“I don’t like the whole referral process. The fact that I have to get a referral and then it takes 3 months to get an appointment...” (Premium Rejecter/Insured)

“Both of my children has mental health issues and because of my HMO plan, I need to choose a psychiatrist or counselor that participates in the plan. In Harford County, there is an extreme lack of competent child psychiatrists. It’s [child psychiatry] a different type of practice versus adults, mental health care versus child mental health care and you need someone that understands about medications, dosing, all that complexity.” (No Contact after 60 Days/Insured)

“We no longer are eligible for the free program, so we’re on my husband’s plan and I do not like it. The coverage is very poor, very few things are covered and the co-pays are quite expensive. We’re paying \$20 in co-pay and we must pay a percentage of each prescription.” (Premium Rejecter/Insured)

- ? Regardless of whether or not their children currently have health care coverage, respondents were asked to participate in a sentence completion exercise to gain a better understanding of their unmet needs with regard to health care coverage for their children. Specifically, parents were asked to complete the following sentence:

“I wish there were a health care plan for my children that...”

- ? Most often parents hone in on costs. They wish there was a health care plan that was affordable, within their budget and cost effective.
- ? However, parents also indicate a need for a health plan that provides more value for the money; that is, one that provides extensive coverage for the cost. Specific benefits or coverage-related aspects mentioned by parents, include:
- More extensive vision coverage (e.g., eyeglasses, etc.)
 - More extensive hearing coverage (e.g., hearing aides, etc.)
 - More extensive dental coverage (e.g., braces, etc.)
 - “All encompassing” coverage, including preventive care, hospitalization, prescription, dental and vision

- Covered mental health services, including individual therapy, support groups and so forth
- ? Finally, some parents indicate a need for a health plan that is less restrictive; that is, has fewer policies and procedures that must be adhered to. Specific “wishes” include the following:
 - An uncomplicated health plan
 - Physician practices that offered weekday evening and weekend hours of operation
 - No referral process/no referrals required to see a specialist

“[I wish there were a health care plan for my child that] was affordable, it covered all her health care needs and issues. Also, that it was flexible in the event that I am not happy I can go to another doctor.” (No Contact after 60 Days/Uninsured)

2.4 **For What Reasons did Parents Apply to MCHP Premium for Health Care Coverage for Their Children?**

- ? Regardless of their current health insurance situation, most parents indicate they initially applied to MCHP for health care coverage for their children because of a major event that affected their child’s health care coverage. This includes the following:
 - Death of spouse
 - Termination of employment/loss of job
 - Change of job/no health care coverage during probationary period
 - Unexpected major financial obligation that depleted family’s resources and made payment of health care premiums impossible
 - Social service benefits running out/would no longer be covered through Medicaid
- ? Thus, parents say they applied to the Maryland Children’s Health Program for health care coverage for their children for the following reasons:

- Offer a free program (MCHP)
- Reasonable costs/low premium and no co-pays (MCHP Premium)
- Health care coverage is specifically for children/exclusively a health plan for children
- Would provide health care coverage during “interim” period

“I originally applied for MCHP, the free program, because I had just been laid off.” (No Contact after 60 Days/Uninsured)

“I was unemployed, transitioning to a new career and wasn’t making any money. My daughter needed to see a doctor and I didn’t have the money at the time. I was embarrassed to apply to MCHP, but I needed the help.” (No Contact after 60 Days/Uninsured)

“It [MCHP Premium] was cheap; inexpensive. You could get coverage [for your children] for a lot less [than private insurance].” (Premium Rejecter/Insured)

“When I left my old job to get another one I didn’t have any coverage for a little while, so I wanted to make sure that my daughter was covered [during that time period]. The last time I changed jobs and wasn’t covered, she caught her fingers in the door and had to go to the emergency room, which was incredibly expensive. So, this time I decided to make sure she was covered, just in case, plus it [MCHP Premium] was inexpensive. It was either free or really cheap.” (Premium Rejecter/Insured)

“...because they [Social Services] said it [MCHP] was free and she [my daughter] was entitled to it until the age of 18.” (Premium Rejecter/Uninsured)

- ? Additionally, many respondents say they first learned about MCHP through word-of-mouth, either through a family friend, relative or colleague. In fact, several parents comment about how “thankful” they were that this person had mentioned MCHP to them because they were unfamiliar with the program. One or two say they first learned about MCHP through their physician or their Social Services caseworker.

“I think I heard about it [MCHP] through a cousin at a funeral of all places.” (No Contact after 60 Days/Uninsured)

2.5 What were Parents’ Experiences with MCHP Premium During the Application Process?

- ? For the most part, parents indicate that the initial MCHP application process was “very easy”. They describe the application form as:
- Simple
 - Easy to complete/straightforward
 - Much shorter than private insurer application forms
 - Less intrusive than Medicaid application forms (e.g., less “highly” personal information required)

“The application form was easy. It just asked for my name, my social security number, my daughter’s social security number. Things like that. It asked for my salary. It wasn’t that difficult.” (No Contact after 60 Days/Uninsured)

"It was a basic, simple form, like 2 pages, not 20 pages." (Premium Rejecter/Uninsured)

- ? While many parents' recall of the initial MCHP application process is quite positive, they do have some concerns as well. Issues raised by parents most often, include the following:
- Family size/income requirements indicated eligibility for free program, but they were denied
 - Family size/income requirements indicated eligibility for MCHP Premium program, but they were denied
 - Application form asks for information for self, but MCHP is a children's health care program
 - They were told they would hear from MCHP representative within a few weeks, but were never contacted
 - Time required to complete application and enrollment process took too long/they were able to obtain alternative health care coverage more quickly

"I had applied, but for some reason I didn't get the papers in the mail and when I didn't get the papers in the mail, I didn't send in the premium, so they [MCHP] kicked me out." (No Contact after 60 Days/Uninsured)

“Well, last year things were a little shaky in terms of my income because I’m strictly on commission. The case manager told me to just put down a number for my income, so I over-estimated and put down \$30,000 and I was denied [for free MCHP program]. The form clearly stated that if you make \$35,000 or more you must pay the premium and I said, ‘Okay, fine’ because I really was embarrassed about the whole thing, but I don’t understand why I was denied in the first place. I got another letter asking me to re-apply, but I was looking into another plan.” (No Contact after 60 Days/Uninsured)

“I did apply, but was denied. I’m assuming it’s because of my income. I probably should have followed through, but I was afraid and embarrassed. I was afraid that if I called they would deny me again.” (Premium Rejecter/Uninsured)

“The whole process just took so long. First I was denied, which I don’t think I should have been because Social Services told me I would qualify for the free coverage because my child has special needs. I get this whole big packet of papers telling me I’m not eligible for coverage, but fill these other forms out and maybe they’ll re-consider...I was just so overwhelmed at that point. I just wasn’t up to going through all of that again. Yes, the initial application form was very easy, but after that...” (No Contact after 60 Days/Insured)

- ? Additionally, quite a few parents say they do not understand why eligibility is determined by gross income rather than by net income. Parents acknowledge that applicants can itemize childcare expenditures, as well as alimony payments and unpaid medical bills. However, they also say there is no place to itemize other “necessary” expenditures such as rent/mortgage, utilities, and so forth. Furthermore, if the wife is receiving alimony from an ex-husband, this is calculated as income, increasing the family’s gross income even more.
- A number of parents say that while their gross family income may appear “substantial”, after paying all financial obligations their net family income is quite small. Therefore, for this reason, parents believe that a person’s eligibility to obtain coverage through MCHP should be determined by net family income, increasing the chance that a family would qualify for the free health program.

“The application form is easy. There’s nothing difficult about it at all, but asking for family income is what knocked it out for us. They’re [MCHP] not taking into consideration that you do have other bills to pay. Asking for your gross income, income before taxes is making you look overqualified. I may be bringing in \$200 a week, or \$1,000 a month, but I’m paying rent, food,

clothing. Subtract all those bills, the basics, the necessities that you need, and look at what's left over.” (No Contact after 60 Days/Insured)

“...I didn't understand about the childcare expenses. We itemized all of that [on our application]. I pay \$120 per week for one child and because another goes to private school, it's considered childcare and that's \$350 per month, but we were denied [for free MCHP]. I called to ask why we were denied, why only \$200 was given to us in childcare credit because we're paying like \$2400 [a year].” (No Contact after 60 Days/Insured)

2.6 **How do Parents Evaluate Key MCHP Premium Application Materials?**

- ? In each group, respondents were given a copy of the current MCHP application form and were asked to review it, discussing their reactions, including what they like most and like least about the form. Most parents say that reviewing the application form reinforces their recollections. Those areas they thought were straightforward and easy to complete are, and those areas they recalled being somewhat confusing are confusing.
- ? Questions that respondents say they still have include the following:
 - Why is gross income used instead of net income when determining eligibility for either MCHP program?
 - Why is household income used as determining factor when mother is a single mother? (e.g., when single mother lives with parents or other family members)
 - What is the threshold for applying when income is “a little higher” than the amount shown for family size?/At what point does it not make sense to apply if income “is a little higher”?
 - If applicant answers “Yes” in Q.6 will children automatically be denied consideration for free program?

*“The questions and stuff was okay except where they asked about income. They want to know how much you make, how much everybody makes in the house. They should just be worrying about you and your child because that's the people who need it [MCHP coverage] the most.”
(Premium Rejecter/Uninsured)*

“How much is ‘a little higher’? Our income is a little higher, but we were encouraged to apply. Well, we were denied the whole package, the whole MCHP thing and I’m sure it’s because of income, so what was the point?” (No Contact after 60 Days/Insured)

“I honestly can’t remember what I checked [at Q.6], but I guess I would question as to what happens if you answer ‘yes’? I mean, if you say ‘yes’ does that automatically mean you won’t be considered for the free program?” (Premium Rejecter/Uninsured)

- ? As part of their evaluation of the MCHP application, respondents were asked to review Q.6, indicating what they believe the purpose of the question to be. Parents correctly identify the purpose of Q.6 as follows:
- Provides an opportunity for a parent to indicate his or her willingness to pay a premium to obtain health care coverage (e.g., MCHP Premium plan) for their children should they be declared ineligible for free coverage (e.g., MCHP)
- ? However, when asked how they answered Q.6 on their initial MCHP application, parents give interesting answers. Those who say they answered “Yes”, give the following reasons most often:
- Prefer to pay/do not like the idea of receiving “free” help from State
 - Premium cost is reasonable amount/\$40 to \$50 per month is a reasonable amount for children to receive health care benefits
 - Premium amount is considerably less than premium of family plan available through employer
 - Guarantees that the child will still be covered if deemed ineligible for free program

“Like I said, I was embarrassed by the whole thing. I mean, according to the [application] form I was eligible for the free program, but I checked ‘yes’ because I’d rather pay. I think people who are really in need should get the free program. I just needed a little help.” (No Contact after 60 Days/Uninsured)

“I just needed coverage for my daughter. The premium was reasonable, and even if it wasn’t I was willing to make some sacrifices. I just needed to get her covered.” (No Contact after 60 Days/Insured)

? Most parents who say they answered “No” to Q.6 also indicate they had alternative options for obtaining health care for their children. Therefore, these parents say they answered “No” to Q.6 for the following reasons:

- No significant cost savings/total cost of premium for MCHP Premium plus premium for single coverage through employer’s plan is not significantly less than premium for family plan coverage
- MCHP was a “short term” solution for health care coverage/knew child would be added to personal/spouse’s plan within a few months
- MCHP considered “supplemental” insurance/would supplement benefits of current plan

“With one of the plans [through my employer] I can get both me and my daughter for less than the \$40 or \$50 [for MCHP Premium]. I’m still trying to figure out if I can pay the \$40 a month for both of us through my employer. I can’t afford to pay for this [MCHP Premium] and for me. (Premium Rejecter/Uninsured)

“[I checked ‘no’] because of the cost. We’re paying \$160 a month [in premium], which would still probably be about that even if my son wasn’t on there. It would be employee and spouse instead of employee and family, so the premium wouldn’t go down that much. So, this [MCHP Premium] would have been an additional \$50 just for my son. I would have wound up paying more.” (Premium Rejecter/Insured)

“Actually, I just read ‘\$50’ and didn’t really read if it was \$50 per child, \$50 for both. I didn’t know if it was per month. I didn’t know nothing. I just thought if I had to pay for this, I might as well pay for insurance that I really wanted through my employer.” (Premium Rejecter/Insured)

? It should be noted that a few parents who have more than one child were under the false impression that the monthly premium for MCHP Premium coverage is “per child”. Because they believed they would pay \$40 to \$50 per month, per child for MCHP Premium, they answered “No” to Q.6 because they thought the premium amount for family coverage through their employer would be less.

“I really misunderstood the whole process because I thought it [premium for MCHP Premium coverage] was \$50 per child. After I put my children on my plan through the State I found out the premium is \$50 per month total.” (No Contact after 60 Days/Insured)

? Other reasons given for answering “No” to Q.6 as cited by a few parents, include:

- Did not have sufficient information about coverage/benefits to determine whether worth the cost
- Couldn’t afford it/other financial obligations would not allow continued payment of \$40 to \$50 per month
- Child has a significant disability/was told by Social Services that disability would qualify child for free program

“I didn’t know enough about the program. I didn’t know what kind of coverage I would be getting. I didn’t want to commit to the \$50 not knowing what I was going to get.” (Premium Rejecter/Insured)

“Maybe I should have looked at the information more closely. I do remember seeing five or six providers, but I never saw specific information. I never saw a break down as what coverage I was going to get. No where on here [MCHP application form] do you see any information about the type of coverage, what benefits you’re going to receive.” (Premium Rejecter/Uninsured)

? Respondents also were shown a recently modified packet of materials that is sent to applicants who indicate they are willing to pay a premium should they be deemed ineligible for the free program (i.e., answered “Yes” to Q.6). This was explained to respondents as they evaluated the packet of materials. The packet consisted of the following documents:

- A cover letter confirming that applicant did not qualify for MCHP free program, but children may be eligible for MCHP Premium
- **Your Rights and Responsibilities** sheet
- HealthChoice fact sheet
- Invoice for initial premium payment of \$40
- **Summary of Procedures for Fair Hearings** sheet

? Several respondents who answered “Yes” in Q.6 correctly identified the packet as being similar to a packet of materials they received after initially applying to MCHP. Most of these respondents say they threw out the packet for the following reasons:

- Letter indicated they were ineligible for coverage/no reason to pursue coverage through MCHP
- Thought they might be able to obtain private health care insurance for children

“I remember getting something like this in the mail. It said I wasn’t qualified. I saw ‘denied’ and threw it away. I thought ‘what’s the point?’” (No Contact after 60 Days/Insured)

? One or two parents who received a similar packet say they still have the packet “somewhere”, and expressed interest in revisiting the MCHP application process. For the most part, these parents say they have not had sufficient time to pursue the application process, which would include obtaining more detailed information about MCHP Premium benefits.

? Regardless of whether or not they had previously received a similar packet, respondents were asked what they might do if such a packet arrived in their mail. Reactions to the packet of materials are somewhat mixed.

? Some parents say they like the packet of materials, describing it as very informative, concise and easy to understand. Many of these parents correctly indicate that the purpose of the packet is to inform the applicant that while they are not eligible to receive coverage through the free MCHP program, they are eligible to receive coverage through MCHP Premium. Many of these parents go on to correctly identify the following steps to complete the MCHP Premium enrollment process, based on information they read in the packet:

- Remit \$40 as indicated on the invoice
- Upon receipt of \$40 premium, an enrollment packet will be mailed so that applicant can select preferred MCO
- If initial premium payment is not received within 60 days of date of letter the application will be denied
- As long as monthly \$40 premium is paid, child remains covered under MCHP Premium

*"I think it's [packet of materials] pretty easy to understand. This says if I send in my \$40 initial payment I will receive information about the six MCOs. When I select my MCO the coverage will begin on my sons. As long as I pay the \$40 per month my sons will have health coverage."
(No Contact after 60 Days/Uninsured)*

- ? However, other respondents say the cover letter in particular is confusing, and as a result if they had received the packet at home they would have thrown it away without reading the entire packet of materials. A number of respondents say they take umbrage with the wording of the first paragraph of the cover letter:

"You were recently notified by your local Health Department that your children do not qualify for the Maryland Children's Health Program because your income is more than the Program allows. However, your children may be eligible for the Maryland Children's Health Program – Premium, (MCHP Premium)

- ? Parents say there are a number of issues related to this paragraph that are not only confusing, but somewhat offensive as well. This includes the following:
- Information contained in the initial application form indicated eligibility for MCHP Premium, now this cover letter states "may" be eligible
 - They assumed they would qualify for the free program, and now are being told they are denied
 - There is no guarantee that children will qualify for MCHP Premium coverage/must send in \$40 to complete review process/\$40 is an application fee

*"It's [cover letter] saying that you have MCHP Premium coverage temporarily. You send in the \$40 and 10 days after receiving the \$40 the coverage kicks in. However, they're [MCHP] still reviewing your application and even after the 10 days, if they find out something they can cancel you and you don't get the \$40 back."
(No Contact after 60 days/Insured)*

*"This [cover letter] says I 'may' be insured. This is telling me that there are no guarantees."
(No Contact after 60 days/Insured)*

*"The \$40 is an application fee. It's to start the second application for MCHP Premium coverage."
(Premium Rejecter/Uninsured)*

? Given these interpretations and misinterpretations, it is not too surprising to hear that a number of respondents say they would “trash” the entire packet because:

- They have been denied acceptance into MCHP
- They have been denied acceptance into MCHP Premium
- They must send a \$40 application fee in order to start a separate MCHP Premium application process
- They must pay \$40 before receiving detailed information about benefits and coverage

“I would throw it out because they’re [MCHP] asking me to re-apply, this time with a \$40 application fee. They’ve already denied me, but they want me to try again, this time for \$40.” (Premium Rejecter/Uninsured)

“This [MCHP Premium] entire packet would have gone into the trash because the first line is saying that I’m not eligible. It says I don’t qualify. There’s no reason to read further because they’re telling me I’m not qualified.” (No Contact after 60 days/Insured)

? Reactions to the **Your Rights and Responsibilities** sheet are quite positive. Respondents say, assuming they would read the entire packet, they would retain this sheet because of the valuable information it contains. Parents feel the sheet succinctly outlines the responsibilities of the client, as well as the responsibilities of MCHP during the enrollee’s tenure with the health care program to keep the policy in force.

- Furthermore, respondents like this sheet because of Item No.9, which clearly identifies what must be done if the enrollee cannot continue to make premium payments and wants to request a hardship adjustment. Respondents say this is particularly valuable information because there is the “constant concern” that they may lose their job, or experience a major financial set-back that would prevent them from paying the premium.

“I would hang on to this [Your Rights and Responsibilities fact sheet] because it specifically states a lot of things that are covered. Also, you never know when things could happen, like down here where it talks about hardship. I mean, things happen. You would want to have this information, it’s very important.” (No Contact after 60 Days/Insured)

? Respondent reactions to the information contained on the HealthChoice fact sheet are positive as well. Several respondents comment that they did not know that MCHP Premium coverage is “so extensive”. In fact, some respondents refer to the coverage as “all inclusive”. Specific information contained on the HealthChoice fact sheet that respondents say is particularly appealing, include:

- Six Managed Care Organizations/MCOs to choose from
- Can enroll via telephone or mail
- Coverage includes transportation to medical appointments
- Coverage includes lab work and testing
- Coverage includes prescriptions

“The transportation service is nice because I don’t drive. I use metro, so that caught my eye. I didn’t know [MCHP Premium] covers substance abuse, immunizations. The prescription, the dental and vision are my daughter’s main concerns right now, so this looks good.” (Premium Rejecter/Uninsured)

“I didn’t realize there are six plans, six MCOs. That’s nice. With six plans it increases the chance that your pediatrician might be a part of this [MCHP Premium].” (No Contact after 60 Days/Insured)

? Nonetheless, while some respondents feel the information contained in the HealthChoice fact sheet is good, they would need additional information before deciding to enroll in MCHP Premium. Respondents would need to know the following **before** sending in their initial \$40 premium payment:

- Size of each plan’s physician network
- Whether or not their pediatrician participated in any of the MCO physician networks
- Extensiveness of vision and dental coverage (e.g., covers eyeglasses, braces, etc.)

“This is a good start, but it’s not enough for me to send in the \$40. I want to know if my daughter’s pediatrician is part of any of these plans. I want to know what’s included in the

vision coverage, in the dental coverage. Will it cover braces, how many teeth cleanings per year...” (Premium Rejecter/Insured)

“I’d need to know how large these physician networks are, and where are the physicians located.” (Premium Rejecter/Uninsured)

- ? Based on the information contained in the MCHP Premium packet, several respondents indicate they are very interested in enrolling their child in the program. The extensiveness of coverage, as well as the perceived value for the money are why they are interested in pursuing the application process.

“I had no idea the coverage was this good. This is a lot of coverage for \$40 a month. I may have to look at this again when open enrollment comes up.” (No Contact in 60 Days/Insured)

“After reviewing this, my thought is to drop the one that I have and pick up this because it’s all-inclusive. It covers everything that’s important to me. The plan that I have right now is not inclusive, it’s not as extensive as this [MCHP Premium].” (No Contact in 60 Days/Insured)

? Some, however, say they are somewhat interested at best for the following reasons:

- Insufficient information about coverage/specific benefits
- Insufficient information about physician networks
- Cost of the premium for MCHP Premium coupled with the cost of premium for single coverage for their current plan would be more than the premium for family coverage

“I mean this is good, but it’s just not worth it for me. I’m paying \$60 a month for my children and for me. This would be \$50 a month just for my children. It just wouldn’t be worth it because I would still need coverage for myself, but it looks really good.” (Premium Rejecter/Insured)

“I just can’t swing the \$40 a month. I’m paying the basic bills right now and they’re cleaning me out...rent, food, light, the water...Health care coverage just isn’t something I can swing right now unless I can get it for a lot less than \$40 [per month].” (Premium Rejecter/Uninsured)

2.7 **For What Reasons did Parents Not Enroll Their Children in MCHP Premium?**

No Initial Contact after 60 Days:

- ? Reasons for not pursuing the application and enrollment process (e.g., no initial contact after 60 days) depend upon a few key factors, including:
- Whether or not parent had health care coverage through their employer at the time of initial application
 - Financial situation of the household
 - (Mis)interpretation of information contained in MCHP Premium information packet

? Reasons cited most often for not pursuing the application process include:

- Told by MCHP was ineligible/denied coverage/no point in pursuing enrollment
- Never heard from MCHP representative as promised/received follow-up letter indicating no longer eligible because did not respond after initial application
- Became eligible for free MCHP program/no need
- No longer unemployed/employer provides health care coverage/child enrolled in employer's plan
- Less expensive to add child to current health plan/family plan premium less than total of premium for MCHP Premium and single coverage premium
- Too expensive/current financial obligations prevent payment of monthly premium
- Afraid they would be denied/too afraid to pursue application and enrollment process

"I received a letter saying I wasn't qualified [for free MCHP program] and I thought 'what's the use of trying to fight it?'" (Uninsured)

"I started looking at another program, something that I thought was health insurance, but turns out it wasn't. Anyway, the time [to respond to MCHP] ran out. I got a letter telling me I was being denied because I didn't respond. After looking at these I'm thinking I might try again, but I need to sit down with someone to try to explain my situation. I don't know how much I will make [in income] because I'm on commission." (Uninsured)

"I was trying to get health care coverage for my daughter. That was my top priority. It was just taking so long [with MCHP Premium] that I started looking at my health plan again. It's costing me more, but at least she's covered." (Insured)

"It wasn't a decision not to enroll. I received a letter after applying for MCHP, what I thought was going to be the free program, and then I got this letter saying I wasn't qualified for MCHP but I may be qualified for MCHP Premium and someone would contact me. Well, a little while went by and no one contacted me, so I called them. Then, about 5 or 6 months went by and I got another letter, this one saying that I didn't provide information and the time period had gone by

and that's it; no coverage. My children had been dropped like wet cats. How scary is that?"
(Insured)

"MCHP Premium was my last resort. I had exhausted everything else and I thought they would pay for my son's hearing aides, his hearing services. When I applied, the case worker asked if I had insurance through my employer and when I told her that I did she told me I probably wouldn't get coverage [through MCHP Premium], so I just let it [application process] go."
(Insured)

Rejected Premium:

- ? As previously noted, a number of parents who answered "No" to Q.6 on the initial MCHP application had health care coverage through their employer. Therefore, reasons cited most often for their "premium rejection" include the following:
- MCHP Premium was an "interim solution" until the child could be added to their current health plan
 - Less expensive to add the child to current health plan/family plan premium less than total of premium for MCHP Premium and single coverage premium
 - Preferred free MCHP plan/if must pay for child's insurance might as well add child to existing plan/not sufficient cost savings to enroll child in MCHP Premium instead of current health plan

"I checked 'no' because what's the point of paying the State \$50 when I could pay my insurance company \$50 for my child's coverage?" (Insured)

"This [applying to MCHP Premium] was just a short-term thing. We just needed something until we could put my son on my husband's plan." (Insured)

"Right now my financial situation is just too unstable. I can't commit to \$50 a month."
(Uninsured)

- ? Regardless of their current health insurance status, parents most often cite the following in terms of what might encourage them to re-consider enrolling their children in MCHP Premium:
- More information/specific information about physician network and coverage

- Lower premium amount/better value for the money
- Significant cost savings over current plan
- Availability of a family plan/receive family coverage through MCHP Premium
- “Rich” dental plan/include orthodontics

*“If I knew for sure that it’s [premium] \$50 per month and not \$50 per child, I’d re-apply.”
(Premium Rejecter/Uninsured)*

“I still have to pay for my health care and my husband still has his health care. If the cost of those three plans was a lot less than what I’m paying now, then I’d consider it [re-applying to MCHP Premium]. What would be nice is if they [MCHP Premium] had a family plan, then everyone would be covered through one plan.” (No Contact after 60 Days/Insured)

“Right now my daughter and I are covered on the same plan. It’s convenient...less paperwork, same doctor [network]. I don’t want the hassle of two different plans.” (Premium Rejecter/Insured)

2.8 **What is the Perceived Importance of Current MCHP Premium Health Plan Benefits?**

- ? Respondents were given a sheet containing information about 10 health plan benefits that currently are available through MCHP Premium and were asked to rate each benefit on a scale of 1 to 7 where a rating of 1 means not at all important and a rating of 7 means extremely important. Respondents also were asked to place an asterisk next to any benefit they feel so strongly about that they are willing to pay a monthly premium to ensure their child receives the coverage.
- ? The following three health plan benefits are rated as being highly important (rating of 6 or 7 on a 7-point scale), and worth paying a premium for, for the following reasons as cited by parents:
 - Well Child Care – preventive care keeps children healthy, minimizing the risk of developing medical or health problems as they mature. Well childcare is considered to be a good investment, as well as a way to reduce costs associated with maintaining a child’s health.

“Immunizations are important. It’s important that kids get their shots. They can’t go to school, they can’t play sports unless you can prove that they’ve had their shots...and I just like the well care. I like preventive health. I don’t take my daughter to the doctors just when she’s sick. I take her to the doctor every year to make sure she doesn’t get sick so that I don’t have to pay the extra money and spend a lot of time at the hospital.” (Premium Rejecter/Insured)

- Emergency Room Services – emergencies (e.g., accidents, high fever, etc.) are common among children. Costs associated with having a child treated in a hospital emergency room are very high. Such coverage will help to defray costs.

“I know from personal experience that emergency room care is very expensive. I’m still paying for my last emergency room visit.” (Premium Rejecter/Uninsured)

- Prescription Drugs – prescription medication can be expensive, particularly if the child has a medical condition that requires the prolonged use of prescription medication (e.g., allergies, asthma, etc.). Coverage reduces the out-of-pocket costs associated with the prescribed medication needed to treat childhood medical conditions and diseases.

“Prescription costs are outrageous. You have to have prescription coverage. I pay \$10 for prescriptions, including those antibiotics that cost \$120 a bottle.” (No Contact in 60 Days/Insured)

- ? The following two health plan benefits also are rated highly (rating of 6 or 7 on a 7-point scale), although slightly fewer respondents indicate a willingness to pay a premium in order to have such coverage:

- Hospital Inpatient Care – hospital care that requires an overnight stay (or more) can be very expensive. Such coverage will help to defray associated costs.
- Hospital Outpatient Care – children often become sick or develop a medical condition that requires hospital outpatient services. Some respondents mistakenly believe that outpatient care is not covered by health insurance. Therefore, they say having this coverage will help to cover the expense associated with outpatient care.

“If children have to be hospitalized, it’s expensive. Any type of hospitalizations, even when they don’t spend the night is expensive and not all health plans pay for these costs.” (No Contact after 60 Days/Uninsured)

- ? The remaining health plan benefits are rated as somewhat less important, although parents are quick to note that the relative importance associated with any of the following benefits is predicated on personal need. Specifically, if a child requires such care then having coverage to help defray costs associated with receiving the care becomes highly important.
- Durable medical equipment/prosthetics
 - Rehabilitation services
 - Mental health and substance abuse
 - Diagnostic x-ray and lab

“What it comes down to is this. If you need it [care] for your child, it’s important [to have the coverage]. Thank God, I don’t personally need coverage for mental health and substance abuse for my children, but it’s nice to know it’s there if I should ever need it.” (No Contact after 60 Days/Insured)

2.9 **What Pricing Structure is Most Preferable?**

- ? Respondents were presented with the following three pricing scenarios and asked to discuss their reactions to each, including what they like most and like least about each one. The three proposed pricing structures are as follows:
- Monthly premium only
 - Monthly premium and co-pay for each doctor visit and prescription
 - Co-pay only

? Parents are receptive to paying only a monthly premium for health care coverage for their children. In fact several indicate this is their most preferable premium pricing structure. Perceived advantages associated with paying only a monthly premium as articulated by parents, include:

- Known expense/easy to budget/anticipated expenditure
- No “surprise” fees or charges/no unanticipated co-pays for “sick visits” or unanticipated prescription medications
- Good value for the money if you have more than one child/same flat fee regardless of the number of children or number of doctor visits

“For me, if I’m paying a monthly amount that’s not too expensive, then that’s fine. I can deal with that. It’s a budgeted expense that I can anticipate every month.” (No Contact after 60 Days/Insured)

“Monthly premium [only] would be great! I’ve got five kids. That would be terrific because it’s the same price every month, regardless of how many times I take them to the doctors. Sign me up!” (Premium Rejecter/Insured)

? However, some parents cite drawbacks to a monthly premium only pricing structure. According to these parents, if a child is healthy and only requires an annual physical, paying a monthly premium for health care coverage is a poor value for the money.

“It just doesn’t make sense to me, how these insurance companies charge. Why should I pay \$300 a month when I take my daughter to the doctor’s maybe twice a year? I mean, that just doesn’t make sense.” (No Contact after 60 Days/Uninsured)

“It [premium only] sounds good until you think about what you might spend over the course of a year. If you’re paying \$200, \$300 a month in premium, that’s a lot of money over the year. If you’re not constantly at the doctor’s office, that’s money just going out the window?” (No Contact after 60 Days/Insured)

? Reactions to paying a monthly premium and co-pay for each doctor visit and prescription are fairly negative, even though many parents who currently have health care coverage for their children indicate that this is the pricing structure of their current plan. Parents comment about the high cost of

unanticipated doctor visits when their children are sick, sometimes seeing a physician two or three times within a 2-week period, paying a co-pay for each visit.

- Parents whose children have medical or health conditions that require the prolonged use of prescription medications (e.g., allergies, asthma, etc.) also comment about escalating out-of-pocket costs due to repeated medication purchases. Because these co-pays are in addition to monthly premiums, parents complain about the “high cost” of health care coverage for their children.

“That’s what we’re paying now and I don’t like it. The co-pays are very expensive, \$20 I think, in addition to the monthly premium. It just becomes very cost prohibitive.” (Premium Rejecter/Insured)

“What I don’t like about co-pays is you can’t anticipate them. Sometimes you can schedule an appointment and if you keep it in the back of your mind you can make sure that you’ve got the money [for the co-payment]. However, if your child gets sick and has to see the doctor, you may not have the co-pay. You don’t want to deny your child care, but sometimes you just might not have that \$10 in your pocket.” (No Contact after 60 Days/Insured)

- ? In fact, parents assume that paying a monthly premium and co-pay would only be desirable if the premium amount is significantly less than what would be charged in the monthly premium only pricing structure. Parents say that perhaps with a significantly lower premium amount, paying co-pays in addition to the premium might be as cost effective as paying only a monthly premium.

“The only thing that would make sense to me [about paying a monthly premium and co-pay] is if the amount of premium was so low that even with the co-pays it would be less than you would pay for the premium only one.” That’s the only way it would be better.” (Premium Rejecter/Insured)

- ? Reactions to paying only a co-pay are surprisingly mixed, although those parents who say they do not care for the monthly premium option indicate a preference for the co-pay only pricing structure. Also, parents’ reactions to the co-pay only pricing structure are somewhat influenced by the number of children they have, as well as the health of their children.

- For the most part, those parents who have only one child or whose children are identified as “very healthy” say they like paying only a co-pay because it is more cost-effective than paying a

monthly premium. Specifically, they pay less because they only pay for the health coverage when they need it, which they perceive would be rarely.

“I like this one because my child never gets sick. I take her to the doctor’s for her check-up and that’s it. I like this one.” (No Contact after 60 Days/Uninsured)

- Those parents who have more than one child or whose children have conditions that require numerous physician visits or prolonged use of prescription medication do not care for the co-pay only pricing structure. Estimating the number of physician visits per year, as well as the anticipated number of prescription refills, these parents say that this pricing structure could be more expensive than paying only a monthly premium.

“You should see my calendar. At least once a week there’s a doctor visit scheduled for someone in our house. This [co-pay only] would kill me. Do you know how much I would end up paying a month? I’d be paying more in co-pays than I’m paying in premium.” (Premium Rejecter/Insured)

“This is going to sound awful, but you might not always have the money for the co-pay. I don’t always walk around with an extra \$5 or \$10. You can’t plan for co-pays. Monthly premiums you can plan for.” (No Contact after 60 Days/Insured)

- Worth noting, some parents say they assume the amount of the co-pay in this pricing structure would be significantly higher than co-pays currently charged by health plans. Parents say they assume this because a health plan would have to significantly increase the amount of co-pay to offset the “loss of income” from not charging a monthly premium. This assumption also influences parents’ reactions to and interest in a co-pay only pricing structure.

“This would definitely depend on the amount of the co-pay. I’m assuming the co-pay would be much higher, like \$75. That’s the only way the insurance company could make any money since they’re not charging a premium. I’m not paying a \$75 co-pay.” (Premium Rejecter/Insured)

- ? Thus, it is no surprise that parents’ stated preference for a proposed pricing structure reflect their assumptions about cost, number of physician visits per year, estimated number of prescription refills required, as well as number of children. Based on these assumptions and estimations, the following two proposed pricing structures are the most popular, regardless of whether or not parents currently have health care coverage for their children:

- Monthly premium only

- Co-pay only

2.10 **What Amount of Co-Pay and Monthly Premium are Parents Willing to Pay for MCHP Premium Coverage for Their Children?**

? Respondents were asked to write down the following monthly premium amount that:

- Is so high they would question the health care plan's value for the money

- Is so low they would be concerned about quality of care and associated health care coverage hidden costs

- They would be willing to pay in order to enroll their children in MCHP Premium

? Respondents' perception of a premium amount that is so high they would question the value for the money varies greatly. However, all cite an amount that is considerably higher than the current \$40 to \$50 monthly premium amount for MCHP Premium.

- Several indicate that an amount ranging between \$85 and \$100 would be too high, while others indicate a range between \$150 and \$200 would be too high. Finally, there are a few respondents who indicate that a monthly premium of \$500 or more would be so high they would question the value of the health plan.

? However, in terms of a premium amount that is so low they would worry about quality of care and hidden costs, respondents cite fairly consistent amounts. For the most part, respondents indicate that \$20 per month or less would be an amount that is so low they would worry about quality of care and hidden costs.

- It is important to note that some respondents specifically indicate that a free plan would fall into this category. Specifically, they assume that the medical care offered through a 'free health plan' would be so poor that they would be concerned about the quality of participating physicians.

“I wouldn’t trust any thing that was free. I would be too afraid that the doctors wouldn’t be any good, or that you could only use certain doctors.” (No Contact after 60 Days/Uninsured)

“I think anything under \$20 is suspect. You would worry about quality, and I’m sure other costs would go up.” (Premium Rejecter/Insured)

? Finally, the amount respondents say they are willing to pay in order to enroll their children in MCHP Premium varies. Overall, there are three categories in terms of the amount respondents say they are willing to pay to enroll their child in MCHP Premium:

- Some respondents were willing to pay the current \$40 to \$50 monthly premium.

“The \$40 [for MCHP Premium] seems reasonable now that I know more about it I understand it better. I think I would be willing to pay the \$40 for my children’s coverage.” (Premium Rejecter/Uninsured)

“I think the \$40 is fair. It’s reasonable. That I don’t mind.” (No Contact after 60 Days/Insured)

- A segment of respondents is willing to pay between \$15 and \$35. These respondents tend to currently have health care coverage for their children and they rejected the premium on the initial MCHP application. They indicate they would be willing to switch their children to MCHP Premium coverage for a substantial cost savings in premium.

“It’s just that I would still have to pay for my coverage. If I paid the \$40 or \$50 for MCHP Premium, along with what I’d have to pay for me it just wouldn’t be worth it. MCHP Premium would have to be a lot less which is why I put down \$20.” (Premium Rejecter/Insured)

- A segment of respondents is willing to pay more than \$50. These respondents tend to currently have health care coverage for their children and did not contact MCHP within 60 days of filing the initial application. These parents are paying a substantial amount in premium for a family plan and believe the current MCHP Premium cost is very reasonable.

“We’re paying \$1200 a month in premium for CareFirst and it’s going to go up when I have this baby. I’d be willing to pay \$75 a month [for MCHP Premium] for my children because that

would still be less than what we're going to be paying. My employer pays for me, so we'd just need to pay for coverage for my husband." (No Contact after 60 Days/Insured)

? Respondents also were asked how much, if anything, they would be willing to pay in co-pay, in addition to a monthly premium in order to have their children covered through the MCHP Premium program. Most indicate they would be willing to pay a \$5 co-pay in addition to a monthly premium. A few indicate a willingness to pay a \$10 co-pay in addition to a monthly premium. Rationales given in terms of how they arrived at these amounts, include:

- What paying with current health plan
- Given estimated number of physician visits per year, fits within budget
- Given estimated number of prescription refills and physician visits per year, fits within budget
- Seems reasonable given that MCHP Premium is a subsidized health care program

"I'm paying \$10 [for co-pays] right now and that seems reasonable. I would continue to pay that amount." (No Contact after 60 Days/Insured)

"Well, I just looked at the amount of prescriptions my daughter has, what I spend over the months, and how often she goes to the doctor. I just figured what I could budget over the next 12 months." (No Contact after 60 Days/Uninsured)

? There are a few parents, however, who say they would be unwilling to pay any co-pay in addition to a monthly premium for MCHP Premium coverage. Two reasons are given most often for these feelings:

- Can't afford a co-pay in addition to a monthly premium
- MCHP Premium is a subsidized program, so should not have to pay a co-pay

"I can't afford a co-pay. That's one of the things I liked about MCHP [Premium], no co-pays. I just can't swing it." (No Contact after 60 Days/Insured)

"It [MCHP Premium] is a State-run program. It's subsidized by the State, so I don't see why paying a co-pay should be necessary. Isn't that what the State funding is for?" (Premium Rejecter/Insured)

2.11 **How Appealing are Proposed Premium Payment Options and What is the Likelihood that Parents Would Enroll Their Children in MCHP Premium if the Proposed Premium Payment Option was Available?**

- ? Respondents were given a list of four proposed premium payment plan options and were asked to rate each on two attributes: overall appeal and likelihood of enrolling in MCHP Premium. Respondents were asked to use a scale of 1 to 7 where a rating of 1 means not at all (appealing/likely) and a rating of 7 means extremely (appealing/likely).
- ? The coupon book is the preferred premium payment plan option among respondents, although respondents rate it moderately appealing (rating of 4 or 5 on a 7-point scale) rather than highly appealing (rating of 6 or 7 on a 7-point scale). Also, they indicate they are somewhat rather than highly likely to enroll their child in MCHP Premium if the coupon book premium payment option was available.
- ? Nonetheless, according to respondents, the overall appeal of a coupon book is that it puts the client in control of when the premium is paid. Specifically, unlike automated billing methods, they do not have to send in the payment until they know they have the money.
 - Additionally, several respondents say they like the coupon book option because it is a familiar payment method; that is, they currently use coupon books to make car payments, rent/mortgage payments and so forth. Therefore, the behavior of sending a coupon stub with payment on a monthly basis is an established routine.

"It's control. I'll pay it [premium] when I want to pay it, not when they take it out, when you're ready to take it out [of bank account]. If I want to make the decision that I'm late and I want to call by phone, then that's fine." (Premium Rejecter/Insured)

"This is how I pay my car note. I like this. I have a little box on my desk and every month I go through the box, paying my bills, sending in my bills. Yes, I like the coupon book." (No Contact after 60 Days/Insured)

“With this one [premium payment plan] you don’t have to worry about anyone going into your accounts and taking out money that you don’t have.” (No Contact after 60 Days/Uninsured)

- ? Some, however, acknowledge that a person can lose a coupon book, or suggest the payment can get lost in the mail. Nonetheless, according to many respondents, the associated benefits of a coupon book payment option far outweigh these concerns.

“The down side is you’re relying on the U.S. mail service. It can always get lost in the mail...or you can just forget.” (Premium Rejecter/Insured)

- ? While ratings are lower for the Pay -by -Phone premium payment option, quite a few respondents indicate this is their preferred “back-up” payment method. According to respondents, having a Pay-by-Phone payment option available increases the flexibility of how they can pay their premium to MCHP Premium.
- Furthermore, several respondents say that having a Pay -by -Phone payment option available is appealing in case they must wait until the last moment to pay their premium because of lack of funds. In fact, quite a few respondents admit that they have used a Pay -by -Phone payment option in the past when paying other bills such as utility bills because they knew they would not have sufficient money to pay the bill until the last moment.

“Having the Pay-by-Phone [premium payment plan] as a back up is nice because sometimes you forget [to pay a bill]. It’s nice to know that there’s another option out there that you can use to get your payment in on time.” (No Premium Rejecter/Uninsured)

“I’m always using a Pay-by-Phone payment method. I use it for almost all of my bills. I just sit down at the telephone and pay them. There’s a charge, but it’s worth it because I can pay at the last minute, but on time. I’m not getting hit with a late fee, but I can pay when I know for sure that I’ve got the money.” (No Contact after 60 Days/Insured)

- ? Parents are less receptive to the automatic billing to a credit card, or to the automatic withdrawal from a bank account, and cite similar concerns for both payment methods. In fact, parents associate only one benefit with paying their premium either by direct billing to a credit card or by automatic withdrawal from a bank account: the payment is received and processed on time.

“It’s nice that it [premium payment] comes out automatically. You don’t have to worry about writing checks. You don’t have to worry about missing a payment.” (Premium Rejecter/Insured)

- However, quite a few express concerns about the lack of control each payment method gives the client in terms of when the premium is paid. Several parents comment that with either premium payment option the client would not have the flexibility of paying the premium on a different date, such as a date when they know they have the amount required.

“With this option you’re locked into a specific date. What if you don’t have the money on that date?” (No Contact after 60 Days/Uninsured)

? Other concerns expressed about either automatic payment option, include:

- If their credit card balance is too high and they cannot accommodate the premium payment, health care coverage may be cancelled
- If they do not pay the credit card balance in full, they will incur interest charges on unpaid balance/premium payment may increase amount of unpaid balance, increasing the amount of interest charged to the credit card
- If there are insufficient funds in the bank account to cover premium payment, client will incur Non-sufficient Funds/NSF fees as well as still owe the premium payment

“When you live check to check you can’t be worrying about someone taking out money they’re not authorized to have. Suppose they accidentally withdrew \$400 [from your bank account] instead of \$40? Or, sometimes you just don’t have the money in the account.” (Premium Rejecter/Insured)

“What about the interest [on unpaid balance]. You’re paying interest on top of the charges. That could get expensive.” (No Contact after 60 Days/Uninsured)

? Worth noting, some parents indicate their preferred method of payment is online bill payment. These parents say that paying their bills online is routine because it is convenient and easy to complete. Specifically, they can pay their bills at a time and place that is most convenient for them, and the

process is very simple and fast. Because of these positive experiences some parents suggest that the Maryland Children's Health Program provide an online premium payment option for its clients.

"What you don't have on here is online payment, the ability to pay online. It's easier [to pay online] because I'm in control. One, I don't have to go and get a stamp and go to the Post Office. Two, you're not automatically debiting this out of my account. I'm initiating the payment when I know I have the money. Three, I'm not calling somebody and having to pay a small fee. So, my preference is option number 5, online." (No Contact after 60 Days/Uninsured)

- ? Finally, respondents were read the following statement and asked to discuss their reactions, including anything they like most or like least about the concept:

"MCHP Premium is considering implementing an Automated Client Inquiry System. This would consist of a toll-free 800-telephone number that clients can call each month to find out if the State of Maryland has received and processed their [premium] payment. Clients also can call this toll-free number after submitting their initial application to find out when their child's coverage will begin."

- ? Overall reactions to an Automated Client Inquiry System are positive. Respondents like the concept because it gives clients the ability to determine whether or not their payment has been received and processed. Respondents say this is important information to know, especially if they were late making a payment, to confirm that the coverage is still in force.

"This [Automated Client Inquiry System] is good. I like this. If you don't send your [premium] payment out in time, you can call to make sure they got it and the coverage is still there." (Premium Rejecter/Insured)

“This [Automated Client Inquiry System] is a good thing because you can call and check on coverage before you take your kids to the doctors. The administrative people will call to make sure you have insurance. It’s embarrassing to find out at the doctors that you don’t have coverage.” (No Contact after 60 Days/Uninsured)

- ? Also, some parents like having the ability to call after submitting the initial application to determine when their child’s coverage will begin. In fact, a few parents indicate that having such an automated system would have been helpful when they initially applied to MCHP because they were never contacted by a case worker as promised. Rather, a letter arrived several months later telling them they were denied coverage due to lack of response. Therefore, these parents say it would have been nice to have had an automated system to call to check on the status of their application and to determine when their child’s coverage would begin.

“This [Automated Client Inquiry System] would have been really nice to have had when I applied [for MCHP Premium coverage]. I never heard from anyone. I never knew what was going on until that letter showed up saying I hadn’t responded, so they were declining my application.” (No Contact after 60 Days/Insured)

- ? While parents’ reactions to an Automated Client Inquiry System are positive, they do voice one concern. Specifically, there is some concern that no one would be available to assist with questions about coverage or payments. Therefore, many respondents suggest that the proposed Automated Client Inquiry System have an “opt out” feature that allows the caller to directly contact a customer service representative should they have key questions about the program or their child’s coverage.

“Well, there’s no live person and that’s a bad thing. What if you have a question? Who’s going to answer your questions, help you with something? They should have a live person that you can talk to.” (No Contact after 60 Days/Insured)

- ? Respondents offer few suggestions in terms of other types of information that could be accessible via the Automated Client Inquiry System. Those mentioned include:
- Listing of participating physicians by geographic area
 - Stating when coverage will lapse due to non payment of premium
 - Listing of case workers

- To obtain a written copy of the information they obtained through the Automated Client Inquiry System

3.0 SUMMARY OF FINDINGS: IN-DEPTH TELEPHONE INTERVIEWS WITH DISENROLLEES

3.1 What is the Relative Importance that Parents Place on Maintaining Their Children's Health?

- ? Parents who have disenrolled from MCHP Premium indicate that maintaining their children's health is one of the most important responsibilities of being a parent. According to parents, maintaining their children's health is a top priority because so many aspects of their children's lives are affected by their health, including their overall physical development, their performance in school and so forth.

"Maintaining my daughter's health is a number one priority for me. It's what I worry about most. If your child is sick they can't go to school, they don't do well in school. Being sick affects so many other parts of their life."

- ? Parents are particularly adamant about the importance of well baby care and well childcare during the early or "formative" stage. According to parents, seeing a pediatrician on a routine basis and staying current with inoculations minimizes the risk of their children developing significant health conditions or diseases as they mature. Parents also say that taking their children for routine physician visits ensures that any medical conditions their children may have will be detected and treated early enough to avoid a severe medical condition later on.

"Having health care coverage is important for everyone, but it's especially important for children, especially for the young children. They're going to the doctors quite frequently, especially in the first few years of life. We don't have health care coverage right now, but when our daughter was younger we did and that was important because they have to go in [to the doctor's] for their shots, for check-ups. There's so much that must be done, that must be checked when they're very young."

- ? Because of the importance they place on maintaining their children's health, many parents also indicate that having health care coverage for their children is very important as well. According to parents, having health care coverage for their children is important because it helps to reduce the out-of-pocket costs associated with maintaining their children's health, including:
- Covering well baby care/well child care/preventive care
 - Reducing costs associated with emergency services/emergency room care

- Reducing costs of prescription medicine

“You really need health care coverage for children because you just never know when they’re going to get sick, when they have to go to the emergency room. It all adds up and if you don’t have insurance, it can be really expensive.”

- ? As a result, parents who currently do not have health care coverage for their children say they are “very anxious” about their children’s health for several reasons, including:
- A serious medical condition may be developing because of infrequent physician visits
 - An “avoidable” disease may be contracted because they have not received appropriate inoculations or booster shots
 - An injury may be sustained that requires extensive medical treatment, the cost of which they cannot afford, and thus might affect their child’s future physical development
 - An injury could be sustained that would require extensive treatment, the cost of which they cannot afford, but would attempt to pay, thus creating a “financial nightmare” for the family

“I’m really stressed right now because we don’t have [health] insurance [for the children]. If you have good health care you can go through life more boldly. I’m not talking about taking more risks. I’m just talking about being worry free. Whenever my son goes out and I hear on the radio that there’s been a car accident, I’m like, ‘Oh, my gosh, we don’t have health care.’ You think, ‘What if something major happened? What would we do?’ It’s just terrible.”

“Health insurance is very important, but it’s also very expensive, which is why we don’t have it. It’s something you need, but we just can’t swing it and it’s really bothering me. My kids need to get into a doctor for a check-up, but without insurance it’s like \$100 for each visit. That’s why we’re trying to look into getting [health coverage] at a reasonable rate.”

3.2 **How do Parents Assess the Relative Value of Health Care Coverage for Their Children?**

- ? Even though parents believe that having health care coverage for their children is very important, most comment about the high costs associated with providing health care coverage for their children. In fact, some refer to the cost of health care coverage for their children as “cost prohibitive”. Some parents who currently do not have health care coverage for their children have resigned themselves to “having to risk” that their children will not get sick or sustain a major injury because they simply cannot afford the cost of health insurance.

“We have a daughter who’s in college. We’re letting her pay for it, go into debt herself, but we still send money to her, so anyway, our budget is over extended. With the insurance that we had, we were paying an outrageous monthly premium, plus we had deductibles that had to be met. It seemed like not matter what we were spending, no matter what costs we were incurring, we could never meet those deductibles. The cost to keep the insurance just kept getting higher and higher...”

- Interestingly, a few parents comment about how the health insurance industry has become “big business”, with insurers placing more emphasis on profit than on helping consumers maintain their health. They site continually rising costs, including increased premiums and co-pays as to why they feel this way.

“The whole thing [health care coverage] has just become big business. None of the insurance companies care if people have adequate coverage, if they’re spending their life savings to have coverage. Every year the costs go up, the premiums, the co-pays...It has nothing to do with medicine any more. I think it’s just a money making scheme. I think the fees are too high and

you don't get quality care anymore. It's hard to find quality doctors because I think the doctors are fed up with the insurance companies. They're discouraged from doing tests. There are too many rules and too many regulations..."

? Regardless of whether or not they currently have health care coverage for their children, most parents determine the relative value of a health care plan based on the total cost, which includes:

- Amount of premium
- Whether or not the plan has co-pays
- Amount of co-pays
- Amount of deductible required to reach a "reasonable" premium amount
- Estimated amount paid over the course of a year/annualized cost

"I look at the cost. How much we have to put out every month, and I look at the [amount of] co-pay. If there are high co-pays, that doesn't always work."

"One of the reasons I decided to go with the plan that we have now is because my employer pays for everything. They pay the entire premium for me, my husband and my child. Cost is a big factor, so the fact that my employer is paying for everything makes it nice. It's an employer-sponsored program, they actually own the insurance plan."

? However, several parents indicate that while cost helps to determine the value of a health plan, it is the coverage received for the cost that ultimately determines its true value. Specific aspects of health care coverage that a number of parents evaluate, include:

- Total benefits package/amount of coverage received for the premium cost
- Expanded coverage, such as dental and vision benefits
- Availability of a prescription plan/costs for prescription medication

“I would shop around and ask people about the type of coverage that they have. What is it that they’re getting for their money? Our daughter has special needs, so for me it’s important that we have a certain level of coverage.”

“I think you view it two ways. For me, I view it, there’s disaster insurance. That if a disaster happens, then at least we would have coverage. It may not be high, we may have a high deductible and all that but if a disaster happened, we’d have coverage. Then there’s the kind that says, ‘Oh, we can maintain our health.’ In this instance, this is more luxury, like getting wisdom teeth pulled. My son’s wisdom teeth are coming in and we don’t have coverage for that. Well, he’s not going to die if they don’t come in perfect. Am I explaining myself?”

- ? Furthermore, several parents say they determine the relative value of a specific health plan based on whether or not they can retain their child’s current pediatrician. If their child has established a rapport with the pediatrician and they are comfortable with the quality of care received, parents are reluctant to switch pediatricians. Thus, when evaluating a specific health plan they look to confirm that their current pediatrician is a part of the plan’s physician network.

“One of the reasons that I switched my daughter to my plan was because I could keep her pediatrician. My work always paid for me, but I worked part-time. When I went back full-time, they paid for the whole family. When I found out that we could keep my daughter’s pediatrician, I switched her to my plan.”

? Other aspects related to a health plan’s physician network that some parents evaluate when determining the relative value of the plan, include:

- Size of physician network/number of physicians
- Number of physicians accepting new patients
- Accessibility/number of physician practices located near home
- Size of dentist network/number of member dentists
- Accessibility/number of dental practices or clinics located near home

“The value of [the health plan] is more than economics, although that’s a big part. You want to get good quality. That’s very important, too. It’s probably more important to get a quality plan, one that has quality doctors and covers everything that you need.”

“I look at how many physicians accept that plan. How hard is it going to be to find a doctor? Some of these plans, you can’t find a participating doctor, or they tell you they’re not accepting new patients. I’m not traveling all the way over to the other side of Baltimore to see a doctor. I’m out here in Harford County and I would prefer not to have to drive to the other side of the world to see a doctor.”

? Nonetheless, cost ultimately is the deciding factor for most of these parents when determining whether or not to enroll their child in a specific health plan. Furthermore, most parents indicate that a part of the health plan evaluation process is re-assessing the family’s financial situation to determine whether or not the monthly premium payment can be met on an ongoing basis. According to some parents, this includes re-evaluating the relative importance of certain financial commitments (e.g., cable television, etc.) to determine what, if anything, can be eliminated in order to pay the monthly premium for health insurance.

“A lot of why we don’t currently have health insurance has to do with the financial aspects. We just simply can’t afford it, the premiums, the co-pays. Most of the stuff, all of the stuff [financial commitments] that we have we really need. We’re spending on the essentials, not luxuries.”

“I just really can’t afford health insurance. I’m trying to get my two sons under my husband, trying to get him to pay for it, for his employer to pay for it. I’m going through the Child Support Administration because that’s [paying for health care coverage] supposedly a part of the support order, because I just don’t have the money.”

? Those parents who currently do not have health care coverage for their children acknowledge that they are “financially overwhelmed” by providing the “basics” for the family (e.g., someplace to live, food, clothing, etc.) and do not have any “luxuries” that can be eliminated in order to absorb the cost of health insurance. Among those who currently have health care coverage for their children, a few indicate they did make “trade-offs”, such as the following:

- Took an additional job/work a second job
- Returned to work full-time/no longer stay at home with children
- Made college-aged child/oldest child financially responsible for schooling

“Well, I went back to work full-time. So, the good news is my daughter has health care coverage, but the bad news is I’m not at home with her anymore. I’m no longer able to spend time with her because I have to work.”

“I was working part-time, but I decided to go back full-time to help with our finances. Getting health care coverage [for my daughter] was a big part of the decision because if we didn’t get coverage then she would not be able to go to college. There would be no money to help her with college, with her education.”

“As I said earlier, we’re making our older daughter go into debt and pay for college herself. We’re just overextended. We can’t take on anything else, not even health care.”

3.3 **Do Parents Currently Have Health Care Coverage for Their Children and What are the Reasons for Having or Not Having Health Care Coverage?**

- ? With the exception of one respondent, all parents previously had health care coverage for their children. Currently, several parents indicate they have health care coverage not only for their children, but for themselves as well. However, some parents indicate they currently do not have health care coverage for their children.
- ? Among those who currently have health care coverage for their children, the most popular plans are MAMSI and Cigna. One respondent indicates her child is covered under CareFirst, and one respondent belongs to an employer-sponsored health plan. HMO plans appear to be more popular than PPO plans; many of the respondents indicate their current health plan is an HMO rather than a PPO.
- ? Given this finding, it is not too surprising to find that cost is the primary reason given by respondents for selecting their current health plan. Issues related to cost as mentioned by respondents, include:
 - Reasonable/low premium
 - Employer contributes a portion of premium cost (e.g., certain percentage, entire amount for employee, etc.)
 - Employer pays entire family premium cost

“I returned to work full-time in December, so my employer now pays for the entire family. Before, my husband received coverage through the VA and my children were on Helix Family Health I think it was. It didn’t make sense to keep everyone separate when my employer was willing to pay for all of us on Cigna.”

“The health plan that we have now is through my employer. I work for a hospital and they own the health plan. They pay for the whole family, my husband, my daughter and me. I used to have BlueCrossBlueShield and that was very expensive. We could only afford to put me on it because the hospital paid for me. Then, they came out with their own insurance and they pay for employees’ families.”

“We had no choice because MCHP dropped us. We had to get coverage for our daughter, so we added her to my husband’s plan. He has MAMSI through his employer. The premium is quite reasonable.”

? As previously noted, cost also is what is preventing some parents from obtaining health care coverage for their children. Specific issues related to cost as identified by these parents, include:

- Premium for child’s coverage (e.g., MCHP Premium) is too high/can’t afford premium amount
- Premium amount for family plan is too high/can’t afford it
- Other financial obligations prevent payment of any premium amount

“I don’t have health coverage for my kids because of the money. I can’t afford it. If I could find something with a lower monthly fee and very little co-pay and not having to reach some kind of high deductible...”

“My daughter was covered through the State [MCHP Premium] but when it came time to send in the next premium, we needed the money for something else. I just found out a few weeks ago my husband has needed the money to pay other bills. I guess we’re just really behind on a lot of stuff, and he’s been using the money we were sending to the State to pay off some other things.”

? Interestingly, a few respondents who currently do not have health care coverage for their children also cite reasons more associated with the perceived value of the insurance rather than the actual cost, such as:

- Health benefits were very limited/not worth the cost of the plan
- Child rarely gets sick/not a “good investment”/annualized cost is not worth paying for one or two physician visits

“My kids aren’t sickly kids. That’s what I don’t understand about insurance. I’m paying all this money, like \$500 a year and they don’t get sick. I guess it would be different if they was sickly kids, but they’re not. I just don’t see why I have to keep paying all this money.”

? Regardless of the reason stated for not having health care coverage for their children, most parents mention they would consider obtaining health care coverage for their children if the plan costs were lower. This included lower premiums, lower co-pays and no co-pays.

“Cost, pure and simple. Something with a low monthly [premium] amount and low co-pays...no deductibles.”

3.4 **For What Reasons did Parents Apply to MCHP Premium for Health Care Coverage for Their Children?**

? Many parents indicate they first applied to MCHP for health care coverage for their children because of the reasonable cost; that is, the monthly premium is relatively low and there are no co-pays or other out-of-pocket costs. Financial hardship was a common theme among disenrollees both in terms of why they initially applied to MCHP, as well as why some currently do not have health care coverage for their children.

- In fact, a few respondents indicate their child received health care coverage through Medical Assistance/Medicaid prior to applying to MCHP. Additionally, these parents say they initially

applied to MCHP in hopes of obtaining the free coverage due to their financial situation at the time.

“We originally were with Medical Assistance, our daughter was on Medical Assistance because she has special needs. That program turned into MCHP and we stayed.”

“It’s [MCHP Premium] a very good program and it’s very affordable. A lot of people nowadays are single mothers, single parents and they can’t afford a lot of these insurance plans that are out here. That’s why I looked into it [MCHP Premium] because it’s very affordable.”

? It is important to note that a number of these parents indicated their family had experienced a life-altering event that affected the family’s health care coverage, triggering the need for health care coverage for the children. This included:

- Divorce
- Loss of employment by one or both spouses/loss of benefits
- Unexpected major financial event that prevented wage earner from paying premium on existing health plan

“My husband lost his job and our [health] benefits ran out. It was important that we have coverage for our children, and my sister told me about the State program, the MCHP program.”

“...we had some different stresses in our household that led us to basic financial ruin...”

? Almost all of the participating HealthChoice MCOs are represented among disenrollees. About three or four parents indicate they enrolled their child in Priority Partners. A few had enrolled their children in Amerigroup. Other HealthChoice MCOs mentioned by parents, included:

- JAI Medical Systems
- Helix Family Choice
- United HealthCare
- Maryland Physicians Care

? Disenrollees cite a variety of reasons for selecting the specific MCO in which their child was enrolled, including some who say they did not select the MCO, rather they were assigned to the plan. Reasons given, include:

- It is the only plan that had physicians located near my place of residence
- My child’s pediatrician belonged to the physician network
- It was recommended by my case worker
- It was recommended by a friend/colleague

“I didn’t get to choose. You don’t choose, they [MCHP] assign you to a plan. I was with Americhoice or Amerigroup. Their name kept changing.”

“I selected Priority Partners because that was the only plan that had physicians in my area.”

“It may have been something like JAI, I’m not sure...but we took that plan because it was one that my pediatrician took and I wanted to keep the same pediatrician. We love our pediatrician.”

“I got a packet in the mail. There were six different groups and you got to choose your own group, or MCO. I had a friend who had United HealthCare and she recommended that we use that one. I had never heard of any of the groups, which is why I called her. She said to pick United...”

? Reported use of MCHP Premium benefits is fairly consistent among parents. Quite a few say they used MCHP Premium to cover routine physician visits, as well as sick visits. Other uses of MCHP Premium as mentioned by a few parents, include:

- Emergency services/emergency room care
- Optometrist visits
- Routine dental visits (e.g., teeth cleaning etc.)

3.5 **What were Parents' Experiences with MCHP Premium while Their Children were Enrolled in the Program?**

- ? Overall, parents were satisfied with their experiences with MCHP Premium. The most appealing aspect of MCHP Premium according to parents is its reasonable cost. Specifically, they like the fact that parents can obtain health care coverage for their children for \$40 to \$50 per month, with no additional out-of-pocket costs (e.g., no co-pays, etc.).

"The \$40 is really a very reasonable cost. Maybe people who make \$15 an hour can afford some of these other plans, but many can't. It was nice paying just that monthly fee. We didn't have to worry about co-pays or trying to meeting those high deductibles."

"I did like the flat fee that we sent in every month. That's all we had to pay."

"It goes right back to financial because we're a one income family. It's nice to just pay that \$40 a month and everything was covered."

- ? Other aspects of MCHP Premium coverage that some parents they liked, include:
- Flat fee/ability to budget expenses/no "surprise" charges
 - Ability to retain child's pediatrician
 - "Rich" benefits package/numerous health plan benefits
 - Excellent value for the money/quality care for a reasonable cost
 - Better value than private insurance/more coverage at a lower cost
 - All HealthChoice MCOs offer the same benefits/are comparable

"I was very satisfied with MCHP Premium. We were able to keep our daughter's pediatrician. That's the only reason we went with the program because my daughter could stay with the same pediatrician. He's wonderful. He cared for our daughter the entire time, so I was very satisfied with the coverage, with the quality of care."

"I always felt very confident that if something happened to my children they would be cared for."

“Everything was the same [with MCHP Premium] from when we had BlueCrossBlueShield. Nothing changed. We had the same physicians, the same quality of care. I thought it [MCHP Premium] was a great value for the money because nothing about our coverage changed, just the cost, which went down.”

“You can’t beat the value for the money. It’s superior [to private health insurance] When you think that you’re paying \$50 a month [for MCHP Premium] versus \$1200 for 3 months [for private insurance]. Yes, I had some frustrations [with MCHP Premium], but bottom line the Maryland program is better than the one that I’m paying \$1200 for.”

- ? Opinions about HealthChoice plan physician networks, however, vary depending upon where parents live, or which plan they utilized. Some parents indicate they liked the size of their plan’s physician network; that there were numerous physicians located near home from which they could choose. Others, however, commented about how difficult it was for them to locate a physician either because:
- Very few area physicians belonged to the plan’s network, or
 - Very few physician practices were located near their home, or
 - Very few physicians were accepting new patients

“It wasn’t really easy to find doctors. We really didn’t know any of the plans, so we just went with Helix and a lot of doctors didn’t accept it. We were on our own, just calling around to doctors to see if they took Helix. Eventually we found one who accepted the plan.”

“I didn’t like how it was very hard to find a physician that took, that accepted the plan. We wound up with the plan that we had because it was the only one that had physicians in our area.”

“It was really frustrating to find a physician because every time I called a physician [that was listed in the directory] I was told that they don’t take the plan any more.”

- ? Furthermore, while parents are complimentary of MCHP Premium, there are some aspects of their experiences with the plan that they did not like. Most often parents voiced displeasure with regard to the dental benefits. Specific aspects of MCHP Premium dental coverage with which several parents were displeased, include:

- Very few area dentists belong to any HealthChoice MCOs/must travel a great distance in order to see a participating dentist
- Limited dental coverage/only covers one annual teeth cleaning per child
- Limited dental coverage/does not cover fillings

“Well, when I took my kids to the dentist they told me they could only clean their [children’s] teeth once a year. They said I was only covered for one cleaning a year for each child.”

“When I had the insurance [MCHP Premium] there were no dentists that took it. There was one [dentist] very far away with a name that I couldn’t even pronounce and it was scary to me. His practice was in an area that I wouldn’t even go to...I just pictured something out of Batman, a dentist who takes all these dirty pieces of equipment and says, ‘Okay, let me practice on you.’”

“My kids needed a lot of things done at the dentist that wasn’t covered. I had to pay out-of-pocket for a lot of stuff. Both of my kids need braces. They needed to have their teeth fixed, they needed fillings...”

“The dentist won’t see my 15 year old. They said he’s over age for that insurance.”

? Furthermore, some parents comment on how poorly they and their children were treated by dentists or administrative personnel in the dentist practice. Specific examples given include the following:

- Being restricted by the time of day when making appointments
- Being kept waiting for a scheduled appointment while other patients were seen first
- Being told how much money the dentist is “losing” by treating HealthChoice members
- Being told the dentist only sees a certain number of plan members

“I try to make dentist appointments for my children [in the morning] and they [dental practice] want to make them at 12 o’clock. If I try to make an earlier appointment at 8, they say, ‘Oh, no, this is when we see these types of people with your type of insurance.’ That’s inconvenient. I work.”

“We would have to wait longer [when we arrived for a scheduled appointment]. They would take other patients before they would take my kids. Actually, we still go to the same place and it’s different now. They treat my kids better now. The doctor sees them right away, they don’t have to wait.”

“...some of the dentists, some of the doctors will say things like, ‘Well, we only get paid \$35 for this and we charge, XYZ, for this and we’re doing this.’ They’ll tell you how much that the State is reimbursing them for this particular service and how much money they’re losing out on. I don’t need to hear that. That has nothing to do with me, how much you all are not getting paid. That shouldn’t even be mentioned to me.”

- ? Other comments about MCHP Premium that were expressed by a few parents, include the following:
- Children received limited care/physicians did not provide “complete care” because children were enrolled in MCHP Premium
 - Limited vision coverage
 - No administrative support to assist with selecting a MCO
 - Poor communication/never informed about cancellation/disenrollment

“I just didn’t like the way my children were treated. It took forever to get a [scheduled] appointment and they were never seen on time.”

“Well, I know my children don’t get the same considerations because of the kind of insurance that we had. The doctor was quick not to do certain tests because he knew what kind of insurance we have. I took my kids in for a physical and the doctor wouldn’t do a urine test or a blood test. I thought all of that was part of a routine physical. They just stuck my kids on a scale and weighed them, took their temperature and that was it.”

“They [MCHP] send you this packet in the mail with this information. There are six plans, six MCOs that you can choose from. We didn’t know anything about any of the plans, I had never heard of any of them. I just felt like we were working in the dark...”

“We fell behind in our [premium] payments. We just had a bad spell and couldn’t pay the \$40 a month. We were on the program for less than a year. We had been paying and fell behind. They [MCHP] sent me a notice saying that we had to pay by a certain date, so we went up to the office to pay it. We paid it and we thought everything was fine and then a month later I took my daughter to the doctor’s and they said, ‘You’re not covered any more’. They [MCHP] didn’t even tell me that I wasn’t covered any more. I had to call a case worker and she told me that because we had fallen behind we were cancelled and we had to wait 6 months before we could re-apply.”

- ? Finally, parents were asked to discuss their administrative-related experiences with MCHP Premium. These include any opinions they might have about written materials, paperwork processing, and so forth, although very few respondents had any administrative dealings with MCHP Premium. In fact, a few comment about the lack of administrative support, either during the application process or during the enrollment period. Specific comments made by a few respondents include:
- Received too many enrollment materials/difficult to read through materials on own/difficult to make a decision on own
 - Took too long to receive notification of acceptance/was expecting to be notified within a few days, but was notified within a few months
 - Not informed of cancellation from plan/physician would not accept card/physician informed me about being cancelled
- ? A few parents describe pleasant experiences with a person they perceived to be the MCHP Premium caseworker. These respondents describe the person as friendly, polite, responsive and helpful. However, these respondents were not sure whether or not the person with whom they interacted was an MCHP Premium representative, or a representative of the specific MCO.

“I received three phone calls from a nice girl. She was explaining another offer I guess. Maybe that’s like the transition between Medical Assistance and the MCHP program...but she really

explained everything on the phone and she also sent me information and explained it really well.”

“I had one problem early on trying to get my daughter in to see a specialist at Johns Hopkins. It was our first visit to Johns Hopkins and I was having trouble getting a referral, or getting approval to go. I called and got one girl who honestly didn’t understand anything that I was saying so I had to go through another girl and finally got hold of Gina Meyer. I think she was my first case manager...and then they switched me to Shari French who got everything straightened out. Once I got hold of the right person, of Shari who was my second case manager, everything got worked out just fine.”

3.6 **For What Reasons did Parents Disenroll Their Children from MCHP Premium?**

? Most often respondents cite a change in job status making them ineligible for MCHP Premium benefits as the reason they disenrolled their child(ren) from the plan, or were disenrolled by MCHP. Specifically, parents mention the following reasons most often:

- Employed spouse received a considerable pay raise in current position
- Employed spouse changed jobs and the new job pays significantly more than the old one
- Unemployed spouse returned to work part-time or full-time, significantly increasing the family’s household income

“My husband’s income went up and I know my husband’s employer had offered [my husband] insurance. I got a letter in the mail saying I had 30 days because of my husband’s income and because his employer offered health coverage. I think it was those two factors that got us cancelled.”

“My husband got a salary increase and then I went back to work full-time. Our income made us ineligible [for MCHP Premium coverage].”

? One or two parents mentioned they had recently re-married and their spouse was able to add the stepchildren to a family plan for a reasonable cost. The fact that the entire family received coverage through the same plan at a reasonable cost makes the employer’s plan more attractive than MCHP Premium.

“My fiancé was able to get my son on his plan at work. We’re all covered on that plan now.”

- ? Nonetheless, there are some disenrollees who no longer obtain coverage for their children through MCHP Premium simply because they were unable to continually pay the \$40 to \$50 monthly premium. All of these respondents expressed interest in re-enrolling their children in MCHP Premium; however, not all felt comfortable committing to the monthly premium even though they perceive it as a reasonable amount. This is because of concerns they have about other family financial obligations that might prevent them at some point from paying the monthly premium.

“In all honesty, we were pretty much wiped out [financially]. We’re still recovering, which is why we still don’t have health insurance. My husband’s changed jobs and that’s helped, but we’re still struggling.” I’m going back to school this fall full-time and hopefully in 2 years I’ll be able to contribute to our family income.”

“The \$40 is a reasonable amount, it’s just that we fell behind. I have a new application and am going to re-apply [for MCHP Premium coverage]. Our 6 months should be just about up, so I’m going to re-apply. I think we should be able to handle it now.”

“If I was making \$50,000 a year then \$40 a month wouldn’t be a problem. It would be just another utility bill, phone bill or something like that...but pretty much all of my expenses right now are something that I have to pay. I can’t get around those [expenses]. Health coverage I can because my kids just aren’t that sick.”

- ? Regardless of whether or not their children currently receive health care coverage, all parents were asked what would most encourage them to consider re-enrolling their children in MCHP Premium. Answers to this question are somewhat dependent upon parents’ experiences with MCHP Premium, as well as their current financial situation. Those who enjoyed their MCHP Premium experience offer the following:

- If family size/income requirements were increased/allow for higher incomes
- If offered a family plan/cover parents as well as children
- If charged a monthly premium amount that was considerably less than current premium for family plan

"I would definitely enroll again in MCHP Premium if we were eligible. It was a wonderful program. We were saving money and we had more coverage. Right now, we have to pay 50 percent of all of our daughter's medical expenses. We didn't have to do that with the MCHP program... so, if they [MCHP] increased the income eligibility requirements I would re-enroll. I'd pay a higher premium just to get my daughter back in the program."

"...I think a family plan would be very good because I think we should be looking at the well care of families. We want to keep our kids healthy, but then they're not caring for...women aren't getting their pap smears and their mammograms. I haven't been to the doctors in awhile because we just can't afford it and that's not right. If the parent is not healthy they're not going to be able to care for their kids."

"I've had four different health plans and the MCHP, comparing it to BlueCrossBlueShield was a lot less. Every week I paid \$40 a week to have my daughter and myself rather than the \$40 a month. So, I think MCHP would be cheaper [than private insurance] if they offered a family plan and I think the coverage would be great. I think it [MCHP family plan] would be very well received"

? Whereas, those who were more critical of their MCHP Premium experience, as well as those who continue to have financial difficulties make the following comments:

- If amount of monthly premium was decreased/lowered
- If the quality of care improved
- If the overall coverage improved/more benefits/a richer benefits package

"I kept after them [MCHP] to re-evaluate my situation because my children's father doesn't contribute anything. I was able to get my kids back into the free program, which is fine. It's the same coverage, only I'm not paying anything."

"...I just always felt like a second-class citizen. I was just always embarrassed. It's [MCHP Premium] a very good program and it should be available. We all need help from time to time, but I just didn't like how it felt. I just felt like people thought we were one step from being on welfare."

3.7 **What is the Perceived Importance of Current MCHP Premium Health Plan Benefits?**

- ? Respondents were read a list of 10 health plan benefits that currently are available through MCHP Premium and were asked to rate each benefit on a scale of 1 to 7 where a rating of 1 means not at all important and a rating of 7 means extremely important.
- ? The following four health plan benefits are rated as being highly important (rating of 6 or 7 on a 7-point scale) to parents for the following reasons:

- Hospital Outpatient Care – children often become sick or develop a medical condition that requires hospital outpatient services. Such coverage will help to cover the expense associated with outpatient care.
- Well Child Care – preventive care keeps children healthy, minimizing the risk of developing medical or health problems as they mature. Well child care is considered to be a good investment, as well as a way to reduce costs associated with maintaining a child’s health.

“Children need a lot of vaccinations and they tend to get sick a lot. They have colds. You need something that helps you with those kind of medical expenses.”

- Hospital Inpatient Care – hospital care that requires an overnight stay (or more) can be very expensive. Such coverage will help to defray associated costs.

“The cost of going to the hospital is extremely high. I mean, you would be paying those bills forever. That is very, very important to have.”

- Emergency Room Services – children are always developing emergencies (e.g., accidents, high fever, etc.). Costs associated with having a child treated in a hospital emergency room are very high. Such coverage will help to defray the costs.

“That’s the disaster insurance I was talking about. It was almost worth the \$1200 [in premium] that we were paying knowing that the children would be covered in the case of an emergency.”

- ? Additionally, the following three health plan benefits are rated as highly important:

- Physician Evaluation Visits – non-routine physician visits can be expensive, particularly if a child develops a medical condition that requires visits to numerous specialists. Therefore, having this benefit helps to defray associated costs.
- Prescription drugs – prescription medication can be expensive, particularly if the child has a medical condition that requires the prolonged use of prescription medication (e.g., allergies, asthma, etc.)

“Prescriptions are becoming more and more expensive. This one is a very important service.”

- Diagnostic X-ray and Lab – such services are perceived to be part of an annual exam that typically are not covered through preventive care. Additionally, respondents perceive that diagnostic x-ray and lab work can be expensive. Therefore, having such coverage is considered to be a good value for the money.

“Lab work is expensive. When I ask the doctor to do blood work on my children they don’t want to do it because of the cost. I know it’s expensive because I’ve paid for it out of my own pocket.”

? The remaining three health plan benefits are rated as less important (rating of 3 or 4 on a 7-point scale) by parents overall. However, it is important to note that a number of parents indicate that the relative importance of the following health plan benefits is predicated upon personal need; that is, if a child is in need of such services, then having health insurance that covers such services is very important:

- Durable medical equipment/prosthetics
- Rehabilitation services
- Mental health and substance abuse

3.8 What Pricing Structure is Most Preferable?

? Respondents were read three different pricing structure scenarios and asked to discuss their reactions to each, including what they like most and like least about each one. The three proposed pricing structures are as follows:

- Monthly premium only
 - Monthly premium and co-pay for each doctor visit and prescription
 - Co-pay only
- ? Opinions about paying only a monthly premium are somewhat mixed in that parents cite numerous benefits as well as potential concerns about the pricing structure. Perceived advantages or aspects that a number of parents say they like about only paying a monthly premium, include:
- It is a known expense that can be budgeted
 - There are no “surprise” expenditures (e.g., unexpected doctor’s visit that requires a co-pay)
 - It is a good value for the money if you have more than one child/same flat fee regardless of number of children or number of doctor visits

“If it’s something like the MCHP Premium fee, I think that’s fine. It’s a reasonable amount of money and the coverage is quite good.”

“Well, the ‘pro’ is that you know what you’re committed to. There are no surprises, like co-pays when your child gets sick.”

- ? However, there are aspects of paying a monthly premium that some parents do not like. These include the following:

- Annualized cost of monthly premium could be expensive
- Not worth the money if child never gets sick/poor investment if they only take the child for annual check-ups

“I don’t take my daughter to the doctor’s that often, so paying a fee every month when she doesn’t use the services isn’t as good for me.”

“I’ve always had a problem with monthly premiums and deductibles just because if you’re not using it [health coverage], you’re still having to pay for it. If I never had to take my child to the doctor for the next couple of years, I’d still be paying that monthly fee, which I don’t like.”

- ? Reactions to paying a monthly premium and a co-pay for each doctor visit and prescription are fairly negative, even though several parents indicate this is the pricing structure of their current health plan. For the most part, parents complain about the “incredible” expense they incur because of co-pays for numerous doctor visits and prescription medication.
- Also, some do not like having to pay a co-pay for doctor visits or prescriptions because sometimes visits or prescribed medications “are a surprise”; that is, an unexpected illness or accident required their child to be seen by a physician, or to take a prescribed medication. Because these are unanticipated events parents admit they might not have the money to pay the co-pay, which is of concern to them because they do not want to deny their children necessary medical care.

“That [monthly premium plus co-pay] just makes it [health care coverage] way too expensive. It just becomes a never ending cycle of costs.”

- ? Some parents say paying a monthly premium and co-pay may be acceptable if the amount of the monthly premium is considerably less than the amount of premium paid in the “premium only” pricing scenario. Their rationale is, with a significantly reduced monthly premium, depending upon the frequency of doctor visits or need for a prescription medication that would require the co-pay, the monthly premium plus co-pay scenario might be less expensive than the premium only pricing scenario.
- ? Finally, reactions to paying only a co-pay are surprisingly mixed as well. Several parents are concerned that the co-pay amount would be so high that they might not be able to afford it. They also fear that the annualized cost, depending upon the frequency of paying a co-pay, would be greater than the annualized cost of paying solely a monthly premium. Additionally, parents who have more than one child express concerns about increased expenditures because they would be paying “double” or “triple” the amount each time they took their children to the doctor.
- Parents who say they like the co-pay only pricing structure tend to have one child, and describe that child as ‘very healthy’ who only requires an annual check-up. Thus, they anticipate having to pay a minimal amount in co-pays during the course of a year.

“That [co-pay only] would work best for me because you don’t have to worry about going to the doctor’s. You only pay when you take your child to the doctor’s, and I only take my daughter to the doctor’s once or twice a year.”

“Actually, that [co-pay only] would be better because of instead of having to come up with the fee each month...not every month you take your child to the doctors...so, actually, I think the co-pay [only] would be saving you some money.”

? Parents’ stated preference for a proposed pricing structure reflect their assumptions about cost, number of physician visits per year, estimated number of prescription medications required, as well as number of children. Based on these assumptions, the following two proposed pricing structures are the most popular:

- Monthly premium only
- Co-pay only

3.9 **What Amount of Co-Pay and Monthly Premium are Parents Willing to Pay for MCHP Premium Coverage for Their Children?**

? Each respondent was asked to identify the following monthly premium amount that:

- Is so high they would question the health care plan’s value for the money
- Is so low they would be concerned about quality of care and associated health care coverage hidden costs
- They would be willing to pay in order to re-enroll their child(ren) in MCHP Premium

? Respondents’ perception of an amount that is so high they would question the value for the money varies greatly. However, all cite an amount that is considerably higher than the current \$40 to \$50 monthly premium amount. Specifically, respondents identify amounts ranging from a low of \$75 per month to a high of \$500 or more per month as a premium amount that is so high they would question the value of the health care coverage for their children.

"I would question \$100. If it's a program like MCHP Premium that's just for children, I think any premium over \$100 I would question."

- ? However, several respondents indicate that a \$20 monthly premium is an amount that is so low they would question the quality of care their children receive, as well as worry about hidden/additional costs. One or two indicate they would consider a "free plan", one that does not have any monthly premium, as a health plan that might not provide high quality care, or have hidden costs.

"\$20 or less [I would worry about quality of care]. That just seems low to me given what everything costs."

- ? Finally, several respondents indicate they would be willing to pay at least a \$50 monthly premium in order to re-enroll their child in MCHP Premium. Those parents who currently have health care coverage for their children through a private insurer indicate that a \$50 premium is very reasonable and less than what they are currently paying for a family plan.

"With my salary, I'd say \$100. Of course, I'm working full-time again, but I think the MCHP Premium program is excellent. The coverage is very good and I would be willing to pay a higher premium now that I'm working."

- A few of those parents who currently do not have coverage for their children indicate they would be willing to re-assess their family's financial situation in order to accommodate the expense because of their growing concern about their child developing an unanticipated illness that would result in substantial medical bills.

"I'd say that \$75 a month would be okay. My husband just took a new job and even though we're struggling, the \$75 a month would be worth it to have our two children covered. It really was a very good program."

- ? Respondents also were asked how much, if anything, they would be willing to pay in co-pay, in addition to a monthly premium, in order to re-enroll their child in MCHP Premium. Parents' reactions to paying a co-pay in addition to a monthly premium for MCHP Premium are somewhat mixed. Some, particularly those who currently do not have health care coverage for their children, say they would be unwilling to pay a co-pay in addition to a monthly premium for MCHP Premium simply because they cannot afford it. Others, however, would be willing to pay a \$10 to \$20 co-pay

in addition to a monthly premium for MCHP Premium because this is the pricing structure of their current health plan.

“I’d probably say somewhere around \$15 or \$20 [for co-pay]. That’s what most co-pays are now. I mean, \$10 or less would be great, but I think most health plans charge more.”

3.10 **How Appealing are Proposed Premium Payment Options and what is the Likelihood that Parents would Re-enroll Their Children in MCHP Premium if the Proposed Premium Payment Option was Available?**

- ? Respondents were read a list of four proposed premium payment plan options and were asked to rate each on two attributes: overall appeal and likelihood of re-enrolling in MCHP Premium. Respondents were asked to use a scale of 1 to 7 where a rating of 1 means not at all (appealing/likely) and a rating of 7 means extremely (appealing/likely).
- ? The coupon book is the preferred premium payment option among respondents. Not only do respondents rate it highly (rating of 6 or 7 on a 7-point scale) in terms of its overall appeal, they also rate it highly in terms of their likelihood of re-enrolling their child in MCHP Premium if it was available as a premium payment option. According to respondents, the overall appeal of a coupon book is that it puts the client in control of when the premium is paid.

“I just like being able to send my money in...”

- Additionally, several parents like the coupon book option because it is a familiar payment method. Specifically, several parents currently use a coupon book to pay their mortgage, their rent or their car payment. Therefore, according to these parents, the behavior of sending a coupon stub with payment in on a monthly basis has been established, and it would be easy to integrate the MCHP Premium payment into this established routine.

“The coupon book is probably the best [premium payment option] because of its convenience. It would be convenient for me because I would have everything right there, coupon book, checkbook, stamps, when I wrote out my bills.”

- ? While relatively few respondents selected the Pay-by-Phone premium payment option as their first choice, several indicate they would like this option as a “back-up” to the coupon book payment

option. According to respondents, having the Pay -by-Phone payment option available increases the flexibility of how they can pay their monthly premium to MCHP Premium.

- Specifically, several parents indicate they would like the “option” of being able to pay their monthly premium via a Pay -by-Phone service in case they need to “wait until the last moment” to pay the premium. Utilizing a Pay-by-Phone payment option ensures their payment would still be received on time.

“The Pay-by-Phone is more me. It’s very convenient. I don’t have to go to the Post Office or worry about whether or not I have stamps. Yeah, this one is very convenient.”

“It’s like writing the check at home. I don’t have to mail it.”

- ? Parents are less receptive to the automatic billing to a credit card, or to the automatic withdrawal from a designated bank account. Additionally, parents associate similar benefits and concerns with each of these payment methods, with concerns outweighing the perceived benefits. In fact, parents identify only one benefit associated with paying their premium either via automatic billing to a credit card, or via automatic withdrawal from a bank account: the payment is received and processed on time.
 - However, quite a few respondents express concern about the lack of control each payment option gives the client in terms of when the premium payment is made. Several parents comment that with either premium payment option the client would not have the flexibility of paying the premium on a different date, such as a date when they know they have the amount required to pay the premium.

“No, no, I can’t have that [monthly automatic billing to credit card]. It’s too hard to stop those automatic billing things.”

“I wouldn’t do it because I don’t want anyone automatically billing me for anything. It’s too easy to forget...”

- ? Other concerns expressed about either automatic payment option, include:
 - If the credit card balance is too high and it cannot accommodate premium payment, health care coverage may be cancelled

- If they do not pay the credit card balance in full, they will incur interest charge on unpaid balance/premium payment may increase amount of unpaid balance, increasing the amount of interest charged to credit card
- If there are insufficient funds in the bank account to cover premium payment, client will incur Non-sufficient Funds/NSF fees as well as still owe the premium amount

“Stop right there. I don’t like anyone messing in my bank book.”

“I don’t mind [automatic withdrawal], but I would rather just send the money in. I just like to make sure the money is there [in the bank account].”

“No, I don’t do automatic withdrawals because that causes problems with overdrafts and things.”

- ? Finally, respondents were read the following statement and asked to discuss their reactions, including anything they liked most or liked least about the concept:

“MCHP Premium is considering implementing an Automated Client Inquiry System. This would consist of a toll-free 800 telephone number that clients can call each month to find out if the State of Maryland has received and processed their [premium] payment. Clients also can call this toll-free number after submitting their initial application to find out when their child’s coverage will begin.”

- ? Overall reactions to an Automated Client Inquiry System are positive. Respondents like the concept because it gives clients the ability to determine whether or not their payment has been received and processed. Respondents say this is important information to know, especially if they were late making a payment. Interestingly, some respondents indicate that physician practices have called MCHP Premium to confirm that the child is enrolled in the program.
- According to a couple of parents, this is how they find out their child has been disenrolled from the program and the MCHP Premium coverage had been cancelled. Therefore, having the ability to call a toll-free number first to confirm that they still have coverage minimizes the risk of such embarrassing situations.

“I think it [Automated Client Inquiry System] would be a good system just for the fact that money does get lost in the mail. If you’re a Type A personality, always on top of things, that gives you 24/7 access to information. You can get information that you need when you need it.”

“I think that would be good, knowing that the payment was received. Just knowing what’s going on is a good thing.”

- ? Also, some parents say they like the ability to call after submitting the initial application to determine when their child’s coverage will begin. These parents indicate that several months passed before they were notified that their child had been successfully enrolled in MCHP Premium. Therefore, having the ability to call a toll-free telephone number to confirm when their child’s coverage will begin is appealing because it puts the parent in control (e.g., parent has a pro active role in ensuring coverage), as well as improves the overall efficiency of the application/enrollment process.

“That would be great because a lot of times the turn around time is 30 days. From the time you submit your application to the time they call you and tell you you’ve been accepted or haven’t been accepted is 30 days and that’s a long time.”

- ? However, several parents also say they would like an “opt out” feature that allows the client to dial 0 for direct access to a customer service representative. Parents generally do not like automated telephone systems because they are too complicated to use, or because they cannot access a “live person” when they have a question. Therefore, quite a few respondents suggest that the proposed Automated Client Inquiry System provide an “opt out” function to allow clients to ask a representative key questions about the program or their child’s coverage.

“I don’t like it [Automated Client Inquiry System]. I would rather talk to a human being. Once you get lost and pushing those buttons, it just can be a nightmare, so let’s just give money to people and let them handle the phones. If it [Automated Client Inquiry System] was straightforward and maybe with the option to speak to an operator, that would be fine.”

4.0 FINDINGS AND CONSIDERATIONS

A. Attitudes Toward Health Care Coverage for Children

1. *Promoting MCHP Premium*

Findings: Parents understand the importance of health care coverage for their children. Many indicate they have made, or have tried to make financial concessions in order to obtain health care coverage for their children. Having health care coverage assists parents with maintaining their children's health, which is a top priority. Therefore, parents look for a health care plan that include preventive care, a prescription plan, hospitalization, as well as dental and vision benefits.

Considerations: MCHP should aggressively lobby state legislators and other key influencer groups to convince them that the current MCHP and MCHP Premium programs should continue as currently designed and priced. Each program, through its reasonable pricing and comprehensive coverage fulfills unmet needs of target parents. Additionally, MCHP should consider developing a public education campaign targeted directly to consumers designed to inform them about the programs. Specific Health Choice health plan benefits that parents should be made aware of, include:

- Preventive care
- Prescription plan
- Emergency room services/care
- Inpatient and outpatient hospital services
- Dental coverage
- Vision coverage

B. Factors Influencing Health Plan Selection for Children’s Coverage

1. Determining the Relative Value of Health Plan Coverage for Children

Findings: Parents determine the relative value of a health plan based on the amount of coverage provided for the cost. Specifically, they consider the extensiveness of benefits, including the availability of “rich” vision and dental benefits afforded for the cost. Key aspects of the health plan’s physician network also influence the decision. However, plan selection is often determined by the total cost of the health plan.

Considerations: Given these findings, MCHP might reconsider the amount of information that is provided on the HealthChoice fact sheet contained in the MCHP Premium packet. Current study findings indicate that some applicants require more detailed information about HealthChoice before determining its relative value given the \$40 to \$50 premium. At a minimum, MCHP might consider including the following key points on the HealthChoice fact sheet to better meet target parents’ expectations:

- Flat monthly premium with no co-pays and no deductibles

- Approximate number of participating physicians for each MCO/indicate approximate size of each MCO participating provider network

- Telephone number for each MCO administrative office to give clients direct access to the MCO of choice, OR

- Repeat reference to MCHP toll-free telephone number within the listing of MCOs

C. Reasons for Applying to MCHP for Health Care Coverage

1. Catastrophic Events Triggering the Need for a Quick Solution

Findings: A major event affecting their child’s health care coverage is what leads many parents to apply to the Maryland Children’s Health Program for health care coverage. Parents are turning to MCHP for a fast solution to a significant problem, ensuring their child has health care coverage during a period of transition. Furthermore, many applicants hope to be accepted into the MCHP free program, but if financially feasible, are willing to pay the monthly premium to quickly obtain health care coverage for their children.

Considerations: MCHP should review its current MCHP Premium application and enrollment process, looking for ways to streamline the process to better meet applicants’ expectations. Parents are expecting a one-step enrollment process that is completed within a few weeks at most. Since local health departments

and local Department of Social Services are involved in the initial review to determine program eligibility, MCHP should work with these agencies to develop a more efficient initial review process.

MCHP also should evaluate current internal operational and administrative procedures to determine what can be done differently to better meet applicants' needs. Specifically, MCHP might consider developing procedures that allow case managers and enrollment contractors to work more closely together so that MCHP Premium applicants are enrolled more quickly.

D. Why Dropped Applicants do not Continue with the MCHP Premium Application Process

1. *Cumbersome Application Process that Includes Confusing Written Materials*

Findings: Written materials sent during the MCHP Premium application process are contributing to some applicants' lack of follow through. This includes information contained in the cover letter of the initial application, the letter informing applicants they are not eligible for free MCHP coverage, as well as the cover letter of the MCHP Premium packet. Confusion created by these written materials is deterring some applicants from pursuing their application for MCHP Premium coverage.

Considerations: MCHP should consider revamping all of its applicant communications materials to ensure the target audience easily understands them. Specifically, MCHP should consider the following modifications to its communications materials:

- In the cover letter of the initial application further explain how eligibility is calculated so that applicants have a greater understanding for which program (e.g., MCHP or MCHP Premium) they are eligible
- Eliminate the letter notifying MCHP Premium applicants that they have been denied coverage through MCHP. MCHP Premium applicants are confused by this letter and assume this means they are not eligible for MCHP Premium.
- Change the opening paragraph in the cover letter of the MCHP Premium packet so that it states: “Thank you for applying for coverage through MCHP Premium. You and your children are eligible for coverage. To complete the enrollment process, please mail your initial premium payment within 60 days of this letter.”
- In the cover letter of the MCHP Premium packet, consider listing all pertinent information in a bulleted format so that clients can quickly determine the appropriate steps to complete the enrollment process, without having to read entire paragraphs.

2. *Financial Hardship*

Findings: There are some parents, particularly those who currently do not have health care coverage for their children, who simply cannot afford the \$40 to \$50 premium to obtain coverage through MCHP Premium. These parents anticipate being able to qualify for the free MCHP program, and when denied, drop out of the application process.

Considerations: These findings have program guideline implications. Specifically, study findings indicate that there is a segment of target parents who, even though their family profile makes them ineligible for the free MCHP program, cannot afford MCHP Premium coverage. However, state legislators are considering adjusting income guidelines that would increase the number of lower income families who would have to participate in the cost-sharing MCHP Premium program. Given current study findings, MCHP must lobby state legislators and key influencer groups not to re-adjust income eligibility requirements, either for the MCHP or MCHP Premium programs.

Furthermore, if MCHP is interested in enrolling as many eligible children as possible, it should consider allowing alternative premium payment methods, such as bi-weekly payments in addition to monthly payments. A full evaluation of its current accounting system would determine the economic viability of such a payment collection structure; however, study findings do suggest that some parents who currently do not have health care coverage for their children because of financial hardship, may be able to more easily make partial premium payments throughout the month, rather than making one monthly premium payment.

3. *Availability of Insurance Coverage Through Employer*

Findings: Most “premium rejecters” answer “No” to Q.6 on the MCHP application form because they already have health care coverage through their employer. They are applying for MCHP Premium coverage for their children to compare costs, to ensure their child is covered while being added to employer’s plan, or to obtain “supplemental” coverage. Nonetheless, there appears to be a small segment of premium rejecters who answer “No” to Q.6 because of financial hardship; they cannot afford to pay the \$40 to \$50 monthly premium on a consistent basis. Therefore, they answer “No” in hopes of obtaining coverage through the free MCHP program.

Considerations: Given these findings MCHP needs to decide whether or not it is interested in pursuing premium rejecters. Current study findings indicate that a number of these premium rejecters are obtaining health care coverage through private insurers. Furthermore, since adding their children to their employer’s health plan is a viable option, their children are ineligible for MCHP Premium coverage. Nonetheless, there is a segment of “premium rejecters” who simply cannot afford the premium given their other expenses.

Given study findings, MCHP might consider sending the same MCHP Premium packet to “premium rejecters” that it sends to MCHP Premium applicants. Since this packet contains information about HealthChoice coverage, sending the packet to premium rejecters would provide them with an opportunity to make a more informed decision as to whether or not MCHP Premium coverage is appropriate or feasible for their children.

E. *Why Parents Disenroll from MCHP Premium*

1. *Financial Hardship*

Findings: Non-payment of premium is why some parents are cancelled from MCHP Premium. There is a segment of disenrollees who, because of continued financial problems, cannot pay the premium for MCHP Premium coverage. However, parents are reluctant to contact MCHP about their financial problems out of embarrassment, because they believe nothing can be done, or because they hope that the adverse financial situation will reverse itself in time.

Considerations: MCHP might reconsider its procedure for handling delinquent payments. Currently, children of parents who are behind in premium payments are covered for up to 90 days before being dropped from the health plan due to non-payment of premium. During that 90-day period parents are sent a written notification that their account is in arrears and payment is required. However, given study findings, if it is not already doing so, MCHP might consider having its case managers contact parents who fall behind in premium payments to determine whether or not they have a hardship case that may make them eligible for the free MCHP program.

Also, MCHP might evaluate its current accounting system to determine the financial impact of accepting bi-weekly premium payments in addition to accepting monthly premium payments. Offering an alternative payment schedule for a limited time to parents who are in arrears may encourage them to continue paying the premium, allowing their children to continue receiving health care coverage through MCHP Premium.

2. *Increase in Family Income*

Findings: Several parents indicate they had experienced a considerable increase in family income during their MCHP Premium tenure, and as a result, had become ineligible for health care coverage through the plan. However, some of these parents express displeasure with their current health plan, describing it as a poor value for the money. They indicate interest in returning to MCHP Premium for health care coverage because of the “richness” of benefits, but need a family plan.

Considerations: Based on study findings, MCHP might consider pursuing the viability of offering a family plan for low to moderate-income families. Not only is there some interest among parents who are no

longer eligible for MCHP Premium coverage, some “premium rejecters” express interest in obtaining family coverage through MCHP Premium if the premium cost is competitive. Therefore, MCHP should consider conducting a cost-benefit analysis to determine the economic viability of offering a family plan for low to moderate-income families. If providing health care coverage to families is beyond the purview of the organization’s current charter, MCHP might consider lobbying state legislators and key influencer groups to incorporate family health care coverage into the organization’s charter.

F. Impressions of MCHP Premium Health Plan

1. *Lack of Familiarity among Applicants*

Findings: Parents are not familiar with the specific benefits of MCHP Premium when they initially apply. Most admit that their goal is simply to obtain health care coverage for their child, preferably retaining their child’s pediatrician in the process. However, upon reviewing a brief summary of coverage through MCHP Premium, parents are impressed stating that it is much “richer” than anticipated.

Considerations: These findings reinforce the importance of MCHP aggressively promoting its children’s health care programs, particularly their comprehensive coverage. While applicants are most concerned about obtaining health care coverage for their children, there is a segment of applicants who require specific information about benefits to determine the relative value of MCHP Premium coverage prior to completing the application process.

2. *Mixed Impressions among Enrollees*

Findings: Enrollees have mixed impressions of MCHP Premium, influenced greatly by the specific health plan or MCO in which their child was enrolled. Specifically, experiences with size of physician network, accessibility of participating providers, as well as perceived quality of care influence enrollees’ impressions of MCHP Premium. Findings from the current study indicate that these key aspects differ considerably by health plan.

Considerations: MCHP should continue its efforts to encourage area physicians to participate in its six MCOs, as well as to encourage participating providers to accept more MCHP Premium clients. This would include, if possible, re-assessing current capitation formulas to provide a greater financial incentive for area physicians to treat MCHP Premium clients. Additionally, MCHP might consider implementing an ongoing client satisfaction study to monitor participating MCOs on key attributes, including overall responsiveness to client needs, ability to schedule an appointment in a timely manner, quality of care and so forth.

Monitoring participating MCOs on an ongoing basis will ensure that a consistent standard of care is being provided to all MCHP Premium clients.

3. *Enrollees are Dissatisfied with Dental Plan*

Findings: The current MCHP Premium dental plan is not meeting enrollees' needs or expectations. Specifically, clients are dissatisfied with the limited number of area dentists who participate in HealthChoice. Additionally, there is a perception among enrollees that dental benefits are limited; that coverage only provides for one teeth cleaning per year, and does not include fillings. Finally, enrollees criticize HealthChoice dental practices for rude, unresponsive and impersonal service; treating MCHP Premium patients as inferior to private patients.

Considerations: MCHP should consider revamping its dental program. This would include re-assessing current capitation rates to provide a greater financial incentive for area dentists to accept MCHP Premium clients. Additionally, MCHP might consider conducting an audit of its current participating dental practices to determine if they are limiting the types of dental treatment provided to MCHP Premium patients, or treating MCHP patients poorly.

G. *Attitudes Toward and Expectations Regarding Health Plan Pricing*

1. *Preferred Pricing Structure Greatly Influenced by Personal Situation*

Findings: The number of children, their perceived relative health, as well as estimations about number of physician visits and required prescription refills per year all influence parents' selection of a preferred premium pricing structure. The current monthly premium pricing structure appeals to parents who have more than one child, those whose children require numerous doctor visits, or who use prescription medications for a prolonged period of time. However, regardless of family size, many parents say they like the monthly premium pricing structure because it is a known expense that can be incorporated into the family budget, unlike co-pays. A monthly premium plus co-pay pricing structure is negatively received, considered to be "cost prohibitive" because of uncontrollable costs (e.g., unexpected doctor visits, etc.) In fact, a monthly premium plus co-pay is an aspect of private insurance that many target parents do not like.

Considerations: MCHP should continue with its current monthly premium pricing structure. It is cost effective for many target clients, particularly for those with larger families, for those whose children require numerous physician visits or prolonged use of prescription medication, as well as for those whose financial situation may not always be able to accommodate unanticipated co-pays. Also, study findings suggest that some children of target parents have considerable medical conditions (e.g., neurology disorders, physical handicaps, etc.) that require considerable medical attention. Retaining the current monthly premium pricing structure ensures that MCHP continues to respond to the financial needs of its clientele, providing health care coverage at a reasonable cost.

However, if MCHP must implement a monthly premium plus co-pay pricing structure, Shugoll Research recommends the organization charge no more than a \$5 co-pay. While there is strong resistance to paying a monthly premium plus co-pay among target parents, some indicate a willingness to pay a \$5 co-pay given the current MCHP monthly premium. Before implementing a monthly premium plus co-pay pricing structure, Shugoll Research recommends that MCHP consider pursuing the economic viability of establishing a third tier within its program, one that charges a premium and co-pay. Based on family size and income, parents would be eligible for the MCHP free coverage, MCHP premium, or the newly established MCHP program that charges a monthly premium and co-pay. Such an approach may allow MCHP to charge a higher co-pay, such as \$10 because the pricing structure would be based on family eligibility requirements.

2. ***Coupon Book is the Preferred Premium Payment Option, with Pay-by-Phone as an Expected Back-up Method***

Findings: A coupon book with stubs that can be mailed each month is the preferred premium payment option among parents. Parents rate this method highly, both in terms of its overall appeal, as well as encouraging them to enroll their child in MCHP Premium if it was available as a premium payment option. This is because the payment method is familiar, several already have established such a routine for other payments; and, parents perceive they have more control over when they make the payment. However, because of continued concerns about family finances, parents like the flexibility of being able to pay the premium on the day it is due, which is the appeal of the Pay -by -Phone option.

Considerations: MCHP, if it has not already done so, should offer the coupon book premium payment option to its clients. The coupon book can be sent with the MCO enrollment packet that is sent to clients after they have paid their initial premium. Because of its appeal, MCHP might consider including information about this premium payment option in other MCHP Premium materials, including a reference in the initial application, as well as in the cover letter of the MCHP Premium materials packet.

Based on study findings, if feasible, MCHP also should provide a Pay -by-Phone premium payment option for its clients. This payment option also should be promoted in MCHP Premium materials, including in application forms and health plan materials. As MCHP promotes its Pay -by-Phone premium payment option, however, it is important that it informs its clients about the fee associated with using this payment method. While some parents are aware of related service charges because they use a Pay -by-Phone payment method for certain bills, others are not. Therefore, to minimize confusion, it is important to inform clients about the fee in any materials that promote its availability.

APPENDIX A:
RESPONDENT PROFILES

	TOTAL (N=31)	DROPPED UNINSURED (N=3)	DROPPED INSURED (N=11)	REJECTED PREMIUM UNINSURED (N=4)	REJECTED PREMIUM INSURED (N=13)
CHILD'S CURRENT HEALTH PLAN					
United Healthcare	2	-	1	-	1
Maryland Physicians Care	1	-	1	-	-
Amerigroup/Americaid	-	-	-	-	-
Helix Family Health	-	-	-	-	-
JAI Medical Systems	-	-	-	-	-
Priority Partners	-	-	-	-	-
Private Insurer/Health Plan	17	-	6	-	11
Children not covered	7	3	-	4	-
PARENT PERSONALLY HAS HEALTH COVERAGE					
Yes	23	1	10	1	11
No	8	2	1	3	2
AREA OF RESIDENCE					
Anne Arundel County	1	-	-	-	1
Baltimore City	7	-	2	1	4
Baltimore County	7	2	4	-	1
Frederick County	2	-	-	-	2
Harford County	1	-	1	-	-
Montgomery County	3	-	2	1	-
Prince George's County	10	1	2	2	5

	TOTAL (N=31)	DROPPED UNINSURED (N=3)	DROPPED INSURED (N=11)	REJECTED PREMIUM UNINSURED (N=4)	REJECTED PREMIUM INSURED (N=13)
AGE					
Under 24	3	-	-	1	2

25 – 34	7	1	3	-	3
35 – 44	15	2	5	2	6
45 – 54	6	-	3	1	2
EMPLOYMENT STATUS					
Employed full-time	18	3	6	1	8
Employed part -time	6	-	1	3	2
Full-time homemaker	5	-	4	-	1
Unemployed	2	-	-	-	2
MARITAL STATUS					
Married/Partnered	13	-	5	-	8
Single, never married	8	2	1	3	2
Divorced/Separated	8	1	3	1	3
Widowed	2	-	2	-	-
RACIAL/ETHNIC BACKGROUND					
White/Caucasian	7	-	3	-	4
Black/African American	22	3	7	3	9
Some other racial or ethnic group	2	-	1	1	-
NUMBER OF ADULTS IN HOUSEHOLD (AGE 19 OR OLDER)					
One	14	2	5	3	4
Two	14	1	5	1	7
Three	3	-	1	-	2

	TOTAL (N=31)	DROPPED UNINSURED (N=3)	DROPPED INSURED (N=11)	REJECTED PREMIUM UNINSURED (N=4)	REJECTED PREMIUM INSURED (N=13)
NUMBER OF CHILDREN IN HOUSEHOLD (AGE 18 OR YOUNGER)					
One	14	3	2	2	7
Two	10	-	5	1	4
Three	6	-	4	1	1
Five	1	-	-	-	1
HOUSEHOLD SIZE (CHILDREN & ADULTS)					
Two	9	2	2	2	3
Three	8	1	1	1	5
Four	8	-	6	-	2
Five	3	-	1	1	1
Six	2	-	1	-	1
Seven	1	-	-	-	1
TOTAL HOUSEHOLD INCOME					
Less than \$35,000	12	2	4	2	4
\$35,000 - \$45,000	9	-	3	1	5
\$45,001 - \$54,000	4	-	3	-	1
More than \$54,000	4	1	1	-	2
Refused	2	-	-	1	1
GENDER					
Male	1	-	-	-	1
Female	30	3	11	4	12

DISENROLLED (N=10)	
AREA OF RESIDENCE	
Baltimore County	3
Baltimore City	2
Anne Arundel County	1
Charles County	1
Frederick County	1
Montgomery County	1
Prince George's County	1
CHILD'S CURRENT HEALTH PLAN	
Amerigroup/Americaid	1
Private Insurer/Health Plan	4
Uninsured	5
AGE	
25 to 34	5
35 to 44	3
45 to 54	2
EMPLOYMENT STATUS	
Employed full-time	6
Employed part -time	1
Full-time student	1
Full-time homemaker	2
GENDER	
Male	0
Female	10

		DISENROLLED (N=10)
MARITAL STATUS		
Married/Partnered		6
Single, never married		4
PARENT PERSONALLY HAS HEALTH COVERAGE		
Yes		7
No		3
RACIAL/ETHNIC BACKGROUND		
White/Caucasian		7
Black/African American		3
NUMBER OF ADULTS IN HOUSEHOLD (AGE 19 OR OLDER)		
One		2
Two		7
Three		1
NUMBER OF CHILDREN IN HOUSEHOLD (AGE 18 OR YOUNGER)		
One		6
Two		3
Three		1
HOUSEHOLD SIZE		
Two		1
Three		5
Four		3
Five		1
TOTAL HOUSEHOLD INCOME		
Less than \$35,000		1
\$35,000 - \$45,000		3
\$45,001 - \$54,000		1
More than \$54,000		5

APPENDIX B:
RECRUITEMENT SCREENERS

APPENDIX C:
MODERATOR'S TOPIC GUIDES