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Barriers to Medicaid
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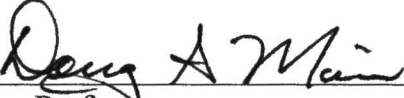
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Recently Medicaid eligibility was expanded to include more children than ever before in Texas. However, many Medicaid eligible families have not obtained benefits. This study concerns potentially Medicaid eligible families who applied to the Texas Healthy Kids Corporation. A random telephone survey of these applicants examined the outcome of Medicaid eligibility notification. Data was analyzed to determine the predictors of attempting or completing an application. No significant sensitivity to profilers such as primary language, race/ethnicity, education level or age was detected. Instead, having prior knowledge of Medicaid eligibility and being female were predictive factors to consider when engineering outreach programs. While these results indicated a statistical significance, further study of repeat notification and gender is needed in order to conclusively recommend policy change. These results have implications for the Texas CHIP program.

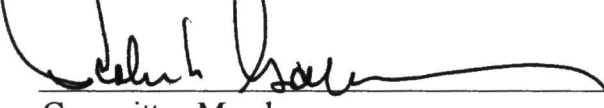
BARRIERS TO MEDICAID ENROLLMENT: A STUDY OF
THE TEXAS HEALTHY KIDS CORPORATION


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**BARRIERS TO MEDICAID ENROLLMENT: A STUDY OF
THE TEXAS HEALTHY KIDS CORPORATION**

THESIS

Presented to the School of Public Health

**University of North Texas
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Master of Public Health

By

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INTRODUCTION

Program Summaries

The Texas State Medicaid program is an entitlement program designed to provide health care access to children from birth through the eighteenth year of life. Medicaid coverage is offered at no cost to the consumer, and eligibility is determined according to family size, income and some asset tests. Families attempting to apply must contact the Department of Human Services, fill out an application, attend an interview and provide extensive documentation. In addition to the application process, periodic recertification is also required to continue receiving benefits. Medicaid covers children at different levels of the poverty line based on the child's age. Children from birth to one year are covered at 185 percent of the federal poverty line. Children one to six years of age are covered at 133 percent of the federal poverty line, and children from six years through the eighteenth year are covered at 100 percent.

The Children's Health Insurance Program was federally established in 1997 to provide another tier of health care access to children. For every dollar a state spends on the program, the federal government matches it with three dollars. States throughout the union have ratified the program within state legislatures. Texas approved the complete program in 1999. The Texas State CHIP program is designed to cover children who are not eligible for Medicaid but who don't have health insurance. The application process

for CHIP was designed to be simpler than the Medicaid application and sought to eliminate the asset test common with the Medicaid application process.

The Texas Healthy Kids Corporation (THKC) is a non-profit corporation created by the 75th Texas Legislature to administer a program through which families can purchase low-premium health insurance. The premiums vary from county to county, ranging from \$41.53 to \$79.94 per month. If families appear to be eligible for Medicaid, THKC refer the family to the state Medicaid program. THKC previously covered all children not served by Medicaid if the family made an application and was approved. The THKC program typically had a waiting list of families wanting to participate in the program. However, with the creation of the Texas CHIP program, families have a new option. CHIP covers all ages of children to the 200 percent poverty line. THKC recently announced a change to their services. The non-profit group will no longer provide access to health care, but instead it will act as a referral agency for families looking for low-cost private health insurance.

Problem and Significance

Despite comprehensive efforts during the 1980s and later during the 1990s, rates of uninsured children continue to be substantial, and in fact, recent reports suggest that the number of children without private or public insurance is continuing to rise (Selden 1998). Medicaid expansions, particularly during 1996, were designed with the objective of lowering the rate of uninsured children in our nation. However, evidence has shown

that Medicaid expansions have failed to reach their target (Weinick 1998). Many children who are eligible for Medicaid benefits are not enrolled. Having a clearer understanding of why some families do or do not apply for Medicaid will allow for better engineering of outreach programs and enrollment processes.

Health insurance is of vital importance to children of all ages, and access to care is the underlying issue of concern. According to Selden *et al.* uninsured children are two times more likely to lack a usual source of care and are more likely to experience barriers to care. As a result, they are less likely to receive preventative care and illness care (Banthin 1998). Texas is ranked second for overall highest percentage of uninsured children when compared to the other fifty states (Pulos May 1998). Roughly, one out every four Texas children does not have health insurance coverage of any kind, public or private (Pulos May 1998).

The stigma of “not wanting to take charity” and the reportedly confusing paperwork were expected to be among the barriers exposed through this research. This researcher also expected education and race to be predictors of Medicaid application.

Background

Researchers who have attempted to analyze the increasing number of uninsured children despite Medicaid expansions suggest that eligibility for Medicaid in and of itself does not guarantee utilization of the program (Haflon 1999). A recent estimate suggests that as many as 4 million of the 11 million uninsured children in the United States are

eligible for Medicaid (Pulos June 1998). Those who are eligible for Medicaid have been shown to have less access to health care services in general (Perry 2000). Oddly enough, over nine in ten parents of eligible uninsured children appear willing to enroll in Medicaid if their child were eligible (Perry 2000).

What barriers exist that prevent enrollment into the Medicaid program when a child is eligible? The consensual thought on this problem is the lack of effective outreach (Pulos June 1998). Other barriers include enrollment hurdles, lack of knowledge on how to navigate the system, Medicaid's previous link to welfare, and language issues. The enrollment process appears to be the most major of barriers (Perry 2000). Perry *et al* report that the most commonly cited reason for non-compliance is the difficulty of gathering all the required documentation. In addition, some of those in Perry's study even say that they are afraid of being treated badly by employees at the enrollment office. Furthermore, half of Spanish-speaking parents report the belief that application materials would not be available in their language, discouraging them from even trying to enroll their children.

Perry, after reviewing his research, suggests a threefold approach: greater convenience, Medicaid as a separate program from TANF (Temporary Assistance to Needy Families) and bilingual services. Among the practical suggestions are to include a mail-in application (already accepted in some states), extended hours, better doctors on the plan, and automatic enrollment through the school lunch program. On the policy front, Perry and his associates recommend a streamlined enrollment process, expanded outreach and clearer communication of program information. In addition, the authors

propose reforming Medicaid as a “product” to remove the stigma of being a public entitlement program.

Many researchers suggest that outreach is of prime concern when challenging these barriers (Ellwood 1998). In fact HRSA and HCFA (Health Care Financing Administration) both have agreed that outreach and development of the CHIP (Children’s Health Insurance Program) and Medicaid programs have become priority (HCFA 1999). There are many potential methods by which to hurdle the barriers encountered with Medicaid enrollment such as simplifying the administrative processes used to verify eligibility and reducing the amount of time needed to enroll a potential client. HCFA also suggests that a comprehensive outreach plan be implemented to enable the enrollment of children in their communities, thereby increasing access to care.

Researchers agree that the barriers that exist with Medicaid at present are not inherent of the program itself, but instead with the implementation of the program (Perry 2000). Such speculation indicates that there are feasible solutions to Medicaid barriers that states can employ. There is concern that the much-anticipated CHIP program will encounter many of the same pitfalls as Medicaid, making it imperative to solve many of the problems currently existing with Medicaid (Lewit 1998). The success of CHIP is being relied upon heavily to lower the number of uninsured children, so careful attention must be paid to Medicaid and programs like THKC (Pulos May 1998) because many children will need to first be rejected by Medicaid to qualify for CHIP. However, Medicaid itself cannot be forgotten in the pursuit to perfect CHIP because, as Fraser reminds us, “finding money to extend eligibility to new politically photogenic groups...is

easier than finding the funds to assure greater enrollment of groups that presumably already have been taken care of (1997).”

Research Design and Methodology

The Texas Healthy Kids Corporation (THKC), desiring to gain greater insight into the effectiveness of their program planning, requested the assistance of the University of Texas-Houston School of Public Health (UT-H SPH). The survey tool, designed by Dr. Spears of UT-H SPH, was administered through the University of Texas-Austin Office of Survey Research (OSR). The survey was translated into Spanish and field tested. Bilingual interviewers were also provided for participants who preferred to converse in Spanish. A telephone survey was determined to yield the best results at the most reasonable cost, given 99 percent of all THKC applicants provided a telephone number on their application. The resulting data set was the basis for this research. There were no personal identifiers collected.

All information in this study was collected from parents or guardians who were told they were potentially Medicaid eligible when applying to THKC. The commonality among the families was simply the need for health insurance for the children living in those families. Each family completed an application to THKC and was entered into the THKC database of families. If families in the database appeared potentially eligible for Medicaid according to family size and income, THKC notified each eligible family encouraging them to make an application for Medicaid. Unless a family appearing to be

eligible for Medicaid had a denial letter from Medicaid, the family was not eligible for premium assistance through THKC.

In order to ensure adequate power of the survey, all families eligible for the survey were included in the sample. That is, all applicants to THKC throughout Texas who were deemed eligible for Medicaid at the time of drawing the sample were included. The ideal response rate for this particular population was difficult to predict due to the lack of previous study of this population; however, a 50 percent response rate was considered acceptable for a Medicaid population by UT-H SPH. The sample included 4,217 families representing 6,611 children. The sample was drawn in early December 1999.

All participants in the survey were notified of the study through the mail. A letter from the executive director of THKC indicated that a representative would be calling the family to conduct the survey. Upon contacting the adult who made application to the THKC, the representative asked for a verbal consent to the study, indicating that the participant may choose not to answer any of the questions asked or to stop the survey at any time. The participant was also reassured that their responses on the survey would in no way affect any health insurance benefits they may be receiving.

During the phone interview, participants were asked a series of questions about the ages and health insurance status of the children living in the home. Then, the interviewer asked whether or not the families knew they might be eligible for Medicaid prior to the notification by THKC. Questions regarding the action of the family after notification of eligibility were posed. Some of the questions were allowed for open-

ended responses, and others were direct yes/no questions. The outcome and experiences of Medicaid applications were reviewed, and finally questions regarding gender, race, age, and education of the participant were asked. The participant was thanked and all answers were recorded using the Computer Assisted Telephone Interviewing (CATI) system.

All interviews took place from December 16, 1999 to January 11, 2000. The Office of Survey Research conducted and supervised the data collection. Included in their oversight was a thorough quality control program that involved verifying 10% of the completed interviews to insure that interviews were conducted with the correct respondent. Interviews were also randomly monitored by supervisors to insure the quality of the data being collected and to promote the best interview techniques.

Results of the telephone survey were categorical data in most cases. The dependent variables were beginning the application process and completing the application process. Chi-square analysis was used to determine any significant independent variables (such as age or gender). If significance was detected, then regression was used to test significance among independent variables. These tests were conducted to establish any similarities within groups of people who did and did not apply for Medicaid. The statistical analysis allowed the researcher to effectively predict application response using independent variables such as race, gender, and prior knowledge of eligibility, education, child health status and age.

Limitations

The major limitation of the interpretation of this data is the inability to generalize beyond the population in question. The outreach implications for these conclusions should be qualified based on the nature of the sample. Participants in the sample were self-selected to some degree. Survey participants contacted THKC on their own to obtain health insurance. The effect of this self-selection may have altered the number Medicaid application attempts. This effect is not possible to measure and should qualify the conclusions. The results should be limited to similar populations and not all Medicaid eligible populations. However, this information is valuable to Texas because CHIP will encounter many individuals included in similar populations because CHIP applicants may initiate the referral process by contacting the state CHIP program on their own. Furthermore, all potential CHIP applicants are required by law to apply for Medicaid if determined to be potentially eligible prior to receiving CHIP benefits.

RESULTS

The overall response rate for all families included in the total sample (4,217 families) was 45.4 percent. Included in the overall response rate were all the non-working phone numbers, unreachable individuals (total of 5 unsuccessful attempts to contact), answering machines, or never answered numbers. The number of families who agreed to participate in this survey was 1,914. The number of participants in the survey is the same number because one representative from each family was asked to respond to the survey. In most cases, the respondent from each family was the parent or guardian who made the initial application to THKC. The response rate of those families willing to participate in the survey was 92.8 percent. Those who refused to participate in part or in whole totaled 166.

Statistical analysis of this data set was conducted using SPSS, version 10.0 software. The sample of survey participants, the parent or guardian who made the initial application for THKC, included 20 percent men and 80 percent women. Forty-five percent reported a Hispanic ethnic origin, and 16 percent report speaking Spanish as the primary language in the home. Sixty-five percent of all participants reported having no prior knowledge of Medicaid eligibility. Furthermore, 52 percent of applicants attempted to apply for Medicaid. Approximately, 48 percent of potentially Medicaid eligible families decided not to apply for Medicaid even after being informed of their eligibility. (See Table 1.)

Table 1. Distribution of Participant's Attempt to Apply for Medicaid

Attempted to apply	Number	Percent
No	914	48.3
Yes	980	51.7
Total	1894	100

The most common reason cited for why the participant decided not to apply was not thinking he or she was eligible or that he or she made too much money. Another common reason cited for why the participant decided not to apply was that he or she thought the process was too difficult. Table 2 contains a description of the reasons given during the survey.

Table 2. Distribution of Why Participant Did Not Attempt to Apply

Why not attempted to apply	Number	Percent
Process too difficult	134	15.3
I am not poor	31	3.6
Process embarrassing	48	5.5
I don't need government assistance	88	10.1
I just need lower cost health insurance	55	6.3
Not good health care from Medicaid	5	0.6
Coverage wouldn't be adequate	12	1.4
THKC covers white kids	2	0.2
Took food stamps instead	4	0.5
Makes too much money	137	15.7
Not all kids eligible	35	4.0
Tried but denied	101	11.6
Got insurance elsewhere	60	6.9
I don't want to bother to apply	24	2.7
I have THKC coverage	7	0.8
I don't have time to apply	34	3.9
Not a citizen-legal residents	8	0.9
THKC never told me I was eligible	10	1.1
I didn't know I was eligible	7	0.8
Didn't know how I was eligible	19	2.2
Other	52	6.0
Total	699	100

Of those who attempted to apply for Medicaid, 80 percent completed the application process. (See Table 3.)

Table 3. Distribution of Completed Applications

Completed application	Number	Percent
Yes	738	80.4
No	180	19.6
Total	918	100

The most common reason given for why families did not complete the application process was being told their children were not considered eligible. (See Table 3.)

Of those who completed the process, 31 percent or 229 participants were awarded benefits as a result of being referred to Medicaid by THKC.

Table 4. Distribution of Why Participant Did Not Complete Application After Attempting

Why not completed application	Number	Percent
Application is process	64	35.6
Decided not to apply	35	19.4
I couldn't go in for appointment	12	6.7
I couldn't find all the papers they wanted	10	5.6
Told my child(ren) not eligible	53	29.4
Other	6	3.3
Total	180	100

The Pearson Chi-square analysis was performed. Dependent variables included whether or not the participant decided to apply and whether or not the participant completed the application. Independent variables age, education, ethnicity and race all showed no significance ($p < 0.05$). However, two variables, prior knowledge of eligibility

and gender, did exhibit an association with a survey participant's decision to attempt to apply for Medicaid. (See Tables 5 and 6.)

TABLE 5. Impact of Prior Knowledge of Eligibility on the Survey Participant's Decision to Attempt to Apply for Medicaid

Independent Variable	Attempt to Apply for Medicaid		Total
	No	Yes	
No prior knowledge	648	561	1209
Prior knowledge	245	403	648
Total	893	964	1857

$$\chi^2 = 42.1, p < 0.000$$

TABLE 6. Impact of Gender on the Survey Participant's Decision to Attempt to Apply for Medicaid

Independent Variable	Attempt to Apply for Medicaid		Total
	No	Yes	
Female	721	831	1552
Male	193	149	342
Total	914	980	1894

$$\chi^2 = 11.2, p < 0.001$$

Logistic regression analysis revealed the strength of association of the two variables with the decision to attempt to apply for Medicaid. Those with prior knowledge of Medicaid eligibility were approximately two times more likely than those with no prior knowledge of being eligible for Medicaid to attempt to apply. Additionally women were nearly one and half times more likely than men were to attempt to apply for Medicaid. (See Table 7.)

Table 7. Odds Ratios for Predictors of
Attempting an Application for Medicaid

Dependent Variable	Independent Variable	p-value	Odds Ratio	95% C.I.
Attempted to apply	Having prior knowledge of Medicaid eligibility	0.000	1.90	(1.50, 2.40)
Attempted to apply	Being female	0.001	1.49	(1.18, 1.89)

Both of these variables were strong predictors that were not confounding factors according to their adjusted odds ratios. (See Table 8.)

Table 8. Adjusted Odds Ratios for Predictors of
Attempting an Application for Medicaid

Dependent Variable	Independent Variable	p-value	Adjusted Odds Ratio	95% C.I.
Attempted to apply	Having prior knowledge of Medicaid eligibility	0.000	1.88	(1.49, 2.38)
Attempted to apply	Being female	0.005	1.41	(1.11, 1.78)

According to the statistical analysis, there were no statistically significant ($p < 0.05$) predictors for the survey participant completing the application process.

DISCUSSION

This sample demonstrated no significant sensitivity to profilers such as race/ethnicity, education level or age. Furthermore, the primary language spoken in the home did not demonstrate any statistical significance upon Medicaid application or completion rates. Gender did have a significant effect on the participant's likelihood of attempting to apply for Medicaid. Yet, gender did not significantly affect the participant's likelihood of finishing the application process once it was begun. Men, according to this data set, did not respond as well as women to THKC referral process. Women were 1.5 times more likely to attempt an application to Medicaid than were men.

Perhaps comprehensively targeting fathers of potentially Medicaid eligible children would increase Medicaid enrollment in the future. Such outreach may also indirectly affect the enrollment numbers through the family dynamic. If more men were supportive of receiving assistance for health care in the home setting, then perhaps more women would attempt to apply for Medicaid. Potential revision to current outreach may include the development of targeted programs and advertising located at male-dominated places of employment. Employing male outreach workers may also be more effective in motivating the male parents of Medicaid eligible children to apply. The strength of these recommendations needs to be further researched to support more persuasive conclusions.

Prior knowledge of potential Medicaid eligibility had a strong predictive force with this sample. Those who had been previously advised to attempt an application for Medicaid were 1.9 times more likely to attempt an application following notification

from THKC of their potential eligibility. This result possibly indicates that previous urgings to apply for Medicaid were effective in increasing application rates. Parents' knowledge of potential eligibility did increase the number of Medicaid application attempts and completions during this referral process. This association was also noted by Perry's recent conclusion that nine out of ten parents state they would apply for Medicaid if they knew they were eligible (2000).

Comprehensive outreach programs that increase the number of times a family is informed of potential eligibility may be an appropriate method of increasing enrollment. As HCFA encourages, comprehensive outreach programs are needed to insure Medicaid eligible children are indeed enrolled. Linking outreach organizations and institutions such as schools, churches and non-profit groups may increase public awareness about potential Medicaid eligibility. Such comprehensive outreach is usually achieved through collaborations and coalitions. The policy implications for this research include potentially mandating comprehensive outreach by requiring outreach funds be awarded to collaborative groups instead of individual organizations. Furthermore, greater accountability for outreach dollars is also needed to ensure the effectiveness of increasing enrollment rates. These policy adjustments should only be considered upon further research of these potential predictors of application rates.

According to this data set, barriers in the process of making an application for Medicaid such as personnel issues or stigmas were not predictive of application and enrollment rates. Instead barriers of not knowing about potential eligibility and gender were more important factors to consider when engineering outreach programs. Improved

comprehensive outreach may be a possible method of reaching the millions of eligible but unenrolled children living in the United States. These results also have implications for the state CHIP programs. Similar predictors of application rates may also be inevitable predictors regarding enrollment in CHIP, and given the slow utilization of federal CHIP funds, many states are paying more attention to issues such as outreach and enrollment. Some states, in fact, are facing the possibility of losing CHIP funds due to low enrollment rates. Therefore further analysis of Medicaid program barriers to application such as found in this study should be pursued.

APPENDIX
SURVEY INSTRUMENT

Hello, this is {INTERVIEWER NAME} calling from {DATA COLLECTION CONTRACTOR} on behalf of the Texas Healthy Kids program. May I please speak to {MEMBER'S NAME}?

IF SPEAKING WITH MEMBER:

{DATA COLLECTION CONTRACTOR} is conducting a study for the Texas Healthy Kids program to find out what you did after the Texas Healthy Kids program notified you in {month} that your child(ren) might be eligible for Texas Medicaid coverage. You should have received a letter telling you that we would be calling. The results of this study will be used to help improve the health insurance service offered for Texas children. This should take only about 5 to 10 minutes of your time.

➔ GO TO CONSENT STATEMENT BELOW

IF MEMBER IS NOT AVAILABLE, SCHEDULE TIME TO CALL BACK:

Can you tell me a convenient time to call back to speak with (him/her).

RECORD CALLBACK TIME ON CALL RECORD (IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).

CONSENT STATEMENTS:

We recently sent you a letter this study, but just in case you didn't receive it, let me tell you a little about the study before we continue. We are contacting families who were notified by Texas Healthy Kids that they might be eligible for Medicaid. We have selected you at random, along with several others, to represent all people who were notified that they may be Medicaid eligible. Your answers are very important to our study. The results of this study will be used to help improve health insurance coverage for Texas children.

You may choose to do this interview or not. If you do, your responses will be kept private. If you do not want to answer any question I ask you, just tell me and we will go to the next question. Your decision to do the interview will not affect any insurance benefits you get.

{The Texas Healthy Kids program determines Medicaid eligibility based on family size and income.}

Do you have any questions before we begin?

Note: Information in brackets {month} or {child's name} should be programmed in either from information supplied by UT-H School of Public Health or from a question asked earlier in the interview.

1. How many children do you have who live with you and are between 2 and 17 years old?

- | | | |
|---------------------------------------|-------------------|--------------------|
| ¹ <input type="checkbox"/> | 1 | ➔ Go to question 3 |
| ² <input type="checkbox"/> | 2 | |
| ³ <input type="checkbox"/> | 3 | |
| ⁴ <input type="checkbox"/> | 4 | |
| ⁵ <input type="checkbox"/> | 5 or more | |
| ⁸ <input type="checkbox"/> | refused to answer | |
| ⁹ <input type="checkbox"/> | I don't know | |

2. How many of your children [between 2 and 17 years old] did you want to get coverage through the Texas Healthy Kids program?

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 or more
8 ☐ *refused to answer*
9 ☐ *I don't know*

3. Is your child (How many of your children are) covered by the Texas Healthy Kids Program now?

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 or more
8 ☐ *refused to answer*
9 ☐ *I don't know*

4. Do you have children not living with you who are covered by Texas Healthy Kids insurance?

1 ☐ Yes (specify how many) _____
2 ☐ No
8 ☐ *Refused to respond*
9 ☐ *I don't know*

5. Did you know that your child(ren) were eligible for Medicaid before you applied for the Texas Healthy Kids program coverage?

1 ☐ Yes
2 ☐ No
8 ☐ *refused to answer*
9 ☐ *I don't know*

6. Have you tried to get Medicaid coverage for your child(ren) since Texas Healthy Kids told you that your child(ren) appear to be eligible for Medicaid?

1 ☐ Yes, → Go to question 9
2 ☐ No
8 ☐ *refused to answer*
9 ☐ *I don't know*

7. Would you tell me why you didn't apply for Medicaid?

[Ask question, select most appropriate responses]
[Mark all that apply]

- ☐ 1 The process is too difficult (they ask for too many receipts, etc.).
- ☐ 2 I am not poor (I don't need Medicaid).
- ☐ 3 The process is embarrassing (or humiliating).
- ☐ 4 I don't need government assistance.
- ☐ 5 I just need a lower cost health insurance plan for my child(ren). → Go to Question 7
- ☐ 6 My child(ren) wouldn't get good health care from Medicaid providers.
- ☐ 7 The health coverage provided by Medicaid is not adequate for my child(ren).
- ☐ 8 Texas Healthy Kids gives coverage to white kids and refers minority kids to Medicaid.
- ☐ 9 I could get either food stamps or Medicaid, so I took food stamps.
- ☐ 10 Other (specify) _____
- ☐ 88 refused to answer
- ☐ 99 I don't know

→ Go to Question 9

8. How much of a monthly premium would you be willing to pay per child for health insurance coverage?

Specify how much \$ _____

9. Does your child(ren) now have health insurance coverage?

- ☐ 1 Yes
- ☐ 2 No → Go to question 14
- ☐ 8 refused to answer
- ☐ 9 I don't know

10. How is that health coverage provided?

- ☐ 1 Parent's employer
- ☐ 2 Private insurance
- ☐ 3 CHIP (Children's Health Insurance Program)
- ☐ 4 Medicaid
- ☐ 5 Other _____
- ☐ 8 refused to answer
- ☐ 9 I don't know

→ Go to question 18

11. Have you completed the Medicaid application process?

- ☐ 1 Yes, My child(ren) is/are enrolled and has/have coverage. → Go to question 18
- ☐ 2 Yes, My child(ren) was/were denied coverage. → Go to question 12
- ☐ 3 No, the application is in process. → Go to question 14
- ☐ 4 No, I decided not to apply for Medicaid. → Go to question 13
- ☐ 5 No, I could not go in for the appointment because _____ → Go to question 14
- ☐ 6 No, I couldn't find all the papers they wanted. → Go to question 14
- ☐ 7 No, I was told my child(ren) wasn't eligible so I didn't apply.

- ☐ No, Other (specify) _____
☐ refused to answer
☐ I don't know

→ Go to question 14
 → Go to question 14

12. What was the reason they gave for denying you Medicaid coverage?

- ☐ They said I have too many assets (cars, savings, land, stocks, etc.).
☐ They said I make too much money.
☐ They told me I could have either food stamps or Medicaid, so I took food stamps.
☐ Other (specify) _____
☐ refused to answer
☐ I don't know

→ Go to question 14

13. Why did you decide not to apply for Medicaid?

- ☐ The process is too embarrassing.
☐ The process is too difficult (they ask for too many receipts, etc.).
☐ I can't take time off from my job.
☐ I can't get to the Medicaid office (no transportation, no car)
☐ I could get either food stamps or Medicaid, so I took food stamps.
☐ Other (specify) _____
☐ refused to answer
☐ I don't know

14. Since {month}, has (have) your child(ren) needed medical care?

- ☐ Yes
☐ No → Go to question 17
☐ refused to answer
☐ I don't know

15. How did you make arrangements to get that medical care?

[Ask question, select most appropriate responses]
 [MARK ALL THAT APPLY]

- ☐ A relative provided money to go to a doctor or clinic.
☐ A church or community group provided money to go to a doctor or clinic.
☐ I paid to go to a private clinic or doctor.
☐ I went to an emergency room.
☐ I went to a county or hospital district clinic.
☐ Named or sliding scale clinic.
☐ I took my child(ren) to the clinic at their school
☐ I took care of my child(ren) myself.
☐ I took my child(ren) to a Curandero/ Faith healer or other traditional healer.
☐ Other (specify) _____
☐ Refused to respond
☐ I don't know

16. How many times since {month} have you had to find medical care for your child(ren)?

- 1 ☐ One
- 2 ☐ Two
- 3 ☐ Three
- 4 ☐ Four or more
- 8 ☐ *refused to answer*
- 9 ☐ *I don't know*

→ Go to question 18

17. If you did need to get medical care for your child(ren) what would you most likely do to get that care?

[[Ask question, select most appropriate responses]

[MARK ALL THAT APPLY]

- 1 ☐ Ask a relative to provide money to go to a doctor or clinic.
- 2 ☐ Ask a church or community group to provide money to go to a doctor or clinic.
- 3 ☐ I would pay to go to a private clinic or doctor.
- 4 ☐ I would go to an emergency room.
- 5 ☐ I would go to a county or hospital district clinic.
- 6 ☐ I would go to a {named} or sliding scale clinic.
- 7 ☐ I would take my child(ren) to the clinic at their school
- 8 ☐ I would take care of my child(ren) myself.
- 9 ☐ I would take my child(ren) to a Curandero/ Faith healer or other traditional healer.
- 10 ☐ Other (specify) _____
- 88 ☐ *Refused to respond*
- 98 ☐ *I don't know*

18. Would you recommend the Texas Healthy Kids program coverage to a friend?

- 1 ☐ Yes
- 2 ☐ No
- 8 ☐ *refused to answer*
- 9 ☐ *I don't know*

19. If Yes to Question 17: Why. If No to Question 17: Why not?

[record a brief 3 to 5 word response]

Specify _____

20. [If the respondent has more than 1 child covered by THK ask]
Which of your children [covered by the Texas Healthy Kids program] last had a birthday?

Name _____

For the next question, please answer for {named child}

21. In general, compared to other children the same age, how would you rate {named child's overall health} now?

[READ LIST]

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor
- ☐ 8 *Refused to respond*
- ☐ 9 *I don't know*

We are almost through now.
The last few questions about you.

22. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 8 *Refused to respond*
- ☐ 9 *I don't know*

23. Are you of Hispanic or Latino(a) origin or descent?

- ☐ 1 Hispanic or Latino(a)
- ☐ 2 Not Hispanic or Latino(a)
- ☐ 8 *Refused to respond*
- ☐ 9 *I don't know*

24. What is your race?

Are you?

[Read List, MARK ALL THAT APPLY]

- ☐ 1 White
- ☐ 2 Black or African-American
- ☐ 3 Asian
- ☐ 4 Native Hawaiian or other Pacific Islander
- ☐ 5 American Indian or Alaskan Native
- ☐ 6 Other (specify) _____
- ☐ 8 *Refused to respond*
- ☐ 9 *I don't know*

25. What is your age now (I will read some age categories, stop me when I reach yours)?

- ¹ ☐ Under 18
- ² ☐ 18 to 24
- ³ ☐ 25 to 34
- ⁴ ☐ 35 to 44
- ⁵ ☐ 45 to 54
- ⁶ ☐ 55 to 64
- ⁷ ☐ 65 to 74
- ⁸ ☐ 75 or older
- ⁹ ☐ *Refused to respond*

26. What is the highest grade or level of school that you have completed?

- ¹ ☐ 8th grade or less
- ² ☐ Some high school, but did not graduate
- ³ ☐ High school graduate or GED
- ⁴ ☐ Some college or 2-year degree
- ⁵ ☐ 4-year college graduate
- ⁶ ☐ More than 4-year college degree
- ⁸ ☐ *Refused to respond*
- ⁹ ☐ *I don't know*

27. What language do you mainly speak at home?

- ¹ ☐ English
- ² ☐ Spanish
- ³ ☐ Some other language (*please specify*) _____
- ⁸ ☐ *Refused to respond*
- ⁹ ☐ *I don't know*

28. How are you related to the child?

- ¹ ☐ Mother or father
- ² ☐ Step-mother or step-father
- ³ ☐ Grandparent
- ⁴ ☐ Aunt or uncle
- ⁵ ☐ Older brother or sister
- ⁶ ☐ Other relative
- ⁷ ☐ Legal guardian
- ⁸ ☐ Other, Specify _____
- ⁸⁸ ☐ *Refused to respond*
- ⁹⁹ ☐ *I don't know*

We are through, thank you. We appreciate your taking time to answer our questions.

Do you have any questions for me about this interview or Texas Healthy Kids?

Thank you for your time.

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