
**2003 New Hampshire Healthy
Kids Program Evaluation**

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Table of Contents

	Page
Background and Executive Summary.....	iii
Methodological Preface.....	viii
Evaluation Results	
Learning about the Program.....	1
The Application and Enrollment Process.....	4
The NH Healthy Kids Experience: Participant's Response	
Healthy Kids Coverage.....	9
Renewing Eligibility.....	15
Disenrollment.....	18
Program Satisfaction.....	20
Choosing Not to Participate	
Barriers to Participation.....	23
Consequences of Being Uninsured.....	27
Employer-Based Alternatives: Access and Affordability.....	28
Discussion: Findings and Implications.....	32
Appendix: Tables	

Background and Executive Summary

Background

The Healthy Kids program provides publicly subsidized health insurance for children under the age of 19. The program is jointly administered through the nonprofit New Hampshire Healthy Kids Corporation (NHHK) and the State of New Hampshire's Department of Health and Human Services (DHHS), Divisions of Family Assistance and Medicaid. The Healthy Kids program has various levels of eligibility and encompasses the Medicaid program, known as Healthy Kids Gold, and expanded coverage through the State Children's Health Insurance program (SCHIP), known as Healthy Kids Silver. The Silver program has two premium levels determined by family income.

NHHK was created in 1993 by legislative act to increase the number of children with health insurance, to increase their access to health care and to improve health outcomes for eligible children. The State-NHHK partnership was expanded in 1999 when SCHIP was created by Congress. Healthy Kids is funded through the federal government, the state government, the Healthy New Hampshire Foundation and parents' premiums. Additional private grants and insurer and provider discounts also help to support the program. State eligibility workers are located within the NHHK office, which serves as the mail-in application and enrollment center. NHHK staff and State employees work together to provide services to clients.

The current study was commissioned by NHHK to evaluate the Healthy Kids Gold and Silver programs. NHHK also provides unsubsidized insurance for children whose families do not meet the income criteria for the Healthy Kids Gold or Healthy Kids Silver benefits. This program and other corporate activities are not included in the evaluation.

RKM Research and Communications, Inc. conducted the evaluation in late 2003, using a computer-assisted telephone interviewing (CATI) system. The survey included nearly 2000 families who either enrolled in the program or expressed interest in the program but did not enroll. The overall purpose of the evaluation is to determine the quality of enrollees' experiences with the Healthy Kids program and to identify potential barriers to participation among those who did not enroll. RKM focused on three distinct groups, including new enrollees, established enrollees and non-participating families. The evaluation included assessments of the application, enrollment and renewal processes and access to health care services.

Three hundred employers were also surveyed to determine the availability of employee and dependent coverage. The aspect of the research covered the cost-sharing requirements of dependent coverage, including premium sharing and deductibles.

While the report breaks down evaluation results by process steps (initial contact, application, enrollment, eligibility review and disenrollment), the following summary profiles the experiences of new and established enrollees as well as those who do not to participate in the program.

Executive Summary

The Healthy Kids program provides access to medical care for enrolled children and ensures that they receive the preventive and specialty care that they require to stay healthy. Customer satisfaction rates with program information, program communications and administrative processes are high. Healthy Kids also appears to be a transitional program, with nearly one-half of enrolled families leaving the program because they secure private insurance.

Family Profile

Participating families are characterized by low annual incomes, which of course help to make them eligible for the Healthy Kids program. While many of the families enrolled in the Healthy Kids program are single-parent households, nearly two-thirds represent two-parent households. Moreover, over one-half of participating families have at least two children.

Among non-participating families, approximately one-half do not have any type of health insurance for their children. Many families that are not enrolled in the Healthy Kids program reported income and household information that would make them eligible for the program.

An analysis of surveyed families suggests that:

- 1 Healthy Kids is effectively administered, leading to widespread customer satisfaction.
- 2 Those children who are enrolled in the Healthy Kids program enjoy greater access to medical care than eligible children who are not enrolled.
- 3 Major barriers preventing families from obtaining health insurance include the cost of coverage and the limited availability of employer-based health plans.
- 4 In general, families do not use the Healthy Kids program as a permanent insurance. Rather, it provides temporary coverage for families in transition.

The research shows that a typical family applies for coverage through the Healthy Kids program after their primary source of health insurance is interrupted by a change in a parent's employment status. Such a change disrupts a family's ability to enroll in or afford an individual or employer-based plan. Nearly one-half of participating families (49%) disenroll from the Healthy Kids program once they access to another health plan, while many other families leave the program after failing to return needed paperwork (17%) or after becoming ineligible based on age or an increase in income (26%).

Findings: Established Enrollees

The evaluation shows that the Healthy Kids program is meeting its mission in regard to improving access to care, as access to medical care among established enrollees is widespread and nearly universal. Virtually all participating families noted that their children have a place to go when they need medical care, and less than five percent mentioned that they needed, but failed to obtain, specific services such as care for an illness or injury, specialty care, surgery, mental health care or prescription drugs. Notably, uninsured, non-participating families are approximately four times more likely to have failed to obtain needed care in the past 12 months than families that have been enrolled in Healthy Kids for at least one year.

Improved access to medical services among participating families is particularly notable in regard to preventive care. Families that have been enrolled for at least one year are as much as 10 times more likely than uninsured, non-participating families to receive routine medical care. This finding underscores the important role that the program plays in providing preventive care, a known predictor of lower long-term health care expenses and positive health outcomes.

Moreover, when compared to uninsured, non-participating families, Healthy Kids participants are more confident that they can obtain the care they need and more satisfied with the care that they receive. In addition, the vast majority of established enrollees describe the annual eligibility redetermination process as somewhat or very easy to complete. The minority who experienced some degree of difficulty suggested that increased flexibility and a reduction of paperwork would improve the redetermination process.

As noted above, the results also show that the Healthy Kids program is generally not a particularly long-term source of insurance for most participants. Rather, the Healthy Kids Silver and Healthy Kids Gold programs offered by NHHK provide a temporary safety net for at-risk families in between other coverage options. That is to say, prior to enrolling in Healthy Kids, most families have some type of health insurance for their children, although it is important to note that Healthy Kids Silver denies eligibility to any child who has been covered by insurance in the past six months, unless good cause for cancellation of insurance can be established, such as parental job loss. After enrolling in Healthy Kids, one-half disenroll once they are capable of re-obtaining an alternative source of health insurance. Other reasons for disenrolling include: premium increases (notably, many Healthy Kids Silver families reported that they experienced an increase in family premiums at the time of renewal), children becoming ineligible and incomplete required paperwork.

Findings: New Enrollees

Analysis of the experiences of new enrollees – families that have participated in the Healthy Kids program at most six months – focused primarily on initial family interactions with NHHK. The majority of new enrollees reported that they learned of the program through family or friends, DHHS, providers or schools. They also reported receiving materials for enrollment that did a good job explaining how the program works. New enrollees were more likely than those who did not enroll to mention that program materials did an excellent or a good job of explaining the application process. They also reported that they had little problem completing the application process.

Less than one-half of new enrollees received communications regarding the status of their application in the intervening weeks between applying and enrollment. However, most families enrolled in the program in less than four weeks, with a substantial portion being notified within two weeks. Of course, timely determinations are likely to negate the need for interim communications.

About one-third of new enrollees reported that they communicated with NHHK after enrolling. While families most often initiated this contact, new enrollees were more likely than established enrollees to be contacted by NHHK or the State. A majority of families expressed satisfaction with their interaction with NHHK or State staff. Silver participants noted a slightly higher level of satisfaction than Healthy Kids Gold members.

Findings: Non-Participants

Understanding the experiences of families who chose not to participate in Healthy Kids is an essential component of continued efforts to improve access to, and the quality of, the Healthy Kids program. The research shows that a majority of non-participants inquired about Healthy Kids coverage because their children are uninsured. Among this group of uninsured families, the vast majority reported that they cannot afford premium costs of any available insurance product. Many non-participating families also inquired about Healthy Kids information because a parent lost a job or changed jobs and lost coverage as a result.

Important objectives of the non-participant research include discerning why families do not complete the process, and assessing the impact of nonparticipation on children who continue to be uninsured. A key finding is that uninsured, non-participating families are approximately four times more likely to have failed to obtain needed care in the past 12 months than families that have been enrolled in Healthy Kids for at least one year.

When examining non-participating families, the study differentiates between those who requested program information (“prospects”), those who did not provide enough information to complete the process (“closed”) and those who are determined eligible but chose not to enroll (“declines”). Those who did not complete the application or enrollment process most frequently stated that the cost of the program was too high. They also reported that they did not have time to complete the application, that they were confused by the application or that they lacked needed information. Ten percent did not pursue enrollment because they believed that they were not eligible.

Producing required documents was also cited as a reason for not pursuing coverage. Pay stubs and other income verification documents were characterized as particularly difficult to produce, along with birth certificates and social security cards.

Uninsured, non-participating families suggested that information on various insurance options and assistance in applying to the Healthy Kids program would be helpful. This is an important finding, considering that most non-participants would be eligible for Healthy Kids Gold coverage, which does not require an ongoing premium payment. Specifically, 83 percent of families that did not complete the process have incomes that would make their children eligible for Healthy Kids Gold.

Employer Options

Approximately one-half of non-participating families reported that they do not have any type of health insurance for their children. When asked to explain why they do not have coverage, these families cited two related factors: 1) the cost of non-group and dependent health insurance; and 2) a lack of employer-sponsored plans.

In fact, the opportunity to receive dependent coverage exists for many Healthy Kids Silver participants. However, this coverage is expensive, and it is often limited to full-time employees who have some longevity with their employer. For example, 40 percent of employers do not contribute to the cost of dependent coverage, and only 29 percent pay more than one-half of the cost of dependent coverage. As a result, the average cost to employees who work in a company that offers dependent coverage is \$373 per month. Self-employed individuals can expect to pay even more in premium costs – over \$512 per month, on average. In addition, it must be emphasized that one-third of employer-sponsored plans require families to meet a deductible of at least \$500, apart from monthly premium costs.

Until employers have access to more affordable insurance rates, or are able to subsidize a higher portion of dependent coverage, employees with lower incomes will not be able to obtain insurance for their children. The existence of a subsidized program is their only means of securing affordable dependent health coverage. Thus, the Healthy Kids program continues to fill an important gap in affordable health care coverage for children.

It is also important to emphasize that families who do not purchase dependent coverage are not eligible to drop their coverage and enroll in the Healthy Kids Silver program. The Healthy Kids Silver program denies eligibility to any child who has not been covered by insurance in the previous six months unless good cause for the cancellation can be established, such as parental job loss.

Methodological Preface

The results of this report are based on a telephone survey commissioned by New Hampshire Healthy Kids (NHHK). The survey was administered by RKM Research and Communications, Inc., August 29-October 12, 2003. Three groups were included in the research, described below.

1 Non-Participating Families

Non-participating families are defined as respondents who requested information about the Healthy Kids program, but who never enrolled. A total of 605 non-participating families were interviewed. Non-participating families fall into the following three categories:

Prospects Prospects are defined as non-participating respondents who inquired about the program, but who never filed an application.

Closed Closed non-participating families applied to the Healthy Kids program, but did not provide enough documentation for the program to make an eligibility decision.

Declines Declines are defined as non-participating families that filed an application, were found eligible, but who never enrolled in the program.

2 Participating Families

Families currently or previously enrolled in Healthy Kids are considered to be participating families. A total of 1203 participating families were surveyed, divided into three groups:

New Enrollees These families enrolled in Healthy Kids within the past six months.

Established Enrollees These families have participated in the program for 12 months or more.

Disenrollees These families disenrolled from Healthy Kids within the past six months.

New enrollees, established enrollees and disenrollees are each further subdivided based on their program benefits status; namely, as either *Healthy Kids Gold* or *Healthy Kids Silver* participants.

3 Employers

Finally, 300 interviews were completed among employers of parents whose children are enrolled in Healthy Kids at the Silver benefit level.

Summary of Respondents:

	Surveys Completed (N =)
<i>1 Non-Participating Families</i>	
Prospects	220
Closed	190
Declines	195
<i>SUBTOTAL</i>	<i>605</i>
<i>2 Participating Families</i>	
New Enrollees Gold	200
New Enrollees Silver	200
Established Enrollees Gold	202
Established Enrollees Silver	201
Disenrollees Gold	200
Disenrollees Silver	200
<i>SUBTOTAL</i>	<i>1,203</i>
<i>3 Employers</i>	<i>300</i>
TOTAL	2,108

The following is a summary of some of the study's primary objectives:

- 1 To understand the experiences of respondents who expressed interest in the Healthy Kids program, but who never enrolled, and to identify the barriers which discourage enrollment.
- 2 To assess the experiences of participating Healthy Kids families during the application, enrollment and renewal processes.
- 3 To assess the ability of participating and non-participating families to access health care services.
- 4 To estimate the impact on families if eligibility to the Healthy Kids program were changed to limit or restrict eligibility based on access to employer-based health insurance.

The survey was administered using a computer-assisted telephone interviewing (CATI) system. The CATI system allows data to be entered directly into a computerized database as interviews are conducted, providing a highly reliable system of data collection. A central polling facility in Portsmouth, New Hampshire was used to administer the survey. All interviews were conducted by paid, trained and professionally supervised interviewers.

The maximum sampling margin of error for a survey of 200 respondents is +/- 6.9 percent. That means, in theory, in 19 times out of 20, the results found in the sample will differ by no more than plus or minus 6.9 percentage points from what would be obtained by interviewing all of the individuals in the population under investigation, for example, all Healthy Kids new enrollees in the State.

The maximum margin of error for the survey of all 605 non-participating families is +/- 4.0 percent, and the maximum margin of error for the survey of all 1,203 participating families is +/- 2.8 percent.

The maximum margin of error for the survey of 300 employers is +/- 5.7 percent.

In addition to sampling error, the practical difficulties of conducting any survey of public opinion will introduce other sources of error into the poll.

The results presented in this report include univariate and bivariate analyses of the data. Frequency distributions for each item included on the questionnaire are shown in the tables. In all cases, crosstabulation results are also shown. This type of bivariate analysis examines differences between subgroups of the overall population.

In cases where crosstabulation results are presented, a *chi-square* test, an *independent t-test for means*, or a *Z-test for independent percentages* is shown. A *chi-square* test is used in cases where comparisons are made for categorical variables. A *t-test* is used in cases where comparisons are made for measurement variables. A *Z-test* is used in cases where comparisons are made between independent population percentages.

The purpose of these statistical tests is to determine whether or not the observed difference between subgroups in the sample is due to sampling error or whether it is due to a real difference in the population. When the results are statistically significant, it strongly suggests that the observed difference between subgroups found in the sample is due to a real difference in the population, and not due to sampling error.

A *chi-square* significance level of .05 indicates significance at the 95 percent level. In other words, it is 95 percent likely that the results are due to a real difference between comparison subgroups. A *chi-square* significance level of .01 indicates significance at the 99 percent level. When a *t-test* or a *Z-test* is shown, lower- and upper-case letters indicate significance at the 90 and 95 percent levels respectively.

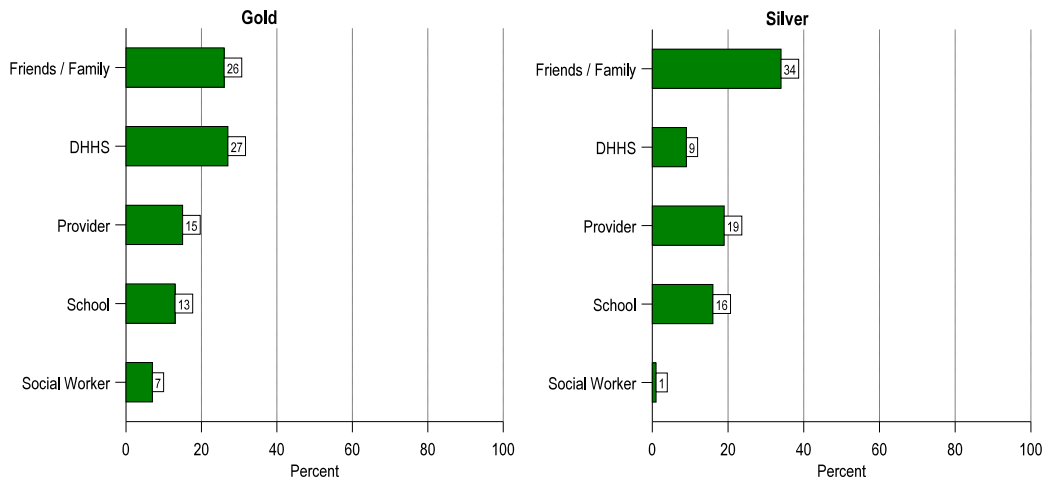
Learning about the Program

Families learn about the program from a number of sources, including friends and family and the Department of Health and Human Services.

New enrollees were asked how they found out about the Healthy Kids program. The results suggest that Healthy Kids Gold and Healthy Kids Silver families learn about the program from slightly different sources.

How did you first learn about the New Hampshire Healthy Kids Program?

[Among: New Enrollees]

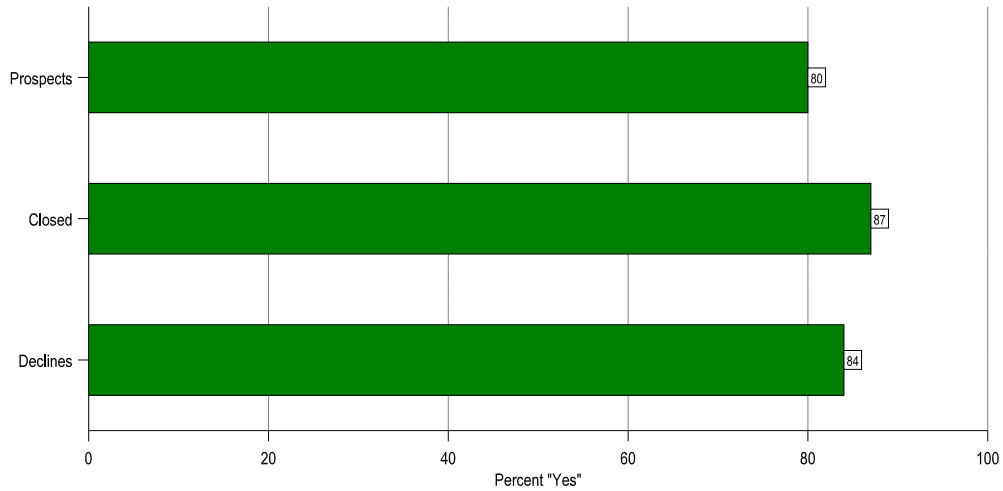


Most non-participating families report that they received helpful information about the Healthy Kids program in the mail.

A majority of non-participating families received materials from NHHK. Furthermore, many respondents noted that these materials did a good job explaining how the program works.

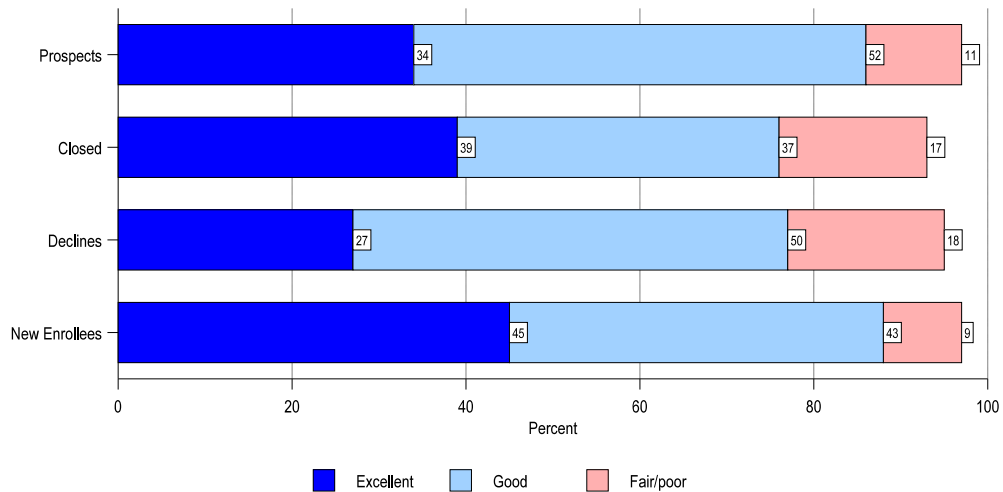
Did you ever receive any materials in the mail from New Hampshire Healthy Kids?

[Among: Non-Participating Families]



How well did the materials explain how the program works?

[Among: Respondents who Received Materials]

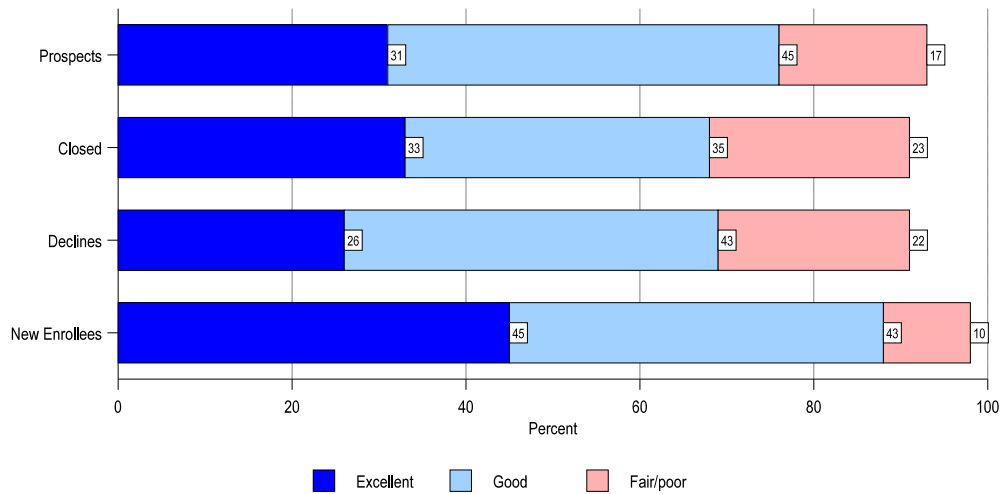


In general, families indicate that the information they received helped them to understand the program's eligibility and application requirements.

New enrollees were especially likely to report that the materials they received in the mail were helpful in explaining the eligibility and application requirements of the Healthy Kids program. However, a majority of non-participating families also indicated that these materials were helpful, as the following charts suggest.

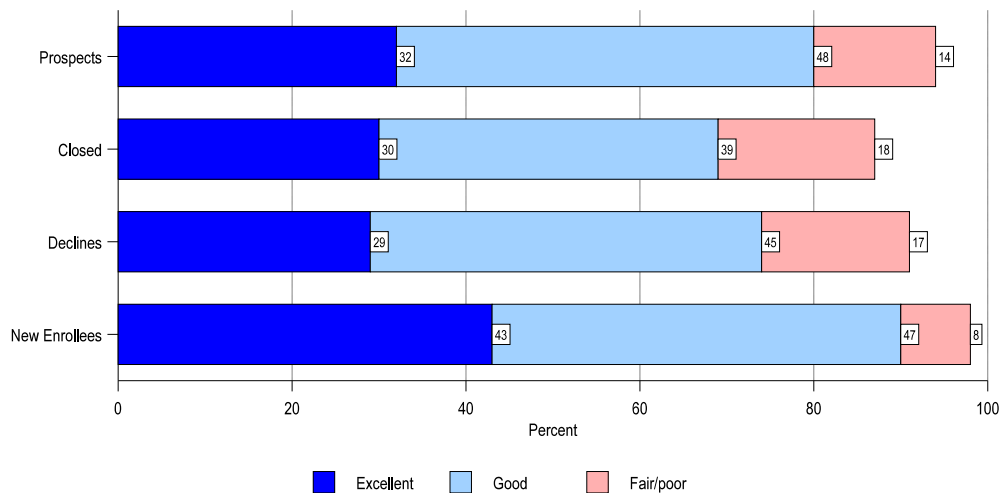
How well did the materials explain whether or not your children were eligible to participate in the program?

[Among: Respondents who Received Materials]



How well did the materials explain how to apply for coverage through the program?

[Among: Respondents who Received Materials]



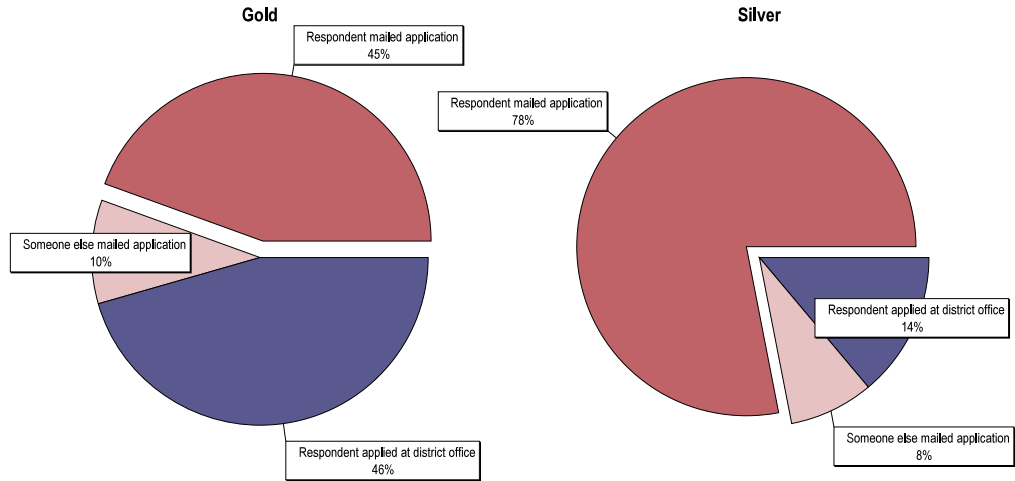
The Application and Enrollment Process

Healthy Kids Gold families are more likely than Healthy Kids Silver families to have applied at one of the 12 regional District Office of Human Services.

As illustrated below, Healthy Kids Gold participants were significantly more likely to report that they applied to the Healthy Kids program at the district office. Healthy Kids Silver participants, on the other hand, frequently reported that they applied through the US mail.

How did you first apply to the New Hampshire Healthy Kids program?

[Among: New Enrollees]

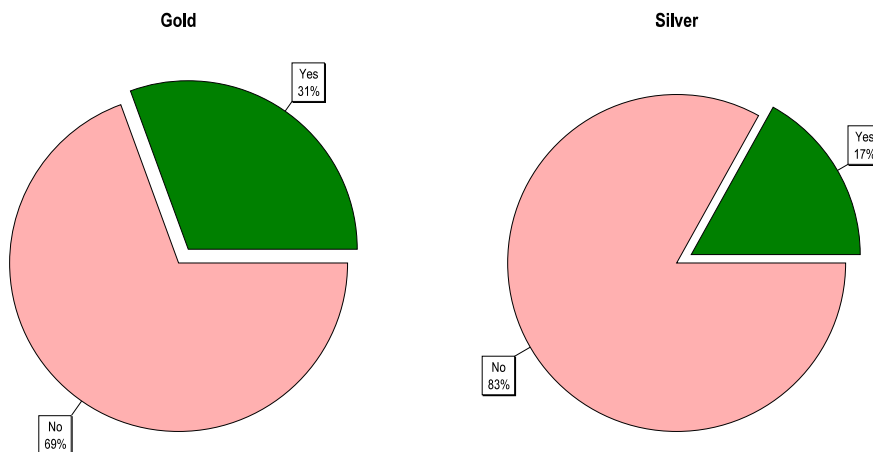


Healthy Kids Gold participants are more likely to have received help filling out their application, usually from a social service agency.

Compared to Healthy Kids Silver participants, Healthy Kids Gold participants more frequently stated that they received help filling out their application. However, both Healthy Kids Gold and Healthy Kids Silver participants who received help reported that they were assisted by various groups, including social service agencies, NHHK and health care providers.

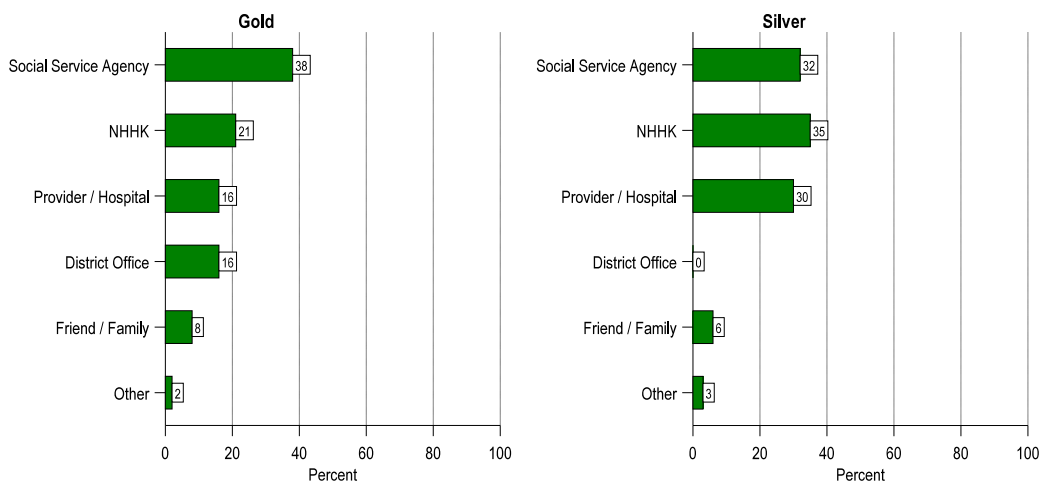
Did anyone help you fill out an application?

[Among: New Enrollees]



Who helped you apply?

[Among: New Enrollees who Received Help Applying | TOTAL MENTIONED]

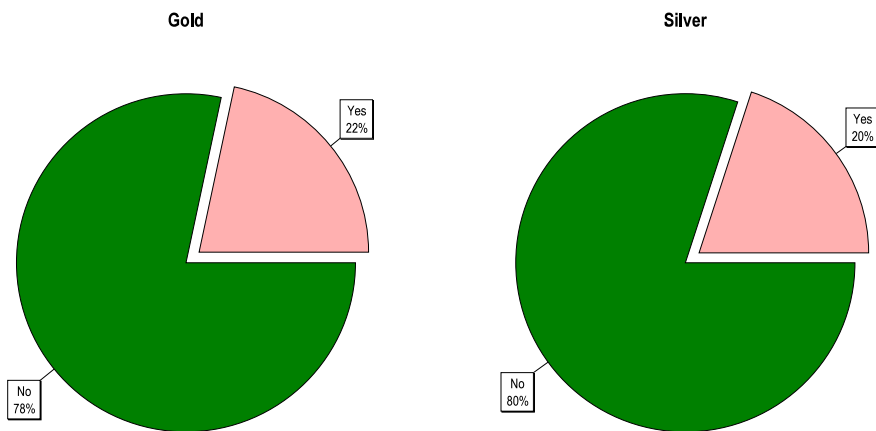


Only about one out of five new enrollees suggest that the application process could be improved, citing a need for better communication and less paperwork.

While a majority of new enrollees stated that the application process could not be improved, a significant minority suggested that positive changes could be made. In particular, participants mentioned a need for better or increased communication with NHHK, simplified applications and less paperwork.

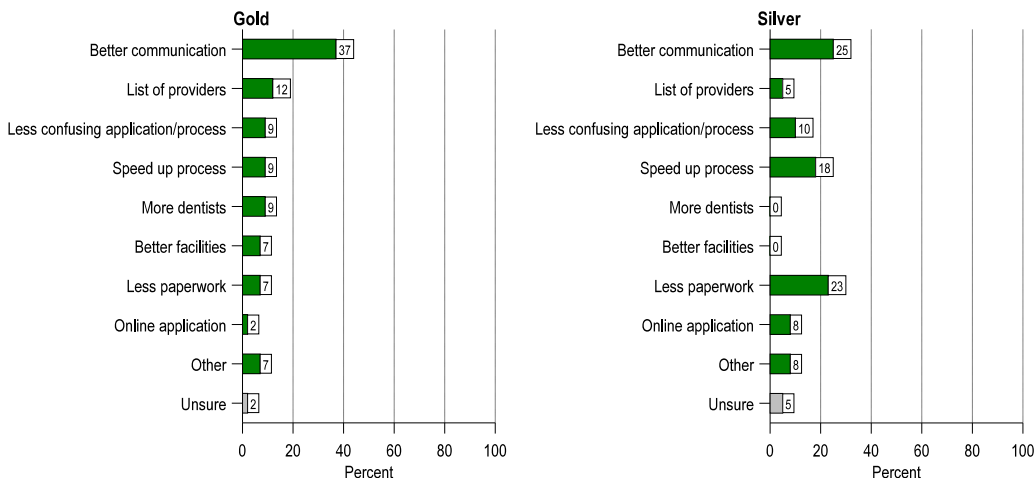
Could the application process be improved?

[Among: New Enrollees]



How could the application process be improved?

[Among: New Enrollees Reporting that the Process could be Improved]

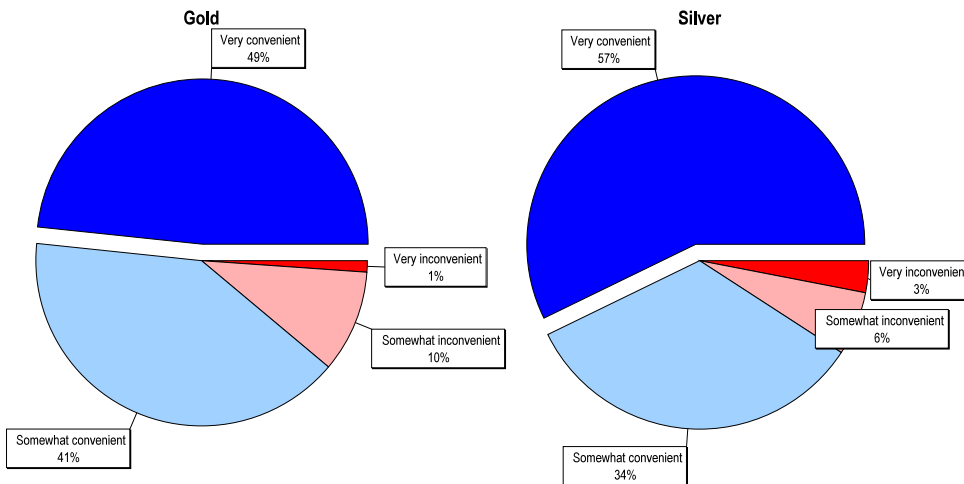


Relatively few recently enrolled participants indicate that the application process is inconvenient, although some cite paperwork as difficult.

As the following charts suggest, a majority of new enrollees described the application process as somewhat or very convenient. Relatively few respondents state that the process is inconvenient, but among those who did, many remarked that there is too much paperwork.

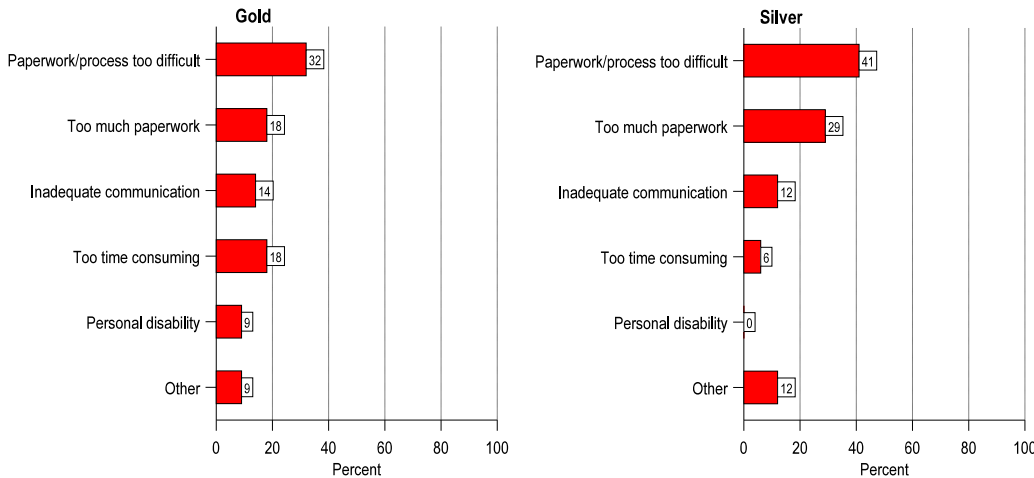
How would you describe application process?

[Among: New Enrollees]



Why do you think the application process was inconvenient?

[Among: New Enrollees who Described Process as Inconvenient]

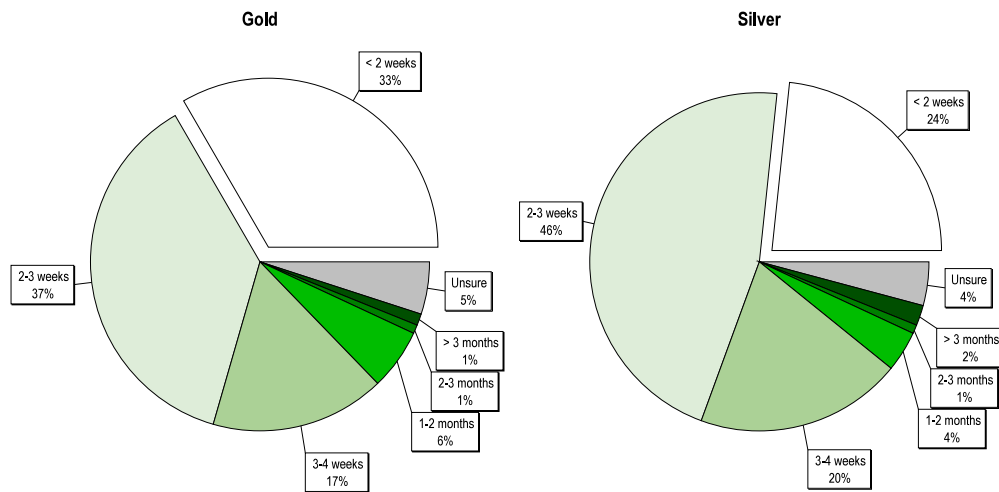


Nearly all recently enrolled participants reported that they were notified of their eligibility within a month of applying to the program.

A near majority of new enrollees reported that they were informed of their eligibility within a month of applying to the Healthy Kids program, and a substantial minority were notified within two weeks. During the application process, 53 percent of Healthy Kids Gold program members and 62 percent of Healthy Kids Silver program members received communications regarding the status of their application prior to the enrollment notice.

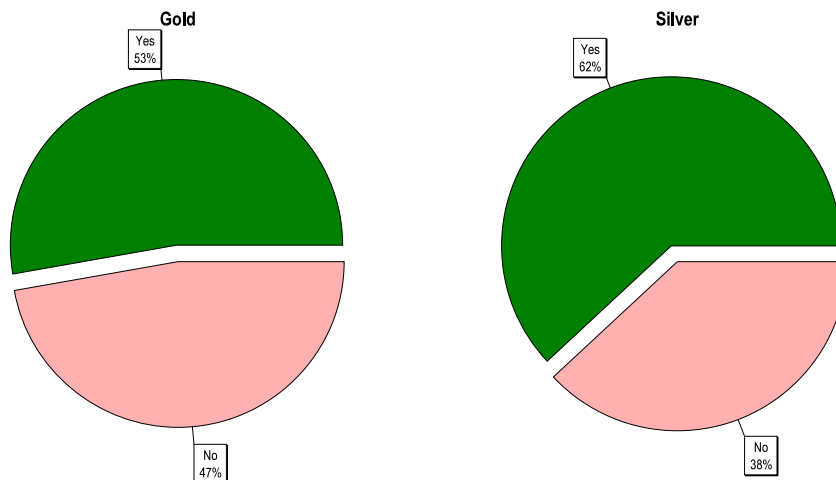
How long did it take to be notified that your children were eligible?

[Among: New Enrollees]



Were you kept informed while awaiting coverage?

[Among: New Enrollees]



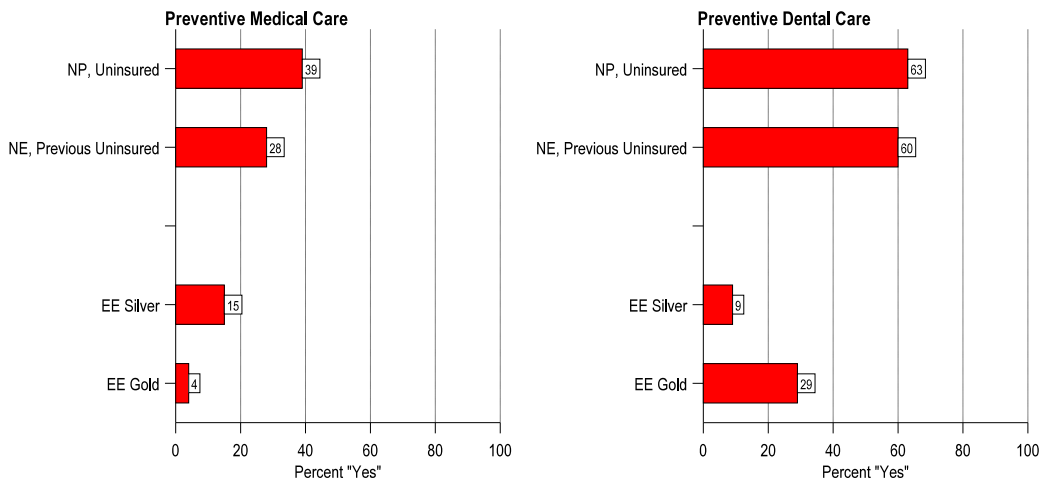
Healthy Kids Coverage

Established enrollees are more likely than recently enrolled families to have received preventive care in the past year.

Each of the following charts compares 1) non-participating, uninsured families; 2) previously uninsured new enrollees; 3) Healthy Kids Silver established enrollees; and 4) Healthy Kids Gold established enrollees. Not surprisingly, Healthy Kids Gold and Healthy Kids Silver established enrollees are more likely than uninsured non-participants or new enrollees (who have participated in the Healthy Kids program for at most six months) to have received preventive medical or dental care in the past 12 months. Notably, Healthy Kids Gold families are much more likely than Healthy Kids Silver families not to have received preventive dental care in the past year.

Have your children been unable to visit a doctor / dentist in past 12 month for routine, preventive care?

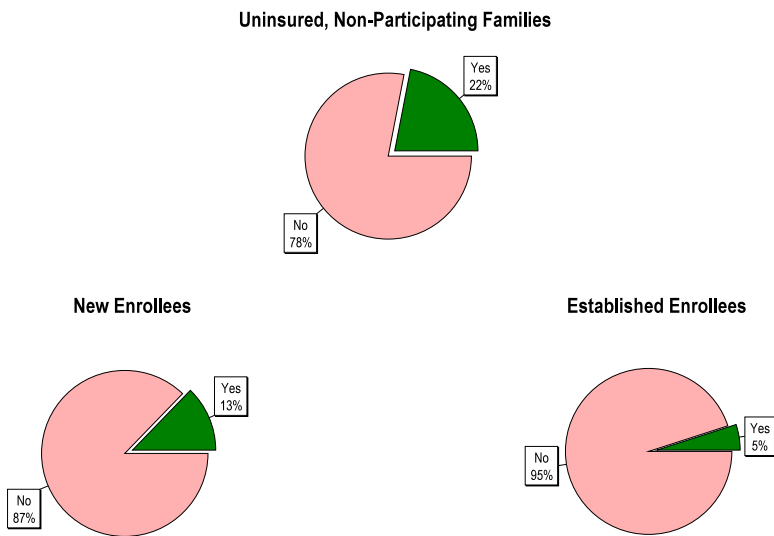
[Among: New and Established Enrollees]



Participation in the Healthy Kids program increases the likelihood that children will receive the care that they need.

Participation in the Healthy Kids program appears to increase an uninsured child’s access to medical care. Established enrollees are approximately four times less likely than uninsured non-participants to report that they were unable to obtain needed care for their children. Further, when participating families are unable to obtain the care that they need, it is unlikely to be the result of high costs—which is the primary barrier preventing uninsured health care consumers from receiving care.

Have your children needed medical care in the past 12 months, but could not get the care they needed?



Why were you unable to receive needed care?

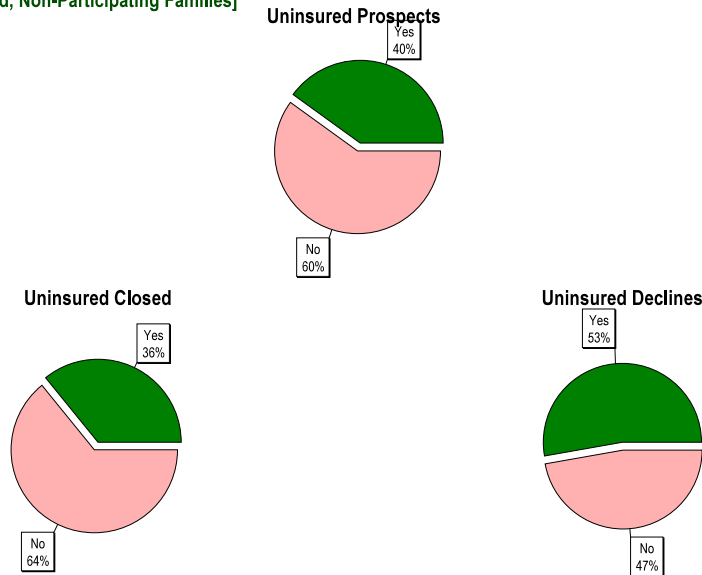
	Uninsured Non-participants (22%)	New Enrollees (13%)	Established Enrollees (5%)
Could not afford	72 %	66 %	11 %
No insurance	71	0	0
Not covered	8	24	16
Dr did not accept plan	0	8	16
Not accepting new patients	0	0	5
Condition not serious	0	8	21
Dr office closed	0	4	26
Other	3	6	10

Many uninsured, non-participating families report that their children were covered in the past year, but now cannot afford health insurance.

Many currently uninsured, non-participating families reported that their children had some type of health insurance in the past year. However, these respondents explained that they now lack health insurance largely because the monthly premium was too expensive. Families also explained that they were uninsured because they had lost a job or changed jobs .

Have your children been covered by any type of health insurance in the past 12 months?

[Among: Uninsured, Non-Participating Families]



Why are your children no longer covered by any type of health insurance?

	Uninsured Prospects (47%)	Uninsured Closed (64%)	Uninsured Declines (53%)
Could not afford premium	62 %	47 %	47 %
Parent lost job	33	23	11
Parent switched job	2	16	7
Parent lost eligibility	0	0	22
Income change, not eligible	2	2	4
Other	0	16	20

Compared to non-participants, participating families are more likely to report that a parent recently lost a job.

Participating families sought Healthy Kids coverage most often because one or more parents became unemployed. Compared to Healthy Kids Silver participants, Healthy Kids Gold participants were more likely to report that they lost their health insurance because it was too expensive to maintain. These results are shown below.

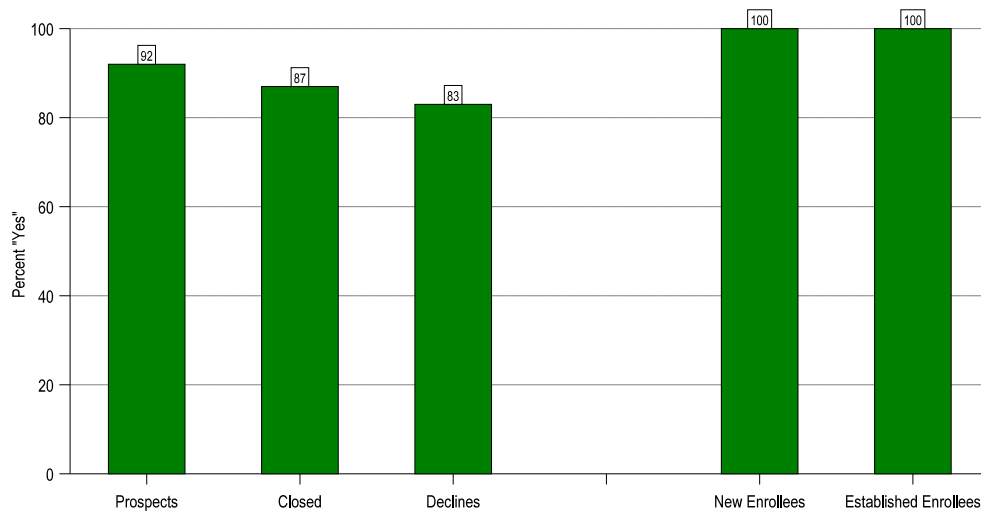
Why did you lose your health insurance?

	Gold	Silver
Could not afford premium	37 %	25 %
Parent lost job	48	48
Parent switched job	10	19
Parent lost eligibility	5	7
Other	0	0

Among participating families, access to care is universal. Most non-participating families have a place to go when their children need care.

Respondents were asked if they have a place to go when their children need medical care. The results suggest that virtually all families participating in the Healthy Kids program enjoy access to care. Among non-participants, declines are least likely to have a place to go for needed care. Nearly one in five of these families reported that they do not have a place to go for routine medical care.

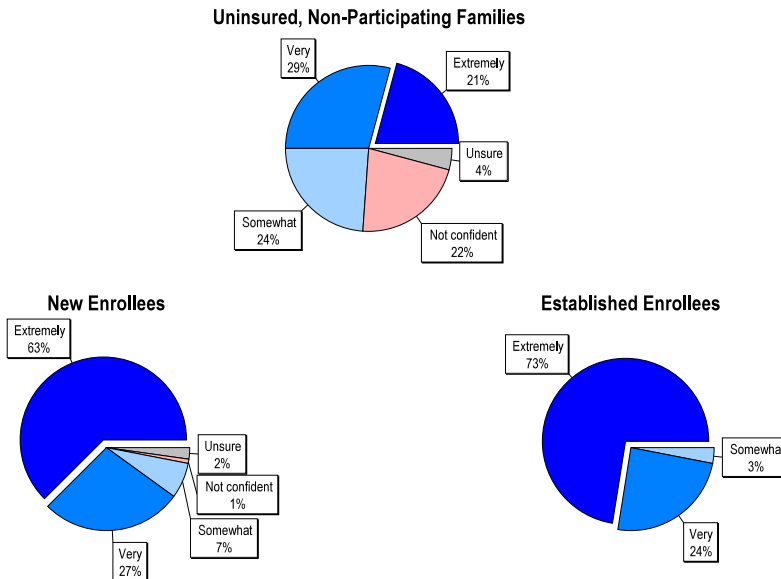
Do you currently have a place where you go when you need routine medical care?



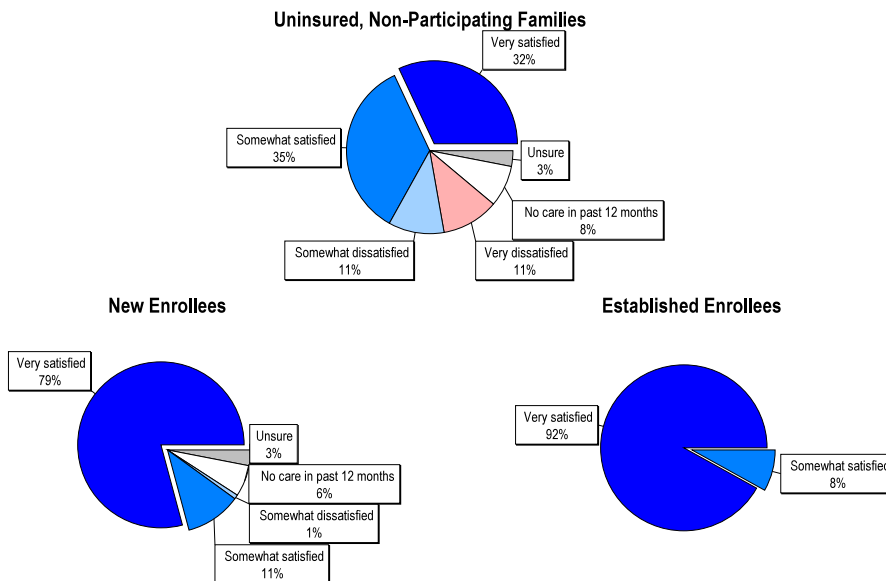
Participating families are more likely to be confident that they can obtain the care they need, and to be satisfied with the care they receive.

The results clearly illustrate that families participating in the Healthy Kids program are significantly more likely than non-participants to feel confident that they will be able to obtain the care that their children may need in the future. In addition, participating families are much more likely to express high levels of satisfaction with the care that they receive.

How confident are you in your ability to get needed care for your children?



How satisfied are you with the quality of medical care your children have received in the past 12 months?



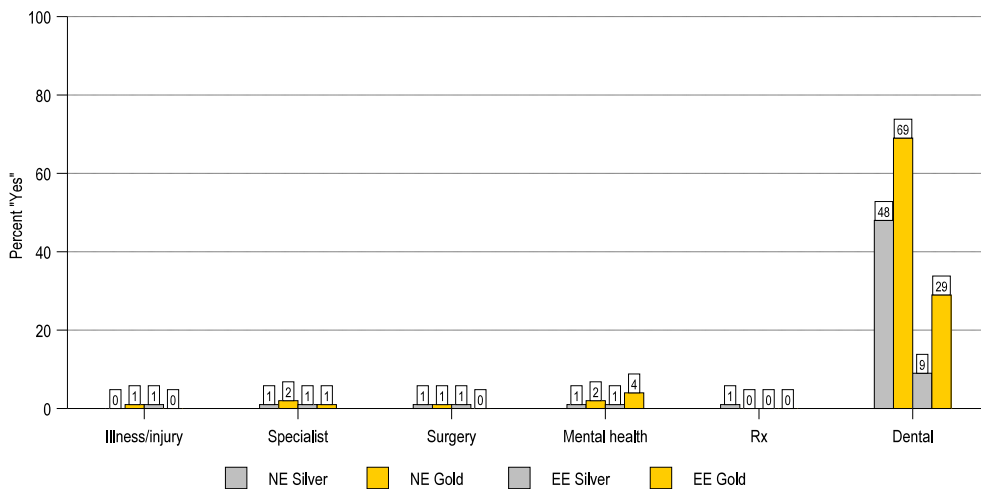
Very few participants report that their children failed to receive specific types of care since being enrolled in the Healthy Kids program.

In addition to preventive care and medical care in general, respondents were asked if the children in their household needed, but failed to received, certain specific types of care in the past 12 months, including: 1) care for an illness or injury; 2) care from a specialist; 3) surgery; 4) mental health care; and 5) prescription drugs. As shown below, very few Healthy Kids Gold and Healthy Kids Silver families reported that their children needed, but failed to receive, any of these types of care.

Respondents were asked to report the number of times that their oldest child visited a dentist for a routine dental check-up and cleaning in the past 12 months. While a number of families reported that their oldest child has not received dental care in the past year, it is important to note that routine dental care is much more common among established enrollees than among new enrollees (who have participated in the Healthy Kids program for at most six months). This suggests that Healthy Kids coverage significantly improves a child’s access to dental care.

Did your children need, but not receive, any of the following types of care?

[Among: New and Established Enrollees]



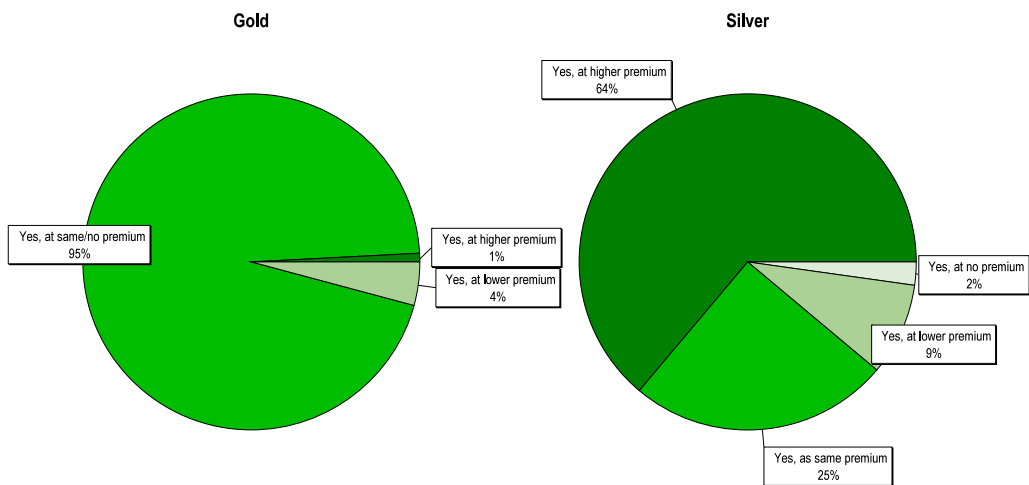
Renewing Eligibility

While many Healthy Kids Gold established enrollees report that they have been renewed at no premium, many Healthy Kids Silver enrollees have renewed at a higher premium level.

Established enrollees were asked to report the outcome of their last eligibility review. Most Healthy Kids Gold participants reported that they have renewed at the *same premium level* (95%). Many Healthy Kids Silver respondents, on the other hand, reported that they renewed at a *higher premium level* (64%).

Outcome of Eligibility Review:

[Among: Established Enrollees who have been Reviewed]

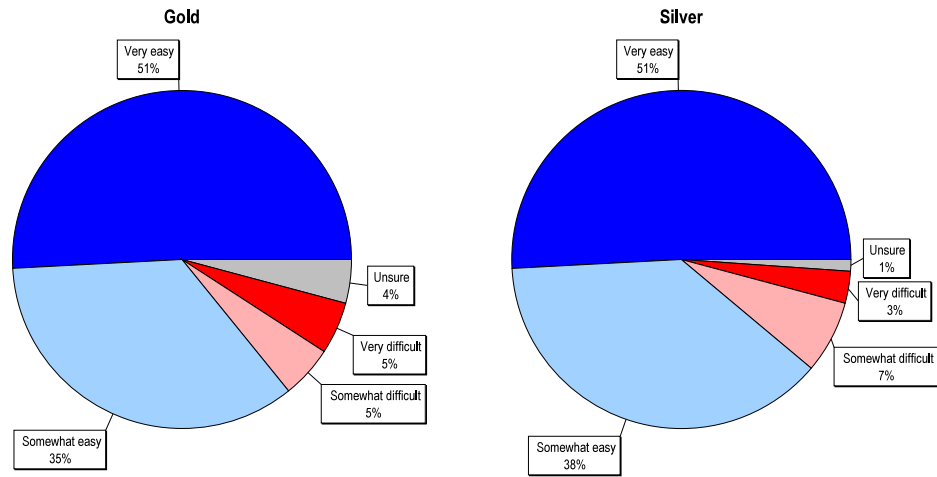


Few participants report that the renewal process is difficult, but a minority indicate that it could be improved.

Relatively few Healthy Kids Gold and Healthy Kids Silver families reported that the renewal process is difficult, and only about one out of five remarked that the process could be improved.

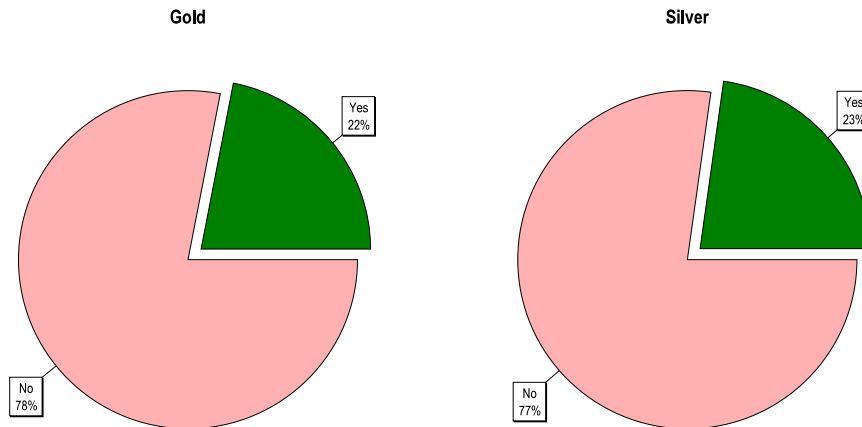
How would you describe the process of having your children's enrollment status renewed?

[Among: Reviewed Established Enrollees]



Could anything be done to improve the renewal process?

[Among: Reviewed Established Enrollees]



Less than one-fourth of respondents report the renewal process could be improved. Participants suggest increased personal assistance, less paperwork and increased flexibility.

Established enrollees who reported that the renewal process could be improved were asked to provide specific examples of how the process could be changed for the better. Healthy Kids Silver established enrollees tended to cite the need for less paperwork and a more flexible renewal process, while Healthy Kids Gold established enrollees pointed to the need for less paperwork and more personal assistance.

How could the renewal process be improved?

	Gold (22%)	Silver (23%)
Multiple ways to renew (phone, online, office)	13 %	7 %
Improved / more personal assistance	16	10
More dentists	13	0
Less frequent reviews	6	2
Help line	6	0
Less paperwork	16	21
"No changes" option	6	14
More info about rates / better rates	0	5
Improve notice of / speed up / more flexible process	0	17
Other	16	14
No answer / unsure	3	10

Disenrollment

About one-half of participants disenroll from the Health Kids program because they obtain another health insurance policy.

In order to understand why families stop receiving coverage through NHHK, disenrollees were asked to explain why they left the program. The results suggest that approximately one-half of disenrollees leave the program because they have obtained an alternative source of health insurance. Gold families in particular are also likely to have disenrolled due to a failure to return necessary paperwork, or because they did not have time to maintain paperwork.

Why are your children no longer enrolled in the New Hampshire Healthy Kids program?

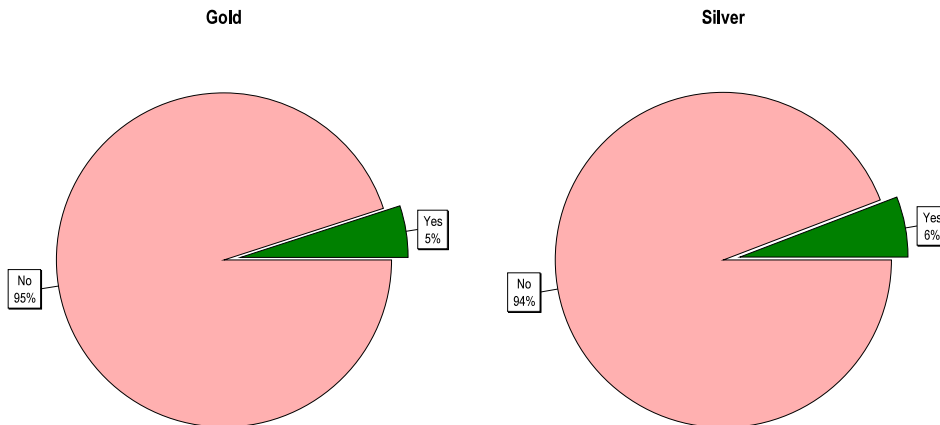
	Gold	Silver	Total
Obtained another health insurance policy	41 %	58 %	49 %
Eligibility review would require or raise premium	5	15	10
Eligibility review found children ineligible	18	15	16
Did not return paperwork needed for review	26	8	17
Could not afford premium	1	4	3
Coverage cancelled due to failure to pay	0	4	2
Dissatisfied with doctor	0	0	0
Dissatisfied with clinic	0	0	0
No time to maintain needed paperwork	16	2	9
Children no longer needed insurance	0	0	0
Other	4	3	3

Few families report that they disenrolled due to dissatisfaction, although some are dissatisfied with administrative hassles and the cost of coverage.

As the following charts illustrate, very few disenrollees reported that they left the NHHK program as a result of dissatisfaction. Among the few families who did disenroll out of dissatisfaction, many cited the frustration of administrative hassles or the cost of coverage.¹

Did your children leave the New Hampshire Healthy Kids program because you were dissatisfied?

[Among: Disenrollees | TOTAL MENTIONED]



With what were you dissatisfied?

	Gold (5%)	Silver (6%)
Cost of premium	38 %	17 %
Out-of-pocket costs	25	33
Quality of doctor	0	0
Quality of clinic	0	0
Benefits of plan	13	8
Administrative hassle	38	42
Other	13	0

¹ While there is no premium for Healthy Kids Gold, families may disenroll following a review of eligibility that would cause them to become ineligible for Healthy Kids Silver and be required to pay a premium.

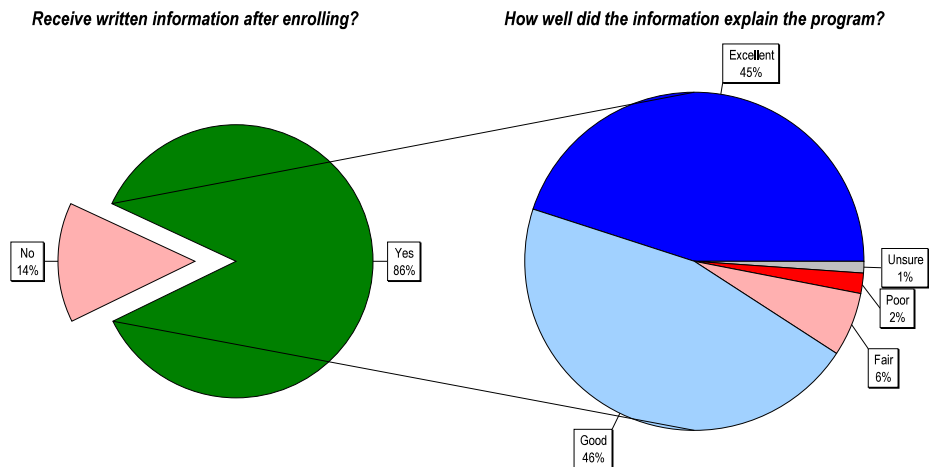
Program Satisfaction

A majority of Healthy Kids Gold and Silver participants received written information after enrolling, and many describe the information as excellent.

Both Healthy Kids Gold and Healthy Kids Silver new enrollees were asked if they received written materials about the Healthy Kids program after enrolling. Respondents who reported that they received materials were further asked to describe how well the written information explained the program. While Healthy Kids Silver participants were slightly more likely to report that they received materials after enrolling, both Healthy Kids Silver and Healthy Kids Gold participants noted that the materials they received were helpful.

Applying to the New Hampshire Healthy Kids Program:

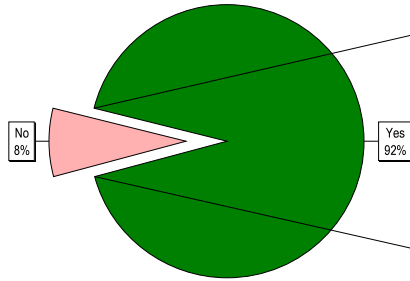
[Among: New Enrollees Gold]



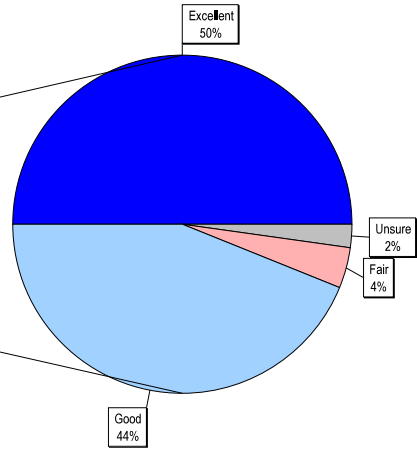
Applying to the New Hampshire Healthy Kids Program:

[Among: New Enrollees Silver]

Receive written information after enrolling?



How well did the information explain the program?

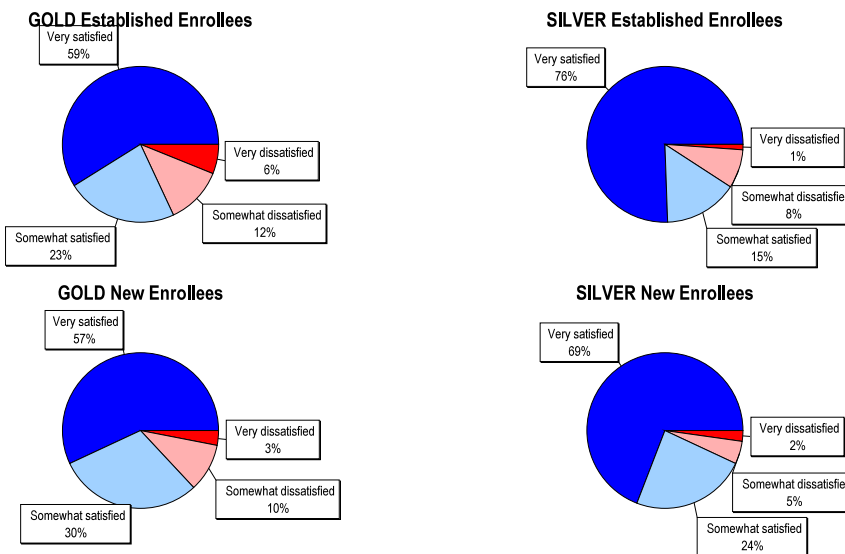


While most families are satisfied with their last interaction with the program, Healthy Kids Silver families express higher levels of satisfaction.

Families who have been in contact with NHHK in the past year were asked to rate their overall level of satisfaction with their interaction with the Healthy Kids program. As shown below, most families expressed satisfaction with their interaction with NHHK. However, Healthy Kids Gold participants expressed slightly lower levels of satisfaction.

How would you rate your satisfaction with your last interaction with New Hampshire Healthy Kids?

[Among: New and Established Enrollees with Contact]



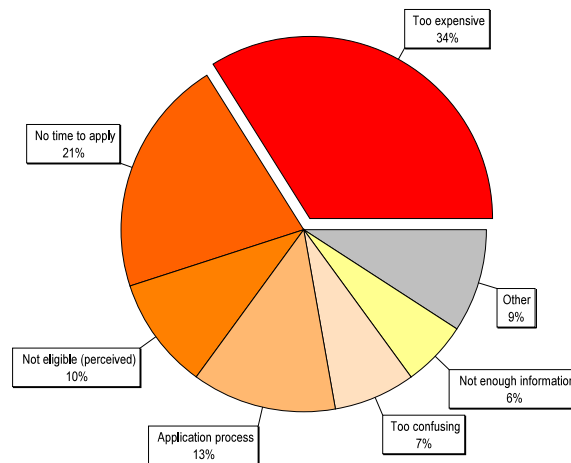
Barriers to Participation

A variety of barriers appear to discourage non-participating families from enrolling in New Hampshire Healthy Kids.

Uninsured, non-participating families were asked to explain why they did not apply to Healthy Kids or follow through with their application. While a plurality of respondents mentioned that the program was too expensive, most cited some other reason. Application materials explain income limits, citizenship requirements and the prohibition against participating if a child has been insured in six months preceding application. Notably, one out of 10 respondents believed that they were ineligible for the program.

Why did you not apply, or follow through with your application?

[Among: Uninsured, Non-Participating Families]

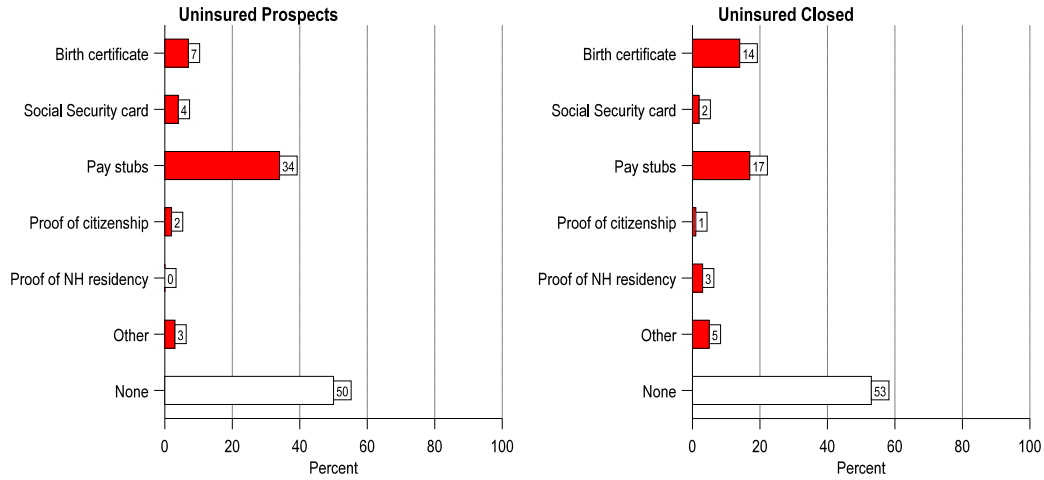


A number of non-participating families were discouraged from applying because they could not produce required documents.

Many uninsured, non-participating families reported that there were documents that they could not find which prevented them from submitting an application to the Healthy Kids program. In particular, a number of uninsured prospects mentioned the difficulty of producing pay stubs.

Were there any documents you could not get copies of that prevented you from submitting an application?

[Among: Uninsured Prospects and Closed | TOTAL MENTIONED]



Most uninsured non-participants would be eligible for Healthy Kids Gold coverage, and a majority express interest in obtaining coverage through the program.

Non-participating families without health insurance were asked a series of questions in order to determine the benefit level for which they would qualify if they enrolled in the Healthy Kids program. The results suggest that approximately two-thirds of these respondents would be eligible for Healthy Kids Gold coverage. Even more families expressed interest in receiving coverage through the program.

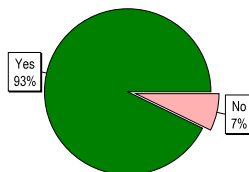
New Hampshire Healthy Kids Eligibility Status:

	Uninsured Prospects (47%)	Uninsured Closed (64%)	Uninsured Declines (53%)
Gold	62 %	61 %	68 %
Silver \$25	22	26	19
Silver \$45	11	3	9
Silver \$100	5	10	4

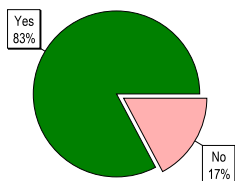
Are you interested in participating in New Hampshire Healthy Kids?

[Among: Uninsured, Non-Participating Families]

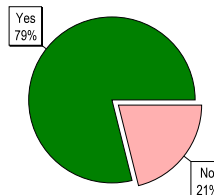
Uninsured Prospects



Uninsured Closed



Uninsured Declines



It is useful to note that only 28 non-participating families (prospects and declines) who inquired about the possibility of enrolling their children in the program reported annual income that would make them ineligible for coverage. In other words, the overwhelming majority of families (83%) who inquire about the program but never enroll are eligible for the program, and most would qualify for coverage with no premium in the Healthy Kids Gold program.

Written information about available options and personal assistance would be most useful to uninsured families interested in obtaining health insurance.

Uninsured families were asked how they could be best assisted in obtaining health insurance for their children. Approximately one-half of respondents mentioned that written information outlining their available options for coverage would be most helpful. However, many respondents also indicated that personal assistance, either over-the-phone or face-to-face would be helpful.

What could be done to assist you in obtaining health insurance for your children?

	Uninsured Prospects (47%)	Uninsured Closed (64%)	Uninsured Declines (53%)
Written info about available options	53 %	49 %	65 %
Have someone call	22	21	21
Face-to-face assistance	20	28	17
Application assistance over phone	26	21	12
Learn from families already enrolled	14	12	17
Learn from children's doctor	3	5	0
Learn about non-govt sponsored insurance	2	0	4
Other	4	9	4

Consequences of Being Uninsured

Families that have been enrolled in the Healthy Kids program for at least one year are more likely than other families to receive preventive care.

The research suggests that there are significant differences between Healthy Kids families and uninsured families when it comes to obtaining preventive care. In contrast to Healthy Kids participants, for example, families that remain uninsured face a decreased likelihood of receiving preventive care (see page 9).

In addition, participation in Healthy Kids demonstrably improves a previously uninsured child's access to medical care. As noted earlier in this report, established enrollees are approximately four times less likely than uninsured non-participants to report that they were unable to obtain needed care for their children (see page 10).

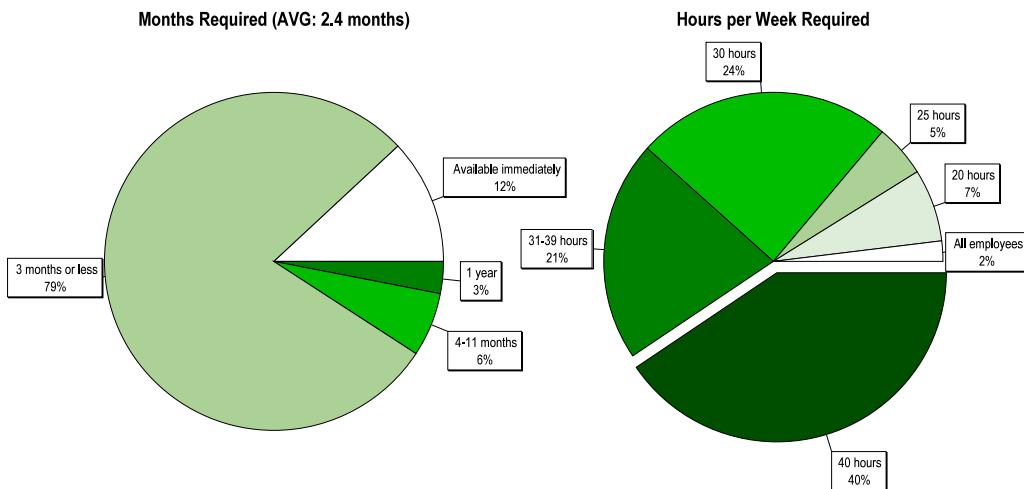
Employer-Based Alternatives

Among employers who offer insurance, benefits are usually extended to most, but not all, employees, depending on job tenure and average weekly hours.

Most employers place some restrictions on participation in their company's health plan. While few employees have to wait more than three months to become eligible, most must work at least 30 hours per week. On average, less than two-thirds of employees participate in a company plan.

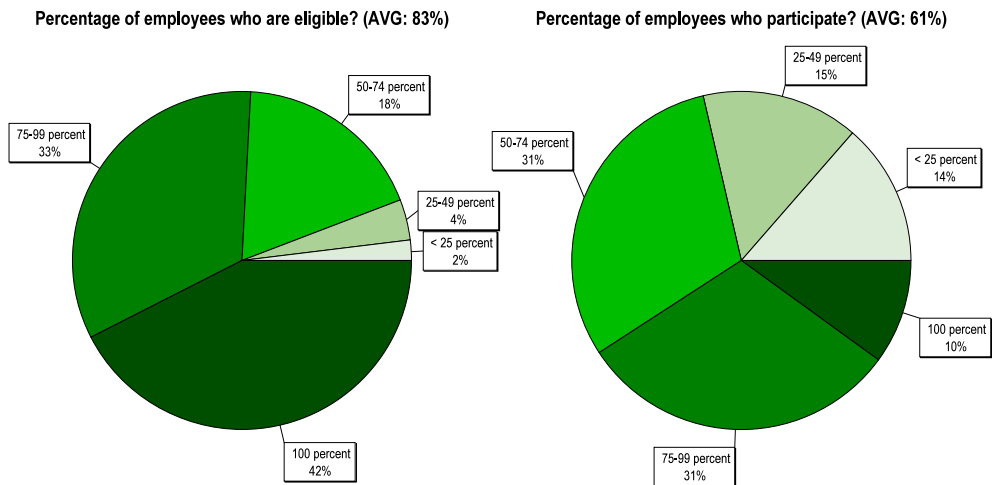
Health Plan Eligibility Requirements:

[Among: Employers who Offer a Health Plan]



Eligible Employees:

[Among: Employers who Offer a Health Plan]



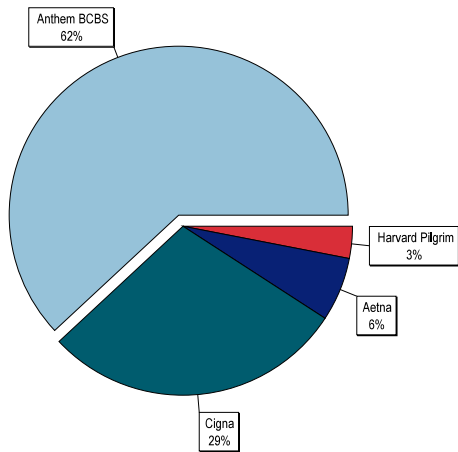
Employers typically offer HMO plans sponsored by Anthem or Cigna, many of which include a relatively large front-end deductible.

Employers were asked to describe the most popular plan in which their employees are enrolled. Most reported that their plan is sponsored by either Anthem Blue Cross Blue Shield or Cigna, and that the plan is an HMO. About one-third of employers reported that their most popular plan includes a front-end deductible, which is often over \$500.

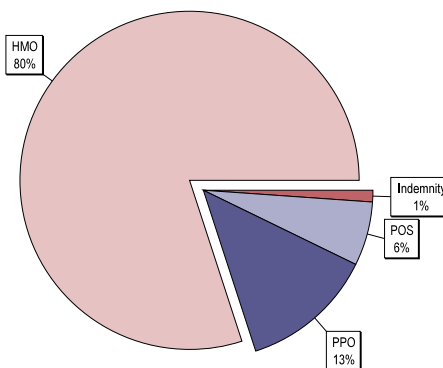
Health Plan Characteristics:

[Among: Employers who Offer a Health Plan]

What carrier offers your most affordable plan?



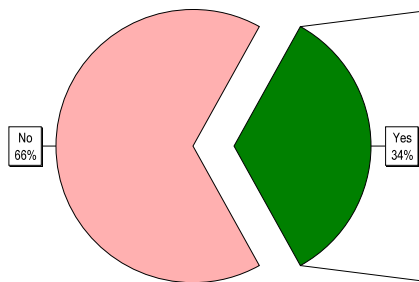
What type of plan is this?



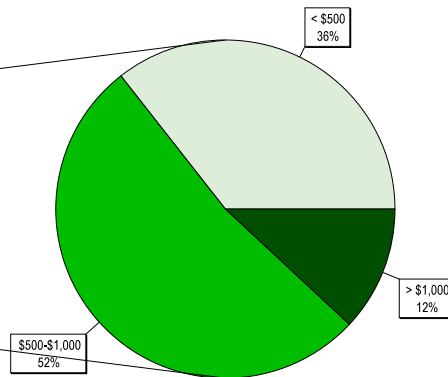
Health Plan Characteristics:

[Among: Employers who Offer a Health Plan]

Does the plan have a front-end deductible?



What is the dollar amount of the front-end deductible?



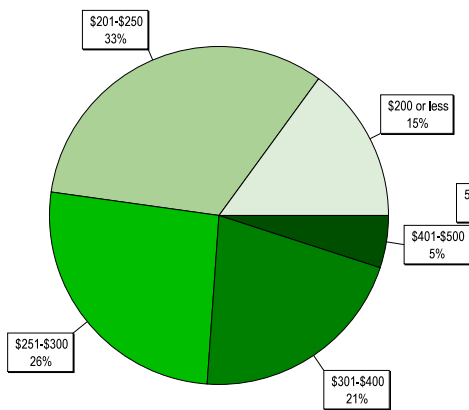
Dependent coverage is often much more expensive than individual coverage, and employers frequently pay a smaller portion of a dependent's premium.

Employers reported that, on average, dependent coverage is over twice as expensive as individual coverage. Moreover, the average employer contribution is approximately one-half as great for dependent coverage.

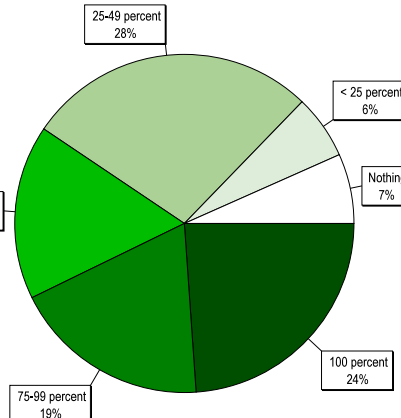
Individual Coverage:

[Among: Employers who Offer a Health Plan]

Average monthly premium for individual? (AVG: \$273)



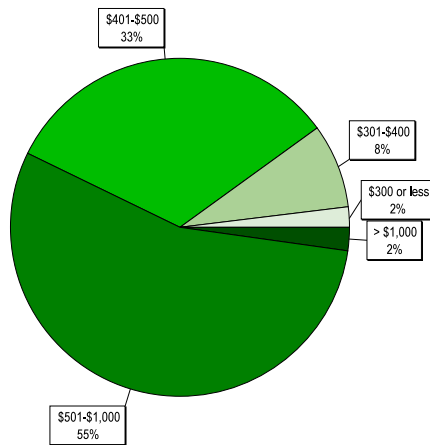
Percent of premium paid by company? (AVG: 66%)



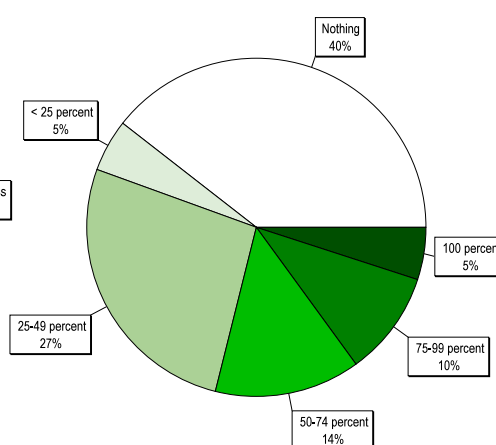
Dependent Coverage:

[Among: Employers who Offer a Health Plan w/Dependent Coverage]

Avg monthly premium for dependent coverage? (AVG: \$589)



Percent of premium paid by company? (AVG: 35%)



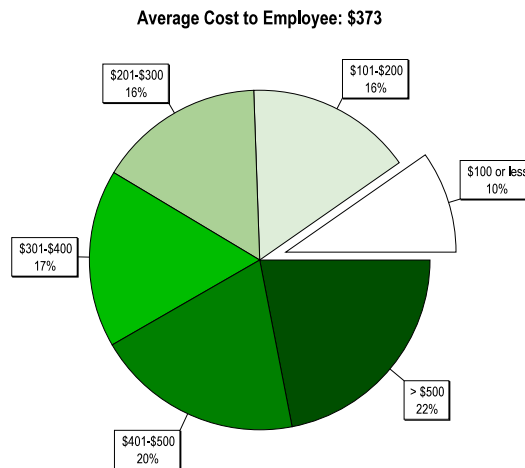
Considering the average employer contribution, the average cost of dependent coverage is over \$350 per month.

Based on figures provided by employers, it is possible to calculate the average cost of purchasing dependent coverage through an employer-based plan for Healthy Kids Silver families. As shown, the average monthly cost is slightly less than \$400. Analysis suggests that this represents approximately 12 percent of an average family’s monthly income.

In addition, the table below shows that Healthy Kids Silver families could expect to pay, on average, about \$373 per month for dependent coverage through an employer-based plan. Healthy Kids Silver families that do not have access to employer-based health insurance can expect to pay even more – over \$500 per month, on average.

Cost to Employee to Obtain Dependent Coverage:

[Among: Employers who Offer a Health Plan w/Dependent Coverage]



Affordability of Individual and Dependent Health Coverage:

Silver Families Employer Type	Average Monthly Cost of Individual Coverage	Average Monthly Cost of Dependent Coverage	Average Additional Monthly Cost for Children
Self-employed (17%)	\$ 207.27	\$ 720.19	\$ 512.92
Company			
No health plan offered (11%)	\$ 207.27	\$ 720.19	\$ 512.92
Health plan offered (72%)	\$ 88.20	\$ 589.21	\$ 373.18

Discussion: Findings and Implications

In general, informational materials that explain the Healthy Kids program are viewed favorably by families.

Overall, the materials used by NHHK to explain how the program works, whether or not families qualify, and how families can apply, are viewed as helpful by both participants and non-participants. Nevertheless, it may be possible to improve these documents. For example, a plurality of respondents described these materials as good, rather than as excellent.

To the extent possible, given program requirements and resource limits, these materials should be clear, concise and easy to read. In addition, application instructions that are simple and straightforward may be especially helpful to the minority of families that found the process challenging. Some respondents also suggested that it would be beneficial to see an exhaustive list of all of the health insurance options that are available to them.

Since non-participants were more likely to rate materials as fair or poor, attention should be given as to how best to assist these individuals in completing the application process. This is especially important since the majority of non-participants are eligible for Healthy Kids Gold and less likely to receive preventive care.

Most families rate the application process highly, although the experiences of Healthy Kids Gold and Healthy Kids Silver families are somewhat different.

The results suggest that most families are satisfied with the Healthy Kids application process. However, Healthy Kids Gold and Healthy Kids Silver participants reported slightly different experiences. For example, Healthy Kids Gold families are much more likely to apply at the district office, while Healthy Kids Silver families more frequently apply through the mail. Further, Healthy Kids Gold families are nearly twice as likely to receive help filling out an application, and are somewhat more likely to be informed of their eligibility within two weeks. On the other hand, Healthy Kids Silver families are slightly more likely to be kept informed of the status of their application.

Only about one out of 10 Healthy Kids Gold and Healthy Kids Silver participants described the application process as inconvenient, but the information provided by these respondents could nevertheless be used to improve the application process for all interested families. In particular, a number of respondents mentioned the need for simplifying or streamlining necessary paperwork.

In addition, the research uncovered some barriers that appear to discourage interested families from applying to the program, including the cost of coverage, the time needed to apply and a need for better communication with program staff or application assistants. A number of non-participating families also noted that they were discouraged from applying because they could not produce certain required documents, such as pay stubs. There is some evidence to suggest that these barriers may be more significant for families that would qualify for Healthy Kids Gold coverage. Lowering these barriers would likely result in an improved application process and greater numbers of enrolled families. To the extent that federal and state rules allow, further simplification of processes and forms could result in improved program access and preventive care for many New Hampshire children. If regulations and required assurances of program integrity prevent further process improvements, any available program resources could be directed toward application assistance to those who require it most.

Participation in the New Hampshire Healthy Kids program measurably increases children's access to health care.

Although a majority of non-participating families are able to obtain needed medical attention for their children, the results nevertheless suggest that participation in the Healthy Kids program improves access to health care. This is particularly true in regard to preventive care, where established enrollees are as much as 10 times more likely than uninsured, non-participants to receive preventive medical care. Furthermore, compared to uninsured, non-participating families, Healthy Kids participants are more confident that they can obtain the care they need, and more satisfied with the care that they receive.

It should be noted that there are many non-participating families without health insurance that would qualify for Healthy Kids coverage based on their household income. Approximately 50 percent of non-participants lack health insurance, and about two-thirds of these families would be eligible for Healthy Kids Gold coverage through the program. Notably, nearly all of these families reported that they would be interested in receiving health insurance for their children through the Healthy Kids program. Yet, as intimated earlier, these families are more likely to identify barriers to enrollment, and would likely require additional outreach efforts and personal assistance.

Few Healthy Kids Gold or Healthy Kids Silver participants report that the renewal process is difficult, but one out of five indicate that it could be improved.

The experiences of participating families that have been reviewed by NHHK suggest that most consider the process to be very easy, and that few consider it to be difficult. Less than one-fourth reported that the review and renewal process could be improved. Still, the information provided by these respondents could be used to improve the process for all participants. In particular, Healthy Kids Gold participants cited a need for more personal attention and less paperwork, and Healthy Kids Silver participants emphasized the importance of less paperwork and a more flexible schedule for renewal.

Participant's satisfaction with their interaction with Healthy Kids is very high, especially among Healthy Kids Silver families.

The research shows that a majority of families are satisfied with their interaction with NHHK. However, Healthy Kids Silver families are more likely than Healthy Kids Gold families to report higher levels of satisfaction. Further, new enrollees are more likely than established enrollees to have been contacted by NHHK, although most new enrollees nevertheless initiated contact with the program. Notably, the results suggest that communicating with members is important, and that overall satisfaction is likely to increase if interaction with participating families likewise increases.

Few families that have disenrolled from New Hampshire Healthy Kids report that they discontinued their participation due to dissatisfaction with the program.

Very few Healthy Kids Gold or Healthy Kids Silver families disenrolled from the Healthy Kids program because they were dissatisfied with the program. Most stopped receiving coverage because they obtained an alternative source of health insurance. However, a significant minority of former Healthy Kids Gold families cited paperwork issues when asked to explain why they left the program, and about one-third of Healthy Kids Silver families disenrolled due to changes in their Healthy Kids coverage resulting from an eligibility review.

Virtually every respondent who recently disenrolled from Healthy Kids reported that they would recommend the program to other families. This is particularly strong evidence of the overall success of the Healthy Kids program.

Although most employers offer health insurance, it is often significantly more expensive than dependent coverage or coverage through Healthy Kids.

As noted earlier in this report, a majority of employers of Healthy Kids Silver families offer health insurance. Moreover, a majority of employer-based plans are open to most employees. Nonetheless, dependent coverage is often much more expensive than individual coverage, and employers frequently pay for a smaller portion of a dependent's premium. While employers offer potential access to care, they do not provide access to coverage that is affordable to the families served by the Healthy Kids program.