How Well Is CHIP Addressing Health Care Access and Affordability for Children?

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ABSTRACT

OBJECTIVE: We examine how access to care and care experiences under the Children's Health Insurance Program (CHIP) compared to private coverage and being uninsured in 10 states.
METHODS: We report on findings from a 2012 survey of CHIP enrollees in 10 states. We examined a range of health care access and use measures among CHIP enrollees. Comparisons of the experiences of established CHIP enrollees to the experiences of uninsured and privately insured children were used to estimate differences in children's health care.
RESULTS: Children with CHIP coverage had substantially better access to care across a range of outcomes, other things being equal, particularly compared to those with no coverage. Compared to being uninsured, CHIP enrollees were more likely to have specialty and mental health visits and to receive prescription drugs; and their parents were much more likely to feel confident in meeting the child's health care needs and were less likely to have trouble finding providers. CHIP enrollees were less likely to have unmet needs, but 1 in 4 had at least 1 unmet need. Compared to being privately insured, CHIP enrollees had generally similar health care use and unmet needs. Additionally, CHIP enrollees had lower financial burden related to their health care needs. The findings were generally robust with respect to alternative specifications and subgroup analyses, and they corroborated findings of previous studies.
CONCLUSIONS: Enrolling more of the uninsured children who are eligible for CHIP improved their access to a range of care, including specialty and mental health services, and reduced the financial burden of meeting their health care needs; however, we found room for improvement in CHIP enrollees' access to care.

KEYWORDS: access and use of health care; affordability; CHIP; comparison of health insurance coverage types; emergency department visit; health insurance adequacy; mental health visit; prescribed medicine; public health insurance; specialist care; unmet health care needs

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WHAT'S NEW

Most children enrolled in the Children's Health Insurance Program (CHIP) did not have unmet health needs and do not have higher risk of unmet needs than comparable privately insured children. The parents of children enrolled in CHIP were much less likely to consider it a financial burden to pay for their child's health care than their privately insured counterparts.

THE CHILDREN'S HEALTH Insurance Program (CHIP) was created in 1997 to expand insurance coverage to more children in low-income families. Although CHIP coverage reduces financial barriers to health care, having health insurance does not guarantee that children will get the care they need. For example, the family's ability to find and obtain appointments with health care providers when services are needed and the financial burden associated with accessing care are also important factors. When services are not available or are not affordable, unmet health care needs and delays in the diagnosis and treatment of health care problems can arise.

Thus, an important metric for CHIP is the extent to which the program improves children's access to and receipt of care compared to the alternatives—private coverage or no insurance. CHIP is expected to reduce the financial burden and other barriers to access for the children who enroll, particularly relative to being uninsured. As a result, CHIP enrollees should have access to care at a comparable level to children with private insurance.

Here we present updated and expanded evidence on selected health care access and use measures among CHIP enrollees compared to those with no insurance and those with private coverage in 10 states. Measures included access to specialist and mental health care and related services; unmet health needs; and parental perceptions of the coverage and their financial burden. We examined how access to care and care experiences under CHIP compare to private coverage and being uninsured. The analysis was conducted as part of an independent, comprehensive evaluation of CHIP mandated in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and conducted by Mathematica Policy Research and its partner, the Urban Institute, on

behalf of the Secretary of the US Department of Health and Human Services and overseen by the Office of the Assistant Secretary for Planning and Evaluation.[1] This is one in a series of articles in this supplement that report on findings from a large 10-state household survey of CHIP enrollees and disenrollees conducted as part of the evaluation.

Prior research has demonstrated that children with public health insurance coverage experience fewer access problems and receive more health services than uninsured children.[2–4] For instance, Howell and Kenny reviewed the evidence for the impact of Medicaid and CHIP on access to and use of services for children, including studies that focus on CHIP, such as the 2007 Kenney study.[3,4]

Several studies have compared children's access to and use of services under public health insurance to private health insurance using federal surveys such as the Medical Expenditure Panel Survey (MEPS), the National Health Interview Survey (NHIS), and the National Survey of Children's Health (NSCH).[5–8] Findings suggest that children with public and private insurance have similar levels of access and use on many measures, after accounting for demographic and socioeconomic differences between the 2 groups. For example, they are equally likely to have a usual source of care and to obtain recommended preventive visits.[6–8] Yet compared to children with private coverage, children with public coverage have more difficulty accessing after-hours care and specialist care.[6,8] And children enrolled in public coverage are more likely than those with private coverage to have emergency department (ED) visits.[8] In contrast, children with private coverage are more likely to experience financial burdens related to their child's health care compared to those enrolled in public coverage.[9]

METHODS

SURVEY DATA

The data for this study were drawn from a telephone-based survey of parents of 12,197 CHIP enrollees and disenrollees in 10 states fielded by Mathematica Policy Research from January 2012 through March 2013 as part of the CHIPRA-mandated evaluation of CHIP. The states included were Alabama, California, Florida, Louisiana, Michigan, New York, Ohio, Texas, Utah, and Virginia. These states were selected because they utilize diverse approaches to providing health insurance coverage for children, represent various geographic areas (including a mix of more rural and more urban states and a variety of races/ethnicities), and each contains a significant portion of uninsured children. In 2012, CHIP enrollees in these states represented approximately 57% of CHIP enrollees nationally.[10]

We used state eligibility and enrollment files to construct the sample frame for each state and randomly selected children (18 years or younger) in 3 strata in each state, as follows: 1) established enrollees (children who had been enrolled in CHIP for 12 or more consecutive months at the time of sampling), 2) recent enrollees (children who had been enrolled in CHIP for exactly 3 consecutive months, preceded by a gap in public coverage of at least 2 months, at the time of sampling), and 3) recent disenrollees (children who were disenrolled from the program for exactly 2 months, at the time of sampling, and who were previously enrolled for at least 3 months before the month of disenrollment).

Recent CHIP enrollees who transferred from Medicaid or who returned to CHIP after a short gap in public insurance coverage (3 months or less) were excluded from the sampling frame for 2 reasons. First, parents of such CHIP enrollees are often unaware of these coverage transitions and therefore are not able to reliably describe health care experiences before their (re)enrollment in CHIP. Second, because their coverage history reflects a period of public coverage, these children do not represent a useful comparison group for assessing how CHIP differs from private insurance coverage or no insurance coverage.

The final survey data included responses from parents of 5518 established enrollees, 4142 recent enrollees, and 2537 disenrollees. The overall survey response rate was 51% for established enrollees, 46% for recent enrollees, and 43% for recent disenrollees. The survey included a wide range of questions related to the sampled child's current and prior health insurance, health status and needs, and health care use and experiences, many of which were adapted from other large surveys relevant to children's health. Additional details on the survey, including the questionnaire, are available elsewhere.[11] The study was reviewed and approved by the New England Institutional Review Board (NEIRB 12-200).

STUDY DESIGN

We compared the experiences of established enrollees who had been on the program for at least 1 year to the pre-enrollment experiences of recent CHIP enrollees. Established enrollees were asked about their experiences during the last 12 months of enrollment, while recent enrollees were asked about their experiences during the 12 months before their enrollment in CHIP. We focused our analyses on comparisons between established enrollees and 2 subgroups of recent enrollees: recent enrollees who were uninsured for 5 to 12 months before enrollment, and recent enrollees who were privately insured for 12 months before enrollment. We used the previously uninsured children to compare CHIP to being uninsured and the children previously insured by a private plan to consider how outcomes differ under CHIP versus private coverage.

DEPENDENT VARIABLES

Five major types of outcome indicators were examined across each analytic group, with all outcomes based on parental reports of their child's health care in the past year. These measures have been used extensively in previous work to measure children's health care experiences.[5–8,12]

Meeting child's health needs and the affordability of care.—This includes parental confidence that they could get needed health care for the child, parental stress about