

**Children's Medical Services:
Survey of Families Who Renewed
Title XXI Coverage
2005**



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I. Executive Summary

The first purpose of this study is to evaluate the experiences of families who renewed their child's¹ health coverage following recent legislative changes in Florida. Specifically, this study focuses on those families who are enrolled in the Title XXI-funded Children's Medical Services Network (CMSN) component of the Florida KidCare state children's health insurance program. CMS is a Title V program for children with special health care needs (CSHCN).

An analysis of administrative data covering CMS children who came up for Title XXI-funded Florida KidCare renewal from September 2004 to February 2005 showed a successful reenrollment rate of 84 percent. A similar analysis of Healthy Kids children covering the same time period showed a reenrollment rate of 77 percent.

Compared to respondents from the Florida KidCare Caregiver Survey (Title XXI CMSN only) and the Healthy Kids renewal survey, CMSN parents who renewed their child's Title XXI coverage were more likely to have completed high school and more likely to have married parents.

Results of this study showed that 49 percent of Title XXI CMS Network families that renewed their children's coverage found the new renewal process to be much more to somewhat more difficult than it needed to be, while 51 percent found the process about as easy as it could be. However, 70 percent of families found too much background paperwork was required to verify income.

The study also investigated the effectiveness of different activities to encourage families to renew their child's coverage. The study found that the most effective activities (ranked by the number of families reached and the perceived helpfulness) were the CMS Program's Florida KidCare renewal organizer and the renewal letter used by the Florida Healthy Kids Corporation. The least effective service was the green reminder flyer used by the CMS program.

The top three reasons cited for renewing coverage by Title XXI CMSN families were:

- Want to be Sure Child Has Insurance,
- Child Has Frequent or Chronic Illness, and
- Cannot Afford Other Insurance.

¹ Each interview that was conducted was targeted at one child in the household.
Survey of CMSN Families Who Did Renew Title XXI Coverage 2005

CMS renewing families were satisfied with the program and their children's providers, and 94 percent felt that the CMS Network was the right program for their child.

The second purpose of this study is to compare the responses of Title XXI CMSN families who did and did not renew coverage. In all but two sections of this report there are various figures, tables, and narrative that explain the differences between the two groups.

II. Background

Florida KidCare, the State Children's Health Insurance Program (SCHIP), consists of four program components:

- MediKids;
- Florida Healthy Kids;
- the Children's Medical Services Network (CMSN); and,
- Medicaid for Children.

Both MediKids and part of the CMSN are governed by Title XXI of the Federal Social Security Act. Federal Title XXI SCHIP eligibility requirements provide that a child must be uninsured, under age 19, have family income under 200% of the federal poverty level, be a U.S. citizen or qualified alien, not reside in a public institution, and not be eligible for Medicaid.

The CMS program is Florida's Title V program for children with special health care needs. The comprehensive health insurance component of the CMS Network is available to children with special health care needs who are eligible for Title XIX-funded Medicaid or Title XXI-funded SCHIP. Section 391.021(2), *Florida Statutes*, defines children with special health care needs as:

“those children younger than 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children.”

To qualify for the Title XXI-funded CMS Network Florida KidCare program component, a child must meet all Title XXI eligibility requirements and CMS clinical eligibility requirements. A child must have a serious or chronic physical, developmental, behavioral or emotional condition that requires extensive preventive and maintenance care beyond that required by typically healthy children.

During the 2004 regular legislative session Florida policymakers passed two bills that made significant changes to the Florida KidCare program: Senate Bill 2000 and House Bill 1843. These laws increased the Title XXI eligibility redetermination period from every six months to every 12 months, instituted new income documentation requirements, required information about whether a child could be added to the parent's employer-sponsored health insurance and its cost, and assigned formal responsibility for Title XXI eligibility determination to the Florida Healthy Kids Corporation.

Prior to the passage of the legislation, Title XXI eligibility redetermination, or renewal as it will be referred to in this report, was a passive process. Families whose children were enrolled in the Florida KidCare program received a letter notifying them of the upcoming renewal date for their child's health care coverage. Families were instructed to report any changes that may have happened to their health insurance or income. Families who did not respond were allowed to continue their children's coverage as long as they paid their monthly premiums. Families who did report changes had their renewal applications determined for continued eligibility much like they did when they first enrolled their children in the program.

Beginning on July 1, 2004, the renewal process changed to an active redetermination. Families were required to complete a renewal request form and provide proof of income and information about their access to employer-sponsored health insurance. Failure to respond or provide all required information resulted in disenrollment. Families were required to provide three documents that proved their income: the federal income tax return, W-2 statements and pay stubs, plus other income documents. Due to the four hurricanes Florida experienced in the fall of 2004 however, no children were canceled from the Florida KidCare program for failure to comply with renewal requirements or for failure to pay the monthly premium. The first and largest group of children to lose Florida KidCare coverage due to non-compliance with renewal requirements was on December 1, 2004.

In response to growing concerns about the amount of paperwork needed to document income and declining Title XXI enrollments, during a special session in December 2004, the Legislature enacted Senate Bill 28-A, which changed the required income documents to the most recent federal income tax return. In the absence of a federal income tax return, a family may submit wages and earnings statements (pay stubs), W-2 forms, or other appropriate document. The legislation, however, did not change the requirement to pay a monthly premium for Title XXI-funded Florida KidCare coverage. Failure to pay the monthly premium on time continued to result in disenrollment for at least 60 days.

Few studies have been conducted that focus on how State's renewal policies affect SCHIP disenrollment rates; however, results from these studies suggest

that on average, 30 to 50 percent of SCHIP enrollees do not renew coverage². A 2002 study by Dick et al., compared the effect of different disenrollment policies of Florida, Kansas, New York and Oregon on disenrollment rates in SCHIPs. The study showed that under passive renewal, which Florida had in 2002, the disenrollment rate was 5 percent as compared to the other states which had disenrollment rates as high as 50 percent³. A final study by Kempe et al., focused on Colorado's SCHIP program, which has had an active renewal process since inception. The study found that only one-third of families eligible for SCHIP successfully renewed their coverage in 2000⁴. It should be noted that these studies focused on SCHIP in general, while the focus of this report is the CMS population. However, these studies give an idea of what typical disenrollment rates in State public health insurance programs are under passive and active disenrollment policies.

Legislation aimed at the Florida KidCare program affects all of its Title XXI program components, including the CMS Network. Continuity of care is important for any child, but the issue becomes even more important when a child has a special health care need. Understanding the critical need for continuity, the CMS program undertook several activities to help families with children enrolled in the Title XXI CMS Network understand the revised renewal requirements and how they should go about meeting the requirements. Examples of these initiatives included:

- Contacting families by letter;
- Contacting families by personal telephone calls;
- Opening up fax lines for families to send documents to the CMS Headquarters Office in Tallahassee for hand delivery to Florida Healthy Kids;
- Contacting families with flyers; and,
- Providing CMS Area Offices with Florida KidCare renewal organizer booklets to help families understand the documentation requirements.

Each of these initiatives is further explained in Section VI of this report.

The CMS Program contracted with the Institute for Child Health Policy (Institute) to evaluate the effects of the new renewal process on Title XXI CMSN families. The purpose of this evaluation is to present the findings of a statewide survey targeted at CMS families who were affected by the recent changes in the Title XXI renewal process. Specifically, this report addresses the renewal experiences for those Title XXI CMSN families who *did* ultimately renew their

² Sommers, B.D. From Medicaid to Uninsured: Drop-Out Among Children in Public Insurance Programs. Health Services Research. 2005 Feb. 40(1):59-78.

³ Dick, A. W. et al. Consequences of State's Policies for SCHIP Disenrollment. Health Care Finance Review. 2002 Spring 23(3): 65-88.

⁴ Kempe, et al. Disenrollment from a State Child Health Insurance Plan: Are Families Jumping S(c)HIP?. Ambulatory Pediatrics. 2004 Mar.-Apr. 4(2):129-30.

child's coverage. A companion report detailing the renewal experiences of those Title XXI CMSN families who *did not* successfully renew their child's coverage is available and is extensively referenced in this report. This evaluation covers the period of July 1, 2004 through June 30, 2005 - State Fiscal Year (SFY) 2004-2005.

It should be noted that the Institute conducted a similar renewal study targeting children enrolled in the Healthy Kids program entitled, "Renewal Policy Changes and Enrollment in the Florida Healthy Kids Program". Healthy Kids is a Florida KidCare Title XXI statewide program that provides health care coverage to children who meet certain income requirements and do not have a special health care need. Throughout this report comparisons will be made to the findings from the Healthy Kids study. Although the two programs serve markedly different populations, the Healthy Kids study provides a baseline for comparison. All charts that compare Title XXI CMSN renewers to Healthy Kids renewers are presented in yellow and pink.

In addition, the Institute annually conducts a Florida KidCare Caregiver Survey. This statewide survey assesses the general satisfaction of parents and guardians with the program and caregivers in each component of the Florida KidCare Corporation, including CMS Title XXI families. When applicable, comparisons are made throughout this report to those from Title XXI CMSN families that were surveyed in the 2004 KidCare Caregiver Survey.

The following sections are contained in this report:

- An overview of the data collection and evaluation methods;
- A description of families' sociodemographic characteristics who *did* renew their child's coverage;
- A description of the renewal experiences of families who *did* renew their child's coverage;
- A description of the attitudes towards premiums for families who *did* renew their children's coverage;
- A description of the satisfaction with the overall CMS program for families who *did* renew their children's coverage; and,
- Conclusions and recommendations.

Each section of the report also contains a subsection entitled, "Comparison of Title XXI CMSN Non-Renewers and Renewers". Survey results in tabular and chart form are presented to delineate the differences between the two groups. All charts that compare CMSN Title XXI renewers and non-renewers are presented in yellow and green.

III. Data Collection and Evaluation Methods

Four sources of data were used to evaluate the experiences of families who did renew their child's Title XXI CMSN coverage: enrollment files used for the telephone surveys, telephone survey data from families who did renew their children's Title XXI CMS Network coverage, telephone survey data from families who did renew their children's Healthy Kids coverage, and results from Florida KidCare Caregiver survey conducted with CMS Title XXI families whose children were enrolled at the time of the survey and for 12 months preceding the survey. Data files were obtained from CMS data specialists and these files were used to select the sample of families that would be interviewed. The enrollment files contained information on the child's age, gender, number of months in the program, and whether or not they renewed coverage during the first passive renewal cycle.

Telephone surveys conducted with families who did renew their child's coverage were administered from 10 AM to 9 PM, 7 days per week from September 2005 to October 2005. Families were contacted a minimum of 30 times and searches were conducted in an attempt to update contact information. Surveys were conducted in English and Spanish. The respondent was chosen by asking to speak to the individual in the home most familiar with the targeted child's health⁵. In total, 152 families completed the survey.

Overall, about 48 percent of the families could not be located given the information that was provided in the enrollment files, while 20 percent of the respondents refused to participate. Of those who participated, the final response rate was 42 percent.

IV. Health and Sociodemographic Characteristics

This report focuses on the results from the CMS renewing families survey, the Florida KidCare Caregiver survey, and the Healthy Kids renewer survey⁶. Table 1 shows the sociodemographic characteristics of Title XXI CMS Network and Healthy Kids children whose eligibility was scheduled for redetermination during the renewal and renewed coverage, as well as sociodemographic characteristics for Title XXI CMS children whose families participated in the Caregiver Survey.

As seen in the table, the mean age of children for whom Title XXI CMS Network coverage was renewed was 12.1. Results from the Caregiver Survey show that

⁵ Surveys were targeted to one child in the household even if the household had two or more children enrolled in CMS.

⁶ Each survey was described in Section II.

the mean age overall of Title XXI children served in the CMS program was 12 years. The mean age of the renewers in the Healthy Kids study was 15 years.

Table 1 also gives the results of the child's race/ethnicity. Ethnicity/race is categorized by: White non-Hispanic, Black non-Hispanic, Hispanic, and Other. Overall, 62 percent of the Title XXI CMS Network renewers were White non-Hispanic, 18 percent Hispanic, 11 percent Black, and 8 percent Other. In the Caregiver Survey conducted with families whose children are enrolled in Title XXI CMS for 12 months or longer, 60 percent of the enrollees were White non-Hispanics, 13 percent were Black non-Hispanic, 22 percent were Hispanic, and 4 percent were classified as Other. Of the renewers from the Healthy Kids study, 46 percent were White non-Hispanic, 17 percent were Black, 32 percent were Hispanic, and 5 percent Other.

Of those renewing Title XXI CMS Network families who indicated they were Hispanic, 16 percent had Puerto Rican lineage, 16 percent Dominican, and 16 percent Mexican whereas in the Caregiver Survey the majority of families were of Mexican descent.

Next, the table illustrates the level of parental education. Compared to respondents from the Caregiver Survey, CMSN parents who did renew their child's Title XXI coverage were more likely to have completed high school. Fourteen percent of Title XXI CMSN parents who did renew had less than a high school education, compared with 24 percent of Title XXI CMS families from the Caregiver Survey. Thirty-one percent of the Title XXI CMSN renewing parents had an Associates degree or higher, compared to 10 percent from the Title XXI CMS families in the Caregiver Survey. Thirty-one percent of renewing Healthy Kids families had an Associates degree or greater, while 19 percent had less than a high school education.

The survey next asked renewing families about their household type. Sixty-four percent of the Title XXI CMSN renewal families were married and 64 percent had a two-parent household. These results are consistent with the families from the same subgroups in the Healthy Kids survey, whereas Title XXI CMS families from the Caregiver Survey were less likely to be married. National data have shown that the number of single parent families in the United States has been rising⁷, even though divorce rates have recently fallen. Results from this survey are indicative of national trends.

Table 1. Comparison of Sociodemographic Characteristics

| | Title XXI CMSN Renewers (%) | Healthy Kids Renewers (%) | Title XXI Caregiver Survey (%) |
|-----------------------------|------------------------------------|----------------------------------|---------------------------------------|
| Mean Age | 12 | 15 | 12 |
| Child's Race: | | | |
| White Non-Hispanic | 62 | 46 | 60 |
| Black Non-Hispanic | 11 | 17 | 13 |
| Hispanic | 18 | 32 | 22 |
| Other | 8 | 5 | 4 |
| Parental Education | | | |
| Less Than High School | 14 | 19 | 24 |
| Associates or Higher | 31 | 31 | 10 |
| Married | | | |
| | 64 | 61 | 54 |
| Two-Parent Household | | | |
| | 64 | 63 | 74 |

Twelve percent of the Title XXI CMS renewer families were self-employed, 56 percent were employed, and 32 percent were unemployed. In regard to the spouse of the Title XXI CMS renewing respondent or other parent, 23 percent were self-employed, 57 percent employed, and 21 percent unemployed.

Communication

Table 2 illustrates the results of various communication questions that were asked of CMS Title XXI and Healthy Kids renewers. Title XXI CMS Network renewers were next asked questions about their language preferences. Eighty-four percent of the respondents spoke English at home, 13 percent Spanish, 0 percent Creole, and 2.6 percent Other. When asked what language the child spoke at home, respondents indicated that 90 percent of the children spoke English, 7 percent Spanish, and 2.6 percent Other. Seventy-one percent of renewing parents in the Healthy Kids survey spoke English, 26 percent spoke Spanish, while 83 percent of the Healthy Kids children spoke English.

Of the surveyed Title XXI CMSN families who did renew coverage, 86 percent have access to a computer at home and 77 percent have access to the Internet at home. In addition, 35 percent have access to the Internet at work and of those, 65 percent believe their employer would allow them to use the Internet to access health information. In order to increase renewal rates, email addresses could be used by CMS to communicate with families.

For the renewers in the Healthy Kids survey, 85 percent had a computer at home, 76 percent had access to the Internet, 45 percent had access to the Internet at work, and 74 percent indicated that their employer would let them use the Internet to access health information.

Another possible point of contact for families is by cellular telephone. Seventy-nine percent of CMSN Title XXI renewing families had a cellular telephone. It may be feasible to increase the contact rate of parents in this population by using cellular telephone number; however, two issues must be considered. First, it cannot be assumed that families with a cellular telephone do not also have a land telephone line. Therefore, contacting them via a land line may still be a reasonable method. Second, contacting families via cellular telephone imposes a charge to the family. It is recommended that the Florida KidCare application ask for the client's cellular telephone number, as well as a follow-up question that asks if the State has permission to call them at that cellular telephone number. Seventy-four percent of Healthy Kids renewers had a cell phone.

Table 2. Communication

| | Title XXI CMSN Renewers (%) | Healthy Kids Renewers (%) |
|--|------------------------------------|----------------------------------|
| Parent's Language | | |
| English | 84 | 71 |
| Spanish | 13 | 26 |
| Creole | 0 | 1.3 |
| Other | 2.6 | 1.7 |
| Child's Language | | |
| English | 90 | 83 |
| Spanish | 7 | 15 |
| Creole | 0 | 0.7 |
| Other | 2.6 | 1.7 |
| Access to Computer at Home | | |
| Yes | 86 | 85 |
| No | 14 | 15 |
| Access to Internet at Home | | |
| Yes | 77 | 76 |
| No | 23 | 24 |
| Access to Internet at Work | | |
| Yes | 35 | 45 |
| No | 65 | 55 |
| Can Use Internet at Work for Health Information | | |
| Yes | 65 | 74 |
| No | 35 | 26 |
| Has a Cellular Telephone | | |
| Yes | 79 | 74 |
| No | 21 | 26 |

Comparison of Title XXI CMS Non-Renewers and Renewers

Throughout this document, comparisons will be made of the experiences of Title XXI CMSN families who ultimately renewed to those who did not. This subsection compares demographics, communication, and employment characteristics of the two groups. Table 3 below illustrates the household and age characteristics of the Title XXI CMS renewers and non-renewers, while Figure 1 compares race/ethnicity and parent education characteristics. Non-renewers have more diverse ethnic backgrounds with 24 percent Hispanic and 12 percent Black Non-Hispanic. On average, children in families who did not renew are older (15 versus 12 years), and non-renewing families have slightly higher percentages of being married and having a two-parent household. This implies that CMS may be able to decrease the overall disenrollment rate by targeting adolescents.

Figure 1. Comparing Renewers and Non-Renewers Demographic Characteristics

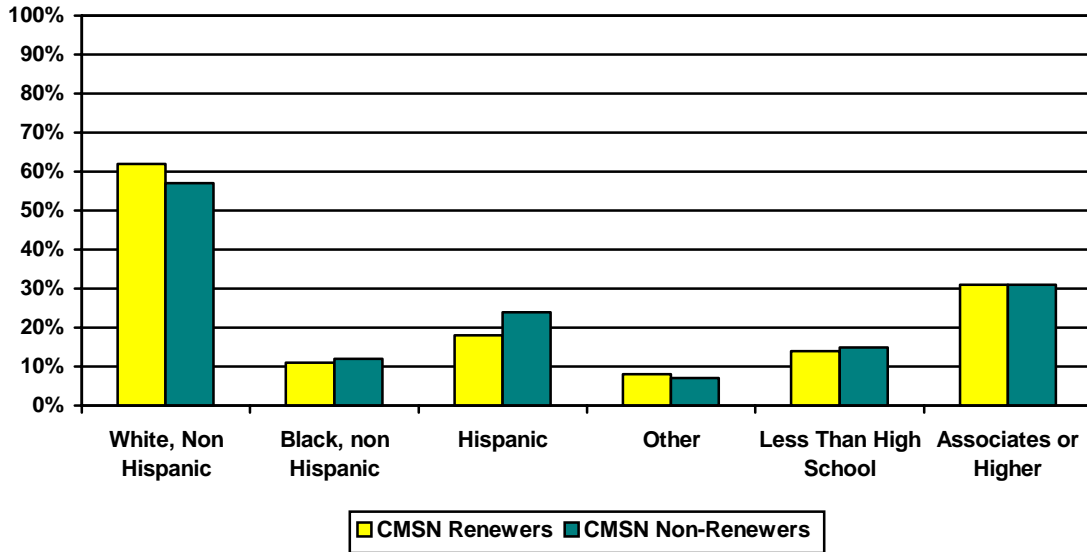


Table 3. Comparing Renewers and Non-Renewers Demographic Characteristics

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non-Renewers (%) |
|-----------------------------|-----------------------------|---------------------------------|
| Mean Age | 12 | 15 |
| Married | 64 | 68 |
| Two-Parent Household | 64 | 73 |

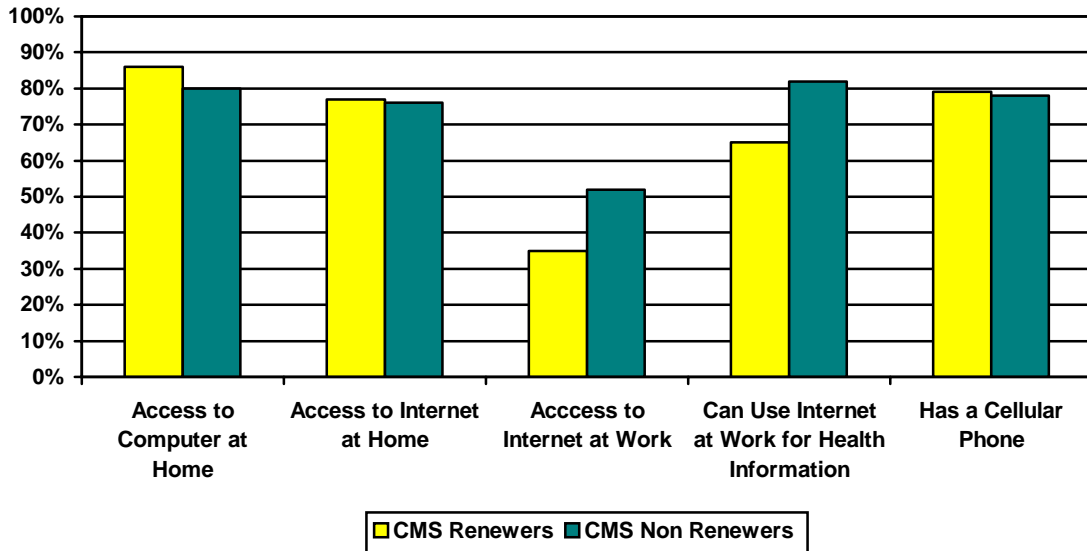
Next, communication characteristics were compared for Title XXI CMSN renewers and non-renewers. Although non-renewers had more diverse households, a greater portion of the respondents and the children spoke English. In neither group was the number of Creole speakers significant. In addition, there were twice as many renewer children who spoke Spanish as non-renewer children.

Table 4. Comparing Language Preferences of Renewers and Non-Renewers

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non-Renewers (%) |
|--------------------------|------------------------------------|--|
| Parent's Language | | |
| English | 84 | 86 |
| Spanish | 13 | 11 |
| Creole | 0 | 0.7 |
| Other | 2.6 | 2.7 |
| Child's Language | | |
| English | 90 | 94 |
| Spanish | 7 | 3.4 |
| Creole | 0 | 0 |
| Other | 2.6 | 2.7 |

When comparing alternative ways that renewers and non-renewers communicate, slightly more renewers than non-renewers had access to a computer or the Internet at home. It is unclear whether or not renewers used sources on the Internet to help them renew, however, these findings support the recommendation for CMS to contact parents via email concerning renewal. Interestingly, significantly fewer renewers have access to the Internet at work (35 versus 52 percent), and of those who do, fewer renewers can use the Internet at work to access health information. Therefore, just having access to a computer and the Internet at work does not imply that families will use this means to renew coverage. The surveys found that almost 80 percent of respondents in both groups have a cellular telephone. Recommendations to contact families by cellular telephone have been made in the non-renewal report and this report.

Figure 2. Comparing Communication Alternatives of Renewers and Non-Renewers



Finally, respondents were asked about their employment status and the employment status of their spouse or partner. Table 5 shows that somewhat more non-renewers were self-employed (14 versus 12 percent), and more renewers were unemployed (32 versus 22 percent). A greater portion of self-employed families may explain some of the reason for not renewing since self-employed families had a harder time getting the necessary paperwork together⁸. CMS might want to consider a separate set of renewal forms that streamline the process for self-employed families. Furthermore, since more renewers were unemployed they may have had a greater incentive to make sure their child had continuing coverage.

Table 5. Comparing Employment Status of Renewers and Non-Renewers

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non-Renewers (%) |
|--|-----------------------------|---------------------------------|
| Respondent | | |
| Self-Employed | 12 | 14 |
| Employed | 56 | 65 |
| Unemployed | 32 | 22 |
| Respondent's Spouse/ Other Parent | | |
| Self-Employed | 23 | 26 |
| Employed | 57 | 58 |
| Unemployed | 21 | 15 |

⁸ This sentiment was expressed by self-employed respondents during open ended responses. They felt that income documents were difficult to assemble.

V. Impact of Child's Health on the Family

This section of the report summarizes the answers given by respondents concerning how their child's health has impacted the emotional well being of the family. Again, questions were asked about the impact of the targeted child only, and how the child's health directly affects the respondent and other family members. As this section is unique to the CMS Title XXI renewer survey, no comparisons are made to either the CMS Satisfaction Survey or the Healthy Kids survey of renewers.

During the four weeks prior to being interviewed, 21 percent of respondents indicated that they had no emotional worry caused by their child's physical health. However, 22 percent indicated that they had a lot of emotional worry. In relation to how much emotional worry their child's emotional behavior caused: 28 percent said none at all and 22 percent said a lot.

Next, respondents were asked if the child's physical health limited the amount of time for their own needs. Forty-five percent said no. However, when asked if the child's emotional health limited the amount of time for their own needs 54 percent said quite a lot and 17 percent said none at all.

Respondents were then asked a series of questions related to how the child's health impacts the family. Thirty-eight percent indicated that the child's health almost never to never limited what the family could do. Likewise, 49 percent indicated that the child's health almost never to never interrupted everyday family activities, whereas 28 percent indicated that the child's health sometimes did. Overall, when asked to rate how well their families get along responses were, 36 percent Very Good, 27 percent Good, 21 percent Excellent, 13 percent Fair, and 3 percent Poor.

Sixty-four percent responded that the burden of their child's health on the family was none or a little. Similarly, 74 percent said they felt they were living day-to-day because of their child's health. When asked if fatigue was a problem in caring for their child seventy-one percent of respondents said not at all or a little.

Focusing on other family members, seventy-five percent said that the lack of time that they had for other members of the family due to their child's health was none or a little. When asked if their family has had to give up things as a result of their child's health, 40 percent said not at all, 22 percent a little, 19 percent a medium amount, and 18 percent a great deal.

Comparison of Title XXI CMS Non-Renewers and Renewers

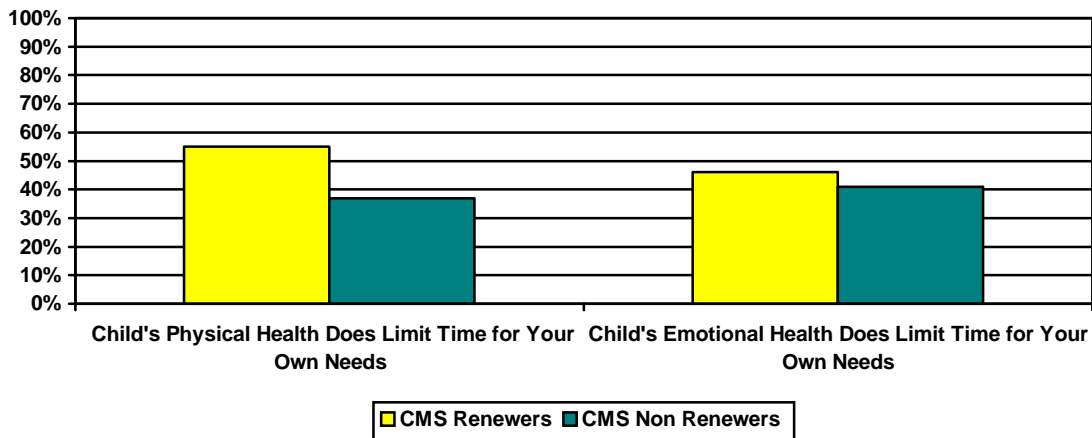
Renewers and non-renewer Title XXI CMS families were asked a series of questions about the impact of the child's health on the family. As seen in Table 5, renewers had less emotional worry caused by the child's physical health than non-renewers (22 percent had *A Lot* versus 24). Likewise, renewers had less emotional worry caused by their child's emotional health in the past 4 weeks than non-renewers (22 percent had *A lot* versus 24). Although these results are not significantly different, it is interesting that non-renewer respondents had more worry, but chose not to renew.

Table 6. Comparing Respondent Health of Renewers and Non-Renewers

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non-Renewers (%) |
|--|-----------------------------|---------------------------------|
| Did You Have Emotional Worry Caused by Child's Physical Health | | |
| None at All | 21 | 25 |
| A Little Bit | 20 | 18 |
| Some | 20 | 20 |
| Quite a Bit | 16 | 14 |
| A Lot | 22 | 24 |
| Did You Have Emotional Worry Caused by Child's Emotional Health | | |
| None at All | 28 | 25 |
| A Little Bit | 18 | 18 |
| Some | 19 | 20 |
| Quite a Bit | 13 | 14 |
| A Lot | 22 | 24 |

Figure 3 below shows the results when families were asked if their child's physical and emotional health limited the time they had for their own needs. In both instances, renewers indicated that their time was more likely to be limited, as compared with non-renewers.

Figure 3. Comparing Time Limitation for Renewers and Non-Renewers



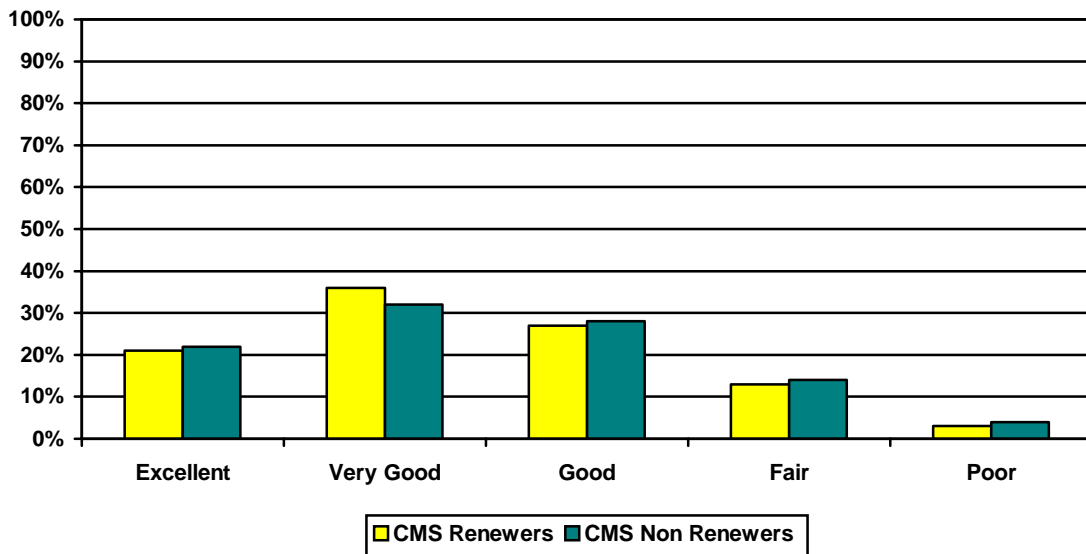
Families were asked about how their child's health limited what the family could do and how their everyday activities were interrupted. Again, renewers were more likely to experience these limitations than non-renewers. For example, 19 percent of renewers indicated that what their family could do was limited very often, compared to 11 percent of non-renewers. Likewise, 40 percent of non-renewers said their activities were never interrupted versus 32 percent of renewers.

Table 7. Comparing Family Interaction of Renewers and Non-Renewers

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non-Renewers (%) |
|--|-----------------------------|---------------------------------|
| Child's health limits what the family can do | | |
| Very Often | 19 | 11 |
| Fairly Often | 11 | 5 |
| Sometimes | 32 | 33 |
| Almost Never | 15 | 22 |
| Never | 24 | 28 |
| Child's health interrupts everyday activities | | |
| Very Often | 15 | 11 |
| Fairly Often | 8 | 6 |
| Sometimes | 28 | 29 |
| Almost Never | 17 | 14 |
| Never | 32 | 40 |

As seen in Figure 4, renewer and non-renewer families get along fairly consistently.

Figure 4. Comparing How Renewer and Non-Rewriter Families Get Along



Finally, families were asked a series of questions about how their child's health affects different aspects of their lives and their families. Results in Table 8 show there are no discernable differences in the responses from renewers and non-renewers.

Table 8. Comparing family Characteristics of Renewers and Non-Renewers

| | Title XXI CMSN Renewers (%) | Title XXI CMSN Non- Renewers (%) |
|--|--|---|
| The burden of my child's health on the family is | | |
| Not at All | 38 | 37 |
| A Little | 27 | 28 |
| A Medium Amount | 16 | 17 |
| A Great Deal | 20 | 17 |
| Fatigue is a problem in caring for my child | | |
| Not at All | 45 | 44 |
| A Little | 26 | 26 |
| A Medium Amount | 20 | 17 |
| A Great Deal | 10 | 13 |
| I am Living Day-to-Day Because of My Child's Health | | |
| Not at All | 56 | 59 |
| A Little | 18 | 15 |
| A Medium Amount | 12 | 15 |
| A Great Deal | 14 | 12 |
| I have a lack of time for other family members because of my child's health | | |
| Not at All | 53 | 55 |
| A Little | 22 | 22 |
| A Medium Amount | 19 | 17 |
| A Great Deal | 6 | 6 |
| My family has to give things up as a result of child's health | | |
| Not at All | 45 | 42 |
| A Little | 26 | 25 |
| A Medium Amount | 20 | 22 |
| A Great Deal | 10 | 11 |

In summary, families who renewed their Title XXI CMS coverage were more likely for themselves and their families to have negative experiences in relation to their child's physical and emotional health, albeit not much more likely. These results might suggest that CMS helps to alleviate these issues making renewal even more important to these families. It might also suggest that families who perceive a greater impact of their children's conditions may be more motivated to enroll their children's coverage. In regard to how day-to-day activities, fatigue, and burden are an issue for respondents, there were no significant differences between renewal and non-renewal families.

VI. Renewal Experiences

This section of the report focuses on two important areas related to renewal: experiences related to the renewal process in the Florida KidCare program, and reactions to the specific CMS renewal information and education tools.

Florida KidCare Renewal Experience

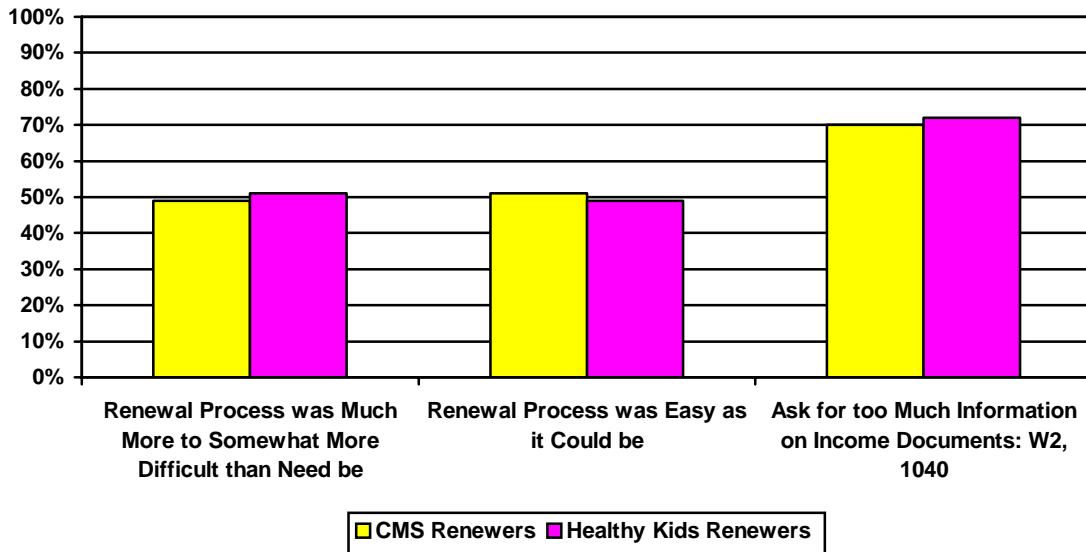
Families who renewed their Title XXI CMS coverage were asked if they were able to provide all of the information the first time. Eighty-five percent were, and 54 percent strongly agreed that someone called to tell them that information was missing. Of these families, 42 percent received more than one request to provide the additional information.

Next, results from survey questions regarding CMS and Healthy Kids family's attitudes toward the renewal process are illustrated in Figure 5 below. The survey asked families about how difficult or easy they found the Florida KidCare renewal process. Forty-nine percent of Title XXI CMSN families who did renew coverage stated that they found the renewal process to be much more to somewhat more difficult than it needed to be. The majority, or 51 percent, reported that they thought the renewal process was as easy as it could be. In the comparable renewing group from the Healthy Kids study, 51 percent found the process much more to somewhat more difficult than it needed to be, while 49 percent thought it was as easy as it could be.

Respondents were asked about the amount of paperwork required to document their income. Seventy percent, of Title XXI CMSN renewers strongly agreed or somewhat agreed that too much background paperwork was required such as pay stubs, 1040 forms, or W-2 forms. The identical question posed to the renewers in the Healthy Kids study showed that 72 percent somewhat agreed to strongly agreed that too much background paperwork was required to justify income such as pay stubs, 1040 forms, or W-2 forms.

When asked about the amount of paperwork required to document other forms of income, such as child support or Unemployment Insurance, 48 percent of the Title XXI CMS renewing families strongly agreed or somewhat agreed that too much paperwork was required, while 52 percent disagreed that too much was required. When asked if too much paperwork was required in regard to business ledgers and work calendars, 57 percent indicated this did not apply to them. Of the approximately 43 percent that were affected, 25 percent strongly agreed or somewhat agreed that too much was required. Healthy Kids families were not asked these two questions.

Figure 5. Attitudes Towards Renewal Process



Florida KidCare Letter, Telephone Contact, and Toll Free Number

As a part of the renewal process, the Florida Healthy Kids Corporation sends a letter and Florida KidCare renewal request form to all families whose children’s coverage is due for renewal. The corporation also contracts for automated telephone calls to be made to the families reminding them about renewal, as well as for the Florida KidCare customer service toll-free number (1-800-821-5437).

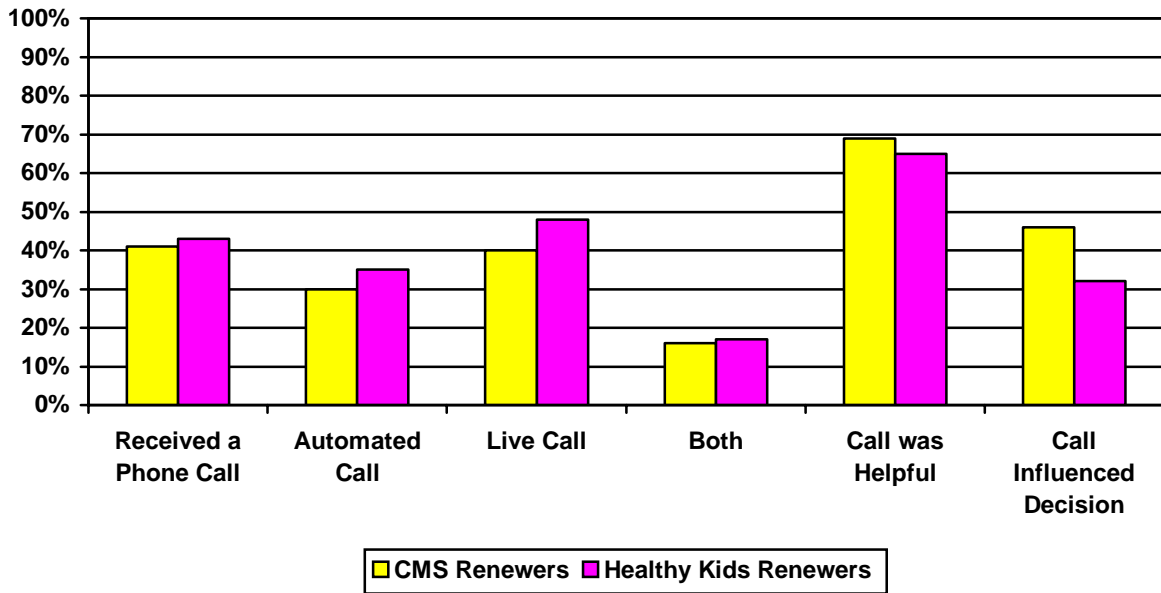
Respondents from Title XXI CMSN renewing families were asked if they received a letter in the mail about renewing their child’s Florida KidCare coverage⁹. Ninety-two percent recalled receiving the letter, and 80 percent found the letter to be helpful to very helpful. Ninety-six percent of renewing families from the Healthy Kids survey recalled receiving the renewal letter; of those, about three-fourths found the letter to be helpful to very helpful.

Florida KidCare also contacted families about renewal via a live or automated telephone call and results are seen in Figure 6 below. Forty-one percent of renewing Title XXI CMS families recalled receiving a telephone call about renewal. Of those, 30 percent received an automated call, 40 percent a live call (from either a CMS nurse or other staff member), and 13 percent received both. Sixty-nine percent found the telephone call(s) to be very helpful to helpful and 46 percent indicated that the call influenced their decision to renew coverage.

⁹ An example of this letter can be found in the Appendix of the CMS Families Who Did Not Renew Title XXI Coverage 2005 report.

Forty-three percent of renewing Healthy Kids families recalled receiving a telephone call about renewal. Of those, 48 percent a live call, 35 percent received an automated call, and 17 percent received both. Sixty-five percent found the telephone call(s) to be very helpful to helpful and 32 percent indicated that the call influenced their decision to renew coverage.

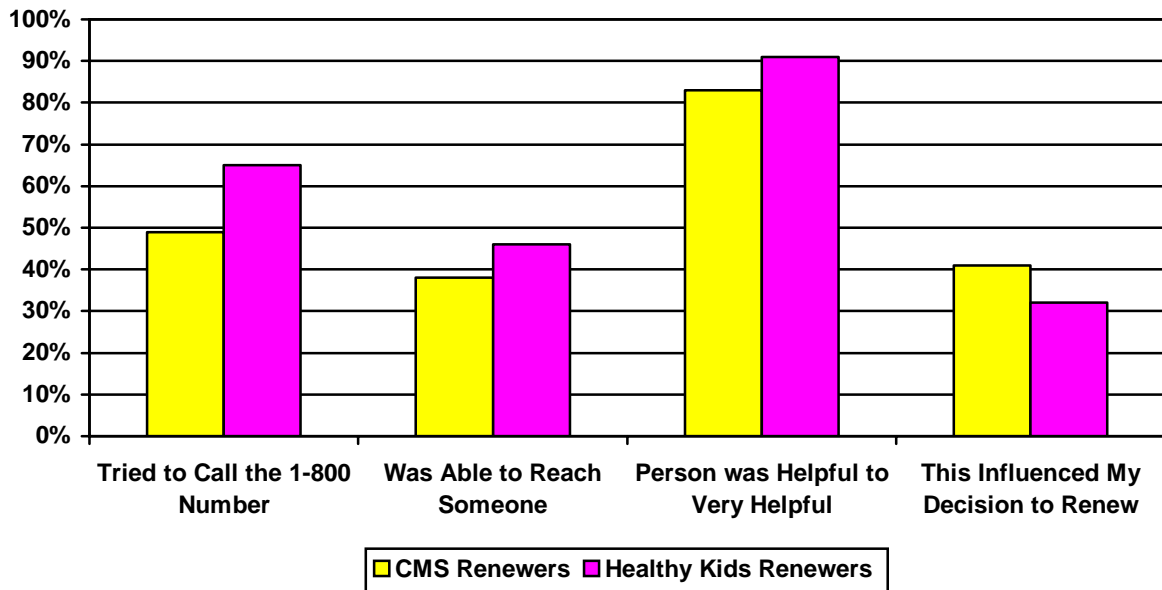
Figure 6. Attitudes Towards Florida KidCare Calls



Title XXI CMSN and Healthy Kids renewing families were asked about their experiences using the Florida KidCare customer service toll free telephone number to obtain help in renewing coverage and the results are presented in Figure 7. Forty-nine percent of the Title XXI CMSN renewing families attempted to contact the 1-800 number, and 38 percent of those were able to reach someone easily. For those who did reach someone at the 1-800 number, 83 percent found this person to be helpful to very helpful while 17 percent found this person to be not helpful at all. Forty-one percent of CMS families indicated that their experiences in using the 1-800 number influenced their decision to renew coverage.

Sixty-five percent of the Healthy Kids renewers attempted to contact the 1-800 number, and 46 percent were able to reach someone. Thirty-two percent of Healthy Kids families that had problems in reaching someone at the 1-800 number indicated that this influenced their decision to renew coverage.

Figure 7. Attitudes Towards the 1-800 Number



CMS respondents also were asked if any other health care provider or social service agency (other than the 1-800 customer service number) assisted them in the renewal process. When asked who specifically assisted them in renewing coverage (respondents could chose more than one answer): 20 percent said Department of Children and Families, 12 percent said a CMS nurse or care coordinator 5 percent said a Healthy Kids representative, 8 percent said my child’s health plan, 3 percent said a social worker, 2 percent said a personal physician or nurse, and 2 percent cited Other .

CMS Information and Education Activities

In addition to the renewal information and contacts the Florida Healthy Kids Corporation made with all families whose children were enrolled in Title XXI, the CMS Program initiated supplemental activities to encourage families whose children were enrolled in CMS to complete the renewal process.

In early November 2004, the Florida Healthy Kids Corporation notified the CMS Headquarters Office that coverage for 1,866 Title XXI CMSN children would be canceled at the end of the month for not responding or failing to provide all of the necessary information for renewal. In response, the CMS Program initiated telephone calls and letters to these families through the CMS Area Offices to encourage completion of the renewal process. The CMS Headquarters Office in Tallahassee opened five fax lines and made daily hand deliveries of families’ renewal documents to the Florida Healthy Kids Corporation. As a result of these intensive efforts, 51.8 percent (966 children) successfully renewed their coverage and remained enrolled in the Title XXI CMSN in December 2004.

The CMS Program also developed a “Florida KidCare Renewal Organizer” booklet, which was provided to the CMS Area Offices to share with CMSN families on a voluntary basis. The renewal organizer was created to provide families with all the pertinent information they need to renew their child’s coverage in a clear and concise format. The renewal organizer is a 5 ½” X 8 ½” five-page brightly colored booklet, and is printed in English and Spanish. The same text in Haitian Creole was available on legal size paper. CMS Area Offices were encouraged to distribute this organizer to families, and starting July 1, 2005, distribution was required to CMSN families with upcoming Florida KidCare renewal dates. A copy of the 2004 Florida KidCare renewal organizer can be found in Appendix B of the Children’s Medical Services: Survey of Families Who Did Not Renew Title XXI Coverage 2005 report.

In early July 2005, the CMS Headquarters Office mailed a one-page flyer to the 1,249 families whose children’s coverage had been canceled for non-compliance with renewal. The bright green flyer’s message printed in English, Spanish and Haitian Creole stated:

“If your child is uninsured, it’s not too late to renew your Florida KidCare health insurance coverage. Call this toll-free number to find out what you need to do. Please have your Florida KidCare Family Account Number ready when you call – 1-800-821-5437.”

This message was designed to encourage families to contact the Florida KidCare customer service number and find out what information was needed to complete their renewal package. A copy of the green flyer can be found in Appendix B of the Children’s Medical Services: Survey of Families Who Did Not Renew Title XXI Coverage 2005 report.

CMSN survey respondents were asked a series of questions to evaluate the effectiveness of the various activities. When asked if they recalled receiving a telephone call about renewing their children’s coverage, 41 percent of renewers recalled being contacted by telephone for this reason. Of those who reported receiving a phone call, 40 percent received a call from their CMS nurse or other staff member, 30 percent received an automated call from Florida KidCare, and 13 percent received both an automated call and a personal call. Conditional on receiving one of these types of telephone calls, 59 percent found the call to be helpful to very helpful. However, 54 percent also indicated that the telephone call did not influence their decision to renew coverage.

Concerning the Florida KidCare Renewal Organizer, 41 percent of renewer families indicated that they did receive the booklet and 36 percent found the information easy to understand. Of those who received the booklet, 83 percent stated that it was helpful to very helpful and 94 percent stated that it helped to understand the renewal process and all of the requirements. On average, 98

percent of the respondents indicated that the booklet was useful in understanding what income documents were needed.

Slightly more than one-third (36 percent) of the respondents recalled receiving the reminder flyer and 98 percent found it easy to understand. Seventy-eight percent found the information in the flyer helpful to very helpful.

To get an idea of the effectiveness of each type of activity, Table 9 compiles two statistics for each activity: the percent who received the information and the percent who found it helpful to very helpful. Respondents reported that the two most helpful tools were the renewal organizer and the green flyer; however, these did not reach as many families as the renewal letter.

Table 9. Comparison of Information Activities for CMS Title XXI Renewing Families

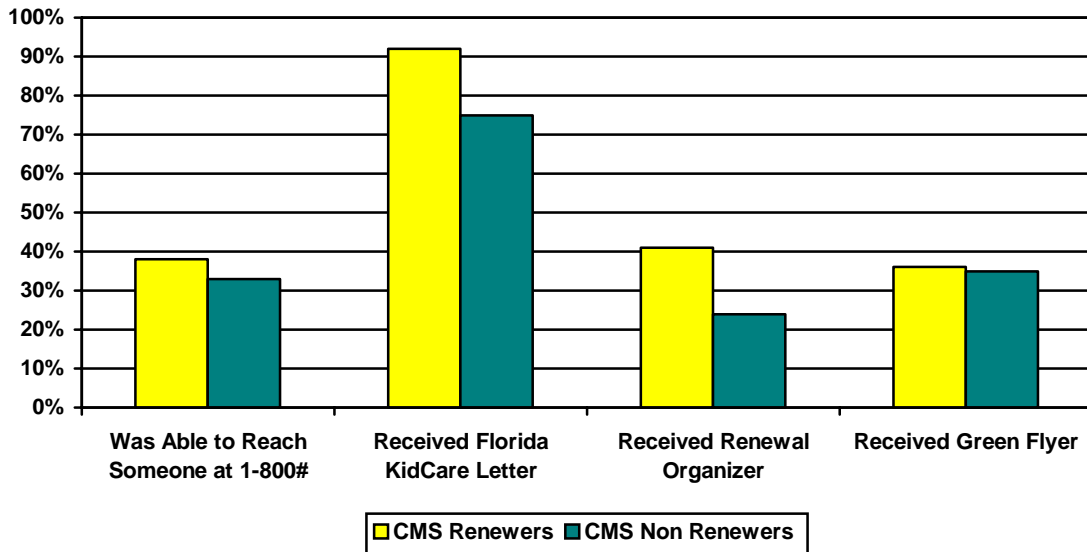
| | 1-800 Number | Renewal Letter | Renewal Organizer | Green Flyer |
|--|--------------|----------------|-------------------|-------------|
| Percent Received | 38% | 92% | 41% | 36% |
| Percent Who Found Helpful to Very Helpful | 83% | 80% | 83% | 78% |

Comparison of Title XXI CMS Non-Renewers and Renewers

Figures 8 and 9 below show the results of the effectiveness of several information tools used and distributed by Florida KidCare and CMS. Results in Figure 8 show that:

- Families who renewed coverage were more likely to have received information from Florida KidCare and CMS concerning renewal,
- More families who renewed coverage received the Florida KidCare letter than any other piece of information,
- Families who renewed coverage were less affected by the 1-800 number than all other information activities,
- More families who did not renew coverage received the Florida KidCare renewal letter than any other piece of information,
- The greatest difference in which group received information was seen in the Florida KidCare letter and the Renewal Organizer, with renewing families more likely to receive either piece of information,
- The least difference in which group received information was seen in the green flyer with renewing families slightly more likely to receive this information,
- These results suggest that the information activities did have a significant affect on the number of families that ultimately chose to renew.

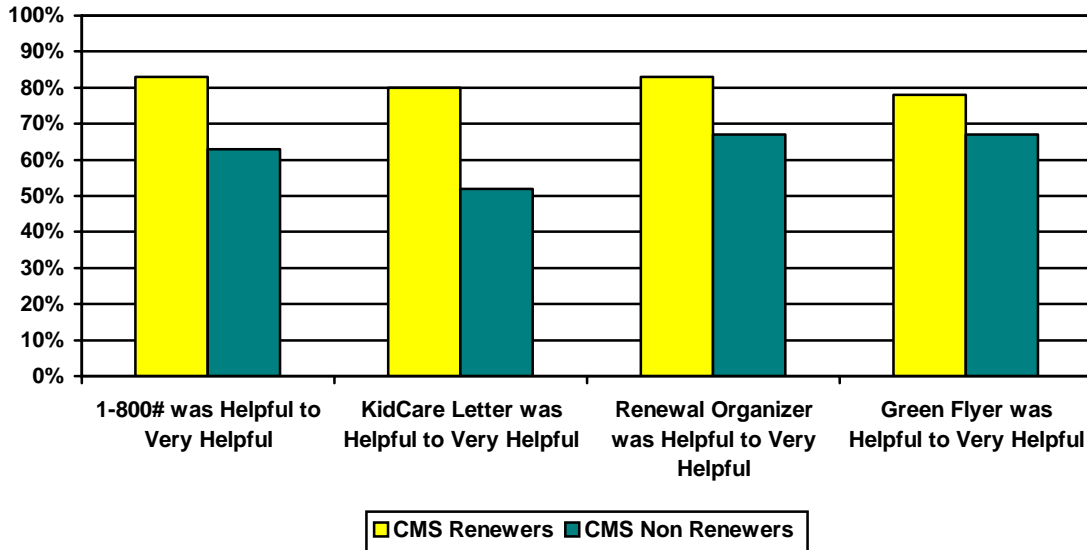
Figure 8. Comparing Information Accessed for Renewers and Non-Renewers



Results from Figure 9 indicate that:

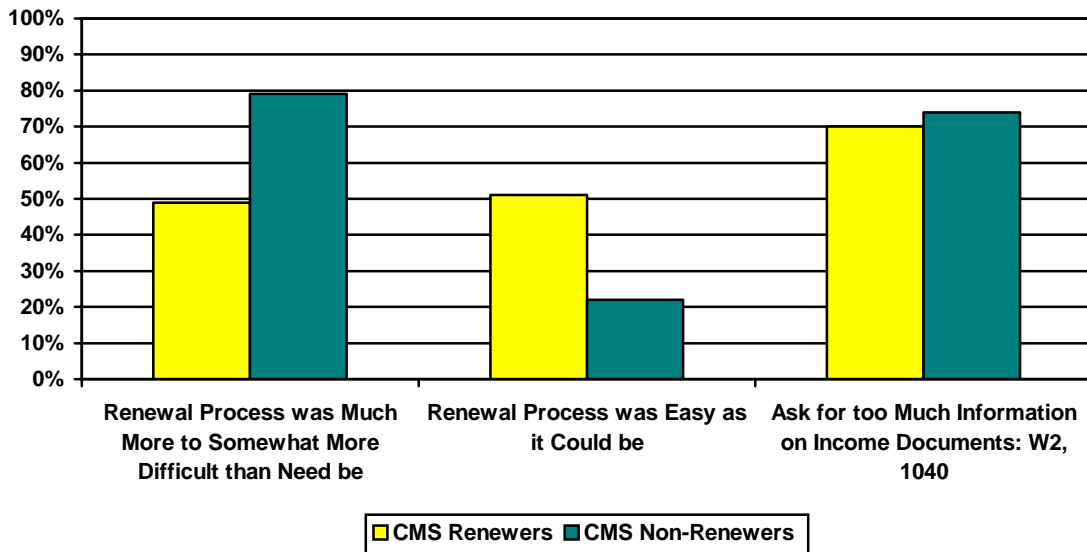
- Renewer families found each information tool more helpful than non-renewers,
- Renewer families found the Renewal Organizer most helpful and the green flyer least helpful,
- Non-renewer families found the Florida KidCare letter least helpful, and the Renewal Organizer most helpful,
- The least difference in helpfulness in the two groups was seen in the green flyer,
- The greatest difference in helpfulness was seen in the Florida KidCare letter and the 1-800 number,
- To increase the effectiveness of information tools, CMS could consider making the renewal letter more useful (which was received by the most number of families) or increasing the number of families that receive the Renewal Organizer (since non-renewers found these most useful),
- It is not suggested that the green flyer be used again since the differential effects between renewers and non-renewers was not significant.

Figure 9. Comparing Helpfulness of Information for Renewers and Non-Renewers



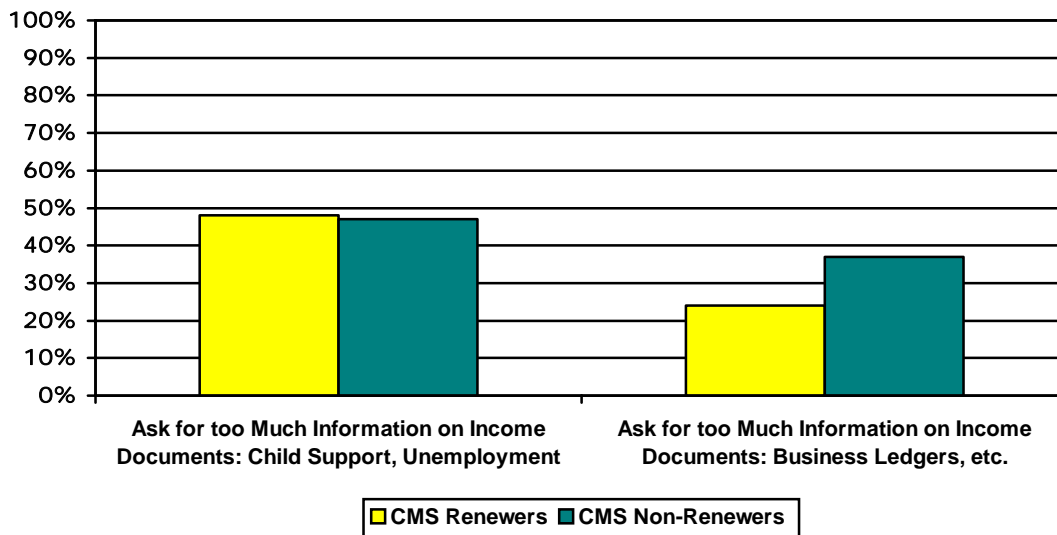
Families were also asked about their experiences with the overall renewal process. Again, it is not surprising that more families who renewed coverage significantly found the process to be as easy as it could be than non-renewers (51 versus 22 percent). However, both renewers and non-renewers felt that too much information on income was required in regard to W2, 1040 and other tax forms.

Figure 10. Comparing Renewer and Non-Renewer Attitudes Toward Renewal



Finally, Title XXI CMS families were asked about providing additional income documents, such as: child support, unemployment insurance, businesses ledgers, and calendars. As seen in Figure 11, non-renewers felt strongly to somewhat strongly agreed more than renewers that too much information in regard to business ledgers and work calendars was required. This may speak to the fact that there were more self-employed respondents in the non-renewal group. Also, this suggests a correlation between the amount of information that is required and the decision to renew.

Figure 11. Attitudes Toward Information Needed by Renewers and Non-Renewers



VII. Renewal Experiences

The next phase of the study focused on reasons *why* families did ultimately renew Title XXI Florida KidCare coverage (both CMS and Healthy Kids families). Respondents were read a list of reasons that typically cause parents to renew coverage. They were instructed to indicate which reason best fit their situation and they were able to respond with more than one answer.

Table 10. Reasons for Renewal

| | CMS Renewers (%) | Healthy Kids Renewers (%) |
|---------------------------------------|-------------------------|----------------------------------|
| Want to be Sure Child Has Insurance | 98% | 98% |
| Cannot Afford Other Insurance | 84% | 75% |
| Child Has Frequent or Chronic Illness | 82% | 18% |
| Renewal Process is Easy | 64% | 64% |
| Do Not Have Access to Other Insurance | 61% | 57% |
| Other | 16% | 18% |

Of the list of reasons cited, parents were then asked to state which was the most important for completing the renewal process. The top three reasons cited for Title XXI CMSN renewers were:

- Want to be Sure Child Has Insurance,
- Child Has Frequent or Chronic Illness, and
- Cannot Afford Other Insurance.

For renewers in the Healthy Kids study, the primary reasons cited were:

- Want to be Sure Child Has Insurance,
- Cannot Afford Other Insurance, and
- Do Not Have Access to Other Insurance.

When asked what percentage of families they know who have insurance, CMS Title XXI renewers indicated (in descending order) the percentages to be: 76 to 100, 26 to 50, 51 to 75 and 0 to 25 percent. Forty-three percent of these families known to Title XXI CMS renewers have employer sponsored insurance, 22 percent Medicaid, 22 percent Healthy Kids, 6 percent KidCare program unknown, 3 percent Other, 2 percent TriCare and 0.7 CMS.

VIII. Premiums

All families enrolled in a Title XXI-funded Florida KidCare program component, — including the CMS Network — are required to pay a monthly premium and failure to do so can lead to disenrollment for at least 60 days. However, children enrolled in the CMS Network are not required to pay co-payments for services. Among CMS families who did ultimately renew their child's Florida KidCare coverage, the survey assessed their attitudes towards the premium, which is \$15 per family per month for families with incomes up to 150 percent of the federal poverty level, and \$20 per family per month for families with incomes between 150 percent and 200 percent of the federal poverty level.

Eighty-eight percent of the renewing CMS families found the premium to be about the right amount while 5 percent said it was too much and 7 percent said it was too little. Families also were asked how frequently they experienced difficulty paying the premium. Forty percent never had difficulty paying the premium, 42 percent rarely had difficulty, and 4 percent always had difficulty.

Next, renewing CMS families were read a series of statements about the premium to see if they agreed or not. Results showed that:

- 98 percent strongly to somewhat strongly agreed that the premium was well worth paying;
- 99 percent strongly to somewhat strongly agreed that they were happy to pay the premium because they felt better for paying part of their child's health care costs;
- 90 percent somewhat strongly to strongly disagreed that paying the premium was a waste of money since their child was seldom ill; and,
- 99 percent strongly to somewhat strongly agreed that paying the premium gave them peace of mind that their child had coverage.

Next, the renewing CMS families were asked to indicate the amount they would be willing to pay if CMS had a full coverage option: 50 percent said \$20 to \$30, 21 percent said \$41 to \$50, and 12 percent said I cannot afford to pay.

Comparison of Title XXI CMS Non-Renewers and Renewers

As seen in Figures 12 and 13, renewers and non-renewers felt that the premium is the right amount. When asked what they would be willing to pay for full pay coverage, both groups felt that \$20-\$30 and \$41-\$50 would be appropriate amounts, with the former preferred by most respondents.

Figure 12. Comparing Attitudes Toward Premiums of Renewers and Non-Renewers

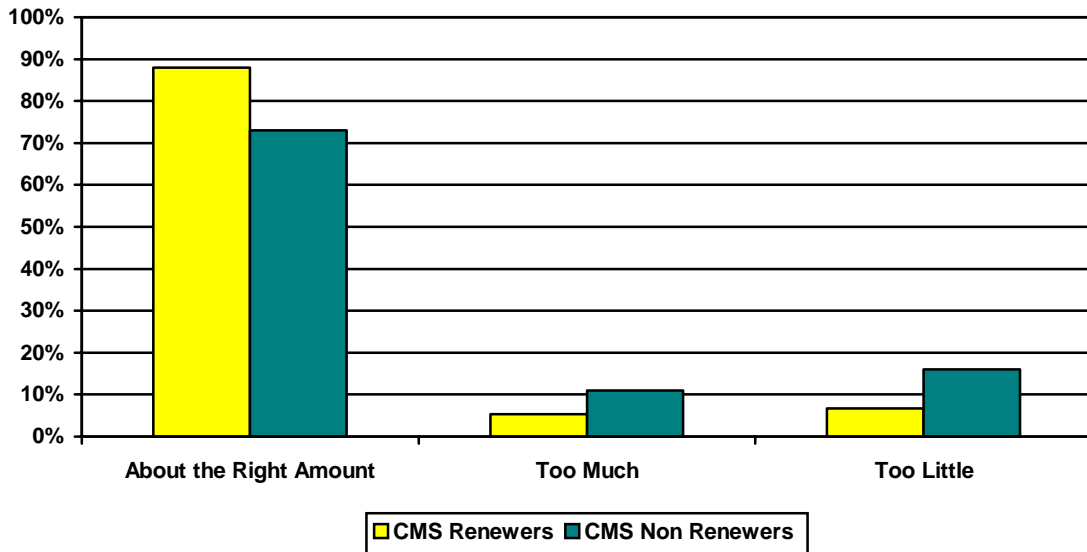
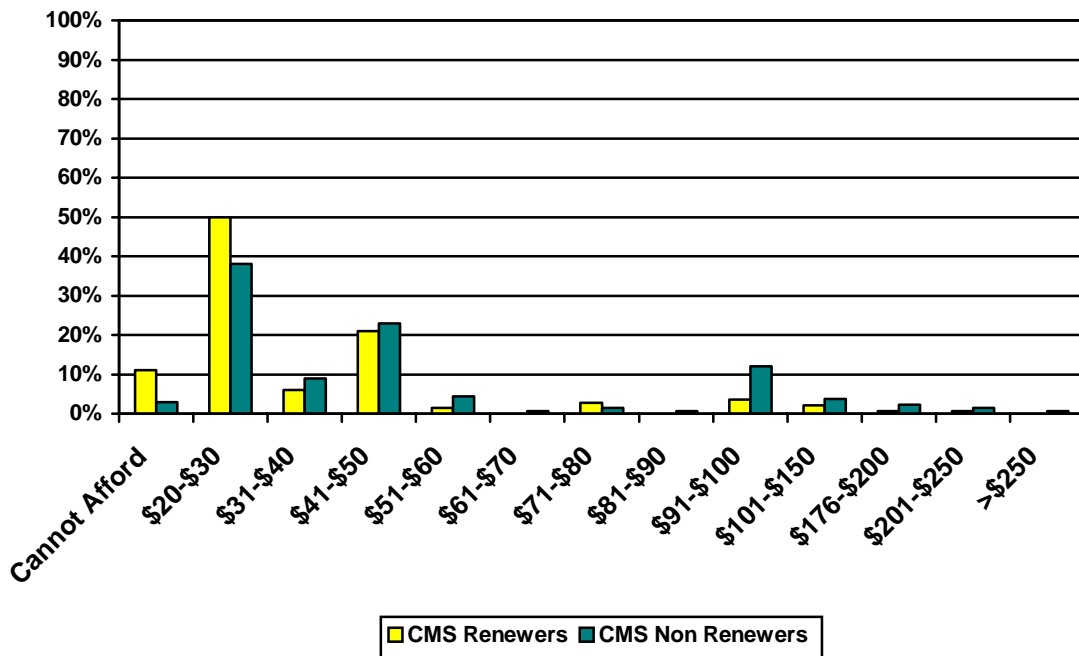


Figure 13. Comparing Willingness to Pay for Renewers and Non-Renewers



IX. Evaluation of the CMS Program

In the final section of the survey families who did renew Title XXI-funded coverage were asked about their satisfaction with the CMS program. When asked how satisfied they were with their child's doctor, 89 percent were somewhat to very satisfied while 1 percent was very dissatisfied. In general, families felt that the quality of care their child received was: Excellent (58 percent), Very Good (26 percent), Good (14 percent), Fair (2 percent), and Poor (0.7 percent). Ninety-four percent of the renewers felt that CMS was the right program for their child.

Results from the Healthy Kids renewer survey indicated that 94 percent of parents were satisfied to very satisfied with their child's doctor. In addition, 80 percent rated Healthy Kids as Excellent or Very Good.

Respondents to the Title XXI CMSN renewer survey were next asked to sum up in a word or two the best and worst aspects of the CMS Network. The most cited answers for the best part of the program were: affordable/free coverage to parents who cannot afford it (24 percent), good coverage/comprehensive care (19 percent), good doctors/medical care (16 percent), access to doctors and specialists (8 percent), and pays for prescription drugs (3 percent). In addition, 50 percent provided other responses, such as:

- CMS Nurse or social worker (22 percent),
- helpful staff (19 percent).

The most cited answers for the worst part of the program were: the renewal process is too complicated/bureaucracy/red tape (7 percent), bad dental (3 percent). In addition, 70 percent provided other responses, such as:

- Nothing (28 percent),
- Quality and availability of doctors (19 percent),
- Long wait times (12 percent).

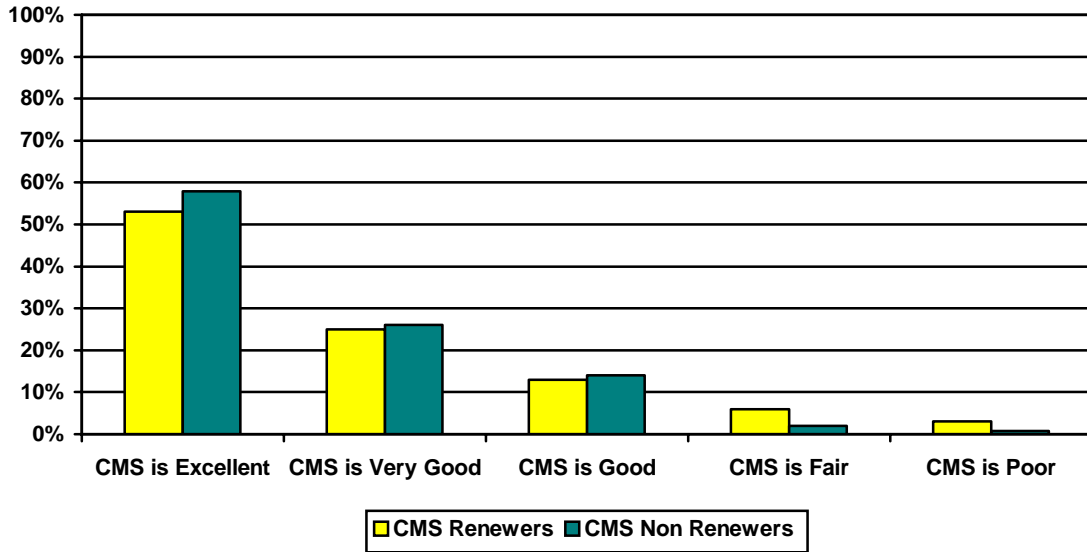
It should be noted that although families cited a complicated and bureaucratic renewal process as one of the worst parts of the *CMS program*; however, by Florida statute the CMS program does not control the Title XXI renewal process. This process is designated to the Florida KidCare program, and families may not be able to differentiate between the program components.

Comparison of Title XXI CMS Non-Renewers and Renewers

Across both groups of Title XXI renewers and non-renewers, families are generally satisfied with CMS. Figure 14 below shows that the trend of satisfaction is relatively the same for both groups, with slightly more non-renewers indicating the CMS is Excellent (58 versus 53 percent). These results

suggest that the reasons not to renew were not correlated with the quality of the program.

Figure 14. Satisfaction with CMS by Renewers and Non-Renewers



Tables 11 and 12 show the top three best and worst attributes of CMS by renewers and non-renewers. Non-renewers ranked bureaucracy as the worst thing about the program, whereas renewers felt that the limited number of physicians was the worst thing about CMS. Given that non-renewers felt that there was too much paperwork required for the renewal process, their indication of the bureaucracy being the worst attribute might be a direct result of the legislative changes. However, renewers also felt that bureaucracy was in the top three worst aspects of the program. Renewers also felt that too much paperwork required for the renewal process, but ultimately decided to renew. Both groups liked that CMS is affordable and has good coverage.

Table 11. Top Three Best Thing About CMS

| CMS Renewers | CMS Non-Renewers |
|------------------------------|-----------------------------|
| Affordable Coverage | Nice/helpful staff |
| Good/ Comprehensive Coverage | Affordable Coverage |
| CMS Nurse/ Social Worker | Good/Comprehensive Coverage |

Table 12. Top Three Worst Thing About CMS

| CMS Renewers | CMS Non-Renewers |
|---------------------|-------------------------|
| Limited Doctors | Bureaucracy |
| Waiting Times | Bad Communication |
| Bureaucracy | Waiting Times |

X. Summary and Conclusions

Renewing coverage in public health programs can be a confusing process for some CMS clients. Recent changes in the Title XXI renewal process may have compounded this confusion. Understanding the serious issues associated with loss of coverage and disruptions to continuity of care, Florida KidCare and the CMS Program undertook a variety of activities in SFY 2004-2005 to help clients understand and successfully navigate the new requirements for renewal. This report contains the preliminary results related to how parents who ultimately did renew coverage felt about the new process and how they were affected by the efforts to help them understand the process.

As compared to families who participated in the general CMS Satisfaction Survey and the Healthy Kids Survey of renewing families, a greater percentage of Title XXI CMSN renewers were White non-Hispanic while the marital status and household type were relatively consistent across all three groups.

In regard to their reaction to the active renewal process, more Title XXI CMSN families found the process to be much more difficult than it needed to be than Healthy Kids renewers (78 versus 69 percent). Both groups of renewers, however, found too much background paperwork was required to document their incomes.

Focusing on the individual educational activities, the survey found that the original renewal letter that was sent to families by the Florida Healthy Kids Corporation reached the greatest percent of families, but families found the Florida KidCare renewal organizer and the green reminder flyer CMS developed for its clients the most helpful. Starting July 1, 2005, the CMS Program made the distribution of the Florida KidCare renewal organizers mandatory to Title XXI CMSN families. This change should result in more CMSN families with Title XXI eligible children successfully renewing their coverage. CMS also should consider sending periodic reminder flyers to families that do not complete the renewal process.

Consistent with findings in the CMS Satisfaction Survey, Title XXI CMSN renewing families are consistently satisfied with the program and 92 percent believed it was the right program for their child.

Comparison of Title XXI CMS Non-Renewers and Renewers

Comparing the survey data from families who chose to renew and those who did not has led to some suggestions about how families decide to renew coverage. These results can also provide CMS with guidance in how to disseminate renewal information in the future, with the goal of decreasing the rate of disenrollment.

Survey and administrative data results show that non-renewers are more likely to be adolescents (mean age 15 versus 12), from urban areas, and have incomes within 0-150% of the federal poverty level. CMS could target its information at these populations.

Both renewers and non-renewers are highly educated, but somewhat more non-renewers are self-employed. Anecdotal evidence from the survey has suggested that self-employed families found the renewal process to be very difficult and suggested separate renewal forms that are streamlined.

Both groups have access to computer and the Internet. CMS could disseminate information via email or provide information on their website to aid in the renewal process. However, this should not be the primary source of information since fewer renewing families had access to a computer and Internet than non-renewers. In addition to email, high rates in both groups had a cellular telephone. Again, suggestions have been made for CMS to contact families via cellular telephone with a few caveats.

In assessing the impact of the child's health on the family, more non-renewers were impacted than renewers in regard to emotional worry about the child, however, they ultimately chose not to renew. Renewal respondents indicated that their child was more likely to limited the time they had for themselves than non-renewal respondents.

Both groups of families got along consistently and had family activities interrupted and had to give up things at the same frequency. These results suggest that many CMS families have the same family experiences.

Regarding their experiences with the new renewal process, non-renewers found the process much more difficult than renewers, but both groups felt that too much paperwork was required to document income. The fact that more non-renewers than renewers indicated that too much information was required in relation to business ledgers and work calendars might be a manifestation of more self-employed non-renewer families.

For the specific information activities, the green flyer was the least effective across both groups, although both groups made many complaints about the 1-800 number. The Florida KidCare letter and the Renewal Organizer proved to be the most effective tools for renewal information.

Finally, the majority of respondents in both groups felt that CMS was an Excellent program, with slightly more non-renewers than renewers having this opinion. This result suggests that the decision to renew was not based on program satisfaction. Furthermore, both groups had similar thought on what the best aspects of CMS were: affordable coverage, good/comprehensive coverage, and characteristics of the staff. The new renewal process might have contributed to the fact that non-renewers felt the program was too bureaucratic, although it has been pointed out that CMS does not have statutory authority over this process.

Appendix A. What Families Say

In general, successful Title XXI CMS renewers had similar comment as the non-renewers in relation to their negative experiences with the 1-800 number and the amount of paperwork required to renew coverage. However, several successful renewers also commented on the ease of the renewal process.

Below are several excerpts from families who completed the CMS renewer survey. Respondents were asked to indicate the areas of CMS that they think are the best and worst. What follows is an excerpt of responses.

Best:

CMS is low-cost, affordable, and helpful. They even provided transportation...

This is a great initiative by the State to get every child healthy

I am very pleased with the insurance I receive. The doctor and services are good and I am comfortable with the program.

Worst:

The doctor is very impersonal and I have to travel over an hour to get there.

Turn over of staff

Specialists were limited

After 18 how will my daughter get health care?

I need in-home therapy

CMS does not cover Applied Behavior Analysis

In addition, families were asked about what they would do to change the renewal process. Families said:

Renew both of my children at the same time

Assign one caseworker per family to work with us

Be able to scan documents and email them

Don't have renewal at the same time as open enrollment

Have separate forms for self-employed