Children served by MaineCare, 2012: Survey findings

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2012 Survey of Children Served by MaineCare

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Acknowledgements

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Executive Summary

The purpose of the annual Survey of Children Served by MaineCare is to monitor the quality of services delivered by MaineCare, the State’s Medicaid and CHIP program. The 2012 survey examines the experiences of families with children who are enrolled in MaineCare using a standardized survey instrument—the CAHPS 4.0H Child Medicaid Health Plan Survey—which is designed to provide performance feedback to Medicaid fee-for-service and managed care plans by identifying areas of excellence as well as those in need of improvement.1

The sample frame for the 2012 survey included children ages 0 through 17 years who were enrolled in MaineCare for at least 5 months between January and June 2012. Computer-assisted telephone interviews were conducted by trained interviewers from the Muskie School Survey Research Center between July and October 2012. Out of the total of 2,396 sampled households that were contacted, 1,029 interviews were completed for an overall response rate of 43%.

Key Findings

- MaineCare scores very favorably compared with national benchmarks on CAHPS measures of Getting Needed Care, Getting Care Quickly, and How Well the Child’s Doctors Communicate—with ratings at or above the 75th percentile on all the composites and individual items. Overall ratings of the child’s personal doctor, ratings of the child’s specialist, and ratings of all the child’s health care are also among the highest nationally.
- One measure of Getting Care Quickly declined from 2011 to 2012. Eighty percent of parents reported that they “Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed” in 2011, versus 74% in 2012, a marginally significant change (p<.10). This measure merits ongoing monitoring to help maintain high levels of access to care.
- Further improvement may be needed related to MaineCare customer service. As in 2011, survey results showed that only half (50%) of parents said that customer service at MaineCare consistently provide information or help needed, and only 59% of parents said that customer service staff at MaineCare are always courteous and respectful. These customer service ratings are among the lowest nationwide.
- Care coordination is another area where the survey results suggest an opportunity for improvement. While 96% of families surveyed said they got the help they needed in contacting their child’s school or daycare, only 41% said they got the help they needed to coordinate care among different providers. This was significantly lower than the national median of 62 percent.

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1 In 2011, the Centers for Medicare and Medicaid Services (CMS) released a set of 24 pediatric quality measures, the CHIPRA Core Measures, for use by state Medicaid and CHIP programs. The same year, MaineCare Services was awarded a CHIPRA Quality Demonstration Grant from CMS to improve the quality of care delivered to children. One objective of the grant is to pilot the collection and reporting the CHIPRA Core Measures. The MaineCare survey instrument and sampling methodology were revised in 2011 to comply with the CHIPRA measure specifications, and facilitate benchmarking of the MaineCare results other state Medicaid and CHIP programs that use the CAHPS 4.0 Health Plan Survey.
Survey results show that an estimated 39% of children enrolled in MaineCare have special health care needs. This is twice the prevalence of special health care needs in the general population of children in Maine (19.4%) and nationwide (15.1%).

There were several CAHPS measures for which children with special health care needs (CSHCN) scored significantly lower than other children enrolled in MaineCare. Parents of CSHCN were significantly less likely to report that it was always easy to get needed care (62% versus 78%), that their child’s doctor listened carefully (79% versus 88%), and that it was easy to get prescription medicines through MaineCare for their child (69% versus 80%). On the other hand, CSHCN enrolled in MaineCare were more likely to report that their doctor offered more than one treatment option (55% versus 38%), and were more likely to say they got help with care coordination (49% versus 30%).

Focus on Oral Health

The MaineCare program identified oral health and ensuring access to dental care as a priority, so several questions related to dental services were included in the 2012 survey.

- Nearly two-thirds (63%) of all children enrolled in MaineCare received dental services in the past six months, and about one in five (22%) had more than one visit with a dental provider. The overall rating of the child’s dental care was quite high, with a mean score of 8.8 (out of 10), and 69% of respondents rating the quality of their child’s dental care a “9” or “10”.
- Parents reported that a majority of children have a usual source of dental care (79%), however these rates vary by age. Having a usual source of dental care was less common among children ages 5 or younger (62%), relative to children ages 6 – 12 and teens, who had rates of 91% and 86%, respectively.
- Fourteen percent of children with MaineCare coverage – or approximately 15,500 children -- had dental care that was delayed or not received at some time in the past 6 months. When asked for the main reason why their child’s dental care was delayed, nearly half (47%) said it was because the dental provider refused to accept MaineCare, and other 9% said they could not afford to pay for care.

Recommendations

- We recommend continued administration of the Child CAHPS 4.0H Child Medicaid Health Plan Survey in 2012 and beyond to allow for continued monitoring of patient experience with the MaineCare program. Repeat administration of the survey will also allow for the computation of trend results in future years, and will ensure that the MaineCare program comply with federal CHIPRA measure reporting requirements.

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3 Annual reporting of the CHIPRA Core Measures, including the CAHPS survey, is a deliverable for the CHIPRA Quality Demonstration Grant described above.
We recommend that MaineCare administrators explore using strategies described in the CAHPS Improvement Guide available from the Agency for Healthcare Research and Quality (AHRQ) to address areas for potential improvement identified in the 2012 survey.\(^4\)

Suggested strategies to improve satisfaction with customer service include:
- implementing “listening posts” to systematically collect and regularly review complaints and compliments from members,
- convening a Patient and Family Advisory Council to provide input on MaineCare program development and evaluation, and
- implementing a service recovery program that provides protocols and training on how to respond to member dissatisfaction.

Strategies for improving care coordination and access to needed care include:
- ensuring that MaineCare providers have up to date information about the rules and requirements for prior authorization, which would help to speed up the referral process and minimize denied referrals.
- encouraging the participation of pediatric practices in MaineCare’s new Health Homes Initiative, in which qualified practices will receive financial incentives to partner with a Community Care Team and to provide comprehensive care management and care coordination to MaineCare members with specified chronic conditions.\(^5\)

\(^4\) Available at [www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide.aspx](http://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide.aspx)

\(^5\) [Maine Patient Centered Medical Home Pilot – Phase 2 Expansion and MaineCare Health Homes Initiative Summary](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/ME_PCMH_Pilot%20Expansio_HH_Summary_02132012.pdf) [Retrieved 03/09/2012]
Purpose

The purpose of the annual Survey of Children Served by MaineCare is to monitor the quality of services delivered by MaineCare, the State’s Medicaid and CHIP program. The 2012 survey examines the experiences of families with children who are enrolled in MaineCare using a standardized survey instrument—the CAHPS 4.0H Child Medicaid Health Plan Survey. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is designed to provide performance feedback to Medicaid fee-for-service and managed care plans by identifying areas of excellence as well as those in need of improvement. In addition to the standardized CAHPS items, MaineCare program managers also selected other areas of focus to include in the survey, such as access to and satisfaction with dental services, health behaviors of children enrolled in the program, and access to employer-sponsored insurance.

The 2012 survey is also designed to capture differences in the experience of care among families with children enrolled in MaineCare through different eligibility categories, and among families who have children with a chronic condition. The purpose is to see if there are certain groups of MaineCare members whose needs are not getting met, or who may benefit from targeted interventions.

Children’s eligibility for MaineCare is determined based on their age, household income and whether or not the child has a disability. We classified children into the following three general eligibility categories:

1. **Medicaid**, which covers infants under age 1 with household income up to 185% of the Federal Poverty Level (FPL), ages 1 through 5 up to 133% of the Federal Poverty Level (FPL), and children ages 6 through 18 up to 125% of the FPL.
2. **Medicaid Expansion**, which covers children ages 1 to 5 years of age with household income between 134% and 150% of the FPL, and children ages 6 through 18 with income between 126% and 150% of the FPL; and
3. **Separate Child Health Program (CHP)**, which covers infants under age 1 with household income from 185% to 200% of the FPL, and children ages 1 through 18 years of age with household income from 151% to 200% of the FPL.

Though all children enrolled in MaineCare receive the same benefits, there are several distinctions between these eligibility categories that could lead to differences in experience of care. First, children enrolled in the Medicaid category generally live in the poorest households, and therefore likely experience the most financial hardship and more barriers to accessing care. Second, parents of CHP enrollees pay monthly premiums of $8 to $64, depending on their family income, whereas there are no premiums charged for Medicaid Expansion or Medicaid enrollees. (A question in the survey specifically addresses the issue of whether the premium payments pose a hardship for these families). A final distinction, unrelated to experience of care, is that funding for children enrolled through the Medicaid Expansion and CHP eligibility categories comes from the federal CHIP program. Appendix A

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7 Note that children up to age 18 who have a disabling condition are also eligible for MaineCare, with income eligibility limits that are greater than 200% of the FPL. For the purposes of the survey, these children are included in the Medicaid category.
summarizes the income eligibility guidelines, premium payments, and funding source for all three eligibility categories included in this report.

Findings from this report will be used to improve understanding of the needs of children enrolled in MaineCare, to develop quality improvement initiatives, and to satisfy MaineCare reporting requirements for the federal Medicaid and CHIP programs.

**Methods**

The 2012 Survey of Children Served by MaineCare was fielded according to instructions provided in the CAHPS 4.0 Health Plan Survey and Reporting Kit, Medicaid version. The sample frame included children age 17 years or younger who were enrolled in MaineCare for at least 5 months between January and June 2012. One child per household was randomly selected so that no family would be interviewed about the experience of more than one child. To reduce respondent burden, children living in households that participated in the 2011 survey of children with MaineCare coverage were excluded from the sample; children living in households where a child had recently died were excluded, as were children where no adult parent or guardian could be identified (i.e. children in state custody). A total of 114,147 eligible children were included in the final sample frame.

To ensure adequate sample size to separately analyze children receiving benefits through the CHP eligibility category and of children who have a chronic condition, we used a stratified random sample design that over-sampled these two groups. Children with a chronic condition diagnosis were identified during the sampling process using diagnosis codes from MaineCare claims for outpatient, inpatient and Emergency Department visits. Note that the actual determination of whether a child has a chronic condition in the CAHPS survey is made based on responses to a five-item CSHCN Screener (described below). The purpose of using diagnosis codes in the sampling process is to identify children in the sampling frame who are more likely to screen positive for a chronic condition, reducing the total sample size needed to obtain a sufficient number of children with chronic conditions for analysis and reporting.

The final sample for the 2012 survey included 2,396 target children living in distinct households. The sample included 745 children enrolled in the CHP eligibility category of MaineCare, and 1,611 who were identified as having a chronic condition diagnosis in the claims data.

The survey instrument included all the core questions from the CAHPS 4.0 Child Medicaid Health Plan Survey, as well as the Children with Chronic Conditions item set. Questions addressing additional priority topics identified by MaineCare Services were inserted after the CAHPS questions. The complete survey instrument is included in Appendix B. Consent to participate in the survey was obtained verbally through the use of a script; all survey protocols, including the survey instrument and consent script, were reviewed and approved by the University of Southern Maine Institutional Review Board.

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8 Available at: https://www.cahps.ahrq.gov/CAHPSkit/Healthplan/HPChooseQx2.asp
9 This is referred to as the “Enriched Sampling Approach” in the CAHPS guidance. For more information, see Fielding the CAHPS Health Plan Survey 4.0: Medicaid Version, Sampling Guidelines and Protocols for Surveying Adults and Children.
Computer-assisted telephone interviews were conducted by trained interviewers from the Muskie School Survey Research Center between July and October 2012. Of the 2,396 sampled households that were contacted, 1,029 interviews were completed for an overall response rate of 43%. Table 1 displays a summary of the characteristics of target children living in households with completed interviews (n=1,029), and a comparison to the eligible population (N=114,147). As noted above, children in the CHP eligibility category and those with a chronic condition diagnosis were oversampled to ensure adequate sample sizes for these subgroups, and are therefore more likely to be included in the sample. Weights were developed to adjust for the unequal probability of selection and for non-response. (More information on the development of sample weights is included in Appendix C).

Unless otherwise specified, all the results presented below are based on weighted data, so that they will more closely represent the prevalence of the population of children enrolled in MaineCare. All statistical tests were calculated using SAS version 9.2 with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data.
Table 1. Characteristics of Target Children and of the Eligible Population

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% of Target Children</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 1,029</td>
<td>N = 114,147</td>
</tr>
<tr>
<td><strong>MaineCare Eligibility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHP/Cubcare*</td>
<td>34.7</td>
<td>5.2</td>
</tr>
<tr>
<td>Expansion</td>
<td>8.0</td>
<td>9.8</td>
</tr>
<tr>
<td>Medicaid</td>
<td>57.3</td>
<td>85.1</td>
</tr>
<tr>
<td><strong>Household Density</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One enrolled child living in household</td>
<td>29.2</td>
<td>32.8</td>
</tr>
<tr>
<td>Two or more enrolled children</td>
<td>70.8</td>
<td>67.2</td>
</tr>
<tr>
<td><strong>Chronic Condition Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic condition diagnosis in claims*</td>
<td>66.2</td>
<td>50.4</td>
</tr>
<tr>
<td>No chronic condition</td>
<td>33.8</td>
<td>49.6</td>
</tr>
<tr>
<td><strong>Age of Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 5</td>
<td>28.0</td>
<td>34.8</td>
</tr>
<tr>
<td>6-12</td>
<td>43.4</td>
<td>39.6</td>
</tr>
<tr>
<td>13-18</td>
<td>28.6</td>
<td>25.6</td>
</tr>
<tr>
<td><strong>Gender of Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>49.9</td>
<td>51.7</td>
</tr>
<tr>
<td>Male</td>
<td>50.1</td>
<td>48.3</td>
</tr>
<tr>
<td><strong>Minority Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, Not Hispanic</td>
<td>97.3</td>
<td>94.0</td>
</tr>
<tr>
<td>Non-White or non-Hispanic</td>
<td>2.7</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Region of Residence (County)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region I (York and Cumberland)</td>
<td>28.0</td>
<td>28.0</td>
</tr>
<tr>
<td>Region II (Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo)</td>
<td>42.3</td>
<td>45.3</td>
</tr>
<tr>
<td>Region III (Aroostook, Hancock, Penobscot, Piscataquis and Washington)</td>
<td>29.7</td>
<td>26.6</td>
</tr>
</tbody>
</table>

* Denotes sub-populations that were oversampled.
Respondent Characteristics

The following table shows the unweighted distribution of respondents’ age, gender, education level and relationship to the target child. Ninety percent of respondents were between the ages of 25 and 54, 88% were women, and 95% were the parent or step-parent of the target child. Forty-two percent of respondents have a high school education or less.

*Table 2. Characteristics of Survey Respondents*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% of Respondents n=1,029</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respondent Age</strong></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>5%</td>
</tr>
<tr>
<td>25-34</td>
<td>34%</td>
</tr>
<tr>
<td>35-44</td>
<td>38%</td>
</tr>
<tr>
<td>45-54</td>
<td>17%</td>
</tr>
<tr>
<td>55-64</td>
<td>3%</td>
</tr>
<tr>
<td>65 OR OLDER</td>
<td>0.8%</td>
</tr>
<tr>
<td>Missing</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Respondent Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11%</td>
</tr>
<tr>
<td>Female</td>
<td>88%</td>
</tr>
<tr>
<td>Missing</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Respondent Education Level</strong></td>
<td></td>
</tr>
<tr>
<td>Less than HS</td>
<td>5%</td>
</tr>
<tr>
<td>HS graduate/GED</td>
<td>37%</td>
</tr>
<tr>
<td>Some college/2 year degree</td>
<td>40%</td>
</tr>
<tr>
<td>Four year degree</td>
<td>13%</td>
</tr>
<tr>
<td>More than four year degree</td>
<td>4%</td>
</tr>
<tr>
<td>Missing</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Relationship to Child</strong></td>
<td></td>
</tr>
<tr>
<td>Parent or Step-parent</td>
<td>95%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>3%</td>
</tr>
<tr>
<td>Legal Guardian</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
</tr>
<tr>
<td>Missing</td>
<td>0.9%</td>
</tr>
</tbody>
</table>
Core CAHPS 4.0 Results and National Comparisons

The Core CAHPS questions focus on Getting Needed Care, Getting Care Quickly, Health Plan Information and Customer Service, and Overall Ratings (of child’s personal doctor, specialist, health care and health plan). We compared results from the 2012 MaineCare survey with data from children served by other state Medicaid programs using the 2011 CAHPS Database. In Table 3, we display Top Box scores for each of the CAHPS 4.0 Health Plan survey items and composite scores. Top Box scores represent the percent of respondents reporting the most positive response for a given composite, rating, or question item. For example, on scales that use “Always” to “Never”, the Top Box score is the percentage of respondents who chose “Always”; on rating scales where 0 is the worst and 10 is the best score, the Top Box score is the percentage selecting 9 or 10. Composite scores are calculated based on the average of all the items within a given composite. The last two columns in Table 3 are a summary rating using comparative data obtained from the national CAHPS database. The summary rating indicates how the MaineCare results compare to Top Box scores from respondents served by 129 participating Medicaid managed care and fee for service plans in 14 different states. The Top Box summary rating categories are defined as follows:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦✦✦</td>
<td>90th percentile or higher</td>
</tr>
<tr>
<td>✦✦</td>
<td>75th - 90th percentile</td>
</tr>
<tr>
<td>✦</td>
<td>50th - 75th percentile</td>
</tr>
<tr>
<td>✦</td>
<td>25th - 50th percentile</td>
</tr>
<tr>
<td>□</td>
<td>Less than 25th percentile</td>
</tr>
</tbody>
</table>

The results in Table 3 indicate that MaineCare scores very favorably compared with other Medicaid programs on CAHPS measures of Getting Needed Care, Getting Care Quickly, and How Well the Child’s Doctors Communicate—with ratings at or above the 75th percentile on all the composites and individual items. Overall ratings of the child’s personal doctor, ratings of the child’s specialist, and ratings of all the child’s health care are also among the highest nationally.

The only measures in Table 3 on which MaineCare scored below the national median were in the area of Health Plan Information and Customer Service. Half (50%) of parents said that customer service at MaineCare consistently provided information or help needed, and 59% of parents said that customer service staff at MaineCare were always courteous and respectful. These customer service ratings place MaineCare among the lowest scoring plans nationwide.

We also compared the 2012 CAHPS results against those from 2011 (not shown), and found only one notable change. Parents who reported that they “Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed” fell from 80% in 2011 to 74% in 2012, a marginally significant decline (p<.10). Continued monitoring of this measure is advisable to identify access barriers.

10 https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx
Table 3. 2012 MaineCare Child Survey CAHPS 4.0 Results and National Medicaid Comparisons

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>2012 MaineCare Results</th>
<th>National Comparisons*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td><strong>Core CAHPS 4.0 Health Plan Item Set</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Needed Care for a Child Composite</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>How often was easy to get appointments with specialists for child</td>
<td>57%</td>
<td>(49% - 65%)</td>
</tr>
<tr>
<td>How often was easy to get needed care, tests or treatment for child</td>
<td>71%</td>
<td>(66% - 75%)</td>
</tr>
<tr>
<td><strong>Getting Care Quickly for a Child Composite</strong></td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Child got urgent care for illness, injury or condition as soon as wanted</td>
<td>88%</td>
<td>(83% - 92%)</td>
</tr>
<tr>
<td>Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed</td>
<td>74%</td>
<td>(69% - 78%)</td>
</tr>
<tr>
<td><strong>How Well the Child's Doctors Communicate Composite</strong></td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Child's personal doctor explained things clearly</td>
<td>83%</td>
<td>(79% - 89%)</td>
</tr>
<tr>
<td>Child's personal doctor listened carefully</td>
<td>84%</td>
<td>(80% - 88%)</td>
</tr>
<tr>
<td>Child's personal doctor respected consumer comments</td>
<td>88%</td>
<td>(85% - 91%)</td>
</tr>
<tr>
<td>Child's personal doctor explained things in a way that was easy for child to understand</td>
<td>76%</td>
<td>(71% - 81%)</td>
</tr>
<tr>
<td>Child's personal doctor spent enough time with child</td>
<td>75%</td>
<td>(71% - 79%)</td>
</tr>
</tbody>
</table>
Table 3 (continued)

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>2012 MaineCare Results</th>
<th>National Comparisons*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td>Health Plan Information and Customer Service Composite</td>
<td>54%</td>
<td>(38% - 62%)</td>
</tr>
<tr>
<td>Customer service at child's health plan gave information or help needed</td>
<td>50%</td>
<td>(38% - 62%)</td>
</tr>
<tr>
<td>Customer service staff at child's health plan courteous and respectful</td>
<td>59%</td>
<td>(47% - 71%)</td>
</tr>
<tr>
<td><strong>Overall Ratings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating of child's personal doctor</td>
<td>73%</td>
<td>(70% - 77%)</td>
</tr>
<tr>
<td>Rating of child's specialist</td>
<td>70%</td>
<td>(63% - 77%)</td>
</tr>
<tr>
<td>Rating of all child's health care</td>
<td>62%</td>
<td>(57% - 67%)</td>
</tr>
<tr>
<td>Rating of child's health plan</td>
<td>62%</td>
<td>(58% - 66%)</td>
</tr>
</tbody>
</table>

*Comparisons based on National 2011 Child Medicaid 4.0 Percentile Top Box Scores downloaded from CAHPS Database on Dec 9, 2011. [https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx](https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx)
+ Sample size for the 2012 MaineCare Survey is less than 100 for this item. Use results with caution.
Results are weighted to represent the entire population of children enrolled in MaineCare.
Children with Chronic Conditions CAHPS Results

The CAHPS survey also includes a supplemental set of items designed to measure health plans’ performance in addressing topics that tend to be of more concern to families of children with chronic conditions. Questions in the CAHPS Children with Chronic Conditions item set are asked of all survey participants, regardless of the chronic condition status of the child, allowing for comparisons of children with and without a chronic condition. The measures include Access to Prescription Medicines, Access to Specialized Services, Family-Centered Care (including having a personal doctor who knows the child, shared decision-making, and getting needed information) and Coordination of Care and Services. We again computed the Top Box results for each measure, and compared them against national results from the CAHPS Database (Table 4).

The 2012 results show that MaineCare rates are comparable to other Medicaid programs on measures of Access to Prescription Medicine; about two thirds of families said it was always easy to get special medical equipment or devices, nearly two-thirds (63%) said it was always easy to get special therapy, and over half (58%) also said it was always easy to get treatment or counseling for their child. (A screening question precedes each one of the rating questions upon which these results are based, so that the ratings are based solely on the responses of respondents who said they had recently tried to get special medical equipment, etc. for their child).

The 2012 results for items related to Family-Centered Care are mixed. For the first measure of family-centered care – having a personal doctor who knows the child – ratings are comparable to national ratings. Eighty-six percent of families said their personal doctor talked to them about how their child was feeling, growing or behaving in the past six months. More than 90% also said their child’s doctor understands how their child’s health condition affects the child, and 89% said their child’s doctor understands how it affects the family. The second measure of family-centered care is shared decision-making. Only 46% of parents said that their child’s MaineCare provider offered more than one choice for treatment or care, a rating that is in the bottom quartile nationally. (For providers who did discuss treatment options, almost all families reported that the provider discussed pros and cons of each choice, and asked the parent which treatment they thought was best for their child.) The third measure of family-centered care is getting needed information. Eighty percent of families said they always had their questions answered by their child’s providers, placing MaineCare providers in the 90th percentile nationally on this measure.

Care coordination is another area where the survey results suggest an opportunity for improvement. While 96% of families surveyed said they got the help they needed in contacting their child’s school or daycare, only 41% said they got the help they needed to coordinate care among different providers. This was significantly lower than the national median of 62 percent.

The only statistically significant change in the chronic conditions measures from 2011 was in the proportion who reported their child’s doctor spoke to them about how the child was growing, feeling and behaving, which declined from 91% to 86% (results not shown).
### Table 4. 2012 MaineCare Child Survey CAHPS 4.0 Children with Chronic Conditions Results

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>2012 MaineCare Results</th>
<th>National Comparisons*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td><strong>Children with Chronic Conditions Item Set</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Getting Specialized Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often was easy to get special medical equipment or devices for child</td>
<td>68%</td>
<td>(55% - 82%)</td>
</tr>
<tr>
<td>How often was easy to get special therapy for child</td>
<td>63%</td>
<td>(54% - 72%)</td>
</tr>
<tr>
<td>How often was easy to get treatment or counseling for child</td>
<td>58%</td>
<td>(50% - 65%)</td>
</tr>
<tr>
<td><strong>Getting Prescription Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often was easy to get prescription medicines for child through health plan</td>
<td>73%</td>
<td>(68% - 78%)</td>
</tr>
<tr>
<td><strong>Family Centered Care: Personal Doctor Who Knows Child</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child's personal doctor talked about how child was feeling, growing or behaving</td>
<td>86%</td>
<td>(83% - 90%)</td>
</tr>
<tr>
<td>Child's personal doctor understood how health conditions affected child's day-to-day life.</td>
<td>93%</td>
<td>(89% - 96%)</td>
</tr>
<tr>
<td>Child's personal doctor understood how health conditions affected child's family's day-to-day life.</td>
<td>89%</td>
<td>(85% - 93%)</td>
</tr>
</tbody>
</table>
Table 4 (continued)

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>2012 MaineCare Results</th>
<th>National Comparisons*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td>Family Centered Care: Shared Decision-Making</td>
<td>46% (41% - 51%)</td>
<td></td>
</tr>
<tr>
<td>Child's doctor or health provider offered more than one choice for child's treatment or care</td>
<td>97% (95% - 100%)</td>
<td></td>
</tr>
<tr>
<td>Doctor or health provider discussed pros &amp; cons of each choice for child's treatment or care (2 point scale)</td>
<td>91% (87% - 95%)</td>
<td></td>
</tr>
<tr>
<td>Doctor or health provider asked parent/guardian which treatment/care choice was best for child (2 point scale)</td>
<td>80% (76% - 84%)</td>
<td></td>
</tr>
<tr>
<td>Family Centered Care: Getting Needed Information</td>
<td>96% (93% - 99%)</td>
<td></td>
</tr>
<tr>
<td>How often questions answered by child's doctors or health providers</td>
<td>92% (35% - 47%)</td>
<td></td>
</tr>
</tbody>
</table>

*Comparisons based on National 2011 Child Medicaid 4.0 Percentile Top Box Scores downloaded from CAHPS Database on Dec 9, 2011.
https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx
+ Sample size for the 2012 MaineCare Survey is less than 100 for this item. Use results with caution.
Results are weighted to represent the entire population of children enrolled in MaineCare.
Children with Special Health Care Needs (CSHCN)

A group of particular interest is children with special health care needs (CSHCN)—defined as children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Several federal and state programs target CSHCN, including children in the foster care or adoption assistance programs (Title IV-E), Supplemental Security Income (SSI), Title V-funded care coordination services, or services under a 1903(3) option, known as the Katie Beckett option.

We identified CSHCN in our survey sample using the CSHCN Screener developed by Bethell, et al (2002). The CSHCN Screener is included in the CAHPS 4.0H Child Medicaid survey, and identifies children who experience at least one of five different health consequences: 1) Use or need of prescription medication, 2) Above average use or need of medical, mental health or educational services, 3) Functional limitations compared with others of same age, 4) Use or need of specialized therapies, and 5) Treatment or counseling for emotional or developmental problems. To qualify as a CSHCN, the following must all be present:

- The child must currently experience one of the five specific consequences noted above;
- The consequence must be due to a medical, behavioral, or other health condition;
- And the duration or expected duration of the condition is 12 months or longer.

An estimated 39% of all children who are currently enrolled in MaineCare meet the CSHCN screening criteria (Table 5). Of the five qualifying health consequences, use or need of prescription medications is the most prevalent at 29%, followed by above average use of services (21%), and current treatment or counseling for emotional, behavioral or developmental problems (18%).

The prevalence of children with special health care needs is significantly higher among children enrolled in MaineCare than in the general population of children in Maine. Data from a national survey conducted in 2009-2010 showed that 15.1% of children nationwide have special health care needs, and that 19.4% of all children in Maine have special health care needs. Children enrolled in MaineCare are almost twice as likely (at 39%) to have a special health care need compared with other children in Maine.

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13 The Title V Program is funded by the federal Maternal and Child Health block grant and supports children with the following conditions: blood disorders, cardiac defects, childhood oncology, craniofacial anomalies, gastrointestinal disorders, metabolic disorders, ophthalmologic diseases, orthopedic, neurological neurosensory, neuromuscular, or respiratory conditions.
Ensuring that children with special health care needs enrolled in MaineCare have adequate access to needed services is important not only for the health and well-being of these children, but also for the control of current and future MaineCare expenditures. By helping children and families to better manage their chronic conditions, MaineCare can help avoid the use of more costly emergency and hospital services.

To identify areas where MaineCare may be able to improve the quality of services delivered to CSHCN, we compared results for all of the CAHPS items included in Tables 3 and 4 for CSHCN and non-CSHCN. We found statistically significant differences (p<.05) between CSHCN and non-CSHCN for several CAHPS items, shown in the table below. Parents of children with special health care needs were significantly less likely to report that it was always easy to get needed care (62% versus 78%), that their child’s doctor listened carefully (79% versus 88%), and that it was easy to get prescription medicines through MaineCare for their child (69% versus 80%). There is also evidence of lower overall satisfaction with MaineCare, as parents of children with CSHCN were less likely to give MaineCare a rating of 9 or 10 on the health plan rating scale. On the other hand, CSHCN enrolled in MaineCare were more likely to report that their doctor offered more than one treatment option (55% versus 38%), and were more likely to say they got help with care coordination (49% versus 30%).

### Table 5. Children with Special Health Care Needs Screener Results

<table>
<thead>
<tr>
<th>Item</th>
<th>n</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health consequence of child's chronic condition or special health care needs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use or need of prescription medication</td>
<td>1013</td>
<td>29%</td>
<td>(28% - 32%)</td>
</tr>
<tr>
<td>Above average use or need of medical, mental health or educational services</td>
<td>993</td>
<td>21%</td>
<td>(18% - 23%)</td>
</tr>
<tr>
<td>Functional limitations compared with others of the same age</td>
<td>1016</td>
<td>14%</td>
<td>(12% - 16%)</td>
</tr>
<tr>
<td>Use or need of specialized therapies (occupational therapy, physical therapy, speech therapy, etc.)</td>
<td>1014</td>
<td>10%</td>
<td>(8% - 12%)</td>
</tr>
<tr>
<td>Treatment or counseling for emotional, behavioral or developmental problems</td>
<td>1001</td>
<td>18%</td>
<td>(16% - 20%)</td>
</tr>
<tr>
<td><strong>Child with Special Health Care Needs (experiences one or more of these health consequences)</strong></td>
<td>1023</td>
<td>39%</td>
<td>(35% - 42%)</td>
</tr>
</tbody>
</table>

n = unweighted sample size
Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

### Differences in Experience of Care for CSHCN

Ensuring that children with special health care needs enrolled in MaineCare have adequate access to needed services is important not only for the health and well-being of these children, but also for the control of current and future MaineCare expenditures. By helping children and families to better manage their chronic conditions, MaineCare can help avoid the use of more costly emergency and hospital services.

To identify areas where MaineCare may be able to improve the quality of services delivered to CSHCN, we compared results for all of the CAHPS items included in Tables 3 and 4 for CSHCN and non-CSHCN. We found statistically significant differences (p<.05) between CSHCN and non-CSHCN for several CAHPS items, shown in the table below. Parents of children with special health care needs were significantly less likely to report that it was always easy to get needed care (62% versus 78%), that their child’s doctor listened carefully (79% versus 88%), and that it was easy to get prescription medicines through MaineCare for their child (69% versus 80%). There is also evidence of lower overall satisfaction with MaineCare, as parents of children with CSHCN were less likely to give MaineCare a rating of 9 or 10 on the health plan rating scale. On the other hand, CSHCN enrolled in MaineCare were more likely to report that their doctor offered more than one treatment option (55% versus 38%), and were more likely to say they got help with care coordination (49% versus 30%).
### Table 6. CAHPS Item Comparison of Children with Special Health Care Needs

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>n</th>
<th>CSHCN</th>
<th>Non-CSHCN</th>
<th>CSHCN Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core CAHPS 4.0 Health Plan Item Set</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often was easy to get needed care, tests or treatment for child (% &quot;Always&quot;)</td>
<td>759</td>
<td>62%</td>
<td>78%</td>
<td>↓</td>
</tr>
<tr>
<td>Child's personal doctor listened carefully</td>
<td>710</td>
<td>79%</td>
<td>88%</td>
<td>↓</td>
</tr>
<tr>
<td>Rating of child's health plan (% responding &quot;9 or 10&quot; out of 10)</td>
<td>1012</td>
<td>57%</td>
<td>66%</td>
<td>↓</td>
</tr>
<tr>
<td><strong>Children with Chronic Conditions Item Set</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often was easy to get special medical equipment or devices for child (% &quot;Always&quot;)</td>
<td>76</td>
<td>60%</td>
<td>81%</td>
<td>+</td>
</tr>
<tr>
<td>How often was easy to get prescription medicines for child through health plan (% &quot;Always&quot;)</td>
<td>538</td>
<td>69%</td>
<td>80%</td>
<td>↓</td>
</tr>
<tr>
<td>Child's doctor or health provider offered more than one choice for child's treatment or care (% &quot;Always&quot;)</td>
<td>724</td>
<td>55%</td>
<td>38%</td>
<td>↑</td>
</tr>
<tr>
<td>Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services</td>
<td>391</td>
<td>49%</td>
<td>30%</td>
<td>↑</td>
</tr>
</tbody>
</table>

n = unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

<table>
<thead>
<tr>
<th>↑</th>
<th>CSHCN significantly higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
<td>CSHCN significantly lower</td>
</tr>
<tr>
<td>+</td>
<td>Sample size for one or more categories &lt; 100. Use results with caution.</td>
</tr>
</tbody>
</table>

### Well-Child Visit Topics

Bright Futures is a comprehensive set of health supervision guidelines developed by multidisciplinary child health experts that provide a framework for well-child care from birth to age 21. These guidelines describe how often well-child visits should occur, immunizations, examinations, and screening that should be conducted at each visit, and monitoring of developmental milestones. In addition, the guidelines outline age-specific “anticipatory guidance” that should be provided to parents and their child at each visit—such as information about child-proofing the home for parents of infants, monitoring TV viewing for middle-school age children, or counseling adolescents to avoid drugs and alcohol. MaineCare Services adopted the Bright Futures guidelines as a standard of care for all pediatric patients in 1998. Use of the guidelines was encouraged by convening a group of pediatric providers to

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develop clinical forms that were user-friendly, and by offering enhanced reimbursement rates for providers who used the forms.\textsuperscript{17}

To examine the extent to which MaineCare providers follow Bright Futures recommendations for anticipatory guidance, we asked parents the frequency with which their children’s primary care provider (PCP) talks with them or their child about selected health and behavioral issues during well-child visits.\textsuperscript{18}

\textit{Table 7. Topics Discussed in Well-child Visits}

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>n</th>
<th>Results</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 6 months, did your child's personal doctor talk with you about... (% &quot;Always&quot;)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity or exercise (age 3+)</td>
<td>610</td>
<td>77%</td>
<td>(73% - 82%)</td>
</tr>
<tr>
<td>Sugar-sweetened drinks</td>
<td>693</td>
<td>73%</td>
<td>(68% - 77%)</td>
</tr>
<tr>
<td>Nutrition and diet</td>
<td>700</td>
<td>71%</td>
<td>(67% - 76%)</td>
</tr>
<tr>
<td>Risks of second hand smoke</td>
<td>696</td>
<td>69%</td>
<td>(65% - 74%)</td>
</tr>
<tr>
<td>Weight</td>
<td>701</td>
<td>69%</td>
<td>(64% - 73%)</td>
</tr>
<tr>
<td>Television viewing/screen time</td>
<td>692</td>
<td>63%</td>
<td>(58% - 68%)</td>
</tr>
<tr>
<td>Use of tobacco products (age 8+)</td>
<td>381</td>
<td>57%</td>
<td>(50% - 63%)</td>
</tr>
<tr>
<td>Mental Health (age 3+)</td>
<td>603</td>
<td>53%</td>
<td>(47% - 58%)</td>
</tr>
<tr>
<td>Drug or alcohol use (age 8+)</td>
<td>380</td>
<td>52%</td>
<td>(46% - 59%)</td>
</tr>
<tr>
<td>Reproductive health (age 8+)</td>
<td>371</td>
<td>44%</td>
<td>(37% - 51%)</td>
</tr>
</tbody>
</table>

n = unweighted sample size
Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Survey results indicate that MaineCare providers commonly discuss behaviors with families of children enrolled in the program (Table 7). Among children whose parent reported having at least one visit with their personal doctor in the past 6 months, more than three fourths had discussed physical activity or exercise with their doctor, and over 70\% had discussed nutrition and diet and sugar-sweetened drinks, and nearly 70\% had discussed weight. Respondent mentions of television-viewing/other screen time lag the other obesity-related measures somewhat, at 63\%. We also checked to see if children who are obese were any more likely to have discussed obesity-related behaviors with their doctor, and found a significant difference with nutrition and diet, weight, and screen time. Pediatric providers are more likely to discuss these issues with obese children and their families in an effort to encourage healthy behaviors.

\textsuperscript{17} Available at: \url{http://www.maine.gov/dhhs/oms/provider/childrens.html}
\textsuperscript{18} Respondents who said their child who had not visited a doctor in the past 6 months, and those who said their child does not have a personal doctor were not asked this series of questions.
In addition to obesity-related questions we asked parents if their child’s provider discussed using tobacco products, risks of second hand smoke, drug or alcohol use, mental health and reproductive health. (Questions about use of tobacco products, drug/alcohol use, and reproductive health were only asked if the child was age 8 or older.) Nearly 70% of parents report that providers discussed risks of second hand smoke. Fewer talked about use of tobacco products (57%) and drug or alcohol use (52%). Just over 50% of parents indicate that their child’s provider discussed mental health, while only 44% mentioned reproductive health.

**Childhood Obesity**

To determine the weight status of children with MaineCare coverage, we asked parents to report the height and weight of their children; we then used Centers for Disease Control (CDC) guidelines to calculate the body mass index (BMI) and their BMI-for-age percentile ranking based on growth charts for both boys and girls.\(^{19}\) The CDC classifies weight status according to the following table:

<table>
<thead>
<tr>
<th>Weight status category</th>
<th>BMI age and sex-specific percentile range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than the 5th percentile</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>5th percentile to less than the 85th percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85th to less than the 95th percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>Equal to or greater than the 95th percentile</td>
</tr>
</tbody>
</table>

Overall, more than one fourth of children with MaineCare coverage (28%) are calculated to be obese, and 46% are obese or overweight. These results are not significantly different from 2011. We found no significant differences in rates of obesity by age, or by region of residence.

**Table 8. Body Mass Index**

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-reported BMI</td>
<td>n</td>
</tr>
<tr>
<td>Underweight (&lt; 5th percentile)</td>
<td>868</td>
</tr>
<tr>
<td>Normal weight (5th - 84th)</td>
<td>868</td>
</tr>
<tr>
<td>Overweight (85th - 94th)</td>
<td>868</td>
</tr>
<tr>
<td>Obese (95th percentile)</td>
<td>868</td>
</tr>
</tbody>
</table>

n = unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Dental Services and Unmet Need for Care

The MaineCare program has identified oral health and ensuring access to dental care as a priority, so several questions related to dental services were included in the 2012 survey (Table 9). We found that nearly two-thirds (63%) of all children enrolled in MaineCare had received dental services in the past six months, and about one in five (22%) had more than one visit with a dental provider. The overall rating of the child’s dental care was quite high, with a mean score of 8.8 (out of 10), and a 69% Top Box score. This was more favorable than the Top Box rating of 62% given by respondents for all of their child’s health care (see Table 3).

Parents reported that a majority of children have a usual source of dental care (79%), measured using the question: “Is there a particular dentist or dental clinic that [your child] usually goes to if he/she needs dental care or dental advice?” Having a usual source of dental care was less common among children ages 5 or younger (62%), relative to children ages 6 – 12 and teens, who had rates of 91% and 86%, respectively.

Fourteen percent (14%) of children with MaineCare coverage had dental care that was delayed or not received at some time in the past 6 months. Based on the sample weights, this translates into an estimated 15,500 children with unmet need for dental care statewide. We found no significant differences in the prevalence of unmet dental needs by age, MaineCare eligibility, or region of residence. When asked for the main reason why their child’s dental care was delayed, nearly half (47%) said it was because the dental provider refused to accept MaineCare, and other 9% said they could not afford to pay for care.

Among the 44 respondents who provided some “other reason” why their child’s dental care, tests, or treatments were delayed, 24 reported scheduling difficulties as a result of waiting lists or overbooking at their child’s dentist’s office. Others indicated that the dentist’s office did not return calls promptly (n=4), would not reschedule due to previous cancellations (n=2), or that lack of transportation was the primary reason (n=2).
### Table 9. Rating of Dental Care and Prevalence of Unmet Need

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Any Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>Child received care from a dentist/dental clinic in past 6 months</td>
<td>1016</td>
</tr>
<tr>
<td><strong>Number of Visits to Dentist/Dental Clinic (past 6 mo)</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1016</td>
</tr>
<tr>
<td>1</td>
<td>1016</td>
</tr>
<tr>
<td>2 - 4</td>
<td>1016</td>
</tr>
<tr>
<td>5 or more</td>
<td>1016</td>
</tr>
<tr>
<td><strong>Overall Rating of Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>Rating of all child's dental care (% responding 9 or higher on 10 point rating scale)</td>
<td>694</td>
</tr>
<tr>
<td><strong>Usual source of Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>Particular dentist or dental clinic child goes to for dental needs or advice (All ages)</td>
<td>867</td>
</tr>
<tr>
<td>Age 5 or younger</td>
<td>242</td>
</tr>
<tr>
<td>Ages 6 - 12</td>
<td>368</td>
</tr>
<tr>
<td>Age 13 or older</td>
<td>257</td>
</tr>
<tr>
<td><strong>Unmet Need for Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>Dental care delayed or not received at some time in past 6 months</td>
<td>1015</td>
</tr>
<tr>
<td><strong>Reasons for Unmet Need for Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>Dental provider refused MaineCare</td>
<td>104</td>
</tr>
<tr>
<td>Could not afford care</td>
<td>104</td>
</tr>
<tr>
<td>MaineCare would not cover care</td>
<td>104</td>
</tr>
<tr>
<td>Did not know where to get care</td>
<td>104</td>
</tr>
<tr>
<td>Other reason</td>
<td>104</td>
</tr>
</tbody>
</table>

n = unweighted sample size

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.
Tobacco Use and Environmental Tobacco Smoke

The health risks of smoking are well-known, and environmental tobacco smoke (ETS) has been shown to increase the likelihood of asthma exacerbations in pre-school children. Parents of children aged 8 or older were asked whether their child used tobacco products. No children under the age of 13 were reported as smoking or using tobacco. The estimated rate of tobacco use among teens age 13 through 18 who are enrolled in MaineCare was 6% (Table 10). By comparison, results from the 2009 Youth Risk Behavior Survey from Maine, a survey where teens self-report their smoking behavior, showed that 18.1% (17.0 – 19.1%) of high school students currently smoke cigarettes. (Smoking behavior among teens is likely underreported by parents participating in the MaineCare survey due to social acceptability bias.)

We also asked how many people smoke or use tobacco products in the home. An estimated 40% of all children with MaineCare coverage live in a household with at least one adult smoker. This rate is substantially higher than the national rate of household tobacco use in children’s homes, which was 26% according to the 2007 National Survey of Children’s Health.

Table 10. Smoking Behaviors

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>Results</th>
<th>n</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child smoking behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child smokes or uses tobacco products (age 13+ only)</td>
<td></td>
<td>289</td>
<td>6%</td>
<td>(3% - 9% )</td>
</tr>
<tr>
<td>Second-hand smoke in home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child lives in household where 1 or more adults smoke</td>
<td></td>
<td>1020</td>
<td>40%</td>
<td>(37% - 45% )</td>
</tr>
</tbody>
</table>

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Affordability of Child Health Program Premiums

Parents whose children are enrolled in MaineCare through the CHP eligibility category pay monthly premiums between $8 and $64, depending upon family income and number of children. State and federal policymakers are interested in monitoring the extent to which this premium is burdensome to parents. The survey showed that 47% of all parents of CHP-eligible children said it was “easy” or “somewhat easy” to pay the premium. Thirty three percent expressed difficulty paying the premium. These findings are similar to results from the 2009, 2010 and 2011 surveys.

Table 12. Affordability of MaineCare premium (CHP only)

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>n</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>How easy or hard has it been to afford to pay the MaineCare premium?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very or somewhat easy</td>
<td>322</td>
<td>47%</td>
<td>(42% - 53%)</td>
</tr>
<tr>
<td>Neither easy/hard</td>
<td>322</td>
<td>19%</td>
<td>(15% - 24%)</td>
</tr>
<tr>
<td>Somewhat or very hard</td>
<td>322</td>
<td>33%</td>
<td>(28% - 39%)</td>
</tr>
</tbody>
</table>

Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.

Parent Employment Status

Interviewers asked respondents to identify the main wage earner in the household, and then asked for the employment status of that person.\(^{23}\) Fifty nine percent of respondents said they were the main wage earner, and 35% identified their spouse or unmarried partner (unweighted results).

We found that children from the lowest income households – those enrolled in MaineCare under the Medicaid eligibility category – were more likely to live in a home where the main adult wage earner was unemployed, disabled, or engaged in part-time or seasonal employment (Table 13). The table and graph below illustrate similarities in the employment status between the CHP (150-200% FPL) and Medicaid Expansion (125-150% or 133-150% FPL) enrollees compared to that of the Medicaid enrollees. While 7% and 3% of CHP and Medicaid Expansion children, respectively, live with a primary wage earner who is disabled, 11% of Medicaid children live with a disabled main wage earner. The unemployment rate among the Medicaid group (14%) is more than three times the unemployment rate of CHP households (4%) but comparable to the unemployment rate among Medicaid Expansion households (13%).

\(^{23}\) When necessary, interviewers explained that main wage earner refers to, “…the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.”
### Table 13. Employment Status of Main Wage Earner by MaineCare Eligibility

<table>
<thead>
<tr>
<th>Item/Response</th>
<th>Child’s Eligibility Category</th>
<th>CHP (n=352)</th>
<th>Expansion (n=82)</th>
<th>Medicaid (n=579)</th>
<th>All (n=1013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work status of main wage earner in the household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
<td>64%</td>
<td>46%</td>
<td>39%</td>
<td>41%</td>
</tr>
<tr>
<td>Part-time/seasonal</td>
<td></td>
<td>13%</td>
<td>24%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Self-employed</td>
<td></td>
<td>11%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Disabled, not working</td>
<td></td>
<td>7%</td>
<td>3%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Unemployed or retired</td>
<td></td>
<td>4%</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Note: Distribution of employment status is different across eligibility categories at p < .05. Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.
Parent Insurance Status

Several studies have shown that children with uninsured parents are less likely to use health care services, even when the children are insured. Another study showed that children are more likely to use preventive services and seek care when needed when their parents are insured. Because of the importance of parental insurance to the care received by children with MaineCare coverage, we asked respondents about their own insurance status.

The vast majority of respondents in the 2012 survey do report having some sort of insurance coverage. MaineCare is the primary source of insurance mentioned. An estimated eight out of ten (82%) MaineCare children live in a household with a parent who is also enrolled in MaineCare. Only 15% of children live with an adult who has employer sponsored coverage. An estimated 8% of children live with a parent who has other public coverage (mostly Medicare), and 7% live with a parent who is uninsured.

Table 14. Current Insurance Status of Main Wage Earner in the Household

<table>
<thead>
<tr>
<th>Item/Response</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Insurance Type</strong></td>
<td></td>
</tr>
<tr>
<td>MaineCare</td>
<td>1002</td>
</tr>
<tr>
<td>Employer coverage (through own or spouse’s employer)</td>
<td>1011</td>
</tr>
<tr>
<td>Other public coverage (Medicare, TriCare, Dirigo)</td>
<td>1011</td>
</tr>
<tr>
<td>Uninsured</td>
<td>1011</td>
</tr>
</tbody>
</table>

n = unweighted sample size
Percentage estimates are weighted to represent the entire population of children enrolled in MaineCare.
Percentages do not add to 100 because respondents could select more than one type of coverage.

Access to Employer Sponsored Insurance

Taking a closer look at the availability of employer sponsored insurance to parents of children with MaineCare coverage, we found that among families where the main wage earner is employed (n=761), 46% were employed by companies that did not offer any kind of health insurance, and 16% were not eligible for coverage through their employer (Table 15). Thirty-eight percent of employed parents reported that they are eligible for coverage, and only 20% are actually enrolled in these employer sponsored programs.

Not surprisingly, we also found that availability of employer sponsored insurance is greater among higher-income families – those with children enrolled through the CHP eligibility category. More than half (54%) of main wage earners in this group are offered insurance by their employer, versus about 37% in the both the Expansion and Medicaid categories.

Among respondents who said they did not enroll in available employer coverage (n=177), 94% said the reason was the high cost of premiums, and one third (35%) said the available coverage was too limited (not shown).

Table 15. Employed Main Wage Earner’s Access to ESI by Child’s MaineCare Eligibility

<table>
<thead>
<tr>
<th>Item/Response</th>
<th>CHP (n=299)</th>
<th>Expansion (n=63)</th>
<th>Medicaid (n=399)</th>
<th>All (n=761)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Employer Sponsored Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered, eligible, enrolled</td>
<td>24%</td>
<td>19%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Offered, eligible, not enrolled</td>
<td>30%</td>
<td>18%</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Offered, not eligible</td>
<td>10%</td>
<td>23%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Not offered</td>
<td>36%</td>
<td>40%</td>
<td>48%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Note: Distribution of access to employer sponsored insurance differs by eligibility category at p < .05
Percentage estimates are weighted to represent the entire population of children
Appendix A: MaineCare Coverage for Children

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Family Income Eligibility Limits (Percent of Federal Poverty Level)</th>
<th>Premium Payments</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children Ages 0 to 1*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>185%</td>
<td>No monthly premiums</td>
<td>Medicaid (Title XIX)</td>
</tr>
<tr>
<td></td>
<td>Children Ages 1 to 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>n/a</td>
<td>No monthly premiums</td>
<td>SCHIP (Title XXI)</td>
</tr>
<tr>
<td></td>
<td>Children Ages 6 to 18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Infants are not included in the target population for the purposes of this survey.

Note: Children up to age 18 with a disabling condition and monthly income up to 300% of the federal SSI income eligibility limit (approximately 225% FPL) are also eligible for MaineCare. These children are grouped with the “Medicaid” group for the purposes of the survey.

Sources:


Note: To be eligible for the infant category, the child has not yet reached their first birthday. To be eligible for the “1 to 5” category, the child is age one or older but has not yet reached his or her sixth birthday. To be eligible in the “6 through 18” category, the child is age six or older, but has not yet reached their 19th birthday.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Income Eligibility Limits (% of Federal Poverty Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 to 1</td>
<td>Traditional Medicaid 0 – 185% FPL</td>
</tr>
<tr>
<td>Ages 1 to 5</td>
<td>Traditional Medicaid 0 – 133% FPL</td>
</tr>
<tr>
<td>Ages 6 to 18</td>
<td>Traditional Medicaid 0 – 125% FPL</td>
</tr>
</tbody>
</table>
Appendix B: 2012 Survey Instrument

Q1

Option

The Department of Health and Human Services records indicate that 0 IS ENROLLED in MaineCare. Is this correct? (IF "NO" OR "UNSURE", PROBE: MaineCare is health insurance provided by DHHS. They give you a plastic ID card if you are eligible.)

Q1  5 NA Q129
Q1  1 YES Q5
Q1  2 YES, AFTER PROBE Q5
Q1  3 NO NEXT
Q1  4 YES, SECONDARY, DENTAL, VISION, ETC Q5
Q1  6 DK Q129

Q2

Option

Why is 0 no longer enrolled in MaineCare?

Q2  1 0 WAS NO LONGER ELIGIBLE DUE TO AGE Q4
Q2  2 0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL Q4
Q2  3 0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN Q4
Q2  4 I DID NOT SUBMIT RENEWAL APPLICATION/ON TIME Q4
Q2  5 NEVER ENROLLED Q129
Q2  6 MOVED OUT OF STATE Q129
Q2  7 OTHER NEXT
Q2  8 DK Q4
Q2  9 NA Q4

Q3

Text Entry

What is that other reason?

Q3  0 What is that other reason? NEXT
Q4  Multiple Check Entry

What kind of health insurance, if any, does 0 have now? [MULTIPLE CHECK ENTRY]

Q4  1  PRIVATE INS. FROM AN EMPLOYER  Q129
Q4  2  DIRIGO CHOICE (THEY GIVE YOU A PLASTIC ID-SAYS DIRIGO CHOICE/HARVARD PILGRIM HEALTHCARE)  Q129
Q4  3  PRIVATE INS. YOU BUY DIRECTLY FROM INSUR. CO.  Q129
Q4  4  TRICARE/CHAMPUS/VA (other MILITARY COVERAGE)  Q129
Q4  5  OTHER PUBLIC HEALTH INSUR. (SUCH AS SSDI/MEDICARE) - SPECIFY  Q129
Q4  6  other Public Health Insurance  Q129
Q4  7  NONE  Q129
Q4  8  DK  Q129
Q4  9  NA  Q129

Q5  Option

These questions ask about 0's health care over the last 6 months. Do not include dental visits or care your child got when 0 stayed OVERNIGHT in a hospital.

In the last 6 months, did 0 have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Q5  1  YES  NEXT
Q5  2  NO  Q7
Q5  8  DK  Q7
Q5  9  NA  Q7

Q6  Option

In the last 6 months, when 0 needed care right away, how often did 0 get care as soon as you thought 0 needed?

Q6  1  Never  NEXT
Q6  2  Sometimes  NEXT
Q6  3  Usually  NEXT
Q6  4  Always  NEXT
Q6  8  DK  NEXT
Q6  9  NA  NEXT

Q7  Option

In the last 6 months, not counting the times 0 needed care right away, did you make any appointments for 0's health care at a doctor's office or clinic?

Q7  1  YES  NEXT
Q7  2  NO  Q9
Q7  8  DK  Q9
Q7  9  NA  Q9
Q8  Option

[In the last 6 months], not counting the times \(0 \) needed care right away, how often did you get an appointment for health care at a doctor’s office or clinic as soon as you thought \(0 \) needed?

Q8
1 Never
2 Sometimes
3 Usually
4 Always
8 DK
9 NA

Q9  Option

[In the last 6 months], not counting the times \(0 \) went to an emergency room, how many times did \(0 \) go to a doctor’s office or clinic to get health care?

Q9
1 1
2 2
3 3
4 4
5 5 to 9
6 10 or more
7 NONE
8 DK
9 NA

Q10  Option

[In the last 6 months], how often did you have your questions answered by your child’s doctors or other health providers?

Q10
1 Never
2 Sometimes
3 Usually
4 Always
8 DK
9 NA

Q11  Option

Choices for your child’s treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did \(0 \)’s doctor or other health provider tell you there was more than one choice for your child’s treatment or health care?

Q11
1 YES
2 NO
8 DK
9 NA
Q12

[In the last 6 months], did '0's doctor or other health provider talk with you about the pros and cons of each choice for 'G2 treatment or health care?

Q12 1 YES NEXT
Q12 2 NO NEXT
Q12 8 DK NEXT
Q12 9 NA NEXT

Q13

[In the last 6 months], when there was more than one choice for your child's treatment or health care, did '0's doctor or other health provider ask you which choice was best for 'G1?'

Q13 1 YES NEXT
Q13 2 NO NEXT
Q13 8 DK NEXT
Q13 9 NA NEXT

Q14

Text Entry

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all '0's health care in the last 6 months?

Q14 0 RESPONSE (98=DK, 99=NA) NEXT

Q15

The next questions are about dental care, school, specialized services, etc.

In the last 6 months, did '0 get care from a dentist's office or dental clinic?

Q15 1 YES NEXT
Q15 2 NO Q18
Q15 8 DK Q18
Q15 9 NA Q18

Q16

[In the last 6 months], how many times did '0 go to a dentist's office or dental clinic for care?

Q16 1 1 NEXT
Q16 2 2 NEXT
Q16 3 3 NEXT
Q16 4 4 NEXT
Q16 5 5 to 9 NEXT
Q16 6 10 or more NEXT
Q16 7 NONE Q18
Q16 8 DK NEXT
Q16 9 NA NEXT

Page 34
Q17 Text Entry

Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of '0’s dental care in the last 6 months?
Q17 0 RESPONSE (98=DK, 99=NA) NEXT

Q18 Option

UNMET NEED FOR DENTAL CARE
Sometimes people have difficulty getting dental care when they need it. During the past 6 months, was there any time when '0 needed dental care but it was delayed or not received?
Q18 1 YES NEXT
Q18 2 NO Q21
Q18 8 DK Q21
Q18 9 NA Q21

Q19 Option

Which of the following best describes the main reason '0 was delayed in getting dental care, tests, or treatments you or a dentist believed necessary?
Q19 1 Couldn't afford care Q21
Q19 2 Mainecare wouldn't approve, cover, or pay for care Q21
Q19 3 Dental provider refused to accept Mainecare Q21
Q19 4 Problems getting to dental provider's office Q21
Q19 5 Didn't know where to go to get care, or Q21
Q19 6 Some other reason NEXT
Q19 8 DK Q21
Q19 9 NA Q21

Q20 Text Entry

What is that other reason?
Q20 1 ENTER REASON (DK=8, NA=9) NEXT

Q21 Option

Is there a particular dentist or dental clinic that '0 usually goes to if he/she needs dental care or dental advice?
Q21 1 YES NEXT
Q21 2 NO NEXT
It is important for MaineCare to keep members informed. Which of the following is the best way for MaineCare to keep you informed and aware of resources? (READ, CHECK ALL THAT APPLY)

- 1 telephone
- 2 email
- 3 regular mail (US Postal Service)
- 4 text message
- 5 MaineCare website
- 6 some OTHER way
- 7 DK
- 8 NA
- 9 other way

Q24

Has '0 been enrolled in any kind of school or daycare in the past 6 months?

- 1 YES
- 2 NO
- 8 DK
- 9 NA

Q27

Q25

[In the last 6 months], did you need '0’s doctors or other health providers to contact a school or daycare center about '0’s health or health care?

- 1 YES
- 2 NO
- 8 DK
- 9 NA

Q27

Q26

[In the last 6 months], did you get the help you needed from your child’s doctors or other health providers in contacting '0’s school or daycare?

- 1 YES
- 2 NO
- 8 DK
- 9 NA
SPECIALIZED SERVICES

Special medical equipment or devices include things such as a walker, wheelchair, nebulizer, feeding tubes, oxygen equipment and so on.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

Q27  1 YES  NEXT
Q27  2 NO  Q30
Q27  8 DK  Q30
Q27  9 NA  Q30

Q28  Option

[In the last 6 months], how OFTEN was it easy to get special medical equipment or devices for your child?

Q28  1 Never  NEXT
Q28  2 Sometimes  NEXT
Q28  3 Usually  NEXT
Q28  4 Always  NEXT
Q28  8 DK  NEXT
Q28  9 NA  NEXT

Q29  Option

Did anyone from your child's doctor's office, clinic or MaineCare help you get special medical equipment or devices for your child?

Q29  8 DK  NEXT
Q29  9 NA  NEXT
Q29  1 YES  NEXT
Q29  2 NO  NEXT
Q29  3 (VOL) SOMEONE ELSE HELPED  NEXT

Q30  Option

In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

Q30  1 YES  NEXT
Q30  2 NO  Q33
Q30  8 DK  Q33
Q30  9 NA  Q33
Q31  Option

[In the last 6 months], how OFTEN was it easy to get this therapy for G1?
Q31  1  Never          NEXT
Q31  2  Sometimes      NEXT
Q31  3  Usually        NEXT
Q31  4  Always         NEXT
Q31  8  DK             NEXT
Q31  9  NA             NEXT

Q32  Option

Did anyone from 0’s doctor’s office, clinic or MaineCare help you get this therapy for G1?
Q32  1  YES             NEXT
Q32  2  NO              NEXT
Q32  3 (VOL) SOMEONE ELSE HELPED NEXT
Q32  8  DK             NEXT
Q32  9  NA             NEXT

Q33  Option

In the last 6 months, did you get or try to get treatment or counseling for 0 for an emotional, developmental, or behavioral problem?
Q33  1  YES             NEXT
Q33  2  NO              Q36
Q33  8  DK             Q36
Q33  9  NA             Q36

Q34  Option

[In the last 6 months], how OFTEN was it easy to get this treatment or counseling for your child?
Q34  1  Never          NEXT
Q34  2  Sometimes      NEXT
Q34  3  Usually        NEXT
Q34  4  Always         NEXT
Q34  8  DK             NEXT
Q34  9  NA             NEXT
Q35
Did anyone from \0's doctor's office, clinic or MaineCare help you get this treatment or counseling for \G1?
Q35  1 YES  NEXT
Q35  2 NO  NEXT
Q35  3 (VOL) SOMEONE ELSE HELPED  NEXT
Q35  8 DK  NEXT
Q35  9 NA  NEXT

Q36
In the last 6 months, did \0 get care from more than one kind of health care provider or use more than one kind of health care service?
Q36  1 YES  NEXT
Q36  2 NO  Q38
Q36  8 DK  NEXT
Q36  9 NA  NEXT

Q37
[In the last 6 months], did anyone from \0's doctor's office, clinic or MaineCare help coordinate your child's care among these different providers or services?
Q37  1 YES  NEXT
Q37  2 NO  NEXT
Q37  3 (VOL) SOMEONE ELSE HELPED  NEXT
Q37  8 DK  NEXT
Q37  9 NA  NEXT

Q38
YOUR CHILD'S PERSONAL DOCTOR
A personal doctor is the one your child would see if \G0 needs a check-up or gets sick or hurt. Does \0 have a personal doctor?
Q38  1 YES  NEXT
Q38  2 NO  Q61
Q38  8 DK  Q61
Q38  9 NA  Q61
Q39

In the last 6 months, how many times did you visit your personal doctor for care?

Q39 1 1 NEXT
Q39 2 2 NEXT
Q39 3 3 NEXT
Q39 4 4 NEXT
Q39 5 5 to 9 NEXT
Q39 6 10 or more NEXT
Q39 7 NONE Q47
Q39 8 DK NEXT
Q39 9 NA NEXT

Q40

In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

Q40 1 Never NEXT
Q40 2 Sometimes NEXT
Q40 3 Usually NEXT
Q40 4 Always NEXT
Q40 8 DK NEXT
Q40 9 NA NEXT

Q41

[In the last 6 months], how often did your personal doctor listen carefully to you?

Q41 1 Never NEXT
Q41 2 Sometimes NEXT
Q41 3 Usually NEXT
Q41 4 Always NEXT
Q41 8 DK NEXT
Q41 9 NA NEXT

Q42

[In the last 6 months], how often did your personal doctor show respect for what you had to say?

Q42 1 Never NEXT
Q42 2 Sometimes NEXT
Q42 3 Usually NEXT
Q42 4 Always NEXT
Q42 8 DK NEXT
Q42 9 NA NEXT
Q43
Is \(0\) able to talk with doctors about \(G2\) health care?
Q43
1 YES  NEXT
Q43
2 NO  Q45
Q43
8 DK  Q45
Q43
9 NA  Q45

Q44
In the last 6 months, how OFTEN did \(0\)'s personal doctor explain things in a way that was easy for \(G1\) to understand?
Q44
1 Never  NEXT
Q44
2 Sometimes  NEXT
Q44
3 Usually  NEXT
Q44
4 Always  NEXT
Q44
8 DK  NEXT
Q44
9 NA  NEXT

Q45
In the last 6 months, how often did \(0\)'s personal doctor spend enough time with \(G1\)?
Q45
1 Never  NEXT
Q45
2 Sometimes  NEXT
Q45
3 Usually  NEXT
Q45
4 Always  NEXT
Q45
8 DK  NEXT
Q45
9 NA  NEXT

Q46
In the last 6 months, did \(0\)'s personal doctor talk with you about how \(0\) is feeling, growing, or behaving?
Q46
1 YES  NEXT
Q46
2 NO  NEXT
Q46
8 DK  NEXT
Q46
9 NA  NEXT

Q47
Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate \(0\)'s personal doctor?
Q47
0 RESPONSE (98=DK, 99=NA)  NEXT
Q48  Option

Does 0 have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

Q48  1 YES  NEXT
Q48  2 NO  Q51
Q48  8 DK  Q51
Q48  9 NA  Q51

Q49  Option  &Q38=2

Does 0’s personal doctor understand how these medical, behavioral, or other health conditions affect 0’s day-to-day life?

Q49  1 YES  NEXT
Q49  2 NO  NEXT
Q49  8 DK  NEXT
Q49  9 NA  NEXT

Q50  Option  &Q38=2

Does 0’s personal doctor understand how these medical, behavioral, or other health conditions affect your FAMILY’s day-to-day life?

Q50  1 YES  NEXT
Q50  2 NO  NEXT
Q50  8 DK  NEXT
Q50  9 NA  NEXT

Q51  Option  &Q38=2 OR Q39=7

PROVIDER EDUCATION
In the last 6 months, did 0’s personal doctor talk with you about:

Nutrition and diet?

Q51  1 YES  NEXT
Q51  2 NO  NEXT
Q51  8 DK  NEXT
Q51  9 NA  NEXT

Q52  Option  &\<3 OR Q38=2
OR Q39=7

[In the last 6 months, did 0’s personal doctor talk with you about . . .]

Physical activity or exercise?

Q52  1 YES  NEXT
Q52  2 NO  NEXT
Q52  8 DK  NEXT
Q52  9 NA  NEXT
<table>
<thead>
<tr>
<th>Q53</th>
<th>Option</th>
<th>&amp;Q38=2 OR Q39=7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[In the last 6 months, did '0's personal doctor talk with you about . . ]

Weight?
- Q53 1 YES NEXT
- Q53 2 NO NEXT
- Q53 8 DK NEXT
- Q53 9 NA NEXT

<table>
<thead>
<tr>
<th>Q54</th>
<th>Option</th>
<th>&amp;Q38=2 OR Q39=7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[In the last 6 months, did '0's personal doctor talk with you about . . ]

Television viewing or other screen time?
- Q54 1 YES NEXT
- Q54 2 NO NEXT
- Q54 8 DK NEXT
- Q54 9 NA NEXT

<table>
<thead>
<tr>
<th>Q55</th>
<th>Option</th>
<th>&amp;Q38=2 OR Q39=7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[In the last 6 months, did '0's personal doctor talk with you about . . ]

Sugar-sweetened drinks?
- Q55 1 YES Q61
- Q55 2 NO Q61
- Q55 8 DK Q61
- Q55 9 NA Q61

<table>
<thead>
<tr>
<th>Q56</th>
<th>Option</th>
<th>&amp;Q38=2 OR Q39=7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[In the last 6 months, did '0's personal doctor talk with you about . . ]

Use of tobacco products?
- Q56 1 YES Q61
- Q56 2 NO Q61
- Q56 8 DK Q61
- Q56 9 NA Q61
Q57  Option
[In the last 6 months, did '0's personal doctor talk with you about . . .]

Risks of second-hand smoke?
Q57 1 YES  Q61
Q57 2 NO   Q61
Q57 8 DK   Q61
Q57 9 NA   Q61

Q58  Option
[In the last 6 months, did '0's personal doctor talk with you about . . .]

Drug or alcohol use?
Q58 1 YES  Q61
Q58 2 NO   Q61
Q58 8 DK   Q61
Q58 9 NA   Q61

Q59  Option
[In the last 6 months, did '0's personal doctor talk with you about . . .]

Mental health?
Q59 1 YES  Q61
Q59 2 NO   Q61
Q59 8 DK   Q61
Q59 9 NA   Q61

Q60  Option
[In the last 6 months, did '0''s personal doctor talk with you about . . .]

Reproductive health?
Q60 1 YES  NEXT
Q60 2 NO   NEXT
Q60 8 DK   NEXT
Q60 9 NA   NEXT

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CARE FROM SPECIALISTS

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you try to make any appointments for \(0\) to see a specialist? Please do not include dental visits or care your child got when he or she stayed OVERNIGHT in a hospital.

Q61: 1 YES
Q61: 2 NO
Q61: 8 DK
Q61: 9 NA

Q62: [In the last 6 months], how often was it easy to get appointments for \(0\) with specialists?
Q62: 8 DK
Q62: 9 NA
Q62: 1 Never
Q62: 2 Sometimes
Q62: 3 Usually
Q62: 4 Always

Q63: How many specialists has your child seen in the last 6 months?
Q63: 1 1 specialist
Q63: 2 2
Q63: 3 3
Q63: 4 4
Q63: 5 5 or more specialists
Q63: 7 NONE
Q63: 8 DK
Q63: 9 NA

Q64: [Q63=1] We want to know your rating of the specialist \(0\) saw in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? [Q63=7] We want to know your rating of the specialist \(0\) saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
Q64: 0 RESPONSE (98=DK, 99=NA)
Q65
Option
The next questions ask about your experience with MaineCare as your child's health plan.
In the last 6 months, did you try to get ANY kind of care, tests, or treatment for your child through MaineCare?

IF NECESSARY: That would include any doctor visits.
PROBE IF "NO": Was it through another health plan?
Q65 1 YES
Q65 2 NO
Q65 3 YES, THROUGH ANOTHER HEALTH PLAN
Q65 8 DK
Q65 9 NA
Q66
Option

[In the last 6 months], how OFTEN was it easy to get the care, tests, or treatment you thought your child needed through MaineCare?
Q66 1 Never
Q66 2 Sometimes
Q66 3 Usually
Q66 4 Always
Q66 8 DK
Q66 9 NA
Q67
Option

In the last 6 months, did you try to get information or help for your child from MaineCare staff?
Q67 1 YES
Q67 2 NO
Q67 8 DK
Q67 9 NA
Q68
Option

In the last 6 months, how OFTEN did MaineCare staff give you the information or help you needed for your child?
Q68 1 Never
Q68 2 Sometimes
Q68 3 Usually
Q68 4 Always
Q68 8 DK
Q68 9 NA

Page 46
Q69 Option

In the last 6 months, how often did MaineCare staff treat you with courtesy and respect?
Q69 1 Never NEXT
Q69 2 Sometimes NEXT
Q69 3 Usually NEXT
Q69 4 Always NEXT
Q69 8 DK NEXT
Q69 9 NA NEXT

Q70 Option

In the last 6 months, did MaineCare give you any forms to fill out for 0?
Q70 1 YES NEXT
Q70 2 NO Q72
Q70 8 DK Q72
Q70 9 NA Q72

Q71 Option

[In the last 6 months], how OFTEN were the forms from MaineCare easy to fill out?
Q71 1 Never NEXT
Q71 2 Sometimes NEXT
Q71 3 Usually NEXT
Q71 4 Always NEXT
Q71 8 DK NEXT
Q71 9 NA NEXT

Q72 Text Entry

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate 0's MaineCare?
Q72 0 RESPONSE (98=DK, 99=NA) NEXT
MaineCare requires a premium to be paid every month. How easy or hard has it been to afford to pay the premium? Is it . . .

Q73  1 Very easy  NEXT
Q73  2 Somewhat easy  NEXT
Q73  3 Neither easy nor hard  NEXT
Q73  4 Somewhat hard, or  NEXT
Q73  5 Very hard  NEXT
Q73  6 DOESN'T PAY PREMIUM  NEXT
Q73  8 DK  NEXT
Q73  9 NA  NEXT

Q74  Option

In the last 6 months, did you get or refill any prescription medicines for . . .

Q74  1 YES  NEXT
Q74  2 NO  Q77
Q74  8 DK  Q77
Q74  9 NA  Q77

Q75  Option

[In the last 6 months], how OFTEN was it easy to get prescription medicines for . . . through MaineCare?

Q75  1 Never  NEXT
Q75  2 Sometimes  NEXT
Q75  3 Usually  NEXT
Q75  4 Always  NEXT
Q75  8 DK  NEXT
Q75  9 NA  NEXT

Q76  Option

Did anyone from . . .’s doctor’s office, clinic or MaineCare help you get . . . prescription medicines?

Q76  1 YES  NEXT
Q76  2 NO  NEXT
Q76  8 DK  NEXT
Q76  9 NA  NEXT
Q76  3 SOMEONE ELSE HELPED (VOL.)  NEXT
### ABOUT YOUR CHILD AND YOU

In general, how would you rate your child's overall health?

<table>
<thead>
<tr>
<th>Option</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Very Good</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fair</td>
</tr>
<tr>
<td>5</td>
<td>Poor</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Is this because of any medical, behavioral, or other health condition?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Is this a condition that has lasted or is expected to last for at least 12 months?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td>9</td>
<td>NA</td>
</tr>
<tr>
<td>Q82</td>
<td>Option</td>
</tr>
<tr>
<td>-----</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>1 YES</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
</tr>
<tr>
<td></td>
<td>9 NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q83</th>
<th>Option</th>
<th>Is this a condition that has lasted or is expected to last for at least 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 YES</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>9 NA</td>
<td>NEXT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q84</th>
<th>Option</th>
<th>Is this because of any medical, behavioral, or other health condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 YES</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
<td>Q87</td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td>Q87</td>
</tr>
<tr>
<td></td>
<td>9 NA</td>
<td>Q87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q85</th>
<th>Option</th>
<th>Is this a condition that has lasted or is expected to last for at least 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 YES</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
<td>Q87</td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td>Q87</td>
</tr>
<tr>
<td></td>
<td>9 NA</td>
<td>Q87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q86</th>
<th>Option</th>
<th>Is this a condition that has lasted or is expected to last for at least 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 YES</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>8 DK</td>
<td>NEXT</td>
</tr>
<tr>
<td></td>
<td>9 NA</td>
<td>NEXT</td>
</tr>
</tbody>
</table>
Q87  Option

Does 0 need or get special therapy such as physical, occupational, or speech therapy?
Q87  1 YES  NEXT
Q87  2 NO  Q90
Q87  8 DK  Q90
Q87  9 NA  Q90

Q88  Option

Is this because of any medical, behavioral, or other health condition?
Q88  1 YES  NEXT
Q88  2 NO  Q90
Q88  8 DK  Q90
Q88  9 NA  Q90

Q89  Option

Is this a condition that has lasted or is expected to last for at least 12 months?
Q89  1 YES  NEXT
Q89  2 NO  NEXT
Q89  8 DK  NEXT
Q89  9 NA  NEXT

Q90  Option

Does 0 have any kind of emotional, developmental, or behavioral problem for which 0 needs or gets treatment or counseling?
Q90  1 YES  NEXT
Q90  2 NO  Q92
Q90  8 DK  Q92
Q90  9 NA  Q92

Q91  Option

Has this problem lasted or is it expected to last for at least 12 months?
Q91  1 YES  NEXT
Q91  2 NO  NEXT
Q91  8 DK  NEXT
Q91  9 NA  NEXT
Q92  Text Entry  
BMI/OBESITY
How tall is \( 0 \) now? (PROBE: “Your best guess is fine.”)
Q92  0  HEIGHT/FEET (98=DK, 99=NA)  NEXT

Q93  Text Entry  
BMI/OBESITY
INCHES:
Q93  0  INCHES (98=DK, 99=NA)  NEXT

Q94  Text Entry  

How much does \( 0 \) weigh now?
Q94  0  WEIGHT/LBS (998=DK, 999=NA)  Q104

QUESTIONS 95 THROUGH 103 WERE NOT ASKED (SKIPPED) IN 2012 SURVEY. INCLUDED FOR FUTURE USE.

Q95  Text Entry  
DO NOT ASK IN 2012
During the past week, on how many days did \( 0 \) exercise, play a sport, or participate in physical activity for at least 20 minutes that made \( G1 \) sweat and breathe hard? (IWER NOTE: INCLUDE ACTIVE SPORTS SUCH AS BASEBALL, SOFTBALL, BASKETBALL, SWIMMING, SOCCER, TENNIS, OR FOOTBALL; RIDING A BIKE OR ROLLERSKATING; WALKING OR JOGGING, JUMPING ROPE, GYMNASTICS; AND ACTIVE DANCE SUCH AS BALLET.)
Q95  0  NUMBER OF DAYS (98=DK, 99=NA)  Q104

Q96  Option  
DO NOT ASK IN 2012
How many times a week does \( 0 \) have physical education at school? IWER NOTE: IF 2 TIMES ONE WEEK, 3 TIMES THE NEXT, CHECK OPTION 2
Q96  1  ONCE A WEEK  Q104
Q96  2  2 TIMES PER WEEK  Q104
Q96  3  3 OR MORE TIMES PER WEEK  Q104
Q96  4  CHILD DOESN'T TAKE IT  Q104
Q96  5  SCHOOL DOESN'T OFFER  Q104
Q96  6  DOESN'T GO TO SCHOOL  Q104
Q96  8  DK  Q104
Q96  9  NA  Q104
Now, we have a few questions about the kinds of food '0 eats.

In the past week, about how often did '0 drink . . .
100% fruit juice? [DO NOT COUNT SUGAR-SWEETENDED FRUIT DRINKS LIKE SUNNY D]

Q97
1. NEVER Q104
2. 1 - 2 TIMES PER WEEK Q104
3. 3 - 4 TIMES PER WEEK Q104
4. 5 - 6 TIMES PER WEEK Q104
5. ONCE PER DAY Q104
6. TWO TIMES PER DAY Q104
7. 3 OR MORE TIMES PER DAY Q104
8. DK Q104
9. NA Q104

[In the past week, about how often did '0 eat . . .
green salad, with or without other vegetables?]

Q98
1. NEVER Q104
2. 1 - 2 TIMES PER WEEK Q104
3. 3 - 4 TIMES PER WEEK Q104
4. 5 - 6 TIMES PER WEEK Q104
5. ONCE A DAY Q104
6. TWO TIMES PER DAY Q104
7. 3 OR MORE TIMES PER DAY Q104
8. DK Q104
9. NA Q104

[In the past week, about how often did '0 eat . . .
baked, boiled or mashed potatoes? [DO NOT COUNT FRENCH FRIES OR FRIED POTATOES - POTATO SALAD COUNTS]

Q99
1. NEVER Q104
2. 1 - 2 TIMES PER WEEK Q104
3. 3 - 4 TIMES PER WEEK Q104
4. 5 - 6 TIMES PER WEEK Q104
5. ONCE A DAY Q104
6. TWO TIMES PER DAY Q104
7. 3 OR MORE TIMES PER DAY Q104
8. DK Q104
9. NA Q104
Q100 | Option
---|---
DO NOT ASK IN 2012
[In the past week, about how often did you eat . . .]
vegetables, NOT COUNTING potatoes and salad?

| Q100 | 1 | NEVER | Q104 |
| Q100 | 2 | 1 - 2 TIMES PER WEEK | Q104 |
| Q100 | 3 | 3 - 4 TIMES PER WEEK | Q104 |
| Q100 | 4 | 5 - 6 TIMES PER WEEK | Q104 |
| Q100 | 5 | ONCE A DAY | Q104 |
| Q100 | 6 | TWO TIMES PER DAY | Q104 |
| Q100 | 7 | 3 OR MORE TIMES PER DAY | Q104 |
| Q100 | 8 | DK | Q104 |
| Q100 | 9 | NA | Q104 |

Q101 | Option
---|---
DO NOT ASK IN 2012
[In the past week, about how often did you eat . . .]
fruit, NOT COUNTING juices.

| Q101 | 1 | NEVER | Q104 |
| Q101 | 2 | 1 - 2 TIMES PER WEEK | Q104 |
| Q101 | 3 | 3 - 4 TIMES PER WEEK | Q104 |
| Q101 | 4 | 5 - 6 TIMES PER WEEK | Q104 |
| Q101 | 5 | ONCE A DAY | Q104 |
| Q101 | 6 | TWO TIMES PER DAY | Q104 |
| Q101 | 7 | 3 OR MORE TIMES PER DAY | Q104 |
| Q101 | 8 | DK | Q104 |
| Q101 | 9 | NA | Q104 |

Q102 | Option
---|---
DO NOT ASK IN 2012
[In the past week, about how often did you drink . . .]
a can or a glass of regular soda or sweetened fruit drinks?

| Q102 | 1 | NEVER | Q104 |
| Q102 | 2 | 1 - 2 TIMES PER WEEK | Q104 |
| Q102 | 3 | 3 - 4 TIMES PER WEEK | Q104 |
| Q102 | 4 | 5 - 6 TIMES PER WEEK | Q104 |
| Q102 | 5 | ONCE A DAY | Q104 |
| Q102 | 6 | TWO TIMES PER DAY | Q104 |
| Q102 | 7 | 3 OR MORE TIMES PER DAY | Q104 |
| Q102 | 8 | DK | Q104 |
| Q102 | 9 | NA | Q104 |
DO NOT ASK IN 2012

On an average WEEKDAY, about how many hours does '0 usually watch TV, watch videos, or play video games?
(IEVER NOTE: THIS INCLUDES MONDAY-FRIDAY, AM AND PM)

Q103

<table>
<thead>
<tr>
<th>Option</th>
<th>0 NUMBER OF HOURS (97=DON'T OWN A TV, NEXT VIDEO PLAYER OR VIDEO GAMES, 98=DK, 99=NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q104</td>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Q105</td>
<td>How many people in your household smoke or use tobacco products? (PROBE: “Even if they go outside to smoke, please count them.”)</td>
</tr>
<tr>
<td>Q106</td>
<td>Transportation</td>
</tr>
</tbody>
</table>

MaineCare helps with transportation for your child to get to doctors’ offices or clinics. In the last 6 months, did you call the regional transportation agency in your area to get help with transportation for '0? (PROMPT RESPONDENT WITH NAMES OF REGIONAL AGENCIES FROM THAT COUNTY IF NECESSARY.)
Q107 Option

In the last 6 months, when you called the transportation agency to get help with transportation, how often did you get it?

Q107 1 Never Q111
Q107 2 Sometimes NEXT
Q107 3 Usually NEXT
Q107 4 Always NEXT
Q107 8 DK NEXT
Q107 9 NA NEXT

Q108 Option

In the last 6 months, how often did the help with transportation for your child meet your needs?

Would you say . . .

Q108 1 Never NEXT
Q108 2 Sometimes NEXT
Q108 3 Usually NEXT
Q108 4 Always NEXT
Q108 8 DK NEXT
Q108 9 NA NEXT

Q109 Multiple Check Entry

In the last 6 months, what type of help with transportation did you receive? Was it . . .

READ OPTIONS AND CHECK ALL THAT APPLY

Q109 1 A voucher for a bus or taxi NEXT
Q109 2 Payments for mileage NEXT
Q109 3 Ride from a volunteer driver NEXT
Q109 4 Ride in an agency van NEXT
Q109 5 OTHER TYPE NEXT
Q109 6 other type of transportation assistance NEXT
Q109 8 DK NEXT
Q109 9 NA NEXT

Q110 Option

How satisfied were you with the service you received from THE TRANSPORTATION AGENCY? Were you . . .

Q110 1 Very satisfied NEXT
Q110 2 Somewhat satisfied NEXT
Q110 3 Somewhat dissatisfied NEXT
Q110 4 Very dissatisfied NEXT
Q110 8 DK NEXT
Q110 9 NA NEXT
Q111 Option

The next few questions are about you.

What is your age?
Q111 99 NA NEXT
Q111 1 Under 18 NEXT
Q111 2 18 to 24 NEXT
Q111 3 25 to 34 NEXT
Q111 4 35 to 44 NEXT
Q111 5 45 to 54 NEXT
Q111 6 55 to 64 NEXT
Q111 7 65 to 74 NEXT
Q111 8 75 or older NEXT
Q111 98 DK NEXT

Q112 Option

MALE OR FEMALE
Q112 1 MALE NEXT
Q112 2 FEMALE NEXT
Q112 8 DK NEXT
Q112 9 NA NEXT

Q113 Option

What is the highest grade or level of school that you have completed so far?
Q113 5 4-year college graduate NEXT
Q113 6 More than 4-year college degree NEXT
Q113 8 DK NEXT
Q113 9 NA NEXT
Q113 1 8th grade or less NEXT
Q113 2 Some high school, but did not graduate NEXT
Q113 3 High school graduate or GED NEXT
Q113 4 Some college or 2-year degree NEXT
How are you related to '0'?

Q114 1 PARENT/STEP PARENT
Q114 2 GRANDPARENT
Q114 3 AUNT OR UNCLE
Q114 4 OLDER SIBLING
Q114 5 OTHER RELATIVE
Q114 6 LEGAL GUARDIAN
Q114 7 FOSTER PARENT
Q114 8 OTHER
Q114 9 PARTNER/BOYFRIEND/GIRLFRIEND OF PARENT
Q114 98 DK
Q114 99 NA

OTHER RELATIONSHIP

Q115 0 OTHER RELATIONSHIP

ACCESS TO EMPLOYER SPONSORED INSURANCE

The last few questions are about the main wage earner in your household. Who is the main wage earner? (IWER NOTE: IF NECESSARY, EXPLAIN "The main wage earner is the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.")

(PROBE IF NECESSARY: "How are you related to that person? So he/she's your . . . ")

Q116 1 I AM/SELF (THE RESPONDENT)
Q116 2 MY SPOUSE
Q116 3 MY UNMARRIED PARTNER (BOYFRIEND/GIRLFRIEND)
Q116 4 MY CHILD (R IS MWE'S PARENT)
Q116 5 MY PARENT (R IS MWE'S CHILD)
Q116 6 MY OTHER RELATIVE
Q116 7 MY ROOMMATE
Q116 8 OTHER
Q116 10 DK
Q116 11 NA

R'S RELATIONSHIP TO MAIN WAGE EARNER:

(PROBE IF NECESSARY: "So he/she's your . . . ")

Q117 0 MAIN WAGE EARNER (98=DK, 99=NA)

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Q118  Option

{Q116=1} {Are you enrolled in MaineCare?} {Is he/she enrolled in MaineCare?}
Q118   1 YES        NEXT
Q118   2 NO        NEXT
Q118   8 DK        NEXT
Q118   9 NA        NEXT

Q119  Option

{Q116=1} {Which of the following best describes your current work status?} {Which of the following best describes the work status of the main wage earner in your household?}
Q119   5 Self-employed NEXT
Q119   1 Works full-time NEXT
Q119   2 Works 1 part-time job NEXT
Q119   3 Works more than 1 part-time job NEXT
Q119   4 Works seasonally NEXT
Q119   6 Disabled, not working Q128
Q119   7 Retired, not working Q128
Q119   8 Unemployed, looking for work, or Q128
Q119   9 Not working Q128
Q119   10 DK Q128
Q119   11 NA Q128

Q120  Option

{Q116=1} {Approximately how many employees are in the company or organization where you work?} {Approximately how many employees are in the company or organization where he/she works?}
Q120   1 FEWER THAN 25 NEXT
Q120   2 25 TO 50 EMPLOYEES NEXT
Q120   3 MORE THAN 50 EMPLOYEES NEXT
Q120   8 DK Q128
Q120   9 NA Q128

Q121  Option

Does the company or organization currently offer health insurance to any of its employees?
Q121   1 YES        NEXT
Q121   2 NO        Q128
Q121   8 DK        Q128
Q121   9 NA        Q128
Q122 Option

\{Q116=1\} (Are you eligible to receive that health insurance?) (Is he/she eligible to receive that health insurance?)

- Q122 1 YES NEXT
- Q122 2 NO Q128
- Q122 8 DK Q128
- Q122 9 NA Q128

Q123 Option

\{Q116=1\} (Are you enrolled in the employer's health insurance program?) (Is he/she enrolled in the employer's health insurance program?)

- Q123 8 DK Q125
- Q123 9 NA Q125
- Q123 1 YES Q125
- Q123 2 NO NEXT

Q124 Multiple Check Entry

\{Q116=1\} (Now I'll read a list of possible reasons why you may not be enrolled in the insurance offered by that employer. Is one reason you're not enrolled because . . . (IWER: READ OPTIONS, CHECK ALL THAT APPLY)) (Now I'll read a list of possible reasons why he/she may not be enrolled in the insurance offered by that employer. Is one reason he/she isn't enrolled because . . . (IWER: READ OPTIONS, CHECK ALL THAT APPLY))

- Q124 5 other NEXT
- Q124 1 It is too expensive NEXT
- Q124 2 The coverage is too limited NEXT
- Q124 3 You have other coverage (through spouse, military or other source), or NEXT
- Q124 4 SOME OTHER REASON(specify) NEXT
- Q124 8 DK NEXT
- Q124 9 NA NEXT

Q125 Option

Does the employer offer an insurance plan that COULD cover '0'?

- Q125 8 DK Q128
- Q125 9 NA Q128
- Q125 1 YES NEXT
- Q125 2 NO Q128
Q126

Is 0 enrolled in that insurance?

Q126 1 YES Options
Q126 2 NO Options
Q126 8 DK Options
Q126 9 NA Options

Q127

Multiple Check Entry

Now I'll read a list of possible reasons why 0 may not be enrolled in the insurance offered by that employer. Is it because . . . (IWER: READ OPTIONS. THEN PROBE ONCE WITH "Anything else?")

Q127 10 NA Options
Q127 1 It is too expensive Options
Q127 2 The coverage is too limited Options
Q127 3 MaineCare offers better coverage Options
Q127 4 MaineCare is less expensive Options
Q127 5 You have other coverage (through spouse, military or other source), or Options
Q127 6 SOME OTHER REASON (specify) Options
Q127 8 other Options
Q127 9 DK Options

Q128

Multiple Check Entry

{Q116=1}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, you have. (IWER: READ OPTIONS AND CHECK FIRST RESPONSE. THEN PROBE ONCE WITH "Anything else?")}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, the main wage earner has. (IWER: READ OPTIONS AND CHECK FIRST RESPONSE. THEN PROBE ONCE WITH "Anything else?")}

Q128 1 Mainecare Options
Q128 2 Medicare Options
Q128 3 Health insurance through main wage earner's work or union Options
Q128 4 Dirigo Choice (CARD FROM DIRIGO CHOICE/HARVARD PILGRIM) Options
Q128 5 Health insurance through someone else's work or NEXT union Options
Q128 6 Health insurance bought directly from an insurance company Options
Q128 7 Health insurance through the military (TriCare CHAMPUS, Veteran's Svcs) Options
Q128 8 SOME OTHER health insurance, or Options
Q128 9 other Options
Q128 10 No health insurance Options
Q128 11 DK/NA Options
Q128 12 NA Options
Earlier, you mentioned you were having trouble finding a dentist for '0'. If you have access to a computer, you can go to www.insurekidsnow.gov or you can call Member Services at 1-800-977-6740. [INTERVIEWER: ALWAYS CHECK "1" HERE]

Q129
1 ALWAYS CHECK "1" HERE NEXT

Q130
Option

DISPOSITION
Those are all the questions we have. Thank you very much for your time. [INTERVIEWER: ALWAYS CHECK "1" HERE]

Q130
1 ALWAYS CHECK "1" HERE NEXT

Q131
Option

DISPOSITION
RECORD FINAL DISPOSITION HERE

Q131
1 FULL COMPLETE, ALL QS ANSWERED AS EXPECTED

Q132
Text Entry

OTHER DISPOSITION
Q132
0 DISPOSITION NEXT

Q133
Option

Was this on a...
Q133
2 LANDLINE NEXT
Q133
9 NA NEXT
Q133
1 CELL PHONE NEXT

Q134
Text Entry

INTERVIEWER: PLEASE RECORD NUMBER OF ATTEMPTS MADE TO THIS NUMBER
Q134
0 TEXT NEXT
Appendix C: Survey Weights and Estimation Procedures

Constructing Weights. The purposes of survey weights are to remove bias from the sample and to allow for generalization of the findings to the whole population rather than just to those who completed interviews. Weights adjust for differences in the likelihood that a member of the target population is selected for an interview (design effects) and differences between respondents and non-respondents (nonresponse bias).

We constructed weights for the analysis of the 2012 survey using standard procedures, outlined in Table C-1. The first step is to compute the probability that a child within each stratum of the population was selected as a target child for an interview (column C). There were a total of 8 strata defined for the 2012 survey based on MaineCare eligibility category (Expansion or Medicaid versus CHP/Cubcare), presence of a chronic condition diagnosis in the MaineCare claims data, and number of children enrolled in MaineCare who live in the household (one versus multiple). The design weight, which adjusts for differences in the probability of selection, is computed as the inverse (column D). Because the CHP/Cubcare eligibility and children with a chronic condition diagnosis categories were oversampled in the sampling process – meaning that children enrolled in CHP/Cubcare and those with a chronic condition diagnosis had a higher probability of selection--the design weights for strata that include these categories are smaller.

Next, we adjusted for differences in non-response using a method suggested by Little and Vartivarian (2003). We ran a logistic regression model predicting the likelihood that a given sample member completed an interview using age, gender, minority status and region of residence as predictors and controlling for eligibility category, chronic condition status, and number of children in the household. The nonresponse weight was computed as the inverse of the probability of response for each child generated from these regression models. Column E lists the sum of the product of the design and nonresponse weights.

The final step was to compute a poststratification weight, designed to rebalance the response data to reflect the distribution of the population. Because we know the number of children in each stratum in the original population (listed in column A), we do not need to rely on an external source of population data to compute the poststratification weight. We simply divided the population size (column A) by the combined non-response and design weight results in column E. The final weight, incorporating all of the previous adjustments, is the product of the design, nonresponse, and poststratification weights (column G). The average value of the final weight was 110.9, ranging from 12 to 465.

Estimation Procedures. Unless otherwise specified in the report, all results presented are based on weighted data, correcting for the stratified random sampling design used in the study. All statistical tests were calculated using SAS version 9.2 with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data.

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Table C-1. 2012 Survey Weight Construction

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Chronic Condition*</th>
<th>Children in HH</th>
<th>Population of Children in Stratum (A)</th>
<th>Number in Sample (B)</th>
<th>pr(being sampled)</th>
<th>Design Weight (D) = 1/C</th>
<th>Sum of Design x Non-response Weights (E)</th>
<th>Poststratification Weight (F) = A/E</th>
<th>Sum of Final Weights (G) (=A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion or Medicaid</td>
<td>No CC</td>
<td>One</td>
<td>15,409</td>
<td>109</td>
<td>0.007</td>
<td>141.37</td>
<td>19,094.2</td>
<td>0.807</td>
<td>15,409.0</td>
</tr>
<tr>
<td>Expansion or Medicaid</td>
<td>No CC</td>
<td>Multiple</td>
<td>38,049</td>
<td>277</td>
<td>0.007</td>
<td>137.36</td>
<td>37,846.7</td>
<td>1.005</td>
<td>38,049.0</td>
</tr>
<tr>
<td>Expansion or Medicaid</td>
<td>CC diagnosis</td>
<td>One</td>
<td>20,053</td>
<td>428</td>
<td>0.021</td>
<td>46.85</td>
<td>19,810.8</td>
<td>1.012</td>
<td>20,053.0</td>
</tr>
<tr>
<td>Expansion or Medicaid</td>
<td>CC diagnosis</td>
<td>Multiple</td>
<td>34,747</td>
<td>837</td>
<td>0.024</td>
<td>41.51</td>
<td>34,170.4</td>
<td>1.017</td>
<td>34,747.0</td>
</tr>
<tr>
<td>CHP/Cubcare</td>
<td>No CC</td>
<td>One</td>
<td>957</td>
<td>104</td>
<td>0.109</td>
<td>9.20</td>
<td>745.0</td>
<td>1.285</td>
<td>957.0</td>
</tr>
<tr>
<td>CHP/Cubcare</td>
<td>No CC</td>
<td>Multiple</td>
<td>2,252</td>
<td>295</td>
<td>0.131</td>
<td>7.63</td>
<td>2,239.3</td>
<td>1.006</td>
<td>2,252.0</td>
</tr>
<tr>
<td>CHP/Cubcare</td>
<td>CC diagnosis</td>
<td>One</td>
<td>1,032</td>
<td>120</td>
<td>0.116</td>
<td>8.60</td>
<td>1,037.8</td>
<td>0.994</td>
<td>1,032.0</td>
</tr>
<tr>
<td>CHP/Cubcare</td>
<td>CC diagnosis</td>
<td>Multiple</td>
<td>1,648</td>
<td>226</td>
<td>0.137</td>
<td>7.29</td>
<td>1,778.4</td>
<td>0.927</td>
<td>1,648.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>114,147</strong></td>
<td><strong>2,396</strong></td>
<td></td>
<td></td>
<td><strong>116,722</strong></td>
<td></td>
<td><strong>114,147</strong></td>
</tr>
</tbody>
</table>

Note: Non-response weights were estimated using logistic regression models on sample members predicting response based on age, gender, minority status, and region of residence, and controlling for CSHCN status, household density and eligibility. The non-response weight is equal to the inverse of the predicted probability of response for a given set of characteristics.

*Presence of chronic condition determined based on diagnosis codes in MaineCare claims.

Final Weight (FINWGT) = Design Weight x Non-response Weight x Poststratification Weight