



Is There Differential Retention of Children with Special Health Care Needs in SCHIP?

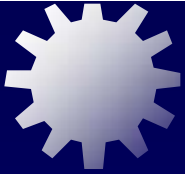
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Overview of Research

- ✦ *Research Objective:* To determine whether children with special health care needs (CSHCN) are more likely to remain in New Jersey's State Children's Health Insurance Program (SCHIP) and less likely to become uninsured than non-CSHCN
- ✦ Differential Retention - Less healthy people are more likely than healthy people to be *remain* insured



The State Children's Health Insurance Program: Background

- ✦ Established in 1997 to provide health insurance to low-income children not eligible for Medicaid
- ✦ Successful program adopted in all 50 states
 - Total enrollment = over 6 million children
 - 1/3 drop in # uninsured children in the U.S.
- ✦ Popular program with the public
 - October 2007 Kaiser survey found that **7 out of 10** Americans support SCHIP
- ✦ New Jersey's SCHIP initiative = NJ FamilyCare
 - Income Eligibility up to 350% of Federal Poverty Level
 - E.g., for a family of 4 – up to \$72,276 annual income



Children with Special Health Care Needs



- ✦ “...require health and related services of a type or amount beyond that required by children generally” (Maternal and Child Health Bureau, 1998)
 - Children with chronic conditions such as diabetes, asthma, or more rare diseases, such as multiple sclerosis and cystic fibrosis
- ✦ 9.5 million CSHCN in United States
 - 13% of all children
 - 40% of total health care costs



Data Source and Study Sample

2003 New Jersey FamilyCare Survey

- Supplement to the 2001 New Jersey Family Health Survey
- Conducted by Rutgers' Center for State Health Policy
- Randomly selected from children enrolled in New Jersey FamilyCare as of May 2002
 - 679 families telephone-interviewed between May-September 2003

Study Sample

- 52% response rate (typical for telephone surveys of low-income)
- Over-represents older children, males, and Hispanic children
- All data weighted to reflect state level population of children enrolled in NJFC as of May 2002 using normalized sampling weights



Measures of Children with Special Health Care Needs

- ✦ Identified by the CSHCN Screener
- ✦ 5 Consequences of Health Care Needs
 - Prescription medicine
 - Medical care services
 - Limited activity
 - Special therapy
 - Emotional problems



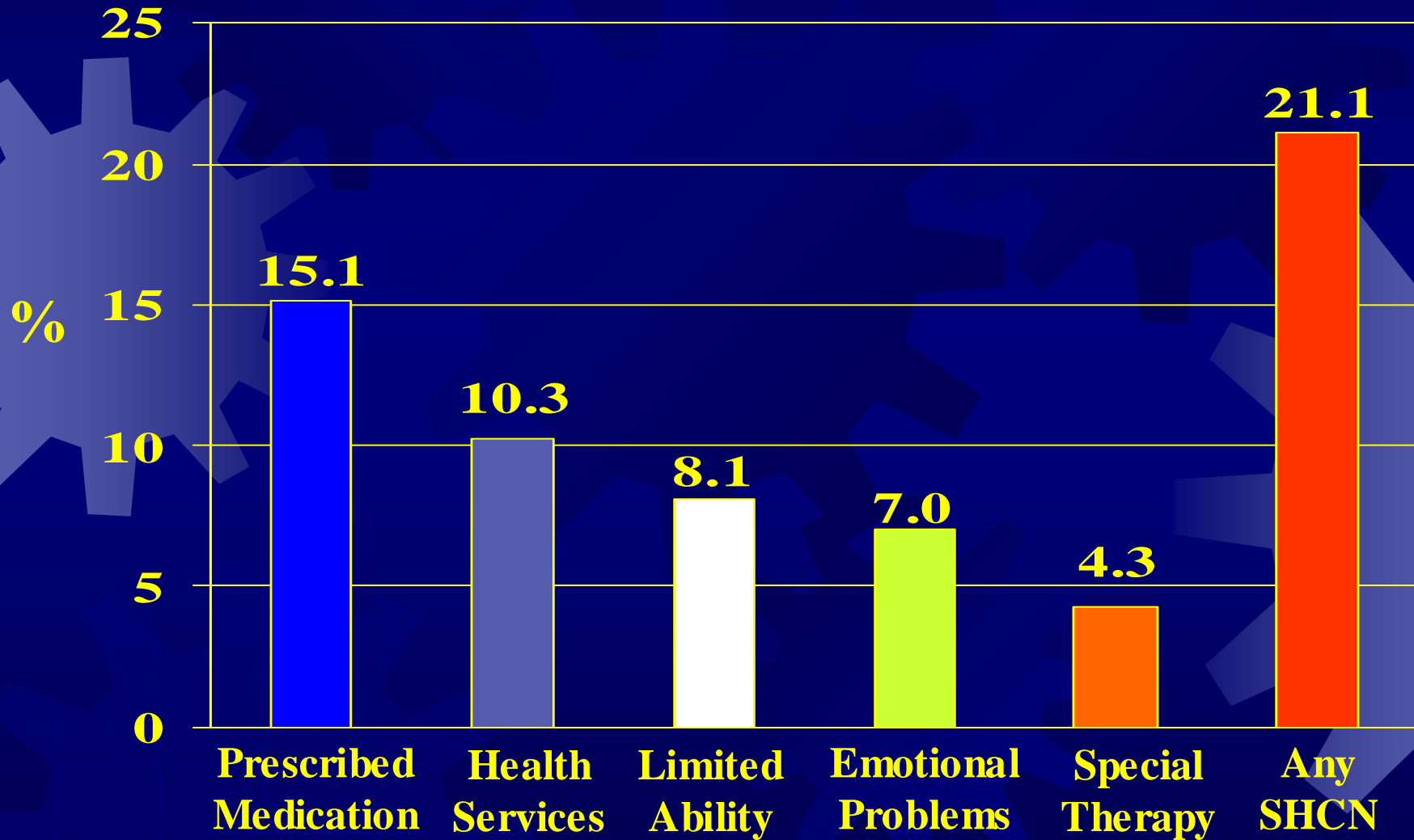
“Do any of your children under 18 currently need or use **MEDICINE PRESCRIBED BY A DOCTOR** (other than vitamins) because of **ANY** medical, behavioral, or other health condition?”

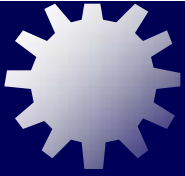
If answered YES:

“Is this a condition that has lasted or is expected to last for **AT LEAST 12 months?**”



Prevalence of Each Special Health Care Need in NJFC





Final Enrollment Status in NJFC

- ✦ Final enrollment status at time of survey
 - ✦ *Enrolled in NJ FamilyCare or Medicaid (88%)*
 - ✦ *Disenrolled but still insured (7%)*
 - ✦ *Disenrolled and uninsured (but still eligible) (6%)*
 - ✦ *(Disenrolled, uninsured, and not eligible; N=2)*
- ✦ Answers to survey questions validated against program administrative records



Demographic Control Variables

Age Groups

- 0-5 years old
- 6-12 years old
- 13-18 years old

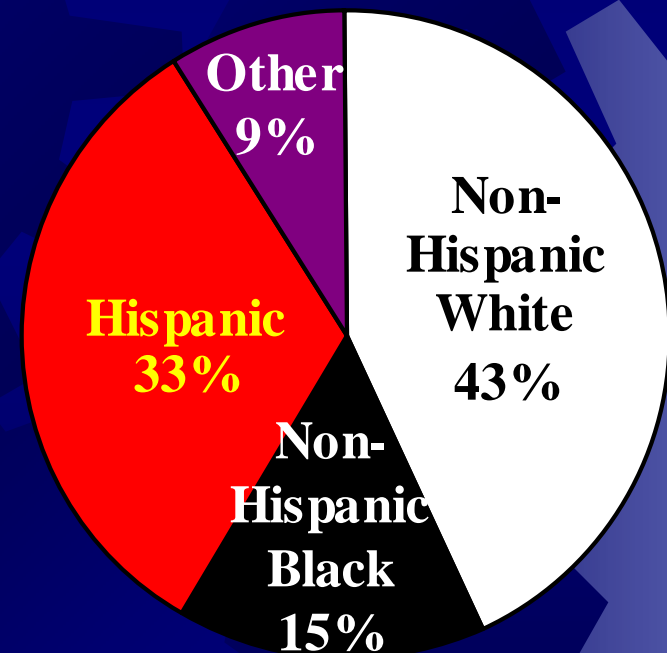
Sex

Race/ethnicity

NJFC Plan Level

- Plan A = <133% of FPL
(<\$26K annual income)
- Plans B & C = 133-200% of FPL
(\$26K to \$40K annual income)
- Plan D = 200-350% of FPL
(\$40K to \$70K annual income)

Racial/ethnic Composition of Sample





Multivariate Models

Step 1: Predicting Special Needs

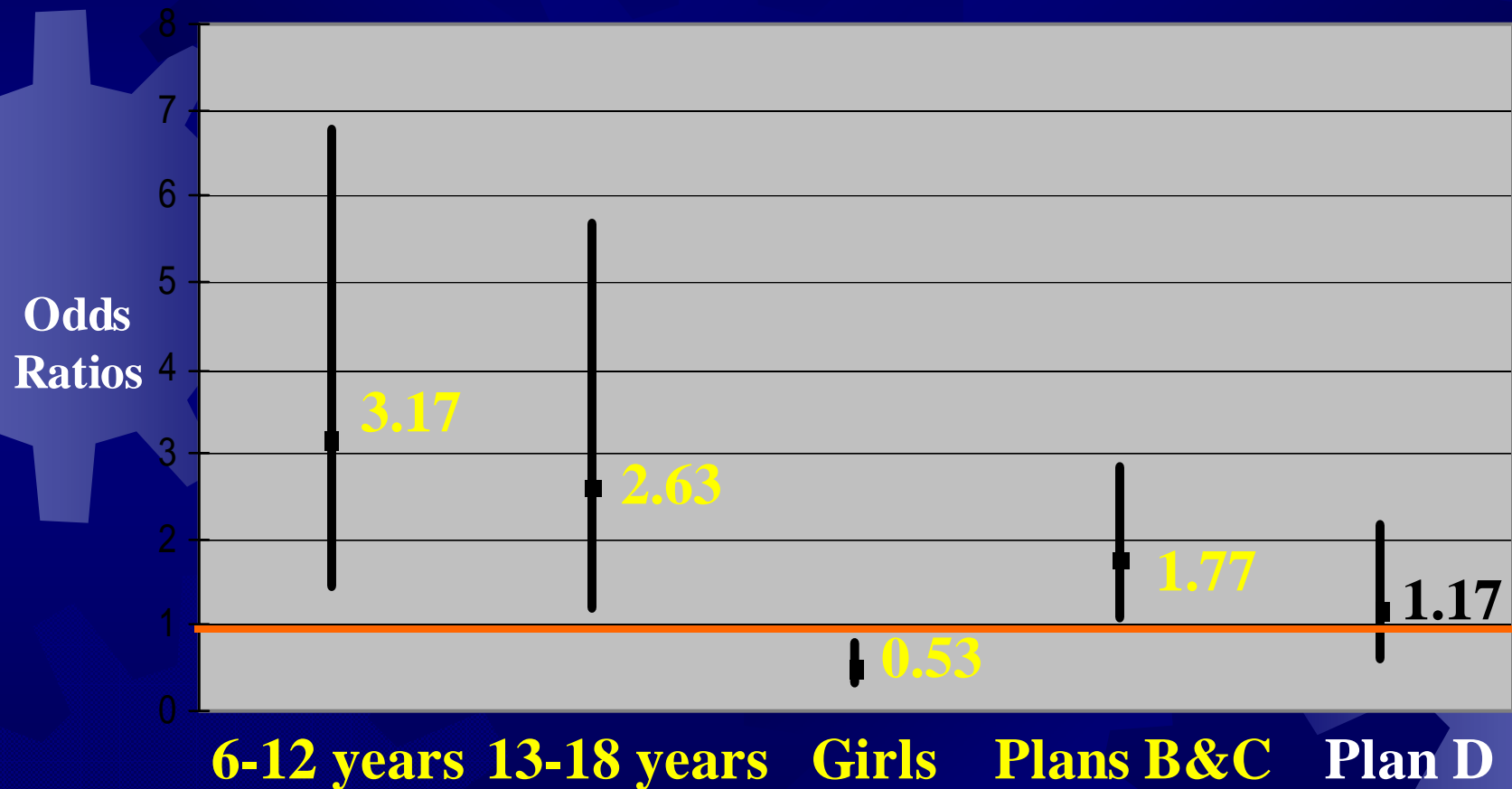
- ★ Logistic regression of having any special health care need
- ★ Control variables for all analyses include: age, sex, race/ethnicity, and NJFC plan level

Step 2: Predicting Final Enrollment Status

- ★ Multinomial logistic regressions of being:
 - 1) disenrolled and uninsured
 - 2) disenrolled but insured
(Reference = remained enrolled in SCHIP)



Which Children Have Special Health Care Needs?

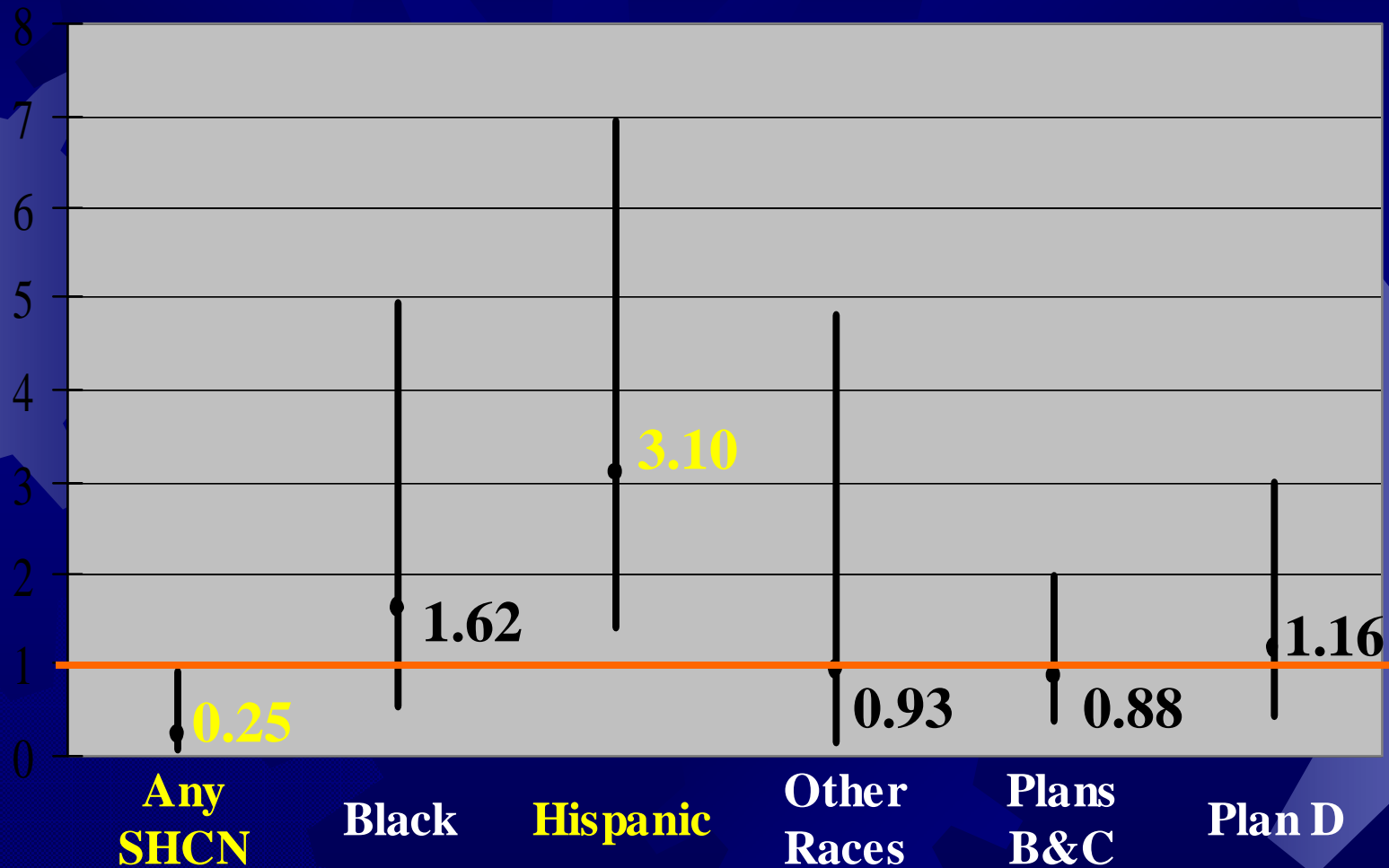


Reference group: 0-5 year old non-Hispanic white boys in Plan A.



Which Children are Disenrolled from SCHIP and Uninsured?

Odds Ratios

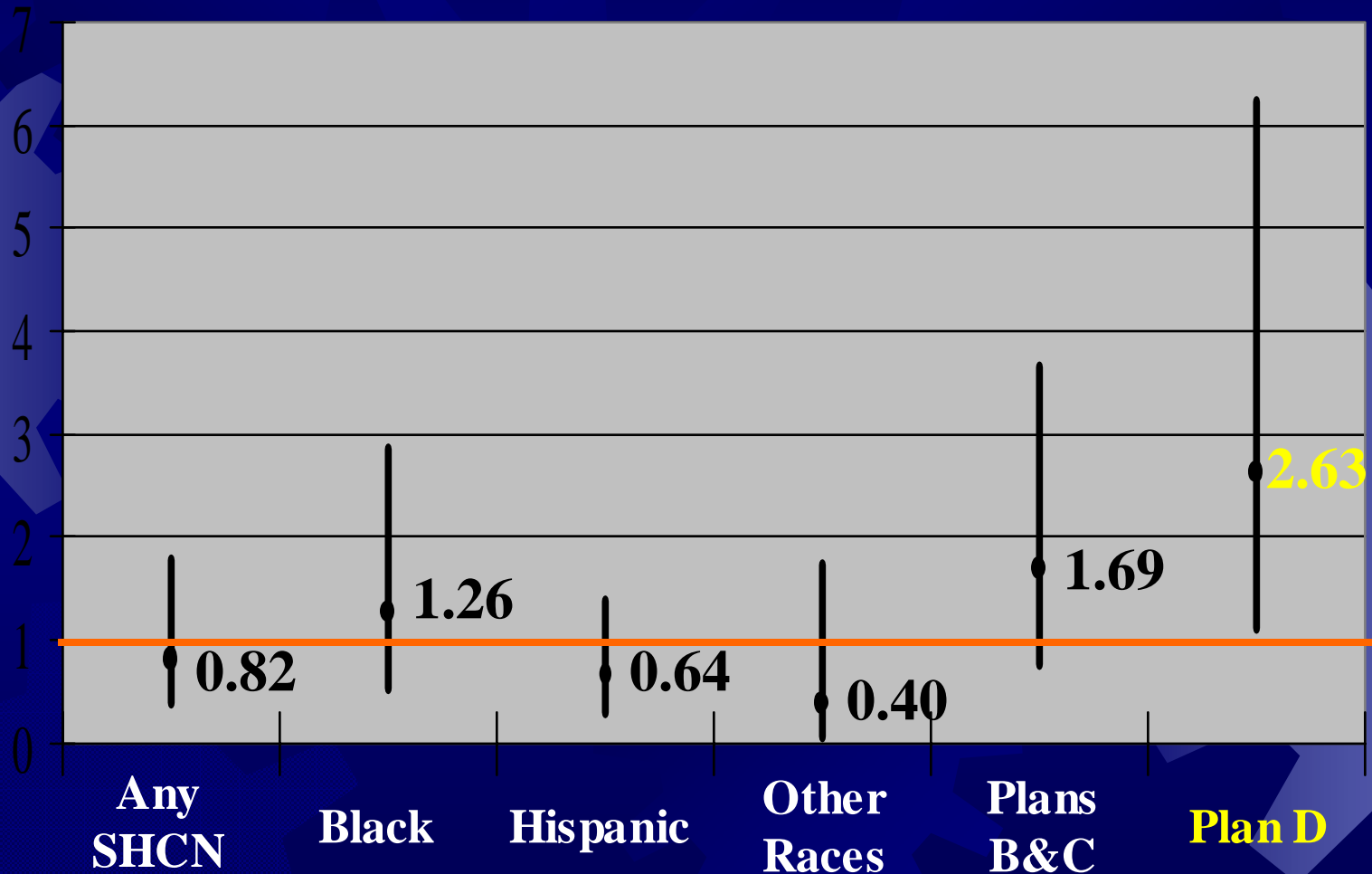


Reference group: 0-5 year old non-Hispanic white boys in Plan A.



Which Children are Disenrolled from SCHIP but Insured?

Odds Ratios



Reference group: 0-5 year old non-Hispanic white boys in Plan A.



Is There Differential Retention of CSHCN in NJFC?

- ✱ **CSHCN have only 1/4 the chances of being disenrolled and uninsured than non-CSHCN**
- ✱ **A higher proportion of CSCHN are insured:**
 - ✱ **Still enrolled in SCHIP**
 - ✱ **No longer in SCHIP but have other coverage**
 - **Most often parents' employer-sponsored insurance**





3 Perspectives on SCHIP Policy Implications

- ★ Families of Children with Special Health Care Needs
 - Understand importance of insurance as CSHCN have higher odds of coverage
- ★ Child Health Advocates
 - Presence of coverage good, but concerns about adequacy and continuity
- ★ SCHIP Administrators
 - Unhealthy Population → ↑ \$\$\$



SCHIP Reauthorization Status

- ★ Huge federal shortfall for SCHIP even prior to considering differential retention
 - ★ 14 states face a combined shortfall of \$745 million
- ★ House and Senate passed bipartisan legislation to expand SCHIP by \$35 billion to cover 10 million children (funded by increase in tobacco tax)
- ★ President Bush vetoed the bill because of cost and philosophical differences



Strengths and Weaknesses

- ★ **Validity of CSHCN Screener**

- Highly correlated with other health measures
- Picks up wide range of chronic conditions
- Increasingly used in national health surveys

- ★ **Final enrollment status verified through administrative records**

- ★ **Special health care needs and final enrollment status measured at same time**

- Chronic conditions must last 12 months or longer; therefore unlikely to change over the year between enrollment and survey

- ★ **Small sample size**

- (N = 675)



Major Findings

- ✦ Older children, boys, and children in NJFC Plans B & C (incomes 133 – 200% FPL) are more likely to have SHCN
- ✦ CSHCN equally likely as non-CSHCN to be disenrolled but still insured
- ✦ CSHCN *less likely* than non-CSHCN to be disenrolled from SCHIP and uninsured



Thank You for Your Attention

