

Technical Appendix C: Indiana Survey Methods

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ABBREVIATIONS. CSHCN, children with special health care needs; SCHIP, State Children's Health Insurance Program; FPL, federal poverty level.

The Indiana Health Insurance and Access for Children with Special Health Care Needs (CSHCN) Study was a study of children who met the Child and Adolescent Health Measurement Initiative CSHCN screener enrolling in the Indiana Hoosier Healthwise program. The Hoosier Healthwise program includes Indiana's Medicaid and combination State Children's Health Insurance Program (SCHIP), which consists of a Medicaid expansion program and a separate, free-standing SCHIP. The Indiana results reported in the article by Szilagyi et al¹ on CSHCN in this issue represent cross-sectional data from only new enrollees in the SCHIP (both the Medicaid expansion and the separate program). Families of enrollees were interviewed near the time of program entry. Telephone interviews were conducted with the adult in each household that was most familiar with the selected new enrollee's health and health care experiences.

STUDY SETTING

Indiana's SCHIP, consisting of a Medicaid expansion program and a separate state program, was implemented in 2 phases. The first phase, the SCHIP Medicaid expansion, began in 1998 and expanded coverage for children from birth to 18 years old in families with incomes up to 150% of the federal poverty level (FPL). The second phase, the separate SCHIP, serves children in families with incomes 151% to 200% of the FPL. The separate SCHIP offers a basic plan that includes primary, preventive, and acute care. Additional services for CSHCN are accessed through existing wrap-around programs such as the First Steps Early Intervention (part C) and CSHCN (Title V of the Social Security Act) programs. Both the Medicaid expansion and separate SCHIPs are administered under Hoosier Healthwise, Indiana's Medicaid managed care program, and children are enrolled in either a risk-based managed care program or a primary care case management program. Hence, the combination SCHIP covers otherwise uninsured children <19 years old living in fam-

ilies with incomes <200% of the FPL and above the age-related Medicaid income thresholds: 150% of the FPL for children <1 year old, 133% of the FPL for children between 1 and 6 years old, and 100% of the FPL for children 6 to 18 years old. To prevent crowd out (the substitution of public insurance for private insurance), children were not eligible to enroll in SCHIP unless they had been without private insurance coverage for at least 3 months. Premiums are charged to families with children in Indiana's separate SCHIP. For those with incomes of 151% to 175% of the FPL, the rate is \$11 per child and \$16.50 for 2 or more children; for those with incomes of 176% to 200% of the FPL, the rate is \$16.50 per child and \$24.75 for 2 or more children. At the time of the study (2000), there were ~360 000 people enrolled in Hoosier Healthwise; of these, ~40 000 were SCHIP Medicaid expansion, 5000 were in the separate SCHIP, and the remaining 315 000 fell into existing Medicaid categories.

INSTRUMENT DEVELOPMENT

To the extent possible, questions for the survey instrument were drawn from existing, validated survey instruments used in similar studies. Information was collected on participation in the program, child and family demographics and insurance status, health status, access to care, utilization of services, unmet need for medical care, quality, satisfaction, and family impact. The instrument was programmed into computer-assisted telephone interview software, pretested, and revised before fielding. Study protocols, including the survey instrument and the use of incentives, were approved by the Institutional Review Board of Indiana University.

SAMPLE DESIGN AND SURVEY ADMINISTRATION

At the time of enrollment into Hoosier Healthwise (Medicaid or SCHIP including the Medicaid expansion or separate program), parents are asked a series of questions about their children on Indiana's Health Assessment Form. Embedded in the Health Assessment Form is the CSHCN screener. If parents answered affirmatively to CSHCN screening questions, they were to be given a 1-page release form asking permission to have the investigators contact them. Names, addresses, and telephone numbers of parents who volunteered then were forwarded from the state to investigators. Explanation of the study and verbal consent for the telephone interview then were obtained by the investigators. The average number of calls to complete a survey was 4, with a range of 1 to

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20. Families were offered a \$10 voucher as an incentive to participate in the survey.

Of the 419 Medicaid, SCHIP Medicaid expansion, and separate SCHIP parents who were eligible and volunteered for the study, 255 (61%) interviews were completed, 23 had >10% missing data, 75 could not be contacted after multiple attempts, 9 declined to participate, and 57 did not have telephones and did not respond to letters. For the purposes of the study on CSHCN by Szilagyi et al¹ in this issue, only the 76 newly enrolled SCHIP Medicaid expansion or separate SCHIP participants were included; 179 Medicaid participants and previously enrolled SCHIP participants were excluded.

DATA ANALYSIS

For descriptive analyses, *t* tests were used to evaluate differences in continuous variables and χ^2 tests for dichotomous and categorical variables. Multivariate relationships were evaluated by using logistic regression methods. All analyses were conducted by using SAS 8.0.2 (SAS Institute, Inc, Cary, NC).

REFERENCE

1. Szilagyi PG, Shenkman E, Brach C, et al. Children with special health care needs enrolled in the State Children's Health Insurance Program (SCHIP): patient characteristics and health care needs. *Pediatrics*. 2003; 112(6). Available at: <http://www.pediatrics.org/cgi/content/full/112/6/e508>

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