2012 Survey of Children Served by MaineCare

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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.

[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%).[2]
- 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.[3]

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[2] Population prevalence from the National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [02/5/2012] from www.childhealthdata.org.

[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]

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[4] Available at 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.[6] 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.[7]
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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[6] For more information on the CAHPS survey, see: http://www.cahps.ahrq.gov/Surveys-Guidance/HP.aspx

[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.[8] 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.[9]

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

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

* 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

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

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.[10] 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.[11] 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:

Top Box Rating Categories

Symbol	Percentile
♦♦♦♦	90th percentile or higher
♦♦♦	75th - 90th percentile
■■	50th - 75th percentile
■	25th - 50th percentile
□	Less than 25th percentile

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.

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[10] https://www.cahps.ahrq.gov/CAHPSIDB/Public/about.aspx

Table 3. 2012 MaineCare Child Survey CAHPS 4.0 Results and National Medicaid Comparisons

Composite/Item	2012 MaineCare Results		National Comparisons*	
	%	95% Confidence Interval	Top Box Rating	2011 National Child Medicaid Median
Core CAHPS 4.0 Health Plan Item Set				
Getting Needed Care for a Child Composite	64%		♦♦♦♦	54%
How often was easy to get appointments with specialists for child	57%	(49% - 65%)	♦♦♦	50%
How often was easy to get needed care, tests or treatment for child	71%	(66% - 75%)	♦♦♦♦	59%
Getting Care Quickly for a Child Composite	81%		♦♦♦♦	71%
Child got urgent care for illness, injury or condition as soon as wanted	88%	(83% - 92%)	♦♦♦♦	76%
Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed	74%	(69% - 78%)	♦♦♦♦	65%
How Well the Child's Doctors Communicate Composite	81%		♦♦♦♦	75%
Child's personal doctor explained things clearly	83%	(79% - 89%)	♦♦♦♦	78%
Child's personal doctor listened carefully	84%	(80% - 88%)	♦♦♦	79%
Child's personal doctor respected consumer comments	88%	(85% - 91%)	♦♦♦	82%
Child's personal doctor explained things in a way that was easy for child to understand	76%	(71% - 81%)	♦♦♦	71%
Child's personal doctor spent enough time with child	75%	(71% - 79%)	♦♦♦♦	64%

Table 3 (continued)

Composite/Item	2012 MaineCare Results		National Comparisons*	
	%	95% Confidence Interval	Top Box Rating	2011 National Child Medicaid Median
Health Plan Information and Customer Service Composite	54%		□	61%
Customer service at child's health plan gave information or help needed	50%	(38% - 62%)	■	53%
Customer service staff at child's health plan courteous and respectful	59%	(47% - 71%)	□	68%
Overall Ratings				
Rating of child's personal doctor	73%	(70% - 77%)	♦♦♦	70%
Rating of child's specialist	70%	(63% - 77%)	♦♦♦	66%
Rating of all child's health care	62%	(57% - 67%)	■■	61%
Rating of child's health plan	62%	(58% - 66%)	■	63%

*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 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

Composite/Item	2012 MaineCare Results		National Comparisons*		
	%	95% Confidence Interval	Top Box Rating		2011 National Child Medicaid Median
Children with Chronic Conditions Item Set					
Getting Specialized Services					
How often was easy to get special medical equipment or devices for child	68%	(55% - 82%)	♦♦♦♦	+	59%
How often was easy to get special therapy for child	63%	(54% - 72%)	♦♦♦♦		54%
How often was easy to get treatment or counseling for child	58%	(50% - 65%)	♦♦♦		52%
Getting Prescription Medicine					
How often was easy to get prescription medicines for child through health plan	73%	(68% - 78%)	■■		71%
Family Centered Care: Personal Doctor Who Knows Child					
Child's personal doctor talked about how child was feeling, growing or behaving	86%	(83% - 90%)	■■		86%
Child's personal doctor understood how health conditions affected child's day-to-day life.	93%	(89% - 96%)	■■		91%
Child's personal doctor understood how health conditions affected child's family's day-to-day life.	89%	(85% - 93%)	■■		88%

Table 4 (continued)

Composite/Item	2012 MaineCare Results		National Comparisons*	
	%	95% Confidence Interval	Top Box Rating	2011 National Child Medicaid Median
Family Centered Care: Shared Decision-Making				
Child's doctor or health provider offered more than one choice for child's treatment or care	46%	(41% - 51%)	□	54%
Doctor or health provider discussed pros & cons of each choice for child's treatment or care (2 point scale)	97%	(95% - 100%)		*not available*
Doctor or health provider asked parent/guardian which treatment/care choice was best for child (2 point scale)	91%	(87% - 95%)		*not available*
Family Centered Care: Getting Needed Information				
How often questions answered by child's doctors or health providers	80%	(76% - 84%)	♦♦♦♦	70%
Coordination of Care and Services				
Got help needed from child's doctors or health providers in contacting child's school or daycare	96%	(93% - 99%)	♦♦♦	92%
Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services	41%	(35% - 47%)	□	62%

*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.

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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.[12] 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[13], or services under a 1903(3) (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).[14] 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 quality 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.[15] 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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[12] McPherson, M., et al. A new definition of children with special health care needs. Pediatrics 102: 137-40, 1998.

[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.

[14] For more information, see Bethell, C.D., Read, D., Stein, R., et al. Identifying children with special health care needs: development and evaluation of a short screening instrument. *Ambulatory Pediatrics*. 2002;2:49-57. http://www.ahrq.gov/chtoolbx/BethellScreener.pdf ; The complete CSHCN Screener is also available at: http://depts.washington.edu/dbpeds/Screening%20Tools/CSHCN-CAMHIScreener.pdf

[15] National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 2/15/2012 from www.childhealthdata.org.

Table 5. Children with Special Health Care Needs Screener Results

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

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

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

n = unweighted sample size

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

↑	CSHCN significantly higher
↓	CSHCN significantly lower
+	Sample size for one or more categories < 100. Use results with caution.

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.[16] 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

[16] Available at: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

develop clinical forms that were user-friendly, and by offering enhanced reimbursement rates for providers who used the forms.[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.[18]

Table 7. Topics Discussed in Well-child Visits

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

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.

[17] Available at: http://www.maine.gov/dhhs/oms/provider/childrens.html
[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:

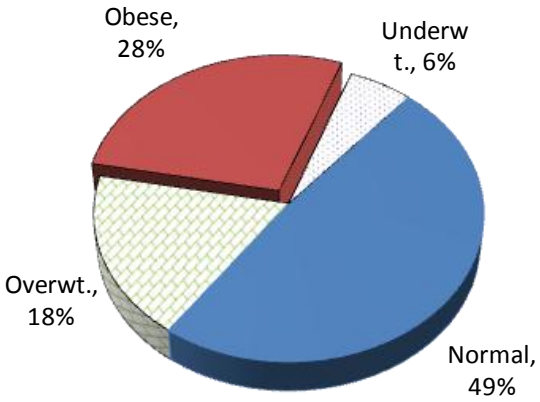
Weight status category	BMI age and sex-specific percentile range
Underweight	Less than the 5th percentile
Healthy weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	Equal to or greater than the 95th percentile

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

Composite/Item	Results n	%	95% CI
Parent-reported BMI			
Underweight (< 5th percentile)	868	**6%**	(4% - 8%)
Normal weight (5th - 84th)	868	**49%**	(44% - 53%)
Overweight (85th - 94th)	868	**18%**	(15% - 22%)
Obese (95th percentile)	868	**28%**	(23% - 32%)

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



[19] Centers for Disease Control and Prevention. *About Body Mass Index for Children and Teens.* http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html Accessed Feb 12, 2012.

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

Composite/Item	Results n	%	95% CI
Any Dental Care			
Child received care from a dentist/dental clinic in past 6 months	1016	**63%**	(59% - 67%)
Number of Visits to Dentist/Dental Clinic (past 6 mo)			
None	1016	**37%**	(33% - 41%)
1	1016	**41%**	(37% - 45%)
2 - 4	1016	**18%**	(15% - 21%)
5 or more	1016	**4%**	(2% - 5%)
Overall Rating of Dental Care			
Rating of all child's dental care (% responding 9 or higher on 10 point rating scale)	694	**69%**	(64% - 74%)
Usual source of Dental Care			
Particular dentist or dental clinic child goes to for dental needs or advice (All ages)	867	**79%**	(75% - 83%)
Age 5 or younger	242	**62%**	(53% - 70%)
Ages 6 - 12	368	**91%**	(87% - 95%)
Age 13 or older	257	**86%**	(81% - 91%)
Unmet Need for Dental Care			
Dental care delayed or not received at some time in past 6 months	1015	**14%**	(11% - 17%)
Reasons for Unmet Need for Dental Care			
Dental provider refused MaineCare	104	**47%**	(33% - 60%)
Could not afford care	104	**9%**	(2% - 16%)
MaineCare would not cover care	104	**4%**	(0% - 10%)
Did not know where to get care	104	**1%**	(0% - 3%)
Other reason	104	**39%**	(26% - 52%)

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.[20] 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.[21] (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.[22]

Table 10. Smoking Behaviors

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

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.

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[20] Institute of Medicine. (2000). *Clearing the Air: Asthma and Indoor Air Exposures*. Washington, D.C.: National Academy Press, p. 438.

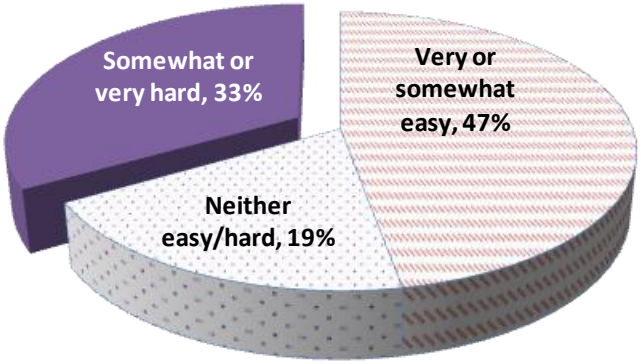
[21] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 2009. Morbidity and Mortality Weekly Report 2010;59(SS-5) [accessed 2012 Feb 28].

[22] National Survey of Children's Health. NSCH 2007. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [02/5/2012] from www.childhealthdata.org.

Table 12. Affordability of MaineCare premium (CHP only)

Composite/Item	Results n	%	95% CI
How easy or hard has it been to afford to pay the MaineCare premium?			
Very or somewhat easy	322	**47%**	(42% - 53%)
Neither easy/hard	322	**19%**	(15% - 24%)
Somewhat or very hard	322	**33%**	(28% - 39%)

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).

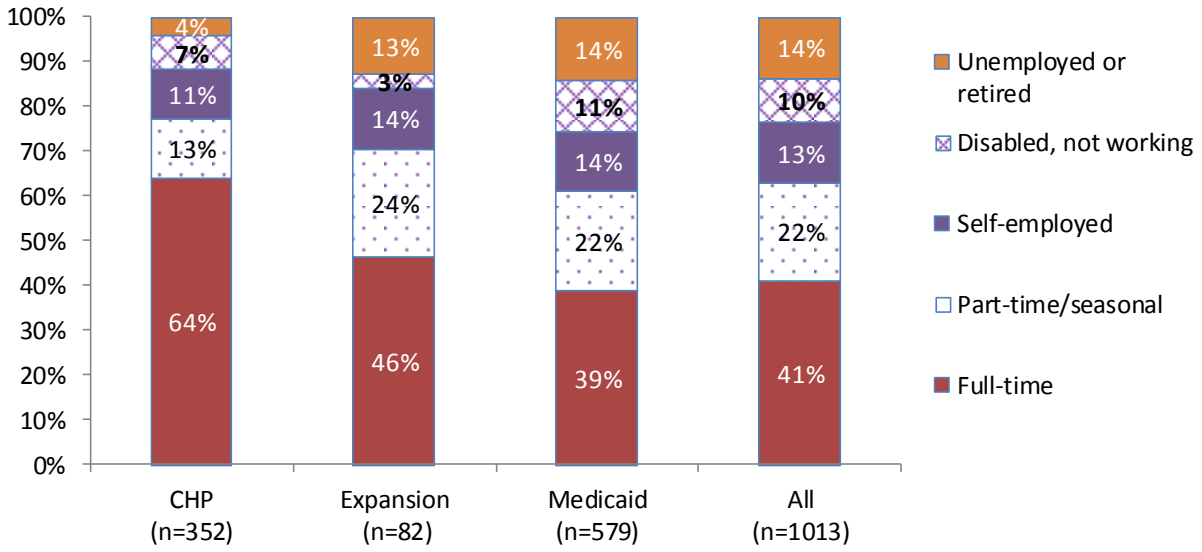
We found that children from the lowest income households – those enrolled in MaineCare under the Medicaid eligibility category – were more likely to live in a home where the main adult wage earner was unemployed, disabled, or engaged in part-time or seasonal employment (Table 13). The table and graph 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

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

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.[24] Another study showed that children are more likely to use preventive services and seek care when needed when their parents are insured.[25] 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

	Results		
Item/Response	**n**	**%**	**95% CI**
Insurance Type			
MaineCare	1002	**82%**	(78% - 85%)
Employer coverage (through own or spouse's employer)	1011	**15%**	(12% - 18%)
Other public coverage (Medicare, TriCare, Dirigo)	1011	**8%**	(5% - 10%)
Uninsured	1011	**7%**	(4% - 9%)

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.

[24] Hanson, K. L. (2001). Patterns of insurance coverage within families with children. Health Affairs, 20(1), 240-246. ; Minkovitz, C. S., O'Campo, P. J., Chen, Y.-H., & Grason, H. A. (2002). Association between maternal and child health status and patterns of medical care use. *Ambulatory Pediatrics, 2*(2), 85-92.; Newacheck, P. W. (1992). Characteristics of children with high and low usage of physician services. *Medical Care, 30*(1), 30-42.

[25] Davidoff, A., Dubay, L., Kenney, G. et al.(2003). The Effect of Parents' Insurance Coverage on Access to Care for Low-Income Children, I*nquiry, 40*(3), 254-68.

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.

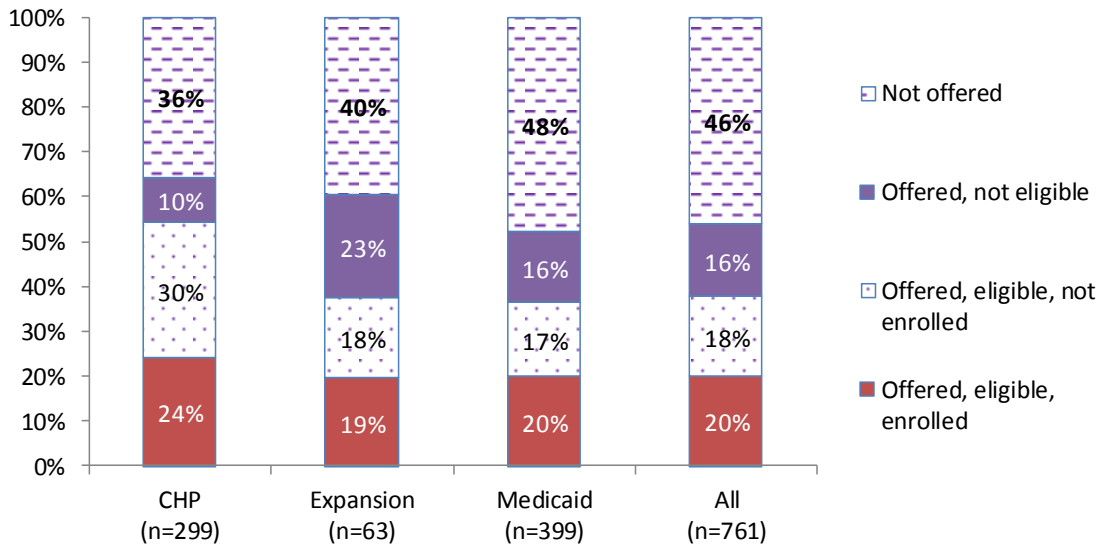
Not surprisingly, we also found that availability of employer sponsored insurance is greater among higher-income families – those with children enrolled through the CHP eligibility category. More than half (54%) of main wage earners in this group are offered insurance by their employer, versus about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

Item/Response	Child's Eligibility Category CHP (n=299)	Expansion (n=63)	Medicaid (n=399)	All (n=761)
Access to Employer Sponsored Insurance				
Offered, eligible, enrolled	24%	19%	20%	20%
Offered, eligible, not enrolled	30%	18%	17%	18%
Offered, not eligible	10%	23%	16%	16%
Not offered	36%	40%	48%	46%

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

Eligibility Group	Family Income Eligibility Limits (Percent of Federal Poverty Level)			Premium Payments	Funding Source
	*Children Ages 0 to 1**	*Children Ages 1 to 5*	*Children Ages 6 to 18*		
Medicaid	185%	133%	125%	No monthly premiums	Medicaid (Title XIX)
Medicaid Expansion	n/a	133--150%	125 – 150%	No monthly premiums	SCHIP (Title XXI)
Separate Child Health Program (CHP)	185 – 200%	150 -- 200%		Monthly premiums of $8 to $64, on sliding scale	SCHIP (Title XXI)

* 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:
Heberlein, Martha; Brooks, Tricia; Alker, Joan; Artiga, Samantha; and Jessica Stephens, January 2013. *Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012–2013.* Kaiser Commission on Medicaid and the Uninsured: Washington, DC. http://www.kff.org/medicaid/upload/8401.pdf

Kaye, Neva; Pernice, Cynthia and Ann Cullen. September 2006. *Charting SCHIP III: An Analysis of the Third Comprehensive Survey of State Children's Health Programs.* National Academy for State Health Policy: Portland, Maine. http://www.allhealth.org/briefingmaterials/ChartingSCHIPIIIAnAnalysisoftheThirdComprehensive-539.pdf

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.

Age Group	Income Eligibility Limits (% of Federal Poverty Level)		
Age 0 to 1	Traditional Medicaid 0 – 185% FPL		CHP 185 – 200%
Ages 1 to 5	Traditional Medicaid 0 – 133% FPL	Expansion 133 – 150%	CHP 150 – 200%
Ages 6 to 18	Traditional Medicaid 0 – 125% FPL	Expansion 125 – 150%	CHP 150 – 200%

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 \G0 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 \G0 get care as soon as you thought \G0 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 \G2 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 \G0 needed?

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

Q9	Option	

[In the last 6 months], not counting the times \0 went to an emergency room, how many times did \G0 go to a doctor's office or clinic to get health care?

Q9	1 1	NEXT
Q9	2 2	NEXT
Q9	3 3	NEXT
Q9	4 4	NEXT
Q9	5 5 to 9	NEXT
Q9	6 10 or more	NEXT
Q9	7 NONE	Q15
Q9	8 DK	Q15
Q9	9 NA	Q15

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	NEXT
Q10	2 Sometimes	NEXT
Q10	3 Usually	NEXT
Q10	4 Always	NEXT
Q10	8 DK	NEXT
Q10	9 NA	NEXT

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	NEXT
Q11	2 NO	Q14
Q11	8 DK	Q14
Q11	9 NA	Q14

Q12 Option

[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 Option

[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 Option

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 Option

[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

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

Q22 Multiple Check Entry

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)

Q22	1	telephone	Q24
Q22	2	email	Q24
Q22	3	regular mail (US Postal Service)	Q24
Q22	4	text message	Q24
Q22	5	MaineCare website	Q24
Q22	6	some OTHER way	Q24
Q22	7	DK	Q24
Q22	8	NA	Q24
Q22	9	other way	Q24

Q23 Option

RESERVED – ALWAYS CHECK 1

Q23	1	YES	NEXT

Q24 Option

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

Q24	1	YES	NEXT
Q24	2	NO	Q27
Q24	8	DK	Q27
Q24	9	NA	Q27

Q25 Option

[In the last 6 months], did you need \0's doctors or other health providers to contact a school or daycare center about \G2 health or health care?

Q25	1	YES	NEXT
Q25	2	NO	Q27
Q25	8	DK	Q27
Q25	9	NA	Q27

Q26 Option

[In the last 6 months], did you get the help you needed from your child's doctors or other health providers in contacting \G2 school or daycare?

Q26	1	YES	NEXT
Q26	2	NO	NEXT
Q26	8	DK	NEXT
Q26	9	NA	NEXT

Q27	Option	

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 \0?

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 \0'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 \0?

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 Option

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 Option &Q9>6

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 Option &Q9>6

[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 Option

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	Option	

In the last 6 months, how many times did \0 visit \G2 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	Option	

In the last 6 months, how OFTEN did \G2 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	Option	

[In the last 6 months], how often did \0"s 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	Option	

[In the last 6 months], how often did \G2 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		Option	

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		Option	

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		Option	

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		Option	

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		Text Entry	

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 &\5<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

Q53	Option	&Q38=2 OR Q39=7

[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

Q54	Option	&Q38=2 OR Q39=7

[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

Q55	Option	&Q38=2 OR Q39=7

[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

Q56	Option	&Q38=2 OR Q39=7

[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 &Q38=2 OR Q39=7

[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 &Q38=2 OR Q39=7

[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 &Q38=2 OR Q39=7

[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 &Q38=2 OR Q39=7

[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

Q61 Option

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	NEXT
Q61	2	NO	Q65
Q61	8	DK	Q65
Q61	9	NA	Q65

Q62 Option

[In the last 6 months], how often was it easy to get appointments for \0 with specialists?

Q62	8	DK	NEXT
Q62	9	NA	NEXT
Q62	1	Never	NEXT
Q62	2	Sometimes	NEXT
Q62	3	Usually	NEXT
Q62	4	Always	NEXT

Q63 Option

How many specialists has your child seen in the last 6 months?

Q63	1	1 specialist	NEXT
Q63	2	2	NEXT
Q63	3	3	NEXT
Q63	4	4	NEXT
Q63	5	5 or more specialists	NEXT
Q63	7	NONE	Q65
Q63	8	DK	Q65
Q63	9	NA	Q65

Q64 Text Entry

{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?}{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)	NEXT

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 \0 through MaineCare?

IF NECESSARY: That would include any doctor visits.
PROBE IF "NO": Was it through another health plan?

Q65	1	YES	NEXT
Q65	2	NO	Q67
Q65	3	YES, THROUGH ANOTHER HEALTH PLAN	Q67
Q65	8	DK	Q67
Q65	9	NA	Q67

Q66 Option

[In the last 6 months], how OFTEN was it easy to get the care, tests, or treatment you thought \0 needed through MaineCare?

Q66	1	Never	NEXT
Q66	2	Sometimes	NEXT
Q66	3	Usually	NEXT
Q66	4	Always	NEXT
Q66	8	DK	NEXT
Q66	9	NA	NEXT

Q67 Option

In the last 6 months, did you try to get information or help for \0 from MaineCare staff?

Q67	1	YES	NEXT
Q67	2	NO	Q70
Q67	8	DK	Q70
Q67	9	NA	Q70

Q68 Option

In the last 6 months, how OFTEN did MaineCare staff give you the information or help you needed for \0?

Q68	1	Never	NEXT
Q68	2	Sometimes	NEXT
Q68	3	Usually	NEXT
Q68	4	Always	NEXT
Q68	8	DK	NEXT
Q68	9	NA	NEXT

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

Q73	Option	\6<>3O

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 \0?

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 \0 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 \0's doctor's office, clinic or MaineCare help you get \G2 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

Q77		Option	

ABOUT YOUR CHILD AND YOU

In general, how would you rate \0's overall health?

Q77	1	Excellent	NEXT
Q77	2	Very Good	NEXT
Q77	3	Good	NEXT
Q77	4	Fair	NEXT
Q77	5	Poor	NEXT
Q77	8	DK	NEXT
Q77	9	NA	NEXT

Q78		Option	

Does \0 currently need or use medicine prescribed by a doctor (other than vitamins)?

Q78	1	YES	NEXT
Q78	2	NO	Q81
Q78	8	DK	Q81
Q78	9	NA	Q81

Q79		Option	

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

Q79	1	YES	NEXT
Q79	2	NO	Q81
Q79	8	DK	Q81
Q79	9	NA	Q81

Q80		Option	

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

Q80	1	YES	NEXT
Q80	2	NO	NEXT
Q80	8	DK	NEXT
Q80	9	NA	NEXT

Q81		Option	

Does \0 need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

Q81	1	YES	NEXT
Q81	2	NO	Q84
Q81	8	DK	Q84
Q81	9	NA	Q84

Q82	Option	

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

Q82	1 YES	NEXT
Q82	2 NO	Q84
Q82	8 DK	Q84
Q82	9 NA	Q84

Q83	Option	

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

Q83	1 YES	NEXT
Q83	2 NO	NEXT
Q83	8 DK	NEXT
Q83	9 NA	NEXT

Q84	Option	

Is \0 limited or prevented in any way in \G2 ability to do the things most children of the same age can do?

Q84	1 YES	NEXT
Q84	2 NO	Q87
Q84	8 DK	Q87
Q84	9 NA	Q87

Q85	Option	

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

Q85	1 YES	NEXT
Q85	2 NO	Q87
Q85	8 DK	Q87
Q85	9 NA	Q87

Q86	Option	

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

Q86	1 YES	NEXT
Q86	2 NO	NEXT
Q86	8 DK	NEXT
Q86	9 NA	NEXT

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 \G0 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		\5<2

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		\5<2

BMI/OBESITY

INCHES:

Q93	0	INCHES (98=DK, 99=NA)	NEXT

Q94	Text Entry		\5<2

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		\5<99

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		\5<99

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

Q97	Option	\5<99

DO NOT ASK IN 2012

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
Q97	2	1 - 2 TIMES PER WEEK	Q104
Q97	3	3 - 4 TIMES PER WEEK	Q104
Q97	4	5 - 6 TIMES PER WEEK	Q104
Q97	5	ONCE PER DAY	Q104
Q97	6	TWO TIMES PER DAY	Q104
Q97	7	3 OR MORE TIMES PER DAY	Q104
Q97	8	DK	Q104
Q97	9	NA	Q104

Q98	Option	\5<99

DO NOT ASK IN 2012

[In the past week, about how often did \0 eat . . .]

green salad, with or without other vegetables?

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

Q99	Option	\5<99

DO NOT ASK IN 2012

[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
Q99	2	1 - 2 TIMES PER WEEK	Q104
Q99	3	3 - 4 TIMES PER WEEK	Q104
Q99	4	5 - 6 TIMES PER WEEK	Q104
Q99	5	ONCE A DAY	Q104
Q99	6	TWO TIMES PER DAY	Q104
Q99	7	3 OR MORE TIMES PER DAY	Q104
Q99	8	DK	Q104
Q99	9	NA	Q104

Q100	Option	\5<99

DO NOT ASK IN 2012

[In the past week, about how often did \0 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	\5<99

DO NOT ASK IN 2012

[In the past week, about how often did \0 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	\5<99

DO NOT ASK IN 2012

[In the past week, about how often did \0 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

Q103	Text Entry	\5<99

DO NOT ASK IN 2012

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

Q103	0	NUMBER OF HOURS (97=DON"T OWN A TV, NEXT VIDEO PLAYER OR VIDEO GAMES, 98=DK, 99=NA)

Q104	Option	\5<8

TOBACCO USE

Does \0 smoke or use tobacco products?

Q104	1	YES	NEXT
Q104	2	NO	NEXT
Q104	8	DK	NEXT
Q104	9	NA	NEXT

Q105 Option

How many people in your household smoke or use tobacco products? (PROBE: "Even if they go outside to smoke, please count them.")

Q105	1	ONE	Q111
Q105	2	TWO	Q111
Q105	3	3 OR MORE	Q111
Q105	4	NONE	Q111
Q105	5	SOMEBODY SMOKES, UNKNOWN #	Q111
Q105	8	DK	Q111
Q105	9	NA	Q111

Q106 Option

TRANSPORTATION

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.)

Q106	1	YES	NEXT
Q106	2	NO	Q111
Q106	8	DK	Q111
Q106	9	NA	Q111

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

Q114 Option

How are you related to \0?

Q114	1	PARENT/ STEP PARENT	Q116
Q114	2	GRANDPARENT	Q116
Q114	3	AUNT OR UNCLE	Q116
Q114	4	OLDER SIBLING	Q116
Q114	5	OTHER RELATIVE	Q116
Q114	6	LEGAL GUARDIAN	Q116
Q114	7	FOSTER PARENT	Q116
Q114	8	OTHER	NEXT
Q114	9	PARTNER/ BOYFRIEND/ GIRLFRIEND OF PARENT	Q116
Q114	98	DK	Q116
Q114	99	NA	Q116

Q115 Text Entry

OTHER RELATIONSHIP

Q115	0	OTHER RELATIONSHIP	NEXT

Q116 Option

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)	Q118
Q116	2	MY SPOUSE	Q118
Q116	3	MY UNMARRIED PARTNER (BOYFRIEND/GIRLFRIEND)	Q118
Q116	4	MY CHILD (R IS MWE"S PARENT)	Q118
Q116	5	MY PARENT (R IS MWE"S CHILD)	Q118
Q116	6	MY OTHER RELATIVE	NEXT
Q116	7	MY ROOMMATE	Q118
Q116	8	OTHER	NEXT
Q116	10	DK	Q118
Q116	11	NA	Q118

Q117 Text Entry

R"S RELATIONSHIP TO MAIN WAGE EARNER:
(PROBE IF NECESSARY: "So he/she's your . . . ")

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

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? (IWER NOTE: IF MORE THAN ONE JOB, COUNT THE ONE WITH THE MOST HOURS.)}{Approximately how many employees are in the company or organization where he/she works? (IWER NOTE: IF MORE THAN ONE JOB, COUNT THE ONE WITH THE MOST HOURS.)}

Q120	1	FEWER THAN 25	NEXT
Q120	2	25 TO 50 EMPLOYEES	NEXT
Q120	3	MORE THAN 50 EMPLOYEES	NEXT
Q120	8	DK	NEXT
Q120	9	NA	NEXT

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 Option

Is \0 enrolled in that insurance?

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

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

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	NEXT
Q128	2	Medicare	NEXT
Q128	3	Health insurance through main wage earner's work or union	NEXT
Q128	4	Dirigo Choice (CARD FROM DIRIGO CHOICE/HARVARD PILGRIM)	NEXT
Q128	5	Health insurance through someone else's work or union	NEXT
Q128	6	Health insurance bought directly from an insurance company	NEXT
Q128	7	Health insurance through the military (TriCare CHAMPUS, Veteran's Svcs)	NEXT
Q128	8	SOME OTHER health insurance, or	NEXT
Q128	9	other	NEXT
Q128	10	No health insurance	NEXT
Q128	11	DK/NA	NEXT
Q128	12	NA	NEXT

Q129 Option &Q19=1 OR Q19=4 OR Q19=6 OR Q19=8 OR Q19=9

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 DISPOSTION HERE

Q131	2	NEVER ENROLLED-PARENT SAID CHILD NEVER ENROLLED, SURVEY ENDED	Q133
Q131	3	MOVED OUT OF STATE, SURVEY ENDS	Q133
Q131	4	LANGUAGE-NOBODY SPEAKS ENGLISH WELL ENOUGH	Q133
Q131	5	DON"T KNOW IF ENROLLED NOW	Q133
Q131	6	INEL-DECEASED, ALREADY DID IT, ETC.	Q133
Q131	7	WRONG NUMBER	Q133
Q131	8	NIS	Q133
Q131	9	REFUSED	Q133
Q131	10	ALL CALLS MADE	Q133
Q131	11	STILL IN PROCESS	Q133
Q131	12	OTHER	NEXT
Q131	13	DISENROLLED	Q133
Q131	14	NO PHONE	Q133
Q131	15	INEL - DHHS CUSTODY	Q133
Q131	16	PARTIAL	Q133
Q131	1	FULL COMPLETE, ALL QS ANSWERED AS EXPECTED	Q133

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).[26] 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.

[26] Little R, Vartivarian S. On weighting the rates in non-response weights. *Statistics in Medicine*.2003;22:1589-1599.

Table C-1. 2012 Survey Weight Construction

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

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